



Philippine Center
for Population
and Development

2020 ANNUAL REPORT

On the cover



Green is the color of health, of new beginnings, and growth. It is PCPD's color in 2020 as it made the decision to take a new direction and grow into a hospital that is focused on the health and wellbeing of women and children.

Cover Image from GoGraph

Our Vision

A better understanding of the relationship between population and development that empowers Filipino families to make informed decisions and actions that will result in an improved quality of life. Collectively, we are working toward building a nation that is able to balance its population and resources.

Our Mission

PCPD supports initiatives to influence people's views and promote actions toward long-term human development and an appropriate balance between population and resources.

Message from the Chairperson

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2020 was a game changer for PCPD. A new executive director was hired and this provided the Board of Trustees an opportunity to rethink the Foundation's strategy as a development organization.

The new strategy will transition PCPD from being a purely grant-giving foundation to preparing it to be a social enterprise that aims

to improve the lives of Filipino women and their children. The social enterprise would establish a second level general hospital that will respond to the health and medical needs of women and children, especially the disadvantaged and marginalized who have limited access to quality health services. This redirection has been approved by the Board of Trustees and the entire year was spent defining and calibrating its concept and business model. The feasibility study has been completed and will be presented to the full membership.

Since the very beginning, PCPD, initially called the Population Center Foundation, has made population an anchor of its programs, with the promotion of family planning as one of its strategies.

When the Responsible Parenthood and Reproductive Health Law was enacted in 2012, PCPD made support for its implementation one

of its major programs. This support will now become more concrete and direct, and therefore, more meaningful, with the envisioned hospital. It recognizes the different health challenges that Filipino women are confronted with throughout their lives. With the setting up of the hospital, PCPD is committing itself to help them address these challenges and take care of their health so they can have the best quality of life.

In a year that has brought a sense of paralysis and undue stress to most organizations, PCPD forged ahead with its redirection. Not only was it able to redefine its purpose of evolving into a social enterprise, it also took the first steps to become a more relevant organization that will contribute in transforming health care for women and children. Continuing these initial efforts is enough reason for PCPD to be hopeful and upbeat in 2021.

A handwritten signature in black ink, appearing to read 'Jm Luz', is centered within a light gray rectangular box.

Juan Miguel M. Luz

The Executive Director's Report

Yearender 2020: lockdowns made us closer and more productive

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Dr. Marilen J. Danguilan

Executive Director

2020 was a wretched year. It was painful, stressful, and lonely. It tested the limits of our isolation, strained our emotional and mental health, and because we felt helpless, it led us back to prayers.

But then, 2020 also gave us the opportunity to create new ways to support - and even care - for each other. It gave us the chance to renew ties, rebuild relationships, and re-create a sense of community. It made us much more appreciative of our families and friends and of those who continue to work for us, and with us. And it has given us a deeper sense of gratitude for all that we have.

We also have learned hard lessons throughout the year - lessons that we have taken to heart.

We saw how towering incompetence and stupidity have led to thousands of deaths, and how this brought us to the longest and most stringent lockdown in Asia. And so we learn – stupidity and incompetence, together with arrogance, cost lives. We also have seen the consequences of not putting the greater good above politics and one's own interests. So we learn yet again – to value our common humanity first before anything else.

In any case, 2020 allowed organizations, including PCPD, to re-think, re-discover, and live its purpose, its core values. Despite Sars-Cov-2, the PCPD staff and I — we are a team — worked from home and eventually came to the office, but on a rotating basis.

We set goals that we should achieve in 2020: to manage PCPD's assets; respond immediately to tenants' needs; shorten the cash conversion cycle; bring down accounts receivables; and monitor the market and the financial assets frequently and regularly.

"We set goals that we should achieve in 2020: to manage PCPD's assets; respond immediately to tenants' needs; shorten the cash conversion cycle; bring down accounts receivables; and monitor the market and the financial assets frequently and regularly."

Apart from these, we contributed to the efforts of the private and government sectors in alleviating the needs of people, as a result of Covid-19. We formed critical partnerships with two health groups that have long track records of providing FP services to poor women in disadvantaged communities.

And, on top of all this, we supported the Project Management Team that worked on the social enterprise.

