

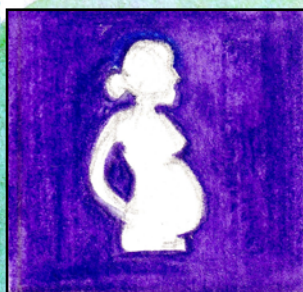


FPOP

FAMILY PLANNING ORGANIZATION OF THE PHILIPPINES

SHADOW REPORT

VOLUNTARY NATIONAL REVIEW 2022



IPPF International
Planned Parenthood
Federation

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Family Planning Organization of the Philippines Shadow Report

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Acronyms

BHW	Barangay Health Workers	POPCOM	Commission on Population and Development
BPA	Broadcast Partnership Agreement	PPE	Personal Protective Equipment
CAR	Cordillera Administrative Region	RA	Republic Act
CBDs	Community-Based Distributors	RPRH	Responsible Parenthood and Reproductive Health
CEFM	Child, Early and Forced Marriage	RTI	Reproductive Tract Infection
COVID-19	Coronavirus Disease	SAFE	Sustaining Initiative for Adolescents, Teen-Parent and their Families Future and Empowerment
CSE	Comprehensive Sexuality Education	SDGs	Sustainable Development Goals
CSE-ARH	Adolescent Reproductive Health	SDPs	Service Delivery Points
DBM	Department of Budget and Management	SEC	Securities and Exchange Commission
DepEd	Department of Education	SRH	Sexual and Reproductive Health
DILG	Department of the Interior and Local Government	SRHR	Sexual and Reproductive Health and Rights
DOH	Department of Health	SRI	Sexual Rights Initiative
DOH-OSEC	Department of Health–Office of the Secretary	STI	Sexually Transmitted Infections
DSWD	Department of Social Welfare and Development	TRO	Temporary Restraining Order
EO	Executive Order	UHC	Universal Health Care
eVAW	Electronic Violence Against Women	VAWC	Violence Against Women and Children
FP	Family Planning	VNR	Voluntary National Review
FPOP	Family Planning Organization of the Philippines	WHO	World Health Organization
GAA	General Appropriations Act		
GBV	Gender-Based Violence		
GDP	Gross Domestic Product		
GIDAs	Geographically Isolated and Disadvantaged Areas		
HFEP	Health Facility Enhancement Program		
HIV	Human Immunodeficiency Virus		
HLPF	High-Level Political Forum on Sustainable Development		
ICPD	International Conference on Population and Development		
IEC	Information, Education and Communication		
IMR	Infant Mortality Rate		
IRM	Interim Reimbursement Mechanism		
IPES	Integrated Package of Essential Services		
IPPF	International Planned Parenthood Federation		
IRA	Internal Revenue Allotment		
IRR	Implementing Rules and Regulations		
LGU	Local Government Unit		
MMR	Maternal Mortality Rate		
MSM	Men Who Have Sex with Men		
NGA	National Government Agencies		
NGO	Non-Government Organizations		
OSY	Out-of-school Youth		
PhilHealth	Philippine Health Insurance Corporation		
PMSEU	Poor, Marginalized, Socially Excluded, and Underserved		
PNAC	Philippine National AIDS Council		
PNP	Philippine National Police		

Executive Summary

Amid health crises and other emergencies that have been brought about by, and continue to result in intersecting structural issues, access to sexual and reproductive health (SRH) remains to be public health challenge. The maternal mortality rate in the country, while decreasing, remains high at 90 deaths per 100,000 live births.¹ The lack of access to health professionals and facilities limits mothers from enjoying healthy pregnancy and delivery. Infant mortality rate, (IMR) also increased from 12.6 per 1,000 live births in 2018 to 13.0 per 1,000 live births in 2019.² Inadequate food, care, and nutrition of pregnant and lactating mothers, and their children impacts IMR in the country. Amid the health crisis, when families can no longer make ends meet, economic challenges that hinder access to SRH have worsened.

The Philippines has the fastest-growing HIV epidemic in Asia and the Pacific.³ With a 237%⁴ increase in new HIV infections from 2010 to 2020. Misinformation about HIV/AIDS, as well as stigma and discrimination, are the barriers to HIV testing, access to health care and protection. Discriminatory norms, practices and misconceptions such as “condoms do not sexually satisfy men” continue to hinder the use of contraceptives, which can help prevent HIV transmission.⁵

To help attain healthy lives and promote the well-being of Filipinos of all ages, especially the poor, marginalized, socially excluded, and underserved (PMSEU), Family Planning Organization of the Philippines (FPOP) recommends:

SDG 3 Recommendations

1. Fully implement the Responsible Parenthood and Reproductive Health (RPRH) Act and the Implementing Rules and Regulations of the Reproductive Health Law to “grant free care and services to indigents” (Section 7, RPRH Act) especially prioritizing access to SRH information and services such as family planning, contraceptives, maternal health care, among others for all Filipinos.
2. Coordinate both government and non-government efforts in reducing the prevalence of STIs and HIV. In particular, activate the AIDS Council in every local government unit (LGU) as per the Department of the Interior and Local Government (DILG) mandate.

3. Increase trained health providers and motivators to ensure the proper implementation and monitoring of the Responsible Parenthood and Reproductive Health (RPRH) Law in all LGUs and Health Units.
4. Conduct large-scale information/education campaign on sexual and reproductive health not just for married couples but also for adolescents and youth, in particular girls and young women.



The lack of awareness and information is one of the main drivers of SRH issues. The implementation of Comprehensive Sexuality Education (CSE) which can serve as a mechanism to educate Filipinos, particularly at a young age, is hampered by multiple issues including insufficient training of teachers and school administrators on CSE. To ensure inclusive and quality education for all, and to promote lifelong learning, FPOP recommends:

SDG 4 Recommendations

1. Strengthen the CSE programme and its delivery, through the full implementation of the Policy Guidelines on the Implementation of the Comprehensive Sexuality Education (CSE).
2. Provide teachers and school administrators trifocal, in-depth training covering academic, psychological, and social aspects of sex and sexuality education to ensure the delivery of quality CSE, and adequate financial resource allocation for continuous teacher training and the development of CSE tools.
3. Include the out-of-school and unemployed youth in the scope of the Comprehensive Sexuality Education of the Department of Education Order 031 s. 2018 and in the delivery of CSE programmes.
4. Utilize technology, including hotlines and social media platforms, to help victims-survivors especially young people and in particular, young women, to report their experiences without having to disclose their identities.
5. End child, early, and forced marriage in the country and ensure the rights of children are protected and promoted through the full implementation of the recently enacted Republic Act No. 11596 or the Prohibition of Child Marriage Law.
6. Ensure the fullest implementation of the RPRH Law, particularly at the LGU level.

Narratives from global and local organizations, as well as movements and institutions, reveal that the pandemic has caused an alarming increase in gender-based violence (GBV) including domestic violence; sexual exploitation and abuse of children; child, early, and forced marriage; among others. However, local reports from the authorities reflect a decline in GBV from 2016 to 2021.⁶ This decline, particularly in 2021, may have been caused by the government's pandemic response in which lockdowns and community quarantines may have hindered victims-survivors, witnesses and support groups to report cases. A culture of silence and victim-blaming already rampant in many communities before the pandemic also remain as major hindrances to reporting.

The Programme of Action of the International Conference on Population and Development (ICPD) and the Beijing Platform of Action are some of the global mechanisms that aim to address SRH issues, GBV, and gender discrimination and inequality. In the Philippines, the RPRH Law contextualizes the agreements stipulated in the said mechanisms. However, the implementation of the Law has faced a series of setbacks due to pushback by conservative groups and fundamentalist institutions. Additionally, the level of understanding and appreciation of the law at the LGU is low.

SDG 5 Recommendations

1. Increase access to comprehensive services for the prevention and response to GBV.
2. Enhance the coordination between the government, civil society and other stakeholders in the prevention and response to GBV.
3. Ensure trust and confidence from victim-survivors, witnesses and communities to report GBV cases

- through intensive psychosocial care training of Gender/Violence Against Women and Children (VAWC) Desk personnel.
4. Utilize technology, including hotlines and social media platforms, to help victims-survivors especially young people and in particular, young women, to report their experiences without having to disclose their identities.
 5. End child, early, and forced marriage in the country and ensure the rights of children are protected and promoted through the full implementation of the recently enacted Republic Act No. 11596 or the Prohibition of Child Marriage Law.
 6. Ensure the fullest implementation of the RPRH Law, particularly at the LGU level.

Finance and budgeting for health play a vital role in attaining sustainable development. While there was an increased budget allotment for health in 2022, the reproductive health budget may be sidelined from other health needs and priorities. In 2020, the implementation of the RPRH Law received PhP 18.88 billion, which is 29% lower than its allocated budget for 2019.

PhilHealth reimbursements for SRH services have been on a gradual decline in the last couple of years. The sharp decline in reimbursements for SRH services may be attributed to coronavirus disease (COVID-19) induced lockdowns and restrictions. To strengthen domestic resource mobilization, FPOP recommends the following:

SDG 17 Recommendations

1. Allocate appropriate funds for universal health care services and ensure that SRH budget remains a top priority alongside COVID-19 response.
2. Properly coordinate the Family Planning Programs funding between the national and local government units.
3. Prioritize SRH services in Philippine Health Insurance Corporation (PhilHealth)⁷ by addressing the delays and deficiencies in all processes.

Commitments to Sustainable Development Goals (SDGs) 3, 4, 5 and 17 must be approached holistically and in alignment with the rest of the SDGs. At the heart of our commitments must be the realization that sexual and reproductive health and rights (SRHR) is a vital component in achieving good health and wellbeing, quality education, gender equality, and sustainable development.



Introduction

Through the full implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law, the government aims to reach the goal of zero unmet need for family planning and to provide universal access to sexual and reproductive health information and services. However, a decade since its ratification, implementation of the law remains slow, and the government, especially at the local levels, is far from fulfilling its commitments. Efforts towards this have also been hampered by the COVID-19 pandemic.

