ANNUAL REPORT

August 16, 2002 to September 30, 2003

PD-ABZ-115

BEST AVAILABLE

Strengthening the Social Acceptance of Family Planning in the Philippines:
A Communication and Advocacy Project
USAID Contract No. 492-C-00-02-00019-00

THE SOCIAL ACCEPTANCE PROJECT

FAMILY PLANNING

BEST AVAILABLE

AED
Academy for Educational Development

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PROJECT BACKGROUND

The Project, *Strengthening Social Acceptance of Family Planning in the Philippines: A Communication and Advocacy Project*, was awarded to the Academy for Educational Development (AED) as the prime contractor in collaboration with The Futures Group Inc. (TFGI), Center for Development and Population Activities (CEDPA) and Ketchum PR as subcontractors. The contract (USAID Contract No. 492-C-00-02-00019-00) covers a three-year period starting August 15, 2002 with a one-year option.

The goal of the project, commonly referred to as *The Social Acceptance Project – Family Planning (TSAP-FP)*, is to achieve greater social acceptance of family planning as part of a healthy lifestyle. This goal (Intermediate Result No. 3) directly contributes to the USAID Philippine Mission's overall Strategic Objective of achieving a sustainable desired family size and improved health among Filipinos. The results envisioned to be realized by the project within the contract period are:

1) *Increased communications adequately portraying family planning as a mainstream health intervention*
2) *Increase in the number of key segments of society advocating for use of family planning*
3) *Increased acceptance of family planning as part of the routine health service package*

The main target groups of the project are:

- *men and women of reproductive age*
- *adolescents and young adults*
- *opinion leaders and key influentials*
- *health providers in government service and industry-based clinics*

To achieve these results, **three interlinked strategies** are being implemented by the project – **Behavior Change Communication (BCC), Advocacy and Social Mobilization (ASM) and Health Provider (HP).** Operationally, these strategies are called project components.

The *BCC component* aims to reposition and popularize the concept of family planning as a way of life and encourage open public discussion of family planning. The *ASM component* aims to develop and sustain a critical mass of influential individuals and groups who will openly discuss FP and become FP advocates and champions. The *HP component* aims to develop and strengthen the capacity of health providers in government and private, industry-based health facilities to promote and provide accurate information on FP using evidence-based medicine (EBM).

This Annual Report documents the major accomplishments of TSAP-FP for the period August 16, 2002 to September 30, 2003 leading to the realization of the project results.

MAJOR ACCOMPLISHMENTS

PROJECT ORGANIZATION AND START-UP

1. **Movement to Office Space, Procurement of Vehicles, Furniture and Office Equipment completed by November 2002.**

   The project moved to its office on the 8th floor of the Ramon Magsaysay Center along Roxas Boulevard in Manila on October 7, 2002. All necessary office equipment, furniture and supplies were procured. Two project vehicles were purchased in November. Telephone lines and internet access were installed.

2. **Recruitment of all Key Personnel completed by December 2002.**

   Upon awarding of the contract by USAID, AED still had to recruit two key personnel – the Communication Advisor and Capacity-Building Specialist for Communication. By end-December 2002, the recruitment of these two staff was completed.

3. **Project Management and Administrative Systems installed by December 2002.**

   Management and financial guidelines as well as forms and systems for reporting were agreed upon by the project team. A Manual of Operations which contains operational and financial guidelines for activity implementation of the project was developed.

TECHNICAL MANAGEMENT AND COORDINATION

1. Workplan for 2003 and Project Indicators, including Quarterly Benchmarks, Developed and Approved

The first annual workplanning session was conducted with the project team and USAID/OPHN from October 1 to 4, 2002. A workplan for the period October 2002 to December 2003 was developed and subsequently approved (*Annex 1*). Revisions to the workplan included agreements with the Commercial Market Strategies (CMS) project regarding overlaps in advocacy activities targeting the business sector. Agreement was also reached with USAID on the indicators for the project, based on USAID Intermediate Result no. 3 and the component results defined in the USAID Request for Proposal for this project.

The **indicators for greater social acceptance** are:
- *percentage of general public who strongly approve of FP practice*
- *percentage of general public who have endorsed FP practice to others.*

For the **BCC** strategy, the **indicators** are:
- *percentage of target audience who have heard of messages portraying FP as valuable to their way of life*
- *number of positive and neutral vs. negative statements/discussions on FP made in key TV, radio programs and newspapers.*

For the **ASM** strategy, the **indicators** are:
- *number and type of key segments of society advocating for the use of FP*
- *number of influential individuals from various sectors advocating for the use of FP.*

The **indicators** for the **HP** strategy are:
- *number of health and allied professional licensure examinations incorporating FP questions*
- *percentage of health providers in public health facilities and industry clinics who have correct knowledge of specific FP methods*
- *development and acceptance of appropriate protocols to ensure the integration of FP as part of the routine health service package.*

Quarterly benchmarks were discussed with and approved by USAID before the beginning of each quarter (*Annex 2*).

2. **Agreement Reached on Project Areas, including special focus on the Autonomous Region for Muslim Mindanao (ARMM).**

Agreement was also reached during the annual workplanning session in October 2002 on project areas. For 2002 to 2003, TSAP-FP will focus its interventions on Metro Manila, the industrial areas of Calamba, Laguna and Batangas (CALABA), Metro Cebu, Negros Oriental, Capiz and Bulacan. For 2004, it will initiate interventions in Metro Davao, Pampanga, the Bicol Region, Samar-Leyte and one province in ARMM while maintaining operations in the 2002-2003 project areas.

In January 2003, USAID requested TSAP-FP to expand coverage and advance implementation of interventions to cover all five provinces and one city of ARMM. The project agreed to this request, subject to availability of future additional funding should it be required.

3. **ARMM Concept Paper Developed and Approved**

In January 2003, TSAP-FP developed a concept paper for ARMM (*Annex 3*). This concept paper outlines a plan to achieve social acceptance of family planning in ARMM and identifies similar interventions in BCC, ASM and HP within the context of Islam. Considering that the major factor to low social acceptance of FP in ARMM is the perception that Islam is not supportive of FP, advocacy activities to get the involvement and active support of Muslim Religious Leaders in ARMM is key to the TSAP-FP ARMM strategy.

4. **Small Grants Guidelines Developed and Approved**

The project has a budget allocated for small grants to sector-based or local advocacy networks to implement communication and advocacy activities for FP. During the first quarter of 2003, the small grants guidelines (*Annex 4*) were developed and subsequently approved by USAID on July 1, 2003. These guidelines govern the implementation of the project's small grants program. As of end September 2003, two grants were approved for funding.

5. **Strategic Plans for Behavior Change Communication, Advocacy and Social Mobilization and Health Provider Components Developed and Approved**

Each of the components developed a strategic plan which describes the component thrusts, specific target groups and planned activities for 2003 to 2005. Each plan also describes the linkage of the component with the other components. The strategic component plans were officially approved by USAID on the following dates: July 2, 2003 (BCC Plan), July 24, 2003 (ASM Plan) and September 30, 2003 (HP Plan). On *Annexes 5, 6 and 7*, respectively, are the approved plans.

6. Agreements Reached with USAID/CTO on USAID Monitoring

Agreement was also reached with the CTO/USAID on USAID monitoring of the Project. A monthly CTO update with key project staff is being held every second Friday of each month to discuss issues during the preceding month and planned activities for the succeeding month. A schedule of TSAP-FP activities is also submitted to the CTO at the beginning of each month. Quarterly meetings at the end of each quarter are held to discuss benchmarks for the succeeding quarter and achievements during the preceding quarter.

BEHAVIOR CHANGE COMMUNICATION (BCC) COMPONENT

Intermediate Result 3.1 – Communications adequately portraying FP as important to the way of life of the target audience increased as measured by the :

- ***Percentage of target audience who have heard of messages portraying FP as valuable to their way of life; and,***
- ***Number of positive and neutral vs. negative statements/discussions on FP made in key TV, radio programs and newspapers***

In order to achieve the above results, the BCC component was able to accomplish the following major activities as per the workplan:

1. Development of Strategic BCC Plan

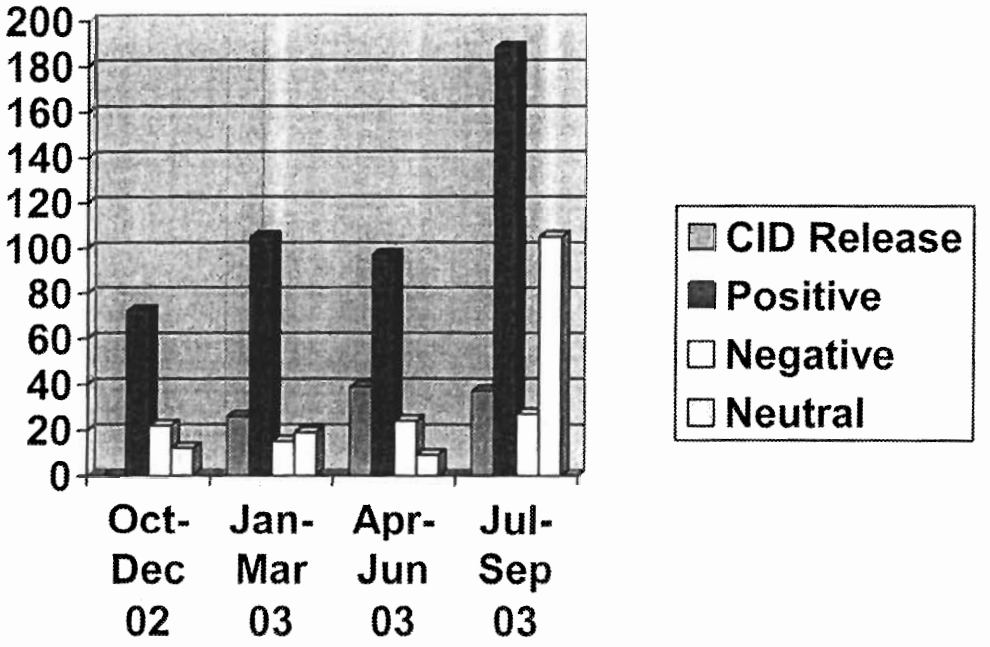
The Strategic BCC Plan 2002 -2005 sets objectives and charts the strategies to be implemented by the project in order to achieve the above-mentioned results. This plan describes the strategies and activities so that men and women, adolescents and young adults and the public at large will come to strongly approve of FP practice. The plan includes activities using public relations, advertising, print IEC materials, entertainment education (enter-educate), non-traditional media, interpersonal communication to reach the various target audience segments as well as capacity-building activities to enhance communication skills of partners and FP champions. Key messages and media are also proposed in the plan.

2. Development and Implementation of Publicity and Quick Response Plan

In order to achieve the increase in positive messages on FP in mass media and communicate FP advocacy to the public, a Publicity and Quick Response Plan was developed and implemented (*Annex 8*). As part of the plan, activities for the reporting period covered media monitoring of FP and related news and articles, press releases on FP topics, quick response to major negative news or articles on FP, media relations and coverage of special events and advocacy efforts like Family Planning Day celebrations.

2.1. Media Monitoring

From the beginning of the project until September 30, 2003 a total of 797 news and articles on FP and related topics (population, adolescent sexuality) appeared in print media. Of these, 564 were positive stories (102 of which were TSAP-FP releases), 88 were negative and 145 were neutral. The quarterly trend from October 2002 until September 2003 shows an increase in coverage of FP news and a corresponding increase in positive articles.



2.2. Press Releases on FP

Starting January 2003, TSAP-FP also released articles each month based on agreed-upon themes. Of the articles released, 44 were picked up by the major dailies.

Month	Theme	Publication	Pick-ups
Jan	Overpopulation & poverty of Filipino families	Bulletin, Malaya, Today	4
Feb	Adolescent Reproductive Health	WHC, Bulletin, Today	5
Mar	Women & Social Development	Bulletin, Today, Remate, Abante	4
April	FP & the Filipino Family, Responsible Parenthood	Bulletin, Malaya, Phil. Daily Inquirer (PDI), Manila Standard, WHC	6
May-June	Family Planning/Reproductive Health	Balita, People's Balita, Sunstar Cebu, Freeman, Bulletin, Phil. Star, PDI, Today, Manila Times, Kabayan, Visayas Daily Star, Business World, Negros Daily Bulletin	25
		Total pick-ups	44

2.3. Quick Response

Quick response activities focused on three major "crisis" issues which appeared during the first quarter of 2003 : a) a news article (January 14) which quoted the Health Secretary as stating that orchid growers were using pills as fertilizers; b) another news article (March 4 and 5) again quoting the Health Secretary saying that the IUD may be an abortifacient; and, c) the President's speech during International Women's Day (March 8) endorsing only Natural Family Planning as the acceptable FP method. The articles authored by authoritative sources (former Health Secretary, president of the Philippine Obstetrical and Gynecological Society) in response to these issues were very extensively covered in the major English dailies and Pilipino tabloids. The issues were also picked up by the most popular news programs and talk shows of the two top-rating TV/radio networks, ABS-CBN and GMA7. These shows generally gave positive treatment of the issues, the more effective methods and informed choice on family planning.

2.4. Media Relations

A major media relations activity was the workshop on family planning for health beat reporters organized by the project from August 15 to 16, 2003. Eight health beat reporters from the leading broadsheets, including the Philippine Daily Inquirer, Philippine Star and Manila Bulletin, participated. This activity resulted in strengthening the relationship of project BCC staff to these reporters and facilitating better coverage of news and events on FP.

2.5. Coverage of Special Events and Advocacy Efforts

The project helped in gaining press coverage for special events and advocacy efforts. One notable event was the TSAP-FP-supported August 1 Family Planning Day celebrations in Metro Manila and Cebu which received wide publicity.

3. Development of Advertising Campaign on Modern FP Methods and Production of four 30-second TV Ads

In the BCC strategic plan, advertising is a major strategy to reposition the concept of family planning as a way of life in the minds of the public and promote modern FP methods. By September 30, 2003, the project was able to produce four 30-second TV ads through the following step-by-step process :

3.1. Conduct of formative research among adult and young adult men and women

The objectives of this qualitative research, contracted to AC Nielsen, were to: a) identify knowledge, attitudes and beliefs about family planning among

adult men and women and young adults; b) understand perceptions about planning for parenthood and children, including the values associated with family, family planning and children; c) understand the benefits of family planning that are valued by target segments; d) determine barriers to acceptance and use of FP methods in terms of misconceptions, fears and cultural norms; e) understand perceptions of modern vs. traditional methods; and, f) identify channels of information/influence that impact on the target segment's FP decision-making. A total of 21 FGDs, 42 in-depth interviews and 5 mini-FGDs was conducted from January to February 2003. Key findings were used to fine-tune the BCC strategic plan and develop the creative brief for the advertising campaign (*Annex 9*)

3.2. Development of Creative Brief

A creative brief (*Annex 10*) was developed. This served as a guide to the short-listed ad agencies to develop their speculative creative presentations for the advertising campaign.

3.3. Selection of Advertising Agency

From 16 major advertising agencies invited to bid for the TSAP-FP ad campaign and among those who responded positively to this invitation, a short-list of three advertising agencies – Campaigns & Grey, Ogilvy & Mather and Well Advertising – was drawn. A presentation of the creative brief was given to these three agencies on May 5, 2003. This brief was intended to be the basis for their advertising campaign recommendations

An Ad Agency Selection Committee composed of TSAP-FP, USAID, DOH and POPCOM was formed to select the winning ad agency. Members of the Selection Committee were : *from TSAP-FP* : Eleanora de Guzman, Chief of Party; Cecilia Lantican, Deputy Chief of Party; Carlo Arvisu, Communication Advisor; Felix Bautista, Jr., Capacity Building Specialist; *from DOH* : Dr. Milagros Fernandez, Undersecretary, Dr. Honorata Catibog, National FP Coordinator, and Ms. Marietta Bernaje, Chief of The Center For Health Promotion; *from POPCOM* : Mr. Tomas Osias Executive Director; *from USAID* : Mr. Ephraim Despabiladeras, Cognizant Technical Officer and Ms. Rosalyn Serafica, Communication Specialist . TSAP-FP conducted a briefing for the Committee members on the selection guidelines and criteria on June 6, 2003.

The ad agencies presented their creative recommendations to the Selection Committee on June 10 and 11, 2003 (June 10 – Well Advertising and Ogilvy & Mather; June 11 – Campaigns & Grey). Their presentations were assessed using the following criteria : 40% - advertising/marketing strategic thinking; 30%- creative and implementable ad materials; 10% - good media strategy;

10% - good media plan; 5% - answered bid requirements; and 5% - ability to answer questions.

The Committee was unanimous in selecting Campaigns & Grey (C&G) as the winning ad agency. C&G was assessed to have made the best presentation over-all. Specifically, they showed outstanding ability in terms of strategic thinking, creativity and mass media planning.

3.4. Development of the Advertising Campaign Strategy

In coordination with the ad agency, the project developed an advertising campaign strategy (*Annex 11*). The ad campaign, using TV, radio and print media channels, aims to:

- popularize modern methods of family planning
- change beliefs and attitudes that block usage of modern FP methods by focusing on their effectiveness and safety aspects
- change the target market's views about "self", by working towards a change of attitude, such as empowerment of women and greater responsibility for men
- redefine family planning and make it a key component of one's lifestyle
- develop the mindset that one who achieves in life uses modern FP methods

3.5. Development and Pretest of TV Ads

Campaigns and Grey developed four storyboards to execute this strategy for television. These storyboards were : "Gising" (Wake-Up) targeting women, "Wedding" targeting young couples, "Ooops" targeting users of traditional FP methods (rhythm and withdrawal) and "Talong" (Eggplant) targeting males. In order to determine comprehension and reaction to the TV storyboards, focus group discussions (FGDs) of single and married males and females from the DE (lower) socio-economic classes were conducted in mid-July. The FGD findings showed that the messages of the four storyboards were clearly understood by the respondents and there were no negative reactions to them. Some women, however, expressed discomfort at the use of the eggplant as a visual device. Considering this, the "Talong" storyboard was dropped and another execution "Dyip" (Jeepney) was developed to target the males.

3.6. Production and Pretest of Animatics Version of the TV Ads

In August, the four storyboards were produced in 30-second animatics version (rough animated cartoons from the storyboard illustrations with recorded audio) for pretesting. The animatics produced (*Annex 12*) are as follows:

Ad	Message	Target Audience
"Wedding," a young couple getting married	As early as your wedding, you should already plan for the number of your children. Use modern FP methods to ensure that you have the number of children you desire.	Young adults
"Gising" (Wake Up), a woman lightly slapping herself	Woman empowerment through women being able to control their fertility with the use of modern FP methods	Women of reproductive age
"Oops," the risks of traditional methods	Unreliability of using traditional methods like withdrawal and rhythm and the need to use modern FP methods	Users of traditional methods
"Dyip" (Jeepney)	Greater male responsibility in family life, need to have small family size by using modern FP methods	Men

After a competitive bidding process, NFO-Trends, a market research agency, was contracted to implement an ad impact study of the animatics among 245 male and female, single and married respondents. The ad impact study is an internationally-used evaluation system that combines quantitative and qualitative techniques to determine whether the ad is noticed (*attention*), whether the ad's brand is communicated (*branding*), what is communicated by the brand (*take-out*) and whether the ad strengthens bonds with the consumer (*bonding*). Study results (*Annex 13*) on the animatics showed the following:

- all four ads generate high warmth (bonding) which is noteworthy considering current perceptions of family planning
- each ad effectively communicates the desired message and all four ads, synergistically, produce an overall positive effect on the target audience
- "Gising", "Wedding" and "Dyip" are "potential" ads i.e., the messages that they convey are relevant and persuasive to the target audience. However, because they were shown to respondents in animatics format, they were weak in generating initial interest and cutting through the advertising clutter. Improvements need to be made in the actual production to overcome these weaknesses.
- Although "Ooops" was assessed to be an "untouched" ad (i.e., low attention, low bonding), it was just slightly below the benchmark of both measures. However, it scored very well on message take-out. It has the potential to become an effective ad if improvements in execution during the production phase are made.

These results were used to identify specific areas for improvements in the production of the TV ads scheduled for October.

4. Integration of FP Messages in Media Broadcasts

On September 15, one-minute messages on family planning/maternal and child health, entitled "*Para Sa Inyong Kaalaman*" (So you may know), started airing daily in the Pilipino-language, top-rating daily news program of Angelo Palmones on DZMM (top-rating national radio station of the ABS-CBN network) from 7:00 to 7:30 AM. The message series will air until December 15. It has generated feedback and questions on FP from listeners through text messages and telephone calls. Aside from FP messages being aired daily in the top rating radio news program listened to by the masses, this initiative has gained a champion for FP, Angelo Palmones, who is very popular with the masses. One issue arising from the airing of the messages is the need to provide more detailed information on FP through a telephone, text or e-mail hotline. Because of its success, the PSIK series is expected to continue beyond December 15.

5. Training of Advocates and Champions in Public Speaking and Media Appearances and Other Issues

In coordination with the ASM component, the BCC component organized three media trainings for FP champions. A total of 39 champions were trained from the interfaith group, academe, medical professionals, women's groups and informal sector/urban poor. The trainings have borne fruit as evidenced by improved public speaking and media handling skills of FP champions who have been invited to be resource speakers during conferences and workshops and been interviewed on TV and radio.

Through TSAP-FP, Mr. Angelo Palmones and Ms. Ces Drilon, another popular TV broadcaster from ABS-CBN, as well as legislator Gilbert Remulla, participated in the Contraceptive Security Media Advocacy Workshop held in Penang from September 28 to October 1, 2003. The participation of Mr. Palmones and Ms. Drilon to the Penang workshop allowed for extensive radio and TV coverage in the Philippines of the workshop and contraceptive security issues. It also strengthened the commitment of these champions to FP.

6. Production of Print IEC Materials

From the beginning of the project until September 30, 2003, 26 types of print IEC materials for dissemination to various target audiences (health providers, advocates, public at large) were developed by the project. The following tables show IEC materials produced and in the pipeline as of September 30, 2003:

Printed IEC Materials

Title of Material	Type	Target Audience	No. Printed
The Business Sector Must Take the Lead in Population Management	Brochure	Businessmen	2,000
Jollibee Reproductive Health Program	Brochure	HR Practitioners	1,000
The Truth about Family Planning	Two-fold leaflet	Present and potential FP practitioners at C,D and E	20,000
The Truth about the Pill	Two-fold leaflet	Present and potential FP practitioners at C,D and E	20,000
The Truth about the IUD	Two-fold leaflet	Present and potential FP practitioners at C,D and E	20,000
The Truth about Sterilization	Two-fold leaflet	Present and potential FP practitioners at C,D and E	20,000
Ang Katotohanan tungkol sa Family Planning	Two-fold leaflet	Present and potential FP practitioners at C,D and E	20,000
Ang Katotohanan tungkol sa Pill	Two-fold leaflet	Present and potential FP practitioners at C,D and E	20,000
Ang Katotohanan tungkol sa IUD	Two-fold leaflet	Present and potential FP practitioners at C,D and E	20,000
Ang Katotohanan tungkol sa Sterilization	Two-fold leaflet	Present and potential FP practitioners at C,D and E	20,000
Kikay Kit *	Pamphlet	Adolescent girls of classes C,D and E	20,000
TSAP-FP One-Pager	One-page introduction to TSAP-FP	Prospective partners and champions	Computer-printed as needed

* reprinted material produced by the Institute for Social Studies and Action (ISSA).

Samples of the produced materials are in *Annex 14*.

IEC Materials in the Pipeline

Title of Material	Type	Target Audience	Production Stage
Evidence (Critically Appraised Topic) 20 versions	"Newsletter" format	Doctors and other health professionals	Camera ready, but some revisions needed on text
Sketches	Newsletter	Partners in FP	Camera ready
The Truth about Injectibles in English, Filipino and Cebuano	Two-fold leaflet	Present and potential FP practitioners at C,D and E	Text being developed
The Truth about NFP in English, Filipino and Cebuano	Two-fold leaflet	Present and potential FP practitioners at C,D and E	Text being developed
The Truth about Family Planning, Pill, IUD and Sterilization in Cebuano	Two-fold leaflet	Present and potential FP practitioners at C,D and E	Translation of text into Cebuano
Wall chart of FP Methods	Poster	For posting in BHS, C,DE classes	
FP Flipchart in Filipino	Flipchart	Prospective or present FP practitioner in the C, DE classes	Photography completed, translation into Filipino completed
FP Wallchart in Cebuano	Poster	For posting in BHS, C,DE classes	Design completed, translation into Cebuano needed
FP Flipchart in Cebuano	Flipchart	Prospective or present FP practitioner in the C, DE classes	Photography completed, translation into Cebuano still needed
TSAP-FP Folder	Folder	Partners	Design completed, for printing
Reprint of The Truth About series for Commercial Market Strategies	Two-fold leaflet	Present and potential FP practitioners at C,D and E	For design
Standee to display The Truth About series for Commercial Market Strategies	Standee	Present and potential FP practitioners at C,D and E	For design
Reprint of FriendlyCare FP methods leaflets	Two-fold leaflets	Present and potential FP practitioners at C,D and E	For negotiation with FCF
TSAP-FP Brochure	One-fold leaflet	Potential TSAP-FP partners	For revision

7. Activities Reaching Adolescents and Young Adults

7.1 Enter-Educate Activities

The project initiated activities using entertainment-education principles in the Smokey Mountain parish in Tondo, Manila, a large, urban poor community. A rap contest on the consequences of early pregnancy was held in

collaboration with the parish on April 20. The success of this activity enabled the project to get the commitment of the Youth Coordinator of the Archdiocese of Manila to conduct a similar rap contest on the same theme at the vicariate level of the city.

7.2 Campus Forums on Adolescent Sexuality

Two school forums on adolescent sexuality were conducted with Dr. Corazon Raymundo and Dr. Lourdes Carandang as speakers. Dr. Raymundo presented the results of the Young Adult Fertility Survey 2003 (YAFS03) while Dr. Carandang spoke of adolescent sexuality concerns and parent-child relationships. Ms. Ces Drilon moderated. Both forums were held at the Polytechnic University of the Philippines (PUP) – in the main campus in Sta. Mesa on August 1, 2003, Family Planning Day, (800 participants) and in the Sto. Tomas, Batangas campus on September 19, 2003 (1,200 participants). The main learning from these forums is that Filipino adolescent students have very few sources of correct information on sexuality as evidenced by the questions they asked. One intervention to be pursued for 2004 is the conduct of campus road shows or forums on this subject in the large colleges and universities catering to the lower socio-economic classes in Metro Manila and Metro Cebu.

7.3. Roundtable on Adolescent Sexuality

A roundtable on adolescent sexuality, entitled "*Safe Ka Ba*" (Are you Safe?) was organized by Newsbreak magazine on August 27 at the Asian Institute of Management Conference Center. Legislators Mr. Gilbert Remulla and Ms. Darlene Custodio, Muslim peace journalist Ms. Samira Gutoc and National Youth Commission officer Sharon Sarol were the panelists. Resource persons were : Dr. Corazon Raymundo, principal researcher of the YAFS03, Mrs. Aurora Silayan-Go, president of the Foundation for Adolescent Development and Ms. Rina Jimenez-David, regular columnist of the Philippine Daily Inquirer. Around 40 students from various public high schools and colleges in Metro Manila participated actively. A lot of favorable publicity was generated by the roundtable in the high-circulation dailies, including two different and interesting full-page discussion stories which appeared in the Manila Bulletin on separate dates.

8. Conduct of Baseline Knowledge-Attitudes-Practices (KAP) Survey

The research contract to conduct the BCC Baseline Study on Knowledge, Attitude and Practice (KAP) on Family Planning was awarded to NFO Trends, after a competitive bidding process. The study aims to provide baseline data on the knowledge, attitudes and practices of the "general public" prior to the launch of the advertising campaign. The "general public" refers to the public-at-large which includes men and women, ages 15 to 60 years and from all socio-economic classes.

The study was launched last September 14 and covered a randomly selected sample of 1,600 respondents from the key urban areas of Metro Manila, Metro Cebu and Metro Davao and key urban centers in regions with low contraceptive prevalence rate represented by Bicol (Region 5) and Leyte (Region 8).

Data collection using structured questionnaires (one for single respondents and one for married respondents) will run from September 14 to October 6. A topline report is expected from NFO Trends on October 29.

ADVOCACY AND SOCIAL MOBILIZATION (ASM) COMPONENT

Intermediate Result 3.2: Key segments of society advocating for the use of FP increased as measured by:

- ***Increase in the number and type of key segments of society advocating for the use of family planning***
- ***Increase in the number of influential individuals from various sectors advocating for the use of family planning***

In order to achieve these key results, TSAP-FP's ASM strategies are focused on building and tapping the capabilities of stakeholders at both the local and national levels to influence their respective constituencies. ASM efforts are also geared towards identifying more FP advocates and new champions whose voices will add up to the general clamor for national and local policy reforms. These are expected to create the enabling environment for the sustained promotion of family planning in the country and in the creation of a groundswell of support for FP from local to national levels.

The period August 16, 2002 to September 30, 2003 was marked by changing mindsets, leveling off on concepts and strategies and laying the groundwork for advocacy and social mobilization efforts with specific sectors in the project areas. Despite the intricacies of this start-up phase, the project was able to make considerable headway in its work with sectoral networks. By September 2003, the project achieved the following :

1. Development of the Stakeholder Analysis and Strategic Advocacy Plan

TSAP-FP completed its Stakeholder Analysis (*Annex 15*) as a springboard for action with major stakeholders and interest groups. The stakeholder analysis sharply defines the key movers and catalysts for TSAP-FP work at the national and local levels.

The ASM strategic plan outlines the core strategies aimed at promoting greater dialogue on the benefits of FP and in building a more solid constituency for family planning.

2. Formation of Four Sectoral Advocacy Networks for FP

During the period under review, TSAP-FP initiated contacts and developed partnerships with four major sectoral networks which have not been mobilized for FP advocacy in the past. These include: 1) two informal sector/ urban poor networks represented at the Basic Sector Council of the National Anti-Poverty Commission (NAPC) and tapped to spearhead FP advocacy in Metro Manila (KATINIG) and Metro Cebu (Cebu City United Vendors Association); 2) a community-based youth network (KATINIG Youth) organized to complement the work of KATINIG affiliates in urban poor communities; and c) the Interfaith Partnerships for the Promotion of Responsible Parenthood, a network of faith-

based groups such as the Jesus is Lord Movement, Iglesia ni Cristo, Philippine Evangelical Churches, Council of Christian Bishops of the Philippines, and the National Council of Churches in the Philippines.

The informal sector, urban poor and community-based youth comprise the major target groups of TSAP-FP's work with the lower socio-economic classes D and E. They are also the main constituents of faith-based organizations in the community.

3. Technical Assistance (TA) to Strengthening Two Provincial Advocacy Networks

TSAP-FP provided TA and fund support to strengthen the Negros Oriental FP/RH Advocacy Network NeOFPRHAN) in terms of enhancing their basic understanding of contraceptive technology and mechanism of action. They were assisted in assessing their network's gains and planning their advocacy activities for the province.

TSAP-FP also facilitated the engagement of 22 local NGOs/POs in FP/RH advocacy in Capiz province to complement the work of the Municipal IEC and Advocacy Teams and to expand the reach of the soon-to-be formed Capiz Federation of FP/RH Advocates .

In Region 7, TSAP-FP also provided TA and fund support to the formation of the Regional Population Network (POPNET) anchored on POPCOM NGO/Private Sector Desk and composed of 24 local NGOs from Cebu, Negros Oriental and Bohol.

4. Support to Advocacy and Community Mobilization Activities at the National and Local Levels

Technical and fund support were provided by TSAP-FP to its partner networks' advocacy and community mobilization activities reaching an estimated 5,000 leaders and members of informal sector/urban poor associations, faith-based groups, professional associations, socio-civic groups, local business clubs, women, youth, and barangay leaders.

Viewed in the context of urban poverty and responsible parenthood, FP was discussed extensively with leaders of these sectoral and provincial advocacy networks. Partnerships with barangay leaders from 30 barangays in Metro Manila and nine barangays in Metro Cebu were also initiated. Ten community forums on FP, two sessions on responsible teen sexuality, and four multi-sectoral NGO/PO forums on popdev/FP were conducted in Metro Manila, Metro Cebu, Negros Oriental, Bulacan, and Capiz. TSAP-FP also collaborated with local POPCOM offices and partner networks for the conduct of local FP Day celebrations on

August 1, 2003 in Metro Manila, Metro Cebu, Negros Oriental, and Marawi City in ARMM to drum up interest and demonstrate the groundswell of support for FP in these areas.

Through these local and sectoral advocacy activities, TSAP-FP was able to engage the participation of other informal sector/urban poor groups in Metro Manila such as the community associations of the Philippine Business for Social Progress, the community volunteers of the Women's Health Care Foundation, community women leaders of the MAKATAO Foundation, and urban poor leaders from the KALAHI areas. In Metro Cebu, TSAP-FP was able to bring in the Panagtambayayong Foundation, Nazareth Homes, South District Women's Association, and the mother's association in Barangay Ermita to the local network. The Interfaith Partnerships was able to convene 150 representatives of seven faith-based organizations for the Church-Policymakers' Conference on the Promotion and Advocacy of Responsible Parenthood organized in collaboration with the Philippine Legislators Committee on Population and Development (PLCPD) on July 11 to 12, 2003.

The project collaborated with the PLCPD in the conduct of four policy forums on Population, Reproductive Health and Family Planning in Tacloban, Leyte, Malolos City in Bulacan, Legazpi City in Bicol, and General Santos City. These forums rallied the support of 2,000 local legislators, officials of local governments, members of local special bodies, representatives of NGOs and community-based organizations, leaders and members of faith-based organizations, women and youth leaders for reproductive health and family planning issues and policies. They also laid the groundwork for TSAP-FP's work in Bicol, Samar and Leyte for 2004.

TSAP-FP also provided TA and fund support to advocacy activities of professional associations and academic institutions. These include the : 1) National Population Advocacy Conference of the League of Population Officers of the Philippines (LEPOPHIL) held from August 13 to 15, 2003 and 2) the National Academy of Science and Technology-organized roundtable dialogue on population and development entitled "*Why Population Matters*" on April 3, 2003 and the National Congress held in July.

5. Exploration of Partnerships with Professional Associations, Local Business Clubs , Human Resource managers, Labor Organizations, Socio-civic Groups, and others

Partnership areas with the Women's Advocacy Committee of the Philippine Obstetrical and Gynecological Society of the Philippines (POGS) , leaders of around 20 Rotary Clubs in Metro Cebu and Negros Oriental, local labor leaders of the Trade Union Conference of the Philippines (TUCP), and members of the Cebu City Chamber of Commerce and Industry (CCCI) were explored during the period.

FP orientation sessions involving human resource managers of large industrial establishments from Region 4 were also conducted to sensitize these company influentials in initiating or strengthening FP activities in the workplace. A series of orientations were conducted to help enlighten socio-civic leaders and local business clubs on the importance of FP and the need to address population and development issues in their localities.

In Southern Philippines, TSAP-FP support was also provided to the regional congress of the Mindanao Business Council (MBC) on July 30, 2003 which resulted in a commitment by MBC's top leaders to undertake population and development and FP activities.

In Region 4, in cooperation with the Regional POPCOM Office, technical assistance was extended to the local government units of Laguna, Batangas and Cavite to review the pre-marriage counseling module used in the municipalities of the three provinces. Results of preliminary consultations with users of the module revealed the need to revise and update specific sections of the manual on family planning methods; to observe and assess the competency of the counselors; and to assess systemic problems attributed to the structure and resources of the local government units. During one of its regular staff meetings, the project team reached a decision to write a full report of this observation so that the forthcoming LEAD-LGU project can take over activities in this area since this is primarily an LGU concern.

Also in Region 4, specifically in Laguna, TSAP-FP also assessed the possibility of reactivating the FP Satisfied Users Club.

In collaboration with the Polytechnic University of the Philippines, TSAP-FP explored potential advocacy among school administrators on how best they can incorporate Adolescent Reproductive Health concerns in their school activities. An orientation was conducted for school administrators on adolescent sexuality issues on August 25, 2003.

6. Development of Capacity Building Plan

The Capacity Building Plan (*Annex 16*) was developed. The plan describes the strategy to develop knowledge and skills of advocates and champions (individuals and groups) in advocacy, network formation and communication for FP. The project used advocacy and social mobilization modules developed by TFGI and CEDPA and communication modules from AED. TSAP-FP has initiated work to standardize the training modules used in the project. The project will commission a Consultant to review the existing modules, standardize them, conduct pretests, finalize and package the advocacy and social mobilization and network formation training modules and related materials.

7. Identification and Training of Champions, Advocates and Advocacy Networks

The project was able to identify 16 new champions from different sectors and 64 new FP advocates. Among them, 23 advocates and champions attended the media trainings coordinated with and implemented by the BCC Component.

The ASM component, through the conduct of five workshops, trained a total of 75 leaders of informal sector/urban poor groups in Metro Manila and Cebu on advocacy techniques and community mobilization. Fifty-five (55) youth leaders were also trained on leadership and on network formation in May and August, respectively.

8. Assistance to Advocacy Planning of Population Commission (Popcom) and Department of Health (DOH)

TSAP-FP provided TA to the Joint POPCOM and DOH Strategic Planning Workshop attended by all regional directors of POPCOM and DOH-Centers for Health Development from June 4 to 6, 2003. The workshop, graced by DOH Secretary Manuel M. Dayrit, strengthened the mechanism for more effective national government support to local government units (LGUs) through joint operations of DOH and POPCOM and more useful policy guidance to LGUs through harmonization of DOH's and POPCOM's directions on family planning. Their areas of collaboration in policy and plan development, data and information management, advocacy and communication, resource generation, service delivery and logistics management and capability building are now embodied in DOH and POPCOM's "one script for family planning."

9. Initiation of Advocacy Activities in ARMM

Start-up activities for ARMM commenced in May 2003. Consultative meetings were conducted to identify and involve major ARMM stakeholders into the project's advocacy in Muslim communities in Mindanao. As a strategic step, TSAP-FP in partnership with the DOH-ARMM, convened a regional forum from June 17 to 18, 2003. It was attended by more than 70 participants from ARMM and Metro Manila. Dubbed the First ARMM Regional Health Congress, the theme of the consultation was "Relevance and Sustainability of RH/FP Programs and Organizations in the Autonomous Region of Muslim Mindanao". Through this consultative meeting, TSAP-FP gained insights on the FP-related activities of other international donor agencies and explored avenues of collaboration and complementation on advocacy initiatives among stakeholders which include the Department of Health in ARMM, POPCOM office in region 12, and the major NGOs implementing RH/FP projects in ARMM. An important output of the

consultation was the formulation of a three-year agenda for reproductive health and family planning in ARMM.

Two provincial meetings held in Zamboanga City (July 17-18) and Davao City (July 24-25) followed to initiate FP-focused partnerships among local NGOs, LGU health offices, and regional health and population agencies. These meetings were designed to generate more concrete information on the profile of prospective partners and stakeholders in ARMM. Initially, the project was able to generate a list of NGOs actively involved in RH and FP, a list of influentials including Muslim religious leaders, local chief executives, leaders from the informal sector, health professions and the business sector.

An orientation on Muslim Culture was also conducted for the Project Staff and USAID officials to fully understand the dynamics among Muslim religious groups and the Islamic culture in ARMM.

On September 25, 2003, TSAP-FP provided technical assistance and fund support to the organization of a dialogue among 60 key Muslim religious leaders representing all of Mindanao, including ARMM, to discuss of their position on reproductive health and family planning. The dialogue was envisioned by the Project to level off their understanding and generate consensus for the drafting of a national "*fatwah*" supportive of family planning. Research studies on FP among Muslims consistently show that a major barrier to FP practice in ARMM is the perception among Muslims that Islam does not support it. The "*fatwah*", a religious proclamation from Muslim religious leaders citing Koranic verses which support FP practice, is seen as a major step to overcome this barrier and facilitate activities aimed at increasing social acceptance of FP in ARMM.

10. Implementation of the Small Grants Program

Two small grants were approved during the period. These were the environment related project of the Sagip Pasig Movement (SPM) and the FP capability building program of the Philippine Business for Social Progress (PBSP) in Olango Island in Cebu.

The SPM proposal aims to increase awareness of the inter-relationship of population, health and environment and the role of family planning among target communities along the Pasig River, organize community-based and sectoral teams of advocates and FP motivators in target barangays and advocate for the compliance of the Labor Code Article 134 among large industries situated along the river.

The PBSP-Olango proposal aims to strengthen local advocacy networks for FP and includes organizational building and strengthening of the NeOFPRHAN, a multisectoral network supportive of family planning which was created with the assistance of the POLICY Project.

11. ASM Monitoring Tool Developed

A tool to track different ASM activities, number and type of participants and organizations reached was developed during this reporting period and is being used.

HEALTH PROVIDER COMPONENT

Intermediate Result 3.3: acceptance of family planning as part of routine service package increased as measured by:

- ***number of health and allied professional licensure examinations incorporating family planning questions***
- ***percentage of health providers in selected public health facilities/hospitals and industry clinics having correct knowledge of specific FP methods; and***
- ***development of appropriate protocols to ensure the integration of FP as part of the routine service package.***

The HP component of the project provides interventions in the project areas to:

1) *improve the knowledge of health providers on modern contraceptive safety and efficacy as a key step to enhancing their capability to provide evidence-based information and counseling to clients;*

2) *influence health providers in public health facilities and industry clinics to offer family planning as part of their routine health package;*

3) *influence medical, nursing and midwifery schools to integrate family planning in their curricula;*

4) *promote evidence-based family planning in national guidelines and standards;*

5) *advocate for the inclusion of evidence-based FP topics in the curricula of medical and allied professions, as well as in examinations given to medical and allied professions by the Professional Regulatory Commission.*

During the year under review, the HP Component achieved the following:

1. Development of the Health Provider Strategic Plan

To set the direction of this Component, the Health Provider Strategic Plan entitled *"Managing change, motivating choices for family planning"* was developed. It provides details of the main targets of the HP component, and the provider-related behavioral obstacles which it will address in order to improve access and quality of care and ensure informed choice of contraceptive methods for women, men and adolescents. Specifically, the Plan focuses on using the latest scientific evidence on family planning methods to correct information and overcome personal biases to FP communication, counseling and service provision among health providers. It is anchored on short-term as well as long-term doable approaches toward enabling health providers to more effectively help clients make informed decisions about

family planning and mobilizing them as FP program advocates at the community level.

2. Formation of the Philippine Evidence-Based Reproductive Medicine Network (PEBRMNet)

Sixteen obstetrician-gynecologists and members of the Philippine Obstetrical and Gynecological Society (POGS) from Metro Manila, Cagayan Valley, Cebu City, Cagayan de Oro and Davao City were selected and trained on evidence-based medicine by the component's Technical Officer and an international consultant from TFGI Washington. To date, these 16 physicians form the core group of the Philippine Evidence Based Reproductive Medicine Network (PEBRMNet). The University of the Philippines' National Institutes of Health has accredited it as one of their official study groups. The core group is tasked to develop critically appraised topics (CATs) on various family planning methods which will provide science-based information addressing myths and misconception on contraceptive methods. The members also serve as technical resource for the series of trainers' trainings and subsequent local orientations on EBM, Contraceptive Technology and Contraceptive Safety to be conducted by the project for various health providers in industrial and public health facilities in TSAP-FP sites.

3. Development of Critically Appraised Topics (CATS) on Specific Family Planning Methods

The first batch of 13 CATs was developed. By end-September, camera-ready materials (*Annex 17*) were produced for printing and dissemination to health providers in the public and private sectors before the end of December 2003. The finalization of the CATS was preceded by pretesting undertaken during a series of workshops conducted with the Philippine League of Government Midwives (PLGM). Topics of the 13 CATS are grouped as follows: three on tubal ligation, six on oral contraceptive pills, and one each on vasectomy, natural family planning, DMPA, and IUD. The topics are:

1. *Interval tubal sterilization has no effect on sexual interest and pleasure*
2. *Tubal ligation reduces the risk of abnormal menstrual bleeding*
3. *The risk of ectopic Pregnancy after tubal sterilization is lowest when using Bipolar Salpingectomy and methods other than bipolar coagulation*
4. *Vasectomy does not affect sexual and marital satisfaction among married men*
5. *The probability of pregnancy using the Standard Days Method is 5% with perfect use and 12% with typical use*
6. *The primary mechanisms of action of various intra-uterine devices (IUDs) are due to pre-fertilization effects*
7. *Women who use DMPA are not at increased risk of cervical cancer*

8. *Use of oral contraceptive pills does not lead to an increased risk of breast cancer*
9. *There is no increased risk of down's syndrome in pregnancies that follow previous use of oral contraceptives*
10. *Women with migraine who use oral contraceptives are not at risk of stroke*
11. *Short-term oral contraceptive use (< 5 Years) does not increase the risk of cervical cancer in women with human Papillomavirus infection, but long term use (> 5 years) does increase the risk*
12. *The condom remains as the only contraceptive method that offers an overall decreased risk of acquiring a sexually transmitted disease (STD)*
13. *OC pills and short-term IUD use offer quicker return to fertility for nulliparous women compared to long-term IUD use.*

Development of the second batch of CATs was initiated toward the end of the third quarter. These topics were carefully selected in accordance with their relevance, considering questions that are commonly asked by clients. Further investigation by the PBRMNet will provide answers to the following questions:

- *How do health risks increase for women (particularly with health risk factors, e.g., high blood pressure, diabetes, smoking, etc.) who bear multiple children?*
- *Do oral contraceptives cause weight gain? Does oral contraceptive use cause sexual dysfunction (decreased libido, increased coital dryness)? Would prolonged use of pills reduce the method's efficacy over time? Can pills accumulate in the body? Is a "rest period" for "cleansing necessary?" Does pill use shrink women's breasts? Do pills cause migraines? Do pills increase cardiovascular/myocardial infarction risk? Do pills cause ovarian cancer? Do pills bring on menopausal symptoms, e.g., irritability?*
- *Does DMPA use cause sexual dysfunction (decreased libido, increased coital dryness)? Does DMPA bring on menopausal symptoms, e.g., irritability? Does DMPA affect fertility? Does DMPA cause liver cancer? Does DMPA have an adverse effect on breastfeeding? Does DMPA cause breast cancer?*
- *Does DMPA have any effect on future offspring?*
- *To what extent does IUD use cause anemia in women?*
- *Does vasectomy cause prostate cancer?*

In the desire of the project to make the CATS packages more relevant and useful to the private sector, the second production of CATs materials will satisfy common questions on DMPA – an FP method which is gaining increasing attention. In September, an officer from Wyeth Philippines approached the project to explore cooperation in updating their detail personnel on contraceptive methods and on the possibility of reproducing the CATS packages, at their expense, for wider distribution among health providers whom they are targeting.

4. Advocacy for the Integration of EBM-FP in Medical Protocols and Clinical Standards, and FP –related Trainings

In consultation with the DOH, the project proposed a review of the existing FP Clinical Standards Training Manual. This manual was published by the Family Planning Service of the DOH in 1997 with the support from the USAID under the terms of contract with the Management Sciences for Health. This manual comprehensively presents useful information on various methods of family planning, DOH policies, family planning counseling, reproductive health services provision, clinic management, infection control, and other elements of reproductive health, such as sexual health and infertility.

From 1997, changes have occurred in the Philippine FP program. New programs and policies have since been formulated. New and ongoing initiatives from other donors and partners have made some direct and indirect contributions to or influenced family planning projects. Hence, DOH recognizes the need to revise or update some of the information presented in the manual.

The Project commissioned the Yuchengco Research Center of De La Salle University to evaluate the manual's utilization and usefulness before making recommendations for its actual revision. At DOH, a Technical Working Group was identified to initiate the revision process as soon as the results of the assessment by the Yuchengco Research Center are in.

TSAP-FP also extended technical assistance in the development of evidence- based guidelines for contraception by POGS. On August 14, 30 POGS members were convened in a workshop and oriented on Clinical Practice Guidelines Development to include family planning. The members are currently formulating the guidelines on the various family planning methods. The first set of guidelines on sterilization is scheduled to be finalized in November 2004.

Collaboration with the Professional Regulation Commission's (PRC) Boards of Midwifery and Nursing was explored to ensure that more family planning questions will be included in the licensure examinations of the respective professional groups. The project believes that one way to ensure integration of FP in the curriculum is to include sufficient FP questions in the licensure examinations. TSAP-FP also initiated a curriculum review and workshop together with representatives of various midwifery associations and Association of Philippine Schools of Midwifery (APSOM) to integrate FP in the midwifery curriculum.

Cooperation with the Association of Deans and Principals of Colleges of Nursing (ADPCN) in the conduct of a curriculum review and workshop to integrate family planning in the nursing curriculum was also explored. The PRC Board of Nursing has agreed to increase the number of questions on family planning in the nursing board examinations.

The project also explored collaboration with the Association of Municipal Health Officers in the Philippines (AMHOP). While this professional group of public doctors and their allies are potential target groups for use of EBM and dissemination of EBM-FP information, initial negotiations with them did not prosper because of their loose organizational structure.

5. Training of Government Midwives on EBM-FP

In partnership with the Philippine League of Government Midwives, Inc. (PLGMI), the project organized a series of regional seminars in order to orient government midwives on Contraceptive Technology, Contraceptive Safety and Evidence-based Reproductive Medicine. To date a total of nine courses have been completed for nearly 600 PLGM members from Metro Manila, Davao City, Metro Cebu, Zamboanga, Bicol and Calamba-Laguna-Batangas areas. The participants also include some midwives from ARMM such as Maguindanao, Lanao Norte, Marawi City and other adjacent areas.

6. Technical Assistance to Strengthen Provision of FP Information and Counseling in Industrial Zones and Urban Poor areas (in convergent sites) through integration of EBM-FP

In collaboration with the Department of Labor and Employment (DOLE) in Region 4, the Project visited and assessed 16 industrial clinics in CALABA. Eight clinics were also visited in Cebu City. Findings revealed that the number of employees in these companies range from 140 to 6,000 workers. In general, clinics of these companies are underutilized or ill-equipped to implement Article 134 of the Labor Code which mandates that companies with a minimum of 200 employees have a family welfare program of which family planning is an obligatory component. The results of this assessment showed that 21 of the 24 clinics visited provide FP services. FP commodities are mainly sourced from the government. Of the 21 companies providing FP, 12 are willing to subsidize the FP service delivery and buy commodities in the event that supplies will be withdrawn by the government. Already, six companies provide incentives to FP acceptors in the form of cash, free company products, payroll deduction or hospitalization.

Clinic staff are unprepared for the eventual implementation of Article 134. In this respect, the Department of Labor and Employment (DOLE) will have to play their role in enforcement. The Project will benefit in collaborating with this agency as DOLE can make the companies comply. The problem is that DOLE does not have the updated list of the companies under their jurisdiction.

7. Conduct of Baseline Knowledge-Attitudes-Practice (KAP) Survey of Health Providers

The Baseline KAP Survey of Health Providers was initiated in the second quarter of 2003. This survey aims to establish baseline information from which to assess the results of the project in terms of changing knowledge, attitudes and practices of health providers on FP. Based on the TOR, invitation letters were sent to six research agencies. Among the bidders, the proposal from NFO-Trends was selected considering the methodology proposed, cost and technical capacity to conduct such an extensive survey. Part of the proposal of NFO-Trends is the conduct of a census of health providers in the government health facilities and industry clinics within TSAP-FP areas. This census will provide the project with a ready mailing list for EBM and other print materials for health providers and will be useful for monitoring purposes of DOLE. By the end of September 30, 2003, the census was completed and submitted to TSAP-FP. A final report on the survey is expected in November 2003.

IMPLEMENTATION ISSUES AND ACTIONS TAKEN

1. POPCOM and DOH Endorsement of Advertising Materials

A major issue in the implementation of the advertising component of the BCC Plan is endorsement of POPCOM and DOH. During the POPCOM-DOH Advocacy Planning Workshop supported by TSAP-FP, the Secretary of Health made it clear to participants (DOH and POPCOM senior national officials and regional directors) that at the national level, DOH will only promote natural family planning in keeping with President Arroyo's guideline. Since POPCOM is now an attached agency of DOH, POPCOM is obliged to follow this guideline. However, at the regional level, the policy remains promotion of informed choice on all methods. Thus, all methods (except abortion) can be promoted by the Regional Offices. It must be noted, however, that the family planning policy of DOH (as per the September 2002 directive) is still the promotion of all FP methods, excluding abortion.

The foregoing has implications for TSAP-FP's advertising strategy. The approved BCC plan calls for the promotion of modern FP methods which includes "artificial" methods like the pill, IUD, male and female sterilization, injectables, condom as well as scientific natural family planning. If modern FP methods are to be promoted, the question is whether DOH will endorse the campaign.

TSAP-FP has encouraged the participation of senior POPCOM and DOH officials in the development of the advertising campaign. As described earlier, the DOH Undersecretary, National FP Coordinator and Chief of the Center for Health Promotion as well as the POPCOM Executive Director, took part in the ad agency selection process. During this process, the ad agencies which bid for the ad campaign followed the advertising brief which called for the promotion of modern FP methods.

In the succeeding quarter, the TV, radio and print ads produced will be presented to DOH senior officials (including the Secretary of Health, if possible). As per TSAP-FP understanding with USAID, should the DOH decide not to endorse the ads, since they promote modern "artificial" methods, then TSAP-FP will proceed, nevertheless, with their airing and exclude DOH from the endorsers' list. This, apparently, was the case with the previous JHU/PCS supported TV ad campaign on family planning which promoted the concept of small family size and, because of the Secretary of Health's policy, the DOH eventually decided not to endorse.

2. Polling of Influentials as an Instrument to Measure ASM Indicators

As per the proposal, the polling of influentials was perceived to be the instrument by which to measure the main indicator for success of the ASM objective i.e., increase the number of individuals and organizations publicly advocating for FP. As the ASM strategy was finalized and activities implemented, it became clear that the polling will not be able to capture the nature of ASM's strategy. This strategy has identified priority target areas and sectors based on the stakeholder analysis conducted. The objective is to expand the number of advocates from the previous, pre-TSAP-FP list of advocates supportive of the program (or the so-called "usual suspects"). Thus, a poll survey with a baseline and post-test will not capture this expansive and progressive strategy. What will be done is a process documentation and monitoring of the increasing number of advocates and their activities.

3. Capacity of TSAP-FP Project Personnel to Implement Activities

After initial start-up, the project is now moving at a fairly fast pace. Many activities organized or supported by the project, particularly within the ASM component, are being implemented simultaneously in many areas of the country (Metro Manila, Metro Cebu, other provinces). Because of the limited number of TSAP-FP personnel and the increasing number of activities, the capacity of the project staff to provide technical assistance and fully monitor all these activities is compromised.

So far, the project has managed to establish priorities and distribute staff responsibilities so that major activities are provided TA and monitored effectively. It has also identified key partners (like Philippine Legislative Committee for Population and Development, Philippine NGO Council for Population and Development, Foundation for Adolescent Development, Philippine Educational Theater Association, Regional POPCOM Offices) which already have the technical and organizational capacity to implement IEC or advocacy activities on FP or adolescent sexuality and, therefore, do not require close monitoring. Close monitoring and intensive TA is provided to new partners on FP (like KATINIG, Sagip Pasig Movement).

However, it is envisioned that with further increase in number of activities and expansion to more project areas outside Metro Manila, including Metro Davao and the Autonomous Region of Muslim Mindanao (ARMM) in 2004, the current staff complement will not be able to fully provide the TA and monitoring required – especially for social and community mobilization activities. As a response, TSAP-FP sees the need to recruit part-time provincial coordinators for this purpose. For ARMM, which poses more difficulties (since TSAP-FP is targeting ALL five ARMM provinces and one city which are geographically hard-to-reach areas), the project sees the need to appoint a Coordinator based in ARMM.

Another option to be pursued is the development of external capacity outside TSAP-FP staff. In the next quarter and in early 2004, the project will exert effort to identify and train NGOs and other institutions in Metro Manila, Metro Cebu and Metro Davao as well as in other project areas, including ARMM, which can implement training and other activities for TSAP-FP. For advocacy, once the modules are finalized and these institutions identified, a series of training of trainers will be conducted. Once these TSAP-FP- accredited institutions are ready, they will be contracted to implement activities. TSAP-FP staff, particularly those in the ASM component, will be able to perform more managerial, technical assistance and monitoring tasks rather than actual implementation of trainings and other activities.

4. Advocacy Activities Targeting the Business Sector

In its proposal to USAID, AED identified the business sector as target for advocacy activities. The strategy is to advocate to national and local business groups to publicly speak up for family planning and enable them to convince their members to provide family planning services in their respective companies or spheres of influence. Additionally, since TSAP-FP aims to influence better compliance of Article 134 of the Labor Code (which calls for companies with a minimum of 200 employees to provide family welfare, including family planning, services to their workforce), advocacy to managers and owners of companies in its target industrial areas is an inevitable strategy.

However, another USAID-funded project, Commercial Market Strategies (CMS) was provided funding for advocacy activities targeting the business sector. In order to delineate responsibilities and effect better coordination, an agreement was reached between TSAP-FP and CMS. During its coordination meeting of April 2, 2003, it was agreed that TSAP-FP will target CEOs and HR Managers of companies in its target industrial areas and that TSAP-FP can undertake advocacy activities targeting local chambers of commerce in its project areas (Metro Cebu, Metro Davao, etc.) particularly concerning the formation of networks of coalitions. Considering this agreement, TSAP-FP will continue to pursue collaboration with business groups at the local levels.

5. Support for Activities of Regional POPCOM Offices

TSAP-FP has provided technical and funding support to advocacy activities of POPCOM especially at the regional levels. The support of senior officials of POPCOM Central Office and the Regional Population Officers have been a significant factor in effective implementation of its activities and production of positive results. However, especially at the regional levels, POPCOM's budget is limited. Since they cannot provide full counterpart funding, the Regional Population Offices have requested for funding support for supplies, transportation, long-distance communication and other operational expenses for TSAP-related activities. The project has been reimbursing these types of expenses based on receipts and will continue to do so.

An issue which remains unresolved, however, is the granting of honoraria to POPCOM officials who are requested by TSAP-FP to prepare presentations and act as resource persons in its activities. Since they are government officials, AED cannot pay honoraria. However, to some extent, it becomes necessary to compensate these officials for the time spent (sometimes after office hours and on weekends) to prepare for and conduct these activities which sometime occur after office hours or during weekends. So far, there has been no resolution to this matter.

TECHNICAL ASSISTANCE

The following table shows the technical assistance visits to the project from AED, TFGI and CEDPA:

Name	Date	Tasks Completed
Elizabeth Thomas (AED)	Sept 25 to Oct 11, 200	1. participated in first TSAP-FP workplanning meeting with USAID; 2. oriented project staff on the field office budget for activities; 3. oriented AED staff on company policies, benefits and administrative systems; 4. attended project briefing of possible collaborating agencies including DOH and Popcom for Metro Manila; 5. reviewed TSAP-FP administrative forms and systems; 6. established communication protocols between local office, AED and USAID; 7. discussed AED registration with two local lawyers; 8. helped resolve outstanding administrative issues like payment of VAT, realignment of project quarters, quarterly financial reports to USAID and processing of purchase orders for office furniture and equipment.
Reed Ramlow (TFGI)	Dec 2 to 13, 2002	1. briefed TFGI staff on company policies and administrative systems; 2. reviewed Advocacy and Health Provider workplans; 3. oriented Medical Advisor on EBM-FP and discussed plans for EBM workshop in January 2003 with Medical Advisor and EBM consultant; 4. assisted in discussions with CMS re. project overlaps; 5. assisted Medical Advisor in developing strategies to approach health providers; 6. discussed scope of work for health provider research; 7. discussed needs for national and international technical assistance for the Advocacy and Health Provider components; 8. participated in initial discussions with industry clinics, JSI Well Family clinic management and FriendlyCare on possible collaboration.

Name	Date	Tasks Completed
Anton Schneider (AED)	Jan. 11 to 24, 2003	1. reviewed the research audit, project objectives and other relevant documents, strategies, and work plans; 2. briefed AC Nielsen, the research firm contracted for the formative research, together with TSAP-FP M&E Specialist and BCC Advisor; 3. worked with the TSAP-FP M&E Specialist, BCC Advisor and AC Nielsen research team on the formative research to: a. refine the research plan, as stated in the TOR, including objectives of the research, methodology, target audiences, timelines and locations; b. develop the research instruments, including screeners, topic guides, materials and techniques; c. pre-test and finalize the research instruments and protocols; d. develop an analytical framework for the research results and/or an outline for the final report; e. observe initial data gathering activities.
Reed Ramlow (TFGI)	Jan. 20 to 31	1. developed questions for baseline primary research on medical provider and client knowledge, attitudes and practices with respect to modern contraceptives; 2. conducted a number of interviews and focus groups as needed for this effort; 3. assisted Dr. Fred Tudiver in the conduct of the EBM in FP Workshop from Jan. 27 to 29.
Dr. Fred Tudiver (TFGI)	Jan. 20 to 31	1. conducted the Evidence-Based Medicine in Family Planning with the EBM-FP core group of OB-GYN physicians; 2. developed an action plan for training of trainers program that would introduce EBFP into the medical, nursing/midwifery school training and Continuing Medical Education (CME) programs in the Philippines; 3. assessed the potential for conducting web-based, long-distance learning programs that focus on EBFP.
Imelda Feranil (CEDPA)	Mar. 1 to 21	1. assisted the Advocacy and Social Mobilization (ASM) team in finalizing Stakeholder Analysis that served as the basis in developing the strategic ASM Plan; 2. oversaw the development of TSAP-FP strategic ASM Plan; 3. oriented TSAP-FP staff on CEDPA's approach to social mobilization activities; 4. provided technical assistance to other advocacy and social mobilization activities that included finalizing the grants guidelines, planning advocacy materials to be printed under the project; 5. briefed CEDPA staff on organization's policies, procedures and benefits for field staff.

Name	Date	Tasks Completed
Imelda Feranil (CEDPA)	May 21 to June 20	1. assisted POPCOM in refining its population advocacy framework; 2. assisted in the design and facilitation of the Strategic Planning Workshop involving regional directors of POPCOM and DOH; 3. provided technical follow-up support to advocacy and social mobilization activities of TSAP-FP; 4. identified potential advocacy/communication messages linking population and development concerns.
Reed Ramlow (TFGI)	May 31 to June 12, 2003	1. participated in the follow-up meeting of the Phil EBRM Network; 2. reviewed 16 CATs; 3. met with POGs and NIH officers and explored possible options to incorporate Phil EBRM Net into POGS and NIH; 4. followed-up on progress of Baseline Health Provider KAP Study and participated in selection of the research agency; 5. met with DOH Undersecretary to finalize collaborative agreements in the revision of FP standard training manual; 6. provided technical support to Medical Advisor in identifying HP activities

ACTION POINTS FOR 2003 (Q4) AND 2004

The following are the major activities planned for the last quarter of 2003 until September 30, 2004:

1. Behavior Change Communication

- Launch Mass Media Campaign on Modern FP Methods
- Intensify Publicity and Quick Response Campaign
- Conduct Post-KAP Survey
- Expand Integration of FP Messages in Other Media Broadcasts including news programs and radio and TV soap operas
- Expand Media Relations activities to Metro Cebu and Metro Davao
- Develop and Launch Mass Media Campaign (follow-up to Campaign on Modern FP Methods)
- Implement Enter-educate and other Activities targeting Adolescents and Young Adults
- Conduct Media Training of Champions
- Develop and Print IEC Materials
- Conduct ARMM Researches (Formative Research and Baseline KAP Survey)
- Develop ARMM Communication Strategy and ARMM Radio Campaign
- Develop and Print IEC Materials for ARMM
- Supplement ARMM PR activities

2. Advocacy and Social Mobilization

- Intensify development of FP champions
- Systematize ASM Capacity Building plan for networks and advocates
- Scale-up ASM activities with specific sectors in TSAP-sites and accelerate work with labor, women's groups, others
- Strengthen sectoral and provincial advocacy networks
- Finalize ARMM Strategy and implement ARMM advocacy activities
- Disseminate National *Fatwah* on FP
- Move to new areas (Samar/Leyte, Bicol, Pampanga)
- Speed up grants processing and approval
- Monitor approved small grant projects
- Systematize Monitoring and Evaluation of the component's activities as well as development of M&E tools
- Document project processes and results – area popdev/FP situationer, stakeholders profiles, case study build-up

3. Health Provider

- Print first 13 CATS
- Develop and print second batch of CATS
- Disseminate CATS to health providers
- Conduct orientations of government midwives and public health physicians in project areas
- Revise FP Training Manual (based on assessment results)
- Integrate FP in Midwifery and Medical Curriculum
- Conduct Post-KAP Survey of Health Providers
- Conduct Training of ARMM Health Providers

Academy for Educational Development
Strengthening Social Acceptance of Family Planning-Philippines
Invoiced Costs: August 16, 2003 to September 30, 2003

	CLIN 1	CLIN 2	CLIN 3	CLIN 4	TOTAL INVOICED
U.S. Payroll Salaries	44,217.97	47,648.96	23,187.57	23,575.58	138,630.08
Fringe	13,361.92	14,452.63	7,030.07	7,145.65	41,990.27
Travel – Airfare	2,293.43	922.72	103.81	7,793.23	11,113.19
Travel - Ground Transportation	221.47	440.02	314.24	4,364.50	5,340.23
Travel – Other	55.75			395.09	450.84
Travel - Per Diem	3,289.76	1,612.08	1,214.55	29,618.63	35,735.02
Field Employee Benefitss	1,773.28	2,751.21	966.48	999.01	6,489.98
Meeting Exp - Genl/Incidentals	269.01	1,529.10	53.75	6,384.81	8,236.67
Meeting Exp - room Rentals	6.69	3.16		1,835.24	1,845.09
Telecommunications	227.19	636.86	211.49	281.45	1,356.99
Telephone JC Allocation	347.57	338.32	196.08	199.09	1,081.06
Delivery Services - General	15.68				15.68
Delivery Services	251.74	73.11	9.24	44.37	378.46
Postage	12.86		3.75	40.90	57.51
Photocopying				454.11	454.11
Printing	150.53	564.00		182.17	896.70
Other Media Reproductiion		5,504.49		837.41	6,341.90
Reproduction - Radio		183.24			183.24
Books, Subscriptions, Reference	35.33	561.71		166.82	763.86
Supplies JC Allocation	202.09	196.72	114.00	115.75	628.56
Office/General Supplies	67.94	104.30	10.54	1,727.76	1,910.54
Repairs & Maintenance			3.18	22.73	25.91
Insurance - DBA/Medevac	140.00	52.00	52.00	51.00	295.00
Professional Services - Legal				1.88	1.88
Professional Services - Other		743.74	419.13	4,021.52	5,184.39
Equipment Rental				270.29	270.29
Computer Usage Fee	484.95	472.05	273.60	284.11	1,514.71
Bank Charges	40.00			2.07	42.07
Allocated Management Costs	86,310.66	101,723.30	52,402.89	67,815.54	308,252.39
TOTAL OTHER COSTS	96,195.93	118,412.13	56,348.73	127,909.48	398,866.27
Field Salaries	30,345.90	50,128.45	10,982.25	11,637.98	103,094.58
Consultant Fees	4,477.17	151.01		11,305.28	15,933.46
Honoraria/Incentives		18.32		1,933.21	1,951.53
Subcontracts	44,386.90	173,517.66	170,310.27	37,087.90	425,302.73
TOTAL SUBCONTRACTOR/OTHER	79,209.97	223,815.44	181,292.52	61,964.37	546,282.30
Participant Expenses		84.56			84.56
Overhead	37,122.45	46,953.35	16,409.00	42,153.71	142,638.51
G&A	2,006.37	7,966.82	8,384.30	1,775.40	20,132.89
					0.00
Total Expenses	272,114.61	459,333.89	292,652.19	264,524.19	1,288,624.88
Fee	19,048.02	32,153.36	20,485.66	18,516.71	90,203.75
Total Expenses	291,162.63	491,487.25	313,137.85	283,040.90	1,378,828.63

WORKPLAN

Social Acceptance of Family Planning in the Philippines Project (Contract# 492-C-00-02-00019-00)

October 2002 to December 2003

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
PROJECT MOBILIZATION AND START-UP						
1. Project Mobilization – This includes completion of hiring of all staff, setting up of the office, procurement of office equipment and supplies, conduct of orientation meetings and annual workplanning.						
1.1. Recruit Comm. Adv., Cap Bldg. Spec.-Comm & Advocacy; drivers	-	10/1/02	11/30/02	All Staff recruited	CB Spec. for Advocacy and Comm. Advisor reported on 2 Jan 2003	COP
1.2. Finalize office set-up; procure all equipment and supplies, vehicles	-	10/1/02	11/30/02	Office set up completed, vehicle purchased		COP, Office Manager
1.3. Set up financial system; train office manager/accountant in QuickBooks	-	10/1/02	10/30/02	Financial system in place; COP/ accountant trained	Tech assistance from Washington needed	AED Wash
1.4. Sign subcontracts among AED, TFGI, CEDPA and CID	-	10/1/02	-	Contracts signed	Pending at AED Washington	AED Wash
1.5. Conduct orientation meeting for project Team	-			Project Team oriented	Done 8/26/02 new staff to be recruited	COP
1.6. Meet with USAID, DOH and POPCOM	-	10/1/02	10/30/02	Agreement on expectations & work procedures Executive issuances designating focal persons to work with TSAP	Met PopCom 9/16/02; USAID/ OPHN) ; meeting w/ DOH Sec. to be set	COP
1.7. Develop annual workplan & finalize project areas	-	10/1/02	2/15/03	Workplan & project areas finalized & approved by USAID	Workplanning held Oct. 1-4	COP & DCOP
1.8. Meet with potential partners like NGOs, academe, media and individual consultants (national)	-	10/1/02	12/30/02	Potential partners oriented	1st mtg. held on Oct. 9	COP/DCOP
1.9. Meet with regional stakeholders (Popcom, DOH, NGOs, etc.)	Travel	11/1/02	3/30/03	Regional partners oriented		COP/DCOP, Comm, Adv & Med. Advisor
1.10. Discuss and agree on convergence areas for project	-	11/1/02	01/30/03	Agreement on convergence areas	Involve health facilities in area & NGOs	COP/DCOP/ Med. Adv.
1.11. Strategic Planning Workshop for ARMM	6,000	5/1/03	5/30/03	ARMM Strategic Plan	Involve donors & NGOs with ARMM projects	DCOP/BCC-CBS
Project Mobilization & Start-Up SUBTOTAL	**$ 6,000**					

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
Research, Monitoring and Evaluation						
2. Review of studies/formative research - Past KAP studies and communication efforts on FP will be reviewed to identify gaps for further investigation; identified gaps will be subject for formative, qualitative researches; findings to be used in development of the strategic communication and advocacy plans and repositioned messages.						
2.1 Preparation and approval of all TORs for research subcontracts	–	10/1/02	2/15/03	TORS completed	Each Advisor to contribute	M & E Specialist
2.2 KAP Research Audit	4,000	10/1/02	1/15/03	Research Audit Report	Consultancy	M & E Specialist
2.2. Communications Audit		11/1/02	2/28/03	Review Report	In-house	BCC Advisor
2.3 Formative Research Studies of Target Groups (urban poor and industry workers)	35,000	1/15/03	3/1/03	Research Report	Int'l TA; contract Awarded to AC Nielsen	M & E Specialist/BCC Advisor
2.4 Integration of Research Results (Research & Communications Audit, Formative Research)		3/7/03	3/15/03	Integration Report	Findings to input to BCC/Adv strategy	BCC Advisor
2.5. Presentation of research results (Research Dissemination Forum)	500	3/16/03	3/20/03	Presentation Meeting Conducted	Findings to input to BCC strategy	BCC Advisor
2.6. Formative Research – ARMM	25,000	4/1/03	7/30/03	Information for strategy and message development	Subcontract	M&E Specilist, BCC Advisor
3.Survey of influentials or opinion leaders – Periodic assessment of the perceptions, interpretation of influentials, as well as analysis of political debates on FP issues will provide focus for strategic activities/interventions.						
3.1 Design and conduct of survey of influentials and opinion leaders	45,000	2/17/03	4/1103	Profile of influentials in different areas per sector	subcontract	Advocacy Advisor, M&E Specialist
3.2. Survey of influentials – ARMM	20,000	7/1/03	10/30/03	Profile of influentials in ARMM	subcontract	Advocacy Advisor, M&E Specialist
4. Conduct of Health Provider research - This is to determine barriers and misinformation that must be addressed among providers and clients. For providers, to assess current public and private providers' attitudes, beliefs & practices re family planning services provision. For the clients, to assess clients' attitudes & concerns regarding suitability of modern contraceptive methods.						
4.1 Conduct of Health Provider Baseline KAP (in collaboration with CMS)	35,000	4/15/03	5/15/03	KAP of health providers	Joint TSAP-FP & CMS	Med. Advisor & M & E Specialist
4.2 Desk review of secondary research on health provider and client knowledge, attitudes and practices regarding contraceptives		10/15/02	2/28/03	Secondary research report submitted	TFGI Consultant inputs	Med Advisor
4.3 Profiling of health facilities/clinics in convergent sites		1/15/02	3/31/03	Profile report	In-house	Med. Advisor
5. Finalization of Project Indicators – Benchmarks to measure project progress and indicators to measure results for each component (BCC, advocacy and health service) will be finalized.						
5.1.Identification of indicators per project component	-	11/4/02	2/28/03	Indicators finalized and approved by USAID	Inputs from Advisors	M & E Specialist/ COP/DCOP
5.2 Design for data collection		3/1/03	3/31/03		Inputs from Advisors	M & E Specialist/ COP/DCOP
5.3 Agreement on Targets with USAID		4/1/03	10/30/03	Approved targets	Based on results of KAP surveys	COP, DCOP, M&E Specialist

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
6. Monitoring and Evaluation of Mass Media Campaign – Effectiveness of the mass media campaign and interpersonal BCC activities will be tracked and assessed through surveys conducted by selected market research firm and process documentation.						
6.1 Conduct baseline survey	40,000	5/3/03	7/31/03	Baseline KAP of Target Groups	Inputs from BCC Advisor	M&E Specialist/ COP
6.2 Conduct post mass media campaign tracking survey	40,000	10/1/03	12/31/03	Research Report	Inputs from BCC Advisor	M&E Specialist/ COP
6.3 Document process of activities (all components)		1/1/03	12/31/03	Process documentation report (quarterly starting 1st QTR 03)	Team inputs	All Advisors
Research, M & E Component SUBTOTAL	**$244,500**					
Behavior Change Communication Component						
7. Development and implementation of Capacity Building Plan - Capacity building will aim to develop the skills of local collaborating institutions and allies in planning and implementing BCC campaigns including interpersonal skills training and development of IEC materials. First year efforts will be directed at identified local NGOs (e.g., Foundation for Adolescent Development, ReachOut Foundation, Responsible Parenthood- Maternal & Child Health Assn of Phil) as well as government agencies (e.g. POPCOM, DOH, and DOLE) which implement IEC campaigns among the target audiences (women, adolescents and young adults, men) in identified project areas.						
7.1.Identification and discussion with NGOs	-	11/1/02	2/28/03	Institutions identified	Start with NGOs identified in proposal	BCC - CBS
7.2 Identification of and discussion with government agencies		11/1/02	2/28/03	Institutions identified	Focus on agencies with direct responsibilities in FP	BCC -CBS
7.3 Creation of Technical Working Group with relevant CAs, DOH and Popcom		3/1/03	3/30/03	Agreements made and schedule of meetings set	Converge initiatives in IEC messages and materials development and campaigns	BCC Advisor BCC CBS
7.4 Needs assessment of collaborating institutions, groups	5,500	1/1/03	3/15/03	Needs for capacity building/training	Needs assessment focused on but not limited to IEC and interpersonal communication	BCC- CBS
7.5 Development of information, story, image, and design bank as resource for IEC materials development	5,000	3/1/03	6/30/03	Layout grids, images, sample stories, information banks	By 2nd year, info bank maybe distributed via CD-ROM or stored in a website for easier access	BCC Advisor BCC- CBS
7.6 Reach Agreements with institutions on activities & TA		1/ 1/03	4/ 30/03	Memo of Agreements signed	Evaluation guidelines to come from DCOP	BCC - CBS
7.7.Provide TA (including materials developed & training)	25,000	3/1/03	12/30/03	TA provided (IEC materials, training)	Budget for IEC materials	BCC- CBS

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
8. Development & Implementation of Transition Public Relations (PR)/ Crisis Management Plan – in line with the strategic BCC plan, a PR including Crisis Management Plan will be developed. A transition crisis management plan will be developed immediately to manage public opposition or negative publicity on family planning (e.g., against the modern artificial methods) from various sources, including the church hierarchy.						
8.1.Development of transition PR/Crisis Management Plan		10/15/02	1/30/03	PR/Crisis management plan		Corporate Image Dimension (CID)
8.2.Implementation of transition PR/Crisis Management Plan		2/1/03	7/30/03	Press releases, TV and radio show guestings		CID
9. Development/Finalization of Strategic BCC Plan & PR Plan- based on the results of the review of studies and formative researches, a strategic communication plan will be developed in collaboration with key partners and collaborating institutions (USAID, DOH, PopCom, etc.). The Plan will be finalized after consultation with key stakeholders at the national and regional levels)						
9.1. Develop and draft BCC Plan		3/21/03	3/30/03	Draft strategic BCC plan		BCC Advisor
9.2. Meetings to discus draft Strategic Plan	500	4/1/03	4/7/03	Draft plan developed/inputs provided	Include DOH, PopCom, USAID	COP/BCC Advisor
9.3.Presentation to key stakeholders (Metro Manila)	500	4/18/03	4/15/03	Meetings conducted	Key stakeholders/ local collaborators to be identified	COP/BCC Advisor/ CB Spec - Comm.
9.4. Finalize Plan based on consultations		4/16/03	4/23/03	Finalized BCC Plan		BCC Advisor
9.5. Develop PR Plan (to include Crisis Management) as part of 9.4		4/16/03	4/23/03	PR and crisis mgt. plan	To complement BCC plan	CID
9.6. Implement PR/crisis mgt plan	12,000	5/1/03	12/31/03	Press releases, TV and radio shows guestings		CID
9.7. Develop and implement BCC Plan & PR component for ARMM	10,000	6/1/03	8/30/03	Press releases, etc. re. USAID activities in ARMM	Coordinate with other CAs	BCC Advisor
10. Implementation of BCC Plan – Implementation comprises: development of the creative brief, ad agency selection and contracting, development and pre-testing of creative concepts and mass media materials, and media placements and monitoring.						
10.1.Develop creative brief	-	4/16/03	4/23/03	Creative Brief		BCC Advisor
10.2. Select ad agency		4/23/03	5/23/03	Ad agency selected	selection team includes USAID, DOH, PopCom	BCC Advisor
10.3. Contract ad agency		5/23/03	6/23/03	Approved contract	AED Contracts Officer agreement	BCC Advisor
10.4.Develop/pretest repositioned FP concept & mass media materials	12,000	6/24/03	7/30/03	Concepts and mass media materials finalized		CID/ad agency
10.5. Produce TV & radio ads	72,400	8/1/03	8/30/03	TV & radio ads produced		Ad agency
10.6. Develop & pretest print and other below-the-line materials	10,000	8/1/03	8/30/03	Printed IEC & below the line materials	Messages synchronized w/ mass media	Ad agency

