

UNFPA PHILIPPINES
Country Programme Evaluation
Eighth Programme Cycle, 2019 - 2023

Evaluation Report
September 2023

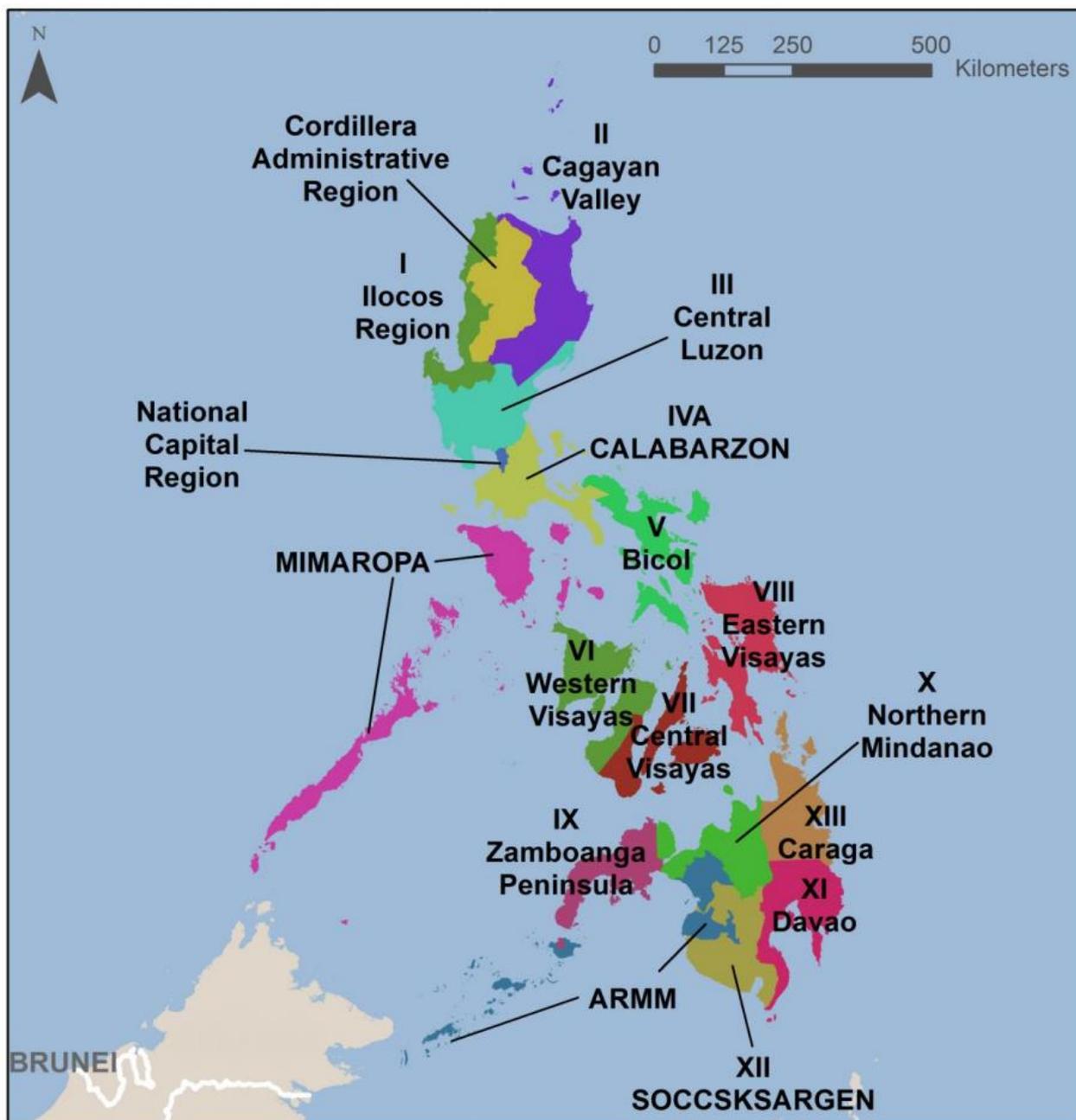
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MAP 1: PHILIPPINES PHYSICAL MAP*



* Names shown and designations used on this map do not imply official endorsement or acceptance of the United Nations

MAP 2: PHILIPPINES POLITICAL MAP*



* Names shown and designations used on this map do not imply official endorsement or acceptance of the United Nations

Source: Philippine Statistics Authority and ICF. 2018. Philippines National Demographic and Health Survey 2017. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.

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We hope that the present evaluation report will contribute to the further development of the UNFPA programme in the Philippines, in particular to the design of the next ninth programme cycle. This for the benefit of women and adolescent girls, men and boys of the Philippines, contributing to reaching objectives as identified in the 2030 Agenda for Sustainable Development and the International Conference on Population and Development, in all parts of the country.

Please mind that the viewpoints expressed in this report are those of the evaluators and do not necessarily reflect the opinion of UNFPA, Government of Philippines partners and any other partners and stakeholders.

Evaluation Team, September 2023.

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
APRO	Asia Pacific Regional Office (UNFPA)
ARMM	Autonomous Region of Muslim Mindanao
AWP	Annual Work Plan
BAFP	Business Action for Family Planning
BARMM	Bangsamoro Autonomous Region of Muslim Mindanao
BEmONC	Basic Emergency Obstetric and Newborn Care
BIWAB	Bangsamoro Islamic Women Auxiliary Brigade
BTA	Bangsamoro Transition Authority
CATW-AP	Coalition Against Trafficking in Women – Asian and Pacific
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CERF	Central Emergency Response Fund
CHR	Commission on Human Rights
CHSI	Center for Health Solutions and Innovations
CIP	Costed Implementation Plan
CO	Country Office
CODS	Common Operational Data Set
COAR	Country Office Annual Report
COVID-19	Corona Virus Disease 2019
CP(8)	(Eighth) Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CRVS	Civil Registration and Vital Statistics
DD	Demographic Dividend
DepEd	Department of Education
DILG	Department of Interior and Local Government
DFAT	Department of Foreign Affairs and Trade (Australia)
DOH	Department of Health
DSWD	Department of Social Welfare and Development
EO	Executive Order
FP	Family Planning
GBV	Gender-Based Violence
GEDSI	Gender Equality, Diversity and Social Inclusion
GIDA	Geographically Isolated and Disadvantaged Areas
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HR	Human Resources
ICPD (PoA)	International Conference on Population Development (Plan of Action)
IDP	Internally Displace Person
IMR	Infant Mortality Rate
IRR	Implementing Rules and Regulations
LGU	Local Government Unit
MCH	Maternal and Child Health
mCPR	Modern Contraceptive Prevalence Rate

MHPSS	Mental Health and Psychosocial Support Services
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
NYC	National Youth Commission
KOICA.....	Korea International Cooperation Agency
LCS	Longitudinal Cohort Study
LMIS	Logistics Management Information System
MHPPS	Mental Health and Psychosocial Support Services
MMR	Maternal Mortality Ratio
MNH.....	Maternal and Neonatal Health
M&E	Monitoring and Evaluation
NCR	National Capital Region
NDHS.....	National Demographic and Health Survey
NIP	National Implementation Plan
NMR.....	Neonatal Mortality Rate
NSV	Non-Scalpel Vasectomy
OPS	Office of Population Studies
PD	Population and Development
PFSD.....	Partnership Framework for Sustainable Development
PLCPD.....	Philippine Legislative Committee on Population and Development Foundation Inc.
POPCOM	Commission on Population and Development
PSA.....	Philippine Statistics Authority
RA.....	Republic Act
RBM	Results Based Management
RH	Reproductive Health
SGBV	Sexual and Gender-Based Violence
SRH(R).....	Sexual and Reproductive Health (and Rights)
SSTC	South-South and Triangular Cooperation
TFR	Total Fertility Rate
TOR	Terms of Reference
UBRAF	Unified Budget Results and Accountability Framework
UN.....	United Nations
UNCT.....	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA.....	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UPPI	University of the Philippines Population Institute
USD	United States Dollar
VAWC.....	Violence Against Women and Children
WCPU.....	Women and Child Protection Unit
WHO	World Health Organization
YAFS	Young Adult Fertility and Sexuality Study
ZFF	Zuellig Family Foundation

TABLE 1: KEY FACTS OF THE PHILIPPINES

Population	
Total Population, 2022 ¹	100,981,437 (8/2015) 109,035,343 (5/ 2020)
Population growth rate	1.72 (2010-2015) 1.63 (2015-2020)
Urban Population, percent ²	54
Life expectancy at birth (Man / Women) 2022 ¹	68 / 76
Population under 15 years of age, percent, 2022 ¹	29
Population aged 10-24, per cent, 2022 ¹	28
Population aged of 15-64, percent, 2022 ¹	65
Population aged 65 and older, percent https://psa.gov.ph/content/age-and-sex-distribution-philippine-population-2020-census-population-and-housing	5
Birth rate (per thousand population) https://psa.gov.ph/content/registered-live-births-philippines-2020	14
Death rate (per thousand population) https://psa.gov.ph/tags/death-statistics	8.
Total fertility rate ³	2.7 (NDHS 2017) 1.9 (NDHS 2022)
Economic Indicators	
Population with income below poverty line, percent, FIES 2021 data ⁴	23.7
GDP growth rate percent, as of 2 nd quarter 2022 ⁵	7.4
Average Family Income Jan to Dec 2021 ⁶	5,224
Reproductive Health and Family Planning	
Maternal mortality ratio, maternal deaths per 100,000 live births ¹³	88 (2015) 78 (2020)
Under-5 mortality, deaths per 1000 live births ³	27 (NDHS 2017) 26 (NDHS 2022)
Births attended by skilled health personnel, per cent ³	84 (NDHS 2017) 90 (NDHS 2022)
Antenatal care coverage, percent ³	94 (NDHS 2017) 86 (NDHS 2022)
Children aged 12-23 months covered by national vaccination programme all basic vaccinations (vaccination card and mother's report), percent ³	69.9 (NDHS 2017) 72 (NDHS 2022)
Current use of contraception all women 15-49 years of age, any method ³	33.6 (NDHS 2017) 34 (NDHS 2022)
Current use of contraception all women 15-49 years of age, modern methods ³	24.9 (NDHS 2017) 24 (NDHS 2022)
Current use of contraception currently married women 15-49 years of age, any method ³	54 (NDHS2017) 58 (NDHS2022)
Current use of contraception currently married women 15-49 years of age, modern methods ³	40 (NDHS2017) 42 (NDHS2022)
Current use of contraception currently sexually active unmarried women 15-49 years of age, any method ³	32 (NDHS2017) 41 (NDHS2022)
Current use of contraception currently sexually active unmarried women 15-49 years of age, modern methods ³	17 (NDHS 2017) 24 (NDHS 2022)
Unmet need for contraception ³	17 (NDHS2017) 12 (NDHS2022)
People living with HIV, 2021 ⁵	120,000
People living with HIV on treatment, 2021 ⁵	48,000

Health expenditure to GDP, per cent of GDP, 2017 ⁶	4.5
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Continuation of table 1

Midwifery	
Number of midwives, 2021 ⁷	75,853
Number of EmONC basic signal functions that midwives are allowed to practice (out of a possible 7) ⁸	7
Midwives allowed to provide injectable contraceptives/intrauterine devices	yes
Adolescents and young people	
Adolescent birth rate per 1,000 girls aged 15-19, 2004-2020 ³	47 (2017 NDHS) 25 (2022 NDHS)
Child marriage by age 18, percent, 2005-2020 ⁹	17
Total net enrolment rate, primary education, percent, 2010-2020 ¹	97
Total net enrolment rate, lower secondary education, percent, 2010-2020 ¹	89
Total net enrolment rate, upper secondary education, percent, 2010-2020 ¹	80
Gender parity index, total net enrolment rate, primary education, 2010-2020 ¹	0.99
Gender parity index, total net enrolment rate, lower secondary education, 2010-2020 ¹	1.07
Gender parity index, total net enrolment rate, upper secondary education, 2010-2020 ¹	1.09
Education Sector appropriation as a percentage of total government appropriations, percent 2020 ¹⁰	13.5
Number of new HIV infections, all ages, per 1,000 uninfected population, 2020 ¹	0.15
Universal health coverage (UHC) service coverage index, 2019 ¹	55
Gender-based Violence	
Women age 15-49 who have experienced physical violence since age 15, percentage ³	17 (NDHS 2017) 13 (NDHS 2022)
Women age 15-49 who have ever experienced sexual violence and percentage who experienced sexual violence in the 12 months preceding the survey, percentage ³	5 / 2 (NDHS 2017) 4 / 1 (NDHS 2022)
Intimate partner violence, past 12 months, percent ³	15 (NDHS 2017) 12 (NDHS 2022)
Ever married women who ever experienced intimate partner violence ³	24 (NDHS 2017) 18 (NDHS 2022)
Gender equality and women's empowerment	
Proportion of women in National Congress / Senate, percent ¹¹	25 / 29
Sex ratio at birth, males per 100 females ¹²	106

¹ Philippine Statistics Authority.² <https://psa.gov.ph/content/urban-population-philippines-2020-census-population-and-housing>.³ Philippines National Demographic and Health Survey 2017/2022.⁴ <https://psa.gov.ph/content/proportion-poor-filipinos-registered-237-percent-first-semester-2021>.⁵ WHO, Philippines HIV country profile, 2021.⁶ Philippine Statistics Authority, National Accounts of the Philippines.⁷ The State of the World's Midwifery, 2021.⁸ International Confederation of Midwives, 2019 Essential competences for Midwifery practices.⁹ <https://www.unfpa.org/data/PH>.¹⁰ <https://www.teacherph.com/education-budget-financing-philippines/>¹¹ UNDP, Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World, Human Development Report 2021.¹² <https://data.worldbank.org/indicator/SP.POP.BRTH.MF?locations=PH>¹³ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division, 2023.

Executive Summary

- i. The United Nations Population Fund (UNFPA) is the lead United Nations (UN) agency for achievement of the three transformative results: ending the unmet need for family planning; ending preventable maternal deaths; and ending gender-based violence and all harmful practices, including child, early and forced marriage and female genital mutilation; and for the accelerated implementation of the Programme of Action of the International Conference on Population and Development (ICPD). UNFPA seeks to ensure that in reaching these results, no one is left behind, and calls for protecting and promoting human rights for all, particularly for the most vulnerable and marginalized groups. UNFPA has been providing support to the Philippines since 1994 and is currently implementing its eighth Country Programme (CP8), which runs from 2019-2023, to assist the Government of the Philippines in reaching its population and sustainable development goals (SDG).
- ii. In the last quarter of 2022 and in the first half of 2023, an external and independent Country Programme Evaluation (CPE) was conducted, in line with the requirements of the UNFPA Evaluation Policy. The evaluation served as a means to demonstrate accountability of performance of the programme to stakeholders, contributing to greater transparency of the organization. It supported learning through broadening the evidence-base of achievements and in this way informed the design of the next programme cycle through the provision of actionable recommendations. Main audiences for the results of the evaluation included the UNFPA country office (CO) and government partners as well as UNFPA Asia Pacific Regional Office (APRO) and headquarters, sister UN agencies and other implementing partners. The evaluation results, moreover, fed into the evaluation of the Philippines' Partnership Framework for Sustainable Development (PFSD), which was conducted concurrently.
- iii. In line with the Terms of Reference (TOR), the evaluation made use of the criteria of relevance, coherence, effectiveness, efficiency, sustainability, coverage and connectedness, with the latter two criteria referring to humanitarian support, in line with UNFPA guidelines. The evaluation covered the three programme outcome areas of Sexual and Reproductive Health and Rights (SRHR), Adolescents and Youth (AY) and Population Dynamics (PD), as well as Gender Equality and Women's Empowerment (GEWE) mainstreamed across the programme. The evaluation covered initiatives at national as well as sub-national levels, implemented by partners as well as UNFPA directly during the period 2019-2023, funded through UNFPA core as well as through other resources and covering both development and humanitarian support.
- iv. The review made use of theory-, evidence- and results-based approaches, with the assessment of achievements guided by the programme results framework and Theories of Change (TOC) of the programme components. The evaluation used mixed methods for qualitative and quantitative data gathering, the latter primarily through secondary data. Use was made of a participatory approach, including a wide range of stakeholders in the evaluation process. The use of mixed methods and a participatory approach allowed triangulation of data across methods and respondents, while stakeholder engagement enhanced ownership of the evaluation process and its results. A six-week field phase was used for primary data gathering at national and sub-national levels in sampled regions and provinces. Due to the on-going COVID-19 pandemic as well as given logistical constraints, some of the meetings were conducted online or by using a hybrid setup of in-person and online participation. A total of 219 persons were interviewed or participated in focus group discussions during the field phase of the evaluation (75 percent women; 57 percent participants at sub-national level). The ethical code of conduct of the UN Evaluation Group (UNEG) and UNFPA guidelines were adhered to and UNEG standards and norms for evaluation in the UN system were applied in all phases of the process.
- v. The main constraint to the evaluation was the Corona Virus Disease 2019 (COVID-19) pandemic and the effects of this unprecedented emergency on the health system in the Philippines and the lives of women and girls and their families as well as its consequences on the implementation of the programme and the evaluation itself. This was mitigated through inclusion of such effects as part of the assessments at national and sub-national levels while during the evaluation itself, measures were taken to limit spread of the virus, including through the use of online participation to meetings whenever required.

Main Findings and Conclusions

- vi. Results of the evaluation indicate that the UNFPA programme has been relevant from a variety of perspectives, including National Development Strategies and plans. The programme aligned with the 2030 Agenda for sustainable development and the UNFPA strategic plans. UNFPA in CP8 has moved away from support to direct implementation towards support to policy level engagement on major SRHR and related issues. This has been the case at national level through support provided to DOH as well as at sub-national level with support to the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) and the posting of a UNFPA staff member in the Ministry of Health of the Bangsamoro Transition Authority (BTA). This shift was informed by National costed implementation plans as well as a bottleneck analysis and other studies, and by the results of the Longitudinal Cohort Study (LCS) of the Filipino child.
- vii. UNFPA's response in terms of programme adaptation to unexpected contextual change were deemed positive with regard to the installation of the BARMM as an autonomous region. Subsequently, UNFPA shifted its subnational focus to the BARMM, in close coordination with other UN agencies and the newly established Bangsamoro Transition Authority (BTA) and with a focus on the humanitarian-development-peacebuilding nexus in the conflict affected region. UNFPA's approach has remained less clear in response to the Mandanas-Garcia ruling, which has shifted part of the health responsibilities and budget to Local Government Units (LGU). In preparation for the next programme cycle, the development of an approach to the changes in budgeting and related responsibilities for the delivery of health-related services will be important. This needs to be considered in the context of the Universal Health Coverage (UHC) legislation.
- viii. Most important external constraint to programme implementation resulted from the COVID-19 pandemic and measures taken to limit the spread of the virus, which concerned an unprecedented emergency at national and global levels, unlike any previous emergency dealt with. UNFPA demonstrated a high degree of adaptability to this unique situation. The CO supported DOH in its response to the pandemic and provided relevant support in each of its outcome areas, including support to data gathering and analysis to inform the government response. Support also focused on continuation of SRH services for pregnant women and adolescent girls, addressing sexual and other forms of online Gender-Based Violence (GBV), providing easy access to web-based SRHR information and referral to SRH services in a time when people were locked down due to measures to limit the spread of the virus. At the same time, planned programmatic support was continued whenever feasible.
- ix. While realization of output level results as included in the Country Programme Document (CPD) has remained behind expectations, this was compensated by additional results from initiatives implemented in response to the pandemic or the change in focus at subnational level to the BARMM. Amongst these, particularly innovative initiatives stand out, including: development of the RH-CARE.Info website, which provided online SRHR information in particular for youth, pregnant women and adolescent girls and GBV survivors; the provision of psycho-social support to pregnant women and frontline health workers who were under high pressure during the pandemic; support to the provision of mobile SRH services and e-bikes to health providers for delivery of services in remote areas; and the use of a variety of conditional cash and voucher schemes to enhance access to SRH knowledge and services for youth as well as pregnant women and adolescent girls. Additional results beyond the CPD were also achieved in BARMM, with results in terms of policy level engagement as well as capacity development related support.
- x. Focus in all outcome areas has been on vulnerable women and adolescent girls in line with a rights-based and gender responsive approach, while engagement with men, boys and gender minorities has been started on a limited scale in some parts of the programme but could be further expanded. Moreover, inclusion of indigenous people and people with disabilities could be enhanced, both in terms of programmatic targeting as well as inclusion in the human resource setup of the organization.
- xi. Outcome level indicators appeared to have improved over time as indicated by National Demographic and Health Survey (NDHS) data that became available during the implementation of the CPE. This included a decrease in the unmet need for family planning and a reduction in adolescent pregnancies. Also, the fertility rate appears to have gone down, and has been assessed as below replacement level in the recently released data. As it is not sufficiently clear whether these changes are part of longer-term patterns or

whether they are related to the specific context of the pandemic, it will be useful for UNFPA to support further analysis of relevant data and the conduct of additional studies as required.

- xii. Realization of the demographic dividend has remained an important principle for both the Philippine Government and the UN country team (UNCT) in terms of reaching the SDGs by 2030. With demographic aspects like a reduced fertility rate being realized, the focus in terms of accelerating the demographic transition will need to be shifted to support on reducing mortality, in particular maternal mortality and enhanced attention to maternal and newborn health (MNH). This would require a focus on access to SRHR services, including support to ante natal care and delivery in facilities, as well as improving availability of and access to emergency obstetric care for pregnant women and adolescent girls, with a focus on those areas and groups furthest behind in this respect.
- xiii. Enhanced use of Family Planning (FP) and MNH services are also important in order to enable women to participate in the workforce. UNFPA's approach to working with selected companies whose workforce was made up to a large extent of young women, enhancing their access to SRHR information and services, has provided promising results and showed the potential of working with the private sector in this respect. It was due to the pandemic and its aftermath that many of the companies abandoned the initiative. Nevertheless, this approach needs to remain an important entry point for UNFPA, with the opportunity to include attention to GBV prevention and response in such initiatives.
- xiv. UNFPA has been an important proponent for youth, with a focus on the access of young people to SRHR information and services, their involvement in local decision-making processes and their participation in advocacy for the implementation of the Child, Early and Forced Marriage (CEFM) legislation in formal and informal settings in BARMM. UNFPA support to CSE for in-school youth showed how policy related support has shifted from the national level Costed Implementation Plan (CIP) at the start of the present programme cycle to the operationalization of CSE at the levels of LGUs and schools at the time of the evaluation.
- xv. In terms of population dynamics, UNFPA has worked in partnership with the Commission on Population and Development (POPCOM), part of the National Economic and Development Authority (NEDA), the Philippine Statistics Authority (PSA) and academia. Substantial results were achieved in translation of the demographic dividend concept into concrete national and sub-national plans. The Longitudinal Cohort Study (LCS) has provided a unique set of data and analysis with the need for UNFPA to use the knowledge and information generated in policy level engagement. The same goes for the use of population data to inform the SDG implementation process together with sister UN agencies. The Common Operational Data set that UNFPA developed has been used to inform targeting of humanitarian assistance and UNFPA needs to ensure that updating and sharing of data and information will continue in the future. Research and study reports need to be peer reviewed, while dissemination of study results could be improved, enhancing their usage, both internal and external to the organization. This would further enhance UNFPA's role in the generation of data and analysis on population dynamics to inform the sustainable development process.
- xvi. Gender was mainstreamed throughout the programme, though skewed towards a focus on women and adolescent girls, with much less attention to involvement of men and boys and the role that they play, be it in terms of FP or SRH decision-making or as perpetrators of GBV. Nevertheless, there have been some UNFPA supported small scale interventions that could be used to show the path forward. The mainstreaming of gender throughout the programme, rather than as an outcome area, meant that gender results were not included within the indicators and target of the CPD results and resources framework, resulting in less clear monitoring and evaluation requirements in place. The TOC developed during the second half of the programme period partly filled this gap, in particular concerning addressing of GBV and other harmful practices. What has been missing so far is a clear approach to intersectionality of gender with other aspects of vulnerability, including poverty, disability and belonging to an indigenous group.
- xvii. During the period under review, UNFPA actively responded to multiple natural and man-made emergencies. The CO's humanitarian support has been focused on continued reproductive, maternal and neonatal health and GBV protection services, which has been valued by government and other partners as UNFPA's comparative advantage, recognizing the added value that the organization has been providing in this respect. With the enhanced capacities of the Government to address immediate crisis situations, it is

crucial for UNFPA to continue support on pre-positioning and anticipatory action and to focus on disaster risk reduction in terms of enhancing resilience at national and sub-national levels.

- xviii. Coverage in humanitarian crisis situation has been guided by UNFPA mandate areas with a focus on pregnant women and adolescent girls and was informed by the Common Operational Data Set (CODS) for humanitarian settings. UNFPA has been the agency to go to for targeting of humanitarian support through the provision of population data and UNFPA has consistently participated in UNCT supported emergency related situation analysis, which has informed response and coverage of support concerned. UNFPA successfully used conditional Cash and Voucher Assistance (CVA) as part of its support. In several emergency situations, UNFPA linked emergency response with wider development support as part of a reconstruction process, including in natural disasters as well as in terms of the on-going support to the humanitarian – peace building – development relations in BARMM.
- xix. While ownership of results was high when government agencies were involved in the design of initiatives, there proved to be a significant decrease in ownership when they were not involved from the start, challenging sustainability of results realized. Moreover, changes in national and local government leadership positions, following elections, may limit ownership of results. The effects of the Mandanas-Garcia ruling may be another factor negatively affecting sustainability of results achieved. Government budget allocations to CSE and FP initiatives have consistently fallen short of the levels specified in the national CIPs, thus jeopardizing progress to be reached in these fields. Enhanced policy level engagement will be required to address this, informed by the evidence base that shows that these investments can deliver the expected results.
- xx. Human resources within the CO have been beset with high levels of staff turnover and long recruitment processes in the period under review resulting in prolonged vacant posts including at senior management level. There is a need to address staff recruitment and on-boarding procedures and enhance retention of in particular programme staff over time. Despite staffing constraints, UNFPA's staff technical capacities have been valued by partners, including their ability to hire temporary required specialists on a consultancy basis. Notwithstanding long working hours and high levels of pressure, in particular during the height of the pandemic, staff proved highly motivated. Furthermore, the country office has been successful in mobilizing financial resources, in particular for humanitarian programming. This has increased the overall funds spent but has also meant a lopsided focus on SRHR/GBV, representing about eighty percent of all expenses. Financial management procedures appeared especially adapted to the longer time frames of development programming and less able to deal with the shorter turnaround requirements of humanitarian programming. While pre-positioning of supplies was able to partly address these concerns, they persisted regarding procurement of more complex health equipment.
- xxi. The country office has been working on enhancement of its results-based management (RBM) system, including the conduct of monitoring and evaluation. While monitoring has been relatively strong, the CO has been underperforming in terms of the conduct of evaluations. A monitoring and evaluation plan, covering the entire programme period and all interrelated aspects of RBM, has been lacking. Monitoring and evaluation has remained project and initiative-oriented without the inclusion of approaches that could assess and inform policy level engagement in the programme, including those that could be partner or process-oriented rather than activity based. The shift to policy level engagement was not sufficiently reflected in changes in the M&E system of the programme. A knowledge management strategy will need to underpin the RBM system, which could provide direction to the learning agenda, enhancing the evidence-based perspective of policy level engagement and the programme at large.
- xxii. In terms of partnerships, UNFPA has been moving towards strategic partnerships with government agencies while having a combination of strategic and implementation partnerships with civil society and academic partners. In the next programme cycle, there is a need for UNFPA to ensure that all its programmatic partners are engaged in the strategic design of interventions.
- xxiii. In order to accelerate reaching of the SDGs, there is a need for UNFPA to identify and focus on those groups of people, in particular women and adolescent girls as well as other gender identities being left behind in realizing their sexual and reproductive health and rights, in line with the Agenda 2030 principle of Leaving no one behind, while at the same time working with men and boys in terms of their responsibilities. This

will require a focus on policy engagement, supporting those elements of the policy cycle most relevant at any point in time, be it policy development, implementation, monitoring and evaluation, review or adjustment. This will require working at national, sub-national as well as local levels, supporting national level policies, sub-national level systemic capacities and local level concerns, supporting communities to ask for and make use of SRH services, as their right. This will include piloting issues where relevant with an M&E system in place that is able to show the evidence in terms of achievement of results and ultimately the benefits for women and adolescent girls and particularly vulnerable groups.

Lessons Learned

1. While the demographic dividend originates from demographic change, its realization hinges on the development of the human capital from birth through investment in health and education and providing opportunities for the working age population to participate in the economic process. This development of human capital requires an all-of-government and all-of-UNCT approach and UNFPA needs to advocate for this new strategy.
2. In the context of the Philippines, with several SRHR indicators having changed positively according to the latest assessments, there is a need to focus on the most left behind groups and underserved areas. This approach needs to be informed by analysis, identifying the intersectionalities of vulnerability and deprivation in order to inform strategies and programmatic approaches.
3. The outbreak of the COVID-19 pandemic, an unprecedented emergency, urged the country office to adapt its programme in a way that had not been required ever before, which affected the strategic direction of the programme. For the development of the next CP a clear strategic approach to the programme is needed while incorporating those learnings of response to the pandemic which can be of use in the next cycle.
4. UNFPA mandate areas have often been interpreted as requiring an exclusive focus on women and adolescent girls. Nevertheless, a broader interpretation provides the opportunity to include a focus on men and boys and allows for the inclusion of gender minorities in terms of programme approaches.

Strategic Recommendations *(for details see main report)*

1. For the UNFPA programme to focus on Quality of care and services, Gender and social norms and Adolescents and youth focus areas with population change and data mainstreamed across these areas to provide a demographic evidence base underpinning all parts of the programme and an integrated approach towards developmental, humanitarian and peace building support (priority high)
2. For UNFPA in the next programme cycle to provide a clear 'Leaving No One Behind' perspective to the programme, in close cooperation with Government of Philippines and sister UN agencies in order to ensure reaching of left behind groups in the last full programme cycle before 2030 (priority high).
3. Adapt the UNFPA CO staffing setup and the programme support functions in line with the requirements of the strategic direction of the programme (priority intermediate).

Programmatic Recommendations *(for details see main report)*

4. Adapt the programme implementation at the national and sub-national levels in line with the requirement of the Mandanas-Garcia ruling and the UHC legislation (priority high).
5. For UNFPA to enhance evidence-based and results-based programming, both in development, humanitarian and peace building contexts (priority high).
6. Use UNFPA's leverage as a knowledge manager to spearhead support to evidence-based policy making with the use of population data (priority intermediate).
7. Enhance UNFPA's Partnerships and ensure a balanced approach between partners at national, sub-national and local levels to support the implementation of the 9th CP in the Philippines (priority high).
8. For UNFPA to prioritize Gender Equality, Disability and Social Inclusion approach in its programming, in order to strengthen programmatic interventions, and in response to growing interest of funders in this area (priority intermediate).
9. For UNFPA to orient its approach to humanitarian action towards resilience building and anticipatory action at national and sub-national levels with a specific focus on peace-building in Mindanao and support to disaster response depending on requests from government agencies (priority intermediate).

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1. Introduction

1. The United Nations Population Fund (UNFPA) is the lead United Nations (UN) agency for achievement of the three transformative results: ending the unmet need for family planning; ending preventable maternal deaths; and ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage and for the accelerated implementation of the Programme of Action of the International Conference on Population and Development (ICPD). UNFPA seeks to ensure that no one is left behind, and calls for protecting and promoting human rights for all, particularly for disadvantaged and marginalized groups and people. It recognizes the need to transform unequal gender power structures in societies in order to accelerate the achievement of the ICPD Programme of Action and to achieve universal access to sexual and reproductive health and reproductive rights. The three transformative results are to be achieved through working effectively and coherently within the overall framework of a reformed United Nations development system. UNFPA in this respect aims to contribute to the achievement of the Sustainable Development Goals (SDGs) by 2030.¹
2. UNFPA has been providing support to the Government of the Philippines in its implementation of the 1994 ICPD Plan of Action and the Sustainable Development Goals. UNFPA is currently implementing the eighth country programme cycle (CP8) to assist the Government of the Republic of the Philippines in achieving its population and development goals.² The eighth programme cycle runs from 2019-2023, in line with the UN Partnership Framework for Sustainable Development (UNPFSD), which was updated to the Socio-Economic and Peacebuilding Framework (SEPF) with a focus on COVID-19 recovery for the period 2020-2023. In the second half of 2022, a Country Programme Evaluation (CPE) was conducted.

1) Purpose and Objectives of the Country Programme Evaluation

3. The purpose of the present CPE combined accountability and learning objectives contributing to greater transparency of the organization. The conduct of the evaluation was in line with the requirement of the UNFPA Evaluation Policy.³ The evaluation was a means to demonstrate accountability of performance of the eighth country programme to stakeholders in terms of contribution of the programme to the results identified in the Country Programme Document (CPD)⁴ and other programmatic documents. It aimed to support learning through broadening the evidence-base of achievements within the organization and to inform the design of the next programme cycle, in line with national needs and UNFPA corporate strategies. The evaluation was meant to take stock of performance and actual achievements and to provide actionable recommendations to enhance programming both in strategic and managerial aspects. The evaluation was to generate lessons learned on how to accelerate the implementation of the Programme of Action of the 1994 ICPD and reaching the SDGs. The evaluation results fed into the evaluation of the Philippines UN SEPF, which was being conducted at the same time.
4. The main audience and primary intended users of the evaluation included: UNFPA Country Office (CO) which commissioned the evaluation; the counterparts of the programme in Government and implementing partners of the programme; rights holders involved in or affected by UNFPA interventions and the organizations that represent them (in particular concerning women, adolescents and youth); the sister agencies of the United Nations Country Team (UNCT) including International Organization for Migration (IOM), UNAIDS, United Nations Development Programme (UNDP), United Nations Children's

¹ Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund, the UNFPA strategic plan, 2022-2025, 14 July 2021.

² <https://philippines.unfpa.org/en/unfpa-philippines>.

³ UNFPA, UNFPA Evaluation Policy, New York, 2019.

⁴ Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund, Country programme document for Philippines, New York, July 2018.

Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and World Health Organization (WHO); the UNFPA Asia Pacific Regional Office (APRO); and donors to the various parts of the programme. The evaluation results would also be of interest to a wider group of stakeholders and secondary users, including: the UNFPA Executive Board; Programme and other divisions, branches and offices at UNFPA headquarters; international, national and local level civil society organizations and academia. The evaluation results were expected to be disseminated and made available as appropriate to the various primary and secondary stakeholders, using traditional as well as digital and internet-based channels of communication.

5. In line with the Terms of Reference (TOR), the overall objectives of the CPE were (i) to provide the UNFPA Philippines CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Philippines 8th CP (2019-2023) and (ii) to broaden the evidence base to inform the design of the next programme cycle.
6. The specific objectives of the CPE were:
 1. To provide an independent assessment of the relevance, effectiveness, efficiency, coherence and sustainability of UNFPA support.
 2. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
 3. To provide an assessment of the role played by the UNFPA Philippines CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Philippines CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to long-term recovery.
 4. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

2) Scope of the Country Programme Evaluation

7. The evaluation covered the period from January 2019 until August 2022 (i.e., a period of 44 months) and included all three development outcome areas of the eighth country programme cycle of UNFPA in the Philippines: Sexual and Reproductive Health and Rights (SRHR), Adolescents and Youth (AY) and Population Dynamics (PD). The evaluation included the cross-cutting areas of partnership, resource mobilization and communication and advocacy interventions, as well as the theme of gender equality and women's empowerment, which was mainstreamed throughout the country programme. In geographical terms it focused on initiatives at the national as well as the sub-national level, including regions, provinces as well as cities and municipalities in which UNFPA support has been provided. Specific attention was given to the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM), where support from UNFPA and other UN agencies have converged given the Region's special state of need. Moreover, the evaluation included development programming as well as humanitarian support and peace building projects implemented during the period under review.
8. The CPE covered assistance funded both from UNFPA core and non-core resources and UNFPA's use of resources jointly mobilized by the UNCT. It focused on the work implemented through UNFPA's governmental and non-governmental implementing partners, as well as on policy engagement and advocacy interventions, carried out by the UNFPA CO directly. It assessed the strategic approaches that underpin the programme in each of the outcome areas, as well as the implementation processes and the enabling human resource and financial and programmatic management and monitoring systems, and the extent to which these systems have been supportive to reaching results. This included transversal functions, such as coordination, monitoring and evaluation (M&E), innovation, resource mobilization, and strategic partnerships. The application of a human rights-based and gender responsive approach were part of the evaluation as well as aspects of disability, displacement and migration.

Besides the assessment of the intended effects of the programme, the CPE identified unintended effects of the programme, including positive and eventual negative effects of interventions.

9. The evaluation had a clear forward-looking approach. In terms of its recommendations the focus was on opportunities for informing the development of the next country programme cycle, including its programmatic strategies and implementation approaches, in line with changing national and international contexts as well as any adaptations required in terms of management arrangements for enhanced programme implementation and changes to be applied in the last year of the present programme cycle. It looked at opportunities to accelerate achievement of the SDGs that relate in particular to the UNFPA's mandate area in the last full programme cycle before 2030. The evaluation informed the forward-looking analysis with key government strategies and plans for the coming five-year period, and the recently developed UNFPA Strategic Plan 2022-2025⁵ and its business model.

3) Methodology and Process

10. In line with the TOR, the evaluation focused on the assessment of seven evaluation criteria, with in particular the latter two focused on humanitarian support:
 - i. Relevance
 - ii. Effectiveness
 - iii. Efficiency
 - iv. Sustainability
 - v. Coherence
 - vi. Coverage
 - vii. Connectedness
11. For each of the evaluation criteria one or more evaluation questions were included in the TOR, resulting in a total of 8 questions, which are presented in Annex 10. For each of the eight evaluation questions, a set of assumptions was identified as part of the evaluation matrix (see Annex 9), which were used in the assessment by the evaluation team. Aspects of the use of a human rights, gender mainstreamed and disability inclusive approach were added in the evaluation matrix under several of the evaluation questions in order to assess mainstreaming of these approaches across the programme. The evaluation matrix guided data gathering, analysis and reporting in the various phases of the evaluation process
12. The evaluation made use of a theory-based approach, using the results framework of the CPD (see Annex 8) and the Theory of Change (TOC) of each of the respective programme areas (see Annex 11) as well as the UNFPA global results framework.⁶ The evaluation methodology covered qualitative and quantitative methods and tools, including desk review, semi-structured interviews, focus group discussions and field observations. Quantitative data consisted of secondary programmatic and financial data. Where available, use was made of disaggregated data along gender, disability and other vulnerability criteria. The evaluation made use of a participatory approach, including as much as possible a wide range and variety of stakeholders in the various stages of the evaluation process. The use of mixed methods and inclusion of multiple stakeholders allowed triangulation of data across the various methods and respondents and in this way enhanced validation of findings. This approach, together with a validation meeting in which draft findings, conclusions and recommendations were discussed with UNFPA staff and Evaluation Reference Group members at the end of the field phase, enabled ownership of the evaluation process and enhanced the likelihood of use of the evaluation recommendations (stakeholder map is presented in annex 12).
13. The evaluation made use of appreciative inquiry rather than a problem-oriented approach. In this way the focus was turned away from finding solutions to problems to a more positive approach of focusing on what worked and how this could be reinforced within the programme and the country office. What did not work was assessed through inquiring what participants would wish to be different in their organization, and ways in which initiatives were implemented, in order to enhance results.
14. The evaluation included attention to the use of a rights-based approach in terms of programme design and implementation. Focus was on rights and responsibilities of stakeholders and capacities of rights

⁵ Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund, the UNFPA strategic plan, 2022-2025, 14 July 2021.

⁶ United Nations Population Fund, The UNFPA Strategic Plan, 2018-2021, Annex 1, Integrated results and resources framework.

holders and duty bearers. The evaluation assessed the extent to which the programme made use of a normative approach, based on a human rights perspective. This was supplemented by a gendered approach, assessing the results of the mainstreaming of gender equality and women's empowerment throughout the programme and attention to the Agenda 2030 principle of Leaving no one behind. Using an intersectionality approach this allowed for a focus on aspects of vulnerability, including the rights of people with disabilities (for additional details see annex 10).

15. A six week in-country data gathering process was part of the evaluation process. Data were gathered at national and sub-national levels, making use of the stakeholder analysis conducted as part of the design phase. Sampling took place at national and sub-national levels. At national level the evaluation team was able to connect with stakeholders from all relevant types of agencies including national Departments, Ministries in BARMM, sister UN Agencies, national CSOs and Academia, the UNFPA CO senior management, programme and programme support staff, as well as former UNFPA staff and UNFPA APRO technical support staff. At sub-national level, fieldwork focused on Mindanao, specifically on the BARMM, which was the focus area of UNFPA and other UN agencies for the cycle under review. Moreover, sites in Luzon, Visayas and the National Capital Region were included in order to represent all aspects of UNFPA's development and humanitarian programming. For selection at sub-national level, use was made of an overview of all country programme supported initiatives and their coverage, with inclusion of provinces that were regarded as very successful as well as those considered less successful in terms of programme implementation. In the selection of stakeholders to be interviewed, those working with and representing vulnerable and marginalized groups were included. While the UNFPA disability inclusion strategy was not yet out when the CP was designed, attention to aspects of disability were included through identification of assumptions in the matrix. Inclusion of people living with disabilities as beneficiaries to programme interventions was assessed. Relevant implementing partners were included in the data gathering process.⁷ For details see annex 10, 12 and 14.
16. For data analysis a variety of methods was used, including qualitative content analysis, context analysis, analysis of the TOC and results chain of the programme, SWOT analysis, timeline and policy analysis. The evaluation team abided by the ethical code of conduct for UNEG/UNFPA evaluations, the UNEG Standards and Norms for Evaluation in the UN System as well as UNEG guidance on gender- and human rights-responsive and disability inclusive evaluations as well as UN and UNFPA specific guidelines on conducting evaluations during the COVID-19 pandemic and inclusion of disability (details in Annex 14).
17. Given the on-going COVID-19 pandemic, COVID-19 protocols were followed to mitigate risks to stakeholders and the CPE team. In general, the pandemic and the measures to prevent its spread affected the health system in the Philippines and the ability of the UNFPA country programme to reach the results identified in the CPD and its results framework. The effects of the pandemic on the functioning of UNFPA and the implementation of its programmes as well as the direct and indirect effects on the health system, health facilities and the health seeking behavior of women and adolescent girls were taken into consideration as part of the evaluation.
18. A total of 219 persons were interviewed through key informant interviews or participated in focus group discussions in the data gathering phase of the evaluation, with 75 percent women and 57 percent of participants at sub-national level. For a list of persons met by the team see annex 6, while for references of documents consulted see annex 7, for the workplan please refer to annex 10.

⁷ The UNFPA disability strategy outlines a "whole of institution approach" focused on accelerating implementation of the four pillars of the United Nations Disability Inclusion Strategy. The accountability framework of the strategy focuses on four key areas: Leadership, strategic planning and management, inclusiveness, and programming and organizational culture. Source: UNFPA, We Matter. We Belong. We Decide. UNFPA Disability Inclusion Strategy 2022-2025.

2. Country Context

1) Introduction

19. The Philippines is located in Southeast Asia and is an archipelago of 7,641 islands, which can be divided in three main island groups: Luzon in the northern part, Visayas in the middle and Mindanao in the South. The total land territory is about 300,000 square km. with 235,973 km. of coastline.⁸ The capital, Metropolitan Manila, is located in Luzon Island.
20. Based on the 2020 Philippine Census, the population of the Philippines as of May 1, 2020 was 109,035,343, with an annual population growth rate of 1.63 percent for 2015-2020. Life expectancy at birth is 76 years for women and 68 years for men. The Philippines has a large young population, with 31 percent in the age group of 0 - 14 and 29 percent in the 10 - 24 years age bracket. The older population aged 65 and over is 5 percent of the total population.⁹ The median age is 25.2 years.
21. The Philippines is a predominantly Christian nation (80% Roman Catholics, 10% Other Christian religions) with a small Muslim minority of 6% according to the 2015 Philippine Census. In 2015 over half of all Muslims in the country (57%) resided in the then Autonomous Region of Muslim Mindanao (ARMM), where they comprised 91% of the regional population. In 2019, the Bangsamoro Autonomous Region replaced ARMM, following a plebiscite to determine which cities, municipalities and barangays wish to be included in the new Region. Still predominantly Muslim, BARMM has a population of 4,404,2888 based on the 2020 Philippine Census.
22. The Philippines is a lower middle-income country.¹⁰ Before the COVID-19 pandemic hit, the economy has been described as resilient, withstanding the recent global food, fuel and financial crisis well, with capacities of local government steadily improving and democratic institutions remaining steadfast, upheld amongst others by a vibrant and vigilant civil society¹¹.
23. In terms of human development, the Philippines had a Human Development Index (HDI) rating of 0.699 in 2021, ranking 116 amongst 191 countries assessed. This is a significant improvement compared with its HDI of 0.598 in 1990 but a relapse from 0.718 in 2019, indicating a decline during the pandemic.¹² The Gross National Income per capita was USD 8,920 (2017 PPP USD) in 2021, a decline from US\$ 9,791 in 2019.¹³
24. Inequality has remained substantial, with the richest 1 percent holding 16.2 percent of all income shares, while the poorest 40 percent of the population held 18.6 percent (2021 data). Poverty is more prevalent in BARMM, where the incidence in 2018 was as high as 61.8 percent.¹⁴ The proportion of the national budget for direct poverty reduction programmes, however, has gone down from 2.9 percent in 2016 to 2.1 percent in 2022.¹⁵ As a member of the UN, the Philippines is a signatory to numerous UN conventions and treaties. For an overview of main treaties see annex 13.

⁸ Navarro, Adoracion M., Celia M. Reyes, and Kris A Francisco, UN Common Country Assessment Update for the Philippines, Discussion Paper Series No. 2021-06, Philippine Institute for Development Studies, February 2021.

⁹ <https://psa.gov.ph/content/2020-census-population-and-housing-2020-cph-population-counts-declared-official-president>.

¹⁰ <http://databank.worldbank.org/data/download/site-content/OGHIST.xl>.

¹¹ Navarro, Adoracion M., Celia M. Reyes, and Kris A Francisco, 2021.

¹² <https://hdr.undp.org/data-center/specific-country-data#/countries/PHL>.

¹³ <https://hdr.undp.org/data-center/specific-country-data#/countries/PHL>.

¹⁴ Philippine Statistics Authority at: <http://rsoarimm.psa.gov.ph/>.

¹⁵ UNDP, Uncertain times, unsettled lives, Shaping our future in a transforming world. Human Development Report 2021/2022 New York, 2022; National Economic and Development Authority, 2022 Voluntary National Review of the Philippines, Rekindling Commitment and Using Innovation to Accelerate Recovery and Ensure Progress to Achieve the SDGs in 2030 and our Ambisyon Natin 2040, Pasig City, Philippines, 2022; GNI per capita for 2020 from NEDA 2022 and Asian Development Bank, ADB Basic 2022 Statistics, Statistics and Data Innovation Unit, Economic Research and Regional Cooperation Department, April 2022.

2) Development Challenges and National Strategies

25. The country has grappled with development challenges over the past decades, more so in 2020-2022 with the COVID-19 pandemic as well as numerous natural disasters in the period under review. Below key challenges in terms of poverty, natural disasters and manmade conflict are described and national level development policies and plans presented while particular challenges and national strategies to address these in terms of SRHR, AY, PD and Gender Equality are presented.
26. Poverty in the Philippines, though it has decreased over time, increased substantially since 2019. Data for 2018 showed that 16.7 percent of the population lived below the National Poverty Line (16.6 for women and 16.8 for men), a reduction from 23.5 percent in 2015. Poverty was more prevalent in rural (24.5 percent) compared to urban areas (9.3 percent). Poverty rate for the population 15 years and above with disability was at 14.7 (2018 data). However, data for the first semester of 2021 show a considerable increase in poverty rate, with an incidence of 23.7 percent below the national poverty line, caused in particular by the economic constraints resulting from the COVID-19 pandemic.¹⁶
27. The Philippines is prone to natural disasters. Located within the Pacific Ring of Fire, it has 24 active volcanoes, including Pinatubo, Mayon and Taal, all found on the island of Luzon.¹⁷ The country is prone to earthquakes due to both volcanism and the presence of active tectonic plates. Moreover, the Philippines is located in the typhoon belt and is affected by about 20 typhoons every year.¹⁸ The World Risk Report ranks the Philippines highest in its global risk assessment of 2022.¹⁹
28. In addition to natural disasters, the development process was severely affected by the COVID-19 pandemic and the nationwide lockdowns and other measures to reduce the spread of the virus, which affected people's mobility and their economic opportunities during large parts of 2020 and early 2021. The economy is slowly recovering, posting a 5.6 percent full-year economic growth rate in 2021 and an expected 7.6 percent growth in the third quarter of 2022.
29. The Philippines has, moreover, been dealing with man-made humanitarian issues, the most prominent of which was a Muslim secessionist movement in some parts of Mindanao. This conflict was partly resolved in 1989 with the creation of the Autonomous Region of Muslim Mindanao (ARMM) but new players affiliated with more extremist groups led to new violence until March 2019, with the establishment of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) to replace the ARMM. The creation of BARMM was an important step in the process of conflict resolution between the government and the Muslim secessionist movement.²⁰
30. The longer term vision and aspirations for the country are outlined in *AmBisyon Natin 2040*, a national vision statement, which provides a picture of what life could be for Filipinos in 2040: "Filipinos enjoy a strongly rooted, comfortable, and secure life" This vision is meant to be realized with support of all sectors of society, public as well as private, who are expected to direct their efforts to the realization of this vision which will mean that Filipinos live in a prosperous, predominantly middle class society where no one is poor. Economic growth needs to be relevant, inclusive and sustainable. Poverty is to be eradicated by 2040 and the poor are to have more opportunities to participate in the growth process and be protected against negative impact of economic and political instabilities, as well as natural and man-made calamities.²¹

¹⁶ National Economic and Development Authority, 2022 Voluntary National Review of the Philippines, Rekindling Commitment and Using Innovation to Accelerate Recovery and Ensure Progress to Achieve the SDGs in 2030 and our AmBisyon Natin 2040, Pasig City, Philippines, 2022.

