



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the  
United Nations Office for  
Project Services**

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Item 9 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for the Philippines**

Proposed indicative UNFPA assistance:	\$36.0 million: \$15.1 million from regular resources and \$20.9 million through co-financing modalities or other resources
Programme period:	Five years (2024-2028)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

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*Note: The present document was processed in its entirety by UNFPA.*

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## I. Programme rationale

1. The Philippines is among the fastest-growing economies in Asia with its strong macroeconomic fundamentals and policy environment. The Philippines achieved 7.6 per cent growth in 2022, its highest growth rate in 46 years. It is a middle-income country with a solid democratic culture and democratic institutions. The Philippines has shown a strong commitment to the 2030 Agenda for Sustainable Development. The Philippine Chairmanship of the 55th Session of the United Nations Commission on Population and Development (CPD55) showcased the strong commitment of the Philippines to protecting and advancing the gains of the 1994 Programme of Action of the International Conference on Population and Development (ICPD), which underscores the integral and mutually reinforcing linkages between population and development.

2. The Philippines' current context is characterized by constantly evolving opportunities and challenges with the impact of climate change, geopolitics, population dynamics, and social disparities. Over the last two decades, it has witnessed substantial demographic, social, economic and environmental developments.

3. The Philippines is home to 109 million people, with young people (aged 10-24 years) comprising 29.0 per cent; women of reproductive age 25.5 per cent; persons with disability 8.7 per cent; and indigenous peoples 9.1 per cent. The 2020 census brought evidence of the shrinking of the 0-4 age group on the population pyramid while the total fertility rate declined from 2.7 in 2017 to 1.9 in 2022, according to the National Demographic and Health Survey (NDHS). This youth bulge creates an opportunity for the country to reap the demographic dividend if the appropriate social policies and investments in human development across the life cycle are made.

4. These positive developments, however, have been uneven across the archipelago. Population and social disparities persist, and structural inequalities widened, further exacerbated by the COVID-19 pandemic. The country proactively responded to the pandemic through economic stimulus, social assistance programme, and other measures. The country is on a good recovery path, with sound economic fundamentals, despite challenges from global crises impacting the region.

5. Achieving gender equality and universal access to sexual and reproductive health and reproductive rights (SRHRR) – which forms part of the Philippine Development Plan (PDP), 2023-2028, priorities – is a challenge given existing the gender and social norms concerning women and adolescent girls. According to the 2021 National Household Care Survey, women and girls spend up to 11 hours a day on unpaid care and domestic work, three to four times what men do. The August 2023 Labor Force Survey shows that female labour force participation at 53 per cent remains behind that of males (76 per cent). In 2021, more young women (aged 15-24 years) were not in education, employment or training (20.8 per cent) compared to their male counterparts (14.3 per cent). A deeper analysis by the Philippine Institute for Development Studies of these education, employment or training rates underscores the substantial gap between married males (9.2 per cent) and married females (67.4 per cent), where the latter is predominantly related to attending to home care responsibilities.

6. According to the United Nations Common Country Analysis, gaps persist in universal access to SRHRR with the full implementation of the Responsible Parenthood and Reproductive Health Law and the Universal Health Care (UHC) Law requiring further support. The maternal mortality ratio, estimated at 144 per 100,000 live births in 2020 by the Philippines Statistics Authority, has not significantly declined over the past two decades even as two-thirds of maternal deaths are avoidable through timely obstetric care. Among the country's seventeen regions, urban and semi-urban areas like Regions VII and IV-A accounted for 42 per cent of maternal deaths. NDHS data show that 1 in 10 women did not give birth in health facilities in 2022. The Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) had the lowest facility deliveries (39 per cent), compared to the highest in Region I (98 per cent). The main reasons cited by women for not delivering in facilities include too far/no transport (26 per cent), costs too much (15 per cent),

and not necessary (13 per cent). Household out-of-pocket health spending has improved in 2022 but remains high, at 44.7 per cent.

7. Unmet need for family planning has gradually declined in the last 30 years, to 12 per cent among married women and 42 per cent among sexually active unmarried women in 2022, while modern contraceptive use slowly increased to 42 per cent for married women and 24 per cent for unmarried women. BARMM had the lowest modern contraceptive use (21 per cent) compared to the highest in Region II (58 per cent). Current fertility of 1.9 marks a significant decline from 6.0 in 1971 while fertility of women from the poorest households stands at 3.1, strongly influenced by their education and economic status.

