



CHOICES

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POPULATION *and its* EFFECT *on the* RICE CRISIS



All over the world, concerns on food production and security have become more pronounced than ever before. In the Philippines where rice is considered to be a major food staple and an indispensable part of daily existence, the crisis on its availability has become a major issue, even contributing to the food supply problem throughout the Asian region. In fact, an Asian Food Summit has already been proposed and a cartel of rice-producing Asian countries is also being considered.

The crisis is a result of varied problems that have long plagued the agricultural industry. These include trade practices such as hoarding and price manipulations, lack of new technology and applications resulting to low farm outputs, the non-availability of irrigation and farm-to-market roads, extensive land conversion and lack of financing access for farmers.

The issue on rice hits at the very gut of the Filipino. In 2000, Filipinos spent from 60.8 percent to 63.6 percent of their income on food consumption and 23.3 percent to 28.8 percent of their income on cereals alone. As an industry, rice farming is also the source of income of about 30 percent of the 11.2 million Filipinos and agricultural workers involved in tilling land (IDRF, 2005).

Of all the reasons that have affected rice availability, none is more crucial than the present fact that productivity cannot cope and keep up with a constantly increasing population.

Increasing Population, Declining Production

The International Rice Research Institute, in its background paper on the Rice Crisis: What Research to be Done (2008), cites the fact that essentially, the country is consuming rice more than

it is producing. There has been a marked slowdown in rice yield over the past 10 to 15 years. Yield growth in major rice-producing countries of Southeast Asia, including the Philippines, has been reported at below 1 percent. On the other hand, population growth has been hovering at the level of about 2 percent to 3 percent.

Comparative table on rice production and population show that except for two years in the early 1990s where there was more rice produced than demanded for food, the overall situation is that there has been less rice produced than needed by the population. With the gap at a low 5 percent in 1990, it is projected to have ballooned to about 30 percent at present until 2015.

A Call for a Serious Look at the Population Situation

The figures presented simply point to the fact that the rice crisis is really a mere manifestation of a bigger crisis looming in the country: the population crisis.

Results of the 2007 Census of Population show that there were already 88.57 million Filipinos in 2007, and that about two million Filipinos are added each year. To avert a rice crisis, the government should not only address the dwindling hectareage of

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Mindanao Abounds in Best Practices that Meet Overwhelming Challenges Head-on

Suneeta Mukherjee
Representative

Even though the growth rate in the ARMM has increased from 3.73 percent, in 2000 to 5.46 percent in 2007—bringing more people closer to poverty—there is an unflinching determination in some areas to address maternal health. Upi in Maguindanao for example, has had no recorded maternal deaths since 2005. It has been able to put up a community teen center and has active health clinics and day care centers. Upi has also been able to enact a Gender Code in June last year. This year, Upi’s RH ordinance is expected to be enacted.

In Lanao del Sur, Mayor Raida Maglangit of Kapatagan from the royal family of Bansil has been able to put up a birthing center and has passed an RH ordinance – the first ever municipal RH legislation in Lanao del Sur. This only goes to show that with enough fortitude and support from local leaders, reproductive health services can be made available to all. Sulu, too, in spite of the continuing armed conflict and its relative isolation, has passed the RH Code – the first provincial RH ordinance in the ARMM.

The Gender-related teachings in the Koran and the Code of Muslim Personal Laws (CMPL) were comprehensively discussed in a conference organized and attended by Muslim women leaders in 2006. In the conference, the women’s rights to education, financial support, dignified existence, consultation, decision-making, leadership and many other rights were found to be already inherent in Islam’s teachings. A conference statement was drafted that sought to further define Muslim women’s rights under the CMPL in relation to the UN CEDAW.

Another conference of Muslim religious leaders was organized in 2007 after some of them visited a Muslim country.

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Rice Crisis...

rice lands, but also arrest the expanding population. “No amount of bountiful harvests can adequately feed the growing multitude of Filipinos,” says Albay Representative Edcel Lagman. “The country’s inordinately huge population growth rate (PGR)



The religious leaders arrived at some consensus on a number of gender concerns. This appeared to be very promising in terms of a more progressive interpretation of Koranic teachings in relation to women’s rights.

But amidst all these best practices and good developments, keeping the health of mothers safe in the ARMM region continues to be a daunting task. Statistics indicate that only 12 out of every 100 mothers in the ARMM have access to skilled birth attendance compared to 20 mothers on the average in the whole of Mindanao. Nine out of 10 Muslim mothers give birth at home given that there are only 600 barangay health stations existing to cover the needs of more than 2,000 barangays in the region.

It is with guarded optimism that Mindanao will stand up and be counted in the race towards achieving the Millennium Development Goals in 2015. But with grim determination and strong political will, ARMM may yet make a difference particularly in attaining Goal No. 5 which is saving mothers’ lives.

threatens food security and aggravates the looming rice shortage. The politics of rice is a numbers’ game — the number of mouths to feed and the number on the price tag.”

Table showing rice production and consumption from 1990 to 2015.

