Fiscal Challenges In Implementing The Reproductive Health Law In The Cities Of Davao Del Norte

[1]Raffy D. Corpuz, [2]Nathalie Capiña, [3]Geraldine V. Perez, [4]Abigail D. Supino, [5]Troy Jon N. Ancho

[1]Bachelor of Public Administration, [2]Bachelor of Public Administration, [3]Bachelor of Public Administration, [4]Bachelor of Public Administration, [5]Bachelor of Public Administration

[1]Institute of Leadership, Entrepreneurship and Good Governance,

[1]Davao del Norte State College, New Visayas, Panabo City, Davao del Norte, Philippines
[1]raffycorpuz77@gmail.com, [2]cagapenathalie@gmail.com,
[3]perez.geraldine@dnsc.edu.ph, [4]supinoabigail17@gmail.com, [5] ancho.troyjon@dnsc.edu.ph

***Abstract*— This study investigates the fiscal challenges faced by the city governments in Davao del Norte, in implementing the Responsible Parenthood and Reproductive Health (RPRH) Law. Through a qualitative, single-embedded case study design and key informant interviews with nine health professionals, the research identifies critical barriers including resource inequity in reproductive health, inadequate reproductive facilities, service delivery constraints in local reproductive health programs, and, low prioritization for RH Programs due to competing needs. In response to these challenges, city governments employed adaptive strategies such as strategic resource allocation, external resource mobilization, streamlining reproductive health services through Program Coordination and multi-stakeholder collaboration. The study mainstreams RH funding, diversifying financial sources, community-driven data advocacy, and integrated partnerships, to enhance fiscal sustainability. Ultimately, the research underscores that overcoming these fiscal challenges is essential to achieving equitable and effective reproductive health services, particularly in underserved areas, and contributes to the broader goals of health equity and Sustainable Development Goal 3.**

Keywords: Reproductive Health Law, Fiscal Challenges, Public Health Financing, Resource Allocation, Program Implementation, Multi-Sectoral Partnerships.

I. INTRODUCTION

The implementation of the Reproductive Health Law faces significant obstacles, including insufficient funding, a shortage of healthcare facilities, limited access to contraceptives, and cultural and religious resistance, which hinder the delivery of comprehensive reproductive health services. Despite these challenges, the law remains a landmark policy, providing free access to modern contraceptives, mandating reproductive health education in public schools, and guaranteeing post-abortion care as part of its comprehensive healthcare provisions (Center for Reproductive Rights, 2014). The passage of the Reproductive Health Law was the culmination of a protracted struggle against powerful opposition, including significant resistance from influential groups, notably the Catholic Church, which has long opposed reproductive health legislation in the predominantly Catholic country (Lasco, 2017).

Despite facing formidable challenges, the law was finally enacted in December 2012 (Pasion, 2023). The enactment of the law, however, did not prevent a legal struggle from emerging in the form of Imbong versus Ochoa (2014). In that case, the Supreme Court examined the dynamics of the Reproductive Health Law. Central to the case were several key constitutional issues, including whether the Reproductive Health Law infringed on the rights to life, religious freedom, and health guaranteed by the Philippine Constitution. New challenges have emerged since then, leaving government officials and millions of Filipinos, particularly women, still grappling with unmet reproductive health needs (Cuaton, 2019). This ongoing struggle highlights the complex interplay of political, cultural, and social factors influencing the implementation of the Reproductive Health Law and its ability to meet the reproductive health needs of the Filipino population.

Reproductive health plays a vital role in human and social development, as access to reproductive health (RH)-related information and services can empower individuals, particularly women and adolescents, to make informed decisions that benefit their well-being and that of their families. Comprehensive Reproductive Health policies are also essential for fostering sustainable population growth, strengthening human capital, and supporting economic development (Siy Van, Uy, Bagas, & Ulep, 2021). Also, several social, racial, political, and institutional factors that are linked to each other make inequalities worse and make it harder for marginalized groups to move forward. Gender inequality and unequal access to sexual and reproductive health are two of the leading causes of inequality around the world. To stop cycles of poverty, create more chances, and preserve everyones human rights, they need to fix these problems (United Nations Population Fund, 2017). Also, because the countries administration is decentralized, it is the job of local officials to ensure that any laws enacted are followed (Lasco, 2017).

The first step of this research involves studying the Reproductive Rights Framework Theory to determine its importance in reproductive health law. According to Murray and Meyers (2023), the concept primarily concerns legal and personal rights related to reproductive health. The right to choose actions and receive treatments, including abortion and contraception, forms the core of this framework. The human rights-based approach supports laws that defend reproductive autonomy and eliminate all forms of discrimination and coercion. Our research draws its theoretical foundation from Reproductive Justice Theory. According to Siy Van et al. (2021), this perspective on reproductive health care combines social justice with human rights by examining how race,

income, and gender affect the accessibility of reproductive health services. Reproductive justice requires equal access to healthcare while promoting policies that defend marginalized communities, especially when social or religious institutions create obstacles. This approach delivers optimal results in regions where cultural norms and legal frameworks restrict reproductive freedoms.

The Reproductive Health law in the Philippines has been the subject of many debates and controversies. Most research looks at national-level issues or specific topics like contraception or abortion, so there is not much information about the unique issues that local facilitators face when they try to enforce the law. There are not enough in-depth studies on what it is like for implementers in provinces like Davao del Norte, which is a big problem because the province has high rates of teen pregnancy and HIV. The Responsible Parenthood and Reproductive Health Act of 2012 (R.A. No. 10354) made maternal health a top priority.

The World Health Organization says that in 2019, the maternal mortality rate in the Philippines was 121 deaths per 100,000 live births. Even though people are trying to lower this number, the lack of access to healthcare, especially in rural areas, keeps these rates high. Teenage pregnancy is another big problem; about 10% of Filipino girls aged 15 to 19 have either had a baby or are pregnant with their first child (United Nations Population Fund, 2020). Teenage pregnancy rates are high in rural areas like Davao del Norte because of problems with money, culture, and getting health care. Contraceptive use among married women is 38.5%, with 18% having unmet family planning needs, mirroring Mindanao broader trends and national challenges in reproductive health (The Demographic & Health Survey, 2017). The research urgency arises in the Philippines continuing gap in access to reproductive health information and services. This study aims to contribute to the development of more effective strategies for implementing the reproductive health (RH) law in the region.

The foremost objective of the study is to identify the fiscal challenges encountered in implementing the Philippines Reproductive Health (RH) Law within the Local Government Units (LGUs) of Davao del Norte, specifically in the cities of Samal, Panabo, and Tagum. This study will adopt a qualitative approach and use key informant interviews with healthcare providers to collect data on the challenges they encounter, the coping mechanisms they employ during implementation, and their recommendations for improvement. The author also explicitly aims to answer the following question: What are the fiscal challenges in implementing the RH Law? What are the adaptive strategies in relation to budgetary difficulties in implementing the RH Law? What are the possible recommendations to help solve these fiscal-related issues and problems?

The global significance of this study contributes to the literature on reproductive health policy implementation by offering a detailed, localized perspective on the challenges encountered in a specific context. By analyzing participants experiences in the three cities of Davao del Norte, the study demonstrates awareness of implementing the Reproductive Health (RH) Law in a developing country with diverse cultural and religious influences. Furthermore, the study can contribute to SDG No. 3 (Good Health and Well-Being), which aims to improve health systems and promote better health outcomes globally, particularly in terms of sexual and reproductive health rights. At the domestic level, this study will serve as a guide for healthcare workers to develop more effective strategies to address the specific needs of the Davao del Norte population. The study will also raise awareness of the importance of reproductive rights and promote a culture of respect and understanding within the community. Ultimately, since the survey covers various aspects of the implementation of the Reproductive Health Law, it may be used as part of the literature on the RH Law in the country.

II. METHOD

Study Participants

Nine (9) informants participated in the Key Informants Interview. According to Kun, Kassim, Howze, and MacDonald (2013) and later Chesnay (2015), key informant interviews were in-depth discussions with persons who had special or expert knowledge. In data collection, researchers conducted informant interviews with diverse experts to gain a broad perspective on a specific topic or process. Typically, interviews appeared casual; however, it was best for the interviewer to prepare specific questions to guide the discussion. It was also important that the interviewer knew something about the person being questioned and had a clear idea about what information was being sought. The ability to listen, verbally communicate, and put people at ease were attributes of a good interviewer. Furthermore, each informant hailed from three cities in Davao del Norte: three (3) informants from Panabo City, three (3) from Tagum City, and three (3) from the Island Garden City of Samal, all of whom were healthcare professionals from the City Health Office of each LGU.

Yin (2017) advised that there was no clear or set range of informants for a case study; instead, emphasis was placed on obtaining sufficient depth and breadth of data to address the questions. Furthermore, Creswell and Poth (2018) refrained from prescribing specific sample sizes for KIIs. Instead, they focused on data saturation— the point at which no new themes or insights emerged from additional interviews. In this study, the informants were doctors, nurses, and midwives with at least 1 year of service experience, who shared their opinions on the various political, cultural, societal, and ethical constraints they encountered in their work, thereby increasing the studies relevance and applicability. Their healthcare expertise in reproductive health allowed them to develop unique perspectives about the practical aspects and potential outcomes of the law. The research used purposive sampling as its sampling method. According to Nikolopoulou (2023), purposive sampling proved beneficial when participants shared similar characteristics and were directly relevant to the studies primary focus. The research method enabled the precise identification of participants who matched the research goals through their specific knowledge, experiences, and attributes. The study obtained valuable, contextually rich insights through this approach.

The selection process included rules that specified who could participate , who could not participate, and when participants could leave the process. The inclusion process applied to medical practitioners who worked at the City Health Office and directly provided reproductive health care services. The participants needed at least one year of experience in reproductive health services to demonstrate their understanding of the Reproductive Health Law and its execution. The law did not apply to medical practitioners who lacked licensure or insufficient experience in reproductive health services, or those who enforced the Reproductive Health Law in different roles, such as administrative officers or health workers who managed unrelated services.

The study had rules for participants who wanted to withdraw. The study allowed participants to cancel or leave their positions at any time. The criteria protected the participants right to decide about participation while showing respect for ethical considerations in the study.

The research used purposive sampling and established clear participation criteria to enhance methodological and ethical rigor. The research design allowed researchers to understand the thoughts and emotions of City Health Office healthcare workers.

Materials and Instruments

The research used structured questionnaires as an appropriate method for collecting consistent, comparable data in qualitative research (Creswell & Creswell, 2018). The researcher-developed questionnaire was used as the primary tool for interviewing the key informants who agreed to participate. The tool used a systematic approach and several sections to facilitate data collection.

Ethical research requires informed consent and subject information as fundamental components; the first part of the research involved obtaining informed consent from participants. The procedure allowed participants to give voluntary consent to participate in the study after receiving full details about its goals, methods, and associated risks and benefits. The researchers maintained participant autonomy by providing straightforward information while remaining transparent about the study details. The ethical approach strengthened research validity and credibility by protecting participants rights and welfare (American Psychological Association, 2017).

