

COUNTRY PROGRAMME ACTION PLAN

**Between the
GOVERNMENT of the PHILIPPINES
and the
UNITED NATIONS POPULATION FUND
2005 - 2009**

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The Framework

1. The Government of the Philippines, hereinafter referred to as “GOP” and the United Nations Population Fund, hereinafter referred to as “UNFPA”, are in mutual agreement to the content of the Country Programme Action Plan (CPAP) and accept their respective responsibilities in the implementation of the 6th Country Programme; and
2. **Furthering** their mutual agreement of cooperation for the fulfilment of the International Conference on Population and Development (ICPD) Programme of Action, the Beijing Women’s Conference, the Millennium Declaration and Millennium Development Goals (MDGs);
3. **Building** upon the experience gained and the progress made during the implementation of the previous Programmes of Cooperation and the country’s needs as assessed through the Common Country Assessment (CCA), and the priorities identified in the United Nations Development Assistance Framework (UNDAF), the Philippines Population Management Program and other national development documents;
4. **Entering** into a new period of cooperation from January 2005 to December 2009;
5. **Declaring** that these responsibilities will be fulfilled in a spirit of mutual cooperation to improve the quality of life of the Filipino people through promotion of social justice and reduction of socio-economic inequalities, especially empowering the poor and the vulnerable people.

Part I. Basis of Relationship

6. Resolutions 2211 (XXI) of 17 December 1966, 34/104 of 14 December 1979, 50/438 of 20 December 1995 of the General Assembly of the United Nations provide the basis of the relationship between the Government and UNFPA. The GOP agrees to apply the UNDP Agreement of Cooperation signed on 21 July 1977 to UNFPA, *mutatis mutandis*, which was communicated to the UNFPA Executive Director by the Acting Secretary of Foreign Affairs of the GOP on 21 October 1996. This document of basic agreement of cooperation, which includes 13 articles and drawn upon the above-mentioned General Assembly Resolutions, forms the legal basis for the relationship between the GOP and UNFPA.

Part II. Situation Analysis

7. The Philippine population is estimated at 86 million in 2004 and growing at an annual rate of 2.36 percent. The population will reach 103 million by 2015. Male to female population sex ratio is 101 to 100. Thirty-seven percent of the population is below age 15. The urban population constitutes 48 percent. In 2002, life expectancy of a male Filipino was 67 years and 72 years for a female.
8. Poverty (MDG 1): In 2003, less than one third of the population or 31 million Filipinos were living below the poverty line. In 2000, thirteen out of 77 provinces had a poverty incidence of 50 percent or higher, while 31 fell within the 40 percent or higher poverty incidence level. The face of poverty in the Philippines is evidenced by high prevalence of chronic poverty in rural areas and the all-pervading pockets of slums in urban areas. Income poverty has remained much higher in the Philippines than in any country in Southeast Asia. Likewise, the income distribution of the Filipinos is highly skewed—sixty percent of the private economy is owned by 1 percent of the population. The Gini co-efficient, however, indicates improving income disparities as it declined to 0.4660 in 2003 compared to 0.4822 in 2000. The average family income of the richest 10 percent was 20 times more than the average family income of the poorest 10 percent in 2003. The annual per capita poverty threshold or the amount required to satisfy food and non-food basic needs, increased by 7.1 percent from the 2000 annual threshold of PhP 11,451 to PhP 12,267 in the year 2003.
9. Poverty has multifaceted causes and rapid population growth alone cannot explain it. But rapid population growth and high fertility rates, especially among the poor, are seen to exacerbate poverty and make it harder for the government to address it. There is a close association between poverty incidence and family size. The latest data in the Philippines show that poverty incidence rises steadily from 9.8 percent for family size of one to 57.3 percent for family size of 9 and more. Moreover, poverty incidence declined the slowest for family size of 9 and more, from 59.9 percent in 1985 to 57.3 percent in 2000 compared with 19 percent to 9.8 percent for family size of one.
10. Filipino women across all socioeconomic classes have expressed their desire for fewer children. But many, particularly the poor and the less educated have more children than they want and are unable to achieve their desired number of children due to lack of access to family planning services and information. Moreover, an overwhelming majority of Filipinos have acknowledged the importance of the ability to plan one's family or manage one's fertility, and believe that rapid population growth impedes the country's development. A clear and unequivocal national population policy with an adequately funded family planning program that provides accurate information and enables access to a wide range of safe and legally acceptable methods of contraception of choice is urgently needed and will benefit the poor and the most disadvantaged.
11. Education (MDG 2): Based on the 2003 Functional Literacy and Exposure to Mass Media Survey (FLEMMS), literacy rate of the population is at 93.9 percent. Nevertheless, despite this high literacy rate, the quality of education is declining. More boys are dropping out of schools than girls. Sexual and reproductive health messages need strengthening and so the government

is keen on introducing an appropriate curriculum for adolescents. The Department of Health (DOH) with support from UNFPA has developed “A Practical Guide to Adolescent Health Care”, which is an excellent contribution to fulfill the Philippines’ commitment to provide adolescents access to reproductive health information and care – a promise made at the International Conference on Population and Development in Cairo, Egypt in 1994. This Guide now fulfills the long-felt need for a comprehensive Adolescent Sexual and Reproductive Health (ASRH) approach in the context of a gender-responsive, rights-based and culture-sensitive health service delivery environment.

12. Gender (MDG 3): Girls have higher participation rates than boys at elementary and high school levels as seen from the data for School Year 2003-2004. Disparity is generally minimal across regions at the elementary level except in the Autonomous Region in Muslim Mindanao (ARMM), which shows a gender parity index (GPI) of 1.10 (93.31 percent : 84.85 percent). Larger ratio discrepancies were posted in the secondary level with GPIs ranging from 1.08 (58.02 percent : 53.8 percent) in the National Capital Region (NCR) to 1.33 (21 percent: 16 percent) in the ARMM.
13. Male and female labour force participation rates from 1990 to 2003 appear to be generally flat over time. However, this does not mean that female participation has not improved. There have been increases, although minimal, notable of which is the trend beginning 1999 during which female participation rate reached 50 percent and seemed to be stable. The female labour force participation rates for 2002 and 2003 were 52 percent and 51 percent, respectively. Nevertheless, regional figures showed disparities.
14. The country’s gender development index (GDI), based on the Human Development Report, depicts an improvement from 0.739 in 1998 to 0.751 in 2002. Likewise, women are increasingly being empowered as indicated by progress in the gender empowerment measure, which changed from 0.48 in 1999 to 0.542 in 2004.
15. More women are being elected in the local government units and appointed to the Cabinet, Career Executive Service positions, embassies and consulates, and the judiciary. Almost 16 percent of the Representatives in the Lower House of Congress and 13 percent of the Senators in the Upper House of Congress are women.
16. However, violence against women in the form of battering, trafficking and sexual abuse has been a growing concern all over the country. In a recent national survey, about 2.2 million or nine percent of Filipino women aged 18 and above reported incidence of physical abuse inflicted by their partners.
17. Child health (MDG 4): Between 1998 and 2003, remarkable progress has been achieved in the infant mortality rate, which decreased from 35 per 1,000 live births to 29. Likewise, under-five mortality declined from 48 per 1,000 live births to 40. However, the child mortality rate among the poorest 20 percent of population was 25 times more than the rate posted by the richest 20

percent. Much of the infant mortality occurs in the first month after birth, which can be prevented or reduced with proper maternal and neonatal care.

