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# **National Family Planning Program Costed Implementation Plan**

**2017-2020**

## I. Program situation

Of the Philippine total population of 100,981,437<sup>1</sup> in 2013, there are 26,164,290 women of reproductive age (WRA)<sup>2</sup>, 15 – 49 years old. Out of these WRA, 6,148,608 are currently using a modern contraceptive method translating to a modern Contraceptive Prevalence Rate (mCPR) of 23.50%<sup>3</sup>. Among married women (includes women in union), the mCPR is 37.60%

Table 1. Proportion of WRA who currently use contraception, 2013

	Any method	Any modern method	Any traditional method	Not currently using	Percentage of WRA
All women	34.60%	23.50%	11.10%	65.40% (any method)	100.00%
				76.50% (modern)	
All women currently married	55.10%	37.60%	17.50%	44.90% (any method)	60.22%
				62.50% (modern)	

Source: NDHS 2013 Table 7.3: Current Use of Contraception

The average yearly growth of 0.6% points in mCPR among married women is slightly below the average of 1.0% for other countries as of 2016 (Figure 1). At this rate, the Philippines is projected to reach a mCPR of 42% by 2020. This illustrates that there is still room for accelerated growth in mCPR (Figure 2). A 1% point increase in mCPR in 2016 equates to 264,933 additional modern FP users.

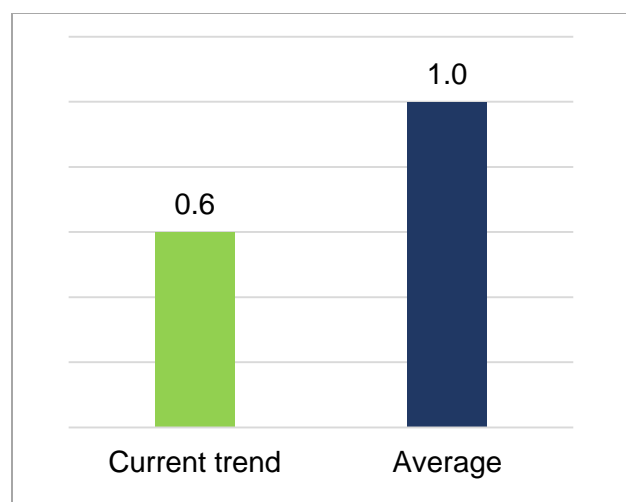


Figure 1. Average Annual Growth in mCPR, married women

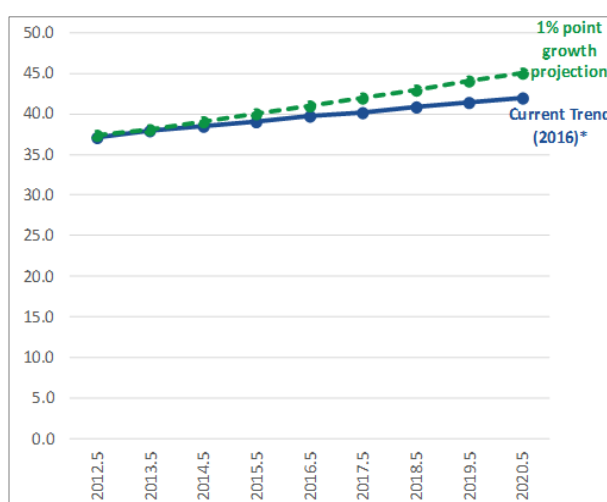


Figure 2. Current Progress on mCPR among married women, 2012-2020

<sup>1</sup> <https://psa.gov.ph/content/highlights-philippine-population-2015-census-population> (as of Aug 1)

<sup>2</sup> Computation based on CPH 2010: 25.91% are WRA

<sup>3</sup> Computation based on NDHS Table 7.3 (2013): Current Use of Contraception

In 2013, among all women using a contraceptive method, the pill was the most popular method (50%), followed by female sterilization (23%). Figure 3 reflects the over-reliance in the Philippines on short-acting contraception. In order to increase the rate of growth in mCPR, the Philippines need to expand access to information and additional methods of contraception, providing women with greater choice and the opportunity to use more effective, long-acting methods (such as Implants).