8. Although adolescent birth rate decreased to 25 per 1,000 women aged 15-19 years in 2022 (from 47 in 2017), the number of births by mothers aged 10-14 years increased (from 1,903 in 2016 to 2,113 in 2020). Highest percentages of women aged 15-19 years who have begun childbearing were observed in Region XI (12 per cent) and Regions VIII and BARMM (both 10 per cent), based on the 2021 Young Adult Fertility and Sexuality Study. The Adolescent Pregnancy Prevention Bill seeking to guarantee full and equal access to young people aged 15 years and older to SRH services was already approved on the third and final reading in September 2023 in the House of Representatives. HIV incidence has been increasing with young people aged 15-24 years, especially young men who have sex with men, accounting for 30 per cent of new cases in early 2022 alone, with only 1 out of 5 having comprehensive knowledge of HIV prevention and transmission. Young persons aged 15-18 years can undergo HIV testing without parental consent.

9. Gender-based violence (GBV), in particular violence against women, remains a concern. Based on the 2022 NDHS, women aged 40-49 years have the highest percentage who experienced emotional, physical, or sexual violence committed by their intimate partner at 18.7 per cent, likewise among regions, Region V, one of those most frequently affected by typhoons, is the highest at 26.5 per cent. Child, early and forced marriages remain high, with 14 per cent of women aged 20-24 years first married by age 18 years. The last three years have nonetheless witnessed the passage of laws raising the age of consent from 12 years to 16 years and ending child marriage, although implementation continues to face challenges in some regions. The PDP cites the need to strengthen implementation of GBV-related laws, consistent with the country's commitments under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and other international human rights instruments.

10. The Longitudinal Cohort Study on the Filipino Child, 2016-2030, shows that children with disability and the lesbian, gay, bisexual and transgender (LGBT) persons have higher experiences of bullying, lower aspirations for college education whether among the children themselves or their mothers/caregivers, and have not accessed health services in their villages, as compared to their non-marginalized peers. Children from indigenous communities were less likely to belong to any organization and know anything about family planning and HIV, more likely to think having a full-time job is not or only somewhat important, and less likely to have access to secondary schools in their municipality of residence, compared to the non-marginalized.

11. The 2022 World Risk Index ranks the Philippines with highest disaster risk among 193 countries worldwide. Its location along the Pacific typhoon belt and reliance of livelihoods in many localities on climate-dependent natural resources, represent additional vectors of vulnerability to natural hazards and climate change impacts. These disproportionately affect women and girls, and other populations that are most vulnerable and whose livelihoods depend on natural resources.

12. The establishment of BARMM in 2019 has the potential to contribute to lasting peace, stability and development in the region. While there has been progress in recent years, some human development indicators need improvements in parts of the country.

13. The Mandanas-Garcia ruling on local government units (LGUs) is an historic opportunity to further support the localization of Sustainable Development Goals (SDGs), strengthen inclusive and sustainable local development and contribute to overall strengthening of subnational

institutions. In 2022, the country started implementing the Supreme Court ruling to strengthen decentralization. It improves the fiscal position of LGUs by 28 per cent on average, enabling them to more effectively plan and budget for SDG-aligned local development. There is a need to strengthen the financial and technical capacity of the LGUs, especially focusing on the weaker ones, to absorb the enhanced allocation of resources and build the capacity of groups at risk of being left behind, to understand and be able to access adequate resources at the local level.

14. The evaluation of the previous country programme found UNFPA support to be (a) relevant, aligned with national priorities to build human capital and reap the demographic dividend, and well-adapted to major contextual shifts such as creation of the BARMM regional government and the pandemic; (b) innovative but ways to replicate and sustain initiatives that have been pilot-tested were not clearly identified; (c) focused on gender equality and women's empowerment across the humanitarian-development continuum but can benefit from better approaches to reach geographically isolated and disadvantaged areas, the most left behind groups such as those with disabilities and from indigenous communities, and engage males and gender minorities effectively; (d) positioning UNFPA well as the population data agency but requires more emphasis on dissemination and use of its analysis; and (e) responsive to multiple emergencies, with clear recognition of UNFPA value-added by all partners in SRH and GBV service continuity during the acute and early recovery phases.