18. Maternal health (MDG 5): The maternal mortality ratio is estimated at 172 deaths per 100,000 live births with wide variations across regions and provinces. Out of 2.4 million Filipino women who become pregnant every year, about 360,000 experience a major obstetrical complication. About 400,000 unsafe abortions take place each year and induced abortion is the fourth leading cause of maternal deaths. Based on the 2003 National Demographic and Health Survey (NDHS), around 88.7 percent of the poorest 20 percent of women delivered babies at home while about 77 percent of the richest 20 percent delivered in a health facility. Only 25.1 percent of births of the poorest 20% of women were delivered by a skilled professional attendant compared to 92.4 percent for the richest women. Inadequate accessibility to quality emergency obstetric services, persistence of home delivery by traditional birth attendants and poor health seeking behaviour of women are key constraints to improved maternal health. Most Filipino women suffer from iron deficiency anaemia and poor nutritional status. About 15 percent of pregnant women are nutritionally at-risk.
19. In 2003, the total fertility rate (TFR) was estimated at 3.5 children per woman. The poorest 20 percent of women had a fertility rate almost three times higher than that of the richest 20 percent. A pressing concern is the high unmet family planning need. Nationwide, only 33 percent of the married women of reproductive age practised modern contraception in 2003. Shortage of modern contraceptives is a serious concern as the support by a bilateral development partner is being phased out. The government's non-funding of contraceptives is a major problem to provide access to and sustain reproductive health services. The government needs to promote constructive dialogue with the Catholic Church leadership, who are mostly opposed to the use of modern contraceptives. At the same time, the government needs to spend funds from the national budget to procure contraceptives in order to ensure couples' access to family planning services.
20. Young people aged 10-24 make up more than 25 percent of the total population. About 16 million youths are sexually active and 70 percent of most recent sexual encounters were without any means of protection. The number of teenagers who have begun childbearing is increasing. Around 6 percent are already mothers and 2 percent are pregnant with their first child. According to the 2002 Young Adults Fertility Survey (YAFS), of the 400,000 estimated annual abortions, one-third occur among young women aged 15-24. Young mothers in this age group account for 17 percent of induced abortions, 6 percent of spontaneous abortions, three out of four maternal deaths, and 74 percent of all births out of wedlock. Filipinos are becoming sexually active at a younger age, and a clear policy is needed for the government to provide services to unmarried sexually active young persons.
21. About 73.4 percent of girls and 35.7 percent of boys reported having experienced any reproductive health problem in the 2002 YAFS and their levels have not changed much over the period. Reproductive health problems among females were less serious compared with males. Despite this high presence of reproductive health symptoms, health utilization is low among adolescents in the country. Only 18 percent of girls and 21 percent of boys sought medical help

for any reproductive health problem they encountered in 2002.

22. In 2003, President Arroyo declared the four pillars of the population and family planning policy, namely:
 - (a) Responsible parenthood: It is the will and ability to respond to the needs and aspirations of the family. Couples are free to decide on the timing and size of their families in pursuit of a better life;
 - (b) Respect for life: The 1987 Constitution protects the life of the unborn from the moment of conception. Abortion is unacceptable as a method of FP;
 - (c) Birth spacing: Three-year birth spacing within the context of responsible parenthood is needed so that women could recover from pregnancy and improve their potential to be more productive; and
 - (d) Informed choice: Couples and individuals will be provided with all the information and services on the natural and artificial methods of FP to be able to make informed choices.
23. HIV/AIDS (MDG 6): An HIV/AIDS outbreak remains a real threat to the country despite its current low prevalence (<0.1%). As of December 2004, there were a total of 2,200 HIV/Ab seropositive cases, of which 676 were full-blown AIDS cases. Thirty-three percent (33%) of the HIV/Ab seropositive cases were Overseas Filipino Workers. Significant presence of high-risk behaviour among vulnerable groups, such as low use of condoms, could spread the disease to the general population. About a third of sexually active youth have multiple sex partners. In addition, the population size of high-risk groups is increasing. Anti-retroviral and other drugs for complications remain expensive and inaccessible.
24. Environment (MDG 7): Rapid urbanization has swelled the urban slums to 1.3 million and compromised the health and nutritional status of the population. The urban poor, especially children, women of child-bearing age and elderly, are becoming increasingly vulnerable to the adverse effects of pollution in various hot spots. The ill effects of population pressure on the environment are evident in many parts of the country. Total forest cover has decreased from 6.2 million to 5.4 million hectares from 1990 to 1997. Only 4.3 percent of corals remain in excellent condition. Heavy flooding and landslides caused by a recent typhoon that killed more than 1,800 people was primarily blamed on illegal logging.
25. Partnerships (MDG 8): The need for an effective and sustained advocacy campaign for a strong and consistent population management policy has been persistently voiced by civil society organizations, the private sector, academic institutions, and development partners. Recently, 22 professors of the University of the Philippines' School of Economics have voiced serious concern over the lack of an effective and comprehensive population policy in the country. Similarly, the League of Mayors has expressed its commitment to support family planning programme nationwide. The private sector has also strongly urged the government to act on population problems. High budget deficits and national debt have resulted in decreased allocation of budget for the social sectors as 28 percent of the annual budget was spent on servicing the debt payment in 2003. Direct funding of the community programs promoting empowerment of the poor will facilitate transparency and better governance.

Part III. Past Cooperation and Lessons Learned

26. During the period 1969-1994, UNFPA assistance focused on family planning, population education, and advocacy for population and development. From 1995 to 1999, there was a major paradigm shift from family planning to reproductive health. In 2000, the Department of Health issued an administrative order creating a reproductive health programme. The Department also created the Adolescent and Youth Health Development Program in 2001. The 5th CP (2000-2004) aimed to integrate reproductive health services in accordance with the Programme of Action of ICPD. Some modest gains have been achieved in the field of policy. The Anti-Trafficking in Persons Act was signed into law in 2003, addressing the sexual exploitation and abuse of women and children through trafficking. In 2004, the Anti-Violence Against Women and their Children Act was signed into law, protecting women and their children from all forms of violence in the context of marital, dating or common-law relationships, and criminalizing VAWC perpetrators. It recognizes the “battered woman syndrome” as a justifying circumstance for women who have suffered cumulative abuse and have been driven to defend themselves. A national ‘fatwah’ or decree was issued in 2004 by Muslim religious leaders declaring Islam’s support for RH/FP.
27. The 2002 Mid-term Review and the 2003 Annual Country Review of the 5th CP revealed significant progress made towards providing quality, integrated reproductive health services and information in the nine UNFPA-assisted provinces and in the seven ARH NGOs. The RH and advocacy training modules, protocols, supervisory checklists, and monitoring tools enhanced technical capacities of service providers to deliver RH services. Management effectiveness and accountability, both at national and local levels, were also enhanced by the trainings in results-based management and the log-frame approach.
28. Several lessons were learned during the implementation of UNFPA-assisted programmes. There was need to strengthen the gender and rights-based orientation of the Country Programme and expand the coverage of PDS beyond the publication of the State of the Philippine Population Report and the installation of the population database.
29. The conventional cascade of training posed a serious challenge to sustainability and cost efficiency. Contingency support for an intensive advocacy programme was required to neutralize an environment that is hostile to population and reproductive health issues.
30. In a devolved system of governance, direct funding and assistance to the municipalities and villages is an effective way to benefit the poor. Fostering a sense of community ownership and social mobilization for new and improved services are essential to programme success. Empowerment of women’s groups and civil society organizations to acquire bargaining power with local legislative and executive authorities for reproductive health and rights is essential. Reaching the poor and vulnerable with quality services and changing their reproductive health status remain a continuing challenge.