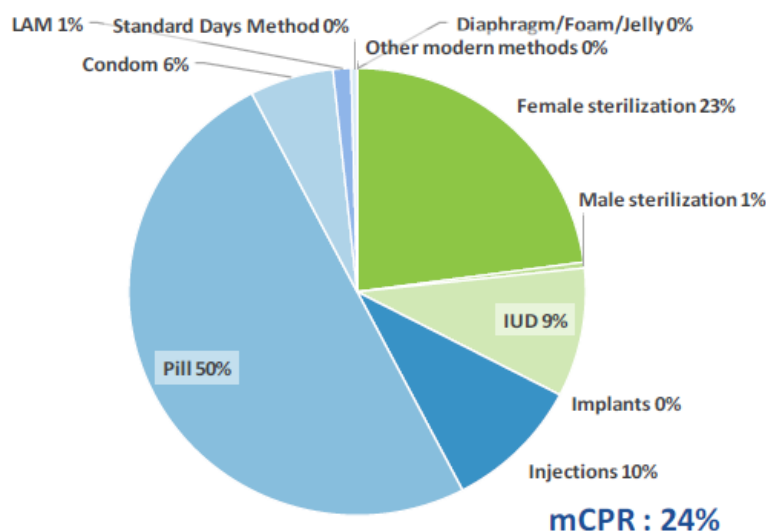


Figure 3. mCPR method mix (based on 24% mCPR for all women in 2013)

In 2016, an estimated 72.8% of married women are in demand for modern FP (were already using or have an unmet need). Of these, over half had their demand for modern contraceptive satisfied by service providers (Figure 4).

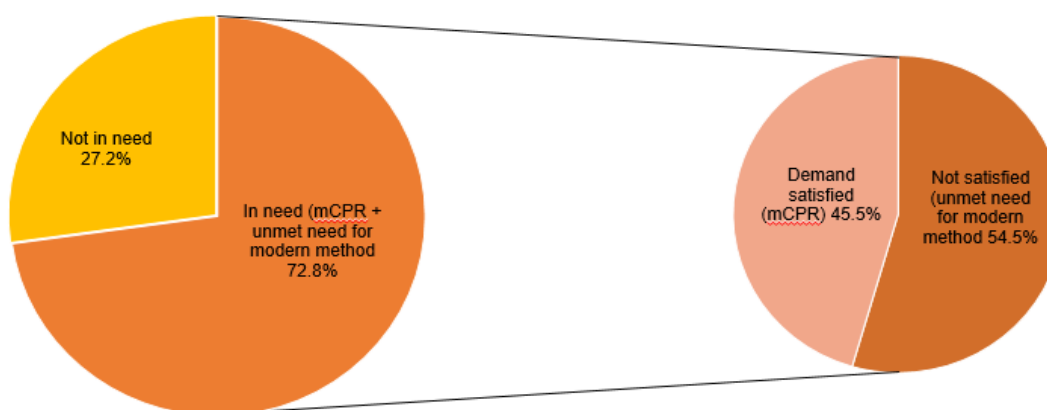


Figure 4. Demand for modern contraceptive methods among married women, 2016

Investment in increasing access to family planning will support growth in mCPR by providing those whose need is not satisfied through service provision with modern contraceptives.

## II. Family Planning Goal

The goal of the National Family Planning Program is to provide modern contraception to 3,789,032 Women of Reproductive Age (WRA) with Family Planning unmet needs belonging to the poorest 60% quintile from 2017 to 2020. This will translate to an increase of mCPR from 23.50% to 52.30% by 2020.

## III. Strategic Priorities – Framework of Action

Figure 5 illustrates the National Family Planning Framework of Action 2017 – 2020. This framework provides a comprehensive picture of the Department of Health's (DOH) strategy in accelerating reduction in FP unmet needs. It prioritizes goals and initiatives, structures efforts and clarify how efforts can be connected to achieve the best outcomes, and shows opportunities to leverage resources.

