

Examining the Allocation for Sexual and Reproductive Health and Rights in the 2024 National Budget

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Introduction

In the past years, the Philippines has made significant progress in developing its healthcare system and meeting the healthcare needs of its citizens. However, several aspects of healthcare delivery have continued to lag, including sexual and reproductive health and rights (SRHR). This is despite the enactment of Republic Act 10354 or the Responsible Parenthood and Reproductive Health (RPRH) Law more than a decade ago which ensures almost universal access to various contraceptives, maternal care, and sexuality education, among others.¹ The commitment of

the country to fully implement the RPRH Law and other related laws on human development to reduce adolescent pregnancy and the unmet need for modern family planning was further affirmed during the Nairobi Summit in 2019.² Currently, issues still abound regarding many aspects of SRHR in the country including the use of modern contraception methods, access of adolescents to SRHR services, and protection of women against gender-based violence.¹ While the government has implemented policies and programs to improve SRHR in the country, Filipinos, especially women and girls, continue to face various legal, political, and practical challenges in accessing SRHR services.³

SRHR services and policies are significant components of sustainable development because they can prevent unintended pregnancies, improve maternal health, prevent the spread of sexually transmitted infections including HIV, and contribute to an individual's overall well-being. Beyond direct health benefits, investing in SRHR also promotes positive social and economic outcomes. For example, women who delay their first birth and plan the timing and spacing of subsequent births have a higher likelihood

1 Biton, S. J. A. (2020). Advancing sexual and reproductive health and rights: An overview of the best practices in the Philippines. *Asian Journal of Women's Studies*, 26(1), 114–127. <https://doi.org/10.1080/12259276.2019.1690778>

2 Actualizing and Sustaining the Promise of ICPD and the 2030 Agenda for Sustainable Development in the Lives of Every Filipino. (2019). Nairobi Summit. <https://www.nairobisummiticpd.org/commitment/actualizing-and-sustaining-promise-icpd-and-2030-agenda-sustainable-development-lives>

3 Center for Reproductive Rights. (2022). Joint Submission to the Universal Periodic Review of the Philippines. In Center for Reproductive Rights. https://reproductiverights.org/wp-content/uploads/2022/05/Joint_Submission_to_the_Universal_Periodic_Review_of_PHILIPPINES_Report_on_Philippines_Compliance_with_its_Human_Rights_Obligations.pdf

of enrolling and finishing their education, leading to more employment prospects and more opportunities to participate in social and political processes. Ultimately, proper and comprehensive SRHR empowers women and the youth and fosters gender equality.⁴ According to the United Nations Population Fund (UNFPA), additional investments in family planning and maternal health can lead to substantial economic benefits for the Philippines. Implementing family planning programs that will enable the country to reach zero unmet need by 2030 and maternal health interventions that will increase coverage to 95% by 2030 is estimated to cost USD 1.04 billion or about PHP57.07 billion from 2022-2030. Compared to a business-as-usual scenario, this full scale-up scenario will cost PHP26.46 billion more but is expected to yield an economic benefit of over PHP476.3 billion brought about by reductions in unintended pregnancies, maternal deaths, neonatal deaths, and stillbirths. Hence, the additional PHP26 billion in funding is expected to have a benefit-cost ratio of 18. Considering the total cost of the full scale-up intervention (PHP57.07 billion), every peso invested in family planning and maternal healthcare is expected to generate PHP8 in economic benefits for the country.⁵

Aside from these benefits, SRHR is also important in the Philippines as the country attempts to reap the benefits of the demographic dividend. Simply, demographic dividend is the growth of the economy stemming from a shift in a country's population structure. This usually results when the working-age population is higher compared to the non-working-age population.⁶ Under

the Philippine Development Plan 2017-2022, harnessing the demographic dividend was identified as a key strategy for the country's accelerated and sustained growth.⁷ Towards this end, the government has continued to implement programs and policies related to population and development and has recognized the full implementation of the RPRH Law as an important component.⁸

Government investment is crucial in developing and implementing SRHR services and ensuring their accessibility. In line with this, the Philippines committed to increasing investments for SRHR and other related interventions to ensure and speed up the attainment of the Nairobi Summit goals and the 2030 Sustainable Development Goals. Nevertheless, budget allocation for SRHR services has continued to decline over the years. According to Representative Edcel Lagman, the budget for RPRH Law during its first year of implementation in 2013 was PHP 2.5 billion but has plummeted to only PHP 842 million in 2022.⁹ Moreover, there have been specific instances when the budget for the RPRH Law was substantially reduced due to the policy stances of key legislators that hold restrictive views on reproductive healthcare.¹⁰ Hence, each year, there is a need for various stakeholders to participate in budget deliberations to ensure that substantial funding is allotted to SRHR services, especially for modern contraceptives. Afterward, there is also a need to engage with the implementing agencies to guarantee that the budget is spent as specified to contribute to the advancement of SRHR in the country. With these premises, the primary aim of this briefer is to tackle the budget allocation for

4 Cohen, S. (2004). The Broad Benefits of Investing in Sexual and Reproductive Health. In Guttmacher Institute. Guttmacher Institute. <https://www.guttmacher.org/gpr/2004/03/broad-benefits-investing-sexual-and-reproductive-health>

5 United Nations Population Fund (UNFPA). (2022). Investment Case for Family Planning and Maternal Health in the Philippines.

6 Demographic dividend. (2014, December 2). UNFPA Arab States. <https://arabstates.unfpa.org/en/topics/demographic-dividend-6>

7 Updated Philippine Development Plan 2017-2022. (2021). In Philippine Development Plan. National Economic and Development Authority. <https://pdp.neda.gov.ph/updated-pdp-2017-2022/>

8 NEDA Explainer: Reaping Demographic Dividend. (2018). National Economic and Development Authority. <https://neda.gov.ph/neda-explainer-reaping-demographic-dividend/>

9 Quismorio, E. (2022). LP solon asks Marcos admin to prioritize reproductive health. Manila Bulletin. <https://mb.com.ph/2022/06/11/lp-solon-asks-marcos-admin-to-prioritize-reproductive-health>

10 Cruz, R. (2016). Sotto admits budget for contraceptives scrapped. ABS-CBN News. <https://news.abs-cbn.com/nation/01/07/16/sotto-admits-budget-for-contraceptives-scrapped>

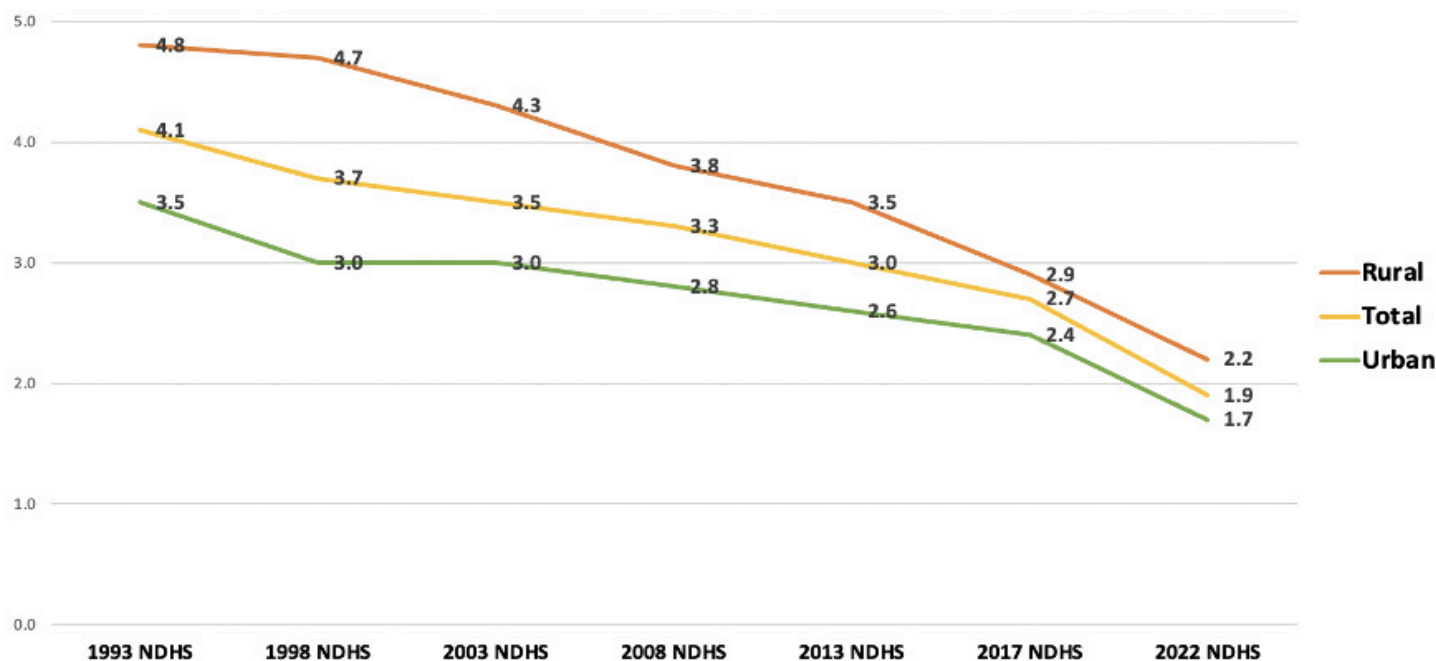
SRHR and adolescent sexual and reproductive health and rights (ASRHR) in 2024 as outlined in the General Appropriations Act (GAA) and compare allocations of various agencies.