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
10.7. Develop media plan	-	8/1/03	8/30/03	Media plan	-	Ad agency
10.8.Implement media plan	400,000	9/1/03	11/30/03	Media placements		Ad agency
10.9. Produce print & other IEC materials	80,000	9/1/03	9/30/03	Materials produced	Budget from local media grants to NGOs	Ad agency
10.8. Distribute print & other materials	5,000	10/1/03	10/30/03	Materials distributed	-	Ad /BCC Advisor
11. Planning and Implementation of other BCC Activities – Activities include efforts to integrate FP messages in soap operas, situation comedies, TV and radio show guestings, celebrity endorsers and other influentials of the repositioned messages, re-launch of tabloid column and radio show of Margie Holmes, etc.						
11.1.Negotiations with networks, tabloids, newspapers, endorsers, allies	1,000	2/1/03	4/30/03	Networks, endorsers identified & agreements reached		BCC Advisor
11.2 Training of soap opera writers and producers in integrating FP	30,000	5/1/03	5/30/03	Trained soap opera writers and producers	International resource persons – Population Media Center	BCC Cap Bldg Specialist
11.3.Implementation of other BCC activities	5,000	7/1/03	12/30/03	Activities implemented		BCC - CBS
Behavior Change Communication Component SUBTOTAL	**$637,900**					
Advocacy & Social Mobilization Component						
12. Stakeholder Analysis – This refers to assessment of stakeholders, potential partners, allies in sectors identified by levels and environmental scanning to determine socio-political condition and identify potential FP advocates and partners at national and local level.						
12.1 Scanning and establishing the universe list of potential advocates and stakeholders		1/15/03	2/20/03	Universe list , only in areas of interventions		ASM and BCC Teams Medical Advisor CID
12.2.Inventory and profiling of key FP stakeholders and potential partners	2,000	10/2/02	2/28/03	Profiling Instruments, Summary Matrices Profile and analysis of key FP advocates and partners (urban poor, labor, legislators, LCEs, youth, women, media/ entertainment, NGOs, faith-based groups, academic and professional organization)	Identification of other segments supportive of FP. Profiling and analysis is a continuing activity	

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
12.3.Consultation meetings with potential partners in Calaba, Bulacan, Metro Manila and Metro Cebu	4,500	1/03/03 11/01/02 11/01/02 12/02/02	3/30/03 1/10/03 2/28/03 2/28/03 2/28/03	Meeting reports : Calaba – KAMIT Coalition (industrial workers) Bulacan – multi-sectoral Metro Manila- PBSP, TUCP, PLCPD , WMC (urban poor, youth, legislators, media entertainment, NGOs, faith-based groups) Metro Cebu - multisectoral		ASM and BCC Teams Medical Advisor CID
12.4.Interviews with focal persons/groups who will bridge the Project to key stakeholders/organizations • faith-based – PLCPD • media/entertainment – Pete Lacaba, CID • labor – TUCP • youth – WMC • out-of school youth/SK- PNGOC • legislators- PLCPD • urban poor – PBSP • informal sector – KATINIG • women and rural youth – PRRM • individual champions/advocates – POPCOM • academic/professional orgns – LaSalle, Perpetual, PAFP, POGS, IMAP	2,000	11/01/02	12/30/03	Meeting reports which include possible areas of partnerships	Use of interview guides Ongoing work in progress	Advoc. Advisor CS Mob Specialist-Advocacy -CBS
12.5. Stakeholders' Analysis Workshop (in-house and with USAID)	4,000	01/01/03	3/30/03	Stakeholders Analysis Framework, Tools/Instruments SA Report (Analysis and identification of priority partners)	In-house tech capacity /out of town (initial analysis of partners; a continuing process where other potential partners will be later identified)	Advocacy Advisor

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Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
13. Selection and TNA of Advocates/Champions – It involves assessment of advocates and champions (individuals, groups and network) to identify their level of interest and support for Family Planning and identify their capability building needs.						
13.1. Conduct inventory of influentials for different sectors	1,000	01/01/03	3/30/03	List of influentials	Review list of POPCOM inventory of RH advocates	Advocacy-CBS BCC-CBS
13.2. Develop criteria for selection of advocates/champions	1,000	1/1/03	2/28/03	Selection/evaluation criteria of FP advocates	In-house/consultation with key partners	Advocacy Advisor Advocacy-CBS BCC-CBS
13.3.Identification of and meetings with identified policy champions and advocates at national level		1/1/03	2/28/03	Initial list of FP policy champions at national level List of RHAN members willing to advocate FP	Review list of POPCOM inventory of RH advocates	Advocacy Advisor
13.4.Assessment of training needs and capabilities of FP advocates and policy champions	1,000	1/1/03	2/28/03	TNA tool TNA report	In-house	Advocacy -CBS
13.5.Develop advocacy capacity building plan for champions, advocates, and advocacy networks	5,000	3/1/02	3/30/03	Advocacy capacity building plan and training modules	Merge BCC and ASM capacity building plan	Advocacy-CBS
13.6. Conduct inventory of influentials in ARMM	3,300	6/1/03	9/1/03	List of influentials in ARMM		Advocacy Advisor
14. Development of Strategic Advocacy Plan – The plan put in details the specific issues needing to be addressed regarding advocacy network (at the national and local levels) and the campaign /activities needing technical assistance by the Advocacy group						
14.1. Develop Strategic Advocacy Plan	1,500	3/1/03	3/30/03	1st draft of Plan	ITTA visit (CEDPA) In-house	Advocacy Advisor
14.2. Activity Planning workshops with identified partners • Urban poor • Labor • Youth • Women • Legislators • Faith-based organizations • CALABAR • Negros oriental • Capiz • Metro Cebu • Bulacan	20,000	3/1/03	3/30/03	Activity plans	Sectors to be prioritized Activity plans should resonate with the Strategic Advocacy Plan and to coincide with major FP-related events: March – Women's Month May 1 – Labor Day August – FP Day November – Population Week	Advocacy CBS CS Mob Specialist LGU Coordinator

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Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
15. Network formation at the local level – Mobilization of special interest groups / advocacy networks needing TA in their campaigns						
15.1. TA to formation of LAN in Bulacan, Capiz, Metro Cebu, Negros Oriental and special interest groups in Metro Manila a. Negros Oriental (phase-in) b. Cebu c. Bulacan d. Capiz (phase-in/complementation) e. Metro Manila	20,000	4/1/03 4/1/03 6/1/03 6/1/03 5/1/03 8/1/03	9/30/03 4/30/03 8/30/03 8/30/03 6/30/03 9/30/03	2 local advocacy networks formed	Bulacan and Capiz were former POLICY project sites	CS Mob Specialist Advocacy - CBS
15.2. Consultation with leaders & identification of NGOs in ARMM	10,000	6/1/03	7/30/03	Initial agreements & short-list of NGOs	Involve DOH & Popcom	COP, DCOP, Advocacy Advisor
16. Strengthening /capacity building for advocacy networks, advocates and champions based on the TNA conducted – This refers to conduct of trainings aimed at strengthening capabilities of advocates/champions (individuals and network) at the national and local levels , including Bulacan, Capiz, and Negros Oriental in strategic planning, public speaking (spokesperson training), effective lobbying and advocacy materials development, among others						
16.1. TA to strengthen advocacy skills of policy champions at the national level	5,000	3/1/03	8/30/03	Trained policy champions; training reports	Consultancy/staggered basis	Advocacy CBS CID
16. 2. Conduct of trainings for local advocacy networks in Bulacan, Capiz, Metro Cebu, and Negros Oriental a. Negros Oriental b. Capiz c. Cebu d. Bulacan e. Metro Manila	20,000	6/ 1/03 7/1/03 7/1/03 9/1/03 9/1/03 10/1/03	12/30/03 9/30/03 9/30/03 12/30/03 12/30/03 12/30/03	Trained networks; Training reports	Consultancy	Advocacy CBS CID
16.3. TA to advocacy and social mobilization activities of networks and sectoral partners in Bulacan, CALABA, Capiz, Negros Oriental, Metro Cebu & M. Manila	15,500	6/1/03	12/30/03	Activity reports		Advocacy-CBS CS Mob Specialist
17. Grant Approval and Implementation - This is to support initiatives of community-based organizations to expand the social acceptability of FP practice and methods among community members and the public at large						
17.1 Development of guidelines for grant approval		1/01/03	3/30/03	Grant approval guidelines	In coordination with AED- W & CEDPA	COP,DCOP
17.2 Development of project proposal format and appraisal checklist		12/02/02	3/30/03	Project proposal format and project appraisal checklist	In-house	DCOP
17.3. Submission of grants guidelines to USAID for approval		4/1/03	4/30/03	Guidelines approved by USAID		COP

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
17.4. Appraisal of umbrella grantees		5/1/03	6/30/03	Approved umbrella grants	Focus on Capiz and Negros Oriental	COP, DCOP & Adv. Adv.
17.5 Appraisal of project proposals for sub-grants		7/1/03	12/15/03	Approved soc mob activities of partners	TA to umbrella grantees	DCOP, Adv Adv & SocMob Specialist
17.6 TA/fund support to approved projects of sub-grantees	35,000	8/1/03	12/30/03	Activity reports	Monitor activities	ASM
18. Monitoring and process documentation of advocacy and social mobilization activities – This is to keep track of progress of implementation activities and major project processes						
18.1.Training on Process Documentation Research for networks and partners	2,000	7/1/03	7/30/03	Training report on PDR	In coordination with M and E Specialist	Advocacy CBS
18.2.Process documentation and monitoring of advocacy and social mobilization activities	3,000	8/1/03	12/30/03	Process document reports In coordination with partners at national/local levels	In coordination with M and E Specialist	Advocacy CBS SocMob Specialist
Advocacy Component SUBTOTAL	**$ 155,800**					
Health Provider Component						
19. Development to EBM-FP Tools or CATS Packages – Evidence-based Medicine (EBM) will be incorporated in educational and information materials for use by health providers in counseling and information-giving on family planning methods and other reproductive health concerns. These materials will be produced as Criticallly-appraised Topics (CATS) Packages.						
19.1. Inventory of EBM practices and practitioners in the Phils.		11/1/02	12/30/02	Directory of EBM practitioners	Inputs from the M&E Specialist	Medical Advisor
19.2.Desk review of literature on FP methods, mechanism of action, health benefits, side effects, overcoming side effects		12/1/02	1/31/03	Report submitted	Inputs from TFGI	Med. Advisor
19.3 Formation of Phil. EBM core group	4,000	1/1/03	1/30/03	EBM Core Group List	Consultant required	Med. Advisor
19.4 Orientation/planning of medical core group on EBM-FP	5,000	1/1/03	2/28/03	Identification of CATS Guidelines for development of CATS	Consultant + ITTA (TFGI)	Med. Advisor
19.5 Development of CATS packages	25,000	2/1/03	6/30/03	Camera-ready CAT packages	EB-FP Core Group + consultant	Medical Advisor
19.6 Production of CATS packages for physicians, midwives, counselors, etc.	20,000	7/1/03	10/30/03	Printed CATS packages	Inputs from BCC Advisor & CID	BCC Advisor, Med. Advisor

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
19.7. Adaptation of CATS packages for ARMM	15,000	10/1/03	12/30/03	Adapted CATS packages for ARMM	Use results of formative researches	Med. Advisor
20. Advocacy for the integration of EBM-FP in FP training programs, medical protocols and clinical standards manual for FP service delivery. This includes advocacy to the DOH to review the Family Planning Clinical Standards Manual, the Basic Comprehensive Family Planning and the FP component of the residency training in obstetrics and gynecology.						
20.1. Conduct consultative meetings with DOH authorities to get agreement on: 20.1.1. Review of the 1998 Edition of the Family Planning Clinical Standards Manual; 20.1.2. Review of the course content & course syllabi of the Basic Comprehensive Family Planning Course; 20.1.3. Review of the residency training in Obstetrics & Gynecology in DOH-retained hospitals with board-accredited residency training programs	8,000	2/15/03	3/31/03	Issuance of appropriate DOH Dept. Order		Medical Advisor & DOH counterpart (Dr. Catibog)
20.2. Provide TA to review Committee and Technical Working Group re FP Clinical Standards Manual		4/01/03	5/31/03	Draft/suggested revisions to Family Planning Clinical Standards Manual submitted to DOH		Medical Advisor & TWG
20.3. Provide TA for finalization of New Edition of The Family Planning Clinical Standards Manual approved.		6/1/03	6/30/03	Final document New Edition of The Family Planning Clinical Standards Manual submitted to DOH		Medical Advisor & TWG
20.4. Provide TA to Review Committee and Technical Working Group re draft documents & revised Basic Comprehensive Family Planning Course.		7/1/03	8/30/03	First draft document Revised Basic Comprehensive Family Planning Course submitted to DOH		Medical Advisor & TWG
20.5. Provide TA for finalization of Revised Basic Comprehensive Family Planning Course approved.		9/1/03	9/30/03	Final Document Revised Basic Comprehensive Family Planning Course submitted to DOH		Medical Advisor & TWG

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
20.6. Provide TA for Review Committee and Technical Working Group re draft document of Family Planning Skills Component of the residency training in obstetrics & gynecology		10/1/03	10/30/03	First draft document of FP Skills Component of the Residency Training in OB-Gyne submitted to DOH		Medical Advisor & TWG
20.7. Provide TA for finalization of revised Family Planning skills component of the residency training in obstetrics and gynecology. First final copy printed.		11/1/03	11/30/03	Final Document FP Skills component of the Residency Training in OB-Gyne submitted to DOH		Medical Advisor & TWG
20.8. Conduct Consultative Meeting to review medical, nursing & midwifery undergraduate curriculum (national, including ARMM)	6,000	10/1/03	11/30/03			Medical/Advocacy Advisors
20.9. Organize curriculum expert panel to review family planning content of medical, nursing & midwifery undergraduate curriculum.		10/1/03	10/30/03			Medical/Advocacy Advisors
20.10. Provide TA to Curriculum expert panel Work. Presentation of findings to CHED & APDPCN, APSOM & boards of Medicine, Nursing and Midwifery.	2,000	11/1/03	12/30/03	Experts' panel final proposal strengthening family planning component in medical, nursing and midwifery undergraduate curriculum completed & submitted to CHED for implementation & inclusion in board licensure examinations.		Medical Advisor and Expert Panel
20.11. Production of 1st 17 CATs documents.	10,000	4/15/03	5/30/03	CATS Packages		Medical Advisor & EBM Core Group
20.12. Orientation of selected health providers on CATS utilization & applications in counseling services, including ARMM	10,000	6/1/03	10/30/03			Medical Advisor & EBM Core Group
21. Strengthening the provision of FP information and counseling in industrial zones and urban poor areas (in convergent sites) through integration of EBM-FP and interpersonal communication skills – Activities will be pursued through collaboration with various services delivery agencies, employers, industrial physicians and nurses and NGOs working in the industrial zones and urban poor areas with existing clinics (JSI, Friendly Care, FPOP, Engender Health, etc.)						
21.1. Discussions with labor union and industrial physicians & nurses, NGOs with clinics	1,000	11/1 /02	2/28/03	Negotiations conducted	-	COP, DCOP, Med. Adv.
21.2. Agreements with companies & NGOs operating clinics		1/1/02	3/31/03	Memo of Agreements signed		Med. Adv.

Project Activities	Budget (US$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
21.3. Discussion of implications of Lamberte findings to TA on training & IEC		4/103	4/30/03	Implications for training & IEC		Med. Advisor/Med. Asst.
21.4TA to companies and NGOs with clinics (training in IPC, IEC materials)	25,000	5/1/03	12/31/03	IEC materials produced & trainings conducted	Asst from BCC Adv; Training consultant	Med. Advisor/Med. Asst.
21.5. Assessment meetings with company mgt & NGOS	2,000	4/1/03	11/30/03	Findings to be the basis for improved implementation	meetings every quarter	Med. Advisor
Health Provider Component SUBTOTAL	**133,000**					
GRAND TOTAL	**$1,171,00**					

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QUARTERLY BENCHMARKS FOR 2003

Quarter	Behavior Change Communication Component	Advocacy & Social Mobilization Component	Health Provider Component	Overall
1st	- Formative Research conducted - Communication Audit completed - Strategic BCC Plan developed - Transition PR/Crisis Management Plan finalized - Selected activities with collaborating agencies launched in Region IV and Metro Manila	- Stakeholder Analysis completed - Profile of initial advocates prepared - Strategic Advocacy and Social Mobilization Plan developed - Advocacy Activities in convergent sites in Region IV and Metro Manila launched - TNA of advocates completed	- EBM-FP Core Group formed and oriented on CATS - Topics for critical appraisal (CATS) identified - Desk Review of barriers to modern contraceptive use completed	- Project Workplan approved - Project Indicators developed - Project monitoring tools drafted - Grants guidelines finalized
2nd	- Campaign messages and materials developed and pretested - TV and Radio ads produced - Print IEC materials developed - Soap Opera Writers and Producers Trained - Advocates and media champions oriented/trained - Baseline KAP Survey completed - PR Component for ARMM initiated	- Advocacy & Social Mobilization Training Plan developed -Survey of legislators/ policymakers conducted - Selected champions and allies trained - Local Advocacy Networks in Bulacan organized - Advocacy activities in Negros Oriental and Capiz launched - Grants Guidelines approved by USAID	- First CATS Package developed and produced - Baseline information on FP services in industrial zones gathered - Medical schools oriented on EBM-FP/CATS	- Project monitoring tools finalized and fielded - Progress Report for 1st Qtr 2003 submitted to USAID - General Strategic Planning Workshop for ARMM conducted

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Quarter	Behavior Change Communication Component	Advocacy & Social Mobilization Component	Health Provider Component	Overall
3rd	- Mass Media Campaign launched - Print and "below-the-line" materials produced and distributed -Selected activities in Metro Cebu launched -Formative Research for ARMM completed	- Champions and allies trained (continuation of 2nd quarter) - Local Advocacy Networks in Metro Cebu organized - Advocacy activities in Metro Cebu launched - Community based groups trained in project planning and reporting - Grants for NGO/community initiatives awarded - Advocacy campaigns implemented (national and local levels)	- Baseline Health Provider Survey completed - Health providers in public facilities oriented on CATS package - Health providers in industrial zones in Region IV oriented on CATS package - Advocacy to DOH to revise Basic FP course to include EBM-FP initiated -Advocacy to DOH to integrate EBM-FP in protocols of public hospitals and facilities initiated - 2nd list of topics for CATS development identified	- First Process Documentation Report submitted - Progress Report for 2nd Qtr 2003 submitted to USAID
4th	- First Tracking Survey completed - FP Messages integrated in soap operas	- Advocacy campaigns implemented (national and local levels) - Initial assessment of grants completed - Survey of influentials in ARMM conducted - Consultation with leaders and identification of NGOs in ARMM completed	- Review of Basic FP Course completed - Review of protocols for public hospitals and facilities completed - Training of trainers of public health providers completed (1st batch) - Health Providers in industrial zones in Metro Cebu oriented on CATS - Survey of Health Providers in ARMM completed - Consultative meetings with health providers in ARMM completed - Adaptation of CATS (1st batch) for ARMM completed - 2nd batch of CATS developed	- Progress Report for 3rd Qtr 2003 submitted to USAID - Workplan for 2004 completed

QUARTERLY BENCHMARKS FOR 2003
The Social Acceptance Project – Family Planning

Quarter 2

Component	Benchmark Statement	Benchmark Definition	Documentation Required
Behavior Change Communication	1) BCC Strategic Plan approved by USAID 2) Media Communication Audit completed 3) Ad agency selected for mass media campaign 4) IEC Print Materials Plan developed	1) Overarching strategic plan to include mass media, PR, interpersonal, and other activities for key target groups 2) Historical analysis of mass media campaigns on FP 3) Selection based on competitive creative bids of short-listed ad agencies by muti-agency committee 4) Plan to coordinate IEC materials production for TSAP-FP	1) Plan & approval letter from USAID 2) Write-up 3) Documentation of selection process followed 4) Plan write-up
Advocacy & Social Mobilization	1) Strategic Advocacy & Social Mobilization Plan approved by USAID 2) First sectoral and local advocacy networks organized 3) Advocacy training of 1st batch of champions conducted 4) FP Orientations for advocates held	1) Plan to include objectives and strategies to expand number of individual and group advocates at national and local levels 2) Partnership plans with sectoral and local advocacy networks with broad organizational memberships 3) Conduct of training on advocacy skills for group of champions 4) Conduct of orientations on FP methods for advocates	1) Plan & approval letter from USAID 2) Partnership plans signed with organizations 3) Report on training 4) Report on orientations
Health Provider	1) 16 CATS finalized for reproduction 2) Rapid Assessment of FP services in industrial zones 3) Baseline Survey of Public Health Providers awarded	1) 16 CATS topics on specific FP issues packaged for use by health providers 2) Profile of capacity for and actual provision of FP services in randomly selected industrial clinics in Calaba & Metro Cebu 3) Proposal for baseline survey with methodology and timeline with documentation of selection process	1) CATS topics ready for printing 2) Report 3) Proposal and contract
Overall/General	1) ARMM Consultative Workshop completed 2) Grants guidelines approved by USAID 3) Benchmarks for 3rd quarter approved	1) Workshop with various stakeholders & funding agencies to discuss interventions and lessons learned in ARMM 2) Guidelines establishing mechanism for assessing and awarding grants for advocacy & social mobilization activities of advocacy networks and groups 3) Benchmark table with statement, definition and documentation required	1) Workshop Report 2) Grants guidelines document & approval by USAID 3) Benchmark table and approval by USAID

Proposed Benchmark for The Social Acceptance Project – Family Planning for Q3, Year 2003

Behavior Change Communication			
Benchmark Statement	**Benchmark Description**	**Documentation Requirements**	**Due Date**
1. Advertising Campaign			
1.1. TV ads developed, pretested and finalized; radio and print ads developed	4 TV 30-second ads (Sampal, Tradition, Wedding and Dyip) developed; TV ad impact study conducted by research agency; 4 radio ads and print ads developed for pretesting	TV ads final storyboards, TV ad pretest results, radio ad scripts and draft print ad	Sept. 30
2. IEC materials production			
2.1. 2 types of IEC Materials Produced	The Truth About series (family planning, pill, IUD, sterilization) in English and Pilipino; 7 research monographs – *Imagery of FP Users, FP Language, What FP Means to Filipinos, Profile of Modern FP User, Profile of Traditional FP User, What Pilipinos Value, Quality of FP Information*	Copies of The Truth About series and camera ready material of 7 research monographs	Sept. 30
2.2 TSAP-FP Quick Reference Guide on Population and FP developed and pretested	Reference handbook on commonly used Population and FP statistics for media advocates	Draft copy of the Quick Reference Guide on Population and FP and pretest results	Sept. 30
3. Activities to reach adolescents/young adults			
3.1. Approval for conduct of rap contest in vicariates of Manila obtained	Approval by Youth Coordinators of Manila Archdiocese to hold rap contest	Meeting Report	Sept. 27
3.2. School Forums on adolescent sexuality conducted	2 forums for students of PUP campuses (Sta. Mesa on Aug. 1 and Sto. Tomas on Sept. 19) conducted with Dr. C. Raymundo and Dr. L. Carandang as speakers & Ces Drilon as moderator	Report on forums in PUP	Aug. 1 Sept. 19
3.3. Roundtable on adolescent sexuality conducted	"Safe Ka Ba" roundtable on adolescent sexuality with speakers – Cong. Gilbert Remulla, Cong. Darlene Custodio, Ms. Samira Gutoc and NYC officer – organized by Newsbreak magazine at AIM Conference Center on Aug. 27	Report on roundtable	August 27

Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
4. TSAP-FP Public Relations Campaign			
4.1. Revised PR/Quick Response Plan submitted to USAID	Revised PR Plan to include support to ad campaign, promotion of TSAP-FP advocacy efforts and EBM-FP; quick response/crisis management and regular publicity efforts developed	Revised PR plan	Sept. 30
4.2. Analysis of Media Monitoring done	Content analysis of themes on FP/pop&dev/ARH covered in print and broadcast media, including count of positive vs. negative press releases	Media Analysis report	Sept. 30
4.3. Two Special Events covered	Press conferences/coverage arranged for NSV operation for T'boli minority in Lake Sebu (July 24) and Family Planning Day celebrations (Aug. 1)	Report on events covered	Sept. 30
4.4. Integration of FP messages in radio news programs	One-minute "Para Sa Inyong Kaalaman" with FP messages incorporated in daily news program of Angelo Palmones on DZMM from 7:00 to 7:30 AM from Sept. 15 until Dec. 15	Copy of actual messages aired	Sept. 15 onwards
5. Media Relations Plan			
5.1. Media Relations Workshop for Health Beat Reporters conducted	Workshop on FP attended by at least one health reporter from Manila Bulletin, Philippine Daily Inquirer, Daily Star, Manila Standard, Journal, Tribune, Imbestigador and RP Daily Expose	Report on workshop	Aug. 15
5.2. Orientation of Phil. Daily Inquirer staff on FP conducted	Orientation of reporters and staff of Phil. Daily Inquirer on FP methods and Population/ARH Situation, and formative research findings at PDI Office on Sept. 24	Report on orientation	Sept. 24
6. Media Training of Champions			
6.1. Two trainings conducted	One media training for 10 champions (Interfaith, academe, medical group) on July 15-17 and one communication planning training for 29 RHAN officers and members on July 29-31	Report of trainings	July 17 July 31
7. Integration of FP in Soap Opera and non-traditional Media			
7.1. Roundtable with TV soap opera writers conducted	Roundtable discussion with TV soap opera writers of ABS-CBN and GMA networks on July 28	Report on roundtable	July 28

Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
7.2. Messages for inclusion of FP in soap operas developed	Key messages on FP/pop&devARH/MCH as guide for integration in soap operas and other mass media channels	Draft messages developed	Sept. 30
8. PR for ARMM			
8.1. PR Plan for ARMM developed	PR Plan to promote OPHN-supported activities in ARMM including TSAP-FP advocacy activities	Draft PR plan for ARMM	Sept. 30
9. BCC Research Studies			
9.1. Baseline BCC Study launched	Study aims to provide baseline data on KAP on FP of the "general public" prior to launch of the ad campaign in key urban areas of Metro Manila, Cebu and Davao and urban centers of Bicol and Leyte	Research agency contract, questionnaire and timetable	Sept. 30
Advocacy and Social Mobilization			
1. Small grants program			
1.1 At least 5 grants approved for local advocacy and social mobilization activities	Proposals by Sagip Pasig, PBSP/ Olango, Women's Media Circle, NEOPHRAN, PLCPD approved	Approved proposals (by AED/USAID)	Sept 30
2. Sectoral networks			
2.1 At least 3 urban poor/community groups in Metro Manila and Metro Cebu oriented about the project and network formation	At least 170 community leaders of the following groups: Katinig and WHCF-CVs in Metro Manila, CCUVA and PBSP-CAs in Cebu attended orientation	Orientation/activity reports	Sept. 30
2.2 At least 1 youth network oriented on responsible sexuality	At least 100 youth leaders of Katinig, Makatao, and Friendly Care oriented	Orientation/activity reports	Sept. 30
2.3 Linkage between informal sector network and barangay leaders initiated	At least 200 barangay leaders from Metro Manila oriented on FP/RH and potential partnership areas with informal sector network	Report on Forum	Sept. 25

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Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
2.4. At least 1 civic organization oriented on pop & dev/FP and committed to FP advocacy	Rotary Clubs of Cebu and Negros Oriental oriented on pop & dev/FP and agreement to implement FP activities	Report on meetings	
3. Provincial advocacy networks			
3.1. At least 1 existing PAN provided technical assistance on strengthening their network	Key officers and partners of NEOPRHAN oriented on network/ alliance building	Orientation/activity report Orientation designs on network/alliance building	Sept. 30
3.2 At least 2 new budding networks provided technical assistance	Orientation provided to POPNet in Cebu, and federation of RH/FP advocates in Capiz	Orientation/activity report	Sept. 30
4. Capacity building			
4.1 At least 50 community leaders from the informal sector trained on advocacy	Participants trained are women, men and youth leaders of Katinig and CCUVA	Training report	Sept. 30
4.2 At least 25 individual advocates at the national level oriented on FP	Participants oriented are from media, interfaith and senate/congress	Activity reports	Sept. 30
5. ARMM advocacy activities initiated			
5.1. At least 15 key Muslim religious leaders consulted on the issuance of a national Fatwah	Orientation provided to key committee officers and members of a Muslim religious group	Mission and activity reports	Sept. 30
5.2 At least 2 multi-sectoral consultative meetings convened	Meetings convened in two strategic venues; representation covered five provinces and 1 city of ARMM and participated by government and NGO representatives	Activity reports	Sept. 30
6. ASM Research-related activities			
6.1 Survey on FP/RH Services in the Work place among ECOP member-companies launched	Survey to determine status of FP provision in ECOP member companies through accomplished questionnaires	Questionnaire and report on number of companies sending back questionnaires	Sept. 30

Health Provider Component			
Benchmark Statement	**Benchmark Description**	**Documentation Requirements**	**Due Date**
1. EBM/CATs			
1.1 Prototypes of at least 13 CATs ready for printing	First 13 CATS developed in 2nd quarter finalized for production	Prototypes pre-tested Prototypes submitted to USAID for approval	Sept. 30
1.2 Drafts of at least 15 new topics developed	Second batch of topics drafted	Progress report by the EBRMnet	Sept. 30
2. Government midwives			
2.1 At least 300 government midwives in TSAP-covered areas oriented on EBM-FP	Areas covered : Metro Manila, Davao City, Metro Cebu, Zamboanga, Bicol and CALABA through Philippine League of Government Midwives	Activity/documentation reports	Sept. 30
3. Municipal health officers/Public Sector Physicians			
3.1 Agreement reached with AMHOP to include EBM/FP in CME program	Agreement reached with national directorate of Association of Municipal Health Officers to include EBM/FP and contraceptive technology in their CME program	Meeting report	August
4. Philippine Obstetrics and Gynecologists Society (POGS)			
4.1 At least 30 POGS officers & members oriented on the revision of clinical practice guidelines to include FP	POGS officers oriented on how to revise their existing clinical practice guidelines to include new guidelines on family planning practice for obstetricians-gynecologist; actual revision planned for October	Report of orientation	Sept. 15
5. Medical, nursing and midwifery schools and Professional Regulatory Board (PRC)			
5.1 Agreements with key officers of school associations obtained to strengthen FP in curricula	Agreements reached with Association of Philippine Schools of Midwifery and Association of Deans of Philippine Colleges of Nursing to strengthen integration of FP in their curricula	Meeting reports	Sept 30
5.2. Agreement reached with PRC to increase number of board exam questions on FP	Agreement reached with PRC to increase number of questions on FP, demography and pop & dev in nursing and midwifery exams	Meeting report	Sept. 30

Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
6. HP Research activities			
6.1 Assessment of FP training manual initiated	Review of FP manual's utilization and usefulness based on FGDs of midwives and doctors initiated by the research contractor; FP training manual is the official DOH guide for use of trainors in training health providers in delivery of FP services; it also includes DOH FP policies and guidelines and module on FP counseling using the GATHER approach	Concurrence by DOH Proposal by the research contractor	Sept. 30
6.2 Census of public and industrial sector health providers completed	Complete listing of midwives and doctors providing FP in government health facilities and industrial clinics in TSAP-FP areas done	HP Census Results	Sept. 30
6.3 Data gathering for the HP baseline survey started	Baseline Survey of KAP on FP of public health providers in TSAP-FP areas launched	Final survey questionnaire timetable	Sept. 30
7. HP Activities in ARMM			
7.1 At least 50 government midwives oriented on EBM-FP	Members of the Philippine League of Government Midwives from Tawi-tawi, Basilan and Sulu, Maguindanao and Lanao Sur. The number (50) herein indicated is part of the total number of participants (300) under 2.1	Orientation report	Sept. 30
8. HP Strategy finalized			
8.1 Final document of HP strategy submitted to USAID	Health Provider component plan submitted to USAID	HP Strategy document Transmittal/acknowledgment letters	Sept. 30
Overall / General			
1. TSAP-FP Performance Indicator Reference Sheets Finalized	Performance Reference Sheets to describe how TSAP-FP indicators will be measured	Final version of Performance Reference Sheets submitted to USAID	Sept. 30
2. Progress report for 2nd quarter submitted	Report on progress on achievement of benchmarks for the quarter and issues	Progress Report	Sept. 30
3.TSAP-FP Software Monitoring Tool developed	Monitoring tool for TSAP-FP activities developed	TSAP-FP Activity Monitoring forms	Sept. 30

Proposed Benchmarks for The Social Acceptance Project – Family Planning for Q4, Year 2003

Behavior Change Communication				
Benchmark Statement	Indicator Supported	Benchmark Description	Documentation Requirements	Due Date
1. Advertising Campaign				
1.1 Tri Media Campaign launched	IR 3.1a	4 30-secondTV ads produced; 5 radio commercials developed, pretested and produced; TV and radio ads aired end November on top-rating national and local TV and radio programs; 2 print ads developed, pretested and produced; print ads published in tabloids start Dec.15;	TV final scripts, radio ad final scripts, radio pretest results, copy of print ad, print ad pretest results, media plan; media monitoring report	Dec. 30
1.3 PR Activities in support of ad Campaign held	IR 3.1b	Press conference held on Nov. 26 among Metro Manila and Cebu press corps to encourage publicity on day 1 of campaign launch	RC final scripts and press ready artwork for print ads; FGD summary report	Nov. 30
		Workshop conducted among champions for campaign support and quick response actions before media break, end Nov.	Workshop report	Nov. 30
		One-on-one briefings on campaign to key champions	Report on briefings	Nov. 30
		Pre-launch briefings for key advocacy groups on ad campaign held from Oct. to Nov.	Report on briefings	Nov. 30
		Advertising launch event held for the press, champions, advocates, partners, allies, other CAs on Nov. 26.	Event report	Nov. 30
2. IEC Materials Production				
2.1 Omnibus FP materials produced	IR 3.2a	Wall chart and flip chart revised and produced in Pilipino and Cebuano	Copy of wall charts and flip charts	Dec. 15
2.2 Method specific FP materials produced	IR 3.2a	Materials on 9 FP methods adapted from FriendlyCare developed and produced	Copy of camera ready materials	Dec. 30
2.3 Advocacy materials produced	IR 3.2b	7 research monographs (Sketches) produced	Copies of printed materials	Nov. 30
		Reference handbooks on commonly used population and FP data for media advocates and champions	Copies of printed materials	Nov. 30

Benchmark Statement	Indicator Supported	Benchmark Description	Documentation Requirements	Due Date
3. Activities for adolescents/young adults	IR 3.1a			
3.1. Enter-educate, symposia and trainings conducted	IR 3 1a	Rap contests conducted in five City of Manila vicariates Three youth symposiums held Training for On-Air Counselors in Cebu on Adolescent Sexuality	Activity report Activity reports Training Report	Dec. 15 Nov. 30 Dec. 15
4. TSAP-FP Public Relations Campaign				
4.1 Revised PR/Quick Response Plan developed 4.2 Media relations conducted	IR 3.1b IR 3.1b	Revised PR plan to include regular publicity, support to advertising campaign, promotion of TSAP-FP advocacy efforts and EBM; quick response/crisis management developed and launched FP orientation for news/opinion editors of three Cebu dailies and five tabloids and station managers/news directors of three top radio stations conducted Orientations of key findings of formative research and FP methods conducted to PDI reporters and editors	Revised PR Plan Orientation Report Orientation Reports	Nov. 7 Nov. 30 Nov. 30
5. Media Training of Champions				
5.1. Two media trainings conducted	IR3.2b	4th media training for 20community-based champions including FP acceptors and 5th training for 20 economists, business leaders, EBM network and POGS women's advocacy committee.	Training reports	Dec. 15
6. Integration of FP messages in non-traditional media or in traditional media used in a non-traditional way				
6.1 Workshop for TV, movie and radio soap opera writers and producers conducted	IR 3.1a	Conduct the Sabido-type training among selected writers and producers of movie, TV and radio soaps to provide them with ideas and skills on how to incorporate RH/FP issues into their scripts, shows and movies	Training report	Nov. 30

Benchmark Statement	Indicator Supported	Benchmark Description	Documentation Requirements	Due Date
6.2 Integration of FP messages in popular news program done	IR 3.1a	FP/MCH messages aired in Angelo Palmones daily newscast from 7 to 7:30 AM on DZMM	Monitoring report	Sept. 15 to Dec. 15
7. ARMM				
7.1 PR Plan on FP for ARMM developed	IR 3.1b IR 3.1a	PR Plan for FP efforts in ARMM developed Workshop with CAs implementing FP activities in ARMM to coordinate PR/IEC activities conducted on Nov.. 12-14	ARMM PR Plan Communication Plan	Nov. 30 Nov. 30
8. BCC Research				
8.1 Baseline KAP Survey Completed 8.2 ARMM Formative Research initiated	IR 3.1a, IR 3.1b IR 3.1a	Baseline KAP survey on FP prior to launch of the ad campaign in Metro manila, Metro Cebu, Metro Davao and urban centers of Bicol and Leyte Qualitative research among Muslim men, women and adolescents/young adults to determine barriers and facilitators to FP practice and responsible sexual behavior	Survey Report Approved research proposal	Dec. 15 Nov. 30
Advocacy and Social Mobilization				
1. Development of FP champions	IR 3.2b			
1.1a List of FP champions enhanced		10 new advocates identified	Report	Dec. 15
1.1b Popdev/FP advocates oriented		10 new advocates oriented on popdev/FP	Training report	Dec. 30
1.1c Media Training of advocates conducted		10 advocates from business, informal sector, trained by BCC	Training report	Dec. 30
1.1d Champions publicly endorsed FP		Public statements , guest appearances of 5 champions in various media monitored (by CID)	Reports	Dec. 30
2. Sectoral Networks	IR 3.2/3.2a			
2.1 Informal sector/urban/rural poor				
2.1a Planning : Partnership plans with informal sector/urban poor implemented		Action areas in Bahaginan advocacy forum prioritized and community advocacy plans for NCR (community volunteer network of WHCF, community associations of PBSP) finalized	Community advocacy plans	Nov. 30

Benchmark Statement	Indicator Supported	Benchmark Description	Documentation Requirements	Due Date
2.1b Capacity Building : 2.1b.1 Advocacy module developed 2.1b.2 IS/UP community leaders trained on advocacy		➢ Sector-specific advocacy module finalized ➢ 50 community leaders from 11 barangays in NCR trained on advocacy	Advocacy module Training report	Nov. 30 Dec. 30
2.1c Community mobilization/ advocacy campaigns implementated		Start-up activities of KATINIG and SPM in Metro Manila as well as CCUVA and PBSP-Olango in Cebu implemented	Activity Reports	Dec. 30
2.2 Women's groups				
2.2a Planning: Partnership areas with women's groups explored		Potential partners for advocacy among women's groups in Cebu and NCR identified and partnership areas defined	Meeting reports	Nov. 30
2.2b Capacity building: Advocacy module developed		Sector-specific advocacy module finalized	Advocacy module	Dec. 30
2.3 Labor				
2.3a Planning: Partnership areas with labor groups and HR managers explored		Potential partners for advocacy among labor sector and HR managers identified and partnership areas defined	Meeting reports	Dec. 30
2.3b Capacity building : Advocacy module developed		Sector-specific advocacy module finalized	Advocacy module	Dec. 30
2.4 Health & Other Professional Groups				
2.4a Planning: Partnership areas with health professional association explored		Partnership plan with Women's Advocacy Committee (POGS) and National Academy of Science and Technology (NAST)	Meeting reports	Nov. 30
2.4b Capacity building : 30 POGS officers and members oriented on RH/FP related issues		POGS officers and members of the Women's Advocacy Committee oriented on RH/FP issues	Training report	Nov. 30

Benchmark Statement	Indicator Supported	Benchmark Description	Documentation Requirements	Due Date
2.5 Men in Uniform				
2.5a Planning: Partnership areas with men in uniform defined		Data gathering and concept design of involving men in FP done	Strategy paper	Nov. 30
2.5b Capacity building : FP orientation for Phil Army personnel		60 Phil. Army personnel oriented on population/FP	Training report	Dec. 30
2.6 Faith-based Groups				
2.6a Planning: Network building and advocacy activities of Inter-faith Partnerships finalized		Network building and advocacy plan reviewed and finalized	Plans	Nov. 30
2.7 Youth				
2.7a Capacity building : 2.7a.1 Advocacy training for youth leaders 2.7a.2 Community theater training focused on RespTeen Sexuality		35 youth leaders trained on advocacy 35 KATINIG youth trained on community theater skills	Training report Training report	Dec. 15 Oct. 30
2.8 Others				
2.8a Start-up activities in Year 2 target site initiated		Area profiles and profile of potential partners for FP/RH advocacy in Metro Davao made	Situationer/profile	Dec. 30
3. Provincial Advocacy Networks	IR 3.2/3.2a			
3.1 Capiz Strategic Planning and Partnership Building Workshop conducted		Federation of Capiz Advocates for FP/RH formed as a result of strategic planning held on Nov. 4-6, 2003 in Manila	Activity Report	Nov. 30
3.2 TA to start-up activities of small grants done		Monitoring of start-up activities of NeOFPRHAN, POPNET done	Activity Reports	Dec. 30

Benchmark Statement	Indicator Supported	Benchmark Description	Documentation Requirements	Due Date
4. ARMM Advocacy Activities	IR 3.2/3.2a			
4.1 **Muslim Religious Leaders (MRL)**				
4.1a National *fatwah* drafted		A *Fatwah* on FP, a religious edict citing justification in the Koran for the practice of FP by Muslims, drafted by a representative group of Muslim leaders from Mindanao, including ARMM	Copy of draft fatwah	Oct. 20
4.1b Dialogue among MRLs on the draft National ***Fatwah*** conducted		A total of 50 *Ulama* representing various groups convened and discussed RH/FP toward crafting the national *fatwah* (held Oct. 20)	Documentation Report	Oct. 30
5. ASM Research-Related Activities	IR 3.2/3.2a			
5.1 Mini-survey on FP/RH Services in the Work place among ECOP member-companies completed		Mini-survey to determine status of FP provision in about 60 ECOP member-companies nationwide through accomplished questionnaires done	Data tabulated and report completed	Nov. 19
5.2 Quick polling of influentials and leaders initiated		Rapid assessment survey among TSAP-FP identified influentials and leaders to assess the extent of FP advocacy efforts done	Questionnaire List of influentials and leaders to be surveyed	Oct. 31
6. Small Grants Program	IR 3.2a			
6.1 At least 4 grants approved for local advocacy and social mobilization activities (NeOFPRHAN, POPNET, CCUVA, KATINIG)		4 project proposals from sectoral or provincial advocacy networks approved by AED/USAID	Letter of approval from USAID	Dec. 30

Health Provider Component				
Benchmark Statement	Indicator Supported	Benchmark Description	Documentation Requirements	Due Date
1. EBM/CATS	IR 3.3b			
1.1 Thirteen CATs printed		First 13 CATS developed in 2nd quarter printed	Printed CATS	Nov. 30
1.2 15 New CATs developed		Second batch of CATs topics developed	Copies of draft CATS	Dec. 30
2. Health professionals (Government Midwives, Municipal Health Officers/Public Sector Physicians)	IR 3.3b			
2.1 Another 300 government midwives in TSAP-covered areas oriented on EBM-FP		Participants from Maguindanao, Sulu, Basilan, Lanao Sur, Cotabato City, Marawi City, Bicol, Capiz & Tacloban oriented in cooperatioin with PLGM	Orientation reports	Dec. 30
2.2 At least 30 AMHOP members oriented on EBM/FP		AMHOP members from Bulacan/Region 3 oriented on EBM-FP	Documentation report	Dec. 30
3. Medical, Nursing and Midwifery Schools and Professional Regulatory Board (PRC)	IR 3.3a			
3.1 Review of and integration of FP in Midwifery curriculum		Review of midwifery curriculum and define best fit for FP integration done by the PRC Board of Midwifery with representatives of CHED, APSOM, IMAP, PLGM, Midwife Foundation of the Philippines, DOH.	Documentation report	Dec. 30
4. HP Research Activities	IR 3.3			
4.1 Assessment of FP training manual completed	IR 3.3c	Conduct of FGDs in 3 areas identified completed.	FGD report	Dec. 30

Benchmark Statement	Indicator Supported	Benchmark Description	Documentation Requirements	Due Date
4.2 Data gathering and tabulation of HP baseline survey completed	IR 3.3b	Baseline survey of KAP on FP of public health providers in TSAP-FP areas completed.	Topline report	Dec. 18
4.3 Mini-survey on FP/RH Services in the Work place among ECOP member-companies completed	IR 3.3b	Mini-survey to determine status of FP provision in about 65 ECOP member-companies nationwide through accomplished questionnaires done	Data tabulated and report completed	Nov. 19
4.4 List of public and private health providers in ARMM completed	IR 3.3b	Listing of doctors, nurses and midwives providing FP in public and private health facilities in ARMM provinces completed	ARMM HP data base completed	Nov. 19
4.5 ARMM HP Baseline KAPB survey initiated	IR 3.3b	Baseline Survey on KAPB on FP of private and public health providers in ARMM provinces started	Approved research agency contract	Dec. 19
5. HP Activities in ARMM	IR 3.3b			
5.1 At least 50 government midwives oriented on EBM-FP		Members of the Phil. League of Government Midwives from Maguindanao, Lanao Sur, Cotabato City and Marawi City oriented. The number 20 herein indicated is part of the total number of participants (50) under 2.1	Orientation report	Oct. 30
		OVERALL		
1. Annual Review and Workplanning conducted	IR 3	Review of 2002-03 activities of TSAP-FP vis-à-vis approved component plans and workplans and workplanning for 2004 conducted	Annual Review Report and draft workplan for 2004	Dec. 15
2. Benchmarks for Quarter 4, 2003 approved	IR 3	Benchmarks for Oct to Dec 2003 approved by USAID	Approved benchmarks	Oct. 15
3. Progress Report for Quarter 3, 2003 submitted	IR 3	Report of accomplishments for July to Sept 2003 submitted to USAID	Progress Report	Oct. 14

CONCEPT PAPER

Strengthening Social Acceptance of Family Planning in the Autonomous Region of Muslim Mindanao (ARMM)

I. Project Rationale

The Autonomous Region in Muslim Mindanao (ARMM) has a population of 2.4 million and is made up of four provinces - Maguindanao, Lanao Del Sur, Sulu and Tawi-tawi. The ARMM has consistently lagged behind in development. Latest poverty incidence[1] figures show that all four ARMM provinces are among those with the highest proportion of poor families (NSCB 2000). Sulu consistently posted the highest poverty incidence in 1997 and 2000 with 67.1% and 63.2% respectively. Poverty incidence for Tawi-tawi for the year 2000 is pegged at 56.5 %. Maguindanao has a poverty incidence of 55.1%, while Lanao Del Sur is 55%.

Demographic, health and human development indicators also show a less than positive picture:

- Population growth rate (PGR) for the whole region is at 3.86 percent, the highest rate in the country (national average PGR is 2.36 percent).
- Life expectancy at birth is only 57 years.
- Maternal mortality, infant mortality and under five mortality rates remain high (180/100,000 live births, 63/1,000 live births and 91/1,000 live births, respectively), such that the Crude Death Rate is likewise very high at 9.51.

The region has the lowest contraceptive prevalence rate in the country (15.1 percent) with the lowest rate of use of modern FP methods by women at 7.6% percent (FP Survey 2001). In ARMM, 46.3 percent of women who were not using any contraceptive method cited prohibition by their religion as the main reason for non-use compared to 6 percent of similar women nationally.

High mortality rate figures and low levels of life expectancy indicate the low level of health standards which may be secondary to poor maternal and child health care, malnutrition, poor environmental sanitation, or deficient health service delivery.

In development assistance, the ARMM still "...maintains a high absorptive capacity to receive and implement foreign and national government-funded projects as the region still faces a wide gap in development compared with other regions in the country."[2]

The "Social Acceptance of Family Planning Project in the Philippines" aims to contribute to the improvement of the quality of life in the ARMM provinces by increasing the social acceptance of Responsible Parenthood and Family Planning as a health intervention.

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[1] Poverty incidence: the proportion of families with per capita incomes below the poverty threshold.
[2] Today, January 21, 2003, p. 3

II. Objectives

The Social Acceptance Project – Family Planning (TSAP- FP) subscribes to the following goal: To help achieve greater social acceptance among the Filipino public of Family Planning (FP) as part of a healthy lifestyle.

The proposed intervention is expected to contribute to the improvement of the quality of life of Muslim Filipino families in the Autonomous Region in Muslim Mindanao (ARMM) through increased social acceptance of Responsible Parenthood and Family Planning as an essential element of good health.

Specifically, the Project aims to:

1. Build and strengthen the capacities of key influentials (individuals and groups) in ARMM to promote and advocate Responsible Parenthood and Family Planning (RP/FP);

2. Raise levels of knowledge and increase public approval of RP/FP in ARMM

3. Organize and mobilize Muslim communities and groups in specific project sites to support and promote RP/FP;

4. Mainstream Evidence-Based Medicine for Family Planning among health service providers in their provision of information and counseling on FP; and,

5. Promote USAID-supported projects in ARMM to the general public.

IV. Proposed Project Sites

The project will target Maguindanao, Lanao del Sur, Sulu and Tawi-Tawi provinces.

V. Strategies and Activities

1. Advocacy activities targeting key influentials in the region.

The proposed project's key strategy is the organization and mobilization of key formal and informal leaders and influentials in ARMM in the promotion and mainstreaming of Family Planning within the context of responsible parenthood and public endorsement of FP messages. A key influential group is the Ulama group. The United Nations Fund for Population Activities (UNFPA) supported a project which mobilized and organized Ulama in limited areas of ARMM. For funding reasons, this project was terminated. The TSAP-FP will try to build on the gains of the UNFPA project and initiate negotiations with this group. However, it does not discount the need to expand advocacy efforts to other groups and other areas within ARMM. A key strategy will be the organization of a study visit for these leaders and influentials to Muslim countries with strong FP programs

(e.g., Indonesia or Egypt) to observe first-hand the benefits that family planning practice brings to Muslim families and advocacy efforts being undertaken in these countries.

2. ***Development and implementation of a culturally-sensitive radio and interpersonal communication campaign.***

Based on results of formative research, the project will plan and implement a culturally-sensitive communication campaign to raise levels of knowledge and increase public approval of responsible parenthood/family planning. This campaign will develop culturally-sensitive messages and print materials and radio spots using the local language. Increasing public approval necessitates the use of mass media, particularly in ARMM where interpersonal interventions are limited due to security concerns. Although there are no specific statistics on radio listernership for ARMM, the project estimates that a significant number of the population have access to radio. For example, in Cotabato City, there are ten radio stations (4 AM and 6 FM) which can be used to air messages, not to mention regional radio stations (Radio Mindanao Network) and national radio stations which can reach ARMM.

3. ***Adaptation and Production of Critically Appraised Topics (CATS) Packages for Muslim areas and Orientation of health providers on Evidence-based Medicine***

Evidence-based Medicine, a major strategy of the TSAP-FP project, is a key component of the intervention for health providers. The CATS packages which the project will develop, will be adapted to the Muslim situation. These CATS packages will be produced for use by both public and private providers in ARMM.

The health providers will also be oriented on the integration of CATS in the provision of information and counseling services on family planning. They will be reached through the medical associations of doctors, nurses and midwives in ARMM, the government health system as well as NGOs (e.g., Well Family Clinic) which operate clinics in the area.

4. ***Development of Capacity of Muslim NGOs in advocacy and social mobilization for FP through grants.***

The project will identify legitimate Muslim NGOs and build their capacity to plan and conduct advocacy and social mobilization activities for family planning. Through a grants mechanism, these NGOs will be able to implement these activities in local areas.

5. ***Close Collaboration with Department of Health and Population Commission in ARMM.***

In planning and implementing specific activities, close collaboration with ARMM-DOH and Popcom will be sought in order to enhance capacity of the local autonomous government, strengthen the linkage between ARMM government and the private and NGO sector and sustain activities after the project life.

6. *Public Relations Campaign at the National Level*

The project will plan and implement a Public Relations campaign in order to inform the general public in Metro Manila and the rest of the country of USAID efforts in ARMM.

The following specific activities are proposed :

1. ***Research***

a) *Baseline and post survey of Muslim men, women, adolescents and health providers* – this survey will be the basis for tracking changes in knowledge, attitudes and practice of these segments of the population as a result of the TSAP-FP interventions. A more comprehensive questionnaire based on the project indicators will be used for this purpose.

b) Qualitative research to probe into barriers to family planning practice among Muslim men, women, health providers, and influentials

c) *Polling of Muslim influentials and stakeholder analysis* – the poll and analysis will identify influentials (individuals and groups) at the national, regional and provincial levels and who can become advocates, allies and champions of family planning

2. ***Communication***

a) Development of culturally-sensitive messages and materials (print and radio)

b) *Radio and interpersonal communication campaign* – based on the qualitative research, culturally-sensitive messages and print and radio materials on family planning will be developed and pre-tested

c) *Integration of FP messages in folk/community media (Friday classes, community assemblies, etc.)* – efforts will be undertaken to integrate family planning messages in folk/community media

3. ***Advocacy***

a) Specific advocacy activities among ulama and alimat

b) Advocacy activities among policymakers, political leaders, decision makers and program managers

c) Formation of Muslim coalitions for FP including provincial and local advocacy networks

d) *Study visit to Muslim countries with strong FP programs like Indonesia or Egypt*

4. ***Technical Assistance and Capacity Building***

a) *Advocacy and social mobilization skills training (ulama and alima)*

b) *Training of champions and advocates on public speaking regarding family planning*

c) *Grants to Muslim NGOs for advocacy/social mobilization activities and capacity building to develop project planning and management skills*

5. ***Health provider capacity building***

a) *Adaptation and Production of Critically Appraised Topics (CATS) Packages*

b) *Training of health providers on integrating EBM-FP and CATS in interpersonal communication activities and counseling*

6. ***Public Relations Campaign***

a) *Hiring of PR agency*
b) *Development and Implementation of PR plan*

VI. Budget - $500,000

VII. Timeline of Activities

Year	*Activity*
2003	- Conduct of Qualitative Researches and Baseline KAP Survey - Polling of Muslim influentials and stakeholder analysis - Consultative meetings with influentials and groups, including medical associations - Identification of NGOs - Adaptation of CATS for Muslim areas - Hiring of PR Agency and Development and Implementation of PR plan
2004	- Development and production of culturally-specific print and radio materials, including pretesting - Production of CATS for Muslim areas - Radio mass media campaign - Study Visit to Muslim countries with FP programs (Egypt or Indonesia) - Specific advocacy activities among ulama and alimat - Advocacy activities among policymakers, political leaders, other decisionmakers and program managers a - Grants to NGOs and capacity building activities - Training of health providers in integrating CATS and EBM-FP in interpersonal communication activities
2005	- Formation of Muslim coalitions for FP - Training of champions and allies on FP and public speaking - Integration of FP Messages in Folk and Community Media - Post-KAP Survey

TSAP-FP PROJECT GRANTS PROGRAM GUIDELINES

I. INTRODUCTION

In accordance with the USAID-approved workplan for The Social Acceptance of Family Planning in the Philippines Project (TSAP-FP), The Academy for Educational Development (AED) hereby submits the following grants program materials to the USAID/Philippines Contracting Officer for review and approval.

- Grant Program Guidelines (this document)
- Grant Application Instructions
- Management Questionnaire
- Small Grants Application Appraisal Checklist
- Annual Grant Program Award Summary documenting award process
- Fixed Obligation Grant Award model with required attachments (schedule, program description, standard provisions, and standards for USAID-funded communications products and required certifications as specified in the ADS 303)

TSAP-FP has a total of $255,000 to award to non-US non-governmental organizations or civil society associations for social mobilization and advocacy projects. As the contract base period expires August 14, 2005, we have 26 months to issue and close out approximately 40-50 grant awards. At this time, the allocation of the $255,000 between the two periods is:

Grant Cycle	Application Period	Performance Period	Available Funding
First	6/15/03 to 12/15/03	7/15/03 to 10/01/04	$190,000
Second	5/01/04 to 10/31/04	5/15/04 to 6/30/05	$ 65,000

The bulk of the grant activity is scheduled to occur in the first period, therefore, we have allocated a significantly greater portion of the funds for that period. We have also allowed for a longer performance period giving later awarded grants sufficient time to conclude within the prescribed period of performance. Though we anticipate awarding as scheduled above, should we not exhaust the first cycle funds available, we will roll those funds over into the second cycle for award during that period.

II. GOVERNING GUIDELINES

The grants program, as authorized under ADS 302.5.6(f), will be administered according to the requirements of ADS 303, as modified by CIB 01-17 (dated September 13, 2001) and incorporating the USAID Standard Provisions as applicable.

1. *ADS Chapter 303* (Grants and Cooperative Agreements to Non-Governmental Organizations): This document specifies grant requirements such as the request for application (RFA) process, competition requirements, evaluation criteria, review and evaluation requirements, exceptions to competition, high risk recipients, negotiation and award, and administration of awards, among other things. Specifically, section 303.5.15 covers the award and administration of Simplified and Fixed Obligation Grants.

2. *CIB 01-17,* (dated September 13, 2001): This bulletin extends the use of simplified and fixed obligation grants in dollar value and deletes the "partial program payment" restriction.

3. *Standard Provisions*: Comprised of Mandatory and Optional provisions, these requirements provide the governing guidelines for the administration of the grant award. Though ADS 303.5.15 does not impose the required use of the Standard Provisions on Simplified and Fixed Obligation Grants, AED intends to use many of the provisions as follows:

    1. Accounting, Audit, & Records
    2. Amendment
    3. Termination and Suspension
    4. Disputes
    5. Debarment, Suspension, and Other Responsibility Matters
    6. Nonliability
    7. Notices
    8. Metric System of Measurement
    9. USAID Eligibility Rules for Goods and Services
    10. Local Procurement
    11. Publications and Media Releases
    12. Voluntary Population Planning

III. GRANTS PROGRAM DESIGN

Identification of Organizations Eligible to Apply for a Small Grant

The TSAP-FP Small Grant Program will be executed through limited and general invitation models. The limited invitation model will request applications from organizations previously identified through the Stakeholder Analysis activity or continuing partner-organization identification efforts. This limited group will include those target audience organizations identified through a) a review of existing social sector organization, b) field interviews with social sector leaders, and c) broad consultations with program related NGOs. At the beginning or each application cycle, a list of organizations to be invited to submit applications will be prepared and submitted to USAID for review, modification (additions and deletions) and approval before invitations to apply are delivered. Awards will then be made according to the established evaluation criteria as applications are received and accepted from among the limited application invitees.

The small grant program also includes a provision for a general announcement approach. Should target audience organizations not be identified for specific province, city or municipality areas and therefore not included in the limited invitation approach, the TSAP-FP small grant activity will be advertised in those areas to encourage participation. Geographical areas sutable for the general announcement will be submitted to USAID for approval.

In both approaches, organizations will be selected based on submission of an acceptable application and they shall compete for a limited amount of available funds.

Organizations Eligible for Grants

Though the limited invitation organizations will be "pre-qualified", grants will be awarded to area-based or sectoral advocacy coalitions or networks or non-government organizations (NGOs) that have agreed to collaborate with TSAP-FP to achieve its social acceptance objectives. Area-based coalitions include provincial advocacy networks or local coalitions comprising several sectoral or civil society organizations. Sectoral coalitions are associations of various groups representing a specific sector or issue (e.g. women, youth, males, faith-based, labor, informal sectors, professional groups at the national and local levels). If the coalition or network is not registered with the Philippine government, a duly registered member organization can receive and administer the grant on behalf of the coalition or network. The coalition or administering organization should have demonstrated experience in efficient and effective grant management. NGOs should be registered non-profit organizations implementing social development programs.

Activities Eligible for Funding under the Small Grants Program

Grant activities should support the advocacy or social mobilization objectives of TSAP-FP and contribute to the achievement of one or more Intermediate Results. Types of advocacy and social mobilization activities eligible for grant funding include but are not limited to the following:

Advocacy Activities

- Orientations for local influentials, local leaders or community members on family planning, reproductive health or adolescent health issues
- Network or coalition activities (i.e. official meetings, information dissemination, face-to-face meetings will local politicians)
- Organization of public meetings where local leaders, influentials and community members can speak out on family planning, reproductive health or adolescent health issues
- Simple qualitative research activities that support the advocacy strategies of NGOs and networks
- Letter-writing, e-mail, signature, door-to-door or similar campaigns
- Training of volunteer community health or population workers on advocacy
- Production of low-cost audio-visual or video materials on family planning, reproductive health or adolescent health

Social mobilization activities

- Community or local events to promote family planning, reproductive health or adolescent health (fairs, rallies, contests, music festivals)
- Development and production of low-cost IEC materials in local languages
- Creation of websites promoting family planning
- Organization of family planning "satisfied users clubs" or local family "planning advocates clubs" or similar associations
- Incorporation of family planning messages into traditional media (i.e. theater troupes, dance troupes, murals, puppet shows, folk theater, street theater)
- Support for community activities of existing peer education programs for youth or young adults

Use of Grant Funds

Use of grant funds shall be consistent with the requirements of ADS 303.5.15, specifically; i) the total of the grant does not exceed $250,000, ii) all costs to be charged to the grant are identified in the grant text and do not include international airfares or indirect costs, iii) any goods to be purchased meet the rules governing local cost financing, and no single item having a useful life over one year and an acquisition cost of $5,000 or more shall be purchased, iv) there are no sub-agreements, and v) adequate cost (historical or unit pricing) information is available to determine/negotiate the fixed award amount. Examples of allowable and unallowable uses are:

Allowable Uses

- Operational costs for organization of workshops and community events (i.e. room rental, lunch/coffee breaks, supplies, rental of the following - facilities, pubic address system, overhead projector, computer, LCD projector, TV monitor and other necessary equipment)
- Materials development and production
- Website-related costs (excluding purchase of computer equipment)
- Transportation costs (based on actual costs)
- Supplies related to activity implementation
- Communications
- Cost or honoraria for expert or resource person, if necessary (subject to prior approval by TSAP-FP)

Unallowable Uses:

- Subcontracts to other organizations
- Purchase of vehicle, office equipment or furniture
- Indirect costs
- Construction or physical improvement of offices/facilities
- Rental of office space or utilities
- Purchase of alcoholic beverages
- International travel
- Capital equipment

Structure of the Grants

TSAP-FP will issue fixed obligation grants using standard AED grant formats. Payments will be based upon satisfactory completion of approved activities and/or milestones. Final payments will be made based upon completion of all activities and submission of all required reports.

Award Schedule

Grants will be awarded during each cycle's open application period, subject to achieving an acceptable technical rating and subject to availability of funding.

During the 2003 cycle, grant applications will be solicited and reviewed as TSAP-FP activities progress and agreements are reached with networks or coalitions that are formed. Grants will be awarded to coalitions or networks upon approval of an application and successful completion of requirements for funding. The grants will range in size from 104,000Pesos to 520,000Pesos ($2,000 to $10,000). Grants will be awarded primarily to coalitions or networks in Metro Manila, Calamba-Laguna-Batangas area in Region IV, Autonomous Region of Muslim Mindanao (ARMM), Metro Cebu, Capiz and Negros Oriental.

In 2004, the grants awards will include the remaining TSAP-FP geographic areas – Metro Davao, Bulacan-Pampanga, Samar-Leyte and Bicol regions. New grants can be awarded to coalitions or networks which received grants during the previous year, however, the new grants will depend on satisfactory performance under the previous grant and the continuation of organizational support of TSAP-FP goals, as well as the merits of the proposal and funding availability.

Fixed grant payments will be released in phases, based on completion of activities/milestones.

Grant Selection and Award Process

1. Grant Review Committees will be formed to review and recommend applications for approval based on the established appraisal criteria. Committees will comprise of at least three members from the following: Chief of Party, Deputy Chief of Party, Advocacy Advisor, Social Mobilization Specialist, Capacity-Building Advocacy Specialist and Communication Capacity Building Specialist (depending on the nature of the proposal).

2. The applications will be reviewed and scored based on the criteria set forth in the Appraisal Checklist (attached). Applicants receiving a score of 70% or more in the applicable categories will be forwarded to the USAID CTO with a recommendation for approval.

3. Applications will continue to be received throughout the open application period and awards will continue to be made until period reserved funding has been exhausted.

4. Notification of award to successful applicants and of a determination not to award to unsuccessful applicants (explaining why their application was not accepted) will be issued.

5. Applications received after the exhaustion of grant cycle funds will be returned without review and with a request for resubmission at the beginning of the next open period.

Quality Control

TSAP-FP will exert control over the quality of Recipient performance in three ways. First, the grant review schedule described herein will offer incentives in the form of possible new grants to encourage grantees to strive for excellence. Second, the TSAP-FP technical assistance and monitoring activities conducted by the Advocacy and Social Mobilization Team will contribute to quality control. Third, and most important, the Program will establish high performance standards at the outset by conducting a thorough grant applicant review and awarding grants to coalitions, networks or NGOs with proven track records and a principled commitment to advocacy and/or social mobilization for family planning, reproductive health or adolescent health.

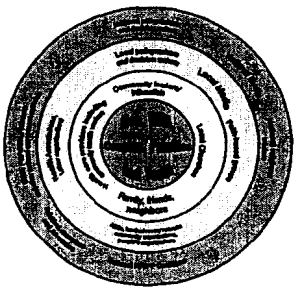
V. OVERSIGHT AND FINANCIAL MANAGEMENT

Technical oversight, ultimately the responsibility of the TSAP-FP Chief of Party, will be delegated to the TSAP-FP Advocacy and Social Mobilization (ASM) Team, headed by the Advocacy Advisor. International technical assistance for the selection of grantees and the monitoring of grant activities will be supported by the Technical Advocacy Advisor of CEDPA/Washington and the AED Project Director.

The TSAP-FP Finance Officer will put the grants in place and provide ongoing administrative and financial oversight. This will include ensuring that grantees are in compliance with USAID and AED financial and contractual guidelines. Grants will only be awarded to coalitions, their representative organizations or NGOs that have adequate financial systems in place.

Communication Plan 2002-2005

Breaking Barriers, Building Bonds



June 2003

AED
Academy for Educational Development

Social Acceptance of Family Planning in the Philippines Project

USAID

TSAP-FP: Greater Social Acceptance *COMMUNICATION PLAN 2003-2005*

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TSAP-FP: Greater Social Acceptance *COMMUNICATION PLAN 2003-2005*

BACKGROUND

The Social Acceptance Project-Family Planning—through the individual yet integrated efforts of the three TSAP-FP components, Behavior Change Communication (BCC), Advocacy and Social Mobilization (ASM) and Health Provider (HP)—is tasked with contributing to USAID/Philippines' strategic objective of *Desired family size and improved health sustainability achieved.* In particular, TSAP-FP is responsible for achieving Intermediate Result 3 (IR3): *Greater social acceptance of family planning achieved.*

Greater social acceptance is indicated by an increase in the percentage of the general public who strongly approve of family planning and who have endorsed family planning practice to others.

Behavior Change Communication is responsible for achieving Intermediate Result 3.1: *Communications adequately portraying family planning as a mainstream health intervention.* Indicators for achieving IR3.1 involve the following:

1. *Percent of target audience who have heard of messages portraying family planning as valuable to their way of life*
2. *Number of positive versus negative statements on family planning made by individuals/groups in print, TV and radio.*

While all three components—BCC, ASM and HP—are responsible for attaining their respective sub-intermediate results (*See Intermediate Result and Indicator Matrix, Appendix A*), they work together in synergy to achieve the overall goal of social acceptance.

BCC's main contribution is to reposition the concept of family planning and influence the minds and hearts of individuals to make them more pre-disposed to practice FP and more open to discussing and endorsing FP among their peers. Through its public relations strategy, BCC aims to correct misinformation of FP methods and make people aware of the growing support for FP among various influential groups.

ASM's main contribution is influencing the creation of a social atmosphere/environment where FP is an open and relevant topic among influential individuals, groups and communities. HP's main contribution is influencing the capacity of public health professionals to provide accurate information and advice on FP.

The confluence of these three components is envisioned to create an environment where the target individual, whether a present or potential user, endorser or provider of FP, is reached with many messages but consistent throughout his/her daily life. These messages can be in the form of advertising, public relations, IEC materials, interpersonal messages at the health center, endorsements from family, friends and neighbors and endorsements from celebrities and other influentials. Most messages will be developed at the national level, and translated into local languages, cultures and situations at the local level. However, there may also be times when local messages of import will be "nationalized". The convergence of messages is illustrated in the framework shown on Figure A in Appendix B of this document.

The framework stresses that at the core of the entire approach are women, men,

adolescents and young adults, couples and families coming from the urban poor and industrial communities (starting the first year) and agricultural and fishing communities (starting the second year) who are direct targets of behavior change communication.

These individuals are directly influenced, either positively or negatively, by the people around them (represented by the second concentric circle from the middle) as well as by those local and national organizations which will have the most impact on the target population sectors. The Advocacy and Social Mobilization and Health Provider components will target these groups.

The manner by which the three components work together to achieve social acceptance is illustrated in Figure B of Appendix B.

In broad strokes, behavior change communication will reposition the family planning message, develop appropriate advocacy messages and package the messages developed by the health provider component to present the correct information to the different target audiences, using various forms of traditional and non-traditional media. Using messages packaged by BCC, advocacy and social mobilization will convince the influential members of society to advocate family planning to their constituencies. BCC will prime these influentials through advertising and public relations to be more receptive to these messages. Advocacy, media skills and interpersonal communication skills training will build the influential persons' capacity to advocate their position among their constituencies as well as to policy makers.

The twin action of BCC and advocacy is envisioned to create social acceptance of FP which will lead to a demand for family planning information and services. This demand will be better met by the health services sector, particularly in the public sector, that has been strengthened via skills, knowledge and protocols that have been put in place by the health provider component.

Working together, the three components will enlist and mobilize these select groups and advocates to be the key catalysts in harnessing broad support for FP among specific sectors of society at the national and local levels.

This communication plan sets objectives and charts the strategies of the Behavior Change Communication Component. This plan articulates the key strategic directions and plans for communication to be executed in mass media, printed collateral materials, non-traditional media and events as well as capacity building of communication partners.

RATIONALE

Behavior Change Communication techniques will be brought to bear on the target audiences because of the following findings:

1. ***Potential user's high knowledge of and favorable attitude to FP are not being translated to widespread practice of an FP method.*** A nearly universal **98 percent** of all women and **99 percent** among the married have some FP knowledge. More importantly, a high **94 percent** *(Pulse 2000)* of women believe it is important to have the ability to control one's fertility and plan one's family. However, these high levels are not being translated to anywhere near the same high level of use of an FP method. The most recent study *(2002 National Family Planning Survey)* shows that only **28 percent** of all

women of reproductive age and **48.8 percent** of married women use any method (modern or traditional method). Of these, only **35.1 percent** use a modern method. This rate has not significantly improved from the 1995 rate of 26 percent despite several communication and mass media campaigns. In essence, the improvement has just been 1 percent a year. There is also an unmet need for FP at **20.5 percent** among married women *(2002 NFPS)*.

Major issues that have been identified by the formative research TSAP-FP conducted in January and February 2003 and corroborated by other research are the following:

a) Despite enjoying an image of product superiority over traditional methods of contraception like calendar and withdrawal, more effective methods like the pill, IUD and injectables suffer from a **negative product impression**.
b) **More effective/modern methods of contraception (MMOC) suffer from a "not-for-me" attitude among the main target audience**. In other words, while the potential users of MMOC intellectually recognize the superiority of MMOC, emotionally they are not ready to use these methods.
c) **High discontinuance rate: Two out of every five users of contraceptives discontinue within one year of use.** *(NDHS 1998)* Side effects and health concerns are cited as the reasons for discontinuing hormonal methods like the pill and injectables. The highest discontinuation rate is reported in condoms at 60 percent. Withdrawal and rhythm have high discontinuation rates because of method failure.
d) **Fear of side effects and health concerns** continue to be the main barrier to the use and continuation of more effective/modern methods of contraception at 25.9 percent. **Religion** was cited as a reason by only 2.3 percent of respondents. *(2002 NFPS)*

2. ***Information on FP comes from informal, "unknowledgeable" sources like neighbors, family and friends which leads to misconceptions and myths. The health provider is not the major source.***

3. ***Male participation: The Filipino male generally has veto power on the use and choice of family planning methods.*** The Filipino male has a major influence in the decision making in selecting the traditional method. *(TSAP-FP Formative Research)*. Worldwide research (*Population Reports, Series J, Number 46*) has shown that much of the unmet need for family planning is the result of disagreement between the husband and wife on the desired number of children and the choice of a particular method. The same publication also reports that when husband and wife talk openly about family planning, practice rises dramatically. TSAP-FP's formative research shows that some Filipino men preferred a method that allows them control or power over their wives, with withdrawal as their preferred method.

4. ***View of the sexual act.*** Men are seen to have the right to claim sex from their wives or partners to which demand the women merely submit to. Both men and women use the same Filipino term for sexual intercourse—"*ginagamit*", which means being used.

5. ***Women's self image.*** TSAP-FP formative research indicates that if a woman has high self image and self worth, she will practice modern FP methods despite her partner's objection.

6. ***Unmarried adolescents and young adults are engaging in premarital sex but many are not using any kind of protection.*** The formative research shows that prevention of

pregnancy is a major concern of singles and young adults who want to achieve their goals first before becoming pregnant. However, **23 percent** of Filipinos in the 15 to 24 age group have engaged in premarital sex *(Young Adult Fertility Survey, 2002)*. Out of this number, only **19 percent** used contraception to protect themselves against a pregnancy or sexually transmitted disease the first time they had sex, with the percentage rising to **24 percent** in their last sexual encounter.

7. ***Health providers appear to be a barrier to MMOC practice.*** Formative research respondents cited lack of training and people skills of the health provider and health provider attitudes and clinic layouts that hinder privacy and confidentiality as major reasons for not visiting the health center for FP services.

8. ***Policy makers, particularly those in elective positions, have not been fully supportive of FP issues even as research shows that the electorate supports candidates who are in favor of family planning.*** A bill on reproductive health in the House and Senate has not gained much headway in the face of determined efforts by those opposed to family planning. On the other hand, research *(Pulse Asia Ulat ng Bayan)* shows that **76 percent** of those surveyed will support those who are in favor of family planning while **69 percent** said that they support candidates who are in favor of couples' free choice of family planning methods.

OBJECTIVES

General: To contribute to greater social acceptance of family planning, i.e. increase percentage of public who strongly approve of FP; and increase percentage of public who have endorsed FP to others.

Specific Objectives at end of 2003

1. **To increase awareness and acceptance of the repositioned FP message among its target audience**
2. **To improve delivery of information on FP methods**

Specific Objectives to August 2005

1. **To further increase awareness and acceptance of the repositioned message and information on FP methods**
2. **to increase number of people who endorse FP practice**

STRATEGIES AND ACTIVITIES

I. **ADVERTISING**

The largest block of present and potential users of family planning comes from the DE socio-economic class. This socio-economic class relies heavily on television and radio for their information and entertainment needs. TV ownership among this class of society reaches 70 percent *(AC Nielsen)*. *(For a more in-depth look at consumer insights derived from Formative Research see Appendix C: Consumer Insights)*.

1. **Target Audiences**

   A. **Primary:**

   Females, 20 to 35 years old, belonging to the DE socio-eco class from all over the country, married, sexually active or are disposed to being sexually active. Women are more likely to use an FP method than males, and have the most at stake given that they are the ones who conceive and parenting duties are assigned to

them. This age group comprises a majority, at 59.2 percent, of all women who are of reproductive age and have the highest fertility rates.

The DE socio-eco class is the least likely to use effective FP methods (contraceptive use by 'poor" women is 9 percentage points lower than women who are "non-poor", *FPS 2002*), but the group that would most benefit from its practice. This **DE socio-economic class** also comprises the largest segment of society at **90 percent** in the Philippines (*AC Nielsen*).

DEMOGRAPHY

FEMALES (May 2000)	***Number (000)***	*%*
15-19 years	3,999	25.5
20-24 years	3,547	*22.6*
25-29 years	3,017	*19.2*
30-34 years	2,742	*17.4*
35-39 years	2,404	15.3
Total	**15,709**	**100.0**

59.2%

Source : Philippines National Statistics Census Of Population & Housing

FERTILITY TRENDS

	Births Per 1,000
15-19 years	46
20-24 years	*177*
25-29 years	*210*
30-34 years	*155*
35-39 years	111

Source : National Demographic & Health Survey 1998

Males, any age married to or partners of women 20 to 35 years old or sexually active, belonging to the DE socio-eco class. The males are key as they play an important role to the decision making process in choosing an FP method. They share the same demographics as the primary target audience, also comprising the majority among all males of reproductive age.

DEMOGRAPHY

MALES (May 2000)	***Number (000)***	*%*
15-19 years	4,017	20.4
20-24 years	3,522	*17.9*
25-29 years	3,053	*15.4*
30-34 years	2,804	*14.2*
35-39 years	2,496	*12.7*
40-44 years	2,120	*10.7*
45-49 years	1,697	8.6
Total	**19,713**	**100.0**

Source : Philippines National Statistics Census Of Population & Housing

B. **Secondary Audiences**

1. **General Public:** Those who are not present or potential users of FP but may benefit from knowledge to endorse practice
2. **Influentials:** This group will be encouraged by mass media campaign that will show there is growing social acceptance for FP
3. **Adolescents and young adults:** While they are not presently targets for FP practice, they are potential users
4. **Health providers:** This group will see that there is growing social acceptance and possibly greater demand, and they will have to deliver the services.

2. **Advertising Objectives:**

A. To create widespread awareness and acceptance of repositioned FP message
B. To encourage open discussion and endorsement of FP practice

3. **Advertising Strategies (2003)**

A. Reposition family planning as an enhancing lifestyle choice that empowers women and builds their self worth, and is genuine expression of love for her family
B. Position more effective FP/MMOC as a health regimen that is safe and effective; address MMOC's single biggest barrier for use—its negative product impression (side-effects, myths and misconceptions)
C. Engage the male partner, who has veto power on choice of FP method and a barrier to MMOC selection, by positioning family planning as a means to get control over the future of his family

The same strategies will be used for 2004-2005. A strategy to encourage public discussion and endorsement of FP will be added depending on assessments of the results of the 2003 advertising campaign.

4. **Activities:**

A. **Thematic Advertising Campaign** Develop new thematic TV-Radio advertising campaign using a repositioned effective FP/MMOC copy strategy.
- Explore empathetic messages along the areas of emancipation from hardships benefiting the family and self
- Build a critical mass of similar-thinking individuals thus creating an atmosphere of more open acceptance and discussion of FP, and an impression of groundswell of support

B. **Tactical "Professional Endorsement – New MMOC Converts" Testimonial Print Ad Campaign** Print campaign that will create the impression of MMOC gaining a more open and wide acceptance among previous TMOC users, previous uncommitted FP users and new FP users (from non-use to MMOC use, skipping TMOC use).
- Aside from communicating that MMOC is gaining wide acceptance from previous non-MMOC users, this is essentially a professional endorsement campaign where "real people" from the medical field will "testify" they and their patients are now converts to MMOC.
- Use of medical professionals will also help address MMOC's side-effects product negative impression, similar to having a "seal-of-approval"
- May use angle of their own experience or more of their patients asking them about MMOC
- Endorsements from authority figures can be a powerful tool among Filipino consumers. Credibility of a product seems to be enhanced when an authority figure "attests" to its truthfulness.