¹⁷ <https://www.phivolcs.dost.gov.ph/index.php/volcano-hazard/volcanoes-of-the-philippines/>

¹⁸ <https://www.adrc.asia/nationinformation.php>.

¹⁹ The World Risk Report assesses the disaster risk for 193 countries, including over 99 percent of the world's population. The index combines aspects of exposure with vulnerability with the latter composed of susceptibility and lack of coping and adaptive capacities. World Risk Report at <http://www.worldriskreport.org/>

²⁰ <https://www.acaps.org/country/philippines/crisis/mindanao-conflict>.

²¹ AmBisyon Natin 2040, A long-term Vision for the Philippines.

31. The Philippine Development Plan (PDP) 2017-2022, was the first of four medium-term plans that are geared towards the realization of the AmBisyon Natin 2040. The strategies of the PDP 2017-2022 were organized into three pillars with a focus on governance, reducing inequality and increasing growth potential. Together, these three pillars were expected to lead to “more inclusive growth, a high-trust and resilient society, and a globally competitive knowledge economy” by 2022 and “strongly rooted, comfortable, and secure lives” by 2040. The plan included intensification of SRH services to address adolescent or early pregnancy and the provision of CSE in schools, and address the unmet need for family planning (FP), ensuring availability of FP commodities. The plan paid attention to the Demographic Dividend across all regions of the country with focus on reducing infant and under-five child mortality and women’s fertility rates as well as providing access for adolescents to sexual and reproductive health as a strategy to hasten the demographic transition. Additional attention was focused on malnutrition, access to health services and quality of graduates for employment as strategies to improve human capital.²²

Progress on Achievement of Sustainable Development Goals

32. Progress on the SDGs has been documented in three Voluntary National Reports with the first one taking stock of lessons learned from the implementation of the Millennium Development Goals and the second reporting on the progress in addressing development challenges making use of those lessons. The third report was expected to focus on a whole-of-society approach to further the SDGs. Due to the pandemic, this setup changed as the effects of the pandemic reversed some of the gains made towards reaching the goals, with the need to seek means to accelerate progress towards the goals in the coming years till 2030.²³

33. The country score for achievement of the SDGs at the time of the evaluation was 66.6, which was slightly higher than the average score for the region at 65.9. For most of the UNFPA mandated related goals, major challenges remained and results were at best moderately improving. This went for SDG 3 on Good Health and Well-Being, SDG 10 on Reduced Inequalities and SDG 16 on Peace, Justice and Strong Institutions. Regarding SDG 5 on Gender Equity significant challenges remained and progress was assessed as stagnating. For details, see the SDG Dashboard in annex 13.²⁴

Sexual and Reproductive Health

34. In the past decades the Philippines has undergone sustained economic and social development, placing it among emerging Asian economies. Maternal and child health services have improved, with more children living beyond infancy, a higher number of women delivering at health facilities and more births being attended by professional service providers than ever before. There is much success in improving access to and provision of preventive, diagnostic and treatment services for communicable diseases, while there are several initiatives to reduce illness and death due to non-communicable diseases. Despite substantial progress, however, achievements in health have not been uniform, and challenges remain.²⁵

35. The Government of the Philippines National Objectives for Health included three strategic goals:²⁶

- i. **Better health outcomes**, enhancing life expectancy, including reducing MMR
- ii. **Responsive health system**, enhancing provider responsiveness and client satisfaction rates
- iii. **Equitable health financing**, including reducing out of pocket costs as percentage of total health expenditure

36. These goals are underpinned by a set of strategic pillars, including financing, service delivery, regulation, governance and performance accountability, each with their own objectives and indicators, including baseline values and targets for 2022. While MMR is one of the indicators at the level of the goals,

²² National Economic and Development Authority, Updated Philippine Development Plan 2017-2022, Pasig City, Philippines.

²³ NEDA 2022.

²⁴ Sachs et. al., 2021.

²⁵ Philippines–WHO Country Cooperation Strategy 2017–2022.

²⁶ Republic of the Philippines, Department of Health, National Objectives for Health, Philippines 2017-2022, Manila, 2018.

contraceptive prevalence rate and unmet need, adolescent birth rate, low death rate among newborns, percent of antiretroviral therapy coverage and percent of health facilities with no stock out of essential drugs and vaccines are included as indicators under pillars of the framework.

37. The ratification of the Responsible Parenthood and Reproductive Health (RPRH) Act in 2012 was a landmark victory for women's reproductive rights in the Philippines. However, the RPRH law had to contend with legal challenges in terms of its constitutionality, which resulted in a delay in its implementation for 2 years.²⁷
38. In 2019, Republic Act 1123 "An Act instituting Universal Health Care (UHC) for all Filipinos, prescribing reforms in the health care system and appropriating funds therefor" was signed into law. This Act entitles everyone to an essential health benefit package, including medicines, diagnostic tests, and primary care. Underserved and unserved areas are to be given priority in allocation of grants.²⁸
39. Between 2017 and 2022 the contraceptive prevalence rate (CPR) increased among married women 15-49 years of age from 54 percent to 58 percent (all methods) and from 40 to 42 percent (modern methods). Unmet need for contraception declined from 17 to 12 percent. Regional differences persisted with highest rate of unmet needs in BARMM.²⁹ The latest estimates on the Maternal Mortality Ratio (MMR) show a decline from 129 in 2000, 122 in 2005, 105 in 2010, 88 in 2015 and 78 in 2020.³⁰ According to the 2022 NDHS, skilled birth attendance was high at 90 percent, and 88 percent of births were delivered in a health facility. The percentage of women who completed antenatal care declined somewhat between 2017 and 2022, from 93 to 86 percent, possibly due to COVID-19 mobility restrictions.³¹
40. Within the timeframe of the 8th CP, there were two major developments that could have an impact on UNFPA programs, especially on the SRHR outcome area in the next cycle. One is the ratification of the UHC Law of 2019, which entitles everyone to an essential health benefit package but which implementation was affected by the outbreak of the COVID-19 pandemic. The other is the so-called Mandanas-Garcia ruling, which entitles LGUs to a share of national taxes for running health as well as other basic services, in this way enabling the LGUs to fully assume the functions devolved to them under the 1991 Local Government Code. The Mandanas-Garcia ruling is set to take effect in 2024.³²

Adolescents and Youth

41. Adolescents and youth 10-24 years of age represent 29 percent of the population. with adolescents (aged 10-19) comprising 19.8 percent, and youth (aged 20-24), 9.2 percent.³³ Within the opportunities of the realization of a demographic dividend, youth are valued in terms of "their potential as catalysts for growth and agents of development".³⁴

²⁷ Human Rights Watch. Philippine Lifts Ban on 51 Contraceptives: Fully Implement and Enforce the Reproductive Health Law. (2017); Ulep, Valerie Gilbert T.; Uy, Jhanna; Van, Vanessa T. Siy; Bagas, Joy. 2021. An Assessment of National-Level Governance of the Philippines' Responsible Parenthood and Reproductive Health Law: Trends and Ways Forward. Philippine Institute for Development Studies.

²⁸ Implementing rules and regulations of the Universal health care act (Republic Act No. 11223).

²⁹ NDHS 2022.

³⁰ Trends in maternal mortality, 2000 to 2020, Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division, Geneva, 2023.

³¹ NDHS 2022.

³² <https://www.dbm.gov.ph/wp-content/uploads/Mandanas-Garcia-Case/IEC-Materials/FAQs-Mandanas-Garcia-Ruling.pdf>; <https://www.undp.org/philippines/publications/decentralization-digitalization-and-development-strengthening-local-governance-crisis-response-recovery-resilience-and>.

³³ Philippines Statistics Authority, 2020 Census of Population and Housing.

³⁴ National Youth Commission, Philippine Youth Development Plan 2017-2022, Manila, 2018, Introductory Message of the President of the Philippines.

42. For the major part of the 8th CP and previous country programmes the major challenge in the AY programme area has been the high rate of adolescent pregnancy, and the fact that the RPRH Law prohibits adolescents under 18 to access reproductive health services, especially modern contraceptive methods without parental consent. The age specific fertility rate for women aged 15-19 had remained consistently high, within the range of 46-57 births per thousand women from 1993 to 2017. However, the 2022 NDHS reported a drastic decrease in teen pregnancy to 27 births per thousand women aged 15-19 in 2022, a positive development. Another data source, the 2021 fifth round of the Young Adult Fertility and Sexuality Study (YAFS 5) corroborated this, with the finding that the proportion of young women who have begun childbearing decreased from 14 percent in 2013 to 7 percent in 2021.³⁵
43. Nevertheless, the Department of Health continues to have an Adolescent Health and Development Program, one component of which is FP. Teenage pregnancy varies considerably by region with the highest rates found in Northern Mindanao, Davao and SOCCSKARGEN in Mindanao and Ilocos and MIMAROPA in Luzon. The situation in BARMM presents adolescents and youth with particular SRHR challenges.³⁶ For details see annex 13.
44. Two national legislations that protect women and adolescent girls' rights have been approved within the 8th CP timeframe. One is Republic Act (RA) No. 11596, "An Act Prohibiting the practice of child marriage and imposing penalties for violations thereof", which makes child marriage a public offense and adds a series of penalties for violating the law ranging from fines to up to 12 years of imprisonment. The other is RA No. 116481 "An Act Raising the Age of Sexual Consent" from 12 to 16 years of age thus providing stronger protection against rape, sexual exploitation and abuse of minors.³⁷
45. The Philippine Youth Development Plan was developed in 2017 and updated and finalized in 2019. Its update included the results of a Midterm Review of the plan. The plan was developed with participation of a variety of stakeholders to enable, ensure and promote the rights and welfare of the Filipino youth.³⁸
46. Though a Comprehensive Sexuality Education (CSE) curriculum has been developed in previous programme cycles, a process supported by UNFPA, the implementation so far has been limited with capacity development of educators started in school year 2020-21 at national level with a recognized need to develop a separate strategy for CSE in BARMM. Support to CSE for out of school youth has been provided by Non-Governmental Organizations (NGO).³⁹

Population Dynamics

47. There is evidence that the Philippines has been undergoing a demographic transition in the last 30 years, from a regime of high fertility and mortality toward low fertility and mortality. The total fertility rate has steadily declined from 4.1 births per woman in 1993 to 1.9 in 2022. TFR is lower in urban (1.7) than in rural areas (2.2) and there are substantial regional differences. The lowest regional TFR is 1.2 births per woman in the National Capital Region and the highest is in BARMM at 3.1.⁴⁰ Similarly, infant mortality

³⁵ According to the YAFS 5, the proportion of women aged 15-19 who have begun childbearing dropped from 14 percent in 2013 to 7 percent in 2021.

³⁶ <https://newsinfo.inquirer.net/1546734/chr-slams-bangsamoro-body-for-move-vs-antichild-marriage-law>.

³⁷ Republic of the Philippines, Congress of the Philippines, Republic Act No 11596, An Act prohibiting the practice of child marriage and imposing penalties for violations thereof, Metro Manila, July 2021 ; <https://www.unicef.org/philippines/press-releases/passage-prohibition-child-marriage-law-major-milestone-child-rights>; <https://www.unicef.org/philippines/press-releases/unicef-lauds-passage-law-increasing-age-statutory-rape>.

³⁸ National Youth Commission, 2018.

³⁹ Evaluation of the 8th Country Programme, SRH Team, Internal PowerPoint Presentation, 2022; Interviews with UNFPA Philippines programme staff as part of the design phase of the evaluation.

⁴⁰ NDHS 2022.

declined from 34 infant deaths per thousand live births in 1993 to 22 in 2022 while under 5 mortality declined from 54 under 5 deaths per thousand live births in 1993 to 26 in 2022.⁴¹

48. The decreasing birth rate has produced a corresponding change in the age structure of the Philippine population with the young dependent population (age 0-14) relative to the total population declining from 37 percent in 2000 to 31 percent in 2020, while the percentage of the older population (65 and over) has increased from 4 percent in 2000 to 5 percent in 2020. At the same time the percentage of working age population (15-64 years of age) increased from 59 percent in 1993 to 64 percent in 2020. These changes translated into a declining age dependency ratio, from 69 young and old dependents per hundred working age population in 2000 to 56 in 2020. The composition of the dependent population also changed, from 63 young and 6 old dependents per hundred working age persons in 2000, to 48 young and 8 old dependents in 2020. This situation can provide a conducive environment for reaping of a demographic dividend and further sustainable development, and was incorporated into the PDP.
49. The official data source for demographic statistics is the Philippine Statistics Authority (PSA) created in 2013 under RA 10625 or the Philippine Statistical Act.⁴² The PSA is the highest policy-making body on statistical matters and is primarily responsible for all national censuses and surveys, sectoral statistics, consolidation of selected administrative recording systems and compilation of the national accounts. It is the primary agency that runs the vital registration system of the country.
50. The Philippine Commission on Population and Development (POPCOM) is the central policy making, planning, coordination, and monitoring body of the Philippine population program, It runs the family planning program in close coordination with the department of Health. POPCOM oversees the development and implementation of the National Action Plan to harness the demographic dividend.
51. The Philippine Population Management Program Directional Plan (PPMP DP), prepared by POPCOM, covered the period 2017-2022 and was a key framework document for the 8th CP. The plan outlined key strategies to be implemented in order to facilitate the attainment of population outcomes that can significantly contribute to reaching the socio-economic development goals as set in the PDP.
52. 54.53. Despite the challenges posed by the ongoing Covid 19 pandemic, there were three major data gathering initiatives. Two of these were conducted by the Philippine Statistics Authority, including the decennial census of 2020 and the 2022 round of the National Demographic and Health Survey. The Department of Health funded the fifth round of the Young Adult Fertility and Sexuality Study (YAFS 5) in 2021. These new data provided updated estimates of key indicators of the UNFPA mandate area.

Gender Equality and Women's Empowerment

53. The Philippines ranks high in the gender equality index according to the 2021 Global Gender Gap report with a score of 78.4 and this has been consistent over the last decade. This ranking is supported by the advancement of women's rights. The Philippines has institutionalized significant legal protection measures including the Magna Carta of Women, Anti-Trafficking in Persons Act, Anti-Rape Law, Safe Spaces Act, Responsible Parenthood and Reproductive Health Law, Anti-Child Pornography Act, and the Anti-Violence Against Women and Children (VAWC) Act. These legislations, along with their implementation, have resulted to great strides in championing women's rights.⁴³
54. However, women still face a range of barriers. Women remain struggling with unpaid care responsibilities, traditional gender norms, low wages, and lack of skills development. These indicators demonstrate that many women confront these issues due to high incidence of poverty, unemployment, and underemployment in different parts of the country despite the access to education and training

⁴¹ NDHS 1993 and NDHS 2022.

⁴² <https://www.officialgazette.gov.ph/2013/09/12/republic-act-no-10625/>

⁴³ World Economic Forum, Global Gender Gap Report 2021.

opportunities. Moreover, measures that deal with protection for women and adolescent girls in particular of minorities in the country remain to be realized.⁴⁴ Also, human trafficking remains pervasive in the Philippines, targeting in particular women and children with the pandemic having aggravated it.⁴⁵

55. Gender based violence remains prevalent. Based on the 2022 NDHS, 13 percent of women aged 15-49 have experienced physical violence since age 15 while 4 percent ever experienced sexual. Intimate partner violence declined over time from 29 percent in 2008 to 18 percent in 2022. Domestic violence severely affected women and children, but help seeking remained low. Of those women who had ever experienced physical or sexual violence, only 1 in 3 (34 percent) sought help to stop the violence. The most common source of help was their own family (61 percent).⁴⁶ The data demonstrate gaps in prevention and reporting of GBV. Interventions on GBV in the Philippines are mostly focused on women and children with the role of men rarely addressed.

3) *The Role of External Assistance*

56. Total Net ODA support in 2020 amounted to 1.45 billion USD, which was an increase from the 0.88 billion in 2019 and 0.55 billion USD in 2018. The percentage of Net ODA versus Gross National income increased over time from 0.1 in 2018 to 0.4 in 2020.⁴⁷ The aid environment in the Philippines has been changing toward a preference of Government for self-financing over tied bilateral or multilateral funding. This change provided a challenge to UNFPA and other UN agencies, with less funding opportunities and more of a need to show the added value of support.⁴⁸
57. Main donors to the Philippines were Japan, United States, France and Korea, with the support from Japan more than double the amount of the next three largest bilateral donors. Bilateral ODA was primarily focused on economic infrastructure and services (58 percent) and multisectoral support (15 percent) with 4 and 5 percent respectively for health and population and other social infrastructure and services while 2 percent was aimed at education and 1.3 percent for humanitarian response.⁴⁹
58. Donor support to UNFPA in the period under review included bilateral support as well as emerging donors and support through corporate social responsibility. Bilateral support was received from Australia (DFAT), Korea (KOICA) and the Government of Japan. Merck provided a grant for the Business Action for Family Planning (BAFP) project while support was received from several foundations. Through the Unified Budget Results and Accountability Framework (UBRAF) funding was received for HIV prevention initiatives. Moreover, DOH financially contributed to the programme, amongst others through co-funding of the Longitudinal Cohort Study (LCS). In humanitarian support, funds were received from the UN Central Emergency Response Fund (CERF) for disaster response initiatives.⁵⁰
59. The UN Partnership Framework for Sustainable Development (PFSD) in the Philippines covered the period 2019-2023. It included the support of the 17 different funds, programmes and specialized agencies that comprise the UNCT in the Philippines. The framework focused on where the UN, in its

⁴⁴ Albert, Jose Ramon G., and Jana Flor V. Vizmanos. "Do men and women in the Philippines have equal economic opportunities?" (2017). Philippine Institute for Development Studies; Investing in Women. 2019. World Bank. Overcoming Barriers in Women's Work in the Philippines..

⁴⁵ Foundation for Media Alternatives. Online Gender Based Violence in the Philippines 2021 Year End Report; Paolo Barcelon, Reports on Alleged Online Sexual Exploitation of Children up threefold in 2020; UN Women, The Shadow Pandemic: Violence Against Women in COVID-19.

⁴⁶ NDHS 2022.

⁴⁷ Source: https://public.tableau.com/views/OECDACaidataglacebyrecipient_new

⁴⁸ United Nations Philippines, Partnership Framework for Sustainable Development 2019-2023, Mandaluyong City, 2019.

⁴⁹ Ibid.

⁵⁰ UNFPA Philippines, Philippines 8th Country Programme Integrated Partnership Plan (Integrated Resource Mobilization, Partnership, South-South Cooperation Plan).

roles as advocate and neutral convener, catalyst and coordinator, could generate the highest social returns and apply the principle of leaving no one behind.⁵¹ With the outbreak of the COVID-19 pandemic the framework was reviewed and adapted with the UN Philippines Socioeconomic and Peacebuilding Framework (SEPF) for COVID-19 Recovery in the Philippines 2020-2023. The SEPF included aspects of a post-pandemic recovery and to support the peace building process in BARMM, making use of purposeful humanitarian-development-peace programming. UN Reform has been ongoing in the period under review, aimed at better positioning the UN agencies in their support to the 2030 Agenda for Sustainable Development (see details in annex 13 and 16).⁵²

3. UNFPA Strategic Response and Programme

1) UNFPA Strategic Response

60. With the present CPE covering the programme timeframe of 2019-2023, both the UNFPA strategic plan for the period 2018-2021 and the new strategy for the period 2022 to 2025 are relevant, with the latter particularly important to inform the forward-looking analysis of the evaluation. The 2018-2021 strategy built on the strategic plan of the preceding period of 2014-2017 and the ‘bull’s eye’ which was a central part of that strategy. The strategic plan for that latter period put universal access to sexual and reproductive health, realization of reproductive rights, and reduction of maternal mortality to accelerate progress on the ICPD agenda as the agency’s goal. This in particular for women, adolescents and youth, the key targeted beneficiaries of UNFPA support, enabled by information and analysis on population dynamics and the use of a human rights- and gender equality-based approach.⁵³
61. Informed by the results of an organization wide evaluation, the Strategic Plan for the period 2018-2021 provided a slightly adapted approach. The main goal and objectives of the organization were presented in a Theory of Change (TOC) model, in which the components of SRHR, Adolescents and Youth and Gender and Women’s Empowerment were reflected as addressing supply and demand elements, while population dynamics was included as the foundation of the strategy, to inform programming in these components. The organizational goal remained virtually the same.⁵⁴
62. Each of these earlier strategic plans included an organizational business model to guide the implementation of the strategic plan. For the period 2018-2021, the business model included a country classification based on two criteria: remaining needs for support from UNFPA and country capacity to finance change. The resulting four tier classification was subsequently linked to the types of support to be provided by UNFPA, namely service delivery, capacity development, partnerships and coordination (including South-South and Triangular Cooperation (SSTC)), knowledge management and policy engagement. With the Philippines classified as an ‘orange’ country in 2018, all modes of engagement were optional with the exclusion of service delivery in development programming, though such an approach could be applied in humanitarian settings. In terms of capacity development, all three levels of capacity building were optional, including individual, institutional and enabling environment (or societal) levels.⁵⁵
63. The recently developed UNFPA Strategy for the period 2022-2025, identifies three transformative results and focuses on accelerating progress towards their achievement. These three results are: (a)

⁵¹ UN Philippines, Partnership Framework for Sustainable Development 2019-2023, Mandaluyong City, Philippines, 2019.

⁵² UN Philippines, UN Socioeconomic and Peacebuilding Framework for COVID-19 Recovery in the Philippines 2020-2023, An Update of the United Nations Partnership Framework for Sustainable Development (PFSD) 2019-2023.

⁵³ United Nations Population Fund, The UNFPA Strategic Plan 2014-2017.

⁵⁴ United Nations Population Fund, UNFPA Strategic Plan, 2018-2021.

⁵⁵ United Nations Population Fund, UNFPA Strategic Plan, 2018-2021, Annex 4, Business Model.

ending unmet need for family planning and modern contraceptives; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, such as child marriage and female genital mutilation. The latest UNFPA strategic plan is explicitly aligned with the 2030 Agenda for sustainable development and the SDGs. The organizational goal nevertheless remained basically the same as in the previous two strategies. The difference is the clear identification of the SDGs to which the programme contributes, identified as Goal 3 on Good Health and Well-being; Goal 5 on Gender Equality; Goal 10 on Reduced Inequalities, Goal 13 on Climate Action, Goal 16 on Peace, Justice and Strong Institutions and Goal 17 on Partnerships for the Goals. For details see annex 15.⁵⁶

64. In order to achieve the SDGs in a timely fashion, acceleration is deemed required. In order to achieve this, the latest business model classifies the 119 UNFPA programme countries globally in three tiers, Tier 1 consists of countries in which all three of the transformative results have not yet been achieved; Tier 2 are countries where two of these results have not yet been achieved and Tier 3 where only one of the results is yet to be achieved. Based on assessed achievement levels of the Philippines at the time of the development of the strategic plan, the country was classified as Tier 1, with all three transformative results not yet achieved. Moreover, the goal of reducing adolescent birth rates, which was added as a key objective by the Country Office, had not been achieved at that time. For details see annex 19.
65. The business model of the new strategy identifies the same modes of engagement as in the business model of the previous strategy and additionally identifies six accelerators for the achievement of results (see annex 19). All of the UNFPA country programmes can employ all modes of engagement and make use of all accelerators identified, which are expected to be customized to the national context and local settings in order to bring about bold, innovative, enduring and tailored solutions within the overall sustainable development framework of the UN Country Team. The strategy emphasizes prioritizing the organization's normative role to support the implementation of the ICPD Programme of Action and achievement of the transformative results.⁵⁷

2) UNFPA Response through the Country Programme

Introduction

66. The UNFPA country program 2019-2023 for the Philippines has three major outcomes based on the results and resources framework included in the Country Programme Document (CPD). These are sexual and reproductive health and rights, adolescents and youth and population dynamics. Though gender equality and women's empowerment are mainstreamed within each of the outcome areas of the country programme, this is not explicitly reflected in the results framework. While the outcome areas of SRHR and AY include two outputs, the PD outcome area contains only one output. For an overview of the results framework see table 2 below, while a more detailed results framework is presented in Annex 8.

Table 2: Results Framework of the eighth UNFPA Country Programme in Philippines 2019-2023

CPD Outcome Areas	CPD Outputs
<p>Sexual and Reproductive Health and Rights</p> <p>Every woman, adolescent and youth everywhere, especially those furthest behind, have utilized integrated sexual and reproductive health and services and</p>	<ol style="list-style-type: none"> 1. Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings 2. Improved domestic accountability mechanisms for sexual and reproductive health and rights through the involvement of communities and health-system stakeholders at all levels

⁵⁶ Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund, the UNFPA strategic plan, 2022-2025, 14 July 2021.

⁵⁷ United Nations Population Fund, UNFPA strategic plan, 2022-2025, Annex 3: Business model, July 2021.

CPD Outcome Areas	CPD Outputs
exercised reproductive rights, free of coercion, discrimination and violence	
Adolescents and Youth Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and rights	<ol style="list-style-type: none"> 1. Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being 2. Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and wellbeing, including in crisis contexts
Population and Dynamics Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	<ol style="list-style-type: none"> 1. Demographic intelligence utilized to improve the responsiveness, targeting and impact of development policies, programmes and advocacy, in particular to benefit the marginalized

Source: Executive Board of the United Nations Development Program, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund Country programme document for Philippines, July 2018.

67. In the 8th Country Programme, UNFPA had to reorient its approaches due to extenuating circumstances that emerged, which were outside the scope of initial planning of the country program action plan. Natural disasters, the Bangsamoro transition and the COVID-19 pandemic were major factors that contributed to the redirection of the contents of the 8th Country Program. Below an overview is presented of the main contents of the programme in the period under review for each of the three outcome areas as well as for mainstreaming of gender across programme components, including adaptations made due to contextual changes.⁵⁸

Sexual and Reproductive Health Outcome Area

68. The SRHR outcome area has aimed for every woman, adolescent and youth everywhere, especially those furthest behind, to have utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. The Country Programme plans to gauge the achievements against this strategic outcome through the following Outcome Indicators:

- i) Increased contraceptive prevalence rate for modern family planning methods
- ii) Decreased unmet need for family planning

69. In order to reach these outcome level changes, the programme focused on two output level results:

Output 1: Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings.

The programme focused on enabling the stakeholders in developing and implementing sexual and reproductive health policies and plans for those furthest behind, including in humanitarian settings.

Output 2: Improved domestic accountability mechanisms for sexual and reproductive health and rights through the involvement of communities and health-system stakeholders at all levels.

The programme focused on building and strengthening the health-system stakeholders and the community institutions to hold the service providers accountable for provision of services.

70. In order to reach these results a number of initiatives were implemented (of which items 7 to 12 were not originally planned but added based on changed contextual circumstances):

1. Technical support to the National Implementation Team on the RPRH law
2. Analysis of bottlenecks in accessing SRH/GBV information and services, informing policy making

⁵⁸ This overview is informed by the discussions with SMT and programme staff as part of the design phase of the evaluation.

3. Support institutionalization of the minimum initial service package (MISP)
 4. Support establishment of a functioning inter-agency GBV coordination body for humanitarian preparedness and response
 5. Partnerships with private sector-led movements on SRH programmes in the workplace
 6. Technical support to the Commission on Human Rights (CHR)
 7. Support to the newly established Bangsamoro Transition Authority (BTA)
 8. Capacity-building of former women combatants under the Bangsamoro Islamic Women Auxiliary Brigade (BIWAB)
 9. Technical assistance to BARMM provinces in the formulation of Provincial Action Plans
 10. Launched a National Gender and Inclusion Assessment
 11. Technical assistance to the CHR in setting up an online GBV reporting portal
 12. Modelled several innovative initiatives in response to the pandemic, including: Cash and voucher assistance; rh-care.info online information; Pilot-testing Anticipatory Action; support for online mental health and psychosocial services; an online system to track ICT-facilitated SGBV; Women's Health on Wheels (WHoW) as alternative SRH service delivery model to reach GIDA
71. Main partners for the outcome area have been the Departments of: Health; Social Welfare and Development, Education, Labour and Employment, Budget and Management; POPCOM; NEDA; the Commission of Human Rights (CHR) and Ministry of Health and Ministry of Social Services and Development as well as sister United Nations organizations in BARMM.

Adolescents and Youth (AY)

72. The Adolescents and Youth thematic area contributed to Outcome 2 of the UNFPA Strategic Plan 2018-2021: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.
73. AY programmatic interventions were designed to address the following output level results
- Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being
 - Output 2: Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and well-being, including in crisis contexts
74. The UNFPA country program response included (with 7-9 added based on contextual changes):
1. Support operationalization of the school-based, gender-sensitive and rights-based comprehensive sexuality education (CSE) curriculum
 2. Development and pilot-testing of community mobilization models to reduce child marriage
 3. Development and pilot-testing of a youth leadership and governance programme s
 4. Technical assistance in the development and validation of the National Condom Strategy
 5. Support a high-level dialogue among key national government agencies to discuss the education, social and development dimensions of adolescent pregnancy
 6. Convened virtual intergenerational dialogues of young people with key government officials
 7. Out-of-school youth CSE to address vulnerable youth who were not in school and were engaged in risky behaviors (e.g., teenage mothers, youth in sex work)⁵⁹
 8. Technical assistance to the Bangsamoro Transition Authority (BTA) to formulate the 2019-2022 Bangsamoro Youth Agenda
 9. Jointly with other sister UN agencies, supported the empowerment of the Bangsamoro youth
 10. Technical support to youth innovators
75. Main partners for implementation included DepEd and NDOH as well as BARMM government Ministry of Social Services and Development, Ministry of Health, youth groups, NGOs and sister UN agencies.

⁵⁹ Jose Cielito Raganit. DepED highlights need for RH Education in schools. 2019. <https://www.pna.gov.ph/articles/1079419>

Population Dynamics (PD) Outcome Area

76. The PD outcome area aimed for everyone, everywhere, to be counted, and accounted for, in the pursuit of sustainable development. This was assessed through the indicator: Present value of projected total demographic dividend between 2019 and 2023.
77. The PD outcome area has focused on capacity development of national institutions for high quality data collection, analysis and utilization. It has included promotion of and support to government use of population intelligence, in particular on aspects of the demographic dividend (DD). PD initiatives have focused on informing both development and humanitarian programming and have included South-South and Triangular Cooperation (SSTC).
78. Indicators at the output level focused on a National Action Plan to harness the DD and analysis of demographic intelligence shared mainly with policy makers and government implementers.
79. Types of interventions in the PD outcome area (with 11-14 added or adapted based on contextual changes):
 1. Technical assistance to prepare the DD roadmap led by POPCOM
 2. Legislative advocacy for the attainment of the three UNFPA transformative goals
 3. Budgetary advocacy to the congress and champion legislators, informed by the Costed Implementation Plans developed by the SRHR team
 4. Evidence-based advocacy for legislations on adolescent pregnancy
 5. Longitudinal Cohort Study on the Filipino child
 6. Big Data project
 7. Conduct of the Population and Development Situational Analysis,
 8. Development and roll-out of the Common Operational Data Sets (CODS) on population and related statistics for humanitarian settings
 9. Salas Young Leaders Fellowship
 10. SSTC with Indonesia and exploring new options for SSTC
 11. Support to the National Census
 12. Support for the establishment of a BARMM Legislative Committee on Population and Development
 13. Studies on the impacts of COVID-19 on births and deaths, internal migration, unintended pregnancy, unmet need for FP, gender/vulnerability assessment of COVID-19 pandemic targeting
 14. Joint SDG Fund: Reaping the Demographic Dividend and Managing the Socio-Economic Impact of COVID-19 by Applying an Integrated National Financing Framework in the Philippines
80. UNFPA strategic partners for PD have included: POPCOM, DSWD and PSA, while implementing partners at national level have included: POPCOM, Philippine Legislators Council on Population and Development, University of San Carlos - Office for Population Studies Foundation, Department of Economics School of Business and Economics and Centre for Social Research and Education, University of the Philippines Statistical Research Foundation, University of the Philippines, Population Institute; and at sub national level: Research Institute for Mindanao Culture.

Mainstreaming of Gender across the Programme

81. UNFPA aimed to integrate gender equality and human rights in its key outcomes in areas of SRHR, AY and PD. Addressing SRHR including for adolescents and youth was aligned with the gender and human rights agenda of UNFPA. UNFPA consistently worked with key Government agencies such as DOH, POPCOM and Department of Education as well as various LGUs at sub-national level. UNFPA demonstrated its commitment to these concerns by working with the Department of Health (DOH) in crafting policies. One program of UNFPA to encourage implementation of family planning programs in workplace was the Business Action for Family Planning (BAFP), in cooperation with the Department of

Labor and Employment (DOLE). Moreover, training (via online and face-to-face modalities) has been conducted related to SRHR including on MISP and CSE. Multi-sectoral GBV case management has continued to remain a focus for UNFPA. Data harmonization and data management of GBV cases have also been focus areas.

82. Online technologies played a role in promoting gender equality and human rights during the pandemic. This was a novel intervention as people relied on the Internet during lockdowns. The agency also provided cash incentives enhancing access to and use of maternal health services during the pandemic for women and adolescent girls.
83. UNFPA has been proactive in its program to address GBV, especially during the pandemic. Digital platforms have been set up to handle reporting of GBV in different parts of the country with consideration to issues of data privacy. Significant attention was geared towards providing mental health and psycho-social support services during the pandemic. Project BRAVE, an initiative together with WHO and UNICEF, was a mental health intervention that aimed to respond to needs of vulnerable women, children, and adolescents in this challenging period.

Humanitarian Support

84. The country office responded with a variety of humanitarian support to natural and manmade crisis situations. In 2019, UNFPA responded to the North Cotabato Earthquakes emergency. In 2020, in addition to the COVID-19 pandemic, the country office also responded to the Taal volcanic eruption, to the typhoons Kammuri, Vongfong, Goni and Ulysses, to the Masbate Earthquake and to peace building in Mindanao.⁶⁰
85. Typhoon Odette (international code name Rai) was the strongest storm to hit the country in 2021. UNFPA provided support to Eastern Visayas and Caraga regions for the continuation of SRH services, including access to services and BEMONC facilities and provision of a sea ambulance in support of referrals. Socio-economic impact was mitigated in these regions through cash voucher assistance for pregnant women, to provide food assistance where needed and support them in seeking antenatal care (ANC) services and to deliver in health facilities with attention to pregnant women with disabilities. Moreover, safe spaces were setup for women and adolescent girls and survivors of GBV, including referral pathways with capacities of service providers enhanced. MISP training was provided as well as capacity development for GBV case management.⁶¹ An innovative aspect in terms of humanitarian support has been the anticipatory action programme, an approach to enhance preparedness five to seven days before the expected landfall of a typhoon to reduce the impact on people's lives and livelihoods.⁶²

3) UNFPA Country Programme Financial Structure

86. The expected budget of the country programme as presented in the CPD was 20.0 million USD for a five-year period, or 4.0 million on an annual basis (2.6 million USD annually from core resources and 1.4 from other resources). A little over one third of the total budget was allocated to SRHR and another third to the AY outcome area while a quarter of resources was budgeted for the PD outcome area. The remainder of 7.5 percent was reserved for programme coordination and assistance. For details see table 3 below.

Table 3: Planned resource allocation of the UNFPA Eighth Country Programme in the Philippines

Programme Component	Regular resources	Other resources	Total	Percentage of Total
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⁶⁰ UNFPA Annual SIS Reports 2019 and 2020.

⁶¹ UNFPA SIS Report 2021.

⁶² Discussions with the UNFPA humanitarian team as part of the design phase of the CPE.

Budgeted Resources 2018-2022 (in million USD)				
Sexual and reproductive health	4.5	2.5	7.0	35.0
Adolescents and youth	3.5	3.0	6.5	32.5
Population dynamics	3.5	1.5	5.0	25.0
Programme coordination / assistance	1.5	-	1.5	7.5
Total	13.0	7.0	20.0	100.0 %

Source: UNFPA Country Programme Document for Philippines, 2019-2023.

4. Findings: Answers to the evaluation questions

1) Evaluation Question on Relevance

Evaluation Question 1:

To what extent is the country programme adapted to:

- (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.);
- (ii) national development strategies and policies;
- (iii) the strategic direction and objectives of UNFPA;
- (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs;
- (v) the New Way of Working and the Grand Bargain; and
- (vi) shifts in national needs and priorities, major political changes (e.g. political transition in the BARMM), and/or to shifts caused by crises (e.g. COVID-19 pandemic, super typhoons, volcanic eruptions)?

Assessment points included: Moving towards policy level programming; alignment with national strategies, policies and plans as well as the UNFPA strategic plan and the 2030 Agenda for sustainable development; focus on vulnerable and left behind groups; and responding to contextual changes.

Findings:

Towards policy level engagement

87. The eighth country programme moved away from support to direct implementation towards a focus on policy engagement. This was aimed primarily at national level policy making as well as on BARMM policy level processes at sub-national level. The country office was in the process of adapting its human resource setup accordingly, as reflected in the CPD of CP8, with a large focus of both the SRHR and PD components on data gathering and analysis in order to inform policy level engagement. This included development of costed National Implementation Plans (NIPs) for CSE, GBV and for implementation of the Minimum Initial Service Package for Sexual and Reproductive Health (MISP) and monitoring of the results of the NIP for FP which had been developed in the seventh cycle. Moreover, a number of bottleneck analysis were to be developed under the SRHR outcome area to inform policy making. The focus on policy engagement of the PD outcome area was on the use of demographic intelligence to harness the demographic dividend and to improve the targeting and impact of development policies, programmes and advocacy, in particular for marginalized and left behind groups. In the AY component the development of the CSE costed NIP together with the curriculum successfully supported in the previous programme cycle, aided the operationalization of CSE.⁶³ At sub-national level, focus has been on the BARMM with support provided to SRHR, GBV and AY policy issues, with a UNFPA staff member for many years stationed in the Ministry of Health of ARMM, retained under the BARMM.

Alignment with national and international strategies, policies and plans

88. Overall, planned support was in line with the government policies and plans, including the Philippine Development Plan (PDP) 2017-2022, the Republic Act 10354 on Reproductive Health, the

⁶³ Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund, Country programme document for Philippines, New York, July 2018; Republic of the Philippines, UNFPA, Zuellig Family foundation, National Family Planning Program Costed implementation Plan, 2017-2020; Republic of the Philippines, Department of Education, Education promotion, Comprehensive Sexuality Education, Summary of Proposed Budget FY 2023-2025.

Comprehensive Action Plan to Prevent Adolescent Pregnancies in the Philippines, 2021-2024, 'Ambisyon Natin' 2040, the 2030 Agenda for Sustainable Development and the UNFPA strategic plan as well as the Grand Bargain and the New Way of Working on humanitarian action.

89. The Magna Carta of Women is a comprehensive women's human rights law that seeks to eliminate discrimination through the recognition, protection, fulfillment, and promotion of the rights of Filipino women, especially those belonging to the marginalized sectors of society. It is the Filipino translation of the provisions of the Convention on the Elimination of All Forms of Discrimination against Women, particularly in defining gender discrimination, state obligations, substantive equality, and temporary special measures. It also recognizes human rights guaranteed by the International Covenant on Economic, Social, and Cultural Rights. UNFPA support was well in line with this Republic Act.⁶⁴
90. The country programme support to disabled people was found also to be in line with Magna Carta for Disabled Persons, a law that ensures that disabled persons have the same rights as other people to take their proper place in society. It makes the rehabilitation of disabled persons a concern of the Government, in order to enhance their capability to attain a more meaningful, productive and satisfying life.⁶⁵
91. As part of the Universal Periodic Review (UPR), supported by the Office of the High Commissioner for Human Rights, the government supported recommendations made in the process regarding basic public health services for all through universal access to health services, and effective implementation of the RPRH law, including increased access to contraceptives and reduction of maternal mortality. Access was deemed in particular important in rural areas while also pointing to the need for access to the MISP for reproductive health during emergencies and disasters.⁶⁶
92. The country programme was in line with the PDP 2017-2022, which reflected the national long-term vision and priorities and was supported by The Partnership Framework for Sustainable Development (PFSD) and the adapted SEPF. The PDP included clear targets on core indicators, like MMR (with a target of 90), mCPR, (with a target of 65 percent), number of newly diagnosed HIV infections per year (with the target to reverse the trend of increasing number of infections) and TFR (with a target of 2.1).⁶⁷ The PDP included the provision of CSE in schools, provision of adolescent-friendly health service packages and addressing unmet need for modern FP methods. The plan, moreover, included the objective of reaching for the demographic dividend⁶⁸ across all regions in the Philippines, facilitating the demographic transition, including reducing infant and under-five child mortality and total fertility rates and the development of the country's human capital.⁶⁹ In this respect the foci of the UNFPA programme on SRHR, AY, PD and gender mainstreamed were clearly aligned with the PDP 2017-2022.
93. The UNFPA programme was aligned with the Republic Act 10354, also known as the Responsible Parenthood and Reproductive Health (henceforth, RPRH) act of 2012, and its Implementing Rules and Regulations (IRR) of 2013. The act was a landmark decision in terms of advancing sexual and

⁶⁴ Republic of the Philippines, Congress of the Philippines, Republic Act No. 9710, An Act Providing for the Magna Carta of Women, July 2008 (<https://pcw.gov.ph/faq-republic-act-9710-the-magna-carta-of-women/>)

⁶⁵ Republic of the Philippines, Congress of the Philippines, Republic Act No. 7277, An Act Providing for the Rehabilitation, Self-Development and Self-Reliance of Disabled Person and their Integration into the Mainstream of Society and for other Purposes, July 1991.

⁶⁶ While the government supported all these recommendations, it merely noted the recommendation regarding the decriminalization of abortion and ensuring access to safe abortions. UPR of Philippines (4th Cycle – 41st Session).

⁶⁷ National Economic and Development Authority, Philippine Development Plan 2017-2022, Pasig City, Philippines, 2017.

⁶⁸ "The demographic dividend is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)." <https://www.unfpa.org/demographic-dividend#readmore-expand>

⁶⁹ National Economic and Development Authority, Philippine Development Plan 2017-2022, Pasig City, Philippines, 2017.

reproductive health rights as it aimed to address service delivery on maternal, neonatal, child health and nutrition (MNCHN), family planning (FP), adolescent sexual and reproductive health (ASRH), sexually transmitted infections (STIs), violence against women and children (VAWC), health education including comprehensive sexuality education (CSE), and surveillance on key SRHR issues. UNFPA's program was in line with two executive orders (EO) issued before and within the 8th CP timeframe, namely EO 12 of 2017 on attaining and sustaining zero unmet need for modern family planning, and EO 141 of 2021 on adopting measures to address the root causes of the rising number of teenage pregnancies as a national priority.⁷⁰

94. UNFPA's GEWE component aligned well with the RPRH Act as well as other Philippine Statutes on gender, such as the Magna Carta of Women of 2009 and the Anti-Violence Against Women and Children (VAWC) Act. UNFPA support to CSE both for in- and out-of-school youth was in line with government policy included in the RPRH Act of 2012 which mentions the need for reproductive health education and information to be imparted to adolescents in formal and non-formal education systems and recognizes reproductive health and sexuality education as a lifelong learning process.⁷¹
95. In terms of population dynamics, UNFPA has spearheaded the path toward thinking of the long-term consequences of falling fertility and falling mortality on the shape of the population's age structure and framed it into an opportunity for economic growth if governments prepare for the consequence of a changing age structure, including a potential demographic dividend. With UNFPA support in the previous cycle, the demographic dividend was adopted as overarching framework for population related development planning in Chapter 13 of the PDP 2017-2022 and *Ambisyon 2040*. In the 8th CP, UNFPA, through the PD outcome area, has supported development of a national action plan to harness the demographic dividend and preparation of cascading regional level road maps, in close partnership with POPCOM as part of NEDA.
96. The country programme has, moreover been in line with the 2030 Agenda, in particular SDGs 3 on Good health and well-being, SDG 5 on Gender equality, SDG 10 on Reduced inequalities, SDG 16 on Peace, justice and strong institutions and SDG 17 on Partnerships for the goals. The programme has been in line with UNFPA's strategic plan, with a focus on three outcome areas and the use of outcome and output level indicators from the plan's results framework. UNFPA support formed part of the Philippines Partnership Framework for Sustainable Development between the UNCT and the Philippine Government, in particular to the people and peace pillars of the framework. Moreover, the programme contributed to the Health First, Social Protection and Social Cohesion pillars of the SEPF (see Annex 16).⁷²
97. Regarding the Grand Bargain and the New Way of Working on humanitarian action, UNFPA has enhanced linkages between humanitarian and development programming, both in programmatic terms and in staff responsibilities with attention to protracted crisis and support to the Common Operational Data Set shared across government and UN agencies. Support to humanitarian crisis in Mindanao has been mostly provided by the SRHR team in Mindanao as they know the context of the BARMM as well as other regions in Mindanao, which is in line with the New Way of Working and the Grand Bargain. This has also enhanced connection between humanitarian assistance and development support with the same UNFPA staff members providing the appropriate support when needed.⁷³

⁷⁰ https://lawphil.net/statutes/repacts/ra2012/ra_10354_2012.html; RPRH Legal Review by PIDS, forthcoming; Key informant interviews.

⁷¹ Republic of the Philippines, Department of Education, UNFPA and CHSI, situational Analysis of CSE implementation in the Philippines, Key results of desk research and secondary data review; key informant interviews.

⁷² UNFPA Strategic Plan 2018-2021; Republic of the Philippines, United Nations Philippines, Partnership Framework for Sustainable Development 2019-2023, Mandaluyong City, 2019; United Nations Philippines, UN Socioeconomic and Peace-building Framework for COVID-19 Recovery in the Philippines 2020-2023.

⁷³ <https://interagencystandingcommittee.org/node/40190>; ICVA, The "New Way of Working" Examined: an ICVA briefing paper, September 2017.

98. Though a process of consultations informed the development of the CPD, some of the civil society and academic partners considered not to have been sufficiently involved in the development of the programme and the design of the various initiatives that they implemented.

Addressing the needs of the most vulnerable and marginalized, leaving no one behind

99. There was clear indication that the country programme aimed to address the needs of the most vulnerable groups of women and adolescent girls in development and humanitarian programming, informed by analysis. The bottleneck analyses included in the CPD were planned to focus on groups furthest behind in terms of access to SRH information and services, such as adolescents, people with disabilities, farmers and fisherfolk, indigenous people, and conflict and disaster-affected people. Unfortunately, only two of the planned analyses were conducted, one on farmers and fisherfolk and the other on disaster-affected people, with the latter finalized as recently as December 2022. The study on young people was started in 2020 but was discontinued with the outbreak of the pandemic, which also prevented the remainder of the studies to be implemented, thus limiting the planned evidence base of the programme.⁷⁴
100. UNFPA has started targeting of various gender identities through some small-scale programmes during the COVID-19 pandemic, aimed at improving access to SRH information and services by these marginalized groups. This proved to be in line with the new PDP 2023-2028, which makes specific reference to lesbian, gay, bisexual, transgender or transsexual, queer or questioning, intersex, and allied, asexual, aromantic, or agender (LGBTQIA); as well as women; children; elderly and indigenous peoples (IP) as target groups of social development. One of the indicators to assess change in the new PDP includes: Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care.⁷⁵
101. While gender related programming has been evident within each of the three outcome areas of the programme, gender mainstreaming, which focuses on changing unequal power relations between men and women through policies, programs, and accountability, has targeted women and adolescent girls – the priority group in the SRHR mandate of the organization, both in development and humanitarian initiatives.⁷⁶ Staff members reiterated that UNFPA’s mandate is on women and adolescent girls in support of gender equality and women’s empowerment. This usually came at the exclusion of men and boys and other gender identities. In this respect, there is a need to integrate aspects of intersectionality, i.e. the relationships of gender with other aspects of vulnerability and marginalization, including age, class, gender identities, disability status, ethnicity and geographical location, which reveal a more complex set of vulnerability conditions and has been incorporated in the gender equality, diversity and social inclusion (GEDSI) framework.⁷⁷ UNFPA’s interventions at times have piloted innovative approaches with non-traditional actors, which can help inform UNFPA advancing such an agenda.
102. There has been some attention to people with disabilities (PWD) in selected programmatic interventions. This has not yet resulted in attention to PWD mainstreamed throughout the programme, including in the four strategic focus areas of the related corporate strategy, i.e. strategic planning and management, inclusiveness, programming and organizational culture.⁷⁸ Focus on indigenous people as

⁷⁴ PSRP Inc. and United Nations Population Fund, Bottleneck Analysis Approach Research on Family Planning among Farm Workers and Fisherfolks, June 2019; Miriam College, Non-Health Determinants of Family Planning Use among Women in Disasters, A Report by the Center for Strategic Research, Miriam College, December 30, 2022.

⁷⁵ National Economic and Development Authority, Philippine Development Plan 2023-2028 (2023).

⁷⁶ Bustreo, F., Hinton, R., Giulia Ponchia, A., & Rocco, C., Gender Equality in the Mirror, Chapter 3: Gender Mainstreaming at the World Health Organization, Leiden, The Netherlands, 2022.

⁷⁷ An example of the use of a GEDSI framework includes: International Development Partners Group, Nepal, A Common Framework for Gender Equality and Social Inclusion, Gender Equality and Social Inclusion Working Group, Nepal, 2017.

⁷⁸ UNFPA, We Matter. We Belong. We Decide. UNFPA Disability Inclusion Strategy 2022-2025.

left behind group has been identified as in need of bottleneck analysis, but this could not be conducted because of the COVID-19 pandemic and needs to be followed up.

103. The Longitudinal Cohort Study on the Filipino Child was specifically conceived to give voice to the marginalized and vulnerable segment of the population and, by design the study included in the cohort children with vulnerabilities such as disability, poverty, belonging to an indigenous group, among others.⁷⁹ This too directly addressed the outcome for PD as the study ensured that “everyone, everywhere, is counted, and accounted for” by ensuring that children with vulnerabilities were included in the sample. There is a need to enhance advocacy on the results of the study within UNFPA, across UN agencies and beyond.

