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Process Evaluation of the Responsible Parenthood and Reproductive Health Act (RA 10354): Local Service Delivery Component

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Abstract

This report presents the results of a process evaluation on the delivery of mandated services in communities by local government units (LGUs) under the Responsible Parenthood and Reproductive Health (RPRH) Law. The study, which involved an extensive desk review, focus-group discussions/key-informant interviews, and an online survey of LGUs, is part of a larger set of evaluations that aim to document and assess the implementation of the RPRH Law, including its governance and organizational design, financing, logistic and supply chain management, and education and communication activities. While reproductive health services are generally provided by local governments, this study documents significant disparities in various aspects of local service delivery, which may be linked to differences in the available resources available to and provided by local governments, such as in fiscal resources, local information systems, human resources, infrastructure and supply, and governance. Some documentation of RPRH services whose provision was discontinued amidst the COVID-19 pandemic in 2020 is also furnished. The report's recommendations to improve the delivery of RPRH services span measures to build support systems for RPRH, improving service delivery, and monitoring progress at the local government level.

Keywords: R.A. 10354, RPRH Law, responsible parenthood and reproductive health, local service delivery

Disclaimer: This article/report reflects the points of view and thoughts of the authors', and the information, conclusions, and recommendations presented are not to be misconstrued as those of the Department of Health (DOH). Furthermore, this article or report has not yet been accepted by the DOH at the time of writing. The material presented here, however, is done in the spirit of promoting open access and meaningful dialogue for policy/plan/program improvement, and the responsibility for its interpretation and use lies with the reader.

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Process evaluation of the Responsible Parenthood and Reproductive Health Act (RA 10354): Local service delivery component

Michael R.M. Abrigo, Jerome Patrick Cruz, and Zhandra C. Tam[1]

1. Introduction

The Philippine health sector has witnessed significant attention, growth, and reform in the past decade. Filipinos have increasingly regarded health as an essential right for all. This societal demand is evidenced by the ratification of landmark legislation for health such as the Responsible Parenthood and Reproductive Health (RPRH) Law of 2012, which at the time of its passage was lauded as a decisive step forward in the Philippines' efforts for population management and the promotion of women's reproductive health. Since then, the necessity of the law has consistently been borne out by the country's demographic trends: while the Philippines' annual population growth rate has declined from 2.7 percent in the 1980s to 1.5 percent in 2017, it has remained the highest among countries in the Southeast Asia region. Similarly, in spite of improvements in general health outcomes, progress in reducing the country's maternal mortality ratio and neonatal mortality rate have remained slow, with up to two-thirds of maternal mortality and three-fourths of neonatal mortality having been found to be readily avoidable with increased access to information, commodities, and services (World Health Organization [WHO], 2018).

To fulfill the mandates of the RPRH Law, the Department of Health (DOH) and its attached agencies have assigned increasing budgetary resources since 2014.[2] From 2014 to 2018, DOH allocations for RPRH implementation have risen from PhP 14.32 billion to PhP 41.35 billion, which has been supplemented by additional spending by the Commission on Population and Development (POPCOM), local government units (LGUs), as well as other development partners and civil society organizations (DOH, 2014, 2018).Consequently, the DOH and its attached organizations have been able to implement new programs and services, and expand existing ones related to their RPRH mandates, particularly in the areas of Maternal, Neonatal, Child Health and Nutrition (MNCHN); Family Planning (FP); Adolescent Sexual and Reproductive Health (ASRH); Sexually Transmitted Infections and HIV AIDS (STI); and Elimination of Violence Against Women and Children (VAWC). Of particular interest to this study is the performance of RPRH local service delivery mechanisms, particularly by LGUs and LGU-affiliated entities.

Local governments play important roles in delivering RPRH services to communities. While LGUs' mandates center on delivering the full range of reproductive health services, it requires acquiring, maintaining and managing human resources, physical infrastructures, and

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[2] It is well-known that the implementation of the RPRH law has been delayed due to legal obstacles. In March 2013, the Supreme Court, acting on petitions against the law's constitutionality, declared a *Status Quo Ante* Order, which held until April 2014 when the Court declared the law constitutional except for eight provisions. In June 2015, the Court issued a Temporary Restraining Order against the DOH and other related agencies from procuring, distributing, and issuing new certificates of product registration on contraceptives, which was only fully lifted on November 2017.

information systems that ultimately relies on financial resources and administrative capacities available to local governments. Since the enactment of the RPRH Law in 2012, there has been substantial progress on various aspects of local delivery of RPRH services. However, we find that while reproductive health services are generally provided by local governments, there appears to be material differences in the provision of these mandated services. These differences appear to be mediated by disparities in the resources available to them.

1.1. Background

The origins of the RPRH Law in Philippine legislation can be traced to the 1970s, when several precursor bills were filed and refiled in different Congresses with limited success. Parallel to this, the Philippine government has been a signatory to various international conventions affirming its responsibility to uphold women's reproductive rights, such as the 1981 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the 1994 United Nations International Conference on Population and Development Programme of Action, the 1995 Beijing Declaration and Platform for Action, as well as the 2000 United Nations Millennium Declaration, which also contained commitments towards promoting universal access to reproductive health services by 2015 (WHO, 2018). Yet it was only in late 2011, with explicit support from former President Benigno Aquino III and amidst fierce national debate among academic, religious, and civil society organizations, that House Bill 4244 or the "Reproductive Health Bill" gained bicameral approval and was signed into law on the 21st of December 2012 as the Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act [R.A.] 10354).

Despite encountering opposition during the legislative process, there has been ample evidence that widespread support has existed for such a law among Filipinos. Indeed, an October 2012 poll of the Social Weather Stations indicated that 83 percent of Filipino youth supported the passage of a law on reproductive health and family planning; while a March 2014 survey by the same organization indicated that 77 percent of Filipinos believed in the resulting law's constitutionality (Mangahas, 2014). Such local support for a reproductive health law has likewise been met with a highly favorable reception of R.A. 10354 at the international level. In 2015, for example, the Philippines was granted the WHO's Resolve Policy Development Award for that year, on grounds of the "landmark" passage of the RPRH law and its advances in realizing the right to reproductive health goods and services for all adults in the country (WHO, 2015).

Nonetheless, the implementation of the RPRH law has experienced important setbacks. It was delayed twice as the Supreme Court (SC) passed a status quo ante order in March 2013 and a temporary restraining order on the procurement of contraceptives in June 2015. Only in April 2014 was the RPRH law declared constitutional by the SC (though eight provisions within the law were nullified by the court in its decision[3]), while the restraining order on contraceptive

[3] These included parts of Section 7 which required private health facilities to refer patients not in emergency situations to other health facilities and to provide RPRH-services to minors; as well as the entirety of:

- Section 23-A-1 (on penalties for refusal to disseminate information on RPRH-related programs)
- Section 23-A-2-I (allowing married individuals in non-threatening cases to access RPRH services without spousal consent)
- Section 23-A-3 (on penalties for refusal to refer non-life-threatening case to other RPRH providers)
- Section 23-B (on penalties for public officers who refuse to support RPRH programs)
- Section 17 (mandating 40-hour pro-bono service by private/nongovernment RPRH service providers as a prerequisite for PhilHealth accreditation)
- Section 3.01-A and J of the RPRH Implementing Rules and Regulations (on the definition of abortifacients)

procurement was lifted in November 2017. Together, such limitations have meant that the RPRH law has experienced only around two full years of implementation as of the beginning of 2020.

Similarly, in spite of firm international support for the law's passage, weaknesses in the law as well as its implementation have been observed relative to that of other countries' efforts. With regards to WHO's guidelines on ensuring human rights in the provision of contraceptive information and services, the RPRH law, its Implementing Rules and Regulations (IRR), and recent Supreme Court jurisprudence related to them, have been found to be in full agreement only with four out of nine WHO recommendations on sexual and reproductive health (SRH) (i.e. acceptability, participation, accountability, and quality), due to compromises resulting from the influence of religious groups, as well as fragmentation resulting from the country's decentralized health system (Melgar, et. al., 2018). Moreover, because of the obstructed execution of the RPRH law, both the WHO and the UN Population Fund noted in 2016 that the Philippines' performance with regards to SRH has continued to lag behind its Southeast Asian neighbors, especially in the areas of modern contraceptive use and unwanted pregnancies.[4]

1.2. Study Objectives

This study aims to evaluate the delivery of services mandated by R.A. 10354 in local community settings. More specifically, this process evaluation aims to assess the different service delivery mechanisms related to RPRH programs at the local level, and to identify enabling factors, barriers and bottlenecks that have affected the timely and efficient delivery of reproductive health services and commodities at the frontline. In light of efforts to advance the Universal Health Care Act, and more recently the critical role played by frontline health services in general throughout the COVID-19 pandemic, this process evaluation is an opportune exercise to generate information that can expand the evidence base on the local implementation of the RPRH Law, particularly during a crisis situation (i.e., COVID-19 pandemic), and generate information that can improve the implementation of RPRH program at national and local levels. This assessment is part of a larger process evaluation that looks at various aspects of the implementation of the RPRH Law, including its governance and organizational design, financing, logistic and supply chain management, and education and communication. This report focuses on the delivery of services in communities by local government units.

1.3. Study Limitations

Despite almost a decade since the signing of RA 10354, this process evaluation may still be considered an early attempt to assess the implementation of the RPRH Law. As mentioned in the previous subsection, legal challenges on the RPRH Law were not resolved until November 2017. At the time of data collection in early to mid-2020, the RPRH Law may be considered in full effect for only more than two years. As such, it is possible that many of the mandated processes have yet to be implemented, specifically at the local level. Further, while the study aims to be comprehensive in its scope, the assessment we present here are based on a limited

- Section 23-A-2-ii (prohibiting RPRH service providers from refusing to perform legal and medically-safe RPRH procedures on minors in non-life threatening situations without parental consent)

[4] As cited on news report by CNN Philippines Staff. For full report, see https://cnnphilippines.com/ news/2016/03/05/un-who-reproductive-health-philippines-lagging-asean.html (Last accessed on 10 July 2020)

sample of survey respondents and key informants, which may not necessarily reflect the experiences of others not included in the survey or interviews conducted for the study. While the study may not provide a complete representation of the implementation of R.A. 10354 among all local government units, the observations that we present in this report nevertheless provide indications of the extent of implementation, including innovations that have been implemented, and challenges and bottlenecks that have been faced by the respondents at the time of data collection.

2. Role of local governments in RPRH Law implementation

As formulated in R.A. 10354, the national RPRH program covers 12 elements, which may be subsumed under five key result areas (DOH, 2015). As laid out in Table 1, Element 1 corresponds to strengthening *family planning services*, while Elements 2-3 stipulate the enhancement of health system capacity to deliver essential health care for *maternal and child health*. In acknowledgement that adolescence is a critical stage in development, Elements 4, 5, and 6 cover measures to strengthen *adolescent sexual and reproductive health*, including education, guidance, and counselling for youth and their guardians. The need for improved prevention and treatment for *reproductive tract disorders and infections* such as HIV/AIDS, sexually transmitted diseases, sexual dysfunction, and cancers is reflected in Elements 7, 8 and 9. Finally, Elements 10, 11, and 12 call attention to addressing *violence against women and children* through affirming men's role in reproductive health and in providing special protections for women, children, and vulnerable groups against any form of violence or abuse, including RH rights in the workplace.

The implementation of the RPRH law is a multi-agency and multi-sectoral effort that involves national government agencies, local government units (LGUs), international donors, civil society, and the private sector. At the national level, DOH – through its Women and Men's Health and Children's Health Development Division – leads and coordinates the national RPRH implementation, with POPCOM as co-manager of the national RPRH program since 2018 (DOH, 2014, 2018). However, given the Philippines' highly decentralized framework for government health services provision, LGUs hold critical importance in the realization of the law's objectives as direct providers of RPRH-related information, goods, and services. At present, under the Local Government Code of 1991, primary health care services (including for maternal and child health, nutrition services, and frontline family planning services) are the responsibility mainly of city and municipal governments, whereas provincial governments handle secondary hospital care (including long-term and permanent methods of family planning, Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services, and surgical procedures for reproductive tract disorders) (DOH, 2014).

LGU mandates and responsibilities under the RPRH Act are spelled out in detail in the law's Revised Implementing Rules and Regulations (IRR), which was released in November 2017, as well as various memoranda and guidelines which have been issued by the DOH and the Department of the Interior and Local Government (DILG) since the RPRH Law's enactment. Appendix A provides an expansive listing of the responsibilities assigned by the said IRR to LGUs, based on the major provisions of the 2012 RPRH Law, as well as relevant counterpart actions among national government agencies such as the DOH. However, in terms of their most prominent thrusts, the functional responsibilities of LGUs are outlined in Table 2.

Table 1. The 12 elements of reproductive health care

#	Element	Key results area
1	Family planning information, supplies, and services	Family Planning
2	Maternal, infant, and child health and nutrition, including breastfeeding	Maternal and Child Health (MCH)
3	Proscription of abortion and management of abortion complications	
4	Adolescent youth and reproductive health guidance and counseling	Adolescent Sexual and Reproductive Health (ASRH)
5	Education and counseling on sexuality and reproductive health	
6	Reproductive health education for adolescents	
7	Prevention, treatment, and management of reproductive tract infections (RTIs), HIV and AIDS and other sexually transmissible infections (STIs)	Reproductive Tract Infections/Disorders and HIV/AIDS
8	Treatment of breast and reproductive tract cancers and other gynecological conditions and disorders	
9	Prevention, treatment and management of infertility and sexual dysfunction	
10	Elimination of violence against women and children and other forms of sexual and gender-based violence	Gender-Based Violence (GBV)
11	Male responsibility and involvement and men's reproductive health	
12	Mental health aspect of reproductive care	

Note: The elements of reproductive health care are defined by RPRH Law of 2012 (Republic Act 10354). The key results areas were introduced in DOH (2015).

In brief, LGUs are mandated to develop their human resources, facilities, local supply chains, and local service delivery networks as well as to allocate sufficient funding for providing the full range of RPRH services within their public health facilities. In addition, they are also to undertake health promotion activities to increase demand for RPRH services, conduct regular maternal/fetal and infant death reviews, as well as other more specific tasks for achieving RPRH objectives.

In fulfilling these responsibilities, LGUs are generally to coordinate with the DOH, with the Health Department being tasked to support LGU RPRH efforts, among others, by (a) providing technical and financial assistance for facilities upgrading and capacity-building among health workers/professionals, (b) ensuring the availability of RPRH supplies and commodities which will be distributed among LGUs, (c) developing of RPRH service delivery networks, (d) determining local RPRH service delivery needs and resource requirements, and (e) developing plans, policies, operational guidelines and standards in the delivery of local RPRH services. Beyond the DOH, LGUs may also be helped by the POPCOM for communications and capacity-building purposes; as well as the Department of Social Welfare and Development (DSWD) in furnishing services for victims of gender-based violence, retooling local DSWD field offices for fulfillment of RPRH responsibilities, and for determining the needs and scope of priority populations for RPRH service. Finally, LGUs may also receive aid or other forms of support from civil society organizations, private sector entities, and development donors to facilitate their achievement of the RPRH Law's mandates.

Table 2. Major LGU Responsibilities under the RPRH Law

Functional Area	General Responsibilities
Service Provision	Ensure the provision of the full range of RPRH health care services among local public health facilities, including all modern family planning methods
Health Human Resources	Maintain a sufficient number of skilled health staff in all local public health facilities for delivering RPRH services, and train health professionals in public health facilities to provide the full range of RPRH services
Health Facilities	Establish and upgrade local public health facilities for delivering RPRH services, especially emergency obstetrics and newborn care
Supplies, Products, and Equipment	Ensure local public health facilities have supplies and equipment for delivering RPRH services, through DOH provision and possibly through LGUs' own procurement program
Service Delivery Network	Map and build local service delivery networks, including both public and private health facilities, with proper referral mechanisms for RPRH services
Health Promotion	Develop and implement RPRH health promotion, education, and communication plans
Maternal and Fetal and Infant Death Reviews	Conduct annual local maternal, fetal, and infant death reviews
Funding	Allocate sufficient local funds for RPRH implementation

Source: Revised IRR of the RPRH Law of 2012.

3. Review of progress indicators and previous assessments

From the passage of the RPRH Law up to the start of 2020, five annual reports on the program's implementation have been produced by the DOH, with the first among them released in 2014. Based on these reports as well as other available data, Table 3 compares progress made across highlighted indicators based on the RPRH Evaluation Framework (DOH and POPCOM, 2015). Highlighted in the table are 2013 baseline figures shortly after the passage of R.A. 10354, followed by targets (mainly as defined by the National Objectives for Health [NOH] 2011-2016) and actual accomplishment rates of the same indicators as listed mainly in the 2017 National Demographic and Health Survey (NDHS). While alternative estimates are available from other sources, particularly the Field Health Service Information System by the DOH, we elected to use values published by the Philippine Statistics Authority that are based on representative sample surveys or on complete census data.

The indicators suggest that there is still much to be desired in achieving target outcomes set in the 2015 DOH-RPRH Evaluation Framework. Among the indicators presented, some RPRH target outcomes were achieved with regard adolescent sexual and reproductive health, particularly on arresting early sexual initiation, and childbearing among adolescents; and violence against women and children, particularly on the prevalence of physical and/or sexual violence, and women's agreement to justifying VAWC.

Table 3. RPRH implementation accomplishments by key areas: 2013-2017

Key Result Area / Indicator	Baseline (Source Year)	Update (Source Year)	Target (Source)
A. MATERNAL AND NEONATAL HEALTH			
Maternal Mortality Ratio	86:100,000 (VSR 2013)	86:100,000 (VSR 2016)	50:100,000 (NOH 2011-2016)
Neonatal Mortality Ratio	13:1,000 (NDHS 2013)	14:1,000 (NDHS 2017)	10:1,000 (NOH 2011-2016)
Proportion of pregnant women with at least four antenatal care visits with skilled health provider	84% (NDHS 2013)	87% (NDHS 2017)	90% in 2016 (NOH 2011-2016)
Proportion of births attended by skilled health provider	72.8% (NDHS 2013)	84.4% (NDHS 2017)	90% by 2016 (NOH 2011-2016)
Proportion of births delivered in health facility	61% (NDHS 2013)	78% (NDHS 2017)	90% by 2016 (NOH 2011-2016)
Proportion of mothers receiving post-partum care by skilled personnel	60% (NDHS 2013)	74% (NDHS 2017)	85% by 2015 (UHC-HI-5)
Proportion of newborns receiving postnatal care by skilled personnel	42% (NDHS 2013)	74% (NDHS 2017)	85% by 2015 (UHC-HI-5)
Ratio of hospitals to population	2.0:100,000 (PSY 2010)	1.2:100,000 (PSY 2015)	
Ratio of health professionals to population: Composite	34:10,000 (CPH 2010)	41:10,000 (CP 2015)	
Ratio of health professionals to population: Doctors	2:20,000 (CPH 2010)	3:20,000 (CP 2015)	
Ratio of health professionals to population: Nurses	14:20,000 (CPH 2010)	17:20,000 (CP 2015)	
Ratio of health professionals to population: Midwives	6:5,000 (CPH 2010)	1:5,000 (CP 2015)	

Table 3. RPRH implementation accomplishments by key areas: 2013-2017 (continued)

B. FAMILY PLANNING			
Wanted fertility rate v. Total fertility rate	2.2 v. 3.0 (NDHS 2013)	2.0 v. 2.7 (NDHS 2017)	
Modern contraceptives prevalence rate among currently married women	38% (NDHS 2013)	40% (NDHS 2017)	65% by 2016 (NOH 2011-2016)
Unmet need for family planning - Women aged 15-49 - Women aged 15-49, lowest wealth quintile	 17.5% 21.3% (NDHS 2013)	 16.7% 18.1% (NDHS 2017)	Reduction of 2.25M among poor women aged 15-49 in 2015 (UHC-HI-5)
Proportion of WRA visited by health worker who talked about family planning - Women aged 15-49 - Women aged 15-49, lowest quintile	 25.9% 34.5% (NDHS 2013)	 20.2% 30.0% (NDHS 2017)	
C. ADOLESCENT AND REPRODUCTIVE HEALTH			
Adolescent birth rate	57:1,000 (NDHS 2013)	47:1,000 (NDHS 2017)	50:1,000 in 2018 (RPRH MEF)
Percentage of adolescents who had sexual intercourse before age 15	2.2% (NDHS 2013)	1.6% (NDHS 2017)	2.0% (RPRH MEF)
Percentage of adolescents age 15-19 who have begun childbearing	10.1% (NDHS 2013)	8.6% (NDHS 2017)	
D. STI AND HIV/AIDS			
Percentage of WRA who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions	39.5% (NDHS 2013)	33.8% (NDHS 2017)	
Percentage of WRA who know where to get an HIV test	55.3% (NDHS 2013)	45.4% (NDHS 2017)	

Table 3. RPRH implementation accomplishments by key areas: 2013-2017 (continued)

E. GENDER-BASED VIOLENCE			
Prevalence of physical and/or sexual violence by any husband/partner in past 12 months among WRA	7.1% (NDHS 2013)	5.5% (NDHS 2017)	Decrease (RPRH MEF)
Prevalence of physical and/or sexual and/or emotional violence by any husband/partner in past 12 months among WRA	15.6% (NDHS 2013)	14.7% (NDHS 2017)	
Prevalence of sexual violence in past 12 months among WRA	2.7% (NDHS 2013)	1.6% (NDHS 2017)	
Percentage of WRA who agree that a husband is justified in hitting or beating his wife for specific reasons	12.9% (NDHS 2013)	10.9% (NDHS 2017)	Decrease (RPRH MEF)
Percentage of WRA who experienced physical and/or sexual violence, and never sought help or told someone	38.3% (NDHS 2013)	40.8% (NDHS 2017)	

Source: National Demographic and Health Survey, 2013 and 2017; Philippine Statistical Yearbook, 2010 and 2015; Philippine Vital Statistics Report, 2013 and 2016; DOH and POPCOM (2015) RPRH Planning, Monitoring and Evaluation Guide. Note: WRA – women of reproductive age.

There were also improvements in other indicators, although they have not surpassed the set targets under the DOH-RPRH Evaluation Framework. Under maternal and neonatal health, for example, the proportion of women with at least four antenatal care visits with skilled birth attendants increased from 84% in 2013 to 87% in 2017, although it missed the target of 90% for 2016. Substantial progress may also be observed in skilled birth attendance, in health facility delivery, and in post-partum care among mothers and newborn by skilled personnel over the same period, but they were again short of the expressed target for these respective indicators.

Finally, despite impressive progress along many dimensions, other indicators have stagnated or even worsened. On VAWC, for example, the share of women who experienced physical and/or sexual violence that never sought help increased from 38.3% in 2013 to 40.8% in 2017. On maternal and neonatal health, maternal mortality ratio remains high at 86 per 100,000 live births, while neonatal mortality ratio hovered around 13-14 per 1,000 live births. On STI and HIV/AIDS, there appears to be some regression in STI knowledge as the proportion of women of reproductive age (WRA) who say that a health looking person can have HIV and reject the two most common local misconception about HIV/AIDS declined from 39.5% in 2013 to 33.8% in 2017. Further, the proportion of WRA who know where to get an HIV test declined to 45.4% from 55.3% over the same period.

The national figures presented above mask important regional differences in progress in achieving RPRH target outcomes. This is highlighted in Figure 1, which shows changes in selected RPRH outcome indicators between 2013 and 2017 across regions. Taken together, the figures suggest that while progress may be observed in some indicators, the improvements may not be shared similarly across the country. In many of the presented indicators, there is divergence in outcomes across regions, which may explain the rather slow change in the national-level indicators.

Other output and outcome information from DOH annual reports also suggest mixed performance of RPRH implementation at the local level as laid out in Table 4. On one hand, gains have been registered in most indicators for Maternal Care Service Utilization from 2016 to 2018. This is also the case for the number of local health facilities/providers that are designated providers of antiretroviral therapy for HIV treatment; those which are compliant with DOH adolescent-friendly standards; and those which have providers trained in handling VAWC incidents. On the other hand, however, there have also been slight setbacks experienced in the full immunization of children less than one year old; the number of new family planning acceptors (which also fell below the NOH target of achieving 2.5 million new acceptors in 2016); as well as the number of health facilities reporting stock-outs of family planning commodities. While it is important to underscore the inconclusive nature of the indicator data in themselves, they nonetheless allude to implementation challenges that have been encountered at national and local levels in realizing the mandates of the RPRH law.

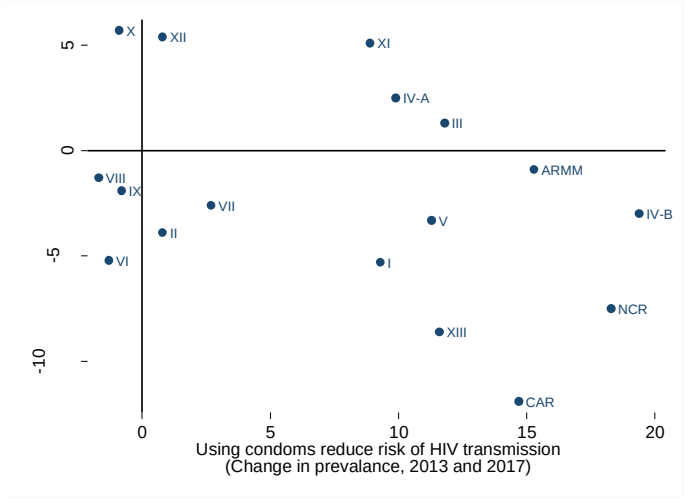
The DOH annual RPRH reports provide some indication of factors that have impeded the implementation of the RPRH Law and the delivery of RPRH-related services. To this end, Table 5 collates several of the challenges recognized in the fourth and fifth DOH annual reports on RPRH Law implementation that relate to local service delivery concerns. As with other health programs, the cited issues indicate that the RPRH law is currently facing difficulties intrinsic to mustering multi-sectoral coordination within a devolved system: strategic direction, harmonization, coordination, and accountability mechanisms among line agencies and LGUs

are weak, leading to fragmentation and bottlenecks in financing, operations, procurement, and service delivery (DOH, 2014). Related to this, facility, supply and human resource capacity constraints are common (e.g. EmONC facilities, Family Planning, STI's and HIV/AIDS, and VAWC), as is a lack of up-to-date information on local RPRH-related service delivery systems and programs. Akin to restrictions placed on the law by the SC in the past, legal and regulatory restrictions occasionally obstruct some implementation efforts, such as with the provisions of RPRH products and services for minors. Finally, uneven implementation and progress remains an issue across most the different RPRH program components, such as with Maternal Health, Adolescent Sexual and Reproductive Health, and Violence against Women and Children.

