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**Working Paper**

## A process evaluation of selected programs of the Department of Health (DOH): RPRH education and communication

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DISCUSSION PAPER SERIES NO. 2021-12

# Process Evaluation of Selected Programs of the Department of Health (DOH): RPRH Education and Communication

*Mary Pauline V. Saquing and Norliza M. Nordan*



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A Process Evaluation of Selected Programs  
of the Department of Health (DOH):  
RPRH Education and Communication

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PHILIPPINE INSTITUTE FOR DEVELOPMENT STUDIES

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## **Abstract**

Seven years ago, the Responsible Parenthood and Reproductive Health Act was signed into law. Its revised implementing rules and regulations was issued in 2017 with its general provisions citing the guiding principles of its implementation, provision and financing of care, public awareness and education, governance, prohibited acts and penalties, and miscellaneous provisions. For the past years, Department of Health has taken the lead in the implementation of the RPRH law and has worked with other national agencies and civic society organizations to realize the objectives of the law.

At the core of the mandate of the RPRH is the delivery of responsible parenthood and reproductive health services and information. Among the key provisions of the law are financing, governance, and public awareness and education.

This paper discusses the extent of implementation of the RPRH education and communication, specifically on the output-level performance of the key implementing agencies and personnel, and the enabling factors and barriers that affect their implementation of the program.

Results of the review of relevant documents, interviews, and FGDs show that the key agencies in the implementation of the RPRH education and communication manifest compliance with some of the provisions of the RPRH Law's IRR.

**Keywords:** responsible parenthood and reproductive health, RPRH education, RPRH communication, comprehensive sexuality education

**Disclaimer:** This article/report reflects the points of view and thoughts of the authors', and the information, conclusions, and recommendations presented are not to be misconstrued as those of the Department of Health (DOH). Furthermore, this article or report has not yet been accepted by the DOH at the time of writing. The material presented here, however, is done in the spirit of promoting open access and meaningful dialogue for policy/plan/program improvement, and the responsibility for its interpretation and use lies with the reader.

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# **Process Evaluation of Selected Programs of the Department of Health (DOH): RPRH Education and Communication**

***Mary Pauline V. Saquing and Norliza M. Nordan<sup>1</sup>***

## **1. Introduction and overview**

In the later part of 2012, the Reproductive Health Bill was signed into law, which is now being referred to as Republic Act 10354 or the Responsible Parenthood and Reproductive Health Act of 2012 (RPRH Law). This law is said to be the focal point for convergence of multi-sectoral efforts toward the improvement of health outcomes. Its revised implementing rules and regulations (IRR) was issued in 2017 with its general provisions citing the guiding principles of its implementation, provision and financing of care, public awareness and education, governance, prohibited acts and penalties, and miscellaneous provisions. These rules were promulgated to ensure the provision, delivery, and access to reproductive health care services, and to promote, protect and fulfill women's reproductive health and rights. The Department of Health (DOH) took the lead in the implementation of the RPRH law. For the past years, it has worked with other national agencies and civic society organizations (CSOs) to realize the objectives of the law.

At the core of the mandate of the RPRH is the delivery of responsible parenthood and reproductive health services and information. Thus, for the initial years of its implementation, the DOH has identified key result areas to assess the plans and interventions made, alongside the challenges met, by the responsible agencies in reference to the provisions of the IRR of the RPRH. These areas are: (1) maternal, newborn, child health and nutrition; (2) family planning; (3) adolescent sexual and reproductive health; (4) sexually transmitted infections and HIV/AIDS; and (5) elimination of violence against women and children (DOH 2018). The data gathered over the years in line with these areas have been used to evaluate the notable contributions of the RPRH to the improvement of the Philippines' healthcare system and to identify the gaps that the implementation of the said law needs to address. In the said assessment, the provisions on financing, governance, the law's scope, and public awareness and education were put in perspective.

In 2017, President Rodrigo Duterte issued Executive Order No. 12, "Attaining and Sustaining "Zero unmet Need for Modern Family Planning" through the Strict Implementation of the Responsible Parenthood and Reproductive Health Act, Providing funds therefor, and for Other Purposes", directing the Department of Education (DepEd) to implement a gender-sensitive and rights-based Comprehensive Sexuality Education (CSE) in the school curriculum. It further requires the National Implementation Team for the RPRH Law to submit to the Office of the President at the end of April of each year an annual progress report with corresponding technical recommendations to address emerging issues and concerns.

In 2018, DOH presented in its Annual Report on the implementation of the RPRH Law the capacity building conducted by the implementing agencies such as the DepEd. According to the report, DepEd conducted workshops that integrated CSE in its K-12 curriculum. It also

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gave CSE training to 425 teaching personnel from 85 public schools and non-teaching personnel from 30 public schools. It also mentioned of a plan to orient its K-12 teachers on the provision of gender-sensitive and rights-based CSE by 2019.

On July 13 of the same year, the DepEd issued a Memorandum Order No. 31 s. 2018 (DO No. 31 s. 2018) laying down the policy guidelines on the implementation of the CSE.

As mandated by law, it is essential to conduct a process evaluation of the RPRH education and communication in order to elicit information that can help improve the implementation of the very programs necessary for the promotion of health of the Filipino people through education and communication.

Given the mandate, this paper focuses on the implementation of the reproductive health education mandate of the RPRH, specifically on the output-level performance of the implementing agencies and personnel, and the enabling factors and barriers that affect the implementation of the program.

## **2. Survey of Related Literature**

### ***2.1. Process evaluation***

The process of the policy does not end at its implementation, further analysis must be done in order to assure that it is meeting its objectives or provide explanations and solutions if it is not. Policy evaluation is a necessity to support evidence-based decisions, ensure program improvement, and ensure accountability according to the National Evaluation Policy (NEP) (Bermudez, 2015). Policy evaluation is also done to disclose evidence-based findings to all interested parties be it positive or negative and informing them of resource allocation.

Evaluation of policies produce the impact of the policy, its efficiency, and the extent of its implementation, these are used as support for evidence-based decisions on how to improve its current and future programming.

In order to ensure the improvement of the program, feedback and learning needs to be extracted from the outcome. The synthesis of outcomes shall create better programs and policies, furthering the knowledge generation. In addition, Limbani, et al. (2019) explains that process evaluation is important in the comprehension of circumstantial factors that may affect the implementation of measures to address issues such as, in the case of this study, reproductive health education and communication.

### ***2.2. RPRH implementation***

The annual reports of the DOH in the implementation of the RPRH have provided data on the law's progress and setbacks. Among the main elements of the RPRH, public awareness and education have drawn attention in the plans of the DOH and other related agencies. Two major provisions are identified in the IRR of the RPRH regarding public awareness and education: (1) public awareness, health promotion, and communication; and (2) responsible parenthood and reproductive health education. Despite specific provisions on these elements and the efforts of the agencies, there seem to be lacking in the implementation of the RPRH. In 2019, in a research of United Nations Population Fund (UNFPA), it identified some operational

bottlenecks in the implementation of RPRH programs, including Family Planning, in 2018 which include “information, behavior change, and communication” (DOH, 2018, p. 66).

Major policies in 2018 include the issuance of the DepEd Guidelines on the Implementation of CSE, the development of Adolescent Health and Development Program Directions 2018-2022 with training and information dissemination activities related to Adolescent Sexual and Reproductive Health/ Adolescent Health and Development Program (ASRH/AHDP).

Despite the said policies and programs, DOH notes in its 5th annual report on the RPRH that there are still several measures that need to be done. This includes training of K-12 teachers in schools that need to be fast tracked to scale up the CSE program.

### *2.3. Process evaluation of Comprehensive Sexuality Education*

Previous studies concretized that a growing number of countries are integrating HIV or sexuality education in their curricula. However, as of 2012, only less than half of the countries in Asia have a national CSE program and have gaps in terms of reaching primary school-age children, teacher training, and curriculum content (United Nations Population Fund, 2015).

The Philippines has started integrating CSE in 2018 and have been training teachers since. Curriculum integration, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO) International Bureau of Education, is the process of combining/articulating learning content and subjects with a view to promoting holistic and comprehensive learning.

One of the tools that may be used to evaluate the implementation of the CSE is the Sexuality Education Review and Assessment Tool (SERAT). SERAT was developed by UNESCO to analyze the effectiveness of HIV prevention and sexuality education programmes at primary and secondary school levels. However, this tool is not specifically designed to analyze activities and observations at classroom level and may not adequately assess programs that are implemented out-of-school either.

The Pan-African Comprehensive Sexuality Education and Information Project Mid-Term Review Feedback, on the other hand, used the Most Significant Change methodology. This qualitative approach draws on participatory monitoring and evaluation methods to gather and write “stories” based on intensive interviews that are conducted by researchers who received training in the Pan-African project. These stories were gathered on three general domains of change: (1) knowledge; (2) attitudes, beliefs and perceptions; and (3) training practices. For the evaluation, stakeholders, researchers and mentors worked together to select one “significant” story per country (UNFPA, 2015).

According to Ahmed, Flisher, Mathews, Jansen, Mukoma, and Schaalma (2006) the traditional classroom setting posed hindrances for there is inadequate training and development of teachers, unavailable or insufficient materials, staff shortage, and lack in resources. They have also found that not all teachers are comfortable with discussing sexuality education nor do they wish to discuss it in detail. There are some teachers that find the topic discomforting while the majority simply feel that they are malequipped.

