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Health Promotion and Communication Project in the Philippines

Final Report

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Health Promotion and Communication Project in the Philippines

Final Report

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ACRONYMS

ABC	Association of Barangay Captains
AO	Administrative Order
ARMM	Autonomous Region in Muslim Mindanao
BCC	Behavior Change Communication
BHW	Barangay Health Worker
CA	Cooperating Agency
CBO	Community-based Organization
CEI	Client Exit Interview
CHD	Center for Health Development
CHT	Community Health Team
CM	Community Mobilization
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
DOH	Department of Health
DSWD	Department of Social Welfare and Development
GP	Garantisadong Pambata
FP	Family Planning
GHI	Global Health Initiative
HealthGov	Strengthening of Health Systems Project
HealthPRO	Health Promotion and Communication Project
HEPO	Health Education and Promotion Officer
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPC	Health promotion and communication
ICV	Informed Choice and Voluntarism
IPC/C	Interpersonal Communication & Counseling
IVR	Interactive Voice Response
LCE	Local Chief Executive
LGU	Local Government Unit
LIC	Lying-in Clinic
LRA	Local Replicating Agency
LMP	League of Municipalities of the Philippines
M&E	Monitoring and Evaluation

MARP	Most at-Risk Population
MCH	Maternal and Child Health
MNCHN	Maternal, Neonatal, Child Health and Nutrition
MSM	Men Who Have Sex with Men
NCDPC	National Center for Disease Prevention and Control
NCHP	National Center for Health Promotion
NGO	Non-governmental Organization
NTP	National TB Program
OP	Operational Plan
PHO	Provincial Health Office/Officer
PIO	Provincial Information Officer
PIPH	Provincial Investment Plans for Health
PMC	Pre-Marriage Counseling
PMP	Performance Management Plan
POC	Point of contact
POPCOM	Commission on Population
PRISM-2	Private Sector Mobilization for FP and MCH Project – Phase 2
SHIELD	Sustainable Health Improvement through Empowerment and Local Development
SBCC	Social and Behavior Change Communication
SCP	Strategic Communication Plan
SHC	Social Hygiene Clinics
SO	Strategic Objective
SM	Safe Motherhood
SMS	Short Message Service
TA	Technical Assistance
TAG	Technical Advisory Group
TOT	Training of Trainers
TWG	Technical Working Group
TB	Tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

TABLE OF CONTENTS

EXECUTIVE SUMMARY V

INTRODUCTION 1

INSTITUTIONAL CAPACITY AND SUSTAINABILITY BUILDING 4

NATIONAL, REGIONAL, PROVINCIAL, AND CITY BBC PLANNING 4
BCC PLANNING AT THE NATIONAL LEVEL 4
BCC PLANNING AT LOCAL LEVELS 6
DOH CAPACITY BUILDING 10
LOCAL REPLICATING AGENCIES 13
INTERPERSONAL COMMUNICATION AND COUNSELING 14
SUPPORTIVE SUPERVISION 16
FAMILY PLANNING TECHNICAL UPDATES 17
HEPO CONFERENCES 17
INFORMED CHOICE AND VOLUNTARISM (ICV) 18
COMMUNITY MOBILIZATION 18
COMMUNITY MOBILIZATION ORIENTATION AND ROLL-OUTS 19
MATERIALS DEVELOPMENT 19
NON-TRADITIONAL PARTNERS 19
HEALTH CLASSES 20
PARTNERING WITH LOCAL CHIEF EXECUTIVES THROUGH THE LEAGUE OF MUNICIPALITIES 21
COMMISSION ON POPULATION 21
MASS MEDIA 22
ACHIEVING SYNERGY BETWEEN LGUS AND LOCAL MEDIA 22
VOICE OF HEALTH: SUARA KALUSUGAN 23
EFFECTS OF MEDIA TRAINING AND CAPACITY BUILDING 24

REACH AND IMPACT OF BCC INTERVENTIONS 24

FAMILY PLANNING 24
FP CAMPAIGN: WAVE 1 25
FP CAMPAIGN: WAVE 2 26
FP OUTREACH AND REFERRAL WAVE 3 27
GARANTISADONG PAMBATA 29
SAFE MOTHERHOOD 31
TUBERCULOSIS 33
HIV/AIDS 34
SUMMARY OF BCC WORK 35
BRINGING IT ALL TOGETHER: LAKBAY BUHAY KALUSUGAN 36
OTHER TECHNICAL ASSISTANCE ON BCC INTERVENTIONS 39

Technical Assistance to DOH 39
Technical Assistance in Emergencies 41
Technical Assistance to Other Organizations 41

LEVERAGING PUBLIC AND PRIVATE RESOURCES 42

STRATEGIC COORDINATION 44

MONITORING AND EVALUATION 45

CHALLENGES 46

SUMMARY 47

ANNEX 1. FINANCIAL REPORT* 49

ANNEX 2.PERFORMANCE MANAGEMENT PLAN 50

ANNEX 3.LOCAL REPLICATING AGENCIES 56

ANNEX 4.COMMUNICATION MATERIALS CATALOGUE 58

ANNEX 5. PRIVATE SECTOR PARTNERS 59

ANNEX 6. SUCCESS STORIES 60

Snapshot: A Healthier Ride with Tricycle Drivers 60
Snapshot: The Longest Journey Starts with a Single Step 60
Snapshot: Good Men are Not Hard to Find 61
First Person's Account: From Personal Gain to Advocate 62

ANNEX 7. TECHNICAL NOTES 62

Technical Notes No.1: Family Planning Client Interviews Show Effectiveness of Interpersonal Communication and Counseling Training 63
Technical Notes No.2: Community Theater Reaches Thousands with Family Planning Information in the Philippines 75
Technical Notes No. 3: Case Study. The Effectiveness of HealthPRO Family Planning Communication Interventions in Two Philippine Provinces 79
Technical Notes No.4: Evaluation of a Family Planning Communication Campaign in Six Philippine Provinces 92
Technical Notes No. 5: Short Message Services for Men who Have Sex with Men (SMS4MSM) 101

ANNEX 8. LBK GUIDE 108

REFERENCES FOR TECHNICAL NOTES 109

EXECUTIVE SUMMARY

In 2010 the Philippines Department of Health (DOH) launched the Aquino Health Agenda of Universal Access to Health Care, known as Kalusugan Pangkalahatan. Under Kalusugan Pangkalahatan, DOH aims to improve health outcomes, sustain health financing, and establish a responsive health system. Much progress has been made toward achieving Kalusugan Pangkalahatan goals, but major challenges remain. For example, while under-five mortality rates have steadily declined in recent years, neonatal deaths, which account for almost half of these rates, have fallen more slowly, and maternal mortality remains high. Basic immunization coverage among infants is almost universal, but many children still lack a healthy start in life. The exclusive breastfeeding rate is among the lowest in the region. Since the national family planning (FP) program shifted to the promotion of natural FP methods in 2000, contraceptive prevalence rates have stagnated: only 37% of married women reported using any modern method in 2011 (2011 FHS). One woman in five (19%) has an unmet need for family planning for spacing or limiting births. This need is higher among younger (37%), poorer (26%), and less-educated (29%) women (2011 FHS). Tuberculosis (TB) has been a major public health problem in the country, which ranks ninth among the high-burden TB countries. While significant strides have been made in TB case detection and treatment, many areas of the country are not reaching their target levels, especially in remote islands and villages and among the poor. HIV prevalence is increasing steadily, with the number of new cases almost doubling each year, mostly among males age 20-29.

Many Filipinos, particularly those who are poor, less educated, and living in rural and remote communities, including the Autonomous Region in Muslim Mindanao (ARMM), have limited access to health services and information. Increasing demand for services and changing health-seeking behavior would improve health outcomes. Health-seeking behavior could be improved by providing correct information to 1) address fears and misperceptions and 2) showcase the benefits of timely and continuous services to prevent deaths and reduce suffering.

USAID launched its Health Promotion and Communication Project (HealthPRO) in 2007 to provide technical assistance (TA) to the Philippine Department of Health, local government units (LGUs), and other collaborating institutions in promoting and sustaining healthy and health-seeking behaviors related to maternal, neonatal, and child health and nutrition; FP, TB, and HIV/AIDS. HealthPRO was implemented by University Research Co., LLC (URC) in 30 Philippine provinces in Luzon, Visayas, and Mindanao, including ARMM.[1] For five years, HealthPRO worked closely with DOH and the Commission on Population (POPCOM) at the central level and with 30 LGUs, 11 centers for health development (CHDs), 19 local replicating agencies (LRAs), and 405 community-based organizations (CBOs) at the regional, provincial, and municipal levels.

[1] LUZON: Pangasinan, Isabela, Cagayan, Bulacan, Nueva Ecija, Tarlac, Albay; VISAYAS: Capiz , Negros Occidental, Aklan, Negros Oriental, Bohol, Samar, Leyte; MINDANAO: Zamboanga del Sur, Zamboanga de Norte, Zamboanga Sibugay, Bukidnon, Misamis Oriental, Misamis Occidental, Compostella Valley, Davao Sur, South Cotabato, Sarangani, Agusan de Norte; ARMM: Basilan, Lanao Sur, Maguindanao, Sulu, Tawi Tawi.

HealthPRO assisted in the development of 25 provincial and one regional behavior change communication (BCC) plans and sustainability plans by training LGU staff to analyze and use health data to formulate communication plans. As a result, health promotion and communication activities are now seen as integral parts of other government activities at the regional, provincial, municipal, city, and barangay levels.

Together with partners and counterparts, HealthPRO trained over 4,900 health service providers and population officers and over 35,000 barangay health workers (BHWs) in interpersonal communication and counseling (IPC/C). In addition to USAID funding for IPC/C training, the equivalent of $435,377 came from LGUs, the DOH National Center for Health Promotion (NCHP), CHDs, and POPCOM. The trained personnel represented 67% of midwives and 46% of BHWs in 25 non-ARMM, USAID-supported areas. Client interviews revealed that health service providers who attended IPC/C training had much better FP counseling skills and practices, such as assuring clients of confidentiality; asking them to repeat instructions; using visual aids; and explaining the methods' advantages and disadvantages, effectiveness, and possible side effects. As a result, more than 2.4 million women and men received comprehensive FP information and counseling. Even more important, a recent national household survey reports that 22% (2011 FHS) of people interviewed had health concerns and were worried about the side effects of modern family planning, compared to 34.8% in 2008 (2008 NDHS).

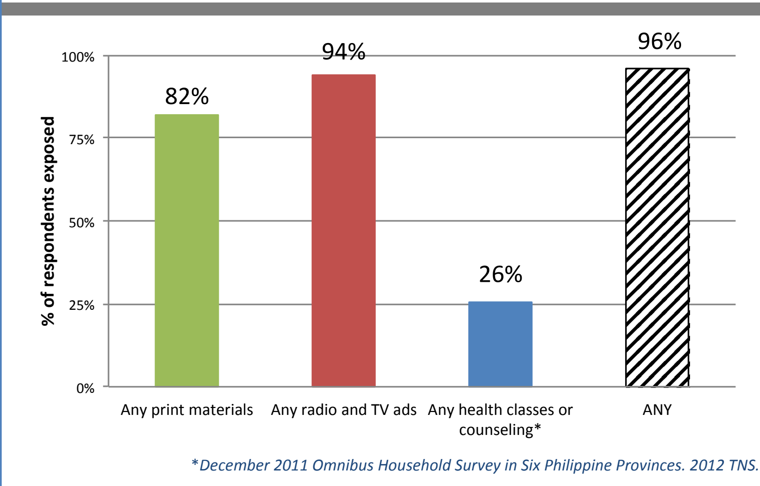
HealthPRO supported the DOH in developing and implementing its National Family Planning Communication Strategy and Campaign. The campaign combined outdoor print materials with radio ads and public service announcements, job aids for health workers and volunteers, structured health classes, health events, individual and group counseling sessions, and creative client-education materials. The campaign reached more than 24 million people with key, action-oriented FP messages that advised them to visit health care facilities for information and services and to space births three to five years apart. As part of the campaign and with USAID support, the DOH developed and introduced the interactive community theater play, *Ikaw at Ako ay Tayo* (*You and I Make Us)* to creatively disseminate family health messages and encourage healthy behaviors. It was staged on 126 occasions in seven provinces in four months, reaching almost 47,000 people at a cost of less than PhP 80 per person. Built into the play were health classes conducted by local health service providers, volunteers, and population officers. The classes covered family planning, safe motherhood and child health, and referral services. As reported by an independent household survey conducted in six provinces (TNS 2012), the campaign's results were:

- Campaign exposure was almost universal. Nine out of 10 people (96%) recalled having seen or heard FP campaign messages or had participated in an FP class or counseling within the previous 12 months (see Figure 1). This shows a shift since the 2008 NDHS, when almost 20% of people interviewed had not been exposed to any FP messages.

- Many people exposed to the campaign felt motivated to adopt a healthy behavior, and 12% had started using a modern FP method within the previous 12 months (see Figure 2).

Among many activities, HealthPRO assisted the DOH in developing and implementing marketing strategies to scale up and reposition its national child health campaign, *Garantisadong Pambata,* and for DOH-ARMM, its image-building campaign. Other TA included launching a series of innovative HIV/AIDS, safe motherhood, and TB communication materials and approaches. In response to the growing epidemic among men who have sex with men (MSM) in Quezon City, over 32,000 men were reached with key HIV/AIDS prevention and voluntary counseling and testing (VCT) text messages through MSM clan administrators and health classes. Data from social hygiene clinics in Quezon City indicate that the number of male clients who availed of HIV VCT services almost doubled over the previous year.

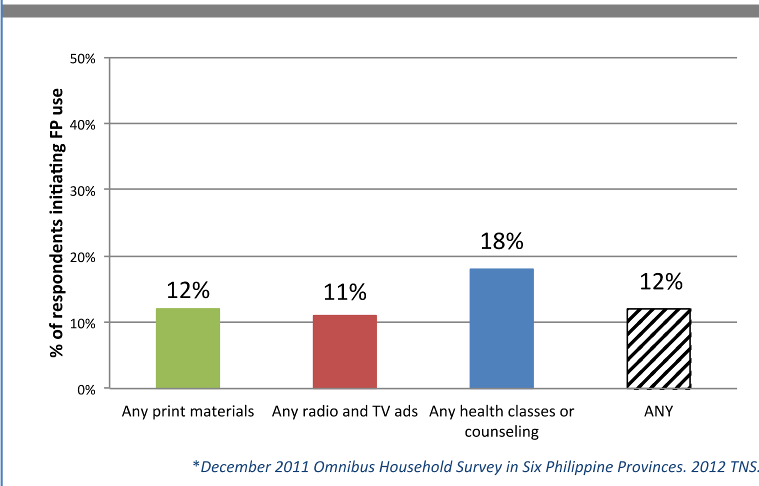
Figure 1. Exposure to FP Communication Campaign In Past 12 Months* (n=1,050)



*December 2011 Omnibus Household Survey in Six Philippine Provinces. 2012 TNS.

With swift developments in internet and computer technologies and the influence of social media, health care entered the era of real-time information with HealthPRO's leadership. Today, both traditional and social media play strategic roles in disseminating information and steering public opinion on health and healthcare. Over its five years, HealthPRO trained more than 600 health professionals to craft health messages for the media, prepare inspiring stories, and handle media interviews; the project also improved the skills of 250 local media professionals in health reporting. Such training-turned-partnership triggered positive coverage of health stories and the institutionalization of local media briefings and press conferences in at least 15 Philippine provinces.

Figure 2. Initiation of Modern Family Planning Use in in Past 12 Months by Type of Exposure* (n=1,050)



*December 2011 Omnibus Household Survey in Six Philippine Provinces. 2012 TNS.

Aligned with the Aquino Health Agenda of providing universal access to health care, HealthPRO supported the DOH in developing and launching Lakbay Buhay Kalusugan (LBK), a health caravan that brings family health information and services to isolated and disadvantaged communities by marshaling the commitment and resources of private and public partners in healthcare, health promotion, and media. LBK used a bus as a platform to enable LGUs to reach poor families and

communities with messages on key healthy behaviors and basic health care services. To date, LBK has reached more than 44,000 beneficiaries, including 3,400 pregnant women and almost 11,000 children in many hard-to-reach areas across the country**.** The TNS (2012) survey among those who attending LNK found that:

- LBK showed the highest recall of health messages for childcare (54%) and family planning (48%).
- The beneficiaries' increased level of awareness led to specific actions that included discussing LBK with a spouse or friend (51%), starting to use an FP method (9%), visiting a health care facility (8%), practicing exclusive breastfeeding (7%), and availing antenatal care (5%).

Joined by a shared vision and common goals, in addition to the funding from USAID, many partners contributed funds and support to health promotion and communication activities. Over the life of the project, HealthPRO leveraged almost $2.9 million in cash and in-kind contributions from both the private and public sectors for the reproduction of communication materials, broadcasting of TV and radio spots, roll-out of LBK, health classes, health events, and IPC/C training.

HealthPRO provided continuous TA to national and local counterparts in improving access to evidence-based health information to increase the reach and maximize the impact of BCC activities. This effort stimulated and sustained healthy practices among individuals, communities, and organizations in project-supported areas and beyond. The project successfully transferred knowledge and skills to provide cost-effective and results-oriented solutions, set up many viable public-private partnerships, enhanced the capacity of local NGOs in BCC, and fostered ownership of changes beyond the life of the project. It identified and successfully scaled up high-impact BCC interventions and brought tangible results. Exposure to HealthPRO's interventions and materials was high and effective. Many recognized the relevance of the materials to their lives, felt motivated to alter behaviors, and acted on their new knowledge/awareness. To sustain project gains, HealthPRO measured and documented key BCC interventions and shared findings, lessons learned, and promising practices with the DOH, LGUs, USAID, cooperating agencies, project partners, and national and local stakeholders for further replication and scale up.

INTRODUCTION

The Philippine Department of Health (DOH) launched the Aquino Health Agenda of Universal Access to Health Care ("Kalusugan Pangkalahatan") in 2010. Under that agenda the Department of Health (DOH) aims to improve health outcomes, sustain health financing, and establish a responsive health system.[i] Much progress has been made, but major challenges remain to achieve the agenda's goals. While under-five mortality rates have fallen steadily in recent years, neonatal deaths, which comprise almost half of these rates, have fallen more slowly, and maternal mortality remains high. Basic immunization coverage among one-year olds is almost universal, but many children still lack a healthy start in life. Furthermore, the exclusive breastfeeding rate is among the lowest in the region. Since the national family planning (FP) program shifted to the promotion of natural FP methods in 2000, contraceptive prevalence rates have stagnated, with only 37% of married women reported using any modern method in 2011 (2011 FHS). One woman in five (19%) has an unmet need for FP to space or limit births. This need is substantially higher among younger (37%), poorer (26%), and less-educated (29%) women (2011 FHS). In addition, tuberculosis (TB) has been a major public health problem in the country, which ranks ninth among the high-burden TB countries. While significant strides have been made in TB case detection and treatment, many areas of the country are not reaching their target levels, especially in remote islands and villages and among the poor. HIV prevalence is increasing steadily, with the number of new cases almost doubling each year, mostly among males age 20-29.

Many Filipinos, particularly those who are poor, less educated, and living in rural and remote communities, including the Autonomous Region in Muslim Mindanao (ARMM), have limited access to health services and information. There is a need to 1) increase demand for services and improve health-seeking behavior by providing correct information to address fears and misperceptions and 2) showcase the benefits of timely and continuous services to prevent deaths and reduce suffering.

USAID launched its Health Promotion and Communication Project (HealthPRO) in 2007 to provide technical assistance (TA) to the Philippine DOH, local government units (LGUs), and other collaborating institutions in promoting and sustaining healthy and health-seeking behaviors related to maternal, neonatal, and child health and nutrition (MNCHN), FP, TB, and HIV/AIDS. HealthPRO was implemented by University Research Co., LLC (URC) in 30 Philippine provinces in Luzon, Visayas, and Mindanao, including ARMM[2]. For five years, HealthPRO worked closely with the DOH and Commission on Population (POPCOM) at the central level, and with 30 LGUs, 11 centers for health development (CHDs), 19 local replicating agencies (LRAs), and 405 community-based organizations at the regional, provincial, and municipal levels.

HealthPRO served as the lead health promotion and communication vehicle supporting USAID

[2] LUZON: Pangasinan, Isabela, Cagayan, Bulacan, Nueva Ecija, Tarlac, Albay; VISAYAS: Capiz , Negros Occidental, Aklan, Negros Oriental, Bohol, Samar, Leyte; MINDANAO: Zamboanga del Sur, Zamboanga de Norte, Zamboanga Sibugay, Bukidnon, Misamis Oriental, Misamis Occidental, Compostella Valley, Davao Sur, South Cotabato, Sarangani, Agusan de Norte; ARMM: Basilan, Lanao Sur, Maguindanao, Sulu, Tawi Tawi.

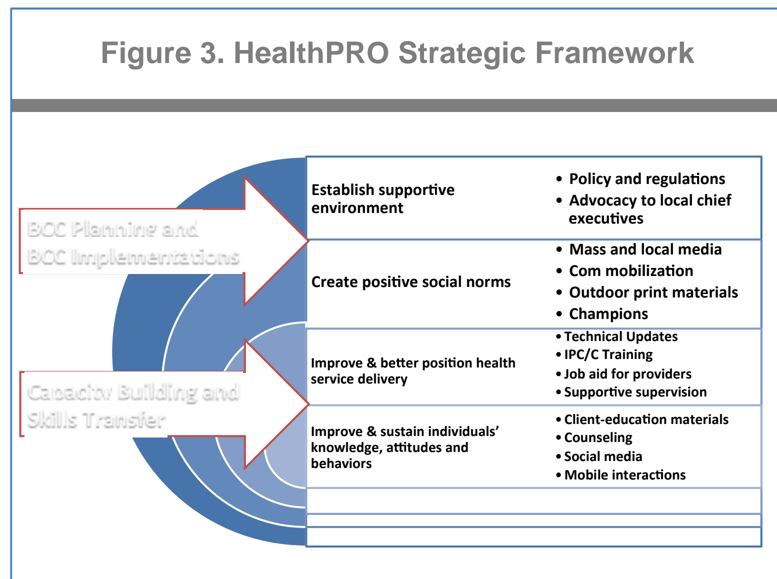
Strategic Objective 3. HealthPRO's primary focal area was the third intermediate result (IR3): "appropriate healthy behaviors and practices increased." Although HealthPRO contributed to the other three intermediate results, HealthPRO's overall objective was to assist LGUs in improving, expanding, and strengthening the quality and sustainability of health promotion and communication efforts.

Three sub-results supported the achievement of the overall objective:

1. Develop institutional capacity and sustainability of behavior change communication (BCC) efforts,
2. Increase the reach and impact of BCC interventions, and
3. Assist USAID's health partners and other relevant organizations in maximizing the effectiveness of their efforts in health promotion and LGU development.

HealthPRO has worked to achieve its objectives by applying a four-pronged strategic framework that calls for the establishment of a supportive political environment; setting up positive social norms; improving and better positioning health services; and improving and sustaining individuals' knowledge, attitude, and practices (Figure 3). These prongs can be described as follows:

Figure 3. HealthPRO Strategic Framework



Supportive environment: HealthPRO worked closely at the central, regional, and provincial levels among the DOH, LGUs, and other local partners and counterparts to:

- Enhance the institutional capabilities of relevant local partners and counterparts in the area of planning, managing, financing, and leveraging for health communication programs for behavior change;
- Maximize the impact of such programs and sustain them beyond the period of USAID support; and
- Establish partnerships with non-traditional health players.

Positive social norms: Together with local, provincial, regional, and national counterparts, HealthPRO conducted local, community-based activities to create an enabling environment for behavior change. Local traditional and non-traditional media were mobilized to provide legitimacy, create demand, and maximize the scale of BCC activities.

Better positioned health services: Through service marketing and demand generation and by increasing the effectiveness and competency of client-provider interactions to address clients' health priorities and needs, HealthPRO and its partners worked to increase access to comprehensive, accurate, consistent and tailored information.

Improved individual knowledge, attitude, and behaviors: HealthPRO worked to segment the audience and address high-priority communication needs by using a multi-channel, strategically designed approach to increase health-related knowledge and change clients' and providers' health-related attitudes and behaviors.

Cutting across these prongs were capacity building and skills transfer that went beyond traditional training activities to build sustainable structures that emphasize ownership, accountability, supportive supervision, and cross-fertilization of best practices. These were done through 1) participatory planning approaches to tailor BCC interventions to each province; 2) enhancing the communication infrastructure of the DOH and local counterparts; 3) building a competent BCC specialized core team among DOH and other partners on national, regional, and provincial levels; 4) coordinating relevant health-related strategies and activities so that they are mutually reinforcing; 5) coordinating across non-health sectors, including public-private partnerships; and 6) empowering local communities and social networks to take an active role in BCC. Interventions were delivered directly by HealthPRO staff and consultants and/or through its sub-recipients, known as local replicating agencies (LRAs).

To ensure that project gains are integrated, scaled-up, and sustained beyond the life of the project, HealthPRO used a multi-pronged approach by:

- Jointly developing and catalyzing sustainable short- and long-term solutions and plans to reinforce the ownership, accountability, and capacity of key players at the central (National Center for Health Promotion [NCHP] and National Center for Disease Prevention and Control [NCDPC]) and local (LGU, LRA, and CHD) levels of project implementation;
- Enhancing the role of LRAs in planning, implementing, and sustaining planning in order to better position LRAs as more viable resources for the LGUs beyond the project's life;
- Enhancing the capacity of LGUs to establish the ownership and accountability of changes and to develop sustainable solutions in health promotion and communication;
- Fostering and promoting results-oriented public-private partnerships among health sector and non-traditional players to disseminate health messages as part of sustainability planning;
- Amplifying exposure of health promotion messages through a variety of communication channels; and
- Collaborating, documenting, and cross-fertilizing "promising" and best practices and approaches.

HealthPRO's expected outcomes were substantial behavioral results among individuals and caregivers. In brief, the results were seen in improved awareness and changed behavior related to the specific results targeted in USAID's strategy of support to the country in maternal and child health

(MCH), FP, TB, and HIV/AIDS. Local institutions, supported by USAID's partners, learned to conduct high-quality, cost-effective health promotion interventions using multiple approaches in interpersonal communication and counseling (IPC/C) supplemented with media activities and other promotional materials and tools. The local institutions' capacity to continue this work was demonstrated by their ability to either budget for or mobilize the requisite resources to do so.

HealthPRO worked closely with the DOH and LGUs to review the lessons learned and best practices from previous investments in health promotion and to expand on and improve them. The emphasis was on mobilizing existing community organizations, volunteers, and NGOs to support the health promotion work of the LGUs and their health staffs. This included improving skills and strategic coordination of programs. The project collaborated with partners that were already engaged in innovative and successful health promotion strategies to assess, improve, and expand them. New partnering arrangements allowed the LGUs to make the most of the resources and creative talents in media to support and reinforce the critical IPC/C work at the local level. At the forefront of all activity was an effort to develop institutional capacity to sustain such programs beyond the life of the project and USAID support. The DOH, particularly the NCHP, was the project's main partner at the national level.

Institutional Capacity and Sustainability Building

National, Regional, Provincial, and City BBC Planning

At the heart of the health promotion and communication planning process is the development of communication plans that serve as guide and structure to health promotion and communication (HPC) interventions and activities. With this in mind, HealthPRO provided comprehensive TA to its partner national agencies and LGUs in developing their BCC plans.

BCC Planning at the National Level

HealthPRO was in a constant coordinative relationship with the DOH in developing BCC plans for FP and MNCHN, as each is described next.

Family Planning

In close collaboration with NCHP and NCDPC, HealthPRO conceptualized, developed, and introduced a national FP BCC strategy in 2010. Aiming to increase and sustain the use of modern FP methods among men and women of reproductive age, the strategy provided an overarching, long-term guide for the DOH's FP campaigns and activities. Some of the characteristics that made it effective were:

- Having a unified theme and image to increase recognition and recall of messages;
- Using audience-specific statements and not general ones;

- Having messages that were benefits centered and not methods centered;
- Being inclusive of men, service providers, and local chief executives (LCEs), not just of women, the traditional audience of FP messages;
- Having clear statements that highlight family planning as a contributing factor to planning a better future; and
- Having a clear unified *call to action,* encouraging the target audience to visit health facilities for additional FP information and services.

Amid the ongoing debate on national media about reproductive health and family planning and in order to address family planning from many perspectives, the strategy combined HealthPRO's comprehensive communication framework and the NCHP's strategy (to create an enabling environment, set supportive social norms for family planning, improve client-provider interactions, and improve individuals' family planning knowledge and attitudes) to reduce unmet need for family planning and increase the use of modern FP methods.

The strategy divided the campaign into three waves, with each targeting specific audiences and using distinct themes, activities, and multi-channeled communication materials:

Wave 1: "Planuhin and Pamilya, Planuhin and Kinabukasan." (Plan your family. Plan your future.)

Wave 2: "3-5 Taong Agwat, Dapat!" (3-5 Years between births is just right!)

Wave 3: "Ikaw at Ako ay Tayo." (You and I make us.)

Wave 1 built the foundation for the communication strategy; it talked about family planning as a means to improve a family's quality of life. Wave 2 was meant for "spacers": couples who plan to space births. Wave 3 aimed at "limiters": couples who have achieved their desired family size. The primary target audience for all waves were men and women from poor households with low-education levels, and residing primarily in rural areas. The age and the number of children of the primary audience varied by wave.

Each campaign wave had a multi-channeled, comprehensive communication package to support and supplement the activities and to make the strategy more effective. It included advocacy materials for local chief executives, radio ads, outdoor print media, a job aid for health service providers, interactive client-education materials combined with family planning health events and health classes, as well as group and individual counseling. The reach and impact of the strategy is discussed under "Reach and Impact of BCC Interventions."

Maternal, Newborn, Child Health and Nutrition

HealthPRO coordinated closely and supported the DOH in working toward the development of the national MNCHN BCC plan. In December 2008, HealthPRO and NCHP designed and facilitated a three-

day workshop to develop a BCC strategy for MNCHN and FP. Participating were provincial health education and promotion officers (HEPOs), CHDs, and NCDPC program managers. The workshop used NCHP's Health Promotion for Behavior Change Framework, a product of HealthPRO's earlier technical assistance to NCHP.

Tuberculosis

HealthPRO's planning activities for TB prevention and control had been carried out in coordination with another USAID's Project, TBLINC, to maximize synergy and the impact. HealthPRO's role in TB-related activities was limited to providing BCC technical assistance to TBLINC. The assistance included contributions for the development of materials, a matrix of provinces' priority TB BCC implementation, and implementation of health events, as follows:

- Provided inputs for the "Health Promotion Handbook: A Guide to Doing Advocacy, Communication and Social Mobilization for NTP [the National TB Program]." The handbook was developed to equip users with the knowledge and skills to plan, implement, and monitor Advocacy, Communication and Social Mobilization (ACSM) activities for the TB program.
- Drafted training modules in TB IPC/C for service providers and group mobilization for incorporation in the BCC plan for TB. The package combined clinical skills with IPC/C skills. The manual was later shortened for the use of barangay health workers (BHWs) and other village-based volunteers.
- Developed a matrix of provinces' priority TB BCC implementation. It showed the case detection and completion rates and the provinces activities in IPC/C, social mobilization, mass media, strategic communication planning, and program implementation review.
- Carried out the TB Rapid Assessment in Regions 1 and 2.
- Developed numerous BCC materials, including the TB Desk Chart and Flipchart for Health Service Providers and a job aid and reference guide for BHWs.
- Drafted the National TB Communication Plan.

BCC Planning at Local Levels

As the overall structure for health promotion and communication (HPC)activities of LGUs, local BCC plans went through a rigorous planning process that started with the development of strategic communication plans (SCPs). This was followed by focus group discussions, a series of planning workshops, and annual reviews and updating. The entire planning process required the active participation of LGU members and health agency staff at the national, regional, provincial, and local levels and other USAID cooperating agencies (CAs).

Strategic Communication Plans

The development of SCPs took place during a four-module, highly interactive workshop that built the capabilities of LGUs to craft and implement sustainable health promotion and communication activities in their respective communities. The workshop had two interlocking goals: 1) to develop

among LGUs a keen appreciation for the systematic and programmatic process of evidence-based communication planning and 2) give them the skills necessary to identify specific, appropriate, and sustainable health promotion and communication activities that would change the way individuals, families, and other key actors in the communities think, feel, and behave on MNCHN, FP, TB, HIV/AIDS, and avian influenza.

SCP participants included key officers and staff from the provincial and municipal health offices as well as information officers, midwives, nurses, and BHWs. SCP workshops were conducted in eight LGUs (non-ARMM) and five LGUs in ARMM (regional level plan).

Behavior Change Communication Plans

In 2009, HealthPRO initiated the introduction of local BCC plans. Each was a narrative multi-year plan based on the provincial SCPs and enhanced by qualitative data from focus group discussions with target groups (clients). The discussions had a health theme focus, target audience, BCC objectives and targets, and a menu of health promotion and communication interventions that an LGU could implement in focus municipalities (priority areas performing below performance standards). Participants to the BCC planning were HEPOs, FP, MCH, and TB program coordinators and local religious leaders (for ARMM). The output was a provincial BCC plan that details the HPC activities for LGU implementation.

All through HealthPRO's second and third years, technical assistance was provided to 25 provinces and one region in developing their respective BCC plans. The provincial BCC plans of Albay, Bulacan, Pangasinan, Isabela, Nueva Ecija, Tarlac, Cagayan, Capiz, Negros Oriental, Negros Occidental, Aklan, Bohol, Leyte, Samar Compostela Valley, Sarangani, South Cotabato, Zamboanga del Sur, Agusan del Norte, Bukidnon, Davao del Sur, Misamis Occidental, Misamis Oriental, Zamboanga del Norte, and Zamboanga Sibugay were developed and implemented with HealthPRO technical assistance. The five provinces in the ARMM developed a regional communication plan instead of individual provincial plans. This decision was based on the DOH ARMM's preference for the Annual Investment Plan for Health, which effectively absorbed the five Provincial Investment Plans for Health (PIPHs) while fully considering the peculiar needs of each province.

To ensure that BCC plans remain relevant and responsive to people's needs, HealthPRO designed a one-day guide for updating the provincial BCC plans. The guide enhanced the LGU capacity in reviewing and updating their provincial BCC plans.

The provincial BCC plans guided LGUs in their future health activities and were supported by the allocation of financial resources to carry out HPC activities. BCC activities funded and sustained by the LGUs and CHDs included expansion of IPC/C trainings to remaining HSPs and BHWs in non-priority sites, HEPO quarterly meetings, health events, health classes, counseling sessions, and media airing and plugging, among others.

