Mapping Fund Flows for Family Planning Services in the Philippines, FY 2019
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INTRODUCTION

In the Philippines, family planning programs are considered as essential interventions in achieving the Sustainable Development Goals (SDGs). Additionally, the latest national development plan, Philippine Development Plan for 2017-2022, has highlighted the significance of interventions to manage population growth and reach the demographic dividend. In this context, Executive Order (EO) No. 12 on “Attaining and Sustaining Zero Unmet Need for Modern Family Planning” was issued in 2017 to further strengthen the Responsible Parenthood and Reproductive Health Law (Republic Act 10354), the primary policy intervention which governs the provision of Family Planning services in the country.

The EO recognizes the rights of Filipinos to decide when to have children and provided the mechanisms to significantly reduce unmet need for modern family planning by 2020 for all Filipinos but prioritizing the low-income households. The EO directed all concerned national agencies to allocate resources for the FP program and mandated the local government units (LGUs) to operationalize the EO and achieve its objectives.

In this context, mapping the financial resource flows for family planning is timely and significant to estimate the additional resources needed for reaching the national goals. In light of this and pursuant to the agreements during the 1994 International Conference on Population and Development (ICPD), the Commission on Population and Development (formerly POPCOM) continues to monitor the flow of resources on family planning and population activities through the conduct of the United Nations Population Fund (UNFPA)/Netherlands Interdisciplinary Demographic Institute (NIDI) Resource Flows Survey. This survey covers both public and private allocations and expenditures for the provision of services on FP and population programs as it is implemented by the national and local agencies, non-government organizations, private service providers, among others.

With the support from UNFPA-Philippines, this progress report details the technical assistance provided to POPCOM in creating a comprehensive picture of family planning resource flows in the public sector, private sector and all non-for-profit institutions in the Philippines for FY 2019.

OBJECTIVES OF THIS REPORT

Specifically, this progress reports hopes to:

1. Discuss the progress of administering the NIDI survey among the identified participating organizations, including the strategies employed and activities conducted
2. Present preliminary analyses of the fund flow data that has been submitted and validated thus far, highlighting the flow
3. Reflect on the challenges, facilitators and barriers to the conduct of family planning spending assessments and propose next steps and recommendations moving forward.
**TIMELINE OF ACTIVITIES**

Figure 1 below illustrates the activities conducted over the course of three months in pursuit of assisting POPCOM in Conduct the UNFPA-NIDI survey on financial flows for family planning for Fiscal Year (FY) 2019

An introductory meeting was conducted on September 23 with representatives from the POPCOM-PMED, UNFPA, and Thinkwell. The meeting provided an opportunity to layout the overall design and approach to the conduct of the NIDI survey as well as to clarify the responsibilities and accountabilities shared among the survey proponents.

On October 12, the POPCOM-PMED team began sending NIDI surveys to the participating organizations identified by the UNFPA.

By October 16, a recalibration meeting was held to revise the list of participating organizations and to revisit the data collection activities so as to avoid conflict with parallel FPSA efforts.

On November 3, the first of three rounds of consultations on the Out of Pocket Survey was held. It was participated by midwives and other private FP providers in Luzon, Visayas, and Mindanao. On November 23, the first of two rounds of debriefing sessions with respondent organizations was initiated to elicit insights and challenges encountered on the conduct of the NIDI Survey.

**ENGAGEMENT OF PARTICIPATING ORGANIZATIONS**

With reference to the list of organizations (total: 31) initially submitted by UNFPA, the target respondent organizations for the NIDI survey have been further reclassified to a Priority list and an Expanded list (Table 2). This was done in consultation with POPCOM-PMED as well as UNFPA during the introductory and recalibration meetings conducted last September 23 and October 16 respectively. Overall, there were 26 organizations that participated. There were nine (9) government agencies, one (1) insurance company, and sixteen (16) non-profit organizations.