Part IV. Proposed Programme

31. The CPAP builds on the Country Programme Document of the Philippines approved by the Executive Board of UNFPA and the UNDAF outcomes identified jointly by the GOP and the UN agencies.
32. The goal of the proposed programme is to improve the reproductive health status of the Filipino people through better population management and sustainable human development. The strategic areas of intervention will be reducing fertility; improving maternal health; promoting adolescent reproductive health; and HIV/AIDS prevention, support and care through capacity building of policy makers, program managers, and service providers; and empowering the poor and the vulnerable population at the grassroots.
33. Cognizant of the need to direct more health benefits to the poor, the 6th Country Programme will focus its benefits on the poorest ten provinces in Luzon, Visayas, and Mindanao, which have been jointly selected by the GOP and the UNFPA using the following criteria: (a) poverty incidence; (b) maternal mortality ratio; (c) contraceptive prevalence rate; (d) life expectancy at birth; and (e) functional literacy. The selected provinces are:

Luzon	Visayas	Mindanao
Ifugao Mountain Province* Masbate	Bohol Eastern Samar*	Sulu Tawi-Tawi Lanao Sur Maguindanao Sultan Kudarat*

* denotes provinces for joint programmes with UNICEF

34. Three poorest municipalities will be selected from each of the 10 provinces. In addition to rural municipalities, poverty-stricken urban areas will be selected for UNFPA assistance in Metro Manila and in the cities of Cebu, Davao and Olongapo. Where municipalities are part of a functional “inter-local health zone”, UNFPA will provide support.
35. A technical assistance programme for replication of best practices will be established in the Provinces of Cagayan, Nueva Vizcaya, Capiz, Aklan, Cotabato and in the nine municipalities of Northern Iloilo Province. Identified best practices will be introduced in the pilot municipalities and cities under the 6th Country Programme through a south-to-south collaboration. In addition, the selected 5th CP provinces will scale up the best practices in their own localities. Assistance will likewise be extended to the Provinces of Cebu, Palawan and Bukidnon for specific project initiatives to address the reproductive health needs of their people.
36. The proposed programme is based on the identified priority areas of the UNDAF, namely: 1) macroeconomic stability and broad-based and equitable development; 2) basic social services; 3) good governance; and 4) environmental sustainability. The characteristic features of the new

programme will be pro-poor, gender-responsive, culture-sensitive, rights-based, and demand-driven. Conflict prevention and peace-building efforts will be integrated in the 5 provinces of Mindanao.

37. The pro-poor focus of the 6th CP will be operationalized through active participation of all stakeholders from the selected provinces and municipalities in the following tasks:
- (a) conceptualization of the package of assistance;
 - (b) assessment of the population and RH situation from both local government and community perspectives;
 - (c) identification of problems and policy issues in the three core programme areas— Population and Development, Reproductive Health and Gender;
 - (d) assessment of the capacities of LGUs to implement the programme of assistance;
 - (e) determination of programme organization and management structure; and
 - (f) development of mechanisms for continuity and sustainability of the pro-poor, gender- and culture-sensitive, and rights-based reproductive health programmes.

Population and Development

38. The outcome of this component will contribute to an enhanced policy environment that supports population and reproductive health programmes, particularly for the poorest and most vulnerable.
39. Output 1: Relevant government institutions, NGOs and private sector groups are able to identify poor and vulnerable groups and formulate, implement, analyze, and monitor pro-poor and gender-responsive policies, programmes and projects on population and development and reproductive health. Through strengthened national and local advocacy and grand alliance building, the programme will support the passage of a comprehensive law on reproductive health with a pro-poor, gender-responsive and rights-based character. The programme will likewise advocate for a more defined adolescent sexual and reproductive health policy and will work for the continued incorporation of population and RH concerns in the MDG Report and in national, sectoral and local development plans.
40. Appropriate methodologies and tools for pro-poor policy and intervention strategy for reproductive health will be developed in collaboration with the academe, government, particularly the National Anti-Poverty Commission (NAPC), World Bank, ADB, UN agencies and other institutions. These new tools will be used to identify poor communities and engage civil society organizations to achieve better results.
41. Output 2: Enhanced national and local capacities to formulate development plans, and conduct policy studies and research that link population with poverty and that utilize age- and sex-disaggregated population data. In creating a conducive policy environment for population and RH, policy studies and researches examining the interlinks between population and poverty and documenting the advantage of sound population policies will be conducted and disseminated.

New or updated demographic and socio-economic data will be generated, analyzed and utilized for planning and decision-making. These will include data for monitoring ICPD and ICPD +5 goals, and the MDGs.

42. Output 3: Upgraded national and sub-national capacities to formulate and implement development plans, policies, and programmes that take into account population, environment, gender, reproductive health, and poverty linkages. UNFPA will support national government agencies and LGUs in the development of policies, plans, and programmes that effectively integrate the population, environment, gender, and reproductive health dimensions and their linkages with poverty. It will support capability building activities on gender-responsive population and development integration in national and local development plans by improving the skills of national and local planners and program managers. For this purpose, appropriate tools will be developed in consultation with partners to ensure the provision of adequate technical assistance as well as the performance of mentoring and monitoring tasks for effective integration.

Reproductive Health

43. The outcome of this component seeks to contribute to increased demand for and utilization of high-quality, gender-responsive, rights-based, sustainable, and integrated reproductive health services and information by the poor and vulnerable women, adolescents and men by strengthening the demand and supply sides of the programme.
44. Output 1: Empowered women, men and adolescents seeking appropriate reproductive health information and services. Responsive community organization and mobilization efforts will be promoted to create demand for effective service delivery and promote healthy reproductive behaviours. Social mobilization efforts will include sensitizing the entire community—its political and religious leaders and scholars, elders, parents and young people to ensure that services correspond to community needs and requirements. Community networks of women will be organized to mainstream participation of women in major decision-making processes in the health care delivery system. Youth participation in the creative planning and implementation of adolescent programmes will be encouraged. Male involvement in the reproductive health programme will be supported through advocacy and community networking efforts.
45. Output 2: Increased access to high-quality, comprehensive, client-oriented, and gender-responsive reproductive health information and services for women, adolescents and men. Output will emphasize enhanced accessibility and availability of comprehensive and integrated reproductive health information and services. Culture-sensitive Behaviour Change Communication programmes for reproductive health, especially for the poor, the Muslims, and the cultural communities will be intensified while services for family planning, particularly the provision of modern, safe and effective methods of contraception will be accelerated. Prevention and management of STIs/HIV/AIDS will be strengthened; care and support for PLWHA will be introduced; and, the capacity of service providers and communities to address domestic and gender-based violence will be upgraded. Emergency Obstetric Care services to improve maternal health will be a priority. Male involvement in reproductive health will be

further strengthened and the specific reproductive health needs of men will also be addressed.

