

# QUARTERLY PROGRESS REPORT

January 1 to March 31, 2003



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

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**STRENGTHENING SOCIAL ACCEPTANCE OF FAMILY PLANNING  
IN THE PHILIPPINES : A COMMUNICATION AND ADVOCACY PROJECT  
USAID CONTRACT NO. 492-C-00-02-00019-00  
PROGRESS REPORT : JANUARY 1 TO MARCH 31, 2003**

**I. SUMMARY OF ACCOMPLISHMENTS**

**A. PROJECT MANAGEMENT**

1. Hiring of Communication Advisor and Advocacy-Capacity Building Specialist completed.
2. Hiring of Medical Assistant (new position) completed.
3. Workplan for 2003 Approved by USAID and Project Indicators submitted for USAID approval.
4. Small Grants Guidelines submitted to USAID for approval.
5. Project Operations Manual and Financial Guidelines drafted.
6. Agreement to extend project coverage to the entire Autonomous Region of Muslim Mindanao (ARMM) and ARMM concept paper developed.

**B. BEHAVIOR CHANGE COMMUNICATION COMPONENT**

1. Formative Research completed and findings presented to USAID.
2. BCC Strategy developed and presented to USAID.
3. Publicity and Quick Response Plan implemented.
4. Negotiations with GMA7 Network for Soap Opera Writers' Training Workshop ongoing.
5. Plan for Centralized Production of IEC Materials developed.

**C. ADVOCACY AND SOCIAL MOBILIZATION COMPONENT**

1. First phase of Stakeholders' Analysis completed.
2. Initial Inventory of National-level Influentials and Policy Champions completed.
3. Strategic Advocacy and Social Mobilization Plan developed and submitted to USAID for approval.
4. Advocacy Activities with Inter-faith Groups in Metro Manila initiated.
5. Partnership Plan with Provincial Advocacy Network (PAN) in Negros Oriental developed.
6. Networking Activities with Reproductive Health Advocacy Network (RHAN) revitalized.
7. Partnership Plans with the following sectoral coalitions developed – Karapatan Pangkalusugan ng Manggagawa Isinusulong sa Timog Katagalugan (KAMIT) in Region IV, Kalipunan ng Maraming Tinig ng Inpormal na Sektor (KATINIG) in Metro Manila, Reproductive Health Advocates for Productive Workers and Industrial Development (RHAPWID), and Cebu City United Vendors Association (CCUVA) in Cebu City.

## **D. HEALTH PROVIDER COMPONENT**

1. Planning Workshop with EBM Core Group conducted.
2. Sixteen CATS developed.
3. Orientation Sessions on Contraceptive Technology and Safety conducted for Legislators' Forum and Midwives Foundation of the Philippines.
4. Meeting with DOH regarding Review and Revision of the 1998 Family Planning Clinical Standard Manual, Basic Comprehensive Family Planning Course and other training programs conducted.

## **II. DETAILED REPORT**

### **A. PROJECT MANAGEMENT**

1. **Hiring of Communication Advisor and Advocacy-Capacity Building Specialist completed.**

The project's Communication Advisor, Mr. Carlo Arvisu (AED staff) and Advocacy-Capacity Building Specialist, Mr. Reynaldo Soriano (CEDPA staff) started work on January 2, 2003. With their appointment, the staff complement as per AED's proposed organizational set-up was completed.

2. **Hiring of Medical Assistant (new position) completed.**

During the first months of project operation, the need was felt for a technical staff member to assist the Medical Advisor in planning and implementing activities for the Health Provider component. As a result, USAID approved the appointment of Dr. Ruth Gamaro, a medical doctor, as Medical Assistant. She started work on March 3, 2003.

3. **Workplan for 2003 Approved by USAID and Project Indicators submitted for USAID Approval.**

The workplan for 2003 was approved by USAID on March 11, 2003 with some comments and observations. The project's indicator matrix was also submitted for USAID approval. Annex 1 contains the workplan and indicators.

4. **Small Grants Guidelines submitted to USAID for approval.**

The small grants guidelines (Annex 2) was developed during this quarter and sent to USAID for approval on April 1, 2003. Once approved, these guidelines will govern the implementation of the project's small grants component which is intended to support advocacy and social mobilization activities at the local levels.

## **5. Project Operations Manual and Financial Guidelines developed.**

The manual and guidelines were developed by the field office to establish an internal project system to guide day-to-day operations and implementation of activities with partner organizations. They were sent to AED Washington for approval.

## **6. Agreement to extend project coverage to entire ARMM and concept paper developed.**

In January, USAID requested TSAP-FP to extend coverage and advance implementation of planned activities in ARMM. TSAP-FP agreed, in principle, to this request subject to availability of future additional funding should it be required, considering that the project will still maintain its planned activities in its other project areas. TSAP submitted a concept paper for its ARMM intervention. This intervention aims to achieve social acceptance of family planning in the ARMM provinces and identifies similar interventions in communication, advocacy and social mobilization, and health provider components. The concept paper is attached as Annex 3.

## **B. BEHAVIOR CHANGE COMMUNICATION (BCC) COMPONENT**

### **1. Formative Research Completed.**

The formative research which was contracted to AC Nielsen was completed. The objectives of the research were to: a) identify knowledge, attitudes and beliefs about family planning among adult men and women and young adults; b) understand perceptions about planning for parenthood and children, including the values associated with family, family planning and children; c) know and understand the benefits of family planning that are valued by target segments; d) determine constraints and barriers to acceptance and use of FP methods in terms of misconceptions, fears and cultural norms; e) know and understand perceptions of modern vs. traditional methods; and, f) identify channels of information/influence that impact on the target segment's FP decision-making. The data will be used as inputs in the development of the strategic communication plan.

The data gathering was conducted in Metro Manila, Metro Cebu and industrial zones of Cavite, Laguna and Batangas from January 20 to February 4, 2003. A total of 21 FGDs, 42 in-depth interviews and 5 mini-FGDs (of 3 to 4 respondents per group) were conducted. Innovative probing techniques like the value clarification tree and photo collage exercise were used.

Among the key findings from the research are :

- Intimate relations between male and female partners are largely male-dominated; wives perceive of sex as their "duty" to their husbands; the common Pilipino terms

- used for sexual intercourse (“ginagamit” meaning used or “ginagalaw” meaning tinkering with) demonstrate this male domination.
- Premarital sex appears to be common and natural for two people in love.
  - If singles are “ashamed” to admit to being sexually active, this is due to their fear of the social stigma rather than to personal conscience.
  - Almost without exception, respondents view an unexpected pregnancy as a disruption i.e., it is perceived as delaying or compromising the achievement of their life goals especially those focusing on achieving financial security
  - Despite the fears of unexpected pregnancy, husbands and wives take a pragmatic stance and “let God” (or “bahala na”) in case it does occur; in the Filipino mind, a child is God’s gift which should be cared for.
  - Respondents are able to name a number of FP methods; however, information about the methods is spotty and generally incorrect and based largely on second-hand information from friends, relatives or neighbors.
  - The terms “modern” and “traditional” are not used by the respondents who perceive FP methods as either long-term (used continuously) or short-term (used only when needed)
  - Women who use modern “artificial” FP methods have higher self-worth; this is a similarity which cuts across women of Class C and Classes DE

A presentation of the research findings was made to USAID/OPHN staff on March 20, 2003. The full report is appended as Annex 4.

TSAP-FP also requested AC Nielsen for a separate analysis of the industrial zone sub-sample. Findings from this report will be useful in developing specific messages for its industry-based target group. This sub-sample report will be submitted to USAID in the succeeding quarter.

## **2. BCC Strategy Developed and Presented to USAID.**

The BCC strategy was developed and presented to USAID on March 25, 2003. This strategy articulates the key directions for the communication component to be executed in broadcast media, printed collateral materials and events. It also provides insights to the other components (Advocacy/Social Mobilization and Health Provider) to help shape their interventions and messages for an integrated and cohesive effort to achieve the overall goal of social acceptance of FP. Key consumer insights derived mostly from the formative research results were used as spring boards for the BCC strategy (Annex 5). Based on the strategy, the detailed communication plan will be submitted to USAID in April 2003.

## **3. Publicity and Quick Response Plan implemented.**

Based on the Publicity and PR Plan, TSAP-FP, through its subcontractor, Corporate Image Dimensions (CID), implemented media monitoring, publicity and quick response

activities during the quarter. Results of media monitoring showed that from January to March, a total of 177 news articles, opinion columns, stories or press releases were published on FP or FP-related topics in print media of which 26 were CID press releases, 105 were positive, 15 were negative and 19 were neutral about family planning. CID releases focused on the planned monthly themes i.e., Poverty and Overpopulation (January), Teenage Sexuality (February) and Women's Issues (March). These releases were picked up by several major dailies and some radio stations.

Quick response activities focused on three major "crisis" issues which appeared during this quarter: a) a news article (January 14) which quoted the Health Secretary as stating that orchid growers were using pills as fertilizers; b) another news article (March 4 and 5) again quoting the Health Secretary saying that the IUD may be an abortifacient; and, c) the President's speech during International Women's Day (March 8) endorsing only Natural Family Planning as the acceptable FP method. The articles released by CID to respond to these issues were very extensively covered in the major English dailies and Tagalog tabloids. The issues were also picked up by the most popular news programs and talk shows of the two top-rating TV/radio networks, ABS-CBN and GMA7. These shows generally gave positive treatment of the issues, the more effective methods and informed choice on family planning. A more detailed report on the Publicity and Quick Response efforts is on Annex 6.

#### **4. Negotiations with GMA7 Network for Soap Opera Writers' Training Workshop ongoing.**

Daily soap operas during the 7 to 10 PM prime time slots are the most popular TV shows in the country. The two top-rating stations (ABS-CBN and GMA7) are in stiff competition for ratings and they each run at least three soap operas during these evening prime-time slots. The TSAP-FP strategy is to open negotiations with the second top-rating station and offer this training, to be conducted by the Washington-based Population Media Center, as a "carrot" to boost the station's ratings. In return, the station will agree to incorporate FP and related messages in their soap operas.

Negotiations were initiated with GMA7, the second highest-rating TV station in the country, for the conduct of a training workshop for their soap opera writers on the condition that the latter will incorporate FP messages into their soap operas. GMA7 has agreed to send their writers and to provide co-funding for the training. The main problem for GMA7 is the workshop duration of one full week (live-in) since according to them, it will be very difficult to release their writers for this length of time. Negotiations are still ongoing.

#### **5. Plan for Centralized Production of IEC Materials developed.**

During this quarter, the plan for centralized development and production of IEC materials for the BCC, ASM and HP components was developed. The BCC component will be responsible for coordinating the production of all print materials to be used in the project

by all the components. This is necessary in order to standardize messages, data used and design of the materials. This plan is appended on Annex 7.

## **C. ADVOCACY AND SOCIAL MOBILIZATION (ASM) COMPONENT**

### **1. First Phase of Stakeholder Analysis completed.**

The stakeholder analysis, which was started in October 2002, was completed for the first phase of the activity. The analysis forms the basis for the development of the Advocacy and Social Mobilization plan. The objective of the analysis is to assess key influential groups and individuals vis-à-vis their position regarding FP and, thereby, determine who are potential champions, allies and opposers of the project.

The process followed in the analysis was : 1) a universe list of stakeholders was drawn up by reviewing the lists of various existing organizations among the civil society groups and the Population Commission list of advocates; 2) field interviews with leaders and recognized champions in civil society and the public sector were conducted; 3) broad consultations with NGO representatives were made; 4) these groups and individuals were assessed in terms of their importance in achieving the TSAP-FP objectives, their influence in their areas of operation, their support for informed choice on FP and, for individuals, their capacity and willingness to publicly speak out for FP and informed choice.

The findings revealed that there IS broad support for FP in the Philippines. TSAP-FP can count on NGOs working among the labor, urban poor, adolescent and young adult segments, individual legislators, prominent members of the medical community, faith based groups, many influential media practitioners as well as officials of Local Government Units (LGUs) and National Government Agencies (NGAs). However, there are varying degrees of support and areas of opposition found within these groups. Therefore, there is a need to inform, organize and mobilize these different groups so they will sing one tune – to publicly speak up for and support FP in the Philippines.

A copy of the analysis report is on Annex 8.

### **2. Initial Inventory of National-level Influentials and Policy Champions completed.**

Part of the Stakeholder Analysis includes an inventory of national-level influentials and policy champions. As of March 2003, the ASM team identified 65 individual champions publicly and consistently advocating for FP/RH issues. The roster consists of 9 congressmen, 5 senators, 9 Non-Government Organizations, 3 Interfaith religious leaders, 10 media practitioners, 2 from the business sector, 15 current and former Government Officials, 4 LGU Chief Executives, 1 labor leader, 2 leaders from the Autonomous Regions of Muslim Mindanao (ARMM) and 5 researchers and demographers. This is just an initial list and additions are made on a regular basis as the project progresses.

### 3. Advocacy and Social Mobilization Plan developed

The plan describes the framework of interventions, specific target sectors, strategies and activities for the ASM component. It has five main strategies, namely: 1) building and expanding coalitions and alliances for FP; 2) enhancing the advocacy capacity of individual champions and advocates; 3) capacity-building for advocacy and social mobilization to include provision of grants at the community level; 4) promoting NGO-Government partnership for FP; and, 5) fostering sharing of best practices.

Among the plan's specific strategies are: 1) developing advocates for FP among the urban poor; 2) working with POPCOM to develop a common ground for FP; 3) mobilizing non-government organizations for FP; 4) finding a common ground among various faith-based groups; 5) enhancing labor sector participation in FP; 6) developing vigorous partnerships with health professionals on FP; 7) increasing legislators' support for FP advocacy; 8) mobilizing Local Government Units (LGUs) for FP Advocacy; 9) developing and strengthening multi-sectoral provincial/metropolitan advocacy networks; and, 10) supporting individual champions and advocates (*Annex 9* contains the ASM Plan of March 2003)

### 4. Advocacy Activities with Inter-faith Groups initiated.

Advocacy activities were initiated with different inter-faith (religious) groups in collaboration with the Philippine Legislative Committee for Population and Development (PLCPD). These comprised two roundtable discussions with 12 inter-faith groups namely, Iglesia ni Cristo (INC), Council of Christian Bishops of the Philippines (CCBP), National Council of Churches in the Philippines (NCCP), National Christian Women's Association (NCWA), United Church of Christ in the Philippines (UCCP), Episcopal Church of the Philippines, Philippine Council of Evangelical Churches (PCEC), Iglesia Unida Ecumenical, The United Methodist Church (UMC), Asuncion Perez Memorial Center (APMC) of The United Methodist Church, Christ the Living Stone (CLS), Jesus is Lord Church (JIL) and the International Bible Society (IBS).

As a result of the roundtable discussions, the different churches agreed to pursue the following in common: 1) advocacy on FP and RH issues at the national and local levels with a bottom-up approach; 2) support the signature campaign on HB 4110 (Reproductive Health Bill) and produce a primer on the bill for mass dissemination; and, 3) create a task force composed of two representatives each from the NCCP, CCBP, INC, Muslim, Catholics, PLCPD and TSAP-FP, to be named "Task Force Simbahan", to plan the details of the agreements.

**5. Partnership Plan with Provincial Advocacy Network (PAN) in Negros Oriental developed.**

The Negros Oriental Family Planning/Reproductive Health Advocacy Network or NeOFPRHAN is a network of 24 organizations composed of NGOs, academe, private sector organizations, people's organization, professional organizations, LGUs, health and population advocates and youth. It was organized on 5 March 2002 to promote healthy and productive Oriental Negrense families through guaranteed availability of funds support and collaborative efforts among LGUs, civil society and the business community for high quality FP/RH services for men, women and youth.

During the planning workshop which the ASM team conducted with NeOFPRHAN last 28 February 2003, the following activities were agreed upon : 1) Orientation on the FP situation to the LGUs and follow-up lobby for FP/RH budgets; 2) Training of NeOFPRHAN members on FP methods; 3) Conduct of community fora at municipal and barangay levels to target farm workers, fisherfolk and women; 4) Data gathering to gain insights on FP program, services of other faith-based groups; 5) Promotion of FP to pedicab drivers, vendors, sex workers and the youth; 6) Coordination with IPHO regarding capacity building of BHWs on FP; 7) Preparation of a position map on FP among newly-elected LGU officials after the elections of 2004; and, 8) Training of a pool of trainers on Basic FP.

**6. Networking Activities with Reproductive Health Advocacy Network (RHAN) revitalized.**

The RHAN is a network of 21 national NGOs formalized in February 2002. It has a secretariat whose membership rotates every year. It is the network that champions HB4110 and the re-listing of Postinor. Its NGO members are: LIKHAAN, Family Planning Organization of the Philippines (FPOP), Women Lead, ReachOut Foundation, Women in Nationbuilding (WIN), Womanhealth, Women's Media Circle, Harnessing Self-reliance and Initiative for – (HASIK), Institute for Social Studies and Action (ISSA), Philippine Federation for Natural Family Planning (PFNFP), Friendly Care Foundation, Philippine NGO Council for Population and Development (PNGOC), PLCPD, Institute of Maternal and Child Health (IMCH), DKT Philippines, Democratic Socialist Women of the Philippines (DSWP), Women and Gender Institute, Trade Union Congress of the Philippines (TUCP), Women's Legal Bureau and Medici Sans-B.

During their assessment planning workshop in January 30-31, 2003, RHAN agreed to focus their advocacy activities for 2003 on campaigning for HB 4110, re-listing Postinor and contraceptive security. They concurred on the need to localize the advocacy campaign to reach out to more groups at the provincial level.

## 7. Partnership Plans with various Sectoral Coalitions developed.

### 7.1. Karapatan Pangkalusugan ng Manggagawa Isinusulong sa Timog Katagalugan (KAMIT) in Region 4

KAMIT is a *labor coalition* initiated by the TUCP to promote health programs at the work place. Its members are: TCUP and its union affiliates inside the Calamba-Laguna-Batangas-Rizal (CALABAR) region, Population Commission (POPCOM), Department of Health (DOH), Department of Labor and Employment (DOLE) and Responsible Parenthood and Maternal and Child Health Association of the Philippines (RPMCHAP) of Region IV. Presently it is working for the inclusion of FP benefits in collective bargaining agreements (CBAs) with management and enforcement of Article 134 of the Labor Code which mandates companies with 200 and more employees to provide family welfare, including FP services, to their workers.

On January 10, 2003, KAMIT and TSAP-FP agreed on an activity plan which includes the following: 1) Participation in the Human Resources Development (HRD) Summit scheduled in May for the CALABAR Human Resource (HR) managers and negotiation for a session on the topic "FP-RH makes Good Business Sense"; 2) Assessment of the RH/FP situation in the industrial zone; 3) Initiation of a dialogue among the different unions outside of TUCP on FP at the workplace; 4) Review and improvement of the "How To" Tool of establishing RH/FP program at the work place; and, 5) Formulation of a communication plan and establishment of an e-group for the KAMIT network.

### 7.2. Kalipunan ng Maraming Tinig ng Informal na Sector (KATINIG) in Metro Manila

KATINIG is a *federation of informal sector groups (street vendors, pedicab/tricycle drivers, market vendors and home-based workers)* formed in 1995. It has a network of local affiliates in different areas in the National Capital Region (NCR), Cebu and Cagayan de Oro City totalling 106 organizations with membership of around 10,000.

Six vendors' associations participated in the planning workshop for the informal sector held on March 21. These are: Kalipunan ng Maraming Tinig ng Manggagawang Impormal (KATINIG), Samahan ng Nagkakaisang Maninininda ng Intramuros (SANAMAI), Malayang Samahan ng Maninininda ng Kalookan, LRT-Monumento Vendors Association, KISLAP-Malabon and Kabataang Gabay ng Bayan-Tondo (KAGABAY). Planned activities include: 1) Seminar on FP for KATINIG leaders; 2) Seminar on responsible sexuality for youth leaders; 3) Community mapping of households and status of FP services; 4) Training of core KATINIG leaders on advocacy; 5) Community fora on FP for target barangays and sectoral organizations; 6) Dialogue with LGU officials and health providers; 7) Training of peer counselors for the youth; and, 8) FP/ medical outreach for the target communities.

### 7.3 Reproductive Health Advocates for Productive Workers and Industrial Development (RHAPWID) in Metro Cebu

RHAPWID, like KAMIT, is a *labor coalition* initiated by TUCP through its local union affiliate the Associated Labor Unions (ALU) in Metro Cebu. Its goal is to strengthen reproductive health programs at the work place. The members of the coalition are: ALU labor unions, POPCOM, DOLE, DOH, City Health Office (Cebu city), Southwestern University – Medical School, FPOP, Friendly Care and the Cebu Chamber of Commerce and Industry (CCI). The latter is reported as inactive.

Eight ALU unions, one academic institution (Southwestern University-College of Medicine), POPCOM and DOLE participated in the RHAPWID planning workshop. The eight unions are: ALU, Lucky Tableware Factory-Glass Division, International Pharmaceutical Inc. Employees Union, United South Dockhandlers Inc., Republic Corrugated Cartons, Port BP, Pacific Traders Manufacturing Company and Trade Union Congress of the Philippines (TUCP).

RHAPWID identified the following activities : 1) Dialogue with company management to encourage them to support FP benefits for workers; 2) Generation of support for HB 4110 and Article 134 of the labor code; 3) Education of company owners, HR managers, union leaders on the benefit of FP/RH program in the work place, 4.) Development of a holistic approach to FP counseling, 5) Sustaining the availability of contraceptive supplies by linking up with DKT, FPOP and other commodity suppliers.

### 7.4 Cebu City Vendors Association (CCUVA)

CCUVA is a *federation of 68 vendors groups*. It has roughly 7,000 members in Metro Cebu and environs. It was organized at the height of martial law in 1984 to protect the right of the vendors against military harassment, ejection and demolition. Its strengths lie in the commitment of its members to survive the hardships of their struggles past and present. CCUVA members said that aside from their fight against demolition, this will be the first time that they will embrace another issue to heart and that is family planning.

Nineteen vendor's association members attended the planning activity of CCUVA from March 27 to 28. These are: Osmena Boulevard Vendors Association Inc. (OSBVAI), Bato-Ermita Mothers Association, Inc (BEMAI), Jones Avenue Vendors Association (JAVA), Tabo Sa Banay Vendors Association (TSBVA), Capitol Site Vendors Association (CASAVA), United Calderon Progresso Street Traders Association (UCPSTA), Southern Island Medical Center Vendors Association (SIMCVA), Sanciango Sidewalk Vendors Association (SSVA), Carbon Integrated Fish/Chicken Association (CIFCA), Visayan Electric Ambulant Vendors Association (VEAVA), Fuente Osmena Barbeque Vendors Association (FOBVA), United Calderon Progresso Vendors Association (UCPVA), Cebu Downtown Sidewalk Vendors Association (CDSVA), Fresh Flowers Vendors Association (FFVA), Aquarum Fish Vendors Association (AFVA), City Central Abellana College of Trade and Arts Vendors

Association (CCAFTA), United Calderon Vendors Association (UCVA), Mandaue Public Market Vendors Cooperative (MAVENCO), Robinson's Sidewalk Vendors Association (ROSVVA) and Women's Association of South District – Panagtabayayong Para sa Bag-ong Sugbu Foundation.

FP issues raised during the workshop were: a) Lack of husband and wife communication on FP; b) Lack of contraceptive supply in the barangays; c) Impact of the Catholic religion view of FP in the community; d) Difficulty in the access to FP services; and, e) Lack of accurate information on FP.

These issues will be addressed through the following activities: 1) Barangay meetings and orientation for couples and youth on FP, population and development issues and adolescent sexuality; 2) Community forum on HB 4110; 3) Dialogue with parish priest and parishioners; 4) Information drive and training seminars on FP; 5) Training of FP champions from the informal sector; 6) Dialogue with LGUs regarding the supply of contraceptives for the poor; and, 7) Data gathering survey on FP needs at the barangay level.

#### **D. HEALTH PROVIDER COMPONENT**

##### **1. Planning Workshop with Evidence-based Medicine (EBM) Core Group Conducted.**

The planning workshop was conducted from January 27 to 29. The workshop convened 16 prominent obstetricians-gynecologists from reputable hospitals and academic institutions in Metro Manila, Cebu City, Cagayan de Oro City, Tuguegarao and Cavite. The objectives of the workshop were to orient participants on EBM and its application to family planning and to discuss and agree on topics for development of Critically Appraised Topics (CATS). These CATS are intended to help health providers in responding to common concerns regarding the FP methods and Dr. Fred Tudiver (international technical assistance from The Futures Group Inc.) and Dr. Mario Festin, local consultant from the University of the Philippines, were the main resource speakers during the workshop.

Based on the results of the secondary review of formative researches and discussions with health providers, the following topics were agreed up for which CATS development :

- tubal ligation and abnormal uterine bleeding
- efficacy of symptothermal/calendar methods in decreasing pregnancy rates
- Does vasectomy (non-surgical vasectomy or NSV) cause erectile dysfunction?
- periconceptional exposure to contraceptive pills and risk for Down syndrome
- weight gain with combined oral contraceptive pill use
- DMPA – amenorrhea and uterine cancer
- Is OCP use associated with increased risk of breast cancer?
- Is OC associated with CIN/cervical neoplasia?

- Does tubal ligation cause loss of libido?
- Mechanism of action of the IUD – prevention of implantation or of fertilization
- IUD and pelvic infection
- Risk of ectopic pregnancy after tubal ligation
- Does OCP aggravate hypertension?
- Is it safe to prescribe OCs to women who suffer from frequent migraine headache?
- OC and return to fertility
- OCs and risk of myocardial infarction
- Effects of OCs on women over 40 years old

On Annex 10 is the workshop report.

## 2. Sixteen Critically Appraised Topics (CATS) developed.

Based on the topics, 16 CATS drafts for review and finalization, were developed by the EBM core group members during the quarter as follows :

- The risk of menstrual abnormalities such as increased bleeding and inter-menstrual bleeding is reduced after tubal sterilization
- The Standard Days Method is as effective as other user-controlled methods to prevent pregnancy (substitute CAT)
- Vasectomy does not affect sexual and marital satisfaction among married men
- There is no increased risk of Down syndrome in pregnancies that follow previous use of oral contraceptives
- Oral contraceptive use by teenage women does not affect body composition and change in body weight for up to 9 years' use
- Women who take DMPA are not at an increased risk of cervical adenomatous carcinomas
- Use of oral contraceptive pills does not lead to an increased risk of breast cancer
- Short-term oral contraceptive use (<5 years) does not increase the risk of cervical cancer in women with human papillomavirus infection, but long term use (>5 years) does increase the risk
- Interval tubal sterilization has no effect on sexual interest and pleasure
- The primary mechanisms of action of various IUDs are due to pre-fertilization effects
- The use of hormonal contraceptives is associated with a decreased risk of some STDs and an increase in other STDs (substitute CATS)
- There is an increased risk of ectopic pregnancy after tubal sterilization using bipolar coagulation methods compared to other methods and partial salpingectomy
- Current users of oral contraceptives are more likely to incur hypertension than women who never use OCs
- Oral contraceptive use in women with migraine significantly increase the risk of stroke
- Long-term IUD use is associated with an increased risk of fertility impairment compared to short-term IUD use or use of OCs or barrier methods

- Among women with myocardial infarction, there are slightly higher odds of a history of oral contraceptive use compared to controls

These CATs are being reviewed by the Medical Advisor, Dr. Tudiver and Dr. Festin prior to finalization.

### **3. Orientation Sessions on Contraceptive Technology and Safety conducted for Legislators' Forum and Midwives Foundation of the Philippines.**

The Medical Advisor oriented legislators and midwives on the latest developments in contraceptive technology and safety during the Legislators' Forum on February 4 and the Midwives Foundation of the Philippines Convention on March 28, respectively.

### **4. Meeting with Department of Health on Revision of FP Training and Protocols**

On February 24, the Medical Advisor met DOH Undersecretary Dr. Milagros Fernandez to discuss areas of concern regarding the review and updating of family planning training courses and protocols used by health providers. During this meeting, Dr. Fernandez agreed to support the review and revision of the 1998 edition of the DOH Standard Operating Manual for Family Planning Service Delivery, Basic Comprehensive Family Planning Course and residency training in obstetrics and gynecology in DOH-retained hospitals with board-accredited residency training programs. There was also an agreement to study the introduction of a post-partum family planning program in DOH-retained hospitals, especially those with a high number of delivery and abortion cases. The TSAP-FP will provide the necessary technical and logistic support to these efforts.

## **III. PLANNED ACTIVITIES FOR NEXT QUARTER**

### **A. PROJECT MANAGEMENT**

#### **1. Hiring of Accountant/Grants Administrator and Purchase of Additional Computers and Office Furniture**

Based on review of workloads of the current Office Manager/Accountant, the requirements of both functions have become too heavy for one person to fulfill. The project will recruit an Accountant/Grants Administrator so that the Office Manager can devote fulltime to office management tasks. Considering the additional staff recruited this quarter and the planned recruitment in the next quarter, additional computers and office furniture will be procured.

## **2. Approval of Grants Guidelines/Establishment of Grants System**

Once the grants guidelines are approved by USAID, the system will be established for the grants guidelines implementation.

## **3. Finalization of Project Indicators and Approval by USAID**

The project is awaiting approval of the indicators by USAID.

## **4. Conduct of Consultative Workshop on ARMM**

TSAP-FP will conduct a consultative workshop in May which will bring together key donor and implementing agencies on FP in ARMM. This workshop will discuss lessons learned from the specific experiences in implementing ARMM projects and discuss TSAP-FP strategies as well as coordination guidelines with other agencies. The workshop results will serve as basis for development of the detailed ARMM workplan and more specific strategies of intervention.

## **B. BEHAVIOR CHANGE COMMUNICATION COMPONENT**

1. Conduct of baseline Knowledge-Attitudes-Practice (KAP) Survey of the Target Audience (pre-launch of mass media campaign)
2. Finalization of Communication Plan and USAID Approval
3. Communication Audit
4. Formation of Technical Working Group for Mass Media Campaign
5. Selection of Ad Agency/Contracting of Ad Agency
6. Continuing Implementation of Publicity/Quick Response Campaign
7. Media Training of National-level Spokespersons
8. Training of Soap Opera Writers of GMA7
9. Development and initiation of integrated (with ASM) Capacity-building Plan
10. Launch of Activites on Adolescent Reproductive Health
11. For ARMM :
  - Conduct of formative research on FP
  - Initiation of PR Campaign for ARMM

## **C. ADVOCACY AND SOCIAL MOBILIZATION COMPONENT**

1. Finalization and Approval of Advocacy and Social Mobilization Plan
2. Conduct of Polling of Influentials (Baseline) initiated
3. Organization of Sectoral and Local Advocacy Networks (first batch)
4. Development and initiation of integrated (with BCC) Capacity Building Plan
5. Advocacy Training of Champions and Allies (various sectors and local levels)
6. Orientations on FP for Sectoral and Local Advocacy Networks
7. Awarding of initial grants for NGOs and community-level initiatives

8. For ARMM : launch of stakeholder analysis

#### **D. HEALTH PROVIDER COMPONENT**

1. Contracting of Baseline Health Provider Survey
2. Finalization and Production of First CATS packages
3. Baseline information-gathering on FP services in industrial zones
4. Orientation of Medical schools on EBM/FP and CATS
5. For ARMM : data processing and analysis of ACDI-VOCA survey

#### **IV. IMPLEMENTATION ISSUES AND ACTIONS TAKEN/RECOMMENDED**

##### **1. Integration of BCC, Advocacy and Health Provider Interventions including Capacity Building**

An internal review of project activities which the TSAP-FP team conducted on February 20 to 21 showed the close linkage of the three components. For example, the Public Relations intervention of the BCC component is closely linked to the ASM component since the former will publicize advocacy activities and advocates' statements in a systematic manner to demonstrate the "groundswell of support" for family planning. Another example is capacity building – capacity building activities under ASM is closely linked to those under BCC and HP. Print IEC materials will need coordination among the 3 components to standardize message and design. Training of advocates includes development of knowledge and skills in advocacy as well as in communication and on family planning concepts and methods. As a result, it was agreed that linkages will be systematized through information sharing and participation in planning meetings and other key activities. An integrated plan for development of Print IEC materials has been formulated. For capacity building, an integrated Capacity Building Plan will be developed in the succeeding quarter.

The distinction between BCC, ASM and HP and corresponding contracting arrangements between AED, TFGI, CEDPA and CID/Ketchum PR does not have to be definitive – what is important is each component's contribution to the achievement of its overall project objectives without, of course, sacrificing its responsibility to achieve its particular objectives.

##### **2. Planning Activities in New Areas**

Interventions in ARMM are being planned in a very systemic manner beginning with environmental scanning and a consultative workshop which will assess previous ARMM activities. The project has tried to follow this systematic process in its target areas for Year 1 and Year 2 in varying degrees. In some areas (e.g. Calaba), a complete environmental scanning was not possible – activities were launched also because the

project seized the opportunity of collaboration with the existing KAMIT coalition. A workable process is being followed. In the new areas for year 2 and year 3 (e.g. Metro Davao, Bicol Region and Samar-Leyte), the project plans to hire short-term technical assistance to undertake baseline planning activities.

### 3. Need for an Adolescent Reproductive Health Framework for Intervention

There is a need for an adolescent reproductive health framework which will cut across the BCC, ASM and HP components. TSAP-FP is currently in discussions with the Foundation for Adolescent Development, PNGOC, PETA and the parish of Smokey Mountain in Tondo for implementation of interventions targeting adolescents and young adults (in-school and out-of-school), one of the major target audiences of the project. During the succeeding quarter, this framework will be developed.

### 4. Grants System and Funds

The grants guidelines have been submitted to USAID for approval. Based on the plans developed with the project, several partners have requested grants for strengthening of advocacy and social mobilization activities. The project hopes to expedite approval of the guidelines so that the grants program will be in place during the succeeding quarter. In the meantime, the project has started providing technical and funding support to training and orientation activities of partners using its training budget.

## V. Technical Assistance

Name	Date	Tasks Completed
Anton Schneider AED	Jan. 11 to 24	<ol style="list-style-type: none"> <li>1. Reviewed the research audit, project objectives and other relevant documents, strategies, and work plans;</li> <li>2. Briefed AC Nielsen, the research firm contracted for the formative research, together with TSAP-FP M&amp;E Specialist and BCC Advisor</li> <li>3. Worked with the TSAP-FP M&amp;E Specialist, BCC Advisor and AC Nielsen research team on the formative research to:               <ol style="list-style-type: none"> <li>a. Refine the research plan, as stated in the TOR, including objectives of the research, methodology, target audiences, timelines and locations,</li> <li>b. Develop the research instruments, including screeners, topic guides, materials and techniques.</li> <li>c. Pre-test and finalize the research instruments and protocols;</li> <li>d. Develop an analytical framework for the research results and/or an outline for the final report.</li> <li>e. Observe initial data gathering activities</li> </ol> </li> </ol>
Reed Ramlow TFGI	Jan. 20 to 31	<ol style="list-style-type: none"> <li>1. Developed questions for baseline primary research on medical provider and client knowledge, attitudes and practices with respect to modern contraceptives,</li> </ol>

Reed Ramlow TFGI	Jan. 20 to 31	<ol style="list-style-type: none"> <li>1. Developed questions for baseline primary research on medical provider and client knowledge, attitudes and practices with respect to modern contraceptives,</li> <li>2. Conducted a number of interviews and focus groups as needed for this effort.</li> <li>3. Assisted Dr. Fred Tudiver in the conduct of the EBM in FP Workshop from Jan. 27 to 29.</li> </ol>
Dr. Fred Tudiver TFGI	Jan. 20 to 31	<ol style="list-style-type: none"> <li>1. Conducted the Evidence-Based Medicine in Family Planning with the EBM-FP core group of OB-GYN physicians;</li> <li>2. Developed an action plan for training of trainers program that would introduce EBFP into the medical, nursing/midwifery school training and Continuing Medical Education (CME) programs in the Philippines;</li> <li>3. Assessed the potential for conducting web-based, long-distance learning programs that focus on EBFP;</li> </ol>
Imelda Feranil CEDPA	Mar. 1 to 21	<ol style="list-style-type: none"> <li>1. Assisted the Advocacy and Social Mobilization (ASM) team in finalizing Stakeholder Analysis that served as the basis in developing the strategic ASM Plan;</li> <li>2. Oversaw the development of TSAP-FP strategic ASM Plan;</li> <li>3. Oriented TSAP-FP staff on CEDPA's approach to social mobilization activities;</li> <li>4. Provided technical assistance to other advocacy and social mobilization activities that included finalizing the grants guidelines, planning advocacy materials to be printed under the project;</li> <li>5. Briefed CEDPA staff on organization's policies, procedures and benefits for field staff;</li> </ol>

## 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, 2005  
 Quarterly Report for the Period: 1/1/03-3/31/03

	Total Estimated	Expenditures through last qtr. ending 12/31/03	Total Expenditures for period 1/1/03 to 3/31/03 by CLIN	Cumulative Expenditures to Date	Balance in Contract Budget by CLIN
<b>Contract Budget</b>					
0001 Research & Evaluation	1,439,223.00	100,513.57	116,393.25	216,906.82	1,222,316.18
0002 Communication & Advocacy	3,864,075.00	139,862.20	183,933.95	323,796.15	3,540,278.85
0003 Technical Assistance	1,545,210.00	54,067.06	123,512.18	177,579.25	1,367,630.75
0004 Training	2,012,279.00	66,818.88	100,392.77	167,211.65	1,845,067.35
<b>Total</b>	<b>8,860,787.00</b>	<b>361,261.71</b>	<b>524,232.16</b>	<b>885,493.86</b>	<b>7,975,293.14</b>
<b>Projected Expenditures for the period 4/1/03-6/30/03</b>					
0001 Research & Evaluation	202,122.54				
0002 Communication & Advocacy	185,427.63				
0003 Technical Assistance	107,640.96				
0004 Training	53,932.15				
<b>Total</b>	<b>549,123.29</b>				

# Annex 1

## WORKPLAN

### Social Acceptance of Family Planning in the Philippines Project (Contract# 492-C-00-02-00019-00) October 2002 to December 2003

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

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

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Project Activities	Budget (US\$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
<b>6. Monitoring and Evaluation of Mass Media Campaign</b> – Effectiveness of the mass media campaign and interpersonal BCC activities will be tracked and assessed through surveys conducted by selected market research firm and process documentation.						
6.1 Conduct baseline survey	40,000	5/3/03	7/31/03	Baseline KAP of Target Groups	Inputs from BCC Advisor	M&E Specialist/ COP
6.2 Conduct post mass media campaign tracking survey	40,000	10/1/03	12/31/03	Research Report	Inputs from BCC Advisor	M&E Specialist/ COP
6.3 Document process of activities (all components)		1/1/03	12/31/03	Process documentation report (quarterly starting 1 <sup>st</sup> QTR 03)	Team inputs	All Advisors
<b>Research, M &amp; E Component SUBTOTAL</b>	<b>\$244,500</b>					

### Behavior Change Communication Component

<b>7. Development and Implementation of Capacity Building Plan</b> - Capacity building will aim to develop the skills of local collaborating institutions and allies in planning and implementing BCC campaigns including interpersonal skills training and development of IEC materials. First year efforts will be directed at identified local NGOs (e.g., Foundation for Adolescent Development, ReachOut Foundation, Responsible Parenthood- Maternal & Child Health Assn of Phil) as well as government agencies (e.g. POPCOM, DOH, and DOLE) which implement IEC campaigns among the target audiences (women, adolescents and young adults, men) in identified project areas.						
7.1. Identification and discussion with NGOs	-	11/1/02	2/28/03	Institutions identified	Start with NGOs identified in proposal	BCC - CBS
7.2 Identification of and discussion with government agencies		11/1/02	2/28/03	Institutions identified	Focus on agencies with direct responsibilities in FP	BCC -CBS
7.3 Creation of Technical Working Group with relevant CAs, DOH and Popcom		3/1/03	3/30/03	Agreements made and schedule of meetings set	Converge initiatives in IEC messages and materials development and campaigns	BCC Advisor BCC CBS
7.4 Needs assessment of collaborating institutions, groups	5,500	1/1/03	3/15/03	Needs for capacity building/training	Needs assessment focused on but not limited to IEC and interpersonal communication	BCC- CBS
7.5 Development of information, story, image, and design bank as resource for IEC materials development	5,000	3/1/03	6/30/03	Layout grids, images, sample stories, information banks	By 2 <sup>nd</sup> year, info bank maybe distributed via CD-ROM or stored in a website for easier access	BCC Advisor BCC- CBS
7.6 Reach Agreements with institutions on activities & TA		1/ 1/03	4/ 30/03	Momo of Agreements signed	Evaluation guidelines to come from DCOP	BCC - CBS
7.7. Provide TA (including materials developed & training)	25,000	3/1/03	12/30/03	TA provided (IEC materials, training)	Budget for IEC materials	BCC- CBS

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

Project Activities	Budget (US\$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
10.7. Develop media plan	-	8/1/03	8/30/03	Media plan	-	Ad agency
10.8. Implement media plan	400,000	9/1/03	11/30/03	Media placements		Ad agency
10.9. Produce print & other IEC materials	80,000	9/1/03	9/30/03	Materials produced	Budget from local media grants to NGOs	Ad agency
10.8. Distribute print & other materials	5,000	10/1/03	10/30/03	Materials distributed	-	Ad /BCC Advisor
<b>11. Planning and Implementation of other BCC Activities</b> – Activities include efforts to integrate FP messages in soap operas, situation comedies, TV and radio show guestings, celebrity endorsers and other influentials of the repositioned messages, re-launch of tabloid column and radio show of Margie Holmes, etc.						
11.1. Negotiations with networks, tabloids, newspapers, endorsers, allies	1,000	2/1/03	4/30/03	Networks, endorsers identified & agreements reached		BCC Advisor
11.2. Training of soap opera writers and producers in integrating FP	30,000	5/1/03	5/30/03	Trained soap opera writers and producers	International resource persons – Population Media Center	BCC Cap Bldg Specialist Internationaler sonetnriters and producersproducer s in integrating FPIs ges ctioon
11.3. Implementation of other BCC activities	5,000	7/1/03	12/30/03	Activities implemented		BCC - CBS
<b>Behavior Change Communication Component SUBTOTAL</b>	<b>\$637,900</b>					
<b>Advocacy &amp; Social Mobilization Component</b>						
<b>12. Stakeholder Analysis</b> – This refers to assessment of stakeholders, potential partners, allies in sectors identified by levels and environmental scanning to determine socio-political condition and identify potential FP advocates and partners at national and local level.						

