An Assessment of National Level Governance for the Responsible Parenthood and Reproductive Health (RPRH) Law from 2014 to 2019

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19 May 2022

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Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas

Outline

- Background and Methods
- Key Results
- Recommendations

Caveat: Assessment covered until 2019 and white paper published in 2021

- DOH, POPCOM, and other RPRH players have since moved to address findings presented here
- Later, DOH and POPCOM discussants may share their progress for RPRH

Background and Methods

RPRH Law of 2012 (R.A. 10354)

- Landmark law passed with a view that reproductive health (RH) and rights are essential to socioeconomic development
- **Goal:** Universal access to RH care services and education/information

(12) Elements

Mothers and Children	RH Education, especially for Adolescents	Reproductive Tract Disorders/Infections	Gender Equality and Mental Health
(1) Family planning (2) Maternal, infant, and child health and nutrition (3) Proscription of abortion and management of its complications	(4) Adolescent youth and RH guidance and counseling (7) Education & counseling on sexuality & RH (11) RH education for adolescents	(5) HIV/AIDS and Sexually Transmitted Infections (STI) (8) Reproductive tract cancers and disorders (9) Prevention, treatment, management of infertility/sexual dysfunction	(6) Elimination of gender-based violence (9) Male responsibility and involvement in male RH (12) Mental health aspect of reproductive care

Sampled Multisectoral Players of the National Implementation Team (NIT)

National Government Agencies (NGAs)

DOH: Lead implementer (technical & resources)

POPCOM: Co-manager of National FP program

Financing of RPRH services

DSWD: RPRH into social welfare programs, gender-based violence

PCW: GAD mainstreaming in laws and NGAs

DILG: Communicate, coordinate, monitor LGU implementation of RPRH

DepEd: RPRH into education curriculums

Civil Society Partners (advocacy, technical assistance, service delivery)

Likhaan center for women's health

Donors (funding, technical assistance, research)

UNFPA

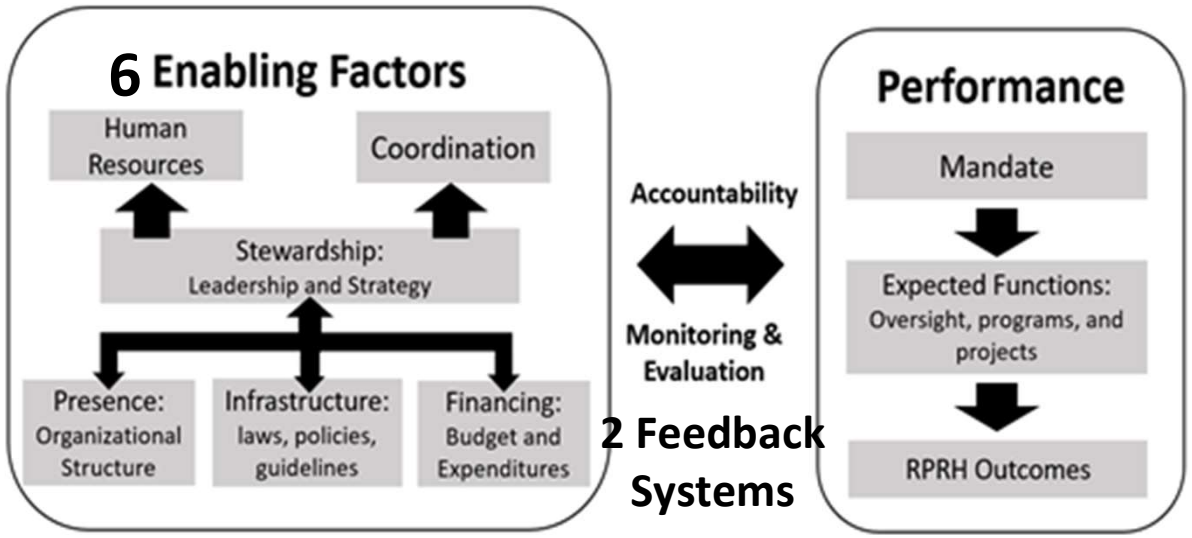
Study Objective and Conceptual Framework