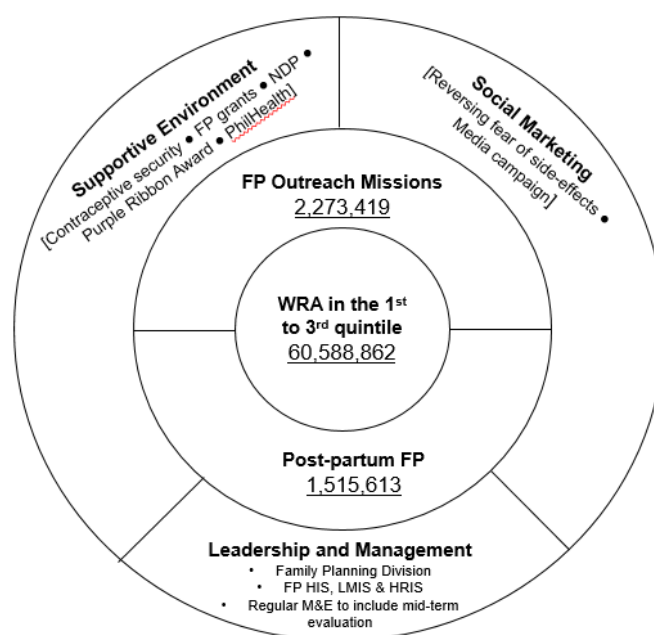


Figure 5. National Family Planning Framework of Action 2012 – 2017

### A. Target

Under the Framework, the DOH aims to provide 3,789,032 poor WRA with modern contraception. This accounts for the WRA with FP unmet needs among the lowest 60% of the wealth quintile. The target includes 1) 100% of targeted WRA (2,894,625) who intends to space or limit births but are not currently using a modern FP method; and 2) 50% of all estimated WRA (894,407) shifted from traditional FP methods to modern contraception.

### B. Strategies

The DOH shall adopt two strategies to achieve its target – 1) FP outreach missions and 2) post-partum FP services. Based on global evidence, these strategies are proven effective in increasing mCPR. FP outreach missions allow coverage of a higher number of women, by

making FP services more accessible. While post-partum FP maximizes on the greatest opportunities in terms of number of contacts with health care services by women who had given birth.

### **C. Enabling mechanisms**

Three enabling mechanisms are identified to support the implementation of the two FP strategies towards achieving the National FP Goal by 2020: 1) Leadership and Management, 2) Supportive Environment and 3) Social Marketing.

Under *leadership and management*, the DOH intends to upgrade its Family Planning organization structure to be able to effectively provide oversight, guidance and support in implementing the CIP; to enhance critical FP systems necessary for effective and efficient programme planning and implementation; and to regularly measure performance and results.

Under *supportive environment*, the DOH intends to support health service providers (public, private and CSOs) with vital inputs for them to be able to implement the FP strategies at scale; and to develop and implement packages providing incentives and benefits.

Under *social marketing*, the DOH intends to develop and implement interventions for social and behavior change to reverse the fear of side effects.

A detailed list of activities and the costs of implementation from 2017 to 2020 can be found in part V of this document.

#### IV. Projecting growth of women of reproductive age (WRA) and method mix to scale up family planning

##### A. Target population

From 2017 to 2020, the DOH shall be targeting WRA 15-49 years old with unmet need for family planning belonging to the lowest 60% of the wealth quintile of the population. Under this targeting approach, it should be understood that the CIP intends to both address the reduction of FP unmet needs and the maintaining of current FP users. Planners and implementers should be guided as well by disaggregated data on unmet needs for spacing and limiting, and on current users of traditional methods.

Table 2. Target estimation

	All WRA		Women in lowest 60% quintile	
	Rates	Count	Rates	Count
Population Size <sup>1</sup> :		100,981,437	60.00%	60,588,862
Number of WRA <sup>2</sup> :	25.91% <sup>a</sup>	26,164,290	25.91%	15,698,574
Unmet Needs for Spacing <sup>3</sup> :	6.70%	1,753,007	7.07%	1,109,889
Unmet Needs for Limiting <sup>3</sup> :	10.80%	2,825,743	10.73%	1,684,457
Current users of traditional Method <sup>4</sup> :	11.00%	2,878,072	11.00%	1,726,843
Unmet needs of WRA, and target new acceptors from current users of traditional method by 2020 <sup>3</sup> :	28.50%	7,456,822	28.80%	4,521,189
WRA current users of modern FP method <sup>4</sup> :	23.50%	6,148,608	23.50%	3,689,165
Target CPR and no. of WRA on modern FP by 2020 <sup>5</sup>	52%	13,605,431	52.30%	8,210,354

<sup>a</sup>of population size; the rest of rates are proportions of total WRA

Source:

<sup>1</sup> <https://psa.gov.ph/content/highlights-philippine-population-2015-census-population> (as of Aug 1)