Working within the limited time for completion of the NIDI survey as well as considering the logistical constraints of conducting any form of research during the ongoing COVID-19 pandemic, initial priority was given to collecting data from respondent organizations from the Priority list (Total: 17 organizations). Data collection will be extended to the Expanded list (Total: 9) if time permits and given the availability of resources.
Table 2. Minimum and Expanded List of Respondent Organizations for the NIDI Survey

<table>
<thead>
<tr>
<th>Classification</th>
<th>Respondent Organizations in the Minimum List</th>
<th>Expanded List</th>
</tr>
</thead>
</table>
| Government Agencies     | 1. Department of Health (DOH)  
2. Commission on Population and Development  
3. Department of Interior and Local Government  
4. Department of Social Welfare and Development  
5. Department of Labor and Employment | 1. Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao  
2. National Economic and Development Authority (NEDA)  
3. Philippine Statistics Authority  
4. UP Population Institute |
| Insurance Companies     | 6. Philippine Health Insurance Corporation (PhilHealth)                                                        |                                                                                |
| Non-Profit Organizations| 7. DKT Philippines  
8. Family Planning Organization of the Philippines  
9. Integrated Midwives Association of the Philippines  
10. Likhaan Center for Women’s Health  
12. The Forum for Family Planning and Development  
13. Roots of Health  
14. Health Action Information Network  
15. Friendly Care Foundation  
16. Democratic Socialist Women of the Philippines  
17. Catholics for Reproductive Health | 5. Interfaith Partnership for the Promotion of the Responsible Parenthood, Inc  
7. Philippine Rural Reconstruction Movement  
8. Samahan ng Mamayanan Zone One Tondo Organization  
9. United Church of Christ in the Philippines |

TOTAL: 17
TOTAL: 9

To ensure that the accomplishment of the NIDI survey for FY 2019 is accomplished in a timely, standardized manner, a ‘handholding approach’ as defined in engaging respondent organizations carrying out the survey, comprising the following steps (Fig 1).

In orientation and onboarding, a key person in each respondent organization was identified. An online orientation was scheduled with each key person, introducing to them the purpose of the NIDI survey, and familiarizing them with the terminologies used and the proper way of answering the survey form.

The second step which is the accomplishment of NIDI surveys involved two options: the asynchronous self-administered survey and the synchronous facilitated survey. In the first option, the respondents were asked to accomplish the survey within five days. The study team provided technical support when deemed needed. In the second one, respondents were provided with an option to accomplish the survey together and with direct guidance from a member of the study team.
After the recalibration meeting last October 26, a third option was introduced where organizations also engaged for the 2019 FPSA will no longer be asked to primarily accomplish the survey, instead, expenditure data will be abstracted from the FPSA data collection forms into the NIDI survey template.

The last step which is the data validation involved the study team’s assessment of the data for completeness and validity after the completion of the NIDI surveys. A validation interview was conducted with other authorized representatives from the organization for triangulation and to achieve institutional agreement on the data to be submitted.

**STATUS UPDATE**

Table 3 summarizes the status of engagement of participating organizations and completion of the NIDI survey.

As of December 24, 2020, all the participating government agencies in the priority list--the DOH-CO, POPCOM, DSWD, DILG, DOLE, and PhilHealth--have accomplished the survey. However, only the DOH-CO, POPCOM, and PhilHealth have complete and validated data. Data from the DOH-CO and POPCOM have also been reconciled with the FPSA 2019 to ensure consistency and alignment. Data from DSWD, though complete, is still currently undergoing its last round of validation. Surveys from the DILG and the DOLE do not have complete data and have yet to be validated but the former have committed to accomplish the survey in January 2021.
Table 3. Status of NIDI survey completion as of Dec. 24, 2020

