Philippine Center
for Population
and Development

2016 Annual Report

On the cover: Young couple Junrey and Gretel Sampilo of Dumaguete city practice family planning and aspire to be responsible parents to their baby Jhannah Mae

Our Vision

A better understanding of the relationship between population and development that empowers Filipino families to make informed decisions and actions that will result in an improved quality of life. Collectively, we are working toward building a nation that is able to balance its population and resources.

Our Mission

PCPD supports initiatives to influence people's views and promote actions toward long-term human development and an appropriate balance between population and resources.

Abbreviations

ASRH	Adolescent sexual and reproductive health
BCYA	Baguio Center for Young Adults
CFSI	Community and Family Services International
CPR	Contraceptive prevalence rate
CSE	Comprehensive sexuality education
CSO	Civil society organization
DepEd	Department of Education
DHC	District Health Center
DOH	Department of Health
DSWD	Department of Social Welfare and Development
FP	Family planning
FPOP	Family Planning Organization of the Philippines
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency virus
IMAP	Integrated Midwives Association of the Philippines
IUD	Intrauterine device
LAM	Lactational Amenorrhea method
LA/PM	Long-acting or permanent method
LGU	Local government unit
PHIC/Philhealth	Philippine Health Insurance Corporation
Popcom	Commission on Population
PopDev	Population and development
PPP	Public-private partnership
RH	Reproductive health
RPRH	Responsible parenthood and reproductive health
STI	Sexually transmitted infection
SWDA	Social welfare development agency
THQ	Teens Health Quarters
VCT	Voluntary counseling and testing
WFP	Work and financial plan

Message of the Chairperson

Once in a while, PCPD shifts gears as it tries to be more relevant and meaningful in fulfilling its mission. One such attempt started during my term as chair. This is the decision to be more focused in our interventions and direct our assistance to efforts that would address the unmet need of women and men for family planning. This new direction underscores PCPD's program of supporting the full implementation of the Responsible Parenthood and Reproductive Health Law, of which family planning is a key concern.

PCPD is a well-funded organization compared with other civil society organizations. This is one thing that it should capitalize on in its collaboration with partners. Toward this end, it initiated a public-private partnership that seeks to involve government agencies and local government units, on one hand, and civil society organizations and service providers, on the other hand. PCPD would leverage its own resources and tap the resources of its public and private partners to deliver FP services and support the fertility objectives of women and couples.

We started this public-private partnership in 2016. The concept was firm enough. We started negotiations with the Department of Health, particularly with its regional offices, so we can access funds allocated for CSO use for FP efforts. We identified CSOs that we could work with in implementing these FP efforts since PCPD is not a project implementer. We earmarked a program budget that provided a revolving fund for these CSOs to use in the meantime that the release of the DOH fund is still being processed.

We were off to a slow start in this public-private partnership. The Board could have wanted that the policies, systems, and procedures be in place by 2016,

with an accompanying manual that would have standardized them and served as guidelines for our partners. By this time, there must have been a plan already for PCPD to invest in an information and technology mechanism that would systematize the terms of partnership, regulate its procedures and fund management, and screen its CSO partners.

However, these were not to be.

As I prepare to end my term in August 2017, I strongly encourage my colleagues in the Board to still pursue the challenge of establishing a systematized setup for the public-private partnership since this is an engagement that PCPD is committed to carry out in the years ahead. PCPD does not need to be present in all the regions in the country. There is more value if we are present in just a couple of regions but we are able to perfect the system while doing so. It is when this system is in place that we should expand our efforts and branch out to other regions.

At present and from a strategic standpoint, PCPD is on the right track by focusing on making FP services available to those with unmet need for them. But may I propose that PCPD go beyond the issue of FP services within the next five years or so. Family planning must be linked to education and life skills development, health and nutrition, sustainable livelihood and increased income – all those other aspects of sustainable development that improve the quality of life and wellbeing of Filipino families and their communities. By this time, PCPD would then again have fine-tuned its direction to allow it to be in the best position to fulfill its mission.

David L. Balangue

Reflections

Three trustees served their last full year as members of the Executive Committee in 2016. They are current chairperson David L. Balangue, Dr. Esperanza I. Cabral and Ms. Evelyn R. Singson. Dr. Cabral headed the Programs Committee until early 2016, while Ms. Singson is PCPD's treasurer and chairs the Finance Committee.

As they end their term, we asked them to reflect on those three years for some parting message that PCPD can take to heart moving forward. Mr. Balangue expressed this in his Message from the Chairperson. Below are the observations of Dr. Cabral and Ms. Singson:

Dr. Cabral

"I didn't know much about PCPD when I was invited to join the Board. I did know that it was concerned with population and development and that it was an advocate of reproductive health. I accepted the invitation because I felt that there was something I could learn from PCPD and that maybe I could also contribute something to it.