Dr. Danguilan Up Close

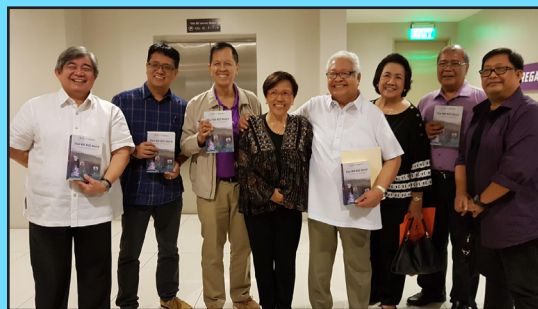
Marilen J Danguilan, a medical doctor, worked in 1987 as Head of the Senate Committee on Health that brought about groundbreaking laws such as the Generics Law and the Rooming-in and Breastfeeding Act. In 1991, together with the Department of Health, they drafted the National Health Insurance Act of the Philippines or PHILHEALTH that became law in 1994.

Marilen worked with the WHO Western Pacific Region as Family Planning/Maternal and Child Health Adviser; UNICEF New York as Global Senior Adviser on Maternal Health; UNFPA New York as Reproductive Health Adviser; and the UN World Food Programme Philippines as Policy Adviser.

She got her BS in Business Administration at the University of the Philippines in Diliman; studied medicine in Lunds Universitet in Lund, Sweden and in De La Salle College of Medicine in Dasmariñas, Cavite. She completed her Master of Science in Social Policy at the London School of Economics and

got her Master in Public Policy at the Harvard Kennedy School of Government. After Kennedy School, Marilen became a Takemi Fellow in International Health at the Harvard School of Public Health.

She wrote three books: *Making Choices in Good Faith: a Challenge to the Catholic Church's Teachings on Sexuality and Contraception* that won the National Book Award in 1993; and *Women in Brackets: A Chronicle of Vatican Power and Control* in 1997, finalist in the National Book Award in 1998. Her third book, published in 2018, is *The RH Bill Story: Contentions and Compromises*.



Dr Danguilan (third from left) with reproductive health champions (from left) Dr. Juan Antonio Perez, Ramon San Pascual, Ben de Leon, Cong. Edcel Lagman, Dr Esperanza Cabral, Roberto Ador, and Romeo Dangeto during the launch of her book *The RH Bill Story: Contentions and Compromises*

On the social enterprise

On March 4, 2020, and subsequently on June 1, 2020, PCPD decided to change directions — from grant-giving to becoming a social enterprise, from sourcing funds to providing health care.

To facilitate this shift, I created the PMT that would look into the most viable and suitable business model for PCPD. I also worked with the PCPD lawyer, Justine Veron Requejo, to form the Project Management Committee which would provide overall guidance on the directions the social enterprise would take.

The PMT and PMC had three lengthy meetings since the project started on July 1, 2020. The discussions focused on the gaps in health services that adversely affected women and children and the solutions that PCPD could do to respond to these gaps.

The PMT and PMC also talked about the DOH regulations that shaped the evolution of the business model from a maternity hospital to a 100-bed Level

“In 2020, PCPD decided to change directions – from grant-giving to becoming a social enterprise, from sourcing funds to providing health care.”

2 General Hospital. The PMT presented the capitalization study, the financial projections, and financial analysis. And on December 30, 2020, the PMC and I further talked about all these in the context of PCPD’s sustainability beyond 2023. Extremely promising, this prospect.

On PCPD’s contribution to help people affected by Covid19

Due to Sars-Cov-2, many health facilities have not adequately provided RH and primary care services. Several families, women in particular, could not access health services, including family planning. The best way to reach poor women would be to go to them and provide them the services they needed. I got in touch with FriendlyCare and Likhaan, organizations that have been

providing FP services for a long time.

After PCPD and FriendlyCare signed the first MOA in September 2020, FriendlyCare started providing FP and other RH services in the poor barangays of Laguna. From September to December 2020, FriendlyCare was able to serve 534 women. PCPD and FriendlyCare signed the second MOA in December 2020 and FriendlyCare started its operations in disadvantaged barangays in Laguna in January 2021.

PCPD and Likhaan signed the MOA that would enable Likhaan to provide FP services to 1,250 women in relocation sites in Naic, Cavite. Operations are scheduled to start in January 2021.