<sup>2</sup> Computation based on CPH 2010: 25.91% are WRA<sup>4</sup>

<sup>3</sup> Computation based on NDHS Table 7.11 (2013): Need and Demand for FP among currently married women

<sup>4</sup> Computation based on NDHS Table 7.3 (2013): Current Use of Contraception

<sup>5</sup> Computation based on NDHS Table 5.2 (2013): Fertility by background characteristics

For 2017 to 2020, the DOH shall be giving stronger emphasis on Current Users of Traditional Methods. Through the outreach missions and post-partum services, the DOH shall assist health service providers in the identification of current users of traditional methods, in the provision of FP counseling, and in the eventual shifting to modern FP methods. However, given the deep sociocultural roots behind the use of traditional FP methods in the Philippines, the DOH has realistically targeted 50% of current users of traditional methods shifted to a modern FP method.

Table 3. Target WRA for modern FP, 2017-2020

	All WRA	Lowest 60%
Unmet Needs of WRA/not using modern FP (Target new acceptors)	4,578,750	2,794,346
50% target shifters (from traditional FP Methods to Modern FP Method)	1,439,036	863,422
100% Target Shifters	2,878,072	1,726,843
WRA on modern FP (target maintainers)	6,148,608	3,689,165
Target WRA (Unmet need + 50% shifters + WRA on modern FP)	12,166,394	7,346,933
Target WRA (Unmet need + 100% shifters + WRA on modern FP)	13,605,430	8,210,354

Table 4 presents the targeted number of new FP acceptors from 2017 to 2020. This number is a combination of WRA whose FP unmet needs were served or shifters from traditional methods. The target is also broken down as to the number to be reached through outreach missions and through post-partum FP. 60% of the target will be served by outreach missions while the remaining 40% will be served by postpartum FP.

Table 4. Strategy distribution

	Lower 60%	
Target new acceptors by 2020	3,789,032 <sup>a</sup>	
	Outreach	Post-partum FP
Target for outreach	2,273,419	1,515,613
Target for post-partum FP		

<sup>a</sup>Adjusted for population growth rate of 1.9% per year

## B. Cost estimation

From 2017 to 2020, the DOH intends to reduce its over-reliance on short acting contraception and increase acceptors of long acting and permanent methods. Table 5 summarizes the DOH's targeted method mix from 2017 to 2020.

Table 5. Target Commodity Distribution

Commodity	2017	2018	2019	2020
Pills	45%	40%	35%	30%
Injection	10%	10%	10%	10%
Condom	5%	4%	3%	2%
LAM	1%	1%	1%	1%

<b>SDM</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>
<b>other MNFP</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>
<b>Implants</b>	<b>2%</b>	<b>6%</b>	<b>10%</b>	<b>14%</b>
<b>IUD</b>	<b>11%</b>	<b>12%</b>	<b>14%</b>	<b>15%</b>
<b>BTL</b>	<b>23%</b>	<b>24%</b>	<b>24%</b>	<b>25%</b>
<b>NSV</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>

Table 6 shows the initial estimated number of units and cost for each type of FP commodity from 2017 to 2020. Table 7 shows the adjusted estimates after the commodities already budgeted/procured by the DOH have been deducted from the original projection in years 2017 and 2018.

The projected costs take into account an annual inflation rate of 2-3%, the average usage rate of each commodity for the 4-year period (reflecting a gradual shift from short-acting to long-acting contraception), and a buffer stock of 10% for every commodity.

Tables 8 and 9 show the number of WRA that will be covered by the remaining FP commodities, after the commodities already budgeted/procured by the DOH have been deducted from the initial projected amount in years 2017 and 2018 in Table 6.



Table 6. Projected amount and cost (Php) of FP commodities, 2017-2020

Commodity	2017		2018		2019		2020	
	Units	Cost*	Units	Cost*	Units	Cost	Units	Cost
Pills	39,500,866	870,157,938	34,484,905	911,766,547	34,618,008	925,610,672	33,486,772	909,015,647
Injection	2,925,990	121,494,715	2,873,742	143,217,298	3,296,953	166,162,158	3,720,752	190,380,261
Condom	42,134,257	138,120,308	33,105,509	130,252,364	28,485,675	113,340,083	21,431,534	86,572,919
Implant	117,040	63,944,587	344,849	226,132,576	659,391	437,268,834	1,041,812	701,400,962
Intra-uterine device	643,718	4,959,289	689,698	8,198,254	923,147	13,011,514	1,116,226	17,851,193
Lactation amenorrhea	702,238	767,335	689,698	904,530	791,269	1,049,445	892,981	1,202,402
Standard days method	58,520	6,394,459	57,475	7,537,753	65,939	8,745,377	74,415	10,020,014
Modern natural FP	702,238	767,335	689,698	904,530	791,269	1,049,445	892,981	1,202,402
<b>Total</b>		<b>1,206,605,965</b>		<b>1,428,913,852</b>		<b>1,666,237,529</b>		<b>1,917,645,798</b>