Year	Rice Production	Rice Produced for Consumption	Population	Population Growth	Per Capita Consumption per Year	Total Rice Requirement for Food	Percent Gap
1990	6,058.00	5,331.04	60,703,206	2.35	92.53	5,616.87	5.09
1995	6,851.00	6,028.00	68,616,536	2.32	92.55	6,350.46	5.06
2000	8,053.00	7,086.64	76,504,077	2.36	103.16	7,892.16	10.21
2007	9,461.15	8,325.81	88,574,614	2.04	134.00	11,869.00	29.85
2010	10,010.75	8,809.46	94,106,716		134.00	12,610.30	30.14
2015	10,998.60	9,678.77	104,105,307	2.04	134.00	13,950.11	30.62

Mindanao Project Partners Observe Bangladesh Health System

Dereck Golla

PDS Adviser, Southern Philippines Office

In an attempt to study the Bangladesh experience in reducing maternal mortality, 10 Philippine delegates mainly from Mindanao were dispatched on a week-long observation study tour (OST) to Bangladesh from November 17 to 23 last year.

The OST team was composed of the following health personnel: Dr. Ulysses Chiong, Provincial Health Officer of Zamboanga Sibugay; Lily Derecho, Reproductive Health Coordinator of Sultan Kudarat; and Patricia Gomez, President of the Integrated Midwives Association of the Philippines. Also part of the team were Muslim religious leaders Ustadz Jamad Hairol of Tawi-Tawi, Ustadz Mans or Ali of Sultan Kudarat, and Ustadz Talma Olama of Lanao Sur. The team was joined by the UNFPA-CO National Professional Programme Personnel for RH, Dr. Hendry Plaza, and the three UNFPA-Southern Philippines Office (SPO) advisers, Dr. Melissa Poot (RH), Mr. Dereck Golla (PDS/Advocacy) and Ms Jurma Tikmasan (Gender/Culture).

The Philippines currently reports a high maternal mortality ratio (MMR) of 162 per 100,000 live births (LB) in 2006, far from the MDG target of 52 per 100,000 LB by 2015. The MMR in the country's poorest region, the Autonomous Region in Muslim Mindanao (ARMM), is substantially higher, reaching almost 300 deaths per 100,000 LB in 2006.

Bangladesh has the highest MMR in the world at 320 per 100,000 LB. With a 2007 population estimated at 150 million, Bangladesh also has the world's highest population density at about 1,000 per square kilometer. Despite the many challenges, this Muslim country is making significant progress in reducing maternal mortality. The country's strategy of using skilled birth attendants (SBAs) to attend to home deliveries, combined with an aggressive family planning program supported by Muslim religious leaders, has been found to be notably effective.

The modified SBA strategy adopted by Bangladesh can be replicable in the Philippines. Community volunteers are trained to deliver in birthing facilities. This SBA strategy will be pursued in selected areas in Mindanao along with the advocacy for LGUs to provide one midwife per barangay. These community volunteers are commonly female, high school graduate, not less than 18 but not more than 40 years old, with youngest child not below two years old, and resident of the community she will serve.

Other appropriate strategies include the voucher scheme (for poor pregnant women not yet covered by PhilHealth), and mobilization of Imams, or community-based Muslim

Religious Leaders (MRLs), for social acceptance of family planning and gener equality.

During the visit, the Philippine OST team visited and interacted with the personnel at the Maternal and Child Welfare Center (MCWC) and the Skilled Birth Attendant (SBA) Training Center in Feni District, a three-hour ride from the capital city Dhaka.

At the Narayanganj District, the team had a preview of the edutainment presentation Movement for Adolescent Reproductive Health (MOVAH) and a brief dialogue with the youth behind MOVAH and their support group (community leaders and local officials). The MRLs from the Philippines, together with the rest of the team, were able to observe an on-going RH training for the Imams at an Islamic Foundation in the Narayanganj District. They also had a fruitful discussion with prominent MRLs in Bangladesh, Moulana Abbas and Moulana Abul Kalam Azad, who expounded on the Islamic verses supporting family planning and gender equality.

The other significant areas visited by the team included the Directorate of Women Affairs, the Adolescent Corner of the Urban Health Center, the Cervical Cancer Screening Training Center, Fistula Center and Fistula Rehabilitation Center.



Upi: A Population Management and RH Frontrunner in Mindanao

Judy Giguinto

PopCom PDS Project Specialist for ARMM

A laid-back, mountainous town in the Maguindanao Province of Mindanao has done significant strides in its efforts at promoting population management and reproductive health.

Upi is a small town of 9,975 households and 51,141 people as of the 2000 Census) comprising a meager 6.34 percent of the total population of Maguindanao, and with a population density of 0.57 per hectare. Upi's 35 barangays vary in terms of terrain, with 12 situated along the coast of Illana Bay and 23 in the upper mountainous part of the municipality.

Upi was derived from the native word *Ufi* which is a bark from a tree used with betel nuts and chewed by the Tedurays, the native inhabitants of the place.

For people in nearby areas, Upi was a dangerous place to travel to because of its rugged, long and winding roads with deep ravines. It was regarded as a place FOR MEN ONLY, because chances of getting out of the place unscathed were slim.

On June 10, 1955, by virtue of Republic Act 1248, the barrio Upi in the Municipality of Dinaig, Province of Cotabato, was separated and constituted into the Municipality of Upi.

After 10 political leaders, Ramon A. Piang, the former Vice Mayor of Upi from 1992-2001 and a native Teduray, campaigned and won the mayoralty seat in 2001. To date, Mayor Piang has introduced various programs and projects for the people of Upi. His leadership and governance adopts transparency, accountability and a pro-people approach in decision-making.

