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Usapan for Private Practicing Midwives as a Behavior Change Communication Strategy to Improve Utilization of FP-MCH Products and Services in the Private Sector



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Acronyms

BCC	Behavior Change Communication
BHW	Barangay Health Worker
BTL	Bilateral Tubal Ligation
CHT	Community Health Team
DOH-RO	Department of Health-Regional Office
FP-CBT	Family Planning Competency-Based Training
FP-MCH	Family Planning Maternal and Child Health
IUD	Intrauterine Device
LA/PM	Long Acting and/or Permanent Methods
PPM	Private Practicing Midwife
PRISM2	Private Sector Mobilization for Family Health – Phase 2
SDN	Service Delivery Network

Preface

This document was developed under the USAID Private Sector Mobilization for Family Health – Phase 2 (PRISM2) project. PRISM2 was designed to increase modern contraceptive use obtained from private sector sources and to increase the number of deliveries attended to by skilled birth attendants.

PRISM2 developed technical assistance packages that the public health sector may use in applying a public-private partnership approach to expand provision and utilization of family planning and maternal and child health (FP-MCH) services in various settings and contexts. Behavior change communication (BCC) is a key component of the project to improve utilization of FP-MCH products and services provided by the private sector which led to the development of this guide.

About this document

This document is intended to be a concise and user-friendly guide to parties interested in building the capacity of private practicing midwives (PPMs) to adopt and implement the *Usapan* (“Conversations”) series as a service marketing approach. *Usapan* aims to increase the revenues of PPMs by (a) gaining new clients for FP-MCH services and products, and (b) offering new business to current and previous clients.

The document is intended for:

1. Development projects, midwife associations, non-governmental organizations, and others who take on the task of implementing BCC to improve access to FP-MCH products and services provided by the private sector, particularly the PPMs.
2. Public sector stewards (Department of Health-Regional Offices (DOH-ROs); and local government units: provincial health office or city/municipal health office) in a locality. From a public health perspective, implementing this package will help public sector stewards achieve an increase in contraceptive prevalence rates and skilled birth attendance during deliveries through leveraging of the potential of PPMs.

The Project’s Overarching BCC Strategy

Audience-specific

PRISM2’s BCC strategy recognized the different FP-MCH needs of the following audience segments:

1. Women of reproductive age with unmet need for family planning to *space* their next birth
2. Women of reproductive age with unmet need for family planning to *limit* their family size
3. Men of reproductive age with need for either birth spacing or limiting family size
4. Women who are currently pregnant or planning to get pregnant

Youth are also recognized as an important audience segment. However, reaching young people requires a different approach to BCC, and separate tools and processes are needed for implementing programs for young people.

Introduction

The BCC strategy described in this document addresses several key FP-MCH challenges identified from various studies in the Philippines:

Family Planning

1. According to the 2013 National Demographic and Health Surveys, there has been very little interaction between family planning providers and married women of reproductive age who are non-users of family planning. This means there are fewer opportunities to clarify and thoroughly discuss health concerns about family planning methods and inform these women about the availability of safe and modern options for family planning.
2. Many women say they do not want to have any more children, but at the same time are not using any method to prevent unplanned pregnancy. This is referred to as unmet need for family planning. (2006 Family Planning Survey and 2011 Family Health Survey)
3. There is a need to bridge the gap between knowledge of family planning and actual service provision. Often, demand generation activities are conducted, increasing people's knowledge of, and interest in family planning but without actual products and services being made available. Conversely, there are many instances where products and services are available, but BCC activities are insufficient to create demand.
4. As a developing country, the Philippines has limited government resources. Its contraceptive self-reliance strategy has limited subsidized family planning services for low-income Filipinos. As such, the government has been encouraging the private sector to supply contraceptives and services to those who can pay. For PPMs specifically, this has presented an excellent business opportunity to get more involved in family planning service provision, as well as to become distributors of family planning commodities.

Maternal and Child Health

1. In recent years, maternal mortality has remained stagnant at 162 deaths per 100,000 live births as indicated in the 2006 Family Planning Survey.
2. While 95.4 percent of mothers in the Philippines received antenatal care from health professionals, only 81.9 percent of these received tetanus toxoid injections during pregnancy. (2013 National Demographic and Health Survey)
3. In addition, only 62 percent of births were attended by trained health professionals and just 44 percent of births took place in a health facility. (2006 Family Planning Survey)

To address these challenges, the BCC solution that has been developed considered the following:

1. Design integrity – anchored on BCC theories and principles.
2. Speed and effectiveness of implementation – employing and making incremental innovations to approaches previously implemented in the Philippines that have shown some measure of success, and previously approved BCC materials.
3. Salience and acceptability among local partners – materials and methodologies were localized (as feasible) and adjusted for cultural-appropriateness

The development of BCC and demand generation approaches within the parameters mentioned above led to the development of the *Usapan* for PPMs series.