"During my initial years in the Programs Committee, I thought that focus was lacking in terms of choosing projects that PCPD should support. This was understandable given that popdev is very broad. However, the Board decided eventually to redirect the focus to RH and family planning. It decided that PCPD should focus on a few projects and implement them well and in a sustained manner in order to make a significant contribution to the cause.

"But the Board can only provide direction. The success of PCPD depends quite a bit on the people running the operations. If they try to do too many things all at the same time, they are in danger of overextending themselves. Better to concentrate on doing a few important things and doing them well.

"PCPD should also ensure that they present data to the Board accurately. The Board relies on accurate data to be able to provide proper and strategic directions. The staff should also pay more attention to heeding the Board's instructions. These have to be followed through and status should be reported back to the Board regularly for further guidance.

"At this time, we need to improve on our RH work and give it our all until we reach our goal of helping women access RH information so they can make intelligent choices and RH services when they decide they need and want them."

Mrs. Singson

"When I was invited to join PCPD, I looked up who were the other members of the Board. I saw that they are people I know and people I respect, so I thought it was going to be a very dynamic and exciting Board to join. Also, I see that PCPD is very much in favor of RH, which is a cause that I have been supporting as well.

"In the beginning, I thought that we were not focused on what we needed to do to achieve our goals. The projects we were supporting were kind of random and had no direct impact on popdev. Now, I think we have a clearer direction by focusing on RH. Instead of just putting in money to projects with questionable, or very little, impact, we are more creative in our approach. We are tying up with DOH, PopCom, and other CSOs so we can leverage our limited resources with their more substantial resources so we can support projects with direct impact on the population. With a more directed focus, hopefully, we can look at all previous researches and studies that PCPD had funded and see how we can use them and find practical applications for them.

"I also suggest we look for a holistic approach to what we are doing and follow through its impact on our mission. True, we had been somewhat random in our choices of the projects we supported in the past but now, we can control their direction and measure their impact on our desired outcome.

On fund management, we have made some sound decisions on how to maximize earnings and control our risk exposure by getting the Finance Committee to meet regularly with the Fund Managers and evaluate the environment within which we operate. The members of our Finance Committee are very experienced and knowledgeable people who make sure the funds and the revenue generation strategies can sustain the operation of PCPD and insure the sustainability of its funds."

PCPD Trustees, from left, Chairperson Balangue, Dr. Cabral, Ms. Singson, and Mr. Jay Lopez

Forging Public-Private Partnership for Family Planning

In 2016, PCPD started its foray into public-private partnership, with the Department of Health, the Commission on Population, and a few local governments as its public partners and civil society organizations as the private partners.

The PPP is in synch with one of PCPD's objectives of providing support to actions that fully implement the Responsible Parenthood and Reproductive Health Law.

The PPP is meant to be the main mechanism for PCPD to meet its overall objective of contributing at least one percent in raising the country's contraceptive prevalence rate of 45.05 percent (DOH, 2016). This one percent is equivalent to 153,000 new acceptors of family planning methods.

PCPD plans to achieve this commitment by reaching 35,000 new acceptors, or roughly 25 percent of the total, in 2016; 114,750 new acceptors, or 75 percent, in 2017; and the full 153,000 new acceptors in 2018.

PCPD executive director Jonathan Flavier cited three strategies to fulfill this commitment.

"We need to gather information on identified and unmet need for contraceptive services in the areas the partnership will cover, tap local providers trained in the last 10 years for contraceptive services, and specifically for PCPD, link potential family planning acceptors with family planning providers," he said.

"In carrying out these strategies, PCPD leverages its program fund and consolidates it with the resources from government, CSOs, and service providers to reach family planning clients and, hopefully, achieve maximum outcome," he added.

Roles

PCPD needed PhP 57.75 million to provide contraceptive services to the 35,000 new acceptors it committed to reach in 2016, or a service cost of PhP 1,650 per new acceptor. This is based on the average reimbursement cost of PhP 3,000 given by PhilHealth to long-acting or permanent methods and the PhP 300 for the less reliable, temporary methods. However, PCPD could only allocate PhP 20 million for this program. Also, it is not an implementer nor a service provider.

This limitation spurred PCPD to explore partnerships with other stakeholders. As a CSO accredited by the Department of Social Welfare and Development, a logical step for it was to begin negotiations with the DOH on how it could avail of funds that CSOs could access for its FP initiatives. In this partnership, aside from transferring funds to CSOs, DOH would provide technical assistance, FP commodities, and information and data on the fertility objectives of women and their unmet need for FP, among others.

PopCom is another government agency that PCPD partnered with for FP services. PopCom set aside funds for CSOs that they could tap to conduct demand generation activities and mobilize clients to seek FP services. PhilHealth also has a package on FP services, including voluntary surgical contraception procedures as well as implant insertion. But PCPD has yet to maximize this engagement with PhilHealth, especially with regard to reimbursement claims for services made by service providers.

The role of CSOs, on the other hand, stems from the provision of the RPRH Law that recognizes them as key partners of government in promoting and providing accessible and quality RH services, including FP. PCPD partnered with other CSOs that could identify women and young people in the community with unmet need for contraceptive services and could conduct FP information and counseling sessions as well as with competent health professionals trained in providing the full range of contraceptive choices.