The brief is subsequently divided into five sections. The first part will tackle the current data on sexual and reproductive health in the Philippines, drawing primarily from the 2022 National Demographic and Health Survey (NDHS). Afterward, the legal and policy frameworks on SRHR in the country will be discussed, focusing on the RPRH Law and Executive Order (EO) No. 141 s. 2021. The next part will delve into the current budget allocation for SRHR in the 2024 GAA and compare budget allocations from the previous years. The fourth section will deep dive into proposed SRHR programs for implementation and examine their costed implementation plans. The last part will identify key recommendations on how to improve the delivery of SRHR interventions in the country.

Current Status of SRHR in the Philippines

Over the years, landmark legislation along with societal changes has significantly changed the SRHR behavior of Filipinos, especially concerning fertility. There are several direct factors influencing the number of children that a woman will birth including the age at first birth and interval between births, among others. In many countries, choosing to delay first births and increasing the gap between births have contributed to reducing the total fertility level. In the Philippines, the country's total fertility rate has consistently declined. This trend has been observed in both urban and rural areas. Based on the 2022 NDHS, the total fertility rate (TFR) of the country is 1.9 children per woman representing a significant reduction from the 4.1 children per woman recorded in 1993, or a decline of 2.2 children per woman in almost three decades. In urban areas, the current TFR is 1.7 children per woman. This is slightly higher in rural areas at 2.2 children per woman.¹¹ Figure 1 illustrates the trends

Figure 1. Total Fertility Rates in the Philippines, by type of residence



Source: Philippine Statistics Authority (PSA) and ICF (2023)

11 Philippine Statistics Authority (PSA) and ICF. (2023). 2022 Philippine National Demographic and Health Survey (NDHS) Final Report. In The DHS Program. PSA and ICF. <https://dhsprogram.com/pubs/pdf/FR381/FR381.pdf>

in TFR in the country from 1993 to 2022 broken down by type of residence.

Meanwhile, disaggregating TFR by region, the National Capital Region (NCR) recorded the lowest TFR and is one of the regions that have already reached below replacement-level fertility at 1.2 children per woman. In contrast, the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) recorded the highest TFR at 3.1 children per woman.¹¹

Reduction in TFR is also due to the changing preferences of Filipinos, especially women. More than half of currently married women aged 15-49 (58%) do not want more children. This figure includes women who have undergone sterilization and women who have sterilized husbands. Around 14% desire another child within the next two years while 17% want it after two years.¹¹ The following table illustrates the desire for more children of married women.

condoms, female sterilization, and injectables. The majority of currently married women aged 15-49 (58%) use any method of contraception. Users of modern contraception constitute 42% while users of traditional method form 17%. Since 1993, the number of women who use modern contraception has increased while there has been little change in the share of women who use traditional methods. The succeeding figure depicts the trend in contraceptive use in the country over the years. The government is the source of 50% of in the country with barangay health stations being the most popular government source. While condoms and pills are usually sourced from private pharmacies, the public sector is the main source of implants (90%), intrauterine devices (88%), injectables (85%), and female sterilization (73%). In terms of cost, availing contraceptives from the public sector is usually cheaper compared to the private sector. Around 36% of women reported that they get their contraceptives at no cost.¹¹

Table 1. Desire for Children of Currently Married Women Aged 15-49 Years Old

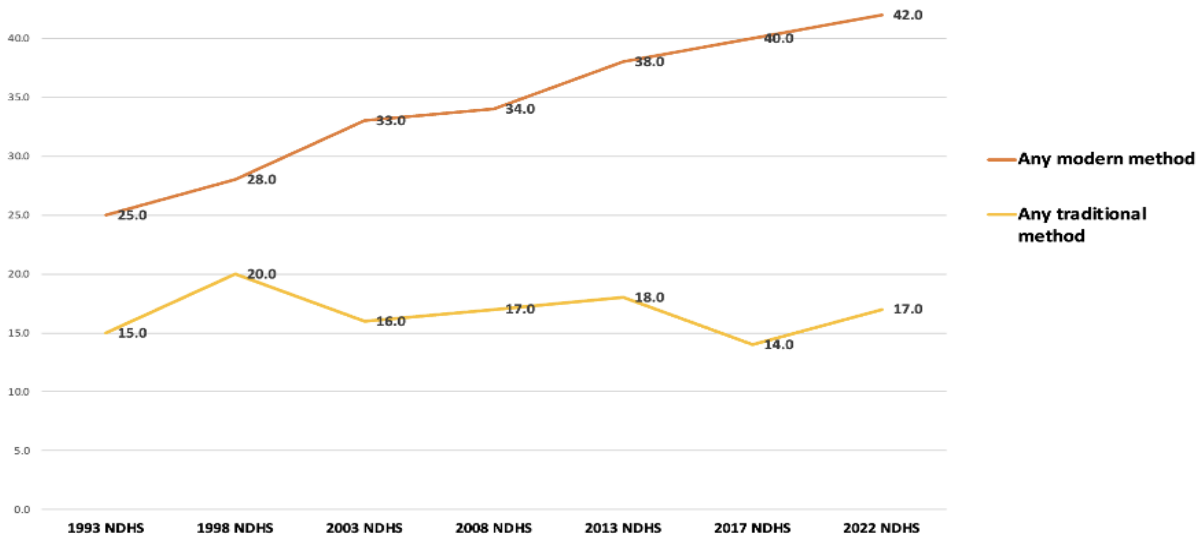
Desire for Children	Percentage Distribution
Have another soon (i.e., within the next 2 years)	13.9
Have another later (i.e., after 2 or more years)	17.4
Have another, undecided when	0.2
Undecided	8.1
Want no more	48.8
Sterilized (includes both male and female)	8.7
Declared infecund	2.8

Source: Philippine Statistics Authority (PSA) and ICF (2023)

Aside from preferences in terms of the number of children, using contraceptives also enables couples to limit and properly space and time births. At 98%, nearly all women are knowledgeable on at least one method of family planning with the pill being the most popular at 97%. This was followed by male

Among specific modern contraceptive methods, the use of pills is the most popular with 20% of currently married women using them. This was followed by female sterilization (9%), injectables (5%), implants (3%), intrauterine device (IUD) (3%), and male condoms (2%). While the majority of currently married women do not want more

Figure 2. Trends in Contraceptive Use of Currently Married Women using Contraception