12.1 Scanning and establishing the universe list of potential advocates and stakeholders		1/15/03	2/20/03	Universe list , only in areas of interventions		AC... and BCC Teams Medical Advisor CID
12.2. Inventory and profiling of key FP stakeholders and potential partners	2,000	10/2/02	2/28/03	Profiling Instruments; Summary Matrices  Profile and analysis of key FP advocates and partners (urban poor, labor, legislators, LCEs, youth, women, media/ entertainment, NGOs, faith-based groups, academic and professional organization)	Identification of other segments supportive of FP. Profiling and analysis is a continuing activity	

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Project Activities	Budget (US\$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
12.3. Consultation meetings with potential partners in Calaba, Bulacan, Metro Manila and Metro Cebu	4,500	1/03/03	3/30/03	Meeting reports :		ASM and BCC Teams Medical Advisor CID
			1/10/03	Calaba – KAMIT Coalition (Industrial workers)		
		11/01/02	2/28/03	Bulacan – multi-sectoral		
		11/01/02	2/28/03	Metro Manila- PBSP, TUCP, PLCPD , WMC (urban poor, youth, legislators, media entertainment, NGOs, faith-based groups)		
		12/02/02	2/28/03	Metro Cebu - multisectoral		
12.4. Interviews with focal persons/groups who will bridge the Project to key stakeholders/organizations <ul style="list-style-type: none"> <li>• faith-based – PLCPD</li> <li>• media/entertainment – Pete Lacaba, CID</li> <li>• labor – TUCP</li> <li>• youth – WMC</li> <li>• out-of school youth/SK- PNGOC</li> <li>• legislators- PLCPD</li> <li>• urban poor – PBSP</li> <li>• informal sector – KATINIG</li> <li>• women and rural youth – PRRM</li> <li>• individual champions/advocates – POPCOM</li> <li>• academic/professional orgns – LaSalle, Perpetual, PAFP, POGS, IMAP</li> </ul>	2,000	11/01/02	12/30/03	Meeting reports which include possible areas of partnerships	Use of interview guides  Ongoing work in progress	Advoc. Advisor CS Mob Specialist- Advocacy -CBS
12.5. Stakeholders' Analysis Workshop (in-house and with USAID)	4,000	01/01/03	3/30/03	Stakeholders Analysis Framework, Tools/Instruments  SA Report (Analysis and identification of priority partners)	in-house tech capacity /out of town  (initial analysis of partners; a continuing process where other potential partners will be later identified)	Advocacy Advisor

Project Activities	Budget (US\$)	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
<b>13. Selection and TNA of Advocates/Champions</b> – It involves assessment of advocates and champions (individuals, groups and network) to identify their level of interest and support for Family Planning and identify their capability building needs.						
13.1. Conduct inventory of influentials for different sectors	1,000	01/01/03	3/30/03	List of influentials	Review list of POPCOM inventory of RH advocates	Advocacy-CBS BCC-CBS
13.2. Develop criteria for selection of advocates/champions	1,000	1/1/03	2/28/03	Selection/evaluation criteria of FP advocates	In-house/consultation with key partners	Advocacy Advisor Advocacy-CBS BCC-CBS
13.3. Identification of and meetings with identified policy champions and advocates at national level		1/1/03	2/28/03	Initial list of FP policy champions at national level  List of RHAN members willing to advocate FP	Review list of POPCOM inventory of RH advocates	Advocacy Advisor
13.4. Assessment of training needs and capabilities of FP advocates and policy champions	1,000	1/1/03	2/28/03	TNA tool TNA report	In-house	Advocacy -CBS
13.5. Develop advocacy capacity building plan for champions, advocates, and advocacy networks	5,000	3/1/02	3/30/03	Advocacy capacity building plan and training modules	Merge BCC and ASM capacity building plan	Advocacy-CBS
13.6. Conduct inventory of influentials in ARMM	3,300	6/1/03	9/1/03	List of influentials in ARMM		Advocacy Advisor
<b>14. Development of Strategic Advocacy Plan</b> – The plan put in details the specific issues needing to be addressed regarding advocacy network (at the national and local levels) and the campaign /activities needing technical assistance by the Advocacy group						
14.1. Develop Strategic Advocacy Plan	1,500	3/1/03	3/30/03	1 <sup>st</sup> draft of Plan	ITTA visit (CEDPA) In-house	Advocacy Advisor
14.2. Activity Planning workshops with identified partners <ul style="list-style-type: none"> <li>• Urban poor</li> <li>• Labor</li> <li>• Youth</li> <li>• Women</li> <li>• Legislators</li> <li>• Faith-based organizations</li> <li>• CALABAR</li> <li>• Negros oriental</li> <li>• Capiz</li> <li>• Metro Cebu</li> <li>• Bulacan</li> </ul>	20,000	3/1/03	3/30/03	Activity plans	Sectors to be prioritized  Activity plans should resonate with the Strategic Advocacy Plan and to coincide with major FP-related events: March – Women's Month May 1 – Labor Day August – FP Day November – Population Week	Advocacy CBS CS Mob Specialist LGU Coordinator

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

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

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

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

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

## INDICATOR MATRIX

### Behavior Change Communications Component

	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
IR1	<i>Intermediate Result</i> <b>Increase public approval of FP among target audience<sup>1</sup></b>	<i>IMPACT INDICATOR</i> % of target audience who strongly approve of FP practice	Survey	Pre- and post campaign
1.1	<i>Objective 1</i> <b>Increase response to negative publicity</b>	<i>OUTCOME INDICATORS</i> # of public statements in support of family planning made by individuals/groups to negative publicity in print, TV radio and non-traditional media	Media monitoring	Monthly
1.2		<i>OUTPUT INDICATORS</i> % of PR/crisis management campaign plan completed (Note: This will refer to the quarterly benchmarks.)	Project activity report	Quarterly

<sup>1</sup> Target audience - Adolescents and young adults ages 15-24. Adult men and women ages 25-34.

	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
	<i>Objective 2</i> <b>Increase public discussion on FP</b>	<i>OUTCOME INDICATORS</i>		
2.1		% of target audience who say that they have discussed FP with somebody else (e.g. friends, neighbors, relatives, spouses)	Survey	Pre and post campaign
		<i>OUTPUT INDICATORS</i>		
2.2		% of mass media campaign plan on repositioned FP message completed <i>(Note: This will refer to the quarterly benchmarks.)</i>	Project activity report	Quarterly
2.3		# of FP-related media messages appearing in a specific non-traditional popular media	Media monitoring	Monthly
2.4		# of IEC materials produced and disseminated to specific target audience	Project activity report	Quarterly
2.5		# of counselors, health providers, partners trained in interpersonal communications and IEC	Project activity report	Quarterly

	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
	<i>Objective 3</i> <b>Increase acceptance of family planning as part of a healthy lifestyle</b>	<i>OUTCOME INDICATORS</i>		
3.1		% of target audience who are aware of the repositioned FP message	Survey	Pre- and post-campaign
3.2		% of target audience who learned about repositioned FP message from source	Survey	Pre- and post-campaign
3.3		% of target audience who can correctly recall specific elements of the repositioned FP message	Survey	Pre- and post-campaign
3.4		% of target audience who agree to the repositioned FP message	Survey	Pre- and post-campaign
3.5		% of target audience who say that they will endorse use of FP to others	Survey	Pre- and post-campaign
		<i>OUTPUT INDICATORS</i> Same as indicators of Objective 2		

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	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
	<i>Objective 4</i> <b>Increase knowledge of modern FP methods</b>	<i>OUTCOME INDICATORS</i>		
4.1		% of target audience who are aware of modern FP methods by number of methods known	Survey	Pre- and post-campaign
4.2		% of target audience who knows at least one attribute of the FP method	Survey	Pre- and post-campaign
4.3		% of target audience who learned FP method from source	Survey	Pre- and post-campaign
		<i>OUTPUT INDICATORS</i> Same as indicators of Objective 2		

	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
	<i>Objective 5</i> <b>Increase favorable attitudes and beliefs towards FP practice</b>	<i>OUTCOME INDICATORS</i>		
5.1		% of target audience who cite side-effects as the main reason for discontinuance of FP	Survey	Pre- and post campaign
5.2		% of target audience who cite fear of side-effects as the main reason for not starting FP	Survey	Pre- and post campaign
5.3		% of target audience who want more information on modern FP methods	Survey	Pre -- and post campaign
5.4		% of target audience who believe that FP practice has at least one benefit	Survey	Pre- and post Campaign
5.5		% of target audience who would consider voting for politicians in favor of FP methods	Survey	Pre- and post Campaign
5.6		% of target audience who intend to seek FP information or services from health providers	Survey	Pre- and post Campaign
5.7		% of males who intend to support their female partners in FP practice	Survey	Pre- and post Campaign
		<i>OUTPUT INDICATORS</i> Same as indicators of Objective 2		

## Advocacy and Social Mobilization Component

	Description	Key Indicators	Means of Verification	Frequency of Reporting
IR2	<b>Intermediate Result</b>  <b>Increase the number of key segments of society advocating for use of FP in project areas</b>	<i>IMPACT INDICATOR</i>  Number and type of key segments <sup>2</sup> of society advocating for use of FP	Desk and library research Poll survey Media monitoring Project activity report	Year 2003  Year 2004 (mid-term) Monthly Quarterly
1.1	<i>Objective 1</i>  <b>Strengthen the capability of network/coalition at the national level to publicly promote, support and advocate for FP practice</b>	<i>OUTCOME INDICATORS</i>  Number of institutions/groups/associations represented at the network/coalition at the national level advocating for FP practice	Project activity report Network report	Quarterly Quarterly
1.2		<i>OUTPUT INDICATORS</i>  Production of a directory of institutions/groups belonging to the national network		Printed directory
1.3		Number and type of trainings conducted	Training reports Project activity report	Quarterly Quarterly
1.4		Number and type of national FP network/coalition members trained	Training reports Project activity report	Quarterly Quarterly
1.5		Number of FP issues addressed	Media monitoring	Monthly

<sup>2</sup> Legislators, Local officials/leaders, faith-based groups, NGOs, community-based groups, labor groups, sports associations, media practitioners, entertainment industry groups, informal sector groups, youth groups, other professional groups

	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
2.1	<b>Objective 2</b> <b>Increase the number of individual FP champions/advocates who will openly discuss, publicly support and respond to negative remarks on FP</b>	<i>OUTCOME INDICATOR</i> Number and type of champions publicly advocating FP practice	Poll survey Media monitoring Project activity report	Year 2004 (mid-term) Monthly Quarterly
2.2		<i>OUTPUT INDICATORS</i> Number of individual FP champions/advocates identified by type and key segment	Project activity report	Quarterly
2.3		Number of individual FP champions/advocates trained	Training report Project activity report	Quarterly Quarterly
2.4		Number and type of trainings conducted	Training report Project activity report	Quarterly Quarterly
2.5		Number of public statements made by individual FP champions/advocates in support of FP in radio, TV, print media and other fora	Media monitoring	Monthly

	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
3.1	<b>Objective 3 . Strengthen the capability of networks/coalitions at the local level (including community) to publicly promote, support and advocate for FP practice</b>	<i>OUTCOME INDICATORS</i> Number of local advocacy networks/coalitions advocating for FP at the provincial, municipal/city and community levels	Project activity reports Media monitoring	Quarterly Monthly
3.2		<i>OUTPUT INDICATORS</i> Number and type of trainings conducted	Training reports Project activity reports	Quarterly
3.3		Number of advocacy plans developed	Advocacy plans	Annually
3.4		% of advocacy plans implemented (Note: This will refer to the quarterly benchmarks.)	Project activity report	Quarterly
3.5		Number of activities/events organized by local networks	Project activity report	Quarterly
3.6		Number of politicians approached by local networks	Project activity report	Quarterly
3.7		Number of FP issues addressed	Project activity report	Quarterly
3.8		Number of "chat group" facilitators trained in EBM-FP	Training report Project activity report	Quarterly Quarterly
3.9		Number of meetings conducted by the "chat group" related to EBM-FP	Project activity report	Quarterly

### Health Service Provision Component

	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
IR3	<b>Intermediate Result</b>  <b>Increase the inclusion of FP as part of the routine health package in public health facilities and industry clinics within the convergent sites</b>	<i>IMPACT INDICATOR</i>  % of public health facilities and industry clinics in convergent sites offering FP as part of their routine health package	Clinical Facility Profile Document review	Year end of 2003 and 2004
1.1	<i>Objective 1</i> <b>Integrate EBM into FP information and training</b>	<i>OUTCOME INDICATORS</i>  % of health providers in public health facilities and industry clinics oriented on EBM-FP	Health Provider Survey  Project activity report	Pre-and-post intervention Quarterly
1.2		Number of accredited institutions integrating EBM-FP in Basic FP Comprehensive Course	Document review	Year end of 2003 and 2004

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	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
		<i>OUTPUT INDICATORS</i>		
1.3		EBM-FP physician core group members identified <i>(Note: Midwives, Nurses, FP counselors will be second-generation trainees)</i>	Profile and directory	Annually
1.4		Number and type of core group of physicians trained on EBM-FP	Training report Project activity report	Quarterly Quarterly
1.5		Number of CATs packages produced and disseminated	CATs packages Project activity report	Semi-annually Quarterly
1.6		Number and type of medical and paramedical professionals in public health facilities and industry clinics oriented on EBM-FP	Training report Project activity report	Quarterly Quarterly

	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
2.1	<i>Objective 2</i> <b>Incorporate EBM-FP into FP Clinical Standards Manual</b>	<i>OUTCOME INDICATORS</i> Revised edition of FP Clinical Standards Manual officially adopted by DOH	DOH Administrative Order	End of project
2.2		<i>OUTPUT INDICATORS</i> Number of consultative workshops conducted to revise FP Clinical Standards Manual	Project activity report	Quarterly
2.3		FP Clinical Standards of Manual revised and produced	Copy of manual	Year end of 2004
2.4		Number of health providers oriented on the revised FP Clinical Standards Manual	Project activity report	Quarterly
3.1	<i>Objective 3</i> <b>Increase EBM-FP information and counseling in service delivery outlets in convergent sites</b>	<i>OUTCOME INDICATORS</i> % of EBM trained service providers/medical professionals in convergent sites providing EBM-FP information and counseling to FP clients	Health Provider Survey Observation checklist	Pre- and post intervention Year end of 2003 and 2004
3.2		<i>OUTPUT INDICATORS</i> Number of service providers/medical professionals trained in providing EBM-FP information and counseling	Health provider survey Observation checklist	Pre-and post intervention Year end of 2003 and 2004
3.3		Number of CAT's packages distributed to health facilities in convergent sites	Project activity report	Quarterly

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# Annex 2

RE TSAP-FP Grant Program Approval - Request to USAID

From: Mark Miebach [MMIEBACH@smtp.aed.org]  
Sent: Tuesday, April 01, 2003 5:04 AM  
To: edespabiladeras@usaid.gov; wireynolds@usaid.gov  
Cc: edgaed@info.com.ph; Cristina Von Spiegelfeld; Elizabeth Thomas  
Subject: RE: TSAP-FP Grant Program Approval Request

Reference: USAID Contracts No. 492-C-00-02-00019-00

Dear Mr. Reynolds:

In accordance with the USAID-approved workplan for The Social Acceptance of Family Planning in the Philippines Project (TSAP-FP), the Academy for Educational Development (AED) hereby submits the following grants program materials to the USAID/Manila for review and approval. TSAP-FP has a total of \$255,000 over three years to award to non-US non-governmental organizations or civil society associations for social mobilization and advocacy projects.

Year One:	\$ 60,000
Year Two:	\$130,000
Year Three:	\$ 65,000

TSAP-FP proposes a grant program consisting of the following components:

- \* Grant program guidelines
- \* Grant application guidelines and forms for prospective grantees for the small grants
- \* Proposal appraisal form for the small grants
- \* Grant award model with required attachments (schedule, program description, standard provisions, and standards for USAID-funded communications products) for the small grants
- \* Organization Questionnaire to Determine Responsibility
- \* Required certifications as specified in the ADS 303.

Thank you in advance for your consideration and review of AED's materials. Should you have any questions, please do not hesitate to contact me by telephone at 202-884-8329, fax at 202-884-8422, or e-mail at mmiebach@aed.org.

Sincerely,

Mark Miebach  
AED Contracts/Grants Management

## ***SMALL GRANTS PROGRAM GUIDELINES***

### **I. INTRODUCTION**

In accordance with the USAID-approved workplan for The Social Acceptance of Family Planning in the Philippines Project (TSAP-FP), The Academy for Educational Development (AED) hereby submits the following grants program materials to the USAID/Manila Contracting Officer for review and approval. TSAP-FP has a total of \$255,000 over three years to award to non-US non-governmental organizations or civil society associations for social mobilization and advocacy projects.

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TSAP-FP proposes a grant program consisting of the following components:

- Grant program guidelines (this document)
- Grant application guidelines and forms for prospective grantees for the small grants
- Proposal appraisal form for the small grants
- Grant award model with required attachments (schedule, program description, standard provisions, and standards for USAID-funded communications products) for the small grants
- Required certifications as specified in the ADS 303.

### **II. GOVERNING GUIDELINES**

The grants program will be governed by two guideline documents: ADS 303 and USAID Standard Provisions (for non-U.S. NGO's, 22CFR226 does not apply).

1. *ADS Chapter 303 (Grants and Cooperative Agreements to Non-Governmental Organizations)*: This document specifies grant requirements such as the request for application (RFA) process, competition requirements, evaluation criteria, review and evaluation requirements, exceptions to competition, high risk recipients, negotiation and award, and administration of awards, among other things.
2. *Standard Provisions*: This document presents the governing guidelines for the administration of the grant award. We have provided a scaled-down version, which does not include the following sections not applicable to our program:

- Ineligible Countries
- Investment Promotion
- Metric System of Measurement
- International Air Travel and Transportation
- Ocean Shipment of Goods
- USAID Eligibility Rules for Goods and Services
- Patent Rights
- Nondiscrimination in Federally Assisted Programs
- Regulations Governing Employees
- Participant Training
- Title to and Care of Property (US Government Title)
- Cost Sharing
- Public Notices
- Program Income

### III. GRANTS PROGRAM DESIGN

#### Organizations Eligible for Grants

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

#### Activities Eligible for Funding under Small Grants

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

##### *Advocacy activities*

- Orientations for local influentials, local leaders or community members on family planning, reproductive health or adolescent health issues
- Network or coalition activities (i.e. official meetings, information dissemination, face-to-face meetings with local politicians)
- Organization of public meetings where local leaders or influentials can speak out on family planning, reproductive health or adolescent health issues

- Simple qualitative research activities that support the advocacy strategies of NGOs and networks
- Letter-writing, e-mail, signature, door-to-door or similar campaigns
- Training of volunteer community health or population workers on advocacy
- Production of low-cost audio-visual or video materials on family planning, reproductive health or adolescent health

***Social mobilization activities***

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

***Grants monies may be used to cover the following types of costs:***

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

***Grant monies may not be used to cover the following types of costs:***

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

**Structure of the Grants**

TSAP-FP will issue fixed obligation grants using standard AED contract formats. Payments will be made in phases based upon satisfactory completion of approved activity benchmarks. Final

payments will be made based upon completion of final activity and progress reports and financial reports.

#### Award Schedule

Grants will be awarded every year starting 2003. Grants will be awarded on a rolling basis i.e., as the proposals are submitted by coalitions or networks TSAP-FP will work with based on the project timeline.

In 2003, grant applications will be solicited and reviewed as TSAP-FP activities progress and agreements are reached with networks or coalitions that are formed. Grants will be awarded to coalitions or networks upon approval of a proposal and successful completion of requirements for funding. The grants will range in size from \$2000-\$10,000. Grants will be awarded to coalitions or networks in Metro Manila, Calamba-Laguna-Batangas area in Region IV, Metro Cebu, Capiz and Negros Oriental.

In 2004 and 2005, the grants will be awarded to the remaining TSAP-FP geographic areas – Metro Davao, Autonomous Region of Muslim Mindanao (ARMM), Bulacan-Pampanga, Samar-Leyte and Bicol regions. New grants can be awarded to coalitions or networks which received grants during the previous year; however, the new grants will depend on past performance, the merits of the proposal and funding availability.

Funds will be released in phases based on completion and submission of deliverables.

#### The Award Schedule as Quality Control

“Substantial involvement” as defined in FAR/AIDAR regulations is a contracting quality control mechanism appropriate for cooperative agreements but not grants. We have therefore not included a “Statement of Substantial Involvement” or similar language in the TSAP-FP small grants RFA. TSAP-FP will exert control over the quality of grantee performance in three ways. First, the grant review schedule described herein will offer incentives in the form of possible new grants to encourage grantees to strive for excellence. The TSAP-FP technical assistance and monitoring activities conducted by the Advocacy and Social Mobilization Team will contribute to quality control. Most important, the Program will establish high performance standards at the outset by conducting a thorough grant applicant review and awarding grants to coalitions, networks or NGOs with proven track records and a principled commitment to advocacy and/or social mobilization for family planning, reproductive health or adolescent health.

#### Grant Awards Process

1. The proposal from the proponent coalition or network will be reviewed based on strict criteria (please refer to annexes 1 and 2 for appraisal criteria forms)
2. A Grants Review Committee will be formed to review and approve proposals based on the appraisal criteria. This committee will include the Chief of Party, Deputy Chief of Party, Advocacy Advisor and Social Mobilization Specialist or Capacity-Building Advocacy

Specialist (either of the latter two depending on the nature of the proposal). Prior to final approval, the proposal will be sent to the Senior Advocacy Advisor of CEDPA and AED Project Manager for comments.

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

#### **V. OVERSIGHT AND FINANCIAL MANAGEMENT**

Technical oversight and monitoring of will be provided by the TSAP-FP Advocacy and Social Mobilization (ASM) Team, headed by the Advocacy Advisor. International technical assistance for the selection of grantees and the monitoring of grant activities will be provided by the Technical Advocacy Advisor of CEDPA/Washington.

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

#### **VI. USAID APPROVAL PROCESS**

The Small Grants Program Guidelines will be approved by the USAID/Manila Contracting Officer. TSAP-FP will notify the CTO of all grant awards.

## Small Grants Proposal Appraisal Checklist

Applicant: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Type of Activity (*Check*):  Advocacy  Social/Community Mobilization  
 \_\_\_\_\_ Other (specify)

Duration: \_\_\_\_\_ Funding requested (pesos): \_\_\_\_\_

Location: \_\_\_\_\_

QUESTIONS	YES	NO	N/A	REMARKS
<b>1. Rationale/Context</b>				
1.1 Is the problem clearly stated?				
1.2 Are there statistics to support the problem statement ?				
1.3 Have past efforts to address the problem in this location been mentioned?				
1.4 Does the proposed program fill a gap in existing programs?				
1.5 Are there other similar projects in the area being funded by other donors?				
<b>2. Relevance to TSAP-FP</b>				
2.1 Does the proposal make reference to TSAP-FP's objectives?				
2.2 Does the proposal identify specific TSAP-FP objectives or output(s) that it will contribute to?				
2.3 Does it describe <i>how</i> the achievement of its objectives will contribute to TSAP-FP Intermediate Results?				
<b>3. Objectives</b>				
3.1 Are the objectives of the proposal clearly stated? (SMART)				
<b>4. Strategy and Activities</b>				
4.1 Are the target groups clearly defined?				
4.2 Are the target groups involved in all phases of the project?				
4.3 Has the site/area been selected?				
4.4 If yes, is the site within TSAP-FP project areas?				
4.5 Have the specific activities to attain each objective been identified?				
4.6 If yes, are the types of activities appropriate to attain the objectives?				

## The Social Acceptance of Family Planning in the Philippines Project (TSAP-FP)

4.7 Are the number of activities identified sufficient to attain the objectives?				
4.8 Have the deliverables (outputs) been clearly defined?				
<b>5. Implementation Structure</b>				
5.1 Does the proposal describe the expertise and experience of the applicant?				
5.2 Does the proposal clearly describe the proposed implementation structure?				
5.3 If yes, is the implementation structure appropriate for the activities identified?				
5.4 Does it identify the technical and Administrative people involved?				
5.5 Does it describe the line of supervision and authority?				
5.6 Does it identify coordination mechanisms at the provincial/ municipal/ barangay level?				
<b>6. Monitoring and Evaluation</b>				
6.1 Does the proposal describe how the activities will be monitored?				
6.2 Does the proposal indicate how often monitoring will be done?				
6.3 Does the proposal describe specific monitoring tools?				
6.4 Does the proposal include a plan for evaluating the impact of the activity?				
<b>7. Work Plan and Budget</b>				
7.1 Does the work plan list the major activities to occur in sequence during the project and spell out the person responsible, time frame, venue, and expected output from each activity?				
7.2 Is the time frame for implementation of activities realistic?				
7.3 Does the budget provide detailed cost calculations for the activity/project?				
7.4 Are all of the proposed costs allowable?				
7.5 Are the project costs reasonable considering current market prices in the area?				
<b>8. Organizational Counterpart</b>				
8.1 Does the proposal describe what the organization will contribute as counterpart?				
8.2 If yes, is the counterpart sufficient considering the size and scope of the project?				
8.3 Can the organization realistically contribute the counterpart proposed?				

# The Social Acceptance of Family Planning in the Philippines Project (TSAP-FP)

Overall Assessment :

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Recommendation :

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Reviewed by :

<u>Name</u>	<u>Title</u>	<u>Signature</u>
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Date Reviewed : \_\_\_\_\_

# Annex 3

# CONCEPT PAPER

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

### I. Project Rationale

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

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

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

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

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

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

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

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<sup>1</sup> Poverty incidence: the proportion of families with per capita incomes below the poverty threshold.

<sup>2</sup> Today, January 21, 2003, p. 3

## II. Objectives

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

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

**Specifically, the Project aims to:**

1. Build and strengthen the capacities of key influentials (individuals and groups) in ARMM to promote and advocate Responsible Parenthood and Family Planning (RP/FP);
2. Raise levels of knowledge and increase public approval of RP/FP in ARMM
3. Organize and mobilize Muslim communities and groups in specific project sites to support and promote RP/FP;
4. Mainstream Evidence-Based Medicine for Family Planning among health service providers in their provision of information and counseling on FP; and,
5. Promote USAID-supported projects in ARMM to the general public.

## IV. Proposed Project Sites

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

## V. Strategies and Activities

### 1. *Advocacy activities targeting key influentials in the region.*

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

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

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

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

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

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

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

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

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

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

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

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

- a) *Advocacy and social mobilization skills training (ulama and alima)*
- b) *Training of champions and advocates on public speaking regarding family planning*
- c) *Grants to Muslim NGOs for advocacy/social mobilization activities and capacity building to develop project planning and management skills*

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

- a) *Adaptation and Production of Critically Appraised Topics (CATS) Packages*
- b) *Training of health providers on integrating EBM-FP and CATS in interpersonal communication activities and counseling*

#### 6. *Public Relations Campaign*

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

### VI. Budget - \$500,000

### VII. Timeline of Activities

<i>Year</i>	<i>Activity</i>
2003	<ul style="list-style-type: none"> <li>- Conduct of Qualitative Researches and Baseline KAP Survey</li> <li>- Polling of Muslim influentials and stakeholder analysis</li> <li>- Consultative meetings with influentials and groups, including medical associations</li> <li>- Identification of NGOs</li> <li>- Adaptation of CATS for Muslim areas</li> <li>- Hiring of PR Agency and Development and Implementation of PR plan</li> </ul>
2004	<ul style="list-style-type: none"> <li>- Development and production of culturally-specific print and radio materials, including pretesting</li> <li>- Production of CATS for Muslim areas</li> <li>- Radio mass media campaign</li> <li>- Study Visit to Muslim countries with FP programs (Egypt or Indonesia)</li> <li>- Specific advocacy activities among ulama and alimat</li> <li>- Advocacy activities among policymakers, political leaders, other decisionmakers and program managers a</li> <li>- Grants to NGOs and capacity building activities</li> <li>- Training of health providers in integrating CATS and EBM-FP in interpersonal communication activities</li> </ul>
2005	<ul style="list-style-type: none"> <li>- Formation of Muslim coalitions for FP</li> <li>- Training of champions and allies on FP and public speaking</li> <li>- Integration of FP Messages in Folk and Community Media</li> <li>- Post-KAP Survey</li> </ul>

# Annex 4

**A Final Report on  
PROJECT DYNASTY:  
A QUALITATIVE STUDY ON FAMILY  
PLANNING**

Submitted to:  
Strengthening the Social Acceptance of Family Planning in the  
Philippines – A Communication and Advocacy Project

ACADEMY FOR EDUCATIONAL DEVELOPMENT  
April 21, 2003

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## Executive Summary

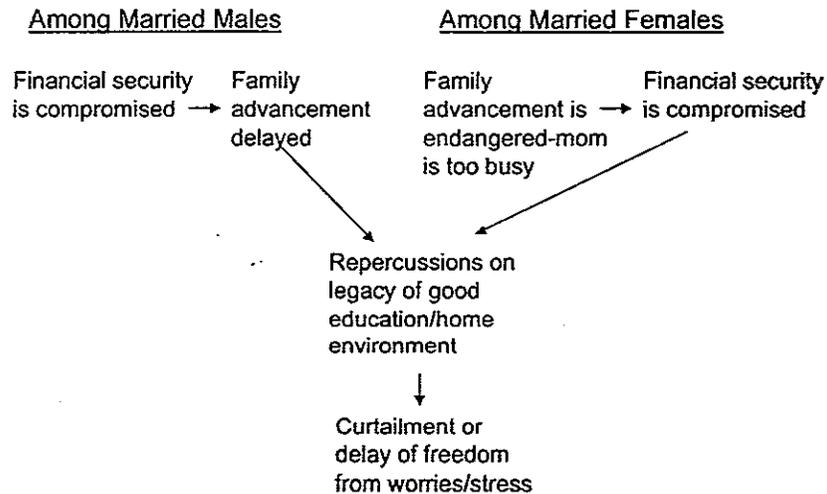
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- Groups are found to be aware of most contraceptive practices.
- Accessibility and advertisement in whatever form appear to be key factors to high awareness.
- Pills and condom are the modern methods that have a high awareness.
- Withdrawal is commonly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

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## Executive Summary, Continued

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



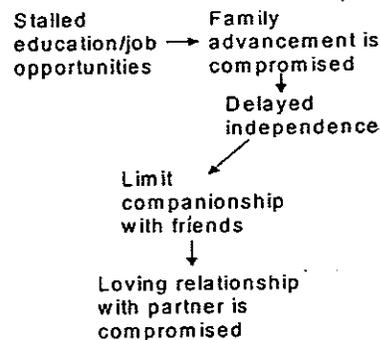
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## Executive Summary, Continued

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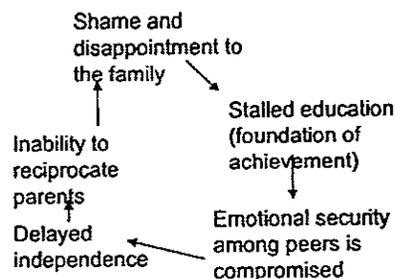
- For young adults, unexpected pregnancy would disrupt their education and compromise their chances of getting good jobs. As such, helping the family rise from their hardships will not be achieved. This would also delay their independence.
- An unexpected pregnancy would also limit the time spent with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

### Among Young Adults



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

### Among Teens



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## Executive Summary, Continued

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

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## Executive Summary, Continued

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

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## Executive Summary, Continued

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### The Message

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

### Communication Medium

- Mass media--for married males and females
- Some mass media--for teens and single adults

### Ancillary Strategies

- Married males and females
  - Maximize the power of TV and movies (e.g. talk shows using "winner" models, that is, personalities who are using FP and are considered as model husbands/fathers, empowered women )
  - Use the route of 'telenovelas' to tell a story linking values with empowerment
  - Focus group discussions among men/women in the barangay level that deal with issues on family life
- Teens/Single Adults
  - Consider programs in schools/school organizations that will promote not the FP methods per se but the values that they espouse to strengthen self-worth
  - Provide access to a private discussion of boy/girl relationships and attendant problems through a 'hotline' number
  - Conduct an information campaign in workplaces under a general "wellness program" to encourage single males and females to attend without being branded as "mahilig" (promiscuous).

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## Business Needs Assessment

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**Project  
Background**

- In the past years, time and financial resources have been spent on family planning programs around the country. However, despite these programs, target women's attitudes and behaviors towards family planning are still ambivalent.
- In the past, researches and surveys on family planning have focused on consumer usage and practice. It appears that there may be a need to conduct more segmentation research, looking in-depth into the needs, values and motivations of target segments with regard to family planning and sexuality.
- Findings from this study are deemed helpful in coming up with communication, advocacy and social mobilization strategies to reposition family planning to have more relevance and appropriateness to target segments.
- ACNielsen is partnering with The Social Acceptance Project (TSAP) in this endeavor through a qualitative study using the focus group discussion method.

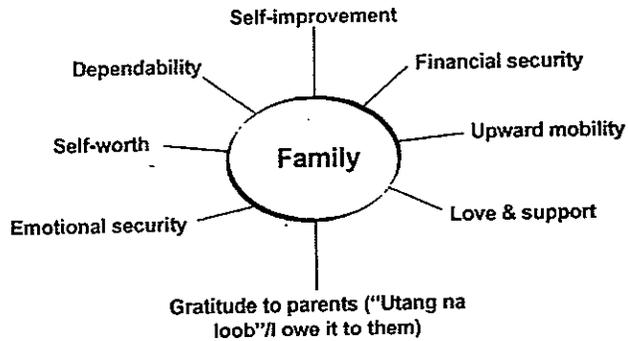
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## Key Findings

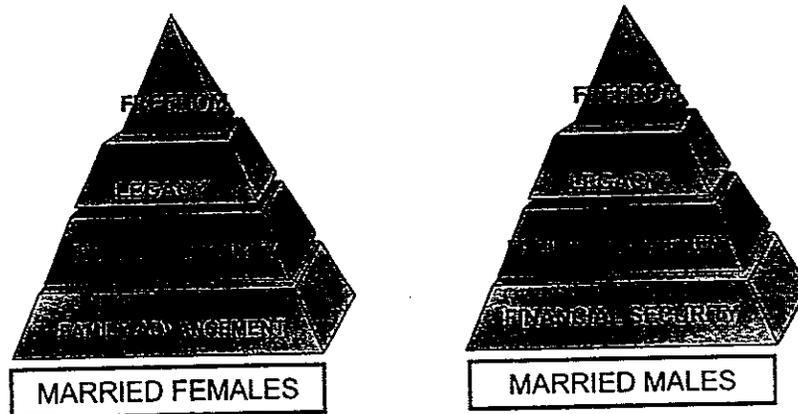
### Values/Priorities

- Family is the one value on which other values are anchored.



### Hierarchy of Values/Priorities

- Married females are more concerned about the total nurturing of their families while married males are more concerned with the family's financial security.



\* Refers to moving one's children to a higher social level; not necessarily something material but more like education, life values.

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## Key Findings, continued

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Values/  
Priorities

- A strong core value running across the various respondent segments is family relationship and happiness.
- Among the married respondents, this value focuses more on the offspring and a little less on the spouse.
- Family relationships and happiness is dimensionalized by love, strong ties among family members, and family pride.

*"My life is incomplete without them because they are the ones who give me strength and inspiration. Most of us, for example, When something bad happens to our family...you feel that you lost something ...it's like a part of yourself is missing." – Married Female*

- Accomplishment/proving one's worth and capability and being/becoming a good financial provider is a core value of males. Females, on the other hand, show a greater preoccupation than males with nurturing the less financially oriented aspects of family life.

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## Key Findings, continued

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Values/  
Priorities,  
continued

- A strong second value is financial security, which explains the respondents' focus on good education, stable job/career, and even having good health. It is noteworthy that stable jobs and successful careers are more strongly linked to financial security than to self-actualization.

*" I also value my career...If I don't help my husband, how will I help my husband if I won't give myself importance because I want to help my husband because we are going to raise our kids, he doesn't have to work for the family by himself because times are hard. If you help your husband work, you can raise your children properly, can give them good education as long as you work together..." – Married Female*

- A third core value is belonging and acceptance. This theme underlies the respondents' focus on friends, support groups and confidantes. It explains why the respondents appear to seek the counsel of friends than families especially on intimate/personal matters such as sex and contraception.
- A fourth core value is self-actualization (being a "good wife, mother, or person"). It merges more among the older married females than among any other group.

*" I work hard, I sacrifice a lot for my kids, to give them a good future, to give them food to eat , to buy pampers and milk...expensive." – Married Female*

- Spiritual anchoring is also valued and expressed more in terms of having a relationship with god than in terms of religion/religious practices.

*"No matter how far is your knowledge, how strong is your power, if God is not in your deeds, you'll never succeed." – Married Female*

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## Key Findings, continued

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Values/  
Priorities,  
continued

- Married females are more concerned about the total nurturing of their families while married males are more concerned with the family's financial security.
- Family has an anchoring character. It keeps their lives upright and stable and it is where other aspects of their lives branch out.
- Education is the key to a decent life. It will open doors of opportunities for the children.
- Among DE, work is a means to an end. It helps sustain the families' needs. Among Class Broad C, work is not only sustaining but also helps develop one's self-esteem.
- Cebu respondents dream of owning their own house. The astronomical prices of rent in Cebu drive them to this.
- Among Broad C, self-improvement is also important. It makes them better moms to their kids.
- For married males, they take their roles as head of the family as one whose primary function is to ensure that their children go to school and that the family would not starve. Their prevalent view of their wife is as someone who would take care of their kids. Work and health are instrumental values to achieving family stability.
- Friends are buddies for after work stress relievers like going to bars or just drinking at home. They can also be depended on to help in their buddy's financial plight or requirements.

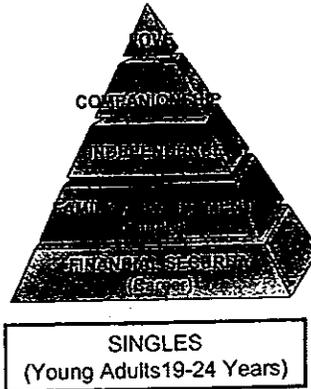
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## Key Findings, continued

### Hierarchy of Values/Priorities

- Young single adults “de-prioritize” love while establishing their careers and helping provide for their families.



#### Values/ Priorities continued

- Among the single adult respondents, this core value revolves more around parents than siblings.

*“....Without my parents I won't be brought up like this. I thank them because they know how to control, we are four in the family (4 sons) and if they didn't control, our lifestyle won't be like this. We are living a comfortable life even though we encountered difficulties like money problems but we were still able to overcome it.” – Single Male*

- Single Females 25-34 Years
  - Most are already working or looking for work.
  - Manila female respondents appear to have gone to work early to help in the family's finances. They dream of going back to school someday.
  - The premium they put on the family sets their priorities in life. Financial stability is an instrumental value to achieving a stable future for self and the family.

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## Key Findings, continued

### Values/ Priorities Continued

- Financial support extends to younger siblings.  
*"...to finance the education of my siblings because we're 7 and I am the eldest and I want to give them education. It's hard because most of them are boys....it's difficult if those boys don't have a job. They will soon have a family at least I can give them good education and they'll have a good future." – Single Female*
- This appears to be the 'settling down' stage.  
Concern for financial stability is not only for the sake of helping support the family but is also for preparing themselves for married life.
- Boyfriends are now considered as husband material.
- Friends are still confidants at this point although they now play a greater role as companions.
- Single Males 25-34 Years -- All are working.
  - Changes in life patterns are already evident here. They are more settled (not too much into gimmicks with friends but prefer to be with girlfriend on a date).
  - There is now some interest in overall health particularly in the realization that one is no longer as robust as when one was an adolescent.
  - Values-concern for the family is still hinged on '*pagtanaw ng utang na loob*' (or giving back what one owes his or her parents).
  - Cebu respondents appear to put a premium on having a job than Manila respondents probably because jobs are much harder to come by in Cebu. A stable job is an assurance of a stable future and is a stepping stone to one's independence.
  - Thoughts of the future are hinged on keeping the family, having enough money to help parents and sustaining one's own.
  - Friends keep them company and are good sounding boards in their lives.

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## Key Findings, continued

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Values/  
Priorities  
continued

- Single Females 19-24 Years
  - Most express a desire to have a business of their own or go abroad.
  - They are keen on trying out different life patterns (from dependency to independence).
  - They are eager to earn big as fast as possible in the hope of acquiring material possessions for the family and the self; having one's own house or improving the family home is a key ambition.
  - They have fewer but more intimate friends.
  - The things that they value in life are somehow linked and have a bearing on their future.
  - Work and education are seen as bringing them closer to their ambitions in life like acquiring material things, providing for their parents, etc.
  - Friends play the role of confidants and companions. They help in enabling one to grow as individuals while enduring the difficulties of life.
    - " My friends are ready to lend their shoulders for me to cry on, my good adviser and listener. They are always there when I need them. I can share with them my problems, they are there to give advice and of course during happy times they are also present." – Single Female*
  - Among Cebu respondents, a relationship with God is important to enable one to reach goals and dreams. They are strongly influenced by parents in this belief. Religion or relationship with God is barely mentioned by Manila respondents.
  - Boyfriends add color to one's life. They serve as an inspiration especially among Class Broad C females. However, their current boyfriends are not necessarily considered as husband material.
  - Among industrial workers, good health is an instrumental value to achieving one's goals and ambitions more quickly.

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## Key Findings, continued

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Values/  
Priorities  
continued

- Single Males 19-24 Years
  - Most are sexually active and had their first sexual experience at 13-14.
  - Most still live with their parents.
  - Working males help support the family.
  - Values appear strongly linked to desires to prove one's worth as a man.
  - There is a strong need to impress upon parents that they are capable of being depended upon to help take care of the family or their own in the future. Industrial workers especially express a strong desire to have their own family at this point in time.

*"Independence...I want to stand on my own feet, and we're already old and we have our own minds, we need to separate from our family because that is were a new family starts." – Single Male*

- Friends are buddies who are companions in gimmicks, give advice on sexual matters. They generally look after each other.
- Unlike women, men already consider their girlfriends as wife material, the reason perhaps why they tend to be possessive of their girlfriends.

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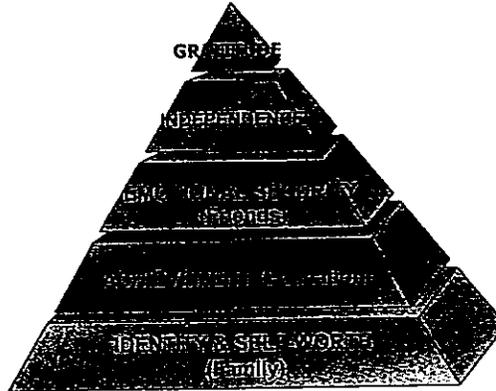
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## Key Findings, continued

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### Hierarchy of Values/Priorities

- Single teeners look to their families to establish their self-worth.