Table 7. Projected amount and cost (Php) of FP commodities, 2017-2020 (adjusted\*)

Commodity	2017		2018		2019		2020	
	Units	Cost*	Units	Cost*	Units	Cost	Units	Cost
Pills	8,210,460	147,788,280	33,053,980	855,805,959	34,618,008	925,610,672	33,486,772	909,015,647
Injection	1,154,465	43,869,670	2,873,742	143,217,298	3,296,953	166,162,158	3,720,752	190,380,261
Condom	15,890,400	47,671,200	33,105,509	130,252,364	28,485,675	113,340,082	21,431,533	86,572,919
Implant	0	0	211,350	138,590,682	659,391	437,268,836	1,041,811	701,400,962
Intra-uterine device	0	0	629,403	7,483,603	923,147	13,011,514	1,116,226	17,851,193
Lactation amenorrhea	702,238	767,335	689,698	904,530	791,269	1,049,445	892,981	1,202,402
Standard days method	58,520	6,394,459	57,475	7,537,753	65,939	8,745,377	74,415	10,020,014
Modern natural FP	702,238	767,335	689,698	904,530	791,269	1,049,445	892,981	1,202,401
<b>Total</b>		<b>247,258,279</b>		<b>1,283,279,034</b>		<b>1,666,237,529</b>		<b>1,917,645,798</b>

Table 8. Adjusted 2017 Commodity Forecast

Commodity	2017 Projections			DoH Inventory			Adjusted 2017 Projections		
	WRA	Units	Cost	WRA	Units	Cost	WRA	Units	Cost
Pills	2,633,391	39,500,866	870,157,938	2,181,422	32,721,334	705,213,828	547,364	8,210,460	147,788,280
• COC	2,370,052	35,550,779	699,234,057	1,822,688	27,340,324	492,125,832	547,364	8,210,460	147,788,280
• POP	263,339	3,950,087	170,923,881	358,734	5,381,010	213,087,996	excess supply	0	0
Injection	585,198	2,925,990	121,494,715	354,305	1,771,525	67,317,950	230,893.00	1,154,465	43,869,670
Condom	292,599	42,134,257	138,120,308	182,249	26,243,795	78,731,385	110,350.00	15,890,400	47,671,200
LAM	58,520	702,238	767,335	0	0	0.00	58,520	702,238	767,335
SDM	58,520	58,520	6,394,459	0	0	0.00	58,520	58,520	6,394,459
MNFP	58,520	702,238	767,335	0	0	0.00	58,520	702,238	767,335
Implants	117,040	117,040	63,944,587	250,539	250,539	125,269,500	excess supply	0	0
IUD	643,718	643,718	4,959,289	704,013	704,013	16,192,299	excess supply	0	0
<b>Total</b>			<b>1,206,605,965</b>			<b>992,724,962</b>			<b>247,258,279</b>

Table 9. Adjusted 2018 Commodity Forecast

Commodity	2018 Projections			DoH Inventory			Adjusted 2018 Projections		
	WRA	Commodities	Cost	WRA	Commodities	Cost	WRA	Commodities	Cost
Pills	2,298,994	34,484,905	912,470,589	0	0	0	2,203,599	33,053,980	855,805,959
• COC	2,069,094	31,036,415	775,910,365	0	0	0	2,069,094	31,036,415	775,910,365
• POP	229,899	3,448,491	136,560,224	95,395	1,430,925	56,664,630	134,504	2,017,566	79,895,594
Injection	574,748	2,873,742	143,217,298	0	0	0	574,748	2,873,742	143,217,298
Condom	229,899	33,105,509	130,252,363	0	0	0	229,899	33,105,509	130,252,363
LAM	58,520	702,238	767,335.04	0	0	0	58,520	702,238	767,335
SDM	58,520	58,520	6,394,459	0	0	0	58,520	58,520	6,394,459
MNFP	58,520	702,238	767,335	0	0	0	58,520	702,238	767,335
Implants	344,849	344,849	226,131,316	133,499	133,499	87,540,634	211,350	211,350	138,590,682
IUD	689,698	689,698	8,200,510	60,295	60,295	716,908	629,403	629,403	7,483,603
<b>Total</b>			<b>1,428,201,206</b>			<b>144,922,172</b>			<b>1,283,279,034</b>

## V. IMPLEMENTATION PLAN

The implementation plan outlines the interventions, yearly cost and responsibility center for each target area (enabling mechanism).