C. **BCC Initiative: Pro-bono Allied Topics** "BCC Initiatives" are BCC projects that may add value to the TSAP-FP communication campaign but are not critical to its over-all success. These projects will be pursued but with no firm commitment that it will be delivered given the "pro-bono" nature of the project. This will entirely be at the discretion of the "donor".

- BCC will invite primarily advertising agencies (and other communication

practitioners) to develop ad campaigns (television, radio or print) about topics allied to FP and use these as vehicles for them to win local and international creative awards. Some of the very aggressive ad agencies go to the extent of developing ads for any willing client even for free just to give themselves a venue to demonstrate their creative skills.

- Several topics will be explored, but as an example, one is "teen-age pregnancy – increasing numbers and increasing risks".
- This topic for example is an eye opener to most parents and might lead them to be more open minded about using FP for sexually active teens.
- These topics will expand the FP discussion menu and hopefully bring a more vigorous public discourse on the merits and demerits of FP.
- Aside from "teen-age pregnancy", will set the male's role in FP as another topic for consideration. However, more work will need to be done to make the "male" topic more attractive to ad agencies, as opposed to "teen-age pregnancy" which has a built in high interest.

D. **BCC Initiative: Pro-bono Production & Media Placements** Most major production houses and media stations agree to produce and air TV ads at large discounts if the ads are about social marketing.

II. PUBLIC RELATIONS

Public relations will reach both the general public and help support influentials and champions. Influentials and champions are more media savvy than the other target audiences above and are themselves influenced by public opinion. They are print readers and are influenced by newspapers and magazines.

1. Target Audiences:

A. **Primary Audience: Influentials and champions**
- Male and female in both public and private sectors who have some form of influence over policy and personnel/members in local government, business, labor and non-government organizations in project areas in project areas
- Champions in government agencies, politics, business, labor, women's groups, professional groups, entertainment and mass media who influence public opinion or norms

B. **Secondary Audiences**
1. **General public**
2. **Health providers**
3. **Present and potential users of FP (main targets of advertising campaign)**
4. **Adolescents and young adults with access to media**

2. Objectives

A. To provide correct information on FP and adolescent sexuality
B. To counter negative press
C. To publicize advocacy efforts and groundswell of support for FP

3. Activities

A. **Quick Response Public Relations** Family planning has powerful opponents in the Philippines. The Project will quickly respond to provocations from the opponents

via a combination of: early warning systems and quick media monitoring mechanisms; good media relations; quick writing of responses aided by a complete data bank; and finally, a ready list of champions to whom statements can be attributed.

B. **Regular Public Relations** This public relations activity will be both pro-active and thematic as well as opportunistic. Themes consistent with seasons and holidays have been developed and articles are written around these themes. Seasonality will give the articles and stories a greater chance of seeing print or airing. On the other hand, the Project has geared up to be opportunistic, meaning to take advantage of newsworthy events that can be released to the media. These events include activities mostly undertaken by ASM- and HP-partner groups as well as occasions where champions are given opportunities to speak.

C. **Orientations of Media Practitioners** Influential columnists, reporters in relevant beats like health and TV and radio personalities in Metro Manila, Cebu and Davao will be given orientations on FP to get their support and to encourage accurate reporting of FP news.

D. **"Openly disposed Towards FP" PR Campaign** This will essentially uphold the new thematic advertising strategy and provide additional mileage for it.
- Aim for more effective PR executions—demonstrate how the thematic advertising campaign is bringing individuals together to form a critical mass of individuals amenable to FP
- The base plan will make use of the new positioning, consumer insights and production values of the ad campaign (still to be developed)
- On top of the base plan, specific topics will be featured that have the potential to provide a more in-depth presentation of more effective FP/MMOC

E. **Tactical "Celebrity New Converts" PR Campaign** Will feature showbiz celebrities expressing support behind women and men who are choosing a more effective FP method.
- Because of their status, many celebrities might not agree to fully support MMOC per se and say it in public. However, many might consider to agree to coming out in public if it is at lesser levels of support for FP, i.e. FP in general, or just to say "more effective FP" (and not MMOC).
- Celebrities in this market are seen as good authority figures.

III. NON-TRADITIONAL MEDIA

Most Filipinos are bombarded daily by multiple media and messages. Many tend to "tune-off" when they see any kind of message that sells them anything. Technology has aided this tuning off, with the advent of dozens of television channels and remote controls that make "zapping" commercials very easy. To reach these media-savvy audiences, we will make greater use of innovative and non-intrusive media.

1. Target Audiences

A. **Women** from 20 to 34, married or sexually active, from the DE socio-economic class

B. **Husbands or partners** of the above women

C. **Adolescents and young adults**
D. **General public**

2. **Objectives**
   A. To reinforce FP and responsible adolescent sexuality messages
   B. To make FP as a norm of day to day discussion

3. **Activities**
   A. **College publications** to reach the in-school adolescents. TSAP-FP will act as a media bureau, sending newsworthy articles about the youth and responsible teen sexuality to college editors. TSAP-FP has developed a data base of these editors, who have been initially trained on the issues regarding adolescent sexuality.
   B. **Integration of Subliminal FP message** in soap operas, sitcoms and films. TSAP-FP will train soap opera writers and producers on the "Sabido" methodology of integrating educational messages in top-rating and entertaining soap operas. Other trainees may include movie directors and writers who will be encouraged to place subliminal FP messages in their productions. Efforts will be undertaken to orient film producers and scriptwriters on FP and adolescent sexuality.

IV. **ENTER-EDUCATE** will be effective primarily for the youth who are hungry for entertainment. Adolescents and young adults are technically savvy and very audio-visual in their preference for communication. They are in the process of determining their identities. Entertainment media should be one that appeals to the youth and the educate portion should come unobtrusively.

1. **Target Audience**
   A. **Single males and females from 15 to 19 years.** Those belonging to DE socio-economic class will generally be out of school. Those belonging to the C class upwards will be in school.
      - In-school adolescents in Metro-Manila and Metro Cebu.
      - Out-of-school urban poor in Tondo and other poor districts of Metro Manila and Metro Cebu
   B. **Male and female industrial workers from 18 to 24 years** in Cavite, Laguna, Batangas and Cebu (1st Year); Bulacan, Pampanga and Metro Davao (2nd Year).

2. **Objectives**
   A. To open discussion and increase awareness of responsible sexuality issues
   B. To improve knowledge and attitudes of responsible sexuality issues
   C. To provide correct, non-judgmental, in-depth information of adolescent sexuality

3. **Activities**

   A. **Rap Contest among the Youth.** An initial contest held among the youth of Smokey Mountain in one of the poorest districts of Manila proved successful. Not only were the lyrics to the songs rich in insights on the attitudes of young urban poor to early parenthood and responsible sexuality, the performances were top-rate. The contest drew a large crowd of spectators. The Rap Contest concept will be extended to other areas in Tondo, the poorest district of Manila and eventually to Metro Cebu.

B. **Corollary Enter-educate activities** including production of stickers, bookmarks, CD compilation of Rap Contest winners, teen songwriting contest, poster-making contests.

V. INTERPERSONAL COMMUNICATION—INDIVIDUAL AND GROUP

Research has shown that awareness of a product or concept can be brought about by media and publicity, but actual acceptance or practice can only be brought about by endorsement, primarily peer but also from authority or expert figures.

1. Target Audience

A. **Health providers** are a diverse group of people who may have high education e.g. doctors and nurses, medium education, e.g. midwives, or low levels of education e.g. Barangay Health Workers. While exposed to mass media, they are more familiar with medical information coming from IEC and detailing materials. Many do not have the most current information on FP technology and safety. The following are the target audience.

a. Doctors in obstetrics/gynecology, family health, industrial medicine in project areas
b. Midwives in project areas
c. Health officers, municipal nurses in public health facilities and industrial clinics
d. Barangay Health Workers and other volunteer health workers

B. **Peer Counselors/school counselors of adolescents**

2. Objectives

A. To provide correct, in-depth and up-to-date information on FP
B. To help health providers counter their own misconceptions and fears and that of clients
C. To improve capability of health providers to motivate for FP practice
D. To improve capability of peer counselors and school counselors to provide advice to adolescents on teen sexuality issues.

3. Activities will be undertaken in close coordination with the Health Provider component

A. **Group Counseling** Some have proposed that the major problem in one-on-one counseling in the Philippines is the imbalance in position between the counselor and the counselee. More often the counselor is better educated, well off and confident, the counselee is not. Thus counseling is therefore more of a lecture rather that an open exchange, and the counselee does not open up.

It has been proposed that a group situation improves the balance of power between the counselor and the counselee(s). The group also provides reinforcement from which the primary requester derives support. Thus in a Philippine setting, it is almost always a delegation that meets with a person in authority, whether a business executive, a town mayor, the parents of a woman whose hand is being asked in marriage.

Thus, certain situations exist in the Philippines where group counseling may be more effective than one-on-one counseling. TSAP-FP will explore group counseling as a motivational intervention.

B. **Interpersonal Communication** Counselors in industrial and school clinics will benefit from not just content but also the method of communicating with clients. Interpersonal communication skills will be integrated into their training on evidence-based medicine, a strategy of the Health Provider component.

VI. Information, Education and Communication Printed Materials

IEC print materials will be used by all three components of the project to reach their target audiences at the national and local levels. The advantage of IEC materials compared to other mass media tools (like advertising) is their uniqueness to be easily customized and localized to reach very specific audiences. For example, a brochure on FP methods can be translated into local dialects; a leaflet regarding evidence-based research on FP barriers can be simplified to appeal and be useful to a Barangay Health Worker. With computer technology and desktop publishing, IEC materials can be disseminated to and produced at the local level quickly, easily and cheaply.

Many TSAP-FP partner organizations such as non-government organizations (NGOs), national government agencies (NGAs) and local government units (LGUs) will benefit from IEC materials. However, many of these organizations have low capability in their production.

1. **Target Audiences**
   A. **Health providers**
   B. **Influentials and champions**
   C. **Men and women of reproductive age**

2. **Objectives**
   A. To provide appropriate and correct information on FP and adolescent sexuality which will reach a wide audience via customized materials
   B. To appeal to a wider audience by virtue of IEC materials that are in the language of audience and following their cultural sensitivities

3. **Activities**

   A. **IEC Templates and Design manuals.** TSAP will help address the deficiencies in the capability of NGOs, NGAs and LGUs in the production of IEC materials by producing IEC templates and Design Manuals that can be easily used at the local level.
   B. **Resource Bank.** The project will also make available to its partners a resource bank of FP and population data, articles and stories of interest to target audiences, and images and photographs. These materials can then be translated to local languages and adapted to local cultures, and formatted using TSAP-FP's design templates and manuals. Capability building activities will also be conducted to improve levels of skills in IEC production.

VII. Capacity Building

As mentioned in several sections above, a major activity of BCC is capacity building.

The following capacity building modules will be developed and conducted among TSAP-FP stakeholders.

1. **Target Audiences**
   A. Health Providers
   B. Influentials
   C. Counselors (school, peer, etc.)

2. **Objectives**
   A. To develop knowledge and skills in counseling and motivating for FP and responsible adolescent sexuality
   B. To develop knowledge and skills in communication, media relations and presentation
   C. To develop knowledge and skills in print IEC production

3. **Activities**

   A. **Media Training for champions and advocates** Two modules will be developed: 1. Advanced Media Training for those with some media experience who will be given intensive training on how to be interviewed over radio and television; and 2. Media Orientation for those with no experience will give participants an overview of how media works and how to plan and present messages.
   B. **Interpersonal Communication (IPC).** Interpersonal communication skills training will be integrated in health provider training on EBM to be conducted by the HP component. This training will improve counseling skills. Training will also be provided for counselors on adolescent sexuality.
   C. **Group Counseling.** A module on group facilitation skills is being developed to enable health providers and counselors to conduct group counseling sessions.
   D. **IEC Materials Production.** As discussed above, partner organizations will be trained to undertake IEC materials production primarily of localized versions of template IEC materials developed by TSAP-FP. Localization involved translation, use of local examples and illustrations, compliance with cultural sensitivities and local printing.

Key Messages and Media:

The following table summarizes the various key messages, media and positioning for the different target audiences:

Target Audience	Proposed Key Messages	Behavior Change Expected	Media Channel	Positioning
Married Women 20 to 34	Family planning practice becomes you. It empowers women and builds their self worth, and is a genuine expression of love for her family Women should practice FP as a health regimen; more effective FP/MMOC promotes health of women and children Modern family planning methods are effective and safe	Be more inclined to practice modern family planning methods Be more open in discussing family planning with husband, family, friends and neighbors View FP as a health seeking behavior not just as a solution to the problem of unwanted pregnancies	Multi-media advertising campaign Public relations campaign in support of advertising Non-traditional media like soap operas and subliminal messages in movies Group counseling interventions IEC materials in FP clinics Endorsements from role models	Family planning is empowering and builds self worth of women Family planning is a reflection of the love and caring of Filipino women to their families, which is the top value of women
Males married or partners to women 20 to 34	Men have an important role to play in family planning as head of the family and main breadwinner Men must do their share in family planning Modern family planning	Be more inclined to allow wife to practice modern methods Be more inclined to discuss family planning with wife, family, friends and neighbors Be more inclined to	Multi-media advertising campaign Public relations campaign in support of advertising Non-traditional media like soap operas and subliminal messages in movies	Family planning allows men to have more control over their lives and the welfare of their families, which is the top value of men

	methods including male-specific methods like the condom and non-scalpel vasectomy do not reduce the masculinity or affect the performance of the male	accept male specific methods like NSV, condoms	Group counseling interventions IEC materials in FP clinics Endorsements from role models	
General Public	Family planning contributes to lower poverty at the household level and greater economic growth at the national level Family planning save lives of mothers and children Modern family planning methods are safe	Greater social acceptance of family planning Greater propensity to discuss and endorse family planning	Multi-media advertising campaign Public relations Non-traditional media	Family planning is good for families, the economy, and the country in general
Adolescents and young adults	There are severe consequences to premarital sex: • Unplanned pregnancy • Sexually transmitted Infections • Emotional problems Abstinence is the best way to avoid the above problems. "Let's wait awhile. We got a lifetime, why hurry?"	Be more inclined to practice responsible sexuality Be more open in discussing responsible sexuality issues with family, peers and elders *(A parallel strategy could be strengthening or educating the parents of adolescents to be more frank and knowledgeable about human sexuality to*	Enter-educate programs College publications Industrial publications IEC materials in industrial clinics and shuttle buses Endorsements by youthful role models IPC through peer and school counselors	Responsible sexuality (abstinence, monogamous relationships, protected sex) is a fuller expression of one's individuality and self worth than irresponsible sex

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	Those who are already in premarital sex situations should be in monogamous relationships and practice safe sex methods	*counteract the claims of conservatives that ARH programs are anti-parents or anti-family.)*		
Health providers	EBM effectively responds to questions on contraceptive safety Health providers should guide clients on the proper FP method, not impose their will on their clients The health provider is the number one client	Be more client centered in FP counseling Be more inclined to learn latest studies in contraceptive technology and safety Provide information on all modern methods	IPC and counseling workshops CATs packages Medical bulletins IEC materials	Health providers, the frontliners in FP service delivery, are the most important partners in increasing FP practice
Influentials and champions	There is a direct link between: • Large family size on one hand and lower savings, household investments, health and nutrition and education levels on the other hand • Rapid population growth on the one hand and poverty and slower economic growth on the other hand The poor who will benefit	Be more adept at presentation, advocacy and use of media Be more comfortable and familiar with FP and population statistics Be even more impassioned in population and FP issue	Public relations support for champion's initiatives Advocacy materials like IEC materials and Quick Guide on Population and FP data Advocacy and media training	Passion for health, population, FP and reproductive health issues should be matched by action

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	the most from family planning have fewer fertility options and must be given the right of informed choice on family planning methods Informed choice will enable men and women to select a family planning method that will be safe and suited to their bodies, in accordance with their consciences and beliefs, and accepted by their families, friends and society in general Constituent support for FP is high. Therefore, FP is an issue worth championing and would pay political dividends.			

MONITORING AND EVALUATION

1. **Formative Research to probe attitudes and beliefs to help develop messages**
2. **Pre-Launch Knowledge Attitudes Practice (KAP) Quantitative Research** A quantitative usage, attitudes & image study will be conducted before the launch of the new advertising campaign. This data will also serve as the pre-launch data to assess pre-ad psyche of the target
3. **Post-launch Tracking KAP Quantitative Research** Basically the same pre-launch KAP will be conducted a few months after the baseline research to help measure impact of the new ad campaign.
   - Results of this tracking KAP will be used to help evaluate and re-assess the campaign to improve its effectiveness
   - Aside from the key messages and strategies, of interest would be males and MMOC images
   - This will be done on a regular basis
3. **Ad Concept Testing** The winning advertising agency will be required to do ad concept testing to determine best strategy and insight fit before storyboard development
4. **TV & Radio Ads Pre-testing** TV and radio executions will also be pre-tested
5. **Pre-test** of all IEC materials copy and executions
6. **Participatory Learning and Action** to probe attitudes and practice of young urban poor of responsible sexuality
7. **Periodic assessment of PR activities** through media monitoring and analysis

Appendix A: Intermediate Result Indicator Matrix

Intermediate Result/ Sub-Intermediate Result	Indicators
IR 3: Greater social acceptance of family planning achieved	1. Percentage of general public who strongly approve of family planning 2. Percentage of general public who have endorsed family planning practice to others
IR 3.1: Communications adequately portraying family planning as important to way of life of target audience increased	1. Percent of target audience who have heard of messages portraying family planning as valuable to their way of life 2. Number of positive versus negative statements on family planning made by individuals/groups in print, TV and radio.
IR 3.2: Key segments of society advocating for the use of family planning increased	1. Number and type of key segments of society advocating for the use of family planning 2. Number of influential Filipino individuals from various sectors advocating for the use of family planning
IR 3.3: Acceptance of family planning as part of routine service package increased	1. Number of health and allied health professional licensure examinations incorporating family planning questions 2. Percentage of health providers in public health facilities/hospitals and industry clinics having correct knowledge of specific FP methods and providing correct information on specific family planning methods to clients

Appendix B: Figures

Figure A: TSAP-FP Social Acceptance Framework©

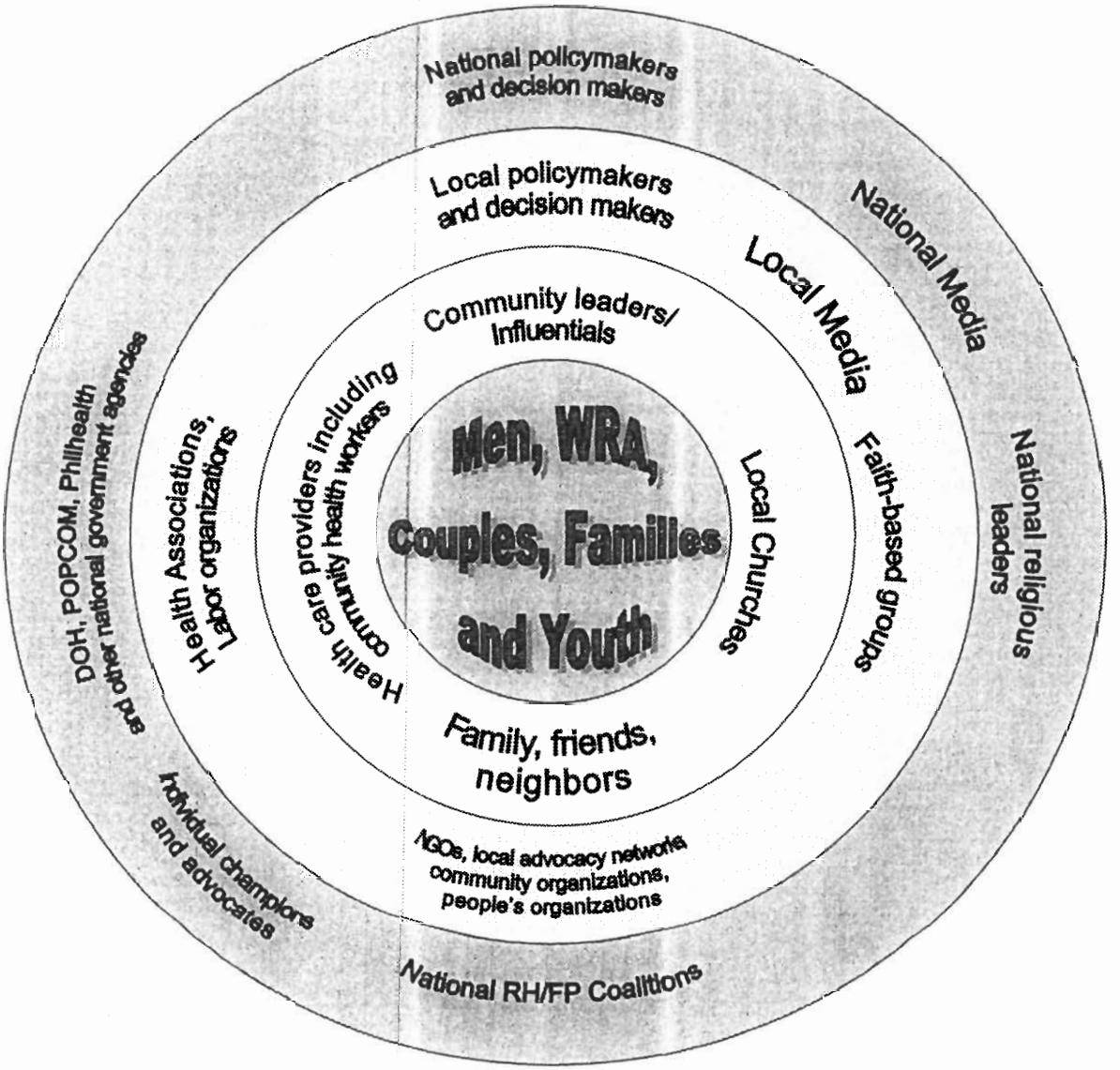

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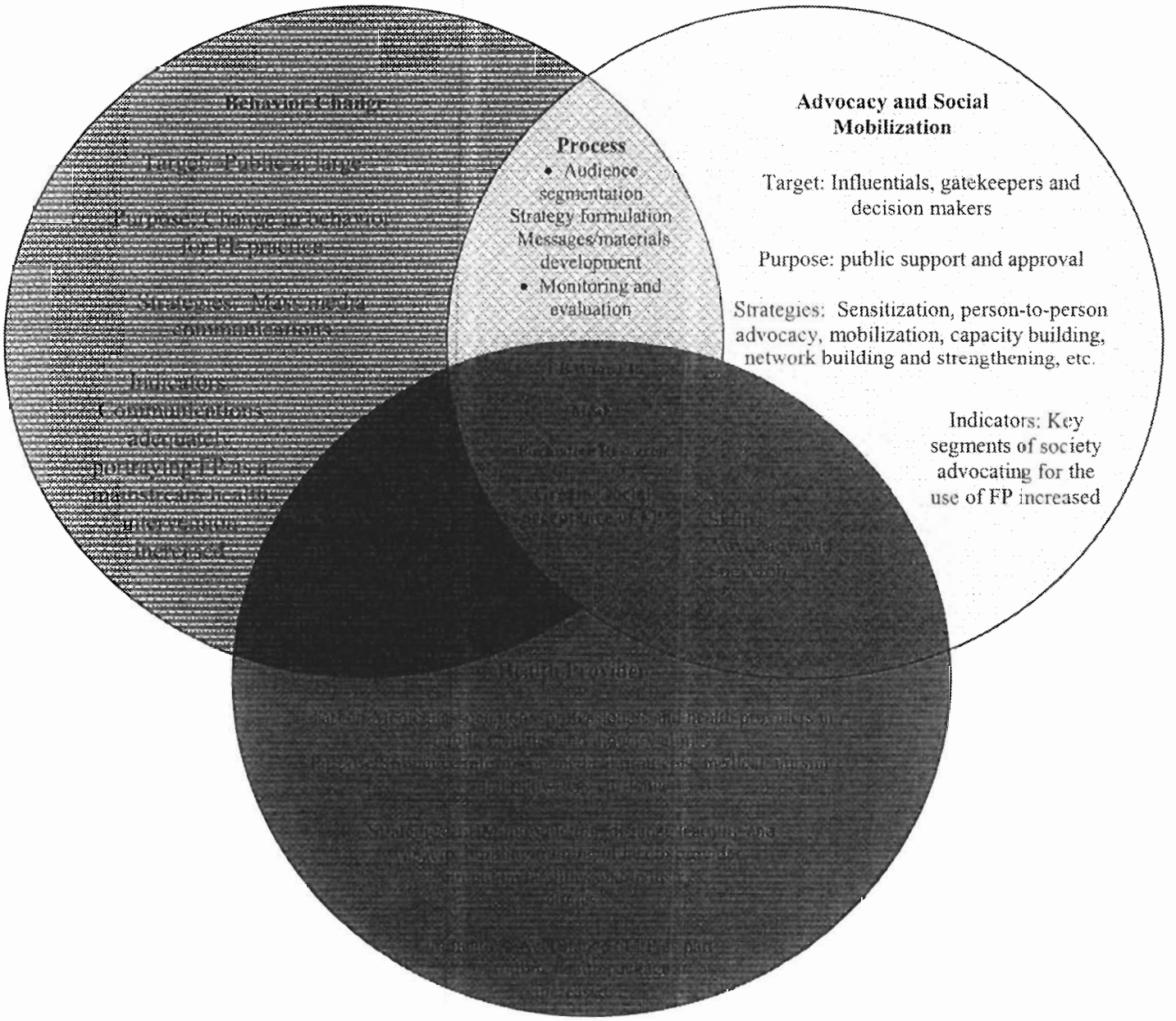
Figure B: Programmatic Framework



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Appendix C: Consumer Insights

These insights were derived from the Formative Research conducted by TSAP-FP in January-February 2003.

1. ***Though TMOC or traditional methods of contraception (withdrawal, rhythm and calendar) have a product image of higher risk of failure and suffers from a weak user image impression, users continue to prefer TMOC because of its "hiyang" (used to/accustomed to) product attribute and perceived over-all good value ("sulit") impression that counteract the negatives***. Good value or "sulit" plays a significant influence on the targets' purchase decision making. The financial limitations they are forced to live with on a daily basis have taught them to trade off product performance in favor of low out of pocket cost. They even accept a certain level of known product negatives. Many of the target do not earn regular income and if they do, most of them are daily wage earners with income barely enough to pay for the family's necessities for the day. This explains why single-use products account for the controlling market share of many consumer goods products—sachets, "tingi" (purchase by piece) and practice of breaking bulk at the retail level. With FP seen as a non-essential, a non-regimen and has good value (free/no cost), the target understandably develops strong loyalty to TMOC.

   TMOC users' are seen as old-fashioned, "probinsisyana" (rural folks), and "do not have dreams" and belong to the lower-class. Even among TMOC users themselves, their user imagery of TMOC users is less aspirational than MMOC users.

2. ***MMOC or modern methods of contraception's (condom, pill and IUD) negative product impression of "side-effects", myths and misinformation are the single biggest barrier for use and are so overwhelming that they negate MMOC's known superior product efficacy and good user image impressions***. Even though TMOC users admit that MMOC are much better at preventing pregnancy, they complain that MMOC have side effects; e.g. the pill leaving chemical residues on the uterus, can cause cancer, makes them fat; the IUD string gets entangled with the man's penis or the condom can get disengaged and left inside the woman's vagina.

   Most of these perceptions they have heard from friends, relatives and neighbors, their main sources of FP information, excellent breeding grounds for getting bad quality information. With no interest to find out more and a lack of alternative sources of good information, this misinformation eventually evolve into "facts" and unfortunately, become the basis for making FP method choices.

3. ***For FP to make a meaningful impact, the target needs to move up to a more effective FP method, not just any FP method – not only does an unplanned pregnancy wreak havoc to what they value the most, the "family", the prevalent "can't-say-no" sexual practices make it doubly imperative for them to be on a more effective FP method***. Women seem to have very little control over their sex lives. Their overwhelming desire to please their male partner and sexual intercourse seen as a "duty" to their male partner means it will be performed be it during safe or unsafe periods. The bigger problem is when the male is drunk, a common occurrence so it seems, during which occasion the female absolutely cannot say "no" to the male when he wants sex. In fact, many of the male respondents mentioned the situation was such when an unplanned pregnancy occurred. Also, control and discipline related to FP appear to have been totally left to the male partner but women admit that men could hardly be trusted to exercise it,

thus making the practice of withdrawal a very risky proposition.

4. ***Use of a more effective FP method/MMOC is an after-thought, mostly a response or a solution to a problem and does not really involve "planning" neither is it part of a health nor lifestyle regimen.*** An FP method is usually not thought of at the start of the target's being sexually active. It typically comes midway and to some when it is already too late, a time when it is absolutely necessary not to have anymore children because they have too many already. To them, FP is neither about health regimen choice nor about lifestyle.

   FP is a reaction to a real and pressing medical need, as avoidance of another difficult pregnancy or a recent bad scare when the last menstrual period was missed. This highlights the need to influence the target to change the way they look at FP, from a "curative"/reactive to a more "preventive"/proactive solution.

5. ***The MALE PARTNER and the PUBLIC HEALTH CENTER are critical components in the decision chain to FP method choice and are BARRIERS to the selection of more effective FP/MMOC.*** As with so many things in the family, the male partner has veto power on method choice. A choice on method is not made unless the male partner is consulted and concurs. Unfortunately, much like the female, the male is misinformed, also harbors the same side-effects, fears and misconceptions on MMOC. Coupled with the male's own agenda regarding his sexual pleasure and desire for control, this misinformation very often leads the male to disallow MMOC use.

   Once the male partner agrees to consider MMOC use, the female then proceeds to the public health center to seek FP information and service. Rather than facilitating use of MMOC, the public health center serves as a deterrent and the final death trap to MMOC usage. The public health center suffers from significant credibility and service deficiencies that many would not want to return after the first visit. Typical complaints are poor or no advice given; bad, even humiliating counselor/adviser-patient consultation. The physical layout does not allow privacy and yet the target considers reproductive health/family planning as very intimate and personal that needs utmost privacy.

   The public health center's failure to deliver can also be drawn from another finding: the target's key sources of information are their friends, relatives and neighbors; the FP counselor/adviser absent from the list. It appears that the FP advisor/counselor has abdicated one of his/her primary roles of being the expert/authority.

   The importance of the public health center to FP use cannot be over-emphasized as based on the latest data, a significant majority, 70.1 percent, of the target get their contraceptive supply from it.

SOURCE OF CONTRACEPTIVE SUPPLY

	%
Public Sector	**70.1**
Private Sector	28.5
Others	1.1

Public Sector	%
Government Hospital	23.6
Health Center	21.6
Barangay Health Center	22.1
Barangay Health Officer	2.6

Source : PNSO 2002 Family Planning Survey

The initial desire for a more effective FP/MMOC is thwarted at the very beginning of

her quest, leaving the woman with no choice but to stay trapped in TMOC, a method that she knows will fail her in time.

6. ***Unplanned pregnancy is a major threat to the "family", the "family" is what they value the most or is most important to them***. The family's welfare (dreams and quality of life), future (children's education) and well-being (financial and emotional) are what the target values the most in their lives and all their efforts are geared towards protecting and achieving them. Unplanned pregnancy, however, is a **disruption** to achieving them.

   Having another child is a good thing because it is, after all, a blessing. Also a given and to many, the goal in a marriage, but having a child resulting from an unplanned pregnancy makes it not a good thing. Their present income is barely able to make ends meet, an unplanned pregnancy will be a serious threat to their financial viability and will force them to delay achieving their dreams. The additional parenting demands of a newborn child will make the present relationship with their existing children more difficult to sustain at present quality levels.

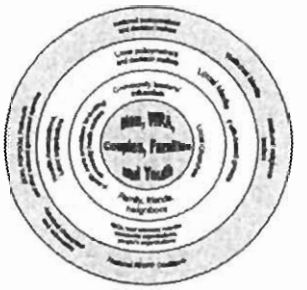
7. ***To persuade the target to switch to a more effective FP method/MMOC, it is not enough to give her a rational argument, even if it is stronger than what she already knows. It will also need a compelling emotional argument that will appeal to her self-worth***. The rational argument of superior efficacy seems to be lost in the minds of TMOC users (DE socio-eco class). They have not switched despite knowing TMOC will, sooner or later, fail her, despite knowing of a better option in the more effective MMOC. It seems there is an internal and possibly emotional barrier, not just the external barriers of an unsupportive husband and inhospitable public health center.

   Contrast this to women who belong to the same DE socio-eco class but are MMOC users. Though confronted with essentially the same internal and external barriers at the start, they seem to be able to find the strength and the wherewithal to leap over the barriers. This strong determination draws power from their attitudes about themselves, self-worth and coping strategies. This was confirmed with FGDs conducted among MMOC users who belong to the C socio-eco class where we found very stark similarities in attitudes between socio-eco class DE MMOC users and socio-eco class C MMOC users. One key conclusion is that the economic divide is less of a factor while the attitudes on self were a more significant factor.

DE TMOC User	*DE MMOC User*	*C MMOC User*
• All 3 user groups share the same values – family, its welfare, future and well-being		
• DE TMOC Users feel resigned to their fate • Strong other directed, self sacrificing	• ***Both MMOC user groups see self as important, their career/work and husband/relationships as important***	
• DE TMOC users see another pregnancy as another burden, threat to finances, time taken away from present children	• ***Both MMOC user groups see another pregnancy as "time taken from self"***	
• DE TMOC users defer all decisions to husband • Very strong fear of MMOC side-effects	• ***Both MMOC user groups are assertive, has better self-worth*** • ***Decides on her own, seeks what wants***	
• Finances a major concern	• Better coping attitudes • Financial concerns workable	• Not worries on finances

Approved by USAID
July 27, 2003

Advocacy and Social Mobilization Strategy



June 2003

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Social Acceptance of Family Planning in the Philippines Project

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I. Context

The Social Acceptance Project – Family Planning (TSAP-FP) helps accomplish USAID/Philippines' strategic objective "*Desired family size and improved health sustainability achieved*" through TSAP's Intermediate Result (IR) of "*Greater social acceptance of family planning achieved.*" Following the project context, gaining "*greater social acceptance of family planning*" is measured by percentage of general public who strongly approve family planning practice and percentage of those who have talked about family planning practice to others.

The project design is divided into three components, namely: (1) Behavior change communications, (2) Advocacy and social mobilization, and (3) Health provider. Each part has defined performance indicators to track. **Behavior change communications pursues activities to realize IR 3.1**: *Communications adequately portraying family planning as a mainstream health intervention.* The indicators for achieving this IR are: (a) percent target audience who consider family planning as meaningful in their life, and (b) number of positive versus negative statements on family planning made by individuals/groups in print, TV and radio. The **Advocacy and social mobilization seeks to attain IR 3.2**: *Key segments of society advocating for the use of FP increased.* The indicator for achieving IR3.2 is "Number and type of key segments of society advocating for the use of family planning." The **Health provider component intends to meet IR 3.3**: *Acceptance of family planning as part of a routine health service package.* The indicator for achieving IR3.3 is "Percent of health providers in public health facilities/hospitals and industry clinics who have correct knowledge on specific family planning methods."

The foregoing describes the key results of an envisioned enabling social environment for FP in the Philippines. The TSAP-FP Advocacy and Social Mobilization (ASM) Plan presents in details how the Project's Advocacy and social mobilization component aims to contribute to the achievement of the foregoing IRs by assisting influentials in publicly promoting positive messages about FP (IR 3.1), by developing and strengthening networks and coalitions from various sectors of society advocating for FP (IR 3.2), and by working with national health institutions and leaders of health provider groups to promote evidence-based FP services (IR 3.3).

The ASM Plan has a national orientation by focusing on key sectors of Philippine society. Geographically, it will guide the project involvement in selected areas of:

- Metro Manila (Luzon), Metro Cebu (Visayas) and Metro Davao (Mindanao);
- Bulacan and Pampanga in Central Luzon; Laguna, Batangas and Cavite provinces or the CALABA area of the Southern Tagalog region; the Bicol Region;
- Capiz, Negros Oriental and Samar-Leyte in the Visayas; and
- four provinces in the Autonomous Region of Muslim Mindanao in Mindanao.

It should be emphasized, however, that each sectoral strategy and its corresponding activities will be undertaken only in specific geographic areas where the sector has been identified as a dominant population or development challenge (for example, the Project's urban poor strategy will be applied to the metropolitan areas mentioned above; the labor

sector strategy will in used in the industrial hubs of CALABA in the Southern Tagalog Region).

As its initial step towards strategic ASM plan development, TSAP-FP conducted a stakeholders' analysis from October 2002 to March 2003 (TSAP ASM, March 2003). Overall, the report concluded: "There is a mass base of support for family planning among a broad sector of society. The challenge to TSAP-FP is to be able to harness this support such that knowledge and attitude is translated into wide public acceptance which will create a groundswell for FP practice."

This Plan has been designed along the context of:

- a hitherto unorganized mass base of support –from amongst national organizations, NGOs, population sectors, faith-based organizations and local governments -- for highly accessible and quality family planning services;
- the Arroyo administration's emphasis on NFP and responsible parenthood, albeit recognizing that many local governments and NGOs support well-developed family planning programs; and
- the Catholic Church hierarchy's endorsement of responsible parenthood but strong opposition to modern contraceptive methods like pills, IUD, ligation, etc.

The ASM plan describes a strategy for mobilizing support for FP by developing and strengthening key sectoral organizations and networks, multisectoral coalitions, and individual champions supportive of informed choice to advocate for greater social acceptance for FP, while at the same time fostering dialogue and seeking common ground on FP with the national government and Catholic Church leaders to ensure quality of life and human development for all Filipinos.

II. A Framework for Advocacy and Social Mobilization

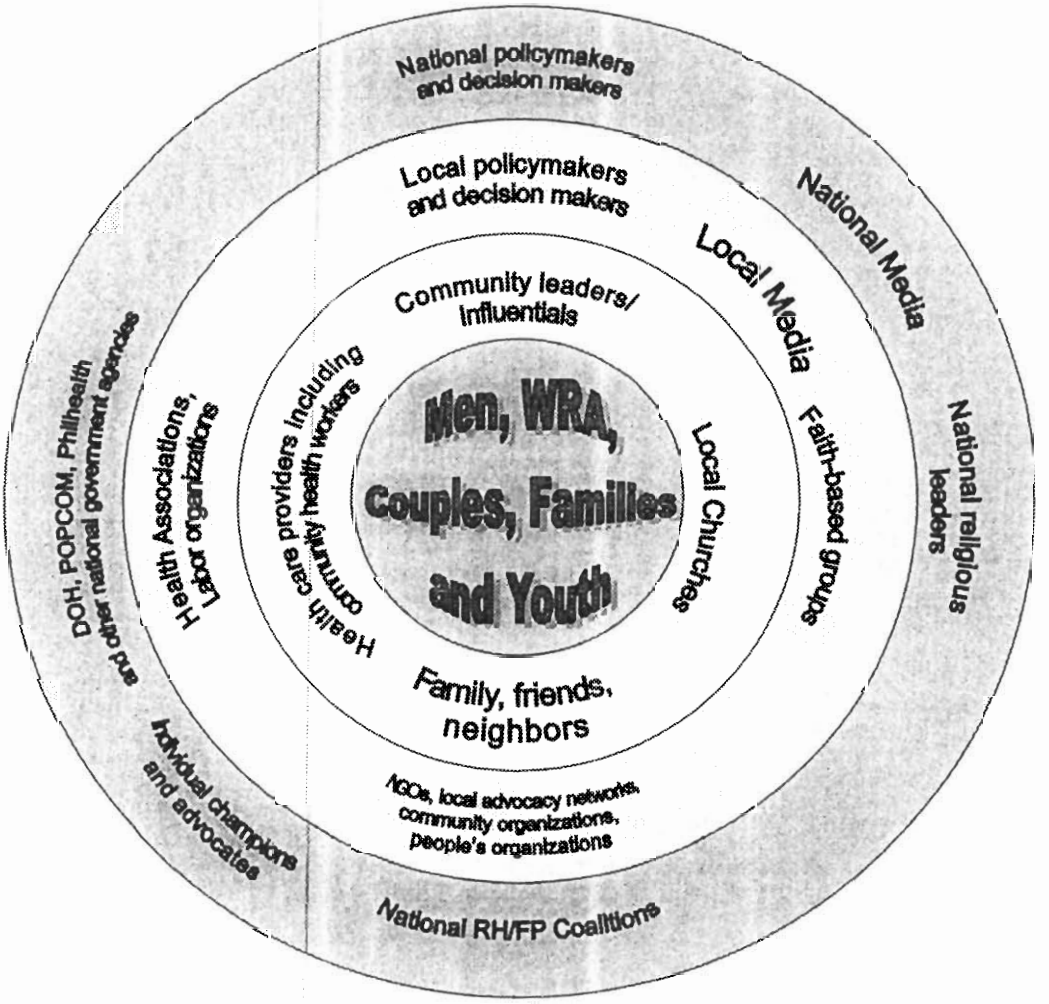
Local organizations, officials, health managers and providers, even local pastors need assistance to encourage their constituents to support family planning through advocacy and social mobilization efforts. Advocacy is defined as a set of targeted actions directed at decision-makers and influentials to influence the socio-political environment in support of a specific cause. Social mobilization is the deliberate participatory process to engage local institutions, local leaders, community groups and members in organizing for collective action towards a common purpose.

TSAP-FP proposes the framework (Figure A) that stresses the core of the entire approach — women, men, youth, couples and families. To maximize Project efforts, however, technical assistance (TA) is focused on key influential organizations, networks, and individuals from the government and non-government sectors to help shape the social environment for FP knowledge and acceptance. Assistance is directed at a few organizations which will have the most impact on target population sectors: the urban poor, industrial workers and adolescents and young adults (starting the first year) and agricultural and fishing communities (starting the second year). In other words, we are enlisting and mobilizing these

select groups and advocates to be the key catalysts in harnessing broad support for FP among specific sectors of society at the national and local levels.

These key advocates are represented by the two outer concentric circles in Figure A. Where applicable, TSAP will work with national sectoral organizations because local organizations and community groups are influenced by national or provincial umbrella organizations to which they belong, affiliate or relate closely. For example, local labor groups are influenced by their national organization like TUCP. But TSAP will also collaborate with provincial or select local organizations because these also influence or help shape the policies and thrusts of national organizations. TUCP, for example, consults with its regional and local chapters in labor issues of nationwide or broad social significance. Local groups also shape national umbrella organizations and networks. Thus, TSAP stresses participatory approaches or "bottom-to-top" involvement rather than concentrating merely on the traditional top-to-bottom approach. TSAP is already working at the national level with umbrella coalitions, networks, and sectoral organizations to influence their constituents nationally and locally, even as TSAP uses the *Bahaginan* approach (explained below) in assisting specific groups and sectors in selected regions, provinces and metropolitan areas. This approach stresses partnerships with specific national networks and umbrella organizations in working with local affiliates to ensure more rapid social acceptance of FP.

Figure A: TSAP-FP Social Acceptance Framework©



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In the stakeholders' analysis, TSAP identified the stakeholders as individuals or groups that are critical for social acceptance of FP. Drawing from the findings of the stakeholders' assessment, we concluded that there is a mass base of support among these stakeholders; these stakeholders have considerable influence over their respective constituencies. However, except for the national government agencies and some large national organizations, the majority of these groups needed to be coalesced, mobilized and trained in order to strengthen and sustain their influence on a national level. In *Annex A*, we identified support for FP among these groups, potential key themes for their involvement and proposed actions. These themes will be further fine-tuned as TSAP works more closely with specific groups to identify their major human development concerns and link these concerns with population-development interrelationships and the importance of FP as a major tool to change people's lives. By developing and supporting advocacy coalitions and individual champions focusing on development issues close to the hearts and minds of target groups, we hope to create a more enabling environment for family planning in the Philippines.

Our approach to advocacy and social mobilization takes off from the extensive experiences of the three Project contractors- AED, CEDPA and TFGI- in promoting FP as a development paradigm. FP practice in the Philippines – particularly the use of more modern methods and informed choice- recently faces a product credibility crisis that requires an intensive and prompt advocacy and social mobilization response. Such sensibilities emphasize that individual women, men, youth, couples and families need to be reassured in very clear and specific terms about FP safety and effectiveness, and its importance as an intervention in human development. This advocacy and social mobilization plan outlines our multi-faceted, strategically designed approach to mobilize networks, individual champions, NGOs, peoples' organizations and local leaders and their constituents.

At the local level, we will strengthen the capabilities of supportive key stakeholders (both groups and individuals) to advocate for FP and also influence their respective constituencies. We will also mobilize stakeholders to become better advocates at the national level to add their voices to the clamor for policy reform that will facilitate the promotion of FP in the country. TSAP aims to create a groundswell of support from local to national, thus empowering government officials and decision makers to assume more visible, proactive positions on the importance of FP.

As presented in the Stakeholders' Analysis Report (TSAP 2003), we categorized stakeholders according to importance-influence-support clusters. Project objectives were then translated into the following operational activities as defined also in the stakeholders' analysis:

- Strengthen the advocacy capabilities and maintain support to high-importance, high-influence stakeholders in promoting informed choice for FP (Cluster 1)
- Move high-importance/high-influence stakeholders who have lukewarm support for FP and informed choice upward to active support FP and informed choice
- Move high-importance/high-influence stakeholders who are opposed to the FP informed choice upward to at least neutrality on the issue (Cluster 2)

- Move stakeholders who are highly important but have low influence to the left by making them more influential (Cluster 3)

These alliances and individual champions are envisioned to be the key movers and catalysts for Project assistance aimed at fostering greater dialogue on the benefits of family planning, more solid constituency for family planning, and increased momentum for broad social acceptance of family planning.

TSAP-FP proposes to efficiently deliver accurate, evidence-based information on FP methods to advocates and champions and ensure that FP-supportive messages are unified and consistent. The main challenge is avoiding dissonance in FP messages. An example of this would be if local influentials, advocacy networks and mass media proclaim the advantages of modern methods of contraception, while the local health worker, due to the policy of the current government and the stand of the Catholic Church, argues that natural family planning is best.

Thus, aside from strengthening the capabilities of stakeholders to become better advocates and champions at the local and national levels, we also aim to influence the stakeholders' messages. These messages will be developed based on:

- formative research that address perceived barriers to contraceptive use,
- evidence-based medicine based on the latest international research on FP safety, efficacy and action; and
- population-development interrelationships, particularly the linkages between poverty, specific human development concerns especially health, employment or education, and fertility.

These messages will be carried in advocacy and social mobilization materials which will be distributed to stakeholders in prototype or final forms. Fora will be organized to identify, develop, disseminate and solicit broad support for common platforms and messages. It is also through these that the ASM Plan helps achieve the main objective of the Behavior Change Communications component of TSAP-FP: *Communications adequately portraying family planning as a mainstream health intervention.*

III. Scope of the Plan

TSAP-FP's defined areas of operation include: Bulacan and Pampanga in Central Luzon, selected cities and municipalities in Metro Manila, the provinces of Laguna, Batangas and Cavite in Southern Tagalog; the Bicol Region; Metro Cebu, Capiz, Negros Oriental and Samar-Leyte in the Visayas; and Metro Davao and five provinces in the Autonomous Region of Muslim Mindanao in Mindanao.

The initial stakeholders' analysis (March 2003) focused on the urban poor, industrial workers and adolescents and young adults, as these are the targets groups in Metro Manila, Southern Tagalog, Bulacan and Metro Cebu, our areas of operation during the first year of

the project. Thus, environmental scanning and a stakeholders' assessment of agricultural and fishing communities, the target groups for Samar-Leyte and Bicol (project sites starting the second year), are forthcoming. To accelerate activities in the five provinces of ARMM, significant stakeholders' analysis and baseline research will be conducted. The results will be used in developing strategies in working with agricultural and fishing communities, as well as with Muslim communities and their religious leaders and finally, update the Advocacy and Social Mobilization plan for years 2 and 3.

IV. Overall Strategy

Our overall strategy will involve the following cross-cutting approaches:

A. Building and expanding coalitions and alliances for FP

At the national level, TSAP-FP will assist groups in forming new FP/RH networks or coalitions, or support existing alliances to advocate for FP. Such alliances can be either sectoral (e.g. urban poor coalitions) or multi-sectoral, where civil society organizations from various development sectors form one large coalition that operates at the national level and has regional/provincial or local affiliates.

Technical assistance will also be provided to partner networks and coalitions so that these reach out to other sectors of society, including non-FP groups (e.g. environment groups, human rights organizations, teachers associations, etc.) in order to expand their networks and support for FP. The objective here is to form multi-sectoral networks and coalitions and thereby show broad, multisectoral support for informed choice for FP.

At the local level, in partnership with local NGOs and national umbrella organizations (where applicable), TSAP-FP will focus on building civil society networks in target provinces and metropolitan areas. Provincial networks will be assisted in four major types of activities:

1. advocating to governors and other provincial/metropolitan officials and local legislative bodies for increased FP acceptance
2. broadening the constituency for FP by reaching out to other groups to expand network membership and support advocacy objectives
3. support national advocacy groups in advocacy for national-level issues like local legislations, executive action, and resource allocation
4. assist municipal groups in advocating for FP acceptance and supportive action in constituent municipalities

B. Enhancing the capacity of individual champions and advocates

Individuals who are well-respected, considered highly credible and willing to speak out publicly for FP are being identified. National champions will include high level government officials, legislators particularly members of the Philippine Legislators Conference on Population and Development (PLCPD), and influential individuals outside of government,

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including former government officials, leaders of targeted sectoral groups, entertainers, leaders and members of academe and research institutions, and leaders of the business community in achieving broad government and civil society support for FP.

Media practitioners will be tapped, given their key role in shaping and influencing the opinions of government officials and the public. The ASM team will also work with the BCC team and Project partners to reach out to leaders and prominent figures in sports and entertainment to raise their awareness on the importance of FP and recruit those willing to speak out for FP. An initial list of champions and advocates has been developed (*Annex B*).

Influential individuals supportive of FP will be linked with local networks and coalitions to explore their openness to work together. Current partner networks and NGOs are also being assessed to determine individual members with potentials as national and local champions.

The ASM team will likewise provide FP champions technical assistance, the form of which may include research, technical updates on population-development relationships and FP-related issues, including the health benefits of FP, advocacy briefings and assistance in facilitating dialogue with government officials, church leaders and civil society groups. Technical assistance will also include the development of advocacy briefs and executive memoranda, fact sheets, and powerful presentation materials.

C. Strengthening capabilities for coalition-building, advocacy and social mobilization

Project efforts to build and strengthen the capabilities of advocacy networks and coalitions will include continuing technical assistance to:

1. network development training
2. conduct of awareness-raising fora/events
3. data analysis and issue-oriented technical updates on population-development relationships FP-related issues
4. conduct of advocacy training and plan development
5. effective communication, public speaking, and debate
6. community organizing
7. conduct of effective partnership workshops
8. development and implementation of advocacy and social mobilization plans

Small grants will be given to networks and coalitions to implement advocacy activities.

D. Promoting NGO-government partnerships for FP

TSAP will also support efforts to build government and NGO/network partnerships (e.g. POPCOM, NGOs and local government units). At the national level, these will be undertaken primarily with POPCOM, the lead government agency for population/FP/RH advocacy, with activities intended to:

1. support POPCOM's efforts to develop common ground on responsible parenthood with other national government agencies, umbrella NGO groups, and individual champions;
2. develop the population-development rationale and messages for FP/RH using the RAPID model or related advocacy applications which POPCOM initiated in the past; and
3. coordinate with national and regional offices to tap POPCOM, DOH, and other regional and local entities for collaboration in training, orientation and advocacy events in selected regions, provinces and metropolitan areas, including the reactivation of provincial/city/municipal population officers and workers, and *barangay* supply point officers (BSPOs) and other community-based workers to actively advocate for FP.

E. Fostering sharing of best practices through *Bahaginan*

Bahaginan in Pilipino means sharing. TSAP-FP will promote sharing of information and knowledge among partner networks/coalitions, sectoral partner organizations, and individual champions. These can also help bring skills and experiences in networking and/or advocacy to other areas and encourage local advocates to come out and publicly advocate for FP. Leaders of national sectoral networks can be tapped in project efforts to link with and develop advocates from corresponding local sectoral groups and area affiliates. For example, national Katinig leaders and trainers can be tapped in working with urban poor groups in Metro-Cebu This is to enhance cross-fertilization of learning and skills-sharing among advocates at the national and local level. Cross visits to areas where sectoral groups and advocacy networks have gained substantial experiences or achieved successes in advocacy and social mobilization shall be planned. Members of multi-sectoral networks like that of Negros Oriental would be tapped in efforts to train and provide TA to multi-sectoral networks in other provinces.

Bahaginan will involve the following where appropriate:

1. Identification of strong advocacy networks, organizations and individuals along with their innovative advocacy and social mobilization experiences.
2. Setting up of a roster of skilled national and local advocates (both men and women), including their training and experiences in advocacy and social mobilization, fields of expertise, availability as resource persons for training, and willingness to share skills and experiences. This will entail profiling of advocates and capability assessment.
3. Incorporation of *bahaginan* activities such as study tours, cross visits, skills sharing sessions, etc. in trainings of networks and advocates.
4. Documentation and compilation of best practices in local advocacy and social mobilization based on innovativeness, ability to generate LGU and broad mass support, and ability to generate a sense of ownership from the different sectors. This will be a major component of the documentation and monitoring activities of TSAP-FP.
5. Sponsorship of national conference of national and local advocates representing national and local advocacy networks from the different target areas to provide a venue for sharing best practices in advocacy and social mobilization and

recognition of exemplary work as FP advocates, champions, endorsers or quality service providers. This will be done during the last year of the project life.

V. Specific Strategies

A. Developing advocates for FP among the urban poor

The urban poor comprises 58 percent of our total population.[1] They are mostly migrants from the rural areas who settle in the metropolitan areas of Manila, Cebu, Davao and other highly urbanized cities in Luzon, Visayas and Mindanao. In Metro Manila alone, 40% of the population lives in densely populated slum areas with majority of said population living in poverty. The urban poor population is mostly young, with 60-70 percent being females. Majority of the adult population are married and or in living-in arrangements. Their communities are extremely overcrowded due to high migration and birth rates.

Most urban poor are either unemployed or underemployed. Employment is irregular and income is very erratic. Average income ranges from Php200 to Php400 a day which is barely enough to meet the daily subsistence needs of their growing families. Those employed among the urban poor actually perform irregular or temporary jobs— mostly informal, menial or "underground". Many eke a living as market peddlers or street hawkers. Others are in construction work, stevedoring, tricycle and pedicab driving, cargo, laundry washing, personal services like haircutting or nail cleaning, and scavenging. Children are often seen peddling goods in markets or buying and selling scrap bottles and newspaper.

The urban poor community lacks access to land, capital and basic services. While health care services are available in local health centers, services often focus on children's health. Availability of FP services depends on the programs of their local governments and access is limited due to the non-availability of FP information and commodities, lack of funds for transportation (to reach health centers/clinics) and purchase of FP supplies, and the indifference of health care providers towards the poor . The urban poor also lack social safety nets such as social insurance and have limited socio-political representation.

To address this marginalization in society, the urban poor and the informal sector have organized themselves into coalitions to empower their sectors and raise their concerns for housing, community services, and security of registered vendors (EO 452). Many of those interviewed during TSAP interviews for the stakeholder analysis expressed concern about the security of vending areas, pedicab waiting stations, pedicabs, vending wares, etc. Family planning is not a priority issue of the urban poor and the informal sector. They do not yet recognize that FP will help improve the lives of their families and help them escape from poverty. Hence, it is very important that FP advocacy among the urban poor be viewed in the context of FP, poverty and human rights.

To catalyze the process of mobilizing the urban poor and the informal sector, TSAP-FP will collaborate with two major groups such as KATINIG and PBSP.

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[1] World Bank Report, 2001.

Formed in 1995, KATINIG (*Kalipunan ng Maraming Tinig ng Manggagawang Impormal*) is one of the leading informal sector coalitions in the country. KATINIG is a federation of informal sector groups— street vendors, pedicab/tricycle drivers, market vendors, home-based workers, etc.— formed in 1995. With affiliates in various parts of the Philippines, it currently sits at the Basic Sector Council of the National Anti-Poverty Commission (NAPC). TSAP-FP will work closely with the KATINIG national leaders and its local affiliates in Metro Manila particularly in the areas of Intramuros, Tondo, Quezon City, Pasay City, Caloocan, and Malabon as well as in Metro Cebu and Davao. TSAP will also link its assistance to KATINIG in Metro Manila with Sagip-Pasig, an environmental group of people's organizations working for rehabilitation of the Pasig River.

The Philippine Business for Social Progress (PBSP) is a foundation that counts top corporations all over the country as members. PBSP's Strategic Private Sector Partnerships for Urban Poverty Reduction in Metro Manila or STEP-UP is being implemented in 23 communities from 9 municipalities in Metro Manila - Taguig, Muntinlupa, Mandaluyong, Malabon, Quezon City, Pasig, Navotas, Marikina and Caloocan. TSAP-FP will participate in STEP-UP's integrated health development component. This includes infrastructure support to upgrade community hospitals and clinics, capacity-building of health personnel (doctors, midwives and nurses), detailing of medicines and health education for members of the community, and health education among the urban poor.

Strategies and Activities

1. Form a core group of urban poor and informal sector leaders who will spearhead FP advocacy in their communities
   a. Together with KATINIG and PBSP, identify core group members/leaders based on their sphere of influence in the community, support for FP, and willingness to serve their communities as FP focal persons. Potential advocates include women, men, youth leaders and community-based workers-leaders.
   b. Bring together to form core groups of urban poor and informal sector leaders who will spearhead FP advocacy and community mobilization in their localities

2. Strengthen advocacy, communication, and networking skills of urban poor and informal sector leaders and core groups
   a. Provide training to develop and sustain networks
   b. Conduct training on advocacy planning , message development and delivery
   c. Orient on the interrelationships of FP, poverty and responsible parenthood
   d. Support selected advocacy campaigns through small grants
   e. Develop advocacy/IEC materials on FP and poverty to contextualize the situation of the urban poor and the potential benefits derived from FP

3. Improve social mobilization capabilities of FP advocates
   a. Conduct social mobilization workshops
   b. Form family health clubs (e.g. satisfied FP users and acceptors), youth clubs, etc.) where appropriate

c. Train in community mapping, resource profiling, fund sourcing and negotiation/lobbying to local leaders
d. Facilitate linkage with livelihood assistance projects so that these be tapped in community mobilization efforts. Livelihood/lending programs projects include those of the *Gunting at Suklay* Foundation, the Technology and Livelihood Resource Center (TLRC), Food and Nutrition Resources Institute (FNRI), and Technology Application and Promotion Institute (TAPI) of the Department of Science and Technology (DOST).
e. Provide selected small grants for advocacy and social mobilization events at the community-level such as community assemblies, fora and dialogues with local leaders on pressing FP issues, marches and rallies, mothers/fathers' classes on responsible parenthood, youth forum on responsible sexuality. More specific examples are:
   - Formation of Family Health Clubs composed of FP users (men and women) to further stir community interest on FP and create community champions
   - Dialogues with local leaders and other community groups to lobby for LGU support for FP and promote inter-sectoral collaboration for FP
   - Community events (baranggay FP fairs, parades, concerts, bingo socials, free medical clinic, etc) to raise awareness of community members and local leaders on FP and move communities to action and sectoral mobilization, e.g. Provincial FP Day
   - Advocacy for the incorporation of FP in barangay/municipal development plans
   - Production of culturally appropriate IEC materials or folk entertainment on FP.

B. Working with POPCOM to develop a common ground for FP, enhance public- private partnerships as well as regional-local linkages

POPCOM is the lead government agency for population/FP/RH advocacy as well as for population-development integration. For years, POPCOM advocacy initiatives focused on national and regional applications of the RAPID model. TSAP will coordinate and work with POPCOM in various advocacy and population-development activities.

Strategies and Activities

1. Support POPCOM's efforts to develop common ground on responsible parenthood with other national government agencies, NGOs, and individual champions

   a. Co-facilitate POPCOM's proposed national consultation in May 2003 aimed at developing common ground for a strategic plan on responsible parenthood.
   b. Assist POPCOM in holding follow-up dialogues with other government agencies (even at LGU level particularly in TSAP priority areas) to present and discuss the results of the national consultation

2. Work with POPCOM and other appropriate government agencies to develop the population-development rationale and messages for FP/RH using the RAPID model or related applications.

a. Put together and review all past POPCOM RAPID applications (national and target regions)
b. Once census 2000 age-sex population data are finalized, develop national RAPID applications for the economy, labor force, environment, poverty, education and health.
c. Work with POPCOM, DOH, NAPC, and other relevant government organizations and NGOs to develop messages and advocacy presentations.

3. Coordinate with national and regional government offices to tap POPCOM, DOH and other regional and local entities for collaboration in TSAP-supported activities, training, orientation and events in selected regions, provinces and metropolitan areas.

a. Collaborate with POPCOM to reactivate provincial/city/municipal population officers and workers, and baranggay supply point officers (BSPOs) and other community-based workers to actively advocate for FP. Satisfied acceptors/users (SA/UCs) clubs, composed mostly of women, were formed by POPCOM in the 1980s to publicly promote FP and generate demand for FP commodities in the communities. The BSPOs of POPCOM who were sometime also baranggay nutrition scholars (BNS) or barangay health workers (BHWs) were the prime movers of these SA/UCs. These SA/UCs were present in almost all municipalities where BSPOs operated. However, since 1992, due to changes in political leadership and program thrusts, the SA/UCs became inactive. Recognizing the potentials of SA/UCs in FP advocacy and community mobilization, TSAP-FP will work with POPCOM starting with RPO IV to assess the existence and interest of past SUC/AC members in TSAP-FP target areas, re-activate them for FP advocacy in their respective communities, and enlarge their membership to cover satisfied men and women acceptors and users of FP. Successful reactivation efforts will in turn be used as models in other regions and provinces. Reactivation of SAC/UCs in each area will involve working with the RPO to:
    - Assess the status of SA/UCs, current activities, sphere of influence, membership, interest to advocate for FP in target areas
    - Reorganize SA/UCs in TSAP target areas
    - Identify the most active, influential and supportive of informed choice.
    - Orient SA/UCs in target areas on basic FP EBM, interrelationships of FP and poverty as well as responsible parenthood
    - Conduct advocacy training of trainers (TOT) for SAC/UC members with training potentials.
    - Provide training on presentations and public speaking.

Finally, TSAP will also assist regional and provincial population offices in expanding membership of SA/UCs, and strengthening their network of SA/UCs.

C. Mobilizing non-government organizations

Development-oriented NGOs in the Philippines represent a vast array of interests, focus, and political affiliations. They have mature networking experiences and civil society advocacy is very much alive in the country. With the rapid proliferation of NGOs, several NGO networks were formed. These include the Caucus of Development NGOs (CODE-NGO), Philippine Development of Human Resources in the Rural Areas (PHILDHRRA), among others. Some NGOs, particularly the 25 NGOs and 19 women's organizations listed at the directory of Basic Sectors of the National Anti-Poverty Commission (NAPC), have forged an active partnership with the government. Other NGOs and women's groups have remained on the sidelines and maintained their roles as watchdogs and critics of government.

Most NGOs have poverty-focused programs which they undertake alongside other development concerns like the environment, employment, women and gender, human rights, agrarian reform, community health, welfare, etc. Others focus on specific population sectors such as the urban poor, labor unions, farmers, fisherfolks, women, youth, children, etc.

At the national level, the national Reproductive Health Advocacy Network (RHAN), composed of 20 national NGOs and women's groups, was formed with POLICY assistance in 2001 to spearhead population/FP/RH advocacy at the national level. TSAP-FP will collaborate with the RHAN I in its pursuit of policy advocacy for HB 4110 or the Reproductive Health Care Act, the relisting of Postinor, and contraceptive security.

Strategies and activities that immediately follow focus on mobilization of national NGOs. Efforts to involve local NGOs will be specified in the LGU strategy below.

National-level Strategies and Activities

1. Strengthen FP advocacy of existing national advocacy networks
   a. Provide advocacy, negotiation and communication training of RHAN members
   b. Provide EBM-based FP information and expert advise by conducting meetings, discussion workshops among RHAN members, other NGOs and sectoral groups to discuss EBM-based FP information, FP and its relationships to other development concerns such as the environment, poverty, human rights, etc.
   c. Work with other agencies to support RHAN members PLCPD and PNGOC in advocacy for the RH bill including some support (e.g. production and dissemination of advocacy/IEC materials on HB 4110, conduct of regional/provincial fora on HB 4110 to generate local support for the RH Bill, community events to popularize the bill during National Population Day, etc.)
   d. Assist RHAN in expanding its membership to include other national NGOs.

2. If applicable, develop an FP advocacy network. Scan and assess other NGOs and civil society groups to determine their development concerns and interest to take part in FP advocacy network building especially in TSAP-FP target areas.
   a. Organize a forum to form a national multi-sectoral network of NGOs advocating for FP
   b. Assist in FP network development
   c. Train new network members in advocacy, FP/pop/RH interrelationships, EBM for FP, communication, presentations.

d. Assist network to expand membership by reaching out to other groups and sectors.

D. Finding a common ground among faith-based groups

In a conservative country such as ours, FP is considered a polarizing issue hampered with various belief and value systems that infringe on the right of women, couples and individuals of reproductive age to determine the timing and spacing of childbearing, if at all they decide to do so.

Being the dominant religion in the country, the Roman Catholic Church has effectively shoved its conservative stance on the issue into the national consciousness for quite some time. The Catholic Church had also been successful in discrediting more modern FP methods like IUDs and pills as abortion-inducing, and that past FP Programs promote abortion and promiscuity.

While research has shown that couples do not consider the conservative stand of the Church as influencing family planning decisions at the personal level, the Church's influence remains strong at the political level. The enculturation of FP resistance at the political level can be countered by showing evidence of support for FP practice and contraception from among other major religious communities, such as Protestants and Muslims, comprising Philippine society. The objective is to show that in a multi-faith, there is a multitude of views and beliefs that the Catholic Church as well as political leaders should respect.

Strategies and Activities

1. Identify and develop support for RH/FP among national and local faith-based groups
   a. Support coalition-building activities for FP among faith-based organizations
   b. Conduct FP advocacy training for faith-based coalition
   c. Provide accurate and timely information and technical assistance to enhance the technical skills of the faith-based coalition
   d. Support faith-based groups in holding multi-faith public forums (e.g. holding of a National Inter-Faith Forum on Responsible Parenthood) and community events advocating for FP (inter-faith fair with an FP booth)

2. Increase the number of faith-based FP supporters by attracting the non-mobilized and undecided religious groups
   a. Work with *ulama, alimat and ustadz* to convince the Muslim families to support RH/FP
   b. Support Muslims and other major religious denominations to take a more public view supportive of RH/FP
   c. Work with multi-faith groups in message development to soften the religious angle and emphasize the broad, diverse base of support for FP.
3. Reduce the intensity of opposition from other religious groups to move them from a regime of high opposition to low opposition/neutrality/non-mobilization
   a. Seek consensus on common goals and objectives for social good

b. Expose fallacies in arguments, myths, and misperceptions by providing sound, scientific evidence and using arguments from religious texts
c. Consult with and mobilize "moderates" within the Catholic Church to act as mediators

E. Enhancing labor sector participation in FP

Of the Philippine population of 80 million, 42 percent or nearly 34 million are in the labor force.[2]

The Bureau of Labor Relations, Statistic and Performance Reporting System (SPRS) preliminary data show that there are 11,365 existing labor organizations in the country with 3,914,000 members. This means that only about 12 percent of the entire labor force is unionized. The SPRS data also stated that only 2,700 labor organizations have existing Collective Bargaining Agreements (CBA).

Since it is next to impossible for TSAP to reach the entire labor force directly, the strategy would be to link up with organized labor groups. To further facilitate TSAP-FP partnership with the labor sector, it is best to identify the three biggest labor unions which the Project will work with in the next three years. Partnering with these unions will make it easier to pursue key themes that TSAP-FP wants to encourage labor groups to advocate for, especially FP services in the work place.

Article 134 of the Labor Code provides the legal framework to pursue FP in the work place. Sec. 11 of this code states, "*Employers who habitually employ more than 200 workers in any locality shall provide free family planning services to their employees and their spouse, which shall include but not limited to the application or use of contraceptives.*

There is urgency for FP services in the work place as noted in a study commissioned by Trade Union Congress of the Philippines (TUCP).[3] The data came from interviews with 102 employed adolescents aged 15-24 from food, transport and general services industries in Metro Manila and Metro Davao. The study revealed that 41 percent of respondents had experienced sexual intercourse and stressed the problems of pregnancy and early marriage affecting very young workers already trying to earn a living in often low-paying jobs in cities.

TSAP-FP has initially forged partnership with the TUCP. Founded in December 1975, it has an estimated 1.25 million worker-members from all industries and occupation groups including the informal sector. It is composed of 27 labor federations in 57 companies of which 64 percent of members are women. TUCP started its Family Welfare/Family Planning project in 1984 by integrating these concerns into its workers' education, advocacy and IEC activities. From 1995 to the present, it maintains 8 family welfare clinics in the cities of Davao, Cebu, Quezon (2), Bacolod and Ormoc and the provinces of Laguna

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[2] 2002 Labor Force Survey, National Statistics Office (NSO)
[3] Study on "Sexual and Reproductive Health Knowledge, Attitudes and Practices Among Filipino Adolescents: A View From the Workplace 2," September 2002.

(Calamba) and Cavite (Rosario). Aside from FP services, TUCP is aggressively promoting RH in the workplace through area coalitions.

Strategies and Activities

1. Identify and select the three largest labor organizations, federations and coalitions that are interested in advocating for FP as a critical issue for labor
   a. Work with DOLE to identify major labor organizations in Region 3, Region 4 (CALABA), Metro Manila, Metro Cebu and Metro Davao
   b. Prepare a profile of labor organizations (including data on number of members, occupational categories of members, workplace benefits including access to FP services in respective workplaces, status of FP clinics, etc.).
   c. Select and meet with identified labor organizations to identify three large groups willing to partner with TSAP-FP.

2. Provide training and technical assistance in advocacy and communication/ presentations to the three largest labor unions. (If various labor organizations are involved and willing to work together like the KAMIT labor union of Region IV, hold a joint workshop for key representatives from the labor groups.)
   a. Conduct an advocacy workshop to help union representatives:
      - identify the population-FP-labor issues that they want to advocate for. Have experts (for topics like health, productivity and FP) provide overviews and respond to questions during the advocacy workshop
      - develop a plan that outlines advocacy events to promote a population/FP and labor issues such as Labor Day, in CBA negotiations of benefits for workers
   b. Disseminate/promote messages like "FP/RH for workers" e.g. incorporation of FP-related issues in Labor Day celebrations and workplace health or peer education activities.

3. Strengthen collaboration between management and labor for FP at the workplace
   a. Together with DOLE, ascertain the status of FP services in industries located in TSAP target areas including compliance of Art. 134.
   a. Network with the Personnel Management Association in the Philippines (PMAP) and the Occupational Nurses Association of the Philippines (ONAP) so that they can help respond to the FP-related needs of the work force, including the FP knowledge, counseling and commodity needs of workers in target areas.
   b. Meet with the PMAP and ONAP officers to have a better view of their FP knowledge and types of services given to their work force, then coordinate with the TSAP-FP health component to ensure that the providers of labor clinics in targeted areas be included in EBM dissemination training and counseling.
   c. Facilitate meetings between industry managers and labor organizations to discuss workers' FP needs/requirements and industry response to FP at the workplace

F. Developing vigorous partnerships with health professionals on FP

TSAP focuses on health professionals that include Ob-Gyns, public health providers, and public-private midwives. Because reproductive health issues are not always adequately communicated through mass media advertisements and messages, there is a need for medical professionals to have better and more updated information and tools to overcome client fears, the barriers put up by the church, or even providers' own personal biases. Service providers not only need basic FP IEC materials in their clinics to be used in health promotion and counseling. Providers also need FP-related materials in advocating to local officials and other stakeholders to support FP to promote the reproductive health of their constituents. Thus, it is necessary to equip FP/RH service providers with skills in information giving, motivation, counseling and advocacy.

There have been many efforts to improve family planning service delivery in the Philippines. These initiatives, however, have not gone far enough to convince health providers that they need to work harder. Providers also have to advocate to ensure that they truly meet the needs of their clients, particularly those who want to use more reliable FP methods.

It is in this context that medical professionals could and should play the pivotal role in providing more science – based information and publicly advocating for FP, since they, more than others, have the credibility to counter rumors and misinformation that are frequently fanned by forces opposed to modern contraception which negatively influences FP practice.

Strategies and Activities

1. Strengthen advocacy capabilities of the members of the Philippine Evidence-based Reproductive Medicine Network (Phil EBRM net)
   a. Identify EBRMnet members willing to speak out publicly to defend or attest to the safety and efficacy of modern FP methods like pills, IUD, injectables, etc. Include these members in the list of champions (see Champions section below).
   b. Provide technical support to EBRMnet members on contraceptive technology and safety, Guidelines and Protocols on FP service, WHO Medical Eligibility Criteria for Starting Contraceptive Method and other updates on FP/RH issues.
   c. Strengthen the EBRMnet as pool of resource persons in providing evidence-based information in family planning to address myths and misconceptions, misinformation on family planning methods.
   d. Tap the TSAP BCC group to help improve the skills of EBRMnet members in public speaking i.e. to make them effective speakers and resource persons and lecturers in scientific meetings and conferences, and effective communicators in press conferences and TV/radio interviews.

2. Increase the number of FP advocates among officers and members of professional health organizations
   a. Provide opportunities for the EBRMnet to meet and share information and knowledge with other health professionals on EBM for FP.

b. Identify potential FP advocates among Obstetrician-Gynecologists, public health providers, public-private midwives and nurses.
c. Provide training to potential advocates on FP by providing them with the latest information on contraceptive technology and safety, Critically Appraised Topics on family planning, guidelines and protocols on FP service, WHO Medical Eligibility Criteria for Starting Contraceptive Method, Reproductive Health and other relevant topics.

3. Strengthen the advocacy capabilities of community-level health workers in target areas. Through the small grants mechanisms, TSAP will assist training of trainers on community advocacy. Another option is to encourage the community health workers to join the provincial networks and be trained with them on advocacy.
   a. Work with DOH and POPCOM regional offices and provincial/municipal population officers in target areas to identify potential advocates for FP among active baranggay health workers (BHW/CHW), baranggay service point officers (BSPO) and baranggay nutrition scholars (BNS).
   b. Work with the EBRMnet to orient potential community advocates for FP in target areas on basic RH, contraceptive technology and safety.
   c. Conduct workshops to train community level FP advocates in interpersonal communication, motivation and advocacy to make them effective communicators and advocates for family planning at the community level.

4. Support advocacy for the integration of family planning concepts in the undergraduate curriculum
   a. Identify the members of the Board of Examiners of medicine, nursing and midwifery and assess their level of support for family planning.
   b. Meet/support dialogue with members of the Board of Examiners who are supportive of family planning to work out the possibility of including family planning questions in the Professional Licensure Examination through the EBRMnet core group.

5. Integrate concepts on family planning in the OB-GYNE Fellowship Examination
   a. Identify the members of the Philippine Obstetrics & Gynecological Society (POGS) Board of Examiners and assess their level of support for family planning.
   b. Meet/support dialogue with the Board of Examiners who are supportive of FP to work out possibility of including family planning questions in the Professional Licensure Examination. Tap the PNEBM RH advocating for this.

G. Increasing legislators' support on FP

Legislators play a special role in creating an enabling environment to increase social acceptance for family planning. In their formal capacities as policymakers, they craft policies regarding population, FP and RH issues and concerns, as well as allocate or mobilize government resources to ensure FP viability, availability and sustainability.

Apart from this, they are also, in a sense, district managers who respond to the various needs of their local constituents. Through congressional allocations and special

legislative insertions, they can provide funds and augment local resources for various health-related initiatives, including family planning. As political leaders, they hold considerable sway in formulating public opinion at the district or national level.

Generally, legislators have high awareness of FP issues and concerns, as demonstrated by the various studies conducted by the Philippine Legislators' Committee on Population and Development (PLCPD) such the Congressional Ratings Chart on Population and Human Development and the Political Mapping Surveys, as well commissioned surveys through Social Weather Stations (SWS) and Pulse Asia.

However, such awareness does not necessarily translate to active support, given the diversity of views on the FP issue, as well as the interplay of power and influence of the different actors involved, including conservative political leaders and the Catholic hierarchy.

To ensure maximum or wider support therefore, TSAP-FP needs to generate active support of the legislative members of the PLCPD and other members of the two houses of Congress and their staff.

Strategies and Activities

1. Support the FP advocacy thrusts and activities of supportive legislators
   a. Increase legislators' knowledge of RH and FP issues, including basic EBM.
   b. Mobilize constituent support for FP at local or district level through public assemblies, fora, signature campaigns, and other high profile activities
   c. Provide timely and research-based information, technical and expert support and advice to champions during high profile or important events (legislative agenda formulation, committee hearings, floor deliberations, public rallies, etc.). This includes the provision of data-based presentations using RAPID, population-development analyses, poverty studies, etc. for legislators to use in hearings or congressional meetings.
   d. Orient legislators on effective media, presentation and public speaking skills
   e. Facilitate media coverage of positive FP pronouncements made by legislative champions and supporters

2. Increase the number of supporters by attracting the non-mobilized and undecided groups of legislators to take a supporting position
   a. Assist PLCPD/supportive legislators in dialogue with non-mobilized/undecided legislators.
   b. Tap supportive media to help persuade non-mobilized/undecided legislators.
   c. Mobilize constituents supportive of FP at the local/district levels to convince non-mobilized/undecided legislators.
   d. Assist PLCPD/supportive legislators in attracting formal and de facto political leaderships in the Senate and the House of Representatives to mobilize the support of their membership
   e. Support NGOs and women's groups to influence the legislative agenda formulation of various political parties to mainstream FP in the party platform.

3. Reduce the intensity of legislators' opposition to FP to move them from a regime of high opposition to low opposition/non-mobilized positions
   a. Identify support for FP among individual legislators. Ascertain also their human development vision for the Philippines.
   b. Support dialogue to seek common goals, policy mechanisms or mutually-beneficial objectives
   c. Expose the opposition's fallacies by providing sound, scientific evidence on FP safety and efficacy.
   d. Connect opposition to FP to negative social values (e.g. *hindi nakakain at naalagaan ang mga anak)* and negative political consequences of non-support for FP citing survey results.

H. Developing and strengthening multi-sectoral provincial/metropolitan advocacy networks

While not many local NGOs are focused on FP, local NGOs in selected provinces since 2000 have been involved in advocacy for population/FP/RH together with POPCOM/PLCPD/PNGOC, with support from the POLICY Project and UNFPA. Such advocacy initiatives currently in place in selected provinces, along with the support of umbrella organizations at the national level, offer great opportunities to build on and expand network-building and social mobilization for FP. To reap greater advocacy gains both at the local and the national levels, TSAP-FP will work with existing advocacy networks in its target areas, link up with national NGOs with local affiliates as bridges to reach out to other non-FP groups, NGOs and sectors such as fisherfolks, grassroots women, farmers, urban poor, etc., in TSAP-FP project sites and surrounding areas, and form new networks or coalitions where most needed. At the local level, TSAP-FP will tap as key resource the Negros Oriental FP/RH Advocacy Network (NeOFPRHAN) because of this this multi-sectoral network's extensive training and experiences in advocacy and the Provincial/Municipal IEC/ RH Advocacy Teams of Capiz because (Iting- pls supply the reason- same as Negros?). Other provincial and local partners in advocacy will be identified later.