The town's literacy rate is 84.13 percent, which is an indication that the people of Upi consider education as a priority concern in their lives. There are 62 public and seven private schools from the pre-school to high school levels. However, there is no university nor vocational or accredited technical skills school in the area. High school graduates still have to go to Cotabato City, Davao, Cebu or Manila to pursue their college degrees.

Upi's major religious denomination is Roman Catholic. The major ethno-linguistic group is Teduray and the dialects spoken in Upi are Teduray, Tagalog, Maguindanaon, Ilonggo, Cebuano, Chavacano, Ilocano and English.

In terms of health facilities, there is one rural health unit, 25 barangay health stations, one hospital, one dental clinic, and 28 day care centers. A total of 108 government health personnel and nine private medical professionals and paramedics provide



Photo courtesy of Enrico Dec

health services. This data underscores the need for more health facilities and service providers, considering the mountainous areas and undeveloped roads which impede people from reaching the center.

With Good Governance as the banner of the local government unit, several programmes and services have been implemented by various partners. These include the Local Government Support Project (LGSP) for Comprehensive Financial Data Management, Comprehensive Communication Program, Gender and Development, improving legislative process, Intensified Tax Collection Program, and Strengthening Participatory Governance; Mindanao Rural Development Program (MRDP) for their Gender and Development and Integrated Market and Slaughter the USAID-GEM/ASFP Potable Water Program; Gawad Kalinga/GSIS Shelter Program; the Notre Dame of Marbel AHEAD Program (an educational program for school dropouts); USAID for their Comprehensive Health Programs; CRS Community Health Insurance Program per barangay, and DENR/TAF/LGSP/GEM Environmental Management Program.

More essentially, Upi is one of the three pilot municipalities (along with Ampatuan and Shariff Aguak) in Maguindanao province under the 6th Country Programme of the United Nations Population Fund (UNFPA). The LGU acknowledges the significant contribution of this Programme to the improvement of the population and reproductive health situation in the municipality.

Under its Reproductive Health programme, no reported maternal mortality has been reported since 2005.

For its Adolescent Reproductive Health (ARH), the International Council on Management of Population Programs (ICOMP), in collaboration with UNFPA, has provided capability building to LGU staff and partners for an effective and functional management of a Community Teen Center to arrest the increasing incidence of early pregnancy and school dropouts among the young.

The UNFPA's Gender programme caused less incidence of abuses and violence against women and children. The

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Mayor Raida: Boon to Kapatagan

Arnen Kasan

Area Programme Coordinator for Lanao del Sur

“The Birthing Center will be my legacy to mothers of this far-flung barangay,” quipped Mayor Raida Maglangit during the inauguration of the first ever Birthing Center in a remote barangay in the municipality of Kapatagan, Lanao del Sur in February 2007. “Mothers will have a facility to see to it that they are safe when they give life.”

Bai Raida Bansil Maglangit is the local chief executive of Kapatagan, Lanao del Sur. Born March 30, 1966, she is the second generation of the Royal Family of Bansil with Sultan Barudi Bansil as patriarch. The late Sultan Barudi, father of Mayor Raida, was once a feared but revered leader and vice mayor of Balabagan, Lanao Sur. Raida’s uncle, Nasser Bansil, was the first mayor of Kapatagan after it was separated from Balabagan and was created as a municipality on December 10, 1981. In 1981, Raida married Nahzruddin “Jun” Maglangit, the current Budget Officer of DOH ARMM, with whom she was blessed with six children.

As a young girl, Raida observed how public service was conducted in her father’s everyday dealing and believed that she was destined to one day follow in his footsteps. Her dream was realized when in 2001 the constituents of Kapatagan asked Raida, a Madaris teacher at the time, to run as mayor against the incumbent executive. The people of Kapatagan were in dire need of a leader capable of transforming the municipality from the ravages of war and the chaos which ensued. Although Raida was aware of the challenges of participating in politics and lacked the resources to campaign, through her determination and dedication to serve Kapatagan, Raida persevered and was declared mayor in 2001.

Kapatagan was previously regarded as a “no man’s land,” a lair for lawless elements, insurgents and Muslim separatists, and once part of the vast Camp Abubakar of the Moro Islamic Liberation Front (MILF). In 2004, Kapatagan finally acquired a seat of government with the construction of a respectable Municipal Hall, a Rural Health Center that served as a health delivery point, farm-to-market roads in barangays and even a Municipal Gymnasium to serve as recreational venue. Although



Mayor Raida was allotted meager funds, she was able to efficiently utilize Kapatagan’s resources through her deep desire to bring Kapatagan to respectability and progress and by promoting transparency.

During her second term as mayor of Kapatagan, Raida developed concerns about the growing population of the municipality. In 2005, Mayor Raida attended an orientation on the 6th Country Programme of the United Nations Population

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Upi ...

institutionalization of the MIACT and the presence of the trained police officers of VAWC are considered as main factors to the success of the Gender Programme.

Capping the Country Programme’s work in the area is the functional PDS task force together with partners, which continue to advocate all programmes and lobby for the passage and enactment of local policies to support and sustain all these development programmes from 2007 and beyond. Upi has drafted its RH Ordinance and is expecting to have it enacted this year.