The strictly enforced lockdown during the pandemic severely disrupted access to family planning and maternal and newborn services, potentially increasing maternal deaths and unintended pregnancies in the years ahead. The country's health system continues to be overwhelmed, exacerbating existing and underlying vulnerabilities of women and girls. This is likely to result in increases in maternal mortality rate, unmet need for contraceptives, unintended pregnancies and unsafe abortion cases. It is also likely to worsen the already high prevalence of teen pregnancies and GBV.

Movement restrictions imposed at the height of the pandemic have prevented both clients and medical staff from reaching the FPOP clinics. Though FPOP continued the operation of its 16 static clinics nationwide throughout the lockdown, clinic loads decreased to as low as 20-30% from pre-pandemic levels. While government health facilities remained open, most of them have been converted to COVID-19 facilities, making access to other services difficult, especially for clients from the marginalized and underserved communities who mainly rely on subsidized government services.

The difficulties brought by the lockdown were exacerbated by the depleted family planning commodities not only in FPOP clinics but also in government health facilities. The Department of Health (DOH), which allocates family planning (FP) commodities to FPOP for distribution to indigent sectors, experienced stock-outs by the last quarter of 2020. Prior to the pandemic, the government procurement process took around 6 months to complete. With the delay in "non-essential services" due to COVID-19, stock-outs are expected to continue with no clear timeline for when the government can replenish FP commodities. While COVID-19 remains a national emergency, there is a growing urgency to address and prioritize sexual and reproductive health.

During the pandemic, FPOP continued to provide SRH information services, put forth policy advocacies and collaborated with duty bearers and other stakeholders. Through these initiatives, FPOP was able to collate data to understand the successes, challenges, and lessons learned, with a view to accelerating the implementation of the 2030 Agenda. The Philippines is one of the countries reporting for the Voluntary National Review (VNR) at the High-level Political Forum on Sustainable Development (HLPF) in 2022. In this Forum, the voice of the poor, marginalized, socially excluded, and underserved (PMSEU) must be ensured. This document is an attempt by the FPOP to provide substantive inputs to the review and analysis of SRH-related targets particularly SDGs 3, 4, 5 and 17. Our investigation shows that challenges to these goals are interwoven, hence we also propose recommendations for an integrated solution.



The Family Planning Organization of the Philippines

Family Planning Organization of the Philippines (FPOP) is the largest and most prominent non-governmental family planning organization in the Philippines. It seeks to secure universal access to quality family planning information education and services, for all Filipinos especially the PMSEU.

Services are delivered via two channels or service delivery points (SDPs) namely static clinics and outreach sessions. The static clinics provide comprehensive SRH services such as counselling, contraception, safe post-abortion care, STIs/RTIs, HIV, gynecology, prenatal care and prevention and response to gender-based violence, in line with the International Planned Parenthood Federation (IPPF) Integrated Package of Essential Services (IPES). This is done through collaboration with private and public institutions. Outreach sessions to geographically isolated and disadvantaged areas (GIDAs) provide family planning, pre-natal/post-natal, and other essential SRH services. These are conducted in partnership with community organizations and LGU.

FPOP has a network of community-based distributors (CBDs) and volunteers. FPOP's links with the communities we work with are comprised of an estimated 5,400 peers. FPOP is a pioneer and a strong advocate of Youth Friendly Services. It also provides SRH services to women and children in humanitarian emergencies. We have also remained at the forefront of innovating various ways to reach people and communities in need. During the lockdowns, when travel restrictions limited access to face to face services, FPOP adopted telemedicine/digital health and hotline counseling through multimedia platforms as a regular component of its service delivery programs.

FPOP has been registered with the Securities and Exchange Commission (SEC) since 1969. FPOP is continuously working to support the government in addressing the high unmet need for FP, high incidence of teen pregnancies, unsafe abortion, maternal death, STI-HIV/AIDS and other SRH issues in the country, during normal and emergency situations. In the past 5 years, FPOP delivered an annual average of 1.1 million SRH services to around 1 million beneficiaries, 97% of which are PMSEU clients.

Sexual and Reproductive Health and Rights (SRHR) and the Sustainable Development Goals (SDGs)

Sexual and Reproductive Health and Rights (SRHR) encompasses human rights related to sexuality and reproduction, such as sexual health, sexual rights, reproductive health, and reproductive rights. SRHR recognizes the right of all people to have control over—and make informed decisions on—matters related to their bodies, sexuality and reproduction, that is free from coercion, discrimination and violence.⁸

Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, where all individuals have the right to:

- have their bodily integrity, privacy and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence.⁹

Everyone, including children and adolescents, is entitled to SRHR, such as the right of people to have safe and accessible information and services for family planning and contraceptive choices.

The International Conference on Population and Development (ICPD) in 1994, and its resulting Programme of Action, underscored the mutually reinforcing linkages between population and development. ICPD recognizes reproductive health, including sexual health and reproductive rights, gender equality and women's empowerment, as essential to improving quality of life for everyone. The Fourth World Conference on Women in 1995 reaffirmed these sentiments with the adoption of the Beijing Declaration and its resulting Platform for Action.¹⁰

The 2030 Agenda for Sustainable Development builds on the work of the ICPD and includes many aspirations in relation to gender equality and women's and girls' empowerment and SRHR. The SDGs recognize the importance of SRHR across all life stages for improving health and well-being and achieving gender equality. It requires all countries to take measures to end discrimination and eliminate gender based violence, and other harmful practices against women and girls, such as child, early, and forced marriage and female genital mutilation. In particular, SDG 3 on health and SDG 5 on gender equality and women's and girls' empowerment include specific targets relating to sexual and reproductive health and reproductive rights.

The ratification of the 2030 Agenda signified global commitments to universal access to sexual and reproductive health-care services (SDG 3, target 3.7), universal access to sexual and reproductive health and reproductive rights (SDG 5, target 5.6); and to Universal Health Coverage (SDG 3, target 3.8). Such commitments implies a global consensus that highlights SRHR as a priority in achieving sustainable development; and calls for concerted efforts to address intersecting issues of SRHR, poverty, nutrition, health and well-being, economic prosperity, education, and the environmental and climate change.

In the Philippines, the lack of access to sexual and reproductive health (SRH) is a human rights issue. The latest National Demographic Health Survey (2017) revealed that one of the barriers to SRH information and services is access to health care, which was a concern for 54 percent of women aged 15 to 49 years. The lack of access to SRH care is exacerbated by multiple crises and emergencies that the country faces such as the public health crisis due to the COVID-19 pandemic, natural disasters such as the recent Typhoon Odette (Rai), climate crisis, and other crises brought by the lack of commitment to and fulfilment of human rights obligations. This shadow report attempts to highlight the gaps and challenges in SRH care and offers recommendations to improve the SRHR of all Filipinos.

"Everyone, including children and adolescents, is entitled to SRHR, such as the right of people to have safe and accessible information and services for family planning and contraceptive choices."





Sustainable Development Goal 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.1: By 2030, reduce the global maternal mortality ratio less than 70 per 100, live births

In the Philippines, several efforts have been undertaken to address the needs of mothers and newborns. In the villages, Barangay (village) Health Workers (BHW) provide sexual and reproductive health services in the community if they have undergone training from DOH or other non-government organizations (NGO).¹¹ The BHW ensures that pregnant women and newborns receive proper care before, during, and after delivery. Midwives and BHW visit communities to encourage pregnant women to have prenatal checkups and provide SRH services and micronutrients. While the country has implemented such efforts to improve maternal health care, it is still confronted with issues concerning access to SRH to reduce maternal mortality.

The number of registered maternal deaths reached a total of 1,458 with a corresponding maternal mortality rate (MMR) of 0.9 deaths per one thousand live births in 2019. The maternal mortality rate (MMR) in the country has been decreasing over the decades, but it is still high at 90 deaths per 100,000 live births, and a long way from the 70 per 100,000 live births target. Eclampsia is the leading cause of maternal death followed by gestational hypertension and significant proteinuria.¹²



In 2019, 9 out of 10 deliveries
are attended by a health professional

However, there were

1,458 REGISTERED
MATERNAL DEATHS

The maternal mortality rate (MMR) in the country has been decreasing over the decades, but it is still high at 90 deaths per 100,000 live births, and a long way from the 70 per 100,000 live births target.

SOURCE: Department of Health



There are various factors that hinder access to health professionals and facilities. The most common reasons for not delivering in a health facility were that the facility was too far away or no transport was available (32%), the costs were too high (25%), or it was not necessary to do so (22%).¹³

During the pandemic, the majority of the Filipinos suffered from financial difficulties, limiting their ability to access SRH services. This may have resulted in increased maternal mortality, unintended pregnancies, unsafe abortions and other SRH complications. The University of the Philippines Population Institute or UPPI (2020) estimated a decline in the number of women and girls receiving critical sexual and reproductive health care: 9.8% reduction in family planning, 18.5% reduction in antenatal care, 14.3% reduction in childbirth care, and 18.5% reduction in postnatal care.¹⁴

Poverty in the Philippines is one of the reasons why women do not prioritize their health. Women are likely to allot the family income for food and other basic needs of the family. From 2018 to 2021, the poverty incidence rate among Filipino families increased from 16.2% to 18%, with about 9.9% or 10.94 million Filipinos who could not afford to meet even their basic food needs.¹⁵ This has significant impacts on the realization of maternal health and other SRH needs of children, young people, and adults. The World Food Program presented an alarming nutrition situation in the Philippines, demonstrating that a sustainable approach is necessary wherein all children, teenage girls, and pregnant and lactating women, must be targeted with a variety of interventions tailored to the local context and coordinated across many levels and sectors of government.¹⁶

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

The health status and survival of infants and children is an indicator of the socio-economic status in every country. In the Philippines, the right to health is a fundamental principle guaranteed by the State. It is the State's responsibility to protect and promote the right to health of its people and to instill health consciousness among them. The Republic Act 11148 also known as the "Kalusugan at Nutrisyon ng Mag-Nanay Act" guarantees the right to adequate food, care, and nutrition to pregnant and lactating mothers, including adolescent girls, women of reproductive age, and especially children from zero to two years old.¹⁷

According to the World Health Organization (WHO), the world-leading causes of death for children are infectious diseases, including pneumonia, diarrhea, and malaria. However, preterm birth complications, birth asphyxia, trauma, and congenital disease are also common causes of children's death. In the Philippines, as of 2019,¹⁸ pneumonia remains the leading cause of mortality among children aged 1 to 4 years old.

