STRENGTHENING SOCIAL ACCEPTANCE PROJECT
USAID Contract No. 492-C-00-02-00019
OF FAMILY PLANNING IN THE PHILIPPINES:
A COMMUNICATION AND ADVOCACY PR-00
PROGRESS REPORT: April 1 to June 30, 2006

I. SUMMARY OF ACCOMPLISHMENTS

A. PROJECT MANAGEMENT

1. Benchmarks for the Second Quarter approved by USAID
2. Request for no-cost extension submitted to USAID
3. Finance Assistant resigned effective June 30, 2006

B. BEHAVIOR CHANGE COMMUNICATION COMPONENT

1. Regional advertising campaigns to debunk myths and misconceptions aired
   - 1.1. Radio materials aired and monitored
   - 1.2. FP Hotline advertised in print media
   - 1.3. Data collection for Post KAP Survey on the Region-Specific Radio Campaign launched

2. Media and technology to transmit correct FP information to target audiences and the public implemented
   - 2.1. FP Hotline monitored for number of questions and question senders
   - 2.2. Agreement of DOH to sustain FamPlan Hotline after July 31, 2006 finalized
   - 2.3. LoveLines call-in program in Manila monitored on number of questions and air time devoted to FP portion

3. Printed materials to deliver correct family planning information to present and potential users of family planning through champions and health providers distributed to intended users
   - 3.1. Broadcasters' Manual of FP Messages printed
   - 3.2. Broadcasters' manual launched
   - 3.3. Low cost stickers promoting FP Hotline for tricycle drivers printed and distributed

4. Communication activities to promote contraceptive self-reliance conducted
   - 4.1. Three FGDs conducted among non-supportive or neutral mayors in Regions V, VIII, XI

4.2. CSR materials for media orientation and mayor's media training finalized and printed
4.3. Media orientation on CSR conducted
4.4. Facing the media training for champions conducted

5. Continuing media relations and monitoring activities conducted
5.1. Monthly publicity campaign conducted with at least 10 newspaper pickups on Contraceptive Self-Reliance and Regional Advertising Campaign
5.2. Daily media monitoring reports conducted (FP News @ A Glance)
5.3. Media analysis report for 2nd Quarter 2006 prepared
5.4. Relations with entertainment/lifestyle journalists strengthened

6. Quick response mechanism to counteract negative messages on modern methods activated
6.1. Media monitoring conducted by POPCOM in Cebu City and Davao City and reports submitted

7. ARMM *fatwa* dissemination activities implemented among general public and *A'immah*
7.1. Survey of *A'immah* conducted in Marawi City, Lanao Sur, Maguindanao, Basilan, Sulu, Tawi-Tawi
7.2. Consultations conducted to promote the *fatwa* to *A'immah*
7.3. Speakers' Bureau Training for Muslim religious leaders conducted
7.4. Radio programs promoting the *fatwa* hosted by MRLs launched in Marawi City/Lanao Sur, Cotabato City and Bongao
7.5. Data collection for ARMM *Fatwa* Awareness Follow Up Survey completed

C. OUTREACH COMPONENT

1. Grants implementation of NACTODAP on track
1.1. NACTODAP Chat Groups
1.2. NACTODAP *Bahaginan*
1.3. NACTODAP ARMM Public Transport Consultative Meeting

2. Family Planning Orientation for Interfaith Leaders in Samar-Leyte, Bicol and Pampanga conducted
2.1. Central Luzon Interfaith Group (CLIG)

3. Scriptural reflections finalized

4. First draft of FP Modules for the Armed Forces of the Philippines (AFP) in-service training programs developed
4.1. Family Welfare Module Development Writeshops
4.2. Consultation meeting with the AFP Training and Doctrines Command, NDCP, DOH, POPCOM, Office of the Deputy Chief of Staff for Personnel and OSG

5. Grants implementation of four multi-sectoral coalitions on track and completed
   5.1. Ing Makababaying Aksyon (IMA) Foundation, Inc.
   5.2. Bicol Integrated Reproductive Health Alliance (BIRHA)
   5.3. Coalition of Family Planning and Reproductive Health Advocates (COFPRHA)
   5.4. Cebu City United Vendors Association, Inc. (CCUVA) through Metro Cebu CAN

6. Grants Implementation of two NGOs completed
   6.1. Barangay Service Point Association of San Juan (BSPA)
   6.2. Kaugmaon Center for Children's Concerns

7. FP Spokesperson's Tool Kit distributed

8. FP Spokespersons' initiatives and alliance building activities sustained

9. Polling of influentials conducted

10. Three grants to ARMM Muslim organizations completed, one grant extended

11. Workplan of POPCOM regional offices in TSAP sites implemented
   11.1. National Capital Region (RPO-NCR)
   11.2. Regional Population Office 3
   11.3. Regional Population Office 5
   11.4. Regional Population Office 7
   11.5. Regional Population Office 11

12. Best Practices and stories from the field documented

D. HEALTH PROVIDER COMPONENT

1. Course syllabi for Midwifery, Nursing and Medical courses developed

2. 54 health providers in ARMM coached and provided technical support

3. Results of Post KAP Study readied for sharing during the end-of project conference

4. Evidence website launched

5. Field test of the Revised DOH-FP Clinical Standards Manual completed

6. Final draft of Clinical Standards Manual on FP submitted to USAID for approval

7. POGS clinical practice guidelines on hormonal FP methods completed

A. Project Management

1. Benchmarks for the second quarter approved by USAID

TSAP – FP's benchmarks for the second quarter of 2006 was submitted to USAID on March 13, 2006. This was further revised based on the agreements during the CTO meeting on May 5, 2006, and sent back to USAID on May 11, 2006. The final benchmarks are attached as *Annex 1*.

2. Request for a no cost extension submitted to USAID

TSAP-FP's official request for a no-cost extension up to September 30, 2006 was sent to USAID on May 20, 2006. There is no response yet as of June 30, 2006.

3. Finance Assistant resigned effective June 30, 2006

Ms. Janessa Gonzales, TSAP-FP's Finance Assistant, resigned from her post effective June 30, 2006 to join the A to Z project of AED.

B. Behavior Change Communication Component

1. Regional advertising campaigns to debunk myths and misconceptions aired

1.1. RADIO MATERIALS AIRED AND MONITORED

The radio materials aired from March 20, 2006 to June 17, 2006 in Metro Cebu, Metro Davao, in the Bicol Region and Samar-Leyte and from May 16, 2006 to June 30, 2006 in Metro Manila. The spots aired a total of 124 per day or five spots per station per day on primetime.

The Table 1 summarizes the airing schedule:

Table 1: Summary of Spots Aired

Area	Stations	Material	Date of Airing
Metro Cebu	Star FM/Bombo DYMF/Bombo DYHP/RMN DYSS/RGMA Nintoda Ah/RGMA	Pill	March 20 to April 23, 2006
		Ligation	April 24 to May 21, 2006
		Vasectomy	May 22 to June 17, 2006
Metro Davao	Bombo DXRV-Wow/RGMA DXGM/RGMA Love Radio/MBC DXDC/RMN	Pill	March 20 to April 23, 2006
		Injectable	April 24 to May 21, 2006
		Male Participation	May 22 to June 17, 2006
Bicol	DZMS-AM DWFA DWZR Love Radio/MBC DZLG/Bombo DZNG/Bombo DZGE	Pill	March 20 to April 23, 2006
		Ligation	April 24 to May 21, 2006
		Male Participation	May 22 to June 17, 2006
Samar-Leyte	DYSM AM/MBC Radyo Natin/MBC DYVL/MBC I-FM/RMN	Pill	March 20 to April 23, 2006
		Ligation	April 24 to May 21, 2006
		Male Participation	May 22 to June 17, 2006
Metro Manila	DWRR/ABS-CBN DZMM/ABS-CBN Love Radio/MBC Yes FM/MBC DZRH/MBC DZBB/RGMA	Pill	May 16 to June 6, 2006
		Ligation	June 7 to June 30, 2006

1.2. FP HOTLINE ADVERTISED IN PRINT MEDIA (*INQUIRER LIBRE, BULGAR, ABANTE TONITE, SUPERBALITA CEBU, SUPERBALITA DAVAO, BANAT NEWS CEBU*)

The hotline ads were published as scheduled. Table 2 summarizes the ad insertions:

Table 2. Summary of Hotline ads published

PUBLICATION	CIRCULATION	AD SIZE / COLOR	INSERT DATE
Inquirer Libre	300,000	7cols x 6cms, + 2 colors	Feb. 27 Mar 1, 3, 6, 8, 10, 13, 15, 17, 20, 22, 24, 27, 29, 31, Apr 3, 5, 7, 17, 19, 21, 24, 26, 28, May 1, 3, 5, 8 10, 12, 15, 17, 19, 22,24,26
Abante Tonite	417,600	7cols x 4cms, + 2 colors	Feb. 20, 27, Mar 6, 13, 20, 27, 29, Apr 3, 17, 24, May 1, 8, 15
Bulgar	420,000	7cols x 4cms, + 1 colors	Feb. 27, Mar 6, 13, 20, 27, 29, Apr 3, 17, 24, May 1, 8, 15, 22
Super Balita (Cebu)	50,000	6cols x 5cms, + 2 colors	Feb. 27, 3, 6, 10,13, 17, 20, 24, 27, 31, Apr 3, 7, 17, 21, 24, 28, May 1, 5, 8, 12, 15, 19, 22,24
Banat News (Cebu)	36,100	6cols x 5cms, + 2 colors	Feb. 27, 3, 6, 10,13, 17, 20, 24, 27, 31, Apr 3, 7, 17, 21, 24, 28, May 1, 5, 8, 12, 15, 19, 22, 24
Super Balita (Davao)	36,100	6cols x 5cms, + 2 colors	Feb. 27, 3, 6, 10,13, 17, 20, 24, 27, 31, Apr 3, 7, 17, 21, 24, 28, May 1, 5, 8, 12, 15, 19, 22,24

1.3. DATA COLLECTION FOR POST KAP SURVEY ON THE REGION-SPECIFIC RADIO CAMPAIGN LAUNCHED

Data collection for a Post Survey on Knowledge, Attitudes and Practices (KAP) on FP on the region-specific radio campaign started on June 20, 2006 through TSAP-FP research contractor TNS Trends. The survey is a follow up to the Post-Campaign KAP Survey conducted by TNS Trends last October 2004 (Project Lucent 2). The survey aims to assess the reach and recall of TSAP-FP's regional radio campaign. It also aims to find out if there have been any changes in target audience knowledge, attitudes and practices related to family planning since the Survey conducted last October 2004.

As in the October 2004 Post-Campaign Survey, the survey covers TSAP-FP project areas in the urban areas of Metro Manila, Cebu and Davao and the Key Cities in Low CPR Regions (Regions V and VIII), namely, Naga City, Legazpi City, Ormoc City and Tacloban City. A total of 2,000 respondents are being interviewed composed of 1,200 from the Metro Areas and 800 from Key Cities in the low CPR regions. Respondents included those who are married and single, males or females, ages 15-60 years old and belonging to all socio-economic classes.

Data collection will end on July 8, 2006.

Preliminary results are expected by August.

2. Media and technology to transmit correct FP information to target audiences & the public implemented

2.1. FP HOTLINE MONITORED FOR NUMBER OF QUESTIONS AND QUESTION SENDERS

The Hotline received a total of 15,686 texts and 803 calls from April to June 2006. This was much higher than the 11,394 texts and 628 calls of the previous quarter. This quarter's figures are the highest ever received by the Hotline in almost two years of operations. The number of calls and texts remained high from April to May as the ads on the Hotline continued to run until the last week of May. However, the number of texts and calls started to drop in June with the cessation of the ads.

From its first day of operations on August 16, 2004 until June 30, 2006, the Family Planning Hotline has received a total of 60,039 text messages and 4,032 phone calls. The high proportion of texts versus calls validates TSAP-FP's strategy of setting up a text based hotline.

Table 3. Breakdown of text questions and calls received

	January to March 2006 Average	**April**	**May**	**June**	**April to June 2006 Average**
Text Questions	3,798	4,913	7,925	2,848	5,229
Calls Received	208	276	420	107	268

Majority of the questions continued to be on family planning. Women continued to send the majority of questions.

Table 4. Breakdown of Kinds of questions asked

Types of Questions	**April**	**May**	**June**
	%	**%**	**%**
Family Planning	78	75	75
Pregnancy/Infertility	7	9	10
Medical issues	3	3	3
Sexuality	5	5	5
Reproductive Anatomy	1	1	1
Maternal and child health	1	1	1
Menstruation	2	2	2
HIV/AIDS.STI	1	1	0
Referrals	2	2	2
Others	0	1	1
Total	**100**	**100**	**100**

From April to June 2006, more that half of the questions asked on family planning were on modern methods including permanent methods. A quarter of the questions asked were on the pill. However, there were still many questions asked about traditional methods, making up about 30 percent of questions.

Almost two out of every three calls came from the age group 21 to 30 years old, the prime target of the TSAP-FP communication campaign. The data is presented in Table 5 below.

Table 5. Breakdown of callers according to age group

Age Group	**April**	**May**	**June**
	%	**%**	**%**
15 to 20 years old	5	7	5
21 to 30 years old	64	65	65
31 to 40 years old	25	20	24
41 to 50 years old	4	6	6
Above 51	0	1	0
Total	**100**	**100**	**100**

2.2. AGREEMENT OF DOH TO SUSTAIN FAMPLAN HOTLINE AFTER JULY 31, 2006 FINALIZED

At a meeting held on June 2, 2005 between DOH Undersecretary Ethelyn Nieto and Dr. Honorata Catibog and TSAP-FP staff, the following agreements were arrived at, as duly recorded in the meeting report:

a. Since the DOH doesn't have the manpower, the Family Planning Hotline will continue to be operated by a contractor. Average cost of operating the Hotline under its present contractor is Php142,890 a month.
b. Remedios AIDS Foundation, the current operator of the Hotline, was selected by TSAP-FP under a bidding process following USAID regulations. Its call respondents have undergone extensive training and retraining and have shown the ability to effectively operate the Hotline. TSAP-FP will document this for presentation by Usec. Nieto to the DOH EXECOM to justify the retention of Remedios AIDS Foundation as Contractor.
c. TSAP-FP will organize an ocular inspection of the Hotline facilities for DOH officials. Remedios AIDS will pay a courtesy call on Usec. Nieto for her to be given a background on the Hotline after this inspection.
d. A Memorandum of Agreement (MOA) between TSAP-FP and DOH will be executed and signed by either the Secretary of Health or Usec Nieto. This can be done during TSAP-FP-s closing event in Manila planned for August.

The ocular inspection of the Family Planning Hotline was conducted on June 21, 2006. A draft MOA was submitted to Dr. Yolanda Oliveros also on June 21, 2006. The meeting between Remedios AIDS Foundation and Usec. Nieto has been scheduled for the first week of July, 2006.

2.3. LOVELINES CALL-IN PROGRAM IN MANILA MONITORED ON NUMBER OF QUESTIONS AND AIR TIME DEVOTED TO FP PORTION

This program continued to be popular. FP Counselor Cynthia Herce discussed the following topics during the 2:00 AM to 3:30 AM show every Saturday AM over the dating and advice program Lovelines hosted by Joey Galvez. The topics for each episode were:

- April 1: IUD, which was followed by 3 calls and 33 text inquiries
- April 8: Injectables, which got 4 calls and 25 text inquiries
- April 15: Pills, which received 4 calls and 25 text inquiries
- April 22: Condom, with 1 call and 24 text inquiries
- April 29: Fertility Awareness Based Methods, with 1 call and 18 text inquiries
- May 6: Menopause, with 2 calls and 15 text inquiries
- May 13: Andropause: with 1 call and 14 text inquiries
- May 20: Standard Days Method: with 15 text inquiries
- May 27: Prenatal Stimulation: with 1 call and 11 text inquiries
- June 3: Dos and Don'ts of Pregnancy: with 2 calls and 12 text inquiries
- June 10: Sexually Transmitted Infections: with 1 call and 15 text inquiries
- June 17: Male and Female Fertility: with 15 text inquiries
- June 24: Frequently-asked questions about condoms: with 2 calls and 15 text inquiries

3. Printed materials to deliver correct family planning information to present and potential users of family planning through champions and health providers distributed to intended users

3.1. BROADCASTERS' MANUAL OF FP MESSAGES PRINTED

The broadcasters' handbook of FP messages is a compilation of the most significant information bits on population and FP-related issues written and reported by DZMM station manager Angelo Palmones in his daily news program, Radyo Patrol, from the period September 2003 to May 2004.

During this second quarter 2006, the layout of the Manual was completed and the final comprehensive layout was submitted to USAID for clearance and approval. A total of 500 copies of the handbook will be printed for distribution to members of the media, notably broadcasters from various radio stations nationwide.

3.2. BROADCASTERS' MANUAL LAUNCHED

The Manual, titled, *"100 Ulat sa Family Planning ni Angelo Palmones,"* (100 Reports on Family Planning by Angelo Palmones) will be officially launched during TSAP-FP's close out conferences in Davao on August 1 and in Cebu on August 4. A simple ceremony is being planned for the launch with the author on hand to sign

copies of the handbook. Members of the local media in Cebu and Davao will be invited to grace the occasion.

3.3. LOW COST STICKERS PROMOTING FP HOTLINE FOR TRICYCLE DRIVERS PRINTED AND DISTRIBUTED

Printing of 100,000 stickers promoting the FP Hotline was completed during this quarter. Copies of the sticker will be distributed to members of the National Association of Tricycle Operators and Drivers Association of the Philippines (NACTODAP) nationwide for posting in their tricycles. The sticker, which was endorsed by the Department of Health, carries the message *"Magplano ng Pamilya upang buhay ng mag-anak guminhawa"* (Plan your family to attain a comfortable life for your wife and children.)

A plan to designate a common day and date for all NACTODAP chapters to place the stickers on their tricycles is being considered by NACTODAP.

Copy of the sticker is given in *Annex 2.*

4. Communication activities to promote contraceptive self reliance (CSR) conducted

As part of TSAP-FP's commitment to the CSR initiative, three major activities were planned and implemented during the option year in partnership with the League of Municipalities of the Philippines (LMP) and the LEAD for Health Project/MSH. These activities aimed to promote wider appreciation of correct information and acceptance of CSR among mayors and the media. The activities were:

- a briefing/orientation on CSR for the national media and the local media in TSAP-FP project sites

- Media Training for LGU champions, i.e., mayors as well as POPCOM and DOH spokespersons, to equip them with skills in crafting CSR messages and handling media interviews to get their messages across, and

- Focus group discussion (FGD) with mayors known to have a neutral and/or non-supportive positions on CSR in order to generate ideas for key messages to be imparted to other mayors and the media.

4.1. THREE FGDS CONDUCTED AMONG NON-SUPPORTIVE OR NEUTRAL MAYORS IN REGIONS V, VIII AND XI

The main objectives of the activity were to a) understand perceptions of Mayors regarding CSR and the reasons for their support and non-support; b) elicit factors that would transform them into active and effective supporters; and, c) identify and develop key messages to be imparted through the media.

The FGDs were conducted in Region V on March 21, Region VIII on March 28, and Region XI on March 31. The list of mayors invited was provided by the LEAD for Health Project. Invitations to mayors were issued by the League of Municipalities of the Philippines (LMP). All FGDs were facilitated by Research Consultant Ms. Patricia Tiangco, President of Acuity, Inc., a qualitative research agency.

Below is a Table 6 shows the number of participants per area:

Table 6. Summary of FGD participants

Area	FGD Venue	No. of Pax
Legazpi & Sorsogon (Region V)	Legazpi City	8
Leyte & Eastern Samar (Region VIII)	Tacloban City	4
Davao del Norte, Davao del Sur & Compostela Valley (Region XI)	Davao City	6
Total No. of Participants		**18**

Findings show that many mayors have not heard of the term CSR although they are aware that free contraceptive supplies will no longer be forthcoming from the national government. Of all the regions, mayors from Region V seemed to have the highest resistance towards CSR. Mayors from this region are not only confronted with strong opposition from the Catholic Church but also by a host of other problems they consider more urgent than family planning or population growth, such as insurgency and malnutrition.

Mayors from Regions VIII and XI state that while they may have difficulty reallocating resources in the light of CSR, they have no choice but to deal with the issue squarely.

Mayors from these two regions also appear to have given the contraceptive phase-out much thought. Quite a few already know what resources and alternative funds they could tap to help them cope with the effects of CSR.

4.2. CSR MATERIALS FOR MEDIA ORIENTATION AND MAYOR'S MEDIA TRAINING FINALIZED AND PRINTED

Two types of CSR materials were developed in 2005 by the LEAD for the Health Project with technical assistance from TSAP-FP. These materials are: a CSR Primer for the Private and Public Sectors, and a Q&A on Administrative Order 158, "Guidelines on the Management of Donated Commodities under the Contraceptive Self-Reliance Strategy." The original agreement was for the LEAD project to print the materials in the first quarter of 2006. This responsibility, however, was given to TSAP-FP during the second quarter. A copy of the draft materials were submitted to DOH for clearance and approval in June. Once approved, 1,000 copies of each material will be printed in the third quarter and turned over to DOH for distribution to local government units (LGUs).

4.3. MEDIA ORIENTATION ON CSR CONDUCTED IN:

- Manila for media from Regions III, V and NCR
- Cebu for media from Regions VI, VII and VIII
- Davao for media from regions X, XI and XII

The media orientations on CSR were conducted on the following dates and places:

Date	Area	Orientation Venue
April 21, 2006	Region III, V & NCR (Luzon group)	Tagaytay City
April 25, 2006	Regions VI, VII, VIII (Visayas Group)	Cebu City
April 28, 2006	Regions X, XI, XII (Mindanao Group)	Davao City

The CSR media orientation was designed as a half-day activity starting at 8 AM and closing by 1PM. The POPCOM regional offices in the National Capital Region (NCR) and Regions VII and XI served as the host organizations for the orientations.

A standard half-day program of activities and set of lectures/powerpoint presentations were used for the entire series of CSR media orientations. There were three major presentations: a) CSR Overview, b) Managing Donated Contraceptives under the CSR Strategy, which is a detailed discussion of the DOH's AO 158; and c) "What mayors think of CSR," a presentation of the results of the TSAP-FP – supported FGDs with mayors on CSR. Also part of the standard program was a brief presentation of current CSR initiatives in the regions by the POPCOM Information Officers. The activity's highlight was the sharing by mayors of their own best practices and experiences on CSR. Mayors were identified and invited by the LEAD for Health Project.

The CSR Overview was handled by the Regional Director Rosalinda Marcelino for the Luzon Group, Regional Director Leo Rama for the Visayas Group and Assistant Regional Director Erwin Dalog for the Mindanao Group. The discussion/ presentation on AO 158 "Guidelines on the Management of Donated Commodities under the CSR Strategy" was handled by Dr. Honorata Catibog of the Family Health Office of DOH. Ms. Tiangco who facilitated the FGDs, presented the results of the CSR FGDs with mayors.

The mayors who came to the orientations to talk about their CSR Best Practices were Mayor Valiente Yap of the municipality of Bindoy, Negros Oriental who spoke before the Visayas media and Mayor Ervin Luntao of Sto. Niño in South Cotabato who spoke before the Mindanao media. No mayor was available to join the media orientation for the Luzon orientation. Instead, with the help of POPCOM NCR, the FP Coordinator from the Marikina City Office, Dr. Reynaldo Ponteres, was invited to share his city's CSR best practices.

Ms. Nida Cabrera, a councilor from Barangay Luz in Cebu City, was invited to the Cebu orientation to talk about how she was able to convince her barangay council to purchase P100,000 worth of contraceptives for her barangay.

A total of 49 media practitioners and attended the CSR orientations. Below is a breakdown of the participants per Region:

Region/Area	# of Participants
LUZON	
National Capital Region	9
Region V	4
Region III	2
VISAYAS	
Region VI	6
Region VII	6
Region VIII	7
MINDANAO	
Region X	5
Region XI	4
Region XII	6
Total No. of Participants	**49**

Also in attendance were the POPCOM Information Officers from the 9 regions represented at the orientations.

As the DOH focal person for CSR, most of the questions raised during the press briefings were addressed to Dr. Catibog.

Below is a list of questions raised during the open forums:

1. What is the status of LGUs buying contraceptives?
2. What happens if LGUs do not buy contraceptives? What if they don't want to commit to CSR?
3. How much would it cost the Government to buy contraceptives to be able to provide for the FP needs of couples?
4. Will the pending Lagman Bill in Congress change Government response to FP?
5. Is there any legal action that can be taken against Mayor Lito Atienza for not allowing use of contraceptives in his city?
6. What is the assurance that if LGUs buy contraceptives, couples will use them?
7. Is there an unholy alliance between pharmaceutical companies and USAID to buy contraceptives?
8. Can devolution really work?
9. What has happened to ECOP's commitment to put up clinics in the workplace?
10. What has happened to incentives given to midwives for BTL?
11. How long can the Philippine government provide free contraceptives?
12. Can the Philippine government require private companies to reduce prices of commodities?

13. How does the national government respond to LGUs giving low priority to health?
14. Can government make contraceptives a prime commodity? An essential drug?
15. Is the quality and efficacy of domestic supplies just as good as donated commodities?
16. How can supportive mayors ensure sustainability of CSR after their term ends?
17. Did the DOH Secretary ever ask PGMA why health is not a priority of her administration?
18. Does DOH have an exclusive supplier for contraceptives?
19. What role is expected of media to play in CSR?

These questions will be integrated into the Q&A on CSR being developed by TSAP-FP with the DOH.

4.4. FACING THE MEDIA TRAINING FOR CHAMPIONS CONDUCTED

"Facing the Media on CSR" was designed as a one-a-half day activity primarily for CSR champion mayors and other spokespersons identified by the LEAD for Health Project. The official invitation was issued to mayors by the President of the League of Municipalities of the Philippines (LMP). POPCOM and DOH Regional Directors and/or Information Officers were also invited to participate in the training.

The main objective of the training was to enhance the skills of participants in working with the media, most specifically in handling media interviews on CSR. This way, they would be able to communicate their messages to specific target groups more effectively.

The series of four CSR media trainings for champions was conducted during the quarter, as follows:

Areas	Date	Training Venue
Region VI	May 10-11, 2006	Iloilo City
Regions VII & VIII	May 17-18, 2006	Cebu City
Regions I, II, III, IV, V & CAR	May 24-25, 2006	Manila
Regions X, XI, XII, CARAGA	May 31 – June 1, 2006	Davao City

The training workshop was divided into two parts. Part I (or Day 1) was devoted to lectures/discussions which were intended to a) orient participants on CSR and population- and FP-related issues and, b) help them craft their messages for specific target publics. Part II (or Day 2) was the actual training on preparing and handling media interviews and effectively communicating the CSR messages to specific target groups.

The mock TV interviews are done complete with cameras and other props. (Above) Probe Media Foundation Executive Dir. Yasmin Tang and President Che-che Lazaro, give their feedbacks after the interviews.

Resource persons for Day 1 were composed of Dr. Honorata Catibog of the DOH-Central Office for the CSR Overview; Dr. Jondi Flavier of the LEAD Project for FP Myths and Misconceptions; Ms. Patty Tiangco of Acuity, Inc., to discuss the results of the FGDs on CS; and Grace Marci, a communication specialist, to handle the session on Message Development. Three other Resource Persons to discuss "Population and Development Challenges" were also invited. These were Ms. Merlyn Rodriguez of the LEAD Project for the Cebu workshop, Ms. Rose Marcelino for the Manila workshop, and Mr. Maduh Damsani for the Davao workshop.

Part II of the training was handled by Probe Media Foundation, Inc. (PMFI) led by their President, Ms. Cheche Lazaro. This part of the training was composed of two segments. The first segment involved a lecture/discussion on "Handling Media Interviews" where participants were taught how to prepare mentally and physically for an interview, how to deal with different kinds of journalists, and techniques in controlling an interview. The second part involved simulated interviews with respected local and national journalists from print, radio and TV. Participants were given different situations to test their mettle in handling media interviews and dealing with reporters.

A total of 30 mayors from various municipalities in Regions I, III, V, VI, VII, VIII, and 9 attended the media training. Participants representing POPCOM and DOH came from all regions of the country. They were composed of Regional Directors and Information Officers.

The complete list of participants in the media trainings and their media organizations is given in *Annex 3*.

Based on the evaluation, participants were very pleased with the training, especially the mock interviews conducted by the Probe Team. Most of them said they learned a lot of useful techniques in dealing with the media. They also said the training boosted their confidence in public speaking and would like to see more LGU executives undergo the same training.

5. Continuing media relations and monitoring activities conducted

5.1. MONTHLY PUBLICITY CAMPAIGN CONDUCTED WITH AT LEAST 10 NEWSPAPER PICKUPS ON:

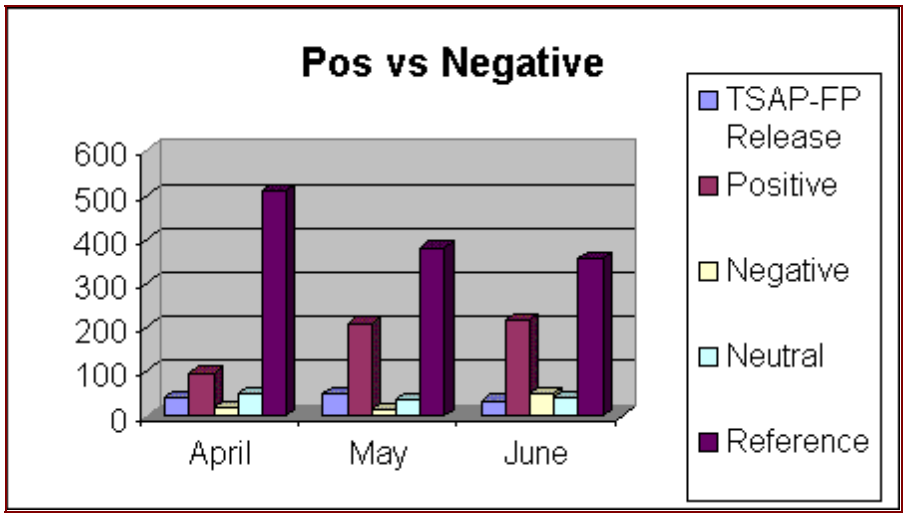
- Contraceptive Self Reliance
  - CSR Orientation
  - CSR Best Practices
- Regional Advertising Campaign

As a result of continuing effort to provide correct family planning information in the media, **125** pick-ups have been generated in both the print and broadcast media from April through June 2006. The activities in support of the publicity campaign for the quarter included:

- On April 19-20, 2006, TSAP-FP, through its PR subcontractor, Corporate Image Dimensions (CID), provided assistance in mobilizing local and national media and provided media relations support to the CSR Media Orientation conducted in Tagaytay City. The orientation served as a venue for the media to clarify issues concerning CSR and family planning. The orientations generated at least 14 pick-ups on both national and local publications.
- On May 16, 2006, TSAP-FP mobilized the national media to cover the 2005 Family Planning Survey (FPS) Dissemination Forum. A total of twenty-eight (28) media practitioners, representing 20 different publications and networks, attended the event. The forum generated at least 9 pick-ups on both national and local publications.
- On May 19, 2006, The Regional Alliance of Satisfied Users and Acceptors Club (SUAC)—along with regional family planning (FP) partner agencies under the Barangay Services Provider Association (BSPA)—celebrated a milestone activity at the Marikina Freedom Park. The Project, through CID, sent a writer to cover the event dubbed as "*Pamilya Fiesta*," and develop news articles about it.
- On April 22 to 23, 2006, interviews were conducted among the *A'immah* attending the consultation on the *fatwa*. The story that resulted was used five times by the national publications.

As a result of TSAP-FP's efforts to develop compelling stories and with support from media champions, many of whom write positive family planning stories on their own, the number of positive stories published on family planning continued to increase. TSAP-FP's daily media monitoring as undertaken by CID picked up **2,104** FP-related stories for April to June 2006. Of these articles, **647** were positive stories (including

the **125** TSAP-FP-influenced articles), **81** were negative, **128** were neutral and **1,248** were references.



As a result of the significant increase in the number of positive stories, the ratio of positive to negative stories for the second quarter 2006 increased to 8:1 compared to 5.2:1 in the first quarter. Thus for the 1st semester (January to June) 2006, the ratio of positive to negative stories is 6.6:1.

5.2. DAILY MEDIA MONITORING REPORTS CONDUCTED (FP NEWS @ A GLANCE)

For the period covered, TSAP-FP, through CID, published a total of 91 issues of FP News @ a Glance in the OPHN listserve. This report is based on the regular monitoring of the following:

- On a daily basis, eight (8) broadsheets and ten (10) tabloids are monitored
- On a weekly and monthly basis, magazines are scanned for relevant stories;
- Radio and TV are monitored daily on a selective basis, (Top two stations; ABS-CBN 2 & GMA 7 early evening and late evening news programs)

"FP News @ A Glance" is a news scan report which encapsulates major stories on family planning, reproductive health and population management and related topics published by the top eight national broadsheets and top three tabloids and select regional papers. The news scan is sent to the OPHN list serve and other FP champions and partners of TSAP-FP. It aims to be a major reference among FP and population management practitioners about what is being reported in the media.

5.3. MEDIA ANALYSIS REPORT FOR SECOND QUARTER 2006

A Media Content Analysis report was prepared monthly. The report contains relevant information on the following:

- What people are saying vis-à-vis Family planning and population management
- What specific subjects are being talked about –informed choice, FP methods, population and development, population and poverty, etc.
- Messages conveyed by the media
- Profile of people talking about the issue (influentials, policy-makers, opinion-makers, journalists, general public)
- Number of people/organizations talking positively/negatively about FP
- Increase in the number of positive versus negative stories

The monthly content analysis reports for April, May and June 2006 are appended as *Annex 4.*

5.4. RELATIONS WITH ENTERTAINMENT/LIFESTYLE JOURNALISTS STRENGTHENED

On June 1, 2006, TSAP-FP held a meeting with five members of the lifestyle and entertainment media.

The meeting was intended to:

- Get better acquainted with the entertainment/lifestyle media and learn their attitudes toward family planning
- Explore the possibility of injecting family planning messages in their column/shows/programs whenever there is an opportunity

The media people present were receptive to the idea though no commitment was made. requested. They mentioned that should there be an opportunity, they will try to incorporate family planning in their columns/articles. In fact, just a few days after the meeting, Ms Emy Abuan of *Pilipino Star Ngayon,* one of the participants, wrote about *"Gladys, buntis na naman,"* (Gladys, pregnant again) one of the radio ads produced by TSAP in her column in *Pilipino Star Ngayon* and *Saksi.*

The second quarter report of the Corporate Image Dimensions is attached as *Annex 5.*

6. Quick response mechanism to counteract negative messages on modern methods activated

6.1. MEDIA MONITORING CONDUCTED BY POPCOM IN CEBU CITY AND DAVAO CITY AND REPORTS SUBMITTED

The Commission on Population Regions VII and XI have been regularly submitting the results of their media monitoring. These results were integrated into FP News @ a Glance. For the quarter, POPCOM 7 monitored eight (8) articles on family planning and related issues in broadsheets and tabloids of Cebu City, while POPCOM 11 monitored 11 articles in the Davao broadsheets and tabloids.

7. ARMM *fatwa* dissemination activities implemented among general public and *A'immah (Imams)*

7.1. SURVEY OF *A'IMMAH (IMAMS)* CONDUCTED IN:

- Marawi City
- Lanao Sur
- Maguindanao
- Basilan
- Sulu
- Tawi Tawi

A total of 327 *A'immah* (plural form of Imam in Arabic) from ARMM were interviewed for the survey broken down as follows:

Province/City	Number of *A'immah*
Marawi City	56
Lanao Sur	50
Maguindanao	96
Basilan	28
Sulu	37
Tawi Tawi	30
Total	**327**

In addition, another 30 *A'immah* were interviewed in Davao City.

The following summary presents a picture of the *A'immah* in the ARMM area:

- Attendance in mosques during Friday prayers is large—ranging from 80 to 100 in the big central mosques and 30 to 50 in the smaller mosques. The typical Imam is middle aged with majority ranging from 40 to 50 years old. However, there are some young men in their 20's who are *A'immah*.
- Many *A'immah* are below the poverty line with no basic level of income, while others are engaged in other occupations like business or employment.

- The *A'immah* perceive themselves to as influential among the elders and the youth, while some feel that they can influence all sectors in society, including women.
- The *A'immah* have limited mobility, are usually natives of the area they serve, and only leave their communities at an average of one month for reasons such as health, livelihood or to go on the pilgrimage to Mecca. Only one third of the group have experienced being Imam in another mosque.
- Majority have heard of family planning and the *fatwa* on FP. Their source of information is the radio, and to some extent, the MRLs who are disseminating the *fatwa*. However, their knowledge or understanding of the *fatwa* is still low.
- Majority expressed interest in attending a seminar on the *fatwa* on FP. This shows that the *A'immah* do not have a negative attitude towards the *fatwa*.

The full consolidated report of the profile is hereto appended as *Annex 6.*

7.2. CONSULTATIONS CONDUCTED TO PROMOTE THE *FATWA* TO *A'IMMAH* IN:

- Zamboanga for Basilan *A'immah*
- Zamboanga for Sulu *A'immah*
- Bongao for Tawi Tawi *A'immah*
- Cotabato City for Maguindanao *A'immah*
- Cagayan de Oro for Marawi *A'immah*
- Cagayan de Oro for Lanao Sur *A'immah*

All of the above *A'immah* Consultations were conducted as summarized in Table 7:

Table 7. A'immah consultations conducted

Province/City	Date	Venue	Participants		
			Facilitators	*A'immah*	*Aleema*
Marawi City	March 29-30	Marawi	3	36	
Marawi City	May 17-18	Iligan City		36	24
Maguindanao	April 19-20	Cotabato	2	34	
Maguindanao	June 7-8	Davao City		32	
Basilan	April 22-23	Zamboanga	2	25	
Sulu	April 23-24	Zamboanga	2	29	
Tawi Tawi	April 25-26	Zamboanga	3	30	
Davao City	June 6-7	Davao City	2	25	
			TOTAL	**247**	**24**

A'immah from Marawi City attended two sessions due to their request for more additional orientations on Family Planning. Thirty – four (34) of the original 36 who attended the consultation in Marawi City attended the consultation in Iligan. In addition, 24 *Aleema* (female MRLs) attended the session in Iligan which included sessions in FP motivation.

There were two separate sessions for Maguindanao *A'immah*. *A'immah* from the first congressional district attended the session in Cotabato City, while those from the second congressional district attended the session in Davao City. A total of 285 *A'immah* and *Aleema* attended at least one session of the consultations.

A'immah Consultation on the fatwa in Marawi City

In general, the *A'immah* attitude at the start of the consultations seemed lukewarm, given the long-standing belief that family planning was prohibited by Islam. The discussions during the consultations clarified that family planning in the *fatwa* refers to birth spacing. Participants also learned about the strong endorsement of the *fatwa* by senior Muslim Religious Leaders in the province who cited numerous Islamic verses and *hadith.* They also discussed the medical aspects and health benefits of birth spacing. Thus, the lukewarm attitude was transformed into acceptance and support for the *fatwa* at the end of the consultations.

However, Marawi City-based *A'immah* needed a second consultative sessions for them to finally accept the *fatwa.* Their difficulty accepting the *fatwa* had a cultural basis: Marawi *A'immah* are widely seen as the most conservative; they were divided into several factions that seemed to compete with each other during the consultations; and some of the senior Marawi MRLs were not signatories to the *fatwa.* The second session held in May 2006 afforded the participants a chance to present their own studies about the *fatwa*, giving them ownership. The participation of the *Aleema* was also key; while the *A'immah* had strong influence in their communities, it was the *Aleema* who could talk directly to women.

A mosque in Bacolod Kalawi, Lanao del Sur

7.3. SPEAKERS'BUREAU TRAINING FOR MUSLIM RELIGIOUS LEADERS CONDUCTED

From June 24 - 25, 2006, TSAP-FP conducted a Speakers' Bureau Training for 19 selected Muslim Religious Leaders and other ARMM-based champions in Zamboanga City. This training was a response to the expressed need by MRLs in ARMM to enhance their capacities as spokespersons for the *fatwa*. The workshop evaluation was generally very favorable, with all the sessions being found useful, particularly the practice speeches and simulated interviews. Some participants expressed the desire to be trained in the use of modern technology like LCD projectors and computers. One of the participants expressed the recommendation that *Aleema* should also be trained.

The two-day training consisted of two parts: first, how to deliver speeches and presentations, specifically covering form (how the speaker delivers the speech) and content (focusing on speech focus and structure); and How to Face the Media.

7.4. RADIO PROGRAMS PROMOTING *FATWA* HOSTED BY MRLS LAUNCHED IN:

- Marawi City/Lanao Sur
- Cotabato City
- Bongao

Ustadz Esmael Ebrahim (left), anchor for the Cotabato City radio program with Bajunaid Ibrahim and Ustadz Ahmad Mala (in red shirt)

Four radio programs hosted by MRL's were launched on May 16, 2006 and will run until July 15, 2006 in Marawi City/Lanao Sur, Cotabato City, Jolo, Sulu and Bongao, Tawi Tawi. The weekly radio programs run for two hours except in Sulu which runs for 1.5 hours. The radio stations airing the program on the *fatwa* are RMN Cotabato City, DXSM-Marawi City, DXSM-Jolo and DXGB-Bongao.

The radio programs were produced by the following organizations and anchors: Panginam O Masa, Inc./Mr. Mashor S. Mamolawan for Marawi City/Lanao Sur;

Supreme Council for Islamic Preaching and Guidance/Ustadz Ahmad Alih Bud for Tawi Tawi; Sabiylal Muhtadiyn Organization/ Ustadz Wadhumar Alam for Sulu and Society for Family Development and Education in the Philippines, Inc. Ustadz Esmael Ebrahim for Cotabato City.

The radio program follows a talk show format. The program opens with a reading of verses from the Koran, followed by a discussion by the anchors and one or two resource persons on the above topics. After a discussion of the topic, the anchors and resource persons answer questions or comments coming from listeners, who text in their comments. Based on initial feedback, the programs have been well received by listeners, who appreciate learning more about the *fatwa* and family planning.