15. The evaluation recommended that the next country programme (a) focus on quality of care, gender and social norms, and adolescents and youth, with population change and data mainstreamed across these areas as a demographic evidence base and with an integrated approach towards humanitarian-development support; (b) adopt a clear 'leaving no one behind' perspective, in partnership with the Government and United Nations agencies, prioritizing gender equality, disability and inclusion; (c) ensure a balanced approach to policy engagement between partners at macro (national), mezzo (subnational) and micro (community) levels given the devolution and UHC Law; (d) use UNFPA leverage as knowledge manager to support evidence-based policymaking with use of population data; and (e) orient its approach to development and humanitarian action to preparedness, risk reduction and anticipatory action, at national and subnational levels, with a specific focus on geographically isolated and disadvantaged areas.

16. UNFPA is strongly committed to enhancing coherence and synergies with United Nations system-wide efforts as reflected in the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2024-2028, through its leadership in SRHRR, gender, demographic analysis, evidence-based and data-driven strategic decision-making, and operationalizing the humanitarian-development continuum in areas where needed.

## II. Programme priorities and partnerships

17. In line with the PDP 2023-2028 and Philippine Population and Development Plan of Action, 2023-2028, priorities to stimulate growth, alleviate poverty and reduce maternal mortality to 74 per 100,000 live births by 2028 and adolescent births to 19 per 1,000 women aged 15-19 years, the new country programme will support the country to end preventable maternal mortality. To accelerate achievement of this transformative result, the UNFPA country programme integrates the reduction of adolescent pregnancy, unmet need for family planning, and GBV, including child marriage, within its strategic pathways. In line with the UNSDCF, the country programme recognizes the importance of safeguarding SRHRR and strengthening the agency of women, adolescent girls, those with disabilities and from indigenous communities, LGBT, and preventing and responding to GBV in development and humanitarian settings, while transforming discriminatory gender and social norms. The country programme focuses on driving change at the level of critical actors and systems at national, regional and local levels by strengthening coordination and accountability mechanisms and enhancing their capabilities as decision-makers to ensure continuous provision of high-quality, integrated, comprehensive and affordable SRH and GBV services for the most left behind populations. The country programme was developed

and will be implemented in consultation with Government, civil society organizations (CSOs), other United Nations organizations, and development partners.

18. Given the Government's ambition to become an upper-middle-income country, UNFPA recognizes the intrinsic link between economic growth and social well-being, and the criticality of integrating robust social policies alongside targeted investments to ensure inclusive development. UNFPA focuses on evidence-based advocacy to emphasize the importance of investing in SRHRR as a key component of human capital development and foundation for economic growth and development. UNFPA will leverage Government's resources and strategic partnerships with international and national stakeholders, including expanding engagements with other United Nations agencies, development partners, international financing institutions, CSOs and private sector to mobilize resources and support for human development initiatives and ensure that the target population's SRHRR are fulfilled. This builds on existing platforms and networks to maximize impact and promote sustainability, such as the Integrated National Financing Framework adopted by Government as a result of joint advocacy by UNFPA, UNICEF and UNDP to better leverage partnerships and resources flows to finance national development targets related to the SDGs. UNFPA will work closely with the Government on South-South and triangular cooperation (SSTC) at the regional and cross-regional levels, as a means to share and leverage Philippine expertise, knowledge, advocate with, and build capacities of national institutions.

19. The vision of UNFPA is consistent with strategic priorities of the UNSDCF 2024-2028, aligned with AmBisyon Natin 2040, PDP 2023-2028, PPD Programme of Action 2023-2028, national priorities and commitments to the 2030 Agenda for Sustainable Development, the ICPD, CEDAW, the Sendai Framework for Disaster Risk Reduction and other international conventions as embodied in the PDP, and highlights the United Nations' comparative advantages. The work of UNFPA complements those of other United Nations agencies through four country programme outputs aligned with the two UNSDCF outcomes on (a) human capital development, inclusion, and resilience building; and (b) climate action, environmental sustainability and disaster resilience. As a signatory of the UNSDCF, UNFPA remains fully committed to United Nations reform implementation for greater efficiency, focus, coordination and impact.