Responding to contextual changes

104. From 2020 onwards, after the onset of the COVID-19 pandemic, UNFPA aptly adapted its programme in order to remain relevant during a major national and global health crisis that included severe mobility restrictions of virtually the entire population during peak periods of spread and related lockdowns. With the health system's primary focus shifting towards addressing the impact of the pandemic and limiting its spread, UNFPA aligned its efforts by providing support in terms of data and evidence required to inform the national response through its PD portfolio and through a variety of specific interventions geared toward the pandemic conditions in most affected areas such as work with DOH and DSWD on lifesaving SRHR and GBV services. UNFPA mobilized and engaged young people to understand and address the specific issues that they faced during COVID. Moreover, the CO adapted the implementation of key areas of its development programming to the requirements of the pandemic, including work from home arrangements for its staff.
105. The CO adapted well to the installation of the BARMM in March 2019 through the adaptation of its sub-national support and focusing it on the BARMM, in line with the UNCT joint objective of supporting the humanitarian – peace – development linkages in BARMM. This has included SRHR, AY and PD related issues. UNFPA supported amongst others its long-term partner, the Philippine Legislative Council for Population and Development (PLCPD) to advocate for the formation of a parallel organization in BARMM, i.e. the Bangsamoro Legislative Council for Population and Development that will advocate for SRHR, Gender Equality and Women’s Empowerment and adolescent RH supportive policies in the newly formed regional government.
106. UNFPA support in BARMM was in line with the 12-Point priority Agenda, more in particular in terms of:
- a. **Point 4:** Programs and projects that will respond to the pressing social and economic challenges in the Bangsamoro, such as poverty, education, health, and others; with UNFPA focus on SRH/GBV and AY issues
 - b. **Point 5:** Implementation of special programs for transitioning combatants and their families and ensuring that these programs are tailored fit to their needs so that they will become productive members of the society; with UNFPA innovative approach to BIWAB, i.e. the reintegration of women combatants
 - c. **Point 6:** Support ongoing rehabilitation, reconstruction and recovery of Marawi; with support for Internally Displaced People (IDP)
 - d. **Point 10:** Ensure a productive partnership between the Bangsamoro Government and Development partners; with policy level support provided
107. The main limitation of the BARMM response so far has been its focus on the mainland provinces of Maguindanao and Lanao del Sur, with little attention to the island provinces of Sulu, Tawitawi and Basilan. However, the second iteration of the UN Joint Peace Building Project of UNFPA with IOM and

⁷⁹ Population Studies Foundation, Longitudinal Cohort Study on the Filipino Child: Baseline Survey Technical Report. Prepared by USC Office of Population Studies Foundation, Inc. and the Study Team.

UN Women has been designed to focus in particular on Basilan, Sulu and Tawitawi, which provinces were not part of the first phase of the project.⁸⁰

108. There has been less of a targeted response so far to the possible effects of the UHC legislation 2019, or RA 11223, which grants health care coverage to all Filipinos and aims to strengthen the healthcare system in the country.⁸¹ Implementation of the law was delayed by the outbreak of the COVID-19 pandemic in early 2020. The same goes for the Mandanas-Garcia ruling of 2019⁸² which would take full effect in 2022. The ruling increases funding to the local government units (LGU) for the devolved basic social services, including health, and consequently decreases available funds at the national level for the same services. While the ruling has not been fully implemented during the period covered by the CPE, it is anticipated that its eventual implementation, expected to be completed by 2024, can adversely affect the SRH programs in the country, putting women and adolescent girls at risk. For example, giving the LGU the discretion to fund SRH services can result to underfunding or even zero funding for these services. While SRH is a vital component in the delivery of UHC, in view of the Mandanas ruling SRH can become viewed as one of the many health services that can be subject to discretionary funding allocation of local chief executives, dependent on personal or cultural beliefs, in violation of both UHC and RPRH laws. The ruling has also been called counter-intuitive to the rationale behind the Universal Health Care law and there is a clamor to retain health care funding to provincial, or regional levels, to ensure the delivery of UHC including SRH services to all women and girls.⁸³ Clear policy review is critical at this point and further attention will be required to craft UNFPA's response.⁸⁴

2) Evaluation Question on Effectiveness

Evaluation Question 2:

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme taking into account potential changes made to the initial results framework due to the COVID-19 crisis, the political transition in BARMM, and other major contextual shifts?

109. Reaching of output and outcome level results and related indicators in each of the outcome areas of the programme, needs to be considered within the challenging context of the pandemic, which threatened and affected not only the health of many women and adolescent girls but affected the health system itself, including its ability to support SRH services. In addition, the lockdowns further constrained people in their movements and livelihoods and affected health seeking behavior. These pandemic induced constraints made it more challenging to reach targeted output and outcome level results.

Findings Sexual and Reproductive Health Outcome Area (

⁸⁰ Carco, Monica and Luisa Escobar, Peace Building Project II, Design, July 2022 (draft).

⁸¹ <https://www.officialgazette.gov.ph/downloads/2019/02feb/20190220-RA-11223-RRD.pdf>

⁸² Republic Act 7160 or the Local Government Code of 1991 devolved to all LGUs the administration of basic services including health. Through the years the LGUs have clamored for more funds to run these programs adequately. The Supreme Court ruled in 2019 that the determination of the just share of LGUs should not be based solely on internal revenue taxes but on all national taxes. This will enhance LGU resources while at the same time significantly diminish the fiscal resources available to the National Government. <https://www.dbm.gov.ph/wp-content/uploads/Mandanas-Garcia-Case/IEC-Materials/FAQs-Mandanas-Garcia-Ruling.pdf>; <https://www.undp.org/philippines/publications/decentralization-digitalization-and-development-strengthening-local-governance-crisis-response-recovery-resilience-and>.

⁸³ Key informant interviews.

⁸⁴ The legal review commissioned by DOH and carried out by PIDS provided detailed review of these connections (forthcoming). Key informant interviews.

110. **Assessment points included:** Costed implementation plans, bottleneck and other analysis, engagement with private sector for family planning, support to Logistical Management Information System, midwifery, RH online information support, SRH watch, condom strategy, cash and voucher system assistance and support in BARMM. Findings are presented below (with supporting evidence and references included in annex 1A).

Assessment of achievement of CPD indicators at output and outcome levels

111. When looking at the output level indicators of the results framework of the CPD it can be observed that in terms of costed NIPs the targets were partly achieved, with cumulative FP NIPs in place, the NIP for CSE developed (with details discussed under the AY outcome area) an NIP on social protection and three provincial MISP plans in place. What has been lacking, however, was sufficient investments from government in implementing the costed NIPs, specifically on CSE and FP. There appears to be a need in both cases for added advocacy in order to enhance government commitment to increase their investments in CSE and FP.

112. In terms of bottleneck analysis, implementation of these has lagged behind with only two out of five realized. Notwithstanding these limitations, other results were achieved regarding initiatives undertaken in response to the pandemic, which balance out some of these apparent shortcomings. For details see table 4 below.

Table 4: Results at Output Level in the SRHR Component of the Programme

Sexual and Reproductive Health Output Indicators		
<p>Number of Costed NIPs developed and monitored for key result areas of the RPRH in development and humanitarian settings</p> <p>Baseline: 1 NIP for FP</p> <p>Target: 4 cumulative NIPs for FP (annually monitored), GBV, MISP and CSE</p>	<p>Number of bottleneck analysis in accessing SRH/GBV developed and shared with policymakers</p> <p>Baseline: 0</p> <p>Target: 5 including on access of</p> <ul style="list-style-type: none"> • Young people • People with disabilities • Farmers and fisherfolk • Indigenous people • Conflict and disaster affected people 	<p>Number of periodic SRHR reviews conducted by the national human rights institution (CHR)</p> <p>Baseline: 1</p> <p>Target: 2</p>
<p>Accomplishment: Mostly Achieved</p> <p>FP NIP operationalized with estimated 1/3 of resources identified by DOH; NIPs for CSE and GBV in place; MISP implementation plan developed for 3 provincial LGUs</p>	<p>Accomplishment: Partial</p> <ul style="list-style-type: none"> • Study on Farmers and Fisherfolk • Study on Women in Disaster prone areas <p><i>(Study on Young People discontinued)</i></p>	<p>Accomplishment: Achieved</p> <p>Report on the Peer Monitoring with Women and Girls with Disabilities during the COVID Pandemic with regional trainings conducted afterwards</p>
<p>Additional results achieved:</p> <ul style="list-style-type: none"> • 1.5 million women in the workplace reached with information on FP services • LMIS Barcode Track and Trace system developed and piloted • Status of midwifery workforce assessed 	<ul style="list-style-type: none"> • National Condom Strategy in place • Online RH-care-Info operational and accessed by users • Psycho-social support included in maternal health services in ten LGUs 	<ul style="list-style-type: none"> • SRHR policy support in BARMM • Maternal Death Surveillance and Response piloted in BARMM • Enhanced access to SRH services for selected pregnant women and girls supported through CVA and Women Health on Wheels during the pandemic (see EQ 7 and 8)

113. Looking at the bigger picture, new data produced in 2021 and 2022 indicate overall positive results in the three major outcome indicators of UNFPA: a decrease in unmet need for contraception, increase in modern contraceptive use both for currently married and sexually active unmarried women and a

decline in adolescent childbearing. Except for the use of modern contraceptives by currently married women, all other targets were met. For details see table 5 below.

Details of results (for further evidence and references in relation to results in SRHR, see Annex 1)

114. Support to SRHR in the period under review has particularly focused on FP related issues with less attention to maternal health, though aspects of the midwifery work force and maternal death surveillance and response (MDSR) were included. Moreover, much attention focused on humanitarian action. In addition to response to natural disasters and support to the newly established BARMM in Mindanao, much of the support focused on mitigating the effects of the COVID-19 pandemic for pregnant women and adolescent girls as well as for adolescents and youth. Details in terms of the SRHR outcome area are provided below, while details on humanitarian support are provided under the evaluation criteria of coverage and connectedness.

Table 5: Outcome level results in SRHR component of the programme

Indicator	Baseline (%)	Target (%)	Result (%)
mCPR currently married	40.4	46.4	42
mCPR sexually active, unmarried	17.4	23.4	24
Unmet need for FP, currently married	16.7	13.7	12
Unmet need for FP, sexually active, unmarried	48.7	45.7	42

115. Several costed implementation plans were developed with support from UNFPA, including the national level plan for Family Planning, which was developed in the previous programme cycle and reviewed and revised annually over several years, through a process supported by UNFPA. In addition, development of sub-national Costed Implementation Plans on MISP were supported in selected provinces. UNFPA provided technical assistance to the DOH in the crafting of a multi-year CIP for hospital-based Women and Children Protection Units (WCPU) and to the Department of Education for the costed implementation plan for Comprehensive Sexuality Education.
116. Bottleneck analysis of use of modern contraceptives were conducted amongst farmers and fisherfolk and among women in disaster prone areas. The analytical framework used provided insight on demand and supply related aspects and the enabling policy and socio-economic environment at national and local levels. Implementation of recommendations of the first study conducted on farmers and fisherfolk was constrained by the pandemic, which required all the attention of the DOH. Assessments on other vulnerable groups were postponed due to the pandemic with the study on women in disaster prone areas finalized in December 2022.
117. In terms of support to improved domestic accountability mechanisms, UNFPA supported the government efforts to conduct a national inquiry to identify barriers among persons with disabilities. After developing the concept, the Commission on Human Rights (CHR) disseminated results among its stakeholders and conducted five regional consultations in 2019. The report focused on individual and systemic barriers faced by women with disabilities, with recommendations on how these could be addressed.⁸⁵
118. UNFPA has worked together with the Commission on Human Rights in responding to needs of persons with disabilities, along with other gender diverse communities to arrive at a more intersectional view. This has begun with the intersection of women and disabilities, and their SRH needs and rights. The CHR,

⁸⁵ UNFPA Philippines, Annual SIS Reports, 2019, 2020, 2021; CHR Monitoring Reports; Key informant interviews.

as the gender ombud, has been supported by UNFPA to develop its capacity to support the human rights situation in the country. The commission identified women inmates as a group in need of attention to their SRHR related needs and rights and a group left behind in this respect.⁸⁶

119. There was no indication of UNFPA support to other accountability mechanisms in terms of complaint mechanisms for users of SRH services.
120. The Business Action for Family Planning (BAFP) was a Women's Health initiative that supported working women to access FP information and services in the workplace. At the start of the programme cycle under review, 75 companies, each with over 200 workers, located in four regions of the country, were participating in the initiative. The project reached large numbers of women with FP information and aimed to expand its focus beyond FP to a more comprehensive approach to SRHR and possibly inclusion of GBV prevention. However, the pandemic negatively affected the project as many of the participating businesses closed, while for those that remained operational, their interest in participation in the project was undermined by other more immediate concerns. The concept of return on investment of SRHR support for working women nevertheless remains a valid approach for engagement of the private sector and could be resumed in the next CP. Such initiative can have the added benefit of reducing obstacles to women's participation in the labor force and thus contribute to reaping of the demographic dividend. It also has the ability to expand to SRH and GBV related initiatives for men in the workplace.
121. UNFPA support to the development and implementation on a limited scale of the barcode track and trace system through its IP, the Philippine Society for Responsible Parenthood (PSRP), provided a leap forward in terms of the opportunities for FP commodity management through an online logistics information system. While only two provinces were involved so far, other regions have shown interest in the application of the system as it can provide real time data on FP commodities, enabling immediate response to prevent stock outs and enable shifting of stocks between health facilities as required, avoiding both over- and understocking. In addition, SRH Watch was developed with support from PSRP, adding reproductive health data to the LMIS system, made available in real time for health management at LGU and facility levels. This more extensive online SRH surveillance system was piloted in two provinces,⁸⁷ aimed at tracking critical maternal health and family planning indicators and related gaps in local health system services, enabling the availability of real time data to inform a local level management response. Involvement of DOH was limited in the design of these initiatives.
122. UNFPA supported an assessment of the state of midwifery in the Philippines. Results showed an insufficient human resource in comparison to actual and forecasted requirements. This discrepancy is bound to persist given the ageing of the current midwife cohort coupled with low midwifery graduation rates. Moreover, the training curriculum was found in need of updating, to bring it in line with the UHC law, to enhance the skills-based aspects of the training and to improve the competencies of the current faculty. Four areas were identified that require investment, namely workforce data systems and work environment, training of midwifery faculty, enhancing service delivery and promotion of the midwifery profession as career path. In order to measure access to midwifery services, it would be useful to make use of the indicator of travel time for pregnant women and adolescent girls to reach a midwife in a BEmONC equipped health facility.
123. Support provided to the development of the National Condom Strategy, resulted in the finalization of the strategy and validation by key stakeholders in 2019, with the strategy endorsed by the DOH. Implementation was constrained by the outbreak of the pandemic. With the percentage of young women and men (15-19) with correct HIV knowledge still at low levels (see below under Adolescent and Youth Outcome area) there is a need to follow up on the implementation of the strategy in the next programme cycle.

⁸⁶ Ibid.

⁸⁷ These provinces concerned Bataan and Nueva Ecija in CHD, Central Luzon. Padilla, Mariano, The 2020 Barcode Track and Trace System for Family Planning Contraceptives, End of Project Report, 2020; Key informant interviews.

124. RH-CARE info was developed by PSRP with support from UNFPA in response to reduced access to primary health care services due to the pandemic and its measures to limit the spread of the virus. The website provided online information on family planning, maternal health and GBV related information on prevention and services for survivors, including peer-to-peer support, facilitating women and adolescent girls' access to these services. To complement the website, several social media accounts were created and linked to the website, where online interactions with visitors were conducted such as free online consultations. Websites and social media platforms were hosted by PSRP. On the online web, Facebook and Instagram platforms 1.88 million unique reaches were achieved in the three months of January to March 2021.
125. Selected Barangay health workforce was reinforced in ten selected LGUs through the inclusion of psycho-social support in the provision of maternal health services, responding to the enhanced psychological stress on pregnant women during the pandemic.
126. SRHR support in BARMM included policy level support, assisting the new BTA with the inclusion of SRHR related issues in its health policies and programmes. Support was provided to the regional Bangsamoro coordination mechanism and team regarding implementation of the RPRH law, led by the BARMM Ministry of Health (MOH). Attention to maternal death surveillance and response in Lanao del Sur did not yet result in the full functioning system. Support to Muslim leaders resulted in their issuance of a fatwa on family planning, which was framed as birth spacing, which was used in sermons in mosques in terms of dissemination. This enabled discussion on FP methods at community level.
127. **Factors enabling results**
- A strong set of longer-term partnerships with government, civil society and academic partners enabled UNFPA to reach results in the SRHR outcome area, even under the constraints caused directly and indirectly by the pandemic.
128. **Factors constraining results**
- The COVID-19 pandemic was the single most important factor constraining reaching of results, as due to the outbreak of the pandemic and the measures to limit the spread of the disease meant the DOH needed to focus on addressing health related issues of the pandemic and UNFPA needed to follow suit and adapt its programming accordingly. This meant that some of the results identified in the CPD could not sufficiently or not as all be realized. At the same time, this has led to additional results in terms of programming in response to the outbreak of the pandemic with a focus on effects on vulnerable and marginalized groups.

Findings Adolescents and Youth Outcome Area

129. **Assessment points included:** Approach in the outcome area; results achieved in: school-based CSE, sexuality education for out-of-school youth, the Youth Leadership Governance Programme (YLGP), the Inter-generational dialogue, community mobilization model to address GBV and harmful practices, support to the Bangsamoro youth agenda and further attention to attainment of outputs and contribution to outcome level changes as identified in the CPD. Findings are presented below ([with supporting evidence and references included in annex 1B](#)).

Assessment of achievement of CPD indicators at output and outcome levels

130. When looking at the achievement of output level results in the AY outcome area, it can be observed that though progress was made, results lagged behind the targets on CPD output level indicators. The community mobilization model developed is the exception, as this model was developed and piloted, though no clear review of the results of the pilot-testing were available yet at the time of the evaluation. Regarding the other two indicators, they were partly achieved, with the school-based CSE partly operationalized but not yet evaluated and the number of Mindanao LGUs with the inclusion of

adolescents and youth SRH plans limited to 10 rather than 50 as targeted in the CPD. Moreover, as discussed above, several additional results were achieved. For details see table 6 below.

131. When looking at the outcome level results, it can be observed that in terms of percentage of youth with correct knowledge of HIV, the target was not achieved. Though it was increased from 14.5 to 19 percent, it remains far removed from the 30 percent target. With the CSE implementation having only started at a limited level in selected provinces and schools in 16 regions and with the out-of school CSE support conducted on a very limited scale, this is not really a surprise, as CSE would be one of the factors affecting correct HIV knowledge.

Table 6: Results at output level in the Adolescent and Youth component of the programme

Adolescents and Youth Output Indicators		
School-based comprehensive sexuality education curricula in accordance with international standards operationalized and evaluated Baseline: No Target: Yes	Number of Mindanao local government units that integrate the SRH of adolescents and youth, including those marginalized, in their development plans Baseline: 0 Target: 50	Number of community mobilization models that address GBV and harmful practices facing adolescents and youth developed and pilot-tested Baseline: 0 Target: 1
Accomplishment: Partly Operationalized in three pilot regions with no evaluation conducted so far	Accomplishment: Partly 10 LGUs through YLGP and inter-generational dialogue	Accomplishment: Achieved Community based model to address CEFM developed and tested
Additional results achieved: <ul style="list-style-type: none"> • Capacities developed of suburban out-of-school youth with risky sexual behaviour and transgender youth • Inter-generational understanding enhanced through dialogue, complementing the YLGP initiative • Bangsamoro Youth Agenda developed with UNFPA support • Bangsamoro Youth Transition Priority Agenda included SRHR issues • About 200 BIWAB trained with part of them posted as para social workers and otherwise 		

132. The situation is different in terms of adolescent birth rate, where the target of reduction from 47 to 40 births per 1,000 women aged 15-19 was clearly surpassed with the 2022 NDHS reporting a teenage birth rate of 25. With this profound change, the question remains as to what factors can explain this. One contributing factor could be the reduced unmet need for family planning amongst sexually active unmarried women but a bigger factor may be the pandemic lockdowns and mobility restrictions resulting in less opportunities for interaction during the pandemic. For details see table 7 below.⁸⁸

Table 7: Outcome level results in the Adolescents and Youth component of the Programme

Indicator	Baseline (%)	Target (%)	Result (%)
Percentage of young women and men (15-19) with correct HIV knowledge	14.5 %	30 %	19 % (YAFS 15-24 age)

⁸⁸ This expectation of an increase in adolescent pregnancies due to the pandemic and the lockdown measures, was linked to the assumption that when girls would spend more time within their households, they would be more exposed to abuse. Source: POPCOM, Executive Order No.141, Adopting as a National Priority the Implementation of Measures to Address the Root Causes of the Rising Number of Teenage Pregnancies, PowerPoint Presentation; Key informant interviews.

Adolescent birth rate	47 per 1,000	40 per 1,000	25 per 1,000
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Details of results (for further evidence and references in relation to results in AY, see Annex 1)

133. UNFPA has played a substantial role in promoting and addressing youth related concerns with a comprehensive approach at the legal and policy level as well as at the level of programmatic implementation and playing a coordinating role within the UNCT on youth related issues in the BARMM. UNFPA was able to play an important role in youth development issues with a specific focus on BARMM through chairing of the UN Thematic Group on Youth and being designated as the UN focal agency to coordinate UN assistance to the Office of Bangsamoro Youth Affairs. A theory of change guided the programming in the outcome area with a focus on delayed sexual debut, decrease of risky sexual behavior, enhanced life skills and decreased sexual coercion of adolescents, contributing to zero adolescent pregnancies. The focus on youth, moreover, related to UNFPA support to the realization of the demographic dividend through the development of a healthy and educated labor force.
134. Important achievements that the programme contributed towards at the policy level include UNFPA's support to the organization of the national Summit on Teenage Pregnancy, in August 2019, in close cooperation with government and civil society partners. The meeting contributed to the increasing number of adolescent pregnancies to be declared as a national emergency, something that the meeting had recommended.⁸⁹
135. UNFPA partnered with the Philippine Legislators Committee on Population and Development (PLCPD) on advocacy to end child marriage, informing the process amongst other through a policy brief submitted to the Philippine Senate in the first quarter of 2020 and informing public consultations. UNFPA's advocacy contributed to the passage in 2021 of R.A. 11596, also known as the Act Prohibiting the Practice of Child Marriage and Imposing Penalties and which makes child marriage a public offense. In 2022, R.A. 11648 was passed, which provided for stronger protection against rape and sexual abuse, increasing the age for informed consent from 12 to 16 years, something that UNFPA had long advocated for.
136. Support to school-based CSE built on UNFPA support to the development of the CSE curriculum in line with international standards in the 7th CP and preparation of a costed national implementation plan in order to inform budgetary planning. CSE implementation started with a pilot phase in all regions of the country (excluding BARMM so far given specific cultural sensitivities). CSE support was in line with the DepEd order No 0341 of 2018 which directed the development and implementation of "Comprehensive Sexuality Education". The NIP was updated in 2021 and informed the budget request for CSE by the DepEd for 2022, but the government approved budget was well below what was deemed required in the costed NIP. Reason cited for this included a lack of sufficient political will in parts of the government, while also the onset of the COVID-19 pandemic and the need to shift resources to online learning, may have played a role. While evaluation of results was included in the NIP, this focused on the teachers involved, not on the students and their knowledge gained and expected changes in their behaviour. With limited implementation so far in three pilot regions, no evaluation was yet conducted.
137. Support to out-of-school sexuality education, making use of cash assistance, has resulted in an applied curriculum and pilot implementation for youth with risky sexual behavior and transgender youth in a small number of selected areas in urban poor communities. Evaluation of these small scale initiatives showed results in terms of knowledge gain and behaviour change including changes in health seeking behavior, like medical check-ups and counselling for HIV/AIDS. With UNFPA Philippines expecting support from Norway for out-of-school CSE for the 10 year period 2023-2034, there is opportunity to

⁸⁹ UNFPA Philippines, Annual SIS Report, 2019; Key informant interviews.

further develop this aspect of the AY programme. This needs to be informed by learnings so far, the explicit development of the model used for addressing CSE for out-of-school youth and by further piloting in additional locations as well as intermittent assessment of results achieved.⁹⁰

138. UNFPA responded to the increased incidence of online forms of sexual and gender-based violence (SGBV) as a result of the COVID-19 pandemic and its lockdowns, which amplified the use of digital social media. The project was successful in establishing online support groups for survivors which were led by selected survivors trained through the project. Groups expanded the range of support that they provided to their participating members, including enhancing access to social and legal government services through referrals. Of the youth-led innovation grants, supported as a second component of the same initiative, those aimed at community level had most direct effects, rather than the technology focused ones, with some of the innovations introduced adopted by the LGUs into their regular programmes. The tracking system of online abuse, a third component of the initiative, proved unsuccessful as in the end, due to a lack of government involvement from the start, the system developed was not taken up by government agencies.
139. The Youth Leadership Governance Programme (YLGP) increased competencies of participating youth leaders and has enhanced youth participation in targeted municipalities in Mindanao, both in and outside of the BARMM. The programme supported youth to define SRH and other youth related issues, to create linkages with key stakeholders and co-creating solutions, including reducing adolescent pregnancies. Youth leaders at the municipal level trained youth leaders at the level of the Barangays in their area. The programme was successful in enhancing youth participation in local decision-making and the evaluation of the programme showed reduced annual adolescent birth rates in the targeted areas, though not upto the targeted level. AY issues were reportedly integrated in development plans of municipalities and barangays though this could be verified for only few of the municipalities. The programme was to be expanded to Southern Leyte and Samar in 2023.
140. Inter-generational dialogues between youth, local government officials and traditional leaders in selected areas provided relevant information to adolescents and youth on issues that concern them, including the pandemic, teenage pregnancy, HIV, online sexual exploitation, issues of LGBTQ+ and livelihood opportunities for young people. This was of particular importance in a time when there was a lot of misinformation on health related issues. Through the use of social media, the initiative reached 1.4 million youth. A component of the initiative in Mindanao focused on sustaining the peace process, security, economic opportunities and quality education for youth.
141. Together with partners, a youth-led community mobilization model was developed and applied at the local level in Maguindanao, BARMM, in order to advocate for the eradication of Child, Early and Forced Marriage (CEFM) in accordance with RA 11596. Youth groups were organized and alliances built and capacitated in five sites. Given the conservative context in Muslim and indigenous communities, advocacy was at times controversial especially for elders in the communities. Some of the participants wanted more knowledge on SRH to underpin the case that they were making for ending of CEFM. Support for this initiative was in line with, though not coordinated with, support provided through YLGP and inter-generational dialogues. Results so far have been limited. There has been resistance to implementing the CEFM legislation in some communities, while on the other hand some officials of high-level policy making bodies like the BTA were not in favor of the CEFM legislation. Nevertheless, there are significant entry points to find champions within the BTA, such as the Bangsamoro Youth Commission, which is doing its part in raising the concerns of the youth and the marginalized, yet recognizing the sensitivities of the issue at stake. The use of South-south cooperation with Indonesia has supported youth to enhance their understanding on the Islamic setting in this respect.
142. UNFPA provided support to the Bangsamoro Youth Commission established in April 2019 in the drafting of the Bangsamoro Youth Transition Priority Agenda for the period 2020 – 2022, with in particular

⁹⁰ UNFPA, Self-assessment of Outcome 2 – Adolescents and Youth, Workshop 1 (PowerPoint presentation in preparation of CPD discussions, December 2022), Internal document, UNFPA Philippines, Annual SIS Report 2022.

support on the health part of the plan and enhancing the understanding on the importance of SRHR in the plan as well as inclusion of a focus on GBV. Work with the Bangsamoro Youth Commission provided the opportunity to link with over 500 accredited youth organizations in BARMM, however, linking with these organizations would need to be underpinned by a strategic approach.

143. Factors enabling results

- The support for the operationalization of the CSE curriculum within the schooling system of the Philippines from K to 12th grade built on the development of the curriculum and additional support in the seventh and preceding programme cycles through a decade-long support process by UNFPA
- UNFPA also included out-of-school youth in its CSE programming where the use of an intersectional lens provided opportunity to support SRHR of young girls and adolescents at risk (i.e., sex workers) and adolescent transwomen, albeit limited and a first
- UNFPA support in the BARMM was part of the UNCT approach of support to the newly established government, which means that UNFPA support has been part of a wider humanitarian-peace building-development approach across all the UN agencies
- UNFPA's long term presence in the area when it was still the ARMM facilitated the transition to a new government entity within the same geographic territory

144. Factors constraining results

- The COVID-19 pandemic and measures to prevent its spread were important constraining factors in the implementation of CSE, as a massive shift to online learning in the entire education system took most of the attention and resources of the Department of Education.
- The political will to implement CSE at the highest level was also not yet necessarily in place, or as mentioned by one key informant, the initiative so far can be characterized as being “under the radar implementation of CSE”. This observation is supported by the underfunding of CSE implementation so far, with less than one percent of all eligible schools reached. At the community level a key constraining factor was the perceived conservative socio-cultural environment in which teachers and students operated.
- Another constraint concerned supply side SRH issues with the lack of fully operational health facilities in 91 percent of participating Barangays and with only about half of operational facilities being accredited as adolescent friendly.⁹¹
- Religious leaders from BARMM requested their region to be exempted from the Child Marriage law, while tribal leaders were also opposed to the law and its implementation, which has put important constraints on the implementation of anti-CEFM initiatives in BARMM.⁹²
- IPs received technical and financial support to shift their programming due to the COVID pandemic, but no guidelines were provided to them on how to do this.⁹³

145. Unexpected results

- As part of the support to CSE, over 193,125 teachers were trained so far. This was much more than planned under pre-pandemic conditions. The unexpected boost in the number of teachers reached was made possible by the pandemic-induced shift to online training, which resulted in higher-than-expected attendance of teachers from beyond the pilot schools. The level of attendance is an

⁹¹ UNFPA Philippines, Annual SIS Report 2022.

⁹² UNFPA Philippines, Annual SIS Report 2021; Key informant interviews; Focus group discussions.

⁹³ UNFPA Adolescent and Youth evaluation, Philippines: Feedback Meeting, 5 April 2022; Key informant interviews.

indication of the interest among teachers to develop their capacities in this respect. Nevertheless, the target concerned training of 800,000 teachers meaning that less than one quarter has been reached.⁹⁴

- Commenting by the advocates for ending CEFM that the respective IRR of the law was not yet in place appeared to have an unexpected negative effect, when some indigenous leaders suggested that early marriage needed to take place before the IRR was finalized and thus enhancing rather than reducing CEFM in the short term in some locations. This raised questions regarding the appropriate messaging for CEFM advocacy as pointed out by IPs and some young advocates.⁹⁵

Findings Population Dynamics Outcome Area

146. **Assessment points included:** Approach to PD, harnessing the demographic dividend (DD), longitudinal cohort study of the Filipino child, the population development situation analysis (PDSA), Joint SDG Fund on Reaping the Demographic Dividend, ‘big data’, the Common Operational Data Set for humanitarian action, SSTC and the Salas young leadership programme, as well as achievement of CPD output and outcome level indicators. Findings are presented below (with supporting evidence and references included in annex 1C).

Assessment of achievement of CPD indicators at outcome and output levels

147. Regarding the output level indicators for PD in the CPD results framework, the indicator related to the demographic dividend was partly achieved with the development of regional level DD estimates, with the implementation of the integrated national action plan dependent on the details in the new PDP. The indicator on policy relevant analysis shared with policy makers was over achieved, with 8 rather than the target of 5 studies realized during the period under review. Two planned studies, one on the prevalence of VAW and another on ageing were not conducted. Still, additional results, not in the original CPD document, were achieved, as summarized in table 8 below.
148. As to outcome level results, the outcome indicator of the “present value of projected demographic dividend between 2019 and 2023” was not assessed as no data was available for such an assessment.

Table 8: Results at output level in the Population Dynamics component of the programme

Population Dynamics Output Indicators	
<p>Integrated National Action Plan to harness the Demographic Dividend developed and implemented</p> <p>Baseline: No Target: Yes</p>	<p>Number of analysis on the policy implications of demographic intelligence data developed and shared with policymakers</p> <p>Baseline: 1 result from the LCS Target: 5 additional analysis from the LCS</p>
<p>Accomplishment: Partly</p> <p>13 Regional Demographic Dividend Estimates developed Full implementation of the NAP dependent on the new PDP</p>	<p>Accomplishment: Achieved</p> <p>Eight (8) Policy papers developed from LCS with use made of these by NEDA, DOH, POPCOM, DoE and the Presidential Task Force on Hunger</p>
<p>Additional results achieved:</p> <ul style="list-style-type: none"> • Enhanced understanding on the SDGs through joint project with UNDP and UNICEF • PDSA conducted in partnership with national stakeholders • Salas Young Leaders Fellowship in design phase • BARMM Legislative Council under development 	<p>Limitations:</p> <ul style="list-style-type: none"> • Studies/papers have not been peer reviewed • Studies on VAW prevalence and impact of ageing were planned but not conducted • Need to share the results of the LCS with a wider audience for use

⁹⁴ Republic of the Philippines, Department of Education, Comprehensive Sexuality Education (Rosalie Buenaventura Masilang, Department of Education – Bureau of Curriculum Development); Key informant interviews.

⁹⁵ Focus group discussion; Key informant interviews.

- | | |
|--------------------------------------------|--|
| • Learnings obtained through SSTC in BARMM | |
|--------------------------------------------|--|

Details on results (for further evidence and references in relation to results in PD, see Annex 1C)

149. UNFPA engaged with POPCOM for the development of a National Action Plan on reaching the demographic dividend, which was approved and adopted by the POPCOM Board of Commissioners in 2019. The plan provided concrete actions in line with the PDP 2017-2022 chapter organized among others on acceleration of the demographic transition (including decrease in mortality and achievement of wanted fertility), and thus in sync with UNFPA's results framework. In addition, UNFPA supported the preparation of regional level estimates of the demographic dividend, which were expected to serve as inputs for the preparation of the new PDP for the period 2023-2028. UNFPA engaged the UP Statistics Foundation to prepare the Philippine Population Development Situation Analysis which also adopted a demographic dividend perspective by computing for economic support ratios, a change from previous Population Situation Analyses produced in earlier Country Programmes. In addition to informing the next country programme cycle, results were aimed to inform the next PDP.
150. UNFPA enhanced its cooperation with the Philippine Statistics Authority (PSA) on the 2020 Census by convening a virtual dialog between local and international experts on ways forward in the analysis of the results of the 2020 Philippine census, which was implemented at the height of the pandemic and its lockdowns. The dialog was organized with support from both UNFPA APRO and HQ. PSA was interested in continuation of such type of meetings, brokered by the country office to enhance access to cutting edge developments in data gathering and data analysis methodologies and approaches.
151. PSA, for the first time, granted UNFPA access to vital registration data for the conduct of studies. Access to this data helped UNFPA in targeting areas for intervention on maternal health informed by primary data on maternal deaths. Another key partnership under the PD outcome area was with the Philippine Legislative Council for Population and Development (PLCPD), a congressional lobby group created in 1988 with UNFPA backing to push for the enactment of the Reproductive Health Act, for policy level engagement at national and sub-national levels and budget advocacy for SRH, AY and GEWE in the Philippine Congress. PLCPD is also UNFPA's implementing partner in BARMM, pushing for SRH and AY appropriate legislation in this autonomous region, through the proposed formation of a body similar to PLCPD at the BARMM level.
152. UNFPA has been working with academic and other research institutions in the conduct of studies, including the Longitudinal Cohort Study on the Filipino Child (LCS) which has provided timely data and analysis to inform government response to issues that affect young Filipinos, including during the COVID-19 pandemic. Within the 8th CP, eight Policy Briefs were produced and used by government to inform policy decisions in the areas of education, food insecurity, nutrition, and COVID-19 effects on the youth, amongst others. UNFPA also supported academic and research institutions in the preparation of research papers on COVID-19 related topics, like the estimation of the potential effects of the pandemic on FP service delivery, unmet need, unwanted pregnancy and teen pregnancy, and the estimation of excess births and death during the pandemic. It also supported the preparation of a paper on maternal mortality estimation, with results presented to the DOH. In the 8th CP, much of the activities of the PD outcome area were refocused into providing the evidence base for the country's COVID-19 response in UNFPA's mandate areas, an indication of its ability for a quick and timely adjustment to the prevailing need for data at the time. Moving forward, there is a need for ensuring the dissemination of study results to a wide audience and to follow up in terms of policy level engagement at national and sub-national levels regarding the use of the population related evidence to inform policy making and planning.
153. UNFPA participated in the joint UN SDG fund on Reaping of the Demographic Dividend and Managing the Socio-economic Impact of COVID-19 by Applying an Integrated National Financing Framework (INFF) in the Philippines. This initiative aimed to align government financing frameworks with the achievement of the SDG at the country level. UNFPA brought to the initiative its analysis of demographic trends and their policy implications; advocating for gender-sensitive budget allocation, costing of social sector

programs/policies, to benefit incidence and unit cost analyses; collaboration with CSOs, line ministry support in evidence-based budgeting and costing of social sector programs/policies and, participatory budgeting mechanisms.

154. The Common Operational Data Set that UNFPA developed for informing humanitarian response has been used by the Office for Coordination of Humanitarian Affairs (OCHA) and other UN agencies to inform their own organization's response. By consolidating demographic statistics from reputable data sets in the Philippines for use in humanitarian and development settings, the Common Operational Data Set directly addressed the UNFPA output to "harness demographic intelligence to improve the responsiveness and targeting and impact of development policies and programs", i.e. the outcome level result for PD, by enabling targeting of interventions in humanitarian and development settings is informed by real population counts and other reputable national and sub-national data sources.
155. The Big Data Family Planning Inequalities Analysis Project on the use of 'big data' to inform family planning initiatives was less successful because of its limited reach and of data privacy concerns. The Salas Young Leaders Fellowship Awards, aimed at training demographic career professionals, was in an early stage of development and still needs fleshing out under the next Country Programme Cycle.
156. The continuing UNFPA support to PopCom for the SSTC with Indonesia with possible expansion to other countries with a Muslim population, was an effective way to help a predominantly Christian nation like the Philippines to design appropriate SRH, AY and GEWE interventions in Muslim-majority BARMM.

157. Factors enabling results

- The UNFPA worked with the right implementing partners in Population Dynamics including PopCom and NEDA on the government side, academic partners for the knowledge production aspect of PD's work, like the Office of Population Studies University of San Carlos, the main implementer of the LCS, the University of the Philippines Population Institute, as well as the PLCPD for policy and budget related advocacy.
- UNFPA's capacity to leverage its position as a UN agency to broker linkages between the Philippine government and the international community has enabled it to organize much needed technical consultations between the Philippine demographic statistics community and international experts from the UN and the US Census Bureau, as well as brokering the continuing South-South cooperation with Indonesia, with possible expansion to Thailand

158. Factors constraining results

- The PD team does not have adequate internal technical capacity to vet the quality of the outputs of the research it contracts out.
- UNFPA has a lean PD Team since the retirement in 2020 of the head of the PD team, and lack of a replacement at the time of the evaluation. Still, one of the staff was temporarily heading the team in the meantime and all are dedicated to their work and managed to achieve most of the interventions planned for in the 8th CP, as well as few additional ones, despite the difficult working conditions during the COVID-19 pandemic.⁹⁶
- Although the demographic dividend, as a framework for development planning, was a prominent feature in the PDP 2019-2022, there was insufficient buy-in into the concept by other UN agencies and even by planners at regional level, with DD being a complex concept, not easily transformed into a concrete plan of action. There are crucial intersectionalities with health, education, and employment that must be fully fleshed out into a coherent program in order to realize a demographic dividend and for this, UNFPA needs to partner more actively with its counterpart

⁹⁶ UNFPA Philippines, Annual SIS Report, 2020.

agencies under whose mandates these concerns fall should UNFPA decide to adopt the DD framework into the next CP.

159. Unexpected results:

- In an unprecedented move, the PSA has granted researchers, commissioned by UNFPA, access to vital statistics data (i.e. births, deaths, marriages from the Civil Registration System) which were then used in studies to estimate excess births and deaths during the first year of the COVID-19 pandemic. On the one hand, this was a welcome move by PSA, as it sets a precedent case of data sharing. On the other hand, it may not be prudent to base the analysis of fertility and mortality on unadjusted vital registration data, as was done in some of the UNFPA supported studies, especially since both deaths and births in the Civil Registration System are known to be underreported. The outputs from the UNFPA analysis of vital registration data need to be peer reviewed.⁹⁷

⁹⁷ Key informant interviews.

3) Evaluation Question on Mainstreaming gender, human rights, disability

Evaluation Question 3:

To what extent has UNFPA successfully mainstreamed gender equality and human rights, and disability inclusion in:

- (i) the development of the country programme and interventions (with particular attention to participation in development of programmes and interventions) and
- (ii) the implementation of the programme (with particular attention to non-discrimination/equality in reach/results)

Findings

Assessment points included: Use of a human rights-based approach (HRBA), support to peace building in BARMM, mainstreaming of gender, integration of vulnerable groups and gaps concerned. Findings are presented below (with supporting evidence and references included in Annex 2).

Human rights-based approach

160. UNFPA in its programming has made use of a human rights-based and normative approach with a focus on the rights of women and adolescent girls. This has included a focus of the rights of women and adolescent girls and youth to have their needs for SRH information and services met and the responsibility of duty bearers concerned to deliver such information and services and support to the development of their capacities to do so. This has been exemplified by the use of a survivor-based approach in terms of GBV response, including the establishment of Online Support Groups for survivors of online SGBV in the Canada funded project during the COVID-19 pandemic, with the establishment of such groups a success of the project.⁹⁸
161. UNFPA's approach has included a focus on a variety of aspects of vulnerability. The use of a human rights-based approach has included attention to vulnerable people and marginalized groups, with in some instances specific attention to people with disabilities and indigenous people. In its approach to local level initiatives, UNFPA has focused on targeting vulnerable groups and underserved areas.⁹⁹
162. The focus on vulnerable groups has been informed by data. This included the Longitudinal Cohort Study (LCS), that followed through an initial cohort of 10-year-olds on their life course trajectory toward 2030. The study has been designed to include representatives of vulnerable and marginalized groups. These include children from indigenous groups, from the poorest of the poor, LGBTQ as well as children with disabilities. The LCS has informed government policy in the areas of malnutrition, child labor, the consequences of the pandemic on child education, especially among the most vulnerable.¹⁰⁰
163. This use of a rights-based approach was corroborated by the findings of the UNFPA global evaluation of AY programming:¹⁰¹

⁹⁸ Aurora Lolita Liwag-Lomibao and Randy Jay C. Solis, Overall assessment of online gender interventions under the UNFPA Canada country programme of support to the Philippines, March 2022; UNFPA Philippines Annual SIS Reports; Key informant interviews.

⁹⁹ UNFPA Philippines Annual SIS Reports; Key informant interviews.

¹⁰⁰ Policy Briefs using the Longitudinal Cohort Study on the Filipino Child Data (with details provided under the PD outcome area); Key informant interviews.

¹⁰¹ UNFPA Adolescent and Youth Evaluation, Philippines: Feedback Meeting 5 April 2022, PowerPoint Presentation.

- *Philippine Country Office ensures that the HRBA principles, including gender equality, LNOB, and meaningful youth participation, are embedded in their activities and programming although no specific strategic guidance was given to their partners.*
- *Philippine Country Office makes a specific effort to include young people marginalized groups like LGBTQIA+, out-of-school youth urban poor, and youth with disabilities*
- *The A&Y programming and activities of Philippine Country Office is culturally sensitive and inclusive, particularly in BARMM.*

Support to Peace building in BARMM

164. In order to support peace building in the BARMM, UNFPA has been making use of the interconnections between development, humanitarian and peace building issues. It focused on policy aspects as well as integration of peace related aspects in the various parts of its outcome areas. This went in particular for SRHR and GBV related issues as well as inclusion of adolescents and youth in the peace building and development process in BARMM. UNFPA support to GBV needs to be seen in the perspective of conflict and peace building with cases of GBV often been one of the triggers for the instigation of violence. Therefore, prevention of GBV has the ability to substantially contribute to reduce conflict in BARMM.¹⁰² UNFPA was regarded as a valued partner in terms of peace building initiatives in BARMM amongst the UN agencies.¹⁰³
165. UNFPA participated in several initiatives, including the joint programme Supporting Conflict Transformation Toward Effective Peace-building in the Bangsamoro Region (STEP-BARMM) which focused on harnessing the potential of women, indigenous communities and youth. The programme strengthened capacities of key regional and local institutions to respond to conflict during the BARMM's transition period and built evidence to better understand the evolving dynamics of conflict in the region. UNFPA supported the mainstreaming of SRH and Gender in the development and implementation of the UNCT Socioeconomic and Peace Building Framework (SEPF) 2020-2023, which resulted amongst other in the inclusion of SRH and GBV in the CERF response to Super Typhoon Rai and the re-activation of the Gender Thematic Group.¹⁰⁴
166. Important to the peace process was UNFPA support to the transformation of former women combatants, the Bangsamoro Islamic Women Auxiliary Brigade (BIWAB) into para-social workers. UNFPA played a leadership role in this respect, in close cooperation with IOM and UN Women, focusing attention on women combatants after programmes for male combatants had been put in place. A total of 200 former women combatants were trained in this respect and the women concerned were able to obtain different positions as civilians. This support was part of the Peacebuilding Fund on "Promoting conflict prevention, social cohesion and community resilience in BARMM in the time of COVID-19" and made use of CVA to remunerate participants.¹⁰⁵
167. Parts of the adolescents and youth programmatic area were focused on peace building, including the Joint UN Integrated Solutions Platforms project aimed to empower the Bangsamoro youth with evidence-based support on health, education, employment, civic participation, and peace-building at the start of the programme cycle. The YLGP was another such initiative in which capacities of young people were built to participate in local government decision-making in BARMM. The conduct of inter-generational dialogues, fostered an enhanced understanding on development priorities across the generations and between youth and local officials. Details concerned are provided as part of effectiveness of the AY component of the programme.

¹⁰² UNFPA Philippines, Annual SIS Reports; Magungaya Mindanao, Inc. (MMI) Monitoring Reports; Key informant interviews.

¹⁰³ UNFPA Philippines Annual SIS Reports; Key informant interviews.

¹⁰⁴ Ibid.

¹⁰⁵ UNFPA, From the People of Japan, Capacity Building of the Bangsamoro Transition Authority for Supporting Social Reintegration of Former Female Soldiers, June 2020 to May 2021; UNFPA Philippines Annual SIS Reports 2021, 2022; UNYPHil Monitoring Reports; Key informant interviews, Focus group discussion.

Mainstreaming of gender equality and women's empowerment

168. In CP8 there was no separate outcome area on gender. Instead, gender was to be mainstreamed throughout the programme, in each of the three outcome areas. Gender mainstreaming was evident across the outcome areas, in efforts to equalize the power dynamics and to empower women and adolescent girls – the priority group, especially concerning SRHR mandates and intensified in the various humanitarian initiatives, including GBV related programming. This highlights UNFPA's efforts to support gender equality and women's empowerment.
169. Several factors shaped the overall UNFPA approach to gender mainstreaming which ranged from institutional to programmatic dimensions. In general, the integration of gender perspective is evident across key outcome areas. This was informed by the view that gender rights are human rights.
170. To address GBV and other harmful practices, UNFPA developed a TOC in 2022 after the release of the new UNFPA Strategic Plan, with regard to this transformative goal in the context of the Philippines. The TOC identified three levels of change, including the level of individual empowerment, strengthened capacities and enhanced coordination systems and an improved enabling legislative and policy framework and use of data to inform practice.¹⁰⁶
171. Results achieved have included empowered youth through advocacy, strengthened GBV prevention and response as well as coordination mechanisms and referral pathways and enhanced government capacities to use gender related data and evidence to inform the implementation of policies and laws. Harmonization of GBV data systems across government agencies remained ongoing.¹⁰⁷
172. UNFPA has been successful in its support to the women and child protection system, with establishment and reinforcement of both protection units in hospitals as well as protection desks in police stations. This has included developed capacities through training of first responders on the conduct of multi-sectoral case management of GBV incidents as well as use of referral pathways. This also included the formulation of a costed NIP for WCPUs as part of the health care sector response to GBV and a review of Magna Carta of Women, with a focus on response in emergency situations. Trainees highlighted that the training provided by UNFPA has supported a more coherent GBV response across the various sector-based agencies and the use of a more survivor centric approach, including avoidance of requiring for the survivor to repeatedly provide the GBV related details to each of the agencies, which would be retraumatizing. This also allowed for a more consolidated approach to managing GBV-related data across the various agencies involved.¹⁰⁸ This in turn informed the development of the GBV information management system.
173. The attention to GBV in BARMM was of particular importance as conflict in the region has often been related to cases of GBV. Beneficiaries expressed appreciation of UNFPA support as interventions via WFS had provided a shift in attitudes towards responding to cases of GBV, from upholding a culture of silence and participating in amicable settlements, towards an increase in reporting of GBV incidents, providing support to survivors, and looking out for women community members suffering from GBV.¹⁰⁹ For details see table 9 below.
174. For the achievement of results in terms of GBV and other harmful practices, it has been important for UNFPA to make the connection between CEFM, GBV, teenage pregnancy, religious beliefs, and socio-political arrangements. Beneficiaries from the pilot municipalities affirmed how the problem of teenage

¹⁰⁶ UNFPA Gender team, Gender Programme: 2019-2022, Internal PowerPoint Presentation.

¹⁰⁷ MOSEP Monitoring Reports; UNYPil Monitoring Reports; Key Informant Interviews.

¹⁰⁸ UNFPA Philippines Annual SIS Reports; Key informant interviews.