BCC Planning for HIV/AIDS Prevention

HealthPRO's HIV/AIDS sites covered the cities of Angeles, Pasay, and Quezon in Luzon; Iloilo, Bacolod,

Cebu, Mandaue, and Lapu-Lapu in the Visayas; and Davao, Zamboanga, and General Santos in Mindanao. Technical assistance on SCP workshops to BCC planning were provided in these cities.

- Two-day SCP workshops on HIV/AIDS—conducted in Angeles, Quezon, Pasay, Davao, and Zamboanga—were followed by BCC planning activities. After the workshops, HealthPRO assisted all HIV/AIDS sites in developing their HIV/AIDS prevention BCC plans. The BCC planning process also built local capacities to design and implement programs targeting most at-risk populations (MARPs) and to harmonize partnerships among local stakeholders. Also in line with this assistance, HealthPRO helped integrate this plan in their local response plans and/or local operational plans for HIV/AIDS.
- Parallel to other ongoing activities and recognizing that the need to better understand the dynamics of peer education among MARPs and determine effective BCC approaches, HealthPRO carried out an assessment and review of HIV/AIDS BCC interventions (2003-2009), which entailed interviews with MARPs, peer educators, and service providers in Angeles, Cebu, Davao, and Zamboanga. General recommendations from the review included the development of support materials for peer education; greater involvement of MARPs and health service providers in delivery of basic information and services; development of a consolidated, comprehensive BCC strategy among stakeholders at various levels that would lead to improved collaboration and coordination of activities and institutionalization and sustainability; and highlighting role of civil society and NGOs at the local level.
- Following this assessment, the HIV technical working group (TWG) saw a need for a more systematic approach to respond to gaps in behavior change among MARPs as evidenced by low condom use rates. An operations research study on prevention interventions for MARPs was recommended to determine appropriate directions for BCC interventions. HealthPRO was tasked with leading the development of the operations research design, and USAID collaborated with other funding agencies carrying out project evaluations at the time. HealthPRO worked on finalizing the draft design, but the research was cancelled in 2011 due to a new program direction for HIV/AIDS programming set by USAID in preparation for the comprehensive, USAID-funded HIV/AIDS prevention program in the country. With this new direction, HealthPRO focused on developing communication materials, including innovative approaches for communicating with MSM in Quezon and injecting-drug users (IDUs) in Cebu, Mandaue, and Lapu Lapu in lieu of the development of the communication campaign.
- Technical assistance to HIV/AIDS sites closed earlier than the assisted provinces. To formally close partnerships and the provision of technical assistance, a series of meetings with city health officers and social hygiene clinics were held in the cities of Angeles, Pasay, Bacolod, Iloilo, Davao, General Santos, Cebu, Mandaue, Lapu Lapu, and Zamboanga.

BCC Institutionalization and Sustainability Planning

Sustainability Planning was an integral part of HealthPRO's phase out activities in Year 5 to ensure that project achievements would not be lost. HealthPRO, in partnership with LGUs, supported sustainability planning workshops to generate commitment and ensure that HPC efforts were

institutionalized in LGUs' planning instruments even after the project ends.

The "Local Response: Advancing Health Promotion and Communication for Healthier Communities" manual was developed to standardize the workshop and planning process. The workshop was primarily facilitated by the Provincial Health Office (PHO), supported by HealthPRO, local NGO counterparts, and representatives from the CHD. Workshop participants included the PHO, key LGU personnel such as provincial and municipal information officers, planning and development officer, population officer, provincial board members and municipal councilors on health, city/ municipal health officers, supervising nurses, HEPOs, and representatives from other provincial agencies, such as the offices of population, social welfare development, and planning development. Where possible, representatives from the private sector, other community-based organizations, and the media were also invited to explore how their programs could be leveraged to help scale-up and sustain HPC activities. Throughout the session, participants identified achievements and challenges, and planned for continuity of the following BCC interventions: capability-building efforts – IPC/C training, community health team training, and supportive supervision sessions for health providers; community mobilization – identifying non-traditional partners and local groups, conducting health classes, and organizing community groups and health events; local media – identifying and training media partners and media placements (local cable, print, radio, online); BCC materials – production, reproduction, and distribution of materials; and monitoring and evaluation – tracking and analyzing HPC activities, regular meetings, and updates.

In total, 24 provinces conducted their sustainability planning workshops and generated commitment and ensured that HPC efforts were institutionalized in their planning instruments. Priority HPC activities at the municipal and provincial levels were identified and in some cases presented to local chief executives and local health boards for comment and finalization. Moreover, these were used as a basis for discussion in local project implementation reviews and planning sessions for the annual operational plan and PIPH 2013 – 2017.

Other Planning Activities

In addition to the standard TA package HealthPRO provided to partners and LGUs in planning, HealthPRO carried out other preparatory and local capacity-building activities, all aimed at enhancing local health promotion and communication interventions to improve and better position health care services.

Through the Asian Institute of Journalism and Communication, HealthPRO conducted an inventory, reviewed, analyzed, and documented BCC and other health promotion and communication initiatives on MNCHN and FP. In addition, the institute conducted a secondary analysis on the Filipino audience and a review of the NCHP health promotion framework. The results were presented during the NCHP workshop in December 2008.

Together with USAID and other USAID CAs, HealthPRO assisted PhilHealth on its Benefit Delivery Review to increase utilization of its benefit package. HealthPRO helped develop the scope of work for a social marketing analyst who wrote an assessment and recommendation report on PhilHealth's

social marketing system. This was an inter-CA technical assistance to generate recommendations to improve delivery of PhilHealth benefits by assessing messages, medium and social marketing activities in membership payment; accessing benefits; and claiming reimbursements. HealthPRO also provided the assessment framework for the review. HealthPRO drafted eight Safe Motherhood bulletins for the DOH, which covered topics on pregnancy tracking and prenatal care, immunization, newborn care and birth registration, postpartum care, birth spacing, birth and emergency planning, exclusive breastfeeding, and early detection and management of danger signs.

DOH Capacity Building

HealthPRO carried out complementary activities to advance the capacity of the DOH in BCC planning, design, implementation, and monitoring and evaluation. Several activities for the NCHP—a key HealthPRO national partner—also included participation by the NCDPC and POPCOM.

DOH Administrative Order 58

Under the TAG mandate, HealthPRO worked with NCHP, NCDPC, and the MNCHN Task Force to determine HPC priorities for FP and MNCHN. Specific DOH TA needs were identified and addressed, including the provision of technical inputs for the revision of the National Policy for Health Promotion (Administrative Order 58) and the development of a sample health promotion package for MNCHN and FP health events, including creative briefs, a press briefing, and a list of recommended materials.

Monitoring Progress with Health Promotion and Communication Tracking Forms

To ensure monitoring and evaluation of project-supported efforts, HealthPRO developed and introduced at the local level the HPC Tracking Form. This simple, user-friendly form can be used to record information on the numbers of people counseled and attending health classes and health events; the data can be disaggregated by theme, such as FP, MNCHN, and TB. The form was presented to NCHP after a series of consultations with implementers, including health service providers, BHWs, and other health officials. It is now being used by many LGUs, and NCHP has expressed interest in integrating it into DOH and local information systems.

Facing the Media Training for High-Ranking Health Officials

With both traditional and social media playing strategic roles in disseminating information and steering public opinion on health and healthcare, the Philippines DOH has joined local health officials who are brushing up their skills in engaging the media. To establish closer liaison with the media relative to health and health care, HealthPRO conducted the national “Facing the Media: The Art of

Being Interviewed" workshop attended by Philippine Health Secretary Enrique Ona and other high-ranking health officials in April 2012.

Rolling out IPC/C in Non-USAID Supported Areas

In 2010, HealthPRO provided technical assistance to the DOH in the development of the standard IPC/C training manual for health service providers (HSPs) and BHWs. The manual was used to conduct IPC/C training in all USAID-supported areas. Following positive feedback on the training, in 2012 NCHD provided funding to support IPC/C training courses in non-USAID supported areas. To support these efforts and sustain the momentum, HealthPRO provided technical assistance to NCHP in its first full-time facilitation of the IPC/C training of trainers (TOT) with CHD IV-A and IV-B and IPC/C roll-out training courses in these areas. Funds used for the training came from the DOH's regional sub-allocation for IPC/C training. Plans are underway for NCHP to conduct additional IPC/C TOTs countrywide.

Social and Behavior Change Communication Workshop

Responsive to the constantly changing environment when new evidence constantly emerges and some practices become outdated, in 2012 HealthPRO provided technical assistance to NCHP in a three-day workshop on social and behavior change communications entitled, "Strengthening Capacity for Social and Behavior Change (SBCC)." The workshop was facilitated by internationally acclaimed SBCC expert Dr. Benjamin Lozare of the Johns Hopkins University's Center for Communication Programs and co-facilitated by HealthPRO staff to enhance NCHP's ability to carry on result-oriented and evidence-based BCC planning, including:

- Strategic planning and use of data for decision-making to identify priorities;
- Understanding the situation using formative research;
- Focusing and designing winning strategies;
- Creating interventions and products;
- Pre-testing communication products;
- Budgeting, identifying coverage, and distribution;
- Implementing and monitoring; and
- Evaluating and re-planning.

As a result, NCHP staff had hands-on experience and an opportunity to learn new approaches in developing HPC plans and leadership and to regain its confidence in advancing health in the Philippines. The participants devised three products: an NCHP image-building plan, which helped them prepare for their ISO-certification and communication plans on safe motherhood and family planning, which served as a basis for the Wave 3 family planning activities.

DOH Family Planning Command Conference

HealthPRO supported POPCOM, USAID, and DOH in May 2012 in the developing and implementing the National DOH Family Planning Command Conference, "Reaching the Poor to Reduce Unmet

Family Planning Needs." The conference was attended by more than 100 national and regional health administrators and population officers along with USAID, NGOs, other donors and implementing agencies. In addition, together with other USAID health projects, HealthPRO contributed to the development of the National DOH Strategy to Reduce Unmet Need for Modern Family Planning, which focuses on demand-generation and proven SBCC activities.

In preparation for the conference, HealthPRO conceptualized and produced the USAID-DOH "Making Communication Work" catalog (see Annex 4), which includes information on almost 100 FP, MNCHN, TB, and HIV materials jointly developed under HealthPRO. Copies of the catalog along with CDs that contain all print- and broadcast-ready communication materials were disseminated in all USG-supported regions through numerous channels and opportunities; they will be posted on line through Zuellig Foundation portal and DOH.

DOH-ARMM Image Building Campaign

In line with DOH-ARMM's vision and efforts to improve health services for the region and the people's perception of the health agency and its capacity to provide services, a series of meetings and brainstorming activities were carried out by HealthPRO and DoH-ARMM.

Consultative meetings with key leaders of Muslim religious leaders, key DOH-ARMM staff, Shariah judges, and key anchorpersons were conducted in 2010 as a kick off activity for the initially planned DOH-ARMM communication campaign. The meetings were followed by a design workshop in Manila with provincial HEPOs, Muslim religious leaders, media professionals, and the DOH-ARMM team and spearheaded by the DOH ARMM Secretary. With HealthPRO's technical expertise, a plan was designed for the DOH ARMM image-building and health communication campaign. Part of the output was a creative brief developed for DOH-ARMM's caring image that was relayed through branding and TV public service announcements. The image-building campaign, "*Nagmamahal,* DoH-ARMM" (We Care, DOH ARMM), was launched in October 2010. The campaign positioned DOH-ARMM as a credible health institution with responsible and caring health service providers. HealthPRO

developed a *Nagmamahal* TV PSA that started airing in January 2011 at local TV stations in Cotabato City while the *Nagmamahal, DOH-ARMM* tagline and image was incorporated in the DOH-ARMM vehicle, official letterhead, PSAs, and print collaterals.

LOCAL REPLICATING AGENCIES

To fast track and scale up project implementation and enhance sustainability of proposed interventions beyond the life of the project, HealthPRO strategically engaged 19 local NGOs, known under HealthPRO as local replicating agencies (LRAs) to support the implementation of BCC interventions in the LGUs, particularly with regard to IPC/C, advocacy, and community mobilization.

> *"Working with HealthPRO and public health has opened my eyes to the health needs of the people. It made me realize how far the NGOs in partnership with the government will still have to go to truly achieve the goal of 'health in the hands of the people.' But I am optimistic because we can go faster together – we can go far!"* Ms. Marjory Emperio, Trainer 1, MUCEP

Through a request for proposals sent to organization networks and published in national broadsheets, HealthPRO, in consultation with the concerned PHOs and CHDs, identified and engaged LRAs. To ensure standardization and better monitoring and evaluation of LRAs, HealthPRO developed and disseminated the LRA Operations Manual, a collection of tools and templates that LRAs used in managing their technical assistance to LGUs. The accomplishments of the LRAs reflected their contributions in HealthPRO's efforts to scale up BCC activities and reach more individuals and families. In addition, many LRAs are now recognized by LGUs as local health promotion experts with the potential to engage them in the development and implementation of future BCC activities. Through LRAs, HealthPRO leveraged millions of pesos from LGUs, trained almost 3,000 HSPs and 39,000 BHWs on IPC/C, reached more than 260,000 people through health classes, and distributed 1,307,592 point-of-contact (POC) FP flyers in strategic locations. LRAs' collaboration with HealthPRO also built their capacity to provide support to LGUs in disseminating health promotion and communication activities. Table 1 summarizes basic information on the achievements of LRAs; detailed information is in Annex 3.

Table 1: Selected LRA Deliverables

CORE DELIVERABLES	Luzon	Visayas	Mindanao	ARMM	TOTAL
IPC/C training of HSPs	454	1,358	1,358	n/a	2,963
IPC/C training of BHWs	5,892	10,412	13,366	n/a	26,670
Reached by health classes	83,219	101,030	56,672	20,663	261,584
POC flyers distributed*	193,883	165,994	163,138	n/a	523,712

**POC flyers produced and distributed by LRA in addition to those produced by HealthPRO*

HealthPRO contracted a separate national LRA for mass media to support the capacity building and implementation of its mass media-related activities. Specifically, the mass media contract focused on

the implementation of Lakbay Buhay Kalusugan (LBK) and mass media training. PROBE Media Foundation, a local firm, was identified and contracted to provide support.

INTERPERSONAL COMMUNICATION AND COUNSELING

At the heart of HealthPRO's BCC campaigns is a recognition of the value of IPC/C in building the capacity of frontline health service providers, improving services, and achieving healthy behaviors for the Filipino population. HealthPRO worked to ensure that the IPC/C training design would improve the skills of health service providers who assess patients' health concerns and will result to more Filipinos' accessing accurate and timely health messages that will help them develop healthy behaviors.

HealthPRO developed the IPC/C training manual in 2009, based on the 2008 version of the DOH Family Planning Competency-Based Training program. The manual addresses the gap in the knowledge and skills of health providers had relative to IPC/C. After a series of consultations and pretesting, the manual was revised and repackaged as the IPC/C Toolkit, with a foreword from the DOH secretary.

IPC/C Toolkit

- IPC/C manual with core messages;
- Technical briefs;
- Supportive supervision tools;
- Job aids to facilitate communication and counseling (e.g. flipcharts, deskchart, cue cards and family planning placemat); and
- Client-education communication materials (e.g. wallchart, posters, flyers, guided visioning exercise worksheets, and interactive comics).

The IPC/C Toolkit served as the basis for the development of the IPC/C training modules on FP, MNCHN, and TB for HSPs and BHWs. The IPC/C skills modules run for three days for HSPs and two for BHWs. The IPC/C training for HSPs assumed that most one-on-one provider-client contacts occur in a health facility, when a client visits a health facility to access services for a particular concern. The module is primarily designed to help frontline providers maximize these interactions to accurately assess such concern and offer a viable solution. Essentially, then, each one-on-one provider-client session was considered a counseling session where, if necessary, the provider successfully negotiated for the client to perform some health behavior(s). With the successful implementation of the series of IPC/C TOTs that reached hundreds of HSPs (Table 2) and the roll-out in pilot LGUs, demand for scaling-up the training increased.

Table 2: Total Number of People Trained in IPC/C TOTs

PARTICIPANTS	LUZON	VISAYAS	MINDANAO	TOTAL
CHD	10	18	35	63
Provincial Health Office	36	41	57	134
Municipal/City Local Government Unit	29	6	1	36
LRA	0	18	26	44
TOTAL	**75**	**83**	**119**	**277**

Many LGUs wanted to sponsor trainings with more participants within their limited budget. In response, HealthPRO developed the one-day IPC/C trainings based on the two-day and three-day IPC/C modules. Together with its partners and counterparts and over the life of the project, HealthPRO trained over 4,900 HSPs and population officers and over 35,000 BHWs in IPC/C (Table 3).

Table 3: Total Number of People Trained in IPC/C

GEOGRAPHICAL AREAS	NUMBER OF HSPs TRAINED	NUMBER OF BHWs TRAINED	SUBTOTAL
Luzon	809	9,936	10,745
Visayas	1,991	10,498	12,489
Mindanao	2,049	15,197	17,246
Other/regional	81	0	81
TOTAL	**4,930**	**35,631**	**40,561**

In addition to USAID funding to support IPC/C training, an equivalent of $435,377 came from LGUs, NCHP, CHDs, and POPCOM. The trained personnel represented 67% of midwives and 46% of BHWs in 25 non-ARMM, USAID-supported areas. The CHDs funded IPC/C training for provinces that are not covered by USAID assistance.

Trained HSPs in turn conducted group and one-on-one counseling while referrals of clients by trained BHWs has increased the number of people counseled. Client exit interviews (CEIs) show that trained HSPs have significantly better FP counseling skills than untrained HSPs because they assure clients of confidentiality; ask clients to repeat instructions for the method of choice; use visual aids during counseling; and explain the methods' advantages, disadvantages, effectiveness, and side effects. Annex 7 (Technical Notes No.1) provides additional details on the outcomes of IPC/C training evaluated through CEIs. As a result, 2,721,422 women and men received comprehensive FP counseling following IPC/C training. See table 4 for additional information on the number of people counseled broken down by different thematic areas.

Table 4: Number of People Counseled by Trained HSPs, by Thematic Area

THEMATIC AREAS	Luzon	Visayas	Mindanao	SUBTOTAL
Family planning	1,011,032	741,093	969,297	2,721,422
Maternal and child health	286,929	194,859	179,940	661,728
Tuberculosis	42,451	43,730	33,957	120,138
TOTAL	**1,340,412**	**979,682**	**1,183,194**	**3,503,288**

SUPPORTIVE SUPERVISION

IPC/C between HSPs and their clients is one of the most important ways to improve client satisfaction, compliance with treatment, and health outcomes. To communicate effectively with clients, health service providers and volunteers must be able to:

- Establish rapport with the client,
- Listen actively to correctly diagnose the health concerns of the client,
- Provide information and options for solving the health problem,
- Refer client forget services or additional information if needed, and
- Summarize the main points discussed.

These skills are learned during IPC/C training. To ensure that those who attended IPC/C training properly used their new skills after returning to their health care facilities, HealthPRO focused on institutionalizing and strengthening IPC/C skills through supportive supervision.

Table 5: Summary of Supportive Supervision Activities for IPCC

ACTIVITY	Luzon	Visayas	Mindanao	SUBTOTAL
Number of supervisors oriented in supportive supervision	153	197	117	467
Client exit interview conducted	215	167	1,507	1,889
Supportive supervision sessions	242	126	346	714

As part of IPC/C capacity building for HSPs, HealthPRO developed and introduced the Supportive Supervision IPC/C Guide for city and municipal health officers, nurse and midwife supervisors, and newly trained health workers. The guide highlights the importance of supportive supervision and presents steps on how to conduct supervision through observation of counseling sessions, role-plays, self-assessment using an IPC/C checklist, and client feedback using FP CEIs. It provides affordable, sustainable, and self-empowering alternatives to "traditional" supervision and can help workers apply the newly learned skills on the job.

To improve its field implementation, HealthPRO conducted supportive supervision orientations and promoted supportive supervisory sessions in different provinces at many different levels. As part of these activities, CEIs were conducted to serve as a "reality check" for supervisors and supervisees on the quality of FP counseling clients received (see table 5).

FAMILY PLANNING TECHNICAL UPDATES

A series of technical updates for HSPs was an integral part of the FP campaign. The main objective of these brief meetings was to update practicing health providers with state-of-the-art FP information, especially regarding rumors, myths, and misconceptions on FP methods.

A national level technical update meeting was conducted for FP program managers from 13 DOH regional offices. They received relevant FP materials and 22 provincial rollout plans were developed. Trained program managers became resource persons during LGU-level technical update meetings.

Table 6: Summary of FP Technical Updates

GEOGRAPHICAL AREA	NUMBER OF PARTICIPANTS
Luzon	947
Visayas	296
Mindanao	662
TOTAL	**1,905**

The provincial level roll-outs reached more than 1,900 participants: doctors, nurses, and midwives in 25 provinces. Participants were updated on FP topics and received job aids and reference manuals, such as the World Health Organization's (WHO's) Medical Eligibility Criteria Wheel and Guide, which the project reproduced for the Philippines. In some areas, such as Eastern Visayas, the CHD allocated funds for the technical update of health service providers in non-USG sites. Table 6 shows the breakdown of participants by geographical area.

HEPO CONFERENCES

To share best and promising practices in health promotion and communication, HealthPRO supported the health education and promotion officers' (HEPOs') national conference, where NCHP brought together over 200 HEPOs from local health offices in two batches for a week-long convention. Through technical updates, HealthPRO assisted NCHP in holding breakout learning sessions covering topics on effective presentation and interpersonal skills, supportive supervision, use of the health promotion and communication tracking tool, advocating with local leaders, producing health stories for the mass media, and implementing the LBK health promotion caravan. The HEPO are expected to use these

Table 7: Summary of HEPO Provincial Conferences

GEOGRAPHICAL AREA	NUMBER OF CONFERENCES	NUMBER OF PARTICIPANTS
Luzon	24	234
Visayas	46	244
Mindanao	50	1,155
ARMM	1	18
TOTAL	**121**	**1,651**

skills in planning and implementing health promotion and communication activities in their respective areas. HEPOs also received a briefing on the HPC tracking tool, which they can use in monitoring HPC efforts at regional and LGU levels.

To further enhance the skills of LGU health service providers, HealthPRO supported 121 HEPO quarterly conferences in the provinces, reaching over 1,650 participants. During HEPO provincial conferences, the participants—HEPO and HEPO designates, the PHO/MNCHN team, CHD representatives, program managers, and hospital HEPOs—received technical updates and orientation on other topics, such as advocacy to support health promotion and education and the healthy timing and spacing of pregnancies. These sessions used the materials developed with HealthPRO TA. These materials included flip charts for health classes on FP and GP (*Garantisadong Pambata*, discussed below), a job aid for integrating FP and MNCHN health messages, the Quick Operational Guide on Radio Guesting for HEPOs, FP Coordinators, Population Workers and Other Resource Persons; and the IPC/C training manual and supportive supervision guide.

In the ARMM, the first-ever HEPO conference was conducted in 2011, with participation by key DOH-ARMM staff, provincial HEPOs, and radio anchors. Media plans per province were developed while the regional media plan paved the way to propose the harmonization of the Suara Kalusugan radio program segment episodes, with the rest of the radio programs per province anchored by the provincial HEPOs. Table 7 summarizes the number of conferences supported by HealthPRO and the number of participants reached.

INFORMED CHOICE AND VOLUNTARISM (ICV)

Throughout its project life, HealthPRO conducted ICV monitoring and co-facilitated and participated in orientations. HealthPRO staff received ICV training and also conducted an ICV Compliance Monitoring Orientation to all LRA technical staff who were directly involved in the implementation of project activities. The orientation equipped LRAs and HealthPRO's new staff to carry out ICV monitoring in different provinces. HealthPRO also conducted ICV monitoring visits to 550 health facilities (see Table 8). The ICV reports were submitted to USAID separately on a semi-annual basis. No vulnerabilities or violations were observed.

Table 8: Summary of IVC Monitoring Visits

GEOGRAPHICAL AREA	NUMBER OF FACILITIES
Luzon	94
Visayas	187
Mindanao	230
ARMM	39
TOTAL	**550**

COMMUNITY MOBILIZATION

Recognizing that ownership of initiatives was a necessary ingredient in ensuring the success and sustainability of its endeavors, HealthPRO ensured that community mobilization activities were well-established at all levels. The approach to community mobilization was highly consistent with and supportive of the National Health Sector Reform Agenda as it worked with provinces, municipalities,

cities, representatives and other partners. HealthPRO undertook community mobilization to complement the activities of other USAID CAs by focusing on increasing demand for health services and advocating for stronger health promotion at all levels.

COMMUNITY MOBILIZATION ORIENTATION AND ROLL-OUTS

HealthPRO conducted a capability-building program on community mobilization and advocacy in its assisted provinces. Orientation and planning workshops were conducted to produce competent and skilled community mobilization facilitators and health advocates who contributed to positive behavior change in communities. The orientations were attended by LRA representatives, regional and provincial health offices, and local community groups from the priority municipalities/cities. HealthPRO conducted a multi-level orientation/training to ensure that the design fit the participants' skills and needs: Level 1: Capacity Building of Local Replicating Agencies and the technical staff of the Department of Health-CHD, and Level 2: Capacity Building of Provincial and Municipal-level staff. Orientation sessions at the community level or Level 3 were facilitated by those trained at the 2nd level.

MATERIALS DEVELOPMENT

HealthPRO conducted a series of consultations with LRAs, PHOs, and selected local organizations to gather data for developing its Community Mobilization Model. The model became the basis for conducting the community mobilization orientation of LRAs. A toolkit on community mobilization, which featured the design for organizing and conducting community-level health classes and group counseling, was also developed and included as part of the LRA Operations Manual.

NON-TRADITIONAL PARTNERS

To increase the number of people reached with key health messages on FP, MNCHN, and TB, HealthPRO mobilized community groups, and built partnerships with local officials' organizations, government agencies and private organizations.

Community-based Organizations

Collaboration between and among cause-oriented groups fostered an environment conducive to behavior change for clients. Community groups also influenced LGUs and private/civic/non-governmental organizations to appropriate or contribute human and financial resources for HPC activities. Hundreds of community groups were oriented on health promotion and communication and included a transport drivers group (jeepney, tricycle, bicycle), community/barangay health teams, women's group, farmers' group, vendors' group, cooperatives, faith-based organizations, civic groups, homeowners groups, parent-teachers' associations, and day care workers association. They mobilized and organized participants for health classes and health events on FP/MNCHN. In the ARMM, HealthPRO also supported the orientation of community volunteers/TB support groups in Maguindanao to help them with their roles in the TB Control Program and on TB facts, myths, and misconceptions.

Resource Persons

HealthPRO similarly mobilized resource persons and local champions from within and outside these community-based organizations to raise awareness of communities and influence fellow leaders to support HPC activities, usually by conducting health classes. These resources included day care workers, agriculturist, teachers, retired health service providers, private doctors, nutrition program coordinators, and RN heals. In the ARMM, each province identified and oriented key religious leaders—Muslim Religious Leaders and Muslim Women Religious Scholars—who conducted health classes on FP, MNCHN, and TB.

Points of Contact

HealthPRO networked with local establishments whose representatives served as POCs in their neighborhoods. Representatives of these establishments were oriented on key FP and MNCHN messages, including referral information for people wanting counseling, and were given FP and MNCHN flyers to distribute. POCs included jeepney and tricycle terminals, pharmacies, grocery stores, canteens, city halls, pawnshops, barber shops and beauty parlors, lottery outlets, bakeries, internet cafes, pier terminal booths, cooperatives, restaurants, internet stations, a children's home, sari-sari stores, and other local organizations. These POCs distributed 784,580 flyers.

HEALTH CLASSES

Health classes also reached people with FP, MNCHN, and TB health messages. To benefit especially those living in hard-to-reach and poor communities, HealthPRO mobilized traditional and nontraditional partners to conduct these classes. These classes offered standardized information, stimulated learning with visual job aid, and ensured the quality of health messages. Moreover, HealthPRO tapped the beneficiaries of the government's conditional cash transfer program, the *Pantawid Pamilyang Pilipino Program* (4Ps), to participate in health classes. The FP Wave 3 community plays also included built-in health classes, with 311 health classes conducted and more than 893,000 individuals benefitting from them (Table 9).

Table 9: Summary of Health Classes

THEME	NUMBER OF PARTICIPANTS
FP	386,002
MNCHN	413,611
TB	93,406
TOTAL	**893,019**

PARTNERING WITH LOCAL CHIEF EXECUTIVES THROUGH THE LEAGUE OF MUNICIPALITIES

HealthPRO's association with the League of Municipalities of the Philippines (LMP) had the intent of partnering with local chief executives on family health programs and activities for implementation at the local level, especially on FP and MNCHN. The commitment of the LMP national chapter to implement family health programs was strengthened when mayors attending the Family Health for Mayors' Forum in August 2010 signed the "Manifesto Expressing Unequivocal Support to the Family Health Initiative through the *Kung Maliit ang Pamilya, Kayang-kaya* Program" and when the LMP's general assembly passed the resolution supporting family planning in December 2010.

HealthPRO provided TA to the LMP provincial chapters. This support can be classified in three categories: communications support and provision of camera-ready, DOH health promotion materials; policy support for drafting a manifesto/ resolution incorporating HPC; and additional support, such as linking and orienting non-USG sites during chapter and coordination meetings with the PHO. As a result, provincial LMPs not only signed manifestos of commitment that helped in the operationalization of family health activities, but several LGUs also included health promotion in their health budgets. Manifestos ranged from an expression of support and replication of HPC activities to allocation of funds for HPC activities.

HealthPRO participated in the different LMP national and provincial chapter activities, including the National Directorate Meeting/Health Summit; Davao del Sur's 1st Provincial Health Summit; League of Municipalities Island-Cluster Conferences for Visayas and Mindanao Clusters; and the National Convention of Lady Municipal Mayors of the Philippines. During these events, HealthPRO exhibited DOH materials on safe motherhood, child health, and family planning. As a result, several mayors took further interest in HPC and in conducting HPC activities in their municipalities.

COMMISSION ON POPULATION

HealthPRO's collaboration with POPCOM covered TA in conducting IPC/C and in reproducing FP materials. A total of PhP 5,000,000 (app. $119,000) was leveraged from POPCOM for TOT on IPC/C, roll-out trainings, and FP materials reproduction.

Acting on POPCOM's request, HealthPRO provided TA in an IPC/C training of trainers of POPCOM's 60 regional and city population workers, who were responsible for conducting Responsible Parenting Movement classes in 2011. POPCOM and LGUs conducted 25 roll-out trainings and eight additional TOTs; those trained include 25 population workers from regions with high unmet need for family planning. More than 870 POPCOM staff were trained on IPC/C. All trained population staff, in turn, continue to conduct roll-out trainings to local population workers. This allowed POPCOM to reach more couples with FP messages during Responsible Parenting Movement and Family Development Session (FDS) classes.

POPCOM continued to ensure that the IPC/C approach was integrated in the Responsible Parenting Movement/Family Development Sessions. With a DOH directive of reducing unmet need for family planning by 50% by December 2012, POPCOM is mobilizing barangay supply point officers in increasing the number of barangay-level responsible parenting/family development sessions in the areas covered by the government’s conditional cash transfer program.

To supplement its Responsible Parenting Movement classes and IPC/C roll-out, POPCOM reproduced HealthPRO-developed FP communication materials and distributed them to LGUs and regional POPCOM offices.

MASS MEDIA

Public relations played a role in further strengthening awareness on specific health issues. Through media outreach, HealthPRO networked with media practitioners, especially editors, reporters, and broadcasters, focusing on health issues and enabled them to report meaningfully on health.

ACHIEVING SYNERGY BETWEEN LGUS AND LOCAL MEDIA

HealthPRO assisted LGUs in developing mass media materials to reach audiences that may not be reached by IPC/C, particularly those that bypass DOH/LGU health service delivery points. These mass media tools were designed to build public awareness of and a favorable attitude towards healthy practices on a specific health topic or selected geographic area.

HealthPRO assisted partners in developing personal stories related to health issues. It prepared BCC success stories and engaged journalists to document them and have them disseminated through media. It identified human interest stories on health communication for best practices in documentation and leveraged these stories for airing in mainstream television shows, such as Salamat Doc, Wonder Mom, Jessica Soho Reports, etc. To extend the mileage of health messages, HealthPRO also assisted LGUs in the placement/coverage of true stories in strategic media accessed by target

audiences in the LGU.

Mass media activities were carried out to support community mobilization and health events by ensuring sufficient media reach. HealthPRO assisted LGUs in drafting press releases in support of community mobilization and health events and by providing TA in the development of radio plugs, including canned radio plugs on HIV/AIDS, and scripts for radio announcements for radio segments/ spots and health events. In the same manner, health events were plugged in TV shows as content on national programs such as the GP (*Garantisadong Pambata*, discussed below), TB, and HIV/AIDS Candlelight Memorial in 24-Oras news report and local TV (ABS-CBN) for HIV/AIDS, TB, Safe Motherhood, and Family Health Fair. For example, the provincial website of Zamboanga del Sur announced the province's family health fair.

HealthPRO trained more than 600 health professionals to craft health messages for the media, prepare inspiring stories, and handle media interviews; it also trained 485 local media professionals in health reporting. These trainings resulted in partnerships that triggered positive coverage of health stories and the institutionalization of local media briefings and press conferences on health in the provinces.

Table 10: Media Training Summary

GEOGRAPHICAL AREA	NUMBER OF PARTICIPANTS	
	Media Professionals	Health professionals
Luzon	172	169
Visayas	113	185
Mindanao	164	196
ARMM	36	61
TOTAL	**485**	**611**

HealthPRO mapped media networks in its focus areas and used the map in media placements and sponsorships of health messages and events. The project continued to help monitor media plan implementation of LGU partners. BCC plans in Luzon were reviewed and incorporated a media plan use guide from HealthPRO; in Mindanao, media plans developed by the media partners and provincial health offices were integrated in the BCC plan.

VOICE OF HEALTH: SUARA KALUSUGAN

HealthPRO worked closely with DOH ARMM in planning, conceptualizing, and launching the one-hour radio program *Saut' Sehha* (Voice of Health) at a Cotabato City-based radio station. HealthPRO provided technical assistance in developing the program's architecture, its segment episodes, and promotional public service announcements. Voice of Health uses a talk show format and is hosted by a female anchor, a medical specialist from DOH-ARMM, and a Muslim religious leader/Muslim woman religious scholar to address the religious aspects of the health topic under discussion. Realizing the success of providing appropriate health messages and reaching the ARMM-wide residents through radio, HealthPRO and DOH-ARMM worked collaboratively to enhance and expand the radio program to reach more areas.