On PopDev, Upi was the first pilot municipality in Mindanao to complete its PopDev-enhanced Socio-Economic Profile (SEP) and Situational Analysis (SA). To date, it has completed the Community-Based Management System (CBMS) surveys in all its barangays.

Upi is indeed a frontrunner in the implementation of the 6th Country Programme in Mindanao.

Now going up to Upi is pleasurable and refreshing. It is a trip to be savored by anyone— men, women and children. I just came back from Upi, I want to go back again tomorrow... with my grandson.



Paradise in Paradox

Roy Dimayuga

Area Programme Coordinator for Sulu & Tawi-Tawi

Paradise in the South

“How fast and distant, from north pole to south pole,” said an old friend when I told her about my recent transfer of duty station to Tawi-Tawi.

“You will turn spiritual,” another friend quipped when I asked him how it feels like to live in Bongao. True enough, Bongao, Tawi-Tawi is a real paradise, inhabited by very friendly Samas and Tausugs, surrounded by pristine beaches, and teeming with a good variety of fishes, crabs, shells, seaweeds, and other shellfishes I have only seen in travel books.

Bud Bongao

At the center of the island is the majestic mountain named Bud Bongao. Roughly a 45-minute hike from the shoreline, Bud Bongao is still heavily forested and home to

hundreds of gray monkeys which excitingly welcome nature trekkers in exchange for bananas locals had reminded the visitors to bring. Bud Bongao indeed has a sacred feel to it, and climbing it is like a pilgrimage to itself, says one local acquaintance. The heavier your sins are, the harder your climb will be. Upon reaching the top, you have to tie your sins to the trees, which I did, following the admonition of locals, using an indigenous vine.

The People

A majority of the people of Tawi-Tawi belong to the Sama tribe. Their houses are traditionally built on stilts along the sea shores. Seaweed farming and fishing are their major sources of income. With its close proximity to Malaysia, most commodities are imported from this country including rice and gasoline. Over 90 percent of the

population embrace Islam as their religion, and the rest, mostly migrants, are either Catholics or Protestants. Typical families are generally nuclear though large with an average of six to 10 children. Their diet is limited to seafood and vegetables.

Population and Health

The province of Tawi Tawi is composed of 11 municipalities with Bongao as the political and economic center. With a total population of 360,851 and a population growth rate of 3.84 percent, the province is saddled with numerous health and environment concerns. Health statistics are concerning: MMR ratio is 250:100,000; CPR is 21.77 percent; home deliveries, 78 percent; TT2+ is 76 percent; FIC, 75 percent; and Malaria, remains to be the leading cause of morbidity. Of the 11 municipalities, only Bongao has a water system, and only less-than-half of the population has access to sanitary toilets.

Health Services

The province has no provincial hospital. It is serviced by three district hospitals, two municipal hospitals, one private hospital, five private clinics, one floating clinic, 12 RHUs, and 40 BHSes. The Datu Halun Memorial Hospital in Bongao, although only a district hospital, is functioning like a provincial hospital. Of the 12 RHUs, only five have full time MHOs, the doctor to population ratio is 1:20,047, while BHW to population ratio is 1:930. Only three RHUs are SS certified, four are MCP accredited, and not a single RHU is certified for TB-DOTS package.

Focusing on Young People

Engaging the young in addressing reproductive health concerns is one of the major thrusts of the LGUs under the 6th Country Programme (CP). In celebration of the POPDEV week on 27 November 2007, a “Combo Lata” contest was held and attended by hundreds of mostly young people. A total of seven groups composed of 10-24 young males rendered original musical compositions focusing on men as partners in maternal health. Equipped with musical instruments made out of scrap materials, they serenaded the audience with a strong message for men to play their roles in addressing reproductive health concerns.

Engaging Legislators

Underscoring the important roles of local legislators in institutionalizing population, reproductive health, and environment programs, the PLCPD helped in formally organizing the Tawi-Tawi 3LPHEd chapter on 28 November 2007. Composed of provincial board members and municipal councilors in the province, the chapter elected a set of officers to construct a work plan that included passing legislations on gender and reproductive health, and coming up with a resolution urging the Department of Education to implement Life-Skills Strengthened Curricula in Tawi-Tawi.

Mobilizing Business Sector

Realizing the potentials of business sector in addressing population, reproductive health, and environmental concerns of the province, the Employers Confederation of the Philippines (ECOP) met with Tawi-Tawi Chamber of Commerce and Industry on 1 December 2007 to enjoin them as partners under the 6th CP. As a healthy populace and workforce is essential to a productive business environment, the Tawi-Tawi Chamber of Commerce and Industry readily agreed to be part of the provincial PDS team and explore potentials where they can be of help.

Addressing the Paradox

Reaching the peak of Bud Bongao is already a feat, especially if you have climbed it twice in the span of two weeks like this APC. From its top, you will be mesmerized with the scenic beauty of Bongao, and for a while, become inadvertently unmindful of the concerns of the people down the island. The feeling of serenity belies the kind of life lived down below. The greatest challenge then lies in trekking down from the top and realizing one has to return again and bite the bullet of harsh realities in the lowland. You almost wish the peacefulness you felt at the top of the mountain stays with you as you trek back. It is my earnest wish that my stint here in Tawi-Tawi as an APC will eventually make a dent in addressing this paradox of what is really, a paradise island.