Having difficulties in spreading information inside the normal classroom setting, West African Youth Initiative (WAYI), a peer-led education program, was developed to spread the



knowledge on sexuality education and promote safe sex practices among the sexually active youth of Nigeria and Ghana. The program showed an increase in the purchase and usage of contraceptives and an overall better attitude towards the concept of safe sex. The program also concluded that peer education is best to promote sexuality education in a school setting (Brieger, Delano, Lane, Oladepo, and Oyediran 2001).

## *2.4. State of affairs in RPRH communication and education*

This section discusses the situation of RPRH education and communication as supported by data from the National Demographic and Health Survey Reports. With the given data, there are three points where the current implementation of RPRH education and communication can be viewed: (1) zero unmet needs through communication of health services related to family planning; (2) attributing the rate of teenage pregnancy to level of awareness on family planning methods; and (3) beliefs and practices related to reproductive health and the role of education and communication.

### *Zero unmet needs through communication of health services related to family planning*

“Zero Unmet Need for Modern Family Planning (FP)” issued to intensify and accelerate implementation of critical actions necessary to attain and sustain zero unmet needs for modern family planning among poor households by 2019 and all Filipinos thereafter (DOH, 2017) was used as a point of reference in the discussion of the results of the NDHS in 2018.

The report indicated that “unmet need shows a steady decline from 30 percent in 1993 to 17 percent in 2017. The proportion of demand satisfied by modern methods has increased from 35 percent to 57 percent over the same period.”(DOH,2017, p. 85) Moreover, 17 percent of currently married women and 49 percent of sexually active unmarried women have an unmet need for family planning. This shows that, despite the said steady decline, several participants of the study still have family planning needs that have not been addressed. While the decline is significant, the remaining percentage of women with unmet need is an opportunity for the strengthening of health services provided under the RPRH Law.

Among these services is informed choice of family planning method. The report showed women were informed at the time they started the current episode of method use, about the method’s side effects, about what to do if they experience side effects, and about other methods they could use. Women who obtained their method from the private sector (48%) were less likely to receive all three types of information than those who obtained their method from the public sector (67%). This reflects that government agencies responsible for providing information on family planning methods as mandated by the Law have programs in place for this purpose. Given the percentage of women who received all three types of information needed by women to make their choice of family planning method, it can be noted that these programs have existing standards and guidelines in the formulation of the messages to be used to achieve informed choice.

The same report showed that 37 percent of women saw a family planning message on the Internet, 34 percent heard a message on the radio, 20 percent read a message in a newspaper or magazine, and 7 percent read a message on their mobile phone. The Internet has the highest percentage as more and more people are using it to get information. If family planning messages were seen through various media, then communication materials for this aspect of

the RPRH are being disseminated to reach as many people as possible. In addition, among women age 15-49 who are not using contraception, 8 percent were visited in their home by a health fieldworker who discussed family planning with them in the 12 months preceding the survey. The extent of the communication programs for family planning includes home visits of field worker. However, 83 percent of contraceptive nonusers did not discuss family planning with a health care provider in the 12 months before the survey, either during a home visit or at a health facility. This reflects that there is still a high percentage of people who need awareness of the family planning methods to achieve the goal of zero unmet need through various information-dissemination campaigns.

*Attributing the rate of teenage pregnancy to level of awareness on family planning methods*

In an article released by the Philippine Information Agency (PIA) in 2019, Commission on Population (Popcom) Deputy Director Lolito Tacardon said that population growth is based on these three factors -- fertility, mortality, and migration. He added that the fertility rate is much higher than the two other factors. He mentioned that lack of awareness about the right method of family planning among many Filipinos is a factor to the issue. (Montemayor 2019)

By looking at the fertility rate presented in the NDHS Report of 2018, 9 percent of women aged 15 years to 19 years have begun childbearing of which 7 percent have had a live birth and 2 percent were pregnant. The proportion of teenagers who have begun childbearing rises rapidly with age, from 1 percent at age 15 years to 22 percent at age 19 years. Rural teenagers start childbearing slightly earlier than urban teenagers, at 10 percent and 7 percent, respectively.

The said NDHS Report also presented 99.2percent, of the 419 participants who are age 15-19, heard of at least one method of family planning while the rate of use of any contraceptive is very small with 96.4 percent of this age group who engage in sex (married and unmarried) were not using contraception.

Although there is a high percentage of women age 15-19 who are familiar with a family planning method, this is not reflected in the rate of actual use. The familiarity of these women with contraceptive methods is not necessarily translated to their practices. As such, there is the need for intensified communication campaigns and education materials that will help women, especially of this age group, achieve behavior change in family planning.

*Beliefs and practices related to reproductive health and the role of education and communication*

The role of education and information campaigns in the implementation of the RPRH Law is crucial given the diverse cultural backgrounds of the Filipinos. This diverse cultural background does not only account for the Filipino culture as compared with other Asian and Western views, but more importantly regarding the culture existing between and among Filipino religious, regional, and ethnic groups. For instance, the debate on the passing of the RPRH Law as against the teachings of the Catholic Church has been going on for years now. In addition, the contents of the CSE materials are making some teachers anxious as to the acceptability of the community where the school is. These, among others, are founded on some beliefs and practices related to RPRH information.

One aspect is the knowledge of women on their ovulatory cycle. The NDHS report the level of awareness of the participants on certain concepts such as “fertile period”. Only one in four women (24%) correctly report that a woman is most at risk of pregnancy if she has intercourse halfway between two menstrual periods. Forty-three percent of women incorrectly believe that a woman is more likely to conceive immediately after her menstrual cycle has ended, and 16 percent report that they do not know when the fertile period is. Among women who use cycle-related methods such as rhythm, only 38 percent have correct knowledge of the fertile period during the ovulatory cycle. Women age 35-39 are most likely to have correct knowledge of the fertile period (30%). These misconceptions are existing among Filipinos despite the information materials that are being used and disseminated.

Another area is comprehensive knowledge of HIV. This is indicative of the participants’ knowledge that: (1) consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can lessen the chance of being infected with HIV; (2) a healthy-looking individual can have HIV; and (3) the two most common local misconceptions about HIV are untrue (i.e., HIV transmission can be through mosquito bites and through sharing food with a person who has HIV) (PSA & ICF, 2018). Only 25 percent of women age 15-49 have comprehensive knowledge about HIV. Although comprehensive knowledge of HIV among women has increased from 14 percent in 2003 to 25 percent in 2017, the current percentage is still low. Only one in five women age 15-24 (20%) have comprehensive knowledge on HIV. PSA and ICF (2018) stressed that young people are often found to be at higher risk of being infected with HIV because they are more likely to have shorter relationships or to engage in risky behavior. Therefore, knowledge on the transmission of HIV must be reinforced for this age group. Considering that their primary source of information is presumably the school, the CSE of the DepEd and Commission on Higher Education’s (CHED) counterpart of CSE should be including information about HIV as provided by the Law. Comprehensive knowledge generally improves with increased education. Only 7 percent of young women with no education have comprehensive knowledge of HIV prevention, as compared with 35 percent of young women with a post-secondary education.

### **3. Evaluation Design**

#### ***3.1. Data collection methods***

The first phase of the evaluation study involved a series of key informant interviews (KIIs) with concerned key officials of implementing agencies of the RPRH communication and RPRH education, as well as a document review of policies and programs relevant to education and communication. With the goal of eliciting information on official mandates by law/IRR versus agency-defined mandates versus perceived mandates, and implementation of RPRH education and/or communication programs, each session lasted around 1.5 to 2 hours. Prior to the pandemic, the KIIs took place in a private room at a location convenient to the participant. A trained interviewer and a scribe conducted the interview using an interview guide. The KII was audio-recorded upon the consent of participant as included in the informed consent process and form. The KII was transcribed after the session for data analysis. At the end of the interview, the participants were provided refreshments and a light snack for their time and participation. Due to limitations brought by the pandemic, some of the key informants provided written answers to the interview questions.

For the second phase of the RPRH education component, focus group discussions (FGD) among teachers of different subject groups were facilitated. Because of the restrictions in travel and gatherings brought by the pandemic, majority of the FGDs were done through online platforms. The participants were asked to discuss their role in the RPRH education implementation, CSE capacity building, support, integration in the curriculum, instruction, monitoring, and evaluation. As was done during KIIs, audio-recording was done upon the consent of participants, and a transcription of the FGD was used as basis for data analysis.

### *3.2. Data collection design*

The study utilized semi-structured interview guides designed to elicit information on the implementation practices of the education and communication programs of the RPRH, including the enabling factors and barriers encountered by the respondents.

Target respondents of the study are personnel from the DOH Health Promotion and Communication Services (DOH-HPCS), PIA, the DepEd Central Office, the CHED, and the Technical Education and Skills Development Authority (TESDA), as well as DepEd teachers representing each subject group.

In consideration of regional representation, the eight study sites included two municipalities of varying income classes each from Luzon, Visayas, Mindanao, and the National Capital Region (NCR).