PCPD then linked these CSOs and service providers, usually with very limited resources, with government agencies that had financial resources for FP services, but less human resources and service staff for delivering long-acting or permanent FP services. Since most CSOs do not have DSWD accreditation that allows them to receive government funds, these were first downloaded to PCPD. It then transferred the money to the CSOs.

Revolving fund

Initially, PCPD planned to provide a grant of PhP 500,000 to CSOs to support them in implementing the RPRH Law. However, its Board decided instead to provide a revolving fund that they could use, also worth PhP 500,000. With the revolving fund, they could start the project immediately while the release of the DOH fund was still being processed.

“The revolving fund is a cash advance that CSOs can use to immediately perform FP services, address identified unmet need for contraceptives, and secure financing commitment from government and private sector partners,” Flavier explained.

CSOs had the choice, therefore, on how they would use the revolving fund. Since it is a cash

advance, they have to return the full amount to PCPD at the end of the project. By this time, the full amount of the DOH fund would have been downloaded to them and they could allocate a portion of the fund as repayment for the revolving fund.

Accomplishments

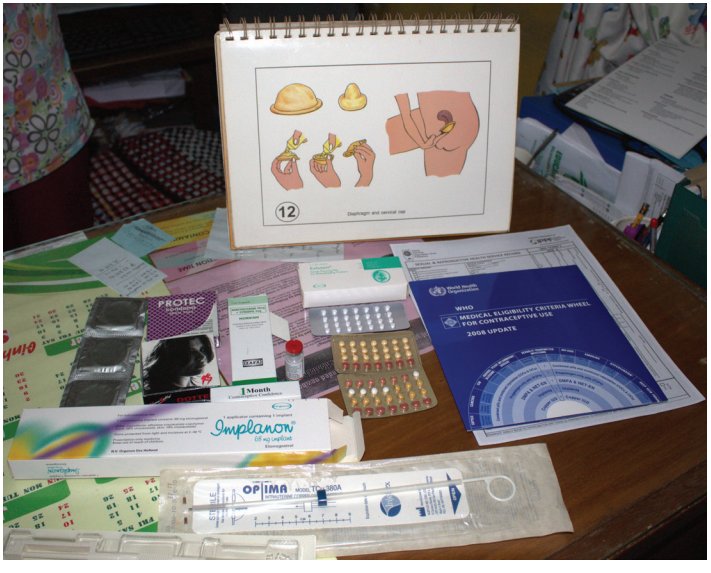
By the end of 2016, PCPD had partnered with 10 CSOs, most of them service providers. They delivered family planning services to 22,943 women with unmet need,which was 60 percent of its commitment for the year. Of this, 31 percent, or 6,750 women, chose the LA/PM methods. However, this was double the 14 percent national contraceptive prevalence for LA/PM methods.

PCPD was able to leverage PhP 3.5 million of its program fund – PhP 1 million as grant to two CSOs, and the rest as revolving fund to five CSOs – and secured PhP 11.1 million from DOH, specifically from its offices in Region 1 and the National Capital Region. It also received funds from PopCom totaling PhP 450,000 for FP demand generation and client mobilization efforts in regions 1, 2, and 6.

"Informally, the DOH Secretary has suggested that CSOs may be allocated around PhP 200 million in 2017 for FP commodities and services. But we still have to encourage funding from PhilHealth, LGUs, and the private sector," Flavier said.

Especially since for 2017, PCPD needs PhP 189.34 million worth of FP services to meet its commitment of 114,750 new acceptors, at a cost of PhP 1,650 per acceptor.

A tall order, perhaps. But with the lessons learned and the insights that emerged during this first year of PPP implementation, PCPD may be able to see this process through. When this happens, it will not just contribute in increasing CPR. It will have initiated as well a sustainable convergence of resources, efforts, and commitment that could serve as a model for stronger cooperation between government and the private sector.



Public-Private Partnership: A Story of Two Engagements

In the summer of 2014, the Supreme Court finally ruled that the Responsible Parenthood and Reproductive Health Law is "not unconstitutional." This signaled that the law could now be fully implemented, except for eight provisions it struck out.

In late 2014, the Department of Health set up the National Implementation Team for the RPRH Law, with former DOH Secretary Esperanza Cabral as chair. According to the DOH, the NIT, and its counterpart Regional Implementation Team, "link national and local health systems and broadens the participation of government agencies, civil society organizations, and development partners in carrying out the law's provisions."

Dr Cabral,together with then Health Secretary Janette Garin, moved for an active CSO engagement with government agencies to address the unmet need for family planning, one of the law's key elements. DOH, particularly its regional offices, allocated funds in their annual budget that CSOs can access for FP services.

To be able to avail of these funds, CSOs have to be accredited by the Department of Social Welfare and Development. Unfortunately, most of them do not have the DSWD accreditation.

