Health Promotion and Communication Project (HealthPRO)

Annual Report

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LIST OF ACRONYMS

A2Z	A To Z Project (The USAID Micronutrient And Child Blindness Project)
AED	Academy for Education and Development
ARMM	Autonomous Region in Muslim Mindanao
ASEP	AIDS Surveillance and Education Project
BCC	Behavior Change Communication
CA	Cooperating Agency
CHD	Centers for Health Development
CHO	City Health Office/Officer
CO	Contracts Office
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
CSR	Contraceptive Self-Reliance
CSR +	Contraceptive Self-Reliance Plus
CTO	Cognizant Technical Officer
DCOP	Deputy Chief of Party
DOH	Department of Health
DOTS	Directly Observed Therapy Short-Course
DSAP	Drug Store Association of the Philippines
EnRICH	Enhanced and Rapid Improvement of Community Health Project
FC	Field Coordinator
FP	Family Planning
HEPO	Health Promotions Officer
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPC	Health Promotion and Communication
HPDP	Health Policy Development Project
IMAP	Integrated Midwives Association of the Philippines
IPC/C	Interpersonal Communication and Counseling
IR	Intermediate Results
LCE	Local Chief Executive
LGU	Local Government Unit
LHB	Local Health Board
LOP	Life-Of-Project
LMP	League of Municipalities of the Philippines
M&E	Monitoring and Evaluation
MCH/N	Maternal and Child Health, Nutrition
MHO	Municipal Health Office/Officer

NATCCO	National Confederation of Cooperatives
NCHP	National Center for Health Promotion
NGO	Nongovernmental Organization
OH	Office of Health
PCL	Philippine Councilors League
PFPI	PATH Foundation Philippines, Inc
PHO	Provincial Health Office/Officer
PIO	Provincial Information Officer
PIPH	Provincial Investment Plan for Health
PMP	Performance Management Plan
PMEP	Performance Monitoring and Evaluation Plan
PNA	Philippines Nurses Association
POPCOM	Population Commission
PRISM	Private Sector Mobilization for FP and MCH
PTSI	Philippine Tuberculosis Society, Inc
RTI	Research Triangle Institute
RHU	Rural Health Unit
SO	Strategic Objective
SHIELD	Sustainable Health Improvement through Empowerment and Local Development
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TB-DOTS	Tuberculosis-Directly Observed Therapy Short-Course
TB Linc	Linking Initiatives and Networking to Control TB
TSAP	The Social Acceptance Project
TWG	Technical Working Group
URC	University Research Corporation
USAID	United States Agency for International Development

1 EXECUTIVE SUMMARY

The Health Promotion and Communication Project (HealthPRO) is pleased to present its first annual report for FY07-08. During this period we have focused on building capacity of provincial, city and municipal health offices in designing health communications interventions. We have also engaged with the USAID-funded partners and other stakeholders on developing comprehensive communications strategies.

Begun on June 25, 2007, HealthPRO's initial year witnessed the first surge in major health communications activities covering the following: increasing the reach and impact of BCC; developing institutional capacity and sustainability of those efforts; and assisting USAID's health partners and other relevant organizations in maximizing the effectiveness of their own efforts in health promotion and support of LGUs to broaden the reach and improve the quality of health communication. The three components are integrated and linked to provide an overall health promotion and communication improvement. In partnership with other USAID CAs and other collaborating institutions in the Philippines, HealthPRO worked to increase the impact of behavioral change communication interventions, develop institutional capacity to carry out health promotion efforts, and assist USAID's partners and other organizations to strengthen their health communications programs.

Year 1 of the project was characterized by collaborative, consensus based development process, an open and pragmatic approach to the project outcomes, and a desire and dedication to deliver a high quality strategic approach that leads the way in its field. HealthPRO continues to move ahead and has achieved important milestones in development and implementation of major strategies and activities to mobilize and guide institutions that can assist in promoting healthy practices among target groups. The activities supported during the past reporting period are briefly described below:

Activities during the Year One of the project focused on refining the project scope of work, planning the most appropriate technical approaches, and establishing relationships with a number of key partners including staff of the DOH,CHDs and LGUs: provinces, municipalities and cities. Project goals and activities and specific roles and responsibilities of HealthPRO, CHDs, and others (including other USAID cooperating agencies) were identified and agreed upon. Courtesy calls were organized to introduce the project to the Department of Health (DOH) Office of the Secretary represented by Undersecretary Ethelyn Nieto and to the DOH Autonomous Region of Muslim Mindanao Health Secretary Tahir Sulaik. At the DOH Central Office, the project team met with the National Center for Health Promotion (NCHP) Director, Ms. Angelina Sebial and senior staff to introduce the project and determine areas of possible collaboration with NCHP which is primarily responsible for national health promotions and communications program. The project also met with the POPCOM Executive Director Tom Osias and his senior staff to develop cooperation in the promotion/communications of family planning at the national and provincial levels. To foster working relationship with the other USAID cooperating agencies (CAs), orientation and courtesy calls were carried out with USAID-supported projects: HealthGOV, SHIELD, Health Policy and Development Project, A2Z - Micronutrient Project, PRISM and TBLinc.

Building partnerships to enhance commitment to behavior change communications: HealthPRO worked closely with a large number of partners such as the LGU staff, the DOH, particularly the NHCP, CHDs, USAID CAs as well as non-profit community-based groups and commercial organizations to develop consensus on BCC framework as well as to develop strategic plans at all levels of the health system. These partnerships are particularly important for learning from the past communications programs, highlight current needs and priorities and develop implementation strategies for the future.

Another important part of the HealthPRO technical strategy is mobilizing and developing partnerships with local institutions including community-based organizations and NGOs to support the health promotion activities in the country. These partners are critical for rapid expansion of best practices in the project focus areas. HealthPRO has initiated discussions with three national organizations namely the Ateneo de Manila University, Gerry Roxas Foundation and PROBE Media Foundation, Inc. as its

primary partners in providing LGUs with quality standards on using IPC, group/community mobilization and mass media respectively as complementary strategies for BCC. The partnership with local groups with expertise in BCC enriches HealthPRO's ability to produce locally appropriate and high quality BCC interventions. These non-profit and commercial organizations have a demonstrated capacity to access unique target groups and lend the project the important local expertise, as well as additional resources for the development and implementation of HPC programs.

The HealthPRO staff are actively participating in the various technical working groups (TWG) for greater efficiency in coordination of technical assistance approaches among USAID CAs. Currently, HealthPRO spearheads TWG on BCC, with members from various CAs involved in HPC. HealthPRO's active participation in "inter CA activities" includes "coordinated" LGU level meetings, orientation, and other regular project consultations.

Capacity Building: HealthPRO conducted a number of strategic communications workshops to build capacity of LGUs and provincial health offices in identifying priority areas for health communications as well as for developing BCC messages. Message development on breastfeeding and immediate newborn care was started with Compostela Valley. This was in response to the request for technical assistance in utilizing the allocated funds for breastfeeding posters. "New behavior" on breastfeeding and immediate newborn care, as a result of the technical updates, was tried out successfully, by the nutrition staff and health personnel, both in hospitals and in the health centers, e.g. cup feeding, early latching on. Technical assistance was provided even prior to the completion of the SCP workshop. It came in different forms. In Zamboanga del Sur, it was simple editing of the script on nutrition used by the PHO in a regular radio spot in time for the Nutrition Month celebration. In Luzon, the project also conducted updates for HEPOs re pre-schooler's program or Garantisadong Pambata (Bulacan) in time for the national GP week last May. Also for Bulacan, the project responded to requests for mentoring their provincial HEPO in designing posters and billboards since the LGU had funds for the health programs in 2008. We also assisted LGUs in planning and conducting local health events like world TB day and GP week.

Performance management plan: HealthPRO finalized the performance monitoring plan with inputs form USAID which lays the foundations for effective monitoring and evaluation of the HPC program. The project also finalized baseline values for various contract and OP indicators, as well as a framework to facilitate CHDs role in tracking key program indictors.

Formative research: HealthPRO conducted participatory action research (PAR), using a qualitative methodology, in the provinces of Bulacan, Negros Occidental and Zamboanga del Sur and in the cities of Pasay, Iloilo, Tawi Tawi, and Zamboanga for HIV/AIDS. The objectives of PAR were to help establish HPC gaps from consumer and provider perspectives in the areas of MNCHN, TB, FP, HIV/AIDS and AI. Based on the research, health behavioral profiles were developed that were fed into the Strategic Communication Planning workshops to aid the LGUs in crafting evidence-based health promotion and communication (HPC) strategies and activities. Moreover, HealthPRO initiated a rapid assessment of health promotion and communications needs of decision-makers and service providers. The assessment included a review of both facilitating and inhibiting factors in achieving healthy behaviors and practices of individuals involved in family planning, maternal child health, tuberculosis, HIV/AIDS and Avian Influenza programs.

Inter-CA Collaboration: HeatlhPRO has actively participated in the Technical Working Groups (TWG) and Task Forces, which are composed of USAID CAs, and are tasked with the development of effective systems for inter-project collaboration on various technical issues. Among the various TWGs, HealthPRO took primary responsibility for the BCC-TWG. The project has spearheaded technical meetings and discussions with DOH-NCHP and engaged the CAs in the design and reformatting of the strategic communication planning workshops. HealthPRO is also an active participant in the following TWGs and/or Task Forces on M&E; TB; HIV/AIDS; ARMM. The project made significant contributions/inputs to the FP-TWG in crafting and pre-testing the revised FP Comprehensive Basic Training Course Manual – Level 1 (FP Counseling Manual) of DOH. In the M&E TWG, the project has began the transition from PRISM to HealthPRO in coordinating the

inter-CA monitoring of FP OP indicators. As a member of the M&E TWG, the project has collaborated with USAID CAs in drafting the Inter-CA M&E Manual on data collection.

Contraceptive Self-reliance (CSR): HealthPRO participated in the review of previous accomplishments in CSR, clarified policies based on old CSR (AO 158) and new (expanded) administrative orders. Participated in a workshop to develop CSR orientation materials for different target groups for different levels.

Family Health Book (FHB): HealthPRO provided technical inputs in a workshop to develop and pre-test the proposed Family Health Book which is the vehicle for promoting Maternal, Newborn and Child Health and Nutrition (MNCHN) at the local level.

ACSM FOR TB Control Program in the Community: HealthPRO provided technical inputs in improving the content and format of this handbook.

Centers for Health Development (CHD) Technical Assistance (TA) Plan: HealthPRO provided inputs in the development of a CHD TA plan during meetings facilitated by HPDP to make the TA plan and toolkit more responsive. Upon hearing about the SCP Workshop in Albay, CHD 5 negotiated for the participation of the Regional technical staff and HEPO's of non-USG provinces as observers to the said activity. The CHD 5 Health Promotion Unit had plans to give technical assistance on Communication Planning to the Provincial HEPOs. A one-day post SCP reflection on the SCP process and follow-through plans was done with the regional group. With the suggested revisions in the process and worksheets, a roll out plan to other non-USG sites was planned.

Technical Assistance to LGUs: HealthPRO provided technical assistance to various LGUs through the following engagements:

- Participation in the PIPH/AIPH - During the first year, HealthPRO area managers actively participated in the various inter-CA SDIRs, PIPHs/MIPHs and annual investment or operational plan activities in order to ensure that health promotion and communication activities are integrated into the PIPH and annual plans and that LGUs provide a rationale for the HPC interventions that have been written into the plans.
- In Luzon, HealthPRO assisted in the development of PIPH of the provinces of Pangasinan, Albay and Isabela and Cagayan. In the Visayas, assistance was given to reviewing and developing the PIPH of Negros Occidental and Aklan provinces. In Mindanao, HealthPRO participated in the series of reviews of the PIPH of five of the F1 roll out, USG-assisted sites (non-ARMM) namely, Zamboanga Sur, Zamboanga Norte, Zamboanga Sibugay, Sarangani and Compostela Valley.
- HealthPRO also joined the other CAs in assisting some provinces in preparing the power point presentations of the governors during the Joint Appraisal Committee (JAC) review of the PIPH since it was commonly observed that most IPHOs and the offices of the governors lacked the capability to develop good and effective presentation materials, including packaging of data.