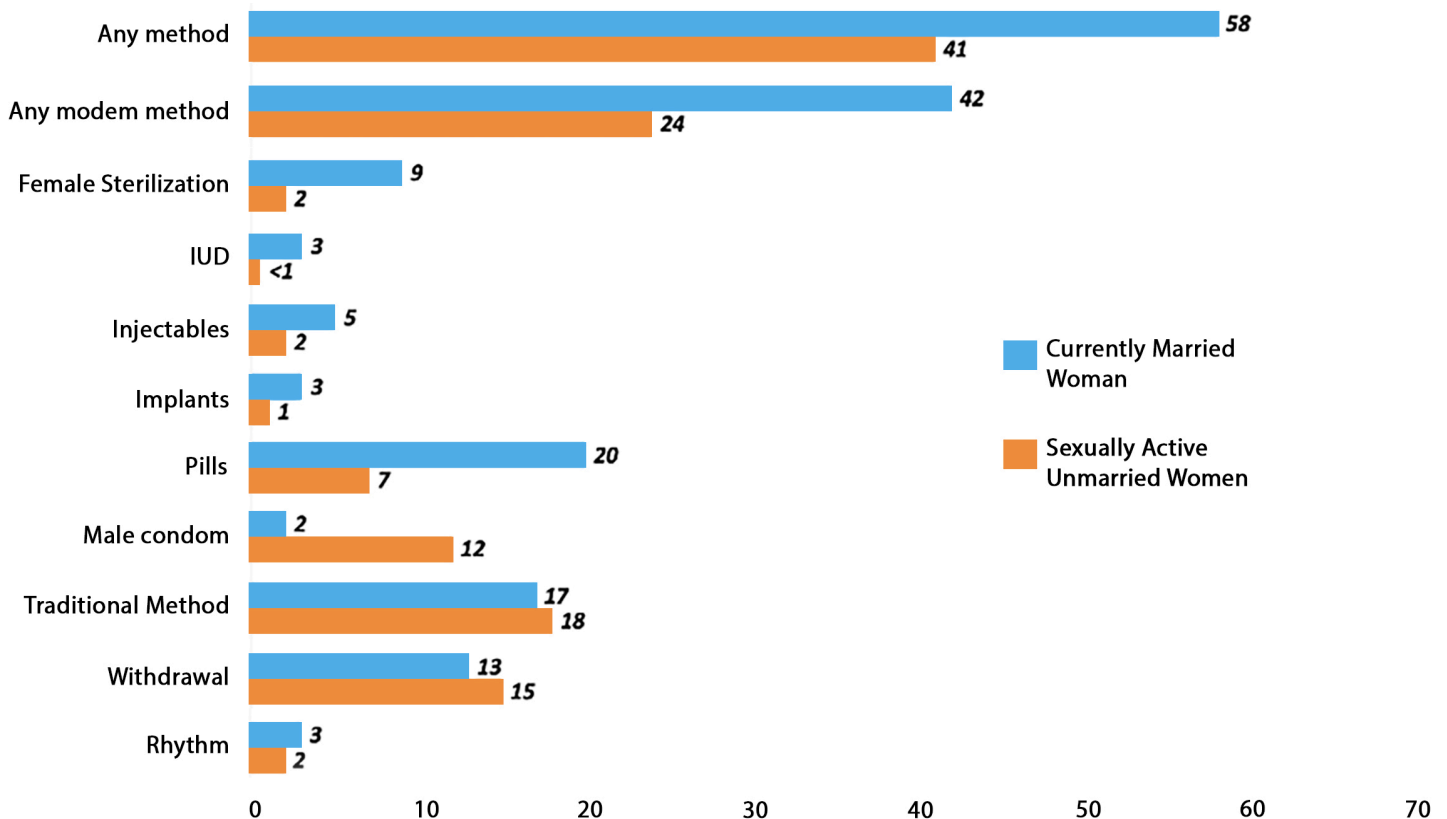


Source: Philippine Statistics Authority (PSA) and ICF (2023)

children, pills, a short-acting method, remain the most used modern contraceptive. In contrast, there has been limited utilization of long-acting methods like IUDs and implants pointing to a

possible lack of awareness or inaccessibility of these methods. Meanwhile, 41% of sexually active unmarried women use contraception with 24% relying on modern methods. Male

Figure 3. Percentage of Women Using Different Kinds of Contraceptive Methods



Source: Philippine Statistics Authority (PSA) and ICF (2023)

condoms were the most popular with 12% of sexually active unmarried women utilizing them. However, looking at all methods, withdrawal is the top method with 15% of women in this group using this.¹¹ The succeeding figure illustrates contraceptive use among currently married women and sexually active unmarried women.

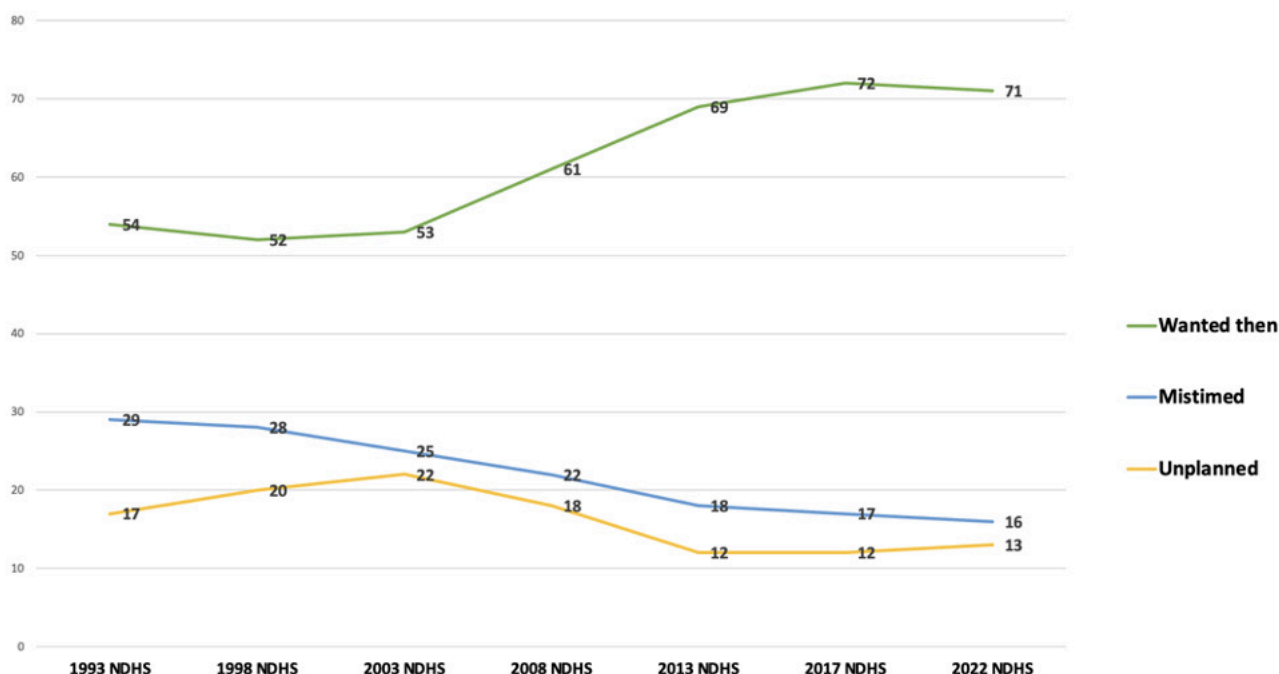
The increase in access to contraceptive methods among other factors has contributed to a rise in planned births and a decline in mistimed and unplanned pregnancies. At the time of conception, 71% of current pregnancies and live births were wanted pregnancies based on the 2022 NDHS. Wanted pregnancies have increased since 1993 when only 54% were considered as such. Currently, only 13% of pregnancies are considered unplanned while 16% are mistimed. The trends in wanted, mistimed, and unplanned pregnancies are illustrated in the succeeding figure. Concerning this, the total wanted fertility rate is 1.5 children per woman. This is slightly lower than the country's TFR of 1.9 children per woman which means that, in general, women

are giving birth to 0.4 more children than they desire. In the past years, the gap between the total wanted fertility rate and the actual TFR has decreased from 1.2 children per woman in 1993.¹¹

Despite the increasing use of contraceptives, declining fertility rates, and growing percentage of wanted pregnancies, family planning programs remain relevant, and additional investments are still needed to sustain current progress in SRHR. Funding family planning programs is important to help women both limit and time their pregnancies. Ultimately, family planning is about giving couples, especially women, the choice of whether or not to have and when to have children, helping them to achieve their fertility goals and realize their full potential.