In general, the LGU strategy for NGO for multisecotral network development involves:

1. Scanning visits and interviews with NGOs and civil society groups in TSAP-FP target areas in coordination with LGUs, regional POPCOM and DOH offices to assess interest in forming an advocacy network
2. Conduct a multi-sectoral forum on "FP and Poverty" to surface relevant issues and concerns on FP in the province/metropolis, pinpoint how advocacy can promote FP, and identify NGOs and civil society groups willing to participate in local FP advocacy
3. Conduct network development workshops among interested NGOs and POs to assess capabilities and training needs of members and to formulate network building plans
4. Conduct advocacy plan development workshops
5. Provide training on communication (with the BCC group), advocacy, and social mobilization

6. Identifying local champions and spokespersons and developing their advocacy and communication skills
7. Providing small grants to support the implementation of provincial/metropolitan networks advocacy plans to generate political and social support for FP
8. Support implementation of local advocacy and social mobilization plans through activities that may involve the following:
   - Assessment/profiling of target communities (particularly low CPR areas), existing community-based organizations, and LGU/NGO health/FP services including those of community volunteer health workers
   - Dialogues with LGU leaders to increase provincial and municipal funding of FP services
   - Community events for FP which coincide with the celebration of FP Day, National Population Week, Women's Month, etc.
   - Multi-sectoral consultations on FP and poverty, FP and human rights, responsible parenthood, and responsible sexuality
   - Ecumenical forum on FP and Poverty in coordination with local churches of NCCP, INC, IFI, etc.
   - Sectoral dialogues with urban poor, youth, informal sector, women, etc. as well as with community volunteer health workers on the benefits of FP and its relationships to poverty
   - Media forum on population/FP/RH
   - Production and dissemination of popular IEC/advocacy materials
   - Orienting members on FP safety and efficacy

Possible Models of Network Building at the Local Level

TSAP recognizes that LGUs in the country vary widely. Given wide differences, there is no one model that will be used at the local level. TSAP -FP will use three (3) models of building and developing networks and coalitions depending on the readiness of local NGOs, POs, and community-based organizations in each area to coalesce into a network advocating for FP.

Model 1 - BULACAN. *Forming a new advocacy network*

Background

The province of Bulacan, whose governor recently received POPCOM's 2002 Population Award, has a strong LGU machinery for population/FP/RH programs. At the provincial level, the Provincial Population and Development Committee, composed of representatives from the different LGU offices, NGOs and POs and chaired by the Governor, oversees the planning and implementation of population/FP/RH projects and activities. The Provincial Social Welfare and Development Office (PSWD) is currently the lead agency in providing technical assistance to population, RH and family planning activities in the different municipalities.

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Socio-civic involvement in community affairs is very much enhanced and community volunteers play key roles in population/FP/RH advocacy. The *Lingkod Lingap sa Baranggay* (LLB), a network of community volunteer workers, is tasked to coordinate delivery of all LGU services in the different baranggays. The "mother leaders" provide referrals to baranggay service point officers (BSPOs) and LGU (municipal and provincial) offices to ensure easy access to government services by the people from the different *sitios*.

To date, natural family planning (NFP) is at the frontline of IEC campaigns in the province. The government collaborates closely with the Center for Family Ministry of the Ateneo de Manila University, Couples for Christ, and the Brotherhood for Christian Businessmen. Their most recent activities include: trainors training on the Standard Days Method (SDM) in coordination with POPCOM Region 3 and the Institute of Reproductive Health, echo trainings on SDM for lay ministers and pre-marriage counselors, LGU-funded community events and IEC activities, and an awards program for Municipal Population Outreach Workers, Baranggay Service Point Officers and *Lingkod Lingap sa Baranggay*.

While the foregoing illustrates NFP-related activities, support for FP/RH also exists. Current NGO partners in population/FP/RH projects and activities in Bulacan include: 1) PATAMABA, the Network of Women Home-based Workers which has 11 chapters all over Bulacan. It has a total membership of more than 5,000 rural women; and the 2) Provincial Federation of Baranggay Health Workers, a duly registered NGO in the province, composed of 3,321 baranggay health workers from all over Bulacan. Other potential partners include: 1) the Integrated Midwives Association of the Philippines (IMAP) - Bulacan Chapter whose 400 members represent public or rural health midwives and private practicing midwives in Bulacan and the 2) *Panlalawigang Komisyon ng Kababaihan sa Bulakan* (PKKB), a multi-sectoral body composed of women from the academe, LGU, NGOs and POs formed in 1994.

Proposed Strategy

Building on the gains of these local population/FP/RH initiatives in Bulacan, TSAP-FP will undertake the following activities to further engage NGOs and civil society groups in FP advocacy and social mobilization:

1. Scanning/interviews of LGUs, NGOs, academe, media, faith-based groups, and community organizations to assess potentials for networking and interest in local advocacy for FP (one week)
2. Provincial multi-sectoral forum on Development, Poverty and FP to surface issues and concerns on FP and identify LGU and civil society actions (1 day).
3. For Bulacan, this will serve as a dialogue to find common grounds in advocating NFP and other FP methods.
4. Network development workshop for those NGOs and civil society groups interested to participate in local advocacy for FP. This is expected to formalize the Bulacan FP/RH Advocacy Network and come up with a network building plan (3 days)
5. Advocacy plan development workshop for network members to sharpen understanding of FP issues, define their advocacy goals, objectives, and strategies, assess their target audience and craft their messages (4 days).

6. The Advocacy and Social Mobilization Team of TSAP-FP will also coordinate with TSAP-FPs Communication and Health Provider components to ensure capability building in FP communication, counseling, and contraceptive technology to network of health workers and community volunteers.
7. Grant support and technical assistance to the implementation of network building plan and advocacy plans including formal launching of network, dialogues with local leaders and local churches, community events, media advocacy, among others.
8. Process documentation and monitoring of advocacy and social mobilization activities in coordination with partners

Model 2 - METRO CEBU. ***Initial start-up with existing groups and subsequent coalescing for FP***

Background

Several local NGO/PO initiatives currently in place in Cebu offer wide opportunities for coalition work and grassroots mobilization for FP. There is great enthusiasm among NGOs and peoples organizations in Cebu to actively promote FP and increase FP social acceptance among its constituents. Several development networks exist; and local organizations have a lot of networking experiences, though not necessarily focused on FP. Their activities have complemented other population/FP/RH activities of government agencies such as POPCOM, DOLE, and DOH in the province.

Proposed Strategy

To ensure rapid start-up of FP advocacy in Metro Cebu in the first half of 2003, TSAP-FP will initially collaborate with three (3) existing sectoral networks:

a. The Reproductive Health Advocates for Productive Workers and Industrial Development (RHAPWID) - TSAP-FP will strengthen the TUCP-initiated RH coalition to sharpen its advocacy for company compliance to Article 134 of the Labor Code in companies outside of Mactan Export Processing Zone, and for FP advocacy in communities in Metro Cebu.
b. The KATINIG affiliated- Cebu City United Vendors Association (CCUVA) - TSAP-FP will focus its assistance on grassroots advocacy and mobilization of the urban poor and the informal sector in the depressed communities of Ermita and Pasil in Cebu City.
c. Cebu Youth Center - TSAP-FP will provide technical assistance to further strengthen the youth advocacy network to sharpen advocacy, communication, and networking skills and enhance capabilities on IEC materials development on FP for the youth and adolescents.

In close coordination with concerned government agencies such as POPCOM, DOLE and DOH, the activities identified during the planning workshops of the 3 networks shall be geared towards generating interest on FP among women and men from the urban poor/informal sector, labor sector, and the youth.

The advocacy activities of the three networks shall be complemented with more focused FP advocacy and advocacy skills training of baranggay health workers (BHWs) deployed in Metro Cebu cities and occupational health nurses in company-based clinics inside the Mactan Export Processing Zone (MEPZ). Technical assistance will also be provided to the community-based RH/FP program of the Philippine Business for Social Progress (PBSP) in the island communities of Lapu-lapu, particularly in terms of understanding relationships of FP, poverty and coastal resource management.

As more groups are brought into FP advocacy and social mobilization, these 3 groups along with other interested NGOs, faith-based groups, and civil society organizations in Metro Cebu will be assisted to form the Metro **Cebu FP/RH Advocacy Network**. From hereon, TSAP-FP activities related to network building and advocacy plan development (as reflected in activities 4-6 in Bulacan) shall be followed.

Model 3 - NEGROS ORIENTAL. ***Sustaining an existing advocacy network***

Background

The Negros Oriental FP/RH Advocacy Network (NeOFPRHAN), composed of representatives from 8 NGOs, 2 peoples organizations, 2 private sector groups, 1 youth organization, 1 professional association, LGU (4), and the academe (4), has already signified intention to advocate for FP. This network, organized in March 2002 by the TFG-POLICY project, has been trained in advocacy planning and network building.

After its launching in July 2002, NeOFPRHAN had initiated dialogues with local chief executives of 18 municipalities to enact local policies and allocate funds for FP/RH. Seven (7) of these municipalities have already allocated funds for FP/RH in their 2003 municipal budgets.

Fifty percent (50 %) of NeOFPRHAN members are active in network's activities. While a few had opted to become inactive due to conflicts in schedules and work loads, there are other individuals and organizations within the province that are interested to become members of the network and to actively participate in provincial advocacy for FP/RH.

Proposed Strategy

Recognizing such potentials of NeOFPRHAN in FP advocacy in the province, TSAP-FP will focus on building the capabilities of the network, broadening constituency and expanding its membership and sharpening their advocacy and social mobilization plans to achieve greater social acceptance of FP among the various sectors and groups in Negros Oriental. These will include the following:

1. Activity Planning workshop with NeOFPRHAN on local advocacy for FP
2. Network discussions on FP and poverty, FP and human rights, responsible parenthood

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3. Assessment of FP situation in the different municipalities and cities particularly in high and low CPR areas
4. Trainings on communication, media projection, negotiation and conflict management, network sustainability and other needed skills
5. Grant support and technical assistance to advocacy planning and implementation of the following local advocacy activities (based on consultations made by TFG-POLICY and TSAP-FP).
   a. Dialogues with LCEs and local legislators on the need for policies and budgets for FP.
   b. Community and sectoral forum on FP, poverty and human rights and responsible parenthood involving the informal sector, farm workers, fisherfolks, sex workers, women , and the youth
   c. Community mapping and resource profiling of low CPR municipalities
   d. Ecumenical forum on FP and poverty involving local churches of NCCP, INC, IFI, etc.
   e. Community mobilization events particularly on FP Day, Population Week, and Women's' Month
   f. Training of NGO community volunteer health workers on FP counseling/ motivation, mechanism of action of different FP methods, addressing myths and misconceptions of FP in order for them to become better advocates of FP in the communities
   g. Lobbying for LGU support for FP
   h. Production and dissemination of popular IEC materials

I. Supporting individual champions and advocates

There are also individuals from Philippine society who are known for their talents and achievements and who support access and informed choice to all methods of family planning. Such individuals include current and former high-level government officials and legislators; the heads of different religions; leaders of the business community as well as officials of labor federations; prominent media practitioners, officers of medical associations, prominent figures in sports and entertainment; officers and spokespersons of NGOs, people's organizations and sectoral groupings; and academic and research experts.

A few Philippine influentials are known for publicly supporting FP, including modern contraceptives (e.g. Senator R. Biazon, former DOH Secretary Q. Romualdez, Inquirer columnist Rina Jimenez-David). Given the current crisis faced by FP in the country, it is most urgent that other highly credible leaders and popular personalities who can actively and publicly support FP issues be identified. A large pool of FP champions and advocates needs to mobilized and supported. This pool needs regular updating on the latest FP innovations and research from the country and all over the world. Their advocacy and communication capabilities need to be supported and enhanced if needed. They should be trained to work with the media in efforts to advocate for broad political and popular support for FP. Other skills that may be needed include conflict management, effective negotiation and debate.

Due to the need for strong communication skills among champions and advocates, the advocacy component of TSAP-FP will link very closely with the Project's BCC

component. Furthermore, due to criticisms on the negative health benefits and efficacy of modern contraceptive methods, advocacy activities will be linked closely to the EBM component of the Project. The Project has already formed the EBRMNet composed of highly respected Ob-Gyns who will be leading Project efforts to put together and disseminate scientific, evidence related to the safety and efficacy of modern contraceptive methods. These experts will also serve as medical resource persons on contraceptive technology on FP effectiveness and safety in TSAP-supported trainings, workshops and forums.

Details of strategies and activities that will be used at the national and local level are outlined below. In the end, a pool of champions will be developed that can be tapped for national and local advocacy for FP.

Strategies and Activities

1. Identify FP champions from among current and former national and local government officials, legislators, religious leaders, business leaders, labor federations; the media, sports and entertainment personalities, people's organizations and sectoral groups (urban poor, women, youth), university and research experts.

    a. Compile a universe list of stakeholders
    b. Preliminarily identify potential champions
    c. Assess potential champions' support for FP (through key informants, speeches or writings and news releases) area of expertise or achievements (e.g. poverty, religious studies, movies, etc.), and their sphere of influence (e.g. urban poor, young people, Visayan-speaking regions, etc.).
    d. Contact and ascertain each champion's willingness to publicly speak out for modern FP
    e. Identify a core group of champions and advocates per sector. An initial list is shown in Annex B.
    f. Update on a regular basis the list of champions, their level of support for FP, area(s) of expertise/achievements, and sphere of influence.

2. Improve the FP advocacy skills of champions

    a. Work with the EBRMNet to orient champions on FP safety and efficacy and the health benefits of FP to mothers and children, unmet need
    b. Orient champions on poverty and FP, population-development concerns, etc.
    c. Work with the BCC group to enhance the communication skills of champions (e.g. public speaking, working with the media and press conferences, making effective technical presentations, debate) as needed and using aids like videotaping, etc.
    d. Provide technical and expert assistance on FP issues through briefing packets, executive memoranda, and advocacy updates and briefs.

3. Increase the public visibility of champions and advocates
    a. Help ensure media coverage of favorable pronouncements made by champions and supporters

b. Facilitate the participation of champions in high profile media and public events related to FP/RH

4. Facilitate linkage of individual champions with local groups to show evidence of constituent support
   a. Support dialogues between champions and FP advocacy networks/coalitions
   b. Arrange with POPCOM and LGUs for champions to meet with SUCs and other local groups supportive of FP to reinforce popular support for FP

5. Recruit new champions over time
   a. Motivate champions to identify other potential champions
   b. Enhance the technical skills of champions and advocate as specified in items 2 and 3 above.

VI. Monitoring and Evaluation

TSAP management will institute monitoring mechanisms to keep track of progress in implementing this advocacy plan. Evaluation will help determine and measure the outcomes and impact of interventions. Monitoring and evaluation tools (*Annex C*) will be used to regularly gather information/data on activities that were actually implemented, the staff and other partners who were involved, and the tools used, (especially advocacy plans and workshop reports), processes, and results (e.g. number of labor groups advocating for FP) to determine whether activities set for each stakeholder are executed as planned. Process documentation of milestones will be done and monitoring report will be written and submitted to USAID.

Mechanisms and tools for periodic evaluation will be developed to determine whether activities are achieving the desired results. The matrix below shows the specific indicators for advocacy and social mobilization and health provider components — the heart of monitoring and evaluation. While indicators for the behavior change communication component are not included in the matrix, it is understood that achievement of the desired results of these two components will lead to a greater public approval and discussion of FP.

Intermediate Result	*Indicator / Unit of measure*
IR3.2 Key segments of society advocating for the use of FP	• **Number and type of key segments of society advocating for the use of family planning** • **Number/type of national coalitions actively advocating for FP** • **number of local (provincial, municipal/city and community levels) advocacy networks/coalitions advocating for FP** • **Number of individual champions/ advocates who publicly speak out/advocate for FP** • **media champions advocate for modern method**

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	• **public statements/ pronouncements in favor of FP in various media channels and fora**

VII. Conclusions

The components of TSAP-FP—Behavior Change Communication, Advocacy and Social Mobilization and health Provider—converge to create social acceptance of family planning. This ultimately means acceptance of family planning by our most fundamental target audience- men and women or reproductive age, couples, families and the youth.

Through a variety of strategies and activities as detailed above, advocacy and social mobilization will move organizations and individuals to promote the practice of FP at the sectoral and local levels, and thus create a supportive and enabling national environment for family planning. Organizations will be strengthened through a host of Project tools that involve technical assistance, capability-building and sharing of best practices aimed at fostering dialogue and partnerships for FP. Advocacy coalitions and networks will be formed among these organizations to give the target organizations and groups a greater voice in the national milieu. Individual champions will be supported to give FP a clear voice in influential circles at the local and national levels.

The messages they carry will also be influenced to ensure that the target individual receives a single unified message, whether he or she receives this from the mass media, local influentials, the health worker or his family, friends and neighbors.

In the end, we hope that the policy environment, the advocacy networks and coalitions, the local and national influentials, the man and woman of reproductive age will form a facilitative feedback loop that will continuously promote higher and higher levels of social acceptance, thus ultimately reaching the "tipping point".

Annexes

Annex A: List of Identified Sectors, TSAP-FP, March 2003.

SECTOR/ SEGMENT	LEVEL OF SUPPORT	KEY THEMES	PROPOSED ACTIONS
Labor	High-TUCP TBD – general	▪ FP in the workplace ▪ FP to increase productivity	▪ Ensure/lobby compliance with Art 134 ▪ Incorporate FP in CBA
Urban Poor	High – KATINIG TBD – general	▪ FP and poverty	▪ Advocate/demand for services at the community level ▪ Awareness-raising in the community ▪ Community-mob
Youth	Low	▪ Responsible sexuality ▪ Life skills ▪ Postpone first sexual contact ▪ ABC ▪	▪ Peer counseling ▪ Awareness raising ▪ Youth mobilization ▪ School orientation for incoming freshmen and school clinicians
Legislators	Mixed Polarized	▪ Policy support for FP=QOL ▪ Supporting FP is good politics ▪ FP is good governance	▪ Allocate resources for FP ▪ Enact policies for FP
Interfaith	High – non RC Oppose – RC Complex – Muslims	▪ Responsible parenthood and family life	▪ Muslim-issue *fatwahs* (provincial/local level) supporting FP and RP
NGOs/women's Groups	High – RHAN	▪ FP/RH/health are part of human rights	▪ Make FP/RH/RR an electoral issue ▪ Promote male involvement in FP/RH
Health Sector	Complex	▪ FP saves lives ▪ FP is a health intervention ▪ FP is good business	▪ Use EBM in FP ▪ Revise FP protocol ▪ Use WHO eligibility guidelines ▪ Make FP counseling part of routine consultations
NGAs	High – PopCom Low – DOH TDB – DOLE	▪ Pop Dev ▪ Health Intervention/ Responsible Parenthood	▪ Monitor compliance of Article 134 ▪ Ensure integration of Pop/FP in developing plans and programs

		▪ Article 134	
LGUs	TBD – varying	▪ FP is a good governance ▪ Pop Dev ▪ Health Intervention/RP ▪ Article 134 ▪ Policy support = QOL ▪ Supporting FP is good politics ▪ FP is good governance	▪ Enact policies ▪ Allocate resources ▪ Improve the service delivery ▪ Facilitate/increase private sector participation ▪ Prioritize LGU services to the poor

Annex B: List of Champions Publicly Advocating FP/RH Issues, TSAP-FP, July 2003.

NAME	CONTACT ADDRESS & TELEPHONE NUMBERS	POSITION/ ORGANIZATION	POPDEV	FAMILY PLANNING			RH
				NFP only	NFP + informed choice	All methods	
LEGISLATORS: [11 Representatives & 7 Senators)							
1. Bellaflor Angara-Castillo	N-518 Batasang Pambansa Complex, Quezon City 9315435; 9315001 loc. 7417	Representative, Lone Dist., Aurora	✓			✓	✓
2. JR Nereus O. Acosta ☆	N-215 Batasang Pambansa Complex, Quezon City 9316733; 9315001 loc. 7394	Representative, 1st Dist., Bukidnon	✓			✓	✓
3. Krisel Lagman-Luistro	N-411 Batasang Pambansa Complex, Quezon City 9315497; 9315001 loc. 7370	Representative, 1st Dist., Albay	✓			✓	✓
4. Loretta Ann Rosales	S-511 Batasang Pambansa Complex, Quezon City 9316288; 9315001 loc. 7289	Representative, Party List, Akbayan	✓			✓	✓
5. Emmanuel Joel J. Villanueva	N-317 Batasang Pambansa Complex, Quezon City 9315442; 9315001 loc. 7356	Representative, Party List, CIBAC	✓			✓	✓
6. Gilbert Remulla ☆	N--316 Batasang Pambansa Complex, Quezon City 9316531; 9315001 loc. 7355	Representative, 2nd Dist., Cavite	✓			✓	✓
7. Darlene R. Antonino-Custodio	N-105 Batasang Pambansa Complex, Quezon City 9316691; 9315001 loc. 7324	Representative, 1st Dist., So. Cotabato	✓			✓	✓
8. . Alan Peter S. Cayetano	N-302 Batasang Pambansa Complex, Quezon City 9315408; 9315001 loc. 7341	Representative, Lone Dist., Pateros-Taguig	✓			✓	✓
9. Oscar S. Moreno	N-508, RMB-428 Batasang Pambansa Complex, Quezon City 9518922; 9315001 loc. 7055	Representative, 1st Dist., Misamis Oriental	✓			✓	✓
10. Emilio C. Macias II	**N-306 Batasang Pambansa Complex, Quezon City 931-5139; 9315001 loc. 7345**	**Representative, 2nd Dist., Negros Oriental**	✓			✓	✓

11. Rolando G. Andaya, Jr	**RMB-411 Batasang Pambansa Complex, Quezon City 951-8965; 9315001 loc. 7020**	**Representative, 1st Dist., Camarines Sur** **Chair, Committee on Appropriations**	✓			✓	✓
12. Rodolfo G. Biazon	Room D-111 PICC, CCP Complex, Roxas Blvd., Pasay City Room 527, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526772; 5526601 loc. 5527/5528	Senator	✓			✓	✓
13. Juan M. Flavier	Room 525, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526774/78/70/71 5526601 loc. 5537/38/82	Senator	✓			✓	✓
14. Panfilo M. Lacson	Room 523, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526786; 5526601 loc. 5533/34/35	Senator	✓			✓	✓
15. Teresa Aquino-Oreta	6th Flr., Ermita Bldg., Arquiza St., Ermita, Manila Room 511, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526778; 5526601 loc. 5561/62/63/90	Senator	✓			✓	✓
16. Gregorio Honasan	Room 503, 5th floor Senate of the Phils., GSIS Complex, Pasay City 2nd Flr., Videospecs Bldg., Julian Felife cor. Fernando Ma. Guerrero Sts., CCP Complex, Roxas Blvd. Pasay City	Senator	✓			✓	✓

	5510340/52/63; 5526601 loc. 5552/54/87						
17. **Luisa Ejercito-Estrada**	**5th floor Senate of the Phils., GSIS Complex, Pasay City**	**Senator**	✓			✓	✓
18. **Eduardo Angara**	**5th floor Senate of the Phils., GSIS Complex, Pasay City**	**Senator**	✓			✓	✓
NON-GOVERNMENT ORGANIZATIONS: (9)							
19. Atty. Rhodora Raterta	# 50 Doña Hemady St., New Manila, Quezon City 7217101/7247141/7214067	Director, Family Planning Orgn. of the Phils.	✓			✓	✓
20. Dr. Eden Divinagracia	# 38 San Luis Street, Pasay City 5516285/8345008/5510330	Executive Director, PNGOC	✓			✓	✓
21. Dr. Junice Melgar	# 92 Times St., West Triangle, Quezon City 4113151/9266230	Executive Director, LIKHAAN	✓			✓	✓
22. Ramon San Pascual	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Deputy Ex. Director, PLCPD	✓			✓	✓
23. Roberto Ador	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Executive Director, PLCPD	✓			✓	✓
24. Ana Maria Nemenzo ☆	# 129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Exec. Director, WomanHealth Phils	✓			✓	✓
25. Mercy Fabros	# 129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Advocacy Coordinator, WomanHealth Phils Philippines	✓			✓	✓
26. Atty. Carol Ruiz-Austria	# 45 Mapagkumbaba St., Sikatuna Village, Quezon City 4356823/4366738	Executive Director, Woman LEAD	✓			✓	✓
27. Dr. Jonathan Flavier ☆	FriendlyCare Foundation, Inc 710 Shaw Blvd., Mandaluyong City 722-2968	Director, FriendlyCare Foundation, Inc	✓			✓	✓

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28. Anna Leah Sarabia	Women's Media Circle	Executive Director	✓			✓	✓
29. Dr. Sylvia Estrada-Claudio ☆	# 92 Times St., West Triangle, Quezon City +63 4113151	Board Member, LIKHAAN	✓			✓	✓
30. Ernie Cloma	# 61 Lantana St., Cubao, QC 4100822	Curriculum Director, Philippine Educational Theater Association (PETA	✓			✓	✓
INTERFAITH: (11)							
31. Bishop Fred Magbanua ☆	9453 Retiro St., Guadalupe Nuevo, Makati City 8834492-93	Chair, Council of Christian Bishop of the Philippines	✓				✓
32. Dr. Bles		Anchor, INC Radio Program	✓			✓	✓
33. Fr. John Schumacher	Katipunan Ave., Quezon City	Ateneo De Manila University	✓				✓
34. Rev. Rey Cortez		National Council of Churches of the Phils.	✓			✓	✓
35. Pastor Cannie Villar		Jesus is Lord Church	✓			✓	✓
36. Pastor Nolan Pena		Jesus is Lord Church	✓			✓	✓
37. Bro. Jun Samson ☆		Iglesia ni Cristo	✓			✓	✓
38. Dir. Taps Umal		Office of Muslim Affairs	✓			✓	✓
39. Fr. Ben Beltran	Smokey Mountain	Parish Priest, Smokey Mountain	✓	✓			
40. Bishop Leo Alconga		International Bible Society	✓			✓	✓
41. Ustadz Ahmad Ali Bud	Ulama Council of Tawi-Tawi	Mindanao State University	✓			✓	✓
MEDIA: (10)							
42. Rina Jimenez-David ☆	Philippine Daily Inquirer	Columnist, Phil. Daily Inquirer	✓			✓	✓
43. Atty. Dong Puno	Manila Times/ABS-CBN	Columnist, Manila Times & Anchor TV Program – ABS CBN	✓				
44. Domini Torrevillas ☆	Philippine Star	Columnist, Philippine Star	✓			✓	✓
45. Ces Drilon ☆	ABS-CBN	Anchor, TV Program – ABS CBN	✓			✓	✓
46. Ricky Carandang ☆	ABS-CBN	Anchor, TV Program – ABS CBN	✓			✓	✓
47. Ramon Tulfo	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
48. Armando Doronilla	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓

49. Michael Tan	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
50. Susan Fernandez	People's Tonite	Columnist, People's Tonite	✓			✓	✓
51. Margie Holmes	Abante	Columnist, Abante	✓			✓	✓
52. Korina Sanchez	**ABS-CBN**	**Anchor, Ch. 2**	✓			✓	✓
53. Karen Davila	**ABS-CBN**	**Anchor, Ch. 2**	✓			✓	✓
54. Winnie Monsod	**GMA-7**	**Host, Mare at Pare**	✓			✓	✓
55. Cheche Lazaro	**GMA-7**	**PROBE**	✓			✓	✓
56. Paul Henson	**GMA-7**	**Reporter, Ch. 2**	✓			✓	✓
(et. al., refer to CID list)							
LOCAL CHIEF EXECUTIVES: (8)							
57. Hon. Teresita Lazaro	Provincial Capitol, Laguna	Governor, Laguna	✓			✓	✓
58. Hon. Vergel Aguilar	City Hall, Las Pinas City	Mayor, Las Piñas	✓			✓	✓
59. Hon. Ma. Lourdes Fernando	City Hall, Marikina City	Mayor, Marikina	✓			✓	✓
60. Hon. Feliciano Belmonte	**City Hall, Quezon City**		✓			✓	✓
61. Hon. Ed Lara ☆	**Provincial Capitol, Cagayan**	**Governor, Cagayan**	✓			✓	✓
62. Hon. Lazaro Ballesta		**Municipal Mayor, Northern Samar**	✓			✓	✓
63. Hon. Daisy Fuentes	**Provincial Capitol, South Cotabato**	**Governor, South Cotabato**	✓			✓	✓
64. Hon. JV Ejercito		**Mayor, San Juan**	✓			✓	✓
BUSINESS SECTOR & CIVIC GROUPS: (7)							
65. Donald Dee	ECOP, Makati City	President, ECOP	✓			✓	✓
66. Sergio Ortiz-Luis	PhilExport	President, PhilExport	✓			✓	✓
67. Rotary Club QC & Cebu							
68. Cebu Chamber of Commerce and Industries							
69. Peter Wallace			✓			✓	✓
70. Peter Garrucho		**Board Chair, PCPD**	✓			✓	✓
71. Gary B. Teves		**President, Land Bank**	✓			✓	✓
FORMER AND CURRENT GOVERNMENT OFFICIALS: (20) - 5 former administrations, 15 Arroyo Administration							
72. Dr. Alberto G. Romualdez	FriendlyCare Foundation, Inc., Shaw Blvd. Mandaluyong City	President-CEO, FriendlyCare Foundation, Inc.	✓			✓	✓
73. Estefania Aldaba-Lim	Commission on Population	Commissioner	✓			✓	✓

74. Benjamin de Leon	PNGOC	Chair, PNGOC	✓			✓	✓
75. Tomas Osias	Commission on Population	Executive Director, POPCOM	✓			✓	✓
76. Dr. Milagros Fernandez	Department of Health San Lazaro Compound Sta. Cruz, Manila	Undersecretary, DOH	✓		✓	✓	✓
77. Mia Ventura	Commission on Population	Dep. Executive Director, POPCOM	✓			✓	✓
78. Maduh Damsani	Commission on Population	Regional Director, Region XI	✓			✓	✓
79. Atty. Nolito Quilang	Commission on Population	Regional Director, Region VII	✓			✓	✓
80. Marical Terrado	Commission on Population	Regional Director, Region III	✓			✓	✓
81. Lota Layser	Commission on Population	Regional Director, Region IV	✓			✓	✓
82. Rene Bautista	Commission on Population	Regional Director, Region VIII	✓			✓	✓
83. Psyche Paler	Commission on Population	Regional Director, Region IX	✓			✓	✓
84. Georgina Dolorfino-Arreza	National Youth Commission	Division Chief	✓				✓
85. Chita Cilindrino	Bureau of Women and Young Workers	Director	✓				✓
86. Dr. Carmencita Reodica			✓			✓	✓
87. Dr. Lampa Pandi	0917-706-8410	**OIC Secretary, DOH-ARMM**	✓				
88. Lenny Abillera	**Commission on Population**	**Regional Director, Region XII**	✓			✓	✓
89. Rose Marcelino	**Commission on Population**	**Regional Director, NCR**	✓			✓	✓
90. Rose Fortaleza	**Commission on Population**	**Regional Director, Region V**	✓			✓	✓
91. Phillip Medalla	**University of the Philippines**		✓			✓	✓
LABOR: (3)							
92. Ariel Castro	TUCP, Elliptical Road Quezon City	Director for Education, Trade Union Congress of the Philippines	✓			✓	✓
93. RHAPWID Union leaders	**Cebu**		✓			✓	✓
94. Ma. Theresa Joti	**Jollibee Commissary**	**HR Manager, (Life.Works Program)**	✓			✓	✓
ARMM ADVOCATES: (2)							
95. Mansoor Ali	Sultan Kudarat Islamic Dawah	Arabic Islamic Teacher	✓				

	Center						
96. Dr. Rodolfo Soriano		Physician	✓			✓	✓
RESEARCHERS/ DEMOGRAPHERS, ECONOMISTS: (8)							
97. Mercedes Concepcion	University of the Philippines	Demographer/Professor Emeritus	✓			✓	✓
98. Pilar Ramos Jimenez	De la Salle University	Associate Professor/University Fellow	✓			✓	✓
99. Evelyn Katigbak	Center for Media Freedom and Responsibility	Researcher/Writer	✓				
100. Zelda Zablan	UP Population Institute	Professor and Researcher	✓			✓	✓
101. Corazon Raymundo	UP Population Institute	Professor and Researcher	✓			✓	✓
102. Nimfa Ogena	UP Population Institute	Professor and Researcher	✓			✓	✓
103. Alejandro Herrin	UP Economics	Professor	✓			✓	✓
104. Ernie Pernia	UP Economics	Professor	✓			✓	✓
HEALTH SECTOR: (10)							
105. Dr. Mario Festin		POGS, EBRMNet	✓			✓	✓
106. Dr. Lyra Clemente-Chua		President, POGS	✓			✓	✓
107. Dr. Perla Santos-Ocampo		President, NAST	✓			✓	✓
108. Dr. Jaime Galvez Tan		Vice Chancellor, National Institute for Health	✓			✓	✓
109. Dr. Aznar		President, South Western University	✓			✓	✓
110. Ermelinda Abadiano		President, National BHW Federation	✓			✓	✓
111. Cecilia Banca-Santos		President, Phil. League of Government Midwives	✓			✓	✓
112. Dr. Guia Abad		President, Association of Municipal Health Offices of the Philippines	✓			✓	✓
113. Cynthia Herce		Nurse, FriendlyCare	✓			✓	✓
114. Purita Sanchez		KAUSWAGAN and Women's Health	✓			✓	✓
URBAN POOR/INFORMAL SECTOR: (7)							
115. Mercedes Nicolas	281-0631	President, KATINIG	✓			✓	✓

3

116. Jane Tulio		KATINIG	✓			✓	✓
117. Jovito Dacula		President, SANAMAI	✓			✓	✓
118. Evelyn Castillo		President, KSL	✓			✓	✓
119. Mary Buanghug + 4	Cebu City	President, CCUVA	✓			✓	✓
120. Baby Rostata		Satisfied User, Cubao	✓			✓	✓
YOUTH SECTOR: (19)							
121. Apryll Ross Marquez		PEMALAKA					RTS
122. Elmer Calleja		KAGABAY					RTS
123. Proceso Jacobe, Jr		KAGABAY					RTS
124. Eloy Brutas		KISLAP-Malabon					RTS
125. Ria Marcelo		KAGABAY					RTS
126. Ericson Ongca		SANAMAI					RTS
127. Winky Francisco	FriendlyCare Foundation, Inc 710 Shaw Blvd., Mandaluyong City 722-2968	Counselor, FriendlyCare Teen Center					RTS
128. Gilliam "Gap" Peros	FriendlyCare Foundation, Inc 710 Shaw Blvd., Mandaluyong City 722-2968	Counselor, FCTC					RTS
129. Rhea Alvis		Peer Counselor, FCTC					RTS
130. Roma Eugenio		Peer Counselor, FCTC					RTS
131. Michael Hernandez		Peer Counselor, FCTC					RTS
132. Mary Rose Sto. Tomas		Peer Counselor, FCTC					RTS
133. Rizaldy S. Dela Paz		Peer Counselor, FCTC					RTS
134. Daryl Zabala		Peer Counselor, FCTC					RTS
135. Dondi Z. Magallanes		Peer Counselor, FCTC					RTS
136. Carlos Arca		ALMA LUPA, Payatas					RTS
137. Romeo Rañola		ALMA LUPA, Payatas					RTS
138. Anna Rausavelle S. Galang		Sagip Pasig Movement					RTS
139. Magnolia B. Lendio		Sagip Pasig Movement					RTS
TOTAL = 139*							

**as of June 2003, 74 new FP champions and advocates were identified and added to the original 65 [names in bold font]*
**Individuals with stars following their names are considered possible spokespersons or media champions*

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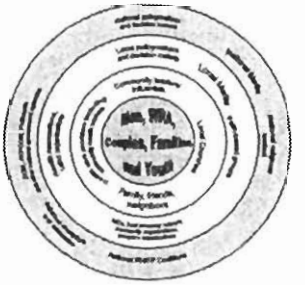
Annex C: Sample Monitoring Tool, TSAP-FP, March 2003.

Activity	Stakeholders	Input	Output/ Outcome	Budget	Problems	Recommendations

FINAL FOR INTERNAL DISCUSSION ONLY

"Managing change, motivating choices for family planning"

Health Provider Strategic Plan



September 2003

AED

Social Acceptance of Family Planning in the Philippines Project

USAID

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I. Introduction

This document presents the Health Provider (HP) Strategic Plan of the Social Acceptance Project for Family Planning (TSAP-FP) in the Philippines. It attempts to provide a better understanding of the main targets of the project's Health Provider (HP) component, and what the project proposes to address provider-related behavioral obstacles to access and quality of care to ensure informed choice of contraceptive methods for women, men and adolescents

More specifically, the HP Plan focuses on how the latest scientific evidence will be used to help correct information and other personal barriers to FP communication, counseling and service provision among health providers. This is considered a key step in making providers more effective in helping clients make informed decisions about family planning and also in mobilizing health providers as FP program advocates at the community level. The HP Plan also details how it will support advocacy to promote the inclusion of evidence-based FP in national guidelines, standard practices, medical and health curricula, and licensing examinations.

II. Context

Although the Philippine FP Program was established in 1970, family planning use, particularly modern contraception, remains low. Concerns about socioeconomic and psychological access as well as quality of care persist. These underscore the broad array of client needs and expectations that need to be met and the importance of ensuring that people and clients are at the center of family planning service provision in the Philippines.[1] TSAP's secondary review in 2002[2] revealed that the major barriers to family planning practice are biases and unfavorable attitudes toward modern contraceptives, particularly pills, injectables and IUDs. The 1998 National Demographic and Health Survey (NDHS)[3] showed that the fear of side effects and health concerns ranked highest among problems reported with current methods. Side effects and health concerns were also the main causes cited by those who discontinued pill, IUD and injectable use.

Health providers frequently echo and reinforce their clients' concerns about modern contraceptives, particularly with respect to issues such as amenorrhea, hypertension, weight gain, and perceived fear of side effects. At times, health workers are even the source of erroneous or inadequate information or counseling. Health providers, however, are in the best position to allay the fears of potential and current users of contraceptives. Medical professionals and other health providers are authority

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[1] Lamberte, E.E *et al.* Highlights of the Findings *In:* Assessment of the quality of family planning counseling within selected reproductive health services.

[2] Ramlow, R. *Secondary Review – Barriers to Modern Contraceptive Use Among Women and Medical Providers in the Philippines* (Manila, Philippines: The Social Acceptance Project on Family Planning, January 2003.

[3] National Statistics Office. 1998 National Demographic and Health Survey. Macro International, Inc. :Calverton Maryland. January 1999.

figures with presumably the required education and clinical experience to give the best advice on contraceptive safety and effectiveness. Unfortunately, an unknown segment of health providers has abdicated this responsibility either because of lack of interest, limited knowledge, inability to communicate, inadequate information on the latest in contraceptive safety and efficacy, or limited skills in counseling or handling client fears or rumors.

The f ormative research conducted by TSAP-FP[4] showed several barriers attributed to health providers at barangay health stations (BHS):

- Lack of respect for women's need for privacy; embarrassing questions are asked even with many people around.
- Inexperienced or inadequately trained facilitators of FP seminars who are unable to answer questions, or embarrassed to talk about sex or contraceptive use.
- Unprofessional provider attitudes and behavior
  - clients' questions are not entertained.
  - arrogance; clients are made to feel that they are imposing on workers' time;
  - women are scolded for being pregnant again or for saying that a prescribed method does not work well for them.
  - client-specific information are revealed to other people in the community.
- Clients who want to try specific methods are discouraged, yet not provided with appropriate or adequate explanations.

The personal biases and religious values of health providers create social-psychological barriers that in turn influence clients' behavior. In a 1993 study of 66 obstetricians/gynecologists (OB/GYNs) and 84 general practitioners (GPs), 17 percent of OB/GYNs and 34 percent of GPs expressed unwillingness to recommend the IUD.[5] Reasons cited included the belief that the IUD is sometimes misplaced; it is uncomfortable (due to the string); a patient can get pregnant if it is inaccurately placed; it can cause complications/infections; and it may induce abortion. In 1995, survey of 521 health providers (GPs, OB/GYNs and midwives), 13 percent showed they would never recommend the IUD.[6] Among these providers, 28 percent of OB/GYNs, 23 percent of GPs and 16 percent of midwives strongly agreed with the statement that "IUD is an abortifacient."

Recent TSAP-initiated focus group discussions with contraceptive users and non-users and "frontline" medical providers (2003) indicated that the aforementioned barriers still exist. Additional barriers were also identified. For example, service delivery guidelines and standard protocols that shape provider practices are or may be outdated as guidelines do not include the latest scientific knowledge. Moreover, these may not even

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[4] Academy for Educational Development. *A Final report on: Project Dynasty – A Qulaitative Study on Family Planning, April 21, 2003.*

[5] The Futures Group International, *Briefing Book on Commercial Sector Physicians and Midwives in the Philippines: A Review of Secondary Research,* (Glastonbury, CT, USA, February 1995).

[6] Pulse Research Group, *Attitudes and Practice Survey Among Health Professionals in the Private Sector Philippines* (Manila, Philippines, January 1996).

be available in various areas of the country, most particularly in rural and more remote areas. In some cases, providers appeared to have misinterpreted or ignored service delivery guidelines and imposed their own barriers to contraceptive use. They may have denied contraceptive methods to clients by identifying inappropriate contraindications. They may have also inappropriately restricted the use of a method on the basis of parity or age. Also, a client may have been denied a method if no physical exam or lab test was done or if the woman was not menstruating, even though the procedure was unnecessary.

Certain factors also affect the effective performance of counseling. Other than lack of training in both basic and comprehensive FP and lack of competence among health and non-health workers, the availability of IEC materials written in local dialect, adequacy of audio visual aids, lack of coordination among health facilities in referral systems, and lack of monitoring and supervision have been identified as critical.

It has been noted that rural health units and barangay health stations do not integrate FP counseling within the range of maternal and child health (MCH) care services. This may be because local public health managers and providers do not give priority to FP counseling in the provision of MCH services. Opportunity to interface FP counseling in pre- and post-natal care is not well maximized, and FP counseling has been least integrated into MCH programs.

Considering that health service providers play a key role in providing information and counseling on family planning and use of methods to the general public, the HPS is designed to remove barriers that influence the knowledge, attitudes, beliefs, and practices of family planning health care providers in public health facilities/hospitals and industry clinics.

III. Objectives

Realization of USAID's Intermediate Result 3 of "Greater social acceptance of family planning achieved" rests on the success of the Project's three components: Behavior Change Communication (BCC), Advocacy and Social Mobilization (ASM) and Health Provider (HP).

The Health Provider Component is responsible for Intermediate Result 3.3 that is ***"acceptance of family planning as part of routine service package increased".*** Achievement of this IR is indicated by: (1) the number of health and allied professional licensure examinations incorporating family planning questions; and (2) the percentage of health providers in selected public health facilities/hospitals and industry clinics having correct knowledge of specific FP methods and providing correct information on specific methods to clients.

The HP component aims to provide interventions in TSAP project areas that will equip health care providers with the correct and the latest research-based information on specific family planning methods to help counter their personal biases, misperceptions or

misinformation on the different family planning methods. This approach is considered key to increased acceptance of family planning as part of the routine health package in public health facilities/hospitals, ob-gyn practice, and industry clinics.

HP Specific Objectives

This Component seeks to:

1. improve the knowledge of modern contraceptive safety and efficacy among health providers as a key step to enhancing their capability to provide evidence-based information and counseling to clients;

2. influence health providers in public health facilities and industry clinics to offer family planning as part of their routine health package;

3. influence medical, nursing and midwifery schools to integrate FP in their curricula;

4. promote evidence-based FP in national guidelines and standards;

5. advocate for the inclusion of evidence-based FP topics in (a) the curricula of medical and allied professions, and (b) examinations given to medical and allied professions by the Professional Regulatory Commission,

IV. Harmony with TSAP's Behavior Change Communication and Advocacy and Social Mobilization Components

The health provider is a key player in the family planning program. The quality of communication between health care provider and the client is very essential in assuring that clients desiring to space or limit childbearing should use modern contraceptives correctly and safely. Interventions such as counseling and interpersonal communication are perceived as important in ensuring informed choice and in promoting the philosophical view that recognizes clients as decision makers. The provision of quality family planning counseling could contribute to improved overall client satisfaction and continuation rates. Effective client-provider communication and counseling in family planning, therefore, is the centerpiece of high quality family service provision.

The final step in social acceptance and practice of family planning rests on the health provider. An analogy with product marketing can be gleaned from the advertising strategy of TSAP-FP's Communication Plan (p. 7). Marketers take great pains to ensure that the supply chain brings the product to the point of purchase, when, where, and at the price needed by consumers. Marketers know that all their efforts - in advertising and marketing, product development and manufacturing, and advocacy to get regulatory approval for their product - will fail, if in the end, the product is not at the store when and where needed by the consumer. All efforts will also fail if the product, while available, is

not properly merchandised at the point of purchase, for example, if the store clerk does not know how to demonstrate the product.

In the above analogy, the BCC component is similar to the marketing unit; ASM can be likened to the regulatory affairs unit, while HP is akin to sales. As these three-business units work together closely in the business environment, so should the three components—BCC, ASM and HP—work in step to bring about social acceptance of FP. The convergence of the three components is illustrated in the Operational Framework of the Advocacy and Social Mobilization component.

The common denominator of all three components is communication, but with different target audiences and outcomes. BCC targets the general public, more specifically those who are married or sexually active and adolescents. BCC's expected behavior change is to make targets more inclined to practice family planning and endorse it to their friends and relatives as a health practice as well as a means to achieve family, social and economic welfare. ASM primarily targets influentials and champions who will be able to persuade their constituents to practice family planning as well as increase political and popular support for FP at the local and national levels. HP targets the health providers by emphasizing evidence-based contraceptive safety and efficacy.

V. Evidence-Based Medicine (EBM) : A New Perspective

In family planning, knowledge of the basic mechanisms of action of modern contraception is essential to guide practice. Health care providers need constantly updated scientific information, but many of their needs are not met. In most parts of the country, modules that are given during training are often the only information health care providers have. Moreover, the training modules and references are seldom updated, while opportunities for health workers to participate in continuing education are very limited.

TSAP-FP introduces a shift to evidence-based medicine (EBM) that responds to the constant desire to improve practice and the need to be updated on new developments that have taken place in clinical research. There is certainly a need to increase and improve access to medical literature.

EBM is the systematic, scientific and explicit use of current best evidence in making decisions about the care of individual patients.[7] It is the integration of best research evidence with clinical expertise and patient values. In this Project, it is perceived essential in the following areas:

- Contraceptive Technology—mechanism of action and contraceptive effect;
- Contraceptive Safety—non-contraceptive benefits and expected and unexpected side effects;
- Family Planning Counseling—management of side effects and addressing fears and misconceptions.

[7] Sackett, D.L.; Straus, S.E.; Richardson, W.S.; Rosenberg, W. ; and Haynes, R.B. 2000. Evidence-based Medicine: How to practice and teach EBM. (Second Edition) Churchill Livingston: Toronto

Thus, TSAP will help ensure that the latest scientific information on contraceptive technology and safety will reach public health providers, hospitals, and ob-gyns. and contraceptive effect. Under the health provider component, the introduction of evidence-based medicine will also be used to influence revision of protocols, and changes in curricula of medical, nursing and midwifery schools.

Using evidence-based information from the HP component, the BCC component will provide information dealing with side-effects as the main barriers to family planning acceptance. Evidence-based information will also be used in developing advocacy messages and materials to ensure that the ASM component will be effective in bringing about desired policy and program reforms, support and resource generation, and mobilize broad political and popular support at various levels.

VI. Primary Target Groups of HP Component

Under this component, TSAP-FP considers the primary target groups, the health service providers, as the focus of interventions at the individual level. These are the people who have direct contact with clients, namely:

(1) Health providers in public health facilities

In the Philippines, family planning services are provided by local government units, which run health units and stations where majority of Filipinos get their contraceptive counseling and commodities. Health providers who give FP counseling to clients and non-clients may be grouped into clinical workers such as the medical doctors, nurses and midwives.

Health providers in public health facilities are **urban and rural health center doctors, nurses and midwives**. Among the three, the midwives are the most known in the community (72%), followed by government doctors (33%), BHWs (33%), and nurses (19%). Ranked by order of preference, however, doctors come first; midwives, second; nurses, third; and BHWs, fourth.[8]

Health provider skills in providing accurate and correct FP information are deemed essential to make them better motivators and endorsers of FP practice. Improved competency of service providers as both clinicians and counselors is expected to redound to wider public approval of FP. Certain findings of TSAP's focused group discussions with health and motivational workers in Laguna (May 2003) pointed to the lack of competence in FP counseling among public health providers. Interviews with clients indicated negative attitudes towards providers. A few clients even stated that they did not trust these providers, avoided seeking their advice, and refrained from going to the

[8] LGU Family Planning Strategy *In* "Service and Information providers," Department of Health and Johns Hopkins University/Population Communication Services, p. 34

health centers because of them. *The discussions with health providers in turn indicated that they lacked the ability to handle specific FP methods and the confidence to discuss topics such as "dispelling rumors and misconceptions on FP," "fears of side effects," and early marriage.*

(2) Health providers in the industry clinics

Private individual corporations/companies including their business organizations and chambers employ a large number of Filipinos, the majority of whom are in their prime reproductive and sexually active ages. Legislation (under Article 134 of the Philippine Labor Code) provides that companies with 200 or more employees should provide family welfare, including FP services for their employees and their dependents. Family planning is included in the legislation as part of industry or company-based family welfare services required by law. The law further stipulates that companies should provide incentives to workers to adopt FP and that clinic personnel should be trained in FP service delivery. More often, however, companies hire medical personnel who are given non-medical functions and who often end up serving as human resource personnel or administrative staff. Recent visits of the TSAP medical advisor to a number of industry clinics in Laguna, Batangas and Cebu revealed that majority of company doctors and nurses do not have basic training on family planning services; and even fewer have access to the latest updates on contraceptive technology and safety.

(3) Community Volunteers

Public health medical providers are assisted by volunteers and motivational workers known as Barangay Health Workers (BHWs) and Barangay Service Point Officers (BSPOs). BHWs assist midwives who are in charge of barangay health stations under the supervision of City/Municipal Health Officers, the heads of health units. The BHW network in the Philippines remains large and substantial. BHWs perform several tasks: assist the midwives in undertaking barangay counts of service populations, provide pre-post natal care and deliveries in the rural clinics; motivate, follow-up and refer potential or current users; engage in health education and communication campaigns; counsel clients; and re-supply users of selected contraceptives.

Established for community outreach services in the local government units starting in the late seventies with assistance from POPCOM, BSPOs were originally and primarily under the supervision of City/Municipal Population Officers. Their main tasks involved motivating potential FP clients; making follow-ups and referrals of potential or current users; providing basic client counseling; re-supplying users with contraceptives; and, undertaking population/FP information and education campaigns. Declining funding over time along with competing local development priorities contributed to the reduction in BSPO number and activity, although anecdotal evidence from several areas suggest that BSPOs are still active in many areas in the Philippines, although they may be under other local government offices.

VIII. Partner-Stakeholders

TSAP-FP believes that to reach its primary targets, it needs the support of partners who have considerable influence over their respective constituencies. TSAP provides below a list of partner-stakeholders, who will be mobilized to effect changes among the primary target groups.

(1) Medical and health providers' association

Advocacy efforts of the Project under the HP component will primarily target the following through their national, local and provincial chapters in areas where TSAP-FP operates:

i) Philippine Obstetrical-Gynecological Society (POGS)
i) Association of Municipal Health Officers of the Philippines (AMHOP)
iii) Philippine League of Government Midwives (PLGM)
iv) Occupational Health Nurses Association of the Philippines, Inc. (OHNAP)
v) Philippine College of Occupational Medicine (PCOM)

Medical providers' associations also have their own respective professional programs for continuing education. They are in the best position to endorse the inclusion of FP in routine health care services; and, provide avenues for inclusion of information on contraceptive safety and evidence-based FP information.

A case in point is the Philippine Obstetrical-Gynecological Society (POGS), one of the leading and most credible medical associations in the country. TSAP's initial activities under the HP component involved the TSAP Medical Advisor identifying from the POGS specific Ob-Gyns known to be highly supportive of FP, including the modern methods. This started the formation of the EBRM network (need to have more details or complete name of network here). The EBRM network will be linked the to the POGS association's research and service communities. It is also anticipated that the National Institutes of Health (NIH), which is mandated to promote science and technology research and development in health, develop study groups and research programs, establish mechanisms for the dissemination and utilization of research outputs, could contribute in ensuring that the results of EBM are widely disseminated and utilized by a significant number of health providers. Moreover, the Project envisions attaching the core group of EBRM researchers to NIH to enhance their institutional identity as well as help sustain evidence-based efforts in the future.

(2) Medical schools (medical, midwifery and nursing) associations

Teaching institutions in the medical/health field are responsible for producing health providers who are the frontliners of health care, including FP service delivery. Given the limitations of overall in-school curricula specific to family planning, the Project intends to influence administrators of medical, nursing and midwifery schools

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who are also members of medical associations to advocate for incorporation of FP-related knowledge and skills in their curricula. These institutions have also wider reach of influence through their associations, such as Association of Philippine Medical Colleges, and Association of Philippine Schools of Midwifery to name a few.

(3) Professional Regulations Commission (PRC)

Under the Commission are the forty-two (42) Professional Regulatory Boards and one (1) Specialty Board, which exercise administrative, quasi-legislative, and quasi-judicial powers over their respective professions. The 42 PRBs which are created by separate enabling laws, perform among others, the following functions subject to review and approval by the Commission:

- prepare the contents of licensure examinations;
- determine, prescribe, and revise the course requirements;
- recommend measures necessary for advancement in their fields;
- visit/inspect schools and establishments for feedback; and
- adopt and enforce a Code of Ethics for the practice of their respective professions.

The Commission has a Board of Examiners that conducts the licensure examinations for midwifery, nursing, pharmacy, and medicine. TSAP-FP contends that one way of ensuring that population or FP related concepts will be incorporated in school curricula of medicine, nursing and midwifery is for content areas of FP to be included in the licensure examinations of such courses. TSAP will support advocacy to the Commission to ensure this end.

(4) Department of Health (DOH) and Population Commission (POPCOM)

The two important stakeholders of TSAP in its efforts to promote greater social acceptance of family planning are the DOH and POPCOM.

At the national level, the DOH sets policy direction and guidelines. The department issued the national family planning policy (DAO No. 50-A, S.2001). Such issuance defined FP as a health intervention that shall be made available to all men and women of reproductive age. As a program, FP shall focus on the following modern methods, namely: natural family planning (NFP), pills, condoms, hormonal injectables, intrauterine device (IUD), lactational amenorrhea method (LAM), voluntary surgical sterilization such as bilateral tubal ligation (BTL) and vasectomy.

To ensure effective implementation of health policies, the DOH develops protocols and standards on the provision of health services for national and local delivery systems to follow. In the field of family planning, the example is the Family Planning Clinical Standards Manual, which has been used in the service delivery level for years. There has been no effort yet to review or assess if such reference remains relevant to present needs. There is a need to advocate to the DOH for such a review, and if warranted, the inclusion of the latest scientific information on contraceptive technology and safety.

DOH also accredits private and public training institutions that provide basic and Comprehensive FP courses. This is one avenue that TSAP will look into—to influence revision in the content of training modules/curriculums, incorporating evidence-based recommendations to practice. This again needs advocacy from within the /DOH, as well as from various stakeholders, including providers.

POPCOM, on the other hand, had in the past been very instrumental in the organization of BSPOs and even BHWs and community volunteers at the local level. As described in the earlier pages of this report, these non-medical community volunteers had achieved some headway in bringing family planning information to clients at the grassroots level. TSAP-FP will explore opportunities to extend or leverage assistance to regional offices of POPCOM, in limited cases, to upgrade the level of understanding of this group of gatekeepers on modern contraception.

(5) Department of Labor and Employment (DOLE)

This is the department of the national government that promotes gainful employment opportunities and the optimization of the development and utilization of the country's manpower resources. It also seeks to address the advancement of worker's welfare by providing for more humane working conditions and terms of employment.

TSAP sees working with the DOLE as a major avenue to touching base and influencing industry clinics. In principle, this department should monitor and follow up how companies are complying to Article 134. According to Ms. Ruby Amores of DOLE Region IV, the department has limited inspectors to assess actual working conditions and the provision of required benefits in all commercial and industrial enterprises in the country. Initial efforts have been made by the ASM team to link the DOLE with human resource managers of selected industries in Laguna. An advocacy intervention which the project initiated involved profiling industry-based clinics in Batangas, Cavite, and Laguna. Such database will serve as input for DOLE's monitoring as well as serve TSAP's thrust to strengthen the FP capabilities of service providers in the sites.

VIII. Stakeholder Analysis

This section follows the process set forth in the Stakeholder Analysis document prepared by the ASM component. HP similarly differentiates between the terms importance and influence in stakeholder analysis. *Important stakeholders* are those whose views, needs and interests coincide with the objectives of the Project. If these important stakeholders are not involved, then the Project cannot be a success or can only be successful with great difficulty.

Influence refers to how powerful stakeholders are in their sphere of influence, as well as their potential influence on a national level. Influence as applied in the Importance/Influence/Support Matrix is the intrinsic capability of stakeholders to

convince their constituencies as well as those outside their constituencies to take action because of their position in society, financial strength or ability to have the ear of decision makers.

Stakeholders who have high importance and either high or low influence were assessed on their support of all methods of FP and informed choice.

Those who have both high influence and high support are our natural allies in the Project. POGS, which is an important stakeholder under its present leadership, shows high support of FP. In reaching non-health medical providers such as pre-marriage counselors, POPCOM expresses high support to the Project. Those who have high influence but unmobilized support (such as DOH, DOLE, PRC, AMHOP, PNA, PLGM, IMAP, OHNAP, and PCOM) would be the subject of advocacy efforts to maximize their influence. Those who are influential but with support for a limited number of methods would be subject to advocacy efforts in order to neutralize their position. An example of this would be the present top leadership of the Department of Health who is committed to natural family planning.

As an advocacy function of this component, we will work with champions and institutions who/which will show broad-based support for the policy change being pursued. The HP component will work with stakeholders identified in Table 1.

Table 1. Key themes of cooperation with identified stakeholders.

Stakeholder	**Key Theme**	**Proposed Action**
Department of Labor	Article 134 – Health Provider bringing FP to factory workers	- Establish monitoring system for Article 134 compliance - Promote messages on successful FP practice in the workplace
POGS	Positioning POGS as the authority in matters of family planning, sexual/repro health, women's and maternal health	- Promote/and disseminate evidence-based FP information - provide technical assistance to other medical associations
Associations of medical schools	Introducing FP, population dynamics and demography in the undergraduate curricula	- Strengthen FP contents of medical, nursing and midwifery curricula
Professional Regulatory Commission	FP is part of the scope of practice for Physicians, Midwives, Nurses	- Increase board licensure examination questions on FP, population dynamics and demography

Department of Health	FP needs systems support	- Review /revise Standard FP Manual - Improve OB-Gyn Residency Training Prog.; Basic FP Comprehensive Course; Post-Partum Contraception Program
Public Midwife Association	Promotion of more effective FP contraceptive methods	-Improve their promotion of FP methods - Improve their counseling skills
Public Physician Association (e.g. AMHOP)	Integration of FP in routine health delivery	- Integrate FP in routine health care delivery - Strengthening FP counseling competencies

IX. Overall Strategy and Activities

A. Use of EBM to provide accurate information on modern contraception

EBM will only work if presented in a manner that will be understood by all health providers, not just doctors. The primary outputs of EBM are Critically Appraised Topics (CATs), which are reviews of the latest scientific findings using meta-analysis techniques on contraceptive safety issues. These CATs will have to be packaged into formats that are accessible to all health professionals. Moreover, health providers will have to be trained in their use.

The following activities will be implemented to maximize the value of EBM in making health providers more effective providers of FP service as well as more effective motivators, counselors and endorsers of family planning.

1. Organization of the Philippine Evidence-Based Reproductive Medicine Network (PhilEBRMNet)

The PhilEBRMNet is presently composed of 16 doctors (OB-GYNE) who have been trained in EBM. This network will:

- Conduct of literature search for interested parties on matters referring to the mechanism of action of the different family planning methods, their safety and side effects
- Serving as a panel of resource persons on issues regarding contraceptive technology & contraceptive safety.

- Represent a speaker's bureau for seminars, forum & continuing education activities for the medical practitioners & other health care providers e.g. midwives and nurses.
- Serve as a panel of advocates for the promotion of family planning as a strategy in responsible parenthood, safe motherhood & reproductive health.

2. *Development of CATs and evidence-based guidelines for contraception*

- Production of CATs packages which include the CATs spiral notebooks, newsletter, and User Guide. The spiral notebook will contain stand-alone topics that could readily be updated. The Newsletter will be the venue of open discussion of topics in light manner. The User Guide will be an accompanying document for trainers and medical users.

- Popularization of CATs packages essential in the production of IEC/advocacy materials. Localized information and IEC materials will be developed making use of evidence-based packages. Other forms of adaptations of the CATs will be explored for utilization and better understanding of non-medical readership.

3. Conduct of dissemination forum on the utilization of CATs to a core group of other medical professionals

Specifically this group must include obstetricians-gynecologists; industrial physicians; midwives and nurses; and, DOH national and regional trainers.

4. *Selection of some EBRM-Net members who will assist the DOH and POGS to develop evidence-based guidelines for contraception for the public healthcare system and POGS members, respectively.*

EBRM-Net members who have advanced EBM skills and are candidates to assist in the guidelines process would include network leader Dr. Mario Festin, Dr. Lora Tansengco, Dr. Jericho Thaddeus Luna, and Dr. Guadalupe Villanueva. The evidence-based contraception guidelines will be incorporated in the revised DOH Standard Operating Manual for Family Planning Service Delivery and can also be proposed for adoption by other professional societies, such as PAFP, IMAP, PCOM and OHNAP.

5. *Establishment of institutional linkages with the National Health Institute (NIH) to sustain the Philippine EBRM network study group*

The issue of a physical center for the EBRM network is recognized. There should be an agreement among a number of medical academics and scientists representing multiple medical disciplines where to house it and maximize its potential. The NIH is envisioned as an ideal possibility. In the long-term, however, EBM as an approach in family planning should be institutionalized in other medical schools across the country, in various medical disciplines to include family medicine. In essence, the institutional linkage will provide the EBRM network the following access:

- Administrative support
- Virtual library resources, possibly in conjunction with the Pfizer or Merck, Sharpe and Dohme (MSD) virtual libraries
- Grant money and corporate sector (pharmaceutical company) support
- Educational, training and web-based platforms to disseminate EBM-FP information and teach EBM skills
- Mandates and grants to perform evidence-based clinical guidelines for contraception
- Promotional and public relations support, for example, the EBRM-Net could be offered a platform to introduce EBM-FP during the NIH's "Science and Technology Week" in July

B. Revision of basic and other FP training courses, guidelines and protocols

The HP component of TSAP will support dialogue with and advocacy (as defined in TSAP-FP's Advocacy and Social Mobilization Plan) to the DOH for the revision of FP training courses, guidelines and protocols. Once the DOH approves this activity, TSAP will provide technical assistance to the DOH to institute changes in the *1998 edition of the Family Planning Manual; Basic Comprehensive FP Course*; *Residency Training Program to include FP counseling and provision of FP method*; and *Policy on post partum contraception in hospitals.* HP will work for the revision of the earlier mentioned standards and protocols because they have been determined to be outdated and hinder rather than help the promotion of FP practice in the country.

To update the 1998 edition of the Family Planning Clinical Standards Manual, we will formally propose and obtain a department order from the DOH. The TSAP-FP, with the technical guidance of Dr. Mario Festin and select members of the EBRM-Net, will advocate to the DOH to organize a task force to propose updates in the guidelines and protocols. Tasks will include conducting a workshop on how to do evidence-based clinical practice guidelines; setting the agenda; identifying and involving the stakeholders; conducting series of public fora for stakeholder analysis; conducting peer and editorial review prior to publication, among others. The timeframe for completing the updated family planning clinical standards manual is expected to be one year.

We will likewise seek to obtain a department order from the DOH to introduce definitive and purposive prenatal and postpartum family planning (contraception) protocols in DOH-retained hospitals, particularly those hospitals with large numbers of delivery and abortion cases. A review of admission and discharge statistics of DOH-retained hospitals and provincial, city, LGU, and district hospitals reveal that deliveries and abortions are the leading causes of admissions and deliveries.

We will also extend assistance to DOH in the review and update of the content and syllabi of the Basic Comprehensive Family Planning Course. The purpose of this exercise is to incorporate competency-based and basic EBM skills appropriate for doctors,

nurses, midwives, counselors, barangay health workers and barangay volunteer population officers; strengthen family planning promotion, motivation, counseling skills and to introduce EBM-FP as an effective methodology for addressing fears, misconceptions and side effects of contraceptive methods; and recommend/design course curricula appropriate for specific categories of family planning providers: the industry-based (the lengthy 35-day course for industrial company physicians is a barrier), re-supply points, or hospital-based with bilateral tubal ligation (BTL) and non-scalpel vasectomy (NSV) capabilities.

In conjunction with POGS, the DOH Women's Health Development Program and the DOH Hospital Accreditation Program, we will formally propose and seek to obtain a DOH order to review and update the residency training program in obstetrics and gynecology being adopted in DOH-retained hospitals with board-accredited residency training programs. The purpose is to strengthen the family planning rotation of the program to such a degree that the resident is skillful not only in the provision of all methods but also in family planning promotion, motivation and counseling (even to clients and patients of other departments); incorporate outreach community based family planning services including BTL and NSV; and convert the Department of Obstetrics and Gynecology as skills training centers in Basic Comprehensive Family Planning Courses and BTL and NSV.

C. Integration of FP in curricula of medical, nursing, and midwifery education

The TSAP-FP medical team argues that the inclusion of FP related-questions in the board examination is the best way to ensure that FP contents will be integrated in the medical curricula. Further, we will initiate meetings with the Professional Regulations Commission (PRC) board examiners to agree on the best way to increase competency testing on topics regarding family planning and modern contraceptive methods. At the same time, TSAP-FP will advocate to medical school associations and enhance their capacity to integrate FP in their curricula.

D. Promotion of EBM-FP among health providers and professional groups

A social marketing approach will be used to promote EBM-FP. EBM-FP will be integrated into the TSAP-FP tactical "professional endorsement" campaign. It is envisioned that select members of the EBRM-Net will be spokespersons in the campaign, presenting evidence that supports the effectiveness, safety and benefits of modern contraceptives. (Alternatively, the EBRM-Net could choose a medical spokesperson to speak on their behalf, such as Dr. Lyra Chua, the current POGS president.) The tactical advertising would be explicitly attributed to the EBRM-Net, possibly in association with POGS, the National Institutes of Health, and other professional societies to enhance message acceptance and credibility. Tactical advertising executions will include radio, print and television.

On public relations, we will generate opportunities to engage influencers and the media in interactive events, and will conduct proactive media relations to generate publicity for EBM-FP. Activities will include EBRM-Net launch event; EBM-FP

presentations and interactive workshops; radio and television interviews; and media relations. (The above activities are also reflected in the BCC strategy.)

E. Access to continuing medical education of professional organizations

Key to promotion and dissemination of EBM-FP is its integration in the continuing medical education programs hosted by medical professional associations like the POGS, AMHOP, PNA, PLGM, IMAP, OHNAP, and PCOM.

With PLGM in particular, the Projects hopes to see spillover effect on the popularization and dissemination of critically appraised topics in family planning. This midwives' association has 68 local chapters distributed in 16 regions and major provinces/cities in the country.

The project will mobilize the Integrated Midwives Association of the Philippines (IMAP), the Philippine Board of Midwifery, the PLGMI to influence DOH to duplicate in DOH-monitored hospitals the Midwifery Residency Training Program as introduced at the Dr. Jose Fabella Memorial Hospital (if not the whole course, at least the Family Planning Module and the Industrial Midwifery Module).

With AMHOP, the Project intends to provide updates on family planning to municipal health officers who are usually doctors and their allies as well (the nurses and midwives of LGUs). At the local level, these are the service providers who will catalyze the integration of family planning in their health services.

F. Capacity Building

1. Orientations and education of target health providers

As stated above, one issue against some health providers is their inadequate "bedside manners," meaning a seeming insensitivity to the problems confronting the FP counselee and difficulty in communicating during interpersonal situations. Many have also fallen behind in their knowledge of FP technology and safety.

HP aims to move the health provider from being a clinician to that of a counselor, then as a local advocate and finally an FP champion publicly promoting FP even to national leaders. The progression shows the expansion of the health provider's circle of influence, from working more effectively with clients, to becoming a local or community advocate, and then finally a champion working for increased support for FP among national leaders and broad sectors of the population.

The Phil EBRM-Net will work with the TSAP-FP in the conduct of orientation and interactive workshops for better understanding, appreciation and utilization of the CATs and EBM information for the following groups:

- OB/GYNs, in conjunction with POGS
- Midwives, in conjunction with the Philippine League of Government Midwives Inc. (PLGMI)
- Pharmaceutical company and DKT management and detailers, in conjunction with the Commercial Market Strategies (CMS) project
- Occupational physicians and nurses (in the industrial zones), in conjunction with the Philippine College of Occupational Medicine (PCOM) and the Occupational Health Nurses Association of the Philippines (OHNAP) (this has not been discussed above- can we insert something re industrial zones and OHNAP in industry-based and DOLE sections)
- Municipal health officers, in conjunction with the Association of Municipal Health Officers of the Philippines (AMHOP)
- Local government unit (LGU) physicians, midwives and nurses, in conjunction with provincial health officers and Centers for Health Development (CHDs)
- Department of Health (DOH) hospital providers and regional officers, in conjunction with the DOH training officer and OB/Gyn chairman
- Population officers of POPCOM in the regions and community volunteers

2. Training in media and public speaking of FP champions

In collaboration with the ASM and BCC components, select health providers will be trained in advocacy and media relations' skills. (This is also reflected in both the ASM and BCC plans.) Selected midwives will be trained in public speaking so they can effectively fulfill their roles as FP champions.

G. Technical Assistance to POPCOM, PBOG, LGUs, and DOLE

Considering the new direction of POPCOM in the light of its March 2003 attachment to the DOH, the Project intends to provide assistance in strengthening their regional offices as fallback resource in the provinces. In particular, TSAP-FP will initially help some regional POPCOM offices and their partner LGUs to assess their pre-marriage counseling program and manual. TSAP, however, intends to endorse this need to the forthcoming HELP-LGU Project.

The EBRM-Net will also assist the Philippine Board of Obstetrics and Gynecology (PBOG) and the Philippines Obstetrical and Gynecological Society (POGS) in developing evidence-based guidelines for contraception. Given limited resources and the amount of effort involved in formulating and establishing clinical guidelines, the PBOG/POGS guidelines exercise will be coordinated with the DOH Family Planning Clinical Standards Manual effort. Most importantly, the OB/GYN family planning

guidelines should note that tubal ligation and vasectomy services are a covered benefit through the Philippine Health Insurance Corporation (PhilHealth).

Toward promoting industry compliance with Article 134, we will work with the DOLE to improve its rapid assessment tool for annual inspection of industry clinics to determine if they are in compliance with Article 134, which requires all companies with over 200 employees to provide free contraceptives. In addition, we will explore with DOLE industry incentives and disincentives for non-compliance. On the incentive side, we will implement a testimonial strategy, working with business groups such as Jollibee that have realized corporate savings and reduced absenteeism by facilitating the ability of their employees to practice family planning. On the disincentive side, we could explore options such as publicizing companies' non-compliance or bringing non-compliance to the attention of labor unions.

The Phil EBRM-Net will receive technical assistance from local resource persons, such as Dr. Mario Festin, currently the network's leader, and other Filipino EBM trainers who are experienced in teaching EBM skills. There are concurrent efforts to promote EBM in the Philippines and one of the leading proponents is Dr. Antonio Dans, who heads the Asia Pacific Center for Evidence-Based Medicine (APCEBM). (Efforts will be made to link the EBRM-Net to the APCEBM.) Dr. Dans is a contributor to the latest edition of the books "How to Teach and Practice EBM" and the "User's Guides to Medical Literature." Dr. Dans coordinates annual EBM training workshops in the Philippines and has a team of experienced EBM skills trainers, including Dr. Mario Festin. In addition, the EBRM-Net will continue to receive EBM skills training and technical assistance from the International Center of Evidence-Based Medicine (IC-EBM), which is headed by Dr. Fred Tudiver. The IC-EBM is based at East Tennessee State University but actually consists of a network of university-based EBM proponents who are located in the United States, Canada and elsewhere. Apart from the Philippines, the IC-EBM has worked or is currently working with Futures Group to incorporate EBM into family planning and health programs in India, Russia and Egypt.

X. Monitoring and Evaluation

How do we assess our progress and the success of interventions? The following M&E mechanisms will be employed to monitor the progress and evaluate the success of the HP interventions:

A. Baseline and Post KAP of Health Providers

A research organization will be commissioned to conduct a baseline study to determine the prevailing knowledge, attitudes, beliefs and practice (KABP) among family health care providers in public health facilities/hospitals and industry clinics on modern contraception. The study will find out how health providers keep themselves updated on medical science in general and on specific knowledge of evidence-based medicine. Findings will be used as sound basis of capacity building strategies for selected groups of health providers within the project life. Further, the research is also envisioned

to establish a database of health providers in public health facilities/hospitals and industry clinics offering family planning in TSAP priority areas.

In order to measure percentage of health providers in public health facilities/hospitals and industry clinics having correct knowledge of specific FP methods and providing correct information on specific family planning methods to clients (IR), a post study will be conducted at the end of project life to find out the significance of our interventions.

B. Process Documentation of Activities

The project values process documentation because it fosters reflection, analysis, and real-time learning. It also collects in-depth data on contextual factors that are hard to measure in other ways. In addition, it gives the Project management a tool for sharing lessons about the challenges, opportunities, and complexities of strategies and interventions. To ensure collection of data that will add to the wealth of knowledge on the capacity and performance of local partners, the project whenever necessary will institute documentation of important activities and landmarks particularly, orientations and trainings.

Publicity and Quick Response Plan (Interim)

An Overview of Family Planning in the Philippines

Efforts to promote Family Planning in the Philippines started in the 1970's when the Philippine government actively and vigorously pursued it as a program. In the late 1980's, however, the Family Planning Program did not receive encouragement or support from the government when a strongly Catholic national leadership followed the Catholic Church's position of emphasizing only natural FP methods. Up to now, the national leadership is adamant at an aggressive FP program. And the momentum created by FP efforts in the 70's and early 80's has remained stalled.

Family Planning in the Philippines has, therefore, been often described at best as "high in awareness level but not as effective in practice."

Expectedly, opposition to a comprehensive FP program comes from the Catholic hierarchy in the country. Catholic Church's official position on the matter explicitly prohibits artificial family planning methods and allows a comprehensive management of the FP program.

Further, Jaime Cardinal Sin, the influential Archbishop of Manila, stated in his Circular dated October 16, 2002, that the Church supports the program if implemented and followed as a Catholic program that brings about responsible parenthood. It should not be a vehicle program to address the country's population control problems.

The Catholic Church is currently vocal in its stance against Reproductive Health Bill (HB 4110) which is currently in Congress for deliberation. HB 4110 seeks "to establish a reproductive health care program that will educate women and men about reproductive rights and provide them with information that would include the relative benefits and risks of family planning methods."

Aside from the very strong opposition from the Church groups, Family Planning efforts in the country suffers from widespread misconception among the target users about the safety of modern contraceptive methods. While past published campaigns and write-ups re FP have somewhat adequately generated public awareness on FP methods, it seems like safety and medical issues have not still been properly addressed, more so resolved.

Opposition notwithstanding, recent surveys show a surprisingly strong public opinion in favor of FP. Based on the 2000 "Ulat ng Bayan" Survey of Pulse Asia, 9 out of 10 Filipinos agree that family planning is important. Other relevant findings are as follows:

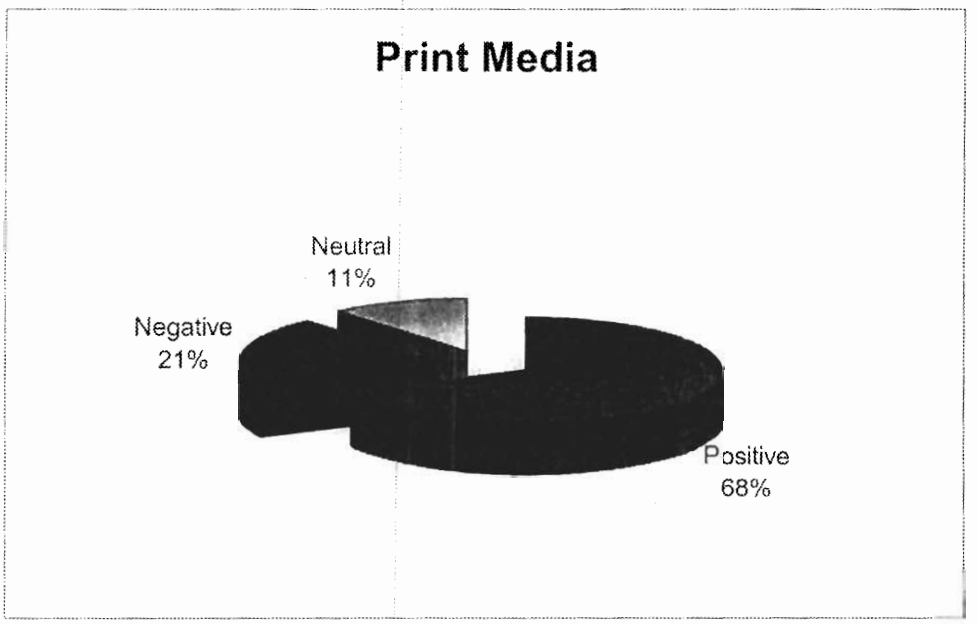
- 8 out of 10 say that electoral candidates favoring family planning should be supported.

- Remarkably high levels of awareness of contraceptives ranging from 82% to 95%.
- 72% personally agree with the issue of teaching family planning to all citizens.
- Nearly 7 out of 10 are of the opinion that FP services should be made accessible to married or unmarried women.

Philippine Media and FP

In the Philippines, there are nine nationally circulated newspapers, 22 tabloids circulated in Metro Manila and peripheral cities, 6 national commercial television stations; and roughly 25 national AM and FM radio stations. Complementing national mass media are regional and provincial publications, radio and TV stations, as well as Cable TV.

A compilation of newspaper clippings on FP taken from October 2002 to January 6, 2003 indicate that out of a total of 106 clippings monitored, 72 of the releases presented positive sides, 12 were neutral and 22 were negative.



The neutral articles were matter-of-factly as stated statistics on population, birth control methods and family planning related events were presented without giving a clear opinion.