This limitation became an opportunity for PCPD to shift to a new way of providing support to its CSO partners. Because it is accredited by DSWD, it offered to act as the conduit that would access government funds and transfer them to CSOs. They, in turn, would draw up a work and financial plan detailing activities that would provide FP

Signing of the public-private partnership agreement with, seated from left, DOH NCR Director Ariel Valencia, DOH Undersecretary Gerardo Bayugo and PCPD Executive Director Jonathan Flavier

services. PCPD would also extend a revolving fund of PhP 500,000 to each CSO to advance the financing commitments of government agencies while the transfer of government funds is being processed.

Two DOH regional offices and five CSOs participated initially in what PCPD has termed a public-private partnership – the National Capital Region, where it was piloted, and Region 1.

NCR partnership

Three CSOs were involved in the NCR project – the Democratic Socialist Women of the Philippines, Family Planning Organization of the Philippines, and the Integrated Midwives Association of the Philippines. Each of them committed to reach 3,000 family planning users within six months, or a total of 9,000 FP users.

The project was implemented in two cities with the lowest contraceptive rate – Caloocan, with a CPR of 16 percent, and Taguig, with a CPR of nine percent.

DSWP worked in District 1 of Caloocan, while FPOP was in District 2. IMAP covered Taguig.

DOH NCR allocated PhP 5.4 million for the project, or PhP 1.8 million for each CSO, with a service cost of PhP 600 per family planning user. On top of this, it provided all the FP commodities to CSOs.

Only IMAP availed of the revolving fund from PCPD.

Fund transfer from DOH NCR to the CSOs was through direct payment. This meant that CSOs would have to complete first the activities in the approved WFP before DOH NCR paid them back for the expenses they incurred while holding the activities. These activities ranged from meetings with city health officials and service providers to FP information sessions for clients to RH fairs and actual provision of the clients' chosen FP methods.

The three CSOs used a number of effective strategies to encourage FP acceptors. Some of them were the following:

- Partnership with LGUs and community leaders;
- Securing updated lists of clients with unmet need for FP;
- Mobilization of demand generators;
- Readiness of the CSOs to provide both short-acting, traditional methods and long-acting, permanent methods of FP; and
- House-to-house follow up of clients with unmet need and onsite provision of services.

By the end of the six-month project, and with a no-cost extension of two months, the three CSOs were able to deliver family planning services to 2,928 acceptors, or 32 percent of their objective of 9,000 new acceptors. To their credit, however, they would continue providing FP services even after the project ended so that by May 2017, 8,994 women and men had availed of contraceptive services, or 99.9 percent of their commitment.

DOH-CSO-PCPD project officer Reymark Perreras briefs mothers on various FP methods

Region 1 partnership

For Region 1, the CSO partners were the Alaminos chapter of FPOP and the Private Birthing Homes Association in Pangasinan.

The project covered the cities of Dagupan, Urdaneta, San Carlos, Alaminos, and the town of Bayambang.

Based on the 2015 Census of Population, Pangasinan's population of 2.9 million accounts for about five percent of the country's population. It has the largest population in the region, with San Carlos as having the highest population among the cities in the region, followed by Dagupan and Urdaneta. While the province has a CPR of 55 percent, there are still a significant number of women of reproductive age with unmet need for FP, especially among the poorest and most vulnerable women in the communities.

The DOH Regional Office 1 allocated some PhP 5.3 million for the CSO partners for the project. They also availed of the revolving fund from PCPD.

The two CSO partners committed to deliver the following:

- 3,200 new acceptors of FP methods;
- At least 500 youths with unmet need provided with FP services;
- At least 500 youths who are currently pregnant are counseled on FP; and

• At least 100 young men informed of their responsibility on FP.

The provincial government has a community-based monitoring information system in place that allows implementers to identify poor and marginalized women of reproductive age with unmet need for FP. The CSO partners referred to it in pinpointing clients who would be provided with FP information, counseling, and services.

The CSO partners also oriented the LGUs, especially their respective city or municipal health officers, and barangay officials on the project. By involving local officials, they were able to get their support to back their activities. Community health volunteers were mobilized to encourage clients to attend the information sessions and avail of family planning services. By the end of the seven-month project, 3,063 women with unmet need were provided with FP methods, or 96 percent of what the CSO partners committed to reach. With the project's no-cost extension, however, they continued to provide FP services to achieve its output of 3,200 acceptors.

Going forward

This new engagement of partnering with both government and CSOs is a totally new experience for PCPD. For the longest time, it has been providing grants to support initiatives that are under the general rubric of population and development carried out by CSOs and the private sector. Now, it is leveraging government funds and making them available to CSOs. This recognizes the CSOs' role of translating the RPRH Law into meaningful actions, particularly in delivering FP services and helping women and young people achieve their fertility goals.

This redirection has not been a smooth transition for PCPD.There are issues in implementation and managing the project that led into occasional friction between it and its CSO partners. PCPD, however, has taken stock of all these and considered them as learnings that must be kept in mind.