Values/  
Priorities  
continued

- Single Female 15-18 years
  - Manila respondents
    - Most have stopped studying and are already working.
    - Most have had sex with their boyfriends.
    - They express a keen desire to go back to school.
  - Cebu respondents
    - Most are still in school and live a sheltered life.
    - All claim to have gone only as far as kissing with their boyfriends.
    - They tend to be critical of friends who have had pre-marital sex.
  - Both groups' social life revolve around family, a few close friends and for some Manila respondents, a few friends from work ("It's a small world.")
  - There's a strong sense of 'utang na loob' (give back to parents what they gave by providing for their needs)
  - All are living with their parents
  - Siblings range from 1-4

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## Key Findings, continued

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Values/  
Priorities  
continued

- The family is valued as a source of love, strength and support. This is where they get their identity and self worth. There is a strong need to reciprocate what they are currently experiencing within the family.
- Education is perceived as the key to reaching one's ambitions. Education is valued for the opportunities it will open.
- *"One factor now a days when you are looking for a job is that you are able to finish your studies, that's important. You can't just apply for a job without the proper education. It's like now, I am really exerting my effort in studying to get a good job." – Single Male*
- Work is important to help support the family but Manila respondents desire to go back to school someday.
- Single Males 15-18 Years
  - Some are products of broken homes.
  - They are very sexually active and had their first sexual experience at around 13-14 years.
  - Most are still in school and living with either one or both of their parents.
  - They are predominantly students though some are already working.
  - Cebu respondents seem to put more weight on parental authority than on friends.
  - Manila respondents are strongly influenced by peers.
  - The family is also perceived as a source of support in time of emotional or financial need. They are so confident of this support that they consider parent's displeasure over their indiscretions as natural but temporary.
  - Like females, they are also concerned about reciprocating this support through their own toil and effort.
  - Those who did not experience a supportive family life want to overcome this lack by being good husbands and fathers in the future.
  - Although education is important, Cebu respondents appear to put greater emphasis on education than Manila respondents did. They have bigger fears of parental reprisal.
  - In Manila, friends are co-conspirators and buddies in adventures. In Cebu, friends are companions in activities.

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## Key Findings, continued

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### Views on Chastity and Sexuality – Married Males and Females

- Intimate relations between husbands and wives are largely male dominated. However, some females especially from Broad C are able to assert their need to be respected as co-equals in the marital bed.
- Some married males' view of chastity and sexuality is archaic. They believe that one should 'sow his wild oats while he can' while still single but the girl they marry should have had sexual relations only with them.
- Some men claim they are deeply concerned about the financial security of their families but this concern seems to become compromised in the bedroom. They themselves admit that they can't control themselves especially when they are drunk.
- Most Class DE women use "gamit" to refer to sexual intercourse. But this is not necessarily a pejorative term. They may not be aware of the implication of the term used. The term is used in the context of the sex act being a duty/obligation of a wife (primary role is to please the husband anytime).
- However, most Class DE and Broad C pill, IUD, ligation users value their worth as individuals who are not only capable of rearing children but also of helping meet the financial needs of the family. They want to have their sex and enjoy it too.

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## Key Findings, continued

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### Views on Chastity and Sexuality – Single Males and Females

- Pre-marital sex appears to be common and “natural” for two people in love.
- Those who have sexual relations exercise serial monogamy. While one night-stands occur, these are isolated cases.
- If singles are “ashamed” to admit being sexually active, this is due to their fear of the social stigma than due to personal conscience.
- For Metro Manila and South Luzon males, any form of sexual activity is a natural occurrence. It is a rite of passage and part of being male. Some Cebu teens feel that being chaste is something that they could be proud of. This comes from their religious upbringing.

*“I have no experience yet because I’m afraid to do it to my girlfriend. I have no job, I have no means to earn a living.” -- 17 year old single, male*

*““I’m afraid of my parents if I get my girlfriend pregnant.” -- 16 year old single, male*

- Remaining chaste while still unmarried is relatively common among female teens compared to males. There are those who firmly stick to their values, largely because of their fear of being pregnant. They also believe that virginity is still the greatest gift they can give their future husbands.

*“I want to remain a virgin before I get married. That’s for my husband.” -- 17 y.o. Cebuana*

- This is resoundingly true among Cebuana teens. Their religious background as well as their upbringing make them hold on tightly to this value.
- Still, there are older teens from Metro Manila and some young adults in Cebu and S. Luzon who are sexually active, driven primarily by curiosity, peer pressure and conducive circumstances (absence of parental supervision in the home) and libido (“nag-iinit”).

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## Key Findings, continued

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### Pregnancy and children

#### Fears of Unexpected Pregnancy and Its Impact on Children and Values

- Almost without exception, the respondents (whether young or older, male or female, single or married) view an unexpected pregnancy at this time in their lives as a disruption. Though not expressed in these blunt terms, the unexpected pregnancy would delay, if not compromise, the achievement of their life priorities most particularly in relation to financial security.  
*"...having another baby is difficult. Our prayer is "please (God) don't give us an angel because you'll only be mad at us if we won't be able to give the baby a good future....the baby will only suffer." – Married Female*
- Among Class DE married groups, primary concerns regarding unexpected pregnancy are both emotional and financial in nature. Financially, having another baby at this time would just add strain to an already stretched budget. Working women would have to stop working, consequently making their financial situation even worse. Emotionally, having another child would mean taking attention away too soon from other children who are not yet old enough to be left alone.
- Males recognize the fact that it is difficult to find a job and to earn a decent living. Having more kids would mean that they would have to double their efforts to earn more.
- Men whose families are still living with in-laws also mention that losing face among them is another one of their biggest fears. This is perhaps because they depend on their in-laws to help support the family; thus, an unplanned pregnancy would not only be a strain on their finances but on their in-laws as well.
- Other than financial strain, Class Broad C married females are concerned about the health risks of having one child after another. They are also concerned that time for their own pursuits will have to be sacrificed if they have another child.  
*"... my #1 priority is my daughter. That is why I plan not to have other babies so I can take care of her not only through education but also her behavior...and also because of my health because if you have a lot of kids you will neglect your health." – Married Female, Broad C*

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## Key Findings, continued

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### Pregnancy And Children, continued

- However, they are more confident than their Class DE counterparts are in not having unplanned children because they are more proactive in preventing unwanted pregnancy. Perhaps being more educated and having more career-oriented jobs. They feel they have more going for them than just having children.
- Industrial workers on the other hand are already having difficulty taking care of their kids because of their job. It is a good thing that they have relatives to rely on. But with a new baby, they would have to take care of it themselves. They might even have to quit their jobs and forget about their dreams of working abroad when in the first place; they are determined to keep their jobs because they are crucial to maintaining a decent life for their families.
- Single Class Broad C females appear horrified at the thought of an unwanted pregnancy. Similar to Class Broad C married females; they feel that they will have a lot to lose in terms of ambition and career if they get pregnant at this time.  
*".....I might not be able to go (fly to Japan) I might not fulfill my dreams...."*
- However, despite these fears, most males and females (especially of the lower socio-economic segment) approach this possibility with a "bahala na" ('Let God') attitude. This fatalistic attitude seems to stem from the centuries-old belief God would provide everything for them. Thus, in their minds, if God perchance will give them more children than they desire, God will provide for them. All they need to do is "doble kayod" (work double time).  
*"Pag nabuntis [siya], God's gift kaya we have to accept." (If my wife becomes pregnant, it's God's gift so we have to accept)--  
Married Male, withdrawal user*

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## Key Findings, continued

### Pregnancy And Children, continued

- Among single males and females, reprisal from parents and their own disappointment as not being able to achieve goals and dreams are bigger fears than just the financial repercussions.  
*"Of course having a kid is another responsibility, of course I won't be able to go to work when my stomach is already big, after conceiving the baby, my parents won't support me anymore so of course they'll get mad at me because they were always telling me that they trust me, you're still young Sheila." – Single Female*
- Young Cebu teens see unexpected pregnancy as a big obstacle to their goal of finishing their studies. However, unlike some Manila teens that remain sexually active despite this fear, young Cebu teens choose to remain chaste. What appears to be a big influence in this attitude is their religiosity and the values of chastity instilled in them by their parents.
- Older single males and females understandably are more concerned about commitment and not being able to achieve ambitions than younger teens. This is perhaps because younger teens are in that romantic stage and are still blind to the realities of supporting and caring for a child.
- Among older Cebu unmarried males and females, reputation is a key concern. Being in a small community, an unwanted pregnancy cannot be hid and will certainly bring about embarrassment not only to themselves but also to their families, thereby conflicting with their core value of family happiness and pride.
- Another overriding attitude concerns parents. Although respondents (especially teen males and females) fear reprisal from parents, many believe that this is only temporary. In their minds, it is but natural for parents to react strongly to an unwanted pregnancy but when the child is there, their fondness for children will prevail and all will be forgiven.

*"We are still young....but then they'll understand it, it already happened...can't bring back the past" – Teen Female*

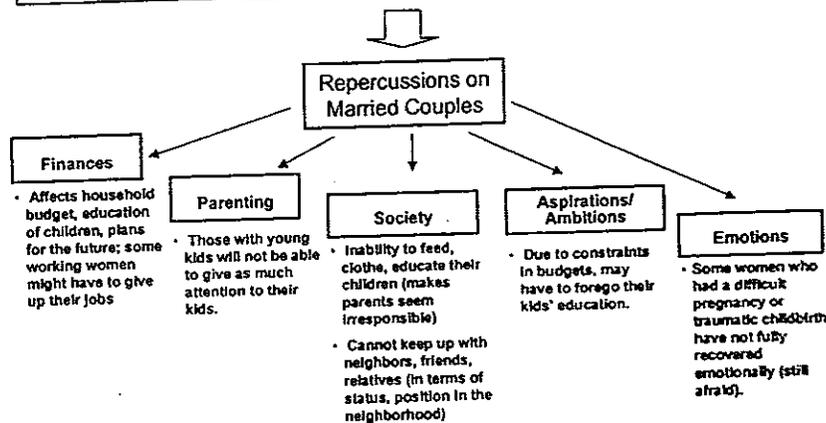
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## Key Findings, continued

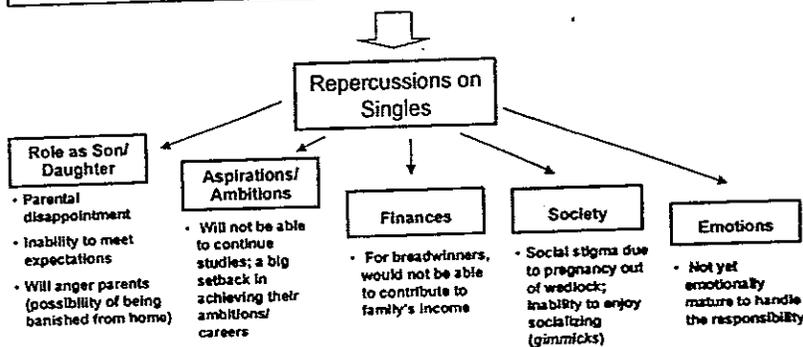
### Views On Family Planning

- Fears of unexpected pregnancy lead respondents to seek ways to avoid it. However, different groups of respondents have different ways of approaching avoidance depending on their interests and motives.

## Fears of Unexpected Pregnancy



## Fears of Unexpected Pregnancy



## Key Findings, continued

### Views On Family Planning

- There are some respondents have a "Risk Avoiding" attitude towards family planning:
  - They see the need for family planning after the second or third child already
  - Financial and emotional strain trigger this

*"I have 3 children. That's enough for now. Life is hard." --Married male, pills user*

  - They are mostly married and users of pills, condoms, IUD, etc.
  - They may use methods in tandem to ensure continued contraceptive efficacy, such as pills and condom ("compil") or calendar and condom.
- There are some who see Family Planning basically as the use of contraceptive methods to have "sex without fear" They are pleasure seekers who are mostly males between 15-34 years old. Their purpose is to have sex anytime, anywhere without fear of catching a disease or causing someone to become pregnant.

*"If you have condoms, if you are tempted, for example when the two of you are together at her house, watching tv...you kissed and then it would lead to something passionate...sex. You are sure that it's safe." -- Single Male*

*"I told my girlfriend this will happen again and again so we might as well use [contraception].)" -- Single male, 18 years old, condom user*
- Sexual encounters are sometimes unpredictable (one never knows when the opportunity would arise) so it is important to have something that is readily available and easy to use.
- Condoms are the most likely choice. However, some women partners do not approve of this method, likening it to eating an unpeeled banana. In this case, males resort to the withdrawal method.

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## Key Findings, continued

### Views On Family Planning, continued

- There are those whose attitude towards family planning is inclined towards controlling their sexual relationship with their spouse (The pleasure is mine). They usually have the following characteristics:
  - married males who want to be the sole decision-maker when it comes to the number of children they will have
  - their wives are usually subservient to their wishes
    - “ If my husband wants we can't do anything, sometimes he doesn't discharge inside because I'll be pregnant.... ”
  - they care little about or hardly cater to their wives' sexual enjoyment or concerns so long as they can have their pleasure first
  - most admit to getting their wives pregnant at some time only because they were too drunk to care about protection despite their wives' protestations
    - “ We had another child because I was drunk. I was not able to withdraw because I want full satisfaction. She got mad but I said I was drunk. ”—  
Married male, withdrawal user
  - these are mostly traditional methods users
  - they use withdrawal or make their wives use the calendar method
- They generally are not in favor of their wives using modern methods as it reduces the amount of control they have on the sexual relationship.
- Others, on the other hand see FP as a means to enhance their sexual relationship. They seek sexual pleasure in a loving relationship). They also have the following characteristics:
  - may be married males and females or single males and females who enjoy sex with their partners
  - have sex as a means to enhance their relationship
    - “...we are like newly weds, that is why our love becomes stronger...it's like we're having our honeymoon monthly” — Married Female
  - the key is consideration—one is sensitive to the other's feelings and concerns when it comes to sex
  - they choose and decide on a method that will please them both and at the same time avoid unwanted pregnancy
  - they may choose modern or traditional methods depending on what is comfortable for both of them

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## Key Findings, continued

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### Motivations for avoiding pregnancy

- Couples avoid pregnancy at this time mainly to space their children. A strong second motive is to limit the number of their children.

### Spacing

- This motivation usually applies to moms who still have a young child to care for.  
*"The children are still small." -- Married female, pills user*
- They want to give the best care to their children.  
*"My husband thinks our children will have a hard time if we have them one after the other." -- Married female, calendar user*
- The husbands are usually involved in the choice of FP method  
*"We like to have 3 kids]as long as I can; why not as long as we space them." -- Married male, lapsed user*

### Limiting

- Married males and females usually have this as a motivating factor for avoiding pregnancy. They feel they have already reached the maximum number of children that they want to have.
- They ordinarily use ligation, IUD and pills.  
*"We talk before we go to bed. We decided just to have one child." -- Married female, IUD user*  
  
*"Two is enough. If husband wants another one, he should do it with someone else." -- Married female, pills user*  
  
*"Me, I don't want anymore [children]. I have 5 kids already. I have suffered a long time." -- Married female, pills user*

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## Key Findings, continued

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Motivations for  
Avoiding  
Pregnancy,  
continued

### Preventing

- This is the primary motivation of those belonging to the Broad C sexually active single females who are not yet ready to become moms. They usually have ambitions that they would like to fulfill.

*"That's why I'm using control methods, it's because I don't want to get pregnant." -- Female, pills user*

- They are active participants in the choice of the method and sometimes decide on the method themselves.

### Delaying

- This is normally the main motivation for newly married couples in the process of stabilizing their income and career .

*"We've been married for three years before we had a child. We needed to take care of our careers first." -- Married female, pills user*

- They usually have good communication with each other.
- Oral contraceptives (pills) are their most common method.

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## Key Findings, continued

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Relationship of  
Methods to  
Values, continued

### Withdrawal, Calendar

- These methods put a person at a great risk of taking on a responsibility which he/she may not be prepared for.
- It results in creating a gap in terms of family ties and making one doubt his/her self worth.

### Pills, Condoms, Ligation

- These methods appear to be connected to the value of emancipation among married women.
- Users of these methods appear to be more empowered than women using withdrawal or calendar/rhythm. Women, in particular, seem to have a stronger sense of self.
- These methods are perceived to develop one's sense of responsibility.

### Contraceptives

- For others, though, use of contraceptive methods appears to be hinged on economics, that is, they simply cannot afford to have more children.

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## Key Findings, continued

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Knowledge of FP  
Methods and  
Quality of  
Knowledge

- The respondents generally are able to name a number of family planning/contraceptive methods.
- Contraceptive information seems spotty, scant if not downright incorrect, and based in large part on second or third-hand information, than medical advice especially among the single and younger married respondents.
- The users of pills/condoms know more about FP methods than other respondent groups. Some Broad C women actively seek out information about the different brands and the different methods as well to make an informed choice. Some Broad C condom users are knowledgeable about which are quality brands of condoms and which are not.
- The users of withdrawal/calendar tend to stay in the "comfort zone." As long as the method that they use does not cause any "accidents," they stick to it; thus, they do not seek out information about other methods. Even if their method did not work, they persist in using it.
- In the case of single males and females, they are afraid/ashamed/embarrassed to ask information. They do not want people to know that they are sexually active because this is not socially acceptable.
- Their sources of information – their peers.-- also have low awareness.

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## Key Findings, continued

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### User Imageries

- Generally, modern methods users have a positive image across groups, even among traditional and lapsed users, as may be gleaned from below:

#### Imagery of Pill users (as seen by both modern methods and traditional users)

- relaxed and contented
- workaholic, career-women
- enjoys life because she does not worry about getting pregnant, or is not always pregnant
- good mother because she is able to give her kids the attention that they need
- fashionable
- adventurous
- for the masses, simple people
- for GRO's
- for the young
- enjoys sex
- office worker
- sexually active



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## Key Findings, continued

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### User Imageries, continued

- The pill user is seen as a person who definitely does not want to get pregnant because she has other priorities (career, enjoying youth) at the moment. She appears to be sure of what she wants while still being able to enjoy having sex and not have to experience the unwanted responsibilities of pregnancy.
  - Condom users have a mix of positive and negative imageries among respondents. Usually, users of the pill and condoms have more positive imageries of condom users in general. Their descriptions include the following:
    - ✓ They have well planned families;
    - ✓ They are educated, knowledgeable;
    - ✓ They are able to enjoy life (no worries);
    - ✓ They are active.
- 



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## Key Findings, continued

### User Imageries, continued

- They also perceive condom-users as generally young males who free themselves from worries....
  - male
  - sexually active, aggressive
  - not ready for responsibilities
  - unfaithful
  - not earning enough
  - goes to bars and picks up girls
  - safety conscious
  - children are well spaced  
'pamporma'
  - happy go lucky
  - sexually active
  - do not have serious plans for the future
  - relaxed, not worried about anything (getting a girl pregnant or getting STDs)
  - not satisfied with the sexual act
  - happy
  - modern
  - belongs to the upper income class
  - thinks of children's future
  - 'sosyal'
  - does not worry
  - smart
  - for young people,



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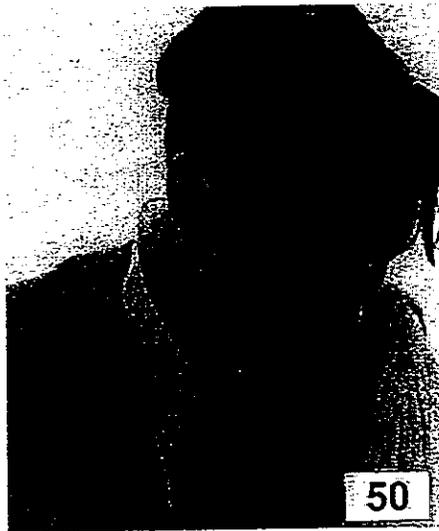
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## Key Findings, continued

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### User Imageries, continued

- Users of the withdrawal and the calendar method have generally negative imageries of condom users. Their descriptions include the following:
    - ✓ They are moody with a sad disposition;
    - ✓ Their husbands do not excite them anymore
- 



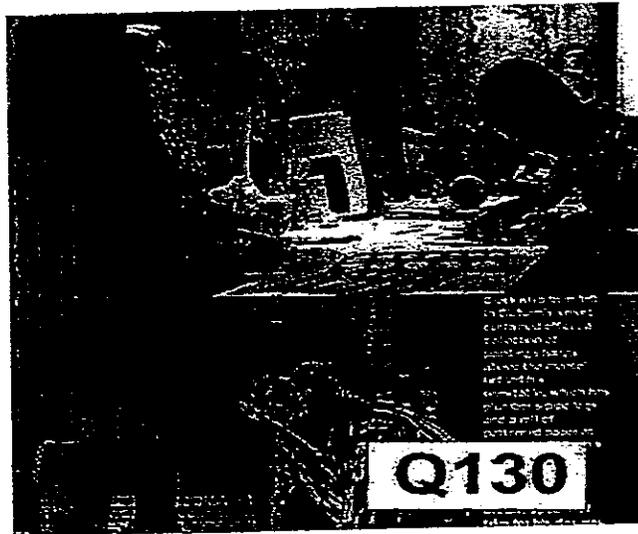
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## Key Findings, continued

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- User Imageries, continued
- Users of IUDs also generate both positive and negative imageries. They are usually perceived by both modern methods users and traditional users as:
    - ✓ having time for themselves;
    - ✓ having children who are well-spaced
    - ✓ are usually busy at work
    - ✓ as office worker
    - ✓ having a night life
    - ✓ responsible
    - ✓ healthy
  - But, they can also be sad, because having intercourse is painful.
- 



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## Key Findings, continued

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User Imageries,  
continued

- Condom and pill users generally have a positive user imagery for injectable users. They are thought to be educated and knowledgeable and have well-planned families. Thus, they are able to enjoy life without any worries.
- 



- In contrast, users of withdrawal and calendar methods see injectable users as very active yet moody with a sad disposition. Their husbands do not seem to excite them anymore because they have lost their taste for sex.
- 



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## Key Findings, continued

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User Imageries,  
continued

- Modern Methods Users and Traditional Users see women who are ligated as having regular jobs and think of their family's future. They are happy because they don't have any financial worries anymore. These are usually older females.
- Ligation being a permanent birth control method offers the user security from having unwanted pregnancies. Yet once the decision has been made, the user does not have the option to choose otherwise.
  - tied to an obligation
  - at peace
  - has a regular job; thinks of family's future
  - content
  - able to enjoy life because no worries about side effects and having more kids
  - no problem
  - happy because no more financial worries
  - usually, older

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## Key Findings, continued

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### User Imageries, continued

- Men who have undergone vasectomy are thought to be more sexually active. They usually belong to the older age group.
  - However some traditional users perceived males who have undergone vasectomy as sad because they can no longer have an erection. They are perceived to be sexually impotent.
- 



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## Key Findings, continued

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User Imageries, continued • Among for pill and condom users, those who practice the calendar method are thought to have the following characteristics:

- ✓ healthy
  - ✓ simple
  - ✓ ready to handle responsibilities
  - ✓ comfortable
  - ✓ but, old-fashioned; conservative
  - ✓ "probinsyana"
  - ✓ religious
- 



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## Key Findings, continued

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### User Imageries, continued

- Those who actually practice the calendar method see themselves as:
    - ✓ sexy
    - ✓ simple
    - ✓ ready to handle responsibilities
    - ✓ comfortable
    - ✓ healthy
  - Those who practice withdrawal also have the same imageries of calendar method users as above.
- 



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## Key Findings, continued

### User Imageries, continued

- Pills/condom/injectable users have the following imageries of people who use the withdrawal method:
  - ✓ belongs to the lower income class
  - ✓ religious
  - ✓ does not have dreams
  - ✓ old-fashioned
- Meanwhile, those who practice withdrawal see themselves as:
  - ✓ belonging to the lower income class
  - ✓ religious
  - ✓ comfortable
  - ✓ not sexually experienced
  - ✓ no worries/problems
- Those who practice the calendar method have the same imageries of withdrawal method users as above.



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## Key Findings, continued

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### Other Perceived FP Methods/ Procedures

- Some of the respondents also perceive that the following can be classified as family planning methods:
    - ✓ Aspirin (Cortal) and 7-Up
      - the “acid” of Cortal and 7-Up will kill sperm cells
      - one has to drink the concoction immediately after intercourse
    - ✓ “Tre” or pushing out sperm from the body
      - best done immediately after sex to ensure that sperm is pushed out
    - ✓ Jumping several times after sex so that sperm will not reach the ovary.
    - ✓ Vinegar douche before sex to kill sperm that will enter the body
- 

### USER IMAGERY, continued

- As may be seen from the preceding section, the various methods project generally positive, even aspirational, user imageries and lifestyle nuances that lend themselves richly to advertising executions.
  - The exception perhaps is withdrawal where the user associations are much less desirable than those of the other methods. This, plus the earlier observations that withdrawal users have a “blind spot” about their method and have subtle other needs (for power and control) makes withdrawal users a more complex personality than the users of other methods are. At the same time, they may be the user group that could be most vulnerable to switching to more effective modern methods through advertising themes that are aspirational and affirming of one’s self-worth and esteem.
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## Key Findings, continued

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Perceived  
Effects  
Regarding The  
Different FP  
Methods

- Perceived effects abound regarding FP methods that impact on their image and use. Friends, relatives and acquaintances usually pass around these perceptions and for the most part, the respondents do not appear to feel compelled to validate the stories with more knowledgeable parties such as medical professionals. Thus, making the perceived effects one of the significant barriers to the adoption of modern contraceptive methods. Importantly, vasectomy and IUD seems to bear the brunt of these perceived effects.

### Perceived Effects

#### *Vasectomy*

- "*May pinuputol sa balls ng lalaki.*" (They cut off something from the balls of the man.)
- "*Tatalian ang balls mo, ayaw ko yan masakit!*" (Your balls will be tied; I don't like that it hurts.)
- "*Nawawala ang pagkalahaki ko kasi mapuputulan ng ari.*" (One's manhood will be lost because his thing will be cut off.)

#### *Injectible*

- will cause tumor in the uterus because one does not menstruate
  - causes one to be irritable because menstruation is not regular
  - causes edema
  - dries the skin
- "I used injectible but it's not suitable for me.....my skin got dry, and then I didn't get my period for 3months, I got scared".*

#### *Ligation*

- the woman can turn into a maniac because there is nothing to stop her from being promiscuous
- not good for women with asthma

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## Key Findings, continued

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### Perceived Effects Regarding The Different Fp Methods

#### *Withdrawal*

- a side effect is that the woman will develop nervous symptoms because she does not achieve full sexual satisfaction
- safe to use during non-ovulating days

#### *Pills*

- do not dissolve well so some residue is left in the woman's uterus which can cause cysts, infection or worse, cancer

#### *Condom*

- might get disengaged inside the woman's vagina and be left behind there
- it can burst inside the woman's body

#### *IUD*

- may melt inside the body and the doctors will not be able to find it anymore
- may be washed away by strong menstrual flow
- itchy on the vagina
- permanent, one will not have children anymore
- may become entangled in the man's penis and the man and woman cannot be separated anymore

#### *Abstinence*

- no sex life; boring

#### *Diaphragm*

- Uncomfortable to insert

#### *Spermicide*

- Warm sensation inside the body
- Might cause itching, burning

#### *Calendar*

- No perceived side effects

- Use of contraceptives in general are not good for those who are not yet married because they might not be given children in the future ("Karma").

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## Key Findings, continued

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### Method Groupings

#### How are methods classified and grouped?

- The terms “modern” and “traditional” did not come out spontaneously in most groups as a descriptor or classifier of contraceptive methods.
- Groupings of methods show that there are various ways of classifying them:

By inherent characteristic – the most common way the respondents group the different methods is to look at how these work (whether they are continuously used or intermittently used/episodic) and then link them further to whether they are:

- No side effect vs. With side effect
- Easy to use vs. Not easy to use
- Effective vs. Risky

Using the above parameters, the various methods may be “mapped” into quadrants as follows:

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## Key Findings, continued

Method Groupings Continued

- A key advantage of withdrawal is that it is easy to use and resorted to only when needed.

Continuous "Pangmatagalan" (Long-Term)	<ul style="list-style-type: none"> <li>• IUD</li> <li>• Injectibles</li> <li>• Vasectomy</li> <li>• Ligation</li> <li>• Abstinence</li> </ul>	<ul style="list-style-type: none"> <li>• Pills</li> <li>• Calendar</li> </ul>
Episodic "Panandaliang Aliw" (Short-Term Pleasure)	<ul style="list-style-type: none"> <li>• Diaphragm</li> <li>• Spermicides</li> </ul>	<ul style="list-style-type: none"> <li>• Condom</li> <li>• Withdrawal</li> </ul>
		<p>Not easy to use <span style="float: right;">Easy to use</span></p>

*Continued on next page*

## Key Findings, continued

### Method Groupings Continued

- It is interesting to note that except for Calendar and Withdrawal methods, all are perceived to have some side effect. However, pills, condoms and injectable users tend to attribute these side effects to "hiyang" (suitability) to the method rather than to a general bad effect of the method itself.
- Calendar and withdrawal users, on the other hand, seem to generalize side effects across modern methods simply because they lack the information to know more about each one.
- Diaphragm and spermicides were mentioned as some methods respondents have heard of but only a few were really aware of what it is.

Continuous	<ul style="list-style-type: none"> <li>• Calendar</li> <li>• Abstinence</li> </ul>	<ul style="list-style-type: none"> <li>• Pills</li> <li>• IUD</li> <li>• Vasectomy</li> <li>• Ligation</li> <li>• Injectable</li> </ul>
	<ul style="list-style-type: none"> <li>• Withdrawal</li> <li>• Diaphragm</li> </ul>	<ul style="list-style-type: none"> <li>• Condom</li> <li>• spermicides</li> </ul>
Episodic		
	No side effect	With side effect

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## Key Findings, continued

Method Groupings Continued

- Withdrawal and calendar among its users may be risky to use but it's a risk users are willing to take because their fear of side effects overrides their fear of the risks.

Continuous	<ul style="list-style-type: none"> <li>• Ligation</li> <li>• Vasectomy</li> <li>• IUD</li> <li>• Injectibles</li> <li>• Pills</li> <li>• Abstinence</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal</li> <li>• Calendar</li> </ul>
Episodic		<ul style="list-style-type: none"> <li>• Condom</li> <li>• Diaphragm</li> <li>• Spermicides</li> </ul>
	Effective to use	Risky to use

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## Key Findings, continued

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Method  
Groupings  
continued

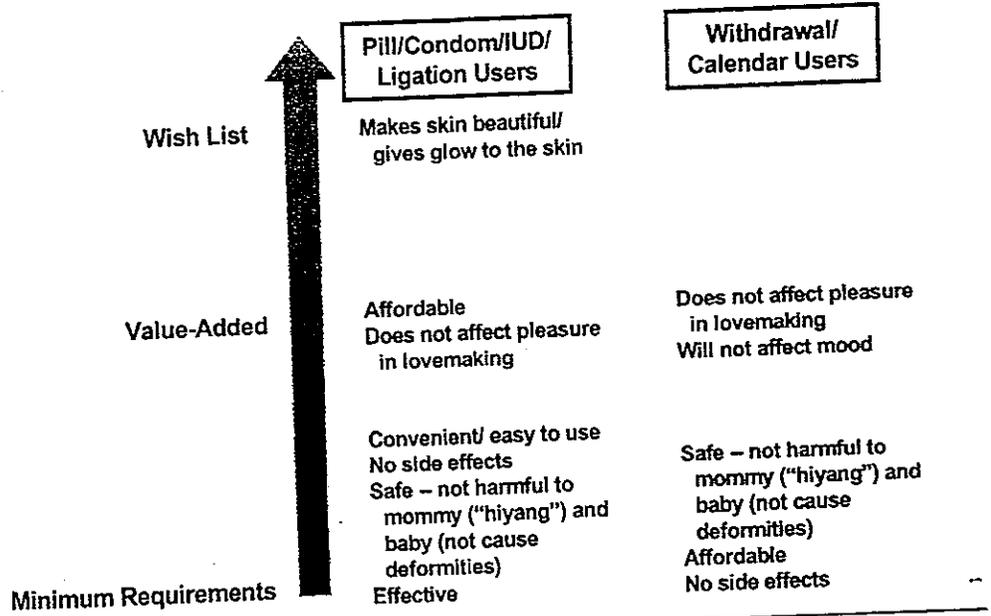
By procedure involved - This is another reference point used by the respondents to classify contraceptive methods.

- Surgical method: ligation, vasectomy (it is an operation which has to be done by a doctor)
  - Can be used anytime: condom, IUD, withdrawal
  - Taken regularly based on a fixed schedule: calendar method, rhythm, pills, injectibles
- 

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## Key Findings, continued

Key  
Characteristics  
Sought



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## Key Findings, continued

### Key Characteristics Sought

- The way the respondents who use pills, condom, IUD and ligation group the methods appear to imply key characteristics that they look for in family planning methods. These are:
  - ✓ Convenient to use
  - ✓ Effective
  - ✓ No side effects
  - ✓ Safe – not harmful to the mother (“hiyang”) and baby (not cause deformities)

The above characteristics may therefore be considered as the minimum requirements for any family planning method among these users.

- However, as an added value, family planning methods that are affordable and easy to procure and do not affect pleasure in lovemaking will be most encouraging. One other wish list for pill users is for a brand to make skin beautiful.
- For those who practice the withdrawal and calendar method, key characteristics sought are the following:
  - ✓ Safety
  - ✓ No side effects
  - ✓ Affordable
- These requirements are the reasons why they shun the idea of using pills, condoms and other methods known to be classified as modern methods of family planning. They believe that these methods are not safe and have side effects. Besides, they would have to shell out some cash to be able to use these methods.
- An added value these group of users seek include the following:
  - ✓ Will not affect their mood
  - ✓ Does not affect pleasure in lovemaking

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## Key Findings, continued

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Key Charac-  
teristics  
Sought,  
continued

- Working women are especially concerned about comfort and ease of use. They do not want any complicated requirements and concerns about convenience whilst they are about their jobs and responsibilities as mothers and wives.
- The concept of an "effective (i.e., failsafe) method seems subjective. Nowhere is this more evident than in the case of withdrawal where its adopters seems convinced enough that the method works if properly executed. The apparently common accidental pregnancies among the practitioners of withdrawal is explained away as a "failing" of the male partner in doing the method correctly, rather than as an inherent weakness of the method itself. It is perhaps this mistaken notion or "blind spot" that explains in part why withdrawal persists despite the availability of other (more effective) methods.
- Thus, most male traditional users in Manila claim that "accidental" pregnancy of their wives came about when they were drunk. Their wives warned them of the "danger" but at the time, they felt that they would be able to control the risk of having another child by using withdrawal.
- Married males in Cebu and male traditional users in Manila appear to look for a method where they can exercise a modicum of control. Cebuanos, especially do not seem to be too happy about the idea of their wives taking control of the future of the family. They want the future of the family to be in their own hands including the control of the number of children that they will have. This notion of "control and power" over one's wife appears to be a subtle attraction of withdrawal.
- Male Manila modern methods users and male industrial workers appear to prefer to use a combination of methods. This is perhaps because this group of men want to ensure that their wives are always "safe" and ready for them whenever the need arises.

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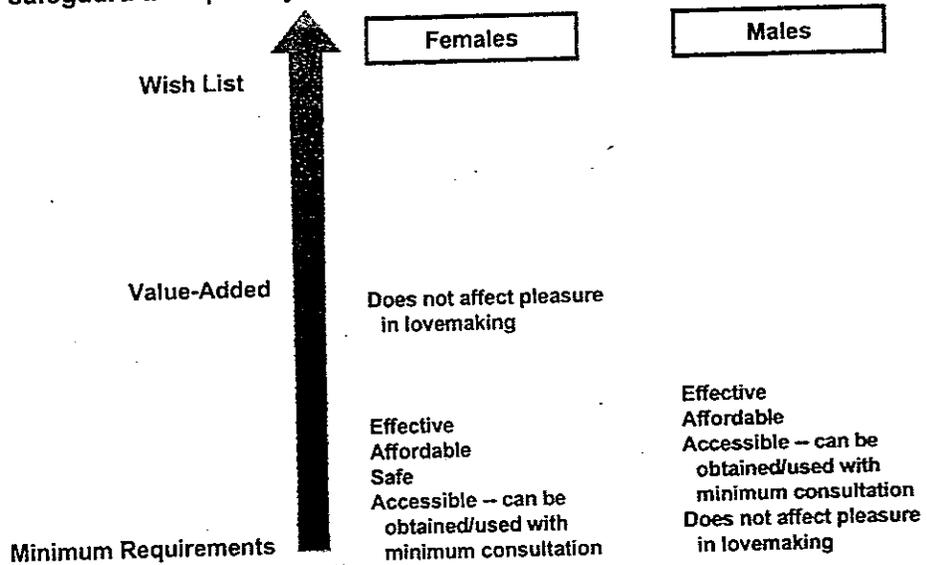
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**Key Findings, continued**

Key  
Characteristics  
Sought  
Continued

**Key Characteristics Mentioned -- Singles**

- Accessibility of an FP method is critical to single males and females to safeguard their privacy.



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## Key Findings, continued

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Key Charac-  
teristics  
Sought  
Continued

- Single males, on the other hand, seem to look for methods that will ensure “safety”, that is provide them assurance that they will not get their girlfriends pregnant and at the same time, it should be something that will not inhibit them from attaining sexual satisfaction. Providing their girlfriends with pills appear to is the best choice for this key characteristic being sought.
- Except for Broad C, single females do not really actively seek methods of contraception that is right for them. This is perhaps because of the social stigma that is associated with single women who are actively seeking modern methods of contraception. Hence, most single women depend on the recommendation of their boyfriends on what method to use. Those who seek information ensure that it is done in the most discreet way as possible by taking married friends as confidants or asking relatives in a round about manner.
- Broad C single females, though aware of the social stigma of actively seeking for the best contraceptive method for them, are not willing to compromise their goals and ambitions for an unwanted pregnancy and neither are they willing to sacrifice their active sex life. Hence, to ensure both, that is, achieve goals and active sex life, they resort to buying the most available and effective method, the pill.

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## Key Findings, continued

### Family Planning History

- Some of the married respondents who practice withdrawal and calendar methods started out as users of artificial methods, but dropped out due to perceived side effects. Worth noting is the absence of a counselor when they decided to adopt rhythm as their current method.

## Family Planning History

### Married Males and Females (Withdrawal/Calendar Users)

- Some of these respondents started out as users of artificial methods, but dropped out due to perceived side effects. Worth noting is the absence of a counselor when they decided to adopt rhythm as their current method.

1st Method Adopted	Reasons for Trial	Reasons for Continuance	Reasons for Discontinuance/Shifting
• Pills	Recommendation of friends, relatives	To avoid pregnancy Spacing children To be able to work	Side effects, ie, became fat, headaches
• Injectibles	Recommendation of Health Centers	To avoid pregnancy Spacing children To be able to work	Side effects, ie, irregular menstruation, irritable
• Withdrawal	Initiated by husband	Perceived "effectiveness"	Desire to have children
	Usually a self-made decision	Economic reasons Effective No fear of side effects No cash out	Cycle becomes irregular

## Key Findings, continued

### Family Planning History, continued

- The serious repercussions experienced because of an unexpected pregnancy due to method failure pushed withdrawal users who are married to switch to more effective methods.

## Family Planning History

### Married Males and Females (Pills/Injectibles Users)

- The serious repercussions experienced because of an unexpected pregnancy due to method failure pushed withdrawal users to switch to more effective methods.

	Reasons for Trial	Reasons for Continuance	Reasons for Discontinuance/Shifting
1st Method Adopted • Withdrawal	Usual method used when they were just bf-gf	Perceived effectiveness Habit	Occurrence of pregnancy Desire to have a baby
Later Method Adopted • Pills	Recommendation of friends, relatives	To avoid pregnancy Spacing children To be able to work	Side effects, ie, became fat, headaches
• Injectibles	Recommendation of Health Centers	To avoid pregnancy Spacing children To be able to work	Side effects, ie, irregular menstruation, irritable Fear of developing cancer

## Key Findings, continued

### Family Planning History, continued

- As sexual relations increased in frequency between them and their partners, single respondents sought more effective methods than withdrawal even if the latter afforded them secrecy.

## Family Planning History

### Single Males and Females

- As sexual relations increased in frequency between them and their partners, single respondents sought more effective methods than withdrawal even if the latter afforded them secrecy.

	Reasons for Trial	Reasons for Continuance	Reasons for Discontinuance/Shifting
1st Method Adopted • Withdrawal	Perceived effectiveness Misgivings about going to the Health Center (because of single status)	Perceived effectiveness Habit	Occurrence of pregnancy Desire to have a baby
Later Method Adopted • Pills	Recommendation of OB (need for privacy)	To avoid pregnancy	Side effects, ie, became fat, headaches
• Condoms	Usually a self-made decision Recommended by friends (especially among males)	To avoid pregnancy To avoid contracting sexually transmitted diseases (for some males esp those who have sex w/ women other than gf)	Less pleasure in sexual encounters, ie, "plastic", "barrier", not the real thing

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## Key Findings, continued

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First  
Experience Of  
FP

- Among the marrieds, it is the female traditional method users who appear submissive to their husbands. Some would like to use some form of modern contraception but their husbands are more comfortable using withdrawal. They would then tend to follow their husbands in this decision.
- It would appear that for the traditional method users, their primary source of information about family planning is their network of relatives and friends. Thus, the quality of information that they have about family planning is mostly hearsay and unscientific. In fact, their refusal to use the modern methods of contraception is largely due to the myths and misconceptions that are disseminated within their network of friends and relatives.
- On the other hand, choosing the method of contraception is a decision that women who use modern methods make by themselves. Their husbands are merely informed of the decision. Moreover, their husbands seem to play a small role in selecting and deciding which method of contraceptive to use. The women are the ones who seek out information about these methods.
- Most of the single males confess to starting young in terms of first experience in using family planning methods.
- Further, it appears that they do not have hang ups in "confessing" unlike most single females who commonly experience discomfort in opening with their first experience in FP.
- However, it appears that there is no communication barrier between single partners as far as using family planning methods is concerned.
- Interestingly though, it appears that there is an unspoken agreement already that it is the male who is expected to take the lead and the female will follow. This kind of an agreement is actually considered as "normal" and is not perceived to result to a communication break between both parties.

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## Key Findings, continued

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**Inter-action  
with provider/  
Health center**

Health centers and FP service providers play key roles in FP method choice, adoption and continuance. Some of these may be inhibiting while some are encouraging.

- Inhibiting

- Center Driven Factors :

- × Location - too far from one's home or place of work or too near my community (workers at the center are people I know)
    - × Physical structure- located near Barangay Hall or inside Barangay Hall where it is impossible to have a private conversation
    - × Family planning schedule is within working woman's office hours
    - × Lack of manpower- "No one is available when we visit."
    - × Always out of free samples
    - × Unsanitary conditions in the Health Center

- FP Provider Driven Factors:

- × Does not respect woman's need for private conversation--would ask embarrassing questions even if there are many people around
    - × Too young or not trained properly to conduct FP seminar-cannot answer questions or worse, embarrassed to talk or answer questions about sex
    - × Arrogant-does not like to entertain questions; makes me feel I'm imposing on their time
    - × Berates me for being pregnant again or for saying that a method they advised does not work well for me
    - × Gossips about me to people we know in the community
    - × Discourages me from trying out a method I prefer without proper explanation

- Social Factors

- × Social stigma ascribed to single females practicing sex -  
"Too young"  
"Promiscuous."
    - × Social stigma ascribed to single males asking about birth control
    - × "Sex maniac."