Interpersonal Communications (IPC) Skills Training on HIV & AIDS. HealthPRO organized and conducted the training for selected staff, service providers and NGO peer counselors from the cities of Angeles, Quezon, Pasay, Iloilo, Cebu, Mandaue, Lapulapu, General Santos, Zamboanga and Davao.

Strategic Communication Planning Workshops: In consultation with the BCC-TWG, HealthPRO developed and conducted a four-module, highly interactive strategic communication planning workshop to build the capabilities of local government units in crafting and implementing sustainable health promotion and communication activities in their respective communities. The three-day Strategic Communication Planning (SCP) workshop had two interlocking goals: first, to develop among LGUs a keen appreciation for the systematic and programmatic process of evidence-based communication planning; and second, to equip LGUs with the skills to identify specific, appropriate and sustainable health promotion and communication activities that can change the way individuals, families and other key actors in the communities think, feel and behave on MNCHN, FP, TB, HIV/AIDS, and AI.

Specifically, the SCP workshop aimed to enable the LGUs to:

1) analyze a set of health problems salient to the province by gathering, organizing, and assessing relevant factors such as the nature and extent of the problem, potential audiences and their characteristics, available resources, and the communication environment;
2) craft the LGU's vision for each of the health programs that are relevant to the province;
3) develop a set of HPC objectives in relation to each of the health programs of the province;
4) identify and segment audiences for each of the HPC objectives;
5) determine strategies and approaches relating to message development, channel selection, materials development, and source development in relation to each of the HPC objectives;
6) identify resources in relation to each of the HPC objectives;
7) set a realistic timeline for the HPC activities in relation to each of the health promotion and communication objectives; and
8) draft a monitoring and evaluation framework in relation to the goal and objectives for each of the health programs identified by the province.

In order to achieve these objectives, the SCP took participants through four (4) easy-to-use and easy-to-understand planning worksheets such as:

1) Analyzing the local health situation and reviewing provincial/city profiles and health targets;
2) Identifying local actors and setting priorities;
3) Setting local health promotion objectives, messages, channels and strategies; and
4) Identifying local indicators, activities, timelines and resources. A total of nearly five hundred key officers and staff from the provincial health office, municipal health office as well as information officers, midwives, nurses, barangay health workers from local communities had participated in the provincial SCP workshops.

The first Strategic Communication Planning (SCP) workshop was held in the province of Capiz (Visayas) last April 28-30, 2008. Subsequently, SCP workshops were conducted in the provinces of Bulacan, Albay, and Pangasinan in Luzon, Negros Occidental and Negros Oriental in the Visayas, and Zamboanga del Sur, and Compostela Valley. Two-day SCP workshops on HIV/AIDS were also conducted in HIV/AIDS sites in Angeles, Quezon, and Pasay cities in Luzon, and in the cities of Davao and Zamboanga in Mindanao.

Technical assistance to DOH-NCHP: HealthPRO actively participated in the DOH-National Center for Health Promotion's annual zonal conferences of Health Education and Promotion Officers (HEPOs) held in Baguio City (Luzon), Cebu City (Visayas) and Davao City (Mindanao). HealthPRO's Chief of Party, Dr. Napoleon K. Juanillo, Jr. was the resource speaker and made presentations on BCC in the Luzon and Visayas conferences. In the same conference, the DOH-NCHP presented its Health Promotion for Behavior Change Framework, which was crafted with substantive technical assistance from HealthPRO. NCHP also adopted HealthPRO's Participatory Action Research instrument for HEPOs in its conduct of a capacity mapping among HEPOs. HealthPRO and the NCHP continued to engage in regular dialogue on areas of collaboration on health promotion and communication at the national level, particularly in the observance of health events such as the World TB Day and AIDS Candlelight Memorial. NCHP also participated as presenters and facilitators in the SCP workshops in Negros Occidental, Zamboanga del Sur and Bulacan.

Technical assistance to USAID CAs: HealthPRO provided technical assistance to other USAID CAs. In collaboration with HealthGOV, it conducted a three-day training of trainers on Basic HIV and AIDS Interpersonal Communication and Counseling. It provided substantive directions and inputs to TBLinc's BCC strategy which was later presented at an inter-CA meeting with USAID in late May, 2008. It helped HealthGOV in developing a set of HPC guide questions per health theme to enrich the provincial profiles that HealthGOV was producing. HealthPRO proposed the same set of

HPC guide questions to the Service Delivery-TWG as additional tools in the gaps analysis matrix of the improved version of the Service Delivery Implementation Review (SDIR). It continued to take a lead role in the BCC-TWG and on matters of health promotion and communication in the other thematic TWGs (i.e., TB, HIV/AIDS, CSR, SD and M&E). It collaborated with HealthGOV, TBLinc and other CAs in providing assistance to LGUs in the observance of key health events such as the World TB Day, Garantisadong Pambata, AIDS Candlelight Memorial, Lung Month, Nutrition Month, and Family Planning Month.

Print media monitoring: HealthPRO continued to conduct daily electronic monitoring and archiving of newspaper health articles from national dailies.

Overall, it can be concluded that the project's accomplishments in the first year have significant implications for the project's continuing progress in the next quarter and as it sets out for Year Two.

Key Year One Results

- Strategic Communication Planning (SCP) workshops conducted in 10 provinces and 5 cities
- Technical assistance on BCC interventions provided to the provinces of Compostela Valley, Zamboanga del Sur, Capiz, Bulacan and Albay, and cities of Angeles, Quezon, Pasay, Iloilo, Cebu, Mandaue, Lapulapu, General Santos, Zamboanga and Davao.
- Technical assistance provided to DOH-NCHP for the HEPO zonal conferences and to LGUs in observing health events such as World TB Day, AIDS Candlelight Memorial, Garantisadong Pambata, Lung Month and Family Planning Month
- Year One and OP workplans submitted and approved
- PMP with key indicators submitted and approved
- Cebu and Davao field offices fully operational.
- Sub-grant procedures finalized
- Meetings and consultations with sub-grantees initiated

2 INTRODUCTION

The Annual Report begins with a presentation of operational plan indicators, continues with a description of project's main components. The report also describes each component's objectives, indicators and results, activities implemented during the year. Cross-cutting issues are presented in a separate section of the report. Finally the report presents administrative challenges and budgetary status.

3 OPERATIONAL PLANS AND INDICATORS

Although HealthPRO was not initially design its objectives, activities and indicators with the new Operational Plan in mind, it was possible to select and measure the indicators of FP/RH, MNCH, TB and HIV/AIDS. The following table shows the OP indicators and their progress during FY08.

Program Element	OP Indicators	Target 2008	FY 2008	Target 2009	Target 2010
FP/RH	Number of people that have seen or heard a specific USG-supported FP/RH message	2,500,000	2,155,857	5,335,000	6,000,000
	Number of individuals counseled in FP as a result of USG assistance	3,300	(615,815 FHSIS new acceptors)	735,218	812,339
	Number of people trained in FP/RH with USG funds	225	335	745	405
	Amount of in-country public and private financial resources leveraged by USG programs for FP/RH	NA	NA	$341,387	-
MCH	Number of people trained in MH with USG funds	225	335	1000	316
	Number of people trained in CH with USG funds	225	335	700	486
TB	Number of LGUs with written social mobilization plan	10	10	29	29
	Number of people trained in DOTS with USG funds	421	457	396	538
HIV/AIDS (with HealthGov)	Number of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful (MARPs)	466	500	436	458
	Number of individuals reached thru community outreach that promotes HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful (MARPs)	3,000	6,486	13,403	20,105
	Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment	1,153	1,929	1,131	803

4 PROJECT FRAMEWORK AND ORGANIZATION

The HealthPRO project is designed around the SO3 "Improve the Health Status of the Filipinos" and addresses capacity of in-country institutions to implement effective evidence-based health promotion and communication activities. The overall objective of HealthPRO is to assist LGUs in improving, expanding, and strengthening the quality and sustainability of health promotion and communication efforts. Three sub-results will support the achievement of the overall objective. Also referred to in this document as the three principle project components, these sub-results are as follows:

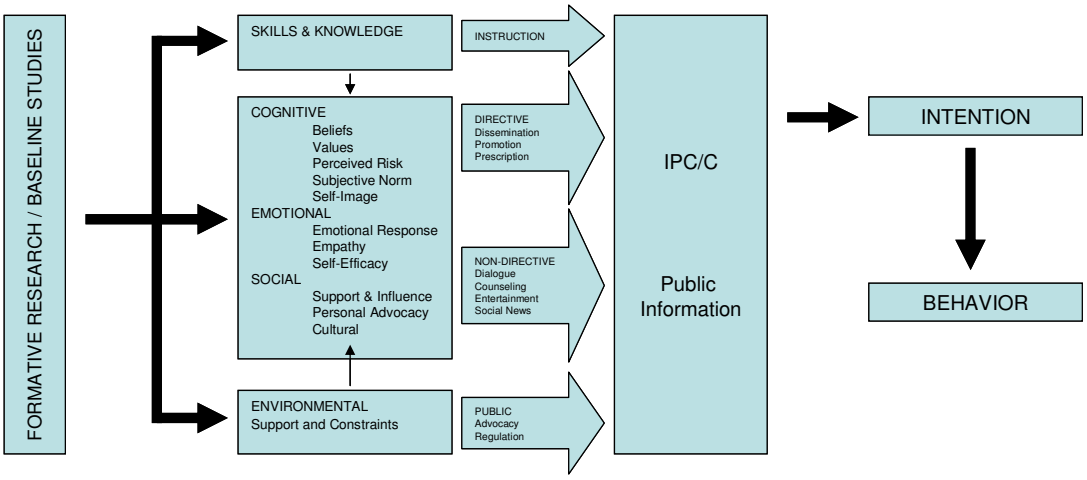
1. to increase the reach and impact of Behavior Change Communication (BCC) interventions;
2. to develop institutional capacity and sustainability of those efforts; and
3. to assist USAID's health partners and other relevant organizations in maximizing the effectiveness of their own efforts in health promotion and LGU development.

Sustaining health promotion at the LGU level is an integral part of policy and planning. It is critical that health promotion be institutionalized at the operational level. HealthPRO's approach to community mobilization and increasing private and public sector commitment to effective health promotion responds to the objectives of the Department of Health's (DOH) FOURmula One framework for health sector reform. Consumer participation in FOURmula One strategies is viewed by DOH as an important part of achieving their intermediate term objectives such as: 1) securing more, better, and sustained financing for health; 2) assuring the quality and affordability of health goods and services, 3) ensuring access to and availability of essential and basic health packages and 4) improving the performance of the health system.

The community mobilization and the broad private/public sector involvement envisioned by HealthPRO are highly consistent with and supportive of the National Health Sector Reform Agenda. HealthPRO is positioned as such to work with provinces, municipalities, cities and other partners such as the DOH national and regional offices or Centers for Health Development (CHDs).

The BCC framework used in HealthPRO, and shown in Figure 1, below, is comprehensive yet practical in its simplicity.

Figure 1: BCC Framework



URC conducted primary and secondary data analysis to refine HealthPRO's implementation strategies. The key areas for data review included: 1) provider and community skills and knowledge; 2) social make up of target populations and 3) the environmental constraints that either enable or

hinder desired health behaviors in specific target groups. Analysis of the factors and the relationships between them, serves to determine the degree to which strategies need to include instructional, directive or non-directive elements.

5 PROJECT COMPONENTS – ACCOMPLISHMENTS FOR YEAR 1

5.1 Component 1: Behavior Change Communication (BCC)

Under this component, HealthPRO seeks to change knowledge, attitudes and behavior involving a complex set of factors that interact in order to produce the desired results. HealthPRO defines BCC as an interactive process with individuals or communities using information and communication tools strategically to bring forth and sustain desired changes in behavior. We focus on sustaining gains and building the capacity building of individuals, institutions, and communication initiatives. Hence, some of the BCC strategies and activities involve establishing partnership with national NGOs and local community-based organizations to effectively improve health seeking behaviors as well as to build capacity among facility and community health workers in providing high impact health messages.