What is the *Usapan* for PPMs Series?

The *Usapan for PPMs* series is a BCC tool designed for easy use by PPMs to generate and satisfy demand for FP-MCH products and services by making them readily available to interested *Usapan* participants. In doing so, the PPMs have the potential to increase their revenues. As PPMs see an increase in their revenues through direct and indirect impact of *Usapan*, they then become motivated to conduct more sessions, which then contributes to improved utilization of FP-MCH products and services.

“Because of Usapan sessions, I gained new family planning clients. I hold Usapan on Sundays to cater to the needs of my participants who are mostly working moms and cannot visit health centers on weekdays.”

- PPM Benedicta Javier, Barangay Biga, Tanza, Cavite

From a behavior change and social marketing perspective, the *Usapan* series is a carefully structured process for a facilitated group discussion on FP-MCH with a maximum of 15 participants, lasting about two hours. The design is conversational as opposed to the traditional lecture type of session. It educates participants by giving them only the right amount of information that adults can process in one sitting and provides them with essential information that is emotionally appealing so that at the end of the session participants can identify a particular method or service as potentially being responsive to their needs.

During *Usapan* sessions, participants are presented with participatory exercises directing them to focus on their feelings and level of satisfaction with the current state of their family, as well as their hopes and aspirations for their family's future. In all the sessions, participants are asked to think about what role, if any, family planning could play in realizing these aspirations.

At the end of an *Usapan* session, participants who express interest in a method or service are offered one-on-one counseling with a trained service provider for a more thorough discussion of the method or service of interest. Based on the *Usapan* participant's informed choice and medical assessment, PPMs provide the desired method or service on-site (e.g., pills, injectable contraceptives, standard days method beads, intrauterine device (IUD) insertion, antenatal care), or immediately refer them to a higher level health facility for methods such as voluntary surgical contraceptives. During the *Usapan*, it is also made clear to participants that they have the option not to choose a method or service if they are not ready or currently do not need it.

Box I. GATHER and Usapan

The Greet-Ask-Tell-Help-Explain-Refer/Return (GATHER) counseling is the Department of Health-approved one-on-one family planning counseling methodology. Health workers are able to reach and increase awareness of more people on family planning by implementing G-A-T in a group counseling setting, rather than having to talk to each person individually. The family planning counselor only has to implement H-E-R during the one-on-one counseling process, thereby shortening the process. In the context of *Usapan*, PPMs can focus the one-on-one counseling on “H” (helping the potential client to make an informed choice), “E” (explaining the details of the family planning methods or recommended maternal and child health actions), and “R” (only refer when she cannot perform the service her/himself). The reason for setting a maximum of 15 participants is to help ensure that facilitators will have the time and energy to counsel and extend services to interested participants after the group session.

The *Usapan* series consists of four variants intended for specific market segments that are present in every community. These are:

- *Usapang Pwede Pa* (facilitating choice and use of spacing methods among women with unmet need for spacing);
- *Usapang Kuntento Na* (facilitating choice and use of long-acting or permanent methods (LA/PM) of contraception among women with unmet need for limiting);
- *Usapang Buntis* (promoting essential behaviors for ensuring healthy pregnancy, safe delivery, and family planning among pregnant women or women who are planning to get pregnant); and
- *Usapang Bagong Maginoo* (promoting male participation in FP-MCH)

In practice, PPMs often combine *Pwede Pa* and *Kuntento Na* together in one session (*Usapang Pwede Pa / Kuntento Na combo*). The tools have been designed to allow this combination. All four *Usapan* variants also introduce clients to the role of gender in relationships, and how this and gender-based violence can interfere with accessing and using FP-MCH services and products.

While the *Usapan* series was developed specifically for use by PPMs, many aspects of the approach are also relevant for implementation by the public health sector. Therefore, a public sector version of *Usapan* has been developed. A comparison of the key characteristics of *Usapan* for PPMs and *Usapan* for the Public Sector are presented in [Annex I](#). This current document focuses on the implementation of *Usapan* by PPMs.

Implementing an *Usapan* Program

I. Printing materials

The rollout of *Usapan* requires the availability of a range of tools to support training, implementation, and monitoring. Funds need to be budgeted to enable printing of the following materials:

a. *Usapan* Trainer's Guide

This guide is intended for trainers who will be training PPMs in facilitating *Usapan*. It is made up of session guides and corresponding PowerPoint presentations. Each trainer should have a copy of this guide.

b. *Usapan* Facilitator's Guide

This is the complete guide for PPMs in conducting *Usapan* sessions. It includes a discussion on how to recruit participants, how to facilitate *Usapan* sessions, and a description of the process for post-*Usapan* follow-up. Each *Usapan*-trained PPM will need a copy of this guide.

c. Action cards (available in Filipino, Cebuano, Waray, Ilonggo)

These action cards are used by the *Usapan* participants during the structured *Usapan* exercises to aid them in documenting their thoughts and choices in planning for their family. A PPM should provide each *Usapan* participant with an action card. It is advisable to initially provide each PPM trainee with at least 60 action cards, which the PPM will reproduce for her succeeding sessions.

d. Tarpaulin flipcharts (family planning; safe motherhood)

Each PPM trained in *Usapan* should receive one of each of these tarpaulin flipcharts which will be used as a job aid during the *Usapan* sessions.