### *3.3. Data analysis*

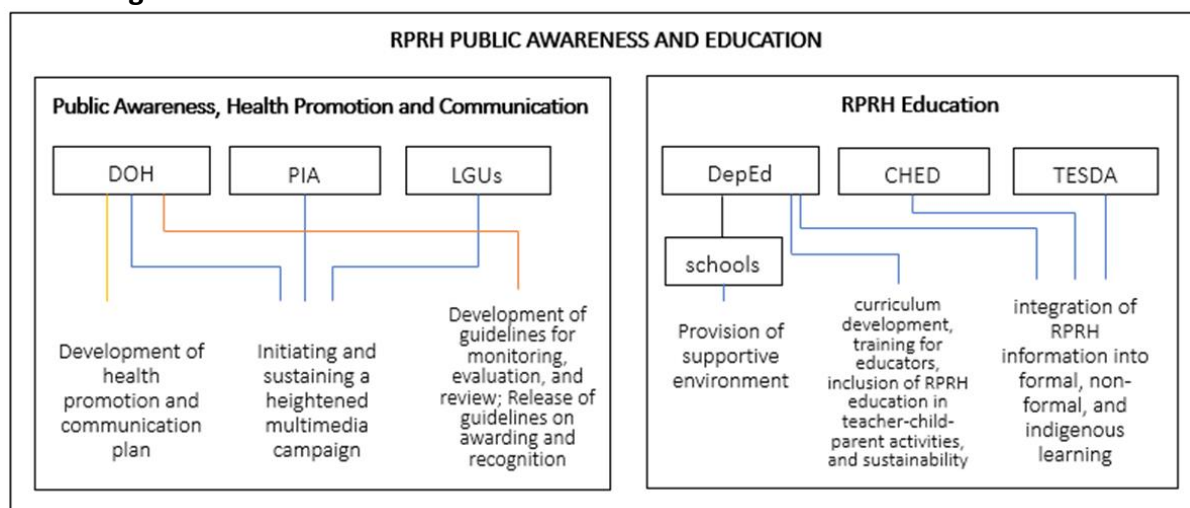
Data from KIIs and FGDS were analyzed using content and thematic analyses. The following steps were taken to conduct the analysis:

- a. A list of codes prior to transcription of interviews were identified based on the research questions and literature review.
- b. Two researchers developed an additional code and a coding framework and after in depth reading of transcripts.
- c. All transcripts were coded and synthesized to identify overarching themes.
- d. Themes were analyzed for patterns, deviations, relationships, and interactions.
- e. Agreement regarding interpretation were reached through consensus discussion among the research team.

#### 4. Implementing agencies for RPRH communication and education

Figure 1 shows the relationship among the agencies mandated to implement the RPRH public awareness, information dissemination, and communication as stipulated in Section 10 of the IRR of the RPRH, and how the CHED, TESDA, DepEd, and schools are mandated to implement the RPRH Education, as well as the relationship between the DepEd and public schools in such implementation.

**Figure 1. Framework of the RPRH communication and education implementation by the involved agencies**



Source: Authors' compilation

Generally, the DOH and LGUs should initiate and sustain a heightened nationwide campaign (Sec.10.01) in which the PIA should provide assistance (Sec.10.04). The DOH (Sec.10.02) and LGUs (Sec.10.05) are also tasked to develop health promotion and communication plans at the national and local levels respectively. Further, the DOH must develop guidelines for monitoring, evaluation and review (Sec 10.06), as well as release guidelines on awarding and recognition (Sec.10.10).

The means of assistance of the PIA specified in Section 10.4 include: (a) provision of inputs in the development of specific subplans, standards and guidelines, and policies and programs, (b) Incorporation of promotion of RH rights into existing government programs, (c) provision of technical assistance to LGUs in promoting public awareness for RH and reproductive rights, (d) pursuing multi-media campaigns on specific elements of reproductive health or provisions of the RPRH Act that are under its jurisdiction, and (e) provision of funding support to the implementation of this campaign.

Under Chapter 3 - Rule 11 of the RPRH Law's IRR, seven sections provide for specific mandates regarding appropriate RH education (Sec.11.01), curriculum development (Sec.11.02), training for educators (Sec.11.04), inclusion of RPRH education in teacher-child-parent activities (Sec.11.06), and sustainability (Sec.11.07) by DepEd; supportive school environments by the schools (Sec.11.03); and integration of RPRH information into formal, non-formal, and indigenous learning by DepEd, CHED and TESDA (Sec.11.05).

## **5. Evaluation of RPRH public awareness, health promotion, and communication**

### *5.1. The Role of the Health Promotion and Communication Services of the Department of Health*

Released in 2001, the National Policy on Health Promotion aims to ensure implementation of major health promotion strategies, deliver appropriate and timely health information/ messages to as many target audiences, provide leadership in the advocacy for the adoption of the 5 areas of health promotion by the health and health-related sector, produce appropriate creative materials based on acceptable standards, among others. Given these objectives of the policy that the DOH-HPCS is implementing, other provisions of the RPRH Law are already being complied with. However, also based on this policy, the efforts of the DOH- HPCS are not solely for the RPRH programs. According to its representative, the functions of the Health Promotion and Communication Services (HPCS) of the DOH in relation to the RPRH program are to support the promotion of the RPRH program, to develop a communication plan, to produce and disseminate campaign materials in various formats (print, audio, video, social media), and to launch events. The representative further added that while HPCS is implementing AO58 “National Policy on Health Promotion”; it has no specific policy for RPRH.

#### **5.1.1. Initiation and sustenance of a heightened nationwide multi-media campaign**

Section 10.01 states:

The DOH and the LGUs shall initiate and sustain a heightened nationwide multimedia-campaign to raise the level of public awareness on the protection and promotion of responsible parenthood and reproductive health and rights including, but not limited to, maternal health and nutrition, family planning and responsible parenthood information and services, adolescent and youth reproductive health, guidance and counseling and other elements of reproductive health care.

The HPCS representative shared that no policies or programs on initiating and sustaining a heightened nationwide multi-media campaign are in place in their unit.

#### **5.1.2. Development of a health promotion and communication plan**

Section 10.02 states:

Within six (6) months from the effectivity of these Rules, the DOH shall develop a comprehensive, inclusive, and evidenced-based health promotion and communication plan to raise the level of public awareness on the promotion of responsible parenthood and reproductive health and the protection of reproductive rights.

The health promotion and communication plan shall seek to increase the demand for and availment of high quality reproductive health care information and services at a nationwide scope, with consideration to the point of care between health care provider and client. Among other possible approaches to promotion, it shall specify the use of mass media for messages with general public audiences as well as IPCC by health care

providers and community volunteers. The health promotion and communication plan shall also specify monitoring and evaluation mechanisms, needed resources, and concrete timelines.

The development of the health promotion and communication plan shall involve a determination of the baseline status of reproductive health knowledge and preferences of intended audiences through a review, assessment of impact and outcome, and harmonization of existing communication strategies implemented by government agencies, development partners, and the private sector. Once the baseline is determined, performance indicators and targets shall be regularly updated based on the monitoring of results.

The HPCS representative shared that as far as the unit is concerned, there is no program or policy on the development of a RPRH health promotion and communication plan, as a national communication plan is developed by conducting a workshop in the national level participated by regional Health Education and Promotion Officers and RPRH coordinators. She added that a copy of the plan is disseminated to all regions as reference for the development of regional communication plan.

#### 5.1.3. Continuation in the implementation of existing approved health promotion and communication strategies

Section 10.04 states:

x x x the DOH shall continue implementing existing approved health promotion and communication strategies relevant to the provisions of these Rules pending the formulation of a comprehensive health promotion and communication plan for responsible parenthood and reproductive health.

As reported by the HPCS representative, neither programs nor policies on the continuation in the implementation of existing approved health promotion and communication strategies are in place at the HPCS.

#### 5.1.4. Technical and other necessary assistance to the LGUs

**Section 10.05 states:**

x x x The LGUs shall likewise develop a comprehensive health promotion and communication plan applicable to their own respective situations, capacities and resources consistent with Section 10.02. The DOH and other concerned agencies through their regional offices may provide technical and other necessary assistance to the LGUs.

As reported, there are no programs or policies at the HPCS on the technical assistance of the DOH to the LGUs.

#### 5.1.5. Review of the health promotion and communication within 60 days from implementation of the IRR

Section 10.06 states:

Within sixty (60) days from the implementation of these Rules, the DOH shall develop guidelines for the regular monitoring, evaluation and review of existing health promotion and communication plans, including information and education materials, to ensure their effectiveness and relevance.

Health promotion and communication strategies and materials shall be reviewed annually at the national and local levels. For this purpose, the DOH shall develop as part of the comprehensive health promotion and communication plan a quantitative and qualitative reporting and assessment mechanism that will include tools and/or indicators to measure the relevance and effectiveness of strategies and materials. The result of the review and assessment shall be used in the enhancement of strategies and materials.

According to the HPCS representative, the unit has no programs or policies involving the review of the RPRH health promotion and communication.

#### 5.1.6. Release of guidelines concerning awards and recognition

Section 10.10 states:

Within sixty (60) days from the effectivity of these Rules, the DOH shall release guidelines concerning the awarding and recognition of individuals, institutions and LGUs that meet and/or exceed the criteria set by DOH in the successful implementation of reproductive health care and responsible parenthood programs, as well as other indicators of successful distribution and increased utilization of reproductive health care products and services.

As shared by the HPCS representative, the HPCS has released the guidelines on the Purple Ribbon Awards and the Adolescent Friendly Health Facility upon the program managers' development of the guidelines.

#### 5.1.7. Enabling factors and challenges

The DOH 5<sup>th</sup> Annual Report on the Implementation of the RPRH Act of 2012 was used to survey the enabling factors and challenges faced by the DOH in terms of public awareness. Given the Key Result Areas, the following details taken from DOH's report present the interventions done and challenges faced in terms of public awareness and communication in the implementation of the RPRH:

##### a. Maternal health services

In 2018, the DOH Health Promotion and Communication Services (HPCS) featured two episodes of Making Pregnancy and Childbirth Safer in the Health Ever After Show in GMA News TV in addition to the advocacy campaigns of the agency on the risk of measles and the benefits of vaccination through various channels and local champions.