In 2019, more than **13 babies per 1,000 live births die** before their first birthday, making this year's infant mortality rate the highest within the decade.



60 On the average,
infant deaths daily

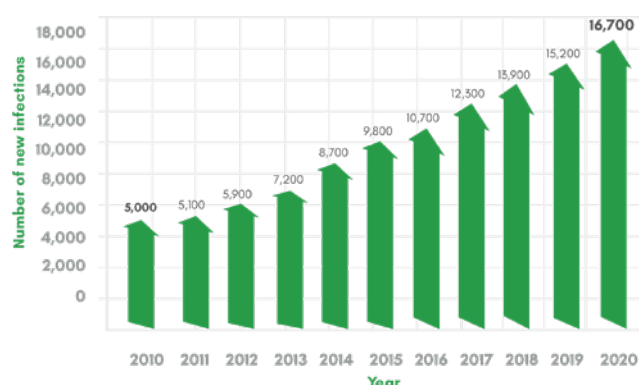
SOURCE: Department of Health



Proper nutrition and free access to health care services are the key components to preventing infant and children's death. According to the World Bank, micronutrient undernutrition is prevalent in the Philippines: 38% among infants 6 to 11 months old, and 26% among children 12-23 months old. Additionally, 20% of pregnant women are anemic. In 2018, nearly 17% of children aged 6-59 months suffered from Vitamin A deficiency, of which children aged 12-24 months had the highest prevalence (22%), followed by children aged six to 12 months (18%).¹⁹ The impact of the COVID-19 pandemic, particularly the loss of jobs and livelihoods could lead to more cases of malnutrition, not only for children but for whole Filipino families who can no longer afford healthy food on their tables.

Target 3.3: By 2030, end the epidemics of AIDS²⁰

The Philippines has the fastest HIV epidemic in the Asia and Pacific Region



 **115,100**
Filipinos living with HIV in 2020
SOURCE: Department of Health

With a 234% increase in new HIV infections from 2010 to 2020, the Philippines has the fastest-growing HIV epidemic in Asia and the Pacific. Though the total HIV prevalence in the Philippines is less than 1%, the total estimated number of people living with HIV in 2020 still reached 115,100.²¹

In 1998, the country implemented Republic Act 8504 on the prevention and control of HIV/AIDS. The Philippine National AIDS Council (PNAC) was created under Executive Order No. 39 dated 3 December 1992. PNAC is attached to the Department of Health and oversees an integrated and comprehensive approach to HIV/AIDS prevention and control in the Philippines.²²

Transmission of HIV can only happen in definite ways. A person who engages in risky sexual behaviors is at a much higher risk of HIV transmission. According to DOH, key populations such as people who inject drugs, men who have sex with men, transgender people, and sex workers are vulnerable to HIV transmission.²³ In communities, there is a common misconception that only these groups can get infected by, and transmit, HIV. As such, they suffer from stigma and discrimination.



The Department of Health needs to implement programs on awareness-raising on HIV/AIDS in communities. This can lessen the misinformation and help eliminate the stigma against vulnerable groups. As well, increasing access to HIV testing and counseling services and treatment options for HIV/STI are vital to ensure the decrease of HIV/AIDS prevalence in the country.





CASE STUDY: HIV Testing in Baguio and Masbate

During the last five years, HIV cases increased in the province of Masbate. Most of FPOP's clients are youth who have acquired HIV through local transmission. During the lockdown, community members who were forced into isolation resorted to online dating through various applications and social media, and engaged in sexual activities without protection.

In Baguio and Cordillera Administrative Region (CAR), HIV cases also increased. According to FPOP Baguio, as of July 2021, there are more than 700 cases. Baguio is an educational center, hence, those who temporarily live in Baguio to study add to the number of people living with HIV. In addition, those who reside in nearby provinces like La Union and Pangasinan would often go to Baguio for an HIV test, to keep their identity.

"Many people are afraid and ashamed to be tested because they fear that people they know would find out. They are scared to be seen in HIV testing centers because it reveals that they are sexually active. They are also afraid of the results."

Despite the aggressive campaigning to raise awareness on HIV/AIDS by different organizations, residents in Baguio and its adjoining areas still share this same fear. During medical missions and outreach programs, only a handful of community members would avail of free services. FPOP receives referrals from LGUs during outreach programs and medical missions, of people who might need to access services,

particularly HIV testing. The most common group referred to FPOP are Men Who Have Sex with Men (MSM). Common misconceptions prevail and communities rarely think that HIV can be transmitted and acquired by anyone regardless of sexual orientation and gender identity.

"In Masbate, recorded cases of HIV have also increased because of the existence of their (HIV) treatment hub. Residents from Manila would come here to Masbate for treatment. Some of the patients were also unable to return to their original cities because of the lockdown so they would get refills for their retroviral drugs here."

Because service providers recognize the need to address the stigma against people living with HIV, they have utilized social media platforms like Facebook.²⁴ Through social media platforms, community motivators of FPOP have been able to reach people who want to avail of HIV testing but are afraid to go to HIV testing clinics. Aside from launching Sexual and Reproductive Health Outreach, FPOP installed Safety Pantries where pills, condoms, lubricants, implants, injectables and other services may be availed by the locals. They also provide free HIV screening and counseling.

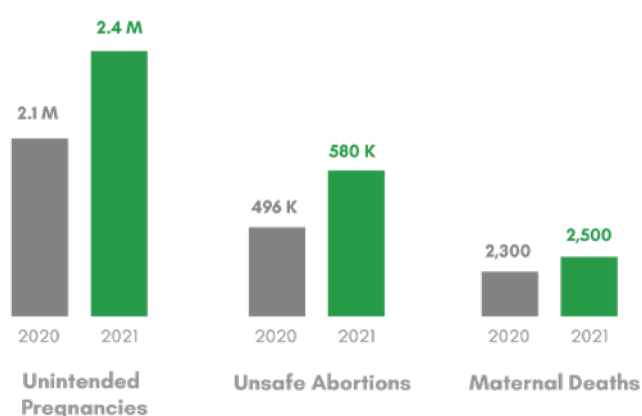
FPOP motivators and service providers also saw the potential of dating apps to reach out to possible clients. FPOP utilizes applications like Grindr to chat with users to promote HIV testing and screening, and to refer users to FPOP health facilities for further support.

Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

It is the right of all people to make informed reproductive choices, have access to a full range of safe and effective contraceptive methods, and to freely decide on the number and spacing of their children. In the Philippines, according to the Annual Report of the RPRH Law there has been an estimated decline in modern contraceptive use of about 1 to 3 percentage points in the year 2020.

As a result, there will be an additional 47,000 to 359,000 unintended pregnancies in 2021 to the 2.1 million baseline of unintended pregnancies in 2020; 11,000 to 84,000 unsafe abortions to the baseline of 496,000 unsafe abortions; and 30 to 200 additional maternal deaths to the baseline of 2,300 maternal mortalities.²⁵

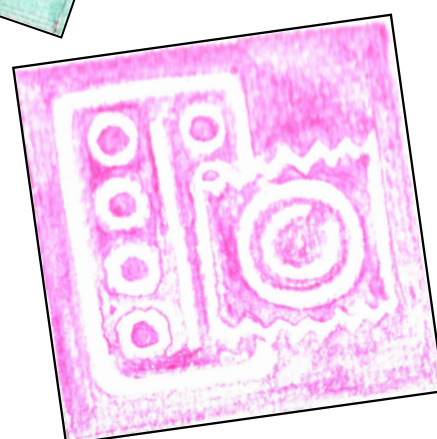
In 2020, there was an estimated **decline in modern contraceptive use** of about 1 and 3 percentage points, which will result to additional number of unintended pregnancies, unsafe abortions, and maternal deaths in the following year.



SOURCE: Department of Health

The COVID-19 pandemic continues to exacerbate the hardship experienced by women in accessing health services, especially family planning (FP). The community quarantine restricts the mobility of every individual, thus becoming an added barrier to women's access to FP services aside from the threat of being infected by COVID-19.

The RPRH Law in the Philippines ensures the protection and promotion of sexual and reproductive rights of every individual by providing comprehensive and accessible reproductive health care, including family planning. However, some individuals do not avail of SRH services, because of the social norms that influence their beliefs and ways of life. A study conducted by Oxfam revealed prevalent beliefs about contraceptive use such as the use of condoms decreases sexual satisfaction among men, and that contraception and birth spacing should not be used because they interfere with God's Will. "If you are using a condom and pills for the women, you're like a murderer that kills millions and millions of human beings...You would have sinned against God. You'd die. That's your punishment."²⁶ This is compounded by norms on SRH decision-making where men generally have more authority over SRH and contraceptive use, in turn preventing women from exercising their autonomy and bodily integrity.²⁷



CASE STUDY: FPOP's Safety Pantry during COVID-19 Pandemic

Women's rights to sexual and reproductive health are just as important as food security, jobs, the economy, health, and safety. The Philippines is one of the many countries that have long fought to attain sexual and reproductive health rights, yet since the passage of the RPRH Law, women's and girls' access to reproductive health services remains a challenge.

When the COVID-19 pandemic was declared in 2020, the whole world was left at a standstill. In the Philippines, community restrictions were immediately implemented to control the spread of the virus. This resulted in the disruption of public services, including healthcare. The health sector's focus shifted to COVID-19 emergency response. Resbakuna - COVID-19 vaccination program - becomes one of the priorities of the DOH in every barangay (village) in the Philippines.

The imposition of community quarantines alongside the DOH's move to prioritize COVID- responses sidelined SRH issues and worsened access to already limited SRH services. In response, FPOP put up a Safety Pantry where women could have free access to family planning services such as family planning counseling, STI/HIV screening, and commodities such as contraceptive pills, condoms, and lubricants as well as information, education and communication (IEC) materials during the pandemic.