The interview guide questionnaire contained three main research questions about financial difficulties stemming from the Reproductive Health Law implementation, methods to handle these problems, and possible solutions to reduce them. The researchers developed this section to align with the research objectives. The research questions were designed to elicit detailed and meaningful responses from participants—the questionnaire aimed to obtain extensive qualitative information from key individuals to support detailed analysis and interpretation. The questions maintained an open-ended format while being structured to allow participants complete freedom to share their thoughts and experiences. This approach enables researchers to gain a deeper understanding of how the RH Law is implemented. The research method improved the reliability and credibility of the results, providing a solid foundation for meaningful, well-informed recommendations.

The research equipment underwent a comprehensive validation process to assess its reliability and validity. The researchers advisor worked with field specialists to conduct a thorough evaluation and validation of the questionnaire. The items underwent evaluation during the validation phase to verify their alignment with the research objectives through assessments of content, structure, clarity, and relevance. The instrument validation process required testing with a smaller, representative group to identify and fix any existing deficiencies or unclear parts. The instrument underwent significant improvement through specialist feedback and the first results from the pilot test. The validation method confirmed that the tool operated properly for data collection , while aligning with the main research goals and preserving the studies credibility (Webster & Eren, 2014).

The study adhered to optimal qualitative research methodologies, using a meticulously crafted questionnaire developed by the researcher to address ethical concerns and ensure the integrity of the data collection process. Having specialists involved in the validation process made the research tool more trustworthy.

Design and Procedure

This study used a qualitative method because it was the best way to examine the complex nature of the research question and the data-collection methods. Evens, Lanham, Santi, Cooke, Ridgeway, Morales, Parker, and Dayton (2019) argue that qualitative research examines real-world problems by analyzing participants experiences, perceptions, and actions to gain a better understanding. It explained how the problem worked and what caused it. The researchers used open-ended questions to encourage people to share their thoughts without putting them into specific groups. This supports Singer and Couper (2017) claim that it was important to let people express themselves.

The researchers used a single-embedded case study design, as described by Scholz and Tietje (2002), in line with the qualitative paradigm. This method was employed to examine complex items in the real world. It involved looking at both the big picture of the case and the specific interactions among its subunits, which helped better understand the cases different layers and interactions. This method proved effective in delving deeply into complex issues while maintaining a broad perspective.

The researchers worked with the local chief executives of the City Health Office to obtain permission to gather data and selected city health workers who had been involved in implementing the RH Law. The researchers sent a formal letter to healthcare workers in the three component cities of Davao del Norte, requesting their permission to conduct interviews. The letter clearly outlined the studies objectives and their specific role within it. The researchers conducted long, one-on-one interviews with the participants, and both sides agreed on a date and time for the interviews. Before the interview, the researchers obtained the participants consent to record the conversation. With the participants permission, a phone was used to verify that the audio was recorded correctly. Only the researchers could listen to the audio recordings to protect the privacy and accuracy of the data.

Right after they collected the qualitative data, the researchers reviewed it. They wrote it down to gather the information they needed to develop a special questionnaire for the next qualitative stage.

Data Analysis

Christou (2022) discussed how thematic analysis was used as a qualitative research method to identify, examine, and present patterns or themes in data. In the thematic analysis, the data were repeatedly read and familiarized through close reading of interview transcripts, in-depth interviews, and pertinent financial documents to gain a comprehensive overview of the fiscal challenges. Following these preparations, initial codes were generated by identifying significant statements and patterns related to budget allocation, fund management, and policy implementation. The codes were then organized into potential themes that represented the underlying issues in the data. These identified themes were reviewed and refined to ensure internal consistency and alignment with the research objectives. Finally, each theme was clearly defined and named, and the findings derived from them were interpreted and presented in relation to how fiscal constraints and administrative barriers influenced the implementation of the Reproductive Health Law within LGUs.

Ethical Consideration

The importance of ethics in qualitative research stemmed from its implicit exploration of peoples experiences. In this case, the researchers had to be careful not to let their biases affect the studies integrity. The team ensured that participants rights, dignity, and viewpoints were respected. This approach helped create trust and honesty in the data collection process.

Creswell (1997), as reviewed by Compton-Lilly (1998), argued that qualitative researchers had to address many moral problems while collecting data in the field and when analyzing and sharing qualitative reports. This study examined the financial challenges the Philippines faced in implementing its reproductive health law. The researchers had to be very careful and not disclose the studies outcomes to anyone. The rights of the people who took part were also fundamental.

As researchers, it was our obligation to conduct the research professionally and share fresh, relevant knowledge with the public. It was essential to write down the interviewees responses after each interview. The data analysts and consultants reviewed and analyzed the collected data afterward. We presented the findings to the panel for verification of the studies accuracy and trustworthiness.

Lincoln and Guba (1985) introduced the concept that trustworthiness should be a significant element in qualitative research. The idea of trustworthiness includes the considerable aspects of dependability, transferability, confirmability, and credibility. The paradigm has been used in numerous contemporary academic discussions to assess the quality and comprehensiveness of qualitative research. Ahmed (2024) stated that these four components were vital for maintaining the reliability and robustness of qualitative research. The data verification process for credibility involved obtaining confirmation from participants. The researchers ensured that participants confirmed the instruments used for data collection, including audio recordings and interview transcripts. The process of member checking or participant confirmation both improved the accuracy of results and enhanced researcher ethics by allowing participants to modify or withdraw their responses (Birt, Scott, Cavers, Campbell, & Walter, 2016; Nowell, Norris, White, & Moules, 2017).

The researchers achieved a better understanding of lived experiences through their extensive work with people and multiple interviews with each participant. The research gained credibility through this approach. The researchers used triangulation by examining various data sources, including interviews, observations, and documents. Creswell and Poth (2018) and Fusch, Fusch, and Ness (2018) assert that this strategy enhanced the credibility of the results by providing many perspectives. Peer debriefing and collaborative coding sessions with co-researchers were employed to reduce bias and confirm that the analysis accurately reflected participants statements.

Transferability meant how well the results might be applied in other contexts. The Centers for Disease Control and Prevention (2018) said that providing extensive information about the problem was crucial for helping others understand how it applied to them. Recent research supported this, finding that detailed descriptions of the research environment, participants demographics, and the cultural setting helped readers understand how the study could be applied in other contexts (Gunawan, Marzili, & Aungsuroch, 2022). This extra information gave other researchers and practitioners the tools they needed to determine whether the results could be applied to similar groups of people or places.

On the other hand, dependability concerns the stability and consistency of the research process. A study was deemed reliable if its methods were well documented so that another researcher could follow the same steps and obtain the same results under similar conditions. Korstjens and Moser (2018) stress that maintaining audit trails, reflexive journals, and methodological memos helped ensure the study was open and consistent. The researchers carefully recorded the local environment and other factors that could affect participants responses to improve the studies reliability. The studies potential for different interpretations when repeated or expanded demonstrates the flexible, context-specific nature of qualitative research (Connelly, 2016).

The confirmability method ensured that the collected data and interpretations accurately represented participant views instead of researcher prejudices. Tracy (2010) and Braun and Clarke (2021) state that clear coding decisions , together with thorough documentation of analytical methods and researcher self-reflection practices, improve confirmability. The study supported its results through strict data assessment procedures and used coding software that preserved analytical choices for external examination. The research team used inter- coder agreement protocols and reflective discussions to ensure that the new themes matched the data.

The research followed both traditional and modern standards for evaluating the trustworthiness of qualitative research. The research findings met the criteria of credibility , transferability, dependability, and confirmability through extensive participant involvement , methodological transparency, collaborative data analysis , and ethical responsibility. The research methods produced results which were both accurate and relevant for multiple academic and practical applications.

III. Result and Discussion

The analysis section reviews the collected data and the research results which were presented in the introduction. The research findings stem from interviews with essential experts who have relevant knowledge about the subject. The Researchers thoroughly analyzed the data before presenting it to identify the most relevant themes which best answered the research questions.

The report delivers a comprehensive overview of financial difficulties that Davao del Norte local governments faced when implementing the Responsible Parenthood and Reproductive Health (RPRH) Law. The RPRH Law requires effective delivery of reproductive health care services through Republic Act No. 10354. The achievement becomes possible only when there is sufficient and stable financial inflow.

It can be very challenging to establish comprehensive public health policies at the local level, especially when it comes to making sure they are financially viable. Leider, Resnick, Bishai, and Scutchfield (2018). This research looks at the specific money issues that the local governments in Davao del Norte are facing as they strive to put the Responsible Parenthood and Reproductive Health (RPRH) Law into action. This study looks at the financial situation, adaptive tactics, and alternative solutions to find ways to make reproductive health services more effective and long-lasting.

Participants

Nine (9) people took part in the key informant interviews. There were seven women and two men among them. They were between 37 and 60 years old. People from Tagum, Panabo, and the Island Garden City of Samal in Davao del Norte contributed the

information. The Researchers selected midwives, medical officers, nurses, and population program officers who had served in the City Health Office. The information they gave us helped us fully understand the financial challenges they faced in implementing the Reproductive Health Law in their cities. It covered their problems and how they addressed them, and offered suggestions for addressing the financial issues they faced as they implemented the law in their town.

Table 1 shows that informants were given fake names to protect their privacy. A list of city health workers from the city health offices in Davao Del Norte was made for the selection process. The selection criteria required a broad spectrum of professional experience. Participants had to be city health workers —including midwives, medical officers, physicians, nurses, and population program officers —who had been implementing the Reproductive Health Law in their cities for at least 1 year. The Researchers chose City Health Officers based on their knowledge of the Reproductive Health Law, their ability to implement it, and their understanding of the cities budget.

Table 1. Participants Information

Code	Age	Years of Service in Present Position	Local Government Unit	Study Group
KII1	50	25 years	Tagum City	Interview
KII2	60	5 years	Tagum City	Interview
KII3	41	9 years	Tagum City	Interview
KII4	43	14 years	Panabo City	Interview
KII5	37	2 years	Panabo City	Interview
KII6	38	7 years	Panabo City	Interview
KII7	59	27 years	Island Garden City of Samal	Interview
KII8	38	13 years	Island Garden City of Samal	Interview
KII9	52	26 years	Island Garden City of Samal	Interview

Categorization of Data

The Researchers typed up and carefully reviewed the recorded facts after the key informant interviews (KIIs) to ensure familiarity with them. This initial stage aligns with Braun and Clarke (2006) advice to get to know the data first. The Researchers wrote down the essential themes and important thoughts for each transcript. The researchers reviewed the transcribed data, which the informants repeated again and again, to gain a thorough picture of their stories and prepare for further analysis. The second step is to write the first code. In this stage, the researchers carefully identified interesting traits and patterns that occurred multiple times in the data. They jotted down brief phrases or keywords to summarize some of the city health workers ideas and classified the information to make the study easier to understand.

The next stage is to look for common themes in the data. The researchers grouped similar codes to identify prospective themes. Then they combed over all the data again to improve it. This process involved reading the categories several times to ensure they accurately reflected the ideas behind them. The fourth step is to look over the themes. This procedure consists of checking whether each theme makes sense with the coded data extracts and whether they fit with the whole dataset.

Finally, during the report writing phase, examples were selected to illustrate key themes, and a final analysis was conducted to confirm that the results aligned with the research question and the existing literature. In this stage, a report was written that used both words and pictures to show how themes and codes were related. The systematic approach ensured that the cities health workers were thoroughly and meaningfully studied, with a focus on their roles in managing a budget to implement the reproductive health law (Guest, Namey, & Chen, 2020).