For starters, PCPD will develop a clear and easy-to-understand manual for its partners. This would illustrate how to approach DOH, PopCom, and other government offices and work with them in crafting the details of the partnership, define the roles and responsibilities of each partner, explain how to access and use the revolving fund, and spell out the procedures that govern how the work and financial plan of the project is carried out, among others. PCPD will also do due diligence in tapping its CSO partners, taking into consideration their regional presence, their track record in providing FP services, and their capability and effectiveness in conducting the various activities of the project.

In the meantime, PCPD continues to engage DOH regional offices and CSOs to invest their resources, expertise, and efforts in this public-private partnership. For the first quarter of 2017, it has eight CSO partners and three DOH partners that are committed to provide FP services to 11,600 women, with funding support from three DOH regional offices totaling PhP 20.8 million.

Promoting Youth's Access to Sexual and Reproductive Health

Janice, not her real name, looked worried as she listened to a midwife explained how the contraceptive implant works. Her mother brought her to the office of the Community and Family Services International in Pasay city so she could avail of its free family planning counseling, and hopefully, decides to undergo an implant insertion. After all, at 17 years old, Janice already has a six-month old baby. She even had to stop schooling to take care of him.

Meanwhile, hundreds of miles away, in Baguio City, Gloria, not her real name, was on her eighth month of pregnancy. Aged 16, she tried to end the pregnancy when she first found out about it. The first weeks were especially difficult for her. Feeling ashamed of her condition, she dropped out of school and refused to leave the house. She was mostly depressed and barely spoke to anyone. At that time, she felt that her dreams of finishing her studies and pursuing a career had ended.

Janice and Gloria are just two of the increasing number of Filipino girls aged 15 to 19 who are either pregnant for the first time or are already mothers. According to the 2014 Young Adult Fertility and Sexuality study, there are around 14 percent of them from a population of 100.7 million Filipinos.

Two of PCPD's partners implemented projects that responded to this disturbing issue of teenage pregnancy, in particular, and concern over the risky sexual behaviors and practices of today's adolescents and young people, in general.

These partners are CFSI and the Baguio Center for Young Adults.

A young mother undergoes implant insertion at the CFSI office

Family-centered and community-based approach

CFSI tapped the family, especially parents, as significant stakeholders in its project. They held learning sessions on responsible parenting. Part of their discussions were on understanding the issues and concerns of their teenaged children and building open communication with them. Forums on the Responsible Parenthood and Reproductive Health Law were conducted so they could know their roles and responsibilities in promoting the sexual and reproductive rights of their children. By learning about them, they themselves were the ones who brought their sexually active children or those who were already parents to the health center or to CFSI for FP counseling and services. The parents, particularly the mothers, also became volunteers of CFSI and actively went around their communities to disseminate RH information and encourage young people to seek RH and FP services in the health center.

Such was the case of Janice. A mother at 17, and already in a live-in relationship, she did not want to get pregnant in the foreseeable future. But the RPRH Law prohibits her, a minor, from seeking FP services without parental consent. Her mother, a CFSI volunteer, was the one who brought her to CFSI so she could be educated on the different FP methods and choose for herself what method to use. CFSI tapped the Population Services Pilipinas Incorporated to hold the FP information and counseling sessions and do the implant insertion for those who opted to use this particular method.For the other methods, CFSI referred the would-be users to the health center.

Aside from the parents, CFSI organized youth volunteers and trained them to become peer counselors. The training included an age-appropriate and comprehensive sexuality education that was not focused solely on sex and sexuality but highlighted the importance of building healthy relationships and acquiring the skills and values that would allow them to make informed choices. They shared these with their friends, especially those who were practicing risky sexual behaviors. They urged them to delay engaging in sexual activities. But for those who refused to do so, they encouraged them to adopt health-seeking behaviors by practicing safe sex and by going to the health center for testing and counseling.

To encourage more young people to visit the health center, CFSI led a youth-friendly service training for the staff of the various health centers in Pasay and had regular discussions with the City Health Office on how to improve their services for young people. It also conducted outreach activities to complement the work of the health center by holding free implant counseling and insertion and voluntary counseling and testing for STI/HIV in its office.

CFSI was able to refer 197 adolescents and young people who were sexually active to the city's social hygiene clinic and health centers for VCT on STI/HIV and treatment. One hundred sixty-eight women of reproductive age, 117 of them young adults, were provided with FP counseling and free implant insertion for a period of six months. Even after the project with PCPD was completed, CFSI continues to perform free implant insertion once a week to young women from Pasay's urban poor communities.

School-based and community-based approach

BCYA's project addressed the same concern – the lack of awareness and knowledge of young people on their sexual and reproductive health that leads them to practice unsafe and irresponsible sexual behaviors.

BCYA chose the city's District Health Center of City Camp because it is the largest district with 20 barangays. It accounted for 21.5 percent of the city's adolescent population. It also involved its Teens Health Quarters, its medical arm and youth-friendly facility that provides health counseling and FP services.