In recognition of these complex relationships, the Behavior Change Communication Component is organized into five principal strategies to enable government and non-governmental partners from the national, regional, and provincial levels to increase their control over and improve public health:

- Mobilizing and intensifying interpersonal communication at the community level;
- Increasing the frequency and impact of IPC/C interactions by service providers;
- Using innovative tools and approaches to strengthen IPC/C;
- Strategic use and expansion of mass media approaches; and
- Identifying and implementing new, high-impact ways of using media to conduct health promotion.

These five strategies which were initiated during Year One will be continued throughout the life of the project.

Assessment of baseline information/situation analysis activities and review of existing program data from other USAID CAs preceded the implementation strategies to determine crucial data to include existing knowledge and behavior, existing tools and approaches, skills of providers, to name a few.

Baseline Study: The HealthPRO strategies were preceded by a review of current HPC activities at various levels, program outputs and outcomes as well as development of provincial profiles using qualitative methods. HealthPRO developed provincial health behavioral profiles of clients based on their knowledge, attitudes and practices in MNCHN, TB, FP, HIV/AIDS, and AI. The research for baseline profiles was conducted in the provinces of Bulacan, Negros Occidental and Zamboanga del Sur and in Pasay, Iloilo and Zamboanga Cities for HIV/AIDS. These provincial health behavioral profiles combined existing provincial health data with the results of the participatory action research (PAR), conducted by HealthPRO in these three provinces and three cities in January-March 2008. The profiles were used as one of the tools in the strategic communication planning workshops to aid the LGUs in developing evidence-based health promotion and communication strategies and activities. Appendix A includes PAR results and recommendations.

5.1.1 Strategy 1: Mobilizing and intensifying IPC/C in communities

Health Events: During its first year, HealthPRO provided LGUs with technical assistance during the following health events with various health themes, that provided unique opportunities for meaningful community involvement.

World TB Day – HealthPRO worked with TBLinc and HealthGOV in providing technical assistance to the Department of Health during the national observance of 2008 World TB Day held in Marikina City. The project staff worked with TBLinc in developing, producing and distributing the factsheets for print and broadcast journalists who were covering the event.

Additionally, the project staff worked with LGUs, TBLinc and HealthGOV in coordinating health promotion initiatives in observance of World TB Day in the provinces of Bohol, Bulacan, Pampanga, and Sarangani.

The World TB Day put on focus the lives and stories of people affected by TB: women, men and children who have undergone TB treatment successfully; and nurses, doctors, researchers and community workers--anyone who has contributed towards the fight against TB. HealthPRO designed and produced the TB fact sheets which were later distributed to various local media and key staff of provincial and municipal health offices, coordinated the media coverage in Bohol,Sarangani and Pampanga, and provided the photo and video documentation of the events.

In Sarangani, HealthPRO helped produce the radio and television public service announcements and jingle on TB prevention and control featuring an audio-video message from Filipino World Boxing champion, Manny Pacquiao. HealthPRO's TB Specialist, Dr. Jeanne Valderrama served as the main resource person in an open forum for municipal health officers, nurses, midwives, and barangay health workers.

AIDS Candlelight Memorial – HealthPRO collaborated with HealthGOV in providing assistance to city health offices in Quezon City, Angeles, Cebu, Iloilo, Davao, Zamboanga and General Santos for the AIDS Candlelight Memorial on May 18, 2008. The AIDS Candlelight Memorial, world's largest and oldest annual grassroots HIV/AIDS event drew hundreds of participants and was led by city officials, such as the Vice-Mayor Herbert M. Bautista (Quezon City), Mayor Pedro B. Acharon, Jr. (General Santos City), and Mayor Celso Lobregat (Zamboanga City).

In Cebu City, HealthPRO's coverage of the AIDS Candlelight Memorial was developed into a 20-minute educational video, which included the testimony of a male Cebuano who has been living with the disease for 18 years. The documentary was done in collaboration with the city's Social Hygiene Clinic Physician and was shown by the Social Hygiene Clinic staff during their education rounds of entertainment establishments in the city from June to September 2008. About 750 registered commercial sex workers had seen the educational video. With technical assistance from HealthPRO, the Zamboanga City Health Office developed an audiovisual material to serve as a learning tool for group discussions and reinforce interpersonal communication messages. This material highlighted the first local HIV transmission through a testimonial of a person living with HIV/AIDS.

Family Planning Month – For the Family Planning Month, HealthPRO worked with provincial Health Education & Promotion Officers and Information Officers of Bohol, Negros Oriental, Negros Occidental & Capiz, including those of DOH and PopCom regional offices of Central Visayas (Cebu) and Western Visayas (Iloilo), in promoting and seeking the assistance of provincial radio broadcasters in airing family planning public service announcements (PSAs) previously produced by USAID's The Social Acceptance Project. HealthPRO also guided HEPOs in using the PSA tracking/monitoring forms. Almost all the provincial and regional partners with existing radio programs expressed interest in partnering with HealthPRO for radio PSAs.

Likewise, HealthPRO facilitated renewing the tie-up between the Kapisanan ng mga Brodkasters ng Pilipinas (KBP)-Cebu City Chapter and DOH Central Visayas. We have attended a KBP-DOH meeting attended by fifteen (15) radio/TV station managers all of which expressed interest in developing a partnership in the dissemination of radio PSAs. DOH also offered KBP assistance in conducting of seminars/lectures on stress management, mental health, drug abuse, etc. to KBP members, as well as support for KBP's medical missions and outreach activities.

Through its Provincial Governor's Media Affairs Office, the province of Bohol broadcasted the PSAs in two leading local radio stations, DYTR and DYRD, as early as July to boost interest on the family planning month celebration in August. During the FP month in August, the PSAs were played once every workday during DYRD's "Bantay Katawhan" radio program 8:45-9:15AM and twice a day in DYTR's "Governor's Action Line" radio program 4:00-5:00PM. These continued to be aired once a day from Monday to Friday in DYTR for the whole month of September.

In the other provinces, however, we have decided to delay airing the PSAs as the debate on the reproductive health bill intensified during the family planning month.

Garantisadong Pambata – HealthPRO provided technical assistance to Zamboanga del Sur for the development of public service announcement (PSA) for the celebration of Nutrition Month in July last year and conducted an orientation of GP8 Child Survival Packages IPHO staff, NGOs, PNO, CHD IX, BHWs, DSWD ECCD, information officers and population officer in collaboration with A2Z. HealthPRO provided technical assistance in the form of a technical updates for midwives and municipal HEPO designates in the province of Bulacan. During the one day forum, the midwives and HEPOs were updated on the GP program and assisted in planning their community level activities under the GP. All municipalities in the province of Bulacan participated in the activity.

5.1.2 Strategy 2: Development of innovative IPC /C tools and approaches

HealthPRO conducted an in depth review of existing HPC materials that are currently being used in the country. Based on this review, the project will begin developing/updating essential materials for both providers and community members. The project plans to roll out job-aids, wall posters and fact sheets by the end of second quarter of Project Year 2.

HealthPRO conducted a message development workshop in Compostela Valley province in order to improve messages on breastfeeding and make them culturally appropriate for target audiences. The workshop was attended by 25 participants representing RHUs, public hospitals, Provincial Nutrition, DSWD and BHW Federation. As a result, within one and half month after the workshop, the 22 participants reached 1,415 people not only with information but in promoting new behaviors, e.g., early latching-on, proper use of ambu bag for newborn resuscitation, re-lactation, cup feeding. The population accessed was both clients (mothers, couples), as well as other service providers in hospital and RHU.

5.1.3 Strategy 3: Strategic use and expansion of mass media

The Philippines has a long and successful history with using mass media to sell products and ideas. The use of mass media for health purposes, however, has not always been as strategic as it can be and has been difficult to sustain given the prohibitive cost of media airtime.

In Year 1, HealthPRO made some preliminary discussions with potential partners. However, no specific activities were supported in this year.

5.1.4 Strategy 4: Identifying and implementing new media strategies in support of IPC/C

No activities were supported in this sub-component.

5.2 Component 2: Developing institutional capacity and sustainability of BCC efforts

HealthPRO worked on building institutional capacity at national and LGU levels for health promotion activities. The project is using four inter-related strategies listed below, however, only the first three key strategies were implemented in Year One.

1. Increasing public and private resources for interpersonal communications;
2. Increasing the number of communities and LGUs conducting health promotion and communication activities;
3. Integrating IPC/C in public and private health facilities; and
4. Expanding the availability of technical support for IPC/C, mass media work and monitoring and evaluation of these activities. In each of these areas, the focus is on building the capacity of local institutions to continue the health promotion work well beyond the life of HealthPRO.

5.2.1 Strategy 1: Increasing public and private resources for interpersonal communications

In order to systematically plan BCC interventions using IPC/C, group and community mobilization and mass media, HealthPRO, in consultation with the inter-CA technical working group on Behavior Change Communication (BCC-TWG), had developed and conducted a four-module, highly interactive strategic communication planning workshop to build the capabilities of local government units in crafting and implementing sustainable health promotion and communication activities in their respective communities.

The three-day Strategic Communication Planning (SCP) workshop had two interlocking goals: first, to develop among LGUs a keen appreciation for the systematic and programmatic process of evidence-based communication planning; and second, to equip LGUs with the skills to identify specific, appropriate and sustainable health promotion and communication activities that can change the way individuals, families and other key actors in the communities think, feel and behave on Maternal, Newborn, & Child Health and Nutrition (MNCHN), family planning (FP), tuberculosis (TB), HIV/AIDS, and other infectious diseases like Avian Influenza (AI).

Specifically, the SCP workshop aimed to enable the LGUs to:

- Analyze a set of health problems salient to the province by gathering, organizing, and assessing relevant factors such as the nature and extent of the problem, potential audiences and their characteristics, available resources, and the communication environment;
- Craft the LGU's vision for each of the health programs that are relevant to the province;
- Develop a set of HPC objectives in relation to each of the health programs of the province;
- Identify and segment audiences for each of the HPC objectives;
- Determine strategies and approaches relating to message development, channel selection, materials development, and source development in relation to each of the HPC objectives;
- Identify resources in relation to each of the HPC objectives;
- Set a realistic timeline for the HPC activities in relation to each of the health promotion and communication objectives; and
- Draft a monitoring and evaluation framework in relation to the goal and objectives for each of the health programs identified by the province.
- Pasay City – the involvement of non health staff like the information office and the DEP ED in strategizing for the HIV/AIDs program in city and agreements in reviving their City AIDS council.
- Angeles City – creation of their HPC Mentoring team and the commitment of their local chief executive in putting more funds in the program as part of his commitment when the mayor joined the planning team during the last day of the SCP.
- Quezon City – the recognition that involving their city information officers and local police force in strategizing for the AIDs program.
- Bulacan – the paved the way for recognizing the importance of the newly designated HEPOs in each municipality and city and the involvement of their planning, budget and information offices and the umbrella NGO - BKB, in crafting the SCP.

Albay – the SCP provided the opportunity for involving key program staff , other provincial offices and NGOs in developing the SCP. It provided the forum for program coordinators to take interest in planning for future health events like the GP and the Women's Health Month (Buntis Congress once

again. The province was able identify and allocate from existing funds for health promotion activities identified in the plans. Since it was necessary to capture issues and concerns on health promotion and communication that were specific to the province and the local communities, each SCP workshop required broad representation. Hence participants, totalling about 50-60, came from key LGU offices such as:

- Provincial health office led by the provincial health officer and the PHO technical team;
- Office of the provincial governor (i.e., provincial information officer, budget officer, planning officer, provincial health board, health committee;
- Department of Health representatives;
- Inter-local health zones representatives;
- Municipal office (i.e., municipal health officer, nurses/midwives, and barangay health workers); and
- Office of the municipal mayor (i.e, municipal information officer).

Working in teams, participants reviewed all available evidence such as the provincial investment plans for health (PIPH), service delivery implementation review (SDIR), FHSIS, annual health reports, and provincial health data and critically analyzed what the data implied for crafting local health promotion and communication initiatives.