Fiscal Challenges in Implementing the Reproductive Health Law

The city of Davao del Norte has faced ongoing financial challenges in implementing the Reproductive Health (RH) Law, as evidenced by interviews with key informants and patterns observed in both local and national data. These fiscal issues are deeply embedded in broader systemic problems of budget allocation, planning misalignments, supply shortages, and program prioritization (Dacanay & Rodolfo, 2005). The following discussion elaborates on the major themes and core ideas identified from the key informant interviews and thematic analysis, as summarized in Table 2.

Resource Inequity in Reproductive Health

The unequal distribution of resources and the lack of resources for reproductive health services are major financial problems for city governments in Davao del Norte. Key informants consistently reported that their local governments face persistent budgetary constraints, which often prevent adequate funding for reproductive health programs. These resource gaps not only limit the scope and reach of services but also hinder the effective delivery of essential reproductive health interventions to the communities most in need.

"Budgetary constraints often prevent adequate funding for RH services; these resource gaps hinder service delivery." - KII1.

This structural limitation is further compounded by the LGUs failure to budget for Responsible Parenthood and Reproductive Health programs, which jeopardizes the communities safety and robs it of a healthier future. Cities generally rely heavily on national government support, which makes it even harder to secure enough funding when local resources are limited and they have to rely on unreliable outside financing sources. The city does not have much money and needs to address other vital needs, such as public safety, road construction, and education. Because of this, reproductive health does not always receive as much attention in the budget.

"Reproductive health frequently receives less funding due to a lack of city money, reliance on federal funding, and conflicting objectives like public safety, infrastructure, and education." - KII4

Table 2. Significant Themes and Core Ideas on City Government Fiscal Challenges in Implementing the Reproductive Health Law

MAJOR THEMES	DESCRIPTION	CORE IDEAS
Resource Inequity in Reproductive Health	*It outlines how the unequal distribution of financial, human, and logistical resources among communities hinders the effective delivery of reproductive health care, restricting access for marginalized people and contributing to health inequalities.*	Our ability to deliver essential reproductive health services is directly limited by insufficient funding due to tight budgets, creating gaps we cannot adequately fill. Our LGUs failure to budget for RPRH programs jeopardizes our safety and robs our community of a healthier future. We constantly struggle to secure adequate funding because our city lacks sufficient resources, relies heavily on unreliable financial sources, and consistently prioritizes other urgent needs — such as policing, roads, and schools — over us. Our failure to tightly integrate our planning and budgeting leads to wasted resources. We are being denied essential support and opportunities because the resources meant to sustain us are inadequate.
Inadequate Reproductive Health Facilities	*It describes how the scarcity and poor condition of reproductive health facilities impede the delivery of quality services, limit access in remote areas, and undermine the overall effectiveness of health interventions.*	Our budget constraints often leave us without enough contraceptives. Because we lack sufficient funds, we cannot consistently stock essential contraceptives and reproductive health supplies, forcing us to interrupt services when they run out. When contraceptive supplies run low for us, our shelves run empty. We lack the funds to build or upgrade the critical reproductive health facilities our community needs. We lack the necessary hospital infrastructure, forcing us to bear the burden of referring complex reproductive health cases elsewhere.
Service Delivery Constraints in Local Reproductive Health Programs	*It shows how factors such as insufficient qualified staff, poor coordination, and limited outreach methods make it harder for community- level reproductive health programs to function and be accessible.*	We struggle to sustain ongoing training and development for our healthcare staff. We face a barrier that undermines our effectiveness in running community education and awareness campaigns. We cannot sustain vital outreach like information campaigns, mobile clinics, or youth programs because our budget is too limited. We struggle to provide adequate care because our rural health unit lacks essential equipment and facilities. We are constrained by insufficient funds for transport, monitoring tools, and data collection, hindering our ability to implement and monitor programs effectively and on schedule.
Low Prioritization for RH Programs due to Competing Needs	*It discusses how local governments often devote insufficient attention or resources to reproductive health programs, as they have other, more pressing requirements to meet. This leads to gaps in service provision and program viability.*	Competing critical demands force us to make difficult choices about where to allocate limited resources. We lack the critical funds needed to run reproductive health programs for youth properly. We are perennially overshadowed and underfunded because other priorities consistently dominate the cities budget discussions. We struggle to fully address reproductive health needs because our resources are stretched thin by other critical demands like infrastructure, disaster response, and basic services. City officials consistently treat reproductive health programs as expendable, sacrificing well-being for higher-priority projects.

This study shows that the issue is not just a lack of funds, but also the integration and allocation of resources in city planning. One major problem is that planning and budgeting do not align, resulting in less efficient operations and wasted resources. Ultimately, inadequate or poorly managed resources deprive communities of crucial assistance and opportunities.

This topic keeps coming up, indicating that reproductive health is not a top priority in local budgets. Exclusion from core budgets occurs when conflicting needs arise and there are no specialized, ring-fenced financing channels. Relying on external or national sources may help in the short term, but it also makes things very unstable and more vulnerable to changing priorities or

budget cuts. This dependency makes it extremely difficult for programs to endure over time and erodes local ownership, prolonging cycles of underinvestment.

"Dependence on national government or Non- Government Organization support, making them vulnerable to budget cuts or changes in external priorities." - KII9

Additionally, delays in the distribution of national government subsidies highlight this inherent fragility. Such institutionalized disregard for reproductive health at the local governance level can imply that critical services are prone to external shocks and internal competing demands, posing a threat to the principles of universal health coverage. Such a situation perpetuates health disparities, particularly for vulnerable populations. It can lead to a cycle of unmet needs, especially in areas with weak local revenue generation, thereby hindering the realization of reproductive rights and justice. This is consistent with Cuenca (2020) findings, which emphasized that subnational governments often face inequities in health funding due to wide disparities in local revenue generation and inadequate fiscal transfers from the national government. Similarly, Melgar, Melgar, Festin, Hoopes, and Chandra-Mouli (2018) reported that the deprioritization of RH in LGU budgets leads to fragmented and sporadic program implementation.

Inadequate Reproductive Health Facilities

One of the unrelenting funding issues is the failure to have a consistent supply chain of contraceptives and other key reproductive health commodities, and weak infrastructure. Cities have reported cases in which a budget constraint may limit them from purchasing appropriate quantities of contraceptives, and this often leads to shortages in supplies at health facilities. This frequent interruption in the supply chain deteriorates reproductive health services continuity and predictability, especially among the disadvantaged and at-need groups.

"Budgetary restrictions sometimes prevent us from buying enough contraceptives; this frequently results in shortages." - KII6

Scarce budget most of the time leads to constant fluctuation of the available contraceptives and other reproductive health materials, and causes service disruptions, as was noted by one of the respondents. This not only interrupts dissemination of essential health services but also the capacity on the part of local health units to address reproductive health requirements of their communities with respectability.

"Limited funds mean inconsistent supply of contraceptives and RH materials, leading to service interruptions." - KII9

Consequently, these constraints frequently culminate in reduced availability of contraceptives and RH commodities, occasionally triggering stockouts. These shortages have a direct effect on the supply and access of services, affecting low- income groups and young people the most.

Importantly, this problem is even more than a budget constraint, as administrative inefficiency concerning procurement and supply chain management is impacted. As empirically demonstrated by Trisolini, Javier, Jabar, Rodriguez, Varquez, Danganan, Benabaye, Reynaldo, Conti-Lopez, Dela Rosa, Mendoza, Dasmarinas, Stan, Bisson and Oliveros (2023) in the International Journal of Health Planning and Management, the chronic misalignment between procurement planning and budget releases resulted in stockouts of contraceptives in nearly half of the surveyed rural health units in the Philippines. Compounding these logistical issues, the physical infrastructure essential for supporting reproductive health services is frequently inadequate.

"Limited financial resources prevent the city from upgrading or building health facilities equipped for Responsible Parenthood and Reproductive Health services, such as birthing facilities or adolescent teen clinics/centers." - KII9

Stating that they lack the funds to build or upgrade critical reproductive health facilities for community needs. This includes essential birthing facilities or adolescent teen clinics/centers. The absence of city-owned hospitals means that more complex reproductive health services must be referred, creating additional burdens. These infrastructure gaps further isolate rural and underserved populations from essential RH services. The inaccessibility and unavailability of healthcare facilities, along with inadequate infrastructure, are significant barriers to the implementation of sexual and reproductive health programs.

Therefore, commodity shortages and lack of proper infrastructure are an outright denial of basic reproductive rights, namely, the right to determine the number, spacing, and timing of children. People are being denied reproductive choice and being systematically denied using their bodies with predictable consequences. Whether by lack of contrivances when needed or by uncontrollable side effects at other times, when essential commodities like contraceptives are available only randomly, people are systematically denied the freedom to exercise their reproductive choices on a predictable basis. At the same time, there are sufficient facilities, which create serious physical barriers to care, especially for complex cases. Such failures directly lead to negative health outcomes in the form of an increase in the number of unintended pregnancies, maternal mortality, and sexually transmitted infection rates, which disproportionately affect vulnerable populations. This systematic fallout is an outright violation of the fundamental principles of reproductive justice: the right to have or not have a child and to parent children in healthy and safe conditions.

Service Delivery Constraints in Local Reproductive Health Programs

The main problem that impedes the consistent delivery of reproductive health services is operational issues, including administrative, workforce, and resource constraints for outreach and capacity building. Health offices in cities faced difficulties consistently carrying out capacity-building exercises for their health workers, citing financial constraints and logistical challenges. The absence of routine training undermines the skills and preparedness of health personnel and, in turn, their overall performance.

"The continuous conduct of capacity building for our health care workers is a challenge." - KII5.

This hinders the ability to conduct effective community education and awareness campaigns. It was also observed that cities cannot sustain vital outreach programs such as information campaigns, mobile clinics, or youth programs due to limited budgets. Furthermore, local health units struggle to provide adequate care due to a lack of essential equipment and facilities. Administrative and logistical constraints, such as limited funds for transportation, monitoring, and data-collection tools, further undermine the implementation and evaluation of reproductive health programs, resulting in reduced efficiency and limited-service reach in underserved areas.

"Limited funds for transport, monitoring, and data collection tools." - KII9

Results hinder the ability to implement and monitor programs effectively and on schedule. Staffing issues are pervasive, with a shortage of trained personnel and insufficient funds for hiring and training. This has led to a decrease in service quality and availability, including the failure to provide vasectomy services at local health units staffed by untrained personnel. This has resulted in the inaccessibility of some reproductive health services, thus constraining the choice of individuals and negatively impacting the initiatives to disseminate informed family planning.

"The non-availability of vasectomy methods since there is no trained staff." - KII2

To make these systemic issues even worse, the working conditions of numerous barangay health workers are critically understaffed and underpaid, and they often have to work on a volunteer basis due to the constant lack of funds. There is a fundamental gap between national policy requirements and their practical implementation at the local level. The use of underpaid or volunteer workers and inadequate financing for their basic training and outreach activities is, in essence, a recipe for failure in local health offices ability to provide holistic, high-quality RH services. As a result, even when service delivery improves in quantity and quality, it is also further exacerbated by the geographic location of disadvantaged and marginalized communities, who bear the brunt of this situation.

