



**MIDTERM ASSESSMENT
OF THE
SOCIAL ACCEPTANCE PROJECT FOR FAMILY PLANNING
IN
THE PHILIPPINES**

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ACRONYMS

AED	Academy for Educational Development
ARMM	Autonomous Region of Muslim Mindanao
ASM	Advocacy and social mobilization
BCC	Behavior change and communication
CA	Cooperating agency
CCUVA	Cebu City Urban Vendors' Association
CEDPA	Centre for Development and Population Activities
CMS	Commercial Market Strategies project
DOH	Department of Health
EnRICH	Enhanced and Rapid Improvement of Community Health
fatwa	A Muslim religious decree
FFW	Federation of Free Workers
FP	Family planning
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IEC	Information, education, and communication
IR	Intermediate Result
IUD	Intrauterine device
GATHER	Counseling protocol that consists of greet, ask, tell, help, explain, return/refer (from Johns Hopkins University, Population Communication Services Project (JHU/PCS))
KAP	Knowledge, attitudes, and practices
KATINIG	Katipunan ng Maraming Tinig ng Manggagawang Impormal
KBP	Kapisanan ng mga Broadcasters ng Pilipinas
LEAD for Health	Local Enhancement and Development for Health Project
LGU	Local governmental unit
Metro Cebu CAN	Metro Cebu Community Advocates Network
NACTODAP	National Confederation of Tricycle Operators and Drivers Association of the Philippines
NCR	National Capital Region
NeOFPRHAN	Negros Oriental Family Planning/Reproductive Health Advocacy Network
NGO	Nongovernmental organization
NSV	Nonscalpel vasectomy
P	Philippine peso
PBSP	Philippines Business for Social Progress
PEBRMNet	Philippine Evidence-Based Reproductive Medicine Network
PhilCOS	Philippines Community Organizers Society
PLCPD	Philippines Legislators' Committee on Population and Development
PLGM	Philippine League of Government Midwives
PNP	Philippine National Police
POPCOM	Commission on Population (Philippines)
PopNet	Population Network
RH	Reproductive health
TNS Trends	Taylor Nelson and Sofres (market information organization)
TSAP-FP	Social Acceptance Project for Family Planning
TUCP	Trade Union Confederation of the Philippines
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

The Social Acceptance Project for Family Planning (TSAP–FP) in the Philippines is an innovative effort to generate social acceptance of family planning as an integral part of a healthy lifestyle that is beneficial to the well-being of the entire family. The contract for TSAP–FP was awarded in August 2002 to a consortium of implementing partners. The Academy for Educational Development (AED) is the lead organization in the consortium, with the Futures Group, the Centre for Development and Population Activities (CEDPA), and Ketchum as partners. TSAP–FP initiated operations exceptionally quickly in October 2002 and implementation has proceeded quite rapidly. TSAP–FP is currently scheduled to end in August 2005.

This midterm assessment supports the work that TSAP–FP is conducting and recommends a three-year, phase II extension. The recommendations are intended to strengthen TSAP–FP further as it enters into its next phase. The assessment found no activity that should be discontinued.

TSAP–FP’s three main components are

- behavior change communication (BCC),
- advocacy and social mobilization (ASM), and
- health provider.

TSAP–FP targets and engages a broad array of organizations to promote social acceptance of family planning, particularly among the lower socioeconomic classes (D and E). TSAP–FP’s primary target is sexually active women, 20 to 35 years of age, and their partners. TSAP–FP works through nontraditional (for family planning promotion) groups, including informal sector associations, organized labor, faith-based organizations, men in uniform, tricycle driver associations, civic organizations, cause-oriented groups, nonhealth focused nongovernmental organizations (NGOs), and various coalitions and networks. Traditional groups include the media, prominent figures from the media and entertainment industries, professional associations, medical institutions, health-focused NGOs, community leaders, legislators, women’s groups, youth groups, and local officials. TSAP–FP currently operates in Metro Manila, Cebu, and Davao; the industrial areas of Cavite, Laguna, Bulacan, Pampanga, and Batangas; all Autonomous Region of Muslim Mindanao (ARMM) provinces; Region 5 (Bicol); and Region 8 (Samar and Leyte).

KEY RECOMMENDATIONS FOR TSAP–FP’S BCC COMPONENT

TSAP–FP has mounted a number of highly promising and effective communications programs that are sending positive and accurate messages to targeted populations. Some of its higher visibility activities, including television commercials, radio talk shows, and its “Sigurado Ka” slogan and associated song, are impressive products. TSAP–FP is on the right course; activities that are not being conducted are largely the result of budget constraints.

Recommendations include the following:

- Continue the use of the present “Sigurado Ka” slogan in all information, education, and communication (IEC) materials.
- Future television and radio advertisements should project the empowerment of women.
- Broadcast television commercials continuously throughout the campaign for at least 13 weeks.
- Continue to allocate funds for tabloid advertising.
- Explore the feasibility of a song-writing contest, such as a popular music festival.
- If the budget permits, consider outdoor advertising.
- Expand the number of media personalities supportive of TSAP–FP by including other large Metro Manila print and broadcast organizations.
- Conduct additional training programs on population issues for the press. Bring the provincial press to Manila, as was done in December 2003.
- Emphasize that it is a woman’s right to receive information and education on family planning under the Constitution.
- Build on issues raised by the Department of Health (DOH) concerning family planning.
- Create a contacts directory to help the press have easy access to correct information on family planning.
- Accelerate TSAP–FP’s plan to use entertainment editors and reporters to cultivate television/radio talk show hosts catering to the bakya crowd.
- The Love Lines radio show and the family planning hotlines should be replicated in additional cities using the local language.
- Programs for youth should be restarted in phase II of TSAP–FP.
- Create an FP web site to help information dissemination.
- Explore the feasibility of making TSAP–FP the lead project for FP message development.
- Develop an award for companies with the most effective FP communications programs.

- TSAP–FP should explore the possibilities of establishing partnerships with companies in the pharmaceutical industry as well as with major private hospitals.

KEY RECOMMENDATIONS FOR TSAP–FP’S ADVOCACY AND SOCIAL MOBILIZATION COMPONENT

TSAP–FP’s decision to focus on the lower socioeconomic classes was appropriate. The urban poor, informal sector, and the labor sector make up the bulk of poor persons in urban areas. These groups can be reached through existing large, cause-oriented organizations with whom TSAP–FP has established partnerships. The decision to focus on males is long overdue, considering the key role of men in a Filipino couple’s decision to practice family planning. As with its other components, TSAP–FP has an innovative approach to advocacy and social mobilization for family planning acceptance.

- TSAP–FP should reassess its current portfolio of partners and focus its resources on those that have strategic value to the attainment of the project objectives.
- TSAP–FP should form a partnership with an urban poor network in Metro Manila to broaden the reach of the project.
- TSAP–FP should continue its assistance to the two youth groups that it helped organize.
- TSAP–FP should explore the possibility of establishing a partnership with the national organization of community organizers, the Philippines Community Organizers Society (PhilCOS).
- Identify strategic partners from among the current partners and redesign assistance to them to strengthen the integration of FP within their regular programs and activities.
- TSAP–FP should focus its efforts and resources on a limited number of the most credible and influential advocates and champions.
- Selection of priority advocates and champions should be based on such criteria as their strategic value to the project, personal qualities, and ability to continue their advocacy beyond the end of the project.
- In phase II of TSAP–FP, a program of organizational development is needed to strengthen the capacities of key strategic partners.
- Whenever feasible, TSAP–FP should link their partners with a local family planning or population agency, whether government or private.
- Develop a less staff-intensive grant-making mechanism that supports TSAP–FP’s strategically guided work with partners when the current grant program ends.

- Organizational development, including revenue generation, will be needed during phase II to achieve some degree of sustainability of current FP activities supported by TSAP–FP with its partner organizations.

KEY RECOMMENDATIONS OF THE HEALTH PROVIDER COMPONENT

TSAP–FP’s health provider component has introduced evidence-based medicine for FP in the Philippines, revision of the health professionals training curriculum, national protocols for FP services, and support for FP–related professional association meetings and similar events. While evidence-based medicine is used in many other aspects of medical and health training, this is an innovation in the Philippines. In general, evidence-based medicine for FP and its associated critically assessed topics are providing the basis for greatly enhanced knowledge and understanding of family planning and contraceptive technologies, service skills upgrading, and confidence raising among family planning service providers. The first two years of TSAP–FP have been focused on building the human resource base needed to expand evidence-based medicine for FP and critically assessed topics to frontline service providers.

- Evidence-based medicine and the critically assessed topics need to be reviewed carefully for refinement and simplification to attune it to the majority of trainees. One curriculum for physicians in general practice and another for nurses and midwives might be needed to reflect their different levels of medical knowledge.
- TSAP–FP should consider the option of forming working groups representing the health professional groups receiving evidence-based medicine for FP training to participate in this language and content revision process.
- Evidence-based medicine for FP and the critically assessed topics should be continued, expanded, and integrated into the curricula of medical and allied professional training for reproductive health.
- To take local conditions into account, evidence-based medicine for FP and the critically assessed topics should consider studies on contraceptive safety conducted in the Philippines.
- Selection criteria for participants in the evidence-based medicine for FP training of trainers should give a higher level of priority to targeting program managers and FP advocates who will be most active in promoting evidence-based medicine for FP to their staff and colleagues.
- IEC materials (based on the results of evidence-based medicine for FP and the critically assessed topics) that are easy to use should have increased availability to meet current demand.
- Posttraining follow up to assess the effectiveness of training using evidence-based medicine for FP and critically assessed topics should be organized and supervised by TSAP–FP in its project areas.

- The counseling training component of evidence-based medicine for FP and the critically assessed topics should be continued and expanded to all TSAP–FP project areas.
- Continue the structural reform efforts until finalized (e.g., adequate coverage of FP in licensing examinations, revision of the FP manual).
- Continue active participation in professional health association meetings.

AUTONOMOUS REGION OF MUSLIM MINDANAO

TSAP–FP’s work in the ARMM has resulted in a landmark religious decree (the fatwa) that creates significant, new opportunities for generating greater acceptance of family planning—modern methods in particular—among the Muslim communities of the Philippines. **This is clearly TSAP–FP’s greatest success over the past two years.** Now TSAP–FP must have sufficient resources and additional time to build on this major accomplishment.

MANAGEMENT, MEASUREMENT, MONITORING, AND PROGRAMMATIC ISSUES

Key conclusions in these areas include the following:

- TSAP–FP’s rapid and effective implementation reflects sound management of the project by all parties involved. No changes in management systems are recommended.
- TSAP–FP’s monitoring system is outstanding in that it collects sufficient data on a timely basis to guide management decision-making without overloading decision-makers with data. It is a model for other projects.
- No changes to TSAP–FP’s current Results Framework and indicators are warranted at this time.
- TSAP–FP’s site selection is appropriate and contributes to the further refinement of project interventions.
- USAID and TSAP–FP need to avoid jeopardizing the quality of TSAP–FP’s work by overly emphasizing such issues as the quantity of outputs and partners.
- USAID and its cooperating agency (CA) partners need to explore the feasibility of further rationalizing lead roles and responsibilities across the population, health, and nutrition (PHN) portfolio. With the end of the Commercial Market Strategies (CMS) project and the impending start of the new private sector project, USAID and its partners have a unique opportunity to maximize the use of available resources and achieve greater results.

I. THE SOCIAL ACCEPTANCE PROJECT¹

The Social Acceptance Project for Family Planning in the Philippines (TSAP–FP) is an innovative effort to generate social acceptance of family planning (FP) as an integral element of a healthy lifestyle beneficial to the well-being of the entire family. The contract for TSAP–FP was awarded in August 2002 to a consortium of implementing partners. The Academy for Educational Development (AED) is the lead organization in the consortium, with the Futures Group, Centre for Education and Population Activities (CEDPA), and Ketchum as partners. TSAP–FP initiated operations quickly in October 2002 and implementation proceeded rapidly, in part due to the effective technical support provided in-country by the consortium partners throughout the first year. TSAP–FP is currently scheduled to end in August 2005.

In the current USAID Strategic Framework, TSAP–FP supports Intermediate Result (IR) 3: Greater social acceptance of family planning achieved. The three elements of the IR are:

- Communications adequately portraying FP as important to the way of life of target audience increased
- Key segments of society advocating for the use of family planning increased
- Acceptance of family planning as part of routine service package increased²

The following three elements are the focus of TSAP–FP’s three corresponding components:

- behavior change communication (BCC),
- advocacy and social mobilization, and
- health provider.

TSAP–FP targets and engages a broad array of organizations to promote social acceptance of FP. Nontraditional (for purposes of family planning promotion) groups include informal sector associations, organized labor, faith-based organizations, men in uniform, tricycle driver associations, civic organizations, cause-oriented groups, nonhealth-focused nongovernmental organizations (NGOs), and various coalitions and networks. Traditional groups include the media, prominent figures from the media and entertainment industries, professional associations, medical institutions, health-focused NGOs, community leaders, legislators, women’s groups, youth groups, and local officials.

Employing several key geographic selection criteria consistent with the project’s strategy, TSAP–FP currently operates in Metro Manila, Cebu, and Davao; the industrial areas of Cavite, Laguna, Bulacan, Pampanga, and Batangas; all provinces in the Autonomous Region of Muslim Mindanao (ARMM); Region 5 (Bicol); and Region 8 (Samar and Leyte).

¹ The full name of the project is Strengthening Social Acceptance of Family Planning in the Philippines.

² TSAP–FP’s Results Framework and associated indicators are reviewed in section IX.

The BCC component employs communications, marketing/advertising, and public relations tools commonly used in the private sector to advance social acceptance of family planning. TSAP–FP has thus far supported television, radio, and print media in its promotional efforts. It has placed communications spots on three major television stations and 15 popular FM radio stations in Metro Manila, Cebu, and Davao. One of TSAP–FP’s major successes is a song (Sigurado Ka) based on its key message that quickly became a popular hit that was highly requested by listeners. Tens of millions of people have heard, seen, and/or read messages concerning the beneficial role of FP using modern methods as a result of TSAP–FP’s communications component.

TSAP–FP’s BCC component includes public relations activities—press conferences, quick responses to counter negative information, and various media relations—to strengthen its promotional efforts. In the second quarter alone, print media associates of the project donated the equivalent of 1.3 million Philippine pesos (P) in free print media and over P6 million in free radio media time during the first 7 months of 2004. Nontraditional media and nontraditional use of traditional media include Love Lines, a call-in family planning counseling radio program hosted by two popular radio personalities, and the recently initiated family planning hotlines that are closely associated with the Department of Health (DOH).

TSAP–FP produces various information, education, and communication (IEC) materials for the purposes of supporting specific project activities and reaching its broader targeted population (i.e., sexually active women 20 to 35 years of age and their partners in the lower socioeconomic classes). IEC products include materials about health providers, advocacy, family planning, and adolescents and young adults. Other elements of the BCC component include Enter–Educate activities (e.g., the Masculados, an all-male popular singing group), interpersonal communications (e.g., campus road shows on adolescent sexuality), capacity building among advocates on public relations and media appearance, communications planning for grantees of USAID’s Enhanced and Rapid Improvement of Community Health (EnRICH) project, and message development with other USAID cooperating agencies (CAs).

The advocacy and social mobilization (ASM) component engages traditional and nontraditional groups, organizations, associations, networks, and coalitions to promote the acceptance of FP and to encourage acceptance among their memberships. The current core groups TSAP–FP targets in its advocacy and social mobilization activities are women of reproductive age, men, couples, and families, particularly those in the lower socioeconomic classes.³

The main elements of TSAP–FP’s advocacy and social mobilization strategy are

- building and expanding coalitions and alliances for FP,
- enhancing the capacity of individual champions and advocates,
- strengthening capabilities for coalition building and ASM,
- promoting NGO–government partnerships for FP, and
- fostering sharing of the best practices through bahaginan (sharing).

³ Youth and young adults were part of the core group, but work with them has been suspended due to funding constraints.

Guided by the results of a stakeholder's analysis conducted in June 2003, the advocacy and social mobilization strategy focuses on reaching the urban poor (also described as the D and E socioeconomic classes), where increasing acceptance of FP is most critical to slowing the population growth. TSAP-FP works intensely with those who can directly influence the social environment for family planning acceptance. This includes local churches; family, friends, and neighbors; health care providers; and community leaders/influential persons. At the local level, TSAP-FP also engages local media, NGOs, advocacy networks, cause-oriented organizations, labor organizations, and local government officials to advance acceptance of family planning.

Working with NGOs, faith-based organizations, multisectoral provincial and urban advocacy networks, and the labor sector is central to reaching large groups of people to promote acceptance of FP. The ASM component also works with health professionals to improve service quality and to integrate family planning counseling into regular service packages. Garnering the support of legislators for family planning policies and laws contributes to creating the enabling environment required for the effective promotion of family planning.

At the national level, TSAP-FP engages government health agencies, individual prominent champions/advocates, government officials and policymakers, health coalitions, religious leaders, labor-based associations, and major media to influence the social environment, public perceptions, and general acceptance of FP. The advocacy and social mobilization component also works closely with the Commission on Population (POPCOM), particularly at the local level, to draw on its organizational and advocacy capabilities.

The health provider component supports the evidence-based medicine approach for upgrading the knowledge and skills of FP service providers. The main objective of the component is to integrate family planning into routine medical services. Developing the skills of service providers to enable them to provide quality family planning services based on accurate, evidence-based information is a major requirement for achieving this integration.

While evidence-based medicine has become a standard element of medical training in other countries, the evidence-based medicine for FP introduced by TSAP-FP is the first use in the Philippines. Closely linked to evidence-based medicine for FP are the critically assessed topics covering a range of family planning issues. At present, 25 critically assessed topics have been finalized, with 41 still under review. Evidence-based medicine for FP and the critically assessed topics constitute the first training effort where the information and skills passed to service providers are based on results of meta-analysis of numerous studies and research on a particular topic. TSAP-FP principally targets physicians, nurses, and midwives working in government and the private sector (i.e., industry-based medical clinic staff) for evidence-based medicine for FP training. Special evidence-based medicine sessions for the detail staff of major pharmaceutical companies have also been conducted.

In addition to its various training activities, the health provider component supports reforms in the teaching curricula for FP of medical training institutions, the inclusion of family planning questions in professional licensing examinations, and revision of the National Clinical Standards on Family Planning Training. The purpose of this work is to

create the environment needed to assure service quality and to advance the integration of FP into routine health services.

A third element of the health provider component supports information dissemination through professional forums. To date, TSAP–FP has provided speakers and logistical support to professional association meetings. This creates the opportunity to market the evidence-based medicine for FP and the critically assessed topics approach to future potential trainees/providers and to generally inform interested audiences about TSAP–FP and its activities.

The high degree of integration among TSAP–FP’s components is evidenced by the training activities the health provider component sponsors for the advocacy and social mobilization component partner organizations. Information and messages presented in simpler, less technical language based on the evidence-based medicine for FP and the critically assessed topics materials develop the knowledge, confidence, and capacities of partners who, in turn, work as advocates or spokespersons to others in their organization.

II. MAJOR OUTPUTS OF TSAP–FP TO DATE

Compared with other projects, TSAP–FP was operating within a very short period after the award of the contract. This resulted from the effective assistance the TSAP–FP consortium provided to the project in-country, but perhaps more so from the in-country team and its leadership. By any standard, TSAP–FP has been an extremely active project in the relatively brief period that it has been in operation, resulting in an impressive number of important outputs, as shown in appendix C. The number and importance of many of these outputs accurately reflects TSAP–FP’s strong progress toward its objectives.

III. ASSESSMENT APPROACH

The assessment team consisted of four members: a local specialist for each of the three components and an external program specialist as team leader. The assessment was conducted over a 3-week period between August 23 and September 10, 2004.

The assessment is based on information from various interviews with TSAP-FP and USAID staff, representatives of TSAP-FP's partner organizations, evidence-based medicine for FP training participants, local government officials, POPCOM staff, and DOH family planning staff as well as the Secretary of Health. The interviews were held in Metro Manila, Cebu, and Davao. (Appendix B presents a complete list of those who were interviewed.)

Various project documents also provided information for the assessment (the final appendix lists those that the team reviewed). TSAP-FP's quarterly reports provided a helpful guide to the development of the project and its course of implementation. The results of preceding formative studies and the recent knowledge, attitudes, and practices (KAP) survey provided additional information for the assessment.

IV. THE BCC COMPONENT

The first two years of TSAP–FP’s BCC component were quite successful in raising family planning in the public’s consciousness. Its activities stimulated thought and awareness about the vital issues of planning family size and how to do so using modern contraceptive methods. As evidenced by the many newspaper articles, reports, and talk shows on radio and television, debates between supporters of modern methods and those opposed indicated that Filipinos in general, and particularly women, are increasingly inclined to try modern methods of family planning.