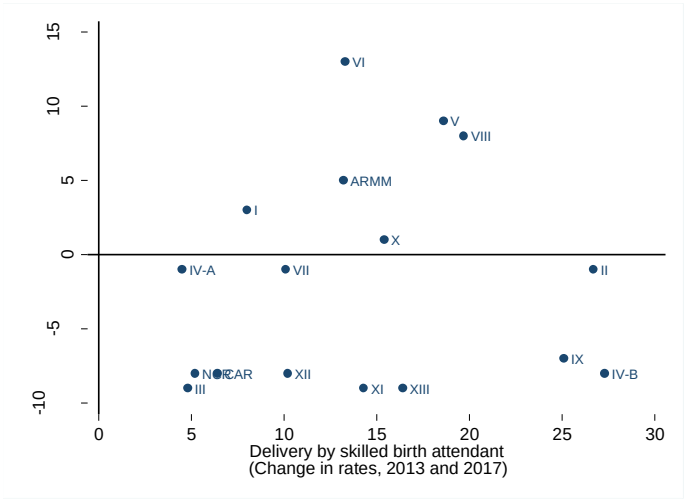
Figure 1. Change in selected RPRH indicators by region: Philippines, 2013 and 2017

A. Demand for family planning

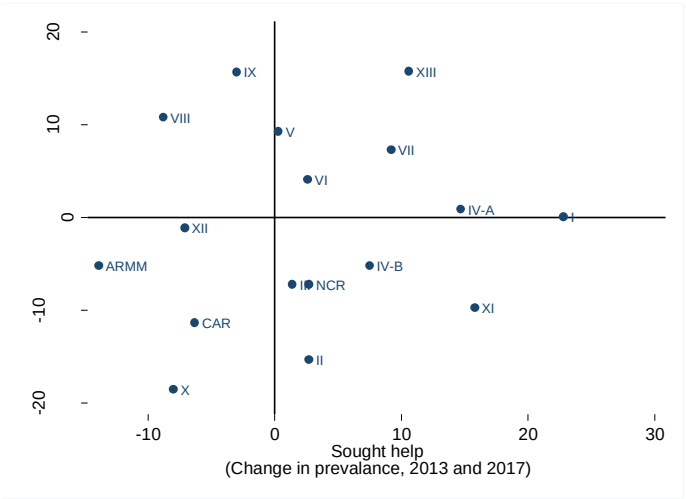
B. Early childbearing and STI knowledge



C. Skilled birth attendance and infant mortality



D. VAW and help-seeking behavior



Note: Authors calculations based on NDHS (PSA, 2014 and 2018).

Table 4. RPRH selected output/outcome accomplishments by key area for 2017 and 2018

Area	2016	2017	2018
Maternal Care Service Utilization*			
Skilled birth attendance	89%	93%	95%
Facility-based delivery	87%	90%	94%
Post-partum visit	**80%	58%	57%
Antenatal consultation	**79%	52%	53%
Fully-immunized Child Coverage (among children aged <1 year old)	70%	67%	66%
New Family Planning Acceptors	>1,500,000	1,442,782	1,236,855
% of Health Facilities Reporting Commodity Stockouts (Progestin Only Pills)	>50%	37%	41%
Number of adolescent-friendly health facilities	107	n/a	701
Number of DOH-designated Antiretroviral Therapy facilities	40	85	121
Number of LGUs with providers trained in 4Rs of VAWC	48	558	1,270

Source: DOH RPRH Annual Reports for 2017, and 2018.

Note: *Based on DOH-FHSIS. **Only partial data available.

Despite their usefulness in tracking the implementation of the national RPRH program, DOH annual monitoring reports suffer from significant limitations. For one, the DOH itself emphasizes that its RPRH reports do not "provide a complete picture" of the program's implementation (DOH, 2018), and these gaps are especially evident the reporting of performance at the local level. The said reports do not disaggregate RPRH indicators for different LGU levels (though regional performance is usually provided); moreover, what LGU-relevant information that is provided (e.g. LGU budget allocations for RPRH) is generally lacking in detail. Across years, reporting for most indicators is not standardized, which often makes longitudinal comparison difficult.

Unfortunately, beyond these reports, studies that have provided more systematic assessments of RPRH implementation have remained scarce. For one, the earliest available study on the RPRH law was by Amnesty International (2013). The study reviewed the provisions of the RPRH Law and its then-IRR to better align implementation with international human rights principles. Moreover, its authors emphasized the need to empower minors on their reproductive health rights, and specifically recommended that the "IRR should provide for further exceptions to the rule of guardian consent for minors who have the capacity to make their own decisions*"* for access to contraception. Likewise, a later study by Monis (2016) examined public spending patterns and requirements for RPRH implementation, finding that there has been no comprehensive costing for RPRH services.

Table 5 Recognized RPRH implementation challenges in 2017 and 2018

Key Areas	2017 Challenges	2018 Challenges
Maternal, newborn, child health, and nutrition	○ Lack of EmONC facilities, processes, and supplies leading to preventable maternal deaths ○ Low tracking of pregnancies and weak navigation functions of community health providers ○ Lack of harmonization in national and local demand generation strategies	○ Slower progress in antenatal care and post-partum care components of maternal care ○ Poor administration of scheduled vaccinations ○ Declining vaccine confidence following dengue vaccine scare
Family Planning	○ Past targets for FP Key Results Area (KRA) may not be realistic, given health system structure and capacities ○ Links between demand generation efforts and increased coverage remains weak ○ Regular delays and stock-outs in the distribution of FP commodities ○ Weak monitoring of budgets and resources for RPRH activities	○ Bottlenecks in implementation of collaborative framework of the National Family Planning program at the national and local levels ○ Addressing the shift in the distribution mechanism of FP commodities from direct to service delivery point mode to regional distribution scheme ○ Bottlenecks in service delivery structure (esp. implementation of service delivery network), timely provision of critical inputs to service delivery (esp. supplies and workforce), and information for behavior change and communications
Adolescent and sexual reproductive health	○ Sexual education in schools neglecting key topics (e.g. sexuality and FP) ○ Major access barriers for teen parents (e.g. regulatory constraints, provider bias, capacity constraints, limited contraceptive options) ○ Lack of standard guidelines and protocols for preventing repeat births among adolescents ○ Disparities in the quality of ASRH provision nationwide	○ Need for strengthened inter-agency collaboration on Comprehensive Sexual Education ○ Need for streamlining of structures and arrangements on ASRH and Adolescent and Youth Health and Development and clarification of roles ○ Need to conduct a comprehensive assessment of ASRH situation for designing service delivery and capacity building interventions

Table 5. Recognized RPRH implementation challenges in 2017 and 2018 (continuation)

Key Areas	2017 Challenges	2018 Challenges
STI and HIV/AIDS	○ Rapid increases in persons living with HIV in the Philippines ○ Poor support to key populations, in terms of lessening stigma and discrimination ○ Weak social protection for groups most vulnerable to HIV/AIDs	○ Low HIV knowledge, partly due to pending full implementation of Comprehensive Sexual Education ○ Restrictions in RPRH law, due to parental consent for minors to purchase family planning commodities ○ Need for DOH to test HIV cases at a more rapid pace, given increasing HIV incidence ○ Stockouts and expirations of antiretroviral drugs occurring across all regions, with issues in availability/costs of drugs/treatments for HIV co-infections
Elimination of violence against women and children	○ Lack of establishment of VAWC and GBV policies at the local level, as well as their review ○ Lack of local resources to cover cost of comprehensive services and legal assistance for victims of abuse	○ Need for improved cooperation of members of Inter-Agency Council on Violence against Women and Children on the implementation of the Strategic Plan for 2017-2022 ○ No unified platform for monitoring and recording of VAWC cases ○ VAWC desks still have to be established in 10% of barangays nationwide; reappointments of trained VAWC desk officers by other barangay officials is a problem ○ Local programs and services for VAWC still have to be mapped out at the local level, and standardized ○ Need for capacity-building and training needs analysis of service providers in VAWC program

Source: DOH RPRH Annual Report for 2017, 2018

More importantly, and comparable to limitations in DOH reports, there have been no major studies to date which has examined the implementation of the RPRH law by local government units at length. At most there have been case studies of the implementation of specific components of RPRH roll-out by individual LGUs, such as by Matus and Niera (2018) on implementation challenges (specifically a lack of integration of planning, funding, implementation and monitoring procedures) faced by Puerto Princesa City in efforts to address local ASRH issues. This lack of attention to local RPRH services remains a major lacuna in the policy literature concerning the implementation of the RPRH law, given the status of LGUs as one of the main implementers of the Act. Moving forward in the context of the universal healthcare program (UHC), the present process evaluation is an opportunity to generate information that can improve the implementation of the RPRH program, especially among frontline units at the local level.

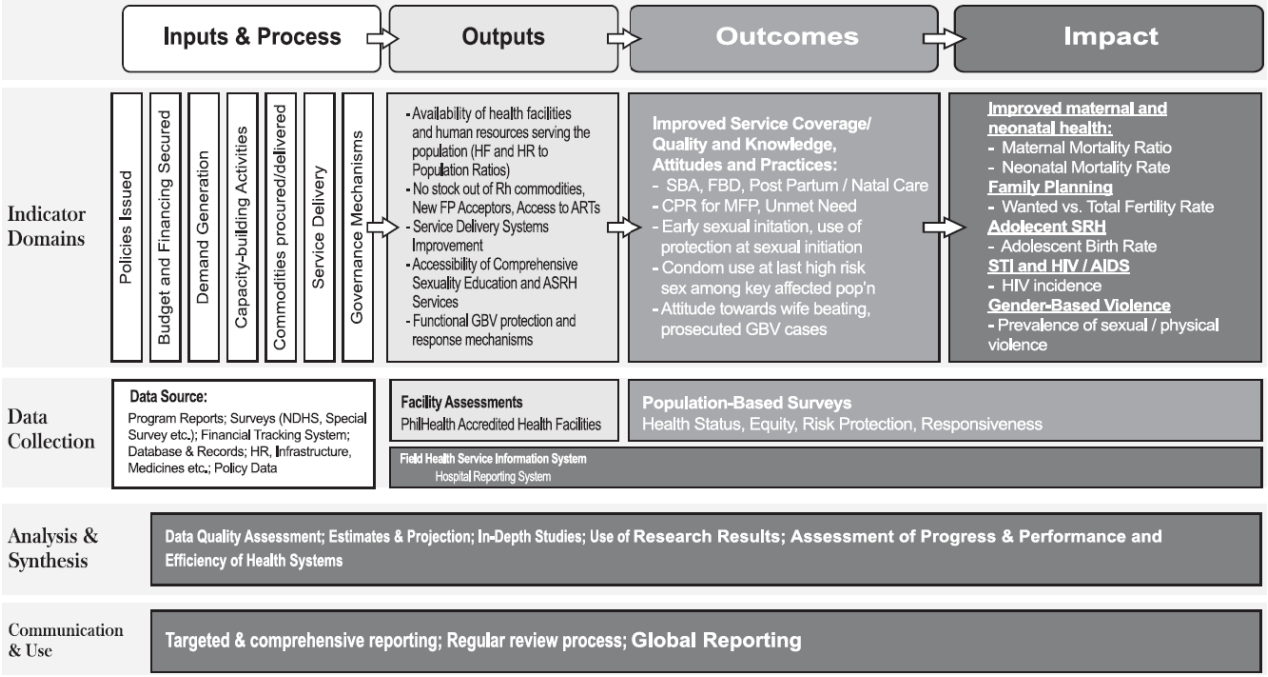
4. Methodology

4.*1. Results framework*

In this study, we adopt the DOH and POPCOM (2015) results and monitoring and evaluation framework for the RPRH Law reproduced in Figure 2. The RPRH results framework has guided the crafting and monitoring of the RPRH Work and Financial Plans (WFPs) at national, regional, and local levels. The framework provides a broad overview of intended RPRH implementation efforts among national, regional, and local government units in the Philippines, linking inputs and program, project and activity efforts[5], to their respective outputs, outcomes, and impacts. Seven areas of "Inputs & Processes" are defined (see footnote 5) whose provision should deliver outputs across five areas of health facilities and human resources, RH commodities, service delivery systems, comprehensive sexuality education and ASRH services, and GBV protection and response mechanisms are regularly tracked. The attainment of such outputs should, in turn, lead to the realization of outcomes such as improved service coverage, enhanced quality and knowledge, and changed attitudes and practices, and ultimately generate progress across five impact/KRAs of Maternal and Neonatal Health, Family Planning, ASRH, STI and HIV/AIDS, and Gender-Based Violence.

[5] The "Inputs & Processes" indicators of the RPRH Results Monitoring and Evaluation matrix are defined as follows:
(a) Policies Issued –pertains to policies issued by various agencies related to RP and RH at various levels in order to align with and ensure the implementation of the RPRH Law;
(b) Demand Generation – refers to communication campaigns aimed at raising the level of public awareness on the protection and promotion of RPRH and reproductive rights;
(c) Capacity Building/Development Activities – refers to activities which aim to ensure an adequate supply of service providers who are competent and equipped with adequate skills and knowledge in ensuring the implementation of the RPRH law;
(d) Commodities procured/delivered – refers primarily to commodities procured and delivered under the key result area of Family Planning;
(e) Service Delivery – refers to actual number of clients served addressing the KRAs and the 12 elements of RH care as defined under Sec. 3.01 of the RPRH Law's IRR;
(f) Governance Mechanism – refers but is not limited to efforts in the establishment and maintenance of intra-agency, inter-agency, and multi-sectoral coordinative bodies and arrangements which contribute to the implementation of the RPRH Law.

Figure 2. RPRH Law Results Monitoring and Evaluation Framework



Source: DOH and POPCOM (2015). RPRH Law PME Guide

For purposes of locally implementing RPRH mandates, planning, monitoring, and evaluation is designated as the responsibility of local health boards within provincial, city, and municipal LGUs. By comparison, regional-level unified WFPs are developed by Regional Implementation Teams (RITs), whose specifications must be integrated by LGUs into their investment plans for health, to ensure funding support for their activities. Moreover, LGUs are required to prepare and submit quarterly accomplishment reports of their programs, projects, and activities to both the DOH (for health KRAs) and the Provincial/HUC LGU (for non-health KRAs). Consolidated reports from these individual LGUs are thereafter to be submitted to RIT and National Implementation Team (NIT) secretariats, which will then form the basis of DOH Secretary-endorsed Annual Reports on the implementation of the RPRH Law which are furnished both to the Office of the President and the RPRH Congressional Oversight Committee every year.

While this process evaluation centers on the delivery of RPRH services in communities, our discussion will also touch on other inputs and processes relevant to local government units. More specifically, in addition to mandated services required of local governments, we also assess the degree of support available to provide these services, including governance, financing, human resource, physical infrastructure, and information systems.

4.2. Data collection methods

In order to achieve the objectives of this evaluation, the research team adopted a mixed-method strategy that combines review and analysis of secondary data (e.g. literature and policy reports, routine administrative health data, and national household surveys), as well as of primary data collected through key informant interviews and focus group discussions, and an online survey among local government units in the country.

First, we conducted a desk review of RPRH-relevant documents, including strategy and operational plans, standard operating procedures, targets, progress reports, and policies and laws relevant to LGU implementation of the RPRH Law. The review aims to (a) identify official functions and mandates of LGUs with regard the RPRH Law, and (b) map out official reporting lines within and across agencies of local governments. In addition, we also systematically reviewed minutes of meetings of RPRH Regional Implementation Teams to (c) identify enabling factors, and challenges and bottlenecks as mentioned in official implementation-related documents.

Second, insights from the desk review were used to inform the guide questionnaires used for key-informant interviews (KII) and focus group discussions (FGD) with local government executives, program managers, and frontline workers. A copy of the KII and FGD guides are provided as Appendix B. These KIIs and FGDs were designed to elicit information from LGU representatives on the following areas:

- Official mandates by law/IRR versus agency-defined mandates versus perceived mandates
- Quality of agency organizational and governance structure
- Quality of organization dynamics and relationships within and across agencies
- Availability of resources for implementation of RPRH-related program
- Quality of reporting lines and accountability mechanisms within and across agencies
- Availability of backend human resources to carry-out mandates of agencies
- Availability and quality of monitoring mechanisms to track and evaluate progress
- Availability, including timeliness, of RPRH interventions and supply
- Local assessments of RPRH-related program implementation
- Best practices and recommendations for improvements

The original design of the study was to undertake face-to-face KIIs and FGDs in LGUs across eight (8) different cities and municipalities in Luzon (NCR, the Cordillera Autonomous Region), Visayas (Leyte province), and Mindanao (Davao del Norte). Of these, only the Visayas legs was completed in the municipalities of Palo and Burauen in Leyte before travel restrictions were imposed by the national government to stem the spread of the COVID-19 pandemic, which disrupted both research activities as well as the activities of LGUs around the country. FGDs and KIIs in Davao del Norte were conducted through online interviews. The research team decided to drop the FGDs and KIIs in NCR and in CAR to focus on other data collection strategies.

Third, we also implemented an online survey on RPRH Law implementation among LGUs, which was disseminated to program managers through local chief executives across the country. Separate modules were designed for province, city, and municipal governments to reflect the different mandates of different local governments under the RPRH Law. The survey was pre-tested using face-to-face interview during the team's field visit in Palo and Burauen, Leyte on March 12-13, 2020, and received clearance from PSA's Statistical Survey Review and Clearance System in May 2020. A copy of the survey is provided as Appendix C. The survey includes questions on the following topics:

- Background information on LGU and its health system
- Hiring and training of skilled health professionals
- Provision of RPRH-related services
- Establishment and/or upgrading of health facilities
- Conduct of Maternal, and Fetal and Infant Death Reviews
- Procurement and distribution of family planning supplies

- Public awareness efforts related to the RPRH-related program
- Local government financing for RPRH-related program implementation
- Impact of COVID-19 on the provision of RPRH-related goods and services

The online survey was fielded between September and November 2020. Survey response rates vary by type of local government: 23/81 (28%) for provinces, 16/146 (11%) for cities, and 25/1,488 (2%) for municipalities. The survey completion rate among respondents averaged at 56%.

5. Results and Discussion

This section presents and discusses the results of the data collection activities conducted. The discussion is organized into two parts. The first sub-section presents the status of implementation of the various mandated RPRH services among LGU respondents. This is then followed by a discussion of the status of mandated support needed to implement the RPRH services.

5.1. Mandated services

5.1.1. Reproductive health care services

The RPRH Law, through its IRR, mandates LGUs "to ensure the provision, at the appropriate level of care, of the full range of responsible parenthood and reproductive health care services" (Section 4.02), which is summarized in Table 2 and detailed in Appendix A. This includes services covering the 12 elements of reproductive health care (Table 1) that are grouped under five key results area: maternal and child health, adolescent sexual and reproductive health, family planning, reproductive tract disorders and infections, and gender-based violence.

Among local governments represented in our survey, all respondents indicated that at least one health care facility under the management of the LGU either provide the mandated services directly or that they provide patient referrals to other health care facilities. This supports claims of some FGD and KII respondents that RPRH services are already provided by LGUs even before the RPRH Law was enacted. For example, it was mentioned that pre-marriage orientation and counselling and various MCHN services are part of LGU services even prior to the enactment of the RPRH Law. In one of the interviews, a respondent mentioned that the RPRH Law is seen as a "formality" to implement the various reproductive health care services by LGUs.

By and large, it appears that local governments face challenges in directly providing services related to mental health aspects of reproductive health care, and medical and surgical procedures. Among survey respondents, reproductive health care services that were referred more often as cited by at least two local government units include:

- Provincial LGUs
    - Infertility counseling
    - Reproductive mental health services; specialist management of reproductive mental health services; interpersonal communication on counselling on

reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)
    - Medical and surgical procedures: Non-scalpel Vasectomy, lymph node removal, cervical cone biopsy, pelviscopy
- City LGUs
    - Infertility counseling
    - Reproductive mental health services; specialist management of reproductive mental health conditions; specialist management of reproductive mental health services; interpersonal communication on counselling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.); non-judgmental approaches to recognizing and referring post-abortion cases
    - Management of cases of gender-based violence
    - Medical and surgical procedures: Non-scalpel vasectomy, bilateral tubal ligation, breast-conserving surgery, mastectomy, hysterectomy, hysteroscopy, lymph node removal, other medical and surgical procedures for breast and reproductive tract cancers, adhesiolysis, cervical cone biopsy, endometrial ablation and endometrial biopsy, pelvic ultrasound, pelviscopy, tubal ligation, other medical and surgical procedures for gynecological conditions and disorders, medical and surgical procedures for male reproductive health concerns, basic diagnostics for infertility (e.g. sperm count, ultrasound)
- Municipal LGUs
    - Infertility counseling
    - Reproductive mental health services; interpersonal communication on counselling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.); non-judgmental approaches to recognizing and referring post-abortion cases
    - Management of gender-based violence
    - Medical and surgical procedures: Non-scalpel vasectomy, bilateral tubal ligation, breast-conserving surgery, mastectomy, hysterectomy, hysteroscopy, lymph node removal, other medical and surgical procedures for breast and reproductive tract cancers, adhesiolysis, cervical cone biopsy, endometrial ablation and endometrial biopsy, pelvic ultrasound, pelviscopy, tubal ligation, other medical and surgical procedures for gynecological conditions and disorders, medical and surgical procedures for male reproductive health concerns, basic diagnostics for infertility (e.g. sperm count, ultrasound)

While reproductive health care services are generally available among our LGU respondents, there appears to be material differences in the provision of these mandated services. For example, while immunization is reported to be provided in all LGUs, 71% of city and municipality LGU respondents provide the service only once a week, while only 14% provide the service every day. In addition, while mandated in the IRR, not all LGUs designated a reproductive health officer[6] of the day in the immediate past week of the survey. Further, although survey respondents generally claimed that they provide additional resources catering to the special needs of persons with disabilities (PWDs), including (a) allocating budgets for improving accessibility and proximity of public facilities providing reproductive health

[6] The reproductive health officer of the day serves as point person for clients interested in receiving RPRH information and services, among others.

services, (b) adapting reproductive health-related laboratories and other procedures to the needs of PWDs, and (c) undertaking promotional activities to raise the raise awareness and address misconceptions on sexual and reproductive health among PWDs, a plurality of respondents (5 of 10 municipalities, 3 of 5 cities, and 5 of 12 provinces) neither provide nor did not know if they provide access to information and communication materials on sexual and reproductive health in braille, large print, simple language, sign language and pictures.

The IRR of the RPRH Law mandates LGUs, including DOH, to "ensure that a minimum initial service package for reproductive health… in crisis situations such as disasters and humanitarian crises" (Section 4.15). In our online survey, 83% of LGU respondents reported having reproductive health service package for crisis situations by end of 2019. Among FGD and KII respondents, many reported no changes in service delivery during crisis situations. When probed further, one of the FGD participants reported that services provided in evacuation centers are largely medical and psychosocial in nature, and do not necessarily include family planning services, given the immediate need during crisis situations and the usual short duration of stay in evacuation centers.

The COVID-19 pandemic provides a large-scale test of the mandate on providing RPRH services during crisis situations by LGUs. Among LGU survey respondents, many reported that there were no changes or disruption in their delivery of RPRH services, although some reported wholly or partially discontinuing some services in at least one health care facility within their LGU. Services that were partially or wholly discontinued in at least one health care facility in two or more LGUs during the pandemic include the following:

- City LGUs
    - Medical and surgical procedures: Breast-conserving surgery, mastectomy, hysterectomy, hysteroscopy, lymph node removal, other medical and surgical procedures for breast and reproductive tract cancers, adhesiolysis, dilation and curettage, cervical cone biopsy, endometrial ablation and endometrial biopsy, pelvic ultrasound, pelviscopy, other medical and surgical procedures for gynecological conditions and disorders, medical and surgical procedures for male reproductive health concerns
- Municipal LGUs
    - Provision of information: Family planning methods; skilled birth attendance; child nutrition (including breastfeeding); prenatal and postnatal care; adolescent reproductive health and fertility awareness; male responsibility and reproductive health; responsible parenthood and values formation; maternal and newborn care; health financing options
    - Family panning supplies: Condoms; natural family planning charts; digital thermometers; standard days method beads; oral contraceptive pills; injectable contraceptives; resupply of condoms and oral contraceptive pills
    - Interpersonal communication and counseling: Infertility counseling; adolescent counseling; interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.); procedures, materials, and counseling for natural family planning; non-judgmental approaches to recognizing and referring post-abortion cases; reproductive mental health services
    - Medical and surgical procedures: Inra-uterine device insertion and removal; depomedroxyprogesterone acetate (DMPA) injection; integrated management of childhood illnesses; immunization and micronutrient supplementation;

syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections; screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.); facility-based delivery; pre-natal, post-natal and newborn care; insertion of subdermal implants
- Referral to other facilities within the service delivery network
- Recognition, recording and reporting of gender-based violence

In one of the FGDs, one participant also mentioned that pre-marriage orientation and counseling sessions that usually run for around four hours were condensed to only thirty minutes in response to the COVID-19 pandemic. However, the respondent noted that only few couples avail of recent pre-marriage orientation and counseling, which the respondent claims to be due to fewer people getting married in response to the pandemic.

5.1.2. Service delivery network

The DOH, through its Center for Health Development, together with LGUs, is mandated to integrate RPRH services into established service delivery networks (SDN), which is a network of health care facilities that include barangay health stations, rural health units, district and/or city hospitals, provincial hospitals, and DOH-retained hospitals. Except for DOH-retained hospitals, all these health care facilities are under the purview of LGUs under the Local Government Code of 1991. In addition to these public health facilities, private health facilities or providers may also be included as part of SDN. As part of this mandate, LGUs, with the assistance of DOH, are tasked to map the available facilities in the SDN.

Among survey respondents, majority of LGUs (10 of 13 municipalities, 6 of 8 cities, 10 of 10 provinces) reported having mapped health care facilities in their service delivery network. However, many of the respondents (5 of 13 municipalities, 3 of 8 cities, 2 of 10 provinces) reported not including private health care facilities as part of their SDN for reproductive health care.

5.1.3. Health promotion

Under the RPRH Law, LGUs are similarly tasked as DOH to "initiate and sustain a heightened nationwide multimedia-campaign to raise the level of public awareness on the protection and promotion of reproductive health and rights including, but not limited to, maternal health and nutrition, family planning and responsible parenthood information and services, adolescent and youth reproductive health, guidance and counseling and other elements of reproductive health care." LGUs are mandated to develop and implement a comprehensive health promotion and communication plan that takes into account their prevailing situation.

Based on discussions during FGDs and KIIs, there appear to be no stand-alone RPRH health promotion and communication plan among LGUs, although related activities may be integrated in other programs. They also indicated that they rely on materials provided by national government agencies, particularly DOH and POPCOM, for their RPRH education and communication strategies. Further, while there were many reported new interventions targeting young adults (e.g., teen centers, peer educators, etc.), there appear to be limited evaluation, if at all, on the effectiveness of these interventions. Based on a review of discussions of RIT meetings, some LGUs are able to tap social media (e.g. Facebook) and traditional media (e.g.

regular radio plugs, interviews, or program) platforms as part of their RPRH education and communication strategies.