The radio programs revolve around the following topics:

- Islam as a Complete Way of Life
- Why Family Planning?
- Reproductive Health in the Context of Islam
- The 10 Elements of Reproductive Health
- Birth Spacing in Islam
- Modern Methods of Birth Spacing
- Myths and Misconceptions on Birth Spacing Methods
- Marriage and Family in Islam

A Muslim Religious Leader hosting the radio program in Balindong, Lanao del Sur

7.5. DATA COLLECTION FOR ARMM *FATWA* AWARENESS FOLLOW UP SURVEY COMPLETED

Data collection for the ARMM *Fatwa* Awareness Follow up Survey which started on June 1, 2006 has been completed. The survey aims to determine if there have been any changes in knowledge and attitude on the *fatwa* and on FP from the first survey run last October 2005 as a result of TSAP-FP's radio campaign and face-to-face interventions (MRL consultations).

Like in the October 2005 *Fatwa* Awareness Survey, the survey was conducted in the six selected cities/municipalities in ARMM from where TSAP-FP aired its radio campaign namely: Bongao in Tawi-Tawi, Jolo in Sulu, Lamitan in Basilan, Balindong in Lanao del Sur, Sultan Kudarat in Maguindanao and Marawi City.
Two types of respondents were interviewed: 1) a representative sample of 600 from the Muslim adult population i.e. Muslim men and women, ages 20 to 40 years old, single or married and are regular radio listeners; and, 2) 120 randomly selected mosque-based
A'immah.

Preliminary results are expected by mid-July.

C. OUTREACH COMPONENT

At the homestretch of TSAP-FP's project implementation, the second quarter of 2006 remained an engaging and productive period for Outreach Component as it endeavored to remain steadfast in its strategies for the Option Year: 1) strengthening FP coalitions; 2) mobilizing communities; and 3) strengthening family planning group motivation and referral systems.

TSAP-FP continued to provide the necessary technical assistance to its partners and grantees to facilitate timely and purposive implementation of FP promotion and motivation initiatives, as well as to promote sustainability of social acceptance interventions and gains. Such assistance required support for network building and sustainability planning, grants monitoring and implementation, and mobilizing regional offices of the Commission on Population in TSAP-FP sites to provide technical support to TSAP-FP grantees. A Complete list of TSAP-FP grantees is attached as *Annex 7*.

Moving beyond social acceptance to actual FP motivation was the focus of this period. Group motivation for FP practice through FP chat group sessions comprised the bulk of activities at the community level. FP champions were provided with capacity-building inputs such as the daily news digest and the FP spokespersons' tool kit.

Outreach efforts at the Autonomous Region of Muslim Mindanao (ARMM) remained at a high level, with various support activities to disseminate the *fatwa* on Reproductive Health and Family Planning a priority.

Preparations for project close-out also began. Close out conferences with partners, which will occur in Davao City, Cebu City and Manila were planned. The documentation of experiences and best practices in FP social acceptance was also initiated.

Outlined below is the detailed description of TSAP-FP accomplishments for the second quarter of 2006.

1. Grants implementation of NACTODAP on track

1.1. NACTODAP CHAT GROUPS

For the period April to June, the different NACTODAP regional organizations in Laguna, Cebu, Bicol (Legazpi and Camarines Norte), Pampanga (Angeles City and San Fernando), Samar-Leyte, NCR (Muntinlupa, Caloocan, Quezon City, Taguig, San Juan) conducted a total of 149 chat sessions. Health providers for these chat groups mainly came from FriendlyCare Foundation, Inc., Family Planning Organization of the Philippines, Well-Family Midwife Clinic, and the midwives from barangay health centers. Some chat groups in NCR have not been fully accomplished. The projected chat group and terminal report completion has been extended to July 30, 2006.

Table 8 below presents a summary of the different chat groups, including relevant issues encountered in the conduct of the chat groups.

Table 8. Chat group sessions conducted by NACTODAP as of June 30, 2006

Area	No. of sessions planned	No. of chat sessions conducted	No. of referrals made
Laguna	24	24	72
Metro Cebu	42	42	232
Bicol	12	11	38
Pampanga	12	15	24
Samar-Leyte	15	11	54
NCR	54	40	160
Metro Davao	6	6	27
TOTAL	**165**	**149**	**607**

As can be gleaned from the table above, NACTODAP conducted the number of chat sessions as planned in Laguna, Metro Cebu, and Metro Davao, but surpassed target in Pampanga. However, it lagged behind in Bicol, Samar-Leyte and at the National Capital Region (NCR). Some of the problems encountered were:

1) In Laguna, the resource person from the Well-Family Midwife Clinic in Luisiana was not available to attend all the scheduled chat group sessions. As a result, resource persons endorsed by the provincial population office were tapped as resource persons.
2) In Cebu, there was a change in NACTODAP leadership. Last April 1, 2006, Mr. Efren Tabanao resigned as NACTODAP Regional Coordinator for Region VII. Mr. Ranilo L. Edar was appointed as interim coordinator by National President Ariel Lim. TSAP-FP provided technical assistance in their re-planning for the continuation of the chat groups last May 13-14, 2006, and provided a brief orientation on the status of their deliverables.
3) In Bicol, a major concern of Nelson Lanuza, NACTODAP Region V Coordinator, is the availability of free pills condoms, IUD and injectable for the acceptors generated in their chat groups.
4) In San Fernando City (Pampanga), the resource persons from the City Health Office were not available for the chat group of the tricycle drivers as scheduled.
5) In Samar-leyte, since the coordinators of the respective municipalities were also busy attending to pressing organizational issues at that time (fare hike increases, transport strike), the original schedule for the chat groups was deferred and moved to a later schedule.
6) In NCR (Metro Manila), the conduct of the chat group sessions coincided with a transport-related program on motorcycles which entailed conduct of orientations to tricycle drivers on the said program. This also took up a significant amount of time and effort on the part of the NACTODAP FP Motivators, who worked double-time attending to their two big programs.

7) In Metro Davao, a major issue encountered was how to attend to the requests of the other TODA organizations in Davao City who would also like to organize chat groups, since the budget allocation only covered 12 chat group sessions

1.2. NACTODAP "B*AHAGINAN*" (SHARING)

On April 8 to 9, 2006 NACTODAP conducted a National Transport Consultation in Cebu City. Sixteen NACTODAP Regional Coordinators representing Regions I, II, III, IV-A, IV-B, V, VI, VII, VIII, IX, X, XI, XII, XIII, Cordillera Administrative Region, and ARMM, participated in the said event. Mr. Ariel Lim, NACTODAP President, discussed the history and context of NACTODAP's engagement in FP Promotion for its male involvement in FP program. A subsequent sharing of Regional Coordinators in Laguna, NCR, Bulacan, Samar-Leyte, Cebu, Davao, and Bicol on their individual and organizational experiences, as follows:

- Laguna emphasized the support provided by the provincial Governor in endorsing their FP Program
- NCR shared its experience in dealing with POPCOM, FriendlyCare and Family Planning Organization of the Philippines (FPOP)
- Samar-Leyte mentioned their partnership with COFRHA8, and the Regional Land Transportation Office which have incorporated FP seminars in their mandatory drivers' seminars
- Davao shared its partnership with FriendlyCare and FPOP, including joint efforts to request funding support from the Office of the Mayor for NSV/BTL services

Other NACTODAP groups also shared their related experiences and programs in their regions, namely:

- Cordillera Administrative region (CAR) shared its experience in working with the Baguio Chamber of Commerce in conducting FP orientations with tricycle drivers
- Surigao mentioned its Violence Against Women program, in partnership with FPOP

The *Bahaginan* also included an orientation on gender sensitivity from the male perspective, and the benefits to be derived from integrating gender issues in male involvement programs. A film clip showing a woman's daily routine depicting her multiple roles then followed. A discussion ensued which concluded that men display behaviors that pose health risks to them as well as to women and children.

A planning workshop was also conducted. It started with a profile of TODA Regions by membership base, organizational structure, financial and other systems, institutional links, programs implemented and other organizational issues and concerns. From the results of the workshop, the participants identified FP issues within their respective regions that the National NACTODAP can address, given its

network and experience with FP programs. The following issues cropped up during the discussions:

- Distribution of IEC materials on FP
- Access to free or discounted FP commodities and services
- Inclusion of FP in regular TODA meetings
- Partnership and recognition with national agencies like the Dept. of Health, POPCOM, and PHILHEALTH

All the Regional Coordinators drafted their agreements in a "Manifesto on Male Involvement in Family Planning" which Mr. Lim will forward to appropriate agencies like DOH and POPCOM.

1.3. NACTODAP ARMM PUBLIC TRANSPORT CONSULTATIVE MEETING

A Regional Transport Consultation was held last June 2, 2006, in Cotabato City. It was attended by a total of 70 participants coming from the public transport organizations in Maguindanao and Cotabato City, ARMM regional traffic management group, ARMM land transportation office (LTO), ARMM land transportation, franchising and regulatory board (LTFRB), office of the ARMM Governor, and the office of the Mayor, Cotabato City. This event was organized by NACTODAP and the Public Transport Affairs Office (PTAO), under the Office of the President.

The consultation discussed the pro-poor programs jointly spearheaded by NACTODAP and PTAO including decreased fees for drug testing, emission testing, and third party liability insurance, and other licensing and registration issues. Mr. Ariel Lim, NACTODAP President and PTAO Presidential Assistant, also discussed NACTODAP-PTAO's program on male involvement in family planning for drivers. He mentioned the formal agreements established by NACTODAP with health service providers in the different regions, for discount to health and family planning services for tricycle drivers. Usadz. Bajunaid, a Muslim Religious Leader based in Cotabato City and a member of the *Darul-Ifta*, further discussed the *fatwa* on family planning. Following the success in Iloilo City, move is being made by NACTODAP to mainstream FP orientations in required traffic management seminars nationwide, in partnership with the Traffic Management Group and the LTO.

2. Family Planning Orientation for Interfaith Leaders in Samar-Leyte, Bicol and Pampanga conducted

2.1. CENTRAL LUZON INTERFAITH GROUP (CLIG), BALIBAGO, ANGELES, APRIL 4-6, 2006

Following the sessions conducted in Region VIII (March 21-23, 2006) and Region V (March 29-31, 2006), another FP Orientation was conducted for Central Luzon Interfaith Group (CLIG). Thirty-three (33) members of the CLIG attended the orientation. The participants, who are interfaith leaders, came from Bulacan, Pampanga, Nueva Ecija, Tarlac and Zambales provinces of Region III.

Most participants discussed how best they can mobilize groups of men to support family planning. A special twist to their proposal, however, is their eagerness to pursue pre-marital counseling sessions using biblical reflections as the cornerstone of discussions on responsible parenthood. They put special emphasis in orienting the soon-to-be husbands on gender sensitivity.

The action plan formulated by the participants seeks to address the prevalence of misconceptions regarding family planning by developing a core group of trained FP spokespersons in their respective churches, building support among the church-based groups and among provincial and municial councils of ministers, and forming partnerships with government agencies, NGOs and people's organizations. During the planning session, POPCOM agreed to support their initial request to convene provincial councils for FP.

As a follow-on technical assistance to CLIG, a network development workshop was conducted last June 2-22, 2006 in Angeles City in order to assist the CLIG to identify its strategic directions for FP promotion in Region III. This workshop was attended by 16 interfaith leaders from Pampanga, Bulacan, Tarlac, Zambales and Nueva Ecija.

3. Scriptural reflections finalized

On June 20, 2006, the national Interfaith Partnership for the Promotion of Reproductive Health and Family Planning Programs presented the draft scriptural reflections (Biblio-theological basis for Family Planning) on responsible parenthood to 23 representatives from NGOs including PNGOC and PLCPD and government agencies like the DOH and POPCOM. The presentation was held in Quezon City and presided by Bishop Fred Magbanua, Chair of the Interfaith Partnership. The draft scriptural reflection is now being revised based on comments from participants and will be circulated for further comments prior to printing.

4. First draft of FP Modules for the Armed Forces of the Philippines (AFP) in-service training programs developed

TSAP-FP's engagement with the AFP to incorporate FP in the in-service training programs underwent the following processes:

4.1. FAMILY WELFARE MODULE DEVELOPMENT WRITESHOPS

On May 10, 2006 in Tagaytay City, the Office of the Surgeon General (OSG), together with representatives from the DOH, POPCOM, and with technical assistance from the National Defense College of the Philippines (NDCP), conducted a writeshop to enhance the AFP training module on Family Welfare. This is an adjunct document to be signed by the AFP Chief of Staff and endorsed by the OSG to establish authority for the AFP Module on Family Welfare. The draft document is now with the OSG for official transmission to the AFP Chief of Staff.

A second writeshop was conducted on June 20, 2006 in Cavite and attended by 24 representatives from the NDCP, DOH, Office of the Surgeon General, the Office of the Deputy Chief of Staff for Personnel, Training and Doctrines Command, Chief Surgeons and the Training Units of the different AFP Services. The activity prepared the session guides to be eventually consolidated into an over-all AFP module, following the inputs from the three major services (Army, Air Force, and Navy) and the Philippine Military Academy. The following topics form the content of the AFP Module on Family Health and Welfare: Population and National Security; Family Planning and Reproductive Health.

4.2. CONSULTATION MEETING WITH THE AFP TRAINING AND DOCTRINES COMMAND, NDCP, DOH, POPCOM, OFFICE OF THE DEPUTY CHIEF OF STAFF FOR PERSONNEL AND OSG

The NDCP initiated a meeting regarding the Family Welfare Program of the AFP last 24 May 2006 at the NDCP Office. The meeting aimed to identify possible areas to incorporate the module on Family Welfare within existing course syllabi of various training institutions within the AFP. A total of 16 representatives coming from the DOH, POPCOM, Office of the Deputy Chief of Staff for Personnel (J1), Office of the Chief of Staff for Training and Doctrine (TRADOC) of the Philippine Military Academy (PMA), and the NDCP Institute of National Strategic Studies participated in the said meeting.

Highlights of the discussion affirm that family planning can be incorporated in the following existing training materials: (1) Family welfare module – Combat Life Saver Program of the Philippine Army; (2) Pre-entry and continuing raining programs of the Philippine Military Academy (PMA) and to the basic courses for the Enlisted Personnel and Officers; (3) Pre-deployment trainings conducted for the AFP troops being sent to UN Missions; and (4) Troop Information and Education in the regular battalions.

5. Grants implementation of four multi-sectoral coalitions on track and completed

The four coalitions which were awarded small grants during the first quarter of the year geared up their activities toward final completion before end of this quarter. Their projects are outlined in Table 9.

Table 9. Multi- sectoral coalitions implementing small grant projects

Area	Coalition	Project Title
Pampanga	*Ing Makababaying Aksyon* (IMA) Foundation, Inc./SAFE-FP	Strengthening Social Acceptance and Practice of Family Planning in Pampanga and Central Luzon
Bicol	Bicol RH Alliance (BIRHA)	Strengthening Alliance for Enlightened Response on Family Planning (SAFER-FP)
Samar-Leyte	Coalition of FP and RH Advocates in Region VIII	Strengthening and Expanding the Network and Sustaining Family Planning and Reproductive Health in Eastern Visayas
Cebu	Cebu City United Vendors Association Inc. (CCUVA)	Strengthening Family Planning Promotion and Community Mobilization in Metro Cebu

5.1. *ING MAKABABAYING AKSYON (*IMA) FOUNDATION, INC

IMA Foundation, the project holder for the grant award to the Solidarity of Advocates for Family Enlightenment in Family Planning (SAFE-FP) achieved 90% completion of their grants activities by June 30, 2006. They are expected to complete all activities by end of July 2006. SAFE-FP carried out the following activities:

a. **Partnership meetings with Local Chief Executives, *Sanggunians*, Health and Population Councils on May 23-25, 2006**. SAFE-FP network members met with the Provincial Population Officer of Aurora and the Executive Assistant to the Governor to orient them on the emerging partnership on family planning and reproductive health in the region. SAFE-FP was introduced along with its plan of action for FP/RH promotion. The network members expressed their appreciation for Aurora's active role in promoting FP/RH and passing its Provincial Reproductive Health Ordinance.

   SAFE-FP members paid a courtesy call to Governor Jose V. Yap of Tarlac last May 8, 2006 at the Provincial Capitol. Mr. Marcelo Ruiz, Provincial Population Officer, was also present and introduced the network and its partnership objectives. During the meeting, Gov. Yap told the network members that health is one of his priority programs, including FP. SAFE-FP also updated the governor on the ongoing Contraceptive Self-Reliance (CSR) initiatives in the province and asked the governor for support by allocating funds for CSR through an ordinance. The governor appreciated the effort of the delegation because while most of them

are not from the Province of Tarlac, they are concerned with the problems of the province.

b. **Consolidation and expansion of SAFE-FP alliance**. Regular monthly Project Committee (PMC) meetings were done for effective and efficient implementation of grant activities and to ensure greater consolidation of the network. New members were also added to the network. The Central Luzon Interfaith Group (CLIG), the Provincial and City Population Officers League (PCPO-Central Luzon), and the Association of Municipal Health Officers of Pampanga (AMHOPP) formally expressed their willingness to join the network. SAFE-FP also expanded its coverage in the provinces of Aurora, Tarlac and Nueva Ecija. A sustainability planning session was also done last June 20-22 to determine the strategic directions the network will take in order to sustain initiatives and gains in family planning promotion.

c. **Conduct of Regional FP Summit**. The Second FP Summit was held on April 27, 2006 and was attended by 141 participants (33 male, 108 female) out of the original target of 100. The attendance signifies the full support of SAFE-FP partners to its promotion of FP. All the participating organizations signed the Pledge of Commitment to continue their support and advocacy for FP. After the summit, several NGOs signed up for membership in SAFE-FP. As a result, the network is now composed of 15 government agencies and 16 NGOs – a total of 31 member organizations.

d. **Organization of SUACs in Angeles and San Fernando**. Satisfied users and acceptors clubs (SUACs) were formed in the cities of San Fernando and Angeles. The City of San Fernando SUAC (SUAC-San Fernando) launch was held on March 28 and graced by Vice Mayor Edwin Santiago.

   The Angeles City SUAC, launched last April 17, agreed to call themselves KAKAMPI, acronym for *Kalalakihan, Kababaihan Masaya sa Pamilyang Inasam* (Men and women, happy in a planned family). The launch was attended by the City Health Officer, Dr. Joven G. Esguerra, and Regional Population Office 3 Director Fortaleza.

e. **Strengthening of the FP Referral network and production of FP services directory and referral system in Pampanga.** The FP services directory was drafted and reviewed and is expected to be printed by the second week of July 2006. The directory is a compendium of family planning service providers (public, private and non-government) in the Province of Pampanga. It is a result of SAFE-FP's efforts to put in place an effective FP referral system in the province.

f. **Conduct of FP chat group sessions.** SAFE-FP through its community motivators and partner health providers in the cities of San Fernando and Angeles conducted 255 chat group sessions (more than the actual target of 240 under the grant) which reached 2,005 men and women with unmet need in FP. Of the total number

reached, 635 availed of an FP service. Towards the end of June 2006, in partnership with Marie Stopes Clinic in Manila, the City Health offices of Angeles and San Fernando performed 328 and 149 Bilateral Tubal Ligation (BTLs), respectively. Table 10 provides the breakdown.

Table 10. Total number of FP chat sessions conducted by SAFE-FP

Area	No of chat sessions conducted	No of clients counseled	No of clients referred
Angeles	157	1, 278	341
San Fernando	98	727	294
TOTAL	255	2,005	635

5.2. BICOL INTEGRATED REPRODUCTIVE HEALTH ALLIANCE (BIRHA)

BIRHA is implementing its grant "Strengthening Alliance for Enlightened Response on Family Planning (SAFER-FP)". BIRHA accomplished the following from April to June 2006:

a. **Conduct of chat groups sessions**. BIRHA conducted 118 sessions out of the targeted 120 sessions. In Legazpi City, 38 FP chat sessions were implemented, along with 40 sessions for Naga, and 40 for the First District of Albay. The Bicol Interfaith Group scheduled five additional chat sessions in July 2006.

b. **Conduct of Health Information Caravan**. The Health Information Caravan occurred last June 1-3 and targeted areas in Albay where there is a high unmeet need for FP information and services. It is an innovative approach to drumbeat FP social acceptance by intensifying information dissemination of FP in poor coastal barangays, consolidate the gains of FP chat sessions in targeted communities, and provide FP services when needed. The three-day info caravan covered the municipalities of Malinao, Bacacay, Malilipot and Sto. Domingo and the cities of Legazpi and Tabaco.

c. **FP Motivation Training**. Twenty participants from the Interfaith Group of Bicol attended the training on June 28-30, 2006. The participants represented 13 local churches. One of the key outputs was the plan to intensify FP promotion in the

local churches through the conduct of FP chat group sessions among respective church members with FP unmeet need.

d. **Organizing the SUAC in Albay.** BIRHA has also started the masterlisting of potential SUAC officers and members. The SUAC is targeted to be organized by July 15, 2006.

5.3. COALITION OF FAMILY PLANNING AND REPRODUCTIVE HEALTH ADVOCATES (COFPRHA)

Under its grant, COFPRHA implemented chat group sessions on FP in two municipalities of Samar which were selected based on their low contraceptive prevalence rate and support by their local chief executives for family planning. The next Table shows the number of chat group sessions implemented.

Table 11. Number of FP chat sessions conducted in Catbalogan and Calbayog

Area	No. of chat sessions conducted	No. of clients counseled	No. of clients referred for services
Catbalogan	25	326	220
Calbayog	20	268	124
TOTAL	**45**	**594**	**344**

COFPRHA 8, in partnership with Population Officers of Catbalogan and Calbayog, completed 45, instead of the 35 targeted chat sessions. A 67% referral rate was reported for Catbalogan and 46 % in Calbayog. Chat group sessions in Calbayog were attended by mostly male prospective clients.

COFPRHA also completed the identification of FP unmet need in 20 barangays of Calbayog City and 25 barangays of Catbalogan . A directory of FP referral networks for Catbalogan and Calbayog was finalized. The directory was envisioned to strengthen the referral system for FP services and for adoption by RHUs and NGO service providers in both areas.

Among the most important accomplishments of COFPRHA during the period are:

a. **Generation of local policy support for FP.** Fourteen (14) identified carline municipalities in Samar were oriented on family planning and the impending total phase-out of donated contraceptives. All municipalities have committed support to the program. Ordinances in support of the FP program were passed for implementation – specifically for Catbalogan and Pinabacdao municipalities. The availability of a pro-forma resolution on FP supplied by COFPRHA to the LGUs greatly facilitated discussion an passing of the resolutions.

b. **Conduct of FP Promotion Activities.** The coalition conducted *"Chika-Chika"* (Chat) sa Taboan/Market which showcased a street play entitled *"Abre Pwerta"* (Open Door) last 28 May 2006. The play highlighted the importance of family planning in achieving maternal and child health care.

The first ever COFPRHA 8-organized FP/RH forum held on May 29, 2006 was attended by 116 participants composed of new sector members from the Barangay Health Workers of Leyte and the Leyte Integrated Port Services, Inc. (male stevedores), farmers groups, BSPO-Leyte, Fisherfolks as well as individual members from Calbayog and Catbalogan.

The Provincial Health Officer, Dr. Edgardo Daya presented the background and directions of COFPRHA 8 while identifying key issues that the coalition aims to address in the coming years. Ms. Betty Garrido shared information on the FP chat sessions while Pastor Jane Tadlas showcased the IFAR8 activities. There was recognition of the powerful presence of IFAR8 as a strong network. During the open forum, Dr. Daya expressed his intention to undergo NSV himself so that he can serve as Spokesperson for NSV. He encouraged the male members of the coalition to join him so that they could generate more NSV acceptors.

A chat session conducted by the Municipal Health Officer of Calbayog, Samar

c. **Conduct of Sustainability Planning.** TSAP-FP provided technical assistance to COFPRHA 8 in identifying priority issues for network sustainability. Two meetings (28 May 2006 and 15 June 2006) were conducted which resulted in the revision of the coalition's vision, mission, goals; amendment of By Laws to relieve POPCOM of being the Secretariat; establishment of COFPRHA 8 Chapters in Catbalogan and Calbayog; and setting-up of office with one full-time staff to oversee COFPRHA activities.

5.4. CEBU CITY UNITED VENDORS ASSOCIATION INC. (CCUVA) THROUGH METRO CEBU CAN

The Metro Cebu Community Advocacy Network (Metro Cebu CAN) led by Cebu City United Vendors' Association (CCUVA) accomplished the following:

a. **Community health profiling**. In April, 2006, Metro Cebu CAN conducted a barangay health profile in five pilot barangays namely Calamba, Ermita, Day-as, Labangon in Cebu City and Mantuyong in Mandaue City. For Metro Cebu CAN, the information on the economic status of families, family size and age groups of children, health and nutrition status of family and data on unmet needs in FP were useful in informing Barangay Leaders on the condition of women and children in their communities and soliciting their support for FP/RH services.

b. **Establishment of referral network**. In May, 2006, Metro Cebu CAN convened a follow-up meeting of FP service providers to finalize the referral mechanism between them and the community motivators. Health providers from the nine barangays involved in the project, Marie Stopes Clinic, Sacred Heart Hospital FP/RH clinic, FriendlyCare Cebu, Vicente Sotto Medical Center FP clinic and FPOP Cebu participated in the meeting. Agreements on fees or charges, referral form, contact persons and schedules were firmed up to ensure that women and men who wanted to avail of FP service, most especially BTL and NSV are referred and provided the service. In Cebu and Mandaue cities, pills, DMPA, IUD and condoms are still available. Only BTL and NSV acceptors are referred to Marie Stopes, FriendlyCare, Sacred Heart Hospital FP/RH clinic or Vicente Sotto Medical Center FP clinic.

c. **Conduct of Community Leaders' Orientation on FP and Contraceptive Self Reliance.** In June, 2006, Metro Cebu CAN with technical support of POPCOM Region VII oriented the Barangay Officials of Cebu City on family planning and contraceptive self reliance. RPO 7 Director Leo Rama discussed the pillars of the Family Planning Program and DOH Administrative Order 168 to make them aware of the guiding principles of the program and the challenges posed by the phase out of free contraceptives in the health centers. Hon. Nida Cabrera, Barangay Kagawad of Barangay Luz and one of the active leaders of Metro Cebu CAN also shared the experience of her barangay in allocating P100,000 of Barangay funds for FP and procurement of contraceptives. The table below summarizes the policy support from Barangay officials.

Table 12. Local policy responses on Family Planning in Cebu

Barangay	Response
Luz	Included FP and purchase contraceptives in its Annual Investment Plan (AIP). Will procure pills and injectables worth P100,000.
Ermita	Passed a Barangay Resolution allocating funds for FP program and purchase of contraceptives amounting to P100,000.
Mambaling	Barangay Council agreed to allocate P30,000 of its budget for Drugs and Medicine for purchase of FP commodities.
Calamba	Barangay Council allocated P14,000 for purchase of FP commodities.
Mantuyong	Barangay Council agreed to include FP program and purchase of contraceptives in its 2007 AIP.
Day-as	Barangay Council agreed to include FP program and purchase of contraceptives in its 2007 AIP.
Labangon	If the Council will not be able to allocate funds for purchase of contraceptives, they will explore alternative schemes to make available FP commodities in their barangay e.g. consignment.
Tisa	Barangay Council agreed to include FP program and purchase of contraceptives in its 2007 AIP.
Carreta	Barangay Council agreed to include FP program and purchase of contraceptives in its 2007 AIP.

d. **Conduct of FP chat group sessions.** In May and June, 2006, Metro Cebu CAN completed 40 chat sessions with 492 participants in attendance. The community motivators identified men and women with unmet need and invited them to attend the chat sessions which were facilitated by the health center midwife. In less than six months, Metro Cebu CAN organized a total of 90 chat sessions with 988 participants. As a result, the community motivators were able to refer prospective FP clients to the health centers and the following new FP acceptors were generated – 158 IUD, 129 DMPA, 160 pills, 58 condoms, 33 BTL and 5 NSV.

e. **Consultation on FP and CSR.** In June, 2006, Metro Cebu CAN organized a consultation on FP and CSR to discuss requirements and procedures of contraceptive procurement. Selected officials of DILG, Health Office, Accounting Office, Budget Office and Auditor's Office of Cebu City attended the activity. The officials were oriented on the pillars of the Family Planning Program and DOH Admin Order 168 to inform them of the challenges posed by the phase out of free contraceptives and prepare them to respond to the contraceptive procurement of some barangays in Cebu City.

f. **Metro Cebu CAN Multisectoral Assembly.** In June, 2006, Metro Cebu CAN gathered its network members to present its vision, mission and objectives and introduce their officers to prospective new members. Guiding policies like membership and affiliation were also discussed. Informal sector and urban poor leaders from the other component cities of Metro Cebu like Lapu-lapu, Mandaue and Talisay were invited to participate in the assembly to formally introduce them to the network members. The leadership of Metro Cebu CAN envisions expansion of its FP promotion and community mobilization in selected barangays in these cities.

g. **Community Events on Male Involvement in FP.** In June, 2007, Male Involvement in FP was promoted during Father's Day in Plaza Independencia, Cebu City. With the Theme "*Responsableng Amahan Kaabag sa Pagplano sa Pamilya*" (A Responsible Father, Partner in Planning a Family). Metro Cebu CAN was able to mobilize more than 700 community leaders to participate in the event which had a festive program with provision of FP/RH services to men and women. A barangay kagawad who is a NSV acceptor was invited to talk about male involvement in FP, give a testimony of his experience and dispel myths and misconceptions on vasectomy. Marie Stopes opened its clinic to provide NSV service to five males.

h. **Sustainability Planning.** In June 2007, Metro Cebu CAN with the technical support of POPCOM Region VII has identified key activities to strengthen the network and sustain its FP promotion and community mobilization. Metro Cebu CAN initiated its organizational capacity building activities by revisiting its vision, mission and objectives, election of new set of officers, and defined its guiding principles and membership. The officers will finalize its Constitution and By-Laws and convene a General Assembly in the near future. Metro Cebu CAN was given small grant by POPCOM VII and Cebu City Women Commission to expand its FP promotion to other barangays in the cities of Cebu, Mandaue, Talisay and Lapu-lapu.

6. Grants implementation of two NGOs completed

The two NGO grantees listed in Table 13 started their activities during the first quarter.

Table 13. Non government organizations implementing grant projects

Area	Coalition	Project Title
NCR	Barangay Service Point Association of San Juan (BSPA)	Building and Strengthening Alliances Towards Greater Support, Acceptance and Practice of Family Planning at the Community Level
Davao City	Kaugmaon Center for Children's Concerns	Strengthening Promotion and Acceptance of FP in Selected Communities in Davao City.

6.1. BARANGAY SERVICE POINT ASSOCIATION OF SAN JUAN (BSPA)

BSPA accomplished the following:

a. **Conduct of FP Chat group sessions.** A total of 33 chat sessions were conducted between April to May with 215 referrals made. Table 14 provides the breakdown of the number of chats held during the second quarter:

   The directory of FP/RH service delivery was also finalized during this period and disseminated to all SUACs and partner health providers.

   Table 14. Total number of FP chat sessions conducted by BSPA

LGU	No. of SUAC areas	No. of chat sessions conducted	No. of participants	No. of FP referrals made
Caloocan	2	4	49	37
Makati	7	5	68	9
Marikina	5	10	117	76
San Juan	6	10	112	58
Quezon City	1	4	39	35
TOTAL	**21**	**33**	**385**	**215**

b. **Conduct of community events and participation in alliance activity**. A *Pamilya Fiesta* with the theme "*Buhay ng Pamilya ay Matagumpay Kapag SUAC ang Kaagapay*" (Family life is successful with the help of SUAC) was conducted on May 19, 2006 in Marikina City with 327 participants. The event was spearheaded by the BSPA of San Juan in partnership with POPCOM-NCR, the Regional Alliance of FP Partners and the Regional SUAC Alliance.

   Highlights of this special event are: message of encouragement and support from the Marikina City Mayor, Vice-Mayor, Congressman, Assistant City Health Officer, NCR Vice Mayor's League President, Center for Health Development – Metro Manila FP Specialist; declaration of support; FP testimonials; jingle contest; provision of FP information and services, among others.

6.2. KAUGMAON CENTER FOR CHILDREN'S CONCERNS

Kaugmaon accomplished the following:

a. **Organization of Satisfied FP Acceptors Club.** In April and May, 2006 Kaugmaon organized Satisfied FP Acceptors Club in the three districts of Davao

City. More than 200 men and women who are FP method users were invited to a consultation to get to know each other and share their experiences. As a result, a satisfied FP acceptors club was created and the members committed to promote modern FP in their respective communities. The satisfied FP acceptor club members were mobilized to give testimonials during the FP chat sessions and community events.

b. **Conduct of Community events on FP.** During the quarter, Kaugmaon and its partners organized the following community events:

- **District Wide Arts Festival on FP and Smart Talking and Essay Writing on Responsible Teen Sexuality and Family Planning**. These activities were organized by Kaugmaon during its district wide Assembly held on May 27, 2006 at Maa National High School. Around 100 adolescents and young people from selected barangays in District II, Davao City attended the activity. The peer facilitators promoted FP and responsible sexuality through visual, songs and creative movements.

- **Conduct of One-Stop Shop FP Services and Theater Presentation on FP**. This activity was organized by Kaugmaon on May 27, 2006 in Barangay Maa. The event featured two fora namely *Empowering Women through FP/RH* and *CSR Strategy* and a theater presentation about issues on FP (common myths and misconceptions). The highlight of this event is the discussion on modern FP methods to correct myths and misconceptions on contraception and promote birth spacing through use of modern FP.

- **Theater Caravan and Community Based FP Program**. In April and May, 2006, Kaugmaon conducted four theater presentations on *Responsible Teen Sexuality and FP* in the following areas – Maa, Matina, Bucana, Aplaya and SIR. The theater presentations and discussions on FP reached 2,500 young people and married women in the communities and informed them of the benefits of well-spaced children and mechanisms of action of different FP methods.

- **Photo Exhibit on Women's Day and forum on FP & CSR.** Metsa Foundation and Kol Los Neng Bilibo (KNBL) celebrated the International Day of Action for Women's Health on May 19, 2006 in District III, Davao City. A total of 229 women, men and youth leaders attended this whole day activity. The event highlighted a lecture on women's health and family planning, photo exhibition and provision of health services. 79 women were provided FP counseling, breast examination and pap smear services.

  Kaugmaon mounted photo exhibitions showing women's health images on the *Ligtas Buntis* (Safe Pregnancy)*Day* organized by Davao Ob-Gyne Association in April 10, 2006 in SM Entertainment Plaza and on the *International Day of Action for Women's Health* on May 29, 2006 in Davao City.

c. **Organization of a Referral Network for FP clients.** On June 23, 2006, Kaugmaon and its partners convened a consultation to organize a referral network for prospective FP users in communities that they serve. A total of 22 health providers from government, NGOs and private health institutions like FPOP clinic, Marie Stopes clinic, FriendlyCare Davao, Brokenshire Women Center, Davao Medical Center FP/RH clinic, Well Care Clinic, Well Family Midwife Clinic and Davao City Health Office attended the activity. The Chief of the Technical Division of POPCOM Region XI discussed the DOH AO 168 – Contraceptive Self Reliance to orient the FP service providers on the challenges of contraceptive phase down. The following are the results of the consultation, (i) a referral mechanism was agreed upon, (ii) a directory of FP/RH service providers was drafted and (iii) an agreement to hold a follow-up meeting was made.

d. **Conduct of FP chat group sessions.** Kaugmaon and its partners were able to organize 83 FP chat group sessions in the following areas - Agdao, Ponciano, Leon Garcia, Buhangin, Mandug, Tigatto, Cabantian, Maa, Matina Pangi, Matina Crossing, Matina Aplaya, Bangkal, Lamanan, Los Amigos, Mintal, Ula, Tagakpan, Bago Oshiro, Wangan, Inayangan, Lacson, Dalagdag, Biao Joaquin, Talomo River, Calinan Proper and Dominga. The community motivators identified men and women with unmet need and invited them to attend the FP chat sessions. Midwives from the barangay health center, Well Care Clinic and FPOP Davao facilitated the chat session. The chat sessions tackled modern FP methods, evidence-based response to myths and misconceptions on FP methods, sharing of experiences of satisfied FP acceptors and information on where to access FP services. A total of 1,260 men and women participated in the chat sessions, 575 were referred to the health provider for counseling and FP services and 290 were provided FP services.

e. **Barangay Council Orientation on FP and CSR.** In May, 2006, Kaugmaon with the technical support of RPO 11, conducted 27 orientation and planning workshop on FP and CSR for Officials of the following barangays: Agdao, Ponciano, Leon Garcia, Buhangin, Mandug, Tigatto, Cabantian, Maa, Matina Pangi, Matina Crossing, Matina Aplayam Bangkal, Lamanan, Los Amigos, Mintal, Ula, Tagakpan, Bago Osihro, Wangan, Inayangan, Lacson, Dalagdag, Biao Joaquin, Talomo River, Calinan Proper and Domingga. This activity provided opportunities for Kaugmaon and its partners to expand their coverage to new areas, disseminate relevant and correct information on FP to barangay officials and other community leaders, establish a good working relationship with the barangay councils, and gather information on the status of FP programs and services which served as basis for planning for future action.

In the case of Maa, the barangay council issued an agreement that SK funds will be used to support FP promotion and education activities targeting the young couples and adolescents at risk. Other barangays reactivated their health

committee, BHW and health center to include in their programs FP promotion and service delivery.

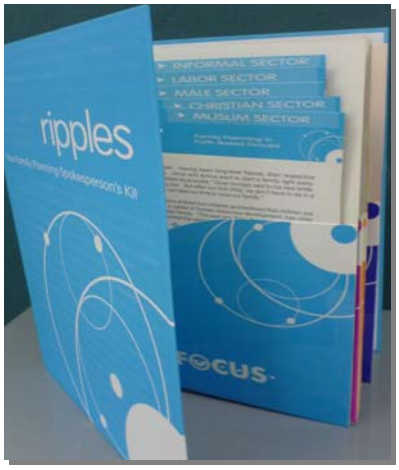
In District 3, the barangays reached reiterated their support for FP promotions. Two barangays in District 3 – Los Amigos and Calinan Proper - issued resolutions to allocate funds for FP education related activities. The two barangays expressed their willingness to allocate a budget to purchase of FP commodities in 2007 once foreign support is totally stopped.

f. **End of Project Assessment and Sustainability Planning.** On June 7, 2006, Kaugmaon convened an end of project assessment and sustainability planning - to review all the activities as approved in the work plan. Kaugmaon and partners were pleased that all the activities were implemented within the time frame of the approved grant.

Included in their sustainability plan are:

i) Kaugmaon and its partner NGOs will maximize resources to sustain the initiatives on FP in the target areas. The FP promotion will be carried out by the barangay health centers through the BHWs and midwife. Men and women who want to use FP methods will be referred to the nearest service provider. Kaugmaon will be represented in the Barangay Development Council as one of the people's organizations. This will be beneficial in continuing the initiatives to promote responsible adolescent sexuality and family planning among the youth and young adults. The youth organizations of Maa have already organized as a federation. One of its programs is to conduct community education and mobilization on responsible teen sexuality and family planning.
ii) Metsa Foundation in collaboration with Kol Los Neng Bilibo (KNBL) will mainstream FP/RH promotion in its agenda for action. Metsa Foundation intends to include FP orientations and FP chat group sessions as part of the education and training activities of the foundation and the women federation.
iii) Kaugmaon and Metsa will continue to tap the services of FPOP and other FP/RH providers in Davao City for referral of prospective FP method users.

7. FP Spokesperson's Tool Kit Distributed



Two hundred eighty eight (288) of the 500 printed copies of the "Ripples – The Family Planning Spokesperson's Kit" have been distributed among FP champions as of June 30. Feedback from the recipients is generally positive. Rosemarie Herrera, Chair of SAFE-FP, said that "the information contained in the kit is comprehensive enough while focusing on key messages per topic... this way an FP spokesperson is guided accordingly on what to say and how best to say it." Cristita Triunfante, Chair of BIRHA,

described the FP Tool Kit as an excellent reference material whose content is very user-friendly.

8. FP spokespersons' initiatives and alliance building activities sustained

FP champions and spokespersons were regularly invited in FP promotion events, whether grant-related activities, national activities, or community level events such as group FP chat group sessions.

9. Polling of influentials (5th wave) conducted

The fifth and last wave of the Poll Survey on FP influentials started on May 30, 006. An updated list of 121 FP influentials was used. Telephone interviews conducted by the research contractor, Synovate, among target FP influentials are expected to be completed by first week of July. Preliminary results will be submitted by last week of July.

10. Three Grants to ARMM Muslim organizations completed, one grant extended

Table 15. TSAP-FP Grantees in ARMM 2006

Area	NGO	Project Title
Basilan	Muaddil Amanah Association	Disseminating the *Fatwa* on FP Among Muslim Basilan MRLs (including *A'immahs*) and Community Members
Maguindanao	Society for Family Development and Education in the Phils. Inc. (SOFDEPI)	Expanded *Da'wah* on the *fatwa* on FP (intensifying dissemination of the *fatwa* on FP/RH)
Lanao del Sur	MUCARD-POM	Mainstreaming the *fatwa* Among Muslim Religious Leaders and Community Members in 3 Municipalities of Lanao Sur.
Davao City	Davao Islamic *Da'wah*	Promoting the *fatwa* Among MRLs (including *A'immahs*) and Muslim Community Members of Davao City

To expand the dissemination of the *fatwa* on FP to the Muslim population, four small grant proposals from ARMM/Muslim organizations were approved during the first quarter of 2006. TSAP-FP prepared its partner NGOs for the grants project by assisting in the development of the project proposals and providing an orientation on the Small Grants guidelines on January 14-15, 2006. After the orientation, the partners started implementing their activities in February 2006. By the second quarter, the four NGOs shifted their activities into high gear, completing majority of its activities. By the end of June 2006, three NGOs completed their project implementation. Only SOFDEPI has

request to extend its project implementation because its radio program on the *fatwa* will only end in July 30, 2006.

The following were the major activities of the ARMM grantees during the second quarter:

a. Conduct of Chat Group Sessions. There were 117 chat group sessions conducted by the Muslim NGOs. The team of FP motivators in these chat sessions were an *Aleema* (Islamic Teacher) and a midwife. The religious aspect was handled by the *Aleema* while the medical aspect was handled by the midwife. As a result, in addition to the *fatwa*, FP methods were discussed during the sessions. This increased the knowledge of 1,244 participants on the FP modern methods, 277 of whom asked to be provided with FP Services by the midwives-facilitators (pills, SDM, condom, LAM). In addition, 181 participants were referred to the clinics and hospitals for IUD insertions, Depo injections, and BTL (11 who were scheduled for July-August after conferring with their doctors). During the chat sessions, health providers also explained the need for women to undergo pap smear which can be done in the rural health centers. This service was included in the referrals sent by the chat sessions to the health centers and hospitals.