BCYA worked with so-called "community allies" in the project: schools and universities; the city's Health Service Office; the DHC; the city's population office; the partner barangays; member organizations of the Adolescent Health and Development Council; the technical working group on adolescent health of the Department of Health in the region; and the barangay affairs office. They developed strategies on how best to reach out to young people and provide them with information and services on adolescent sexual and reproductive health, including setting up a referral system. BCYA then went around the different schools and universities in the district and held information campaigns and health fairs for the students.

BCYA trained youth leaders to become peer counselors and conduct ASRH and population and development education. They joined the information campaigns and tried to influence their friends to adopt a healthy lifestyle, responsible sexuality, and fertility management. They were also visible in barangay activities. This interaction led to better engagement between the youth leaders and barangay officials. It became easier for BCYA to convince the different barangay councils to support programs like health fairs, medical missions, and life skills development training for adolescents and young people. Of the 20 barangays covered by the project, 11 crafted a task force for youth development and allocated a corresponding budget for this in their Barangay Annual Investment Plan for 2016. This approved budget totaled around PhP 3.03 million for the 11 barangays.

Adolescents and young people who participated in the RH information sessions, whether in their schools or in their communities, went to the DHC or the THQ to avail of RH and FP services. Others were provided services through medical outreach missions conducted during the duration of the project.

In the one year the project was implemented, BCYA reached 10,402 adolescents and young people and provided FP and RH services to 8,587 of them.

Teenage pregnancy

Baguio city had the dubious distinction of having the highest number of teenage pregnancy in 2015 at 18.4 percent, higher than the national average of 14 percent.

BCYA responded to this disturbing trend by organizing a home visitation team composed of the barangay Kagawad for Health or Education, a barangay health worker, a barangay nutrition scholar, and a member of the district population education team. They did spot visits to the homes of teen mothers and pregnant teens in the barangay. Interviews were done to get their profile, the health services they have availed of, the regularity of their visits to health facilities, the pre- and postnatal care they have received, and their nutritional status. They were provided with information on violence

against women and children, FP and maternal, newborn, child health and nutrition. The home visits created a friendly community support system for the young mothers.

As a result of the regular home visits, a teen client learned how to prepare her birth delivery plan and arrived at the decision to give birth in a health facility. As soon as she had given birth, she was taught the lactational amenorrhea method to regulate pregnancy. She was also counseled on what FP method to use after LAM. More often, she would choose contraceptive pills.

To sustain the intervention, the team created opportunities for the teen mothers to attend mother's classes organized either by the Social Welfare Office or the Barangay Nutrition Office. These classes further discussed child care, exclusive breastfeeding, nutrition, FP and responsible parenthood, and relationships, among others. They were also trained on livelihood skills they could use for employment.

RH information and services

The Responsible Parenthood and Reproductive Health Law calls for an "age- and development-appropriate health education to adolescents" to prepare young people transition to adulthood and face the challenges of sexuality and relationships. However, this provision of the law is still to be implemented fully, leaving young Filipinos vulnerable to teenage pregnancy, sexually transmitted infections, including HIV, abuse, and exploitation. This is the gap that CFSI and BCYA tried to bridge in their projects with PCPD. They even went a step further by adding ASRH services to their interventions, which was a great help to the teenaged mothers and those going through the grave consequences of risky sexual behaviors.

For PCPD, partnering with CFSI and BCYA was a not-to-be-missed opportunity. It is a worthy investment in the development of young people that can be seen later on in the decisions they will make in their lives, in the quality of the families they will raise, and in the contributions they will give to society.

Developing Standards for a Responsive and Effective Comprehensive Sexuality Education

Throughout all the changes, transformation and redirection that PCPD had through the years, one constant is evident: its commitment to improve the lives of young people and prepare them to be responsible adults who will have positive contributions to society. In recent years, the projects it has been supporting for young people have focused largely on promoting their sexual and reproductive health and rights.

One of these projects was the development of standards for comprehensive sexuality education that schools could use for their students. PCPD pushed for this to happen, thanks largely to the enthusiasm and commitment to youth development of its former executive director Felicitas Rixhon. One of the first things she did when the Responsible Parenthood and Reproductive Health Law was approved was to meet with officials from the Department of Education and offered PCPD's assistance in developing standards that can be used in educating young people on sexuality.

Led by the Likhaan Center for Women's Health, and supported by PCPD and the United Nations Population Fund, a series of research, consultative meetings, roundtable discussions, and validation workshops were held to draft standards for teaching comprehensive sexuality education. Once finalized, the standards were presented to the Department of Education so it could integrate them into the K-12 curriculums.

The CSE standards present clear, consistent, and evidence-based guidance on the essential minimum core content and skills for sexuality education that corresponds to the current grade levels in the country. These are Level 1 for Grades 1 to 3, Level 2 for Grades 4 to 6, Level 3 for Grades 7 to 10, and Level 4 for Grades 11 to 12.