Barangay health workers conduct triage to ensure that patients do not have Covid-19 symptoms

On PCPD's website

Toward the end of the year, we started to work with a website developer, Cocomilk Studio, to revamp PCPD's website. The present PCPD website is dead. Once re-designed, we want a PCPD website that would be the preferred go-to site for information on women's and children's health and adolescent development, including comprehensive sexuality education. We will upload the studies that PCPD's grantees have completed through the years. And the website will have the UN conferences and conventions related to population and development that the Philippine government signed.

On PCPD's administration

To make working from home easier, PCPD invested in new computers and connectivity. It signed a contract with Eastern Telecom and is now PCPD's new provider of internet connection. Internet is now much faster with Eastern Telecom and so far, connectivity is assured.

Also, all the staff are now using licensed Microsoft Business 365. This has enabled PCPD staff to work from home efficiently.

On PCPD's financial assets

PCPD monitored its trust fund investments every month during the lockdown. Financial statements of bank fund managers reported a decline in fund equity balance of almost ₱33.1 million – paper loss – as of the close of the first quarter of 2020. However, there was an increase in balance of ₱0.2 million on November 30, 2020. The market is not exactly foaming at the mouth. But this is encouraging.

Looking back, 2020, despite Sars-Cov-2, had silver linings. We achieved what we set out to do. And, despite the lockdowns and quarantines, we worked as a team and thrived.

Despite Covid-19 restrictions

Bringing Health Services to Women in the Communities

3 a.m., on a rainy Wednesday, and already Khristine and her two friends were waiting for the health center in Calamba to open, which was still five hours away.

"Sabi po ng tanod, masyado raw kaming maaga. Sabi kasi ng midwife ng barangay, 50 lang 'yung mabibigyan ng serbisyo at first-come, first-serve. Nagsigurado na po kami na mauuna kami sa linya," Khristine said.

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The barangay health center administrator briefs patients on the importance of taking care of one's health as patients wait for their turn to access medical services

(Translation: “The tanod said we were too early. But the midwife of the barangay said only 50 would be given services on a first-come, first-serve basis. We just want to make sure that we would be first in line.”)

The services that Khristine was referring to were the free family planning and primary care services that FriendlyCare would be providing to women of reproductive age right in their communities, a project initiated by PCPD to help women access much-needed health services that have been disrupted by government restrictions imposed to curb the spread of Covid-19.

Responding to women’s health needs

During a meeting of the PCPD Board in March, PCPD Board member Secretary Ernesto Pernia suggested that PCPD contribute to efforts to mitigate the adverse effects of the Covid-19 pandemic.

PCPD trustee Dr Esperanza Cabral added, “We should do something



A mother listens intently as the FriendlyCare nurse explains to her how the contraceptive implant works

for women’s health given the situation now.... At the moment, women have problems accessing contraceptives and services. DOH (Department of Health) is too busy with the pandemic to take care of the immediate needs of these women. So maybe we could do something along this area.”

The Board decided to set aside a supplementary budget for this initiative.

Dr Marilen Danguilan, PCPD’s executive director, reached out to FriendlyCare to be PCPD’s partner in this project. Its mission – to make quality primary care, reproductive health, and mental wellness affordable, safe, and accessible

to Filipino families – matches what PCPD is envisioning to do.

“I see this as PCPD outsourcing the services to FriendlyCare,” Dr Danguilan added. “FriendlyCare would go to the communities and offer the services. PCPD’s contribution is to bring FriendlyCare to the non-Covid patients and provide services to them.”

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The FriendlyCare team, led by its president Teresita Panganiban, prepared a menu of medical and reproductive health services and procedures that WRAs could avail themselves of during the outreach activities. It included FP services such as counseling, progestin subdermal insertion, removal, or reinsertion, and provision of contraceptive pills and condoms for those who opted not to use implants but still wanted to use an FP method.

The medical activities were held in Laguna, whose local government units have been partners of FriendlyCare for seven years already.

“With the lifting of the lockdown in Laguna, outreach activities that were cancelled could now continue as long as the health protocols required by DOH are observed. The provincial population workers, who are our partners on the ground, informed us that WRAs with expired implants, have been waiting for us to come to their barangays so they could have them replaced by new implants,” Ms Panganiban said.