"FPOP Camarines Sur (CamSur) Chapter has coordinated with the local government unit of Camarines Sur, including the Municipal Health Office, to provide services during the pandemic. It is necessary to coordinate with the LGU when providing services to the community for continuity. Due to the limited resources of the NGO, we can no longer go back to the communities where we had given services. FPOP and other NGOs are here to only support and not take the government's responsibility in providing services to its people, to ensure that no one is left behind."

FPOP CamSur observed that there was an increase in maternal mortality during the COVID-19 pandemic due to community quarantine restrictions and the fear of pregnant women being infected with the COVID-19. As well, the majority could not afford to go to the hospitals due to financial constraints.

"Particularly in Naga City, the LGU is very strict in ensuring the safety of pregnant mothers and newborn children. The LGU imposed that all first-time mothers need to give birth in hospitals or lying-in centers. During the pandemic, the health sector shifted its priority to vaccination. Barangay health workers and midwives no longer conduct house-to-house visits to pregnant women in the barangays. They no longer conducted check-ups nor provided vitamins to pregnant women. Some pregnant women opted to give birth at home with the help of hilot or kumadrona (traditional midwives) due to financial constraints and to avoid being infected with COVID-19 in the hospital."

Last March 2022 in one of the FPOP chapter clinics, a pregnant woman who was advised to go to a bigger facility due to complications chose to stay in the FPOP clinic:

"Let me die here instead of going to the hospital as I have no money."

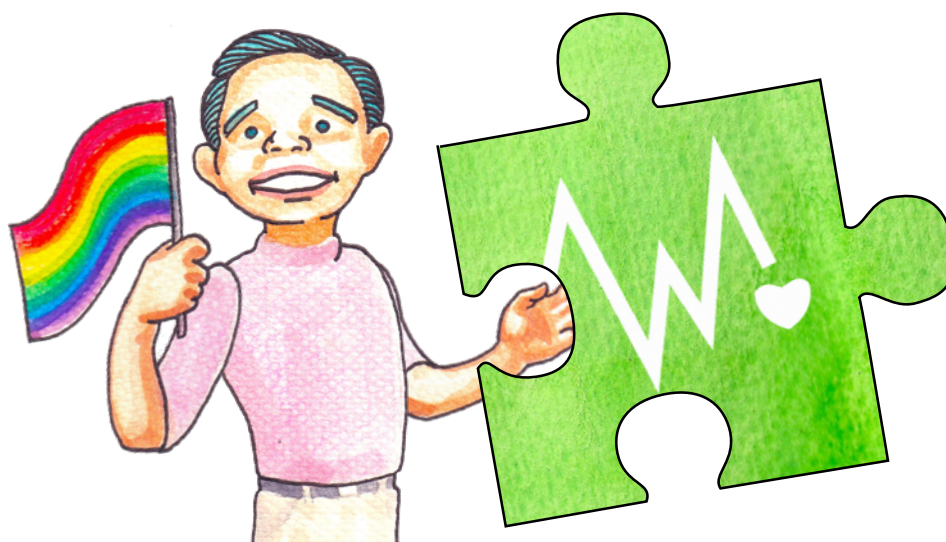
Additionally, prior to the pandemic, the Philippine government was aggressively campaigning to reduce the cases of teenage pregnancy in the



country. However, cases of teenage pregnancy increased during the pandemic.²⁸ FPOP Camarines Sur observed that one factor that led to the increase in teenage pregnancy is the lack of access, among adolescents, to information about SRH and the services provided by the RPRH Law.

“Young people should be able to access correct information about SRH. They believe the wrong information when they are scared. Some examples

of misinformation they get are: women could get pregnant by sitting on the toilet bowl while peeing, or girls can get pregnant with just a kiss from her boyfriend. Misinformation is so prevalent that even some conservative barangay health workers do not give correct information. Sometimes, young people get scolded instead of receiving appropriate assistance when they want to access services because they are ‘too young’ to be taking an interest in reproductive health.”



SDG 3 Recommendations

1. Fully implement the Responsible Parenthood and Reproductive Health (RPRH) Act and the Implementing Rules and Regulations of the Reproductive Health Law to “grant free care and services to indigents” (Section 7, RPRH Act) especially prioritizing access to SRH information and services such as family planning, contraceptives, maternal health care, among others for all Filipinos.
2. Coordinate both government and non-government efforts in reducing the prevalence of STIs and HIV. In particular, activate the AIDS Council in every local government unit (LGU) as per the Department of the Interior and Local Government (DILG) mandate.
3. Increase trained health providers and motivators to ensure the proper implementation and monitoring of the Responsible Parenthood and Reproductive Health (RPRH) Law in all LGUs and Health Units. Service providers must undergo training and development on leading public health initiatives and take refresher courses on delivering care to mothers and children. The pandemic has created new demands and changed old practices, so service providers must be aware of, and address these changes.
4. Conduct large-scale information/education campaign on sexual and reproductive health not just for married couples but also for adolescents and youth, in particular girls and young women. This is to combat the spread of misinformation and to challenge social norms on SRH, family planning, and HIV.



Sustainable Development Goal 4

Ensure inclusive and quality education for all and promote lifelong learning

Target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

The right to education has a transformative potential and is a multiplier right that supports the empowerment of children and young people. It is especially crucial for girls so they are able to claim their human rights, including the right to participate in the conduct of public affairs, as well as in political, economic, social and cultural life; and to fully, equally and meaningfully participate in the decision-making processes that shape society. Education sustains development. The global education agenda of the United Nations' Sustainable Development Goals (SDGs)²⁹ stipulates that inclusive and quality education is essential for a transformed world. Global citizenship and education for sustainable development are key components to achieve this SDG 4. A crucial contribution to achieving this goal is education on sexual rights and sexual citizenship for young learners as part of the framework of Comprehensive Sexuality Education (CSE).

The Comprehensive Sexuality Education

As children move through childhood and adolescence, parents and/or other caregivers teach them how to do everyday things such as how to cross the road safely, how to use a stove without burning themselves or how to buy something from the local grocery store and come back home with the right change. They do this because these everyday things are important parts of their lives. Sexuality and reproduction too are important parts of their lives. CSE is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims 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.³⁰

Overview of Comprehensive Sexuality Education in the Philippines

The Philippines has adopted a law that ensures the teaching of sexuality education both in primary and secondary school. However, sex education is still perceived as 'not religious' or 'irreligious'³¹ making it difficult for the core actors of CSE to speed up implementation of the law.

The government, through the Department of Education (DepEd), ratified the DepEd Order 031 s. 2018 on Policy Guidelines on the Implementation of Comprehensive Sexuality Education.³² The policy is mandated by the RPRH Law.³³ In 2012, the FPOP-IPPF and Sexual Rights Initiative (SRI)³⁴ submitted a periodic review on the situation of SRHR in the country. It was revealed in this review that there is an urgent need for mandatory and age-appropriate SRH education by almost 18 million young Filipinos who are in search of education & training opportunities, gainful employment, & adequate healthcare.³⁵

SRH education should also address the alarming number of teenage pregnancies in the country. The country has recorded an increase of 9% in pregnancies between ages 15–19 years.³⁶ On June 25, 2021, President Rodrigo R. Duterte signed Executive Order (EO) No. 141 stating the root causes of the increasing number of teenage pregnancies are engendered patterns of discrimination, deep-seated norms, and attitudes that normalize and justify violence against women and children, lack of information and education, and the vulnerability and exclusion of women and children living in remote and rural areas.³⁷ The Commission on Population and Development (POPCOM) projected that by the end of 2021, one hundred sixty thousand (160,00) adolescent minors will have become or would continue to be heads of families.³⁸ This is a significant number of adolescents that need to be educated about their sexual and reproductive health as well as on the impact of unintended pregnancies on young women and girls.

To educate young Filipinos aged 10–19 regarding their right to good health, the DepEd commits to leading the implementation of comprehensive sexuality education, taught to learners while they are in school because its content is integrated into essential subjects.³⁹ While integrating CSE into the school curriculum can be strategic, it must be noted that there are about 3.5 million⁴⁰ out-of-school-youth (OSY) that may not be reached as they do not attend school.

Out-of-school-youth may seek reproductive health education and information from the public health facilities as stipulated by the Department of Health. The Responsible Parenthood and Reproductive Health Act of 2012 addresses sustainable learning and access to information on sexuality education by ensuring the availability of such services in formal and non-formal educational settings. This guarantees that OSY and unemployed youth are informed of their SRH rights through a non-formal education system in communities. FPOP has invested in efforts to reach out with OSY through peer education and in collaboration with community-based distributors and volunteers.

Based on the 2017 IPPF-led research on the Influence of Law on Young People's Access to Sexual and Reproductive Health in the Philippines, youth are accessing alternative sources of information on sexuality and reproductive health through the internet, pornography, and through their peers.⁴¹ These kinds

of sources perpetuates widespread misconceptions and myths about sex and sexuality among the youth. The misconceptions can be addressed if teachers and other adults involved in educating the youth are well-informed about SRH. The Department of Education's National Online Training of Teachers on the Integration of CSE in the K-12 Basic Education Curriculum last August 2020, is an attempt to put in place a mechanism to ensure teachers have an in-depth understanding of the essential components of sexuality, and the skills to effectively implement CSE. However, online learning has only reinforced the conservative approach, which is restrictive and limiting on conversations over sex and sex organs. Due to lack of training and learning processes for educators, it was observed that online classes suffer from learning gaps. Before the pandemic, the DOH has already identified that training of teachers in schools on CSE as an important aspect of fulfilling the objectives of the CSE.⁴²



CASE STUDY: The Efforts of FPOP in Youth Education

FPOP, with its strong background and extensive experience working across 25 provinces has observed an urgent need for mandatory and age-appropriate SRH education in the country. It has used IPPF's 2006 framework on CSE in training SRH advocates on the essential components of CSE, including: gender; SRH and HIV; sexual rights and sexual citizenship, pleasure; violence; diversity; and relationships.

FPOP has collaborated with a number of partners including the Department of Health DOH, DepEd, and Commission on Population and Development (POPCOM) among others, towards a series of dedicated actions in educating the youth and other vulnerable members of the society on reproductive health.