Posing a challenge to this area is the intensification and sustainability of community awareness of the risk of measles and other vaccine-preventable diseases and the benefits of vaccination through various channels and local champions.



## b. Family planning

POPCOM's RFPF program covers measures in addressing sexual and reproductive health concerns and has the goal of assisting couples in their family planning with consideration of their "socioeconomic, emotional, psychological capacity, and religious beliefs" (DOH, 2018). The conduct of RP/FP classes is integrated under the Kalusugang Pangkalahatan and the Pantawid Pamilyang Pilipino (4Ps) Program. Aside from the 4Ps strategy, other modes of sharing the RFPF information include Non 4Ps, PMC, house to house giving of information and referral of clients with unmet need for modern FP to the nearest facility, Kalalakihan Tapat sa Obligasyon sa Pamilya (KATROPA) and information caravans.

Delivery of quality and adequate information on RFPF is made possible through LGUs, non- government organizations (NGOs), CSOs, and other stakeholders, with the Regional Population Offices as the lead. In 2018, a total of 66,392 classes were conducted which served as venue for FP service demand generation. The dissemination activities have reached a total of 1.2 million couples and individuals. Of those reached, 252,184 (21%) WRA were identified with unmet need for modern family planning (MFP). A total of 214,971 (85%) were referred and served with MFP methods.

In collaboration with the USAID supported CHANGE Project, the DOH – HPCS, and the Disease Prevention and Control Bureau (DPCB) produced and aired two nationwide communications campaign on family planning. The first phase of the campaign focused on having a better quality of life and produced "Inakup Arekup," a 45-sec radio commercial that utilized the song featured in the TV material and a voice over that recapped the key message of the campaign. The campaign reached 104,594,768 viewers nationwide, of which 78percent came from Urban Luzon, 11percent came from Urban Visayas, and 11percent came from Urban Mindanao. Focusing on Mega Manila, the campaign reached a total of 70,754,797 viewers.

The second campaign featured "Wagi," which focused on the improvement of the quality of understanding of modern FP methods that help target audiences decide which method to use and to consult a health service provider on the method of their choice. The materials revolved around the benefits of family planning with the taglines "Ang Planadong Buhay ay Maayos na Buhay" (A planned family life is a good life) and "Planado, Panalo" (A planned family wins). A call to action was embedded in the materials, highlighting the need to plan for the desired family size and to use modern FP methods for proper timing, spacing, and limiting of pregnancies. The campaign materials developed were radio & TV commercials, FP wall chart, poster, banner, flyer fan and broadcasters manual.

The DOH continued the dissemination of the campaign materials in 2018 through re-airing of the TV and radio commercials in GMA, GMA News TV, PINOY TV, RGMA, YouTube Pre-Roll ad, TV5, Healthy Ever After and Healthy Juan (TV series), PTV4 (The Doctor Is In), LRT, Mercury Drug Stores, social media cards, and LED TV (1,000 units for regional offices and rural health units) and tablets for health service providers (2,300) distributed nationwide and posting to DOH FB. In addition, the DOH reproduced and distributed flyer fans (100,000 pcs) to the regional health offices. A train wrap was also set-up to highlight the different priority health programs of DOH, and FP program was one of those promoted.

FAQs on FP was also one of the articles in the DOH Health Beat Magazine with 10,000 copies distributed nationwide.

c. Adolescent sexual and reproductive health

Peer Education Program. POPCOM held the first National Peer Educator's Summit to standardize the peer education program in the country and sustain it by creating a pool of peer educators that can be tapped for national and regional AHD activities. Regional representatives from 17 regions were elected as national officers of the POPCOM Peer Educators Association. They will serve as mentors to the Association members and will be tapped for AHD activities at the national and regional levels. Following the Summit, about 495 peers were oriented on Peer Education and 1,025 were provided with the Peer Educators/Counselors Training.

It was recommended that a strong collaboration should be continued between DepEd and DOH in relation to teenage pregnancy.

d. Sexually-transmitted infections and HIV/AIDS

In 2017, it was recommended that existing health promotion strategies be evaluated to develop a national communication plan with focus on the young and key population and the implementation of RA 11166 was seen as a response to this recommendation.

Despite the policy being in place, there is low level of knowledge on HIV. Age-appropriate comprehensive sexual education is yet to be implemented.

e. Elimination of violence against women and children

Interventions to increase awareness have been set at the LGU level. The challenges posed in this area include the need for research on an integrated approach to eliminate VAWC.

## *5.2. Compliance of the Philippine Information Agency*

According to its representative, the PIA is an agency that generally assists government agencies in obtaining communication requirements and providing the same. Moreover, its role in the implementation of the RPRH Law falls under the mandate which PIA serves thus includes assisting and providing communication requirements of government agencies, and serving as a public information arm and working with the presidential communications office, government agencies, and even NGOs for this purpose. It was further stated that the RPRH implementation "will just be treated like other government communication programs where we communicate, or we bridge between the population and the government."

Although the PIA representative reported that the agency has no set objectives for RPRH as of the interview, it was mentioned that the general objective of the agency is to "make it reach everybody real-time, as quick as fast". It was also stated that other objectives depend on the government.

### *5.2.1. Provision of inputs in the development of specific subplans, standards and guidelines, and policies and programs*

In discussing its compliance on the provision of inputs in the development of specific subplans, standards and guidelines, and policies and programs in the conduct of the nationwide campaign (item a), the PIA representative mentioned that it would be better if its human resource department submit “policies and guidelines implemented inside PIA relevant to RPRH.” As a continuation to the discussion, PIA’s implementation of the gender and development (GAD) program including the conduct of GAD programs and its compliance with certain mandates of the Magna Carta of Women were mentioned.

As can be seen in the statement from the interview, either inter-office communication on internal policies or actual development of the same are revealed to need work. There was no mention of any input provided in the development of specific subplans, standards and guidelines, and policies and programs in the conduct of the nationwide campaign, which runs consistent with the given information that there are no known set objectives within PIA for RPRH at the time of the interview.

#### 5.2.2. Incorporation of promotion of RH rights into existing government programs

When asked on its compliance with the mandate to incorporate promotion of RH rights into existing government programs (item b), the PIA representative shared that among the elements of RPRH, it focuses mostly on GAD, mentioning that “it’s not just limited to responsible parenthood”, as there are also other factors including STIs such as HIV/AIDS.

As can be observed in other RPRH-implementing agencies, the execution of the GAD program seems consistently done across government agencies. Such is associated by the same agencies with the presence of a more organized structure and clear budget allocation for the program.

#### 5.2.3. Provision of technical assistance to LGUs in promoting public awareness for RH and reproductive rights

The PIA representative claimed that not only does it comply with the IRR’s mandate for it to provide technical assistance to LGUs in promoting public awareness for RH and reproductive rights (item c), it also provides other forms of assistance beyond that of technical. In the viewpoint of the PIA representative, technical assistance is “just one of the others”, as they have radio programs under broadcast, news feature, and social media. In terms of interpersonal communication PIA has *kapihan*, press conferences, and associations it organized, as it explained the agency to be the founder and pioneer whose history can be traced way back. As such, it is supposedly well-established with many communication platforms, mechanisms, and networks in place which are being enhanced, developed, and grown.

#### 5.2.4. Pursuing multi-media campaigns on specific elements of reproductive health or provisions of the RPRH Act that are under its jurisdiction

On pursuing multi-media campaigns on specific elements of RH or provisions of the RPRH Act that are under its jurisdiction (item d), PIA reportedly acts depending on whatever the requesting LGU/agency asks.

In the PIA representative’s reiteration, the agency functions in a manner that LGUs or agencies seek its services for certain programs, and it grants the requests accordingly. As with any other

programs, RPRH-related projects or activities are serviced by the PIA according to requests made by the concerned unit.

This shows that the PIA's pursuit for campaigns on RPRH elements and provisions so far can be described as one that depends on the initiative of concerned LGUs or agencies, and not on itself, just like any other campaign.

#### 5.2.5. Provision of funding support to the implementation of this campaign

According to the PIA representative, the agency provides non-monetary funding support, as if converted to monetary, efforts have cost. It was further explained that for example, the cost for text-blasting people has been on the agency "because it is our mandate, it is our function, we are doing it". The same goes with expenses for gasoline, reporting, electricity, among others which are being taken from PIA's budget. According to its representative, PIA considers this its way for providing funding support.

#### 5.2.6. Enabling factors

The PIA representative presented the many different media being utilized for public awareness and communication as its enabling factors stating that all of its strategies can be considered as best practices. It likened the agency to a "one-stop-shop" both in central and in the regions, as in the regions they have among others, radio programs, TV programs, social media, *kapihan*, press conference, news articles, feature articles, media coverage, special features, e-publications, and text blasts.

It was further stated by the PIA representative that looking at the accomplishments of the regional offices, how can one say that the practices, which are working, are unsuccessful.

#### 5.2.7. Challenges encountered

Among the perceived challenges emphasized are lack of budget, manpower, and offices. Apparently, what the PIA has at present is "tailored down". While the agency is already doing a lot, it could supposedly do so much more.

#### 5.2.8. Points for improvement

The PIA representative pointed out its agency's need for a new building and new offices, specific targets for RPRH implementation for better monitoring, conducting research activities related to RPRH, and a RPRH focal person for all offices.