The expansion in January 2011 reached listeners not only in Cotabato City but also in the provinces of

Lanao del Sur, Tawi-Tawi, Sulu, and Basilan. In 2012, Voice of Health topics in the five provincial radio programs were syndicated and now reach an estimated 1.1 million listeners. It has also aired free FP radio spots and public service announcements developed under the ARMM FP communication campaign and information on DOH ARMM health events. The program has increased public awareness and helped individuals in ARMM better understand FP, Safe Motherhood, MNCHN, TB, and other health concerns.

EFFECTS OF MEDIA TRAINING AND CAPACITY BUILDING

HealthPRO's media training and capacity-building efforts contributed to improved coordination between health officials and the media, resulting in:

- More free airing of FP and health-related radio spots and PSAs and better and more comprehensive coverage of health events and activities;
- Closer coordination with the Philippine Information Agency and media facilitation in disseminating health messages through broadcast, TV, print, and social media;
- Media Fora (i.e., *Kapihan sa Aklan*) where health messages and health topics especially based on the DOH calendar of activities were aired; and
- Development of a communication team that facilitates in drafting and disseminating press releases of health events and activities.

REACH AND IMPACT OF BCC INTERVENTIONS

FAMILY PLANNING

HealthPRO's technical assistance focused on strategically positioning family planning as part of the regular DOH program. Prior to the development of the family planning campaign, HealthPRO provided technical assistance to activities and health events on family planning at the regional, provincial, and local levels. These events benefitted thousands of individuals and couples and helped them choose healthy behaviors for themselves and their families. To better position the DOH's FP demand-generation activities, a series of consultations between HealthPRO and the DOH were conducted; as a result, HealthPRO provided comprehensive technical assistance in the development of the architecture and materials of the DOH's family planning campaign that reached

millions of Filipinos in three consecutive waves over the 2010-2012 period.

FP CAMPAIGN: WAVE 1

The DOH embarked on implementation of the three-wave FP campaign by launching the Family Planning Communication Strategy and Communication Package during the Family Planning Health Promotion Fair in June 2010. With the theme *May Plano Ako. Kay a Mo Ring Magplano.* (I Have a Plan. You Can Have One Too.), the strategy was a multi-channel and multi-wave campaign designed to extend beyond the family planning month of August.

DOH signed Department Memo No.0149, which was addressed to all its officials and attached agencies and urged them to adopt the communication strategy and package in designing and implementing activities for the Family Planning Program. It enjoined them to recommend the strategy and package to their development partners who were also implementing community-level activities. The package was a mix of updated and newly developed materials: a desk chart, brochure, placemat, flipchart, four different posters, and two radio spots produced to build the campaign's foundation and portray family planning as a means to improve the quality of life. The DOH allotted PhP 3,800,000 (about $90,500) for the reproduction of Wave 1 FP campaign materials and their distribution to health facilities outside USAID-supported provinces. A separate FP communication package was developed

for ARMM's FP Wave launches to incorporate its unique cultural traditions.

Wave 1 included regional and provincial launching activities, community health classes for couples, policy advocacy meetings with local leaders, pledge events with development partners, health facility-based activities, outdoor advertising, airing of radio public service announcements, and media coverage of stories of FP users. The DOH funded the airing of radio announcements, amounting to PhP 4.2 million (about $100,000) worth of airtime. Local print and broadcast media coverage was high, with an estimated public relations value of PhP 2 million pesos (about $47,500) and reaching more than a million readers and viewers in southern Philippines alone. An initial content analysis of news stories indicated a generally positive slant, covering the efforts of DOH and LGUs to deliver FP information and services to clients.

FP CAMPAIGN: WAVE 2

In continuation of the FP waves, HealthPRO provided technical assistance to DOH in the overall process and development of the FP Wave 2 campaign with the theme 3*-5 Taong Agwat, Dapat!,* which promoted spacing births three to five years apart for the benefit of child development and advocated interspousal communication.

Developed in coordination with POPCOM and DOH, the communication package included a reference guide for an existing FP tarpaulin flipchart, an audio visual presentation, policy briefings for local chief executives, eight radio spots/announcements, outdoor print materials (poster, banner, streamer, POC flyer, and vehicle sticker), job aid on integrating health messages, and interactive comics. Technical assistance was also provided in the drafting of Tips for Radio Guesting for Family Planning Coordinators, Health Promotion and Education Officers, Population Workers and Other Resource Persons. DOH allocated PhP 3,800,000 (about $90,500) for the reproduction of Wave 2 communication materials and broadcasting of radio spots. The national broadcasting of radio spots on birth spacing were made through ABS-CBN, GMA, Manila Broadcasting Company, Interactive Broadcast Media, Inc.,

3-5 taong agwat, dapat!
Kalusugan. Nutrisyon. Edukasyon.
Kayang-kaya ng pamilya
sa tamang agwat ng mga bata.
Para sa impormasyon at serbisyo sa family planning, pumunta sa health center.
Planuhin ang pamilya
Planuhin ang kinabukasan
DOH
USAID

Radio Mindanao Network, and Consolidated Broadcasting Systems, Inc., during the months of August to September 2011. In addition, DOH and POPCOM produced TV ads promoting family planning for birth spacing and supported national broadcasting of the TV ads for a longer period. A separate package of Wave 2 communication materials with the same message and look was designed for the Muslim audience and launched in ARMM.

FP OUTREACH AND REFERRAL WAVE 3

While roll-out of Waves 1 and 2 activities were ongoing, seven provinces (Albay, Negros Occidental, Northern Leyte, Western Samar, Davao Sur, Zamboanga del Norte, and Zamboanga del Sur) were selected for Wave 3, which focused on women and men who already have their desired family size. Selection of provinces was based on several criteria, including total fertility rate; contraceptive prevalence rate (CPR); availability of FP services, especially for long-acting and permanent methods; and political support for family planning. HealthPRO supported the DOH in strategy development, materials development, and production for this Wave, called Family Planning Community Outreach and Referral Activities. The target audiences of the community-based activities were men and women who were 25-40 years old and resided in rural areas and who had low socio-economic status, elementary or some high school education, and at least two children.

To support the demand that would be generated by the activities, service delivery mapping of the seven FP Wave 3 priority provinces was developed to locate geographical distribution of available health facilities that provide long-acting and permanent FP methods. Wave 3's major activity was the use of local theater groups in the conduct of community plays, entitled *Ikaw at Ako ay Tayo* (You and I Make Us), to assist in disseminating FP health messages. These interactive plays encouraged audience members to help the main characters develop their story. They creatively disseminated family health messages and encourage healthy behaviors.

Wave 3 materials to support the retention of health information messages and call people to action included interactive comics with family health messages, including those of long acting and

permanent methods and method reminders tear-off sheets.

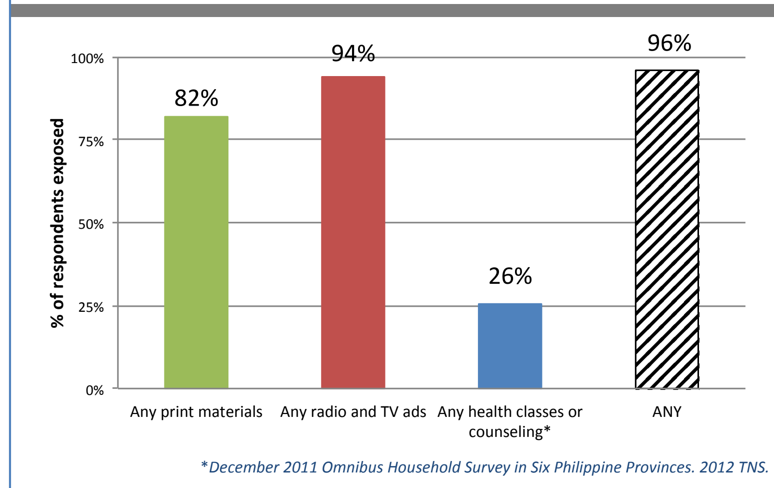


Figure 4. Exposure to FP Communication Campaign In Past 12 Months* (n=1,050)

*December 2011 Omnibus Household Survey in Six Philippine Provinces. 2012 TNS.

Overall, 126 community plays were staged in 7 provinces in four months, reaching almost 47,000 men, women, and children at the cost of PhP 80 each (less then $2) per person. Built into the plays were 311 health classes conducted by local health service providers, volunteers, and population officers. These classes covered FP, MNCHN, and referral services and benefitted more than 29,800 individuals. For additional information on the community theater play, see Annex 7 for Technical Notes No 2.

Field level activities led by PHOs continuously attracted considerable local media coverage. Local tabloids, radio, TV stations, and the Philippine Information Agency assisted in disseminating health information and covering health events, reaching millions of audiences. Overall, the FP campaign strategies and materials reached more than 24.5 million people with key action-oriented family planning messages.

To assess the exposure and the impact of the communication aspects of Waves 1 and 2, in 2011 HealthPRO contracted with TNS, an independent research agency, to conduct a household survey in six provinces: Albay, Tarlac, Capiz, Negros Occidental, Compostela Valley, and South Cotabato. The survey revealed that the campaign's reach was almost universal. Nine out of 10 (96%) respondents interviewed recalled recently having seen or heard a campaign message or products, or had participated in a health class or counseling sessions (see figure 4). Many felt motivated to take action: 12% of those who had recall of the messages/products initiated a modern FP method within the previous 12 months (see figure 5). For additional information, refer to Annex 7 for Technical Notes No. 4 on more detailed results of the Omnibus Study.

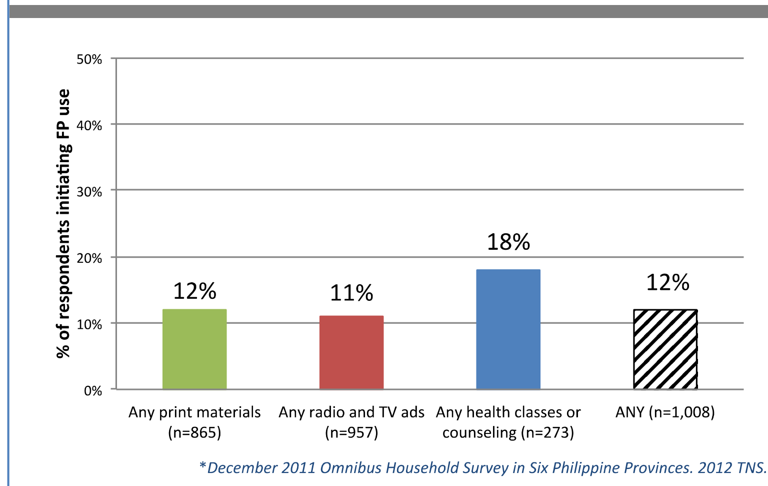


Figure 5. Initiation of Modern Family Planning Use in in Past 12 Months by Type of Exposure*

*December 2011 Omnibus Household Survey in Six Philippine Provinces. 2012 TNS.

GARANTISADONG PAMBATA

Garantisadong Pambata (GP) [Guaranteed for Children] is a cornerstone of the DOH program to promote child health. HealthPRO provided technical assistance in GP activities at the regional, provincial, and municipal levels, such as GP health events and other child-focused activities. Several of these events/activities were also covered by the local media. However, the roll-out of activities and standardization of messages and services were complicated, so HealthPRO provided TA to the DOH in developing a national strategy and communication packages for GP in two stages.

HealthPRO provided TA in launching DOH's April 2010 GP campaign strategy and branding and communication package. GP week was promoted in print and TV. At the LGU level, HealthPRO supported provincial and municipal launches, which took on different forms (e.g., fiesta caravan, health fair) and levels (barangay, municipal, provincial). The GP Marketing Strategy provided for a scaled-up marketing and continuous year-round exposure of GP to communities. It was accompanied by a GP Communication Package for mothers, service providers, local chief executives, and local media. The package's materials included a streamer, fan, poster, GP booklet, placemat, advocacy briefs for mayors and barangay captains, and health care provider's pin.

Due to changes in the DOH's programmatic direction, the GP program design for October 2010 and beyond was changed. HealthPRO provided technical assistance to NCHP and NCDPC in the development of the marketing strategy of the new GP concept and in the development of the revised communication package.

Under the new strategic design, GP became an integrated child health, nutrition, and environment program with both service delivery and communication components. Its coverage expanded to children from birth to 14 years with health packages for specific age groups offered year round. It also called for

more collaboration with other sectors—social welfare, education, local government—and the private sector in promoting the eight gateway behaviors. HealthPRO assisted CHDs and LGUs in introducing the expanded GP using a creative methodology which played up the involvement of all stakeholders in provinces and municipalities. The expanded GP was launched at the national, regional, provincial, and municipal/city levels, reaching hundreds of thousands of Filipino children. Basic GP services such as deworming and Vitamin A supplementation were provided during various events. Launches in several provinces were covered by local media stations and national media agencies. HealthPRO supported 160 GP health events with more than 56,500 people mobilized and produced a variety of print materials, health classes, flipchart and reference guide, and broadcasters manual with radio announcements promoting the gateway behaviors.

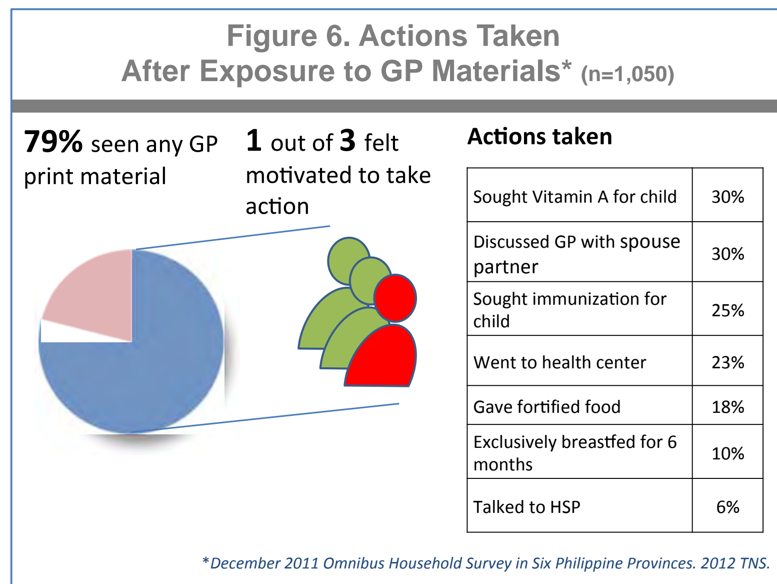
A year after the launch of the expanded GP, an independent survey in six HealthPRO-supported provinces investigated what women and men knew about GP and the actions they took after learning about GP gateway behaviors (2012 TNS) in the previous 12 months. The survey revealed that:

- Four out of five (79%) respondents had seen or heard of GP through posters, banners, fans, brochures, and/or flipcharts. The exposure to outdoor print media was higher than take-home print materials from health care facilities.

- One out of five respondents had attended a health class organized primarily by frontline service providers: midwives. Most of those who attended a health class (76%) learned about child health through GP gateway behaviors.

- Many had visited a health care facility in previous 12 months, and half of those who had done so received counseling. Two out of three who were counseled were advised on childcare.

Figure 6. Actions Taken After Exposure to GP Materials* (n=1,050)



Actions taken	
Sought Vitamin A for child	30%
Discussed GP with spouse partner	30%
Sought immunization for child	25%
Went to health center	23%
Gave fortified food	18%
Exclusively breastfed for 6 months	10%
Talked to HSP	6%

December 2011 Omnibus Household Survey in Six Philippine Provinces. 2012 TNS.

- One out of three of those who saw or read about GP felt motivated to practice healthy GP behaviors, and many took action, including giving their children Vitamin A supplementation, discussing child health with a spouse or partner, bringing children for immunization, going to a health care facility, practicing exclusive breastfeeding, and/or discussing child health with a health service provider (Figure 6).

SAFE MOTHERHOOD

Many maternal deaths could be avoided if women had better access to proper health services, practiced basic healthy behaviors, and learned the signs of an emergency and to respond properly. Educating women about seeking antenatal care and delivery with a skilled birth attendant, preparing for maternal and newborn emergencies, recognizing the signs of a health emergency, and timely referral for emergencies are evidence-based interventions proven to reduce maternal and neonatal deaths.[ii] Many studies show that women’s education and awareness have strong, independent, and positive impact on survival for mothers and children alike. In addition to traditional interpersonal and mass communication media, modern information and communication technologies, including mobile applications, offer a way to educate women and their family members on appropriate health-seeking behaviors.

To help reduce maternal mortality and morbidity, HealthPRO provided technical assistance to DOH in developing a compelling, easy-to-recall logo, slogan, and theme and communication materials that reflect and promote the objectives, benefits, components and calls to action of the Safe Motherhood (SM) Program. The logo and slogan conveyed a unified campaign “look” and “sound” to program partners, players, and beneficiaries. Materials were designed to increase awareness of the six actions that a pregnant woman should take to ensure safe delivery; increase awareness of and create demand for the services provided to pregnant mothers before, during and after delivery; and increase awareness of pregnancy’s emergency signs and actions that should be taken. HealthPRO developed a package of communication materials that included streamers, posters, flyers, bookmarks, health classes flip-tarp, and radio public service announcements. Flyers were displayed in Rural Health Units and Barangay Health Stations, including non-USG sites, and were used by health service providers during health events, health classes, and counseling. Brochures were displayed in health centers and distributed during health events, classes, and counseling as take-home materials.

Regional, provincial, and municipal/city launches of the SM communications package reached thousands of pregnant women and others. SM activities were often integrated in other events, such as family planning and LBK. HealthPRO’s SM posters were well received and were reproduced by other organizations, such as the Zuellig Foundation, World Vision, and the United Nations. HealthPRO supported more than 190 SM health events, with over 59,500 people reached. Together with GP, media coverage of SM activities reached more than 11.4 million people.

According to the six-province TNS household survey (2012 TNS),

- 78% of those interviewed reported seeing HealthPRO SM print materials in the previous 12 months, with one in four motivated to take action.
- Actions included discussing SM with a spouse, receiving antenatal care, vising a health care facility, talking to a health service providers, giving birth at a health care facility, and preparing a birth plan (Table 11).
- One in five respondents reported attending a health class in the previous 12 months, and safe motherhood was discussed in more than half of them. After attending a health class, many felt motivated and took action, including talking about safe motherhood with others, going for antenatal care, and visiting health care facility.

Table 11: Actions Taken After Exposure to Safe Motherhood Print Materials

Action	%
Talked to spouse or partner	41%
Went for antenatal care	24%
Went to health care facility	18%
Talked to a health service provider	14%
Gave birth at health care facility	8%
Talked to a friend	7%
Prepared a birth plan	4%

Safe Motherhood Interactive Voice Response System *Ma'am Melba*

To capitalize on existing opportunities and empowered by the software engineering firm E.I.i.s. Corporation, HealthPRO proposed using mobile technology for an interactive voice response (IVR) system, a way to automate interactions with telephone callers. Traditionally used in banking and airline industries, when applied to the health sector, IVR allows callers to easily retrieve free, life-saving information using pre-recorded voice prompts and keypad menus on a mobile phone.

Dubbed Ask Ma'am Melba, IVR is another platform to reach marginalized populations with key SM messages. Callers text the keyword "Melba" from mobile phones to pre-identified numbers with mobile service providers – Globe, SUN, and SMART, and the system automatically returns the call at no cost to the client. IVR will serve as a 24/7 line featuring Ma'am Melba, a virtual midwife that answers questions about maternal and newborn health. IVR was not meant to replace front-line providers in their health promotion efforts; in fact, by using the voice of Ma'am Melba, a virtual "model midwife" previously introduced in DOH materials (comics and interactive community play on family health), IVR aimed to enhance health service providers' credibility as reliable and accommodating health agents who are always ready to serve and promote key health action-oriented messages. IVR was promoted with marketing tools, including calling cards; stickers; posters; flyers; and t-shirts for community health teams, BHWs, and other health service providers.

The Ma'am Melba IVR was pilot-tested in two areas of Bulacan in September 2012. Pilot-test findings will be analyzed and documented for possible scale-up and set-up with private-public partnerships, including mobile companies and LGUs.

TUBERCULOSIS

As another CA, TBLINC was focused on TB-related activities, HealthPRO took the opportunity to enhance its BCC-related activities for TB prevention. HealthPRO collaborated with TBLINC and assisted in organizing health events and developing TB job aids for community volunteers.

HealthPRO supported and facilitated 37 TB health events, such as World TB Day and Lung Month celebrations where over 24,000 people were mobilized. Media coverage of these events reached more than three million people.

HealthPRO also collaborated and provided support and technical assistance to TBLINC in developing materials for TB prevention and control. Specifically, HealthPRO developed, pretested, and finalized a job aid in the form of a fan, with an accompanying reference guide. Both the fan and reference guide had concise TB messages to guide community health volunteers in doing interpersonal communication with clients during home visits.

HealthPRO technical assistance on TB also covered other activities, such as interpersonal communication, including peer education on TB; helped strengthen the Microscopy on Wheels (MOWs) of North Kabuntalan, Maguindanao, where tricycle drivers helped in securing sputum for laboratory analysis as well as referral of TB symptomatics; helped develop the Philippine Strategy to Control TB 2010-2015 (PhilPACT) using the Cough to Cure approach; provided technical assistance to the DOH and LGUs in developing public service announcements and press releases for World TB Day celebrations; and supported health classes and an exhibit on TB for the LBK caravan.

In addition, in 2011 HealthPRO, in collaboration with TBLINC, drafted a national communication plan,

"Together we can Beat TB!" Its purpose is to join BCC efforts in TB prevention and control under one umbrella with a goal and objectives based on existing evidence and roles and responsibilities of key players clearly articulated.

HIV/AIDS

HealthPRO's technical assistance at the 11 HIV/AIDS sites was diverse and impacted thousands of people, especially those who are among the most-at-risk-populations. In 2011, HealthPRO support in HIV/AIDS was reduced to Quezon City and Metro Cebu.

Development of Communication Materials

HealthPRO provided comprehensive technical assistance in the development of the "Am I?" communication package for the prevention of HIV infection among men who have sex with men (MSM). The package included four posters, a postcard, and a job aid for peer educators. They focused on promoting condoms, knowing one's HIV status, and marketing social hygiene clinics (SHCs) as referral centers for voluntary counseling and testing for men who have sex with men. Materials were available in Filipino and English for posting in SHCs and entertainment establishments. Postcards with SHC information were distributed in areas frequented by MSM.

Some 4,000 posters and 13,000 postcards were printed with USAID funding. A Facebook community page was created and launched in December 2011. The "Am I?" communication package has received positive feedback among health officials and peer educators. All 11 HIV sites received sample copies, with Quezon City receiving the bulk of the materials.

Training of Peer Educators

To ensure that people working with people with HIV/AIDS have the right skills, HealthPRO built their capacity through trainings. In February 2011, HealthPRO facilitated the Indigenous Leader Outreach Model Peer Education Training for Program Implementers. This training addressed IDUs in the cities of Cebu, Mandaue, Lapu Lapu, General Santos, and Zamboanga. It was part of the technical assistance provision to the National AIDS STD Prevention and Control Program through the Global Fund to enhance its peer education program by training program implementers in effective peer education methods. As a result of this training, 20 program managers understood the IDU situation better and could direct/implement strategies for peer education among IDUs. In August 2011, HealthPRO conducted an advanced training on peer education for IDUs among field-based program implementers. Co-funded by the national prevention and control program through the Global Fund, staff from Metro Cebu, General Santos, and Zamboanga cities were updated on HIV, VCT, Hep C, and

other emerging IDU issues that relate to peer education.

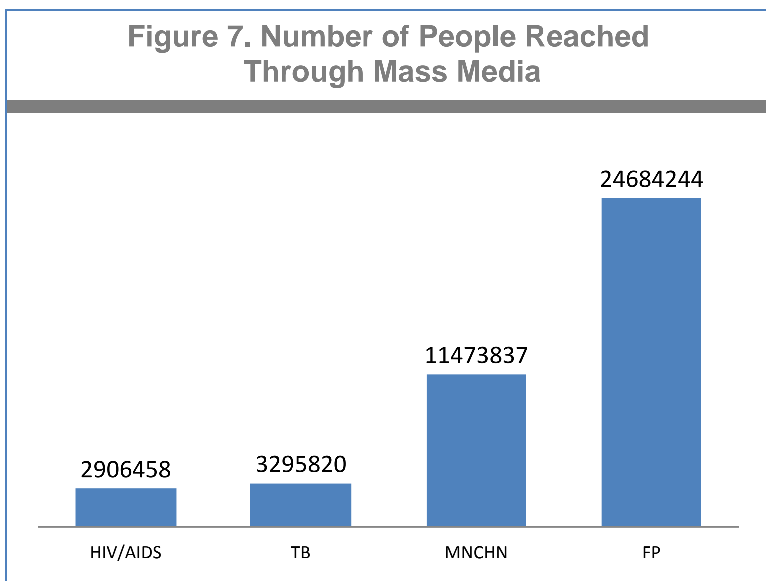
To complement the intensified efforts of the Quezon City Health Department to reach MSM with better HIV prevention approaches, HealthPRO conducted a refresher course on IPC/C for 18 peer educators employed by the LGU in April 2012. The training resulted in these educators' becoming better equipped in counseling for behavior change and service provision, as they referred more MSM to SHCs to learn their HIV status.

Health Events

HealthPRO continued providing technical assistance in conducting activities to increase awareness against and/or fight HIV/AIDS. In addition to disseminating key health messages on HIV/AIDS during the International AIDS Candlelight Memorial and World AIDS Day, other services and referrals were also provided. Specifically, VCT and special programs were conducted during the commemoration in different cities. The health events and subsequent media coverage (online, in print, and on radio and TV) of these events reached millions of Filipinos. HealthPRO supported 20 health events on HIV/AIDS, mobilizing more than 9,400 people. Media coverage of these events reached almost 3 million people.

SMS4MSM

In line with the new program direction, HealthPRO conceptualized the Short Message Services for MSM (SMS4MSM) Initiative in Quezon City, which employs a text-brigade format for social interactive technology to disseminate HIV/AIDS prevention information among MSM members of clans who engage in high-risk behaviors. The initiative was designed as a functional system for MSM to access information from their respective clans, avail services from the public health system, and seek counseling support and/or antiretroviral therapy from HIV NGOs. HealthPRO acted as a catalyst to establish and mobilize the partnership for the initiative to prosper beyond the life of the project. Over 32,000 men were reached with key HIV/AIDS prevention and VCT text messages through MSM clan administrators and health classes. Data from social hygiene clinics in Quezon City indicate that the number of male clients who availed HIV VCT services in 2011 almost doubled from the previous year. For additional information, see Annex 7 for Technical Notes No.5 on SMS4MSM initiative.



Summary of BCC Work

In sum, the project succeeded in reaching its target audiences with key action-oriented health and health-seeking behavior messages in maternal and child health, FP, TB, and HIV/AIDS. It did so by

using traditional and innovative communication channels and approaches. It included numerous outdoor print materials strategically displayed; mass media using radio, TV, and print (Figure 7); health events (Table 12), and the job aid for health service providers and volunteers; face-to-face interpersonal interactions; social media and mobile technology, all gradually but steadily reshaping social norms and stimulating behavior change. Regardless of the communication channel used, all health messages and interventions were unified to maximize the impact.

Table 12: Summary of Health Events Supported and People Mobilized

HEALTH THEME COVERED	NUMBER OF HEALTH EVENTS SUPPORTED	NUMBER MOBILIZED TO ATTEND HEALTH EVENTS
TOTAL	***270***	***85,802***
w/Family planning	171	53,609
w/Safe Motherhood	191	59,583
w/Child Health	160	56,547
w/TB	37	24,141
HIV/AIDS	20	9,487

Bringing It All Together: Lakbay Buhay Kalusugan

Aligned with the Aquino Health Agenda of providing all Filipinos with universal access to quality health care, in 2011 HealthPRO launched *Lakbay Buhay Kalusugan* (LBK). LBK was set up as a health

fiesta caravan that brings health information and services to geographically isolated and disadvantaged communities. With the core message "No One is Left Behind: We Are All Drivers in This Journey to Health," LBK used the travelling bus concept as a platform to enable LGUs to reach communities to increase general health awareness and enhance health-seeking practices. Customized with consultation rooms for health services and counseling, the bus was a catalyst for action once it arrived in the rural location. The area outside the bus would be set up as a health promotion arena, including an interactive health exhibit, health education classes, and other educate-entertain activities. These fun-filled activities promoted the importance of antenatal care, safe pregnancy, birth spacing, family planning, exclusive breastfeeding, proper nutrition, timely and complete child immunization, and much more. See LBK Guide in Annex 8 for additional details.

Through Department Memorandum No. 2011-0121 dated 11 April 2011, DOH enjoined all personnel to provide technical support for coordination, implementation and monitoring of LBK in the identified sites.

LBK is a model of public-private partnership for health promotion, communication, and education joined by shared goals and responsibilities. USAID assisted the DOH in the development, launch, and roll-out of the LBK initiative and provided financial support and technical assistance. LGUs manage the planning and implementation of LBK. PROBE Media Foundation designed the media communication strategy for LBK, Victory Liner donated the bus, and CDC Manufacturing Corp. provided give-aways for the LBK health events and sponsored a booth for cooking nutritious, low-cost meals. AIRFREIGHT 2100 was the official LBK freight carrier. OMF Literature, Inc. provided children's books for read-along sessions and tokens for LBK events. The Philippine Collective for Modern Heroism (DAKILA) provided local performers who contributed creative ideas for the production of audio, video, and visual materials. The Association of Young Nurse Leaders and Advocates, Inc. volunteers human resources for LBK. Print, broadcast, and TV outlets such as the Center for Community Journalism and Development, UNTV Channel, Philippine Daily Inquirer, Manila Broadcasting Company, and the Philippine Press Institute, disseminated information on the campaign through various media channels.

Since its 2011 launch, LBK has been an effective model for public-private partnerships in delivering critical health information and basic services. The bus has travelled to 14 LGUs, directly reaching almost 45,000 beneficiaries, including offering basic antenatal care and FP counseling to 3,400 pregnant women and well-child care to almost 11,000 children in many hard-to-reach areas countrywide. See table 13 for the summary of LBK events over the period of February 2011 – September 2012.

During LBK events, respondents of a quick feedback survey unanimously assessed all components of LBK as effective. Preference polling indicated that most LBK participants appreciated the health exhibit among the different LBK components; the exhibit was followed by the health classes and counseling on the bus. Among the health messages, "Plan your family" had the highest recall, followed by "Have at least four prenatal check-up visits" and "Breastfeed exclusively up to 6 months." "Use a family planning method" and "Go to health center" were the most frequently mentioned as next steps.

Table 13: Summary of LBK Activities, February 2011–September 2012

PROVINCE	CITY/TOWN	INDIVIDUALS	PREGNANT	CHILDREN
Tarlac	Capas	1,092	119	432
Pangasinan	Lingayen	2,817	44	393
Nueva Ecija	Gabaldon	1,237	92	407
Tarlac	San Jose	120	120	0
Negros Occidental	Sagay	1,879	217	1,068
Bohol	Calape	1,196	52	439
Bukidnon	Kitaotao	4,661	171	1,026
Compostela Valley	Maco	2,215	252	777
South Cotabato	T'boli	3,182	81	1,247
Maguindanao	Buluan	3,740	361	722
Zamboanga del Norte	Gutalac	8,417	215	1,506
Metro Manila	Pasay, Paranaque, Mandaluyong	204	99	35
Maguindanao	Datu Paglas	1,637	127	359
Albay	Libon	1,974	734	685
Tawi-Tawi	Sapa-Sapa	1,052	128	571
Maguindanao	Paglat	579	103	141
Maguindanao	Gen. Salipada Pendatun	1,733	157	470
Maguindanao	Sultan sa Barongis	669	36	162
Cagayan	Lal-lo	2,867	196	533
Albay	Libon	3,104	104	0
TOTAL		**44,375**	**3,408**	**10,973**

To assess LBK's impact, TNS interviewed 154 men and women from six provinces in December 2011. Most respondents were from the lowest social-economic class (84%) with only elementary education (50%).

- One in two (49%) liked LBK mostly for its information, followed by giveaways (32%) and free consultation and health care received (16%).
- Recall of health messages was highest for childcare (54%) and family planning (48%).
- Increased level of awareness led to specific actions by LBK beneficiaries, such as discussing LBK with a spouse or friend (51%), staring to use an FP method (9%), visiting a health facility (8%), practicing exclusive breastfeeding (7%), and receiving antenatal care (5%).

The success and institutionalization of LBK is more apparent now that more LGUs are requesting an LBK visit and several others are replicating the LBK or holding mini-LBKs. For instance, the DOH-ARMM replicated the concept and process of LBK in its hard-to-reach municipalities in Tawi-Tawi and Maguindanao. In Libon, Albay many local LBKs were carried out at the barangay level.

To support LBK implementation, over 15 million pesos were leveraged from LGUs and CHDs, media agencies, and private partners, more than doubling the financial contributions of NCHP (500,000 pesos) and USAID (13,000,000 pesos) (see Table 14). Nearly 100 stories have been produced in print, TV, radio, and online. A partial report from MediaBanc, a news monitoring agency, estimated LBK's

reach at 15,266,390 people with a public relations value of 1.9 million pesos (app. $45,200).

Table 14: Contributions from LBK Partners

PARTNER	CONTRIBUTION (PhP)	CONTRIBUTION (USD)
USAID	13,188,000	314,000
NCHP	500,000	11,905
LGUs	5,131,280	122,173
CHDs	1,340,200	31,910
Private sector	9,431,760	224,566
TOTAL	**29,004,525**	**704,554**

OTHER TECHNICAL ASSISTANCE ON BCC INTERVENTIONS

TECHNICAL ASSISTANCE TO DOH

AH1N1 materials

At the height of the AH1N1 (swine flu) concern, the need for communication materials for various topics related to the illness was addressed when HealthPRO provided technical assistance to NCHP in developing materials to raise awareness and encourage pregnant women to be vaccinated. HealthPRO also supported the production of 10,000 copies of the AH1N1 poster for pregnant women; they were posted in the different rural health units in the Philippines.

National Measles-Rubella Supplemental Immunization Activity

In line with the Global Health Initiative, HealthPRO provided technical assistance to the DOH's two-month, door-to-door

immunization campaign, the Measles-Rubella Supplemental Immunization Activity, through the development of a broadcaster's manual, press kit, LGU advocacy brief, and the integration of Vitamin A supplementation (to eligible children) and other child health care services. The campaign addressed the alarming increase in measles and German measles cases in the country by immunizing more than 18 million Filipino children aged nine months to eight years against measles and German measles (rubella). The Philippine government allocated $15,000,000 to reach its immunization target of 95% coverage.

