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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for the Philippines**

Proposed indicative UNFPA assistance: \$28.5 million: \$22.5 million from regular resources and \$6 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2012-2016)

Cycle of assistance: Seventh

Category per decision 2007/42: B

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

	Regular resources	Other	Total
Reproductive health and rights	12.8	3.6	16.4
Population and development	5.4	1.5	6.9
Gender equality	3.2	0.9	4.1
Programme coordination and assistance	1.1	-	1.1
Total	22.5	6.0	28.5

## I. Situation analysis

1. The Philippines consists of more than 7,000 islands and about 160 ethnic groups. The country has a real per capita gross domestic product of \$3,726 and has recently become a lower-middle-income country. However, more people are living in poverty now than when the Philippines was a low-income country. Approximately 26.5 per cent of the population lives below the poverty line, and there are wide income disparities among regions. The Autonomous Region of Muslim Mindanao, located in the south, is the poorest region, with a poverty rate of 61.8 per cent.

2. The population was 94 million in 2010. The annual population growth rate was 2.04 per cent. About half of the population lives on the island of Luzon, and approximately 11 million people live abroad. The total fertility rate declined from 4.1 children per woman in 1993 to 3.2 in 2008. The total fertility rate ranges widely among different income groups, from 2 to 6 births per woman. The country is the twelfth most populous in the world. About 63 per cent of the population lives in urban areas, which creates challenges related to poverty, employment and housing.

3. The maternal mortality ratio was 162 maternal deaths per 100,000 live births in 2006, with wide regional variations. The unmet need for family planning increased from 17 per cent in 2003 to 22 per cent in 2008. The modern contraceptive prevalence rate is 34 per cent among married women of reproductive age, but is only 22 per cent among all women of reproductive age. There are stock-outs of contraceptives in many provinces and cities. There are about 560,000 abortions per year. Given the slow progress in reducing maternal deaths and providing universal access to reproductive health services, the Philippines is unlikely to achieve Millennium Development Goal 5 (which seeks to improve maternal health) by 2015.

4. The percentage of deliveries by skilled birth attendants was 62.2 per cent in 2008. Only 26 per

cent of the poorest women gave birth with the assistance of skilled birth attendants, compared to 94 per cent of the richest women. Inadequate access to skilled health professionals, emergency obstetric care and family planning services are the main causes of preventable maternal deaths. There are inequities in access to reproductive health across economic quintiles and geographical areas. Indigenous peoples and coastal communities have high rates of maternal and neonatal deaths, due to the high incidence of early marriage and the inaccessibility of rural health units.

5. Eighty per cent of Filipinos are Roman Catholic. Surveys show that 76 per cent of Filipinos support the passage of a national reproductive health law. However, the Catholic Church supports only natural family planning methods. Currently, local reproductive health codes provide the legal framework for the procurement and provision of reproductive health information and services at the local level. With a new administration that is supportive of responsible parenthood based on informed choice, there are opportunities to improve access to family planning for the poorest.

6. Young people aged 10-24 make up 30 per cent of the population. The adolescent fertility rate (44.4 births per 1,000 women aged 15-19) is especially high among the poor. Young people accounted for half of all reported sexually transmitted infections and a third of new HIV cases in 2010.

7. The Philippines scores relatively well on international gender equality measures and indices. It ranks 59 of 108 countries on the gender empowerment measure and 9 of 134 countries on the global gender gap index. Nevertheless, violence against women is a continuing public health and human rights concern. One in five women aged 15-49 years has experienced physical violence, and one in 10 women has experienced sexual violence. Discriminatory

provisions persist in the family code, anti-rape law and the code of Muslim personal laws.

8. The Philippines is one of the most disaster-prone countries in the world. Climate change and the long-running armed conflict in the south exacerbate the vulnerability of the country. The resultant displacements of people and adverse social and economic impacts contribute to the fragile environment for peace and development.

9. The country has a limited capacity to generate, collect, analyse, disseminate and utilize accurate, high-quality and disaggregated data and information on population, reproductive health and gender areas. This hampers efforts to ensure evidence-based planning and policymaking at national and subnational levels.

## II. Past cooperation and lessons learned

10. UNFPA and the Government extended the sixth UNFPA country programme, 2005-2009, for two years to align the next country programme with the Philippine development plan, 2011-2016. The programme supported: (a) advocacy, training and service delivery in 10 of the 30 poorest provinces; and (b) the provision of contraceptives in approximately one third of the municipalities and one half of the cities nationwide.

11. The country programme contributed to increases in: (a) public awareness of population and reproductive health issues; (b) skilled birth attendance; (c) the use of antenatal care; and (d) the number of deliveries at health facilities. Advocacy and policy dialogue led to the passage of the Magna Carta of Women and to local reproductive health codes in 60 per cent of UNFPA-assisted municipalities. The programme also established a national consortium of family planning training institutions and service-delivery organizations.