A total of nearly five hundred key officers and staff from the provincial health office, municipal health office as well as information officers, midwives, nurses, barangay health workers from local communities had participated in the provincial SCP workshops. The first Strategic Communication Planning (SCP) workshop was held in the province of Capiz (Visayas) last April 28-30, 2008. Subsequently, SCP workshops were conducted in the provinces of Bulacan, Albay, and Pangasinan in Luzon, Negros Occidental and Negros Oriental in the Visayas, and Zamboanga del Sur, Compostela Valley, Sarangani and South Cotabato in Mindanao.

Two-day SCP workshops on HIV/AIDS were also conducted in HIV/AIDS sites in Angeles, Quezon, and Pasay cities in Luzon, and in the cities of Davao and Zamboanga in Mindanao with a combined total of one hundred fifty (150) participants (see Annexes 2a through 2j for the completed provincial strategic communication plans and Annexes 3a & 3f for the strategic communication plans for HIV/AIDS).

At the end of each SCP workshop, the provincial health officer organized a health promotion and communication mentoring team which would provide a constructive and supportive environment to the provincial health office and municipal health offices in implementing health promotion and communication initiatives on FP, MNCHN, TB, and HIV/AIDS (see Annex 4 for the roles and responsibilities of the HPC mentoring team).

Participants had very positive impressions of the SCP workshops. These were expressed at the closing ceremonies of the workshops as well as in the written evaluations of the individual modules and the workshop as a whole which showed very high ratings for the content and process of the SCP workshop. Participants fully appreciated both the lessons and skills gained and the concrete workshop outputs (i.e., written and charted BCC strategies for MNCHN, FP,TB, HIV/AIDS, and AI). In particular, the participants said that the workshop was implemented quite smoothly and achieved the expected outputs per module. They liked the fun aspect of the workshop (e.g. role-playing for plenary presentation, the Picture Board Crafting/Dioramas, the energizers) as differentiated from the traditional straight-reporting style in similar workshops. The participants also appreciated the presence/involvement of CAs to assist in the group discussion as well as the participation of other stakeholders in the province and the region.

However, they also cited some areas for improvement such as: a) Improving the time allotment for the group discussions especially for the modules on identifying strategies, messages, channels, and resources. The one hour allotted was hardly sufficient considering the no of target actors; and b) Increasing discussions and technical inputs on communication.

The HealthPRO team, the USAID CTO and other CAs also made comments and observations such as:

- Need for increased participation from municipalities and barangays such as ike Barangay Health Workers or BHWs;
- Need to define the roles for PHO, Head of Technical, Health Sector Committee Representative, Provincial Information Officer, Provincial Planning and Development Office, other local government participants;
- Need to define the role of the CA representatives including their role in the preparatory/planning phase and during the conduct of the workshop itself;
- Need for the project staff to be knowledgeable of the health profile, facts and figures and other critical information on the province with respect to the programs that USAID is supporting. Indeed, some discussion/analysis should be done before the strategic communication planning workshop itself. If possible, a list of critical questions to ask as a result of the pre-SCP analysis should be prepared for participants to answer and/or think about during the planning activity; and
- Need to link the indicators and targets in the PIPH to the indicators and targets in the communication plan.

Certainly HealthPRO benefited considerably from these constructive evaluations and comments of the SCP participants, USAID CTO, and members of the BCC-TWG with regard to the various aspects of the workshop such as content, process, worksheets, instructional and reference materials, preparatory activities, facilitation and workshop techniques, schedules and venue. The HealthPRO team consolidated the comments, recommendations and suggestions and sharpened the content, worksheets, materials and process.

SCP Results: Some of the initial positive results from the assistance provided by HealthPRO in the development of the provincial Strategic Communication Plans were as follows:

- Zamboanga del Sur-the designation of HEPOs in each of the municipalities of the province, allocation of HPC budget in their Annual Operation Plan and organization of the Provincial HPC Mentoring Team, development of public service announcement (PSA) for the celebration of Nutrition Month in July 2008, and orientation of GP8 Child Survival Packages conducted jointly with A2Z and IPHO staff, NGOs, PNO, CHD IX, BHWs, DSWD ECCD , information officers and population officers in attendance;
- Compostela Valley-the allocation of HPC budget for 2009 in their Annual Operations Plan and organization of the Provincial Mentoring Team, and provision of Technical Assistance to Compostela Valley in the conduct of Family Health Fair including the passage of EO #-53 declaring September 3 as the Family Health Day of Compostela Valley, and conduct of message development workshops on breastfeeding and neonatal care for service providers;
- Sarangani-the allocation of HPC budget for 2009 in their Annual Operations Plan and the organization of the Provincial HPC Mentoring Team;
- South Cotabato: the start of the active involvement of the Provincial Information Office (PIO) and the Municipal Health Officers in the activities of the Provincial Health Office; the PIO shared a portion of its budget for 2009 to fund health promotion activities in the municipalities; and

- Pasay City - the participation of key players in the local HIV/AIDS response provided a mechanism for collaborating activities in an effort to complement and maximize the impact of prevention interventions.

Overall, the SCPs reflected planned activities by the LGUs to develop high impact, innovative, & sustainable IPC, group, and community mobilization, and mass media tools and approaches for behavior change communication. HealthPRO provides technical assistance to the LGUs in developing these BCC tools and approaches in order to enable LGUs to generate environmental and policy support for key health initiatives that directly address problems in MNCHN, FP, TB, and HIV/AIDS, improve the supply of services and create demand for health services.

Development of Provincial Health Behavioral Profiles: HealthPRO developed provincial health behavioral profiles of clients in regard to their knowledge, attitudes and practices on MNCHN, TB, FP, HIV/AIDS and AI from the provinces of Bulacan, Negros Occidental and Zamboanga del Sur and cities of Pasay, Iloilo and Zamboanga. The provincial health behavioral profiles combined existing provincial health data with the results of the participatory action research (PAR) which HealthPRO conducted in these three provinces and three cities last January-March 2008. HealthPRO used these provincial health behavioral profiles as one of the tools in the SCP workshops to aid the LGUs in developing evidence-based health promotion and communication strategies and activities.

5.2.2 Strategy 2: Increasing the number of communities and LGUs conducting health promotion and communication activities

After the SCP workshops, planned activities by LGUs on health promotion are still to be finalized. Once implemented, these contribute to increasing efforts towards high impact, innovative, & sustainable IPC, group, and community mobilization for health promotion. While SCPs are in the process of being finalized, the project provides support to ongoing activities. In Bulacan, HEPOs were mobilized for the Garantisadong Pambata campaign in April 2008 after they were provided technical updates. HealthPRO coordinated with the LGUs for the media coverage for World TB day in Bohol, Saranggani and Pampanga. HealthPRO also provided support to set up booths for the Family Health Fair held in Davao.

5.2.3 Strategy 3: Integrating IPC/C in public and private health facilities

HealthPRO provided technical assistance to DOH in ensuring that interpersonal communication and counseling is integrated in the provision of IUD insertion services of RHUs and private clinics during the 5-day training and actual provision of FP services in the health facility cum pre-testing of the Family Planning Competency-based Training Manual – Level 2 (IUD insertion) in Davao del Norte. The following public and private health facilities were represented in the activity: RHU Nabunturan, Davao del Norte; RHU New Corella, Davao del Norte; Mercy Moms Pregnancy Clinic, Tagum City; La Suerte Lying Inn Clinic, Tagum City; Well-Care Midwife Clinic, Panabo City; Pelayo Family Care Clinic, Panabo City; and Family Care Midwife Clinic, Panabo City.

5.2.4 Strategy 4: Expanding the availability of technical support for IPC/C, mass media work and monitoring and evaluation of activities

HealthPRO had several consultations with NCHP, NCDPC and other stakeholders to identify HPC gaps and to develop a strategy for implementing high impact HPC activities at all levels of the health system. Discussions were held with NCHP to design and facilitate a three-day workshop to develop a BCC Strategy for MNCHN and FP. The meeting is scheduled for first quarter of FY09.

5.3 Component 3: Technical assistance to USAID's health partners and other relevant organizations in maximizing the effectiveness of their own efforts in health promotion and LGU development

5.3.1 Inputs to CAs on specific HPC activities

HealthPRO provided technical support to TBLinc and other implementing partners in refining their health communication initiatives. HealthPRO collaborated with USAID CAs in developing the provincial and municipal profiles and the provincial presentations as well as with assistance in logistical arrangements.

5.3.2 Media monitoring support

HealthPRO began disseminating daily media monitoring reports to partners.

5.3.3 Technical working groups

HealthPRO technical staff participated in inter-CA Technical Working Groups at both national and regional levels, providing technical leadership to the efforts of each group. In addition, HealthPRO is leading the BCC-TWG.

6 PLANNED ACTIVITIES FOR THE YEAR 2

The complete plan for the upcoming year s a separate document titled "HealthPRO Year 2 Workplan" submitted for approval to USAID. The following Gantt Chart describes project activities for each of the three components (covering FY 2009).

KEY ACTIVITIES	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Component 1. Increase the reach and impact of BCC activities												
A. Assist NCHP & NCDPC in implementing BCC & other health promotion activities on MNCHN, FP, TB, & HIV/AIDS												
1. Conduct MNCHN/FP workshop with DOH-NCHP/NCDPC			▨									
2. Work with NCHP in drafting the BCC plans for MNCHN				▨	▨	▨						
3. Present the BCC plan for MNCHN, HIV, AI, TB, FP to NCHP, NCDPC							▨					
4. Assist DOH (NCHP & NCDPC) in the implementation, monitoring, and evaluation of the BCC interventions								▨	▨	▨	▨	▨
5. Provide training on BCC and communication planning, monitoring and evaluation to CHDs									▨			
6. Provide support for World TB Day promotional activities						▨						
7. Provision of TA to Garantisadong Pambata health promotion and communication activities to NCHP and in 11 LGUs & ARMM							▨					
8. Provision of TA to NCHP & HIV/AIDS sentinel sites for the AIDS Candlelight Memorial (May 21)								▨				
9. Provision of TA to NCHP and LGUs on Safe Motherhood Week (May 12-18): Development of Safe Motherhood Bulletin in partnership with NCHP, NCDPC, and UNICEF								▨				
10. Provision of TA to NCHP and LGUs on World Population Day (July 11)										▨		
11. Provision of TA to NCHP and LGUs on FP Month											▨	
12. Provision of TA to NCHP and LGUs on Lung Month											▨	
13. Provision of TA to NCHP and LGUs on World Breastfeeding Week (Aug 1-7)											▨	
B. Provide TA to LGUs in their BCC Campaigns on MNCHN, FP, TB and HIV/AIDS												
1. Finalize the SCPs HIV/AIDS for Angeles City, Davao City; SCPs for Bulacan, Capiz, Negros Oriental, & Sarangani.	▨											
2. Finalize the SCPs HIV/AIDS for Quezon City; SCPs for Negros Occidental, Pangasinan & South Cotabato		▨										
3. Finalize the SCPs HIV/AIDS for Pasay City			▨									
4. Draft BCC plans for LGUs (with BCC-TWG)				▨	▨	▨						