“With the lifting of the lockdown in Laguna, outreach activities that were cancelled could now continue as long as the health protocols required by DOH are observed.”

Patients with unmet need

FriendlyCare targeted to reach 1,000 WRAs within six months who would take advantage of the free services and procedures. For the first phase, implemented from September to October, eight activities were held in the cities of San Pedro and Calamba and the towns of Pakil, Pangil, and Pila.

A doctor and a nurse returned to the communities two weeks after each activity to debrief the clients on the results of their procedures or to refer them to other doctors for further consultation or treatment.

For each activity, FriendlyCare limited the number of patients to 50, mainly to make it easier for them and the service providers to observe social distancing and prevent transmission of the virus. However, the number of patients who came to all the activities was more than 50.

“We could not turn them away after we reached our target of 50. They had been waiting for a long time for these services, especially those with expired implants and who wanted to be reinserted with new ones,” Mayna Canillo, the project’s coordinator, explained.

By the end of the project’s first phase, FriendlyCare was able to serve 534 clients, 134 more than the target.

For Khristine and her friends, who were in their early 20s, the medical activity was one opportunity that was too important to miss even if it meant waiting outside the health center at 3 o’clock on a rainy morning. All young mothers with toddlers, they do not want to have additional children in the near future. They were all using implants for family planning. However, their effectivity had already expired last May.



Three young mothers just had their contraceptive implant insertion

"Buti na lang po natuloy itong outreach. Mapapalitan na ang implant ko. Hindi ko kasi kaya na magpa-implant sa private na doctor," she explained.

(Translation: "It's a good thing the outreach activity pushed through. My expired implant can now be replaced. I cannot afford to have this done by a private doctor.")

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The case of Shirley, 16, was different. If it was up to her, she would not attend the medical activity. It was only her aunt who convinced her to change her mind.

"Batang ina po kasi ako. Syempre nakakahiya pumunta dito. Pero sabi ng tita ko, may libeng konsulta sa doctor. Meron ding libreng checkup. At saka pwede po ako magpa-implant para hindi mabuntis agad. Kaya Go!," she said.

(Translation: "I'm a teenage mother. It's embarrassing to come here. But my aunt told me there's free consultation with the doctor and free checkup. And I can have an implant



Contraceptive implant is inserted into the arm of a young mother

so I won't get pregnant again soon.") Shirley learned about the implant from her aunt and from the midwife who delivered her baby. Her 18-year old boyfriend, who is the child's father, was with her when the midwife talked to her about it.

"Sabi niya, okay sa kanya kung gusto ko magpa-implant. Bahala ako. Alam niya na napaka-bata namin pareho para

magka-baby. Kaya pareho naming gusto na huwag masundan agad si baby,” she shared.

(Translation: “He said it’s okay with him if I want to have an implant. The decision is up to me. He knows we’re both too young to have a baby. We both don’t want another pregnancy so soon after this last one.”)

“Nasa bahay lang ako ngayon, nag-aalaga sa baby ko. Tumigil na ako sa pag-aaral nang mabuntis ako. Nakatira kami sa bahay ng boyfriend ko. Tumigil na rin siya kasi kelangan niya mag-trabaho. Tinutulungan naman kami ng mama at papa niya sa gastos sa baby. Pati na ng tita ko. Pero hirap pa rin kami. Takot ako mabuntis uli kaya ako magpapa-implant kahit parang masakit siya. Kung pwede, magbubuntis lang ako pag malaki na ang baby ko. Sana rin, pagtapos na ako sa college,” she added.

(Translation: “I just stay home these days to take care of my baby. I stopped going to school when I got pregnant. We live in my boyfriend’s house. He also stopped going to school because he has to work. His mama and papa are helping

us with the expenses for the baby. My aunt is also helping us. But we still find it difficult. I’m scared to get pregnant again. That’s why I’ll have an implant even if its insertion seems a painful process. If ever I get pregnant again, I hope it happens when my baby is older already. I also hope that I’m done with college by then.”)

Aside from the implant insertion, Shirley also availed herself of all the medical procedures offered by FriendlyCare. Thirty-five year old Maricel, on the other hand, took advantage of the free medical services and procedures only but not the FP services.