A ForCE!: A GRAND ALLIANCE OF POPULATION AND RH ADVOCATES

An alliance of individuals, NGOs, government entities and other interest groups is beginning to take shape and has started its advocacy for population and reproductive health concerns.

This group, aptly called the Alliance for Choice and Empowerment (A ForCE!), was born out of the need to consolidate various advocacy forces and create a potent force for a more influential voice on matters dealing with population and RH issues. Supported by UNFPA under its 6th Country Programme's Population and Development Strategy (PDS) component, A ForCE! aims to help achieve UNFPA's goal of creating "an enhanced policy environment that supports gender-responsive population and RH programs particularly for the poor and vulnerable population."

Guiding Principles

The Vision of A ForCE! is to see empowered Filipinos enjoying the highest possible quality of life.

To achieve this vision, A ForCE! members commit to:

- Create a favorable and enabling policy environment for reproductive health, adolescent reproductive health, gender, and population development programs at the national and local levels;
- Provide the impetus for open and sustained discussions on population, gender, ARH and RH issues;
- Ensure multi-sectoral engagement and strategic partnership in our actions; and

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Muslim Women...

Following a thorough deliberation on the draft statement, the participants committed to:

1. UPHOLD the principles of equity, equality and justice, human dignity, accountability, reward for individual striving, moral values, property rights and religious beliefs so that the biases and prejudices, discrimination and violence against women be eventually lessened and ultimately eliminated.
2. PURSUE a deep study of the Qur'an and understand its message, know its human interpretation by being familiar with the Sunnah, find its relevance to current situations and circumstances, look back into the methodology of Ijtihad practiced by classical jurists, and believe and practice Islam in accordance with the correct understanding of our faith.
3. CALL for a review of legal enactments, both at the national and local levels that discriminate against women and lobby for their amendments and modifications in consonance with the principles of equity, equality and justice between men and women, as provided for in the Shari'ah, the anti-VAW law and the CEDAW.
4. URGE for an enactment of a Regional Code of Muslim Personal Laws in the ARMM that will set aside the provisions that do not conform to Shari'ah.
5. WORK for the enactment of a Gender and Development Code in the ARMM and its local government units and other LGUs

- Share and mobilize resources to sustain the efforts of the grand alliance.

A ForCE! upholds the constitutional guarantees of full respect for human rights as a cornerstone of its advocacy. It believes in adhering to evidence-based information for proper discernment and meaningful decision-making. It also espouses gender-responsive and culture-sensitive interventions, programs and policies. While acknowledging their differences, AForCE! members find strength in their union and shared vision towards the achievement of sustainable human development.

Priority Issues and Programs

The multi-dimensional nature and wide-ranging scope of population and RH necessitates that A ForCE! makes its presence felt both at the national and local levels.

At the national level, issues that the alliance gives attention to include the following:

- The absence of a comprehensive national population and reproductive health policy;
- Inadequate resources for population and RH programs;
- The bias of national government towards the promotion of natural family planning (NFP); and
- The resistance to integrate population and RH issues in the formal education curriculum.

At the local government level, the following issues are the focus of the advocacy efforts:

- Lack of implementing structure and enabling mechanisms for population and RH programs;

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that will consider and include provisions advancing the principles of justice, equity, equality, and empowerment.

6. URGE local government units to pass ordinances and resolutions requiring gender-sensitive marriage counseling.
7. ENCOURAGE dialogue and other non-violent means to achieve means sustainable peace in Philippine Muslim communities.
8. REMIND duty-bearers such as government institutions, and claim holders such as NGOs, civil society groups and other stakeholders to address these pressing concerns.

The Declaration concludes with the commitment to "pursue and support the above statement, giving priority to marriage and family, economic and property rights, governance and political decision-making, and the corresponding existing resources and recommendations."

The Conference was graced by UNFPA Country Representative Suneeta Mukerjee who inspired the participants by sharing the experience of Muslim religious leaders (MRLs) in Bangladesh. Other personalities who participated in the Conference included Ustadz Abdulwahid Inju, provincial Mufti of Tawi-Tawi; Bai Racma Ambolodto, regional secretary of DSWD-ARMM; Hadja Salama Khadiguia Ampatuan, RCBW chairperson; Senator Loren B. Legarda; Atty. Gigi Martinez, Sen. Legarda's chief-of-staff; Ms Emmeline L. Verzosa, Executive Director of NCRFW; and Mr. Norberto Gomez de Liano, Deputy Coordinator General of AEI.

Muslim Women Leaders Revisit Gender Issues in the Context of Islam

Jurma Tikmasan

Gender Adviser, Southern Philippine Office

Islam upholds women's rights to education, financial support, dignified existence, consultation, decision-making and leadership, among many other rights.

This was the gist of the presentation made by Atty. Hamid Aminoddin Barra, professor at the Mindanao State University in Marawi City, during the Conference on Gender Issues in the Context of Islam held at the Marco Polo Hotel, Davao City on 24-25 October 2007. Atty. Barra spoke of these rights as he presented a comparative analysis of the four schools of Islamic through Shaffii, Hanafi, Hambali and Maliki as they relate to gender issues. Organized by The National Commission on the Role of Filipino Women (NCRFW), the conference was convened by the Regional Commission on Bangsamoro Women (RCBW) and the Department of Social Welfare and Development (DSWD)-ARMM, with financial and technical support from the United Nations Population Fund (UNFPA) and the Agencia Espanol de Cooperacion Internacional (AECI).