<table>
<thead>
<tr>
<th>Organization</th>
<th>Survey Sent</th>
<th>Data Complete?</th>
<th>Data Validated?</th>
<th>Encoded in NIDI?</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH -CO</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>For encoding on Dec 28, 2020</td>
</tr>
<tr>
<td>POPCOM</td>
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<td>✓</td>
<td>✓</td>
<td></td>
<td>For encoding on Dec 28, 2020</td>
</tr>
<tr>
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<td>✓</td>
<td></td>
<td></td>
<td>For last round of validation</td>
</tr>
<tr>
<td>DILG</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Committed in Jan 2021</td>
</tr>
<tr>
<td>DOLE</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Reported minimal FP spending</td>
</tr>
<tr>
<td>PhilHealth</td>
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<td></td>
<td>For encoding on Dec 28, 2020</td>
</tr>
<tr>
<td>NEDA</td>
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<td>✓</td>
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</tr>
<tr>
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<td>✓</td>
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</tr>
<tr>
<td>FPOP</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>For encoding on Dec 28, 2020</td>
</tr>
<tr>
<td>IMAP</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>For last round of validation</td>
</tr>
<tr>
<td>Likhaan</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Committed in Jan 2021</td>
</tr>
<tr>
<td>PLCPD</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>For encoding on Dec 28, 2020</td>
</tr>
<tr>
<td>Forum</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>For encoding on Dec 28, 2020</td>
</tr>
<tr>
<td>Roots of Health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>For encoding on Dec 28, 2020</td>
</tr>
<tr>
<td>HAIN</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Nonresponsive</td>
</tr>
<tr>
<td>Friendly Care</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Nonresponsive</td>
</tr>
<tr>
<td>DSWP</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Nonresponsive</td>
</tr>
<tr>
<td>CRH</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>For encoding on Dec 28, 2020</td>
</tr>
<tr>
<td>LGUs</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Additional organization</td>
</tr>
<tr>
<td>DOH-CHDs</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Additional organization</td>
</tr>
</tbody>
</table>

To provide a more comprehensive picture of FP spending in the public sector, the team also endeavored to gather data from the local government units and the DOH Centers for Health and Development. This was accomplished with great assistance from Ms. Rolagenia Reyes and the FPSA team.

Survey tools were sent to all participating NGOs in the priority list but only seven (7) out of the eleven (11) have been completed. Survey responses from DKT Philippines, FPOP, PLCPD, Forum, Roots of Health, and CRH have completed, validated and currently being prepared for encoding.
Data from IMAP is complete but is yet to be validated. It was submitted on December 21, 2020. Likhaan committed to accomplish the survey in January 2021. HAIN, Friendly Care, and DSWP were unresponsive.

The survey has also been sent to all 9 organizations in the expanded list. Thus far, only NEDA has completed the survey. The rest of the organizations will be followed up until January 15, 2020.

**Preliminary Analysis of NIDI Survey Data**

Figure 2 below illustrates the flow of funds from sources to agents and to various functions of a national family planning program, as defined by the System of Health Accounts (SHA). Sources allocate funds to agents who then use or spend these funds to pay for functions.

![Diagram of Flow of FP Funds](image)

*Figure 2. Flow of FP funds from sources to agents and functions*

From the NIDI survey, the sources identified were the central government revenue, local government revenues, local government general fund, employer contributions, and donor funds. The agents identified include the DOH, POPCOM, DSWD-4Ps, Local Health Units, PhilHealth, local and international NGOs, and individuals. The functions identified were governance, public procurement and supply chain management, public sector FP services, monitoring, evaluation, and research, human resource capacity building, behavioral change communication, private sector DP services, and private contraceptive sales.

The central government revenue allocates funds to the DOH, POPCOM, DSWD-4Ps. It also allocates funds to local health units through local government revenues and local government general fund and to PhilHealth through local government general fund. PhilHealth also gets its funds from employer contributions and individual and household funds.

Local and international NGOs get their funds from donors alone.
Individual and household funds are allocated to individuals through out-of-pocket payments.

The DOH, POPCOM, and local health units share the six (6) same functions which are governance, public procurement and supply chain management, public sector FP services, monitoring, evaluation, and research, human resource capacity building, and behavioral change communication.

DSWD-4Ps is mainly focused on behavioral change communication.

PhilHealth’s funds are used to pay for three (3) functions which are governance, public sector FB services, and private sector FP services.

NGOs--both local and international--allocate their funds for six (6) functions which are public sector FP services; monitoring, evaluation, and research; human resource capacity building; behavioral change communication; private sector FP services; and private contraceptive sales.

Individuals through out-of-pocket payments are only focused on two (2) functions which are public sector FP services and private contraceptive sales.

By mapping the flow of funds from sources to agents and functions, the following insights are gained:

1. While collaborative, inter-agency governance is recommended for national FP programs (UNFPA, 2008), unclear and poorly delineated governance roles can further confuse financing roles for FP functions.