KEY ACTIVITIES	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
5. Validate drafts and data inferences of BCC campaign plans for LGUs with SCPs and validate the ARMM regional BCC plan (with LGUs/ARMM as well as with USAID CAs, NCHP, NCDPC); Conduct additional FGDs as necessary												
6. BCC Campaign design writing; Presentation to USAID; Finalize BCC campaigns												
7. Submission of LGUs BCC campaign plans to USAID												
8. Presentation of final BCC campaign plans to the following LGUs: Albay, Bulacan, Pangasinan (Luzon); Capiz, Negros Occidental, Negros Oriental (Visayas); Zamboanga del Sur, Sarangani, Compostela Valley, South Cotabato (Mindanao) and ARMM (To be done with NCHP, NCDPC, CHDs, USAID-CAs)												
9. Roll out of the BCC campaign in LGUs												
10. Support World TB Day in Manila and select LGUs												
11. Prepare for Garantisadong Pambata health promotion and communication activities in 11 LGUs and ARMM												
C. Engage national and local partners to assist LGUs in the implementation of BCC campaigns												
1. Begin discussions with LRAs to assist LGUs in implementing the BCC interventions on MNCHN, FP, TB & HIV/AIDS												
2. National and local partners to submit proposals for review by HealthPRO; Hold continuing discussions on terms of engagement												
3. Review of proposals from national and local partners; Continue negotiations												
4. Finalize terms of engagement with national and local partners; Hold a one-day partners forum												
5. Provide TA to LRAs and monitor their performance												
Component 2. <u>Develop intuitional capacity building and sustainability</u>												
1. Conduct of National BCC Workshop on MNCHN-FP with DOH-NCHP												
2. Work on drafts of BCC plans for MNCHN-FP with NCHP & NCDPC												
3. Assist NCHP in revision of AO58 (with HPDP)												
4. Presentation of BCC plans for MNCHN-FP to DOH												
5. Assist NCHP & NCDPC in developing guidelines for implementing, monitoring and evaluating the BCC activities on MNCHN-FP												
6. Provision of TA to NCHP in the implementation of BCC on MNCHN-FP: IPC, Group Mobilization, Advocacy, Mass Media Support, including TA on monitoring and evaluation, and quality assurance checks on BCC implementation												
7. Assist LGUs in implementing IPC, social mobilization and mass media support activities for MNCHN-FP, ID												

KEY ACTIVITIES	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
8. Conduct of strategic communication planning (SCP) in new LGUs												
9. Assist NCHP in revision of AO58 (with HPDP)												
10. World TB Day in Manila, Quezon City, Albay, Pangasinan, Bulacan, Negros Oriental, Negros Occidental, Sarangani, Bukidnon, & ARMM												
11. Preparatory planning activities for Garantisadong Pambata health promotion and communication activities in 11 LGUs and ARMM												
12. Provision of TA to Garantisadong Pambata health promotion and communication activities in 11 LGUs & ARMM												
13. Provision of TA to AIDS Candlelight Memorial (May 21) in HIV/AIDS sentinel sites												
14. Provision of TA to LGUs on Safe Motherhood Week (May 12-18)												
15. Provision of TA to LGUs on World Population Day (July 11)												
16. Provision of TA to LGUs on Family Planning Month												
17. Provision of TA to LGUs on Lung Month												
18. Provision of TA to LGUs on World Breastfeeding Week (Aug 1-7)												
Component 3. Technical Assistance on HPC initiatives to USAID CAs and Program partners												
1. Hold and lead the monthly meetings of the BCC-TWG												
2. Provide TA to HPDP in identifying and discussing the BCC activities necessary for the Operations Research project on the Family Health Book in ComVal												
3. Provide TA on IPC for Navigators to HPDP Operations Research project on the Family Health Book												
4. Work with the TWG PhilHealth Benefit Delivery on Social Marketing												
5. Work with HPDP on the branding of BeMONCs												
6. Provide TA on organizing inter-CA community health fairs (World TB Day, Garantisadong Pambata, Lung Month, Family Planning Month)												
7. Provide TA to USAID CAs in BCC support activities												
8. Provide TA to A2Z in Garantisadong Pambata Orientation and health promotion and communication planning and in 11 LGUs & ARMM												
9. Work with HealthGov in organizing the AIDS Candlelight Memorial (May 21) in HIV/AIDS sentinel sites (mobilizing community-based groups, generating media support, and documenting LGU activities)												
10. Work with HealthGov and SHIELD on Safe Motherhood Week (May 12-18): Replication of job aids for health service providers, mobilizing community-based groups, generating												

KEY ACTIVITIES	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
media support, and documenting LGU activities												
11. Work with HealthGov and SHIELD on World Population Day (July 11): Replication of job aids for health service providers (e.g., FP wallchart, fact sheets), mobilizing community-based groups, generating media support, and documenting LGU activities												
12. Work with HealthGov and SHIELD on Family Planning Month: Replication of job aids for health service providers (e.g., FP wallchart, fact sheets), mobilizing community-based groups, generating media support, and documenting LGU activities												

7 MANAGEMENT AND ADMINISTRATION

7.1 Workplans

The Year Two Workplan has been submitted to USAID with the list of PMP indicators to be reported next year.

7.2 Financial and Administrative issues

Philippines - HealthPRO
Contract No. GHS-I-00-07-00010 Order No. 345
Line Item Costs Expenditure as of 9/30/08

	Total Estimated Cost	4th Quarter Expenditures 7/1-9/30/08	Total Contract to date Expenditures	Remaining Funds
Salaries and Wages	$ 3,972,658.00	$ 97,468.00	$ 494,573.00	$ 3,478,085.00
Fringe Benefits	$ 72,032.00	$ 643.00	$ 15,826.00	$ 56,206.00
Overhead	$ 564,663.00	$ 13,735.00	$ 71,455.00	$ 493,208.00
Consultants	$ 218,068.00	$ 27,660.00	$ 48,911.00	$ 169,157.00
Travel - Per Diem	$ 468,769.00	$ 53,891.00	$ 238,982.00	$ 229,787.00
Equipment	$ 132,601.00	$ 38,014.00	$ 97,832.00	$ 34,769.00
Other Direct Costs	$ 2,515,298.00	$ 84,971.00	$ 379,468.00	$ 2,135,830.00
Subcontracts (under $50K)	$ 41,390.00	$ -	$ 41,390.00	$ -
Subtotal	$ 7,985,479.00	$ 316,385.00	$ 1,388,440.00	$ 6,597,039.00
G&A	$ 1,741,336.00	$ 56,949.00	$ 249,919.00	$ 1,491,417.00
All Subcontracts	$ 4,263,732.00	$ -	$ -	$ 4,263,732.00
Handling Fee (4%)	$ -	$ -	$ -	$ -
Subcontracts (over $50K)	$ -	$ -	$ -	$ -
Total Estimated Cost	$ 13,990,548.00	$ 373,334.00	$ 1,638,359.00	$ 12,352,189.00
Fixed Fee at 7%	$ 979,338.00	$ 26,133.00	$ 114,685.00	$ 864,653.00
				$ -
Total Cost plus Fixed Fee	$ 14,969,886.00	$ 399,468.00	$ 1,753,045.00	$ 13,216,841.00

Total Estimated Contract Amount	$ 14,969,886.00
Total Obligated Amount	$ 6,750,740.00
Total Expenditure as of 9/30/08	$ 1,753,045.00
Total Remaining Estimated Contract	$ 13,216,841.00
Total Remaining Obligated Amount	$ 4,997,694.00

8 APPENDIX A: PARTICIPATORY ACTION RESEARCH FOR HEALTH PROMOTION AND COMMUNICATION

KEY FINDINGS

A. Key Findings on the LGU HPC Processes

The key findings for the LGU processes are reported as follows:

a) Various processes related to Health Promotion/Communication (HPC)
b) Budget Process
c) HPC implementation

I. Various processes related to Health Promotion/Communication (HPC)

1. Profile/outline of HPC related activities

1a) Health index of the LGUs.

HPC is primarily embedded on the current health situation of an area. Looking at the health indexes is important to show real dynamics in the HPC processes. Assessing the health outcomes should precede and proceed every HPC activity.

1b) LGU Profile on HPC related activities.

The Province is headed by the governor, who has an encompassing say on all provincial programs including HPC. HPC is part of the Provincial Health Office (PHO) entrusted to the Health Education and Promotion Officer (HEPO) and the Provincial Technical Office which houses the program managers/coordinators. This team is involved with the development of the HPC policy, plans and programs. Implementation of HPC however involves all the doctors, nurses and other health professionals under the PHO.

City and municipality is led by the mayor but the HPC is handled by the city/municipality health office. From the development of policy, plans and programs to the actual implementation, the health offices through its HEPOs/designated HEPO, health staff and health officer managed the HPC activities. CHO/RHU is also responsible for involving the barangays in the HPC. Barangay officials and particularly the BHWs are actively involved in implementing HPC activities.

Both the province and the city/municipality health offices are coordinating for the plans and implementation of the HPC.

Some LGU processes were not covered in this PAR study which include the important participation of the Center for Health and Development (CHD) health education and communication office which provided most of the HPC inputs to the LGUs. CHDs through its own HEPOs and DOH Reps continuously provided technical

and material support to the HPC needs of the LGUs. Another process is in the provinces, plans and program are integrated in the annual Provincial Investment Plan for Health (PIPH), HPC included. PIPH is the bases for the specific plans and programs for the rest of the year.

2. Description of HPC activities, process, output, and resources

Implementation of the various HPC activities was the culmination of the preparations done by the HEPOs and other members of HPC including the program managers and program coordinators for the province; MHO, designated HEPO and RHU staff in the municipalities; BHWs and BNS in the barangays and NGO workers. Materials used in the IEC mostly came from PHOs, with some materials coming from the CHDs. The activities conducted by the LGUs in the past year are the following: training and health education (e.g. dengue, healthy lifestyles, mother's class); social mobilization/campaigns (KOT, New Born Screening, Garantisadong Pambata); Counseling (Family Planning, TB); and mass media (various health issues through radio and TV). The LGUs have partnered with the following private and public agencies/groups: Department of Education/Academe/PIA, radio network (DZRU/Aksyon Radio/Broadcast Sunday), TV (Morning Show, ABS-CBN), and NGOs (Taas Noo, Bantay Kalusugan sa Bulacan, Reliv Kalogris Foundation, Hope Foundation, Lions Club, Jaycees)

3. HPC Planning Process

3a) Planning and development of HPC activity

HEPOs in coordination with the program managers and coordinators plan the HPC activities. HPC is included in the various health programs managed by the staff. Once the plan is approved by the health officers and Local Chief Executives (LCEs), the HEPO coordinates with the CHD, LGUs, Information Office (IO), NGOs and media outlets. The CHD, who have ongoing association with the PHO/HEPO provide some information and materials to the HEPO/PHO, and even plan to join actual implementation through its DOH Reps. The Information Office, in which some HEPOs originated, gave inputs on the promotion and advocacy strategies. Media sources are also identified by the IO and agreements for air time and slots are reached. Most LGUs have budget for the broadcasts especially for radios but some stations allotted air time on morning TV shows (e.g. Bacolod). IO assisted the HEPO/PHO in dealing with the media outfits. The NGOs covered some resources for the HPC activities and jointly organized it in their own beneficiary areas. Cities and municipalities identified the areas and people in which the project is going to be implemented. Health staff, particularly the HEPOs and designated HEPOs like the Public Health Nurse (PHN) or Midwife actively gave updates and information on the ground and ensures participation at the barangay levels. It was however noted in the PAR, that planning takes place in the CHD, PHO and MHO (MHO, PHN) levels only. The BHWs did not consider their efforts as part of the planning.

3b) Bases for planning the HPC

HPC plans are based on the previous year accomplishments, DOH calendar, based on present needs, review of the cases in the past year, conduct of health surveillance and routine IEC needs. At least one LGU conducted a survey on the Knowledge, Attitude and Practices (KAP) of their constituents prior to planning.

3c) Maintaining services based on needs

Services offered are based on the needs of the clients and the program. Most of LGUs revealed that their services rendered for the various health programs were due to the result of their plans responding to the needs identified from the cases in the previous year.

3d) Policies are not entirely clear for HPC.

There was no clear cut policy on the HPC activities but implementation is apparently based on the national and regional health calendars. The municipal and city health office also take their cue from the province. Most common activity for all LGUs is the Knock Out Tigdas (KOT) and Dengue campaigns.

3e) Health officers are key to HPC project approval.

The approval of HPC projects/activities is mainly directed by the health officers who include the provincial health officer and head of technical office in the province and the city/municipal health officer (C/MHOs in the cities and municipalities). The program managers and coordinator including the HEPO, who are more involved with actual HPC implementation, are all under the technical office. The C/MHOs monitor and ensure HPC realization by the designated HEPOs.

3f) Nationally adopted health issues/programs and local health ordinances are HPC priority.