Table 16. Number of chat group sessions conducted in ARMM

	No. of chat sessions conducted	No. of participants	No. of clients provided FP services	#No. of referrals made
1. MUCARD-POM	25	250	35	11
2. SOFDEPI	32	342	128	128
3. Muaddil Amanah	30	337	17	17
4. Davao Islamic Dawah	30	315	97	25
TOTAL	**117**	**1, 244**	**277**	**181**

b. Establishment of an FP referral system. Each of the grantees established an FP referral system to service those who attended the chat sessions. There was close coordination between the clinics in the referral system and the motivators of the chat session. In some areas, the RHU or barangay midwives were themselves the motivators. Except for Basilan where there is a shortage of government health providers (patients go to Zamboanga City for their medical needs), the tertiary hospitals in Cotabato City, Marawi City, and Davao City were integrated in the FP referral system established by the grantees.

c. Dissemination of the *fatwa* at the community level. Since the KAP survey on the *fatwa* (TSAP-FP October, 2005) on FP indicated that there are still MRLs who were not aware of the *fatwa*, all of the grantees included the MRLs as their target in *fatwa* dissemination. Below are their accomplishments:

Table 17. Areas covered by ARMM grantees to disseminate the fatwa

Grantees	Area coverage	No. of MRLs reached
1. MUCARD-POM	3 municipalities of Lanao Sur	45
2. SOFDEPI	4 municipalities of Maguindanao	200
3. Muaddil Amanah	6 municipalities of Basilan	244
4. Davao Islamic Dawah	5 clusters of Davao City	150
TOTAL	**18 trainings**	**639**

Moreover, SOFDEPI and MUCARD-POM organized local networks among the trained MRLs in their respective areas. Every municipality identified a leader or point person for *fatwa* dissemination activities. In four covered municipalities of Maguindanao, SOFDEPI supported these trained MRLs in conducting their own local dissemination of the *fatwa.*

A community-based fatwa dissemination session at the Ilang Muslim Village in Davao City

d. Translation of the *fatwa* in the local dialect. Understanding of the *fatwa* was facilitated with the translation made by the grantees in the local dialect. The translation was made in consultation with the other senior religious leaders who were members of the NGOs. MUCARD-POM translated the *fatwa* in Meranao; SOFDEPI in Maguindanao and Iranon; Muaddil Amanah in Tausog; and Davao Islamic *Dawah* in Kalagan.

The translated versions were used during the *fatwa* dissemination in the municipalities, and also proved valuable during the *A'immah* Consultations conducted by TSAP-FP in the different provinces of ARMM during the second quarter of 2006.

e. **Radio Program on the *fatwa.*** As part of the efforts to disseminate the *fatwa*, SOFDEPI conducted a weekly radio program (panel discussion) for better understanding of the *fatwa*. Every Sunday for eight weeks starting May 16, 2006, three MRLs devote one hour discussing the provisions of the *fatwa*. The program provided for a dialogue with listeners (questions and answers) via phone and text messages.

f. **Other Support Activities.** The NGO grantees were innovative in their dissemination activities. Among their innovations were:

- A *shoora* or consultation with the 57 members of the *Darul Ifta* to get their support for *fatwa* dissemination by SOFDEPI;

- A forum on *"Siyap ko Pamilya"* (Family Care) in each of the three municipalities of Lanao Sur by MUCARD-POM. The three activities were attended by 522 participants, 94% of them fathers or males. MUCARD-POM also celebrated Fathers' Day with a *"Kasipa"* (Sports) activity which was attended by 200 participants. The theme for the activity was increasing male involvement in the *fatwa* on FP.

- *Fatwa* orientations to community groups: 50 Muslim jeepney and tricycle drivers; and 270 Muslim men and women in 9 communities of Davao City by the Davao Islamic *Dawah*. The *A'immah* in the nine communities spearheaded the orientation to the *fatwa*.

Mohammad Yousof Pasigan, Mufti of Davao, handling a community-based orientation on the fatwa

- The Pre-Marriage Counseling brochure developed by MRLs which integrated provisions of the *fatwa* was pre-tested in Basilan by members of the Muaddil Amanah Association. One significant finding from the pre-test is the preference of respondents for the use of the brochure during the marriage ceremony itself.
- Signing of a Memorandum of Agreement (MOA) between the Mayor of Balindong in Lanao del Sur and DOH ARMM in support of CSR which was facilitated by POM-MUCARD.

11. Workplan of POPCOM regional offices in TSAP sites implemented

11.1. NATIONAL CAPITAL REGION (RPO-NCR)

After a five-month implementation of the SUAC2 Project with BSPA of San Juan, POPCOM-NCR convened a TSAP-FP partners' meeting to formalize their integration into the Family Planning/Reproductive Health (FP/RH) sub-committee of the Regional Population Executive Board (RPEB) – the regional version of the POPCOM Board of Commissioners. Dubbed as "*Bahaginan at Kamustahan*" (Sharing and Bonding), the meeting also served as venue for the sharing of the latest research study conducted by the University of the Philippines Population Institute on Induced Abortion in the Philippines – its causes and consequences. A total of 45 participants attended the activity with representatives from Friendly Care Foundation, Inc., Women's Health Care Foundation, FPOP, QC-CAN, BSPA of San Juan, SUAC Alliance – NCR, San Juan Population Office and LPPO-NCR, Marikina Population Office, Center for Health Development –Metro Manila and RPEB Members.

11.2. REGIONAL POPULATION OFFICE 3

As of the reporting period, RPO 3 implemented the following activities as per approved work plan:

a. First Regional *Kapihan* (Meeting over coffee) of FP Champions on March 23, 2006, in San Fernando, Pampanga. The Kapihan was attended by 36 participants from the media, local policymakers, members of the Association of Government Information Officers – Central Luzon (AGIO-CL) and other partner agencies. Issues/concern regarding population and development and family planning were discussed.
b. Second Regional *Kapihan* of FP Champions on May 16, 2006, in Angeles City. The second *Kapihan* discussed the result of a study on induced abortion in the Philippines by Dr. Josefina Cabigon of the UP Population Institute. Thirty persons attended including members of the local media, SAFE-FP leaders and members of AGIO-CL.

c. CSR media orientation – a half day orientation on the status of CSR in Region III, V and NCR among members of the local media on April 30, 3006 in Tagaytay City. Four persons from Region III attended.

d. Reproduction and distribution of IEC/Outreach Materials – more than 1,700 materials were reproduced and distributed among the local media as of May 2006.

e. Media monitoring – local news on FP/RH related issues were monitored regularly and feedback was relayed to TSAP-FP.

f. Technical assistance and support to TSAP-FP grantees/partners – RPO 3 provided TA and other support to various activities of SAFE-FP such as the FP Summit, Orientation on FP Promotion for Interfaith Leaders, Network Development Workshop and in project management meetings.

11.3. REGIONAL POPULATION OFFICE 5

RPO 5 provided secretariat and technical support to the grant implementation activities of BIRHA.

RPO 5 personnel coordinated and documented training events, forums and workshops among stakeholders engaged by the grantee. Technical officers served as resource persons and facilitators in the following: FP Motivation Training, FP Promotion Orientation of Bicol Interfaith Leaders, Annual General Assembly of the South Bicol Conference–UCCP, and FP orientation for fisherfolk, as well as some of the chat groups. RPO 5 also participated in the Bicol Health Caravan on June 1-3 in key municipalities and cities in the Province of Albay.

On April 28, RPO 5 organized the second *Kapihan* with Local Media Practitioners of Legazpi City. Twenty five persons attended representing 12 media personalities from eight media organizations from the print and broadcast media (ABS-CBN South Luzon Bureau, HBC Radio, Radio City DWRS-FM, DWRL, PBN TV 6, DZHB, FEBC-DWAS and DZRC-AM), one media-oriented organizations (MEDIA, Inc.), one medical foundation (Estevez Medical Foundation), NGOs (Aide for AIDS, MIDAS and BIRHA) and government functionaries (POPCOM 5 and CHD 5). The study by the UP Population Institute on induced abortion was presented.

11.4. REGIONAL POPULATION OFFICE 7

From April to June 2006, POPCOM Regional Office 7 (RPO 7) provided technical assistance to Metro Cebu CAN in implementing its FP promotion and community mobilization activities in nine barangays in Cebu and Mandaue cities. Key technical personnel were mobilized as resource persons and facilitators of the following activities: (i) Barangay Leaders orientation on FP and CSR, (ii) follow-up meeting of FP/RH service providers on the FP referral system, (iii) consultative activity on FP and CSR and (iv) Barangay Profiling. It also provided professional advice to Metro Cebu CAN leaders in strengthening its network and planning its sustainability.

In April and June, 2006, RPO 7 organized a *Kapihan* (Media Forum). The first *Kapihan* was convened to orient local media on the health situation of women and children, how FP can contribute to safe motherhood and women's and child health, and the initiatives of Metro Cebu CAN and other NGOs in FP promotion and community mobilization. The second *Kapihan* was a Research Dissemination Forum on the Study on Induced Abortion by the UPPI. Both events were attended by local media persons, representatives of academic institutions and health professional associations and government agencies in Metro Cebu. As a result, issues on FP/RH and initiatives in FP promotion and community mobilizations were adequately covered by print and broadcast media, thereby increasing publicity on FP to other areas in Central Visayas.

11.5. REGIONAL POPULATION OFFICE 11

In April and May 2006, POPCOM Regional Office 11 (RPO 11) provided technical assistance to Kaugmaon, Metsa Foundation and FPOP Davao in conducting the Barangay Officials Orientation and Planning Workshop on FP and CSR and strengthening the FP referral network in Davao City. RPO 11 technical personnel were mobilized as resource persons in these activities.

In May 2006, RPO 11osted a Media Forum to disseminate the research findings of the study on Induced Abortion in the Philippines by UPPI. It was attended by local media persons, representatives of RH Network Davao and key officials of Davao City Health Office and DOH CHD XI.

12. Best practices and stories from the field documented

Conceptualization and technical preparation for the publication of a compendium of TSAP best practices started in the early part of 2006. During the second quarter, a style editor and 13 feature writers were hired to assist TSAP FP in the development of the Compendium. The feature writers were mostly media practitioners based in the following areas: Manila, Bicol, Tacloban, Cebu, Davao, and ARMM. Most, at some point, have been involved in TSAP media activities, the rest were recommended by the Regional Population Offices.

The first draft of the compendium, together with the feature stories was reviewed by TSAP technical staff in June 27, 2006. Said compendium contains 13 write-ups on TSAP FP promising practices and 31 feature stories.

The write-up of Technical Notes for USAID publication of five best practices was also initiated. These notes will form part of a USAID publication on results of its projects – TSAP-FP; LEAD for Health and PhilTIPS.

D. Health Provider Component

1. Course syllabi for Midwifery, Nursing and Medical courses developed

A family planning course syllabi for each health profession course was developed and submitted by Undersecretary of Health Ethelyn P. Nieto to the Professional Regulations Commission (PRC) and Commission on Higher Education (CHED) for utilization and dissemination. A copy was provided the PRC to ensure consistency in integrating FP concepts/questions in the medical professional board exams, and to CHED for possible pre-testing among medical schools and universities. As previously reported, the process of strengthening family planning in the undergraduate curricula of health courses and in the professional board examinations involved several steps. These include: conducting a competency analysis by profession, developing a test blueprint and detailed test specification, and construction of course syllabi for each health profession. A stand-alone FP curriculum for Medicine was completed. It is hoped that the stand-alone curricula for Nursing and Midwifery will be finished before end of project. (Full report on the development of Test Specifications and syllabi and the stand-alone curriculum for Medicine are attached as *Annex 8*)

2. 54 health providers in ARMM coached and provided technical support

Fifty-four (54) family planning service providers (7 doctors, 14 nurses, 17 midwives, and 14 health volunteers/motivators) were oriented on the *fatwa* and coached on the use of the Chat Session Guides. The participants represented Maguindanao and Cotabato City (15), Davao City (15), and the provinces of Sulu (4), Tawi-tawi (11), and Basilan (9). The target number of health providers to train was not achieved during the quarter since health providers in the local government units were engaged in community planning and were not free to attend.

3. Results of Post KAP Study readied for presentation during the end-of-project conference

As the opportunity to present the results of the Post-KAP study became impossible with the postponement of the National Staff Conference of the Department of Health in September, an opportune time came up with the plan to conduct an end-of-project conference in the cities of Cebu and Davao this August 1 and 4, and during the Stakeholders conference to be conducted by the DOH after the turn-over ceremonies on August 9, 2006.

4. Evidence web site launched

The Evidence website, containing best evidences on family planning methods was recently launched by the University of the Philippines, Manila. It features 44 Critically Appraised Topics (CATs) on family planning methods produced by the Philippine Evidence Based Reproductive Medicine Network (PEBRMNet), one of the study groups of the National Institutes of Health (NIH). The PEBRMNet is composed of select members of the Philippine Obstetrical and Gynecological Society (POGS) who were trained on evidence-based medicine applied to family planning. The website is being maintained by UP Manila and the National Institute of Health (NIH). The website address is http://www. *pebrmnet.upm.edu.ph* or http://www.*pinoytek.com/PEBRMNet*.

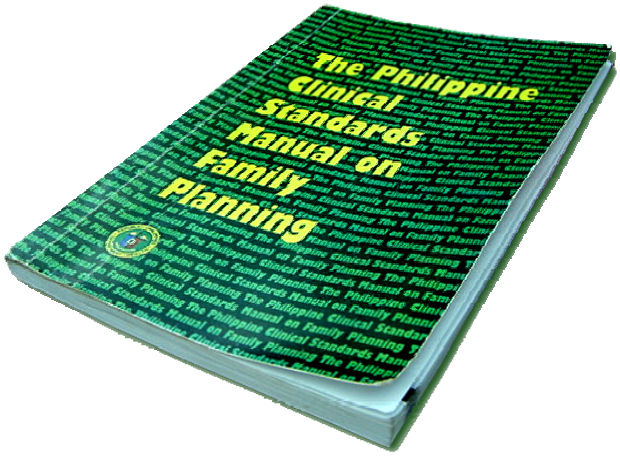
5. Field test of the Revised DOH-FP Clinical Standards Manual completed

The field testing of the revised Clinical Standards Manual in FP was completed on April 17, 2006 (Draft report is attached as *Annex 9*). The field test results were presented to the DOH and were incorporated in the final draft that was submitted to USAID for approval. The field testing was conducted among a combined group of doctors (10), nurses (13) and midwives (33) in the province of Bulacan (21) and the cities of Iloilo (19) and Manila (16).

The field test results showed that overall, the FP clinical standards manual is clearly understood by all groups of intended users. The respondents found the manual very useful. They were especially appreciative of the discussion on the new topics such as Reproductive Health, World Health Organization Medical Eligibility Criteria (WHO MEC), Philhealth benefits and FP technologies. The respondents also found the packaging and format generally acceptable, especially the size and thickness. There are, however, areas the respondents found that need further clarification and improvements. These are some medical terms that need simplification; complex sentences that need to be shortened and simplified; paragraphs that may be bulleted; pictures, figures and illustrations that have to be more appropriate, colored and sharpened. The respondents also recommended that titling and labeling need to be standardized. The respondents also expressed their appreciation of the fact that they were consulted in the updating of the Manual.

6. Final draft of Clinical Standards Manual on FP submitted to USAID for approval

Based on the results of the pretest, the Technical Working Group (TWG) convened for a series of meeting on April 26-29, 2006 and on June 13-16, 2006 to revise the Clinical Standards Manual on FP. The final document (camera ready format) of the revised Manual was submitted to USAID for approval on June 30, 2006. The Manual is a DOH document with a Foreword by Health Secretary Francisco Duque III. The DOH plans to hold a Stakeholders' Meeting in August.



Right: The prototype Manual used for the pre-test

The manual is divided into two major parts: Policies and Programs; and Clinical Standards. The first part discusses the Philippine FP program, Reproductive Health and FP, and Management of FP Clinic Services. The second part discusses Counseling the FP Client, Client Assessment, the Human Reproductive System, Fertility Awareness-based Methods, Lactational Amenorrhea Method, COCs, POPs, Progestin-only Injectables, Combined Injectable Contraceptives, Subdermal Implants, IUDs, Barrier Methods, Male Voluntary Surgical Contraception, Female Voluntary Surgical Contraception, FP for Special Populations, and Rumors and Misconceptions About FP Methods. Document is hereby attached as *Annex 10.*

Members of the TWG core group (Dr. Gerardito Cruz, Dr. Florencia Apale & Dr. Rebecca Ramos) finalizing the Manual

7. POGS clinical practice guidelines on hormonal FP methods completed

The prototype of the Clinical Practice Guidelines (CPGs) on Hormonal Methods was submitted to TSAP-FP on June 26, 2006 for lay-out and printing. The authors plan to submit the CPG to the Philippine Journal of Obstetrics and Gynecology. TSAP-FP will layout the CPG in pamphlet form and print a limited number for POGS distribution. A copy of the CPG is attached as *Annex 11*.

III. IMPLEMENTATION ISSUES AND ACTIONS TAKEN

1. Delay in completion of some grants and research study

During the previous quarter, the issue of delay in approval of the grants was discussed. It was pointed out that since the grants were approved in January and February 2006, a shorter window of opportunity for implementation was available for grantees. Instead of the usual six months to implement activities, most grantees had three to four months.

By end June 2006, many grantees were able to expedite implementation. However, none were able to send a final report by June 30 as scheduled. Some grantees requested for a month's extension due to the non-completion of a few activities. TSAP-FP granted this extension. The final reports will be submitted by July 30. TSAP-FP will still need to consolidate this report.

Another delay is the final report of the regional KAP survey to assess the reach of the region-specific radio campaign on FP methods. Since data gathering only started in mid-June, there will be a delay in data analysis and final report submission.

Considering these two major delays, TSAP-FP has officially requested USAID for a no-cost extension until end-September 2006. This will allow time for finalization of the consolidated report for the grants, the final report for the regional KAP survey as well as the documentation of best practices.

2. Sustainability of FP Promotion Activities

With the impending close of TSAP-FP, the issue of sustainability of FP promotion activities initiated with support from the project has surfaced once again. Although most of the organizations mobilized by the project are able to sustain activities on their own, mainly because they are now skilled in generating resources from their own LGUs or other funding agencies, there still is the need to provide necessary technical assistance and coordination support. TSAP-FP officials met with POPCOM (Executive Director and Deputy Director) to discuss this. Based on the agreement reached, POPCOM Central will take over the media monitoring activities initiated by TSAP-FP. The respective Regional Population Offices, who are now actively coordinating FP promotion in their regions, will continue to assist the organizations and individual champions mobilized under TSSAP-FP.

IV. ACTIVITIES FOR NEXT REPORTING PERIOD

Behavior Change Communication Component

1. Launch the Broadcasters' Manual
2. Formally turn-over of the FamPlan to DOH
3. Complete the Post Region-specific Radio Campaign Survey
4. Provide publicity support to the project's close-out events
5. Complete ARMM Fatwa Awareness Follow-up Survey
6. Submit completion report

Outreach Component

1. Monitor completion of small grants by partners
2. Conduct the Close-out Conferences in Davao and Cebu
3. Finalize and disseminate Scriptural Reflections (Biblio-Theological basis for Family Planning)
4. Finalize compendium of success stories/best practices
5. Submit completion report

Health Provider Component

1. Extend technical assistance to the DOH to work with with PRC and CHED for the adoption of the Test Specifications for FP for Midwifery, Nursing and Medical Board Examinations
2. In coordination with the DOH and USAID, finalize and print Revised Clinical Standards Manual on FP
3. Facilitate the laying out and seek USAID approval to print the POGS Clinical Practice Guidelines of POGS
4. Submit completion report

V. TECHNICAL ASSISTANCE

There was no technical assistance travel made by Washington-based AED, TFGI or CEDPA staff to the project during this reporting period.

VI. FINANCIAL INFORMATION

Academy for Educational Development
Project Title: Strengthening Social Acceptance of Family Planning - Philippines
Contract Number: 492-C-00-02-00019-00
Period of Performance: August 15, 2002 through August 14, 2006
Quarterly Report for the Period: 4/1/06 to 6/30/06

		Total Estimated Costs by CLIN	Actual Invoiced Through 3/31/06 by CLIN	Total Expenditures for period 4/1/06 to 6/30/06 by CLIN	Cumulative Expenditures to Date	Balance in Contract Budget by CLIN
Contract Budget						
0001 Research & Evaluation		1,825,310.00	1,045,690.85	103,120.48	1,148,811.33	676,498.67
0002 Communication & Advocacy		5,068,145.00	4,438,984.81	460,238.00	4,899,222.81	168,922.19
0003 Technical Assistance		2,267,149.00	1,846,464.60	214,766.71	2,061,231.31	205,917.69
0004 Training		2,470,584.00	2,317,882.29	137,752.08	2,455,634.37	14,949.63
Total		**11,631,188.00**	**9,649,022.55**	**915,877.26**	**10,564,899.81**	**1,066,288.19**

Benchmarks for The Social Acceptance Project – Family Planning
Q2 (April to June) 2006

Behavior Change Communication

Annual Target (Indicators)	Benchmark Statement April 1 to June 30, 2006	Benchmark Description	Documentation Requirements	Due Date
3.1a. Percentage of the target audience who have heard of messages through mass media portraying FP as valuable to their life will increase from 54% to 60% (IR 3.1a) in end-of- option year KAP in project areas Metro Manila, Metro Cebu, Metro Davao, and low CPR areas Bicol and Leyte	Regional advertising campaigns to debunk myths and misconceptions aired	Radio materials aired and monitored	Media plan and broadcast reports	June 15
		FP Hotline advertised in print media (Inquirer *Libre*, *Bulgar*, *Abante Tonite*, *SuperBalita Cebu and Davao*, *Banat News Cebu*.)	Media plan and print monitoring reports	May 30
		Data collection for Post Campaign Survey initiated	Research contract signed (w/ timetable indicating dates of data collection) with selected sub-contractor	June 30
	Media and technology to transmit correct FP information to target audiences & the public implemented	FP Hotline monitored for number of questions and question senders	FP Operations Reports	June 30
		Agreement of DOH to sustain FamPlan Hotline after July 31, 2006 finalized	Memorandum of Understanding	June 30
		LoveLines call-in program in Manila monitored on number of questions and air time devoted to the FP portion	Activity reports	June 30

Annual Target (Indicators)	Benchmark Statement April 1 to June 30, 2006	Benchmark Description	Documentation Requirements	Due Date
Leyte	Printed materials to deliver correct family planning information to present and potential users of family planning through champions and health providers distributed to intended users	• Broadcasters Manual of FP Messages printed for June book launch • Book launch of Manual • Low cost stickers promoting FP Hotline for tricycle drivers printed and distributed	• Actual printed copy • Report on launch • Printed copies with distribution plan	May 31 June 30 April 31
	Communication activities to promote contraceptive self reliance conducted	3 FGDs conducted among non-supportive or neutral mayors in Regions 5, 8 and 11	Final report and transcript	April 15
		CSR materials for media orientation and mayors' media training finalized and printed	Final printed materials	April 15
		Media orientations on CSR conducted in: • Manila for media from regions 3, 5 and NCR • Cebu for media from regions 6, 7 and 8 • Davao for media from regions 10, 11 and 12	Activity reports	May 31

3.1b. The proportion of positive to negative stories will increase from 4.24:1 registered for the period October 1, 2004	Continuing media relations and monitoring activities conducted	Monthly publicity campaign conducted with at least 10 newspaper pickups on:
		• Contraceptive self reliance
		  o CSR orientation
		  o CSR best practices
		• Regional advertising campaign
			Monitoring Report	May 31

		Daily media monitoring reports conducted (FP News @ a Glance)	FP News @ a Glance issued every weekday	June 30
		Media analysis report for 2nd quarter 2006	Actual report	June 30

Annual Target (Indicators)	Benchmark Statement April 1 to June 30, 2006	Benchmark Description	Documentation Requirements	Due Date
to August 14, 2005 to 6:1 for the whole of the option year (August 15, 2005 to August 14, 2006) in key TV, radio programs and print media nationally		Relations with entertainment/ lifestyle journalists strengthened	Activity reports	June 30
	Quick response mechanism to counteract negative messages on modern methods activated	Media monitoring conducted by PopCom in Cebu City and Davao City and reports submitted	Activity reports	Jun 30
3.1a. By the end of the project, awareness of the *Fatwa* will increase from 28% to 40% of residents and 40 to 50% among *A'immah* in areas where *Fatwa* dissemination activities and radio campaign were conducted	ARMM *fatwa* dissemination activities implemented among general public and *A'immah*	Inventory of *A'immah* conducted in: • Marawi city • Lanao Sur • Maguindanao • Basilan • Sulu • Tawi Tawi	Inventory: • List of *A'immah* • Locations • Positions on *Fatwa*	April 15
		Imam Conferences conducted to promote Fatwa to A'immah conducted in: • Zamboanga for Basilan A'immah • Zamboanga for Sulu A'immah • Bongao for Tawi Tawi A'immah • Cotabato City for Maguindanao A'immah • Cagayan de Oro for Marawi A'immah • Cagayan de Oro for Lanao Sur A'immah	Activity reports	June 15

Annual Target (Indicators)	Benchmark Statement April 1 to June 30, 2006	Benchmark Description	Documentation Requirements	Due Date
		Radio programs promoting fatwa hosted by MRLs launched in: • Marawi City/Lanao Sur • Cotabato City • Bongao	Activity report	June 30
		Data collection for ARMM *Fatwa* Awareness Follow up Survey initiated	Research contract signed (w/ timetable indicating dates of data collection) with selected subcontractor	June 30

Outreach Component

Annual Target (Indicator)	Benchmark This Quarter	Benchmark Description	Documentation Requirements	Due Date
3.2a. Three (3) national partner organizations promoting the practice of modern family planning including male involvement	Technical assistance to FP promotion and information campaigns of three (3) national partner organizations provided	Grants implementation on track and completed NACTODAP	Terminal Report	June 30
		Orientation on FP Promotion for Interfaith Leaders in Region 8, Bicol and Pampanga conducted	Activity Report	April 30
		Scriptural Reflections (Biblio-Theological basis for Family Planning) finalized and disseminated	Copy of Scriptural Reflections	May 30
		First draft of FP modules for the AFP pre-service and in-service training programs developed	Copy of first draft of FP module	June 30
3.2a. Four (4) multi-sectoral coalitions and two (2) community-based organizations promoting evidence-based family planning through community mobilization and motivation activities	Technical assistance to FP promotion and motivation activities of multi-sectoral coalition and NGO partners provided	Grants implementation of four multi-sectoral coalitions on track and completed • Pampanga - SAFE-FP • Bicol - BIRHA • Samar-Leyte - COFPRHA 8 • Metro Cebu - CCUVA	Terminal Reports	June 30
		Grants implementation of two NGOs completed • NCR - BSPA • Davao City - Kaugmaon Center for Children's Concerns	Terminal Reports	June 30
3.2b.Seventy (70) FP spokespersons	FP Spokespersons mobilized in selected	FP Spokespersons Tool Kit distributed	Distribution list	June 30

Annual Target (Indicator)	Benchmark This Quarter	Benchmark Description	Documentation Requirements	Due Date
implementing FP promotion activities in their localities and spheres of influence	community mobilization and alliance-building events	FP Spokespersons mobilized during community events and alliance building activities	Activity Reports	June 30
		Polling of influentials initiated (5th wave)	Feedback Report on status of interviews	June 30
3.2a. Four (4) ARMM/Muslim organizations promoting fatwa on FP through community mobilization	Technical assistance to fatwa dissemination of Muslim NGOS provided	Four (4) small grant from ARMM Muslim organizations implemented and completed • Maguindanao – SOFDEPI • Basilan – *Muaddil Amanah* • Lanao del Sur – POM MUCARD • Davao City – Davao Islamic *Da'wah*	Terminal Reports	June 30
3.2a. Eight (8) Regional POPCOM Offices providing inputs on technical and programmatic aspects of partners' FP promotion and community mobilization activities	Work Plan of POPCOM Regional Office in TSAP-FP sites implemented	Eight (8) POPCOM Regional Offices providing TA to TSAP-FP grantees	Feedback Reports Trip Reports	June 30
	Success stories and best practices documented and disseminated	Draft of success stories/best practices completed	Draft articles	April 30
		Articles of Best practices packaged, reproduced and disseminated	Copy of Compendium of Promising Practices/Stories from the Field	June 30

Annual Target (Indicator)	Benchmark This Quarter	Benchmark Description	Documentation Requirements	Due Date
		Preparation for TSAP-FP Partners *Bahaginan* II done	Activity Report	June 30

Health Provider Component

Annual Target	Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
3.3a Inclusion of Family Planning in the syllabi of the board examination subjects of medicine, nursing and midwifery professions	A more descriptive syllabi of medical, nursing and midwifery developed for PRC adoption	Examination syllabi on family planning for the medical, nursing and midwifery courses prepared for PRC. Syllabi content easier to be translated into relevant subject in the standard course offering designed.	Consultant's report with final syllabi PRC Resolution for adoption	April 30 June 30
		PRC Resolution disseminated	Dissemination activity report	June 30
3.3b At least 80% of Health Providers in public health facilities / hospitals and industry clinics who have correct knowledge on specific family planning methods	50 health providers in ARMM coached and provided technical support	At least ten chat session facilitators each in Lanao Sur, Maguindanao, Tawi-tawi, Marawi City and Davao City coached on the use of the chat session manual and completed a course on evidence-based family planning.	Documentation of activity	April 30
	Post KAP Study of HP disseminated	The post KAP study disseminated among Health providers in project sites	Activity report	June 30

Annual Target	Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
	EB family planning CAT Kit web site completed and launched	Home page for the EB family planning / CAT kit (including the newsletter) completed and hosted by the UP College of Medicine , Manila	Consultant's report Website launch report	May 30
3.3c Appropriate protocols to ensure the integration of Family Planning as part of the routine service package developed	Field test of the Revised DOH-FP Clinical Standards Manual initiated	Field test of the Clinical Standards Manual conducted in Luzon and in the Visayas	Consultant's /Activity report	May 30
	Printing of the FP manual done	Printing of the revised FP manual completed	Delivery report	June 30
	POGS clinical practice guidelines on hormonal and permanent FP methods completed.	POGS clinical practice guidelines on hormonal and permanent FP methods completed and plan for dissemination drafted.	Consultant's report	June 30

Magplano ng Pamilya upang buhay ng mag-anak guminhawa.
Magtanong tungkol sa family planning
Text/Call FP Hotline:
0917-832-6756 / 0918-832-6756 / (02) 522-0176
USAID
FROM THE AMERICAN PEOPLE
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
NACTODAP

List of media participants in the CSR Media Orientations conducted by TSAP-FP

Luzon Media from Regions NCR, 3 and 5, Days Hotel, Tagaytay City

1. Erlinda Yutuc, Regional Manager, Philippine Information Agency (PIA), Region 3; Ray Alvin Dasal, DWGV-AM Radio, Angeles City;
2. Armel Fernandez, DZMM
3. Rudy Maranon, DZMM
4. Aida Naz, PIA-Region 5
5. Edgar Alejo, The Bicol Chronicle
6. Alex Parfan, Bicol Tribune
7. Ariel Ayque, DWZR, Bicol
8. Arbee Balaba, Buisinessworld
9. Sheila Crisostomo, Philippine Star
10. Carmela Fonbuena, Newsbreak
11. Marie Surbano, Philippine Tribune
12. Cher Jimenez, Buisiness Mirror
13. Jenny Manongdo, Manila Bulletin
14. Miriam Torrecampo, People's Tonight

Visayas Media from Regions 6, 7 & 8, Tambuli Beach Club, Cebu

1. Lyneth Mendoza, RGMA, Kalibo
2. Evelyn Josue, IBC TV-12, Iloilo
3. Des Tilos, Jr., VOS, Negros Oriental
4. Lydia Pendon, Daily Informer, Iloilo
5. Erwin Delilan, SunSTar, Bacolod/DYRL
6. David Sinay, Panay News, Iloilo
7. Elena Pelobello, Bombo Radyo-Cebu
8. Anabelle Lagrosas, DYMR-Radyo ng Bayan-Cebu
9. Jasmin Uy, Freeman
10. Joshua Cabrera, SunStar-Cebu
11. Jejemay Awit, SunStar-Cebu
12. Gregg Rubio, RMN-DYHP-Cebu
13. Anna Marie Militante, Eastern Visayas Star Express
14. Louie J, Quebec, MBC-DYVL Aksyon Radyo, Tacloban
15. Jennifer Allegado, DYOG, Radyo ng Bayan-Calbayog
16. Joey Gabieta, Leyte-Samar Daily Express
17. Mark Joseph de Leon, Eastern Visayas Mail
18. Jerby Santo, IFM-Tacloban
19. Mate Espina, Manila Times, Sun Star, Tacloban

Mindanao Media from Regions 10, 11 &12, Waterfront Hotel, Davao

1. Anna Liz Cabrido, Bombo Radyo-Koronadal
2. Chinchin Faunilla-Hawtay, NDBC-DXMS, Cotabato City
3. Gina Belmes MBC-Radyo Natin-Isulan
4. Merlyn Aznar, Mindanao Express
5. Napoleon Salaysay, Mindanao Bulletin
6. Jose Felicilda, RMN
7. Rubelyn Yap, Philiippine News Agency/City Information Office
8. Rutchie Aguhob, PIA-10
9. Teresia Baluyos, RAGCOM/PSciJourn
10. Dang Jumala, DXRP-RNB
11. Romeo Capinpuyan, DXIM-Radyo ng Bayan-CDO
12. Nelson Cañete, DXGM Super Radyo
13. Ariel Basilio, Mindanao Daily Mirror
14. Edwin Espejo, Sunstar-General Sanots
15. Edith Isidro, PIA-11

Content Analysis Report
April 2006

Overview

Media's coverage of population and related stories went down probably due to the Holy Week observance. On the other hand, reports were more comprehensive and offered the first media discussions on the Contraceptive Self-Reliance Strategy.

Quantitative Analysis

Print media's coverage of population and related stories went down in April from 1090 in March. Stories monitored this month totaled 715. But while reportage declined, positive articles on family planning dominated those that are neither neutral nor negative on modern contraceptives.

Positive stories – 137
Reference stories – 511
Negative stories – 18
Neutral stories – 49

News dominated media's reportage for April with (453) followed by opinion (177) including one editorial, (19) feature, (23) and photo, (43). Surprisingly, there was no single clipping on Manila Standard Today's Fast Facts that normally feature statistics on population.

Among daily broadsheets, the Manila Bulletin printed the most number of stories (28) followed by the Philippine Star (24), the Philippine Daily Inquirer (19), Manila Times (15), Manila Standard Today (12), Malaya (11), Business World (10), Business Mirror (5), and Daily Tribune (3).

The tabloids were quite active this month although the frequency of coverage was not that much. People's Tonight and Mindanao Daily Mirror both had (4) stories on family planning followed by Abante, Pilipino Star, and Saksi sa Balita with (3) articles. Bulgar, Tanod, and Mindanao Times had (2) stories each while Saksi Ngayon, Balita, Tempo, Taliba, Remate, Sunstar Weekend, Sunstar Daily, and the Freeman had (1) each.

Majority of media's coverage in April were about population-related stories such as HIV/AIDS, poverty, environment, politics, among others that account for (72) articles. Family planning and reproductive

health come second with (54) including (3) that dealt on population, health and environment (PHE), method (21), church (8), and policy and population development having (3) stories each.

There were more men who either spoke or wrote on population concerns (64) compared to women (44).

Placement of Stories

The media gave special treatment to the coverage on President Gloria Macapagal-Arroyo's birthday celebration where she spoke among others, family planning. A total of 12 front-page stories monitored this month contained mostly about the president's pronouncements of her administration's thrust on family planning.

Who talks and what they talk about?

Government officials are the major sources of stories in April with (48) write-ups to their credit followed by private individuals and organizations (38), studies (19), foreign institutions (11), and the Catholic Church (10).

Qualitative Analysis

President Arroyo's pronouncements during her 59th birthday celebration in her hometown Lubao, Pampanga generated media coverage specially among the daily broadsheets. While saying ***"what I want for my birthday this year is to be able to give jobs, education and health services to more of our fellowmen,"*** it was not clear if the president see reproductive health services as part of these **(Highs and low mark GMA's special day, PDI); (President Arroyo celebrates birthday in Lubao, Pampanga, Mla. Bulletin); (GMA: Help me fight destabilizers, Phil. Star); (GMA on traditional visit to Lubao on her birthday, Mla. Times).**

On the other hand, it seems that some members of President Arroyo's economic team are confused as to how to deal with the influence of the Catholic Church with government affairs. Speaking before the Manila Overseas Press Club (MOPC), Finance Secretary Margarito Teves explained that the country's economy needs to grow 7 to 9 percent annually to catch up with the rising population.

"There is direct correlation between income and family size. The more low-income groups we have, the more people will be

added to the population," he said (**More economic activity needed to temper population rise, Business World**).

In another story, the reporter showed that while the country's economic managers recognize the link between poverty and population, they also acknowledge the church's influence on policy matters. ***"Economic officials are also at a loss how to deal with the influence of the church on government policy on population management, conceding that policy formulation would have to take this influence 'as given'"*** (**Economy needs to grow 7%-9% to support population-Teves**).

But as the government plays a dangerous game with the church, more and more Filipinos are added up to the population. A statement released by the National Statistics Office revealed that the country's population will double by 2040 or 141.7 million three decades from now. The story was picked up by both national and local dailies **(RP population expected to double to 141.7M by 2040, says NSO, PDI); (Population to double in 40 yrs, Mla. Bulletin); (RP population to reach 141.7M by 2040, Mindanao Insider Daily); (Population expected to reach 141.7M by 2040, Mindanao Times).**

While it is common knowledge that the Catholic Church abhors artificial contraceptives, there were those like a former Milan cardinal who spoke in favor of condoms and whose statements were picked up by some members of the Philippine media. Calling them a "lesser evil," Cardinal Carlo Maria Martini, former archbishop of Milan, said condoms help in the fight against HIV/AIDS (Milan cardinal: Condoms a lesser evil to prevent AIDS, Phil. Star); (Condoms "lesser evil" than AIDS: Cardinal, Sunstar Weekend).

Some members of the media also paid interest to the phase-out of contraceptive supplies from the United Agency for International Development (USAID) and its impact on reproductive health services **(Paghinto ng libreng supply ng contraceptives masama sa ina at sanggol, Tanod); (No disruption in family planning, Mla. Bulletin); (Steady supply of contraceptives assured, People's Tonight).**

The Mindanao Daily Mirror also devoted two articles into explaining what the Contraceptive Self-Reliance Strategy (CSR) of the government is and the effect of the USAID's withdrawal assistance.

Meanwhile, it is also a good sign that the some newspapers still report on the fatwah on family planning in the Autonomous Region in Muslim Mindanao and the ongoing vasectomy campaign of tricycle drivers.

Recommendation

The media continued to report on family planning and related issues in April despite the long Holy Week vacation. Since coverage of government affairs normally become minimal during this season, newspapers took this as an opportunity to report on human interest stories or those that would not normally see print during ordinary days.

The fact that many people would leave Metro Manila for vacation in the provinces including resorts could be a good story to write on how Filipinos including adolescents behave while chilling out in Boracay or Puerto Gallera. This could provide a good spin since activities in resorts become livelier when more people come for a visit.

There is also a need to fan discussion on family planning since reportage in April went down compared to the month of March. Perhaps a strong program to create family planning champions among media people would be a welcome move. #

Content Analysis Report
May 2006

Overview

Coverage on family planning in May increased as compared to the two previous months. There were less negative stories and more articles have gotten front-page treatment and have eventually pushed the debate on a higher level of consciousness.

Quantitative Analysis

Print media's coverage of population and related stories for this month exceeded that of March and April. Articles positive to the family planning campaign took most of the coverage while there were not much negative stories.

Positive stories – 261
Negative stories – 12
Neutral stories – 38
Reference stories – 381

News made up most of media's reportage for May with (410) followed by opinion (166), (52) photos and cartoons, (36) editorials, and (28) feature stories. There was no single clipping on Manila Standard Today's Fast Facts, which normally features statistics on population.

The Philippine Daily Inquirer published most of the coverage with (47) stories followed by Manila Bulletin (30), Philippine Star (25), Business World (21), Manila Times (20), Manila Standard Today (16), Malaya (11), Daily Tribune (8), and the Business Mirror (8), among the daily broadsheets.

Among the tabloids, Bandera had the most reports with (6) stories followed by Saksi sa Balita (4), Tanod (3), Balita, People's Tonight, Remate, Mindanao Insider Daily and Mindanao Times with (2) each, and Sunstar, Tumbok, Taliba, and Pilipino Star with (1) each.

Majority of media's coverage in May were population-related such as HIV/AIDS, poverty, hunger and the Millennium Development Goals that made up (94) articles. Family planning and reproductive health came in second with (70), policy specially the Contraceptive Self-Reliance Strategy (25), method (15), and church (10).

There were more men who either spoke or wrote on population concerns (86) compared to women (71).

Placement of Stories

A total of 24 stories made it to the front pages of the daily broadsheets which is double the figure in April. Most of the reports that were given page one treatment were on: the Philippines' record-breaking Guinness breastfeeding record; surveys on hunger; and the government's claim that the country's growth rate has declined.

Who talks and what they talk about?

Government officials were the major sources of stories in May with (68) write-ups to their credit followed by studies (40), private individuals and organizations (33), foreign institutions (16), and churches (10).

Qualitative Analysis

The National Statistical Coordination Board's (NSCB) claim that the country's growth rate has declined from 2.36 percent to 1.95 percent was carried by some newspapers and was given front-page treatment like the PDI. In fact, it was the PDI's headline story that day. As expected, the national government hailed the findings with no less than President Arroyo congratulating the Commission on Population (Popcom) for a job well done. Popcom, on the other hand, said that the decline was due to a rising incidence in abortion.