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## Key Findings, continued

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Inter-action  
with provider/  
Health center,  
continued

- Inhibiting Factors

Personal Factors:

- × Too lazy to go to the Health Center
- × Misconceptions about the Health Center -- "They cannot help me."
- × Too shy to approach an FP provider
- × Afraid of gossip
- × Husband does not like me to ask about FP methods
- × (Males) Only females go to the Health Center

- Encouraging

Center Driven Factors :

- × Physical Structure- there is at least a private corner where we can talk without being overheard by other people in the center
- × Condoms/pills are available free of charge
- × (Among singles) It's far enough from my community so that no one can recognize me there

FP Provider Driven Factors:

- × Knowledgeable on the topic of FP and can conduct a seminar with ease-- adds humor to lecture
- × Friendly and approachable--answer all my questions without making me feel I am imposing
- × Explains pros and cons of each method to me
- × Respects my need for private discussion
- × Non-judgmental attitude
- × Does not gossip about me to the community we belong to

Personal Factors:

- × Husband encouraged me to go the Health Center for FP advice
- × Husband went with me to the center for FP advice

As may be seen in the above enumeration of comments, the Health Center seems to inhibit than encourage the respondents to visit and seek family planning counsel from qualified health service providers. A number of women also reported being rejected when they applied for ligation because of their youth and small number of children. Clearly, interventions are needed to make Health Center personnel more responsive to FP clients and prospects.

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## Key Findings, continued

### Information Sources

- For the married males and females, their primary sources of information about family planning are their relatives and friends. They have no reason to doubt the veracity of the information provided by these people because their accounts are usually first hand accounts. However, even the myths and misconceptions about FP are also being handed down through these sources.
- Young single teens get their first information about FP from the peer group. Young males especially get their first 'dose' during peer arranged "binyag" (rite of passage to sexual practice). The peer group would usually provide a condom.
- Aside from the mandatory lessons of FP in school, young single females depend on friends to get to know the nitty gritty about FP methods. Unfortunately, though, these sources are sometimes racked with misperceptions and misconceptions (the blind leading the blind) that they end up not knowing any better.
- Parents who are users of FP methods at home are also sources of information. Children are naturally curious and they ask about pills or condoms or other FP paraphernalia that they see lying in the house. They even play with it sometimes.
- Neighbors are also a source of information. Filipino women, particularly in the Class DE segment love to chat with neighbors on late afternoons just before they prepare the evening meal. It is in these informal chats that different kinds of gossip and information are picked up.
- Older single males on the other hand depend on their male friends for information about FP methods. It is their male friends who would even buy the product for them.

# Appendix A: Focus Group Discussion Guide

## FGD GUIDE

### ADULT MEN/WOMEN

#### Re-screen respondents

## I INTRODUCTION

1. **Welcome** -- Moderator welcomes the respondent and introduces self
2. **Confidentiality, taping, etc** -- Moderator explains reason for the meeting and expected activities; explains that the discussion is confidential and the information obtained will not be used against them.
3. **Participant Introductions** -- Respondents introduce themselves to the group
4. Moderator answers questions, if any.

#### Warm-up Questions

## II. Values/Priorities

### Activity 1 : Values Exercise

*Materials: blank cards, tree drawing, colored pens*

Give respondents blank cards and ask them to write in the cards all the things that they consider important in their life now. Write one value for each card.

When respondents have finished, ask them to choose 5 that they absolutely cannot live without. Rank from most important to least important. Ask respondents to place the chosen cards on any part of the tree.

1. Ask respondents to describe the importance of each card --why is it important? What does it mean to you? What do you want in terms of (VALUE)?
2. If Family Planning (FP) is part of the value, probe-- What is the respondents' definition of FP? What does it mean to them? Why is this important?

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## Appendix A: Focus Group Discussion Guide

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3. What if you can't get (VALUE)? How would you feel, what would others say about you?
4. If FP were not part of it, what ranking would they give it? Why?
5. If health or a healthy lifestyle is mentioned as a value, ask how do they understand "healthy lifestyle" to mean?
6. If health or a healthy lifestyle is not mentioned, why not?

### III. Pregnancy & Children

You (all) mentioned some things that are important to you. And you mentioned that family (or variation of this, depending on what was mentioned in the VALUES exercise) is important to you. Now, let's talk about pregnancy and children...

1. If you were to get pregnant now, how would it affect some of these things that are important. For instance, how would it affect (ask for each VALUE/Aspiration)? PROBE.
2. How many children do you want to have? Have you discussed this with your wife/husband/partner? When was the first time you discussed this? How did this make you feel? Have you talked about it since then? When did you discuss it again?

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## Appendix A: Focus Group Discussion Guide

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3. What if you have more children than this (the number you want)? What if you have less?
  - PROBE: Who would approve/ disapprove?
  - How well can you plan on the number of children you want to have, or...?
  - Is unintended pregnancy a problem?
  - What kind of problem is it? What makes it a problem? (PROBE)
  - What bad things can happen
  - What do you worry about in the case of unplanned or unexpected pregnancy?

### IV. METHODS

1. What methods are available to avoid unintended pregnancy? (PROBE for as many methods as possible. Also probe for other terms/words used to refer to FP)
2. How important is it to you that you get pregnant (again)? When do you want to get pregnant (again)? On a scale of 1 to 10, where 10 means that you definitely want to get pregnant now and 1 means you definitely do not want to get pregnant now, how much, would you say, you want to or don't want to get pregnant right now?
3. Earlier you mentioned several things that are important in your life. If you use(d) a method (of family planning), would it / does it bring you closer to this, farther away, or make no difference? (Have them sort into three columns/piles).

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## Appendix A: Focus Group Discussion Guide

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Possible topics (Should be taken from Values exercise):

Being a good parent  
Being a good husband/wife  
Being romantic/having a good sex life  
Independence/Self-Confidence  
Quality of Life/Having a good life  
Having the approval of my family  
Having Good Health  
Being financially secure/ Not having financial worries  
Being a good/religious person  
Having control of my life  
Being able to pursue hobbies/personal interests  
Spending time with family & friends

4. What if you get pregnant sooner than that? What will happen? What will happen that is good/that you might look forward to? What might happen that is bad/ that makes you worry?
5. How would getting pregnant change your plans? Who would approve? Who would disapprove?
6. What's important to you in choosing a method to prevent/avoid pregnancy? (Have them write these characteristics on separate cards- for instance, safe, effective, etc.). Which are the most important (select 3-5).
7. Now for each characteristic I'd like you to list the methods that best match that characteristic. (Put characteristics across the top, and rank methods down. Do this for each characteristic).
8. Finally, I want you to add two more characteristic, "A METHOD THAT'S RIGHT FOR ME and A METHOD THAT'S NOT RIGHT FOR ME". Now, which methods would you list (in order) under each of these characteristics?

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## Appendix A: Focus Group Discussion Guide

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9. Overall, What are the best methods? (What, specifically, is it about these that makes them the best?)
- What are the worst methods? (What, specifically, makes them the worst?)
  - Which methods have you personally ever tried?
  - Which method do you currently use?

### V. POSITIONING EXERCISE

#### IF CURRENT USER:

1. How do you feel about the method you now use?
2. What do you like about it? What do you worry about? When do you have these thoughts/worries/concerns?
3. What other thoughts and feelings do you have about using this method?
4. Do you talk to someone about your feelings (about using this method)? Who do you talk to? What do they say?
5. Is there anyone else you'd like to talk to but haven't yet? Who is that? Why haven't you spoken with them yet?
6. If you were choosing a method today, would you pick the same one or a different one? What about your experience with the method makes you say that?

## Appendix A: Focus Group Discussion Guide

### IF NON- USER of MODERN METHOD:

1. Earlier you mentioned several methods that you are not currently using (NAME THEM).
2. Let's start with... (THE PILL – ask for each method mentioned)
  - How do you feel about (METHOD)?
  - What do you like about it?
  - What do you worry about?
  - What other thoughts and feelings do you have about using this method?
  - Is there something that you'd like to know about this method? What is that?
  - Who could best answer that question?
  - Why haven't you spoken with them yet?

### User positioning exercise

Activity: Picture Sort

Materials: Pictures from magazines, colored pens, easel paper

- Unaided (tell a story about her, what kind of person is she?)
  - User of modern method
  - User of Traditional Method
  - Non-user
- Aided list of adjectives, for instance:
  - Responsible
  - Good mother
  - Modern
  - Career-woman
  - Someone like me
  - Religious
  - Romantic
  - Loves her husband
  - Loves her family
  - Selfish
  - Respected
  - Takes care of her home
  - Healthy

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## Appendix A: Focus Group Discussion Guide

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### V. FIRST EXPERIENCE OF FP – General Impressions

1. When was the first time that you ever heard about a method of (Family Planning – Use the term that respondent has been using)? (TRY TO GET RESPONSE IN FIRST PERSON PRESENT TENSE)

- Where are you? What is happening?
- Who is there? What are they saying?
- From whom?
- Who was using the method?
- What impression did you get about (method)?

2. What did you think about (method)? How did it make you feel about (method)?

3. What did you tell yourself? What do you still believe about (method)?

(IF NOT MENTIONED ALREADY) What did your mother (FOR MEN: FATHER) tell you about FP? What did you think of what she (he) said?

### Discussion with Partner

1. Have you talked to your husband/wife about FP? When was the first time that you talked about it with them?
2. Where were you when you talked about it? What did you say?
3. How did you feel about the conversation? Was it easy or difficult to have this conversation (PROBE: what made it easy? What made it difficult?)
4. What else did you want to say but didn't?
5. Is there anything your partner wanted to say but didn't?
6. When is the right time & place for a couple to discuss FP? (Probe for specifics: circumstances, alone, with someone, etc.) Should anyone else be involved in the discussion?

## Appendix A: Focus Group Discussion Guide

7. Who is more interested in FP – you or your partner? What is it about FP that makes it more important to you/him/her? What would make it more interesting or more important to you/him/her?
8. How involved do you want your partner to be in FP? Do you want them more or less involved than they are right now? What do you want them to do that they are not doing now? What do you want them to stop doing that they are doing now? What would make them (more/less) involved?

### FOR LAPSED USERS:

1. Why did you switch or stop using?
2. Specific circumstances (take me through it).
  - What happened?
  - Who were you with?
  - Who did you talk to, get advice from?
  - Where were you?
  - What were you thinking/what thoughts were going through your mind?
  - PROBE: Then what happened...? IF SOUGHT ADVICE, describe interaction. What did you say, what did they say? How did you feel, what were you thinking? What did you say?
3. What worries did you have with (past method used)?
4. Now that you are using (new method/ no method), how do you feel?
5. What worries you now? Any worries about (new method/not using a method)?

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## Appendix A: Focus Group Discussion Guide

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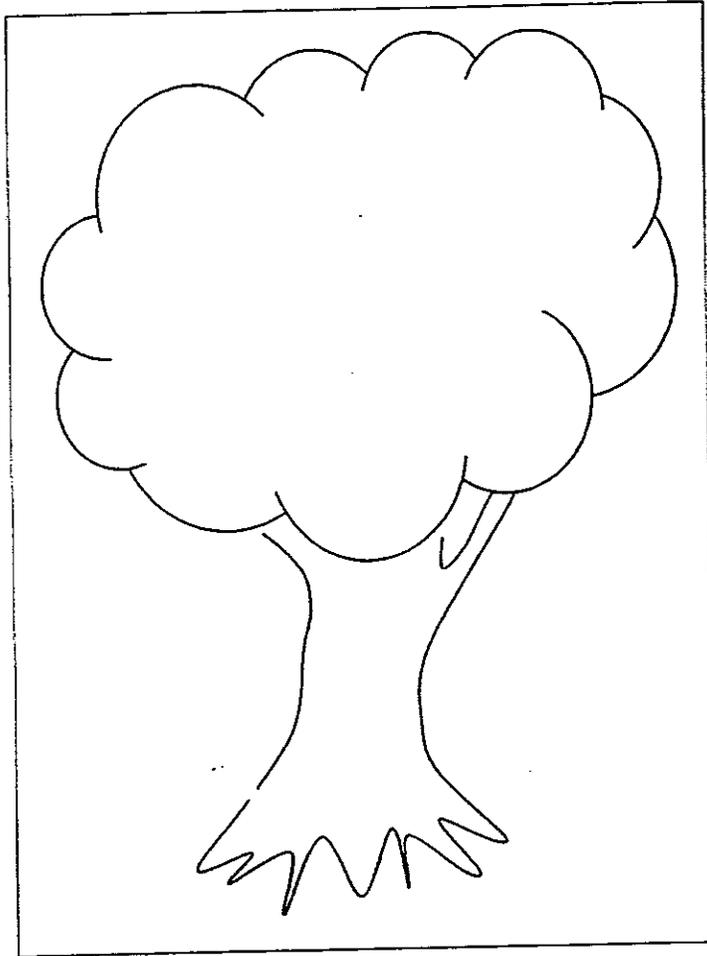
**FOR NEW USERS:**

1. What made you want to try (method)?
2. What had you heard? From whom?
3. Where were you when you decided to try (method)? Describe what happened (who were you with, what did they say, what did you say, what were you thinking, feeling, what did you decide?). What did you do next?
4. How did you feel after you started using (method)?
5. Who did you talk to about it?
6. Who approves of your using (method)? Who doesn't approve?
7. Do you have any concerns about using (method)? Who do you talk to about this?  
PROBE: Why? Who wouldn't you talk to about this? Why not?

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## Appendix B: Sample Tree

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## Appendix C: Profile of Respondent

PROJECT DYNASTY RESPONDENT PROFILE							
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	I	30	F	complt'd high sch	housewife	4	1
		25	F	complt'd high sch	factory worker-Al River	6	2
		30	F	2nd yr Secretarial	housewife	4	1
		29	F	Civil Engrg-5yrs	Secretary to the Dean-Adamson	3	2
		34	F	complt'd high sch	housewife	8	1
		27	F	Fine arts-4yrs	housewife	5	1
		34	F	BSC-4yrs	Secretary-DOTC	3	2
		34	F	2yrs -Sec	housewife	5	1
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	II	29	M	Vocational-2yr	Room boy-ACCM Hotel	9	1
		25	M	complt'd high sch	delivery boy-KFC	7	1
		26	M	2yrs ECE	checker-IDS warehouse	3	1
		28	M	auto mech-2yr	family driver	3	2
		31	M	2nd yr -BSC	driver-bgy patrol	7	2
		25	M	complt'd high sch	coordinator-ASJ travel	3	1
		29	M	3yrs Marine Engr	kitchen crew-Kamayayn Restaurant	5	2
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	III	25	M	2yrs Voc	sewer-CNC flowers	5	2
		34	M	BSC-4yrs	own drives taxi busines	4	2
		25	M	2yrs Comp Sc	waiter Heritage Hotel	7	3
		30	M	AB English	Asst. Manager Computer Station	3	3
		34	M	BSC	own business-electronics	2	1
		25	M	2yrs-Fine Arts	Utility man-San Juan Med Ctr	4	3
		30	M	2 yrs Mech Engr	Agent-City Hall Mandaluyong	3	2

## Appendix C: Profile of Respondent

PROJECT DYNASTY RESPONDENT PROFILE							
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	4	29	M	2yrs Voc	Govt employee-Pasay	9	3
		26	M	compltd high sch	catering service-own	8	3
		30	M	4yrs BSBA	Acct Exec-Global Access	3	1
		32	M	3rd yr high sch	custom rep.-Frontward cargo	5	1
		34	M	2nd yr-BSIT	factory worker-Besuto Food	5	1
		25	M	compltd high sch	PLDT-lineman	7	3
		28	M	compltd high sch	waiter-Barrio Fiesta	5	1
MANILA	5	29	F	BSMgt-4yrs	housewife	9	2
		33	F	1st yr HRM	housewife	4	1
		34	F	BSMgt-4yrs	Secretary-White Horse Travel	4	2
		33	F	2nd yr Secretarial	housewife	4	1
		34	F	BSBA 2nd yr	own catering service	5	2
		33	F	BSEduc-4yrs	business-garments	4	2
		31	F	BSC 1st yr	businesswoman-frozen foods	5	2
MANILA	6	27	M	2ndyr high sch	clown-entertainer	4	1
		30	M	2nd yr high sch	messenger-Toledo Construction	12	1
		28	M	compltd high sch	machine operator-Sugarland	7	3
		26	M	compltd high sch	revisor-Brillantes & Assoc.	3	2
		32	M	2yr Automotive	none	2	1
		25	M	3rd yr Automotive	revisor-Brillantes & Assoc	2	1
		25	M	compltd high sch	aircon maintenance-self employed	2	1
MANILA	7	33	F	1st yr -computer	housewife	7	1
		27	F	2nd yr-Comp Prog	housewife	4	1
		26	F	compltd high sch	housewife	3	1
		25	F	compltd elem	housewife	3	1
		31	F	compltd high sch	housewife	3	1
		25	F	4yrs BSC	housewife	3	1
		26	F	Com Sec-2yr	housewife	3	1
MANILA	8	26	M	Mech Engr-3rd yr	clerk-Loreal Phils	3	2
		27	M	3yrs PMI	service crew McDonalds	4	2
		33	M	compltd high sch	tricycle driver	13	1
		29	M	2yrs-IETI	messenger Almendre Co.	4	1
		27	M	2yr Comp tech	sales clerk-Duty free	6	2
		32	M	1st yr Tech Voc	driver-Cigar Div	4	1
		26	M	compltd high sch	helper-civil sorks Araneta	4	1
MANILA	9	34	F	BSC 4yr	credit card agent	5	2
		25	F	3rd yr HRM	housewife	3	1
		32	F	2nd yr high sch	housewife	5	1
		25	F	BSC 1st yr	housewife	8	1
		27	F	2nd yr Comp Sc	housewife	7	3
		34	F	1st yr-electronics	housewife	4	1
		27	F	housewife	housewife	3	1

## Appendix C: Profile of Respondent

ADDTL GRP							Total # HH	No. of Income Eamers in HH
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT			
MANILA	1							
		30	F	2yr Sec	Saralee cosmetics	6	2	
		21	F	AB English	housewife	4	1	
		21	F	2nd yr BSMgt	housewife	3	1	
		24	F	complt'd high sch	manager of Snack House	5	2	
		29	F	4yrs Airline Sec.	Secretary-Living Waters Inc	4	1	
		28	F	2yr Comp Sc	encoder Nova Regent	4	2	
		23	F	complt'd high sch	salesgirl Greenhills	3	2	
ADDTL GRP								
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Eamers in HH	
MANILA	2							
		30	F	2yr Sec	business-step ins	10	2	
		30	F	2yr HRM	housewife	5	1	
		30	F	BSMgt 4yrs	own Mitchoy's snack hse	7	2	
		26	F	2nd yr HRM	trainer Holiday Inn	3	2	
		26	F	BSC 4 yrs	housewife	4	1	
		24	F	2yrs Sec	teller Mla Jocky	4	2	
		30	F	complt'd high sch	operator Optical	2	2	
ADDTL GRP								
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Eamers in HH	
MANILA	3							
		18	F	3rd yr Comp Sc	student	4	1	
		23	F	BS Tourism	own business-Suntours	6	2	
		20	F	2nd yr Comp Sc	Asst Mgr. Computer shop	3	3	
		24	F	BSMgt	none	3	2	
		24	F	BSMass com	retail Asst-Jeweller Inst	6	2	
		22	F	HRMgt	ETelecare-staff consultant	5	3	
ADDTL GRP								
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Eamers in HH	
MANILA	4							
		29	F	2nd yr Comp Tech	housewife	4	1	
		29	F	complt'd high sch	housewife	6	1	
		26	F	complt'd high sch	credit card agent	6	2	
		30	F	1st Comp Sc	housewife	5	2	
		30	F	2yr Comp Sc	encoder Nova computer	5	2	
		30	F	complt'd high sch	housewife	5	1	

## Appendix C: Profile of Respondent

PROJECT DYNASTY				Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
AREA	GRP#	AGE	SEX				
MANILA	I - I	18	F	2nd yr BSE	service crew-Jolibee	7	2
		18	F	complt'd high sch	none	3	1
		16	F	3rd yr high	student	5	1
		17	F	2yr Computer Sc	clerk Division 16	7	3
		18	F	2nd yr Accounting	student	6	3
	I - I	18	M	2nd yr Comp Sc	student	2	1
		18	M	4th yr high	student	6	2
		17	M	3rd yr high	student	6	1
		16	M	2nd yr Comp engmg	student	8	3
		18	M	2nd yr Comp Tech	sales clerk ACC. Hardware	3	3
	I - I	26	F	complt'd high sch	none	10	2
		34	F	2nd yr Secretarial	food vendor	8	3
		25	F	1st yr Voc	cashier-SM Packing	9	3
	I - I	19	F	2nd yr Commerce	none	5	3
		23	F	2nd yr Comp Sc	none	7	2
		24	F	complt'd high sch	sales clerk-Columbia Photo	6	3
	I - I	21	M	2nd yr Comp Sc	none	14	5
		23	M	complt'd high sch	plating laborer-Al River	7	2
		21	M	complt'd high sch	none	5	2
MINI	GRPS	24	M	Instrumentation Tech 4yrs	none	5	1
		22	M	2yr comp Tech	crew Sounds & Lights	4	3
		19	M	complt'd high sch	Mc Do service crew	6	2
	Grp 1	19	M	2nd yr Mass Comm	student	7	1
MINI	GRPS	19	F	4th yr high	student	8	1
		20	F	BSIE 4th yr	student	8	2
	Grp 2	22	F	Mass Comm grad	none	5	2
		21	F	complt'd high sch	none	8	1
MINI	GRPS	30	F	2yr Secretarial	Data Encoder-Pinoy Grp of Co.	17	2
		25	F	BSEEd	employee-Nestle	5	4
	Grp 3	27	F	2yrs Computer Sec.	cashier-Hortaleza	7	3
		25	F	4th yr HRM	student	3	1

## Appendix C: Profile of Respondent

DYNASTY					Total # HH	No. of Income Earners in HH
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT		
I	30	M	BSMgt	warehouse inventory clerk	3	1
	27	M	2nd yr-Voc. Tech	electronic technician	6	2
	33	M	BSMgt	Maintenance officer-Metropolis Hot	6	2
	26	M	complt'd high sch	none	2	1
	25	M	BSMarine Engr	own business-jewelries	3	2
DYNASTY					Total # HH	No. of Income Earners in HH
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT		
II	34	F	2nd yr Secretarial	housewife	5	1
	26	F	3rd yrBSEED	housewife	3	1
	33	F	complt'd high sch	housewife	7	1
	28	F	2nd yr Comp Sec	collector-lending	4	1
	25	F	complt'd high sch	sales clerk-edgarsonshoe supply	3	2
	25	F	complt'd high sch	housewife	4	1
	32	F	BSC	govt employee	5	2
DYNASTY					Total # HH	No. of Income Earners in HH
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT		
III	28	M	HRM	waiter-ME restaurant	4	1
	26	M	2yr Nautical	none	7	1
	33	M	BSBA	govt employee City Hall	6	1
	31	M	4yr Nautical	none	5	1
	33	M	complt'd high sch	plumber self employed	5	1
	34	M	2yr Elect Engr	security guard-Sentari Sec Agency	5	1
	25	M	ECE	self employed technician	3	1
DYNASTY					Total # HH	No. of Income Earners in HH
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT		
4	26	M	2yr-BSEd	driver-San Miguel	3	1
	34	M	BSBA	house detective-Shangrila	4	1
	25	M	2nd yr-BSCS	driver-self employed	6	2
	25	M	2ndyr Nautical	waiter Waterfront	3	2
	25	M	4th yr BSCE	student	11	1
	34	M	2ndyr Nautical	business- lechon	5	2
	30	M	3rd yr Mech Engr	inventory clerk Kajuma	8	2
DYNASTY					Total # HH	No. of Income Earners in HH
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT		
5	26	F	complt'd high sch	housewife	3	1
	32	F	BSC-acct'g	acct'g clerk-AYAS	8	1
	33	F	3rd yr BSAd	sell barbeque-self employed	5	2
	34	F	2yr Sec	food vending-self employed	4	2
	33	F	complt'd high sch	none	5	1
	34	F	3rd yr Commerce	housewife	8	1
	25	F	4yrAirwing Mgt	trainee	4	2

## Appendix C: Profile of Respondent

GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
6					4	1
	25	M	BSCriminology	none	8	1
	25	M	complt'd high sch	waiter-Dinghow	9	1
	25	M	complt'd high sch	none	5	2
	31	M	2yr Marine Assoc	none	5	1
	25	M	3rd yr high	barber -Sagitarius barber shop	4	2
	26	M	2nd yr Nautical	none	3	1
	32	M	1st yr Marine	none		
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
7					4	2
	33	F	4yrs Computer Sc	buy & sell RTW	4	1
	27	F	2ndyr Computer Sc	none	4	1
	27	F	complt'd high sch	none	3	2
	30	F	2yr Comp. Sc	food vending-self employed	6	1
	27	F	complt'd high sch	housewife	4	2
	25	F	1styr Comp Sc	none	8	1
	30	F	2yr HRM	lecturer-SPCI Foundation		
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
8					4	1
	26	F	2yr Com Sec	housewife	5	1
	26	F	complt'd high sch	housewife	6	1
	30	F	2ndyr high sch	none	3	1
	26	F	3rd yr high sch	none	4	1
	30	F	BS Tourism	none	2	1
	25	F	complt'd high sch	none		
I-1					10	1
	16	M	2nd yr high	student	9	1
	17	M	1styr BSMT	student	6	2
	18	M	2nd yr CE	student		
					7	1
	22	M	BSAD-4yr	student	6	1
	23	M	3rdyr Civil Engr	student	4	1
	21	M	2nd yr Nautical	student		
					7	1
	17	F	3rd yr high	student	3	1
	17	F	3rd yr high	student	3	1
	18	F	2ndyr Comp. Sc	student	8	2
	18	F	1st yr BSBA	student	4	1
	15	F	3rd yr high	student		
					5	2
	24	F	2yr Travl&tour	cashier-Ratsky Cebu	7	1
	20	F	2ndyr CustomsAd	none	6	2
	23	F	BSC Banking&Fin	none	5	1
	26	F	BSC	none	6	1
	27	F	2ndyr BSEED	factory worker	5	3
	25	F	AB History	govt employee-Capitol		

## Appendix C: Profile of Respondent

PROJECT DYNASTY					OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
AREA	GRP#	AGE	SEX	Educational Attainment			
LAGUNA	I	24	M	2yr Comp Sc	automotive FCC-operator	4	2
		23	M	complt'd high sch	checker - Nissan	4	1
		24	M	Voc.Auto Mech	production -motor operator	4	2
		22	M	complt'd high sch	operator - Coke	2	1
		21	M	complt'd high sch	Nissin Monde - operator	4	1
		24	M	2nd yr Electri Engr	MDD - forklift operator	4	1
		26	M	4yr Electronic Engr	Toyota-maintenance officer	3	1
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
LAGUNA	II	21	F	complt'd high sch	Golay-production operator	3	2
		22	F	1st yr-Electronics	Hitachi-production operator	3	2
		24	F	complt'd high sch	Tri-lux-operator	7	2
		21	F	complt'd high sch	Toyota - operator	5	2
		24	F	1st yr BSC	Toshiba - operator	5	2
		22	F	2nd yr HRM	Fujitzu-production operator	4	2
		21	F	2ndyr BSEd	Nissin-factory worker	3	2
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
LAGUNA	III	19	M	2nd yr BSIT	production operator-IDP	6	2
		21	M	Automotive 2yr Voc	Nissan - assembler	3	2
		24	M	complt'd high sch	bottling crew	4	2
		21	M	BSEEd	production crew-Nissin	5	2
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
LAGUNA	I - I	21	F	2nd yr BSC	factory worker - Golay Bucket	4	2
		21	F	1st yr - BSC	operator - Nissin Monde	10	2
		22	F	2yr Com Sec.	Fujitzu - machine operator	6	2

## Appendix C: Profile of Respondent

AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
BATANGAS	1	24	F	2yr BSE	trimmer - garments	10	4
		23	F	2nd yr BSC	repacker - Gen Milling	4	2
		24	F	complt'd high sch	factory worker-GMC	5	2
		24	F	complt'd high sch	factory worker-Khong guan	3	2
		24	F	BSC	clerk-Shell	5	2
		24	F	complt'd high sch	sewer-Pacific Flour Mills	2	2
		21	F	BSC	sampler - San Miguel	3	2
BATANGAS	2	22	M	2nd yr Vocational	TESDA welder -Shell	3	1
		19	M	complt'd high sch	helper electrician -shell	3	1
		22	M	complt'd high sch	bagger - GMC	3	1
		24	M	complt'd high sch	rasor - Shell	4	1
		24	M	complt'd high sch	tool keeper Shell refinery	3	1
		24	M	2yr BSC	pull pot operator-GMC	4	1
		24	M	BSC	machine operator - LDI	3	1
		24	M	BSC			
BATANGAS	I - I	21	F	BSC 2nd yr	Q.A. - EPSON	11	2
		23	F	3rd yr high sch	visual operator NDEC	5	2
		20	F	complt'd high sch	EPSON operator	10	3
CAVITE	1	19	M	complt'd high sch	factory worker EPZA HTI	11	4
		18	M	3rd yr-BSC	APC electrician	8	2
		18	M	complt'd high sch	factory worker HTI EPZA	7	2
		18	M	complt'd high sch	laborer SCAD	3	2
CAVTE	2	24	F	2yr Electronics	Sepung - packer	10	2
		22	F	2yr Computer Sec.	SPC-personnel	7	2
		22	F	BSE	helper-CEPZ	8	3
		24	F	2yr Comp. Sc	xerox machine operator - Sensor	3	2
		24	F	2nd yr BSC	trimmer -garments EPZA	3	2
		20	F	2nd yr high sch	factory worker-Plaques Tech	3	2
		19	F	complt'd high sch	Speedy Tech electronic operator	5	2
CAVTE	3	22	M	complt'd high sch	Security guard-Blue Diamond	4	1
		19	M	Computer Tech 2yrs	Techtron -machine operator	3	1
		22	M	Computer Electronics 2yrs	material handler-Pacific River Meta	3	1
		24	M	BSc computer Sc	personnel staff-HRD EPZA	11	3
		24	M	BSC 2nd yr	assembler -HTI	3	1
		24	M	complt'd high sch	sewer - EPZA CID	6	1

## Appendix D: List of Health Centers

PROJECT DYNASTY  
FEMALE  
BATANGAS

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
20	1		Tabangao Aplaya	Batangas City	GOOD: Nang i-check-up ako noong nagbubuntis, asikasong-asikaso at sinabihan pa nila ako ng date sa susunod kong check-up BAD: none
23	2	repacker	Tabangao Aplaya	Batangas City	GOOD: free clinic, nagko-consulta ng libre BAD: none
24	5	factory worker	Tabangao Aplaya	Batangas City	GOOD: nakakapagpa-check-up ng libre nakakapagbigay ng libreng gamot BAD: none
			Tabangao Aplaya	Batangas City	GOOD: Malaki ang naitutulong lato sa aking anak dahil agad nilang inaasikaso kapag pumupunta upang magpa-tingin at libre ang mga bakuna BAD: Minsa sa karamihan ng nagpapatingin ay lalong nahihirapan ang anak sa sobrang inil
24	1	factory worker	Tabangao Aplaya	Batangas City	GOOD: none BAD: none
24	2	mananahi	Tabangao Aplaya	Batangas City	GOOD: Nakapagbigay ng magandang serbisyo at mga gamot; malimit magpa free clinic BAD: none
24	1	clerk	Tabangao Aplaya	Batangas City	GOOD: Nag-koconduct ng free clinic, nagbibigay ng libreng gamot; malinis ang paligid at ok ang service BAD: Minsan ang tagal dumating ng mga doktor

## Appendix D: List of Health Centers

MALE  
BATANGAS

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
22	1	welder	Tabangao Aplaya	Batangas City	GOOD: maayos naman dahil iniintindi nila ang bawat pumupunta doon. BAD: none
19	1	helper electric	Lebjo	Batangas City	GOOD: nagbibigay ng libreng gamot; libreng check-up BAD: none
22	1	bagger	Tabangao Aplaya	Batangas City	GOOD: tanungan ng kapag may sakit at nagbibigay ng libreng gamot at libreng konsulta BAD: none
24	1	none	Tabangao Aplaya	Batangas City	GOOD: nagbibigay ng libreng gamot at konsulta BAD: none
24	1	tool keeper	Lebjo	Batangas City	GOOD: mahusay, nagbibigay ng gamot BAD: none
24	2	pull pot	Tabangao Aplaya	Batangas City	GOOD: okey ang sserbisyo nila. Kung anong kailangan na medicine ay naibigay nila BAD: none
24	1	operator	Lebjo	Batangas City	GOOD: nangangalaga sa kalusugan ng mamamayan BAD: none

## Appendix D: List of Health Centers

FEMALE  
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
26	2	housewife	Duljo Fatima	Cebu City	GOOD: maganda ang kanilang pakikisama sa tao BAD: none
30	4	none	Duljo Fatima	Cebu City	GOOD: Maasikaso sila sa kanilang mga payente. Ok lang sila wala namang problema BAD: none
30	2	none	T. Padilla	Cebu City	GOOD: Ang mga nurse ay mapayuhin sa mga pasyente BAD: may mga nurse na masungit at about the medicine mahirap magbigay roon.
26	3	housewife	Parian	Cebu City	GOOD: mabuti ang aking na-experience dahil ang mga health worker ay masipag at maasikaso sa kanilang pasyente BAD: none
26	1	none	T. Padilla	Cebu City	GOOD: Marunong silang mag-asikaso sa kanilang mga pasyente. Pag-pasok natin, sasalubungin agad tayo ng "good smile"
25	0	none	T. Padilla	Cebu City	GOOD: none BAD: none
30	6	lecturer	T. Padilla	Cebu City	GOOD: They teach us or me on how to prevent child or how to use contraceptive in a proper way.

FEMALE  
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
27	2	none	Bulacao		GOOD: none BAD: none
33	3	buy & sell RTV	Brgy. Ward II	San Antonio N. Samar	GOOD: none BAD: none
27	2	none	Brgy. Day-as		GOOD: none BAD: none
27	4		Lorega	Cebu City	GOOD: good check-up BAD: none
30	1	food vending	Brgy. Day-as		GOOD: free consultation, free immunization, free medicine BAD: none
25	2	none	Day-as		GOOD: free consultation, free sample of medicine BAD: none

## Appendix D: List of Health Centers

MALE  
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
25	single	waiter	T. Padilla	Cebu City	GOOD: none BAD: none
31	single	none	T. Padilla	Cebu City	GOOD: good service BAD: none
25	single	none	T. Padilla	Cebu City	GOOD: Help other people BAD: none
26	single	none	T. Padilla	Cebu City	GOOD: none BAD: none
25	single	none	Brgy. Tinago	Cebu City	GOOD: none BAD: none
25	single	hair cutter	Hipodromo	Cebu City	GOOD: Pagtabang sa Pamilya BAD: none
32	1	none	Bo. Luz		GOOD: none BAD: none

FEMALE  
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
33	3	none	Inayawan	Cebu City	GOOD: none BAD: none
34	4	housewife	Hipodromo	Cebu City	GOOD: teach us how to care for our babies BAD: none
33	2	BBQ vendor	Hipodromo	Cebu City	GOOD: giataga-an ko ug ma-ayong pagtagad sa mga empleyado. BAD: none
34	2	food vending	T. Padilla	Cebu City	GOOD: ganahan na ko sa Health Center kay magpa-check ka walay bayag-ug libre pa gyud ang tambal basta na-a lang sa ilaha BAD: none
32	2	acctng clerk	Alaska	Cebu City	GOOD: all the workers in the center are accomodating, they always take care of every patient in the center. In our health Center all the workers are well trained BAD: none
25	1	student	Dalingding	Cebu City	GOOD: gives us free medication; entertain question BAD: none
26	1	housewife	Day-as	Cebu City	GOOD: everything is fine, wala akong masabi BAD: none

## Appendix D: List of Health Centers

MALE  
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
26	2	driver	Bulacao	Cebu City	GOOD: none BAD: none
34	2	house detective	Pari-an		GOOD: gain more knowledge about birth control BAD: none
30	2	inventory clerk	T. Padilla	Cebu City	GOOD: none BAD: none
34	3	bus.(lechon)	T. Padilla	Cebu City	GOOD: none BAD: none
25	1	waiter	Guadalupe	Cebu City	GOOD: Vitamins for free BAD: none
25	1	student	Lahug		GOOD: none BAD: none
25	1	PUJ driver	Hipodromo	Cebu City	GOOD: none BAD: none

MALE  
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
33	3	PLUMBER	T. Padilla	Cebu City	GOOD: namimigay sila ng gamot BAD: none
28	2	OFW	Inayawan	Cebu City	GOOD: manghatag ug sample ng tambal; good provider BAD: none
31	2	book keeper	Tinago		GOOD: kapag pumunta binibigyan ng gamot BAD: none
26	1	clerk/LTFRB	Bo. Luz		GOOD: Nagbibigya ng contraceptives BAD: none
33	4	messenger	Mabolo		GOOD: sample condoms; sample medicines; free consultation BAD: none
25	1	technician	Cebu City	Cebu City	GOOD: Family Planning BAD: none
34	2	security guard	T. Padilla	Cebu City	GOOD: Distribute condoms; BP measurement BAD: none

## Appendix D: List of Health Centers

FEMALE  
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
26	1	housewife	T. Padilla	Cebu City	GOOD: none BAD: Ang nurse is very strict unya dili nimo sayon ma-approach.
25	2	sales clerk	Banawa	Cebu City	GOOD: Kompleto ang mga immunization nita sa mga bata. BAD: Nagalit ang doktora nung nagpa-check-up ako dahil nag-bleeding ako. Dahil sa pag-take ko ng pills.
34	3	housewife	Hipodromo	Cebu City	GOOD: ok ang doctor BAD: none
25	1	sales clerk	Katipunan		GOOD: They are so accommodating, friendly and entertaining BAD: none
28	2	Collector	T. Padilla	Cebu City	GOOD: Maago sila mo entertain sa mga tawo. BAD: none
33	5	housewife	Mabolo		GOOD: maayo, walang problema BAD: none
32	3	gov't employee	Brgy Tinago		GOOD: good services and they entertain the clients very well BAD: none

## Appendix D: List of Health Centers

FEMALE CEBU					
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
16			Hipodromo		GOOD: none BAD: none
18			Day-as	Cebu City	GOOD: none BAD: none
17					GOOD: none BAD: none
			Mambaling		GOOD: none BAD: none
			Pari-an	Cebu City	GOOD: none BAD: none
			Guadalupe		GOOD: none BAD: none
			Panganiban		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			Day-as		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			Mabolo		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21			Pari-an	Cebu City	GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			T. Padilla	Cebu City	GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
22			M.J. Cuenco		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			T. Padilla	Cebu City	GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
23			M.J. Cuenco		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			Hipodromo		GOOD: We have a clean and well equipt facility BAD: I heard of people not given proper medical attention

## Appendix D: List of Health Centers

FEMALE  
BATANGGAS

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
23	SINGLE	OPERATOR	Lebjo	Batanggas	GOOD: gives medicine BAD: none

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
20	SINGLE	OPERATOR	Lebjo	Batanggas	GOOD: I'VE LEARNED KUNG PAANO SILA MANGGAMOT BAD: MAREKLAMO ANG DOCTOR

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21	SINGLE	Q.A	Lebjo	Cebu City	GOOD: none BAD: none

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21					did not consult health center
22					did not consult health center
21					no experience yet with h c

FEMALE  
BATANGGAS

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21					not consult hc
23			Cabuyao Laguna		Ayos ang palakad, di magulo
24			Balibago		walang experience
22			San Pedro H C		BAd: nalalayuan kami sa bayan
21			Pulo Sta Cruz HC		Good: Nagituro ng paraan ng FP
24			Balibago Sta Rosa		BAD: Laging late ang doktor pag nagpa check up kami pag nag-reseta, walang stock ang gamot, walang libre minsan
24			Pulo Sta Cruz HC		Good: give info re FP method

## Appendix D: List of Health Centers

FEMALE  
BATANGGAS

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21			Mercado Village	Pulong Sta Cruz	Bad: konti ang medicine
22			Pulong Sta Cruz		Bad: Kung sino lang ang kakilala, siya lang binibigyan ng gamot palakasan
24			Pulong Sta Cruz		Good: pag emergency, inaasikaso agad
21			Pulo sta cruz		no bad experiences, ok lang
24			Atabang Mini HC	Sitio Anatan	Good: near BLISS, house maasikaso ang staff
22			Lopez Quezon	Bgy gomez	malinis ang paligid ng center, pati ang looben mismo
22			Pulo Sta Cruz		Bad: mabagal ang serbisyo, kung sino ang kakilala siya inuuna

FEMALE  
BATANGGAS

Age	No. of kids	Occupation	Brgy Health Center	Address	Experience
19			Pulo		no bad experience
21			Bulubod diwa	Sta rosa	malayo ang HC sa amin, mas malapit ang hospital
24					not visit h c
21					hindi nakakbisita sa hc

## Appendix D: List of Health Centers

PROJECT DYNASTY  
GROUP NO: FEMALE  
AREA BATANGAS

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Tabangao Aplaya	Batangas City	GOOD: Nang i-check-up ako noong nagbubuntis, asikasong-asikaso at sinabihan pa nala ako ng date sa susunod kong check-up BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: free clinic, nagko-consulta ng libre BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: nakakapagpa-check-up ng libre nakakapagbigay ng libreng gamot BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: Malaki ang naitutulong lalo sa aking anak dahil agad nilang inaasikaso kapag pumupunta upang magpa-tingin at libre ang mga bakuna BAD: Minsa sa karamihan ng nagpapatingin ay lalong nahihirapan ang anak sa sobrang ini!
FEMALE				Tabangao Aplaya	Batangas City	GOOD: none BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: Nakapagbigay ng magandang serbisyo at mga gamot; malimit magpa free clinic BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: Nag-koconduct ng free clinic, nagbibigay ng libreng gamot; malinis ang paligid at ok ang service BAD: Minsan ang pagal dumating ng mga doktor

PROJECT DYNASTY  
GROUP NO: FEMALE  
AREA CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE	26		housewife	Duljo Fatima	Cebu City	GOOD: maganda ang kanilang pakikisama sa tao BAD: none
FEMALE	30		none	Duljo Fatima	Cebu City	GOOD: Maasikaso sifa sa kanilang mga payente. Ok lang sila wala namang problema BAD: none
FEMALE	30		none	T. Padilla	Cebu City	GOOD: Ang mga nurse ay mapayuhin sa mga pasyente BAD: may mga nurse na masungit at about the medicine mahirap magbigay roon.
FEMALE	26		housewife	Parian	Cebu City	GOOD: mabuti ang aking na-experience dahil ang mga health worker ay masipag at maasikaso sa kanilang pasyente BAD: none
FEMALE	26		none	T. Padilla	Cebu City	GOOD: Marunong silang mag-asikaso sa kanilang mga pasyente. Pag-pasok natin, sasakubungin agad tayo ng "good smiile"
FEMALE	25		none	T. Padilla	Cebu City	GOOD: none BAD: none
FEMALE	30		lecturer	T. Padilla	Cebu City	GOOD: They teach us or me on how to prevent child or how to use contraceptive in a proper way.