¹⁰⁹ MOSEP Monitoring Reports; UNYPil Monitoring Reports; UNFPA Philippines Annual SIS Reports; Key informant interviews.

pregnancy, children in early and forced marriages, and gender-based violence are intertwined.¹¹⁰ They, moreover, highlighted a confluence of factors that complicate the success of interventions. UNYPhil Women, one of UNFPA's IPs, explained that:

...incidents of gender-based violence are seldom reported due to underlying reasons such as entrenched socio-cultural norms, fear of retaliation that may result in rido/clan feud, shame, victim-blaming, etc. hence, data may not be the sole basis in addressing gender-based violence, but ensuring systems and services that mitigate, prevent, and respond to GBV and other harmful practices are in place.¹¹¹

Table 9: Results at output level in the GBV related aspects of the programme

Gender Equality and Gender based Violence and other Harmful Practices		
Individual empowerment and more equitable gender attitudes in families and communities	Strengthened GBV prevention, response and coordination mechanisms	Enhance government capacities to use gender related data and evidence to inform the implementation of policies and laws
<p>Accomplishments</p> <ul style="list-style-type: none"> • Youth capacitated to advocate on CEFM at local level • BIWAB employed as social workers • Vulnerable women and girls in the pandemic enabled to receive SRH information and services • Muslim religious leaders engaged in GBV advocacy and development and dissemination of SRH/GBV related fatwas • Men engaged in SRH service provision 	<p>Accomplishments</p> <ul style="list-style-type: none"> • GBV referral pathways and support groups setup and enhanced capacities on GBV referral system • BIWAB integrated as Para-social workers • WFS Operational Guidelines updated based on experience and learning obtained 	<p>Accomplishments</p> <ul style="list-style-type: none"> • Costed NIP for Women and Children Protection Units developed • CEFM Legislation in place • Policy review of Magna Carta of Women in place to inform policy making • GBV Information and Case Management System setup • GBV Data systems enhanced with improved harmonization across government agencies

175. UNFPA's limited budget required prioritizing key areas informed by its mandate, and it is understandable that much of its resources are invested towards interventions, projects, and initiatives that target women and adolescent girls. Certain partners, however, expressed concerns with the need to refine UNFPA's approach to gender equality, disability and social inclusion in programming, in particular through the inclusion of gender minorities and LGBTQI+, expanding on some existing small-scale initiatives in this respect. UNFPA has demonstrated some efforts to steer programming in this direction in selected small-scale interventions, such as the CSE for out-of-school youth with the IP Zone One Tondo. When scaled up, this type of intervention could enhance the focus towards gender equality, diversity, and social inclusion (GEDSI). This should not be viewed as at odds with a GEWE approach as GEDSI actually complements GEWE though addressing some of the gaps in that approach.
176. Though not at the start of the programme cycle, a gender analysis was conducted towards the end of the programme cycle. This situation analysis on gender included:
- Description of the current status of gender equality in the Philippines and emerging challenges for women and adolescent girls,
 - Identification of vulnerable populations of particular interest for UNFPA CO in the context of emerging challenges in terms of gender inequality in the Philippines,

¹¹⁰ Key informant interviews with YLGP beneficiaries, members of youth organizations, Sangguniang Kabataan members, and staff of the IPs.

¹¹¹ UNYPhil 1st Quarterly Report 2022; Key Informant Interviews.

- Exploration of potential relation between geographic location and the highest concentration of constraints based on poverty, women empowerment, and UNFPA's programming priorities, and
- Description of UNFPA CO programming and mapping of important actors.

177. This gender analysis can further inform gender mainstreaming and GEDSI approaches used in the upcoming programme cycle of UNFPA in the Philippines and has been used as such by the evaluation team and in the present report.

Unexpected result

178. The Philippines Mental Health Association (PMHA), one of the IPs of the programme, received training from UNFPA on psychological needs of GBV survivors and is now working with GBV survivors as a group, as part of their regular activities (not supported by UNFPA) something they had not done before. Through the training they became more conscious of GBV survivors which led them to incorporate this group as a target group into their own policies and work. PMHA now has also started to support the provision of dignity kits outside of support from UNFPA and urged organizations with whom they work to provide similar items to GBV survivors as these are seen to address a felt need.

Gender mainstreaming in SRHR outcome area

179. Women in FP programs benefitted from the provision of implants to support their SRH needs and there have been capacity building initiatives for healthcare professionals to effectively carry out such minor operations. However, additional training proved required to enable healthcare workers to remove implants after a certain duration or upon choice, thus respecting the bodily autonomy of the women concerned.¹¹²

180. Men have been beneficiaries of SRH services sponsored by UNFPA through its IPs, especially in provision of non-scalpel vasectomies (NSV), but only to a limited extent.¹¹³ Discussion with IPs revealed that there is an interest for male-related FP services, but there is inadequate capacity in the healthcare system.¹¹⁴ There were early initiatives by the government and NGOs¹¹⁵ to support NSV, but support dwindled over the years. Revisiting support for this program is crucial to strengthen FP and to involve men.¹¹⁶ It is worth noting that the interest towards vasectomy did not directly point to traditional masculine attributes, but was an articulation of responsible parenthood.

181. One innovative and inclusive practice that emerged during the pandemic response was the provision of mental health services to pregnant women, including dealing with post-partum depression.¹¹⁷ Different types of support have been provided for women with disabilities. This included provision of mental health and psychosocial support services (MHPSS), as well as peer-to-peer monitoring of women with

¹¹² PSRP Reports; Key Informant Interviews.

¹¹³ Interviews with IPs and POPCOM, only one functional clinic provides free non-surgical vasectomy services for men, which is at the POPCOM main office in Mandaluyong.

¹¹⁴ In one of the group discussions, there is a limited number of male doctors who are qualified to provide non-surgical vasectomy despite the interest of men to avail of the service. However, it is worth examining if doctors have preference for surgical vs non-surgical RPRH services in relation to Phil Health claims. This is one issue worth examining in the healthcare system.

¹¹⁵ Introduction to No Scalpel Vasectomy International and Vasectomy Missions in the Philippines <http://www.vasweb.com/Philippines%202010/Introducton.htm>.

¹¹⁶ There are existing policy provisions and information campaigns that support the program with policies released in early 2000s by PhilHealth (https://www.philhealth.gov.ph/circulars/2002/circ34_2002.pdf) and DOH (<https://doh.gov.ph/faqs/Non-Scalpel-Vasectomy-NSV>).

¹¹⁷ One of the IPs have expressed a great need for this service to provide a whole of human approach in dealing with health including physical and mental aspects, especially for groups that are considered vulnerable; UNFPA Philippines Annual SIS Reports; Key Informant Interviews.

disabilities to monitor access to and use of SRH and other health services. Nevertheless, this concerned an initiative at limited scale with opportunities for replication.¹¹⁸

182. While the implementation of the RPRH law revealed systemic gaps,¹¹⁹ UNFPA has augmented SRH interventions, especially for vulnerable groups that are often times excluded from policy discussions. This is evident with the work on transgender populations (specifically transwomen sex workers)¹²⁰ and young female sex workers.¹²¹ Trans-related healthcare remains formally absent in the healthcare system although there are efforts to introduce support for trans health.¹²² However, some doctors do practice service provision to trans-patients, as well as some NGOs which are though outside the purview of UNFPA.¹²³

Gender mainstreaming in AY outcome area

183. UNFPA's gender mainstreaming has become more pronounced with its interventions and support for youth-led advocacies and campaigns. Gender mainstreaming is particularly evident in the CEFM advocacy and YLGP components of the programme. Based on the dialogue with the youth from the pilot municipalities, the youth affirmed how the problem of teenage pregnancy, children in early and forced marriages, and gender-based violence are intertwined, but also highlighted a confluence of factors that complicate the success of interventions. Participants pointed out that attitudes and belief systems of community leaders (community chiefs and Muslim religious leaders) influenced non-reporting and facilitated amicable settlements (while being an illegal, punishable act under the Philippine law). The youth expressed concerns with how their future is at stake when their rights are violated through CEFM or GBV. While the programme has started to address these issues, including aspects of intersectionality, there is a long way to go in terms of changing these ingrained attitudes and beliefs.
184. CSE has been another significant entry point to introduce gender inclusivity and coincided with the realization of DepED's two gender-related policy pronouncements on CSE Implementation¹²⁴ and Gender-Responsive Basic Education.¹²⁵ Pilot implementation of the CSE revealed challenges with the gender mainstreaming agenda as teachers have expressed, both directly and indirectly, that culture remains a challenge in discussing sex openly and publicly. However, teachers recount that there have been successes, especially for younger populations to inculcate ideas of bodily autonomy and informed consent indiscriminately.¹²⁶ An important means identified to address challenges, included in the UNFPA supported CIP, was to include parents in the discussion on CSE – and there have been school-led initiatives to do so, but given the sensitive nature of the topic, support remains critical.

¹¹⁸ Commission on Human Rights Reports; Key Informant Interviews.

¹¹⁹ See Abrigo, Michael RM, Jerome Patrick Cruz, and Zhandra C. Tam. "Process Evaluation of the Responsible Parenthood and Reproductive Health Act (RA 10354): Local Service Delivery Component." (2021) Philippine Institute for Development Studies Discussion Paper Series; Saquing, Mary Pauline V., and Norliza M. Nordan. "A Process Evaluation of Selected Programs of the Department of Health (DOH): RPRH Education and Communication." (2021). Philippine Institute for Development Studies Discussion Paper Series; Ulep, Valerie Gilbert T., Jhanna Uy, Vanessa T. Siy Van, and Joy Bagas. "An Assessment of National-Level Governance of the Philippines' Responsible Parenthood and Reproductive Health Law: Trends and Ways Forward." (2021). Philippine Institute for Development Studies Discussion Paper Series.

¹²⁰ Zone One Tondo Activities filed under the UNFPA Annual Report 2021.

¹²¹ Mercedes Angeles. Report on the Findings of the Formative Evaluation of the Project: CVA for Girls and Young Key Populations to Enhance Access to HIV and STI Services.

¹²² Peer counselors exist to provide knowledge and information (esp. for young transgenders).

¹²³ LoveYourself provides trans healthcare provisions while the newly founded NGO, PPATH (Philippines Professional Association for Transgender Health) is another potential entry point to give support to transhealth in the Philippines.

¹²⁴ Department Order 31 s. 2018: Policy Guidelines on the Implementation of the Comprehensive Sexuality Education (<https://www.deped.gov.ph/2018/07/13/do-31-s-2018-policy-guidelines-on-the-implementation-of-the-comprehensive-sexuality-education/>).

¹²⁵ Department Order 32 s. 2017: Gender-Responsive Basic Education Policy (<https://www.deped.gov.ph/2017/06/29/do-32-s-2017-gender-responsive-basic-education-policy/>).

¹²⁶ Based on the group discussion with teachers who are part of the pilot testing of the CSE in the selected regions.

185. Out-of-school youth CSE interventions demonstrated gender mainstreaming and a focus on social inclusion, and this was crucial since teenage pregnancies generally occur to out-of-school youth while the lack of SRHR related knowledge among these youth puts them at risk for HIV/AIDS and STIs. UNFPA support focused on youth with risky sexual behavior with changes in attitudes and behaviors observed in the group visited by the evaluation team. Nevertheless, interventions focusing on young men and boys remain to be realized in SRH provisions as initiatives have specifically catered to adolescent girls and transwomen and have not targeted men and boys, as well as transmen whose SRH needs remain unaddressed and who remain invisible in gender and development programming.

LGBTQIA+ Youth

186. LGBTQIA+ youth in the Philippines have varied experiences. Those in an urban poor context enjoy a relatively higher degree of freedom, amidst the absence of a protective law, compared to the ones in Mindanao and BARMM areas. However, there are significant entry points for support in BARMM. From the perspective of the Bangsamoro Youth Commission, there are on-going efforts to recognize the presence of the LGBTQIA+ minorities in the region. As noted, the efforts and contributions of the community is recognized but there are boundaries to be maintained (i.e., adherence to traditional views on gender and sexuality, hetero-normativity). In culturally diverse communities, LGBTQIA+ are free to express their identities. However, in communities that are predominantly Muslim, there are those who conform to traditional views on gender to avoid persecution. This is evident with the varied experiences of the youth in the region. This shows that any approach for gender mainstreaming and GEDSI, especially in Mindanao, should strongly consider cultural and religious context in the formulation of interventions. This differs largely with the approach in Christian areas where programs can focus mostly on gender mainstreaming via SRH and GBV components.¹²⁷

Gender mainstreaming in PD outcome area

187. Gender mainstreaming is integral to the reaping of the demographic dividend, because health, education and employment should be enjoyed by all people of working age, including young people, regardless of sex. Data generated by the PD and related IPs can inform the trajectory of policy in the Philippines that are related to the realization of the demographic dividend, in particular in examining the gender-related differences in health, education and labor force participation.
188. In the context of BARMM, framing the PD issues demonstrated inclusion of cultural sensitivity with the use of the term birth spacing to reframe family planning, which also revealed the intersection between PD and SRH initiatives. This approach by UNFPA demonstrated adaptability to cultural context. Moreover, SSTC with Indonesia was another culturally sensitive way to support the Muslim minority.
189. The LCS has generated an extensive data set regarding several vulnerability aspects, including poverty, disability, ethnicity and gender identities. It will be important to make use of these data as evidence base for the conduct of an intersectionality analysis as part of the PD portfolio. These and other LCS data will be important to use to inform gender mainstreaming in the design of the next CPD as well as to inform UNFPA policy engagement and Government planning in the next programme cycle.

Gender mainstreaming in Support to BARMM

190. UNFPA support in BARMM revealed a clear focus on gender mainstreaming in its programming, including through the decommissioning of BIWAB (see under SRHR outcome area), the formulation of the GAD Code, the Regional Action Plan – Women, Peace and Security, as well as support to FP and addressing of GBV through fatwas. Moreover, support to setting up of WCPU, and Women Friendly Spaces (WFS) in humanitarian contexts and the focus on MISP are significant indicators of a broader commitment to a focus on gender equality throughout the programme. It resulted in meaningful participation of the women concerned in the peace building process.

¹²⁷ Key informant interviews.

191. Specific initiatives in terms of gender mainstreaming have included support to the formulation of the BARMM GAD CODE, which has been supported by UNFPA as part of the BTA's plans under the BWC in cooperation with other international partners and organizations.¹²⁸ Officials have raised that agencies were ill-prepared in utilizing and understanding the use of the GAD budget, which related to the lack of understanding of how GAD was meant to be operationalized.¹²⁹ As a result and in response to this situation regarding GAD budgeting, UNFPA provided support to capacitate BARMM government staff in relation to gender-responsive budgeting as part of the national legal mandates, where 5% of the annual budget is to be allocated for GAD related issues.¹³⁰ Other projects that supported the components of the GAD CODE concerned prevention of GBV, where UNFPA, through its IPs, conducted advocacy campaigns at community level.¹³¹ However, certain components of the GAD CODE are under scrutiny in BARMM, especially on key issues such as CEFM, due to differing cultural worldviews informed by Islam, as well as budget concerns.¹³² UNFPA's SRHR and GBV initiatives have supported the RAP-WPS agenda through support to women and vulnerable groups and expanding its reach to BARMM islands, which are often outside the development interventions due to safety and security concerns.¹³³

Vulnerability

192. UNFPA's programs with its partners have been strategic in empowering women and adolescent girls for the most part. However, there has been limited and incidental rather than systemic engagement with marginalized groups (e.g. young transgender sex workers, adolescents in indigenous communities as part of CEFM advocacy, and women with disabilities) and other sectors (men and boys in various settings, especially those who have been victims of sexual abuse). These reflect efforts of UNFPA to apply the Agenda 2030 principle of 'Leaving No One Behind'. UNFPA's partners appreciated its efforts to empower women and adolescent girls through its initiatives, but some donors raised the need for an intersectionality approach to social inclusion, ensuring targeting of those groups whose rights and needs are unaddressed and amplified by a lack of legal and other protective mechanisms.¹³⁴

193. By mainly focusing on its traditional target population of women and adolescent girls, UNFPA has not done quite enough to foster inclusivity. Thorough assessment of funding and programming reveals that minorities (IDPs, LGBTQIA+, abused men and boys) are only rarely supported, with few interventions that are usually of limited scale, like prevention of CEFM and GBV amongst IDPs in Mindanao and attention to women with disabilities, surveying sexual and reproductive health for men and boys and support to young transgender sex workers in urban poor setting during the pandemic. The scale of all these interventions has been small and have often been conducted from a humanitarian perspective with no clear view on bringing them to scale.

194. These considerations resonate with the findings from the gender situational analysis commissioned by UNFPA:

...it is evident that UNFPA is missing the critical engagement with sub-groups of women and other vulnerable groups, including the following: boys and men, sub-groups of women such as women head of household or widows subject to physical and sexual violence, internally displaced women, women incarcerated, women HIV survivors, women and girls from indigenous peoples' groups, head of households with people living with disabilities, and LGBTIQ, among others.¹³⁵

195. Nevertheless, existing projects carried out by IPs (YLGP, CEFM advocacy, CSE through CVA for out-of-school youth) have included involvement of young men and boys and LGBTQIA+ individuals and so has

¹²⁸ UNYPhil Women Reports; Westminster Foundation for Democracy supported the drafting of the BARMM GAD Code.

¹²⁹ UNFPA Philippines Annual SIS Reports; Key Informant interviews.

¹³⁰ Nonviolent Peaceforce Reports; as mandated under PH Magna Carta of Women (RA 9710).

¹³¹ UNYPhil Women reports; Key informant interviews.

¹³² Key Informant interviews.

¹³³ Tarbilang Foundation Inc. Reports; Key Informant Interviews.

¹³⁴ Ibid.

¹³⁵ Escobar, Luisa and Monica Carco, Situational Analysis of Gender in the Philippines in the context of UNFPA 8th Programme 2019-2023, Final Report, June 14, 2022.

UNFPA support to comprehensive sexuality education, which has addressed attitudes and behavior of adolescent girls and boys across the board. Inclusion of men, especially those who hold power in various settings, was undertaken through the UNFPA supported dialogues with Muslim religious leaders such as the Darul Ifta and the Hayatul Ulama in the formulation of GBV fatwas that were being used during sermons. The latter initiative demonstrated integration of a gender perspective that respects cultural contexts, in this case, gender in Islam. UNFPA needs to make use of these experiences and entry points to enhance its focus on inclusiveness and equality.

196. Amidst efforts that show a focus on inclusion, there is a need for UNFPA to veer away from overly justifying 'exclusion' of other groups beyond women and adolescent girls based on its mandate as this would limit the perspective on gender mainstreaming and lack of attention to diverse gender identities. There is a need to consistently use an intersectionality approach¹³⁶, as donors are also interested in a focus on GEDSI issues. This can, moreover, further enhance UNFPA's aspiration of positioning itself strategically as an effective thought leader in the Philippines.
197. This, moreover, requires UNFPA to recalibrate its approach to major government and other stakeholders. One striking comment from several IPs was that UNFPA often preferred to meet with representatives in high level appointed positions, which could undermine the role of technical staff who have the specific expertise on the topics concerned and who change position less frequently than political appointees, as these often change after elections. This is important in particular in dealing with aspects of gender equality and women's empowerment, as there are only a limited number of gender specialists in the country that occupy positions in government.

People with Disabilities

198. Integration of people with disabilities within the programme has been focused on specific interventions. Most prominently has been UNFPA support to CHR to conduct national level inquiries on SRHR with a particular focus on women with disabilities, documenting gaps at the community level in terms of service delivery and developing guidelines concerned. In 2020, community-based peer to peer monitoring amongst women with disabilities was supported in three selected regions heavily affected by COVID-19 pandemic which proved an effective approach to inform local level decision making with the requirements of disabled people but was in need of some form of institutionalization, including local council participation. Overall, UNFPA support enabled CHR to review adherence in practice to the Magna Carta of Women.¹³⁷ These initiatives though, have not yet resulted in mainstreaming of disability inclusion throughout the programme. Moreover, mainstreaming of disability inclusion beyond programmatic aspects, at the level of the country office as organization, has not yet taken place so far, including the three other strategic focus areas beyond programming, i.e. strategic planning and management, inclusiveness and organizational culture.¹³⁸

Indigenous people, IDPs and other vulnerable groups

199. UNFPA has provided limited support to Indigenous People but without much attention to the specific needs of indigenous people in general and the specific needs of individual groups of these in the different parts of Mindanao and beyond.
200. The Gender Situation Analysis of 2022, included analysis on indigenous groups. It identified a potential correlation between high levels of teenage pregnancy and the presence of ethnic communities in provinces concerned, including in Northern Mindanao, Davao, SOCCSKSARGEN, Cagayan Valley, the

¹³⁶ As exemplified in UNFPA/ZOTO's program on young adolescent girls and transwomen engaged in risky sexual behavior.

¹³⁷ CHR Reports; Key informant interviews.

¹³⁸ UNFPA, We Matter. We Belong. We Decide. UNFPA Disability Inclusion Strategy 2022-2025; Workplans and monitoring tools CHR 2019, 2020; Key informant interviews.

Zamboanga Peninsula and Caraga. This went to a lesser degree for the Cordillera Administrative Region, Western Visayas and BARMM in Mindanao, as figures on adolescent pregnancies in these three regions are lower. The situation analysis found that indigenous adolescent girls are more at risk for GBV, CEFM, and teenage pregnancy. It will be important for UNFPA to consider these findings when developing the next CP cycle and its attention to vulnerable and marginalized groups.¹³⁹

201. Based on 6 categories, including the three UNFPA transformative goals, incidence of teenage pregnancies, poverty- and women empowerment indicators, the gender analysis identified BARMM, Zamboanga Peninsula and Northern Mindanao as priority areas in Mindanao, with Cordillera Administrative Region and Bicol identified as most in need of UNFPA support outside Mindanao, with BARMM identified as the most lagging behind in terms of indicators concerned.¹⁴⁰
202. UNFPA has been able to develop a specific approach in SRHR and GBV related programming towards the Muslim population, through the use of fatwas and the consolidation of several fatwas in a single document. However, there has not been a specific approach to indigenous people let alone to specific groups of indigenous people in the various parts of Mindanao and beyond. This while indigenous people are estimated to make up between 10 to 20 percent of the national population. The lack of specific population data on indigenous people has been a constraining factor, as no official figure can be confirmed based on census data. Whenever data are available, it often concerns an indigenous group based on a larger geographical area without distinguishing ethnolinguistic sub-groups, like the use of the generic term of Lumads for all eighteen ethnic groups in Mindanao.¹⁴¹
203. UNFPA has paid attention to IDP as a result of the Marawi siege in BARMM. Displaced women faced particular constraints due to the specific challenges and disadvantages experienced by women and adolescent girls and their increased exposure to GBV in the crisis situation. Forced migration, moreover, has often meant the loss of customary land rights. UNFPA supported women to resettled in temporary housing facilities at the outskirts of the city.¹⁴²
204. CHR has identified women in detention as a neglected vulnerable group in particular in terms of their SRH needs. This will be useful for UNFPA to follow up, in particular in relation to possible programming in urban areas of the country (see also details under the discussion of the evaluation criterion of relevance and attention to vulnerable groups).¹⁴³

Gaps

205. Gaps in terms of gender mainstreaming include the limited participation of men in reproductive health and family planning programs. This is a crucial shortcoming because men often occupy dominant positions in the family, which is potentially harmful to women and children and their interests. This involvement of men is important in programmatic interventions aimed to prevent the occurrence of GBV, marital rape and child labor and ensure women and children's access to education and financial resources. Specific interventions on young men and boys are required in order to address specific SRH concerns such as teenage pregnancies.
206. Another limitation concerns the minimal inclusion of gender minorities and trans identities in programme interventions (including transgender women adolescents who need medical attention and transmen who need reproductive health care). In practice the trans character of the persons in this group have often been denied in the public health system, where in data recording trans people are classified based on their biological sex. There have been efforts to integrate these minority groups by

¹³⁹ Escobar, Luisa and Monica Carco, Situational Analysis of Gender in the Philippines in the context of UNFPA 8th Programme 2019-2023, Final Report, June 14, 2022; Key informant interviews.

¹⁴⁰ Ibid.

¹⁴¹ Perez-Brito, Carlos, No data, no story: What the absence of Indigenous Peoples-specific data reveals, World Bank Blogs, 09 September 2021.

¹⁴² UNFPA, Magungaya Mindanao, Inc (MMI) Workplans/Monitoring tool; Key informant interviews.

¹⁴³ Workplans and monitoring tools CHR 2019, 2020; Key informant interviews.

UNFPA and other UN agencies but a lack of agreement on responsibilities amongst agencies concerned has contributed to a fragmented response to these vulnerable groups.

4) Evaluation Question on Efficiency

Evaluation Question 4:

To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme, including during the COVID-19 context?

207. **Assessment points** included: UNFPA's use of its human resources; financial resources and their management; UNFPA's technical resources; partnership approach to pursue the achievement of results; and making use of results-based management. Findings are presented below ([related evidence and references concerned are included in annex 3](#)).

Human Resources

208. The human resource setup of the programme had been changed before the start of the present programme cycle with a staff realignment process conducted in 2015. This was to enhance focus at national level policy engagement, to terminate support to sub-national level service delivery and to build capacities in disaster preparedness and risk reduction. The realignment resulted in the reduction of the number of staff before the start of the 8th CP. However, staff numbers at the time of the evaluation had gone back to their pre-2015 level. Present staffing structure included both development and humanitarian sections, with a sub-office in Mindanao. In terms of outcome areas, both SRHR and AY outcome areas were dealt with by the combined SRHR/AY team. GBV was addressed by the gender team as part of the GEWE agenda, as gender in the CPD was treated as a cross-cutting issue across the country programme. The PD team took care of the PD outcome area. A revised staffing setup was under development aimed at breaking the 'outcome silos' to support a more integrated program staff setup.
209. Key constraints in terms of human resources have included high levels of staff turnover, in combination with long recruitment processes, resulting in high levels of staff vacancies, highest among programme staff at almost 50 percent at the start of the evaluation, and lowest in operations management. Key posts within the country office have been vacant for considerable periods of time including the positions of Assistant Representative, the heads of the gender and the demographic intelligence (PD) unit, which have not been filled for over a year. The post of humanitarian coordinator was frozen but with an officer in charge in a temporary position. High levels of staff vacancies have resulted in enhanced workloads for the remaining staff and increased stress levels in the work environment. Limitations have, moreover, been observed in hand-over and staff onboarding processes. The perseverance of remaining staff in the programme section under these conditions demonstrated high levels of commitment. During the evaluation, several staff positions were filled through new recruitments and six temporary consultants were hired to address shortages identified. During the COVID-19 pandemic a work from home arrangement was put in place which resulted in a relatively low infection rate amongst UNFPA staff members.
210. UNFPA's technical capacities have been appreciated, including the ability to hire temporary required special level capacity support on a consultancy basis facilitated by UNFPA regular staff members. The programme benefited from technical support of the UNFPA Asia Pacific Regional Office (APRO), whose support has been considered both timely and effective by UNFPA management and staff.

Resource mobilization and financial management

211. The country office has been successful in mobilizing resources, in particular for humanitarian programming and GBV related support. The amount of other resources mobilized was about twice the amount identified in the CPD, with regular resources remaining slightly behind the CPD budget. Resource allocation has resulted in a lopsided programme focus with SRHR/GBV representing 80 percent of spendings so far compared to 35 percent in the CPD resource planning. This has left AY and

PD outcome areas of the programme with less than planned budgets, due to a decrease in regular as well as other resources in comparison to the CPD budget. With project implementation periods usually short, resource mobilization has required substantial efforts from staff. The prospect of tapping into individual giving provides additional opportunities for resource mobilization.

212. Financial management and procurement systems are well in place and appreciated by IPs. Nevertheless, these proved to be less flexible in terms of enabling working with adolescent and youth local organizations and not always able to perform timely procurement for humanitarian assistance, in particular in procurement of medical equipment, including some of the more expanded RH kits. The annual basis of the financial system did not allow for roll over of funds, which at times meant that a late approval of a workplan resulted in less time for its implementation, sometimes with less than 6 months to implement a yearlong plan. In case of longer-term agreements with implementing partners in which financial details that are decided on an annual basis, timings did not always align with the financial planning cycles of IPs. Expenditure rates of both core and non-core funds have been high at 90 and 97 percent respectively.

Partnerships

213. Partnerships have been a cornerstone of UNFPA's approach to achieve its programme objectives. UNFPA has been valued for its technical expertise, including its support for international standards and approaches and sharing of experiences from other countries in dealing with similar issues in the mandate areas of UNFPA. Moreover, innovative approaches that UNFPA supported were valued as a contribution of the organization, which included mobile BEmONC facilities for SRH service delivery in remote areas and during emergencies (WHOW), provision of e-bikes to health workers to reach pregnant women during the pandemic and various Cash and Voucher Assistance initiatives. While National level government agencies considered themselves usually as strategic partners of UNFPA, civil society and academia more often saw themselves as implementing partners, though they would prefer to be involved in strategic decision making, in particular in the design stage of initiatives.

Results-based management

214. The country office has been working on enhancement of their results-based management system, including the monitoring and evaluation system. The country office has a monitoring and evaluation (M&E) team in place as part of the Office of the Representative, reporting directly to the Country Representative since 2019. In addition to staff positions at the national level, there were two M&E analyst positions within the Cotabato office of which one was vacant at the time of the evaluation. Moreover, donor funded projects have M&E point persons assigned. The country office has been participating in the corporate results-based management (RBM) initiative in which RBM capacity self-assessments were conducted in selected UNFPA country offices. During the period under review, several trainings on RBM have been provided through the UNFPA APRO office.
215. With the CO no longer required to produce a Country Programme Action Plan, the CO produced an excel spreadsheet, in which for each of the programme components of the CPD, the annual targets were set, including quarterly milestones and annual indicative budgets. This in response to the need for a multi-year operational plan. Moreover, TOCs were developed for each of the three transformative results of the organization in the context of the Philippines. Though these initiatives provided a clear basis for the M&E setup of the country office, there were missing aspects such as details on data gathering and management, evaluation planning, reporting arrangements, funding and capacity development for M&E. The use of excel spreadsheets has allowed for closely monitoring of achievements and for management of the IPs, with monitoring visits conducted when problems did arise during implementation. Random spot checks were also conducted. Monitoring data have been used to inform the corporate quarterly and annual SIS reporting.
216. There has been limited use of evaluation in the present programme cycle, and an evaluation plan was missing. The evaluation team was able to review three evaluation reports. One of these concerned a

joint UNFPA-Johns Hopkins University mixed methods evaluation study carried out in 2021-2022 on the results of the use of CVA. Other evaluations concerned the YLPG project and the project on online gender-based abuse. Both the latter evaluations had various limitations in terms of the quality of the evaluation reports, limiting their use beyond the direct stakeholders of the initiatives. The lack of evaluation is of particular concern for pilot projects, which need to produce the evidence required to inform the policy level engagement for their scaling up and the wider use of models developed. Moreover, evaluation of the results of advocacy campaigns was mostly absent.

217. Despite the generation of a substantial amount of data through the current M&E system, there seems to be a lack of a shared online data management system where all programmatic data can be stored, shared, and accessed. This limitation hampers the utilization of the data and the knowledge that could be made available to all staff members regarding different aspects of the entire UNFPA programme. Implementing a shared online data management system could serve as a crucial step in breaking down silos that currently prevent staff members from being aware of activities and progress in other programme areas outside of their own.

5) Evaluation Question on Sustainability

Evaluation Question 5:

To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects, including during the COVID-19 context, BARMM political transition and other major contextual shifts?

Assessment points included: Ownership of results, capacities built to sustain results and financial resources budgeted/available to maintain results. Findings are presented below.

Ownership of results

218. National level ownership of results achieved with support from the programme was overall found to be relatively strong, though this was premised upon inclusion of partners in the design as well as the implementation of the initiatives. Whenever government, civil society and academic partners had been involved in the development and planning of the initiatives, ownership was high. This was much less the case in those instances where such involvement had not taken place in the early stage of the development of initiatives. An example of this was the development of the RH-Info website and the Track and Trace LMIS initiative. The Department of Health felt that these initiatives were developed without proper involvement of the Department in their design and that they did not respond to their Development Plan targets and government ownership was consequently low. This jeopardized the sustainability of the results achieved through these initiatives. Another example was the online GBV reporting which was not taken on by the Philippine National Police because it was developed without their participation and was not compatible with their existing reporting system.¹⁴⁴
219. The level of ownership of an initiative can be inferred from the assurance by the government counterpart, be it at national or sub-national level, of financial allocations required to continue such initiative. In both cases mentioned above, running of the RH-Info website and continuing and expanding implementation of the Track and Trace LMIS system government investment so far was not assured.¹⁴⁵

¹⁴⁴ Key informant interviews.

¹⁴⁵ Ibid.

220. Ownership of the results of studies and analysis was high, in particular with inclusion of government partners in their conduct, like with the LCS, to which the government contributed financially. While the ownership of the various costed NIPs proved high in terms of the various sector agencies, this did not necessarily result in the allocation of resources in line with the NIPs, for which additional advocacy will be required.¹⁴⁶
221. Ownership of results was affected by the change of government in mid-2022. With a new political agenda under the new President, some of the issues supported by the previous government may not be a priority for the newly installed government. In this respect the sustainability of some of the results remains uncertain till more clarity is obtained on the political strategy and plans of the new government, including the new Philippine Development Plan for 2023-2028, which was under development during the evaluation and will be important for the development of CP 9.¹⁴⁷
222. In the case of some of the community-based interventions that were part of the Innovation Youth Grants in the SGBV focused project, LGUs took up the initiatives concerned in their local planning and budgeting process, in cases where these LGUs were involved in these initiatives from the start. However, this did not occur when local government did not participate early on.¹⁴⁸

Capacities built to sustain results

223. Though capacities were built at the individual level, the limitation of this approach was made apparent when staff shifted position or left the targeted organization. While capacities have been built at a variety of government levels, capacity building needs ongoing support in view of expected staff turnover in government offices. Moreover, for youth and SK leaders-related training, ongoing support for training was required as the youth are more mobile and may leave for work, study, marriage or other reasons or grow out of the age group. Rather than UNFPA managing the training itself, it would be useful to take a more systemic approach, like working with existing training institutes, including higher education institutions or the Local Government Academy under the DILG, for continued training programmes rather than ad hoc training conducted by UNFPA on a project basis.¹⁴⁹
224. Capacities built at the individual level for BIWAB resulted with several of the women actually getting employed. At a more systemic level, the BIWAB initiative benefitted from the creation of the League of Moro Women's Organization, Inc. (LMWOI) a civil society organization that was in the process of developing its strategic plan in early 2023, which can be expected to support the interests of BIWAB in the near future.¹⁵⁰
225. Also in the YLGP initiative, capacities of youth had been developed with overall levels of knowledge and skills increased, though the use of such capacities in LGUs would still need ongoing involvement of UNFPA and IPs concerned.¹⁵¹
226. WFS post-disaster were sustained in several places due to continued commitment of stakeholders who benefited from the use of these space and the effect of the relevant training and capacity building initiatives. However, the needs of displaced people in the case of the response to the Marawi Siege, could not be supported long term financially and required developing interventions along with government partners to resolve pending issues related to the displacement.¹⁵²

¹⁴⁶ Costed NIPs for CSE, FP, MISIP; Key informant interviews.

¹⁴⁷ Key informant interviews.

¹⁴⁸ Aurora Lolita Liwag-Lomibao and Randy Jay C. Solis, Overall assessment of online gender interventions under the UNFPA Canada country programme of support to the Philippines, March 2022; UNFPA Annual SIS Reports; Key informant interviews.

¹⁴⁹ Key informant interviews.

¹⁵⁰ UNFPA Philippines, SIS Annual Report 2022; MMI Monitoring Tool; Key informant interviews.

¹⁵¹ Integrative Competitive Intelligence, Formative Evaluation of the Youth Leadership and Governance Programme (YLGP), Final Report, submitted to UNFPA, 25 October 2022; Key informant interviews.

¹⁵² Ibid.

227. Several pilot-oriented initiatives did not have a clear focus on how the results achieved were meant to be scaled up or replicated in other locations, limiting the reach of the approach. Though the term pilot would indicate an approach meant to expand the coverage of such initiatives and their results, no such approach was identified in the programme initiatives observed. This goes for example for the youth-oriented advocacy on the termination of CEFM, for which a community-based model has been developed. It is not clear, however, where and how this model is meant to be used in order to further the termination of CEFM in practice, especially in areas where CEFM is known to be particularly common. The YLGP initiative, originally planned to target 50 municipalities, was scaled down to ten municipalities. It is not clear how the initiative is meant to reach the remaining 40 LGUs. The prospect for sustainability within the 10 targeted municipalities depended on the commitment of the LGU officials to provide personnel, budgetary and material resources after the funds provided by the YLGP are used up.¹⁵³
228. It has been different in the case of Women's Health on Wheels, where UNFPA has created partnerships at various levels of government to sustain this pilot initiative. UNFPA has gathered data to show that this intervention works in order to convince the local government units to adopt this approach for which a number of LGUs have shown a clear interest.¹⁵⁴
229. Sustaining the 15-year Longitudinal Cohort Study depends on continued UNFPA technical and financial support. The data generated as well as the results of the LCS are well regarded by government, development partners, academics and the research community, within and outside of the Philippines. UNFPA, nevertheless, continues to struggle with challenges in sustaining implementation of the long-running project ensuring continued government buy-in, including financial support, and generating impact through the use of the study results. Up to 2023 at least, funds to conduct wave 7 (field work was ongoing for wave 6) has been assured. But beyond that, UNFPA has to work to ensure that future waves will be funded. Sustainability within the implementing organizations was deemed by UNFPA to be a potential issue, with staff of the implementing partners having retired or being close to retirement although this can be readily addressed with a succession plan within the implementing organizations.¹⁵⁵
230. Continued technical and financial support will also be needed for updating of the Common Operational Data Set for humanitarian action developed as part of the PD outcome area. In order for results to be sustained, UNFPA will need to institutionalize the practice of regularly updating the data, and making these available to partners. This would be further sustained if conducted through dedicated staff, rather than through ad hoc assignments with the ultimate aim to transfer capacities concerned to relevant government agencies.¹⁵⁶

Financial resources to sustain results

231. In the case of BIWAB support in BARMM, sustainability is of concern regarding the availability of future resources which has not been assured. Support for the decommissioned women combatants have so far been in the form of allowances instead of a fixed work arrangement to compensate them for their services as para-social workers, especially in GBV prevention and referral pathways in BARMM and WFS. While the evidence points to the positive effects, especially on how the lives of women and adolescent girls have been changed and significantly improved, sustainability of these results is so far not fully

¹⁵³ UNFPA, CEFM Prevention in BARMM, Youth-Led Community Mobilization Model, PowerPoint Presentation, Internal document; Integrative Competitive Intelligence, Formative Evaluation of the Youth Leadership and Governance Programme (YLGP), Final Report, submitted to UNFPA, 25 October 2022; Key informant interviews.

¹⁵⁴ UNFPA Philippines, SIS Annual Report 2022; Key informant interviews.

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

ensured. Furthermore, formal qualifications acquired by the members of BIWAB have not yet been considered, especially for integration into formal workforce positions.¹⁵⁷

232. Informed by the use of WHOW in Southern Leyte, DOH donated 10 health trucks for local health facilities, providing access to SRH services in remote areas beyond the period of crisis. Of these, three have been deployed so far.¹⁵⁸
233. Allocation of government resources to fund jointly developed National CIPs has so far fallen short of the targeted funds for full implementation of these programs. This budget shortfall has applied for the costed NIPs for CSE and was also projected in the case of FP.¹⁵⁹

6) Evaluation Question on Coherence

Evaluation Question 6:

To what extent has UNFPA complemented efforts of other UN agencies and partners and contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?

Assessment points included: Coherence of UNFPA support with other development and humanitarian support; UNFPA's role in coordination including in humanitarian support. Findings are presented below.

Coherence of UNFPA support with other development and humanitarian support

234. UNFPA support has been coherent with development efforts of the Government and those of other UN agencies as part of the UNCT. Coherence with Government development efforts has overall been high, with government usually involved in programme planning, with some exceptions as referred to under the evaluation criterion of sustainability. Coordination with government has been enabled by UNFPA's long term presence in the country and its relationships and reputation built over time as well as its long-term support in Mindanao. Coherence with support of other UN agencies has been high, with UNFPA regarded as an important player in SRHR, GBV, and youth with the addition of peace building in BARMM. UNFPA was also recognized within the UNCT for its expertise in population related data as exemplified in the use of the UNFPA-developed Common Operational Data Sets for targeting by UNCT members like OCHA during humanitarian situations. The CO has played a substantial role in the UNCT, participating in the three pillars of the PFSD, including the pillars on People; Planet and Prosperity; and Peace, and the adapted SEPF, contributing to the Health, Social protection and Social cohesion pillars of the framework.¹⁶⁰
235. UNFPA Support has been coherent with support from development partners, CSOs and academia who have appreciated UNFPA's role in the development process as well as in their support to humanitarian action. UNFPA has been a prominent player in the UNCT both in terms of programmatic and operational concerns and participated in several Joint UN programmes. Since 2018 there has been an increase in joint programming in the UNCT in the Philippines, with a link to the UN reform process. Presently there are eleven joint programmes in the country, while in 2018 there was just one. UNFPA has been engaged in five joint UN programmes, namely:¹⁶¹
- SDG Fund with UNDP and UNICEF on employing an integrated national financing framework to achieve the Demographic Dividend and the SDGs,

¹⁵⁷ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

¹⁵⁸ UNFPA Philippines, Annual SIS Report 2022; Key informant interviews.

¹⁵⁹ Costed NIPs CSE, FP and MISP; Key informant interviews.

¹⁶⁰ UNFPA Philippines, Annual SIS report 2019, 2020, 2021; Farah, Francois, The Mid Term Review of the UNFPA Eighth Country Programme 2019-2023 For the Republic of the Philippines, Final Report, April 2022; Key informant interviews.

¹⁶¹ UNFPA Philippines, Annual SIS Report, 2022; Key informant interviews.

- Peace Building Fund with IOM and UN WOMEN on transforming former female combatants in the BARMM into gender and peace champions,
- BRAVE Project with WHO and UNICEF on MHPSS-GBV integration during COVID-19,
- DFAT funded project with FAO on fulfilling women IDPs' SRHR and enable their full/meaningful participation in food security and livelihood initiatives
- KOICA funded project with UNICEF and WHO to reduce adolescent pregnancy in high-burden provinces

236. In humanitarian support, government partners and beneficiaries have appreciated the provision of UNFPA dignity kits as these are considered very useful and responsive to the immediate needs of women and adolescent girls during crises and complementary to the usual relief goods provided by government agencies. UNFPA has strategically utilized WFS in supporting GBV prevention and support to survivors including multi-sectoral case management and coordinated support through the use of referral pathways, including multiple stakeholders. Initiatives concerned were then absorbed by local government units.¹⁶²

237. Another example of coordinated and complementary support comes from the response in the reconstruction phase after typhoon Odette in Southern Leyte. UNFPA's response was coordinated with support from IOM, USAID and the CSO the Weavers. UNFPA worked with IOM in the purchase of ultrasound equipment, whose procurement could be fast tracked by IOM while UNFPA provided the required training for health facility staff.¹⁶³

UNFPA's role in coordination of support

238. UNFPA led the UN Thematic Group on Youth and participated in the Operations Management Team, M&E group, communications group and 'Leaving no one behind' group, in this way contributing to coordination across the UN agencies. UNFPA has been co-leading the UN youth thematic group in BARMM, enhancing coordination across the various UN agencies focusing on support for youth and youth organizations, which group is co-chaired by the Bangsamoro Youth Commission. In terms of humanitarian support UNFPA has been providing a leadership role through co-heading the SRHR and GBV sub-clusters with government and has been appreciated by government agencies, other UN agencies and IPs for playing this role well. As GBV Sub-Sector Co-lead, UNFPA successfully advocated for the provision of protection in the Philippines' Humanitarian Country Team Response Plan.¹⁶⁴ In the BARMM, UNFPA co-led together with the Ministry of Social Services and Development and UNICEF the subnational Joint Child Protection and Gender-based Violence Working Group. Other UN agencies operating in the BARMM saw UNFPA as an agency open to cooperation with other UN partners. UNFPA has been a pro-active member of the Strategic Risk Communication Interagency Group for COVID-19.

239. The common operational data set developed by UNFPA has been an important tool for targeting during humanitarian response with UN agencies making use of the same database. Since the data is based on pre-disaster information, it allows UNFPA to determine the number of people affected by disaster to inform response.¹⁶⁵

7) Evaluation Question on Coverage

¹⁶² UNFPA Philippines, Annual SIS Reports; Key informant interviews.

¹⁶³ Ibid.

¹⁶⁴ UNFPA, 2020, PKKK Workplan; Farah, Francois, The Mid Term Review of the UNFPA Eighth Country Programme 2019-2023 For the Republic of the Philippines, Final Report, April 2022; Key informant interviews.

¹⁶⁵ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

Evaluation Question 7:

To what extent have UNFPA humanitarian interventions (including those in response to the COVID-19 pandemic) systematically reached the most vulnerable and marginalized groups (young people, women with disabilities, LGBTQI populations, etc.) and addressed their needs including in humanitarian settings?

Assessment points included: Multiple levels of coverage of response; informing coverage through needs assessments; contents of UNFPA humanitarian support; humanitarian support in BARMM; humanitarian support in response to Typhoon Odette in Southern Leyte; COVID-19 pandemic response; gender mainstreaming in humanitarian action and constraining factors. Below the findings are presented ([with supporting evidence and references provided in Annex 4](#)).

Multiple levels of UNFPA's humanitarian response

240. In the Philippines, which is amongst the most disaster-prone countries in the world, the issue of coverage of humanitarian response is addressed at multiple levels. At the first level is the issue of which natural emergencies and manmade crisis situations to respond to. In this respect, UNFPA has responded to humanitarian crisis as a result of natural disasters including major typhoons, earthquakes and volcanic eruptions, the COVID-19 pandemic, an unprecedented global emergency and supported the peace building process in BARMM in response to man-made crisis.¹⁶⁶
241. At a second level is the issue of where to respond, who to target in a specific emergency setting and with which types of interventions. Focus on the most vulnerable has been achieved through focus on the most affected areas during and emergency and identification of particularly vulnerable groups. With enhanced government capacities in place, requests for UN and UNFPA support in the immediate aftermath of emergencies has decreased.
242. In the cases in which UNFPA responded, the CO has been at the frontline with its comparative advantage in the provision of alternative temporary SRH facilities and the provision of a range of RH kits for facilities and dignity kits for women and adolescent girls, establishing women friendly spaces (WFS) and activating referral pathways for SRHR and GBV information and response during crisis to ensure that vulnerable women and adolescent girls are protected and retain access to SRH and GBV services. This strengthened GBV prevention and response, with WFS facilitators assuming key roles in managing these spaces during times of calamities and beyond.¹⁶⁷ In BARMM, UNFPA's role in the peace building process has been highly appreciated (with details provided under evaluation question 3 above).

Informing coverage through needs assessment

243. UNFPA has played an important role in the assessment of the needs in terms of humanitarian action. This has included UNFPA participation in UN Country team situation analysis immediately after disaster has struck.¹⁶⁸ At a more systemic level, UNFPA has supported development of the Common Operational Data Set, an online population database for targeting of humanitarian support, which is regularly updated and used across UN agencies. These data were complemented with local level data from DSWD for additional targeting of vulnerable groups. UNFPA's informing its response with analysis of the

¹⁶⁶ Longer term support to the peace building process in BARMM has been included under evaluation question 3 above, while UNFPA response to more immediate man-made crisis, including the Marawi Siege, is included under this evaluation question. World Risk Report at <http://www.worldriskreport.org/>; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

¹⁶⁷ Key informant interviews.

¹⁶⁸ Examples concern the assessments after Super Typhoon Rai (Odette), December 2021 and Noru (Karding), September 2022. UNFPA, Situation Report, Super Typhoon Rai (Odette), January 2022; Philippines, Humanitarian Country Team, Inter-Cluster Coordination Group, Consolidated Rapid Assessment Report, Super Typhoon Noru (Karding), Philippines, September 2022 and UNFPA Philippines, Internal Situation Report, Super Typhoon Noru (local name: Karding), September 2022; Key informant interviews.

specific requirements of pregnant and lactating women and adolescent girls in emergencies has resulted in government agencies in BARMM applying a more diversified approach to emergency preparedness and response, including specific needs of pregnant and lactating women and adolescent girls. Also, the need to address the heightened threat of GBV in an emergency setting and inclusion of women and girl friendly spaces in UNFPA's response, has been taken over by government agencies. There appear opportunities to enhance needs assessments through inclusion of additional vulnerability criteria during the assessment process, including PWD, adolescents, LGBTQI and others based on the specific context.

Contents of UNFPA humanitarian support

244. UNFPA's response to humanitarian situations has focused on continuation of SRH services for women of reproductive age, in particular pregnant and lactating women and the prevention and response to GBV and other harmful practices for women and adolescent girls during emergencies. Specific interventions were dependent on particular needs in the various contexts. In several instances, support included the set up alternative means for the provision of SRH services, including emergency maternity tent facilities and other types of tents that together provided all SRH services required. An innovative approach was the provision of a van equipped to deliver BEmONC services, known as 'Women Health on Wheels' (WHOW). Quantity of support was limited by available resources and focus was on the most vulnerable, informed by needs assessments.
245. UNFPA's support to the prepositioning of critical relief supplies, enabled through the prepositioning project with support from DFAT, was an important component to allow for a timely response. The specific focus of UNFPA in terms of SRHR and GBV related aspects in a humanitarian setting as well as its support to needs assessment and availability of population data to inform the response has been the comparative advantage of the organization in emergency settings in the context of the Philippines.
246. In BARMM, UNFPA supported the BTA in both natural as well as man-made disasters in the region. This has included response to the earthquake in North Cotabato and to the flooding as a result of typhoon Paeng in 2022, during the conduct of the evaluation, ensuring continued access to SRH services and prevention and response to GBV including through the use of WFS. This also included support in the aftermath of the Marawi siege which was a protracted humanitarian crisis, in which UNFPA provided support to temporary shelters for IDPs, with a focus on SRH needs of women and adolescent girls with particular attention for reaching female-headed and adolescent-headed households, persons with disabilities and the elderly as particular at-risk groups.

Response to Typhoon Odette in Southern Leyte province

247. UNFPA response in Southern Leyte, was based on an evidence-based approach, starting with a situation analysis. With much of the health infrastructure affected, the response ensured ongoing access for pregnant women and girls to temporary health facilities as well as provision of dignity kits. CVA support assisted women and girls to deliver in the temporary facilities. WFS were setup to provide safety for women and girls. Detailed targeting was enabled through DSWD local lists of vulnerable groups and people. UNFPA successfully included mental health and psycho-social services.