Moreover, while there is advancement in key aspects, progress in other areas of SRHR continues to stall including maternal mortality ratio (MMR) and gender-based violence. For example, the country's MMR has increased from 53.82 per 1000 live births in 2017 to a five-year

Figure 4. Trends in Family Planning Status of Currently Married Women Aged 15-49

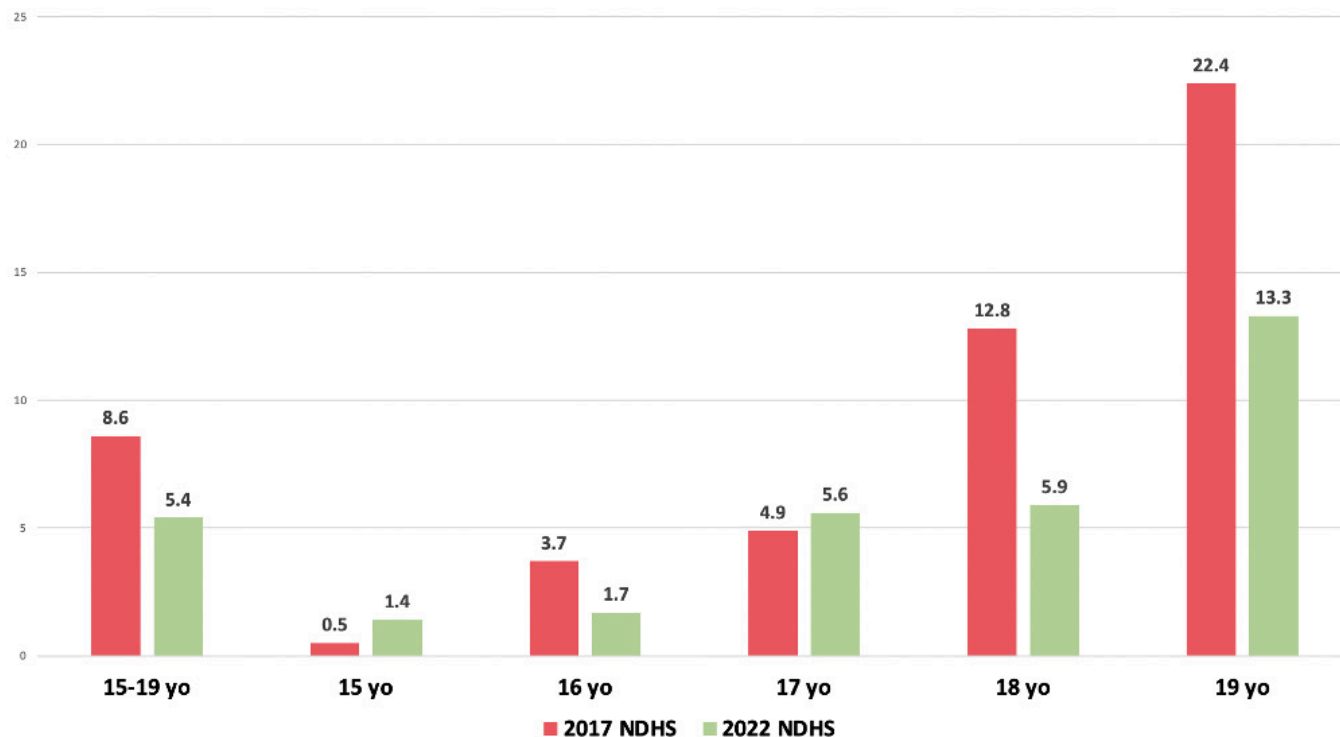


Source: Philippine Statistics Authority (PSA) and ICF (2023)

high of 84.86 in 2021 according to the Field Health Services Information System (FHSIS). This figure slightly decreased to 64.68 in 2022 which is equivalent to 914 deaths.^{12,13} The current situation calls for not only an increase in investments in SRHR and maternal health but also an increase in spending per capita. Aside

teenage women (i.e., those aged 15-19) have ever been pregnant. This latest figure represents a notable decline from the 2017 figure, which was reported as 8.6%. As age increases so is the percentage of women who have ever been pregnant. Among those aged 15, only 1% have ever been pregnant based on the latest data.

Figure 5. Percentage of Women Aged 15-19 Who Have Ever Been Pregnant, 2017 and 2022



Source: Philippine Statistics Authority (2023)

from ensuring access, there is also a need to increase the quality of services to significantly improve the reproductive health of Filipinos, especially women. The declining fertility rates present an opportunity to further increase per capita investment in SRHR and maternal health.

Focusing on the sexual behavior of young people, the 2022 NDHS reported that 5.4% of

Meanwhile, this figure was 13% among teenagers aged 19. While the age group reported a decline, zooming in on individual ages indicates an observed increase in the share of 15-year-olds (from 0.5 in 2017 to 1.4 in 2022) and 17-year-olds (from 4.9 in 2017 to 5.6 in 2022) who have ever been pregnant.^{11,14} The following figure illustrates this. Among the regions, Northern Mindanao recorded the highest percentage of teenage

12 Department of Health. (n.d.-a). 2021 Field Health Services Information System Annual Report. In Department of Health. Retrieved November 5, 2023, from https://doh.gov.ph/sites/default/files/publications/FHSIS_2021_aug2022_0.pdf

13 Department of Health. (n.d.-b). 2022 Field Health Services Information System Annual Report. In Department of Health. https://doh.gov.ph/sites/default/files/publications/FHSIS_2022_Aug.pdf

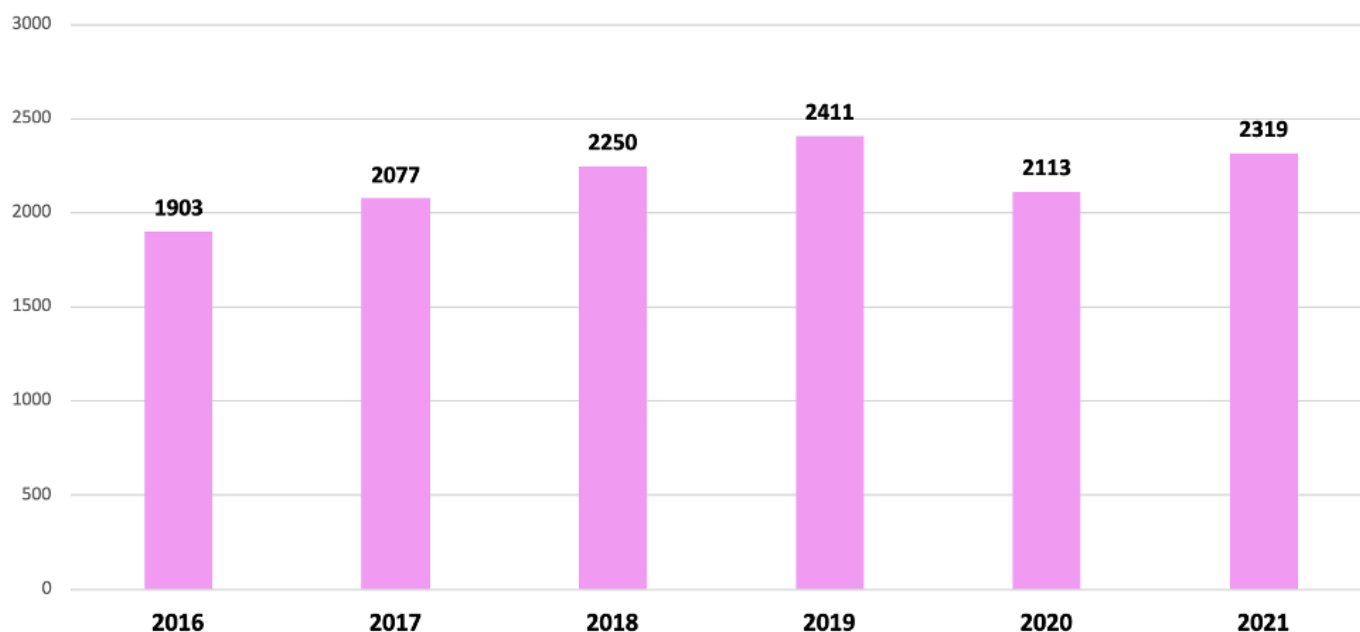
14 Philippine Statistics Authority. (2023). Teenage Pregnancy Declined from 8.6 percent in 2017 to 5.4 percent in 2022. Philippine Statistics Authority. <https://psa.gov.ph/content/teenage-pregnancy-declined-86-percent-2017-54-percent-2022>

women who have ever been pregnant at 11%, more than double the national average. This was followed by Central Luzon, Davao Region, and Caraga at 8% each.⁸ However, extending the age range and including young women aged 15-24, the percentage who have ever been pregnant reaches 16%.¹¹ Likewise, this represents a 9% reduction from the 25% recorded in 2017.¹⁵