This crisis in operations leads to a devastating loss of human assets and a decline in service quality. Constant underpaying and poor training are significant causes of demotivation, personnel turnover, and underutilization of professional potential. This negatively affects the quality of care and prevents innovation and adaptation, as health workers lack access to new best practices and methodologies. This form of systemic failure amounts to a direct violation of the right to health and the right to access information, services, and resources that are provided under reproductive rights. This violation puts undue pressure on vulnerable groups who depend on publicly funded health care and reinforces deeply rooted health disparities, jeopardizing the very concept of universal reproductive health services: ensuring all people can access quality care.

Such results are refuted by the empirical data provided by Nisperos, Cabanizas, Bulario, Cadiz, Lastino, and Siscar (2024), who reported that the local health systems with poor institutional capacity never manage to implement their programs efficiently, especially in cases when the system of staff training, supervision, and support is chronically underfinanced. Empowering local health officers and introducing fair salary mechanisms should therefore be an imperative, as identified in the Universal Health Coverage reforms. Besides, insufficient preparation and training of personnel play a vital role in preventing the implementation of comprehensive reproductive health training programs.

Low Priority for RH Due to Competing Needs

Reproductive health programs are most exposed to fiscal neglect due to competing priorities and, in many cases, a lack of political will. City officials are usually subject to competing critical needs that consume scarce resources in the undertaking of infrastructure development, disaster response, and the provision of basic services. Consequently, there is also a high tendency of low priority in reproductive health programs, which translates to funding gaps, program gaps, and service gaps.

"Competing priorities such as infrastructure, disaster response, and basic services often limit what we can do." - KII9.

Other priorities always push reproductive health (RH) programs to the side and underfund them in city budgets. Cities face a challenging situation due to this systemic lack of priority: they must strive to address all reproductive health needs. At the same time, their resources are overextended by demands for infrastructure, disaster response, and basic services. As a result, city officials often prioritize other projects over reproductive health programs, neglecting the health of the population.

This lack of attention is especially detrimental for programs that help young people. The City Health Office (CHO) cannot provide vital, age-appropriate reproductive health information because it lacks sufficient staff to assist the Youth and RH Programs. The resulting gap represents a significant failure to address the needs and rights of minors, leaving them vulnerable due to their lack of access to essential information and services.

"Without dedicated RH program funds, the CHO struggles to run programs for youth." - KII9

Because of this shortage of money, young people are more likely to get pregnant, have STIs, and get bad information. This challenge is even more difficult because of logistical issues.

"Transportation and logistical expenses for outreach are often limited due to a lack of budget for mobilization. Sometimes we cannot reach far-flung communities." - KII9.

Some local officials either did not know about or did not want Reproductive Health (RH) programs to take place, which is a primary reason they were ignored for so long. This theme highlights the critical moral and political dimensions of working with a limited budget. The RH Law is highly explicit and has an obvious public health need; however, city finances often do not include RH initiatives. Politicians frequently shift resources to short-term, high-profile initiatives, such as infrastructure, to help them win elections quickly. This kind of action suggests that you do not grasp the situation and that your priorities are out of whack: you do not consider RH investment as essential for long-term social well-being and economic resilience.

Also, this lack of relevance for RH highlights a significant gap between policy and practice, as local finances do not always align with national guidelines. This is because of political inaction or a short-sighted focus on short-term, tangible benefits over long-term public health investments. This short-term political calculation does not take into account the long-term costs to society of poor reproductive health, like higher rates of maternal and infant death, teen pregnancies, and economic burdens. If you lack the political will, you would not promote RH as a fundamental right and an essential aspect of community development.

Finally, this lack of priority keeps the cycle of unmet needs and health inequities going, especially for young people and groups that are already in a difficult situation. It goes against the main ideas of reproductive justice, which say that everyone should have the resources and power to make healthy choices about their bodies and families without being oppressed by the system. It also runs counter to the overall vision of the Responsible Parenthood and Reproductive Health Law. This needs ongoing advocacy that not only shows data but also changes how politicians think and how they are held accountable. Melgar, Melgar, Festin, Hoopes, and Chandra-Mouli (2018) findings align with the reduction of RH in LGU budgets. A 2023 report by Save the Children Philippines states that cities in Mindanao, such as Davao del Norte, often lack functioning RH programs due to LGUs insufficient funds. George, Jacobs, Kinney, Khosla, Hawke, and Bhatt (2021) stress that it is just as essential to strengthen service delivery as to fund programs that address the broader social and systemic factors that affect reproductive health. Political choices, such as cutting

aid, can significantly affect RH funding. Even with plans like the Gender Equality and Womens Empowerment Plan, it remains challenging to turn them into programs that help women at the LGU level, especially during times of crisis.

Adaptive strategies adopted by city governments to address fiscal challenges in implementing the Reproductive Health Law

City governments in Davao del Norte have developed flexible plans to make the most of their resources while ensuring reproductive health services continue to be delivered effectively, even as they still struggle with funding. These strategies align with broader ideas such as putting the budget first, being innovative, working together across levels, and using resources more efficiently. Table 3 shows the main ideas and themes behind these adaptive strategies.

Strategic Resource Allocation

City governments in Davao del Norte demonstrate fiscal prudence through strategic reprioritization, directing existing resources toward the most essential and cost-effective reproductive health services. With limited funding, there is a conscious effort to carefully determine which services and initiatives are most critical, ensuring that necessary supplies, core health services, and urgent community needs are prioritized. This targeted allocation approach helps maximize impact despite financial constraints, although it often means deferring or scaling back other important but less urgent interventions.

Table 3. Major themes and Core Ideas about the adaptive strategies that city governments adopt to address fiscal challenges in implementing the Reproductive Health Law

MAJOR THEMES	DESCRIPTION	CORE IDEAS
Strategic Resource Allocation	*It describes how effective planning and targeted budgeting enable local governments to make the most of limited resources, ensuring that reproductive health programs are adequately funded and efficiently implemented.*	We strategically allocate limited funds to what matters most, ensuring critical needs — such as essential supplies and vital health services — are met first. We will prioritize funding direct services over administrative expenses to maximize community impact with our limited resources. We redirect funds from administrative functions toward services that create a direct impact. Our trust fund for budget shortfalls serves as a reserve that provides us with financial flexibility when accessed. Securing our PhilHealth accreditation unlocks additional funding by guaranteeing PhilHealth reimbursements.
External Resource Mobilization	*It discusses how obtaining funding from national agencies, organizations, and corporate partners helps local governments fund and sustain reproductive health programs beyond internal budget limits.*	We strategically blend external resources with our communities inherent strength to drive sustainable progress. We are proactively diversifying our funding base and resources by pursuing national funding opportunities, forming strategic partnerships with NGOs for both services and joint funding, and actively seeking international grants. We pursue strategic partnerships with national agencies, NGOs, and international partners to leverage additional funding and technical assistance. We strategically cultivate partnerships with NGOs and other facilities to generate essential resources for our mission. We aim to drive meaningful change in our community by developing innovative solutions (social entrepreneurship), mobilizing local support (local philanthropy and crowdfunding), and building strategic alliances (public-private partnerships).
Streamlining Reproductive Health Services Through Program Coordination	*It explains how collaborative efforts between local agencies, health units, and stakeholders increase the efficiency, coverage, and consistency of reproductive health service delivery.*	We commit to intentionally and systematically integrating Reproductive Health, Population Management, and Responsible Parenthood (RPRH) priorities into our local plans and budgets, ensuring every development contributes to equitable access and well-being for all. To secure essential and sustained funding, we commit to integrating RPRH programs into our Annual Investment Plan. By integrating our reproductive health services into existing health programs, we maximize our limited resources and eliminate redundant efforts. We are the central nervous system of modern healthcare, seamlessly connecting patients, providers, and data to enable informed decisions, coordinated care, and secure health information flow. We are advocating for continuous education on Natural Family Planning (NFP) because its an accessible, effective, and free or low-cost option for everyone.
Multi-Stakeholder Collaboration	*It addresses how bringing together different sectors, such as government, civil society, and community groups, promotes reproductive health programs by sharing*	We will collaborate with our community to identify and strengthen our solutions. By including the RPRH program in our annual health budget, we empower ourselves as local leaders to effectively allocate resources and ensure they are accessible to our community. Through our coordination, we create synergy for effective planning, resource allocation, and responsive community service.

duties, resources, and knowledge.	We will collaborate closely with the Commission on Population and Development and the Provincial Health Office to ensure they provide additional family planning commodities and facilitate/sponsor training. We leverage complementary strengths with the private health sector to enhance health outcomes.

"Prioritization is carefully determining which services and initiatives are most important and allocating limited funds accordingly. This involves prioritizing necessary supplies, key health services, and critical community requirements." - KII6

This involves a deliberate reallocation of budgets from non-essential administrative expenses to direct service delivery, with the aim to prioritize funding direct services over administrative expenses to maximize community impact with the limited resources. This shift is reflected in the practice to redirect funds from administrative functions toward services that create a direct impact.

Beyond internal reallocations, LGUs also leverage specific funds and mechanisms to augment their RH budget. Setting up a trust fund for budget shortfalls is an important way to set aside money that can be used when regular funding is not enough. This system makes it easier to meet urgent reproductive health needs and makes sure that essential services can keep going even when money is tight.

"Office that has opened a trust fund for the shortage of budget and serves as a reserved financial resource. Accessing the trust fund allows for greater flexibility." - KII2

Also, getting PhilHealth accreditation allows local health facilities to receive more money through PhilHealth reimbursements. This not only helps the small local budget, but it also makes reproductive health programs more sustainable by giving them a steady source of money that is linked to the services they provide.

"Securing PhilHealth accreditation enables our health institutions to receive additional funds through PhilHealth reimbursements." - KII6

Some LGUs also strategically use their Gender and Development (GAD) fund allocation to directly improve health services that are accessible and responsive to gender, and they also make extra budget requests for more money. This data shows an adaptive governance approach in which local governments (LGUs) are not just passive recipients of national budgets but instead take an active role in being fiscally responsible and setting priorities. This shows that local governments are becoming more responsible with their money, putting more emphasis on results than on spending. These kinds of flexible plans assist local health systems in staying strong and make it less likely that they will be hurt by sudden changes in funding from other sources. By making the most of the resources they already have, LGUs may slowly improve service delivery, create trust with communities, and lay the groundwork for stronger and fairer reproductive health services. Reproductive justice says that services should reach those in need, even with limited resources. This is because the federal funds that LGUs receive do not cover decentralized hospital costs, which is part of the reason for this strategy change. This transformation has caused resources to go toward services that are more community-based and long-term.

External Resource Mobilization

Davao del Norte cities actively seek financial and technical assistance from external sources because they recognize their budgets cannot cover everything. This approach involves using outside resources wisely and working with the strengths of their community to produce improvement that lasts. LGUs are seeking national funds, partnering with NGOs to provide services and fund projects jointly, and appealing for grants from other countries. These activities help fill financing gaps, reach more people with services, and expand the impact of reproductive health programs in the community.

"Actively seeking national funding, partnering with Non-Government Organizations for services and joint funding, applying for international grants." - KII8

This involves obtaining additional funding and technical assistance from national agencies, non-governmental organizations (NGOs), and foreign partners. Partnerships with NGOs and other partner facilities are also carefully planned to help raise funds. This provides LGUs with access to more materials, services, and funding that support reproductive health programs and help them operate more effectively and sustainably.