20. The country programme is aligned with the UNFPA Strategic Plan 2022-2025, and integrates data and evidence, gender-transformative and human rights-based approaches as accelerators to support the Philippines to achieve its SDG targets and voluntary commitments to ICPD25, emphasizing the need to transform social norms and structures to promote gender equality.

21. Leaving no one behind and the humanitarian-development continuum are the country programme's game-changers. The focus on populations left behind, through their constant engagement as agents of change in participatory processes, such as policy dialogue, decision-making and monitoring, accentuates the principles of inclusivity and intersectionality. In addition, UNFPA recognizes the importance of enhancing national systems in collecting comprehensive and disaggregated data for evidence-based programming in a long-term perspective aiming to sustain, scale-up and promote resilience-building within communities. Data to be published, pertaining to the new country programme, should be made available to all relevant authorities to enhance credibility and national ownership.

22. The programme will be implemented at national level and in selected provinces, in coordination with central offices of the targeted regions – V, VII, VIII and BARMM – taking into account the country's decentralized administration, with expansion to other regions as resources become available, including regions IV-B, IV-A, IX, XII, III, NCR. Regional prioritization is based on (a) status of SRHRR indicators; (b) demographic and economic quantifier of burden represented by the support ratio; and (c) vulnerability to natural hazards and other humanitarian emergencies. Subnational interventions will be designed to provide evidence for replication and adoption by Government and other partners.

23. The comparative advantage of UNFPA lies in its ability to convene stakeholders, including legislative champions, civil society and United Nations agencies to advocate as thought leader using innovative approaches and knowledge sharing. This convening role facilitates wide

stakeholder participation at national and subnational levels towards the fulfilment of the goals of this plan.

**A. Output 1. Women and girls, especially those furthest left behind, and the decision-makers in selected provinces have the agency and capacity to address discriminatory gender and social norms towards gender equality, women's decision-making, and sexual and reproductive health and reproductive rights.**

24. This output results in women and girls, especially those furthest left behind, having increased consciousness of and being empowered to claim their SRHRR, policymakers having better a understanding of issues to prioritize the SRH and protection of marginalized women in policies, programmes and budgets, service providers having improved and client-centred practices in delivering quality services, and religious and traditional leaders, media, teachers, parents and families serving as entry points to deliver positive messaging which then contributes to an environment promoting gender-equitable behaviours.

25. This output contributes to UNSDCF Outcome 1 (on human capital development), links to Outputs 2 and 3 (on promoting positive social and gender norms among service providers and policymakers, respectively), and will be achieved by: (a) providing policy advice to Government on how to scale-up implementation of in-school comprehensive sexuality education (CSE) following international standards and developing effective and sustainable out-of-school CSE models reaching poor adolescent girls and youth with high-risk behaviours; (b) developing and evaluating evidence-informed social and gender norm change initiatives covering SRHRR and GBV prevention, including child marriage and adolescent pregnancy, targeting specific groups at policy and community levels with key messages and channels effectively reaching them, and advocating for their integration in national programmes; (c) building partnerships with faith-based, women's and youth organizations, traditional and social media, champions among religious and traditional leaders, men and boys, including in communities affected by humanitarian emergencies, and developing their capacities to understand and promote respect for human rights, including gender-equitable behaviours, through value-based dialogues and SSTC on social and gender norms transformation.

**B. Output 2. Women and girls, especially those furthest left behind, in selected provinces access affordable, acceptable, good quality, comprehensive SRH and GBV services across the humanitarian-development continuum.**

26. To increase access of the marginalized to affordable and quality SRH and GBV services, health insurance programmes and community support mechanisms should be available and communicated to them. Consistent with UHC, support to LGUs, including BARM, is required to ensure that their health care provider network plans cover adequate staff, facilities, and logistics, enabling them to meet accreditation requirements and be paid for SRH and GBV services rendered. An enabling environment for young people, GBV survivors, those with disabilities and from indigenous communities requires that facilities are accessible and service providers have the right attitudes and capacities to serve their needs.