## Appendix D: List of Health Centers

PROJECT DYNASTY

GROUP NO:

AREA

FEMALE

CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE	27		none	Bulacao		GOOD: none BAD: none
FEMALE	33		buy & sell RTV	Brgy. Ward II	San Antonio N. Samar	GOOD: none BAD: none
FEMALE	27		none	Brgy. Day-as		GOOD: none BAD: none
FEMALE				Lorega	Cebu City	GOOD: good check-up BAD: none
FEMALE	30		food vending	Brgy. Day-as		GOOD: free consultation, free immunization, free medicine BAD: none
FEMALE	25		none	Day-as		GOOD: free consultation, free sample of medicine BAD: none

PROJECT DYNASTY

GROUP NO:

AREA

MALE

CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	25		waiter	T. Padilla	Cebu City	GOOD: none BAD: none
MALE	31		none	T. Padilla	Cebu City	GOOD: good service BAD: none
MALE	25		none	T. Padilla	Cebu City	GOOD: Help other people BAD: none
MALE	26		none	T. Padilla	Cebu City	GOOD: none BAD: none
MALE	25		none	Brgy. Tinao	Cebu City	GOOD: none BAD: none
MALE	25		hair cutter	Hipodromo	Cebu City	GOOD: Paglabang sa Pamilya BAD: none
MALE	32		none	Bo. Luz		GOOD: none BAD: none

## Appendix D: List of Health Centers

PROJECT DYNASTY  
GROUP NO:

FEMALE  
CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE	33		none	Inayawan		GOOD: none BAD: none
FEMALE	34		housewife	Hipodromo	Cebu City	GOOD: teach us how to care for our babies BAD: none
FEMALE	33		BBQ vendor	Hipodromo	Cebu City	GOOD: gataga-an ko ug ma-ayong paglacad sa mga empleyado. BAD: none
FEMALE	34		food vending	T. Padilla	Cebu City	GOOD: ganahan na ko sa Health Center kay magpa-check ka walay bayag-ug libre pa gyud ang tambal basta na-a lang sa ilaha BAD: none
FEMALE	32		acctng clerk	Alaska	Cebu City	GOOD: all the workers in the center ara accommodating, they always take care of every patient in the center. In our health Center all the workers are well trained BAD: none
FEMALE	25		student	Dalingding	Cebu City	GOOD: gives us free medication; entertain question BAD: none
FEMALE	26		housewife	Day-as	Cebu City	GOOD: everything is fine, wala akong masabi BAD: none

PROJECT DYNASTY  
GROUP NO:

MALE  
CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	26		driver	Bulacao	Cebu City	GOOD: none BAD: none
MALE	34		house detective	Pari-an		GOOD: gain more knowledge about birth control BAD: none
MALE	30		inventory clerk	T. Padilla	Cebu City	GOOD: none BAD: none
MALE	34		bus (lechon)	T. Padilla	Cebu City	GOOD: none BAD: none
MALE	25		waiter	Guadalupe	Cebu City	GOOD: Vitamins for free BAD: none
MALE	25		student	Lahug		GOOD: none BAD: none
MALE	25		PUJ driver	Hipodromo	Cebu City	GOOD: none BAD: none

## Appendix D: List of Health Centers

PROJECT DYNASTY  
GROUP NO:  
AREA

MALE  
CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	33		PLUMBER	T. Padilla	Cebu City	GOOD: namimigay sila ng gamot BAD: none
MALE	28		OFW	Inayawan	Cebu City	GOOD: manghatag ug sample ng tambal; good provider BAD: none
MALE	31		book keeper	Tinago		GOOD: kapag pumunta binibigyan ng gamot BAD: none
MALE	26		clerk/LTFRB	Bo. Luz		GOOD: Nagbibigya ng contraceptives BAD: none
MALE	33		messenger	Mabolo		GOOD: sample condoms; sample medicines; free consultation BAD: none
MALE	25		technician	Cebu City	Cebu City	GOOD: Family Planning BAD: none
MALE	34		security guard	T. Padilla	Cebu City	GOOD: Distribute condoms; BP measurement BAD: none

PROJECT DYNASTY  
GROUP NO:  
AREA

FEMALE  
CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE	26		housewife	T. Padilla	Cebu City	GOOD: none BAD: Ang nurse is very strict unya d'i nimo sayon ma-approach.
FEMALE	25		sales clerk	Banawa	Cebu City	GOOD: Kompleto ang mga immunization nila sa mga bata. BAD: Nagalit ang doktora nung nagpa-check-up ako dahil nag-bleeding ako. Dahil sa pag-take ko ng pills.
FEMALE	34		housewife	Hipodromo	Cebu City	GOOD: ok ang doctor BAD: none
FEMALE	25		sales clerk	Katipunan		GOOD: They are so accommodating, friendly and entertaining BAD: none
FEMALE	28		Collector	T. Padilla	Cebu City	GOOD: Maayo sila mo entertain sa mga tawo. BAD: none
FEMALE	33		housewife	Mabolo		GOOD: maayo, walang problema BAD: none
FEMALE	32		gov't employee	Brgy Tinago		GOOD: good services and they entertain the clients very well BAD: none

## Appendix D: List of Health Centers

PROJECT DYNASTY

GROUP NO:

MALE

AREA

CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	16			Hipodromo		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	18			Day-as	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	17					GOOD: none BAD: none

PROJECT DYNASTY

GROUP NO:

FEMALE

AREA

CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Mambaling		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Pari-an	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Guadalupe		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Panganiban		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Day-as		GOOD: none BAD: none

## Appendix D: List of Health Centers

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Mabolo		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	21			Pan-an	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				T. Padilla	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	22			M.J. Cuenco		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				T. Padilla	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	23			M.J. Cuenco		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Hipodromo		GOOD: We have a clean and well equipt facility BAD: I heard of people not given proper medical attention

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Bulacao		GOOD: They entertain people who needed their attention BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Borbon	Cebu City	GOOD: none BAD: none

# Annex 5

As presented to USAID, March 25, 2003

## Roadmap To Greater Social Acceptance

a consumer marketing approach

### Presentation Roadmap

- › Consumer insights from FGD findings
- › BCC strategic framework
- › Lead to communication plan specifics development
- › Lead to sharpening of BCC, Advocacy & Medical Provider strategies & activities
- › Lead to further consumer research

### Top Value / Priority

Children's Future

Dreams      Well being

Family

### Top Value / Priority

Dreams      Children's Future      Well being

**Unplanned Pregnancy (FP failure) = DISRUPTION**

- › Delay achieving dreams
- › Further stretch limited finances
- › Threaten present relationships

Family

### Key Consumer Insights

1. **Family's welfare, future and well-being** is top priority and drives almost all decisions
  - universal among respondents
  - having children essence of getting married and ensuring their future and well-being a must
  - knows the difficulty to live life with dignity
2. Getting pregnant again is not bad on its own, it's a *Niasage* but it becomes **highly undesirable if unplanned**
  - will strain limited finances
  - disrupt or delay attainment of dreams
  - tougher to sustain same quality of relationships with current children

### FP Enjoys High Buy-In

FP is for prevention of unplanned pregnancy

Key benefit is spacing and limiting number of kids

Failure means stretch to income, threat to relationship (not ready)

As presented to USAID, March 25, 2003

## But With Sexual Encounters....

- Women can hardly say no, strong need to please their man, no matter what
  - being a wife, allowing sex is a "duty"
  - to avoid fights
  - proof of love and affection
- No way to say no to a man who is drunk
  - FP practice is impossible
  - Zero self control
  - Acknowledged as cause of many unplanned pregnancies
- Control & discipline left to the man which means it's a toss of the coin
  - All bets are down at the heat of it all!

## Key Consumer Insights

- FP already enjoys high buy-in, it's getting into a more effective FP (method choice) that is the challenge
- Specially with the present sexual "can't-say-no" experience, it demands a failure-proof FP method
- Admits to risk of failure of TMOC and better efficacy of MMOC
  - method groupings via product attributes and product use
  - "effective and risky"
  - "side effect and no side effect"
  - "easy to use and not easy to use"

## Attitudes Towards FP, TMOC, MEFP

Strong Want  
May Ignore

0 1 2 3 4 5  
Number Of Children

Desire for children, Desire for FP, Desire for TMOC, Desire for MEFP

- Higher desire for children lowers desire for any FP method
- As number of children grows, desire for FP grows
- As number of children reaches critical size, desire for more effective FP grows

## Key Consumer Insights

- Family Planning is not a "regimen" (health or otherwise) nor something that involves planning
  - is a response or a solution to a problem, bad scare, fear or bad experience
  - not about healthy lifestyle
  - nor a tool to uphold the woman's fertility decision

## FP Equation

**The Question: Loyalty & Conversion?**

Among TMOC users

- TMOC Is Risky Benefits - Weak User Image  
= Very Loyal to TMOC

Among MMOC users

+ MMOC is More Effective + Good User Image  
= Slow Conversion to MMOC

## FP Equation

**The Question: Slow Conversion? (MMOC)**

The Equation

More effective + Good User image  
- Low Knowledge - High Fears  
= Slow Conversion

As presented to USAID, March 25, 2003

## FP Equation

**The Question:**  
Very Loyal? (TMOC)

**The Equation:**

Free + Easy + Pleasurable  
- Risky Benefits - Bad User Image

Very Loyal

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## Key Consumer Insights

6. TMOC usage/preference - classic Philippine consumer overwhelming preference for "good value" (suhi)

- Value equation model: performance/price = value → preference
- Low out of pocket cost wins
- Over-all acceptable product performance (bare minimum) even with known product negatives
- Will choose to ignore product negative failure (method failure is not weakness of the method, but failure of the man or alcohol)
- Will rationalize "justify" preference
- Susceptible to "added benefits" proposition

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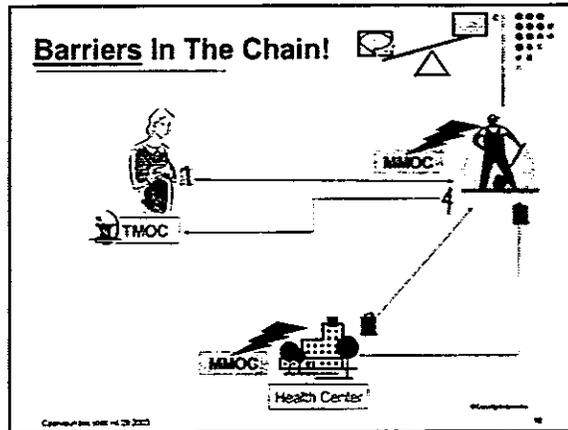
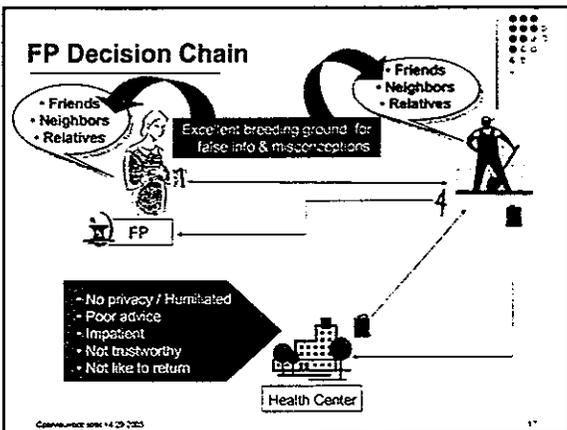
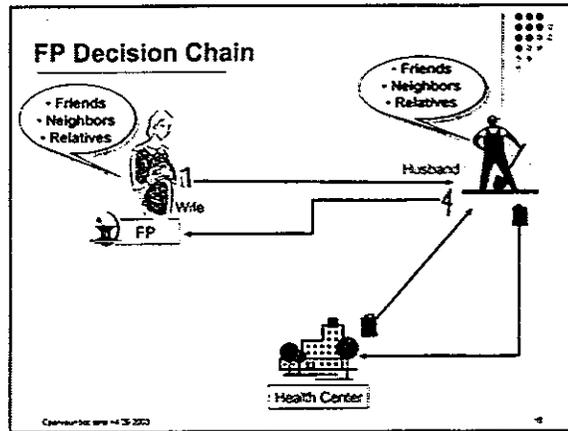
## Key Consumer Insights

7. The challenge of conversion to more effective FP (MMOC) is beyond efficacy or the rational, need to include a powerful but hidden emotional push point

8. This is classic "not for me" marketing/advertising challenge

- MMOC is better product, good user image, even aspirational but still feel it's not a product for her

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## Key Consumer Insights

- With income barely paying for daily needs, combined with effective FP not seen as essential, DE is perpetually trapped in the public health center for FP, and her quest for a more effective FP method its hostage
- Given the failure to deliver and the sorry state of the public health center, only the truly determined will discover more effective methods of contraception (MMOC)

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## Source Of MMOC

29% Public 71% Private

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## Key Consumer Insights

- Side effects is the single biggest product-related barrier for use
- The male partner cannot be ignored
- MMOC's good/aspirational, user image and more effective product image may be leveraged.
  - But side-effects product negative impression and discouraging public health center performance need to be addressed
  - To generate product trial and loyalty

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## Consumer Marketing Deja Vu

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## Purchase Decision

The Product	The Competition
<ul style="list-style-type: none"> <li>Superior product efficacy</li> <li>Bad product image (side effects)</li> <li>Expensive (not good value)</li> <li>Demands product knowledge</li> <li>High maintenance</li> <li>Poor distribution/availability</li> <li>Needs periodic customer service</li> <li>Bad after sales service</li> </ul>	<ul style="list-style-type: none"> <li>"Hiyang"</li> <li>Good track record (so far)</li> <li>No side-effects</li> <li>Free / no cost (great value!)</li> <li>Available always, everywhere</li> <li>Needs no after sales service</li> <li>Known to fail but ignored</li> </ul>

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## User Profiles

DE MMOC users

DE MMOC users

**Obvious differences**

- In attitudes towards FP
- In attitudes towards methods
- About self
- In life strategies and actions
- Similar in values
- But different in coping action

**Needed verification**

- Father insights

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As presented to USAID, March 25, 2003

### User Profiles

**DE TMOC users**

**DE MMOC users**

**Bridges Gaps**

**Obvious differences**

- › In attitudes towards FP
- › In attitudes towards methods
- › About self
- › In life strategies and actions
- › Similar in values
- › But different in coping action
- › Needed verification
- › Fuller insights

**ADDED BROAD C.F.G.Ds**

DE MMOC users

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### User Insights

DE TMOC User	DE MMOC User	
<ul style="list-style-type: none"> <li>› Family</li> <li>› Children / education</li> <li>› Financial well-being key concern</li> <li>› Resigned – accepts fate</li> <li>› Strong other-directed; ambitions not for self, for others</li> </ul>	<ul style="list-style-type: none"> <li>› Self</li> <li>› Career / work important</li> <li>› Husband / relationship important</li> </ul>	

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### User Insights

DE TMOC User	DE MMOC User	
<ul style="list-style-type: none"> <li>› Family</li> <li>› Children / education</li> <li>› Financial well-being key concern</li> <li>› Resigned – often accepts their fate</li> <li>› Strong other-directed; ambitions not for them but for others</li> </ul>	<ul style="list-style-type: none"> <li>› Self</li> <li>› Career / work important</li> <li>› Husband / relationship important</li> </ul>	

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### Attitudes Towards Pregnancy

DE TMOC User	DE MMOC User	
<ul style="list-style-type: none"> <li>› Another burden</li> <li>› Stretch to financial basket</li> <li>› Time taken from other children</li> </ul>		

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### Attitudes Towards Pregnancy

DE TMOC User	DE MMOC User	
<ul style="list-style-type: none"> <li>› Another burden</li> <li>› Stretch to financial basket</li> <li>› Time taken from other children</li> </ul>		

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### Attitudes Towards FP & Self

DE TMOC User	DE MMOC User	
<ul style="list-style-type: none"> <li>› Defers to husband</li> <li>› Fear of MMOC side-effects highly prevalent and engaging</li> <li>› Resigned</li> <li>› Finances a major concern</li> </ul>	<ul style="list-style-type: none"> <li>› Assertive</li> <li>› Better self worth</li> <li>› Can decide on her own, seeks what she wants</li> <li>› Career is important</li> <li>› Supportive others</li> <li>› Better coping attitudes</li> <li>› Financial a concern but manageable</li> </ul>	

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### Attitudes Towards FP & Self

DE TMOC User	DE MMOC User
<ul style="list-style-type: none"> <li>Defers to husband</li> <li>Fear of MMOC side-effects highly prevalent and engaging</li> <li>Resigned</li> <li>Finances a major concern</li> </ul>	<ul style="list-style-type: none"> <li>Better coping attitudes</li> <li>Finances a concern but manageable</li> </ul>

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### Key Consumer Insights

- Attitude, life strategies and attitude towards self propel users to overcome barriers they encounter in choosing MMOC
  - Socio-economic differences most much of a factor
- TMOC users need to be actively pursued to get them to move to MEFP
  - penchant for believing FP myths, pre-occupation with economic concerns and strong loyalty to TMOC and non-assertive attitude will unlikely make them seek MEFP on their own

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### What FP Is Not About...

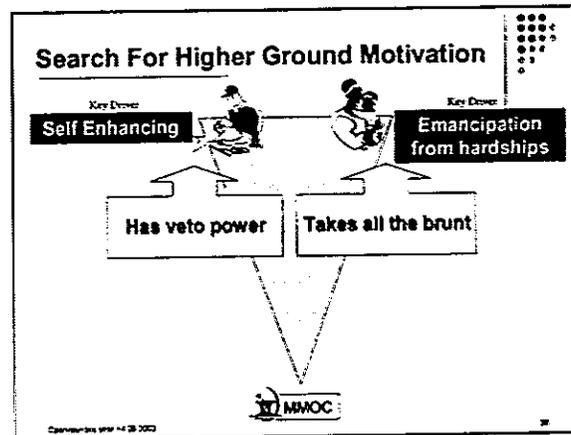
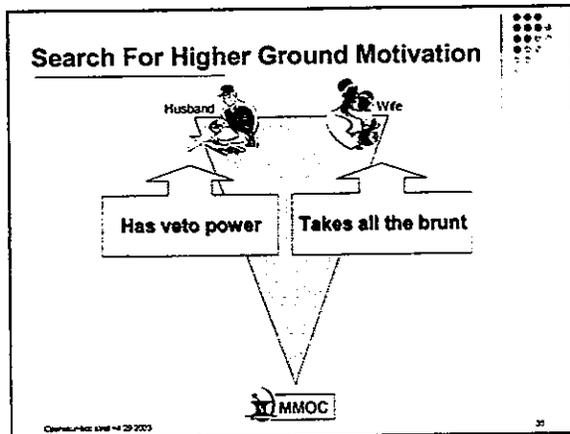
- Choice of method is not about religion, nor about what the church or pastor says (2.3% prohibited by religion, 2002 FPS)
  - religion is what her conscience tells her is right or wrong
  - a personal relationship with God more than religious practices
- FP is not linked to anything "health-related"
- Not about sex/promiscuity/libido
  - Though some MMOC (IUD, vasectomy, ligations) are at times associated with immorality
- Not about abortion (no single mention)

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### Consumer Marketing Approach To Greater Acceptance

- Will provide strategic clarity
- Force sharper strategic thinking
- Focused and specific
- More hard working executions and activities
- Measurable, adjustable, removable, improvable

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## Marketing Brief

**The Product:**  
*The product is more effective FP (MMOC) – most popular variants are condoms, pills and IUD; while the competitive set is TMOC, most popular variants are withdrawal, rhythm and calendar methods. MMOC suffers from a product image problem, burdened by product negatives, i.e. fears of side-effects which drop-outs have experienced themselves or have mostly heard from others.*

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## Marketing Brief

**Marketing Objectives:**

- ▶ Over-all, achieve greater acceptance of family planning by the general public
- ▶ Build more effective FP (MMOC) as the preferred method

**Marketing Tools**

- ▶ BCC
- ▶ Advocacy & Social Mobilization
- ▶ Health Provider

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## Marketing Brief

**Target Market: (Mass Media Advertising)**  
*Primary target are female, DE socio-eco class, 20 to 35 years old who are sexually active or are highly pre-disposed to be sexually active. Even though they have the impression that MMOC are more reliable than their current product, TMOC, they choose to ignore it and mention fear of side-effects as a major reason for non-usage. The experience of choosing MMOC is besieged with barriers and bad experiences. Starts at initial acquisition of basic information, sources are neighbors, friends and relatives, good breeding grounds for inaccurate and negative information. Experience ends at the public health center where incompetence and an inhospitable environment leads to the target not wanting to return after the first visit, downgrading MMOC further to non-preference.*

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## Marketing Brief

**Target Market:**  
*Secondary are males, with same demographics as primary target. Male is important as the woman would always defer to him on any decision and has veto power on method choice. In many ways, control is very important to the male, wanting and actually practicing significant power to direct his family and the female partner's life.*

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## Marketing Brief

**Target Market:**  
*Tertiary target are females, belonging to the C class, assertive and has mind of their own and has pretty much have a say on choice of FP method. Once convinced on the importance of having an effective and reliable FP method, she pursues it relentlessly from getting the right information about it and actually using it, not allowing anything or anyone, including her husband to stop her from acquiring her method of choice.*

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## BCC Initiatives



- \* Pro-bono TSAP : Creative media buying to effectively "double" media weights via pro-bono "sponsorship/airing" by networks, producers, etc
- \* Pro-bono Allied Topics : Get other groups to advertise FP-related issues that TSAP can't touch but will have a halo effect on FP-discussion. Example : teen pregnancy, empowerment, etc

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# BCC Presentation : Roadmap To Greater Social Acceptance

4/29/2003

As presented to USAID, March 25, 2003



★ **BCC Initiatives** CONVERTS TO BCC

- \* **MMOC Converts Com Plan:**  
get "recent" converts from  
TMOC to MMOC to speak up  
to create buzz in the market  
place

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## Roadmap To Greater Social Acceptance

a consumer marketing approach

# Annex 6

**FIRST QUARTER REPORT (January to March 2003)**  
**The Social Acceptance Project**  
**Submitted by: CORPORATE IMAGE DIMENSIONS**

For the Quarter covering the period of January 2003 to March 2003, Corporate Image Dimensions undertook the following activities:

#### **A. Crisis Management/Quick Response**

During the period covered, two issues necessitated a quick media response which CID orchestrated:

##### **1. The Orchids Story**

Health Secretary Manuel Dayrit was quoted in the Philippine Daily Inquirer as having said that the Philippines has enough supply of pills, so much so, that there are orchid growers who are using the pill as fertilizers. CID responded to the situation by: 1) preventing a more damaging follow-up story by the Inquirer writer and, 2) arranging for the radio broadcast and publication of a counter position by former Health Secretaries Romualdez and Flavier.

Below is a list of CID released articles to counter the Orchid Story.

- a. Malaya, January 19
- b. PDI, January 19
- c. Manila Bulletin, January 21
- d. Manila Standard, January 19

##### **2. The IUD Story**

On February 28, Secretary Dayrit was quoted as telling the media "the IUD, strictly speaking is an abortifacient...(But) we could not just pull it out because it's been in the market for so long." According to the news reports, he added that "some groups should challenge (the distribution of) IUD on grounds that it is unconstitutional.

While he privately retracted the statement, it was the conclusion of TSAP-FP and others that if Sec. Dayrit intended to issue a trial balloon, then the IUD would be delisted as was Postinor earlier, if there was no reaction from the public.

CID responded by: 1) orchestrating a response statement negating Sec. Secretary Dayrit's statement with a press release from the President of the Philippine Obstetrical and Gynecological Society; 2) distributing the statement to the press, 3) helping out with radio coverage of mass actions by women's groups protesting the Health Secretary's statement.

Below is a list of CID released articles to respond to the secretary's pronouncements.

- a. Malaya, March 7
- b. Kabayan, March 9
- c. Manila Times, March 9
- d. PDI, March 9
- e. PDI, March 15

As a matter of procedure, CID also came out during this period with a Guideline on Crisis/Quick Response, a document which identifies a crisis situation or a situation in media that warrants quick response.

### 3. International Women's Day (March 8)

Seeking to capitalize on the event, and anticipating a pro-Natural Family Planning policy pronouncement from President Gloria Macapagal-Arroyo, CID engineered a series of media publicity (print and broadcast) covering a pre-, actual, and post event effort. Please refer to the list below.

#### **Print:**

Articles below talk about Women's call for more Family Planning

- a. Tabloids: Abante, March 6, Family Planning, Kulang sa Impormasyon Remate, March 7, Tamang FP Hinirit ng Kababaihan Pilipino Star Ngayon, March 7, Lumalaking Populasyon...
- b. Broadsheets: Today, March 9, Filipino Women Need FP Info Bulletin, March 9, RPs Population to Balloon...

#### **Radio**

These are recorded radio interview with Rep. Lisa Masa, GABRIELA on Women & Reproductive Health

- a. DZMM, March 7
- b. DZME, March 7
- c. DZBB, March 7

#### **TV**

- a. Get Real with Ces Drilon, March 7, CAN 21  
Interview with Dr. Jondie Flavier, Dr. Quasi Romualdez, Ms Princess Nemenzo & Ms Rose Marie Rostata on issue of Family Planning
- b. Front Page, March 8, GMA 7  
A segment on Women & Reproductive Health

- c. Front Page, March 10, GMA 7  
Another segment on Women & Reproductive Health
- d. Business Morning, March 12, ANC 21  
An interview with former Health Secretary, Dr. Alberto "Quasi" Romualdez by Ricky Carandang
- e. Unang Hirit, March 13, GMA 7  
Poll Survey on Women Empowerment & Reproductive Health
- f. Debate, March 13, GMA 7  
Public affairs show which featured Methods of Modern & Natural Family Planning – should it be made available to Filipino people. All these communication efforts brought forward the proposition that the Philippines need an effective FP program in order to help women and their issues.

## **B. Pro-active PR**

In January, CID developed a PR program that would require regular media releases on a monthly basis. This was subsequently approved for implementation. For the month of January, chosen as theme was "Poverty and Overpopulation". For February, the theme was "Teenage Sexuality". March had "Women's Issues" as its theme.

Below is a list of CID publicity efforts published and aired in line with the above monthly themes.

### **II. PRINT**

- a. Overpopulation
  - 1) Manila Bulletin, February 9
  - 2) Malaya, February 9
  - 3) Today, February 16
- b. Well-Family
  - 1) Manila Bulletin, February 12
  - 2) Woman's Home Companion, February 12
  - 3) Malaya, February 15
  - 4) PDI, February 18
  - 5) Manila Standard, February 27
- c. Filipino Women
  - 1) Abante, March 6
  - 2) Remate, March 7
  - 3) Manila Bulletin, March 9
  - 4) Today, March 9

- d. Teenage Pregnancy
  - 1) Woman's Home Companion, March 18
  - 2) Woman's Home Companion, March 26
  
- e. Women Call for More Family Planning
  - 1) Today, March 9
  - 2) Manila Bulletin, March 9
  - 3) Manila Bulletin, March 21
  - 4) Abante, March 6
  - 5) Remate, March 7
  - 6) Pilipino Star Ngayon, March 7

### III. RADIO

This was a recorded radio interview with Dr. Albert Romualdez on Reproductive Health by Sec. Juan Flavier

- a. DWIZ, January 17

### C. Media Monitoring

- On a daily basis, nine (9) broadsheets and twenty two (22) tabloids were scanned for FP related stories;
- On a weekly and monthly basis, magazines were also scanned for relevant stories;
- At random, the internet were also searched for current stories on FP;
- Radio and TV were also monitored daily but on a selective basis, i.e. top rating programs and public affairs shows.
- 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.

For the period covering 26 January to 31 March 2003, CID was able to pick up 177 FP related stories. These include 26 CID Releases, 115 positive, 17 negative and 19 neutral articles.

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.

### D. Special Projects

Two special projects were attended to by CID during the period:

1. The Media Roundtable

A media roundtable, involving media columnists and senior writers was planned for implementation. The Project was to have been hosted by the Population Commission. This was, however, postponed due to internal and organizational changes in the Commission.

#### **E. Projects**

In March, CID started preparations for projects intended to ensure attainment of program objectives:

1. Development of Databank

Primarily intended for the use of CID writers on the TSAP account, a compilation of statistics, FP "champions", soundbites and relevant information will prove to be useful for the entire project staff. Status: ongoing.

2. Advocacy/Networking Support

This is intended to provide communication and publicity support to the various activities of the Advocacy Group so that they can leverage more the gains of their work in the field. Status: ongoing.

3. Training of Champions

The significance of this activity comes in the form of an available pool of able and effective promoters and defenders of our key messages. With a trained pool of "champions", the movement for the social acceptance of FP in the Philippines will gain its deserved momentum. Status: preparations are under way.

# Annex 7

Production of Print Advocacy Materials  
The Social Acceptance Project-Family Planning  
Draft April, 2003

**Background:**

Information, education and communication (IEC) will play a major role in achieving The Social Acceptance Project intermediate results of:

- Increased communication adequately portraying Family Planning (FP) as a mainstream health intervention
- Increased number of key segments of society advocating for the use of family planning
- Increased acceptance of family planning as part of the routine health service package

IEC print materials will be used by all three components of the project to reach their target audiences at the national and local levels to influence people's attitudes and behaviors regarding FP. In previous FP campaigns, IEC "has played a key role in helping attaining Program objectives through its ability to influence social norms, access and availability, and quality of care." (LGU Family Planning IEC Strategy, 1996)

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

TSAP-FP's approach to social acceptance involves targeted efforts to reach women, men, youth, couples and families. These target groups are influenced, not just by mass media, but also by the influential people around them, like local influentials, local churches, family, friends and neighbors and the Barangay health workers. A key strategy in our project is to persuade these influentials to carry consistent messages, such that the target individual or couple will form a single correct impression of FP.

These influentials in turn will be persuaded to promote FP and carry consistent messages by our technical assistance to various key influential organizations and networks from the government and non-government sectors. Many of these non-government organizations (NGOs), national government agencies (NGAs) and local government units (LGUs) will benefit from IEC materials. However, some of these organizations have low capability in their production.

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

## **Objectives**

The broad objective of this IEC Plan is to encourage and direct the production, dissemination and monitoring and evaluation of IEC materials with consistent messages to promote social acceptance of family planning among men and women of reproductive age and adolescents and young adults in the target sectors of urban poor, industry, agricultural and fishing communities.

This main objective can be broken down into the following sub-objectives:

- To set guidelines for their publication including editorial policy, design and layout, printing, dissemination and reproduction, and monitoring and evaluation.
- To identify mechanisms for building capability of partner organizations to produce IEC materials.

## **Strategies**

**Information**

**Education**

**Communication**

## **Target Audiences:**

Broadly, target audiences of IEC materials are the following:

- Present and potential users of FP
  - Current users or potential users of FP methods among the DE socio economic class
  - Adolescents and young adults in school or out of school
- Influentials
  - Groups or organizations with a stake in FP, reproductive health (RH) or health issues or who counts on our target sectors as their constituencies
  - Health providers (doctors, midwives, industrial nurses, Barangay Health Workers (BHWs) and Barangay Service Point Officers (BSPOs))

These individuals and groups can be at the national or local levels in our project areas of Metro Manila, Bulacan and Pampanga, Cavite, Laguna and Batangas, Metro Cebu and Negros Oriental, Metro Davao, four provinces in ARMM, Bicol and Samar-Leyte.

## Media

The following are the categories of materials that will be produced:

- Advocacy materials—those materials that will convince key influentials, either groups or individuals, to advocate FP. Target groups are labor unions, women's groups, NGOs and community organizations, urban or informal sector groups, legislators, faith-based groups, professional groups local government units, national government agencies and select business groups.
- FP materials—those materials that will encourage a man or woman or a couple to practice FP including materials that will correct false impressions about FP methods and materials to encourage responsible sexuality among adolescents and unmarried young adults. These materials can also serve as background material for use by influentials. These materials will be designed for low- or medium literacy audiences at the DE socio-economic class level
- Bulletins or data sheets—materials that will carry data on population, FP and other research based information. Primary audiences are decision makers in government, business and media.
- Research papers—output of TSAP-FP research in academic format. Target audience is the academic community, policy makers in government and the private sector and media.
- Medical bulletins—materials directed at the medical or health provider community. Content for these bulletins will come mainly from the Philippine Network of Evidence Based Medicine-Family Planning. There are three types of groups in the medical community: doctors who have the most advanced knowledge of the field, midwives who have considerable experience but only two years of formal medical training, and Barangay Health Workers or Barangay Service Point Officers, who have very limited medical training and medium or high literacy but have considerable influence in their communities.
- Training modules—materials that set content and process of training including evaluation materials. Primary audience is training officers.

*Attachment A* shows initial list of materials to be produced and for what audiences.

## Messages:

The key message of IEC materials will echo and build upon the repositioned message being developed by the Behavior Change Communication component of the Project. As this becomes available, it will be applied at the local and sector levels and made more relevant to target audiences. The following table shows the key themes that will be used to refine and reshape the repositioned messages to the target sectors or segments (TSAP-FP Advocacy and Stakeholder Management Plan, March 2003).

SECTOR/ SEGMENT	KEY THEMES
Labor	<ul style="list-style-type: none"> <li>▪ FP in the workplace</li> <li>▪ FP to increase productivity</li> </ul>
Urban Poor	<ul style="list-style-type: none"> <li>▪ FP and poverty</li> </ul>
Youth	<ul style="list-style-type: none"> <li>▪ Responsible sexuality</li> <li>▪ Life skills</li> <li>▪ Postpone first sexual contact</li> <li>▪ ABC</li> </ul>
Legislators	<ul style="list-style-type: none"> <li>▪ Policy support for FP=QOL</li> <li>▪ Supporting FP is good politics</li> <li>▪ FP is good governance</li> </ul>
Interfaith	<ul style="list-style-type: none"> <li>▪ Responsible parenthood and family life</li> </ul>
Women's Groups	<ul style="list-style-type: none"> <li>▪ Gender issues</li> <li>▪ Empowerment and emancipation</li> </ul>
NGOs and Community Organizations	<ul style="list-style-type: none"> <li>▪ FP/RH/health are part of human rights</li> </ul>
Health Sector	<ul style="list-style-type: none"> <li>▪ FP saves lives</li> <li>▪ FP is a health intervention</li> <li>▪ FP is good business</li> </ul>
NGAs	<ul style="list-style-type: none"> <li>▪ Pop Dev</li> <li>▪ Health Intervention/ Responsible Parenthood</li> <li>▪ Article 134</li> </ul>
LGUs	<ul style="list-style-type: none"> <li>▪ FP is a good governance</li> <li>▪ Pop Dev</li> <li>▪ Health Intervention/RP</li> </ul>
Other Groups i.e. Environment	<ul style="list-style-type: none"> <li>▪ Effect of population on environment</li> </ul>

**Guidelines for IEC Materials:**

**Editorial:**

- Quality of language used should be relevant to target audience
- Materials shall be written or translated into the native tongue of the intended audience
- Messages developed should respond to attitudes and needs of target audiences as determined by research
- Gender sensitive language will be used
- Cultural sensitivities will be respected
- Except for academic or scholarly papers, brevity will be the norm
- Source data will be properly cited
- Authorship and attribution will be TSAP-FP

**Design and Layout:**

- Design should be appreciated by intended audience
- Desktop publishing software will be Pagemaker©

- All designs should be limited to two colors
- Photos and illustrations or line art will be used appropriately and consistent with the exigencies of the printing process available at the locality
- All designs for a particular use should apply the same format (design grid, typography, use of color, etc.) consistently for identification purpose
- Designs should be easily replicated and reapplied to different materials

#### Printing Guidelines:

- All procurements should follow USAID policy
- For consistency in quality, printing standards will be followed like use of Pantone Codes to designate color
- Materials submitted to printers should be in a standard computer file format (Pagemaker©) or in film for consistency in quality
- Standard paper weights and qualities will be used
- Minimum printing process will be offset

#### Dissemination and Reproduction:

- TSAP-FP will encourage groups to reproduce TSAP-FP materials with proper attribution. TSAP-FP will provide computer files or output films to ensure proper quality
- TSAP-FP encourages other groups to modify IEC materials following set guidelines and templates
- TSAP-FP will provide necessary text, design and image banks to enable other groups to produce quality IEC materials
- TSAP-FP will closely monitor the dissemination of IEC materials it produces

#### Capacity Building:

Capacity building is a major component of the IEC Plan. The objective is to build the capabilities of groups at the local level to produce IEC materials on a sustaining basis.

In the development of capacity-building modules, the following guidelines will be followed:

- Training needs analysis will be done to enable capacity building activities to respond to actual conditions at the field.
- TSAP-FP with the assistance of the local group will assess capabilities of local printing outfits. Training will be modified to allow materials to conform to the capabilities of the printer such that the correct output.
- A major component of the module is training on how to use the design templates. Hands-on training on TSAP-FP templates is the preferred mode of training.
- TSAP-FP will continue to be a consultant on applications of the design templates
- There will also be training on how to access and utilize the story, design and image bank to be developed by TSAP-FP for use by its partners. This resource bank will be put on a website for easy access.
- Monitoring and evaluation will be a part of the training module.

### **Monitoring and evaluation:**

Monitoring and evaluation is a necessary part of TSAP-FP. With monitoring, the Project can assess whether results desired are being achieved. If results are not satisfactory, mid-course correction can then be done.

The following are the broad parameters of IEC monitoring and evaluation:

- All materials will be pretested for understandability, credibility and usefulness, retention, and cultural and gender sensitivity. No material will be released unless pretested among intended audiences.
- The Pyramid of Communication Quality (*Attachment B*) will be the guide for monitoring and evaluating communication effectiveness. This framework will help us determine how we will evaluate:
  - Reach to intended audiences (logistics criteria)
  - Relevance and attention
  - Behavior change
- For major IEC interventions, baseline and follow-up sample surveys will be done.
- Capacity building interventions will be evaluated.

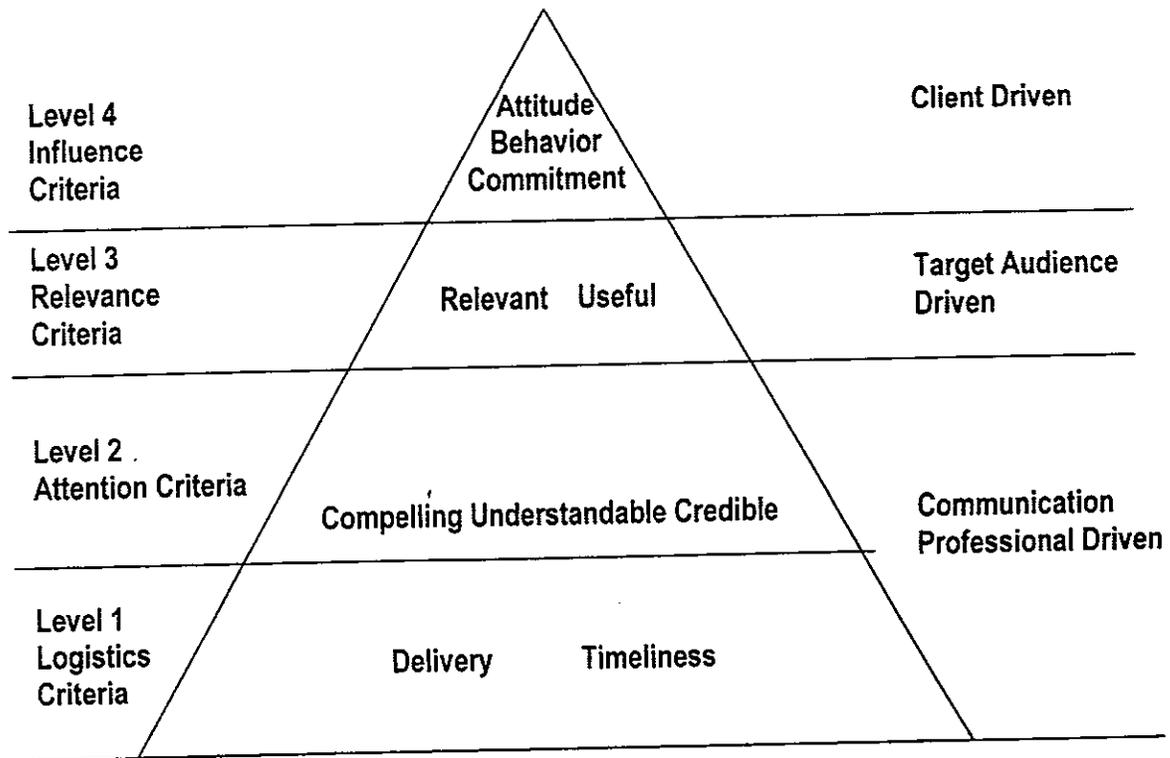
Timelines:

Activity	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Prepare guidelines	█									
Hire artist		█								
Prepare layouts		█	█							
Pretest layouts			█							
Approve layouts				█						
Design Training				█						
Hire writer		█								
Write first 7 documents		█	█							
Write next 8 documents			█	█						
Layout first 7				█	█					
Pretest first 7					█					
Finalize first 7					█					
Print first 7						█				
Layout second 8						█				
Pretest second 8						█				
Finalize second 8						█				
Print second 8						█				

Attachment A: List of Initial Materials

	MEDIA	URBAN POOR	UNIONS	ADOLESCENTS	FAITH BASED	NGOs/ Women's Groups	LGUs
Specific: What they can do	√				√	√ - what NGOs & community can do	√
For use by sector		General info of FP: -fertility cycle -FP methods, incl. NFP -relationships # of children & poverty, income, savings, access to services, health Gender Empowerment	Gender empowerment	- responsible sexuality -gender sensitivity  Gender empowerment		NGOs poverty and population  Gender issues Empowerment and emancipation	FP is good governance/ politics  Provision of support for quality health care
Background	-population -poverty -health - environment		FP in workplace - HR managers -labor unions		Background	Background	Background
Methods and Barriers	√	√	√	√	√	√	√
The Truth about	√	√	√	√	√	√	√
Role of men	√	√	√	√	√	√	√
FP & Responsible Parenthood	√	√	√	√	√	√	√

*Attachment B: Pyramid of Communication Quality*©



The Pyramid of Communication Quality essentially states that communication will not happen unless certain criteria or levels are achieved.