National health laws such as New Born Screening, AIDS council and ASIN were adopted by most LGUs and are given much attention for HPC activity. Local health ordinances concerning environment and other local health issues (e.g. anti-smoking, dengue campaigns, anti-rabies) were prioritized as well.

3g) HPC as a requirement for services

An LGU noted that attending HPC activity is required for some clients. For example, if the mother did not attend pre-natal health education and counseling, she cannot deliver at the LGU facility. A dog owner who did not attend lecture on vaccination may not let his dog be given anti-rabies shots.

3h) Final decisions for HPC rests with the LCEs

Although the development, planning and implementation of the HPC activities is primarily undertaken by the health staff (esp. HEPO) and health managers, the mayor and governors have the final approval for each activity. However, in some provinces, the PHO can decide for the project implementation once it has been approved in the annual provincial investment plan.

4. The HEPO

4a) HEPOs various roles in the LGUs

HEPOs in the provinces are the primary staff for HPC but they also perform other tasks mainly as the program manager/coordinator for health programs (at least 2-3 programs). These other tasks consume most of their time. Most HEPOs are designated, thus they have multiple assignments. The HEPOs attended trainings on Basic and Advance Communication Skills (Bulacan), Family Planning Action Session (Bulacan), and Basic Training on Health Education (Negros Occidental). Zamboanga del Sur HEPO did not attend any HPC related training at all.

HEPOs in the municipality and city are relatively new at the job and some are just designated ones handling other positions. HEPOs perform other tasks as public health nurse, midwife, nutritionist and personnel officer. They handle health programs and the nurse and midwife perform clinical functions. These HEPOs attended HPC related trainings such as: FP counseling, IEC, basic presentation skills, BEMOC and NTP. Some of them did not attend HPC trainings at all (e.g. Bulacan)

HEPOs reported that all the HPC plans were accomplished in the previous year. They identified the following as the facilitating factors: good collaboration of staff, proper dissemination, plan based on needs and approval of the budget

4b) Planning the HPC

The HEPO in the provinces coordinated with the program managers and coordinators in planning for the HPC. After establishing the bases (as related earlier) of the plans, each managers/coordinator comes up with the proposal, and the HEPO or the head of technical office organize the plan to be submitted to the PHO. After some fine tuning, the PHO reported it to the Governor through the offices for budget, and planning and development. The governor then submits the proposed plan and budget to the Sangguniang Panlalawigan (SP) for deliberation. Some provinces have a local health board (Zamboanga del Sur) who initially conducts deliberation of the proposal and forwards this to the SP. Upon endorsement by the SP, the budget is given to the governor for final approval and signing.

HPC plans in the municipality/city are being conducted by the HEPO or designated HEPOs with the MHO/CHO. The MHO/CHO consolidates the plans with the rest of the health programs and submits to the Mayor. The Sangguniang Bayan deliberates on the proposals and endorses it to the Mayor for final approval and signing.

4c) Other members of HPC

Aside from the HEPOs, other members of HPC are the program managers/coordinators, medical specialists, nurses, IO and PHO for the province. Most of them did not attend HPC trainings but program coordinators are trained on their specific health programs. City and municipalities listed other members of HPC as the MHO, nurse, midwives, sanitary inspectors, dentist, medical technologist, and BHWs/BNS. There was no training of these staff on HPC.

4d) Relationship between information office and health office

The Information office is located at the office of the local chief executives and is mainly used by the LGUs to provide information and conduct advocacies about the LGU programs. HEPOs and some health staff (e.g. program coordinators) consult the IOs on HPC activities. The IOs with regular communication with the LCEs, assisted in the advocacy, media networking and documentation of HPC activities. The IOs also provide feedback to the LCEs and other departments on the results of the HPC projects.

II. Budget Process for HPC

1. Budgeting as need arises

Some LGUs have no specific budget for HPC but are able to come up with plans and finances as “need arises”. The need usually is based on the provincial, regional and local government health programs and ordinances. Budget is normally needed for

launching health programs. As the point person for HPC, the HEPOs finds difficulty to allocate resources for their plans as more than half of them not aware of the actual budget for the HPC. Even an eight year veteran HEPO (Kabankalan) has no idea of the city's annual HPC money.

2. Variations on the HPC budget

HPC budget for the provinces ranged from a low of two hundred thousand pesos to about 2 million pesos. One municipality could only allocate twenty thousand pesos while another had more than two hundred thousand peso as HPC funds. The two municipalities mentioned (EB Magalona in Negros Occidental and Angat in Bulacan) have almost identical total populations. This translates to one LGU spending only about P.34 (thirty four centavos) for each individual or P1.70 (one peso and seventy centavos) for each household, while the other municipality spent about P3.39 (three pesos and thirty nine centavos) for each person or approximately P16.60 for each household.

3. Sources of HPC budget.

The source of the HPC funds comes from general provincial health fund, gender and development (GAD) and the barangay council. Not reported in the PAR are the LGUs Development Fund where HPC money is usually tapped. HPC finance is regularly integrated in the health service budget of LGUs and is primarily included in the different health programs. External sources like the NGOs (e.g. World Vision, USAID, Jaycee, Rotary Clubs) share some funds too.

4. Not all HPC finances go to the activities or related projects.

Some LGUs included the allocation for training of BHWs and BNS, mobile clinic and allowance for the BHWs as part of the Health Prevention and Promotion money.

5. Radio broadcasting in every LGUs budget.

Most LGUs allocated finances for radio broadcasting of health issues. This is aside from the free airtime some radio network provided them. This might still be true for most areas as local TV and cable channel have very rough reception in the barangays. Only one province (Negros Occidental) allocated money for TV plugs.

III. Implementation of HPC

1. Mode of delivery

1a) Health themes and HPC services mode of delivery.

Of the major health themes identified, HPC activities are focused on Family Planning (FP), Maternal and Child Health (MCH) and TB. Not all LGUs provide services to HIV/AIDS and Avian Flu. For FP, MCH and TB, mode of delivery to clients are counseling (both facility and non-facility based), IPC (both facility and non-facility based), printed materials (posters and leaflets), broadcast (radio/TV) and outdoor advertising (streamer). For HIV/AIDS some provinces (Negros Occidental and Zamboanga del Sur) conducted HPV services through counseling (both facility and

non-facility based), IPC (both facility and non-facility based), printed materials (posters and leaflets) and broadcast (radio/TV). The same approaches with HIV/AIDS are conducted by these two provinces to Avian Flu.

1b) Services in the Facility and Community.

Most LGUs utilize both facility-based and community-based for the IPC and counseling services with the clients. However, an LGU (Zamboanga del Sur) preferred to conduct facility-based counseling and IPC on Family Planning and Maternal and Child Health clients.

1c) Counseling inside the facility.

Only two of eight HEPOs reported that they have a counseling room in their facility. Most of them counsel clients in a room shared with other center programs and services. For those with counseling rooms, visual and auditory privacy were provided to clients.

1d) Promotion and Advocacy.

HEPOs with the assistance of the IOs and the Tourism Officer (e.g. EB Magalona) conduct promotional blitz on the health issues and encourage government offices and LGUs to take part. Regular health advocacies are monitored in the municipalities and cities, among the health centers. Promotional activities include outdoor advertising, printed materials distribution (leaflets and posters), broadcasting (radio), community assemblies and house to house campaigns by the BHWs.

2. IEC

2a) Developing HPC/IEC materials

Only 2 of the 9 HEPOs reported that they are involved with developing HPC materials, although, at least six of them included IEC in their plan for the year. The 2 HEPOs developed fliers to be used for distribution to the clients. There was no pre testing, audience analysis, and media planning done. Dissemination however, is done through house to house activities. Other materials developed are the radio/TV plugs, newspaper release (Kabankalan) and reproduction of New Born Screening video.

2b) Production of IEC materials

All HEPOs noted that one of their main tasks is to produce, reproduce and distribute IEC materials. Most IEC materials (e.g. posters, leaflets) are produced or reproduced in the PHOs. The PHOs provided these materials to the city and municipality. At least two of nine health offices have a photocopying machine. When some materials are not enough, RHU midwife and BHWs make their own handwritten posters for their barangays (Lapuyan, Bayog).

2c) IEC implementation

As noted in their primary functions, the HEPOs lead in the implementation of IECs by networking with the health center staff and mobilizing the BHWs and BNS. IEC materials (posters, pamphlets, streamers, video for new born screening, radio plugs and newspaper release in Kabankalan) were utilized for the health education, trainings and house to house campaigns. The health themes featured are breastfeeding, EPI, FP, NBS and AI. BHWs is the key to the distribution of printed materials to clients. Some LGUs reported to have distributed 400 EPI posters, 50

videos of NBS, 6 breastfeeding posters, 100 FP pamphlets, and 6 streamers. Public announcement systems are also used for some barangays (Bayog)

3. IPC

Only one LGU identified IPC as part of the HPC plan. Plans focus on activities with group targets. Accomplished HPC activities validated these. Reported HPC accomplishments are the following: mass health education, assemblies/launchings on healthy lifestyles, motorcades, BINGO libangan for Health, mass media, forums, UNICEF B-ECG screenings and orientation for Supplemental Feeding. On the plus side, an LGU conducted staff training on IPC, and 4 of 9 LGUs reported IPC sessions ranging from 20 clients to 100 clients per day. There was not much information on the local mechanisms for the IPC development process.

4. Outreach

Outreach activities usually launch health programs. Every health program is given emphasis or introduced to the communities by conducting outreach activities. All LGUs have planned community events to this effect. Coordination among PHO and RHUs is the key to succeeding with the plan. RHU staff, including the MHO, PHN, Midwives, SI, and the BHWs contribute to the activities. Other public agencies like DepEd and DA joined projects related to them (e.g. dengue in schools, anti-rabies). Barangay officials were also tapped for the preparation and actual activity.

5. Documentation and Evaluation of HPC

Documentation of HPC activities were conducted by the LGUs but the IOs officially covered it. There was no evaluation done on these activities. Some LGUs reported that they got the feedback as a result of HPC through media, number of cases, and midwives feedback during staff meeting.

Recommendation for LGU processes on HPC

1. HPC Policies

Policy development on HPC – AO 58-01 can be extensively discussed with local health promotion teams to discuss the role of HPC in developing health policies, creating supportive environment for health programs, strengthening community action, reorienting health services and supporting personal skills for healthy behavior.

Create local ordinance to emphasize health issues and to create a clear agenda for health promotion and communication. Likewise a local policy can provide valuable support and resources needed by health educators and promoters to professionalize and maintain high standards in the conduct of their work.

HPC as a requirement or integral step for accessing health services can be introduced not only as a “capture” mechanism but more as a “holistic” and “integrated” mechanism for delivery of service. This also responds to the rights-based approach for delivery of health information and services.

2. Planning and Budget Process

The HPC plan need to be created in an integrated manner with health programs but in a way that the plan is in itself holistic and can stand as a separate entity. The basis for the HPC plans must be reviewed and related to reported accomplishments.

A rational allocation of budget to HPC activities must be developed and it would help to come up with a realistic but effective HPC budget for a population. One way would be to involve the main HPC implementer (HEPO) in the budget process.

3. HPC members and training

There is a need to enhance the knowledge of the HPC members on HPC/IEC material development, presentation and evaluation skills. Likewise, it would help if the basic credentials, knowledge and skills of a HEPO are standardized to facilitate expectations in capacity building and in their tasks. Designation of a full time HEPO (with no major health programs being handled) will ensure focus for HPC. As a member of the HPC team and support to the HEPO, BHW roles in different aspects of HPC must be recognized and enhanced.

4. Delivery of services

More emphasis on IPC can be provided to allow for individual concerns, more in-depth information and follow-through on behavior change. Facilities can benefit from having a designated counseling room and provision of some equipment for reproduction and audio visuals for provincial HPC.

B. Key Findings on Information Access

1. Sources of Information

1a). The main mass media source of information is the television. Viewers tune in between 3-4 hours a day mostly in the evenings to watch news and public affairs and telenovelas. GMA-7 is the preferred network in Luzon and Mindanao with 24 Oras as the main news program watched in the evenings. ABS-CBN ranked highest for Visayas with TV Patrol as the program preferred for news and public affairs. The radio is cited as another main mass media source of information but mostly tuned in for morning news with the Luzon respondents preferring FM over AM stations compared to their Visayas and Mindanao counterparts.