### A. Target Area: Leadership & Management

The components of the Leadership and Management enabling mechanism are: 1) establishment of the Family Planning Unit, 2) Enhancement of Critical FP Systems, and 3) Monitoring and Evaluation.

At the moment, there are only 3 staff assigned for FP in the DOH's Family Health Office. From 2017 to 2020, the DOH intends to increase to an adequate number the staff assigned to FP. Aside from increasing the number of staff, the team will be organized into a distinct programme unit. It shall be structured in a way that will ensure the performance of its planning, programme design, monitoring and analysis functions vis-à-vis the implementation of the CIP.

For the DOH to be able to ensure delivery of results, quality of services and return of investments, it intends to enhance critical FP systems, namely the FP Information System (FPIS), the FP Logistics Management Information System (LMIS), and the FP Human Resources Information System (HRIS). The DOH shall enhance its FPIS to improve the completeness, accuracy, and timeliness of field reports. By doing so, the DOH will be able to utilize more its field health information data for planning, programme design and monitoring instead of the current scenario where there is more dependence on demographic health surveys. The advantage would be the availability of reliable data on a quarterly and annual bases thru the field data collection, as compared to the 3 to 5 year availability of surveys. Secondly, given the huge investments by the DOH in procuring FP commodities, the FP LMIS functionality shall be set as a priority. This will enable the DOH to account for its investments, as well as utilize the data for forecasting, planning, procurement, warehousing and distribution. Lastly, given the number of women targeted to be reached with FP information and services, the HRIS is critical in mapping where the service providers are and what services they are able to provide.

The DOH intends to track in real-time progress in reaching the targets for FP outreach missions and postpartum FP. Under monitoring and evaluation, the conduct of the mid-term evaluation of the National FP Programme shall be included.

Table 10. Leadership and management components and intervention costs, 2017-2020

Component	Intervention	2017	2018	2019	2020	Total	Responsibility center
<b>1. Family Planning Unit</b>							

a. Ad hoc	Consultant , M and E, and LMIS at 50keach/month x 12 months	2,340,000				2,340,000	DOH Central Office
	2 Info Tech staff at 30k/month/person	840,000				840,000	
b. FP Unit	Medical Officer V (Unit Head)		2,005,126	2,305,895	2,651,779	6,962,801	
	Medical Officer IV/ Supervising Health Program Officer		897,876	1,010,111	1,136,374	3,044,361	
	Administrative Aide (SG 11)		302,149	310,760	319,617	932,525	
c. Monitoring and mentoring of FP Coordinators	Transportation and per diems; hiring of vehicle (FP Unit)	576,000	633,600	696,960	766,656	2,673,216	
	Transportation and per diems; hiring of vehicle (OSEC)	408,000	412,488	417,025	421,613	1,659,126	
<b>SUBTOTAL</b>		<b>4,164,000</b>	<b>4,251,239</b>	<b>4,740,751</b>	<b>5,296,039</b>	<b>18,452,029</b>	
<b>2. Systems</b>							
a. Human Resource System	Development and implementation of comprehensive HR development plan for FP	9,035,200	8,400,000	4,902,000	4,902,000	27,239,200	DOH HHRDB, FHO Regional Offices
	Capacity building of service providers	13,250,000	7,252,750	5,255,530	8,258,341	34,016,621	DOH
b. Logistics Management Information System	Enhancement of DOH LMIS (i.e. NOSIRS)	4,799,200	10,799,200	96,602,000	18,262,000	130,462,400	DOH
	Ensure availability of warehouse and storage spaces	132,000,000	132,000,000	132,000,000	132,000,000	528,000,000	DOH
<b>SUBTOTAL</b>		<b>159,084,400</b>	<b>158,451,950</b>	<b>238,759,530</b>	<b>163,422,341</b>	<b>719,781,221</b>	
<b>3. Monitoring and Evaluation</b>							
a. Improvement of national reporting mechanisms		13,376,400	46,419,000	22,630,200	14,787,000	97,212,600	DOH Central Office
b. Conduct of Program Implementation Review		1,200,000	1,200,000	1,200,000	1,200,000	4,800,000	