The RPRH Law and its Implementing Rules and Regulations (IRR)⁴³ was used as a basis of drafting the Policy Guidelines on the Implementation of Comprehensive Sexuality Education of DepEd in 2018.⁴⁴ The collaboration of the DOH, POPCOM, DepEd gave birth to the project, Comprehensive Sexuality Education and Adolescent Reproductive Health (CSE-ARH) Convergence of POPCOM in 2021.

For decades, FPOP has continuously engaged with the youth to educate them about sexual and reproductive health issues, with their work and presence in the community having been strongly felt long before laws and policies were ratified. Now that the CSE is in the implementation process, FPOP continues to advocate for sexual and reproductive health rights and education for the youth. In 2017, FPOP conducted a research in selected partner communities. The research found out that the youth have limited access to sexual and reproductive health services and education.

To bridge this gap, FPOP initiated numerous activities on capacity building, promotion of health services and immersion with the out-of-school-youth. These include;

- a. Sustaining Initiative for Adolescents, Teen-Parent and their Families Future and Empowerment (SAFE) aimed at enriching adolescents' level of understanding towards sexuality and reproductive health. SAFE sustains its initiative through training and information dissemination. This project serves

mostly the vulnerable and underserved population in the community;

- b. Radio Program Initiative through cross broadcasting in Doctors Online of DZAS AM. The health workers of FPOP broadcast information about reproductive health and how to access these services as stipulated in the Broadcast Partnership Agreement (BPA);
- c. The Heart-to-Heart project is a community immersion initiative that was done through personal conversations with the youth and their parents to investigate both parties' understanding of sexuality and reproductive health. Through this, interpersonal relationships are strengthened, and the adolescents would be sufficiently educated on vital information about reproductive health rights;
- d. Adolescent SRH Tambayan Talks is another strategy to have a thorough conversation with the youth to further understand their mental health status and their view on sex and sexuality. After which, an FPOP worker gives necessary measures to address the mental health issues of adolescents; and
- e. Telemedicine Project seeks to respond to the reproductive-medical needs of women, men, and other vulnerable populations of the country. It is an FPOP drive to address the reproductive health medicine needs of women during the pandemic.





SDG 4 Recommendations

Sustainable education on sexual and reproductive health can be achieved if 'no one is left behind'. The 2030 Agenda for Sustainable Development is an action plan for people that seeks to strengthen universal peace⁴⁵ which can only be achieved if there is a global collaboration of all the people involved. Henceforth, total inclusion is vital to eradicate all the societal nuisances and gaps that hinder sustainability. In line with the attainment of quality education, the following must be addressed:

1. Strengthen the CSE programme and its delivery, through the full implementation of the Policy Guidelines on the Implementation of the Comprehensive Sexuality Education (CSE). This must commence as soon as possible, preferably within the school year 2022 to observe the effectiveness of integrating sexual and reproductive education into essential subjects in school in primary and secondary levels. The quick implementation of the said policy guideline is to address two very urgent concerns: increased cases of teenage pregnancy during the pandemic; and over exposure of adolescents to misconceptions and misinformation about sex and sexuality accessed through various social media platforms.
2. Provide teachers and school administrators trifocal, in-depth training covering academic, psychological, and social aspects of sex and sexuality education to ensure the delivery of quality CSE, and adequate financial resource allocation for continuous teacher training and the development of CSE tools. This includes responding to inquiries of adolescents about sexual and reproductive concerns without perpetuating traditional and conservative views about sex and sexuality.
3. Include the out-of-school and unemployed youth in the scope of the Comprehensive Sexuality Education of the Department of Education Order 031 s. 2018 and in the delivery of CSE programmes. The right to education of these youth⁴⁶ have long been neglected, therefore it is imperative for the government to prioritize the creation of programs that can provide them access to reproductive health services and education.



Sustainable Development Goal 5

Achieve gender equality and empower all women and girls

Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

The COVID-19 pandemic has exacerbated existing issues of gender-based violence, which commonly affects women and children. Globally, Oxfam recorded a 25 – 111% increase in calls made by victims of domestic violence during the first months of the lockdown. The highest increase was in Malaysia. This was followed by Columbia with a 79% increase, and by Italy with a 73% increase.⁴⁷ In the Philippines, GABRIELA reported that search queries related to violence against women climbed to 63% during the pandemic.⁴⁸

GBV INCREASED DURING THE PANDEMIC



In the Philippines, GABRIELA reported that search queries related to violence against women **climbed** to **63%** during the pandemic.

Filipino children have also been increasingly victimized by online exploitation and abuse. UNICEF raised an alarming situation in the country, explaining how abuse has been made easier by technology, and can become endemic as technology continues to advance. Children are forced to sell intimate images in order to pay for devices they need for online learning at home. Sometimes photos are sold for 150 pesos [around 3 USD].⁴⁹

While data from various sources indicated an increased case of GBV, official government reports present a different trend. For example, the number of reported cases of violence against women and children (VAWC) submitted by the Philippine National Police, from 2016 to 2021, plummeted.⁵⁰

The data may represent a huge gap between actual cases of VAWC and those that are reported and recorded. During the nationwide lockdown, most of the offices were closed or understaffed

NUMBER OF REPORTED GENDER-BASED VIOLENCE CASES

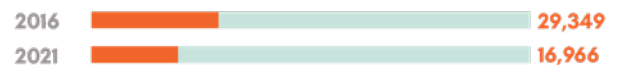
Number of reported gender-based violence cases (includes e-VAW)



Number of reported abuse cases among women



Number of reported abuse cases among children



Source: Philippine National Police

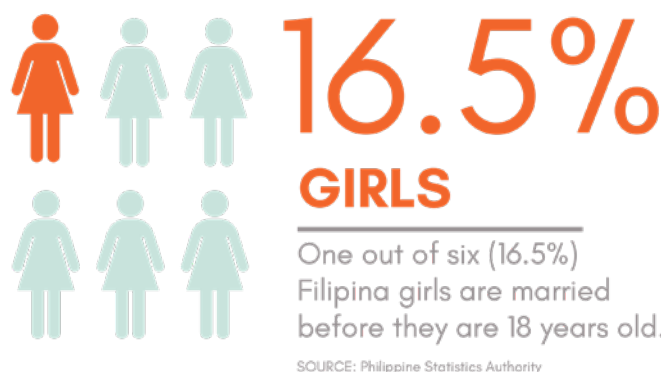
as the government operated with a skeletal workforce. Curfews and lockdowns forced families to stay at home and forced victims-survivors to stay with perpetrators for long periods of time. The restrictions imposed during the pandemic prevented victim-survivors from reporting abuse. The focus on COVID response resulted in a shift away from other emergency situations such as GBV and maternal deaths.

More importantly, victims often choose not to report their experiences because of the culture of silence, victim blaming, discriminatory beliefs and the lack of awareness about one's rights. A culture of silence is perpetuated by the societal belief that narratives of abuse should be kept within the family. Victims choose to keep their stories of abuse to themselves rather than tarnish the reputation of their family in public.

The pandemic exacerbated existing and interconnected issues brought about by various economic, political, and cultural barriers. Unemployment, the slow response to the health crisis, domestic violence perpetuated by weeks of isolation, and a draconian response to the drug problem all violate human rights and put the safety and well-being of communities at risk, especially women and girls.

Child, Early, and Forced Marriage

In the Philippines, child, early, and forced marriage (CEFM) is a common practice in certain religions and cultures. One out of six (16.5%) girls are married before they are 18 years old.⁵¹ CEFM has severe and far-reaching consequences for girls and boys, including denial of education, the perpetuation of poverty, and increased chance and hazards of early pregnancy, childbirth, maternal death, and sexual violence.



There are various factors that drive CEFM. A study by Oxfam revealed the discriminatory norms that drive CEFM, deny access to SRH and perpetuate violence against women and children. Parents force their children to get married when they find out that they are sexually active, especially in the event of pregnancy. This is related to the chastity norms, where sex before marriage is deemed as immoral.⁵² Poverty also drives CEFM, as parents marry off their children as an escape to financial difficulties.⁵³

FPOP Chapters continue to reach out with victim-survivors of VAWC. In FPOP Camarines, they have recently responded to a 14-year-old girl living with a partner who is 47 years old. She was around 13 when she gave birth to her first child. At 14, she was pregnant with her second child but was not allowed by her husband to access contraception. Through awareness raising and motivation conducted by FPOP, the girl started to seek contraception, while also FPOP actively campaigns to end child marriage in the Philippines.

Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform of Action and the outcome documents of their review conferences

The passage of the RPRH Law was a long-fought struggle by women's groups, progressive scholars, and SRH advocates to advance the fundamental rights of every Filipino. While the law represents the localization of the SRHR agreements stipulated in the Programme of Action of the International Conference on Population and Development and the Beijing Platform of Action, the country continues to face various challenges in fulfilling its commitments to these international platforms.

Despite the RPRH Laws' enactment in 2012, sexual and reproductive health rights remain neglected. Its implementation has faced a series of setbacks as certain parts of the law continue to be contested and questioned by different conservative groups and fundamentalist institutions. The status quo ante order by the Supreme Court in 2013 and the 2015 temporary restraining order (TRO) on the procurement of contraceptives are some of the challenges that hamper the implementation of the law.

The law also mandates LGUs to ensure the provision of responsible parenthood and reproductive health care services, provide an adequate number of trained health professionals, produce comprehensive health promotion and culturally sensitive communication plans, appropriate funds, conduct regular reviews and audits, among others.⁵⁴ However this is hindered by several factors such as issues on the level of understanding and appreciation of reproductive health within LGUs, misappropriation of funds and resources to family planning and SRH, among others. Needless to say, in the ten years since the RPRH Law was enacted, the Filipinos continue to suffer from the lack of access to SRHR information and services.



CASE STUDY: Gender-based Violence during COVID-19

According to Oxfam, in 2018, over 245 million women and girls were subjected to sexual or physical violence by an intimate partner.⁵⁵ Almost four years later, and during the height of the pandemic, the number of cases surged due to isolation, economic crisis coupled with government's shift in priorities.