COVID-19 response

248. UNFPA's response during COVID-19 focused on providing access to SRH and GBV information and services, both through online means, at the height of the pandemic (including RH-Info mentioned under effectiveness of SRHR outcome area) and in person, once public health restrictions were eased and covered women and adolescent girls, including those in GIDA areas and other minorities, including LGBTQIA+, and transwomen, though coverage of initiatives was limited. UNFPA focused support on those areas most heavily affected by the pandemic, which concerned in particular semi-urban areas in the vicinity of the national capital. Advocacy on continued SRH and GBV services during the pandemic was conducted through policy briefs for DOH and other relevant sector agencies which in turn were submitted to the Philippines Senate for their support. On-going studies, like the LCS were used to provide COVID-19 related analysis and informed advocacy. Innovation concerned the attention to

psycho-social issues, both for pregnant women as well as for primary health care workers who experienced additional stress, in particular in the earlier period of the pandemic, when no vaccines were available yet.

249. During the period under review and in particular during the COVID pandemic, UNFPA has supported several cash or voucher assistance (CVA) initiatives in which participants received cash or vouchers in exchange for fulfilling a specific requirement, which could include ANC visits, delivery in a facility, post-natal care, participate in training or work as facilitator in WFS. Most of these initiatives were of a limited duration (less than one year and often less than 6 months) and included conditional transfers focused on short term results. A joint UNFPA-Johns Hopkins University mixed methods evaluation study carried out in 2021-2022 showed a positive result of one of the CVA initiatives. Initiatives concerned targeted interventions to the most vulnerable groups and underserved areas. Other support during the COVID-19 pandemic included the provision of electric bikes to health workers to enable them to reach women and girls in need of SRH services.

Gender mainstreaming in humanitarian assistance

250. Gender mainstreaming has been evident in the humanitarian response of the UNFPA to the various natural disasters and man-made crisis that occurred in the duration of the 8th CP. This is evident with focus on the protection initiatives, especially for women and adolescent girls and prevention of gender-based violence in times of calamity. There has been some inclusion of LGBTQI+ including adolescent trans sex workers in terms of targeting in relation to the pandemic response. Nevertheless, the main focus has been on women and adolescent girls, which are the main groups experiencing GBV. A gap that emerged in humanitarian support was the lack of consideration of solo fathers and their children who may be in need of access to safe spaces in humanitarian interventions.

Enabling Factors for reaching results

251. Enhanced government capacities in the immediate aftermath of disasters means that UNFPA can focus on aspects of emergency preparedness and building of resilience with the use of MISP and other means of support to the development of required capacities, including for anticipatory action (see under the evaluation question of connectedness below).

Constraining factors for reaching results

252. The use and scaling up of CVA interventions by UNFPA requires thorough evaluation of the quantitative and qualitative results, with only one such evaluation conducted towards the end of 2022. Monitoring of the interventions was confined to output level changes, i.e. whether cash and vouchers were distributed and the requirements for their distribution met with. Documenting changes in the lives of participants during and beyond the period of the crisis were usually not part of the M&E process which limited the available evidence needed for advocacy for scaling up of these initiatives. In addition, capacities of implementing partners and funding for longer time periods proved to be constraining factors for CVA initiatives.

8) Evaluation Question on Connectedness

Evaluation Question 8:

To what extent has the UNFPA humanitarian programming (including the response to the COVID-19 pandemic) taken into account longer-term development goals articulated in the results framework of the country programme?

Assessment points included: Linkages between humanitarian response and development in southern Leyte; application of the New Way of Working and the Grand Bargain; emergency preparedness and

anticipatory action. Below the findings are presented ([with supporting evidence and references included in Annex 5](#)).

Linkages between humanitarian response and development in southern Leyte

253. The example of UNFPA support in Southern Leyte shows ways in which UNFPA was able to link humanitarian and development programming, making use of a longer-term perspective and integrating SRHR and GBV into local preparedness and development plans. UNFPA remained present after the first six months of the disaster response supported through CERF, in order to support the recovery phase in the aftermath of the typhoon once temporary measures, including WHOW, were phased out. It was supported by the Provincial Government of Southern Leyte, Philippine Society for Responsible Parenthood, ACCORD and USAID.
254. Recovery support focused around SRHR and GBV and included four components, informed by the situation analysis conducted and the first period of acute response. The first focused on augmenting existing staff capacities in 6 selected municipalities including seven nurses and seven midwives and the provision of ultrasound equipment with support to Barangay Health Workers to conduct house-to-house visits and refer pregnant women to the rural health unit in their areas. The second focused on GBV with in October of 2022, 50 participants representing all LGUs in Southern Leyte, trained on GBV related issues during a 5-day event, including multi-sector case management and referral pathway. A third component of the project focused on strengthening of the health care network through provincial implementation team meetings, enhancing coordination and cooperation across municipalities within the province of Southern Leyte. A fourth component focused on safe motherhood, in cooperation with USAID, including the provision of transportation, accommodation food and maternal care to pregnant mothers using a voucher system.
255. The emergency response GBV work was related to longer term development, as the GBV coordination system of the GBV sub-cluster in Southern Leyte was sustained after the ending of the UNFPA support and was integrated into the regular programming with key responsibilities concerned identified. Moreover, UNFPA worked together with UNICEF to support integration of SRHR and GBV related requirements in provincial plans for emergency preparedness. Moreover, support was provided to LGU partners to sensitize them to the need to including emergency preparedness in longer term local development plans.
256. Constraints faced included the need to sensitize LGU officials on GBV and the need to put resources to prevention and response at the local level. Moreover, the lack of sufficient BEmONC certified midwives and doctors in the Rural Health Units of the targeted municipalities was a concern. Both constraints could be amplified under the implementation of the Mandanas-Garcia ruling, in which health related spending will be up to the LGU. Participants feared that LGUs in more urban settings may provide better conditions and remuneration for their staff than others which could result in shortages in some more rural and remote areas where LGUs would have less resources or be less willing to spend on health and in particular SRHR related issues.
257. Also, other UNFPA support initiatives in humanitarian action have included linkages to longer term development perspectives. This included COVID-19 oriented projects and initiatives like the development of RH-Info as an online platform to provide the needed SRH and GBV information as well as online entry points for women and adolescent girls to obtain access to services. The intention was for this platform to be taken over by DOH and to sustain its use after the pandemic. However, with limited involvement of DOH in the design and implementation of the initiative, this remained questionable, as discussed above under the evaluation criterion of sustainability.
258. UNFPA support to aspects of emergency preparedness, including through training on MISP and GBViE, has the ability to inform disaster preparedness as well as risk reduction planning after the direct emergency related support is withdrawn. In practice, there remains a need for further training on MISP and GBViE, especially for LGU government health officers in particular vulnerable areas for natural

disaster in order to enhance preparedness, and ensure the inclusion of MISP requirements in the LGU preparedness plans.

Application of the New Way of Working and the Grand Bargain¹⁶⁹

259. UNFPA has filled a particular niche in Humanitarian support with a focus on continuation of SRH services and support to prevention of GBV, providing safe spaces for women and girls and care for GBV survivors. This concerns the comparative advantage of UNFPA in humanitarian action, which is recognized by government and other humanitarian agencies. The support to humanitarian crisis has been conducted by the humanitarian team in close cooperation with the SRHR and gender teams. In this way, humanitarian and development staff partly overlap and cross overs have been facilitated. Tasking each of the country office teams with responsibilities for emergency preparedness, risk reduction and response has enabled strengthening of the humanitarian-development nexus as well as their linkage to the peacebuilding process in Mindanao. This meant a shift away from the previous setup in which the country office had an independent humanitarian unit, mainly composed of temporary hired consultants during emergencies, and detached from the development part of the programme. This linkage of crisis level support with wider development processes is an important aspect of the New way of working.¹⁷⁰
260. UNFPA has been providing support to peace building through a joint project with UN Women and IOM on the rehabilitation of BIWAB and more recently with FAO with a focus on sustainable livelihoods for women and youth IDPs in Maguindanao. UNFPA has been providing support to protracted crisis both in BARMM in terms of peace building and conflict prevention as well as in Southern Leyte, in response to the devastation after Typhoon Yolanda and the medium-term recovery required in terms of response. This is in line with the new way of working in which clearer linkages are provided between humanitarian and development programming. However, support to the recovery process has been based on annual type of workplans and funds for IPs, often limiting the use of a longer-term perspective.

Emergency preparedness and anticipatory action

261. In terms of emergency preparedness, UNFPA has supported repositioning of medical and other supplies for emergencies and training in MISP and GBViE. Capacity development has prepared frontliners (WFS facilitators, healthcare workers) to respond to crisis situations and be called during times of disasters. The cluster and sub-cluster coordination mechanism that had been dormant for large part of 2019 was re-activated in 2020 at the request of the government with UNFPA co-leading the SRHR and GBV sub-clusters. Prepositioning project, funded by DFAT, was ended in September 2022 but was expected to be renewed for another three-to-five-year period as prepositioning will continue to be required in the context of the Philippines where disasters happen often and typhoons appear to gain in strength. With enhanced capacities of Government of Philippines in terms of emergency response, focus for UNFPA needs to further shift towards preparedness and disaster risk reduction as part of an approach to build resilience at all levels.
262. UNFPA was part of the Anticipatory Action initiative, addressing preparedness and risk reduction five days before the expected landfall of a typhoon. Anticipatory Action (AA) also known as Early Warning, Early Action or Forecast based Financing is an innovative mechanism for social protection informed by risk analysis. The programme has the objective to trigger pre-agreed early actions with pre-approved

¹⁶⁹ The Grand Bargain, launched during the WHS in Istanbul in May 2016, is an agreement between some of the largest donors and humanitarian organisations who committed to get more means into the hands of people in need and to improve the effectiveness and efficiency of humanitarian action. It includes aspects of the scope, governance, structure, resourcing and accountability mechanisms of humanitarian aid. <https://interagencystandingcommittee.org/node/40190>. The new way of working includes enhanced collaboration across humanitarian actors, informed by comparative advantage of each of them, making use of and enhancing existing capacities at national and local levels with the use of a multi-year timeframe and inclusion of measurable collective outcomes. OCHA, New Way of Working, 2017. The New Way of Working calls on humanitarian and development actors to work collaboratively together, based on their comparative advantages. <https://www.un.org/jsc/content/new-way-working>.

¹⁷⁰ Ibid., UNFPA Philippines Annual SIS Reports; Key informant interviews.

finances when emergency forecasts that are science-based reach a pre-defined threshold. UNFPA has provided support at national level as well as in BARMM where an AA working group was created under the Bangsamoro Disaster Risk Reduction and Management Council. Once the trigger is activated, funding from CERF would be secured to fund the actual preparatory activities in the days before the emergency would strike. A mocked event built capacities of the agencies concerned but so far, the AA has not been activated.

5. Conclusions

263. Informed by the findings, below the conclusions of the country programme evaluation are provided as well as the lessons learned, in section 6, which in turn have informed the development of the recommendations, presented in section 7.

Conclusions of the Country Programme Evaluation

- 1) UNFPA support in the Philippines has been relevant from multiple perspectives, with a focus towards policy level engagement at national as well as selected sub-national levels, and in line with national and sub-national priorities. The programme has been informed through a limited number of planned assessments conducted, which has left a clear need for follow up in the remaining year of the country programme, so that the implementation of the next cycle can benefit from the findings of such analysis. The programme has been aptly adapted to contextual changes with a focus primarily on the most vulnerable women and adolescent girls including to a limited extent gender minorities, and with opportunities to further engage with men, boys and LGBTQI in the next CP.
- 2) Though the country office had turned its focus on national level policy making, during the course of the implementation of the 8th CP, major contextual changes took place that urged the country office to provide support at the sub-national level. The CO, in close coordination with the UNCT, responded well to the installation of the BARMM regional government, with support to the linkages between humanitarian, development, and peacebuilding programming, facilitated by UNFPA's long term presence in Cotabato and other parts of Mindanao and its long-running support for ARMM, the predecessor of BARMM. UNFPA also responded well to the unprecedented COVID-19 pandemic by adapting its programming and responding with humanitarian support, including providing population-based data and analysis to inform Government response and working on a limited scale with vulnerable youth, including gender minorities, and others disproportionately affected by the pandemic.
- 3) UNFPA's response was less clear to the potential effects of the full devolution of health sector responsibilities and budgets to the LGU level once the Mandanas-Garcia ruling, including its consequences for the UHC implementation, in particular its SRH components. It will be important for UNFPA to assess the situation regarding the Mandanas ruling, together with the legislation concerning UHC, in order to inform its support in the upcoming programme cycle at national and sub-national levels, closely related to the DOH Devolution Transition Plan. In this respect, UNFPA will need to adapt its approach to policy level engagement and define it beyond support to development of national policies and legislation to include policy implementation and planning at sub-national levels, monitoring and evaluation and policy adjustment. This in order to ensure the allocation of budget and other support to SRH services at the sub-national level. This could be done through the use of a 'bibingka' (or 'burger') approach, working at the national, regional, provincial as well as the municipal level, allowing for the simultaneous use of top-down as well as bottom-up approaches.
- 4) Achievements of output level indicators of the various result areas have been below the targeted levels, but this has been compensated through the initiation of additional programmatic initiatives, in particular in response to the COVID-19 pandemic and installation of the BARMM government. The CO proved its flexibility in this respect. Though all initiatives fell within the scope of the UNFPA mandate area, due to immediate responses to the on-going crisis and donor-based priorities, these were more diverse than in a CPD strategy-based approach. The new country programme will need a solid grounded strategy and theory of change to clearly orient the programme in a commonly agreed way across the various thematic areas.
- 5) Now that several costed implementation plans are in place at national and provincial levels, there is a need for attention to policy level engagement to ensure the use of the evidence in policy and programme decision-making and budget allocation processes.

- 6) With new evidence from the 2022 NDHS and YAFS 5 that modern contraceptive use has increased, unmet need for contraception has decreased, teenage pregnancy has declined and the total fertility stands now at below replacement level, there is a need for the programme to move towards a more comprehensive approach to SRHR, with in addition to FP access for adolescents and youth attention to access to maternal health services, including emergency obstetric and neonatal care, especially in geographically isolated and disadvantaged areas. Furthermore, UNFPA should support studies to investigate which groups may be “left behind” by these positive changes so that targeted interventions may be designed for them.
- 7) In terms of the gender equality and women’s empowerment agenda, UNFPA has contributed to individual level empowerment, strengthened systems for GBV prevention, response and coordination, enhanced capacities to use gender related data and use of evidence to inform policy implementation in targeted areas. As there was no gender outcome area as part of the CPD, the monitoring and evaluation of this part of the programme was less clear. The development of a Theory of Change halfway through the programme period provided guidance and can be used to inform the next programme cycle.
- 8) By supporting studies like the LCS, UNFPA has come to be highly regarded as a producer of quality population data and analyses. But apart from development of knowledge products, the country office needs to ensure the use of the evidence to inform policy level engagement, at national and sub-national levels. While generation of knowledge products may be perceived as the purview of the PD unit, dissemination and advocacy related activities need to be taken up by the heads of the outcome areas and the senior management team. Moreover, the PD Unit must be strengthened so that it can properly vet the quality of the studies that it contracts.
- 9) In order to inform the next country programme cycle, it will be important for UNFPA in the remainder of the present programme cycle to follow up on the analytical gaps identified and to make the most of the LCS data and its analysis. Moreover, with substantial changes in TFR, adolescent birth rates and modern contraceptive use, there is a need to further understand if these changes are related to conditions brought about by the COVID-19 pandemic or whether these are part of longer-term population trends. New estimates of maternal mortality, which also points to a substantial reduction, need to be corroborated with the generation of new data to identify who remains left behind in this positive development and in this way in form better evidence-based, targeted interventions. Other foci for population dynamics in the next cycle need to include those population studies that could not yet be performed in the present cycle and paying attention to population ageing.
- 10) Social and cultural norms and religious convictions are major factors in limiting access to SRHR knowledge and services, in particular for adolescents and young people, and in perpetuating prevalence of GBV. Through piloting of a community mobilization model to address GBV and harmful practices facing adolescents and youth and supporting young people to advocate for integration of SRH of adolescents and youth in LGU development plans, UNFPA has created useful entry points for working at local level change. In the BARMM this involved working with religious leadership, making use of fatwas. These approaches will need to be followed up in the next country programme cycle.
- 11) Given the results achieved so far in AY programming at national and sub-national levels, it will be particularly important to follow through on CSE operationalization under the new leadership at the Department of Education, as well as on CSE for out-of-school youth. Once SRH demands of adolescents and youth increase, there is a need to shift attention from enhancing demand towards the supply side of SRHR, bearing in mind that adolescents with demand need to be able to get access to such information and services. In BARMM, UNFPA needs to assess how the youth involvement in local level governance and CEFM advocacy support can be scaled up. UNFPA will require to ascertain its support role in these processes in close coordination with other stakeholders, including the Bangsamoro Youth Commission and other possible champions within the BTA in Mindanao.
- 12) UNFPA has been working from a rights-based approach and normative perspective in the various parts of its programme. In terms of a focus on inclusion, the approach to adolescents and youth has been

particularly pronounced through the AY component of the programme. This has been less the case in the inclusion of indigenous peoples, PWD and gender minorities, though UNFPA has worked with representatives and participants of the latter two groups at a small scale during the present cycle. In terms of indigenous peoples, there is a need for UNFPA to focus on them as these groups are considered as one of the most left behind in the country.

- 13) Gender mainstreaming has been evident across the outcome areas of the UNFPA programme in development as well as humanitarian programming but has been skewed towards a focus on women and adolescent girls. A start has been made at a limited scale to include gender minorities and focus increasingly on aspects of gender equality, diversity and social inclusion. UNFPA has already demonstrated efforts to steer programming in this direction and needs to start to apply this approach across its programming in the next cycle.
- 14) The move of UNFPA towards enhanced policy level engagement at national and sub-national levels has been lacking a clear knowledge management strategy. Such a strategy would coordinate studies and analysis across the outcome areas of the programme and ground knowledge development on a longer-term perspective in relation to policy engagement requirements. While part of the knowledge generation can be achieved through the PD component, programme monitoring and evaluation also needs to play an important role. With a strong M&E team at national and sub-national levels, some of the requirements for this approach appear to be already in place. However, there is a need for an overall M&E plan, which provides guidance to the setup of the M&E system over the entire next CP period, including aspects of on-going monitoring and intermittent evaluation of prioritized initiatives. For evaluation reports to be a relevant input into a knowledge management strategy, evaluations conducted need to be of high quality, in line with UNFPA organizational requirements and a quality assurance process will be needed to ensure that evaluation deliverables are in line with UNFPA quality criteria.
- 15) UNFPA has played a substantial role in support to humanitarian response to multiple crisis during the period under review. UNFPA's humanitarian positioning with a focus on continued RH/MNH and GBV protection services has been valued by government and other partners and filled a particular niche. UNFPA has been including psycho-social support in many of its interventions and played an innovative role with the inclusion of mental health and psycho-social concerns for pregnant women and adolescent girls and frontline workers during the pandemic. UNFPA has successfully made use of CVA in multiple parts of its humanitarian programming, with an impact study confirming that it helped to strengthen uptake of health services by the pregnant women and adolescent girls targeted.
- 16) Coverage in humanitarian crisis situations has been guided by UNFPA's mandate areas and informed by the CODS for humanitarian settings, which has supported the identification of most left behind groups and areas in a humanitarian crisis situation with the data available in a timely manner. UNFPA has played an important role in informing targeting of humanitarian support with population data, both in terms of its own support as well as that of sister UN agencies. UNFPA has consistently participated in UNCT supported situation analysis, providing its particular focus from an SRHR and GBV perspective, which has informed coverage of support. With UNHCR leaving the BARMM there has been a hiatus in terms of protection related data from a UN perspective. As UNFPA has the capacities to fill this emerging gap, it will be useful for the organization to take up this role.
- 17) In several disaster affected areas UNFPA has been able to link its humanitarian support with development processes through support to the recovery process. Moreover, in BARMM, UNFPA has provided longer term support to the humanitarian-development-peace building nexus, amongst others through supporting linkages between prevention and response to GBV and peace building and reintegration of women fighters in local society. UNFPA support in emergencies has been facilitated by the ability to support pre-positioning of supplies required in emergency contexts. The anticipatory action initiative provided a way to enhance risk reduction in typhoon affected areas in an innovative way, shortly before a typhoon makes landfall. With increased Government capacity for immediate

response at the onset of a crisis and decreasing reliance for humanitarian aid from development agencies, there is a need for UNFPA to focus on enhancing resilience through continued attention to pre-positioning, preparedness, anticipatory action and disaster risk reduction and the inclusion of MISIP in the disaster response plans of government at all levels with attention to natural, man-made and climate change affected emergency contexts. UNFPA can, moreover, support inclusion of mental health concerns for disaster survivors and frontline workers in preparedness and response planning, informed by experience built so far.

- 18) Human resources have proved to be a constraint for programme implementation in the period under review, with high levels of staff turnover and long recruitment processes. There have been substantial staff shortages, in particular in the programme unit, including senior management positions vacant for substantial periods of time. There is a need to address time consuming staff recruitment procedures, improve staff onboarding processes and increase staff retainment over time. With a new staffing structure being developed, it will be useful to develop simultaneously a change management plan to guide the process of shifting of the staffing structure in a transparent way.
- 19) Financial and procurement procedures appear geared in particular towards development programming while proving time consuming in a humanitarian context in terms of the procurement of medical equipment. A continued focus on support to pre-positioning could address such constraints.
- 20) For results to be sustained, their ownership is an important enabling factor. A precondition for ownership has been the involvement of key stakeholders in the design of initiatives and in this respect UNFPA will need to ensure that government agencies as well as other stakeholders are sufficiently involved in the design phase of the programme and individual projects, otherwise sustainability of results will remain uncertain, even of successful initiatives. This also goes for innovative approaches where the need to involve partners early on will be vital for their participation and the longer-term success of these initiatives. Changes in national and local governments and the effects of the Mandanas ruling may limit sustainability of results achieved so far.
- 21) In terms of its Partnerships, UNFPA has been moving towards strategic partnerships with government agencies while having a combination of strategic and implementation partnerships with civil society and academic partners. Partnerships with private sector stakeholder concern an important way to expand reach of UNFPA support, both in terms of access to FP as well as in relation to GBV prevention and response. In the next programme cycle, there is a need for UNFPA to ensure that relationships with all partners have strategic components, including involvement of partners from the design phase onwards. This will be beneficial for UNFPA as well as the organizations concerned, as this will give them more opportunities for growth both in programme implementation and strategically.
- 22) In order to accelerate achievement of the SDGs, UNFPA will need to make use of a comprehensive approach to its support on SRHR, with a focus on identifying and reaching the most left behind groups of women and adolescent girls, while also providing attention to the SRH rights and needs of other gender minorities. Such a focus will support reduction of maternal, neo-natal and under-five mortality rates, contributing to the viability of realizing a demographic dividend, assuming that other factors required for such a realization, but beyond the remit of UNFPA, have been put into place.

6. Lessons Learned

264. Below lessons learned are presented, which concern learning obtained in the context of the country programme, but which can be considered useful beyond the context in which they were obtained. This goes both for other parts of the Philippines outside the specific geographical sub-national areas focused on by the country programme as well as other development contexts in Southeast Asia and beyond.

LESSON 1: While the demographic dividend originates from demographic change brought about by falling fertility and a consequent bulge in the young working age population, its realization hinges on the development of the human capital from birth through investment in health (including reproductive health) and education and providing opportunities for the working age population to participate in the economic process through access to a fair labour market. This development of human capital requires an all-of-government as well as an all-of-UNCT approach in order to create the conditions to reap the demographic dividend.

265. The key to reaping a dividend from the demographic transition to sustained low fertility and low mortality which results in a profound change in the population's age structure is to develop the human capital of young people, starting from birth, in order to ensure that they can later become economically productive members of society, enhancing the nation's economic productivity. Moreover, economic policies that promote labor-market flexibility, openness to trade, and savings must be in place to absorb this future labor force. Thus, the country has to invest in the health (including reproductive health) and education of the youth. If these aspects of human capital formation are not in place, the youth bulge might end up to be a demographic bane rather than a boon, when a large portion of the youth ends up unhealthy, unqualified for well-paid jobs and un- or under-employed.

266. UNFPA has provided support over many country programme cycles to hasten the demographic transition through its SRHR and AY programs. Now is the time for other agencies, including government agencies, other UN agencies, civil society organizations and International Finance Institutions and other stakeholders, to buy into the demographic dividend perspective, especially those that have a direct influence on human capital formation and labour opportunity generation. Human capital development requires an all-of-government as well as an all-of-UNCT approach. Only with such concerted support is the reaping of the dividend likely to be realized. It should also be emphasized that the opportunities for reaping a demographic dividend is temporary. With sustained low fertility, the age structure will continue to evolve and the next demographic phenomenon to expect and prepare for is population ageing.

LESSON 2: In the context of the Philippines, with several SRHR indicators having changed positively according to the latest assessments, there is a need to focus on the most left behind groups and underserved areas. This approach needs to be informed by analysis, identifying the intersectionalities of vulnerability and deprivation in order to inform strategies and programmatic approaches.

267. In order to expedite reaching of the SDGs in the mandate areas of UNFPA, in the context of SRHR achievements so far, there is a need to focus on the most vulnerable groups and underserved areas. This requires the identification of such groups as well as the development of strategies and programmatic approaches to reach such groups and areas. In turn, this will need to be informed by data and analysis on the specifics of the groups concerned, their needs and enabling and constraining factors for their access to and use of SRH information and services. The various bottleneck analysis that were planned in the present programme cycle are an important step into this direction, with a need to conduct or finalize those pending. Rather than analysing vulnerable and marginalized groups as single entities, it will be important to analyse social, cultural and economic differentiations within these groups in order to inform programmatic interventions. This needs to be informed by an analysis of intersectionalities, the ways in which different social, cultural and economic aspects of vulnerability

interrelate as well as identification of opportunities to address the vulnerabilities of the respective groups.

LESSON 3: The outbreak of the COVID-19 pandemic, an unprecedented emergency, urged the country office to adapt its programme in a way that had not been required ever before, which affected the strategic direction of the programme. For the development of the next CP a clear strategic approach to the programme is needed while incorporating those learnings of response to the pandemic which can be of use in the next cycle.

268. While before 2020, responding to emergencies did not affect the direction of the entire country programme, this cannot be said of the response to the pandemic, which through its country wide (and global) impact had a profound influence on the implementation of the programme. As UNFPA's main counterparts, DOH and Ministry of Health in BARMM, needed to put all their attention to addressing the pandemic and limiting its spread, UNFPA needed to follow suit and provided support to the government accordingly, both in terms of provision of data and analysis to inform the government response as well as in concrete humanitarian action, informed by funding opportunities. In the development of the new country programme cycle, there is a need to clearly strategize for the next CP cycle, looking at what main aspects of the programme need to continue and what approaches and learnings of the response to the pandemic can be taken up within the country programme, including for example UNFPA's inclusion of psycho-social issues in much of its emergency programming. On the other hand, it also needs to see what can be terminated and proved to be only short term and temporary interventions.

LESSON 4: UNFPA mandate areas have often been interpreted as requiring an exclusive focus on women and adolescent girls. Nevertheless, a broader interpretation of the same mandate provides the opportunity to include a focus on men and boys and allows for the inclusion of gender minorities in terms of programme approaches, which concern often overlooked vulnerable and marginalized groups. UNFPA support so far has included LGBTQI+ communities in small initiatives. For the next country programme cycle, there is a need to develop a more strategic approach.

269. UNFPA's mandate on SRHR has oftentimes been used for the justification of its sole focus on women and adolescent girls. Though this is a valid focus, it does not necessarily mean an exclusion of men and boys, who are important in a variety of ways, both in terms of their involvement in decision making on SRHR related issues of women and as the main perpetrators of GBV. Mainstreaming of gender in UNFPA's programme also requires a focus on the relationships between women and men. Furthermore, a focus on women and adolescent girls can exclude gender minorities, including members of the diverse LGBTQI+ communities whose specific needs in terms of SRHR require tailor made approaches. With gender minorities comprising a vulnerable and marginalized group in the Philippines, it is clearly within the mandate area of UNFPA with its focus on SRHR to include these groups in its programming. UNFPA needs to be credited for having pioneered the inclusion of gender minorities in its programmes on a small scale. It will be important for the next country programme cycle to assess ways in which men and boys as well as gender minorities can be included throughout the programme in a more systemic and strategic way.

7. Recommendations

270. Below the recommendations are presented based on analysis of the findings and conclusions of the evaluation. They are addressed to the UNFPA Philippines country office and its partners, focusing on ways in which programme achievements can be enhanced, with attention to strategic and programmatic aspects.
271. Recommendations have been informed by the viewpoints of respondents of key informant interviews and focus group discussions, in each of which questions concerning recommendations were included. At the end of the field phase of the evaluation, validation meetings were conducted with UNFPA staff and members of the Evaluation Reference Group, in which findings, conclusions, and preliminary recommendations were discussed, which informed the finalization of the details presented below.

Strategic Level Recommendations

- 1. For the UNFPA programme to focus on Quality of care and services, Gender and social norms and Adolescents and youth focus areas with Population change and data mainstreamed across these areas in terms of a demographic evidence base underpinning all parts of the programme with an integrated approach towards developmental, humanitarian and peace building support (related to Conclusions 1 to 13, 18 and 21; priority high)**
 - a. Emphasize support to the implementation to the RPRH Act in terms of SRHR, including its requirements at the national level, supporting government to have conditions in place to implement the act, including resources for MNH and those for FP in line with the National CIPs making use of a comprehensive and rights based reproductive health approach for women and adolescent girls, including through support to the PLCPD;
 - b. Pay attention to SRHR related capacities at sub-national level guided by the devolution process, focusing on functions where health budgets and responsibilities have been devolved, informing LGU budgeting with local level Costed Implementation Plans as well as minimum standards and requirements for SRH service delivery and access to SRH information, including access to BEMONC and CEMONC facilities and care, identification of high risk pregnancies and a focus on preventing unintended pregnancies and births spacing, addressing barriers to care in particular for adolescent girls, contributing to reducing maternal mortality;
 - c. Support social and gender norms, attitudes and behavioral change including use of CSE for in-school youth and other means for out-of-school youth, with a tailor-made approach for relevant regions and provinces with high incidence of adolescent pregnancies, including in BARMM where additional support will be required including for CSE integration in the 2023 Bangsamoro Youth Priority Agenda, making use of a longer-term perspective required to address these engrained issues;
 - d. Pay specific attention to adolescents and youth and their SRHR and other health concerns (including mental health), advocating for their education and employment needs from a human capital development perspective so that they can play their role in the realization of a demographic dividend enabled by their relatively high numbers. Adolescents in BARMM can likewise be harnessed as supporters in the peace building process;
 - e. Sustain gains on key UNFPA outcome indicators achieved so far, including the reduction of adolescent pregnancies and enhanced use of family planning and undertake further studies in order to better understand these changes in particular the extent to which these are part of longer-term trends or specifically related to conditions induced by the COVID-19 pandemic as well as the specific needs and requirements for access of the most vulnerable groups;

- f. In GBV interventions, provide policy support and technical interventions, involving men and boys both as perpetrators and potential victims of violence, as well as supporting organizations involved in men's role in GBV, and development of culturally responsive GBV training in BARMM and in areas with high numbers of indigenous people; strengthen existing referral pathways and continue the advocacy for scaling up GBV response mechanisms with DOH, DSWD and other relevant stakeholders; provide support to the prevention of and support to survivors of online gender-based violence and abuse and support availability of online information countering existing misinformation;
 - g. Re-strategize work with the private sector in the post COVID period, linking to the Family welfare programme that companies have with respect to staff welfare issues, reviving the momentum that the BAFP project had engaging with companies, with a focus on FP as well as on MNH and GBV prevention and response, engaging women as well as men workers; explore the feasibility of working with a variety of sectors in programs for FP, MNH and GBV in the workplace, including strategic approaches for engaging men. Continue exploring with PopCom the feasibility of working with labor unions as another pathway of engaging workers, including men in family welfare promotion;
 - h. Follow-up on achievements so far in BARMM making use of the humanitarian-development-peace building nexus, informing UNFPA support with a conflict analysis, including the relation between GBV and conflict and following through on support to BIWAB enhancing their social development role in local society.
 - i. Orient the efforts for resource mobilization on the strategic directions of the programme, including Quality of care and services, Gender and social norms, Adolescents and youth and Population Dynamics with specific attention to addressing the principle of 'leaving no one behind' in development, humanitarian and peace building settings.
- 2. For UNFPA in the next programme cycle to provide a clear 'Leaving No One Behind' perspective to the programme, in close cooperation with Government of Philippines and sister UN agencies in order to ensure reaching of left behind groups in the last full programme cycle before 2030 (related to Conclusions 1, 2, 4, 11, 12, 16, 20 and 22; priority high).**
- a. During 2023, to conduct the various remaining bottleneck analysis in order to inform the design of the next programme cycle, making use of a comprehensive SRHR perspective, beyond a focus on FP only, in particular in terms of access of particularly vulnerable and marginalized groups to SRH information and services from a rights-based perspective, including PWD, LGBTQI and women in detention;
 - b. Keep a focus on BARMM as well as Muslim population in other parts of Mindanao and their SRH needs, with a particular focus on married as well as unmarried adolescents and youth;
 - c. Develop an approach to address the SRH rights and needs of Indigenous populations in Mindanao, Visayas and Luzon, informed by stakeholder and bottleneck analysis of key groups and areas in partnership with regional, provincial and LGU authorities and relevant local civil society organizations and in close cooperation with other relevant UN agencies including attention to SRH/MNH issues as well as GBV prevention and response to survivors and other harmful practices;
 - d. In addition to CSE for in-school youth provide support for CSE to Out-of-school youth with inclusion of support to AY friendly SRHR services and outreach activities in close coordination with LGU authorities, balancing generation of demand with availability of AY friendly SRH services;

3. Adapt the UNFPA CO staffing setup and the programme support functions in line with the requirements of the strategic direction of the programme (related to conclusion 7, 12 and 18; priority intermediate).

- a. Adapt human resources setup to the multiple level approach of the country programme, working at local, institutional and policy levels and organizing the country office in this way, integrating the various thematic areas at each of these levels;
- b. Reduce substantially the time it takes for recruitment of new staff and hire temporary consultants to fill gaps that cannot be avoided. Improve onboarding processes of staff with clear induction processes, including generic country office parts as well as details adapted to relevant programme components and support functions;
- c. In order to enhance UNFPA's access and support to particularly vulnerable and marginalized groups, recruit staff that are members of such vulnerable and marginalized groups who have a lived understanding of their conditions and needs and can support programme design and implementation. This goes for people of indigenous groups, people with disabilities as well as gender minorities;
- d. Reinforce interlinkages of SRH/MNH and GBV support aspects of the programme, enhancing the integration of the outcome areas of the programme and establish a separate position to support gender mainstreaming across all programme components;
- e. Retain a focus at the sub-national level on BARMM and Mindanao and keep a sub-office in Cotabato with sufficient staff to conduct the programme at the sub-national level.

Programmatic Level Recommendations

4. Adapt the programme implementation at the national and sub-national level in line with the requirement of the Mandanas-Garcia ruling and the UHC legislation (related to conclusions 2, 3, 5, 17; priority high).

- a. Provide support at sub-national level to selected LGUs in Mindanao, Luzon and Visayas in relation to the devolution of public health and SRHR responsibilities with a need to support implementation of the SRHR related component of the UHC, ensuring budgeting for and access to quality SRH and GBV services for all at the LGU level, including for adolescents and youth and other vulnerable and marginalized groups;
- b. Make use of the "bibingka" or 'burger' approach, implementing and coordinating approaches in terms of SRHR, GBV, AY and Population intelligence at the community, LGU/provincial, regional and national level while at the same time coordinating across these thematic areas at each of these three levels;
- c. Engage with DOH on the use of a life-cycle based approach, including addressing of different SRHR issues in the various stages of the life-cycle and ensuring access to SRH services to adolescents and youth;
- d. Make use of UNFPA support and presence during CP8 to follow up humanitarian support to affected areas and disaster-prone regions including recovery and development-oriented support with a focus on enhancing resilience and preparedness for future crisis, with inclusion of MISP and MHPSS in preparedness plans;
- e. In addition to national level Costed Implementation Plans, develop guidelines and standards for LGU investments in SRHR and in particular adolescent SRHR, GBV prevention and response and youth development in order to ensure access to SRH and GBV services and information at the local level given the on-going devolution process in the health sector; support LGUs in ways to make use of the SRHR as well as the GAD budget in this respect; explore opportunities to

- provide support at the sub-national level in cooperation with UNICEF and other relevant UN agencies;
- f. Consult with IPs on engagement strategies with LGUs in light of the devolution of health responsibilities and ensuring universal access to quality SRH and GBV services at the local level;
 - g. Support the DILG Local Government Academy to include aspects of SRHR and the need for fund allocations in its training programmes for LGU staff, providing minimum standards and guidelines for ensuring access to SRH related services, including coverage of vulnerable groups and underserved areas, including the use of mobile services;
 - h. Explore ways to include the island provinces of Sulu, Basilan and Tawitawi in support to the BARMM, which provinces show high needs on SRHR related indicators but have so far remained mostly outside of programme support
- 5. For UNFPA to enhance evidence based and results-based programming, both in development, humanitarian and peace building contexts (related to conclusions 1, 5, 8, 9, 11, 14, 20, 21; priority high).**
- a. Ensure the use of studies and surveys conducted by the programme, by other UN agencies, development partners and by government to inform programme design and implementation;
 - b. Enhance the programme M&E system as part of a knowledge management strategy:
 - i) Including the development of a country programme level M&E plan at the start of the programme cycle, detailing aspects of monitoring as well as identification of those programme interventions that will be selected for evaluation and after-action review, ensuring the inclusion of baseline data gathering and sufficiently robust theories of change, results frameworks and monitoring system as well as strong evaluation methodologies;
 - ii) Ensuring that in particular pilot interventions include the on-going and intermittent gathering and analysis of sufficiently balanced qualitative and quantitative data and evidence to support their replication and/or use in policy advocacy:
 - Include assessment of results of CSE for students at the various grades a part of the monitoring and evaluation approach of the programme, in addition to assessment of results of teachers;
 - Make the community mobilization model explicit that addresses GBV and harmful practices facing adolescents and youths and provide data regarding the results of piloting of the model in Mindanao to inform advocacy for the replication of the use of the model in other parts of Mindanao and beyond;
 - Develop an approach for the upscaling of the YLGP project in order to expand its reach beyond the ten LGUs targeted so far and ensure to have the monitoring and evaluation data required to underpin this using an evidence-based perspective;
 - Make use of quality assurance of the evaluation process of selected initiatives and their deliverables, including the TOR, draft and final design and evaluation reports through independent reviews, making use of the UNFPA Design and Evaluation report quality standards, guidelines and formats;
 - iii) Develop a shared, well-structured database for all programmatic and M&E data and information accessible to all staff at national and sub-national levels.
- 6. Use UNFPA's leverage as a knowledge manager to spearhead support to evidence-based policy making with the use of population data (conclusions 8, 9, 14, 16; priority intermediate).**
- a. Develop a knowledge management strategy, including the use of existing knowledge produced so far and a focus on knowledge development during the upcoming country programme cycle;
 - b. Support data gathering and data analysis on key population and development issues:

- i. Support the conduct of a survey to determine the level of maternal mortality in the country through a Safe Motherhood Survey or Family Health Survey;
 - ii. Support secondary analysis of the YAFS 5 data to examine the human capital potential of the youth;
 - iii. Take a more active role in methodology for maternal mortality assessment; arrange for consultations with UN Population Division on maternal mortality estimation for benchmarking methodologies;
 - iv. Support further analysis of new data sets (2022 NDHS, YAFS 5 and the Philippine Longitudinal Study on Ageing) to provide the evidence base for VAWC and ageing interventions;
- c. Continue to arrange consultations/dialogues of international experts with PSA and the academic community for benchmarking;
 - d. Support initiatives for further analysis of the census, vital statistics on birth, the 2022 NDHS and YAFS 5 data to disentangle the possible effects of the pandemic on the trajectory of fertility and teenage pregnancy in the Philippines;
 - e. Further analysis and use of the LCS data in terms of vulnerabilities of groups, including persons with disabilities, members of indigenous groups, LGBTQI+ and the poorest of the poor;
 - f. Support qualitative studies on social norms and traditions regarding SRHR related issues and other issues related to the youth (e.g. migration);
 - g. Continue sharing of knowledge and experience gained in other countries in the region and beyond. The pandemic opened up a new avenue for UNFPA to exercise this role through its engagement with PSA. For the 9th CP, it is recommended that it continues to arrange consultations/dialogues of international experts with PSA and the academic community for benchmarking and use of new methodologies;
 - h. Re-examine the use of the demographic dividend framework as it has not proven to be easily endorsed for adoption by policy makers, LGUs and development partners. Consequences of a changing age structure due to falling fertility may be better captured by the broader concept of the demographic transition. Having pioneered the DD framework, UNFPA will need to provide support to generating data and analysis to monitor how human capital formation does proceed with investment on the youth and vulnerable groups, to inform national and sub-national initiatives. Such an approach can have added value when conducted from a unified UN perspective in which DD related aspects that are beyond the mandate area of UNFPA can be included.
 - i. UNFPA's PD Team can expand its role as the go-to unit for population data by transforming itself into a credible knowledge management center, for development and humanitarian data;
 - j. The 8th CPE reiterates the recommendation of the 7th CPE, which is for the PD Team to create "a multi-disciplinary research advisory group to vet the technical quality of UNFPA research and publications". The PD section should expand its pool of consultants and subject research proposals and outputs to peer review. This should be part of a bigger strategic move towards transforming UNFPA into a credible knowledge management center. Part of the function of the knowledge management center will be the dissemination of the properly vetted knowledge products produced under its funding through the Web and otherwise to a larger audience. This can expand the reach of the studies, including the outputs of the LCS.
- 7. Enhance UNFPA's Partnerships and ensure a balanced approach between partners at national, sub-national and local levels, apt to support the implementation of the 9th CP in the Philippines (related to conclusions 3, 20, 21; priority high).**

- a. Assess present partnerships of UNFPA at national, sub-national and local levels and analyze whether this provides the right setup for the next country programme cycle, in which given the process of devolution of health services, sufficient relationships at sub-national and local level need to balance policy engagement at the national level;
 - b. Rekindle partnerships with key government agencies that have a role to play in the GEDSI advocacy such as Philippine Commission on Women and the National Youth Commission;
 - c. Renew partnerships with the private sector, enhancing access to SRH, FP and GBV prevention and response information and services for the workforce and through this partnership enhance UNFPA's reach beyond existing partners, in support to achievement of the SDGs
 - d. Be a collaborative and consultative partner in crafting projects and interventions with the participation of government and other partners in order to ensure ownership of the initiatives from the design stage onwards, especially with the goal of sustaining results achieved and possibility of handing over to government agencies and/or other relevant stakeholders;
 - e. Convene meetings/workshops of UNFPA staff and its partners for an annual sharing of information, comparing best practices and learning experiences, giving partners a holistic view of the UNFPA Country Program and allowing partners to get to know one another and open up opportunities for cross-collaborations. Engage not just high-level staff of partner agencies but include also technical staff who are the actual implementers;
 - f. Support relevant agencies to provide training for non-scalpel vasectomy services for which there appears to be demand but for which services are presently lacking, which could enhance the role of men in FP programmes;
 - g. Approach HIV/AIDS interventions through partnership with other UN organizations to complement the comparative advantage, expertise, interventions of UNFPA and follow up on the condom strategy that was established in the early stage of CP8.
- 8. For UNFPA Philippines to prioritize Gender Equality, Disability and Social Inclusion approach in its programming, in order to strengthen programmatic interventions, and in response to growing interest of funders in this area (related to conclusions 6, 7, 10, 13, 15, 16, 22; priority intermediate).**
- a. Design and implement interventions that include young men and boys in SRH and GBV issues in order to include and address the norms, attitudes and behavior of young men and boys and prevent them from becoming future perpetrators of violence;
 - b. Document experiences and lessons learned in support of gender minorities and other young vulnerable groups, disproportionately affected by the pandemic. Engage in LGBTQI+ advocacy, especially with the passage of Anti-Discrimination Bill as a key policy strategy for gender inclusion during the next country programme;
 - c. Start a dialogue on trans-responsive healthcare in the country, given the growing number of trans-identifying individuals in various parts of the country (i.e., multisectoral engagement, government and private sector, CSOs and NGOs);
 - h. In close cooperation with CSOs, develop interventions for adolescents engaged in sex work, regardless of their sexual orientation and gender identity, including young men and boys who are involved in this gig economy as well as young female adolescents and those who solicit clients online;
- 9. For UNFPA Philippines to orient its approach to humanitarian action towards resilience building and anticipatory action at national and sub-national levels with a specific focus on peace-building in Mindanao and with support to disaster response depending on national and sub-national level requests from government agencies (related to conclusions 2, 13, 15, 16, 17, 19, 21; priority intermediate).**

- a. Continue to have disaster risk reduction, preparedness, pre-positioning and anticipatory action as well as support to response as the shared responsibility of each of the country office development-oriented teams in addition to staff with particular responsibility for humanitarian support, in order to provide technical support and facilitate relationships with government and other partners;
- b. Continue and expand UNFPA support to needs assessment in the early stages of a disaster, including regular updating of the Common Operational Data Set and data provision in the BARAMM, in view of the phasing out of UNHCR with a particular focus on vulnerable women and adolescent girls and youth, making use of inter-sectionality between gender, age and other vulnerability criteria and including LGBTQI+ and PWD;
- c. Support strengthening of sector-based coordination at national and sub-national levels in terms of emergency preparedness and response with a focus on continuation of SRH and GBV services and attention to protection of women and adolescent girls and support networking across agencies concerned and building required capacities in a systemic way;
- d. Provide support to the establishment of alternative service delivery models for SRHR and GBV in times of emergency, in situations where infrastructure, local service providers or service delivery inputs are affected and unable to provide services, including mobile delivery vans, tent-based emergency delivery rooms and Women Friendly Spaces;
- e. Together with UN agencies and other partners, support the further fine-tuning of Anticipatory Action at national level and work with selected LGUs in disaster prone areas using a pilot approach in order to make their Disaster Risk Reduction Management Plans supportive of Anticipatory Action;
- i. Develop a public-private partnership approach to ensure continuity of supplies of life-saving equipment and medicines in times of emergency, including for anticipatory action.

Annex 1: Evidence base underpinning Analysis of Effectiveness

A: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OUTCOME AREA

Costed Implementation Plans at national and sub-national levels

1. UNFPA has been providing support at the policy level. First version of the FP costed implementation plan (CIP) was developed in the previous programme cycle and was since annually updated. The plan targeted to provide modern means of contraception to poor women of reproductive age who intended to space or limit births or who shifted from traditional to modern FP means. Strategies to achieve the objectives included outreach missions on FP and post-partum FP services. The approach was enabled through support to leadership and management, social marketing aimed to reverse the fear of side effects and enabling a supportive environment including the provision of inputs to service providers.¹⁷¹ In 2019, FP programme staff of the Disease Prevention and Control Bureau (DPCB), which is the main counterpart of UNFPA within DOH, updated the plan.¹⁷² In 2020, the CIP was again reviewed, in particular in the light of the on-going COVID-19 pandemic, as well as the UHC law and the Mandanas-Garcia ruling, devolving health functions to the LGU level, adjusting targets for the period 2021-2022. The review added high impact practices to the strategic directions, including reduction in stock outs of FP commodities, mobile FP outreach, social media campaigns to generate demand and public sector availability of modern FP means, advocating for these strategies to Centers for Health Development and LGUs and to mobilize resources.¹⁷³ The CIPs are reported to have informed the annual submission for FP budget. However, the budgeting process has not always been easy with some Senators being opposed and the actual budget being far below the needs assessed.¹⁷⁴
2. UNFPA provided technical inputs to the DOH in the review and preparation of the 2021 budget for the National Family Planning Programme and on the PhilHealth benefits packages for family planning in line with the implementation of the Universal Health Care Law. Last year, the devolution transition plan started being implemented with a reduction of the national level FP budget, and LGUs with a low unmet need for FP and high capacities required to pay for their own contraceptives, while national support remained provided to LGUs with a high unmet need for FP and low capacities for the provision of FP injectables, implants, IUDs and pills. All LGUs were responsible for purchase of condoms. Policy level engagement of UNFPA contributed to the creation of a specific line item for family planning and reproductive health in the GAA of DOH, making tracking of allocation and utilization easier.¹⁷⁵
3. In 2020, UNFPA provided technical assistance to the DOH in crafting of a multi-year CIP for hospital-based Women and Children Protection Units (WCPU) with the stated goal to "Reduce the prevalence of gender-based violence among women and children thru an integrated and comprehensive VAWC services and network coordination in all public and private facilities". Moreover, UNFPA supported the

¹⁷¹ The total estimated costs amounted to 11.5 billion pesos (about 200 million USD), with the mainstay of 84 percent for the supportive environment, 8 percent for leadership and management and another 8 percent for social marketing. Republic of the Philippines, Department of Health, UNFPA, Zuellig Family foundation, National Family Planning Program Costed Implementation Plan 2017-2020; Key informant interviews.

¹⁷² Department of Health, Commission on Population and Development, the Strategic Direction and Costed Implementation Plan for the National Program on Family Planning, 2020-2022; Key informant interviews

¹⁷³ Republic of the Philippines, Department of Health, UNFPA, Philippines Society for responsible Parenthood, A review of the National Family Planning Costed Implementation Plan 2021-2022, Technical Report; Key informant interviews.

¹⁷⁴ UNFPA Philippines Annual SIS Report 2021 and 2022 identified the Mandanas-Garcia ruling as critical assumption in terms of national and local governments' commitment to ICPD and SRHR. UNFPA Philippines, Annual SIS Report 2020, 2021, 2022; PSRP Monitoring Tool, 2020; Key informant interviews.

¹⁷⁵ UNFPA Philippines, Annual SIS Reports; UNFPA Philippines, PSRP Monitoring Tool, 2019; Key informant interviews.