2. Multiple and fragmented procurement from multiple agents diminish the benefits of pooled procurement mechanisms such as volume purchasing discounts, quality standardization, and equitable distribution.

3. Financing of public sector services remains highly dependent on indirect financing from national agencies. This reflects the limited fiscal autonomy and self-efficacy of devolved local health systems for sustainable FP financing.

4. Mapping FP fund flows also depict where “double dipping” exists: local health units receive commodities for free from DOH, POPCOM, and even NGOs yet PhilHealth reimburses them fully for provision of FP services, including the price of the commodity.

5. Significant contribution of local and international NGOs in financing a wide range of FP functions is recognized. Various models exist from direct financing of different programs and projects like the UNFPA, support for training like the IMAP, and social marketing like the DKT.

6. There is a limited to non-existent role of private health insurance even for surgical/permanent methods of contraception.

7. Out of pocket expenditures remain significant both in the public and private sectors. This is brought about primarily by issues on the availability of supplies as well as challenges in PhilHealth accreditation of public facilities and timely reimbursements.
Quantifying the flow of funds also allows us to visualize the flow of resources in a Sankey diagram. A Sankey diagram is classically used in the field of physics to visualize energy flows and losses within a circuit system. Applied to financial management, they have also been used to chart out flow of funds from international aid, government spending and even private investments.

Figure 3a and 3b below illustrates the quantitative NIDI survey data as it flows from sources to agents and paid functions, Figure 3a illustrates expenditures only data whereas Figure 3b situates the spending data within the declared budget allocations made at the start of 2019.

**Figure 3a**: Sankey diagram of FP fund flows, expenditures only data

**Figure 3b**: Sankey diagram of FP fund flows, expenditures and allocation data
Illustrating fund flows in a Sankey diagram generates additional insights:

1. DOH Underspending of allocated FP funds may be explained by:
   - poor budget preparation and planning, lax budget execution, and lack of “absorptive capacity” on the part of implementing agencies (not unique to DOH)
   - Spending hesitancy from being audited/implicated, resulting from previous financing scandals,
   - Potential corruption (?)

2. There remains to be limited financing flows towards Monitoring and Evaluation, HR capacity building and Behavioral Change Communication

3. PhilHealth’s weak purchasing power is apparent, as reflected by relative contribution to total financing) over both public and private services

4. Largest financing chunk in OOP expenditures is from pharmacy-bought contraceptives.

5. From sources to functions, spending efficacy must be optimized and system losses are minimized

6. Private sector complementation must be optimized and integrated with public sector financing.

**CHALLENGES ENCOUNTERED**

After choosing the organizations that would answer the survey, establishing point persons, and despite doing necessary procedures to make the data collection process efficient, challenges still arose and they were mainly connected to quarantine restrictions brought by the pandemic.

**Timely communication.** Contacting point persons in their respective offices was difficult due to the work setup currently implemented in the country because of the pandemic. Offices are either under a work from home or in a skeletal arrangement which makes timely communication hard. Pursuing respondents, like personally going to their offices, as well as point persons’ capacity to immediately respond to calls and queries were difficult as the process was done remotely. Schedules in offices were also not fixed as it often gets changed depending on the needs and the availability of the employees. These problems consequently strained the pace and the efficiency of the data collection process.

**Responsiveness of offices.** Offices were busy not just with tasks they were expected to accomplish but also those that concern the pandemic. Their time and resources were divided into different facets causing them to overlook queries, requests, calls and the accomplishment of the survey itself. No matter how important the survey was, it still seemed as though it was an added load to their already full trunks. The delay in their responses and the accomplishment of the survey affected the timeline of the data collection.

**Coordination with offices.** Despite communicating with offices concerned, there were still mistakes with regard to the proper and appropriate office referred for the survey. As a
result, consultants/data collectors get passed on from one office to another because they themselves could hardly identify which office is best fit to answer questions regarding the survey.

**Availability of data.** Necessary and needed data were not readily available and, if they were, they were still not completely and properly collated. This was a pressing concern for the consultants/data collectors doing the survey as up-to-date data is necessary in a well-planned and the immediate implementation of projects and policies.