46. Best Practices from the 5th CP will be replicated by government with support from other development partners. A window for innovations will be opened, especially for NGOs and LGUs that can demonstrate a results-oriented, gender-responsive, rights-based, cost-effective and sustainable package of RH interventions designed for the poor. Social health insurance for RH services will be expanded to reach the poor and the vulnerable through the accreditation of public and private health facilities and professionals providing these services.
47. Sexual and reproductive health information and education will be promoted through their integration in school curricula, teacher training institutions, out-of-school programmes, peer education, counselling, and the development of education materials. Legal literacy on regulations and policies that affect the rights and responsibilities in family life of women, men and young people will be promoted. Women and adolescent girls will be given specific information to enable them to protect themselves. The establishment of a network of services for the recovery and reintegration of survivors of abuse, violence and exploitation will be supported.
48. Output 3: Improved management systems and practices for RH service delivery. Providing steady and regular supplies, particularly to barangay health stations, rural health units and primary health care providers, is critical to the success of the RH programme. Contraceptive distribution and drug logistics management will be improved. Social franchising of contraceptives and other reproductive health commodities will be promoted on a pilot basis. Contraceptive self-reliance initiatives—budget allocation by LGUs, more involvement of private sector and social marketing—will be encouraged and supported.

Gender and Culture

49. The outcome of this component is to contribute to strengthening of institutional mechanisms and socio-cultural practices to promote and protect the rights of women and girls and advance gender equity and equality.
50. Output 1: Enhanced capacity to formulate, mobilize resources, implement, evaluate and monitor policies and programs to ensure reproductive rights and to combat Gender-based Violence (GBV) and harmful practices. Interventions to protect the rights of women and girls in vulnerable and difficult circumstances such as survivors of GBV, victims of trafficking, women migrant workers, and women in slum areas will be supported. Technical assistance to relevant government agencies and civil society in the popularization and monitoring of international, national and local policies ensuring reproductive rights and combating GBV will become an integral part of this component. Gender-related protocols developed in the 5th CP will be used as basis for developing a national protocol on addressing GBV and will be localized at the LGU level. Skills building and shaping attitudes of providers and managers in dealing with survivors of sexual abuse will be supported.

51. **Output 2:** Strengthened capacities of civil society organizations, community and religious leaders, parliamentarians and the media in advocating for women's and girls' empowerment. Leadership, advocacy and organizing skills of women's groups will be further strengthened. These activities are expected to increase participation of women in the decision-making process in the areas of reproductive health and rights. Linkage with livelihood programmes will facilitate the exercise of reproductive rights through economic empowerment of women. Interfaith groups will be further mobilized to establish effective dialogue with cultural communities, and various church and mosque leaders. South-South collaboration with countries of similar background will also be promoted.

Part V. Partnership Strategy

52. An effective partnership between and among UNFPA, GOP, civil society organizations, private sector, and other UN agencies is envisaged to contribute to the UNDAF outcomes and the MDGs. The government, civil society organizations and UN agencies will be working on the supply side of the programme, while civil society organizations will be investing their efforts on the demand side of the programme. The partnership will be participatory with multisectoral and multidisciplinary bodies.
53. The following agencies/organizations will be the 6th CP Implementing Partners for various thematic and programme component areas:

Agencies / Organizations	Thematic / Programme Areas
A. Government Agencies	
National Economic and Development Authority (NEDA)	Overall coordination
Department of Health (DOH)	Reproductive Health, Adolescent Reproductive Health (ARH)
Commission on Population (POPCOM)	Population and Development, Advocacy
National Commission on the Role of Filipino Women (NCRFW)	Gender and women's issues
Department of Education (DepEd)	ARH
Department of the Interior and Local Government (DILG)	Population and Development, Advocacy
Department of Environment and Natural Resources (DENR)	Environment and Population
Department of Social Welfare and Development (DSWD)	VAWC
National Youth Commission (NYC)	Adolescents and Youth related policies
National Anti-Poverty Commission (NAPC)	Poverty and Population

Agencies/Organizations	Thematic/Programme Areas
Philippine Health Insurance Corporation (PhilHealth)	Social health insurance
National Commission on Indigenous Peoples (NCIP)	Culture and Population
Local Government Units (LGUs)	RRH, ARH, Gender, Pop Dev., Advocacy
B. NGOs // Private sector	
Samahang Mamamayan—Zone One Tondo, Inc. (ZOTO), Trade Union Congress of the Philippines (TUCP), DKT Philippines, Cooperative Movement for Encouraging NSW (CMIEN), EngenderHealth, TriuDew, Positive Action Foundation Philippines, Inc. (PAFPI), Pinoy Plus, AIDS Society of the Philippines (ASP), Action for Health Initiatives, Inc. (ACHIEVE), Philippine Legislators Committee on Population and Development (PLCPD), Philippine NGO Council on Population, Health and Welfare, Inc. (PNGOC), Forum for Family Planning and Development, Inc. (FORUM), Employers Confederation of the Philippines (ECOP), Population Media Center (PMC), PATH Foundation Philippines, Inc., Foundation for Adolescent Development (FAD), Remedios AIDS Foundation, Inc., (RAF), Kaugmaon Centre for Children's Concerns Foundation (Kaugmaon), International Centre for Christian Action for Relief and Empowerment (CARE), Institute of Social Studies and Action (ISSA), EngenderRights/3RG, Limangang Ng Kababaihan (LIKHAAN), Family Planning Organization of the Philippines (FPOP), Baguio Center for Young Adults, Inc. (BYCA), Institute of Primary Health Care (IPHC), Save the Children, ACDI-VOCA, Kababaihan Laban sa Kanahasang Foundation, Inc. (KALAKASAN), and International Council on Management of Population Programmes (ICOMP).	RRH, ARH, Gender, Reproductive Rights, HIV/AIDS, Women's Issues, Advocacy, Population and Development, Environment, Community Organizing and Social Mobilization, Social Franchising and Social Marketing, Media
C. UN Agencies	
UNICEF, UNDP, ILO, WHO, FAO, UNAIDS and UNFPA	Safe motherhood, FP, ARH, HIV/AIDS, Off-farm employment, microfinance, sustainable rural development, environment, peace-building.

Each Implementing Partner will sign an Annual Work Plan with UNFPA to receive funds.

Part VI. Programme Management

54. A national level UNDAF Steering Committee co-chaired by the Secretary of Socio-Economic Planning and NEDA Director General and the UN Resident Coordinator will provide advisory services to the 6th CP. A National Programme Management Committee (NPMC) comprised of principal implementing partners and UNFPA will manage the programme. The NPMC will meet on a semestral basis and review the progress and advise ways to move forward. The

NPMC will also suggest changes to be implemented by the implementing agencies to meet new challenges and improve programme performance. Likewise, management committees at regional, provincial and municipal levels will be established.