The Trainer's and Facilitator's Guides, as well as the action cards, can be printed and bound in large volumes through outsourcing (for cost-effectiveness), or they may simply be photocopied and then ring-bound as the need arises. A more detailed description of the materials is provided in [Annex 2](#). These materials have been pre-tested.

2. Selecting and engaging PPMs

While the *Usapan* series may be of value to all PPMs, those with PhilHealth accreditation should be prioritized since they will be able to provide a number of services (including maternal care services and IUD insertion) to indigents without out-of-pocket expenses. Likewise, they would have gone through the Family Planning Competency-Based Training Level I (FP-CBT I) training, which is a prerequisite for the implementation of *Usapan*. In the case of PPMs who are interested in conducting *Usapan* but are not PhilHealth-accredited, they must have at least completed FP-CBT I.

Potential PPMs can be identified through a number of channels. PPMs who are accredited by PhilHealth, and those who have applied for accreditation, have business permits to operate their birthing homes. A list of these PPMs is available at the Business Permit and Licensing Office of any city or municipality. Active local chapters of midwives' association are also a good source of information on PPMs who may be included in the program.

Once potential PPMs have been identified, an *Usapan* orientation should be organized. This will help identify those PPMs who see the most value in *Usapan* as an enhancement to their birthing home practice. It is important to prioritize these PPMs to ensure that the interventions are routinely implemented. [Annex 3](#) provides guidelines for organizing the *Usapan* orientation for PPMs.

The idea of using behavior change initiatives as a marketing tool is new to many PPMs. It is important that the core value of *Usapan* – as a marketing approach that can help them get new clients or generate new business from old clients – is well understood by PPMs before they join the *Usapan* training. To do this, there must be a well-crafted communication provided to local partners who mobilize the PPMs, and to the PPMs themselves about the rationale and benefits of conducting the *Usapan* series. This message can be reinforced by the integration of the *Usapan* as a marketing tool into the ADP Operators Training for PPMs.

3. Identifying and training *Usapan* series trainers

Across the Philippines, there is a growing pool of health providers who have been trained as trainers of *Usapan* facilitation for PPMs. PRISM2 has provided to Department of Health-Regional Offices (DOH-ROs) in its project areas a list of trained trainers of *Usapan* Facilitators' Training. The same trainers' list has also been shared with the USAID regional projects, i.e. LuzonHealth, MindanaoHealth and VisayasHealth. Where trainers are not currently available, the chief of the DOH-RO Family Health Cluster and the regional training team should develop a core group of trainers at the regional and/or provincial levels. Potential candidates for forming these core groups include the Health Education and Promotion Officers and FP-MCH Coordinators from the public sector, and training officers of midwives' associations and non-governmental organizations. While trainers who already have significant experience in both the provision of behavior change training and the use of participatory methods may be able to train PPMs by simply using the *Usapan* Trainers' Guide, they must still undergo the training-of-trainers to ensure that they thoroughly understand the concepts contained in the *Usapan* series. Refer to Box 2 for a brief description of the training-of-trainers process.

Box 2. *Usapan* Training-of-Trainers process

Training of trainers is undertaken in three stages:

- (1) Potential trainers should initially attend the four-day facilitator's training;
- (2) Each should then personally conduct a minimum of three *Usapan* sessions;
- (3) They then should attend the two-day discussion and role-playing sessions in which the training protocol outlined in the *Usapan* Trainers' Guides for training *Usapan* facilitators is discussed.

4. Training PPMs on *Usapan* facilitation

An *Usapan* facilitators' training for PPMs is conducted in four days. Trainers should use the detailed *Usapan* Trainers' Guide. The technical contents of the training curriculum are as follows:

- Development of group counseling facilitation skills that are necessary to effectively conduct the *Usapan* series
- Review of key FP-MCH topics:
 1. Fertility awareness and joint fertility
 2. Various modern family planning methods
 3. Essential behaviors for pregnant women to ensure healthy pregnancy and safe, facility-based delivery
 4. Elements of male participation in FP-MCH
- Gender issues and gender-based violence and the effect on women's and girls' access to and ability to use FP-MCH services and products.