Meanwhile, Economics chief Romulo Neri said the decline in the growth rate is ***"nearing"*** the government's medium-term target of 1.94 percent. What is evident though, was that while the Arroyo administration has kept on saying that measures to control the population are the responsibility of local government units, it is taking the credit why the growth rate has suddenly declined. **(Population growth down, PDI); (RP population growth slows, Phil. Star); (Demographics to change as population growth slows, Business World); (94 million Filipinos in 2010?, Mla. Standard Today).**

But as strong as the media reportage of the supposed decrease in growth rate was the series of doubts that were created by it.

Champions from in and out of government including newspaper columnists challenged the NSCB claims saying that the growth rate decline was just a projection and not a fact. One strong argument they raised was the absence of a national census in 2005 that could have been the basis of such declaration.

Sen. Rodolfo Biazon, one of the authors of the reproductive bill in the Senate said, ***"in the SONA, (Arroyo) stated the population growth at that time was 2.36 percent, and then she proceeded further that she was targeting to reduce this to 1.9 percent. Meaning in 10 months without implementing a program to support the lowering of the population growth, we achieved it, without the benefit of a census"*** (**Lower population growth disputed, Malaya**).

In other news items, journalists quoted Cong. Gilbert Remulla as saying that the NSCB report was a ***"mere projection"*** and also ***"highly unbelievable."*** On the other hand, economist Ernesto Pernia noted that a decrease in the growth rate is not possible because the government's effort to slow it down is ***"practically nil"*** **(Doubts raised over population drop report, PDI); (Population growth slow down is unbelievable, Bandera).**

Veteran journalist Amando Doronilla was very critical at how the national government took the credit for the supposed drop in the growth rate. He said in his regular column that comes out in the PDI, ***"Neri has therefore no reason to crow over the 1.95 rate of population growth. The Arroyo administration has nothing to do with it. The administration has washed its hands of the population-control program by entrusting to local governments the responsibility for the determination of 'appropriate measures.' There is no government machinery that provides free access to contraceptives and information about family planning and birth control."*** (**A silent rebellion against the church**).

The media has also started to float the issue of the USAID's withdrawal of contraceptive supplies by next year. Newspapers were particularly interested at how some LGUs are coping up with the USAID phasedown. (**ComVal town wins praise for family planning scheme, Manila Bulletin**); (**Compostela handa sa phase out ng family planning supplies, Remate**); (**Compostela Valley handa sa phase out ng family planning supplies, Saksi sa Balita**); (**Mayor alarmed over USAID's withdrawal from government's**

family planning program, Daily Tribune); (**LGUs urged to adopt own programs for reproductive health, Mla. Bulletin**); (**Reproductive health is human right-CHR, Business Mirror**).

Media's report on the recent family planning survey by the National Statistics Office (NSO) showed different interpretations of the study. Perhaps one major factor why the stories showed different angles including those that are detrimental to modern contraception was because there was no one to interpret the data for them. **(Poor women now accepting family planning, says NSO survey, PDI); (1 in 4 wives not keen on contraceptives, Business World); (50% of Pinays use contraceptives, Mla. Standard Today); (Poll: 1 in 5 women want to stop contraceptive use, Daily Tribune); (Pinays no clue about planning, Bandera).**

There have also been fewer and fewer stories critical of family planning that is greatly helping the campaign. A month after a former Milan cardinal spoke of supporting the use of condom for the prevention of HIV/AIDS, there are now reports that the Vatican is actually contemplating on the Catholic Church's stand on it **(HIV/AIDS groups hail Vatican's review of condom use, Manila Times); (Vatican 'dialogue' on AIDS, condoms: Does the good outweigh the bad, Mla. Standard Today); (AIDS issue prompts Pope to review ban on condoms, PDI); (AIDS issue pushed Pope Benedict to re-examine ban on condoms, Phil. Star).**

Meanwhile, the Philippines made record when it kept close to 4,000 mothers to breastfeed simultaneously in an effort to make it to the Guinness book of world records. Naturally, the story made it to the front page of daily broadsheets. While it has been well-known that breastfeeding promotes a natural deterrent against unwanted pregnancy, both the organizers, including the Unicef and the reports as well, did not mention this probably not to offend Manila Mayor Lito Atienza who hosted the event **(Manila mass breastfeeding busts record, PDI); (3,738 mothers in Manila top Guinness breastfeeding record, Mla.Bulletin); (Mothers set breastfeeding record, Phil. Star); (Mothers milk flows as RP sets breastfeeding record, Mla. Times); (Manila beats world record in mass breastfeeding, Business Mirror).**

Recommendation

There were positive indications that the family planning issue is getting a favorable response from the media. Front-page treatment of stories

is increasing while negative articles are going down. In effect, positive stories are gaining headway.

It was a good thing that media responded skeptically when government announced that the country's growth rate slowed down despite the absence of a national census. Perhaps it was because there are now many champions in the media who are well-versed about the issue or maybe because the report is worth doubting anyway.

But in any case, it remains to be important that journalists are regularly served with the latest information on family planning & population debates including policy moves.

Meanwhile, it is understandable for the press to present different angles in covering an event but in the case of the FPS by the NSO, some journalists have written unfavorably about artificial birth control. This can be avoided somehow.

The lesson derived from there is that speakers during such presentation of surveys should have provided analyses of data gathered and perhaps had given emphasis on one aspect to stress a message so that journalists would not come up with a wrong interpretation or rehash angles. Proponent organizations can do a lot about this. #

Content Analysis Report
June 2006

Overview

The month of June was characterized by an intensive debate on the plan of the Department of Education to integrate adolescent reproductive health in High School curriculum.

Though the program has been named as "sex education" connoting a negative image to conservative Filipinos, majority of journalists still opted to defend the plan as seen in this month's media monitoring.

Quantitative Analysis

Print media's coverage of population and related stories continued to increase in June as a new school year opens with government proposing to teach students about reproductive health. The issue brought many opinions from different sides but stories positive to family planning remained.

Positive stories – 249
Negative stories – 51
Neutral stories – 41
Reference stories – 356

News made up the bulk of print media reportage for June with (437), followed by opinion (156), (39) editorials, (37) photo and cartoon and (28) feature stories,.

The Philippine Daily Inquirer took most of the coverage with (45) stories followed by Manila Bulletin (38), Philippine Star (35), Manila Standard Today (27), Malaya (24), Manila Times (21), Business World (15), and the Business Mirror (10) among the daily broadsheets.

Among the tabloids, Abante and Mindanao Times each had (6) stories on family planning followed by Sunstar (5), Pilipino Star Ngayon, Mindanao Daily Mirror and the Freeman with (4) each, Bulgar (3), Cebu Daily News (2), and Bandera and People's Tonight with (1) each.

Stories on family planning and reproductive health made most of the coverage in June with (366) articles monitored. More than half of these stories were about the program of the education department to

integrate reproductive health lessons in the curriculum of High School students. Meanwhile, population-related stories like poverty, environment and general health totaled to (283), and on issues such as HIV/AIDS, violence against women, etc., (48).

There were more men who either spoke or wrote on population concerns (157) compared to women (103).

Placement of Stories

A total of 22 stories made it to the front pages of daily broadsheets in June. Most the reports contained the Deped's reproductive health program and President Gloria Macapagal-Arroyo's visit to the Vatican.

Who talks and what they talk about?

Government officials were the major sources of stories in June with (78) write-ups to their credit followed by private organizations and individuals (65), studies (24), the Catholic Church (23), and international organizations (18).

Qualitative Analysis

Just like in 2005, there were few media reports on the never-ending problem of classroom shortage in the country as a new school year opened. Perhaps such angle has already become a pattern every year that it has become a tiring practice for some journalists.

Last year, during the month of June, media coverage was mostly dominated by the death of former Manila Archbishop Jaime Cardinal Sin. Consequently, the series of articles in tribute to the late prelate also brought along his stand on various issues including his opinion against modern contraceptives.

This June, the media has once again provided less space for the classroom shortage issue. What gained media mileage though, was the plan of the Deped to incorporate modules on reproductive health in High School curriculum. The issue was extensively covered –that more than half of all stories on family planning and reproductive health monitored for this month discussed about it.

But just like the proposed Republic Act 3773 that was erroneously called the "two-child policy" by some members of the media, the program has again suffered from journalists' branding.

As a result, many if not all of the articles written about the Deped program called it “sex education” connoting a negative meaning among many Filipinos before it can even be fully explained especially to parents.

Adding to the negative image being portrayed of the proposal was a **PDI** story entitled **‘Talong,’ banana in sex ed classes** that landed on page one. The article, a collaboration of the newspaper’s reporters in the church and education beats, quoted a researcher of Prolife Philippines referring to some parts of the modules that allegedly teach children how to use contraceptives including punishing a disloyal husband.

“One textbook requires Grade 5 pupils at an elementary school in Pampanga to bring condoms along with an eggplant (talong), cucumber or banana. Another module asks female freshmen in High School what to do about an adulterous husband. One choice listed is ‘patayin ang asawa habang natutulog’ (kill him while he’s sleeping)” said the story.

One fault of this article is that this angle was not immediately verified with education officials.

While Deped officials have explained their side on the issue in the succeeding stories, these were not given front-page treatment like the first article quoting a Prolife officer. One quoted Estrellita Evangelista, Deped’s assistant director for Secondary Education denying the PDI story during a Senate hearing that appeared on the paper’s page 9.

“We were surprised to see the news item in yesterday’s Inquirer. We reviewed our textbooks, we reviewed our modules, there was no such thing,” Evangelista told senators. (**Sex ed books scandalize execs, but where is it? PDI**).

In another story that was published in three daily broadsheets, Deped Acting Secretary Fe Hidalgo clarified that the department did not produce books to teach “sex education” but rather modules to integrate to existing subjects.

“There is no book because it’s going to be integrated in existing subject areas. It is not like you separate it and call it sex education,” she pointed out, adding that the program should instead be called ‘information on adolescent reproductive

health and hygienic behavior." (**Sex education books shelved, Mla. Standard Today); (Deped open to suggestion on sex education, Malaya); (Official stresses what Deped is espousing is not premarital sex but danger of early marriage, Daily Tribune**).

As expected, the Catholic Church reacted negatively to the proposal and even demanded talks with education officials in a move to stop the implementation of the program. Perhaps because this opposition is expected from the prelates, many media outfits did not give it as much space as those pushing for the program. Some even questioned why the church is blocking the plan when the Archdiocese of Manila, the most powerful and richest among its ecclesiastical territories, is teaching couples on HIV/AIDS protection and is keeping an open mind on condom use.

Meanwhile, another good thing created by this issue is that it prompted more newspaper columnists to speak up on the subject. Some even put themselves in the shoes of parents the church says should be the ones teaching their children about sexuality.

In one article by Manila Times' Marit-Stinus-Remonde, the columnist said that ***"ignorance is not innocence, it is powerlessness."*** (**An aggressive family planning program, Mla. Times**). Others, like PDI columnist and known family planning champion Rina Jimenez-David, talked of her personal experience as a parent teaching her children about sexuality. ***"Parents make the worst sex ed teachers! Faithful readers know I've not been shy writing sex or even talking about it on TV, but the times I've initiated conversations on the 'S' word with my two children, I've sweated buckets and gone through enough convoluted preludes to confuse even the most logical mind,"*** she said.

Recommendation

The Deped's program on adolescent reproductive health had surely ignited a fresh round of debates between proponents and the clergy but the June media coverage have clearly shown which side has won the press.

While the plan was initially implemented in two high school campuses in Metro Manila, the issue also stirred the interest of provincial newspapers that some of them even talked about it in their editorials.

These serve as a good indication because it shows that many members of the media would come out to speak about issues when they feel that these would either affect them or those who are close to them.

However, it seemed that many had focused on the “sex education” story forgetting an equally pressing issue, which is classroom shortage that could have been discussed on a higher level given its link with growing population.

Side-by-side with the story on the teaching of adolescent sexuality, this could prove to be an explosive time to elevate the population debate. #

SECOND QUARTER REPORT (April to June 2006)
The Social Acceptance Project – Family Planning
Submitted by: Corporate Image Dimensions

I. SUMMARY OF ACCOMPLISHMENTS

For the period covered, CID continued with its regular activities and initiatives to include media monitoring, participation in TSAP-FP internal/regular meetings, communication and media support to TSAP-FP partner activities. Agency continued enhancing TSAP's relationship with the practicing media, which was done through regular meetings and media rounds discussing relevant and current issues that revolve around family planning and population management.

For this quarter, CID assisted and participated in TSAP-FP's media events. Specifically, CID mobilized the national media for the CSR Orientation in Tagaytay; covered the back-to-back Immah Conferences held in Zamboanga; covered the 2005 Family Planning Survey Dissemination Forum as well as the Satisfied Users and Acceptors Clubs' Pamilya Fiesta celebration in Marikina; organized a roundtable meeting with the lifestyle and entertainment media; and conducted the session on Facing the Media held in Zamboanga City.

A. On April 19-20, 2006, CID provided assistance in mobilizing the local as well as the national media and provided media relation support to the CSR Media Orientation conducted by TSAP-FP in Tagaytay. The event provided the members of the press with a broader perspective on the changing contraceptive supplies as well as with the specific roles of the DOH and the Local Government Units (LGUs) in lieu of the gradual phase-down of free contraceptive supplies from the national government. The orientations also served as a venue for the media to clarify issues concerning family planning. The event concluded successfully and generated at least 14 pick-ups on both national and local publications.

B. On May 16, 2006, CID mobilized the national media to cover the 2005 Family Planning Survey (FPS) Dissemination Forum. A total of twenty-eight (28) media practitioners, representing 20 different publications and networks, attended the event. The forum concluded successfully and generated at least 9 pick-ups on both national and local publications.

C. On May 19, 2006, The Regional Alliance of Satisfied Users and Acceptors Club (SUAC)—along with regional family planning (FP) partner agencies under the Barangay Services Provider Association (BSPA)—celebrated a milestone activity at the Marikina Freedom Park. Dubbed as "*Pamilya Fiesta*," the festive event served as the group's culminating activity for its successful run in 2005. Working under the overall theme of "*Buhay ng Pamilya ay Matagumpay Kapag* SUAC *Ang Kaagapay*," the daylong affair was also in line with the BSPA project entitled "Building and Strengthening Alliances Towards Greater Support, Acceptance and Practice of Family Planning at the Community Level." CID deployed a writer to cover the event and developed several news articles in reference to it.

D. On June 1, 2006, CID organized a roundtable meeting between TSAP and the members of the lifestyle and entertainment media.

The meeting was intended to:

- Get better acquainted with the entertainment/lifestyle media and learn their attitudes toward family planning
- Explore the possibility of injecting family planning messages in their column/shows/programs whenever there is an opportunity

The media was quite receptive about the idea though no such commitment was formed. They however mentioned that should there be an opportunity, they will try to incorporate family planning in their columns/articles. In fact, just a few days after the meeting, Ms Emy Abuan wrote about "Gladys, buntis na naman," one of the radio ads produced by TSAP in her column in Pilipino Star Ngayon and Saksi.

E. On June 24-25, 2006, CID handled the session on How to Face the Media for the Speakers' Bureau and FP Champions and advocates held in Zamboanga. The event served as venue for the FP champions and advocates to get themselves familiar with how the media works; develop accurate messages; and be oriented on how best to respond to crisis situations. CID likewise assisted in the facilitation of sessions in the two-day activity.

CID continues to meet with the media on a regular basis to pitch TSAP-FP news releases. As a result of these media rounds, **125** pick-ups has been generated in both the print and broadcast media from April through June 2006.

Apart from the above events, no other FP activity was mounted by TSAP-FP or its partners during this specific quarter. Nonetheless, issues monitoring and Crisis Response were given timely and appropriate attention.

Tally of FP Stories this quarter:

Total of FP related stories: **2,104**. Of which,
Positive stories: **647 or 31%**
Negative stories: **81 or 4%**
Neutral stories: **128**
Reference: **1,248**

II. DETAILED REPORT

For the Quarter covering the period of April to June 2006, the team undertook the following activities:

A. Media Monitoring/Content Analysis

1. Monitoring coverage and methodology

- On a daily basis, nine (9) broadsheets and ten (10) tabloids were scanned for FP related stories;
- On a weekly and monthly basis, magazines were also scanned for relevant stories;
- Radio and TV were also monitored daily but on a selective basis, (Top two stations; ABS-CBN 2 & GMA 7 early evening and late evening news programs)
- For print media, a daily listing identifying the slant of the story, i.e. positive, negative or neutral was developed and implemented;
- For broadcast media, a dubbing system was undertaken to secure copies of important FP-related radio and TV programs.

Monitored media releases form part of a data bank, which serve as a basis for analysis of trends in media reporting/coverage vis-à-vis FP.

On a daily basis, CID submitted *"FP News @ A Glance,"* a news scan report which encapsulated major stories on family planning, reproductive health and population management and related topics published by the national broadsheets (9) and top three tabloids. The news scan is sent to the OPHN list serve/FP champions and partners of TSAP-FP. It aims to be a major reference among FP and population management practitioners. A compilation of the same report form part of the databank for analysis of trends in media reporting/coverage vis-à-vis FP and related issues. For the period covered, CID submitted a total of ninety-one (91) issues of FP News @ a Glance.

2. Monitoring results/Content Analysis – print

For the period covering 01 April to 30 June 2006, CID picked up **2104** FP-related stories. Of these articles, **647** were positive stories to include 125 TSAP-FP-influenced articles, **81** negative, **128** neutral and **1248** references.

Of the 2104 articles monitored, **950** (or 45 percent) fell under the category of Family Planning, **31** (or 1 percent) on Adolescent Reproductive Health, **749** (or 36 percent) under Population and Development Issues, and the remaining **374** (or 18 percent) were on HIV/AIDS, VAW, etc.

The ratio of favorable vs. negative stories slightly went up at 8:1 this quarter while it registered 5.4:1 in the previous quarter. This reflects the increasing number of family planning advocates and supporters including the media, who continue to undertake FP related initiatives in their respective fields/areas.

A separate Media Content Analysis report is submitted to TSAP-FP on a monthly basis. The report contain relevant information on the following:

- What people are saying vis-à-vis Family planning and population management
- What specific subjects are being talked about –informed choice, FP methods, population and development, population and poverty, etc.
- Messages conveyed by the media
- Profile of people talking about the issue (influential, policy-makers, opinion-makers, journalists, general public)
- Number of people/organizations talking positively/negatively about FP
- Increase in the number of positive versus negative stories

3. Monitoring Summary – Broadcast

a. Station DZMM
Program: Tambalang Ted at Korina
Host: Ted Failon & Korina Sanchez
Timeslot: 8:00-8:30am

Month	TRT (sec)	Media Value
April	0	-
May	1200	627,440.00
June	0	-
		627,440.00

The above values are exclusive of intermittent sound bites and mentions that program hosts Korina Sanchez and Ted Failon usually do in the course of discussing various topics and issues (for a duration of about three weeks) which are estimated at a media value of another P500,000.

b. Station DZMM
Program: Love Notes
Host: Joey Galvez
Timeslot: 2:00-4:00am

Month	TRT	Media Value
April	240mins	3,703,680.00
May	240mins	3,703,680.00
June	300mins	4,629,600.00
		12,036,960.00

4. Dubbed TV Materials

During the quarter, there were **16** radio and television materials dubbed and submitted to AED:

DATE	DESCRIPTION (TVC, Feature/Portion)	PROGRAM/SEGMENT	CHANNEL
April 12	Phaseout of free contraceptives	Radyo Patrol Balita	DZMM
April 22	Family planning and poverty	Rated K	ABS-CBN
April 30	Fatwa	Bago yan ah!	DZMM
May 10	Oral contraceptives pills (part 1)	24 Oras	GMA 7
May 11	Oral contraceptives pills (part 2)	24 Oras	GMA 7
May 17	FP, female sexual dysfunction	Paying Kapatid	ABS-CBN
May 18	Family planning	MUP	ABS-CBN
May 28	Myths & Misconceptions on FP	Kay Susan Tayo	GMA 7
May 29	Myths & Misconceptions on FP	Unang Hirit	GMA 7
May 31	Classroom shortage (interview w/ Sec. Abad)	Tambalang Failon at Sanchez	ABS-CBN
June 4	Myths & Misconceptions on FP	Kay Susan Tayo	GMA 7
June 7	FP in Samar	MUP	ABS-CBN
June 8	Same sex marriage, use of contraceptives	Unang hirit	GMA 7
June 15	FP, Sex Education	Debate with Mare & Pare	GMA 7
June 17	FP, vasectomy	Jessica Soho Reports	GMA 7
June 30	Sex Education, FP	Unang Hirit	GMA 7

Since CID is not doing a complete monitoring of TV stations, it is assumed that there are more programs that featured FP topics but are not listed in this report.

B. Media Relations

CID pursued a pro-active media relations and PR program that resulted in **406** positive articles for the entire quarter. The stories were a composite of news releases on AED activities, print media pick-ups generated by radio commentaries, and direct coverage of TSAP-FP and its partners' programs and events.

1. Media Pick-ups generated

Print pick-ups:

April:

ARTICLE	PUBLICATION	PAGE	DATE	MEDIA VALUE
Laguna trike drivers, Yes na! sa Vasectomy				
Traysikel drayber at vasectomy	Saksi sa Balita	5	April 1, 2006	6,300
Fatwah on family planning gains acceptance in ARMM, radio spots recall indicates				

Fatwah on family planning gains acceptance in ARMM	People's Tonight	13	April 3, 2006	31,450
FATWAH FAMILY PLANNING LAGANAP SA ARMM	Saksi	5	April 4, 2006	23,750
Fatwah sa family planning, tanggap na sa ARMM	Balita	11	April 7, 2006	10,075
Fatwah ukol sa family planning laganap na sa ARMM	PS Ngayon	13	April 27, 2006	8,400
Unfazed by phase-out, Filipino women are willing to spend on family planning	Manila Times	C1	April 4, 2006	74,000
Filipino women willing to spend on family planning				
Trike drivers' newest expedition (tagalog version)				
Trike drivers, lalarga na sa family planning	Saksi sa Balita	5	April 5, 2006	7,000
Phaseout of free conraceptives affects health of moms, children				
Paghinto ng libreng supply ng contrceptives Makakaapekto sa mga buntis	Saksi sa Balita	5	April 12, 2006	6,300
Phase out of free contraceptives alarms experts	Tempo	7	April 12, 2006	5,850
Paghinto ng libreng supply ng contraceptives makaaapekto sa kalusugan ng ina at sanggol	Taliba	9	April 13, 2006	8,625
Paghinto ng libreng supply ng contraceptives, makakaapekto sa kalusugan ng ina't sanggol	Abante Tonite	5	April 13, 2006	7,125
Paghinto ng libreng supply ng contraceptives nakakaapekto sa kalusugan ng ina at sanggol	Remate	2	April 17, 2006	16,275
Paghinto ng libreng supply ng contraceptives masama sa ina at sanggol (*itutuloy)*	Tanod	5	April 21, 2006	13,125
Paghinto ng libreng supply ng contraceptives masama sa ina at sanggol (huling bahagi)	Tanod	5	April 24, 2006	10,400
Birth Spacing				
Birth spacing saves lives of babies, moms	Business Mirror	D4	April 19, 2006	196,000
Contraceptive Self-Reliance				
Research on contraceptive use	Business World	12/S1	April 21, 2006	15,750
DoH: No disruption in family planning	Manila Bulletin	7	April 22, 2006	40,365
Steady supply of contraceptives assured	People's Tonight	6	April 22, 2006	21,025
Population Program seen key to meeting economic goals	Business World	S1/11	April 24, 2006	49,500
As 30-year US population aid ends, LGUs told to fund their own schemes	Business Mirror	A12	April 24, 2006	21,560
Satisfied family planning users form Regional Alliance				
Satisfied family planning users form Regional Alliance	People's tonight	12	April 30, 2006	
Regional				
NDHS provides natl population scenario	Mindanao Daily Mirror	2, 9	April 2, 2006	

Mindanao solons urged to act on population bill	Mindanao Times	2, 10	April 24, 2006	
Signature campaign launched for reproductive health bills	Mindanao Times	2, 6	April 25, 2006	
PopCom conducts power com trainings	Mindanao Daily Mirror	29, 21	April 25, 2006	
Only 20% of donated pills go to rich LGUs	SunStar Daily	A4	April 26, 2006	
Bgy Luz scores success gender, in DOH projects	The Freeman	4	April 26, 2006	
The CSR strategy (Health Watch)	Mindanao Daily Mirror	11, 16	April 29, 2006	
A.O. 158 (Health Watch)	Mindanao Daily Mirror	17	April 30, 2006	
Influenced				
Lawmakers back bill on population management	Manila Bulletin	16	April 3, 2006	
Popcom sums up state of RP women	Manila Bulletin	Metro 4	April 16, 2006	358,400
Maternal health is child's health	Philippine Star	B6	April 17, 2006	58,344
Family planning 'Kapihan'	Phil. Daily Inquirer	A20	April 17, 2006	21,175
Responsible parenthood is pure common sense-PopCom chief	Business World	S2/8	April 20, 2006	62,400
Poverty traced to rapid population growth	Manila Times	A5	April 25, 2006	
Samar population office uses chat groups for family planning	Manila Bulletin	G3	April 29, 2006	
				1,073,194
				total MV

May:

ARTICLE	PUBLICATION	PAGE	DATE	MEDIA VALUE
Compostela Valley town rises to contraceptive self-reliance challenge, involves grassroots				
Compostela Valley rises to contraceptive self-reliance challenge	People's Tonight	11	May 2, 2006	11,250
ComVal town wins praise for family planning	Manila Bulletin	G4	May 1, 2006	53,760
Compostela handa sa phase out ng family planning suppies	Remate	2	May 3, 2006	11,900
Compostela Valley sa phase-out ng family planning supplies	Saksi sa Balita	5	May 4, 2006	12,950
Komunidad sa pagpaplanong pampamilya	Tanod	5	May 17, 2006	15,275
Fatwah on family planning gains acceptance in ARMM, radio spots recall indicates				
Family planning allowed in ARMM	Manila Times	C3	May 2, 2006	39,775
Hindi labag kay Allah ang family planning	Tanod	5	May 26, 2006	18,200
Satisfied family planning users form Regional Alliance				
Satisfied family planning users bumuo ng regional alliance	Remate	2	May 8, 2006	6,825
Promosyon sa family planning method, pinatindi	Balita	2	May 12, 2006	7,225

Sangguniang panlunsod ng San Fernando City Sang-ayon sa reproductive				
Sangguniang panlunsod ng San Fernando City Sang-ayon sa reproductive	Tanod	5	May 15, 2006	20,150
Sangguniang Panglungsod ok sa reproductive health ordinance	Saksi sa Balita	5	May 15, 2006	7,875
Landmark ordinance on reproductive health care approved	Manila Bulletin	G2	May 22,2006	57,200
Influenced				
Aurora becomes 1st province to implement RH plan	Manila Standard Today	A8	May 8, 2006	49,637.5
Doubts raised over population drop report	Phil. Daily Inquirer	A1 & A22	May 12, 2006	928,180.0
Popcom tracing cause of reduced population	Malaya	A2	May 12, 2006	18,900.0
More abortions causing lower population growth	Mla. Standard Today	A1-A2	May 12, 2006	34,485.0
Projected population growth rate seen to fall	Business World	S1/10	May 12, 2006	36,000.0
Population growth slow down is unbelievable- solon	Bandera	4	May 12, 2006	928,180.0
Populasyon sa RP 86 milyon na!	Taliba	10	May 12, 2006	12,100.0
Population growth, bumaba dahil sa abortion	Saksi sa Balita	2	May 12, 2006	4,550.0
LGUs urged to design population plans	Phil. Daily Inquirer	A17	May 14, 2006	147,250.0
LGUs urged to manage population	Bandera	12	May 15, 2006	11,100.0
2006 PopDev awards go regional	Manila Times	A6	May 15, 2006	16,650.0
Vasectomy is becoming	Manila Times	A7	May 21, 2006	6,475.0
UP panel : Population growth still on uptrend	Bandera	12	May 20, 2006	27,900.0
More men undergoing vasectomy, officials say	Manila Standard Today	A8	May 24, 2006	31,036.0
Phaseout of free contraceptives affects health of moms, children				
LMP launches drive on family planning	Manila Bulletin	B12	May 11, 2006	54,450.0
FP Survey 2005 Dissemination Forum				
Poll: 1 in 5 women want to stop contraceptive use	Daily Tribune	3	May 17, 2006	13,500.0
50% of Pinays use contraceptives--survey	Manila Standard Today	A1-A2	May 17, 2006	347,462.5
1 in 4 wives not keen on contraceptives	Business World	S1/11	May 17, 2006	74,175.0
Poor women now accepting family planning, says NSO survey	Phil. Daily Inquirer	A12	May 17, 2006	93,555.0
Pinays no clue about planning	Bandera	4	May 17, 2006	9,500.0
1 out of 4 women rejects family planning	Peoples Tonight	5	May 18, 2006	30,450.0
Side effects	Phil. Daily Inquirer	A15	May 19, 2006	272,250.0
50% Mag-asawang pinoy may family planning	Tumbok	2	May 19, 2006	7,000.0
Health views, news	Malaya	A5	May 23, 2006	81,000.0
Exclusive: Experts warn of population boom	Bandera	1&4	May 23, 2006	58,158.0
Cagayan Valley, pinakamaraming family planning contraceptive	Saksi sa Balita	2	May 24, 2006	11,200.0
Regional				
RP population now 86 million: PopCom	Mindanao Insider Daily	10	May 12, 2006	

DOH pushes Contraceptive Self Reliance as supply of donated contraceptives gradually ends				
DOH downplays phasedown of free contraceptives	Peoples Tonight	6	May 20, 2006	31,250.0
Health: Loss of free contraceptives not alarming	Manila Standard	A8	May 23, 2006	27, 170
Gov't confident on sustaining family planning	Manila Bulletin	25	May 28, 2006	50,400.0
Basilan Imam a Firm family planning believer				
Basilan Imam nananalig sa FP	Saksi sa Balita	5	May 26, 2006	21,600.0
Basilan Imam bats for family planning	Philippine Star	21	May 28, 2006	51,714.0
Basilan Imam a family planning believer	Peoples Journal	10	May 27, 2006	11,550.0
				3,734,043
				total MV

June:

ARTICLE	PUBLICATION	PAGE	DATE	MEDIA VALUE
Sangguniang panlunsod ng San Fernando City Sang-ayon sa reproductive				
1) Reproductive health goes to San Fernando	Peoples Tonight	11	June 7, 2006	12,400.0
Regional				
2) Saving life by knowing's women's bodies	Mindanao Times	8	June 4, 2006	
3) Cebu City barangays allocate budget for family planning	Cebu Daily News		June 10, 2006	
4) PopCom holds forum on induced abortion	Cebu Daily News		June 19, 2006	
5) Abortion rate in region soars from 6% to 24%	The Freeman		June 23, 2006	
6) Population and development changes	Mindanao Daily Mirror	11, 23	June 21, 2006	
7) Unplanned pregnancies result in abortion	Mindanao Daily Mirror	14	June 17, 2006	
8) GAD-fathers start at brgys	Mindanao Times	1, 9	June 16, 2006	
9) Providing for the kids simplify the population message	SunStar Weekend	1, 2	June 11, 2006	
10) Politics derailed fight for reproductive health	SunStar Davao	4, 16	June 10, 2006	
11) 1 million abortions in RP: study	SunStar Cebu		June 26, 2006	
Birth Spacing				
12) Gladys, buntis na naman?	Pilipino Star Ngayon	9	June 6, 2006	9,000.0
13) Target ng Academy for educational Development…	Pang Masa	8	June 4, 2006	4,958.0
Influenced				
14) Dammit, he's been for common man all his life…	Sunday Inquirer Magazine	4	June 4, 2006	1,008,900.0
15) Pregnancy deaths in RP remains high	Manila Bulletin	2	June 4, 2006	31,680.0
16) Population bill not seen to pass into law this Congress	Bandera	12&7	June 8, 2006	15,500.0
17) Just say n0- to sex	Phil.Daily Inquirer	A15	June 9, 2006	202,125.0
18) PopDev media awards	Business World	S5/8	June 9-10, 2006	15,300.0
19) Cebu city group holds gab on better family planning	Manila Bulletin	H3	June 10, 2006	18,562.0
20) Pia backs sex education in public schools	Philippine Star	11	June 28, 2006	105,300.0

21) GMA's pasalubong	Phil.Daily Inquirer	A13	June 28, 2006	207,900.0
22) Be careful, and other long distance family planning do's	Phil.Daily Inquirer	A26	June 18, 2006	74,480.0
House- to - house vasectomy sa Capiz				
23) House- to - house vasectomy sa Capiz	Abante Tonite	5	June 13, 2006	6,300.0
24) No-knife vasectomy promoted in Capiz	Manila Bulletin	F3	June 12, 2006	26,400.0
25) Medical team offers no-scalpel vasectomy in Capiz	Business Mirror	B5	June 16-17, 2006	30,240.0
Fatwah				
26) Meet Jajie, an imam from Basilan who firmly believes in family planning	Manila Bulletin	E4	June 22, 2006	75,625.0
				1,844,670
				total MV

Radio/TV pick-ups:

April:

- April 12 / DZMM 630 khz / "Paghinto ng libreng supply ng contraceptives"
- April 22 / ABS-CBN / Rated K / “FP and poverty”
- April 30 / DZMM / “Fatwah on family planning”

May:

- May 31 / DZMM 630 khz / "Classroom shortage and Population Growth" (Interview with former DEPED Sec. Abad) / Tambalang Failon at Sanchez /
- May 10 / Oral Contraceptive Pills (Part 1) / 24 Oras / GMA 7
- May 11 / Oral Contraceptive Pills (Part 2) / 24 Oras / GMA 7
- May 17 / FP, Female Sexual Disfunction / Payong Kapatid / ABS-CBN
- May 18 / "Family Planning patuloy na isinusulong" / Magandang Umaga Pilipinas / ABS-CBN 2 (Kristine Bersola and Julius Babao interviewed Edcel Lagman about HB 3773)
- May 28 / Myths & Misconceptions on FP / Kay Susan Tayo / GMA 7
- May 29 / Myths & Misconceptions on FP / Unang Hirit / GMA 7

June:

- June 4 / Myths & Misconceptions on FP / Kay Susan Tayo / GMA 7
- June 15 / Sex Education / Debate with Mare & Pare / GMA 7
- June 17 / FP, Vasectomy / Jessica Soho Reports / GMA 7
- June 19 / DZMM / FP Discussion / Tambalang Failon at Sanchez
- June 30 / Sex Education, FP / Unang Hirit / GMA 7

C. Issues Management and Quick Response

For this quarter, the team has not encountered a crisis-potential story. There were a handful of negative stories though on the sex education module, which is supposed to be

integrated in this year's high school curriculum. Just the same, these negative stories did not require quick media response.

D. Projects

CID participated in the following TSAP-FP and its partners' activities:

Month of April:

a. Regular AED Staff Meeting (every Monday)
b. Monthly CTO Meeting
c. CSR Media Orientation
d. Immah Conferences

Month of May:

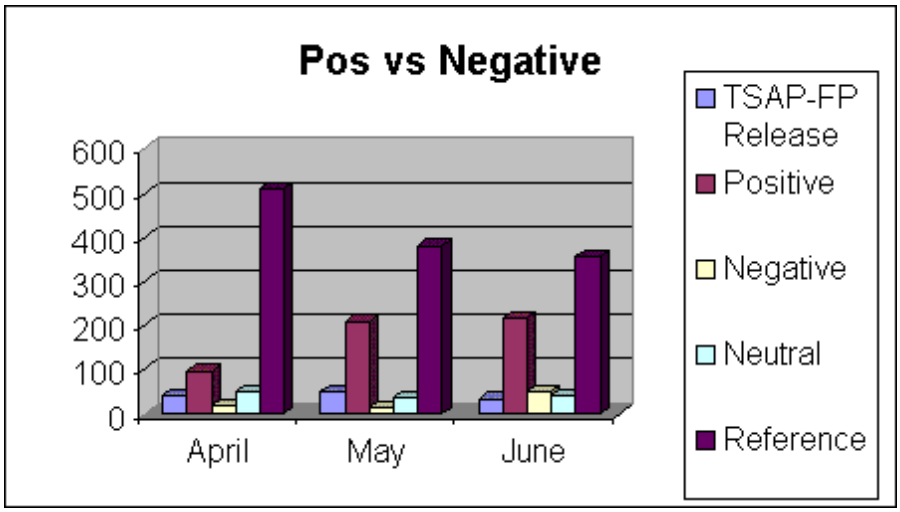
a. Regular AED Staff Meeting (every Monday)
b. Monthly CTO Meeting
c. FPS Dissemination Forum
d. SUAC Pamilya Fiesta

Month of June:

a. Regular AED Staff Meeting
b. Monthly CTO Meeting
c. Roundtable with Entertainment & Lifestyle Media
d. Speakers' Bureau (Zambo)

Annex 1: Media Monitoring

Month	TSAP-FP Release	Positive	Negative	Neutral	Reference	Total
April	40	97	18	49	511	**715**
May	51	210	12	38	381	**692**
June	34	215	51	41	356	**697**
	125	**522**	**81**	**128**	**1248**	**2104**

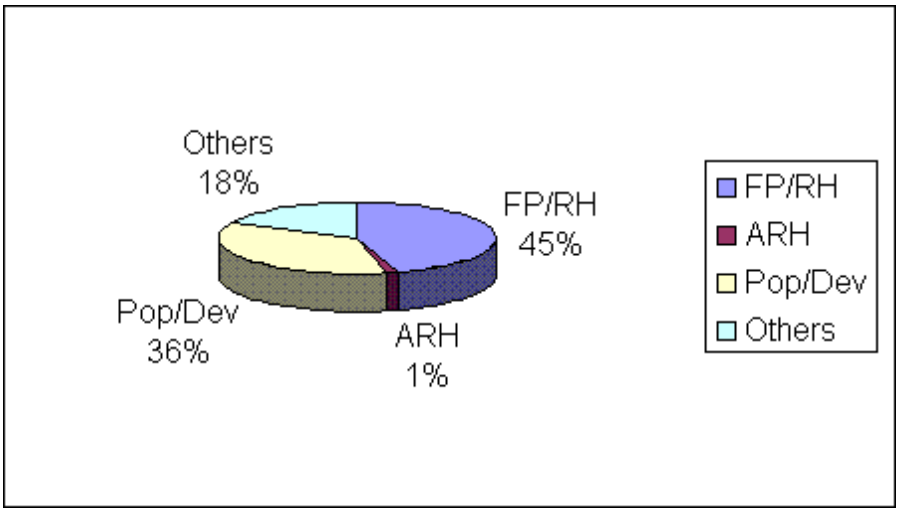


	TSAP-FP	Positive	Negative	Neutral	Reference	Total
	FP/RH	36	57	13	12	126	***244***
	ARH	0	6	1	4	1	***12***
April	Pop/Dev	4	34	4	33	154	***229***
	Others	0	0	0	0	230	***230***
		40	***97***	***18***	***49***	***511***	**715**

	TSAP-FP	Positive	Negative	Neutral	Reference	Total
	FP/RH	43	138	8	10	149	***348***
	ARH	0	5	0	6	0	***11***
May	Pop/Dev	8	67	4	22	136	***237***
	Others	0	0	0	0	96	***96***
		51	***210***	***12***	***38***	***381***	**692**

	TSAP-FP	Positive	Negative	Neutral	Reference	Total
	FP/RH	29	150	49	14	116	***358***
	ARH	1	5	1	1	0	***8***
June	Pop/Dev	4	60	1	26	192	***283***
	Others	0	0	0	0	48	***48***
		34	***215***	***51***	***41***	***356***	**697**

Topic	April	May	June	Total
FP/RH	244	348	358	**950**
ARH	12	11	8	**31**
Pop/Dev	229	237	283	**749**
Others	230	96	48	**374**
	715	**692**	**697**	**2104**



The Social Acceptance Project for FP

"INVENTORY OF THE *A'IMMAH* IN ARMM AND DAVAO CITY"

Introduction:

The *fatwa* on family planning is an important factor in gaining acceptance of family planning among the Muslim population in ARMM and nationwide. The *fatwa* is a position taken by a group of highly esteemed and respected *Ulamas* or Islamic Scholars after a thorough study of the Holy *Qu'ran, Hadiths*, and other documents. These scholars belong to the *Darul Ifta* (House of Opinion) of the different provinces in the Philippines. The *fatwa* on FP was formulated during the latter part of 2003, and was launched on March 10, 2004 in Davao City. After its launching, the Social Acceptance Project for FP (TSAP-FP) assisted the *Ulamas* in disseminating the *fatwa*. The Muslim religious leaders were the primary audience in the *fatwa* dissemination).

The *fatwa* dissemination undertaken by the MRLs started with a training of provincial trainors. Five provinces in the ARMM and Davao City were able to come up with a set of core provincial trainors. The provincial trainors were assisted with small projects by TSAP-FP in their municipal level dissemination to other MRLs. These activities were supported by radio spots and programs and the development of brochures on the *fatwa* (four pamphlets developed by the Society for Family Development and Education in the Philippines and a simplified question and answer brochure on the *fatwa*). All these information materials were translated into the local dialects – Maguindanao, Meranao, Tausog, Samal, and Kalagan.

During the months of April and May of 2006, TSAP-FP assisted seven Muslim consultants in conducting an inventory of the *A'immah* in their respective areas. Knowing the needs of the *A'immah* in their areas, Muslim religious leaders who have been partners of TSAP in the the provinces can design better and more suitable activities to facilitate *fatwa* dissemination. Through a separate technical assistance other that the small grants, TSAP-FP has been assisting four local NGOs in the dissemination of the *fatwa* on FP in Sulu, Tawi-Tawi, Basilan, Lanao Sur, Maguindanao, Marawi City (all in the Autonomous Region in Muslim Mindanao), and Davao City which has a sizable Muslim population. Table 1 presents the areas covered in the survey and the number of *A'immah* interviewed.

Table 1. Coverage of the survey and the number of *A'immah* reached.

Area Covered	No. of respondents	No. of mosques covered
Maguindanao	96	96
Basilan	28	26
Sulu	37	30
Tawi-Tawi	30	30
Lanao Sur	50	41
Marawi City	56	56
Davao City	30	23
Total	**327**	**302**

The researchers used the same survey instrument, which was developed by Dr. Moctar Matuan of Marawi State University. The objectives of the survey were to gather information on:

- the socio-demographic characteristics of the *A'immah* in the five provinces of ARMM plus Marawi City and Davao City
- what sector of society is easily influenced by them
- the mobility of the *A'immah*
- their understanding on family planning and the *Fatwa* on Reproductive Health and Family Planning
- their interests in attending a consultation about the *Fatwa* on Reproductive health and Family Planning.