From the summary of media reportage on family planning and birth control issues over a three-month period and from recent media coverage, it can be gleaned that there is a potential for a groundswell of support for family planning among media practitioners. On the other hand, the main opposition to Family Planning, the Catholic Church, has been observed to be also using mass media to oppose

a comprehensive family planning effort in the country. It therefore becomes a challenge for us to properly harness media in support of all efforts aimed at making FP a socially acceptable proposition in the Philippines with a high level of practice.

An Interim Publicity and Crisis Management Plan

This publicity and crisis management plan intends to address various public relations issues on Family Planning for the time being that a program with a repositioned FP concept is not yet implemented. Specifically, this Plan aims:

- To lay the groundwork for the launch of a repositioned FP concept by ensuring a conducive environment for FP efforts in Philippine mass media,
- To quickly and effectively address issues deemed negative or unfavorable to FP, and
- To provide target audience with correct and relevant information on FP and related issues.

Basic Stance

Family Planning in the Philippines needs to be socially accepted as a solution-oriented belief system that upholds responsible parenthood.

Target Audience

Parents and couples,
Men and women of reproductive age,
Youth & working professionals
Socio-economic levels B, C, D, and E
Decision-makers, influentials, educators and media

Project Period

January to June 2003 (interim period pending the production of the forth-coming tri-media campaign)

Approach

Based on the mentioned objectives, publicity efforts will be implemented through two major components, namely:

1. A pro-active publicity campaign, and
2. A reactive, crisis management and response campaign.

Pro-active Publicity Campaign

The pro-active publicity campaign aims to strategically build concern and awareness in family planning among the target audience. Hence, the end goal is to pave the way for the forth-coming tri-media campaign. This will be done in two phases, split equally across the allotted period.

Phase 1 will create an atmosphere conducive to the communication of FP facts and information. This phase includes presenting situations, facts, and figures that would eventually incline the audience's opinion towards the relevance of FP.

Phase 2 will present FP as the ideal solution that will address the presented situationer. This phase will consist of basic FP information, addressing common myths, presenting role models and champions of FP.

Press/Information kits will be distributed in relevant venues (e.g. press conferences, media tie-ups). Likewise, materials for radio will be distributed on a regular, periodic basis.

Following is a proposed schedule of publicity materials for media distribution

Month	Theme/ Issue	Story Angle/ Headline	Section
January	• *Meeting of Families, Jan 23-25*	1. The Filipino Family Today- a feature on the plight of the Filipino family, the challenges of poverty. *(Objective: To make audience aware of the difficulties of being a parent)*	Lifestyle/ health
		2. Poverty, Population and the Economy – Presents latest figures on population and development issues. Lists the implications of these figures in the country's economy *(Objective: will bring to attention the negative effects of overpopulation, make people realize the importance of population control)*	Business
		3. Radio material: Population & Development on the Rise - Presents latest figures on population and development issues.	
February	• Valentine's Day • Relationships/ Couplehood	1. Sex and the Single – Informative article on the prevalence of pre marital sex in the present. Will cite statistics and surveys. *(Objective: to bring to the attention of the audience the prevalence of sex and its emotional and physical side effects)*	Health/ lifestyle
		2. Teenage Mothers- an article on the prevalence of young, unwed mothers due largely to ignorance on the repercussions of sex. Will concentrate on the negative side effects this has on their lives. *(Objective: To give the audience a clear picture of the difficulties a young, unwed mother has to face, inform them of adolescent reproductive health)*	Youth

		3. Radio material: Teenage pregnancy, Sex and the Single - Presents latest figures on the sexual behavior of youth. (possible source: YAFS study)	
March	• *Women's month*	1. This Filipina -a caricature of the modern Filipina as informed about her rights, and in control of her health. *(Objective: to give a clear picture of the modern Filipina Woman and the importance of women's health)* 2. Women: Beyond Home Economics - presents statistics re: modern women; a look at the role of and the challenge women face in a developing economy *(Objective: to portray the modern working woman and all the difficulties she has to face)* 3. Radio material: Women in the Workplace - Presents latest figures on women at work and other related issues.	Lifestyle/ women's magazines business
April	• *Holy Week* • FP provides couples with a choice, considers religious beliefs • FP is part of the Filipino value system	1. Family Planning 101- informative article that separates facts vs. myths on the issue of FP. Highlights how FP provides couples with a choice that suits their religion, what to do when choosing an FP method based on religion *(Objective: to separate facts from fallacies regarding FP)* 2. Family Planning, Filipino-style -features how FP matches Filipino values such as *paggalang,* close familial ties, *pagka-masinop*, by featuring 2 families- one who practices FP and one who doesn't. *(Objective: to give audience a concrete example of the benefits of FP through families they can relate with)*	Lifestyle/ family lifestyle

May	• *Mother's Day* • FP promotes responsible parenthood, saves lives	1. Mother Knows Best – Testimonial from a well-known personality and mother who is enjoying the benefits of practicing FP *(Objective: to inform audience of the benefits of FP to a woman's health)* 2. A Mother's Choice -provides tips and hints for mothers on choosing an FP method, prenatal care to prevent abortion. *(Objective: to clearly outline different FP methods that may be used and to show that FP does not endorse abortion)*	Lifestyle Health
June	• *wedding month, Father's Day* • FP promotes responsible parenthood, encourages male involvement	1. Macho Man highlights men's role in FP, responsible parenthood, redefining the Filipino male as one who involves himself actively in FP, a human interest story on a man who has been vasectomized *(Objective: to show that men play a vital role in FP, it is not just the woman's responsibility)* 2. His, Hers, Theirs - features the roles of husband and wife in FP, tips on how to choose the best method *(Objective: to stress responsible parenthood and its positive effect on the entire family)*	Lifestyle Lifestyle/ health

Crisis Management and Response Program

In times of crisis, the team ideally takes the lead in informing the concerned groups and parties regarding the issue with a recommended course of action. The agreed upon action will then be implemented. This response program will act independently from the publicity plan.

Key Messages & Responses

Responses emanating from agency will address negative messaging and mis-information regarding FP. This is intended to balance issues raised as well as to further the cause of FP in the Philippines. Our key messages/responses (based to prominent negative issues) are as follows:

1. Re accusations that FP promotes and legalizes abortion:

"Family planning is not abortion. It, in fact, prevents abortion. Modern family planning methods are not abortifacient."

2. Re accusations that FP destroys the family:

"Family planning saves lives – both for spacing and limiting. It allows the couple to choose the number of children that they can raise well (responsible parenthood)."

3. Re accusations that FP is coercive:

"Family planning provides a voluntary choice of methods, including natural methods, which the couple can choose depending on their situation, conscience, cultural background and religious beliefs."

4. Re accusations that FP is a foreign imposition:

"Family planning, which involves the promotion of both natural and artificial methods, is a program of the national government borne out of its development objectives."

5. Re accusations that FP is anti-health:

"Family planning is part of a healthy lifestyle as parents and children are provided ample attention and care."

Organization and Logistics

Crisis Team. This group will implement all activities of the approved plan. On the lead is the Communications Advisor who will work in tandem with Corporate Image Dimensions led by Managing Director Larry Zurita. Team members include Program Supervisor Jody L. Montealegre, Program Managers, writers, Media Relations Officer, Media Monitoring Officer, and Executive Assistant.

The Communications Advisor will be based in AED offices while the rest of the team will be based in the office of Corporate Image Dimensions.

The team will:

- Relate with media assets
- Monitor media results
- Prepare media monitoring reports
- Manage prompt media response requirements during crisis periods
- Handle coordination, identifying and briefing of officially designated spokespersons
- Monitor timeline for project implementation
- Manage budget appropriations
- Prepare campaign reviews and reports

Project Directory. The Crisis team will maintain a readily available listing of resource persons, trained spokespersons and organizations. The list includes contact numbers, addresses, e-mail for easy communication and accessibility. E-mail address should be arranged through an anonymous, non-descript address (e.g. Yahoo) to maintain confidentiality of project management. Internally, CID will have a directory that will provide the residence phone and mobile number listing of the crisis team.

Media Monitoring. A comprehensive tri-media monitoring system will be provided during the total campaign period. An analysis of media coverage of issues affecting FP will form the basis of response for the day in line with the monthly thematic publicity efforts. A compilation and summary of media reports will be made available for review.

Training/ Orientation Sessions. All people involved in the project should have a considerable uniform understanding of the issues affecting FP. Training/ orientation seminars will be scheduled for them as necessary. The same goes for spokespersons and other key personalities.

Response Criteria. Crisis team will determine the most effective method of response based on the characteristics of the issue that needs to be addressed. Generally, response would depend on the following:

1. Media vehicle, size and reach
2. Message
3. Speaker (e.g. degree of influence)

Response Action Plan. A standard response action plan will set the professional framework for crisis situations that may arise during the total project campaign. The following aspects are the priority concerns for the effective implementation for FP's Response Action Plan:

1. Preparedness to handle any crisis situation,
2. Promptness of response, and
3. Proper action taken to address the issue at hand.

Being prepared. Being proactive on FP and related issues requires the crisis team to efficiently monitor news updates and articles published on print and broadcast on R/TV. The team will be abreast on news developments and should have a keen understanding on FP and its issues. Such information can be collated in a news kit to include a fact sheet, a general statement re FP and pertinent topics to FP which will be produced and made available for concerned working parties only.

Prompt Response. The crisis team will be responsible for the prompt response of AED and FP-concerned organizations through a pool of assigned spokespersons re critically published or broadcast news on FP. Thus, the Project Directory will also be regularly updated.

Proper Action. The team will make spokespersons be accessible to the media particularly in times of a crisis situation, i.e., being "one phone call" away which should trigger a required action in terms of releasing an editorial, a column, a news item or feature. The assigned spokesperson and the lead person in the crisis team should be made available for queries, questions and statements about the exposed issue.

Internal/ External Assessment. Communications Advisor will conduct weekly evaluations on the performance of the team vis-à-vis status of issues. Monthly meetings will be scheduled to evaluate internal and external efforts.

Measures of Effectivity

Success or failure of the program will be measured by the following:

1. Number of positive versus negative publicity
2. Number of media personality in favor or who agree to promote FP
3. Opinion polls

Annexes:

1. Response action sheet
2. Project evaluation form
3. Media assets and possible spokespersons
4. Press/ Info kit outline of contents

RESPONSE ACTION SHEET

1- Incident

- **Media**

  _____

- **Non-Media**

  _____

2- Response

- **Media Release**

  _____

- **Interview date**

  _____

  - **Spokesperson**

    _____

  - **Organization**

    _____

  - **Remarks**

    _____

3- Summary

4- Follow-up/ Next Steps

THE SOCIAL ACCEPTANCE FOR FAMILY PLANNING

Project Evaluation

For Internal Evaluation	Excellent	VG	G	F	S
1- Efficiency	( )	( )	( )	( )	( )
2- Understanding of issues	( )	( )	( )	( )	( )
3- Involvement in FP	( )	( )	( )	( )	( )
4- Media Strength	( )	( )	( )	( )	( )
5- Situation management	( )	( )	( )	( )	( )

COMMENTS:

RECOMMENDATIONS:

For External Evaluation	Excellent	VG	G	F	S
General Public					
1- Reach to target market	( )	( )	( )	( )	( )
2- Achieved comprehension level of audience	( )	( )	( )	( )	( )
3- Influence created on audience	( )	( )	( )	( )	( )
4- Empowering the audience to support FP	( )	( )	( )	( )	( )
Media					
1- Achieved support from media	( )	( )	( )	( )	( )
2- Quickness of media response	( )	( )	( )	( )	( )
3- Achieved balance of media views presented	( )	( )	( )	( )	( )

COMMENTS:

RECOMMENDATIONS:

Prepared By:
Corporate Image Dimensions

Cleared By:
The Academy for Educational Development

PUBLICATIONS

Broadsheets

1. Phil. Daily Inquirer
2. Manila Bulletin
3. Philippine Star
4. BusinessWorld
5. Manila Times
6. Daily Tribune
7. Malaya
8. Manila Standard
9. Today

Tabloids

1. People's Journal
2. People's Tonight
3. People's Taliba
4. Tempo
5. Abante
6. Abante Tonite
7. Balita
8. Remate
9. Remate Tonite
10. Bandera
11. Tumbok
12. People's Balita
13. Saksi Ngayon
14. kabayan
15. Pilipino Star Ngayon
16. Bulgar
17. RP Daily Expose
18. Banat

COLUMNISTS

1. Domini Torrevillas – Phil. Star
2. Rina Jimenez-David – Phil. Daily Inquirer
3. Winnie Monsod – BusinessWorld
4. A.G. Romualdez, Jr. - Malaya
5. Ike Señeres – Daily Tribune
6. Marit Remonde – Manila Times
7. Manolo Jara – Manila Times
8. Conrad De Quiros - Phil. Daily Inquirer
9. Ramon Tulfo – Phil. Daily Inquirer

10. Federico Pascual – Phil. Star
11. Greg Macabenta – Businessworld
12. Teddy Benigno – Phil. Star

COMMENTATORS / AM RADIO

1. Deo Macalma – DZRH
2. Korina Sanchez – DZMM
3. Jay Sonza – DZXL
4. Rey Langit – DWIZ
5. Mike Enriquez - DZBB

- Deskmen and reporters from TV Stations
  ABS-CBN 2; ABC 5; GMA 7; RPN 9; IBC 13; Net 25; ANC 21; Zoe 11

Other media that we will be tapping for assets include:

- Women's magazines,trade publications, health publications, showbiz/celebrity publications
- Provincial dailies, i.e. Sunstar, Freeman, Davao Post

The formation of a large pool of media assets will not happen instantaneously. We will have to start with a small core group, gradually expanding into various media groups through consistent media relations efforts and media briefings.

List of Possible Spokespersons:

BUSINESS SECTOR :

1. Guillermo Luz
   Makati Business Club
2. Emil Piansay
   Mindanao Business Council Trustee
3. Miguel B. Varela
   President of Philippines, Inc.
   and Phil. Chamber of Commerce and Industry (PCCI)

RELIGIOUS SECTOR

1. Bro. Eddie Villanueva
   Iglesia Ni Kristo
2. Fr. John Schumacher, S.J.
3. Philippine Independent Church

LABOR SECTOR

1. TUCP
2. Rene Cristobal
   Employers Confederation of the Phils.

MEDIA

1. Rina Jimenez-David – Columnist / Phil. Daily Inquirer
2. Winnie Monsod – Columnist / Businessworld
3. A. G. Romualdez, Jr. – Columnist / Manila Times
   (former DOH secretary)

GOVERNMENT

1. Dir. Tomas Osias
   POPCOM (Population Commission)
2. NEDA
3. DOH
4. NSO

SENATE :

1. Senator Rodolfo A. Biazon (Author of House Bill 4110 in Senate)

HOUSE OF REPRESENTATIVES

1. Rep. Bellaflor Angara Castillo
2. Rep. Gilbert Remulla
3. Rep. Crisel Lagman-Luistro
4. Rep. Robert Ace Barbers
5. Rep. Carmen Cari
6. Rep. Antonio Eduardo Nachura
7. Rep. Reynaldo Uy

MOVIE INDUSTRY

1. Ogie Alcasid and Michelle Van Eimeren
2. Rosanna Roces
3. Janno Gibbs and Bing Loyzaga

ACADEME

1. Alejandro Herrin
   UP Economic Professor

2. Corazon Raymundo
   UP Population Institute, Professor

YOUTH

1. Jolina Magdangal
2. Judy Ann Santos

FAMILY & SEXUALITY

1. Dr. Margarita Holmes
2. Bob Garon

Other local agencies :

1. PPO (Provincial Population Office)
2. WomenHealth Philippines
3. Family Planning Organization of the Phils.
4. JSI Research and Training Institute
5. Well-Family Midwife Clinics

OTHER RESOURCE PERSONS

- Rina Marcelo for gender issues
- Vic Tirol for writing
- Billy Lacaba for writing
- Dr. Janice Melgar for medicine
- Guy Custodio for women's issues
- Diana Mendoza, health beat reporter (DOH press corps)

Press Kit Contents

1. Fact Sheet: General Facts and Figures related to family planning
    a. Population and development figures (eg. Demographics, YAFS)
    b. Opinion polls directing towards the need for FP programs

2. Fact Sheet: Family Planning in the Philippines, a history
    a. History of government initiatives
    b. Listing of private sector initiatives
    c. Current programs

3. Fact Sheet: Family Planning general info
    a. Kinds of FP methods
    b. FP myths vs. facts

4. POPCOM statement on FP

5. general statement from opposition/ analysis of messages against FP

6. Contacts for more sources/ info (e.g. PLCPD, POPCOM)

7. News or Photo release (depending on event)

(Contents would highly depend on its relevance to the event/ situation where the kit will be distributed. Variation of contents may occur.)

Other possible contents:

1. *Agenda of event*
2. *Speeches (if event)*
3. *Curriculum vitae of speakers*
4. *Position papers, abstracts (if convention)*

TSAP-FP

Final Report

Project DYNASTY: A Qualitative Study on Family Planning

March 31, 2003

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ACNielsen

Project DYNASTY: A Focus Group Discussion on Family Planning

TSAP - FP

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Appendix C: Profile of Respondents 77
Appendix D: List of Health Center 85

Opinion Statement

ACNielsen certifies that the information contained in this report has been compiled in accordance with sound market research methods and principles, as well as proprietary methodologies developed by, or for, ACNielsen. ACNielsen believes that this report represents a fair, accurate and comprehensive analysis of the information collected from the focus group discussions.

ACNielsen

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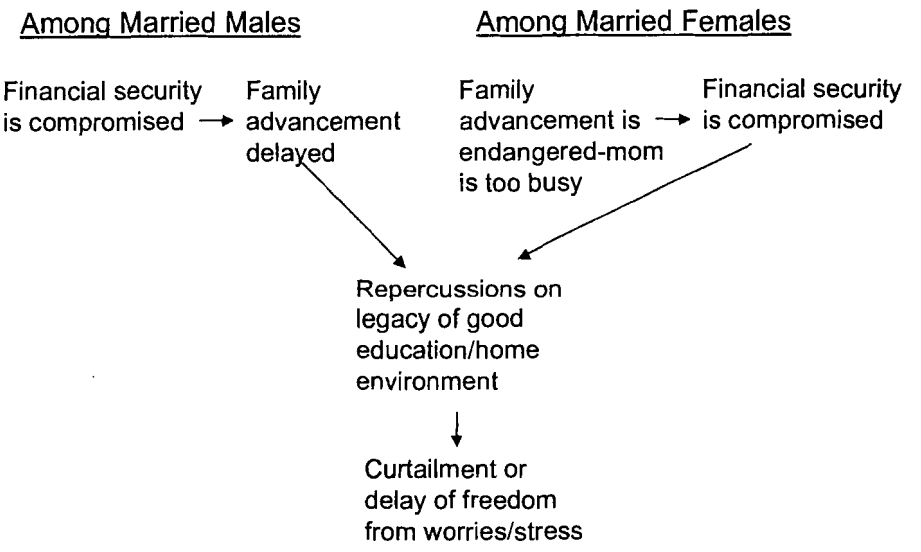
Executive Summary

- Groups are found to be aware of most contraceptive practices.
- Accessibility and advertisement in whatever form appear to be key factors to high awareness.
- Pills and condom are the modern methods that have a high awareness.
- Withdrawal is commonly used by teens as an entry level method to prevention of pregnancy in coitus. Friends are the source of information on this.
- The calendar method has a high awareness not only among users of withdrawal but also among users of pills and condom. Some users of pills and condom use the calendar method in tandem with their own to ensure a 'fail-safe' method in preventing pregnancy.
- Most respondents have heard about other methods like IUD, ligation, vasectomy but these methods have low acceptance due to their many perceived effects. Ligation and vasectomy are methods that are known to have a permanent effect, thus are perceived to be best for older females and males respectively, who are really sure they do not want another child.
- Barriers to trial of methods like pills, condoms, IUD, injectibles, and ligation appear to be hinged on the following key factors:
  - awareness of the method
  - affordability (which also has something to do with compliance)
  - ease of use
  - fears on safety of the method, that is, no side effect
  - perceived effects on users
  - comfort level of user
  - accessibility
- Values of 'Pinoys' that can be used to break the barriers seem to be rooted in the family.
- Instilling fear of unwanted pregnancy and the repercussions of an unwanted pregnancy may be a key to entering them to know more about and use more effective FP methods.

Continued on next page

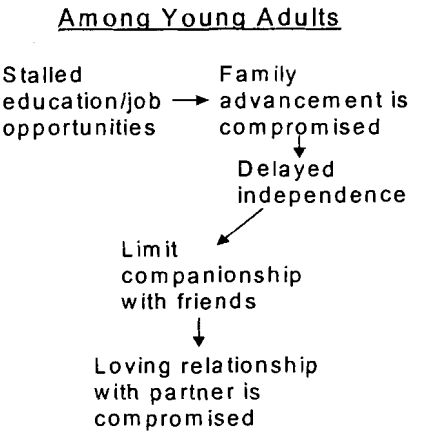
Executive Summary, Continued

- Among married males, an unplanned pregnancy would threaten the financial security of the household. This would then delay any hopes of rising from their current hardships.
- This would have repercussions on their desire to pass on a legacy to their kids, which is a good education and a good home. If they could not give their kids the proper education, that would not ensure that their kids would have a bright future. This would mean that they might have to support their kids for a longer time than usual. This would ultimately delay their need to be free from worries and stress in their old age.
- Married females have the same concerns as the married males. However they put more emphasis on family advancement than financial security.
- Thus, for the women, messages that will compromise nurturing the family to advancement may help in making them more aware of methods that are sick-free as well as safe for them.
- Below is an illustration how the married male and female psyche may be conditioned to become more conscious about FP.

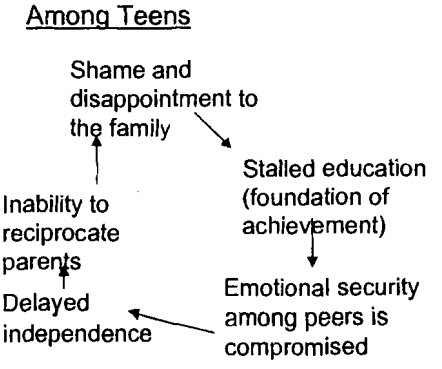


Executive Summary, Continued

- For young adults, unexpected pregnancy would disrupt their education and compromise their chances of getting good jobs. As such, helping the family rise from their hardships will not be achieved. This would also delay their independence.
- An unexpected pregnancy would also limit the time spent with friends. Moreover, there is a possibility that such would destroy their loving relationship with their partners.



- The overriding reason why teens fear an unexpected pregnancy is the shame and disappointment it would cause their family. This would lead to stalled education, which is a foundation of their achievement.
- Unexpected pregnancy will also compromise their emotional security among their peers. This would also delay their need to be independent.
- Ultimately, an unexpected pregnancy would not only bring shame to their families but also make them unable to reciprocate what their parents have done for them.



Executive Summary, Continued

- There appears a need to put more attention to and address recurring stories about/perceived effects of pills, ligation, vasectomy, and IUD, specially those that refer to the safe use of these methods.
- Recurring stories about the IUD being misplaced or worse, getting entangled with the penis for instance, appear to be a strong barrier to its trial.
- Similarly, stories about pill residue in the womb causing cysts or cancer should be dealt with.
- There also appears to be a vacuum in the sources of information about contraceptive methods. Word-of-mouth overrides real and solid information. Wrong information about the methods are transferred from one source to another without being checked with a medical authority.
- Educational institutions that provide information about family planning seem to do so only because it is a requirement. They do not really give emphasis to the risks of unwanted pregnancy nor address the misperceptions surrounding the methods.
- Thus, young people receive the information but its importance is lost because the manner by which it is presented and the information itself is irrelevant to them.
- There is also a need to re-orient health centers so that they can effectively provide FP services to a wide and diverse constituency. The re-orientation includes:
  - ✓ Development/strengthening of skills in people relations (empathetic listening, rapport building, etc.)
  - ✓ Reconfigured room lay-outs to provide FP clients with privacy
  - ✓ Putting in place a system that will allow single people confidential access to contraceptive advice, services and supplies
  - ✓ Review of existing "policies"about withholding ligation from women due to their age and small family size despite their strong desire not to have any more children

Continued on next page

Executive Summary, Continued

- In trying to convert the users of withdrawal and calendar methods to adopt the more effective FP methods, the male partner should not be ignored in the communication process, the male being the one who emerges as the key decision-maker in selecting withdrawal and or calendar method.
- Users of withdrawal appear as a more complex group than users of calendar/rhythm because they need to have the "controlling power" over their wives/partners in their relationship; the concept of "panalo" (winning) may thus have a strong appeal to them.
- Finally, an attempt to put together a communication strategy that would be most relevant for each target segment:
  - ✓ Exploiting the core values of family relationships and advancement and financial security, family planning may be communicated as the "life strategy" that enables one to win over life's vicissitudes and hurdles.

Continued on next page

Executive Summary, Continued

The Message

- Among married females, the general message that appears to be more relevant in terms of driving this life strategy would be empowerment leading to freedom to pursue their goals/interests that have often been subsumed in favor of concerns over the family especially the children.
- Among married males, a general message that exploits financial security, being a good head of the family, a caring husband and father may be a strategic advantage as it plays on their being a winner ("panalo").
- Among teens and single adults, messages that link to values of being a responsible family member, reciprocating parents for their sacrifices ("utang-na-loob") and overall being a source of pride for the family are opportunities to enhance self-worth that may make them think twice about the risks of irresponsible sex.

Communication Medium

- Mass media--for married males and females
- Some mass media--for teens and single adults

Ancillary Strategies

- Married males and females
  -Maximize the power of TV and movies (e.g. talk shows using "winner" models, that is, personalities who are using FP and are considered as model husbands/fathers, empowered women)
  -Use the route of 'telenovelas' to tell a story linking values with empowerment
  -Focus group discussions among men/women in the barangay level that deal with issues on family life
- Teens/Single Adults
  -Consider programs in schools/school organizations that will promote not the FP methods per se but the values that they espouse to strengthen self-worth
  -Provide access to a private discussion of boy/girl relationships and attendant problems through a 'hotline' number
  -Conduct an information campaign in workplaces under a general "wellness program" to encourage single males and females to attend without being branded as "mahilig" (promiscuous).

Repositioning Family Planning

Repositioning Family Planning

Advertising Brief

AED The Social Acceptance Project

Family Planning (FP) Scenario

AED The Social Acceptance Project USAID

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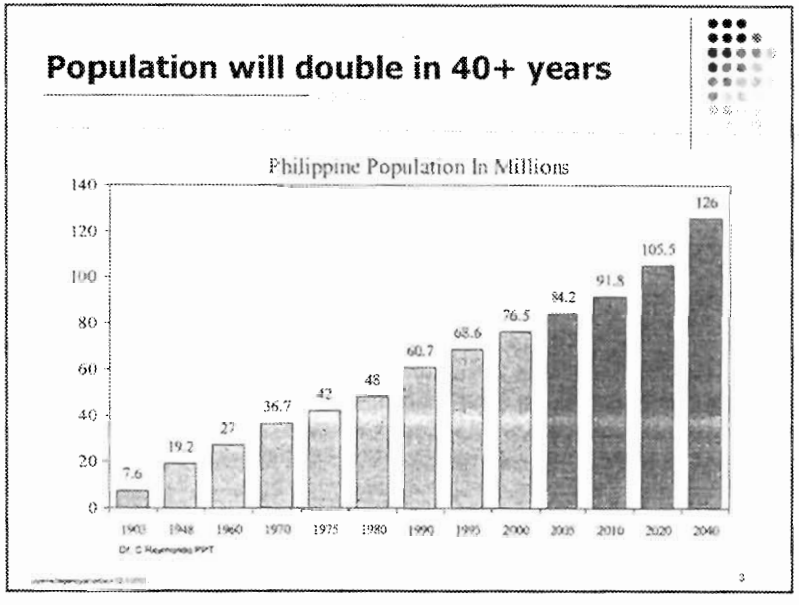
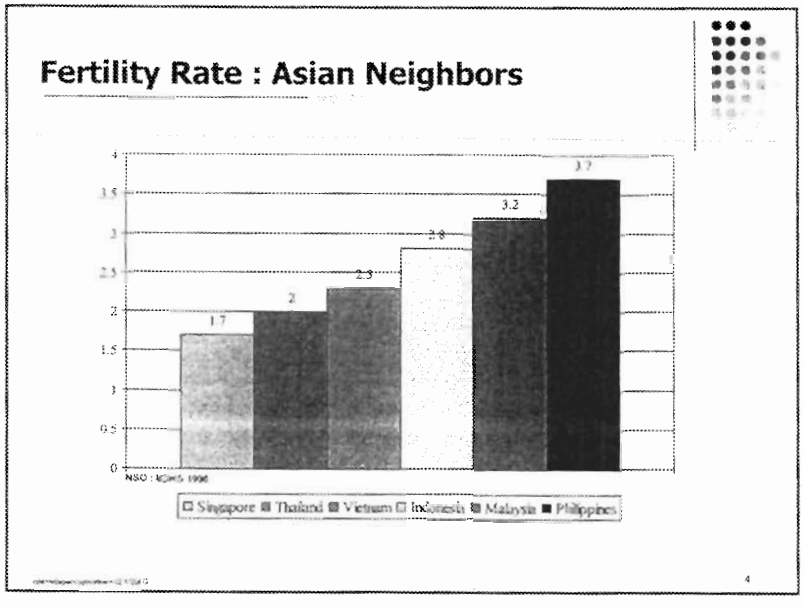
Repositioning Family Planning





Repositioning Family Planning

GDP Asian Neighbors

	Ave annual GDP growth per person 1965-95	Life expectancy at birth 1950-55	Life expectancy at birth 1995
East Asia	6.6		
Hong Kong	5.6		
Korea	7.2	48	72
Singapore	7.2		
Taipei, China	6.2		
PR of China	5.6	41	59
SoEAsia	3.9		
Indonesia	4.7	38	63
Malaysia	4.8		
Philippines	1.2	48	65
Thailand	4.8	47	70

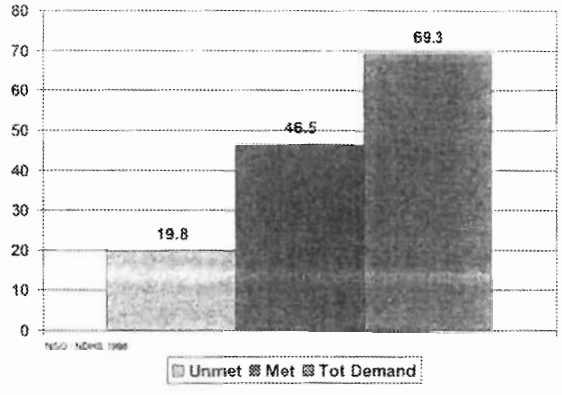
Trends In Contraceptive Use

%		MMOC	TMOC	Tot
1968	National Demographic Survey	2.9	12.5	15.4
1973	NDS	10.7	6.7	17.4
1978	RP Fertility Survey	17.2	21.3	38.5
1983	NDS	18.9	13.1	32.0
1988	NDS	21.6	14.5	36.1
1993	NDS	24.9	15.1	40.0
1995	Family Planning Survey	25.5	25.2	50.7
1996	FP	30.2	17.9	48.1
1997	FPS	30.9	16.1	47.0
1998	ND & Health Survey	28.2	18.3	46.5
1999	FPS	32.4	16.9	49.3
2000	FPS	32.3	14.7	47.0
2001	FPS	33.1	16.4	49.5
2002	FPS	35.1	13.8	48.8

NSO : 2002 FPS

Repositioning Family Planning

FP Demand / Needs



Married women by current contraceptive method used

%	Married Women 2002	2001	2000
Any Method	48.8	49.5	47.0
Any Modern Method	35.1	33.1	32.3
Pill	15.3	14.1	13.7
IUD	3.7	3.3	3.3
Injection	3.0	2.8	2.5
Condom	1.6	1.7	1.3
Female Sterilization	11.0	10.5	10.6
Male Sterilization	0.1	0.1	0.2
Mucus/Billings/Ovul	-	0.1	-
LAM	0.2	0.4	0.5
Any Traditional Method	13.8	16.4	14.7
Calendar/Rhythm	7.9	10.4	9.5
Withdrawal	5.3	5.6	4.8
No Method	51.2	50.5	53.0

NSO : NDHS 1998

Repositioning Family Planning

Research

Research Used

- National Demographic & Health Survey 1998 – *NSO, DOH. Worldwide Demographic & Health surveys, 12,500 households, nationwide*
- 2002 Family Planning Survey – *NSO; 19,900 households, 30,000 respondents*
- Jan/Feb 2003 FGDs – *TSAP-FP; MM, Batangas, Cebu; 21 FGDs, 5 mini-FGDs, 42 in-depth; male/female; married/single; DE, C*

Repositioning Family Planning

The FP Challenge

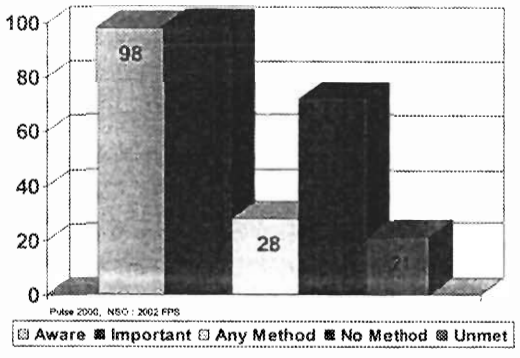
The challenge

Widespread high awareness and high importance of FP
not translated into same high level usage

Repositioning Family Planning

The challenge :

Despite high buy-in, still low usage



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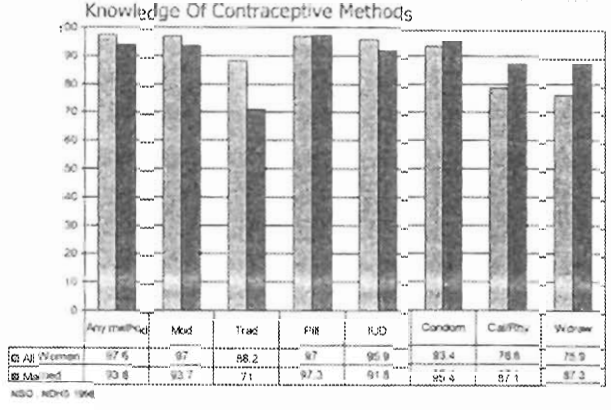
The challenge :

Despite high buy-in, still low usage



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Repositioning Family Planning

The challenge :

Despite high buy-in, still low usage

%	Any MMOC	Any TMOC	No Method
	All Women		
Total	**20.2**	**7.8**	**72.0**
20-24	9.1	2.6	88.3
25-29	24.6	7.6	67.8
30-34	34.6	11.8	53.6
35-39	34.6	14.0	51.4
	Married Women		
Total	**35.1**	**13.8**	**51.2**
20-24	29.1	8.2	62.8
25-29	37.5	11.7	50.9
30-34	42.8	14.6	41.6
35-39	39.9	16.2	43.8

NSO 2002 FPS

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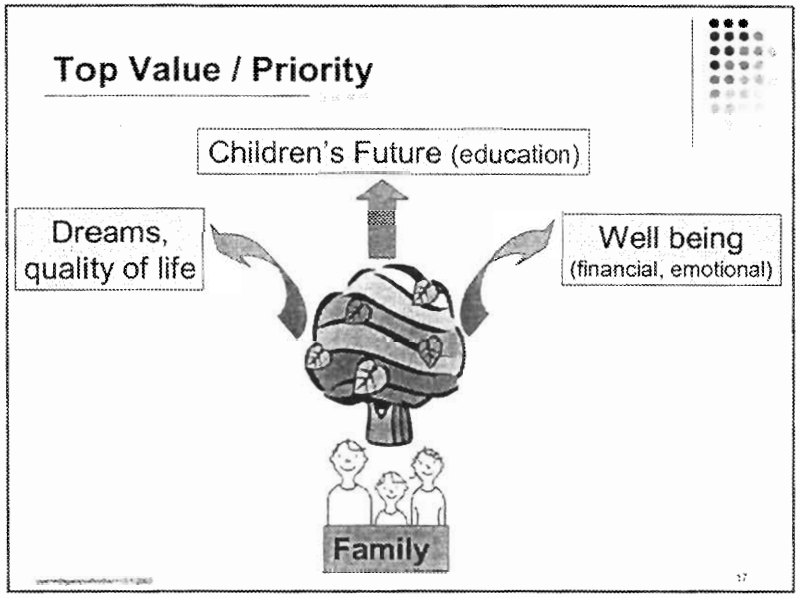
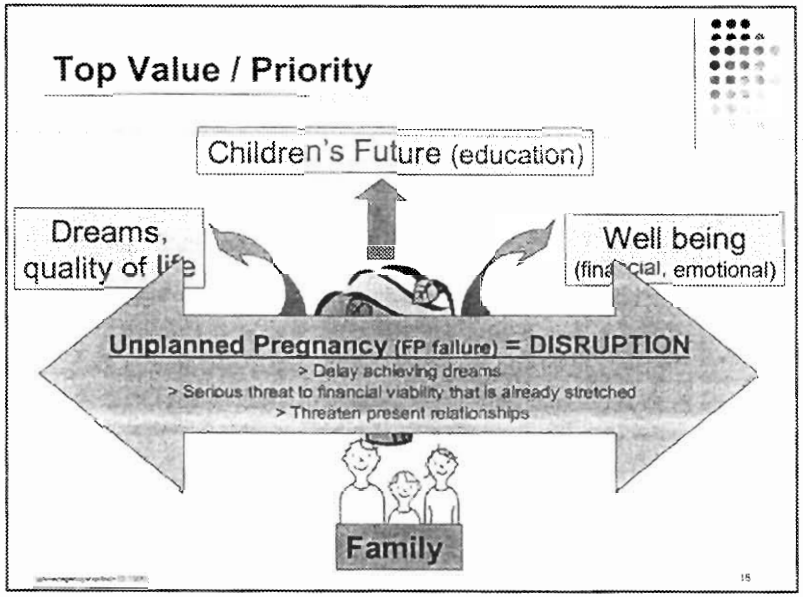
Consumer Insights

Repositioning Family Planning





Repositioning Family Planning

Key Consumer Insights

1. "Family's welfare, future and well-being is top priority and drives almost all decisions and actions concerning family
   - *universal among respondents*
   - *having children essence of getting married and ensuring their future and well-being a must*
   - *knows the difficulty to live life with dignity*
2. Getting pregnant again is not bad on its own, a blessing, it's a good thing! It is when unplanned when it's a bad thing
   - *Serious threat to financial viability*
   - *disrupt or delay attainment of dreams*
   - *tougher to sustain same quality of relationships with current children*

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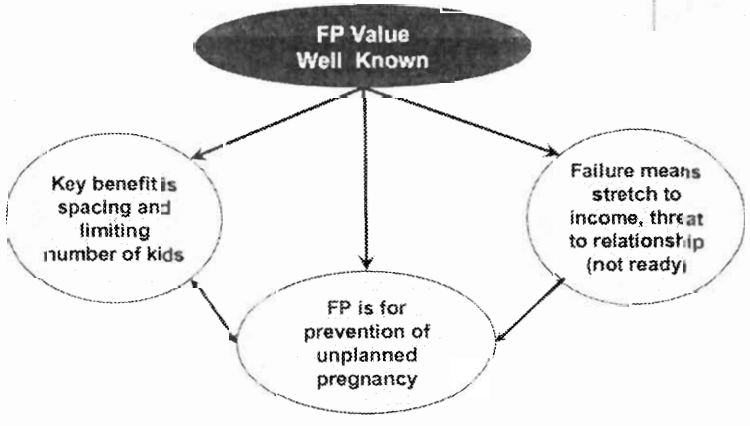
FP Enjoys High Buy-In



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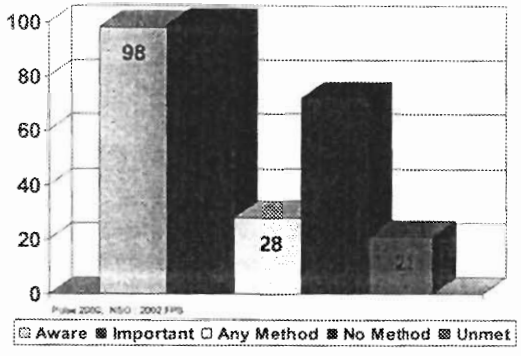
Repositioning Family Planning

The challenge :

Despite high buy-in, still low usage



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Can't-Say-No Sexual Practices

- Women can hardly say no, strong need to please their man, no matter what
  - *being a wife, allowing sex is a "duty"*
  - *to avoid fights*
  - *proof of love and affection*
- No way to say no to a man who is drunk
  - *Happens often*
  - *FP practice is impossible*
  - *Zero self control*
  - *Acknowledged as cause of many unplanned pregnancies*
- Control & discipline left to the man which means it's a toss of the coin
  - *All bets are down at the heat of it all*

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Repositioning Family Planning

Key Consumer Insights

3. FP already enjoys high buy-in, it's getting more of them to actually use FP that is the challenge
4. Specially with the present sexual "can't-say-no" sex, failure-proof FP method is imperative
   - *Double whammy of unplanned pregnancy wreaking havoc to "family" and "can't-say-no" sex*
5. Admits to risk of failure of TMOC and better efficacy of MMOC
   - *method groupings via product attributes and product use*
   - *"effective and risky"*
   - *"side effect and no side effect"*
   - *"easy to use and not easy to use"*

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Risk Of Unplanned Pregnancy

% Maried Women	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Wants no more	17.8	31.4	44.2	52.7	61.0	58.8	64.2
Use MMOC	13.5	29.0	37.5	42.8	39.9	33.9	25.1
Use TMOC	5.3	8.2	11.7	14.6	16.2	17.5	11.3
No Method	81.2	62.8	50.8	42.6	43.8	48.6	63.6
Tot TMOC + NM	86.5	71.0	62.5	57.2	60.1	66.1	74.9

NSO : NDHS 1998

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Repositioning Family Planning

Reasons for discontinuation

%	Pill	IUD	Condom	Cal/Rhy	W/draw
Became pregnant	13.0	6.4	16.7	50.7	52.5
Husband disapproved					
Side effects					
Health concerns					
Inconvenient to use					

NSO NDHS 1998

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First-year discontinuation rates

%	Method Failure	Side effects / health concerns	All other reasons
Pill	5.4		
IUD	1.1		
Condom	8.5		
Calendar/Rhythm	18.4		
Withdrawal	22.4		

NSO NDHS 1998

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Repositioning Family Planning

Key Consumer Insights

6. Family Planning is not a "regimen" (health or otherwise) nor something that involves planning
   - *as a response or a solution to a problem, bad scare, fear or bad experience*
   - *not about healthy lifestyle*
   - *nor a tool to uphold the woman's fertility decision*
   - *FP as "curative"/reactive rather than "preventive"/proactive*

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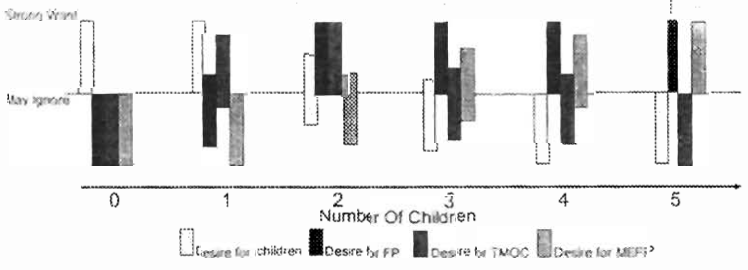
Attitudes Towards FP, TMOC, MEFP



- Higher desire for children lowers desire for any FP method
- As number of children grows, desire for FP grows
- As number of children reaches critical size, desire for more effective FP grows

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Repositioning Family Planning

FP Equation

The Question:

Loyalty & Conversion?

Among TMOC users:

- TMOC Risky Benefits - Weak User Image
= Very Loyal to TMOC

Among TMOC users:

+ MMOC is More Effective + Good User Image
= Slow Conversion to MMOC

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FP Equation

The Question:

Why slow conversion to MMOC?

The Equation:

More effective + Good User Image
– Low Knowledge – High Fears

Slow Conversion

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Repositioning Family Planning

FP Equation

The Question:

Why very loyal to TMOC?

The Equation:

Free + Easy + Pleasurable
- Risky Benefits - Bad User Image

Very Loyal

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Key Consumer Insights

6. TMOC usage/preference - classic Philippine consumer overwhelming preference for "good value" (sulit)
   - *Value equation model :* performance / price = value → preference
   - *Low out of pocket cost wins!*
   - *Over-all acceptable product performance (bare minimum) even with known product negatives*
   - *Will choose to ignore product negative/failure (method failure is not weakness of the method, but failure of the men or alcohol)*
   - *Will rationalize / justify preference*
   - *Susceptible to "added benefits" proposition*

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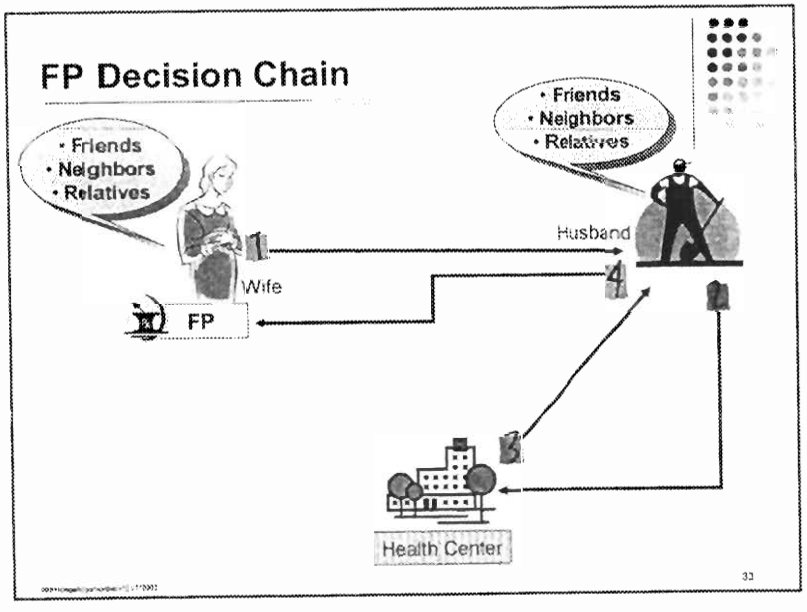
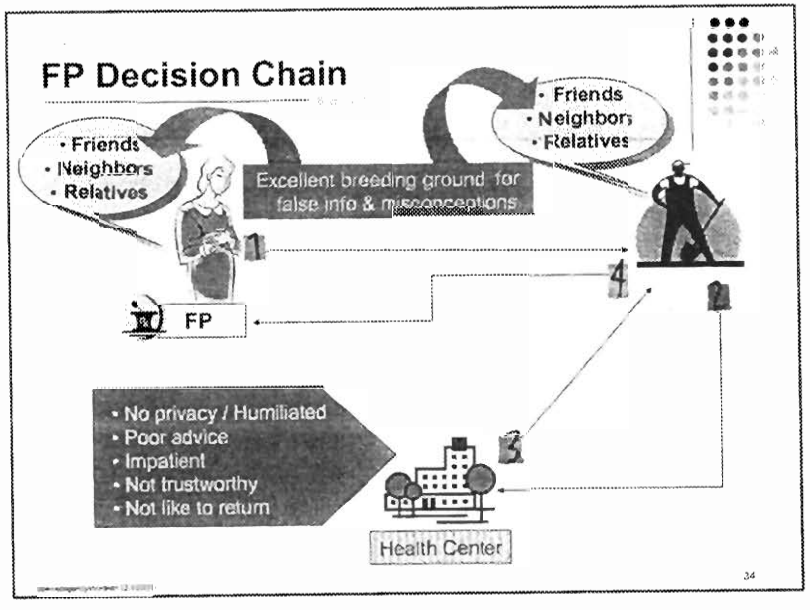
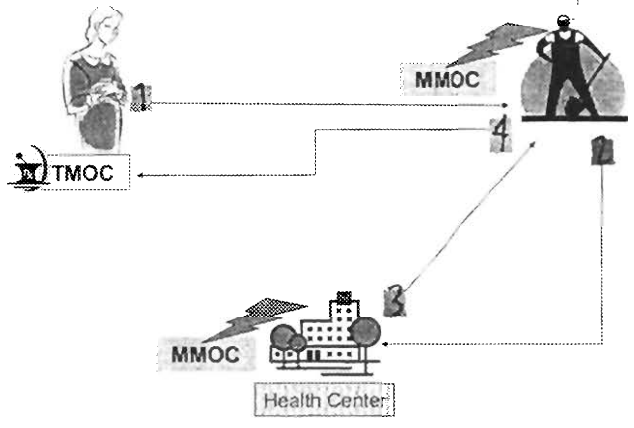
Repositioning Family Planning





Repositioning Family Planning

Barriers In The Chain!



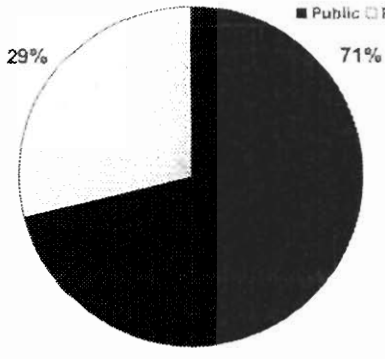
Key Consumer Insights

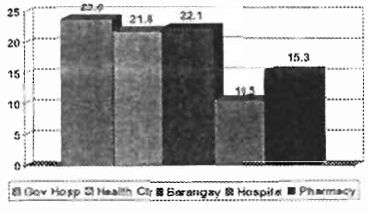
7. With income barely paying for daily needs, combined with effective FP not seen as essential, DE is perpetually trapped in the public health center for FP, and her quest for a more effective FP method its hostage

8. Given the failure to deliver and the sorry state of the public health center, only the truly determined will discover more effective methods of contraception (MMOC)

Repositioning Family Planning

Source Of MMOC





37

Key Consumer Insights

9. Side effects is the single biggest product-related barrier for use

10. MMOC's good/aspirational, user image and more effective product image may be leveraged.
    - *But side-effects product negative impression and discouraging public health center performance need to be addressed*
    - *To generate **product trial and loyalty**.*

11. Wielding veto power, the male needs to be engaged

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Repositioning Family Planning

Reasons for discontinuation

%	Pill	IUD	Condom	Cal/Rhy	Withdra
Became pregnant	13.0	6.4	16.7	**50.7**	**52.5**
Husband disapproved	0.8	0.9	**9.8**	1.9	3.3
Side effects	**28.1**	**36.0**	6.6	1.0	5.3
Health concerns	**8.6**	**13.7**	3.0	1.6	2.6
Inconvenient to use	2.6	5.8	**27.3**	2.5	2.3

NSO : NDHS 1998

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First-year discontinuation rates

%	Method Failure	Side effects / health concerns	All other reasons
Pill	5.4	17.7	16.2
IUD	1.1	7.8	4.8
Condom	8.5	5.5	43.7
Calendar/Rhythm	18.4	1.2	11.3
Withdrawal	22.4	4.5	13.8

NSO : NDHS 1998

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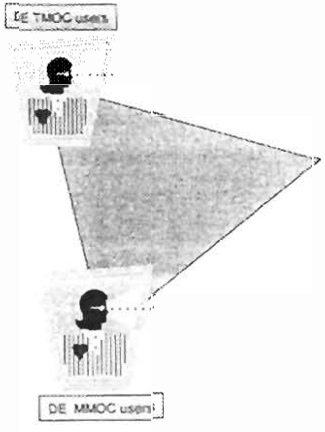
Repositioning Family Planning

User Insights

User Profiles



Obvious differences

- In attitudes towards FP
- In attitudes towards methods
- About self
- In life strategies and actions
- Similar in values
- But different in coping action

- *Needed verification*
- *Fuller insights*

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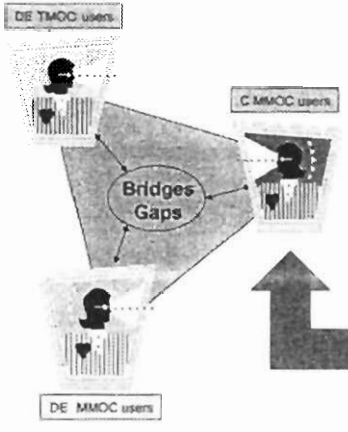
Repositioning Family Planning

User Profiles



Obvious differences

- In attitudes towards FP
- In attitudes towards methods
- About self
- In life strategies and actions
- Similar in values
- But different in coping action
- *Needed verification*
- *Fuller insights*

ADDED BROAD C FGDs

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User Insights

DE TMOC User	DE MMOC User	C MMOC User
• Family • Children / education • Financial well-being key concern • Resigned – accepts fate • Strong other-directed; ambitions not for self, for others	• Self • Career / work important • Husband / relationship important	

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Repositioning Family Planning

User Insights

DE TMOC User	DE MMOC User	C MMOC User
• Family • Children / education • Financial well-being key concern		
▸ Resigned – often accepts their fate ▸ Strong other-directed; ambitions not for them but for others	• Self • Career/work important • Husband / relationship important	

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Attitudes Towards Pregnancy

DE TMOC User	DE MMOC User	C MMOC User
▸ Another burden ▸ Stretch to financial basket ▸ Time taken from other children		

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Repositioning Family Planning

Attitudes Towards Pregnancy

DE TMOC User	DE MMOC User	C MMOC User
• Another burden • Stretch to financial basket • Time taken from other children	• Time taken from self	

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Attitudes Towards FP & Self

DE TMOC User	DE MMOC User	C MMOC User
• Defers to husband • Fear of MMOC side-effects highly prevalent and engaging • Resigned • Finances a major concern	• Assertive • Better self worth • Can decide on her own, seeks what she wants • Career is important • Supportive others • Better coping attitudes • Financial a concern but manageable	

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Repositioning Family Planning

Attitudes Towards FP & Self

DE TMOC User	DE MMOC User	C MMOC User
• Defers to husband • Fear of MMOC side-effects highly prevalent and engaging • Resigned • Finances a major concern	• Assertive • Better self worth • Can decide on her own, seeks what she wants • Career is important • Supportive others • Better coping attitudes • Finances a concern but manageable	• Self is important • Health risks

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Key Consumer Insights

11. Attitude, life strategies and attitude towards self propel users to overcome barriers they encounter in choosing MMOC
    - *Socio-economic differences not much of a factor*
12. TMOC users need to be actively pursued to get them to move to MEFP
    - *penchant for believing FP myths, pre-occupation with economic concerns and strong loyalty to TMOC and non-assertive attitude will unlikely make them seek MEFP on their own*

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Repositioning Family Planning

What FP Is Not About…

- Choice of method is not about religion, nor about what the church or pastor says *(2.3% prohibited by religion, 2002 FPS)*
  - *religion is what her conscience tells her is right or wrong*
  - *a personal relationship with God more than religious practices*
- FP is not linked to anything "health-related"
- Not about sex/promiscuity/libido
  - *Though some M'MOC (IUD, vasectomy, ligation) are at times associated with immorality*
- Not about abortion (no single mention)

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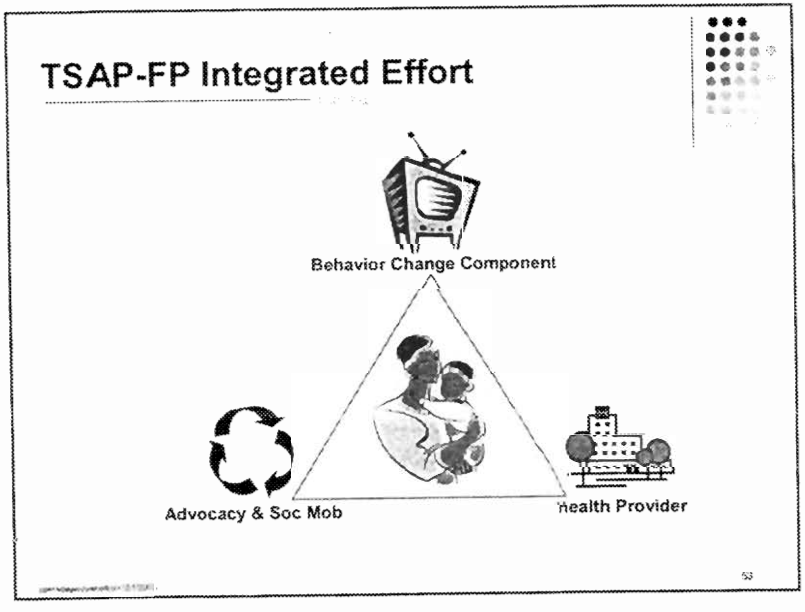
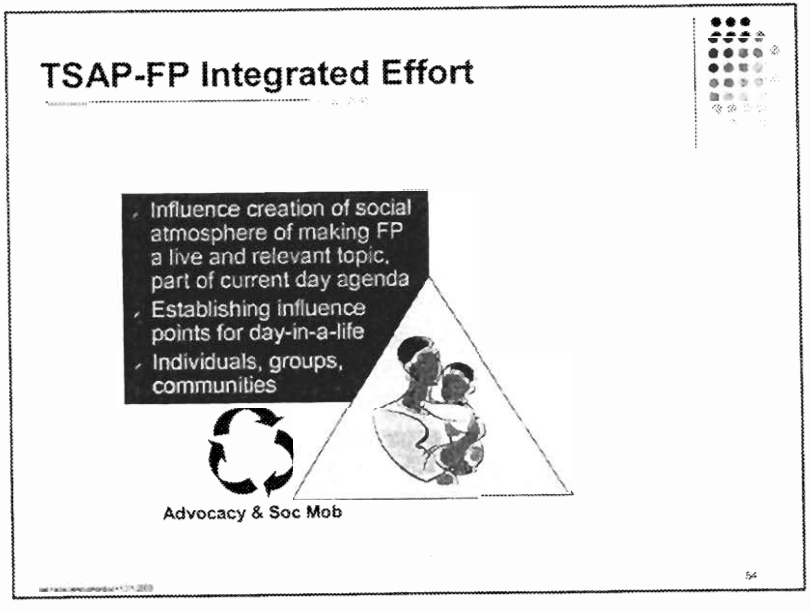
Communication Objectives

Repositioning Family Planning

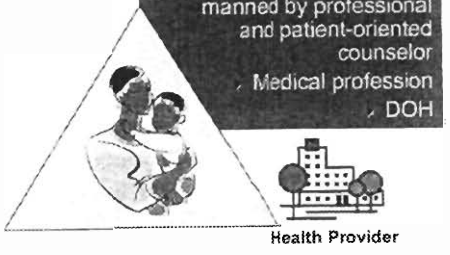




Repositioning Family Planning

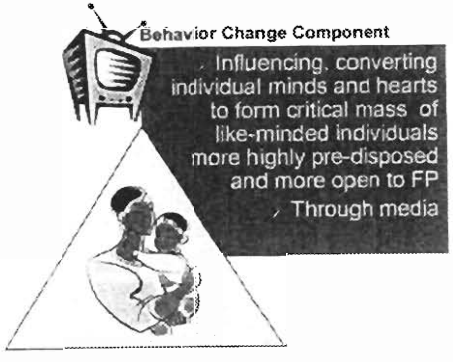
TSAP-FP Integrated Effort

- Influencing availability of hospitable FP fulfillment service delivery facility manned by professional and patient-oriented counselor
- Medical profession
- DOH



55

TSAP-FP Integrated Effort



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Repositioning Family Planning

TSAP-FP Communication Objectives

1. Directly influence individuals to be like-minded on FP and reach critical mass levels for greater social acceptance of FP
2. Achieve more in-depth acceptance of FP that will encourage target to go beyond intent
3. Build preference in favor of MMOC/more effective FP

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Target Market

- Males and females, 20 to 34 years old, DE socio-eco class
- Sexually active or at least pre-disposed to be sexually active

Demography

Females	(000)	%
15-19 yrs	3,999	25.5
20-24 yrs	3,547	22.6
25-29 yrs	3,017	19.2
30-34 yrs	2,742	17.4
35-39 yrs	2,404	15.3
Total	15,709	100.0

Fertility Trends

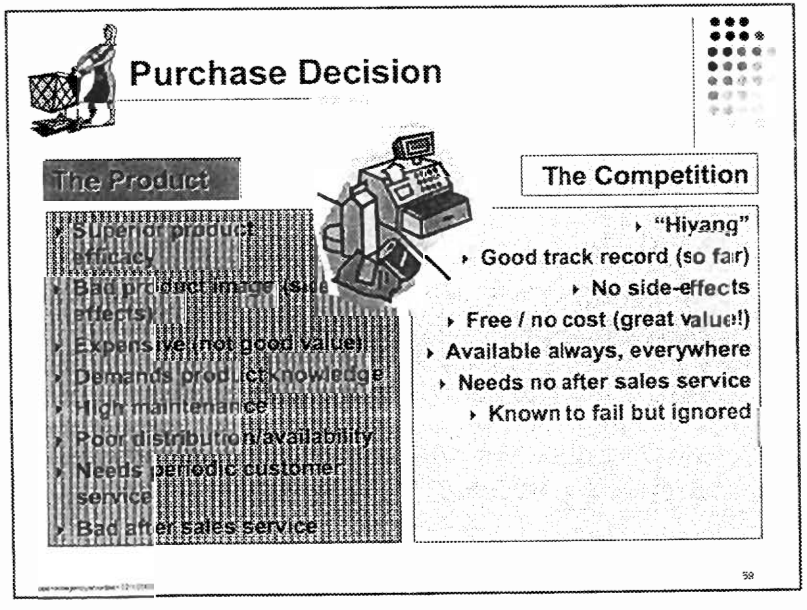
Females	Births/ 1000
15-19 yrs	46
20-24 yrs	177
25-29 yrs	210
30-34 yrs	155
35-39 yrs	11

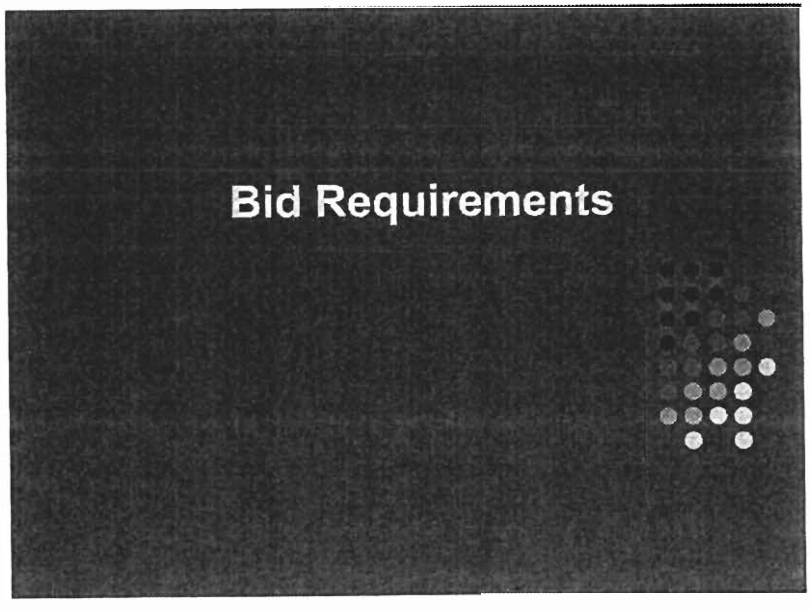
Demography

Males	(000)	%
15-19 yrs	4,017	25.3
20-24 yrs	3,522	22.2
25-29 yrs	3,053	19.2
30-34 yrs	2,804	17.6
35-39 yrs	2,496	15.7
Total	15,892	100.0

56

Repositioning Family Planning





Repositioning Family Planning

Bid Requirements

MUST PRESENT

- Advertising strategy
- Advertising execution, minimum TV
- Media strategy
- Media plan
- Mandatory
- Other ad/mkt mix optional
- Credentials optional

GROUND RULES

- May reject any or all points made
- Presenters will be account, creative and media who will manage the account if won
- 2 hours maximum, May 27 (pm) & 28 (whole day)
- May call/meet with TSAP to ask questions, get data
- Logistics TBA

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Bid Requirements

The presentation must also answer / include the ff:

1. How handle advertising of three methods – MMOC/more effective FP? Name?
2. Insights into what works and what does not work in selling/advertising to the DE market
3. Historical FP copy analysis – strategy, insights, positioning, what worked, what didn't work, etc. May / may not apply to recommendations

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Repositioning Family Planning

Bid Requirements

The presentation must also answer / include the ff:

4. Assume August 15 airing, P 15 million budget, Aug 15 to December 2003, commercial production inclusive. What is ideal media budget?
5. What are the media challenges in reaching the DE market? How solve?
6. Given the media environment, ad campaign topic and tough performance measures, what is most appropriate R/F levels for TSAP-FP ad campaign?

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Repositioning Family Planning

Advertising Brief

AED The Social Acceptance Project

Repositioning Family Planning

Notice :

No portion, in part nor as a whole, may be used in any manner, shared or disseminated with any other entity, group or individual without a written consent from TSAP-FP.

AED The Social Acceptance Project

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Building Bonds, Breaking Barriers

Repositioning FP For Greater Social Acceptance
The TV Commercials

Target Audience : Female

20-35 years old, DE socio-eco class; married, sexually active or disposed to being sexually active

- more likely to use FP than males
- have the most at stake since they are the ones who conceive, and parenting duties assigned to them
- less likely to use FP but will benefit most from it

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Target Audience : Male

- Any age, married or partners of women 20-35 years old; sexually active from the DE socio-eco class
- Has a *strong influence* in the choice of FP method that their partners will choose

Ad Campaign Objectives

- Popularize modern family planning methods
- Change beliefs and attitudes that block actual usage of MMOC by projecting MMOC as the
  - *"Siguradong epektibo" and "safe" FP method"*
  - *This builds acceptance and encourages the target audiences to go beyond intent of usage*

Ad Campaign Objectives

- Change the target market's views about "self," working towards a change of attitude, such as---
  - *empowerment for women*
  - *greater responsibility and participation for men*

Role Of Communication

Build bonds between FP and the users and overcome barriers by changing attitudes towards self and FP

How?

- Redefine FP
  - *Make FP and a change of self/attitude a part of daily consciousness and key components to a healthy lifestyle*
- Develop the mindset that
  - *"Everyone who thinks, plans, achieves in life, practices modern FP methods"*

4 TV Commercials

- Individual efforts targeted to each specific audience:
  - *young couples*
  - *long time married couples*
  - *Women*
  - *Men*
- Each ad has a key communication message but taken together, they produce a unified/synergistic effect

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Advertising Strategies

- correct myths on MMOC; communicate the risks involved when one uses "chancy" (patsamba-tsamba)/TMOC methods
- encourage participation of males
- empower women
- make FP a responsibility shared by couples

Talking To The DE Group

- Acknowledge current beliefs then lead them to a new set of beliefs
- Talk their talk. Use their language
- Tickle their funny bone

Target Appeal : Young Couples

- Insight : When they get married, many couples don't discuss their plans (ex. number of children).
- Idea : Make family planning part of wedding preparations.
- Execution: Surprising, humorous, a gentle reminder that they should plan the future of the family

Target Appeal : Young Couples

- Target Response:
  - *"Ngayon pa lang, dapat diskartehan na ang laki ng aming pamilya. Maaapektuhan nito ang kinabukasan ng aming mga magiging anak."*
  - "Outside the regular things we plan for before we get married,we should also plan for our family."
- "Kasal" TV:30s

234

Target Appeal : Male

- Insight: After a hard day's work, men feel entitled to a good time (drink, sex). Consequences aren't their immediate concern.
- Idea: What if you could have your cake and eat it too?
- Execution: A humorous appeal to the "macho" side of men

Target Appeal : Male

- Target Response:
  - *"Paggumamit ako ng MMOC, tuloy ang ligaya, wala pang sabit. Mas okay ang nagpa-plano."*
  - "If I use Modern Methods, I can still have great sex without the added responsibility. I can even plan for a better future for me and my family."
- "Dyip" TV 30s

Target Appeal : Long Time Married

- Insight: People are aware that TMOC's fail but still use them despite the risks
- Idea: "Methods" they use are very risky, "chancy" (patsamba-tsamba) methods.
- Execution: TMOC "loyalist" realizes too late. Humor to soften the blow.

Target Appeal : Long Time Married

- Target Response:
  - *"Mali ako sa paggamit ng TMOC- pahamak na patsamba-tsamba kami kaya dumami agad ang aming mga anak. Dapat gumamit kami ng moderno at permanenteng paraan."*
- Target Response:
  - *"I was wrong to rely on traditional and chancy methods. Modern and permanent methods would be best for us."*
- Oops" TV 30s

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Target Appeal : Females

- Insight: They put others' needs before theirs, play the role of the martyr.
- Idea: Empower them to make decisions also based on their wants and needs.
- Execution: Play up common excuses, add a surprising twist in the end.

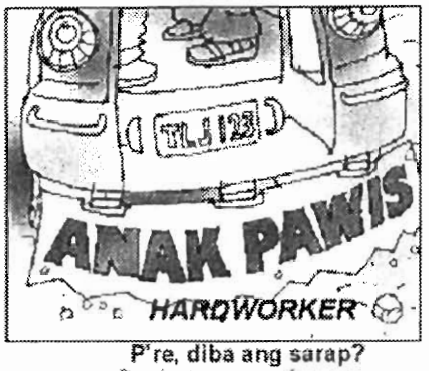
Target Appeal : Females

- Target Response:
  - *"Mali ako. May sey ako sa laki ng aming pamilya - ako naman ang nahihirapan mag-buntis at mag-alaga."*
  - "I was wrong to not speak up. I also have a say in family planning, especially since I'm the one who goes through the pregnancies and cares for the children."
- "Gising" TV:30s

237

FAMILY PLANNING • "DYIP" TVC 30s Sept 8

artwork found on jeepneys. These are common sayings



**P're, diba ang sarap?
Pagkatapos nating mga
lalake sa trabaho,**

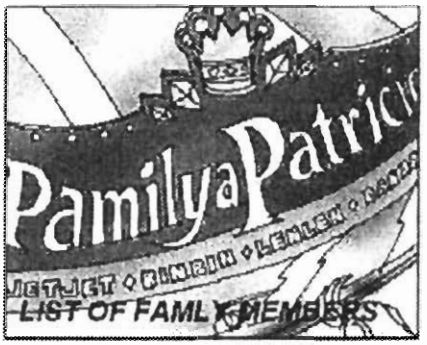
*Hey man, isnt it good?
After we guys knock off work,*

**konting serbesa,
tapos konting romansa.**

*we have some beers,
then some fun (sex)*

**Pero kung di kayo ma-ingat, ang susunod
noon, konting pag-bubuntis!**

*But if you're not careful, what follows
is pregnancy*

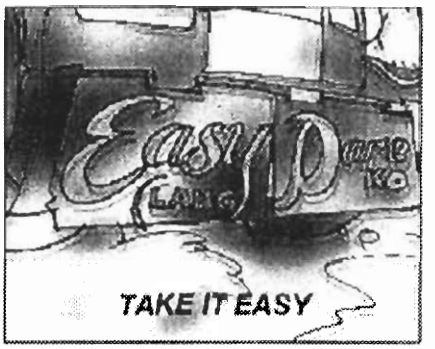


**Yung konting anak mo,
dadami!**

*the few kids you have...
will increase!*

Yung konting kita mo, tapos!

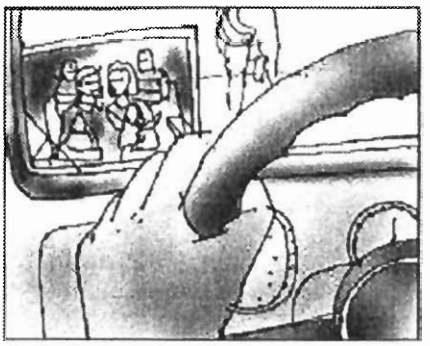
*The little money you earn,
wiped out!*



**Mapapahamak ka talaga sa patsamba-
tsamba. Pero sa modernong paraan
ng family planning,**

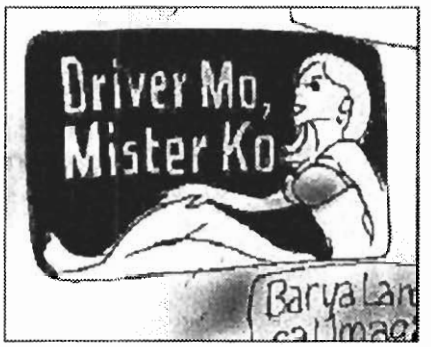
*Enough with taking chances.
If you use modern methods of planning,*

FAMILY PLANNING • "DYIP" TVC 30s p2



siguradong 'sakto na ang pamilya,

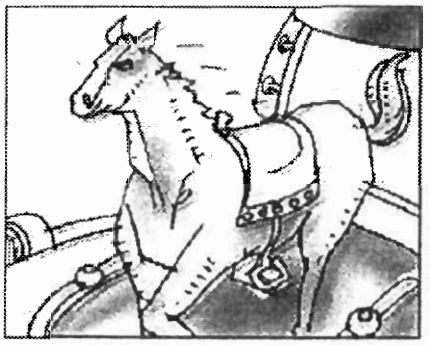
*you can be sure that not only will your
family be just right,*



sasarap pa ang romansa!

...but romance gets even better.

YOUR DRIVER, MY HUSBAND



Hataw pa rin ang ligaya.

the fun keeps going.

Pumili ng modernong paraan:
pills
condoms
injectables
i.u.d.
vasectomy
ligation
NFP

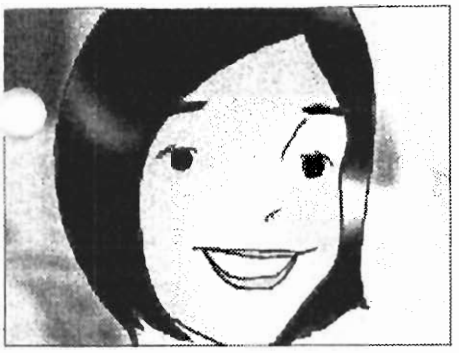
**AVO: Pumili na ng modern method para
sigurado,**

*AVO: Choose a modern method to
be sure*

**dahil ang marunong sa buhay,
moderno magplano!**

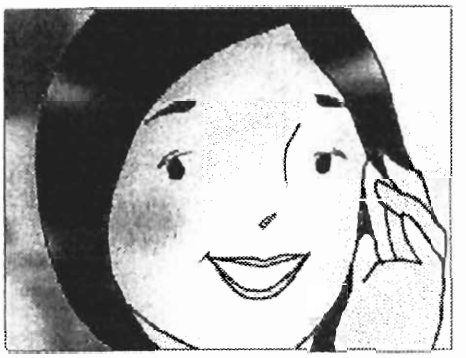
*because those who are wise in life,
plan the modern way!*

WOMEN
"SAMPAL" TVC 30S Sept. 8



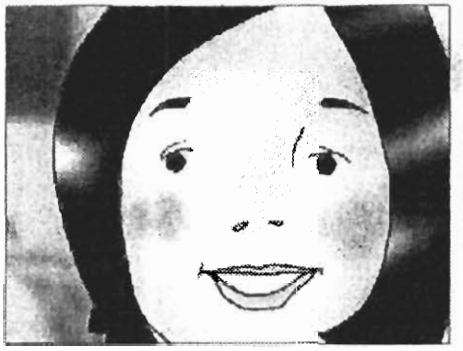
WOMAN: Ako ang babae. Di bale ang pangangailangan ko.
I am the woman. My needs are not important.

CAM: SLAP!



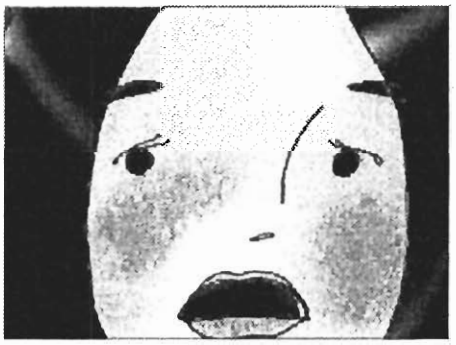
WOMAN: Pag nangalabit ang mister ko at umayaw ako, baka humanap siya ng iba.
When my husband wants to do it, and I refuse, he might look for someone else.

CAM: SLAP!

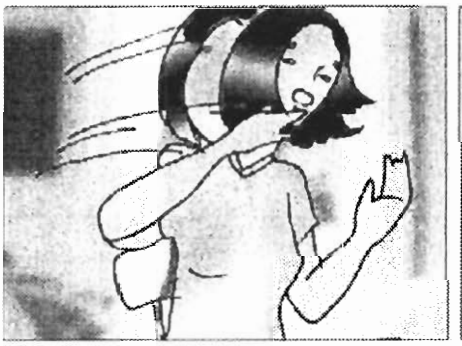


WOMAN: Kaya kahit baka mabuntis ako, payag pa rin ako. Bahala na.
If he wants to, even if I might get pregnant I still agree. I'll take my chances.

CAM: SLAP!

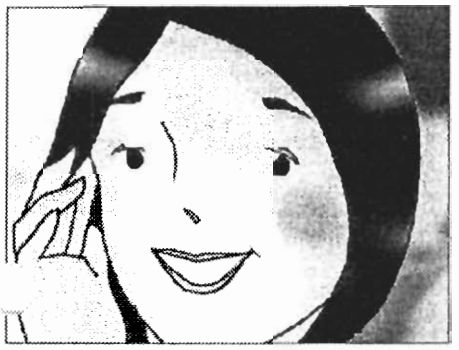


WOMAN: Kahit *magkanda losyang* ako sa susunod na panganganak, ok lang. Mas importante sila sa akin.
Even if I end up looking like an old lady from giving birth repeatedly, its ok. They're more important than me.



CAM: Zooms out to show the woman slapping herself.

AVO: Gising na. Iligtas mo na yung patsamba-tsambang family planning para maalagaan mo rin ang sarili mo.
Wake up. Stop using 'chancy' methods of family planning, so you can take care of yourself too.



AVO: Kumonsulta ka na sa doktor o midwife

Consult a doctor or midwife

Pumili ng modernong paraan:
pills
condoms
injectables
i.u.d.
vasectomy
ligation
NFP

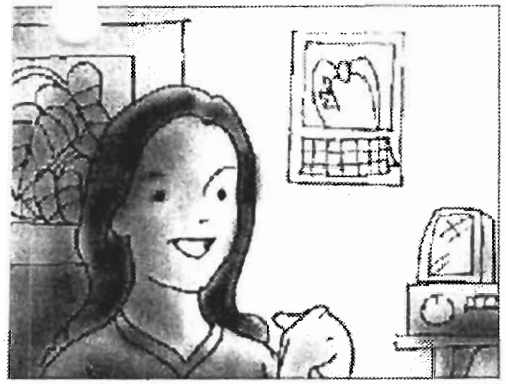
tungkol sa modern methods siguradó at safe.

about modern family planning methods that are sure and safe.

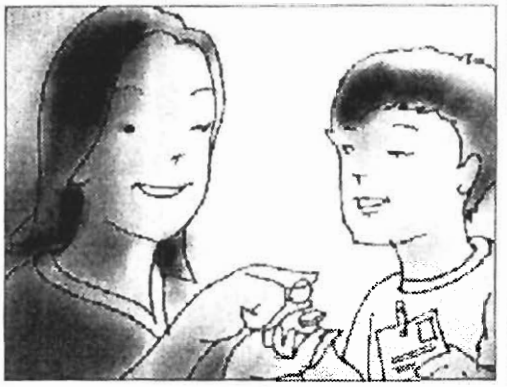
Ang marunong sa buhay,
MODERNO MAGPLANO!