The 21 experts who took part in developing the CSE standards were education experts from the DepEd, the University of the Philippines, Ateneo de Manila University, Ateneo de Zamboanga, Miriam College, and the University of San Carlos, government officials from the Department of Health and the National Youth Commission, psychologists, gender specialists, and managers of RH programs.

Those who participated in the nine validation workshops were teachers, parents, health professionals, and youth leaders.

CSE in schools

Ideally, sexuality education should be taught at home by the parents. But many parents are uncomfortable or embarrassed to do this, perhaps because their own parents never talked to them about sex, relationships, and sexuality when they were growing up. They would rather leave it to the schools to talk about the "facts of life" to their children.

Without setting aside the role of parents and maintaining that teaching sexuality education is a shared responsibility between parents and schools, educators began establishing formal subjects and curriculums to be taught by professionals such as teachers, guidance counselors, and school doctors. Many of the sexuality education developed were meant to address the rising problem of early and unprotected sex, teen pregnancy, sexually transmitted infections, including HIV/AIDS, even gender-based violence and sexual abuse. It also includes providing young people with the right information, helping them develop positive attitudes and values, and giving them the opportunity to learn crucial life skills so they can have the knowledge and confidence to make informed and responsible choices with regard to their sexuality and relationships.

The Responsible Parenthood and Reproductive Health Law also mandates the provision of an age-appropriate "reproductive health education" that will be taught by trained educators and based on a DepEd curriculum that will impart, among others, knowledge and skills in self-protection against discrimination, sexual abuse and violence against women and children and other forms of gender-based violence and teenage pregnancy; physical, social, and emotional changes in adolescents; women's rights and children's rights; responsible teenage behavior; gender and development; and responsible parenthood.

This project on developing standards was a natural response to the law's provision on the teaching of reproductive health education as well as to the realization that sexuality education is not consistently implemented in schools nationwide. The standards start with more basic information, simple cognition tasks, and skills activities in kindergarten that gradually progress in complexity by the time the student reaches Grade 12. They prioritize learning on the following topics that are revisited at different grade levels, build on previous learning, and presented in a way that is appropriate to the students' needs, abilities, and levels of maturity:

- Human Body and Human Development, with sexual and reproductive anatomy and physiology, human development and reproduction, and puberty and adolescence as subtopics;

- Values, Attitudes toward Others, and Social Skills, with values, tolerance and respect, and self-assertiveness skills as subtopics;

Comprehensive Sexuality Education Standards for the Philippines

A PROPOSAL FOR POLICY MAKERS

Output of an experts panel convened by Likhaan Center for Women's Health Inc.
and validated by workshops involving public school teachers, youth and students, parents and health professionals;
supported by funding from the Philippine Center for Population and Development (PCPD) and the UNFPA

• Healthy Relationships, with families, friendship, love, and romantic relationships, and long-term commitment, marriage, and parenting as subtopics;

• Sexuality and Sexuality Behaviors, with the sexual life cycle and sexual behaviors as subtopics;

• Sexual and Reproductive Health, with pregnancy, pregnancy prevention, and STIs and HIV/AIDS as subtopics;

• Personal Safety, with bodily integrity, gender-based sexual abuse and violence, and bullying as subtopics; and

• Gender, Media, and Human Rights, with gender inequality, media and sexuality, and human rights as subtopics.

The standards make for an effective sexuality education that prepares young people to be responsible individuals who manifest respectful attitudes and behaviors toward one's self and others. They determine the tools that young people need so they can make the right decisions with regard to their sexual and reproductive health and wellbeing. Armed with the right knowledge, skills, attitudes, and positive values, young people are more prepared to navigate the confusing and complicated transition from childhood to adolescence to adulthood.

Building Competence and Confidence for Comprehensive Sexuality Education

PCPD has always championed the teaching of comprehensive sexuality education for the country's adolescents and young people. It has supported initiatives that would allow educators and advocates to build their capability and confidence to connect with them and impart in them the right information, skills, and values to help them make responsible choices for their health and wellbeing.

One such initiative was the Scholarship Program for the Summer Certificate Course on Population and Development implemented by the Office of Population Studies of the University of San Carlos.

The certificate course was offered during the summers of 2014, 2015, and 2016. Fifty-five professionals attended it – from secondary school teachers and those involved in curriculum development from the Department of Education, planning and information officers from the Commission on Population, population officers from local government units, and a nongovernment worker engaged in research and advocacy initiatives on popdev concerns.

Subjects

The certificate course had two major subjects: Population and Development and Human Sexuality and Responsible Parenthood. It used the Population and Development Teaching Modules, a product of an earlier PCPD project with USC-OPS, as its main reference book.

PCPD Executive Director Jonathan Flavier with the third batch of popdev scholars

"The course was meant to improve the stock knowledge, skills, and attitudes of the participants on popdev, human sexuality, and responsible parenthood. For the educators, it will increase their competence and confidence in teaching these subjects. For the development professionals, they can apply their learning in their respective spheres of work, especially for the PopCom officers since popdev is one of its key programs," said Dr. Alan Feranil, OPS senior research fellow and the project's coordinator.