Supplemental Maternal and Neonatal Tetanus Elimination Campaign

At the request of NCHP and in partnership with UNICEF and WHO, HealthPRO provided technical assistance in the development of the communication plan and select communication materials (campaign logo, poster, press release, and frequently asked questions sheet) for the supplementary Maternal and Neonatal Tetanus Elimination Campaign launched in July 2011. The door-to-door campaign activities targeted all women aged 15-40 regardless of their immunization and pregnancy status residing in Abra, Benguet, Isabela City, Lanao del Norte, Cotabato City, Lanao del Sur, Maguindanao, Marawi City, Basilan, and Sulu.

Global Handwashing Day in 2009

Amid concerns on infectious diseases, HealthPRO provided technical assistance to the DOH and LGUs to "transform hand washing with soap from an abstract idea into an automatic behavior in homes, schools and communities" during the Global Handwashing Day in 2009. Simultaneous activities were conducted in the field, while at the national level, HealthPRO leveraged an accumulated seven minutes free airtime on the Global Handwashing Campaign on 24 Oras, a national primetime newscast by a major television network. The messages reached millions of Filipinos and had a value of more than six million pesos. Since then, hand washing has been a regular component of the GP activities.

Development of Materials for Community Health Teams

In 2011, HealthPRO provided technical assistance in the development of a job aid for DOH's Community Health Teams (CHTs). At NCHP's request, HealthPRO conceptualized a set of cards that a CHT member can use during discussions with household members. When CHTs were launched nationwide, HealthPRO also conceptualized a set advocacy materials for local leaders to position CHTs, with the tagline: "Bringing health closer to home."

HealthBeat

- HealthPRO provided technical assistance to NCHP in its HealthBeat magazine, the official publication of the DOH. It has a circulation of 10,000, with copies distributed to various health offices and health units in the country. Its issues have covered:
    - November/December 2011: Oral Contraception Offers Long-term Protection against Ovarian Cancer and Oral Contraception and Cervical Cancer: The Recent Evidence (Research Brief: Oral Contraception Offers Long-Term Protection against Ovarian Cancer –

p. 13; Am I? HIV/AIDS prevention poster [back cover])

- o January/February 2012: Health Promotion: Interactive Komiks as a New Health Education Tool – pp. 22-32; Health Promotion: LBK, The Journey Continues – pp. 33-34; Research Brief: Breast Cancer, Risk Factors and You – p. 36; Safe Motherhood poster (back cover)
- o March/April 2012: Health Promotion: Our Own Journey to Good Health (LBK) – pp. 7-8; Research Brief: Additional Benefit of Bilateral Tubal Ligation: Prevention of Ovarian Cancer – p. 15; Safe Motherhood poster (back cover)
- o May/June 2012: Research Brief: Contraceptive Needs after Age 40 – p. 20; Health Promotion: Garantisadong Pambata Radio Broadcasters as Health Champions – pp. 22-30; HIV VCT poster (back cover)
- o July/August 2012: FP Month poster (front inside cover); Health Promotion: Telling Our Story/From Personal Gains to Advocate – p. 20; Research Brief: Postpartum Contraception – p. 21; Health Promotion: Interactive Komiks Educating a New Breed – pp. 22-32; Reaching the Poor to Reduce Unmet Need poster (back cover)

TECHNICAL ASSISTANCE IN EMERGENCIES

Health promotion activities in the evacuation centers in Pasig and Marikina after Typhoon Ondoy in October 2009

HealthPRO conducted several health promotion activities in the evacuation centers in Pasig and Marikina after Typhoon Ondoy in October 2009. The activities included distribution of information, education, and communication materials and IPC/C sessions to young mother evacuees on breast-feeding and child nutrition.

Response to flooding in Cagayan de Oro and Iligan Cities

In response to flooding in Cagayan de Oro and Iligan in mid-December 2011, HealthPRO partnered with two organizations (Ten Four and the Philippine Guidance and Counseling Association) linked with the Department of Social Welfare and Development (DSWD) to coordinate stress debriefing efforts by developing a simple, user-friendly job aid for non-health personnel who would conduct individual trauma counseling. Dubbed "Say and Save: Life-saving Tips after a Disaster," the job aid focuses on infection control/hand washing, water and sanitation, and maternal and child health. NCHP and USAID approved the job aid, which was immediately reproduced and shared with the counselors.

TECHNICAL ASSISTANCE TO OTHER ORGANIZATIONS

Joint USAID and UNDP-funded MSM-TG Initiative/Manila Action Plan in the Formulation of a Strategic Communication Plan

HealthPRO provided technical assistance to the joint USAID/ United Nations Development Programme-funded MSM-TG Initiative/Manila Action Plan in the formulation of a strategic

communication plan, where the multisectoral representatives involved in MSM prevention activities met to pursue initial discussions.

Rapid Study on the Health Beliefs and Practices of the Indigenous Communities in Bukidnon

RIMCU-Xavier University was contracted to conduct a rapid appraisal study on the health beliefs and practices of the two biggest indigenous communities in Bukidnon's communities: Higaunon and Matigsalog. Findings served as basis for communication strategies for FP, MNCHN, TB, and other health concerns of these communities. Using focus group discussions and in-depth interviews, the study looked into the socio-demographic composition of each area, perception and general views regarding health, beliefs and practices, cure-seeking behavior, access to health facilities, care and management of certain illnesses (e.g., diarrhea and pneumonia), and child rearing practices. The study analysis was completed in January 2010 and a dissemination forum conducted.

United Nations Millennium Campaign in Its Tingog Project

HealthPRO assisted the United Nations Millennium Campaign in October 2011 in its Tingog Project, a citizens' monitoring/feedback platform on health care service delivery. The Project seeks to fast track achievement of MDGs 4, 5, and 6 by providing technical assistance in the development of key health messages that would become auto-replies to text messages sent to the Tingog platform. The feedback will be carried out via SMS and on-line communication. To ensure consistency, the key health messages were based on previously approved messages for the Community Health Teams.

US and Philippine Marine Corps' Medical Civic Action Programs Medical Mission

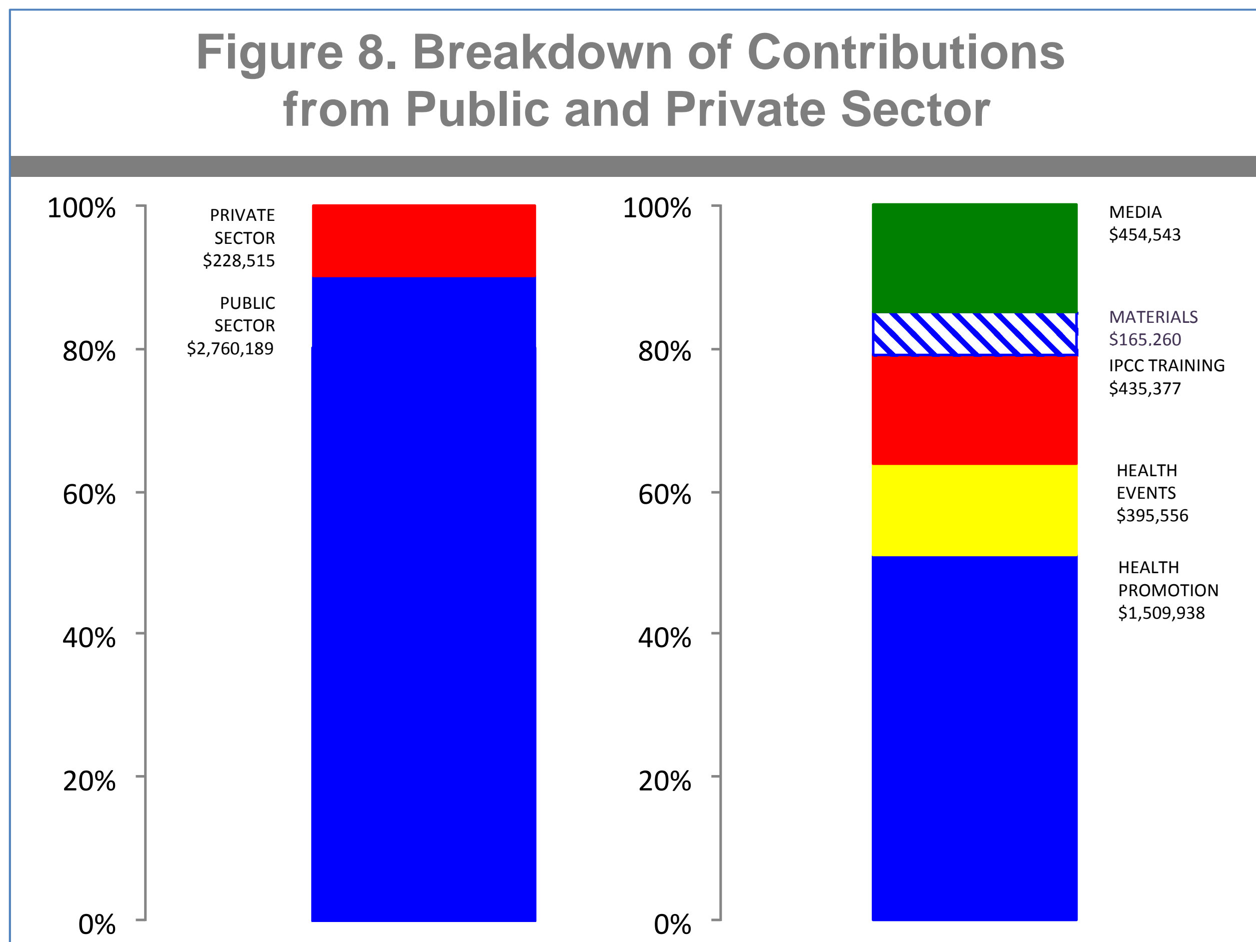
As requested by USAID, HealthPRO supported the US and Philippine Marine Corps' Medical Civic Action Programs Medical Mission, which benefitted 1,197 children and adults from Ternate, Cavite, in 2011. In partnership with Ternate's nurses and HealthPRO, this Medical Mission not only provided medical and dental care but also focused on preventative measures by introducing and encouraging healthy behaviors for children among parents and caregivers through interactive health classes. The health classes utilized the *Garantisadong Pambata* flipchart and reached 500 participants over a two-day period with key health messages aimed to stimulate a friendly and informal atmosphere between facilitators and participants. The classes reinforced healthy behaviors, clarified and corrected misconceptions and unhealthy practices. In addition, HealthPRO supported month-long MEDCAPS activities in Palawan in 2012.

LEVERAGING PUBLIC AND PRIVATE RESOURCES

Five years of coordinative and supportive work with the DOH and the provincial and municipal LGUs allowed HealthPRO to help leverage cash and in-kind resources from the public sector amounting to PhP 115,927,938 (USD 2,760,189), 98% of the total amount HealthPRO leveraged from the private and public sectors and broken down by core project activities (Figure 8). NCHP and CHDs, LGUs, POPCOM, and other agencies contributed funds and support to HPC activities, such as the production of

communication materials, broadcasting of TV and radio spots, roll-out of the health fiesta caravan, IPC/C training, health classes, and health events. The three greatest allocations were for health promotion and communication, media, and training. Specific examples of funds leveraged are provided below.

In February 2009, the DOH released Department Order No. 2009-0092, titled "Guidelines on the Release and Utilization of Sub-allotment/Fund Transfers from the Department of Health Central Office to the Centers for Health Development and Local Government Units." Through this order, NCHP committed more than PhP 11 million for support to health promotion activities, the operationalization of the health promotion activity of the DOH priority health activities, and support (particularly for board and lodging) for frontline health workers training on IPC/C.



NCHP allocated PhP 15,100,000 for the reproduction of the second batch of GP communication materials. In addition, LGUs and other public health counterparts reproduced GP materials.

Participation in LGU-mandated planning activities ensured that HPC was given attention and that a corresponding budget for HPC was allocated. Program implementation reviews and service delivery implementation reviews were venues where HealthPRO gained information on the provinces' service delivery performance and advocacy for HPC activities beyond reproducing materials.

The activities identified in each provincial BCC plan will be part of the LGUs' HPC component in their annual operational plans and provincial investment plan for health. The BCC plan will also be submitted as one of the documents for the DOH MNCHN performance-based grant.

Another important step HealthPRO has taken in forging partnerships and institutionalizing health classes and key messages dissemination in a sustainable manner is partnering with the Department of Social Welfare and Development under the purview of the government program *Pantawid Pamilyang Pilipino Program (4Ps)*. Through POPCOM, HealthPRO partnered with the department to explore ways to and facilitate the inclusion of 4Ps beneficiaries in health classes, health events, and counseling services and make attendance in health classes a condition for receiving benefits.

HealthPRO partnered and worked with private companies to reach their employees and leverage additional resources in conducting health classes and events. A list of these private companies is in Annex 5.

> *"Our company is honored to be part of the health activities in the areas where we operate, our employees who are always in the plantation will benefit from the health messages during the health classes conducted inside the plantation" - Mr. Fernando Carillo, Sumitomo Fruits Administrator, Compostela Valley*

HealthPRO networked with various local establishments that served as points of contact in their respective provinces. Representatives of these establishments were oriented on key FP and MNCHN messages, including information for those who want counseling. They were also given POC flyers for distribution. The types of establishments that served as POCs are listed in the sub-section above titled "Non-traditional Partners".

HealthPRO worked with other local and international organizations to reach more people and share strategies and materials to ensure that more people are working to help Filipinos attain better health and ensure healthier behaviors. These organizations included World Vision, UNFPA and UNICEF. Specific technical assistance to other organizations is discussed under the section "Other Technical Assistance on BCC Interventions."

In ARMM, Muslim Religious Leaders and Muslim Women Religious Scholars were oriented on basic health messages to build local capacities in conducting health classes after Friday prayers and teachings in the Madrasah. Health classes conducted by the Muslim religious leaders reached 20,663 beneficiaries.

STRATEGIC COORDINATION

Recognizing that working to improve healthy behaviors and the health situation of the Filipino people requires collaborative and supportive efforts, HealthPRO continued to maintain strategic coordination with other organizations and various partners and counterparts.

HealthPRO engaged a local media monitoring group (MediaBanc) for media monitoring. Key words and categories—family planning, maternal health, child health, TB, HIV/AIDS, DOH, AH1N1, avian

influenza— were used for automatic media monitoring and regularly updated for more comprehensive weekly electronic reports. An up-to-date media monitoring report of health stories and dissemination to USAID-Office of Health, CAs, NCHP, and other partners was sent regularly.

HealthPRO submitted weekly and monthly highlights showcasing exceptional field activities and their impact on the people. They captured HealthPRO's technical assistance at the national and field levels. Most of the weekly highlights were chosen for inclusion in USAID's Philippine Monthly Report. Examples include: Health Promotion Caravan Reaches Over 30,000 Beneficiaries in its First Year; USAID Supports Initiative to Fight HIV/AIDS; Reaching Indigenous Couples with Birth Spacing Messages in Mindanao; USAID Helps Health Department Launch Expanded Child Health Campaign, USAID Promotes Safe Motherhood and Delivery, USAID Helps Child Health Program in ARMM; USAID Joins World AIDS Day; USAID Bonds Private Organizations and Public Health Sector through Community Mobilization; USAID Supports Festive Health Promotion Caravan; Government's Family Planning Communication Campaign Gains Local Support; Muslim Mindanao Health Department Launches Image-Building Campaign; USAID Helps Bring Expanded Child Health Program to Communities; USAID Expands Child Health Program; USAID Supports Anti-Measles Campaign; New National Family Planning Communication Campaign Reaches Millions; USAID Taps Muslim Religious Leaders; USAID Supports Commemoration of AIDS Candlelight Memorial; and USAID Continues Support to Festive Health Promotion Caravan.

HealthPRO developed four success stories that showed how HealthPRO TA helped people build their capacity, make better and informed decisions, and acquire healthier behaviors. The success stories are in Annex 6.

HealthPRO participated in contracting officer's technical representative meetings; chief of party meetings; TWG meetings; regional and provincial implementation review meetings; and other inter-CA meetings and fora organized by other organizations at the local, regional, and national levels, including the MDG Strategic Breakthrough Strategic Planning and DOH meetings.

HealthPRO also provided TA to breakthrough provinces and regional counterparts in the completion of their Kalusugan Pangkalahatan plans.

MONITORING AND EVALUATION

HealthPRO's monitoring and evaluation covered all areas of its activities and included formative research, secondary data analysis, pretest and field test of materials, facilitating two omnibus surveys at the household level, monitoring field activities, and implementation and coordinating with national and local counterparts for implementation of tracking tool use and HEPO conferences. To assess the impact of specific interventions, HealthPRO also carried out special studies (see Annex 7 for Technical Notes on the Special Study and the Omnibus Survey.)

To ensure acceptability and usability of all the materials it developed, HealthPRO consistently carried out pretests and incorporated the results in the finalization of all materials. Focus group discussions

were conducted in all areas where they were needed, such as in BCC planning and materials development. Another instrument, the Monitoring Tool for Special Events, was drafted as part of the Guide to the Conduct of Health Events. This tool has been used by field personnel for succeeding events conducted for the year.

A gender assessment of the project was conducted and a resulting Gender Action Plan was accomplished as per a USAID Office of Health directive. HealthPRO was tasked to head the ad hoc Gender Task Force.

CHALLENGES

In five years, HealthPRO carefully planned and implemented BCC activities in coordination with local and national partners. However, challenges are constant, and HealthPRO ensured that the challenges were transformed into lessons learned and that delivery of technical assistance was not significantly affected. Significant challenges were:

- National Level
  - Scheduling activities amid unexpected emergency activities of partners. For instance, planned BCC activities were postponed or rescheduled due to a national DOH door-to-door service delivery initiative (Measles Rubella Supplemental Immunization Activity), which took place over two months. This required extensive mobilization of both service providers and volunteers and pushed back capacity-building efforts at the provincial and municipal levels. At the same time, HealthPRO had to appropriate staff time and resources to provide technical assistance for activities such as this.
  - On-going debate in Congress on the Reproductive Health Bill and strong opposition to the bill from the Catholic Church are polarizing Filipino politics all the way to the barangay level despite decentralization. As a result, some local chief executives were hesitant to be very vocal about supporting and being visible in family planning events, and some strongly opposed any FP activities in their jurisdictions (e.g., Pangasinan and Bulacan).
  - Responding to DOH priorities (e.g., the rubella activity described above, the Maternal and Newborn Tetanus Elimination Campaign, community health team, image-building for ARMM), which were not part of the project's workplan, diverted resources and time originally earmarked for project tasks. These demands resulted in some delay in developing materials, organizing campaigns, and implementing field activities.
- Local Level
  - Typhoons with massive flooding deterred activity implementation at the LGU level. Some BCC materials in health facilities were also damaged and/or destroyed.
  - Data quality and timely, regular submission of the reports from the field remain major

challenges. Additional efforts by the project and stronger collaboration with NCHP and LGUs need to begin to improve overall data management for health promotion and communication.

- The anti-family planning position of local chief executives and provincial health officers slowed implementation of FP interventions and assistance. HealthPRO had to overcome this resistance to achieve its goals.
- Temporary and revolving appointments of health officials and health service providers also prevent progress. For example, the provincial HEPO position has a crucial role in HPC implementation, yet in some provinces the person assigned to the position lack the skills that would enable them to perform their tasks. In some provinces, the municipality/city has no definite HEPO designates: different people attend HEPO meetings, disrupting the continuity of participation, representation, and skill building.
- In some municipalities, new guidelines on the use of the 20% Development Fund have been cited as limiting LGU participation in HPC activities, as the fund usually covers their transportation to attend training and supplies for health events.
- HPC activities sometimes conflict or overlap with other municipal/ city health officer activities, which has caused the postponement of important activities, including training of HSPs and BHWs and conducting health classes.

SUMMARY

Over the course of five years, HealthPRO has provided continuous technical assistance to national and local counterparts in improving access to evidence-based health information to increase the reach and maximize the impact of BCC activities.

To sustain project gains, HealthPRO measured and documented key BCC interventions and shared findings, lessons learned, and promising practices with DOH, LGUs, USAID, CAs, project partners, and national and local stakeholders for further replication and scale-up. At the end of the project in September 2012, almost 150 participants from project-supported areas, DOH, donor community, private partners and other USAID's project attended National Making Communication Work Forum in Makati City were many partners and counterparts had a chance to exchange their experiences, learn about project results, and receive a complete electronic package with print and broadcast-ready communication materials for additional roll out.

The project has stimulated healthy practices and behaviors among individuals, communities, and organizations and has done so in such a way that sustained progress can be expected. The project successfully transferred knowledge and skills to provide cost-effective and results-oriented solutions, set up viable public-private partnerships, built the capacity of local NGOs in BCC, and fostered ownership of changes beyond the life of the project. It identified and successfully scaled up high-impact BCC interventions and brought about tangible results. Exposure to HealthPRO's interventions and materials was high and effective. Many recognized the relevance of the communication materials to their lives, felt motivated to alter behaviors and practices, and acted on their new understanding.

"Research tells us that interpersonal communication and counseling are two of the most important elements for improving client satisfaction and treatment regimen compliance that contribute to better health outcomes. Now, we are hearing about low-cost interventions, such as health classes, group and individual counseling, that are making the difference in maternal and child health, and family planning. It is these enriched interpersonal communication and counseling among health service providers, volunteers, and population officers through face-to-face, verbal and non-verbal exchange of information with their clients that spell the difference."

"It is also exciting to hear about innovations that are now being applied from interactive community theater play on family health, to large public-private partnerships on Lakbay Buhay Kalusugan for KP on Wheels, to the trailblazing SMS4MSM that effectively reaches out to its intended audience with core HIV/AIDS prevention messages, to the promising Safe Motherhood Interactive Voice Response. These are clear examples of how communication works and how communication empowers. Communication does not only raise general public awareness but also highlights positive social norms that influence people's values, attitudes and beliefs, and prompt people to act and respond to their environment." - ***KEYNOTE SPEECH OF HEALTH SECRETARY ENRIQUE T. ONA*** *"**Making Communication Work**, 7 September 2012, Dusit Thani Hotel Ballroom, Makati City*

ANNEX 1. FINANCIAL REPORT*

USAID's Health Promotion and Communication Project in the Philippines

Contract No. GHS-I-00-07-00010-00 Order No. 02

June 25, 2007 – September 24, 2012

(In US Dollars)

LINIE ITEMS	Approved Budget as of July 9, 2012	Actual Expenses as of August 31, 2012	Accrued Expenses September 1 – 24, 2012	TOTAL Project Expenses	Balance
Salaries and Wages	$ 3,874,374	$ 3,547,126.97	$234,063	$3,781,190	$93,184
Allowances	210,266	199,799.45	5,800	205,599	4,667
Consultants	153,872	153,871.84	0	153,872	0
Travel	1,119,208	1,162,127.91	16,000	1,178,128	-58,920
Equipment	170,999	170,996.18	0	170,996	3
Other Direct Costs	2,182,761	2,182,725.72	91,500	2,274,226	-91,465
Subcontracts	3,778,540	3,707,387.05	26,190	3,733,577	44,963
Indirect Costs	2,500,528	2,388,272.90	104,295	2,492,568	7,960
Fixed Fee (7%)	979,338	945,861.57	33,414	979,276	62
TOTAL	**$14,969,886.00**	**$14,458,169.59**	**$511,262**	**$14,969,432**	**$454**

** This is preliminary financial report as of September 21, 2012. Final financial report will be submitted at the later date.*

ANNEX 2. PERFORMANCE MANAGEMENT PLAN

LEVEL	RESULTS	INDICATORS[3]	BASELINE (SOURCE)	EOP TARGET	ENDLINE (SOURCE)	REMARKS
Outcome	Improved Healthy Behaviors: Family Planning	% of men and women who felt motivated and discussed family planning with spouse among those exposed to any project-supported family planning materials or interventions	N/A	5% increase annually	52% (2012 TNS)	Data from 6 project-supported provinces
		% of men and women endorsing the practice of family planning to others	30% (2006 FPS)	55%	TBD (NDHS 2013)	National data
		% of women and men who felt motivated and promoted family planning to others among those exposed to any project-supported family planning materials and interventions (proxy)	*N/A*	*N/A*	*21% (2012 TNS)*	*Data from 6-project supported provinces*
	Improved Healthy Behaviors: Maternal Health	**Number of deliveries with a skilled birth attendant in USG-assisted programs**	**N/A**	**2,487,680**	**1,899,933 (FHSIS 2008-2011)**	**2012 FHSIS data will be available in 2013**
		% pregnant women who sought four or more antenatal consultations	70.4% (2003 NDHS) 77.8% (2008 NDHS)	94%	78.1% (2011 FHS)	National data
		% of pregnant women with facility-based delivery	38% (2003 NDHS) 42.4% (2006 FPS)	3% annually	TBD (NDHS 2013) 55.2% (2011 FHS)	National data
	Improved Healthy Behaviors: Child Health	**Number of cases of child diarrhea treated in USG-assisted programs**	**N/A**	**1,361,819**	**646,635 (FHSIS 2008-2011)**	**2012 FHSIS data will be available in 2013**
		Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported	**N/A**	**1,270,516**	**600,213 (FHSIS 2008-2011)**	**2012 FHSIS data will be available in 2013**

[3] **USAID Operational Plan Indicators are marked in bold.**

LEVEL	RESULTS	INDICATORS[3]	BASELINE (SOURCE)	EOP TARGET	ENDLINE (SOURCE)	REMARKS
		programs				
		Number of children less than 12 months of age who received DPT3 from USG-supported programs	**N/A**	**3,462,585**	**2,699,184 (FHSIS 2008-2011)**	**2012 FHSIS data will be available in 2013**
		% of children with basic vaccination coverage (includes BCG, measles, 3 doses of DPT, and polio)	79.5% (2008 NDHS)	5% increase annually	85% (2011 FHS)	National data
		% of men and women who felt motivated and sought immunization services for their child among those who were exposed to any project-supported GP materials and interventions	N/A	5% increase annually	25% (2012 TNS)	Data from 6 project-supported provinces
		Number of children under 5 years of age who received Vitamin A from USG-supported programs	N/A	16,540,085	15,016,422 (FHSIS 2008-2011)	2012 FHSIS data will be available in 2013
		% of men and women who felt motivated and sought Vitamin A supplementation for their child among those who were exposed to any project-supported GP materials and interventions	N/A	5% increase annually	30% (2012 TNS)	Data from 6 project-supported provinces
		% of men and women who felt motivated and provided fortified food products to their children among those exposed to any project-supported GP materials and interventions	N/A	5% increase annually	18% (2012 TNS)	Data from 6 project-supported provinces
	Improved Healthy Behaviors: TB	% of TB symptomatics who voluntarily sought treatment in DOTS centers	47% (2003 NDHS) 43% (2008 NDHS)	71%	TBD (2013 NDHS)	National data
	Improved Healthy Behaviors: HIV/AIDS	% of most-at risk populations who have received an HIV test in the last 12 months and who know the results	FSW 12%; MSM 16%; IDU 4% (2007 IHBSS)	5% annually	FSW 16%; MSM 5%; IDU 5% (2011 IHBSS)	Most HIV/AIDS prevention interventions were scaled down and took place in 2011 and were not covered by 2011 IHBSS
		% of FSW reporting condom use with most recent partner	65% (2007 IHBSS)	N/A	64% (2011 IHBSS)	Most HIV/AIDS prevention interventions were scaled down and took place in 2011 and were not covered by 2011 IHBSS

LEVEL	RESULTS	INDICATORS[3]	BASELINE (SOURCE)	EOP TARGET	ENDLINE (SOURCE)	REMARKS
		% of IDUs reporting using sterile equipment the last time they injected	48% (2007 IHBSS)	N/A	38% (2011 IHBSS)	Most HIV/AIDS prevention interventions were scaled down and took place in 2011 and were not covered by 2011 IHBSS
Output	Increased Knowledge: FP	% of women citing fear of side effects and health concerns as reason for not using a contraceptive	26.8% (2006 FPS) 35% (2008 NDHS)		22% (2011 FHS)	National
		% of men and women citing a health center as source of FP information	N/A	5% increase annually	43% (2012 TNS)	Data from 6 project-supported provinces
	Increased Knowledge Maternal Health	% of pregnant women who are able to cite at least 1 danger sign of pregnancy	49% (2003 NDHS)	62%	TBD (2013 NDHS)	National
		% of men and women who are able to cite at least 1 danger sign of pregnancy (proxy)	N/A	5% increase annually	60% (2012 TNS)	Data from 6 project-supported provinces
		% of pregnant women who are able to cite at least 1 benefit of a facility-based delivery	57% (2003 NDHS)	70%	TBD (2013 NDHS)	National
		% of men and women who are able to cite at least 1 benefit of a facility-based delivery (proxy)	*N/A*	*5% increase annually*	*67% (2012 TNS)*	*Data from 6 project-supported provinces*
		% of men and women who know where to go in case of pregnancy complications (proxy)	*N/A*	*5% increase annually*	*76% (2012 TNS)*	*Data from 6 project-supported provinces*
	Increased Knowledge: Child Health	% of men and women who are able to cite at least 1 benefit and the timing of Vitamin A supplementation	N/A	5% increase annually	75% for benefit; 23% for correct timing (2012 TNS)	Data from 6 project-supported provinces
		% of mothers who are able to cite 2 samples of fortified food products	N/A	5% increase annually	No data	Data not available
		% of men and women who are able to identify at least 1 vaccine required by an infant following birth and the correct timing for its administration	N/A	5% increase annually	68% (2012 TNS)	Data from 6 project-supported provinces
		% of men and women who are able to cite at least 2 benefits of exclusive breastfeeding	N/A	5% increase annually	53.3% (2012 TNS)	Data from 6 project-supported provinces
		% of men and women who are able to cite the importance of increased fluid intake during child diarrheal episodes)	N/A	5% increase annually	69% (2012 TNS)	Data from 6 project-supported provinces
	Increased Knowledge: TB	% of individuals who know that TB is transmitted through the air when coughing	52.4% (2003 NDHS) 50.1%	5% increase annually	TBD (2013 NDHS)	National data

LEVEL	RESULTS	INDICATORS[3]	BASELINE (SOURCE)	EOP TARGET	ENDLINE (SOURCE)	REMARKS
			(2008 NDHS)			
		Number of people counseled in TB	N/A	128,000	120,138 (2012 HealthPRO)	HPC tracking tools
	Increased Knowledge: HIV	% of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	FSW 2%; MSM 10%; IDU 26% (2007 IHBSS)	5% annually	FSW 30%; MSM 34%; IDU 44% (2009 IHBSS)	No data from 2011 IHBSS
	HPC institutionalized for FP and MCH	**Funds leveraged for FP activities with USG assistance**	**N/A**	**$1,900,000 from LGUs**	**$2,988,704 including $1,838,599 from LGUs (2012 HealthPRO)**	**Project Reports**
		Number of LGUs with increase in or inclusion of HPC budget support for MCHN	N/A	25 provinces and ARMM	25 provinces and ARMM (2012 HealthPRO)	Project Reports
LGU Activities	Increased implementation and coverage of IPC/C activities	**Number of people counseled in FP[1]**	**N/A**	**2,821,000**	**2,721,422 (FHSIS 2008-2009 and 2012 HealthPRO)**	**HPC Tracking Tool; Number of FP new acceptors for 2008-2009 in absence of HPC tracking tool**
	Increased implementation and coverage of Health Events	**Number of individuals (sex workers, IDUs) reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, with USG assistance**	**N/A**	**33,808**	**39,841 (HealthGOV OP report)**	**Project Reports**
		Number of MSM reached through electronic media outreach interventions (SMS4MSM and AM I? website)	N/A	N/A	32,020: SMS reach 3,652: web page (2012 HealthPRO)	Project Reports and Webpage counter
		Number of LGUs celebrating MCH special events	N/A	25 provinces and ARMM	25 provinces and ARMM (2012 HealthPRO)	Health Events (HE) tracking tool
		Number of LGUs celebrating HIV/AIDS special events	N/A	10 sentinel sites	10 sentinel sites (2012 HealthPRO)	HE tracking tool
	Increased media	**Number of people who have seen or heard a**	**N/A**	**24,835,000**	**24,684,244 (2012**	**Media tracking tool**

LEVEL	RESULTS	INDICATORS[3]	BASELINE (SOURCE)	EOP TARGET	ENDLINE (SOURCE)	REMARKS
	engagement and coverage	**USG-supported FP/RH message**			**HealthPRO)**	
		Number of people who have seen or heard a USG-supported MCH message	N/A	10,354,000	11,473,837 (2012 HealthPRO)	Media tracking tool
		Number of people who have heard or seen a TB or DOTS-related message	N/A	6,800,000	3,295,820 (2012 HealthPRO)	Media tracking tool
		Number of LGUs implementing MCH communication programs through mass media	N/A	25 provinces and ARMM	24 provinces and ARMM (2012 HealthPRO)	Project Reports; All sites except Misamis Occidental Province
Inputs Processes	Increased Capacity for HPC	**Number of people trained in FP**	**N/A**	**5,218 HSPs; including 4,248 for IPC/C**	**7,573 HSPs; including 4,930 for IPC/C (2012 HealthPRO)**	**Attendance sheets; (FP training includes IPC/C and technical updates)**
		Number of people trained in MCH and TB-DOTS	**N/A**	**4,248 HSPs 33,509 BHWs**	**4,930 HSPs; 35,631 BHWs (2012 HealthPRO)**	**Attendance Sheets; (IPC/C training)**
		Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment	**N/A**	**4,739**	**6,559 (HealthGOV OP report)**	**Attendance sheets**
		Number of individuals trained to promote HIV/AIDS prevention	**N/A**	**1,519**	**1,475 (HealthGOV OP report)**	**Attendance sheets**
	Strengthened Communication Planning	Number of LGUs implementing an FP/RH, MNCHN, and TB strategic communication or BCC plan	N/A	25 provinces and 1 ARMM	25 provinces and 1 ARMM (2012 HealthPRO)	Project Reports
		Number of LGUs implementing HIV/AIDS strategic communication or BCC plans	N/A	10 sentinel sites	4 sentinel sites (2012 HealthPRO)	Project Reports; reduced to 4 sites in 2010
Resource Inputs	HPC materials developed Training Modules Job Aids BCC Materials Mass Media resources	Number of prototype BCC materials developed on FP	N/A	30 materials	58 materials (2012 HealthPRO)	Project Reports and Catalog
		Number of prototype BCC materials developed on HIV/AIDS	N/A	4 materials	5 materials (2012 HealthPRO)	Project Reports and Catalogue
		Number of prototype information, education, and communication materials developed for other programs	N/A	2 SM ; 4 GP; 1 TB	8 SM materials; 12 GP materials; 2 TB materials; 11 LBK materials; 2 disaster cue cards (2012	Project Reports and Catalogue