AVO: Ang marunong sa buhay, moderno kung magplano.
Those who are wise in life, plan the modern way!

TRADITIONAL METHOS
'OOPS" TVC 30S



WOMAN TO SOMEONE:
Oo. nag-family planning kami.
Yes, we praticed family planning.



Dito kayJess,
nag-rhythm kami.
With Jess, we used rhythm.

Tapos, sinubukan namin ang withdrawal.
Kaya eto si Karla!
Then we tried withdrawal. So here's Karla!

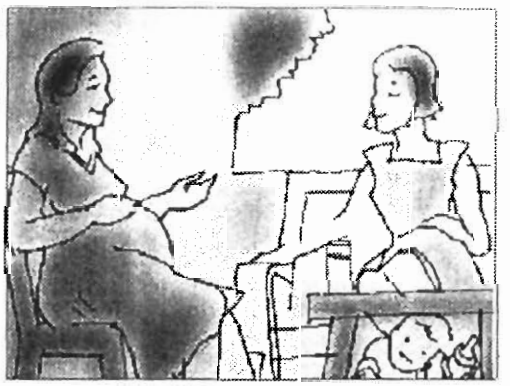
Kay Dan-Dan, withdrawal ulit.
With Dan-Dan, we also used withdrawal

Hay naku, pahamak talaga yung pa tsamba-tsamba. Kaya wag mo ko gayahin. Kumunsulta ka na sa doktor o midwife tungkol sa modern methods---para siguradong effective. Ako, magpapatali na.
Hmmm... taking chances really gets you into trouble. So don't do what I did. You'd better consult a doctor or midwife about modern methods ---so they're sure to be effective. Me, I'm getting

Pumili ng modernong paraan:
pills
condoms
injectables
i.u.d.
vasectomy
ligation
NFP

AVO: Pumili na ng modern method,
AVO: Choose a modern method,

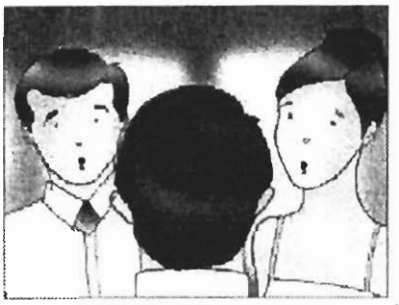
dahil ang marunong sa buhay, moderno magplano!
because those who are wise in life, plan the modern way!



Nga pala, yung tumatalon pagkatapos ng ano...hindi rin tumatalab, ha?
Oh! Jumping up and down after you-know-what...that doesnt work either, ok?

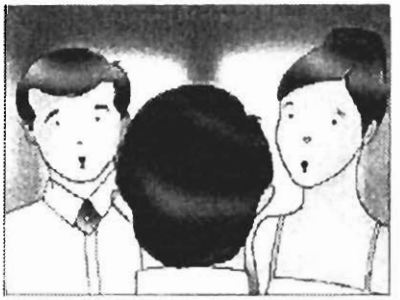
COUPLES
"WEDDING" TVC 30S
Sept. 8

MALE VO: Ehem, ehem! Kayo ba ay nanto sa inyong sariling kusa?
Ehem, ehem! *Are you here of your own free will?*

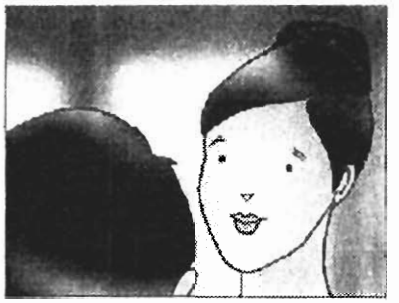


COUPLE: Opo.
Yes

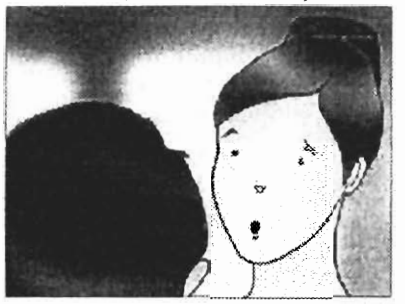
MALE VO: Handa ba kayong alagaan, pakainin at paaralin ang inyong magging anak?
Are you ready to care for, feed and send to school the children you will have?



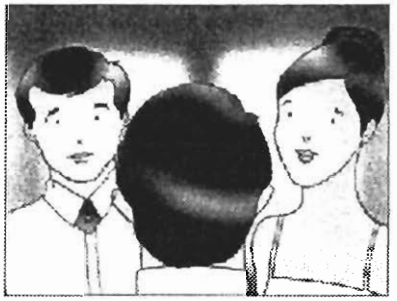
COUPLE: Opo.
Yes



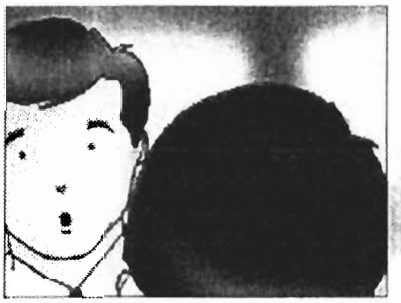
MALE VO: Ilan nga ba ang anak na gusto ninyong matanggap?
How many children do you want anyway?



BRIDE: 2 lang po.
Just two

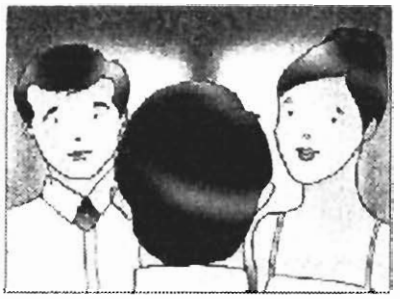


MALE VO: O, paano niyo masisiguro na dalawa lang?
But how will you ensure just two?



GROOM: Ayaw namin mag papatsamba tsamba lang! (Mapahamak pa kami!)
We don't want to do this by chance! (We might get into trouble!)

BRIDE: Para sigurado, modern methods po ang gagamitin namin!
To be sure, we'll use modern methods!



MALE VO: Matalinong mga bata! At nang malawasan ang hirap at madagdagan ang ginhawa niinyong mag-asawa. Siga, you may kiss the bride.
Very smart of you! So that your trials will be lessened, and your blessings increased. Ok, you may kiss the bride.

ANNCR: Sa simula pa lang, pag-isipan na ang family planning.
From the beginning, think about family planning.

Pumili ng modernong paraan:
pills
condoms
injectables
i.u.d.
vasectomy
ligation
NFP

At gumamit ng modern methods para siguradu at safe.
And use modern methods so they're sure and safe.

Dahil ang marunong sa buhay, moderno magplano!
Because those who are 'wise in life' plan the modern way!!

Background & Objectives

The Academy for Educational Development has been awarded a contract from USAID/Philippines popularly known as *The Social Acceptance Project – Family Planning (TSAP-FP).* In line with USAID/Philippines overall strategic objective of helping couples achieve their desired family size based on informed choice in family planning methods and in improving health in critical areas of the Philippines, TSAP-FP is tasked with helping ensure greater social acceptance of family planning among the Filipino public.

By early November, client plans to launch a mass media campaign using a repositioned family planning copy strategy. TSAP-FP has developed four storyboards of its advertisements and would like to test these storyboards to get indications on their effects among the target audience. The results of the test are meant to provide inputs in finalizing the four advertisements.

In this regard, NFO-TRENDS recommends ADD+IMPACT® to answer the following questions deemed crucial in assessing an advertising concept's effectivity and appeal.

Sample

- Males/females (50/50)
- 20-45 years old, who may either be single or married
- from Class DE homes
- User groups were randomly sampled (users are those who currently use either traditional or modern methods)
- Sample Distribution:

AD	Sample Size
Sampal	62
Wedding	60
Tradition	60
Dyip (Jeep)	63
TOTAL	**245**

Conclusions and Recommendations

A summary of the key findings for each ad is as follows:

"SAMPAL"	"WEDDING"	"TRADITION"	"DYIP" (JEEP)
MEMORABLE ELEMENTS ▪ slapping/hurting self ▪ For being "losyang" meaning she neglected herself so she became unattractive to her husband ▪ allowing herself to be used by her husband ▪ note: "taking chances" limited recall	**MEMORABLE ELEMENTS** ▪ wedding scene ▪ dialogue: how many kids want? ▪ dialogue: just two kids ▪ note: justice of the peace recalled	**MEMORABLE ELEMENTS** ▪ Ideas: ▪ Still got pregnant with withdrawal ▪ Still got pregnant with rhythm ▪ note: "taking chances" limited recall; no striking visual elements	**MEMORABLE ELEMENTS** ▪ after work, have some romances ▪ note: jeep/jeepney driver limited recall, poor cut-through of visuals
MESSAGE REGISTRATION ▪ need family planning ▪ need to use modem methods ▪ to prevent pregnancy ▪ to make life easier	**MESSAGE REGISTRATION** ▪ need family planning ▪ in order to control/plan family ▪ need to plan at the very start ▪ to provide good future for children	**MESSAGE REGISTRATION** ▪ need family planning ▪ don't use old methods/ withdrawal/rhythm/jumping ▪ in order to improve life ▪ consult a doctor/go to a health center	**MESSAGE REGISTRATION** ▪ need family planning ▪ so romance goes on ▪ so earnings will be enough/life will be better ▪ use modern methods
STRATEGIC STRENGTHS ▪ note: benefit more for self ▪ a call to females to stop being martyrs, take more control ▪ appeals more to females, married, non-users	**STRATEGIC STRENGTHS** ▪ note: benefit more for children ▪ answers need to be in control ▪ a call to plan at the very start ▪ appeals more to married, weak among singles and non-users	**STRATEGIC STRENGTHS** ▪ note: benefit more for family ▪ a wake-up call on traditional methods ▪ a call to females to take a more pro-active role ▪ expectedly better received by females and surprisingly well-received by singles	**STRATEGIC STRENGTHS** ▪ note: benefit more for self ▪ talks about sex being a natural part of marriage - well-received idea ▪ a wake-up call to males that they are also responsible for birth control ▪ note: contrary to macho mindsets; males more resistant - polarizing

- Results of the study reveal that "Sampal", "Wedding" and "Dyip" are Potential Ads. This means that the messages that each ad conveys are relevant and persuasive to target viewers but executionally, they are weak in generating initial interest and cutting through the advertising clutter. Considering that all 3 ads have been tested in animatics, they still have the potential to move to Effective Ads range if they are improved executionally.

- "Tradition" is an Untouched going by strength of Attention and Bonding scores, although it is only slightly below the benchmark on both measures. However, considering the proportion of Committed and Potentials, it too has the potential to move to Effective Ads range.

- In light of messages communicated by each ad, it would seem that they are targetted not so much towards specific demographic segments, but more towards specific need segments: "Sampal" is more about self-preservation, "Wedding" is more about providing for children and family.

- All the four ads in the campaign generate high warmth, noteworthy considering current perceptions on family planning.

- Considering that each material effectively communicates a distinct message, each of the four is worth producing. Together, they produce a synergistic effect on the target audience.

Conclusions and Recommendations (cont'd)

"SAMPAL"

- "Sampal" fails to meet the benchmark in terms of cut-through ability because although viewers acknowledge that it is original and entertaining, viewers feel it is the "same old thing".
- It generates warmth among viewers, although there are some comprehension issues, as viewers' ratings show they had difficulty catching on to some scenes.
- The ad would greatly benefit from editing of the dialogue to address the comprehension issues of viewers. Review of message playback shows low cut-through of the "taking chances" segment - indicating that it is possible this is not salient to viewers (possible considering low usage of traditional methods).
- Casting will also be a significant watch-out in the final production, as the lead character's facial expression and body language will be a significant factor in generating attention for the ad.
- The ad holds greater appeal to females, who are the main target for the material, and for those who are married.

"WEDDING"

- "Wedding" falls below the benchmark in terms of cut-through ability because although it is entertaining and not easy to forget, like "Sampal", it is seen as the "same old thing". This is not surprising, considering there are numerous ads currently on air that show wedding scenes. Creatives need to insert an attention-grabber in the initial seconds of the ad to establish that it is different from other wedding ads and ensure getting the interest of viewers.
- Music is another key improvement area for this material; note that ad testing experience shows that music often plays a major role in enhancing Filipino viewers' appreciation of advertising.
- "Wedding" appeals more to current users and those who are married, mainly because the key benefit it communicated regarding family planning is the future of children - a concept that does not seem to be a consideration as yet of those who are still single. Although those who are still single have been pinpointed as the primary target for this material, this is probably not the right material for this segment. However, it addresses the needs of married individuals who are thinking of a good future for their children.

DRAFT

FOR INTERNAL DISCUSSION ONLY

AED

Social Acceptance of Family Planning in the Philippines Project

USAID

Stakeholders' Analysis Report

246

Executive Summary

Introduction

1. Stakeholders are groups or individuals who have an interest or stake in an issue, in our case in family planning. Stakeholders need to be mobilized to support an issue via advocacy and social mobilization.
2. Advocacy is defined as a set of targeted actions to influence decision makers and influentials to effect changes in the socio-political environment in support of a specific cause. Social mobilization is defined as deliberate participatory processes to involve local institutions and leaders, community groups and members to organize for collective action.
3. Stakeholder analysis as it relates to The Social Acceptance Project—Family Planning serves to identify the key stakeholders in the issue of family planning and identify their interest, importance, influence and support for FP. Stakeholder analysis serves as the basis in designing strategies to maximize the contributions of the stakeholders to the attainment of Project objective which is to create an environment supportive of informed choice for all family planning methods.

Findings and Recommendations

In general, there is broad support for family planning in the Philippines. TSAP-FP can count on the support of key sectors of society. Focus sectors for advocacy are NGOs who work among the labor unions, urban poor groups, adolescents and young adults groups, National Government Agencies, legislators, Local Government Units, medical community, faith-based groups and media. However, as these sectors are large heterogeneous organizations, there are pockets of opposition in each of these sectors.

1. While the identified NGOs and POs have influence over their respective constituencies, many of them do not have much influence to do advocacy at the national level. There is a need to develop their capabilities by forming these stakeholders into coalitions or confederations that will have a greater voice.
2. TSAP-FP will work out a *modus vivendi* with government agencies which, following the lead of the Pres. Arroyo will only fund and promote natural family planning.
3. There is large support for FP in Congress, with many Members willing to be champions of FP.
4. The Project will work within each targeted Local Government Unit's own development framework and the Local Chief Executive's priorities.
5. TSAP-FP will partner with the health provider community as advocates for FP among possible users. On another level, some prominent members of the

medical community will also be tapped to advocate for FP at the national level, given training on media and messages.

6. The Catholic Church opposes the promotion of modern family planning methods except Natural Family Planning. Our recommendation is to try to find common ground with the Church, for example in areas like abortion and NFP as a modern method.
7. We will support other faith-based groups, including the Iglesia ni Kristo and Protestant churches, which are almost unanimous in their support for family planning, in their effort to promote modern methods among their followers, and also to show that there is a diversity of beliefs on the issue.
8. Ulama and alimat are important in the Muslim project areas not only because they can issue edicts that will overturn the often cultural belief that contraception is prohibited, but also because of their position in society
9. Media is generally supportive. TSAP-FP will tap prominent members of the media in advocacy activities and raise support via education and information.
10. Even as FP enjoys broad support from many sectors of society, there are those opposed to it. For those in high and medium opposition, the proposed action is to monitor movements and assess possible risks. For those in low opposition, we will aim to convert the opposition to neutrality via information-sharing and liaising.

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2.C

I. Introduction

Several studies have shown that the availability and quality of services and knowledge about methods and sources of contraception are important factors underlying the unmet need for family planning services (UNFPA, 1998). Findings clearly imply that provision of information and services needs to be more supportive of women's or couples' fertility preferences. To meet this need, the Philippine Family Planning Program (PFPP) requires a concerted effort among key stakeholders to effect positive shifts in the commitment of leaders from the national to the local, decentralized levels, and broad support from different sectors of society. All these call for advocacy and social mobilization to generate wider stakeholder participation and ownership.

Advocacy is defined as a set of targeted actions to influence decision makers and influentials to effect changes in the socio-political environment in support of a specific cause. Social mobilization is defined as deliberate participatory processes to involve local institutions, local leaders, community groups and members to organize for collective action towards a common purpose.

To ensure success of advocacy and social mobilization, it is essential that TSAP-FP identifies, engages, and strengthens key stakeholders as champions who will speak out for family planning (FP). Key stakeholders should be able to influence other individuals and groups within their sectors and lead as well in mobilizing diverse groups to collaborate and work together in partnership to move a broad sector of society.

From 1970 to 1986, the Commission on Population (POPCOM) was largely responsible for the rapid promotion and expansion of family planning service delivery. The Commission successfully mobilized the health sector to deliver family planning services and created a network of community-based non-medical supply points. Changing government policies and donor priorities, however, made POPCOM's position increasingly unstable. In response to the de facto freeze in public-sector family planning provisions in 1987 following the ascent to power of the Aquino government, responsibility for operational management and control over resources for family planning was transferred from POPCOM to the Department of Health (DOH). Thereafter, the Family Planning Program was placed under the leadership of the DOH. POPCOM's role evolved into that of advocacy and policy on population and development.

The devolution of health service delivery to the Local Government Units (LGU) after the Local Government Code was passed in 1991 changed the program management position of DOH. Funding, staffing and administration of health service delivery which includes family planning became the autonomous prerogative of the local chief executives. Thus, family planning has had to compete with other essential services for scarce LGU resources. Resource

allocation for FP is thus dependent on the Local Chief Executive's position regarding FP.

However, under the administration of President Gloria Macapagal-Arroyo, the Department of Budget and Management has prohibited the expenditure of the Internal Revenue Allotment (national government contribution to the LGU) for family planning services.

Decentralization and the rise of the civil society have encouraged the mobilization of organizations dedicated to public purposes. Labeled with the catch-all term non-governmental organizations, these groups have become prominent and indispensable partners in family planning.

Our project, *"Strengthening Social Acceptance of Family Planning in the Philippines,"* (also known as The Social Acceptance Project—FP or TSAP-FP) aims to help achieve greater social acceptance of family planning which is indicated by the percentage of the general public who strongly approve of family planning practice. TSAP-FP seeks to create an enabling environment where open and accurate information on family planning and all methods contributes to the overall pervasive and positive dialogue leading to a change in norms among individuals and societies. Its three components, Behavior Change Communication (BCC), Advocacy and Social Mobilization and Health Provider Component, seek to achieve the following Intermediate Results:

(1) Increased communication adequately portraying FP as a mainstream health intervention
(2) Increased number of key segments of society advocating for the use of family planning
(3) Increased acceptance of family planning as part of the routine health service package

The Social Acceptance Project—Family Planning (TSAP-FP) hopes to achieve a "tipping point" in the areas where it will operate, namely Bulacan and Pampanga in Central Luzon; select cities and municipalities in Metro Manila; the provinces of Laguna, Batangas and Cavite in Southern Tagalog; Bicol Region; Capiz, Negros Oriental, Samar, Leyte, and Metro Cebu in the Visayas; and Metro Davao and four provinces in the Autonomous Region of Muslim Mindanao in Mindanao. It aims to narrow the "KAP gap" or the disparity between knowledge and attitude (99% awareness of FP) and practice (48.8% Contraceptive Prevalence Rate[1]) among its target population sectors of the urban poor, industrial workers and adolescents and young adults.

To achieve the above expected results, the Project has to identify and select relevant institutional players and individual champions to help deepen

[1] 35.1% for Modern methods and 13.8 Traditional methods (Source: 2002 Family Planning Survey)

public support, catalyze concrete action consistent with public approval and mobilize domestic resources necessary to sustain progress towards making family planning as part of a healthy lifestyle socially acceptable and available to a greater number of Filipino families.

II. Stakeholder Analysis

Simply put, a stakeholder is defined as a group or individual who has an interest or stake in an issue, in our case in family planning. In general, stakeholders may be beneficiaries, allies, adversaries and influentials. Stakeholders vary in their position and interest regarding the issue: they may be supportive; not yet supportive but may be convinced to be supportive; not yet supportive and resistant to overtures; or hard core adversaries.

Stakeholder analysis as it relates to TSAP—FP serves to identify the key stakeholders in the issue of family planning, identify their interest, importance and influence in the issue, determine strategies to maximize the contributions of the stakeholders supportive of the Project and minimize the effects of if not reverse the position of those opposed to family planning. While beneficiaries are indeed a major stakeholder, they will not be subject to study as this analysis pertains only to those who exercise a level of influence over individual or organizational decision making on family planning. This influence may be over beneficiaries, i.e. convincing beneficiaries to practice FP, or over policy, i.e. convincing the DOH to amend FP protocols.

Stakeholder analysis is a dynamic process in that stakeholders continuously change their positions in response to advocacy efforts. This document is therefore a working document that will continuously evolve particularly on the list of stakeholders and their positions on FP. However, the process followed to analyze positions of stakeholders will remain essentially the same through the life of the Project.

III. Stakeholder Analysis and TSAP-FP

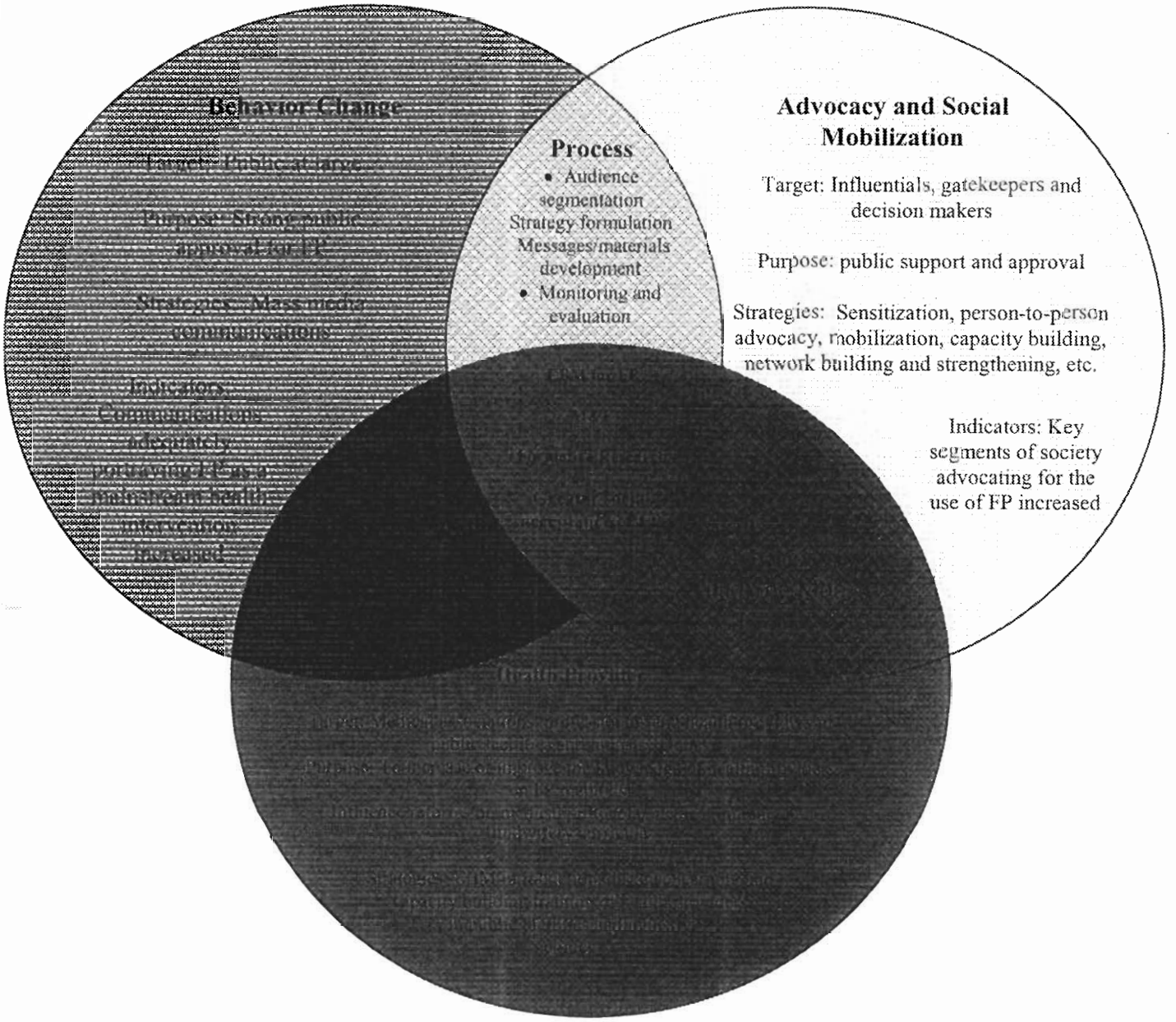
The three components of TSAP-FP—behavior change communication, advocacy and social mobilization and health provider—work synergistically to make FP socially acceptable in Philippine society. While each of the components has its own unique set of stakeholders, the activities and outputs of every component contribute to the achievement of the objectives of other components.

The communication component will be measured by its success in the percentage of target audience who consider family planning as valuable in their life and number of positive versus negative statements on family planning

made by individuals/groups in print, television, radio and non-traditional media. The advocacy and social mobilization component has as indicator the number and type of key segments of society advocating for the use of family planning. And the health provider component will be measured by the percentage of health providers in public facilities and industry clinics who have correct knowledge of specific FP methods and the number of public health facilities and industry clinics in convergent sites offering family planning as part of their routine health package.

In broad strokes, behavior change communication will package the messages developed by the health provider component to present the correct information to the greater number of the people, using all forms of media. Again using the messages derived by the health provider component, advocacy and social mobilization will convince the influential members of society, who have been primed to be more receptive to the family planning message by BCC, to advocate family planning to their constituencies. The twin action of BCC and advocacy is envisioned to create a demand for family planning services. This demand will be better met by the health services sector, both public and private, that has been strengthened via skills, knowledge and protocols that have been put in place by the health provider component. How the three components converge is presented in the following Programmatic Framework (Figure A).

Figure A: Programmatic Framework



BEST AVAILABLE

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The common denominator of all three components is communication, but with different target audiences and intended outcomes. Overarching on the two components is the medical provider component which provides one of the key contents of the BCC and advocacy components. With the EBM-related information from the medical provider component, it is expected that provision of EBM-FP information will address barriers to contraceptive practice and improve the interpersonal and counseling skills of health providers. Thus, competency of service providers will redound to a wide public approval of FP. Likewise with EBM-related information used for advocacy messages and materials, advocacy networks, coalitions and champions will be equipped with the latest scientific data-based arguments to support the promotion of FP. Community mobilization and interpersonal communication and negotiation will be more effective in bringing about policy reforms, rules, regulations and resource generation for the entire FP community. For the health provider component, the introduction of evidence-based medicine will influence revision of family planning and reproductive health (RH) guidelines, standards and protocols, as well as changes in curricula of medical, nursing and midwifery schools.

Stakeholder analysis is necessary, particularly for a project which has limited resources, people and time. (Our Project has a guaranteed lifespan of only three years). Thus, only key stakeholders with a strategic and reasonable cost-beneficial chance of contributing to the Project's achievement of its objectives will be selected for partnership. This does not mean however that only "the usual" groups will be selected for partnership. There are indications that there are many other groups and individuals who can be as effective as or even more so than groups who have been tapped before in advocacy of FP.

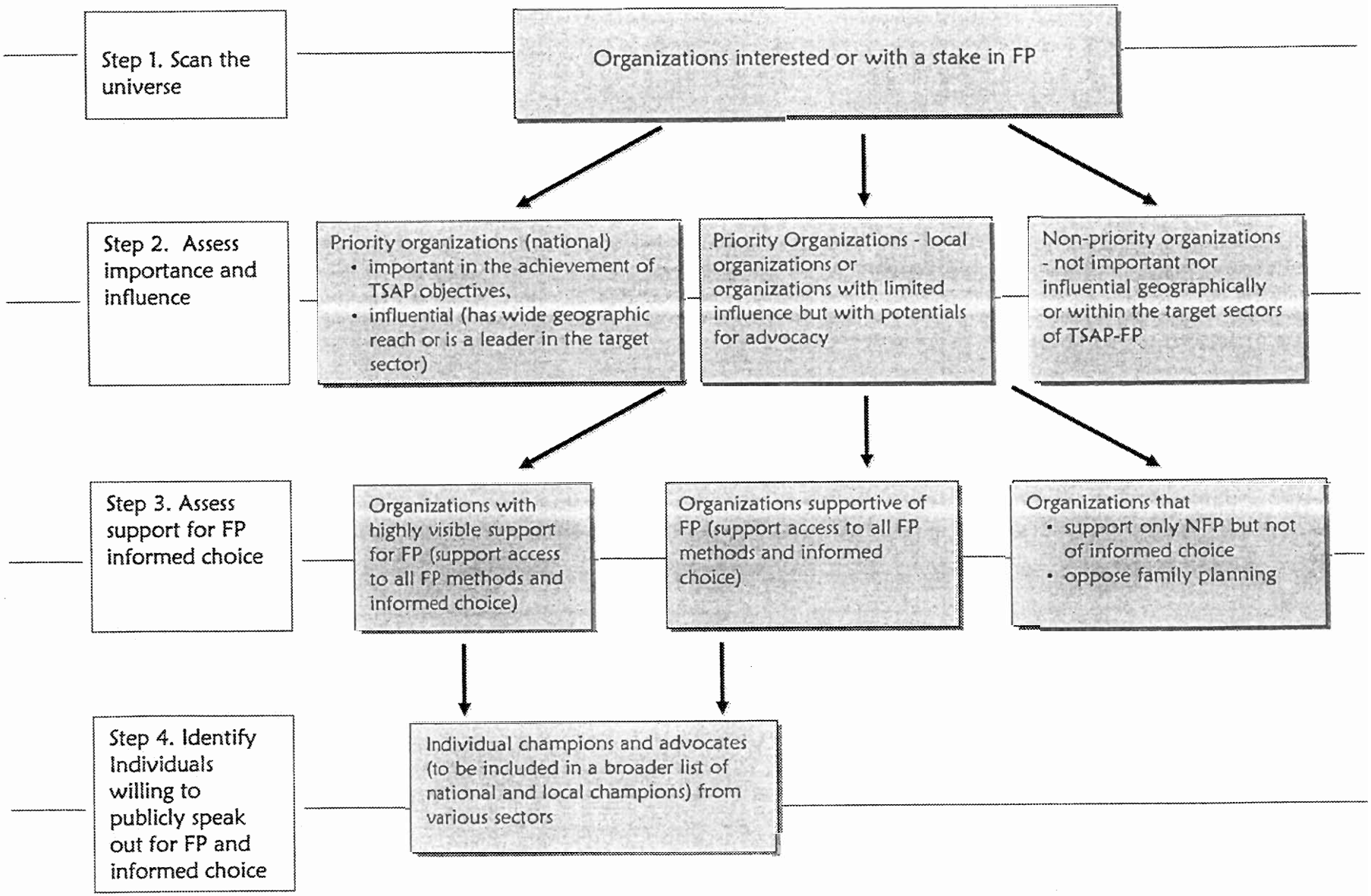
IV. Stakeholder Analysis Process

Given the above framework and the results expected of the Project (*See Appendix A: Indicator Matrix*), we analyzed our stakeholders following the steps illustrated in Figure B.

A universe of possible stakeholders was drawn up by a) reviewing lists of various existing organizations in the social sector, b) field interviews with leaders in the social sector and c) broad consultations with representatives of NGOs. A Decision Tree *(Appendix B*) was used to filter the stakeholders that will be subjected to further analysis. In this decision tree, obvious filters like geographic scope of the stakeholder and its present or possible involvement in the sectors of our interest were used to determine priority stakeholders.

As a result, a list of organizations with their involvement in the sectors targeted by the Project (*Appendix C*) was drawn up.

Figure B: Steps in Stakeholder Prioritization for Advocacy and Social Mobilization



We also differentiated between importance and influence. Important stakeholders are those whose views, needs and interests coincide with the objectives of the Project. If these important stakeholders are not involved, then the Project could hardly be a success or if ever successful, it could be with great difficulty.

Influence refers to how powerful a stakeholder is in the stakeholder's sphere of influence and reach in the sector or locality, as well as the potential influence on a national level. Influence as applied in the Importance/Influence Matrix is the intrinsic capability of stakeholders to convince their constituencies as well as those outside their constituencies to take action because of their position in society, financial strength or ability to have the ear of decision makers.

Stakeholders who have high importance and either high or low influence were also assessed on their support of all methods of FP and informed choice. Those who have both high support and have high influence are our natural allies in the Project. Those who have high influence but unmobilized support would be the subject of advocacy efforts to maximize their influence. Those who are influential but with support for a limited number of methods would be subject to advocacy efforts in order to neutralize their position.

Finally, TSAP-FP also initiated the identification of advocates and champions. These are individuals willing to publicly speak out in support of FP. (Appendix D) Advocates or champions are those who have:

- A high level of support for family planning and the whole range of family planning methods
- Consistently declared public support for FP
- Utilized resources and influence to advance FP.

Appendix E outlines the results of the analysis of importance, influence and support of various institutional and individual stakeholders for FP.

Stakeholders in *Cluster I: High Importance, High Influence, High Support* are important to the Project and have high influence, and whose support will make a significant difference. Examples of these stakeholders are the Trade Union Congress of the Philippines (TUCP) and Philippine Business for Social Progress (PBSP). Both have a strong network of labor and informal sectors which have been our target segments of collaborators in the Project.

Stakeholders in *Cluster II: High Importance, High Influence, Non Supportive* is important to the Project, has high influence, but do not favor informed choice for FP. While not capable of immediately being useful to the Project, they can be of significant risk. While no partnerships will be formed with stakeholders in this cluster, they will be monitored on a regular basis.

Stakeholders in *Cluster III: High Importance, Low Influence, High Support* are important to the Project as they have influence over sizeable constituencies that will benefit from Family Planning. However, they do not as of yet have considerable influence at a national level to make a significant impact on national advocacy. Examples of the stakeholders in Cluster III are Foundation for Adolescent Development (FAD) and Reproductive Health Advocacy Network (RHAN).

Stakeholders in *Cluster IV: Under Study* are groups and individuals whose views on FP are not yet clarified, thus, will necessitate further analysis and determination.

VI. Findings

In general, there is broad support for family planning in the Philippines. Our Project can count on the support of key sectors of society: the government, both in the executive and legislative branches; Non-Government Organizations; faith-based groups; the medical community; and media. However, as in any large heterogeneous organizations, there are pockets of opposition in each of these sectors. The team has also excluded an in-depth analysis of the business sector as another cooperating agency of the USAID, Commercial Marketing Strategies (CMS), is in charge of that particular sector

A. Government

1. Executive

Malacañang

- President Gloria Macapagal-Arroyo's (PGMA) population and family planning policy has four pillars: responsible parenthood, respect for life, birth spacing and informed choice.
- On March 8, 2003, PGMA launched the Responsible Parenthood Movement, a nationwide education campaign that seeks to empower families "to make truly informed choices by providing them with fertility awareness education and values formation." This will be spearheaded by the Department of Health and POPCOM in collaboration with local government units, and non-government organizations.
- During PGMA's speech at the Woman's Day celebration, she emphasized the importance of family planning as a health intervention and as a means of reducing poverty. She defined family planning as having couples and individuals achieve their desired family size in the context of responsible parenthood.
- However, the only method that her government is funding and promoting is NFP. Her slogan is Birth spacing through Billing, Basal temperature,

and Body signs (BBBB). She expects the private sector, the NGOs and LGUs to take up the slack in modern contraceptive methods.
- There are also indications that she is against modern methods and has made critical remarks on the pill.

Population Commission
- Of the 12 board members of POPCOM, only three have publicly expressed support of family planning and reproductive health issues. These are DSWD Secretary Dinky Soliman, Mercedes Concepcion and Jonathan Flavier (*Appendix E*).
- A recent interview with Romulo Neri, Director General of the National Economic Development Agency and Secretary for Socio-Economic Planning, quoted him as saying that the Church should keep its hands off the population issue.
- One is an oppositor of modern family planning: Department of the Interior and Local Government Secretary Jose Lina who as governor of Laguna stopped FP programs in the province.
- A critical member of the POPCOM board, Department of Health Secretary Manuel Dayrit has taken an ambivalent position on the issue. As a member of the Cabinet, he articulates the policies of the President and is pushing for natural family planning. However, in the past, he has been a silent supporter of family planning issues.
- Other members like Department of Education Secretary Edilberto de Jesus, Department of Labor and Employment Secretary Patricia Sto. Tomas, Department of Agrarian Reform Secretary Robert Pagdanganan, Department of Agriculture Secretary Luis Lorenzo, Department of Trade and Industry Secretary Manuel Roxas have not yet articulated their positions.

Department of Health
- The DOH issued DAO No. 50-A, S.2001 as the National Family Planning Policy.
- Such issuance defined family planning as a health intervention that shall be made available to all men and women of reproductive age (15-44 years old) including those reproducing earlier or beyond this age bracket. It shall focus on the following modern FP methods, namely: Natural Family Planning (NFP), pills, condoms, hormonal injectables, intrauterine device (IUD), lactational amenorrhea method (LAM), voluntary surgical sterilization (VSS)– bilateral tubal ligation (BTL) and vasectomy.
- As a Program, FP shall address the need to help couples and individuals achieve their desired family size within the context of responsible parenthood and improve their reproductive health towards the attainment of sustainable development. It aims to ensure that quality family planning services are available in all DOH-retained hospitals, LGU-

managed health facilities, other government organizations, NGOs, and the private sector.

- The DOH, under the National Natural Family Planning Strategic Plan Year 2002-2006, is mainstreaming NFP to enforce the policy of providing full information to couples in their choice of FP methods.
- The current leadership of DOH namely Secretary Manuel Dayrit, Undersecretaries Antonio Lopez, Ma. Margarita Galon, Milagros Fernandez, Epifanio Lacap, Assistant Secretaries Nemesio Gako, Zenaida Ludovice, Juanito Rubio and Rolando Domingo uphold the current policy of the Arroyo administration on family planning.
- In media statements, Sec. Dayrit has opined that the IUD is an abortifacient and should be banned. He has also been quoted as saying that there are enough modern contraceptive commodities until the year 2004, despite field concerns about inadequate modern contraceptive supply. Under the previous administration, with Dr. Alberto Romualdez Jr as DOH Secretary, a budget line item of PhP70 million was allocated for modern contraceptives. This allocation was used for NFP training under Secretary Dayrit.
- Thus the DOH has not made any preparations to inform and prepare the LGUs, the private sector and the LGUs of the vacuum that will result with the reduction in the supply of modern contraceptive commodities.
- At the regional level, the Regional Director and the Family Planning Coordinator provide the leadership to ensure that program objectives and goals are achieved. There are thirteen (13) Center for Health Development (DOH Regional Offices) which provide technical assistance (training, logistics support) to local government units, NGOs and private sector in planning, implementation, monitoring and evaluation of family planning program. During the recent ENGENDERHealth-sponsored FP/RH policy review and consultation with DOH-retained hospitals, the DOH regional directors expressed their frustration over the lack of serious implementation of FP policies.

Department of Labor and Employment

- Sec. Patricia Sto. Tomas has not signified a clear stand on the issue but supports Labor Code policy of integrating FP in the workplace.
- Undersecretary Lucita Lazo has been her representative to the POPCOM Board meetings.
- There are DOLE staff members at the regions (we have talked to the point persons in Region IV and VII) which promote compliance with Article 134 of the Labor Code. This article mandates the provision of family planning service to employees in companies regularly employing more than 200 employees. However, the same persons indicated that the DOLE has not provided resources to monitor compliance.

2. Legislative

The FP Program as translated in legislative advocacy work, is equated with the passage (or non-passage) of the Integrated Reproductive Health Care Act, as embodied by House Bill 4110 and Senate Bill 2325.

- Currently, there are 63 members of the House of Representatives who are authors of House Bill 4110, the "Reproductive Health Care Act", and one author of its Senate counterpart, Senate Bill 2325. (*Appendix F*)
- Of the legislators, the following are the identified champions (legislators who have publicly expressed support for RH and FP issues and concerns):

  Senate:
  - There are at least **nine Senators** who have gone public in support of RH/FP concerns. These are Senators Rodolfo G. Biazon (author of SB 2325), Juan Flavier, Panfilo Lacson, Teresa Aquino-Oreta, Gregorio Honasan, Luisa Estrada, Edgardo Angara, Mannuel Villar, and Robert Jaworski.
  - Senators Loren Legarda and Senate President Franklin Drilon are currently neutral to the RH/FP issue at present, but have expressed consistent support in the past.

  House of Representatives:
  - At least **22 Members** co-authored the Bill and are championing RH/FP: Representatives Bellaflor Angara-Castillo, author of HB 4110 (Lone Dist.-Aurora), Neric Acosta (1st Dist.-Bukidnon), Krisel Lagman-Luistro (1st Dist.-Albay), Cynthia Villar (Lone Dist.-Las Piñas), Etta Rosales (Party List-Akbayan), Joel Villanueva (Party List-CIBAC), Wimpy Fuentebella (3rd Dist.-Camarines Sur), Gilbert Remulla (2nd Dist.-Cavite), Lorna Silverio (3rd Dist.-Bulacan) , Carlos Padilla (Minority Floor Leader, Lone Dist.-Nueva Vizcaya), Imee Marcos (2nd Dist.-Ilocos Norte), Emilio Macias (2nd Dist.-Negros Oriental), Darlene Antonino-Custodio (1st Dist.-South Cotabato), Jose Carlos Lacson (3rd Dist.-Negros Occidental), Emmylou Taliño-Santos (1st Dist.-North Cotabato), Liza Maza (Party List-Bayan), Kim Bernardo-Lokin (Party List-CIBAC), Reynaldo Uy (1st Dist.-Western Samar), Allan Peter Cayetano (Lone Dist.-Pateros-Taguig), Uliran Joaquin (1st Dist.-Laguna), Reylina Nicolas (4th Dist.-Bulacan), and Josefina Joson (1st Dist.-Nueva Ecija and Chair, Committee on Women).
  - The remaining **41 authors of HB4110** are currently not very vocal in their support of RH/FP and should be targets of advocacy so that they themselves can become FP/RH advocates.
- Several legislators are non-authors but active supporters of HB4110:
  - Rep. Charlie Cojuangco (4th Dist.-Negros Occidental): As one of the leaders of the Nationalist People's Coalition (NPC), he prefers to stay in the background so that he can quietly convince his party mates to support the Bill come voting time.

- Rep. Antonio Yapha (3rd Dist.-Cebu): As Chair of the Committee on Health, he has to show neutrality to the issue, especially in the hearings of HB4110. He was one of the earliest who signed on as co-author of the Bill but had to withdraw because of his chairmanship.
- Rep. Oscar Moreno (1st Dist.-Misamis Oriental): Rep. Moreno is also doing some ground work in LAKAS-CMD, the majority party.
- Rep. Florencio Abad (Lone Dist.-Batanes), while a non-author, is a supporter and also committed the Liberal Party to support HB4110.

- The following are very vocal in their opposition to RH concerns and have either advocated for NFP as the exclusive FP method or have blocked passage of RH/FP-related measures in the past and in the present:

  Senate:
  - **Four Senators**: Aquilino Pimentel, Ralph Recto, Serge Osmeña, and Vicente Sotto III.
  - Quiet oppositionists include Joker Arroyo and Ramon Magsaysay Jr.

  House of Representatives:
  - At least **12 Members of the House of Representatives**: Tony Roman (1st Dist.-Bataan), Cho Roco (2nd dist.-Camarines Sur), Edmund Reyes (Lone Dist.-Marinduque), Ed Zialcita (Lone Dist.-Parañaque), Trinidad Apostol (2nd Dist.-Leyte), Victoria Reyes (3rd Dist.-Batangas), Willie Villarama (2nd Dist.-Bulacan), Carmen Cari (5th Dist.-Leyte), Fred Marañon (2nd Dist.-Negros Occidental), Monico Puentebella (Lone Dist.-Bacolod), Abraham Mitra (2nd Dist.-Palawan), and Frank Perez (2nd Dist.-Batangas).
  - Cong. Harlin Abayon (1st Dist.-Northern Samar), Vice Chair of the Committee on Health hearing HB4110, while saying that he is neutral to the issue, is widely perceived as highly opposed to the Bill, which may also indicate how he will stand on FP issues.
- The Senators whose position on RH/FP issues is unknown or have not made any comments includes Noli de Castro, John Osmeña, Ramon Revilla, James Barbers, Rene Cayetano and Francis Pangilinan.
- The senior HOR leaderships led by Speaker Jose De Venecia, the three Deputy Speakers and the Majority Floor Leader are currently non-committal on the issue, although some published statements indicate a leaning towards support.
- The remaining 150 Members of the House of Representatives have not made any statement of support or non-support to HB4110.
- Within the 70-member House Committee on Health currently reviewing HB4110, there are 28 members who are also authors of the Bill and 9 known oppositionists to the Bill. The authors need to gain at least 8 more supporters to gain majority and assure passage within the Committee on Health.
- There is a Core Group within Congress composed of legislative and congressional staff from the Senate and the House of Representatives that are quietly advocating for RH and FP concerns, and are also facilitating the conduct of committee hearings for HB4110 and other population and

development and reproductive health measures. The group was organized by PLCPD and is known as the Human Development Advocates.

B. Non Government Organizations

1. NGOs and NGO Networks/Coalitions

- There are a number of existing Family Planning/Reproductive Health advocacy networks. (*Appendix H)*
  - The Reproductive Health Advocacy Network (RHAN) and Negros Oriental FP/RH Advocacy Network (NeOFPRHAN) are networks that have already signified intention to advocate for FP. RHAN members also belong to the Asia Pacific Coalition on RH. NeOFPRHAN is a network recently formed by the Policy Project - The Futures Group International.
  - Municipal advocacy teams in Negros Oriental, Sorsogon, Albay, and Misamis Oriental have been trained in popdev and RH advocacy by the Policy Project. The UNFPA project helped form advocacy teams in Capiz province and select municipalities. Their willingness to publicly promote FP is being ascertained.
  - Openness to advocate for FP among the remaining groups is being determined.
- Nine NGOs out of the 32 national NGOs supportive of FP (*Appendix I*) have FP-focused programs
- FPOP, TUCP, ReachOut, IMCH, IMCCSDI, WFMC, FriendlyCare, Phil. Foundation for Natural Family Planning (PFNFP), and Alay sa Mamamayan Foundation-Iglesia ni Kristo have FP service delivery, IEC, training and FP advocacy.
  - Eight are into FP service delivery (FPOP, TUCP, IMCH, IMCCSDI, Friendlycare, Alay sa Mamamayan-INC, WFMC, PFNFP). 4 are also involved in training of service providers (IMCH, IMCCSDI, WFMC, PFNFP)
  - One is involved in IEC materials development and production (Reachout)
  - Three are into legislative advocacy (FPOP, TUCP, FriendlyCare)
  - Two are involved in grassroots advocacy (Alay sa Mamamayan -INC, TUCP)
- Of the 32 NGOs supportive of FP, 20 are members of the nationally-based RHAN, and are currently involved in advocacy for HB 4110, relisting of Postinor and contraceptive security
  - Of the RHAN members, only nine organizations are publicly advocating for FP in various foras including conferences and TV/radio guestings. Known champions of informed choice include Atty. Rhodora Raterta (FPOP) , Eden Divinagracia (PNGOC), Dr. Junice Melgar (LIKHAAN, an NGO involved in mobilizing urban poor women including the youth), Ramon San Pascual (PLCPD), Roberto Ador (PLCPD), Merci Fabros and Princess Nemenzo (Womanhealth), Dr.

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Jonathan Flavier (FriendlyCare), and Atty. Carol Ruiz-Austria (WOMENLEAD)
  - Four RHAN members are also members of the Philippines NGO Council on Population, Health and Welfare, Inc. (PNGOC), a network of 74 national and local NGOs. These include WIN, ReachOut Foundation, Women's Media Circle and PHANSUP
- Eleven of the 32 NGOs listed as supportive of FP have national offices as well as local affiliates in different areas in Luzon, Visayas and Mindanao
  - Local affiliates of such groups (PRRM, PBSP, FPOP, PNGOC, Womanhealth, DSWP, FriendlyCare, SCF, WFC and 3RG, AMF-INC) could be tapped for local advocacy in TSAP-FP areas. They could also serve as our bridges to reach out to other sectors such as fisherfolks, grassroots women, farmers, urban poor, etc., in TSAP-FP project sites and outlying environs. Such efforts could in turn develop more advocates that would mobilize the various sectors for FP.
  - Alay sa Mamamayan Foundation-Iglesia ni Kristo also works in INC communities in different provinces all over the country. Their FP information and services are not exclusive to INC members.
- Three national organizations are viewed as very important and influential due to their reach and close relationship with key influentials and decision makers. These are PLCPD, TUCP and PBSP.
  - Funded by private corporations and businesses, the Philippine Business for Social Progress (PBSP) is a major NGO focused on sustainable development. It has just started work on population/FP/RH. PBSP is one of the more important and influential NGOs in the Philippines because of its track record in development work, its membership composed of the top Philippine corporations, its machinery at the local level, and organizational maturity.
  - The Philippine Legislators' Committee on Population and Development is also an important and influential NGO because its membership comprises of legislators from HOR and Senate. These legislators reach grassroots constituents and peer legislators.
  - The Trade Union Congress of the Philippines, the confederation of moderate labor unions in the Philippines, and with an estimated 1.25 million worker-members, is also a major player since these labor unions could strongly advocate for the implementation of Article 134 of the Labor Code of the Philippines which requires companies with more than 100 employees to provide FP services in their benefits package. TUCP can also mobilize the labor sector to lobby for the incorporation of FP in their collective bargaining agreements (CBAs) or to support FP/RH-related legislations.

2. People's Organizations:

- To date, two large umbrella people's organizations (*Appendix J*) have been interviewed regarding support for FP. There is still a need to reach out to

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urban poor groups, fisherfolks association, farmers organizations, etc and assess their support for FP

- Although FP is not a priority advocacy issue of the Kalipunan ng Maraming Tinig ng Impormal na Sektor (KATINIG), a leading network of the informal sector, its local affiliates in NCR, Cebu and Mindanao which are members of the Basic Sector Council of the National Anti-Poverty Commission (NAPC), have expressed interest in participating in FP advocacy and promotion among its leaders and members. Advocacy work with the informal sector is a major advocacy thrust of TSAP-FP's focus on the urban poor.
- The Confederation of Baranggay Health Workers, the frontliners in FP service delivery in the communities, is very important in reaching out to the many women, men and youth in the communities. Aside from their various health-related activities, the BHWs are FP motivators, counselors, and sources of information in the community. Since they are very much attuned to the needs of the communities, BHWs also act as advocates in pushing local leaders to respond to community needs. In some areas, BHWs also act as Baranggay Service Point Officers or community population or FP workers.

3. NGOs, POs and Community Organizations at the Local Level and NGOs, POs and networks with undefined position on FP

- Local NGO/PO initiatives currently in place and Community Organizations offer wide opportunities for coalition work and grassroots mobilization for FP. (Appendix K)

Other major NGOs, people's organizations and networks in the Philippines still have undefined position on FP. TSAP-FP will work with supportive organizations to determine which of these groups need to be involved in national or local advocacy activities. (*Appendix L*)

C. Faith-Based Groups

- Majority of Protestant churches and organizations support RH and FP issues, namely: the Council of Christian Bishops of the Philippines (CCBP), the Protestant counterpart of the Catholic Bishops Conference of the Philippines; the Philippine Council of Evangelical Churches (PCEC); National Council of Churches of the Philippines, an association of major Protestant churches in the country such as the Baptists, Methodists, Aglipayan Church, evangelical churches, among others.
- The Iglesia ni Kristo and the Jesus is Lord Movement, two of the most influential non-catholic religious groups in the country, are supportive of RH and FP as long as abortion and abortion-inducing methods are not part of prescribed FP methods.
- Religious leaders like Bishop Fred Magbanua, Chairman of the CCBP, Bro. Isaias Samson of the Iglesia ni Kristo, Bro. Eddie Villanueva of the Jesus is Lord Movement, and Bishop Leo Alconga, President of the International Bible Society are very vocal in their support and are ideal champions

- Initial dialogues with leaders of Protestant groups have shown that they are very willing to advocate RH and FP issues among their congregation and among their peers.
- The Muslims are an important target group. While *fatwahs* (edicts) issued by Muslim clerics are favorable towards FP for responsible parenthood, some Muslims do not favor FP and view FP programs as a way of controlling their population rather than a health and poverty intervention. Sulu Muslims, for example, think that Islam prohibits contraception although this belief is more cultural than moral.
- In most areas of ARMM, however, particularly in sites supported by the UNFPA under the fourth cycle of assistance, Muslim religious leaders have been proven to be supportive of promoting RH/FP in the context of Islam.
- The Roman Catholic Church hierarchy, as represented by the Catholic Bishops Conference of the Philippines (CBCP), and its lay organizations such as Pro-Life Philippines, Couples for Christ and El Shaddai, vehemently oppose any initiatives for RH and FP, particularly those pertaining to abortion and modern methods of contraception.
- However, there are moderates within the Roman Catholic Church who have expressed in their published writing their stand on the issue of population, RH and FP. These people can be sobering voices within the Catholic Church: Bishops Ledesma and Julio Labayen, Fr. Gerry Orbos, Fr. John Schumacher, Fr. John Carroll, some of the members of the Jesuit community, and other progressive priests and nuns such as Sis. Cristine Tan and Mary John Mananzan.

D. Medical Community and Health Providers Associations

- Doctors associations like the Philippine Obstetrics and Gynecological Society (POGS) and Philippine Association of Family Physicians PAFP are traditional professional associations. Their main concerns are specialty and sub-specialty examination and professional growth and development of members through training and continuing education, scientific meetings, research and publication. The current President of POGS, Dr. Mira Clemente-Chua, is very vocal in her support for modern methods.
- Officers or Board Members of POGS, PAFP, Philippine Nurse Association (PNA), Occupational Health Nurses Association of the Philippines (OHNAP), Integrated Midwives Association of the Philippines (IMAP), League of Government Midwives of the Philippines (LGMP), Midwives Association of the Philippines (MFP), Philippine Public Health Association (PPHA) and the Association of Municipal Health Officers of the Philippines (AMHOP) do not publicly advocate for family planning practice. As associations of health care providers, their interest in family planning is in the context of providing quality FP information and service to their clients who request the service. (*Appendix M*)
- IMAP, FMP, LGMP, PPHA and AMHOP, being the professional association of grassroots health care providers, appear to be more receptive to family

planning. Public or private practicing midwives and the government physicians, nurses, sanitary inspectors and medical technologists who are AMHOP and PPHA members provide family planning information, counseling and FP method to their clients as part of their regular services.

- Physicians, nurses and midwives who are practicing in private settings have low technical knowledge on family planning - especially on contraceptive technology and safety. Their usual sources of information are drug literatures given by medical representatives and occasional lectures through scientific meetings. Most of them do not have access to the FP service delivery protocols which are distributed only to public health providers.
- Physicians, nurses and midwives who are practicing in private settings have expressed interest to learn about family planning. Only the OB-GYNE and Family Physicians in OB-GYNE settings are providing family planning services.

E. Media

Media monitoring from January 1 to March 6, 2003 on prominent national broadsheets and tabloids clearly showed an overwhelming trend towards positive stories. Stories that push our advocacy agenda accounted for 67.2 percent of all published stories on population, family planning and reproductive health. Negative stories accounted for only 13.7 percent, while neutral stories, or those stories that do not show any bias for or against our advocacy agenda, represented 19.1 percent.

- There were more columnists writing favorably on population, family planning and reproductive health issues. Some 13 columnists wrote favorably on our advocacy issues while only three wrote against our issues. Eight more columnists wrote about our issues but did not shown a bias for or against them.
- Among the columnists who have written several times on our advocacy issues, several stood out. Rina Jimenez-David wrote about our issues five times, Dong Puno twice and Manolo Jara, twice, all favorably. On the other hand, Bernardo Villegas, a leader of the Opus Dei, wrote negatively on our issues four times, and Emil Jurado twice.
- Editorials and editorial cartoons showed positive bias toward our advocacy issues. There were four editorials in favor of our issues, and only one was neutral. The favorable editorials appeared in the Manila Standard, Today, Abante and Manila Times. The neutral editorial was printed in Philippine Daily Inquirer. There were also four editorial cartoons for our issue, versus only one against. The positive cartoons were published in the Philippine Star, Manila Standard (twice) and Philippine Daily Inquirer. The PDI published the lone negative cartoon.
- The newspapers and tabloids overwhelmingly carried positive stories. For example, the Philippine Daily Inquirer, the country's number one broadsheet, had 27 positive stories on our issues, with only three against. It also carried nine neutral stories.

- The country's two other large dailies, the Philippine Star and the Manila Bulletin also had a positive bias. The Star had 12 positive, three negative and two neutral stories. The Bulletin had 20 positive stories, four negative and six neutral.
- The country's top business daily, Business World, also had a favorable bias with 11 positive and three negative stories,
- Among the tabloids, the large circulation Abante had eight positive, one negative and one neutral story.
- The only newspaper that bucked the trend and had a sizeable number of negative stories was the medium-sized Manila Standard. This paper had 10 positive, seven negative and two neutral stories.

Radio and Television Monitoring is more difficult as there are no hard copies of broadcasts. The sub-contractor Ketchum International through its Philippine affiliate Corporate Image Dimensions (CID) is handling this monitoring. There are several radio and TV personalities, however, who can be counted on for their support such as Ces Drilon, Ricky Carandang and Winnie Monsod.

The project intends to involve further these celebrity endorsers: Ali Sotto, Monique Wilson, Aiko Melendez, Rosanna Roces, Armida Siguion-Reyna, Pete Lacaba, Ronnie and Mariz Ricketts, and Raquel Villavicencio.

F. Academe and other Professional Associations

- Recently, the National Academy of Science and Technology (NAST) under the Department of Science and Technology has convened a group of academicians to initiate a round table discussion on population and family planning. NAST performs an advisory function and issues appropriate policy statements over specific issues. NAST member-academicians are professors and researchers from the National Institute of Health (NIH) and Population Institute, both of the University of the Philippines.
- The NHI has a Board of Advisers that influences or recommends its general direction; priorities and thrusts in areas of health research (like Evidence Based Medicine in FP) based on the demands of health care environment and need of the Filipino Population.
- The UP Population Institute (UPPI) has through the years instrumental in the generation of relevant information about FP issues from the various studies it conducted in collaboration with POPCOM, DOH, and the donor community.

VII. Conclusion and Recommendations

There is a mass base of support for family planning among a broad sector of society. The challenge to TSAP-FP is to be able to harness this support such

that knowledge and attitude is translated into wide public acceptance which will create a groundswell for FP practice.

The list of identified stakeholders that has shown support for FP makes up a broad and varied representation of our identified sectors: urban poor, industrial workers and adolescents and young adults. The Importance-Influence-Support Matrix on Appendix E serves as basis to the thrusts of our advocacy efforts:

- Strengthen the advocacy capabilities and maintain support to high-importance, high-influence stakeholders in promoting informed choice for FP
- Move high-importance/high-influence stakeholders who have lukewarm support for the FP informed choice upward to active support
- Move high-importance/high-influence stakeholders who are opposed to the FP informed choice upward to at least neutrality on the issue
- Move stakeholders who are highly important but have low influence to the left by making them more influential

The NGOs and POs are highly important not only because they work among our target audiences, but because of their proven commitment and history of success. While we still have to expand our list of community organizations pending a detailed inventory of municipalities and cities in our target areas, we have set the parameters for their selection.

Most NGOs and POs do not have much influence to do advocacy particularly at the national level. The suggested action for these stakeholders is to develop their capabilities to increase their levels of influence and reach. A possible strategy to achieve this is to form these stakeholders into coalitions or confederations that will have a stronger voice.

The national government agencies (NGAs) we have identified are somewhat uncommitted to our cause or are biased towards methods permitted by the dominant Catholic Church. In this regard, the NGAs echo the position of President Arroyo. Our recommendation is to work out a *modus vivendi* with the government on their approaches for promotion of FP and preferred methods. The government's success in promoting NFP will result in greater public acceptance, which is our own measure of success.

On the other hand, we are committed to all methods, except induced abortion, in order to give the Filipino couple the ability to make informed choices. Our recommendation is to work *around* the government in promoting modern methods of contraception. Working around government means working with NGOs and POs and the local chief executives, the primary source of family planning commodity, to promote modern methods. But we cannot completely ignore NGAs as they are instrumental in our objectives of promoting FP among

industrial workers (DOLE) and changing protocols in FP practice and curriculum in medical, nursing and midwifery schools (DOH).

LGUs have their own agenda, priorities and issues. The Project will not attempt to superimpose its own agenda but rather work within the LGU's own development framework and the Local Chief Executive's mindset.

The following criteria could help us determine the suitability of a province, city or municipality for assistance through community organizations: (1)high population growth rate (PGR); (2) high total fertility rate (TFR); (3) low contraceptive prevalence rate (CPR); (4) receptiveness of local chief executives (LCEs); (5) good peace and order; (6) presence of active NGOs interested in FP concerns; (7) high maternal mortality rate (MMR) and infant mortality rate (IMR).

The medical community is important because they are the owners of the science and the providers of the methods of FP. On one level, we will partner with the health provider as the advocate for FP among possible users. On another level, some prominent members of the medical community will also be used to advocate for FP at the national level, given training on media and messages.

A sector that requires much discernment (to use a word popular in this sector) is faith-based groups. The Catholic Church undoubtedly is the paramount impediment to successful promotion of FP in the country, not so much because of moral authority or spiritual influence, but because of its political clout. Like any other large group, the Church is not homogenous; there are currents of dissatisfaction with the Church prohibition of modern contraceptives and with the aggressive fundamentalism of such groups like the Opus Dei. But our recommendation is not to try to take advantage of these fissures, as this will likely backfire. As it has shown in all its history, the Church when under attack will unite.

Our recommendation is to try to find common ground with the Church, such as in areas like abortion and NFP as a modern method that are common to both. The trick is to find this commonality and try to cultivate it as a fertile ground of collaboration.

Non-catholic Christian churches on the other hand are almost unanimously supportive of modern methods of contraception. We may be tempted to play Protestant Churches against the Catholic Church on this issue, in an attempt to get more support for modern methods. But there is a great danger in this. Catholics will likely rally around their Church's position if this is attacked by for example the Iglesia ni Kristo. It is our recommendation that we support Protestant churches in their effort to promote modern methods among their followers, and also to show that there is a diversity of beliefs on the issue.

Islam is a decentralized religion in that there is no central authority that decrees universal interpretation of the Koran. Ulama are important in the ARMM project areas not only because they can issue edicts that will overturn the often cultural belief that Islam prohibits contraception, but also because of their position in society. But it would be necessary for us to get these edicts on a provincial level as again there is no central regional authority.

Very critical to our Project is to maintain the present support of the majority of media, as the media is the most efficient way to reach the greater number of people quickly and economically. We will do this by enhancing their knowledge about the issue and by providing positive stories at the same time counteracting negative publicity.

Even as FP enjoys broad support from many sectors of society, there are those opposed to it. For those in high and medium opposition, the proposed action is to monitor movements and assess possible risks. For those in low opposition, we will aim to convert the opposition to neutrality via information-sharing and liaising activities.

Intermediate Result No. 2 mandates The Social Acceptance Project to increase the number of key segments of society advocating for the use of family planning. Logically, there are only a limited number of groups or individuals who have the social, political and economic position, or the personal connections, expert knowledge and charisma to be classified as influential and therefore will be heard and listened to in media and public fora.

TSAP-FP's strategy to increase the number of advocates is through strengthening of stakeholders who may have the influence but not the communication skills or the media training to be effective advocates. A second strategy is to involve and enlist the help of stakeholders who may have the influence but not yet an interest in FP. The other strategy is to form interested but low-influence stakeholders into coalitions or confederations that will then have the clout to be heard, and with training will have the capability to project their positions in the mass media.

Social mobilization will help create a critical mass that will be influential. Stakeholders involved in communication who have good FP-IEC programs but with a narrow audience will be encouraged and trained to broaden their media mix and target audiences.

Stakeholder analysis is the first step towards an advocacy plan. It is actually a part and parcel of a situational analysis that will be the basis of strategic planning on how to convert latent support to active endorsement.

This stakeholders' analysis further bears relevance on the timing of project interventions. It is ideal that scanning of other identified areas be conducted as early as possible, such as in Cebu, Davao and ARMM. Moreover this assessment, while still incomplete as of this reporting considering that we have not touched base with potential partners in other priority areas, provide us the insights on the capacities of our present stakeholders and the direction on how to handle prospective stakeholders in the future.

[4] Target audience - Adolescents and young adults ages 15-24. Adult men and women ages 25-34.

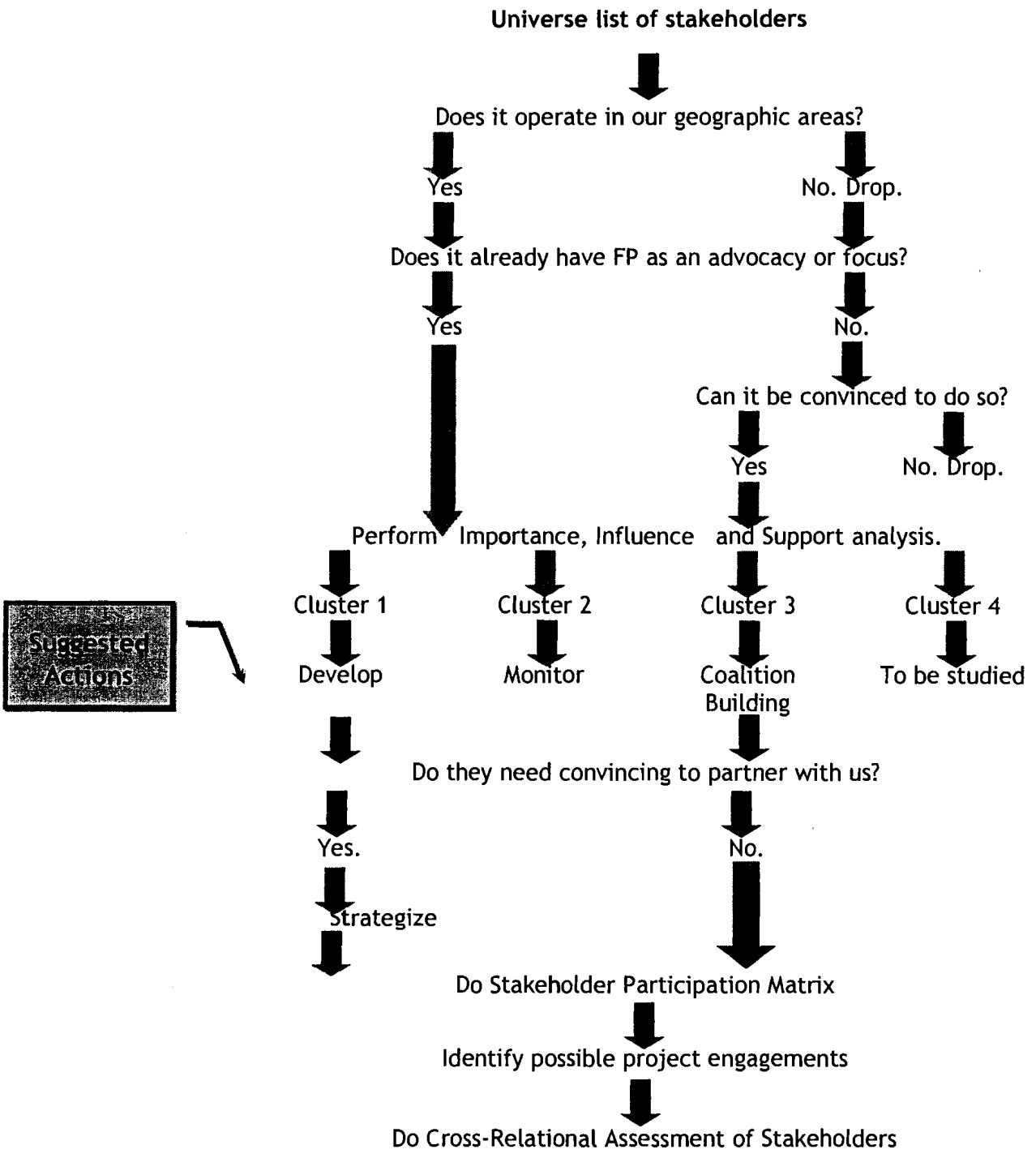
Appendices

Appendix A: Indicator Matrix

IR	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
	Behavior Change Communication Component			
IR1	**Increase public approval of FP among target audience**[4]	% of target audience who strongly approve of FP practice	Survey	Pre- and post campaign
	Advocacy and Social Mobilization Component			
IR2	**Increase the number of key segments of society advocating for use of FP in project areas**	Number and type of key segments[5] of society advocating for use of FP	Desk and library research Poll survey Media monitoring Project activity report	Year 2003 Year 2004 (mid-term) Monthly Quarterly
	Health Provider Component			
IR3	**Increase the inclusion of FP as part of the routine health package in public health facilities and industry clinics within the convergent sites**	% of public health facilities and industry clinics in convergent sites offering FP as part of their routine health package	Clinical Facility Profile Document review	Year end of 2003 and 2004

[5] Legislators, Local officials/leaders, faith-based groups, NGOs, community-based groups, labor groups, sports associations, media practitioners, entertainment industry groups, informal sector groups, youth groups, other professional groups

Appendix B: Decision Tree. Suggested Flow Chart for Selecting Stakeholders



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Appendix C: List of Organizations with Involvement in TSAP FP Identified Sectors

Sector	Women	Formal Labor	Informal Sector	Urban Poor	Rural Poor	Youth & Students	Health Providers	Influentials	Networks/Coalitions
Non Government Organizations									
WomanHealth	✓			✓					
Trade Union Congress of the Philippines ✠		✓					✓		
Women's Media Circle	✓					✓			
Phil. Business for Social Progress ⅡI				✓	✓				
Phil. Rural Reconstruction Movement ⅡI					✓				
Phil. NGO Council on Pop'n, Health & Welfare ✠									✓
Foundation for Adolescent Development ⅡI						✓			
Responsible Parenthood and Maternal and Child Health Association of the Phil. (RPMCHAP) ❄		✓					✓		
ReachOut International							✓		
Philippine Legislators' Committee on Population & Development (PLCPD) ✠								✓	
Kalipunan ng Maraming Tinig ng Impormal na Sektor (KATINIG) ⅡI			✓						
Family Planning Organization of the Phil. ✠							✓		
Karapatang Kalusugan ng Mangagawa Isinusulong sa Timog Katagalugan (KAMIT) ❄		✓							✓
Reproductive Health Advocacy Network ✠								✓	
FriendlyCare Foundation ✠							✓		✓
John Snow Institute ✠							✓		
RH Advocates for Productivity of Workers for Industrial Development (RHAPWID)** ❄		✓							✓
Association of Labor Unions**		✓							
Phil. Obstetrics and Gynecological Society (POGS)							✓		
Phil. Association of Family Physicians (PAFP)							✓		
Reproductive Rights Resource Group (3RG) ✠	✓								✓
Integrated Midwives Assoc. of the Phil. (IMPA) ❄							✓		
Cebu Youth Council** ⅡI						✓			
Save the Children Foundation - US	✓				✓				
Sagip Pasig Movement ** ❄				✓					
Phil. Center for Population and Development (PCPD)	✓					✓		✓	
Institute of Maternal and Child Health**							✓		
ACDI-Voca **									
KAUGMAON**					✓				

Association of Phil. Medical Colleges							✓		✓
Bangguniang Kabataan Federations						✓			✓
Baranggay Health Workers Federation							✓		✓
Gerry Roxas Foundation									
National Government Agencies									
Commission on Population (POPCOM) ✠								✓	
Department of Health							✓	✓	
Dept. of Labor and Employment ** ❄		✓	✓						
National Anti-Poverty Commission* ❄	✓	✓	✓	✓	✓	✓			
Nat'l Commission on the Role of Filipino Women	✓								
Philippine Information Agency* ❄								✓	
Bureau of Food and Drugs							✓	✓	
Commission on Higher Education**							✓		
Board of Medical Examiners							✓		
Department of Education**						✓			
National Youth Commission**						✓			
Faith-based Groups									
Iglesia Ni Kristo ✠	✓	✓	✓	✓	✓	✓			
Council of Christian Bishops in the Phil.** ❄	✓	✓	✓	✓	✓	✓			
National Council of Churches of the Phil.P** ❄	✓	✓	✓	✓	✓	✓			
Iglesia Filipinana Independiente** ❄	✓	✓	✓	✓	✓	✓			
Phil. Council of Evangelical Churches** ❄	✓	✓	✓	✓	✓	✓			
Ulama league **			✓	✓	✓	✓			
Jesus is Lord Movement ** ❄			✓	✓	✓	✓			
Ang Dating Daan**			✓	✓	✓	✓			
Local Chief Executives									
Bulacan	✓	✓	✓	✓	✓	✓	✓		
Capiz	✓	✓	✓	✓	✓	✓	✓		
Negros Oriental	✓	✓	✓	✓	✓	✓	✓		
Cebu City	✓	✓	✓	✓	✓	✓	✓		
Mandaue	✓	✓	✓	✓	✓	✓	✓		
Lapu-lapu	✓	✓	✓	✓	✓	✓	✓		
Talisay	✓	✓	✓	✓	✓	✓	✓		
Academe									
La Salle - Task Force on Reproductive Health** ◘						✓	✓		
Univ. of the Phil. Population Institute** ✠						✓	✓		
UP-College of Medicine**						✓	✓		
UP-College of Public Health**						✓	✓		
Cebu Doctors**						✓	✓		
Western Mindanao University**						✓	✓		
Davao Medical School Foundation**						✓	✓		
Velez College**						✓	✓		
South Western University-Cebu**						✓	✓		

De La Salle University-Dasmariñas**						✓	✓		
erpetual Help College of Rizal**						✓	✓		
Media									
Phil. Daily Inquirer	✓	✓	✓	✓	✓	✓			
Phil. Star	✓	✓	✓	✓	✓	✓			
Manila Bulletin	✓	✓	✓	✓	✓	✓			
Today	✓	✓	✓	✓	✓	✓			
Manila Times	✓	✓	✓	✓	✓	✓			
All national TV Stations	✓	✓	✓	✓	✓	✓			
Top Regional radio stations	✓	✓	✓	✓	✓	✓			
4 national radio stations	✓	✓	✓	✓	✓	✓			
6 tabloids	✓	✓	✓	✓	✓	✓			
2 Cebu newspapers	✓	✓	✓	✓	✓	✓			
2 Davao dailies	✓	✓	✓	✓	✓	✓			

Legend:

** – no meetings yet
Ⅱ– new converts
✠ – current advocates
❄ – advocates to be

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Appendix D: List of Champions Publicly Advocating FP/RH Issues

NAME	CONTACT ADDRESS & TELEPHONE NUMBERS	POSITION/ ORGANIZATION	POPDEV	FAMILY PLANNING			RH
				NFP only	NFP + informed choice	All methods	
LEGISLATORS: [9 Representatives & 5 Senators)							
1. Bellaflor Angara-Castillo	N-518 Batasang Pambansa Complex, Quezon City 9315435; 9315001 loc. 7417	Representative, Lone Dist., Aurora	✓			✓	✓
2. JR Nereus O. Acosta	N-215 Batasang Pambansa Complex, Quezon City 9316733; 9315001 loc. 7394	Representative, 1st Dist., Bukidnon	✓			✓	✓
3. Krisel Lagman-Luistro	N-411 Batasang Pambansa Complex, Quezon City 9315497; 9315001 loc. 7370	Representative, 1st Dist., Albay	✓			✓	✓
4. Loretta Ann Rosales	S-511 Batasang Pambansa Complex, Quezon City 9316288; 9315001 loc. 7289	Representative, Party List, Akbayan	✓			✓	✓
5. Emmanuel Joel J. Villanueva	N-317 Batasang Pambansa Complex, Quezon City 9315442; 9315001 loc. 7356	Representative, Party List, CIBAC	✓			✓	✓
6. Gilbert Remulla	N--316 Batasang Pambansa Complex, Quezon City 9316531; 9315001 loc. 7355	Representative, 2nd Dist., Cavite	✓			✓	✓
7. Darlene R. Antonino-Custodio	N-105 Batasang Pambansa Complex, Quezon City 9316691; 9315001 loc. 7324	Representative, 1st Dist., So. Cotabato	✓			✓	✓
8. Alan Peter S. Cayetano	N-302 Batasang Pambansa Complex, Quezon City 9315408; 9315001 loc. 7341	Representative, Lone Dist., Pateros-Taguig	✓			✓	✓
9. Oscar S. Moreno	N-508, RMB-428 Batasang Pambansa Complex, Quezon City 9518922; 9315001 loc. 7055	Representative, 1st Dist., Misamis Oriental	✓			✓	✓
10. Rodolfo G. Biazon	Room D-111 PICC, CCP Complex, Roxas Blvd., Pasay City	Senator	✓			✓	✓

	Room 527, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526772; 5526601 loc. 5527/5528						
11. Juan M. Flavier	Room 525, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526774/78/70/71 5526601 loc. 5537/38/82	Senator	✓			✓	✓
12. Panfilo M. Lacson	Room 523, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526786; 5526601 loc. 5533/34/35	Senator	✓			✓	✓
13. Teresa Aquino-Oreta	6th Flr., Ermita Bldg., Arquiza St., Ermita, Manila Room 511, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526778; 5526601 loc. 5561/62/63/90	Senator	✓			✓	✓
14. Gregorio Honasan	Room 503, 5th floor Senate of the Phils., GSIS Complex, Pasay City 2nd Flr., Videospecs Bldg., Julian Felife cor. Fernando Ma. Guerrero Sts., CCP Complex, Roxas Blvd. Pasay City 5510340/52/63; 5526601 loc. 5552/54/87	Senator	✓			✓	✓
NON-GOVERNMENT ORGANIZATIONS: (9)							
15. Atty. Rhodora Raterta	#50 Doña Hemady St., New Manila, Quezon City 7217101/7247141/7214067	Director, Family Planning Orgn. of the Phils.	✓			✓	✓
16. Dr. Eden Divinagracia	#38 San Luis Street, Pasay	Executive Director, PNGOC	✓			✓	✓

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	City 5516285/8345008/5510330						
17. Dr. Junice Melgar	#92 Times St., West Triangle, Quezon City 4113151/9266230	Executive Director, LIKHAAN	✓			✓	✓
18. Ramon San Pascual	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Deputy Ex. Director, PLCPD	✓			✓	✓
19. Roberto Ador	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Executive Director, PLCPD	✓			✓	✓
20. Ana Maria Nemenzo	#129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Exec. Director, WomanHealth Phils	✓			✓	✓
21. Mercy Fabros	#129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Advocacy Coordinator, WomanHealth Phils Philippines	✓			✓	✓
22. Atty. Carol Ruiz-Austria	#45 Mapagkumbaba St., Sikatuna Village, Quezon City 4356823/4366738	Executive Director, Woman LEAD	✓			✓	✓
23. Dr. Jonathan Flavier	FriendlyCare Foundation, Inc. Mandaluyong City	Director, FriendlyCare Foundation, Inc	✓			✓	✓
INTERFAITH: (3)							
24. Bishop Fred Magbanua	9453 Retiro St., Guadalupe Nuevo, Makati City 8834492-93	Chair, Council of Christian Bishop of the Philippines	✓				✓
25. Dr. Bles		Anchor, INC Radio Program	✓			✓	✓
26. Fr. John Schumacher	Katipunan Ave., Quezon City	Ateneo De Manila University	✓				✓
MEDIA: (10)							
27. Rina Jimenez-David	Philippine Daily Inquirer	Columnist, Phil. Daily Inquirer	✓			✓	✓
28. Atty. Dong Puno	Manila Times/ABS-CBN	Columnist, Manila Times & Anchor TV Program - ABS CBN	✓				

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29. Domini Torrevillas	Philippine Star	Columnist, Philippine Star	✓			✓	✓
30. Ces Drilon	ABS-CBN	Anchor, TV Program - ABS CBN	✓			✓	✓
31. Ricky Carandang	ABS-CBN	Anchor, TV Program - ABS CBN	✓			✓	✓
32. Ramon Tulfo	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
33. Armando Doronilla	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
34. Michael Tan	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
35. Susan Fernandez	People's Tonite	Columnist, People's Tonite	✓			✓	✓
36. Margie Holmes	Abante	Columnist, Abante	✓			✓	✓
LOCAL CHIEF EXECUTIVES: (4)							
37. Hon. Teresita Lazaro	Provincial Capitol, Laguna	Governor, Laguna	✓			✓	✓
38. Hon. Vergel Aguilar	City Hall., Las Pinas City	Mayor, Las Piñas	✓			✓	✓
39. Hon. Ma. Lourdes Fernando	City Hall, Marikina City	Mayor, Marikina	✓			✓	✓
40. Hon. Feliciano Belmonte	City Hall, Quezon City						
BUSINESS SECTOR: (2)							
41. Donald Dee	ECOP, Makati City	President, ECOP	✓			✓	✓
42. Sergio Ortiz-Luis	PhilExport	President, PhilExport	✓			✓	✓
FORMER AND CURRENT GOVERNMENT OFFICIALS: (15) - 3 former administrations, 12 Arroyo Administration							
43. Dr. Alberto G. Romualdez	FriendlyCare Foundation, Inc., Shaw Blvd. Mandaluyong City	PresidentPCEO, FriendlyCare Foundation, Inc.	✓			✓	✓
44. Estefania Aldaba-Lim	Commission on Population	Commissioner	✓			✓	✓
45. Benjamin de Leon	PNGOC	Chair, PNGOC	✓			✓	✓
46. Dr. Manuel Dayrit	Office of the Secretary Department of Health San Lazaro Compound Sta. Cruz, Manila	Secretary of Health	✓	✓			✓
47. Tomas Osias	Commission on Population	Executive Director, POPCOM	✓			✓	✓
48. Dr. Milagros Fernandez	Department of Health San Lazaro Compound Sta. Cruz, Manila	Undersecretary, DOH	✓		✓	✓	✓
49. Mia Ventura	Commission on Population	Dep. Executive Director,	✓			✓	✓

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		POPCOM					
50. Ignacio Arat	Commission on Population	Regional Director, Region XI	✓			✓	✓
51. Atty. Nolito Quilang	Commission on Population	Regional Director, Region VII	✓			✓	✓
52. Marical Terrado	Commission on Population	Regional Director, Region III	✓			✓	✓
53. Lota Leyse	Commission on Population	Regional Director, Region IV	✓			✓	✓
54. Rene Bautista	Commission on Population	Regional Director, Region VIII	✓			✓	✓
55. Psyche Paler	Commission on Population	Regional Director, Region IX	✓			✓	✓
56. Georgina Dolorfino-Arreza	National Youth Commission	Division Chief	✓				✓
57. Chita Cilindrino	Bureau of Women and Young Workers	Director	✓				✓
LABOR: (1)							
58. Ariel Castro	TUCP, Elliptical Road Quezon CIty	Director for Education, TUCP	✓			✓	✓
ARMM ADVOCATES: (2)							
59. Mansor Ali	Sultan Kudarat Islamic Dawah Center	Arabic Isalamic Teacher	✓				
60. Dr. Rodolfo Soriano		Physician	✓			✓	✓
RESEARCHERS/ DEMOGRAPHERS: (5)							
61. Mercedes Concepcion	University of the Philippines	Demographer/Professor Emeritus	✓			✓	✓
62. Pilar Ramos Jimenez	De la Salle University	Associate Professor/University Fellow	✓			✓	✓
63. Evelyn Katigbak	Center for Media Freedom and Responsibility	Researcher/Writer	✓				
64. Zelda Zablan	UP Population Institute	Professor and Researcher	✓			✓	✓
65. Corazon Raymundo	UP Population Institute	Professor and Researcher	✓			✓	✓

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Appendix E: Level of Importance, Influence and Support of Various Institutional and Individual Stakeholders

Labor: TUCP **Legislators:** PLCPD **Interfaith:** INC, JIL **RH Coalition:** RHAN **Government Agencies:** POPCOM **Individuals:** ****HOR; Senior HB4110 authors (8)** - Bellaflor Angara-Castillo (Lone Dist., Aurora), Nereus Acosta (1st Dist., Bukidnon), Krisel Lagman-Luistro (1st Dist. Albay), Cynthia Villar (Lone Dist., Las Piñas), Etta Rosales (Party List, Akbayan), Carlos Padilla (Minority Floor Leader, Lone Dist., N. Viscaya) Josefina Joson (1st Dist., Nueva Ecija, Chair, Committee on Women), Imee Marcos (2nd Dist. Ilocos Norte) **Congressmen who are non-authors but active supporters of HB 4110 (4):** Charlie	**Government Agency:** PGMA, DILG, DOH **Catholic Organizations: (8)** CBCP, Couples for Christ, Abay sa Pamilya, Pro-life, Opus Dei, Parish Pastoral Councils, El Shaddai, TEODORA, Caritas Manila **Other faiths:** Jesus Miracle Crusade **Academic Institution:** UST **NGAs:** Sec. Manuel Dayrit (DOH), Sec. Joey Lina **Catholic Leaders (6):** Cardinal Jaime Sin (Manila), Cardinal Vidal (Cebu), Bishop Bacani (Manila) Bishop Valera, Bishop Villegas (Quezon City), Monsignor Achilles Dacay (Cebu) **Catholic Lay Spokespersons (5):** Mia Zafra (Abay Pamilya), Joe Imbong, Manuel Morato, Manny Arriola, Sr. Pilar Verzosa (Pro-Life Phils.)	**NGOs:** ACDI-VOCA (ARMM), Kaugmaon (ARMM), FAD **Networks and Coalitions:** PCPD, 3RG, KAMMIT, RHAPWID **Urban Poor Groups (2):** PBSP, KATINIG (Metro Manila, Cebu, etc.) **Interfaith:** NCCP, JIL, CCBP, PCEC, IFI, Iglesia Unida Ecumenical, UCCP, Episcopal Church, International Bible Society, other evangelical churches and fellowships **Health Associations (2):** BHW Federation, AMHOP **Academic Institutions (2):** UPPI, DLSU Social Research **Legislators (65):** Joel Villanueva (Party List, CIBAC), Wimpy Fuentabella (3rd Dist., Cam Sur), Gilbert Remulla (2nd Dist., Cavite), Lorna Silverio (3rd Dist., Bulacan), Emilio Macias (2nd Dist., Neg Or), Darleen	**Government Agencies: (10)** PIA, DepEd, DA, DAR, DENR, NEDA, DOLE, DSWD, NAPC, NCRFW **Medical Associations: (2)** POGS, PAFP **Interfaith:** Ulama/Alimat, **NGOs:** Gerry Roxas Foundation **Academic Institutions (10):** DLSU-TFRH, DLSU Medical School (Dasmarinas, Cavite), Perpetual College (Laguna), FEU, RMMMC (Manila), UP College of Medicine, Cebu Doctors, Velez College, SWU (Cebu), Davao Medical School (Davao) **Youth (3):** SK Federations, Cebu Youth Council, Kagabay (Parola) **NGOs:** Sagip Pasig Movement **Catholic Church Leaders (5):** Bishop Ledesma, Bishop Labayen, Fr. Gerry Orbos (?),

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Cojuangco (4th Dist., Neg Occ), Antonio Yapha (1st Dist., Cebu, Chair, Committee on Health), Oscar Moreno (1st Dist., Misamis Oriental), Florencio Abad (Lone Dist., Batanes)

**Senators (9): Rodolfo Biazon (author, SB 2325), Juan Flavier, Panfilo Lacson, Teresa Aquino-Oreto, Gregorio Honasan, Luisa Ejercito-Estrada, Eduardo Angara, Manuel Villar, Robert Jaworski

***Interfaith (2): Bro. Isaias Samson (INC), Bro. Eddie Villanueva (JIL),

**Media (15): Rina Jimenez-David (PDI), Atty. Dong Puno (Manila Times, ABS-CBN), Domini Torevillas (Phil. Star), Ces Drilon (ABS CBN), Ricky Carandang (ABS-CBN), Mon Tulfo (PDI), Mike Tan (PDI), Armando Doronilla (PDI), Susan Fernandez (People's Journal), Margie Holmes (Abante), Dr. Bles (INC Radio Station), Korina Sanchez (ABS CBN), Teddy Locsin (ABS CBN), Teddy Benigno (Phil Star), Jesica Soho (GMA),

*** LCE (4): Gov. Teresita

**Media (2): Emil Jurado, Bernie Villegas

**Senate (6): Aquilino Pimentel, Sergio Osmeña, Joker Arroyo, Ramon Magsaysay Jr., Tito Sotto, Ralph Recto

**HOR (12): Tony Roman (1st Dist., Bataan), Cho Roco (2nd Dist, Cam Sur), Edmund Reyes (Lone Dist, Marinduque), Ed Zialcita (Lone Dist., Paranaque), Trinidad Apostol (2nd Dist. Leyte), Victoria Reyes (3rd Dist, Batangas), Willie Villarama (2nd Dist., Bulacan), Carmen Cari (5th Dist. Leyte), Fred Maranon (2nd Dist. Neg Occ), Monico Puentebella (Lone Dist., Bacolod), Abraham Mitra (2nd Dist., Palawan), Frank Perez (2nd Dist., Bacolod)

LCE: Mayor Lito Atienza (Manila)

Individuals (3): ex-Sen. Raul Roco, ex-Sen. Kit Tatad, Jess Estanislao

Antonino-Custodio (1st Dist., South Cotabato), Jose Carlos Lacson (3rd Dist., Neg Occ), Emilylou Talino-Santos (1st Dist., North Cotabato), Liza Masa (Party List, Bayan Muna), Kim Bernardo-Lokin (Party List, CIBAC), Reynaldo Uy (1st Dist., Western Samar), Alan Peter Cayetano (Lone Dist., Pateros - Taguig), Uliran Joaquin (1st Dist., Laguna), Reylina Nicolas (4th Dist., Bulacan), and the 41 authors of HB 4110 who are not vocal in their support on FP/RH.