27. This output will contribute to the inclusion and resilience building dimensions of UNSDCF Outcome 1 and will be achieved by: (a) supporting the Government to review and implement policies to integrate essential SRH and GBV interventions, including those responding to adolescent SRH needs (such as adolescent mothers) and comprehensive HIV prevention, in the essential health services benefit package of the Department of Health and Philippine Health Insurance Corporation and costing their appropriate value; (b) mainstreaming information on available SRH/GBV services and financial and social protection mechanisms into community-based information dissemination and multi-media platforms; (c) supporting national agencies and LGUs to review their national/subnational health human resource and facility development plans to address gaps in providing essential SRH and GBV services, ensure functionality of health care networks, and build their capacities to bridge these gaps; (d) advocating to institutionalize

national/subnational GBV referral pathways, including strengthening capacities to provide survivor-centred, youth- and disability-sensitive GBV case management services; (e) advocating and providing technical support for the development/review of pre/in-service curricula for health workers, social workers, law enforcement and justice service providers with the aim to integrate survivor-centred approaches, multi-sectoral coordination, technical supervision and self-care; (f) supporting scale-up of real-time administrative data systems, including a barcode-based logistics management information system, maternal death surveillance and response, SRH Watch, and a GBV information management system, to generate SRH/GBV programme performance data to inform action.

**C. Output 3. Capacity and accountability of institutions/actors, at national and subnational levels, in selected provinces are strengthened to develop, improve and implement policies and programmes that integrate population dynamics, life cycle and human rights-based approaches to advance SRHRR, including maternal mortality, adolescent pregnancy and GBV reduction.**

28. This output sustains the advocacy for rights-based, gender-equal and youth-friendly investments in human development. Through institutional capacity development, linking evidence generation to advocacy and planning, brokering inter-sectoral coordination and supporting monitoring and evaluation of policy implementation and impact at macro, mezzo and micro levels, the output strengthens government accountability to adopt and implement policies that integrate population dynamics and ensures meaningful participation by women and girls, especially the marginalized, across the policy cycle. The Government and UNFPA recognize the importance of capacitating demographers as local population officers to ensure that population data is used in development planning and programming.

29. This output contributes to the enhanced good governance dimension of UNSDCF Outcome 1 and will be achieved by: (a) building duty-bearers' capacities at national and subnational levels, such as through an enhanced Youth Leadership and Governance Programme, to analyse population and programme data to identify gaps, and to develop/review, harmonize, cascade, mobilize resources for, monitor and evaluate comprehensive, intersectional and inclusive SRHRR, gender equality, youth empowerment, and population policies and costed implementation plans across the humanitarian-development continuum; (b) building partnerships with local CSOs and community-based organizations, strengthening their capacities, and advocating for their meaningful participation and decision-making in governance mechanisms to champion gender equality, women's empowerment and SRHRR of the marginalized; (c) advocating to convene the Congressional Oversight Committees and providing evaluative evidence to support Congress to review implementation of existing laws and policies on inclusion (including Reproductive Health Law, Magna Carta for Disabled Persons, Indigenous Peoples' Rights Act), gender equality (including Magna Carta of Women [CEDAW and Universal Periodic Review (UPR) translation], National Action Plan on Women, Peace and Security [related to UNSCR 1325]), proposed legislations (including adolescent pregnancy prevention, SOGIE bills), and GBV prevention and response (including laws on child marriage, combatting violence against women and children as well as online sexual abuse or exploitation); (d) engaging women champions in the judiciary and, through SSTC, building their capacities together with national/regional human rights institutions and other accountability and disciplinary bodies, to promote, protect and fulfil SRHRR through their legal resolutions; (e) generating evidence, including from the National Transfer Accounts, the Longitudinal Cohort Study on the Filipino Child and the Demographic and Health Survey, to inform policy recommendations that address the SRHRR, GBV, gender equality, youth empowerment, respect for human rights, and population-related dimensions of social policy; and (f) building the Philippine Statistics Authority's capacity to regularly collect, analyse, and communicate timely, reliable, and sex, age and disability disaggregated population-level data on population changes and megatrends (including ageing, climate change) for use in social and climate change and disaster risk reduction policies.

**D. Output 4. Critical actors and systems, at national and subnational levels, in selected provinces are strengthened in resilience programming, humanitarian preparedness and response across the humanitarian-development continuum, to provide lifesaving SRH and GBV interventions and to safeguard the rights of women and girls, especially those furthest left behind.**

30. Building resilience requires establishing functional SRH and GBV systems well in advance of emergencies through strengthened preparedness and disaster risk management. This entails empowering individuals with the necessary capacities and coping abilities to adapt to changing circumstances, and ensuring governance systems and communities can anticipate, prevent, prepare, and respond effectively to emergencies. Strengthening health systems ensures that affected communities will have improved access to essential SRH and GBV services across the continuum, including during crises, promoting more effective humanitarian responses.