Past FP campaigns were haphazard, depending on the will of the top political leadership. Well-crafted IEC campaigns did not meet target objectives. The clearest evidence of this is the country’s surging population, now at 84 million people and still growing. The much vaunted decrease in fertility rates has made little contribution to reducing the number of children born daily.

TSAP–FP’s overall communications plan was well regarded. It took into consideration Filipino males and their role in responsible parenthood in its key messages. Similarly, the cultural sensitivity and needs of various ethnic groups, such as those found in the ARMM, were given due importance as shown in the crafting of FP messages in consultation with Muslim religious leaders. In the same manner, the design of IEC materials meant for the targeted audience (lower classes) was done in consultation with FP champions of community organizations.

As a whole, TSAP–FP made impressive gains in emphasizing that family planning is a way of life that is beneficial (for health, financially, and socially) to everyone concerned. TSAP–FP’s communications efforts made it clear that one has choices, and not just those dictated by the church or supported by the present national administration.

THE CREATION OF KEY MESSAGES

Findings

Inputs from TSAP–FP, together with its partners and in consultation with various public groups, produced messages that resonated with its targeted audiences (primarily the lower socioeconomic classes, couples, and sexually active individuals 20–35 years old). According to Taylor Nelson and Sofres (TNS) Trends, a market information organization, the slogan, “Sa modern methods, Sigurado ka, walang patsamba-tsamba” was memorable and conveyed the message that one cannot afford to rely on chance when planning family size. Survey results showed that 83 percent of the respondents in urban areas and 73 percent in low contraceptive prevalence locations could recall this message, which are very strong results.

Conclusion

The “Sigurado Ka” slogan, advocating the use of modern methods, was more than sufficient to arouse curiosity and interest among the targeted audience.

Recommendation

Continue the use of the present “Sigurado Ka” slogan in all IEC materials; no changes are necessary.

ADVERTISING

Findings

Four television commercials and three radio advertisements were produced; pretesting used select groups. The top two television commercials that stimulated high recall rates were “Gising” and “Oops!” Both were aired on prime time on the top two television channels, ABS-CBN and GMA 7. “Gising” was initially not well received by some feminist groups because in their view it portrayed violence toward women when the commercial showed the lead woman character slapping herself. The point of the commercial was to help women understand that they have choices in life, but this was apparently somewhat too serious for some viewers. “Oops!” was more readily acceptable to viewers because of its humorous treatment of the sensitive subject of FP. However, the results of TSAP-FP’s monthly omnibus survey that tracks reach and recall of the advertising campaign and the post-KAP survey that assesses advertising campaign effectiveness found that “Gising” was the most recalled, followed by “Oops!” This implies that while “Gising” might have been objectionable to certain viewers, many others recalled it better than they recalled “Oops!”

TSAP-FP’s radio advertisements focused on the male partner’s responsibility in FP. Their broadcasts were discontinued in the last 2 weeks of the campaign to focus on the airing of television advertisements. It was deemed that limited resources would best be used by showing more television advertisements since television has wider audience reach and greater impact. Print advertisements that came out in leading tabloids did not fare well due to their low frequency of publication.

The “Sigurado Ka” song was initially meant to be used just for the advertising launch; however, the song was ultimately aired in 15 top radio stations in Metro Manila. However, spillover to additional areas was evident in the low contraceptive prevalence areas, as found by the post-KAP survey.

An important point is that the campaign found that population/poverty-related messages did not necessarily work with the targeted lower class audiences and that personal benefits have to supplement economic and family messages. Empowerment messages fared well with women audiences.

Conclusions

The P30,120,000 budget for the whole campaign was well used and relatively small compared with the amounts spent by political candidates (commercials were aired during the local and national elections) and regular commercials selling consumer products.

The campaign definitely succeeded in reaching its desired audience: survey results found 71 percent recall among the lowest (E) class respondents, 68 percent among the middle (C) class, and 64 percent among the lower (D) class.

Humor is part of the Filipino way of life; it is a way of coping with problems. It is said that Filipinos focus on the bright side. This suggests that some Filipinos might prefer seeing amusing commercials such as “Oops!” that projected the unreliability of traditional methods, such as withdrawal and rhythm.

The past campaign positively influenced attitudes, perceptions, and willingness to talk about family planning in the open (survey results showed that discussions of family planning increased from 18 percent before the campaign to 30 percent after the campaign). However, the intermittent airing due to holidays (the observance of Holy Week) and the election season somewhat reduced people’s ability to remember the advertisements.

Admittedly, television has a greater impact on the viewing public, but the use of radio should not be discounted. This is especially the case in the ARMM, where the majority of people are poor and have no access to television; radio is their only access to information.

Recommendations

- The production of radio advertisements should be continued.
- Future television and radio advertisements should project the empowerment of women. The focus should be on family planning success stories of women from the lower classes who are gainfully employed and active partners with their husbands in decision-making.
- In the future, broadcast television commercials continuously throughout the campaign for messages to be sufficiently viewed and remembered. Budget for at least a 13–week continuous campaign.
- Continue to allocate funds for tabloid advertising since its readers are in TSAP–FP’s primary target group.
- Explore the feasibility of a song-writing contest, such as a popular music festival, centering on FP in cooperation with the Kapisanan ng mga Broadcasters ng Pilipinas (KBP). Play winning entries continuously on the air for 3 months. Conduct mall tours for performers of winning entries and arrange guest appearances on popular television shows.
- If the budget permits, consider outdoor advertising. Placing huge billboards with FP messages in strategic locations will help to reach the masses. Such areas as the Metro rail transit and light rail transit stations, malls (e.g., the Shoemart chain), and underground passages in Makati and Quiapo should also be considered.

PUBLIC RELATIONS

Findings

TSAP–FP’s public relations activities are another strength of the BCC component. The positive stories (n = 1,042) concerning FP between the last quarter of 2002 and mid–2004 outweighed the negative ones (n = 177), with 294 neutral and 606 as reference materials. This is probably making an impression on readers.

The strong media relations developed by TSAP–FP is apparent in making advocates of well-known television and radio personalities, including Korina Sanchez, Ces Drilon, Karen Davila, Ted Failon, Joey Galvez, Joel Sualdito, Rosell Manahan, and Deo Macalma.

The station manager of radio station DZMM expressed strong support for TSAP–FP and links population development with his own environmental advocacy. His morning newscast, which is aired from 7–7:30 a.m., incorporates information on FP. Ces Drilon views family as a woman’s issue and believes that women have the right to choose to use modern family planning methods.

The “Tambalang Korina at Ted,” a highly rated radio program, also on DZMM, featured the Korina Sanchez and Ted Failon. Survey results found that 15 percent of respondents in metropolitan areas and 13 percent in low contraceptive prevalence regions recalled hearing these radio personalities talking about family planning.

During interviews with two health reporters, one from the *Philippine Star* and one from the *Manila Standard*, both promised to produce more stories on population issues.

Broadcasting FP messages has been free with the help of the broadcast champions, while the print media has been actively publishing population-related stories. As of September 10, 2004, the total media value equivalent for free print coverage from April to June 2004 was P1,272,962, while radio air time from September 2003 to June 2004 was worth P13,383,503. Total free coverage during these periods was worth P14,656,465.

Conclusions

The establishment of good working relationships with members of the media (in particular, the health beat reporters) by TSAP–FP is commendable. TSAP–FP stories came out positively in relation to the reporting of present government population policies as articulated by the president and the Secretary of Health, who only publicly support natural family planning.

The media in general has been very supportive of TSAP–FP. A good example was the release to the media of the findings of Project Dynasty (a research project financed by TSAP–FP). A well-known columnist for the *Philippine Daily Inquirer* (August 25, 2004) and a reporter for the *Manila Times* (September 3, 2004) discussed the interesting results of the study on Filipinos’ knowledge of and attitudes toward FP. The training given to media advocates also helped to clarify issues about biases, myths, and rumors concerning the use of modern methods (e.g., oral contraceptives cause cancer).

TSAP–FP could benefit from issues raised by the DOH that receive press coverage. For example, in the August 31, 2004 issue of the *Philippine Star*, an article, “Many Women Know Little About Family Planning,” stated, “The DOH has noted that about one in every six pregnancies ends up in abortion because these are unwanted or unplanned. Giving couples the right information, arming them with the correct knowledge and improving access to family planning services can help prevent the estimated 300,000 to 400,000 abortions in the country each year, DOH added.” This creates an opportunity for a follow-up article that provides additional information on the same issue.

TSAP–FP’s plan to use entertainment editors and reporters for print and cultivating television/radio talk show hosts catering to the bakya crowd should move forward. As with the use of humor in advertisements, Filipinos, especially the targeted lower socioeconomic markets, are preoccupied with soap operas and news about their favorite stars. Making FP champions out of these popular entertainment personalities and the press catering to them will help tremendously in promoting the cause of family planning and reproductive health.

In addition, TSAP–FP established an effective quick response mechanism to address negative stories, such as the DOH Secretary’s orchid issue and Muslims not in favor of family planning.

Recommendations

- Expand the number of media professionals supportive of TSAP–FP family planning by including other large Metro Manila print/broadcast organizations to gain additional adherents to modern methods.
- Conduct additional training programs. Bringing provincial press to Manila, as was done in December 2003 when members of the Cebu and Davao media were oriented on population issues, will be helpful in advancing advocacy.
- Updates should be given regularly so that the media becomes familiar with current issues on TSAP–FP programs.
- TSAP–FP, in cooperation with well-known and respected opinion makers who are supportive of FP, should always stress the fact that “under the Constitution, everyone has the right to information and education, including access to full information on all methods of family planning. A woman has the right to the benefits of scientific progress, which includes her right to be made aware of other methods which are safe, effective and acceptable.”⁴
- Coincide with issues raised by the DOH concerning family planning. TSAP–FP should supply additional information in its press releases addressing the same subject and, at the same time, promote FP knowledge.

⁴ Statement made by the executive director of the Family Planning Organization of the Philippines, in an interview with a reporter from the *Manila Standard*, August 30, 2004, in the first part of a series of articles on Philippine population.

- There should be easy access to TSAP–FP implementers, who can provide accurate information to the press, rather than the press relying on secondary sources (whose knowledge may be limited and incomplete). The preparation of a contact directory will facilitate communications.
- Give tokens of appreciation to members of the media who have been active in the promotion of FP. To comply with USAID regulations, payment for these token gifts might be facilitated through a private partner organization.
- Accelerate TSAP–FP’s plan to use entertainment editors and reporters to cultivate television/radio talk show hosts catering to the bakya crowd.

SPECIAL PROJECTS: LOVE LINES AND THE FAMILY PLANNING HOTLINES

Findings

The popularity and success of the Love Lines call-in radio program and the family planning hotlines have demonstrated that many people are interested in knowing more about FP. Aired on station DZMM in the early morning hours (2 a.m.), Love Lines began as a 20–minute show and was then extended to 90 minutes, clearly showing that listeners desire information on FP. Medical advice given on the air by a professional nurse is very helpful to listeners who are considering using a modern contraceptive method.

The recently inaugurated family planning hotlines, in cooperation with the DOH, has had a tremendous impact from its start, with the center receiving 1,000 text messages in the first 3 days of operation, and with succeeding days averaging about 400 inquiries. Although it is still too early to profile the people availing themselves of the center’s counseling, the many queries posed already clearly indicate that the majority of callers were married or sexually active individuals. The two staff members operating the computers were adept in giving adequate information, and when in doubt about complicated health issues, referred the matter to medical doctors, such as an FP medical expert. This gives great credibility to the answers.

Conclusions

TSAP–FP’s establishment of Love Lines and the family planning hotlines has tapped into the substantial interest the public has in obtaining correct information about FP and reproductive health (RH). Although a number of questions from callers are not related to FP, the call records are an excellent indicator that people today are now willing to talk about sensitive health issues in the open, including the use of modern methods of family planning. They are moving beyond the limited knowledge of friends and family.

Organizing the hotlines so that the DOH takes the lead was a good strategy of TSAP–FP in that it created the forum for an information campaign supportive of modern methods, yet gave room for a conciliatory position for those who might not be overtly supportive of all methods.

Recommendations

- The programs should be replicated in key cities of the country. The use of counselors speaking the local vernacular will help the audience understand the issues better than by having radio hosts or family planning hotline counselors communicate in Tagalog or English, which could be hard for nonspeakers to understand.
- Future planning for a larger location should be considered for the family planning hotlines. The small space of its present operations is sufficient for the current time, but with data gathering increasing daily, there will soon be inadequate room to function.

ACTIVITIES FOR ADOLESCENTS

Findings

The Enter–Educate activities, begun for the young people, such as the street plays and rap contests in the marginalized areas of Tondo and Manila, were discontinued due to budget constraints. However, the school forums and roundtable discussion on adolescent sexuality revealed that students have very few sources of correct information on the subject of sexuality. As cited in the Project Dynasty research study, teenagers usually learn FP from peers, who may be as ill-informed as they are about the subject, while older, single males rely on male friends for advice and even a supply of contraceptives.

Conclusions

Many teenagers and young adults are not well-informed about reproductive health and need to be taught about their own sexuality and the pitfalls of early pregnancy. It is better for them to learn from health experts than from acquaintances, friends, and families, whose knowledge is at best based on limited experience, or worse, on rumors and myths. Young people account for half of the country's population. It is their right to be given all the information they need to know about RH. This is not to promote promiscuity, an issue raised by sectors against FP.

Young people who present street plays will benefit if in addition to the training provided by the Philippine Educational Theater Association, consultations with the Cultural Center of the Philippines Outreach Program are held so that they can be taught not only artistic performance aspects, but also pointers about making educational plays interesting for these audiences through more interactive techniques.

Recommendations

- Programs for youth, such as forums and roundtable discussions with members of academe, health experts, parents, and their peers should be resumed in phase II of TSAP–FP.
- Youth involved with street theater should receive training on interactive presentations that engage their audience, garnering greater attention and more effective learning of messages.

PRODUCTION OF IEC MATERIALS

Findings

The amount and quality of IEC materials were good. USAID guidelines were strictly followed in the production of brochures, flip charts, posters, and other collateral materials. The content of materials is superb and easily understood by readers.

TSAP–FP has also used considerable resources in mailing these materials directly to users (e.g., city and municipal health offices, health centers, government midwives) rather than through the usual route of shipping large quantities to regional health offices or regional POPCOM offices that, in the past, did not guarantee distribution to ultimate users.

Conclusions

TSAP–FP has considerable expertise in the production of IEC materials. Although handicapped by several considerations, such as having to be extremely careful not to offend the sensibilities of certain groups and not to contradict present government population policies, materials produced were nonetheless very good. The best examples of these were the *Kikay Kit* meant for teenage girls (reprinted material, developed and published by the Institute for Social Studies with assistance from the David and Lucille Packard Foundation) and the flip chart developed by KATINIG, targeting the informal sector.

However, the design and contents for the ASM and health provider components of TSAP–FP need to be streamlined and accelerated.

In the case of ASM, the information needs of the various sectors with which TSAP–FP works are diverse. Designing materials easily understood by each sector is needed. In the case of the health provider component, some audiences reported that the contents were too technical in nature, indicating a need to simplify.

An important consideration is that health service providers are still regarded by the majority of people as the most credible source of information on family planning, whether one comes from metropolitan areas (53 percent) and low contraceptive regions (66 percent).⁵ This makes it essential for the IEC materials to be easily understood by both health providers and their clients. In the case of evidence-based medicine materials for service providers, it would be helpful if the vernacular were used to communicate information. Technical terms need to be translated into everyday language to facilitate reading and comprehension.

Recommendations

- More latitude should be given to TSAP–FP in the production of IEC materials to make them more attractive to the targeted audience. The design and addition of several colors will enhance these materials.

⁵ TNS Trends postcampaign survey results, June 2003. Percentages are the percentage of respondents citing health facility staff as “the most credible source of information on family planning.”

- All IEC materials for health providers need to use language appropriate for their respective level of education and technical skills. This also applies to materials intended for their clients.
- Create an FP web site to facilitate information dissemination. Members of the general public who would like to know more about FP could easily download information from the Internet.

COORDINATION WITH OTHER USAID–FUNDED AGENCIES INVOLVED WITH FAMILY PLANNING

Findings

POPCOM officials were extremely laudatory about the help extended by TSAP–FP, particularly for its support of POPCOM’s advocacy role and information dissemination. Allowing the DOH to take the lead in the creation of the family planning hotlines was a valuable public relations approach. However, these same officials suggested a more focused approach in the next phase of TSAP–FP, such as concentrating efforts in one area only and not conducting a general campaign. DOH family planning staff members were hesitant to answer definitively when asked about future collaboration with TSAP–FP or other partners promoting modern methods. Their response was that this depends on the existing government FP policy and the thinking of the Secretary of the DOH.

A FriendlyCare Foundation representative and the executive director expressed strong positive views concerning TSAP–FP’s information campaign. They stated that TSAP–FP’s work in conjunction with FriendlyCare’s Voluntary Sterilization Club had promoted the acceptance rate of FP modern methods among clients, especially nonscalpel vasectomy (NSV). Citing data from FriendlyCare’s internal reports, the director stated that among its FP clients, NSV acceptance rate rose to an average of 7 percent compared with 3 percent nationwide. For the month of August 2004, NSV’s acceptance rate in FriendlyCare centers reached 14 percent of all FP users.

A physician from the Local Enhancement and Development (LEAD) for Health project stated that, aside from strengthening local government health services, the project also produced its own IEC materials for dissemination to locations where LEAD for Health works. LEAD for Health plans to follow the evidence-based medicine for FP training model developed by TSAP–FP, and envisions a strong working relationship between the two projects in other areas as well.

A helpful and candid discussion with Commercial Market Strategies (CMS) project managers revealed some difficulties in the past between TSAP–FP and CMS regarding work with the private sector. Both projects targeted some of the same groups for collaboration, causing some confusion among those targeted. Both were following their terms of reference and USAID approved work plans. Much to their credit, USAID project officers readily acknowledged that a large part of the problem was theirs. Remedial actions were taken and workable solutions were reached. For example, in working with industry, CMS targets management while TSAP–FP targets labor groups. USAID is quite cognizant of the need to prevent such issues from arising again with the start of the new private sector project in the coming months.

Conclusions

TSAP–FP has established strong working relationships with key organizations involved in family planning. Particularly noteworthy is its work with POPCOM, which has the potential for helping to revitalize the organization and strengthen its advocacy role in the health sector.

The more information people receive from various agencies, the better it is for the promotion of FP. Information from other agencies can strengthen the planning of an effective communication campaign. However, taking note of limited financial resources, USAID’s projects supporting family planning should combine talents and outputs, with TSAP–FP being the lead project for message development and consistency.

The strategic use of USAID’s limited resources for BCC would be important in the sustainability of TSAP–FP.⁶ While understanding the needs of the various agencies to develop their own IEC materials, making TSAP–FP the lead producer of IEC materials for FP is logical since the project has the proven experience and expertise in the production of such materials.

Recommendation

As discussed in section X (Program Issues), USAID and its CA partners should explore the feasibility of making TSAP–FP the Lead for Health project for FP message development.

PARTNERSHIP WITH THE PRIVATE SECTOR

Findings

The private sector currently is not particularly active in promoting FP. Most companies have not developed policies and programs designed to encourage family planning as a way of life among their employees. Typically, in-house clinics only dispense information and medicines on common ailments, such as colds, influenza, and stomach aches. Scant or no information is provided about family planning.

It has also been noted that most of TSAP–FP’s collaborative efforts were with medical societies and government-owned health care centers, with an absence of partnerships with known hospitals in the private sector.

Conclusions

Given the proper incentives, the private sector can be a potent ally in the promotion of family planning in the Philippines. The industrial estates in the Calabarzon, Pampanga, and Cebu areas are good starting points in the dissemination of information.

TSAP–FP and its proponents can join seminars and orientation programs as well as fairs sponsored by major trade organizations (e.g., the Employer Confederation of the Philippines, the Philippine Chamber of Commerce and Industry, and the Federation of Filipino-Chinese Chambers of Commerce). The members of these organizations have

⁶ How USAID might proceed along these lines is discussed in the final section of this report.

thousands of employees that can be potential users of modern FP methods. This is separate from the present partnership arrangement with such labor unions as the Trade Union Confederation of the Philippines (TUCP) and the Federation of Free Workers (FFW) that are engaged by TSAP–FP’s advocacy and social mobilization component.