55. Joint programmes will be carried out in 3 provinces with UNICEF, where a common annual work plan, budget and M&E will be followed. Joint programming with UNDP, ILO, and FAO through the ACT for Peace Programme will be pursued. Similar joint programming ventures with UNAIDS and WHO will be pursued.
56. UNFPA execution will include the procurement of commodities and equipment; conduct of special surveys, research studies and operations research; provision of fellowships, participation in international conferences and study tours; and selected national capacity building activities. Planning, monitoring and implementation of reproductive health and population programme activities will be undertaken at the national, provincial and municipal levels. Selected NGOs and community-based organizations will implement programmes at local and national levels. They will work as a team with Local Government Units to mobilize communities, the poor and the disadvantaged people. Multisectoral management and monitoring mechanisms at national, provincial and municipal levels will be established.
57. The UNFPA Country Support Team based in Bangkok, Thailand, relevant HQs units, and national and international consultants will provide technical and management support.
58. The UNFPA Country Office in the Philippines consists of a Representative, two Assistant Representatives, and support staff. The sixth CP will support nine programme staff and additional project staff, as required, to manage the programme. National project personnel will provide technical backstopping and undertake monitoring. A Regional Support Team (RST) for the Southern Philippines will be established.

Part VII. Monitoring and Evaluation

59. UNFPA and partner organizations shall establish a unified set of gender-sensitive evaluation parameters indicating programme success of reproductive health and population development initiatives. These are common indicators of successful, efficient, relevant and sustainable programmes where innovative interventions were introduced. Performance-based schemes stressing the capacity build-ups and institutional advantage of partner organizations will be adopted in harmony with UNFPA outputs.
60. Planning, monitoring and evaluation will serve as measures of critical results-based management functions. These will be undertaken to assess the effectiveness of the development assistance, national capacity and programme ownership in the three poorest municipalities selected in each of the 10 provinces and 4 pilot cities through the 5-year project life.
61. Consistent with the M&E framework, outputs specified in the UNDAF, Multi-Year Funding Framework (MYFF) and Results and Resources Framework (RRF) are utilized to provide the bases for tracking performance across the years of implementation. The most common tools for tracking programme implementation used by project partners are the logframe monitoring tool

and Annual Work Plans (AWPs). Monitoring will be conducted by implementing partners and UNFPA.

62. Appropriate and befitting evaluation methodologies will be introduced, in consultation with partners, in determining evaluation designs and approaches vis-à-vis study types.
63. Planning, monitoring and evaluation of reproductive health and population programme activities will then be undertaken at the national, regional, provincial, and municipal levels using the results of the community assessments which are participatory and consensual in approach.
64. NGAs, particularly the Programme Component Managers, as well as NGOs and LGUs will use existing or project-created multisectoral monitoring and coordination mechanisms and establish a system of reporting in order to collect the necessary data and information from implementing partners that will determine progress. Appropriate forms will be designed to ensure that the data collected correspond to the logframe indicators required.
65. Knowledge sharing will be promoted and data collected will be shared nationally. The community-based MIS, including the monitoring and evaluation tools developed under the 5th CP will be further improved and made accessible to those working in the field of population and reproductive health. Monitoring and data collection will be continuous and systematic. Information regarding best practices and lessons learned will be made accessible nationwide.

Part VIII. Commitments of UNFPA

66. The UNFPA Executive Board approved a total commitment not to exceed the equivalent of the sum of US\$26 million over a 5-year period beginning January 2005 and ending December 2009. Of the total amount pledged, US\$20 million will come from UNFPA regular resources, subject to availability of funds. UNFPA will do its best to raise another US\$6 million from other sources to finance the country programme, subject to donor interest. These regular and other resources are exclusive of funding received in response to emergency appeals. The distribution of funds among the component areas will be as follows:

Reproductive Health	US\$16.5 million
Population and Development	US\$ 5.5 million
Gender and Culture	US\$ 3.0 million
Programme Coordination and Assistance	US\$ 1.0 million

67. UNFPA support for the development and implementation of activities within this Country Programme Action Plan may include supplies and equipment, medicines and contraceptives, procurement of services on behalf of the government, transport, technical staff and support, funds for advocacy work, research and studies, consultancies, improvement of facilities, information and communication programme, fellowships, participation in international conferences, study tours, orientation and training activities, monitoring and evaluation, programme development, and coordination and management. UNFPA shall appoint programme

staff and consultants for programme development, programme support, technical assistance, as well as monitoring and evaluation activities. Part of the fund will be provided to NGOs and civil society organizations within the framework of the individual AWP.

68. The funds will support priority programs as identified in the RRF attached to this document. Changes in the program activities are subject to review by the GOP and UNFPA. Funds will be committed annually based on the AWP to be signed by the respective implementing agencies and UNFPA. Disbursement of funds will be made on a quarterly basis following UNFPA financial rules and procedures.
69. UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it which are not used for the purpose specified in the AWP. Therefore, in consultation with concerned government agencies, UNFPA maintains the right to request a joint review of the use of commodities supplied but not used for the purpose specified in this CPAP or the AWP, for the purpose of reprogramming those commodities within the framework of the CPAP. UNFPA will keep the GOP informed about the UNFPA Executive Board policies and any change occurring during the programme period.

Part IX. Commitments of the Government of the Philippines

70. The GOP will provide necessary support to UNFPA and concerned implementing agencies to carry out the 6th Country Programme of Assistance. It is committed to assist UNFPA to raise funds required to meet the financial needs of the Country Programme. The GOP is also committed to organize periodic programme review and planning meetings and facilitate the participation of donors and NGOs. The GOP's contribution to the Country Programme will include personnel, office spaces and logistics support, as available, in the project areas.
71. Each of the UNFPA-assisted programme departments, provincial departments and municipal local government units shall maintain proper accounts, records and documentation with respect to funds, supplies, equipment and other assistance provided under this Country Programme. Authorized officials of UNFPA shall have access to all relevant accounts, records and documents concerning the distribution of supplies, equipment and other materials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the programme of cooperation.
72. The GOP will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNFPA under this CPAP. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNFPA under this Country Programme Action Plan. UNFPA shall also be exempted from the Value Added Tax (VAT) or any other forms of local taxation with respect to local procurement of supplies or services procured in support of UNFPA-assisted programmes. The accounting procedures for supplies and equipment will conform with the general accounting procedures of the GOP which will provide such information as required by UNFPA.
73. All supplies and equipment procured by UNFPA for the GOP shall be transferred to the GOP

immediately upon arrival in the country. Final legal transfer shall be accomplished upon delivery to UNFPA of a signed government receipt. Should any of the supplies and equipment thus transferred not be used for the purposes for which they were provided as outlined in the AWP and this CPAP, UNFPA may require the return of those items, and the GOP will make such items freely available to UNFPA.