The NDHS also reported that 5% of teenage women have started childbearing – a significant decline from the last survey in 2017. Previously, in 1993 and 1998, this figure was at 7%. It increased to 10% in 2008 and 2013 then slightly dropped to 9% in 2017. Childbearing means that the teenager has either had a live birth or was pregnant during the time of the survey.¹¹

While pregnancy among teenage women aged 15-19 has declined, this is not the same case for those aged 10-14 years old. Births to mothers younger than 15 years old have been gradually increasing over the years. In 2016, there were 1903 registered births to females aged 10-14 years old. For the next five years following this, this figure has remained above 2000 births. Based on the latest Vital Statistics Report in 2021, there were 2,319 births to mothers aged 10-14 years old. On average, this translates to around six births each day.^{16,17} The increase in births to this age group indicates an urgent need to set up interventions for very young adolescents, increase the funding for ASRHR, and introduce policies that will enable minors to freely access contraceptives. The subsequent figure depicts births from adolescent mothers aged 10-14 years old from 2016 to 2021.

Figure 6. Registered Live Births to Adolescent Mothers Aged 10-14, 2016-2021



Source: Philippine Statistics Authority (2022) and Vital Statistics Report on Birth in the Philippines 2021 (n.d.)

15 Juan, C. P., Laguna, E. P., & Pullum, T. W. (2019). Trends of Sexual and Reproductive Health Behaviors among Youth in the Philippines: Further Analysis of the 2008, 2013, and 2017 National Demographic and Health Surveys. In The DHS Program. ICF. <https://dhsprogram.com/pubs/pdf/FA127/FA127.pdf>

16 Philippine Statistics Authority. (2022). Adolescent Pregnancy in the Philippines: 2016-2020. Philippine Statistics Authority. <https://psa.gov.ph/content/adolescent-pregnancy-philippines-2016-2020>

17 Vital Statistics Report on Birth in the Philippines 2021. (n.d.). Philippine Statistics Authority (PSA) Data Archive. Retrieved November 5, 2023, from <https://psada.psa.gov.ph/catalog/VSR/about>

Meanwhile, the age of the fathers is not stated for around 41% of births to adolescent mothers aged 10-14 years old each year from 2016 to 2021. In cases where the age of the father is recorded, they are usually older than the mother. Each year, nearly half (around 46-48%) of the recorded births to adolescent mothers aged 10-14 years old were fathered by males aged 15-24 years old.¹⁶ The following table illustrates this.

Focusing on the youth, the 2021 Young Adult Fertility and Sexuality Study (YAFS5) studied trends in the sexual behaviors of youth aged 15-24. Among this group, there is a higher percentage of males who have sexual experience. Around 32% of male youth reported having a sexual experience while only 27% of female youth reported this. The majority of the youth with sexual experience reported that their

Table 2. Registered Live Births to Adolescent Mothers Aged 10-14 by Age of Father 2016-2021

Age of Father	Number of Registered Births to Adolescent Mothers Aged 10-14				
	2016	2017	2018	2019	2020
10-14	12	16	12	16	15
15-19	415	488	606	630	592
20-24	476	480	440	530	418
25-29	154	156	152	153	140
30-34	51	55	49	44	44
35-39	10	15	8	11	14
40-44	5	5	2	2	10
45-49	3	1	5	4	2
50-54	1	1	4	-	1
55-59	-	1	-	1	1
60-64	-	-	1	1	-
65 and over	2	-	-	-	-
Not Stated	774	859	971	1019	876
All Ages	1903	2077	2250	2411	2113

Source: Philippine Statistics Authority (2022)

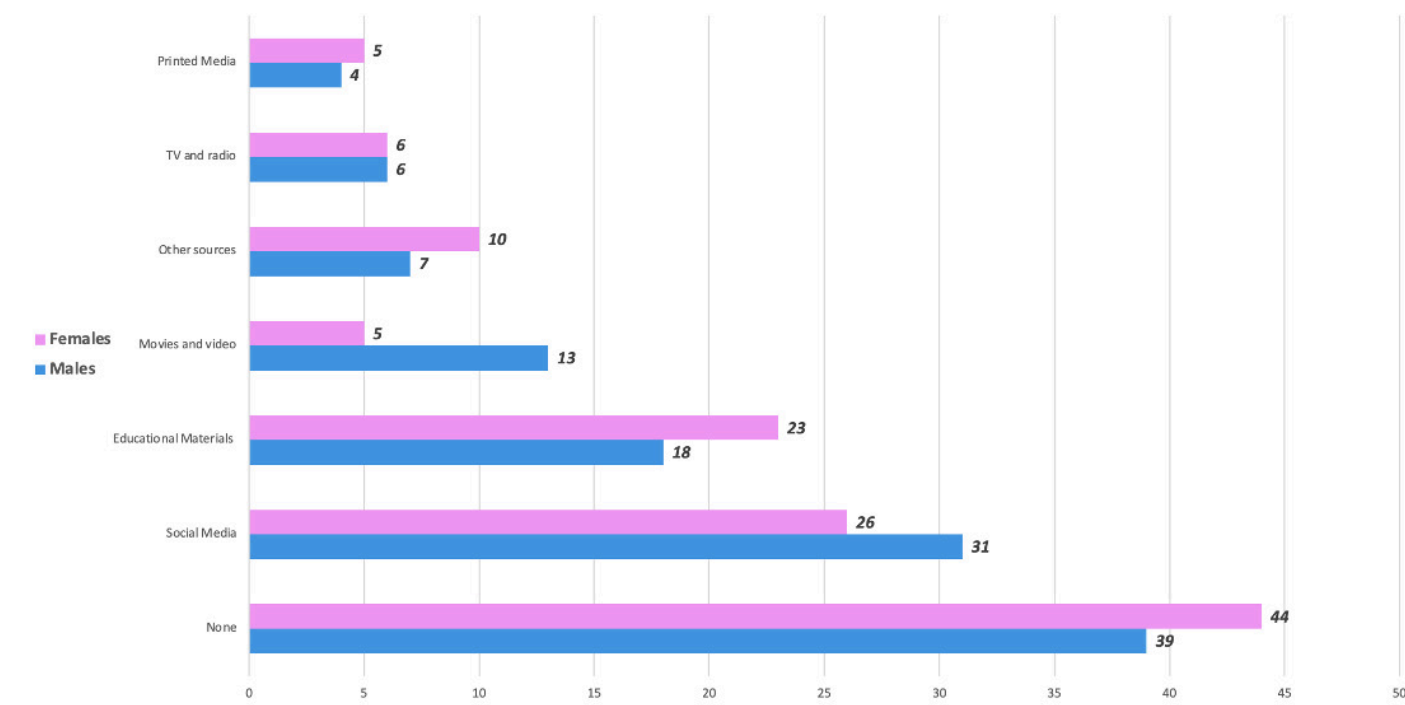
first sexual experience occurred before marriage. However, despite a significant percentage of the youth having sexual experience, many of them also report having no sources of information about sex. Thirty-nine percent (39%) of males and 44% of females reported having no sources of information. After this, social media followed as the top source for both males and females at 31% and 26%, respectively. Educational materials ranked next for both males (18%) and females (23%).¹⁸ The following figure further discusses the sources of information about sex used by the youth.