Recommendations

- TSAP–FP should develop programs to encourage the use of modern methods among companies in the private sector. This could include streamers put in strategic places during foundation days and anniversaries. Free contraceptives and onsite counseling are effective means for communicating family planning messages.
- Develop an award for companies with the most effective family planning communications programs. For example, the heads of corporations and human resources departments could be enlisted as guests on radio and television talk shows about the successful implementation of family planning information campaigns.
- TSAP–FP should participate in major trade organization fairs.
- TSAP–FP should explore the possibilities of establishing partnerships with companies in the pharmaceutical industry, such as Merck Sharp & Dohme Philippines, which has 13 medical resource centers throughout the country. TSAP–FP’s evidence-based medicine materials can be supplied to these centers to provide access to family planning materials to its primary users, such as doctors, medical students, and other interested parties.
- TSAP–FP should explore the possibilities of establishing partnerships with major private hospitals. Aside from joining medical missions as part of the hospitals’ outreach program, joint advertising campaigns/projects promoting family planning can be undertaken.

V. THE ADVOCACY AND SOCIAL MOBILIZATION COMPONENT

SELECTION OF PARTNERS

Findings

TSAP–FP’s decision to focus on the lower socioeconomic market was exceptional. The urban poor, informal sector, and the labor sector make up the bulk of the poor in urban areas. They need family planning to improve their health and family welfare, and they can be reached through existing large, cause-oriented organizations. The decision to focus on males is long overdue, considering research findings about the key role of men in a Filipino couple’s decision to practice family planning.

The choice of partners in some cases was a deliberate and conscious effort to reach a particular sector. For example, when TSAP–FP decided to focus on males, the staff analyzed the male-oriented organizations that exist in the project areas. After careful analysis, the staff decided to focus on tricycle drivers because there is a single national organization (the National Confederation of Tricycle Operators and Drivers Association of the Philippines [NACTODAP]) that covers about 5 million tricycle operators and drivers nationwide. Then the staff attended activities (e.g., Clean Air Act activities) to develop a relationship with the officers of NACTODAP.

In some cases, the choice of partners was unanticipated. For example, the TSAP–FP chief of party was impressed with a speaker at the Population Congress. TSAP–FP approached her and invited her group, KATINIG, which represents the informal sector in the National Anti-Poverty Commission, to participate in the project. She then put TSAP–FP in touch with the Cebu City Urban Vendors’ Association (CCUVA), KATINIG’s network member in Cebu. Another example is the Philippine National Police (PNP) in Davao. A physician, one of TSAP–FP’s champions, was invited by TSAP–FP to speak at an activity it sponsored in Cebu. In a conversation between the TSAP–FP deputy chief of party and the physician during this trip, the deputy chief mentioned that the project also focuses on males. The physician offered to refer TSAP–FP to his brother, the head of PNP–Davao. Another example is Philippines Business for Social Progress (PBSP)–Cebu. The former TSAP–FP ASM advocacy advisor was a former PBSP staff member. When the project was beginning in Cebu, the TSAP–FP ASM advisor approached her former colleagues and invited them to participate in the project.

Some partners were organized by TSAP–FP. For example, Interfaith was established with the assistance of the Philippines Legislators’ Committee on Population and Development (PLCPD), the Metro Cebu Community Advocates Network (Metro Cebu CAN), CCUVA, and POPCOM.

Through TSAP–FP, two youth groups were organized, KATINIG Youth in Metro Manila and CCUVA Youth in Cebu. The youth leaders, who were oriented and trained by the project, were enthusiastic about implementing their family planning and responsible sexual behavior activities. Considering the early initiation to sexual activity and the high rates of adolescent pregnancy among urban poor youth, these two groups have the potential to reach their peers.

TSAP–FP was able to establish partnerships with some strategic organizations. Some partners are of more strategic value to TSAP–FP than others because of their reach, sustainability, or influence due to their social capital. For example, CCUVA has a large membership and a tireless and effective leader and is very active, stable, and financially sustainable. Metro Cebu CAN has the potential to reach the urban poor who do not belong to CCUVA. NACTODAP is the only organization of tricycle operators and drivers in the country. There are 2.8 million tricycles and about 5 million operators and drivers. FFW has 120 local union affiliates, thousands of members, and the potential to ensure that the labor code provision that requires collective bargaining agreements to comply with Article 134 of the Labor Code (companies with 200 or more employees must provide FP to their employees). Interfaith has 51,000 churches serving about 10 percent of the Philippine population. The military is predominantly male and its organizational structure lends itself to the effective implementation of a family planning program.

The partnership with KATINIG, a national network of the informal sector, was a good decision. While the KATINIG National Capital Region (NCR) members are also urban poor, it is quite limited in reaching the huge Metro Manila urban poor population. The urban poor in Metro Manila are highly organized and can be reached through urban poor organizations.

The partnership with PBSP–Cebu provided TSAP–FP with a good model for integrating family planning into a development project (environment, in this case). The community organizer, after attending the seminars and orientations organized by TSAP–FP, realized and appreciated the value of family planning within the context of its environment project. The community organizer developed orientation materials that are very powerful because family size is linked to the basic issues of the poor (in this coastal barangay, fish catch, mangrove preservation, and dwellings). The PBSP–Cebu community organizer demonstrated how an enlightened community organizer could effectively integrate FP into her/his organizing activities.

Conclusions

Despite a USAID–approved advocacy and social mobilization strategy, there is a lack of strategic decision-making in selecting and working with partners who maximize the utility and impact of the TSAP–FP assistance provided to them. Given the limitations of the project’s financial and human resources, there is a need to focus on those partners with the appropriate reach, sustainability, and influence. This would require TSAP–FP to reconsider the type of assistance given to the partners to increase the probability of institutionalization and sustainability beyond project life.

Considering the many young people today who are sexually active and the increasing number of adolescent pregnancies, the two youth groups organized through TSAP–FP can be an effective channel for developing more responsible sexual behavior among youth.

The PBSP–Cebu integration model demonstrated that family planning could be effectively integrated in a development project through a community organizer. Most if not all community-based development projects employ community organizers to implement projects. If the community organizers understand and appreciate the role of

family planning in improving the lives of their community partners/beneficiaries, they can integrate FP into their regular community organizing work.

Recommendations

- TSAP–FP should reassess its current portfolio of partners and focus its resources on those that have strategic value toward attaining project objectives.
- TSAP–FP should establish a partnership with an urban poor network in Metro Manila to broaden the reach of the project.
- TSAP–FP should continue its assistance to the two youth groups that it helped organize.
- Given the success of the PBSP–Cebu model of integrating FP with an environment project through the community organizer, TSAP–FP should explore the possibility of establishing a partnership with the Philippines Community Organizers Society (PhilCOS), a national organization.

MOBILIZATION ACTIVITIES

Findings

TSAP–FP has successfully mobilized groups that were not involved in family planning to advocate for family planning. Fifteen new groups/networks are formally engaged in FP advocacy, 10 new advocacy networks were formed, and 4 existing groups or FP alliances were expanded. The leaders and core groups of these partners were given such support as orientation and training sessions.

A number of TSAP–FP partners frequently organize special or separate FP orientation sessions for their members, advocacy with the local government, and FP campaigns in their communities. KATINIG, for example, conducts FP sessions in the barangays where their Metro Manila core members are located. NACTODAP and FFW organize FP activities for their members. However, these FP activities are being implemented with funding support only from TSAP–FP.

One partner, CCUVA, is successfully integrating family planning sessions for its members during the monthly chapter meetings. Since this activity is conducted regularly (regardless of whether there is a partnership with TSAP–FP), CCUVA funds the activity itself.

Without exception, TSAP–FP’s partners mentioned the need to close the time gap between the motivation and provision of FP services. The partners in Metro Manila and Cebu complained about the unavailability of FP commodities in the health centers. Considering that the partners belong to the lower socioeconomic market, it can be expected that they are the clients of public health centers.

POPCOM's active participation from the onset in the TSAP–FP initiative in Cebu has contributed to the animation of the Cebu FP networks' activities. POPCOM is the link for the different TSAP–FP partners in Cebu.

Conclusions

The orientations, training, and other activities undertaken by TSAP for the partners as well as the partners' mobilization activities supported by TSAP–FP are appropriate and necessary.

The partners primarily conduct special FP activities. Unless conditions change in the future, it is unlikely that they will be able to continue implementing these advocacy and social mobilization activities beyond the completion of the project.

The role of a local population agency (e.g., POPCOM–Cebu) is useful and facilitated the effective functioning of Metro Cebu CAN and the Population Network (PopNet). POPCOM was also able to mobilize other government agencies to participate in FP efforts.

Those interviewed were concerned that their efforts to inform, educate, and motivate their members and communities to practice FP will be useless if services are not available.

Recommendations

- TSAP–FP should identify and select strategic partners from among its current partners and redesign its assistance to help strengthen the integration of FP within their regular programs and activities.
- Linkages with the service delivery structure should be facilitated to avoid frustration among TSAP–FP's partners.

SELECTION OF ADVOCATES AND CHAMPIONS

Findings

The advocates are a mixture of familiar and new individuals. As of August 2004, 1,050 potential advocates had been oriented and 350 advocates had been trained in FP. About 270 advocates participated in network building workshops. Thirty-one master trainers were trained in FP advocacy.

As of August 2004, 94 champions had been trained by the project. Eighty of the trained champions are publicly speaking on FP. A number of the champions are well known and include local leaders. Those that are not well known include national leaders.

Conclusions

The advantage of more familiar advocates and champions is that they require fewer capacity-building inputs. The advantage of new advocates and champions is that they give FP advocacy a sense that FP is more widely supported than in the past.

Furthermore, the new persons give family planning the image that it has a broad, mass constituency.

While having many advocates and champions might be appealing, TSAP–FP needs to consider focusing its efforts and resources on a few strategic individuals. It is not feasible and practical to develop all 94 champions and 350 advocates to a degree that they can creditably articulate the FP and population issues beyond their own immediate groups.

Recommendations

- TSAP–FP should focus its efforts and resources on those advocates and champions who are most likely to contribute to the advocacy and social mobilization objectives because they are credible and influential sources of information and they have the capability to mobilize others.
- Selection of priority advocates and champions should be based on such criteria as their strategic value to the project, personal qualities (some are more effective than others), and the capability to continue advocacy beyond the completion of the project.

EFFECTIVENESS OF ADVOCATES AND CHAMPIONS

Findings

Some champions are more effective than others; they are charismatic, articulate, and have a good appreciation of the relevance of FP in improving the welfare of their members. They also have a good understanding of the macro implications of the population issue. Because of their appreciation of the micro and macro benefits of FP and the population program, they now speak with passion about family planning.

Conclusions

Champions with large, cause-oriented constituencies have the capability to mobilize their respective sectors and communities for family planning.

Articulate champions with a good grasp of the macro and micro implications of family planning are preferred for mass media appearances.

Recommendation

TSAP–FP should focus on a few strategic advocates and champions and give them more intensive training. The training should include exposure to project areas outside of their own locale to increase their credibility and confidence.

KITS, MANUALS, AND MODULES PRODUCED

Findings

The *Advocacy Training Manual for Social Acceptance of Family Planning in the Philippines* is comprehensive and well structured. It covers population, family planning, advocacy, and social mobilization. Training participants reported that it was very useful although they found some terms too technical (e.g., those in the section on FP methods).

The draft of the *Modern Family Planning for a Healthier and Better Life: A Communication Guide for Champions, Advocates and Health Providers* is simple and well planned.

In the PBSP–Cebu project, the community organizer developed orientation material for the fishermen and women in coastal barangays. He successfully put population and FP within the context of the people’s lives using local data. For example, he stated that 10 years ago, a fisherman could catch 10 kilos of fish. Today, the average catch is 2 kilos. He then computed the expenses for a family of 4 and a family of 7 to 12 (the number of children ranges from 5 to 10). He also used the average dwelling size of the families in the area. Using this information, he computed the number of mangroves that will be destroyed 18 years from now, when their children start their own families. Taking the fishing families through a scenario using familiar data is powerful in convincing them to practice FP.

There are many individuals and groups, other than TSAP–FP’s partners, who are involved and interested in family planning. Many of them are invited to speak to various groups. There is no place that is easy for interested parties to use to obtain materials they need if and when they are invited as resource persons in population, reproductive health, or family planning. There is not one place to which they can go for updates on family planning. Many among them will appreciate access to well-crafted messages and research data on the misconceptions about as well as basic data on family planning.

One service that TSAP–FP can provide to the FP/RH/population community is to make its materials readily available electronically.

Conclusions

The materials developed by TSAP–FP are very good and can be useful to FP advocates and champions outside the project.

The orientation materials developed by the PBSP–Cebu community organizer demonstrated that such materials are very powerful at the community level.

Recommendations

- TSAP–FP should consider setting up a family planning web site to contain materials developed by the project. This will contribute to the consistency of FP messages, even among non–TSAP–FP project partners.

- TSAP–FP should assist its cause-oriented partners in developing sector and geographic-specific orientation materials (similar to the one prepared by PBSP–Cebu) using local data.

INSTITUTIONALIZING IEC AND ADVOCACY

Findings

Family planning is not the main interest or concern of the TSAP–FP partners. Their main agenda includes their sectoral concerns (such as urban poverty, environment, or labor issues). Most partners are implementing FP activities with some form of financial assistance from TSAP–FP, which assures that they will give attention and importance to FP activities.

The TSAP–FP partners are at different levels of organizational functioning. Some are new (e.g., Interfaith and Metro Cebu CAN) and some are older but are experiencing internal sector challenges (e.g., KATINIG NCR). Some have been in existence for a few years, but are still in the early stage of organizational development (e.g., NACTODAP), while some are very strong, financially sustainable, and functioning well (e.g., CCUVA).

CCUVA is able to implement some family planning activities without TSAP–FP funding assistance by integrating FP within its regular activities. For example, the different chapters of CCUVA hold monthly meetings funded by their membership dues. They included an orientation on FP as one meeting’s first agenda item. According to the CCUVA president, they made the orientation the first agenda item because members usually leave after their problems and business concerns have been discussed.

The regional office of POPCOM in Cebu is very involved with TSAP–FP. It is the link for the various TSAP–FP partners (such as Metro Cebu CAN, PopNet, and CCUVA) in Cebu. The TSAP–FP partners mentioned POPCOM’s active participation and support as a facilitating factor. Because it is POPCOM’s own key result area to advocate for population and family planning, POPCOM maximized its own resources to match the resources of TSAP–FP.

Conclusions

The extent to which the TSAP–FP partners are able to identify natural opportunities for integrating family planning within their regular programs and activities will determine how deep the institutionalization of FP will become.

POPCOM Cebu’s active participation from the onset of TSAP–FP was definitely a positive factor in the success of TSAP–FP in Cebu. Because POPCOM will exist beyond the TSAP–FP project, it can continue to link the TSAP–FP partners in Cebu.

The current assistance of TSAP–FP to its partners is activity oriented. If the institutionalization of family planning within the partner organizations is desired, the partners will need additional TSAP–FP assistance. Some degree of organizational development input will be necessary to help the partners become stronger, more stable, and better able to sustain their programs, providing a better chance to deepen the integration and institutionalization of FP.

Recommendations

- In phase II of TSAP–FP, a program of organizational development is needed to strengthen the capacities of key strategic partners.
- Whenever feasible, TSAP–FP should link its partners with a local family planning or population agency, whether government or private. This will ensure that an agency whose main business is family planning/population will continue to encourage and guide the TSAP–FP partners (whose main business and concerns are not FP) beyond the completion of the project.

SMALL GRANTS COMPONENT

Findings

A small element of the advocacy and social mobilization component is the Small Grants Program that provides funding to selected TSAP–FP partner organizations. The grants are intended to strengthen and support the start of family planning promotion activities. Fourteen grants have been made to date, ranging in size from approximately \$6,000 to \$10,000. A total of about \$115,000 has been granted, with an average grant of \$8,300. Clearly, this is not a large amount of money overall and the size of each grant is quite small. This reflects the limited capacity of most grant recipients and the relatively small scale of their activities.

The Small Grants Program supports the following types of activities:

- support health advocates and family planning motivators in eight barangays, emphasizing the connection between population and the environment;
- encourage industrial compliance with Article 134 of the Labor Code, which concerns the provision of FP services in workplaces with more than 200 employees;
- train 30 barangay volunteers about FP in six island barangays;
- train 45 women as FP/RH advocates in three barangays;
- provide FP/RH advocacy concerts with multimedia exhibits and promotions;
- facilitate the creation of 11 satisfied users and acceptors clubs in seven localities of Metro Manila, form an alliance of these clubs, and support their advocacy efforts;
- increase financial support by local government for FP services in Tacloban City, Leyte, and Samar; and
- orient local imams about the national fatwa.

If successful, some of these activities could have broader importance for supporting the promotion of family planning and service delivery (e.g., lobbying local government for budget support). Others are quite limited in scale, and expectations of impact after only one year of implementation should be conservative. However, the objective is to help organizations become active with new FP promotion activities, and in the process, produce meaningful results, albeit limited in scale.

Interviews with some of the grant recipients consistently showed that the organizations were highly appreciative of the funding, but were concerned about subsequent funding. It was not clear how FP promotion work would continue without further funding. In contrast, a stable and sustainable organization such as CCUVA, that has a steady income stream from its membership, has integrated FP communications into its regular meetings. This will likely continue when funding from TSAP–FP stops. That is far less likely to be the case for struggling, less financially stable organizations.

The grant application process followed USAID regulations and was quite intensive, given the small amount of funding involved. TSAP–FP staff frankly discussed the difficulties of managing the grant-making process and described it as a very high-cost process, involving too many TSAP–FP staff and too much time. Complicating the process were repeated reviews and calls for proposal revisions from its USAID partners. TSAP–FP staff reported that the program consumed an inordinate amount of time, out of proportion to its size and significance. To be balanced in this appraisal, USAID has certain standards for grant making and these needed to be met. USAID project staff reported that too many proposals lacked clear outputs, deliverable documents, and consistency between activities and budgets that are necessary for compliance with USAID requirements.

Conclusions

The Small Grant Program sounds good in theory but was not in practice. The amount of time required to release and administer a \$10,000 grant is largely the same as it is for a grant for \$100,000 or more. It is difficult to justify the investment of staff time in a program that reaches only 14 out of 51 TSAP–FP partners, with relatively small amounts of funding for a relatively brief period.

USAID and TSAP–FP need to consider alternatives to the grant-making process. The idea of energizing programs is fine, but this needs to last for more than a year to have a meaningful impact on the organization and its activities. An alternative is to make larger, multiyear grants to larger organizations that are better able to employ the funding on a broader scale.

Links between the grant recipient organizations and other weaker organizations with similar and complementary objectives might be one possibility. PLCPD and Interfaith have already established such a relationship. While Interfaith lacks the administrative capabilities that PLCPD has (Interfaith relies on PLCPD administrative support), it has the reach that PLCPD needs to garner mass support for FP–related legislation. A three-year grant to PLCPD, for example, could support the organization’s work on a continuing basis, while funding could also be directed to support Interfaith’s institutional and programmatic development. Such approaches would reduce the administrative burden on TSAP–FP while supporting the development of partner organizations and their family

planning advocacy programs. This would also bring the grant program in accord with the preceding discussion of TSAP–FP working with partners on a more strategic basis.

Recommendations

- When TSAP–FP’s current set of grants reach completion, terminate the Small Grants Program.
- If TSAP–FP is extended as recommended, develop a grant-making mechanism that supports TSAP–FP’s strategically guided work with partner organizations.
- Increase funding for this redirected grant program so that recipients receive sufficient funding for multiyear programs (e.g., P1 million or more).

SUSTAINABILITY

Finding

The nature of current TSAP–FP assistance to its partners is for a one-time activity.

Conclusions

This type of assistance does not support sustainability beyond the completion of the project. The only viable option for the sustainability of FP activities is organizational development interventions related to sustaining the integration of family planning.

For example, the basic unit (chapter) of NACTODAP collects P5 a day from its members. Assuming that only half of the 5 million members pay, they generate P2.5 million pesos a day. However, membership dues are collected only at the chapter level. The federations of chapters from the municipal level up to the national level do not have any regular source of funds. They are not currently planning to collect membership dues for the association’s activities. If they are assisted with organizational development, they will be better able to realize their potential to mobilize regular sources of funds. If the members pay just P1 monthly for the national association’s sustainability, they can easily raise P2 million a month (if only one fifth of the members pay) to P5 million a month (if all the members pay). NACTODAP is sufficiently well organized to implement daily collections. Part of NACTODAP’s organizational development could include a mechanism to serve its members’ FP needs by establishing partnerships with FP service providers, such as FriendlyCare or the Well Family Midwives’ Clinics, for a fee.

Recommendation

- To achieve some degree of sustainability for current FP activities supported by TSAP–FP, organizational development, including revenue generation, will be needed during phase II.