12. The evaluation of the previous country programme found that it had contributed to improved reproductive health outcomes in 30

very poor municipalities in the 10 provinces supported by UNFPA. There were increases in: (a) skilled attendance at birth (a 5 to 28 per cent increase); (b) the number of women making at least four prenatal care visits (an increase of 28 per cent); (c) the number of deliveries occurring in health facilities (a 19 per cent increase); and (d) the modern contraceptive prevalence rate (a 9 per cent increase). When donor support ended in 2008, UNFPA ensured the uninterrupted provision of family planning commodities for the poor by working through the Leagues of Municipalities and Cities.

13. The evaluation identified the need to: (a) increase emphasis on the quality of reproductive health care and services; (b) improve programme design by integrating different thematic components; (c) strengthen programme sustainability; (d) develop a dynamic monitoring system; (e) reduce transaction costs; (f) and improve efficiency in programme delivery. The evaluation also recognized the importance of government ownership, committed leadership, the inclusion of young people's concerns, and good documentation of processes.

## III. Proposed programme

14. The proposed country programme will focus on upstream policy support and catalytic interventions in selected geographical areas and United Nations convergence sites, based on identified needs, political commitment, and the government conditional cash transfer programme for poverty reduction. The programme will seek to strengthen institutions and systems and leverage partnerships rather than emphasize direct service delivery. The programme will expand public-private partnerships in order to leverage resources for good practices and provide effective programme models. Advocacy will continue to play a key role in the programme.

15. The programme is based on the situation analysis, lessons learned from past programmes, the Programme of Action of the International Conference on Population and Development, and

the Millennium Development Goals. The programme will seek to provide access to indigenous populations, the urban poor and populations that are most at risk. It will encourage greater participation of women in the peace process, integrate emergency reproductive health interventions, and incorporate population considerations into efforts to reduce disaster risks and adapt to climate change.

16. The programme will be aligned with the Philippine development plan, in accordance with the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. It will be based on the United Nations Development Assistance Framework (UNDAF), 2012-2018. UNFPA will continue to participate in joint programming initiatives and common services of the United Nations system.

#### *Reproductive health and rights component*

17. This component will contribute to the reproductive health, maternal and neonatal health sub-outcome of the UNDAF, which is: increased utilization of integrated, high-quality reproductive health, maternal health and neonatal health services by women and their newborn infants, young people and men.

18. Output 1: Strengthened capacity of health systems to deliver core reproductive health information and services to women and their newborn infants, young people and men, particularly in selected geographical areas that are isolated and disadvantaged, and in humanitarian situations. Support to health systems will strengthen the three-pronged approach to reduce maternal mortality. That approach focuses on access to family planning and reproductive health services, the continuum of care by skilled health personnel, and easy access to emergency obstetrical care and newborn care. The programme will also ensure the implementation of policies that strengthen the capacity of midwives to perform lifesaving skills. In addition, the programme will support women's and children's protection units in government

hospitals, in order to identify and support victims of gender-based violence.

19. To meet the sexual and reproductive health needs of young people, the programme will support life skills-based curriculum in technical and vocational education, pre-service training of teachers, alternative learning systems, parent education sessions, peer education and health services.

20. To address stock-outs and enhance reproductive health commodity security, the programme will strengthen logistic information systems and provide support through the Department of Health and local governments. The programme will advocate a government policy that includes the minimum initial service package as part of public health emergency interventions.

21. Output 2: Women, young people and men, including Muslims and indigenous peoples, particularly in geographically isolated and disadvantaged areas, are able to demand and access high-quality reproductive health services. The programme will support non-governmental organizations (NGOs) to empower women to exercise their reproductive rights. Community support systems, such as women's health teams, will continue to carry out initiatives that enable stakeholders to demand high-quality sexual and reproductive health services.

#### *Population and development component*

22. This component will contribute to the population and development sub-outcome of the UNDAF, which is: the creation of a national and local policy environment conducive to population management, including the allocation and utilization of funds for its execution.

23. Output 1: Relevant government agencies are able to generate, analyse and disseminate data on population, sexual and reproductive health, HIV/AIDS, gender and youth, and to utilize data in national and local policymaking and development planning. The programme will

support surveys and research on maternal mortality, indigenous peoples, adolescent fertility and sexuality, and the prevalence of violence against women, and will disaggregate data by age, sex, ethnicity, geography and socio-economic status, as appropriate. The programme will also support policy studies to analyse socio-economic and demographic perspectives on reproductive health and population issues to inform policy, advocacy and decision-making.