c. Situational analysis and assessment of outcomes and impact	15,000,000	30,000,000		30,000,000	75,000,000	
<b>SUBTOTAL</b>	<b>29,576,400</b>	<b>77,619,000</b>	<b>23,830,200</b>	<b>45,987,000</b>	<b>177,012,600</b>	
<b>TOTAL FOR LEADERSHIP &amp; MANAGEMENT</b>	<b>192,824,800</b>	<b>240,322,189</b>	<b>267,330,481</b>	<b>214,705,380</b>	<b>915,245,850</b>	

## B. Target Area: Supportive Environment

The components of a Supportive Environment include 1) Contraceptive Security; 2) Family Planning Grants; 3) Nurses Deployment Programme; 4) Purple Ribbon Awards; and 5) Philhealth.

In the implementation of the CIP, the DOH shall ensure that important inputs are available in order for service providers to be able to reach women with FP unmet needs. In line with the Responsible Parenthood and Reproductive Health (RPRH) Law, the DOH shall continue to procure FP commodities for the poorest quintiles of the population. It shall also ensure that the health sector (public, private and CSOs) have sufficient resources to generate demand and provide FP services thru outreach missions and postpartum FP thru the provision of grants. Lastly, given the targeted number of women for FP service delivery, the DOH shall augment the human resources capacity of local government units thru the Nurses Deployment Programme.

Good performers shall be showcased and provided with incentives thru the Purple Ribbon Awards. Recognition ceremonies shall be done at the regional and national level.

Maximizing the financial benefits in implementing the FP programme shall be pursued thru the expansion of FP benefit packages and raising awareness on the said packages. This shall be in partnership with the Philippine Health Insurance Corporation (Philhealth).

Table 11. Supportive environment components and intervention costs, 2017-2020

Component	Intervention	2017	2018	2019	2020	Total	Responsibility Center
<b>Contraceptive security</b>	Provision of FP commodities	247,258,279	1,283,279,034	1,666,237,529	1,917,645,798	5,114,420,640	DOH Central Office
<b>SUBTOTAL</b>		<b>247,258,279</b>	<b>1,283,279,034</b>	<b>1,666,237,529</b>	<b>1,917,645,798</b>	<b>5,114,420,640</b>	
<b>Provision of FP grants to establish and sustain FP SDN with Focus on (a) Logistics Management, (b) Timely Reporting ;</b>	Provision of grants to provinces	325,248,000	325,248,000	325,248,000	325,248,000	1,300,992,000	DOH Regional Offices
	Provision of grants to DOH Hospitals	13,000,000	13,000,000	13,000,000	13,000,000	52,000,000	DOH Central Office

(c) reaching vulnerable groups (eg. GIDA/IP, urban informal settlers, AY); and (d) with initiatives on FPSDN	Grants for FP services to special groups (i.e. CSOs, private sector)	357,000,000	357,000,000	357,000,000	357,000,000	1,428,000,000	
	Conference to showcase good/exemplary practices	4,918,660	4,918,660	4,918,660	4,918,660	19,674,640	
<b>SUBTOTAL</b>		<b>700,166,660</b>	<b>700,166,660</b>	<b>700,166,660</b>	<b>700,166,660</b>	<b>2,800,666,640</b>	
<b>Nurse Deployment Program</b>	Deployment of Nurse as FP – RPRH point person	513,572,736	540,494,520	568,828,080	598,651,848	2,221,547,184	DOH Central Office and Regional Offices
	Capability Building for NDPs on CBT & PP IUD insertion	2,573,550	12,622,650	4,902,000	4,902,000	25,000,200	
	Supervision of BHWs in the implementation of FP program by NDP	9,804,000	9,804,000	9,804,000	9,804,000	39,216,000	
<b>SUBTOTAL</b>		<b>525,950,286</b>	<b>562,921,170</b>	<b>583,534,080</b>	<b>613,357,848</b>	<b>2,285,763,384</b>	
<b>Purple Ribbon Award</b>	Develop Purple Ribbon Awards design and guidelines	1,500,000				1,500,000	DOH Office of the Secretary
	Conduct search for Purple Ribbon Awardees	5,750,000	5,000,000	2,500,000		13,250,000	
	Purple Ribbon Awarding		35,000,000	15,000,000		50,000,000	
<b>SUBTOTAL</b>		<b>7,250,000</b>	<b>40,000,000</b>	<b>17,500,000</b>	<b>-</b>	<b>64,750,000</b>	
<b>PhilHealth</b>	Increase awareness on PhilHealth Benefit Packages for FP	7,000,000	5,000,000	5,000,000	2,500,000	19,500,000	PhilHealth
	Improve PhilHealth Benefit Packages for FP	7,500,000	1,000,000	1,000,000	1,000,000	10,500,000	