5.1.4. Maternal and fetal/infant death reviews

Province and city LGUs are mandated to conduct a comprehensive maternal, and fetal and infant death reviews (FIDRs) at least annually or at shorter intervals based on the discretion of the LGU. Majority of LGU respondents (7 of 8 cities; 11 of 11 provinces) in the online survey reported having conducted maternal death reviews (MDRs) in 2019. The maternal death reviews are conducted frequently on a monthly basis (40%), while other LGUs conduct it quarterly (33%) or semi-annually (20%). Fetal and infant death reviews are less prevalent. Among LGU respondents, only 3 of 8 cities, and 3 of 11 provinces conducted FIDRs in 2019.

5.2. Mandated support

5.2.1. Governance

Local governments play key roles in ensuring that mandated services under the RPRH Law are provided. In a 2015 Memorandum Circular (MC), the DILG mandated LGUs to mobilize their local health boards or formally organize a local RPRH Law Implementation Team to coordinate and ensure the implementation of the law. This was reiterated in a later DILG-MC that directs local chief executives to create and ensure the functionality of their local implementation team.

Among program managers and frontline workers interviewed during the FGDs and KIIs, many respondents stated that their local chief executives are supportive of the programs regarding RPRH Law implementation. However, some claimed that the support is focused on only some programs, such as on family planning, instead of all aspects of the RPRH Law. This is supported by reports in RIT meetings that suggest that local implementation depends on the importance given by local chief executives on the delivery of RPRH services. It was suggested that the adoption of some RPRH criteria in the Seal of Good Local Governance[7] may have positively shaped LGU prioritization of some RPRH-related programs. In 2016, the DOH introduced the Purple Ribbon Award (see Box 1) to encourage LGUS "to achieve zero unmet need for FP, reduce high maternal mortality, and recognize their exemplary work and innovation in implementing the FP program" (DOH, 2018). Among 17 DOH Centers for Health Development (i.e., Regional Office), however, only 12 conducted the search for Purple Ribbon Award in 2017 and 2018, while only nine had given out the awards.

[7] The Seal of Good Local Governance (SGLG) is an "award, incentive, honor and recognition-based program for all LGUs to continually progress and improve their performance" across different areas of local governance (R.A. 11292). As of March 2019, the SGLG criteria related to RPRH Law implementation include: (a) Philippine Health Insurance Corporation-accreditation of local government health facilities on maternal care package and primary care benefits, among others; (b) compliance with Accessibility Law, particularly on provision of ramps with handrails, special elevator, if applicable, and wheelchair-accessible toilets with grab bars in government health facilities; (c) programs on gender and development, and violence against women and their children, including of VAWC desks.

Box 1. Supporting innovations for the RPRH program

The DOH recognizes those that have exceeded or successfully implemented RPRH programs through its Purple Ribbon Award. Its private category is awarded to Civil Society Organizations and Non-governmental Organizations while its public category acknowledges municipalities, cities and provinces. At the level of regional and provincial nominations, all LGUs are automatically nominated. The award is given to the top three winners that score the highest points on four pillars which are governance, service delivery, regulation and health financing. The awarding system includes having two best practices or innovations as part of its criteria to win the award.

Local governments are selected based on a scorecard. For the 2017 recognition, the criteria include: (a) number of policies supporting access to full range of modern FP services (maximum of 4 points for at least 2 policies issued); (b) number of health service providers trained on Level 2-FP Competency-based Training (maximum of 2 points for at least 2 trained providers with certificate); (c) health service provider trained on Interpersonal Communication/Counseling on FP (1 point); (d) maintenance of an updated inventory of modern FP commodities (maximum of 2 points if with inventory of full range of modern FP commodities good for at least one month supply); (e) number of unique innovative initiatives of LGU that contributed to increased modern FP coverage (maximum of 2points for at least 2 innovations); (f) available or updated target client list to track or map unmet need for modern FP in the public sector (maximum of 2 points if with list of documented activities); (g) conduct of community outreach activities for modern FP (2 points); (h) with at least 2% increase in the number of modern FP users from the year 2015 accomplishment (1 point); (h) presence of health communication and transportation (1 point); (i) health facility accreditation by PhilHealth (maximum of 2 points); (j) with record of PhilHealth reimbursement; and (k) with budget allocation for family planning program (1 point).

Winners at the regional level are awarded a plaque of recognition, and cash prizes of PhP500,000, PhP400,000, and PhP300,000 for the first, second, and third prizes, respectively.

A review of the minutes of RIT meetings highlights other important issues faced by local governments during the early years of RPRH Law implementation.

Opposition and conscientious objectors among government executives and implementors. Just as the implementation of RPRH law has drawn opposition at the national level, local resistance against the full implementation of the RPRH law has existed. Of particular notice has been the problem of "conscientious objectors" among local public sector staff and officials, who have been cited as not executing the mandates, and in a fewer set of cases, actively obstructing the implementation of the Family Planning component of the RPRH program. While not common, there have been reported instances of local chief executives who have resisted implementing RPRH modern family planning programs in areas under their jurisdiction.

Local RPRH implementation teams are not created or not functional. There have been reports that requests for the creation of local RPRH implementation teams were denied or not supported by local chief executives. In some cases, local RPRH implementation teams were expressed to be not functional because of the absence of a designated point person, of coordination meetings, or of budgetary support. The creation of local RPRH teams were also reported to increase the workload among its members.

Policy incoherence among LGUs and line agencies. Alongside coordination problems, differences in policies among LGUs and line agencies occasionally generate gaps in the delivery of RPRH services to particular demographics. For example, there were reported local ordinances that are not aligned with national policies on addressing certain RPRH issues (e.g. on home births). Policy conflicts have also arisen at times between other critical agencies in the delivery of RPRH services (e.g. alleged divergent policies between DOH and PhilHealth on service delivery of birthing services for young and older women) that may cause confusion among local implementors.

Other constraints**.** Less cited than the aforementioned, issues concerning (a) accessibility problems for RPRH services due to user fees, (b) changing priorities for LGU leaders, (c) humanitarian emergencies (e.g. Mayon volcano eruptions), (d) geographical difficulties, and (e) a lack of full orientation on the responsibilities created by the RPRH law among certain LGUs have also posed obstacles to achieving better RPRH accomplishments among LGUs.

5.2.2. Human Resource

Local governments are mandated to maintain a sufficient number of trained health staff to deliver the full range of RPRH services. The national government through the DOH, in turn, is mandated to provide additional support to LGUs through training and certification of necessary clinical competencies, and the contracting and deployment of skilled personnel.

Table 6. Health Human Resource Density with and without DOH deployment by Region

	Excluding DOH deployment			With DOH deployment		
	2010	2015	2018	2010	2015	2018
Philippines	2.6	2.7	2.5	2.7	4.7	5.6
NCR	1.6	2.3	2.1	1.6	2.7	2.9
CAR	5.3	6.1	5.3	5.6	10.4	12.0
I	3.8	3.0	3.5	3.8	5.4	7.7
II	3.7	3.2	3.3	3.7	6.1	8.8
III	2.4	2.5	2.0	2.4	3.9	3.5
IV-A	2.1	2.0	1.8	2.1	3.0	3.4
IV-B	3.1	2.7	2.8	3.2	5.6	5.6
V	2.8	2.6	2.5	2.9	5.0	7.4
VI	3.4	3.2	3.0	3.4	5.3	5.4
VII	3.3	3.6	3.2	3.3	5.9	6.7
VIII	3.0	3.8	3.0	3.0	7.9	9.0
IX	2.7	2.2	2.6	2.8	4.7	7.8
X	3.2	2.7	2.7	3.3	5.4	6.6
XI	0.0	1.9	1.8	0.1	3.7	4.3
XII	3.0	3.3	2.6	3.1	5.0	6.8
Caraga	3.3	2.9	2.2	3.4	6.2	7.9
BARMM	2.2	2.1	1.9	2.2	5.3	6.6

Source of basic data: PSA (2019), and DOH (2020).

Table 6 presents the public sector health human resource (HHR) density, calculated as the total number of physicians, nurses and midwives in government per 10,000 population, between 2010 and 2018 across different regions of the country. The table suggests that the country's HHR density has increased considerably across regions since the enactment of the RPRH Law in 2012. However, this is mainly due to the expansion of the DOH-HHR deployment program. Except for two regions, HHR density has declined across regions if DOH-deployed personnel are excluded.

Despite the expansion in HHR densities across regions over the last decade, these rates are still below the threshold 23 skilled health workers per 10,000 population suggested by the WHO (2006). Indeed, there have been reports of manpower deficiencies that constrains the delivery of RPRH services. Among those interviewed in FGDs and KIIs, for example, some respondents cited being burdened by heavy workload as a result of additional mandates that are often changing, and at times confusing. There were also cited instances when service delivery was cut short to comply with reporting responsibilities related to the monitoring of RPRH Law implementation. Further, there is an issue of fast turnover with particular types of health workers, which oftentimes represents a lost investment by LGUs due to past training and tooling provided to these personnel; and the difficulties faced by LGUs in hiring trained personnel, which may arise as a result of policies on local government hiring caps, and the limited pool available to them, among others.

Some LGUs reported not having trained personnel in various aspects of RPRH Law implementation, which contributes to skills and capacity gaps at the local level. In one report, for example, HIV testing kits provided to an LGU cannot be used because of the unavailability of trained personnel. Among respondents in the online LGU survey, the most cited training gaps include those on CEmONC, family planning competencies, and gender sensitivity.

Having trained personnel, however, is no assurance of being able to provide services. The minutes of the RIT meetings, for example, show that family planning services are at times not provided despite having trained personnel because of (a) delay in the release of training certificates, (b) unavailability of support equipment or supply, (c) need for additional practice, and (d) religious reasons. Further, local policies may also hinder trained personnel from providing services. As a case in point, under the RPRH Law, trained and certified midwives and nurses are allowed to administer life-saving drugs under emergency situations when there are no physicians available. However, many local governments do not allow this. Among province LGU respondents in our online LGU survey, for example, only one of six responded affirmatively that they allow trained and certified midwives to administer life-saving drugs during emergencies, while the rest either do not know (3 of 6) or responded in the negative (2 of 6).

Many of community-level RPRH services rely on volunteers, including barangay health workers (BHWs), nutrition scholars, and population volunteers. However, the support given to them (e.g. meal, transportation, or hazard allowance) differ by local government. Further, there appears to be unequal levels of compensation among the different classes of volunteers even within LGUs.

5.2.3. Infrastructure and Supply

Local governments, with the support of the national government, are mandated to endeavor towards establishing and upgrading local public health facilities for delivering RPRH services,

especially for emergency obstetrics and newborn care. Further, the national or local governments may provide each provincial, city, municipal and district hospital with a mobile health care service that shall be used exclusively for the delivery of health care goods and integrated services. Majority of respondents in our online LGU survey (12 of 13 municipalities; 6 of 7 cities; 4 of 4 provinces) reported having either constructed or upgraded health facilities within their jurisdictions since 2013. However, none reported operating a mobile health care service.

Barangay health stations (BHSs) play important roles in the delivery of RPRH services in communities, including information dissemination, interpersonal communication and counseling services, dispensing of health products by trained personnel, resupply of condoms and oral contraceptive pills, referral to other facilities in the local service delivery network, and recording, reporting and referral of gender-based violence. At the national level, the number of BHS increased by 2.8% annually between 2010 and 2018 (see Table 7). In some regions, the population growth is faster than the rate of increase in the number of BHS, e.g. Central Luzon, Central Visayas and Caraga, resulting in decreasing BHS density over the same period.

Table 7. Number and density of barangay health stations (BHS) by region, 2010-2018

	BHS count			BHS/10,000 population		
	2010	2015	2018	2010	2015	2018
Philippines	17,297	19,622	21,546	1.9	1.9	2.0
NCR	456	477	474	0.4	0.4	0.4
CAR	639	639	706	4.0	3.7	4.0
I	807	1,160	1,379	1.7	2.3	2.7
II	1,106	1,240	1,289	3.4	3.6	3.6
III	1,901	1,969	1,916	1.9	1.8	1.6
IV-A	2,086	2,248	2,576	1.7	1.6	1.7
IV-B	763	836	896	2.8	2.8	2.9
V	1,134	1,158	1,435	2.1	2.0	2.4
VI	1,776	2,059	2,038	2.5	2.7	2.6
VII	1,658	1,877	2,241	2.4	2.5	2.9
VIII	809	831	842	2.0	1.9	1.8
IX	681	702	770	2.0	1.9	2.1
X	1,026	1,085	1,212	2.4	2.3	2.5
XI	…	1,023	1,115	…	2.1	2.2
XII	987	1,115	1,148	2.4	2.5	2.4
Caraga	845	782	683	3.5	3.0	2.5
ARMM	623	421	826	1.9	1.1	2.1

Source: PSA (2019). Note: … Data not available.

In addition to ensuring health facilities are available, LGUs are also mandated to ensure that local public health facilities have supplies and equipment for delivering RPRH services through DOH provision and possibly through the LGUs' own procurement program. Unsurprisingly, the imposition of a TRO against the procurement of contraceptives by the Food and Drug Authority had significant repercussions for local implementation of the FP component of the RPRH program, and raised concerns about the wastage and expiration of FP supplies that have already been procured at the time by the national government. Yet family planning supply problems have persisted even after the lifting of the said TRO. Quite noteworthy in the RIT

minutes were the occurrence of stock-outs in different public health facilities, even amidst oversupply in other facilities within the same region. Paralleling these have been general trends of undersupply in some regions as well as in some types of facilities (e.g. hospitals).

Based on our online LGU survey, at least two respondents reported stock outs between January to December 2019 for the following RPRH commodities. Below is the list of supplies and length of days for these stockouts:

- Provincial LGUs
    - Family planning supplies
        - Progestin-only pill (15-60 days)
        - Depot Medroxyprogesterone Acetate (15-30 days)
        - Standard days method cycle beads (not stated)
        - Cervical mucus method charts (180+ days)
        - Basal body temperature charts (180+ days)
        - Symptothermal method charts (180+ days)
        - Male condoms (30-60 days)
        - Progestin subdermal implant (15-60 days)
    - Immunization supplies
        - BCG vaccine (30-60 days)
        - Haemophilus influenzae Type-B vaccine (180+ days)
        - Inactivated polio vaccine (180+ days)
        - Measles vaccine (60 days)
        - Measles, mumps and rubella vaccine (30-90 days)
        - Syringes (30-60 days)
        - Vitamin A (30-60 days)
- City LGUs
    - Family planning supplies
        - Progestin-only pill (180+ days)
        - Depot Medroxyprogesterone Acetate (180+ days)
        - Progestin subdermal implant (100 days)

There were no reported stock outs in family planning and immunization supplies for 2019 among our respondents from municipal LGUs.

All respondents reported receiving family planning supplies from DOH and POPCOM, and immunization supplies from DOH. Majority of LGU respondents (8 of 8 municipalities, 5 of 6 cities, 9 of 11 provinces) reported procuring family planning supplies, although the rates are much lower for own-procurement of immunization supplies (3 of 4 municipalities, 3 of 6 cities, 1 of 9 provinces). Almost all of the respondents reported submitting quarterly utilization reports for family planning supplies provided by DOH.

5.2.4. Information System

Local government units are tasked to submit "any and all relevant data and reports" to the DOH for the annual consolidated RPRH report. In addition to this role, however, local information systems are also crucial in tracking progress of RPRH inputs, outputs and outcomes.

A review of the minutes of RIT meetings show that the submission of required reports by LGUs is highly uneven. Across regions, it is reported that a significant share of LGUs do not submit

reports; among those that do, delays in submission as well as problems in the quality of the data provided are commonly cited, which is at times linked to differences in the forms that LGUs are asked to report with. In several cases, there is an expressed need to "harmonize" and validate contradictory data provided in such reports. Additionally, RPRH-relevant data from privately-run facilities and civil society-provided services within an LGU jurisdiction is also touted as lacking.

Additional factors mentioned that cause the delay or non-submission of monitoring reports include heavy workload of program implementers. Among FGD and KII participants, some program managers noted that they rely heavily on DOH-deployed personnel for data collection and encoding. Geographical isolation and technological barriers were also mentioned to contribute to this issue. Unsurprisingly, it was noted that delays in submission by lower-level government units create a domino effect resulting in later submission by higher-level government units.

5.2.5. Financing

Local government units are mandated to appropriate funds to implement the RPRH Law. While data on specific LGU inputs for RPRH implementation is not directly accessible, a cursory scan of available information provides a mixed picture of local government resource provision for reproductive health. Following the passage of the RPRH Law in 2012, local government expenditures for health, nutrition, and population (HNP) (where reproductive health and family planning spending is classified) have steadily risen, with HNP spending among provincial LGUs growing nominally by 10.6% annually between 2010 and 2019, city governments by 11.9%, and municipalities by 6.9%. For reference, over the same period, the current operating income from local sources of provinces nominally rose on average by 9.0% per annum, cities by 10.5%, and municipalities by 10.0%. This suggests that provincial and city government expenditures on HNP are more responsive to changes in local income, with income elasticities above 1.1, compared to municipal expenditures on HNP, with income elasticity of only 0.76.

Table 8. LGU income from local sources and expenditures on HNP by type of LGU

	Total (Current PhP Billion)		Share of Total (%)	
	2010	2019	2010	2019
Current income from local sources				
Provinces	14.1	30.7	17.3	18.3
Cities	71.7	176.1	53.2	55.8
Municipalities	21.4	46.9	17.9	18.5
All LGUs	107.3	253.7	31.9	34.4
Current operating expenditures on health, nutrition and population				
Provinces	9.6	23.7	15.8	22.5
Cities	9.2	25.4	9.5	13.0
Municipalities	8.1	14.8	8.4	8.4
All LGUs	26.9	63.9	10.6	13.4

Source: BLGF (2020)

When disaggregated by region (Table 9), however, there appears to be wide variation in levels of income from local sources and current operating expenditures on HNP among LGUs, although the robust growth in levels over the last decade is shared across the board. This may have important implications on the ability of local governments to provide RPRH services to their constituents, and, in turn, to RPRH outcomes in their localities. For example, as noted by several KII and FGD participants, LGUs' ability to hire additional personnel are effectively limited by the income that they generate from local sources based on nationally set caps on personnel spending. Indeed, it may be discerned from Table 9 that per capita local government HNP expenditures increases with per capita LGU income from local sources.

Table 9. Per capita LGU income and HNP expenditures by region, 2010-2019

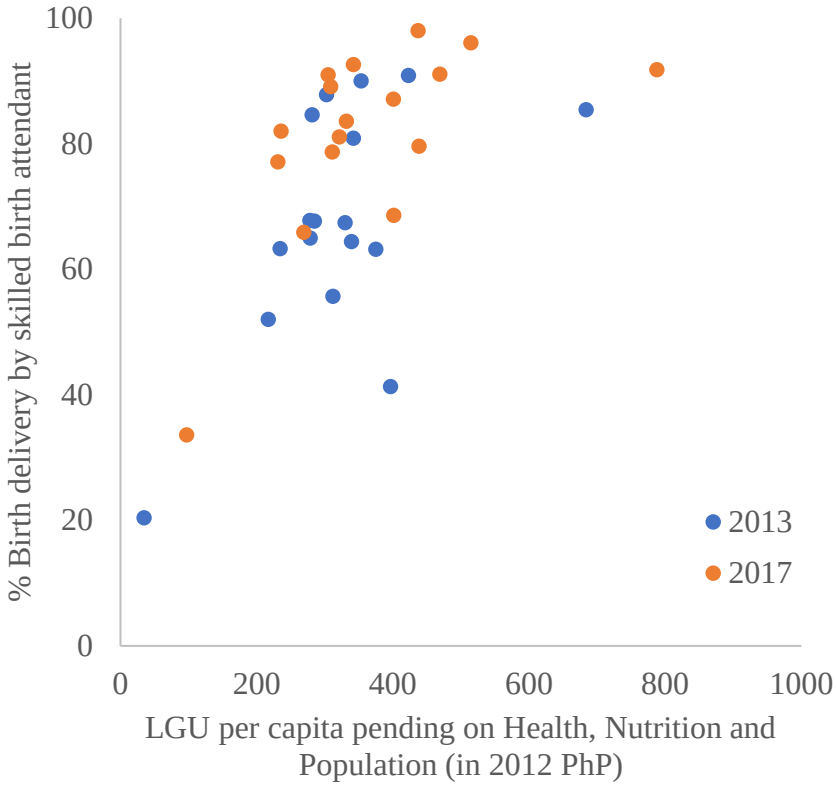
	Current income from local sources			Current operating expenditures on HNP		
	2010	2015	2019	2010	2015	2019
Philippines	1.3	1.6	2.0	0.3	0.4	0.5
NCR	4.0	5.2	6.3	0.4	0.5	0.9
CAR	0.8	1.2	1.4	0.7	0.8	1.0
I	0.7	1.3	1.4	0.4	0.4	0.5
II	0.7	0.8	1.2	0.3	0.5	0.5
III	1.0	1.3	1.6	0.3	0.3	0.4
IV-A	1.4	1.6	2.1	0.3	0.3	0.4
IV-B	0.5	0.7	1.0	0.4	0.4	0.5
V	0.5	0.6	0.8	0.3	0.3	0.5
VI	0.7	1.0	1.3	0.3	0.3	0.5
VII	1.0	1.2	1.8	0.3	0.3	0.5
VIII	0.5	0.7	0.7	0.3	0.4	0.6
IX	0.5	0.6	0.7	0.2	0.2	0.4
X	0.9	1.1	1.4	0.2	0.3	0.3
XI	0.9	1.2	1.6	0.3	0.2	0.3
XII	0.6	0.6	0.7	0.3	0.3	0.3
Caraga	0.7	0.9	1.1	0.4	0.4	0.6
ARMM	0.1	0.1	0.1	0.0	0.1	0.1

Source of basic data: BLGF (2020). Note: Values are in constant 2012 PhP thousands.

Among respondents in the online LGU survey, majority responded that their respective LGU sourced their RPRH-related expenditures from their General Fund, or Gender and Development Fund. Some reported being able to access other funds, including their 20% Local Development Fund, Local Disaster Risk Reduction Fund, allocations for senior citizens and PWD, trust funds, and income from hospital operations.

The spending per capita by LGUs on health, nutrition and population appears to be positively correlated with RPRH outcomes. Figure 3, for instance, shows this positive correlation of per capita HNP spending and prevalence of skilled birth attendance using cross-section regional data in 2013 and 2017. While this relationship may not be interpreted as causal, it is nonetheless telling of the importance of improving local economic conditions in order to achieve RPRH goals, in general, and the role of LGUs, in particular.

Figure 3. LGU per capita spending on HNP and skilled birth attendance, 2013 and 2018



Source of basic data: BLGF (2020), PSA (2014, 2018, 2019)

6. Summary and Recommendations

6.1. Summary

Local governments play crucial roles in the delivery of RPRH services. Since the enactment of the RPRH Law, there have been important improvements and innovations on various aspects of local delivery of RPRH services particularly on important inputs, including on financing, human resource, and governance. However, while reproductive health services are generally provided by local governments, there appears to be material differences in the provision of these mandated services. These differences appear to be mediated by disparities in the resources available to them. By and large, our analysis suggests that expanding fiscal space among LGUs may be beneficial to increase the financing provided to RPRH services among communities, although it may not be the only crucial consideration. Parallel improvements in other requisite inputs, particularly on local information systems, human resources, infrastructure and supply, and governance, are needed to ensure that the minimum service delivery requirements are met by all local governments.

That said, we underscore that this evaluation may be considered an early attempt to document, analyze, and summarize the experiences of local governments in actualizing its renewed mandates under the RPRH Law. Provided that RA 10354 is in its early years of full implementation, we did not attempt to assess the impact of the law against its target outcomes. Instead we focused on the availability of mandated inputs required to produce the necessary

outputs by local governments, and the views and experiences of local government program managers and implementers.

6.2. Recommendations

Henceforward, identified are the key areas for improvement that government may consider to ease some of the bottlenecks in the local delivery of RPRH services identified in this process evaluation. These specific recommendations are arranged by themes.

6.2.1. On building needed support for RPRH

- **Timely and accurate forecasts of RPRH service demand, coupled with effective supply chain management, is crucial in arresting stock-outs and overstocks.** While this may require additional investments on the part of government, this may nonetheless be crucial in ensuring that the supplies required by frontline workers to deliver their mandated services do not remain unused in stockrooms but are instead available at their disposal. The forecasts may initially be based on more dated historical demand, but may eventually evolve to more recent, and even close to real-time nowcasts. This requires investments on ensuring that supplies are tracked along its supply chain to enable timely demand forecasts.

- **Local governments need to attract, develop, and maintain local talent.** Over the last decade, the expansion of the DOH Health Human Resource deployment program has greatly eased local government constraints in hiring HHR. However, with the temporary nature of deployment by hired HHR, and the uncertain level of annual appropriations for the DOH-HRH program, the sustainability of this intervention to address the HHR gap in under-served areas in the longer term may be in question. To this end, local governments need to maintain its own pool of HHR to ensure the continuity of the services that it provide while saving on training costs. This may be more difficult said than done, however, for a variety of reasons.

- **Additional personnel may be needed to unburden critical HHR from reportorial duties in order to allow HHRs to focus on providing frontline services.** Experiences of frontline workers suggest that they are not only responsible for providing their mandated RPRH services to clients, but also of ensuring that these services are documented and submitted to the national government. However, these competing claims on their time may be suboptimal given the skill set that they possess. HHR may need to be unburdened from some reportorial responsibilities to monitor progress for RPRH service delivery. It may be more cost-effective to hire a dedicated pool of personnel whose main tasks are to record and monitor progress. This does not only unburden HHRs to allow them to focus on the clinical and community aspects of their practice, but also provides a valuable counterweight that independently checks on various aspects of local service delivery. Since these reportorial requirements are of more value to the national government, these additional personnel may be part of the pool deployed by DOH to local governments.

6.2.2. On delivery of services

- **There is a need to ensure that a minimum quality of service as per law is provided across all local governments.** While this may be of higher order of importance, it does however depend on the necessary support available to local governments to provide the services. The national government may consider clustering neighboring local governments according to their propensity to achieve pre-set RPRH target outcomes on which it may base a graduated set of interventions or support. These interventions or support need to be costed properly so that clear financing targets may be defined. Further, these interventions or support need to be tied to measurable target outcomes or commitments leading to eventual phasing out of support to limit the dependence of local governments on the national government for its local services.

- **Innovations need to be documented, and assessed for cost-effectiveness.** Innovations in service delivery among LGUs are important to the extent that they are able address the gaps in delivering services and contribute to the longer-term goals of the RPRH Law. That said, innovations need to be scientifically assessed and vetted against each other to identify more cost-effective interventions that deliver the desired outcomes using less resource.