24. Output 2. Strengthened capacity of civil society, including faith-based organizations, youth, media and private sector groups, to advocate the passage of population policies that will establish the legal framework to implement reproductive health programmes. The programme will strengthen and expand existing civil society networks and will mobilize new groups, such as agrarian reform beneficiaries and fishing communities, at national and local levels. The programme will link the networks and groups to improve advocacy efforts.

#### *Gender equality component*

25. This component will contribute to the women's empowerment sub-outcome of the UNDAF, which is: the capacity of the Government to protect, fulfil and promote the rights of women and girls, especially the marginalized, as defined and guaranteed in the Magna Carta of Women, is strengthened.

26. Output 1: Enhanced national and local government capacity to implement, monitor and evaluate policies and plans to ensure reproductive rights and to combat gender-based violence. The programme will strengthen: (a) the monitoring and evaluation mechanisms of the Magna Carta of Women; (b) the investigation and resolution of violations against women; (c) advocacy aimed at repealing discriminatory provisions of certain laws, such as the code of Muslim personal laws and the anti-rape law; and (d) monitoring compliance with United Nations Security Council resolutions 1325 and 1820 to protect women in armed conflicts against sexual and gender-based

violence and increase their participation in the peace process. The programme will continue to support: (a) the institutionalization of performance standards related to violence against women; (b) the referral system; (c) the national documentation system; and (d) gender and development codes.

27. Output 2: Enhanced capacity of civil society to advocate reproductive rights and to combat gender-based violence and harmful practices. The programme will strengthen selected civil society organizations advocate the rights of women and girls. This will facilitate the civil society-led monitoring of compliance with the Convention on the Elimination of All Forms of Discrimination against Women, the Magna Carta of Women, and legislation related to violence against women and United Nations Security Council resolutions 1325 and 1820.

#### **IV. Programme management, monitoring and evaluation**

28. The national programme steering committee, chaired by the Secretary of the National Economic and Development Authority, will manage the programme. The monitoring and evaluation of programme implementation will be in accordance with UNFPA and United Nations Development Group guidelines. The Government and UNFPA will conduct reviews and evaluations to assess programme performance, modify strategies to achieve greater effectiveness, identify lessons learned, and expand good practices.

29. The UNFPA country office consists of a representative, two assistant representatives, an operations manager, and other national programme, project, administrative and financial support staff. UNFPA will recruit additional staff as needed, and will seek technical assistance from national, regional and international institutions and experts.

## RESULTS AND RESOURCES FRAMEWORK FOR THE PHILIPPINES

<b>National priorities:</b> justice, good governance, job creation, responsible parenthood, universal health care and poverty reduction <b>UNDAF outcomes:</b> by 2018, (a) the poor and vulnerable will have improved access to high-quality social services, with a focus on the Millennium Development Goals; (b) more people will have decent and productive work, fuelled by robust, inclusive and sustainable growth; (c) the capacity of stakeholders and duty-bearers is strengthened to promote human rights, inclusivity, integrity, accountability and the rule of law in governance; and (d) vulnerable communities and natural ecosystems are resilient to threats, shocks, disasters and climate change				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><b>Outcome:</b> Increased utilization of integrated, high-quality reproductive health, maternal health and neonatal health services by women and their newborn infants, young people and men</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Unmet need for family planning among married women of reproductive age Baseline: 22%; Target: 11% by 2015</li> <li>• Contraceptive prevalence rate for modern methods Baseline: 34%; Target: 63%</li> <li>• Percentage of pregnant women receiving four antenatal care visits Baseline: 78%; Target: 88%</li> <li>• Percentage of births attended by skilled health professionals Baseline: 62%; Target: 85%</li> <li>• Percentage of women aged 15-19 years who have begun childbearing Baseline: 10%; Target: 5%</li> <li>• Percentage of the population that is most at risk that correctly identifies ways to prevent the sexual transmission of HIV and that rejects misconceptions about HIV transmission Baseline: female sex workers: 30%; Target: 50%</li> </ul>	<p><b>Output 1:</b> Strengthened capacity of health systems to deliver core reproductive health information and services to women and their newborn infants, young people and men, particularly in selected geographical areas that are isolated and disadvantaged, and in humanitarian situations</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of health facilities meeting minimum national standards in the provision of core reproductive health information and services, including services on maternal and neonatal health, family planning, adolescent sexual and reproductive health, sexually transmitted infections and HIV/AIDS, in programme areas Baseline: 20%; Target: 60%</li> <li>• Percentage of tertiary-level health facilities with functioning women's and children's protection units that meet minimum national standards in programme areas Baseline: 10%; Target: 70%</li> <li>• Percentage of local government units using the logistics management information system on vital reproductive health and family planning commodities in programme areas Baseline: 20%; Target: 60%</li> <li>• Percentage of health facilities with no stock-outs of at least three modern family planning methods Baseline: 20%; Target: 60%</li> </ul> <p><b>Output 2:</b> Women, young people and men, including Muslims and indigenous peoples, particularly in geographically isolated and disadvantaged areas, are able to demand and access high-quality reproductive health services in programme areas</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Percentage of local government units with organized community support networks, including women's and community health teams, in programme areas Baseline: 30%; Target: 60%</li> </ul>	<p>Commission on Higher Education; Commission on Human Rights; Department of Education; Department of Health; National Commission on Indigenous Peoples; local government units and associations; national consortium of family planning training institutions and service delivery organizations; Philippine Health Insurance Corporation</p> <p>Civil society organizations; NGOs</p> <p>World Health Organization, United Nations Children's Fund</p> <p>Development partners (Australian Agency for International Development; European Union; Spanish Agency for International Development Cooperation, United States Agency for International Development)</p>	<p>\$16.4 million (\$12.8 million from regular resources and \$3.6 million from other resources)</p>