The *Usapan* facilitators' training should have a minimum of 10 trainees (for cost-effectiveness) and a maximum of 25 trainees (for training management considerations). An ideal training team is composed of a lead trainer, an FP-MCH resource person, and a gender resource person. Two additional co-facilitators, if available, will help manage the role-playing and return demonstration sessions, and the field practicum.

Recognizing that it is often challenging for PPMs to be away from their work stations to participate in a four-day training, it is important to consider their availability and preferred schedule when planning the *Usapan* sessions. This could mean scheduling the session during the PPM's off-peak season (often reported to be from May to August) or developing flexible schedules, say, conducting the sessions over a period of two weeks.

5. Developing linkages with pharmaceutical companies

Trained *Usapan* facilitators need to have a reliable and affordable source of family planning commodities so that they can provide the methods of choice of participants of their *Usapan* sessions onsite. To ensure that PPMs have access to family planning commodities, a meeting with top managers and product managers of pharmaceutical distribution companies that market FP-MCH products in the area must be held. These meetings are an opportunity to introduce *Usapan* to these companies as an effective marketing approach of PPMs and present them as viable alternative distribution points for family planning commodities. Once the managers of the pharmaceutical companies are persuaded about the potential market, further discussions may be held to identify distribution and packaging options that will meet the needs of PPMs.

During discussions with pharmaceutical companies, introduce the idea of family planning “commodity packs,” i.e., plastic-wrapped packets containing several cycles of pills, injectables, IUDs and cycle beads. These may be sold directly to PPMs through regular distribution channels, or in specific venues/activities. The *Usapan* facilitators’ training is one of the venues for this purpose by inviting distributors to attend and sell these commodity packs to participating PPMs.

6. Developing linkages with LA/PM service providers and facilities

It is important that the PPM *Usapan* facilitator immediately refers participants who express interest in LA/PM to health facilities providing these services. This would include voluntary sterilization services for both men and women (e.g., no-scalpel vasectomy and bilateral tubal ligation (BTL), respectively), as well as IUD services which the PPM may not be able to provide on-site.

In preparation for the *Usapan* rollout by trained PPMs, organizers need to identify potential LA/PM service providers and facilities within the vicinity of the said PPMs. In areas with established service delivery networks (SDNs), the SDN directory will be a useful source of information on the types of services provided by member health facilities. Negotiations should be held with these facilities to gain their commitment to be referral facilities for LA/PM services. To encourage appropriate referrals, a standard agreement may be arranged between the PPM and referral facilities whereby the facility gives a pre-agreed amount equivalent to a counseling fee to the PPM for every caseload referred as a result of *Usapan*. The facility may get this referral fee from its PhilHealth reimbursements.

During an *Usapan* facilitators’ training (see below), the LA/PM referral facility is announced to the PPMs, including the agreed counseling fee for every referred client. In addition to developing linkages with fixed site LA/PM providers, PPMs may become an integral part of itinerant LA/PM service provision teams. An LA/PM itinerant team is composed of PPMs as *Usapan* facilitators and PhilHealth-accredited LA/PM service providers. *Usapan* may be used to determine the demand for LA/PM services. *Usapang Pwede Pa* should not be conducted if there are no readily available family planning commodities. Likewise, *Usapang Kuntento Na* should not be conducted if the linkage with the LA/PM provider has not been established yet.

7. Developing linkages between PPMs and community-based health workers

Developing linkages of PPMs with barangay health workers (BHWs) and community health teams (CHTs) is an effective way of assisting PPMs in identifying appropriate clients for participation in *Usapan* sessions, particularly those who already have an identified unmet need for family planning. These volunteer health workers may have access to information from past surveys which then allows them to identify women who are non-users, but may be interested to use modern family planning methods. Examples of these local sources of information which PPMs may be able to access through voluntary health workers are the CHT surveys, target clients lists, and the community-based management information system. In addition, health volunteers may recommend women and men from the households in their areas as *Usapan* participants. These health volunteers may also be recruited to conduct post-*Usapan* follow-up either through text, phone calls or home visits of new acceptors and the undecided participants.

“Building strong partnership with Barangay Health Workers is essential to a successful, well-attended Usapan. They have always been helping me identify and invite the right participants for my Usapan sessions. In fact, 16 of my current IUD users attended my Usapan who were invited by BHWs.”

- PPM Amethyst V. Castro, Brgy. San Joaquin, Sta. Ana, Pampanga

8. Implementing a “buddy system”

A “buddy system” – where less experienced PPMs are paired with more experienced PPMs – could be beneficial to both midwives. The less experienced PPM could learn best practices from the more experienced midwife and therefore develop new skills. Conversely, the more experienced midwife could gain new clients from referrals of the less experienced PPM, should the latter feel not confident enough yet to perform the required services. The buddy system could also be based on experience in conducting *Usapan* sessions. This means pairing PPMs who have been trained earlier (and have significant experience in conducting *Usapan*) with newly trained PPMs.