A'immah consultations

The respondents were invited to attend nine separate consultations held from May and June, 2006. The consultations were managed by local (Muslim) researchers with the help of core groups of MRLs in their respective areas who were already oriented on the *fatwa*. Aside from orienting them on the contents of the *fatwa*, the participants were provided with printed materials (brochures and pamphlets) which were translated in the local dialect. The respondents who attended expressed their commitment to disseminating the *fatwa* to their constituents and using the materials which will help facilitate the understanding of the *fatwa* on FP.

Survey Results

Results of the inventory showed that the number of *Juma'a* members (congregation) who pray at the mosque varies (Table 2). During the daily prayers, the number is small compared to the attendance during Friday prayers. Attendees to Friday prayers are more in Sulu, Tawi-tawi and Lanao Sur, especially in the Central Mosques.

Respondents' age ranged from late thirties to late seventies (Table 3.) Majority (86%) of them are married (Table 4). Only 9% are still single, while 5% are widowers. They live their preaching that a Muslim fulfills one half of his religion when he marries.

Table 2. Number of *Juma'a* members in the mosques

Area	No. of Mosques	Est. no. of Juma'a daily/ mosque	Est. no. of Juma'a on Fridays/ mosque
Davao City	55	40	200
Sulu	100	40	1,000
Tawi-Tawi	70	20	300
Basilan	100	40	200
Lanao Sur	100	30	300
Marawi City	80	40	200
Maguindanao	70	30	200

Table 3. Age of Respondents

Survey Area	Age Profile
Davao City	In their late forties and early fifties. The youngest is 35 years old while the oldest is 69 years old. One fifth are old with ages ranging from 57 to 76 years.
Sulu	In their late thirties and early forties. One fifth are old from 58 to 77 years. The youngest is 27 while the oldest is 77.
Tawi-Tawi	In their late thirties and early forties. Mean age is computed at 40. The youngest is 26 while the eldest is 60.
Basilan	In their forties and late fifties. Mean age is computed at 51 years. More than one third are old with ages ranging from 57 to 66.
Lanao Sur	In their late thirties and early forties. Mean age is computed at 39. The youngest is 23 while the oldest is 75.
Marawi City	In their late thirties and early forties. Mean age is computed at 39. The youngest is 26 while the oldest is 74.
Maguindanao	In their thirties and fifties. Median age is 43. Fifteen percent or one sixth are old with ages ranging from 50-79.

Table 4. Civil Status of Respondents

Civil Status	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Single		5	3	0	7	3	10	28	9
Married	27	32	27	26	41	52	76	281	86
Widower	2	0	0	1	2	1	10	16	5
NA	1			1				2	
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

The *A'immah* is typical of Filipino families with an average of 4 to 6 children (Table 5) Sulu has relatively small families compared to the rest. They are closely followed by Davao which also has small number of children.

Table 5. Number of Children of Respondents

No. of Children	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
1-3	8	15	7	3	16	9	24	82	25
4-6	7	8	10	11	7	20	35	98	30
7-9	2	5	3	6	17	18	22	73	22
10-12	1	2	0	2	2	2	1	10	3
13-15 up	0	0	1	1	0	1	1	5	2
None	1	7	3	1	8	6	12	38	12
NA	11		6	4				21	6
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

At least 66% of the respondents reached high school in their Arabic Education. About 26% of this group reached college or graduated from college following an Arabic curriculum. The other 31% only reached or graduated at the elementary level. The exceptions are in Basilan where 2% received their Arabic education through home study or non-formal means.

Table 6. Number of Respondents with Arabic Education

Level of Educ.	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Some Elem	13	9	8	12	5	8	5	60	18
Elem Grad	5	17	4	3	5	6	3	43	13
Some High School	1	4	2	2	6	4	32	51	16
High School Grad	7	5	5	3	17	17	25	79	24
Some College	1	1	3	1	3	1	16	26	8
College Grad	2	1	6		14	20	15	58	18
Others				7				7	2
NA	1		2					3	1
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

Majority (87%) of the respondents received their Arabic education from local *Madaris* (Table 7). Only 11% studied in foreign countries. The countries where they obtained their formal education were Saudi Arabia from which 23 of the respondents studied, 5 were from Kuwait, 3 from Libya, and 2 each from Pakistan and Egypt (Table 8). Only 1 studied in the United Arab Emirates. It is interesting to note that Marawi City had the biggest number of foreign trained *A'immah* (14). Lanao Sur has 8, and Maguindanao has 12. However, the core group disseminating the *fatwa* were mostly foreign trained MRLs . They are Ustadz Shervin Kasim and Mufti Hamja Utto of Basilan, Ustadz Ali Bud of Tawi-Tawi, Ustadz Wadhumar Alam of Sulu, and Ustadz Omar Abdullah of Davao. They are the researchers in this survey. But as reflected in the survey, the mainland provinces (Lanao Sur, Maguindanao) and Marawi City seem to have greater access to scholarship grants given by Arabic Universities in the Middle East.

Table 7. Source of Arabic Education

Source	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Foreign Countries	1	1	0	0	8	14	12	36	11
Local Madaris	24	36	30	28	42	42	84	286	87
NA	5							5	2
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

Table 8. Foreign Countries Where Arabic Education was Obtained

Country	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Saudi Arabia	1	0	0	0	5	10	7	23	64
Pakistan	0	0	0	0	1	0	0	2	6
Egypt	0	0	0	0	1	1	0	2	6
Kuwait	0	0	0	0	0	2	3	5	14
Libya	0	1	0	0	1	0	0	3	8
United Arab Emirates	0	0	0	0	0	1	0	1	2
Total	**1**	**1**	**0**	**0**	**8**	**14**	**7**	**36**	**100**

On the other hand, the *A'immah* have less access to English education. While 66% have reached high school and above in their Arabic education, only 55% have done so in the formal Philippine educational system where English and Filipino are the medium of instruction (Table 9). The rest of the respondents (42%) completed elementary education in English. In the course of the survey, some of the latter are unable to write their name in English, but almost all can do so in Arabic script.

Tawi-Tawi respondents appear to be the most highly educated in the formal system with 63% college graduates followed by Sulu with 52%.

Table 9. Number of Respondents with English Education

Level Of Education	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Some Elem	13	3	0	9	7	7	33	82	25
Elem Grad	6	5	0	4	11	14	16	56	17
Some High School	3	3	1	5	3	3	20	38	12
High School Grad	5	6	4	4	13	15	7	54	17
Some	3	2	3	1	8	10	4	31	9

College									
College Grad	0	18	19	2	7	5	5	56	17
NA	0	0	3	3	1	2	1	10	3
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

It is a general knowledge in the Muslim community that very few *A'immah* can be considered well off. The survey showed that 44 percent of the respondents earned income below P2,999.00 a month (Table 10). This is below the acceptable minimum wage in the country which is P6,000 .

Table 10. Estimated Monthly Income of Respondents

Monthly Income	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Below P2,999	11	14	11	14	27	26	42	145	44
P3,000 to 5,999	8	3	4	9	16	20	26	86	26
P6,000 to 8,999	8	4	6	1	4	6	22	51	16
P9,000 to 11,000	0	5	5	1	3	4	6	24	7
NA	3	11	4	3	0	0	0	21	7
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

Aside from the contributions given by the *Juma'a* to their respective *A'immah*, the respondents have other sources of income. A bigger portion is earned from being *Madrasah* teachers (41%). Others are engaged in business, government employment, and self-employed as farmers and fishermen. In Marawi City, majority are *Madrasah* teachers, some are engaged in business and government employment, the latter of which provides higher pay (Table 11).

Table 11. Other Sources of Income of Respondents

Source of Income	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Madrasah Teacher	12	11	9	3	11	30	64	140	41
Business	7	3	2	2	5	16	14	49	14
Govt. Employee	5	8	11	2	3	9	3	41	12
Farmer	1	0	0	12	21	2	4	40	12
Fishermen	5	0	0	3	0	4	0	12	3
Others		1	0	1	2	1	4	9	3
NA	6	14	8	5	8	5	7	53	15
Total	**36**	**37**	**30**	**28**	**50**	**56**	**96**	**344**	**100**

As the religious authority in the community, the Imam maintains a high status in the mosque. Outside the mosque, he maintains a separate status. Many are considered elders (32%) in the community because of their position and age (Table 12). The younger ones are considered community leaders (12%). Some have gained higher status as Ulama's (scholars), or Tableigh and missionaries. Specific to Lanao Sur and Marawi, some of the *A'immah* are given the title of Sultan. However, 42% replied that they do not have other status in the community other than being the Imam. For Maguindanao, the researcher failed to gather information on this item.

Table 12. Other Status in the Community

Position	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Sultan	0	0	0	0	8	1		9	4
Elder	7	15	8	5	6	34		75	32
Ulama	0	0	3	0	8	1		12	5
Tableigh	0	0	1	0	0	1		2	1
Community Leader	4	1	7	8	7	0		27	12
None	10	21	11	15	21	19		97	42
NA	9	0	0	0	0	0		9	4
Total	**30**	**37**	**30**	**28**	**50**	**56**		**231**	**100**

In their capacity as the Imam of the community plus other status that may be ascribed to them, the *A'immah* respondents identified the different sectors which they can influence. Most have influence over the elders (to which many of them belong) and over the youth (Table 13). Some feel that they have influenced over all sectors in the community including the women sector (the usual audience of FP campaigns).

Table 13. Sector Easily Influenced

Sector	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Youth	4	14	13	8	26	26	24	119	35
Elders	3	17	7	16	0	50	40	133	39
Imam/ Ulama	0	0	0	2	1	1	8	12	4
All	15	16	3	3	2	0	0	39	11
Women	0	0	2	0	0	0	2	22	6
NA	8	0	5	4	0	0	0	17	5
Total	**30**	**37**	**30**	**33**	**50**	**77**	**96**	**342**	**100**

The respondents claimed that they belong to organizations which are not only concerned to their welfare, but also their activities. Some of these organizations also function as non-government organizations (NGO) which can implement activities such as *fatwa* dissemination. In Maguindanao, the Society for Family Development and Education of the Philippines (SOFDEPI) which is functioning in the first district is active in *fatwa* dissemination. The *A'immah* of the second district has expressed their interest to join the organization. In Tawi-Tawi, the leading organization is the Supreme Council for Islamic

Preaching and Guidance. In Sulu, many of the respondents are members of the Sabiylal Muhtadyn Organization, and in Basilan – Muaddil Amanah Association. Davao City also has an umbrella organization for MRL activities – the Davao Islamic Dawah. Marawi City and Lanao Sur has so many organizations to which the respondents are affiliated.

The general perception from the survey is that the *A'immah* does not move around a lot except in their native community. Majority of the respondents (72%) are natives of the place where they now reside and hold the position of Imam. Only 28% are new or migrants in the community. The exception to this trend is Sulu which has the largest proportion of migrant Aimmah compared to the natives of the place (Table 14). This is probably due to the frequent military operations in the province of Sulu which has caused considerable number of people to migrate from the rural to the urbanized center of Jolo. The City of Marawi also has a large share of migrant Imam who are attracted to the greater opportunities found in the city.

Table 14. *A'immah* migration pattern

	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Native to the place	23	14	22	21	44	31	80	235	72
New or Migrant	6	23	8	7	6	25	16	91	28
NA	1	0	0	0	0	0	0	1	0
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

Despite the trend of the *A'immah* being natives of the place which they presently serve, the number of years served is limited. Forty four percent have stayed for only 1-6 years while 30 % have stayed for 7-12 years (Table 15). Only 13% have stayed for more than 20 years in the area. This can be interpreted to mean that the *A'immah* (74%) do not stay for more than 12 years in a community. They move on to other areas with better opportunities.

Table 15. Number of Years as Imam of the Mosque

Years	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
1-6	7	21	15	7	26	29	38	143	44
7-12	11	7	10	9	14	11	37	99	30
13-18	7	4	0	1	8	7	9	36	11
19-24	3	3	0	5	2	3	10	26	8
25 up	1	2	0	4	0	6	2	15	5
NA	1	0	5	2	0	0	0	8	2
Total	**30**	**37**	**30**	**29**	**50**	**56**	**96**	**327**	**100**

While being engaged as Imam of the community, very few of the respondents are absent from their work. Majority (72%) are never absent from their mosque (Table 16). Only 26% admit to being absent and these were due to medical needs, and participation in the *Tableigh* or *Dawa*h (missionary work). Another reason for leaving the mosque temporarily is

livelihood (for businessmen and government employees). Nevertheless, the duration of the absence is usually from one week to one month.

Table 16. *A'immah*'s absence from the mosque

	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Yes	4	6	17	8	10	7	34	86	26
No	22	31	13	19	40	49	62	236	72
NA	4	0	0	1	0	0	0	5	2
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

When asked if they have served as Imam in other mosques, 33% of the respondents answered affirmatively. Those with a large proportion of transferees from other mosques were respondents from Sulu (where there was a bigger number of Migrant-Aimmah) and the first district of Maguindanao (Table 17).

Table 17. *A'immah* serving in other Mosques

	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Yes	11	20	12	5	12	12	35	107	33
No	15	17	16	23	38	44	61	214	65
NA	4	0	2	0	0	0	0	6	2
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

Majority of the respondents have heard of family planning. However, many of the respondents still equate family planning to population control. In Maguindanao where more than 70% have heard of family planning, only 26% of the respondents are aware that this is allowed in Islam (Table 18). A sizable number still think it is "haram" or not allowed in Islam.

Table 18. Awareness and knowledge of family planning

	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Yes	21	34	25	24	45	30	74	253	77
No	7	3	4	3	5	26	22	70	22
NA	2	0	1	1	0	0	0	4	1
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

In the case of birth spacing, less than half have heard about it. Those who have heard of birth spacing know that this is allowed in Islam and is different from the old concept of family planning (Table 19).

Table 19. Awareness of Birth Spacing

	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Yes	11	33	8	6	7	11	55	132	40
No	13	4	18	20	43	45	40	183	56
NA	6	0	4	2	0	0	0	12	4
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

Majority (65%) of the respondents have heard of the *fatwa* on Family Plannng (Table 20). Except for Marawi City, there were more affirmatives. A follow up of this was made in Maguindanao where the source of awareness on the *fatwa* was the radio. To some extent, the respondents heard of the *fatwa* from the trainings conducted by the MRLs who formulated the *fatwa*. This is also true in other areas where TSAP-FP supported the radio spots aired in local radio stations. Marawi City also had its share of radio spots, but apparently, it did not reach many of the target audience.

Table 20. Awareness of the *fatwa* on family planning

	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Yes	18	34	23	23	43	6	67	214	65
No	6	3	5	4	7	50	29	104	32
NA	6	0	2	1	0	0	0	9	3
Total	**30**	**37**	**30**	**28**	**50**	**56**	**96**	**327**	**100**

To test the positive attitude of respondents to the *fatwa* on FP, they were asked if they see themselves to have any role in the dissemination of the *fatwa*. Table 21 shows that many of the respondents answered not to support it (56%). Only 38% see themselves as promoters of the *fatwa*. This was probably because 32% (from the previous table) have not heard or have no idea what the *fatwa* was all about. Among the Maguindanao respondents, only 22% felt that the *fatwa* was important. The rest of the respondents needed more explanation, found the *fatwa* not clear, or have no idea of the *fatwa*.

Table 21. Perceived role to disseminate in the *fatwa*

	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Yes	11	21	13	17	7	19		88	38
No	13	16	13	7	43	37		129	56
NA	6	0	4	4	0	0		14	6
Total	**30**	**37**	**30**	**28**	**50**	**56**		**231**	**100**

However, when asked if they are willing to attend a seminar on the *fatwa*, majority (86%) answered in the affirmative. Only 11% still are negative towards the *fatwa* (Table 22). In Maguindanao, nearly half of the respondents gave their answers.

Table 22. Willingness to attend a seminar on the *fatwa*

	Davao	Sulu	Tawi Tawi	Basilan	Lanao Sur	Marawi City	Maguin-danao	Total	%
Yes	22	30	28	24	49	52	32	237	86
No	2	7	2	0	1	4	13	29	11
NA	6	0	0	4	0	0	0	10	3
Total	**30**	**37**	**30**	**28**	**50**	**56**	**45**	**276**	**100**

Conclusion and Recommendations:

Based on the results of the survey, the following findings provide a short description of the *A'imm*ah in the ARMM.

1. Attendance in the mosque during Friday prayers is large- ranging from 80 to 100 in the big central mosques, and 30-50 in the smaller mosques. The typical Imam is middle aged – ranging from 40 to 50 years old. Young men in their 20's are already attracted to the vocation, and some stay as Imam even in their senior years (75 to 79 years). Being an Imam is never a lucrative occupation. Many in the group live below the poverty line, while others engage in other sources of income such as business or employment.
2. In the community which they serve, they are also considered as elders and community leaders. In their perception, they can easily influence the elders and the youth, although some of the respondents felt that they can influence all sectors in society, including women. Although not explicit in the survey, the respondents also have influence over the other *A'immah* due to membership in organizations.
3. As members of the *A'immah* group, the respondents have limited mobility. They are usually natives of the area they serve, and only leave their congregation at an average of one month for important reasons such as medical or livelihood. Only one third of the group have experienced being Imam in another mosque.
4. Majority have heard of family planning and the *fatwa* on FP. Their source of information is the radio, and to some extent, the Ustadzes who are disseminating the *fatwa*. However, their knowledge or understanding of the *fatwa* is still lacking.
5. Majority expressed interest in attending a seminar on the *fatwa* on FP. This shows that the *A'immah* do not have negative attitude towards the *fatwa*.

Based on the above findings, the recommendations to TSAP-FP are the following:

1. Assist the trained MRLs active in *fatwa* dissemination to hold more consultations with the *A'immah* to promote better understanding of the *fatwa*
2. Since radio was mentioned as the major source of information on the *fatwa*, there should be more information dissemination on the *fatwa* using the radio as a venue
3. Assist the organizations to which these *A'immah* belong to in providing training and dissemination of the *fatwa*.

LIST OF TSAP-FP GRANTEES
2002 to 2006

AREA	BASE YEAR	OPTION YEAR
NATIONAL	• **Federation of Free Workers (FFW) Women Network** – *"Mobilizing FWN Trade Union Leaders and Basic Sector Affiliates for FP/RH Advocacy"*	• **Inter-faith Partnerships for FP/RH** – *"Developing Scriptural Reflections on Responsible Parenthood"*
	• **National Confederation of Tricycle Operators and Drivers Association of the Philippines (NACTODAP)** – *"Strengthening Acceptance of FP among Tricycle Drivers in Selected Sites"*	• **National Confederation of Tricycle Operators and Drivers Association of the Philippines (NACTODAP)** – "Institutionalizing FP Program in NACTODAP"
	• **National Confederation of BHW Associations in the Philippines (NCBHWPI)** – *"Strengthening the FP Motivation Skills of Selected BHWs in TSAP-FP Sites"*	
III	• **Nutrition and Livelihood Resource Center, Inc. (NUTRILINC)** – *"Strengthening Partnership for the Enhancement of FP/RH Advocacy in Pampanga"*	• **Ing Makababaying Aksyon (IMA) Foundation, Inc**. – "Strengthening Social Acceptance and Practice of FP in Pampanga and Central Luzon"
	• **Ing Makababaying Aksyon (IMA) Foundation, Inc.** – *"Integrated Community Action on Responsible Education for FP"*	
	• **Bayanihang Bulakenyo Foundation, Inc.** – *"Strengthening Acceptance of FP among Married Men and Women in Bulacan through the FP/RH Outreach Program of LLN and Mother Leaders Volunteers"*	
NCR	• **Barangay Service Providers Association of San Juan, Inc**. – *"Establishing and Mobilizing Empowered Alliances of Satisfied FP Users and Acceptors Toward Increased Acceptance and Practice of FP"*	• **Barangay Service Providers Association of San Juan, Inc.** – Building and Strengthening Alliances Towards Greater Support, Acceptance and Practice of FP at the Community Level"
	• **Kalipunan ng Maraming Tinig ng Manggagawang Impormal (KATINIG)** – *"Increasing Social Acceptance of FP among the members of KATINIG and 11 Barangays in Metro Manila"*	

AREA	BASE YEAR	OPTION YEAR
	• **Sagip Pasig Movement, Inc.** – *"Pasig Clean River Zone Project: A Population, Health and Environment Approach"*	
	• **Women Media Circle Foundation, Inc** – *"Hearts on Fire: Advocacy through Entertainment"*	
	• **Women Health Care Foundation, Inc** – *"FP sa Barangay: Walang Patsamba-tsamba"*	
	• **Mga Kababaihan Para sa Tao (MAKATAO) Foundation, Inc** – *"Increasing Social Acceptance of FP in Malabon, Valenzuela and Navotas"*	
V		• **Bicol Integrated RH Alliance (BIRHA)** – "Strengthening Alliance for Enlightened Response on FP"
VII	• Cebu City United Vendors Association, Inc. (CCUVA) – *"Mobilizing the Informal Sector Groups in Metro Cebu for FP Advocacy"*	• **Cebu City United Vendors Association, Inc. (CCUVA)** – "Strengthening FP Promotion and Community Mobilization in Metro Cebu"
	• Philippine Business for Social Progress Visayas Regional Office – *"Olango Island Capacity Building on FP Project"*	
	• Venue for Initiative and Genuine Development Foundation, Inc. (VINE) – *"Mobilizing the Women Workforce of Mactan Export Processing Zone on FP/RH"*	
	• Sociology and Anthropology Research Group (SOARGroup) – *"Voluntary Vasectomy: Rethinking Pagkalalaki Among Married Cebuano"*	
	• Negros Oriental FP/RH Advocacy Network (NEOFPRHAN) – *"Mobilizing the Negrenses for FP/RH Advocacy 2004"*	
	• Nagpakabana Foundation, Inc. – *"Intensifying Community-based Promotion of Family Management (FP/RH) and NSV thru Network of Grassroots Advocates in Cebu City & Minglanilla, Cebu"*	

AREA	BASE YEAR	OPTION YEAR
VIII	• **Coalition of FP/RH Advocates in Region 8 (COFPRHA 8)** – *"Strengthening Advocacy and Networking for FP/RH in Eastern Visayas"*	• **Coalition of FP/RH Advocates in Region 8 (COFPRHA 8)** – "Strenghtening and Expanding the Netowrk and Sustaining FP/RH in Eastern Visayas"
	• **Network of Workers in the Informal Sector in Region 8 (WISER 8)** –*"Mobilizing the Informal Sector in Region 8 for FP Advocacy"*	
	• **Leyte Family Development Organization (LEFADO)** – *"Community FP/RH Advocacy through Indigenous Folk Theater"*	
XI	• **Kaugmaon Center for Children's Concerns Foundation, Inc.** – *"Community-based Program for the Promotion and Healthy Lifestyles among Adolescents and Young Adults"*	• **Kaugmaon Center for Children's Concerns Foundation, Inc.** – "Strengthening Promotion and Acceptance of FP in Selected Communities of Davao City"
	• **Metsa Foundation, Inc.** – *"Popular Advocacy on FP/RH for Community Women of Davao City"*	
ARMM	• **Western Mindanao State University Development Foundation, Inc.** – *"Summer Youth Camp for Youth Leaders in Basilan and Zamboanga City"*	• **Davao Islamic Center** – "Promoting the Fatwa Among MRLs and Muslim Community Members in Davao City"
	• **Tarbilang Foundation, Inc** – *"Disseminating the National Fatwa on FP in Bongao, Tawi-tawi"*	• **Muaddil Amanah Foundation, Inc**. – "Disseminating the Fatwa on FP Among Basilan MRLs and Community Members"
	• **Society for Family Development and Education in the Philippines (SOFDEPI)** – *"Disseminating the National Fatwa on FP Among Local Imam and Muslim Communities"*	• **Society for Family Development and Education in the Philippines (SOFDEPI)** – "Expanded Dawah on the Fatwa on FP"
	• **Panginam O Masa, Inc. (POM) –** *"Advocacy on FP/RH"*	• **Panginam O Masa, Inc. (POM)** – "Mainstreaming Fatwa Among MRLs and Community Members in Three Municipalities of Lanao del Sur"

The Development of Detailed Test Specifications and Syllabi for Medicine, Nursing and Midwifery (A Draft Report)

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I. Introduction

This report will have two major sections. The first section will discuss the development of detailed test specifications for family planning (FP) contents while the second will present proposed addition to the existing syllabi that guide preparations of board examination items for Medicine, Nursing and Midwifery. These two sections also represent the output of the last stages in a series of activities designed to improve the coverage of FP content in the medical, nursing and midwifery board examinations.

The following steps were undertaken in preparation for the formulation of detailed test specifications and syllabi:

1. **Review of expected FP competencies by profession.**
   Activities included:
   - Review of existing laws, policies, guidelines, etc that could help in defining both the extent and limit of FP services that can be provided by each of the professional groups.
   - Construction of a competency table for provision of FP services for each of the professional group

2. **Construction of a Test Blueprint for FP contents for medical, nursing, and midwifery board examination.**
   - Using as guide the competency tables for FP provision, a test blueprint was constructed. The test blueprint provides a detailed information on the following:
     - What will be covered (specific FP topics)
     - What level of competency (using Blooms taxonomy of learning objectives)
     - Number of items by content and by domain of learning

3. **Presentation of test blueprints to DOH, CHED, and PRC.**
   - Both the task analysis (competency tables) and test blueprints were presented to board members of the three boards of the Philippine Regulation Commission and members of the technical panels of the Commission on Higher Education. The presentations were facilitated by the Department of Health.

Section 1: Development of detailed test specifications for FP content areas.

In this stage, detailed test specifications for each subject heading were developed. A detailed test specification describes the outcome to be measured, the format of examination, and the characteristic of items. When needed, a sample question is also included.

Proposed Test Specification for FP in Medical Boards

DOMAIN / Subjects	Knows			Comprehends Principles	Applies Principles	TOTAL ITEM
	Terms	Facts	Procedure			
Anatomy and Histology	2	2		2	4	10
Biochemistry/Pharmacology	2	2		3	3	10
Obstetrics and Gynecology		5	1		4	10
Preventive Medicine					2	2
Legal Medicine					1	1
TOTAL ITEM	4	9	1	5	14	33

Detailed Specification: Anatomy and Histology

General Outcome:	Knowledge of Terms of Anatomical Structures of the Male and Female Reproductive Systems
Specific Outcome:	Identifies the correct anatomical structure being described
Type of Test:	Multiple choice
Item Characteristics	Each item will consist of a description of an anatomical part and then followed by four choices. The correct answer will be the best correct answer. The incorrect alternatives will be made plausible by including anatomical parts with common description as that of the correct answer.
Sample Item	

Detailed Specification: Anatomy and Histology

General Outcome:	Knowledge of Facts of Anatomical Structures useful for Family Planning
Specific Outcome:	Identifies the parts being described
Type of Test:	Multiple choice
Item Characteristics	Each item will consist of a description of an anatomical part and then followed by four choices. The correct answer will be the best correct answer. The incorrect alternatives will be made plausible by including anatomical parts with common description as that of the correct answer.
Sample Item	

Detailed Specification: Physiology

General Outcome:	Comprehend Physiologic Principles useful in Family Planning
Specific Outcome:	Identify the principle behind a physiologic event
Type of Test:	Multiple choice
Item Characteristics	Each item will consist of a description of an anatomical part and then followed by four choices. The correct answer will be the best correct answer. The incorrect alternatives will be made plausible by including anatomical parts with common description as that of the correct answer.
Sample Item	The following hormonal change is observed during the Ovulatory phase of a normal menstrual cycle. A. Estrogen and progesterone remain high. B. Both estrogen and progesterone levels drop C. Capsules around the egg begins secreting estrogen and its level rises **D.* Estrogen drops a bit but remains high; progesterone begins to rise**

Detailed Specification: Physiology

General Outcome:	**Applies Physiologic Principles useful in Family Planning**
Specific Outcome:	Apply Physiologic principles in the use of Oral contraceptives
Type of Test:	Multiple choice Number of Items: 2
Item Characteristics	An item will have as stem a given type of Hormonal contraceptive and then followed by four choices.. The correct answer will be the best correct answer. The incorrect alternatives will be made plausible by including secondary hormonal effects.
Sample Item	Hormonal contraceptives main mechanism of action is: a. suppression of ovulation b. thickening of cervical mucus c. reduction of sperm transport in fallopian tube d. initiating changes in the endometrium

Detailed Specifications: Biochemistry / Pharmacology and Therapeutics

General Outcome:	**Knowledge of Terms: Hormonal / Steroidal Contraceptives**
Specific Outcome:	Recall common acronyms of FP methods
Type of Test:	Multiple choice Number of Items: 2
Item Characteristics	Each item will have as stem a mechanism of action followed by a list of FP method acronyms. This is a 'only one correct' answer format. The incorrect alternatives will be made plausible making sure that they are all acronyms used in FP
Sample Item	Categories of hormonal contraceptives containing a short-acting natural estrogen and a long-acting progestin. a. **CIC*** b. POP c. POI d. COC

Detailed Specification: Hormonal and Steroidal Contraceptives

General Outcome:	**Knowledge of Facts: Hormonal / Steroidal Contraceptives**
Specific Outcome:	Recall common available Hormonal or Steroidal contraceptives
Type of Test:	Multiple choice Number of Items: 2
Item Characteristics	Each item will have as stem name of the hormone (e.g. Estrogen or Progestin) and then followed by four choices. This is a 'only one correct' answer format. The incorrect alternatives will be made plausible by including names of progestin or estrogen only and combined contraceptives.
Sample Item	The following are examples of progestin only contraceptive EXCEPT: e. Depo-Provera f. **Micropil*** g. Excluton h. Noristerat

Detailed Specification: Hormonal and Steroidal Contraceptives

General Outcome:	**Comprehends Principles: Hormonal / Steroidal Contraceptives**
Specific Outcome:	Recall common available Hormonal or Steroidal contraceptives
Type of Test:	Multiple choice Number of Items: 2
Item Characteristics	Each item will have as stem name of the hormone (e.g. Estrogen or Progestin) and then followed by four choices. This is a 'only one correct' answer format. The incorrect alternatives will be made plausible by including names of progestin or estrogen only and combined contraceptives.
Sample Item	The following are examples of progestin only contraceptive EXCEPT: i. Depo-Provera j. **Micropil*** k. Excluton l. Noristerat

Detailed Specification: Hormonal and Steroidal Contraceptives

General Outcome:	**Applies Principles: Hormonal / Steroidal Contraceptives**
Specific Outcome:	Predict effect of sudden withdrawal of Hormonal or Steroidal contraceptives
Type of Test:	Multiple choice Number of Items: 2
Item Characteristics	Each item will have as stem name of the hormone (e.g. Estrogen or Progestin) and then followed by four choices. This is a best answer format. The incorrect alternatives will be made plausible by including effects common to sudden hormonal withdrawal
Sample Item	'Do not miss a Piss' is the usual advise given to clients using contraceptives that contain only progestin because: a. return to fertility is immediate b. – c. – d. –

Detailed Specification: Knowledge of Signs and Symptoms of Pregnancy

General Outcome:	**Knowledge of Signs and Symptoms of Pregnancy**
Specific Outcome:	Recall signs and symptoms of pregnancy
Type of Test:	Multiple choice Number of Items: 2
Item Characteristics	Each item will have as stem signs and symptoms of pregnancy. Student is to decide if the S and S provide presumptive or absolute S and S of pregnancy.
Sample Item	Regular item used in OB-GYN is suggested

Detailed Specification: Barrier Contraceptives

General Outcome:	**Applies Principles of Barrier Methods**
Specific Outcome:	Make decisions regarding use of barrier methods
Type of Test:	Multiple choice Number of Items: 2
Item Characteristics	Each item will start with a case, construction of which is guided by the Medical Eligibility Criteria being proposed by WHO. The correct answer will be the best correct answer. To make sure that the choices are plausible, FP method to be included are all possible except for the level of MEC.
Sample Item	

General Outcome:	**Applies Principles Preventive Medicine and Public Health, Legal Medicine, Ethics, Medical Jurisprudence in counseling for FP methods to clients**
Specific Outcome:	Make decisions regarding choice of FP methods
Type of Test:	Multiple choice Number of Items: 3
Item Characteristics	Each item will start with a case, using as guide for choice of scenario most common public health, ethics, jurisprudence encountered in use of FP methods by clients.
Sample Item	

Detailed Test Specifications for Nursing Board

For anatomy, physiology, and FP methods, the detailed test specifications for Medicine may be used. Detailed test specification, in this case, will focus on reproductive health framework and DOH programs.

Test Blueprint for FP

Domain / Subjects/ Content	Knows: Terms	Knows: Facts	Knows: Procedure	Comprehends Principles	Applies Principles	TOTAL
Foundation of Nursing Practice						
2. Health and Illness 2.B Factors influencing health and illness		1			1	2
Maternal and Child Health Nursing						
1. Foundation 1.C Anatomy and Physiology 1.D Sexuality 1.E Menstrual cycle 1.F Responsible parenthood	2	2 2 2		 1	 1 1 2	4 1 3 5
Community Health Nursing and Communicable Disease Nursing						
4. Health programs and strategies 4.A Maternal and Child Health 4.G. Health Education		2		1	1 1	4 1
TOTAL	**2**	**9**		**2**	**7**	**20**

Detailed Specification: Reproductive Health

General Outcome:	**Describe Reproductive Health Framework and its elements**
Specific Outcome:	Identify what element is being represented by an activity
Type of Test:	R type (extended-Matching items in sets of 10 items)
Item Characteristics	List of elements will be presented as lead in. They are the options for the test.
Sample Item	a theme: *Reproductive Health* an option list: *Elements* a lead-in statement: for *each activity, select the best RH Element* at least two item stem: ✸ *description of activity* ✸ *description of activity.*

Test Specification for Midwifery:

For anatomy, physiology, and FP methods, the detailed test specifications for Medicine may be used. Detailed test specification, in this case, will focus on FP counseling for special population.

DOMAIN Subjects/ Content	Knows			Comprehends Principles	Applies Principles	TOTAL ITEMS
	Terms	Facts	Procedure			
General						
❑ Female Reproductive System	1	1				2
Physiology						
❑ Effect of neuroendocrine system on menstruation, spermatogenesis, ovulation, fertilization, implantation, the placenta, membranes and its hormones				2	2	4
❑ Menstrual Cycles					2	2
Postpartum						
FP methods	2					2
• Hormonal		1		1		2
• Barrier		1		1		2
• Surgical		1		1		2
• Natural Family Planning Method		1		1		2
Member of A Team (DOH Programs)	1				1	2
TOTAL ITEMS	4	5		6	5	20

Detailed Specification: FP Counseling for Special Population

General Outcome:	**Describe Reproductive Health Framework and its elements**
Specific Outcome:	Identify what is the most appropriate FP advise to a special population
Type of Test:	R type (extended-Matching items in sets of 10 items)
Item Characteristics	List of population groups will be presented as options. They will match advise to a population.
Sample Item	a theme: *Reproductive Health* an option list: *Population grous* a lead-in statement: for specific advise, select the target population at least two item stem: ✸ *advise* ✸ *advise*

Section 2: Construction of course syllabi for each of the health profession courses.

Using as bases the competency analysis tables and test blueprints, and detailed test specification, syllabi were developed for medicine, nursing and midwifery.

Introduction

Coverage of board examinations is prescribed by law (e.g. Medical Act of 1959) and issuances by the Professional Regulation Commission. The provisions, however, are very general and sometimes limited only to listing of general topics, and presented usually through a syllabus.

This report is an attempt to describe in more detail FP topic areas that may be considered as content topics for the medicine, nursing and midwifery board examinations. These topics were identified through competency based analysis and test blueprints for the three professions.

The lists provided below are designed to help schools and students focus on what to teach and what to review, respectively.

MEDICINE

The **Medical Act of 1959** provides a list of subjects that should be covered in the Physician's Board Examination. In Section 21, the PRC medical board subjects are divided into Preliminary and Final examination subjects

> Section 21. *Scope of Examination.-* The following subjects shall be given in the examination:
> a. Preliminary Examination
> 1. Anatomy and Histology
> 2. Physiology
> 3. Biochemistry
> 4. Microbiology and Parasitology
>
> b. Final Examination
> 1. Pharmacology and Therapeutics
> 2. Pathology
> 3. Medicine
> 4. Obstetrics and Gynecology
> 5. Pediatrics and Nutrition
> 6. Surgery and Ophthalmology, Otolaryngology and Rhinology
> 7. Preventive Medicine and Public Health, and
> 8. Legal Medicine, Ethics and Medical Jurisprudence

FP Objectives for Doctor of Medicine Program

Objectives:

Anatomy and Histology

1. Describe the male and female reproductive systems
2. Discuss the following:
    a. Role of neuroendocrine system in menstruation
    b. Spermatogenesis
    c. Ovulation
    d. Fertilization
    e. Implantation
    f. Menstrual Cycle
3. Determine if woman I fertile or not fertile.

Pharmacology and Therapeutics

General Objective: Good understanding of modern FP methods

Specifically:

1. Discuss the pharmacology, mechanism of action, and non contraceptive effects of the following modern FP methods:
    1. Hormonal
        a. Estrogen
        b. Progestin
        c. combination
    2. Barrier
2. Give example of available preparations of modern FP methods available in the Philippines

3. Advise client on how to use hormonal and steroidal contraceptives.

Obstetrics and Gynecology

1. Determine if a woman is pregnant or not.
2. Discuss the different signs and symptoms of pregnancy
3. Perform surgical family planning method to male or female client.
4. Describe available natural family planning methods.

Surgery

1. Perform male voluntary surgical contraception.

Preventive Medicine and Legal Medicine

2. Discuss FP in the context of Reproductive Health
3. Explain the importance of FP
4. Discuss ethical and legal implications/considerations of family planning

NURSING

The two most appropriate subject headings where family planning board items could be strengthened are **Maternal and Child Health** and **Community Health Nursing.**

MATERNAL AND CHILD HEALTH NURSING

It is in this subject heading where topics related to FP methods are naturally covered. Content outline III.1 *Foundation of Maternal and Child Health Nursing Practice/Biophysical Aspects of Human Reproduction* already covers for anatomy and physiology, sexuality, menstrual cycle, and responsible parenthood.

I. Description

Concepts, theories, principles and processes basic to the delivery of safe and quality nursing care of mother and child. It encompasses promotive and preventive care of mothers with normal health conditions including curative and rehabilitative care to those with disturbances in reproductive health. Further, it focuses on the nursing care to children in various stages of growth and development.

II. Terminal Competencies

1. Utilizes the nursing processes in the care of mother and child/their families and communities.
2. Communicates effectively with the clients and families as well as with other members of the health team in various settings.
3. Demonstrates leadership and management skills in promoting safe and quality nursing care to clients.
4. Utilizes concepts, theories and principles in the care of clients.
5. Utilizes research findings to improve the nursing care to clients, family and community.
6. Adheres to ethico-legal and moral imperatives of health care.
7. Recognizes his/her responsibility for personal and professional growth and development.

III. Content Outline

1. Foundation of Maternal and Child Health Nursing Practice/Biophysical Aspects of Human Reproduction
   A. Philosophy, goals
   B. Concepts, theories, principles and standards of care
   C. Anatomy and physiology
   D. Sexuality
   E. Menstrual cycle
   F. Responsible parenthood
   G. Theories and principles of growth and development

The following specific topics are suggested to enhance FP in Nursing Board Examinations:

C. Anatomy and physiology

- The Human Reproductive System (Female)

D. Sexuality

E. Menstrual cycle

- *Mixed fertility to include Male Reproductive System*
- *Effects of FM methods in menstrual cycle*

F. Responsible parenthood

- FP methods
  - Natural family planning
  - Modern family planning methods

COMMUNITY HEALTH NURSING AND COMMUNICABLE DISEASE NURSING

I. Description

This course deals with health programs, services and strategies of the Department of Health; concepts, philosophy, goals and objectives of Community Health Nursing; and the basic roles, functions and responsibilities of the community health nurse. It also includes care of clients with non-communicable and communicable diseases.

II. Terminal Competencies

1. Utilizes the the nursing process in the care of individuals, families and communities.
2. Utilizes leadership and management process as an important tool of the health care provider in varied health care settings.
3. Communicates effectively with clients, families, communities and other members of health care.
4. Conducts research and uses research findings to improve health care in the community.
5. Demonstrates appropriate attitudes/behaviors as a model health professional.
6. Implements the concepts, principles and values of primary health care as health care provider.
7. Participates in the implementation of DOH health programs, services and strategies.
8. Participates in activities related to the prevention and control of communicable diseases.
9. Assumes responsibility for personal and professional development.

III. Content Outline

1. The Philippine Health Care Delivery System
   A. **National Health Plan***
   B. **Health scenarios***

4. Health Programs, Services and Strategies
   A. **Maternal and child health***
   B. Nutrition
   C. Dental hygiene
   D. Environmental sanitation
   E. Vital and health statistics
   F. Occupational health
   G. **Health education***

The following topics will help enhance FP coverage under this section.

1. The Philippine Health Care Delivery System
   A. **National Health Plan***

- Reproductive Health Framework

C. Health scenarios*

- Vital statistics (MMR, IMR)

4. Health Programs, Services and Strategies

A. **Maternal and child health***
   - components

B. Nutrition
C. Dental hygiene
D. Environmental sanitation
E. Vital and health statistics
F. Occupational health
G. **Health education***
   - misconceptions about FP
   - FP and special populations

MIDWIFERY

Midwives act as the 'first line of defense' with respect to family planning service provision and this responsibility is specifically mentioned in the Framework for Midwifery Licensure Examination.

Framework of Midwifery Licensure Examination

Service Provider

1.1 Provides adequate care to mothers during the childbearing period: antepartum, intrapartum, postpartum stages.
1.2 Attends to normal deliveries ensuring safety and comfort for both mother and baby.
1.3 Provides adequate care to a normal child during the pre-natal, intra-natal, neonatal and infant stages.
1.4 Provides family planning services.
1.5 Provides primary health care to individuals and families in the community.
1.6 Gives health teachings to mothers on: nutrition, hygiene, health promotive practices, disease prevention, infant care and feeding.
1.7 Gives appropriate first aid measures to clients as needed.
1.8 Implements, health programs of the Department of Health following proper protocol.
1.9 Makes timely and appropriate referrals.
2.1 Manages a barangay health station.
2.2 Cooperates with other health, professionals in the provision of health services to clients.
2.3 Supervises barangay health workers in the implementation of the maternal-child health program of the Department of Health.
2.4 Performs professional responsibilities based on acceptable standards.
2.5 Supervises the mother in providing care to herself and her infant care.
2.6 Participates in activities directed towards
   2.6.1 Improvement of the self
   2.6.2 Improvement of the profession.