The representative also presented a possible scenario to set target specifically for RPRH. In the said scenario, one goes to the agency, and the latter designs a campaign, monitor, evaluates, and does a baseline research and a post evaluation study. There, according to the representative, PIA can set specific targets since the campaign is customized.

## 6. Evaluation of RPRH education

### 6.1. Compliance of educational institutions with RPRH education

Executive Order No. 12, which was issued to intensify and accelerate the implementation of critical actions necessary to attain and sustain “zero unmet need for modern family planning” for all poor households by 2018, and all of Filipinos thereafter, within the context of the RPRH Law and its implementing rules, directed the DepEd to implement a gender-sensitive and rights-based CSE. While the IRR of the RPRH Law mandates for age-appropriate sexuality education along with other topics relating to health education, the DepEd adapted CSE which as contained in DO No. 31 s. 2018, it integrated in its K-12 curriculum. This issuance, while considered as the policy guidelines in the implementation of CSE, includes among others the goal of the CSE, the CSE Framework, CSE Standards, CSE integration in the curriculum, and the duties and responsibilities of different units under the DepEd.

CSE, according to DepEd, is a curriculum-based process of teaching and learning about cognitive, emotional, physical and social aspects of sexuality that is scientific, age-and-developmentally appropriate, culturally and gender responsive, and with rights-based approach. Its goal is to equip learners with knowledge, skills, and attitudes and values that will empower them to realize their health, well-being and dignity.

Similarly, according to the UNESCO (2018), “CSE is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives” (p.15).

DepEd’s CSE topics were adapted from the UNESCO standards as revealed in an interview with the DepEd representative.

UNESCO is the United Nations’ specialized agency for education and the Education Sector that provides global and regional leadership in education, strengthens national education systems and responds to contemporary global challenges through education with a special focus on gender equality and Africa (UNESCO, 2018). It released in 2018 “the Guidance” of the *International technical guidance on sexuality education*. The Guidance benefits from a new review of the current evidence, and reaffirms the position of sexuality education within a framework of human rights and gender equality. The Guidance enables national authorities, such as DepEd in the Philippines, to design comprehensive curricula that will have a positive impact on young people’s health and well-being as it has outlined the essential components of effective sexuality education programs. It is voluntary, based on the latest scientific evidence, and designed to support countries to implement effective sexuality education programs adapted to their contexts.

This material from UNESCO was included as a reference in DO No. 31 s. 2018. As such, the Guidance was used in this study to assess the RPRH Education in the Philippines, which DepEd refers to as the CSE.

### 6.1.1. Age- and development-appropriate reproductive health education

Section 11.01 states:

The State shall provide age- and development-appropriate responsible parenthood and reproductive health education to adolescents and school-age children which shall be taught by adequately trained teachers and educators in formal and non-formal educational system and integrated in relevant subjects such as, but not limited to, values formation; knowledge and skills in self-protection against discrimination; sexual abuse and violence against women and children and other forms of gender based violence and teen pregnancy; physical, social and emotional changes in adolescents; women's rights and children's rights; responsible teenage behavior; gender sensitivity and development; population and development; responsible parenthood; and other reproductive health concepts.

Provided, that flexibility in the formulation and adoption of appropriate course content, scope and methodology in each educational level or group shall be allowed only after consultations with parents-teachers-community associations, school officials, civil society organizations, and other interest groups.

The DepEd shall formulate a curriculum including concepts and messages on reproductive health, which shall be used by public schools. Private schools may adopt the DepEd curriculum or develop their own curriculum subject to approval by DepEd.

#### **Familiarity with age- and development-appropriate CSE**

UNESCO (2018) describes age- and developmentally-appropriate CSE as “responsive to the changing needs and capabilities of the child and the young person as they grow. Based on the age and development of learners, CSE addresses developmentally-relevant topics when it is most timely for their health and well-being.” (p.16)

Though no mention of the RPRH Law was made in DO No. 31 s. 2018, it states that the CSE is designed to ensure that the learners are receiving comprehensive and appropriate information that can advance gender equality and empowerment. The CSE framework is aligned with the K to 12 Basic Education Curriculum. The same document specifies that the CSE standards are crafted to “naturally blend with the competencies of the mother subject/learning area listed in the K to 12 basic education curriculum” and adapts a grade-level, age- and development-appropriate teaching and evaluation approach with teaching and learning objectives arranged as logically spiral upward. These objectives begin with more basic information, simple cognition tasks and skill activities gradually progressing in complexity. Here, the adaptation of age- and development-appropriate approach can be associated with the provision of Section 11.01 of the RPRH Law’s IRR.

However, the teacher-participants of the FGDs claimed that they did not receive official communication about any issuance relating to CSE or RPRH Education as of early 2020. Upon hearing the different indicators of the RPRH during the interview, they acknowledged that they might have been teaching some topics that coincide with RPRH information without linking it with a deliberate implementation of the law.

While few teacher-participants shared their own ideas about age- and development education and CSE, most of them reported that it is their first time to hear about the concepts during the FGD. Some of the participants expressed that they assume age- and development-appropriate education has something to do with the age level during which certain topics should be taught. For example, higher age groups should learn about teenage pregnancy and menstruation, while lower age groups should be taught advantages and disadvantages of having big or small families.

### **Teachers' perception of appropriateness and the role of curriculum guides**

Some participants maintained that the RPRH concepts should be taught as early as in the primary years, and that complex topics must be taught in the secondary level. The concept of appropriateness of RPRH topics to a certain group of learners could be anchored on the sequencing of topics in curriculum guides (CGs) according to the teacher-participants. CGs on different learning areas are provided to the teachers by the DepEd. CGs contain competencies expected to be developed in a grade level are listed. With the design of the K-12 curriculum, the spiral structure is believed to have rationalized the presentation of the topics. The teacher-participants believe that these CGs could define what learners need to know about RPRH information if the same is to be integrated in the different learning areas of the current K-12 curriculum.

If not in the curriculum guide, the RPRH information is relayed to the learners based on the perceived learners' needs or when inquiry out of curiosity was made or circumstances such as physical changes among learners occur.

### **Trainings and consultations**

Accordingly, the DepEd representative stated during the interview that it provided trainings and conducted seminars on curriculum integration. This claim is consistent with the requirement of the IRR. However, teachers reported that they have not been invited to participate in any training on the integration of age- and development-appropriate RH education.

Moreover, DO No. 31 s. 2018 cites that the implementation of CSE “likewise benefits from consultations from parents-teachers-community associations, school officials, civil society organizations, and other interest groups that ensure cultural acceptability, efficiency and appropriateness of key messages.” DepEd also consults experts in the medical field and refer to international guidelines in the implementation of the CSE in line with the mandate of the RPRH Law. It also specifies that materials for teachers and parents have been developed and are being prepared for pilot dissemination.

In the public schools where FGDs were done, teachers mentioned that the consultations with stakeholders focus on the safety and welfare of the students, but not directly linked with the implementation of the CSE or RPRH Law in general as guide in the implementation has not been disseminated to the schools.

### **Issues on age- and development-appropriate education**

During the discussion, a concern on the mix of students of different ages in the classroom was raised. Since students are classified per grade level according to certain competencies and not

strictly by age, there are some classes which include students who are much older than the rest of the students. In this case, certain considerations need to be taken in teaching RH information that is supposedly age- and development-appropriate. These include teaching necessary information to the older learners separately and referring them to the guidance designate.

Another concern raised was a perceived hesitation in the teaching of RPRH information. This reportedly roots from cultural orientation, as well as the teachers' perceived lack of readiness to teach the information. These may lead to a possible miscommunication with the students and the parents of the intentions of the RPRH education. To other teachers, however, the learners are already exposed to RH realities through various media, thus only need to be properly guided inside the classroom through the different learning areas.

#### 6.1.2. Curriculum development

Section 11.02 states:

Within ninety (90) days from the effectivity of these Rules, the DepEd shall integrate into its curriculum complete, accurate and relevant age- and development-appropriate information on responsible parenthood and reproductive health, respectful of culture and religious convictions, for integration across all subjects, key areas, among others: a) Rights of the Child; b) Child Health and Nutrition; c) Child and Adolescent Development; d) Gender and Development; e) Life skills; f) Age-appropriate Sexuality Education; g) Population and development; h) Marriage and family; i) Prevention of STIs, including HIV (as provided by RA 8504 or the Philippine AIDS and Control Act of 1998); and j) Recognition and elimination of gender-based violence.

The DepEd shall institute regular monitoring and reporting on the integration of responsible parenthood and reproductive health information in the formal, non-formal, community-based education and indigenous learning systems.

#### **The DepEd's CSE framework**

Given that CSE is curriculum-based, UNESCO (2018) specified that a curriculum includes key teaching objectives, the development of learning objectives, the presentation of concepts, and the delivery of clear key messages in a structured way. It can be delivered in either in-school or out-of-school settings and that the CSE is included within this written curriculum. While the IRR mandates for the integration of complete, accurate and relevant age- and development-appropriate information on responsible parenthood and reproductive health, respectful of culture and religious convictions into the DepEd curriculum, only the topics to be integrated were listed in DO No. 31 s. 2018. The key teaching and learning objectives, presentation of concepts, and structure of the delivery of clear key messages were not presented given that, according to DepEd, the issuance of the DO is considerably one of its best practices in terms of compliance with the Law. Although these curriculum components were not spelled out in the DO, duties and responsibilities of different units under the DepEd including the formulation of a national policy and framework for the development, implementation, and review of CSE curriculum in collaboration with stakeholders and development partners, and development of a set of competencies including, but not limited to, identified core topics and key messages, to be integrated across learning areas and across grade levels. As of writing, such national policy, framework, and set of competencies are yet to be produced since the release of the DO in 2018.