"Resource generation from the Non- Government Organizations and other partner facilities." - KII5

This variety of funding sources is crucial for expanding service coverage and solving shortages of goods. People are also looking for new ways to make money, such as social entrepreneurship, local philanthropy, crowdfunding initiatives, and public-private partnerships. The purpose of these additional techniques is to establish community-driven and more sustainable ways to fund reproductive health programs.

"Explore social entrepreneurship, local philanthropy, crowdfunding, and public-private partnerships." - KII8

This intentional quest for other outside partnerships reflects a strategic move away from aid approaches that make people dependent and toward long-term financial security. Local Government Units (LGUs) are getting better at managing their resources by actively seeking and leveraging collaborations with external groups — not as gifts, but as extra help for their reproductive health (RH) work. This method consolidates diverse knowledge and resources to enhance service quality, expand outreach, and strengthen programming. This strategy is essential because it fits with the main ideas of the reproductive justice framework, which are to build community power and use collective action to make sure that everyone has fair access to complete reproductive health services, especially for groups that are already marginalized. Collaborations with private pharmacies are a good example of how these partnerships can be strategically beneficial. Studies show that many women prefer these pharmacies for family planning services because they are reliable and affordable, addressing common problems in public systems that lack sufficient funding. This focus on different sources of financing and strategic partnerships is significant because national funding is still inconsistent and not enough, and religious factors make it even harder to obtain adequate reproductive health care.

Streamlining Reproductive Health Services Through Program Coordination

City governments include Responsible Parenthood and Reproductive Health (RPRH) in their current health systems and programs to avoid duplication and ensure smoother operations. This plan calls for them to intentionally and systematically include the goals of reproductive health, population management, and responsible parenthood in their local plans and budgets. This will ensure that every development helps everyone have equal access to health. One of the most important things they need to do is include Responsible Parenthood and Reproductive Health programs in their Annual Investment Plan so they can get money for them. LGUs can make the most of their limited resources, streamline program implementation, and avoid duplication in service delivery by integrating these services into larger health programs.

"Integrating Reproductive Health into Existing Health Programs incorporates Responsible Parenthood and Reproductive Health services into broader health initiatives, allowing for more efficient use of limited resources, and avoids duplication of efforts." - KII9.

This integration approach ensures that reproductive health services are not treated as isolated initiatives but are embedded within established, well-funded, and operational local programs, such as maternal and child health, gender and development, and primary healthcare. Innovations also contribute to streamlining, such as the development of the Digital Health Information System, which enhances data management, facilitates real-time monitoring, and supports evidence-based planning and decision-making in the delivery of reproductive health services.

"Digital Health Information System." - KII3

This serves as the central nervous system of modern healthcare, seamlessly connecting patients, providers, and data to enable informed decisions, coordinated care, and secure health information flow. Other efficiency measures include Task Shifting, strengthening reproductive health infrastructure, focusing on prevention and health promotion strategies, optimizing supply chains, and using mobile health (mHealth). There is also advocacy for the ongoing conduct of information and educational campaigns, particularly to promote the use of Natural Family Planning (NFP), an affordable, accessible, and culturally acceptable method that empowers individuals and couples to make informed reproductive choices.

"The conduct of continuous information and educational campaigns, especially advocating the use of Natural Family Planning (NFP). NFP is inexpensive or free." - KII4

This new way of doing things is a big step toward making the health system stronger and more complete. The program acknowledges how reproductive health (RH) affects total health by including maternal-child health results and other determinants as shown in Population, Health, and Environment (PHE) policies. It transcends just financial savings. The integration of reproductive health into existing comprehensive health programs provides substantial stability and maximizes personnel, infrastructure, and community trust. Innovations extend beyond technological progress because they include strategic tools that tackle resource shortages to deliver vital services to underserved regions. The integration strengthens the systems resilience while ensuring long-term sustainability, thereby supporting Universal Health Care Act of 2019. The initiative places reproductive health at the forefront of public health while protecting reproductive rights through improved service delivery and accessibility. The Philippines Universal Health Care Act works to achieve this goal through its focus on equal healthcare access, strong systems, and the integration of digital health technology and inter-city coordination. The law provides a comprehensive foundation for this major integration.

Multi-Stakeholder Collaboration

Cities achieve collaborative governance through their involvement with multiple internal and external stakeholders. The community needs their collaboration to identify and solve its existing problems. Local Government Units (LGUs) support community leaders in the administration of the reproductive health program through their efforts to encourage barangays to include the Responsible Parenthood and Reproductive Health (RPRH) program in their yearly health budgets. The approach enables efficient resource utilization while maintaining essential services for the communities they serve.

"Encouraging the Barangays to include the Responsible Parenthood and Reproductive Health program in their annual health budget empowers our local leaders, ensuring that the resources are allocated effectively and accessible to the community." - KII7.

Coordination between offices, such as the CHO, GAD, and Planning and Budget offices, enables effective planning, resource allocation, and responsive community service. External partnerships are also essential, requiring close coordination with the Provincial Health Office and the Commission on Population and Development to support pertinent training initiatives and enable the supply of extra family planning supplies. These partnerships enhance local health systems capacity to deliver comprehensive and sustainable reproductive health services.

"Close coordination with the Commission on Population and Development and Provincial Health Office on their provision of additional Family Planning Commodities facilitation and sponsorship training." - KII4

Furthermore, LGUs collaborate with the private health sector to expand service delivery, tap into additional resources, and improve access to reproductive health services. These partnerships help bridge service gaps, especially in underserved areas, and foster a more inclusive and integrated health system that leverages the strengths of both the public and private sectors.

"Collaborate with the private health sector." - KII5

This multi-stakeholder approach includes close coordination with key stakeholders, community outreach and mobilization, and barangay-level community- based health initiatives. This collaboration is vital for resource mobilization, technical assistance, and ensuring program relevance. Engaging diverse actors from within and outside the government fosters shared ownership, transparency, and accountability, leading to more responsive and effective RH initiatives. Community engagement helps explicitly ensure that programs stay connected to the real-life experiences and local needs of the community.

The collaborative method empowers local governance and community agencies. The implementation of RH becomes a collective duty through community engagement in multi-stakeholder collaboration. Budget planning participation from communities ensures funds address actual needs rather than perceived priorities, thereby enhancing program accountability and transparency, and increasing their responsiveness and legitimacy. The direct involvement of those most affected, particularly marginalized groups, in reproductive health choices strengthens the Reproductive Justice paradigm. The approach builds stronger local democratic systems that create enduring health systems that address complex problems and ensure equal access to

reproductive rights. Belonguel, Cortina, Verceles, Antonio, Alqaseer, Centeno, Porras, and Howell (2021) stress that this method must be grounded in the understanding and leadership of vulnerable and marginalized groups, especially women and disadvantaged populations. The process requires strategic leadership to avoid typical multi-sectoral coordination problems, including operational silos and inadequate accountability systems.

Recommendations to address fiscal challenges in implementing the Reproductive Health Law in cities.

Addressing the fiscal bottlenecks that constrain the implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law in Davao del Norte requires adopting forward-looking, integrated, and data-driven strategies. The following recommendations, derived from stakeholder feedback and prevailing evidence, are presented within broader governance and development frameworks that support sustainable and inclusive financing for reproductive health programs. These recommendations are summarized in Table 4.

Table 4. Major themes and Core Ideas about the recommendations can be provided to address fiscal challenges in implementing the Reproductive Health Law in cities

MAJOR THEMES	DESCRIPTION	CORE IDEAS
Integrating the Reproductive Health Program into the Local Development Investment Plan	*It discusses how to achieve sustainable finance and enhanced service delivery by integrating reproductive health priorities into local development goals during planning and budgeting.*	We will embed reproductive health within our core local development plans to guarantee consistent funding. We will embed Responsible Parenthood and Reproductive Health (RPRH) as a standard practice in all our local development and investment planning. We commit to making RPRH programs a fundamental component of our Annual Investment Plan and Local Development Plans to ensure they are systematically funded and implemented. We ensure our budget prioritizes RPRH through dedicated funding lines allocated based on community needs. We will strategically align our Reproductive Health (RPRH) efforts to directly drive progress in reducing poverty, improving maternal and child health, and advancing gender equality across our city.
Collaborative Engagement with National Government	*It illustrates how collaboration with national government agencies improves local reproductive health program implementation by providing policy direction, technical assistance, and access to additional money.*	We need seamless and direct access to national funds and grants to better serve our communities. We seek national government partnerships to increase our funding/resources. We will leverage the Universal Health Care Law as the primary mechanism to integrate RPRH services into essential health coverage and secure dedicated funding for their implementation. We will prioritize increasing dedicated resources for both national programs and local community initiatives. Our consistent operation relies heavily on sustained support from either the national government or NGOs.
Community-Driven Data Advocacy	*It explains how allowing communities to collect, evaluate, and apply data boosts advocacy efforts, informs local planning, and ensures that reproductive health initiatives meet real needs.*	We partner with communities, civil society, and local leaders to amplify the publics demand for increased RH funding. We will cultivate grassroots political support community by community across our region. We will leverage local health statistics, unmet needs, and identified service gaps to build a compelling case justifying the need for increased budget allocation. We rely on data-driven tools to make informed budgeting and planning decisions. We use health data and demographic trends from needs assessments to inform budget priorities.
Integrated Multi-sectoral Partnerships	*It emphasizes how bringing together efforts from health, education, social welfare, and other areas promotes comprehensive reproductive health solutions and maximizes resource utilization at the local level.*	We will proactively collaborate with all agencies and stakeholders to define clear roles, build trust, and strengthen our collective impact. We actively pursue and forge strategic alliances with diverse partners, including NGOs, private businesses, and international donors, to achieve shared goals. We integrate our efforts across health, social welfare, planning, and finance to achieve shared objectives. We demand meaningful participation in deciding how resources are used and ensuring outreach reaches us, especially our marginalized urban communities. We will pursue innovative funding mechanisms like public-private partnerships and grants from NGOs or international donors to secure necessary resources.

Integrating Reproductive Health Program to Local Development Investment Plan

A recurring sentiment among participants underscores the imperative to institutionalize Responsible Parenthood and Reproductive Health funding within the local governments core planning documents, such as the Annual Investment Plan (AIP) and the Local Development Plan (LDP). One health officer emphasized the need to prioritize reproductive health in local development agendas to ensure consistent funding, stressing that only by embedding these programs into the broader planning and budgeting framework can long-term sustainability and service continuity be achieved.

"Prioritize reproductive health in local development agendas to ensure consistent funding." - KII1

This perspective advocates for a paradigm shift. The researchers need to see responsible parenthood and reproductive health as a development issue that affects all areas of life, not just health. It is closely linked to ending poverty, improving maternal health, and achieving gender equality. The suggestion to include Responsible Parenthood and Reproductive Health in Local Development and Investment Plans is a strategic move to make sure that RH priorities are always a part of local governance, getting ongoing attention, funding, and alignment with long-term development goals.