33% said they would consult no one. Only 12% reported that they will consult their fathers while 11% will likely consult their mothers. On the other hand, 39% of female youth reported that they would most likely ask their mothers, 23% said no one, and 22% would ask their friends. The remaining chose health professionals (9%) and siblings (8%).¹⁸

Legal and Policy Frameworks on SRHR

In the Philippines, the provision of SRHR services is primarily guided by the RPRH Law. Enacted in

Figure 7. Material Sources of Information about Sex of the Youth Aged 15-24



Source: University of the Philippines Population Institute (2022)

Possibly exacerbating the problem with lack of education about sex is the preferences of the youth on whom to ask about sex. Among males, 40% reported that they would most likely consult their friends for questions regarding sex while

2012, the law ensures almost universal access of Filipinos to reproductive healthcare services and products, provision of comprehensive sexuality and reproductive health education and family planning information, and training of healthcare

¹⁸ University of the Philippines Population Institute. (2022). Zoom in, zoom out: Filipino youth in focus [PowerPoint slides]. In University of the Philippines Population Institute. Population Institute, College of Social Sciences and Philosophy, University of the Philippines. https://www.uppi.upd.edu.ph/sites/default/files/pdf/YAFS5_National_Dissemination_Slides_FINAL.pdf

workers to promote SRHR. Note that minors are prohibited from accessing modern methods of contraception without seeking parental consent. As per the law, minors can only freely access family planning services when they have given birth or had a miscarriage. The law further recognizes that the provision of reproductive healthcare services and products is crucial in promoting the right to health of Filipinos, especially women and other marginalized sectors. Under the law, the Department of Health (DOH) is tasked to serve as the lead agency in the implementation. In particular, they are tasked to fully implement the country's reproductive health care program and ensure the accessibility of reproductive health products and services. As such, per the law, DOH is the agency primarily tasked with procuring and distributing family planning supplies to local government units in the country and tracking the utilization of these supplies. Aside from this, the law also stipulated the development of age- and development-appropriate SRHR education for adolescents to be delivered through both the formal and nonformal education systems. In implementing SRHR programs, the law calls for the adoption of a multidimensional approach and integration of family planning in poverty alleviation programs. In terms of appropriations, the DOH is empowered to fund requests from local governments that seek to capacitate health facilities to provide services related to implementing the law including newborn care and skilled birth attendance. The funding for public awareness and health promotion campaigns will be sourced from the DOH's annual budget. Concerning SRHR education, funding will be sourced primarily from the annual budget of the education agencies – the Department of Education (DepEd), the Commission on Higher Education (CHED), and the Technical Education

and Skills Development Agency (TESDA) – as well as other concerned bodies. Lastly, the law also enables national government agencies and local government units to use their Gender and Development funds to implement programs and projects consistent with the RPRH Law.¹⁹

In 2021, the need for the full and effective implementation of the RPRH Law was further emphasized with the issuance of EO No. 141. The order made preventing pregnancies among adolescents a national priority and called for a whole-of-government approach to attain the demographic dividend. Specifically, the EO directed the Sangguniang Kabataan to develop programs and projects aimed at preventing causes of early pregnancies. Additionally, the Commission on Population and Development (CPD) was tasked with collating various government-led initiatives into a Comprehensive Action Plan Towards the Prevention of Adolescent Pregnancies. The EO also contained fiscal implications as it mandated the Department of Budget and Management (DBM) to ensure that initiatives on curbing adolescent pregnancies will be included in the yearly Budget Priorities Framework. The EO also further affirmed the use of the Gender and Development budget of concerned agencies in implementing stipulations in the order.²⁰

Under the administration of Ferdinand Marcos Jr., there has been little indication that SRHR will be prioritized. One of the few times that Marcos Jr. publicly discussed SRHR was when he expressed support for the legalization of abortion of pregnancies in cases of rape and incest in early 2022 just before the start of the campaign period for the national elections.²¹ Part of the current administration's eight-point

19 Republic Act No. 10354. (2012). Official Gazette of the Republic of the Philippines. <https://www.officialgazette.gov.ph/2012/12/21/republic-act-no-10354/>

20 Executive Order No. 141, s. 2021. (2021). Official Gazette of the Republic of the Philippines. <https://www.officialgazette.gov.ph/2021/06/25/executive-order-no-141-s-2021/>

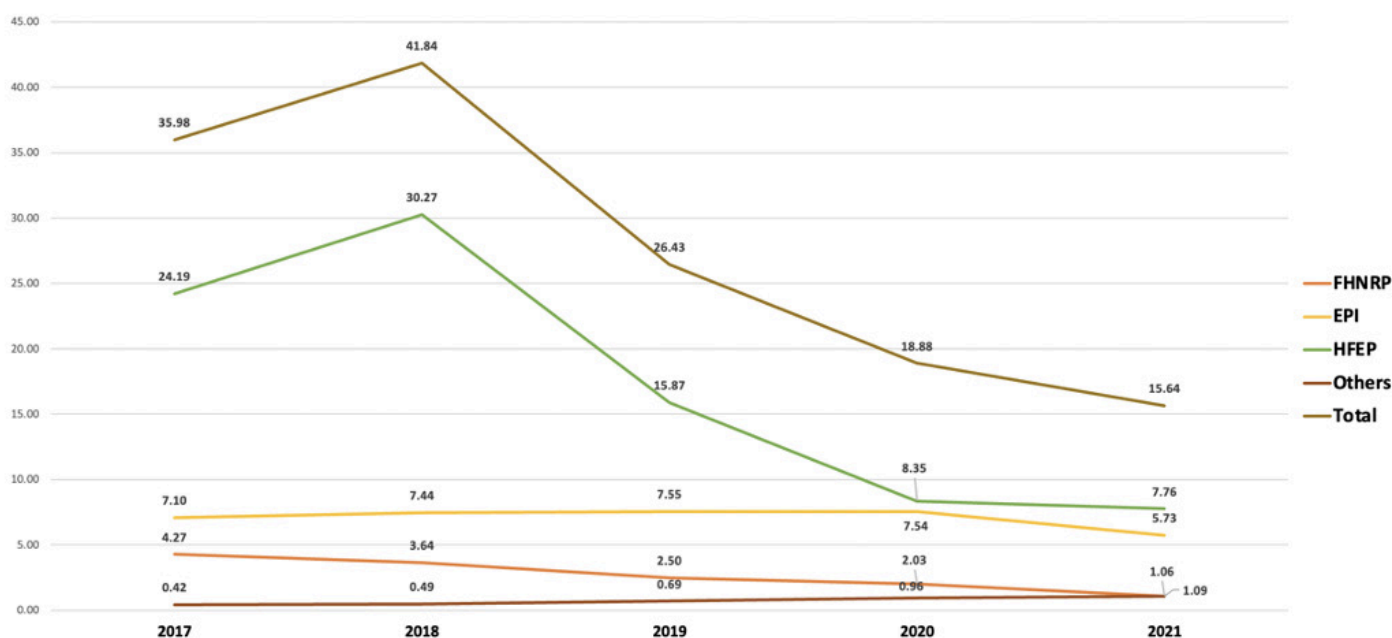
21 Buan, L. (2022). Marcos Jr. backs abortion "for severe cases" like rape and incest. Rappler. <https://www.rappler.com/nation/elections/ferdinand-bongbong-marcos-jr-okay-abortion-severe-cases-rape-incest/>

socioeconomic agenda is reducing vulnerability through bolstering social protection programs and prioritizing health and education.²² However, so far, no measure relating to SRHR has been tagged as a priority bill of the administration in its first two years.^{23,24}

This is despite several bills on adolescent sexual and reproductive health and rights being filed focusing on the prevention of adolescent pregnancies. Senator Risa Hontiveros et al. introduced Senate Bill No. 1979, or the Prevention of Adolescent Pregnancy Act in the Senate while Representative Edcel Lagman et al. filed House Bill No. 8910 in the House

of Representatives. These bills aim to ease adolescents' access to reproductive health services, make comprehensive sexuality education (CSE) compulsory in schools, and create the National Program on the Prevention of Adolescent Pregnancy, among others.^{25,26} DepEd has backed the proposal to make CSE required in basic education as a means to prevent adolescent pregnancies.²⁷

Figure 8. Budget Line for RPRH Law, 2017-2021, in billion PHP



Source: Department of Health and the Commission on Population and Development (n.d.)