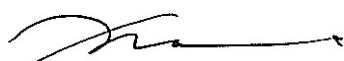
74. With respect to the use of programme funds, UNFPA and the heads of respective GOP agencies as indicated in the AWP, will sign separate letters of understanding and approval providing details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reports, audit and control mechanisms, and closing procedures. The GOP shall designate the names, titles and account details of the recipients authorized to receive such funds. Responsible officials will utilize such funds/assistance in accordance with GOP regulations and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved AWP budgets and ensuring adequate reporting as specified below. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed through mutual consent between the GOP and UNFPA, or returned to UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient. Funds used for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in the ICSC circulars.
75. Each of the GOP institutions concerned – through its respective technical personnel at national, regional, provincial, and municipal levels – shall provide status reports to UNFPA on UNFPA-assisted programmes. Key indicators of physical and financial progress shall be developed for each activity, showing the targeted and achieved objectives in each period. The GOP and UNFPA shall mutually agree on the *pro-forma* to be used and the frequency of reporting.
76. An evaluation of the impact of programmes on its beneficiaries, including youth and women, will be undertaken by the GOP or designated institutions at periodic intervals, in consultation with UNFPA. The reports of these evaluations will be made available to UNFPA and will help guide further development of the cooperation between the GOP and UNFPA.
77. The GOP shall facilitate and cooperate in arranging periodic visits to programme sites and observations of programme activities for UNFPA personnel and officials for the purpose of monitoring the end use of programme assistance, assessing progress in programme implementation, and collecting information for programme development, monitoring and evaluation.
78. The GOP will be responsible in dealing with any claims, which may be brought by third parties against UNFPA and its officials, advisors and agents. UNFPA and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by GOP and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors, agents or employees. Without prejudice to the generality of the foregoing, the GOP shall ensure or indemnify UNFPA from civil liability under the law of the country with respect to programme vehicles under the control of or use by the GOP.

79. The GOP will support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Cooperation, including all components detailed in this CPAP, and will cooperate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds needed to implement the unfunded components of the programme by endorsing UNFPA's efforts to raise funds for the programme from the private sector, both internationally and in the Philippines, by allowing contributions from individuals, corporations and foundations in the Philippines to support the programme for children and women which will be tax exempt.

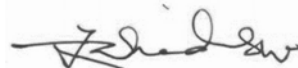
Part X. Other Provisions

80. This CPAP and annexes shall supersede any previously signed CPAP or action plan of operations and will take effect upon signing, but will be understood to cover programme activities to be implemented during the period 1 January 2005 to 31 December 2009.
81. The CPAP may be modified through mutual consent of the GOP and UNFPA based on annual reviews or compelling circumstances.
82. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities of the United Nations adopted by the General Assembly on 13 February 1946 to which the GOP is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day, 21 March 2005, in Pasig City, Philippines.



For the Government of the Philippines
ROMULO NERI
Secretary of Socio-Economic Planning
and NEDA Director General



For the United Nations Population Fund
ZAHIDUL HUQUE
Representative

ANNEX-I: RESULTS AND RESOURCES FRAMEWORK FOR THE PHILIPPINES

UNDAF Outcome: By 2009, increased income for women and men in poverty groups in priority areas through enabling policies, public and private partnerships, and asset reform measures that lead to the expansion of sustainable livelihoods, community enterprises and employment opportunities, increased productivity and managed population growth

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines	Implementing Partners	Resources																								
Population and development strategies	<p>CP Outcome 1: An enhanced policy environment that supports gender-responsive population and reproductive health programmes, particularly for vulnerable and poor populations</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Explicit integration of reproductive health and gender priorities into the medium-term Philippine development plan and MDG reports. • Pro-poor population and RH policies, strategies and programs developed and implemented. • National and sub-national laws and policies ensuring access to reproductive health information and services, especially for youth, and delaying the age at marriage passed. • Proportion of the national and local health budgets allocated for contraceptives procurement. <p>Baseline: RH not in MTPDP, but individual elements are; RH & gender both substantively discussed in 1st & 2nd MDG reports; national & local policies & programs available but no comprehensive inventory undertaken; HB 3773 under House committee discussions; alliance working toward one unified RH bill version; around PhP70 million allocated for contraceptives during President Estrada's term.</p>	<p>CP Output 1: Relevant government institutions, NGOs and private-sector groups are able to identify poor and vulnerable groups and to formulate, implement, analyse and monitor pro-poor policies, programmes and projects on population and development, and reproductive health</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Functional grand alliance of RH advocates in place • Proportion of institutions/agencies able to integrate, analyze, implement & monitor PopDev, RH & gender dimensions in their respective policies, programs & projects • Proportion of national/sectoral and local plans that integrate PopDev, RH & gender concerns • Methodologies and tools for pro-poor, gender-responsive & rights-based RH policy-making developed. <p>Baseline: RH Advocacy Network [RHAN] can form alliance base at the national level while advocacy teams can form the base at the local level. Some institutions able to produce PopDev-enriched plans & programs but no comprehensive inventory has yet been conducted. Certain national/sectoral/local plans already integrate PopDev, RH & gender but no inventory has yet been undertaken. There may be existing methodologies for pro-poor RH but no comprehensive inventory has yet been undertaken.</p>	<p>POPCOM, PLCPD, PNGOC, Forum, ECOP, 10 provinces, 30 municipalities & Olongapo City, DOH, NCRFW, DILG, NAPC</p>	<p>Regular resources</p> <table border="1"> <thead> <tr> <th></th> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>2005</td> <td>\$0</td> <td>\$800,000</td> <td>\$600,000</td> <td>\$350,000</td> <td>\$200,000</td> </tr> <tr> <td>Other resources</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2005</td> <td>\$500,000</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </tbody> </table>		2005	2006	2007	2008	2009	2005	\$0	\$800,000	\$600,000	\$350,000	\$200,000	Other resources						2005	\$500,000	\$0	\$0	\$0	\$0
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Other resources																												
2005	\$500,000	\$0	\$0	\$0	\$0																							

UNDAF Outcome: By 2009, increased capacity of stakeholders to protect and enhance the quality of the environment and sustainably manage natural resources.										
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines	Implementing Partners	Resources						
	<p>CP Outcome 3: National, subnational & sectoral policies, plans & strategies take into account population & development linkages</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Population & environment linkages explicit in national development policies, plans & poverty reduction strategies. <p>Baseline: There are existing national & sectoral development plans & programs with population & environment content but no updated & comprehensive inventory has yet been undertaken.</p>	<p>CP Output 3: Upgraded national & subnational capacities to formulate & implement gender-responsive development plans, policies & programmes that take into account population, reproductive health & environment linkages.</p> <p>Output indicators:</p> <ul style="list-style-type: none"> A corps of national & local planners able to integrate population dimension into environment policies, plans & programs. Proportion of implementing partners using appropriate tools developed for planning & management of population, health & environment. <p>Baseline: Environmental plans & frameworks integrating population dimension are existing but no comprehensive, updated inventory has been undertaken. Behavioural Monitoring Survey needs to be finalized.</p>	POPCOM, Pilot LGUs, DENR, PATH Foundation	Regular resources	2005	2006	2007	2008	2009	
				Other resources	2005	2006	2007	2008	2009	
					\$200,000	\$300,000	\$300,000	\$100,000	\$100,000	
					\$400,000	\$400,000	\$400,000	\$400,000	\$400,000	