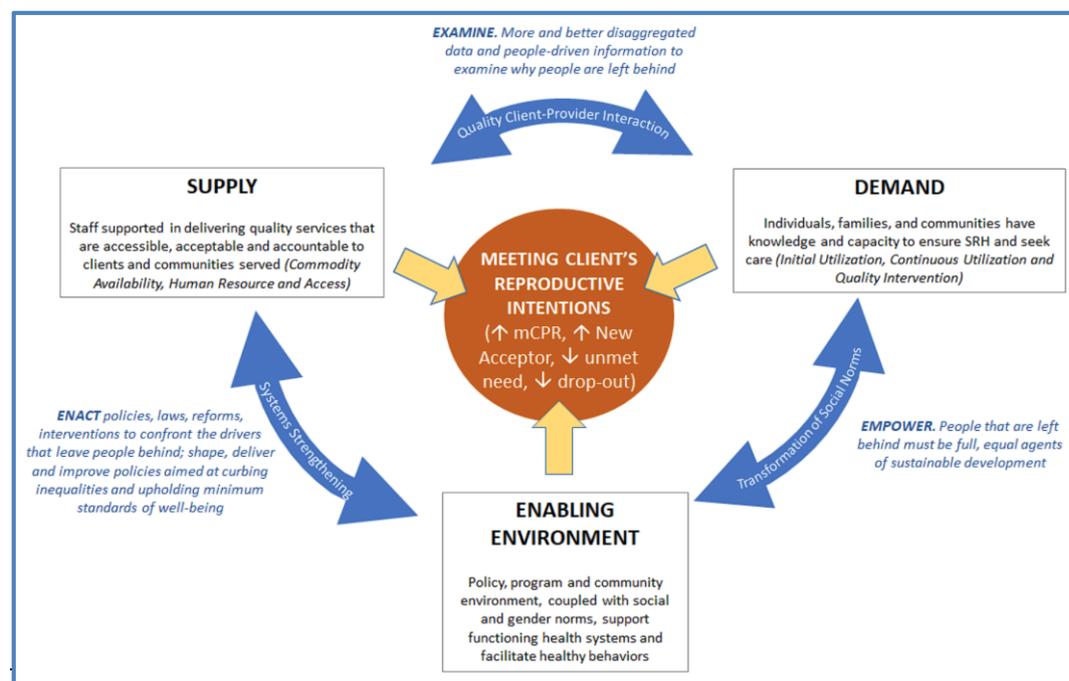
development of the costed NIP for CSE, which is discussed as part of the details presented under the outcome area of Adolescents and Youth below.¹⁷⁶

- Two DOH regional offices and the BARMM Ministry of Health supported provinces within their region in the preparation of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health. As a result, Laguna in Region four A, Catanduanes in region five and Maguindanao in BARMM were able to formulate three-year provincial level costed Implementation plans and enhance capacities of their leadership through participation in a tailored training course.¹⁷⁷ UNFPA supported MISP training for SRH executives at LGU level, which course combined leadership, technical advice/support and attention to resource mobilization, implemented by the Zuellig Family Foundation.¹⁷⁸

Bottlenecks analysis

- The conduct of bottleneck analysis on the use of modern means of SRH, to inform UNFPA's approach to addressing the most vulnerable and left behind groups, started with Farmers and fisherfolk in 2019. These groups are considered amongst the poorest in the country. The research adopted a framework that included supply and demand aspects as well as the enabling environment, while at the same time paying attention to data availability, policies and laws that need to be addressed and empowering people to make use of opportunities concerned and become agents of sustainable development. For an overview of the framework see figure below. Moreover, use was made of the five key factors identified as rendering persons left behind, including: discrimination, geography, governance, socio-economic status, and shocks and fragility. These factors are often more severe due to the overlap of different types of deprivation and disadvantages. Results were shared with DOH as well as with WFP and FAO as part of the Enhanced Partnership against Hunger and Poverty.¹⁷⁹

Figure: Analytical Framework used in the Bottleneck Analysis



¹⁷⁶ UNFPA Philippines, Annual SIS Report 2020; Key informant interviews.

¹⁷⁷ UNFPA, Australian Aid, Enhancing the Capacity to Respond to Sexual and Reproductive Health and Gender-based Violence in Emergencies, Final Report, September 2022; UNFPA Philippines, Annual SIS Report 2022; Key informant interviews.

¹⁷⁸ UNFPA Philippines, Annual SIS Report 2022; Zuellig Family Foundation, Second Quarter Monitoring tool, 2022; UNFPA Philippines, Australian Aid, Zuellig Family Foundation, Second Quarter Progress Narrative Report of the Development of the Leadership Course on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health; Key informant interviews.

¹⁷⁹ Philippine Society for Responsible Parenthood Inc. and United Nations Population Fund, Bottleneck Analysis Approach Research on Family Planning among Farm Workers and Fisherfolks, June 2019; UNFPA Philippines, Workplan Monitoring Tool PSRP, 2019; Key informant interviews.

Source: UNFPA, Philippine Society for Responsible Parenthood and Asia Pacific Management and Research Group, Inc., *Bottleneck Analysis Approach Research on Family Planning Among Farm Workers and Fisherfolks, Progress Report, June 2019.*

6. In 2022, a study was conducted to assess FP access to women in disaster prone areas, which covered four regions that were prone to natural and human induced disaster, including Region 4A (Batangas), Region 8 (Samar), Region 13 (Surigao del Norte) and BARMM (Marawi city). Each of the areas showed unique challenges for access to FP information and services with issues concerning geographical location and related aspects of natural and man-made disaster, poverty and governance related issues, and aspects of vulnerability and discrimination. Socio-cultural factors differed across regions and religious groups.¹⁸⁰

Business Action for Family Planning (BAFP)

7. This initiative was initiated by POPCOM and supported under the FP component of the SRHR outcome area, and at the time of the evaluation, the third phase was being implemented. The initiative started in 2015 with 11 companies and provision of FP information, with after some time RH services provided through the initiative. In 2018/19 regions 3, 4a, 9 and 10 were included with a focus on factories with over 200 workers, where company nurses were trained. At the end of 2019 a total of 75 companies were engaged from a variety of industries and 112 persons were trained as FP educators.¹⁸¹
8. The start of the COVID pandemic meant a pause to the programme and in a survey in 2021 on how many companies were willing to continue participation in the programme, only 20 of the companies responded positive. Reasons to no longer participate included that they were catching up with production and opportunities to discuss with them proved limited. In that same year UNFPA re-focused the project with inclusion of Universal Canning in region 9 and Delmonte in region 10. In these factories mothers' and fathers' classes were organized, run by a CSO for service delivery and coordination. Workers got 5-to-10-minute information sessions during their break time while service delivery was scheduled to take place during the weekend. The Delmonte company was interested to have FP integrated in their existing wellness training programme with a high level of interest from the labor union. The regional component of the programme focused on the use of a return-on-investment tool and exchange of learnings and creating partnerships with activities in one other country in the region, which was however severely challenged due to COVID travel restrictions with meetings adjusted to virtual meetings. The project included the setup of a website with the URL <https://bafp.info>, which was no longer accessible at the time of the evaluation. The evaluation team tried to discuss with the Human Resource manager from Delmonte, but at the last moment the person concerned was not available.¹⁸²

LMIS / Barcode Track and Trace

9. This initiative focused on improvement of the health system related logistics through improvement of the logistics management information system (LMIS) for contraceptives and other FP supplies. Support started in 2016, during the previous programme cycle. The innovation introduced the use of bar codes for SRH commodities which was started with implants and later also applied to contraceptive pills, injectables, condoms and IUVs. Data were managed through a web-based

¹⁸⁰ Miriam College, Non-Health Determinants of Family Planning Use among Women in Disasters, A Report by the Center for Strategic Research, Miriam College, December 30, 2022; PSRP Monitoring Report 2022; UNFPA Philippines, Annual SIS Report 2022; Key informant interviews.

¹⁸¹ UNFPA Expanded Business Action for Women's Health Program, Annual Report, 2021; UNFPA Philippines Annual SIS Report 2020; Key informant interviews.

¹⁸² Ibid; UNFPA Philippines, Workplan Monitoring Tool, Philippine Society for Responsible Parenthood, 2020; Key informant interviews.

application, accessible by mobile phone or laptop computer. In 2019, the system covered two provinces, i.e. Bataan and Nueva Ecija as part of the Centers for Health Developments of Central Luzon after which four regions showed interest in its implementation. In 2020 training was provided to three Centers for Health Development, in National Capital Region, Zamboanga Peninsula and Cordillera Administrative Region respectively, using a TOT approach to be rolled out in 2021.¹⁸³

10. The use of the bar code system enabled real time availability of data on SRH related stock, so that stock outs could be prevented and commodities managed in real time including redistribution of stock that would become obsolete due to the expiration data and avoidance of overstocking. The new system also would in the end mean that less time would need to be spent on commodity management with the present paper-based system being labor intensive, unlike the track and trace system. While the old system is primarily based on a 'push' approach from the central warehouse to redistribution centers, the new approach combines push and pull aspects of distribution and redistribution. The country office presented the system to DOH and would like to expand coverage, starting in three regions. However, due to the outbreak of the COVID-19 pandemic, plans needed to change.¹⁸⁴

Midwifery

11. As part of the State of the World's Midwifery in 2021, an assessment was made regarding the status of the midwifery workforce in the Philippines. Findings included that the dedicated Sexual, Reproductive, Maternal, Neonatal and Adolescent Health (SRMNAH) equivalent¹⁸⁵ was less than the actual and forecasted requirements. Moreover, the midwifery workforce was ageing with 44 percent estimated to reach retirement age within five years and with low graduation rates of newly trained midwives at around 36 percent. Midwifery training curriculum was in need to be aligned with the UHC law, with many midwives' educators not well equipped in skills focused training. Midwives, in practice, often have to deal with other programmes beyond their actual scope of work, including vaccination and tuberculosis. On the other hand, there have been legal limitations to the midwifery practice Data on actual midwifery workforce remain limited. The recommended 1 nurse and 1 midwife in each Barangay would result in an estimated gap of around 23,000 midwives. The need to ensure the ability to meet future demand was emphasized taking into consideration the country's demographics and decreasing fertility rate and the economic downturn resulting in part from the pandemic and the measures to reduce the spread of the virus.¹⁸⁶
12. Issues were identified for four areas of investment, including:¹⁸⁷
 - Health workforce data systems and work environment;
 - Education and training for midwife educators including review of the National Curriculum and enhancement of modules for faculty development programmes;
 - Enhance midwife-led service delivery with midwives' capacity enhanced to drive health policy advancements and increased salary grade and benefits for midwives and pre- and in-service competency development on quality of care;

¹⁸³ PSRP, Monitoring Tool 2019, 2020; Padilla, Mariano, The 2020 Barcode Track and Trace System for Family Planning Contraceptives, End of Project Report; UNFPA Philippines Annual SIS Reports, 2019, 2021; Key informant interviews.

¹⁸⁴ UNFPA Philippines, PSRP Workplan 2018 Quarter 4; Key informant interviews.

¹⁸⁵ This equivalent concerns the total of work inputs of midwives and other health professionals into ANC, delivery and post-natal care.

¹⁸⁶ Republic of the Philippines, Department of Health, The Integrated Midwives Association of the Philippines, The Association of Philippine Schools of Midwifery, Philippine League of Government and Private Midwives, UNFPA, State of the World's Midwifery 2021, building a health workforce to meet the needs of women, newborns and adolescents everywhere, Philippines; Key informant interviews.

¹⁸⁷ Ibid.

- Investing in promotion of midwifery as a profession, including in career orientation counseling programmes of schools.

13. In terms of availability of midwives, their number as well as the way in which they are geographically spread is important in terms of access to their services. Rather than a sheer number of midwives per administrative area, the indicator of access to midwifery services within a certain travel time will provide a more realistic insight in the access to ANC and delivery and post-delivery care within regions and provinces. While UNFPA supported SRH services in the humanitarian situation in Southern Leyte, it was clear to staff concerned there were areas within the province where there was usually, under normal circumstances, no easy access to SRH services, in particular to a BEmONC level facility. The use of mobile services would be one of the ways to address such challenges of access in remote and underserved areas.¹⁸⁸

National Condom Strategy

14. Support was provided to the development of the National Condom Strategy, which was finalized and validated by key stakeholders in 2019, and endorsed by the DOH. Implementation was constrained by the outbreak of the pandemic and measures to reduce the spread of the virus, restricting movements of people and with the emerging need to design condom distribution initiatives, in particular for adolescents and youth during the pandemic. Coordination with LGUs appeared critical in order to get through security check points and continue distribution of condoms. This led to the development of focused relatively small-scale initiatives to get condoms to vulnerable groups, making use of peer community outreach workers, in areas most affected by the COVID-19 pandemic and the related lock downs to limit the spread of the disease.¹⁸⁹

RH-CARE info

15. This website on SRHR information was developed in response to the reduced access to primary health care information due to the pandemic and the lockdowns and other measure taken to limit the spread of the virus. The response was informed by a rapid assessment on the ground in terms of FP service delivery which estimated that the disruption to FP services would result in additional unintended pregnancies, unsafe abortions and maternal deaths. The website was started earlier as bafp.info and was expanded beyond FP and re-launched on May 15, 2020 and aimed to educate and support those in need of information on family planning, maternal health, HIV and STIs, GBV and sexual and reproductive health, including among young people. To complement the website, several social media accounts were created and linked to the website where online interactions with visitors were conducted such as free online consultations making use of Facebook messenger. The social media account on family planning proved most active. On the online web, Facebook and Instagram platforms a total of 1.88 million unique reaches were achieved in the three months of January to March 2021.¹⁹⁰

SRH watch

16. SRH surveillance system was piloted in multiple provinces (Albay and Catanduanes in Bicol region and Eastern Samar and Southern Leyte in Eastern Visayas region), aimed at tracking critical maternal health and family planning gaps in local health systems. Issues assessed included health human

¹⁸⁸ Ibid.

¹⁸⁹ UNFPA Philippines, Annual SIS Report 2019, 2020, 2021; Key informant interviews.

¹⁹⁰ The National Family Planning Program estimates that continuous disruption of family services will result to: 692,000 lost FP users; 253,000 additional unintended pregnancies; 59,700 additional unsafe abortions; and additional 140 maternal deaths, DOH-WMHDD, July 2020, cited in Philippine Society for Responsible Parenthood Inc., Positioning the Family Planning Program under the Universal Healthcare: Issues on Quality of Care Amidst the COVID Pandemic (a Technical Report); UNFPA, PSRP, RH-CARE INFO Website (Business Action for Family Planning), Project Report December 2020; PSRP, RH-CARE Info Unique People Reach, January 1, 2021 to March 31, 2021, PowerPoint presentation; Key informant interviews.

resources; drugs, equipment and supplies; local referral mechanisms; alternative service delivery models; and capacity building needs. The SRH Watch website at www.srhwatch.info, provided details on maternal health and family planning related data and information, with links to www.rh-care.info and barcode track& trace sites as well as details on evacuation centers in each of the provinces.¹⁹¹

Cash or voucher assistance schemes

17. In various instances UNFPA has supported women and adolescent girls in access to SRH services through the use of conditional cash and voucher assistance, often in humanitarian settings as well as in protracted crisis situations, including the aftermath of the Marawi siege in BARMM. This has included assistance to women and adolescent girls in order to access SRH services, paying for transportation, accommodation, food and maternity and neonatal items to post-partum mothers. Such assistance also included support to traditional birth attendants providing incentives in order to transform their role and integrate them into the health system through provision of cash for referral of pregnant women and adolescent girls to health facilities for ante natal care, delivery and post-natal care. This also included cash for work for Barangay health workers, providing incentives for training and provision of integrated SRH services and referrals for women and adolescent girls to higher level health facilities when needed. Such cash and voucher schemes were based on conditions identified upfront, including seeking of health services, using transport for attendance of training. In life threatening situations and in some instances for pregnant mothers, unconditional transfers were used. All this type of support was usually of limited duration and covered a limited number of participants, selected based on criteria of vulnerability in terms of women and adolescent girls and facilities in underserved areas. Initial outcome and impact assessments revealed positive results in terms of reproductive health seeking behavior of pregnant and lactating mothers including ante natal, delivery and postpartum care.¹⁹²

SRHR support in BARMM

18. UNFPA support in BARMM included a UNFPA staff member assigned to the Ministry of Health and providing policy level support to the BTA on an on-going basis, supporting the Ministry of Health to secure SRH in the policies and programmes of the newly established government. This included support to a regional Bangsamoro coordination mechanism and team for SRHR and implementation of the RPRH law, led by the Ministry of Health and including Ministries of Education, Social Services and Development, and Labour as well as the Youth and Women Commissions.¹⁹³
19. At the onset of the pandemic, support was provided to include SRH issues in government response to the pandemic in the BARMM region as well as practical support through provision of PPE and other support (see for details the evaluation criteria of coverage and connectedness).¹⁹⁴
20. Three BARMM Maternal Death Surveillance and Response committees were established and capacitated which identified systemic shortcomings contributing to maternal deaths with action plans developed to addressing gaps identified.¹⁹⁵

¹⁹¹ Philippine Society for Responsible Parenthood, 2022 Workplan for UNFPA's 8th Country Programme of Assistance, January to December 2022; PSRP Monitoring Report 2022; UNFPA SIS Annual Report 2022; Key informant interviews.

¹⁹² UNFPA Philippines, Annual SIS Reports, 2019, 2020, 2021; UNFPA, Rapid Outcomes Assessment for the "Putting Women and Girls and their Carers at the Center of COVID-19 Response through Innovative Approaches (RB-CVA)" Project in Cebu City, Technical Report, August 2021; UNFPA, Johns Hopkins Center of Humanitarian Health, Expanding the Evidence Base on Cash, Protection, GBV and Health in Humanitarian Settings, Cash to Increase Facility-Based Deliveries in the Philippines; Key informant interviews.

¹⁹³ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

21. Muslim religious leaders in the region were supported in the development of Fatwas on reproductive health and family planning issues, recommending birth spacing and compiling several of these fatwas in an overarching one, supporting dissemination of these in particular in Maguindanao. This step showed cultural sensitivity on the part of UNFPA, including a consideration of the complex gender dynamics in the region.¹⁹⁶

Humanitarian Action

22. Several humanitarian action interventions were supported which included support to SRHR of women and girls in BARMM and other parts of the country in response to natural and man-made disaster and the COVID-19 pandemic, which are discussed under the evaluation criteria of coverage and connectedness.

B: ADOLESCENTS AND YOUTH OUTCOME AREA

Approach to Adolescents and Youth (AY)

23. The approach of support to adolescents and youth in the country programme under review proved comprehensive as it has included both policy level support and support in terms of policy implementation at national and sub-national levels. At the policy level, focus was on two national legislations that protect women and adolescent girls' rights. One concerned the 'Prohibition of Child Marriage Law', which was signed in December 2021 and made child marriage a public offense. The second one raised the age of consent from below 12 years to 16 years old, providing stronger protection against rape, sexual exploitation and abuse. Both represent important results of UNFPA advocacy efforts at the policy level. Moreover, UNFPA supported the National Teenage Pregnancy Summit in August 2019, in cooperation with NEDA, POPCOM, DOH, DepEd and CHSI, which resulted in the declaration of a national emergency on the increasing rate of adolescent pregnancies. This was followed up with development of inter-sectoral commitments to address adolescent pregnancies, though the initiatives got stalled due to the outbreak of the pandemic. In Mindanao, support was provided to the transition process of the BARMM government, providing linkages between humanitarian and development support, reinforced through support to peacebuilding.¹⁹⁷
24. Support at the level of implementation of legal and policy issues concerned a range of topics, including support to sexuality education for both in and out-of-school youth as well as other measures related to prevention of adolescent pregnancies, prevention of child, early and forced marriage (CEFM), youth participation and innovation with attention to youth leadership and youth roles in governance and inter-generational dialogues. In BARMM specifically, this included support to the development of the Bangsamoro Youth Agenda and support to the BIWAB, women fighters, in their reintegration into civilian society.¹⁹⁸
25. The theory of change for zero adolescent pregnancies focused at delayed sexual debut, decrease of risky sexual behavior, enhanced life skills and decreased sexual coercion of adolescents. Focus for 2022 was identified as CSE, YLGP, policy adoption and implementation on the RPRH law, strengthened alliances, including in BARMM, support to youth engagement and youth-led innovations and

¹⁹⁶ Ibid.

¹⁹⁷ Source: <https://www.unicef.org/philippines/press-releases/passage-prohibition-child-marriage-law-major-milestone-child-rights>; <https://www.unicef.org/philippines/press-releases/unicef-lauds-passage-law-increasing-age-statutory-rape>; UNFPA Philippines, Annual SIS Reports 2019, 2020, 2021; Key informant interviews.

¹⁹⁸ UNFPA Philippines, Annual SIS Reports 2019, 2020, 2021; Key informant interviews.

integration of Mental health and psycho-social support for adolescents and youth. This proved largely in line with the essence of the CPD framework, with the TOC further providing details concerned.¹⁹⁹

26. Moreover, UNFPA has chaired the UN Thematic Group on Youth and was designated as the UN focal agency to coordinate UN assistance to the Office of Bangsamoro Youth Affairs. This focus allowed UNFPA to play an important role in youth development issues in the country, with a specific focus on the BARMM region, underpinned by the coordination role on youth it played across the UN agencies. Below, each of these aspects will be further detailed in terms of results achieved.²⁰⁰
27. The focus on youth is relevant in terms of their numbers in the country and the fact that they will constitute the workforce of the future, with the need to have a healthy and educated labor force, as part of the realization of the demographic dividend, and for youth to be able to realize their rights. Results of the Young Adult Fertility and Sex survey (YAFS), conducted by UPPI, are expected in 2023 and can further inform UNFPA's AY programming.²⁰¹

School-based CSE²⁰²

28. With the CSE curriculum developed in the previous programme cycle, with support from UNFPA, in the present cycle the focus of UNFPA, in cooperation with the Centre for Health Solutions and Innovations (CHSI) and the DoE, was on the implementation of an effective grade specific CSE curriculum in schools in the K to 12 basic school levels.²⁰³ This with the aim to blend in the CSE contents and standards in relevant learning areas, including social and humanizing studies, science, personality development as well as music, arts, physical education and health. In order to inform the budgetary resourcing, UNFPA supported the development of a costed NIP for CSE. This plan focused on the enabling conditions that were required to be in place, complementary to and aligned with the curriculum to support the implementation of CSE policy and practice at all levels, with an assessment of learning and evaluation of effectiveness of implementation included in the plan. In total, CSE was meant to reach 39 million students, including public and private elementary and senior and junior high schools as well as special schools and special education.²⁰⁴

¹⁹⁹ TOC as presented in Annex 11 and CPD results framework presented in Annex 8 (separate document).

²⁰⁰ UNFPA Philippines, Annual SIS Reports 2019, 2020, 2021; Key informant interviews.

²⁰¹ Estimated Youth Population (15-24 years old) 18.6 percent and working age population (15-64 years old) 64.7 percent. ESCAP, Population Data Sheet, Population and Development indicators for Asia and the Pacific, 2021; Key informant Interviews.

²⁰² Comprehensive sexuality education concerns a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality, aiming to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives. It concerns an incremental process which is age and developmentally-appropriate, based on a human rights approach. (UNESCO and others, International Technical Guidance on Sexuality Education: An Evidence-informed approach, Paris, 2018).

²⁰³ Support in the previous programme cycle built on UNFPA support since 2005 with focus on Institutionalizing Adolescent Reproductive Health through Life Skills-Based Education in the period 2005-2010 and the development of Comprehensive Sexuality Education Standards in 2015. Republic of the Philippines, Department of Education, Comprehensive Sexuality Education (Rosalie Buenaventura Masilang, Department of Education – Bureau of Curriculum Development); Key informant interviews.

²⁰⁴ The CSE Costed NIP covers the period 2020-2024 and involves six strategic areas, including leadership and management, CSE curriculum and syllabi, quality of CSE delivery, supportive environment, proactive engagement of community stakeholders and improvement of M&E of CSE implementation, creating evidence to linking CSE to health and well-being promotion. The total assessed costs amounted to P 448,582,756.00, with most of the costs allocated to 2020, with more limited implementation costs in the years 2021, 2022 and 2023. Source: Republic of the Philippines, Department of Education, Education promotion, Comprehensive Sexuality Education, Summary of Proposed Budget FY 2023-2025; UNFPA Philippines, Workplan / Monitoring tool and Narrative reports, Center for Health Solutions and Innovations, 2019, 2020, 2021, 2022.

29. CSE support was in line with the DoE order No 0341 of 2018 which directed the development and implementation of “Comprehensive Sexuality Education” as a system that incorporates and delivers age- and development-oriented curriculum into the five learning areas (Music, Arts, PE, and Health; Social Studies; Enrichment Education; Science; and Personal Development) progressively across all K to 12 grade levels.²⁰⁵
30. In 2021, the costed NIP was updated and first allocation of resources was made available for 2022 with 5 million PHP allocated of the total adjusted five-year estimated amount required of 81 million PHP. Thus, budgeting fell behind the targets in the costed NIP.²⁰⁶
31. While in 2020 preparations were made, including in-service teacher training, orientation of parent-teacher associations and finalization of detailed lesson plans, in 2022 the rollout of the revised curriculum was implemented in Regions I, VII and XI, all with high adolescent birth rates and high HIV prevalence, with a total of 337 schools reported to implement CSE in line with international standards.²⁰⁷ A baseline was developed on teachers’ knowledge attitudes and practices in CSE pilot sites, however, a baseline assessment of students was not included. Given the limitations in the reach so far, the CSE implementation was not yet evaluated. Though a mid-term assessment was included in the CIP, progress so far is regarded as not yet sufficient to carry on with this review in 2023.²⁰⁸
32. The situation analysis of CSE implementation in the Philippines identified three main aspects of implementation of CSE in all schools: Development of a Costed Implementation Plan for CSE, capacity building for CSE and development of an M&E framework for CSE. With the costed NIP and capacity development covered above, the M&E framework was under development at the time of the evaluation. This included a consultation meeting on 14 September 2022 in which the details of the draft framework were discussed, including indicators at the levels of enabling conditions, outcomes and goal level results, with details on possible sources of data, who would collect those, how and when. While the development of the framework is an important aspect of the M&E plan for the CSE implementation, other aspects of such a plan will need to be addressed include M&E capacity development and financing.²⁰⁹
33. The evaluation team had the opportunity to conduct a focus group discussion with teachers in one of the regions in which CSE has been piloted. Both teachers and students proved enthusiastic for the inclusion of CSE in the school curriculum, with in particular the grade adapted learning approach valued. Constraining factors included the restrictive socio-cultural environment in which teachers and students operate, which puts limits to openly discussing aspects of reproduction and sexuality, something which was reflected in sensitivities in relation to the words used to refer to male and female genitalia. Some of these observations were confirmed in the report on FDGs with teachers from the CSE Pilot Regions which, moreover, identified the need for the development of supplementary

²⁰⁵ Republic of the Philippines, Department of Education, UNFPA and CHSI, Situational Analysis of CSE implementation in the Philippines, Key results of desk research and secondary data review; Key informant interviews.

²⁰⁶ UNFPA Philippines, Annual SIS Report 2020, 2021; Key informant interviews.

²⁰⁷ UNFPA Philippines, Annual SIS Report 2019, 2020, 2021, 2022; Key informant interviews.

²⁰⁸ The baseline assessment found among others that while many teachers have positive beliefs about and attitudes towards CSE, there are still teachers who think that CSE should not be taught. Some had concerns and questions about how to implement it. Many teachers proved uncertain about how their students would respond, and how their students’ parents, colleagues, school administration, and the community in general would react to the implementation of CSE. Source: Capacities in Teaching Comprehensive Sexuality Education: A Baseline Assessment of Philippine Public School Teachers from Regions 1, 7, and 11, Technical Report, 20 November 2020; Focus group discussion.

²⁰⁹ Department of Education, Bureau of Curriculum Development, UNFPA, CHSI, Consultation on the Comprehensive Sexuality Education (CSE) M&E Matrix/Framework, 14 September 2022, 9 AM – 12 NN; Key informant interviews.

learning materials for students and ensure orientation of parents on CSE, especially for students of Grades 7 and 8.²¹⁰

34. In one of the regions visited, the evaluation team was made aware of an initiative to establish an adolescent friendly health space in school, providing both information and services with support of the provincial Department of Education as well as adolescent friendly health facilities in rural areas. This proved important in terms of enhancing access to services in addition to demand related issues.²¹¹

CSE for out-of-school youth

35. In 2021, UNFPA piloted a model on sexuality education with an emphasis on HIV/AIDS prevention for out-of-school youth with a focus on urban poor youth engaging in risky sexual behavior. This approach was further added on in 2022 with the inclusion of transgender youth, a key population not yet addressed by other development partners. UNFPA worked with CHSI and Zone I Tondo in this respect, with CHSI developing the Out-of-school CSE learning materials in accordance with UN international guidelines and Zone I Tondo working with the youth groups, providing them with cash assistance in exchange for their participation in 14 blended learning sessions and entry and exit interviews.²¹²
36. A project evaluation conducted found the project to be relevant and in line with needs of the communities and of the key population of adolescent girls and young women targeted. ZOTO's aims to enhance the realization of rights of the urban poor proved in line with UNFPA objectives. The project reached its objectives and provided results for its targeted group. Knowledge, attitudes and skills of the adolescent girls and women were assessed to have changed, underpinning changes in health seeking behavior, including medical check-ups and counselling for HIV/AIDS. In addition to results for the young women, the project also affected the communities and Barangays included through addressing the health issues of sexually active young women. The involvement of the Barangays officials enhanced opportunities to sustain results.²¹³
37. The evaluation team had the opportunity to visit one of the youth groups concerned, which showed the positive effects of the project on attitudes and behavior of the youth participating. Limitation concerned the reach of the initiative, which was limited in terms of the number of youths targeted, which amounted to 50 young women and transgenders.²¹⁴

Addressing online sexual violence and abuse

38. The UNFPA and CATW-AP project with Global Affairs Canada was a response to the emergence of new online forms of sexual and gender-based violence (SGBV) facilitated by information technologies and new media platforms, including online gender- and sexual-based harassment, cyber-stalking and bullying, online hate speech and image-based sexual exploitation. With the increased use of digital technologies and online spaces during the pandemic and its lockdowns, online SGBV became an urgent concern.²¹⁵
39. The project had three objectives: to increase the national government's capacity for detecting online and ICT-facilitated SGBV targeting women and adolescent girls; to create online support groups of

²¹⁰ UNFPA SIS Report 2020, 2021, CHSI Annual Workplan 2020 and 2021; FGD with Teachers from CSE Pilot Regions; Key informant interviews.

²¹¹ Key informant interviews; Focus group discussion.

²¹² SM-Zoto, Annual Work plan M&E cleared, internal document; SM-Zoto Workplan Monitoring Tool 2022 Q3, including status of implementation, internal document; CHSI Monitoring Reports; Key information interviews.

²¹³ Mercedes L. Angeles, Report on the findings of the formative evaluation of the project CVA for Girls and Young People Key Populations to Enhance Access to HIV and STI Services, PowerPoint Presentation; Key informant interviews.

²¹⁴ Focus Group Discussion with one of the groups targeted.

²¹⁵ CATW-AP Monitoring Reports; UNFPA Philippines Annual SIS Reports; Key informant interviews.

women survivors of online SGBV; and to tap the passion, innovation and creativity of young people to develop youth-driven solutions that prevent and reduce online and ICT-facilitated SGBV.²¹⁶

40. The project was evaluated as relevant in terms of assessing the incidence of SGBV, obtaining a more systematic understanding of online SGBV and ways of addressing it. One of the limitations in terms of both implementation of the project and reaching of its results concerned the lack of involvement of implementing government agencies including law enforcement agencies in the design of the project and its conceptualization, which limited buy-in to the initiative. Thus, the launching of the database and profiling- and tracking system did not lead to their incorporation into the operations of law enforcement agencies, based on the lack of guaranteed provision of staffing and budget for its use, while ample budget was included for the development of the technology of internet data gathering on online SGBV. Thus, law enforcement agencies kept on using their manual Google searches of relevant social media sites.²¹⁷
41. A more successful part of the project concerned the establishment of Online Support Groups. While perpetration of GBV was conducted online, also some of the solutions proved to be online, through establishments of online support groups of survivors of online and other forms of SGBV. The groups were led by survivors trained through the project and were composed of women survivors. At the time of the evaluation a total of 28 groups had been formed with 361 survivors, with the aim for the end of the project to reach 30 online groups of 30 to 35 survivors each, totaling 1,000 survivors. The leaders and the women in the groups expressed a will to expand their groups in order to provide support to other women affected in their communities through the increase in online SGBV, at the same time expanding on the types of support that the group could provide, including psychological, medical and livelihoods support as well as support to access government related social and legal services. At the level of the women survivor, the project proved transformative, as it changed their lives. Ownership in terms of the groups appeared high and while financial and other support to the project was highly valued, ongoing financial support was not seen as a prerequisite to continue the group-based support to newly identified survivors.²¹⁸
42. The youth grants for innovative approaches to address SGBV was a part of the project that funded selected initiatives of youth groups on technology centered and community-based initiatives. Results of the technology-based grants was limited at the time of the evaluation, as it depended on the use of the websites built and social media platforms used. However, the community-based grants had more direct success through forums and discussions on ICT facilitated SGBV, some of which were youth-oriented and some were inter-generational. Weakness concerned the lack of project and financial management skills building as part of the training, which focused on SGBV related issues. The technology-based projects had the ability to reach beyond the level of the communities concerned. Some of the community-based initiatives were adopted by the LGUs as regular programmes in the communities targeted.²¹⁹

LGU Development plans in Mindanao including SRHR for Adolescents and Youth

43. The YLGP initiative focused on development of the competencies of youth leaders, specifically Sanggunian Kabataan (SK) Federation Presidents and their identified core/support group namely: Mayor, Municipal Health Officer (MHO), Local Youth Development Officers and youth leaders from organized local youth serving organizations. It was implemented in 10 municipalities of which five located in BARMM (Lanao del Sur province) and five located outside of BARMM in Sarangani and Sultan Kudurat provinces of Mindanao. The programme focused on ASRH related issues and youth

²¹⁶ Aurora Lolita Liwag-Lomibao and Randy Jay C. Solis, Overall assessment of online gender interventions under the UNFPA Canada country programme of support to the Philippines, March 2022; CATW-AP Monitoring Reports; Key informant interviews.

²¹⁷ Ibid.

²¹⁸ Ibid.

²¹⁹ Ibid.

participation in local government, making use of an evidence based and structured approach, including for youth to define the issue concerned, creating linkages with stakeholders and co-creating solutions. In addition to training, a coaching and mentoring approach was used. Based on the use of a ZFF individual trainee performance assessment tool, in the third quarter of 2022, all of the ten selected youth leaders had improved their competencies and none of them had dropped out of the training programme. YLGP road map indicators assessed progress towards reduction in adolescent pregnancies. Original target of leaders to be trained was 50 but this was reduced to 10. Initial internet connectivity issues and COVID-19 lockdown measures were main constraints with inability for face-to-face meetings and mentoring of youth leaders. However, communication and connectivity allowances for youth leaders enabled them to participate continuously in online capacity building, while youth grants enabled youth led solutions in pilot areas to address adolescent pregnancies.²²⁰

44. Each of the youth leaders at the municipal level trained youth leaders at the level of the Barangays in their area. Scale up in terms of number of municipalities reached was meant to be achieved through a formalized agreement with DILG/NYC and MILG/BYC. An evaluation conducted recently concluded that YLGP interventions had been effective in slowing down Annual Birth Rate growth, though some of the municipalities had not reached the target. The project, moreover, was considered to have improved youth participation in planning, implementation and M&E of ASRH interventions, improving youth awareness on ASRH services and their availability. This was reached amongst others through creation of positive changes in the mindsets, attitudes, and practices of the target groups. The project also helped to keep youth in school. The YLGP opened the doors for open discussion of previously taboo topics.²²¹
45. The YLGP roadmap (see figure below) provided an overview of the aspects required for addressing adolescent birth rates, including youth participation, knowledge and life skills development, keeping youth in school, quality youth services, employment and livelihood support and removing obstacles, including getting Muslim religious leaders and indigenous tribal leader to engage in promotion of SRH for young people and eliminate GBV and other harmful practices to women and adolescent girls. The roadmap was used as a monitoring tool to assess status of programme progress in each of the ten municipalities concerned. Moreover, competencies of participants were assessed intermittently and results concerned included in the quarterly and annual progress reporting. Lessons learned were gathered through harvesting sessions making use of a knowledge management approach.²²²

Figure: YLGP Roadmap on support to Adolescent SRHR in Mindanao

YOUTH LEADERSHIP AND GOVERNANCE PROGRAM DELIVERABLES		
YOUTH PARTICIPATION	DEMAND GENERATION/INFORMATION/LIFE SKILLS	SERVICES
Functional Local Youth Development Council	% of Adolescents reached with Information and Life Skills on Sexual and Reproductive Health and Increased	% of Youth Services and Facilities meeting Youth-defined quality standards
Intergeneration Dialogue Program developed and implemented		
Number of Adolescent and Youth Led Activities in SRH Increased		
REMOVING OBSTACLES	EDUCATION	LIVELIHOOD
Muslim Religious Leaders and Indigenous Tribal Leaders engaged in the promotion of SRH for young people and in the elimination of gender-based violence and harmful practices to women and girls increased	Youth-led Program on keeping adolescents in schools developed and implemented	Youth-Led Program on OSY employment and livelihood implemented
Existence of Policies to Protect Women & Girls and COVID Response		

und; UNFPA, Report 2019,

2020, 2021, key informant interviews.

²²¹ Integrative Competitive Intelligence, Formative Evaluation of the Youth Leadership and Governance Programme (YLGP), Final Report, submitted to UNFPA, 25 October 2022; Key informant interviews; Focus group discussion.

²²² Zuellig Family Foundation, Quarterly Progress Report, October 2021; Focus group discussion; Key informant interviews.

46. When looking at result related indicators in the 10 municipalities located in the three provinces of Mindanao, it can be observed that the results in terms of Adolescent Birth Rate appear most pronounced in Lanao del Sur province for 2021 with results of other indicators and other municipalities less clearly pointing in a single direction. Nevertheless, even for Lanao del Sur it needs to be seen whether this concerns a longer-term trend as the YLGP project is implemented in a complex environment, with a variety of factors influencing adolescent birth rates.²²³
47. Within the project and its evaluation some linkages with the relevant CPD indicator appeared to be made, which concerned the inclusion of ASRHR issues in LGU Development plans in each of the 10 municipalities. In discussions with participants of the programme by the evaluation team, it appeared that trainees were usually engaged with the local development planning and related initiatives. In order to enhance their capabilities in this respect, they identified training on administrative procedures of local government as an issue that could enhance the results of the project. In the materials reviewed by the evaluation team, there was one ordinance regarding provision of ASRH facilities in Malungon Municipality and one IRR for implementation of the provincial Youth Code in Sultan Kudarat. Nevertheless, the self-assessment by the AY team reported 10 municipalities integrating ASRH into their development plans and 141 Barangays.²²⁴

Youth empowerment through inter-generational dialogue and the Kabayani Challenge Fund

48. At the onset of the COVID-19 pandemic, UNFPA supported the empowerment of youth through the creation of a platform for youth to pose questions directly to key stakeholders on issues that concern them, including the pandemic, teenage pregnancy, HIV, online sexual exploitation, issues of LGBTQ+ and livelihood opportunities for young people. The initiative aimed to provide useful information to youth in a period when misinformation was rampant. The commission on Human Rights provided information on human rights of young people including the right to SRH information and services regardless of their gender identity and background. With the use of the Facebook platform, around 1.4 million youth were reached. The initiative had a specific component in Mindanao which included issues of sustaining the peace process, security, economic opportunities and quality education.²²⁵
49. The Kabayani challenge fund encouraged young people to pursue their passion through the provision of seed funding for youth-driven projects that helped uplift their own communities. A total of 180 proposals were received for the fund of which 5 winners were supported. For details see figure below.²²⁶

Figure: The five winning youth initiatives from the Kabayani Challenge Fund



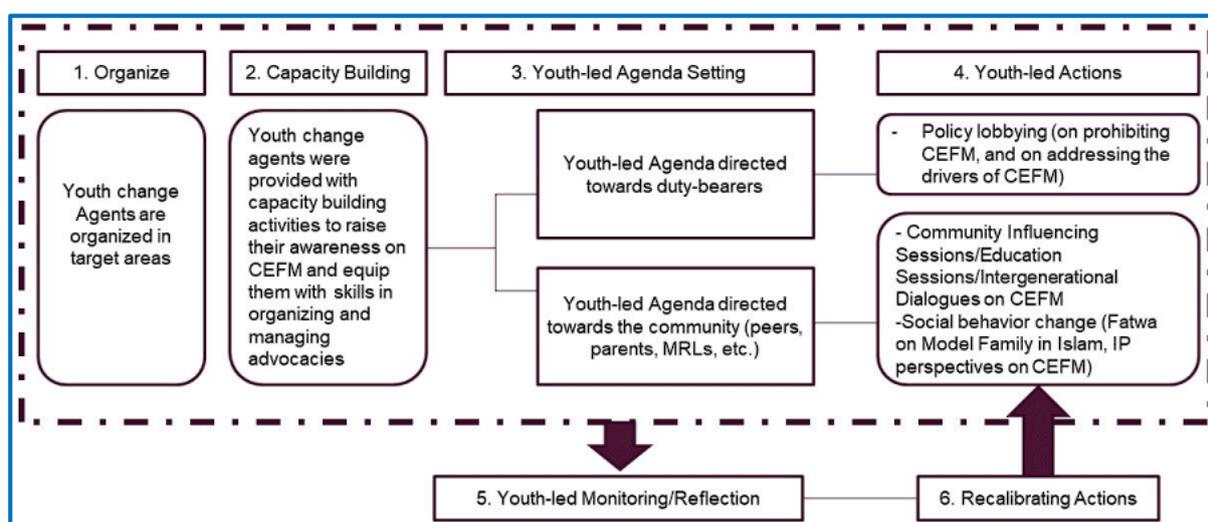
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interviews.
²²⁶ Ibid.

Community mobilization models that address GBV and other harmful practices

50. Informed by research co-conducted with Plan International, UNFPA with partners developed the youth-led community mobilization model to address CEFM. The model was based on youth as change agents who built their awareness on CEFM and developed their advocacy capacities to inform a youth-led agenda aimed at duty-bearers as well as peers, parents and others at the community level, with policy and community-based activities at each of these levels. Youth groups were organized and alliances built and capacitated in five sites in Maguindanao. Community education sessions were conducted with young people and with parents and a youth leader general assembly held. Conversations were held with Muslim and other local leaders. Addressing CEFM was to have a direct linkage with reducing of teenage pregnancies. For details on the model see figure below. Eight story books were developed based on the experiences of CEFM survivors with related themes taken up in the advocacy with support from UNYPhil-Women. Activities for 2023 have been identified, including documentation of results and development of an advocacy package.²²⁷
51. The evaluation team discussed with a group of CEFM advocates, who worked at the local level with both duty bearers and local community members discussing on CEFM related issues. Given the conservative context in particular in Muslim and indigenous communities, advocacy was at times controversial in particular towards elders and some of the participants commented to require more knowledge on SRH to underpin the case that they were making for ending of CEFM. Intergenerational dialogues facilitated conversations between those who wielded power in communities and their constituents, especially the youth who are impacted by the lack of action towards SRH and GBV issues that affect their lives.²²⁸

Figure: Youth-led community mobilization model to address CEFM



CEFM discussions, December 2022; internal document; CIVICIM, CEFM Narrative Progress Report, June 2022; internal document; Key informant interviews.

²²⁸ Zuelling Family Foundation YLGP Report; UNYPhil Women Inc. Monitoring Reports; MOSEP Monitoring Reports; Key informant interviews; Focus Group Discussion.

52. There has been resistance to implementing the CEFM legislation in some communities while some officials of high-level policy making bodies like the BTA proved not in favor of the CEFM legislation.²²⁹ Nevertheless, there are significant entry points to find champions within the BTA, such as the Bangsamoro Youth Commission, which is doing its part in raising the concerns of the youth and the marginalized, yet recognizing the sensitivities of the issue at stake.²³⁰

Bangsamoro youth agenda and SRHR in the Bangsamoro Youth Transition Priority Agenda

53. UNFPA provided support to the Bangsamoro Youth Commission established in April 2019 in the drafting of the Bangsamoro Youth Transition Priority Agenda for the period 2020 – 2022, with in particular support on the health part of the plan and enhancing the understanding on the importance of SRHR in the plan as well as the need to focus on GBV. The agenda included teenage pregnancy and early marriage as issues to be addressed. The way in which the BYC went about early marriage was to engage with the youth with the realization that they cannot necessarily ban the practice given the viewpoint of elders in local communities who often endorse the practice. As it was difficult for the youth to raise these topics, the commission worked with religious leaders who were able to bring the issue of early marriage and teenage pregnancy to the front. CSE has not yet been part of the youth development plan. Nevertheless, work with the Bangsamoro Youth Commission has provided the opportunity to link with over 500 accredited youth organizations in BARMM. Upcoming is the development of the Bangsamoro Youth Development Plan expected for 2023.²³¹
54. Findings from Philippines Country Case Study of the UNFPA Global Adolescents & Youth evaluation:²³²
- Country Office’s policy work has contributed to significant national and local policy changes and agenda setting (e.g. EO 141, Child Not Bride bill, Adolescent Pregnancy Prevention bill, etc.);
 - Country Office has facilitated SSC with Indonesia to learn about good practices on topics like CEFM. Youth leaders participated in the SSC which helped increase understanding of the Islamic setting;
 - Strategic partnerships have also been brokered with CSOs, however, CO preference for longstanding CSO partners has hampered opportunities to engage a more diverse range of CSOs, with particular regard to youth networks;
 - The CO has linked A&Y work of some NGOs and various youth networks; however, they could employ a more strategic approach in these linkages.

C: POPULATION DYNAMICS OUTCOME AREA

Approach to PD

55. A major strategy for engagement for the Population Dynamics thematic area has been collaboration with national agencies with parallel functions. The major partner for PD interventions has been the Commission on Population and Development (PopCom) which implements the programs that UNFPA

²²⁹ UNYPhil 1st Quarterly Report 2022; Key informant interviews.

²³⁰ Key informant interviews.

²³¹ UNFPA Philippines, Annual SIS Report 2020; Key informant interviews.

²³² UNFPA Adolescent and Youth evaluation, Philippines: Feedback Meeting, 5 April 2022, PowerPoint presentation.

helps to craft. For example, with UNFPA providing substantial technical inputs during the drafting process, the resulting National Action Plan on the Demographic Dividend was approved and adopted by the PopCom Board in 2019.²³³ Regional estimates for the demographic dividend were completed for all regions in 2021. These regional level estimates were expected to serve as inputs into the preparation of the new Philippine Development Plan 2022-2028.²³⁴

56. In the 8th CP, UNFPA enhanced its collaboration with the PSA with its timely intervention in 2022 of a virtual convening of local and international experts to discuss the results of the Philippine Census conducted in 2020, while the nation was on COVID-19 lockdown, and ways forward for analysis of this important data set.²³⁵ This intervention was made following separate but similar requests for technical assistance from PSA, NEDA and PopCom and was co-planned by the UNFPA Country Office with APRO and UNFPA HQ.²³⁶ The 8th CP has likewise seen closer collaboration between PSA and UNFPA than in previous country program cycles, with PSA granting UNFPA access to vital registration data for data analysis for the first time.²³⁷
57. A key partnership has been the long-running collaboration with the Philippine Legislators Committee on Population and Development Foundation (PLCPD), a congressional lobby group created in 1988 with UNFPA backing to push for the enactment of the Reproductive Health Act.²³⁸ It has since worked continuously with UNFPA for lobbying for congressional support for key legislation in harnessing the demographic dividend, SRH and ARH, most recently under the 8th CP the successful passing of the Anti-Child Marriage Law²³⁹ and the law raising the age of sexual consent.²⁴⁰ PLCPD is also UNFPA's implementing partner in BARMM for pushing for SRH and AY appropriate legislation in this autonomous region, thru the proposed formation of a committee similar to PLCPD at the BARMM level, something which PLCPD explored with the Bangsamoro Transition Authority.²⁴¹
58. UNFPA has been working with academe-based implementing partners in previous country program cycles. In the 8th CP, the most notable is the collaboration with the Office of Population Studies (OPS) of the University of San Carlos²⁴² in Cebu, the main implementing partner of the Longitudinal Cohort Study. The LCS in part owes its successful implementation to OPS's previous experience in implementing another highly regarded longitudinal study, the Cebu Longitudinal Health and Nutrition Survey. The trio of collaborating partners in the LCS represents the major academic institutions in the country that conduct demographic research, which are based strategically in the three main parts of the country, i.e. Luzon (Demographic Research and Development Foundation of the University of the Philippines Population Institute), Visayas (Office of Population Studies of the University of San Carlos

²³³ UNFPA Philippines, Annual SIS Report 2019; Key informant interviews.

²³⁴ UNFPA Philippines, Annual SIS Report 2019, 2021; Key informant interviews.

²³⁵ Concept Note: Experts Meeting on Population Projections for Census conducted during COVID-19 pandemic; Audio recording of the Consultative Workshop; Key informant interviews.

²³⁶ Key informant interview (email from PD staff).

²³⁷ Briones K.J. and MD del Mundo (2021) Report on the number of deaths during the COVID-19 pandemic in the Philippines, January 2020 to May 2021 Prepared for the UNFPA Philippines Country Office; Key informant interviews.

²³⁸ Focus Group Discussion.

²³⁹ Republic Act 11596. <https://mirror.officialgazette.gov.ph/downloads/2021/12dec/20211210-RA-11596-RRD.pdf>.

²⁴⁰ Republic Act 116481. <https://www.rappler.com/nation/duterte-signs-law-raising-age-sexual-consent-from-12-to-16-years-old/>.

²⁴¹ Key informant interviews.