The following specific items for testing are suggested:

1.4 Provides family planning services

- menstrual cycle
- combined fertility

- FP methods
- FP in special population
- Misconceptions about FP

1.8 Implements health program of DOH

- Reproductive health
- Elements of Reproductive health

2.1 Manages a barangay health station

- CBIMS

THE SOCIAL ACCEPTANCE PROJECT – FAMILY PLANNING
Proposed Family Planning Curricula for Doctor of Medicine

Introduction

This proposed curriculum should serve as guide to officials and teaching staff of medical schools if in case they decide to allot more academic time for FP. The curriculum's coverage and expected learning outcomes are based on the competencies expected of a graduate of medicine doing general practice in both public and private facilities.

A total of nine (9) curricula have been developed. The idea of preparing nine (9) standalone programs is based on the impression that FP cannot be offered as one package in an existing MD subject or as an independent course by itself. The nine (9) available standalone programs can be inserted individually or taught as part of an existing subject, content of which, is related to FP.

It is highly recommended that the latest edition of the Philippine Clinical Standards Manual on Family Planning – Department of Health, be used as the main textbook for the course.

The nine (9) standalone modules are the following:

I. Introduction to FP
II. Anatomy and Histology
III. Client Assessment
IV. FP Methods A: Awareness Based Method
V. FP Methods B: Pharmacologic
VI. FP Methods C: IUD and the Barrier Methods
VII. FP Methods D: Surgical Methods
VIII. FP for Special Population
IX. Ethical and Legal Implications of FP use

THE SOCIAL ACCEPTANCE PROGRAM – FAMILY PLANNING
Proposed Curriculum for Family Planning Learning for Doctor of Medicine

STAND ALONE LEARNING UNIT	OBJECTIVES At the end of the end of each unit:	CONTENT	T-L Strategy	Suggested Subject Placement
Introduction to Family Planning **2 Hours**	**General Objective:** Good Understanding of Reproductive Health **Specific Objectives:** 1. Define Reproductive Health 2. Explain the RH Framework 3. Discuss the Elements of Reproductive Health	• Definition of RH • RH Framework • Elements of RH	Small – group Discussion Lecture - Input	Family Medicine Preventive Medicine
	General Objective: Good understanding of the Philippine Family Planning Program (FPP) **Specific Objectives:** 1. Discuss FPP's Vision, Mission, Goal, and Objectives 2. Discuss the components of the FPP. 3. Describe current Philippine health status. 4. Discuss FP guiding principles. 5. Discuss Elements of the FPP	• FPP's VMG • FPP components • Vital Health Statistics (MMR, IMR, TFR, CPR) • FPP Guiding Principles • Elements of FPP	Small – group Discussion Lecture - Input	

THE SOCIAL ACCEPTANCE PROGRAM – FAMILY PLANNING
Proposed Curriculum for Family Planning Learning for Doctor of Medicine

STAND ALONE LEARNING UNIT	OBJECTIVES At the end of the end of each unit:	CONTENT	T-L Strategy	Suggested Subject Placement
Anatomy and Histology **3 hours**	**General Objective:** Good Understanding of Female and Male Reproductive systems **Specific Objectives:** 1. Discuss the Male Reproductive System as to: a. Parts b. Functions 2. Discuss the Female Reproductive System as to: a. Parts b. Functions	Male Reproductive System • External Genitalia • Internal Anatomy Female Reproductive System • External Genitalia • Internal anatomy	Small – group Discussion Lecture – Input Dissection Self-study using digital anatomy software	Gross Anatomy Obstetrics Urology
	General Objective: Good Understanding of the Physiology of Human Reproduction **Specific Objectives:** 1. Explain Spermatogenesis 2. Discuss Menstrual Cycle and its phases 3. Discuss the role of neuroendocrine system in menstruation 4. Discuss the concept of Joint Fertility 5. Discuss the following: • Ovulation • Fertilization • Implantation	• Spermatogenesis • Menstrual Cycle • Role of Neuroendocrine in Menstruation • Joint Fertlity • Ovulation • Fertilization • Implantation	Small – group Discussion Lecture – Input Self-study using digital physiology software	Physiology Obstetrics Urology

THE SOCIAL ACCEPTANCE PROGRAM – FAMILY PLANNING
Proposed Curriculum for Family Planning Learning for Doctor of Medicine

STAND ALONE LEARNING UNIT	OBJECTIVES At the end of the end of each unit:	CONTENT	T-L Strategy	Suggested Subject Placement
Client Assessment **1.5 hours**	**General Objective:** Determine if FP clients are eligible for a chosen FP method **Specific Objectives:** 1. Discuss the objectives of FP client assessment. 2. Utilize the Medical Eligibility Criteria (MEC) in assessing clients for contraceptive use 3. Take clinical history from a prospective FP method client 4. Perform Physical Examination of prospective FP method client. 5. Record accurately result of FP eligibility assessment	• Objectives of FP Client Assessment • Medical Eligibility Criteria • Flow chart of activities for assessment FP clients • Procedures use in FP eligibility assessment • History Taking • PE • Laboratory Examination • Recording of assessment results	Role playing Lecture – Discussion Small-group Learning	• Physical Diagnosis • Obstetrics and Gynecology • Urology • Laboratory Diagnosis
FP Methods A Fertility Awareness-based Method **1.5 hours**	**General Objective:** Explain to FP clients the different FAB methods. Specific Objectives: 1. Describe the FAM methods. 2. Discuss the following FAM methods as to effectiveness, mechanism, and advantages and disadvantages: • Ovulation method • Basal Body Temperature method • Sympto-thermal method • The Two-Day Method • The Standard Days Method	Definition/Description of FAM methods Different FAM methods • Ovulation method • Basal Body Temperature method • Sympto-thermal method • The Two-Day Method • The Standard Days Method	Lecture – Discussion Small-group Learning	• Family Medicine • Obstetrics and Gynecology • Seminars on Clinical Medicine

THE SOCIAL ACCEPTANCE PROGRAM – FAMILY PLANNING Proposed Curriculum for Family Planning Learning for Doctor of Medicine				
STAND ALONE LEARNING UNIT	**OBJECTIVES** **At the end of the end of each unit:**	**CONTENT**	**T-L Strategy**	**Suggested Subject Placement**
FP Methods B Pharmacologic **3 hours**	**General Objective:** Advise client on how to use hormonal and steroidal contraceptives. Specific Objectives: 1. Discuss the mechanism of action and how to use the following: • Low-dose Combined Oral Contraceptives • Progestin-Only Injectables • Combined Injectable Contraceptives • Subdermal Implants 2. Discuss the advantages and disadvantages and contraindications of the following: • Low-dose Combined Oral Contraceptives • Progestin-Only Injectables • Combined Injectable Contraceptives • Subdermal Implants	Pharmocologic Definition Types • Low-dose Combined Oral Contraceptives • Progestin-Only Injectables • Combined Injectable Contraceptives • Subdermal Implants Advantages and Disadvantages of each method	Lecture – Discussion Small-group Learning	Biochemistry Pharmacology Obstetrics Family Medicine
FP Methods C IUD and The Barrier Methods **1 hour**	**General Objective:** Advise client on how to use a Barrier method. Specific Objectives: 1. Discuss the mechanism of action and how to use the following: • Intrauterine Devices • Male condoms • Female condoms • The Diaphragm • The Cervical cap • Spermicides 2. Discuss the advantages and	Barrier Methods: Definition Types • Male condoms • Female condoms • The Diaphragm • The Cervical cap • Spermicides Advantages and Disadvantages of each method	Lecture – Discussion Small-group Learning	Obstetrics Family Medicine Urology

THE SOCIAL ACCEPTANCE PROGRAM – FAMILY PLANNING Proposed Curriculum for Family Planning Learning for Doctor of Medicine				
STAND ALONE LEARNING UNIT	**OBJECTIVES** **At the end of the end of each unit:**	**CONTENT**	**T-L Strategy**	**Suggested Subject Placement**
	disadvantages and contraindications of the following: • Intrauterine Devices • Male condoms • Female condoms • The Diaphragm • The Cervical cap • Spermicides			
FP Methods D Surgical Methods **1 hour + Clinical Rotation**	**General Objective:** Perform male and female voluntary surgical contraception. **Specific Objectives:** 1. Define vasectomy and Bilateral Tubal Ligation 2. Discuss the two approaches of vasectomy 3. Explain the mechanism of vasectomy and BTL 4. Discuss the advantages and disadvantages of vasectomy and BTL. 5. Identify who and who cannot use vasectomy and BTL. 6. Discuss potential complications of the procedure. 7. Discuss counseling tips for those undergoing the procedure.	• Definition of Vasectomy and BTL • Mechanism of action of Vasectomy and BTL. • Procedures in doing Vasectomy and BTL	Lecture Discussion during pre-clinical years. Rotation to OB clinic during Clerkship	• Obstetrics • Urology or General Surgery

THE SOCIAL ACCEPTANCE PROGRAM – FAMILY PLANNING Proposed Curriculum for Family Planning Learning for Doctor of Medicine				
STAND ALONE LEARNING UNIT	**OBJECTIVES** **At the end of the end of each unit:**	**CONTENT**	**T-L Strategy**	**Suggested Subject Placement**
FP Planning for Special Populations **1 hour**	**General Objective:** Facilitate Special Populations' selection of appropriate FP Methods **Specific Objectives:** 1. Discuss the characteristics of the following special population groups: • Adolescents • Women over 40 years old • Obese women • Smokers • Postpartum and breastfeeding women 2. Discuss the recommended methods for each population group.	• Special Population with special FP concerns • Recommended methods according to population group.	Small-group learning Case-based learning	Family Medicine Obstetrics
Ethical and Legal Implications of FP use **1 hour**	**Objective:** Discuss ethical and legal implications/considerations of family planning	• Ethics of FP • Laws and statutes re: use of FP methods	Small-group learning Role – playing Case-based learning	Legal Medicine and Medical Jurisprudence Family Medicine

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PRE-TEST OF

THE PHILIPPINE CLINICAL STANDARDS MANUAL

ON FAMILY PLANNING

A FINAL REPORT

by

Nemuel S. Fajutagana, MD, MHPEd

Manila, Philippines

June 2006

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I. INTRODUCTION

A. Background of the Study

The third edition of the Philippine Clinical Standards Manual on Family Planning is an updated and enriched version of the 1997 Manual, popularly known as the "Green Book." It defines the set of standards if FP practice which FP service providers, can follow in delivering FP services to clients.

The manual is a guide intended primarily for FP service providers working in public and private health facilities, in a clinic, health center, barangay health service unit, hospital, or other similar settings.

The manual underwent an iterative process of revision and review through a consultative and participatory process among TWG members and DOH management.

The Core group finalized the Manual based on the results of the pretest and presented in the final version to DOH management for final approval. The DOH Management approved the Manual in June 2005.

This research was conducted to obtain:

General Objective:
Determine if the revised FP Clinical Standards Manual is understood by the intended users as a guideline in the management and provision of family planning services

Specific Objectives:
1. To determine if the information provided in the revised FP Clinical Standards Manual is easily understood by the intended users; and
2. To assess if the proposed format and packaging contribute to the comprehension and acceptability of the manual.

B. Technical Details of the Study

Respondents

A total of 56 respondents participated in the field testing. All of the participants are FP providers coming from government and private health facilities. Of the total participants 33 (58.9%) were midwives,13 (23.2%) nurses, and 10 (17.0%) were

physicians. In terms of affiliation 42 (75%) are government health workers while only 14 (25%) came from the private sector.

Table 1. Distribution of Respondents by Affiliation and Location

	Bulacan		Iloilo		Metro Manila		Total	
	Govt.	Private	Govt.	Private	Govt.	Private		
Midwives	8	3	12	0	5	5	33	58.9
Nurses	4	1	5	0	2	1	13	23.2
Doctor	2	3	2	0	2	1	10	17.9
TOTAL	**14**	**7**	**19**	**0**	**9**	**7**		
	21		**19**		**16**		**56**	**100.0**

Location

Three sites were used are for the field testing, Bulacan, Iloilo City and Metro Manila. The participants were billeted in a hotel to ensure presence during the entire length of the activity,

Methodology

A qualitative method was used and data were collected primarily through focus group discussions.

Preparatory

One week prior to scheduled FGD, respondents were sent a copy of the Clinical Standards Manual for Family Planning and were also advised to read the material in advance.

Actual

During the actual data collection, respondents were given time to read the material chapter by chapter. After each chapter, respondents are asked to fill up an assessment form. A respondent is only allowed to proceed to the next chapter after he/she has completed the corresponding assessment questionnaire. After three or four chapters, members of the groups come together for a group discussion (FGD).

A moderator guided each session using as guide and structure, the assessment questionnaire that participants accomplish after each reading session. It was during the discussion that issues earlier written by the respondents were clarified (see figure 1 below).

All discussions were tape-recorded.

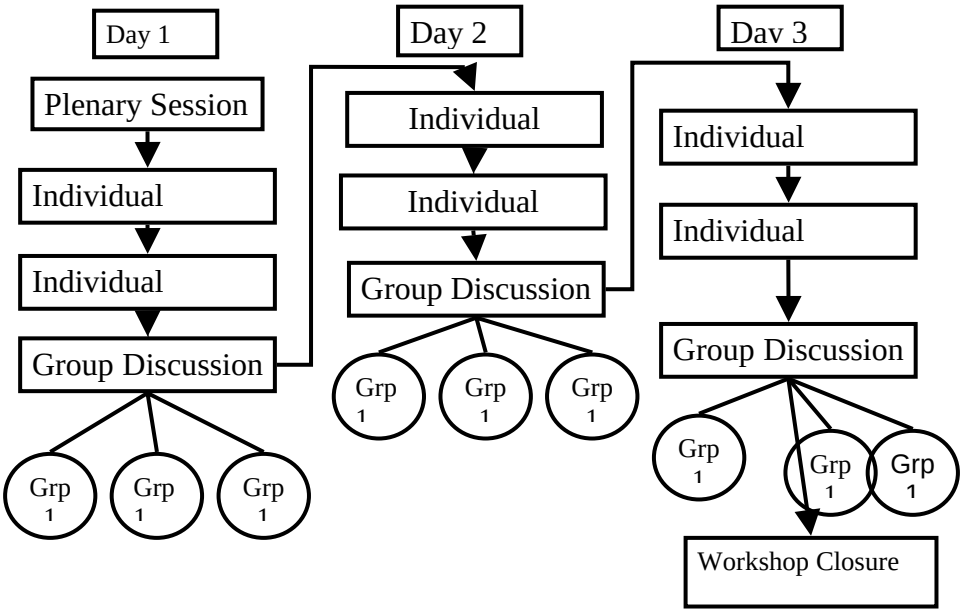

Figure 1. Flowchart of Activities for the Pre-Testing

II. HIGHLIGHTS

The following are the highlights from the three field-tests organized according to the two specific objectives.

Objective 1: To determine if the information provided in the revised FP Clinical Standards Manual is easily understood by the intended users.

- Overall results of the pre-test showed that the Philippine Clinical Standards Manual on Family Planning **is clearly understood** by all groups of intended users.

- A major hindrance in the proper understanding of some portions of the manual is apparently related to respondents' 'prior knowledge' which occasionally clash with the new information being promoted by the manual. This is specifically true to some protocols that participants are very familiar with (for example, OCP, Condom, and Female Voluntary Surgical Contraception).

- Understanding of the manual was also affected by factors that are more group specific. Midwives verbalized their problems with medical terms used while private practitioners (MD, RN and MW) have difficulty deciphering some of the acronyms, particularly those used by the Department of Health.

- The manual was also described by all participants **as very useful in their day-to-day work as family planning service provider**.

New topics introduced in the manual are well appreciated among them are:

- Reproductive Health and Family Planning
- Philippine Health Insurance Coverage for Family Planning
- Client Assessment
- Family Planning for Special Populations
- Rumors and Misconceptions about Family Planning

Objective 2. To assess if the proposed format and packaging contribute to the comprehension and acceptability of the manual.

- The overall packaging and format of the manual is generally acceptable to all respondents.
- Specifically, the size of the manual was deemed appropriate for the purpose intended.
- Some areas that needed adjustments are the following:
- long/complex sentences which needed to be shortened and simplified
  - paragraph form versus bullet form
  - contents vis-à-vis the figures/charts or tables being discussed
  - sentences orphaned or widowed from the main heading
  - inappropriate pictures; unrecognized figures/illustrations
  - non-standardized titling/labeling

III. SPECIFIC FINDINGS

Since the field-testing is really aimed at identifying important areas (content and presentation) for improvement in the proposed book, significant findings will be presented by chapter.

A. Evaluation of Content

Chapter 1: The Philippine Family Planning Program

This chapter's is generally seen both as valuable and relevant by the respondents. While topics in this chapter are very general, they nevertheless provide important basic information about the fast, present, and the future of FP in the Philippines. Highly appreciated topics of the chapter are the following:

Family Planning History - seen as important because it provides information on how FP started in the Philippines. A Metro Manila based nurse commented the following:

> *"…dito maganda dahil alam namin panag pinagmulan ng programa, na broaden and pananaw na maraming nag implement ng FP services… useful for coordination and networking para sa referrals."*

MIS or management information system – "is a new learning";

> *"useful siya pag nag evaluate (Iloilo based Midwife)."*

Contraceptive self-reliance – while a new concept, was seen as important in the light of dwindling funding for FP programs.

Up to date data FP data – respondents appreciated the fact that they can see actual evidence of effect of their effort in promoting use of family planning methods.

> *"if you compare across the periods (1970's to present) you will see there is a decrease in mortality rates; mothers also know the value of FP program now, compared to before."*

Chapter 2: Reproductive Health and Family Planning

While seen by participants as a refresher for previous training programs, respondents expressed appreciation for the inclusion of the DOH Reproductive Health Framework its elements. The Integrated Reproductive Health Framework is seen by most as the most important part of this chapter.

The participants gave the following specific observations regarding content:

On the graphical presentation of the RH framework:

> *"hindi alam kung papano uumpisahan"*

On RH and FP coverage: "too much emphasis on FP"; "why not just discuss the elements of RH and then discuss the integration of the different elements with FP at the end of the section"; Discussions are too long.

Other participants defended the focus on FP because it's what the manual is all about.

> *"(T)he reason is that the manual is on FP kaya palaging bida ito. Parang sa amin, sa Friendly Care, may other services kami other than FP. Yon other services ang entry point ng FP. Kung FP lang ang aming ibibigay, konti ang pupunta sa amin (MM based midwife)."*

Chapter 3 Management of FP Clinic Services

Participants appreciated the fact that this chapter provides a guide on how to give quality FP service to our clients;

Gives more information in making plans, training and purchasing the supplies commodities of FP and other requirements to enable the health facility deliver the appropriate FP services and strengthen the program. (Iloilo based midwife):

However, major disagreements as to content coverage were also observed. The disagreements were basically brought about by differences in the nature and level of involvement in FP work as evidenced by the following comments:

"Pangdoktor ito(Bulacan based midwife);

"This is useful for program managers; as implementers ang kailangan nila ay ang methods mismo (Manila based nurse)."

"… di namin ito ginagawa as midwives; baka one of these days maatasan kaming gawin ito at least alam na namin; mas maigi pa rin kung may training kesa basahin lang ang libro, saka mas accurate siguro dahil hindi kami commerce (Iloilo based midwife)."

Chapter 4 Philippine Health Insurance Coverage for Family Planning

This chapter is well received and appreciated by the participants particularly because it..

"provided new and useful information both for the FP providers and the clients (all repondents)."

For the midwives, the chapter provided information relevant to their accreditation to PHIC as FP provider.

"(R)equirements para sa midwife para maging accredited, very important ito na nalaman namin." (Bulacan based midwife)

While PHIC is a rather familiar topic for the physicians, The chapter, however generated interesting questions related to PHIC coverage:

"How about us? What is our role as MHO?As MHO, this deals with the maternity health package. Why an accredited OB-Gyne? Why not an MHO who is trained from the basic to the comprehensive FP services? Questionable ang competence ng MHO to handle? Ang target lang naman ay-normal deliveries. Those who would not satisfy the non-risk pregnancy, hindi naman sya i-tatarget ng RHU. This is the one that prevents us from implementing the maternity health package. This is always the one that keeps us from being accredited." (Iloilo based doctor)

Chapter 5: Client Assessment

The most appreciated part of this chapter is the Medical Eligibility Criteria or MEC basically because of its usefulness in decision making.

> *"great for decision making"(all respondents)*

> *" a simplified reference to guide implementers as to who are good, poor, or high risk acceptors of different methods"(all respondents)*

> *"can be placed in their table for easy reference"*

> *Another well-appreciated portion is the Flow of Activities and Services Chart for both new and returning FP clients.*

> *(BM/IM): Maganda ang flowcharts; provided easy process to follow; (Bulacan and Iloilo based midwives)*

Chapter 6: Counseling the Family Planning Client

This chapter is also highly appreciated because client counseling is routinely being done by all the participants, and is considered a very important component of any FP program.

> *"Giving us a way on how to motivate clients to accept FP methods. (Iloilo and Manila based midwives)*

> *"One good thing about this.. (it) presented three different approaches for the initial and new clients, for those who are returning and those who have a problem; kasi dati hindi; pare-pareho ang approach mo regardless ng type of client."(Doctor respondent)*

> *"Counseling different categories of FP clients is not new but is (now) clearer"(Iloilo based midwife)*

Chapter 7 The Anatomy and Physiology of Human Reproduction

This chapter is seen as a welcome change from the usual anatomy sections of previous FP manuals. Well appreciated is the discussion on physiology.

> *"Vital for the next chapters especially for Fertility Awareness Based (FAB) Methods (echoed by all respondents)*

"Informative, very basic, easily understood, advocacy material and facilitates easy understanding of the reproductive system"(verbalized by all participants)

> *"Help in fertility awareness lessons." (Manila based midwives)*

Participants, however, propose the inclusion of the Hypothalamic-Pituitary-Ovarian pathway

Another new and well-appreciated section is joint fertility.

> *"Yung sa combined fertility pinapaliwanag na namin ito dati.. ang kaso mo kahit kami paminsan ay nalilito pa rin sa pagpapaliwanag. Ito kasing combined fertility na ito, mas well known ito sa tawag na cervical mucus; dito sa combined fertility maganda, dati walang nakalagay na sperm; maganda ito dahil sa pagturo mo sa mga clients, makita nila na pag may dumating na sperm sa isang phase, possible ka mag conceive."(Bulacan based midwife)*

Chapter 8 Fertility Awareness-Based Methods

While this chapter is "clearly" written, almost all of the participants are one in saying the FAB is 'not useful' because of 'low demand' for its use.

> *(MN) Baka di useful and buong chapter dahil wala na namang may gusto sa methods.*

> *Sa totoo lang, ayaw ng kliyente sa method na to; maganda ang pag explain dito pero ayaw nila (mabudlay daw, lalo na kung ang asawa umiinom);*

Nevertheless, the participants find the chapter useful for information purposes

Two-day method of Family Planning is considered something new.

Chapter 9 Lactation Amenorrhea Method

This chapter is seen as very useful by participants only for information purposes. Respondent bias against the inclusion of this chapter is influenced by actual demand for the method.

> *"Sa totoo lang, ayaw ng kliyente sa method na to; maganda ang pag explain dito pero ayaw nila (mabudlay daw, lalo na kung ang asawa umiinom); (Manila based Nurse)*

However, this chapter is also deemed importance because of the challenge it gives to FP practitioners.

> *"Enables health workers to explain and discuss to post-partum mothers the importance and advantages of LAM"; (Manila based nurse)*

> *(IM) "hery useful and necessary because usually ang mga mothers after birth, nag worry if they will get pregnant ulit agad; with this topic we can explain to them they will not get pregnant within 6 months provided they will practice full and exclusive breast feeding".*

Of the other sections of this chapter, the two-day method of family planning was something new for most of the participants. The use of beads, on the other hand was new to the NGO physician and the SDM was new also to one of the hospital-based physicians.

The respondents however expressed confusion over the use of the terms consistent, perfect, common, and typical use.

Chapter 10 Low-Dose Combined Oral Contraceptives (COCs

Compared to LAM, respondents are more biased towards COC, because COCs are considered:

> *"convenient, madaling intindihin, madaling i-explain sa patients; it is preferred choice of patients."*

The chapter is considered detailed and very informative and all sections are considered useful for the basic information they provide.

Of the sections, considered new are the transdermal patch and vaginal rings. While these methods are not available in the local setting, they were nevertheless considered important because of what seems to be an increasing international flavor of FP service recipients (primarily because of returning OFWs).

Chapter 11 Progestin-Only Injectables (POIs)

This chapter is also well appreciated because POIs are the "next preferred method of clients in both government and private health facilities."

> *"Yan ang laging ginagamit, yan at saka pills", " Ito yung araw-araw namin kasama."*

> *Chapter is "easy to understand, user friendly, (and) all subsections are well explained"*

> *Information "adds to our confidence in explaining to patients."*

One major concern raised though was the need to explain very well since amenorrhea and breakthrough bleeding are the usual concerns of clients that lead to an increase on drop out rate.

Chapter 12 Progestin-Only Pills (POPs)

This chapter is considered important by midwives especially since it clarifies misconceptions about use of pills while breastfeeding and provides information on alternative brands.

"This is important. Because of this we can counsel mothers who breastfeed dati kasi we ask them to come back after 6 months; (BM) pwede naman pala sila gumamit ng POP;

(MN) "Everything is important; health workers should be equipped with complete information; gives us some information about the availability of pill and guide as to prescribe in our clients."

(BM) "Gives complete data, dati kasi alam namin meron talagang pills kaso di namin alam ang brand kaya namin nirerefer, kasi naman dependent lang kami sa supply ng RHU kung Logentrol lang ang meron yun lang din ang ma offer namin sa clients."

Chapter 13 Combined Injectable Contraceptives (CICs) and Chapter 14 Subdermal Implants

These two chapters are considered new learning by respondents and while still not available in the country, they have no problem as to its inclusion as chapters in this manual.

"Sa ngayon kasi di pa namin masabi kasi wala namang ganito, hindi available. Pero di mo rin masabi, nung 1998 nga takot pa sila gumamit ng injectables"), participants are open to its inclusion as additional information ("importante din na andito ito para makadagdag sa kaalaman")

Only two of the participants (OB practitioners) "are familiar with the procedure but have not actually done one since it is invasive and expensive."

Chapter 15 Intrauterine Devices (IUDs

Probably because of its popularity and familiarity, this section generated more more comments and recommendations from the respondents, from steps of IUD insertion, to timing, to precautions, etc. For example:

> *Timing: Dun sa timing of insertion page 103, 10 minutes or anytime within 48 hours of delivery. Masyado namang maaga, malaki pa ang risk na matatanggal yun, di katulad ng nakagawian na 1 month after. Masyado pa malaki ang cervix."; (IM)*

> *"within ten minutes after delivery of placenta, sa orientation namin dati, 4-6 weeks after delivery of the baby ang insertion of IUD." "We are doubtful to follow this- kasi open pa ang cervix so baka lalabas lang pagkatapos. (BM)*

> *"Saka dun sa when you are sure that there is no infection. Paano mo naman masisiguro na walang infection post abortion."*

One section considered as new learning is the intrauterine systems (IUS).

Chapter 16 The Barrier Methods

Methods mentioned in this chapter are considered as 'nice to know' by participants since most of them are not available.

> *"They are not available and not yet tested if really effective, just enough to know necessary information."*

> *"Wala pa kaming evidence. Maganda po sana makakita kami ng sample ng diaphragm." (Bulacan based midwives)*

Despite being unavailable, BMs are also deemed important by respondents, again in the context mostly of returning OFWs who consult already using a barrier method.

> *"Female condom… we have not seen this, but with the information in the book, this is useful as a guide and reference." (Iloilo based midwives)*

Respondents feel that they will no be comfortable explaining the method because of lack of actual demonstration of its use.

"even after reading, I cannot still explain to others how it is used; there has to be an actual demo" (Bulacan based midwives)

Chapter 17 Male Voluntary Surgical Contraception

For the participants this "chapter is clearly explained in detail so it is easy to understand. For the respondents, this chapter provides the HW with complete information needed to build confidence in counseling clients on the methods."

"Provides a step by step, detailed procedure. A very good tool for FP service provider; well explained." (Metro Manila based midwives)

"Though this is not available in our facility, our knowledge were enhanced especially on potential complications, adverse effects and management."(Metro Manila based midwives)

"knowing more potential complications, adverse effects of which we can use in counseling our male clients." (Metro Manila based midwives)

"The chapter on vasectomy is informative and useful as reference only because it is not popular." (Bulacan and Iloilo based midwives)

Chapter 18 Female Voluntary Surgical Contraception

This chapter is effective for the midwives to follow because the information is detailed well explained and easy to understand. The information provided will enable the HW to provide effective counseling to clients. BTL, unlike vasectomy, is more popular.

Hence, the chapter is useful to all. (IMD/BMD) Although, RHU doctors refer to hospital, information is still useful since they act as advocates of the method. All participants identified the categories as new learning.

Several medical terms used, however, are not familiar to midwives

"The terms schistosomiasis, thalassemia and sickle cell disease (IM) superficial thrombophlebitis, hyperlipidemias, migranous and non-migranous headaches, cervical ectropion, cervical intraepithelial neoplasia, trophoblastic disease, hematometra are not clear." (Bulacan based midwives)

One major area of conflict with midwife users is conflict between their prior knowledge and the new guidelines that the manual is proposing.

> *(BM) Category A. yung iba sinasabi nila, pag less than 18.. ayaw nila i-ligate. Pero di ba dapat ngayon, basta alam mo na at ikaw naman ang nagdedesisyon sa sarili mo ay pwede na. Yung iba kasi ayaw pa magligate ng bata. E may isa nga ako pasyente 3 na anak 21 years old lang, nirefer ko para ma-ligate, di raw puede. (Bulcan and Iloilo based midwives)*

> **"** *Page 126, 2nd to the last. Take paracetamol and not aspirin or ibuprofren. E bakit po dun sa isa naming training ang sabi naman e, take ibuprofen for breakthrough bleeding para raw mag-clot?" (Bulacan based midwife)*

Chapter 19 Family Planning for Special Populations

This chapter provides sufficient information to health workers to "share with patients belonging to special population."

The following issues were raised with regard to coverage in this chapter:

Consistency of use:

> *"Withdrawal is not considered a method (in other chapters). Why it is included here?"*

Exclusion of topic:

> *"Why is emergency contraception removed?"*

Possible Inclusion of additional topics:

> *"Please include in special populations the disabled and the mentally challenged and those with heat disease Add info in the book for peer group counseling - approach for the adolescents; What and How you will conduct."(all)*

Include in the special population groups the following: women who want to get pregnant; menopausal women; married male or male in live-in relationships so that

they will know about women's cycle, and will have participation in FP. To also include the mentally and psychologically incapacitated in the special population group and include likewise the PWD, persons with disability" (Metro Manila based midwives)

Chapter 20 Rumors and Misconceptions about Family Planning Methods

This chapter is also regarded by respondents as very important in their practice since all rumors and misconceptions are always encountered in the field:

> *"Important guide for us health workers to counter act or correct the wrong beliefs in different methods;"*
>
> *"Very useful so that we can convince our clients to practice FP methods thus increasing our acceptors and reducing health problems;"*
>
> *"Complete information that can be very important to us and our clients; added information; doubts and fears among our users will be cleared by explaining it to them using this chapter."*
>
> *"Contents are clearly explained and contain the necessary information to be used in effective counseling."*

Appendices General Comments

Most of the participants found the forms useful and the instructions are simple and easy to follow. However, some of them lamented that the forms are unavailable.

> *"Maganda naman mam ang mga forms pero nagtataka ako dagdag pa ng dagdag eh kaso wala naming supply ng mga forms na ito."*
>
> *" Eto talaga yung pinaka important sa amin (form 1) pero sana continuous ang supply."*

B. Evaluation of Presentation

The following findings reflect sentiments of respondents on the way information are presented and organized in the manual.

Chapter 1 Reproductive Health and Family Planning

Major concern in this chapter is the way data are presented**.**

> *"yung mga stats medyo mahirap intindihin"(Bulacan based midwives)*
>
> *"text or explanation and figure are not in the same place, making reading difficult"*
>
> *"…hindi madaling i-connect ang figure sa text; (Malolos based midwives):*
>
> *"In the graphs (figure 1 and 7) - pinagsama ang any methods sa isang bar, medyo magulo ang presentation." (Iloilo based midwife)*

Some respondents expressed difficulty in deciphering acronyms that are used for the first time (NDHS, RFPS, PGR, CDLM), this is true especially for private practitioners who are not familiar with DOH acronyms.

Other respondents find the chapter, too elaborate.

> *"elaborate masyado ang chapter, yung iba di na kailangan ipaliwanag"(Bulacan based midwife)*
>
> *"Tinatamad ng basahin pag ganitong presentation. (Bulacan based doctors)*
>
> *Masyadong detailed, it almost occupied 2 pages." (Bulacan based doctors)*
>
> *In terms of flow:*
>
> *"tamang tama ang pagkakasunod sunod sa iba kasi pabalik balik." (Iloilo based midwives)*

Chapter 2 Reproductive Health and Family Planning

Major concern is on the way the Framework is presented.

> *"Better if bullet forms. Parang napakaraming palabok; hindi na babasahin." (Bulacan based midwives)*
>
> *"Hindi naman po sa hindi kapaki-pakinabang ang framework, medyo mahirap lang pong intindihin. Hindi po naming alam kung paano uumpisahan it." (Bulacan based midwives)*

Respondents find some explanations are too long and redundant especially the elements

> *"Redundancy of contents lengthens chapter contents, in particular, elements already mentioned in the explanation of the framework then enumerated under the heading Elements of Reproductive Health then explained one by one under the heading Integrating FP with Other RH Elements."(Manila based nurse)*

Chapter 3 Management of FP Clinic Services

No significant comments regarding presentation except for wrong numbering of appendices in page 23.

Chapter 4 Philippine Health Insurance Coverage for Family Planning

There are no significant comments except for small fonts used in table 10, page 34.

Chapter 5 Client Assessment

Flowchart 10 is found confusing by some respondents.

> *"Figure 10 masalimuot, di malaman kung kelan matatapos; Nakakalito ang presentation; crowded at may "liko-liko." (Manila based nurse)*

Comment for Table 12.

> *"Table 12, page 44 – Big letters and small letters are confusing Table 12 is difficult to comprehend. It is not clear what the letters stand for."(All respondents)*

Chapter 6 Client Counseling

No significant comments regarding presentation.

Chapter 7 The Anatomy and Physiology of Human Reproduction

Comments focused on the way illustrations were presented.

> *"Drawings not labeled" and arrows should point to where they are supposed to point." (All respondents)*
>
> *"Nasaan ang endometrium?; Malabo ang drawing at saka hindi colored."(Manila based nurses)*
>
> *"Drawing walang captions baka hindi maintindihan kung ano yan."(Bulacan based doctor)*
>
> *"Should improve the drawing (cervix/vagina appears to be bigger than the uterus) make it anatomically correct." (Bulacan based doctors)*

For some respondents, Fig. 13 does not seem to be appropriate for this chapter.

> *"The chapter title is Anatomy and Physiology of the Human Reproduction and yet the mechanisms of action of different FP methods are included here."(All respondents)*

Chapter 8 Fertility Awareness Base Method

With regards to the two-day algorithm, some find the text and figure redundant.

> *"In the 2 day algorithm, text explanation and figure (Figure 14) might be redundant," (Manila based nurse)*

Much easier to read if tabulated just like in the 1997 manual

> *"Maybe it is better that all the methods' advantages, disadvantages, side effects be in columns, for easy use and reference."(Manila based nurse)*

As in other chapters, participants also commented on the figures and tables used .

> *"Some figures and table don't have titles or labels as in pages 61, 63 &70." (All participants)*

Chapter 9 Lactation Amenorrhea Method

Comments focused mostly on the layout and illustrations used.

> *"Page 73, illustration of breastfeeding mother is inappropriate."(All respondents)*
>
> *" Table without number on page 73. Typographical error on 1st choice "methodsothe." (Manila based nurses)*
>
> *"Paragraph or row space unrecognizable within the tablel." (Bulacan and Iloilo based nurses)*
>
> *" Redundancy on who can use LAM, who cannot not use and how it is used." (Iloilo and Bulacan based nurses and Manila based midwives)*

Chapter 10 Low-Dose Combined Oral Contraceptives (COCs)

Respondents identified several problems with the presentation:

On text and figure relationship:

> *" The text below Figure 16 is does not relate to the preceding text." (Manila based nurse)*

On drawings or illustration used:

> *" Yung drawing sa page 81, hindi malinaw kung puwet o puson." (Bulacan based midwife)*

On consistency regarding use of certain phrases as used in other chapters:

> *" In this chapter, Categories began with 4. Why is there no mention of Cat 1 and 2 under who can use COCs?" (Bulacan and Iloilo based nurses)*
>
> *"On page 78 under 'When to start the COC's' on the first bullet, there is inconsistency in the use of the phrase 'during the first 5 days' with that on p. 90, chapter 12 under 'How POP's are used' which has a phrase ' within the first 5 days." (Bulacan and Iloilo based midwives)*
>
> *" On P 81, under 'Is there a need for referral? How and When?' I think that the contents do not jibe with the title. Because referral means that the midwife or nurse will refer to a physician when there are symptoms that require medical attention." (Bulacan based nurse)*

Chapter 11 Progestin-Only Injectables (POIs)

Consistency of layout is the main comment for this chapter.

> *"Inconsistent ang sequence of steps sa administering of POIs." (Manila based nurse)*
>
> *"Nauuna lagi ang category 3 sa category 4." (Bulacan and Iloilo based midwives and Iloilo based doctor)*
>
> *"Masyadong mahaba ang Immediate and Long Lasting Effects." (Manila based doctor)*

Chapter 12 Progestin-Only Pills (POPs)

Consistency of layout is also the main comment for this chapter.

> **"** *Nauuna palagi ang cat 4 before cat 3." (Bacolod and Manila based midwives)*
>
> *"Avoid cutting the text/paragraph (orphan)." (All respondents)*

Chapter 13 Combined Injectable Contraceptives (CICs)

Respondents appreciated the sequencing and presentation of contents of the whole chapter.

> *Comment (BM) Malinaw nakita naming kaagad kung gaano kaepektibo, logical sequence; easy to read." (Bulacan based midwife)*
>
> *"Detailed, easy to understand, brief and concise." (Iloilo based midwife)*

Chapter 14 Subdermal Implants

Respondents appreciated how the contents were organized.

> **"** *Sequence is organized, step by step; detailed ang pagkakasunod-sunod, di ka na maglaktaw laktaw." (Iloilo based midwife)*

Other comments focused on the title used for a certain section and some misspelled words.

> **"** *Hindi naman kailangan ng counseling all the time; parang hindi appropriate title/heading ang counseling points/tips yung iba kasi summary points ang contents." (Manila based nurse)*

> **"** *On p. 100, under "what are the potential complications and adverse effects?" six 'pregnancies' is misspelled. (Nurse respondent)*

Chapter 15 Intrauterine Devices (IUDs)

Just like in the content section, comments show respondents' familiarity with the subject matter.

> *" In the subheading "Inserting the IUD", there are missing steps. In How to remove the IUD", procedures not completely stated."(Manila based nurse)*
>
> *"Acronyms for adverse effects of IUD (PAINS/ ACHES) in previous manual was easier to understand and remember; why not include here also?(Nurses)*
>
> *"Puro sulat wording lang ito. Hindi lahat ng babasa may training. This being a manual, the more complete the manual, the better. Recommendation: Some diagrams/drawings could have been added for better understanding especially regarding steps in IUD insertion." (Manila based doctors)*
>
> *" P. 103 nagkabaligtad 3rd and 4th bullet. Nauna pa insertion of speculum sa bimanual examination" .(Iloilo based doctors)*

Chapter 16

Respondents' comments limited to quality and appropriateness of illustrations.

> **"** *How it is used (for all methods) not demonstrated. Drawings are not clear." (Manila nurses)*
>
> *"Sana may colored actual picture imbes na drawing" (All respondents)*
>
> *"Pictures appearing in each page should be appropriate; remove pictures not relevant or change." (Manila based midwives)*
>
> *(MM): information re: jelly, cream, foam, tablet (tabulate); Improve lay-out (orphan)*

Chapter 17 Male Voluntary Surgical Contraception

Respondents' comments also focused on poor quality of illustrations/pictures.

> *" Illustration on page 119 is too small; Drawing parang Granada." (Iloilo and Manila based midwives)*

Chapter 18 Female Voluntary Surgical Contraception

The only significant comments regarding presentation are the following:

On length of explanation:

> *" Yung procedure siguro masyadong mahaba." (Bulacan midwives)*

Wrong entry for a given formula:

> *"… in Page 124: BMI is expressed as Km/ m^2BMI, it should be Kg/m^2." (Manila based doctors)*

Chapter 19 Family Planning for Special Populations

Comments focused on the poor quality of illustration/picture

> *" Illustration for breastfeeding is inappropriate, mukhang lalaki ang nanay in page 134." (Iloilo based midwives)*

Chapter 20 Rumors and Misconceptions

The only relevant comment with regards to presentation is the similarity of text used in the question (misconception) and the explanation.

> *" kung nakabold yung title, highlight questions or give emphasis to differentiate from the findings." (All respondents)*

Appendices

Common issue: size of forms and charts.

C. Recommendations for Improvement

Overall Recommendation of the group is to **fully endorse Clinical Standards Manual as official resource for FP workers in both the government and private sector**.

The TWG are being asked by the respondents to address three areas of concerns:

- Content
- Layout
- Packaging

The respondents suggested the following chapter specific recommendations:

Chapter 1 – The Philippine Family Planning Program

To improve the content coverage, there may be a need to provide additional information. The following were suggested by the respondents:

> *It might be useful to include the role of LGUs in the different program components.*
>
> *Include in the discussion of the historical background the 39 years of USAID donation in FP.*
>
> *Give a definition of what CPR means? What is its implication? Define likewise unmet needs and wanting to limit and wanting to space.*
>
> *On Management information system: " explain on what to do; step by step; needs example; provide a short information on how CBMIS strategy is being utilized by other local government units kasi hindi naman lahat ay may chance to be trained on this."*

To improve readability of major contents, respondents see the need to: a) improve the quality of graphs and figures used, b) simplify information; c) spell out acronyms used; and d) present major points in bullet form.