Objective: *To assess the national-level governance and implementation of the RPRH law (2014-2019), identifying challenges in coordination among multi-sectoral actors*

Governance - exercise of power by decision makers or leaders

- **To manage operations**, resources, and processes
- Such that activities can be **coordinated strategically**
- To respond the dynamic **needs of constituents**

Nine (9) Components



(Adapted from: Deloitte's Operating and Governance Framework)

Methods: Qualitative Data Collection & Analyses

Data Sources

1 **(20) Key Informant Interviews**

- Project managers and above of NGAs and CSO
- DOH (6), POPCOM (4), PhilHealth, DepEd, DSWD, DILG, PCW, CSO, UNFPA

2 **Review of Official Documents**

- Law, IRR, policies, reports, NIT/RIT minutes of meetings

(e.g. annual accomplishment report)

3 **Review of Literature**

- RPRH activities or similar health governance studies
- Principles of health governance of and international best practices

Triangulation and Independent Thematic Analyses by (3) researchers

Synthesis in a Workshop

- Thematic results per governance component
- Patterns, trends, similarities, and differences
- Check subjectivity in interpretations

Key Results

Challenges in all Governance Components

(1) Performance

Focus is on **individual programs**, ***separately***, with most visible being Family Planning (FP) and Adolescent RH

Conduct of mandates and responsibilities stipulated in RPRH Law and IRR (2017 revision)

Overall: no integration of interventions into a comprehensive package of RPRH services for clients.

Sustained Nationwide programs built on past decades of investment

(1) National Family Planning Program

(2) Safe Motherhood program (including child health)

(5) HIV/AIDS and STIs

(6) Elimination of GBV and VAWC

RPRH Elements with no or minimal accomplishments and progress

(3) Proscription and management of abortion and its complications

(8) RH cancers and conditions

(9) Male responsibility and involvement in RH

(10) Infertility and sexual dysfunction

(12) Mental health aspects of RH

Generally, agencies **fulfilled IRR mandates that did not require interagency coordination.**

- **Accomplishments:** significant portion of mandates were **one-time, tasks assigned to DOH** (e.g., guidelines, policy, standards)
- **Partial**: difficulty with mandates with **interagency coordination or intra-agency coordination** with several layers of bureaucracy
- **Not Done:** establishing **cross-cutting systems** (e.g., M&E and education)

Sources: RPRH Annual Accomplishment Reports 2014-2018

(2) Presence

Responsiveness of NGA organization structures to RPRH mandates

Within NGAs, RPRH functions/activities were **attached to existing agency units with roles closest to RPRH (thematically) or the mandated function.**

- **Most NGAs did not have dedicated RPRH focal units** for RPRH implementation
- **Even DOH** did not have its Family Health Bureau. **RPRH elements still exist as separate programs under different USecs and ASecs**
- **Fragmented interagency and intra-agency coordination led to delays in implementation** (e.g., delayed FP procurement)

Best Practice: RPRH integrated in a GAD TWG

- TWG created through AOs approved by Secretary
- Chair: Assistant Secretary
- Performance included in IPCR
- Reports to Secretary, ExeCom, or ManCom directly for faster approval, refinement, rejection

Bureaus Included

- Policy Development and Planning
- National program management office
- Capacity building
- Human resources development
- Social marketing service
- Protective services
- Disaster response and management

Source: DSWD AO 2018-015, 2012-005

(4) Financing

Allocations and expenditures for RPRH

DOH financing for RPRH is short-term and largely focused on FP and MNCHN commodities, contributing to a lack of building back-end systems.