LEVEL	RESULTS	INDICATORS[3]	BASELINE (SOURCE)	EOP TARGET	ENDLINE (SOURCE)	REMARKS
					HealthPRO)	
	HPC materials developed for FP Job Aids	Number of FP job aids produced and distributed to service providers	N/A	1 job aid	8 job aid types in non-ARMM areas; 4 job aid types in ARMM; 14,290 copies of FP job aids distributed (2012 HealthPRO)	Project Reports and Catalogue

Annex 3. Local Replicating Agencies

Name of Organization and Address	Project Site(s)	Wave	Coverage Period
Economic Development Foundation, Inc. (EDF) Unit 512, Cityland 10 Tower 1 H.V. Dela Cost St. Salcedo Village, Makati City	Cagayan Valley	2	June 16–Dec. 6, 2010
	Isabela		
	Nueva Ecija		
Educational Discipline in Culture and Area-based Development Services, Inc. (EDCADS) 177 Bougainvilla Street South Montilla Boulevard Butuan City	Agusan del Norte	2	July 1. 2010–June 30, 2011
			Sept. 20, 2011– Apr 30, 2012
Field Epidemiology Training Program Alumni Foundation, Inc. (FETPAFI) G/F Bldg. 9 Department of Health San Lazaro Compound Sta. Cruz, Manila	Bulacan	1	Oct. 20, 2009-Feb. 28, 2011
	Pangasinan	3	Apr. 1, 2011–Jan. 31, 2012
	Nueva Ecija	3	Sept. 20, 2011–Apr 4, 2012
	Tarlac		Oct. 3, 2011–Apr 2, 2012
Gerry Roxas Foundation (GRF) 11/F Aurora Tower Araneta Center, Cubao Quezon City	Capiz	1	Oct. 20, 2009–Feb. 28, 2011
			Apr. 1, 2011–Feb. 29, 2012
	Aklan	2	June 16, 2010–Apr 30, 2012
	Bukidnon		June 16, 2010–Sept 15, 2011
	Misamis Oriental		June 16, 2010–Apr 30, 2012
	Zamboanga del Norte		June 16, 2010–Apr 30, 2012
	Zamboanga Sibugay		June 16, 2010–Apr 30, 2012
Institute of Primary Health Care Davao Medical School Foundation (DMSF) Medical School Drive Bajada, Davao City	Compostela Valley	1	Oct. 20,2009–Feb. 28, 2011
			Mar. 16, 2011–Feb. 29, 2012
	Davao del Sur	1	Oct. 20,2009–Feb. 28, 2011
			Mar. 16, 2011–Feb. 29, 2012
	Bukidnon	3	Sept. 20, 2011–Apr. 30, 2012
Mahintana Foundation, Inc. (MFI) Cannery Housing, Cannery Site Polomolok, South Cotabato	Sarangani Province	1	Oct. 20, 2009–Mar. 10, 2011
			Mar. 16, 2011–Apr 30, 2012
	South Cotabato	1	Oct. 20, 2009–Mar. 10, 2011
			Mar. 16, 2011–Mar 31, 2012
Mayon Integrated Development Alternatives and Services, Inc. (MIDAS) Rm. 202 United Institute Bldg. Sagpar, Daraga, Albay	Albay	3	Sept. 2, 2011–May 15, 2012
Misamis University Community Extension Program (MUCEP) Misamis University H.T. Feliciano Street, Ozamis City	Zamboanga del Sur	1	Oct. 20, 2009–Mar. 15, 2011
			Mar 21,2011–Feb. 15, 2012
	Misamis Occidental	3	Sept. 20, 2011– Apr. 15, 2012
Negros Oriental Family Planning/ Reproductive Health Advocacy Network (NEOFPRHAN) 4/F GSO Building, Capitol Site Dumaguete City	Negros Oriental	1	Oct. 20, 2009–Feb. 28, 2011
			Apr. 1, 2011–Mar. 31, 2012
Nutrition Center of the Philippines NPC Compound, 2332 Chino Roces Ave. Ext. Western Bicutan, Taguig City	Negros Occidental	1	Oct. 20, 2009–Feb. 28, 2011
			Apr. 1, 2011–Feb. 29, 2012
	Western Samar	3	Apr. 15, 2011–June 30, 2012

	Northern Leyte		
Participatory Research, Organization of Communities and Education towards Struggle for Self-reliance (PROCESS)-Bohol Purok 5, Esabo Road, Tiptip District Tagbilaran City, 6300 Bohol	Bohol	2	July 1, 2010–Sept 15, 2011 Oct 1, 2011–May 31, 2012
Philippine Business for Social Progress (PBSP) G/F PSDC Building, Magallanes corner Real Streets Intramuros, Manila	Pangasinan	1	Oct. 20, 2009–Feb. 28, 2011
Philippine Rural Reconstruction Movement (PRRM) 56 Mother Ignacia Avenue corner Dr. Lazcano Street Barangay Paligsahan, Quezon City	Albay	1	Oct. 20, 2009–Feb. 28, 2011
Training Research Information for Development (TRIDEV) Specialists Foundation, Inc. 23 Aberdeen Street, BF Parklane, BF Homes, Paranaque City	Tarlac	2	June 16, 2010–Sept 30, 2011
Autonomous Region in Muslim Mindanao (Capacity Gbuilding for Religious Leaders)			
Al-Mujadilah Development Foundation, Inc. (AMDF) Marawi-Tokyo Women Solidarity Center Brgy. Sugod, Marawi City, Lanao del Sur	Lanao del Sur	3	Mar. 7, 2011– Mar. 6, 2012
Human Development and Empowerment Services (HDES) PNRC Compound, Pettit Barracks, Zamboanga City 7000	Basilan	3	Mar. 7, 2011–Mar. 6, 2012
Nisa Ul Haqq fi Bangsamoro, Inc. (Nisa UHFBI) 2/F Bangayan Building, General Vicente, Ivarez St. Zamboanga City 7000	Tawi-Tawi	3	Mar. 28, 2011–Mar. 27, 2012
United Youth of the Philippines-Women Inc. (UNYPHIL-Women) D/2, Candao Apartment, 1st Block, Don E. Sero St., RH-V Cotabato City 9600	Magiondanao	3	Mar 7, 2011–Mar. 6, 2012
Waqaf Foundation Rajah Baginda Hall, MSU Sulu Campus Jolo, Sulu	Sulu	3	Mar. 28, 2011–Mar. 27, 2012

ANNEX 4. COMMUNICATION MATERIALS CATALOGUE

ANNEX 5. PRIVATE SECTOR PARTNERS

PROVINCE	PRIVATE SECTOR PARTNERS
Pangasinan	Bani Business Association; Anda Klap Organization; Infanta Self-Employment Assistance – Kaunlaran Organization; Rotary Club, Burgos Jolly Ladies
Cagayan	Salwad Cultural Society, Spouses Unite for Nutrition (SUN) Club, Multi-Purpose Employee's Association
Isabela	Green Lady Association, San Manuel Multi-Purpose Cooperative
Bulacan	Soroptomist International, Rotary Club
Tarlac	Program Margarita, Prelli Foundation, Delta Communication, Aboitiz-Pilmico, KALIPI, DKT
Albay	Intervida Philippines, Rogemsan Co., Inc., Children International –Child Sponsorship for Community Devt., Mayon Integrated Development Alternatives of Services, Bicol Initiatives for Community Health Development, Children International, Bicol Center for Community Development, LCC Department Store, STI College, Jolibee Corp, Rotary Club, Lucky Educational Supply, Avon, Goodfound Cement Corp
Capiz	Globe Telecom, Smart Communications, Sun Cellular, Digitel, and Mobile Phil
Bohol	IMAP (Integrated Midwives Association of the Philippines)
Compostela Valley	Sumitomo Fruits (SUMIFRU), Maragusan Growers (MAGROW), Kasilak Foundation, Nabunturan Tricycle Operators & Drivers Association, Council of Women, Mampising Coop Beneficiaries Multi-Purpose Coop (MCB-MPC), Grow Lambo Multi-Purpose Coop, Compostela Tourists Tricycab Operators Union & Reserve Services
Davao del Sur	Magsaysay Motor Operators Association, Katipunan ng Mga Liping Pilipina (KALIPI)
South Cotabato	St. Alexius College, Dole Philippines, Gentud Foundation and the Driver Advocates for Health (DAH)
Sarangani	International Care Ministry (ICM) and Kasilak Foundation
Zamboanga del Sur	Misamis University
Zamboanga Sibugay	Zuellig Family Foundation
Zamboanga del Norte	Federation of Women's Association
Bukidnon	Pilipinas Shell Foundation, DKT, Women's Association/Federation
Misamis Oriental	Federation of Women's Association
Misamis Occidental	Federation of Women's Association
Agusan del Norte	DKT Philippines

ANNEX 6. SUCCESS STORIES

SNAPSHOT: A HEALTHIER RIDE WITH TRICYCLE DRIVERS

Tricycle, a motorcycle with a sidecar (passenger-cabin), is a popular and inexpensive form of public transportation in the Philippines, mostly plying short distances on smaller roads. Increasingly popular in South Cotabato Province in Southern Philippines are the tricycle drivers who have embarked on a new journey — the route to better health. These drivers are making a difference in their communities by contributing to a healthier, better educated population. The initiative began in March 2009 when USAID supported South Cotabato's Provincial Health Office in conducting a behavior change communication planning exercise. The Provincial Health Office saw the need to address myths and misconceptions on maternal and child health, family planning, HIV/AIDS and tuberculosis. USAID's Health Promotion and Communication Project (HealthPRO) assisted the local government in crafting a program for the Drivers for Health to deliver basic health messages to community members. Thirty members of a tricycle drivers' association in Koronadal City joined the pioneering efforts.

> *"For the first time in 20 years a new role for us as health advocates was recognized."* — Hipulito Peligro, member-driver

The drivers received training from USAID and the Provincial Health Office on basic health message dissemination and were provided with health promotion materials. Inspired and empowered, the drivers, who were busy earning a living during the day, completed the series of evening classes spread out over a period of two months. The drivers transformed their privately owned tricycles into "mini IEC (information, education and communication) mobiles," placing stickers with health messages on them. Initially, the drivers were disseminating basic health information and referring their passengers to the health clinics for family planning and other services as needed. Later on, they also became free "transporters" of patients – often pregnant and postpartum women – referred by local health officials to the provincial hospital in emergency situations. Now, the Drivers for Health have nearly doubled membership and are part of the provincial health referral system. In 2010 alone, they were able to disseminate health information on family planning and maternal and child health to more than 100,000 passengers, referred more than 1,000 women to health facilities, and brought hundreds of patients to the provincial hospital. Supported and recognized by the local government, the Drivers for Health are carrying out their duties as advocates for health, encouraging and providing inspiration to other drivers, and building trust and recognition in communities.

SNAPSHOT: THE LONGEST JOURNEY STARTS WITH A SINGLE STEP

For some politicians, being a mayor is just another job; others take it personally, like Mayor Valente Yap of Bindoy, Negros Oriental. Bindoy is a poor municipality of over 38,000 people – mostly farmers and fishermen. Under the leadership of Mayor Yap, Bindoy has chosen the path of investing in health and offering its citizens an opportunity to live a healthier and happier life. Bindoy's involvement in health programs began in 2008 when the local government unit implemented a reproductive health

and family planning project. Mayor Yap saw an opportunity to expand and enhance this program by collaborating with USAID's Health Promotion and Communication project in 2009. Under the partnership, all of Bindoy's health service providers and 50 percent of the community health volunteers were trained in interpersonal communication skills to conduct counseling, health education classes and health events in voluntary family planning, maternal and child health, and tuberculosis.

> *"Opening people's mind is what's best to introduce family planning."* — Mayor Valente Yap

The training served as a springboard for action. Mayor Yap decided to allocate municipal funds for health education and promotion. From 2009 to early 2011, over 100 couples' classes and 11 health events on family planning and maternal health were held reaching thousands of women and men, including those in far-flung barangays. To institutionalize and sustain his efforts, Mayor Yap built the Center for Transformation, a special venue for health education and promotion activities. In addition, Mayor Yap allocated funds to purchase contraceptive pills and injectables for those who cannot afford them. Today, the municipality of Bindoy sees positive results. More women are relying on family planning in 2010 (42 percent) as compared with 2007 (37 percent) and these numbers continue to grow. With the sustained diligence of Mayor Yap and support of the community, Bindoy will be a municipality of healthy, well-cared for citizens because the longest journey starts with a single step.

SNAPSHOT: GOOD MEN ARE NOT HARD TO FIND

Every year almost 20 women die due to complications related to pregnancy and childbirth in the Province of Albay, where 1.2 million Filipinos reside. While traditionally pregnancy and childbirth are the domain of women, decisions surrounding these issues are often strongly influenced by their male partners. Recognizing the role of men in household decision-making, USAID's Health Promotion and Communication Project spearheaded Albay Men's Congresses on family health to encourage and reinforce male involvement in family planning, maternal and child health. The Congress, "Macho Talk: Responsible Father, Caring Husband," took place in Tabaco City in 2010 with 110 male participants—local officials, teachers, farmers, fishermen, vendors, and more. Responsible parenthood along with myths and misconceptions surrounding modern contraceptives were addressed. The participants came up with individual plans to strengthen their role in improving maternal and child health, and better manage their family. Some of the participants have opted for no-scalpel vasectomy while others preferred condoms and other methods. Good news travels fast: the success of the Congress prompted Albay's local government and private entities to replicate and support this male involvement initiative. In 2011, in Camalig municipality, 25 male cement factory workers participated in the "Macho Talks at Work," where they received information on birth spacing, responsible parenthood, maternal and child health. A coconut plantation and an abaca cordage exporting company reached out to 200 fathers with its own "Macho Talk."

Another Congress, "Macho Talks: Pedal Tricycle Drivers are Responsible Fathers," was organized for 67 couples to introduce Department of Health's 3-5 years birth spacing campaign and provide information on various methods of family planning in Tabaco City in 2011. Informed and empowered,

"Macho Talk" participants support their partners and peers in the use of family planning methods, and timely maternal and child health care services. Acting upon their commitment to support their families at "Macho Talk", over 400 condoms were distributed, and 25 out of 67 male participants signed up and later underwent no-scalpel vasectomy after attending a health talk and receiving comprehensive counseling. Committed to further promote male involvement, the Tabaco City budget now includes funds for annual "Macho Talks" congresses. These are aimed at reaching more fathers with key health messages, stimulating shared parenting responsibilities and communication within families that will ultimately improve the overall health status of local citizens. Others are already following in their footsteps… Good men are not hard to find in the Philippines!

> *"I am thankful for Macho Talks. I learned that there are many choices for family planning."* — Hobert Loyola, husband

FIRST PERSON'S ACCOUNT: FROM PERSONAL GAIN TO ADVOCATE

Many young couples in Maragusan, a municipality in the province of Compostela Valley in the Philippines had limited opportunities to learn about different family planning options available to them. As a response, USAID, through its Health Promotion and Communication project, provided technical assistance to the Compostela Valley local government by training health service providers and volunteers how to communicate and counsel couples effectively in voluntary family planning and to conduct health classes. One of the young couples benefiting from this training was Dan and Analy Casie. The Casie family took advantage of the new family health services offered by the municipality. Supported by her husband, Analy completed all the required antenatal check-ups, gave birth in a health center to a healthy daughter, and practiced exclusive breastfeeding. The Casie family decided to wait a few more years before their next child. They met with the local midwife and together made the decision to have Analy use injectables – an effective temporary family planning method – to space their next child.

Experiencing firsthand the advantages of caring for the health of his family and spacing their children, Dan has become an advocate and spokesperson of male involvement in family health in his community. He now works closely with the Municipal Health Office to reach more families with family planning and safe motherhood messages. In recognition of his endeavors to share the responsibility of ensuring his wife's safer pregnancy and planning their family, Dan was awarded Most Responsible Father during a municipal-level Safe Motherhood health event. As Dan and Analy ensure that their daughter gets the care and love she needs, they have become enthusiastic family health advocates, encouraging other couples in their community to prepare a birth plan, complete prenatal and postnatal care, bring their children to the health center for timely immunizations, and use family planning to space births.

> *"...Because of our decision to space births, we can make ends meet even with the meager resources that we have."* — Dan and Analy Casie, Compostela Valley

ANNEX 7. TECHNICAL NOTES

TECHNICAL NOTES NO.1: FAMILY PLANNING CLIENT INTERVIEWS SHOW EFFECTIVENESS OF INTERPERSONAL COMMUNICATION AND COUNSELING TRAINING

SITUATION

In the Philippines, 11 women die every day from pregnancy-related complications. (UNICEF, 2008). In many cases, these deaths could be prevented through improved maternal health information and services, including proper planning and spacing of pregnancies.

The Philippine Government has placed maternal and child health high on its agenda. In 2008, to accelerate progress towards Millennium Development Goals 4 and 5, the Department of Health (DOH) designed a maternal, newborn, child health, and nutrition strategy and package of services. Family planning (FP) is an essential, integrated component of the strategy (DOH, 2011, p. 3).

Research among both married and unmarried sexually active women in the Philippines shows that knowledge about FP methods is widespread (NSO, 2009, p. 51). However, high awareness does not necessarily translate into FP utilization. Based on the 2011 Family Health Survey, only one in two women (49%) uses any FP method, and one in three (37%) uses a modern one. On the other hand, one in five (19.3%) married women still have an unmet need for family planning: 10.5 percent for birth spacing and 8.8 percent for limiting births. The unmet need is greatest among rural and less-educated women from poor households who have limited access to health services and FP information (NSO, 2011).

A rural midwife in Mindanao who was trained in interpersonal communication and counseling counsels a client on family planning.

The gap between FP awareness and practice can be explained in part by misinformation and missed opportunities to correct it. Health concerns and a fear of side effects are cited by more than one in five (22%) of the non-users as reasons for not using FP, indicating many misperceptions about contraceptive use and inadequate FP counseling practices (NSO, 2011).

In the Philippines, health service providers (HSPs)—nurses and midwives at the frontline of service delivery—are vital sources of FP information. Their knowledge, attitudes, and skills determine the impact of FP counseling on the successful initiation and effective use of FP methods. December 2011 household survey in six Philippine provinces demonstrates the impact that effective FP counseling can have on FP use: among men and women (n=273) who received such counseling or attended a health class within past 12 months, almost one in five (18%) had initiated a modern FP method (HealthPRO, TNS, 2012).

CHALLENGES

Interpersonal communication and counseling (IPC/C) between health workers and clients are one of the most important ways to improve client satisfaction, compliance with treatments, and health outcomes (Kim et al., 2000, p. 1). In the Philippines, however, many HSPs' communication about FP is not as effective as it could be.

According to the 2008 National Demographic Health Survey, more than 30 percent of married women are not informed of possible side effects or problems associated with their FP method and what to do if they experience these side effects (NSO, 2009, p. 63), potentially contributing to contraceptive failure and discontinuation.

Other studies show that FP providers often fail to discuss why a client might choose a particular method or check to see if a client understood the relevant information (Murphy, 2002). Misconceptions on the various FP methods are also common among HSPs, misconceptions that HSPs, in turn, communicate to clients (Lantican, Gamaro, and Festin, 2006). Some providers rarely initiate discussions about issues pertaining to sexuality because they either lack the skills to do so or are uncomfortable discussing such concerns (Felix, 2004). Others may be particularly reluctant to educate adolescents on preventive measures, thinking it would encourage promiscuity and unacceptable sexual behavior (Osteria et al., 2004). Certain provider behaviors may also deter client use of FP, including speaking in a raised voice, laughing at the client, not granting the client an opportunity to talk, avoiding answering the client's questions, and providing vague answers (Chiong-Javier, 2004, p 12).

Thus, there is a need to develop/improve HSPs' interpersonal communication skills to better communicate with clients. Effective counseling and interpersonal contact can spell the difference between method adoption, return/follow-up, behavior change, or discontinuation and contraceptive failure (RamaRao et al., 2003).

Providers also need constant technical guidance, feedback, and support from managers, supervisors, other providers, and clients (Creel, Sass and Yinger, 2002a, p. 3). Feedback on the providers' counseling skills, particularly from clients, is important to help HSPs continuously improve on their IPC/C skills and consequently meet clients' needs.

INITIATIVES

Enhancing the IPC/C Skills of Public Rural Health Workers

As part of multidimensional efforts to nurture the demand for and contribute to the increased use of modern FP methods, the U.S. Agency for International Development's (USAID's) Health Promotion and Communication Project (HealthPRO) provided continuous technical assistance to DOH national and local counterparts in 2007–2012 to enhance and sustain IPC/C skills among public, rural, frontline HSPs.

In 2010, together with the DOH National Center for Health Promotion (NCHP), HealthPRO developed and introduced an IPC/C training curriculum (Box 1) that incorporates a variety of structured learning exercises and adult learning principles.

Box 1: Interpersonal Communication and Counseling Training Curriculum (2010)

Module 1: Content Introduction

Module 2: IPC/C as an Essential Skill in Service Delivery

Module 3: Applied IPC/C in Family Planning and Maternal, Newborn, Child Health and Nutrition

Module 4: Supportive Supervision

Module 5: Key Health Messages

Module 6: Technical Brief

Although the focus of the training is to build communication skills, technical updates were integrated into the curriculum to ensure that health workers relay state-of-the-art, evidence-based messages to clients. While the curriculum includes considerable discussion about family planning, the IPC/C skills and messages apply across other health themes such as maternal, newborn, and child health and nutrition (MNCHN) and TB.

To foster local expertise and ownership, which are essential features for sustainable solutions, HealthPRO and local NGOs (known as *Local Replicating Agencies*) conducted a series of five-day IPC/C trainings of trainers (TOTs) for key health program coordinators and health staff in 25 project-supported provinces. The TOT participants were primarily DOH regional and provincial representatives managing FP and maternal and child health programs. To scale up the training, 211 local IPC/C master trainers, in turn, carried out IPC/C training courses to HSPs and barangay[4] health workers (BHWs) in the project's priority municipalities. In addition, the project developed a condensed, one-day IPC/C training course for HSPs and BHWs, focusing solely on counseling and communication skills.

From October 2010 to March 2012, HealthPRO trained 4,229 HSPs and 27,565 BHWs. As a result, over 914,534 clients (165,000 men and 749,534 women) received FP counseling, and 844,742 men and women attended health classes.

Supportive Supervision for IPC/C

Research shows that providers need reinforcement and continuous support after training to apply and consolidate their newly acquired skills as part of their daily work (Best, 1998; Kols and Sherman, 1998).

[4] A barangay is a small administrative division, a village, district, or ward.

As part of IPC/C capacity building for HSPs, HealthPRO developed and introduced the *Supportive Supervision IPC/C Guide,* which city and municipal health officers, nurse-supervisors, and newly trained health workers can use to ensure the institutionalization of and continuous improvements in IPC/C at health care facilities. The guide highlights the importance of supportive supervision and presents steps on how to conduct supervision through observation of counseling sessions, role plays, self-assessment using an IPC/C checklist (See Attachment A), and client feedback using client exit interviews (CEIs) (See Attachment B).

From October 2010 to March 2012, 461 nurse-supervisors (56 men and 405 women) received hands-on orientation on supportive supervision approaches and tools, contributing to the institutionalization of improved counseling services.

Box 2. Methodology

- One-page structured client exit interview (CEI) form was developed in English and reviewed by local experts.
- CEI was translated into Tagalog, Cebuano, and Illongo, and pretested among clients and HSPs.
- Interviews took place in 18 provinces in Luzon, Visayas and Mindanao.
- Interviews were conducted by HSPs and community health volunteers.
- 239 FP clients were interviewed.
    - 162 had been counseled by IPCC-trained HSPs;
    - 77 had been counseled by untrained HSPs.
- Data from interviews were entered into Excel and converted into SPPS.
- Simple cross tabulation and Chi square test of aggregated data were performed to compare counseling skills of trained and untrained providers.
- The odds ratio data analysis was done at 95% confidence interval.

Client Exit Interviews

Health clients provide a valuable perspective on the quality of services they receive and how to improve service quality (Kols and Sherman, 1998). From July to December 2011, HealthPRO conducted 239 structured interviews in rural health units and barangay health stations with clients who had received FP counseling in 18 HealthPRO-supported provinces[5]: 162 had been counseled by IPCC-trained providers and 77 by untrained HSPs. The interview questionnaire was shared with the MNCHN Technical Working Group; translated into Tagalog, Cebuano, and Ilongo; and pre-tested with providers and clients. Interviewers were health service providers, such as midwives, nurses, and community health workers, but not the same person who had provided the counseling. Prior to each interview, the participant provided informed consent (See Box 2 for overall methodology used).

The questionnaire had 19 "Yes" or "No" questions on core tasks that HSPs should do to achieve quality FP counseling sessions with clients. These tasks are related to the IPC/C skills imparted during the trainings: establishing rapport; assessing (asking questions, active listening, clarifying); providing information and options; encouraging feasible action; and summarizing. A single open-ended

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[5] Isabela, Cagayan, Tarlac, Pangasinan, Aklan, Capiz, Bohol, Western Samar, Bukidnon, Compostela Valley, Davao Del Sur, Misamis Occidental, Misamis Oriental, Sarangani, South Cotabato, Zamboanga Del Norte, Zamboanga Del Sur, and Zamboanga Sibugay.

question asked how to further improve FP services. The interviews required less than 10 minutes each to foster the idea that health workers view client feedback as an integral part of their effort to improve their IPC/C skills while not overburdening the clients and interviewers.

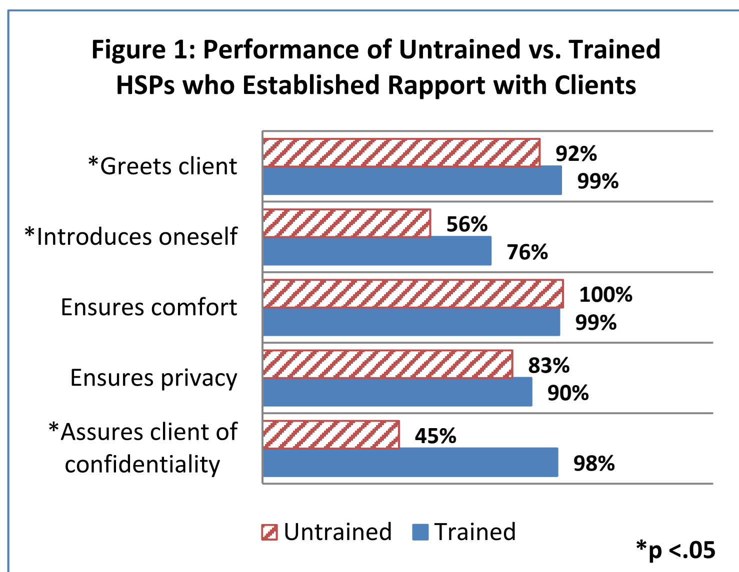
As part of its supportive supervision training, HealthPRO asked the interviewers to submit the completed questionnaires to the nurse-supervisor who then summarized and analyzed the results and presented them during the regular IPC/C supervisory session with midwives. Feedback from the CEIs is used to discuss how IPC/C can be improved.

RESULTS

To determine whether the IPC/C trainings had an impact on the quality of counseling and overall communication skills interactions, HealthPRO compared the results of CEIs with clients counseled by trained and untrained providers.

Establishing Rapport with FP Clients

FP clients counseled by trained HSPs reported greater rapport than those counseled by untrained HSPs (Figure 1). A significantly greater percentage of trained HSPs compared to those who were not trained greeted clients politely (99% and 92%, respectively) and introduced themselves before the start of a counseling session (76% and 56%, respectively). The establishment of good rapport at the start of a session is instrumental as it builds trust and sets the stage for clients to become more open with providers. Capitalizing on the good rapport established with the client, the counselor assists the client to select an FP method that fits the client's needs and is the most suitable in terms of method compliance.



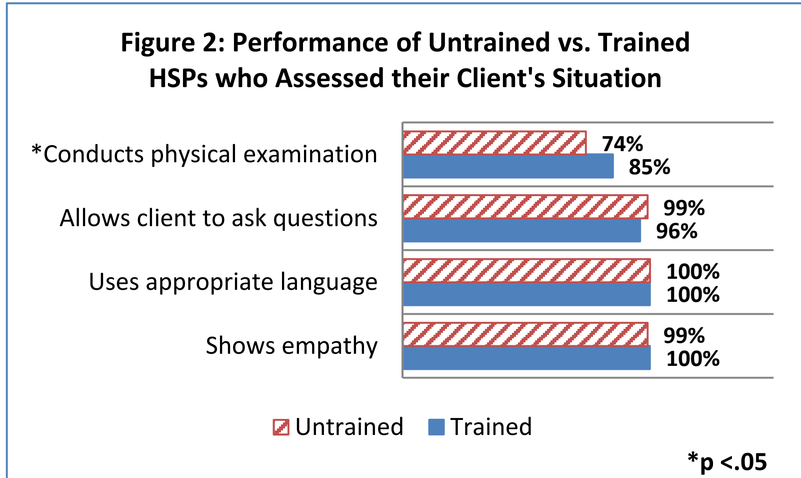
In addition, significantly more (98%) of the clients who saw a trained HSP were assured of confidentiality during counseling, compared to only 45 percent of those seen by an untrained HSP. Confidentiality is premium during FP counseling sessions: clients report higher satisfaction with providers who keep their needs and personal information confidential (Creel, Sass, and Yinger, 2002a, p.6). A client who feels secure about confidentiality is more likely to disclose information that the provider needs to know in order to better guide the client in making FP-related decisions.

Questions on whether HSPs ensured the comfort and privacy of clients during the counseling session revealed no marked differences. Clients reported that both untrained and trained HSPs demonstrated these IPC/C skills at high levels.

Assessing Family Planning Clients

Interviews with FP clients demonstrated that both untrained and trained HSPs offered clients opportunities to ask questions; used appropriate, easy-to-understand language; and showed empathy and compassion during counseling (Figure 2). Generally, all HSPs performed these tasks.

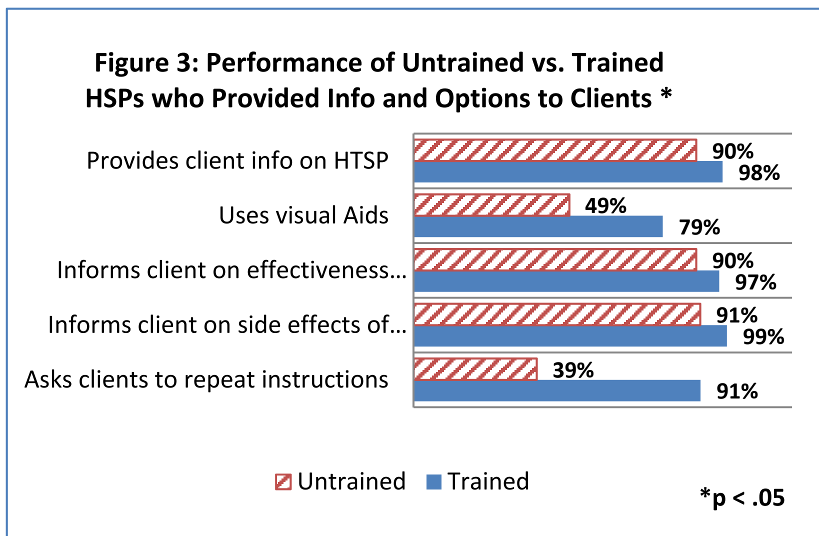
However, cumulative CEI findings show significant differences between trained and untrained providers in compliance with FP service delivery standards: 85 percent of clients who were counseled by a trained provider received a physical exam before being provided with a FP method, compared to only 74 percent counseled by untrained providers.



Providing Information and Options to Family Planning Clients

Significantly more clients counseled by trained providers received information on the healthy timing and spacing of pregnancy (HTSP) (98%) than those counseled by untrained providers (90%) (Figure 3). In addition, significantly more trained HSPs (79%) than untrained HSPs (49%) were observed by clients to use visual aids in the provision of information about methods during the counseling session. FP visual aids help both clients and providers to remember important key FP messages. Almost all clients counseled by trained providers received information on FP methods' effectiveness (97%) and their chosen method's side effects (99%), which were, respectively, 7 and 8 percent higher than those counseled by untrained HSPs.

Providing information on the potential side effects of a chosen method is particularly important, as studies show that women who received adequate counseling on side effects were better prepared and more likely to continue using contraceptives (Murphy, 2002). Moreover, reassurance and giving information on how to manage side effects of a chosen FP method and its effectiveness, advantages, and disadvantages also helps correct a client's existing beliefs and misconceptions about the safety



of contraceptives (Creel, Sass, and Yinger, 2002b, p. 2).

More than twice as many clients counseled by trained HSPs (91%) were asked to repeat instructions about the FP method they had chosen, compared to only 39 percent of those counseled by untrained providers. Asking clients to repeat instructions is one of the most important steps in the counseling process; it not only ensures correct understanding, but is associated with positive outcomes (Murphy, 2002).

Adhering to all essential counseling tasks will establish more productive relationships between providers and their clients. It will generate more trust toward individual providers and the health care system. High-quality FP counseling institutionalized at the service delivery level is a low-cost intervention that contributes to the number of new family planning adopters, increases overall client satisfaction, reduces method discontinuation, and turns FP clients into more effective users less prone to contraceptive failure and unwanted pregnancies.

Summarizing the Session for Clients

Maintaining rapport until the end of the client-provider interaction during counseling is just as important as establishing it at the start. As observed by the clients counseled, all the providers trained in IPC/C better maintained good rapport by thanking the clients, saying goodbye properly, and encouraging a return to the facility at any time as compared to untrained HSPs.

RECOMMENDATIONS

A short Interpersonal Communication and Counseling training curriculum developed by USAID/ HealthPRO in collaboration with the DOH NCHP has demonstrated improved counseling and communication skills among trained frontline HSPs. The training course is recommended for all HSPs across the Philippines as part of the Philippine Government's efforts to establish the culture of quality health care.

As the CEIs results show, training HSPs in IPC/C improves FP counseling and services. Rolling out such training to all HSPs in the Philippines and ensuring that benefits from trainings are sustained and enhanced when health workers return to work are strongly recommended. This can be done through supportive supervision approaches and activities that include feedback from clients. Nurse-supervisors should be encouraged to regularly use client feedback to improve health workers' IPC/C skills. Integrating CEIs into routine health worker supervision would ensure the provision of resources to reproduce the questionnaire. To this end, local government support should be secured.