VI. THE HEALTH PROVIDER COMPONENT

The health provider component provides training to family planning service providers in government and the private sector, using evidence-based medicine for FP. The objective of the health provider component is to integrate FP services provision into routine health care by upgrading the knowledge, skills, and confidence of providers to offer quality FP services. Key interventions under the health provider component are to

- improve the knowledge of health providers on modern contraceptive safety and efficacy as a key step toward enhancing their capability to provide evidence-based information and counseling to clients,
- influence health providers in public health facilities and industry-based clinics to offer FP as part of their routine health package, and
- influence medical nursing and midwifery schools to integrate FP into their curricula, promote evidence-based FP in national guidelines and standards, and advocate for the inclusion of evidence-based FP topics in the curricula of medical and allied professionals as well as in the examinations given to medical and allied professions by the Professional Regulatory Commission.

GOVERNMENT AND PRIVATE INDUSTRY EVIDENCE-BASED MEDICINE FOR FP TRAINING

Findings

Evidence-Based Medicine for FP Training Activities

The principal groups targeted for evidence-based medicine for FP training are health service providers: physicians, nurses, and midwives. Family planning program managers or supervisors of health service providers in government and private industry-based clinics are a priority for inclusion in training. To date, the following evidence-based medicine for FP courses have been completed.

A core group of medical professionals composed of 16 obstetricians and gynecologists as well as some public health practitioners received evidence-based medicine for FP training and subsequently formed the Philippine Evidence-Based Reproductive Medicine Network (PEBRMNet). Group members serve as technical resource persons for evidence-based medicine for FP training of trainers.

The PEBRMNet also supports the ongoing review and formulation of critically assessed topics on family planning. The formulation is a brief summary of research results that addresses questions, rumors, misconceptions, and issues that may arise during FP counseling and service provision. Because it is a distillation of results across multiple sources, the information provided by the critically assessed topics is viewed as highly reliable, instilling greater confidence among service providers who are trained to use these materials. The critically assessed topics can facilitate understanding and decision-making by clients concerning use and method options. To date, 25 critically assessed topics are available; an additional 41 topics are being reviewed by PEBRMNet members.

Training of trainers is a 5–day course based on evidence-based medicine for FP and the critically assessed topics. To date, 75 family planning service providers have received training in TSAP–FP’s project locations. The duration of the course was reported by trainees to be acceptable; however, some thought that 5 days was too long and that 3 days would be sufficient. In time, the trainees will train frontline service providers using the evidence-based medicine for FP and critically assessed topics curriculum.

Clinical practice guidelines development training has been provided to 24 members of the Philippine Obstetrical and Gynecological Society. This training is designed to enhance their skills in the formulation of critical questions in response to the various rumors and misconceptions of the safety of FP methods.

In collaboration with the Philippine League of Government Midwives (PLGM), TSAP–FP has supported training for 517 of its members as well as 88 industry-based company physicians and nurses in evidence-based medicine for FP and critically assessed topics. While the large majority expressed appreciation for the training, a number of midwives reported that the language of the critically assessed topics kit is very technical and beyond their comprehension. Some of the FP program managers interviewed reported that the questions in the critically assessed topics are very limited in scope (e.g., there is one critically assessed topic just on the safety of the intrauterine device [IUD]).

Eight PEBRMNet core members received presentation and facilitation skills training. Participants reported that this training helped improve their technical skills as facilitators and presenters.

Twenty members of the Philippine Obstetrical and Gynecological Society board of trustees, regional directors, specialty board, and women advocacy committee underwent 2 days of advocacy training based on evidence-based medicine for FP. These members are technical experts with a high level of credibility and key program stakeholders in both government and private positions. It is anticipated that they will advance acceptance and use of evidence-based medicine for FP by frontline FP service providers.

In collaboration with selected pharmaceutical companies that market contraceptives, TSAP–FP sponsored training for 17 company representatives and managers on evidence-based medicine detailing. This training enhanced their technical knowledge, particularly on the safety and benefits of modern family planning methods, so that they are better able to respond to such issues as rumors, misconceptions, and questions about side effects and product safety.

Additional Observations about Evidence-Based Medicine for FP and Critically Assessed Topics Training

Health service providers and program managers reported that the evidence-based medicine for FP training is the first such training they have received that is based on recent medical research findings. They stated that they have great confidence in the information they obtained from this training, and that they felt better equipped and more confident in counseling their clients about all matters pertaining to FP. In short, their own perceptions of their skills and abilities have been enhanced as a result of the training.

The baseline KAP survey for health service providers concerning FP showed that misinformation, rumors, and misconceptions, especially about the safety of modern family planning methods, remain major factors in the nonacceptance or discontinuation of contraceptive use. The fact that evidence-based medicine for FP and critically assessed topics are equipping a growing number of family planning service providers with the knowledge and confidence to address these incorrect ideas makes the training highly relevant and useful in the current effort to promote social acceptance of family planning.

TSAP–FP’s BCC and ASM components are working toward creating more positive perceptions and attitudes among the general public about family planning and modern methods. As people move from the initial stages of general acceptance to thinking about and then using a modern method, they will increase the demand for and use of FP services and counseling. In this respect, the evidence-based medicine for FP and its critically assessed topics training are helping to generate the supply of health providers who can provide FP services of adequate quality to meet this demand. In this respect, the evidence-based medicine training is quite timely.

Conclusions

Based on direct observation of training and interviews with participants, evidence-based medicine for FP, including its critically assessed topics, is a significant improvement in the training for FP service providers that is currently available in the Philippines. Those who have received training expressed great optimism about future improvements in the quality of FP services that will result from evidence-based medicine training.

While the numbers trained to date are significant, it is important to recognize that this is just the beginning of the process (i.e., the training of trainers stage). Evidence-based medicine for FP training for frontline service providers is just beginning, most notably in Cebu City. It will take several more years for this training to reach the majority of service providers. The potential link with the LEAD for Health Project (discussed in section X) will help to spread the evidence-based medicine for FP program to an increasing number of municipalities throughout the country. While LEAD for Health will have the primary responsibility for evidence-based medicine for FP training of municipal health staff, TSAP–FP will continue to have a major role in serving as a resource organization to LEAD for Health, supporting the evidence-based medicine network, developing more critically assessed topics, and continuing to provide training to industry-based family planning providers (if this is not transferred to the new private sector project).

This makes it all the more important that TSAP–FP be extended. The extension will allow this training to proceed, resulting in skills upgrading and integration of family planning counseling into regular service delivery. Additional time is needed to develop evidence-based medicine for FP and critically assessed topics further as well as to institutionalize the overall program.

Several weaknesses in the training involve its technical content, selection of trainees, materials development, and follow up. The feedback from trainees—course content was highly technical and beyond their level of comprehension, making it difficult to understand all topics thoroughly—needs to be addressed. This calls for a revision and

simplification of the training content and messages. Perhaps this review should result in one curriculum for physicians in general practice and a second for nurses and midwives.

The evidence-based medicine for FP and critically assessed topics might also benefit from incorporating the results of research on the reproductive health of Filipino women. This might result in tools that are better attuned to local conditions and the responses of Filipino women to different contraceptive methods. The advocacy dimension of the evidence-based medicine for FP program might also benefit from efforts to include additional health providers who are program managers or supervisors in positions that enable them to promote FP and its integration into routine services. It was noted that follow up to evidence-based medicine for FP and critically assessed topics training is not as systematic as it needs to be to reinforce the messages and skills provided.

Considerable demand by service providers exists for the IEC materials, including, for example, manuals and guidelines, which have been generated from the evidence-based medicine for FP and critically assessed topics. TSAP–FP’s main constraint to meeting this demand is a limited budget. The idea that local governments will pay to reproduce single copies provided by TSAP–FP would be one way to accommodate TSAP–FP’s funding limits, but whether local governments will cover the costs is uncertain.

Recommendations

- Evidence-based medicine and critically assessed topics need to be carefully refined and simplified to better meet the needs of the majority of trainees. One curriculum for general practice physicians and another for nurses and midwives might be needed to reflect their different levels of medical knowledge.
- TSAP–FP should consider forming working groups representing the health professional groups receiving training to participate in this language and content revision process.
- Evidence-based medicine for FP and critically assessed topics should be continued, expanded, and integrated into the curricula of medical and allied professional training for RH.
- Evidence-based medicine for FP and the critically assessed topics need to consider relevant studies on contraceptive safety conducted in the Philippines to take local conditions into account.
- Selection criteria for participants in the evidence-based medicine for FP training of trainers should give higher priority to those program managers and FP advocates who will be most active in promoting evidence-based medicine for FP to their staff and colleagues.
- IEC materials based on the results of evidence-based medicine for FP and the critically assessed topics that are easy to use should be made more widely available to meet current demand.

- Posttraining follow up to assess the effectiveness of training using evidence-based medicine for FP and critically assessed topics should be organized and supervised by TSAP–FP in its project areas.

INTERPERSONAL SKILLS TRAINING ON COUNSELING USING EVIDENCE–BASED MEDICINE FOR FP AND CRITICALLY ASSESSED TOPICS

Findings

Twenty-four FP program managers and supervisors (doctors and nurses) participated in training on counseling skills using the critically assessed topics based on the GATHER (greet, ask, tell, help, explain, return/refer) counseling methodology.⁷ Participants reported that the duration of training was suitable. With support from TSAP–FP, those trained subsequently provided counseling training to 21 public health doctors, 22 public health nurses, and 42 public health midwives working in government facilities and private industry–based clinics in Cebu City. This is an ongoing activity.

Conclusions

Effective counseling skills are equally as important as the technical knowledge that evidence-based medicine for FP training provides. Correct technical knowledge is essential but it is not sufficient; it is useless to clients if it cannot be conveyed effectively to them. Moreover, how information is communicated to clients is usually as important as the correctness of that information. Creating the situation in which couples can comfortably make informed decisions based on family size and child spacing options occurs best when the provider has the right combination of technical knowledge and counseling skills.

Using GATHER was a good counseling approach to combine with evidence-based medicine for FP and critically assessed topics. GATHER is a well-established approach in many family planning training programs throughout the world. By using GATHER, TSAP–FP made use of an established, effective means for upgrading the counseling skills of service providers.

Recommendation

- The counseling training component of evidence-based medicine for FP and critically assessed topics should be continued and expanded to all TSAP–FP project areas.

⁷ GATHER is a standard protocol for client counseling widely taught to health service providers for family planning services. It was developed by the Population Communication Services project at the Johns Hopkins University.

STRUCTURAL CHANGES: INCORPORATING FAMILY PLANNING INTO MEDICAL CURRICULA, CLINICAL STANDARDS, AND LICENSURE

Findings

Family planning is already part of the professional medical, nursing, and midwifery curricula. In medical training, family planning is included in obstetrics and gynecology, surgery, legal medicine, and public health. In nursing, family planning is covered in training about midwifery, surgery, and ethics. In midwifery, family planning is part of foundations of health, obstetrics and gynecology, primary health care, and professional growth and development. While this suggests coverage of family planning in professional training programs, considerably more is needed to assure that the family planning skills of health professionals are adequate and that family planning services are included in routine health care. While the Commission on Higher Education has approved family planning training in medical programs, implementation is quite uneven, especially in Catholic universities, due to ethical issues.

In response to the need for actions to give adequate coverage to family planning in professional medical training, TSAP–FP has initiated work in the following four areas.

In collaboration with the Philippine League of Government Midwifery, a draft family planning syllabus was written for the Board of Midwifery, which contains sufficient coverage of FP topics. The principals of the midwifery schools will review and update the existing curricula when the syllabus is finalized. The objective is to integrate the evidence-based medicine for FP and critically assessed topics information gradually on a staggered basis into midwife training.

Proposed revisions to the DOH’s *Clinical Standards on Family Planning Training, 1997* were prepared in collaboration with partner agencies and the DOH. An evaluation of the standards had recommended making them more responsive to the emerging needs of health providers and in accord with recent research findings on contraceptive technology. The proposed revised standards have been submitted to the Secretary of Health for final approval. Once approved, the revised standards will affect FP training nationwide.

TSAP–FP supports an advocacy effort targeting the Board of Medicine, Nursing, and Midwifery to include or increase the range of questions on family planning in their respective professional licensing board examinations. At this point, consultants have been hired to work on drafting revisions of the content of the board examinations on FP.

Another important reform advanced via advocacy to the Philippine Obstetrical and Gynecological Society by TSAP–FP is the incorporation of family planning services into clinical practice guidelines, residency training, inservice training, and diplomat examinations. To date, an action plan for advocacy activities and formation of a women’s advocacy committee have been accomplished.

Conclusions

TSAP–FP is making meaningful progress toward integrating FP into the curricula of medical training for doctors, nurses, and midwives. This effort needs to continue until family planning topics are adequately incorporated into the curricula of medical training

institutions throughout the country. Progress has also been made toward having FP questions incorporated into professional licensing examinations for medical professionals, which will help to assure at least minimum competency for FP service provision. Work on revising the *Clinical Standards for Family Planning Training* remains at a fairly preliminary stage, with a proposal to form a technical working group awaiting approval from the Secretary of Health. When these reforms have been fully accomplished, the quality of FP services should improve, and it will be more likely that service providers will be more receptive to including FP as part of their routine service packages.

There is considerable complementarity between advancing these reforms and the evidence-based medicine for FP and critically assessed topics training as well as with TSAP–FP’s other components. The reform efforts help to create the reinforcing environment that gives sufficient attention and priority to family planning as an essential element of routine health services. Evidence-based medicine training enables health professionals to acquire the skills needed to deliver quality services. One initiative alone would likely produce much weaker results with respect to engaging health professionals as a reliable and effective source of information and services for FP. In the overall program, FP training and professional reforms address the supply side of the current constraint to greater acceptance of family planning, while the BCC and advocacy and social mobilization components address the demand side.

Recommendation

- Continue the structural reform efforts until finalized (e.g., adequate coverage of FP in licensing examinations and revision of the FP manual).

FAMILY PLANNING MEETINGS AND FORUMS

Findings

TSAP–FP’s health provider team members, both local and U.S. based, have participated in a total of 11 association meetings and other forums held for the medical professionals that TSAP–FP targets. TSAP–FP provides speakers and logistical support for the events. Participation in these events is useful in advancing TSAP–FP’s contacts with various health professionals who either are or could become advocates (or service providers at a minimum). The events provide the opportunity for TSAP–FP to inform medical professionals about the evidence-based medicine for FP and critically assessed topics training and the objectives of TSAP–FP, to advance efforts to incorporate adequate coverage of FP topics into medical curricula, and to build a base of support for the integration of family planning into routine service packages. (Appendix D includes a list of the meetings in which TSAP–FP has participated to date.)

Conclusion

Networking from professional meetings is beneficial to the interests of TSAP–FP and its health provider component. For relatively modest funding, TSAP–FP gains access to the health service providers it is trying to influence toward greater support and acceptance of FP and modern methods. Generating a base of support for TSAP–FP’s objectives within the medical community is obviously a worthwhile undertaking.

Recommendation

- Continue active participation in professional health association meetings.

VII. TSAP–FP’S ARMM PROGRAM

TSAP–FP’s work in the ARMM is clearly the most important accomplishment the project has achieved to date. This is saying much, given the innovative, groundbreaking activities TSAP–FP supports through its BCC, advocacy and social mobilization, and health provider components.

Initially, TSAP–FP had been planned for only one province in the ARMM: Sultan Kudarat. However, given the increasing urgency of the region’s development needs, USAID requested and AED and its partners agreed to expand TSAP–FP’s program to the entire region.

Given the dominance of religion in the social life of the Muslim community, the major impediment to promoting greater acceptance of family planning was the lack of a religious mandate that approved the use of FP. TSAP–FP tried to facilitate the issuance of a decree, to the extent of sending religious leaders from the ARMM to Cairo to consult with senior Muslim clerics. The ultimate outcome was the issuance of the fatwa that declared that FP was consistent with the teachings of the Koran. This watershed event has for the first time created greatly expanded opportunities to encourage the acceptance of FP among Muslims throughout the Philippines.

This section reviews the work TSAP–FP has supported to date through its three main components.

COMMUNICATIONS

Findings

The ARMM project resulted in the issuance of a fatwa decreeing that family planning is permitted in the Koran. This was a landmark in the country’s FP history. The Muslim community of the Philippines has the highest birth rate and is among the poorest; help in slowing the birth rate is much needed. The ARMM also suffers from a lack of accessible, quality health services, including FP, because of the shortage of trained health staff. Most medical services are concentrated in the urban areas, making them inaccessible to the rural poor due to time constraints and transportation costs.

Conclusions

The efforts of TSAP–FP to hold seminars and family planning orientation programs for married couples in the ARMM and the liaison work with Muslim religious leaders paid off greatly. But much additional information dissemination and public relations activities are needed to erase misunderstandings about the risks of modern FP methods. TSAP–FP’s work is trying to reverse an established perception that family planning is a form of government control of the Muslim people. This is a difficult task.

Radio messages, more than television and newspaper advertisements, will reach more of the ARMM region cost effectively. Much more needs to be done in disseminating information to those who rely on the advice and guidance of religious leaders concerning the practice of family planning.

Recommendations

- TSAP–FP should continue its educational program for Muslim religious leaders via study tours here and overseas.
- Success stories should be constantly supplied to local and national media.

ADVOCACY AND SOCIAL MOBILIZATION

Findings

The fatwa is a landmark document. It serves as an authoritative document that discusses family planning within the bounds of the Koran. The research conducted by the project in the ARMM provides a solid basis for a good family planning program. TSAP–FP has established relationships with influential Muslim religious leaders.

Conclusion

TSAP–FP has the ingredients necessary for a successful family planning advocacy and social mobilization program: the fatwa, the support and participation of influential religious leaders, and culturally sensitive IEC materials.

Recommendation

- TSAP–FP should continue its program in the ARMM as planned, building on the major success of the fatwa.

HEALTH PROVIDER TRAINING

Findings

After the issuance of the national fatwa on an FP/RH implementing guideline, a core team of Muslim religious leaders was trained in each of the six ARMM provinces to conduct family planning orientation sessions at the municipal and barangay levels.

During the Family Planning Month celebration (August), TSAP–FP supported five family planning orientation sessions based on the fatwa. These sessions were attended by 150 local community leaders. Some 300 Muslim religious leaders also received FP orientation in the ARMM and Metro Manila.

Sixteen private Muslim doctors received evidence-based medicine for FP training; TSAP–FP plans to provide training to other private practitioners in the ARMM.

Conclusions

Not until the issuance of the fatwa did it make sense for TSAP–FP to initiate health provider training throughout the ARMM. TSAP–FP initially only planned to work in one province, so when the decision was made to expand to the entire region, the health provider training program needed to be substantially revised. This work is just now beginning and needs to continue to maximize the utility of the fatwa for upgrading FP services throughout the ARMM. Given the high fertility rate within the country’s Muslim community, expanding the access to quality family planning services is extremely important.

Recommendations

- Continue evidence-based medicine for FP and critically assessed topics training for more health providers in the ARMM.
- Continue conducting orientation sessions about FP and the fatwa for local religious leaders in order to gain their support.

VIII. TSAP–FP MANAGEMENT

COORDINATION AND SUPPORT FROM THE TSAP–FP CONSORTIUM

Findings

The choice of the four partners of the consortium responsible for the implementation of TSAP–FP appears to have been sound. AED, CEDPA, and the Futures Group have brought invaluable technical expertise to support their respective elements of TSAP–FP: AED for the BCC component and overall administration and management of the project, CEDPA for the advocacy and social mobilization component, and the Futures Group for the health provider component. Ketchum’s role has been somewhat weaker than anticipated to date for various reasons; however, AED has filled this gap by providing necessary technical direction and oversight to the local public relations contractor, Corporate Image Dimensions. AED reports that Ketchum will soon begin having a more active role in TSAP–FP’s public relations activities, beginning with an upcoming FP champions meeting in September 2004.

Support from the consortium is evidenced by the total of 43 weeks of in-country technical assistance provided to TSAP–FP over the past two years by AED (23 weeks), the Futures Group (12 weeks), and CEDPA (8 weeks). This does not include assistance provided from home offices in the United States. This assistance has covered every major activity of TSAP–FP, ranging from project startup, establishing administrative and financial systems, procurement arrangements and staffing, technical component development through strategy formulation and work planning, preparation of various BCC materials, assistance with the organization of key events, setting up reporting systems, and designing the various formative studies and surveys that support project planning and monitoring. (Appendix E provides a detailed listing of the assistance the partners have provided to TSAP–FP to date.)

AED was reported by one of its partners as doing an outstanding job in assuring sound coordination and communication among the partners. For example, AED follows up with partners after their field visits to be briefed about the work that was conducted, problems encountered, and needed further actions. The partners also reported that there is a good sense of teamwork in their support for TSAP–FP that contributes to the integration of the project and its components.

Two good indicators of the collaboration among the partners is the early startup of TSAP–FP (activities started roughly 3 months after contract award, far faster than most other projects). This would have been unlikely if the consortium was not working together in a concerted fashion. The second indicator of a smooth working team is the impressive output that each of the three main components of TSAP–FP has produced, in part due to the effective assistance of the project’s implementing partners.