6.2.3. On monitoring progress

- **There may be a need to streamline indicators given the capacity of local governments to track them.** The 2015 DOH-POPCOM PME Manual contains at least 28 indicators over five key results area and three stages across the program cycle. Based on the experience of local governments, however, documenting these indicators is challenging for a number of reasons. The National Implementation Team may consider streamlining these indicators to focus on key measures that capture the capacity of local governments to provide services (i.e., inputs) and the extent of reach of their services (i.e., outputs). These indicators are ideally part of the internal processes conducted by LGUs to ensure that they have immediate access to data sources. It must be recognized that program monitoring requires resources that compete with other needs of local governments.

- **There may be a need to focus on indicators that can be delivered more effectively by different stakeholders.** Currently, local governments are also tasked to monitor outcome and impact indicators for the whole country. This may be problematic due to the following points. First, this may introduce incentive incompatibility among LGUs that provide the service who are also tasked to monitor their progress. Second, the data used to derive the indicators often used to measure outcomes and impact are not readily available to LGUs. Third, these indicators may be difficult to calculate thereby potentially introducing errors in measurements. That said, outcomes and impacts measures may be more appropriately collected by the national government, through a regular representative sample survey, to ensure that the data are both accurate and representative of the Philippine population.

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Appendix

Appendix A. LGU mandates and national government counterpart actions under the RPRH Law

Functional Area	RPRH Revised IRR Provision and Title	Local Government Unit			LGU Role and Responsibility	National Government Counterpart Actions
		Province	Municipality	City		
Health Human Resources	Section 4.11. Provision of Life-Saving Drugs During Maternal Care Emergencies. Section 4.12 Policies on Administration of Life-Saving Drugs	✓	✓	✓	Allowed trained and certified midwives and nurses to administer life-saving drugs during maternal care emergencies, when there are no physicians available	DOH to provide guidelines
	Section 4.13. Certification for LGU-Based Midwives and Nurses for Administration of Life-Saving Drugs	✓	✓	✓	Endeavor that all midwives and nurses in public primary health facilities be given training by a DOH-recognized training center to administer life-saving drugs within 1 year from the effectivity of the IRR	DOH to coordinate with LGUs and to accredit training centers
	Section 5.04. Reproductive Health Care Services at Other		✓	✓	Staffing complement of primary care facilities shall include skilled health professionals relevant to reproductive health care as defined in DOH guidelines	DOH to provide guidelines within 120 days from IRR effectivity

	Primary Care Facilities				to be developed within one hundred and twenty (120) days from the effectivity of the IRR	DOH to provide additional staff, equipment, products support to LGUs for delivering RPRH services
	Section 5.05. Reproductive Health Services at Hospitals within the Service Delivery Network	✓		✓ (HUCs only)	Staffing complement of hospitals shall include skilled health professionals relevant to reproductive health care as defined in DOH guidelines to be developed within one hundred and twenty (120) days from the effectivity of the IRR	DOH to provide guidelines within 120 days from IRR effectivity DOH to provide additional staff, equipment, products support to LGUs for delivering RPRH services
	Section 5.24. Reproductive Health Officer	✓	✓	✓	Require designation of one of the skilled health professionals on duty as the Reproductive Health Officer (RHO) of the day, within all facilities in the service delivery network.	DOH possibly to determine other responsibilities of RHOs
	Section 6.01. Hiring of Skilled Health Professionals for Maternal Health Care and Skilled Birth Attendance	✓	✓	✓	Endeavor to hire an adequate number of nurses, midwives and other skilled health professionals for maternal health care and skilled birth attendance to achieve an ideal skilled health professional-to-patient-ratio	DOH and other NGAs to provide additional and necessary funding and assistance

	6.03. Contracting of Midwives and Nurses	*	*	*	Contract of midwives and/or nurses from the private sector to meet the adequate number of skilled health professionals	DOH to provide support to LGUs through skilled health professionals contracted from private sector DOH to provide guidelines within 60 days from IRR effectivity
	6.04. Clinical Competency Training for the Service Delivery Network	✓	✓	✓	Ensure that all skilled health professionals within the SDN possess the clinical competencies required to deliver the reproductive health services included in their facility Determine the baseline competencies of currently engaged skilled health professionals, and require skilled health professionals that do not meet the minimum clinical competency standards to complete the required training modules within one (1) year of the assessment survey	DOH to work with LGUs in determining baseline capabilities of currently engaged skilled health professionals within 90 days from IRR effectivity DOH to develop guidelines for regular monitoring of clinical capabilities within 6 months from IRR effectivity

Health Care Facilities	Section 5.03. Reproductive Health Care Services at Barangay Health Stations	✓	✓	Barangay Health Stations within the service delivery network shall provide services including but not limited to: 1. Appropriate Information: • full range of modern family planning methods • Skilled birth attendance • Child nutrition • Prenatal and postnatal care • Adolescent health and reproductive/fertility awareness • Male responsibility and reproductive health • Responsible parenthood and values formation • Maternal and newborn care • Health financing 2. Interpersonal communication and counseling 3. Dispensing of health products such as but not limited to: • Condoms • Natural family planning charts and digital thermometers • Standard days method (SDM) beads	DOH to provide guidelines for BHS provision of RPRH services

			• Injectables and oral contraceptive pills • Immunization and micronutrient supplementation 4. Resupply of condoms and oral contraceptive pills by volunteers 5. Referral to other facilities within the SDN, as applicable for services not included in the standards set in this provision 6. Recognition, recording, reporting and referral of Gender-Based Violence cases 7. Other reproductive health services as mandated by the DOH	
Section 5.04. Reproductive Health Care Services at Other Primary Care Facilities	✓	✓	Other primary care facilities within the SDN shall provide interpersonal communication and counseling including but not limited to: • Infertility and referral to appropriate health care provider • Adolescent counseling • Post-partum depression, post-traumatic stress disorder, and other reproductive mental health concerns • Procedures for modern artificial family planning	DOH to provide guidelines within 120 days from IRR effectivity DOH provide appropriate staffing, equipment, and health product assistance to LGUs

				• Procedures, materials, and counseling for natural family planning • Integrated Management of Childhood Illness (IMCI) • Syndromic screening and treatment of RTIs and STIs • Non-judgmental approach to recognizing, treating and referring post-abortion cases • Screening examinations	
	Section 5.04. Reproductive Health Care Services at Other Primary Care Facilities	✓	✓	Primary care facilities shall also endeavor to provide, subject to the needs of the priority populations, the following services 1. Facility-based delivery 2. Prenatal and postnatal care 3. Newborn care 4. Procedures and/or referral for NSV, BTL, insertion of sub-dermal implants, among others 5. Reproductive mental health services 6. Other reproductive health care services as mandated by DOH	DOH to provide guidelines within 120 days from IRR effectivity DOH to provide appropriate staffing, equipment, and health product assistance to LGUs

	Section 5.05. Reproductive Health Services at Hospitals within the Service Delivery Network	✓	✓ (HUCs only)	Hospitals within the SDN shall provide reproductive health services such as, but not limited to, the following: • Long-acting and permanent methods of modern family planning such as IUD insertion, Bilateral Tubal Ligation (BTL), and no scalpel vasectomy (NSV), among others • BEmONC services at Level 1 hospitals, (*Provided, That* these hospitals shall provide CEmONC services by the end of CY 2015) • CEmONC services at Level 2 and Level 3 hospitals • Non-judgmental approach to recognition and management of post-abortion complications	DOH to provide guidelines within 120 days from IRR effectivity DOH to provide additional staff, equipment, products support to LGUs for delivering RPRH services
	Section 5.05. Reproductive Health Services at Hospitals within the Service Delivery Network	✓	✓ (HUCs only)	All hospitals shall also endeavor to provide, subject to the needs of the priority populations, the following services: • Diagnostics and management of RTIs and STIs, including HIV • A WCPU to manage cases of gender-based violence • Medical and surgical procedures for definitive management of breast and reproductive tract cancers, other gynecological	DOH to provide guidelines within 120 days from IRR effectivity DOH to provide additional staff, equipment, products support to LGUs for delivering RPRH services

					conditions and disorders, and male reproductive health concerns • Basic diagnostics for infertility with provision for referral to appropriate reproductive endocrinology/infertility treatment centers • Specialist management of reproductive mental health conditions • Other reproductive health services as mandated by DOH	
	Section 5.16. Health Care Facilities	✓	✓	✓	Endeavor to establish or upgrade hospitals and facilities with adequate and qualified personnel, equipment and supplies to be able to provide emergency obstetric and newborn care.	NGAs to provide additional funding and other necessary assistance
Access to Family Planning	Section 4.05. Access to Family Planning	✓	✓	✓	Ensure that all public health facilities within its service delivery network will provide age-, capacity-, and development-appropriate information and services on all methods of family planning, such as: • Fertility awareness and family planning information and education	DOH to work with LGUs in ensuring access to family planning methods in all public health facilities

					• Interpersonal communication and counseling services • Provision of modern family planning methods (inc. medically safe, legal, non-abortifacient health products) • Infertility services • Referral services where necessary • Other family planning information and services deemed relevant by the DOH	
Local Service Delivery Network	Section 4.10. Responding to Unmet Needs and/or Gaps for Reproductive Health Care	✓	✓	✓	Carry out measures to reduce the unmet need and/or gaps for reproductive health care including but not limited to: • Identify or validate priority reproductive health needs of the population • Determine and document the inventory of available resources and capacities for reproductive health care products and services • Match/assign available resources and capacities for reproductive health care to the requirements of	DOH to provide assistance to LGUs

				the beneficiary population • Determine health product and service gaps and propose solutions • Specify mechanisms for the delivery of reproductive health care services to individuals, couples, and families at the points of use • Coordinate the timeline of activities to meet specific targets for the reduction of unmet need and maintenance of current use, with timelines at the regional and national levels	
Section 5.02. Service Delivery Network for Reproductive Health Care	✓	✓	✓	Integrate responsible parenthood and reproductive health care services into established Service Delivery Networks or local health referral systems	DOH's Center for Health Development to support LGUs development of SDNs and local health referral systems DOH with option to engage private facilities and providers to

					become part of the SDN
Section 5.06. Engagement of Privately Owned Health Facilities and/or Private Skilled Health Professionals in the Service Delivery Network	*	*	*	Engage privately owned hospitals and other health facilities as well as private skilled health professionals to become members of the SDN, on a voluntary basis subject to DOH guidelines	DOH with option to engage private facilities and health professionals to become part of the SDN DOH to develop guidelines within 60 days of IRR effectivity
Section 5.08. Referral to Facilities within the Service Delivery Network	✓	✓	✓	Review existing local health referral systems for compliance with referral requirements for provision of reproductive health care services	DOH to coordinate with LGUs in their review DOH to develop guidelines within 60 days of IRR effectivity
Section 5.09. Mapping the Available Facilities in the Service Delivery Network.	✓	✓	✓	Identify health care facilities, both public and private, that are capable of delivering reproductive health care services within the LGU.	DOH to coordinate with LGUs in their mapping DOH to develop guidelines within 60 days of IRR effectivity

	Section 5.10. Identifying the Needs of Priority Populations in the Service Delivery Network.	✓	✓	✓	Identify the needs of priority populations within the SDN for reproductive health care, including poor and vulnerable populations and their access to health care facilities.	DOH to coordinate with LGUs in their identification efforts DOH to develop guidelines within 60 days of IRR effectivity
	Section 5.11. Designating Populations to Facilities within the Service Delivery Network.	✓	✓	✓	Match priority populations to available health facilities within the network, based on set criteria.	DOH to develop guidelines within 60 days of IRR effectivity
Maternal Death Reviews and Fetal and Infant Death Reviews	Section 14.02. Conduct of Maternal Death Reviews and Fetal and Infant Death Reviews	✓		✓ (HUCs / ICCs only)	MDRs and FIDRs shall be conducted at least annually, or at shorter intervals subject to the discretion of the local health office, at the provincial level by the Provincial Health Office or at the city level by the City Health Office	
	Section 14.03. Scope of Maternal Death Review and Fetal and Infant Death Reviews	✓	✓	✓	The following shall be mandated to submit quarterly Maternal Death Reports, and Fetal and Infant Death Reports:	

				• All provincial and city governments particularly the Provincial Health Office or the City Health Office • Hospitals under the management of all local government units including the Autonomous Region for Muslim Mindanao that provide maternal and child health services • Public health units that provide maternal and child health services which include but are not limited to puericulture centers, birthing centers, lying-in clinics, BHSs
Section 14.06. Compilations of Maternal, Fetal, and Infant Death Reviews	✓	✓	✓	Maternal death including fetal and infant death reports shall be compiled every quarter for further analysis. For deaths occurring at hospitals and health facilities, reports will be compiled at the level of the hospital administration by the medical records section, or its equivalent For deaths occurring at home, reports shall be compiled at the level of the Municipal or City Health Offices Compiled reports shall be submitted to the Provincial Health Office or City Health Office

Procurement and Distribution of Family Planning Supplies	Section 8.08. Logistics Management	✓	✓	✓	Upon delivery from the DOH, ensure the prompt, continuous, and equitable distribution of reproductive health products and supplies to all the applicable hospitals, health centers, or clinics within their respective areas of responsibility	DOH responsible for transportation, storage, and distribution of RPRH products and supplies to their respective destinations DOH to designate a regional officer to oversee supply chain management DOH to develop guidelines within 60 days of IRR effectivity
	Section 8.09. LGU-initiated Procurement.	*	*	*	Implement own procurement, distribution and monitoring program for Reproductive Health products and supplies, consistent with these Rules and the guidelines of the DOH	
	Section 8.11. Reporting	✓	✓	✓	Submit quarterly utilization reports of the reproductive health supplies and products provided by the DOH	
Mobile Health Care Service	Section 5.12. Mobile Health Care Service	✓	*	✓ (Optional for ICCs)	Provide each provincial, city, municipal, and district public hospital with a mobile health service for the delivery of health care goods and integrated services, as	DOH to develop guidelines within 90 days of IRR effectivity

				well as disseminate knowledge and information on reproductive health	
Certificate of Compliance	Section 12.02.m.	✓	✓	Require presentation of a Certificate of Compliance from the local family planning/population/health office, certifying due instruction and information in responsible parenthood, family planning, breastfeeding, and infant nutrition by marriage license applicants	
Capacity Building of Barangay Health Workers	Section 6.07. Capacity-Building of Barangay Health Workers	✓	✓	Train Barangay Health Workers and other barangay volunteers on the promotion of responsible parenthood and reproductive health	DOH to disseminate information and provide training programs and technical assistance to LGUs DOH to provide medical supplies and equipment needed by BHWs NGAs to provide additional and necessary funding
	Section 6.08. Interpersonal Communication and Counseling (IPCC) Skills	✓	✓	Integrate in training of Barangay Health Workers skills development on IPCC for reproductive health	DOH to coordinate with LGUs

	Development for BHWs					
Sexual and Reproductive Health Programs for Persons with Disabilities	Section 4.09. Sexual and Reproductive Health Programs for Persons with Disabilities		✓	✓	Remove barriers to reproductive health services for PWDs by: • Providing physical access and resolving transportation and proximity issues to places where RPRH-related services, goods, and information are located • Adapting examination tables and other laboratory procedures to the needs and conditions of PWDs • Increasing access to information and communication materials on sexual and reproductive health in PWD-friendly formats • Providing continuing education and inclusion of rights of PWDs among health care providers • Undertaking activities to raise awareness and address misconceptions on the sexual and reproductive health rights and needs of PWDs	DOH to provide assistance to LGUs
Public Awareness	Section 10.01. Public Awareness,	✓	✓	✓	Initiate and sustain multi-media campaigns to raise public awareness on the protection and promotion of	DOH to deliver a national campaign

	Promotion and Communication				responsible parenthood and reproductive health and rights	parallel to LGUs' efforts
	Section 10.05. Local Health Promotion and Communications Plans	✓	✓	✓	Develop comprehensive health promotion and communication plans applicable to their own situations, capacities, and resources	DOH and other NGAs to possibly provide technical and other assistance to LGUs
Appropriations and Financing	Section 5.18. Monitoring of Fund Utilization	✓	✓	✓	Regularly submit monitoring reports of physical accomplishments from the utilization of funds for facility upgrading and establishment from the DOH	DOH to regularly monitor utilization of funds for facility enhancement and upgrading DOH to develop guidelines from within 60 days of IRR effectivity
	Section 9.01. Appropriations	*	*	*	Use Gender and Development (GAD) funds as a source of funding for the implementation of the RPRH Act	The Philippine Commission on Women and other NGAs to provide guidelines on the utilization of GAD budgets for RPRH implementation
	Section 9.03. Funds for Enhancing	*	*	*	Request the DOH to provide funding for LGU-designated health facilities for skilled birth attendance, emergency	DOH with option to provide funding upon request by LGUs,

	Capacities of Health Facilities				obstetric and newborn care, and other relevant capacities	provided that no less than 60% of Health Facilities Enhancement Program or other funding allocations for the applicant LGU have been obligated
	Section 9.04. Funding for Public Awareness	✓	✓	✓	Include budgeting for the implementation of provisions on Public Awareness, Health Promotion, and Communication in annual budgets	
	Section 14.10. Funding Source for the Conduct of Maternal Death Reviews and Fetal and Infant Death Reviews	✓		✓ (HUCs / ICCs)	Expenses for the conduct of Annual MDRs and FIDRs at the provincial or city level shall be charged to funds of the LGUs, including the honoraria of the members of the Review Team	DOH to fund national MDR and FIDR expert review DOH with option to provide financial assistance to LGUs
Maternal and Newborn Health Care in Crisis Situations	Section 4.15. Maternal and Newborn Health Care in Crisis Situations	✓	✓	✓	Ensure that a minimum initial service package for reproductive health, including maternal and neonatal health care kits and services shall be given proper attention in crisis situations such as disasters and humanitarian crises	DOH to define components of RPRH crisis service package RPRH crisis service package to become part of

	DOH's response to crises and emergencies

Note: ICC – Independent component city; HUC – Highly urbanized city.
*Optional to local government unit

Appendix B. FGD and KII Guide Questions

INFORMED CONSENT FORM
Interviews with RPRH Officials or Program Managers

This is an informed consent form for officials and managers involved in the implementation of the Responsible Parenthood and Reproductive Health law of 2012. This document should be presented to the participant and explained verbally in its entirety and without omissions.

Greetings! I am a researcher from the Philippine Institute of Development Studies. We are conducting a study on the implementation of the Responsible Parenthood and Reproductive Health (RPRH). **I would like to invite you to be a part of this research.**

Before you decide, I would like to tell you about the purpose of the study and what your participation would entail. You can talk to anyone you feel comfortable with the study. Please don't hesitate to ask me any questions you might have about the study or anything in this consent form you do not understand.

This Informed Consent Form has two parts:

1) Information Sheet (to share information about the study with you), and
2) Certificate of Consent (for your signature if you choose to participate)

Once you understand the study and if you decide to take part, you will be asked to sign a consent form. You will be given a copy of the full form to keep.

I. STUDY BACKGROUND

Title of the Study	A Process Evaluation of the Implementation of the Responsible Parenthood and Reproductive Health Law of 2012
Sponsor	Department of Health
Organization	Philippine Institute of Development Studies
Principal Investigator	Michael Abrigo, PhD
Purpose of the research	The Department of Health leads the implementation of the Responsible Parenthood and Reproductive Health (RPRH), with the support of many other central agencies and offices, to empower Filipinos to realize their aspirations for their reproductive health. We are studying the governance structures and processes of agencies and offices involved in the implementation of the RPRH law. As you and your agency are an important actors in the overall delivery of RPRH services in the country, we believe that your knowledge and experience with implementation may give us valuable insight. Specifically, we would like to know more about the following: ● Your and your agency's role and responsibilities in RPRH implementation ● Your agency's strategic plans, goals, targets, and operations for RPRH ● Organizational dynamics and relationships within and across agencies, including reporting lines, coordination mechanisms, and accountability systems ● Monitoring mechanisms to track and evaluate RPRH implementation progress ● Quantity and quality of backend workforce to carry out RPRH mandates ● Prioritization of the RPRH in agency policies, plans, budgets, and expenditures ● Facilitators, barriers, and bottlenecks in RPRH implementation ● Recommendations you may have to improve the NIP and immunization services

DETAILS OF RESPONDENT PARTICIPATION

Participant Selection	You are invited to take part in this research because you play an indispensable role in the implementation of the RPRH law and in the delivery of RPRH services to target populations.

Procedures and Duration	Your participation will involve an interview that will take about **1.5 to 2 hours.** During the interview, I or another interviewer will sit down with you in a private venue in a location convenient to you. The entire interview will be **audio-recorded**, but no-one will be identified by name on the transcripts. You will not be personally identified in any publication or presentation about this study.
Voluntary Participation	It is important that you know the following: ● Your participation in this research is entirely voluntary. It is your choice whether to participate or not. ● You may opt to not answer questions you find too sensitive or are uncomfortable answering. ● You may decide to withdraw from the study at any time. You may change your mind later and stop participating even if you agreed earlier.
Benefits of the Study	The results of the study may be directly valuable to you in understanding your own agency's organizational structure, systems, and bottlenecks for RPRH. They may also help you better understand how other agencies operate in their RPRH activities. Overall, this may enable your agency and other agencies to coordinate better and collaborate more efficiently to deliver RPRH services to the population more effectively.
Incentives	You will not be provided any incentive to take part in the research. However, we will give you refreshments, a light snack, and a small token of appreciation for your time and participation.
Risks of the Study	No risk nor discomfort is anticipated in your participation in this study. Likewise, non-participation will not affect your standing with officials and managers in higher administrative levels.
Confidentiality	We will not be sharing information about you to anyone outside of the research team. Your information will be kept private. Any information about you will have a number or a pseudonym on it instead of your name. Only the researchers will know what your number is. It will not be shared with or given to anyone else. You will not be personally identified in any publication or presentation about this study.
How the Findings will be Used	The research output of this project will be presented to the DOH, PhilHealth, and in various stakeholder fora. The output may also be presented in both local and international conferences and copies of the results may be provided to interested participants. Research papers will also be submitted to appropriate peer-reviewed journals for publication.
Contact Information	If you have questions about the study or the survey, you may contact directly contact the Project Director, Dr. Michael R.M. Abrigo (mabrigo@mail.pids.gov.ph). For questions about your rights as a study participant or grievances, you may contact the St. Cabrini Medical Center - Asian Eye Institute (SCMC - AEI) Ethics Review Committee at (632) 8-898-2020 loc. 815 or at scmcaeierc@gmail.com.

II. CONSENT FORM

I have been invited to participate in a research titled: "A Process Evaluation of the Implementation of the Responsible Parenthood and Reproductive Health Law of 2012." I have read and understood the foregoing information. I have been given sufficient time and opportunity to ask questions and express any concerns about the study.

☐ I voluntarily consent to be a participant in this research.

☐ I understand and consent that this session will be audio-recorded and transcribed.

Signature of Respondent

Name of Respondent	Signature of Respondent	Date of Signature

Signature of Person who Obtained Consent

Name of Person who Obtained Consent	Signature of Person who Obtained Consent	Date of Signature

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(STUDY COPY)

II. CONSENT FORM

I have been invited to participate in a research titled: "A Process Evaluation of the Implementation of the Responsible Parenthood and Reproductive Health Law of 2012." I have read and understood the foregoing information. I have been given sufficient time and opportunity to ask questions and express any concerns about the study.

☐ I voluntarily consent to be a participant in this research.

☐ I understand and consent that this session will be audio-recorded and transcribed.

Signature of Respondent

Name of Respondent	Signature of Respondent	Date of Signature

Signature of Person who Obtained Consent

Name of Person who Obtained Consent	Signature of Person who Obtained Consent	Date of Signature

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Good <morning/afternoon>! We are <names of facilitators> from the Philippine Institute of Development Studies. The purpose of this focus group discussion is to gather information on the implementation of the Responsible Parenthood and Reproductive Health Law of 2012 at the program managers level. In particular, we want to obtain insights on the role of and challenges faced by program managers, in fulfilling their RPRH mandates and coordinating with other collaborating agencies.

Before anything, do you have any questions about the study? <Answer any questions.>

Thank you again for choosing to participate in our study. May we proceed with the discussion?

RPRH ROLES, ORGANIZATIONAL STRUCTURE, AND ACTIVITIES

1. Could you describe your office's mandate in the implementation of the RPRH program?

2. What are your and your unit's roles and responsibilities in fulfilling this mandate?

3. What components of the RPRH program have you and your unit focused your efforts on? What have been the activities that you have undertaken to fulfill your mandates for RPRH implementation?

4. What are the other units/agencies that your office has to regularly coordinate with for the implementation of RPRH programs? What are the roles that they fulfill?

   Kindly rank these other units/agencies:
   a. According to how much your office *should* coordinate with them, based on their official RPRH mandates
   b. According to how much your office *actually* coordinates with them

5. Does the RPRH program have visible and explicit political backing from major local officials to meet its targets and objectives? What are these?
   a. Are there any significant policies (e.g. local ordinances, resolutions) that have been adopted to support RPRH implementation in your locality?

RESOURCES AND MONITORING FOR RPRH IMPLEMENTATION

6. What have been the RPRH-related goals/targets of your unit/office? How are they linked to the overall goals of the RH law? Who sets these goals? Who ensures that these goals are met? Are there performance metrics? Can you discuss possible consequences if these goals are not achieved?

   Break down by relevant key result areas set by the unit.

7. What resources have you been furnished/allocated for achieving these goals/targets? What is your assessment of the adequacy of these resources for achieving your goals/targets?

   Break down by different resource types (as per the OGF framework):
   a. Plans, standards, and guidance for routine activities
   b. Budget/Financing (both LGU and non-LGU)
   c. Human Resources
   d. Equipment and Materials/Supplies
   e. Facilities and Infrastructure
   f. Skills and Technical Capacity

8. What have been the criteria and basis for how have these allocations been determined for your office?

   Ask follow-up questions about the following potential criteria:
   a. Surveillance?
   b. Cost-effectiveness? Budget impact?
   c. Need or Demand?
   d. Others?

9. What mechanisms have been in place for monitoring, assessing, and reporting your progress in meeting your RPRH-related goals/targets? What data do you collect and report for these mechanisms? How regularly have such mechanisms been observed by your and other offices involved in RPRH implementation?

ASSESSING RPRH IMPLEMENTATION

10. What is your assessment of your unit's progress in meeting your RPRH-related goals/targets? Where have you met your targets and where have they been missed?

    Ask about RPRH key result areas, where applicable:
    a. Maternal and Neonatal Health
    b. Family Planning
    c. Adolescent Sexual and Reproductive Health

d. STI and HIV/AIDS
e. Gender-based Violence
f. Beyond these key result areas, are there other important areas of progress or shortfalls which you have experienced with regards to RPRH implementation?

11. What factors do you think have enabled your unit to meet goals/targets? Generally, what factors and conditions have contributed to your unit's successes in RPRH implementation?

    Ask follow-up questions with regards to the different inputs:
    a. Plans, standards, and guidance for routine activities
    b. Budget/Financing (both LGU and non-LGU)
    c. Human Resources
    d. Equipment and Materials/Supplies
    e. Facilities and Infrastructure
    f. Skills and Technical Capacity
    g. Governance, Political Priority, and Institutional factors

12. What factors do you think have prevented your unit to meet goals/targets? Generally, what factors and conditions have constrained your unit's performance in RPRH implementation?