1b). Community Assemblies are the main source of health information outside mass media. Among the topics discussed during the forum are FP, TB, cleanliness and sanitation, and general health campaigns on Measles, Dengue and Iwas Paputok . General health concerns are also discussed – “kon ano ang pagbulong kag paginom sa bulong”, “kung paano maging malusog ang bata”, “paano pagkain ng gulay”, “paggamit ng herbal medicine”. The assemblies are found to be enjoyable because of the communal learning and the opportunity to know the community members better.

Community assemblies are also exploited by commercial groups like milk companies – “Nestle nagturo sa tamang pagpapainom ng gatas” ; “tamang oras ng pagpapainom ng gatas” ; “na ang gatas Bear Brand ay mayroong calcium at vitamin C na mabuti sa katawan ng bata”.

1c). Although the television is the main source of general health information, specific health issues are sought from the health centers. Counseling in facilities is another main source of health information. Personnel most sought in the facility are the midwives and the barangay health workers and they are included in the list of people that are highly regarded in the community.

1d) Unsolicited advice on health through text messages are acceptable depending on the text message and the sender. However, there is hesitation to heed text advice to because of fear that the information may not be true. It was reported that it is better to go to the health center to get information. However, there is willingness to relay the information to others through text if it is considered to be from a reliable source.

2. Health Information.

2a). Tuberculosis is the health issue most heard or read about. Aside from information from the mass media, TB is also a regular topic in community assemblies ("yung paano maiiwasan ang TB"). The information most received was on the mode of transmission for the disease, mostly from television, radio, health staff, and IEC materials. Unlike in other health issues, there are no advocates or support groups for TB in any of the areas.

2b) Family Planning is the topic most discussed in fora attended. The messages most heard or read about was on the use of different FP methods and about birth spacing. Other messages for FP that were recalled include -don't be shy to buy FP commodities; use trust pills to control births, and ads on "Sa Payo ni Doc".

2c) For maternal health, awareness of the importance of regular pre-natal check up is high. Information most heard or read about include schedules of prenatal check-ups and delivery in the health facility.

2d) For Child health the topics read or heard of are on breastfeeding, immunization, diarrhea. Information on breastfeeding is most appreciated for its protective function for the baby and immunization is appreciated for prevention of illnesses. Awareness o the importance of administering ORESOL for diarrhea episodes is also high, while immediate check-ups was cited as important for pneumonia symptoms.

2e) For HIV/AIDS, being faithful to the spouse, and avoiding STD were the foremost messages heard or read about.

2f) Overall, the most preferred topics are on health in general, and child health and rearing.

Recommendations for Communication Interventions based on Information Access

1. General messages on TV and radio must be supported with in-depth information through community assemblies and tailored messages through counseling, for health messages to lead to healthy behavior.

2. Healthworkers, especially BHWs and midwives are highly regarded as sources of credible health information and therefore need to have precise information and updated skills to effectively communicate health messages.

3. For all health themes, accuracy of information to correct myths and misconceptions is a key area of concern for message development.

4. If feasible SMS can be a channel for health messages as long as the sender is highly regarded as a credible source for health information. Messages can avoid specific treatment advise and focus on general health information and bulletins.

5. If possible, advocacy and support groups must be encouraged to reinforce messages and provide regular information support to combat myths and misconceptions.

C. Key Findings on Family Planning

The Participatory Action Research aimed to improve understanding of the knowledge, attitude and practice of couples on Family Planning (FP). Key findings that emerged were:

1. **Awareness on the different FP methods is not enough for couples to practice FP.** Couples are able to enumerate different family planning methods such as pills, IUD, condom, tubal ligation, calendar, rhythm, and natural family planning. However, not all couples who are able to enumerate different FP methods actually practice FP.

2. **Barrier to family planning use include out of pocket costs especially for poorer couples**. Reasons for not practicing FP include desire to have another child, the need for additional knowledge on how different FP methods work and their effectiveness, fear of side effects, and fear of the procedure (for permanent FP method). Other reasons were feeling lazy to go to the health centre, and being busy with work. Couples who belong to the lower economic strata said that they want to use family planning but do not have the money to spend for it. They said that they would rather use their money to buy food than spend it for contraceptives.

3. **Fear of side effects is considered as the main reason for couples not to practice family planning or to discontinue its use.** Fear of side effects usually starts from rumors and misconceptions which are disseminated through informal discussions usually imbued with elaborate details that lend these some credence. Couples said that "they are afraid to use FP because they might not have children anymore later in life", "contraceptives are abortifacients", "use of FP either increases or decreases one's desire for sex", "pills can cause cancer", "pills can cause headache, dizziness, vomiting, enlargement of the hips, forgetfulness, weak body resistance, chest pains, increase in weight or sometimes weight loss, and irregular menstruation", "ligation can cause a woman to become sickly and unable to do work", "condom can cause lack of strength, and abdominal pain", "due to the use of condom, the semen will go back to the body and can cause harm to the male", and "vasectomy is the same as castration".

4. **Economic reason is cited as a predominant motivation among couples to practice family planning.** Generally, couples who are convinced on the importance of FP expressed their willingness to spend their own money than to have another child. Couples who practice FP said that "it is difficult for us nowadays to raise many children because of high costs of living", "few children is better so that we can send them to school and provide them with bright future", "without permanent job, it is difficult for us to provide even the basic needs of our children such as nutritious food, clothing, shelter, education and good health". A few couples mentioned about the other benefits of family planning such as "for the health of the mother" and "for the well-being of the whole family".

5. **The decision to practice family planning is made by both husband and wife.** There are several sources of influence for couples to practice or not to practice family planning. These influences are usually informal word-of-mouth from parents/in-laws, close friends, brothers/sisters, relatives, neighbors and health service providers.

However, the decision to practice FP is made by both husband and wife although the belief that the decision should come from the husband was raised by a few.

6. **Couples are willing to use permanent FP methods** if the following conditions are met: (a) if their desired number of children is already achieved, (b) if their chosen permanent method is readily available, (c) if the method is affordable or preferably, free, (d) if the next pregnancy will endanger the life of the mother, (e) if it has approval from husband/wife/parents, and (f) if it is not against their religious beliefs and conviction.

7. **The television is considered as main source of information on FP.** Family planning information is usually conveyed through advertisements of FP commodities like pills and condoms which are sponsored by pharmaceutical companies.

8. **The Barangay Health Station is considered as main source of family planning services.** Couples said that their FP services usually come from the Barangay Health Station (BHS) because the facility is accessible and the services are for free. The midwife is usually the first person in the BHS to be approached by couples and individuals who are seeking for FP information and services.

RECOMMENDATIONS FOR COMMUNICATIONS ON FP

1. IPC/C support

Awareness raising about family planning through mass media should be supported with interpersonal communication and counseling (IPC/C) activities in both facility-based and in outdoor set-ups. This is to ensure that clients are provided with accurate information on the different FP methods so that they can choose the method that they can use and they receive correct information about their chosen method as a way to counteract rumors and misconceptions. When clients get the methods they want, they will use them longer and more effectively.

2. FP Messages

Since the health benefits of FP is not considered as the main reason for FP use among couples, health service providers should emphasize to couples the following messages: (a) Birth spacing of 3 to 5 years from recent pregnancy will enable the woman to recover from pregnancy, improve her well-being, improve the health of her child and their relationships as husband and wife. (b) family planning prevents abortion which saves the life of the mother and her infant (c) family planning prevents high risk pregnancies (e.g., mothers who are below 18 years old or those more than 34 years old or those who have more than 4 pregnancies, or those who have less than 3 years of interval between pregnancies, or those women who are sick with chronic diseases such as TB, malaria or with iron deficiency anemia) (d) family planning allows the woman to devote more of her quality time to herself, her husband or her community and (e) family planning responds to unmet needs of women for FP. To acquire the necessary skills in communicating these messages, health service providers should be trained on Interpersonal Communication and Counseling (IPC/C).

3. Male involvement

Male involvement in family planning is critical because the decision to practice FP is made by both husband and wife. Hence, there should be activities and awareness raising campaigns aimed at getting men to participate in family planning so that they will know its social, economic and health benefits, including the gains in terms of the well-being of the entire family.

4. Use of various media for message delivery

Reinforce the positive behaviors and attitudes of the couples and individuals towards family planning by crafting and disseminating accurate FP messages using various media such as TV, radio, newspapers, magazines, among others. Alternative channels such as texting and community mobilization should be explored also as potential channels for disseminating FP messages.

D. Key Findings on Maternal Health

The Participatory Action Research aimed to improve understanding of the knowledge, attitude and practices on maternal health. Key results are as follows:

1. Prenatal Care

   1a). Pregnant women begin to seek prenatal consultations (PNC) during or after the 3rd month because it is only then that they are sure of the pregnancy.("*para sigurado na buntis talaga", "kasi buo na ang babay", "kumpleto na ang parts ng baby").* The frequency of the PNC visits is determined by the perceived status of the pregnancy, for example, "three times because the pregnancy is normal".

   1b). Prenatal care is also sought from the skilled health worker to have access later to hospital delivery. There were reports that there are situations when only women who have a record of prenatal check up are allowed to deliver in the district hospital where there is a "no check up, no delivery policy". The health center RHM is preferred over that of the hospital for prenatal check up because the RHM provides very clear advise while in the hospital there are very few schedules for counseling (three times a month).

   1c) Prenatal care is seen as both a maternal and neonatal health concern as it is perceived as monitoring the health of both mother and baby.

   1d) Mothers confuse the danger signs of pregnancy with risk pregnancies.

2. Traditional Birth Attendants

   2a). Traditional Birth Attendants (TBAs) are first consulted during the 3rd to 5th month of pregnancy. When a pregnant woman visits the TBA, "batak/lucid" (pulling the abdomen up) is done by the TBA. In cases of breech presentations, the TBA will either massage the abdomen up to eight months until the normal position occurs, or will refer the mother to the Rural Health Center.

   2b). The TBAs recognize the importance of pregnant women having prenatal check up by a skilled health worker and encourage the women to access such services. Aside from the PNC, the TBAs also advise the mothers on how to take care of themselves while pregnant – not carrying heavy objects, daily bathing, proper food and nutrition, and having fewer sexual contact. Breastfeeding is also highly recommended by TBAs. They get these information from the RHU staff and NGOs. Special advise include drinking kadyos (bean soup) and giving ginger. However, no advise on the danger signs to watch out for during pregnancy were given out.

   2c). Although TBAs do not give prenatal advise on danger signs during pregnancy, they are aware of these danger signs and have reported attending to cases exhibiting these. Common danger signs they encounter include high blood pressure, bleeding, and abdominal pain. When these signs are observed, TBAs either refer the women to the hospital or try to manage the condition themselves.

3. Delivery

3a). The choice of where to give birth is not based on the type or location but rather based on where the mother feels safest to give birth – "safer in the house", "mas secure ang buhay pag sa doctor o ospital".

3b). There are accounts of family members assisting delivery (father-in-law assisted because she delivered in the tricycle; the mother was not aware that she would deliver soon "mabilis ang pangyayari".

4. Post partum Care

4a) TBAs do postpartum visits. The advice at this stage is focused more on caring for the baby than on maternal health. No advise is provided on danger signs to watch out for after giving birth.

4b) Breastfeeding is commonly advised and highly recommended by TBAs during their visits. However, there are cases when TBAs advise "giving water to flush out the yellowish discoloration" which is advise that contradicts exclusive breastfeeding.

E. Key Findings on Child Health

RECOMMENDATIONS FOR COMMUNICATIONS ON MNCHN

1. Core messages for mothers should emphasize that all pregnancies are at risk and should therefore be monitored.

F. Key Findings on Tuberculosis

One of the key outcomes for PAR was to understand the reasons why TB Symptomatics do not seek consultation and why TB patients do not complete treatment. Key results are as follows:

- **Low level of knowledge of correct information on TB**, including signs/ symptoms, transmission and cause. The belief is that TB is hereditary or is caused by smoking, taking alcoholic beverages, poor diet and sleep deprivation. People with TB symptoms often think they just have a cough that can be treated by ordinary medicines.