As UNESCO identified two stages in the development of an effective curriculum which are Preparatory Phase and Content Development and if DepEd has adapted these standards, then DO No. 31 s. 2018 does not comprehensively cover what CSE is, how it was developed, and how it will be implemented. Although the DepEd mentioned that it had been integrating RH Education in its curriculum before the IRR of the Law was released, the impact of such implementation was not evident if such was also structured as the recent CSE. As DepEd put it “the current situation of increasing early pregnancies, violence and increasing incidence of HIV among young Filipinos has brought more attention to the need to equip them with more correct information and appropriate life skills...”, which implies that the implemented RPRH education programs require reinforcement. The national entity also agrees that “CSE has been shown to increase learners’ knowledge, clarify their values and attitudes, and develop the skills to reduce risks related to poor health outcomes and achieve their full potential”. Given this, it is imperative that the CSE be integrated within a written curriculum based on standards that are evidenced-based, and context-driven, and DO No. 31 s. 2018 needs a supplemental, comprehensive issuance for this purpose.

The DepEd CSE framework was reviewed if it matches with the required topics in the IRR or not. It can be observed in Table 1 that some CSE Topics cover more than one concept that the IRR specified.

**Table 1. Comparison of information on RPRH and CSE topics**

<b>Information on RPRH (IRR)</b>	<b>CSE Topics (DepEd)</b>
Rights of the Child	Gender, Culture and Human Rights
Child Health and Nutrition	Human Body and Human Development
Child and Adolescent Development	Human Body and Human Development
Gender and Development	Gender, Culture and Human Rights
Life Skills	Personhood
Age-appropriate sexuality education	Sexuality and Sexual Behavior
Population and development	Sexual and Reproductive Health
Marriage and family	Healthy Relationships
Prevention of STIs	Sexual and Reproductive Health
Recognition and elimination of gender-based violence	Personal Safety

Source: Authors’ compilation

Additionally, the CSE Framework of the DepEd also covers values and life skills presented in DO No. 31 s. 2018 as the following:

A. 7 Values: self- knowledge/respect, self-protection, non-judgement, respect/concern for others/ empathy, positive attitude towards sexuality, responsibility, and independence

B. 7 Life Skills: analysis of external influences, accessing authoritative information, effective communication, responsible decision-making, self-management, goalsetting, advocacy for others, changes

These concepts and standards include topics and subtopics integrated in various learning areas “to develop and nurture positive values and life skills among learners”.

While the IRR requires that “the DepEd shall integrate into its curriculum complete, accurate and relevant age- and development-appropriate information on responsible parenthood and reproductive health, respectful of culture and religious convictions, for integration across all subjects”, DO No. 31 s. 2018 states that the integration shall be based on the learning areas as follows: (a) Music, Arts, PE, and Health, (b) Araling Panlipunan, (c) Edukasyon sa Pagpapakatao, (d) Science, and (e) Personal Development, leaving behind the rest of the subjects, although it further cites that CSE may also be integrated in other learning areas and grade levels. (*emphases supplied*)

As to monitoring, the DepEd representative claims that DepEd collaborates with agencies such as center for Health and Innovative Solutions and Health Innovations of the Philippines Incorporated to develop monitoring tools in terms of program implementation and CSE integration in the curriculum. Nevertheless, during the interview, the representative expressed the need for an organized monitoring and reporting system.

### **Extent of integration**

During the FGDs, the teacher-participants expressed agreement to the idea that CSE can be integrated in the K-12 curriculum, specifically in Science, Edukasyon sa Pagpapakatao (ESP), and Music, Arts, Physical Education and Health (MAPEH). Such integration is based on the grade level of the learners presented in respective curriculum guides of the learning areas with specific competencies. They pointed out personal hygiene, human reproductive system, and human rights as possible CSE concepts that are already included in the covered topics of the different learning areas under the K to 12 Curriculum. Such agreement to the idea however appears to be prospective in tone, as should they have been doing so, it has reportedly not been in light of the RPRH implementation.

Moreover, when the teachers were asked about the definition of integration, a common description was “*pahapyaw*”. They said that integration is done on a “seasonal” basis. This means that when they find that RPRH information is relevant to the day’s topic, they may insert it in the discussion. As such, RPRH topics when “integrated” to subjects like Mathematics, Filipino, and English may be based on the materials used in discussing a concept required in the curriculum. For example, in Mathematics, population control as a concept under RPRH may be introduced when the topic is about statistics or data presentation. The RPRH concept, therefore, could be used as a springboard for the discussion of the Mathematical concept that is in the actual set of competencies for the said learning area. Further, they reported that information that is integrated in the lesson is not necessarily listed as a learning competency. When and how to integrate RPRH information, according to the teachers, is on their discretion.

On another perspective, integration could also mean, according to the participants, “inclusion” of RPRH topics in the set of competencies for a learning area such as ESP, Science, Health Component of MAPEH, and Araling Panlipunan.

### 6.1.3. Supportive school environments

Section 11.03 states:

Private and public schools, as avenues for development, shall provide young people a supportive environment where they have access to the following services with regards to teenage problems, among others: (a) counseling and psycho-social support services; (b) Facilities for information on prevention of risky behaviors, including addiction; (c) Facilities for information on prevention and diagnosis and proper management/treatment of STIs; and (d) Facilities for information and referral to service providers on all RPRH concerns.

#### **Availability of services**

Based on the FGDs, the participating public schools have limited available counselling and psycho-social services due to personnel complement. Guidance teachers, as they are called, provide these services. These are teachers assigned to perform the tasks of counsellors. Facilities for information dissemination and referral on RPRH concerns are reportedly unavailable.

As to programs initiated by the schools, the teacher-participants mentioned “Teen Tambayan”, National Drug Education Program (NDEP) corner in classrooms for risky behaviors and addiction, and the school clinic where materials for STI prevention are available. Although these kinds of programs are considered by the participants as indicators of a supportive school environment, most of the seminars, trainings, and lectures on RPRH-mandated services are in coordination with local and national government and non-government organizations. The linkages that the schools have with the nearby communities are considered by the teacher-participants as a factor in mitigating the needs of the learners while the schools have limited resources.

DepEd Order 28, s. 2018 released July 6, 2018 includes Adolescent Reproductive Health Education (ARH) that aims to strengthen DepEd’s delivery of its mandates under the RPRH Act of 2012 through a guidance and counselling program by enhancing capacities of licensed guidance counselors or designated homeroom guidance teachers and selected personnel and development of a referral network to service providers on all RPRH concerns.

### 6.1.4. Training for educators

Section 11.04 states:

To ensure the quality and relevance of teaching reproductive health education, DepEd shall likewise develop appropriate instructional materials and visual aids for teaching and shall undertake a comprehensive national and regional educators’ training program for public and private schools to enable educators to develop appropriate knowledge and skills on responsible parenthood and reproductive health education and life coaching.

These measures shall be focused on the development of the following outcomes for children, to include, among others:

- a) Raising awareness on rights of the child to survival, development, participation and protection;
- b) Providing them with scientifically-accurate and evidence-based information on the reproductive system;
- c) Teaching them how to take proper care of their bodies and live a healthy lifestyle;
- d) Developing health-affirming and health-promoting behaviors;
- e) Developing informed choices in reproductive health; and
- f) Developing their capacity to make intelligent options on how to live their life as they enter adulthood.

### **The need for trainings and materials**

During the interview, the representative guaranteed that DepEd will have materials for CSE from its Bureau of Learning Resources as part of the latter's responsibilities in coordination with other divisions of the government agency and the National Educators Academy of the Philippines (NEAP). While this could assure the FGD teacher-participants who claimed there are no materials yet for CSE, it also shows the current unavailability of accessible materials for use in the implementation of RPRH education.

For the provision on comprehensive national and regional educators' training program for public and private schools to enable educators to develop appropriate knowledge and skills on RPRH education and life coaching, the DepEd representative expressed that the trainings will not be solely for the CSE integration in the curriculum. Given the prospective tone of the statement, it appears that no trainings for this purpose have yet been conducted.

The FGDs revealed that some teachers' understanding of the CSE is associated with concepts on sex education as, according to them, no training on CSE curriculum integration has reached them yet. Moreover, teachers commented that attendance to trainings on any topic is limited to certain number teachers in schools or to certain ranks as Master Teacher levels. As such, teacher-participants agree that there should be training for teachers as a point of improvement in the implementation of the RPRH Law's mandate for education. These trainings, according to them, should include clarification on the concepts of the RPRH Law. They called for "educating the educators".

#### **6.1.5. Integration of responsible parenthood and reproductive health information into formal, non-formal, and indigenous learning**

Section 11.05 states:

DepEd shall integrate responsible parenthood and reproductive health information into its formal and non-formal education program, as well as community-based education programs, and the indigenous learning systems. CHED, TESDA, and other concerned agencies shall likewise integrate this into its degree and non-degree education programs; orientation, on-the-job training and in-service training, and extension programs for adult education. Instructional materials shall be developed for these purposes

## **Inclusive RPRH education**

The DepEd representative said that the Alternative Learning System was tasked to ensure that the key concepts and messages of the CSE are included in the alternative learning program curriculum. The teacher participants on the other hand reported that IP learners use the same curriculum with non-IP learners; thus, whatever RPRH information taught to the latter learners are also given to the former.

