



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

EXECUTIVE SUMMARY

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ACRONYMS

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

EXECUTIVE SUMMARY

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

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

TSAP–FP’s three main components are

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

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

KEY RECOMMENDATIONS FOR TSAP–FP’S BCC COMPONENT

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

Recommendations include the following:

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

companies in the pharmaceutical industry as well as with major private hospitals.

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

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

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

during phase II to achieve some degree of sustainability of current FP activities supported by TSAP–FP with its partner organizations.

KEY RECOMMENDATIONS OF THE HEALTH PROVIDER COMPONENT

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

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

FP project areas.

- Continue the structural reform efforts until finalized (e.g., adequate coverage of FP in licensing examinations, revision of the FP manual).
- Continue active participation in professional health association meetings.

AUTONOMOUS REGION OF MUSLIM MINDANAO

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

MANAGEMENT, MEASUREMENT, MONITORING, AND PROGRAMMATIC ISSUES

Key conclusions in these areas include the following:

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