Conclusion

In the absence of any apparent problems that affect the implementation of TSAP–FP due to weak or inadequate consortium support, it is logically concluded that a highly effective team has been brought together to support TSAP–FP and its objectives. What does

warrant further monitoring is the engagement of Ketchum in the field support activities anticipated in coming months.

Recommendation

- Assuming TSAP–FP is extended, the same partners should be retained to support the next phase of TSAP–FP.

ORGANIZATION, COORDINATION OF COMPONENTS, STAFFING, AND INTERNAL MANAGEMENT

Findings

TSAP–FP’s organizational structure follows directly from its three component composition, with teams organized to support activities in their respective areas of responsibility. It is difficult to envision why an alternative approach would be warranted, especially given the level of coordination and collaboration among the three teams. This also reflects the nature of TSAP–FP’s components (i.e., they are not mutually exclusive; rather, each one depends on elements of the other). For example, the health provider component generates information messages that are adapted to TSAP–FP’s other communications activities. Similarly, communications activities reinforce and support TSAP–FP’s advocacy and social mobilization work. Coordination is facilitated by regular exchanges through meetings and joint tasks among the three components and their respective teams. (Appendix E contains numerous examples of teamwork and collaboration within TSAP–FP).

Extremely well-qualified individuals have been brought together to form TSAP–FP’s management team. Each senior manager/advisor has significant experience and qualifications for their respective positions. The depth of TSAP–FP’s staff continues to the specialist level in each component area, including research and monitoring and evaluation.

TSAP–FP staff frequently work together on tasks of shared responsibility. While this team spirit reflects the staff’s professional commitment to making TSAP–FP a success, this teamwork can also be credited to the chief of party and how she manages tasks. A good example is the *Quarterly Report*. Each TSAP–FP team is responsible for developing report sections that the chief of party edits into a professional caliber report that the entire team reviews before submission. Similar team efforts are apparent in work planning processes on a quarterly and annual basis.

No evidence was found of internal management weaknesses affecting staff management or project systems (e.g., administrative, financial, program monitoring). On the contrary, numerous examples of effective management and oversight can be cited, such as

- providing effective supervision and direction of local subcontractors for research, advertising, print and audiovisual production, and short-term consultants;

- providing direction by TSAP–FP managers and AED support staff to develop the scope of work for Corporate Image Dimensions and to redirect the public relations component;
- developing scopes of work and providing technical input into formative research and survey work, including the analysis and use of results, to support project planning and monitoring;
- establishing effective working relationships with POPCOM in the advocacy and social mobilization component; and
- resolving initial administrative issues on a timely basis to expedite project implementation.

The financial and administrative systems of each of the main partners (AED, the Futures Group, and CEDPA) are well established and fully in accordance with USAID requirements. Ketchum was the only partner that had some initial difficulty in adapting its systems to USAID standards, but that has been corrected.

Conclusion

There is no apparent need to change any element of TSAP–FP’s organization and management. The current TSAP–FP team should remain with the project if it is extended for a second phase.

Recommendations

No recommendations are necessary.

USAID’S OVERSIGHT OF TSAP–FP ACTIVITIES

Findings

Both TSAP–FP project staff and Washington-based support staff reported that USAID has played a supportive, constructive role in its oversight of TSAP–FP. Examples include

- quarterly review meetings when interim implementation targets are set for the period,
- attendance at key events that help keep USAID staff informed of major milestones in TSAP–FP’s implementation,
- periodic site visits to observe and participate in TSAP–FP activities,
- assurance that TSAP–FP activities are in accord with USAID regulations, and
- communicating interests and concerns of senior Mission and embassy officials to TSAP–FP so that the project can accommodate these inputs.

AED's home office project manager further noted that USAID's involvement in TSAP-FP both in Washington and in the field has been much appreciated. USAID's engagement in TSAP-FP has facilitated communication about USAID policies and regulations, technical issues, and administrative matters.

The only area where some strains have occurred concerns the Small Grants Program. The subgrant project proposal process has been a point of frustration, especially for TSAP-FP staff. An inordinate amount of time and effort has been devoted to gaining approval of very small grants. Multiple reviews by USAID and the need for subsequent revisions of subgrants as small as \$6,000 became a point of friction. For USAID's part, subgrant proposals must meet agency standards, regardless of the size of the grant. As noted earlier, too many proposals lacked clear output and deliverables as well as consistency between activities and the proposed budget, from USAID's perspective. Unfortunately, strict adherence to such standards creates the appearance of unnecessary micromanagement. It is important to emphasize that this is the only exception in what has been a very positive working relationship.

Conclusion

USAID clearly has a highly constructive role in TSAP-FP. The only point of difficulty to be resolved with recommended changes is the small grant component in phase II.

Recommendations

No recommendations are necessary.

IX. TSAP–FP STRATEGIC FRAMEWORK AND PERFORMANCE INDICATORS

FINDINGS

The TSAP–FP Results Framework articulates Intermediate Result (IR) 3, Greater social acceptance of family planning achieved. At the IR level, TSAP–FP will report on two indicators:

- IR 3a:** Percentage of general public who strongly approve of FP practice
- IR 3b:** Percentage of general public who have endorsed FP practice to others

Three sub–IRs follow directly from TSAP–FP’s three main components.⁸ The IRs and their associated indicators are:

- IR 3.1:** Communications adequately portraying FP as important to the way of life of target audience increased

Indicators

- 3.1a:** Percentage of target audience who have heard of messages portraying FP as valuable to their way of life
- 3.1b:** Number of positive and neutral versus negative statements or discussions on FP made on key television or radio programs and in newspapers

- IR 3.2:** Key segments of society advocating for the use of family planning increased

Indicators

- 3.2a:** Number and type of key segments of society advocating for the use of FP
- 3.2b:** Number of influential individuals from various sectors advocating for the use of FP

- IR3.3:** Acceptance of family planning as part of routine service package increased

Indicators

- 3.3a:** Inclusion of syllabi of FP in the Board of Examination subjects of medical and allied health professionals

⁸ See appendix F for TSAP–FP’s Results Framework.

3.3b: Percentage of health providers in public health facilities/hospitals and industry clinics who have correct knowledge of specific FP methods

3.3c: Appropriate protocols to ensure the integration of family planning as part of the routine service package developed

Table 1 lists the data sources for the indicators and their current values.

Table 1
Data Sources for Indicators and Their Current Values

IRs and Indicators		Data Source	Current Value
IRs			
3a:	Percentage who strongly approve FP practice	KAP communications surveys	Metro: 90% Low contraceptive prevalence: 79%
3b:	Percentage who have endorsed FP to others	Media monitoring	Metro: 30% Low contraceptive prevalence: 24%
Indicators			
3.1a:	Percentage who have heard messages	KAP communications surveys	54%
3.1b:	Media coverage positive or neutral versus negative	Media monitoring	Quarter 4, 2004: Positive/Neutral versus Negative: 13.3:1 (Target: 7.5:1)
3.2a:	Number of key segments of society advocating FP	Activity monitoring	10 out of 10 targeted
3.2b:	Number of influential persons advocating FP	Activity monitoring	101
3.3a:	Number of licensure examinations with FP questions	Activity monitoring	FP questions included in medicine, nursing, and midwifery
3.3b:	Percentage of providers with correct FP knowledge	Health providers KAP surveys	39% (2005 target: 60%)
3.3c:	Protocols to integrate FP	Activity monitoring	Draft FP syllabus for midwifery

The nine indicators for which TSAP–FP is responsible for reporting are clearly and thoroughly documented in TSAP–FP’s Performance Monitoring Plan. The plan specifies adequate and practical (i.e., feasible and cost-effective) means for putting into operation the terms used in the indicators (e.g., key segments, influential individuals) and the data sources to be used for the indicators.

As the table shows, four data sources generate the necessary information for the indicators and all are now operational (i.e., values can be reported for each indicator). In addition to the nine indicators used for the Results Framework, TSAP–FP monitors a total of 44 indicators using data from these four sources. This is another indicator of the technical quality and sound management practices guiding TSAP–FP. Moreover, careful, periodic monitoring through KAP surveys is essential, especially for the BCC component, to determine what is working, what is not working, and what next steps and directions are needed. The utility of such data in producing high quality and high impact communications more than justifies their expense. It is hard to image how communications quality and impact could be otherwise achieved.

Discussions about the indicators with TSAP–FP staff further clarified the selection and specification of the indicators, as discussed below.

At the IR level, the general public is used instead of TSAP–FP’s target population (women 20 to 35 years of age and their partners in the lower socioeconomic classes). This broader population reflects the wider reach of TSAP–FP’s communications activities and more accurately captures the progress TSAP–FP is making.

There was some confusion about the appropriateness of contraceptive prevalence as an indicator for TSAP–FP: clearly it is not. The project is working to create an enabling environment that was previously lacking and that has been a major constraint to FP acceptance and use. TSAP–FP’s Results Framework is correctly focused on elements that need to be in place to create an environment of information and communications providing correct knowledge, understanding, perceptions, and attitudes to the general public.

Consistent with TSAP–FP’s objective of creating an enabling environment, the health provider component does not include an indicator of actual practices (e.g., the percentage of trained providers who are regularly discussing family planning with clients). In its initial three years, TSAP–FP is creating the institutional environment and skills base necessary to assure that providers will regularly promote FP in everyday practice. Moreover, TSAP–FP’s evidence-based medicine training is at present largely a training of trainers activity. Not until these trainers have disseminated knowledge and skill in the coming years to frontline service providers will the monitoring of FP’s routine inclusion in regular services be appropriate. The cost of monitoring actual practice (e.g., through anonymous clients with samples of providers) was another obstacle to using such an indicator. The decision not to develop an actual practice indicator is fully justifiable.

Following the communications campaign TSAP–FP conducted between January 16 and May 31, 2004, the second KAP communications survey was recently completed. Its results are indicative of the progress TSAP–FP is making and reflects the operations of an important element of its monitoring system. Significant percentage increases (post versus precampaign) were found in the following areas:

- awareness of modern methods of family planning,
- general knowledge of family planning,
- awareness of specific modern methods,
- discussion of family planning with others,
- discussion of family planning among couples,
- agreement on the benefits of modern methods,
- agreement that it is important to choose a modern method, and
- heard messages that portray family planning as valuable to their lifestyle.

The numerous outputs TSAP–FP has produced (presented at the beginning of the report) are additional evidence that TSAP–FP is making significant progress.

CONCLUSIONS

The indicators at the IR and sub–IR levels are sound and valid for measuring TSAP–FP’s progress. The methods for obtaining data are appropriate and cost-effective. The indicators specified in the Performance Monitoring Plan are comprehensive and realistic

(i.e., feasible approaches are being used). No modifications to the indicators or methods for data generation are warranted.

The more comprehensive monitoring system TSAP–FP uses to track progress and obtain feedback on its activities is equally sound and thorough. The fact that TSAP–FP is routinely monitoring 44 project indicators is commendable in that this information is actually being used to refine, focus, and direct TSAP–FP’s activities. It is evident that TSAP–FP is not collecting data merely for reporting purposes, but that timely information is guiding project management and decision-making. Other projects would benefit from comparable approaches to their own monitoring requirements.

RECOMMENDATION

- No changes should be made to indicators, data sources, or TSAP–FP’s monitoring system.

X. PROGRAM ISSUES

TSAP–FP SITE SELECTION AND PROGRAM RESOURCES

Findings

The following criteria were used to help identify the geographic locations for TSAP–FP work:

- high concentration (population density and numbers) of targeted population,
- penetration of mass media,
- presence of organized interest groups,
- presence of health providers and facilities (public and private),
- support of local leaders, and
- favorable peace and order situation.

Only in major urban areas would it be possible to meet all of these criteria. In periurban or rural areas, only a few of the criteria might apply. These criteria led to selecting the following locations to begin activities in 2002–03:

- Metro Manila,
- Metro Cebu, and
- industrial areas of Cavite, Laguna, and Batangas.

The ARMM was added at USAID’s request to expand project implementation to the entire region. In 2003–04, the following locations were added:

- Metro Davao,
- Region 5 (Bicol),
- Region 8 (Samar and Leyte), and
- industrial areas of Bulacan and Pampanga.

Whether or not these are the best locations given TSAP–FP’s funding levels and its relatively brief period to achieve results, the selection criteria used correspond logically to the requirements of TSAP–FP’s components. Population size and density and mass media penetration are the most important factors for the BCC component. The presence of organized interest groups, local leader support, and a favorable peace and order situation are all important for the advocacy and social mobilization component. The presence of health providers and facilities (public and private) is obviously the most important for the health provider component. The three major urban areas TSAP–FP selected are clearly suitable and fit the criteria.

Ideally, at least one favorable condition for each component should be present to select additional areas. Table 2 (on the following page) estimates TSAP–FP’s targeted population.

Table 2
Estimates of Target Populations

TSAP–FP Areas	2000 Census Population (in millions)	Estimated Number of Males and Females, 15–49 years old*
Metro Manila/ National Capital Region	10.0	5.7
Metro Cebu	.98	.56
Cebu City	.72	.40
Mandaue	.26	.15
Calaba	5.9	3.2
Capiz and Negros Oriental	2.8	1.6
ARMM	2.4	1.2
Metro Davao	1.1	.62
Bicol Region	4.7	2.16
Region 8*	2.24	1.0
Samar	.64	.28
Leyte	1.6	.74
Industrial Areas of Bulacan and Pampanga	3.9	2.0

*The estimate is based on 45 percent of the total population.

Calaba and the industrial areas of Bulacan and Pampanga are suitable sites, given their large populations and high population densities.

Low population density sites are Capiz, Negros Oriental, the Bicol region, Samar and Leyte, and ARMM. However, TSAP–FP’s activities occur mainly in the urban centers of these locations, where population densities are higher and sufficient mass media penetration exists. There will undoubtedly be spillover to the rest of the province (e.g., television and radio messages are not restricted to only urban areas), which extends the potential reach of TSAP–FP to the larger provincial population.

Only in very remote parts of the country would mass media penetration and population density be insufficient to warrant the BCC component. Parts of the ARMM and other more rural locations might also be isolated, but TSAP–FP tends to focus on the more urban areas where mass media would be adequately established.

TSAP–FP works with at least one organized group interested in FP in all selected locations, and many more in most locations. A strong point in favor of selecting Negros Oriental is the presence of the Negros Oriental Family Planning/Reproductive Health Advocacy Network (NeOFPRHAN) that was recently established with assistance from the Future Group’s POLICY Project. Given the urban focus of TSAP–FP’s activities, all selected sites would be suitable with respect to the presence of health providers and facilities, although the numbers would be somewhat lower per capita in the ARMM.

There was no readily available means to review local support for FP. Since this was a guiding criterion, it is safe to assume that there is sufficient support. The only selected location where peace and security is an issue is the ARMM. However, this area was selected largely at the request of USAID and the Embassy for political stabilization/peace and order purposes. As it turned out, work in the ARMM has resulted in TSAP–FP’s greatest achievement to date—the issuance of the fatwa that approves and encourages the use of FP in the Muslim community.

Conclusions

Based on the guiding selection criteria, a reasonable case can be made in support of the selected locations. To decrease program costs, a major urban focus could have been used. However, this would have substantially reduced the geographic scope of TSAP–FP and resulted in models and approaches that are only relevant to highly urban areas. This is an important point if the current three years of TSAP–FP is viewed as a learning period where the tools, techniques, and technologies TSAP–FP employs are refined and improved. From that perspective, working in areas outside the three major urban centers is very useful. A good example of this is the results from the KAP communications surveys, which in a number of instances show pronounced differences between the major urban areas and the low contraceptive prevalence locations. This will help TSAP–FP better tailor its activities to the location. TSAP–FP’s selected locations make sense when this first three year period is viewed as a time of research, testing, and development for the next phase, while at the same time achieving meaningful results.

Recommendations

- TSAP–FP should continue to work in its current mix of locations: major urban centers and low contraceptive prevalence locations. No changes are warranted during the remainder of the current TSAP–FP contract.
- The issue of site selection should be reviewed if TSAP–FP is extended to try to create increased coordination among USAID’s major projects: LEAD for Health and the new private sector project.

During the course of the assessment, several issues arose that are relevant to TSAP–FP’s future development. Although these issues are not explicitly stated in the scope of work, they warrant further consideration by USAID and TSAP–FP and are presented here as discussion points to facilitate that process.

QUANTITY OVER QUALITY

Findings

During the review of the advocacy and social mobilization component, it became apparent that the selection of some of TSAP–FP’s partner organizations was not the result of a clear strategy to maximize the effectiveness of TSAP–FP’s resources. This issue is discussed in section V, Advocacy and Social Mobilization. Discussions with staff revealed that TSAP–FP was responding to pressure to produce large numbers (of partner organizations in particular) as a basis for showing the accomplishments and progress of TSAP–FP. Consequently, a number of TSAP–FP’s partners are small, sometimes fairly new organizations that lack organizational capacity and require considerable support from TSAP–FP. While USAID is certainly interested in having progress data, TSAP–FP itself created some of this pressure for quantities from its own strategies and work plans.

The need to demonstrate progress and results quickly is now part of the current project environment, where FP funds are tight and priorities do not necessarily work in TSAP–

FP's favor. This drive for quantity can deflect attention away from concern for quality, meaning more work with those organizations that are in line with a clear strategy for maximizing the results of TSAP–FP's advocacy and social mobilization component. Quality also refers to selecting organizations with the capacity to maximize the use of funding and technical assistance from TSAP–FP. This does not imply that major errors were made or that resources were wasted. Rather, the point is that the drive for quantity can undermine more careful, strategically guided program development.

Conclusions

There is a valid need to address quantitative output counts that show progress. The solution to generating numbers while remaining consistent with a guiding strategy is to find alternative ways of counting. For example, instead of counting partner organizations, count their membership, either the number of organizations that belong to a network and/or the number of people covered. Interfaith is a good example. It currently has about 51,000 member churches in its network, with a membership of approximately 10 percent of the total population, or 8.4 million people. Given that TSAP–FP broadly targets women of reproductive age (15 to 49 years) and their partners, Interfaith creates the potential for reaching approximately 2.3 million couples (4.6 million people).⁹ As additional churches join Interfaith, those numbers will increase while the count of Interfaith as a partner organization remains stagnant at one.

Another useful count would be the number of people contacted or informed about family planning by Interfaith advocates trained and supported through TSAP–FP. An annual mini–KAP, asking just a few key questions about FP acceptance with small samples of church members, might also be a way of capturing progress made towards social acceptance. Other simple approaches are also possible.

This is not maneuvering statistics. It is responding to the need to quantify progress in a fair and true way without succumbing to the pressures for quantity at the expense of quality.

Recommendation

- USAID and TSAP–FP should discuss how to resolve any quantity versus quality issues in the future.

YOUTH: A KEY FOCUS FOR TSAP–FP II

Findings

Targeting youth and young adults was initially a priority for TSAP–FP. Youth was a key segment of society that TSAP–FP reached through its initial advocacy and social mobilization component as well as through its various communications (e.g., the Sigurado Ka song). In several cases, youth groups prepared and submitted proposals for assistance from TSAP–FP. However, as TSAP–FP continued to expand and reach out to a growing number of organizations during the first year of the project, it soon became apparent that there was insufficient funding to work as intensively as planned with youth. Instead, TSAP–FP needed to focus its resources on the 20 to 35-year-old age group of

⁹ This assumes that 55 percent of the total population fit these criteria.

sexually active women and their partners. This is understandable, but the team heard reports that some youth groups felt badly about being left out of the program. Initial work with them had generated strong interest, but as time passed, and they heard nothing about their proposals while others in their area received assistance, they became discouraged. (This was not observed directly by the team but was related by others [e.g., CCUVA representatives].)

Conclusion

Given TSAP–FP’s overarching objective of promoting the acceptance of FP as an element of a healthy lifestyle, working with youth to advance such attitudes and perceptions is sensible. Due to funding constraints, TSAP–FP must focus on sexually active couples (i.e., women 20 to 35 years and their partners). In effect, the project is working to overcome resistance, lack of knowledge, and misconceptions. Starting at an earlier age with youth to instill correct information means they will have a proper understanding when they enter young adulthood. This has the advantage of reaching people before negative perceptions and misinformation become strongly entrenched.

Recommendation

If TSAP–FP is extended as recommended, targeting youth with communication and advocacy and social mobilization activities should be made a priority focus of the project.

ARMM AND REPLACEMENT FUNDING

Findings

USAID’s request to expand TSAP–FP’s coverage to all of the ARMM (instead of one province as planned) proved to be a chance decision that resulted in what is arguably the most significant accomplishment of the project during its first two years. The issuance of the fatwa paves the way for TSAP–FP to move ahead with its efforts to gain acceptance of family planning among the country’s Muslim population.