In an interview with the TESDA, it was reported that all TESDA learners attend as a prerequisite to all courses an orientation called the Training Induction Program (TIP). During the TIP, orientees undergo the GST, a training under the GAD program. The same training is purportedly taken by all employees of the TESDA.

The CHED representative cited CHED Memorandum Order 09, series of 2013 or the Enhanced Policy Guidelines on Student Affairs and Services as its reference in complying with the provision of the RPRH Law. The existing CMO No. 09, s. 2013 specifically Section 27 mandates Higher Education Institutions (HEIs) to provide for Health Services to cater the primary health care and wellness of students which should be administered by licensed medical, dental and allied professionals. The HEIs should have adequate facilities for health care and updated health records including disability records for students with disabilities that are kept and maintained as required by the Department of Health and other related agencies. There should also be mechanisms to promote a healthy lifestyle such as but not limited to healthy diet, physical activities, and no smoking and drinking of alcoholic beverages and substance abuse; and provide a healthy environment not only inside the campus but also outside the school premises. The HEIs should provide policy and environment to enable the practice of a healthy lifestyle. There should be compliance with the relevant and existing health and related laws, rules and regulations. Moreover, according to CHED the same CMO specifically under Section 13, also mandates HEIs to conduct information and orientation services such as having a regular comprehensive orientation program held for new and continuing students responsive to their needs.

### **6.1.6. Inclusion of responsible parenthood and reproductive health education in teacher-child-parent activities**

Section 11.06 states:

DepEd shall include RPRH education in the Teacher-Child-Parent (TCP) activities with the objective of ensuring that parents or guardians are likewise exposed to responsible parenthood and reproductive health education.

## **Parental involvement**

The DepEd representative cited its efforts to conduct orientation to parents through the Parent Teacher Association in pilot schools. According to the FGDs however, Teacher-Child-Parent activities take place in their schools, but they have no recollection of such that are particularly dedicated to RPRH implementation. Moreover, the teachers acknowledged POPCOM's programs that give trainings to parents about adolescent reproductive health. The FGD participants also mentioned efforts of the schools to have parents' orientation in the beginning of the school year, which includes topics related to RPRH. This is not done, according to the

participants, in compliance with a DepEd issuance on RPRH education. Parents are also consulted year-round especially regarding the behavior of their children.

#### 6.1.7. Sustainability

Section 11.07 states:

In order to sustain the gains introduced by DepEd for school children and out of school youth, other concerned agencies and stakeholders shall be enjoined to provide programs and services to educate parents and/or guardians according to existing guidelines on responsible parenthood and reproductive health.

#### **Initiative of linkages**

The DepEd representative emphasized that it gets strong support from partner agencies and program implementers. Among these agencies is *Likhaan* Center for Women's Health (*Likhaan*), the CSOs' representation to the National Implementation Team (NIT) of the RPRH.

In an interview with the *Likhaan* representative, it was revealed that *Likhaan* has been providing the services required by the IRR long before the RPRH Law was enacted. It was stated that in fact, *Likhaan* took an active role in the crafting of the Law as part of the technical panel.

As part of the NIT, *Likhaan* plays a role in its entire implementation. In terms of education, *Likhaan* assisted the DepEd in developing the CSE standards, which was revealed to initially include prevention of pregnancy which had to be dropped but was promised to be integrated nonetheless. The *Likhaan* representative is currently a consultant in the integration of the CSE in the K-12 curriculum and confirms that there are only five subjects involved despite the required integration across all subjects.

With *Likhaan's* provision of programs and services to educate RPRH stakeholders, as well as careful looking out to help ensure proper implementation of the Law, it finds the implementation to be at 10percent progress considering that among others, information materials should have been approved in 2019. It is recommended that external push be executed towards the timeline.

#### **6.2. Enabling factors**

The DepEd representative recognizes the leadership of its administrators as one of the factors in the realization of its mandate in the implementation of the RPRH Law along with the support of its partner agencies. The issuance of the DO No. 31 s. 2018 is considered as the strongest instrument in the agency's efforts to comply with the Law so far.

It was also observed during the FGDs that the teachers appear to be very willing to be trained and to effectively incorporate in their lessons and school activities age- and development-appropriate RPRH information in light of the RPRH education implementation. The teachers believe that community involvement and collaboration with government and non-government organizations positively affect the school's implementation of its programs.

Moreover, the TESDA representatives find the presence of a Women's Center within its organization an enabling factor towards a better implementation of the RPRH education.

### *6.3. Challenges encountered*

According to its representative, DepEd faces as the challenges budget allocation and lack of manpower including a program management unit, among others. The teacher-participants, on the other hand, see that prospectively, the belief system of the Filipinos may possibly affect the implementation of the CSE. They said that even some of the teachers are not comfortable with topics related to sexuality education. This perception is possibly owed to the fact that the teachers have not yet undergone sufficient and relevant training.

As for TESDA, the bottlenecks in its attempt on full compliance seem to boil down on the lack of specifications on how to implement the education component of the RPRH. The same is observed among the public school teacher-participants who appear clueless on how they are to properly implement CSE and/or RPRH education.

Per report of the teacher-participants, the most pressing challenges they face are cultural orientation of teachers, students, and families, and the lack of curriculum guides, teaching and learning materials, trainings, and specific budget for the provision of a supportive environment. It was also mentioned that the lack of budget and manpower specific to the implementation of the RPRH is a challenge encountered.

### *6.4. Points for improvement*

The DepEd representative pointed out that the different bureaus should have explicit mandates in support to the implementation of the CSE in all level of governance—from the Central Office to the school level. It was added that there must be an orientation on the CSE, which is already part of their plans and will be implemented once funds are available. However, the DepEd also plans to develop ICE materials that will be standalone ready for dissemination.

In the FGDs, the teachers suggested that they should be trained, and mechanisms for information dissemination should be in place. Points for improvement include support of DOH to DepEd by funding seminars in the community so that the approach is holistic, train teachers to conduct seminars for others and give them stipend, and RPRH/CSE should be included in the curriculum guide and train teachers in using them. That DepEd should give directives on the content of the CSE was also mentioned by the teacher-participants during the FGD.

For the TESDA representatives, redefining the roles of the DOH and the POPCOM will help improve the implementation of the RPRH Law. Defining specific topics to incorporate in the curriculum, strengthening implementation on the local level in terms of coordination and monitoring mechanism, as well as trainings and materials are important to better the implementation of RPRH education on its end.

CHED recommends that there should be a separate set of guidelines in attaining the objectives of the RPRH in the HEIs, which could be under the blanket of Adolescent Health as a whole.

## 7. Conclusion and policy recommendations

### 7.1. Conclusion

So far, the review of relevant documents, interviews, and FGDs show that the key agencies in the implementation of the RPRH education and communication manifest compliance with some of the provisions of the RPRH Law's IRR.

As to the implementation of its mandate to assist the DOH in implementing RPRH public awareness, information dissemination, and communication, the PIA showed that while it has no policies or programs specific to the RPRH, it has been responding to the RPRH-related communication needs of the LGUs and concerned agencies upon the latter's initiative by providing technical and non-technical assistance, as well as non-monetary funding provisions. Moreover, it has been complying with some of its elements through its implementation of the GAD program.

In terms of RPRH education, the DepEd's major accomplishment is the development and issuance of the policies and guidelines on the implementation of the CSE in 2018. In terms of implementation of the actual curriculum required by the IRR nonetheless, at the time of the interviews three years later, there is an apparent delay on the implementation of the RPRH education provisions considering the timeline of events presented, and there seems to have a serious need for a more detailed presentation of what needs to be done at the level of instruction considering the information that the said guidelines have not reached the teachers, and that there is an apparent lack of qualified manpower, facilities, trainings, instructional materials, coordination, and monitoring system.

### 7.2. Policy recommendations

The following policy recommendations are hereby presented.

#### 7.2.1. RPRH communication

1. *On the lack of policies/programs specific to RPRH at the DOH-HPCHS.* Based on the interview, while there is a national policy on health promotion, there are no existing policies/programs specific to the provisions of the IRR such as initiation and sustenance of a heightened nationwide multi-media campaign (Section 5.1.1), development of a health promotion and communication plan (Section 5.1.2), continuation in the implementation of existing approved health promotion and communication strategies (Section 5.1.3), technical and other necessary assistance to the LGUs (Section 5.1.4), review of the health promotion and communication within 60 days from implementation of the IRR (Section 5.1.5). In order to better implement such provisions, it is recommended that a focal point person for the RPRH program be assigned at the DOH-HPCHS.
2. *On the lack of policies/programs specific to RPRH public awareness and communication at the PIA.* As expressed during the interview, PIA provides technical assistance to LGUs relevant to RPRH, as it does for any other government program. However, the agency has no set objectives specific for RPRH. As such, and as



suggested by the PIA representative, it is recommended that targets specific to RPRH be set at the PIA for better implementation of the RPRH Law.