During the *Usapan* training, a buddy system may be initiated during the return demonstration session and practicum. The trainers encourage trainees to form triads (or groups of five members) with fellow PPMs who come from the same general vicinity. The trainers make sure that the triad or group is a mix of experienced and less experienced PPMs. These groupings are maintained throughout the training to develop camaraderie and teamwork. Towards the end of the training, there is a brief action planning session. The trainees should negotiate with each other to form “buddy systems” of their own choosing and asked to incorporate their buddy-PPM’s participation in the activities in their respective action plans. Sometimes it is necessary for trainers to assign buddy systems, but generally it works better to allow PPMs to pair with someone they think they can work with. Likewise, the buddy system may be a triad of one experienced PPM and two less experienced PPMs.

In Tanza, Cavite, the *Usapan* trainers formed a triad composed of 1) Midwife Ana, who is only on her second year of private practice; 2) Midwife Gemma with over five years of private practice; and, 3) Midwife Lourdes, with about 30 years of private practice and whose family planning forte is IUD insertion. Midwife Gemma assisted Midwife Ana in her initial *Usapan* sessions. Since she has not yet been trained on IUD insertion, Midwife Ana referred all interested participants to Midwife Lourdes.

9. Supportive supervision

A supervisor should be designated to provide additional technical advice to a cluster of PPMs who have been trained on *Usapan* and are located within a municipality or district. This supervisor could be a project staff, local government staff, or another midwife. Ideally, those identified as *Usapan* supervisors should be experienced *Usapan* facilitators. Since PPMs implementing *Usapan* are intended to be part of the local SDN, the SDN management team should be the one to identify and designate the *Usapan* supervisors. In the absence of an active SDN, the officers of the local chapter of the midwife associations may designate *Usapan* supervisors in consultation with their member PPMs. In either case, the designees must have been trained as an *Usapan* facilitator and have conducted *Usapan* sessions.

The PPMs will benefit from the presence of a supervisor who can provide on-site support and, after the session, provide supportive feedback. The supervisor will provide additional technical guidance and also help ensure proper record-keeping and reporting.

Usapan-trained PPMs should be regularly supervised (preferably quarterly or at least twice a year) in regard to their implementation of *Usapan*, and provided continuing support and mentoring. The quality of an *Usapan* session is measured according to the following criteria:

- Adherence to guidelines for recruiting participants
- Adherence to the structured flow as indicated in the *Usapan* facilitators' guide
- Immediate one-on-one counseling by an FP-CBT I trained provider
- Immediate provision of the desired method/service, as feasible after counseling
- Accurate and complete data recording of the *Usapan* sessions
- Conduct of *Usapan* only when PPMs have commodities
- Regular post-*Usapan* follow-up by the PPM

Benefits of *Usapan*

BCC is an integral part of the overall FP-MCH service delivery package to reduce maternal and child mortality. Among other benefits, it helps ensure that available FP-MCH services and products are utilized by the intended clients. When implemented properly, *Usapan* could be a profitable BCC approach for PPMs in terms of enhancing their business, and beneficial to clients in terms of satisfying their FP-MCH needs.

ANNEXES

Annex I: A Comparison of the Key Features of the *Usapan* for PPMs Series and *Usapang Pangkalusugan*

The distinction between *Usapan for PPMs* and the *Usapan for the Public Sector* is based on the different needs of clients, and abilities of the private and public sectors to respond to those needs. Below is a comparison of the key features of the private and public versions of, essentially, one BCC approach.

<i>Usapan for PPMs</i>	<i>Usapan for the Public Sector</i>
Private sector	Public sector
Facilitated by PPMs or by nurses at private birthing homes (or hospitals), at least one facilitator must be FP-CBT I certified	Facilitated by public sector nurses and midwives, at least one must be FP-CBT I certified. Other possible co-facilitators are staff from the city/municipal population office and the city/municipal social welfare office. When the latter are mobilized as part of the team, the health service providers focus on providing health information and FP-MCH services.
PPM recruits participants through direct personal invitation or texting women in their personal networks and word of mouth, e.g., satisfied clients telling others, through own pregnancy/delivery clients; PPMs may also link with BHWs so that they can invite women with unmet needs through CHT lists. The PPMs are also taught to produce low-cost handbills that they can distribute to women/men in their community	Recruit through BHWs using CHT lists, master list of beneficiaries of the Conditional Cash Transfer program, and Community-Based Management Information Systems (CBMIS) in some local government units
Primary purpose is service marketing	Primary purpose is improving performance in indicators under Millennium Development Goal 5, i.e., reducing unmet need for family planning, antenatal care, etc.
Highly participatory and not classroom-like	Highly participatory and not classroom-like
Centers on action card and participatory, reflexive exercises using the action card	Centers on action card and participatory, reflexive exercises using the action card
Facilitates participants thinking through where they are now, where they want to be in five years, and the place of another child or children in those desires	Facilitates participants thinking through where they are now, where they want to be in five years, and the place of another child or children in those desires
Encourages reflection on how family planning methods could help the participant to realize her/his desires for the future	Encourages reflection on how family planning methods could help the participant to realize her/his desires for the future