22 Cordero, T. (2022). Marcos economic team unveils 8-point socioeconomic agenda. GMA News Online. <https://www.gmanetwork.com/news/money/economy/839416/marcos-economic-team-unveils-8-point-socioeconomic-agenda/story/>

23 Cupin, B. (2022). SUMMARY: The Marcos administration's priority bills. Rappler. <https://www.rappler.com/nation/summary-marcos-jr-administration-priority-bills/>

24 Cupin, B. (2023). FULL LIST: Marcos' priority bills in second year of office. Rappler. <https://www.rappler.com/nation/full-list-marcos-priority-bills-second-year-office-sona-2023/>

25 Senate Bill No. 1979. (2023). In Senate of the Philippines. <https://legacy.senate.gov.ph/lisdata/4108237439!.pdf>

26 Press and Public Affairs Bureau of the House of Representatives. (2023). House approves bill aiming to prevent teen age pregnancies. House of Representatives. <https://www.congress.gov.ph/press/details.php?pressid=12676>

27 Gregorio, X. (2023). DepEd backs making sex education compulsory, standardized. Philstar.com. <https://www.philstar.com/headlines/2023/02/07/2243236/dep-ed-backs-making-sex-education-compulsory-standardized>

2024 Budget for SRHR

While the need to strengthen the implementation of the RPRH Law has been emphasized to curb teenage pregnancies and benefit from the demographic dividend, budget allocations have not reflected this urgency. Based on the 2021 Annual Report of the RPRH Law, PHP 15.64 billion was earmarked in the budgets of DOH and CPD for RPRH Law programs and projects during that year. This is a 17% decrease from the PHP 18.88 billion allocation in 2020. The budget for reproductive health has continuously decreased in the past three years as shown in Figure 8. The budget for the RPRH Law indicated in the annual report covers the following: Family Health and Responsible Parenting, Expanded Program on Immunization, Health Facility Enhancement Program, allocation for HIV and AIDS, and CPD programs. Except for the last item, all programs are under DOH. One of the causes for the reduction in the budget is the shift to annual cash-based appropriations leading to changes in the budget ceiling of various programs. Furthermore, it should be noted that the Health Facility Enhancement Program budget also funds other DOH programs.²⁸

Examining the 2024 GAA, the total budget for reproductive health initiatives is estimated to be PHP 9.06 billion. This amount includes the allocations from DOH, CPD, the Philippine National AIDS Council (PNAC), and DepEd.^{29,30} Table 3 breaks down the budget related to SRHR of these agencies. Note that the actual amount for reproductive health may be higher as there

may be other line items and programs that also have SRHR objectives.

The total budget relevant to SRHR under the DOH represents 95% of the total estimated budget. Under the 2024 GAA, the approved budget for the Family Health Sub-Program was PHP 8.3 billion. However, based on the breakdown, only PHP 750 million was specifically allocated for Family Planning and Reproductive Health. The rest is allotted for Family Health, Immunization, Nutrition, and Responsible Parenting.²⁹ In the 2023 GAA, PHP 873 million was dedicated to Family Planning and Reproductive Health. Hence, the 2024 allocation represents a decrease in allocation compared to last year.³¹ In addition, DOH's 2024 approved budget included a special provision concerning the Philippines Multisectoral Nutrition Project (PMNP). The project was given PHP 300 million to support economically vulnerable pregnant women facing nutritional risks, residing in municipalities categorized as 5th and 6th income class. Specific activities funded include identification, provision of services, and monitoring. Of this allocation, PHP 223.8 million is earmarked under Public Health Management and the remaining PHP 76.2 million was placed under Family Health, Immunization, Nutrition, and Responsible Parenting. The former will be used to fund improvements of health facilities (i.e., rural health units and barangay health stations), health promotion activities, development of information systems, and provision of services while the latter will be used to purchase and supply dietary and micronutrient supplements.²⁹

28 Department of Health and the Commission on Population and Development. (n.d.). 2021 Responsible Parenthood and Reproductive Health Act of 2012 Annual Report. In Department of Health. Retrieved October 28, 2023, from <https://doh.gov.ph/sites/default/files/publications/2021%20RPRH%20Annual%20Report.pdf>

29 Republic Act 11975 General Appropriations Act Volume I-A Fiscal Year 2024. (2023). In Department of Budget and Management. https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2024/DBM_OFFICIAL_GAZETTE_FY_2024_VOLUME_1-A.pdf

30 Republic Act 11975 General Appropriations Act Volume I-B Fiscal Year 2024. (2023). In Department of Budget and Management. https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2024/DBM_OFFICIAL_GAZETTE_FY_2024_VOLUME_1-A.pdf

31 Republic Act 11936 General Appropriations Act Volume I-A Fiscal Year 2023. (2022). In Department of Budget and Management. <https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2023/GAA-2023-VOL-1-A.pdf>

Apart from this, PNAC also received PHP 29.2 million to support the implementation of the National HIV and AIDS Management Program. The program has two components: HIV and AIDS Policy and Standards Development and Technical and Administrative Support. Around PHP 20.6 million is allocated to policy and standards development while the remaining PHP 8.6 million is budgeted toward technical and administrative support.²⁹ The program experienced an increase in budget allocation, rising from PHP 17.7 million in 2023.³¹

Under CPD, PHP 297.3 million was allotted for the agency's Philippine Population Management Program. This program's components and their respective allocation are as follows:

- Coordination and development of population policy and programs (PHP 123 million)
- Support to the implementation of approved national, sectoral, regional, and local population plans and programs (PHP 115.3 million)
- Provision of grants, subsidies, and contributions in support of population programs (PHP 59 million)³⁰

In 2023, the program received funding amounting to PHP 305.3 million. As such, its 2024 budget reflected a decrease in allotment.³²

Lastly, DepEd's budget contained a special provision mandating the appropriation of at least PHP100 million under the Learner Support Programs. This will fund programs and services focusing on adolescent reproductive health in line with the RPRH Law and Republic Act No. 11166 or the Philippine HIV and AIDS Policy Act. Like in the previous year, the 2024 GAA also contained a special provision allocating PHP 777.5 million for in-service training and other development interventions of teachers and other school personnel.²⁹ However, in the 2023 GAA, it was specified that the funding included training programs for teachers selected to handle classes on reproductive health and HIV and AIDS. This specification does not appear in the 2024 GAA.^{29,31}

Notably, in 2024, there is no funding allocated for the Social Protection Program for Adolescent Mothers and their Children (SPPAMC) under the Department of Social Welfare and Development (DSWD).³⁰ Note that in 2023 and 2022 the

Table 3. Budget Items Directly Related to SRHR in the 2024 GAA

Agency	Program/Item	Total
DOH	Family Health, Immunization, Nutrition, and Responsible Parenting	7,588,296,000
	Family Planning and Reproductive Health	749,919,000
	Special Provision #8: Philippine Multisectoral Nutrition Project	300,000,000
PNAC	National HIV and AIDS Management Program	29,200,000
CPD	Philippine Population Management Program	297,289,000
DepEd	Special Provision #16: Appropriation for Adolescent Reproductive Health Program	100,000,000

Source: Republic Act 11975 General Appropriations Act Volumes I-A and I-B Fiscal Year 2024 (2023)

32 Republic Act 11936 General Appropriations Act Volume I-B Fiscal Year 2023. (2022). In Department of Budget and Management. <https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2023/GAA-2023-VOL-1-B.pdf>

33 Republic Act 11639 General Appropriations Act Volume I-B Fiscal Year 2022. (2022). In Department of Budget and Management. <https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2022/GAA-2022-VOL-1-B.pdf>

approved budget of the DSWD contained special provisions allocating PHP 10 million for the SPPAMC.^{32,33} Intending to provide social protection, the program aims to assist adolescent mothers and provide them with access to opportunities like education and health services.³⁴

Costed Implementation Plans of Reproductive Health Programs

CIP for Family Planning

DOH and CPD developed a costed implementation plan (CIP) for family planning for 2020-2022. The plan determined four

budget outlined in the CIP.²⁷

The CIP for Family Planning is expected to cost PHP 11.92 billion for three years with the biggest allocation going to enabling leadership and management. This strategic action point will account for around 84% of the budget. In the plan’s final year of implementation (2022), the projected budget is around PHP 4.07 billion. Although the CIP was developed by DOH and CPD, various stakeholders, like civil society organizations, development partners, and the private sector, should be involved in its implementation.³⁵ The succeeding table summarizes the budget for the CIP broken down into strategic action components.