The pyramid rests on Level 1 criteria, which states that communication should first be delivered in a timely fashion before it is expected to work. Many IEC materials in the past have failed because they were not delivered to the target audiences. The next level is attention criteria, which means that the material should grab the attention of the expected audience in a compelling manner. But more than that, the IEC material should be understandable and credible. The premise here is that a material that will not be read is useless.

The third level is the relevance criteria. Materials should be relevant and useful to the target audience. If the three criteria levels are "climbed" then it would be possible for the IEC materials to achieve the ultimate objective of all communication which is a change in attitude, behavior or commitment.

The Pyramid of Communication Quality also identifies who drives the different levels. Thus the client determines what changes he expects in the target audience as a result of the communication. The target audience determines how the message is crafted such that it is relevant and useful. And the communication professional is responsible for ensuring timely delivery and that the material is compelling, understandable and credible.

# Annex 8

**DRAFT**  
FOR INTERNAL DISCUSSION ONLY



*Social Acceptance of Family Planning in the Philippines Project*



Stakeholders' Analysis Report

## Executive Summary

### Introduction

1. Stakeholders are groups or individuals who have an interest or stake in an issue, in our case in family planning. Stakeholders need to be mobilized to support an issue via advocacy and social mobilization.
2. Advocacy is defined as a set of targeted actions to influence decision makers and influentials to effect changes in the socio-political environment in support of a specific cause. Social mobilization is defined as deliberate participatory processes to involve local institutions and leaders, community groups and members to organize for collective action.
3. Stakeholder analysis as it relates to The Social Acceptance Project–Family Planning serves to identify the key stakeholders in the issue of family planning and identify their interest, importance, influence and support for FP. Stakeholder analysis serves as the basis in designing strategies to maximize the contributions of the stakeholders to the attainment of Project objective which is to create an environment supportive of informed choice for all family planning methods.

### Findings and Recommendations

In general, there is broad support for family planning in the Philippines. TSAP-FP can count on the support of key sectors of society. Focus sectors for advocacy are NGOs who work among the labor unions, urban poor groups, adolescents and young adults groups, National Government Agencies, legislators, Local Government Units, medical community, faith-based groups and media. However, as these sectors are large heterogeneous organizations, there are pockets of opposition in each of these sectors.

1. While the identified NGOs and POs have influence over their respective constituencies, many of them do not have much influence to do advocacy at the national level. There is a need to develop their capabilities by forming these stakeholders into coalitions or confederations that will have a greater voice.
2. TSAP-FP will work out a *modus vivendi* with government agencies which, following the lead of the Pres. Arroyo will only fund and promote natural family planning.
3. There is large support for FP in Congress, with many Members willing to be champions of FP.
4. The Project will work within each targeted Local Government Unit's own development framework and the Local Chief Executive's priorities.
5. TSAP-FP will partner with the health provider community as advocates for FP among possible users. On another level, some prominent members of the

medical community will also be tapped to advocate for FP at the national level, given training on media and messages.

6. The Catholic Church opposes the promotion of modern family planning methods except Natural Family Planning. Our recommendation is to try to find common ground with the Church, for example in areas like abortion and NFP as a modern method.
7. We will support other faith-based groups, including the Iglesia ni Kristo and Protestant churches, which are almost unanimous in their support for family planning, in their effort to promote modern methods among their followers, and also to show that there is a diversity of beliefs on the issue.
8. Ulama and alimat are important in the Muslim project areas not only because they can issue edicts that will overturn the often cultural belief that contraception is prohibited, but also because of their position in society
9. Media is generally supportive. TSAP-FP will tap prominent members of the media in advocacy activities and raise support via education and information.
10. Even as FP enjoys broad support from many sectors of society, there are those opposed to it. For those in high and medium opposition, the proposed action is to monitor movements and assess possible risks. For those in low opposition, we will aim to convert the opposition to neutrality via information-sharing and liaising.

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## I. Introduction

Several studies have shown that the availability and quality of services and knowledge about methods and sources of contraception are important factors underlying the unmet need for family planning services (UNFPA, 1998). Findings clearly imply that provision of information and services needs to be more supportive of women's or couples' fertility preferences. To meet this need, the Philippine Family Planning Program (PFPP) requires a concerted effort among key stakeholders to effect positive shifts in the commitment of leaders from the national to the local, decentralized levels, and broad support from different sectors of society. All these call for advocacy and social mobilization to generate wider stakeholder participation and ownership.

Advocacy is defined as a set of targeted actions to influence decision makers and influentials to effect changes in the socio-political environment in support of a specific cause. Social mobilization is defined as deliberate participatory processes to involve local institutions, local leaders, community groups and members to organize for collective action towards a common purpose.

To ensure success of advocacy and social mobilization, it is essential that TSAP-FP identifies, engages, and strengthens key stakeholders as champions who will speak out for family planning (FP). Key stakeholders should be able to influence other individuals and groups within their sectors and lead as well in mobilizing diverse groups to collaborate and work together in partnership to move a broad sector of society.

From 1970 to 1986, the Commission on Population (POPCOM) was largely responsible for the rapid promotion and expansion of family planning service delivery. The Commission successfully mobilized the health sector to deliver family planning services and created a network of community-based non-medical supply points. Changing government policies and donor priorities, however, made POPCOM's position increasingly unstable. In response to the de facto freeze in public-sector family planning provisions in 1987 following the ascent to power of the Aquino government, responsibility for operational management and control over resources for family planning was transferred from POPCOM to the Department of Health (DOH). Thereafter, the Family Planning Program was placed under the leadership of the DOH. POPCOM's role evolved into that of advocacy and policy on population and development.

The devolution of health service delivery to the Local Government Units (LGU) after the Local Government Code was passed in 1991 changed the program management position of DOH. Funding, staffing and administration of health service delivery which includes family planning became the autonomous prerogative of the local chief executives. Thus, family planning has had to compete with other essential services for scarce LGU resources. Resource

allocation for FP is thus dependent on the Local Chief Executive's position regarding FP.

However, under the administration of President Gloria Macapagal-Arroyo, the Department of Budget and Management has prohibited the expenditure of the Internal Revenue Allotment (national government contribution to the LGU) for family planning services.

Decentralization and the rise of the civil society have encouraged the mobilization of organizations dedicated to public purposes. Labeled with the catch-all term non-governmental organizations, these groups have become prominent and indispensable partners in family planning.

Our project, "*Strengthening Social Acceptance of Family Planning in the Philippines*," (also known as The Social Acceptance Project–FP or TSAP-FP) aims to help achieve greater social acceptance of family planning which is indicated by the percentage of the general public who strongly approve of family planning practice. TSAP-FP seeks to create an enabling environment where open and accurate information on family planning and all methods contributes to the overall pervasive and positive dialogue leading to a change in norms among individuals and societies. Its three components, Behavior Change Communication (BCC), Advocacy and Social Mobilization and Health Provider Component, seek to achieve the following Intermediate Results:

- (1) Increased communication adequately portraying FP as a mainstream health intervention
- (2) Increased number of key segments of society advocating for the use of family planning
- (3) Increased acceptance of family planning as part of the routine health service package

The Social Acceptance Project–Family Planning (TSAP-FP) hopes to achieve a "tipping point" in the areas where it will operate, namely Bulacan and Pampanga in Central Luzon; select cities and municipalities in Metro Manila; the provinces of Laguna, Batangas and Cavite in Southern Tagalog; Bicol Region; Capiz, Negros Oriental, Samar, Leyte, and Metro Cebu in the Visayas; and Metro Davao and four provinces in the Autonomous Region of Muslim Mindanao in Mindanao. It aims to narrow the "KAP gap" or the disparity between knowledge and attitude (99% awareness of FP) and practice (48.8% Contraceptive Prevalence Rate<sup>1</sup>) among its target population sectors of the urban poor, industrial workers and adolescents and young adults.

To achieve the above expected results, the Project has to identify and select relevant institutional players and individual champions to help deepen

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<sup>1</sup> 35.1% for Modern methods and 13.8 Traditional methods (Source: 2002 Family Planning Survey)

public support, catalyze concrete action consistent with public approval and mobilize domestic resources necessary to sustain progress towards making family planning as part of a healthy lifestyle socially acceptable and available to a greater number of Filipino families.

## II. Stakeholder Analysis

Simply put, a stakeholder is defined as a group or individual who has an interest or stake in an issue, in our case in family planning. In general, stakeholders may be beneficiaries, allies, adversaries and influentials. Stakeholders vary in their position and interest regarding the issue: they may be supportive; not yet supportive but may be convinced to be supportive; not yet supportive and resistant to overtures; or hard core adversaries.

Stakeholder analysis as it relates to TSAP-FP serves to identify the key stakeholders in the issue of family planning, identify their interest, importance and influence in the issue, determine strategies to maximize the contributions of the stakeholders supportive of the Project and minimize the effects of if not reverse the position of those opposed to family planning. While beneficiaries are indeed a major stakeholder, they will not be subject to study as this analysis pertains only to those who exercise a level of influence over individual or organizational decision making on family planning. This influence may be over beneficiaries, i.e. convincing beneficiaries to practice FP, or over policy, i.e. convincing the DOH to amend FP protocols.

Stakeholder analysis is a dynamic process in that stakeholders continuously change their positions in response to advocacy efforts. This document is therefore a working document that will continuously evolve particularly on the list of stakeholders and their positions on FP. However, the process followed to analyze positions of stakeholders will remain essentially the same through the life of the Project.

## III. Stakeholder Analysis and TSAP-FP

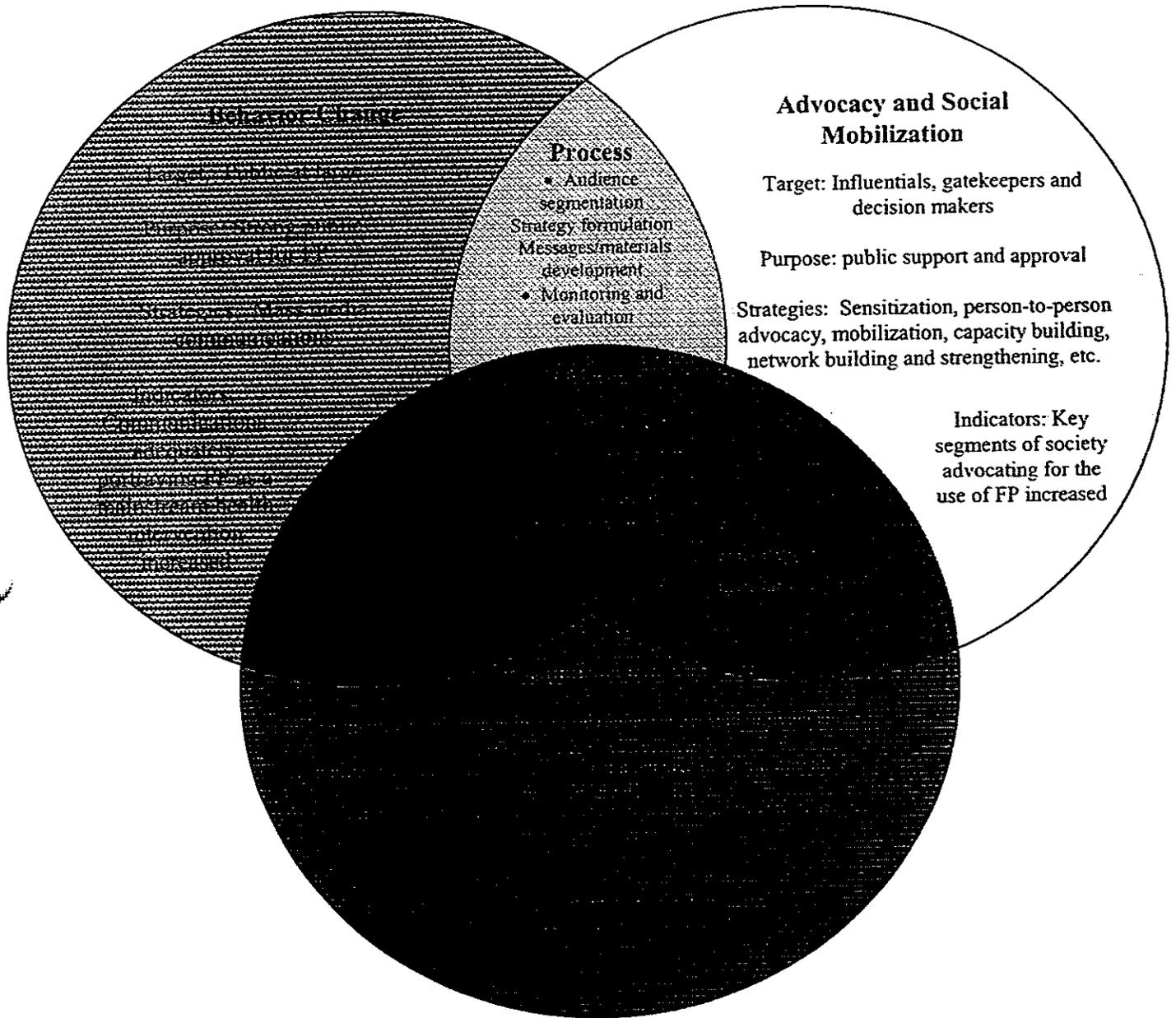
The three components of TSAP-FP—behavior change communication, advocacy and social mobilization and health provider—work synergistically to make FP socially acceptable in Philippine society. While each of the components has its own unique set of stakeholders, the activities and outputs of every component contribute to the achievement of the objectives of other components.

The communication component will be measured by its success in the percentage of target audience who consider family planning as valuable in their life and number of positive versus negative statements on family planning

made by individuals/groups in print, television, radio and non-traditional media. The advocacy and social mobilization component has as indicator the number and type of key segments of society advocating for the use of family planning. And the health provider component will be measured by the percentage of health providers in public facilities and industry clinics who have correct knowledge of specific FP methods and the number of public health facilities and industry clinics in convergent sites offering family planning as part of their routine health package.

In broad strokes, behavior change communication will package the messages developed by the health provider component to present the correct information to the greater number of the people, using all forms of media. Again using the messages derived by the health provider component, advocacy and social mobilization will convince the influential members of society, who have been primed to be more receptive to the family planning message by BCC, to advocate family planning to their constituencies. The twin action of BCC and advocacy is envisioned to create a demand for family planning services. This demand will be better met by the health services sector, both public and private, that has been strengthened via skills, knowledge and protocols that have been put in place by the health provider component. How the three components converge is presented in the following Programmatic Framework (Figure A).

Figure A: Programmatic Framework



The common denominator of all three components is communication, but with different target audiences and intended outcomes. Overarching on the two components is the medical provider component which provides one of the key contents of the BCC and advocacy components. With the EBM-related information from the medical provider component, it is expected that provision of EBM-FP information will address barriers to contraceptive practice and improve the interpersonal and counseling skills of health providers. Thus, competency of service providers will redound to a wide public approval of FP. Likewise with EBM-related information used for advocacy messages and materials, advocacy networks, coalitions and champions will be equipped with the latest scientific data-based arguments to support the promotion of FP. Community mobilization and interpersonal communication and negotiation will be more effective in bringing about policy reforms, rules, regulations and resource generation for the entire FP community. For the health provider component, the introduction of evidence-based medicine will influence revision of family planning and reproductive health (RH) guidelines, standards and protocols, as well as changes in curricula of medical, nursing and midwifery schools.

Stakeholder analysis is necessary, particularly for a project which has limited resources, people and time. (Our Project has a guaranteed lifespan of only three years). Thus, only key stakeholders with a strategic and reasonable cost-beneficial chance of contributing to the Project's achievement of its objectives will be selected for partnership. This does not mean however that only "the usual" groups will be selected for partnership. There are indications that there are many other groups and individuals who can be as effective as or even more so than groups who have been tapped before in advocacy of FP.

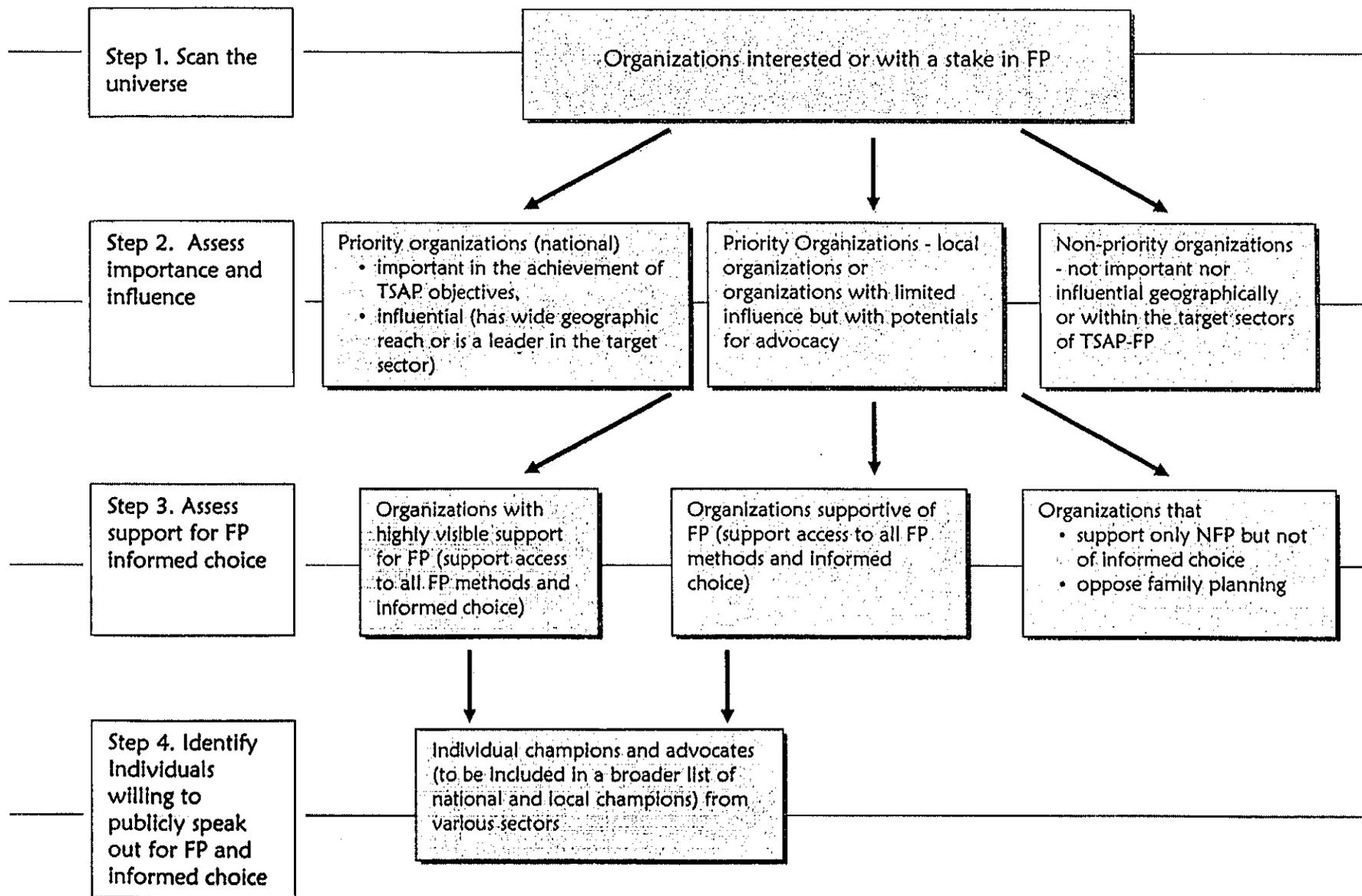
#### IV. Stakeholder Analysis Process

Given the above framework and the results expected of the Project (See *Appendix A: Indicator Matrix*), we analyzed our stakeholders following the steps illustrated in Figure B.

A universe of possible stakeholders was drawn up by a) reviewing lists of various existing organizations in the social sector, b) field interviews with leaders in the social sector and c) broad consultations with representatives of NGOs. A Decision Tree (*Appendix B*) was used to filter the stakeholders that will be subjected to further analysis. In this decision tree, obvious filters like geographic scope of the stakeholder and its present or possible involvement in the sectors of our interest were used to determine priority stakeholders.

As a result, a list of organizations with their involvement in the sectors targeted by the Project (*Appendix C*) was drawn up.

Figure B: Steps in Stakeholder Prioritization for Advocacy and Social Mobilization



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We also differentiated between importance and influence. Important stakeholders are those whose views, needs and interests coincide with the objectives of the Project. If these important stakeholders are not involved, then the Project could hardly be a success or if ever successful, it could be with great difficulty.

Influence refers to how powerful a stakeholder is in the stakeholder's sphere of influence and reach in the sector or locality, as well as the potential influence on a national level. Influence as applied in the Importance/Influence Matrix is the intrinsic capability of stakeholders to convince their constituencies as well as those outside their constituencies to take action because of their position in society, financial strength or ability to have the ear of decision makers.

Stakeholders who have high importance and either high or low influence were also assessed on their support of all methods of FP and informed choice. Those who have both high support and have high influence are our natural allies in the Project. Those who have high influence but unmobilized support would be the subject of advocacy efforts to maximize their influence. Those who are influential but with support for a limited number of methods would be subject to advocacy efforts in order to neutralize their position.

Finally, TSAP-FP also initiated the identification of advocates and champions. These are individuals willing to publicly speak out in support of FP. (Appendix D) Advocates or champions are those who have:

- A high level of support for family planning and the whole range of family planning methods
- Consistently declared public support for FP
- Utilized resources and influence to advance FP.

Appendix E outlines the results of the analysis of importance, influence and support of various institutional and individual stakeholders for FP.

Stakeholders in *Cluster I: High Importance, High Influence, High Support* are important to the Project and have high influence, and whose support will make a significant difference. Examples of these stakeholders are the Trade Union Congress of the Philippines (TUCP) and Philippine Business for Social Progress (PBSP). Both have a strong network of labor and informal sectors which have been our target segments of collaborators in the Project.

Stakeholders in *Cluster II: High Importance, High Influence, Non Supportive* is important to the Project, has high influence, but do not favor informed choice for FP. While not capable of immediately being useful to the Project, they can be of significant risk. While no partnerships will be formed with stakeholders in this cluster, they will be monitored on a regular basis.

Stakeholders in *Cluster III: High Importance, Low Influence, High Support* are important to the Project as they have influence over sizeable constituencies that will benefit from Family Planning. However, they do not as of yet have considerable influence at a national level to make a significant impact on national advocacy. Examples of the stakeholders in Cluster III are Foundation for Adolescent Development (FAD) and Reproductive Health Advocacy Network (RHAN).

Stakeholders in *Cluster IV: Under Study* are groups and individuals whose views on FP are not yet clarified, thus, will necessitate further analysis and determination.

## VI. Findings

In general, there is broad support for family planning in the Philippines. Our Project can count on the support of key sectors of society: the government, both in the executive and legislative branches; Non-Government Organizations; faith-based groups; the medical community; and media. However, as in any large heterogeneous organizations, there are pockets of opposition in each of these sectors. The team has also excluded an in-depth analysis of the business sector as another cooperating agency of the USAID, Commercial Marketing Strategies (CMS), is in charge of that particular sector

### A. Government

#### 1. Executive

##### Malacañang

- President Gloria Macapagal-Arroyo's (PGMA) population and family planning policy has four pillars: responsible parenthood, respect for life, birth spacing and informed choice.
- On March 8, 2003, PGMA launched the Responsible Parenthood Movement, a nationwide education campaign that seeks to empower families "to make truly informed choices by providing them with fertility awareness education and values formation." This will be spearheaded by the Department of Health and POPCOM in collaboration with local government units, and non-government organizations.
- During PGMA's speech at the Woman's Day celebration, she emphasized the importance of family planning as a health intervention and as a means of reducing poverty. She defined family planning as having couples and individuals achieve their desired family size in the context of responsible parenthood.
- However, the only method that her government is funding and promoting is NFP. Her slogan is Birth spacing through Billing, Basal temperature,

and Body signs (BBBB). She expects the private sector, the NGOs and LGUs to take up the slack in modern contraceptive methods.

- There are also indications that she is against modern methods and has made critical remarks on the pill.

#### Population Commission

- Of the 12 board members of POPCOM, only three have publicly expressed support of family planning and reproductive health issues. These are DSWD Secretary Dinky Soliman, Mercedes Concepcion and Jonathan Flavier (*Appendix E*).
- A recent interview with Romulo Neri, Director General of the National Economic Development Agency and Secretary for Socio-Economic Planning, quoted him as saying that the Church should keep its hands off the population issue.
- One is an oppositor of modern family planning: Department of the Interior and Local Government Secretary Jose Lina who as governor of Laguna stopped FP programs in the province.
- A critical member of the POPCOM board, Department of Health Secretary Manuel Dayrit has taken an ambivalent position on the issue. As a member of the Cabinet, he articulates the policies of the President and is pushing for natural family planning. However, in the past, he has been a silent supporter of family planning issues.
- Other members like Department of Education Secretary Edilberto de Jesus, Department of Labor and Employment Secretary Patricia Sto. Tomas, Department of Agrarian Reform Secretary Robert Pagdanganan, Department of Agriculture Secretary Luis Lorenzo, Department of Trade and Industry Secretary Manuel Roxas have not yet articulated their positions.

#### Department of Health

- The DOH issued DAO No. 50-A, S.2001 as the National Family Planning Policy.
- Such issuance defined family planning as a health intervention that shall be made available to all men and women of reproductive age (15-44 years old) including those reproducing earlier or beyond this age bracket. It shall focus on the following modern FP methods, namely: Natural Family Planning (NFP), pills, condoms, hormonal injectables, intrauterine device (IUD), lactational amenorrhea method (LAM), voluntary surgical sterilization (VSS)— bilateral tubal ligation (BTL) and vasectomy.
- As a Program, FP shall address the need to help couples and individuals achieve their desired family size within the context of responsible parenthood and improve their reproductive health towards the attainment of sustainable development. It aims to ensure that quality family planning services are available in all DOH-retained hospitals, LGU-

managed health facilities, other government organizations, NGOs, and the private sector.

- The DOH, under the National Natural Family Planning Strategic Plan Year 2002-2006, is mainstreaming NFP to enforce the policy of providing full information to couples in their choice of FP methods.
- The current leadership of DOH namely Secretary Manuel Dayrit, Undersecretaries Antonio Lopez, Ma. Margarita Galon, Milagros Fernandez, Epifanio Lacap, Assistant Secretaries Nemesio Gako, Zenaida Ludovice, Juanito Rubio and Rolando Domingo uphold the current policy of the Arroyo administration on family planning.
- In media statements, Sec. Dayrit has opined that the IUD is an abortifacient and should be banned. He has also been quoted as saying that there are enough modern contraceptive commodities until the year 2004, despite field concerns about inadequate modern contraceptive supply. Under the previous administration, with Dr. Alberto Romualdez Jr as DOH Secretary, a budget line item of PhP70 million was allocated for modern contraceptives. This allocation was used for NFP training under Secretary Dayrit.
- Thus the DOH has not made any preparations to inform and prepare the LGUs, the private sector and the LGUs of the vacuum that will result with the reduction in the supply of modern contraceptive commodities.
- At the regional level, the Regional Director and the Family Planning Coordinator provide the leadership to ensure that program objectives and goals are achieved. There are thirteen (13) Center for Health Development (DOH Regional Offices) which provide technical assistance (training, logistics support) to local government units, NGOs and private sector in planning, implementation, monitoring and evaluation of family planning program. During the recent ENGENDERHealth-sponsored FP/RH policy review and consultation with DOH-retained hospitals, the DOH regional directors expressed their frustration over the lack of serious implementation of FP policies.

### Department of Labor and Employment

- Sec. Patricia Sto. Tomas has not signified a clear stand on the issue but supports Labor Code policy of integrating FP in the workplace.
- Undersecretary Lucita Lazo has been her representative to the POPCOM Board meetings.
- There are DOLE staff members at the regions (we have talked to the point persons in Region IV and VII) which promote compliance with Article 134 of the Labor Code. This article mandates the provision of family planning service to employees in companies regularly employing more than 200 employees. However, the same persons indicated that the DOLE has not provided resources to monitor compliance.

## 2. Legislative

The FP Program as translated in legislative advocacy work, is equated with the passage (or non-passage) of the Integrated Reproductive Health Care Act, as embodied by House Bill 4110 and Senate Bill 2325.

- Currently, there are 63 members of the House of Representatives who are authors of House Bill 4110, the “Reproductive Health Care Act”, and one author of its Senate counterpart, Senate Bill 2325. (*Appendix F*)
- Of the legislators, the following are the identified champions (legislators who have publicly expressed support for RH and FP issues and concerns):

### Senate:

- There are at least nine Senators who have gone public in support of RH/FP concerns. These are Senators Rodolfo G. Biazon (author of SB 2325), Juan Flavier, Panfilo Lacson, Teresa Aquino-Oreta, Gregorio Honasan, Luisa Estrada, Edgardo Angara, Manuel Villar, and Robert Jaworski.
- Senators Loren Legarda and Senate President Franklin Drilon are currently neutral to the RH/FP issue at present, but have expressed consistent support in the past.

### House of Representatives:

- At least 22 Members co-authored the Bill and are championing RH/FP: Representatives Bellaflor Angara-Castillo, author of HB 4110 (Lone Dist.-Aurora), Neric Acosta (1<sup>st</sup> Dist.-Bukidnon), Krisel Lagman-Luistro (1<sup>st</sup> Dist.-Albay), Cynthia Villar (Lone Dist.-Las Piñas), Etta Rosales (Party List-Akbayan), Joel Villanueva (Party List-CIBAC), Wimpy Fuentebella (3<sup>rd</sup> Dist.-Camarines Sur), Gilbert Remulla (2<sup>nd</sup> Dist.-Cavite), Lorna Silverio (3<sup>rd</sup> Dist.-Bulacan), Carlos Padilla (Minority Floor Leader, Lone Dist.-Nueva Vizcaya), Imee Marcos (2<sup>nd</sup> Dist.-Ilocos Norte), Emilio Macias (2<sup>nd</sup> Dist.-Negros Oriental), Darlene Antonino-Custodio (1<sup>st</sup> Dist.-South Cotabato), Jose Carlos Lacson (3<sup>rd</sup> Dist.-Negros Occidental), Emmylou Taliño-Santos (1<sup>st</sup> Dist.-North Cotabato), Liza Maza (Party List-Bayan), Kim Bernardo-Lokin (Party List-CIBAC), Reynaldo Uy (1<sup>st</sup> Dist.-Western Samar), Allan Peter Cayetano (Lone Dist.-Pateros-Taguig), Uliran Joaquin (1<sup>st</sup> Dist.-Laguna), Reyлина Nicolas (4<sup>th</sup> Dist.-Bulacan), and Josefina Joson (1<sup>st</sup> Dist.-Nueva Ecija and Chair, Committee on Women).
  - The remaining 41 authors of HB4110 are currently not very vocal in their support of RH/FP and should be targets of advocacy so that they themselves can become FP/RH advocates.
- Several legislators are non-authors but active supporters of HB4110:
    - Rep. Charlie Cojuangco (4th Dist.-Negros Occidental): As one of the leaders of the Nationalist People’s Coalition (NPC), he prefers to stay in the background so that he can quietly convince his party mates to support the Bill come voting time.

- Rep. Antonio Yapha (3rd Dist.-Cebu): As Chair of the Committee on Health, he has to show neutrality to the issue, especially in the hearings of HB4110. He was one of the earliest who signed on as co-author of the Bill but had to withdraw because of his chairmanship.
- Rep. Oscar Moreno (1st Dist.-Misamis Oriental): Rep. Moreno is also doing some ground work in LAKAS-CMD, the majority party.
- Rep. Florencio Abad (Lone Dist.-Batanes), while a non-author, is a supporter and also committed the Liberal Party to support HB4110.
- The following are very vocal in their opposition to RH concerns and have either advocated for NFP as the exclusive FP method or have blocked passage of RH/FP-related measures in the past and in the present:
  - Senate:**
    - **Four Senators:** Aquilino Pimentel, Ralph Recto, Serge Osmeña, and Vicente Sotto III.
    - Quiet oppositionists include Joker Arroyo and Ramon Magsaysay Jr.
  - House of Representatives:**
    - **At least 12 Members of the House of Representatives:** Tony Roman (1<sup>st</sup> Dist.-Bataan), Cho Roco (2<sup>nd</sup> dist.-Camarines Sur), Edmund Reyes (Lone Dist.-Marinduque), Ed Zialcita (Lone Dist.-Parañaque), Trinidad Apostol (2nd Dist.-Leyte), Victoria Reyes (3<sup>rd</sup> Dist.-Batangas), Willie Villarama (2<sup>nd</sup> Dist.-Bulacan), Carmen Cari (5<sup>th</sup> Dist.-Leyte), Fred Marañon (2<sup>nd</sup> Dist.-Negros Occidental), Monico Puentebella (Lone Dist.-Bacolod), Abraham Mitra (2<sup>nd</sup> Dist.-Palawan), and Frank Perez (2<sup>nd</sup> Dist.-Batangas).
    - Cong. Harlin Abayon (1<sup>st</sup> Dist.-Northern Samar), Vice Chair of the Committee on Health hearing HB4110, while saying that he is neutral to the issue, is widely perceived as highly opposed to the Bill, which may also indicate how he will stand on FP issues.
- The Senators whose position on RH/FP issues is unknown or have not made any comments includes Noli de Castro, John Osmeña, Ramon Revilla, James Barbers, Rene Cayetano and Francis Pangilinan.
- The senior HOR leaderships led by Speaker Jose De Venecia, the three Deputy Speakers and the Majority Floor Leader are currently non-committal on the issue, although some published statements indicate a leaning towards support.
- The remaining 150 Members of the House of Representatives have not made any statement of support or non-support to HB4110.
- Within the 70-member House Committee on Health currently reviewing HB4110, there are 28 members who are also authors of the Bill and 9 known oppositionists to the Bill. The authors need to gain at least 8 more supporters to gain majority and assure passage within the Committee on Health.
- There is a Core Group within Congress composed of legislative and congressional staff from the Senate and the House of Representatives that are quietly advocating for RH and FP concerns, and are also facilitating the conduct of committee hearings for HB4110 and other population and

development and reproductive health measures. The group was organized by PLCPD and is known as the Human Development Advocates.

## B. Non Government Organizations

### 1. NGOs and NGO Networks/Coalitions

- There are a number of existing Family Planning/Reproductive Health advocacy networks. (*Appendix H*)
  - The Reproductive Health Advocacy Network (RHAN) and Negros Oriental FP/RH Advocacy Network (NeOFPRHAN) are networks that have already signified intention to advocate for FP. RHAN members also belong to the Asia Pacific Coalition on RH. NeOFPRHAN is a network recently formed by the Policy Project - The Futures Group International.
  - Municipal advocacy teams in Negros Oriental, Sorsogon, Albay, and Misamis Oriental have been trained in popdev and RH advocacy by the Policy Project. The UNFPA project helped form advocacy teams in Capiz province and select municipalities. Their willingness to publicly promote FP is being ascertained.
  - Openness to advocate for FP among the remaining groups is being determined.
- Nine NGOs out of the 32 national NGOs supportive of FP (*Appendix I*) have FP-focused programs
- FPOP, TUCP, ReachOut, IMCH, IMCCSDI, WFMC, FriendlyCare, Phil. Foundation for Natural Family Planning (PFNFP), and Alay sa Mamamayan Foundation-Iglesia ni Kristo have FP service delivery, IEC, training and FP advocacy.
  - Eight are into FP service delivery (FPOP, TUCP, IMCH, IMCCSDI, Friendlycare, Alay sa Mamamayan-INC, WFMC, PFNFP). 4 are also involved in training of service providers (IMCH, IMCCSDI, WFMC, PFNFP)
  - One is involved in IEC materials development and production (Reachout)
  - Three are into legislative advocacy (FPOP, TUCP, FriendlyCare)
  - Two are involved in grassroots advocacy (Alay sa Mamamayan -INC, TUCP)
- Of the 32 NGOs supportive of FP, 20 are members of the nationally-based RHAN, and are currently involved in advocacy for HB 4110, relisting of Postinor and contraceptive security
  - Of the RHAN members, only nine organizations are publicly advocating for FP in various foras including conferences and TV/radio guestings. Known champions of informed choice include Atty. Rhodora Raterta (FPOP), Eden Divinagracia (PNGOC), Dr. Junice Melgar (LIKHAAN, an NGO involved in mobilizing urban poor women including the youth), Ramon San Pascual (PLCPD), Roberto Ador (PLCPD), Merci Fabros and Princess Nemenzo (Womanhealth), Dr.

- Jonathan Flavier (FriendlyCare), and Atty. Carol Ruiz-Austria (WOMENLEAD)
- Four RHAN members are also members of the Philippines NGO Council on Population, Health and Welfare, Inc. (PNGOC), a network of 74 national and local NGOs. These include WIN, ReachOut Foundation, Women's Media Circle and PHANSUP
  - Eleven of the 32 NGOs listed as supportive of FP have national offices as well as local affiliates in different areas in Luzon, Visayas and Mindanao
    - Local affiliates of such groups (PRRM, PBSP, FPOP, PNGOC, Womanhealth, DSWP, FriendlyCare, SCF, WFC and 3RG, AMF-INC) could be tapped for local advocacy in TSAP-FP areas. They could also serve as our bridges to reach out to other sectors such as fisherfolks, grassroots women, farmers, urban poor, etc., in TSAP-FP project sites and outlying environs. Such efforts could in turn develop more advocates that would mobilize the various sectors for FP.
    - Alay sa Mamamayan Foundation-Iglesia ni Kristo also works in INC communities in different provinces all over the country. Their FP information and services are not exclusive to INC members.
  - Three national organizations are viewed as very important and influential due to their reach and close relationship with key influentials and decision makers. These are PLCPD, TUCP and PBSP.
    - Funded by private corporations and businesses, the Philippine Business for Social Progress (PBSP) is a major NGO focused on sustainable development. It has just started work on population/FP/RH. PBSP is one of the more important and influential NGOs in the Philippines because of its track record in development work, its membership composed of the top Philippine corporations, its machinery at the local level, and organizational maturity.
    - The Philippine Legislators' Committee on Population and Development is also an important and influential NGO because its membership comprises of legislators from HOR and Senate. These legislators reach grassroots constituents and peer legislators.
    - The Trade Union Congress of the Philippines, the confederation of moderate labor unions in the Philippines, and with an estimated 1.25 million worker-members, is also a major player since these labor unions could strongly advocate for the implementation of Article 134 of the Labor Code of the Philippines which requires companies with more than 100 employees to provide FP services in their benefits package. TUCP can also mobilize the labor sector to lobby for the incorporation of FP in their collective bargaining agreements (CBAs) or to support FP/RH-related legislations.

## 2. People's Organizations:

- To date, two large umbrella people's organizations (*Appendix J*) have been interviewed regarding support for FP. There is still a need to reach out to

urban poor groups, fisherfolks association, farmers organizations, etc and assess their support for FP

- Although FP is not a priority advocacy issue of the Kalipunan ng Maraming Tinig ng Impormal na Sektor (KATINIG), a leading network of the informal sector, its local affiliates in NCR, Cebu and Mindanao which are members of the Basic Sector Council of the National Anti-Poverty Commission (NAPC), have expressed interest in participating in FP advocacy and promotion among its leaders and members. Advocacy work with the informal sector is a major advocacy thrust of TSAP-FP's focus on the urban poor.
- The Confederation of Baranggay Health Workers, the frontliners in FP service delivery in the communities, is very important in reaching out to the many women, men and youth in the communities. Aside from their various health-related activities, the BHWs are FP motivators, counselors, and sources of information in the community. Since they are very much attuned to the needs of the communities, BHWs also act as advocates in pushing local leaders to respond to community needs. In some areas, BHWs also act as Baranggay Service Point Officers or community population or FP workers.

### **3. NGOs, POs and Community Organizations at the Local Level and NGOs, POs and networks with undefined position on FP**

- Local NGO/PO initiatives currently in place and Community Organizations offer wide opportunities for coalition work and grassroots mobilization for FP. (Appendix K)

Other major NGOs, people's organizations and networks in the Philippines still have undefined position on FP. TSAP-FP will work with supportive organizations to determine which of these groups need to be involved in national or local advocacy activities. (Appendix L)

### **C. Faith-Based Groups**

- Majority of Protestant churches and organizations support RH and FP issues, namely: the Council of Christian Bishops of the Philippines (CCBP), the Protestant counterpart of the Catholic Bishops Conference of the Philippines; the Philippine Council of Evangelical Churches (PCEC); National Council of Churches of the Philippines, an association of major Protestant churches in the country such as the Baptists, Methodists, Aglipayan Church, evangelical churches, among others.
- The Iglesia ni Kristo and the Jesus is Lord Movement, two of the most influential non-catholic religious groups in the country, are supportive of RH and FP as long as abortion and abortion-inducing methods are not part of prescribed FP methods.
- Religious leaders like Bishop Fred Magbanua, Chairman of the CCBP, Bro. Isaias Samson of the Iglesia ni Kristo, Bro. Eddie Villanueva of the Jesus is Lord Movement, and Bishop Leo Alconga, President of the International Bible Society are very vocal in their support and are ideal champions

- Initial dialogues with leaders of Protestant groups have shown that they are very willing to advocate RH and FP issues among their congregation and among their peers.
- The Muslims are an important target group. While *fatwabs* (edicts) issued by Muslim clerics are favorable towards FP for responsible parenthood, some Muslims do not favor FP and view FP programs as a way of controlling their population rather than a health and poverty intervention. Sulu Muslims, for example, think that Islam prohibits contraception although this belief is more cultural than moral.
- In most areas of ARMM, however, particularly in sites supported by the UNFPA under the fourth cycle of assistance, Muslim religious leaders have been proven to be supportive of promoting RH/FP in the context of Islam.
- The Roman Catholic Church hierarchy, as represented by the Catholic Bishops Conference of the Philippines (CBCP), and its lay organizations such as Pro-Life Philippines, Couples for Christ and El Shaddai, vehemently oppose any initiatives for RH and FP, particularly those pertaining to abortion and modern methods of contraception.
- However, there are moderates within the Roman Catholic Church who have expressed in their published writing their stand on the issue of population, RH and FP. These people can be sobering voices within the Catholic Church: Bishops Ledesma and Julio Labayen, Fr. Gerry Orbos, Fr. John Schumacher, Fr. John Carroll, some of the members of the Jesuit community, and other progressive priests and nuns such as Sis. Cristine Tan and Mary John Mananzan.