31. This output contributes to UNSDCF Outcome 3 (on climate action, environmental sustainability and disaster resilience) and will be achieved by: (a) building government capacity in anticipatory action, integrate and invest in the Minimum Initial Service Package for SRH and GBV in national and local disaster risk reduction and management plans; (b) strengthening national and subnational SRH and GBV coordination mechanisms that are functional across humanitarian-development contexts; (c) supporting continued availability and accessibility of life-saving SRH and GBV services during emergencies through prepositioning of essential supplies in strategic hubs, deployment of regional SRH and GBV surge teams, setting up accessible and functional referral systems within the local service delivery networks, modelling typhoon-resilient facilities, and coordinating with national partners on mobilizing alternative service delivery models like mobile health units and contracting of CSOs to provide services; (d) building the coping abilities of marginalized women and girls to withstand or recover quickly from disasters by linking them to educational and livelihood opportunities, ensuring access to social protection mechanisms, and empowering them to exercise their SRHRR through effective communication channels; (e) supporting the Government to scale up transformation and engagement of women and young people in provinces affected by humanitarian emergencies as para-social workers, women-friendly space facilitators, and early warning and early response monitors who function as SRH watch, GBV advocates and peacebuilding champions in affected communities; and (f) generating evidence on development and humanitarian financing initiatives that build women and girls' resilience, such as insurance, credit and social welfare mechanisms, during emergencies.

### **III. Programme and risk management**

32. The country programme will be implemented in coordination with the National Economic and Development Authority (NEDA) and in partnership with sectoral line departments and implementing partners, selected based on strategic position, ability to deliver high-quality results and appropriate risk and capacity analysis.

33. The programme will be implemented in synergy with other United Nations organizations. UNFPA will contribute to UNSDCF coordination mechanisms by participating in and chairing UNSDCF results groups for ensuring the effective coordination of UNSDCF implementation through joint workplans, programmes and advocacy.

34. UNFPA, in full consultation with Government and through the annual workplans, will undertake programme management and provide quality technical assistance. To effectively perform its role as convener, engage in strategic partnerships, and leverage existing platforms and networks to promote country engagement in fulfilling SRHRR for all, the country office will ensure availability of adequate human resources and technical expertise in SRHRR, health economy, gender equality, health/GBV systems strengthening across the humanitarian-development continuum, data analysis and advocacy, including strategic partnership, resource mobilization and strategic communication directed towards partnerships, organizational positioning, advocacy and support to programmatic outputs including addressing social norms. It



will tap UNFPA Asia Pacific Regional Office and UNFPA headquarters for technical support and maximize opportunities to leverage expertise within the United Nations country team, through joint policy advocacy and joint programmes, and national and international institutions, such as academe and think tanks, among others. UNFPA will continue to strengthen resource mobilization and advocate for financing the ICPD agenda through presentation of investment cases to Government, other donors and international financial institutions to leverage domestic resources. It will promote joint programming and resource mobilization for United Nations inter-agency initiatives. A major risk for the country programme is the country's vulnerability to climate-related disasters and pandemics. To mitigate this, disaster preparedness, response, and recovery activities will be integrated into development activities through a continuum approach. The programme will apply UNFPA social and environmental standards to ensure there is no unintended harm to people and environment. In humanitarian situations, UNFPA may reprogramme funding, in consultation with the Government, towards emergency-response activities and resilience-building. Another risk relates to potential non-prioritization of SRHRR at local level given local governments' autonomy to adopt policies and allocate resources reflecting their priorities. To mitigate this, UNFPA will undertake leveraging discussions at the country programme's start and formalize strategic partnerships with target local governments demonstrating strong political commitment to advance women and young people's SRHRR and committing to integrate this in local policies.

35. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and its internal control framework.

#### **IV. Monitoring and evaluation**

36. UNFPA will pursue adaptive and learning-oriented results-based management approaches to maximize impact, according to guidelines and best practices. A Steering Committee chaired jointly by NEDA and UNFPA, with the participation of key Government partners, will meet annually to review and assess country programme implementation, ensure its consistency with national development priorities, and coherence with the UNSDCF.