²⁴² The Office of Population Studies of USC has more than three decades of experience in running a longitudinal cohort study. Please see Adair, LS, et.al. (2011) Cohort Profile: The Cebu Longitudinal Health and Nutrition Survey. *International Journal of Epidemiology*; 40:619–625doi:10.1093/ije/dyq085; Key informant interviews.

in Cebu – the main implementing partner of LCS), and Mindanao (Research Institute for Mindanao Culture of Xavier University in Cagayan de Oro).²⁴³

59. The University of the Philippines Population Institute, the only degree granting academic institution in Demography and Population Studies in the country, has collaborated with UNFPA in two research papers: one projecting the possible effects of the COVID-19 lockdowns on SRH outcomes²⁴⁴ and another research paper on maternal mortality estimations.²⁴⁵
60. In the 8th CP, UNFPA engaged the University of the Philippines Statistical Center Research Foundation, Inc. (UPSCRFI) for the preparation of the Population and Development Situation Analysis (PDSA). Cognizant of the lack of updated information on one of the three transformative goals that it is tracking, i.e. maternal mortality, the UNFPA funded a study on the Recalibration and Review of the Maternal Mortality Ratio and intermediate Maternal Health indicators. This was presented to the Department of Health, which highly regards UNFPA inputs through studies like this.²⁴⁶
61. As the country shifted its focus and its resources toward managing the pandemic, so did the PD component of UNFPA. True to its new role under the 8th CP as the producer of knowledge products, much of its activities were focused on providing the evidence base for the country's COVID response in UNFPA's mandate areas by commissioning studies to various partners, some in academia, some in research outfits. UNFPA in this respect funded a number of studies to estimate the potential effects of the pandemic lockdowns on FP service delivery and the consequences on unmet need for FP, teenage pregnancy and unwanted pregnancy, and a study to estimate excess births and deaths rates due to the pandemic.²⁴⁷
62. In all countries that conduct a regular census, 2020 is the decennial census year. As the main source of population count for the entire country the census is a much-awaited data source. In 2020, the Philippines was only one of two countries in the world (the other was Mexico) that proceeded with the population census amidst the pandemic. UNFPA leveraged its position to organize a consultation between the PSA and a team of local and international experts from the UN Population Division and the US Bureau of Census for a consultative meeting on how best to approach the analysis of the results of the 2020 Philippine census on the data gathered amidst the COVID-19 induced lockdowns, especially on using the 2020 census results as the base for the official population projections. This initiative directly addresses the PD Outcome of the 8th CP, i.e. "Everyone, everywhere, is counted, and accounted for". This type of cooperation between the UNFPA CO and the PSA was a new development under the 8th CP and has been mutually beneficial to both partners, thus this type of engagement should continue into the next CP.²⁴⁸

Integrated National Action Plan to harness the demographic dividend and regional demographic dividend projections

²⁴³ UNFPA SIS Reports; Focus Group Discussion.

²⁴⁴ University of the Philippines Population Institute (UPPI), Estimating the potential impact of the COVID-19 pandemic on key sexual and reproductive health and rights (SRHR) outcomes in the Philippines, Technical report (2020). Prepared by the for UNFPA-Philippines Country Office; Key informant interviews.

²⁴⁵ University of the Philippines Population Institute, Analysis of Philippine maternal mortality and related maternal health indicators (2021). Prepared for UNFPA-Philippines Country Office; Key informant interviews.

²⁴⁶ Michael Albis (Principal Investigator). Conduct of the Philippine Population and Development Situation Analysis Inception Report; Key informant interviews.

²⁴⁷ UNFPA Philippines Annual SIS Reports; Key informant interviews.

²⁴⁸ UNFPA Philippines Annual SIS Reports; Key informant interviews.

63. The demographic dividend has been an overarching frame in the 8th CP, enabled by the Philippine Development Plan under the previous administration²⁴⁹ and its companion long-term development plan *Ambisyon 2040*.²⁵⁰ With UNFPA support to the PopCom, the concept of the demographic dividend was cascaded down into regional demographic dividend projections.²⁵¹ However, in the field interviews, national government and CSO partners expressed their reservations about the utility of the demographic dividend as a planning framework because it is a complex and challenging concept, including to those who might advocate for it and translate it into policies and plans of action – i.e. legislators, local government units and even the implementers of the training programs on the demographic dividend organized by the Commission on Population. The subnational or regional estimates of the demographic dividend were completed and results presented to the PopCom Board of Commissioners. These estimates were expected to be inputs into the new Philippine Development Plan 2022-2028 though they were drafted beyond the time period of the evaluation.²⁵²
64. The 7th CP Evaluation Document had the following to say about the demographic dividend. At that time (2018), this concept was first introduced and included in the newly crafted PDP 2017-2022.
- “The inclusion of the Demographic Dividend in the new PDP calls for more inter-disciplinary research to guide the identification of strategic programs for its realization
 - With UNFPA strategically moving towards developing knowledge products to help the country push for the realization of the demographic dividend, *there appears to be a need for a multi-disciplinary research advisory group to vet the technical quality of UNFPA research and publications* (Italics ours)
 - The TOC for the demographic dividend needs to be developed as guide in strategizing key interventions and in developing an M&E plan”²⁵³
65. The 7th CPE is spot on in identifying the possible pitfall of doing it alone in implementing a demographic dividend framework. There are crucial inter-sectionalities with health, education, and employment that must be fully fleshed out and for this, UNFPA needs to partner more actively with its counterpart agencies under whose mandates these concerns fall. A starting point in this respect has been the Joint SDG Fund (together with UNDP, UNICEF and government counterparts) that adopted the theme of “Reaping the demographic dividend”.²⁵⁴
66. According to one of the informants in the field interviews, the new leadership in NEDA is inclined to replace the demographic dividend concept with the more straightforward concept of demographic transition. To the extent that UNFPA strives to align with the country’s national strategies, future plans on the place of demographic dividend in the 9th CP will need to align with the PDP under the new administration. The Plan is expected to be published in early 2023.²⁵⁵

Longitudinal Cohort Study on the Philippine Child

67. During the 8th CP, the Longitudinal Cohort Study continued with waves 3 (2019), 4, (2020) and 5 (2021), despite the challenges posed by the COVID-19 lockdowns for waves 4 and 5. Data collection for wave 4 was conducted in the starting months of the pandemic but had to be suspended when the

²⁴⁹ National Economic and Development Authority, Philippine Development Plan 2017-2022 (2017).

²⁵⁰ *Ambisyon Natin 2040: A Long-term Vision for the Philippines*. <https://2040.neda.gov.ph/publications-4/>

²⁵¹ MD del Mundo. (2019) Development of Demographic Dividend Estimates for the Remaining 13 Regions Population Draft Report Population Institute University of the Philippines; Key informant interviews

²⁵² Key informant interviews, Focus Group Discussion.

²⁵³ UNFPA, Evaluation of the UNFPA 7th Country Program of Assistance to the Philippines, August 2018.

²⁵⁴ *Ibid.*; Key informant interviews.

²⁵⁵ Key informant interviews.

national lockdown was implemented in March 2020.²⁵⁶ In November 2020, a phone survey of the LCS cohort was conducted to assess the socio-economic effects of the pandemic and the community quarantines on young people and their families.²⁵⁷

68. The OPS, with funds leveraged by the UNFPA, produced eight Policy Briefs that were used by government to inform policy decisions in various areas. For example, the Basic Education Plan²⁵⁸ of the Department of Education used the briefs as evidence base for its analysis of the situation of learners in general and during the pandemic lockdowns, in particular. The Policy Brief #1 on Food Insecurity was referenced by the Presidential Task Force on Hunger. The other briefs targeted specific vulnerabilities like poverty, undernutrition, disability and child work/labour.²⁵⁹ The Policy Briefs that specifically addressed the effects of the pandemic include Policy Brief #7: “Ensuring safety and welfare of Filipino Children in the pandemic and the new normal” and Policy Brief #8 “Impact of COVID-19 on households with children”. A Special Policy Brief addressed the socioeconomic consequences of teen pregnancy. Policy briefs were used by Government agencies to inform their response to the COVID-19 pandemic.²⁶⁰ For details on the policy briefs developed, see Box below.

Population and Development Situation Analysis

69. The draft Population and Development Situation Analysis (PDSA), the document developed by UNFPA in cooperation with UP Statistical Center Research Foundation Inc. and that will help guide the development of the next CP, was completed but has not yet been published. Unlike in the past, the present PDSA includes the estimation of economic support ratios across the regions of the country. These ratios are a way of looking at the dependency burden as the age structure starts to change due to falling fertility and mortality, a change that can lead to a demographic dividend.²⁶¹ The shift to this perspective in the PDSA is a direct result of the adoption of the demographic dividend framework in the Joint UN Program for the SDGs “Reaping the Demographic Dividend and Managing the Socioeconomic Impact of COVID-19 by Applying an Integrated National Financing Framework in the Philippines” and is listed among the Program’s accomplishments including the explicit reference to demographic dividend planning under the assessment and diagnostics phase.²⁶²

²⁵⁶ USC- Office of Population Studies Foundation and the Study Team, Longitudinal Cohort Study on the Filipino Child Wave 4 Final Technical Report.

²⁵⁷ The Longitudinal Cohort Study on the Filipino Child Impact of COVID-19 on Young People and SDG: Preliminary Results (2021). PowerPoint Presentation; Key informant interviews.

²⁵⁸ Department of Education, Basic Education Development Plan 2030 (January 2022),

²⁵⁹ Policy Brief #6 Food insecurity, Policy Brief #1 Undernutrition and school outcomes, Policy brief #3 Children with disabilities, Policy Brief #4 Early work/labor practices and Policy Brief #5 Gender gap in schooling outcomes.

²⁶⁰ United Nations Population Fund in cooperation with Elma Laguna, University of the Philippines Population Institute, The Socio-economic Consequences of Teenage Pregnancy: Analysis on the Longitudinal Cohort Study on the Filipino Child, (2020); Key informant interviews.

²⁶¹ The classic measure of the dependency burden is to compute the ratio of young dependents (age 0-14) and old dependents (age 65 and over) to the working age population (15-64). The economic support ratio takes into account the age-specific labor force participation/employment as well as the age-specific consumption of the population. It is the ratio of effective labor to effective consumption. For more details see Mason, A., Lee, R and Members of the NTA Network (2022) Six Ways Population Change Will Affect the Global Economy. *Population and Development Review*. 48 (1), pp. 51-73.

²⁶² Key informant interviews.

Box: List of Policy Briefs using the Longitudinal Cohort Study on the Filipino Child Data

1. Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P., Herrin, A.N. (2019). **Mitigating the effects of undernutrition on schooling performance among 10-year-old children: What can be done? Longitudinal Cohort Study on the Filipino Child.** *UNFPA-OPS Policy Notes Series_No. 1.* USC-Office of Population Studies Foundation, Inc. Retrieved from https://www.opsusc.org/paper_series.php.
2. Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P., Herrin, A.N. (2019). **Reducing the incidence of bullying and improving elementary school performance: Enhancing effectiveness of school programs.** Longitudinal Cohort Study on the Filipino Child. *UNFPA-OPS Policy Notes Series_No. 2.* USC-Office of Population Studies Foundation, Inc. Retrieved from https://www.opsusc.org/paper_series.php.
3. Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P., Herrin, A.N. (2019). **Mitigating the effect of children's disabilities on elementary education outcomes. Longitudinal Cohort Study on the Filipino Child.** *UNFPA-OPS Policy Notes Series_No. 3.* USC-Office of Population Studies Foundation, Inc. Retrieved from https://www.opsusc.org/paper_series.php.
4. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P. (2020). **Early work/labor patterns of Filipino children and their implications on policy. Longitudinal Cohort Study on the Filipino Child.** *UNFPA-OPS Policy Notes Series_No. 4.* USC-Office of Population Studies Foundation, Inc. Retrieved from https://www.opsusc.org/paper_series.php.
5. Alegado, J.L.G., Largo, F.M., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P. (2020). **Closing the gender gap in schooling outcomes and cognitive ability among Filipino children. Longitudinal Cohort Study on the Filipino Child.** *UNFPA-OPS Policy Notes Series_No. 5.* USC-Office of Population Studies Foundation, Inc. Retrieved from https://www.opsusc.org/paper_series.php.
6. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P. (2020). **Food Insecurity is Associated with Poor Outcomes in Filipino Children. Longitudinal Cohort Study on the Filipino Child.** *UNFPA-OPS Policy Notes Series_No. 6.* USC-Office of Population Studies Foundation, Inc. Retrieved from https://www.opsusc.org/paper_series.php.
7. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P. (2021). **Ensuring the Safety and Welfare of Filipino Children in the COVID-19 Pandemic and the New Normal,** *UNFPA-OPS Policy Notes Series_No. 7.* USC-Office of Population Studies Foundation, Inc. Retrieved from https://www.opsusc.org/paper_series.php.
8. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P. (2021). **The Impact of COVID-19 on Households with Children. Findings from the Longitudinal Cohort Study on the Filipino Child,** *UNFPA-OPS Policy Notes Series_No. 8.* USC-Office of Population Studies Foundation, Inc. Retrieved from https://www.opsusc.org/paper_series.php.
9. **The Socio-economic Consequences of teenage pregnancy: Analysis of the Longitudinal Cohort Study on the Filipino Child.** *Special Policy Brief.*

Joint SDG Fund on Reaping the Demographic Dividend and Managing the Socio-Economic Impact of COVID-19 by Applying an Integrated National Financing Framework (INFF) in the Philippines

70. The Joint SDG Fund is a collaboration between agencies of the Philippine Government and three UN agencies, including UNDP, UNFPA and UNICEF. The joint program is led by NEDA and the Department of Budget and Management (DBM). INFF, first introduced in the Addis Ababa Action Agenda of 2015, "is an approach and a framework that aligns financing towards sustainable development priorities and the SDGs at the country level" with at the heart of the effort: "Cohesive nationally owned sustainable development strategies supported by integrated national financing frameworks".²⁶³
71. The UNFPA brings to this program its unique experience and expertise in the "analysis of demographic trends and their policy implications; advocating for gender-sensitive budget allocation, costing of

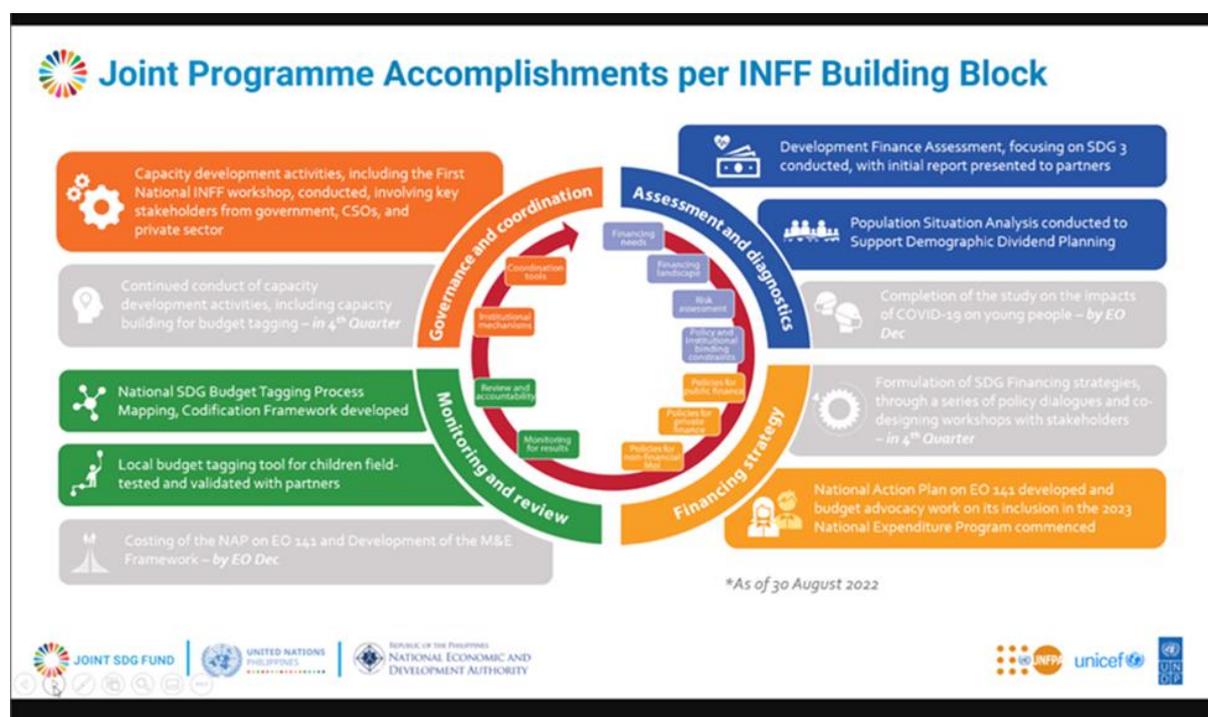
²⁶³ SDG Financing in the Philippines: PowerPoint presentation; Key informant interviews.

social sector programs/policies, benefit incidence and unit cost analyses; collaboration with CSOs, line ministry support in evidence-based budgeting and costing of social sector programs/policies and, participatory budgeting mechanisms”.²⁶⁴

72. In the figure below, UNFPA areas of concern are included in the INFF building blocks. Of the 4 activities, numbers 2 and 4 were completed within the time frame of the review.²⁶⁵

- 1) Costing of the national action plan on EO 141 and development of the M&E framework under the monitoring and review block,
- 2) PDSA to support DD planning under the assessment and diagnostics block,
- 3) Development of the National Action Plan on EO 141²⁶⁶ and budget advocacy on its inclusion in the 2023 National Expenditure Program under the financing strategy block,
- 4) Completion of the study of the impacts of COVID-19 on young people under the assessment and diagnostics building block.

Figure: Joint SDG Fund Accomplishments per Integrated National Financing Framework Block



²⁶⁴ Ibid.

²⁶⁵ Ibid.

²⁶⁶ Executive Order No. 141, s. 2021 Adopting as a national priority the implementation of measures to address the root causes of the rising number of teenage pregnancies and mobilizing government agencies for the purpose. Date of Approval June 25, 2021.

Big Data

73. In the 8th CP, the UNFPA undertook the Big Data Family Planning Inequalities Analysis Project. This involved the development of “an online platform capable of collecting social media data that can be used in sentiment analysis on the topic of Family Planning (FP). It is capable of scraping publicly available Twitter data and data from pre-identified public Facebook pages”²⁶⁷. The platform could be modified to capture other sentiments, like on COVID-19. The Project was completed in 2020 but its utility for FP program implementers was not readily apparent, especially as the analysis was limited to selected sites like rh.care.info where FP related posts were likely to be made. Data privacy issues further limited the type of data that could be gathered, so it has not been an effective addition to the FP program tool kit.²⁶⁸

Common Operational Data Sets (CODS) for humanitarian programming

74. Being known as a knowledge manager within the UN community, UNFPA aimed to strengthen its work through the design, development and roll-out of a data document system that contained standardized datasets on various population dynamics and reproductive health indicators that were age- and sex-disaggregated and broken down to the barangay level. The datasets serve as UNFPA’s contribution to OCHA’s CODs for the Philippines that will be regularly published and used as baseline for all operational data and information products during humanitarian crisis situations for use by humanitarian actors. The CODS is also used internally by UNFPA as well as by other UN agencies. It is an Excel-based Tool. It was designed to fast-track gathering of and access to baseline data without dependence on statistical expertise to extract, clean, and edit data and to work even without internet connectivity. It is mainly used for estimating the target populations for interventions at varying levels of aggregation, e.g. province, municipality or barangay. Users surveyed found the CODs helpful and efficient to use and considered the tool valuable for disaster response planning.²⁶⁹

SSTC on PD in BARMM

75. The South - South and Triangular Cooperation (SSTC) between the Philippines and Indonesia²⁷⁰ is one of the mechanisms by which UNFPA has extended technical support on SRH, ASRH and GEWE issues in BARMM. The SSTC has been in place, with PopCom as implementing partner, even before the current CP. Within the 8th CP the Memorandum of Understanding between the two countries was renewed in 2022. The STTC action plan for 2022 included plans for the expansion of the geographic scope of the cooperation to Tawi tawi, one of the 3 island provinces and Lanao del Sur. Content is meant to focus on knowledge sharing in FP, ARH with BARMM youth and with Muslim religious

²⁶⁷ Sarmiento, R. (2020) Analysis of Family Planning-Related Social Media Posts Towards Contributing to Policies Related to UNFPA’s Priority Family Planning Programs: Big Data Family Planning Inequalities Analysis Project Final Report; Key informant interviews.

²⁶⁸ SIS Report 2020, Key informant interviews.

²⁶⁹ Strategic Development Research Institute, Common Operational Datasets for Humanitarian and Development: Philippines (Phase 3) Final Report, Manual of Operations User Manual United Nations Population Fund Common Operational Dataset for Humanitarian and Development: Philippines CODs Version 2.3; UNFPA, Australian Aid, Enhancing the Capacity to Respond to Sexual and Reproductive Health and Gender-based Violence in Emergencies, September 2022; UNFPA Philippines Annual SIS Reports; Key informant interviews.

²⁷⁰ South-South Triangular Cooperation (SSTC) between the Philippines and Indonesia Action Plan 2022, Memorandum of understanding between National Population and Family Planning Board of the Republic of Indonesia and the Commission of Population and Development of the Republic of the Philippines Concerning the cooperation in the field of population, family planning, reproductive health, family development and gender mainstreaming in the framework of South-South cooperation; Key informant interviews.

leaders, integration of DD in high school curriculum and roll-out and subsequent evaluation of the Comprehensive Gender and Health Education for Youth (CGHEY) module.²⁷¹

Salas Young Leaders Fellowship Programme

76. UNFPA started the design of this initiative during the 8th CP, but it was yet to be completed. It aimed to address the gap in technical expertise within UNFPA's main government partner, PopCom in response to a finding in this area in the 7th CPE. This concerned the need for "development of a young cadre of researchers (demographers, statisticians, econometricians) or 'thought leaders' who could examine the inter-sectionalities of population, health, environment and culture", through scholarships / research funds.²⁷²
77. An issue that the programme will need to address upfront concerns the possibility of successful trainees leaving PopCom after the training, which would defy the purpose of the programme. This attrition rate of former trainees has been observed in similar capacity building training programs in the past, like GBV training delivered to staff of the Department of Social Welfare and Development.²⁷³ Other considerations to be addressed include the target of the training program (e.g. existing staff in PopCom versus new hires but with background in Demography, Statistics or Economics), the modality of the training (e.g. formal training in a degree program vs. mentoring by academics under an internship arrangement), the duration of the training, and evaluation of trainees.²⁷⁴

Output level results

78. Regarding the accomplishments under the PD thematic area within the period under review, it can be observed that, despite the major disruption in mobility from the strict lockdowns and the necessary shift to alternative working arrangements, mainly technology-mediated and working from home, the PD thematic cluster managed to deliver accomplishments in 12 of the 15 key interventions it had set out to do at the beginning of the 8th CP. Of the three key interventions that were not done, two are on the planned conduct of a VAW survey, which the PD team together with the SRH and GBV teams decided to forego altogether.²⁷⁵ On the other hand, the review and updating of the National Action Plan on DD was not conducted as priorities within PopCom, the main implementing partner, shifted as a result of the ongoing COVID-19 pandemic.²⁷⁶

²⁷¹ South-South Triangular Cooperation (SSTC) between the Philippines and Indonesia Action Plan CY 2022, PowerPoint presentation; Key informant interviews.

²⁷² 7th CPE, page. 43; MOSEP Monitoring Reports; Key informant interviews.

²⁷³ Focus Group Discussion.

²⁷⁴ Key informant interviews.

²⁷⁵ Key informant interviews.

²⁷⁶ Focus Group Discussion.

Annex 2: Evidence base underpinning the analysis of Mainstreaming Gender, Human Rights, Disability

Support to Peace building in BARMM

79. UNFPA was partner in the Supporting Conflict Transformation Toward Effective Peace-building in the Bangsamoro Region (STEP-BARMM). In 2020, UNFPA supported the Bangsamoro Women Commission (BWC) in the formulation and launching of the Bangsamoro Regional Action Plan on Women, Peace, and Security (BM-RAPWPS) 2020-2022 which committed to empower and protect the rights of all women and children in the BARMM. In 2021, The Provincial Action Plan on Women, Peace and Security (PAP-WPS) was developed for two of the most populous provinces in the BARMM, which was aligned to the BARMM Regional Action Plan.²⁷⁷
80. UNFPA, in addition to government, worked with civil society organizations, supporting their capacities in the process. This included the Mindanao Organization for Social and Economic Progress (MOSEP), UNYPhil, Non-Violent Peace Corps and Magungaya Mindanao Incorporated (MMI). Working with these organizations enabled UNFPA to cover adolescent and youth, peace, security, and gender mainstreaming by utilizing and enhancing the capacities and expertise of each organization.²⁷⁸
81. With almost two percent of decommissioned fighters being women, UNFPA, IOM and UN Women, in partnership with MMI and Non-Violent Peace Corps, focused on the reintegration of women fighters or BIWAB into civilian society. The women were trained for a variety of social functions, including para social workers, facilitators of women friendly spaces and GBV watch group members, with some of them aspiring to become police officer. The project included a cash for work component in which BIWABs received financial resources for attending training for their new positions. This allowed the BIWABs to earn a living, provide for their households and send their children to school. A total of 200 women were trained in this respect and were able to obtain different positions as civilians. Some of the BIWAB became gender and peace facilitators for MSSD and CSOs, preventing gender-based violence and providing psycho-social and other support to GBV survivors. Others managed to setup small businesses with savings obtained through the cash for work component. The support to BIWAB was part of support to the peace process, enhancing the humanitarian - development – peace building nexus, with the overall objective to promote conflict prevention, social cohesion and community resilience in BARMM. It resulted in meaningful participation of the women concerned in the peace building process making use of CVA approach.²⁷⁹
82. The evaluation team had the opportunity to have a focus group discussion with a group of BIWABs of different age groups and with different backgrounds. The inclusion of a focus on GBV for BIWABs appeared useful with GBV considered as one of the major drivers of conflict in BARMM. UNFPA support proved to have had a large transformative impact on the individual lives of the participants in different ways, related to their age and personal situations. Learnings identified by participants included to stop regarding bullying as normal behavior, the ability to talk and present in larger community groups, valuing education, understanding on GBV and its prevalence and performing of

²⁷⁷ <https://bangsamoro.gov.ph/news/latest-news/bwc-launches-bangsamoro-regional-action-plan-on-women-peace-and-security/>; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

²⁷⁸ MMI Monitoring Reports; MOSEP Monitoring Reports; UNYPhil Monitoring Reports; UNFPA Annual SIS Reports; Key informant interviews.

²⁷⁹ UNFPA, From the People of Japan, Capacity Building of the Bangsamoro Transition Authority for Supporting Social Reintegration of Former Female Soldiers, June 2020 to May 2021; MMI Monitoring Reports; UNYPhil Monitoring Reports; Non-Violent Peaceforce Monitoring Reports; UNFPA Philippines, Annual SIS Report 2020, 2021; Key informant interviews; Focus group discussion.

social work from a rights-based perspective, including the use of referral pathways for survivors of GBV.²⁸⁰

83. Support to BIWAB was part of the wider Provincial Action Plans on Women, Peace and Security (PAP-WPS) for two of the most populous provinces in the Bangsamoro Autonomous Region in Muslim Mindanao, i.e. Maguindanao and Lanao del Sur, developed in 2021, aligned to the BARMM Regional Action Plan. This included amongst others transitioning of ex-combatant members of the Bangsamoro Islamic Women Auxiliary Brigade (BIWAB) into new civilian roles.²⁸¹

Gender based Violence and other harmful practices

84. UNFPA demonstrated commitment to address GBV and other harmful practices through drafting a TOC nearly halfway through the implementation of the country programme, which provided an overview of the related drivers and causes as well as strategies for engagement, outputs and outcome level results and final impact expected to be achieved over time. The TOC identified three pathways to reach results including the individual decision-making level of women and adolescent girls, the level of a multi-sectoral service system in place and accessible and existing evidence-based legal and policy measures. The TOC identified the various entry points for the UNFPA programme in support of women and adolescent girls empowered to live free from GBV and harmful practices. For details see annex 7.²⁸²
85. In terms of policy support, UNFPA has worked with several agencies with the most impactful being the costed National Implementation Plan (NIP) on social protection for DOH. UNFPA, as part of the technical working group on the women and children protection program, contributed to the creation of a costed implementation plan for the set-up of Women and Child Protection Units (WCPU) in various parts of the country. The NIP process started in 2020, with final approval and passage by DOH in 2021 and covering the period till 2025. After adoption of the NIP, UNFPA advocated for its implementation and supported training together with the Child Protection Network (CPN). There remains a need to integrate the details of the NIP into the implementation plan of Universal Health Care Coverage. The newly elected President in his State of the Nation speech included support to women and child protection programmes and also in budget hearings, the new government appeared to take women and child protection issues seriously.²⁸³

Protection systems

86. UNFPA support to the prevention of Gender-Based Violence and support to GBV survivors has included both development and humanitarian interventions. Relevant initiatives included strengthening and setting up referral pathways for reporting of GBV cases in the country, setting up of women friendly spaces (both in emergency response, recovery, and development contexts), capacity building of key stakeholders in GBV prevention (e.g., police officials, medical personnel, social workers, beneficiaries, women in the community, adolescent and youth, internally displaced people, and indigenous groups, and persons with disability), and the setting up of Women and Child Protection Units at the national and subnational levels. UNFPA provided support in strengthening the multidisciplinary team in addressing GBV cases, consisting of police, medical professionals, and social workers. While the programs have been successful in addressing needs of women and adolescent girls

²⁸⁰ Ibid.

²⁸¹ UNFPA Philippines SIS Annual Report 2020; Key informant interviews.

²⁸² Ibid.

²⁸³ Child Protection Network Report; National Strategic and Costed Implementation Plan for the WCPU, 2021-2025.

in various areas of the country, they been less inclusive in terms catering to vulnerable LGBTQIA+ populations and young men and boys.²⁸⁴

87. UNFPA has supported the establishment of the GBV protection system in the Philippines. From 2013 onwards, child protection units have been mandatory in all government hospitals, with the legal mandates under the RPRH law and other laws on GBV,²⁸⁵ which made it an important programme for DOH. The situation is different at the district level, where there are less doctors in the hospital and some hospitals have no social worker. In total there are 61 Women and Child Protection Units (WCPUs) in the 81 provinces of the country. Though some protection units were established in LGUs, their continued operation depends on the incumbent mayor who holds a non-permanent elective position. Although multi-disciplinary teams have been functioning, they have proved less sustainable at the LGU level where positions are not permanent, with staff changes made every time a new mayor takes office. UNFPA has also supported WCPD in the Philippine National Police (PNP) through its implementing partner, Child Protection Network, which has a memorandum of Understanding with the PNP to provide support to the WCPDs and develop capacities. However, police staff turnover is high and there is a continued need for training of police staff on women and child protection issues.²⁸⁶
88. UNFPA has also been involved in capacitating barangay units as part of GBV referral pathways, however, it proved challenging to activate the Barangay VAWC desk, including the use of barangay health workers to be responders, not just for maternal health, but also for GBV cases. UNFPA provided capacity building and skills development for women and girl facilitators of WFS, who are part of the GBV referral pathways. These women operate the crisis intervention units set up in Marawi and other areas. UNFPA capacitated members of the police force who are involved in the maintenance and service provision of WCPDs, and as such part of the referral pathway, and supported training of social workers in provision of Mental Health and Psycho-Social Services to GBV survivors.²⁸⁷
89. Online initiatives during the pandemic have integrated mental health interventions.²⁸⁸ These were important as it dealt with the needs of the most vulnerable during the pandemic. Online GBV efforts demonstrated UNFPA's adaptability in crisis situations. UNFPA supported an assessment of online GBV situation in the Philippines, which included tracking and monitoring of data.²⁸⁹ UNFPA supported the development of a Hayatou mobile application for reporting by GBV victims but there were serious constraints in its utility because of issues with victims' access to mobile devices and internet access.²⁹⁰

GBV and conflict

90. GBV was regarded by several respondents in BARM as one of the main causes for local level conflicts. Overall, the prevention of GBV appeared related to conflict prevention, with up to 80 percent of conflict seen as related to incidences of GBV. In this respect the programme run into a predicament as in order to avoid conflict or prevent its escalation, incidences of GBV are often dealt with at the local level through so called 'amicable settlements', which are local level arrangements amongst the conflicting parties, which settle the issue between the families / clan of the survivor and the perpetrator(s). Such "amicable settlements" were seen as controversial. In these settlements the

²⁸⁴ Accord Monitoring Report 2022; UNYPHil Monitoring Reports; UNFPA Philippines SIS Annual Report 2020; Key informant interviews.

²⁸⁵ The legal review of RPRH law provides an extensive discussion on this issue. The document is expected to be published third quarter of 2023.

²⁸⁶ CPN Reports; UNYPHil Women Reports; ACCORD Reports; Key Informant Interviews.

²⁸⁷ Nonviolent Peaceforce Reports; MMI Reports; UNFPA Philippines Annual SIS Reports; Key Informant Interviews.

²⁸⁸ Share It Sis Project under the Philippine Mental Health Association; Project Brave Reports (as partnership between UNFPA and other agencies).

²⁸⁹ Liwag Lomibao & Solis (2022). Overall Assessment of Online Gender Interventions Under the UNFPA-Canada Country Support to the Philippines.

²⁹⁰ CATW-AP Workplan; Key Informant Interviews.

perpetrator of GBV was forced to pay the victim's family or to marry the victim. This may be more to the benefit of the community at large and not necessarily to the benefit of the survivor. Though these settlements were seen to reduce conflict, they were not necessarily to the benefit of the survivor, whose personal interest might be better served through a legal settlement between the survivor and the perpetrator. Nevertheless, amicable settlements were seen as important means to prevent conflict in the communities concerned. The insistence of prosecution of GBV cases and the prevention of amicable solutions, on the other hand, was regarded to potentially lead to conflict or escalate it within the community, though may be more in the immediate interest of the survivor. Such a legal settlement, however, can lead to 'rido' or clan feuds, characterized by outbursts of retaliatory violence between families and kinship groups or communities, and contributing to violence. On the other hand, it has been the prevention of GBV that has contributed to the prevention of conflict and violence.²⁹¹

GBV data

91. UNFPA has been supporting data on GBV and has initiated interventions to create protocols to harmonize GBV data collection, analyses, and dissemination system for use in development and humanitarian situations. There appears to be a need for an integrated data base on GBV in order to get a sense of the magnitude of the problem. At present different agencies maintain their own data base based on their own perspective on the GBV issue, including social workers at the LGU level,²⁹² WCPU in provincial hospitals that maintain a database for GBV-health related data²⁹³ and the PNP whose GBV data consists of crimes/offenses.²⁹⁴ In BARMM and other areas of the country where UNFPA support is present, Women Friendly Spaces (WFS) also serve as an additional entry point where GBV cases are handled via volunteers and reported on and can thus be a data source as well. The development of a shared database could enhance multi-disciplinary case management across these various stakeholders.²⁹⁵ Both UNFPA and UNICEF have been providing support to the use of Primo software to be used in data management. Primo is open-source software that can be used both online and off line. With UNHCR closing their office in the BARMM there will a gap in terms of protection data which has been handled by UNHCR. There is an opportunity for UNFPA to address this gap and include Internally Displaced Persons (IDPs) profiling as this has already been done jointly by UNFPA and UNHCR in the past.²⁹⁶
92. Majority of the systemic support of UNFPA in terms of GBV has focused on the experiences of women and adolescent girls. However, there are documented cases of GBV of young men and boys who have been victims of abuse which were handled through the regular GBV system.²⁹⁷ There are also instances where solo fathers were in need of support in crisis situations, but these needs were largely ignored by the system. The lineup of interventions under the 8th CP on GBV have been effective in responding

²⁹¹ A study on Rido in Mindanao from 2014 situates rido within the wider range of violence related aspects as follows: "Rido is only one aspect in the complex web of violence in Mindanao that includes Muslim separatism, communist insurgency, banditry, and endemic clan conflict. The interaction of these different conflicts has explosive consequences to the long-running separatist war in Mindanao." The study highlights that, while rido can be resolved in traditional ways, there are also examples of hybrid ways of conflict resolution, composed of formal and informal structures utilized by communities in managing and resolving conflicts. Torres, Wilfredo Magno (Ed.), *Rido, Clan Feuding and Conflict Management in Mindanao*, Ateneo de Manila, University press, 2014.

²⁹² Under the DSWD's Gender Responsive Case Management Program.

²⁹³ Child Protection Network Workplans; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

²⁹⁴ Women and Children's Protection Desk is under the mandate of the PNP; MMI Report; Key informant interviews.

²⁹⁵ Functionality of the GBV referral pathways varies per region; Key informant interviews

²⁹⁶ Key informant interviews.

²⁹⁷ Ibid.

to the needs of women and adolescent girls but they can be strengthened to be more inclusive of other genders.²⁹⁸

93. While the engagement with men has been limited, there are efforts to deal with men in the prevention of GBV and related-SRH issues. UNFPA, especially in BARMM, has contributed to the dialogues with Muslim religious leaders such as the Darul Ifta and the Hayatul Ulama in the formulation of GBV related fatwas that are being used during khutbahs.²⁹⁹ Engagement of IPs on men's involvement on gender issues, however, has remained limited.³⁰⁰

Annex 3: Evidence base underpinning the analysis of Efficiency

UNFPA Human Resources

94. The composition of the staff in the country office has been changing over time. This started during the previous programme cycle, which covered the period 2012-2016, and was extended for two years to 2018. In 2015, UNFPA was granted a realignment of its human resources in order to enable the country office to move away from sub-national service delivery and to focus on upstream policy work and provide high level technical assistance and advocacy. At the time, this meant that UNFPA withdrew from 6 provinces and remained with a presence in 4 provinces, all located in Mindanao. The Interoffice memorandum concerning this change also made mention of the need to establish dedicated capacity in the country office to work on disaster risk reduction, preparedness (including prepositioning) and response. This change in human resource setup of the country office meant a downsizing of the office staff from 70 to 54 staff positions.³⁰¹
95. A new staffing structure developed in 2015 concerned a setup with, in addition to the office of the Country Representative, the programmatic divisions under the Assistant Representative, including a programme division, the sub-office in Cotabato, Mindanao and a humanitarian division (skeletal setup of three staff with one UNV), with the latter being a newly established unit. Moreover, there was an operational division under an International Operations Manager, reporting to the Representative.³⁰²
96. The staffing structure at the time of the evaluation in June 2022 consisted of a similar structure of programme divisions under the Assistant Representative and the operational division under the international Operations Manager. Under the Assistant Representative are the combined SRH/AY unit, as well as the Gender, PD and humanitarian units. The Cotabato field office reports to the Representative at this stage rather than to the Assistant Representative. Moreover, there is a sizeable sub-national humanitarian unit with staff in Southern Leyte, Caraga and Manila. In terms of outcome areas, both SRHR and AY outcome areas are dealt with by the combined SRHR/AY team. GBV is addressed by the gender team as part of the GEWE agenda as GBV in the CPD is treated as a cross-cutting issue across the country programme. The PD team takes care of the PD outcome area.³⁰³

²⁹⁸ During the presentation to the Evaluation Reference Group, it was raised that there is growing evidence of young men and boys who have become victims of abuse, but without substantial interventions to deal with their unique needs. This is worth considering in the next country program as part of inclusion initiatives of UNFPA in the Philippines.

²⁹⁹ Five fatwas have been created with the support of UNFPA and have been broadcasted by the BARMM government through official channels, including media (<https://bangsamoro.gov.ph/news/latest-news/barmm-to-launch-islamic-rulings-on-gender-based-violence/>).

³⁰⁰ UNFPA Philippines Annual SIS Report; Key informant interviews.

³⁰¹ Sub-national work before the realignment concerned support implemented in 10 provinces in all regions of the Philippines from 5 sub-national offices. UNFPA Interoffice Memorandum dated 16 July 2015, subject: Philippines HR Realignment, internal document; UNFPA Philippines Annual SIS Reports; Key informant interviews.

³⁰² Ibid.

³⁰³ UNFPA Philippines, Country Office Structure, June 2022, Internal Excel Spreadsheet; Key informant interviews.

97. With a total of 74 staff positions the level of staff is more or less back to where it was in 2015 when there were 70 positions, but in the present setup most of the staff are at the head office with the exception of the Cotabato office and humanitarian assistance staff in Southern Leyte and Caraga.³⁰⁴
98. A new staffing setup is being considered, which would organize staff on macro, meta and micro levels in this way cutting across the outcome areas and opting for a more integrated approach across the outcome areas of the programme. As in 2015, change management support would be required to actually put this change in the human resource setup into practice.³⁰⁵
99. A more immediate concern in terms of human resources has been the high levels of staff turnover in the country office, with long recruitment processes resulting in high levels of staff vacancies. At the time of the start of the evaluation in July 2022, 23 out of a total of 74 staff positions were vacant, close to one third of all staff. Vacancies were highest for the programme staff at almost 50 percent and for the office of the representative, while lowest for the Operations Management Division at less than 10 percent. For details see table below.³⁰⁶

Table: Percentages of Vacancies in different Divisions of the Country Office by June 2022.

Division	Number of Staff Positions	Number of Vacancies	Percentage of Vacancies
Office of the Representative	7	3	43
Operations Management	13	1	8
Programme	23	11	48
Cotabato Sub-office	14	5	36
Humanitarian	17	3	18
TOTAL	74	23	31

Source: UNFPA Philippines Country Office Structure June 2022, Internal Excel Spreadsheet.

100. When looking at vacancy rates within the programme unit, there are considerable differences. It can be observed that level of vacancies was the highest for the gender team with 83 percent of vacant positions, followed by the PD team with 33 percent vacancies and the SRHR/AY team with 25 percent vacancies. In terms of humanitarian support, vacancies amounted to 60 percent at the central level and 18 percent at the sub-national level. Several key staff positions have been vacant for substantial periods. For example, the position of Country Representative, was vacant for about 6 months. The position of Assistant Representative, the heads of the gender unit and the demographic intelligence (PD) unit have not been filled for over a year. The post of humanitarian coordinator was frozen but with an officer in charge in a temporary position.³⁰⁷

³⁰⁴ Ibid.

³⁰⁵ UNFPA Interoffice Memorandum dated 16 July 2015, subject: Philippines HR Realignment, internal document; Key informant interviews.

³⁰⁶ High levels of UNFPA staff turnover were reported by several types of stakeholders in key informant interviews, including donors and implementing partners. Also, the Situational Gender analysis identified human resources as one of the weaknesses of the programme, including long recruitment processes, unsystematic onboarding process and lack of investment in staff wellness. Source: Escobar, Luisa and Monica Carco, Situational Analysis of Gender in the Philippines in the context of UNFPA 8th Programme 2019-2023, Final Report, June 14, 2022; UNFPA Philippines, Country Office Structure, June 2022, Internal Excel Spreadsheet; Key informant interviews.

³⁰⁷ The UNFPA Annual SIS Report of 2021 makes note of the fact that though the vacancy rate was at an average of 8 percent, there were positions that have remained unfilled for longer than 365 days. UNFPA Annual SIS Reports 2019, 2020 and 2021; UNFPA Philippines, Country Office Structure, June 2022, Internal Excel Spreadsheet; Key informant interviews.

101. With recruitment processes taking long and staff positions unfilled for a considerable time, hand over processes have frequently been limited as there was no overlap between exiting and incoming staff. Also, onboarding processes have been reported limited in several instances with insufficient induction which constrained a smooth start of new positions. This included orienting staff on the main UNFPA processes like financial, staff performance, monitoring and reporting processes as well as approaches and themes addressed, including peace building and linkages between humanitarian and development support. High levels of staff vacancies have also resulted in enhanced workloads for the remaining staff and enhanced stress levels in the work environment. While shifting of staff internally addressed some of the issues concerned, this led to other gaps in staffing terms. The perseverance of staff in the programme section under these conditions demonstrated high levels of commitment. In recognition of the staffing issues and stress levels of staff, a staff well-being committee was established in the latter half of 2019 based on volunteerism, with the organization of a staff wellness day on 14 October.³⁰⁸
102. During the field phase of the evaluation, a total of three new temporary appointments were finalized, for SRH, GBV and the humanitarian programme while two temporary detail assignments were put into place, one for the position of Assistant Representative and one for Gender Programme Officer. Moreover, five temporary consultants to support the programme and one to assist operations management were recruited.³⁰⁹
103. During the COVID-19 pandemic a work from home arrangement was put in place by CO management in which staff were required to seek permission to come to the office, which was one of the reasons of a low infection rate amongst UNFPA staff members. Survey on staff needs in terms of work from home informed the operationalization of this 'new normal' during the pandemic.³¹⁰

UNFPA use of its Financial Resources

104. With still one year to go, UNFPA spent about 20 percent more than originally budgeted for the entire programme at a total of 24.5 million USD compared with the 20 million budgeted in the CPD. This increase is in particular due to Other Resources, which so far was more than twice the amount of the CPD. Meanwhile, regular resources with a total of 10.2 million remained behind the budgeted amount of 13 million USD. Thus, resource mobilization proved to have been fairly successful, in particular in terms of humanitarian assistance with the Danish support to transformative humanitarian funding, DFAT support to repositioning of humanitarian response and OCHA/CERF support for super typhoon Odette amongst the largest. In addition, some resources were mobilized directly from donor and government to implementing partners and thus were not reflected in the overview. UNFPA's recently granted ability to mobilize resources from individual giving has enhanced opportunities for resource mobilization. The lack of a dedicated focal for resource mobilization during most of the second half of 2022 may have resulted in some missed opportunities.³¹¹
105. This expansion of other resources and the decrease of regular resources in comparison to the CPD has resulted in a more skewed expenditure pattern across the three outcome areas, with 80 percent of resources so far spent on SRHR, which included GBV related programming and covers both development and humanitarian programming. Spendings for AY and PD have remained below expectations in relative terms as well as in terms of absolute spending compared to the original budgets from both regular and other resources. With donor funded projects usually having relatively short timeframes, from 6 months to two years, a considerable investment in resource mobilization

³⁰⁸ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁰⁹ UNFPA Philippines e-mail communication shared with the Evaluation Team, dated 27-09-2022; Key informant interviews.

³¹⁰ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³¹¹ UNFPA Philippines financial documentation, internal document; UNFPA Philippines, Annual SIS Report 2022.

has been required at national and BARMM levels. It proved to be easier to mobilize resources for SRH and GBV in emergencies than for development oriented MNH support (see table below).³¹²

Table: Expenditures of the UNFPA Eighth Country Programme in the Philippines

Programme Component	Regular resources	Other resources	Total	Percentage of Total
Budgeted Resources 2018-2022 (in million USD)				
Sexual and reproductive health (incl. GBV)	6.7	12.8	19.5	80
Adolescents and youth	1.1	0.6	1.7	7
Population dynamics	1.4	0.9	2.3	9
Programme coordination / assistance	0.9	-	0.9	4
Total	10.2	14.3	24.5	100.0 %

Source: UNFPA Philippines, Financial Documentation 2019-2022, Internal document.

106. Financial management and procurement systems were in place for development and humanitarian programming, though the differences between the two appear limited with the ‘fast track procedures’ providing insufficient opportunity to address lifesaving support in the early stages of humanitarian response. This is the case in particular when the items required for the support are not available from the prepositioned goods, but would need to be procured. Procurement of medical devices and equipment, including several of the more complex RH kits, takes a long time as it needs to be channeled through the UNFPA supply chain management unit. In support to continued lifesaving SRH services in the province of Iloilo due to COVID-19 was affected by procurement delays. In Southern Leyte, RH kits were needed from the start but it took about 6 months to procure them. At the time of the evaluation, they had not yet arrived in the field office.³¹³
107. Presently, a new corporate financial system, called Quantum, is being rolled out with procurement and finance to follow human resources in the application of the system. This has been causing some delays in terms of financial procedures at the start of 2023.³¹⁴
108. The financial management system is an annual based system in which there is no facility to roll over funds from one year to the following year. This has limited the implementation of workplans decided after the start of the year, with in some cases less than six months remaining for the implementation of an annual workplan. Annual workplans are not always approved in time, with none of the 2021 workplans approved by mid-December 2020. Policies and procedures are seen as geared towards development programming and less conducive to the urgency and speed required in humanitarian action.³¹⁵
109. While most of UNFPA’s implementing partners expressed being used to the financial procedures and requirements of UNFPA, this was much less the case with respect to local level civil society and adolescent and youth organizations. Project financial reporting requirements were considered a barrier to implementation of parts of the adolescent and youth programme by local youth organizations and networks, who had limited capacities in this respect. Though some partners had longer term agreements with UNFPA, these required to be confirmed on an annual basis with budgets

³¹² UNFPA Philippines Project Monitoring Data, Excel Spreadsheet, Internal Document; Key informant interviews.

³¹³ UNFPA Emergency Fund - Support to the continuity of Life-saving Sexual and Reproductive Health Services in the Province of Iloilo as severely Disrupted by COVID-19; UNFPA Philippines Annual SIS Reports; Key informant interviews.

³¹⁴ Key informant interviews.

³¹⁵ UNFPA Philippines Annual SIS Report 2020; Key informant interviews.

only guaranteed by the end of the year in November or December, which did not necessarily align with planning of organizations, which happened before these months.³¹⁶

110. For UNFPA to work with implementing partners, they needed to conduct micro assessments in order to assess financial capacities and fiduciary issues. Within the UNCT micro assessments were shared, meaning that if one agency has conducted such an assessment, other agencies can make use of that assessment in its processes to clear the organization as an implementing partner. In 2021, 95 percent of implementing partners had been passed through micro-assessments.³¹⁷
111. Travel related decision-making has required several approval levels, which meant from a sub-office perspective, where connections with Manila can be more difficult, that it can take over a week for a request to be entertained. This has provided staff in the sub-office with little room to move on sudden invitations to what can be important meetings at the local level.³¹⁸
112. As of 18 January 2023, the utilization of core funds was at 90% while for non-core funds expiring in 2022 it stood at 97%, which figures could still increase once year-end financial closure processes will be completed.³¹⁹

UNFPA use of its Technical Resources

113. Overall, technical staff capacities were well appreciated by most of the IPs of the programme with staff playing a facilitative role when very specialized knowledge was required through the hiring of temporary specialists on short term contracts. Filling up some of the staff positions that had been empty for quite a while has enhanced the technical capacity of the country office, with still some positions needing to be filled. Moreover, the programme benefitted from technical support of the UNFPA Asia Pacific Regional Office (APRO), whose support has been considered both timely and effective by UNFPA management and staff of the country office.³²⁰

UNFPA Partnerships

114. Partnerships are a cornerstone of UNFPA's approach to achieve the objectives of the programme.³²¹ Overall, UNFPA was viewed positively by donors and other partners, both in development and humanitarian programming and was appreciated for its high-quality technical expertise. Moreover, added value that many partners consider that UNFPA brought included providing details on international standards and approaches and sharing experiences from other countries dealing with similar issues in the areas of its mandate. UNFPA was, moreover, appreciated for its innovative approaches in terms of support to transport means in the COVID pandemic through provision of e-bikes to health workers for reaching of pregnant women, the promotion of mobile BEMONC facilities for alternative reproductive health service delivery referred to as Women Health on Wheels (WHOW) and various Cash and Voucher Assistance initiatives.³²²
115. UNFPA has worked with national level government agencies. Though in the past some of these agencies acted as implementing partners receiving funding, this has been less the case in the present programme cycle, in which these agencies have become strategic partners, with UNFPA making use of its international normative approach to inform policy making and implementation processes. One

³¹⁶ Key informant interviews with a variety of implementing partners.