    Ask follow-up questions with regards to the different inputs:
    a. Plans, standards, and guidance for routine activities
    b. Budget/Financing (both LGU and non-LGU)
    c. Human Resources
    d. Equipment and Materials/Supplies
    e. Facilities and Infrastructure
    f. Skills and Technical Capacity
    g. Governance, Political Priority, and Institutional factors

13. Among the factors mentioned in the previous question, what are the most relevant problems your unit has experienced with RPRH implementation? What do you think caused these problems?
    a. Main bottlenecks
    b. Barriers to implementation

14. If not tackled in the previous questions, are there relevant problems in other agencies that you must coordinate with or other actors that have significant impeded your RPRH activities? How do these specifically constrain your activities, and what do you think caused them?

15. To what extent have monitoring, evaluation, and reporting mechanisms have allowed your unit to improve the performance of your RPRH-related activities? How have agencies reviewing your performance responded to these reports?

BEST PRACTICES AND RECOMMENDATIONS

16. In your opinion, what are the main areas of RPRH implementation that need improvement?
    a. Within your agency
    b. Across collaborating agencies

17. Are you aware of alternative RPRH practices that may be more efficient or cost-effective than those which have been usually employed? What are these?

18. What lessons learned would you like to share in relation to the RPRH operations under your purview?

INFORMED CONSENT FORM
FGDs with Health Personnel in Rural Health Units (RHUs), Barangay Health Stations (BHS), and Municipal Social Welfare and Development Office (MSWDO)

This is an informed consent form for Focus Group Discussion participants of the process evaluation of the Responsible Parenting and Reproductive Health Law: Local Service Delivery Component. This document should be presented and explained verbally in its entirety and without omissions.

CONSENT FORM

Evaluation of the Responsible Parenthood and Reproductive Health Law: Local Service Delivery Component

I voluntarily agree to participate in the research project being conducted by the Philippine Institute for Development Studies (PIDS).

Ako ay kusang-loob na pumapayag na makibahagi sa pagsasaliksik na isinasagawa ng Philippine Institute for Development Studies (PIDS).

I have understood the objectives of the project and the relevance of my participation as discussed to me/as stated in the letter provided by the PIDS researcher/research team. I have also been given the opportunity to ask questions about the project.

Nauunawaan ko ang mga layunin ng proyekto at ang kahalagahan ng pakikibahagi ko rito, ayon sa tinalakay sa akin/nakasaad sa liham na ibinigay ng mga kawani ng PIDS. Ako ay binigyan ng pagkakataon na magtanong tungkol sa proyekto.

I understand that I may withdraw and discontinue my participation at any time and will not be penalized for doing so.

Nauunawaan ko na maari kong bawiin at hindi na ipagpatuloy ang pakikibahagi ko sa proyekto sa anumang oras/sandali, at hindi ako papatawan ng anumang kaparusahan kung ako ay magpasyang hindi na makibahagi sa proyekto.

I understand that the personal and sensitive personal information data that will be collected by PIDS will be kept strictly confidential.

Nauunawaan ko na ang aking personal at sensitibong impormasyon na makakalap ng PIDS ay pananatilihing kompidensyal.

I agree to/*Sumasang-ayon ako sa* (✓): ___audio-recording ___taking photos ___video-recording during the interview/*habang kinakapanayam.*

_____ _____
Name and Signature of Participant Date

FGD PARTICIPANT RECORD					
NAME	**OFFICE**	**POSITION**	**YEARS IN ROLE**	**PHONE**	**SIGNATURE**

FACILITATOR RECORD			
FACILITATOR/S:		**TIME START:**	**: AM/PM**
DATE OF FGD:		**TIME END:**	**: AM/PM**
SITE OF FGD:			
SIGNATURES OF FACILITATORS			

Good <morning/afternoon>! We are <names of facilitators> from the Philippine Institute of Development Studies. The purpose of this focus group discussion is to gather information on the implementation of the Responsible Parenthood and Reproductive Health Law of 2012 at the local government level. In particular, we want to obtain insights on the role of and challenges faced by frontline LGU staff in rural health units, barangay health stations, municipal social welfare and development offices, among others, in fulfilling their RPRH mandates and coordinating with other collaborating agencies.

Before anything, do you have any questions about the study? <Answer any questions.>

Thank you again for choosing to participate in our study. May we proceed with the discussion?

RPRH ROLES, ORGANIZATIONAL STRUCTURE, AND ACTIVITIES

1. Could you describe your office's mandate in the implementation of the RPRH program?

2. What are your and your unit's roles and responsibilities in fulfilling this mandate?

3. What components of the RPRH program have you and your unit focused your efforts on? What have been the activities that you have undertaken to fulfill your mandates for RPRH implementation?

4. What are the other units/agencies that your office has to regularly coordinate with for the implementation of RPRH programs? What are the roles that they fulfill?

   Kindly rank these other units/agencies:
   a. According to how much your office *should* coordinate with them, based on their official RPRH mandates
   b. According to how much your office *actually* coordinates with them

5. Does the RPRH program have visible and explicit political backing from major local officials to meet its targets and objectives? What are these?
   a. Are there any significant policies (e.g. local ordinances, resolutions) that have been adopted to support RPRH implementation in your locality?

RESOURCES AND MONITORING FOR RPRH IMPLEMENTATION

6. What have been the RPRH-related goals/targets of your unit/office? How are they linked to the overall goals of the RH law? Who sets these goals? Who ensures that these goals are met? Are there

performance metrics? Can you discuss possible consequences if these goals are not achieved?

Break down by relevant key result areas set by the unit.

7. What resources have you been furnished/allocated for achieving these goals/targets? What is your assessment of the adequacy of these resources for achieving your goals/targets?

   Break down by different resource types (as per the OGF framework):
   a. Plans, standards, and guidance for routine activities
   b. Budget/Financing (both LGU and non-LGU)
   c. Human Resources
   d. Equipment and Materials/Supplies
   e. Facilities and Infrastructure
   f. Skills and Technical Capacity

8. What have been the criteria and basis for how have these allocations been determined for your office?

   Ask follow-up questions about the following potential criteria:
   a. Surveillance?
   b. Cost-effectiveness? Budget impact?
   c. Need or Demand?
   d. Others?

9. What mechanisms have been in place for monitoring, assessing, and reporting your progress in meeting your RPRH-related goals/targets? What data do you collect and report for these mechanisms? How regularly have such mechanisms been observed by your and other offices involved in RPRH implementation?

ASSESSING RPRH IMPLEMENTATION

10. What is your assessment of your unit's progress in meeting your RPRH-related goals/targets? Where have you met your targets and where have they been missed?

    Ask about RPRH key result areas, where applicable:
    a. Maternal and Neonatal Health
    b. Family Planning
    c. Adolescent Sexual and Reproductive Health
    d. STI and HIV/AIDS
    e. Gender-based Violence
    f. Beyond these key result areas, are there other important areas of progress or shortfalls which you have experienced with regards to RPRH implementation?

11. What factors do you think have enabled your unit to meet goals/targets? Generally, what factors and conditions have contributed to your unit's successes in RPRH implementation?

    Ask follow-up questions with regards to the different inputs:
    a. Plans, standards, and guidance for routine activities
    b. Budget/Financing (both LGU and non-LGU)
    c. Human Resources
    d. Equipment and Materials/Supplies
    e. Facilities and Infrastructure
    f. Skills and Technical Capacity
    g. Governance, Political Priority, and Institutional factors

12. What factors do you think have prevented your unit to meet goals/targets? Generally, what factors and conditions have constrained your unit's performance in RPRH implementation?

    Ask follow-up questions with regards to the different inputs:
    a. Plans, standards, and guidance for routine activities
    b. Budget/Financing (both LGU and non-LGU)

c. Human Resources
d. Equipment and Materials/Supplies
e. Facilities and Infrastructure
f. Skills and Technical Capacity
g. Governance, Political Priority, and Institutional factors

13. Among the factors mentioned in the previous question, what are the most relevant problems your unit has experienced with RPRH implementation? What do you think caused these problems?
    a. Main bottlenecks
    b. Barriers to implementation

14. If not tackled in the previous questions, are there relevant problems in other agencies that you must coordinate with or other actors that have significant impeded your RPRH activities? How do these specifically constrain your activities, and what do you think caused them?

15. To what extent have monitoring, evaluation, and reporting mechanisms have allowed your unit to improve the performance of your RPRH-related activities? How have agencies reviewing your performance responded to these reports?

BEST PRACTICES AND RECOMMENDATIONS

16. In your opinion, what are the main areas of RPRH implementation that need improvement?
    a. Within your agency
    b. Across collaborating agencies

17. Are you aware of alternative RPRH practices that may be more efficient or cost-effective than those which have been usually employed? What are these?

18. What lessons learned would you like to share in relation to the RPRH operations under your purview?

Appendix C. Online LGU Survey on RPRH

ONLINE SURVEY

LGU Survey on Responsible Parenthood and Reproductive Health Services (City)

This survey is conducted by Philippine Institute for Development Studies with the review and clearance from Philippine Statistics Authority.

[Page 1] INTRODUCTION

Welcome to the Philippine Institute for Development Studies' (PIDS) survey on the implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law.

This 2020, PIDS, a government think-tank administratively attached to the National Economic Development Authority, in partnership with the Department of Health (DOH), is conducting an evaluation of the implementation of the Philippine government's RPRH Law at the local level. Legislated in 2012, the RPRH law (Republic Act 10354) recognizes local government units as playing a vital role in its implementation as a direct provider of reproductive health-related goods, services and information.

The survey aims to help assess the local service delivery component of the RPRH law by taking stock of the implementation of RPRH-related mandates at the local government level. It will ask questions about the availability of RPRH-related resources and services in your LGU that will help us account for the implementation of the RPRH program in local governments across the country.

The target respondents of this survey are provincial/municipal/city health officers of local government units, or knowledgeable staff of LGU health offices. PIDS and DOH would appreciate responses from your office within two weeks from your receipt of this online survey.

CELIA M. REYES, Ph.D.
President

Philippine Institute for Development Studies

[Page 2] INFORMED CONSENT

Voluntary Participation
Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer or skip any questions you find sensitive or are not comfortable answering.

Benefits and Risks
You will receive no direct benefits from participating in this study. However, your responses will help PIDS and the DOH understand the state of the implementation of the Responsible Parenting and Reproductive Health Law at the local level. This information will be very useful to DOH in strategies for improving the law's implementation and in providing better support to your LGU in achieving your own RPRH goals. There are no foreseeable risks involved in participating other than those encountered in day-to-day life.

Confidentiality and Anonymity
The Philippine Institute for Development Studies (PIDS) respects and values the data privacy rights of our clients and our own employees and ensures that all personal data collected from them are processed in adherence to the general principles of transparency, legitimate purpose, and proportionality, as espoused in the Data Privacy Act.

PIDS is committed to uphold the Rights of the Data Subjects as stipulated in the Data Privacy Act in connection with the processing of their personal data. PIDS shall secure the personal information of employees, clients, and third parties from whom personal information is collected and shall take adequate measures to secure both physical and digital copies of the information. PIDS shall ensure that personal information is collected and processed only by authorized personnel for legitimate purposes of the Institute.

Your answers will be stored initially with Google forms where data will be stored in a password protected electronic format. *Your name and email address will not be shared to the DOH and will only be used by the PIDS research team for monitoring and follow-up purposes.*

After the data has been downloaded, your details will be anonymized. Data will be stored in password protected computers only the PIDS research team can access.

Your responses will remain anonymous and strictly confidential. Outside of the PIDS research team, no one will be able to identify you or your answers, and no one will know whether or not you participated in the study. You will also not be personally identified in any publication or presentation about this study.

Contact
If you have questions about the study or the survey, you may contact directly contact the Project Director, Dr. Michael R.M. Abrigo (mabrigo@mail.pids.gov.ph).

For questions about your rights as a study participant or grievances, you may contact the St. Cabrini Medical Center - Asian Eye Institute (SCMC - AEI) Ethics Review Committee at (632) 8-898-2020 loc. 815 or email scmcaeierc@gmail.com.

Electronic Consent
By affixing your complete name and email address in below fields, you are voluntarily accepting to take part in the study. Again, your responses in this survey are strictly confidential. Only consolidated responses will be presented in the study's final report.

First Name(s)	
Middle Name	
Last Name	
Email address	

[Page 3] BACKGROUND INFORMATION

Before we direct you to the survey's main navigational page, kindly fill out responses to the following background questions. Your answers to these will determine the kind of survey questions you and your office will be asked to fill up.

Your answers to these questions are strictly confidential, and will only be used for statistical purposes.

1. What is your biological sex?
   - ☐ Male
   - ☐ Female

2. What is your age as of your last birthday?
   [Drop down menu of age (18 below-single age numbers-65 and above)]

3. a. Which region is your LGU located in?

[Drop down menu of regions]

b. Which level of local government do you work for?

- Provincial
- City (Highly Urbanized Cities and Independent Component Cities)
- City (Component Cities)
- Municipal

c. What is the name of your LGU?
[Fill in, depending on whether provinces, cities, or municipalities are selected]

4. What is your office/unit in this local government unit (LGU)?
    a. Health Office
    b. Population Office
    c. Social Welfare and Development Office
    d. Other (Please Specify):_____

5. What is your primary role/position in this LGU?
    a. Health Officer
    b. Medical Officer
    c. Population Officer
    d. Reproductive Health Officer
    e. Social Welfare and Development Officer
    f. Nutrition Officer
    g. Program Worker
    h. Administrative Aide
    i. Nurse
    j. Midwife
    k. Health Aide
    l. Dentist
    m. Physician
    n. Other (please specify):_____

6. What other roles/positions do you hold in this LGU? Please enumerate:

7. How many years have you worked in your local government unit?
   Indicate the total years of service regardless of status of appointment (e.g. 1 year contractual and 2 years regularized position will be a total of 3 years)
   years

8. What are your contact details? (Please provide landline and/or mobile phone number in the event that we need to clarify some response from the survey.)

9. What is the mailing address of your office?

10. What is the official e-mail address of your LGU office?

[Page 4] MAIN NAVIGATIONAL PAGE

This online survey has been designed to be filled-up by personnel from your office in a flexible manner. You may choose which sections you would like to respond to first by clicking on them in the respective buttons below, and proceed in any order in filling up the survey. You may also revisit the different sections to review your responses.

Should a question allow or require multiple responses, those questions will also provide instructions as to how to fill them up (e.g. 'Check all that apply').

Please click in the survey sections below that you would like to fill up.

A. Health Human Resources
B. Local RPRH Policies and Measures
C. Health Care Facilities and Services

D. Local Service Delivery Network for RPRH
E. Maternal Death / Fetal and Infant Death Reviews
F. Procurement and Distribution of Family Planning Supplies
G. Special Populations and Persons-with-Disabilities (PWD)
H. Financing

Should you wish to save your progress in filling up the survey, kindly click the "Save" button below. You can exit the survey by clicking "Exit."

- Save
- Exit

Please click "Submit" to submit your responses to the Philippine Institute for Development Studies.

- Submit

A. HEALTH HUMAN RESOURCES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. a. From 2017 to 2019, how many of the following types of health professionals and workers were specifically (not hired from national level) employed by your LGU? Please include both part-time, full-time and volunteer workers. Kindly identify in the table below.

You may indicate "0" (zero) if there are none, and "NDA" if there is no data available.

Personnel	2017	2018	2019
Doctors			
Nurses			
Midwives			
Barangay Health Workers			
Others, please specify: _____ _____			

b. Of the local health personnel identified for 2019 in **1.a**, how many were newly hired in that year?

	Doctors
	Nurses
	Midwives
	Barangay Health Workers

2. From 2017 to 2019, how many personnel were deployed to your LGU by national DOH programs for health human resources (e.g. Nurse Deployment Program, Doctors to the Barrios program)? Kindly identify in the table below.

You may indicate "0" (zero) if there are none, and "N/A" if there is no data available.

Program	2017	2018	2019
Doctors			
Nurses			
Midwives			
Barangay Health Workers			

3. The RPRH Law's Revised Implementing Rules and Regulations (IRR) (Section 6.03) allows DOH and LGUs to contract midwives and/or nurses from the private sector to meet their RPRH-related human resource needs.

From 2017 to 2019, has your LGU contracted and deployed nurses and midwives from the private sector? Kindly check in the table below.

You may check the "Don't Know" box if no data is available.

2017	2018	2019
☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

4. As of 31 December 2019, how many nurses and midwives employed by your LGU have been trained and certified by a DOH-recognized training center in the following training areas? Kindly identify in the table below.

You may check the "Don't Know" box if no data is available.

	Basic Emergency Obstetric and Newborn Care (BEmONC)	Comprehensive Emergency Obstetric and Newborn Care (CEmONC)	Family Planning Competency-Based Training 1	Family Planning Competency-Based Training 2	Training on gender sensitivity
Nurses	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know
Midwives	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know

5. Of the barangay workers employed by your LGU in 2019, how many have been trained on the following areas in the promotion of responsible parenthood and reproductive health?

Kindly identify in the table below. You may check the "Don't Know" box if no data is available.

	Maternal and Child Health	Family Planning	Adolescent Sexual and Reproductive Health	Sexually-Transmitted Infections and HIV/AIDS	Gender-based Violence	Health Promotion and Communication for Reproductive Health
Barangay Health Workers	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know

B. LOCAL RPRH POLICIES AND MEASURES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. In the past year (Jan. – Dec. 2019), did your LGU allow trained and certified midwives to administer life-saving drugs such as but not limited to oxytocin, magnesium sulfate, and intravenous fluids, during maternal emergencies and when there are no physicians available?
☐ Yes ☐ No ☐ Don't know

2. In the past week, did your LGU's public health facilities designate specific Reproductive Health Officers (RHOs)?
(RHOs are to serve as facilities' point persons for clients interested in receiving responsible parenthood information and reproductive health services)

☐ Yes ☐ No ☐ Don't know

3. In the past week, did your LGU have community health teams (CHTs) for promoting reproductive health care services?
(According to DOH Memorandum No. 2011-0286, CHTs are to increase the awareness and recognition of health risks among families, promote healthy behaviors, and prompt individuals to seek and utilize reproductive health care services. They are also to link and navigate families to health care providers)

☐ Yes ☐ No

If "Yes", how many CHTs were active within your LGU?
[ ]

4. In the past year (January – December 2019), did any public health facilities funded by your LGU operate their own mobile health care service?
(As defined in Section 13 of the Revised IRR of the RPRH Law, Mobile Health Care Services (MHCS), in the form of a van or other means of transport, are to be used in the delivery of health care goods and integrated services to its constituents, more particularly to the poor and needy, as well as disseminate knowledge and information on reproductive health. The MHCS shall be operated by skilled health providers and adequately equipped with a wide range of health care materials and information dissemination devices and equipment, the latter including, but not limited to, a television set for audio-visual presentations. All MHCS shall be operated by LGUs of provinces and highly urbanized cities.)

☐ Yes ☐ No

5. The RPRH Law (Section 15) requires all applicants for a marriage license to attend a Pre-Marriage Orientation and Counselling Session (PMOC) in order to receive adequate personal instruction and information on responsible parenthood, family planning, breastfeeding, and infant nutrition.

   A Certificate of Compliance from the local Family Planning Office or local Population Office for having attended this PMOC should be a requirement for marriage licenses to be issued by the Local Civil Registrar.

   a. In the past year (January – December 2019), has your LGU required all marriage license applicants to attend such Pre-Marriage Orientation and Counselling Sessions?
   ☐ Yes ☐ No ☐ Don't know

   b. If "yes", how many PMOC counsellors in your LGU have been reoriented or reaccredited by the Department of Social Welfare and Development in conducting Pre-marriage Orientation and Counselling sessions?

	Reoriented/Reaccredited PMOC counsellors
	Total PMOC counsellors

C. HEALTH CARE FACILITIES AND SERVICES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. As of 31 December 2019, how many of the following types of facilities were funded by your LGU?

	Public Hospitals
	Health Centers
	Barangay Health Stations
	Birthing Clinics
	Others, please specify:

(DEFINITIONS: 'Public hospitals' include government hospitals under a Local Government Unit; 'Rural Health Units' are health centers that deliver primary and sometimes secondary health services, and which also supervise barangay health stations; 'Barangay Health Stations' are health centers that deliver

primary care services at the barangay level, and are satellites of rural health units; 'Birthing Clinics' are health facilities that provide pre-natal and post-natal care, normal spontaneous delivery, and care of newborn babies)

2. In the past year (Jan. – Dec. 2019), was there at least one Barangay Health Station in your LGU which offered the following? You may check the "Don't Know" box if no data is available.

a. Appropriate information on:

Natural modern family planning methods	☐ Yes ☐ No ☐ Don't Know
Artificial modern family planning methods	☐ Yes ☐ No ☐ Don't Know
Skilled birth attendance	☐ Yes ☐ No ☐ Don't Know
Child nutrition (including breastfeeding)	☐ Yes ☐ No ☐ Don't Know
Prenatal and postnatal care	☐ Yes ☐ No ☐ Don't Know
Adolescent health and reproductive/fertility awareness	☐ Yes ☐ No ☐ Don't Know
Male responsibility and reproductive health	☐ Yes ☐ No ☐ Don't Know
Responsible parenthood and values formation	☐ Yes ☐ No ☐ Don't Know
Maternal and newborn care	☐ Yes ☐ No ☐ Don't Know
Health financing options (e.g. Philhealth maternal and newborn care packages)	☐ Yes ☐ No ☐ Don't Know

b. Reproductive health-related products and goods such as:

Condoms	☐ Yes ☐ No ☐ Don't Know
Natural family planning charts	☐ Yes ☐ No ☐ Don't Know
Digital thermometers	☐ Yes ☐ No ☐ Don't Know
Standard day method beads	☐ Yes ☐ No ☐ Don't Know
Oral contraceptive pills	☐ Yes ☐ No ☐ Don't Know
Injectable contraceptives	☐ Yes ☐ No ☐ Don't Know
Immunization and micronutrient supplementation	☐ Yes ☐ No ☐ Don't Know

c. Reproductive health-related services such as:

Interpersonal communication and counseling	☐ Yes ☐ No ☐ Don't Know

Resupply of condoms and oral contraceptive pills by volunteers (e.g. CHTs, BHWs)	☐ Yes ☐ No ☐ Don't Know
Referral to other facilities within the service delivery network	☐ Yes ☐ No ☐ Don't Know
Recognition, recording, and reporting of gender-based violence cases	☐ Yes ☐ No ☐ Don't Know

3. During the implementation of a Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one Barangay Health Station in your LGU which wholly or partly discontinued the delivery of the following services?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

a. Appropriate information on:

Natural modern family planning methods	☐ Yes ☐ No ☐ Don't Know
Artificial modern family planning methods	☐ Yes ☐ No ☐ Don't Know
Skilled birth attendance	☐ Yes ☐ No ☐ Don't Know
Child nutrition (including breastfeeding)	☐ Yes ☐ No ☐ Don't Know
Prenatal and postnatal care	☐ Yes ☐ No ☐ Don't Know
Adolescent health and reproductive/fertility awareness	☐ Yes ☐ No ☐ Don't Know
Male responsibility and reproductive health	☐ Yes ☐ No ☐ Don't Know
Responsible parenthood and values formation	☐ Yes ☐ No ☐ Don't Know
Maternal and newborn care	☐ Yes ☐ No ☐ Don't Know
Health financing options (e.g. Philhealth maternal and newborn care packages)	☐ Yes ☐ No ☐ Don't Know

a. Reproductive health-related products and goods such as:

Condoms	☐ Yes ☐ No ☐ Don't Know
Natural family planning charts	☐ Yes ☐ No ☐ Don't Know

Digital thermometers	☐ Yes ☐ No ☐ Don't Know
Standard day method beads	☐ Yes ☐ No ☐ Don't Know
Oral contraceptive pills	☐ Yes ☐ No ☐ Don't Know
Injectable contraceptives	☐ Yes ☐ No ☐ Don't Know
Immunization and micronutrient supplementation	☐ Yes ☐ No ☐ Don't Know

b. Reproductive health-related services such as:

Interpersonal communication and counseling	☐ Yes ☐ No ☐ Don't Know
Resupply of condoms and oral contraceptive pills by volunteers (e.g. CHTs, BHWs)	☐ Yes ☐ No ☐ Don't Know
Referral to other facilities within the service delivery network	☐ Yes ☐ No ☐ Don't Know
Recognition, recording, and reporting of gender-based violence cases	☐ Yes ☐ No ☐ Don't Know

4. a. In the past year (Jan. – Dec. 2019), was there a Barangay Health Station or Rural Health Unit in your LGU which offered immunization services for children? You may check the "Don't Know" box if no data is available.
☐ Yes ☐ No ☐ Don't Know

If yes, please proceed to 4.b – 4.d, otherwise proceed to item 5.

b. How many facilities in your LGU provide such immunization services?
[ ] facilities

c. How many days in a week are allotted for childhood immunization services?
[ ] days per week

d. In each facility, how many of each health staff type usually provide the immunization services?
[ ] Doctors
[ ] Nurses

☐	Midwives
☐	Barangay Health Workers

5. During the implementation of a Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one Barangay Health Station in your LGU which wholly or partly discontinued its immunization services for children?

   You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

   ☐ Yes ☐ No ☐ Don't Know ☐ No Community Quarantine in LGU

6. In the past year (Jan. – Dec. 2019), was there at least one government health facility in your LGU which **offered** the following services? You may check the "Don't Know" box if no data is available.

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know
Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know
Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know
Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know

Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know
Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know
Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

7. In connection with **question 6**, in the past year (Jan. – Dec. 2019), did that particular government health facility in your LGU **refer** the following services? You may check the "Don't Know" box if no data is available.

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know
Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know
Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know
Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know

Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know
Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know
Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

8. During the implementation of a Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one government health facility in your LGU which wholly or partly discontinued the following services?

   You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

   ☐ No Community Quarantine in LGU

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know
Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know

Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know
Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know
Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know
Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

9. In the past year (Jan. – Dec. 2019), was there a public hospital in your LGU which **offered** the following services? You may check the "Don't Know" box if no data is available.

Long-acting and permanent methods of modern family planning:	
IUD insertion and removal	☐ Yes ☐ No ☐ Don't Know
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Basic Emergency Obstetrics and Newborn Care (BEmONC) services	☐ Yes ☐ No ☐ Don't Know
Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approach to recognition and management of post-abortion complications	☐ Yes ☐ No ☐ Don't Know

Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Diagnostics and management of Reproductive Tract Infections (RTIs) and Sexually-Transmitted Infections (STIs), including HIV	☐ Yes ☐ No ☐ Don't Know
Management of cases of gender-based violence	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *breast-conserving surgery*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *mastectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterescopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *lymph node removal*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *adhesiolysis*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *dilation and curettage*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *cervical cone biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *endometrial ablation and endometrial biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelvic ultrasound*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelviscopy*	☐ Yes ☐ No ☐ Don't Know

Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *tubal ligation*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of male reproductive health concerns	☐ Yes ☐ No ☐ Don't Know
Basic diagnostics for infertility (e.g. sperm count, ultrasound), with provision for referral to appropriate reproductive endocrinology/infertility treatment centers	☐ Yes ☐ No ☐ Don't Know
Specialist management of reproductive mental health conditions	☐ Yes ☐ No ☐ Don't Know

10. In connection with **question 9**, in the past year (Jan. – Dec. 2019), did that particular public hospital in your LGU **refer** the following services? You may check the "Don't Know" box if no data is available.