37. A costed monitoring and evaluation plan will be developed to track all results and resources framework indicators and will be reviewed periodically. Programme planning, monitoring and evaluation will be implemented with government coordinating bodies and national partners, including by organizing (a) annual and quarterly programme reviews and work planning while assessing programme risks and assumptions; (b) field visits and innovative remote monitoring approaches; (c) baseline/endline surveys and thematic evaluations where substantial non-core resources are mobilized; (d) a midterm review to inform priorities and strategies for the remainder of the programme cycle; and (e) a final evaluation.

38. Joint monitoring, evaluation and assurance activities will be implemented with other United Nations partners and national institutions, as part of the UNSDCF Monitoring and Evaluation Group, using UNInfo and the harmonized approach to cash transfers framework. UNFPA will contribute to UNSDCF results, joint workplans and its funding framework. UNFPA will contribute to United Nations country team efforts to monitor follow-up actions and reporting for the ICPD, UPR, SDG voluntary national reports, CEDAW and other international conventions.

## RESULTS AND RESOURCES FRAMEWORK FOR THE PHILIPPINES (2024-2028)

<b>NATIONAL PRIORITY:</b> Develop and protect capabilities of individuals and families.				
<b>UNSDCF OUTCOME(S):</b> By 2028, all people, especially those at risk of being left behind, have increased resilience to economic, climatic, disaster, and public health risk through improved, equitable, and gender-responsive access to and utilization of quality social services, social protection, healthy habitat and enhanced good governance [and peace].				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, reduction in unmet need for family planning has accelerated. 2. By 2025, reduction of preventable maternal deaths has accelerated. 3. By 2025, reduction of gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<b>UNSDCF outcome indicators:</b> <ul style="list-style-type: none"> <li>Maternal mortality ratio (per 100,000 live births) <i>Baseline: 144 (2020); Target: 74 (2028)</i></li> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former partner in the previous 12 months, by form of violence and by age <i>Baseline: 14.7 (2017); Target: 10.6 (2028)</i></li> </ul> <b>Related UNFPA strategic plan outcome indicator(s):</b> <ul style="list-style-type: none"> <li>Adolescent birth rate (per 1,000 women aged 15-19 years) <i>Baseline: 25(2022); Target: 19 (2028)</i></li> </ul>	<b>Output 1.</b> Women and girls, especially those furthest left behind, and the decision-makers in selected provinces have the agency and capacity to address discriminatory gender and social norms towards gender equality, women's decision-making, and sexual and reproductive health and reproductive rights.	<ul style="list-style-type: none"> <li>Number of provinces in targeted regions implementing in-school and out-of-school comprehensive sexuality education following international standards and evaluated <i>Baseline: 0 (2023); Target: 4 (2028)</i></li> <li>Number of social norm empowerment models piloted, evaluated and scaled up that support women and girls becoming agents of change and promoting egalitarian gender beliefs, social and gender norms, including acceptance of LGBT <i>Baseline: 0 (2023); Target: 3 (2028)</i></li> <li>Number of provinces with social movements initiated with engagement of multiple community stakeholders to address discriminatory social and gender norms <i>Baseline: 0 (2023); Target: 7 (2028)</i></li> </ul>	National Departments, Department of Social Welfare and Development and Bangsamoro Ministries of Education, Social Welfare and Development, Interior and Local Government; Philippine/Bangsamoro Commission on Women; local government units; CSOs; academia; media; United Nations organizations.	\$10.4 million (\$4.1 million from regular resources and \$6.3 million from other resources)
	<b>Output 2.</b> Women and girls, especially those furthest left behind, in selected provinces access affordable, acceptable, good quality, comprehensive SRH and GBV services across the humanitarian-development continuum.	<ul style="list-style-type: none"> <li>Essential SRH and GBV services are included in the National Health Insurance Programme or other financial protection, risk pooling or pre-payment mechanisms <i>Baseline: Partially integrated (2023); Target: Fully integrated (2028)</i></li> <li>Number of provinces implementing human resources and facility development plans for provision of essential SRH and GBV services that include innovative approaches <i>Baseline: 0 (2023); Target: 7 (2028)</i></li> <li>Number of provinces with localized GBV referral pathways and survivor-centred case management systems in place <i>Baseline: 0 (2023); Target: 7 (2028)</i></li> <li>The Global HIV Prevention Roadmap 2025 is implemented with effective national leadership and coordination, including evidence-based tailoring of implementation towards young men having sex with men <i>Baseline: No (2023); Target: Yes (2025)</i></li> </ul>	National Departments, Commission of Population and Development, Philippine Commission on Women, and Bangsamoro Ministries of Health, Social Welfare and Development, Philhealth; Philippine and Bangsamoro Commissions on Human Rights; on Women; on Population and Development; local government units; CSOs; academia; United Nations organizations; development partners	\$6.9 million (\$4.8 million from regular resources and \$2.1 million from other resources)