Usapan for PPMs	Usapan for the Public Sector
<p>Uses job aids produced for the public sector</p> <ul style="list-style-type: none"> • Tarpaulin flipchart on family planning • Tarpaulin flipchart on safe motherhood • <i>Usapan</i> action cards • <i>Usapan</i> facilitator's guide 	<p>Uses job aids produced by the public sector</p> <ul style="list-style-type: none"> • Tarpaulin flipchart on family planning • Tarpaulin flipchart on safe motherhood • Action cards • Facilitator's guide
<p>Includes a discussion of only the necessary information, in layman's language, about male and female reproductive systems and how contraceptives work</p>	<p>Includes a discussion of only the necessary information, in layman's language, about male and female reproductive systems and how contraceptives work</p>
<p>Includes an interwoven section on gender and gender-based violence</p>	<p>Includes an interwoven section on gender and gender-based violence</p>
<p>Depending on the <i>Usapan</i> variant, asks participants to indicate on the Action Card their interest in family planning and choice(s) for a contraceptive method or for maternal and child health services</p>	<p>Depending on the <i>Usapan</i> variant, asks participants to indicate on the Action Card their interest in family planning and choice(s) for a contraceptive method or for maternal and child health services</p>
<p>Provides one-on-one counseling by PPM or hospital midwife immediately following the group session</p>	<p>Provides one-on-one counseling by midwife or nurse immediately following the group session</p>
<p>Supplies must already be available in the health facility</p>	<p>Supplies must already be available in the health facility</p>
<p>Contraceptives sold to participants</p>	<p>Contraceptives provided for free to participants</p>
<p>At least one PPM is qualified to insert IUDs and either inserts IUD right after counseling for those who request or makes an appointment convenient for the participant</p>	<p>At least one public midwife is qualified to insert IUDs and inserts IUD right after counseling for those who request. If on-site insertion is not feasible, the provider sets an appointment, depending on provider's schedule. This may or may not be convenient for the participant, but this arrangement merely reflects the heavy burden on public service providers.</p>
<p>For <i>Usapang Pwede Pa</i>, all spacing methods should be provided onsite, including IUD.</p>	<p>For <i>Pwede Pa</i>, all spacing methods should be provided onsite, including IUD.</p>
<p>For <i>Usapang Kuntento Na</i>, No scalpel vasectomy and BTL provided at a later point by a private hospital. There is a prior arrangement between the referral unit and the PPM.</p> <p>PPM refers clients for no scalpel vasectomy and BTL right after the session.</p>	<p>For <i>Kuntento Na</i>, No scalpel vasectomy and BTL provided at a later point by a public hospital or another qualified facility. Facilitators may refer to other public facilities if their health station facility is not qualified to perform no scalpel vasectomy or BTL.</p>

<i>Usapan for PPMs</i>	<i>Usapan for the Public Sector</i>
Participants usually provided with snacks and beverage.	Food or drink may or may not be provided. This depends on the availability of funds from the local government unit.
Participants come from the neighborhood near the PPM's clinic. The <i>Usapan</i> is usually conducted inside the PPM's birthing home or in an adjacent compound/vacant space.	Conducted in rural health stations, <i>barangay</i> health stations and other public facilities in the participants' neighborhood.
Participants followed up by PPM her/himself in person or through text messages; some make arrangements for BHVs to help follow up	Ideally, participants should be followed up by BHVs or other members of the CHT.
PPM tries to develop and cultivate personal relationship with participants	Public midwife or nurse does not necessarily cultivate personal relationship
<p>Recording/Reporting</p> <ul style="list-style-type: none"> • Attendance sheet kept • <i>Usapan</i> recording form filled out for all participants • Acceptors will appear in Family Planning Form I 	<p>Recording/ Reporting</p> <ul style="list-style-type: none"> • Attendance sheet kept • The recording form may be filled out or other public sector records may be filled out • Acceptors will appear in Family Planning Form I

Annex 2. Detailed Description of the Usapan for PPMs Support Materials

I. Action Cards (available in Filipino, Cebuano, Waray, and Ilonggo)

These are used in the structured exercises in Usapan. The front side is the same for all Usapan variants, but the flip side reflects the different options for each variant.