Pursuant to the recommendation of the United Nations Convention on the Elimination of all Forms of Discrimination against Women (UN-CEDAW), the conference sought to intensify dialogue with Muslim communities in order to remove discriminatory provisions from the Code of Muslim Personal Laws (CMPL), and bring together Muslim leaders to concentrate on the following objectives:

1. To surface and explore gender issues from the point of view of CEDAW in the Islamic context;
2. To uphold Islam as a foundation for promoting gender equity, equality and women's empowerment; and
3. To formulate a statement which recognizes priority gender issues in Philippine Muslim communities and evaluates how these issues can be responded to at various levels.

Majority of the meeting's participants were composed of Muslim women leaders representing the government, the academe, the religious sector, NGOs, and other stakeholders from the five UNFPA pilot provinces in Mindanao (Lanao del Sur, Maguindanao, Sultan Kudarat, Sulu and Tawi-Tawi).

Other presented papers addressed the following areas of concern: marriage and family, economic and property rights, and politics and governance.

Dr. Cabaybay Abubakar presented a paper on Marriage and Family. Her presentation included issues on polygamy, divorce, early/arranged marriages, and other family and reproductive health concerns. Her reactor, Atty. Laissa Alamia, focused her discussion



on the lived experiences of Muslim women, and how the system is limited in terms of addressing issues such as domestic violence including marital rape, battering, multiple burden, and other forms of abuse.

Prof. Moner M. Bajunaid of the Mindanao Integrated Network Development presented Muslim Women's Economic and Property Rights. He provided the historical context before proceeding to the rights of Muslim women, employment, property and inheritance, and economic empowerment, along with further other economic rights.

Prof. Jurma A. Tikmasan's paper titled Muslim Women's Rights and Governance began by reviewing the general situation of women before focusing on Muslim women in particular. She proceeded to emphasize the importance of women's participation in politics and governance considering that "they understand better the unique needs of women, and they are roughly half of the total human resource." She reiterated the fact that women should not only be treated as beneficiaries, but as partners in development. Her reactor, Dr. Sharifa Pearsia Dans cited the experiences of empowered women leaders during the reign of the Sultanate of Sulu. She also presented an interesting list of the Sulu Royalty – mentioning among other things the uncontested contribution of the women members of the Sultanate such as the Dayang-Dayang and the Putri.

The conference culminated with the signing of the Conference Statement drafted by three lawyers led by Atty. Norma Maruhom on the 25th day of October, 2007 (14th day of Shawwal, 1428, A.H.).

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Mayor Raida...

Fund (UNFPA). The programme instantly caught her attention, realizing that it would be of great help to her constituents. Well-known for her philosophy of leading by example, Mayor Raida never failed to attend UNFPA activities at the local, regional and national levels.

Her participation in a team from Lanao del Sur that went on a study tour to Cagayan Province led to the establishment of the first ever Birthing Center in Kapatagan. To further advocate the establishment of the center and address the increase of maternal deaths in the municipality, the mayor also passed the "No Birth at Home Policy," a landmark strategy unprecedented in a Muslim community, which ensures facility-based safe deliveries in Kapatagan. Though not yet fully implemented, the policy is gaining ground as evidenced by increasing health facility-based deliveries in the municipality.

Further recognizing the relevance of reproductive health (RH) in addressing population boom and poverty, Mayor Raida has made it mandatory in Kapatagan that information campaign on RH is included in health service delivery. The mayor also encouraged the participation of Muslim Religious Leaders (MRLs) in all phases of information campaigns in order to erase the notion that Islam forbids family planning and the other elements of RH.

As a religious leader herself, the mayor occasionally leads sessions of the MRLs, demonstrating her ever growing understanding of the concepts of RH. Further strengthening the link between reproductive health, population and sustainable development, she also passed an executive order declaring Mount Cabugao, which houses the Kapatagan watershed, as an environmentally protected area, even leading the annual tree plantings in the area.

During the 2007 national and local elections, Mayor Raida beat her opponent for the mayoralty post by a landslide victory for her third and final term as local Chief Executive. In the Philippines, the last term of office is perceived as a farewell-goeasy term of politicians, a reward for long years of public service. However, always daring to blaze a trail unprecedented in Lanao del Sur politics, Mayor Raida continues to serve her people.

Immediately after taking her third oath of office, Raida established the Women's Center in Kapatagan. The Center is

expected not only to help women who are victims of violence and abuse, but also those who would like to access information on rights, privileges, and other related concerns. The Training Center was inaugurated on 10 December 2007, during the Kapatagan Founding Anniversary.

In an effort to sustain her administration's gains on RH and Gender, the Mayor has urged the Sangguniang Bayan of Kapatagan to pass the Kapatagan RH Ordinance, a legislation never before seen in Lanao Sur, which could solidify the efforts of the current and future administrations of Kapatagan to provide comprehensive and quality RH services.

As a Gender and Development advocate, she has also put forth the passage of the Kapatagan GAD Code to introduce an effective gender program in her municipality. These legislations, once passed and implemented, would put Kapatagan in the annals of a Muslim-dominated community.