³¹⁷ UNFPA Philippines, Annual SIS Report, 2021; Key informant interviews.

³¹⁸ Key informant interviews.

³¹⁹ UNFPA Philippines, Annual SIS Report, 2022; Key informant interviews.

³²⁰ UNFPA Philippines Annual SIS Reports; Key informant interviews.

³²¹ Strengthened partnerships were identified as one of the ways in which to achieve the programme objectives. UNFPA, UNFPA Country Compact of Commitment, Internal Document.

³²² Key informant interviews.

of the agencies made this shift clear through the statement that UNFPA funding was less than one percent of the budget of the agency, clearly affirming that funding was not the main issue in terms of the partnership. Policy and technical level inputs are the issues valued from UNFPA.³²³

116. In terms of government partnerships, UNFPA has expanded its partnership with National Economic Development Authority (NEDA), with transfer of its major government partner, the POPCOM from the DOH to NEDA, a process that begun in the previous programme cycle. This has brought UNFPA closer to the main planning agency of the government, who view upon UNFPA as a leader in population data. UNFPA has a long-term relationship with the PLCPD. All these concern important entry points for engagement on policy related issues at the level of the executive and legislative branches of government.³²⁴
117. In terms of UNFPA partnerships with academia and civil society organizations, UNFPA usually has had relationships as implementing partners (IPs), in which UNFPA provided funding for the implementation of activities identified in annual workplans that were meant to result in output level changes that contributed to reaching the programme objectives. Implementing partners reported to UNFPA on a quarterly and annual basis.³²⁵
118. Some of the IPs saw themselves not only as programmatic implementers but also regarded themselves as strategic partners, being valued for their contribution to strategic discussions and policy level engagement. This usually meant that they were included in the design of the interventions concerned, being involved from the start, rather than only engaged once a project was fully developed in which case the IP would not have had any input in the setup and implementation details of the initiative. However, some of the IPs met by the evaluation team regretted not to be looked upon by UNFPA as strategic partners, in addition to being implementing partners and their ideas in terms of project designs not being taken into consideration. This included academia as well as civil society organizations. Taking advantage of the experience of partners in the design phase of interventions could enhance their responsiveness to local conditions and make optimal use of the particular experience of the IPs concerned.³²⁶

Monitoring and Evaluation

119. The country office has a monitoring and evaluation (M&E) team in place as part of the Office of the Representative, reporting directly to the Country Representative since 2019. This team consists of three persons including an M&E Manager, Analyst and Brave project staff, which latter position was vacant at the time of the evaluation. As part of the humanitarian team, there was an information management/M&E staff position. In addition to staff positions at the national level, there were two M&E analyst positions within the Cotabato team of which one was vacant. Moreover, donor funded projects have M&E point persons assigned. Thus, staffing requirements were in place in terms of posts concerned, though not all were filled at the time of the evaluation.³²⁷
120. The country office has been participating in the corporate results-based management (RBM) initiative in which RBM capacity self-assessments were conducted in selected UNFPA country offices as part of the wider initiative to inform enhancement of RBM within the organization and to respond to the recommendations of a global level evaluation conducted on the use of RBM within the organization. The capacity self-assessment made use of the 3+5 Framework for Self-Assessment, which was guided by the RBM principles in UNFPA. Results of the self-assessment showed considerable gaps with the

³²³ Ibid.

³²⁴ UNFPA Philippines Annual SIS Reports; Key informant interviews.

³²⁵ Ibid.

³²⁶ Key informant interviews.

³²⁷ UNFPA Philippines, Country Office Structure, June 2022, Internal Excel Spreadsheet; Key informant interviews.

country office in the 'bronze' category. Informed by the results of the capacity self-assessment, an RBM advancement plan was developed.³²⁸

121. During the period under review, several trainings on RBM have been provided through the UNFPA APRO office, including one during the time of the evaluation on 'Adaptive M&E Approaches' in line with the wider RBM development process within the organization.³²⁹
122. At the time of the development of the CPD for the country programme, there was no longer the official requirement to provide a Country Programme Action Plan (CPAP), which used to include a more detailed results and resources framework, outlining the indicative annual output level results to be achieved over the entire period of the country programme and the requirements for their monitoring. Nevertheless, the CO produced an excel spreadsheet, in which for each of the programme components of the CPD the annual targets were set, including quarterly milestones and annual indicative budgets. Though this provided a clear basis to the M&E setup of the country office, aspects missing concerned details on data gathering and management, evaluation planning, reporting arrangements, funding and capacity development for M&E.³³⁰
123. With the development of the new UNFPA strategic plan, focused on the three transformative goals, the country office followed suit and developed theories of change for each of the three goals and an additional one related to reduction of Adolescent and Youth pregnancies, for details see Annex 7. This was part of the ongoing attempt in the country office to work across outcome areas with the TOCs providing a basis to achieve this informed by the transformative goals of the organization.³³¹
124. For monitoring of the progress achieved by implementing partners, a quarterly monitoring tool has been used, which consists of a tailored excel spreadsheet to the specific details of the initiative concerned, including quarterly targets and their accomplishments, budget and expenditures concerned, status of progress and details on progress towards the achievement of the output level change. The excel spreadsheet allowed for closely monitoring of achievements and for management of the IPs concerned. Monitoring visits have been conducted when problems in the monitoring details were identified and random spot-checks were performed. Within the office, a monthly programme meeting was conducted to share results related information across programme staff.³³²
125. Monitoring data have been used to inform the quarterly and annual SIS reporting, the corporate monitoring system of UNFPA, which focuses on those output level changes that the country office has committed to achieve as contribution to corporate level results. In addition to project and initiative level results, the SIS report also includes internal management aspects like RBM, Communications, Partnerships and Financial management.³³³

³²⁸ In UNFPA, RBM is considered as one of the means required to achieve the three ambitious, people-centered transformative goals of the organization. UNFPA recognizes 3 core principles required in order to realize RBM, which include: Ensure that adequate and reliable results information is available when needed; Use results information to inform planning and reporting; and Practice learning and adaptive management, using results information. One of the supporting principles focuses on promotion of and support to a results-oriented culture. Source: UNFPA, Results-based management principles and standards, The 3+5 Framework for Self-Assessment, New York, 2019; Key informant interviews.

³²⁹ UNFPA Philippines Annual SIS Report 2019,2020, 2021; Key informant interviews.

³³⁰ UNFPA Philippines, Detailed CPAP and 2019 Proposed Budget Adjustments, 4 February 2019, Excel Spreadsheet, internal document; Key informant interviews.

³³¹ Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund, The UNFPA strategic plan, 2022-2025, July 2021; Key informant interviews.

³³² UNFPA Philippines, Detailed CPAP and 2019 Proposed Budget Adjustments, February 2019, Internal spreadsheet; Monitoring tools of the various IPs of the programme in the period under review; Key informant interviews.

³³³ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

126. The use of evaluation in the present programme cycle has been limited. There was no evaluation plan, to identify which initiatives were to be evaluated during the implementation of CP8. This would have allowed to ensure that baseline data would be available to inform the evaluations concerned, which has usually not been the case, making evaluation more challenging. The number of evaluations conducted has been limited, with the YLGP and Canada support to online GBV and selected CVA initiatives having been evaluated with the YLGP concerning a mid-term evaluation, the Canada supported project an end of project evaluation and a CVA impact assessment.³³⁴
127. The evaluations of the YLGP initiative and the online GBV project proved to have some limitations in terms of the quality of the evaluation reports, which limited their use, in particular beyond the direct stakeholders of the project. These limitations included that both evaluation reports paid insufficient attention to methodological approach, including sampling based on stakeholder analysis and justification of the methodological approach, and did not present an evaluation matrix that identified the evidence to be provided to answer the evaluation questions. Both, moreover, did not present a sufficient description of the object of the evaluation, which made the reports difficult to understand for readers not directly involved in project implementation. The report on the evaluation of the Online SGBV initiative did not include an executive summary, which made the results of the evaluation difficult to access for policy makers and others. The evaluation of the YLGP paid few attention to assessment of one of the three indicators from the CPD for the AY outcome area, i.e. LGUs that integrate the SRH of adolescents and youth, including those marginalized, in their development plans, and provided recommendations that were not sufficiently targeted and specified. TORs were not included in the annexes of either of the evaluations.³³⁵ For details on the CVA evaluation, see Annex 4 paragraph 156 below.
128. Most of the evaluations conducted have been required by donors. The CEFM advocacy initiative, which generated and pilot-tested a community mobilization model addressing GBV and harmful practices facing adolescents and youths, has not included a mid-term review or end of project evaluation as part of its design. This means that so far, the opportunity to gather performance data that could be used to underpin the advocacy for scaling up of the initiative and wider use of the model was missed.³³⁶
129. In terms of feedback obtained from stakeholders in humanitarian programming, this mostly depended on the post-distribution monitoring which was conducted by the M&E team towards the end of a humanitarian intervention and in which stakeholders and recipients were asked for their comments. There appeared, however, no explicit ongoing feedback or complaint mechanism in place during the humanitarian response. In terms of humanitarian programming, some After Action Reviews were

³³⁴ Liwag-Lomibao, Aurora Lolita and Randy Jay C. Solis, Overall Assessment of online gender interventions under the UNFPA-Canada Country Programme of support to the Philippines, March 2022; Integrative Competitive Intelligence, Formative Evaluation of the Youth Leadership and Governance Programme (YLGP), Final Report, submitted to UNFPA, 25 October 2022; UNFPA, Humanitarian Response Division and UNFPA Philippines, Johns Hopkins Center for Humanitarian Health, Expanding the Evidence Base on Cash, Protection, GBV and Health in Humanitarian Settings. Cash to Increase Facility-Based Deliveries in the Philippines, March 2023; Rapid Outcomes Assessment for the “Putting Women and Girls and their Carers at the Center of COVID-19 Response through Innovative Approaches (RB-CVA)” Project in Cebu City, technical report, august 2021; UNFPA, Reckitt Benckiser Project, Final Report 2022; Key informant interviews.

³³⁵ Liwag-Lomibao, Aurora Lolita and Randy Jay C. Solis, Overall Assessment of online gender interventions under the UNFPA-Canada Country Programme of support to the Philippines, March 2022; Integrative Competitive Intelligence, Formative Evaluation of the Youth Leadership and Governance Programme (YLGP), Final Report, submitted to UNFPA, 25 October 2022; Key informant interviews.

³³⁶ UNFPA Philippines Annual SIS Reports; Key informant interviews.

conducted and one planned but these appeared not methodologically sufficiently grounded so that results could build up evidence and inform programming beyond the initiatives concerned.³³⁷

130. A lot of data has been generated through the monitoring system, which in turn were used in reporting, both in corporate SIS as well as donor reporting. However, there did not appear to be a shared online data management system in which all programmatic data were being stored and could be accessed for use. This became obvious during the present evaluation process, with the country office struggling to get all relevant information in place for the evaluation team as this was not readily and easily available. It took substantial time to get all the workplans and annual monitoring information of all the implementing partners for the years covered by the evaluation. The lack of a shared database regarding monitoring and other design and performance related data means that such data is not necessarily easily accessible and used across programme staff. This limits the wider use of such data beyond the individual project levels in terms of knowledge generation and informing the policy level engagement of the country office with data on what works and why in which kind of contexts. The country office has been working on the issue of information management, which was initially combined with the job description of M&E staff, but which more recently has been separated for a focus of one of the staff members in the M&E team.³³⁸

³³⁷ UNFPA, AAR Maguindanao Response – Lessons Learned and Recommendations 18-20 December 2021; BARM, MSSD, UNFPA and others, Agenda After Action Review (AAR) “Promoting Conflict Prevention, Social, Cohesion and Community resilience in BARM in the time of COVID-19” December 7-9, 2022, Blue Lotus Hotel, Davao City; Key informant interviews.

³³⁸ The Gender situation analysis also identified the lack of knowledge management and information systems as one of the weaknesses of the country office, with limited utilization of data and information to improve programming and difficulties in terms of coordination across UNFPA outcome teams. Escobar, Luisa and Monica Carco, Situational Analysis of Gender in the Philippines in the context of UNFPA 8th Programme 2019-2023, Final Report, June 14, 2022; In addition, the evaluation of the YLGP makes reference to the inability to get sufficient access to secondary data relevant to project implementation to be used in the evaluation. Integrative Competitive Intelligence, Formative Evaluation of the Youth Leadership and Governance Programme (YLGP), Final Report, submitted to UNFPA, 25 October 2022; Key informant interviews.

Annex 4: Evidence base underpinning the analysis of Coverage

Multiple levels of coverage in UNFPA's humanitarian response

131. In the Philippines, which is amongst the most disaster-prone countries in the world, the issue of coverage concerns multiple levels. In the first place there is the issue of which natural emergencies and manmade crisis situations to respond to. In this respect, UNFPA has responded to humanitarian crisis as a result of natural disaster, including major typhoons that struck the Philippines, earthquakes and volcano eruptions and supported peace building in BARMM in response to man-made crisis.³³⁹
132. UNFPA has responded to multiple humanitarian disasters during the period under review, including the Taal volcanic eruption, the earthquake in Mindanao, Typhoon Odette in Southern Leyte province and Caraga region and the most recent typhoon Paeng causing floodings in Mindanao, as well as the COVID-19 pandemic with national level impact from 2020 onwards. Moreover, UNFPA has provided support to the aftermath of the siege of Marawi city in terms of post-recovery supporting internally displaced women and adolescent girls and support to the wider peace building process in BARMM. Response to emergencies has been based on requests from national or sub-national government. The UNFPA response has been part of the wider UNCT response to crisis concerned.³⁴⁰
133. At a second level there is the issue of where to respond and whom to target in a specific emergency setting with which types of interventions. UNFPA's focus has been on the most affected areas during the response and identification of particularly vulnerable groups. UNFPA's response has provided support to vulnerable women and adolescent girls, supporting the provision of SRH services in times of emergencies to pregnant and lactating women and adolescent girls and protecting them from gender-based violence. Moreover, support included provision of services to survivors of GBV, making use of a multi-sectoral response. This has included women and adolescent girls with disabilities.³⁴¹
134. With increased national and sub-national level capacities for emergency response in place, requests from the government for UN emergency response support have decreased over time. In case sub-national government agencies request support, UNFPA would provide sub-national level support after seeking agreement from the national government. Reduced requests have further enhanced the need for UNFPA to focus on emergency preparedness and disaster risk reduction as part of a resilience-based strategy.³⁴²

Informing coverage through needs assessment

135. UNFPA has been working on support to conduct situation analysis immediately after the occurrence of a disaster in order to inform response to the crisis concerned, based on evidence from the situation on the ground. This has included participation in joint government-UNCT situation analysis teams. At a more systemic level, UNFPA has supported the development of the Common Operational Data Set, a well-regarded tool developed by UNFPA to assist in the design of a humanitarian response. The online data set allows for the provision of population and other relevant data in humanitarian settings with disaggregation of age and sex down to the barangay level and in this way enabling the initial targeting of aid recipients in emergencies. The tool and its use have been commended by OCHA and other UN agencies. This type of support in terms of statistical population data is considered a niche that UNFPA in the Philippines occupies within the UNCT and the wider development community.

³³⁹ World Risk Report at <http://www.worldriskreport.org/>; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁴⁰ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁴¹ Ibid.

³⁴² Ibid.

Moreover, local level data from DSWD have been used for additional targeting in particular in the first phase of emergency response.³⁴³

136. An example of how assessment of needs immediately after the occurrence of a crisis situation changed the view on the requirements concerned comes from the BARMM, after the earthquake in North Cotabato, where UNFPA participated in the joint government-UN Humanitarian Country Team rapid needs assessment and where UNFPA supported the regional government in the assessment of the needs of pregnant women. This was recognized by the Ministry of Interior and Local Government (MILG) as different from their usual approach, which focused on food, nutrition and general health needs of the general population, without distinguishing target groups concerned with a focus on 'one approach to cover all'. However, the use of a disaggregated approach, identifying the specific needs of women and adolescent girls, including of those pregnant, was seen as a useful approach and applied afterwards by MILG in its own assessments and approach to emergency response. Rather than providing the same relief goods to all, they have started to apply a more diversified approach, providing goods on the basis of needs, including the particular needs of women and adolescent girls and those of pregnant women and girls in particular. The MILG applied this approach to the Paeng Typhoon response in Mindanao.³⁴⁴
137. UNFPA also brought attention to GBV and the rise of GBV cases in an emergency context with the need to prevent this and address cases that occur as part of humanitarian action. The need for such a focus was introduced to MILG in the BARMM government as well as at the level of the LGUs. UNFPA in this respect, contributed an international perspective, bringing the global experience to Mindanao and provided technical assistance and financial support to put this into practice, amongst others during the Paeng typhoon response, where UNFPA was active in data gathering after the typhoon hit, to inform the response and to ensure the early availability of data.³⁴⁵

Contents of UNFPA humanitarian support

138. In addition to its role in situation analysis, UNFPA has focused on ensuring access to SRH/MNH services for pregnant and lactating women and adolescent girls in times of emergencies, including the provision of life-saving SRH commodities. For this purpose, it has set up alternative means for the provision of SRH services, including emergency maternity tent facilities and other types of tents which together provide all SRH services required. Similar support was provided through 'Women Health on Wheels' (WHOW), which concerned a mobile container type vehicle that provided BEMONC level SRH services. UNFPA delivered dignity kits for vulnerable women and adolescent girls and RH kits for facilities, dependent on the specific needs in the context of the emergency. UNFPA supported Cash-for-Health, Cash-for-protection, and Cash-for-School interventions for poor pregnant women and girls and Cash-for-Work for community health workers, to ensure women's access to quality maternal health services such as antenatal care, facility-based delivery and postpartum care, to support GBV survivors and prevent school drop outs of adolescent girls.³⁴⁶ In UNFPA's response the prepositioning

³⁴³ Strategic Development Research Institute, Common Operational Datasets for Humanitarian and Development: Philippines (Phase 3) Final Report, Manual of Operations User Manual United Nations Population Fund Common Operational Dataset for Humanitarian and Development: Philippines CODs Version 2.3; UNFPA, Australian Aid, Enhancing the Capacity to Respond to Sexual and Reproductive Health and Gender-based Violence in Emergencies, September 2022; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁴⁴ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁴⁵ Key informant interviews.

³⁴⁶ An example of the use of Cash Assistance was support to the COVID-19 pandemic in Catanduanes in 2021, where UNFPA provided multiple cash assistance schemes for targeted groups of recipients, in addition to a systemic approach to coordination in the emergency response, including strengthening of referral pathways for GBV survivors, support equipping of WCPUs and procurement of RH kits and other equipment. UNFPA Philippines, Emergency Fund Catanduanes, Final Report February 2022.

of critical relief supplies, enabled through the repositioning project, proved to be an important component to allow for a timely response.³⁴⁷

139. During the pandemic, in the six months period from June 1, 2020 to December 31, 2020, UNFPA supported a total of three thousand one hundred seventy-five (3,175) pregnant women through conditional cash assistance of PHP 2,000.00 based on their delivery in a health facility in Batangas, Manila, Quezon City and Rizal. The women were also given maternity packs containing maternity pads, newborn clothes, cloth diapers and a blanket. The mother beneficiaries reported that the cash assistance they received was mostly spent to purchase baby supplies, milk formula and medicines. A portion was used to cover childbirth expenses and utility bills. Though the project needed to address several challenges, it showed that demand for facility-based delivery can be enhanced through cash and voucher-based incentives.³⁴⁸
140. In its support to protection as part of humanitarian support, UNFPA has provided training for Local Government Units (LGU) and National Government Agencies in ways to handle GBV in emergency contexts, including trainings of multidisciplinary teams consisting of healthcare workers, social workers, and police officers as GBV frontliners. The multidisciplinary teams in various hospitals in the country have received training in GBV case management, which also included a MHPSS component to strengthen a human rights-based approach to GBV survivors. UNFPA provided training for medical professional in the clinical management of rape to have a better response to the needs of GBV survivors. Moreover, UNFPA has provided Women Friendly Spaces for women and adolescent girls in emergency situations in order for them to have a safe space to go to and get information, including regarding SRH and GBV related issues and which served as referral point for pregnant women and adolescent girls as well as entry point for GBV survivors and referral pathway to multi-sectoral support. UNFPA trained women as WFS facilitators, with several of the trainees having been survivors of GBV themselves.³⁴⁹

Support in BARMM

141. In BARMM, UNFPA support included setup of several tents in the Cotabato Regional Medical Center for the provision of 24/7 SRH services including a delivery room and a space for FP material distribution and training. Service provision amounted to 10-15 patients per day for a one-year period. Services reached in particular vulnerable groups as women and adolescent girls of more well-off households were making use of private hospital services. Moreover, UNFPA through its IPs, supported the survivors of GBV during the emergency response. As part of the Women Friendly Spaces, a cash for work initiative was included, providing minimum wage payments for GBV survivors who could in this way rebuild their lives and earn a livelihood.³⁵⁰
142. Support included the protracted humanitarian emergency in Marawi city as it had been almost 24 months since the crisis ended with 122,000 IDPs still not able to return to their homes and rebuild their lives, living in temporary settlements. This programme, moreover, included support to more recently displaced persons in the province of Maguindanao due to armed confrontations of the Armed

³⁴⁷ UNFPA, Australia Aid, Enhancing the Capacity to Respond to Sexual and Reproductive Health and Gender-based Violence in Emergencies, Year 4 Planned Activities and Budget (July 2021 to September 2022); PSRP Monitoring Reports; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁴⁸ PSRP Inc., Cash Voucher Assistance for Pregnant Women, End of Project Report, 2020; Key informant interviews.

³⁴⁹ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁵⁰ Ibid.

Forces of the Philippines and Bangsamoro Islamic Freedom Fighters. This support was part of the peace process in response to the installation of the interim regional government of BARMM.³⁵¹

143. Cash and voucher assistance were used in BARMM making use of cash for training, including livelihoods training and training on SRH and GBV related issues, cash for health to support pregnant women and girls to make use of ante natal care and deliver in health facilities, cash for work for WFS facilitators, cash for transportation, in order to enable women and girls to access SRH services with a focus on people with disabilities and those in GIDA and underserved areas and cash for accommodation and food for women and girls attending SRH facilities far away from home. Some of the CVA interventions were provided to BIWAB.³⁵²

Response to Typhoon Odette in Southern Leyte province³⁵³

144. Super typhoon Odette, internationally known as Rai, struck the Philippines in December 2021 and brought devastation in particular in Southern Leyte province in Eastern Visayas region and Surigao del Norte in Caraga region, Mindanao. UNFPA response in Southern Leyte, was based on an evidence-based approach, starting with a situation analysis and being one of the first UN agencies to support the response with the first UNFPA team deployed December 25, 2021 to January 7, 2022. With much of the health infrastructure affected, tent hospitals were setup in three most affected municipalities. Pregnant and lactating mothers and adolescents in evacuation centers were identified as particularly vulnerable groups. UNFPA also provided support to the reconstruction of affected health facilities and delivered dignity kits for women and adolescent girls as part of the immediate response. Women Health on Wheels, a mobile BEMONC facility, was sent from Eastern Samar to provide services for a three months period, but due to administrative issues, use got delayed and it was operational for one month only. Cash voucher assistance was provided to pregnant women to deliver in temporary health facilities with Barangay Health Workers identifying pregnant women and supporting them to deliver in a facility with pregnant adolescents referred to a hospital. For the identification of vulnerable groups use was made of DSWD lists of vulnerable persons, including people with disabilities and female headed households, which lists were validated by IPs concerned. Inclusion of a focus on LGBTQI was recognized as in need of more support, including by partner agencies. UNFPA provided Women Friendly Spaces and trained facilitators. It was recognized that in particular in the early stages of the emergency, there could be a tradeoff between fast delivery and including the most vulnerable and reaching the farthest behind. Moreover, available funding limited the reach of the support. With the typhoon hitting during the COVID-19 pandemic this concerned a crisis within a crisis situation and attention of support included prevention of further spread of the virus.³⁵⁴
145. UNFPA support was integrated in the provincial emergency implementation plan. The setup of women friendly spaces (WFS) in one city and 4 municipalities and training of 100 facilitators to provide support in these locations was done in close coordination with DSWD and Barangay VAWC desk officers and women leaders in the communities affected. WFS facilitators were trained in a 3.5-day period in which

³⁵¹ UNFPA Philippines, Ensuring provision of life-saving SRH and GBV-related interventions for crisis situations in the Provinces of the Bangsamoro Autonomous Region in Muslim Mindanao, Philippines, 15 July 2019 to 14 July 2020; UNFPA Philippines, Emergency Fund Maguindanao Final Report February 2022; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁵² MOSEP Monitoring Reports; MMI Monitoring Reports; UNFPA Philippines Annual SIS Reports; Key Informant interviews.

³⁵³ While response to typhoon Odette focused on both the province of Southern Leyte and parts of Caraga region, focus is on the first with the evaluation team having had the opportunity to include Southern Leyte in the field phase of the evaluation. The focus on this province enabled a more detailed view on ways in which UNFPA responded to this emergency situation. UNFPA Philippines, Annual SIS Reports, Key informant interviews.

³⁵⁴ UNFPA Philippines, Strengthening Philippines CO response to support life-saving SRH and GBV services for communities affected by Super Typhoon Rai, 25 January–24 July 2022, Emergency Fund Request Form; World Vision Development Foundation, Monitoring Report; UNFPA Philippines Annual SIS Reports; Key informant interviews.

a variety of topics were discussed including first aid, GBV, referral pathway and multi-disciplinary team case management of GBV cases. Trainees were selected by the DSWD of the municipalities concerned. Ages of women facilitators ranged from 25 to 60. Some of the WFS facilitators were Barangay health workers. As the WFS facilitators were volunteers, they received an incentive of 400 Peso per day for 10 days per month with an additional 1,000 P for communication costs and 500 P for transport, adding up to P 5,500 per month for which they needed to submit time sheets. Services were provided from February to May working with Plan International and from September to December in cooperation with Accord, with no services available from June to August due to lack of donor support, which made it a challenge to restart the support in June.³⁵⁵

146. The WFS provided safe spaces for women and adolescent girls in these periods, with referrals to health facilities for pregnant women and girls and additional other service provided for GBV survivors. In addition to information sharing for women on SRHR and GBV related issues, the space was used for recreational purposes. Over time, new activities were developed and the space was used to conduct training in particular for youth on SRHR issues as well as income generating activities for women and adolescent girls. An innovation concerned the support to mental health and psycho-social services for women and adolescent girls. WFS facilitators were involved in community outreach so that support went beyond the WFS itself to the wider communities in which they operated. One of the constraints concerned the fact that the tents, under the weather conditions in Southern Leyte, proved to become very hot and fans were put in place with in some other instances, air conditioning installed. There were some efforts to include men and boys and LGBTQI+ in the support provided, in particular young men interested in receiving MHPSS services, some of whom were also survivors of sexual abuse. There were separate spaces for men and women where these services were offered.³⁵⁶

COVID-19 response

147. UNFPA supported pregnant women and adolescent girls during the COVID pandemic through cash and voucher assistance to promote ante natal care visits, facility-based delivery and post-natal care visits because this type of assistance was shown to enhance the use of MNH amidst the COVID-related lockdowns. Additional support was provided through online means, including the establishment of RH-Info through which women and adolescent girls could access information including details on service provision (see under SRHR outcome area of the programme) but was provided in-person once lock down measures were eased. UNFPA focused support on those areas most heavily affected by the pandemic, in particular peri-urban areas in the vicinity of the national capital. Advocacy on SRHR and GBV prevention and response requirements during the pandemic was conducted through policy briefs for DOH and other relevant agencies and which were submitted to the Philippines Senate.³⁵⁷
148. UNFPA developed COVID-19 chronicle videos for Gender Based Violence (“Katok”), Safe Motherhood (“Baby”), Family Planning (“Love in the Time of COVID-19”), and a Tribute to Frontliners (“Di Mandirigma/Not Warriors”) to support behavioral change communications. Approximately 500,000 individuals were reached by the videos through a dedicated Facebook page. Another innovation was the inclusion of psycho-social issues in training for health workers focusing on relieving mounting stress on health workers during the pandemic and enabling them to support pregnant women to deal with enhanced levels of stress. UNFPA supported DSWD in the review of the operational guidelines for safe spaces for women and girls in the context of the pandemic in order to ensure that the response would be in line with the COVID-19 protocols and requirements of DSWD. The conduct of the review

³⁵⁵ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁵⁶ Ibid.

³⁵⁷ UNFPA Philippines, Annual SIS Reports; Key informant interviews.

was relevant as GBV has been considered as a shadow pandemic with an expected increase in the number of GBV cases during the lockdowns, most of which would go unreported.³⁵⁸

149. Critical PPE and dignity kits were provided to the Department of Health, Department of Social Welfare and Development, and most affected areas, including City of Marikina, LGUs in Taal, Batangas, Iloilo, Bacolod, Ilocos Norte, and BARMM ministries (i.e., MOH, MSSD and MILG).³⁵⁹
150. Maternal Health and Psycho-Social Services (MHPSS) was a Canada supported project responding to the changed RH needs due to the COVID-19 pandemic with the inclusion of psycho-social services in maternal health services. This was based on the observation that pregnant women have psychological changes during their pregnancy, something which was exacerbated during the pandemic with a need to provide support concerned. The project focused on the training of Barangay workers on MHPSS and assessing whether they in practice provided such services. The project operated from March 2021 to June 2022 in ten LGUs.³⁶⁰
151. The BRAVE initiative was a joint programme of UNFPA with UNICEF and WHO in which UNFPA included mental health support during the COVID-19 response. The programme focused mostly on delivering psychosocial services to women and adolescent girls, alongside creation of online platforms (apps and social media pages) to deliver support to women and adolescent girls. This complemented the GBV response during the pandemic where the lockdowns contributed to an increase in undocumented instances of violence towards women and children, and response to other forms of online-based violence.³⁶¹
152. WFS facilitators in various parts of the country, consisting of women leaders, young adults, and BIWAB, were active in addressing issues of GBV at the community level by acting as peer counselors, first responders and part of support groups, with their support integral to the GBV referral pathway. WFS facilitators' capacities were built after which they have been involved in education and advocacy campaigns involving GBV and SRH in their communities through dissemination of information. This has been strategic in particular during the management of COVID-19 lockdowns, when access to information was more difficult.³⁶²
153. Aimed for transport of health workers to pregnant women in need, RH e-bikes were provided in Laguna and Rizal during COVID-19 pandemic. This covered initially 10 LGUs with later 10 more added, with a total of 20 LGUs covered. In addition to the COVID pandemic, they were also used in other local emergency situations, vaccination drives and routine work. The bikes were also used for COVID and other health related issues, including TB, getting medicines to patients. In this respect, the bikes were multi-functional. Mobility was key in selected areas with lockdowns limiting movement of women for which RH e-bikes filled this gap. RH e-bikes were deployed in selected municipalities in DOH-4A and served a total of 5,317 women and adolescent girls of reproductive age, of which 90% became family planning users.³⁶³
154. WFS facilitators in various parts of the country, consisting of women leaders, young adults, and BIWAB, have been active in addressing issues of GBV in the community by acting as peer counselors, first

³⁵⁸ GBV has been dubbed as a shadow pandemic, especially during COVID: <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>. Women Friendly Space (WFS), Operational Guidelines in the Context of the COVID-19 pandemic (not dated); MMI Monitoring Reports; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁵⁹ UNFPA Philippines Annual SIS Reports; Key informant interviews.

³⁶⁰ Ibid.

³⁶¹ Philippine Mental Health Association Monitoring Reports; Accord AWP M&E Cleared; UNFPA Philippines Annual SIS Reports; Key informant interviews.

³⁶² Ibid.

³⁶³ UNFPA Annual SIS Reports; Key informant interviews.

responders, support group, and integral to the GBV referral pathway – especially in humanitarian contexts. WFS facilitators have been involved in education and advocacy campaigns involving GBV and SRH in their communities by utilizing ‘recorida’ to disseminate information. This has been strategic as well during the COVID-19 lockdowns where access to information was crucial.³⁶⁴

Cash and Voucher Assistance (CVA) based Support

155. During the period under review and in particular during the COVID-19 pandemic, UNFPA has supported several cash or voucher assistance (CVA) initiatives in which participants received cash or vouchers in exchange for fulfilling a specific requirement, which could include ANC visits, delivery in a facility, post-natal care, participate in training or work as facilitator in WFS. Cash assistance has resulted in changes in outlook and behavior amongst participants and contributed to their self-confidence and empowerment. This goes for example for the BIWAB trained to become para social workers and young female and transgender with risky sexual behavior, who participated in trainings which changed their behavior and added opportunities in terms of their livelihoods. The cash and voucher assistance has shown to be an effective tool to empower individuals from various vulnerable groups, and this type of financial support can be an effective form of development intervention. However, question of sustaining these schemes is tied to financial constraints as funding on the part of international donors is limited, and the government often contends with lack of resources. Many of the initiatives supported were for relatively short time period of 3 months to one year. Though the aim of the CVA was to target particularly vulnerable women and girls, this could not always be guaranteed due to the limitations in the data of the Rural Health Units concerned, which did not necessarily include data on socio-economic status of the target group.³⁶⁵
156. A joint UNFPA-Johns Hopkins University mixed methods evaluation study carried out in 2021-2022 showed that women and adolescents who received cash assistance were significantly more likely than the comparison group to have a facility-based delivery (86.4% vs. 58.7%), were more satisfied with services provided (98.1% vs. 83.9%) and more likely to plan for future pregnancies to be delivered in a health facility (95.8% vs. 64.0%), compared to the women in the comparison group. Such evidence will be useful in the further use of CVA schemes in the near future in the Philippines and beyond.³⁶⁶

³⁶⁴ MMI was one of the implementing partners concerned, UNFPA, MMI workplan 2019, MMI workplan 2020; Key informant interviews.

³⁶⁵ UNFPA, Philippines and UNFPA Humanitarian Office, CVA Case Study, Cash Assistance to Access Sexual and reproductive Health services and Reduce Maternal Deaths in the Philippines, April 2022; UNFPA, Philippines and UNFPA Humanitarian Office, Cash for Protection for Women at risk and Survivors of Gender-Based Violence: The Philippines, April 2022; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁶⁶ From 2019 to 2022, a total of 22,157 pregnant women and girls were provided cash assistance. UNFPA, Humanitarian Response Division and UNFPA Philippines, Johns Hopkins Center for Humanitarian Health, Expanding the Evidence Base on Cash, Protection, GBV and Health in Humanitarian Settings. Cash to Increase Facility-Based Deliveries in the Philippines, March 2023.

Annex 5: Evidence base underpinning the analysis of Connectedness

Review of the Magna Carta of Women in a humanitarian context

157. UNFPA facilitated the review of the Magna Carta of Women (MCW) to examine its relevance and implementation in humanitarian contexts. This assessment revealed the following: 1. gaps in gender responsiveness and accountability mechanisms, 2. uneven awareness of the mandates and duties articulated under the MCW at the local level, and 3. lack of resources to carry out effective response, including staff shortage, inadequate training, and M&E framework.³⁶⁷

Linkages between humanitarian response and development in Southern Leyte

158. An example of UNFPA support of linkages between humanitarian and development comes from Southern Leyte in relation to response to Typhoon Odette, in which UNFPA remained present after the first six months of the disaster response supported through CERF, in order to support the reconstruction phase in the aftermath of the typhoon, once temporary measures, including WHOW, were phased out. This project concerned followed up on the gains made during the initial 6 months emergency phase and was planned for another 6 months but due to a late start there were only 4 months of operation, with the project closing on 31 December 2022. It was supported by the Provincial Government of Southern Leyte, Philippine Society for Responsible Parenthood, ACCORD and USAID.³⁶⁸
159. Rehabilitation support focused around SRHR and GBV and included four components. The first focused on augmenting existing staff capacities in 6 selected municipalities including seven nurses and seven midwives and the provision of ultrasound equipment with support to BHWs to conduct house-to-house visits and refer pregnant women to the rural health unit in their areas.³⁶⁹
160. The second focused on GBV, with in October of 2022, 50 participants representing all LGUs in Southern Leyte, trained on GBV related issues during a 5-day event, including multi-sector case management and referral pathway. Municipal health officers were included, who in turn provided training to Barangay Health Workers in their areas. A total of 30 BHW from the 6 GIDA LGUs were trained on GBV as part of SRH services with the integration of mental health and psycho-social issues and attention to referral pathways for survivors. This was the first time that the BHWs were made aware of international standards concerned and got training in case management of survivors of GBV and clinical management of rape. This started a change in attitude of BHW towards GBV survivors, applying a more survivor-oriented approach. In addition, social workers were trained as part of the multi-sector case management approach. There was no direct support to the police as the donor concerned did not consent to support to law enforcement.³⁷⁰
161. A third component of the project focused on strengthening of the health care network through provincial implementation team meetings, enhancing coordination and cooperation across municipalities within the province of Southern Leyte. A fourth component focused on safe motherhood, in cooperation with USAID, including the provision of transportation, accommodation food and maternal care to pregnant mothers using a voucher system.³⁷¹

³⁶⁷ CATW-AP Monitoring Report; UNFPA Philippines, Annual SIS Report 2021, Key informant interviews.

³⁶⁸ Philippine Society for Responsible Parenthood, Provincial Government of Southern Leyte and UNFPA, Deployment of Health Human Resources (HHR) Support in Southern Leyte, Humanitarian Response on the continuity of support to integrated Maternal and Sexual and Reproductive Health to typhoon Odette-affected Southern Leyte; PSRP Monitoring Report 2022; Accord Monitoring Report; UNFPA Philippines, Annual SIS Reports; Key informant interviews.

³⁶⁹ PSRP Monitoring Report 2022; UNFPA Philippines Annual SIS Reports; Key informant interviews.

³⁷⁰ Accord Monitoring Report 2022; PSRP Monitoring Report 2022; UNFPA Philippines Annual SIS Reports; Key informant interviews.

³⁷¹ PSRP Monitoring Report 2022; UNFPA Philippines Annual SIS Reports; Key informant interviews.

162. Informed by the use of WHOW in Southern Leyte, DOH donated 10 local health trucks for local health facilities, providing access to SRH services in remote areas beyond the period of crisis of which three have been deployed so far.³⁷² The emergency response GBV work was related to longer term development, as the GBV coordination system of the GBV sub-cluster in Southern Leyte was sustained after the ending of the UNFPA support and was integrated into the regular programming with key responsibilities concerned identified. Moreover, UNFPA worked together with UNICEF to support integration of SRHR and GBV related requirements in provincial plans for emergency preparedness. Moreover, support was provided to LGU partners to sensitize them to the need to including emergency preparedness in longer term local development plans.³⁷³
163. The evaluation team had the opportunity to discuss with one of the local teams, including a doctor, social worker and police officer, of which the first two had been trained and the three of them, all women, worked closely together in terms of multi-sectoral case management, practicing what they learned in trainings from UNFPA, in the case of the police officer as part of the previous country programme. They saw the reported cases of GBV increase over time in their area. In the community concerned, they had been involving men in advocacy work, through an annual information drive called 'Men Opposed to Violence Everywhere', or short 'MOVE'. Main constraint concerned that survivors of GBV often lacked livelihood support and in the area concerned there is no shelter where survivors can temporarily stay, away from their perpetrators. Though training was often focused on various relevant service providers there remained a need to sensitize LGU officials in order for them to realize that resources need to be put to GBV prevention and response.³⁷⁴
164. Another important constraint identified concerned the available human resources, including the lack of sufficient BEMONC certified midwives and doctors in the Rural Health Units of the targeted municipalities, lack of equipment and the absence of an ultrasound technologist to operate the three ultrasound units provided through the project.³⁷⁵ The human resource availability could in the future be further skewed with the implementation of the Mandanas-Garcia ruling, in which health related spending will be up to the LGU in which some LGUs may provide better condition for their staff than others which could result in shortages in some areas where LGUs would have less resources or be less willing to spend on health and in particular SRHR related issues.³⁷⁶

Emergency Preparedness, Anticipatory Action (AA), MISP and GBViE

165. In terms of preparedness, UNFPA has supported pre-positioning of medical and other supplies for emergencies for distribution to women and adolescent girls and RH kits for alternative health facilities in order to ensure ongoing SRH service provision for women and adolescent girls as well as training in MISP and GBViE.³⁷⁷ Capacity development has prepared frontliners (WFS facilitators, healthcare workers) to respond to crisis situations and be called during times of disasters. Activation of response, including the initiation of the coordination through SRHR and GBV sub-clusters depended on the request of the national Government or a request from sub-national government with approval from

³⁷² UNFPA Philippines, Annual SIS Report 2022.

³⁷³ PSRP Monitoring Reports; UNFPA Philippines, Annual SIS Report 2022; Key informant interviews.

³⁷⁴ Key informant interviews.

³⁷⁵ PSRP Monitoring Reports; UNFPA Philippines, Annual SIS Report 2022.

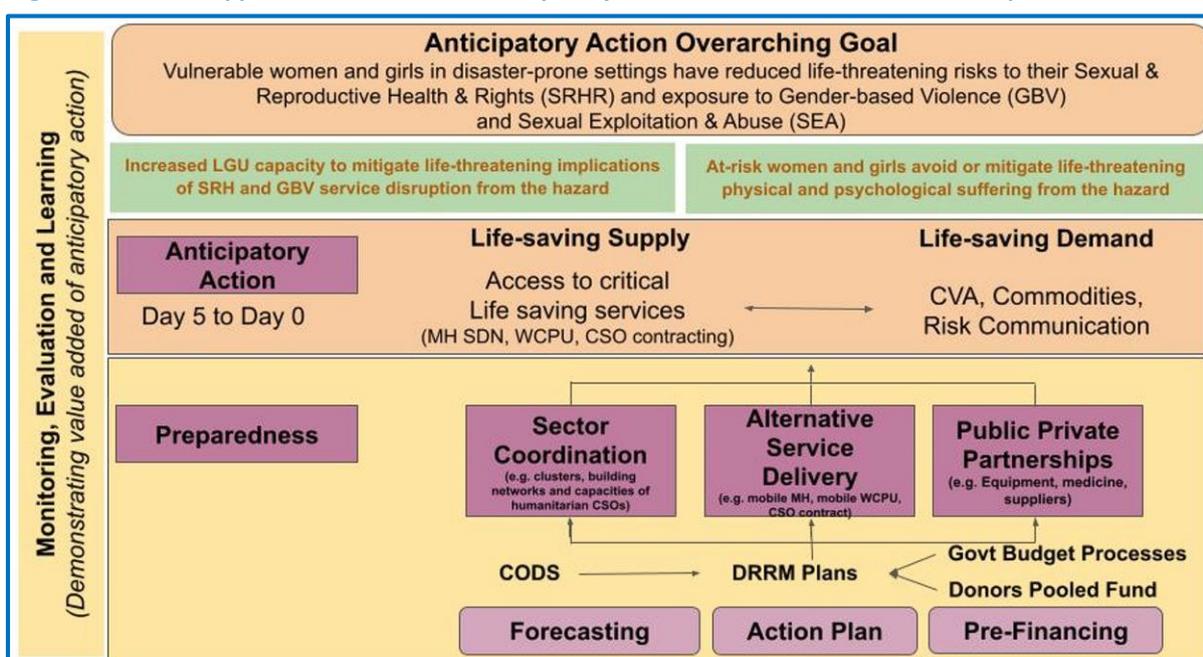
³⁷⁶ Key informant interviews. One of the lessons learned from the project included that the planning for Health Human Resources augmentation deployment with respect to the types of SRH services may be guided by the data from local health authorities. For example, the deployment may be guided by the projected number of pregnant women due for delivery for a certain timeframe or the number of FP users due for commodity resupply.

³⁷⁷ Australian Department of Foreign Affairs and Trade, UNFPA, Enhancing Capacity to Respond to Sexual and Reproductive Health and Gender-Based Violence in Emergencies, May 2018; Key informant interviews.

the national Government. Thus, the cluster and sub-cluster coordination mechanism that had been dormant for large part of 2019 was re-activated in 2020.³⁷⁸

166. Prepositioning project, funded by DFAT, was ended in September 2022 and was expected to be renewed for another three-to-five-year period as prepositioning will continue to be required in the context of the Philippines where disasters happen often and typhoons appear to gain in strengths. In the world disaster risk indicators, Philippines recently was put at number one, i.e. higher than previously. As Philippines has the supplies, main concern focuses on capacity development. UNFPA has submitted a new multi-year prepositioning proposal for a 3 – 5-year period, building capacities of LGUs in prepositioning, with including attention to aspects of inclusiveness in term of preparedness and response to the need of LGBTQI, the elderly and PWDs.³⁷⁹
167. Moreover, UNFPA was part of the Anticipatory Action initiative, addressing preparedness and risk reduction five days before the expected landfall of a typhoon. Anticipatory Action (AA) also known as Early Warning, Early Action or Forecast based Financing is an innovative mechanism for social protection. The programme has the objective to trigger pre-agreed early actions with pre-approved finances when emergency forecasts that are science-based reach a pre-defined threshold. In this sense the programme is informed by a risk assessment and responsive to expected shocks before these occurs. The expectation is that through the release and use of funding in anticipation of a crisis, damage, loss and suffering will be reduced, if not entirely avoided and effects on people’s lives, livelihood and income mitigated.³⁸⁰
168. UNFPA Philippines framework for Anticipatory Action, which was part of the prepositioning initiative, focused on enhancing LGU capacities to mitigate SRH and GBV risk of service disruptions and women and adolescent girls who are at risk of being affected by the threat identified, taking action to avoid or mitigate life-threatening physical and psychological suffering, in particular those related to SRHR and exposure to GBV and other harmful practices. The model aspires to reach women and adolescent girls on the basis of ‘evidence of risk’. So far, the criteria for triggering the initiative were defined as a category 4 or 5 typhoon headed for the provinces of Catanduanes and Eastern Samar. Once the triggers are activated, funding from CERF has been secured to fund the actual response activities under the Anticipatory Action initiative. For an overview of the entire framework see figure below.³⁸¹

Figure: UNFPA Philippines Framework for Anticipatory Action centered on SRHR and GBV protection needs



Key informant interviews.

³⁸⁰ Ibid.

³⁸¹ World Vision Monitoring Report 2021; UNFPA Philippines Annual SIS Reports 2021, 2022; Key informant interviews.

169. An AA working groups was created in BARMM under the Bangsamoro Disaster Risk Reduction and Management Council in July 2021, co-chaired by MILG and Ministry of Agriculture and Agrarian Reform with participation of twelve other Government Ministries and Agencies. Constraint identified included that it is difficult for government agencies to disburse emergency related funds before the emergency occurs. For this to happen a policy change in terms of financial spending will be required. So far, the trigger for typhoon events have been identified.³⁸²
170. Nevertheless, most recently the typhoon Paeng did not trigger the support, as it was expected to be a lower category typhoon, though it unexpectedly developed to a category 4 at landfall and went to a category 3 over time. However, at that time it was too late for the action concerned to get triggered, as this is based on forecast 5 days before landfall. Paeng affected many people in Catanduanes (estimates amounted to 4.2 million people) and in Mindanao with the latter affected through resulting severe flooding.³⁸³
171. With enhanced capacities of Government of Philippines in terms of emergency response, focus for UNFPA needs to further shift towards preparedness and disaster risk reduction as part of an approach to build resilience at all levels.³⁸⁴
172. Leadership course on MISP was provided to DSWD, DOH, the Department of National Defense and the Department of Local Government with the objective to integrate MISP into the local disaster risk reduction management plan (DRRMP). Leadership course for LGU, linked to MISP in selected provinces in three regions: IVA (Laguna), V (Catanduanes), and BARMM (Maguindanao). Participants were selected from different agencies with DOH as lead agency, including: Provincial health office, Provincial DSWD, Provincial DRR agency, Provincial budget agency, Policy bureau and Youth development. During the COVID-19 period, enrollment of provincial governors in the training proved not possible. The MISP training course made use of a blended type of approach including online sessions. As part of the training, leadership competencies and readiness for MISP were assessed. The sessions focused on technical and practical issues and the development of a MISP costed three-year implementation plan for the provinces. The plans were varying in overall total costs and were approved by the provincial governor. For the implementation of the plans the policy environment was important in particular given the ongoing devolution process regarding health-related services. The initiative was supported by ZFF and readied the academy of the Department of Interior and local government to further develop and implement the approach. A MISP technical roadmap was developed in October 2020 with key indicators relevant to SRHR, including access to medical services, technical information system, gender health and leadership/competency.³⁸⁵

³⁸² Republic of the Philippines, Bangsamoro Autonomous Region in Muslim Mindanao, Office of the Chief Minister, Creation of BARMM Anticipatory Action Technical Working Group, 19 July 2021; Key informant interviews.

³⁸³ UNFPA Philippines, Annual SIS Report 2021; Key informant interviews.

³⁸⁴ Key informant interviews with a variety of stakeholders.

³⁸⁵ UNFPA, Zuellig Family Foundation, Australian Aid, Progress Narrative Report of the Development of the Leadership Course on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH).; UNFPA Philippines Annual SIS Reports; Key informant interviews.