Encouraged by the initial reports on the success of IPC/C trainings, many local counterparts have begun to scale up IPC/C training efforts. In 2011, HealthPRO, in partnership with the Commission on Population (POPCOM), conducted a series of IPC/C TOTs for 85 regional, provincial, and city population workers responsible for conducting Responsible Parenthood Movement (RPM) classes. These newly trained master trainers conducted eight additional TOTs and 25 roll-out training courses in partnership with LGUs, resulting in 1107 population officers and workers trained in IPC/C skills. Moreover, the NCHP has produced 1500 copies of the IPC/C manual that HealthPRO helped develop and allocated over 3 million pesos in 2012 to support IPC/C roll-out in sites not covered by the U.S.

Government assistance. In 2012, NCHP plans to conduct four IPC/C TOTs with regional Centers for Health Development and roll-out trainings using the IPC/C manual. Aside from the POPCOM officers and workers and HSPs, expanding IPC/C trainings to all members of Community Health Teams (CHTs)—a hallmark of Philippine Government efforts to provide health care access to all—is highly recommended. With strong financial commitment to provide universal health care through *Kalusugang Pangkalahatan*, CHTs will be better equipped to lead efforts to bring health information and services to the communities.

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ATTACHMENT A: IPC/C Checklist for HSPs

Health Worker: ______________________________

Evaluator: ______________________________ **Date:** ____________

BEHAVIORS	YES	N.I.[6]	NO	If N.I. or NO, explain
ESTABLISHING RAPPORT				
1. Greets client and introduces herself/himself				
2. Makes the client and companion feel welcome and comfortable				
3. Assures confidentiality/privacy				
4. Uses appropriate form to ask and record relevant information				
ASSESSING				
1. Assesses client's situation.				
a. Her/His needs				
b. Her/His motivations for performing health behaviors				
c. Barriers to performing health behaviors				
▪ ASKING QUESTIONS				
1. Asks open-ended, closed-ended, and clarifying questions effectively				
a. Good, appropriate, open- and closed-ended questions				
b. Appropriate and thorough clarification of client's answers				
c. No leading questions				
2. Asks only one question at a time and waits for an answer				
3. Uses simple language and asks appropriate questions				
4. Uses an appropriate tone of voice (shows interest, is non-threatening, and friendly)				
5. Maintains eye contact with the client				
▪ ACTIVE LISTENING				
1. Allows client to talk and ask questions				

[6] N.I. = Needs Improvement

BEHAVIORS	YES	N.I.[6]	NO	If N.I. or NO, explain
2. Listens attentively to client's responses and concerns				
3. Does not interrupt client				
4. Does not argue with the client				
5. Listens with empathy and does not make judgmental comments				
6. Shows full and undivided interest				
7. Client talks more than health worker				
▪ CLARIFYING				
1. Presents her/his understanding of client's situation				
2. Validates with client if assessment was accurate				
3. Provides appropriate support or information on the client's choice/s				
PROVIDING INFORMATION & OPTIONS				
1. Explains prescribed intervention (if applicable)				
2. Supports client in understanding her/his options and making decisions				
3. Uses referral slip, if applicable				
4. Checks for understanding by asking client to explain or demonstrate procedure, treatment, or health action				
5. Provides information on where to get services or commodity, if not available at the facility				
ENCOURAGING FEASIBLE ACTION				
1. Asks if client can perform action				
2. Proposes behaviors/ modification in behavior to ensure feasibility				
3. Encourages client to try behavior				
4. Gets behavioral commitment				
SUMMARIZING				
1. Summarizes main points of the interaction, particularly decisions made				
2. Tells the client when to return for follow-up (gives exact date of appointment)				
3. Poses a call to action for the client				
4. Provides take-home educational print material				

ATTACHMENT B. Family Planning Client Exit Interview Questionnaire for IPC/C*

PURPOSE: This client exit interview questionnaire is used to gather information on clients' views and understanding of messages they received from Family Planning (FP) counseling. Information is gathered through an interview after the counseling session. Interviewers who use this questionnaire can be the Nurse Supervisor or her/his designated staff within the health facility. A maximum of four (4) client interviews can be recorded in one questionnaire.
INSTRUCTIONS:

***For the Interviewer*.** Find a space that offers some privacy. Clients may be unwilling to talk with you if their health care provider or other clients are near. On the space provided, write the location (province and municipality) of the health facility where the FP counseling took place. Inside the table, write the date of the interview for each client and the barangay where the client lives. Check (✓) the appropriate box if the health worker that provided counseling was trained or not trained by HealthPRO through its IPC/C courses. Write your name in the last column. After the interview, allow the client to see that you carefully conceal and set aside the completed questionnaire. Submit this to the Nurse Supervisor of the health facility as soon as you finish the interview.
***For the Nurse Supervisor*.** Discuss the results of the client exit interviews during the regular meetings with the midwives of the health facility. Keep the completed interview questionnaire in a private and safe place and bring a copy to the HEPO Quarterly Meeting.

Province: ____________________ Municipality:______________________

Date of Interviews	Client	Barangay	Provider's IPC/C Training	Name of Interviewers
	1		___Trained ___Not trained	
	2		___Trained ___Not trained	
	3		___Trained ___Not trained	
	4		___Trained ___Not trained	

Interviewer: *Hello. My name is __________. I would like to ask you a few questions about the services that you received at this health facility. Your participation is very important and it will help us to improve health providers' skills in communication and counseling on family planning. This interview is confidential and anonymous. Please feel free to skip any question you feel uncomfortable with or don't want to answer. You may refuse to participate in the interview or any part of it. The interview will take about 10 minutes. Would you like to participate in the interview?* ___ Yes ___ No

INSTRUCTION: Check (✓) the box if the client's answer is "Yes" and put an X mark if "No". For questions with an asterisk (*), make sure that all tasks mentioned were fulfilled before checking the box.

TASKS	Client 1	Client 2	Client 3	Client 4
1. Did the midwife/nurse greet you politely at the start of the counseling session?				
2. Did the midwife/nurse introduce her/himself?				
3. Did the midwife/nurse make you feel welcome and ensure that you were seated and comfortable? *				
4. Did you have enough privacy?				
5. Did the midwife/nurse assure you that whatever information you gave would remain confidential?				
6. Did the midwife/nurse demonstrate empathy and concern?				
7. Did the midwife/nurse discuss with you the benefits of healthy timing and spacing of pregnancies? *				
8. Did the midwife/nurse explain to you clearly the different options you have to address your family planning concern?				
9. Did the midwife/nurse offer you comprehensive information about different methods of family planning, including…?				

TASKS	Client 1	Client 2	Client 3	Client 4
A. How it prevents pregnancy				
B. How to use it				
C. How effective it is				
D. Advantages and disadvantages *				
E. Side effects				
10. Did the midwife/nurse assist you in choosing a method?				
11. Did the midwife/nurse give you comprehensive information about the **method of your choice**, such as…				
A. How to use the family planning method you chose? (For example, when to take the pills, what to do if you missed pills, how to check for IUD strings, how to use a condom, etc.)				
B. Common side effects and what to do about them? *				
C. When to return for a follow-up appointment?				
12. Did the midwife/nurse use any visual aids? (For example, brochure, poster, placemat, wall chart, or desk flipchart)?				
13. Did the midwife/nurse clarify any information that you already know on the method of your choice?				
14. Did the midwife/nurse give you the family planning method you wanted, if available, or refer you to a different facility (hospital, rural health unit, or pharmacy) where it is available? (**Note**: Make sure the midwife/nurse did one of both—provision of FP method or referral—before checking no. 14.)				
15. Did the midwife/nurse do a physical exam for the method chosen by you (if any)?				
16. Did the midwife/nurse ask you to repeat the instructions about the FP method you chose?				
17. Did the midwife/nurse use language that was easy for you to understand?				
18. Did the midwife/nurse offer you an opportunity to ask questions?				
19. Did the midwife/nurse thank you politely, say goodbye, and encourage you to return to a health facility for any reason? *				

20. Do you have any other suggestions to help improve the services of the health facility?

Client 1: ____

Client 2: ____

Client 3: ____

Client 4: ____

Thank you for your time. Please be assured that this interview remains confidential.

* Questionnaire was adapted from "Transition" Family Planning Counseling Checklist, ACCESS-FP, 2009.

TECHNICAL NOTES NO.2: COMMUNITY THEATER REACHES THOUSANDS WITH FAMILY PLANNING INFORMATION IN THE PHILIPPINES

BACKGROUND

In the Philippines, one woman in five (19%) has an unmet need for family planning (FP) for spacing or limiting births. This need is higher among younger (37%), poorer (26%), and less-educated (29%) women. Unmet need for family planning is defined as the percentage of married women who either want to stop having children or want to wait for their next birth but are not using any method of family planning.[iii] Unfortunately, many women, men, and couples are unable to get the comprehensive information and FP services they need to make informed choices.

Introducting family health behaviors during community theater in Tarlac.

In 2010, supported by USAID's Health Promotion and Communication Project (HealthPRO), the Department of Health (DOH) designed a comprehensive communication strategy and launched a multi-pronged communication campaign on family planning. Called "May Plano Ako" (I Have a Plan), this campaign (also known at DOH as Wave 1 Family Planning Communication Campaign) presented the benefits of planning the family to mothers, fathers, and their children and displayed family planning as a means of achieving a better quality of life. A second wave of the campaign was carried out in USAID-supported areas during August – December 2011. It was tailored to provide behavior change messages for spacing births with the help of FP through a variety of channels, from interpersonal communication to outdoor media. The Wave 1 and 2 campaigns stimulated an enabling environment, created more positive norms for FP and improved FP services through training of health service providers and volunteers in interpersonal communication and counseling skills in the USAID-supported areas.

In its family planning communication strategy, the DOH identified a third FP campaign wave targeting couples with two or more children who have already achieved their desired family size with specific family planning messages focusing on long-acting and permanent methods (LAPM). The DOH refers to this segment as "limiters" – a group where over 60% desire to limit childbearing but only 33-43% use a modern form of contraceptive.[iv] DOH decided to limit Wave 3 communication interventions to

community outreach and referrals in select geographic areas. In addition to supporting the training of Community Health Teams (CHTs) as information and demand-generation agents for FP and assisting Local Government Units and Centers for Health Development to prepare and roll out their local plans to reach the poor with family planning information and services, DOH and HealthPRO decided that community theater was an optimal method for implementing its Wave 3 FP campaign.

INITIATIVE

HealthPRO began the Wave 3 community intervention by gathering data on available FP services, capacities of health service providers to provide these services and perceived acceptability of local chief executives to FP programs. The findings were then matched with demographic and health indicators, creating a composite index or a feasibility factor. The index informed HealthPRO and DOH about the areas where a Wave 3 community intervention can be implemented. The seven provinces are listed in Table 1.

Table 1: Provinces for Wave 3 FP Community Intervention

Luzon	Visayas	Mindanao
Albay	Western Samar	Davao del Sur
	Leyte	Zamboanga del Norte
	Negros Occidental	Zamboanga del Sur

Subsequently, in October 2011, HealthPRO conducted formative research, interviewing 71 women and 78 men in selected barangays in the provinces of Albay, Negros Occidental and Zamboanga del Sur to shape the messages and approaches for its community intervention. The respondents included users and non-users of modern FP methods, including long-acting and permanent methods (LAPM). Among the major findings were:

- Misconceptions on the effect of LAPM on health, sexual activity and physical strength;
- The decision to use LAPM depends on family size, health of the woman and the capacity of the family to provide for the basic needs of the children;
- Interpersonal communication and community-based interventions are the favored channels to communicate about LAPM.

Based on the results of the formative research, the DOH National Center for Health Promotion, together with USAID's HealthPRO, developed a script for a community theater play titled *Ikaw at Ako ay Tayo* (You and I Make Us) as a means to reach communities with FP and family health messages. To reinforce the messages learned during the play, health classes were built into each performance. An interactive comics was developed as a take-home material with the same title featuring the same main characters. Separately, in close collaboration with LGUs and other USAID-funded projects, HealthPRO created and disseminated maps with available family planning services in the seven provinces to offer referral for FP counseling and specific services, if requested by community play attendees. In addition, to reduce contraceptive failure and discontinuation, HealthPRO developed and disseminated across health care facilities in the same provinces method-specific reminders for those clients who received comprehensive family planning counseling and identified a method of their choice.

The play used participatory techniques – that have proven to be effective in reaching communities in a more interactive fashion throughout the world – to engage local communities in a livelier discussion of family planning and family health, and serve as a catalyst for behavior change or adoption. During the play, members of the audience were requested to provide details or directions to each scene being presented or were asked to choose options for the characters. Some were also requested to act as part of the ensemble. For example: The play introduced a couple starting to build a family. The audience needed to determine how many children the family should have and help the couple make decisions. A narrator took the role of a facilitator to ensure that the play moves from one scene to the next. Members of the audience were asked to take part as "spec-actors" to help the couple learn the difference between having a small or a big family.

Following the development of the play script HealthPRO contracted a theater performing company *Guro sa Sining (GUSI) ng Bayan, Inc.* through a competitive bidding process. In March 2012, HealthPRO pre-tested the script among an audience of 200 men and women in the province of Tarlac. The play contained numerous messages on family health, including but not limited to antenatal care, facility-based delivery, breastfeeding, immunization and other gateway child behaviors, birth spacing, and family planning; and portrayed the image of a knowledgeable, and trustful midwife "Ma'am Melba" always eager to provide support and answers to the family. Other materials included in the package (comics, method-specific reminders) were also pretested.

HealthPRO identified and trained one local theater group in each of the seven provinces (see Table 2). In April 2012, almost 40 actors from the local theater groups were trained on the mechanics of participatory theater and given a production budget to stage at most 20 shows in each area. Each performance was budgeted at only PhP 20,000 (US$ 480) to include honoraria, meals and transportation of the performers. Counterpart funding from the LGUs was secured in the form of sound systems, venues, electricity charges and chairs.

Ikaw at Ako ay Tayo was introduced during routine community assemblies upon consultation and in close collaboration with local counterparts by specially-coached local theater groups. Immediately following the play, spectators were invited to attend thematic health classes conducted by front-line health care workers with the help of educational tools (e.g. health classes flip-tarp and flip-tarp reference guides) and referrals for services.

Table 2: Local Theater Groups Engaged in Project Provinces

	Province	Theater Group
1.	Albay	Bicol University
2.	Western Samar	ISKOLAR
3.	Leyte	Sirang Theater Ensemble
4.	Negros Occidental	Teatro Amorseco
5.	Davao del Sur	Masskara Theater Ensemble
6.	Zamboanga del Norte	Teatero Likas Likha
7.	Zamboanga del Sur	ZamboSur Arts Center

RESULTS

Number of people reached

From April to July 2012, 126 performances were staged in the seven provinces, reaching almost 47,000 women, men, and children, to creatively disseminate family health messages and encourage healthy

behaviors (see Table 3 for breakdown per each province). Most of the viewers were recipients of the Philippine government's poverty reduction program called Pantawid Pamilyang Pilipino Program (4Ps), a conditional cash transfer modality. Built into the theater plays were 311 health classes conducted by local health service providers, volunteers, and population officers that covered FP and maternal neonatal child health and nutrition and referral services that benefitted more than 29,800 individuals. A typical show had an audience ranging from 75 to 2,000 viewers.

HealthPRO's direct expenses, not including project staff time and travel, were limited to approximately $70,600 to support roll out of community theater plays in the seven provinces over the course of four months. It means that it cost less than $2 per person to be reached with core family health messages. The cost estimates did not include contribution from LGUs.

Table 3. Number of shows, audience and health classes per area.

	Total	Albay	Negros Oriental	Samar	Davao del Sur	Zamboanga Norte	Zamboanga Sur
Shows	**126**	14	18	20	18	17	20
Viewers	**46,627**	1,762	5,888	8,528	7,888	3,446	12,248
Health classes	**311**	34	51	40	44	25	65
Health class participants	**29,803**	1,762	5,181	3,447	3,903	2,772	7,203

Positive feedback from participants

The play clearly generated buzz and positive responses from clients, health service providers and local leaders. In the province of Negros Occidental where nearly 6,000 people viewed the play in 18 shows, Talisay City Mayor Eric Saratan committed to replicate the program. He called the play "a non-traditional way to bring health messages that are easier to understand."[v] In Zamboanga del Norte where over 12,000 people were reached by the play during its four-month run, clients in post-event interviews called the play: "*makalingaw, mabulokon* and *daghan pagtulon-an*" (enjoyable, meaningful and with lots of lessons).[vi]

RECOMMENDATIONS

The community play and health class package proved to be a viable enter-educate package to educate women and men about family planning, shape social norms within communities and families, and stimulate positive behavior changes. For future initiatives, HealthPRO recommends the following:

1. Include the package as part of the DOH community-based interventions on family planning.
2. Promote the package as a compact touring activity for an audience of 200 people.
3. Monitor the intake of clients at health facilities following the conduct of the intervention.
4. Document the process from inception to evaluation.
5. Prepare a health class syllabus that is complementary with the messages delivered in the play.

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Technical Notes No. 3: Case Study. The Effectiveness of HealthPRO Family Planning Communication Interventions in Two Philippine Provinces

This paper reports on an evaluation of the effectiveness of family planning (FP) health promotion and communication activities supported by USAID's Health Promotion and Communication Project (HealthPRO) on FP demand generation in the provinces of Tarlac and Compostela Valley in the Philippines. The provinces were chosen for comparative analysis because the contraceptive prevalence rates (CPRs) in one – Compostela Valley – rose from 48% to 51% from 2006 and 2011, whereas those for the other – Tarlac – fell from 42% in 2006 to 39% in 2011[i,ii,viiviii]. The study used secondary analysis of multiple data sources, emphasizing data for health promotion and communication implementation. It also used the results of an omnibus household survey from the same provinces to support service data. Using HealthPRO's strategic communication framework, the changes in CPR for both provinces were examined based on interventions related to: 1) the expansion of health promotion and communication technical assistance in each province, 2) provincial implementation of health promotion activities, 3) capacity building for health service providers on interpersonal communication and counseling, and 4) other factors related to health systems and service delivery. Findings show that Compostela Valley – with a rising CPR – had a more extensive health promotion and communication intervention. This finding further demonstrates the value of strengthening capacity for demand generation to increase modern contraceptive use.

Box 1: HealthPRO

USAID's HealthPRO is a five-year project (2007–2012) to provide technical assistance in health promotion and communication to national and local counterparts in 30 USAID-supported provinces. HealthPRO's goal is to stimulate and sustain healthy and health-seeking practices and behaviors by:

1. Improving access to evidence-based information in maternal/ newborn/ child health, FP, HIV/AIDS, and TB and
2. Enhancing the capacity of national and local counterparts in developing and implementing sustainable, evidence-based health promotion and communications campaigns and interventions.

BACKGROUND

The social, economic, and health benefits of family planning (FP) are well recognized worldwide. It prevents unintended pregnancies and lowers the incidence of death and disability related to complications from pregnancy and childbirth. FP's long-term benefits range from increased education for women and better chances for child well-being to higher family savings and stronger national economies[ix]. For the past five decades, USAID's health program has supported the Philippines Department of Health (DOH), local government units (LGUs), and centers for health development in introducing and maintaining comprehensive family health interventions by addressing both the supply and demand sides of FP programming.

Overall, family planning in the Philippines is accepted by many, despite political and religious debates, and contraceptive prevalence among currently married women increased dramatically from 1968 to 2011: from 15% to 49%[x]. It plateaued[xi] in 1995 and rose slightly before USAID started to phase out provision of free FP commodities in 2003.

The latest 2011 Family Health Survey (FHS) reveals that one in five (19%) married women in the Philippines still had an unmet need for FP and that maternal mortality remained high. Compared with the 2006 Family Planning Survey (FPS), 2011[7] data revealed varying results for trends in the contraceptive prevalence rate (CPR) across Philippine provinces, including those supported by USAID, DOH, and LGUs with focused FP interventions.

In general, among 25 USAID-supported provinces (and excluding the Autonomous Region in Muslim Mindanao), from 2006 to 2011 modern CPR increased in 11 provinces, decreased in 10, and remained the same in four. This unevenness merited a closer look at the factors that may influence contraceptive use.

The case study reported here compares two provinces – one where CPR increased and one where it declined during 2006–2011 – during implementation of USAID's Health Promotion and Communication Project (HealthPRO) activities. The case study shows the effect more versus less technical assistance and FP communication interventions may have had on FP-related indicators, especially CPR.

OBJECTIVES

The study had two objectives:

- Analyze the similarities and differences between HealthPRO's FP communication interventions and FP-related indicators in Compostela Valley and Tarlac and
- Make recommendations to strengthen technical interventions to increase modern FP use.

METHODS

Two provinces with different CPR dynamics (increased versus decreased CPR in 2006–2011) were identified and compared. Tarlac is in the central part of Luzon, which is in Region III, and Compostela Valley is in the southern part of Mindanao, which is in Region XI.

The two provinces differed in terms of HealthPRO 1) geographical coverage and 2) duration of technical assistance. These differences enabled us to analyze the effect of more versus less coverage. CPR trends for both provinces were examined based on interventions related to: 1) the expansion of health promotion and communication technical assistance to the province, 2) provincial implementation of health promotion activities, 3) capacity building among health service providers on interpersonal communication and counseling, and 4) other factors related to health systems and service delivery.

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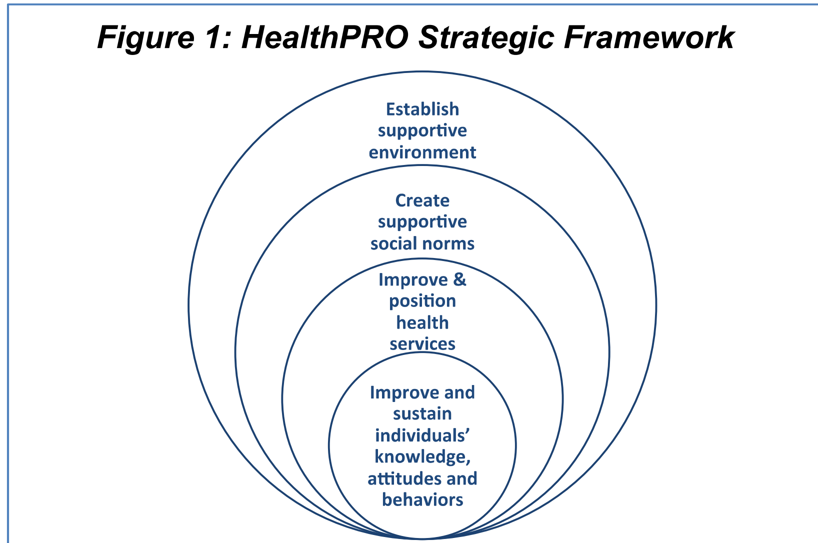
[7] The 2011 Family Health Survey was a nationwide household survey conducted by the Philippines National Statistics Office in August 2011. The survey interviewed 53,154 women aged 15–49 years and was designed to produce estimates, at the national level and for each of the country's 17 regions, of major indicators of family planning and maternal and child health. Survey funding was provided by USAID, the World Bank, and the DOH.. The 2006 Family Planning Survey was also a nationwide household survey designed to provide up-to-date information on family planning and maternal and child health to policymakers and program managers. A total of 45,252 women aged 15–49 years were interviewed providing indicator estimates for 17 regions of the country.

The study used multiple secondary data sources, including Provincial Performance Reports for 2011 and HealthPRO reports. In addition, results from an omnibus household survey conducted in December 2011 by Taylor Nelson Sofres (TNS) were used to assess HealthPRO communication interventions implemented from January to December 2011 to support service data. HealthPRO contracted the reputable independent survey agency TNS, to assess the reach and impact of the HealthPRO communication campaign activities on target clients' knowledge, values, attitudes, intentions, as well as demand for and utilization of health information and services. The TNS survey had interviewed 1050 men and women selected randomly from six Philippine provinces. Data from the TNS survey were aggregated and analyzed for a project report, but the representative sample for each province was used for this case study.

Figure 1: HealthPRO Strategic Framework



The HealthPRO strategic framework (Figure 1) was used to guide the data analysis. The framework shows the various factors – including supportive environments, supportive norms, quality health services, and knowledge and attitudes – that impact individuals' behaviors. HealthPRO has been using this framework in the technical assistance provided to the DOH and LGUs to improve, expand, and strengthen the quality and sustainability of health promotion and communication efforts in the Philippines during the 2007–2012 period.

RESULTS

The difference between the 2006 FPS and 2011 FHS indicates that modern CPR fell in Tarlac Province between 2006 and 2011: from 42.4% to 39.1%, while Compostela Valley's rose from 48.3% to 50.5%. Confirming the 2011 FHS data, the TNS survey reports significantly higher modern FP use in Compostela Valley compared to Tarlac (Table 1). TNS also found higher initiation of modern FP use during the HealthPRO communication campaign in Compostela Valley than in Tarlac.[xii]

Table 1: Modern Family Planning Method Use: Tarlac vs. Compostela Valley

Variable	Source	Tarlac	Compostela Valley
CPR (all modern methods)	FPS 2006	42.4%	48.3%
CPR (all modern methods)	FHS 2011	39.1%	50.5%
Modern FP use	TNS 2011	40.2%*	47.4%*
Initiation of modern FP method use in past 12 months	TNS 2011	7.0%**	16.9%**

*P<0.05; **P<0.01.

A. Province Profiles: Population and Health Personnel

Table 2: Provincial and Health Personnel Profile: Tarlac vs. Compostela Valley

Profile	Tarlac	Compostela Valley
Population size Population growth rate	1,273,240 1.98 (2.37 for Region III)	687,195 1.96 (2.12 for Region XI)
Area size (population density)	2,737 km2 (450/km2)	4,667 km2 (150/km2)
Number of LGUs	1 component city 17 municipalities 511 barangays	0 city 11 municipalities 237 barangays
Number of public health nurses Number of rural health midwives (RHM) Number of barangay health workers (BHW)	71 193 2379	18 166 1803

Tarlac and Compostela Valley provinces are comparable by income status. Both are 1st class provinces with an average annual income of PhP 450 million or more for the past three years. The main source of economic investment in Compostela Valley is from agriculture-based products, such as rice and coconuts, as well as fish culturing as an additional revenue source. Tarlac's economy is dominantly agricultural, with rice and sugarcane as principal crops. Both provinces have similar population growth rates that fall below their respective regional growth rates and the national growth rate of 2.12. Compostela Valley has almost twice the land area but half the population of Tarlac, resulting in a lower population density and fewer administrative units than Tarlac. Table 2 presents data on each province's population, governmental administrative units, and number of health workers and volunteers.

Higher health personnel-to-population ratio in Compostela Valley than Tarlac: Human health resources allocation and distribution may be a key factor contributing to higher CPR in Compostela Valley. In proportion to the population, Compostela Valley has more health workers per capita and per barangay than Tarlac. The estimated ratio of RHMs in Compostela Valley is one for every 4000 individuals compared to one for every 7000 in Tarlac (Table 3). Compostela Valley has one RHM for every 1.4 barangays, while Tarlac has one for every 2.6. Compostela Valley has an advantage over Tarlac in the availability of frontline health service providers who not only provide health information and counseling but also offer FP services. In addition, Compostela Valley has an estimated one BHW for every 381 persons, while Tarlac has one for every 535. Likewise the BHW to barangay ratio is higher in Compostela Valley, with around eight BHWs per barangay while Tarlac has five.

Table 3: Health Personnel Ratio to Population and Barangay: Tarlac vs. Compostela Valley

Profile	Tarlac			Compostela Valley		
Rural health midwives (population & barangay ratio)	193 RHMs	1 RHM/ 6597pop	1 RHM/ 2.6 brgy	166 RHMs	1 RHM/ 4140 pop	1 RHM/ 1.4 brgy
Barangay health workers (population & barangay ratio)	2379 BHWs	1 BHW/ 535 pop	4.7 BHW/ 1 brgy	1803 BHWs	1 BHW/ 381 pop	7.6 BHW/ 1 brgy

B. Planning and Implementation of FP Demand Generation

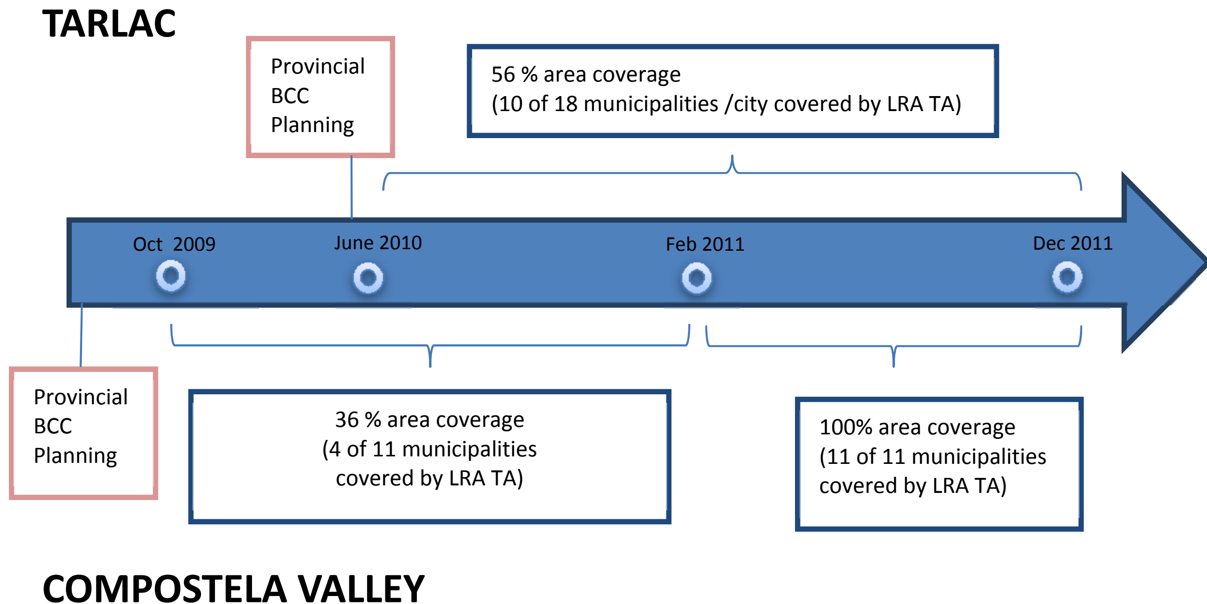
HealthPRO began commissioning local organizations – called local replicating agencies (LRAs) – in October 2009 to work with provincial health offices (PHOs) in implementing and supporting HealthPRO's behavior change communication (BCC) activities. HealthPRO split its LRA efforts into three batches – Wave 1 LRAs were commissioned starting in June 2009 to cover 11 provinces in Luzon, Visayas, and Mindanao. Wave 2 LRAs were commissioned in June 2010 to cover another 12 provinces, and Wave 3 covered the rest. In total, HealthPRO LRAs covered the 30 provinces included in USAID's Philippine health program. Compostela Valley was supported with a Wave 1 LRA (beginning June 2009). Tarlac was in Wave 2 (beginning in June 2010). Since both waves had continued until this study was performed, Compostela Valley's exposure to HealthPRO technical expertise was a year longer than Tarlac's.

The technical assistance HealthPRO provided through the LRAs was based on BCC provincial plans jointly developed with the staff of the provincial health offices. The BCC planning process included inputs on formative research tools for the conduct of knowledge, attitude, and practice gap analysis; inputs on the BCC planning framework; and the organization of consultative meetings of the provincial and municipal health offices that sought to develop and validate the provincial BCC action plan. Provincial planners used health indicators from the provincial program implementation review; the BCC plan focused on:

- Training health care providers on interpersonal communication and counseling (IPC/C) skills, including leveraging funds from the LGU, the regional Center for Health Development, and private sector partners to further roll out the training and address knowledge gaps. IPC/C training has been shown to be effective in improving the skills of health service providers in FP counseling and ultimately increase FP use, reduce discontinuation and contraceptive failure, and improve overall client satisfaction.[xiii]
- Stimulating expanded community mobilization efforts by identifying and mobilizing local NGOs, community groups, and private partners to conduct or support FP, maternal/ newborn/ child health and nutrition, and TB group counseling and health classes outside health care facilities.
- Conducting local health events and leveraging funds from LGUs and private-sector partners for the health events.
- Increasing use of local media for focused health promotion and communication, as well as tapping media partners to expand engagement and use of mass media.

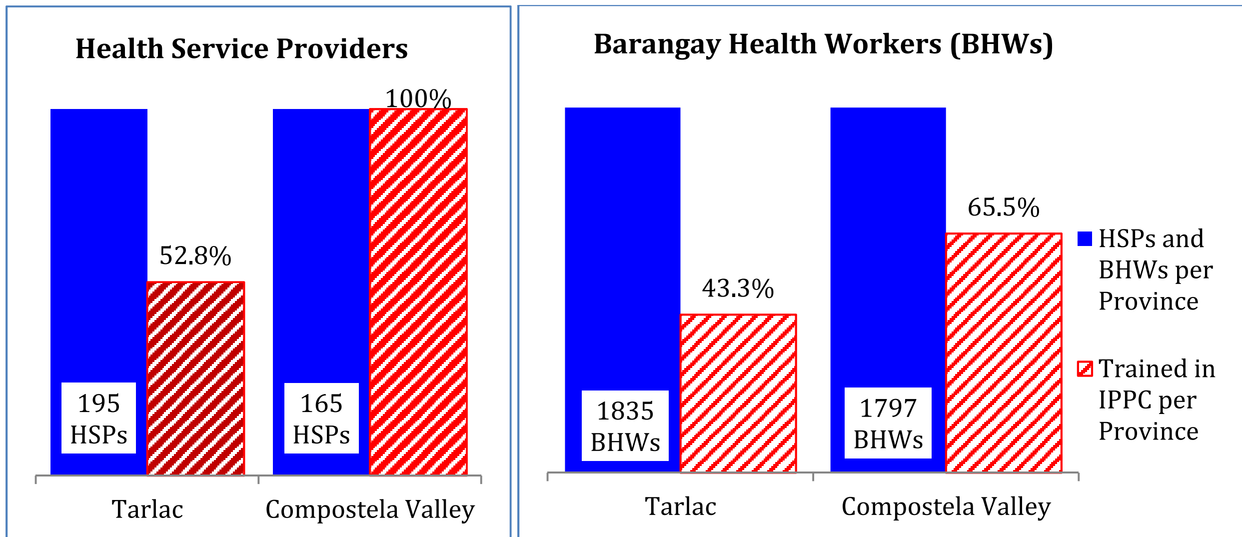
Wider geographic coverage and longer period of technical assistance in Compostela Valley versus Tarlac: The technical assistance provided to each province is based on BCC plans developed in close collaboration with HealthPRO. BCC planning began a year earlier for Compostela Valley than for Tarlac. Technical assistance and support lasted longer and covered all of the province. LRA engagement started eight months earlier and expanded to cover the entire province, while Tarlac prioritized only 10 municipalities (Figure 2). The longer period of technical assistance in Compostela Valley combined with the full geographical coverage allowed for more extensive LRA activities to increase the impact of BCC interventions in FP and to enhance the institutional capacity of LGUs to implement and sustain BCC strategies and programs, as described in the sections to follow.