#### D. Medical Community and Health Providers Associations

- Doctors associations like the Philippine Obstetrics and Gynecological Society (POGS) and Philippine Association of Family Physicians PAFP are traditional professional associations. Their main concerns are specialty and sub-specialty examination and professional growth and development of members through training and continuing education, scientific meetings, research and publication. The current President of POGS, Dr. Mira Clemente-Chua, is very vocal in her support for modern methods.
- Officers or Board Members of POGS, PAFP, Philippine Nurse Association (PNA), Occupational Health Nurses Association of the Philippines (OHNAP), Integrated Midwives Association of the Philippines (IMAP), League of Government Midwives of the Philippines (LGMP), Midwives Association of the Philippines (MFP), Philippine Public Health Association (PPHA) and the Association of Municipal Health Officers of the Philippines (AMHOP) do not publicly advocate for family planning practice. As associations of health care providers, their interest in family planning is in the context of providing quality FP information and service to their clients who request the service. (*Appendix M*)
- IMAP, FMP, LGMP, PPHA and AMHOP, being the professional association of grassroots health care providers, appear to be more receptive to family

planning. Public or private practicing midwives and the government physicians, nurses, sanitary inspectors and medical technologists who are AMHOP and PPHA members provide family planning information, counseling and FP method to their clients as part of their regular services.

- Physicians, nurses and midwives who are practicing in private settings have low technical knowledge on family planning - especially on contraceptive technology and safety. Their usual sources of information are drug literatures given by medical representatives and occasional lectures through scientific meetings. Most of them do not have access to the FP service delivery protocols which are distributed only to public health providers.
- Physicians, nurses and midwives who are practicing in private settings have expressed interest to learn about family planning. Only the OB-GYNE and Family Physicians in OB-GYNE settings are providing family planning services.

## E. Media

Media monitoring from January 1 to March 6, 2003 on prominent national broadsheets and tabloids clearly showed an overwhelming trend towards positive stories. Stories that push our advocacy agenda accounted for 67.2 percent of all published stories on population, family planning and reproductive health. Negative stories accounted for only 13.7 percent, while neutral stories, or those stories that do not show any bias for or against our advocacy agenda, represented 19.1 percent.

- There were more columnists writing favorably on population, family planning and reproductive health issues. Some 13 columnists wrote favorably on our advocacy issues while only three wrote against our issues. Eight more columnists wrote about our issues but did not show a bias for or against them.
- Among the columnists who have written several times on our advocacy issues, several stood out. Rina Jimenez-David wrote about our issues five times, Dong Puno twice and Manolo Jara, twice, all favorably. On the other hand, Bernardo Villegas, a leader of the Opus Dei, wrote negatively on our issues four times, and Emil Jurado twice.
- Editorials and editorial cartoons showed positive bias toward our advocacy issues. There were four editorials in favor of our issues, and only one was neutral. The favorable editorials appeared in the Manila Standard, Today, Abante and Manila Times. The neutral editorial was printed in Philippine Daily Inquirer. There were also four editorial cartoons for our issue, versus only one against. The positive cartoons were published in the Philippine Star, Manila Standard (twice) and Philippine Daily Inquirer. The PDI published the lone negative cartoon.
- The newspapers and tabloids overwhelmingly carried positive stories. For example, the Philippine Daily Inquirer, the country's number one broadsheet, had 27 positive stories on our issues, with only three against. It also carried nine neutral stories.

- The country's two other large dailies, the Philippine Star and the Manila Bulletin also had a positive bias. The Star had 12 positive, three negative and two neutral stories. The Bulletin had 20 positive stories, four negative and six neutral.
- The country's top business daily, Business World, also had a favorable bias with 11 positive and three negative stories,
- Among the tabloids, the large circulation Abante had eight positive, one negative and one neutral story.
- The only newspaper that bucked the trend and had a sizeable number of negative stories was the medium-sized Manila Standard. This paper had 10 positive, seven negative and two neutral stories.

Radio and Television Monitoring is more difficult as there are no hard copies of broadcasts. The sub-contractor Ketchum International through its Philippine affiliate Corporate Image Dimensions (CID) is handling this monitoring. There are several radio and TV personalities, however, who can be counted on for their support such as Ces Drilon, Ricky Carandang and Winnie Monsod.

The project intends to involve further these celebrity endorsers: Ali Sotto, Monique Wilson, Aiko Melendez, Rosanna Roces, Armida Siguion-Reyna, Pete Lacaba, Ronnie and Mariz Ricketts, and Raquel Villavicencio.

#### F. Academe and other Professional Associations

- Recently, the National Academy of Science and Technology (NAST) under the Department of Science and Technology has convened a group of academicians to initiate a round table discussion on population and family planning. NAST performs an advisory function and issues appropriate policy statements over specific issues. NAST member-academicians are professors and researchers from the National Institute of Health (NIH) and Population Institute, both of the University of the Philippines.
- The NHI has a Board of Advisers that influences or recommends its general direction; priorities and thrusts in areas of health research (like Evidence Based Medicine in FP) based on the demands of health care environment and need of the Filipino Population.
- The UP Population Institute (UPPI) has through the years instrumental in the generation of relevant information about FP issues from the various studies it conducted in collaboration with POPCOM, DOH, and the donor community.

#### VII. Conclusion and Recommendations

There is a mass base of support for family planning among a broad sector of society. The challenge to TSAP-FP is to be able to harness this support such

that knowledge and attitude is translated into wide public acceptance which will create a groundswell for FP practice.

The list of identified stakeholders that has shown support for FP makes up a broad and varied representation of our identified sectors: urban poor, industrial workers and adolescents and young adults. The Importance-Influence-Support Matrix on Appendix E serves as basis to the thrusts of our advocacy efforts:

- Strengthen the advocacy capabilities and maintain support to high-importance, high-influence stakeholders in promoting informed choice for FP
- Move high-importance/high-influence stakeholders who have lukewarm support for the FP informed choice upward to active support
- Move high-importance/high-influence stakeholders who are opposed to the FP informed choice upward to at least neutrality on the issue
- Move stakeholders who are highly important but have low influence to the left by making them more influential

The NGOs and POs are highly important not only because they work among our target audiences, but because of their proven commitment and history of success. While we still have to expand our list of community organizations pending a detailed inventory of municipalities and cities in our target areas, we have set the parameters for their selection.

Most NGOs and POs do not have much influence to do advocacy particularly at the national level. The suggested action for these stakeholders is to develop their capabilities to increase their levels of influence and reach. A possible strategy to achieve this is to form these stakeholders into coalitions or confederations that will have a stronger voice.

The national government agencies (NGAs) we have identified are somewhat uncommitted to our cause or are biased towards methods permitted by the dominant Catholic Church. In this regard, the NGAs echo the position of President Arroyo. Our recommendation is to work out a *modus vivendi* with the government on their approaches for promotion of FP and preferred methods. The government's success in promoting NFP will result in greater public acceptance, which is our own measure of success.

On the other hand, we are committed to all methods, except induced abortion, in order to give the Filipino couple the ability to make informed choices. Our recommendation is to work *around* the government in promoting modern methods of contraception. Working around government means working with NGOs and POs and the local chief executives, the primary source of family planning commodity, to promote modern methods. But we cannot completely ignore NGAs as they are instrumental in our objectives of promoting FP among

industrial workers (DOLE) and changing protocols in FP practice and curriculum in medical, nursing and midwifery schools (DOH).

LGUs have their own agenda, priorities and issues. The Project will not attempt to superimpose its own agenda but rather work within the LGU's own development framework and the Local Chief Executive's mindset.

The following criteria could help us determine the suitability of a province, city or municipality for assistance through community organizations: (1) high population growth rate (PGR); (2) high total fertility rate (TFR); (3) low contraceptive prevalence rate (CPR); (4) receptiveness of local chief executives (LCEs); (5) good peace and order; (6) presence of active NGOs interested in FP concerns; (7) high maternal mortality rate (MMR) and infant mortality rate (IMR).

The medical community is important because they are the owners of the science and the providers of the methods of FP. On one level, we will partner with the health provider as the advocate for FP among possible users. On another level, some prominent members of the medical community will also be used to advocate for FP at the national level, given training on media and messages.

A sector that requires much discernment (to use a word popular in this sector) is faith-based groups. The Catholic Church undoubtedly is the paramount impediment to successful promotion of FP in the country, not so much because of moral authority or spiritual influence, but because of its political clout. Like any other large group, the Church is not homogenous; there are currents of dissatisfaction with the Church prohibition of modern contraceptives and with the aggressive fundamentalism of such groups like the Opus Dei. But our recommendation is not to try to take advantage of these fissures, as this will likely backfire. As it has shown in all its history, the Church when under attack will unite.

Our recommendation is to try to find common ground with the Church, such as in areas like abortion and NFP as a modern method that are common to both. The trick is to find this commonality and try to cultivate it as a fertile ground of collaboration.

Non-catholic Christian churches on the other hand are almost unanimously supportive of modern methods of contraception. We may be tempted to play Protestant Churches against the Catholic Church on this issue, in an attempt to get more support for modern methods. But there is a great danger in this. Catholics will likely rally around their Church's position if this is attacked by for example the Iglesia ni Kristo. It is our recommendation that we support Protestant churches in their effort to promote modern methods among their followers, and also to show that there is a diversity of beliefs on the issue.

Islam is a decentralized religion in that there is no central authority that decrees universal interpretation of the Koran. Ulama are important in the ARMM project areas not only because they can issue edicts that will overturn the often cultural belief that Islam prohibits contraception, but also because of their position in society. But it would be necessary for us to get these edicts on a provincial level as again there is no central regional authority.

Very critical to our Project is to maintain the present support of the majority of media, as the media is the most efficient way to reach the greater number of people quickly and economically. We will do this by enhancing their knowledge about the issue and by providing positive stories at the same time counteracting negative publicity.

Even as FP enjoys broad support from many sectors of society, there are those opposed to it. For those in high and medium opposition, the proposed action is to monitor movements and assess possible risks. For those in low opposition, we will aim to convert the opposition to neutrality via information-sharing and liaising activities.

Intermediate Result No. 2 mandates The Social Acceptance Project to increase the number of key segments of society advocating for the use of family planning. Logically, there are only a limited number of groups or individuals who have the social, political and economic position, or the personal connections, expert knowledge and charisma to be classified as influential and therefore will be heard and listened to in media and public fora.

TSAP-FP's strategy to increase the number of advocates is through strengthening of stakeholders who may have the influence but not the communication skills or the media training to be effective advocates. A second strategy is to involve and enlist the help of stakeholders who may have the influence but not yet an interest in FP. The other strategy is to form interested but low-influence stakeholders into coalitions or confederations that will then have the clout to be heard, and with training will have the capability to project their positions in the mass media.

Social mobilization will help create a critical mass that will be influential. Stakeholders involved in communication who have good FP-IEC programs but with a narrow audience will be encouraged and trained to broaden their media mix and target audiences.

Stakeholder analysis is the first step towards an advocacy plan. It is actually a part and parcel of a situational analysis that will be the basis of strategic planning on how to convert latent support to active endorsement.

This stakeholders' analysis further bears relevance on the timing of project interventions. It is ideal that scanning of other identified areas be conducted as early as possible, such as in Cebu, Davao and ARMM. Moreover this assessment, while still incomplete as of this reporting considering that we have not touched base with potential partners in other priority areas, provide us the insights on the capacities of our present stakeholders and the direction on how to handle prospective stakeholders in the future.☐

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<sup>4</sup> Target audience - Adolescents and young adults ages 15-24. Adult men and women ages 25-34.

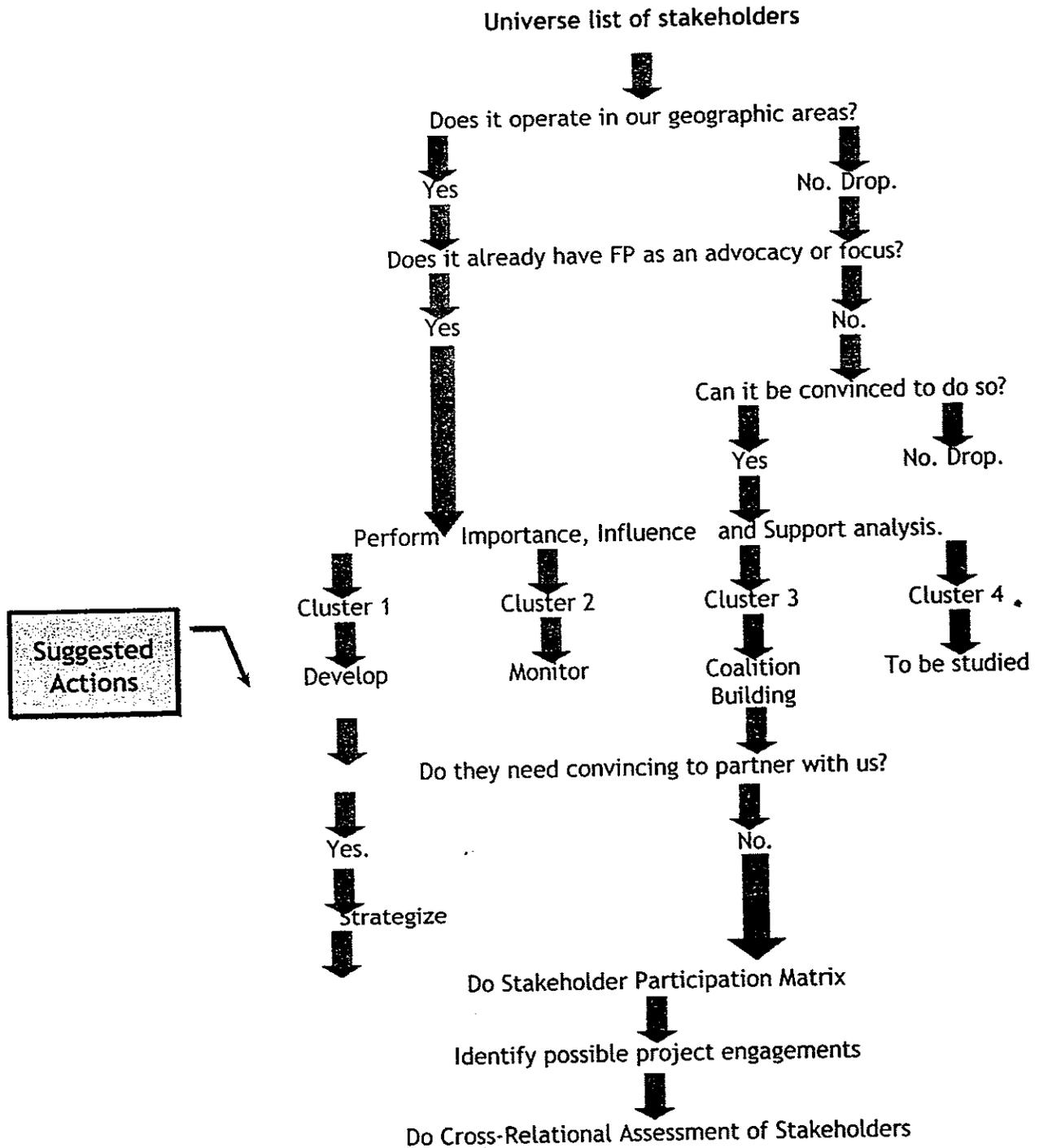
# Appendices

## Appendix A: Indicator Matrix

IR	Project Description	Key Indicators	Means of Verification	Frequency of Reporting
<b>Behavior Change Communication Component</b>				
IR1	Increase public approval of FP among target audience <sup>4</sup>	% of target audience who strongly approve of FP practice	Survey	Pre- and post campaign
<b>Advocacy and Social Mobilization Component</b>				
IR2	Increase the number of key segments of society advocating for use of FP in project areas	Number and type of key segments <sup>5</sup> of society advocating for use of FP	Desk and library research Poll survey Media monitoring Project activity report	Year 2003  Year 2004 (mid-term) Monthly Quarterly
<b>Health Provider Component</b>				
IR3	Increase the inclusion of FP as part of the routine health package in public health facilities and industry clinics within the convergent sites	% of public health facilities and industry clinics in convergent sites offering FP as part of their routine health package	Clinical Facility Profile Document review	Year end of 2003 and 2004

<sup>5</sup> Legislators, Local officials/leaders, faith-based groups, NGOs, community-based groups, labor groups, sports associations, media practitioners, entertainment industry groups, informal sector groups, youth groups, other professional groups

Appendix B: Decision Tree. Suggested Flow Chart for Selecting Stakeholders



## Appendix C: List of Organizations with Involvement in TSAP FP Identified Sectors

Sector	Women	Formal Labor	Informal Sector	Urban Poor	Rural Poor	Youth & Students	Health Providers	Influentials	Networks/Coalitions
<b>Non Government Organizations</b>									
WomanHealth	✓			✓					
Trade Union Congress of the Philippines ✕		✓					✓		
Women's Media Circle	✓					✓			
Phil. Business for Social Progress II				✓	✓				
Phil. Rural Reconstruction Movement II					✓				
Phil. NGO Council on Pop'n, Health & Welfare ✕									✓
Foundation for Adolescent Development II						✓			
Responsible Parenthood and Maternal and Child Health Association of the Phil. (RPMCHAP) ✕		✓					✓		
ReachOut International							✓		
Philippine Legislators' Committee on Population & Development (PLCPD) ✕								✓	
Kalipunan ng Maraming Tinig ng Impormal na Sektor (KATINIG) II			✓						
Family Planning Organization of the Phil. ✕							✓		
Karapatang Kalusugan ng Mangagawa Isinusulong sa Timog Katagalugan (KAMIT) ✕		✓							✓
Reproductive Health Advocacy Network ✕								✓	
FriendlyCare Foundation ✕							✓		✓
John Snow Institute ✕							✓		
RH Advocates for Productivity of Workers for Industrial Development (RHAPWID)** ✕		✓							✓
Association of Labor Unions**		✓							
Phil. Obstetrics and Gynecological Society (POGS)							✓		
Phil. Association of Family Physicians (PAFP)							✓		
Reproductive Rights Resource Group (3RG) ✕	✓								✓
Integrated Midwives Assoc. of the Phil. (IMPA) ✕							✓		
Cebu Youth Council** II						✓			
Save the Children Foundation - US	✓				✓				
Sagip Pasig Movement ** ✕				✓					
Phil. Center for Population and Development (PCPD)	✓					✓		✓	
Institute of Maternal and Child Health**							✓		
ACDI-Voca **									
KAUGMAON**					✓				

Association of Phil. Medical Colleges							✓	✓	✓
Sangguniang Kabataan Federations							✓		✓
Baranggay Health Workers Federation								✓	✓
Gerry Roxas Foundation									
<b>National Government Agencies</b>									
Commission on Population (POPCOM) ✕									✓
Department of Health								✓	✓
Dept. of Labor and Employment ** ✨		✓	✓						
National Anti-Poverty Commission* ✨	✓	✓	✓	✓	✓	✓			
Nat'l Commission on the Role of Filipino Women	✓								
Philippine Information Agency* ✨									✓
Bureau of Food and Drugs								✓	✓
Commission on Higher Education**								✓	
Board of Medical Examiners								✓	
Department of Education**							✓		
National Youth Commission**							✓		
<b>Faith-based Groups</b>									
Iglesia Ni Kristo ✕	✓	✓	✓	✓	✓	✓			
Council of Christian Bishops in the Phil.** ✨	✓	✓	✓	✓	✓	✓			
National Council of Churches of the Phil.P** ✨	✓	✓	✓	✓	✓	✓			
Iglesia Filipinana Independiente** ✨	✓	✓	✓	✓	✓	✓			
Phil. Council of Evangelical Churches** ✨	✓	✓	✓	✓	✓	✓			
Ulama league **			✓	✓	✓	✓			
Jesus is Lord Movement ** ✨			✓	✓	✓	✓			
Ang Dating Daan**			✓	✓	✓	✓			
<b>Local Chief Executives</b>									
Bulacan	✓	✓	✓	✓	✓	✓	✓	✓	
Capiz	✓	✓	✓	✓	✓	✓	✓	✓	
Negros Oriental	✓	✓	✓	✓	✓	✓	✓	✓	
Cebu City	✓	✓	✓	✓	✓	✓	✓	✓	
Mandaue	✓	✓	✓	✓	✓	✓	✓	✓	
Lapu-lapu	✓	✓	✓	✓	✓	✓	✓	✓	
Talisay	✓	✓	✓	✓	✓	✓	✓	✓	
<b>Academe</b>									
La Salle - Task Force on Reproductive Health** □							✓	✓	
Univ. of the Phil. Population Institute** ✕							✓	✓	
UP-College of Medicine**							✓	✓	
UP-College of Public Health**							✓	✓	
Cebu Doctors**							✓	✓	
Western Mindanao University**							✓	✓	
Davao Medical School Foundation**							✓	✓	
Velez College**							✓	✓	
South Western University-Cebu**							✓	✓	

De La Salle University-Dasmariñas**						✓	✓		
Perpetual Help College of Rizal**						✓	✓		
<b>Media</b>									
Phil. Daily Inquirer	✓	✓	✓	✓	✓	✓			
Phil. Star	✓	✓	✓	✓	✓	✓			
Manila Bulletin	✓	✓	✓	✓	✓	✓			
Today	✓	✓	✓	✓	✓	✓			
Manila Times	✓	✓	✓	✓	✓	✓			
All national TV Stations	✓	✓	✓	✓	✓	✓			
Top Regional radio stations	✓	✓	✓	✓	✓	✓			
4 national radio stations	✓	✓	✓	✓	✓	✓			
6 tabloids	✓	✓	✓	✓	✓	✓			
2 Cebu newspapers	✓	✓	✓	✓	✓	✓			
2 Davao dailies	✓	✓	✓	✓	✓	✓			

**Legend:**  
 \*\* – no meetings yet  
 II – new converts  
 ✕ – current advocates  
 ✱ – advocates to be

**Appendix D: List of Champions Publicly Advocating FP/RH Issues**

NAME	CONTACT ADDRESS & TELEPHONE NUMBERS	POSITION/ ORGANIZATION	POPDEV	FAMILY PLANNING			RH
				NFP only	NFP + informed choice	All methods	
<b>LEGISLATORS: [9 Representatives &amp; 5 Senators)</b>							
1. Bellaflor Angara-Castillo	N-518 Batasang Pambansa Complex, Quezon City 9315435; 9315001 loc. 7417	Representative, Lone Dist., Aurora	✓			✓	✓
2. JR Nereus O. Acosta	N-215 Batasang Pambansa Complex, Quezon City 9316733; 9315001 loc. 7394	Representative, 1 <sup>st</sup> Dist., Bukidnon	✓			✓	✓
3. Krisel Lagman-Luistro	N-411 Batasang Pambansa Complex, Quezon City 9315497; 9315001 loc. 7370	Representative, 1 <sup>st</sup> Dist., Albay	✓			✓	✓
4. Loretta Ann Rosales	S-511 Batasang Pambansa Complex, Quezon City 9316288; 9315001 loc. 7289	Representative, Party List, Akbayan	✓			✓	✓
5. Emmanuel Joel J. Villanueva	N-317 Batasang Pambansa Complex, Quezon City 9315442; 9315001 loc. 7356	Representative, Party List, CIBAC	✓			✓	✓
6. Gilbert Remulla	N--316 Batasang Pambansa Complex, Quezon City 9316531; 9315001 loc. 7355	Representative, 2 <sup>nd</sup> Dist., Cavite	✓			✓	✓
7. Darlene R. Antonino-Custodio	N-105 Batasang Pambansa Complex, Quezon City 9316691; 9315001 loc. 7324	Representative, 1 <sup>st</sup> Dist., So. Cotabato	✓			✓	✓
8. Alan Peter S. Cayetano	N-302 Batasang Pambansa Complex, Quezon City 9315408; 9315001 loc. 7341	Representative, Lone Dist., Pateros-Taguig	✓			✓	✓
9. Oscar S. Moreno	N-508, RMB-428 Batasang Pambansa Complex, Quezon City 9518922; 9315001 loc. 7055	Representative, 1 <sup>st</sup> Dist., Misamis Oriental	✓			✓	✓
10. Rodolfo G. Biazon	Room D-111 PICC, CCP Complex, Roxas Blvd., Pasay City	Senator	✓			✓	✓

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	Room 527, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City 5526772; 5526601 loc. 5527/5528						
11. Juan M. Flavier	Room 525, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City 5526774/78/70/71 5526601 loc. 5537/38/82	Senator	✓			✓	✓
12. Panfilo M. Lacson	Room 523, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City 5526786; 5526601 loc. 5533/34/35	Senator	✓			✓	✓
13. Teresa Aquino-Oreta	6 <sup>th</sup> Flr., Ermita Bldg., Arquiza St., Ermita, Manila  Room 511, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City 5526778; 5526601 loc. 5561/62/63/90	Senator	✓			✓	✓
14. Gregorio Honasan	Room 503, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City  2 <sup>nd</sup> Flr., Videospecs Bldg., Julian Felife cor. Fernando Ma. Guerrero Sts., CCP Complex, Roxas Blvd. Pasay City 5510340/52/63; 5526601 loc. 5552/54/87	Senator	✓			✓	✓
<b>NON-GOVERNMENT ORGANIZATIONS: (9)</b>							
15. Atty. Rhodora Raterta	#50 Doña Hemady St., New Manila, Quezon City 7217101/7247141/7214067	Director, Family Planning Orgn. of the Phils.	✓			✓	✓
16. Dr. Eden Divinagracia	#38 San Luis Street, Pasay	Executive Director, PNGOC	✓			✓	✓

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	City 5516285/8345008/5510330							
17. Dr. Junice Melgar	#92 Times St., West Triangle, Quezon City 4113151/9266230	Executive Director, LIKHAAN	✓				✓	✓
18. Ramon San Pascual	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Deputy Ex. Director, PLCPD	✓				✓	✓
19. Roberto Ador	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Executive Director, PLCPD	✓				✓	✓
20. Ana Maria Nemenzo	#129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Exec. Director, WomanHealth Phils	✓				✓	✓
21. Mercy Fabros	#129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Advocacy Coordinator, WomanHealth Phils Philippines	✓				✓	✓
22. Atty. Carol Ruiz-Austria	#45 Mapagkumbaba St., Sikatuna Village, Quezon City 4356823/4366738	Executive Director, Woman LEAD	✓				✓	✓
23. Dr. Jonathan Flavier	FriendlyCare Foundation, Inc. Mandaluyong City	Director, FriendlyCare Foundation, Inc	✓				✓	✓
<b>INTERFAITH: (3)</b>								
24. Bishop Fred Magbanua	9453 Retiro St., Guadalupe Nuevo, Makati City 8834492-93	Chair, Council of Christian Bishop of the Philippines	✓					✓
25. Dr. Bles		Anchor, INC Radio Program	✓				✓	✓
26. Fr. John Schumacher	Katipunan Ave., Quezon City	Ateneo De Manila University	✓					✓
<b>MEDIA: (10)</b>								
27. Rina Jimenez-David	Philippine Daily Inquirer	Columnist, Phil. Daily Inquirer	✓				✓	✓
28. Atty. Dong Puno	Manila Times/ABS-CBN	Columnist, Manila Times & Anchor TV Program - ABS CBN	✓					

29. Domini Torrevillas	Philippine Star	Columnist, Philippine Star	✓			✓	✓
30. Ces Drilon	ABS-CBN	Anchor, TV Program - ABS CBN	✓			✓	✓
31. Ricky Carandang	ABS-CBN	Anchor, TV Program - ABS CBN	✓			✓	✓
32. Ramon Tulfo	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
33. Armando Doronilla	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
34. Michael Tan	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
35. Susan Fernandez	People's Tonite	Columnist, People's Tonite	✓			✓	✓
36. Margie Holmes	Abante	Columnist, Abante	✓			✓	✓
<b>LOCAL CHIEF EXECUTIVES: (4)</b>							
37. Hon. Teresita Lazaro	Provincial Capitol, Laguna	Governor, Laguna	✓			✓	✓
38. Hon. Vergel Aguilar	City Hall., Las Pinas City	Mayor, Las Piñas	✓			✓	✓
39. Hon. Ma. Lourdes Fernando	City Hall, Marikina City	Mayor, Marikina	✓			✓	✓
40. Hon. Feliciano Belmonte	City Hall, Quezon City						
<b>BUSINESS SECTOR: (2)</b>							
41. Donald Dee	ECOP, Makati City	President, ECOP	✓			✓	✓
42. Sergio Ortiz-Luis	PhilExport	President, PhilExport	✓			✓	✓
<b>FORMER AND CURRENT GOVERNMENT OFFICIALS: (15) - 3 former administrations, 12 Arroyo Administration</b>							
43. Dr. Alberto G. Romualdez	FriendlyCare Foundation, Inc., Shaw Blvd. Mandaluyong City	PresidentPCEO, FriendlyCare Foundation, Inc.	✓			✓	✓
44. Estefania Aldaba-Lim	Commission on Population	Commissioner	✓			✓	✓
45. Benjamin de Leon	PNGOC	Chair, PNGOC	✓			✓	✓
46. Dr. Manuel Dayrit	Office of the Secretary Department of Health San Lazaro Compound Sta. Cruz, Manila	Secretary of Health	✓	✓			✓
47. Tomas Osias	Commission on Population	Executive Director, POPCOM	✓			✓	✓
48. Dr. Milagros Fernandez	Department of Health San Lazaro Compound Sta. Cruz, Manila	Undersecretary, DOH	✓	✓		✓	✓
49. Mia Ventura	Commission on Population	Dep. Executive Director,	✓			✓	✓

		POPCOM					
50. Ignacio Arat	Commission on Population	Regional Director, Region XI	✓			✓	✓
51. Atty. Nolito Quilang	Commission on Population	Regional Director, Region VII	✓			✓	✓
52. Marical Terrado	Commission on Population	Regional Director, Region III	✓			✓	✓
53. Lota Leyse	Commission on Population	Regional Director, Region IV	✓			✓	✓
54. Rene Bautista	Commission on Population	Regional Director, Region VIII	✓			✓	✓
55. Psyche Paler	Commission on Population	Regional Director, Region IX	✓			✓	✓
56. Georgina Dolorfino-Arreza	National Youth Commission Bureau of Women and Young Workers	Division Chief	✓				✓
57. Chita Cilindrino		Director	✓				✓
<b>LABOR: (1)</b>							
58. Ariel Castro	TUCP, Elliptical Road Quezon City	Director for Education, TUCP	✓			✓	✓
<b>ARMM ADVOCATES: (2)</b>							
59. Mansor Ali	Sultan Kudarat Islamic Dawah Center	Arabic Islamic Teacher	✓				
60. Dr. Rodolfo Soriano		Physician	✓			✓	✓
<b>RESEARCHERS/ DEMOGRAPHERS: (5)</b>							
61. Mercedes Concepcion	University of the Philippines	Demographer/Professor Emeritus	✓			✓	✓
62. Pilar Ramos Jimenez	De la Salle University	Associate Professor/University Fellow	✓			✓	✓
63. Evelyn Katigbak	Center for Media Freedom and Responsibility	Researcher/Writer	✓				
64. Zelda Zablan	UP Population Institute	Professor and Researcher	✓			✓	✓
65. Corazon Raymundo	UP Population Institute	Professor and Researcher	✓			✓	✓

**Appendix E: Level of Importance, Influence and Support of Various Institutional and Individual Stakeholders**

Level of Importance	Number of Stakeholders	List of Stakeholders	List of Stakeholders
<p><b>Labor:</b> TUCP</p> <p><b>Legislators:</b> PLCPD</p> <p><b>Interfaith:</b> INC, JIL</p> <p><b>RH Coalition:</b> RHAN</p> <p><b>Government Agencies:</b> POPCOM</p> <p><b>Individuals:</b>  <b>**HOR; Senior HB4110 authors (8)</b> - Bellaflor Angara-Castillo (Lone Dist., Aurora), Nereus Acosta (1<sup>st</sup> Dist., Bukidnon), Krisel Lagman-Luistro (1<sup>st</sup> Dist. Albay), Cynthia Villar (Lone Dist., Las Piñas), Etta Rosales (Party List, Akbayan), Carlos Padilla (Minority Floor Leader, Lone Dist., N. Visaya) Josefina Joson (1<sup>st</sup> Dist., Nueva Ecija, Chair, Committee on Women), Imee Marcos (2<sup>nd</sup> Dist. Ilocos Norte)</p> <p><b>Congressmen who are non-authors but active supporters of HB 4110 (4):</b> Charlie</p>	<p><b>Government Agency:</b> PGMA, DILG, DOH</p> <p><b>Catholic Organizations: (8)</b> CBCP, Couples for Christ, Abay sa Pamilya, Pro-life, Opus Dei, Parish Pastoral Councils, El Shaddai, TEODORA, Caritas Manila</p> <p><b>Other faiths:</b> Jesus Miracle Crusade</p> <p><b>Academic Institution:</b> UST</p> <p><b>NGAs:</b> Sec. Manuel Dayrit (DOH), Sec. Joey Lina</p> <p><b>Catholic Leaders (6):</b> Cardinal Jaime Sin (Manila), Cardinal Vidal (Cebu), Bishop Bacani (Manila) Bishop Valera, Bishop Villegas (Quezon City), Monsignor Achilles Dacay (Cebu)</p> <p><b>Catholic Lay Spokespersons (5):</b> Mia Zafra (Abay Pamilya), Joe Imbong, Manuel Morato, Manny Arriola, Sr. Pilar Verzosa (Pro-Life Phils.)</p>	<p><b>NGOs:</b> ACDI-VOCA (ARMM), Kaugmaon (ARMM), FAD</p> <p><b>Networks and Coalitions:</b> PCPD, 3RG, KAMMIT, RHAPWID</p> <p><b>Urban Poor Groups (2):</b> PBSP, KATINIG (Metro Manila, Cebu, etc.)</p> <p><b>Interfaith:</b> NCCP, JIL, CCBP, PCEC, IFI, Iglesia Unida Ecumenical, UCCP, Episcopal Church, International Bible Society, other evangelical churches and fellowships</p> <p><b>Health Associations (2):</b> BHW Federation, AMHOP</p> <p><b>Academic Institutions (2):</b> UPPI, DLSU Social Research</p> <p><b>Legislators (65):</b> Joel Villanueva (Party List, CIBAC), Wimpy Fuentabella (3<sup>rd</sup> Dist., Cam Sur), Gilbert Remulla (2<sup>nd</sup> Dist., Cavite), Lorna Silverio (3<sup>rd</sup> Dist., Bulacan), Emilio Macias (2<sup>nd</sup> Dist., Neg Or), Darleen</p>	<p><b>Government Agencies: (10)</b> PIA, DepEd, DA, DAR, DENR, NEDA, DOLE, DSWD, NAPC, NCRFW</p> <p><b>Medical Associations: (2)</b> POGS, PAFP</p> <p><b>Interfaith:</b> Ulama/Alimat,</p> <p><b>NGOs:</b> Gerry Roxas Foundation</p> <p><b>Academic Institutions (10):</b> DLSU-TFRH, DLSU Medical School (Dasmariñas, Cavite), Perpetual College (Laguna), FEU, RMMMC (Manila), UP College of Medicine, Cebu Doctors, Velez College, SWU (Cebu), Davao Medical School (Davao)</p> <p><b>Youth (3):</b> SK Federations, Cebu Youth Council, Kagabay (Parola)</p> <p><b>NGOs:</b> Sagip Pasig Movement</p> <p><b>Catholic Church Leaders (5):</b> Bishop Ledesma, Bishop Labayen, Fr. Gerry Orbos (?),</p>

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<p>Cojuangco (4<sup>th</sup> Dist., Neg Occ), Antonio Yapha (1<sup>st</sup> Dist., Cebu, Chair, Committee on Health), Oscar Moreno (1<sup>st</sup> Dist., Misamis Oriental), Florencio Abad (Lone Dist., Batanes)</p> <p><b>**Senators (9):</b> Rodolfo Biazon (author, SB 2325), Juan Flavier, Panfilo Lacson, Teresa Aquino-Oreto, Gregorio Honasan, Luisa Ejercito-Estrada, Eduardo Angara, Manuel Villar, Robert Jaworski</p> <p><b>***Interfaith (2):</b> Bro. Isaias Samson (INC), Bro. Eddie Villanueva (JIL),</p> <p><b>**Media (15):</b> Rina Jimenez-David (PDI), Atty. Dong Puno (Manila Times, ABS-CBN), Domini Torevillas (Phil. Star), Ces Drilon (ABS CBN), Ricky Carandang (ABS-CBN), Mon Tulfo (PDI), Mike Tan (PDI), Armando Doronilla (PDI), Susan Fernandez (People's Journal), Margie Holmes (Abante), Dr. Bles (INC Radio Station), Korina Sanchez (ABS CBN), Teddy Locsin (ABS CBN), Teddy Benigno (Phil Star), Jessica Soho (GMA),</p> <p><b>*** LCE (4):</b> Gov. Teresita</p>	<p><b>Media (2):</b> Emil Jurado, Bernie Villegas</p> <p><b>Senate (6):</b> Aquilino Pimentel, Sergio Osmeña, Joker Arroyo, Ramon Magsaysay Jr., Tito Sotto, Ralph Recto</p> <p><b>HOR (12):</b> Tony Roman (1<sup>st</sup> Dist., Bataan), Cho Roco (2<sup>nd</sup> Dist, Cam Sur), Edmund Reyes (Lone Dist, Marinduque), Ed Zialcita (Lone Dist., Paranaque), Trinidad Apostol (2<sup>nd</sup> Dist. Leyte), Victoria Reyes (3<sup>rd</sup> Dist, Batangas), Willie Villarama (2<sup>nd</sup> Dist., Bulacan), Carmen Cari (5<sup>th</sup> Dist. Leyte), Fred Maranon (2<sup>nd</sup> Dist. Neg Occ), Monico Puentebella (Lone Dist., Bacolod), Abraham Mitra (2<sup>nd</sup> Dist., Palawan), Frank Perez (2<sup>nd</sup> Dist., Bacolod)</p> <p><b>LCE:</b> Mayor Lito Atienza (Manila)</p> <p><b>Individuals (3):</b> ex-Sen. Raul Roco, ex-Sen. Kit Tatad, Jess Estanislao</p>	<p>Antonino-Custodio (1<sup>st</sup> Dist., South Cotabato), Jose Carlos Lacson (3<sup>rd</sup> Dist., Neg Occ), Emilylou Talino-Santos (1<sup>st</sup> Dist., North Cotabato), Liza Masa (Party List, Bayan Muna), Kim Bernardo-Lokin (Party List, CIBAC), Reynaldo Uy (1<sup>st</sup> Dist., Western Samar), Alan Peter Cayetano (Lone Dist., Pateros - Taguig), Uliran Joaquin (1<sup>st</sup> Dist., Laguna), Reyлина Nicolas (4<sup>th</sup> Dist., Bulacan), and the 41 authors of HB 4110 who are not vocal in their support on FP/RH.</p> <p><b>***RHAN (9):</b> Atty. Rhodora Raterta (FPOP), Eden Divinagracia (PNGOC), Dr. Junice Melgar (LIKHAAN), Ramon San Pascual (PLCPD), Roberto Ador (PLCPD), Mercy Fabros (Woman Health Philippines), Princess Nemenzo (Woman Health Philippines), Dr. Jonathan Flavier (FriendlyCare Care), Atty. Carol Ruiz-Austria (Woman LEAD)</p> <p><b>Interfaith (2):</b> Bishop Fred Magbanua (Chair, CCBP), Bishop Leo Alcongca (IBS)</p>	<p>Fr. John Schumacher, SJ, Fr. John Carroll, SJ</p> <p><b>Catholic Nuns (2):</b> Sr. Christine Tan, RGS, Sr. Mary John Mananzan, OSB</p> <p><b>**Senate (8):</b> Loren Legarda, Franklin Drilon, Francisco Pangilinan, John Osmena, Noli de Castro, Ramon Revilla, James Barbers, Rene Cayetano</p> <p><b>HOR:</b> Satur Ocampo (Party List, Bayan Muna), Crispin Beltran (Party List, Bayan Muna), Ted Failon (Leyte)</p> <p><b>** Media (8):</b> Winnie Monsod (GMA), , Conrado de Quiros (PDI), Karen Davila (ABS CBN), Mel Tiangco (GMA), Jay Sonza (GMA), Mike Enriquez (GMA), Vicky Morales (GMA), Cheche Lazaro (GMA)</p> <p><b>**LCEs (9):</b> Gov. Josie dela Cruz (Bulacan), Gov. Lito Lapid (Pampanga), Gov. Jose Yap (Tarlac), Gov. Hermilando Mandanas (Batangas), Gov. Ereneo Maliksi (Cavite), Gov. Vicente Bermejo (Capiz), Gov. George Arnaiz (Neg Or), Gov. Pablo Garcia (Cebu), Gov. Parouk Husin (ARMM)</p>
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<p>Lazaro (Laguna), Mayor Vergel Aguilar (Las Pinas), Mayor Feliciano Belmonte (Quezon City), Mayor Lourdes Fernando (Marikina),</p> <p>Individuals (5): Former DOH Secretary Alberto Romualdez, Former NEDA Secretary Medalla, Donald Dee, Estifania Aldaba-Lim, USEC Ben de Leon</p>			<p><b>**Mayors (18):</b> Benjamin Abalos, Jr. (Mandaluyong), Soledad Eusebio (Pasig), Joseph Victor Ejercito (San Juan), Reynaldo Malonzo (Caloocan), Amado Vicencio (Malabon), Jose Emmanuel Carlos (Valenzuela), Tobias Reynaldo Tiangco (Navotas), Jejomar Binay (Makati), Jaime Fresnedi (Muntinlupa), Joey Marquez (Paranaque), Wenceslao Trinidad (Pasay), Rosendo Capco (Pateros), Sigfrido Tinga (Taguig), Tomas Osmena (Cebu City), Arturo Radaza (Lapu-lapu City), Thadeo Ouano (Mandaue City), Eduardo Gullas (Talisay City)</p> <p>Individuals (2): Washington Sycip (POPDEV), Jaime Augusto Zobel de Ayala (POPDEV), Dr. Mario Festin, Dr. Perla Santos-Ocampo, Dr. Clemente</p>
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**Appendix F: Political Map of POPCOM Board Members**

Name	Support	Not Defined	Opposition
1. Sec. Romulo Neri, NEDA		<ul style="list-style-type: none"> <li>• Former director general of Congressional Planning and Budget Office</li> <li>• Previously made strong public statement on popdev but since he assumed office in NEDA, been silent</li> </ul>	
2. Sec. Manuel Dayrit, DOH		<ul style="list-style-type: none"> <li>• an epidemiologist, background in corporate sector , worked with UNILAB, but later came back to DOH</li> <li>• silent supporter ; position is more on fertility awareness</li> <li>• attends POPCOM board meetings regularly</li> <li>• avoids press exposure and questions on population/FP policy</li> <li>• as a member of Cabinet, will support GMAs pronouncement</li> <li>• articulates GMAs polices - no procurement of contraceptives but explore other policy alternatives to make policy work</li> <li>• given all data on population/FP , pressure might mount on him in future for him to make a stand on population/FP</li> </ul>	
3. Sec. Dinky Soliman, DSWD	<ul style="list-style-type: none"> <li>• "on board"- concerned on population issue and studies</li> </ul>		