	<p><b>Output 3.</b> Capacity and accountability of institutions/actors, at national and subnational levels, in selected provinces are strengthened to develop, improve and implement policies and programmes that integrate population dynamics, life-cycle, and human rights-based approaches to advance SRHRR, including maternal mortality, adolescent pregnancy and GBV reduction.</p>	<ul style="list-style-type: none"> <li>Number of regions with subnational budgeted development plans addressing sexual and reproductive health and rights and gender equality that explicitly integrate population changes, including changing age structures, population distribution and urbanization <i>Baseline: 0 (2023); Target: 4 (2028)</i></li> <li>Number of provinces with multiple stakeholder mechanisms that include at least three of the following groups: (a) women-led and youth-led civil society organizations; (b) faith-based organizations; (c) men and boys; (d) people with disabilities; (e) LGBT; (f) indigenous populations; (g) young people; (h) sex workers; (i) parliamentarians; (j) women and girls in armed conflict and vulnerable areas; (k) women and young girls in street situations; (l) media to support the acceleration of transformative results and ICPD Programme of Action <i>Baseline: 0 (2023); Target: 7 (2028)</i></li> </ul>	<p>National Departments, Commission of Population and Development, and Bangsamoro Ministries of: Health, Social Welfare and Development, Interior and Local Government, National Economic and Development Authority/Bangsamoro Planning and Development Authority; Commission on Population and Development; Philippine and Bangsamoro Commissions on Women; and on Human Rights; Regional Development Councils; local government units; CSOs; academe; United Nations organizations; development partners.</p>	<p>\$6.0 million (\$2.7 million from regular resources and \$3.3 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Accelerate climate action and strengthen disaster resilience.				
<b>UNSDCF OUTCOME(S):</b> By 2028, all people benefit from just transition to low-carbon, climate-resilient development, sustainable management of environment, natural resources and biodiversity, and strengthened resilience to disasters and natural hazards.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, reduction in unmet need for family planning has accelerated. 2. By 2025, reduction of preventable maternal deaths has accelerated. 3. By 2025, reduction of gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of local governments adopting and implementing risk-informed local development plans, in line with national disaster risk reduction strategies consistent with the Sendai Framework for Disaster Risk Reduction, 2015-2030 <i>Baseline: 43% (2022); Target: 100% (2028)</i></li> </ul>	<p>Output 4: Critical actors and systems at national and subnational levels in selected provinces are strengthened in resilience programming across the humanitarian-development continuum, to provide life-saving SRH and GBV interventions and to safeguard the rights of women and girls, especially those left behind.</p>	<ul style="list-style-type: none"> <li>Number of prioritized provinces that adopt and implement budgeted disaster risk reduction and management plans which integrate SRH (including MISP) and GBV response especially for vulnerable populations <i>Baseline: 0 (2023); Target: 7 (2028)</i></li> <li>Number of prioritized provinces that adopt and implement budgeted early recovery and rehabilitation plans that integrate resilience-building in SRH and GBV systems <i>Baseline: 0 (2023); Target: 7 (2028)</i></li> <li>Number of prioritized provinces that have functioning inter-agency coordination mechanisms to address GBV and SRH across the humanitarian-development continuum <i>Baseline: 0 (2023); Target: 7 (2028)</i></li> </ul>	<p>National Departments and Bangsamoro Ministries of: Health, Social Welfare and Development, Education, Interior and Local Government, Philhealth; local government units; SRH and GBV sub-clusters; CSOs; professional societies; United Nations organizations; development partners</p>	<p>\$11.2 million (\$2.0 million from regular resources and \$9.2 million from other resources)</p>

Programme coordination and assistance	\$1.5 million from regular resources
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