"Institutionalize Responsible Parenthood and Reproductive Health in Local Development and Investment Plans." - KII3

The Annual Investment Plan and Local Development Plans will include Responsible Parenthood and Reproductive Health initiatives as essential components, demonstrating their ongoing support and implementation. The participants (KII3) recommended that the budget should have a distinct line item for Responsible Parenthood and Reproductive Health. The budget should include a specific line item for RPRH to ensure RH activities stay important during budget cuts and to define RPRH requirements and priorities clearly. This method would improve the financial transparency of local RH initiatives while ensuring accountability and sustainability.

"Prioritize Responsible Parenthood and Reproductive Health in the local budget with dedicated lines and needs-based allocation." - KII8

The implementation of Reproductive Health (RH) initiatives requires strategic planning to achieve their intended goals of poverty reduction, maternal and child health improvement, and gender equality advancement in their community.

The budgetary implementation of this recommendation serves to achieve the goals of the Responsible Parenthood and Reproductive Health Law. The integration of reproductive health into fundamental budgeting frameworks makes it an essential element of local governance that neither political changes nor competing priorities can alter. This systematic approach ensures that Local Government Units remain responsible for delivering these services as fundamental rights rather than privileges. According to the Reproductive Rights Framework Theory, every person holds the right to health, together with rights to knowledge and services. The inclusion of Responsible Parenthood and Reproductive Health in development plans ensures that these rights become fundamental rights according to legislative and governmental bodies.

The Reproductive Justice Theory demonstrates that connecting reproductive health to poverty elimination and gender equality work shows how reproductive oppression affects people in various ways. This method ensures funding supports medical needs while addressing socioeconomic and political determinants that affect reproductive health, especially for marginalized groups. The approach moves beyond individual choices to establish social equity. The authors Siy Van, Uy, Bagas, and Ulep (2022) build upon this framework through reproductive justice theory to show various barriers that prevent poor communities from obtaining reproductive healthcare. Singh, Dixit, and Joshi (2020) show how family power structures, together with structural elements, affect reproductive choices and healthcare availability. Hanson, Brikci, Erlangga, Alebachew, De Allegri, Balabanova, Blecher, Cashin, Esperato, Hipgrave, Kalisa, Kurowski, Meng, Morgan, Mtei, Nolte, Onoka, Powell-Jackson, Roland, Sadanandan, Stenberg, Morales, Wang, and Wurei (2022) concur that integrated budgeting and service organization tools are essential for ensuring the effective utilization and safeguarding of resources for people- centered primary health care.

Collaborative Engagement with National Government

The limited Internal Revenue Allotment (IRA) and competing local priorities often impede consistent RH funding. In response, participants recommended mobilizing external, innovative sources to expand fiscal space for Responsible Parenthood and Reproductive Health. This includes the need for seamless and direct access to national funds and grants to serve their communities better and;

"Coordinate with national government support for augmentation of allocation." - KII5

A key strategy involves leveraging the Universal Health Care Law as the primary mechanism to integrate Responsible Parenthood and Reproductive Health services into essential health coverage and secure dedicated funding for their implementation. There is also a call to prioritize increasing dedicated resources for both national programs and local community initiatives, recognizing that;

"The local Responsible Parenthood and Reproductive Health programs rely heavily on national government or Non-Government Organization support." - KII9.

Securing PhilHealth accreditation enables health facilities to receive additional funds for RH services. Collaborations with non-government organizations (NGOs) and other partners are also vital for providing additional funding, technical assistance, and resources.

Participants also discussed the potential of public-private partnerships (PPP) and grants from Non-Government Organizations or international donors, emphasizing the need to explore innovative funding mechanisms. These creative approaches reduce over-reliance on the city budget and open the door to new investments in infrastructure, training, and service delivery. The recommendation to;

"Encourage Local Government Units to prioritize Responsible Parenthood and Reproductive Health in local budgets through incentive mechanisms or conditional funding." - KII9

Stresses the need for flexible, adaptable financing to make the most of current resources and ensure reproductive health is financially stable. Additionally, promoting natural family planning because it is cost-effective, coming up with new ways to deliver services that are also cost-effective, putting cost-effective interventions first, using technology like mobile health to make the most of social media, and managing resources well through strong supply chains to avoid waste are all important for getting the most out of resources.

This suggestion goes beyond just raising budgets. It also suggests diversifying financing sources to stabilize the budget. It encourages national and local governments, as well as non-state actors, to feel they all have a role in making the RH Law work. The Universal Health Care Law, for example, supports the Reproductive Rights Framework by recognizing RH services as part of basic health care and a fundamental right (Domingo, Paterno, Lorenzo, Acuin, Garcia, Faraon, Faraon, Marcelo, Perez, Ramos & Silva, 2023). The central government must help local governments carry out rights-based policies, and asking for national funds strengthens that duty. From the perspective of Reproductive Justice Theory, expanding financing sources, primarily through public-private partnerships and local philanthropy, can help underprivileged populations overcome the practical hurdles to accessing their care. It supports creative solutions based on the needs and situations of the people in the area, rather than relying solely on government or outside help, which may not be stable. McPake, Dayal, Zimmermann, and Williams (2023) emphasize that while immediate responses to crises are necessary, it is critically important to remain guided by long- term health system development goals, particularly regarding human resources for health planning. Abrigo, Cruz, and Tam (2021) found significant disparities in local service delivery funding linked to unequal fiscal capacity across LGUs in RPRH implementation, underscoring the need for diversified funding mechanisms to strengthen adolescent and reproductive health systems at the local level.

Community-Driven Data Advocacy

Participants consistently stressed the importance of using data strategically to raise funds and ensure that programs meet the communities real needs. This means working with different groups and developing strong community partnerships by engaging civil society organizations, local leaders, and grassroots groups. Such collaboration not only grounds reproductive health initiatives in real community priorities but also amplifies public demand for RH funding, increasing pressure on decision-makers to allocate adequate and sustained financial support.

"Building strong community partnerships and engaging civil society organizations, local leaders, and grassroots groups can amplify public demand for RH funding." - KII1.

Additionally, cultivating grassroots political support community by community across their region. One important technique is to collect and present local health statistics, unmet needs, and service gaps to help secure additional funding from the budget. LGUs can better push for greater funding, demonstrate the importance of reproductive health issues, and ensure resources are used to meet community needs by providing specific, evidence-based data.

"Gather and present local health statistics, unmet needs, and service gaps to justify additional budget allocation." - KII9

This approach moves beyond anecdotal advocacy and leverages evidence- based planning to persuade local chief executives and councils to approve greater budget allocations.

The importance of data in guiding fund allocation decisions is underscored, as data helps identify service gaps, prioritize needs, and make informed decisions. There is reliance on data-driven tools to make informed budgeting and planning decisions, and on health data and demographic trends from needs assessments to inform budget priorities. The integration of performance indicators into budgeting, sometimes referred to as results-based budgeting, was also raised, with the recommendation to utilize data-driven budgeting by directly linking budget allocations to measurable performance indicators. This ensures accountability, promotes efficiency, and aligns resource investments with program outcomes and community impact.

"Utilize data-driven budgeting, linking allocations to performance indicators." - KII5

The emphasis on Natural Family Planning (NFP), for example, was partly due to its cost-effectiveness and community acceptance, and it advocated continuous education on NFP because its an accessible, effective, and free or low-cost option for everyone. This recommendation transforms advocacy from a plea to a demand backed by evidence. It empowers local health offices to make a compelling case for RH funding, fostering a culture of evidence-based budgeting and increasing accountability for results. The Reproductive Rights Framework is upheld by data-driven advocacy, which ensures that resource allocation is based on actual needs and service gaps, promoting accountability by linking funding to measurable outcomes. From the perspective of Reproductive Justice Theory, community-driven data advocacy empowers marginalized communities to articulate their unmet needs and demand resources. By examining local health statistics and demographic trends, we can identify differences and ensure that funding decisions account for the unique needs and goals of different groups. This promotes fair access and challenges systematic imbalances. To determine what needs to be done to improve and re-establish structures in adolescent service delivery — such as properly allocating resources, training staff, and strengthening partnerships — data must be used. The RPRH Law is not being fully implemented in a coordinated manner in many places, and it is not receiving sufficient funding. Decentralization and fragmented governance have impeded resource acquisition (Siy Van et al., 2021; Siy Van et al., 2022).

Integrated Multi-sectoral Partnerships

Many participants said that collaborative governance is a powerful way to deal with limited funding. They called for better coordination among the City Health Office (CHO), the Planning and Budget Office, the GAD Office, and other internal offices to improve cooperation among the health, social welfare, planning, and finance offices. This integrated approach makes sure that local development plans and budgets take reproductive health requirements into account, promotes the efficient use of limited resources, and encourages a coordinated response to community health needs.

"Strengthen collaboration between health, social welfare, planning, and finance offices." - KII9

This proactive collaboration among all agencies and stakeholders is essential to defining clear roles, building trust, and strengthening their collective impact. Multi- sectoral collaboration extends to engaging with Non-Government Organizations, private sector entities, and international donors, actively pursuing and forging partnerships that enhance resource mobilization, technical support, and service delivery. These collaborations are instrumental in expanding the reach and sustainability of reproductive health programs, especially in resource-constrained settings.

"Collaboration and partnership with private sectors and engaging with Non-Government Organizations, private sector entities, and international donors." - KII5

To achieve shared goals. Regular engagements through institutional bodies such as the City Development Council (CDC) or the Local Health Board were also recommended as venues for aligning priorities and monitoring budget commitments, facilitated by quarterly meetings. Community participation also featured strongly in these recommendations. Empowering communities involves

engaging them in budget planning and feedback and supporting outreach programs targeting marginalized urban communities. Encouraging barangays to include the Responsible Parenthood and Reproductive Health program in their annual health budget empowers local leaders to effectively allocate resources and ensure accessibility to the community. This fosters trust, ownership, and transparency among stakeholders, creating a more collaborative environment for decision-making. The involvement of community members together with health workers and the local leaders during in the planning stages leads to better support for reproductive health programs. Local health workers need training in budget management and grant writing and resource mobilization to deliver these skills to program administrators and staff effectively. This facilitates their acquisition of sustained funding and to enhance program efficiency.

"Build local health worker capacity to train program managers and staff on budget management, grant writing, and resource mobilization." - KII9

The proposal need to build a solid RH implementation environment that moves from independent work to collective action while handling financial matters through a strategy that utilizes multiple skill sets (Dick, Plesons, Simon, Ferguson, Ali, & Chandra-Mouli, 2024). The Reproductive Rights Framework becomes stronger when all relevant governmental entities and external partners work together to protect and advance reproductive rights. The immediate improvement of healthcare professionals competencies leads to better service delivery that respects individual rights. The Reproductive Justice Theory enables communities to gain better control of their financial resources while reaching out to marginalized populations. The approach recognizes the needs and perspectives of those most affected by reproductive injustice while directing resources to address historical and systemic inequities. The training of health workers to use resources enables local organizations to secure funding for these vital services (Buser, Tengera, Jiang, Kumakech, Gray, Mukeshimana, Keberuka, Bazakare, Jackline, Natsumbumuyange, Endale, Pebolo, Grace, August, & Smith, 2025). Strategic leadership becomes essential to address recurring problems that emerge from interdepartmental collaboration such as operational silos and insufficient financial resources or personnel and inadequate accountability mechanisms.