Long-acting and permanent methods of modern family planning:	
IUD insertion and removal	☐ Yes ☐ No ☐ Don't Know
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Basic Emergency Obstetrics and Newborn Care (BEmONC) services	☐ Yes ☐ No ☐ Don't Know
Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approach to recognition and management of post-abortion complications	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Diagnostics and management of Reproductive Tract Infections (RTIs) and Sexually-Transmitted Infections (STIs), including HIV	☐ Yes ☐ No ☐ Don't Know
Management of cases of gender-based violence	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *breast-conserving surgery*	☐ Yes ☐ No ☐ Don't Know

Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *mastectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *h ysterectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterescopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *lymph node removal*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *adhesiolysis*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *dilation and curettage*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *cervical cone biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *endometrial ablation and endometrial biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelvic ultrasound*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelviscopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *tubal ligation*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of male reproductive health concerns	☐ Yes ☐ No ☐ Don't Know
Basic diagnostics for infertility (e.g. sperm count, ultrasound), with provision for referral to appropriate reproductive endocrinology/infertility treatment centers	☐ Yes ☐ No ☐ Don't Know

Specialist management of reproductive mental health conditions	☐ Yes ☐ No ☐ Don't Know

11. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one public hospital in your LGU which wholly or partly discontinued the following services?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

Long-acting and permanent methods of modern family planning:	
IUD insertion and removal	☐ Yes ☐ No ☐ Don't Know
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Basic Emergency Obstetrics and Newborn Care (BEmONC) services	☐ Yes ☐ No ☐ Don't Know
Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approach to recognition and management of post-abortion complications	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Diagnostics and management of Reproductive Tract Infections (RTIs) and Sexually-Transmitted Infections (STIs), including HIV	☐ Yes ☐ No ☐ Don't Know
Management of cases of gender-based violence	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *breast-conserving surgery*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *mastectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *other procedures*	☐ Yes ☐ No ☐ Don't Know

Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterescopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *lymph node removal*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *adhesiolysis*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *dilation and curettage*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *cervical cone biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *endometrial ablation and endometrial biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelvic ultrasound*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelviscopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *tubal ligation*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of male reproductive health concerns	☐ Yes ☐ No ☐ Don't Know
Basic diagnostics for infertility (e.g. sperm count, ultrasound), with provision for referral to appropriate reproductive endocrinology/infertility treatment centers	☐ Yes ☐ No ☐ Don't Know
Specialist management of reproductive mental health conditions	☐ Yes ☐ No ☐ Don't Know

12. Please identify if the following kinds of public health facilities have been ***constructed*** in your LGU since January 2013 that offer RPRH-related services?

Kindly check "yes" for the *years* in which the construction of these facilities were *completed*.

Facility Type	2013	2014	2015	2016	2017	2018	2019
Public Hospitals	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Health Center	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Barangay Health Stations	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Birthing Clinic	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

13. Please identify if the following kinds of public health facilities have been *upgraded* in your LGU since January 2013 that offer RPRH-related services? (Upgrade means facilities improved in the same location.)

Kindly check "yes" for the *years* in which the upgrading of these facilities were *completed*.

Facility Type	2013	2014	2015	2016	2017	2018	2019
Public Hospitals	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Health Center	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

Barangay Health Stations	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Birthing Clinic	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

14. In the past year (January – December 2019), has your LGU been provided funding by the DOH to construct or upgrade LGU-designated health facilities for delivering RPRH-related services (e.g. skilled birth attendance, emergency obstetric and newborn care, etc.)?
☐ Yes ☐ No ☐ Don't Know

15. In the past year (January – December 2019), has your LGU been provided funding by other sources (other national government agencies, development donors) to construct or upgrade LGU-designated health facilities for delivering RPRH-related services (e.g. skilled birth attendance, emergency obstetric and newborn care, etc.)?
☐ Yes ☐ No ☐ Don't Know

If "Yes", please identify these sources of funding:

D. LOCAL SERVICE DELIVERY NETWORK

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. The RPRH Law's Revised IRR (Section 5.09) requires the LGUs to map the healthcare facilities, both public and private, that are capable of delivering reproductive health care services within their respective areas of responsibility.

   As of December 2019, has your LGU mapped all such health care facilities within your area of responsibility?
   ☐ Yes ☐ No

2. Since January 2018-December 2019, has your LGU included privately owned hospitals and other health facilities as members of your local service delivery network for reproductive health care?

☐ Yes ☐ No

If "Yes", how many privately-owned facilities have become members of your local service delivery network for RPRH, and in which reproductive health areas?

Area	Number of private facilities	
Maternal Health Services		☐ Don't know
Pre-pregnancy Services		☐ Don't know
Antenatal Care Services		☐ Don't know
Labor, Delivery and Post-partum Services		☐ Don't know
Neonatal and Infant Health Services		☐ Don't know
Immunization for children		☐ Don't know
Family Planning Services and Commodities		☐ Don't know
HIV Testing and Vaccination		☐ Don't know
Women and Children Protection Units		☐ Don't know

3. Kindly provide the following information about the clients served by your reproductive health care service delivery network in the last three years, based on your LGU's service utilization reports:

Client Indicator	2017	2018	2019
Number of Current Users of Family Planning Services			
Number of New Acceptors			
Number of Eligible Population for Family Planning Services			
Number of Pregnant Women with 4 or more prenatal visits			
Number of Pregnant Women			
Number of births attended by skilled health professionals			
Number of births			

Number of infants referred for newborn screening			
Number of infants			

E. MATERNAL DEATH / FETAL AND INFANT DEATH REVIEWS

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. a. During 2019, did your LGU conduct Maternal Death Reviews (MDRs)?
☐ Yes ☐ No

If your answer is "No", please proceed to 2.a.

b. How often did your LGU gather Maternal Death report information?
   a. Monthly
   b. Quarterly
   c. Biannually
   d. Annually
   e. Others, please specify: ____

2. a. During 2019, did your LGU conduct Fetal and Infant Death Reviews (FIDRs)?
☐ Yes ☐ No

If your answer is "No", please proceed to 3.

b. How often did your LGU gather Fetal and Infant Death report information?
   a. Monthly
   b. Quarterly
   c. Biannually
   d. Annually
   e. Others, please specify: ____

3. Please provide the following requested information about maternal and neonatal deaths. You may indicate "0" (zero) if there are none, and "NDA" if there is no data available.

Indicator	2017	2018	2019	
Number of Total Maternal Deaths				☐ Don't know
Number of Maternal Deaths due to *direct* obstetric causes				☐ Don't know
Number of Maternal Deaths due to *indirect* obstetric causes				☐ Don't know
Number of Maternal Deaths *outside* of hospitals or birthing stations				☐ Don't know
Number of Total Neonatal Deaths				☐ Don't know
Number of Neonatal Deaths *outside* of hospitals or birthing stations				☐ Don't know

F. PROCUREMENT AND DISTRIBUTION OF FAMILY PLANNING SUPPLIES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. In the past year (Jan. – Dec. 2019), did health centers in your LGU provide the following family planning (FP) commodities?

   If such FP commodities were provided, please also indicate if stock-outs in their provision were reported as how many days the longest of these stock-outs were (including weekends and holidays). You may indicate "NDA" if there is no data available on the number of days.

[redacted]	Commodities	Stock-outs?	Number of days of longest stock-out?

Progestin Only Pill (POP)	☐ Yes ☐ No	☐ Yes ☐ No	
Depot Medroxyprogesterone Acetate (DMPA)	☐ Yes ☐ No	☐ Yes ☐ No	
Intrauterine Device (IUD)	☐ Yes ☐ No	☐ Yes ☐ No	
Standard Days Method Cycle Beads (SDM)	☐ Yes ☐ No	☐ Yes ☐ No	
Digital Thermometer	☐ Yes ☐ No	☐ Yes ☐ No	
Cervical Mucus Method Charts	☐ Yes ☐ No	☐ Yes ☐ No	
Basal Body Temperature Charts	☐ Yes ☐ No	☐ Yes ☐ No	
Symptothermal Method Charts	☐ Yes ☐ No	☐ Yes ☐ No	
Combined Oral Contraceptive Pills (COC)	☐ Yes ☐ No	☐ Yes ☐ No	
Male Condoms	☐ Yes ☐ No	☐ Yes ☐ No	
Progestin Subdermal Implants (PSI)	☐ Yes ☐ No	☐ Yes ☐ No	
Other commodities (please specify below):			
1.			
2.			

2. In the past year (Jan. – Dec. 2019), which of the following provided supplies of these family planning commodities for your health centers?

Department of Health	☐ Yes ☐ No
Commission on Population and Development	☐ Yes ☐ No
Other National Government Agencies	☐ Yes ☐ No
Own Local Government Unit	☐ Yes ☐ No
Provincial Governments	☐ Yes ☐ No
Civil Society Organizations	☐ Yes ☐ No
Private Sector	☐ Yes ☐ No
Development Donors	☐ Yes ☐ No
Other sources (please specify):	_____

If YES, to receiving supplies from the DOH:

From January to December 2019, for how many quarters did your LGU produce utilization reports of the family planning commodities provided by the DOH?

a. 1
b. 2
c. 3
d. 4

3. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one health center in your LGU that discontinued providing the following family planning commodities?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

	Commodities
Progestin Only Pill (POP)	☐ Yes ☐ No ☐ Don't Know
Depot Medroxyprogesterone Acetate (DMPA)	☐ Yes ☐ No ☐ Don't Know
Intrauterine Device (IUD)	☐ Yes ☐ No ☐ Don't Know
Standard Days Method Cycle Beads (SDM)	☐ Yes ☐ No ☐ Don't Know

Digital Thermometer	☐ Yes ☐ No ☐ Don't Know
Cervical Mucus Method Charts	☐ Yes ☐ No ☐ Don't Know
Basal Body Temperature Charts	☐ Yes ☐ No ☐ Don't Know
Symptothermal Method Charts	☐ Yes ☐ No ☐ Don't Know
Combined Oral Contraceptive Pills (COC)	☐ Yes ☐ No ☐ Don't Know
Male Condoms	☐ Yes ☐ No ☐ Don't Know
Progestin Subdermal Implants (PSI)	☐ Yes ☐ No ☐ Don't Know
Other commodities (please specify below):	
1.	
2.	

4. In the past year (Jan. – Dec. 2019), did health centers in your LGU provide the following vaccines and immunization supplies?

If such vaccines and immunization supplies were provided, please also indicate if stock-outs in their provision were reported as how many days the longest of these stock-outs were (including weekends and holidays). You may indicate "NDA" if there is no data available on the number of days.

	Commodities	Stock-outs?	Number of days of longest stock-out?
BCG (Bacillus Calmette-Guerin) for Tuberculosis	☐ Yes ☐ No	☐ Yes ☐ No	
Hepatitis B Vaccine (HepB)	☐ Yes ☐ No	☐ Yes ☐ No	
Diphtheria, tetanus, and pertussis (DTP) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Haemophilus influenzae type b (Hib) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Pentavalent vaccine (Penta) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Oral polio vaccine (OPV)	☐ Yes ☐ No	☐ Yes ☐ No	
Inactivated polio (IPV) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	

Pneumococcal conjugate vaccine (PCV)	☐ Yes ☐ No	☐ Yes ☐ No	
Measles containing vaccines (MCV)	☐ Yes ☐ No	☐ Yes ☐ No	
Measles, mumps, rubella (MMR) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Syringes for immunization	☐ Yes ☐ No	☐ Yes ☐ No	
Vitamin A	☐ Yes ☐ No	☐ Yes ☐ No	

5. In the past year (Jan. – Dec. 2019), which of the following provided these vaccines and immunization supplies for your health centers?

Department of Health	☐ Yes ☐ No
Commission on Population and Development	☐ Yes ☐ No
Other National Government Agencies	☐ Yes ☐ No
Own Local Government Unit	☐ Yes ☐ No
Provincial Governments	☐ Yes ☐ No
Civil Society Organizations	☐ Yes ☐ No
Private Sector	☐ Yes ☐ No
Development Donors	☐ Yes ☐ No
Other sources (please specify):	_____

If YES, to receiving supplies from the DOH:

From January to December 2019, for how many quarters did your LGU produce utilization reports of the vaccines and immunization supplies provided by the DOH?

a. 1
b. 2

c. 3
d. 4

6. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one health center in your LGU that discontinued providing the following vaccines and immunization supplies?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

	Commodities
BCG (Bacillus Calmette-Guerin) for Tuberculosis	☐ Yes ☐ No ☐ Don't Know
Hepatitis B Vaccine (HepB)	☐ Yes ☐ No ☐ Don't Know
Diphtheria, tetanus, and pertussis (DTP) vaccine	☐ Yes ☐ No ☐ Don't Know
Haemophilus influenzae type b (Hib) vaccine	☐ Yes ☐ No ☐ Don't Know
Pentavalent vaccine (Penta) vaccine	☐ Yes ☐ No ☐ Don't Know
Oral polio vaccine (OPV)	☐ Yes ☐ No ☐ Don't Know
Inactivated polio (IPV) vaccine	☐ Yes ☐ No ☐ Don't Know
Pneumococcal conjugate vaccine (PCV)	☐ Yes ☐ No ☐ Don't Know
Measles containing vaccines (MCV)	☐ Yes ☐ No ☐ Don't Know
Measles, mumps, rubella (MMR) vaccine	☐ Yes ☐ No ☐ Don't Know
Syringes for immunization	☐ Yes ☐ No ☐ Don't Know
Vitamin A	☐ Yes ☐ No ☐ Don't Know

G. SPECIAL POPULATIONS AND PERSONS-WITH-DISABILITIES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. The RPRH Law's Revised IRR of the (Sections 5.10 and 5.11) requires that LGUs (with DOH support) identify and match ***priority populations*** within their service delivery networks to available health facilities.

   DOH Department Memorandum No. 2014-0313 has designated these priority populations as ***poor households***, as determined by the National Household Targeting System for Poverty Reduction (NHTS-PR).

   a. As of December 2019, has your LGU assigned poor populations to designated health providers for reproductive health care services?
   ☐ Yes ☐ No

   b. If "Yes", how many *total individuals from poor households* in your LGU are located more than an hour of travel time from their designated facilities for *any* kind of RPRH-related service?
   [ ] ☐ Don't know

   c. What percent are these individuals of NHTS-PR poor in your LGU?
   [ ] ☐ Don't know

2. The RPRH Law's Revised IRR of the (Section 4.15) requires LGUs (with DOH support) to develop a minimum reproductive health service package, including maternal and neonatal health care kits and other services as defined by the DOH, for crisis situations such as disasters and humanitarian emergencies?

   As of 31 December 2019, has your LGU developed such a reproductive health service package for crisis situations?
   ☐ Yes ☐ No

3. The RPRH Law's Revised IRR of the (Section 4.09) requires LGUs to ensure that barriers to reproductive health services for Persons-with-Disabilities (PWDs) are reduced through various measures, including:

   - Providing physical access and resolving transportation and proximity issues
   - Adapting examination tables and other laboratory procedures to the needs and conditions of PWDs
   - Increasing access to information and communications materials on sexual and reproductive health in PWD-sensitive formats
   - Providing continuing education and inclusion of rights of PWDS among health care providers

- Undertaking activities to raise awareness and address misconceptions on the sexual and reproductive health needs and rights of PWDs

a. In the past year (January – December 2019), has your LGU allocated budgets for improving the accessibility and proximity of public facilities providing reproductive health services for Persons-with-Disabilities (PWDs)?
☐ Yes ☐ No ☐ Don't know

b. In the past year (January – December 2019), has your LGU adapted reproductive health-related laboratory and other medical procedures in public health facilities for the needs and conditions of PWDs?
☐ Yes ☐ No ☐ Don't know

c. In the past year (January – December 2019), has your LGU provided access to information and communication materials on sexual and reproductive health in braille, large print, simple language, sign language and pictures?
☐ Yes ☐ No ☐ Don't know

d. In the past year (January – December 2019), has your LGU undertaken promotional activities to raise awareness and address misconceptions on the sexual and reproductive health needs and rights of Persons-with Disabilities?
☐ Yes ☐ No ☐ Don't know

H. FINANCING

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. From 2017 to 2019, did your LGU allocate budgetary resources for RPRH-related activities across the following areas?

Area	2017	2018	2019
Maternal and Neonatal Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Routine Immunization for Children	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Family Planning	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Adolescent Sexual and Reproductive Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sexually-Transmitted Infections and HIV/AIDS	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Gender-Based Violence	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Public Awareness, Health Promotion, and Communication for Reproductive Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

2. From 2017 to 2019, how much did your LGU budget for RPRH-related activities in terms of Philippine pesos?

You may click the "Don't Know" box if no data is available.

Category	2017	2018	2019	
Personnel Services (PS)				☐ Don't Know
Maintenance and Other Operating Expenses (MOOE)				☐ Don't Know
Financial Expenses				☐ Don't Know
Capital Outlays				☐ Don't Know

3. In the past year (January to December 2019), which of the following local funds did your LGU use as a source of funding for the implementation of the RPRH law and the delivery of RPRH-related services?

General Fund	☐ Yes ☐ No
20% Development Fund	☐ Yes ☐ No
Local Disaster Risk Reduction and Management Fund	☐ Yes ☐ No
Hospital Operations	☐ Yes ☐ No
School Operations	☐ Yes ☐ No
Gender and Development Fund	☐ Yes ☐ No
Allocations for Senior Citizens and PWDs	☐ Yes ☐ No
Other accounts under the General Fund (please specify):	_____
Special Education Fund	☐ Yes ☐ No
Trust Fund	☐ Yes ☐ No
Other funds (please specify):	_____

ONLINE SURVEY

LGU Survey on Responsible Parenthood and Reproductive Health Services (Municipality)

This survey is conducted by Philippine Institute for Development Studies with the review and clearance from Philippine Statistics Authority.

[Page 1] INTRODUCTION

Welcome to the Philippine Institute for Development Studies' (PIDS) survey on the implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law.

This 2020, PIDS, a government think-tank administratively attached to the National Economic Development Authority, in partnership with the Department of Health (DOH), is conducting an evaluation of the implementation of the Philippine government's RPRH Law at the local level. Legislated in 2012, the RPRH law (Republic Act 10354) recognizes local government units as playing a vital role in its implementation as a direct provider of reproductive health-related goods, services and information.

The survey aims to help assess the local service delivery component of the RPRH law by taking stock of the implementation of RPRH-related mandates at the local government level. It will ask questions about the availability of RPRH-related resources and services in your LGU that will help us account for the implementation of the RPRH program in local governments across the country.

The target respondents of this survey are provincial/municipal/city health officers of local government units, or knowledgeable staff of LGU health offices. PIDS and DOH would appreciate responses from your office within two weeks from your receipt of this online survey.

CELIA M. REYES, Ph.D.
President
Philippine Institute for Development Studies

[Page 2] INFORMED CONSENT

Voluntary Participation
Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer or skip any questions you find sensitive or are not comfortable answering.

Benefits and Risks
You will receive no direct benefits from participating in this study. However, your responses will help PIDS and the DOH understand the state of the implementation of the Responsible Parenting and Reproductive Health Law at the local level. This information will be very useful to DOH in strategies for improving the law's implementation and in providing better support to your LGU in achieving your own RPRH goals.
There are no foreseeable risks involved in participating other than those encountered in day-to-day life.

Confidentiality and Anonymity
The Philippine Institute for Development Studies (PIDS) respects and values the data privacy rights of our clients and our own employees and ensures that all personal data collected from them are processed in adherence to the general principles of transparency, legitimate purpose, and proportionality, as espoused in the Data Privacy Act.

PIDS is committed to uphold the Rights of the Data Subjects as stipulated in the Data Privacy Act in connection with the processing of their personal data. PIDS shall secure the personal information of employees, clients, and third parties from whom personal information is collected and shall take adequate measures to secure both physical and digital copies of the information. PIDS shall ensure that personal information is collected and processed only by authorized personnel for legitimate purposes of the Institute.

Your answers will be stored initially with Google forms where data will be stored in a password protected electronic format. *Your name and email address will not be shared to the DOH and will only be used by the PIDS research team for monitoring and follow-up purposes.*

After the data has been downloaded, your details will be anonymized. Data will be stored in password protected computers only the PIDS research team can access.

Your responses will remain anonymous and strictly confidential. Outside of the PIDS research team, no one will be able to identify you or your answers, and no one will know whether or not you participated in the study. You will also not be personally identified in any publication or presentation about this study.

Contact

If you have questions about the study or the survey, you may contact directly contact the Project Director, Dr. Michael R.M. Abrigo (mabrigo@mail.pids.gov.ph).

For questions about your rights as a study participant or grievances, you may contact the St. Cabrini Medical Center - Asian Eye Institute (SCMC - AEI) Ethics Review Committee at (632) 8-898-2020 loc. 815 or email scmcaeierc@gmail.com.

Electronic Consent
By affixing your complete name and email address in below fields, you are voluntarily accepting to take part in the study. Again, your responses in this survey are strictly confidential. Only consolidated responses will be presented in the study's final report.

First Name(s)	
Middle Name	
Last Name	
Email address	

[Page 3] BACKGROUND INFORMATION

Before we direct you to the survey's main navigational page, kindly fill out responses to the following background questions. Your answers to these will determine the kind of survey questions you and your office will be asked to fill up.

Your answers to these questions are strictly confidential, and will only be used for statistical purposes.

1. What is your biological sex?
   - ☐ Male
   - ☐ Female

2. What is your age as of your last birthday?
   [Drop down menu of age (18 below-single age numbers-65 and above)]

3. a. Which region is your LGU located in?
   [Drop down menu of regions]

b. Which level of local government do you work for?

- Provincial
- City (Highly Urbanized Cities and Independent Component Cities)
- City (Component Cities)
- Municipal

c. What is the name of your LGU?
[Fill in, depending on whether provinces, cities, or municipalities are selected]

4. What is your office/unit in this local government unit (LGU)?
    a. Health Office
    b. Population Office
    c. Social Welfare and Development Office
    d. Other (Please Specify):_____

5. What is your primary role/position in this LGU?
    a. Health Officer
    b. Medical Officer
    c. Population Officer
    d. Reproductive Health Officer
    e. Social Welfare and Development Officer
    f. Nutrition Officer
    g. Program Worker
    h. Administrative Aide
    i. Nurse
    j. Midwife
    k. Health Aide
    l. Dentist
    m. Physician
    n. Other (please specify):_____

6. What other roles/positions do you hold in this LGU? Please enumerate:

7. How many years have you worked in your local government unit?
   Indicate the total years of service regardless of status of appointment (e.g. 1 year contractual and 2 years regularized position will be a total of 3 years)
   ☐ years

8. What are your contact details? (Please provide landline and/or mobile phone number in the event that we need to clarify some response from the survey.)

9. What is the mailing address of your office?

10. What is the official e-mail address of your LGU office?

[Page 4] MAIN NAVIGATIONAL PAGE

This online survey has been designed to be filled-up by personnel from your office in a flexible manner. You may choose which sections you would like to respond to first by clicking on them in the respective buttons below, and proceed in any order in filling up the survey. You may also revisit the different sections to review your responses.

Should a question allow or require multiple responses, those questions will also provide instructions as to how to fill them up (e.g. 'Check all that apply').

Please click in the survey sections below that you would like to fill up.

A. Health Human Resources
B. Local RPRH Policies and Measures
C. Health Care Facilities and Services

D. Local Service Delivery Network for RPRH
E. Maternal Death / Fetal and Infant Death Reviews
F. Procurement and Distribution of Family Planning Supplies
G. Special Populations and Persons-with-Disabilities (PWD)
H. Financing

Should you wish to save your progress in filling up the survey, kindly click the "Save" button below. You can exit the survey by clicking "Exit."

- Save
- Exit

Please click "Submit" to submit your responses to the Philippine Institute for Development Studies.

- Submit

A. HEALTH HUMAN RESOURCES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. a. From 2017 to 2019, how many of the following types of health professionals and workers were specifically (not hired from national level) employed by your LGU? Please include both part-time, full-time and volunteer workers. Kindly identify in the table below.

You may indicate "0" (zero) if there are none, and "NDA" if there is no data available.

Personnel	2017	2018	2019
Doctors			
Nurses			
Midwives			
Barangay Health Workers			
Others, please specify: _____ _____			

b. Of the local health personnel identified for 2019 in **1.a**, how many were newly hired in that year?

	Doctors
	Nurses
	Midwives
	Barangay Health Workers

2. From 2017 to 2019, how many personnel were deployed to your LGU by national DOH programs for health human resources (e.g. Nurse Deployment Program, Doctors to the Barrios program)? Kindly identify in the table below.

You may indicate "0" (zero) if there are none, and "N/A" if there is no data available.

Program	2017	2018	2019
Doctors			
Nurses			
Midwives			
Barangay Health Workers			

3. The RPRH Law's Revised Implementing Rules and Regulations (IRR) (Section 6.03) allows DOH and LGUs to contract midwives and/or nurses from the private sector to meet their RPRH-related human resource needs.

From 2017 to 2019, has your LGU contracted and deployed nurses and midwives from the private sector? Kindly check in the table below.

You may check the "Don't Know" box if no data is available.

2017	2018	2019
☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

4. As of 31 December 2019, how many nurses and midwives employed by your LGU have been trained and certified by a DOH-recognized training center in the following training areas? Kindly identify in the table below.

You may check the "Don't Know" box if no data is available.

	Basic Emergency Obstetric and Newborn Care (BEmONC)	Comprehensive Emergency Obstetric and Newborn Care (CEmONC)	Family Planning Competency-Based Training 1	Family Planning Competency-Based Training 2	Training on gender sensitivity
Nurses	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know
Midwives	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know

5. Of the barangay workers employed by your LGU in 2019, how many have been trained on the following areas in the promotion of responsible parenthood and reproductive health?

   Kindly identify in the table below. You may check the "Don't Know" box if no data is available.