UNDAF Outcome: By 2009, increased and more equitable access to and utilization of high quality, integrated & sustainable basic social services by poor & vulnerable groups.																										
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines	Implementing Partners	Resources																						
Reproductive Health	<p>CP Outcome 1: Increased demand for & utilization of comprehensive, high-quality reproductive health services.</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Increase in the proportion of women who have final say in decisions about their own RH care. Increase in the proportion of young people in-school & out-of-school practicing life skills. Percent of pregnant women with complete prenatal visits & other RH services in RHUs, BHS & other birthing facilities. Percent increase in young people [10-24 year old girls and boys] using ARH services in teen centers/hubs, school clinics or public & private health facilities. Percent increase among men seeking consultation on STI/HIV-AIDS & other RH services in RHUs / RH clinics. <p>Baseline: Baseline KAP survey to be conducted for first two outcome indicators. Percentage of pregnant women with complete prenatal visits [70% based on MCH survey]. Data to be collected for last two outcome indicators.</p>	<p>CP Output 1: Empowered women, adolescents & men with identified needs & appropriate mechanisms for reproductive health information & services.</p> <p>Output indicators:</p> <ul style="list-style-type: none"> National & subnational/local mechanisms that advance civil society participation in planning & monitoring high-quality RH services. Existence of functional community/support networks of women, men & adolescents to advocate for RH issues & concerns. Percentage increase of in-school & out-of-school young people with knowledge of: HIV / AIDS/STI [transmission, symptoms & prevention]; different forms of VAWC; FP & responsible parenthood; fertility management; sexual health & rights. Percentage increase of married men and women with knowledge of the following: <ol style="list-style-type: none"> Safe motherhood Family planning and responsible parenthood STI/HIV/AIDS VAWC <p>Baseline: Data to be collected for first and second indicators. For third indicator, pre- and post evaluation results to be conducted. Baseline KAP survey to be conducted for the fourth indicator.</p>	DOH, DepEd, NCRFW, DSWD, NSO, NYC, LGUs, LGU-NGOs	<p>Regular resources</p> <table border="1"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$1,190,000</td> <td>\$1,215,000</td> <td>\$1,185,000</td> <td>\$650,000</td> <td>\$400,000</td> </tr> </tbody> </table> <p>Other resources</p> <table border="1"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$400,000</td> <td>\$400,000</td> <td>\$400,000</td> <td>\$400,000</td> <td>\$400,000</td> </tr> </tbody> </table>	2005	2006	2007	2008	2009	\$1,190,000	\$1,215,000	\$1,185,000	\$650,000	\$400,000	2005	2006	2007	2008	2009	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000		
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Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines	Implementing Partners	Resources																																								
	<p>CP Outcome 2: Increased access to comprehensive, high-quality RH services & information.</p> <p>Outcome Indicators:</p> <ul style="list-style-type: none"> • Proportion of births attended by skilled health personnel. • Percentage of women with obstetrical complications who are treated in EmOC facilities. • Caesarean sections as a proportion of all births. • Contraceptive Prevalence Rate [CPR] • Unmet need for Family Planning • Proportion of clients with STI who are appropriately diagnosed, treated & counselled • Condom use at last high-risk sex encounter among youth <p>• National or sub-national/local policies in place to increase the access of youth to quality RH information & services.</p> <p>Baseline: Proportion of live births delivered by professionals: doctors [33.2%]; nurses [1%]; midwives [26.2%]. Data to be collected for second & sixth indicators. CS as a proportion of all births: 7.3% [urban: 4.9%; rural: 2.4%] CPR (modern methods): 33% (NDHS); 35.1% (FPS). Condom use at last high-risk sex encounter: 38.2% Policies that increase access to be conducted.</p>	<p>CP Output 2: Increased availability of high-quality, integrated gender-sensitive core RH information & services.</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percent increase in health facilities providing high-quality integrated core RH information & services certified as EmOC, PMAC providers & <i>Senrong Sigla</i> certified, PhilHealth-accredited. • Percent of service delivery points offering 3 or more of the following RH services: maternal health & newborn package; ARH; family planning; prevention/management of STD/HIV/AIDS; prevention/management of gender-based violence; integrated RH services. • Percent increase in the number of poor households covered by social health insurance. • Number of municipalities with 50% reduction in maternal death from baseline. • Extent of integration of adolescent RH into elementary, secondary curricula & alternative learning system. <p>Baseline: Baseline data to be collected for first three and last indicators. Baseline data available with LGUs for the fourth indicator.</p> <p>CP Output 3: Improved management systems & practices for <i>genderized</i> IRH service delivery.</p> <p>Output Indicators:</p> <ul style="list-style-type: none"> • Percent increase in the number of LGUs with Contraceptive Self-Reliance strategy in operation. • Percent increase in number of implementing partners with <i>genderized</i>, integrated results-based RH policies, programs & referral systems in operation. • Increase in proportion of LGU budget allotted & spent for <i>genderized</i> IRH program. <p>Baseline: Data to be collected.</p>	<p>DOH, LGUs, PhilHealth</p>	<p>Regular resources</p> <table border="1"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$1,020,000</td> <td>\$1,195,000</td> <td>\$1,095,000</td> <td>\$550,000</td> <td>\$550,000</td> </tr> </tbody> </table> <p>Other resources</p> <table border="1"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$500,000</td> <td>\$500,000</td> <td>\$500,000</td> <td>\$500,000</td> <td>\$500,000</td> </tr> </tbody> </table> <p>Regular resources</p> <table border="1"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$570,000</td> <td>\$720,000</td> <td>\$720,000</td> <td>\$470,000</td> <td>\$470,000</td> </tr> </tbody> </table> <p>Other resources</p> <table border="1"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </tbody> </table>	2005	2006	2007	2008	2009	\$1,020,000	\$1,195,000	\$1,095,000	\$550,000	\$550,000	2005	2006	2007	2008	2009	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	2005	2006	2007	2008	2009	\$570,000	\$720,000	\$720,000	\$470,000	\$470,000	2005	2006	2007	2008	2009	\$0	\$0	\$0	\$0	\$0
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UNDAF Outcome: By 2009, good-governance reforms and practices are institutionalized by the Government, local government units, civil society organizations and the private sector at all levels with a view toward poverty reduction, protection of rights, sustainable human development, & promotion of gender equality.