Below is a sample of the *May Plano Ako* (I Have a Plan) Action Card for *Usapang Pwede Pa / Usapang Kuntento Na*

Contents

Front side: 5-year vision for the family

Front side: Reproductive intentions

Front side: Action plan for planning the family

Flip side: Checklist of available family planning methods (spacing and LA/PM)

Front Side	Flip Side																																				
	<table border="1"> <thead> <tr> <th>INTERESADO AKO SA...</th> <th>PAKI-TSEK (✓)</th> </tr> </thead> <tbody> <tr><td>No-Scalpel Vasectomy (NSV)</td><td></td></tr> <tr><td>Bilateral Tubal Ligation (BTL)</td><td></td></tr> <tr><td>Intra-Uterine Device (IUD)</td><td></td></tr> <tr><td>Injectables (IMPA)</td><td></td></tr> <tr><td>Injectables: Combined Injectable Contraceptive (CIC)</td><td></td></tr> <tr><td>Pills - Low Dose Combined Oral Contraceptive (COC)</td><td></td></tr> <tr><td>Pills - Progestin Only Pills (POP)</td><td></td></tr> <tr><td>Condom</td><td></td></tr> <tr><td>Lactational Amenorrhea Method (LAM)</td><td></td></tr> <tr><td>Standard Days Method (SDM)</td><td></td></tr> <tr><td>Basal Body Temperature (BBT)</td><td></td></tr> <tr><td>Sympto-Thermal Method (STM)</td><td></td></tr> <tr><td>Bilings Ovulation Method (BOM)</td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>INTERESADO AKO, PERO...</th> <th>PAKI-TSEK (✓)</th> </tr> </thead> <tbody> <tr><td>... hindi pa desidido ngayon kung anong pamamaraan ang gagamitin</td><td></td></tr> <tr><td>... may mga agam-agam pa</td><td></td></tr> <tr><td>... ayaw pumayag ng atawa ko</td><td></td></tr> </tbody> </table> <p>Kung walang balak gumamit ng pamamaraan sa Paglalaran ng Pamilya, ano ang dahilan?</p> <p>Pangalan: _____ Address: _____ Cellphone Number: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: green;">LISTAHAN ng mga nagbibigay serbisyo sa Family Planning</p> </div>	INTERESADO AKO SA...	PAKI-TSEK (✓)	No-Scalpel Vasectomy (NSV)		Bilateral Tubal Ligation (BTL)		Intra-Uterine Device (IUD)		Injectables (IMPA)		Injectables: Combined Injectable Contraceptive (CIC)		Pills - Low Dose Combined Oral Contraceptive (COC)		Pills - Progestin Only Pills (POP)		Condom		Lactational Amenorrhea Method (LAM)		Standard Days Method (SDM)		Basal Body Temperature (BBT)		Sympto-Thermal Method (STM)		Bilings Ovulation Method (BOM)		INTERESADO AKO, PERO...	PAKI-TSEK (✓)	... hindi pa desidido ngayon kung anong pamamaraan ang gagamitin		... may mga agam-agam pa		... ayaw pumayag ng atawa ko	
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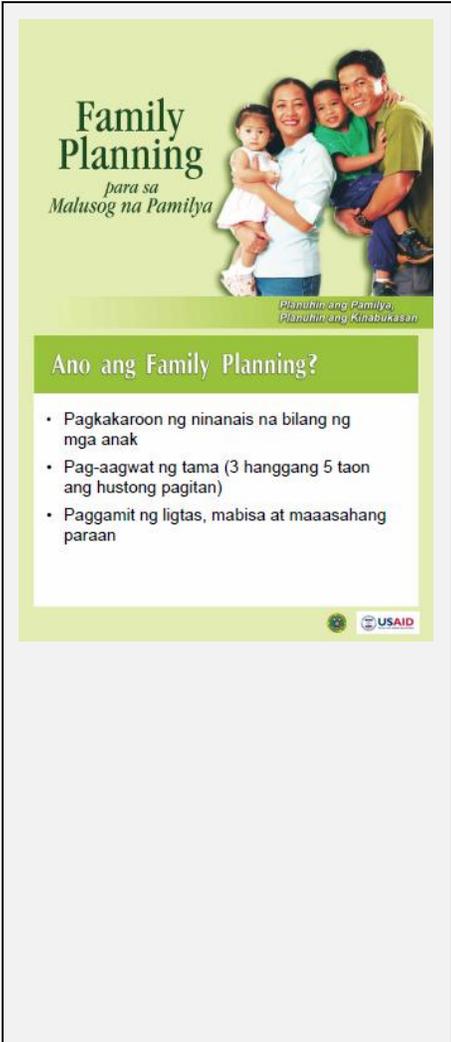
Estimated cost per sheet: Php 1.50 – 2.00

2. Introduction to *Usapan* Guides

- a. *Usapan* Facilitators' Guide – This set comprises the complete guide for recruiting participants, facilitating the *Usapan* sessions, and post-*Usapan* follow-up. In this set, there are four guides, corresponding to the four variants, and an introductory document. There are PowerPoint files for each variant for use by facilitators who have access to LCD projectors. These are given out during the training of PPMs on *Usapan*. This guide can be printed and bound in large volumes through outsourcing (for cost-effectiveness) or can just be photocopied and then ring bound as the need arises.
- b. *Usapan* Trainers' Guide – This is a set comprising of guides and corresponding PowerPoint files for each session in the training curriculum. The training of *Usapan* facilitators has been discussed in Section 4 (Training PPMs on *Usapan* Series).