Government agencies had to halt operations of existing programs to direct their attention toward COVID-19 response. When asked whether cases of abuse still exist during the pandemic, FPOP Iloilo chapter says:

"It still exists most especially now that there is COVID. People can't report if there are cases because of the restrictions. People like us, [GBV] front liners, are the only ones responding. All the other agencies are not that proactive. They are afraid of the virus. We are not afraid."

Most offices were affected by the lockdown, including providers of vital services. Non-government organizations like FPOP are aware that there were high incidences of GBV even though they are not reported. NGOs often learn about existing cases through referrals. For example, in Iloilo, FPOP is part of the gender team where victims-survivors often run to inquire, share and report gender-based violence cases.

The existence of teleconsultation help service providers learn about what is happening inside homes. Mental health problems are often related to domestic violence. Mental health service providers lose sleep because victims of abuse and those with suicidal thoughts have been calling nonstop.

"GBV cases increased because the perpetrators are in the communities, inside the victims' homes. Because of the lockdown, we can't call the attention of the people. The focus of the local government units, even at the barangay level, is on COVID-19."

Understandably, with the threat of the virus, leaving home is not an option. If the perpetrator is a parent or an adult who supports the family financially, victims are often afraid of the consequences.

"Most victims are not aware of their rights. They do not know where to go. We still need to launch advocacies so the victims will not just let it pass.

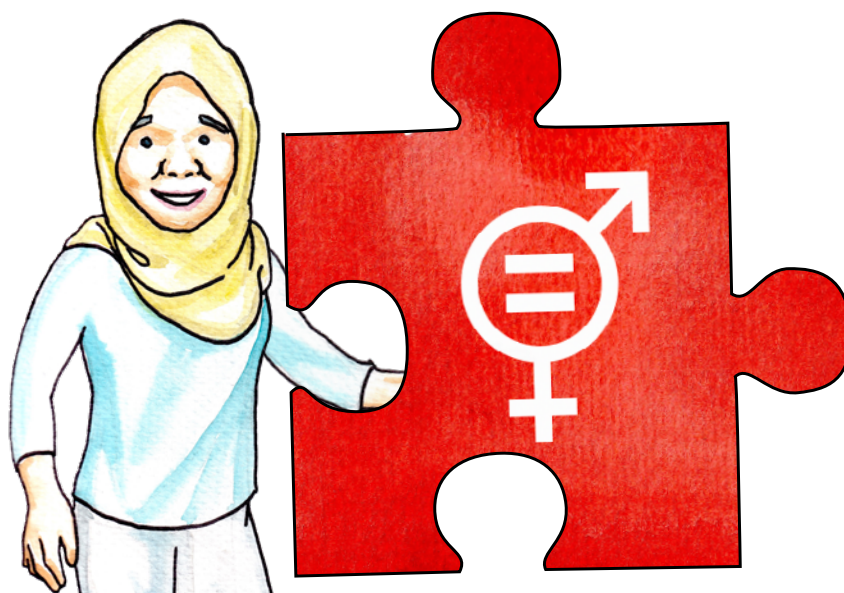
Abusers are often their fathers and members of the family. It happens inside the home so they are afraid to take steps to prevent it."

Cases are sometimes reported by witnesses, rather than the victims themselves. One example is a grandfather calling a crisis hotline to seek advice after witnessing his granddaughter being asked to touch her father's genitals. Her mother is an overseas worker so she is left to the care of her father. FPOP Iloilo referred the witness to the nearest women's desk and the Department of Social Welfare and Development. According to FPOP, this is a very common occurrence. Witnesses and victims-survivors are often unaware of the agencies they can report to and steps they could take to report incidences of abuse.

The government has placed Gender/VAWC desks in some barangays to make services and protection against gender-related cases more accessible. Still, many are afraid to come forward and be identified as a victim.

In an online forum on cybercrime in the Philippines, the Foundation for Media Alternatives noted that GBV increased during the pandemic. Moreover, in their survey of reported cases in media and newspapers they found that GBV has broadened in scope to now include online platforms. There was a 155%⁵⁶ increase in cases from 49 in 2019 to 130 cases in 2020. Fifty-nine percent (59%) of the victims were 18–39 years old.⁵⁷ The most reported cases were of perpetrators taking pictures or videos of victims, the sharing of such photos and videos without the consent of victims, abusive comments online including threats to violence, and identity theft.

Because incidents of gender-based violence and harassment have expanded to include online platforms, organizations harnessed the same platforms to raise public awareness. They use Facebook pages to publish hotline numbers that victims can contact. Through private chatting, victims can also stay anonymous, eliminating the fear of being identified. Hotline numbers are also more accessible to people and are available 24/7 so those who wish to call after office hours may do so. Mental health-related problems including suicidal thoughts; and violence against women are reported and mitigated through these calls.



SDG 5 Recommendations

1. Increase access to comprehensive services for the prevention and response to GBV. Abused women and children often struggle to report and file complaints because of the bureaucratic process, lack of legal and psychological support, stigma and victim-blaming.
2. Enhance the coordination between the government, civil society and other stakeholders in the prevention and response to GBV. The referral pathway that would provide services from medical to psychosocial, legal and protection should be strengthened.
3. Ensure trust and confidence from victim-survivors, witnesses and communities to report GBV cases through intensive psychosocial care training of Gender/VAWC Desk personnel. The local government unit's initiative to establish a local Gender/VAWC Desk in their barangay has created a closer, more accessible way to report narratives of abuse. However, victims are hesitant to reveal their abusers and fear stigma from relatives and neighbors.
4. Utilize technology, including hotlines and social media platforms to help victims-survivors especially young people and in particular, young women, to report their experiences without having to disclose their identities. Most of the victims-survivors living in small barangays find it difficult to report their experiences in local help desks due to the issues of confidentiality and anonymity. GBV hotlines have been helpful in protecting the identities of victim-survivors who wish to seek help.
5. End child, early, and forced marriage in the country and ensure the rights of children are protected and promoted through the full implementation of the recently enacted law, Republic Act No. 11596 or the "Prohibition of Child Marriage Law."
6. Ensure the fullest implementation of the RPRH Law, particularly at the LGU level. The knowledge and appreciation of the mandates, including implementation of culturally sensitive awareness campaigns, appropriation of funds, proper audit, among others must be advanced. The barriers that hinder its full implementation must be monitored and evaluated, and solutions to overcome the challenges must be promoted.



Sustainable Development Goal 17

Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Target 17.1: Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection

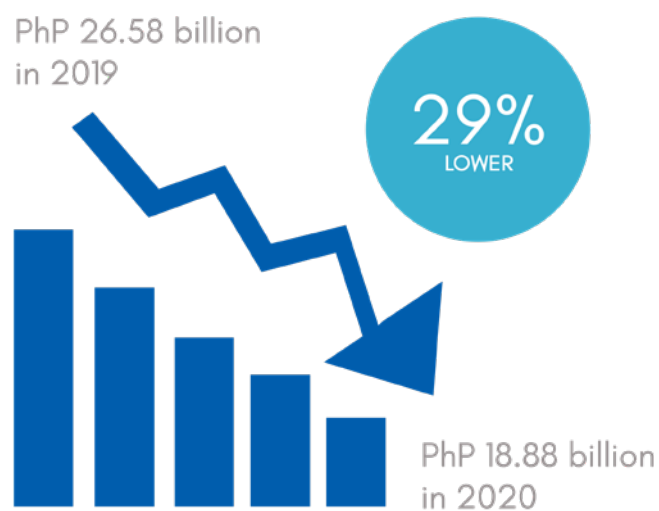
Finance and budgeting for health plays a vital role in attaining sustainable development. It is essential to attain progress towards the desired universal health care system. The increase in funding increases the accessibility and quality of services in hospitals, clinics, and public health care systems. The allocated budget determines the outcome of the implementation of the objectives and programs in the healthcare system. An effective financial plan is important to ensure the mobilization of resources and their effective use in achieving sustainable development objectives.

Budget Allocation in the Philippines (as per Mandanas Ruling)

The Mandanas Ruling states that the “just share” of LGUs includes all national taxes (such as the national internal revenue taxes, and Customs duties and others). Consequently, in the next cycle of the computation of the IRA (Internal Revenue Allotment) in 2022, preliminary estimates show that the LGU budget should increase by 30.73% or equivalent to 1% the Gross Domestic Product (GDP). The proposed measure by the Department of Budget and Management (DBM) is to decentralize the government tax revenue through increasing the budget allocation to local government units (LGU). The increase of budget to LGUs will be done gradually to manage the impact of decentralization. In accordance with the ruling, the DBM, since 2020, has been working with National Government Agencies (NGAs) in developing an action plan up to 2022 for the proper delegation of services (including SRH services) to LGUs.⁵⁸

RPRH Law Budget and Financing

In 2020, the Department of Health and the Commission on Population and Development allocated a combined PhP 18.88 billion (≈USD 355 million) for the implementation of the Responsible Parenthood and Reproductive Health Law. This is 29% lower than the PhP 26.58 billion (≈USD 502 million) budget in 2019. With the 90 deaths per 100,000 live births MMR, an increasing number of teenage pregnancies, misinformation and lack of awareness and other SRH related issues, the current budget is



Budget for implementation of the Responsible Parenthood and Reproductive Health Law from the Department of Health and the Commission on Population and Development

Source: Department of Health

not sufficient to respond to the increasing needs for FP and other SRH essential information and services.⁵⁹

There was also a substantial decline in the budget for the Health Facility Enhancement Program (HFEP) for the DOH. The HFEP budget allocation is intended for RPRH and other programs of the DOH. From PhP 15.87 billion (≈USD 300 million) in 2019, this was reduced by 47% to PhP 8.35 billion (≈USD 158 million) in 2020.⁶⁰ The decrease in allocation is attributed to the shift to cash-based budgeting that led to the adjustment of budget ceilings of programs. On the other hand, POPCOM allocated PhP 178.30 million (≈USD 3.37 million) in 2020 to cover its programs on reproductive health/family planning, adolescent health development, and population and development integration.