	Ensure continuous accreditation of FP service providers and facilities	3,000,000	4,000,000	5,500,000	4,000,000	16,500,000	
<b>SUBTOTAL</b>		<b>17,500,000</b>	<b>10,000,000</b>	<b>11,500,000</b>	<b>7,500,000</b>	<b>46,500,000</b>	
<b>TOTAL FOR SUPPORTIVE ENVIRONMENT</b>		<b>1,498,125,225</b>	<b>2,596,366,864</b>	<b>2,978,938,269</b>	<b>3,238,670,306</b>	<b>10,312,100,664</b>	

### C. Social Marketing

Fear of side effects remain to be one of the leading reasons why women do not use contraception in the Philippines. Hence, promotion of FP will entail the development of effective messages and communication strategies aimed at behavioral change to reverse the fear of side effects.

Table 12. Social marketing components and intervention costs, 2017-2020

Component	Intervention	2017	2018	2019	2020	Total	Responsibility Center
<b>Media campaign</b>	Develop FP Social and Behavior Change Communication Strategy (SBCC)	10,000,000				10,000,000	DOH Health Promotion and Communication Service
	Implement FP Social and Behavior Change Communication Strategy (SBCC)	260,000,000	257,500,000	205,000,000	153,500,000	876,000,000	
	Monitor and Evaluate the Effectiveness of the SBCC Strategy	1,000,000	1,000,000	1,000,000	3,000,000	6,000,000	
<b>TOTAL FOR SOCIAL MARKETING</b>		<b>271,000,000</b>	<b>258,500,000</b>	<b>206,000,000</b>	<b>156,500,000</b>	<b>892,000,000</b>	





## D. COST SUMMARY

Table 13. Cost summary for leadership and management, 2017-2020

Component	2017	2018	2019	2020	Total
1. Family Planning Unit	4,164,000	4,251,239	4,740,751	5,296,039	18,452,029
2. Systems	159,084,400	158,768,750	238,759,530	163,422,341	720,035,021
3. Monitoring and Evaluation	60,949,200	54,089,400	15,987,000	45,987,000	177,012,600

Table 14. Cost summary for supportive environment, 2017-2020

Component	2017	2018	2019	2020	Total
1. Contraceptive security	247,258,279	1,283,279,034	1,666,237,529	1,917,645,798	5,114,420,640
2. Provision of FP grants	700,166,660	700,166,660	700,166,660	700,166,660	2,800,666,640
3. Nurse Deployment Program	525,950,286	562,921,170	583,534,080	613,357,848	2,285,763,384
4. Purple Ribbon Award	7,250,000	40,000,000	17,500,000	-	64,750,000
5. PhilHealth	17,500,000	10,000,000	11,500,000	7,500,000	46,500,000

Table 15. Cost summary for social marketing, 2017-2020

Component	2017	2018	2019	2020	Total
Media campaign	271,000,000	258,500,000	206,000,000	156,500,000	892,000,000

Table 16. Summary of total costs per target area, 2017-2020

Target Area	2017	2018	2019	2020	TOTAL
Leadership and Management	192,824,800	240,322,189	267,330,481	214,705,380	915,182,850
Supportive Environment	1,677,607,035	2,425,810,774	2,552,284,437	3,083,685,754	9,739,388,000
Social marketing	271,000,000	258,500,000	206,000,000	156,500,000	892,000,000
<b>TOTAL</b>	<b>2,141,431,835</b>	<b>2,924,632,963</b>	<b>3,025,614,918</b>	<b>3,454,891,134</b>	<b>11,546,570,850</b>