- **Focus on commodities (~90%) <u>limits investments in systems</u>** (e.g., IT, capacity-building, education, data analysis, logistics)
- Because FP procurement is lodged in DOH-CO (as one big pot), **it vulnerable to political interference**
- **Had no unified financial implementation plan** across implementing agencies

Table 12. RPRH-related Public Expenditures of DOH WMHDD and CHDD (in PHP millions)

	2017		2018		2019	
KRA	Obligated	Disbursed	Obligated	Disbursed	Obligated	Disbursed
FP	282.18	5.45	152.76	141.02	172.23	130.00
MNCHN	10,183.47	9,039.09	8,388.02	8,336.15	816.41	782.93
ASRH	15.38	12.72	18.06	17.82	INC	INC
STI-HIV	86.96	18.00	9.41	9.39	INC	INC
GBV	0.92	0.91	0.23	0.19	INC	INC
Men's RH	-	-	0.98	0.92	-	-
Others	339.44	167.13	381.23	282.31	142.09	34.52
Total	**10,908.35**	**9,243.30**	**8,949.81**	**8,786.97**	**INC**	**INC**

Table 13. Breakdown of WMHDD and CHDD Commodities Expenditures (in PHP millions)

	2017		2018		2019	
Commodity Type	Obligated	Disbursed	Obligated	Disbursed	Obligated	Disbursed
FP - contraceptives	267.0	0.00	133.1	133.1	172.2	130.0
SMP - Life-saving drugs	305.2	75.5	35.6	36.4	3.30	INC
EPI - vaccines and safe injection supplies	7,987.2	7,669.7	6,665.6	6,618.9	757.0	735.8
Nutrition	1,618.9	1,116.2	1,329.3	1,399.3	INC	INC
Oral health	419.03	224.6	303.5	54.8	INC	INC
Total	**10,597.3**	**9,086.0**	**8,467.1**	**8,242.5**	**INC**	**INC**

Source: DOH Registry of Allotments, Obligations, and Disbursements from 2017, 2018, 2019 for the following three programs only: (1) Family Health, Nutrition and Responsible Parenting, (2) Expanded Program on Immunization, and (3) Public Health Management.

INC - Data for 2019 is incompletely, only data for continuing appropriations from 2018 were acquired. That is, 2019 general agency appropriations are not included.

(5-6) Stewardship & Coordination

Strategic leadership and political priority to direct implementation
Communication and collaboration mechanisms / efforts

1. NIT did not fulfill its potential as a venue for interagency stewardship and coordination.

- **Perceptions of Purpose among NGA Representatives:** All agree that it is a coordinating body for interagency discussion
- **But unclear Role what is to be coordinated:** Policy only? Operations? Set up for accountability for implementation? Review policies?
- **NIT meetings** have been micro-operational and FP-centric
  - Little discussion on strategy, coordination, cross-NGA collaboration or cross-cutting problems

Agenda: Areas of RPRH Implementation	(n=71)
Policy reviews and revisions • *19 on proscription on abortion and management of complications (DOH AO 2018-03)* • *5 on requiring an ambulances for hospital licensing (DOH AO 2018-01)* • *5 on PhilHealth accreditation of standalone FP clinics (Circular 2018-05)*	48
FP Logistics *Supply chain management issues (e.g. stockouts), use of remaining progestin subdermal implants given SC TRO, and inventory counts*	41
RPRH Communication and Health Promotion *National FP Conference, events, DOH-HPCS presentations on communication plan*	36
Monitoring and Evaluation *FP Form 1, Annual report, data requests*	34
Legal Restrictions - SC-TRO	25
CSO Funding *Process of accreditation of grant funding*	25

Source: NIT Meeting Minutes (2014-2019)

(6-7) Coordination & Policy Infrastructure

Communication and collaboration mechanisms / efforts

Laws and policies related to design and implementation of the RPRH Law

2. An **implicit vision for RPRH has not translated into a strategic plan/framework to operationalize and institutionalize** RPRH within and across NGA implementers

- Most policies (63/104) developed in 2014/2015, and were implementing guidelines from DOH
- Some national strategies/frameworks for programs (e.g., FP), but only DepEd had a internal policy to institutionalize RPRH (DOH 2018-031)
- **Underutilized contribution of other agencies** and slow progress of implementation of other elements

Table 11. Reported RPRH-related policies per agency by type of document, 2012 to 2018