"The teachers we invited were teaching secondary education in subjects like *Araling Panlipunan,* Music, Arts, Physical Education and Health (MAPEH), Science, or *Heograpiya, Kasaysayan, Sibika (HEKASI).* Six of the educators were actively involved in values education and two were guidance counselors. Two were involved in curriculum development and were sent by DepEd to see how popdev and sexuality education can be integrated into its curriculums," Feranil added.

At the end of the project, the scholars drew up their respective re-entry plan that integrated concepts and principles of popdev, human sexuality, and responsible parenthood in their current work. For educators, the integration

was to be incorporated in the curriculums, in the retooling of the methods these subjects were being taught, and in passing on new learnings to their fellow educators.

For PopCom officers and local population officers, their re-entry plans integrated their learning to enhance PopCom's programs and activities on popdev and adolescent health and youth development.

Synergy

The summer course provided an opportunity for DepEd educators, PopCom officers, and local population officers to realize they were working for a common cause. It would be to their best interest if they come together and get their efforts in synch to achieve synergy where their combined actions could produce more than what they could do on their own.

They proposed a number of recommendations to make this happen, particularly at the local level:

- Forge a formal agreement between DepEd and PopCom to promote popdev and comprehensive sexuality education;

- Orient education, health, and population officials on the concepts and principles of popdev and comprehensive sexuality education and how they relate to adolescent and youth development so they can plan and implement programs and activities for students and out-of-school youths;

- Organize a pool of trainers to integrate popdev and comprehensive sexuality education into school curriculums and disseminate age-appropriate information on them; and

- Establish a referral system and youth-friendly health facilities where adolescents and young people can go for counseling and RH services, including FP services for teenage mothers or those who are already engaging in early and unprotected sex.

One of PCPD's key programs aims to form a constituency that is knowledgeable on popdev, human sexuality, and adolescent health and development. This summer course facilitated by OPS, a long-time partner of PCPD, was one such track that clearly contributed to its constituency-building program.

PCPD Gets DSWD Accreditation

PCPD is now an accredited partner of government to help it implement its programs and projects and can access public funds in the process.

The accreditation was issued by the Department of Social Welfare and Development, the only government agency charged to authorize civil society organizations to carry out partnerships with government and receive public funds.

According to DSWD's guidelines, PCPD's accreditation means that it is a "legitimate CSO of good standing."

PCPD can be selected by any government agency to be its partner in its programs and projects on advocacy, capacity building, and resource mobilization in all regions of the country. This is valid until 10 February 2019.

DSWD's accreditation process was put in place to ensure that CSOs are not used as dummies of corrupt government officials to divert public funds for their own personal use.

It took PCPD four months to complete the very stringent accreditation process.

Aside from being accredited, PCPD is also registered as a social welfare development agency (SWDA) "in recognition of its effort to contribute to the upliftment of the poor, vulnerable and disadvantaged sector of our society."

PCPD's standing as a SWDA covers regions 1-12, the Cordillera Administrative Region, Caraga, Negros Island Region, and NCR. It is valid until 06 March 2020.

2016 Finance Status

PCPD has three revenue streams – from rental of portions of its building and leasehold improvements owned by the Department of Education, from grants leveraged from the public-private partnership it is carrying out to respond to the unmet need for family planning services, and from its trust funds.

In 2016, rental revenue totaled PhP 53 million. From this, PhP 25.4 million went to operating expenses and PhP 23 million was earmarked as DepEd's share of the profits. This left only PhP 4.6 million for program grants. Still, PCPD released PhP 5.4 million that was committed in previous years for ongoing projects.

The year marked the start of PCPD's partnership with government agencies, civil society organizations, and family planning service providers for the full implementation of the Responsible Parenthood and Reproductive Health Law. From its 2016 program budget of PhP 20 million, PhP 3.5 million was released as either grant or revolving fund to its CSO partners. PCPD was able to leverage this and secured PhP 11.1 million from the two DOH regional offices in the Ilocos and the National Capital Region and PhP 450,000 from the PopCom in regions 1, 2, and 6.

The revenue for PCPD's trust investment was PhP 4.2 million. This was, however, offset by PhP 2.1 million in fair value losses and PhP 400,000 in trust fees. This brought its net income to PhP 1.6 million, not even enough to cover the PhP 3.4-million loss it incurred in 2015. This prompted PCPD to begin studying alternative investments for its PhP 200-million trust fund.

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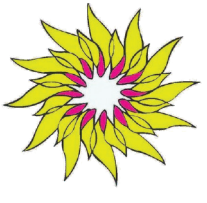

Philippine Center for Population and Development Inc.
PCPD Building, 2332 Chino Roces Avenue Extension
1630 Taguig City, Philippines
Tel. No.: (+632) 843-7061, 728-8089
Fax No.: (+632) 894-4596
URL: http://www.pcpd.ph