USAID and TSAP–FP staffs hold conflicting views about the nature of the funds used for the ARMM program. USAID’s view is that \$500,000 was earmarked for the ARMM from TSAP–FP’s existing budget. TSAP–FP’s understanding is that the ARMM budget was to be in addition to its approved budget. Discussions are ongoing on this issue. The important point is that TSAP–FP has spent approximately \$375,000 to date and needs additional funding to proceed, since its initial budget covered activities in only one province of the ARMM. TSAP–FP managers report that this is a major problem affecting its ability to proceed with previously planned and approved activities.

Conclusion

Expanding TSAP–FP’s coverage to the entire ARMM was a bonus for everyone, a rare win–win situation. However, this should not come at the expense of other potentially important and useful activities that will have to be reduced or eliminated as a result of budget shortfalls resulting from the ARMM program. This problem can be resolved if USAID decides to extend TSAP–FP as recommended by including additional funding for the ARMM program. If TSAP–FP is not extended, USAID will need to determine

whether it will replace the funds used for the ARMM so that planned activities can proceed, or reduce the scope of TSAP–FP’s current program from what was planned and approved.

Recommendation

- USAID, TSAP–FP, and AED need to discuss how to resolve the funding problem created by the ARMM program expansion.

DEFINING TSAP–FP’S FUTURE ROLE IN THE USAID POPULATION, HEALTH, AND NUTRITION (PHN) PORTFOLIO¹⁰

Findings

Discussions with other USAID project managers found that there have been some overlapping areas of assumed responsibilities between TSAP–FP and the CMS project. This resulted largely from each project working toward its stated objectives and what each project perceived as the individuals and organizations that they should target and with whom they should work. Understandably, each project saw itself as merely doing what needed to be done to meet the terms of their respective scopes of work and work plans. USAID acknowledges that it too contributed to the problem and is cognizant of the need to prevent it from recurring with the new private sector project. This highlights an important issue for USAID and its CAs that needs to be addressed soon, given the start of the new private sector project in the coming months.

Conclusions

USAID and its partners have an opportunity to do something that is often discussed but is usually difficult to accomplish: coordinating projects and their activities in the PHN portfolio to maximize the effectiveness of all available resources. In particular, one project must be assigned the lead responsibility in areas where two or more of the projects could be involved. Some areas can be made exclusive to one project or another, but others can be viewed as areas where two projects are engaged in activities that are complementary and reinforcing, rather than duplicative.

If TSAP–FP is extended, its position and responsibilities in the portfolio need to be revised. TSAP–FP brings together an exceptionally talented group of individuals in each of its respective components, and these resources need to be made available to USAID’s other projects. In particular, in the area of communications, TSAP–FP should be the lead partner for IEC/BCC materials, initially for FP but later expanding to other health issues (e.g., nutrition, HIV/AIDS). TSAP–FP should become the principal source of FP messages that are used by USAID projects. This means that LEAD for Health and the new private sector project should not develop major IEC/BCC units, but instead should draw on the technical resources of TSAP–FP to develop effective communication strategies, activities, and needed materials.

TSAP–FP has developed and tested models of evidence-based medicine training that can be used by LEAD for Health to strengthen FP services at the municipal level. TSAP–FP

¹⁰ USAID/Philippines PHN office staff specifically requested suggestions about this issue during initial briefings to the assessment team.

and LEAD for Health need to work together to transfer these models to LEAD for Health and then use TSAP–FP as a resource for family planning skills upgrading in the future. TSAP–FP should continue to work with medical associations on curriculum development, licensure, evidence-based medicine and critically assessed topics, and development of the evidence-based medicine network. TSAP–FP should continue to support the evidence-based medicine effort, developing messages appropriate for youth and young adults based on the state-of-the-art information that the evidence-based medicine and critically assessed topics generate, but expressed in language appropriate for this age group. TSAP–FP should use these materials with the youth groups it has identified through its advocacy and social mobilization component. The other projects should also use these materials in any activities that they support that involve youth.

Collaboration should be the central theme of work with champions and advocates, whether they are from the business community or other nongovernmental sectors. TSAP–FP now has considerable field experience working with a wide range of advocates and champions. This experience should be tapped by the new private sector project in its work with FP advocates and champions.

A division of responsibility between TSAP–FP and the new private sector project when working with the business sector will benefit both projects. TSAP–FP’s mandate to reach mass groups leads to working with labor, while the new private sector project targets business managers. This division should facilitate both projects’ work; it is difficult to be seen as a neutral broker by management and labor when the project is known to work with both. Working with private providers is another area where collaboration will be needed. For example, the private sector project could focus on FP services by providers in private practice, while TSAP–FP takes the lead in targeting physicians in industrial clinics. Such delineations should eliminate previous points of contention and assure that there is no duplication of effort.

Coordination of project activities should not necessarily be seen as dividing the PHN office’s responsibilities into mutually exclusive areas. In some areas, multiple interventions that are complementary are beneficial. For example, DKT International will be supported by the new private sector project; as a social marketer, they will have communications activities to promote its products. TSAP–FP will continue its communications activities to advance social acceptance of FP (modern methods in particular) as a beneficial element in people’s lives. While the messages will be comparable, they will probably not be identical. But that is desirable; people are reached by repeated exposures to the same types of information from different, multiple channels. What is essential is that the messages through all channels are consistent and reinforcing.

One important consideration in this coordination process is the selection of geographic locations where the projects will work. TSAP–FP’s efforts to generate acceptance should in time lead to increased FP use. Many will turn to their local health units for those services. But progress in gaining acceptance can be quickly reversed if services are of poor quality or commodities are not available. The team learned of such occurrences, and the problem will likely worsen before it improves as local government unit (LGU) officials respond.

Locations in which TSAP–FP currently works should be priority locations for LEAD for Health to strengthen local government FP services, as long as the LGU fits LEAD for

Health's selection criteria. Similarly, the new private sector project should give priority to TSAP–FP locations where DKT International is not currently active, and possibly support community-based distribution of DKT International products to make contraceptives and FP accessible.

Clearly, considerable discussions will be needed with CA partners once the new private sector project becomes active. The outcome of these discussions needs to be reflected in coordinated annual work planning among the CAs to assure that the needs of one project are met by another on a timely basis. Once agreement is reached about modes of operation, project contracts and their terms of reference need to be reviewed to remove possible points of overlap or redundancy. Similarly, improved communication among PHN office staff on coordination among projects will also be needed.

While none of this will be easily implemented, the benefits from increased coordination and cooperation should be a greater collective effort toward achieving USAID's Strategic Objective of "Desired Family Size and Improved Health Sustainability Achieved."

Recommendation

- To move forward with this proposal, USAID and its CA partners need to jointly consider this opportunity, in particular its feasibility, needed changes, and requirements to proceed.

MAJOR RECOMMENDATION: EXTEND TSAP–FP FOR THREE MORE YEARS

Findings

TSAP–FP is a highly innovative, much needed project that is a pioneer in each of its three major components. Much progress has been made, as demonstrated by the numerous outputs that have been produced in less than two years. TSAP–FP's major accomplishment was its leading role in the establishment of the fatwa that supports and encourages the use of FP by the country's Muslim community. This pronouncement will greatly facilitate the acceptance of FP by a major segment of the country's population that previously was disinclined toward its practice.

The first two years of TSAP–FP have clearly been a time of research, testing, and development for all of its components. The project now is positioned to move ahead more effectively. In communications, considerable experience with strategies has been gained—what works, what does not work, and how to proceed—all as result of TSAP–FP's innovative efforts. An estimated 28 million people have seen and can recall family planning television spots, 2.3 million have heard and can recall radio advertisements, 6 million can recall hearing radio talk shows about family planning, almost 5 million have seen family planning articles in the print media, and another 1 million recall viewing television talk shows about family planning—all developed and supported by TSAP–FP. Strong relations have also been established with the media, celebrities, and other spokespersons that are instrumental in gaining public attention for the promotion of family planning.

TSAP–FP’s advocacy and social mobilization component has established comparable, strong working relations with a number of organizations not typically engaged in promoting FP acceptance. The organizations give a scope of coverage that would be otherwise virtually impossible to achieve. For example, the Interfaith network that TSAP–FP is supporting covers some 51,000 Christian churches, whose combined congregations constitute approximately 10 percent of the Philippines population, or approximately 8.4 million people. That translates into about 4.6 million women between the ages of 20 to 35 and their partners who are potential acceptors of family planning. Trade unions, labor associations and other mass organizations extend TSAP–FP’s reach even further.

The evidence-based medicine for FP training is creating new capacities among a wide range of family planning service providers and allied professions. Physicians, nurses, and midwives have greatly enhanced skills, knowledge, and equally important, confidence to speak in a correctly informed way with clients about family planning. Critically assessed topics are bringing state-of-the-art information to these providers that enable them to correctly answer questions of clients about family planning, to counsel more effectively, and to address the misconceptions that impede acceptance of family planning. A new network of trained evidence-based medicine providers will help to reinforce and spread the gains in access to quality family planning counseling and services that TSAP–FP is advancing.

Conclusions

Clearly, TSAP–FP is now at the critical juncture of having developed the tools, systems, and approaches needed to promote FP acceptance as a highly important element of a healthy lifestyle that is beneficial to the entire family. TSAP–FP needs to move ahead with these capacities to accelerate FP social acceptance.

With all of the potential that TSAP–FP now has at its disposal, to end the project at three years would be a waste of the resources that have been invested in the project. To end the project now would be tantamount to walking away from what has every appearance of becoming a success for USAID and its partners.

Recommendation

- USAID and TSAP–FP partners should make the previously recommended changes that they believe will strengthen TSAP–FP in preparation for a three-year extension—a TSAP–FP phase II—that should begin when the current funding cycle ends in August 2005.

APPENDICES

- A. SCOPE OF WORK**
- B. PERSONS CONTACTED**
- C. KEY OUTPUTS OF TSAP-FP**
- D. TSAP-FP FAMILY PLANNING MEETINGS AND FORUMS**
- E. TECHNICAL ASSISTANCE**
- F. TSAP-FP RESULTS FRAMEWORK**
- G. REFERENCES**

APPENDIX A

SCOPE OF WORK
(from USAID)

Scope of Work
Mid-term Assessment of the Social Acceptance Project
for Family Planning in the Philippines

I. PROGRAM INFORMATION

Project Name:	The Social Acceptance Project – Family Planning (TSAP-FP)
Contract Number:	492-C-00-02-00019-00
Contract Value:	\$8,860,787.00
Amount Obligated to Date:	\$8,860,787.00
Name of Contractor:	Academy for Educational Development (AED)

II. BACKGROUND

A. Program Overview

The Social Acceptance Project – Family Planning (TSAP-FP) is the major family planning communication and advocacy project being supported by USAID/Philippines to strengthen social acceptance of family planning in the country. Awarded in August 2002, the project aims to increase the number of people who strongly approve of family planning and endorse family practice to others.

TSAP-FP pursues three intermediate results through its three major program components, as follows:

- (1) The Behavior Change Communication (BCC) component aims at increasing communications that adequately portray FP as important to the way of life of target audience through mass media communication activities;
- (2) The Advocacy and Social Mobilization (ASM) component aims at broadening sustained support for FP among key influential individuals and groups at all levels to create an environment supportive of FP practice;

The Health Providers (HP) component aims at increasing acceptance and provision of correct information on family planning as part of the routine health package.

The TSAP-FP results framework that defines the project's various performance indicators is in Annex A.

The period of performance for the TSAP-FP contract is August 15, 2002 through August 14, 2005 with an option period of one year from August 15, 2005 through August 14, 2006

B. USAID's Population, Health and Nutrition Results Framework

The strategic objective of USAID's Population and Health Program (Strategic Objective 3) is: **Desired Family Size and Improved Health Sustainably Achieved.** SO 3 has four intermediate results, which, if achieved, is believed will lead to the achievement of the strategic objective. The Intermediate Results (IRs) The Intermediate Results are:

- IR 1: Local Government Unit (LGU) provision and management of FP/MCH/TB/HIV/AIDS services strengthened;
- IR 2: Provision of quality services by private and commercial providers expanded;
- IR 3: Greater social acceptance of family planning achieved; and
- IR 4: Policy environment and financing for provision of services improved.

The first two IRs are directed toward improving the efficient, effective, and sustainable delivery of health and family planning services in the critical areas of local government and the private health sectors where most health services are delivered. Their successful implementation will reflect the actions of all the IRs. The last two IRs focus on developing the engines of change that will provide the invigorated atmosphere within which services will be provided. They will take steps necessary to develop the positive and person oriented approach necessary to create an environment for change. A copy of the SO3 results framework is in Annex B.

III. OBJECTIVES OF THE MID-TERM ASSESMENT

The proposed mid-term assessment aims at taking a critical look at TSAP-FP's performance, specifically in terms of its progress in achieving the performance indicators under IR3. The assessment shall identify strategies and activities that are working or are not working. Program concerns and operational weaknesses shall be investigated and appropriate recommendations formulated. Results of the assessment shall be used as inputs in defining focus and priorities of the TSAP-FP in the next 1-2 years and in developing its work program.

The objectives of the mid-term assessment are:

1. To assess the appropriateness of the performance indicators that TSAP-FP is using to measure progress towards achieving IR3 and contributing to the achievement of the SO and complementing other IRs in the current SO3 results framework;

2. To assess the extent to which TSAP-FP has accomplished the priorities and desired results set forth in its contract, plans and approved Performance Monitoring Plan (PMP) and;
3. To assess how effectively current strategies and activities under the three major components of the project (behavior change communication, advocacy and social mobilization and health providers including research initiatives and activities in ARMM) are contributing to the achievement of IR 3 and sub-IR3 performance indicators;
4. To assess the extent to which TSAP-FP (a) ensures synergy between and among its various program and sectoral components; (b) fosters coordination with service delivery and program and policy stakeholders and partners; and (c) integrates critical service delivery and policy considerations in its IEC and advocacy campaigns;
5. To assess the effectiveness and efficiency of TSAP-FP's organizational and management structure and staffing.

IV. STATEMENT OF WORK

To achieve the above stated objectives, the following section outlines specific questions or issues to be addressed under this mid-term assessment.

1. How appropriate are TSAP-FP's performance indicators in measuring progress towards achieving IR 3 and contributing to the achievement of IR 1, IR 2, IR 4 and SO 3?

What are the mechanisms that are in-place to monitor the achievement of the performance indicators set? Are these mechanisms adequate and cost-effective?

2. What progress has the project made in achieving the focus and desired results set forth in its contract and defined under its approved PMP?

How are project sites selected? Are the project sites identified the best areas to cover to achieve maximum project impact vis-à-vis program resources available?

3. How well are current strategies and activities under the three major projects including research initiatives and activities in ARMM producing results towards achieving IR 3 and sub-IR 3 performance indicators?

Are the identified priority target audiences/sectors/groups in each component the best groups to cover for maximum results? How was the decision to focus on these audiences/sectors/groups reached? Which of the groups that TSAP-FP is working with now should the project focus considering limitations in current levels of program resources?

Which of the current TSAP-FP strategies and activities are worthwhile pursuing and expanding? Which activities could be discontinued? Are major strategies and activities evaluated at various stages of implementations to allow for mid-term corrections and adjustments? How are strategies and activities evaluated? What are the indicators/evidences of results in the medium-term that TSAP-FP looks into in gauging potential successful/unsuccessful project interventions?

Is TSAP-FP amenable to making mid-term corrections and adjustments requested by the Mission or other partners?

What message(s) has the TSAP-FP adopted for its various audiences/sectors/groups? Are these messages relevant and responsive?

How effective was the mass media campaign launched by the project in January 2004? Were its objectives clearly defined and to what extent were such objectives met?

How effective is the PR component of the project? Is there a crisis response mechanism in place and how effective is this in terms of responding to crisis situations?

What are the efforts/initiatives being undertaken by TSAP-FP to enhance interpersonal communications and counseling activities in family planning? What are the evidences of potential success/failure of efforts/initiatives undertaken?

What are the tools (kits, manuals, training modules, etc.) that have been developed and are being applied in support to the various TSAP-FP strategies/activities/interventions? How effective are these tools and what evidences are there to support this finding?

How effective has TSAP-FP been in institutionalizing IEC and advocacy skills and empowering institutions and partners to conduct IEC and advocacy activities with minimum TSAP-FP staff support? What evidences are there to support this finding?

How is TSAP-FP evaluating its community mobilization activities for FP advocacy? What are the evidences of potential success/failure of these activities that can be observed and/or monitored at this point?

How is TSAP-FP evaluating the mobilization of its FP champions? What are the evidences of result of this strategy that can be observed and/or monitored at this point?

Is the EBM-FP strategy being pursued by the project an effective way of upgrading the knowledge of service providers on FP? What are the evidences of results of this approach that can be observed and/or monitored at this point?

How effectively is the small grants program being implemented? Are the necessary systems in-place to solicit, screen, award, and monitor grants implementation efficiently? How is the decision to approve a grant application reached? Are grants going to strategic partners/activities?

4. What guidelines and systems have TSAP-FP adopted to ensure synergy between and among its various programs and sectoral components/activities?

To what extent are identified champions in the media and health provider sectors tapped for advocacy and social mobilization activities? To what extent do research and evidence-based content assembled by the health provider component been critical in developing messages for the BCC and ASM components? To what extent are advocacy initiatives of partners supported by the BCC and health provider components?

How has TSAP-FP addressed the issue of fostering coordination with service delivery and program policy stakeholders and partners and integrating critical FP service delivery and policy concerns/issues in its IEC and advocacy campaigns?

Has TSAP-FP collaborated with cooperating agencies and other partners in the field including POPCOM and DOH when developing communications interactions in FP? What could USAID and TSAP-FP do to improve the partnership?

5. How effective is the organizational and management structure and staffing of TSAP-FP?

How have the three subcontractors (TFGI, CEDA and KETCHUM) been utilized under the contract? Do the subcontractors bring the right expertise to the project? What role(s) have the subcontractors played in workplan development and project implementation?

What's your assessment on the competence and expertise of the headquarters and field staff of the project?

How does management from USAID affect the implementation of the project? What assistance/interventions does USAID need to undertake to improve TSAP-FP implementation and generate the greatest impact and best results from the project vis-à-vis the other major activities under SO3.

V. RESOURCES AND PROCEDURES

A. Data Sources

The evaluation team will review all project documentation, including but not limited to the following:

- (1) Request for Proposals
- (2) TSAP-FP Project Proposal

- (3) TSAP-FP Contract
- (4) Approved Component Strategic Plans
- (5) Annual Workplans
- (6) ARMM Concept Paper
- (7) Quarterly benchmarks and progress reports
- (8) SO3 Results Framework
- (9) SO3 Performance Monitoring Plan (PMP)
- (10) TSAP-FP Performance Monitoring Plan
- (11) Research Reports
- (12) Activity and Trip Reports
- (13) Financial Reports
- (14) Relevant Correspondence
- (15) Other Relevant Project Documents

The team will conduct interviews by phone with selected project staff of AED, TFGI, CEDPA and KETCUM in the U.S. and personal interviews with local TSAP-FP personnel. A select number of local partners and stakeholders will likewise be interviewed. The team will meet with key technical staff in USAID/Philippines including the project's CTO and activity managers. For questions relating to evidence in project's impact, the team will use TSAP-FP research studies and activity documentation reports, observe relevant activities in the field and interview program partners and beneficiaries.

B. Methods of Data Collection

Prior to the assessment team's arrival in the Philippines, staff from the Office of Population, Health and Nutrition (OPHN) of USAID/Philippines will gather relevant project documents and send them to members of the assessment team for review. Also, selected team members will contact project staff from AED and sub-contractors in the U.S. to do phone interviews. In-country work will include meeting with the OPHN Chief, TSAP-FP CTO and activity managers of USAID, interviews with local TSAP-FP project staff and partners (institutions and individuals), individual field trips (at least one site per team member) and review/analysis of relevant reports and other project documents. While in country, the team will also meet with other cooperating agencies of USAID and government officials when appropriate.

C. Duration and Timing of the Evaluation

The assessment will begin in on or about the second week of August 2004, if feasible. In-country work will start August 16 and will run for three weeks. A draft report will be submitted by the team immediately after the in-country assessment (on or about September 3, 2004). Comments on the first draft report are due after two weeks (on or about September 17, 2004). Once the team leader receives comments on the first draft, he/she will have two weeks to incorporate them into the final report. A time line is outlined below:

- | | |
|-----------|--|
| Week 1: | Review of project documents/conduct phone interviews in the U.S. |
| Week 2-4: | In-country fieldwork |
| Week 4: | Preparation of draft report and debriefing meeting with USAID |
| Week 5-6: | USAID/Philippines comments on draft report |

Week 7-8 Team Leader incorporates comments and finalizes report
Week 10: Final report printed and ready for limited distribution

A detailed outline of the key findings and recommendations, among others, should be incorporated into the draft report to be provided to USAID/Philippines after the fieldwork is completed. The final report should be printed and ready for distribution not later than October 15, 2004.