- **The factors that play in the long delay between the onset of symptoms and seeking diagnosis include STIGMA**. Symptomatics and patients do not want to know that they have TB for fear of being stigmatized by their families and other members of the community. A common practice that still exists is separating the personal belongings/ utensils of the patient. The patient is also separated from the rest of the family and is usually prohibited from coming in contact with their young children and participating in family gatherings.

  The sense of stigma comes mostly from the patient who believes that s/he will be ostracized by the family and community. On the other hand, the family and community are very supportive of the patient especially while s/he is undergoing

treatment. The community is very much concerned with the patient's condition and are willing to motivate and support the patient to get well.

- **The factors that play in the long delay between the onset of symptoms and seeking diagnosis include ECONOMIC REASONS**. Although consultation, diagnosis and anti-TB medicines are available for free not many are aware of this. Furthermore, medical consultation is not a priority since this will mean loss of income for that day, especially if the patient's house is far from the health center. The greatest negative effect of having TB is not being able to financially support the family as they are sometimes required to rest and stop working for a certain period of time.

- **The factors that play in the long delay between the onset of symptoms and seeking diagnosis include ACCESSIBILITY FACTORS** . Those who suspect they have TB do not know where to avail of TB DOTS. There are reports of not wanting to go to the Health center because of the attitude of the physician and health staff towards indigent patients. In cases like this, patients have to save money for consultation with private practitioners and to buy enough anti-TB medicines for the duration of the treatment. As may be expected, whenever funds are insufficient, TB patients are not able to continue buying their medicines or return for check up. Other reasons for not seeking consultation and treatment include laziness, indifference, inaccessibility or distance of the Health facility.

RECOMMENDATIONS FOR TB COMMUNICATION

1. Correct information about TB

Correct information will not only enhance people's knowledge, demystify myths and misinformation but will also improve their health seeking behavior. Knowledge of the signs and symptoms, correct treatment regimen and location of the DOTS facility can go a long way to ensuring people will seek early consultation and are able to complete their treatment.

2. Venues for increasing awareness and knowledge on TB

Health education in the clinics and DOTS facilities conducted by the staff in the waiting room provide an opportunity to impart information since patients and their companions are a captive audience before they are seen by the physician. The talks can be supported IEC materials such as pamphlets, posters and videos for people to look at while they wait.

One-on-One counseling by the physician, nurse or any other health staff can be given to patients during check ups, follow-ups and when they come for drug collection.

House to house campaigns by volunteers, DOTS supporters and health staff to inform families, to deepen their understanding of TB. This venue also provides an opportunity for people to ask questions that they would not normally ask in public.

Schools can provide opportunities to educate students about TB and can share TB information through drama, story-telling, worksheets, quizzes, video/DVD material and inviting speakers to talk about Tb, especially those who were cured.

Peer education by people who have been trained to inform and educate their communities about TB. Peer educators can provide information, refer people to services, initiate awareness activities and be a role model to their community

Meetings or assemblies where TB specialists are invited to discuss different aspects of TB. This is also a venue where multi-sectoral partners can come together to discuss joint TB initiatives.

Banners and posters can be developed in the local dialect to raise awareness about activities or focus on educating the people about TB.

Pamphlets, bumper stickers and posters can be distributed to health facilities, NGOs, Faith Based Organizations, public places, schools, etc.

Radio stations provide excellent source of information. Radio stations can be provided with media briefs about TB to regularly raise awareness. Radio shows can do interviews with TB patients and health providers so they can share simple messages on TB.

Television is an extremely powerful medium that can use TB commercials, investigative documentaries, TV soaps, talk shows and the newsroom to highlight TB, and/or to integrate TB messages.

Special events like World TB Day and Lung Month play a large role in educating and mobilizing people to be aware of TB. It is important, however, that awareness goes beyond these special events and is made relevant every day to keep the public informed, motivated and conscious of the disease.

The internet is an important source of information for people who are able to access it. Clear, concise information should be easily available for internet surfers and referrals to helpful sites can facilitate access.

SMS or test messaging wherein the community can easily inquire about TB and where to avail of DOTS services from the health provider. This medium is also used to remind patients to come from follow-up and drug collection

G. Key Findings on HIV/AIDS

The PAR aimed to improve understanding of barriers/motivating factors for clients to practice healthy behaviors on HIV/AIDS in selected sites (Pasay City in Luzon, Iloilo City in Visayas and Zambaonga City in Mindanao). Key findings include:

- **Despite previous campaign efforts, basic information among most-at-risk-groups (MARGs), especially among IDUs is low.** The constant influx of MARGs in a given area – female sex workers, MSM and IDUs – is a challenge to the HIV/AIDS prevention program. The limited HIV/AIDS awareness, lack of interest (*walang pakialam, wala ko iya ga pamangkot, ti wala man ko may nahibaluan*) and risk-taking (*mahilig kasing mag-explore ang Pinoy kaya take the risk*!) partly explain the persistence of unsafe behaviors and practices.

  Further, MARGs do not devote time, attention and interest to know more about HIV due to poverty and related economic issues as they are "more concerned to earn than to learn" - *kahirapan, kailangan mo kumayod…para kinabukasan may pangbili ka…* Freelance sex workers claimed that information campaigns are focused on the entertainment establishments, limiting their access to information. Others have no formal education and do not value IEC materials (K*asi kung bigyan sila ng (IEC), tapon nila … baka isipin ng mga kaibigan may halu (STI) sila, bakit sila magbasa? …hindi daw maperahan ang flyers"*

  MSM knowledge is high but misconceptions exist (… *compiansa sila kay el HIV/AIDS tiene daw medicina)* and the inability to resist unsafe sex when confronted with offers or opportunities make them resort to risky behaviors *(… walang self control, may pinagaralan o wala… pag lagyan sa harap mo talaga ang hotdog, susunggaban talaga yan*.)

  Among the MARGs, IDUs were the most difficult to reach group hence, exposure to prevention programs was non-existent to inadequate. Due to their altered states, they do not have the ability to internalize and rationalize the disease. Peers report that they choose to ignore education efforts (*"…pag may mga meeting hindi sila nag-aattend, parang hindi affected …mas gusto nila hindi umatend so wala silang alam…").*

- **The sense of self-control (or self discipline) and scare tactics are key motivators for MARGS to practice safe sex.** Among those who are aware about how to prevent HIV/AIDS transmission, the person is the best motivator (*sarili niya ang dapat mag control sa kanyang mga gawain*). Self control is seen as the best way to protect oneself (*depende talaga sa tao yan ang pag ingat sa sarili palagi*). The decision to use condoms and stop injecting drugs is a personal choice, *" sa atin lang yan, kumbaga sa tao lang yan… pag hindi ka gagamit hindi ka magkasakit…"*

  To reinforce self discipline, it is important to maintain positive attitudes towards change or innovations. With their current lifestyle, adhering to the prevention approaches and using condoms consistently should be resorted to. Among MSMs, "being able to openly communicate with friends about the scientific facts on HIV/AIDS eliminates doubts to practice safe sex." Fear of death is a key motivator to protect themselves from HIV/AIDS infection among FSW. Considering family and loved ones are weak motivators to practice safe sex.

- **Decentralized and community-based information campaigns are preferred approaches for MARGs and their sex partners.** An HIV/AIDS public campaign using tri-media is believed to be the best strategy to convey information to MARGs. This however, has to be conducted at the community level utilizing local peer educators and barangay leaders through group or individual discussions. TV and radio advertisements can be misinterpreted and lack venue for interaction and clarification of messages.

Health service providers and NGO outreach workers are among the most credible individuals to provide information. Providing visual aids during these sessions were found to be useful for low-literate groups. A FSW peer educator commented that print materials support their outreach activities *("Dapat may flipchart yung bang may picture kasi pag magsalita lang baka hindi maniwala sa amin pero pag magpakita ng flipchart maniwala na iyan sila"*).

Life stories of PWA/PHIV can help drive the message across ("m*agpakita ng mga actual…may namamatay na HIV…para hindi lang puro salita) F*lyers/print materials are helpful but others do not value it since they can not read or want more explanation (*Mayroong flyer akong nabasa tungkol sa HIV/AIDS na lalo nagpagulo sa aking isip. Hindi ko talaga naintindihan ang ibig sabihin ng mensahe na nakasaad sa flyer na iyon.*)

Text messaging is a welcome information dissemination tool as long as the source is known to the individual

Weekends and holidays are preferred times to discuss HIV/AIDS issues ideally in a public place (barangay, health center, school or covered court) or workplace (establishment or casa).

Recommendations for Communication Interventions on HIV/AIDS

1. **Focus on delivering clear and consistently reinforcing messages suitable to the MARG's literacy level**.

Basic HIV/AIDS information from various channels has to reinforce facts, correct misconceptions, client-friendly and easy to understand.

2. **Discuss activities and situation to address social/economic pressure that influence sexual behavior.**

Incorporating condom negotiation skills and using practice sessions in the interpersonal communication approaches can help sex workers manage offers of clients to provide more financial incentive for non-condom use. This can also help them personalize information and value health as a lifelong investment.

3. **Form support groups as an interdisciplinary psychosocial intervention.**

Support groups are helpful in overcoming threats of low self control, self-discipline or self-esteem. Group interactions are valuable as the individual becomes confident in his own and others' ability to avoid risky behaviors. This approach can help MARGs communicate, identify problems and solutions and develop support system to reinforce the practice of desired behaviors.

4. Driving home the message towards behavior change

Utilize PWAs/PHIVs as partners in behavior change. Testimonies of PWA/PHIV can influence behaviors and make HIV/AIDS a real health issue.

Strategically use fear messages in interventions. Fear messages work when individuals are provided specific information about the effectiveness of a recommended action as well as clear information on how to actually do what is recommended. Fear messages are effective because fear motivates individuals into action, but they only work when people believe they are able to do something that really averts a threat.

Use print materials with high visual content for low literate audience. Graphic materials capture interest of individuals with limited or no exposure to the formal education system. These have to be properly pretested to avoid misinterpretation and to convey the desired behavior.

IEC/Print materials should be partnered with education sessions. Support materials should enhance the information and not confuse the reader. As such, discussion by a health service provider is required to reinforce the message, clarify issues and answer queries.

Use SMS as a communication tool wisely. Providing unsolicited messages via text is not welcome to the MARGs. However, text messaging can still be used by the health service providers in responding to queries sent by the MARGs themselves.

CONCLUSION

Overall and across health themes, the findings from the PAR suggest -

1. There is a need for a common understanding of the importance of health promotion and communication beginning with the discussion of AO 58-01.
2. There is a need to enhance the knowledge and skills not only of HEPOs and HPC members but also health service providers who routinely provide health information. This will help ensure that information reaches the target clients more effectively and that awareness on health issues is translated into actual practice.
3. The use of multi-channels for delivering health messages ensures the communication of the different levels of information. Mass media especially the television and radio are effective for communicating general health awareness. However, detailed and tailored information are better and more accurately communicated through interpersonal communication and counseling. For example, mass media can reach a large population more quickly with straightforward information; supporting this with a wide-scale interpersonal communication and counseling provides a venue to discuss proposed actions, and can help build the resolve or decision to change behaviors In using a mix of mass media and interpersonal channels, one can draw on the strengths of each channel, to promote changes in behaviors that are feasible and likely to be sustained.
4. The formation of support groups can prove to be essential not only for continuous delivery of messages but to reinforce healthy behavior. For FP and TB, support groups can help sustain contraceptive use and medical compliance, respectively. For

HIV/AIDS support groups can help sustain avoidance of risky behavior whereas in MCH, these can help mothers access facility based services.

5. In conducting the Strategic Communication Planning, planners must review the knowledge, attitudes and practices of target groups in relation to each health themes to determine the barrier, motivations and factors that might influence the decision to change behaviors. This process will help develop messages that are persuasive and can propose actions that are feasible and realistic.