	Maternal and Child Health	Family Planning	Adolescent Sexual and Reproductive Health	Sexually-Transmitted Infections and HIV/AIDS	Gender-based Violence	Health Promotion and Communication for Reproductive Health
Barangay Health Workers	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know

B. LOCAL RPRH POLICIES AND MEASURES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. In the past year (Jan. – Dec. 2019), did your LGU allow trained and certified midwives to administer life-saving drugs such as but not limited to oxytocin, magnesium sulfate, and intravenous fluids, during maternal emergencies and when there are no physicians available?
☐ Yes ☐ No ☐ Don't know

2. In the past week, did your LGU's public health facilities designate specific Reproductive Health Officers (RHOs)?
(RHOs are to serve as facilities' point persons for clients interested in receiving responsible parenthood information and reproductive health services)

☐ Yes ☐ No ☐ Don't know

3. In the past week, did your LGU have community health teams (CHTs) for promoting reproductive health care services?
(According to DOH Memorandum No. 2011-0286, CHTs are to increase the awareness and recognition of health risks among families, promote healthy behaviors, and prompt individuals to seek and utilize reproductive health care services. They are also to link and navigate families to health care providers)

☐ Yes ☐ No ☐ Don't know

If "Yes", how many CHTs were active within your LGU?
[ ]

4. The RPRH Law (Section 15) requires all applicants for a marriage license to attend a Pre-Marriage Orientation and Counselling Session (PMOC) in order to receive adequate personal instruction and information on responsible parenthood, family planning, breastfeeding, and infant nutrition.

   A Certificate of Compliance from the local Family Planning Office or local Population Office for having attended this PMOC should be a requirement for marriage licenses to be issued by the Local Civil Registrar.

   a. In the past year (January – December 2019), has your LGU required all marriage license applicants to attend such Pre-Marriage Orientation and Counselling Sessions?
   ☐ Yes ☐ No ☐ Don't know

b. If "yes", how many PMOC counsellors in your LGU have been reoriented or reaccredited by the Department of Social Welfare and Development in conducting Pre-marriage Orientation and Counselling sessions?

	Reoriented/Reaccredited PMOC counsellors
	Total PMOC counsellors

C. HEALTH CARE FACILITIES AND SERVICES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. As of 31 December 2019, how many of the following types of health care facilities were funded by your LGU?

	Public Hospitals
	Rural Health Units
	Barangay Health Stations
	Birthing Clinics
	Others, please specify:

(DEFINITIONS: 'Public hospitals' include government hospitals under a Local Government Unit; 'Rural Health Units' are health centers that deliver primary and sometimes secondary health services, and which also supervise barangay health stations; 'Barangay Health Stations' are health centers that deliver primary care services at the barangay level, and are satellites of rural health units; 'Birthing Clinics' are health facilities that provide pre-natal and post-natal care, normal spontaneous delivery, and care of newborn babies)

2. In the past year (Jan. – Dec. 2019), was there at least one Barangay Health Station in your LGU which offered the following? You may check the "Don't Know" box if no data is available.

a. Appropriate information on:

Natural modern family planning methods	☐ Yes ☐ No ☐ Don't Know
Artificial modern family planning methods	☐ Yes ☐ No ☐ Don't Know
Skilled birth attendance	☐ Yes ☐ No ☐ Don't Know

Child nutrition (including breastfeeding)	☐ Yes ☐ No ☐ Don't Know
Prenatal and postnatal care	☐ Yes ☐ No ☐ Don't Know
Adolescent health and reproductive/fertility awareness	☐ Yes ☐ No ☐ Don't Know
Male responsibility and reproductive health	☐ Yes ☐ No ☐ Don't Know
Responsible parenthood and values formation	☐ Yes ☐ No ☐ Don't Know
Maternal and newborn care	☐ Yes ☐ No ☐ Don't Know
Health financing options (e.g. Philhealth maternal and newborn care packages)	☐ Yes ☐ No ☐ Don't Know

b. Reproductive health-related products and goods such as:

Condoms	☐ Yes ☐ No ☐ Don't Know
Natural family planning charts	☐ Yes ☐ No ☐ Don't Know
Digital thermometers	☐ Yes ☐ No ☐ Don't Know
Standard day method beads	☐ Yes ☐ No ☐ Don't Know
Oral contraceptive pills	☐ Yes ☐ No ☐ Don't Know
Injectable contraceptives	☐ Yes ☐ No ☐ Don't Know
Immunization and micronutrient supplementation	☐ Yes ☐ No ☐ Don't Know

c. Reproductive health-related services such as:

Interpersonal communication and counseling	☐ Yes ☐ No ☐ Don't Know
Resupply of condoms and oral contraceptive pills by volunteers (e.g. CHTs, BHWs)	☐ Yes ☐ No ☐ Don't Know
Referral to other facilities within the service delivery network	☐ Yes ☐ No ☐ Don't Know
Recognition, recording, and reporting of gender-based violence cases	☐ Yes ☐ No ☐ Don't Know

3. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one Barangay Health Station in your LGU which wholly or partly discontinued the delivery of the following services?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

a. Appropriate information on:

Natural modern family planning methods	☐ Yes ☐ No ☐ Don't Know
Artificial modern family planning methods	☐ Yes ☐ No ☐ Don't Know
Skilled birth attendance	☐ Yes ☐ No ☐ Don't Know
Child nutrition (including breastfeeding)	☐ Yes ☐ No ☐ Don't Know
Prenatal and postnatal care	☐ Yes ☐ No ☐ Don't Know
Adolescent health and reproductive/fertility awareness	☐ Yes ☐ No ☐ Don't Know
Male responsibility and reproductive health	☐ Yes ☐ No ☐ Don't Know
Responsible parenthood and values formation	☐ Yes ☐ No ☐ Don't Know
Maternal and newborn care	☐ Yes ☐ No ☐ Don't Know
Health financing options (e.g. Philhealth maternal and newborn care packages)	☐ Yes ☐ No ☐ Don't Know

c. Reproductive health-related products and goods such as:

Condoms	☐ Yes ☐ No ☐ Don't Know
Natural family planning charts	☐ Yes ☐ No ☐ Don't Know
Digital thermometers	☐ Yes ☐ No ☐ Don't Know
Standard day method beads	☐ Yes ☐ No ☐ Don't Know
Oral contraceptive pills	☐ Yes ☐ No ☐ Don't Know
Injectable contraceptives	☐ Yes ☐ No ☐ Don't Know
Immunization and micronutrient supplementation	☐ Yes ☐ No ☐ Don't Know

d. Reproductive health-related services such as:

Interpersonal communication and counseling	☐ Yes ☐ No ☐ Don't Know

Resupply of condoms and oral contraceptive pills by volunteers (e.g. CHTs, BHWs)	☐ Yes ☐ No ☐ Don't Know
Referral to other facilities within the service delivery network	☐ Yes ☐ No ☐ Don't Know
Recognition, recording, and reporting of gender-based violence cases	☐ Yes ☐ No ☐ Don't Know

4. a. In the past year (Jan. – Dec. 2019), was there a Barangay Health Station or Rural Health Unit in your LGU which offered immunization services for children? You may check the "Don't Know" box if no data is available.
☐ Yes ☐ No ☐ Don't Know

If yes, please proceed to 4.b – 4.d, otherwise proceed to item 5.

b. How many facilities in your LGU provide such immunization services?
☐ facilities

c. How many days in a week are allotted for childhood immunization services?
☐ days per week

d. In each facility, how many of each health staff type usually provide the immunization services?
☐ Doctors
☐ Nurses
☐ Midwives
☐ Barangay Health Workers

5. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one Barangay Health Station in your LGU which wholly or partly discontinued its immunization services for children?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ Yes ☐ No ☐ Don't Know ☐ No Community Quarantine in LGU

6. In the past year (Jan. – Dec. 2019), was there at least one government health facility in your LGU which **offered** the following services? You may check the "Don't Know" box if no data is available.

.

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know
Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know
Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know
Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know
Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know

Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

7. In connection with **question 6**, in the past year (Jan. – Dec. 2019), did that particular government health facility in your LGU **refer** the following services? You may check the "Don't Know" box if no data is available.

.

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know
Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know
Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know
Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know
Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know

Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

8. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one government health facility in your LGU which wholly or partly discontinued the following services?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know
Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know
Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know
Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know

Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know
Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

9. Please identify if the following kinds of public health facilities have been *constructed* in your LGU since January 2013 that offer RPRH-related services?

Kindly check "yes" for the *years* in which the construction of these facilities were *completed*.

Facility Type	2013	2014	2015	2016	2017	2018	2019
Public Hospitals	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Rural Health Units	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Barangay Health Stations	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Birthing Clinic	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

10. Please identify if the following kinds of public health facilities have been *upgraded* in your LGU since January 2013 that offer RPRH-related services? (Upgrade means facilities improved in the same location.)

Kindly check "yes" for the *years* in which the upgrading of these facilities were *completed*.

Facility Type	2013	2014	2015	2016	2017	2018	2019
Public Hospitals	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Rural Health Units	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Barangay Health Stations	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Birthing Clinic	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

11. In the past year (January – December 2019), has your LGU been provided funding by the DOH to construct or upgrade LGU-designated health facilities for delivering RPRH-related services (e.g. skilled birth attendance, emergency obstetric and newborn care, etc.)?
☐ Yes ☐ No ☐ Don't Know

12. In the past year (January – December 2019), has your LGU been provided funding by other sources (other national government agencies, development donors) to construct or upgrade LGU-designated health facilities for delivering RPRH-related services (e.g. skilled birth attendance, emergency obstetric and newborn care, etc.)?
☐ Yes ☐ No ☐ Don't Know

If "Yes", please identify these sources of funding:

D. LOCAL SERVICE DELIVERY NETWORK

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. The RPRH Law's Revised IRR (Section 5.09) requires the LGUs to map the healthcare facilities, both public and private, that are capable of delivering reproductive health care services within their respective areas of responsibility.

   As of December 2019, has your LGU mapped all such health care facilities within your area of responsibility?
   ☐ Yes ☐ No

2. Since January 2018-December 2019, has your LGU included privately owned hospitals and other health facilities as members of your local service delivery network for reproductive health care?
   ☐ Yes ☐ No

   If "Yes", how many privately-owned facilities have become members of your local service delivery network for RPRH, and in which reproductive health areas?

Area	Number of private facilities	
Maternal Health Services		☐ Don't know
Pre-pregnancy Services		☐ Don't know
Antenatal Care Services		☐ Don't know
Labor, Delivery and Post-partum Services		☐ Don't know
Neonatal and Infant Health Services		☐ Don't know
Immunization for children		☐ Don't know
Family Planning Services and Commodities		☐ Don't know
HIV Testing and Vaccination		☐ Don't know
Women and Children Protection Units		☐ Don't know

3. Kindly provide the following information about the clients served by your reproductive health care service delivery network in the last three years, based on your LGU's service utilization reports:

Client Indicator	2017	2018	2019
Number of Current Users of Family Planning Services			
Number of New Acceptors			

Number of Eligible Population for Family Planning Services			
Number of Pregnant Women with 4 or more prenatal visits			
Number of Pregnant Women			
Number of births attended by skilled health professionals			
Number of births			
Number of infants referred for newborn screening			
Number of infants			

E. MATERNAL DEATH / FETAL AND INFANT DEATH REVIEWS

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. How often did your LGU gather Maternal Death report information?
   a. Monthly
   b. Quarterly
   c. Biannually
   d. Annually
   e. Others, please specify: ☐

2. How often did your LGU gather Fetal and Infant Death report information?
   a. Monthly
   b. Quarterly
   c. Biannually
   d. Annually
   e. Others, please specify: ☐

3. Please provide the following requested information about maternal and neonatal deaths. You may indicate “0” (zero) if there are none, and “NDA” if there is no data available.

Indicator	2017	2018	2019	
Number of Total Maternal Deaths				☐ Don't know
Number of Maternal Deaths due to *direct* obstetric causes				☐ Don't know
Number of Maternal Deaths due to *indirect* obstetric causes				☐ Don't know
Number of Maternal Deaths *outside* of hospitals or birthing stations				☐ Don't know
Number of Total Neonatal Deaths				☐ Don't know
Number of Neonatal Deaths *outside* of hospitals or birthing stations				☐ Don't know

F. PROCUREMENT AND DISTRIBUTION OF FAMILY PLANNING SUPPLIES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. In the past year (Jan. – Dec. 2019), did rural health units in your LGU provide the following family planning (FP) commodities?

   If such FP commodities were provided, please also indicate if stock-outs in their provision were reported as how many days the longest of these stock-outs were (including weekends and holidays). You may indicate "NDA" if there is no data available on the number of days.

	Commodities	Stock-outs?	Number of days of longest stock-out?
Progestin Only Pill (POP)	☐ Yes ☐ No	☐ Yes ☐ No	

Depot Medroxyprogesterone Acetate (DMPA)	☐ Yes ☐ No	☐ Yes ☐ No	
Intrauterine Device (IUD)	☐ Yes ☐ No	☐ Yes ☐ No	
Standard Days Method Cycle Beads (SDM)	☐ Yes ☐ No	☐ Yes ☐ No	
Digital Thermometer	☐ Yes ☐ No	☐ Yes ☐ No	
Cervical Mucus Method Charts	☐ Yes ☐ No	☐ Yes ☐ No	
Basal Body Temperature Charts	☐ Yes ☐ No	☐ Yes ☐ No	
Symptothermal Method Charts	☐ Yes ☐ No	☐ Yes ☐ No	
Combined Oral Contraceptive Pills (COC)	☐ Yes ☐ No	☐ Yes ☐ No	
Male Condoms	☐ Yes ☐ No	☐ Yes ☐ No	
Progestin Subdermal Implants (PSI)	☐ Yes ☐ No	☐ Yes ☐ No	
Other commodities (please specify below):			
1.			
2.			

2. In the past year (Jan. – Dec. 2019), which of the following provided supplies of these family planning commodities for your rural health units?

Department of Health	☐ Yes ☐ No
Commission on Population and Development	☐ Yes ☐ No
Other National Government Agencies	☐ Yes ☐ No

Own Local Government Unit	☐ Yes ☐ No
Provincial Governments	☐ Yes ☐ No
Civil Society Organizations	☐ Yes ☐ No
Private Sector	☐ Yes ☐ No
Development Donors	☐ Yes ☐ No
Other sources (please specify):	

If YES, to receiving supplies from the DOH:

From January to December 2019, for how many quarters did your LGU produce utilization reports of the family planning commodities provided by the DOH?

a. 1
b. 2
c. 3
d. 4

3. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one rural health unit in your LGU that discontinued providing the following family planning commodities?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

	Commodities
Progestin Only Pill (POP)	☐ Yes ☐ No ☐ Don't Know
Depot Medroxyprogesterone Acetate (DMPA)	☐ Yes ☐ No ☐ Don't Know
Intrauterine Device (IUD)	☐ Yes ☐ No ☐ Don't Know
Standard Days Method Cycle Beads (SDM)	☐ Yes ☐ No ☐ Don't Know
Digital Thermometer	☐ Yes ☐ No ☐ Don't Know
Cervical Mucus Method Charts	☐ Yes ☐ No ☐ Don't Know
Basal Body Temperature Charts	☐ Yes ☐ No ☐ Don't Know

Symptothermal Method Charts	☐ Yes ☐ No ☐ Don't Know
Combined Oral Contraceptive Pills (COC)	☐ Yes ☐ No ☐ Don't Know
Male Condoms	☐ Yes ☐ No ☐ Don't Know
Progestin Subdermal Implants (PSI)	☐ Yes ☐ No ☐ Don't Know
Other commodities (please specify below):	
1.	
2.	

4. In the past year (Jan. – Dec. 2019), did rural health units in your LGU provide the following vaccines and immunization supplies?

If such vaccines and immunization supplies were provided, please also indicate if stock-outs in their provision were reported as how many days the longest of these stock-outs were (including weekends and holidays). You may indicate "NDA" if there is no data available on the number of days.

	Commodities	Stock-outs?	Number of days of longest stock-out?
BCG (Bacillus Calmette-Guerin) for Tuberculosis	☐ Yes ☐ No	☐ Yes ☐ No	
Hepatitis B Vaccine (HepB)	☐ Yes ☐ No	☐ Yes ☐ No	
Diphtheria, tetanus, and pertussis (DTP) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Haemophilus influenzae type b (Hib) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Pentavalent vaccine (Penta) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Oral polio vaccine (OPV)	☐ Yes ☐ No	☐ Yes ☐ No	
Inactivated polio (IPV) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Pneumococcal conjugate vaccine (PCV)	☐ Yes ☐ No	☐ Yes ☐ No	
Measles containing vaccines (MCV)	☐ Yes ☐ No	☐ Yes ☐ No	

Measles, mumps, rubella (MMR) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Syringes for immunization	☐ Yes ☐ No	☐ Yes ☐ No	
Vitamin A	☐ Yes ☐ No	☐ Yes ☐ No	

5. In the past year (Jan. – Dec. 2019), which of the following provided these vaccines and immunization supplies for your rural health units?

Department of Health	☐ Yes ☐ No
Commission on Population and Development	☐ Yes ☐ No
Other National Government Agencies	☐ Yes ☐ No
Own Local Government Unit	☐ Yes ☐ No
Provincial Governments	☐ Yes ☐ No
Civil Society Organizations	☐ Yes ☐ No
Private Sector	☐ Yes ☐ No
Development Donors	☐ Yes ☐ No
Other sources (please specify):	

If YES, to receiving supplies from the DOH:

From January to December 2019, for how many quarters did your LGU produce utilization reports of the vaccines and immunization supplies provided by the DOH?

a. 1
b. 2
c. 3
d. 4

6. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one rural health unit in your LGU that discontinued providing the following vaccines and immunization supplies?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

	Commodities
BCG (Bacillus Calmette-Guerin) for Tuberculosis	☐ Yes ☐ No ☐ Don't Know
Hepatitis B Vaccine (HepB)	☐ Yes ☐ No ☐ Don't Know
Diphtheria, tetanus, and pertussis (DTP) vaccine	☐ Yes ☐ No ☐ Don't Know
Haemophilus influenzae type b (Hib) vaccine	☐ Yes ☐ No ☐ Don't Know
Pentavalent vaccine (Penta) vaccine	☐ Yes ☐ No ☐ Don't Know
Oral polio vaccine (OPV)	☐ Yes ☐ No ☐ Don't Know
Inactivated polio (IPV) vaccine	☐ Yes ☐ No ☐ Don't Know
Pneumococcal conjugate vaccine (PCV)	☐ Yes ☐ No ☐ Don't Know
Measles containing vaccines (MCV)	☐ Yes ☐ No ☐ Don't Know
Measles, mumps, rubella (MMR) vaccine	☐ Yes ☐ No ☐ Don't Know
Syringes for immunization	☐ Yes ☐ No ☐ Don't Know
Vitamin A	☐ Yes ☐ No ☐ Don't Know

G. SPECIAL POPULATIONS AND PERSONS-WITH-DISABILITIES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. The RPRH Law's Revised IRR of the (Sections 5.10 and 5.11) requires that LGUs (with DOH support) identify and match *priority populations* within their service delivery networks to available health facilities.

   DOH Department Memorandum No. 2014-0313 has designated these priority populations as *poor households*, as determined by the National Household Targeting System for Poverty Reduction (NHTS-PR).

a. As of December 2019, has your LGU assigned poor populations to designated health providers for reproductive health care services?
☐ Yes ☐ No

b. If "Yes", how many *total individuals from poor households* in your LGU are located more than an hour of travel time from their designated facilities for *any* kind of RPRH-related service?
[ ] ☐ Don't know

c. What percent are these individuals of NHTS-PR poor in your LGU?
[ ] ☐ Don't know

2. The RPRH Law's Revised IRR of the (Section 4.15) requires LGUs (with DOH support) to develop a minimum reproductive health service package, including maternal and neonatal health care kits and other services as defined by the DOH, for crisis situations such as disasters and humanitarian emergencies?

As of 31 December 2019, has your LGU developed such a reproductive health service package for crisis situations?
☐ Yes ☐ No

3. The RPRH Law's Revised IRR of the (Section 4.09) requires LGUs to ensure that barriers to reproductive health services for Persons-with-Disabilities (PWDs) are reduced through various measures, including:

- Providing physical access and resolving transportation and proximity issues
- Adapting examination tables and other laboratory procedures to the needs and conditions of PWDs
- Increasing access to information and communications materials on sexual and reproductive health in PWD-sensitive formats
- Providing continuing education and inclusion of rights of PWDS among health care providers
- Undertaking activities to raise awareness and address misconceptions on the sexual and reproductive health needs and rights of PWDs

a. In the past year (January – December 2019), has your LGU allocated budgets for improving the accessibility and proximity of public facilities providing reproductive health services for Persons-with-Disabilities (PWDs)?
☐ Yes ☐ No ☐ Don't know

b. In the past year (January – December 2019), has your LGU adapted reproductive health-related laboratory and other medical procedures in public health facilities for the needs and conditions of PWDs?
☐ Yes ☐ No ☐ Don't know

c. In the past year (January – December 2019), has your LGU provided access to information and communication materials on sexual and reproductive health in braille, large print, simple language, sign language and pictures?
☐ Yes ☐ No ☐ Don't know

d. In the past year (January – December 2019), has your LGU undertaken promotional activities to raise awareness and address misconceptions on the sexual and reproductive health needs and rights of Persons-with Disabilities?
☐ Yes ☐ No ☐ Don't know

H. FINANCING

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. From 2017 to 2019, did your LGU allocate budgetary resources for RPRH-related activities across the following areas?

Area	2017	2018	2019
Maternal and Neonatal Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Routine Immunization for Children	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Family Planning	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Adolescent Sexual and Reproductive Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sexually-Transmitted Infections and HIV/AIDS	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Gender-Based Violence	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Public Awareness, Health Promotion, and Communication for Reproductive Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

2. From 2017 to 2019, how much did your LGU budget for RPRH-related activities in terms of Philippine pesos?

You may click the "Don't Know" box if no data is available.

Category	2017	2018	2019	
Personnel Services (PS)				☐ Don't Know
Maintenance and Other Operating Expenses (MOOE)				☐ Don't Know
Financial Expenses				☐ Don't Know
Capital Outlays				☐ Don't Know

3. In the past year (January to December 2019), which of the following local funds did your LGU use as a source of funding for the implementation of the RPRH law and the delivery of RPRH-related services?

General Fund	☐ Yes ☐ No
20% Development Fund	☐ Yes ☐ No
Local Disaster Risk Reduction and Management Fund	☐ Yes ☐ No
Hospital Operations	☐ Yes ☐ No
School Operations	☐ Yes ☐ No
Gender and Development Fund	☐ Yes ☐ No
Allocations for Senior Citizens and PWDs	☐ Yes ☐ No
Other accounts under the General Fund (please specify):	_____
Special Education Fund	☐ Yes ☐ No
Trust Fund	☐ Yes ☐ No
Other funds (please specify):	_____

ONLINE SURVEY

LGU Survey on Responsible Parenthood and Reproductive Health Services (Province)

This survey is conducted by Philippine Institute for Development Studies with the review and clearance from Philippine Statistics Authority.

[Page 1] INTRODUCTION

Welcome to the Philippine Institute for Development Studies' (PIDS) survey on the implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law.

This 2020, PIDS, a government think-tank administratively attached to the National Economic Development Authority, in partnership with the Department of Health (DOH), is conducting an evaluation of the implementation of the Philippine government's RPRH Law at the local level. Legislated in 2012, the RPRH law (Republic Act 10354) recognizes local government units as playing a vital role in its implementation as a direct provider of reproductive health-related goods, services and information.

The survey aims to help assess the local service delivery component of the RPRH law by taking stock of the implementation of RPRH-related mandates at the local government level. It will ask questions about the availability of RPRH-related resources and services in your LGU that will help us account for the implementation of the RPRH program in local governments across the country.

The target respondents of this survey are provincial/municipal/city health officers of local government units, or knowledgeable staff of LGU health offices. PIDS and DOH would appreciate responses from your office within two weeks from your receipt of this online survey.

CELIA M. REYES, Ph.D.

President
Philippine Institute for Development Studies

[Page 2] INFORMED CONSENT

Voluntary Participation
Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer or skip any questions you find sensitive or are not comfortable answering.

Benefits and Risks
You will receive no direct benefits from participating in this study. However, your responses will help PIDS and the DOH understand the state of the implementation of the Responsible Parenting and Reproductive Health Law at the local level. This information will be very useful to DOH in strategies for improving the law's implementation and in providing better support to your LGU in achieving your own RPRH goals. There are no foreseeable risks involved in participating other than those encountered in day-to-day life.

Confidentiality and Anonymity
The Philippine Institute for Development Studies (PIDS) respects and values the data privacy rights of our clients and our own employees and ensures that all personal data collected from them are processed in adherence to the general principles of transparency, legitimate purpose, and proportionality, as espoused in the Data Privacy Act.

PIDS is committed to uphold the Rights of the Data Subjects as stipulated in the Data Privacy Act in connection with the processing of their personal data. PIDS shall secure the personal information of employees, clients, and third parties from whom personal information is collected and shall take adequate measures to secure both physical and digital copies of the information. PIDS shall ensure that personal information is collected and processed only by authorized personnel for legitimate purposes of the Institute.

Your answers will be stored initially with Google forms where data will be stored in a password protected electronic format. *Your name and email address will not be shared to the DOH and will only be used by the PIDS research team for monitoring and follow-up purposes.*

After the data has been downloaded, your details will be anonymized. Data will be stored in password protected computers only the PIDS research team can access.

Your responses will remain anonymous and strictly confidential. Outside of the PIDS research team, no one will be able to identify you or your answers, and no one will know whether or not you participated in the study. You will also not be personally identified in any publication or presentation about this study.

Contact
If you have questions about the study or the survey, you may contact directly contact the Project Director, Dr. Michael R.M. Abrigo (mabrigo@mail.pids.gov.ph).

For questions about your rights as a study participant or grievances, you may contact the St. Cabrini Medical Center - Asian Eye Institute (SCMC - AEI) Ethics Review Committee at (632) 8-898-2020 loc. 815 or email scmcaeierc@gmail.com.

Electronic Consent
By affixing your complete name and email address in below fields, you are voluntarily accepting to take part in the study. Again, your responses in this survey are strictly confidential. Only consolidated responses will be presented in the study's final report.

First Name(s)	
Middle Name	
Last Name	
Email address	

[Page 3] BACKGROUND INFORMATION

Before we direct you to the survey's main navigational page, kindly fill out responses to the following background questions. Your answers to these will determine the kind of survey questions you and your office will be asked to fill up.

Your answers to these questions are strictly confidential, and will only be used for statistical purposes.

1. What is your biological sex?
   - ☐ Male
   - ☐ Female

2. What is your age as of your last birthday?
   [Drop down menu of age (18 below-single age numbers-65 and above)]

3. a. Which region is your LGU located in?
   [Drop down menu of regions]

   b. Which level of local government do you work for?
   - Provincial
   - City (Highly Urbanized Cities and Independent Component Cities)
   - City (Component Cities)
   - Municipal

   c. What is the name of your LGU?
   [Fill in, depending on whether provinces, cities, or municipalities are selected]

4. What is your office/unit in this local government unit (LGU)?
   a. Health Office
   b. Population Office
   c. Social Welfare and Development Office
   d. Other (Please Specify):_____

5. What is your primary role/position in this LGU?
   a. Health Officer
   b. Medical Officer
   c. Population Officer
   d. Reproductive Health Officer
   e. Social Welfare and Development Officer
   f. Nutrition Officer
   g. Program Worker
   h. Administrative Aide
   i. Nurse
   j. Midwife
   k. Health Aide
   l. Dentist
   m. Physician
   n. Other (please specify):_____

6. What other roles/positions do you hold in this LGU? Please enumerate:

7. How many years have you worked in your local government unit?
   Indicate the total years of service regardless of status of appointment (e.g. 1 year contractual and 2 years regularized position will be a total of 3 years)
   years

8. What are your contact details? (Please provide landline and/or mobile phone number in the event that we need to clarify some response from the survey.)