IV. Concluding Remarks and Implication

Concluding Remark

The implementation of the Reproductive Health Law in Davao del Norte faces significant budgetary challenges due to fundamental systemic issues. The execution of the Reproductive Health Law in Davao del Norte is obstructed by significant fiscal challenges arising from underlying systemic difficulties. The problems are made worse by the dependence on external assistance, logistical challenges, and competition for limited local resources, which highlights a significant disparity between reproductive health commitments and real financial support.

The city administration has demonstrated flexibility by reallocating resources to seek assistance for consolidating initiatives and collaborating with many stakeholders. These acts convey a significant lesson: genuine advancement requires more than transient remedies. The Long-term resolution necessitates fundamental reforms, including incorporating reproductive health financing into standard city budgets, using local data for advocacy, and establishing robust cross-sector collaborations. The strategy demanded increased commitment from local government units, enhanced coordination, and greater investment in personnel and systems.

The political will should be promoted with clear evidence and participatory action in national policies to support and legitimate local action. After all, equal access to reproductive health, particularly among the youth and marginalized groups, would require a shift in the budgetary planning and prioritization procedures of local governments. The budget shows a serious commitment towards equity, health rights, and community futures. Without change, Davao del Norte will continue to fall short of the requirements of the RH Law and Universal Health Care.

The RPRH Law faces major financial obstacles during its implementation in Davao del Norte. The study has shown four primary issues: Resource inequity in reproductive health indicates that resources are inequitably allocated and frequently reliant on delayed external funding; reproductive health facilities face significant shortages of supplies, persistent staffing issues, and insufficient infrastructure; pervasive service delivery constraints in local reproductive health programs arise from inadequate funding for essential outreach, training, and administrative functions; and low prioritization of reproductive health is primarily attributed to insufficient political will and the overshadowing of reproductive health by competing priorities. According to World Health Organization (2025), the Philippines has the fastest-growing number of HIV cases in the Asia-Pacific region. Every day this year, at least 57 Filipinos have found out they have HIV. The number of new HIV cases went up by 550% from 4,400 in 2010 to 29,600 in 2024. The estimated number of Filipinos with HIV is projected to reach 252,800 by 2025. The cumulative effect of these problems hinders the RPRH Laws goal of achieving universal access to reproductive health services.

Implication for Practice

The research demonstrates that local governments need better financial management systems to fund sustainable reproductive health services (Musiega, Tsofa, and Barasa, 2024). Local Government Units (LGUs) need to include reproductive health funds in their main development plans (Annual Investment Plan, Local Development Investment Plan) to achieve poverty alleviation , maternal health, and gender equity goals. This approach reduces both funding ambiguity and political indifference. The success of planning and budgeting, and of health and GAD organizations, depends on their efficient collaboration. Local health boards should participate in collaborative planning to prevent delays and align objectives.

Local government units need strengthening to improve reproductive health initiatives. The collection and management of RH financing require health professionals and budget personnel to receive specialized training in fundraising, financial planning, and data-driven advocacy. The solution to staffing shortages requires equal compensation for barangay health workers and official recognition of their work and professional development opportunities (Chavez, Gregorio, Araneta, & Bihag, 2024). The recognition of outstanding performance through rewards creates a selfless service culture among public servants , according to Tersona and Lagura (2025). The local health workforce will develop a service- oriented mindset through employee participation in volunteer work and community service projects.

LGUs need to explore alternative payment methods and service delivery approaches through UHC Law implementation, NGO or commercial partnerships, and cost-efficient strategies, including task-shifting and mobile health services. Lastly, getting

communities involved in budgeting and using local data, such as teen pregnancy rates, to support RH can help garner legislative support. Without these changes, RH services would stay broken apart, especially for people who are already at risk, and the RH Law and UHCs core goals may not be met.

Implication for Policy

The findings compel policymakers, both at the local and national levels, to be directly responsible for putting into practice budgetary reforms tailored for cities such as those in Tagum City and Panabo City in the province of Davao del Norte. To show the capacity and set the pace to channel monetary resources to cities, as of 2020, towns in Region XI were given a total Bayanihan grant of more than Php 200 million in the province, the first two cities (Tagum, Panabo) as well as the Island Garden City of Samal (Department of Budget and Management [DBM], 2020). As such, our opinion is that the local government units (LGUs) in Tagum and Panabo should be committing themselves in the local government investment programs (LIP) or annual city/local council budgets with line-items that are allocated for the provision of reproductive health services especially the areas such as planning with logistic support and adolescent health education instead of treating these as incidental or unimportant activities.

It is essential because the provincial allocation for regional social sector budgeting remains skewed towards infrastructure at the expense of health and reproductive health services. For example, the social sector budget proposal for the Davao Region accounted for only 35 percent of the proposed Fiscal Year 2025 budget (Regional Development Council XI [RDC XI], 2024). Secondly, due to fiscal volatility and reliance on intergovernmental transfers, City governments should strive to put in place performance-based budgeting frameworks linked to reproductive health outcomes. This, in turn, would connect budget allocations to measurable indicators, e.g., contraceptive prevalence or uptake of maternal health services. The primary function of this would be to hold the government accountable and ensure that funds are spent on the specified reproductive health outcomes. Thirdly, should it be the case that some local government units lack the complete technical expertise in the proper management and monitoring of reproductive health financing, capacity building programs at the city level in health offices of Tagum and Panabo become a necessity so that they may be able to support cities in expenditure tracking, planning programs, and coordination with national agency support. Moreover, there can never be enough coordination mechanisms, e.g., with the national-level Department of Health working together with local government units as they synchronize fiscal planning, development programming, and reproductive health service delivery at the city level (Regional Development Council XI, 2022).

Implication for Future Research

This study identifies several critical gaps that call for further research. Long-term evaluations are needed to assess whether current adaptive strategies, such as the use of GAD funds, PhilHealth accreditation, trust funds, and NGO partnerships, lead to sustainable reproductive health services, improved service quality, and greater equity. These assessments should also examine potential unintended effects, including administrative burdens or a growing reliance on temporary solutions. In addition, there is a need for in-depth political economy research to understand the persistent low prioritization of RH programs. This includes examining how local political leadership, voter preferences, interest group dynamics, bureaucratic incentives, and advocacy strategies — such as community mobilization versus technical data presentation — shape budgetary decisions, especially in marginalized areas like adolescent RH (United Nations Population Fund, 2025).

Further research is also needed on the cost-effectiveness and practical implementation of specific service innovations. Models such as task-shifting for specialized procedures (Perry, Packer, Chin-Quee, Zan, & Shattuck, 2016), improved supply chain systems, integrated RH services in primary care, and digital tools like mobile health (mHealth) and health information systems (HIS) should be evaluated within the real-world constraints of local governments. The investigation must focus on developing and maintaining multi-stakeholder partnerships that unite local government units with non-governmental organizations, private entities, and national authorities. The partnerships serve as a crucial tool for eliminating fragmentation, leading to better reproductive health outcomes (Siy Van et al., 2021). An analysis of different geographic areas in the Philippines is needed to identify factors that influence reproductive health funding stability and to evaluate the transferability of Davao del Nortes successful approaches to other regions with varying resource levels and political commitment.

REFERENCES

[1] Abrigo, M., Cruz, J., & Tam, Z. (2021). Process evaluation of the Responsible Parenthood and Reproductive Health Act (RA 10354): Local service delivery component (No. 2021-10). PIDS Discussion Paper Series. https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps2110.pdf

[2] Ahmed, S. (2024). The pillars of trustworthiness in qualitative research. Journal of Medicine, Surgery, and Public Health, 2, 100051. https://doi.org/10.1016/j.glmedi.2024.100051

[3] American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017). https://www.apa.org/ethics/code

[4] Belonguel, S., Cortina, D., Verceles, N., Antonio, A. M., Alqaseer, S., Centeno, A., Porras, C., & Howell, M. (2021). Gender country profile 2021 for the Philippines. https://niccdies.climate.gov.ph/files/documents/gender_country_profile_2021_ philippines.pdf

[5] Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? Qualitative Health Research, 26(13), 1802–1811. https://doi.org/10.1177/1049732316654870

[6] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

[7] Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? Qualitative Research in Psychology, 18(3), 328– 352. https://doi.org/10.1080/14780887.2020.1769238

[8] Buser, J., Tengera, O., Jiang, C., Kumakech, E., Gray, R., Mukeshimana, M., Kaberuka, G., Bazakare, M., Jackline, A., Ntasumbumuyange, D., Endale, T., Pebolo, F., Grace, A., August, E., & Smith, Y. (2025). Impact of a comprehensive

two-year research capacity intervention with sexual and reproductive health researchers in Sub-Saharan Africa. Reproductive Health, 22(1), 94. https://doi.org/10.1186/s12978-025-02047-5

[9] Center for Reproductive Rights (2014). Philippine Supreme Court Upholds Historic Reproductive Health Law. https://reproductiverights.org/philippine-supreme- court-upholds-historic-reproductive-health-law/

[10] Centers for Disease Control and Prevention (CDC). (2018). 2018 STD Prevention Conference, August 27–30, 2018, Washington, DC. Sexually Transmitted Diseases, 45(Supplement 1), S1–S123. https://www.jstor.org/stable/48512318

[11] Chesnay, M. (2015). Nursing research using grounded theory: Qualitative designs and methods in nursing. Springer Publishing Company. http://repository.unimus.ac.id/7920/1/_QUALI~1.PDF

[12] Christou, P. (2022). How to use thematic analysis in qualitative research. Journal of Qualitative Research in Tourism, 3(2), 79–95. https://doi.org/10.4337/jqrt.2023.0006

[13] Compton-Lilly, C. (1998). Book review: Creswell, John. (1997). Qualitative inquiry and research design: Choosing among five traditions. Networks: An Online Journal for Teacher Research, 1(1), 62. https://doi.org/10.4148/2470-6353.1252

[14] Connelly, L. (2016). Trustworthiness in qualitative research. MEDSURG Nursing, 25(6), 435–436. https://amsn.org/publications/medsurg-nursing-journal

[15] Creswell, J. (1997). Qualitative inquiry and research design : choosing among five traditions. SAGE.

[16] Creswell, J., & Creswell, J. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). SAGE Publications. https://spada.uns.ac.id/pluginfile.php/510378/mod_resource/content/1/creswell .pdf

[17] Creswell, J., & Poth, C. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications. https://www.scirp.org/reference/referencespapers?referenceid=2155979

[18] Cuaton, G.. (2019). Challenges and issues on reproductive health and family planning products and services: Evidences in the Philippines. International Journal of Caring Sciences, 12(3), 1340–1348. https://internationaljournalofcaringsciences.org/docs/4_cuaton_original_12_3.