Figure 2: Comparison of Technical Assistance Coverage: Tarlac vs. Compostela Valley



Greater coverage with IPC/C training in Compostela Valley: HealthPRO's strategic framework calls for improving and better positioning health care services. Consistent with HealthPRO's mandate and scope of work, a key objective is building the skills of health care providers' and volunteers in IPC/C by using the DOH standard training curriculum on the subject (developed with HealthPRO technical support)[xiv]. Those trained in IPC/C have better counseling and communication skills and can more effectively tailor information to the individual client and thereby have greater impact on method adoption, continuation, and client satisfaction[xv]. Because the LRA engagement in Compostela Valley started earlier and had full coverage, the PHO was more cognizant of and able to act on the BCC plan. That cognizance enabled the LGUs to roll out the IPC/C training to all midwives and most BHWs. Only half of Tarlac's health providers were trained, while all were trained in Compostela Valley. Less than half of BHWs were trained in IPC/C in Tarlac, while in Compostela Valley almost two-thirds of them were (Figure 3).

Figure 3. HSPs and BHWs trained in IPC/C: Tarlac vs. Compostela Valley



More public resources leveraged for health promotion and communication activities in Compostela Valley than Tarlac: To develop the ownership of proposed FP interventions and ensure their sustainability beyond the life of the project, LRAs focused on leveraging public financial support for health promotion and communication activities. Complementary to financial support from USAID, public funds were secured to support LGUs' BCC plans that included trainings, FP updates, health classes, and health events. As a result of joint BCC planning, between 2009 and 2011, while Tarlac allocated more money for health promotion activities than Compostela Valley, funds leveraged for each married woman of reproductive age (MWRA) or her partner were actually higher in Compostela Valley than Tarlac (see Figure 4).

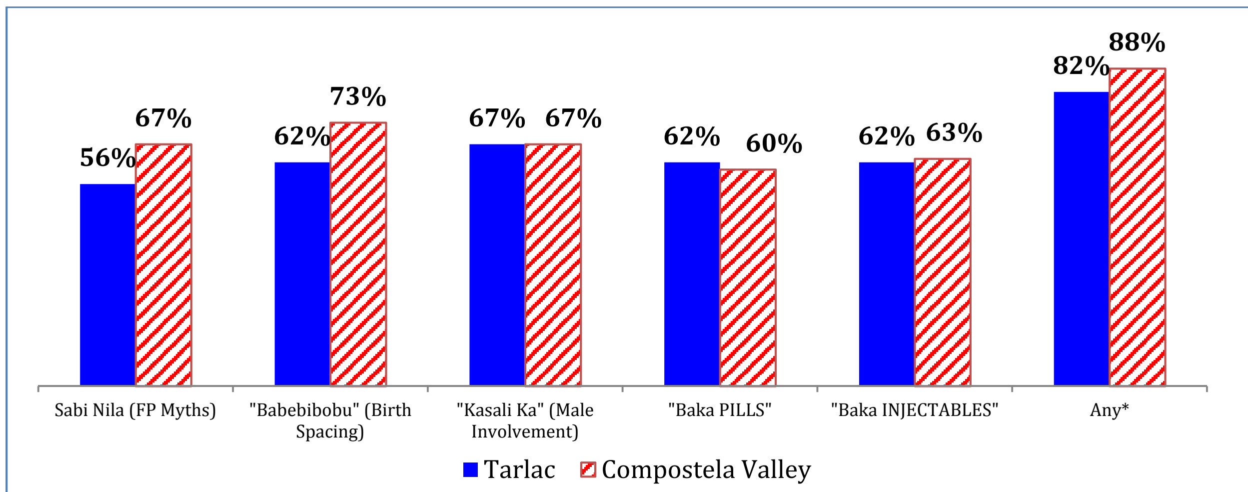
Figure 4: Funds Leveraged for Health Promotion, 2009-2011

Tarlac	**$35,851** = 10₵ per MWRA or her partner
Compostela Valley	**$25,988** = 13₵ per MWRA or her partner

Greater exposure to FP communication campaign and materials in Compostela Valley than Tarlac: As part of its scope of work, HealthPRO provided technical support to the DOH to develop the multifaceted FP communication strategy[xvi] and campaign. The campaign creatively combined outdoor print materials; interpersonal communication (health classes; health events; group and individual counseling); advocacy; and local media coverage, including radio spots.

The purpose of the radio spots was to foster supportive social norms for FP planning, address common myths, and present the benefits of FP with an overarching call for action: "to visit health facilities for family planning information and services." DOH spent over $90,000 to support the placement of FP radio spots on national radio networks (ABS-CBN; GMA; Manila Broadcasting Company; Interactive Broadcast Media, Inc.; Radio Mindanao Network; and Consolidated Broadcasting Systems, Inc.). The spots aired in August–September 2011 in Luzon, Visayas, and Mindanao. In addition, to maximize the impact and increase the reach, local radio broadcasters aired FP spots for free. The 2011 TNS survey found high levels of exposure to FP radio spots in both provinces, but significantly more people ($p<0.05$) in Compostela Valley were exposed than in Tarlac (Figure 5).

Figure 5: Exposure to FP Radio Spots: Tarlac vs. Compostela Valley, 2011 TNS Survey



***P<0.05.**

Technical assistance to each province included providing a limited supply of FP print communications to priority sites and all rural health units (RHUs). Table 4 shows the distribution of different materials by province and per RHU. Although more materials were distributed in Tarlac, the TNS survey shows that, due to the size of the population and number of health care facilities, exposure to the FP materials was greater in Compostela Valley, although the difference was not statistically significant. It appears that saturation may not have been a key factor to exposure, but may be linked more to the higher level of participation in health activities (events, classes, etc.) in Compostela Valley than in Tarlac, as discussed in the next sections.

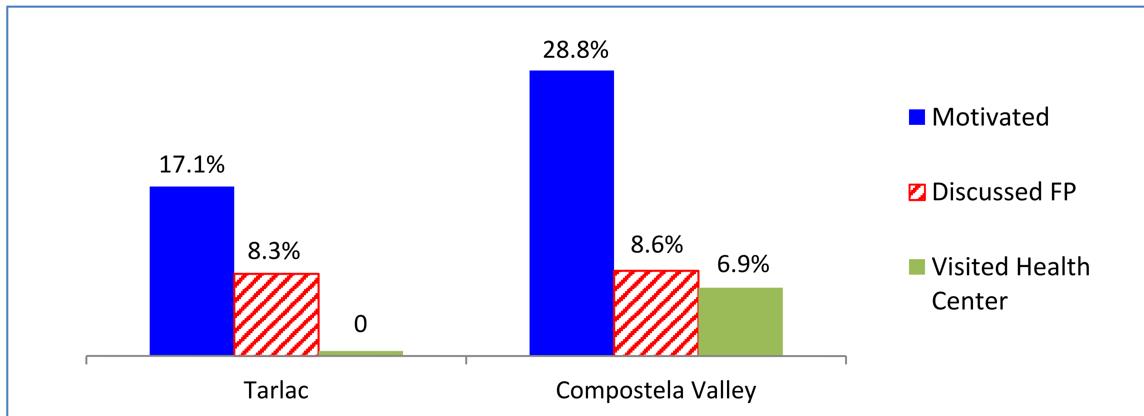
Table 4: Print Materials Distribution and Exposure, HealthPRO Database and 2011 TNS Survey

Print material	Tarlac		Compostela Valley	
	# copies	# copies per RHU	# copies	# copies per RHU
Wall chart	195	5	167	15
Flipchart and reference guide	128	3	30	3
Integration job aids	384	10	45	4
Interactive comics	576	16	135	12
Work sheet (visioning exercise)	1500	41	1500	136
Flyer	35,200	951	8250	75
Poster	576	16	135	12
Transport sticker	400	11	400	36
EXPOSURE (% of population surveyed that recalled seeing material)	**69.9%**		**75.6%**	

Motivation from FP campaign materials and actions after exposure: Inter-spousal communication about family planning and going to the health center are key factors influencing FP use. As part of the TNS survey, respondents in both provinces who recalled seeing FP print materials were asked about their motivation after exposure. More Compostela Valley respondents reported having felt motivated by the materials' call to action; discussing FP with a spouse reached similar levels in both provinces (Figure 6). Only Compostela Valley respondents motivated by exposure reported visiting a health care

facility for FP service. This finding is supported by the survey results on health-seeking behavior, which indicate that more people in Compostela Valley (55%) had visited a health facility in the past 12 months than in Tarlac (44%).

Figure 6. Motivation to Take Action after Exposure to Any FP Print Material, 2011 TNS Survey.



Greater participation in health classes in Compostela Valley: The broader coverage of technical assistance in Compostela Valley and greater level of local government support and public financial resources resulted in higher coverage of the general population with core IPC/C activities, such as health classes. The HealthPRO database that includes LRA monitoring reports for 2011 (based on records from health units) shows that more people were mobilized for health classes in Tarlac (see Figure 7A), but in comparison to the estimated target population of couples, the proportion of MWRA

Figure 7A: Attendance of Health Class in Proportion to Total MWRA and Partners. HealthPRO Database

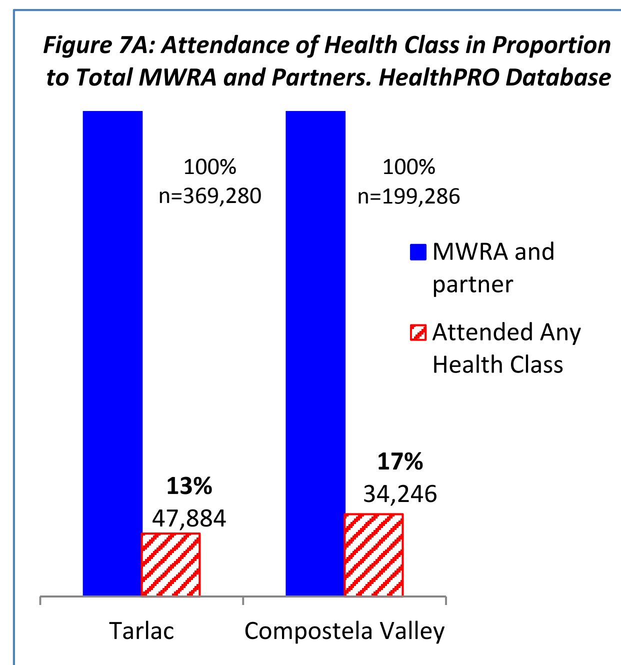
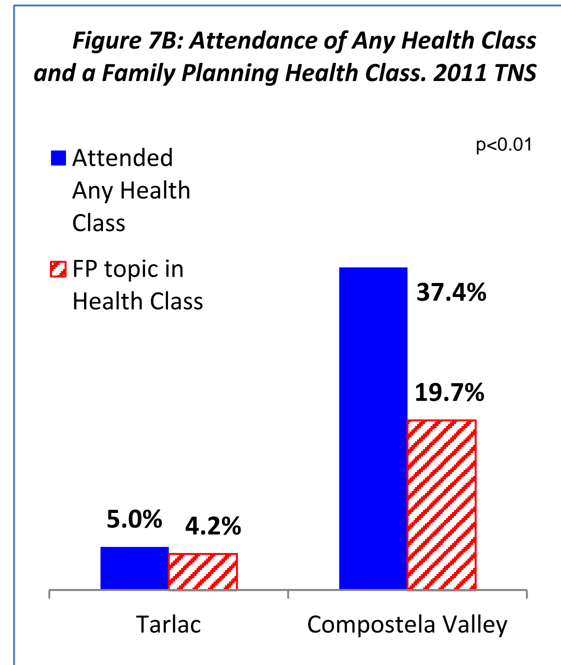


Figure 7B: Attendance of Any Health Class and a Family Planning Health Class. 2011 TNS



and their partners who attended health classes was higher in Compostela Valley (17% versus 13%, Figure 7A). This finding is supported by the TNS survey, which shows that in the 12 months before the

survey, a higher proportion of people interviewed in Compostela Valley reported attending any health class and an FP health class than in Tarlac (19.7% versus 4.2%, Figure 7B).

More FP counseling in Compostela Valley: In addition to radio spots, community mobilization activities – health classes and health events – encouraged women and men not only to talk about family planning as a means to improve the quality of life and secure their children's development and future, but also to visit health care facilities for FP information, counseling, and services. These activities were expected to increase the demand for and use of family planning. With more health workers trained in IPC/C, greater overall local government support, and more people mobilized for health classes, HealthPRO's database shows that Compostela Valley reported a higher proportion of its target population being counseled in family planning than did Tarlac's (Figure 8A). Similarly, the TNS survey shows that significantly more respondents received any type of health counseling in Compostela Valley than Tarlac. Of those who had experienced any type of counseling within the past 12 months, significantly more ($p<0.01$) respondents – 22.8% – reported receiving FP counseling in Compostela Valley than in Tarlac, with 6.9% (Figure 8B).

C. Family Planning Supplies

Figure 8A. Proportion of People Counseled on Family Planning. HealthPRO Database

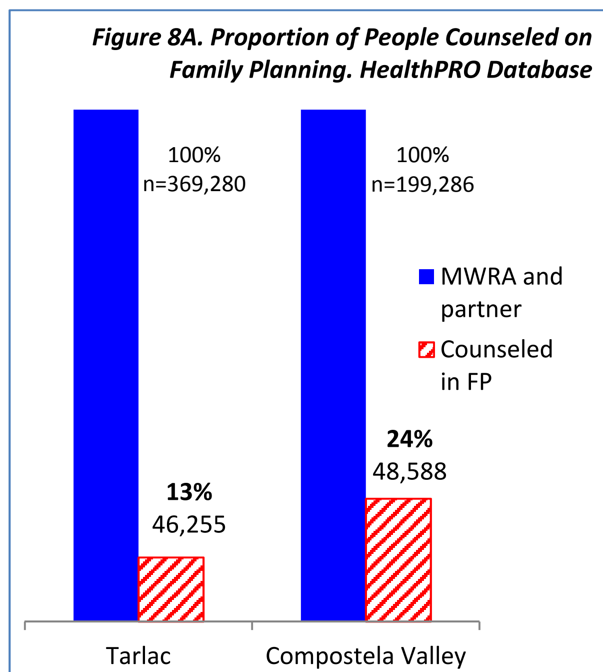
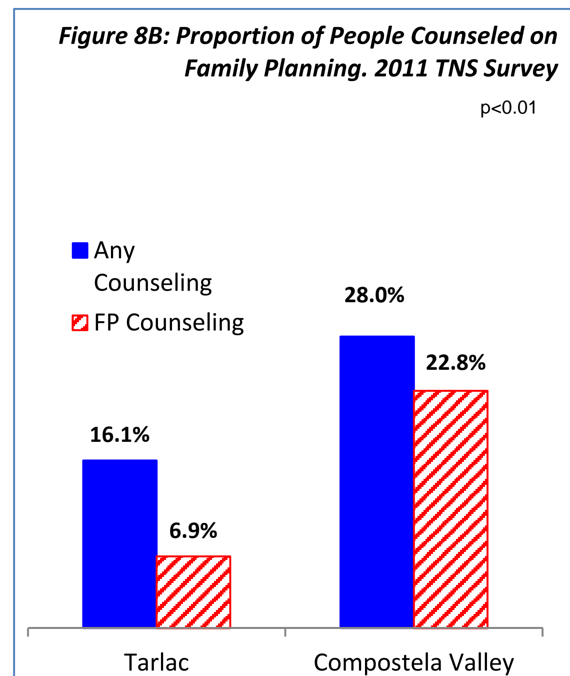


Figure 8B: Proportion of People Counseled on Family Planning. 2011 TNS Survey



The availability of FP commodities from the public or private sector is a key factor in supporting those who received FP counseling to adopt a modern FP method. In addition, contraception use is highest when people have access to a range of FP methods[xvii]. Moreover, FP clients who receive the method they want are more likely to continue use[xviii].

LGUs in both provinces recognized the importance of family planning and allocated annual budget funds for the procurement of FP commodities. Table 5 shows provincial reports on FP commodity procurement with Tarlac overall buying more FP commodities than Compostela Valley, spending four times as much. Measured by MWRAs, Tarlac spent $0.19 per MWRA in 2011 while Compostela Valley spent $0.08. This comparison is based on data (from the two provinces) that are limited to commodity procurement. The source neither established the physical presence of methods at health care facilities

nor evaluated access to other long-acting and permanent methods (e.g. IUD, BTL, and NSV), provision of which depends on the availability of specially trained health service providers.

Table 5: Family Planning Commodities Procured, by Province, 2011

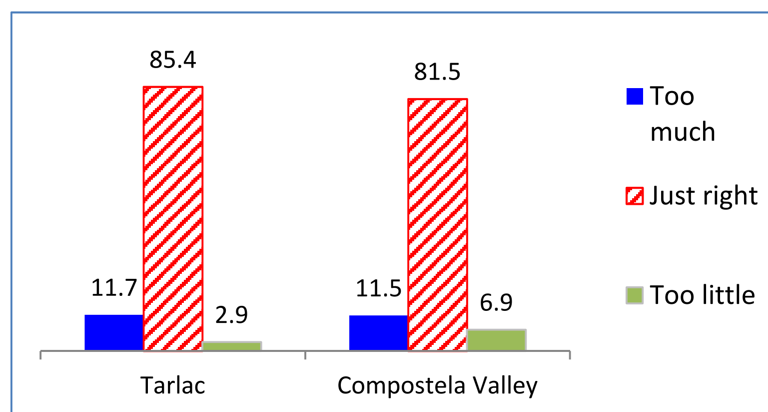
Commodity	Unit Cost (PhP)	Tarlac		Compostela Valley	
		Amount	Subtotal (PhP)	Amount	Subtotal (PhP)
Injectable	110/vial	3900 vials	429,000	2500 vials	275,000
Pills	38/cycle	25,346 cycles	963,148	1432 cycles	54,416
Condoms	7/piece	9016 units	63,112	2940 units	20,580
TOTAL COST		**PhP 1,455,260 or $34,649**		**PhP 349,996 or $8333**	

Note: PhP42 = $1.

In addition to the free FP commodities available from the public sector, local pharmacies and outlets sold pills, injectables, IUDs, and condoms. The 2011 FHS report indicates that more than half (54%) of all FP users obtained their method of choice from the private sector. Moreover, more than three out of four pill (76%) and male condom (86%) users resupply in the private sector [ii].

The TNS survey reported that the same percentage (28%) of FP users in both provinces paid for the method of their choice. Among those who had paid for it, eight out of ten considered the price to be "just right," but Compostela Valley had a higher percentage of who reported paying "too little" for their FP supplies (see Figure 9).

Figure 9. Perceived Cost of Family Planning Commodities, 2011 TNS Survey



SUMMARY AND RECOMMENDATIONS

Two Philippine provinces, Tarlac and Compostela Valley, having opposite CPR trends between the 2006 and 2011 FP surveys, were compared relative to CPR and other FP indicators. Findings show that Compostela Valley, where CPR increased over four years, had, in comparison to Tarlac:

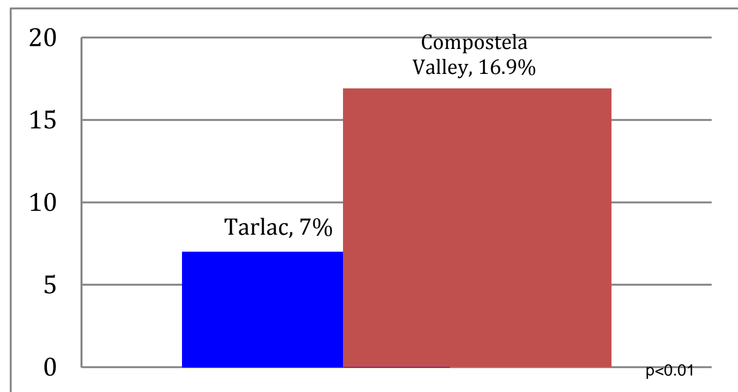
- A longer period of engagement for health promotion and communication technical assistance;
- Province-wide engagement rather than partial province coverage;
- More health service providers and community volunteers (BHWs) trained in IPC/C;

- More private sector and LGU funds and resources to support health promotion and communication activities in the public sector;
- Greater exposure of the FP communication campaign target audience to radio and print materials;
- Greater participation of the FP campaign target audience in FP health classes;
- More FP counseling sessions between providers and clients; and
- Greater motivation to take any FP action after exposure to print FP materials.

HealthPRO interventions especially in Compostela Valley showed a fuller scale of influencing specific determinants for FP[xix]. This province put forth greater effort to mobilize support for health promotion and communication to raise awareness on FP and to let people know about FP information and services. Community mobilization was used to increase the number of health classes that in turn led to increased client–provider interactions. The province also had stronger administrative support for capacity building on IPC/C, which is valuable in helping clients choose an FP option. The wider coverage for health communication and promotion helped change attitudes about FP on a wider scale and contributed to the effort to shift social norms on FP.

As with the trend seen in the FPS 2006 to FHS 2011, the TNS survey showed that Compostela Valley had more respondents using modern FP methods. Furthermore, considering only the period of the intensive FP campaign (in 2011) for both provinces, Compostela Valley had double the proportion Tarlac had for those who initiated modern FP use during the 12 months before the survey.

Figure 10: Initiation of Modern Family Planning Use within past 12 Months, 2011 TNS Survey



The results show that a combination of BCC interventions targeted to directly influence individual FP behaviors but also to influence program support for BCC activities can help promote FP use.

This comparative case study demonstrates that more extensive health promotion and communication interventions may have positive impact on increased modern contraceptive use. It suggests the value of continuing to strengthen LGU capacities in implementing a strategic BCC program for FP, including:

- Health promotion skills must be honed by rolling out IPC/C capacity-building activities.
- Strategies to enhance public health leadership should be implemented to increase implementation of not only FP campaigns but also information services, such as health classes and counseling.
- Greater support for BCC should be further explored to increase production of communication materials and job aids to expose more people to BCC messages.

In addition, to ensure the application of these findings, similar research on a larger scale should compare a number of provinces with varying CPR trends and levels of BCC implementation. Additional aspects of BCC implementation could also be examined, for example, policy advocacy and political support for FP promotion and communication. Future studies could also look into the interplay of demand generation and FP service and supply factors.

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TECHNICAL NOTES NO.4: EVALUATION OF A FAMILY PLANNING COMMUNICATION CAMPAIGN IN SIX PHILIPPINE PROVINCES

SITUATION

In June 2010, with technical support from USAID's Health Promotion and Communication (HealthPRO) Project, the Department of Health (DOH) developed a national family planning (FP) communication strategy. The strategy supported the 2008 DOH Maternal, Newborn, Child Health, and Nutrition (MNCHN) strategy, which included the delivery of FP services as a means to reduce maternal and infant mortality and morbidity.

Guided by the national FP communication strategy, in August 2010 the DOH launched a new FP communication campaign to promote family planning. Called "May Plano Ako" (I have a plan), or also known as Wave 1 Family Planning Campaign, it repositioned FP communication from: 1) concentrating on the health benefits to portraying FP as a way to improve quality of life; 2) a general audience approach to a well-defined market segmentation approach; 3) general messages to messages addressing the needs and perspectives of specific audiences; 4) mainly women to women, men, providers, and norm shapers; 5) sporadic activities to comprehensive, well-integrated communication interventions; and 6) a national intervention to a national strategy with locally designed interventions. The Wave 1 Campaign was designed to lay the foundation for revitalized FP communication in the Philippines and reduce the unmet need for family planning in the country. The campaign focused on: 1) establishing a supportive FP environment; 2) creating positive social norms; 3) enhancing and better positioning FP services as a means to achieve a better quality of life; and 4) improving individuals' knowledge, attitudes and practices in FP. Communication materials included outdoor print materials with radio ads, job aids for health workers and client-education materials.

A previous post-campaign household survey conducted in Albay, Capiz, and Compostela Valley provinces in December 2010 revealed that awareness and knowledge of modern FP was high. One-half of respondents have seen or heard of the campaign tagline. Among the communication materials, radio ads scored highest on recall at 60%. Printed campaign materials such as streamers and posters, however, had lower exposure, ranging between 30-40% on recall (TNS, 2010).

To keep the momentum going and capitalize on the foundation and positive norms set by Wave 1, a second wave of the FP campaign called "3-5 Taong Agwat, Dapat!" (Three to five years for birth spacing is just right!) was launched and carried out in 2011. Wave 2 focused on spacers defined as young women and men with at least one child, it stimulated interspousal communication and aimed to educate parents about the benefits of proper birth spacing for the growth and development of their children.

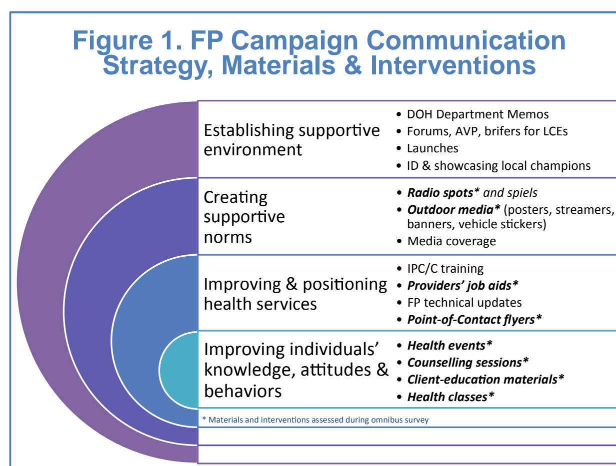
The overall goal of the campaign was to contribute to the increased use of modern methods of family planning for healthy spacing of pregnancies. DOH, through a Department Circular, urged its local agencies and the local government units (LGUs) to support the family planning communication campaign by reproducing and displaying outdoor print materials, arranging radio guestings, supporting radio broadcasting, conducting news conferences and briefings, issuing news and photo

releases, organizing community activities, such as health classes and health events for couples, and offering FP counseling to clients at health care facilities.

To enhance the potential impact of the family planning communication campaign, the DOH allotted PhP3,800,000 (app. $90,500) for the reproduction and distribution of Wave 1 FP campaign communication materials to health facilities outside USAID-supported provinces. Moreover, additional PhP3,800,000 (app. $90,500) were allocated by the DOH to support reproduction and broadcasting (radio spots and TV ads) of Wave 2 communication products. With funding from the DOH, to jumpstart the campaign, the national broadcasting of radio spots on birth spacing were conducted through national radio stations, including ABS-CBN, GMA, Manila Broadcasting Company, Interactive Broadcast Media, Inc., Radio Mindanao Network, and Consolidated Broadcasting Systems, Inc. from August to September 2011.

Various types of promotional materials were employed for the campaign to maximize the reach of its target audiences with a unified call for action: "Visit a health care facility for family planning information and services." Wave 1 FP materials were distributed starting in 2010, while Wave 2 materials on birth spacing were distributed in 2011. Outdoor print materials such as posters, stickers and flyers were sent primarily to health facilities for posting and distribution. Inter-personal communication materials such as brochures, interactive comics or flyers were usually distributed to clients after face-to-face interactions with providers (e.g., counseling) or after group educational activities (e.g., health classes). Job aids – desk flipchart for individual or group counseling, flip-tarps for health classes, health messages integration cue cards for health service providers – were used by health service providers and community volunteers to support communication with their clients. Media materials such as radio spots and public service announcements were developed for national and local broadcasting to set positive social norms for FP. As part of Wave 2, the national Commission on Population (POPCOM) also developed and supported national broadcasting of TV and radio spots on birth spacing. All radio and TV spots were aired at no cost to the project.

Figure 1. FP Campaign Communication Strategy, Materials & Interventions



Research Objectives

To estimate the impact and assess the effectiveness of the FP Wave 1 and Wave 2 communication campaign and activities, in 2011 HealthPRO contracted the market research firm Taylor Nelson Sofres (TNS) Philippines to conduct an independent omnibus study via household survey in select project-supported areas.

The household survey was designed to measure:

- Awareness and exposure to specific communication campaigns, health events and materials in the past 12 months (see figure 1);
- Participation in health events and health activities in the past 12 months;
- Recall, recognition, comprehension and intention as a result of information and messages in the past 12 months; and

- Actions taken as a result of exposure to specific communication campaigns, health events and activities in the past 12 months.

A representative sample of 1,050 households was randomly selected for the survey from among six provinces that had received technical assistance from USAID|HealthPRO. The provinces were: Albay, Capiz, Compostela Valley, Negros Occidental, South Cotabato, and Tarlac representing the geographical regions of Luzon, Visayas and Mindanao.

METHODS

Research Design

The survey implementation involved multi-stage probability sampling to obtain a representative subset of the target population.

- Within each of the six provinces listed above, five cities or municipalities were randomly selected for the survey.
- Thirty geographic areas, each encompassing several households, were randomly chosen within each city or municipality.
- Five households were then selected at random from each geographic area.
- One respondent was randomly chosen among qualified household members. Qualified household members were defined as women and men of reproductive age (15-49 years old). If after three attempts interviewers were unable to reach a sample respondent at a particular household, a respondent from a neighboring household was substituted for the interview.

The interviewer-administered structured survey questionnaire was developed in English, translated into Tagalog, and pretested. Where applicable, questions were translated on the spot by the interviewer and administered in the local dialect.

Depending on the proximity to their survey-administration sites, 37 interviewers adept in specific local dialects were trained at one of three locations—Quezon City for Luzon, Cebu City for Visayas, and Davao City for Mindanao. Field work lasted for less then two weeks on December 5-17, 2011. Quality control involved interview supervision and monitoring by 3 full-time supervisors who also conducted spot-checks of interview data at 30, 60, and 90 percent-completion of field work. If circumstances required interviews to be conducted unsupervised, the interviews were back-checked by supervisors afterwards. All questionnaires were checked for consistency following data-coding.

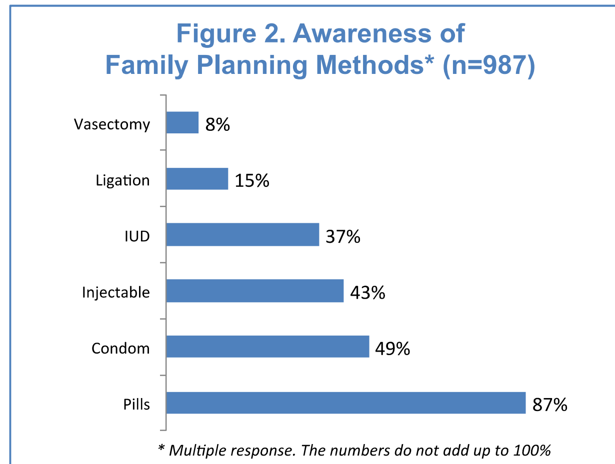
Table 1. Sample Size and Geographical Distribution of Survey Respondents

Provinces	Rep Sample	LBK Sample	TOTAL
Albay	150 (120 women + 30 men)	-	150
Capiz	150 (120 women + 30 men)	-	150
Compostela Valley	150 (120 women + 30 men)	-	150
Negros Occidental	150 (120 women + 30 men)	50 (40 women + 10 men)	200
South Cotabato	150 (120 women + 30 men)	50 (40 women + 10 men)	200
Tarlac	150 (120 women + 30 men)	50 (40 women + 10 men)	200
TOTAL	900 (720 women + 180 man)	150 (120 women and 30 men)	1,050

Data Analysis

To facilitate post-survey analysis, answer choices were pre-coded when possible. Open-ended answers were post-coded by supervisors and data analysts. Data was coded into categorical variables and transformed for analysis in the statistical software SPSS. Approximately 50% of the data was double encoded to ensure accuracy, and IBM's SurveyCraft software was employed to eliminate coding inconsistencies. To yield representative figures at the provincial level, CENSUS-based

population weights were applied in order to reflect the original population proportions between the sexes.



Sample Size and Respondents' Profile

Face-to-face interviews were conducted with 1,050 men and women among the ages of 15 to 49 from CDE households. This sample included a buffer sample of 300 men and women who attended and were asked about their assessment of the health caravan, Lakbay Buhay Kalusugan (LBK) – another HealthPRO supported health promotion initiative (Table 1).

The majority (74%) of respondents were 30 years of age or older and had some high school education (48%). One-fifth (20%) of respondents only completed their elementary education. The mean household size was five people, ranging from two to twelve. The majority (56%) had a household size of five or greater. The average number of children per household was 2.7, with a range of one to ten children.

RESULTS

Respondents' Awareness of Family Planning Methods

Results indicated that almost all respondents (94%) could name at least one FP method. These findings are similar to those found in the 2008 NDHS, which showed that 98% of all women could name at least one family planning method (NSO, 2009). Pills (87%) and condoms (49%) were the most common methods respondents were aware of; whereas vasectomy (8%) and ligation (15%) – both long-acting permanent methods – were the least mentioned by the respondents (Figure 2). Information sources for the FP methods were ranked according to most mentioned and included: (1) local health centers; (2) friends; (3) relatives; (4) television; and (5) seminars. Advertising and verbal information disseminated at the local health center accounted on average for 6 out of every 10 subjects who listed that method.

Respondents' Previous and Current Family Planning Use

Forty-two percent of all respondents reported currently not using any FP method (Figure 3) compared to the 49% reported in 2008 by NDHS (NSO, 2009). Among non-users, 51% stated that they had tried a modern FP method sometime in the past, while 8% reported using a non-modern FP method. Forty one percent of FP non-users have never used any FP method. Altogether, a large majority (82%) of those who had tried any modern FP method in the past, cited side effects as the main reason for discontinuation.