To ensure sustainability of the Reproductive Health, Gender and Population and Development (PopDev) programs initiated by her administration in partnership with the UNFPA 6th CP, Raida has declared the integration of the same in the Socio Economic Profile (SEP) and Situational Analysis of Kapatagan as a priority of her administration. According to Soledad Dirumpongan, Municipal Planning and Development Coordinator of the municipality, the enhanced Kapatagan's SEP which integrates POPDEV, RH and Gender is expected to be completed by early next year.

The mayor, who can be intimidating at times but is nevertheless blessed with compassion for the poor and oppressed, has captured the attention of many development-oriented organizations. She has impressed many with her desire to learn for the benefit of her constituents. A municipal employee of Kapatagan was once heard reprising the famous line "A three-year term is very long for a corrupt official but very short for a good one."

Indeed, three terms for a leader such as Mayor Raida Maglangit is too short but the mayor has set an example which could be emulated by future politicians. Kapatagan may not yet be sitting on an ideal perch, but with a Local Chief Executive with exemplary leadership and inspiring desire to help her constituents, Kapatagan is headed for a bright future under the baton of Mayor Raida Bansil Maglangit.

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- The absence of a Contraceptive Self-Reliance (CSR) policy and its guidelines (despite the public declaration of implementing a CSR program);
- Lack of policy mechanisms to implement the Women in Nation-Building Act; and
- Lack of policies and programs addressing ARH issues.

Significant Milestone and Challenge

Since its birth in January 2007, A ForCE! has shown that it can mobilize individuals and groups to support its advocacy. On various occasions leading to the senatorial elections in May 2007, the alliance provided a forum for the senatorial candidates to express their support

to population and reproductive health. Among these activities are the series of provincial Candidates' Forums from April 2007 to May 2007, and the Hataw ng Sambayanan on May 8, 2007.

The challenge at present is to sustain the gains made from these series of activities and continue to make a strong and united voice heard.

For more information on how to become a member of A Force!, please contact the lead convener:

The President

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The Partnership for RH Commodity Security in the Philippines

Ann Marie Leal

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Globally, UNFPA takes a central role in reproductive health commodity security, coordinating the process, forecasting needs, mobilizing support and building logistical management capacity at the national and sub-national level.

Reproductive Health Commodity Security (RHCS) is defined as having a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every person's needs at the right time and in the right place. RHCS is achieved when all individuals can choose, obtain and use affordable and quality reproductive health commodities whenever they need them.

The mandate of UNFPA in this area is to build and sustain national capacity to enable the various key stakeholders to provide the right quantities of the right products in the right condition in the right place at the right time for the right price. As UNFPA's Executive Director Thoraya Obaid aptly puts it - **No Commodities, No Program**. Without essential commodities - from contraceptives to testing kits to equipment for emergency obstetric care - the right to reproductive health cannot be fully exercised.

All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (*Principle 8 of the ICPD Programme of Action, 1994*). Ensuring that RH supplies are available, accessible, and affordable in all local government units will bring many benefits to individuals, families, communities, and local governments. These benefits include:

- Women's overall health improves when births are optimally spaced and timed.
- Children's health and survival improves with the improved health and survival of mothers.
- Families can better nurture, feed, house, clothe, and educate each child, building their social capital.
- Women can participate in wider community and economic activities, increasing equity and development in society.
- Sexual and mother-to-child transmission of HIV among individuals and communities will be reduced.
- Communities and nations can better conserve natural resources.
- Local governments can save costs on education, health, and other social services.

Phase-Out of USAID Support

For more than 30 years, the Government of the Philippines has relied heavily on contraceptive donations from the United States Agency for International Development (USAID). In 1994, the concept of phase-out support to contraceptive supplies began

as USAID carried out a systematic reduction of its contraceptive donations in several countries. For the Philippines, this started in 2004 and is expected to be fully completed in 2008.

The phasing-out of donated contraceptives will affect an estimated 4.6 million women of reproductive age who use modern methods of contraception. It will also affect another 2.3 million women who are currently not using modern methods but reported their intent to use. Some 18.8 million young Filipinos (15 to 27 years of age) who have had a premarital sex experience are likewise going to be affected by the phase-out.

The implications of this phasing-out are enormous. Family size is most likely going to increase; larger-sized families are more vulnerable to exogenous shocks like price increases and diseases than smaller-sized families and are thus more prone towards slipping down the poverty track; unwanted pregnancies may lead to higher rates of unsafe abortion, one of the major causes of maternal deaths; and closer birth intervals affect the health and well-being of women and their newborns (*Assessment FP Commodity Security: Seetharam & Villa: 2007*).

Partnership with Local Government Units

To avert the disastrous effects of the contraceptive shortages in the country, particularly the income-poor local government units that can hardly cope with the Contraceptive Self-Reliance Strategy being promoted by the Department of Health, UNFPA in May 2007 entered into a Memorandum of Understanding (MOU) with the League of Municipalities of the Philippines to implement a project entitled "Harnessing Synergies of LMP Towards Reduced Maternal and Newborn Mortality Through Contraceptive Security in Selected Poorest Local Government Units in the Philippines." On the same month the following year, a similar partnership agreement was signed with the League of Cities in the Philippines. The projects aim to contribute to the reduction of maternal and newborn deaths and unmet needs of couples for modern family planning (FP) services. Estimates show that ensuring access to voluntary FP could reduce maternal mortality by 25 percent to 30 percent and child deaths by as much as 20 percent.