An expired contraceptive implant is removed from a mother's arm



A FriendlyCare health provider checks a patient's blood pressure, one of the services included in the project

"Mas gusto ko yung checkup. Kasi di ko kaya yang mga yan kung sa ospital ako pupunta. Saka nakakatakot na pumunta doon ngayon. Covid e," she explained.

(Translation: "I prefer to have the [medical] checkup. I cannot afford it if I go to the hospital. Also, it's scary to go there now because of Covid.")

Of the 534 clients who attended the eight activities, 252, or 49 percent, accessed only FP services; 67, or 13 percent accessed only medical

services and procedures; and 225, or 42 percent, had both FP and medical services and procedures.

Next Steps

For the second phase, Dr Danguilan wants to expand the clients beyond WRAs to include pregnant and elderly women. She also wants more clients to take advantage of the free medical services and procedures.

"We will tell our partners on the ground who do the mobilization that the target clients for the second phase include women beyond reproductive age so

they can reach out to them also in their demand generation,” Canillo said.

In its report on the first phase of project implementation, FriendlyCare noted that one of the reasons why patients were not able to maximize the medical services and procedures was due to the lack of awareness and understanding on what these were about.

FriendlyCare has started addressing this gap.

“We have added clear and understandable signages that described the various services and procedures in the waiting areas to educate the patients so they would be better informed about them and they could echo them back to their neighbors,” Ms Canillo explained.

Ms Panganiban added, “We will also be producing easy-to-understand flyers for the local health workers and patients for them to be better informed on the available medical services and procedures. The patients can read them while waiting for their procedures. They can even bring them home to share with

their relatives and neighbors.”

Ms Canillo said the FriendlyCare team is confident that for the second phase, they can increase the number of clients to 70 per activity. Eleven activities have been scheduled for November to December – four for FP only and seven for combined FP and medical services and procedures. These will be held in Bay, Cabuyao, Calamba, Nagcarlan, Pagsanjan, San Pablo, and Sta Cruz.



FriendlyCare doctors wait for patients who would undergo pap smear or ECG

Partnering for Family Planning

Partnership has always been a core strategy of PCPD. This was underlined again when it collaborated with government agencies and civil society organizations to bring contraceptive implants to communities for women who chose them as their family planning method.

In this partnership, the Department of Health and the Commission on Population provided the progestin subdermal implants to CSOs who were all FP providers. They, in turn, organized women of reproductive age in communities and informed them about the importance of FP and the various methods they could use to practice it, including contraceptive implant.

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Seven CSOs were tapped to perform implant insertion to 98,540 women for 15 months.

These CSOs were the Democratic Socialist Women of the Philippines, Family Planning Organization of the Philippines,



An FPOP provider counsels a mother on her family planning choices

FriendlyCare Foundation Inc., International Development Leadership and Learning Corporation, Integrated Midwives Association of the Philippines, Likhaan Women's Health Inc., and Roots of Health (ROH). PCPD set aside a budget for CSOs to partially cover the service cost of implant insertion and to purchase ancillary or medical supplies needed for it.

The seven CSOs were able to counsel 112,193 women on FP. Of these, only



55,654, or 49.6 percent, availed themselves of the implants. This was 56.5 percent of the rods given by DOH; 10.2 percent, or 10,047 rods, were distributed by CSOs to various DOH regional offices and hospitals managed by local government organizations; while 31,042 PSIs, or 31.5 percent, were unaccounted for at the end of the project. At ₱3,000 per rod, the number of unaccounted rods amounted to ₱93,126,000, still a substantive loss in terms of lost opportunities even if the rods were given by DOH for free.

The partnership with POPCOM, on the other hand, involved just one CSO—the Iloilo chapter of FPOP. It was tasked to conduct FP information and counseling and do implant insertion to poor women and those living in geographically isolated areas in Region 6. During its four-month project run, FPOP performed 517 implant insertions and four IUD insertions, or 521 women provided with their FP method of choice.

Both of these projects with CSOs, DOH and POPCOM ended in 2020.

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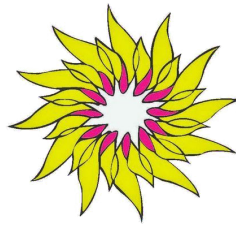
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