> *"Make the graphs colorful. Have a uniform placement of the legends in the graphs; Pie diagram, bar graphs siguro it will be more appealing para sa laymen; kita mo yung trending, ano ba yung nangyayari presently compared to previous years; make it more visual." (All respondents)*
>
> *"Spell out acronyms especially if they are used for the first time and even if these are in the List of Acronyms."*

"kailangang i-simplify to avoid information overload; go direct to the point or be more specific, gawin na lang na overview yung buong chapter, kung maari 1 page na lang; (Bacolod based doctors)

"Mas madaling maintindihan kung naka- bullet."

Chapter 2 – Reproductive Health and Family Planning

Major recommendations to improve coverage and understandability of content include explaining the framework in simple terms, re-sequencing of the elements according to their significance, and to make RH as the focus and not FP.

"…the elements of RH be discussed without mentioning family planning. Pag nagdiscuss ng MCH and nutrition, may FP. Nag discuss ng Abortion, may FP; ng Breast and Reproductive Tract cancer, may FP, VAWC, may FP uli. Alangan naman na mag discuss ka pa ng FP doon sa mga women and children na victims na ng violence. Bakit palaging bida ang FP? Why don't they just define the elements of RH and then discuss the integration of the different elements with FP at the end of the section. Kaya di mapasa-pasa sa congress ang RH dahil pagsinabi na RH, FP yon."

To improve readability the following changes on the presentation are being suggested :

Inputs should not be presented lengthily for easy comprehension

Recommendation: Reproductive health can be presented in one paragraph; i-bullet mo lang yan; ilagay mo lang yung elements ng reproductive health, ok na yon; Present it in a summary or outlined form not by paragraph

" Make (it) bulleted."

Another recommendation is make this chapter as the first chapter of the manual.

Chapter 3 - Management of FP Clinic Services

The only significant recommendation about content and presentation is to classify content according to the profession that performs them.

> *"Sana nakalagay kung alin ang pang midwife at alin ang pangduktor, parang optional reading" (Manila nurse)*

Chapter 4 – Philippine Health Insurance Coverage for Family Planning

The only recommendation for improvement in this chapter is to make the table more readable by increasing the font size.

> **"** *Sana mas malalaki ang letra."*

Chapter 5: Client Assessment

Flowcharts, while the most appreciated component of this chapter need to be improved. Among the recommendation is for the flow chart to have branches for MD and midwives.

> **"** *Flowchart must have different branches for MD and midwives." (Iloilo based doctor)*
>
> **"***There must be a YES pointing to the 'advice client to stop' and help clients choose another method; for midwife, nurses, with the yes, a referral to the physicians is necessary rather than advising the client."*
>
> **"***I was trying to see nasaan yung mga medical conditions that are contraindicated. Wala namang sinabi. Kahit dito na lang sa baba; parang addendum sya; hindi na kailangang pumunta sa iba."*

Another recommendation is to include in the chapter sample of filled up FP Service Record Form instead of putting it in the appendix.

Chapter 6 – Counseling the Family Planning Client

Respondents proposed the use a mnemonic that is familiar to most of them.

> *"Avoid too much information; Dapat yung GATHER na lang wala nang iba pang nakasulat." (Bulacan Midwife)*

Other recommendations include renaming of bullet 1 to "new acceptors" & bullet 2 to "drop-outs", shorter but already acceptable jargon; to have a separate discussion on side effects and complications, giving emphasis to their differences, and more description on who is a good counselor and add sample scenarios with solutions.

Presentation:

There is a proposal for the whole chapter be transferred to later sections.

Chapter 7 – The Anatomy and Physiology of Human Reproduction

The only recommendation about content is to include in the Physiology discussion the **hypothalamic-pituitary-ovary axis** because it is important in the other chapters particularly in the mechanism of action.

The bulk of the recommendation is on the improvement of drawings used, proper labeling of figures, and on making anatomical structures more anatomically correct.

> *"Put captions and labels on all drawings and make it larger; Sana may color; Please clean-up the arrows used in the picture (arrows should point to where they are supposed to point."(All respondents)*
>
> *"Sana meron ding drawing ng uterus sa stages of the menstrual cycle. (Bulacan based midwife)*
>
> *"I-bullet na lang kung hindi magagawang malinaw ang drawing." (Manila based nurse)*
>
> *"Should improve the drawing (cervix/vagina appears to be bigger than the uterus) make it anatomically correct; "Better actual photographs not drawing." ((Manila based Nurses, Bacolod doctors)*

Chapter 8 – Fertility Awareness-Based Methods

Since this is new a new topic to most of the participants, their suggestion is on giving training or more information so that they can understand and implement this effectively in their areas of responsibility.

Concerning presentation, the following were the suggestions for improvement:

> *"Illustration should be in color and whole page*
>
> *"Include in the chapter all relevant charts in the appendix." (Appendix 7 & 8)*
>
> *"Mas madaling basahin kung bulleted and tabulated gaya ng nasa 1997 manual."*
>
> *"Maybe it is better that all the methods' advantages, disadvantages, side effects be in columns, for easy use and reference. I would like to suggest this format:*

Chapter 9 – Lactation Amenorrhea Method

Respondents are proposing the inclusion of breast milk and menstrual cycle as topics for the chapter.

> *"Include the importance of breast milk to encourage mothers; Highlight the need for action of suckling for this to be effective as an FP method, that nipple type (inverted or not) is not a hindrance to breastfeeding and include proper position in breastfeeding."*
>
> *"Baka dapat kasama ang explanation ng menstrual cycle dahil dito naka base lahat ng action ng methods."*

Concerning presentation, respondents are suggesting the use of more appropriate pictures and the use of fig.15 at it best captures the essence on who can use LAM.

> *"Change to a more appropriate picture."*
>
> *"Use for this chapter Fig. 15 na lang. It best captures the contents on who can use LAM."*

Chapter 10 – Low-Dose Combined Oral Contraceptives (COCs)

The following are being recommended as additional contents:

> *"Please add "1st and 2nd weeks" on the first 2 tables." (Manila based nurse)*
>
> *"Please include suggested retailed price (SRP) in the table." (Manila based nurses and Iloilo based doctors*

For the presentation the following changes are being recommended:

> *" Change "When and how to refer" to "Warning Signs"; use mnemonics as in the old manual." (Manila nurse)*
>
> *Include pictures of all methods mentioned, especially the new ones (transdermal patch, vaginal ring)*
>
> *Better presentation if mnemonics is used; Warning signs and symptoms are better written in the form of the mnemonics JACHES.*
>
> *Be consistent in the use of phrases. Use the phrase 'within the first 5 days', to be consistent too with the CBTF manual.*
>
> *Put instead as a title, 'Warning signs for clients when to see a health care provider.'*

Chapter 11 – Progestin-Only Injectables (POIs)

Recommendations for this section are several and very specific probably reflect respondents familiarity with the topic. Among the content specific recommendations are the following:

> *Describe how long is long before having bone loss*
>
> *Please put clearance of DMPA after discontinuing use*
>
> *Cite evidence for putting nulliparous under category 1*
>
> *Sana meron ding caution section na malalaman naming kung ano ang mga kumplikasyon na magaganap kung mabigay mo ng mali ang preparasyon, pati ang pag shake, pag kulang, pag minassage or rub yung site.(Bulacan midwives)*
>
> *Include the MEC*
>
> *Include cost comparison of brands available and combined injectables.*

On p. 86, 'Immediate and lasting effects' should be changed to 'Side effects and Complications' but written as separate topics. Under Side effects will be amenorrhea, weight gain, and irregular menses, and under Complications will be heavy and prolonged bleeding.

Put the first 2 paragraphs under "What are the potential complications of POIs?" in the advantages of POIs.

Counseling tips: Side effects of method should be discussed, including mechanism. (Bacolod Doctors)

About presentation, the following are the recommendations:

page 85, under subheading Steps in administering POIs, instead of what is written dapat 1, 3, 4, 2, 5.; (MD) On p. 85, under 'Steps in administering POI's' step #2 be placed as step # 3 instead.

Make it bulleted.

wag magtipid sa lay-out; put in page same topic as much as possible

Chapter 12 – Progestin-Only Pills (POPs)

As with the previous chapter, comments are again very specific and again reflect respondents familiarity with the method.

Siguro dapat idagdag dito yung mga misconceptions tungkol sa pills kasi sinasabi nila ang pills daw nakakataba, pero di nila alam, nakakawater retention lang. (Bacolod Midwives)

Include need for pap smear in counseling for all hormonal contraceptives.

*(MD)**:** On p. 91 under Managing missed pills, third bullet, change the word 'restart' to 'continue', On p. 92, "Immediate and lasting effects" should be changed to 'Side effects'.(Manila-based Doctors)*

As far as presentation is concerned, respondents would like to see a list of available preparations and their cost as it would be helpful in their own practice.

Presentation of available POPs should be like that of Chapter 10 - COCs (include brand & price list). (Manila-based Nurse)

A table for available POP's just like the one for COC's (Table 14) should likewise be made in this chapter.)Manila-based Doctor)

Dapat i-bold ang section tungkol sa reminders dahil importanteng importante. Dapat may high lights or key points.(Bacolod and Iloilo-based midwives.

Chapter 13 – Combined Injectable Contraceptives (CICs)

Recommendations focused on providing more description and information about CIC, one of the method that respondents are not so familiar with.

Simplify or define terms

Specify onset of action of CICs.

Additional information on steps in administering CIC. (Manila-based Midwives)

There are also very specific recommendations such as the following:

On p. 94, under Category 2, Gynecologic and Obstetric conditions, breastfeeding (> 6 months postpartum) must be under Category 1; on p. 96, under "What are the common side effects of CICs?" In the definition of amenorrhea, delete the word 'spotting'. (Nurse Respondents)

Change order of chapters; both types of pills then both types of injectables; On p. 95, contents under "Immediate and lasting effects" can be written under advantages; On p. 96, Discussion on Side effects must precede discussion on Complications. (Nurse Respondents)

Only two comments were made on the presentation and format.

Include picture of sample CICs. (Manila-nased Midwife)

Make a table comparing POIs and CICs so we can see difference at a glance. (Nurse Respondents)

Chapter 14 – Subdermal Implants

Since this is considered a new method, concern are more on its method of application and side effects as evidenced by the following recommendations.

> *Include how patient & provider will know if there is ovarian enlargement/cyst. What can be used for early detection?*
>
> *Please add post insertion instructions i.e. when to follow up and to check wound for infection or how to take care of the wound. (Manila-based Nurses)*
>
> *Emergency procedure due to side effects*
>
> *On p. 100, under "what are the potential complications and adverse effects?" please explain "relatively inert"*

As with other chapters, recommendations are more on the layout and concern for easy recognition of important points.

> *Please review whether counseling points ba o highlights of chapter/section ang tinutukoy.*
>
> *Counseling points: emphasize adverse side effects- the more babalik sila. (Iloilo-based Doctor)*
>
> *Sa lahat ng chapters on different methods, I like very well yung counseling points. Kasi nakalagay yung dapat mong i-memorize. Dapat naka-highlight. (Bacolod-based Doctor)*
>
> *(BD): Previous manual, identified bawat chapters by tab index. Kaya madaling hanapin. (Bacolod-based Doctor)*

Chapter 15 – Intrauterine Devices (IUDs)

This is another topic that is quite familiar to our respondents, hence, generated recommendations for almost all of the content areas.

> *Explain further. Clarify whether this applies to primigravids and multiparous alike.*
>
> *Give medical explanation for nulliparity being under category 2.*
>
> *On p.* ***101****, first column, first bullet, last sentence, 'It is effective for 10 years.' Please add …from the day of IUD insertion. (So there will be no confusion if it means from the date of manufacture of IUD.); On p.* ***101****, second column, last bullet under 'What are the advantages of the TCU 380A IUD', statement says 'Long-lasting-TCU 3808A lasts 10+ years'.*

delete '+'. Just say 10 years. (10+ years can mean anywhere from 11 to infinity.); On p. ***103*** *first column, under bullet 'After childbirth:' '– Special training is required for postpartum insertion' does not talk of time. Please delete it from that discussion of timing and make it only as a note; Same page, second column, 8th bullet, please define what "no touch mean"; Page* ***104****, second column, under '4. Removing the IUD' –'pain' must be specified. Write 'abdominal pain'; Page* ***105,*** *second column, under '4. Pregnancy with IUD', please give a reason why pregnancy occurs with IUD; On p.* ***108****, under Category 2: first bullet, Put, Multiple risk factors such as …; (Nurse Respondent)*

On p. ***108*** *under Category 4, third bullet, "Abnormalities of the womb (uterus)" have to be explained; cite examples such as...; On p. 108, under "Who can use the IUS" last bullet, change the word 'sterilized' to 'permanent contraception'*

p.101 *more on barrier only, add the spermicidal action, combination of barrier and hormonal method;* ***p.104*** *sa ff-up ng patient, add albothyl as a part of follow-up of patients as a prevention for the erosion; siguro additional bullet; in cases with erosion, it is best treated with albothyl and iodine solution;* ***IUS:*** *differentiate it from Copper T, presenting some difference in mechanism of action. (Iloilo-based Doctor)*

One respondent even recommended that the following steps be followed:

1. *Perform all steps carefully and gently (not a bullet)*
2. *complete PE head to foot: breast, abdominal, bimanual exam*
3. *insert speculum*
4. *swabbing antiseptic*
5. *apply traction*
6. *measure depth*
7. *compare loading of IUD*
8. *adjust depth gauge*
9. *insert the IUD [Also, please delete "following manufacturers specific instructions" in bullet 9;*
10. *remove traction*
11. *cut IUD thread*
12. *remove speculum*

13. clean perineum

Several recommendations to improve layout are the following:

> *After childbirth - inserting - order of procedure: bullet #4 to 3, #3 to 4 - insert speculum should follow bi-manual exam; elaborate universal precaution; step by step in picture; "use of 1 finger" avoid accidental pulling; (MN) Retain the old acronym - danger signs; pictures of other types of IUDs (in terms of what would be available). (Manila-based midwives)*
>
> *Please make table comparing IUD with IUS. Parameters to compare can include among other things, Effectiveness rate, Advantages and disadvantages, duration of effect, side effects and complications, what to do when perforation occurs.*

Chapter 16 – The Barrier Methods

Recommendations were according to the specific barrier method.

The following are the specific recommendations for the section on male condom:

> *On p **111**, second column under 'How do male condoms prevent pregnancy?', please delete the second and the third bullets since they do not refer to preventing pregnancy; On the same page, under Advantages of the male condom, please delete the fifth bullet since it not true and it contradicts the second bullet under Disadvantages.(Nurse respondent)*
>
> *(ID): **p. 112** did not emphasize yung pinakaprerequisite sa condom use. It should be inserted in erect penis (mentioned but not emphasized); (MM): describe penis as "erected" should be in bold format; p.112 bullet # 7, add Reminder, immediately after erection, withdraw penis before it completely loses its erection. (Because this is the common cause of spillage)*

Specific recommendation for female condom, diaphragm, or cervical cap:

> *Please give emphasis to preventing infections in the discussion of the barrier methods in females. In counseling tips for instance, state that females must first clean their hands and perineum initially before inserting condoms, diaphragm or cervical cap. (Nurse respondent)*
>
> *Please indicate what spermicides; add recommended/effective position when using spermicide*

Can you state here the brand of the jellies, cream, that are available in the Philippine setting? Tabulate. (Iloilo-based Doctor)

Since only the male condom is available in the Philippines, the following recommendations were given to appreciate the other barrier methods that were included

Sana may colored actual picture imbes na drawing; Pictures appearing in each page should be appropriate; pictures of instruction; (MM) remove pictures - not relevant or change. (All Respondents)

Recommendation *(MM): information re: jelly, cream, foam, tablet (tabulate); Improve lay-out (orphan)*

Chapter 17 – Male Voluntary Surgical Contraception

Recommendations focused on the provision of additional information on counseling, post surgery testing and reformulation of commercially available Lidocaine.

Include the last 2 bullets in post-operative instructions or counseling; we should always include the 1% probability na pwede syang mag-fail.

4th bullet page 120 under "How is it done" on informed consent should include the 6 points of informed consent (under Counseling Tips on page 122) as sub-bullets.(Manila-based Nurse)

Please clarify. clarify use of condom? or # of ejaculation (119). (Manila-based Midwives)

Lidocaine is available as 2% solution. Please give instruction on how to prepare a 1% solution. (MMW)

In terms of presentation, the recommendation again focused on improving the quality of illustrations or pictures. A table that would compare NSV with traditional vasectomy is also being recommended.

Illustration of the method must be enlarged.

prepare a table comparing NSV with traditional vasectomy. (Manila-based Doctor)

Chapter 18 – Female Voluntary Surgical Contraception

Most of the recommendations on content deal with ethics and legal implication of failed vasectomy.

> *Book should include the failure rate of this method and what will happen in such cases of failure, in particular, the legal and financial aspects like who will pay for the cost of childbirth.*
>
> *include justification or put any reproductive age but with informed consent. (Iloilo-based Midwife)*
>
> *Clarify contraindiction for people most likely to regret sterilization (Is it needed?)*

With regards to the presentation, recommendation is consistent with those for other chapters.

> *Please highlight important details. e.g. note for post-partum clients. (Iloilo-based Midwife)*

Chapter 19 - Family Planning for Special Populations

Respondents recommendation focused on the inclusion of new special population groups.

> *Please include in special populations the disabled and the mentally challenged and those with heat disease Add info in the book for peer group counseling - approach for the adolescents; What and How you will conduct. (All Respondents)*
>
> *Include in the special population groups the following: women who want to get pregnant; menopausal women; married male or male in live-in relationships so that they will know about women's cycle, and will have participation in FP. To also include the mentally and psychologically incapacitated in the special population group and include likewise the PWD, persons with disability. (Manila-based Doctors)*

Additional topics are also being recommended such as:

> *Add info in the book for peer group counseling - approach for the adolescents; What and How you will conduct. (Manila-based Nurses)*
>
> *Include emergency contraception as part of the chapter. (All Respondents)*

For the presentation, the recommendation is only to change the illustration used.

Chapter 20 – Rumors and Misconceptions about Family Planning Methods

For this chapter, respondents recommended additional misconceptions that the author may consider. Among the misconceptions are the following:

- *Is it a sin to use FP?*
- *Is vasectomy like castration?*
- *If a woman gets pregnant while taking the pills, will it harm the baby?*
- *Injectables reduce sex drives*
- *Pag uminom ka daw ng pills baka magkaanak ka ng twins o triplets. Therefore, one suggestion is: "does the pill enhanced fertility for all women?"*

Appendices

For the presentation, the only concern is make misconceptions and explanations distinguishable from each other.

> *Kung nakabold yung title, highlight questions or give emphasis to differentiate from the findings. (All Respondents)*

General Comments: Most of the participants found the forms useful and the instructions are simple and easy to follow. However, some of them lamented that the forms are unavailable. Maganda naman mam ang mga forms pero nagtataka ako dagdag pa ng dagdag eh kaso wala naming supply ng mga forms na ito. Eto talaga yung pinaka important sa amin (form 1) pero sana continuous ang supply.

Appendix 1a. CDLMIS Inventory Reports

Recommendation: but kindly make it clear and enlarge
Recommendation (IM): Need to put expiry date for stock
Recommendation (IM): Sana may additional column na others for other brands.
Recommendation (Nurses): Please do not put trade names for the pills.

Appendix 1b. Contraceptive Order Form

Maglagay ng sample figures

Needs to be enlarged

Appendix 1c. Modified Barangay Health Station Contraceptive Order Worksheet

Recommendation (MM): enlarge letters

Appendix 1d. Dispensed to User Record (DTUR)

We should add one like for other column "Name of commodities"; there are some pills purchased by LGU's which is Trust pills, etc. (Iloilo-based Midwife)

Appendix 1e. Summary Delivery Report

Recommendation (IM): Needs to be enlarged

Appendix 2. Target Client List (TCL) for Family Planning Nonsurgical Methods

there should be a column for re-starter - saan mo ilalagay and re-starters, baka makulangan/madoble ang bilang (Acceptor others)

Needs to be enlarged

(Nurses): Page 168, under column 6: Categories and codes of clients. In ii. Current Users-FP clients who have been carried over from the previous month after deducting … and adding the new acceptors in the ***previous*** *month. (current there was replaced with previous)*

Appendix 3. FHSIS Report Form / M1

Enlarge the format

*(Nurses)**:** Add another column for Current used (End of the Month)*

Appendix 4. Clinic Referral Slip

Enlarge the format

Appendix 4: include obstetrical history, menstrual history, pertinent physical exa. (Iloilo-based Doctor)

Appendix 5. FP Service Record (FP Form 1)

Kulang ng back portion where you can put in your findings

(Nurses): The name of the client should be on the first line.

Appendix 6. Ovulation Method Chart

We need training on how to fill this up

Include sa chapter

Appendix 7. Basal Body Temperature Chart

Useful but it is new. We need further orientation or more clarification so that we can use this

We need training on how to fill this up

We can apply this to our station but it is too small

coverline - extend from day 1

Include sa chapter

Appendix 8. Sympto-Thermal (STM) Chart

We need training on how to fill this up

(MM): Include sa chapter

Appendix 9. Summary Tables of WHO Medical Eligibility Criteria for Contraceptive Use

(Nurses/MM): Please give legends to asterisks and numbers; (MM) What about the "fractions" (3/4)?

Appendix 9: put legend and simplify

No recommendations for the following forms:

- Appendix 10.1 Medical Eligibility Checklist for Combined Oral Contraceptives (COCs)
- Appendix 10.2 Medical Eligibility Checklist for Progestin-Only Oral Contraceptives (POCs)
- Appendix 10.3 Medical Eligibility Checklist for DMPA Injectable
- Appendix 10.4 Medical Eligibility Checklist for Norplant Implants
- Appendix 10.5 Medical Eligibility Checklist for Copper-bearing IUDs
- Appendix 10.6 Medical Eligibility Checklist for Female Sterilization
- Appendix 10.7 Medical Eligibility Checklist for Vasectomy
- Appendix 10.8 Medical Eligibility Checklist for Fertility Awareness-Based Methods
- Appendix 10.9 Medical Eligibility Checklist for Lactational Amenorrhea Method (LAM)
- Appendix 10.10 Medical Eligibility Checklist for Condoms
- Appendix 10.11 Managing Any Problems

Philippine Clinical Practice Guidelines in Family Planning

There are many clinical practice guidelines available in the literature. The most commonly accessible are those from the Royal College of Obstetrics and Gynecology. The American College of Obstetrics and Gynecology comes out with policy statements mainly developed through consensus by an expert panel, after reviewing the literature.

The World Health Organization has come out with two major documents, the Selected Practice Recommendations for Family Planning and the Medical Eligibility Criteria, which are used as basis in making policies and recommendations for family planning advise and counseling.

Locally, there is the Family Planning Clinical Standards Manual which is also being revised at the same time these guidelines are being developed. The main target users of the FP CSM are the midwives and the other practitioners at the many service delivery points. This manual was to be a guideline for these practitioners, and would be an update for any previous training they would have had. The FP CSM in its latest version also relied heavily on evidence based material, including the SPR and the MEC.

There is a need to have specific Clinical Practice Guidelines with an intended target of obstetrician-gynecologists, and physicians whose main clients are women, who may or may not need family planning services. The purposes of these guidelines are to develop these guidelines as adapted in the local situation, and addressing important concerns when practicing family planning services. A listing of possible guidelines questions was made so that a proper review of literature addressing these would be made, in the preparation of the document. Generally the process would follow the local guidelines development process, and to conform with the standard AGREE instrument.

In developing these guidelines, specific topics on problematic situations in providing family planning services, particularly on hormonal contraception were chosen. These included knowing the alleged risks associated with certain methods, providing alternatives for persons with special conditions, and when compliance with taking pills was not fulfilled.

The emergence of practice guidelines both here and abroad has heralded the evolution of several guideline development techniques. There are three basic approaches, an evidence-based approach, a consensus-based approach or a combination of the two [Fink, et al, 1984].

The evidence based approach utilizes a systematic synthesis of the literature and gives recommendations according to the strength of evidence. This means that the medical literature is objectively and comprehensively searched

and critically appraised. Data obtained are then statistically combined, when feasible, before coming up with specific recommendations [Dans 1996]. This approach is credited with enhancing scientific rigor of practice guidelines, however, its main disadvantage is its inability to produce recommendations in the absence of acceptable evidence.

For the purpose of these guidelines, the primary search was for other clinical practice guidelines, which led to the use of the SPR, MEC, RCOG guidelines, among others. For specific questions not listed in the above, a systematic search of the literature was made using Medline and hand searches. The literature was reviewed especially for some of the associated concerns about risk and the use of hormonal contraceptives. From these, an evidence based draft was prepared and circulated among the technical committee.

Consensus statements on the other hand, are produced using various techniques. These are classified into formal and informal methods. The informal consensus technique usually consists of assembling the framers in a single meeting, to come up with the panel's recommendations. Although this process is easy, fast and free of complex analytic procedures, the resulting statements reflect the global subjective judgment of its framers, the "experts" [Fink, 1984] . The "decibel factor" (dominance of those with loud voice/s) exerts a strong influence on the results of the proceedings. Other disadvantages include: 1) difficulty in the assessment of the guides' validity. 2) limitations to validity of expert's opinions and 3) dependence on personalities and affiliations [Fink, 1984].

Formal consensus techniques are characterized by their structured methodology in obtaining inputs from the guideline framers, e.g. orderly discussions and equal participation rather than dominance of "experts".

For these guidelines, the consensus was used in the finalization of the document, prepared after considering the other available guidelines, choosing which would be most applicable in the local setting. A public forum and an external review were conducted in order to obtain comments from potential users, and these were incorporated into the document as consensus statements.

The combined use of evidence-based approach and formal consensus techniques is increasing in popularity. Advantages include the following: a) validity can be measured, b) personalities and affiliations exert less influence, c) evidence beyond experts' opinions can be included and d) acceptance is almost assured. Major setbacks include time and cost constraints, as well as the difficulty of the process.

In all, the methodology followed a structured and scientific search and assessment of literature and formation of guidelines. The conditions or diseases targeted were selected based on the frequency and severity as leading causes of death and disability and their potential for prevention through clinical

interventions. Topics include project organization (analytic philosophy, project sponsorship, panel composition, topic selection); the review of evidence (selecting outcome measures for judging effectiveness, constructing "causal pathways," searching the literature, rating the evidence, synthesizing the results); crafting recommendations (extrapolation, assessing magnitude, balancing risks and benefits, addressing costs, dealing with insufficient data, separating science from policy); peer review; collaboration with other groups; evaluating impact on clinicians' knowledge, attitudes, and behavior; updating recommendations; and defining a research agenda. The lessons learned suggest potential refinements in the future work of the task force and other groups engaged in guideline development. (Woolf, 1996)

In the development of the guideline, the Philippine task forces identified, retrieved and appraised relevant data both foreign and local. Based on the burden of the disease, availability and accessibility of the methods, and cost effectiveness data, an evidence based recommendation was drafted. The draft was modified by a series of multi-sectoral meetings and correspondence thru Delphi method technique. Factors considered in the modifications were local issues, applicability of the data to practice and clinician's experience.

Basis for Recommending Screening Tests – Evidence Based Medicine Tools

The determination of the quality of evidence was based on a systematic consideration of these 3 criteria: 1) incidence or prevalence of the condition; 2) characteristics of the intervention and 3) the effectiveness of the intervention as demonstrated in published clinical research.

The following rating system was used for quality of evidence:

I: Evidence obtained from at least one properly randomized controlled trial (RCT) or meta-analysis of Randomized Controlled Trials.

II-1: Evidence obtained from well-designed controlled trials without randomization.

II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.

II-3: Evidence obtained from multiple time series with or without the intervention.

Dramatic results in uncontrolled experiments could also be regarded as this type of evidence.

III: Opinions of respected authorities, based on clinical experience, descriptive studies and case reports; or reports of expert committees.

The recommendations of the Task Forces are influenced largely by only one factor which is scientific evidence. Thus, the recommendations were graded based on the strength of evidence as follows:

A. There is good evidence to support the recommendation that the condition be specifically considered in the guideline.
B. There is fair evidence to support the recommendation that the condition be excluded from consideration in the guideline.
C. There is insufficient evidence to recommend for or against the inclusion of the condition in the guideline but recommendations may be made on other grounds.
D. There is fair evidence to support the recommendation that the condition be excluded from consideration in the guideline.
E. There is good evidence to support the recommendation that the condition be excluded from consideration in the guideline.

Dans AL. Improving research and quality of cardiology (editorial). PJC 1996;24:36-38

Fink A, Kosecoff J, Chassin M, Brook RH. Consensus Methods: Characteristics and Guidelines for Use. Am J Public Health 1984;74:979-983.

Woolf SH, DiGuiseppi CG, Atkins D, Kamerow DB. Developing evidence-based clinical practice guidelines: lessons learned by the US Preventive Services Task Force. Annu Rev Public Health 1996;17:511-38

Woolf SH. Practice Guidelines, A new Reality in Medicine II. Methods of Developing Guidelines. Arch Intern Med 1990;113: 709-714.

Hormonal Contraceptives

Hormonal contraceptives include oral contraceptives which can be combined (COC's), or progestin-only contraceptives, and the injectable hormonal contraceptives.

Oral Contraceptives

Combined oral contraceptives (COCs) are the most common pill preparations available. These contain hormones similar to the woman's natural hormones - estrogen and progestogen - taken daily to prevent conception. They are also known as the Pills, or OCs,

There are many preparations available. The most readily used and available are the monophasic (with two hormones in a combined preparation with the same dose throughout the cycle) low-dose COCs containing 20–35 µg ethinyl estradiol (EE) and a progestogen like levonorgestrel as in Logentrol. "High-dose" COCs are those containing 50 µg EE or more plus a higher dose progestogen, which are only used for special indications.

Other preparations are the triphasics which have the same hormones but in different dose ratios (three sets of preparations).

Another preparation of oral contraceptives is the progestogen only pill (POP).

What are some of the perceived risks associated with combined oral contraceptive pills?

1. COC's and the Risk of Breast Cancer

In women between the ages of 35-64, there is no significant increase in the risk of breast cancer among women who currently or previously used oral contraceptives. The risk does not increase consistently with longer periods of use or with higher doses of estrogen. Use of oral contraceptives by women with a family history of breast cancer is not associated with an increased risk of breast cancer, nor was the initiation of oral contraceptive use at a young age.

- Marchbanks PA, et al. Oral contraceptives and the risk of breast cancer. The New England Journal of Medicine 2002 June; 346(26):2025-2032.

In an updated review of the literature, there were three recently published studies in women between the ages of 30-64: two prospective cohort studies and one case control study. The results conflict: in two of the studies it appeared that OCP use for up to eight years very slightly increased the risk of breast cancer. However, the third study indicated the opposite—that OCP use may have

actually decreased this risk, although the findings were not statistically significant.

- Dumeaux V, Alsaker E, Lund E. Breast cancer and specific types of oral contraceptives:A large Norwegian cohort study. Int J Cancer 2003; 105:844-850.

2. COC's and the Risk of Stroke Among Women with Migraine

The use of oral contraceptives among women of childbearing age with migraine significantly increases their risk of stroke. The risk for stroke has a multiplicative effect if the patient is a smoker and/or also has high blood pressure.

- Chang CL, Donaghy M, Poulter N, and World Health Organisation Collaborative Study of Cardiovascular Disease and Steroid Hormone Contraception. Migraine and stroke in young women: case-control study. BMJ 1999; 318:13-18.

3. COC's and the risk of Cervical Cancer

Studies suggest that risk of invasive squamous cervical cancer and in-situ cancer for women who tested positive for HPV infection is not increased among short term users of oral contraceptives (< 5 years) (OR= .73). However, among women who are tested for HPV DNA the risk is increased three- to four-fold if they have used oral contraceptives for 5 years or longer.

- Moreno VM, Bosch FX, Munoz N, Meijer CJL, Shah KV, Walbommers JMM, Herrero R, and Francheschi S; for the IARC Multicentric Cervical Cancer Study Group. Effect of oral contraceptives on risk of cervical cancer in women with human papilloma virus infection: The IARC multicentric case-control study. Lancet Vol 359 1985 to 1092, March 2002.

Based on an updated systematic review, there is evidence toward an increased risk of cervical cancer with increased duration of use of OCPs. Nevertheless, these results should be interpreted with caution as not all of the studies included in the review controlled for the three behavioral factors the authors considered to be important namely, the number of sexual partners, use of barrier methods and cervical screening history.

- Smith JS, Green J, de Gonzalo AB, Appleby P, Peto J, Plummer M, Francheschi S, Beral V. Cervical cancer and use of hormonal contraceptives: A systematic review. Lancet. 2003 Apr 5;361(9364):1159-67.

4. COC's and the Risk of Liver Cancer

There is no evidence for an increased risk of liver cancer (hepatocellular cancer) associated with oral contraceptive use. There no increased risk for liver cancer with increasing duration of oral contraceptive (OC) use among the different

groups of OCs. The most important risk factors for liver cancer are a prior history of hepatitis B and C.

- The Collaborative MILTS Project Team. Oral Contraceptives and Liver Cancer Results of the Multicentre International Liver Tumor. Contraception 1997; 56:275-284.

5. COC's and the Risk of Down's Syndrome

There is no increased risk of Down syndrome in a pregnancy that follows cessation of oral contraceptive pill even for pregnancies that occur within the next cycle. This lack of relationship was demonstrated for groups of mothers who were 34 and 35 years old.

- Martinez-Frias, ML et al. Periconceptional Exposure to Contraceptive Pills and Risk for Down Syndrome. Journal of Perinatology 2001; 21:288-292.

6. COC's and the Risk of Myocardial Infarction

Compared to second generation oral contraceptive users and current non-users, the use of third generation oral contraceptives is not associated with an increased risk of myocardial infarction, according to findings from a multicenter case-control study.

- Lewis, MA et al. Third generation oral contraceptives and risk of myocardial infarction: an international case-control study. BMJ 1996; 312: 88-90.

7. COC's and the Risk of Ovarian Cancer

Women exposed to oral contraceptives have a lower incidence of epithelial ovarian cancer than women never exposed to oral contraceptives. This protective effect increases with longer use of OCs (over 5 years).

- Bosetti C et al. Long Term Effects of Oral Contraceptives on Ovarian Cancer Risk. Int J Cancer. 2002; 102 (3): 262-5.

Women with endometriosis are at an increased risk of epithelial ovarian cancer. Long-term oral contraceptive use may provide substantial protection against the disease in this high-risk population.

- Modugno F, Ness RB, Allen GO, Schildkraut JM, Davis FG, Goodman MT. Oral contraceptive use, reproductive history, and risk of epithelial ovarian cancer in women with and without endometriosis. Am J Obstet Gynecol. 2004 Sep;191(3):733-40.

8. COC's and the Risk of Mood Changes and Negative Affect

Compared to non-users, oral contraceptive users experience less variability in affect in the different phases of the menstrual cycle, and less negative affect during menstruation.

- Oinonen KA, and Mazmanian D. To what extend do oral contraceptives influence mood and affect? J Affective Disorders. 70 (2002) 229-240.

What may be some of the beneficial effects of Oral Contraceptives?

1. COC's and Acne

The use of low dose combined oral contraceptive pills is effective and safe for the treatment of moderate acne.

- Leyden J, Shalita A, Hordinsky M, Swinyer L Stanczyk FZ and Weber ME. Efficacy of a low dose oral contraceptive containing 20 ug of ethinyl estradiol and 100 ug of levonorgestrel for the treatment of moderate acne: A randomized placebo controlled trial. J Am Acad Dermatol, September 2002 Vol. 47 (3) 399-409.

2. COC's and Myoma Uteri

Uterine myoma is not associated with the history of intake of oral contraceptives.

- Chiaffarino F, Parazzini F. et. al. Use of oral contraceptives and uterine myoma: results from a case-control study. British Journal of Obstetrics and Gynecology, August 1999, vol. 106, pp 857-860.

3. COC's and the Increase in Breast Size

Current OCP use causes only a temporary and mild increase in breast size for a few days in the menstrual cycle days.

- Jernstrom H. and H. Olsson. Breast size in relation to endogenous hormonal levels, body constitution and oral contraceptive use, in healthy nulligravid women aged 19-25 years American Journal of Epidemiology 1997 April; 145 (7) : 571-580.

4. COC's and Return to Fertility

The use of oral contraceptive pills (OCPs) is associated with a small, *insignificantly increased risk of ovulatory causes* of delayed fertility two years after cessation of use. This impairment in fertility is *temporary as over 80 % of cases report eventual pregnancy after two years.* This increased risk is not affected by duration of use or by age of first use.

- Chasan-Taber L, Willett WC, Stampfer MJ, Spiegelman D, Rosner BA, Hunter DJ, Colditz GA, and Manson JE. Oral Contraceptives and Ovulatory Causes of Delayed Fertility. Am J Epidemiol 1997; 146:258-65.

Users of intrauterine devices for less than 42 months have comparable fertility rates to users of oral contraceptives and barrier methods. Long term IUD users (more than 78 months), however, may have an increased risk of fertility impairment.

- Doll H, Vessey M, and Painter M, Return of fertility in nulliparous women after discontinuation of the Intrauterine Device: Comparison with women discontinuing other methods of contraception. Br J Obstet Gynecol 108: 304-314, March 2001.

When can a woman start combined oral contraceptive pills?

Many women have problems on when to start combined oral contraceptives. While the reference point is usually the start of menstruation, many usually miss starting at this time. What allowances may be allowed? What additional precautions have to be made when starting oral contraceptives?

Most of the items below were based on the WHO Selected Practice Recommendations manual which was published in 2004. The statements are tabulated for better reference.

	When to start	**Additional Contraceptive Protection**
Women with regular menstrual cycles	Start combined oral contraceptive pills within 5 days after the start of menstrual bleeding. [1-8] *The woman can start at the first day of the onset of menses or any day up to the fifth day, depending on what is convenient for her to remember or to follow.* [1-3]	Not necessary[1-8] *Evidence reviewed by WHO indicates that the risk of ovulation is low in the first 5 days of menstruation and women starting COC up to and including Day 5 may choose not to use additional barrier contraception.*[3]
	If it has been more than 5 days since her menstruation started , she can start the pills at anytime with additional protection [1-8]	She will need to abstain from sex or use additional contraceptive protection for the first 7 days of pill use (possible ovulation period). [1-8]
Women with amenorrhea (no menstruation) or those	Start at any time if it is reasonably certain that she is	She will need to abstain from sex or use additional

with irregular menses	not pregnant*[1]	contraceptive protection for the first 7 days of pill use. [1-10]
POSTPARTUM (BREASTFEEDING) WOMEN		
Less than 6 months postpartum	combined oral contraceptive pill use is NOT recommended between 6 weeks and 6 months postpartum [1,11] *Women less than 6 weeks postpartum who are primarily breastfeeding should not use combined oral contraceptive pills. For women who are more than 6 weeks but less than 6 months postpartum and are primarily breastfeeding, use of COCs is not usually recommended unless other more appropriate methods are not available or not acceptable.* [13]	Lactation Amenorrhea will protect women from ovulation for 6 months [1,11-12] If not exclusively breastfeeding, additional methods of contraception necessary [1,11-13]
More than 6 months postpartum and amenorrheic	combined oral contraceptive pills can be started at any time, if it is reasonably certain that she is not pregnant*. [1,2,11-12]	She will need to abstain from sex or use additional contraceptive protection for the first 7 days of pill use. [1,11-12]
More than 6 months postpartum whose menstrual cycles have returned	Start combined oral contraceptive pills within 5 days after the start of menstrual bleeding. [1-2,11-12]	Not necessary[1,11-12]
POSTPARTUM (NON-BREASTFEEDING) WOMEN		
21 or more days postpartum, no regular menstrual cycles yet	Can start combined oral contraceptive pills immediately if it is reasonably certain that she is not pregnant*. [1,11-12] *Women less than 6 weeks postpartum who are primarily breastfeeding should not use combined oral contraceptive pills. For women who are more than 6 weeks but less than 6 months postpartum and are primarily breastfeeding, use of*	She will need to abstain from sex or use additional contraceptive protection for the first 7 days of pill use. [1,11-12]

	COCs is not usually recommended unless other more appropriate methods are not available or not acceptable. [12]	
With return of menstrual cycle	Start combined oral contraceptive pills within 5 days after the start of menstrual bleeding. [1,11-12]	Not necessary [1,11-12]
After a miscarriage/abortion	A woman can start combined oral contraceptive pills immediately postabortion. There is no need to wait for her next menstrual period. [1,11-12]	Not necessary [1,11-12]
Switching to combined oral contraceptive pills from another hormonal method	If she has been using her hormonal method consistently and correctly or if it is reasonably certain that she is not pregnant, she can start combined oral contraceptive pills immediately. There is no need to wait for her next menstrual period. [1-8]	Not necessary [1,2]
	If previous method was an injectable, she should start combined oral contraceptive pills when the repeat injection would have been given. [1-8]	Not necessary [1-8]
Switching to combined oral contraceptive pills from a nonhormonal method (other than the IUD)	She can start combined oral contraceptive pills within 5 days after the start of her menstrual bleeding. [1-8]	Not necessary [1-8]
	She also can start immediately or at any other time, if it is reasonably certain that she is not pregnant*. [1-8]	If it has been more than 5 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days. [1-8]
Switching to combined oral contraceptive pills from an IUD (including the levonorgestrel-releasing IUD)	She can start combined oral contraceptive pills within 5 days after the start of her menstrual bleeding. The IUD can also be removed at that time. [1-8]	Not necessary [1-8]

	She also can start at any other time, if it is reasonably certain that she is not pregnant*. [1-8]	If it has been more than 5 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days. [1-8]
	If she has been sexually active in this menstrual cycle and it has been more than 5 days since menstrual bleeding started, it is recommended that the IUD be removed at the time of her next menstrual period. [1-8]	
	If she has not been sexually active in this menstrual cycle and it has been more than 5 days since menstrual bleeding started, she can start immediately. [1-8]	She will need to abstain from sex or use additional contraceptive protection for the next 7 days. If that additional protection is to be provided by the IUD she is using, it is recommended that this IUD be removed at the time of her next menstrual period. [1-8]

*

How can a provider be reasonably sure that a woman is not pregnant?