Population and development	<p><b>Outcome:</b> The creation of a national and local policy environment conducive to population management, including the allocation and utilization of funds for its execution</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Increased investments in population management and reproductive health, especially family planning</li> </ul> <p>Baseline: 150 million pesos Target: 1 billion pesos, or approximately \$22.8 million</p>	<p><b>Output 1:</b> Relevant government agencies are able to generate, analyse and disseminate data on population, sexual and reproductive health, HIV/AIDS, gender and youth, and to utilize data in national and local policymaking and development planning</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of national government agencies and local government units with personnel capable of formulating national and local development plans that integrate population situation analyses and population data</li> </ul> <p>Baseline: about 3%; Target: 20%</p> <ul style="list-style-type: none"> <li>Percentage of local government units with personnel trained to undertake participatory pro-poor and gender-responsive budget preparation, analysis and implementation in programme areas</li> </ul> <p>Baseline: 0%; Target: 20%</p> <p><b>Output 2:</b> Strengthened capacity of civil society, including faith-based organizations, youth, media and private sector groups, to advocate the passage of population policies that will establish the legal framework to implement reproductive health programmes</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of civil society organizations that have sponsored an evidence-based policy dialogue on population and reproductive health with parliamentarians, civil society organizations, faith-based organizations, the media and other groups. Baseline: 30%; Target: 50%</li> </ul>	<p>Advocacy consortium; Commission on Population; local government units and local government associations</p> <p>Civil society organizations</p> <p>Development partners (Australian Agency for International Development; European Union; Spanish Agency for International Development Cooperation)</p>	<p>\$6.9 million (\$5.4 million from regular resources and \$1.5 million from other resources)</p>
Gender equality	<p><b>Outcome:</b> The capacity of the Government to protect, fulfil and promote the rights of women and girls, especially the marginalized, as defined and guaranteed in the Magna Carta of Women, is strengthened</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>National and local laws and policies are amended or enacted in accordance with the Magna Carta of Women</li> <li>The existence of national and subnational mechanisms for integrated service delivery for gender-based violence</li> </ul> <p>Baseline: 0; Target: 12</p> <p>Baseline: 0; Target: 10</p>	<p><b>Output 1:</b> Enhanced national and local government capacity to implement, monitor and evaluate policies and plans to ensure reproductive rights and to combat gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of national government agencies and local government units with functional gender and development database</li> <li>Percentage of national government agencies and local government units with functional monitoring mechanisms for the implementation of laws (the Magna Carta of Women and laws relating to violence against women)</li> <li>Number of legislative bills filed that will amend or repeal discriminatory provisions of existing laws</li> </ul> <p>Baseline: 5%; Target: 20%</p> <p>Baseline: 0; Target: 10%</p> <p>Baseline: 0; Target: 3</p> <p><b>Output 2:</b> Enhanced capacity of civil society to advocate reproductive rights and to combat gender-based violence and harmful practices</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of civil society organizations with personnel able to advocate on behalf of reproductive rights and the prevention of gender-based violence</li> <li>Percentage of local government units with quick-response teams to combat violence against women and which can be readily deployed in humanitarian crisis situations</li> </ul> <p>Baseline: 5%; Target: 20%</p> <p>Baseline: 10%; Target: 50%</p>	<p>Commission on Human Rights; Departments of: the Interior and Local Government; Justice; and Social Welfare and Development; local government units and local government associations; Office of the Presidential Adviser on the Peace Process; Philippine Commission on Women; Philippine national police</p> <p>Civil society organizations; NGOs</p> <p>Development partners (Australian Agency for International Development; European Union; Spanish Agency for International Development Cooperation)</p>	<p>\$4.1 million (\$3.2 million from regular resources and \$0.9 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.1 million from regular resources</p>