3. Flipcharts

a. Family Planning tarpaulin flipchart

 <p>The image shows a flipchart titled "Family Planning para sa Malusog na Pamilya". It features a photograph of a smiling family (mother, father, and two children). Below the photo, the text reads "Ano ang Family Planning?" followed by a bulleted list: <ul style="list-style-type: none"> • Pagkakaroon ng ninanais na bilang ng mga anak • Pag-aagwat ng tama (3 hanggang 5 taon ang hustong pagitan) • Paggamit ng ligtas, mabisa at maaasahang paraan At the bottom right, there are logos for USAID and a small circular logo. </p>	<p>Title: Family Planning para sa Malusog na Pamilya (Family Planning for a Healthy Family)</p> <p>Contents:</p> <ol style="list-style-type: none"> 1. DOH definition of family planning 2. Benefits of family planning to mother, father, child and the whole family 3. Fertility awareness <ol style="list-style-type: none"> a. Joint fertility b. Dynamics of human fertility c. Anatomy and physiology of male and female reproductive systems d. Menstrual cycle 4. Brief descriptions of various family planning methods <ol style="list-style-type: none"> a. Temporary methods b. LA/PM
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	<p>This material is also available in the following versions:</p> <ul style="list-style-type: none"> • For Filipino Muslim audiences, particularly in the Autonomous Region in Muslim Mindanao • <i>Cebuano</i> version <p>Estimated cost: Php1,100.00</p>
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b. Safe Motherhood tarpaulin flipchart

 <p>The image shows a vertical tarpaulin flipchart with a pink and white background. At the top left is a logo of a woman holding a baby. To its right, the text 'Safe Motherhood' is written in white on a pink background. Below this, a photograph of a smiling pregnant woman in a white dress being embraced by a man in a yellow shirt is shown. To the left of the photo, the text 'Mas ligtas kung handa' is written in pink. At the bottom left, there are logos for DOH, USAID, and another organization.</p>	<p>Title: Safe Motherhood: <i>Mas Ligtas Kung Handa</i> (Being Prepared Means Healthy Pregnancy and Safe Delivery)</p> <p>Contents</p> <p>List and brief descriptions of key healthy behaviors to ensure safe pregnancy and delivery</p> <ol style="list-style-type: none"> 1. Importance and frequency of prenatal check-ups 2. Birth planning to deliver in a health facility and dealing with pregnancy-related emergencies 3. Self-care and proper nutrition 4. Postpartum care; early skin-to-skin contact and initiation of breastfeeding; 5. Exclusive breastfeeding 6. Importance and benefits of postnatal check-up 7. 3-5 years spacing between pregnancies <p>A <i>Cebuano</i> version of this material is also available.</p> <p>Estimated cost: Php900.00</p>
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Annex 3. Guidelines for Organizing an Usapan Orientation for PPMs

1. Identify the PPMs in the area whom you think would likely benefit from implementing *Usapan*. As mentioned above, prioritize PhilHealth-accredited PPMs and birthing facilities. You may also consider PPMs who are about to be accredited by PhilHealth since they will likely have business permits to operate their birthing homes.
2. Send out invitations to these PPMs for a two-hour *Usapan* orientation.
3. Conduct the orientation (approximately 30-45 minutes) using the prepared PowerPoint file. If preferred, modify the presentation to suit the situation.
4. Hold a 30-minute open forum to clarify concerns of PPMs and provide additional information, if needed.
5. After the orientation, distribute an *Usapan* enrollment form. This will help you gauge the level of interest of each PPM and also help you get more detailed information about them. Below is a sample of this form.
6. Retrieve the enrollment forms. If you still have time, you can ask those who expressed interest to stay, while you dismiss those who did not signify interest to undergo *Usapan* training. Discuss with the group of interested participants the following: date, venue, and the registration fee (to cover the training expenses).
7. If you run out of time, tell the participants that you will contact them again to finalize details of the training. You may then dismiss the participants.

USAPAN ENROLLMENT FORM

Name of Midwife (<i>Last Name, First Name, Middle Initial</i>)		Category of practice <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Both	
REGISTERED BUSINESS NAME (of your birthing home)			
Complete Residential Address (<i>Street No., Street Name</i>)	Barangay	City/Municipality	Province
Email	Telephone No.	Mobile number	
Are you a PhilHealth Accredited provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you interested to attend the 4-day Usapan training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<hr style="width: 20%; margin: auto;"/> Signature over Printed Name			