National Level Allocation

The budget reduction made by the DOH shows a substantial decline in the overall state of the health system and the deprioritization of SRH. The programs for the implementation of the RPRH Law such as reproductive health/family planning, adolescent health development, and population and development integration have been severely affected. The reduction of funds caused restrictions and limitations to meeting the growing SRH needs, especially in marginalized communities who have limited or very little resources.

Local Government Unit Budget

In 2019, the total family planning expenditures of the country amounted to PhP 15.33 billion (≈USD 289.51 million). This is 46% higher than the 2018 FP expenditures estimated at PhP 10.48 billion (≈USD 197.9 imillion). Of the total FP expenditures in 2019, 42% were contributed by local government units which spent around PhP 6.60 billion (≈USD 124.6 million) on family planning.⁶¹ Under the RPRH Law, LGUs are mandated to develop their human resources, facilities, local supply chains and local service delivery networks, and provide the full range of

SRH services within their public health facilities. They are also to undertake health promotion activities to increase demand for SRH services, conduct regular maternal/fetal and infant death reviews, as well as other tasks for achieving RPRH objectives. However, the budget reduction did not allow the full realization of such programs. More so, this has exacerbated the pre-existing issues in GIDA, such as limited access to health facilities and transportation, and discrimination against indigenous people in service delivery, among others.⁶²

CASE Study: Leaving RH claims in PhilHealth behind

PhilHealth reimbursements for SRH services have been on a gradual decline in the last couple of years owing to various factors, such as timing in getting the data from PhilHealth database; delays due to data cleaning of claims especially for second case rates (ex. deliveries and intrauterine device or IUD claims only); and reduced implant claims due to lack of commodities in the facilities.

In 2020, claims paid by PhilHealth for SRH-related services such as family planning, maternal, infant and child health, treatment of STIs and HIV, treatment of female breast and genital conditions, and men's health (male genital tract, and Z benefits for prostate cancer) decreased significantly by 12% from 2019. Specifically, claims in 2019 totaled around PhP 16.93 billion (≈USD 320 million), while claims in 2020 were at PhP 14.89 billion (≈USD 281 million). However, claims for 2020 are still being processed and may still be incomplete.⁶³

The sharp decline in reimbursements for SRH services may be attributed to COVID-19 induced lockdowns and restrictions. Concerns on the spread of COVID-19 infection have prevented facilities from operating during the first few months of the pandemic. In public facilities, the regular provision of essential services, including family planning services, gradually resumed around September and October 2020. Apart from the reduced cash flow to the health facilities, additional expenses for purchasing personal protective equipment (PPEs) have also prevented facilities from operating except for those that managed to avail of the Interim Reimbursement Mechanism (IRM) fund of PhilHealth.

In 2020

Claims paid by PhilHealth for SRH-related services

Family Planning

Maternal, Infant & Child Health

Treatment of STI & HIV/AIDS Infections

Treatment of Female breast & Genital Conditions

Men's Health

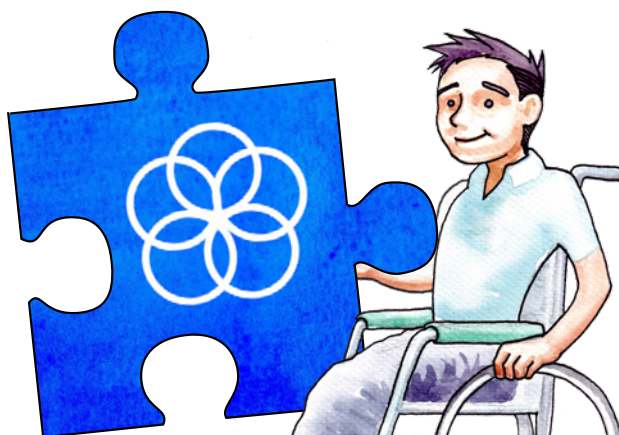
decreased significantly by 12 percent from 2019.

Source: Department of Health

Proportion of Domestic Budget Funded by Domestic Taxes

The provisions of Republic Act (RA) no. 10351 or the Sin Tax Law of 2021 was amended and repealed by RA 11346 and RA 11467, respectively. This affects the allocations earmarked for Universal Health Care (UHC) beginning in 2022. Based on these new sin tax laws, the allocation for UHC shall be based on the collection in the second fiscal year preceding the current fiscal year. Thus, the revenue collected in 2020 from excise tax shall be reserved and distributed for the 2022 budget. The sin tax incremental revenue for health that is appropriated to the Department of Health – Office of the Secretary (DOH-OSEC) and PhilHealth 2021 budget is programmed in conformity to the predetermined programs specified in the IRR of the Sin Tax Law. In 2021, the incremental revenue for health is PhP 33.50 billion (≈USD 632,523).⁶⁴

In the 2021 General Appropriations Act (GAA), the DOH-OSEC and PhilHealth received a total appropriation of PhP 205.81 billion (≈USD 3.89 million), which is 20 percent higher than the 2020 budget allocation of PhP 171.91 billion (≈USD 3.25 million). The significant budget increase from 2020 to 2021 is attributed to the six (6) major cost drivers, and one of them is the Family Health, Immunization, Nutrition, and Responsible Parenting. From PhP 9.58 billion (≈USD 181,000), the budget increased to PhP 12.21 billion (≈USD 235,566 million), which is positive and leaves hope for the future of the SRH. However, the utilization of allocated funds during the implementation period remains to be a challenge, as issues concerning governance, efficient deployment of funds, limited access through remote areas, and lack of appropriate methods for distribution of funds among others.⁶⁵



SDG 17 Recommendations

1. Allocate appropriate funds for universal healthcare services. Despite the increase in the government's budget allocation for the health sector, COVID-19 response remained its priority leaving other critical health care issues behind. Therefore, additional government budget allocation for universal health care is needed to ensure that the majority of the Filipino people can freely access health services to prevent maternal death, infant death, HIV transmission and other SRH problems.
2. Properly coordinate the Family Planning Programs funding between the national and local government units. This is to ensure that the actual budget needed at the local government level is being communicated and properly addressed at the national level.
3. Prioritize SRH in PhilHealth by addressing the delays and deficiencies in all processes, particularly reimbursements of funds for RPRH-related services through the creation of appropriate guidelines to address SRH needs and to impose penalties for negligence and prolonged delays.

Towards 2030: An Integrated Approach to SDGs

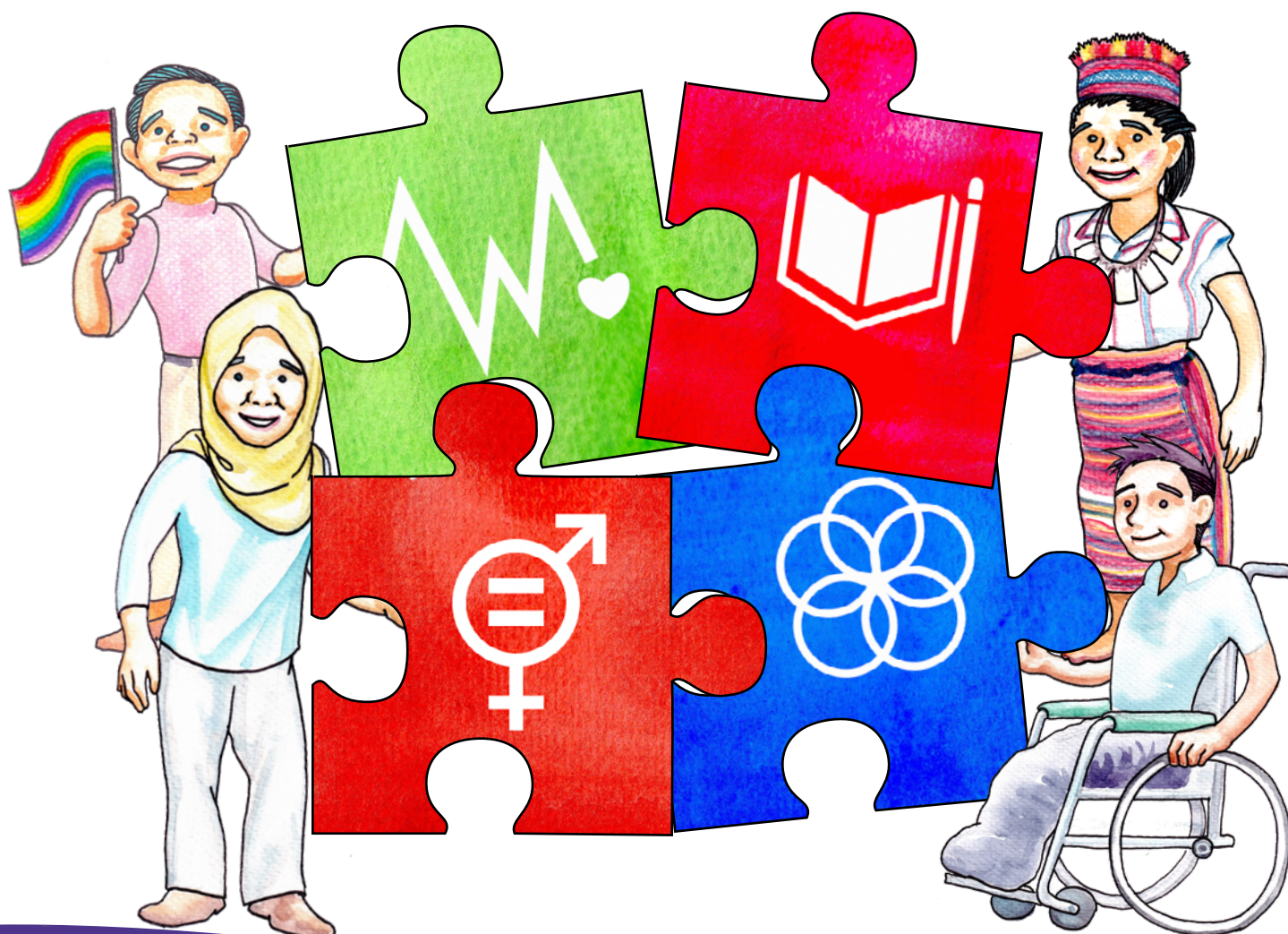
The pandemic exacerbated pre-existing issues including access to sexual and reproductive health (SRH). There were more women in need of SRH care but were cut off from essential medical and protection services because of the lack of fully operational health facilities to address non-COVID related but equally urgent health concerns as well as insufficient resources due to the deprioritization of SRH. This is coupled with restricted mobility because of community quarantines and lockdowns; and the disruption of livelihoods and loss of jobs. As such, poverty and the lack of access to basic social services have become an even more glaring reality for Filipinos, further limiting their access to an already problematic health care system, including SRH information and services.