More than half (58%) of all respondents reported using a FP method at the time of the interview. Of those currently practicing FP (Figure 4), 72% were relying on modern methods, and the rest (28%) were using non-modern (traditional) methods. Modern methods included contraceptive pills,

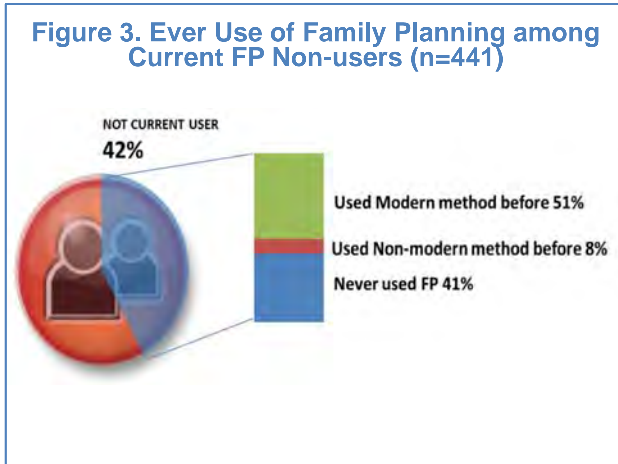


Figure 3. Ever Use of Family Planning among Current FP Non-users (n=441)

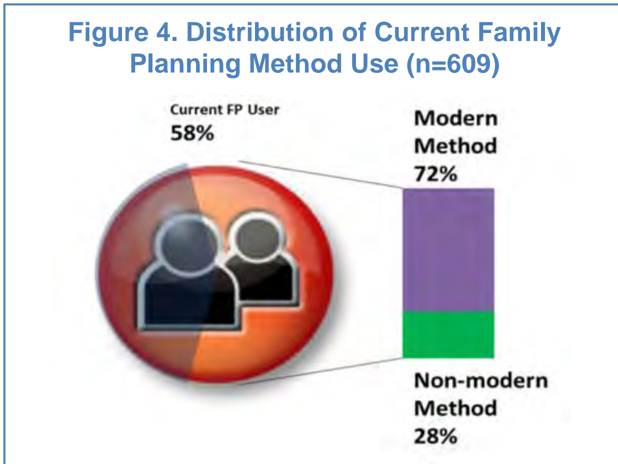


Figure 4. Distribution of Current Family Planning Method Use (n=609)

injectables, condoms, intrauterine device, ligation, vasectomy, Lactational Amenorrhea Method, Billings, Basal body temperature, symptothermal, and Standard Days Method. Traditional methods included rhythm, withdrawal, and folk methods. Among the modern method users, almost half (46%) said they were motivated by health workers, while 27% were encouraged by their friends or family to use FP.

Exposure to Interpersonal Communication and Counseling Activities

Survey results showed that Interpersonal Communication and Counseling (IPC/C) activities in the twelve months prior to the survey reached a large proportion of the sampled individuals (26%). However, health classes had more coverage compared to health events. Only one out of 100 respondents interviewed reported attending a health event; while 1 out of 5 respondents attended a health class. Among those who attended a health class, 70% mentioned discussing family planning as a topic (Figure 5). More than half (53%) of the FP health classes were conducted by midwives. Among the FP health class attendees, 64% said that they later discussed FP with someone else in their social or family circle and 18% said they began using FP afterwards.

More than half (57%) of respondents reported visiting a health care facility in the past 12 months. The most common types of health facilities visited included local health centers, government and private

Table 2. Type of Health Care Facility Visited by Respondents in the past 12 Months

Health Center	72%
Government Hospital	22%
Private Hospital	16%
Clinic	12%
Rural Health Unit	8%

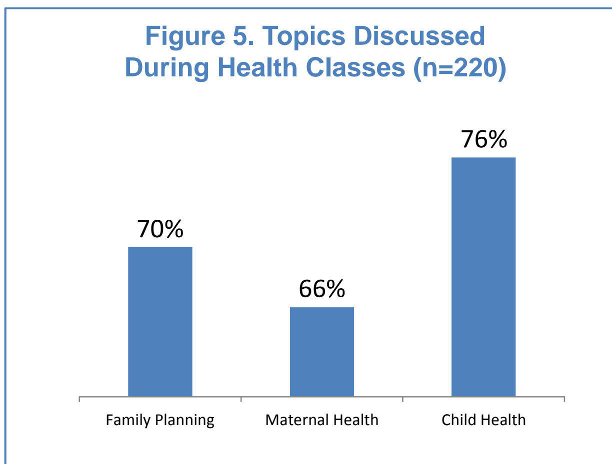
** Multiple response. The numbers do not add up to 100%*

Table 3. Actions Taken Among Respondents Motivated by Exposure to Print Materials (n=241)

Discussed family plannig with spouse or partner	52%
Started family planning use	27%
Talked to BHW	9%
Went to Health Center	8%
Talked to friends	8%
Talked to health service provider	7%

** Multiple response. The numbers do not add up to 100%*

hospitals, clinics and rural health units (Table 2). About half (52%) of those who visited a health facility reported receiving counseling. Among those counseled, 63% said the counselors had discussed family planning with them. One-third (33%) of all respondents visiting any health care facility in the last 12 months received FP counseling, in comparison with 12% as reported by the 2008 NDHS (NSO, 2009).



Overall, of the total 1,050 respondents 14% attended a FP health class, 19% received FP counseling with 26% exposed to any IPC/C intervention (Figure 6). Additional analyses indicated that among these respondents exposed to IPC/C, 18% reported initiating FP use within the past 12 months.

Respondents' Exposure to FP Campaign Materials

Family planning print communication materials were distributed to local government units and local health offices for posting in the facilities, and through HealthPRO Local Replicating Agencies (i.e. NGO sub-grantees) for posting in high-traffic outdoor areas and for use in IPC/C interactions. Generally, each print material had very high recall (Figure 6). Understandably, the FP comics that were distributed only beginning October 2011, had the least exposure. Among the outdoor print materials, the Wave 2 material on proper birth spacing (poster shown on the left) with the tagline, "3-5 taong agwat, dapat!" had the highest recall at 64%.

Focusing on exposure to FP job aids and client-education materials that were sent to local health centers and health workers, the highest recall was for the fliptarp (56%) entitled "Family Planning para sa Malusog na Pamilya," (Family Planning for Healthy Family) complete with a list of FP-related questions to encourage people to learn about FP and what it can do for them. A similar desk-chart had been seen by an almost equivalent proportion – 53%. This is supportive of the finding that many of the respondents had attended a health class on FP or received a FP counseling, where these materials are most likely used.

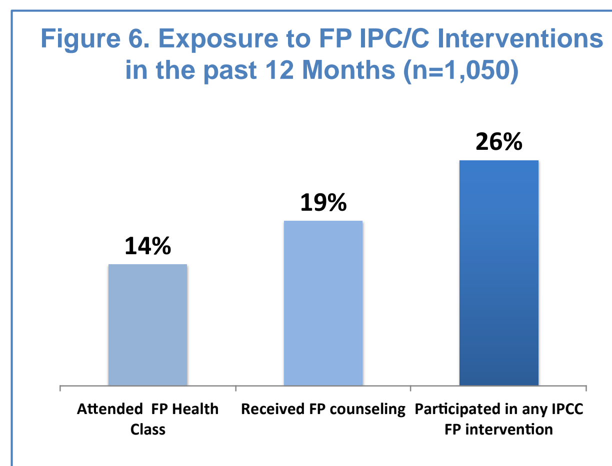
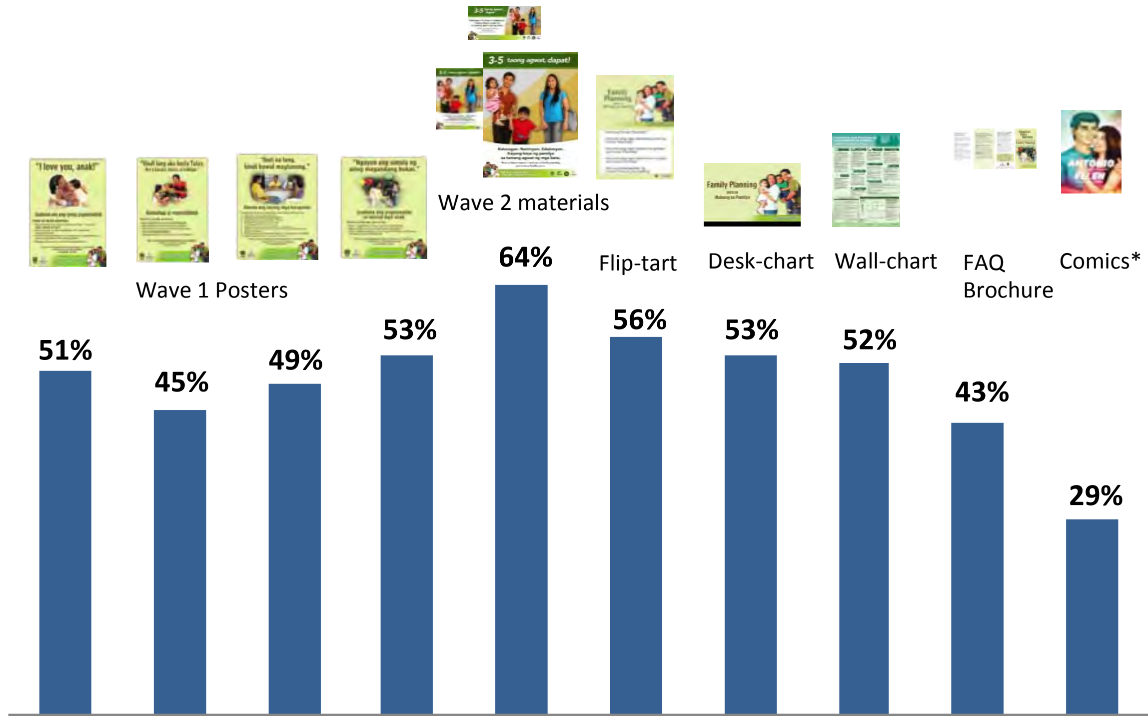


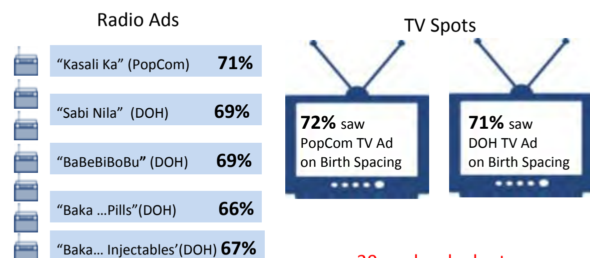
Figure 7. Exposure to Family Planning Print Materials (n=1,050)



Overall, 82% of all respondents had seen some form of print material regarding FP in the past 12 months. Among them, approximately one third (30%) felt motivated to take on at least one or more healthy behaviors after exposure. The most commonly cited action taken was on discussing FP with others: over half (52%) of the respondents reported discussing FP with their spouse or partner and over a quarter of respondents (27%) reported started FP methods after seeing or reading promotional materials (Table 3).

Survey results show that the television and radio spots reached a large audience with 94% of respondents having either seen or heard family planning TV or radio advertisements. The funds for broadcasting TV and radio ads were provided by the Department of Health, POPCOM as well the LGUs with a total value of 39 million pesos (an equivalent of $928,571). Recall for each radio or TV material was high at 7 out of 10 respondents. Recall for DOH and POPCOM radio and TV ads was almost the same; however, POPCOM aired radio and TV spots for significantly longer periods of time. Considering the overall cost of TV ads versus radio ads, results show that radio is the more cost–effective between the two (Figure 8).

Figure 8. Exposure to Family Planning Radio and TV Ads (n=1,050)



30 sec local ad rate:
Radio= Php 4,500
TV = Php 40,000

Exposure to the FP Campaign and Family Planning Use

Overall exposure to the whole FP campaign was almost universal with 96% of the respondents exposed any material or intervention (Figure 9). Exposure was the highest for radio and TV media at 94%, followed by print materials at 82%.

Figure 9. Exposure to FP Communication Campaign In Past 12 Months (n=1,050)

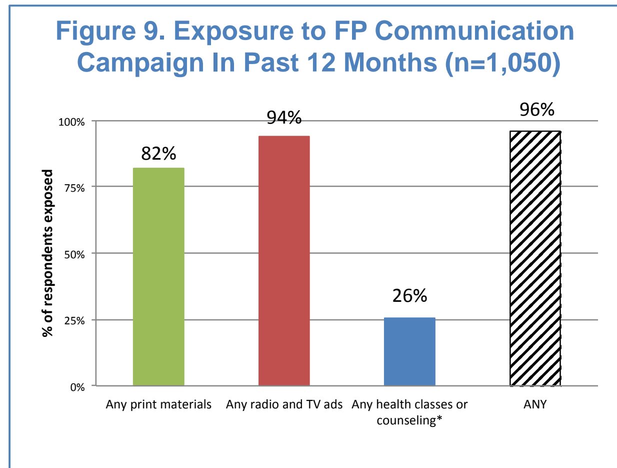
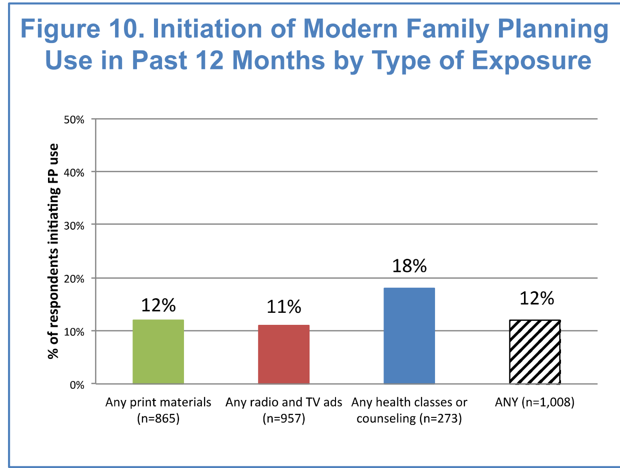


Figure 10. Initiation of Modern Family Planning Use in Past 12 Months by Type of Exposure



Among those exposed to the family planning communication campaign materials and interventions, 12 percent initiated FP use within the past 12 months (Figure 10). A higher proportion (18%) of those exposed to IPC/C interventions such as health classes and counseling, began using modern FP in the past 12 months compared to those exposed to print or mass media materials.

The pill was taken up by 50 percent of these FP new users, followed by injectables and condoms (Table 4).

SUMMARY AND RECOMMENDATIONS

- Implemented in synergy with DOH, POPCOM and LGUs, and supported by USAID's Health Promotion and Communication Project, exposure to FP communication materials and interventions was almost universal in the past 12 months in six project-supported provinces.
- Compared to health events, participation in health classes discussing FP was high with one out of five respondents attending a health class conducted primarily by front-line providers – the midwives. In the future, health classes as demand generation activities can be maximized to increase facility visits and counseling interactions to help increase modern FP use.
- 33% of those who visited a health facility received counseling on FP showing a high level of IPC/C interaction on FP.
- Initiation of FP use was highest among those who were exposed to IPC/C, namely health classes and counseling. It is important to invest in IPC/C capacity building for front line service providers in rural areas, especially midwives. In addition, it is essential that these IPC/C capacity building activities are supported with job aids that lend high levels of message recall and motivation to healthy behavior and modern FP use, and

Table 4. Breakdown of Family Planning Methods among New Acceptors after Exposure in the Past 12 months (n=126)

Family Planning Method	%
Pills	50%
Injectables	16%
Condom	11%
Lactational Amenorrhea Method	11%
Intrauterine Device	6%
Bilateral Tubaligation	6%
TOTAL	**100%**

enhanced through the system of supportive supervision institutionalized at all levels.

- When implementing FP campaigns with limited funds it is more cost-effective to prioritize radio placements over TV. This also holds true for leveraging media placements. Outdoor promotion materials such as posters, streamers, and vehicle stickers can effectively augment exposure.
- Focused family planning communication campaigns bring tangiable results in reducing unmet need for family planning. Additional resources to generate maximum impact are needed from local government units, DOH, POPCOM and donor agencies to collectively reach more people with action-oriented messages accross the Philippines.

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Technical Notes No. 5: Short Message Services for Men who Have Sex with Men (SMS4MSM)

SITUATION

While the number of new HIV infections is declining globally, the Philippines is one of seven countries with more than 25% increase in HIV incidence from 2001 to 2009.[xx] Approximately eight people become infected with HIV every day[xxi], [xxii] in the Philippines resulting in an estimated 3,000 new infections each year. A significant portion of these new infections occur among men who have sex with men (MSM) making this group one of the drivers of the epidemic. The 2011 Integrated HIV Behavioral Serosurveillance System (IHBSS) reported limited MSM reach with HIV prevention programs. In addition, risky behaviors and sex practices among MSM in the Philippines were reported such as low condom use during the last anal intercourse with a male partner (37%). Only a marginal proportion of MSM who get tested know their HIV status (5%).[xxiii] Among those interviewed, only 23%of all MSM knew where to go for an HIV test. In Quezon City alone, which is one of the biggest urban centers in the Philippines, the shift from less than 1% HIV prevalence among the MSM population in 2007 to greater than 5% in 2011 presents a major challenge to the local health system.

Participants forwarding the ceremonial HIV prevention SMS during the SMS4MSM launch in Quezon City

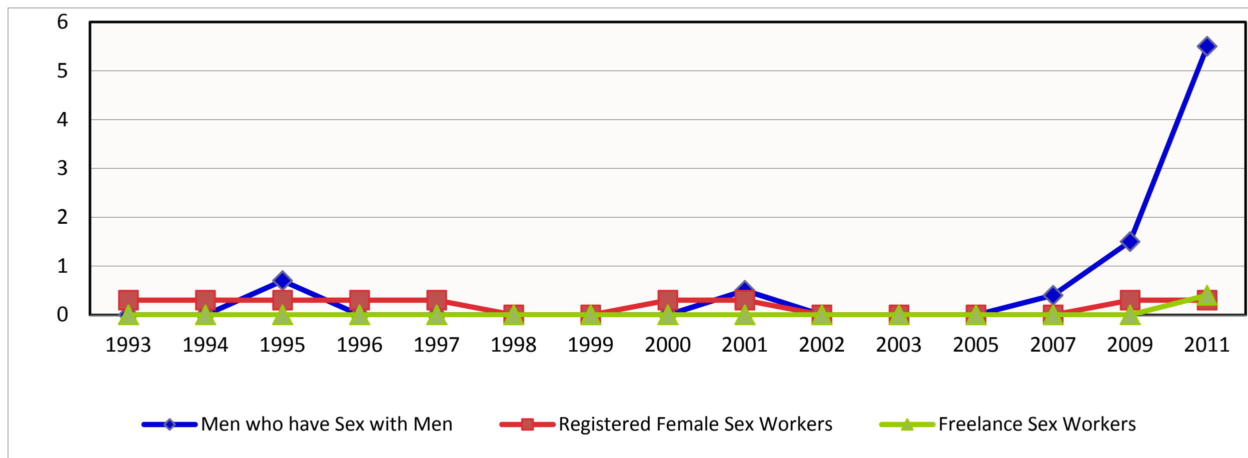


Figure 1: HIV Prevalence in Quezon City, 1993-2011 (Source: Quezon City Health Dept., 2012)

Of the 23 IHBSS sites, Quezon City had the highest HIV prevalence at 5% among MSM[xxiv]. The DOH National Epidemiology Center looks at social media as one of the triggering factors, which led to the rapid increase in HIV prevalence rates in 2007. The 2011 IHBSS results noted that 22.5% of MSM belonged to an MSM social networking website. These sites were used to facilitate searching for a partner, often resulting in casual sexual relations later.

In 2007, USAID launched a five-year Health Promotion and Communication (HealthPRO) Project to provide technical assistance to national and local counterparts in stimulating and sustaining healthy practices and behaviors among individuals, communities and organizations in maternal newborn child health and nutrition, family planning, HIV/AIDS and tuberculosis through access to evidence-based quality health information. Among many other targeted interventions, HealthPRO developed and introduced SMS4MSM, an innovative health communication initiative to address the concentrated epidemic among MSM in Quezon City. This initiative was developed based on the recognition that mobile technologies have evolved into a new field for health programs: electronic (e)-Health and mobile (m)-Health. Mobile technologies could provide new opportunities to reach MSM both with information about HIV/AIDS and available testing and treatment services.

CHALLENGES

With almost 3 million people, Quezon City is the biggest city in Luzon, one-fourth the size of Metro Manila. Due to its population size and geographical spread, reaching MSM with face-to-face interpersonal communication and counseling (IPC/C) and peer education activities has become a challenge; whereas the use of mass media (TV, radio and print) is considered too sensitive for the general public.

Data from 2011 IHBSS reported core behavioral and sexual risks that increase the chance for HIV transmission among MSM:

- 62% had anal sex in the past 12 months with only 34% reporting condom use during last anal sex;
- Almost one in two MSM (45%) met their partners online;
- More than half (54%) did not feel at risk for HIV, since they were convinced their partner is "clean" and does not have HIV;
- Generally each MSM had one new partner every 1-2 months.

Despite available services at local government facilities, MSM rarely access them due to limited knowledge about their existence. Social Hygiene Clinics (SHCs) in Quezon City were designed to cater mainly to female and male entertainment establishment workers to comply with a City Ordinance that requires them to undergo regular check-ups to keep their working permits in good standing. Because of this, SHCs have become stigmatized and their clients discriminated; whereas services for MSM have been minimal to non-existent. While there is a high degree of tolerance of MSM in the Philippines, members of the MSM community still face stigma and discrimination in general. Negative attitudes towards MSM and 'homophobia' among Filipino society present a significant barrier in reaching with HIV/AIDS information, education and treatment.[xxv]

With a 5% HIV prevalence rate among MSM, the Quezon City Health Department (QCHD) stepped-up its efforts to prevent HIV among this population through LGU-supported peer educators (PE) and other externally funded projects which focused on on-site HIV testing, online HIV education and counseling and service delivery. However, finding the MSM sub-population who was high-risk was a challenge.

There is large diversity among the MSM community: some openly identify themselves as gay while others wish to remain silent about their sexuality. MSM also include bisexual and heterosexual men who at times have sex with other men and may have not yet come to terms with their sexuality, and are reluctant to be publically acknowledged as bisexual or gay. Some MSM are married, usually due to social pressure, and take steps to hide their sexuality.

This diversity within the MSM community (especially among those 'discreet' MSM who are not yet 'out') presents a challenge in reaching them with effective and appropriate methods and messages.[xxvi] MSM delay or avoid seeking health- and HIV-related information, care and services as a result of perceived homophobia. They often feel unaccepted and vulnerable in the society, and turn to closed social networks (known as clans in the Philippines), for the sense of belongingness and trust.[xxvii] Public awareness programs should focus on discreet MSM to reduce barriers to HIV testing and prevention, low-risk perception and high-risk behaviors.[xxviii]

Research demonstrates that the diffusion of health information and healthy norms is more effective in an environment characterized by trust. [xxix,xxx] In addition, there is growing evidence that an individual's involvement in social networks (e.g., MSM clans) can influence health and health behaviors through social support, social influence and social participation.[xxxi]

INITIATIVE

Recognizing the role of social networking in the rise of new cases of HIV among MSM, HealthPRO organized an MSM Forum in 2010 to learn more about MSM "clans" in Quezon City. Anecdotal reports point to the existence of "clans" as a venue for risky sexual behaviors. During the forum, clan leaders described themselves as groups which required membership qualifications and standards and were formally or informally organized to provide members a sense of belonging to help members with their personal issues. There were several commonalities among clans; and one feature was universal – SMS or texting was the main form of communication. Members were required to send several SMS a day, attend a "mini-eye ball" (small face-to-face gatherings) on weekends and participate in annual or semi-annual "grand eyeballs" (usually anniversary or inter-clan activities). While several clans catered to socio-civic interventions to help local communities, most clan administrators admitted that what happens after the "eye-balls" was a personal choice, especially those searching for sexual partners ("sex eye balls").

HealthPRO responded by designing a context-based communication intervention to contribute to the reduction of HIV/AIDS infections among MSM in Quezon City by tapping into existing social networks (MSM clans) through three key communication objectives:

1. Increase awareness of modes of HIV transmission among MSM;
2. Increase condom use among MSM;
3. Increase benefits of knowing HIV status among MSM.

In May 2011, MSM clan leaders discussed how social networking can assist HIV information dissemination among its members. The Short Message Service for Men who have Sex with Men (SMS4MSM) concept was introduced and mechanisms for implementing the text-based information were operationalized.

As part of the initial environmental scanning process, a total of 56 MSM clans were identified. Of these, 31 clans with a total membership of over 2,000 expressed their interest and committed to participate. In the succeeding meetings, 16 clan administrators agreed to integrate HIV prevention messages in their "textivity" (text-activity), "GM" (Group Messages), "mini-eyeball", "grand eyeballs". Facebook was used to complement SMS and face-to-face exchanges. Over 20 HIV messages (*"Know the facts – talk to*

your peers," "Use condoms always," "Get tested") were developed by HealthPRO together with clan administrators, and pretested for appropriateness, sensitivity, relevance, comprehension and appeal. Roles and responsibilities among MSM clans, the Quezon City Health Department, the Positive Action Foundation Philippines, Inc. (a Person Living With HIV/AIDS [PLWHA] support group) and HealthPRO were outlined to guide the implementation of the intervention. A small working group was formed to design the formal launch with national and local government partners, MSM organizations and the private sector.

Over 120 individuals from 20 clans and various sectors participated in the formal launch where roles were further clarified:

Organization	Identified Role/s
DOH National Epidemiology Center	Provide statistics, qualitative information about the concentrated MSM epidemic and program support
Quezon City Health Department (QCHD)	Linked health information through health classes and Voluntary Counseling and Testing; conducted peer education
MSM Clans	Disseminated basic information by SMS on HIV awareness, SHC services, health classes and VCT; tracked SMS forwarded and individuals reached
USAID/HealthPRO	Supported initial discussions and health classes, provided technical expertise on HIV prevention, communication and message development; monitored progress of activities

The QCHD's role in SMS4MSM intervention was crucial since the trained peer educators employed by the Local Government Unit (LGU) were designated health class facilitators during the MSM clan's scheduled "mini-eyeballs." After the health classes, MSM were encouraged to take the HIV test with appropriate counseling sessions. MSM who were HIV positive where then referred to an HIV support group, the Positive Action Foundation Philippines, Inc. (PAFPI). The Quezon City Health Officer acknowledged the initiative "as an important step towards identifying and reaching to the once-unknown, secret, and difficult to reach MSM population". Given the anonymous HIV status of discreet MSM or bisexual men, developing and implementing an appropriate intervention that will respond to their needs is imperative.

The SMS4MSM initiative had minimal cost implications. HealthPRO resources were focused on organizing meetings to validate research and anecdotal reports about the clans and to solicit their support for an activity, which directly involves and affects their members. Integrating the HIV messages in the clans' "textivities" had no financial implications for the clans because the members were supposed to send SMS to their peers to maintain good standing in the organization. Peer Educators and the QCHD's HIV/AIDS health classes and Voluntary Counseling and Testing (VCT) were routine activities, which became more widely accepted and frequent. Outreach-based VCTs were conducted repeatedly in MSM entertainment establishments or during clan gatherings.

Apart from regular clan activities, the QCHD and the MSM clans organized the "First MSM Summit" in Quezon City to gather active clans together, update them on HIV prevention activities and share accomplishments. This event also provided an opportunity to inform MSM about Quezon City Social Hygiene Clinic services especially their outreach programs, which cater to local communities.

To complement MSM clans' SMS activities, an HIV/AIDS print communication package was developed by HealthPRO. Similar to SMS4MSM, the **"Am I?"** HIV/AIDS communication package was produced in

close collaboration with the QCHD to contribute to the reduction of HIV/AIDS infection among MSM by:

1. Increasing free HIV voluntary counseling and testing, and
2. Promoting condom use among MSMs.

Sample HIV posters to increase awareness and postcard to encourage VCT services at the SHCs

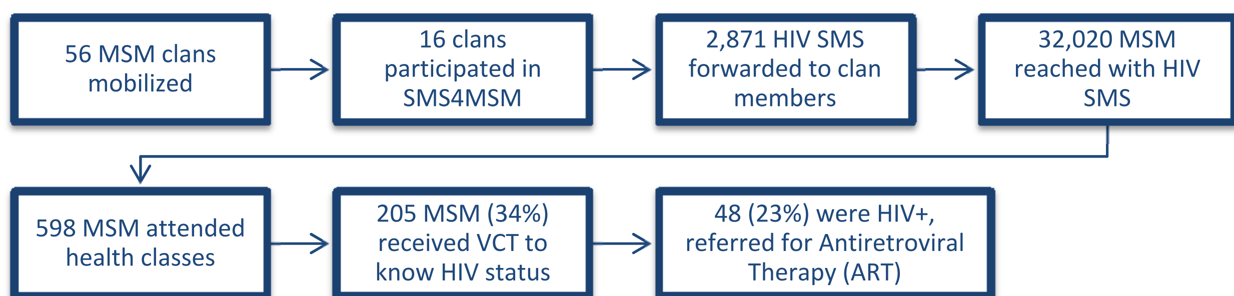
Key messages included: *"Don't take the risk. Always use condoms and lubricants." and "Know your HIV status. Get your free test."* A separate service marketing postcard for SHCs was designed to encourage MSM to get tested for HIV. In November 2011, a total of 2,200 posters and 4,700 postcards were distributed in SHCs, entertainment establishments and other cruising areas. In addition, the Quezon City LGU-deployed peer educators were mobilized to distribute these materials during their outreach activities among MSM in local communities. Finally, a Facebook account – *Am I Ako Ba* – was set up by HealthPRO and the QCHD to respond to queries, encourage feedback, provide referral services and link with other on-line resources.

To complement the intensified efforts of the QCHD to reach MSM with better HIV prevention approaches, HealthPRO conducted a refresher course on IPC/C for 18 LGU peer educators in April 2012. The training resulted in PEs becoming better equipped in counseling for behavior change and service provision as they refered more MSM to SHCs to know their HIV status. PEs were also provided job aids to facilitate counseling sessions and standardize basic facts and information about HIV/AIDS.

RESULTS

With news about the concentrated epidemic among MSM in Quezon City, MSM clan members took it upon themselves to reach out to others with information whether by SMS or through face-to-face interactions. The integration of prevention messages into their daily routine allowed MSM to connect at an emotional level and to produce desired behavior – to know one's HIV status by getting tested.

During the period June 2011 to June 2012, the following were accomplished:



With SMS4MSM, awareness of and access to VCT improved significantly and more MSM were tested. Requests for health education classes from MSM clans were more frequent and the all-important critical link between health service provider and client was established. In 2010, 115 men and 2,298 women were tested in Quezon City for HIV but this ratio was reversed in 2011 (2,520 men and 1,359 women) with an almost 100% increase among men tested (Figure 3).[xxxii]

While significant gains were achieved during the course of the intervention, there were challenges in its implementation, including the fast turnover of MSM clans. Members belonged to several clans at the same time and would therefore not be able to cope with demands of each organization. This would lead to closure or renaming of the clan – with a new name but almost similar composition. The need to keep up with the frequent creation of new clans and engaging them for the SMS4MSM intervention was imperative to continue disseminating key information to members. Despite this challenge, the participation of MSM in the intervention continued.

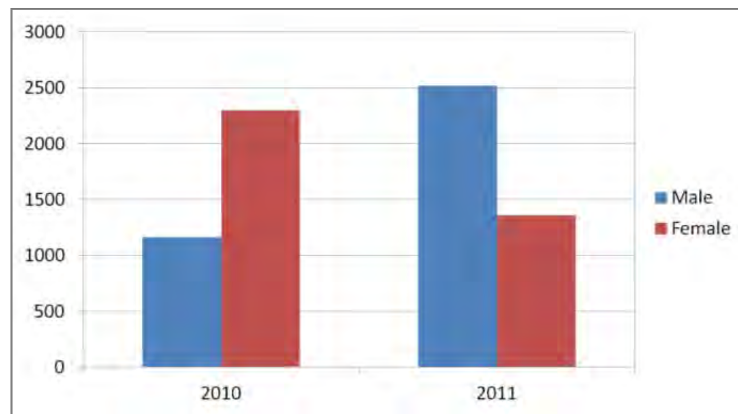


Figure 3: HIV Tests in QC VCT Services, 2010 vs. 2011 (Source: Quezon City Health Dept, 2012)

Discussion

Most of the results focused on reach – information, services and referral – yet from the QCHD's perspective, uncovering who the "undefined, unidentified and unknown" MSM subpopulation was a significant achievement as well. From the faceless profile of recently diagnosed Person with HIV (PHIV), this group was now identified. Rapport was established among key players or stakeholders and relationships built on a common vision to prevent the transmission of HIV. Several activities beyond the SMS4MSM focus were developed to deliver information and determine HIV status. For example, MSM clan members actively took part in the first QC MSM Summit. The enter-educate activities helped MSM acknowledge, recognize and take concrete actions to prevent HIV transmission.

Organized health classes by the PEs and provision of VCT services were part of every SMS4MSM intervention. Recognizing the important contribution of the PEs, the LGU hired additional PEs. Since increased demand for community services was expected, an additional Social Hygiene Clinic, which operates beyond office hours (3 pm to 11 pm) labeled "Sundown Clinic" was established to cater to MSM with an active nightlife.

Key success factors for the SMS4MSM initiative include:

1. ***Participation and ownership of MSM.*** Led by the clan administrators, MSM welcomed the interventions with a high level of trust.

2. ***Integration of health promotion and service delivery***. Targeted messages, focused on specific areas of behavior change, linked with service provision, were successful in encouraging MSM to get tested for HIV.
3. ***Cost-effectiveness of mobile technology.*** The target audience was provided HIV-prevention messages quickly with little program costs.
4. ***Partnership of key players.*** Political will and support from Quezon City LGU, policy support, advocacy and service delivery were carried out with clear delineations of functions among the public health and private organizations.

RECOMMENDATIONS

To effectively implement behavior change communication interventions, it is important to engage target audiences from project conceptualization to implementation. In our intervention, MSM provided important information to the intervention's strategic design and implementation, since MSM themselves best understood the dynamics of their own community. They knew how to best capitalize on opportunities for sharing information, and offer tangible solutions to improve HIV awareness and testing.

Text messaging as an approach to health information dissemination is a low-cost, feasible intervention especially for members of a closed group[xxxiii]. It is a confidential, direct, personal and targeted form of health promotion which other health programs can make use of to achieve desired behaviors. In the Philippines, the opportunity for mobile health interventions is vast, as about 80% of Filipinos own at least one mobile phone[xxxiv].

Scaling up SMS-based health promotion is feasible as long as the target recipients of the information are well-educated, the messages tailored, and referral services available. SMS4MSM can be scaled-up at the regional levels – linking with both public and private partners. The key players listed above (public health services providers, MSM, support groups) should continue to be involved while the private sector can be tapped to further sustain the initiative through provision of resources to sustain joint regular interventions. For HIV prevention, condom manufacturers/distributors, entertainment establishments, private service providers and/or tele-communications companies need to be engaged. Other health service providers in the system, not just SHC-based peer educators, should be mobilized for greater synergy of health service provision at the community level.

An improvement in the LGU monitoring and data gathering system is essential to scale-up for impact. For this intervention, MSM clan administrators shared self-reported statistics, which can benefit from an electronic, data mining system to consolidate and standardize information gathered from the MSM clans. Other data on health services were sourced from SHCs and peer educators. Developing mobile innovations to record and track data will help program managers understand better the impact of their programs.

With SMS4MSM, mobile technology penetrated the closed knit-MSM environment with key HIV messages, reached target groups more effectively, and met the needs of hard-to-reach population with services to elevate health promotion beyond geographic borders for better health.

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ANNEX 8. LBK GUIDE

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