Within the national Contraceptive Self-Reliance (CSR) Framework, the Leagues with the assistance of UNFPA will institutionalize a Logistics Management System to ensure that the goals of RH Commodity Security are achieved across poorest LGUs that are already experiencing stock-outs and have presently limited resources to embark on a comprehensive CSR Program in their localities. The FP commodities that will be provided through this project are treated as a "stop gap measure," hence LGUs will be strongly encouraged to set a specific allocation for procurement of succeeding FP commodities to ensure sustained availability of FP supplies for the poor. Between 2007 and 2010, LMP-MDC will provide initial stocks to 750 municipalities and the League of Cities will cover 80 cities while CSR planning and advocacy activities are simultaneously being undertaken in the various target sites.

For the municipalities, the LMP National Secretariat, through the Mayors Development Center, will assume overall responsibility

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Filipinos Number 88.57 Million, Latest Census Shows

There were 88,574,614 Filipinos as of August 2007, according to the latest Census of Population (POPCEN 2007) conducted by the National Census Office (NSO).

The results of the latest census were officially released following the signing on April 16, 2008 of Proclamation No. 1489 by President Gloria Macapagal-Arroyo.

Among the 17 regions, Calabarzon (Region IV-A) had the largest population with 11.74 million, followed by the National Capital Region (NCR) with 11.55 million and Central Luzon (Region III) with 9.72 million. The combined population of these three regions comprised more than one-third (37.3 percent) of the Philippine population. The Autonomous Region in Muslim Mindanao (ARMM) where four of its six component provinces are pilot areas of UNFPA's 6th Country Programme, recorded a population of 4,120,795 Filipinos.

The latest census figures translated into an average annual population growth rate (PGR) of 2.04 percent, based on the base figure of 76.50 million in 2000. Although lower than the previous 2.36 percent average annual PGR during the period 1995 to 2000, the latest PGR still failed to reach the targeted 1.95 percent. Of the 17 regions, the ARMM recorded the highest PGR at 5.46 percent.

Four other regions had PGRs that are higher than the national average, and these are NCR (2.11%), Region III (2.36%), Region IV-A (3.21%) and Region XII (2.41%).

Among provinces, Cavite had the largest population with 2.86 million, followed by Bulacan with 2.83 million, and Pangasinan with 2.65 million. Maguindanao Province in ARMM showed the highest PGR with 6.99 percent. Census data for the 10 pilot provinces under the UNFPA 6th Country Programme are as follows:

Province (National)	2007 Population	Average Annual PGR		
		1995- 2000	2000- 2007	Point Increase
1. Ifugao	180,711	1.67	1.56	(0.11)
2. Mountain Province	148,661	1.57	0.77	(0.80)
3. Masbate	768,939	1.71	1.15	(0.56)
4. Bohol	1,230,110	2.96	1.06	(1.90)
5. Eastern Samar	405,114	0.79	1.04	0.25
6. Sultan Kudarat	675,644	2.52	1.97	(0.55)
7. Lanao del Sur	1,138,544	3.35	4.98	1.63
8. Maguindanao	710,829	4.60	6.99	2.38
9. Sulu	849,670	3.15	4.45	1.30
10. Tawi-tawi	450,346	5.53	4.72	(0.81)
National	88,574,614	2.36	2.04	(0.32)

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Commodity Security...

in planning, implementation and monitoring of all project interventions. For the cities, the LCP National Secretariat will handle the day-to-day operations of the project.

Implementation Arrangements

In terms of the commodity distribution system,¹ the project will use the existing public health distribution channel.

From the central warehouse which is maintained by the League of Municipalities, the commodities will be issued to the Provincial Health Offices. The provincial distribution team will be responsible for distributing the supplies and ensuring that it gets to the poorest FP clients. The assigned midwife with her team of health volunteers (commonly referred to as Barangay Health Workers) will distribute the commodities to the poor clients as they are in a more strategic position to identify the poor from the non-poor using the masterlist of women reproductive age, the PHILHEALTH masterlist of indigent families and, if available, the list of poor households based on the CBMS survey in the area of assignment. In this way,

contraceptive support is targeted to those who cannot afford to buy from pharmacies and POP-SHOPS. Clients that have the ability to pay can directly access the commodities from pharmacies and POPSHOP outlets.

For the cities, the City Health Office will accomplish the RIV Form to the League of Cities. Upon receipt, the League of Cities will submit this to the central warehouse for issuance and release.

In consonance with the CSR Policy, LGUs are encouraged to provide counterpart for every quantity of UNFPA commodity they received from UNFPA. Currently, the landed cost is Php 15/cycle for oral contraceptives and Php 45/cycle for injectables inclusive of syringe. For the first year, UNFPA can shoulder 60 percent of the unit cost of the contraceptives and the LGU covers the 40 percent using the local FP budget or the money that will be given to the LGUs out of the 150 million in 2007 national budget for contraceptives. The 30 percent LGU counterpart will be used to procure additional contraceptives for future use. The LGUs are free to decide under the usual government procurement policy to undertake single or bulk purchase from any commodity supplier available in their area.

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every woman is treated with dignity and respect.

UNFPA - because everyone counts