	Agency							
Type of Document	**DOH**	**POPCOM**	**PhilHealth**	**PCW**	**DepEd**	**DSWD**	**DILG**	**Total**
Implementing guidelines	46	3	0	0	1	8	1	59 (57%)
National strategies and frameworks	11	0	0	1	0	0	0	12 (11%)
Internal policy within NGA to direct implementation*	3	2	0	0	3	0	0	8 (8%)
PhilHealth benefits	-	-	12	-	-	-	-	12 (11%)
PhilHealth accreditation	-	-	3	-	-	-	-	3 (3%)
LGU directives for implementation	0	0	0	0	0	0	5	5 (5%)
Announcements for events (e.g. National FP conference)	1	0	0	0	0	0	2	3 (3%)
Joint agency policies†*	XX	X	0	X	X	XX	XX	2 (2%)

Source: RPRH Accomplishment Reports 2014-2018, KIIs with NGA respondents

† The two joint agency policies are (a) DILG-DOH-DSWD-POPCOM-PSA JMC No. 01 "Revised Pre-Marriage Orientation and Counseling (PMOC) Program Implementing Guidelines of 2018" and (b) IAC-VAWC resolution 2018-02 where all council members commit to fund contents of the IAC-VAWC strategic plan for 2017-2022.

* Indicates which NGAs participated in the joint policy. "X" is participation in one, while "XX" is participation in both

(8) Monitoring & Evaluation
(9) Accountability

Collection and use of information on implementation activities to improve operations.

Formal/informal mechanisms to hold NGAs accountable for performance and resources

1. Lack of strategic plan resulted in **unclear and fragmented monitoring framework** to measure progress for RPRH implementation**.**

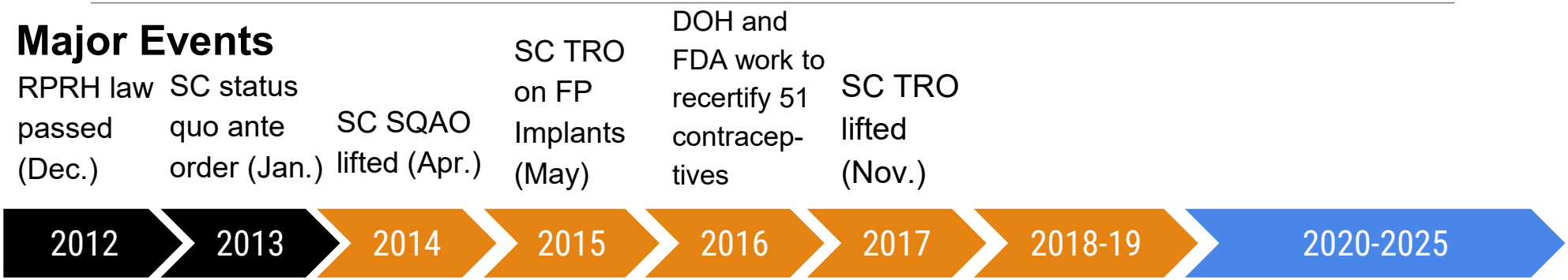
- **Official M&E Framework for RPRH developed only in 2015**, with M&E focusing on **data collection over data utilization**
- **No clear unifying theory of change** that shows how each RPRH element and stakeholder **link together to contribute to outcomes**
- **NGAs each have their own M&E systems** for their own programs

2. Lack of **implementation roadmap** with clear timelines and point persons for progress leads to **self-regulation and weak joint accountability** across sectors/NGAs**.**

- **DOH is the face of accountability** but joint accountability for RPRH across NGAs is weak
- **DOH and NIT have been unable to garner buy-in from other agencies**
- **COC and OP are not maximized; NGAs rely on self-regulation** (vertical, chain-of-command)
- Focus of an NGA is left up to individual agencies

Synthesis:
Evaluation in Light of RPRH History

Major Events



Progress: After 7 years (2012-2019), RPRH remained in the **"launch phase"**

- **Setting-up** programs, coordinating bodies, growing the awareness of RPRH within NGAs, dealing with multiple governance challenges
- **Strategy and Approach**: siloed, programmatic, FP/commodity-centric approach
- **Positive:** started to see need/move towards strategic planning and collaboration

Recommendations for the Future:

- Cement systems for RPRH and multisectoral planning & collaboration
- Integrate RPRH into fabric of NGA and LGU operations
- Empower LGUs

Recommendations for NIT & NGAs

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