Table 4. Total Cost Estimate based on CIP for FP 2020-2022 (in PHP)

Strategic Action	Total Budget Need
Enabling leadership and management	9,962,973,098.78
Expanded service delivery	103,101,498.00
Health promotion and demand generation	1,767,676,875.99
Supportive environments	86,960,000.00

Source: *Strategic Costed Implementation Plan for Family Planning 2020-2022*. (n.d.)

strategic action points: enabling leadership and management, expanding service delivery for FP, health promotion and demand generation, and supportive environment. From there, the plan outlined needed family planning interventions, agencies responsible for the implementation, and the annual cost of the interventions. While the plan was for 2020-2022, the key components remain relevant. Hence, assuming that the kind and scope of interventions and institutional arrangements stay the same, there may be negligible differences between the budget needed to implement the plan in 2024 and the

CIP for Comprehensive Sexuality Education

In line with the RPRH Law’s mandate to develop SRHR education, DepEd has drafted plans to integrate CSE into the basic education curriculum. Following Department Order No. 31 signed in 2018, a CIP for CSE covering 2020 to 2024 was developed. The plan calculated that PHP 450 million would be needed to start the integration. Specifically, the budget will be used for the creation and reproduction of relevant teaching and learning materials, the conduct of capacity-building activities to equip teachers with the necessary knowledge and skills, and

34 Reyes, R. O. (2022). Popcom sets blueprint for special protection program for teen mothers. SunStar. <https://www.sunstar.com.ph/tacloban/local-news/popcom-sets-blueprint-for-special-protection-program-for-teen-mothers>

35 Strategic Costed Implementation Plan for Family Planning 2020-2022. (n.d.).

36 CSE Integration in the K-12 Curriculum. (n.d.).

the execution of communication and advocacy activities and monitoring and evaluation. Training for teachers constituted the biggest percentage of the budget at 63% which is equivalent to PHP 284 million.³⁶

However, when the CIP was implemented, DepEd had no budget line item for CSE. Hence, the agency had to rely on funding from development partners like the UNFPA. Aside from external sources, the agency also had to realign and/or reallocate parts of its budget to ensure the implementation of the CIP. Out of PHP 450 million identified, DepEd and UNFPA were able to raise PHP 49 million, or a little over 10% of the budget outlined in the CIP. Of this amount, PHP 10.3 million came from DepEd. Table 5 illustrates the budget for CSE from 2020 to 2023. Using these resources, activities were conducted primarily in three target regions – Ilocos Region, Central Visayas, and Davao Region – due to the prevalence of adolescent issues in these areas. Currently, the integration of CSE is still in its pilot implementation due to a lack of dedicated allocation for this.³⁷

to implement relevant activities in the next five years. The new plan affirmed six strategic areas of CSE integration:

1. Enable leadership and management to ensure and enhance CSE implementation;
2. Strengthen the CSE curriculum and subject syllabi;
3. Ensure quality CSE delivery;
4. Create a supportive environment for effective program management;
5. Proactively involve and engage with community stakeholders; and
6. Improve monitoring of CSE implementation and build evidence-based linking CSE to health and well-being promotion³⁷

The succeeding table breaks down the budget according to strategic area. Out of the strategies, Strategic Area 3 on ensuring the delivery of quality CSE had the highest projected budget at PHP 219.6 million. This is equivalent to around 67% of the total estimated budget.

Table 5. Budget for CSE, 2020-2023

Fiscal Year	Budget as per CIP	Actual Budget from DepEd	Actual Budget from Donor
2020	402,053,124	0	5,649,321.71
2021	24,029,464	0	4,769,905.00
2022	13,232,744	2,880,340	4,923,667.84
2023	9,267,424	7,434,600	23,316,458.00

Source: *CSE Integration in the K-12 Curriculum (n.d.)*

Towards the continued and full implementation of CSE in basic education, an updated CIP was developed covering 2024-2028. Based on this new CIP, more than PHP 328 million is needed

This is followed by Strategic Area 4 on creating a supportive environment at PHP 52.2 million. Furthermore, based on the CIP, resources will mostly be utilized in 2024 as PHP 312.1 million

³⁷ Integration of Comprehensive Sexuality Education in the Philippine K-to-12 Basic Education Curriculum Updated Costed Implementation Plan 2024-2028. (n.d.).

is needed during this time.³⁷ It should be noted that the findings from the YAFS5 indicate a substantial percentage of youth who do not have material sources of information about sex.¹⁸ This result underscores that there is demand and

urgency for CSE to be integrated into the basic education curriculum.

Table 6. Identified Budget in the CIP for CSE, 2024-2028

Strategic Area	Annual Costing					Total Cost
	2024	2025	2026	2027	2028	
Enable leadership and management to ensure and enhance CSE implementation	8,034,680	0	0	0	0	8,034,680
Strengthen the CSE curriculum and subject syllabi	1,500,000	0	0	0	1,512,550	3,012,550
Ensure quality CSE delivery	219,589,550	0	0	0	0	219,589,550
Create a supportive environment for effective program management	42,391,800	500,000		500,000	4,385,810	52,163,420
Proactively involve and engage with community stakeholders	40,600,000	0	0		0	41,600,000
Total	312,116,030				5,898,360	328,786,010
Improve monitoring of CSE implementation and build evidence-based linking CSE to health and well-being promotion	0		0	0	0	4,385,810
Total	312,116,030				5,898,360	328,786,010

Source: *Integration of Comprehensive Sexuality Education in the Philippine K-to-12 Basic Education Curriculum Updated Costed Implementation Plan 2024-2028 (n.d.)*

Recommendations

Adequate government investments are needed to ensure that the SRHR needs of Filipinos, especially adolescents, are met. Strengthening the implementation of the RPRH Law is needed due to the changing SRHR behavior and preferences of Filipinos. However, the lack of budget continues to hamper the full and effective implementation of many of the provisions in the RPRH Law. Based on the allocations for SRHR in the 2024 GAA, several recommendations are necessary to improve SRHR in the country:

1. Section 22 of the RPRH Law provides for the creation of a Congressional Oversight Committee (COC) on the Reproductive Health Act. The committee, composed of five members each from both chambers of Congress, is tasked to review the implementation of the law every five years.¹⁹ As the law was enacted more than a decade ago, the committee must meet to provide an evidence-based review of the current status of the law's implementation. This must be coupled with a review of various evaluation studies and consultations with various stakeholders including relevant government agencies, development partners, civil society organizations, and the private sector. Ample attention should also be devoted to the evaluation of initiatives related to ASRHR and the prevention of adolescent pregnancies. To date, the COC has yet to successfully convene and assess the implementation of the law, making the review process long overdue. In the 17th Congress, the Committee on Population and Family Relations, led by its chairperson Representative Sol Aragon, held a meeting to tackle updates regarding the implementation of the RPRH Law but failed to start the full review process as mandated.
2. More than a decade since the enactment of the law, the implementation of CSE in schools is still currently in its pilot implementation.³⁸ Based on the documents reviewed, the lack of budget items dedicated to CSE integration has prevented its progress. With the recent focus on ASRHR following EO No. 141, s. 2021, there needs to be a stronger push to train more teachers to deliver CSE and develop more appropriate materials for both teachers and students toward the full implementation of CSE in schools. The inclusion of CSE in the nonformal education system should also be given attention.
3. There is a growing need to immediately pass the Adolescent Pregnancy Prevention Law. Under the RPRH law, minors are not able to access contraception in public health facilities without written consent from their parents and/or guardians, severely limiting their access to SRHR services.¹⁹ This limitation, along with the non-implementation of CSE in schools, has hampered the progress of ASRHR in the country. The enactment of the proposed Adolescent Pregnancy Prevention Law can address these limitations and lead to a substantial increase in the budget dedicated to the prevention of adolescent pregnancies and the protection of adolescent mothers and their children. The law can also lead to the institutionalization of programs like the SPPAMC to ensure state support for adolescent mothers and access to training, livelihood programs, and other employment-related opportunities.
4. With the implementation of the Mandanas ruling, there may be a bigger fiscal space for local government units to fund development projects, including SRHR and ASRHR initiatives. Following this, the capacity of local governments in RPRH Law implementation should be examined to ensure that other disparities beyond financing will be identified and properly addressed. This includes aspects related to human resources, local information systems, infrastructure, and governance. Following this, national government agencies should guide local governments on how to properly budget for SRHR and ASRHR, help in streamlining their current initiatives, and lead in capacitating new local personnel. Financial support for low-income class municipalities and geographically isolated and disadvantaged areas should also be included in the budget of national government agencies.

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