***RHAN (9): Atty. Rhodora Raterta (FPOP), Eden Divinagracia (PNGOC), Dr. Junice Melgar (LIKHAAN), Ramon San Pascual (PLCPD), Roberto Ador (PLCPD), Mercy Fabros (Woman Health Philippines), Princess Nemenzo (Woman Health Philippines), Dr. Jonathan Flavier (FriendlyCare Care), Atty. Carol Ruiz-Austria (Woman LEAD)

Interfaith (2): Bishop Fred Magbanua (Chair, CCBP), Bishop Leo Alcongca (IBS)

Fr. John Schumacher, SJ, Fr. John Carroll, SJ

Catholic Nuns (2): Sr. Christine Tan, RGS, Sr. Mary John Mananzan, OSB

**Senate (8): Loren Legarda, Franklin Drilon, Francisco Pangilinan, John Osmena, Noli de Castro, Ramon Revilla, James Barbers, Rene Cayetano

HOR: Satur Ocampo (Party List, Bayan Muna), Crispin Beltran (Party List, Bayan Muna), Ted Failon (Leyte)

** Media (8): Winnie Monsod (GMA), , Conrado de Quiros (PDI), Karen Davila (ABS CBN), Mel Tiangco (GMA), Jay Sonza (GMA), Mike Enriquez (GMA), Vicky Morales (GMA), Cheche Lazaro (GMA)

**LCEs (9): Gov. Josie dela Cruz (Bulacan), Gov. Lito Lapid (Pampanga), Gov. Jose Yap (Tarlac), Gov. Hermilando Mandanas (Batangas), Gov. Ereneo Maliksi (Cavite), Gov. Vicente Bermejo (Capiz), Gov. George Arnaiz (Neg Or), Gov. Pablo Garcia (Cebu), Gov. Parouk Husin (ARMM)

Lazaro (Laguna), Mayor Vergel Aguilar (Las Pinas), Mayor Feliciano Belmonte (Quezon City), Mayor Lourdes Fernando (Marikina), **Individuals (5):** Former DOH Secretary Alberto Romualdez, Former NEDA Secretary Medalla, Donald Dee, Estifania Aldaba-Lim, USEC Ben de Leon			****Mayors (18):** Benjamin Abalos, Jr. (Mandaluyong), Soledad Eusebio (Pasig), Joseph Victor Ejercito (San Juan), Reynaldo Malonzo (Caloocan), Amado Vicencio (Malabon), Jose Emmanuel Carlos (Valenzuela), Tobias Reynaldo Tiangco (Navotas), Jejomar Binay (Makati), Jaime Fresnedi (Muntinlupa), Joey Marquez (Paranaque), Wenceslao Trinidad (Pasay), Rosendo Capco (Pateros), Sigfrido Tinga (Taguig), Tomas Osmena (Cebu City), Arturo Radaza (Lapu-lapu City), Thadeo Ouano (Mandaue City), Eduardo Gullas (Talisay City) **Individuals (2):** Washington Sycip (POPDEV), Jaime Agusto Zobel de Ayala (POPDEV), Dr. Mario Festin, Dr. Perla Santos-Ocampo, Dr. Clemente

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Appendix F: Political Map of POPCOM Board Members

Name	Support	Not Defined	Opposition
1. Sec. Romulo Neri, NEDA		•Former director general of Congressional Planning and Budget Office •Previously made strong public statement on popdev but since he assumed office in NEDA, been silent	
2. Sec. Manuel Dayrit, DOH		• an epidemiologist, background in corporate sector , worked with UNILAB, but later came back to DOH •silent supporter ; position is more on fertility awareness •attends POPCOM board meetings regularly •avoids press exposure and questions on population/FP policy •as a member of Cabinet, will support GMAs pronouncement •articulates GMAs polices - no procurement of contraceptives but explore other policy alternatives to make policy work •given all data on population/FP , pressure might mount on him in future for him to make a stand on population/FP	
3. Sec. Dinky Soliman, DSWD	• "on board"- concerned on population issue and studies		

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	all materials/ documents given • started attending POPCOM Board meetings • looks at population issue as a means to address poverty problem. All KALAHI projects have RH component services • also relates population issue to women's empowerment and poverty alleviation • strong NGO background		
4. Sec. Joey Lina, DILG			• Quiet opposition • Never attend POPCOM Board meetings; sends only his representative (Teresita Mistal) • No to FP; during his term, Laguna province was shut off to FP programs and activities
5. Sec. de Jesus, DepEd		• No clear stand yet • Sends Usec. Carol Guererro as DepEd representative	
6. Sec. Patricia Sto. Tomas, DOLE		• No clear stand yet; but supports labor policy of integrating FP in the workplace • Sends Usec. Lucita Lazo as representative	
7. Sec. Roberto Pagdanganan, DAR		New member of the Board, no clear position yet	

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8. Sec. Cito Lorenzo, DA		New member of the Board, stand on population/FP is still not known	
9. Sec. Mar Roxas, DTI		No clear stand yet; does not attend POPCOM Board meetings, no representative	
10. Dr. Mercedes Concepcion	• an institution in the field of population and demography • represents NGO sector		
11. Dr. Jonathan Flavier	• represents NGOs and grassroots communities		
12. Vacant Private Sector 4 were already nominated to occupy this slot, mostly coming from business sector: Dr. Quasi Romualderz, Bea Zobel, Florence Tadiar, Donald Dee All are supportive of popdev/RH/FP			

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Appendix G: Political Map of 12th Congress

SECTOR	HIGH SUPPORT	MEDIUM SUPPORT	LOW SUPPORT	NON-MOBILIZED	LOW OPPOSITION	MEDIUM OPPOSITION	HIGH OPPOSITION
LEGISLATIVE BRANCH	Authors (Sen. Biazon, Congs. Angara-Castillo, Acosta, Luistro, etc.)		Other PLCPD Members	Rules Committee	Baham Mitra, Ed Zialcita, Frank Perez		
	Non-authors (Funtebella, Charlie Cojuangco, Allan Cayetano, Yapha, Abad	Loi Estrada, Ed Angara, Ping Lacson, Gringo Honasan	Flavier Loren Legarda, Tessie Oreta, Robert Jaworski, Manny Villar	Noli de Castro John Osmeña Ramon Revilla James Barbers Rene Cayetano Francis Pangilinan	Willie Villarama, Carmen Cari, Fred Marañon, Monico Puentebella	Cho Roco, Edmund Reyes, Zialcita, Apostol, Vicky Reyes	Tony Roman
	Lady Legislators (Cynthia Villar, etc.)		Legislative Core Group	Senate President Franklin Drilon			Serge Osmeña, Aquilino Pimentel
	HOR Health Committee			Speaker Jose De Venecia		Tito Sotto, Ralph Recto	
	PLCPD Board			Harlin Abayon			
				Liberal Party Nationalist People's Coalition Lakas-CMD			

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Appendix H: Existing FP/RH Advocacy Networks

Level/Location	Name of Network	Nature of Membership/Number
National	Reproductive Health Advocacy Network RHAN	20 National NGOs FPOP, PNGOC, PLCPD ,WOMENLEAD, Womanhealth, Women's Media Circle, HASIK, ISSA, FriendlyCare, PNGOC, IMCH, PRRM, DSWP, PHANSUP, TUCP, Women's Legal Bureau, Medici Sans Frontier, LIKHAAN, KALAKASAN, WIN
Local		
1. Tanjay/Manjuyod in Negros Oriental Sorsogon City Malinao, Albay Balingasag/Salay/Villanueva in Misamis Oriental	Municipal Advocacy Teams formed by POPCOM-PLCPD-PNGOC	LCEs, SB members LGU members, NGOs
2. Quezon City	Quezon City Council on Population initiated by PRRM	18 government agencies, NGOs, individuals from academe : POPCOM-NCR DKT Phils. East Avenue Medical Center FPOP, FriendlyCare IMCH IMCCSDI PFNFP PRRM QC Division of Schools QC Health Dept. Rotary Club-Diliman TUCP, UPPI, Offices of Councilors Bernadette Crux-Herrera, Aiko Melendez and Alma Montilla
3. Negros Occidental, Southern Tagalog, Cebu , Southern Mindanao	RH Coalitions initiated by TUCP to promote RH in workplace : RHAPWID Cebu KAMIT Southern Tagalog FORWARD Negros Occ. We-TRANSFORM, Southern Mindanao	Trade Union leaders , DOH, DOLE, POPCOM

4. Negros Oriental	Negros Oriental FP/RH Advocacy Network (NeOFPRHAN)	9 NGOs, 6 academe, 4 from LGUs, 3 health providers
5. Capiz	Municipal IEC/Advocacy Teams in 9 municipalities Provincial IEC/Advocacy Team (Resource Group)	LGU members, local NGOs

Appendix I: List of NGOs and their Support to Family Planning

NGOs	Scope of Operations	Focus	Support for FP
*Women's Media Circle	National	Women empowerment thru media advocacy	Yes
• Philippine Rural Reconstruction Movement (PRRM)	National/local	Sustainable development	Yes
Philippine Business for Social Progress (PBSP)	National/local	Sustainable development	Yes
*Philippine Legislators Committee on Population and Development (PLCPD)	National	Legislative advocacy on Popdev	Yes
*Family Planning Organization of the Philippines (FPOP)	National/local	RH FP service delivery	Yes
*Trade Union Congress of the Philippines (TUCP)	National/local	Labor rights including RH and FP service delivery	Yes
*Philippine NGO Council on Population, Health and Welfare Inc. (PNGOC)	National/local	Popdev, health	Yes
Foundation for Adolescent Development, Inc. (FAD)	National	ARH	Yes
Alay sa Mamamayan Foundation-Iglesia ni Kristo (AMF-INC)	National/local	FP	Yes
*ReachOut Foundation	National	HIV/AIDS, TB, FP Gay rights	Yes
• Institute of Maternal and Child Health (IMCH)	National	Training on MCH, FP/RH FP service delivery	Yes
Philippine Center for Population and Development (PCPD)	National	Popdev research	Yes
*WomanHealth Philippines	National/local	Womens health and womens rights	Yes
*Democratic Socialist Women of the Philippines (DSWP)	National/local	Women rights, reproductive health and rights	Yes
*Institute for Social Studies and Action (ISSA)	National	Health of women, youth and children , reproductive rights	Yes
• Kababaihan Laban sa Karahasan (KALAKASAN)	National	Violence against women (VAW)	Yes

• Members of the national Reproductive Health Advocacy Network (RHAN)

NGOs	Scope of Operations	Focus	Support for FP
*Reproductive Health, Rights and Ethics Center for Studies and Training (REPROCEN)	National	Reproductive health and rights	Yes
*Linangan ng Kababaihan (LIKHAAN)	National	Women's health and repro rights	Yes
*Philippine NGO Support Program for HIV/AIDS (PHANSUP)	National	HIV/AIDS	Yes
*Tri-dev Specialists Foundation (TRI-DEV)	National	Trainings	Yes
*Women's Legal Education, Advocacy and Defense Foundation, Inc. (WOMENLEAD)	National	Women's rights and welfare	Yes
Women's Theater Program-Philippine Educational Theater Association (PETA)	National	Women's issues thru peoples' theater and the arts	Yes
Responsible Parenthood Maternal and Child Heath Association of the Philippines (RPMCHAP)	National	RP/MCH thru industries and human resource managers	Yes
*FriendlyCare Foundation	National/local	FP service delivery	Yes
Well-Family Midwives Clinic-WFMC-JSI	National/local	FP service delivery	Yes
Save the Children-US (SCF-US)	National/local	Population, health and the environment	Yes
Sagip Pasig Movement (SPM)	NCR	Popdev and environmental management	Yes
Reproductive Rights Resource Group (3RG)	National/local	Reproductive rights	Yes
Philippine Federation on Natural Family Planning (PFNFP)	National	Natural FP	Yes
Institute of Maternal Child Care Services and Development, Inc. (IMCCSDI)	National	Maternal and child health including FP	Yes
*Women in Nation Building (WIN)	National	Women in politics	Yes
* Medicins Sans Frontieres	National	Children's rights	Yes

* Members of the national Reproductive Health Advocacy Network (RHAN)

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Appendix J: List of People's Organizations and their Support to Family Planning

POs	Scope of Operations	Base of Support	Support for FP
Kalipunan ng Maraming Tinig ng Manggagawang Impormal (KATINIG)	NCR- Pasay, Caloocan, Manila, QC Cebu Cagayan de Oro	150 local organizations from NAMVESCO Cooperatives of Market Vendors PATAMABA Network of Home-based Workers CCUVA Cebu KATUPANAN-Cagayan de Oro	Yes
Confederation of Barangay Health Workers in the Philippines	National/local	179,000 BHWs 5,740 BHWS in Cebu province	Yes

Appendix K: Initial List of NGOs/POs/Networks at the Local Level, their Focus/Scope of Operations and Position on FP

NGOs/POs	Scope of Operations	Focus	Support for FP
BULACAN			
Network of Women Home-based Workers PATAMABA	11 municipal chapters with membership of 5,000 rural women	Women empowerment	Yes
Provincial Federation of Baranggay Health Workers	Provincial/municipal 3,321 BHWs	FP promotion and motivation	Yes
Integrated Midwives Association of the Philippines IMAP-Bulacan	400 members	public or rural health midwives and private practicing midwives	Yes
Lingkod Lingap sa Baranggay (LLB)	610 community volunteers and 3,010 mother leaders	delivery of basic services at community level	Yes
CEBU			
Associated Labor Unions (ALU-TUCP)	70 labor unions with a membership of 12,000 workers in companies outside MEPZ	Labor rights including FP/RH	Yes
Family Planning Organization of the Philippines (FPOP)	North/South Cebu Cebu City	RH FP service delivery	Yes
Family Planning Organization Incorporated (FPOI)	Provincial	FP service delivery	Yes
Bidlisiw Foundation	Provincial	community-based health HIV/AIDS, FP/MCH/TB	Yes
Nagpakabana Foundation	Community	RH Streetchildren in Colon Street	Yes
Cebu Youth Center, Inc. (CYC)	Provincial	Adolescent reproductive health	Yes
Friendly Care - Cebu	Provincial	FP service delivery	Yes
Philippine Business for Social Progress- Visayas (PBSP)	Regional	community development RH	Yes
Kaabag sa Sugbu	Provincial	Community development	Undefined
Cebu Women's Coalition	Provincial	Women's issues RH	Undefined
RH Circle	Provincial	Reproductive health	Undefined

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Reproductive Health Advocates for Productive Workers and Industrial Development (RHAPWID)	Provincial	RH in the workplace	Yes
Cebu City United Vendors Association (CCUVA)	64 local organizations	Empowerment of the informal sector	Yes
Cebu Federation of Barangay Health Workers	Provincial/municipal 5,740 BHWs	Delivery of health services including FP in the communities	Yes
Occupational Health Nurses Association of the Philippines- Cebu Chapter	Nurses in 40 private companies including those at MEPZ	Workers' health and safety	Yes
NEGROS ORIENTAL			
Negros Oriental FP/RH Advocacy Network (NeOFPRHAN) Association for the Welfare of Filipino Children (AWFCI) PAGBAG-O Silaw sa Kaugmaon Negros Oriental Chamber of Commerce and Industry Silliman University Goretti Foundation GABRIELA- Negros Oriental Negros Rural Assistance Program (NRAP) Youth Agents for Development Federation (YADF) Hugpong Tanjay Center for Women's Studies and Development	Provincial network composed of 9 NGOs, 6 academe, 4 from LGUs, 3 health providers provincial	FP/RH and Reproductive rights	Yes

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Appendix L: List of NGOs and POs with Undefined Position on FP

NGOs/POs	Nature/Scope of Operation	Focus
Coalition of Development NGOs (CODE-NGOO	Network of NGOs national/local	Community development
Philippine Development of Human Resources in the Rural Areas (PHILDHRRA)	Network of NGOs National/local	Community development VAW
PLAN International	National/local	Community development
GABRIELA	National/local	Women empowerment
Pambansang Kilusan ng mga Samahang Magsasaka (PAKISAMA)	National/local	Peasant organizing
PAMALAKAYA	National/local	Fisherfolks organizing
Bigkis Lakas Pilipinas	National/local	Fisherfolks
ABANSE!-PINAY	National/local	Women empowerment; Women in politics
PILIPINA	National/local	Women empowerment
Kilusang Magbubukid ng Pilipinas (KMP)	National/local	Peasant organizing
Bukluran ng mga Mangagawang Pilipino (BMP)	National/local	Trade union organizing
Kilusang Mayo Uno (KMU)	National/local	Trade union organizing
Urban Land Reform Task Force	NCR	Urban poor organizing
Metro Manila-Rizal Urban Poor Assembly	NCR	Urban poor organizing
Informal Sector Coalition of the Philippines	National	Empowerment of the informal sector
ZOTO-Tondo	NCR	Urban poor organizing
Trade Union of the Philippines and Allied Services (TUPAS)	National/local	Trade union organizing
Pambansang Tagapag-ugnay ng Manggagawa sa Bahay (PATAMABA)	National/local	Women empowerment
Action for Health Initiatives (ACHIEVE)	National	HIV/AIDS Migrant workers
Rural Improvement Club	National/local	Women empowerment
Development Thru Active Women Networking Foundation, Inc. (DAWN)	National/local	Women empowerment
Federation of Senior Association of the Philippines FSCAP	National/local	Senior citizens welfare
PHILCOS	National/local	Community development
Samahang Nagkakauisa sa	National	Childrens rights

pagtataguyod ng mga Karapatan ng mga Bata		
Sangguniang Kabataan Federation	National/local	Youth empowerment
National Confederation of Cooperatives (NATCCO)	National/local	Cooperatives development
Buklod ng Malayang Magbubukid (BUKLOD)	National/local	Peasant organizing

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Appendix M: Health Professional Associations

Association	Scope of Operation	Focus	Support for FP
Philippine Obstetrical-Gynecological Society (Foundation), Inc (POGS)	National	OB-GYNE scientific meetings, research & publications, training & continuing education, community service, specialty & sub-specialties	o Generally, the association does not emphasize FP. The association does not endorse FP practice among its members. o TSAP FP however has excellent opportunity because Dr. Mario Festin (Team Leader of PEBM-RH Network) is a member of the Training and Continuing Education Committee, Dr. Joseline Ferrolino and Dr. Blanca de Guia are members of the POGS Specialty Board, and PEBM-RH Network members are active in POGS
Philippine Association of Family Physicians (PAFP)	National	FAMILY HEALTH scientific meetings, research & publications, training & continuing education, community service, specialty & sub-specialties	o Recently, PAFP demonstrated interest in FP. A topic on FP was included in the Annual PAFP National Convention in February, 03. o TSAP FP Medical Advisor and International TA has met with some officers of PAFP. The committees on Training and Continuing Education, Primary Health Care and Quality Assurance could be tapped for EBM activities. Advocacy potentials will be explored in the next months.
Philippine Nurse Association (PNA)	National	NURSES Scientific meetings, research & publications, training & continuing education, community service	o Still under study

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Occupational Health Nurses Association of the Philippines, Inc. (OHNAP)	National	OCCUPATIONAL NURSES scientific meetings, research & publication, training & continuing education, community service	o Still under study o TSAP-FP has opportunity in Metro Cebu because OHNAP Cebu Chapter is co-sponsor (with FriendlyCare and DKT) of a forum-workshop on FP in the industrial sites March 03.
Integrated Midwives Association of the Philippines (IMAP)	National	MIDWIVES scientific meetings, Research & publication, training and continuing education, IMAP Foundation School of Midwifery, community service	o Officers are supportive of family planning although IMAP has not yet made a public endorsement on family planning. o TSAP FP Medical Advisor has initiated dialogue with IMAP officers.
League of Government Midwives of the Philippines (LGMP)	National	GOVERNMENT MIDWIVES Scientific training and continuing education, research & publication, community service	o Officers are supportive of family planning although LGMP has not yet made a public endorsement on family planning. o TSAP FP Medical Advisor has initiated dialogue with LGMP officers.
Midwives Federation of the Philippines (MFP)	National	MIDWIVES Scientific meetings, training and continuing education, research & publication, community service	o Officers are supportive of family planning although MFP has not yet made a public endorsement on family planning. o TSAP FP Medical Advisor has initiated dialogue with MFP officers.
Philippine Public Health Association of the Philippines (PPHA)	National	GOVERNMENT HEALTH WORKERS scientific meetings, training and continuing education, research & publication, community service	o Officers are supportive of family planning although PPHA has not yet made a public endorsement on family planning.

TSAP-FP Master Plan to Build the Capabilities of Family Planning Advocates

"Problems cannot be solved at the same level of awareness that created them."
Albert Einstein (1879-1955)

I. Introduction

Social acceptance of FP has been a major challenge in the Philippines. Although FP use has been increasing over time, current levels and rates of change have not progressed as those in other ASEAN neighbors. Thailand for example has reached replacement fertility levels, and rapid progress in slowing population growth is one major factor contributing to its economic expansion and as well as fast recovery from the Asian economic crisis (Herrin 2002). Broadening acceptance of FP in the Philippines requires active, capable, committed and consistent multisectoral advocacy at the national and local levels. Achieving this requires a plan to develop the advocacy-related capabilities of selected champions and groups. A master plan was designed for this purpose by "The Strengthening Acceptance of Family Planning in the Philippines" project (TSAP-FP)

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II. Institutional Background

The Academy for Educational Development (AED) along with the Futures Group International (TFGI), Centre for Development and Population Activities (CEDPA) and Ketchum PR are implementing the three-year USAID-funded project "Strengthening Acceptance of Family Planning in the Philippines" (TSAP-FP).

The Project's goal is to create an environment where open and accurate information on family planning and reproductive health contributes to overall health literacy and competence, and where pervasive and positive dialogue leads to a change in norms in family planning.

To achieve this goal, the objectives of the TSAP-FP are:

(1) Increased communication adequately portraying FP as a mainstream health intervention
(2) Increased number of key segments of society advocating for the use of family planning
(3) Increased acceptance of family planning as part of the routine health service package

The Project's program components are tasked to make these objectives a reality: the Behavioral Change Component (BCC); the Advocacy and Social Mobilization Component (ASM); and the Health Provider Component (HPC).

III. Capacity Building for Social Acceptance of Family Planning

The Social Acceptance Project-Family Planning uses a framework of social acceptance centered on the clients and beneficiaries of family planning - women, men, youth, couples and families – as well as the immediate circle of individuals and institutions surrounding them, such as neighbors; community leaders, influentials and groups; health care providers; and local churches. *(See Framework, Appendix A).*

To be strategic and efficient, TSAP-FP's technical assistance in advocacy and social mobilization is directed at selected key stakeholders at the national and local levels:

- Champions and advocates who are known to have openly or indirectly supported informed choice* and a cafeteria approach for FP. TSAP-FP's capability-building TA will immediately focus on evidence-based FP, population-development interrelationships, public speaking, debate, and advocacy skills, including advocacy planning, technical presentations, and media advocacy.

- Influentials, leaders and shakers with potentials to advocate for informed choice and a cafeteria approach for FP.
  - Initial TA from TSAP-FP includes FP awareness-raising, building or enhancing advocacy skills, and supporting forums with constituents led by influentials and shakers to increase understanding of FP and pop-dev concerns
  - Subsequent TA will aim to enhance the skills in championing FP, and follow the TA provided to champions and advocates.

- Civil society sectoral groups and alliances, including urban poor groups, people's organizations (POs), non-government organizations (NGOs), FP associations, new and existing advocacy networks, health provider associations, labor and trade unions, and youth clubs. TSAP capacity-bldg TA includes support for
  - Seminars and forums aimed at broadening understanding of basic evidence-based FP and pop-dev issues,
  - Network-formation, advocacy training and planning.
  - Advocacy and social mobilization events at the community level to generate increased public and political support for FP.

Overall, TSAP aims to build the capabilities of advocates and champions at all levels, ultimately ensuring that a greater segment of those forming the immediate circles of individual men and women, boys and girls, accept and support family planning.

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* Informed choice means that a person has the right to be provided with information on all legally acceptable FP methods.

Thus, TSAP continuously assesses influentials to identify potential partners who are well-respected, highly credible and willing to speak out publicly for FP. Their willingness to form partnerships for FP is also being ascertained. While some influentials are known to support or publicly promote FP, most still need to be developed or assisted to become effective advocates and champions of FP. TSAP-FP has already prepared an initial list of potential champions and advocates who will be supported under this capability-building plan. (Attachment B)

The social acceptance framework also involves working with major social sectors and alliances at the local and national levels such as people's organizations (POs), non-government organizations (NGOs), advocacy networks and coalitions, health professional associations, labor organizations, the urban poor and the informal sector, women's groups and business, civic or professional organizations. While working with current partner networks and NGOs, TSAP is also assessing these organizations and alliances to identify individual leaders and members with potentials to become national and local champions of FP, and their corresponding FP-related knowledge and skills.

TSAP-FP's efforts to assist local and national champions and alliances to advocate for FP acceptance among individuals and groups within their circles of influence is being complemented by the behavior change communication and health provider components. The Project's behavior change communication component will use a mass media advertising, public relations campaign and strategies and approaches like "info-tainment" approach (information and entertainment) to deliver correct FP messages to the target audience. In addition, the project also stresses the key role of members of the media as channels of communication and learning on evidence-based FP and pop-dev concerns.

The health provider component will provide key health messages through its strategy that is focused on Evidence-Based Medicine. This component also supports activities that will build skills aimed at advocating for and supporting changes in the FP protocol to make FP services more easily available to present and potential users. As stated in the ASM strategy, these efforts aim to make FP messages consistent, whether received from mass media, from local influentials, or from health providers at the rural health unit. TSAP's capacity building activities is key to the entire Project's success, involves two dimensions: building skills and ensuring evidence-based content.

All activities TSAP will have with partners – champions, advocates, organizations or networks/coalitions- will be opportunities to build their capacity. The overriding objective of TSAP's capacity-building efforts is the sustainability of its partners, as they become: 1) more adept at planning and implementing FP programs thereby becoming more efficient in the use of their resources; 2) better at advocacy and social mobilization thereby creating a social and legislative environment more conducive to their activities; and 3) better communicators and

media champions thereby giving them the capability to more effectively promote their activities to potential donors and the general public.

IV. TSAP's Capability-Building Objectives

General Objectives

- To foster and develop effective FP advocates and champions at both the local and national levels
- To strengthen the capability of organizations to promote FP to their constituencies and at the regional or national levels

Specific Objectives

- To enhance the evidence-based knowledge of champions and advocates on
  - Population and its relation to development and poverty
  - The socioeconomic rationale for FP
  - FP concepts, methods, safety and efficacy
- To enhance the skills of champions and advocates on
  - Public speaking and presentations
  - Media relations and advocacy through the media
- To enhance the capability of partner organizations to
  - Plan FP-related advocacy and social mobilization activities
  - Implement-FP advocacy and social mobilization related activities

V. Developing TSAP-FP's capacity building program

A capacity building program is primarily a series of scheduled learning events designed to provide TSAP-FP's project partners with opportunities to acquire new knowledge, skills, and attitudes (KSA) in structured or non-structured ways, such as: briefings and orientations, non-degree technical courses, seminars, workshops, study tours and community meetings. Building capacities also mean providing technical assistance (TA) required to develop specific skills, say for example, an advocacy strategy, a coalition-building strategy, or assistance in designing a campaign for FP community organizing and mobilization.

Capacity Building Strategies

Training – short-term and specific structured activities keyed to developing specific perceptions, experiences, attitudes, knowledge and skills, for example, improving quality of interpersonal communication and counseling skills of health providers, and improving the presentation skills of advocates utilizing PowerPoint and other presentation materials.

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Technical Assistance – means providing help in terms of problem-solving regarding specific advocacy knowledge, skills and strategies employed by the Project partners. It also means providing assistance in terms of print of reference materials, targeted information and link-up to other sources of information and expertise. This also includes building up the capabilities of advocacy networks and coalitions through *Bahaginan*, which means "sharing" in Pilipino. TSAP-FP will promote sharing of information among partner networks/coalitions, sector partner organizations and individual champions to enhance cross fertilization and skills improvement across the board. Another form of technical assistance is providing linkage of organizations to media to facilitate media exposure and assistance in conducting media-related activities such as, but not limited to, press conferences.

VI. TSAP-FP's Target Audiences for Capability Building

TSAP-FP has conducted a Stakeholder Analysis which facilitated the prioritization of TSAP-FP partners and potential champions and advocates. The following are the Project's main target audience, from which advocates and champions will be selected:

1. Influentials
   a. Legislators, supportive and legislators. Their skills and needs are very different.
   b. Executive officials
2. Other individual leaders and champions in various sectors
3. National and Local NGO Advocates
4. Informal Sectors
5. Health Providers
6. Media, Sports and Entertainment Sectors
7. Adolescent/Youth Groups

VII. Sources of Data for the Training Needs Analysis

There are various sources of information from which TSAP-FP has been determining the current needs of its partners, and which formed the initial bases of this capacity building plan. This information will continue to build upon one another, eventually arriving at a coherent mass of facts and data that would be useful and relevant to the Capacity Building Program planners and designers.

1. ***Analysis of training needs***. Needs analysis can be direct or indirect. Conducting a Training Needs Assessment among target groups is an example of the former, along with speeches or public statements. Using proxy indicators and sources to determine probable needs analysis is an example of the latter. Each has a particular value, depending on the context of the target study group.

Determination of training needs can be also be analyzed in various levels; at the individual, institutional or organizational, and at sectoral levels.

Additionally, a TNA has been developed and is currently being pre-tested among partners such as RHAN and other local groups. TNA can also be done comprehensively to inform CB program managers of major characteristics and needs of the target audience.

The Political Map of FP/RH Influentials also stands as a proxy source of information as far as training needs are concerned, as the various positions by RH/FP stakeholders may reflect a degree of their knowledge and understanding of RH/FP issues which can be answered by several learning sessions involving them.

2. ***Stakeholder Analysis.*** Some of the main outputs of the Stakeholders Analysis Workshop done in Baguio City last January 5-7, 2003, and participated in by most of TSAP-FP's technical staff, is the identification and prioritization of possible partners both at the national and local level, and determining how will they be involved and mobilized to achieve the Project goals and objectives. Specifically, *Appendix H: Strategies and Parameters for Involvement* point to areas of engagement, as well as areas of intervention in the improvement of TSAP-FP's partners' capacity to mobilize the influentials and the general public towards increased acceptance of FP as part of a healthy lifestyle.

3. ***Key Informant Interviews.*** The ASM team had already conducted several consultation meetings with various stakeholders from various sectors, from legislator groups, to national government agencies, non-government organizations and informal sector representatives. Key leaders of these sectors had been asked about possible collaboration with them as far as capacity building is concerned.

4. ***Actual Training.*** Initial training done on Media and Advocacy and Family Planning/Interpersonal Communication has identified the strengths and weaknesses of partners. For example, the Media and Advocacy Training has shown that partners are strong in negotiation skills an interpersonal communication but weak in media relations skills.

VIII. Core Curriculum and Proposed Module Development Topics per Sector

Six key thematic areas form the core curriculum of TSAP-FP's Capacity Building program:

Content:

1. **Basic Family Planning Concepts** – Dealing with basic facts about FP in the Philippine context; methods; myths, rumors and misconceptions and other barriers to contraceptive use; contraceptive technology and safety
2. **Evidence-Based Medicine in Family Planning** – Essentially, this is to introduce the concept of EBM-FP among Practitioners through training on how to use CATs (Critically Appraised Topics) packages
3. **Population-Development interrelationships** – the impact of rapid population growth or high fertility on development concerns of families or areas.
4. **Adolescent Reproductive Health and Sexuality** – this includes familiarizing the adolescents on issues and problems that concerns their reproductive health and sexuality, as well as training them to be effective youth leaders and advocates in advancing their concerns.
5. **Advocacy and Social Mobilization** – introducing TSAP-FP's own framework for advocacy and social mobilization.
6. **Communication** – this including planning and managing communication programs, public speaking, media training, presentation skills and interpersonal counseling

The ongoing **needs assessment survey** of NGO advocates and other target sectors yielded several subject areas that will be inputs to module development.

1. *Partnership and networking*
   a. Participatory decision making and collaboration with an advocacy network
   b. Establishing and maintaining FP advocacy networks
   c. Building leadership capacities
2. *Managing advocacy campaigns*
   a. Formative research and data collection
   b. Establishing and maintaining FP advocacy networks
   c. Building leadership strategies
3. *Community mobilization*
   a. Community-based health information management systems
   b. Community organizing and mobilization
4. *Organization development*
   a. Project management
   b. Project monitoring and evaluation
5. *Family planning*
   a. Barriers to health-seeking behavior and contraceptive use
   b. Client-centered quality FP services
   c. Family planning and healthy lifestyle
   d. Contraceptive mechanisms of action and safety
   e. Promotion of FP practices and client motivation
   f. EBM in FP
6. *Communication and communication strategy*
   a. Communication planning
   b. Choosing and crafting messages
   c. Interpersonal communication

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   d. Presentation skills
   e. IEC development
7. *Media advocacy*
   a. Establishing a working relationship with media
   b. Developing FP media strategies
   c. Writing for media
   d. Conduct of media interviews and conferences
8. *Monitoring and Evaluation*
   a. Participatory monitoring and evaluation
   b. Process documentation

IX. Module development

1. ***Institutional products***. TSAP-FP is not starting from scratch. Its project contractors and sub-contractors each have existing training modules and materials developed through the years. Specifically, the Center for Development and Population Activities (CEDPA) has developed various training manuals related to advocacy and social mobilization, namely:
   a. Networking for Policy Change: An Advocacy Training Manual;
   b. Social Mobilization for Reproductive Health
   c. Building Effective Partnerships
2. ***Recent innovations***. Evidence-Based Medicine (EBM) is a fairly recent phenomenon in medical practice. It is the integration of best research evidence with clinical expertise and patient values.

   TSAP-FP will introduce the application of EBM in family planning, specifically by influencing the content of current FP training courses, service delivery protocols and public health provider programs. Consequently, EBM-FP will also permeate the content of the training manuals that will be developed.

   Moreover, other project partners with the best experience in specific areas like adolescent sexuality have existing and tested modules. For example, AED have existing training modules on behavior change communication and the Johns Hopkins University has media advocacy modules.

X. Response Mechanisms to Partners' Capability Building Needs

With a limited number of staff, TSAP-FP would find it extremely difficult at best to conduct ALL the foreseen education and training activities. Various mechanisms are therefore proposed to make for a timely, efficient and effective response for the Project partners' capacity building needs.

1. Direct training administration—education and training activities directly supervised, managed, and conducted by TSAP-FP.
2. Sole source contracts and other partnership agreements—TSAP-FP partners may require specialized education and training activities that are beyond the present capabilities of the Project staff, hence the need to tap other institutions with the required experience and expertise to conduct

such training activity/activities on a sole source basis or by other forms of partnership agreements.

3. Development of pool of experts, trainors and resource persons—There are numerous trainors on FP, advocacy and social mobilization and communication that have proven effective based on the experience of TSAP-FP project staff. They are a ready resource not just for their training skills but also their experience in curriculum development. Attached is a list of these trainors and their areas of expertise.
4. Training grants for partner NGOs/NGO-network—Partners who have training skills in-house, or may be able to develop this, can be given training grants to extend training to more of its members.
5. Training of Trainors on Advocacy and Social Mobilization—A significant role of Capacity Building Specialists is to identify potential trainors from among the participants from various sectors who participated in the training activities conducted by TSAP-FP.

XI. Sectoral Capacity Building Strategic Plan

Building on the major strategies identified by the Behavior Change Communication, Advocacy and Social Mobilization and Health Provider Components, the following strategies for capacity building of stakeholders (which are, naturally, our target audience, too) are proposed. Many activities will be implemented jointly with other TSAP-FP Components.

A. Developing Advocates for FP among the Urban Poor

1. Needs analysis to determine specific levels of knowledge and skills on FP and advocacy among the informal sectors
2. Curriculum/Module development
   a. Orientation Workshop on the interrelationships of FP, Poverty and Responsible Parenthood (in Tagalog and Cebuano)
   b. Development of Advocacy Training and Plan Development in the Vernacular (Tagalog and Cebuano)
   c. Development of Training Workshop on Social Mobilization in the Vernacular (in Tagalog and Cebuano)
   d. Training on community mapping, resource profiling, fund sourcing and negotiation/lobbying to local leaders (in Tagalog and Cebuano)
   e. Leadership Training on Responsible Teen Sexuality for Urban Poor Youth Groups
   f. Summer Youth Camp on Responsible Teen Sexuality for Urban Poor Youth Groups
3. Technical Assistance
   a. Support selected advocacy campaigns, community mobilizations and dialogues, and formation of family health clubs through small grants
   b. TA in the development of popular forms of advocacy/IEC materials on FP and poverty reflecting the context and situation of the urban poor and the potential benefits derived from FP.
   c. Facilitate linkage with livelihood assistance projects so that these can be tapped in community mobilization efforts (e.g., Livelihood/lending

programs projects by the *Gunting at Suklay* Foundation, the Technology and Livelihood Resource Center (TLRC), Food and Nutrition Resources Institute (FNRI), and Department of Science and Technology (DOST)).

B. Working with POPCOM to reactivate the SA/UCs

1. Curriculum/Module development
   a. Orientation on basic EBM on FP, interrelationships of FP and poverty as well as responsible parenthood among SA/UCs in target areas
   b. Advocacy training of trainers (TOT) for SA/UC members
   c. Training on presentations and public speaking.
2. Technical Assistance
   a. TA to develop and implement advocacy and community mobilization plans

C. Mobilizing NGOs and building and expanding NGO coalitions and alliances for FP at the national level

1. TNA to determine specific levels of KSAs of partner NGOs on FP, advocacy and social mobilization
2. Analysis of institutions to determine specific levels of readiness and willingness to coalesce and form an FP advocacy network
3. Curriculum/Module development
   a. Advocacy and Social Mobilization Workshop
   b. Seminar Workshop on Building Effective Partnerships
   c. Seminar Workshop on Media Advocacy for NGOs
   d. Advanced Advocacy and Communications Training for NGOs
   e. Training Workshop on Effective Presentations, Public Speaking, and Debate
   f. Training workshop on IEC development
   g. Participatory Evaluation and Monitoring
4. Educative Forums
   a. Orientation forum on EBM-FP
   b. Regional/provincial forums on FP and policy (HB4110, etc.)
   c. The interrelationships FP, population, health, poverty, environment and other development concerns
5. Technical Assistance
   a. TA to develop and implement advocacy plans
   b. Data analysis and issue-oriented technical updates on population-development relationships and other FP-related issues
   c. Provide EBM-based FP information and expert advise
   d. Provide technical advice on advocacy and social mobilization strategies
   e. Provide technical advice on partnership and coalition building efforts
   a. Small grants to jumpstart coalition-building efforts

D. Building Capabilities of Faith-Based Groups for FP Advocacy and Social Mobilization

1. Needs analysis of faith-based coalitions to determine specific levels of knowledge and familiarity with FP
2. Curriculum/Module development
   a. FP advocacy training and advocacy planning among faith-based coalitions

   b. Advanced Media Advocacy and Communications Training
3. Educative Forums
   a. Forum on EBM-FP
   b. Interfaith Conference on Responsible Parenthood
   c. Interfaith Forum on FP, Health, Environment and Poverty
   d. Local interfaith forums on FP, poverty and responsible parenthood
4. Technical Assistance
   a. Provide accurate and timely information and technical assistance to enhance the technical skills of the faith-based coalition on FP
   b. Small grant to jumpstart coalition-building efforts among inter-faith groups

E. Enhancing Labor Sector Participation in FP

1. Rapid assessment of industry-based clinics located in TSAP target areas to determine status of FP service delivery including compliance of Art. 134.
2. Curriculum/Module development
   a. Advocacy and Social Mobilization Workshop for union representatives
   b. EBM training for industry-based providers
   c. Training on presentations and public speaking
3. Educative Forums
   a. Round table discussion on Art. 134 compliance with labor groups and HR Managers
   b. Orientation on basic EBM on FP, interrelationships of FP and poverty
4. Technical Assistance
   a. TA to develop and implement advocacy plans
   b. TA in the development of advocacy messages and communication mediums
   c. TA to providers to improve service delivery
   d. Small grants to jumpstart advocacy and social mobilization activities

F. Developing Vigorous Partnerships for FP with Health Professionals

Philippine Evidence Based Reproductive Medicine Network (PhilEBRMnet)

1. Curriculum/Module development
   a. Advocacy and Social Mobilization Workshop for *PhilEBRMnet members*
   b. Training on presentations, public speaking and "laymanizing" scientific data to make them effective speakers and resource persons and lecturers in scientific meetings and conferences
   c. Media training to make them effective communicators in press conferences and TV/radio interviews
2. Educative Forums
   a. Round table discussion on Art. 134 compliance with labor groups and HR Managers
   b. Orientation on basic EBM on FP, interrelationships of FP and poverty
   c. Facilitate opportunities for the *PhilEBRMnet* to meet with other health professionals on EBM for FP
   d. Facilitate dialogue between *PhilEBRMnet* and PRC Board of Examiners who are supportive of FP to work out the possibility of including FP

questions in the Professional Licensure Examination and the OB-GYNE Fellowship Examination

3. Technical Assistance
   a. Provide technical support to PhilEBRMnet members on contraceptive technology and safety, Guidelines and Protocols on FP service, WHO Medical Eligibility Criteria for Starting Contraceptive Method and other updates on FP/RH issues
   b. TA to develop and package CATs output as a communication tool
4. Development of Pool of Experts
   a. Strengthen the PhilEBRMnet as pool of resource persons in providing evidence-based information in family planning

Community-level health workers in target areas

1. Identify potential advocates for FP among active *barangay* health workers (BHW/CHW), *barangay* service point officers (BSPO) and *barangay* nutrition scholars (BNS) in target areas and assess current levels of KSA on FP and FP service delivery
2. Module Development
   a. Orientation on basic RH, contraceptive technology and safety
   b. Workshops on interpersonal communication and client motivation
   c. Advocacy and Social Mobilization Workshop
   d. IEC development
3. Technical Assistance
   a. TA to develop and implement advocacy plans
   b. TA in the development of advocacy messages and communication mediums
   c. TA to providers to improve service delivery
   d. Small grants to jumpstart advocacy and social mobilization activities

G. Increasing Legislators' Support on FP

1. Assess current levels of KSA on FP issues of legislators
2. Curriculum/Module development
   a. FP Orientation for legislators, including basic EBM, contraceptive safety, and myths, rumors and misconceptions on FP
   b. Updated RAPID Presentation for legislators
   c. Advanced media communications training for legislator-champions
3. Educative Forums
   a. Local or district-level public assemblies/forums on FP
   b. Multisectoral dialogue on responsible parenthood
4. Technical Assistance
   a. Provide timely information, technical and expert support and advice to champions during high profile or important events (legislative agenda formulation, committee hearings, floor deliberations, public rallies, etc.), which includes the provision of data-based presentations using RAPID, population-development analyses, poverty studies, etc. for legislators to use in hearings or congressional meetings
   b. TA in the formulation and development of viable public policies related to FP

c. Support NGOs and women's groups to influence the legislative agenda formulation of various political parties to mainstream FP in the party platform

H. Strategies and Activities to Develop Multi-Sectoral Provincial/ Metropolitan Advocacy Networks

1. TNA to determine specific levels of KSAs of local advocacy networks and local NGOs on FP, advocacy and social mobilization
2. Analysis of institutions to determine specific levels of readiness and willingness to coalesce and form an FP advocacy network
3. Curriculum/Module development
   a. Advocacy and Social Mobilization Workshop
   b. Seminar Workshop on Building Effective Partnerships
   c. Seminar Workshop on Media Advocacy for NGOs
   d. Advanced Advocacy and Communications Training for NGOs
   e. Training Workshop on Effective Presentations, Public Speaking, and Debate
   f. IEC Development workshop
   g. Participatory Evaluation and Monitoring
4. Educative Forums
   a. Multisectoral forums on FP and poverty
   b. Orientation forums on EBM-FP
   c. Provincial- and municipal-level forums on the interrelationships of FP, population, health, environment and other development concerns
   d. Updated RAPID Presentation for local government units
5. Technical Assistance
   a. TA to develop and implement advocacy plans
   b. Data analysis and issue-oriented technical updates on population-development relationships and other FP-related issues
   c. Provide EBM-based FP information and expert advise
   d. Provide technical advice on advocacy and community mobilization strategies
   e. Provide technical advice on partnership and coalition building efforts
   f. Provide technical advice on the development of advocacy messages and development of appropriate communication mediums
   g. Small grants to jumpstart community mobilization efforts

I. Enhancing capabilities of individual champions and advocates

1. Identifying potential champions and advocates from among the target sectors and determining specific levels of knowledge, skills and attitude on FP advocacy, through a survey of influentials
2. Curriculum/Module development
   a. Orientation Session on EBM for FP
   b. Orientation Session on Contraceptive Safety and Technology
   c. Advanced Presentation Skills and Public Speaking Workshop
   d. Advanced PR and Media Communications
3. Technical Assistance
   a. Provision of technical and expert level FP information on FP

b. Facilitating media exposures of champions

J. Enhancing capabilities of adolescents and youth leaders

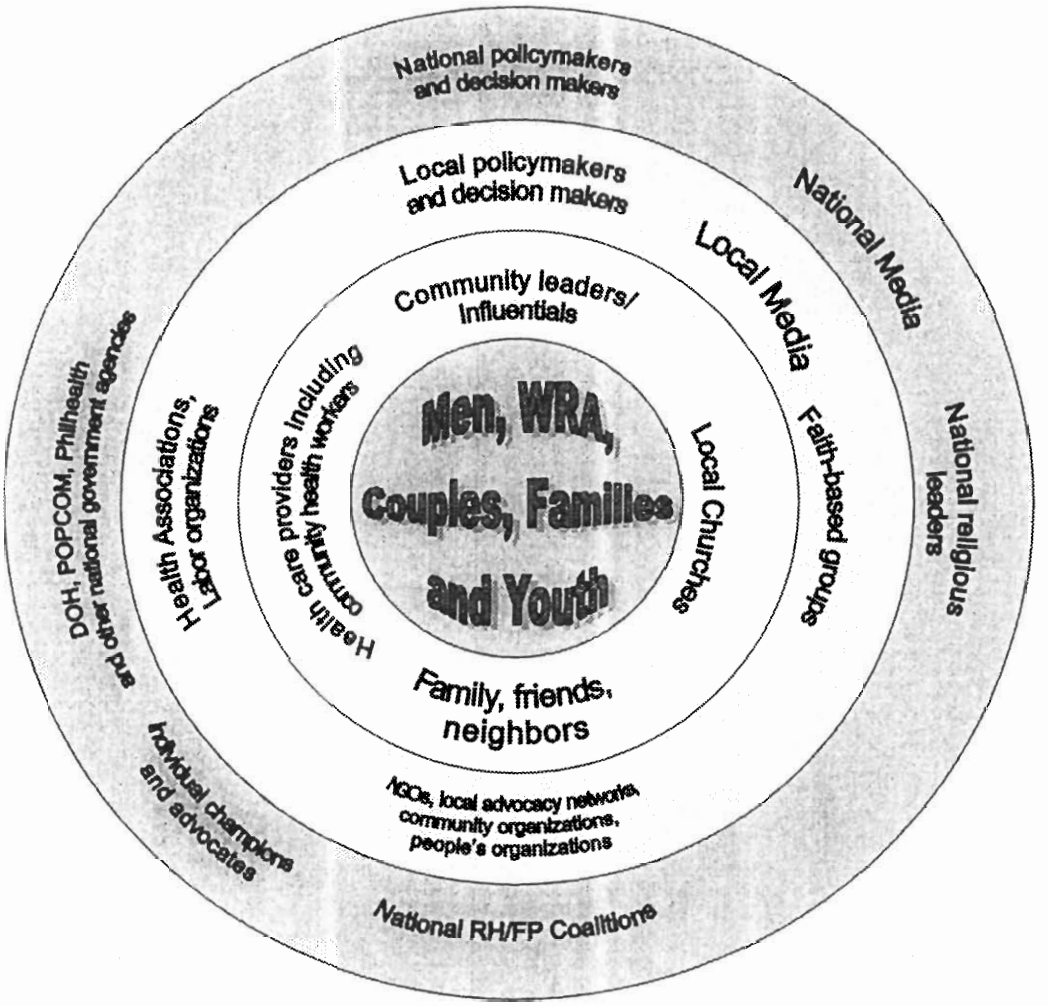
1. Identifying potential youth leaders from among the target sectors in schools and urban poor communities and determining their levels of knowledge, skills and attitude
2. Curriculum/Module development
   a. Orientation Session on Adolescent Reproductive Health/Responsible Teen Sexuality
   b. Negotiation Skills
   c. Presentation Skills and Public Speaking Workshop
   d. Leadership Training on Responsible Teen Sexuality for Urban Poor Youth Groups
   e. Summer Youth Camp on Responsible Teen Sexuality for Urban Poor Youth Groups
   f. Summer Communication Camp for College Editors
   g. Advocacy Training for youth leaders
   h. Repertory Theater Guide (RTG) on Community Theater for Advocacy
3. Technical Assistance
   a. Support of selected advocacy campaigns among youth in school or urban poor settings
   b. TA in the development of popular forms of IEC materials on specific teen issues

XII. Monitoring and Evaluation

For monitoring and evaluation of the development of partners and stakeholders competencies on FP advocacy, open and directed responses will be culled through:

1. Formative and Post Evaluation Surveys
2. Training Evaluation Surveys

Appendix A: TSAP-FP Social Acceptance Framework©



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Appendix B: List of Champions Publicly Advocating FP/RH Issues, TSAP-FP, July 2003.

NAME	CONTACT ADDRESS & TELEPHONE NUMBERS	POSITION/ ORGANIZATION	POPDEV	FAMILY PLANNING			RH
				NFP only	NFP + informed choice	All methods	
LEGISLATORS: [11 Representatives & 7 Senators)							
1. Bellaflor Angara-Castillo	N-518 Batasang Pambansa Complex, Quezon City 9315435; 9315001 loc. 7417	Representative, Lone Dist., Aurora	✓			✓	✓
2. JR Nereus O. Acosta ☆	N-215 Batasang Pambansa Complex, Quezon City 9316733; 9315001 loc. 7394	Representative, 1st Dist., Bukidnon	✓			✓	✓
3. Krisel Lagman-Luistro	N-411 Batasang Pambansa Complex, Quezon City 9315497; 9315001 loc. 7370	Representative, 1st Dist., Albay	✓			✓	✓
4. Loretta Ann Rosales	S-511 Batasang Pambansa Complex, Quezon City 9316288; 9315001 loc. 7289	Representative, Party List, Akbayan	✓			✓	✓
5. Emmanuel Joel J. Villanueva	N-317 Batasang Pambansa Complex, Quezon City 9315442; 9315001 loc. 7356	Representative, Party List, CIBAC	✓			✓	✓
6. Gilbert Remulla ☆	N--316 Batasang Pambansa Complex, Quezon City 9316531; 9315001 loc. 7355	Representative, 2nd Dist., Cavite	✓			✓	✓
7. Darlene R. Antonino-Custodio	N-105 Batasang Pambansa Complex, Quezon City 9316691; 9315001 loc. 7324	Representative, 1st Dist., So. Cotabato	✓			✓	✓
8. Alan Peter S. Cayetano	N-302 Batasang Pambansa Complex, Quezon City 9315408; 9315001 loc. 7341	Representative, Lone Dist., Pateros-Taguig	✓			✓	✓
9. Oscar S. Moreno	N-508, RMB-428 Batasang Pambansa Complex, Quezon City 9518922; 9315001 loc. 7055	Representative, 1st Dist., Misamis Oriental	✓			✓	✓
10. **Emilio C. Macias II**	**N-306 Batasang Pambansa Complex, Quezon City 931-5139; 9315001 loc. 7345**	**Representative, 2nd Dist., Negros Oriental**	✓			✓	✓

11. Rolando G. Andaya, Jr	**RMB-411 Batasang Pambansa Complex, Quezon City 951-8965; 9315001 loc. 7020**	**Representative, 1st Dist., Camarines Sur** **Chair, Committee on Appropriations**	✓			✓	✓
12. Patricia Ann Sarenas		**Party List Representative, Abanse! Pinay**	✓			✓	✓
13. JB Bautista		**Party List Representative, Sanlakas**	✓			✓	✓
14. Rene Magtubo		**Party List Representative, Partido ng Manggagawa**	✓			✓	✓
15. Rodolfo G. Biazon	Room D-111 PICC, CCP Complex, Roxas Blvd., Pasay City Room 527, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526772; 5526601 loc. 5527/5528	Senator	✓			✓	✓
16. Juan M. Flavier	Room 525, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526774/78/70/71 5526601 loc. 5537/38/82	Senator	✓			✓	✓
17. Panfilo M. Lacson	Room 523, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526786; 5526601 loc. 5533/34/35	Senator	✓			✓	✓
18. Teresa Aquino-Oreta	6th Flr., Ermita Bldg., Arquiza St., Ermita, Manila Room 511, 5th floor Senate of the Phils., GSIS Complex, Pasay City 5526778; 5526601 loc. 5561/62/63/90	Senator	✓			✓	✓
19. Gregorio Honasan	Room 503, 5th floor	Senator	✓			✓	✓

	Senate of the Phils., GSIS Complex, Pasay City 2nd Flr., Videospecs Bldg., Julian Felife cor. Fernando Ma. Guerrero Sts., CCP Complex, Roxas Blvd. Pasay City 5510340/52/63; 5526601 loc. 5552/54/87						
20. **Luisa Ejercito-Estrada**	**5th floor Senate of the Phils., GSIS Complex, Pasay City**	**Senator**	✓			✓	✓
21. **Eduardo Angara**	**5th floor Senate of the Phils., GSIS Complex, Pasay City**	**Senator**	✓			✓	✓
NON-GOVERNMENT ORGANIZATIONS: (9)							
22. Atty. Rhodora Raterta	# 50 Doña Hemady St., New Manila, Quezon City 7217101/7247141/7214067	Director, Family Planning Orgn. Of the Phils.	✓			✓	✓
23. Dr. Eden Divinagracia	# 38 San Luis Street, Pasay City 5516285/8345008/5510330	Executive Director, PNGOC	✓			✓	✓
24. Dr. Junice Melgar	# 92 Times St., West Triangle, Quezon City 4113151/9266230	Executive Director, LIKHAAN	✓			✓	✓
25. Ramon San Pascual	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Deputy Ex. Director, PLCPD	✓			✓	✓
26. Roberto Ador	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Executive Director, PLCPD	✓			✓	✓
27. Ana Maria Nemenzo ☆	# 129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Exec. Director, WomanHealth Phils	✓			✓	✓
28. Mercy Fabros	# 129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Advocacy Coordinator, WomanHealth Phils Philippines	✓			✓	✓

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29. Atty. Carol Ruiz-Austria	# 45 Mapagkumbaba St., Sikatuna Village, Quezon City 4356823/4366738	Executive Director, Woman LEAD	✓			✓	✓
30. Dr. Jonathan Flavier ☆	FriendlyCare Foundation, Inc 710 Shaw Blvd., Mandaluyong City 722-2968	Director, FriendlyCare Foundation, Inc	✓			✓	✓
31. Anna Leah Sarabia	Women's Media Circle	Executive Director	✓			✓	✓
32. Dr. Sylvia Estrada-Claudio ☆	# 92 Times St., West Triangle, Quezon City +63 4113151	Board Member, LIKHAAN	✓			✓	✓
33. Ernie Cloma	# 61 Lantana St., Cubao, QC 4100822	Curriculum Director, Philippine Educational Theater Association (PETA	✓			✓	✓
INTERFAITH: (11)							
34. Bishop Fred Magbanua ☆	9453 Retiro St., Guadalupe Nuevo, Makati City 8834492-93	Chair, Council of Christian Bishop of the Philippines	✓				✓
35. Dr. Bles		Anchor, INC Radio Program	✓			✓	✓
36. Fr. John Schumacher	Katipunan Ave., Quezon City	Ateneo De Manila University	✓				✓
37. Rev. Rey Cortez		National Council of Churches of the Phils.	✓			✓	✓
38. Pastor Cannie Villar		Jesus is Lord Church	✓			✓	✓
39. Pastor Nolan Pena		Jesus is Lord Church	✓			✓	✓
40. Bro. Jun Samson ☆		Iglesia ni Cristo	✓			✓	✓
41. Dir. Taps Umal		Office of Muslim Affairs	✓			✓	✓
42. Fr. Ben Beltran	Smokey Mountain	Parish Priest, Smokey Mountain	✓	✓			
43. Bishop Leo Alconga		International Bible Society	✓			✓	✓
44. Ustadz Ahmad Ali Bud	Ulama Council of Tawi-Tawi	Mindanao State University	✓			✓	✓
MEDIA: (10)							
45. Rina Jimenez-David ☆	Philippine Daily Inquirer	Columnist, Phil. Daily Inquirer	✓			✓	✓
46. Atty. Dong Puno	Manila Times/ABS-CBN	Columnist, Manila Times & Anchor TV Program - ABS CBN	✓				

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47. Domini Torrevillas	Philippine Star	Columnist, Philippine Star	✓			✓	✓
48. Ces Drilon ☆	ABS-CBN	Anchor, TV Program – ABS CBN	✓			✓	✓
49. Ricky Carandang ☆	ABS-CBN	Anchor, TV Program – ABS CBN	✓			✓	✓
50. Ramon Tulfo	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
51. Armando Doronilla	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
52. Michael Tan	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
53. Susan Fernandez	People's Tonite	Columnist, People's Tonite	✓			✓	✓
54. Margie Holmes	Abante	Columnist, Abante	✓			✓	✓
55. Korina Sanchez	**ABS-CBN**	**Anchor, Ch. 2**	✓			✓	✓
56. Karen Davila	**ABS-CBN**	**Anchor, Ch. 2**	✓			✓	✓
57. Winnie Monsod	**GMA-7**	**Host, Mare at Pare**	✓			✓	✓
58. Cheche Lazaro	**GMA-7**	**PROBE**	✓			✓	✓
59. Paul Henson	**GMA-7**	**Reporter, Ch. 2**	✓			✓	✓
(et. Al., refer to CID list)							
LOCAL CHIEF EXECUTIVES: (8)							
60. Hon. Teresita Lazaro	Provincial Capitol, Laguna	Governor, Laguna	✓			✓	✓
61. Hon. Vergel Aguilar	City Hall, Las Pinas City	Mayor, Las Piñas	✓			✓	✓
62. Hon. Ma. Lourdes Fernando	City Hall, Marikina City	Mayor, Marikina	✓			✓	✓
63. Hon. Feliciano Belmonte	**City Hall, Quezon City**		✓			✓	✓
64. Hon. Ed Lara ☆	**Provincial Capitol, Cagayan**	**Governor, Cagayan**	✓			✓	✓
65. Hon. Lazaro Ballesta		**Municipal Mayor, Northern Samar**	✓			✓	✓
66. Hon. Daisy Fuentes	**Provincial Capitol, South Cotabato**	**Governor, South Cotabato**	✓			✓	✓
67. Hon. JV Ejercito		**Mayor, San Juan**	✓			✓	✓
BUSINESS SECTOR & CIVIC GROUPS: (7)							
68. Donald Dee	ECOP, Makati City	President, ECOP	✓			✓	✓
69. Sergio Ortiz-Luis	PhilExport	President, PhilExport	✓			✓	✓
70. Rotary Club QC & Cebu							
71. Cebu Chamber of Commerce and Industries							
72. Peter Wallace			✓			✓	✓

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73. Peter Garrucho		**Board Chair, PCPD**	✓			✓	✓
74. Gary B. Teves		**President, Land Bank**	✓			✓	✓
FORMER AND CURRENT GOVERNMENT OFFICIALS: (20) - 5 former administrations, 15 Arroyo Administration							
75. Dr. Alberto G. Romualdez	FriendlyCare Foundation, Inc., Shaw Blvd. Mandaluyong City	President-CEO, FriendlyCare Foundation, Inc.	✓			✓	✓
76. Estefania Aldaba-Lim	Commission on Population	Commissioner	✓			✓	✓
77. Benjamin de Leon	PNGOC	Chair, PNGOC	✓			✓	✓
78. Tomas Osias	Commission on Population	Executive Director, POPCOM	✓			✓	✓
79. Dr. Milagros Fernandez	Department of Health San Lazaro Compound Sta. Cruz, Manila	Undersecretary, DOH	✓		✓	✓	✓
80. Mia Ventura	Commission on Population	Dep. Executive Director, POPCOM	✓			✓	✓
81. Maduh Damsani	Commission on Population	Regional Director, Region XI	✓			✓	✓
82. Atty. Nolito Quilang	Commission on Population	Regional Director, Region VII	✓			✓	✓
83. Marical Terrado	Commission on Population	Regional Director, Region III	✓			✓	✓
84. Lota Layser	Commission on Population	Regional Director, Region IV	✓			✓	✓
85. Rene Bautista	Commission on Population	Regional Director, Region VIII	✓			✓	✓
86. Psyche Paler	Commission on Population	Regional Director, Region IX	✓			✓	✓
87. Georgina Dolorfino-Arreza	National Youth Commission	Division Chief	✓				✓
88. Chita Cilindrino	Bureau of Women and Young Workers	Director	✓				✓
89. Dr. Carmencita Reodica			✓			✓	✓
90. Dr. Lampa Pandi	0917-706-8410	**OIC Secretary, DOH-ARMM**	✓				
91. Lenny Abillera	**Commission on Population**	**Regional Director, Region XII**	✓			✓	✓
92. Rose Marcelino	**Commission on Population**	**Regional Director, NCR**	✓			✓	✓
93. Rose Fortaleza	**Commission on Population**	**Regional Director, Region V**	✓			✓	✓
94. Phillip Medalla	**University of the Philippines**		✓			✓	✓
LABOR: (3)							
95. Ariel Castro	TUCP, Elliptical Road Quezon City	Director for Education, Trade Union Congress of the	✓			✓	✓

		Philippines					
96. RHAPWID Union leaders	Cebu		✓			✓	✓
97. Ma. Theresa Joti	Jollibee Commissary	HR Manager, (Life.Works Program)	✓			✓	✓
ARMM ADVOCATES: (2)							
98. Mansoor Ali	Sultan Kudarat Islamic Dawah Center	Arabic Islamic Teacher	✓				
99. Dr. Rodolfo Soriano		Physician	✓			✓	✓
100. Bai Lani Piang	Datu Piang, Maguindanao	FLOR-H					
RESEARCHERS/ DEMOGRAPHERS, ECONOMISTS: (8)							
101. Mercedes Concepcion	University of the Philippines	Demographer/Professor Emeritus	✓			✓	✓
102. Pilar Ramos Jimenez	De la Salle University	Associate Professor/University Fellow	✓			✓	✓
103. Evelyn Katigbak	Center for Media Freedom and Responsibility	Researcher/Writer	✓				
104. Zelda Zablan	UP Population Institute	Professor and Researcher	✓			✓	✓
105. Corazon Raymundo	UP Population Institute	Professor and Researcher	✓			✓	✓
106. Nimfa Ogena	UP Population Institute	Professor and Researcher	✓			✓	✓
107. Alejandro Herrin	UP Economics	Professor	✓			✓	✓
108. Ernie Pernia	UP Economics	Professor	✓			✓	✓
HEALTH SECTOR: (10)							
109. Dr. Mario Festin		POGS, EBRMNet	✓			✓	✓
110. Dr. Lyra Clemente-Chua		President, POGS	✓			✓	✓
111. Dr. Perla Santos-Ocampo		President, NAST	✓			✓	✓
112. Dr. Jaime Galvez Tan		Vice Chancellor, National Institute for Health	✓			✓	✓
113. Dr. Aznar		President, South Western University	✓			✓	✓
114. Ermelinda Abadiano		President, National BHW Federation	✓			✓	✓
115. Cecilia Banca-Santos		President, Phil. League of Government Midwives	✓			✓	✓
116. Dr. Guia Abad		President, Association of	✓			✓	✓

		Municipal Health Offices of the Philippines					
117. Cynthia Herce		Nurse, FriendlyCare	✓			✓	✓
118. Purita Sanchez		KAUSWAGAN and Women's Health	✓			✓	✓
URBAN POOR/INFORMAL SECTOR: (7)							
119. Mercedes Nicolas	281-0631	President, KATINIG	✓			✓	✓
120. Jane Tulio		KATINIG	✓			✓	✓
121. Jovito Dacula		President, SANAMAI	✓			✓	✓
122. Evelyn Castillo		President, KSL	✓			✓	✓
123. Mary Buanghug + 4	Cebu City	President, CCUVA	✓			✓	✓
124. Baby Rostata		Satisfied User, Cubao	✓			✓	✓
YOUTH SECTOR: (19)							
125. Apryll Ross Marquez		PEMALAKA					RTS
126. Elmer Calleja		KAGABAY					RTS
127. Proceso Jacobe, Jr		KAGABAY					RTS
128. Eloy Brutas		KISLAP-Malabon					RTS
129. Ria Marcelo		KAGABAY					RTS
130. Ericson Ongca		SANAMAI					RTS
131. Nelson Belardo		SANAMAI					RTS
132. Winky Francisco	FriendlyCare Foundation, Inc 710 Shaw Blvd., Mandaluyong City 722-2968	Counselor, FriendlyCare Teen Center					RTS
133. Gilliam "Gap" Peros	FriendlyCare Foundation, Inc 710 Shaw Blvd., Mandaluyong City 722-2968	Counselor, FCTC					RTS
134. Rhea Alvis		Peer Counselor, FCTC					RTS
135. Roma Eugenio		Peer Counselor, FCTC					RTS
136. Michael Hernandez		Peer Counselor, FCTC					RTS
137. Mary Rose Sto. Tomas		Peer Counselor, FCTC					RTS
138. Rizaldy S. Dela Paz		Peer Counselor, FCTC					RTS
139. Daryl Zabala		Peer Counselor, FCTC					RTS
140. Dondi Z. Magallanes		Peer Counselor, FCTC					RTS

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141. Carlos Arca		ALMA LUPA, Payatas					RTS
142. Romeo Rañola		ALMA LUPA, Payatas					RTS
143. Anna Rausavelle S. Galang		Sagip Pasig Movement					RTS
144. Magnolia B. Lendio		Sagip Pasig Movement					RTS
TOTAL = 139*							

**as of June 2003, 74 new FP champions and advocates were identified and added to the original 65 [names in bold font]*
**Individuals with stars following their names are considered possible spokespersons or media champions*

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EVIDENCE

The probability of pregnancy using the Standard Days Method is 5% with perfect use and 12% with typical use.

The Clinical Scenario

A 24-year-old newlywed comes to you for advice on natural family planning, as requested by her husband's family. Her menses are regular. She asks you if there is a more scientific method of doing natural family planning and what are the probabilities of getting pregnant.

Clinical Bottom Line

With the Standard Days Method, the couples modify their sexual behavior when the woman is fertile and it provides significant protection from unplanned pregnancy if it is used correctly. The probability of pregnancy with this method is 5% if correctly used, but with typical use the rate is 12%. The typical use rate must be seriously considered before recommending this method of family planning to couples. There is more than a one out of ten chance of pregnancy with typical use of the Standard Days Method.

Citations

Marcos Arevalo, Victoria Jennings, Iris Sinai. Efficacy of a new method of family planning: the Standard Days Method, Contraception 65 (2002) pp. 333-338.

Corresponding Author's Name and Contact Information

Victoria Jennings, E-mail: jenningsv@georgetown.edu (V. Jennings). Fax: +1-202-687-6846

Search Terms	Standard Days Method, Contraceptive Efficacy, Pregnancy Rate
Level of Evidence	2b: Individual Cohort Study of Harm
Three-Part Clinical Question	Do women using the Standard Days Method have the same pregnancy rate or probability of pregnancy as compared to other user-controlled methods currently available (such as cap, condoms, diaphragms, and spermicides)?

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[redacted]

The Study Patients

A total of 478 women (married or living with a stable partner) from 5 sites in Bolivia (Trinidad), Peru (Juliaca and Lima) and Philippines (La Trinidad and Tuba) between 18 and 39 years old who had regular cycles of 26 and 32 days long desiring to delay pregnancy at least 1 year was admitted to the study.

Exposure of Interest: Standard Days Method

The Institute of Reproductive Health at Georgetown University proposed a fixed formula among women who typically have menstrual cycles of 26 to 32 days and consider themselves fertile during days 8 to 19 days of their cycles. To prevent unplanned pregnancy, they avoid unprotected intercours BEST AVAILABLE

The Outcome: Pregnancy rate

Methodological Issues

Subjects in the Standard Days group and the comparison groups were defined and found similar in other important ways. The exposures and outcomes were not measured objectively nor measured blind because of the nature of the methods. Follow-up was adequate and complete.