D. Team Composition

The evaluation team will consist of four members with technical expertise and experience as described below. In addition to the right combination of technical skills, the team should also be diverse and balanced in terms of gender and culture.

1. A Health Communications Research/Evaluation specialist who has worked internationally or at least in Asia and has experience in developing monitoring and evaluation systems for behavior change and FP advocacy.
2. A Development Communications specialist, preferably Filipino who is abreast of current trends and issues in health communications including family planning with extensive experience in FP mass media communication and public relations activities.
3. A Health Advocacy specialist, preferably Filipino who has extensive experience in FP/RH advocacy and social/community mobilization activities.
4. A Health Care Specialist, preferably Filipino, knowledgeable on trends and issues in contraceptive technology with extensive experience in interpersonal FP communication.

E. Funding and Logistical Support

All funding and logistical support for the TSAP-FP mid-term project assessment will be provided through the POPTECH Project of the Office of Population. Activities that will be covered include recruiting and supporting the assessment team, funding all expenses related to the assessment, providing logistical support including setting up meetings for the team both in Washington and in the Philippines, and producing and limited dissemination of the assessment reports.

APPENDIX B

PERSONS CONTACTED

PERSONS CONTACTED

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Aye Aye Thwin, Population Development Officer
Ma. Paz de Sagun, Project Management Specialist
Nilda Perez, Project Management Specialist
Rosalyn Serafica, Communications Specialist
Wesley Dulawan, Project Development Specialist
Charito Redoblado, Project Management Specialist
Carina San Felix, Project Management Specialist
Corazon Manaloto, Development Assistance Specialist
Ephraim Despabiladeras, Project Management Specialist

THE SOCIAL ACCEPTANCE PROJECT–FAMILY PLANNING (TSAP–FP)

Eleanora de Guzman, Chief of Party
Cecilia Lantican, Deputy Chief of Party
Adora Fausto, Monitoring and Evaluation/Research Specialist
Ricardo Gonzales, Medical Advisor
Romeo Arca, Jr., Advocacy Advisor
Felix Bautista, Jr., Communication Advisor
Rosario Maria Nolasco, Capacity Building Specialist/Communications
Ramon Espiritu, Procurement Specialist
Regi Greja Canda, Advocacy Specialist
Filipinas Santos, Civil Society Mobilization Specialist
Fe Manapat, Local Area Coordinator for Advocacy
Jerome Zayas, Local Area Coordinator for Advocacy

DEPARTMENT OF HEALTH (DOH)

Manuel Dayrit, Secretary of Health
Honorata Catibog, Director, Family Health Office
Lourdes Paulino, Medical Specialist, Family Health Office
Florencia Apale, Medical Specialist, Family Health Office

COMMISSION ON POPULATION (POPCOM)

Tomas Osias, Executive Director
Mia Ventura, Deputy Executive Director
Rose Marcelino, Regional Director, National Capital Region

DEPARTMENT OF LABOR AND EMPLOYMENT

Irma Valiente, Director, Bureau of Women and Young Workers

COOPERATING AGENCIES

Jose Rodriguez, Management Sciences for Health/LEAD for Health Project
Grace Migallos, Country Representative, Commercial Market Strategies
Leni Cuesta, President, FriendlyCare Foundation, Inc.
Cynthia Herce, Training Coordinator, FriendlyCare Foundation, Inc.
Cynthia Garcia, Trainer, FriendlyCare Foundation, Inc.

OTHER HEALTH PROVIDER CONTRACT PERSONS

Ricardo Fulgencio, Member, Board of Medicine, Professional Regulations Commission
Renato Josef, Industry-based Physician

CAMPAIGNS & GREY ADVERTISING AGENCY

Bong Osorio, President, Campaigns Advocacy and PR, Inc. (C.A.P.R.I.)
Chuck Nitorreda, Media Director
Rossanna Ricafort, Account Executive

CORPORATE IMAGE DIMENSIONS PUBLIC RELATIONS AGENCY

Daisy Sabangan, Program Manager
Hazel Jamison, Media Relations Director

TNS TRENDS

Mercedes Abad, Managing Director

EVIDENCE-BASED REPRODUCTIVE HEALTH MEDICINE NETWORK MEMBERS

Mario Festin, Deputy Director for Health Operations, Philippine General Hospital
Albert Arreza, Obstetrician/Gynecologist, Jose Fabella Memorial Hospital
Ruth Castro, Principal, School of Midwifery, Jose Fabella Memorial School
Erlinda Villagrancia, Nurse
Cristina Ignacio, Nurse

MALE-ORIENTED PROGRAMS

Comodore Carlos Agustin, National Defense College
Rolando Talampas, National Defense College
Jonathan Flavier, Head, Resource Center Conference Room
Ariel Galvez, BF/PAME Federation
Tony Visua, Malacañang Tricycle Transport Affairs
Ariel Lim, President, National Confederation of Tricycle Owners and Drivers
Association of the Philippines

TRICYCLE OPERATORS AND DRIVERS ASSOCIATIONS

Carlos Mabaquiao, Baseco
Federico Montalban, San Juan
Sammy Burce, Basi
Abelardo Aban, Bulacan
Luz Mirador, Taguig
Caridad Sanchez, Caloocan
Ofelia Granado, Paco
Tony Brioso, Quezon City

HEALTH PROFESSIONALS

Lyra Chua, Women's Advocacy Committee, Philippines Obstetrical/Gynecological Society

Rogelio Mendiola, Medical Board Examiner, Professional Regulatory Commission

MEDIA CHAMPIONS

Ces Drilon, Television Personality/Program Host, ABS-CBN

Angelo Palmones, Radio Station Manager, DZMM (ABS-CBN)

Sheila Crisostomo, Philippine Star/DOH Press Corps

Gherry Barrinuevo, Manila Standard/DOH Press Corps

Jherry Lirio, Philippine Daily Inquirer

Nelson Flores, Philippine Daily Inquirer

PHILIPPINES LEGISLATORS COMMITTEE ON POPULATION AND DEVELOPMENT (PLCPD)

Roberto Ador, Executive Director

INTERFAITH PARTNERSHIP FOR THE PROMOTION OF REPRODUCTIVE HEALTH

Fred Magbanua, Chairperson

INFORMAL SECTOR

Mercedes Nicolas, President, Katipunan ng Maraming Tinig ng Manggagawang Impormal

Cecila Mendoza

Leonisa Laudan

Lolita Bagsik

Flordeliza Poblete

Joanna Pragas

Anthony Justo

Ailin Saligumba

Mark Lois Gonzales

Geraldine Diaz

Earlwin Encina, Director/Vice President for External Affairs, KATINIG Youth Federation

CEBU CITY

Ilya Tac-an, Epidemiology and Surveillance Unit

Rutcha Gumaro, Family Planning Coordinator

Bernardita Pongan, Family Planning Coordinator

Eliseo Alcosoba, Midwife, Tisa Health Center

Caridad Coridor, Philippine Business for Social Progress

Edwin Kyang Leung, Philippine Business for Social Progress

Merlyn Rodriguez, Commission on Population, Region 7

Mike Lucero, PopNet

Mary Pino-Buanghug, Cebu City United Vendors Association/Metro Cebu CAN

Nida Cabrera, Barangay Luz Homeowners/Metro Cebu CAN

Ronnie Saba, Metro Cebu CAN Youth

Joy Cachero, Barangay Apas Community Association/Metro Cebu CAN
Marlyn Paracuellas, Barangay Apas Community Association/Metro Cebu CAN
Alma Ruciana, Mambaling Women's and Urban Poor Group/Metro Cebu CAN
Jose Rafael, Rotary Task Force Population and Development

CEBU CITY UNITED VENDORS ASSOCIATION (CCUVA)

Lucy Libongcogu
Junjie Santizas
Emie Sesusance
Ram Acompañado
Teresita Calo
Cecilia Quiloy

DAVAO CITY

Eva Kimpo-Tan, ARMM Coordinator
Marilyn Roque, DXRP

APPENDIX C

KEY OUTPUTS OF TSAP-FP
(from TSAP-FP)

KEY OUTPUTS OF TSAP-FP

COMMUNICATIONS

Advertising

- Four television ads aired on ABS-CBN, GMA, and NBA games on IBC 13: Kasal, Gising, Oops!, and Dyip
- Three radio ads aired on top rating news and public affairs stations in Manila: Brake Muna, Putol, and Lab
- Print ad: Archer—printed in top rating tabloids in Manila and Cebu
- Sigurado Ka song—aired on 15 FM stations in Metro Manila, Cebu, and Davao
- Sigurado Ka song MTV (for distribution to partners)

- Estimated number of people who can recall TV ads **28,000,000**
- Estimated number of people who can recall radio ads **2,300,000**
- Estimated number of people who can recall print ads **143,000**
- Estimated number of people who can recall Sigurado Ka song **772,000**
- Estimated number of people who can recall FP radio talk shows **6,000,000**
- Estimated number of people who have seen FP articles in newspapers, broadsheets, and tabloids **4,840,000**
- Estimated number of people who saw FP television talk shows **1,000,000**

Public Relations

- **Press Conferences**
 - Advertising campaign launch, January 13, 2004
 - Fatwah proclamation, March 15, 2004
 - Launch of evidence-based reproductive medicine network, March 26, 2004
 - Partners meeting, June 15–17, 2004
 - FP Month Celebrations: Manila, Cebu and Davao, August 1, 2004
 - Family planning hotline launch, August 13, 2004, presided by DOH Secretary
 - Tawi-Tawi fatwah announcement (per request of USAID), December 11, 2003

- **Quick Response Public Relations**
 - Alleged oversupply of pills (Orchid issue)
 - Article on IUD as abortifacient
 - Alleged disowning of fatwah by the Moro Islamic Liberation Front and Manila religious leaders

▪ **Media Relations**

- FP 1–minute messages aired in top rating daily radio morning news program by Angelo Palmones (starting September 2003 to present) on DZMM
- Arrangement to feature family planning in *Debate* on GMA on March 15, 2003 (free media time)
- Messages on family planning from popular radio personalities aired: Korina Sanchez (starting April 2004) on DZMM and Deo Macalma (February 2003) on DZRH
- Enlistment of radio call-in host (Joey Galvez) and two entertainment show anchors (Joebert Sucaldito and Rosel Manahan) as FP advocates
- Enlistment of entertainment media (PMPC and Ethel Ramos)
- Enlistment of TV personality Ces Drilon as FP advocate: FP, ad campaign, fatwah, FP methods featured in Drilon’s TV show, *Get Real*, in 2003 and 2004
- Media orientations on FP conducted for health beat reporters, *Philippine Daily Inquirer* staff and editors, ARMM, Cebu, Davao and Bicol media (2003 and 2004), resulting in at least one media ally (reporter or editor) in major newspapers and largest nationwide radio station (DZMM)
- Kapihan with local government officials (May 21, 2004)
- Increase in ratio of positive to negative articles in print media from **6.4:1** in 2003 to **11.5:1** in the first quarter and **13.3:1** in the second quarter of 2004
- Free print media value generated from print media allies in the amount of **P1,272,967.70** for the second quarter 2004, free radio media value of **P6,018,480** from January to July 2004
- Major events organized:
 - ❖ Salute to Partners (launch of ad campaign) on January 27, 2004
 - ❖ Press coverage of USAID–funded events in Mindanao: sent Manila press to cover NSV operations in Lake Sebu and inauguration of floating clinic in Tawi-Tawi, resulting in press releases

Nontraditional Media and Nontraditional Use of Traditional Media

- Radio call-in FP counseling program with Joey Galvez and Cynthia Herce aired weekly (free media time)
- Family planning hotline accessible via telephone, text, and e-mail put into operation

Enter–Educate

- Rap contest among Tondo youth, April 2003 in coordination with Smokey Mountain Parish conducted
- Endorsement of family planning hotline by *Masculados*, a popular all-male group during launch event and in the group's mall tour in 2004

Interpersonal Communication

- Campus road shows on adolescent sexuality conducted (2003)—two road shows at PUP main campus and Sto. Tomas, Batangas campus
- Adolescent roundtable cosponsored with *Newsbreak Magazine* (August 2003) conducted among senior high school students

IEC Materials Produced

- Collaterals: streamers, vests, and stickers to promote FP hotline
- Health Provider Materials
 - Evidence-based medicine manual (original material that compiles critically assessed topics)
 - Flip chart: *Family Planning para sa Malusog na Pamilya* (reprint in Tagalog and Cebuano of original JHU material)
 - Poster: *Do you know your family planning choices?* (reprint in Tagalog and Cebuano of original JHPIEGO material)
 - Chart: *Modern Methods Quick Reference Guide* (under development)
- Advocacy Materials
 - Flip chart: *Isang Tipikal na Pamilya* (original material pretested among informal sector members)
 - *Sketches*: Research dissemination monographs distributed to media allies (data used and cited in recent articles by Rina David, *Philippine Daily Inquirer*, and Manolo Jara, *Manila Times*)
 - Key messages booklet: *Modern Family Planning: Ensuring Health and Well-Being* (original material extensively discussed among champions and CAs)
- Family Planning Materials
 - *The Truth About Series*: 8 versions (original material, second edition developed after extensive distribution and feedback on first edition)
 - *Method Specific Brochures*: 11 versions (reprint of material originally developed by FriendlyCare)

- Adolescent and Young Adult Materials
 - Reprint of *Kikay Kit*
 - Technical assistance to develop DOH's *Healthy Yo*

Capacity Building

- **23 informal sector advocates** trained on public relations and media appearances
- **75 informal sector**, women's group, Interfaith, health professionals, and civic organization advocates trained on media appearances
- Weekly radio program on FP using soap opera format, July 2004, produced and aired, targeting government midwives
- Communication planning for EnRICH grantees, 2003–04, 3 sessions, 36 participants
- Message development activity with USAID CAs conducted

ADVOCACY AND SOCIAL MOBILIZATION

Enlisting Champions

- 94 FP champions trained
- 80 trained champions now publicly speaking on FP

Mobilizing Groups

- 15 new groups/networks formally engaged in FP advocacy: informal sector/urban poor, trade federation, small transport group, faith-based groups, professional associations, sociocivic groups, Men in Uniform, environment NGOs, and academe
- 10 new FP advocacy networks formed: multisectoral, informal sector/urban poor, interfaith partnerships for FP/RH
- 4 existing groups/FP alliances expanded

Capacity Building

- 1,050 potential advocates oriented on FP
- 350 advocates trained
- 270 advocates participated in network building workshops
- 31 master trainers trained on FP advocacy (training of trainers)

Grants

- 14 small grants awarded totaling \$122,846

HEALTH PROVIDER SKILLS UPGRADING

- One draft FP syllabus written for the Board of Midwifery
- 75 core medical professionals: obstetrician/gynecologists, public health practitioners, subsequently named members of the Philippine Evidence-Based Reproductive Medicine Network (PEBRMNet) trained in evidence-based medicine–FP
- Orientation and training on evidence-based medicine and contraceptive technology and safety
 - 517 members of the Philippine League of Government Midwives (PLGM)
 - 88 industry-based company physicians and nurses of the Responsible Parenthood, Maternal and Child Health Association
- 25 critically assessed topics produced on various contraceptive methods
- Skills training on evidence-based counseling
 - 24 trainers trained
 - Cascade evidence-based counseling skills training by trainers: 21 public health doctors, 22 public health nurses, 42 public health midwives of Cebu City
- Presentation and facilitation skills training: 8 PEBRMNet core members
- Clinical practice guidelines: development training: 24 Philippine Obstetrical and Gynecological Society members
- Advocacy training for health professionals
 - 20 selected Philippine Obstetrical and Gynecological Society board of trustees, regional directors, specialty board, and women advocacy committee members
- Evidence-based medical detailing
 - 17 medical representatives and product managers of drug companies

Autonomous Region of Muslim Mindanao

- Issuance of a national fatwa on reproductive health and family planning
- Strengthened the Darul-Iftah (House of Islamic Opinion) of the Philippines, most influential and most credible Muslim religious leaders organization in Mindanao
- Trained a core team of Muslim religious leaders (6 in each ARMM province) to conduct FP orientation at the municipal and barangay levels
- Supported 5 local orientations on FP based on the national fatwah during the FP month celebration (August 2004), attended by 150 local and community leaders

- Oriented about 300 Muslim religious leaders on family planning (in the ARMM and Metro Manila)
- Oriented 16 private Muslim doctors on evidence-based FP information
- Developed 3 Muslim champions
- Conducted 2 large events: the first ARMM Health Congress and the pronouncement of the fatwa (Tanzim Al Usra), which was covered by both national and local media

RESEARCH, MONITORING, AND EVALUATION

- Conducted formative research (qualitative study on FP) among Filipino men and women, 15 to 34 years old, from lower class (D and E) groups in Metro and industrial areas. The research consisted of 44 indepth interviews, 8 minigroups and 24 full focus groups
- Conducted baseline and postcampaign knowledge, attitudes and practices (KAP) survey among 1,600 general public respondents: Filipino men and women, 15 to 60 years old, all economic classes (September 2003 and June 2004, respectively)
- Conducted a series of pretests on television, radio, and print materials
 - Qualitative study using focus group discussions on 4 TVC storyboards among married males and females, 20–40 years old from lower class (D and E) homes in Metro Manila
 - Quantitative study using the AD+Impact evaluation methodology on the 4 TVC storyboards among 245 single or married males and females, 20–35 years old from lower class (D and E) homes in Metro Manila
 - Qualitative study using focus group discussions on 4 TVC offline materials among married males and females, 20–45 years old, from lower class (D and E) homes in Metro Manila
 - Qualitative study using focus group discussions on 4 TVC offline materials among males, 12–17 years old, in-school and out-of-school from lower class (D and E) homes in Metro Manila
 - Qualitative study using focus group discussions on radio materials and print ads among married males and females, 25–35 years old from lower class (D and E) homes in Metro Manila
- Conducted an advertisement tracking omnibus survey from March to May 2004 to obtain interim measures prior to the conduct of the post-KAP survey. The survey covered 1,000 males and females, single or married, ages 15–60 years, from all economic classes in Metro Manila
- Conducted the first wave of poll survey of FP influentials (July 2004). The survey covered a total of 101 FP influentials identified by TSAP-FP

- Established TSAP–FP database software to generate counts/data related for advocacy and social mobilization activities
- Conducted process documentation to detail processes and strategies involved in establishing partnership with KATINIG, CCUVA, and Muslim religious leaders
- Initializing of monthly organizational partners’ feedback reporting
- Conducted a census of 3,030 health providers in public health facilities and industry-based clinics in Metro areas and industrial zones
- Conducted a baseline survey on knowledge, attitudes, beliefs, and practices among 750 health providers (doctors, nurses, midwives) in public health facilities and industry-based clinics in Metro areas and industrial zones
- Conducted an assessment of the 1997 Department of Health family planning clinical standards manual and other FP manuals
- Conducted an assessment of FP clinics in the industrial sector
- Conducted formative research (qualitative research on FP) among Muslim men and women, 15 years old and over, in the ARMM

APPENDIX D

TSAP-FP FAMILY PLANNING MEETINGS AND FORUMS
(from TSAP-FP)

TSAP–FP FAMILY PLANNING MEETINGS AND FORUMS

Annual Convention of the Fetus as a Patient

Importance: Discuss family planning options for high-risk pregnancies

Organizational Meeting of the Reactivated Society for the Advancement of Contraception

Importance: Strong family planning advocacy group

First Scientific Meeting for the Society for Reproductive Medicine on Breastfeeding and Contraception

Importance: Contraceptive research findings and presentation on critically assessed topics/DPMA by PEBRMNet

Symposium of the Association of Municipal Health Officers of the Philippines on Family Planning

Importance: Targeted medical health providers of evidence-based medicine for FP

Symposium of Curriculum Review of the Association of Deans of the Philippine Colleges of Nursing

Importance: Integration of family planning in undergraduate nursing curriculum

Symposium of the Association of the Philippine Schools of Midwifery on Integration of Family Planning in the Undergraduate Midwifery Curriculum

Importance: Integration of family planning in the undergraduate midwifery curriculum

National Consultative Meeting of the Department of Labor and Employment of the National Directorate, Regional Directors, POPCOM, and the Department of Health Regional Directors and Family Planning Coordinators of Regions 3, 4A, and 7

Importance: a) Advocacy opportunity on family planning in the workplace; b) Finalize evidence-based medicine–FP training schedule for industry-based doctors and nurses

Annual Meeting of the Philippines Society of Gynecologic, Endocrinology and Infertility

Importance: Disseminate evidence-based medicine–FP and critically assessed topics

Regional Convention of Cebu Chapter of the Philippine League of Government Midwives