The provider can be reasonably certain that the woman is not pregnant if she has no symptoms or signs of pregnancy and meets any of the following criteria: [1]

- has not had intercourse since last normal menses
- has been correctly and consistently using a reliable method of contraception
- is within the first 7 days after normal menses
- is within 4 weeks postpartum for non-lactating women
- is within the first 7 days postabortion or miscarriage
- is fully or nearly fully breastfeeding, amenorrhoeic, and less then 6 months postpartum.

**Contraceptive Starting Regimens for Breastfeeding Women [1,11]

Time postpartum	Contraceptive method	Advice for breastfeeding women on when to start contraceptive method

Time postpartum	Contraceptive method	Advice for breastfeeding women on when to start contraceptive method
Immediately	Lactational amenorrhoea method (LAM)	Start immediately postpartum to provide effective contraception. Remind women that the LAM is an interim method effective for the first 6 months postpartum only.
	Intrauterine device (IUD)	Insert within the first 48 hours postpartum to provide immediate protection.
	Condoms and spermicides	Can be used immediately.
	Female sterilisation	Can be performed at the time of Caesarean section if there has been appropriate counselling and consent antenatally.
Under 4 weeks	Progestogen-only pill (POP)	May start any time postpartum. If started up to Day 21 postpartum no additional contraceptive protection required. If started after Day 21 additional contraceptive protection is required for 2 days.
	Progestogen-only implant	Insert up to Day 28 postpartum without the need for additional contraceptive protection. If inserted after Day 28 additional contraceptive protection is required for 7 days. May be considered before Day 21 if a woman is unlikely to return for insertion, if the risk of pregnancy is high, and if other methods are unacceptable. Counsel regarding bleeding.
	Emergency contraception (EC)	Indicated if there has been unprotected intercourse or potential contraceptive failure after Day 21. Progestogen-only EC can be used without restriction in breastfeeding women.
From 4 weeks	Intrauterine device (IUD)	Insert from 4 weeks postpartum.
	Levonorgestrel-releasing intrauterine system (LNG-IUS)	Insert from 4 weeks postpartum with additional contraception for 7 days.
From 6 weeks	Progestogen-only injectable	Give from 6 weeks postpartum if reasonably certain woman is not pregnant with additional contraceptive protection for 7 days. May be considered at less than 6 weeks if the risk of subsequent pregnancy is high and other contraceptive methods are unacceptable.
	Diaphragms and cervical caps	Fit for a new diaphragm or cap from 6 weeks when uterine involution is complete.
	Sterilisation	Male and female sterilisation can be considered after an appropriate interval following pregnancy.

Comments

The Task Force considered the risk of ovulation within the first 5 days of menstruation to be acceptably low. Suppression of ovulation was considered to be less reliable when starting COCs after day 5. Seven days of continuous COC use was deemed necessary to reliably prevent ovulation.

The need for additional contraceptive protection among those switching from another hormonal method will depend on the previous method used.

There was some concern about the risk of pregnancy when removing an IUD within a cycle where there already has been intercourse. That concern led to the recommendation that the IUD be left in place until the next menstrual period.

Systematic review question

How does starting COCs on different days of the menstrual cycle affect contraceptive effectiveness and compliance? **Level of evidence**: II, Grade B

How does giving advance provision of COCs affect use, compliance, and continuation of COCs? **Level of evidence**: II, Grade B

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6. Sitavarin S, Jaisamrarn U, Taneepanichskul S. A randomized trial on the impact of starting day on ovarian follicular activity in very low dose oral contraceptive pills users. Journal of the Medical Association of Thailand, 2003, 86:442–448.
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12. Faculty of Family Planning and Reproductive Health Care. Contraceptive choices for breastfeeding women. J Fam Plann Reprod Health Care 2004 Jul;30:181-9 ; www.guideline.gov
13. World health Organization Medical eligibility criteria for contraceptive use. Third edition, 2004.

QUESTION

When can a woman start progestogen-only pills (POPs)?

	When to start	Additional Contraceptive Protection
Women with regular menstrual cycles	Start progestogen only pills within 5 days after the start of menstrual bleeding. *The woman can start at the first day of the onset of menses or any day up to the fifth day, depending on what is convenient for her to remember or to follow.*	Not necessary
	If it has been more than 5 days since her menstruation started , she can start the pills at anytime with additional protection	She will need to abstain from sex or use additional contraceptive protection for the next 2 days
Women with amenorrhea (no menstruation) or those with irregular menses	Start at any time if it is reasonably certain that she is not pregnant*[1]	She will need to abstain from sex or use additional contraceptive protection for the next 2 days
POSTPARTUM (BREASTFEEDING) WOMEN		
Less than 6 months postpartum	Start at any time For women who are less than 6 weeks postpartum and primarily breastfeeding, use of POPs is not usually recommended unless other more appropriate methods are not available or not acceptable	Lactation Amenorrhea will protect women from ovulation for 6 months If not exclusively breastfeeding, additional methods of contraception necessary
More than 6 months	Progestogen only pills can be	She will need to abstain from

postpartum and amenorrheic	started at any time, if it is reasonably certain that she is not pregnant*.	sex or use additional contraceptive protection for the next 2 days.
More than 6 months postpartum whose menstrual cycles have returned	Start progestogen only pills within 5 days after the start of menstrual bleeding.	Not necessary
POSTPARTUM (NON-BREASTFEEDING) WOMEN		
Less than 21 days postpartum	Start progestogen only pills any time	Not necessary * It is highly unlikely that a woman will ovulate and be at risk of pregnancy during the first 21 days postpartum. However, for programmatic reasons, some contraceptive methods may be provided during this period.
21 or more days postpartum, no regular menstrual cycles yet	Can start progestogen only pills immediately if it is reasonably certain that she is not pregnant*. *For women who are more than 6 weeks but less than 6 months postpartum and are primarily breastfeeding, use of POPs is not usually recommended unless other more appropriate methods are not available or not acceptable.*	She will need to abstain from sex or use additional contraceptive protection for the next 2 days.
With return of menstrual cycle	Start progestogen only pills within 5 days after the start of menstrual bleeding.	Not necessary
After a miscarriage/abortion	A woman can start progestogen only pills immediately postabortion. There is no need to wait for her next menstrual period.	Not necessary

Switching from another hormonal method	If she has been using her hormonal method consistently and correctly or if it is reasonably certain that she is not pregnant, she can start progestogen only pills immediately. There is no need to wait for her next menstrual period.	Not necessary
	If previous method was an injectable, she should start progestogen only pills when the repeat injection would have been given.	Not necessary
Switching to combined oral contraceptive pills from a nonhormonal method (other than the IUD)	She can start progestogen only pills within 5 days after the start of her menstrual bleeding.	Not necessary
	She also can start immediately or at any other time, if it is reasonably certain that she is not pregnant*.	If it has been more than 5 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 2 days.
Switching to combined oral contraceptive pills from an IUD (including the levonorgestrel-releasing IUD)	She can start progestogen only pills within 5 days after the start of her menstrual bleeding. The IUD can also be removed at that time.	Not necessary
	She also can start at any other time, if it is reasonably certain that she is not pregnant*.	If it has been more than 5 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 2 days.
	If she has been sexually active in this menstrual cycle and it has been more than 5 days since menstrual bleeding started, it is recommended that the IUD be removed at the time of her next menstrual period.	
	If she has not been sexually active in this menstrual cycle and it has been more than 5 days since menstrual bleeding	She will need to abstain from sex or use additional contraceptive protection for the next 2 days. If that

	started, she can start immediately.	additional protection is to be provided by the IUD she is using, it is recommended that this IUD be removed at the time of her next menstrual period.

*** How can a provider be reasonably sure that a woman is not pregnant?** [1]

The provider can be reasonably certain that the woman is not pregnant if she has no symptoms or signs of pregnancy and meets any of the following criteria: [1]

- has not had intercourse since last normal menses
- has been correctly and consistently using a reliable method of contraception
- is within the first 7 days after normal menses
- is within 4 weeks postpartum for non-lactating women
- is within the first 7 days postabortion or miscarriage
- is fully or nearly fully breastfeeding, amenorrhoeic, and less then 6 months postpartum.

Comments

The Task Force considered the risk of ovulation when starting POPs within the first 5 days of menstruation to be acceptably low. Suppression of ovulation was considered to be less reliable when starting after day 5. An estimated 48 hours of POP use was deemed necessary to achieve the contraceptive effects on cervical mucus.

The need for additional contraceptive protection among those switching from another hormonal method will depend on the previous method used.

There was some concern about the risk of pregnancy when removing an IUD within a cycle where there already has been intercourse. That concern led to the recommendation that the IUD be left in place until the next menstrual period.

References

1. McCann MF, Potter LS. Progestin-only oral contraception: a comprehensive review. *Contraception*, 1994, 50(6 Suppl. 1):S1–195.

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QUESTION

What can a woman do if she misses combined oral contraceptives (COCs)?

Recommendations for "missed pills" are based mainly on studies done on OCPs containing 30-35 mcg ethinylestradiol.

1. Follicular growth up to pre-ovulatory size is common in women **missing the first one to three pills** of their contraceptive cycle. Normal ovulation, however, do not occur when pill omissions are limited to only three days. (1)
2. Prolongation of the **pill-free period to seven to nine days** result in a gradual increase in ovarian activity. (2) Therefore, additional protection is needed.
3. **Missing on two oral contraceptive tablets** did not produce endogenous hormone parameters evident of ovulation. (3)

The WHO Selected Practice Recommendations has the following basis for their recommendations: (4)

1. Seven days of continuous COC use was deemed necessary to reliably prevent ovulation.

2. It is important to take an active (hormonal) pill as soon as possible when pills have been missed.

- If pills are missed, the chance that pregnancy will occur depends not only on how many pills were missed, but also on when those pills were missed. Based on data regarding ovulation, missing 3 or more active (hormonal) pills (2 or more for 20 µg or less ethinylestradiol pills) at any time during the cycle warrants additional precautions. The risk of pregnancy is greatest when active (hormonal) pills are missed at the beginning or at the end of the active pills, i.e. when the hormone-free interval is extended.

- Limited evidence on 20 µg ethinylestradiol pills suggests that there may be a higher risk of pregnancy when missing 20 µg ethinylestradiol pills than when missing 30–35 µg ethinylestradiol pills. There should be a more cautious approach when missing 20 µg or less ethinylestradiol pills.

The following are the WHO Selected Practice Recommendations on "missed pills": (4)

SITUATION	For 30-35 ug	For 20 ug
1. Missed 1 active (hormonal) pill or if she starts a pack 1 day late	• She should take an active (hormonal) pill as soon as possible and then continue taking pills daily, 1	• She should take an active (hormonal) pill as soon as possible and then continue taking pills daily, 1

	each day. • She does not need any additional contraceptive protection.	each day. • She does not need any additional contraceptive protection.
2. Missed 2 active (hormonal) pills or if she starts a pack 2 days late	• She should take an active (hormonal) pill as soon as possible and then continue taking pills daily, 1 each day. (may take 2 pills on the same day, one at the moment of remembering and the other at the regular time) • She does not need any additional contraceptive protection.	• She should take an active (hormonal) pill as soon as possible and then continue taking pills daily, 1 each day. (may take 2 pills on the same day, one at the moment of remembering and the other at the regular time) • She should also use condoms or abstain from sex until she has taken active (hormonal) pills for 7 days in a row. • If she missed the pills in the third week, she should finish the active (hormonal) pills in her current pack and start a new pack the next day. She should not take the 7 inactive pills or have the 7-day pill-free period for those with only 21 tabs. • If she missed the pills in the first week and had unprotected sex, she may wish to consider the use of emergency contraception.
2. Missed 3 or more active (hormonal) pills or if she starts a pack 3 or more days late	• She should take an active (hormonal) pill as soon as possible and then continue taking pills daily, 1 each day. (may take 2 pills on the same day, one at the moment of remembering and the other at the regular time)	

	time) • She should also use condoms or abstain from sex until she has taken active (hormonal) pills for 7 days in a row. • If she missed the pills in the third week, she should finish the active (hormonal) pills in her current pack and start a new pack the next day. She should not take the 7 inactive pills. • If she missed the pills in the first week and had unprotected sex, she may wish to consider the use of emergency contraception.
3. Missed any inactive (nonhormonal) pills	• She should discard the missed inactive (nonhormonal) pill(s) and then continue taking pills daily, 1 each day. • If a woman misses more than 1 active (hormonal) pill, she can take the first missed pill and then either continue taking the rest of the missed pills or discard them to stay on schedule. Depending on when she remembers that she missed a pill(s), she may take 2 pills on the same day (one at the moment of remembering, and the other at the regular time) or even at the same time.

The following may serve as useful aides' memoir for both the medical practitioner and the end-user for the "missed pill rules". (5)

1. Whenever a woman realizes that she has missed pills, the essential advice is "Just keep going." She should take a pill as soon as possible and then resume her usual pill-taking schedule.
2. If the missed pills are in week three, she should omit the pill-free interval.
3. A back-up method (usually condoms) or abstinence should be used for 7 days if the following number of pills are missed: Two for twenty (if two 20 mcg ethinylestradiol tabs are missed), and three for thirty (if three or more of 30 mcg pills are missed).

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QUESTION

What can a woman do if she misses progestogen-only pills (POPs)?

SITUATION	POPs
1. Having menstrual cycles (including those who are breastfeeding) AND missed 1 or more POPs by more than 3 hours	• She should take an 1 pill as soon as possible and then continue taking pills daily, 1 each day. • Abstain from sex or use additional contraceptive protection for the next 2 days. • She may wish to consider the use of emergency contraception if appropriate.
2. Breastfeeding and amenorrhoeic AND missed 1 or more pills by more than 3 hours	• She should take an 1 pill as soon as possible and then continue taking pills daily, 1 each day.
3. **If she is less than 6 months postpartum**	• No additional contraceptive protection is needed.

Comments

The Task force considered the inconsistent or incorrect use of pills to be a major reason for unintended pregnancy and highlighted the importance of taking POPs at approximately the same time each day. An estimated 48 hours of POP use was deemed necessary to achieve the contraceptive effects on cervical mucus.

Systematic review question

What is the effect on contraceptive effectiveness when progestogen-only pills are missed on different days of the cycle? Level II, Grade B

References from systematic review
No studies identified.

Other key references
McCann MF, Potter LS. Progestin-only oral contraception: a comprehensive review. Contraception, 1994, 50(6 Suppl. 1):S1–195.

Key unresolved issues
How do the number and timing of missed POPs affect the risk of pregnancy?

When POPs are missed, is 48 hours of back-up fully sufficient to re-establish contraceptive protection, and do requirements for back-up contraception vary depending on the number of missed pills?

How well do POP users understand and follow pill-taking instructions, including use of back-up contraception after missed pills?

How accurately do ultrasound findings, hormonal measurements and evaluation of cervical mucus predict the risk of pregnancy during POP use?

What are the most effective counselling and communication strategies for maximizing consistent, correct and continued use of POPs?

QUESTION

Problems during use

What can a woman do if she vomits and/or has severe diarrhea while using combined oral contraceptives (COCs) or progestogen-only pills (POPs)?

Vomiting (for any reason) within 2 hours after taking an active (hormonal) pill
-She should take another active pill.

Severe vomiting or diarrhea for more than 24 hours
- She should continue taking pills (if she can) despite her discomfort.
- If severe vomiting or diarrhea continues for 2 or more days, she should follow the procedures for missed pills.

Comments
The Task force found no direct evidence to address this question but considered the effects of vomiting or diarrhea to be similar to those of missing pills.

Systematic review question
How does vomiting or diarrhea during COC or POP use affect contraceptive effectiveness? Level of evidence: II, Grade B.

References from systematic review

1. Elomaa et al. Charcoal treatment and risk of escape ovulation in oral contraceptive
users. Human Reproduction, 2001, 16:76–81.

Key unresolved issues

Is the effect of severe vomiting and/or diarrhea sufficient to warrant use of the missed pill regimen?

QUESTION

What examinations or test should be done routinely before providing oral contraceptive pills?

The examinations noted below apply to persons who are presumably healthy. Those with other known medical problems or other special conditions may need additional examinations or tests before being determined to be appropriate candidates for oral contraception.

The WHO Selected Practice Recommendations for Contraceptive Use has used the following classification for the applicability of the various examinations before providing oral contraceptive pills among apparently healthy women: [4]

Class A = essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B = contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context. The risk of not performing an examination or test should be balanced against the benefits of making the contraceptive method available.

Class C = does not contribute substantially to safe and effective use of the contraceptive method.

The following tests and examinations have been studied:

Examination	Recommendation	Comments
Breast examination by provider	**C**	There is no good evidence to support routine breast examination for women starting hormonal contraception. [1, 2]
Pelvic/genital examination	**C**	There is no good evidence to support routine pelvic examination for women starting hormonal contraception.[1, 2]
Cervical cancer screening	**C**	Routine cervical cancer screening (e.g Papanicolau smear) does not contribute substantially to combined oral contraceptive safety and are therefore not recommended routinely. [2]
Routine laboratory tests	**C**	Routine laboratory tests including

(hemoglobin)		hemoglobin measurement do not contribute substantially to combined oral contraceptive safety and are therefore not recommended routinely. [2]
Routine laboratory tests (hepatic function)	**C**	Testing asymptomatic women for hepatic function before OC use will not identify the few women likely to develop liver disease. Screening for other markers of liver disease risk (such as hepatitis B or C) is also inappropriate, as there is no evidence that OC use in such women is less safe than in users without these markers. [3]
STI Risk Assessment (history and PE; laboratory tests)	**C**	The WHO Selected Practice Recommendation suggests that testing for sexually transmitted infection (STI), such as Chlamydia trachomatis, is not essential for the safe and effective use of COC. However, the Scottish Intercollegiate Network (SIGN) recommends opportunistic testing for C. trachomatis in all sexually active women under the age of 25 years, and for women over 25 years who in the last year had a change of sexual partner, or two or more sexual partners. [2]
Blood pressure screening	**A**	A correctly measured blood pressure is essential and mandatory in all women prior to COC use. [2]

REFERENCES

1. Scott A and Glasier AF. Are routine breast and pelvic examinations necessary for women starting combined oral contraception? Human Reprod Update. 2004 Sep-Oct; 10 (5): 449-52.

2. Faculty of Family Planning and Reproductive Health Care (FFPRHC) Guidance (October 2003) First Prescription of Combined Oral Contraception. Journal of Family Planning and Reproductive Health Care 2003; 29(4):209-223.

3. The ESHRE Capri Workshop Group. Screening before and during the use of oral contraceptives and hormone replacement therapy. Human Reproduction vol.15, no.2, pp. 485-492, 2000.

4. World Health Organization Selected Practice Recommendations for Contraceptive Use, Second edition, 2005.

QUESTION
What can a woman do if she misses progestogen-only pills (POPs)?

SITUATION	RECOMMENDATION
Having menstrual cycles (including those who are breastfeeding) AND missed 1 or more pills by more than 3 hours	• Take 1 pill as soon as possible. • Continue taking the pills daily, 1 each day. • Abstain from sex or use additional contraceptive protection for the next 2 days. • She may wish to consider the use of emergency contraception if appropriate.
Breastfeeding and amenorrhoeic AND missed 1 or more pills by more than 3 hours	• Take 1 pill as soon as possible. • Continue taking the pills daily, 1 each day. • If she is less than 6 months postpartum, no additional contraceptive protection is needed.

Comment
The inconsistent or incorrect use of pills is a major reason for unintended pregnancy. This highlights the importance of taking POPs at approximately the same time each day. An estimated 48 hours of POP use is deemed necessary to achieve the contraceptive effects on cervical mucus.

REFERENCE

McCann MF, Potter LS. Progestin-only oral contraception: a comprehensive review. Contraception, 1994, 50(6 Suppl. 1):S1–195.

QUESTION
What follow-up is appropriate for combined oral contraceptive (COC), progestogen-only pill (POP), implant and IUD users?

These recommendations address the minimum frequency of follow-up recommended for safe and effective use of the method. The recommendations refer to general situations and may vary for different users and different contexts. For example, women with specific medical conditions may need more frequent follow-up visits.

These methods do not protect against STI/HIV. If there is a risk of STI/HIV (including during pregnancy or postpartum), the correct and consistent use of

condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.

Method of Contraception	Recommendation	Comments
Combined Oral Contraceptive Pills	Annual follow up visit [1,2]	▪ There are added benefits from a 3–month follow-up contact after initiation. [1,2] ▪ Advise the woman to return at any time to discuss side-effects or other problems, or if she wants to change the method. [1]
Progestin only pills(Not breastfeeding)	No routine follow-up visit is required [1,2]	▪ Follow up contact after initiation is recommended at about 3 months [1,2] ▪ Advise the woman to return at any time to discuss side-effects or other problems, or if she wants to change the method. [1,2]
Progestin only pills(breastfeeding)	No routine follow-up visit is required [1,2]	▪ Advise the woman to return at any time to discuss side-effects or other problems, or if she wants to change the method. [1,2] ▪ Advise the woman that when she either ceases or significantly reduces frequency of breastfeeding, she should return for further contraceptive advice and counselling. [1,2]
Implants	No routine follow-up visit is required. [1,3]	▪ Advise the woman to return at any time to discuss side-effects or other problems, or if she wants to change the method. [1,3] ▪ Advise the woman to return when it is time to have the implants removed. [1,3]

IUDs	A follow-up visit is recommended after the first menses or 3–6 weeks following insertion. [1,3]	▪ Advise the woman to return at any time to discuss side-effects or other problems, or if she wants to change the method. [1,3] ▪ For devices that have a high rate of expulsion, more frequent follow-up than above may be indicated. [1,3] ▪ Advise her to return when it is time to have the IUD removed. [1,3]

References:

14. 1. World health Organization. Selected Practice Recommendations for Contraceptive Use. 2nd Edition. 2005
15. Curtis K, Chrisman C, Mohllajee A, Peterson B. Effective use of hormonal Contraceptives. Part I: Combined oral contraceptives. Contraception , 2006, 73:115-124. Epub 2005 Oct 21.
16. Chrisman CE, Curtis KM, Mohllajee AP, Gaffield ME, Peterson HB..Effective use of hormonal contraceptives Part II: combined hormonal injectables, progestogen-only injectables and contraceptive implants. Contraception. 2006 Feb;73:125-33. Epub 2005 Oct 21.

CLINICAL PRACTICE GUIDELINES

Discussion on Injectable Hormonal Contraceptives

What are some of the perceived risks associated with injectable hormonal contraceptives?

Women exposed to DMPA are not at increased risk of developing cervical adenomatous carcinoma.
Thomas DB et al. Depot-Medroxyprogesterone Acetate (DMPA) and risk of invasive adenocarcinomas and adenosquamous carcinomas of the uterine cervix. Contraception Vol. 52: pp 307-312, 1995.

In lactating women who use Depo Provera for contraception, the discontinuation rate was lower because the occurrence of side-effects was lower, compared to non-lactating women who use Depo Provera. It is therefore desirable to start postpartum women on DMPA while breastfeeding due to lower side effects and resultant higher compliance.

Citations

Sun Danli, Shao Qingxiang, Sang Guowei. A multi-centered trial of the long-acting injectable contraceptive Depo Provera in Chinese women. Contraception 62 (2000): 15-18.

There is no overall association between breast carcinoma and medroxyprogesterone acetate. *In addition, the risk of breast cancer among women who took DMPA for long periods (over 5 years) was no different than from those women who never took DMPA (relative risk was 1.0 in both groups).*

Citations

Depot Medroxyprogesterone Acetate and Breast Cancer: A Pooled Analysis of the World Health Organization and New Zealand Studies

The use of DMPA decreases the number of episodes of hot flashes per day among menopausal women.

Citations

Barton D, Loprinzi C, et al. Depomedroxyprogesterone Acetate for Hot Flashes, J Pain Sympt Mgt 24: 6, 603-607, Dec. 2002

A population-based cohort study among women enrollees of a Washington state health maintenance organization (HMO) followed 183 DMPA users and 274 non-users for 3 years. Bone mineral density (BMD) decreased significantly among DMPA users, although the authors did not mention the incidence of fractures. The decrease in BMD was reversible. After 30 months discontinuers (N=100) showed a mean BMD similar to that of non-users.

Citations

Scholes, D; LaCroix, A, Ichikawa, L, Barlow WE, Ott SM. Injectable Hormone Contraception and Bone Density: Results from a Prospective Study. Epidemiology 2002; 13:581-587.

Recent observational studies have shown an increase in chlamydial and gonococcal
infections among users of DMPA. These users should be advised about its non-protective effect for STIs which would be better controlled with barrier methods and by maintaining a monogamous relationship.

Morrison CS, Bright P, Wong EL, Kwok C, Yacobson I, Gaydos CA, Tucker HT, Blumenthal PD. Hormonal contraceptive use, cervical ectopy, and the acquisition of cervical infections. Sex Transm Dis 2004;31(9):561-67.

Pregnancy during Depo-Provera use does occur but very rarely. The crude rate of reported
pregnancies was 0.42 pregnancies per 1000 women using Depo-Provera each year. There
was no observed increase in ectopic pregnancy rate, and no fetal anomalies were reported.

Lynn Borgatta, Amitasrigowri Murthy, Cynthia Chuang, Leah Beardsley and Michael S. Burnhill.
Pregnancies diagnosed during Depo-Provera use. Contraception 66 (2002): 169-172

There is no increased risk of breast cancer associated with the current or long-term
use of injectable or implantable progestin-only contraceptives in women aged 35-64.

Citation

Strom BL, Berlin JA, Weber AL, Norman SA, Bernstein L, Burkman RT, Daling JR,
Deapen D, Folger SG, Malone KE, Marchbanks PA, Simon MS, Ursin G, Weiss LK,
Spirtas R. Absence of an Effect of Injectable and Implantable Progestin-only
Contraceptives on Subsequent Risk of Breast Cancer. Contraception, 2004. 69(5);

353-360.

Clinical Bottom Line
There is no present available evidence to show that women on long term DMPA are, or are not at increased risk of developing hypertension compared to IUD users.
Citation
Taneepanichskul S, Reinprayoon D, and Jaisamrarn. Effects of DMPA on weight and blood pressure in long term acceptors. Contraception 1999; 59: 301-303.

Among teenage postpartum mothers,the use of depot-medroxyprogesterone acetate
as the primary method of birth control has a higher method continuation rate and a
lower incidence of a repeat pregnancy at 12 months postpartum
Claire L. Templeman, MD, Vernon Cook, MD, Jane Goldsmith, PhD, Jacqueline Powell
and S. Paige Hertweck, MD. Postpartum Contraceptive Use Among Adolescent Mothers. Obstetrics and Gynecology Journal 2000, (95): 770-776.

When can a woman start progestogen-only injectables (POIs) — depot medroxyprogesterone acetate (DMPA) or norethisterone enantate (NET-EN)?

Notes:

These recommendations are based on information on an injectable containing DMPA but apply also to NET-EN. If the woman cannot have the injection at the time of the consultation, arrangements can be made for her to have the injection through an appropriate service at a later date.

> Hatcher RA, et al. The Essentials of Contraceptive Technology A Handbook for Clinical Staff.. Published by the Johns Hokins Center for Communication Programs, Baltimore, 1997

Having menstrual cycles

- If started during the first 7 days of menses, no additional contraceptive protection is needed.
- If it has been more than 7 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days. Back-up contraception is only needed for 7 days from injection because although women can still ovulate within 3-4 days after

injection, by 7 days the serum levels of DMPA will be adequate to both block ovulation and to change the cervical mucus to a barrier to sperm,

Reference PETTA, C.A. et al: Timing of onset of contraceptive effectiveness in Depo-Provera users. Part II. Effects on ovarian function. Fertility Sterility. Nov. 1998. 70(5).p. 817-820

- She also can have the first injection at any other time, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the next 7 days.

Amenorrhoeic

- She can have the first injection at any time, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the next 7 days.

Postpartum

Postpartum (breastfeeding)*

- If she is between 6 weeks and 6 months postpartum and amenorrhoeic, she can have the first injection at any time. Women who exclusively breastfeed, have no uterine bleeding, and are within 6 months of delivery are unlikely to ovulate and thus are at low risk for pregnancy.

- If she only partially breastfeed and the child receives much other supplemental feeding, 6 weeks after childbirth is the best time to start DMPA. If she waits longer, fertility may return.
- If she is more than 6 weeks postpartum and her menstrual cycles have returned, she can have the first injection as advised for other women having menstrual cycles.

Hatcher RA, et al. The Essentials of Contraceptive Technology A Handbook for Clinical Staff.. Published by the Johns Hokins Center for Communication Programs, Baltimore, 1997
Additional information cited in the National Guideline Clearinghouse
Source: Contraceptive choices for breastfeeding women. J Fam Plann Reprod Health Care 2004 Jul;30(3):181-9

Grades of Recommendation are based on levels of evidence as follows:
A: Evidence based on randomised controlled trials (RCTs)
B: Evidence based on other robust experimental or observational studies
C: Evidence is limited but the advice relies on expert opinion and has the endorsement of respected authorities
Good Practice Point where no evidence exists but where best practice is based on the clinical experience of the Expert Group

Breastfeeding women who choose DMPA will not require the injection until Day 21 postpartum, but if the risk of immediate subsequent pregnancy is high it may be given before this time (**Good Practice Point**).

- Women should be advised that troublesome bleeding can occur with DMPA use in the early postpartum period (**Grade C**).
- Breastfeeding women who choose to use DMPA before 6 weeks postpartum should be informed that such use is outside the product license (**Good Practice Point**).

From ACOG Educational Bulletin, No. 258, July 2000. Breastfeeding: Maternal and Infant Aspects.

- There are cases wherein breastfeeding patients may consider starting hormonal contraception immediately postpartum while in the hospital or shortly after. For example, there may be uncertainty about opportunities for follow-up visits. The breastfeeding woman and her physician can then weigh the reasons for early use of these contraceptives against potential disadvantages, make an appropriate decision, and continue to evaluate the woman's individual breastfeeding experience if hormonal contraceptives are chosen.
- **Additional guidance from the *Medical eligibility criteria for contraceptive use. Third edition*, 2004.** For women who are less than 6 weeks postpartum and primarily breastfeeding, use of POIs is not usually recommended unless other more appropriate methods are not available or not accepta*ble.*

Postpartum (non-breastfeeding)

- Immediately or at any time in the first 6 weeks after delivery. No need to wait for the the mestrual period to return since ovulation can occur by 21 days postpartum in non-lactating women.

- If she is less than 21 days postpartum, she can have the first injection at any time. No additional contraceptive protection is needed.
- If she is 21 or more days postpartum and her menstrual cycles have not returned, she can have the first injection at any time, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the next 7 days.
- If her menstrual cycles have returned, she can have the first injection as advised for other women having menstrual cycles.

Postabortion

- She can have the first injection immediately postabortion. No additional contraceptive protection is needed.

Lahteenmaki P. Postabortal contraception. Ann Med 1993; 25:185-9.
Donnet ML et al. Return of ovarian function following spontaneous abortion. Clin Endocrin 1990; 3:13-20.

Switching from another hormonal method

- She can have the first injection immediately, if she has been using her hormonal method consistently and correctly or if it is reasonably certain that she is not pregnant. There is no need to wait for her next menstrual period.
- If her previous method was another injectable, she should have the progestogen-only injection when the repeat injection would have been given. No additional contraceptive protection is needed.

Switching from a nonhormonal method (other than the IUD)

- She can have the first injection immediately, if it is reasonably certain that she is not pregnant. There is no need to wait for her next menstrual period.◊If she is within 7 days of the start of her menstrual bleeding, no additional contraceptive protection is needed.◊If it has been more than 7 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days.

Switching from an IUD (including the levonorgestrel-releasing IUD)

- She can have the first injection within 7 days after the start of menstrual bleeding. No additional contraceptive protection is needed. The IUD can be removed at that time.
- She also can start at any other time, if it is reasonably certain that she is not pregnant. ◊If she has been sexually active in this menstrual cycle and it has been more than 7 days since menstrual bleeding started, it is recommended that the IUD be removed at the time of her next menstrual period.
- If she has not been sexually active in this menstrual cycle and it has been more than 7 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days. If that additional protection is to be provided by the IUD she is using, it is recommended that this IUD be removed at the time of her next menstrual period.
- If she is amenorrhoeic or has irregular bleeding, she can have the injection as advised for other amenorrhoeic women.

Comments

The expert Working Group considered that an injection given up to day 7 of the menstrual cycle results in a low risk of an ovulatory cycle that could lead to pregnancy.

The need for additional contraceptive protection among those switching from another hormonal method will depend on the previous method used.

There was some concern about the risk of pregnancy when removing an IUD within a cycle where there already has been intercourse. That concern led to the recommendation that the IUD be left in place until the next menstrual period.

Whereas an estimated 48 hours of POP use was deemed necessary to achieve contraceptive effect on cervical mucus, the time required for POIs to exert such an effect was uncertain.

Systematic review question How does starting POIs on different days of the menstrual cycle affect contraceptive effectiveness? **Level of evidence:** II-1, good, indirect.

References from systematic review

1. Petta CA et al. Timing of onset of contraceptive effectiveness in Depo-Provera users: Part I. Changes in cervical mucus. *Fertility and Sterility*, 1998, 69:252–257.
2. Petta CA et al. Timing of onset of contraceptive effectiveness in Depo-Provera users. II. Effects on ovarian function. *Fertility and Sterility*, 1998, 70:817–820.
3. Siriwongse T et al. Effect of depo-medroxyprogesterone acetate on serum progesterone levels when administered on various cycle days. *Contraception*, 1982, 26:487–493.

Other key references

1. Wilcox AJ, Dunson D, Baird DD. The timing of the "fertile window" in the menstrual cycle: day specific estimates from a prospective study. *British Medical Journal*, 2000, 321:1259–1262.
2. Wilcox AJ et al. Likelihood of conception with a single act of intercourse: providing benchmark rates for assessment of post-coital contraceptives. *Contraception*, 2001,
63:211–215.

Key unresolved issues

How quickly is protection reliably established by injections of DMPA and NET-EN?

How accurately do ultrasound findings, hormonal measurements and evaluation of cervical mucus predict the risk of pregnancy during POI use?

30. What examinations or tests should be done routinely before providing a method of contraception? The examinations or tests noted apply to persons who are presumed to be healthy. Those with known medical problems or other special conditions may need additional examinations or tests before being

determined to be appropriate candidates for a particular method of contraception. The WHO document, *Medical eligibility criteria for contraceptive use. Third edition,* 2004, may be useful in such circumstances. The following classification was considered useful in differentiating the applicability of the various examinations or tests:

Class A = essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B = contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context. The risk of not performing an examination or test should be balanced against the benefits of making the contraceptive method available.

Class C = does not contribute substantially to safe and effective use of the contraceptive method.

These classifications focus on the relationship of the examinations or tests to safe initiation of a contraceptive method. They are not intended to address the appropriateness of these examinations or tests in other circumstances. For example, some of the examinations or tests that are not deemed necessary for safe and effective contraceptive use may be appropriate for good preventive health care or for diagnosing or assessing suspected medical conditions.

Specific situation	Progestogen only injectables
Breast examination by provider	C
Pelvic/genital examination	C
Cervical cancer screening	C
Routine laboratory tests	C
Hemoglobin test	C
STI risk assessment: medical history and physical examination	C
STI/HIV screening: laboratory tests	C
Blood pressure screening	It is desirable to have blood pressure measurements taken before initiation. However, in some settings, blood pressure measurements are unavailable. In many of these settings, pregnancy morbidity and mortality risks are high and hormonal methods are among the few methods widely available. In such settings, women should not be denied use of hormonal methods simply because their blood pressure cannot be measured.

Expert medical opinion has shifted from requiring **breast** and **pelvic examination**s prior to initiation of **hormonal** contraception to encouraging these **examination**s and Papanicolaou screening as a part of routine care not directly tied to **hormonal** contraceptive provision**.** There is a consensus that hormonal contraception can safely be administered based on careful review of medical history and blood pressure measurement. For most women, no further evaluation is necessary. Pelvic and breast examinations and screening for cervical

neoplasia and sexually transmitted infection, while important in their own right, do not provide information necessary for identifying women who should avoid hormonal contraceptives or who need further evaluation before making a decision about their use.

Refrence: Stewart FH, Harper CC, Ellertson, CE, Grimes DA, Sawaya GF, Trussell J. "Clinical breast and pelvic examination requirements for hormonal contraception." JAMA. 2001;

Dual energy x-ray absorptiometry

Long-term use of DMPA is associated with a reduction in bone mineral density (BMD), particularly in the lumbar spine. Evidence also shows that DMPA users regain some bone mineral density after discontinuing DMPA.

Currently, WHO recommends that women who are ages 18 to 45 years can use DMPA and NET-EN without restriction. For women ages less than 18 or greater than 45 years, the benefits of using DMPA and NET-EN generally outweigh the known or theoretical risks. Bone mineral density screening by dual energy x-ray absorptiometry for the sole purpose of evaluating appropriateness of DMPA use is not included in the current recommendations of ACOG.

Reference:
American College of Obstetricians and Gynecologists (ACOG), Committee on Gynecologic Practice. Bone density screening for osteoporosis. ACOG Committee Opinion No. 270. Washington, DC: ACOG; 2002.

Medical eligibility criteria for contraceptive use, World Health Organization, 2004.

Cundy T, Ames R, Horne A, et al. A randomized controlled trial of estrogen replacement therapy in long-term users of
depot medroxyprogesterone acetate. J Clin Endocrinol Metab. 2003 Jan; 88(1):78-81.

6. When can a woman have a repeat progestogen-only injectables (POIs)-depot medroxyprogesterone acetate (DMPA)?

Reinjection interval

- The repeat DMPA 150 mg/ml intramuscular injection should be provided every three (3) months.

Early injection

- The repeat DMPA injection can be given up to two (2) weeks early.

Late injection

- The repeat DMPA injection can be given up to two (2) weeks late without requiring additional contraceptive protection.

- If the repeat DMPA injection is more than two (2) weeks late, the injection may still be given if it is reasonably certain that she is not pregnant. However, she will have to abstain from sex or use additional contraceptive protection for the next seven days.

When the previous injectable and/or timing is unknown

- She can still have the injection if it is reasonably certain that she is not pregnant. However, she will need to abstain from sex or use additional contraceptive protection for the next seven (7) days.

Comments:

- The expert Working Group considered the risk of ovulation to be minimal within 2 weeks following the time for a repeat injection (3 months for DMPA)
- Whereas an estimated 48 hours of POP use was deemed necessary to achieve contraceptive effect on cervical mucus, the time required for progestin only injectibles to exert such an effect was unknown.
- Results of an early study by the World Health Organization suggested that in Thai women, medroxyprogesterone acetate (MPA) may be metabolized in <91 +/- 7 days (the range for effective suppression of ovulation established in clinical trials), resulting in a faster return to ovulation in this population. Concerns regarding the effect of the progestin only injectable on other races prompted studies on its effect on Asian women. A randomized-controlled trial using subcutaneous DMPA 104 mg/0.65 mL provided effective suppression of ovulation for at least 91 days in Asian women. Ethnicity and injection site had no effect on MPA profiles.
- A new lower-dose formulation (104 mg/0.65 ml) has been developed that allows subcutaneous injection with suppression of ovulation for more than 13 weeks, with a median time for return to ovulation of 30 weeks, and a 97.4% cumulative rate of return to ovulation at 12 months.

Systematic review question: How soon after the last progestogen-only injection do ovulation and fertility return?

Level of evidence: II-3, fair, indirect.

Reference:

1. Anonymous. ICMR (Indian Council of Medical Research) Task Force on Hormonal Contraception. Return of fertility following discontinuation of an injectable contraceptive—norethisterone oenanthate (NET-EN) 200 mg dose. Contraception 1986. 34:573-582.
2. Bassol S et al. Ovarian function following a single administration of depo-medroxyprogesterone acetate (DMPA) at different doses. Fertility and Sterility 1984. 42:216-222.

3. Fotherby K et al. A preliminary pharmacokinetic and pharmacodynamic evaluation of depot-medroxyprogesterone acetate and norethisterone oenanthate. Fertility and Sterility 1980;34:131-139.
4. Garza-Flores J et al. Return to ovulation following the use of long-acting injectable contraceptives: a comparative study. Contraception 1985;31:361-366.
5. Lan PT et al. Return of ovulation following a single injection of depo-medroxyprogesterone acetate: a pharmacokinetic and pharmacodynamic study. Contraception 1984;29:1-18.
6. Ortiz A et al. Serum medroxyprogesterone acetate (MPA) concentrations and ovarian function following intramuscular injection of Depo-MPA. Journal of Clinical Endocrinology and Metabolism 1977;44:32-38.
7. Pardthaisong T. Return of fertility after the use of the injectable contraceptive Depo-Provera: updated data analysis. Journal of Biosocial Science 1984;16:23-34
8. Saxena BN et al. Return of ovulation after the cessation of depot-medroxyprogesterone acetate treatment in Thai Women. Jounal of the Medical Association of Thailand 1980;63:66-69.
9. Jain J, Dutton C, Nicosia A, Wajszczuk C, Bode FR, Mishell DR Jr. Pharmacokinetics, ovulation suppression and return to ovulation following a lower dose subcutaneous formulation of Depo-Provera. Contraception. 2004 Jul;70(1):11-8.
10. Toh YC, Jain J, Rahnny MH, Bode FR, Ross D. Suppression of ovulation by a new subcutaneous depot medroxyprogesterone acetate (104 mg/0.65 mL) contraceptive formulation in Asian women. Clin Ther. 2004 Nov;26(11):1845-54.

33. How can a provider be reasonably sure that a woman is not pregnant?

It is important to diagnose a pregnancy. Highly reliable biochemical pregnancy tests are readily available and often extremely useful. However, in other areas where pregnancy tests are not available, pelvic examination may be done at approximately 8-10 weeks from the first day of the last normal menstrual period.

The provider can be reasonably certain that the woman is not pregnant if she has no signs or symptoms of pregnancy and meets any of the following criteria:

- Has not had sexual intercourse since last normal menses
- Has been correctly and consistently using a reliable method of contraception
- Is within the first 7 days after normal menses
- Is within 4 weeks postpartum for non-lactating women
- Is within the first 7 days postabortion or miscarriage
- Is fully or nearly fully breastfeeding, amenorrheic, and less than 6 months postpartum.