[19] Cuenca, J. (2020). Fiscal decentralization and health service delivery: An assessment. https://doi.org/10.13140/RG.2.2.19446.63049

[20] Dacanay, J. & Rodolfo, M. (2005). Challenges in Health Services Trade: Philippine Case. Philippine Institute for Development Studies.Challenges in Health Services Trade: https://www.econstor.eu/bitstream/10419/127910/1/pids-dps2005-30.pdf

[21] Department of Budget and Management (DBM). (2020). Local Budget Circular No. 125: Guidelines on the Release and Utilization of the Bayanihan Grant to Cities and Municipalities. Retrieved from https://www.dbm.gov.ph/wp- content/uploads/Issuances/2020/Local-Budget-Circular/LOCAL-BUDGET- CIRCULAR-NO-125.pdf

[22] Dick, B., Plesons, M., Simon, C., Ferguson, J., Ali, A. & Chandra-Mouli, V. (2024). Providing technical assistance: lessons learned from the first three years of the WHO Adolescent and Youth Sexual and Reproductive Health and Rights Technical Assistance Coordination Mechanism. Reproductive Health, 21(1), 88. https://doi.org/10.1186/s12978-024-01800-6

[23] Domingo, E., Paterno, R., Lorenzo, F., Acuin, C., Garcia Jr, F., Faraon, E., Faraon, A., Marcelo, A., Perez, J., Ramos, R. & Silva, M. (2023). Equity in health and the new normal: the Philippine universal health care law. Transactions NAST PHL, 45. https://doi.org/10.57043/transnastphl.2023.3496pdf

[24] Evens, E., Lanham, M., Santi, K., Cooke, J., Ridgeway, K., Morales, G., Parker, C., & Dayton, R. (2019). Experiences of gender-based violence among female sex workers, men who have sex with men, and transgender women in Latin America and the Caribbean: A qualitative study to inform HIV programming. BMC International Health and Human Rights, 19, 9. https://doi.org/10.1186/s12914- 019-0187-5

[25] Fusch, P., Fusch, G., & Ness, L. (2018). Denzin's paradigm shift: Revisiting triangulation in qualitative research. Journal of Social Change, 10(1), Article 2. https://doi.org/10.5590/JOSC.2018.10.1.02

[26] George, A., Jacobs, T., Kinney, M., Khosla, R., Hawke, L., & Bhatt, A. (2021). Are rhetorical commitments to adolescents reflected in planning documents? An exploratory content analysis of adolescent sexual and reproductive health in Global Financing Facility country plans. Reproductive Health, 18(Suppl 1), 124. https://doi.org/10.1186/s12978-021-01121-y

[27] Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. PLoS ONE, 15(5), e0232076. https://doi.org/10.1371/journal.pone.0232076

[28] Gunawan, J., Marzilli, C., & Aungsuroch, Y. (2022). Online 'chatting' interviews: An acceptable method for qualitative data collection. Belitung Nursing Journal, 8(1), 1–2. https://doi.org/10.33546/bnj.2252

[29] Hanson, K., Brikci, N., Erlangga, D., Alebachew, A., De Allegri, M., Balabanova, D., Blecher, M., Cashin, C., Esperato, A., Hipgrave, D., Kalisa, I., Kurowski, C., Meng, Q., Morgan, D., Mtei, G., Nolte, E., Onoka, C., Powell-Jackson, T., Roland, M., Sadanandan, R., Stenberg, K., Morales, J., Wang, H., & Wurei, H. (2022). The Lancet Global Health Commission on financing primary health care: Putting people at the centre. The Lancet Global Health, 10(5), e715–e772. https://doi.org/10.1016/S2214-109X(22)00005-5

[30] Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. European Journal of General Practice, 24(1), 120–124. https://doi.org/10.1080/13814788.2017.1375092

[31] Kun, K., Kassim, A., Howze, E., & MacDonald, G. (2013). Interviewing key informants: Strategic planning for a global public health management program. The Qualitative Report, 18(18), 1–17. http://www.nova.edu/ssss/QR/QR18/kun18.pdf

[32] Lasco, G. (2017). Inside the Philippines' long journey towards reproductive health. The Conversation. https://theconversation.com/inside-the-philippines-long-journey- towards-reproductive-health-72737

[33] Leider, J., Resnick, B., Bishai, D. & Scutchfield, F. (2018). How much do we spend? Creating historical estimates of public health expenditures in the United States at the federal, state, and local levels. Annual Review of Public Health, 39, 471- 487. https://doi.org/10.1146/annurev-publhealth-040617-013455

[34] Lincoln, Y. & Guba, E. (1985). Naturalistic inquiry (pp. 289–331). SAGE Publications. https://doi.org/10.1016/0147-1767(85)90062-8

[35] McPake, B., Dayal, P., Zimmermann, J. & Williams, G. (2023). What steps can improve and promote investment in the health and care workforce? Enhancing efficiency of spending and rethinking domestic and international financing (Policy Brief No. 54). European Observatory on Health Systems and Policies. https://www.ncbi.nlm.nih.gov/books/NBK594108/

[36] Melgar, J., Melgar, A., Festin, M., Hoopes, A., & Chandra-Mouli, V. (2018). Assessment of country policies affecting reproductive health for adolescents in the Philippines. Reproductive health, 15(1), 205. https://link.springer.com/article/10.1186/s12978-018-0638-9

[37] Musiega, A., Tsofa, B., & Barasa, E. (2024). How does Public Financial Management (PFM) influence health system efficiency: A scoping review. Wellcome Open Research, 9, 566. https://pmc.ncbi.nlm.nih.gov/articles/PMC11502999/

[38] Murray, M., & Meyers, H. (2023). Constitutionalizing reproductive rights (and justice). In K. R. Chapman, M. G. Dudley, & R. K. Jones (Eds.), The Oxford handbook of reproductive ethics (pp. 442–460). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780197519998.013.17

[39] Nikolopoulou, K. (2023). What is snowball sampling? | Definition and examples. Scribbr. https://www.scribbr.com/methodology/snowball-sampling

[40] Nisperos, G., Cabanizas, T., Bulario, J., Cadiz, J., Lastino, J., & Siscar, J. (2024). Implications of the Mandanas-Garcia Ruling on Local Health Systems. Acta Medica Philippina, 58(13), 8. https://doi.org/10.47895/amp.v58i13.8131

[41] Nowell, L., Norris, J., White, D., & Moules, N. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. International Journal of Qualitative Methods, 16(1). https://doi.org/10.1177/1609406917733847

[42] Official Gazette (2012). Republic Act No. 10354. Responsible Parenthood and Reproductive Health Act of 2012. https://www.officialgazette.gov.ph/2012/12/21/republic-act-no-10354/

[43] Pasion G., (2023). 10 Years, 10 Lessons: Implementing the Reproductive Health Law in the Philippines. https://knowledgesuccess.org/2023/02/28/10-years-10- lessons-implementing-the-reproductive-health-law-in-the-philippines/

[44] Perry B, Packer C, Chin-Quee D, Zan T, & Shattuck D. (2016). Promoting Vasectomy Services in the Phillipines. Durham, NC: FHI 360 and Washington, DC: The Population Council, the Evidence Project. 2016. https://www.fhi360.org/wp- content/uploads/drupal/documents/resource-vasectomy-evidence-philippines-final.pdf#:~:text=Vasectomy%20is%20the%20most%20cost,meeting%20unme t%20need%20for%20FP

[45] Regional Development Council XI (RDC XI). (2022). RDC XI Confirms the PHP 246.6 Billion FY 2023 Budget Proposal for Davao Region. Retrieved from https://rdc11.neda.gov.ph/regional-development-council-xi-confirms-the-php- 246-6-billion-fy-2023-budget-proposal-for-davao-region-endorses-the-budget- allocation-increase-request-of-davao-region-sucs/

[46] Regional Development Council XI (RDC XI). (2024). RDC XI Proposes ₱351.2 Billion Budget for Davao Region for Fiscal Year 2025. Retrieved from https://rdc11.neda.gov.ph/rdc-xi-proposes-%E2%82%B1351-2-billion-budget- for-davao-region-for-fiscal-year-2025/

[47] Save the Children Philippines (2023). Annual Report. https://www.savethechildren.org.ph/ resources/webdata/file/downloadables/1 286_SCP_2023_Annual_Report_FINAL_v2b_1.pdf

[48] Scholz, R. & Tietje, O. (2002). Embedded case study methods: Integrating quantitative and qualitative knowledge. Sage. https://doi.org/10.4135/9781412984027

[49] Singer, E., & Couper, M. (2017). Some methodological uses of responses to open questions and other verbatim comments in quantitative surveys. Methods, Data, Analyses, 11(2), 115–134. https://doi.org/10.12758/mda.2017.01

[50] Singh, S., Dixit, A., & Joshi, G. (2020). Is compulsive social media use amid COVID- 19 pandemic addictive behavior or coping mechanism? Asian Journal of Psychiatry, 54, 102290. https://doi.org/10.1016/j.ajp.2020.102290

[51] Siy Van, V., Uy, J., Bagas, J., & Ulep, V. (2022). National multisectoral governance challenges of implementing the Philippines' Reproductive Health Law. Health Policy and Planning, 37(2), 269–280. https://doi.org/10.1093/heapol/czab092

[52] Siy Van, V., Uy, J., Bagas, J., & Ulep, V. (2021). Trends in national-level governance and implementation of the Philippines' Responsible Parenthood and Reproductive Health Law from 2014 to 2020. Global Health: Science and Practice, 9(3), 548–564. https://doi.org/10.9745/GHSP-D-21-00184

[53] Supreme Court E-Library (2014). Imbong vs. Ochoa. https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/1/56973

[54] Supreme Court E-Library (2019). Republic Act No. 11223. Universal Health Care Act. https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/2/86448

[55] Tersona, R. & Lagura, G. (2025). Servant leadership of unit heads, workplace spirituality and ethical climate: A structural equation model on public service motivation. The International Journal of Business Management and Technology, 9(1). https://www.theijbmt.com/archive/0961/1434848158.pdf

[56] The Demographic and Health Survey (2017). Philippines National Demographic and Health Survey 2017 - Key Findings. Excerpts from https://www.dhsprogram.com/pubs/pdf/SR253/SR253.pdf

[57] Tracy, S. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. Qualitative Inquiry, 16(10), 837–851. https://doi.org/10.1177/1077800410383121

[58] Trisolini, M., Javier, M., Jabar, M., Rodriguez, C., Varquez, J., Danganan, O., Benabaye, R., Reynaldo, C., Conti-Lopez, M., Dela Rosa, J., Mendoza, O., Dasmarinas, E., Stan, L., Bisson, C., & Oliveros, Y. (2023). Improving the quality of family planning services in the Philippines: Barriers and opportunities. International Journal of Health Planning and Management, 38(6), 1629–1643. https://doi.org/10.1002/hpm.3683

[59] United Nations Population Fund (2017). The State of World Population 2017. https://www.unfpa.org/press/state-world-population-2017

[60] United Nations Population Fund (2020). State of World Population 2020. Defying the practices that harm women and girls and undermine equality. https://www.unfpa.org/publications/state-world-population-2020

[61] United Nations Population Fund (2025). Samar: Prioritizing adolescent health in words and in the local budget. https://philippines.unfpa.org/en/news/samar-prioritizing-adolescent-health-words-and-local-budget#:~:text=Through%20tireless%20lobbying%20and%20advocacy%2C,investment%20in%20adolescent%20sexual%20and

[62] Webster, J., & Eren, H. (Eds.). (2014). Measurement, instrumentation, and sensors handbook: Two-volume set (2nd ed.). CRC Press. https://doi.org/10.1201/9781315217109

[63] World Health Organization (2025). UNAIDS, WHO support DOH's call for urgent action as the Philippines faces the fastest-growing HIV surge in the Asia-Pacific region. https://www.who.int/philippines/news/detail/11-06-2025-unaids--who-support- doh-s-call-for-urgent-action-as-the-philippines-faces-the-fastest-growing-hiv- surge-in-the-asia-pacific-region