Importance: Disseminate evidence-based medicine for FP and critically assessed topics

National Convention of the Integrated Midwives Association of the Philippines

Importance: Disseminate evidence-based medicine for FP and critically assessed topics

National Convention of the Midwives Association of the Philippines

Importance: Disseminate evidence-based medicine for FP and critically assessed topics

APPENDIX E

TECHNICAL ASSISTANCE
(from TSAP-FP)

TECHNICAL ASSISTANCE

Name of Consultant	Dates of Visit	Tasks Completed
Elizabeth Thomas (AED)	September 25 to October 11, 2002	<ul style="list-style-type: none"> ▪ Participated in first TSAP–FP work planning meeting with USAID ▪ Oriented project staff on the field office budget for activities ▪ Oriented AED staff on company policies, benefits, and administrative systems ▪ Attended project briefing of possible collaborating agencies, including DOH and POPCOM for Metro Manila ▪ Reviewed TSAP–FP administrative forms and systems ▪ Established communication protocols between local office, AED, and USAID ▪ Discussed AED registration with two local lawyers ▪ Helped resolved outstanding administrative issues, such as payment of VAT, realignment of project quarters, quarterly financial reports to USAID, and processing of purchase orders for office furniture and equipment
Reed Ramlow (Futures Group)	December 2– 13, 2002	<ul style="list-style-type: none"> ▪ Briefed Futures Group staff on company policies and administrative systems ▪ Reviewed advocacy and health provider work plans ▪ Oriented medical advisor on evidence-based medicine for FP and discussed plans for evidence-based medicine workshop in January 2003 with medical advisor and evidence-based medicine consultant ▪ Assisted in discussions with CMS regarding project overlaps ▪ Assisted medical advisor in developing strategies to approach health providers ▪ Discussed scope of work for health provider research ▪ Discussed needs for national and international technical assistance for the advocacy and health provider components ▪ Participated in initial discussions with industry clinics, JSI Well Family clinic management, and FriendlyCare on possible collaboration

Name of Consultant	Dates of Visit	Tasks Completed
Anton Schneider (AED)	January 11– 24, 2003	<ul style="list-style-type: none"> ▪ Reviewed the research audit, project objectives, and other relevant documents, strategies, and work plans ▪ Briefed AC Nielsen, the research firm contracted for the formative research, together with TSAP–FP monitoring and evaluation specialist and BCC advisor ▪ Worked with the TSAP–FP monitoring and evaluation specialist and BCC advisor and AC Nielsen research team on the formative research to <ul style="list-style-type: none"> • refine the research plan, as stated in the terms of reference, including objectives of the research, methodology, target audiences, time lines, and locations • develop the research instruments, including screeners, topic guides, materials, and techniques • pretest and finalize the research instruments and protocols • develop an analytical framework for the research results and/or an outline for the final report • observe initial data-gathering activities
Reed Ramlow (Futures Group)	January 20– 31, 2003	<ul style="list-style-type: none"> ▪ Developed questions for baseline primary research on medical provider and client knowledge, attitudes, and practices with respect to modern contraceptives ▪ Conducted a number of interviews and focus groups as needed for this effort ▪ Assisted Dr. Fred Tudiver in the conduct of the evidence-based medicine in FP workshop from January 27–29
Dr. Fred Tudiver (Futures Group)	January 20– 31, 2003	<ul style="list-style-type: none"> ▪ Conducted the evidence-based medicine for FP with the core group of obstetricians/gynecologists ▪ Developed an action plan for training of trainers program that would introduce evidence-based FP into the medical, nursing/midwifery school training and continuing medical education (CME) programs in the Philippines ▪ Assessed the potential for conducting web-based, long-distance learning programs that focus on evidence-based FP
Imelda Feranil (CEDPA)	March 1–21, 2003	<ul style="list-style-type: none"> ▪ Assisted the advocacy and social mobilization team in finalizing stakeholder analysis that served as the basis in developing the strategic advocacy and social mobilization plan ▪ Oversaw the development of TSAP–FP strategic advocacy and social mobilization plan ▪ Oriented TSAP–FP staff on CEDPA’s approach to social mobilization activities ▪ Provided technical assistance to other advocacy and social mobilization activities that included finalizing the grants guidelines and planning advocacy materials to be printed under the project ▪ Briefed CEDPA staff on organization’s policies, procedures, and benefits for field staff

Name of Consultant	Dates of Visit	Tasks Completed
Imelda Feranil (CEDPA)	May 21 to June 20, 2003	<ul style="list-style-type: none"> ▪ Assisted POPCOM in refining its population advocacy framework ▪ Assisted in the design and facilitation of the strategic planning workshop involving regional directors of POPCOM and DOH ▪ Provided technical follow-up support to advocacy and social mobilization activities of TSAP-FP ▪ Identified potential advocacy/communication messages linking population and development concerns
Reed Ramlow (Futures Group)	May 31 to June 12, 2003	<ul style="list-style-type: none"> ▪ Participated in the follow-up meeting of the PEARMNet ▪ Reviewed 16 critically assessed topics ▪ Met with Philippine Obstetrical and Gynecological Society and NIH officers and explored possible options to incorporate PEARMNet into the Philippine Obstetrical and Gynecological Society and NIH ▪ Followed up on progress of baseline health provider KAP study and participated in selection of the research agency ▪ Met with DOH undersecretary to finalize collaborative agreements in the revision of FP standard training manual ▪ Provided technical support to medical advisor in identifying health provider activities

Name of Consultant	Dates of Visit	Tasks Completed
Imelda Feranil	October 8 to November 9, 2003	<ul style="list-style-type: none"> ▪ Worked with advocacy and social mobilization and capacity-building teams to a) review advocacy and social mobilization training designs, modules, and the capacity-building plan, and b) develop training of trainers curriculum for local advocacy coordinators ▪ Worked with the BCC team by participating in the quick response workshop on October 17 and helping finalize population/development/poverty/environment messages ▪ Consulted with local experts (NSO, UPPI, UPSE) on a RAPID model application for ARMM ▪ Brainstormed with TSAP-FP and the National Academy of Science and Technology to plan a population/environment/development roundtable ▪ Participated in TSAP-FP's preessions, annual review, and work planning for advocacy and social mobilization ▪ Served as resource person for the Capiz government NGO partnership, building strategic planning workshop in November
Elizabeth Thomas	November 12–22, 2003	<ul style="list-style-type: none"> ▪ Participated in the TSAP-FP annual review and work planning ▪ Worked with the chief of party and AED financial manager to revise the budget based on the results of the annual review ▪ Participated in a message harmonization activity for the 3 TSAP-FP components ▪ Reviewed status of adolescent reproductive health activities ▪ Assisted in resolving management issues, including AED registration
Robert Steiner	November 12–22, 2003	<ul style="list-style-type: none"> ▪ Trained the new TSAP-FP accountant in AED accounting procedures, including QUICKBOOK software ▪ Attended the TSAP-FP annual review and work planning ▪ Worked with the TSAP-FP COP and home office coordinator to revise the project budget

Name of Consultant	Dates of Visit	Tasks Completed
Mark Miebach	January 19–28, 2004	<ul style="list-style-type: none"> ▪ Trained the new TSAP–FP procurement specialist on AED procurement regulations and grants guidelines ▪ Conducted an orientation of prospective small grants applicants in MM ▪ Discussed issues with AED lawyer on registration and other legal matters ▪ Followed up other contractual issues as required
Dee Bennett (cofunded by the MOST Project)	January 20–31, 2004	<ul style="list-style-type: none"> ▪ Worked with Corporate Image Dimensions/Ketchum to finalize public relations and quick response plans for social acceptance of FP, including positioning, strategies, and activities ▪ Assisted with public relations and logistical preparations for the ad campaign launch/salute to partners event ▪ Participated in the salute to partners event/ad launch ▪ Worked with the chief of party, deputy chief of party, and advisors to harmonize messages and strategies per the 2004 work plan
Margaret Parlato (funded by AED)	January 26–31, 2004	<ul style="list-style-type: none"> ▪ Attended salute to partners/ad launch ▪ Worked with the chief of party, deputy chief of party, and advisors to enhance integration of the 3 project components and work plans
Anton Schneider	January 31 to February 13, 2004	<ul style="list-style-type: none"> ▪ Reviewed the research proposals, terms of reference, background situationer, and other relevant documents, strategies, and work plans ▪ Provided an orientation to the research firm ▪ Worked with the research firm and the project team to <ul style="list-style-type: none"> • clarify and refine the research plan, including objectives of the research, methodology, target audiences, and locations; • develop the research instruments, screeners, topic guidelines, materials, techniques, etc.; and • pretest and finalize the research instruments and protocols ▪ Developed an analytical framework for the research results and/or an outline for the final report
Imelda Zosa-Feranil	March 17–April 6, 2004	<ul style="list-style-type: none"> ▪ Worked with the deputy chief of party, advocacy advisor, and advocacy and social mobilization and capacity building teams to <ul style="list-style-type: none"> • review and revise the draft generic advocacy manual based on recent pretests and TSAP–FP staff inputs, • review sectoral advocacy and social mobilization training modules, and • finalize the curriculum and conduct the training of trainers for advocacy ▪ Worked with ARMM influentials and data experts to develop a RAPID application for the ARMM and use RAPID results for advocacy ▪ Worked with the advocacy advisor and evaluation specialist to finalize advocacy and social mobilization monitoring/evaluation instruments ▪ Assisted in developing messages that will be used by TSAP–FP advocacy partners in the various sectors ▪ Facilitated advocacy and social mobilization staff discussion on sustainability objectives for TSAP–FP partners, as a step towards clarifying strategic partnership goals ▪ Briefed newly hired local advocacy coordinators on CEDPA rules and procedures
Reed Ramlow	March 21–April 2, 2004	<ul style="list-style-type: none"> ▪ Provided technical and management support to the PEARMNet expansion training, pharmaceutical company workshop, and health provider training module development activities ▪ Oversaw and provided technical support to the PEARMNet launch event scheduled for March 26

Name of Consultant	Dates of Visit	Tasks Completed
		<ul style="list-style-type: none"> ▪ Met and briefed the new health provider program consultant (expected hire) on her/his scope of work (focusing on communications and expectations/deliverables) ▪ Reviewed progress on other health provider component activities, including the industrial clinic assessment and collaboration with industrial provider professional associations, health provider baseline research (final report for Metro Manila, Metro Cebu, Metro Davao, and industrial zones in Calabapa [Cavite, Laguna, Batangas and Pampanga] and Cebu, and plans for ARMM baseline study), medical provider curricula and licensure examination modifications, and the Philippine Obstetrical and Gynecological Society subcontract proposal for performing evidence-based clinical practice guidelines ▪ Reviewed ongoing advocacy and social mobilization component activities
Dr. Fred Tudiver	March 21 to April 2	<ul style="list-style-type: none"> ▪ Philippines Evidence-Based Reproductive Medicine Network (PEBRMNet) new members training: Served as a trainer and facilitator for an evidence-based medicine for FP training workshop for new members of the PEBRMNet from March 26–28. Dr. Tudiver was responsible for the following lectures: <ul style="list-style-type: none"> • What is Evidence-Based Medicine? • Preparing a Critically Appraised Topic ▪ In addition, Dr. Tudiver helped facilitate group work and served as a resource person ▪ Pharmaceutical company workshop: Dr. Tudiver served as the lead trainer for a 2–day pharmaceutical company workshop on evidence-based medicine for FP, focusing on hormonal contraceptives (oral contraceptive pills and injectable contraceptives), from March 30–31. The workshop was conducted in collaboration with the Commercial Market Strategies (CMS) project. ▪ Health provider training modules: Dr. Tudiver worked with Dr. Mario Festin, the TSAP–FP health provider, and the health provider program management team to finalize health provider training modules that will focus on building skills in evidence-based counseling for family planning.
Anton Schneider	March 23 to April 6	<ul style="list-style-type: none"> ▪ Followed up on the formative research that was being conducted by RIMCU in the Autonomous Region of Muslim Mindanao. This visit followed up a previous technical assistance visit to the Philippines in late January/early February to initiate the research. Specific activities included <ul style="list-style-type: none"> • review of research top lines (among the religious leaders and men and women), available transcripts of indepth and focus group discussions, and any other field reports, • finalization of the research analysis workshop design with project team, • conduct of a research analysis workshop with the research firm, RIMCU, and • collaboration with the research firm and the project team to <ul style="list-style-type: none"> ❖ debrief the interviewers thoroughly to ensure that important insights are not missed (e.g., nonverbal cues), ❖ develop the analytical framework for the research report, ❖ initiate a participatory and comprehensive analysis process to ensure that all relevant data (i.e., the work of all interviewers and respondents) is considered ▪ Technical assistance was also provided in developing the terms of reference for the subsequent ARMM KAP survey
Reed Ramlow	March 22 to April 2,	<ul style="list-style-type: none"> ▪ Provided technical and management support for the PEBRMNet expansion training, pharmaceutical evidence-based medicine

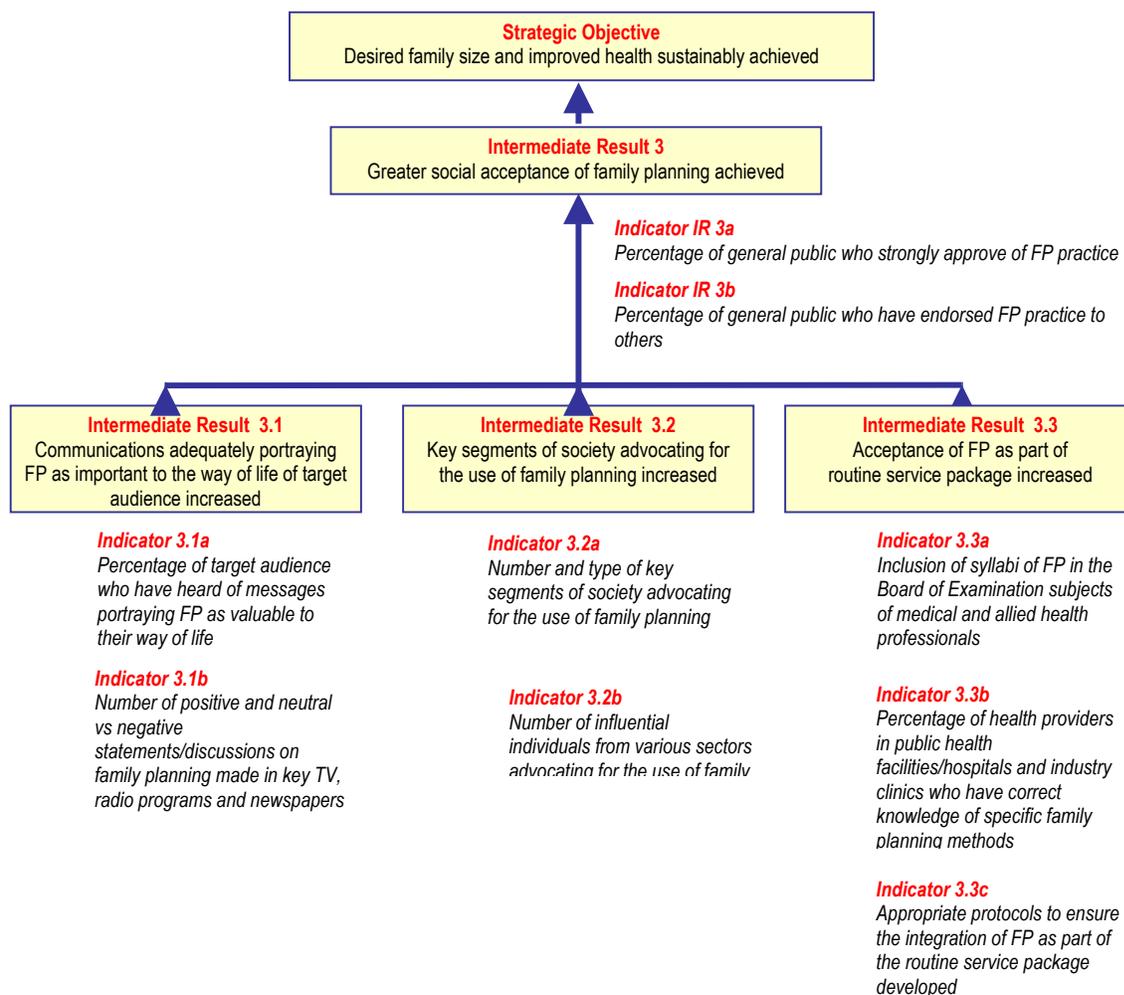
Name of Consultant	Dates of Visit	Tasks Completed
	2004	workshop, critically assessed topics kit printing, and health provider training module development <ul style="list-style-type: none"> <li data-bbox="586 268 1391 331">▪ Provided technical support for the PEBRMNet launch done on March 26, 2004 <li data-bbox="586 331 1391 386">▪ Met with applicants for certain HPC positions and discussed scopes of work, expectations/deliverable

Name of Staff	Destination and Date of Travel	Tasks Completed
Felix Bautista, communication advisor	Washington, DC, April 25–30, 2004	<ul style="list-style-type: none"> ▪ Discussed the FP hotline project, and discussed question and answer guides and training strategy for FP hotline respondents ▪ Discussed the integrated core messages for social acceptance of family planning ▪ Was oriented on and discussed the AED communication framework and other communication frameworks ▪ Was briefed on and discussed major AED project successes in the field of family planning and health, including successful public relations programs implemented in other countries ▪ Was trained in media interviewing techniques by Ketchum ▪ Conducted a presentation on TSAP–FP for AED staff
Eleanora de Guzman, chief of party	Washington, DC, May 23 to June 4, 2004	<ul style="list-style-type: none"> ▪ Discussed management and technical issues with the AED home office coordinator, finance manager, technical advisors, and Futures Group and CEDPA advisors, specifically in preparation for the midterm review, review of expenditure levels and budget reallocations, subcontract issues, technical matters regarding the BCC component, and overall advocacy and social mobilization and health provider matters, among others (May 24–28) ▪ Participated in the 31st annual Global Health Council conference (June 1–4) ▪ Presented a paper during the roundtable session of the above conference entitled, <i>Understanding Risky Sexual Behavior among Adolescents: Values–Attitudes Gap</i> (June 2) ▪ Was trained in media interviewing techniques by Ketchum
Cecilia Lantican, deputy chief of party	Washington, DC, May 30 to June 12, 2004	<ul style="list-style-type: none"> ▪ Participated in the 31st annual Global Health Council conference (June 1–4) ▪ Presented a paper during the roundtable session of the above conference entitled <i>Mobilizing Muslim Religious Leaders for Adolescent Reproductive Health</i> (June 3) ▪ Discussed advocacy and social mobilization, health provider management, and technical matters with Futures Group and CEDPA advisors (June 7–10) ▪ Presented TSAP–FP experiences to USAID/ Washington officials on mobilizing Muslim religious leaders for FP during a brown bag lunch (June 7 or 8) ▪ Presented TSAP–FP experiences to Futures Group and CEDPA staff on mobilizing Muslim religious leaders for FP during a brown bag lunch (week of June 7–10) ▪ Was trained in media interviewing techniques by Ketchum

APPENDIX F

TSAP-FP RESULTS FRAMEWORK

TSAP–FP RESULTS FRAMEWORK



Source: USAID/Philippines

APPENDIX G

REFERENCES

REFERENCES

Project Management Documents

Folders of Contacts Lists
Folders of Strategic Plans (Three Components)
Final Proposal
Progress Reports (in CD-ROM)
Work Plans (2003 and 2004)
Benchmarks

Behavior Change Communication Documents

ARMM Communication Planning
Family Planning Messages
Communication Strategy (Communication Plan and Phase 2 Communication Strategy, May 20)
Media Training (Concept-Bicol Media Relations, Media Relations Design and Public Relations Training of FP Champions)

Advocacy and Social Mobilization Documents

Activity Reports
Area Profile
Small Grants
Advocacy Training Manual
Project Proposals
Stakeholders Analysis
TSAP-FP Partners as of 2004
Design FP Orientation

Health Provider Documents

Folders of Critically Assessed Topics
Industrial Clinic Assessment
EBC Facilitators' Module
DOLE-DOH Consultative Meeting
FP Manual Assessment Executive Summary

Monitoring and Evaluation

Indicator Reference Sheets
Results Framework
Clarity Final Report (Health Provider Baseline)
Lucent Final Report (BCC Baseline)
Dynasty Final Report (Qualitative Study on FP)
Omnibus Final Report

Other

Primer CSR (Contraceptive Self-Reliance Initiative)

DOH Administrative Order No. 158 series 2004 (Guidelines on the Management of
Donated Commodities under the CSR)

Working Paper “Towards Contraceptive Self-Reliance (CSR) in the Philippines USAID
Initiative 2002–2006”

Initial Assessment of the USAID CSR Initiative



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