### 7.2.2. RPRH education

1. *On the need for a written curriculum for CSE integration across all subject areas.* In DO 31, it is specified that only in certain subject areas is RPRH information mandatorily integrated, which runs counter to the provision of the IRR that such information must be integrated in all subject areas. To address this among other needs relevant to the development of the curriculum required by the IRR, it is recommended that supplemental guidelines on the implementation of RPRH education or CSE with details on extent of integration across all subject areas be issued.
2. *On the need for teacher guides on age- and development-appropriate RPRH topics.* According to the interviews, RPRH topics can be easily identified as age- and development-appropriate if they are already incorporated in curriculum guides provided to the teachers. This will also ensure that such topics have been carefully chosen and arranged based on the needs of the learners and their developmental stages. It is recommended that curriculum guides and other instructional materials for age- and development-appropriate CSE be issued.
3. *On the lack of teacher trainings.* While RPRH education trainings are said to be currently being conducted, the interviews revealed the need for more inclusive and accessible trainings for teachers in order for them to better equip themselves for effective instruction. As such, provision of inclusive and accessible teacher trainings specific to CSE is highly recommended.
4. *On the need to strengthen psychosocial services specific to RPRH.* During the interviews, it was expressed that teachers are assigned to deliver some of the tasks expected of licensed guidance counselors and school nurses due to lack of manpower in their respective schools. As such, ensuring the hiring of licensed guidance counselors and school nurses is recommended to more properly address the RPRH-related psychosocial needs of the students. Equally important is the provision of physical facilities for such services considering the lack of such. It is also recommended that dissemination mechanisms for RPRH information available in school facilities be developed.
5. *On the need to strengthen overall implementation of the RPRH Law in education.* While most of the provisions of the Law have been complied with given the continuous efforts of the implementing agencies, there is still a need for strengthened programs to realize the goals of the RPRH Law especially in education. In order to enhance the motivating and enabling factors in the implementation of the CSE, creation of awards and recognition guidelines for compliant schools, allotment of RPRH-specific budget, and creation of RPRH implementation committee in schools are recommended.

## References

- Brieger, W.R., Delano, G.E., Lane, C.G., Oladepo, O., & Oyediran K.A., 2001 West African youth initiative: outcome of a reproductive health education program.  
<https://www.sciencedirect.com/science/article/abs/pii/S1054139X01002646>  
(Accessed July 10, 2020)
- Department of Education (DepEd). 2018. Memorandum No. 28, s. 2018. Policy and guidelines on Oplan Kalusugan sa DepEd. [https://www.deped.gov.ph/wp-content/uploads/2018/07/DO\\_s2018\\_028.pdf](https://www.deped.gov.ph/wp-content/uploads/2018/07/DO_s2018_028.pdf). (Accessed January 4, 2020)
- 2018. Memorandum No. 31, s. 2018. Policy Guidelines on the implementation of the comprehensive sexuality education. <https://www.deped.gov.ph/2018/07/13/do-31-s-2018-policy-guidelines-on-the-implementation-of-the-comprehensive-sexuality-education/> (Accessed January 4, 2020)
- Department of Health (DOH) 2017. Adolescent Health and Development Program Manual of Operations (1st Edition)  
[https://doh.gov.ph/sites/default/files/publications/WHO\\_DOH\\_2017\\_12082017\\_full.pdf](https://doh.gov.ph/sites/default/files/publications/WHO_DOH_2017_12082017_full.pdf) (Accessed January 4, 2020)
- . 2018. 5th Annual Report on the Implementation of the Responsible Parenthood and Reproductive Health Act of 2012. <http://doh.gov.ph/publications> (Accessed January 4, 2020)
- Executive Order No. 12, s. 2017. Attaining and sustaining “zero unmet need for modern family planning” through the strict implementation of the responsible parenthood and reproductive health act, providing funds therefor, and for other purposes. Manila, Philippines: Office of the President of the Philippines.  
<https://www.officialgazette.gov.ph/downloads/2017/01jan/20170109-EO-12-RRD.pdf>  
(Accessed January 4, 2020)
- Limbani, F., Goudge, J., Joshi, R., Maar, M. A., Miranda, J. J., Oldenburg, B., Parker, G., Pesantes, M. A., Riddell, M. A., Salam, A., Trieu, K., Thrift, A. G., Van Olmen, J., Vedanthan, R., Webster, R., Yeates, K., & Webster, J. 2019. Process evaluation in the field: global learnings from seven implementation research hypertension projects in low-and middle-income countries. *BMC Public Health*, 19(1).  
<https://doi.org/10.1186/s12889-019-7261-8> (Accessed February 20, 2020)
- Montemayor, MT 2019. Integrating sex education in schools to empower learners Retrieved from: <https://www.pna.gov.ph/articles/1066447> (Accessed July 10, 2020)
- Philippine Statistics Authority (PSA) and ICF. 2018. Philippines National Demographic and Health Survey 2017. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.
- Republic Act 10354. Responsible Parenthood and Reproductive Health Act of 2012. Manila, Philippines: Congress of the Philippines.
- Revised Implementing Rules and Regulations of Republic Act 10354. Manila, Philippines: Department of Health. [www.pcw.gov.ph](http://www.pcw.gov.ph)

United Nations Educational, Scientific and Cultural Organization (UNESCO) 2018.  
International technical guidance on sexuality education: An evidence-informed  
approach (Revised Ed.), UNESCO: France.  
<https://unesdoc.unesco.org/ark:/48223/pf0000260770> (Accessed July 10, 2020)

United Nations Population Fund (UNPF). 2015. The Evaluation of Comprehensive Sexuality  
Education Programmes: A Focus on the Gender and Empowerment Outcomes.  
<https://www.unfpa.org/sites/default/files/pub-pdf/UNFPAEvaluationWEB4.pdf>  
(Accessed February 6, 2020)

## Appendix A- Sample Key Informant Interview Guide

<b>Project Title</b>	<b>Process Evaluation of Selected Programs of the Department of Health</b>
<b>Principal investigator</b>	<b>Michael Ralph Abrigo, PhD</b>
<b>Lead investigator for RPRH education and communication</b>	<b>Mary Pauline V. Saquing, EdD</b>

### A. Participant Introduction

Before anything else, we would like to understand your role in this agency better.

1. You belong to the <participant's unit> and you hold the position of <participants position>. Could you describe the functions of your unit?
2. What are your roles and responsibilities therein?

### B. Implementation of the RPRH Mandate on Education and Communication

Now, we would like to know more about your agency's implementation of the RPRH mandate on education and communication

3. Could you describe <agency/unit>'s mandate and functions in the RPRH implementation?
4. What is your agency's/unit's role in the implementation of the RPRH in terms of education and communication?
5. What policies and programs relevant to RPRH education and communication has your agency put in place? (enumerate)
  - a. Which specific mandate does each policy/program implement?
  - b. What are the objectives of each policy/program?
  - c. What strategies have been (are planned to be) set in motion?
  - d. How do you monitor and evaluate the effectiveness of your policy/program?
  - e. In a scale of 1 to 10 (10 being the highest), how would you rate the effectiveness of the implementation of the policy/program?
  - f. What are your best practices in implementing the policy/program?
  - g. What challenges were encountered in the implementation of the policy/program?
6. What suggestions/recommendations do you have to help improve the implementation of the RPRH in terms of education and communication?
7. Would you like to share any other information that you think would be helpful to better understand RPRH law implementation in your agency and in the country?

## Appendix B- Sample Focus Group Discussion Guide

<b>Project Title</b>	<b>Process Evaluation of Selected Programs of the Department of Health</b>
<b>Principal investigator</b>	<b>Michael Ralph Abrigo, PhD</b>
<b>Lead investigator for RPRH education and communication</b>	<b>Mary Pauline V. Saquing, EdD</b>

### FGD GUIDE QUESTIONS FOR SUBJECT AREA COORDINATORS/REPRESENTATIVES

#### A. Role in RPRH education

1. What directives have you received relevant to RPRH education?
2. What is your role in the implementation of the RPRH education?
3. In your own understanding, how has your institution taken part in the implementation of the RPRH education?

#### B. Strategies of implementation

##### **Age- and development-appropriate reproductive health education, comprehensive sexuality education**

1. What is age- and development-appropriate reproductive health education?
2. Has RPRH information been integrated into the curriculum you are teaching?
3. What is the Comprehensive Sexuality Education (CSE) in relation to RPRH education?
  - a. What is your role in the implementation of CSE?
  - b. How is the CSE integrated in the K-12 curriculum?
  - c. To what extent is the CSE integrated in the subject that you teach?
  - d. How do you determine which topics are age-appropriate?
  - e. What topics do you think are age-appropriate? Which ones need to be reviewed for age-appropriateness?
  - f. What teaching strategies specific to CSE do you utilize?
  - g. How do you determine whether or not your students demonstrated the needed competencies?
  - h. How does the school do the monitoring and evaluation of the CSE implementation?

##### **Provision of supportive environment**

4. What counseling and psychosocial support services in relation to RPRH does your school provide?
5. What facilities for information on prevention of risky behaviors are available in your school?
6. What facilities for information on prevention and diagnosis and proper management of STIs are available in your school?
7. What facilities for information and referral to service providers on RPRH concerns are available in your school?

##### **Training, integration and TCPs**

8. What trainings/courses did you take in line with CSE?
9. What information and education materials are available in the school to aide CSE teaching and learning? How were they selected? How were they acquired?
10. How is RPRH information integrated into formal, informal and indigenous learning in your school?
11. How are parents/guardians involved in the implementation of the CSE?

12. How does the community assist the school in the implementation of CSE?

**C. Best practices, challenges, and recommendations**

1. What best practices can you share in your implementation of RPRH education/CSE?
2. What challenges were encountered and how were they addressed?
3. What could be points of improvement for the RPRH education/CSE implementation to achieve its goals?