The Evidence

		Number of Pregnancies			
		Present		Absent	
		Number	Proportion	Number	Proportion
Correct Use of...	Yes	15	0.07	203	0.93
	No	28	0.11	232	0.89
Relative Risk:		0.64			
Number Needed to Harm:		-26	95% CI:	0.60 to 0.68	
Chi Square		2.69			

Comments:

1. In the table, the "No" group in the method used (not SDM) includes all those study participants who did not use the SDM correctly, those who used protective devices during fertile dates, and those who had unprotected sex.
2. This trial showed the Standard Days Method (SDM) is an effective method of family planning, when used correctly. With a pregnancy rate of 5% with correct use, it is comparable to male condoms (5%) and even better compared to other user-controlled barrier methods (spermicides – 6%, cap- 9%, diaphragm- 6%). The SDM is simple to teach, learn and use.
3. The chance of pregnancy using the Standard Days Method is 12% with typical use and therefore the method shares the handicap of all user-controlled methods in that their effective use depends on user (the couple's) behavior. The typical use rate should be acknowledged

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when reviewing this family planning method option with couples. Most pregnancies occurred during the first cycles of the method use (42% of pregnancies occurred in the first three cycles) and very few in the latter cycles (only three pregnancies in the last five cycles).

One has to make 26 couples use methods other than SDM for a year, to save one pregnancy.

Appraised by Dr. Ditas Cristina D. Decena, for the **Philippine Evidence Based Reproductive Medicine Network**, Wednesday, May 22, 2003.

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Answer to Clinical Scenario

As with Natural Family Planning methods, the couple must follow the instructions during counseling closely to achieve maximal efficacy rates. With a pregnancy rate of 5% with correct use, it is comparable to male condoms (5%) and even better compared to other user-controlled barrier methods (spermicides – 6%, cap- 9%, diaphragm- 6%). SDM is simple to teach, learn and use. However, with typical use, it is clear that SDM has flaws. With typical use, there is a 12% probability of pregnancy—this not reassuring to couples desiring a very reliable method of fertility control.

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EVIDENCE

The probability of pregnancy using the Standard Days Method is 5% with perfect use and 12% with typical use.

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EVIDENCE

There is no overall increased risk of getting breast cancer from the use of DMPA for contraception, including long term use (>5 years use).

The Clinical Scenario

A 30-year-old woman is interested in using DMPA, but is worried about the risk of developing breast cancer. Her neighbor has breast cancer and she is concerned she may develop it as well.

Clinical Bottom Line

There is no overall association between breast carcinoma and medroxyprogesterone acetate. In addition, the risk of breast cancer among women who took DMPA for long periods (over 5 years) was no different than from those women who never took DMPA (relative risk was 1.0 in both groups) There is some risk in particular groups as those younger than 35 years of age and those who had used DMPA recently. One recommends use of screening methods and regular breast examinations to patients using DMPA.

Citations

Depot Medroxyprogesterone Acetate and Breas: Cancer: A Pooled Analysis of the World Health Organization and New Zealand Studies

Lead Author's Name and Contact Info

Skegg, David C.

Search Terms	Medroxyprogesterone Acetate and Breast Carcinoma
Level of Evidence	3b: Two Individual Case-Control Studies
Three-Part Clinical Question	In a 36-year-old woman who uses medroxyprogesterone acetate as contraception for more than six years, what is her chance of developing breast carcinoma?

PEBRMN Critically Appraised Topics Issue No. 001

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[redacted]

The Review

- Data Sources : Medline
- MESH - DMPA (medroxy-progeterone 17-acetate)
- MESH - breast neoplasms
- 67 articles if limited to RCTs (but no relevant articles)
- 15 articles if mixed with Case Control Studies, but the Skegg article chosen because most recent.

The Study Patients

1768 women with breast cancer ("Cases"), and 13,905 controls. Most were younger than 55 years. Patients were pooled from 2 studies: a New Zealand study and the WHO study.

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Study Selection

The article is a pooled analysis of two studies which were selected because they have similar designs, similar but inconclusive results, and inadequate sample sizes. It was hoped that combining the results will provide a stronger conclusion regarding medroxyprogesterone acetate and breast carcinoma. There is no statement in the article which indicates the method of literature search done, and the criteria for study selection aside from the aforementioned.

Data Extraction

In both case control studies (WHO and New Zealand), the data on contraceptive histories for cases and controls were collected in a standardized questionnaire by trained interviewees. It is stated in the article that the New Zealand questionnaire was partly based on the one developed for the WHO study. In the statistical analyses, the data from New Zealand were converted into a format compatible with the WHO data set. The data from the two studies were then analyzed in the same manner as in the WHO study.

Methodological Issues

One can't tell if the studies were multiple independent reviews of individual reports. They were tested however for heterogeneity and found not to be significant at p value of 0.23.

The Evidence

Outcome	Typical OR (95%CI)	p value
Breast Cancer (Overall	1.1 (1.97, 1.4)	NS
Breast Cancer (Accdg to Duration of Use and Age of Diagnosis)	1.1 (1.97, 1.4)	NS
Breast Ca (Accdg to First Use)		
of < or = 5 yrs. & Duration		
of < or = 3 me Evidence-Based Reproductive Medicine Network.		

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Comments:

1. Despite the absence of a systematic review of literature, this article provides the largest available dataset that gives one a better understanding of the relationship between breast carcinoma and medroxyprogesterone acetate.
2. There is no apparent overall increased risk of breast cancer from (ever) use of DMPA. This appears true for women 35 years and older. Further, there is similarly no increased risk from DMPA use relative to duration of use.
3. However, there is a 2.1 odds relative risk (RR) of breast cancer for women under age 35. Current

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re younger than 35 had a RR of 2.1 (95% C.I. 1.1 to 3.8). Further, the RR for women who had started using DMPA in the previous 5 years was 2.0 (C.I. 1.5 to 2.8).

4. The RR's for women whose last use was in the more distant past were not elevated. These findings may be somewhat confusing to clinicians; however, most researchers suggest that the increased rates of cancer in young DMPA users for less than 5 years is likely due to the stimulation of an existing cancer rather than the creation of a new cancer in these women.
5. To reassure clinicians, the investigators analyzed risk of breast cancer and length of use of DMPA. They found the risk of breast cancer among women who took DMPA for long periods (over 5 years) was no different than from those women who never took DMPA (relative risk was 1.0 in both groups).
6. The article is highly relevant and uses valid methodology.

Appraised by Blanca C. de Guia, Department of Obstetrics and Gynecology, Philippine General Hospital, Taft Avenue, Manila, Philippines. Sunday, September 28, 2003 for the Philippine Evidence-Based Reproductive Medicine Network.

Answer to Clinical Scenario

There is no increased risk of developing breast cancer from DMPA. However, for women under 35 years old, there is a slight increase, so a careful history and physical examination should rule out risk factors prior to prescribing it.

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EVIDENCE

There is no overall increased risk of getting breast cancer from the use of DMPA for contraception, including long term use (>5 years use).

PEBRMN Critically Appraised Topics Issue No. 001

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EVIDENCE

Short-term oral contraceptive use (< 5 years) does not increase the risk of cervical cancer in women with human papilloma virus infection, but long term use (> 5 years) does increase the risk.

The Clinical Scenario

A woman consults you because she wants to use oral contraceptives. She has a neighbor who recently was diagnosed with cancer of the cervix. She would like to ask you if she could develop cancer of the cervix if she uses oral contraceptives. She is planning to use the method only for a few years.

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Clinical Bottom Line

The analysis suggests that risk of invasive squamous cervical cancer and in-situ cancer for women who tested positive for HPV infection is not increased among short term users of oral contraceptives (< 5 years) (OR= .73). However, among women who are tested for HPV DNA the risk is increased three four fold if they have used oral contraceptives for 5 years or longer.

Citations

Moreno VM, Bosch F. X., Munoz, N, Meijer CJL, Shah KV, Walbommers JMM, Herrero R, Francheschi S, for the IARC Multicentric Cervical Cancer Study Group, Effect of oral contraceptives on risk of cervical cancer in women with human papilloma virus infection: the IARC multicentric case-control study. Lancet Vol 359 1985 to 1092, March 2002.

Corresponding Author's Name and Contact Information

Dr. Victor Moreno, Epidemiology and Cancer Registry Service, Catalan Institute of Oncology, Hospital Duran y Reynals (E-mail: v.moreno@ico.scs.es)

Search Terms	Oral Contraceptives and Cervical Cancer
Level of Evidence	3a: Pooled Case-Control Study (Systematic Review)
Three-Part Clinical Question	Can intake of oral contraceptives increase the risk for cervical cancer in women?

PEBRMN Critically Appraised Topics Issue No. 001

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[redacted]

The Study Patients

Histologically diagnosed Carcinoma in Situ and Invasive Cervical Cancer (of the squamous cell type) patients with Human Papilloma Virus Infection were included. Controls were taken from the same country sites. One of the country sites was the Philippines.

Exposure of Interest: Ever use of oral contraceptives, length of use of Oral Contraceptives. This was ascertained using questionnaires.

The Outcome: Cervical Neoplasia (CIS and Invasive Cancer)

Methodological Issues

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Subjects were defined and similar in other important ways. The exposures and outcomes were either objective or measured blind. Follow-up was long enough; follow-up was complete enough.

The Evidence

		Cervical Neoplasia (CIS And Invasive Cancer)	
		Present	Absent
Ever use of oral contraceptives	Yes	605	92
	No	1071	163
Odds Ratio:		1.00	95% CI: 1.00 to 1.00
Chi Square		0.00	

		Cervical Neoplasia (CIS And Invasive Cancer)	
		Present	Absent
Use of oral contraceptives of more than 5 years	Yes	331	1071
	No	28	163
Odds Ratio:		1.80	95% CI: 1.74 to 1.86
Chi Square		7.21	

Comments

1. The Human Papilloma Virus (HPV) has been established to have an important role in the causation of cervical cancer, and is probably a prerequisite for the development of the disease, among other factors.
2. The prevalence of HPV in cases of cancer of the cervix was 94% and in Carcinoma in situ was 72%. Overall prevalence for cases was 90% while it was 13% in controls.
3. In the Philippine sample in the article, HPV prevalence in cases of cancer was 96% and in controls was 9%.
4. Exogenous female hormones, such as those used in oral contraceptives have been proposed

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as co-factors in the development of cancer of the cervix.

5. Previous case-control studies of the association of oral contraceptives and cervical cancer did not have accurate information about the HPV status of the controls, and thus were not considered as susceptible to cancer of the cervix. Absence of such information could have biased estimates of the association to unity.
6. The article did not mention anymore in detail on how the case and control population were chosen, because these have been described elsewhere.

The paper recommends that extra effort should be made for women who are long-term users of or [illegible] uded in cervical screening programs. article did not mention on how th[illegible]ion were chosen, because these have been described elsewhere.

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Appraised by Fe Marissa Mercado, MD for the Philippine Evidence Based Reproductive Medicine Network (Phil EBRM-Net), Cagayan, Cagayan de Oro City Philippines ;Philippines; Wednesday, February 26, 2003

Answer to Clinical Scenario

There is no increased risk for women who use oral contraceptives if they use it for less than five years when they are HPV positive. For those who plan to use it longer and those who do not know their HPV status, they should be included in cervical cancer screening programs.

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EVIDENCE

Short-term oral contraceptive use (< 5 years) does not increase the risk of cervical cancer in women with human papilloma virus infection, but long term use (> 5 years) does increase the risk.

BEST AVAILABLE

EVIDENCE

Compared to non-lactating women, breastfeeding women on DMPA are more likely to continue family planning, and their side effects are less frequent.

The Clinical Scenario

BEST AVAILABLE *mother would like to ask about using DMPA as a family planning method. She is also interested in breastfeeding. She is asking what would be the likelihood that she will be able to use this method effectively.*

Clinical Bottom Line

In lactating women who use Depo Provera for contraception, the discontinuation rate was lower because the occurrence of side-effects was lower, compared to non-lactating women who use Depo Provera.

Citations

Sun Danli, Shao Qingxiang, Sang Guowei. A multi-centered trial of the long-acting injectable contraceptive Depo Provera in Chinese women. Contraception 62 (2000): 15-18.
Lead author's name and fax: Sun Danli. +86-0571-8076765; Fax +86-0571-8075447; Email address: imm.zj@mail.hz.zj.cn

Search Terms	Depo Provera, Depo Medroxyprogesterone Acetate, Injectable Contraceptive, Lactation, Breastfeeding, Discontinuation Rates
Level of Evidence	2b: Individual Cohort Study
Three-Part Clinical Question	Among breastfeeding women, does the injectable contraceptive Depo Provera result in a high discontinuation rate due to side effects?

PEBRMN Critically Appraised Topics Issue No. 001

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[redacted]

The Study Patients

A total of 1994 healthy, fertile, non-pregnant women aged 18 to 40 years received a total of four (4) Depo-Provera injections for contraception at intervals of 90 +/- 7 days. 26% were breastfeeding women who were enrolled within one (1) year after parturition with injections started 6 weeks after delivery. These women were followed-up at 3, 6, 9, and 12 months for side effects and discontinuation. Excluded were women with diabetes, abnormal pap smear, confirmed hypertension, history of thromboembolism (cerebrovascular accident or incapacitating migraine), vaginal bleeding of unknown etiology, pregnancy, recent or once severe liver disease, diagnosed or suspected malignancy, abnormal nipple discharge.

Exposure BEST AVAILABLE
The Outcome: Discontinuation Due To Side-effects

Methodological Issues

The non-lactating women were older (almost 50% were GE 30 years, versus only 9.8% of lactating women. Also, the previous contraception profiles were very different between them. For ex, the prior IUD rate was 21% for non-lactating versus 4.5% for lactating women. The exposures and outcomes were neither objective nor measured blind. Follow-up was long enough; follow-up was complete enough.

The Evidence

		Discontinuation due to...			
		Present		Absent	
		Number	Proportion	Number	Proportion
Breastfeeding	Yes	116	0.22	402	0.78
	No	425	0.29	1051	0.71
Relative Risk:		0.78			
Number Needed to Harm:		-16	95% CI:	0.76 to 0.80	
Chi Square		8.27			

Comments

1. Among breastfeeding women, the injectable contraceptive Depo Provera results in a significantly lower discontinuation rate due to side effects compared to non-lactating women.
2. Irregular bleeding/spotting and heavy/prolonged bleeding were the most common side-effects that had the most impact on the acceptability of Depo-Provera for contraception and the frequencies were higher among non-lactating women ($p<.001$).
3. The authors partly attribute the low discontinuation rate compared to other studies, to the counseling given to the patients, doctors, and family planning staff.

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[redacted]

Appraised by Lora Garcia-Tansengco, M.D. University of the Philippines College of Medicine and Philippine General Hospital, Department of Obstetrics-Gynecology; September 16, 2003 for the Philippine Evidence Based Reproductive Medicine Network.

Particular to my patient:

PEER:	**NNH:**	**1**	**95% CI: 1 to 1**

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Answer to Clinical Scenario

Using DMPA for family planning while breastfeeding is possible for a reasonable period of time.

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AED

EVIDENCE

Compared to non-lactating women, breastfeeding women on DMPA are more likely to continue family planning, and their side effects are less frequent.

BEST AVAILABLE

EVIDENCE

Use of oral contraceptive pills does not lead to an increased risk of breast cancer.

The Clinical Scenario

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woman consults you because she wants to use oral contraceptives. Her mother was recently diagnosed to have breast cancer. She would like to ask you if she can develop breast cancer if she uses oral contraceptives.

Clinical Bottom Line

In women between the ages of 35-64, there is no significant increase in the risk of breast cancer among women who currently or previously used oral contraceptives. The odds ratio did not increase consistently with longer periods of use or with higher doses of estrogen. Use of oral contraceptives by women with a family history of breast cancer was not associated with an increased risk of breast cancer, nor was the initiation of oral contraceptive use at a young age.

Citations

Marchbanks PA, et al. Oral contraceptives and the risk of breast cancer. The New England Journal of Medicine 2002 June; 346(26):2025-2032.

The Study Patients

Cases - 4575 women 35-64 years of age with breast cancer initially diagnosed from 1994 to 1998 in 5 sites in the US. Controls - 4682 women in same age group without a diagnosis of breast cancer in the same geographic locations as case subjects.

Search Terms	Oral contraceptive pills and breast cancer (Medline)
Level of Evidence	3b: Individual Case-Control Study
Three-Part Clinical Question	Are women who are taking or have taken oral contraceptive pills at high risk of developing breast cancer?

PEBRMN Critically Appraised Topics Issue No. 001

BEST AVAILABLE

[redacted]

Exposure of Interest: Oral contraceptive pills (combined or progestin only pills)

The Outcome: Breast cancer (invasive)

Methodological Issues

The subjects were not defined and similar in other important ways. The exposures and outcomes were neither objective nor measured blindly. Follow-up was long and was complete.

The Evidence

BEST AVAILABLE		Invasive Breast Cancer	
		Present	**Absent**
Oral Contraceptive Use	**Yes**	3497	3658
	No	1032	980
Crude Odds Ratio:		0.91	95% CI: 0.90 to 0.91
Chi Square		3.77	

Comments:

1. The odds ratio of 0.90 suggests that there may be a protective effect of any previous use of oral contraceptives against breast cancer, but since the confidence interval of the odds ratio crosses 1.0, this value is not significant.
2. When the odds ratios reported in the article were adjusted for the various factors, these still show no significant difference between case and control group, taking into account confounders such as duration & initial age of exposure, duration since last use and type of hormone used. OR = 1.0 (95% CI 0.8 to 1.3) among current users and OR = 0.9 (95% CI 0.8 to 1.0) among previous users.

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Appraised By: Milagros T. Jocson, MD, for the Philippine Network for Evidence Based Reproductive Medicine, Dept of Medical City, Mandaluyong City; Fax no. 931-34-77.

Answer to Clinical Scenario

Among women who had breast cancer, they were no more likely to have used oral contraceptives, compared to women who had no breast cancer. This absence of risk was consistently found among all sub-groups of the BEST AVAILABLE *Based on this study, the woman can be advised that there would be no increase in the risk of developing breast cancer if she uses oral contraceptives.*

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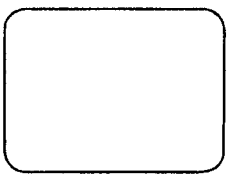
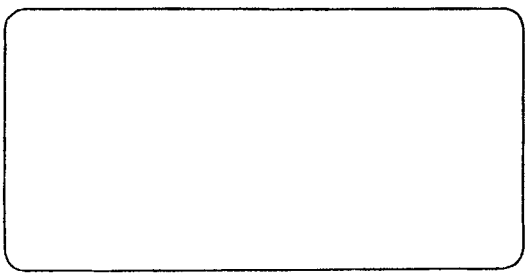


Use of oral contraceptive pills does not lead to an increased risk of breast cancer.



EVIDENCE

DMPA reduces the number of hot flashes in menopausal women.

The Clinical Scenario

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[illegible] year old woman who has been using DMPA for contraception recently had a total hysterectomy and bilateral salpingo-oophorectomy for endometriosis. She would like to know if she could continue using DMPA safely to prevent the signs and symptoms related to menopause.

Clinical Bottom Line

The use of DMPA decreases the number of episodes of hot flashes per day among menopausal women.

Citations

Barton D, Loprinzi C, et al. Depomedroxyprogesterone Acetate for Hot Flashes, J Pain Sympt Mgt 24: 6, 603-607, Dec. 2002.

Lead Author's Name and Contact Info

Debra Barton, 200 First St. SW, Mayo Clinic, Rochester MI, 55905

Search Terms	Free text search: "DMPA" or "oral contraceptives" and "menopause" or "hot flashes". Yielded 27 articles, with only one relevant title.
Level of Evidence	2c: Non-blinded, Non-randomized Pre-post Design with no Control Group
Three-Part Clinical Question	Among menopausal women, what is the effect of Depo-medroxyprogesterone Acetate (DMPA) on relieving the symptoms of the menopause, such as hot flashes?

PEBRMN Critically Appraised Topics Issue No. 001

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[redacted]

The Study Patients

Menopausal women being treated for breast cancer but who were no longer on chemotherapy and were complaining of symptoms such as hot flashes were asked to make a diary of episodes of hot flashes while they were being given DMPA. Of the 15 women recruited, one did not complete the study and was excluded.

Methodological Issues

Single cohort treatment group (N = 15; 14 analyzed): DMPA 500 mg IM given every two weeks for a total of 3 doses. There was no control group, just a single cohort in a pre-post design!

The Evid

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The mean number of hot flashes for the first day was 10.9 flashes (95% CI 8.0–13.8) and the mean for day 42 (6 weeks later) was 1.1 hot flash (95% CI 0.5–1.8). The mean number of hot flashes on day 84 was 0.7 hot flash (95% CI 0.1–1.2).

Comments

1. This was not a comparative study against women who did not receive DMPA or who received other drugs, just a pre-post design design or before-after study without a control group
2. The study also included a small group of old men.
3. The study design follows more that of a before-after study.
4. The study also included a small group of old men.
5. All the female subjects were breast cancer survivors, half of whom were on tamoxifen, possibly limiting the generalizability of the results to menopausal women with no breast cancer.
6. Other minor side effects were reported. Two patients stated they experienced weight gain, two reported muscular spasms, and there was one reported instance of vaginal spotting and weak fingernails.
7. The favorable effect of decrease in hot flashes persisted six weeks after the DMPA was discontinued.
8. The study did not use a standardized side-effect questionnaire given to the patients; rather it used a diary method.
9. The study is consistent with the findings of an older study which showed that DMPA reduces the frequency and severity of postmenopausal hot flashes. Of 57 postmenopausal women treated with 150 mg DMPA monthly, 51 had significant improvement in hot flashes (Relative risk reduction 2.58, NNT=2) compared to women receiving placebo. (from Bullock J, Massey F, Gambrell D. Use of medroxyprogesterone acetate to prevent menopausal symptoms. Obstetrics and Gynecology 1975;46:165-168.)

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10. Other effects were reported. Two patients stated they experienced weight gain, two reported muscular spasms, and there was one reported instance of each of the following symptoms: vaginal spotting, weak fingernails.

Appraised by: Dr. Jose Dante Marcos and Dr. Mario R. Festin, Philippine Evidence Based Medicine Network, Room 201, NIH Building, Pedro Gil, Ermita, Manila, Philippines. Tuesday, September 16, 2003.

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Answer to Clinical Scenario

DMPA may be continued for the symptoms of menopause such as hot flashes.

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EVIDENCE

DMPA reduces the number of hot flashes in menopausal women.

PEBRMN Critically Appraised Topics Issue No. 001

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EVIDENCE

Women with migraine who use oral contraceptives have an increased risk of stroke.

The Clinical Scenario

A 28- BEST AVAILABLE *ffering from migraine for many years. She has just delivered a baby and would like to use pills to space her pregnancies. She asks you about the risks of using pills for a patient with migraine like her.*

Clinical Bottom Line

The use of oral contraceptives among women of childbearing age with migraine significantly increases their risk of stroke. The risk for stroke has a multiplicative effect if the patient is a smoker and/or also has high blood pressure.

Citations

Chang CL, Donaghy M, Poulter N, and World Health Organisation Collaborative Study of Cardiovascular Disease and Steroid Hormone Contraception. Migraine and stroke in young women: case-control study. BMJ 1999; 318:13-18.

The Study Patients

Cases: 291 women aged 20-44 years from five European centers participating in the WHO collaborative study of cardiovascular disease and steroid hormone contraceptives , who had a stroke, acute myocardial infarction, or venous thrombo-embolic disease. Controls: 736 women, up to three hospital-based controls, matched by 5 year age bands and time of admission.

Search Terms	Oral contraceptives, migraine, and stroke
Level of Evidence	3b: Individual Case-Control Study
Three-Part Clinical Question	Is the risk of stroke increased among women with migraine headache who take oral contraceptives?

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[redacted]

Exposure of Interest: Oral contraceptives and migraine

The Outcome: Stroke

Can't tell if the subjects were defined and similar in other important ways. Can't tell if the exposures and outcomes were either objective or measured blind. Can't tell if follow-up was long enough; can't tell if follow-up was complete enough.

Methodological Issues

There were dissimilarities between the case group and the control group, with those cases and controls with a history of migraine were more significantly more likely to report having hypertension during pregnancy, or a family history of migraine. There were separate procedures for case: BEST AVAILABLE y bias the observations. Follow up is relatively long and complete enough because of the case-control nature of the study.

The Evidence

In Women with Migraine	Stroke	
OCP Use	Present	Absent
Yes	35	18
No	256	718
Odds Ratio:	5.45	95% CI: 5.15 to 5.75
Chi Square	37.19	

Comments

1. The summary odds ratio above shows that women with migraine who had stroke had higher odds of having used oral contraceptives.
2. The adjusted odds ratio for association of oral contraceptive use and stroke was not statistically significant for the low dose pills (<50 ug) compared to the high dose pills.
3. Adjusted odds ratios for all stroke, ischaemic stroke and hemorrhagic stroke associated with personal history of migraine were also computed. Migraine alone is already a significant risk factor for ischaemic but not hemorrhagic stroke.
4. The use of oral contraceptives and coexistence of hypertension or smoking seems to exert a greater than multiplicative effect on the risk of ischaemic stroke associated with migraine.
5. This effect was statistically significant especially for smokers, and women should be advised accordingly.
6. More than 80% of migrainous women who used oral contraceptives had not experienced any change in frequency of headache or type of migraine in relation to using the contraceptive. Compared to controls, there was no excess of conversion from simple to classical migraine after starting oral contraceptives in the women who had had a stroke.
7. The adjusted odds ratio for association of oral contraceptive use and stroke was not statistically significant for the low dose pills (<50 ug) compared to the high dose pills.

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8. Adjusted odds ratios for all stroke, ischaemic stroke and hemorrhagic stroke associated with personal history of migraine were also computed. Migraine alone is already a significant risk factor for ischaemic but not hemorrhagic stroke.
9. The use of oral contraceptives and coexistence of hypertension or smoking seems to exert a greater than multiplicative effect on the risk of ischaemic stroke associated with migraine.
10. This effect was statistically significant especially for smokers, and women should be advised accordingly.
11. More than 80% of migrainous women who used oral contraceptives had not experienced any change in frequency of headache or type of migraine in relation to using the contraceptive. there was no excess of conversion from simple to classical migraine after starting oral contraceptives in the women who had had a stroke.

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Appraised by Lora G. Tansengco, MD, for the Philippines Evidence-Based Reproductive Medicine Network (PEBRM-Net), Department of Obstetrics and Gynecology, University of the Philippines, College of Medicine, The Philippine General Hospital,

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Answer to Clinical Scenario

Current recommendation is not prescribe combined oral contraceptives (COCs) to women with migraine with aura in view of additional stroke risk. Although the incidence of ischaemic stroke is very low in women of reproductive age, it is increased in women with migraine particularly if they also take COCs.

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EVIDENCE

Women with migraine who use oral contraceptives have an increased risk of stroke.

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EVIDENCE

There are higher rates of anemia among IUD users compared to OCP users.

The Clinical Scenario

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an wants to find out if she will be at risk for anemia if she uses IUDs versus OCPs.

Clinical Bottom Line

There is bigger decrease in Hemoglobin in Cu IUD users compared to OCP users after 12 months use.

Citations

Hassan EO, El Hussein M, El-Hahal N. The Effect of 1-year Use of the CuT 380A and Oral Contraceptive Pills on Hemoglobin and Ferritin Levels. Contraception 1999: 60: 101-105.

Lead Author's Name and Contact Info

E O Hassan The Egyptian Fertility Care Society POB 126 Orman, Giza, Cairo, Egypt Fax (202) 346 -8782.

The Study Patients

Egyptian women, 18-40 years old, planning to use either IUD or OCPs, more than 3 months post-partum, not breastfeeding and not taking oral iron supplements. IUD users were similar to OCP users except parity was higher among OCPs users (4.2 versus 3.7).

Search Terms	"Intra-Uterine Device" and "Anemia" or "Intra-Uterine Devise" and "Hemoglobin". Found 38 articles, some on oral contraceptives, some were from earlier than 1990. This paper only most recent publication on IUD and anemia.
Level of Evidence	2b: Non-blinded, non-randomized individual cohort study without intention-to-treat
Three-Part Clinical Question	What is the effect of copper-based IUD versus oral contraceptives on hemoglobin of women?

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[redacted]

Control Group

(N = 202; 40% analysed at 12 months (N=81)): Oral Contraceptives

Experimental Group

(N = 246; 43.5% analysed at 12 months (N=107)): Copper IUD : CuT380A

The Evidence

Outcome	Time to Outcome	CER	EER
Hem	12 months	-3.5	-4.1
	95% Confidence Intervals:		
Serum Ferritin	12 months	-19.4	-4.7
	95% Confidence Intervals:		

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Comments

1. There are higher rates of iron loss and depletion of iron stores in women using IUDs which seems to be dependent on level of hemoglobin at the time of initiation of method use, and duration of method use.
2. A greater drop of Hb levels occurred with initially higher levels of Hb and with duration of IUD use, which may be due to the menstrual changes associated with IUD use.
3. High drop-out rates – about 40% at 12 months

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Appraised by Conrado P. Crisostomo and Mario R. Festin Philippine Evidence-Based Reproductive Medicine Network; Tuesday, September 16, 2003.

Answer to Clinical Scenario

There are more cases of anemia among IUD users, maybe because of associated menstrual changes, compared to OCP Users. Iron supplements may be necessary.

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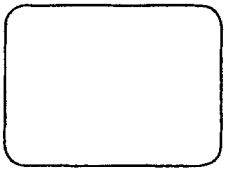
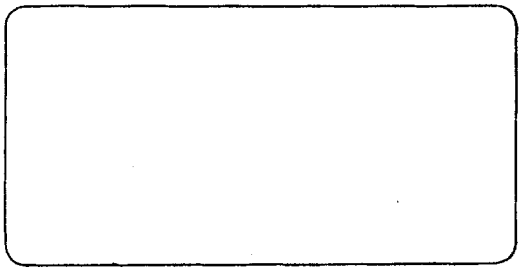


There are higher rates of anemia among IUD users compared to OCP users.



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EVIDENCE

Women who take Depot-Medroxyprogesterone Acetate (DMPA) do not have an increased risk of cervical adenomatous carcinomas.

The Clinical Scenario

A woman consults you because she wants to use DMPA for contraception. She has a neighbor who recently was diagnosed with cancer of the cervix. She would like to ask you if she can develop cancer of the cervix if she uses DMPA.

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Clinical Bottom Line

Women who had cervical adenomatous cancer were not more likely to have used DMPA compared to women without such types of cancer.

Citations

Thomas DB et al. Depot-Medroxyprogesterone Acetate (DMPA) and risk of invasive adenocarcinomas and adenosquamous carcinomas of the uterine cervix. Contraception Vol. 52: pp 307-312, 1995.

Lead Author's Name and Contact Info

David B. Thomas, Fax No.: 206-667-4787

The Study Patients

CASES: 324 women in Thailand, Mexico & Kenya born after 1930 (except for Chiang Mai, women born after 1925) who had been diagnosed with cervical adenomatous carcinoma from 5 hospitals.

Search Terms	DMPA and cervical cancer
Level of Evidence	3b: Individual Case-Control Study
Three-Part Clinical Question	Are women exposed to DMPA for contraception at increased risk of developing cervical adenomatous carcinomas?

PEBRMN Critically Appraised Topics Issue No. 001

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CONTROLS: 2534 women hospitalized for conditions other than obstetrical or gynecological, and generally considered as not being associated with the use of steroid contraceptives, who met the same birth and residential criteria as the cases.

The investigators controlled for several known risk factors including age, center, year of entry into the study, use of oral contraceptives or premenopausal estrogens, numbers of pregnancies, smoking status, history of genital warts, and male partner sexual behavior. This will allow a more definite evaluation of the association of DMPA use on the development of cervical adenomatous cancer.

Exposure of Interest: Use of DMPA

Th BEST AVAILABLE **ıomatous carcinomas**

Methodological Issues

Subjects were defined and were similar in other important ways based on comparisons of background characteristics. The article did not specify if the measurement and monitoring of exposures and outcomes was either objective or measured blindly. There was no clear mention if follow-up was long or complete enough, but since this is a case control study, this can be assumed to be such.

The Evidence

		Cervical Adenomatous Carcinoma	
		Diagnosis Present (Cases)	**Absence of Condition (Controls)**
Use of DMPA in the past	**Yes**	51	395
	No	273	2139
Odds Ratio:		1.01	95% CI: 1.01 to 1.02
Chi Square		0.00	

Particular to my patient:

PEER:	0.11	**NNH:**	879	95% CI: 656 to 1336

Comments

1. This is a case-control study that relied on subjects' recall of DMPA use over a period of 5-10 years.
2. The odds ratio of 1.01 of developing cervical adenomatous carcinoma when exposed to DMPA means that the odds of having used DMPA is practically the same whether the patient was with cancer or not.
3. The odds for having used DMPA in patients with cancer was unaltered by the months of DMPA use, time since initial or most recent exposure, or age at first use.

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Appraised by Jericho Thaddeus P. Luna, MD, Department of Obstetrics and Gynecology, University of the Philippines-Philippine General Hospital. Taft Avenue, Ermita, Manila 1000 Philippines, Fax No.: (632) 524-1098; Sunday, March 02, 2003.

Answer to Clinical Scenario

For women who had adenomatous cancer of the cervix, they were no more likely to have used DMPA, compared to women who had no such cancer.

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e of risk was consistently found among all sub-groups of the sample studied. Based on this study, the woman can be advised that there would be no increase in the risk of developing adenomatous cancer of the cervix if she uses DMPA.

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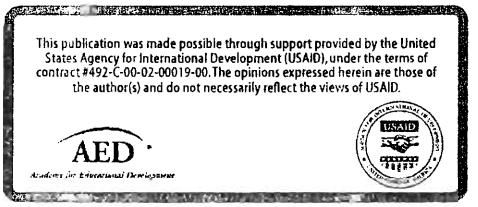

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EVIDENCE

Women who take Depot-Medroxyprogesterone Acetate (DMPA) do not have an increased risk of cervical adenomatous carcinomas.

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EVIDENCE

The condom remains the only contraceptive method that offers an overall decreased risk of acquiring a sexually transmitted disease (STD).

The Clinical Scenario

An 18-year-old university student wants to ask about the use of oral contraceptives. She is sexually active, and has had a few boyfriends in school. She wants to ask if there is a chance that she might get infections if she just uses oral contraceptives.

Clinical Bottom Line

The condom remains the only contraceptive method that offers an overall decreased risk of acquiring a sexually transmitted disease (STD). STD protection is mixed with respect to hormonal contraceptive use. In a recently published cohort study conducted among sex workers in Kenya, the use of hormonal contraceptives (oral contraceptive pills and DMPA) has been found to be associated with a decreased incidence in some sexually transmitted diseases (STDs), such as Bacterial Vaginosis among OCP and DMPA users, and Trichomonas and PID among DMPA users. However, the study found an increased incidence of Candida, Cervical Mucopus and Cervicitis among OCP users and an increased incidence in Chlamydia and Cervicitis among DMPA users. The use of condoms is still the only contraceptive method offering a decreased risk of acquiring an STD.

Citations

Baeten JM, Nyange PM, Richardoson BA, Lavreys L, Choban B, Martin HL, Mandaliya K, Ndinya-Achola JO, Bwayo JJ, and Kreiss JK. Hormonal Contraception and risk of sexually transmitted disease acquisition: Results from a prospective study. Am J Obstet Gynecol 2001;185:2, 380-385.

Search Terms	Hormonal contraception, oral contraceptive pills, depo-medroxyprogesterone acetate, and sexually transmitted diseases
Level of Evidence	2b: Individual Cohort Study
Three-Part Clinical Question	Does the use of hormonal contraception affect the risk of acquiring a sexually transmitted disease?

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[redacted]

Lead Author's Name and Contact Info

Jared M. Baetan, University of Washington, E-mail: jbaeten @u.washington.edu

The Study Patients

Female sex workers in kenya using hormonal contraception. Analyses were corrected for sexual behavior and demographic factors.

Exposure of Interest: Oral contraceptive use and depo-medroxyprogesterone (DMPA) use

The Outcome: Presence of sexually transmitted diseases including chlamydia, vaginal candidiasis, bacterial vaginosis, trichomoniasis, gonorrhea, syphilis, muco-purulent cervicitis, pelvic inflammatory disease.

Methodological Issues

Subjects were defined and similar in other important ways. The exposures and outcomes were neither objective nor measured blind. Follow-up was long enough; follow-up was complete enough. Methodological Issues: The subjects who used the various methods were defined and were found to be similar in other important ways. The exposures and outcomes were neither measured objective nor measured blind, because of the varied nature of the methods being studied. Follow-up was long and complete enough.

The Evidence

Sexually Transmitted Disease	Incidence Rate per 100 person years of follow up Number of cases	Oral	P value	DMPA Use (Hazard Ratio)	P value
Chlamydia	11.1	1.8	.03	1.6	.02
Neiserria	16.5	1.4	.10	1.1	.50
Trichomonas	26.4	0.9	.60	0.6	.04
Candida vaginalis	-	1.5	.002	1.1	.40
Bacterial vaginosis	-	0.8	.03	0.7	<.001
Syphilis	2.9	0.4	.20	0.5	.20
Genital Ulcer Disease	6.1	0.9	.80	1.5	.20
Vaginal Discharge	72.2	1.1	.40	0.8	.08
Cervical Mucopus	24.0	1.2	<.004	1.5	.05
Cervicitis	71.2	1.8	<.001	1.5	.001
Pelvic Inflammatory Disease	13.0	0.7	.30	0.4	.001

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EVIDENCE

The use of oral combination contraceptives is not associated with weight changes in users.

The Clinical Scenario

A 20-year-old wishes to start using oral combination contraceptives. She is worried about gaining weight because of the pills.

Clinical Bottom Line

Forty-two trials including three placebo-controlled, randomized trials did not find evidence supporting a causal association between combination oral contraceptives and weight gain. Also, most comparisons of different combination contraceptives showed no substantial difference in weight or difference in discontinuation rates due to weight gain. Available evidence is insufficient to determine the effect of combination contraceptives on weight, but no large effect is evident. IN GENERAL, HEALTH CARE PROVIDERS PRESCRIBING COMBINATION CONTRACEPTIVES DO NOT NEED TO WEIGH WOMEN.

Citations

Gallo MF, Grimes DA, Schulz KF, Helmerhorst FM. Combination Contraceptives: Effects on Weight (Cochrane Review). In: The Cochrane Library, Issue 2, 2003. Oxford: Update Software.

Lead Author's Name and Contact Info

Gallo MF Fax: +1 919 544 9190

Search Terms	"Combination contraceptives" and "effects on weight" in Cochrane Library.
Level of Evidence	[None indicated]
Three-Part Clinical Question	In women desirous of contraception, does use of combination contraceptives cause changes in weight?

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[redacted]

The Review

Data Sources: Cochrane Library

Study Selection: All English language, randomized controlled trials at least three treatment cycles in duration that compared a combination contraceptive to a placebo or with a combination oral contraceptive that differed in drug, dosage, regimen, and/or study length were eligible. 42 trials were selected, 3 of which had a comparison control group.

Data Extraction

Types of Participants: Women of reproductive age without medical contraindications to combination contraceptives.

Types of Intervention: Any combination contraceptives compared to either a placebo or with another combination contraceptive. Trial drug interventions must have included a minimum of three consecutive cycles to be eligible.

Types of Outcome Measures: Trials must have collected data on change in body weight to be eligible for inclusion. Weight change could have been measured as either the change in the study group's mean weight or as the proportion of the study group who lost or gained more than a specified amount.

Methodological Issues

The studies were multiple independent reviews of individual reports. They were tested for heterogeneity. The four comparisons between an oral contraceptive and placebo (Coney 2001; Goldzieher 1971a) found no differences in weight with statistical significance or interval estimation considerations.

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Comments

1. ***Potential Conflict of Interest***: Dr. Grimes has consulted with or served on a speaker bureau for ALZA, Berlex Laboratories, Gynetics, GynoPharma, Mead Johnson, Organon, Ortho-McNeil, Parke-Davis, Pharmacia-Upjohn, Schering, Schmid, Searle and Wyeth-Ayerst. Dr. Helmerhost has supervised studies sponsored or assigned by various pharmaceutical companies that manufacture oral contraceptives.

Appraised by Enrico Gil C. Oblepias, MD Department of Obstetrics and Gynecology, Philippine General Hospital, Taft Avenue, Manila City Philippines for the Philippine Evidence Based Reproductive Medicine Network.

Answer to Clinical Scenario

There is no evidence that taking oral contraceptives would lead to weight gain.

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EVIDENCE

The use of oral combination contraceptives is not associated with weight changes in users.

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EVIDENCE

The use of third generation oral contraceptives is not associated with myocardial infarction: findings from a multicenter case-control study.

The Clinical Scenario

A 35-year-old woman wants to use a new oral contraceptive in the market. She has a family history of myocardial infarction in her mother and older sister who had it in their early 40's. She is asking if using OCPs would put her at higher risk for MI.

Clinical Bottom Line

Compared to second generation oral contraceptive users and current non-users, the use of third generation oral contraceptives is not associated with an increased risk of myocardial infarction.

Citations

Lewis, MA et al. Third generation oral contraceptives and risk of myocardial infarction: an international case-control study. BMJ 1996;312: 88-90.

Lead Author's Name and Contact Info

Michael A Lewis, Dept of Epidemiology and Biostatistics, McGill University, Montreal, Canada

Search Terms	Oral contraception and myocardial infarction, combined oral contraceptives, AND cardiovascular disease. Had 35 hits, 15 hits with HRT related articles, 1 hit with RU486 related. Other article not RCT, did not have MI as primary outcome but used histological parameters.
Level of Evidence	3b: Individual Case-Control Study
Three-Part Clinical Question	Is the use of third generation combined oral contraceptive pills associated with the development of myocardial infarction (MI) among women in the reproductive age group?

PEBRMN Critically Appraised Topics Issue No. 001

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[redacted]

The Study Patients

This was a multinational, multicenter case-control study that included 651 women in the reproductive age group (16-44 years). There were 153 cases with a myocardial infarction event and 498 controls unaffected by myocardial infarction with 1:3 case:control ratio. The subjects were matched by age (in 5 year age bands), BMI, smoking status, alcohol intake, duration of contraceptives before current contraceptive, hospital, and community. Controls were identified and interviewed within four months of the myocardial infarction of the index case.

Exposure of Interest

The putative risk factor was the current use of third generation oral contraceptives which contained low dose ethinyl estradiol (20-30 mcg) and one of two progestogens, gestodene or desogestrel. Current use was defined as oral contraceptive use within three months before MI event for a case. The main reference group consisted of second generation combined oral contraceptive pills containing low dose ethinyl estradiol (<50 mcg) and other early progestogens.

The Outcome

Cases were identified by their first myocardial infraction event as defined by ICD code 410. Controls were hospital and community controls with no history of MI.

Methodological Issues

Subjects were defined and similar in other important ways. Because of the nature of study design, it is difficult to tell if the risk factors of interest, exposures, and outcomes were either objective or measured blind; can't tell if follow-up was long enough; can't tell if follow-up was complete enough.

Comments *(Please refer to Table of Evidence on facing page)*

Logistic regression analysis showed that:

1. There was an over-all trend towards protection from MI among third generation OC users compared to the main reference group.
2. However, there was also a trend towards slight increase in risk for MI for third generation users compared to current non-users.
3. Second generation OCs was a significant risk factor for MI compared to current non-users. (4) Smoking as a confounder was found to be significantly associated with MI in all three groups of OC status.

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[redacted]

The Evidence

	COMPARISON	
ODDS RATIO (95% Confidence interval)	**p-value**	**Overall (n cases=153, n controls=498)**
Third generation vs second generation OCs	0.36 (0.1-1.2)	0.1
Third generation vs no current use	1.1 (0.4-3.4)	0.9
Second generation vs no current use	3.1 (1.5-6.3)	0.003
Hospital controls (n=210)		
Third generation vs second generation OCs	0.91 (0.2-4.6)	0.9
Third generation vs no current use	1.9 (0.4-8.7)	0.4
Second generation vs no current use	2.0 (0.8-4.9)	0.1
Community controls (n=288)		
Third generation vs second generation OCs	0.25 (0.1-1.0)	0.05
Third generation vs no current use	0.9 (0.3-3.0)	0.8
Second generation vs no current use	3.5 (1.5-8.6)	0.005

Appraised by Ma Bernadette O Cruz, Department of Obstetrics and Gynecology, Philippine General Hospital, Taft Avenue, Manila City Philippines for the Philippine Evidence Based Reproductive Medicine Network.

Answer to Clinical Scenario

Compared to second generation oral contraceptive users and current non-users, the use of third generation oral contraceptives is not associated with an increased risk of myocardial infarction.

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EVIDENCE

The use of third generation oral contraceptives is not associated with myocardial infarction: findings from a multicenter case-control study.

PEBRMN Critically Appraised Topics Issue No. 001

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EVIDENCE

There is no increased risk of Down Syndrome in pregnancies that follow previous use of oral contraceptives.

The Clinical Scenario

A 30-year-old woman on pills wishes to get pregnant. She is worried however that because she has been taking pills for more than 5 years, the pills might affect her future child by having abnormalities like Down Syndrome. She comes to you for advice.

Clinical Bottom Line

There is no increased risk of Down Syndrome in a pregnancy that follows cessation of oral contraceptive pill even for pregnancies that occur within the next cycle. This lack of relationship was demonstrated for groups of mothers who were <35 years old and >34 years old.

Citations

Martinez-Frias, ML et al. Periconceptional Exposure to Contraceptive Pills and Risk for Down Syndrome. Journal of Perinatology 2001; 21:288-292.

Lead Author's Name and Contact Info

Maria Luisa Martinez-Frias

The Study Patients

This is a case-control study using the data from the Spanish Collaborative Study of Congenital Malformation (ECEMC) between April 1976 and June 1998. For each malformed infant (case), the next non-malformed infant of the same sex born in the same hospital was selected as a control subject. A total of 1,527,579 liveborn infants were surveyed; 27,278 selected as cases; 2056 were diagnosed as Down Syndrome; 1506 mothers used OCs. The population studied

Search Terms	(Medline) Oral contraceptives and congenital abnormalities
Level of Evidence	3b: Individual Case-Control Study
Three-Part Clinical Question	Are women who get pregnant after cessation of oral contraceptive-use at risk of having babies with congenital abnormalities?

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[redacted]

comprised 1277 women where OC was the last contraceptive used.

There were two approaches used. First, was the pair matching analysis and the second was the case-control using the rest of the total 17,183 controls of the ECEMC database with specified data on maternal use of OCs and maternal age.

Exposure of Interest: OC use before a pregnancy

The Outcome: Down Syndrome

Methodological Issues

The sut BEST AVAILABLE nilar in other important ways. The exposures (intake of oral contraceptive pills) and outcomes (presence or absence of Down's syndrome) were either objective or measured blind. The collaborating physician collected the same data for both malformed and non- malformed infant.

Follow-up was considered long and complete enough in this case control study. The possible relationship between Down Syndrome with the use of OC was analyzed by studying the cases whose mothers become pregnant during the use of oral contraceptive pills and those whose mothers stopped the contraceptive treatment at the following intervals before becoming pregnant: one month, two months and three months or more.

The Evidence

		Down Syndrome	
		Mothers with Children with Down's Syndrome	**Mothers with Index Pregnancy Without Infant with Down's Syndrome**
OC Use	**Ever Used OCP**	246	3926
	Never Used OCP	994	13131
Odds Ratio:		0.83	95% CI: 0.75 to 1.00
Chi Square		3.86	

Comments:

1. This is a specific study that analyzed only the relationship between prior use of OC's and Down's Syndrome.
2. The Odds Ratio of 0.87 seems to show a trend of protection against Downs Syndrome, but this is not significant.
3. All other groups of women and timing of stopping of oral contraceptive pills did not differ significantly.

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Appraised by Joseline A. Amigo-Ferrolino, MD, FPOGS for the Philippine Evidence Based Reproductive Medicine Network (Phil EBRM-Net) De La Salle University Medical Center Dasmarinas, Cavite 4114 Philippines 063 (46)4160226 loc 137; Friday, March 28, 2003.

Answer to Clinical Scenario

There is no increased risk to developing Down Syndrome among women who were taking pills.

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EVIDENCE

There is no increased risk of Down Syndrome in pregnancies that follow previous use of oral contraceptives.

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EVIDENCE

OC pills and short-term IUD use offer quicker return to fertility for nulliparous women compared to long-term IUD use.

The Clinical Scenario

A 3 BEST AVAILABLE ng of having her IUD removed only a year after insertion because she heard stories that she could have problems getting pregnant post-removal. She comes to you for advice and you want to convince her not to have it removed due to this fertility concern.

Clinical Bottom Line

Users of the Intrauterine Device for less than 42 months have comparable fertility rates to users of oral contraceptives and of barrier methods. Long term IUD users (more than 78 months) however may have an increased risk of fertility impairment. Long term Intrauterine Device Use of more than 78 months appears to be associated with the longest return to fertility an increased risk of fertility impairment compared to short term (<42 months) IUD use, oral contraceptive use, and use of barrier methods. Users of barrier methods who stopped this method to achieve a planned pregnancy conceived most quickly and delivered after one year.

Citations

Doll H, Vessey M, and Painter M, Return of fertility in nulliparous women after discontinuation of the Intrauterine Device: comparison with women discontinuing other methods of contraception. Br J Obstet Gynecol 108: 304-314, March 2001.

Lead Author's Name and Contact Info

Helen Doll, Health Services Research Unit, Department of Public Health, University of Oxford, Institute of Health Sciences, Old Road, Headington Oxford, OX3 7LF UK

Search Terms	Oral Contraceptives and Fertility, Intrauterine Devices and Fertility
Level of Evidence	2b: Individual Cohort Study
Three-Part Clinical Question	Among nulliparous women on contraceptive pills and with intra-uterine devices, when is the return to fertility after discontinuation of the family planning method?

PEBRMN Critically Appraised Topics Issue No. 001

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[redacted]

The Study Patients

This is a prospective cohort of 558 nulliparous women, aged 18 to 40 years old in two groups, one group with intra-uterine devices and the other on contraceptive pills, from 17 family planning clinics in England and Scotland, who completed information to this study for about 14 years.

Prognostic Factor

Use of contraceptive pills and of intrauterine devices, and other methods of family planning (such as the barrier method).

The Outcome and Methodological Issues

Number BEST AVAILABLE omen giving birth at term after stopping contraception (OCP, IUD or any other method) in order to conceive. There was a well-defined sample at a uniform (early) stage of illness. Follow-up was long enough; follow-up was not complete. There were not blind, objective outcome criteria. Adjustment was made for other prognostic factors. There was validation in an independent test-set of patients.

The Evidence

Prognostic Factor	Outcome	Result	Measure	Independent?
Stopping Use of Barrier Method	Undelivered after 12 months	45.9 %	Percent of Users undelivered	yes
Stopping Use of IUD	Undelivered after 12 months	60.7%	Percent of Users undelivered	yes
Stopping Use of Oral Contraceptives	Undelivered after 12 months	67.6%	Percent of Users undelivered	yes

Prognostic Factor	Outcome Result Undelivered after 12 months in percent of users
Ever Use of IUD	57.9%
IUD used less than 42 months	55.6%
IUD used 42 to 78 months	54.7%
IUD used more than 78 months	64.3%
Never Used IUD	54.7%

Comments

1. From an initial group of 1071 recruited women, only 558 (52%) were able to complete follow up, which may still be considered respectable, considering the long duration of follow up (14 years).
2. Duration of infertility after the study was not completely assessed to see if some users became completely infertile.
3. Proper adjustments in the analysis for other factors were incorporated, such as maternal age, husband's social class, and history of gynecologic illness.
4. Users of barrier methods who stopped this method to achieve a planned pregnancy

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conceived most quickly and delivered after one year.

5. Short term intra-uterine device users (<42 months) showed a fertility pattern more favorable than those seen in discontinuing oral contraceptives (60.7% versus 67.6%).
6. An increasing duration of intra-uterine device use was associated with decreasing fertility, with those who used it for more than 78 months being the most impaired. (64.3% undelivered)
7. Compared to those using the barrier methods, the NNT for being undelivered after stopping IUDs is 7.
8. From an initial group of 1071 recruited women, only 558 (52%) were able to complete ill be considered respectable, considering the duration of follow up.
9. Duration of infertility after the study was not completely assessed to see if some users became completely infertile.
10. Proper adjustments in the analysis for other factors were incorporated, such as maternal age, husband's social class, and history of gynecologic illness.
11. Users of barrier methods who stopped this method to achieve a planned pregnancy conceived most quickly and delivered after one year.
12. Short term intra-uterine device users (<42 months) showed a fertility pattern much shorter more favorable than those seen in discontinuing oral contraceptives.
13. An increasing duration of intra-uterine device use was associated with decreasing fertility, with those who used it for more than 78 months having the longest period of decreased fertility being the most impaired.
14. Compared to those using the barrier methods, the NNT for being undelivered after stopping IUDs is 7.

Appraised by Mario R. Festin, MD, MS, MHPEd, FPOGS Room 201, National Institutes of Health Bldg, UP Manila, Pedro Gil, Ermita, Manila Fax (632) 5228380 ; E-mail: mfestin@pworld.net.ph; Sunday, March 23, 2003.

Answer to Clinical Scenario

The use of the IUD for a short time (about less than four years) has comparable return to fertility rates to those who discontinue oral contraceptives. IUD use more than 6 years may be associated with an increased risk of infertility impairment.

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EVIDENCE

OC pills and short-term IUD use offer quicker return to fertility for nulliparous women compared to long-term IUD use.

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EVIDENCE

There is no likely risk for prostate cancer among patients who have had vasectomies.

The Clinical Scenario

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le who wants a vasectomy asks whether there is an increased risk for developing prostate cancer from the procedure.

Clinical Bottom Line

The odds of having had a vasectomy among patients who have prostate cancer are very slightly higher, but the very small difference could be accounted for by bias. With limited evidence, there is no support for a biological mechanism supporting a relationship between vasectomy and prostate cancer.

Citations

Dennis LK, Dawson DV, and Resnick MI, Vasectomy and the Risk of prostate cancer: a Meta-analysis examining vasectomy status, age at vasectomy and time since vasectomy. Prostate Cancer and Prostatic Diseases (2002) 5: 193-203.

Lead Author's Name and Contact Info

LK Dennis, Department of Epidemiology, University of Iowa, 200 Hawkins Drive, C21 H-GH Iowa City IA 52242, leslie-dennis@uiowa.edu

Search Terms	MESH term = vasectomy AND MESH Term = Prostate neoplasms. Hits = 92. Limited to RCTs = 0. Limited search to last ten years = 52. Two relevant papers found, the other a case control, this paper was a meta-analysis of cohort and case control studies.
Level of Evidence	[None indicated]
Three-Part Clinical Question	Is there an increased risk of developing prostatic cancer among men who have had a vasectomy?

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[redacted]

The Review

Data Sources: Medline, Cancerlit

Study Selection: Cohort and case-control studies

Data Extraction

Extracted information by two of three independent reviewers.

Methodological Issues

The studies were multiple independent reviews of individual reports. They were tested for heterogeneity. There was no assessment for quality of individual studies.

The Evidence

Outcome	Time to Outcome	Typical CER	Typical OR	RRR	NNT	p Value
Prostate Cancer (all studies)			1.37			
	95% Confidence Intervals:		1.15 to 1.62			
Prostate Cancer (cohort studies only)			1.22			
	95% Confidence Intervals:		0.90 to 1.64			
Prostate Cancer (for men who had a vasectomy less than 40 years old)			1.14			
	95% Confidence Intervals:		0.99 to 1.31			

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Comments

1. The main effects included those from case control and cohort studies and there was a high level of heterogeneity, so a random effects model was used in the analysis.
2. The highest odds were shown in a biased sample which were in hospital sampled cases.
3. There seems to be an increase in the risk of prostate cancer with the number of years since vasectomy, which the authors alluded to be an effect of sampling bias.
4. With this limited evidence, the authors concluded that there is no support for a biological mechanism supporting a relationship between vasectomy and prostate cancer.

Appraised by Fe Marissa Mercado and Mario Festin, Philippine Evidence Based Reproductive Medicine Network, Rm 201, NIH Building, UP Manila, Pedro Gil, Ermita, Manila, September 16, 2003.

Answer to Clinical Scenario

Based on cohort or follow-up studies, there is likely no increased risk or association with prostate cancer among men who had a vasectomy.

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EVIDENCE

There is no likely risk for prostate cancer among patients who have had vasectomies.

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EVIDENCE

The risk of menstrual abnormalities such as increased bleeding and inter-menstrual bleeding is reduced after tubal sterilization.

The Clinical Scenario

A woman is attending an antenatal clinic for her fifth pregnancy. She is being offered to undergo a tubal ligation after she delivers her baby. She is worried that because of the tubal ligation, she might have problems with her menstruation.

Clinical Bottom Line

There was only a slight decrease in the number of days of menstruation and amount of bleeding during menses among women who had a tubal ligation, but these are not harmful and are even considered beneficial. There were no differences in the amount of pain during menses, in having irregular cycles, and in inter menstrual bleeding among women who had interval tubal ligation will have menstrual abnormalities compared to women who have not had this procedure.

Citations

Peterson H et.al. The Risk of Menstrual Abnormalities After Tubal Sterilization. The New England Journal of Medicine, Dec. 7, 2000, vol. 343 # 23: 1681 – 7.

Lead Author's Name and Contact Info

Herbert B. Peterson, M.D.

Search Terms	From MEDLINE using "bilateral tubal ligation" and "abnormal uterine bleeding" and "post tubal ligation syndrome"
Level of Evidence	2b: Individual Cohort Study
Three-Part Clinical Question	Do women who undergo bilateral tubal sterilization increase their risk of persistent menstrual abnormalities, particularly increased menstrual bleeding and inter-menstrual bleeding, as opposed to women who do not undergo the procedure?

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[redacted]

The Study Patients

Women aging 18 to 44 years of age who were undergoing interval tubal sterilization (9514 women) through various method in different institutions (multicenter) between 1978 and 1987, and non-sterilized women (573 women) whose partners were undergoing vasectomy in different institutions between 1985 and 1987 were enrolled in the study. The study population included non–Hispanic white, non–Hispanic black, Hispanic, American Indian, Alaskan native, and Asian or Pacific islanders. They were followed up in a multicenter, prospective cohort study for up to five years by mean of annual telephone interviews. All women were asked the same questions about six characteristics of their menstrual cycles in the pre–sterilization and follow up interviews.

The Outcome: Abnormal uterine bleeding or persistent menstrual abnormalities, particularly increased menstrual bleeding and inter-menstrual bleeding.

Methodological Issues

Subjects (women with BTL and no BTL) were defined and similar in other important ways. The exposures and outcomes (menstrual abnormalities) were objective and clearly measured. Follow-up was long and complete enough.

The Evidence

(From Table 3 in the article:)

Among the women who had a tubal ligation, there were some favorable effects on menstruation:
1. There was a significant but slight decrease in the number of days of bleeding OR, 2.4 (1.1 – 5.2) 2. There was a significant decrease in the Amount of Menstrual Bleeding after Tubal Ligation OR=1.5 (1.1 – 2.0)
Among the women who had a tubal ligation, there were no significant differences in the occurrence of other menstrual conditions:
3. There was no significant decrease in the amount of menstrual pain OR, 1.3 (1.0 – 1.8) (NS) 4. There was no significant increase in the Presence of Cycle Irregularity after Tubal Ligation OR = 1.3 (1.0 – 1.8) (NS) 5. There was no significant decrease in Inter-menstrual Bleeding after Tubal Ligation OR = 0.6 (0.2 – 1.7) (NS) (NS – no significant difference noted between groups)

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Comments

1. The changes in menstruation that took place after tubal ligation were more "favorable" because the women more likely to have less days of bleeding (OR, 2.4) and less amount of bleeding (OR, 1.5).
2. There were no significant changes in the amount of menstrual pain (OR, 1.3), cycle irregularity (OR, 1.6), and intermenstrual bleeding (OR 0.6).
3. Among women who had had very heavy bleeding, those who had undergone the procedure were more likely to report decreased bleeding (45% vs 33%, P = 0.03).
4. The methods of tubal ligation / sterilization used in the study were bipolar coagulation, unipolar coagulation, silicone rubber band application, spring clip application, thermocoagulation, and interval salpingectomy. In the Philippines, the first five techniques mentioned are not readily used or available. Most practitioners use the Modified Pomeroy technique.

Appraised by Elmer M. Chua, M.D. for the Philippine Evidence Based Reproductive Medicine Network (Phil EBRM-Net), Door 3 Jonesville Townhouse, E.M.P. Village, Ledesma Subdivision, Marfori Heights, Davao City, Philippines; Monday, March 31, 2003.

Answer to Clinical Scenario

There would be some changes in the menstruation after tubal ligation, but these are not problematic, and may even be considered as favorable or beneficial by women. The changes would include less blood during menses and less days of menstruation. There would be no changes in the degree or amount of pain during menses, in the presence of irregular cycles, and in bleeding in between menses.

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EVIDENCE

The risk of menstrual abnormalities such as increased bleeding and inter-menstrual bleeding is reduced after tubal sterilization.

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EVIDENCE

The risk of ectopic pregnancy after tubal sterilization is lowest when using bipolar salpingectomy and methods other than bipolar coagulation.

The Clinical Scenario

A 30-year-old patient with four children is requesting for a tubal ligation. However, she is worried that she might have an ectopic pregnancy, like her neighbor. She comes to you for your opinion.

Clinical Bottom Line

There is only a slightly increased risk of ectopic pregnancy after tubal sterilization. There are various methods of tubal ligation and with corresponding probabilities of ectopic pregnancy. The highest 10-year probability is with bipolar coagulation (17.1 per 1000 procedures) while the others have probabilities less than half of this rate. The lowest probability is with post-partum partial salpingectomy (1.5 per 1000 procedures).

Citations

Peterson HB, Xia Z, Hughes JM, Wilcox LS, Tylor LR and Trussell J for the U.S. Collaborative Review of Sterilization Working Group. The risk of ectopic pregnancy after tubal sterilization. New Engl J Med 336: 762-767, March 1997.

Lead Author's Name and Contact Info

Herbert B. Peterson, M.D. - National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Mailstop K-34, 4770 Buford Highway, N.E., Atlanta, GA 30341-3724.

Search Terms	Tubal sterilization and ectopic pregnancy
Level of Evidence	2b: Individual Cohort Study
Three-Part Clinical Question	Are women who undergo tubal sterilization at increased risk of developing an ectopic pregnancy?

PEBRMN Critically Appraised Topics Issue No. 001

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[redacted]

The Study Patients

CASES: 9,048 women in 9 USA cities, age 18-44 years, who had undergone tubal sterilization. Names were selected from 9 medical centers.

CONTROLS: 1637 women in 9 USA cities, age 18-44 years, who had undergone postpartum partial salpingectomy. Names were selected from 9 medical centers.

Exposure of Interest: Tubal sterilization, other than postpartum partial salpingectomy

The Outcome: Ectopic pregnancy

Methodological Issues

The subjects were defined and similar in other important ways. The exposures and outcomes were either objective or measured blind. Follow-up was long enough; follow-up was complete enough.

The Evidence

	Number of Ectopic Pregnancy	
Method of Tubal Sterilization	**Present**	**Absent**
Bipolar Coagulation	24	2243
Other methods	23	8395
Odds Ratio:	3.91	95% CI: 3.84 to 3.97
Chi Square	23.40	

Particular to my patient:

PEER:	.007	**NNH:**	51	95% CI: 49 to 52

Comments

1. This is a multi-center, prospective cohort study that had clear and definite measurements of exposure (type of tubal ligation method) and outcome (ectopic pregnancy) variables. The relative risk of ectopic pregnancy after tubal sterilization ranged from 1.2 - 10.0, depending on the method of tubal sterilization.
2. Although there were many methods of tubal sterilization that were used, these should not be evaluated in isolation, rather considered in the context of the over-all risk and benefits of the methods.
3. The cumulative probability of ectopic pregnancy is still significant even after 10 years from tubal sterilization. There were 47 ectopic pregnancies in 10,685 women; the 10-year cumulative probability of ectopic pregnancy for all methods of tubal sterilization combined was 7.3 per 1000 procedures.
4. The cumulative probability varied substantially according to the method of sterilization and the woman's age at the time of sterilization. Women sterilized by bipolar tubal coagulation before the age of 30 years had a probability of ectopic pregnancy that was 27 times as high as that among women of similar age who underwent postpartum partial salpingectomy (31.9

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EVIDENCE

Interval tubal sterilization has no effect on sexual interest and pleasure.

The Clinical Scenario

A couple consults you because they are considering a tubal ligation (for the wife) because they are happy with the three children they have. The woman had her last delivery 3 years ago. However, the couple is worried because they heard stories that sexual drive decreases after the procedure, and they would like to know your opinion about this.

Clinical Bottom Line

4,576 women who underwent tubal sterilization had an 80% chance of having no change in sexual interest and an 81.7 % chance of having no change in sexual pleasure. When demographic, clinical, and surgical factors that could affect the overall pattern of sexual outcome were considered, the subgroup analysis likewise showed that the majority showed no change in sexual interest and pleasure after tubal sterilization. Among those with change in their sexual pattern, most experienced positive sexual effects. Negative changes in sexual interest/pleasure occurred mostly among women with post-sterilization regret.

Citations

Costello C, Hillis S, et al for the US Collaborative Review of Sterilization Working Group: The Effect of Interval Tubal Sterilization on Sexual Interest and Pleasure. Obstetrics and Gynecology 2002; 100(3):511-517.

The Study Patients

4576 women (aged 18-44) who underwent interval tubal sterilization, and answered follow-up forms that contained questions related to sexual interest and pleasure, and completed follow-up for two years.

Search Terms	Tubal sterilization and sexual pleasure
Level of Evidence	2c: Outcomes Research (cohort study with only one cohort)
Three-Part Clinical Question	Among women who have had tubal sterilization, what is their chance of having a change in sexual interest and pleasure?

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Prognostic Factors

Age, race, education, marital status, and number of children were chosen as demographic characteristics that could affect the overall pattern of sexual outcome. History of gynecologic conditions (endometriosis, pelvic inflammatory disease, uterine leiomyomata, or ovarian cysts), history of abortion, history of pelvic or abdominal surgery, chronic illness (asthma, diabetes, cancer, thrombotic disease, sickle cell disease, chronic obstructive pulmonary disease, or cardiac, thyroid, or renal disease), type of birth control used in the month before the sterilization procedure, laparotomy versus laparoscopy as the surgical approach, intended method of tubal occlusion, and post-sterilization regret were chosen as potential clinical or surgical influences on post-sterilization sexual interest or pleasure.

Exposure of Interest: Tubal sterilization, other than postpartum partial salpingectomy

The Outcome: The pattern of no change, increased, and decreased post-sterilization sexual interest and pleasure at first and second year of follow-up was evaluated for all women and each subgroup of potential predictor.

Methodological Issues

There was a well-defined sample population. Follow-up was not long enough though follow-up was complete. There were blind, objective outcome criteria. Adjustment was made for different prognostic factors. There was validation in an independent test-set of patients (postpartum and post-abortion sterilization patients). There was no comparable cohort who had not undergone sterilization.

Comments on Evidence *(Please refer to Table of Evidence on facing page)*

1. When demographic, clinical, and surgical factors that could affect the overall pattern of sexual outcome were considered, the subgroup analysis consistently showed that the majority showed no change in sexual interest and pleasure after tubal sterilization.
2. A large cohort of women had been used for this study, but unfortunately there was no control group to compare them.
3. Also, although a two year follow up seems to be acceptable, a longer follow-up period like five years might be needed to fully assess impact of tubal sterilization on sexual functions.
4. If changes were to occur in sexual interest and in sexual pleasure, the change would most likely be an increase (in 10 to 20% of cases) versus a decrease (0.7 to 4% of cases).
5. The only group in which interval tubal sterilization did not have any group which had a net increase or decrease in sexual interest and pleasure (6.8% and 5.6%, respectively in both groups) were those who manifested some post-sterilization regret.

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The Evidence

Prognostic Factor	Outcome	Result	Measure	Confidence Interval	Independent?
Age at sterilization	No change in sexual interest and pleasure (2yrs)	80.2 & 81.7 respectively	%		yes
Race/Ethnicity	No change in sexual interest and pleasure (2yrs)	82.7 & 84.8 respectively	%		yes
Education	No change in sexual interest and pleasure (2yrs)	89.2 & 82.3 respectively	%		yes
Marital status	No change in sexual interest and pleasure (2yrs)	80.2 & 81.9 respectively	%		yes
Number of children	No change in sexual interest and pleasure	80.4 & 81.7 respectively	%		yes
History of gynecologic problem	No change in sexual interest and pleasure (2 yrs)	80.3 & 82.2 respectively	%		yes
History of abortion	No change in sexual interest and pleasure (2 yrs)	80.3 & 82.4 respectively	%		yes
History of abdominal surgery	No change in sexual interest and pleasure (2 yrs)	79.6 & 81.4 respectively	%		yes
History of chronic illness	No change in sexual interest and pleasure (2 yrs)	80.0 & 81.3 respectively	%		yes
Birth control method used most often in month before sterilization	No change in sexual interest and pleasure (2 yrs)	82.4 & 84.1 respectively	%		yes
Surgical approach to fallopian tube	No change in sexual interest and pleasure (2 yrs)	81.1 & 83.4 respectively	%		yes
Sterilization method	No change in sexual interest and pleasure (2 yrs)	79.9 & 82.2 respectively	%		yes
Post-sterilization regret	No change in sexual interest and pleasure (2 yrs)	83.1 & 85.2 respectively	%		yes

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Answer to Clinical Scenario

In majority of women who would undergo a tubal ligation, most of the women will have no change in sexual interest or pleasure. If ever changes were to take place, these would be actually an increase in interest and pleasure in 10 to 20%. Negative effects would only occur in less than 4% of cases, and these would be among the few who experience post-sterilization regret.

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This publication was made possible through support provided by the United States Agency for International Development (USAID), under the terms of contract #492-C-00-02-00019-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID.

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Interval tubal sterilization has no effect on sexual interest and pleasure.

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The primary mechanisms of action of various intrauterine devices (IUDs) are due to pre-fertilization effects.

Clinical Bottom Line

Both pre-fertilization and post-fertilization effects are significant contributors to the clinical efficacy of all types of IUDs. The pre-fertilization effects are more prominent, especially for the copper IUD. Fertilization occurs relatively infrequently, but the potent post-fertilization effect contributes to achieve the observed low rates of clinical pregnancy. Patients considering use of the IUD should be made aware of the available data about its mechanisms of action.

Citations

Mechanisms of action of intrauterine devices: Update and estimation of post-fertilization effects. Am J Obstet Gynecol December 2002; 187:1699-708.

Data Sources: Medline, Popline

Study Selection

All articles published in peer-reviewed medical literature that provided data or reviews of the mechanism of action of the IUD. Additional articles were taken from the references section of these articles.

Data Extraction

Women using IUDs were compared to a comparable group without any form of contraception. The outcome data extracted from the numerous studies were: recovery of spermatozoa from fallopian tubes, evidence of fertilization (direct observation of fertilization of recovered ova and measurement of early pregnancy factor by rosette inhibition test during use of various IUDs and in control subjects). Model parameters and estimates of contributions of pre-fertilization and post-fertilization effects during the use of various IUDs were computed. The studies were not multiple independent reviews of individual reports. They were not tested for heterogeneity. The review was not systematically done.

Search Terms	IUD and implantation; Limits: therapy/specificity
Level of Evidence	2c: Outcomes Research
Three-Part Clinical Question	In reproductive age females, what is the real mechanism of action of the different intrauterine devices?

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The Evidence

Outcome	Time to Outcome	CER	EER	RRR	ARR	NNT	OOR	95% CI
Recovery of spermatozoa from fallopian tubes during use of various IUDs	≥ 2 hours after insemination	0.63	0.32	49%	31%	3.2	0.28	0.18-0.45
Direct Observation of fertilization of Recovered Ova	Secretory phase	0.78	0.16	80%	62%	1.6	0.54	0.50-0.70
Measurement of early pregnancy factor by rosette inhibition test	Secretory phase	0.57	0.30	47%	27%	3.7	0.32	0.22-0.32

Model parameters and estimates of post-fertilization loss during use of various IUDs

IUD scenario	Clinical pregnancy rate/100 woman-y	Fertilization rate/cycle (%)	Estimated Post-fertilization losses (% of all fertilized ova)	Estimated No. of Post-fertilization losses/woman/y		
				Total No.	No. attributable to IUD, low estimate	No. attributable to IUD, high estimate
Baseline (inert IUD)	1.9	15.6	99.1	2.00	0.72	1.97
Copper-380 IUD	0.5	4.1	99.1	0.52	0.19	0.51
Copper-380 IUD	0.5	8.1	99.5	1.05	0.38	1.04
Levonorgestrel 20 IUD	0.1	4.1	99.8	0.53	0.19	0.53
Levonorgestrel 20 IUD	0.1	14.0	99.95	1.82	0.67	1.82

Comments

1. The IUD has a very high efficacy rate. This is reflected by the low NNT. One has to treat very few patients (1.6-3.7) to successfully block sperm transport to the fallopian tubes, to prevent fertilization of ova, and to prevent pregnancy as measured by the EPF. Likewise, the odds that a patient on IUD will have these pregnancy-related events is low (.054- .32). Patients with IUDs have a lower event rate (EEE) than the controls (CEE).
2. Although a comprehensive search was done, the authors did not specify if they limited their search to randomized controlled trials. This may affect the validity of the review as it may compound the problems of individual trials. There was no mention of how the investigators assessed the validity of the individual studies, and if there were independent reviews by at least 2 investigators.

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3. The authors did not test for heterogeneity in the fertility of couples and just assumed that the underlying potential for pregnancy is the same among couples.
4. The EPF is the earliest available biochemical marker of fertilization in humans in vivo. The use of the EPF as evidence of fertilization is not highly acceptable. Although the EPF is very specific, its sensitivity is less clear. Not all studies are able to use this method of detecting fertilization.
5. There are insufficient data to elucidate the exact contribution of the individual mechanisms for the various IUDs. Most estimates were based on known data from the inert IUD which, as the authors explained, are conservative estimates.
6. The authors have emphasized that their mathematics model is limited by the paucity of direct data for the occurrence of fertilization in the presence of the IUD. In particular, there are no direct data for the Copper-380 IUD or the Levonorgestrel-20 IUD. Therefore, the estimates must not be regarded as precise.
7. Fertilization and implantation can occur with IUDs leading to unintended pregnancies, as is true with other modern methods of contraception. However, the IUD's dominant mode of action for preventing pregnancy occurs pre-fertilization of ova.

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The primary mechanisms of action of various intrauterine devices (IUDs) are due to pre-fertilization effects.

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Vasectomy does not affect sexual and marital satisfaction among married men.

The Clinical Scenario

A couple consults you because they are considering vasectomy because they are happy with three children. However, the couple is worried because they have heard stories that the sexual drive decreases after the procedure, and they would like to know your opinion about this.

Clinical Bottom Line

Vasectomy has no effect on the marital and sexual satisfaction of the married male. There was no significant difference between before and after measurements regarding sexual and marital satisfactions, communication and frequency of sexual intercourse in two groups of men (experimental and control) who underwent vasectomy. In an experimental design study, married men from Cape Town South Africa, with completed families voluntarily underwent vasectomy and were followed up until 5 months after the procedure. Data comparing baseline measurements to 5 months post vasectomy showed that vasectomy did not negatively affect a man's sexual and marital satisfaction, communication within marriage and frequency of sexual intercourse.

Citations

Hofmeyr DG and Greef AP, "The Influence of a Vasectomy on the Marital Relationship and Sexual Satisfaction of the Married Man." J Sex Marital Therapy, 2002; 28:339-51

Search Terms	Vasectomy and Sexual Satisfaction
Level of Evidence	2b: Individual Cohort Study
Three-Part Clinical Question	Among men who undergo vasectomy, would this affect marital sexual satisfaction (compared to men who did not undergo vasectomy)?

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The Study Patients

33 men who underwent free vasectomy at the Family Planning Unit (FPU) of the Tygerberg Hospital. Eligibility included the following factors: 1) The man had to be married; 2) the family had to be complete; and 3) the vasectomy had to be voluntary.

Control Group

(N = 31; 31 analyzed): The two control groups were recruited from employees of the Tygerberg Hospital (n=13) and from men who had made inquiries about the vasectomy at the FPU (n=18). Eligibility criteria included: 1) man had to be married; 2) the family had to be complete and 3) neither the man nor the woman could have undergone sterilization previously.

Experimental Group

(N = 33; 32 analyzed): Men who actually underwent vasectomy.

The Outcome and Methodological Issues

The groups were asked the Index of Sexual Satisfaction (Hudson, Harrison, and Grosscup, 1981) which consists of 25 items and measures behavior, attitudes, occurrences, and affection associates with sexual relationships in marriage and long term relationships. Three subscales of the Enriching and Nurturing Relationship Issues Communication and Happiness (ENRICH) questionnaire (Olsen 1985) was also asked. There was also a biographical questionnaire which also included background information on the choice of method (motivation for vasectomy, length of time that the vasectomy had been considered). During the after-measurement process, the participants in the experimental group had to provide information regarding their experience and opinions regarding vasectomy. Questions dealt with whether the vasectomy influenced their sexual satisfaction and frequency of sexual intercourse and whether it affected their experience of masculinity. The questionnaire completed by the control and the vasectomy groups measured their sexual satisfactions and frequency of sexual intercourse over the preceding months.

The Evidence

For survey scores change from initial measurement to that taken five months later:
Decrease in marital satisfaction – each group had an ACTUAL increase of one point in marital satisfaction score.
Communication – the control groups had a 0.4 point increase while the vasectomy group had a 0.5 point decrease out of a 50 point scale (not significantly different)
Sexual satisfaction (ISS) – the control groups had a decrease of 0.8 to 2.4 points decrease while the vasectomy group had a 1.9 point increase (not statistically different)
Sexual satisfaction (ENRICH) – all groups had an increase, with a range of 0.2 points (vasectomy, to 1.1 (control group1)
Frequency of Sex per month – there was an increase of 0.3 times for control group 1, a decrease of 0.3 points for control group 2, and no change for the vasectomy group.

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Comments:

The majority of participants experienced no change or increased interest in sexual intercourse.

1. Most participants also indicated that the vasectomy either had no influence on their relationship with their partner or had a positive effect on their relationship.
2. The participants further indicated that the vasectomy had no negative influence on their marital satisfaction or communication with their partner.
3. Majority of the participants (91%) indicated that the vasectomy did not negatively influence their feeling of masculinity.
4. None of the participants after 5 months indicated that they regretted having undergone a vasectomy.
5. The study used perceptions of men and did not evaluate actual sexual performance.

Appraised by Rene S. Francia MD and Mario R. Festin MD, for the Philippine Evidence Based Reproductive Medicine Network (Phil EBRM-Net); Email: rasfgemini@yahoo.com; Sunday, March 16, 2003.

Answer to Clinical Scenario

There is no expected problem with regards marital and sexual relationships after undergoing a vasectomy. It could even have a positive effect on a couple's sexual relationship.

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