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines	Implementing Partners	Resources																				
Gender	<p>CP Outcome 1:</p> <ul style="list-style-type: none"> Enhanced enabling environment to promote & protect the rights of women & girls & to advance gender equity & equality. <p>Outcome indicators:</p> <ul style="list-style-type: none"> National & sub-national mechanisms in place to monitor & reduce gender-based violence [GBV]. Discriminatory provisions against women & girls removed from national & sub-national legislation. National, regional & local mechanisms in place to monitor & reduce GBV. Mechanisms to measure the scope of GBV in place. Mechanisms to reduce GBV in place. <p>Baseline: No monitoring mechanisms developed yet, although laws provide for their creation. IAC-AT & IAC-VAWC exists at the national level.</p>	<p>CP Output 1:</p> <p>Enhanced capacity of government at national, regional and local levels to mobilize resources, and to formulate, implement, monitor & evaluate policies & programs to ensure reproductive rights & to combat GBV.</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Implementing guidelines on the delivery of GBV services. Performance standards & protocol on the delivery of psychosocial, medical & legal services for VAW. Number of VAW service visits provided, by type of service, according to standards. Number of SDPs providing GBV services according to standards. Working referral network on GBV cases. Functional RIACAT, PIACAT & MIA-CAT VAW networks. Number of reported, filed & resolved cases of VAW & human trafficking Percent of budget allocated for gender concerns by national agencies [DSWD, DOH, DILG, PNP, DOJ, PopCom] & LGUs [in pilot areas]. Percent of program staff in PopCom & DOH with capacity to integrate gender & rights concerns in population & RH programs & services. <p>Baseline: No existing performance standards & service protocol on delivery of services for VAW survivors. Data to be collected for 2nd, 3rd, 4th, 6th, & last indicators. Harmonized reporting system at the national level does not exist. VAWC & Human Trafficking Laws enacted but yet to be implemented. Information of budgets available but data need to be collected.</p>	<p>NCRFW, DSWD, DOH, DILG, DOJ, PNP, POP-COM, LGUs [10 provinces & 30 municipalities]</p>	<p>Regular resources</p> <table border="1"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$325,000</td> <td>\$450,000</td> <td>\$175,000</td> <td>\$175,000</td> <td>\$150,000</td> </tr> </tbody> </table> <p>Other resources</p> <table border="1"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$100,000</td> <td>\$100,000</td> <td>\$100,000</td> <td>\$100,000</td> <td>\$100,000</td> </tr> </tbody> </table>	2005	2006	2007	2008	2009	\$325,000	\$450,000	\$175,000	\$175,000	\$150,000	2005	2006	2007	2008	2009	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
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Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines	Implementing Partners	Resources																														
	<p>CP Outcome 2: Strengthened socio-cultural practices to promote & protect the rights of women & girls and to advocate gender equity & equality.</p> <p>Outcome indicator: Discriminatory provisions against girls & women removed from national and sub-national legislations.</p> <p>Baseline: Discriminatory provisions found in Presidential Decree 1083.</p>	<p>CP Output 2: Gender and rights-based concerns mainstreamed in the existing socio-cultural practices.</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Identified discriminatory provisions / practices in the ways communities address GBV & access to RH services. • Percent of women and men who can discuss RH with partners. • Percent of men who perceive FP as equal responsibility of women & men. • Percent of women & men who believe women have the right to refuse unwanted sex. • Framework for the integration of gender & rights concerns vis-à-vis existing cultural practices. <p>Baseline: Data to be collected for the first to fourth indicators. Framework is non-existent.</p>	NCRFW, ARMM, LGUs, NGOs, DSWD	<p>Regular resources</p> <table border="1" data-bbox="334 218 444 800"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$250,000</td> <td>\$200,000</td> <td>\$100,000</td> <td>\$100,000</td> <td>\$100,000</td> </tr> </tbody> </table> <p>Other resources</p> <table border="1" data-bbox="521 218 631 800"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$100,000</td> <td>\$100,000</td> <td>\$100,000</td> <td>\$100,000</td> <td>\$100,000</td> </tr> </tbody> </table> <p>Programme coordination and assistance: \$1 million from regular resources</p> <table border="1" data-bbox="773 218 883 800"> <thead> <tr> <th>2005</th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>\$200,000</td> <td>\$200,000</td> <td>\$200,000</td> <td>\$200,000</td> <td>\$200,000</td> </tr> </tbody> </table>	2005	2006	2007	2008	2009	\$250,000	\$200,000	\$100,000	\$100,000	\$100,000	2005	2006	2007	2008	2009	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	2005	2006	2007	2008	2009	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
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ANNEX II: THE CPAP MONITORING AND EVALUATION CALENDAR Country: Philippines / Country Programme Cycle: 6 th					
M&E Activities	Methodology Indicators				
	Year 1	Year 2	Year 3	Year 4	Year 5
<p>Tools: Country Programme Action Plan M&E Tracking Tool and M&E Calendar development and update</p> <p>Survey / Studies</p> <p>Baseline survey of core indicators, e.g. Maternal Mortality Ratio (MMR), Under-five Mortality Rate (<5MR), Total Fertility Rate (TFR), Adolescent Fertility Rate, Contraceptive Prevalence Rate (CPR), STD/HIV/AIDS prevalence among 15-24 year old pregnant women, Unmet need for family planning, proportion of population below \$1 day, ratio of girls to boys in primary and secondary education, literacy rate among 15-24 year old females, proportion of seats held by women in national parliament, proportion of births attended by skilled health personnel, condom use at last high-risk sex, proportion of women who have the final say in decisions about their own health care, proportion of the population aged 15-24 with comprehensive correct knowledge of HIV/AIDS, percentage of poor women covered by Social Health Insurance, etc.</p> <p>Qualitative studies on access and utilization of services, health-seeking behaviours, etc.</p> <p>Migration Survey: Magnitude, trends and causes (comparing with previous survey)</p>					

<i>Methodology Indicators</i>	Year 1	Year 2	Year 3	Year 4	Year 5
<p>Facility-based survey: Proportion of health facilities that provide core RH services and information; proportion of health providers who are trained in RH; proportion of clients with sexually transmitted diseases who are appropriately diagnosed, treated and counselled; caesarean section as a proportion of all births; proportion of clients who are satisfied with the services they received.</p>					
<p>Policy inventory of Population, RH, Gender and ARH: National reproductive health budget allocated; methodologies and tools for pro-poor reproductive health policy-making developed; population and development strategies and RH integrated into Philippines MDG reports and other development plan documents; policy studies and research utilized for planning, database for decision-making is available; percentage increase in the number of women, adolescents and men organized to advocate RH issues; social franchises for contraceptives and RH commodities available at community level; transparent and cost-efficient administrative and financial procedures are in place; effective RH monitoring and evaluation systems established; gender-related policies and programmes formulated, implemented and monitored; gender framework integrated in local development plans; gender dimensions strengthened in RH modules and protocols; population dimensions are integrated into environmental plans and protocols; sex- and age- disaggregated data from national and sub-national databases are used for monitoring the national development plans and the MDGs, etc.</p>					
<p>Monitoring Systems: DSEIS, NSO, RH-MIS (Vizcaya Model), FHSIS, Client Health Record (CHR), Logframe Monitoring Form, Quarterly Reports, Annual Reports, Field monitoring reports, etc.</p>					
<p>Evaluations: Country Programme outcomes evaluation</p>					

M&E Activities

<i>Methodology Indicators</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>
Reviews					
Annual Work Plan Reviews					
UNDAF Annual Review					
UNDAF Theme Group Reviews					
Support Activities					
M&E framework and monitoring tools, including checklists for field visits					
Potential executing agency assessments for LGAs					
Strategic Planning, AWP formulation					
Assessments of replication areas					
Standard Progress Report					
UNDAF Final Evaluation Milestones					
Population and RH analysis					
CCA					
M&E Capacity-building: M&E-MIS Training; Programme application software training on maintenance of programme database					
Use of information Preparation of the CCA, the UNDAF and the UNFPA CP AUDITS,					
Partner activities and agencies: Tools and studies by government and NGO partners					

M&E Activities

Planning References