**Low retrieval rate.** Collection of accomplished survey tools was difficult considering offices have a lot to attend to and answering survey questionnaires might not have been their top priority at the time the survey was conducted.

**Consolidation of results.** Consolidation of results was not on time as there were delays in the submission of accomplished survey tools. Some offices, too, were not able to answer the survey questionnaire and did not submit despite repeated follow up.

**Accounting challenges** - Organisations do not routinely disaggregate their expenditure data based neither on the FPSA, NIDI nor CIP categories. NGOs and CSOs in particular have difficulty in disaggregating this data.

**Duplication of NIDI and FPSA** - This introduces confusion and potential added burden to respondent organizations

**Mismatch between CIPS and FP spending assessments** - CIP Budgets are allocated across seven thematic areas: demand, service delivery, contraceptive security, policy and advocacy, financing, supervision, and governance. These may resonate with FP stakeholders but are difficult to map to the “functions” used in spending assessments.

**Inadequate knowledge brokering** - Collected/consolidated NIDI and FPSA data are not extensively communicated back to all respondent organisations (especially NGOs) and even more rarely utilized for forward planning

**SYSTEMS AND INNOVATIONS INTRODUCED**

In partnership with POPCOM-PMED, systems and innovations were introduced to ensure timely and reliable data collection for the current round of the NIDI survey as well as for future iterations.

The first is the updated database and survey response tracker (Figure 4). This was created for better monitoring and was used to track whether or not survey tools were already sent to the participating agencies and if they have been oriented about it. The number of follow up are also reflected in this database along with the list of agencies that have complete, validated, and encoded data. This was basically used to track the status of the participants.

The second was the out of pocket estimation tool and dashboard (Figure 5). This tool and dashboard was developed in aid of policy makers and program managers and uses an evidence-based, comprehensive approach to estimation of out-of-pocket payments (OOP) for Family Planning (FP). The equations and methodologies utilized in this tool are built on internationally accepted methodologies for OOP estimation but contextualized to local FP realities and practices elicited from FP providers, and end-users from both public and private sectors.
<table>
<thead>
<tr>
<th>Organizations (Priority List)</th>
<th>Cellphone Number</th>
<th>Status/Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Agencies (5)</td>
<td></td>
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</tr>
<tr>
<td>Department of Health- Central Office</td>
<td>0651-7600 L1726</td>
<td></td>
</tr>
<tr>
<td>Commission on Population and Development (POPCOM)</td>
<td></td>
<td></td>
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<tr>
<td>Department of Interior and Local Government- Central Office</td>
<td>8951-7120</td>
<td></td>
</tr>
<tr>
<td>Department of Social Welfare and Development- Central Office</td>
<td>8327-5323</td>
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<tr>
<td>Local Government Units</td>
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<tr>
<td>Insurance Companies (1)</td>
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<td></td>
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<td>Philippine Health Insurance Corporation (PhilHealth)</td>
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<td>Non-Profit Organizations (11)</td>
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<td>DKT Philippines</td>
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<td>Integrated Midwives Association of the Philippines</td>
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<tr>
<td>Likhaan Center for Women's Health</td>
<td>0947-7423532</td>
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</tr>
<tr>
<td>Philippine Legislators' Committee on Population and Development, Inc.</td>
<td>87096480</td>
<td></td>
</tr>
<tr>
<td>The Forum for Family Planning and Development</td>
<td>917-8149-204</td>
<td></td>
</tr>
</tbody>
</table>

Figure 4. NIDU Survey Participant tracker and database

Figure 5. FP Out of Pocket estimation tool
**NEXT STEPS**

After everything that has been accomplished for the duration of three months, there are tasks left to do for the completion of the study.

Remaining surveys will be followed up on December 28, 2020 which should be completed by January 15, 2021.

Completed and validated surveys will be encoded on the NIDI platform starting December 28, 2020 and is targeted to be accomplished on January 29, 2021.

OOP estimation and dashboard should be completed and will start on December 28, 2020 and is estimated to be accomplished on January 8, 2020.

Summary evaluation reports will be prepared on January 11, 2020 and are targeted to be finished on January 29, 2021.

Policy briefs (target 2-3) will be prepared and will start on January 4, 2020 and are aimed to be completed by February 5, 2020.