While the country has implemented the RPRH Law, barriers that hinder access to SRH persist because of discriminatory norms, beliefs and practices. People living with HIV fear of getting tested and accessing medical services due to discrimination and stigma. The lack of awareness about SRH aggravated by

misinformation and fake news prevents access to contraceptives and other essential SRH services. Among the health service providers, social norms continue to dictate who should be allowed to access SRH information and services, perpetuating discrimination against young people who seek SRH support.

Gender roles and responsibilities also play a big role in reinforcing men's SRH decision-making authority and control over women. FPOP has responded to various GBV cases including the girl who wanted to access contraceptive pills but was never permitted by her much older husband. Like many other girls in the country, she was forced to get married at a young age, so her family can escape from economic difficulties. Multiple and intersecting forms of discrimination—in this case, gender, age, and class—sustain gender inequality and limit women and girls' SRH decision-making.

Power and control over women's bodily integrity and decision-making enables gender-based violence and continues to create vulnerabilities



for women and girls. During the pandemic, there was an alarming increase in GBV cases, particularly within households. Child, early, and forced marriage remains an acceptable practice in rural and urban areas, particularly in Southern Philippines. FPOP has received reports from witnesses and victims-survivors and continues to work on the ground to prevent and manage cases of GBV.

The situation in the Philippines, as well as in many countries in the world gives a clear picture of intersecting challenges to SRHR and their implications for the fulfillment of sustainable development. This highlights the need for an integrated solution if the SDGs are to be met. Education and awareness are key in challenging discriminatory norms, beliefs and practices within the communities and even amongst the health service providers. CSE is

a necessary step to instilling awareness about sexuality, reproductive health and well-being at an early age. Educating communities—that women, girls, and people with non-conforming gender identities must be treated with the same respect as men and boys—is important in achieving gender equality, empowerment and the full realization of human rights, including SRHR. Keeping SRH as a priority in policies, programming, and budgeting at national and local government levels could pave the way to making the Philippines' 2030 vision a reality.

Commitments of SDGs 3, 4, 5, and 17 must be approached holistically and in alignment with the rest of the SDGs. At the heart of our commitments must be the realization that SRHR is a vital component in achieving good health and wellbeing, quality education, gender equality, and sustainable development.

Endnotes

- 1 Department of Health, [*The 2019 Philippine Health Statistics*](#), 2019, 78
- 2 Ibid, 79.
- 3 DOH-Epidemiology Bureau and UNAIDS, [*A Briefer on the Philippine HIV Estimates 2020*](#), 2020, 11
- 4 FPOP computation is 234% increase based on the same published figures.
- 5 Kristine Valerio, Anam Parvez Butt, [*Intersecting Injustices: The links between social norms, access to sexual and reproductive health and rights, and violence against women and girls*](#), 2020, 25–26
- 6 Philippine Statistics Authority, [*SDG Watch*](#), April 4, 2022.
- 7 PhilHealth is the universal health coverage in the Philippines
- 8 AM. Starrs, AC Ezech, G. Barker, A. Basu, JT Bertrand, R. Blum, et al. [*Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher*](#) – Lancet Commission. The Lancet. 2018:
- 9 Ibid.
- 10 United Nations Population Fund, *Report of the International Conference on Population Development*. Cairo: UNFPA; 1994.
- 11 [Implementing Rules and Regulations of Republic Act No. 10354](#), of the Responsible Parenthood and Reproductive Health Act of 2012 considers the Barangay (village) Health Workers (BHW) as one of the public health care service providers.
- 12 Department of Health, 2019.
- 13 Philippine Statistics Authority, [*Philippines National Demographic and Health Survey 2017*](#), 2017, 115.
- 14 The baseline is based on the status before the community quarantine on March 15, 2020. The estimate was extracted from the assumption that community quarantine will end on December 31, 2020. See Maria Paz N. Marquez, Elma P. Laguna, Maria Midea M. Kabamalan, Grace T. Cruz, [*Estimating the potential impact of the COVID-19 pandemic on key sexual and reproductive health outcomes in the Philippines*](#), 2020, 2–4.
- 15 Philippines Statistics Authority, [*The 2021 First Semester Official Poverty Statistics Report*](#), 2021.
- 16 World Food Program, [*Philippines: Fill the Nutrient Gap – Summary Report \(November 2018\)*](#), Relief Web, 2018.
- 17 See [Republic Act No. 11148](#)
- 18 Department of Health, 2019, 79.
- 19 Nkosingathi V.N. Mbuya, Gabriel Demombynes, Sharon Faye A. Piza, and Ann Jillian V. Adona, [*Undernutrition in the Philippines*](#), 2021.
- 20 Target 3.3 completely indicates that by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- 21 DOH-Epidemiology Bureau and UNAIDS, 2020, 1.
- 22 [Republic Act 8504: Philippine AIDS Prevention and Control Act of 1998](#)
- 23 Department of Health, *Adolescent Health and Development Program Manual of Operations*, 2017.
- 24 Services providers would visit Facebook and launch media campaigns as communities commonly use the platform as a channel for communication.
- 25 Department of Health, [*Annual Report Responsible Parenthood and Reproductive Health Act of 2012*](#), 2021.
- 26 Kristine Valerio, Anam Parvez Butt, 2020, 25–26.
- 27 Ibid, 22–23
- 28 Commission on Population and Development, [*Teen Pregnancy rises in the midst of pandemic | Commission on Population and Development–Caraga*](#)
- 29 United Nations, [*2030 Agenda for Sustainable Development*](#)
- 30 United Nations Educational, Scientific Cultural Organization, [*International technical guidance on sexuality education*](#), 2018, 16.
- 31 Jee Y. Geronimo, [*“Sex Education in the PH school still lacking–UNFPA”*](#), *Rappler*, July 9, 2016.

- 32 Department of Education of the Philippines, *Policy Guidelines on the Implementation of the Comprehensive Sexuality Education*, 2018.
- 33 Implementing Rules and Regulations of Republic Act 10354
- 34 SRI is a coalition of organizations that has been advocating for the advancement of human rights in relation to gender and sexuality at the UN Human Rights Council since 2006.
- 35 Family Planning Organization of the Philippines, *UPR Submission on the Right to Sexual and Reproductive Health in the Philippines*, 2012.
- 36 Philippine Statistics Authority, *Philippines National Demographic and Health Survey*, 2017, 61.
- 37 See Executive Order 141, Adopting as a National Priority the Implementation of Measures the Root Causes of the Rising Number of Teenage Pregnancies and Mobilizing Government Agencies for the Purpose, 2021.
- 38 Ellalyn De Vera-Ruiz, "POPCOM: 160,000 adolescent minors projected to become or continue as heads of families by end of 2021," *Manila Bulletin*, August 13, 2021
- 39 Department of Education of the Philippines, 2018.
- 40 Philippine Statistics Authority, *Annual Poverty Indicators Survey*
- 41 International Planned Parenthood Federation, *Overprotected and Underserved, The Influence of Law on Young People's Access to Sexual and Reproductive Health in the Philippines*, 2017.
- 42 Mary Pauline V. Saquing and Norliza M. Nordan, *Process Evaluation of Selected Programs of the Department of Health (DOH): RPRH Education and Communication*, *Philippine Institute for Development Studies*, 2021, 6.
- 43 Revised Implementing Rules and Regulations of the Responsible Parenthood and Reproductive Health Act of 2012
- 44 Department of Education of the Philippines, 2018.
- 45 United Nations, *2030 Agenda for Sustainable Development*
- 46 Republic Act 9155 stipulates the protection and promotion of the right of all citizens to quality basic education and to make such education accessible to all by providing all Filipino children a free and compulsory education in the elementary level and free education in the high school
- 47 Oxfam, *The Ignored Pandemic: The Dual Crisis of Gender-Based Violence and COVID-19*, Reliefweb, November 2021.
- 48 Gabriel Baron, "COVID-19 pandemic worsens violence against women, girls-GABRIELA", *Manila Bulletin*, November 2021.
- 49 Rebecca Ratcliffe, "One in five children in Philippines suffer online sexual abuse, study says," *The Guardian*, April 21, 2022.
- 50 Philippine Statistics Authority, April 4, 2022.
- 51 Philippine Statistics Authority, 2017
- 52 Kristine Valerio and Anam Parvez Butt, 2020, 20-21
- 53 Ibid, 28.
- 54 Implementing Rules and Regulation of the RPRH Law
- 55 Oxfam, November 2021.
- 56 FPOP computation is 165% increase based on the same published figures.
- 57 ABS-CBN News "Mga kaso ng online gender-based violence, tumaas sa panahon ng pandemiya: grupo" February 3, 2021. YouTube video
- 58 Department of Health, *Department of Health Budget Briefer 2021*, 2021, 8.
- 59 Department of Health, *Journey to the RPRH Law*, 2015
- 60 Department of Health, *Budget 2022*, 2022
- 61 Department of Health, 2021.
- 62 Ibid.
- 63 Ibid.

- 64 The PhP 33.50 billion (≈USD 632,523) incremental revenue for health in 2021 is allocated as follows: 51% for the enrollment and coverage of indigent families and members in the informal economy; 29% for strengthening of preventive health programs; 0.2% for health awareness programs; or 0.1% for implementation research to support UHC; 13% for medical assistance; 6% for financial assistance for HFEP; and, almost 1% for establishment of Service Delivery Networks (SDNs).
- 65 Department of Health, [*2021 Annual Report Sin Tax Law Incremental Revenue*](#), 2021.

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