9. What is the mailing address of your office?

10. What is the official e-mail address of your LGU office?

[Page 4] MAIN NAVIGATIONAL PAGE

This online survey has been designed to be filled-up by personnel from your office in a flexible manner. You may choose which sections you would like to respond to first by clicking on them in the respective buttons below, and proceed in any order in filling up the survey. You may also revisit the different sections to review your responses.

Should a question allow or require multiple responses, those questions will also provide instructions as to how to fill them up (e.g. 'Check all that apply').

Please click in the survey sections below that you would like to fill up.

A. Health Human Resources

B. Local RPRH Policies and Measures
C. Health Care Facilities and Services
D. Local Service Delivery Network for RPRH
E. Maternal Death / Fetal and Infant Death Reviews
F. Procurement and Distribution of Family Planning Supplies
G. Special Populations and Persons-with-Disabilities (PWD)
H. Financing

Should you wish to save your progress in filling up the survey, kindly click the "Save" button below. You can exit the survey by clicking "Exit."

- Save
- Exit

Please click "Submit" to submit your responses to the Philippine Institute for Development Studies.

- Submit

A. HEALTH HUMAN RESOURCES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. a. From 2017 to 2019, how many of the following types of health professionals and workers were specifically (not hired from national level) employed by your LGU? Please include both part-time, full-time and volunteer workers. Kindly identify in the table below.

You may indicate "0" (zero) if there are none, and "NDA" if there is no data available.

Personnel	2017	2018	2019
Doctors			
Nurses			
Midwives			
Barangay Health Workers			
Others, please specify: _____ _____			

b. Of the local health personnel identified for 2019 in **1.a**, how many were newly hired in that year?

	Doctors
	Nurses
	Midwives

2. From 2017 to 2019, how many personnel were deployed to your LGU by national DOH programs for health human resources (e.g. Nurse Deployment Program, Doctors to the Barrios program)? Kindly identify in the table below.

You may indicate "0" (zero) if there are none, and "N/A" if there is no data available.

Program	2017	2018	2019
Doctors			
Nurses			
Midwives			

3. The RPRH Law's Revised Implementing Rules and Regulations (IRR) (Section 6.03) allows DOH and LGUs to contract midwives and/or nurses from the private sector to meet their RPRH-related human resource needs.

From 2017 to 2019, has your LGU contracted and deployed nurses and midwives from the private sector? Kindly check in the table below.

You may check the "Don't Know" box if no data is available.

2017	2018	2019
☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

4. As of 31 December 2019, how many nurses and midwives employed by your LGU have been trained and certified by a DOH-recognized training center in the following training areas? Kindly identify in the table below.

You may check the "Don't Know" box if no data is available.

	Basic Emergency Obstetric and Newborn Care (BEmONC)	Comprehensive Emergency Obstetric and Newborn Care (CEmONC)	Family Planning Competency-Based Training 1	Family Planning Competency-Based Training 2	Training on gender sensitivity
Nurses	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know
Midwives	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know	_____ ☐ Don't know

B. LOCAL RPRH POLICIES AND MEASURES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. In the past year (Jan. – Dec. 2019), did your LGU allow trained and certified midwives to administer life-saving drugs such as but not limited to oxytocin, magnesium sulfate, and intravenous fluids, during maternal emergencies and when there are no physicians available?
☐ Yes ☐ No ☐ Don't know

2. In the past week, did your LGU's public health facilities designate specific Reproductive Health Officers (RHOs)?
(RHOs are to serve as facilities' point persons for clients interested in receiving responsible parenthood information and reproductive health services)

☐ Yes ☐ No ☐ Don't know

3. In the past year (January – December 2019), did any public health facilities funded by your LGU operate their own mobile health care service?
(As defined in Section 13 of the Revised IRR of the RPRH Law, Mobile Health Care Services (MHCS), in the form of a van or other means of transport, are to be used in the delivery of health care goods and integrated services to its constituents, more particularly to the poor and needy, as well as disseminate knowledge and information on reproductive health. The MHCS shall be operated by skilled health providers and adequately equipped with a wide range of health care materials and information dissemination devices and equipment, the latter including, but not limited to, a television set for audio-visual presentations. All MHCS shall be operated by LGUs of provinces and highly urbanized cities.)

☐ Yes ☐ No ☐ Don't know

C. HEALTH CARE FACILITIES AND SERVICES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. As of 31 December 2019, how many of the following types of health care facilities were funded by your LGU?

☐	Public Hospitals
☐	Birthing Clinics
☐	Others, please specify:

(DEFINITIONS: 'Public hospitals' include government hospitals under a Local Government Unit; 'Birthing Clinics' are health facilities that provide pre-natal and post-natal care, normal spontaneous delivery, and care of newborn babies)

2. In the past year (Jan. – Dec. 2019), was there at least one government health facility in your LGU which **offered** the following services? You may check the "Don't Know" box if no data is available.

.

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know
Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know
Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know

Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know
Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know
Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

3. In connection with **question 2**, in the past year (Jan. – Dec. 2019), did that particular government health facility in your LGU **refer** the following services? You may check the "Don't Know" box if no data is available.

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know
Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know
Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know

Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know
Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know
Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

4. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one government health facility in your LGU which wholly or partly discontinued the following services?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

Interpersonal communication and counseling:	
Infertility counseling	☐ Yes ☐ No ☐ Don't Know
Adolescent counseling	☐ Yes ☐ No ☐ Don't Know
Interpersonal communication and counseling on reproductive mental health concerns (e.g. post-partum depression, post-traumatic stress disorder, etc.)	☐ Yes ☐ No ☐ Don't Know

Procedures for modern artificial family planning:	
Intra-Uterine Device (IUD) insertion and removal	☐ Yes ☐ No ☐ Don't Know
Depomedroxyprogesterone acetate (DMPA) injection	☐ Yes ☐ No ☐ Don't Know
Procedures, materials, and counseling for natural family planning	☐ Yes ☐ No ☐ Don't Know
Integrated management of childhood illnesses (IMCI)	☐ Yes ☐ No ☐ Don't Know
Syndromic screening and treatment of reproductive tract infections, and sexually transmitted infections	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approaches to recognizing and referring post-abortion cases	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Facility-based delivery	☐ Yes ☐ No ☐ Don't Know
Prenatal care	☐ Yes ☐ No ☐ Don't Know
Post-natal care	☐ Yes ☐ No ☐ Don't Know
Newborn care	☐ Yes ☐ No ☐ Don't Know
Procedures for:	
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Bilateral tubal ligation (BTL)	☐ Yes ☐ No ☐ Don't Know
Insertion of sub-dermal implants	☐ Yes ☐ No ☐ Don't Know
Reproductive mental health services	☐ Yes ☐ No ☐ Don't Know

5. In the past year (Jan. – Dec. 2019), was there a public hospital in your LGU which **offered** the following services? You may check the "Don't Know" box if no data is available.

Long-acting and permanent methods of modern family planning:	
IUD insertion and removal	☐ Yes ☐ No ☐ Don't Know
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Basic Emergency Obstetrics and Newborn Care (BEmONC) services	☐ Yes ☐ No ☐ Don't Know
Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services	☐ Yes ☐ No ☐ Don't Know

Non-judgmental approach to recognition and management of post-abortion complications	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Diagnostics and management of Reproductive Tract Infections (RTIs) and Sexually-Transmitted Infections (STIs), including HIV	☐ Yes ☐ No ☐ Don't Know
Management of cases of gender-based violence	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *breast-conserving surgery*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *mastectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterescopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *lymph node removal*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *adhesiolysis*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *dilation and curettage*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *cervical cone biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *endometrial ablation and endometrial biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelvic ultrasound*	☐ Yes ☐ No ☐ Don't Know

Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelviscopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *tubal ligation*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of male reproductive health concerns	☐ Yes ☐ No ☐ Don't Know
Basic diagnostics for infertility (e.g. sperm count, ultrasound), with provision for referral to appropriate reproductive endocrinology/infertility treatment centers	☐ Yes ☐ No ☐ Don't Know
Specialist management of reproductive mental health conditions	☐ Yes ☐ No ☐ Don't Know

6. In connection with **question 4**, in the past year (Jan. – Dec. 2019), did that particular public hospital in your LGU **refer** the following services? You may check the "Don't Know" box if no data is available.

Long-acting and permanent methods of modern family planning:	
IUD insertion and removal	☐ Yes ☐ No ☐ Don't Know
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Basic Emergency Obstetrics and Newborn Care (BEmONC) services	☐ Yes ☐ No ☐ Don't Know
Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approach to recognition and management of post-abortion complications	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Diagnostics and management of Reproductive Tract Infections (RTIs) and Sexually-Transmitted Infections (STIs), including HIV	☐ Yes ☐ No ☐ Don't Know
Management of cases of gender-based violence	☐ Yes ☐ No ☐ Don't Know

Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *breast-conserving surgery*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *mastectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterescopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *lymph node removal*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *adhesiolysis*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *dilation and curettage*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *cervical cone biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *endometrial ablation and endometrial biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelvic ultrasound*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelviscopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *tubal ligation*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of male reproductive health concerns	☐ Yes ☐ No ☐ Don't Know

Basic diagnostics for infertility (e.g. sperm count, ultrasound), with provision for referral to appropriate reproductive endocrinology/infertility treatment centers	☐ Yes ☐ No ☐ Don't Know
Specialist management of reproductive mental health conditions	☐ Yes ☐ No ☐ Don't Know

7. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one public hospital in your LGU which wholly or partly discontinued the following services?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

Long-acting and permanent methods of modern family planning:	
IUD insertion and removal	☐ Yes ☐ No ☐ Don't Know
Non-scalpel vasectomy (NSV)	☐ Yes ☐ No ☐ Don't Know
Basic Emergency Obstetrics and Newborn Care (BEmONC) services	☐ Yes ☐ No ☐ Don't Know
Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services	☐ Yes ☐ No ☐ Don't Know
Non-judgmental approach to recognition and management of post-abortion complications	☐ Yes ☐ No ☐ Don't Know
Screening examinations for cervical cancer (e.g. visual inspection of the cervix using acetic acid wash, collection of pap smear, digital rectal examinations, etc.)	☐ Yes ☐ No ☐ Don't Know
Diagnostics and management of Reproductive Tract Infections (RTIs) and Sexually-Transmitted Infections (STIs), including HIV	☐ Yes ☐ No ☐ Don't Know
Management of cases of gender-based violence	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *breast-conserving surgery*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *mastectomy*	☐ Yes ☐ No ☐ Don't Know

Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterectomy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *hysterescopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of breast and reproductive tract cancers: *lymph node removal*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *adhesiolysis*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *dilation and curettage*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *cervical cone biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *endometrial ablation and endometrial biopsy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelvic ultrasound*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *pelviscopy*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *tubal ligation*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of other gynecological conditions and disorders: *other procedures*	☐ Yes ☐ No ☐ Don't Know
Medical and surgical procedures for definitive management of male reproductive health concerns	☐ Yes ☐ No ☐ Don't Know
Basic diagnostics for infertility (e.g. sperm count, ultrasound), with provision for referral to appropriate reproductive endocrinology/infertility treatment centers	☐ Yes ☐ No ☐ Don't Know
Specialist management of reproductive mental health conditions	☐ Yes ☐ No ☐ Don't Know

8. Please identify if the following kinds of public health facilities have been ***constructed*** in your LGU since January 2013 that offer RPRH-related services?

Kindly check "yes" for the ***years*** in which the construction of these facilities were ***completed***.

Facility Type	2013	2014	2015	2016	2017	2018	2019
Public Hospitals	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Birthing Clinic	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

9. Please identify if the following kinds of public health facilities have been ***upgraded*** in your LGU since January 2013 that offer RPRH-related services? (Upgrade means facilities improved in the same location.)

Kindly check "yes" for the ***years*** in which the upgrading of these facilities were ***completed***.

Facility Type	2013	2014	2015	2016	2017	2018	2019
Public Hospitals	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
Birthing Clinic	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know

10. In the past year (January – December 2019), has your LGU been provided funding by the DOH to construct or upgrade LGU-designated health facilities for delivering RPRH-related services (e.g. skilled birth attendance, emergency obstetric and newborn care, etc.)?
☐ Yes ☐ No ☐ Don't Know

11. In the past year (January – December 2019), has your LGU been provided funding by other sources (other national government agencies, development donors) to construct or upgrade LGU-designated health facilities for delivering RPRH-related services (e.g. skilled birth attendance, emergency obstetric and newborn care, etc.)?
☐ Yes ☐ No ☐ Don't Know

If "Yes", please identify these sources of funding:

D. LOCAL SERVICE DELIVERY NETWORK

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. The RPRH Law's Revised IRR (Section 5.09) requires the LGUs to map the healthcare facilities, both public and private, that are capable of delivering reproductive health care services within their respective areas of responsibility.

As of December 2019, has your LGU mapped all such health care facilities within your area of responsibility?
☐ Yes ☐ No

2. Since January 2018-December 2019, has your LGU included privately owned hospitals and other health facilities as members of your local service delivery network for reproductive health care?
☐ Yes ☐ No

If "Yes", how many privately-owned facilities have become members of your local service delivery network for RPRH, and in which reproductive health areas?

Area	Number of private facilities	
Maternal Health Services		☐ Don't know
Pre-pregnancy Services		☐ Don't know
Antenatal Care Services		☐ Don't know
Labor, Delivery and Post-partum Services		☐ Don't know
Neonatal and Infant Health Services		☐ Don't know

Immunization for children		☐ Don't know
Family Planning Services and Commodities		☐ Don't know
HIV Testing and Vaccination		☐ Don't know
Women and Children Protection Units		☐ Don't know

3. Kindly provide the following information about the clients served by your reproductive health care service delivery network in the last three years, based on your LGU's service utilization reports:

Client Indicator	2017	2018	2019
Number of Current Users of Family Planning Services			
Number of New Acceptors			
Number of Eligible Population for Family Planning Services			
Number of Pregnant Women with 4 or more prenatal visits			
Number of Pregnant Women			
Number of births attended by skilled health professionals			
Number of births			
Number of infants referred for newborn screening			
Number of infants			

E. MATERNAL DEATH / FETAL AND INFANT DEATH REVIEWS

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. a. During 2019, did your LGU conduct Maternal Death Reviews (MDRs)?
☐ Yes ☐ No

If answer is "No", please proceed to 2.a.

b. How often did your LGU gather Maternal Death report information?
   a. Monthly
   b. Quarterly
   c. Biannually
   d. Annually
   e. Others, please specify: ☐

2. a. During 2019, did your LGU conduct Fetal and Infant Death Reviews (FIDRs)?
   ☐ Yes ☐ No

   If your answer is "No", please proceed to 3.

   b. How often did your LGU gather Fetal and Infant Death report information?
      a. Monthly
      b. Quarterly
      c. Biannually
      d. Annually
      e. Others, please specify: ☐

3. Please provide the following requested information about maternal and neonatal deaths. You may indicate "0" (zero) if there are none, and "NDA" if there is no data available.

Indicator	2017	2018	2019	
Number of Total Maternal Deaths				☐ Don't know
Number of Maternal Deaths due to *direct* obstetric causes				☐ Don't know
Number of Maternal Deaths due to *indirect* obstetric causes				☐ Don't know

Number of Maternal Deaths *outside* of hospitals or birthing stations				☐ Don't know
Number of Total Neonatal Deaths				☐ Don't know
Number of Neonatal Deaths *outside* of hospitals or birthing stations				☐ Don't know

F. PROCUREMENT AND DISTRIBUTION OF FAMILY PLANNING SUPPLIES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. In the past year (Jan. – Dec. 2019), public health facilities in your LGU provide the following family planning (FP) commodities?

   If such FP commodities were provided, please also indicate if stock-outs in their provision were reported as how many days the longest of these stock-outs were (including weekends and holidays). You may indicate "NDA" if there is no data available on the number of days.

	Commodities	Stock-outs?	Number of days of longest stock-out?
Progestin Only Pill (POP)	☐ Yes ☐ No	☐ Yes ☐ No	
Depot Medroxyprogesterone Acetate (DMPA)	☐ Yes ☐ No	☐ Yes ☐ No	
Intrauterine Device (IUD)	☐ Yes ☐ No	☐ Yes ☐ No	
Standard Days Method Cycle Beads (SDM)	☐ Yes ☐ No	☐ Yes ☐ No	
Digital Thermometer	☐ Yes ☐ No	☐ Yes ☐ No	
Cervical Mucus Method Charts	☐ Yes ☐ No	☐ Yes ☐ No	

Basal Body Temperature Charts	☐ Yes ☐ No	☐ Yes ☐ No	
Symptothermal Method Charts	☐ Yes ☐ No	☐ Yes ☐ No	
Combined Oral Contraceptive Pills (COC)	☐ Yes ☐ No	☐ Yes ☐ No	
Male Condoms	☐ Yes ☐ No	☐ Yes ☐ No	
Progestin Subdermal Implants (PSI)	☐ Yes ☐ No	☐ Yes ☐ No	
Other commodities (please specify below):			
1.			
2.			

2. In the past year (Jan. – Dec. 2019), which of the following provided supplies of these family planning commodities for your public health facilities?

Department of Health	☐ Yes ☐ No
Commission on Population and Development	☐ Yes ☐ No
Other National Government Agencies	☐ Yes ☐ No
Own Local Government Unit	☐ Yes ☐ No
Civil Society Organizations	☐ Yes ☐ No
Private Sector	☐ Yes ☐ No
Development Donors	☐ Yes ☐ No
Other sources (please specify):	

If YES, to receiving supplies from the DOH:

From January to December 2019, for how many quarters did your LGU produce utilization reports of the family planning commodities provided by the DOH?

a. 1
b. 2
c. 3
d. 4

3. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one public health unit under your LGU that discontinued providing the following family planning commodities?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

	Commodities
Progestin Only Pill (POP)	☐ Yes ☐ No ☐ Don't Know
Depot Medroxyprogesterone Acetate (DMPA)	☐ Yes ☐ No ☐ Don't Know
Intrauterine Device (IUD)	☐ Yes ☐ No ☐ Don't Know
Standard Days Method Cycle Beads (SDM)	☐ Yes ☐ No ☐ Don't Know
Digital Thermometer	☐ Yes ☐ No ☐ Don't Know
Cervical Mucus Method Charts	☐ Yes ☐ No ☐ Don't Know
Basal Body Temperature Charts	☐ Yes ☐ No ☐ Don't Know
Symptothermal Method Charts	☐ Yes ☐ No ☐ Don't Know
Combined Oral Contraceptive Pills (COC)	☐ Yes ☐ No ☐ Don't Know
Male Condoms	☐ Yes ☐ No ☐ Don't Know
Progestin Subdermal Implants (PSI)	☐ Yes ☐ No ☐ Don't Know
Other commodities (please specify below):	
1.	
2.	

4. In the past year (Jan. – Dec. 2019), did public health facilities in your LGU provide the following vaccines and immunization supplies?

If such vaccines and immunization supplies were provided, please also indicate if stock-outs in their provision were reported as how many days the longest of these stock-outs were (including weekends and holidays). You may indicate "NDA" if there is no data available on the number of days.

	Commodities	Stock-outs?	Number of days of longest stock-out?
BCG (Bacillus Calmette-Guerin) for Tuberculosis	☐ Yes ☐ No	☐ Yes ☐ No	
Hepatitis B Vaccine (HepB)	☐ Yes ☐ No	☐ Yes ☐ No	
Diphtheria, tetanus, and pertussis (DTP) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Haemophilus influenzae type b (Hib) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Pentavalent vaccine (Penta) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Oral polio vaccine (OPV)	☐ Yes ☐ No	☐ Yes ☐ No	
Inactivated polio (IPV) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Pneumococcal conjugate vaccine (PCV)	☐ Yes ☐ No	☐ Yes ☐ No	
Measles containing vaccines (MCV)	☐ Yes ☐ No	☐ Yes ☐ No	
Measles, mumps, rubella (MMR) vaccine	☐ Yes ☐ No	☐ Yes ☐ No	
Syringes for immunization	☐ Yes ☐ No	☐ Yes ☐ No	
Vitamin A	☐ Yes ☐ No	☐ Yes ☐ No	

5. In the past year (Jan. – Dec. 2019), which of the following provided supplies of these vaccines and immunization supplies for your public health facilities?

Department of Health	☐ Yes ☐ No
Commission on Population and Development	☐ Yes ☐ No
Other National Government Agencies	☐ Yes ☐ No
Own Local Government Unit	☐ Yes ☐ No
Provincial Governments	☐ Yes ☐ No
Civil Society Organizations	☐ Yes ☐ No
Private Sector	☐ Yes ☐ No
Development Donors	☐ Yes ☐ No
Other sources (please specify):	

If YES, to receiving supplies from the DOH:

From January to December 2019, for how many quarters did your LGU produce utilization reports of the vaccines and immunization supplies provided by the DOH?

a. 1
b. 2
c. 3
d. 4

6. During the implementation of Community Quarantine since March 16, 2020 in response to the COVID-19 pandemic, was there at least one public health unit under your LGU that discontinued providing the following vaccines and immunization supplies?

You may check the "Don't Know" box if no data is available, and "No Community Quarantine in LGU" if no community quarantine was implemented in your LGU since March 16, 2020.

☐ No Community Quarantine in LGU

	Commodities
BCG (Bacillus Calmette-Guerin) for Tuberculosis	☐ Yes ☐ No ☐ Don't Know

Hepatitis B Vaccine (HepB)	☐ Yes ☐ No ☐ Don't Know
Diphtheria, tetanus, and pertussis (DTP) vaccine	☐ Yes ☐ No ☐ Don't Know
Haemophilus influenzae type b (Hib) vaccine	☐ Yes ☐ No ☐ Don't Know
Pentavalent vaccine (Penta) vaccine	☐ Yes ☐ No ☐ Don't Know
Oral polio vaccine (OPV)	☐ Yes ☐ No ☐ Don't Know
Inactivated polio (IPV) vaccine	☐ Yes ☐ No ☐ Don't Know
Pneumococcal conjugate vaccine (PCV)	☐ Yes ☐ No ☐ Don't Know
Measles containing vaccines (MCV)	☐ Yes ☐ No ☐ Don't Know
Measles, mumps, rubella (MMR) vaccine	☐ Yes ☐ No ☐ Don't Know
Syringes for immunization	☐ Yes ☐ No ☐ Don't Know
Vitamin A	☐ Yes ☐ No ☐ Don't Know

G. SPECIAL POPULATIONS AND PERSONS-WITH-DISABILITIES

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. The RPRH Law's Revised IRR of the (Sections 5.10 and 5.11) requires that LGUs (with DOH support) identify and match *priority populations* within their service delivery networks to available health facilities.

   DOH Department Memorandum No. 2014-0313 has designated these priority populations as *poor households*, as determined by the National Household Targeting System for Poverty Reduction (NHTS-PR).

   a. As of December 2019, has your LGU assigned poor populations to designated health providers for reproductive health care services?
   ☐ Yes ☐ No

   b. If "Yes", how many *total individuals from poor households* in your LGU are located more than an hour of travel time from their designated facilities for *any* kind of RPRH-related service?
   ☐ Don't know

c. What percent are these individuals of NHTS-PR poor in your LGU?
[ ] ☐ Don't know

2. The RPRH Law's Revised IRR of the (Section 4.15) requires LGUs (with DOH support) to develop a minimum reproductive health service package, including maternal and neonatal health care kits and other services as defined by the DOH, for crisis situations such as disasters and humanitarian emergencies?

As of 31 December 2019, has your LGU developed such a reproductive health service package for crisis situations?
☐ Yes ☐ No

3. The RPRH Law's Revised IRR of the (Section 4.09) requires LGUs to ensure that barriers to reproductive health services for Persons-with-Disabilities (PWDs) are reduced through various measures, including:

- Providing physical access and resolving transportation and proximity issues
- Adapting examination tables and other laboratory procedures to the needs and conditions of PWDs
- Increasing access to information and communications materials on sexual and reproductive health in PWD-sensitive formats
- Providing continuing education and inclusion of rights of PWDS among health care providers
- Undertaking activities to raise awareness and address misconceptions on the sexual and reproductive health needs and rights of PWDs

a. In the past year (January – December 2019), has your LGU allocated budgets for improving the accessibility and proximity of public facilities providing reproductive health services for Persons-with-Disabilities (PWDs)?
☐ Yes ☐ No ☐ Don't know

b. In the past year (January – December 2019), has your LGU adapted reproductive health-related laboratory and other medical procedures in public health facilities for the needs and conditions of PWDs?
☐ Yes ☐ No ☐ Don't know

c. In the past year (January – December 2019), has your LGU provided access to information and communication materials on sexual and reproductive health in braille, large print, simple language, sign language and pictures?
☐ Yes ☐ No ☐ Don't know

d. In the past year (January – December 2019), has your LGU undertaken promotional activities to raise awareness and address misconceptions on the sexual and reproductive health needs and rights of Persons-with Disabilities?
☐ Yes ☐ No ☐ Don't know

H. FINANCING

Please answer the following questions as honestly as possible. Your answers will remain strictly confidential.

1. From 2017 to 2019, did your LGU allocate budgetary resources for RPRH-related activities across the following areas?

Area	2017	2018	2019
Maternal and Neonatal Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Routine Immunization for Children	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Family Planning	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Adolescent Sexual and Reproductive Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sexually-Transmitted Infections and HIV/AIDS	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Gender-Based Violence	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Public Awareness, Health Promotion, and Communication for Reproductive Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

2. From 2017 to 2019, how much did your LGU budget for RPRH-related activities in terms of Philippine pesos?

You may click the "Don't Know" box if no data is available.

Category	2017	2018	2019	
Personnel Services (PS)				☐ Don't Know
Maintenance and Other Operating Expenses (MOOE)				☐ Don't Know
Financial Expenses				☐ Don't Know
Capital Outlays				☐ Don't Know

3. In the past year (January to December 2019), which of the following local funds did your LGU use as a source of funding for the implementation of the RPRH law and the delivery of RPRH-related services?

General Fund	☐ Yes ☐ No
20% Development Fund	☐ Yes ☐ No
Local Disaster Risk Reduction and Management Fund	☐ Yes ☐ No
Hospital Operations	☐ Yes ☐ No
School Operations	☐ Yes ☐ No
Gender and Development Fund	☐ Yes ☐ No
Allocations for Senior Citizens and PWDs	☐ Yes ☐ No
Other accounts under the General Fund (please specify):	_____
Special Education Fund	☐ Yes ☐ No
Trust Fund	☐ Yes ☐ No
Other funds (please specify):	_____