	<p>all materials/ documents given</p> <ul style="list-style-type: none"> <li>• started attending POPCOM Board meetings</li> <li>• looks at population issue as a means to address poverty problem. All KALAH I projects have RH component services</li> <li>• also relates population issue to women's empowerment and poverty alleviation</li> <li>• strong NGO background</li> </ul>		
<p>4. Sec. Joey Lina, DILG</p>			<ul style="list-style-type: none"> <li>• Quiet opposition</li> <li>• Never attend POPCOM Board meetings; sends only his representative (Teresita Mistal)</li> <li>• No to FP; during his term, Laguna province was shut off to FP programs and activities</li> </ul>
<p>5. Sec. de Jesus, DepEd</p>		<ul style="list-style-type: none"> <li>• No clear stand yet</li> <li>• Sends Usec. Carol Guererro as DepEd representative</li> </ul>	
<p>6. Sec. Patricia Sto. Tomas, DOLE</p>		<ul style="list-style-type: none"> <li>• No clear stand yet; but supports labor policy of integrating FP in the workplace</li> <li>• Sends Usec. Lucita Lazo as representative</li> </ul>	
<p>7. Sec. Roberto Pagdanganan, DAR</p>		<p>New member of the Board, no clear position yet</p>	

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<p>8. Sec. Cito Lorenzo, DA</p>		<p>New member of the Board, stand on population/FP is still not known</p>	
<p>9. Sec. Mar Roxas, DTI</p>		<p>No clear stand yet; does not attend POPCOM Board meetings, no representative</p>	
<p>10. Dr. Mercedes Concepcion</p>	<ul style="list-style-type: none"> <li>• an institution in the field of population and demography</li> <li>• represents NGO sector</li> </ul>		
<p>11. Dr. Jonathan Flavier</p>	<ul style="list-style-type: none"> <li>• represents NGOs and grassroots communities</li> </ul>		
<p>12. Vacant Private Sector</p> <p>4 were already nominated to occupy this slot, mostly coming from business sector: Dr. Quasi Romualderz, Bea Zobel, Florence Tadiar, Donald Dee All are supportive of popdev/RH/FP</p>			

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Appendix G: Political Map of 12<sup>th</sup> Congress

SECTOR	HIGH SUPPORT	MEDIUM SUPPORT	LOW SUPPORT	NON-MOBILIZED	LOW OPPOSITION	MEDIUM OPPOSITION	HIGH OPPOSITION
LEGISLATIVE BRANCH	Authors (Sen. Biazon, Cong. Angara-Castillo, Acosta, Luistro, etc.)		Other PLCPD Members	Rules Committee	Baham Mitra, Ed Zialcita, Frank Perez		
	Non-authors (Funtebella, Charlie Cojuangco, Allan Cayetano, Yapha, Abad)	Loi Estrada, Ed Angara, Ping Lacson, Gringo Honasan	Flavier Loren Legarda, Tessie Oreta, Robert Jaworski, Manny Villar	Noli de Castro John Osmeña Ramon Revilla James Barbers Rene Cayetano Francis Pangilinan	Willie Villarama, Carmen Cari, Fred Maraño, Monico Puentebella	Cho Roco, Edmund Reyes, Zialcita, Apostol, Vicky Reyes	Tony Roman
	Lady Legislators (Cynthia Villar, etc.)		Legislative Core Group	Senate President Franklin Drilon			Serge Osmeña, Aquilino Pimentel
	HOR Health Committee			Speaker Jose De Venecia		Tito Sotto, Ralph Recto	
	PLCPD Board			Harlin Abayon			
				Liberal Party Nationalist People's Coalition Lakas-CMD			

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**Appendix H: Existing FPI/RH Advocacy Networks**

Level/Location	Name of Network	Nature of Membership/Number
National	Reproductive Health Advocacy Network RHAN	20 National NGOs  FPOP, PNGOC, PLCPD, WOMENLEAD, Womanhealth, Women's Media Circle, HASIK, ISSA, FriendlyCare, PNGOC, IMCH, PRRM, DSWP, PHANSUP, TUCP, Women's Legal Bureau, Medici Sans Frontier, LIKHAAN, KALAKASAN, WIN
Local		
1. Tanjay/Manjuyod in Negros Oriental Sorsogon City Malinao, Albay Balingasag/Salay/Villanueva in Misamis Oriental	Municipal Advocacy Teams formed by POPCOM-PLCPD-PNGOC	LCEs, SB members LGU members, NGOs
2. Quezon City	Quezon City Council on Population initiated by PRRM	18 government agencies, NGOs, individuals from academe : POPCOM-NCR DKT Phils. East Avenue Medical Center FPOP, FriendlyCare IMCH IMCCSDI PFNFP PRRM QC Division of Schools QC Health Dept. Rotary Club-Diliman TUCP, UPPI, Offices of Councilors Bernadette Crux-Herrera, Aiko Melendez and Alma Montilla
3. Negros Occidental, Southern Tagalog, Cebu , Southern Mindanao	RH Coalitions initiated by TUCP to promote RH in workplace : RHAPWID Cebu KAMIT Southern Tagalog FORWARD Negros Occ. We-TRANSFORM, Southern Mindanao	Trade Union leaders , DOH, DOLE, POPCOM

4. Negros Oriental	Negros Oriental FP/RH Advocacy Network (NeOFPRHAN)	9 NGOs, 6 academe, 4 from LGUs, 3 health providers
5. Capiz	Municipal IEC/Advocacy Teams in 9 municipalities Provincial IEC/Advocacy Team (Resource Group)	LGU members, local NGOs

*Appendix I: List of NGOs and their Support to Family Planning*

NGOs	Scope of Operations	Focus	Support for FP
*Women's Media Circle	National	Women empowerment thru media advocacy	Yes
* Philippine Rural Reconstruction Movement (PRRM)	National/local	Sustainable development	Yes
Philippine Business for Social Progress (PBSP)	National/local	Sustainable development	Yes
*Philippine Legislators Committee on Population and Development (PLCPD)	National	Legislative advocacy on Popdev	Yes
*Family Planning Organization of the Philippines (FPOP)	National/local	RH FP service delivery	Yes
*Trade Union Congress of the Philippines (TUCP)	National/local	Labor rights including RH and FP service delivery	Yes
*Philippine NGO Council on Population, Health and Welfare Inc. (PNGOC)	National/local	Popdev, health	Yes
Foundation for Adolescent Development, Inc. (FAD)	National	ARH	Yes
Alay sa Mamamayan Foundation-Iglesia ni Kristo (AMF-INC)	National/local	FP	Yes
*ReachOut Foundation	National	HIV/AIDS, TB, FP Gay rights	Yes
* Institute of Maternal and Child Health (IMCH)	National	Training on MCH, FP/RH FP service delivery	Yes
Philippine Center for Population and Development (PCPD)	National	Popdev research	Yes
*WomanHealth Philippines	National/local	Womens health and womens rights	Yes
*Democratic Socialist Women of the Philippines (DSWP)	National/local	Women rights, reproductive health and rights	Yes
*Institute for Social Studies and Action (ISSA)	National	Health of women, youth and children , reproductive rights	Yes
* Kababaihan Laban sa Karahasan (KALAKASAN)	National	Violence against women (VAW)	Yes

\* Members of the national Reproductive Health Advocacy Network (RHAN)

NGOs	Scope of Operations	Focus	Support for FP
*Reproductive Health, Rights and Ethics Center for Studies and Training (REPROCEN)	National	Reproductive health and rights	Yes
*Linangan ng Kababaihan (LIKHAAN)	National	Women's health and repro rights	Yes
*Philippine NGO Support Program for HIV/AIDS (PHANSUP)	National	HIV/AIDS	Yes
*Tri-dev Specialists Foundation (TRI-DEV)	National	Trainings	Yes
*Women's Legal Education, Advocacy and Defense Foundation, Inc. (WOMENLEAD)	National	Women's rights and welfare	Yes
Women's Theater Program-Philippine Educational Theater Association (PETA)	National	Women's issues thru peoples' theater and the arts	Yes
Responsible Parenthood Maternal and Child Health Association of the Philippines (RPMCHAP)	National	RP/MCH thru industries and human resource managers	Yes
*FriendlyCare Foundation	National/local	FP service delivery	Yes
Well-Family Midwives Clinic-WFMC-JSI	National/local	FP service delivery	Yes
Save the Children-US (SCF-US)	National/local	Population, health and the environment	Yes
Sagip Pasig Movement (SPM)	NCR	Popdev and environmental management	Yes
Reproductive Rights Resource Group (3RG)	National/local	Reproductive rights	Yes
Philippine Federation on Natural Family Planning (PFNFP)	National	Natural FP	Yes
Institute of Maternal Child Care Services and Development, Inc. (IMCCSDI)	National	Maternal and child health including FP	Yes
*Women in Nation Building (WIN)	National	Women in politics	Yes
* Medicins Sans Frontieres	National	Children's rights	Yes

\* Members of the national Reproductive Health Advocacy Network (RHAN)

*Appendix J: List of People's Organizations and their Support to Family Planning*

POs	Scope of Operations	Base of Support	Support for FP
Kalipunan ng Maraming Tinig ng Manggagawang Impormal (KATINIG)	NCR- Pasay, Caloocan, Manila, QC Cebu Cagayan de Oro	150 local organizations from NAMVESCO Cooperatives of Market Vendors PATAMABA Network of Home-based Workers CCUVA Cebu KATUPANAN-Cagayan de Oro	Yes
Confederation of Barangay Health Workers in the Philippines	National/local	179,000 BHWS  5,740 BHWS in Cebu province	Yes

*Appendix K: Initial List of NGOs/POs/Networks at the Local Level, their Focus/Scope of Operations and Position on FP*

NGOs/POs	Scope of Operations	Focus	Support for FP
<b>BULACAN</b>			
Network of Women Home-based Workers PATAMABA	11 municipal chapters with membership of 5,000 rural women	Women empowerment	Yes
Provincial Federation of Baranggay Health Workers	Provincial/municipal 3,321 BHWs	FP promotion and motivation	Yes
Integrated Midwives Association of the Philippines IMAP-Bulacan	400 members	public or rural health midwives and private practicing midwives	Yes
Lingkod Lingap sa Baranggay (LLB)	610 community volunteers and 3,010 mother leaders	delivery of basic services at community level	Yes
<b>CEBU</b>			
Associated Labor Unions (ALU-TUCP)	70 labor unions with a membership of 12,000 workers in companies outside MEPZ	Labor rights including FP/RH	Yes
Family Planning Organization of the Philippines (FPOP)	North/South Cebu Cebu City	RH FP service delivery	Yes
Family Planning Organization Incorporated (FPOI)	Provincial	FP service delivery	Yes
Bidlisiw Foundation	Provincial	community-based health HIV/AIDS, FP/MCH/TB	Yes
Nagpakabana Foundation	Community	RH Streetchildren in Colon Street	Yes
Cebu Youth Center, Inc. (CYC)	Provincial	Adolescent reproductive health	Yes
Friendly Care - Cebu	Provincial	FP service delivery	Yes
Philippine Business for Social Progress- Visayas (PBSP)	Regional	community development  RH	Yes
Kaabag sa Sugbu	Provincial	Community development	Undefined
Cebu Women's Coalition	Provincial	Women's issues RH	Undefined
RH Circle	Provincial	Reproductive health	Undefined

Reproductive Health Advocates for Productive Workers and Industrial Development (RHAPWID)	Provincial	RH in the workplace	Yes
Cebu City United Vendors Association (CCUVA)	64 local organizations	Empowerment of the informal sector	Yes
Cebu Federation of Barangay Health Workers	Provincial/municipal 5,740 BHWs	Delivery of health services including FP in the communities	Yes
Occupational Health Nurses Association of the Philippines- Cebu Chapter	Nurses in 40 private companies including those at MEPZ	Workers' health and safety	Yes
<b>NEGROS ORIENTAL</b>			
Negros Oriental FP/RH Advocacy Network (NeOFPRHAN) Association for the Welfare of Filipino Children (AWFCI) PAGBAG-O Silaw sa Kaugmaon Negros Oriental Chamber of Commerce and Industry Silliman University Goretti Foundation GABRIELA- Negros Oriental Negros Rural Assistance Program (NRAP) Youth Agents for Development Federation (YADF) Hugpong Tanjay Center for Women's Studies and Development	Provincial network composed of 9 NGOs, 6 academe, 4 from LGUs, 3 health providers provincial	FP/RH and Reproductive rights	Yes

*Appendix L: List of NGOs and POs with Undefined Position on FP*

NGOs/POs	Nature/Scope of Operation	Focus
Coalition of Development NGOs (CODE-NGOO)	Network of NGOs national/local	Community development
Philippine Development of Human Resources in the Rural Areas (PHILDHARRA)	Network of NGOs National/local	Community development VAW
PLAN International	National/local	Community development
GABRIELA	National/local	Women empowerment
Pambansang Kilusan ng mga Samahang Magsasaka (PAKISAMA)	National/local	Peasant organizing
PAMALAKAYA	National/local	Fisherfolks organizing
Bigkis Lakas Pilipinas	National/local	Fisherfolks
ABANSEI-PINAY	National/local	Women empowerment; Women in politics
PILIPINA	National/local	Women empowerment
Kilusang Magbubukid ng Pilipinas (KMP)	National/local	Peasant organizing
Bukluran ng mga Mangagawang Pilipino (BMP)	National/local	Trade union organizing
Kilusang Mayo Uno (KMU)	National/local	Trade union organizing
Urban Land Reform Task Force	NCR	Urban poor organizing
Metro Manila-Rizal Urban Poor Assembly	NCR	Urban poor organizing
Informal Sector Coalition of the Philippines	National	Empowerment of the informal sector
ZOTO-Tondo	NCR	Urban poor organizing
Trade Union of the Philippines and Allied Services (TUPAS)	National/local	Trade union organizing
Pambansang Tagapag-ugnay ng Manggagawa sa Bahay (PATAMABA)	National/local	Women empowerment
Action for Health Initiatives (ACHIEVE)	National	HIV/AIDS Migrant workers
Rural Improvement Club	National/local	Women empowerment
Development Thru Active Women Networking Foundation, Inc. (DAWN)	National/local	Women empowerment
Federation of Senior Association of the Philippines FSCAP	National/local	Senior citizens welfare
PHILCOS	National/local	Community development
Samahang Nagkakauisa sa	National	Childrens rights

pagtataguyod ng mga Karapatan ng mga Bata		
Sangguniang Kabataan Federation	National/local	Youth empowerment
National Confederation of Cooperatives (NATCCO)	National/local	Cooperatives development
Buklod ng Malayang Magbubukid (BUKLOD)	National/local	Peasant organizing

Appendix M: Health Professional Associations

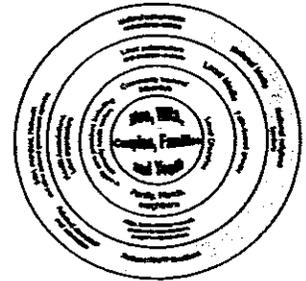
Association	Scope of Operation	Focus	Support for FP
Philippine Obstetrical-Gynecological Society (Foundation), Inc (POGS)	National	OB-GYNE scientific meetings, research & publications, training & continuing education, community service, specialty & sub-specialties	<ul style="list-style-type: none"> <li>o Generally, the association does not emphasize FP. The association does not endorse FP practice among its members.</li> <li>o TSAP FP however has excellent opportunity because Dr. Mario Festin (Team Leader of PEPM-RH Network) is a member of the Training and Continuing Education Committee. Dr. Joseline Ferrolino and Dr. Blanca de Guia are members of the POGS Specialty Board, and PEPM-RH Network members are active in POGS</li> </ul>
Philippine Association of Family Physicians (PAFP)	National	FAMILY HEALTH scientific meetings, research & publications, training & continuing education, community service, specialty & sub-specialties	<ul style="list-style-type: none"> <li>o Recently, PAFP demonstrated interest in FP. A topic on FP was included in the Annual PAFP National Convention in February, 03.</li> <li>o TSAP FP Medical Advisor and International TA has met with some officers of PAFP. The committees on Training and Continuing Education, Primary Health Care and Quality Assurance could be tapped for EBM activities. Advocacy potentials will be explored in the next months.</li> </ul>
Philippine Nurse Association (PNA)	National	NURSES Scientific meetings, research & publications, training & continuing education, community service	<ul style="list-style-type: none"> <li>o Still under study</li> </ul>

Occupational Health Nurses Association of the Philippines, Inc. (OHNAP)	National	OCCUPATIONAL NURSES scientific meetings, research & publication, training & continuing education, community service	<ul style="list-style-type: none"> <li>o Still under study</li> <li>o TSAP-FP has opportunity in Metro Cebu because OHNAP Cebu Chapter is co-sponsor (with FriendlyCare and DKT) of a forum-workshop on FP in the industrial sites March 03.</li> </ul>
Integrated Midwives Association of the Philippines (IMAP)	National	MIDWIVES scientific meetings, Research & publication, training and continuing education, IMAP Foundation School of Midwifery, community service	<ul style="list-style-type: none"> <li>o Officers are supportive of family planning although IMAP has not yet made a public endorsement on family planning.</li> <li>o TSAP FP Medical Advisor has initiated dialogue with IMAP officers.</li> </ul>
League of Government Midwives of the Philippines (LGMP)	National	GOVERNMENT MIDWIVES Scientific training and continuing education, research & publication, community service	<ul style="list-style-type: none"> <li>o Officers are supportive of family planning although LGMP has not yet made a public endorsement on family planning.</li> <li>o TSAP FP Medical Advisor has initiated dialogue with LGMP officers.</li> </ul>
Midwives Federation of the Philippines (MFP)	National	MIDWIVES Scientific meetings, training and continuing education, research & publication, community service	<ul style="list-style-type: none"> <li>o Officers are supportive of family planning although MFP has not yet made a public endorsement on family planning.</li> <li>o TSAP FP Medical Advisor has initiated dialogue with MFP officers.</li> </ul>
Philippine Public Health Association of the Philippines (PPHA)	National	GOVERNMENT HEALTH WORKERS scientific meetings, training and continuing education, research & publication, community service	<ul style="list-style-type: none"> <li>o Officers are supportive of family planning although PPHA has not yet made a public endorsement on family planning.</li> </ul>

# Annex 9

**DRAFT**  
FOR INTERNAL DISCUSSION ONLY

# Advocacy and Social Mobilization Plan



March 2003

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## I. Context

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

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

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

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

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

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

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

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

This Plan has been designed along the context of:

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

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

## II. A Framework for Advocacy and Social Mobilization

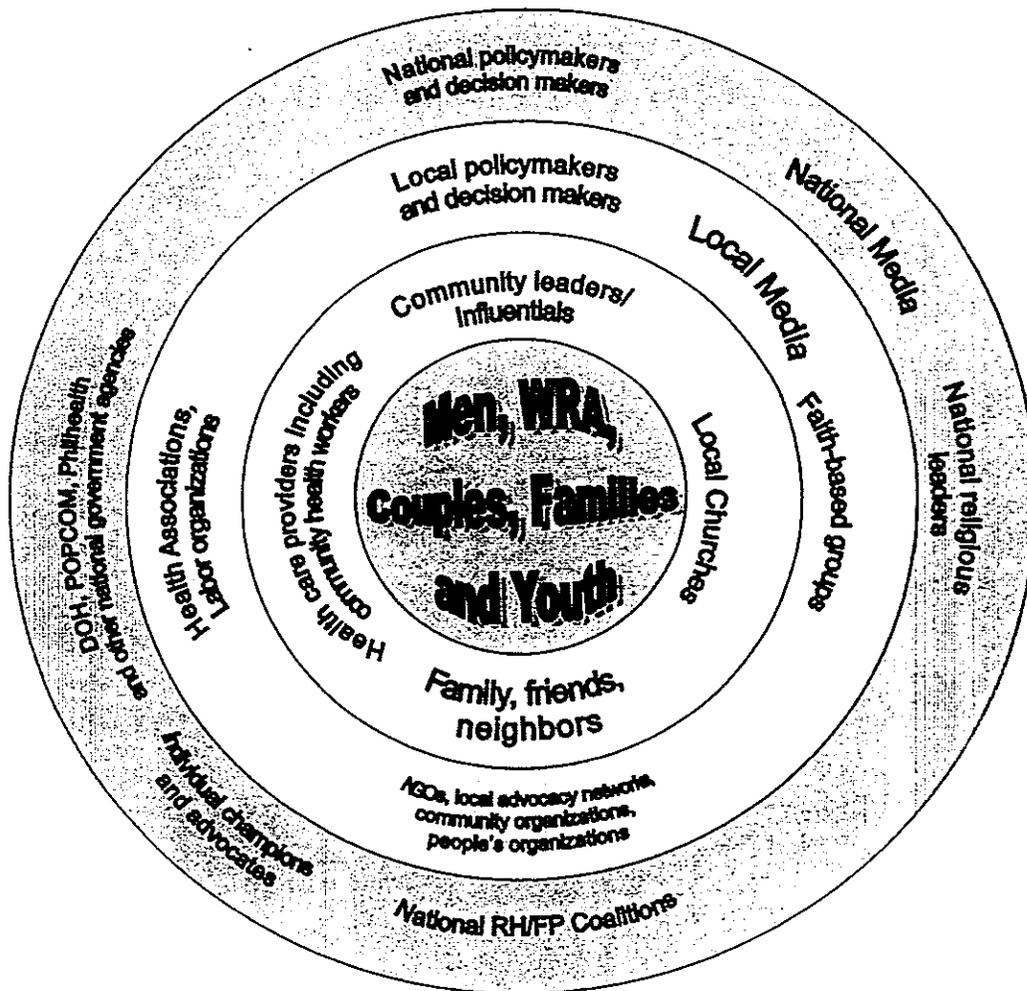
Local organizations, officials, health managers and providers, even local pastors need assistance to encourage their constituents to support family planning through advocacy and social mobilization efforts. Advocacy is defined as a set of targeted actions directed at decision-makers and influentials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

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

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

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

Figure A: TSAP-FP Social Acceptance Framework<sup>e</sup>



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

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

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

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

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

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

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

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

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

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

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

### III. Scope of the Plan

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

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

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

## IV. Overall Strategy

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

### A. Building and expanding coalitions and alliances for FP

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

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

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

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

### B. Assisting individual champions and advocates

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

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

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

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

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

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

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

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

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

#### **D. Promoting NGO-government partnerships for FP**

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

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

E. Fostering sharing of best practices through *Bahaginan*

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

*Bahaginan* will involve the following where appropriate:

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

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

## V. Specific Strategies

### A. Developing advocates for FP among the urban poor

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

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

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

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

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

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<sup>1</sup> World Bank Report, 2001.

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

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

### Strategies and Activities

1. Form a core group of urban poor and informal sector leaders who will spearhead FP advocacy in their communities
  - a. Together with KATINIG and PBSP, identify core group members/leaders based on their sphere of influence in the community, support for FP, and willingness to serve their communities as FP focal persons. Potential advocates include women, men, youth leaders and community-based workers-leaders.
  - b. Bring together to form core groups of urban poor and informal sector leaders who will spearhead FP advocacy and community mobilization in their localities
2. Strengthen advocacy, communication, and networking skills of urban poor and informal sector leaders and core groups
  - a. Provide training to develop and sustain networks
  - b. Conduct training on advocacy planning, message development and delivery
  - c. Orient on the interrelationships of FP, poverty and responsible parenthood
  - d. Support selected advocacy campaigns through small grants
  - e. Develop advocacy/IEC materials on FP and poverty to contextualize the situation of the urban poor and the potential benefits derived from FP
3. Improve social mobilization capabilities of FP advocates
  - a. Conduct social mobilization workshops
  - b. Form family health clubs (e.g. satisfied FP users and acceptors), youth clubs, etc.) where appropriate

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

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

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

**Strategies and Activities**

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

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

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

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

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

- Assess the status of SA/UCs, current activities, sphere of influence, membership, interest to advocate for FP in target areas
- Reorganize SA/UCs in TSAP target areas
- Identify the most active, influential and supportive of informed choice.
- Orient SA/UCs in target areas on basic FP EBM, interrelationships of FP and poverty as well as responsible parenthood
- Conduct advocacy training of trainers (TOT) for SAC/UC members with training potentials.
- Provide training on presentations and public speaking.

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

### C. Mobilizing Non-government Organizations

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

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

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

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

### National-level Strategies and Activities

1. Strengthen FP advocacy of existing national advocacy networks
  - a. Provide advocacy, negotiation and communication training of RHAN members
  - b. Provide EBM-based FP information and expert advice by conducting meetings, discussion workshops among RHAN members, other NGOs and sectoral groups to discuss EBM-based FP information, FP and its relationships to other development concerns such as the environment, poverty, human rights, etc.
  - c. Work with other agencies to support RHAN members PLCPD and PNGOC in advocacy for the RH bill including some support (e.g. production and dissemination of advocacy/IEC materials on HB 4110, conduct of regional/provincial fora on HB 4110 to generate local support for the RH Bill, community events to popularize the bill during National Population Day, etc.)
  - d. Assist RHAN in expanding its membership to include other national NGOs.
2. If applicable, develop an FP advocacy network. Scan and assess other NGOs and civil society groups to determine their development concerns and interest to take part in FP advocacy network building especially in TSAP-FP target areas.
  - a. Organize a forum to form a national multi-sectoral network of NGOs advocating for FP
  - b. Assist in FP network development
  - c. Train new network members in advocacy, FP/pop/RH interrelationships, EBM for FP, communication, presentations.

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

#### D. Finding a common ground among faith-based groups

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

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

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

#### Strategies and Activities

1. Identify and develop support for RH/FP among national and local faith-based groups
  - a. Support coalition-building activities for FP among faith-based organizations
  - b. Conduct FP advocacy training for faith-based coalition
  - c. Provide accurate and timely information and technical assistance to enhance the technical skills of the faith-based coalition
  - d. Support faith-based groups in holding multi-faith public forums (e.g. holding of a National Inter-Faith Forum on Responsible Parenthood) and community events advocating for FP (inter-faith fair with an FP booth)
2. Increase the number of faith-based FP supporters by attracting the non-mobilized and undecided religious groups
  - a. Work with *ulama, alimat and ustadz* to convince the Muslim families to support RH/FP
  - b. Support Muslims and other major religious denominations to take a more public view supportive of RH/FP
  - c. Work with multi-faith groups in message development to soften the religious angle and emphasize the broad, diverse base of support for FP.
3. Reduce the intensity of opposition from other religious groups to move them from a regime of high opposition to low opposition/neutrality/non-mobilization
  - a. Seek consensus on common goals and objectives for social good

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

E. Enhancing labor sector participation in FP

Of the Philippine population of 80 million, 42 percent or nearly 34 million are in the labor force.<sup>2</sup>

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

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

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

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

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

<sup>2</sup> 2002 Labor Force Survey, National Statistics Office (NSO)

<sup>3</sup> Study on "Sexual and Reproductive Health Knowledge, Attitudes and Practices Among Filipino Adolescents: A View From the Workplace 2," September 2002.

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

### Strategies and Activities

1. Identify and select the three largest labor organizations, federations and coalitions that are interested in advocating for FP as a critical issue for labor
  - a. Work with DOLE to identify major labor organizations in Region 3, Region 4 (CALABA), Metro Manila, Metro Cebu and Metro Davao
  - b. Prepare a profile of labor organizations (including data on number of members, occupational categories of members, workplace benefits including access to FP services in respective workplaces, status of FP clinics, etc.).
  - c. Select and meet with identified labor organizations to identify three large groups willing to partner with TSAP-FP.
  
2. Provide training and technical assistance in advocacy and communication/presentations to the three largest labor unions. (If various labor organizations are involved and willing to work together like the KAMIT labor union of Region IV, hold a joint workshop for key representatives from the labor groups.)
  - a. Conduct an advocacy workshop to help union representatives:
    - identify the population-FP-labor issues that they want to advocate for. Have experts (for topics like health, productivity and FP) provide overviews and respond to questions during the advocacy workshop
    - develop a plan that outlines advocacy events to promote a population/FP and labor issues such as Labor Day, in CBA negotiations of benefits for workers
  - b. Disseminate/promote messages like "FP/RH for workers" e.g. incorporation of FP-related issues in Labor Day celebrations and workplace health or peer education activities.
  
3. Strengthen collaboration between management and labor for FP at the workplace
  - a. Together with DOLE, ascertain the status of FP services in industries located in TSAP target areas including compliance of Art. 134.
  - a. Network with the Personnel Management Association in the Philippines (PMAP) and the Occupational Nurses Association of the Philippines (ONAP) so that they can help respond to the FP-related needs of the work force, including the FP knowledge, counseling and commodity needs of workers in target areas.
  - b. Meet with the PMAP and ONAP officers to have a better view of their FP knowledge and types of services given to their work force, then coordinate with the TSAP-FP health component to ensure that the providers of labor clinics in targeted areas be included in EBM dissemination training and counseling.
  - c. Facilitate meetings between industry managers and labor organizations to discuss workers' FP needs/requirements and industry response to FP at the workplace

## F. Developing vigorous partnerships with health professionals on FP

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

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

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

### Strategies and Activities

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

- b. Identify potential FP advocates among Obstetrician-Gynecologists, public health providers, public-private midwives and nurses.
  - c. Provide training to potential advocates on FP by providing them with the latest information on contraceptive technology and safety, Critically Appraised Topics on family planning, guidelines and protocols on FP service, WHO Medical Eligibility Criteria for Starting Contraceptive Method, Reproductive Health and other relevant topics.
3. Strengthen the advocacy capabilities of community-level health workers in target areas. Through the small grants mechanisms, TSAP will assist training of trainers on community advocacy. Another option is to encourage the community health workers to join the provincial networks and be trained with them on advocacy.
- a. Work with DOH and POPCOM regional offices and provincial/municipal population officers in target areas to identify potential advocates for FP among active baranggay health workers (BHW/CHW), baranggay service point officers (BSPO) and baranggay nutrition scholars (BNS).
  - b. Work with the EBRMnet to orient potential community advocates for FP in target areas on basic RH, contraceptive technology and safety.
  - c. Conduct workshops to train community level FP advocates in interpersonal communication, motivation and advocacy to make them effective communicators and advocates for family planning at the community level.
4. Support advocacy for the integration of family planning concepts in the undergraduate curriculum
- a. Identify the members of the Board of Examiners of medicine, nursing and midwifery and assess their level of support for family planning.
  - b. Meet/support dialogue with members of the Board of Examiners who are supportive of family planning to work out the possibility of including family planning questions in the Professional Licensure Examination through the EBRMnet core group.
5. Integrate concepts on family planning in the OB-GYNE Fellowship Examination
- a. Identify the members of the Philippine Obstetrics & Gynecological Society (POGS) Board of Examiners and assess their level of support for family planning.
  - b. Meet/support dialogue with the Board of Examiners who are supportive of FP to work out possibility of including family planning questions in the Professional Licensure Examination. Tap the PNEBM RH advocating for this.

#### G. Increasing legislators' support on FP

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

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

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

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

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

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

### Strategies and Activities

1. Support the FP advocacy thrusts and activities of supportive legislators
  - a. Increase legislators' knowledge of RH and FP issues, including basic EBM.
  - b. Mobilize constituent support for FP at local or district level through public assemblies, fora, signature campaigns, and other high profile activities
  - c. Provide timely and research-based information, technical and expert support and advice to champions during high profile or important events (legislative agenda formulation, committee hearings, floor deliberations, public rallies, etc.). This includes the provision of data-based presentations using RAPID, population-development analyses, poverty studies, etc. for legislators to use in hearings or congressional meetings.
  - d. Orient legislators on effective media, presentation and public speaking skills
  - e. Facilitate media coverage of positive FP pronouncements made by legislative champions and supporters
  
2. Increase the number of supporters by attracting the non-mobilized and undecided groups of legislators to take a supporting position
  - a. Assist PLCPD/supportive legislators in dialogue with non-mobilized/undecided legislators.
  - b. Tap supportive media to help persuade non-mobilized/undecided legislators.
  - c. Mobilize constituents supportive of FP at the local/district levels to convince non-mobilized/undecided legislators.
  - d. Assist PLCPD/supportive legislators in attracting formal and de facto political leaderships in the Senate and the House of Representatives to mobilize the support of their membership
  - e. Support NGOs and women's groups to influence the legislative agenda formulation of various political parties to mainstream FP in the party platform.

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

#### H. Mobilizing LGUs for FP Advocacy

In 1991 the Local Government Code (LGC) of the Philippines was passed, drastically changing decision-making, financing and resource allocation. The LGC aimed to make the decision making process in the bureaucracy more transparent, participatory (as it strongly provides for the involvement of people's organizations) and responsive to local conditions and situations. It made the Local Government Units (LGUs) responsible for policy and fiscal decisions, planning and implementation. The LGC was designed to ensure that while decisions are decentralized, these have corresponding support in personnel, resources and local services as these are placed under the responsibility of the Local Chief Executive (LCE). The LGC strategically set into motion the institutionalization of participatory decision making and local responsibility for these decisions.

The policy greatly affected health services, of which FP services is an integral part. The province under the leadership of the Governor is responsible for provincial and district hospitals as well as all health personnel. The municipal mayor is responsible for the Rural Health Units (RHUs), and Barangay Health Stations (BHSs), while the city mayor is responsible for city hospitals and RHUs. As discussed in the Health Professionals strategy above, personnel of the RHUs and BHSs are most critical in disseminating the correct information on FP as well as in local advocacy for FP.

- The TSAP Project will use a two-pronged strategy in working with LGUs. It will:
1. Support advocacy addressed to LCEs through the Leagues of Governors and Mayors.
  2. Develop multi-sectoral provincial/metropolitan advocacy networks.

#### Strategies and Activities

1. Link up with the League of Municipalities and League of Cities
  - a. Orient Leagues of target areas on TSAP objectives and activities so LCEs will have information on available project TA
  - b. Do a quick profile for the FP services in the LGU and their status
  - c. Encourage LGU visitations to disseminate successful practices in FP advocacy, social mobilization, and service delivery among the LGUs
  - d. Document success stories for media write-ups for local and national newspapers.

2. Open dialogue with LCEs, health officers and Local Health Boards on FP benefits to society and individuals, and the need for supportive policies and resources
  - a. Make courtesy calls and briefings on TSAP-FP to LGU officials, health personnel and Local Health Board members
  - b. Hold a town meeting together with local officials, LGU health officers, FP program managers, counselors and health promotion officers to identify:
    - development challenges and the potential implications of FP
    - FP policies in the LGUs and possible gaps
    - challenges affecting LGU provision of FP services which can be addressed by advocacy and social mobilization
  - c. Link up health officials and personnel to the local advocacy network and encourage their participation in the network's activities (see strategies below).

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

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

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

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

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

### Possible Models of Network Building at the Local Level

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

#### LGU Model 1 – BULACAN. *Forming a new advocacy network*

##### Background

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

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

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

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

### Proposed Strategy

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

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

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

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

Background

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

Proposed Strategy

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

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

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

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

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

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

#### Background

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

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

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

#### Proposed Strategy

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

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

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

#### J. Supporting individual champions and advocates

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

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

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

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

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

### Strategies and Activities

1. Identify FP champions from among current and former national and local government officials, legislators, religious leaders, business leaders, labor federations; the media, sports and entertainment personalities, people's organizations and sectoral groups (urban poor, women, youth), university and research experts.
  - a. Compile a universe list of stakeholders
  - b. Preliminarily identify potential champions
  - c. Assess potential champions' support for FP (through key informants, speeches or writings and news releases) area of expertise or achievements (e.g. poverty, religious studies, movies, etc.), and their sphere of influence (e.g. urban poor, young people, Visayan-speaking regions, etc.).
  - d. Contact and ascertain each champion's willingness to publicly speak out for modern FP
  - e. Identify a core group of champions and advocates per sector. An initial list is shown in Annex B.
  - f. Update on a regular basis the list of champions, their level of support for FP, area(s) of expertise/achievements, and sphere of influence.
2. Improve the FP advocacy skills of champions
  - a. Work with the EBRMNet to orient champions on FP safety and efficacy and the health benefits of FP to mothers and children, unmet need
  - b. Orient champions on poverty and FP, population-development concerns, etc.
  - c. Work with the BCC group to enhance the communication skills of champions (e.g. public speaking, working with the media and press conferences, making effective technical presentations, debate) as needed and using aids like videotaping, etc.
  - d. Provide technical and expert assistance on FP issues through briefing packets, executive memoranda, and advocacy updates and briefs.
3. Increase the public visibility of champions and advocates
  - a. Help ensure media coverage of favorable pronouncements made by champions and supporters

- b. Facilitate the participation of champions in high profile media and public events related to FP/RH
  4. Facilitate linkage of individual champions with local groups to show evidence of constituent support
    - a. Support dialogues between champions and FP advocacy networks/coalitions
    - b. Arrange with POPCOM and LGUs for champions to meet with SUCs and other local groups supportive of FP to reinforce popular support for FP
  5. Recruit new champions over time
    - a. Motivate champions to identify other potential champions
    - b. Enhance the technical skills of champions and advocate as specified in items 2 and 3 above.

## VI. Monitoring and Evaluation

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

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

<i>Intermediate Result</i>	<i>Indicator / Unit of measure</i>
<i>IR3.2 Key segments of society advocating for the use of FP</i>	<ul style="list-style-type: none"> <li>• Number and type of key segments of society advocating for the use of family planning</li> <li>• Number/type of national coalitions actively advocating for FP</li> <li>• number of local (provincial, municipal/city and community levels) advocacy networks/coalitions advocating for FP</li> <li>• Number of individual champions/ advocates who publicly speak out/advocate for FP</li> <li>• media champions advocate for modern method</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• public statements/ pronouncements in favor of FP in various media channels and fora</li></ul> |
|--|---|

## VII. Conclusions

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

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

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

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

# Annexes

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

SECTOR/ SEGMENT	LEVEL OF SUPPORT	KEY THEMES	PROPOSED ACTIONS
Labor	High- TUCP TBD - general	<ul style="list-style-type: none"> <li>▪ FP in the workplace</li> <li>▪ FP to increase productivity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure/lobby compliance with Art 134</li> <li>▪ Incorporate FP in CBA</li> </ul>
Urban Poor	High - KATINIG TBD - general	<ul style="list-style-type: none"> <li>▪ FP and poverty</li> </ul>	<ul style="list-style-type: none"> <li>▪ Advocate/ demand for services at the community level</li> <li>▪ Awareness-raising in the community</li> <li>▪ Community-mob</li> </ul>
Youth	Low	<ul style="list-style-type: none"> <li>▪ Responsible sexuality</li> <li>▪ Life skills</li> <li>▪ Postpone first sexual contact</li> <li>▪ ABC</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Peer counseling</li> <li>▪ Awareness raising</li> <li>▪ Youth mobilization</li> <li>▪ School orientation for incoming freshmen and school clinicians</li> </ul>
Legislators	Mixed Polarized	<ul style="list-style-type: none"> <li>▪ Policy support for FP=QOL</li> <li>▪ Supporting FP is good politics</li> <li>▪ FP is good governance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Allocate resources for FP</li> <li>▪ Enact policies for FP</li> </ul>
Interfaith	High - non RC Oppose - RC Complex - Muslims	<ul style="list-style-type: none"> <li>▪ Responsible parenthood and family life</li> </ul>	<ul style="list-style-type: none"> <li>▪ Muslim-issue <i>fatwas</i> (provincial/local level) supporting FP and RP</li> </ul>
NGOs/women's Groups	High - RHAN	<ul style="list-style-type: none"> <li>▪ FP/RH/health are part of human rights</li> </ul>	<ul style="list-style-type: none"> <li>▪ Make FP/RH/RR an electoral issue</li> <li>▪ Promote male involvement in FP/RH</li> </ul>
Health Sector	Complex	<ul style="list-style-type: none"> <li>▪ FP saves lives</li> <li>▪ FP is a health intervention</li> <li>▪ FP is good business</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use EBM in FP</li> <li>▪ Revise FP protocol</li> <li>▪ Use WHO eligibility guidelines</li> <li>▪ Make FP counseling part of routine consultations</li> </ul>
NGAs	High - PopCom Low - DOH TDB - DOLE	<ul style="list-style-type: none"> <li>▪ Pop Dev</li> <li>▪ Health Intervention/ Responsible Parenthood</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monitor compliance of Article 134</li> <li>▪ Ensure integration of Pop/FP in developing plans and programs</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Article 134</li> </ul>	
LGUs	TBD - varying	<ul style="list-style-type: none"> <li>▪ FP is a good governance</li> <li>▪ Pop Dev</li> <li>▪ Health Intervention/RP</li> <li>▪ Article 134</li> <li>▪ Policy support = QOL</li> <li>▪ Supporting FP is good politics</li> <li>▪ FP is good governance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enact policies</li> <li>▪ Allocate resources</li> <li>▪ Improve the service delivery</li> <li>▪ Facilitate/increase private sector participation</li> <li>▪ Prioritize LGU services to the poor</li> </ul>

*Annex B: List of Champions, TSAP-FP, March 2003.*

NAME	CONTACT ADDRESS & TELEPHONE NUMBERS	POSITION/ ORGANIZATION	POPDEV	FAMILY PLANNING			RH
				NFP only	NFP + informed choice	All methods	
<b>LEGISLATORS: [9 Representatives &amp; 5 Senators]</b>							
1. Bellaflor Angara-Castillo	N-518 Batasang Pambansa Complex, Quezon City 9315435; 9315001 loc. 7417	Representative, Lone Dist., Aurora	✓			✓	✓
2. JR Nereus O. Acosta	N-215 Batasang Pambansa Complex, Quezon City 9316733; 9315001 loc. 7394	Representative, 1 <sup>st</sup> Dist., Bukidnon	✓			✓	✓
3. Krisel Lagman-Luistro	N-411 Batasang Pambansa Complex, Quezon City 9315497; 9315001 loc. 7370	Representative, 1 <sup>st</sup> Dist., Albay	✓			✓	✓
4. Loretta Ann Rosales	S-511 Batasang Pambansa Complex, Quezon City 9316288; 9315001 loc. 7289	Representative, Party List, Akbayan	✓			✓	✓
5. Emmanuel Joel J. Villanueva	N-317 Batasang Pambansa Complex, Quezon City 9315442; 9315001 loc. 7356	Representative, Party List, CIBAC	✓			✓	✓
6. Gilbert Remulla	N-316 Batasang Pambansa Complex, Quezon City 9316531; 9315001 loc. 7355	Representative, 2 <sup>nd</sup> Dist., Cavite	✓			✓	✓
7. Darlene R. Antonino-Custodio	N-105 Batasang Pambansa Complex, Quezon City 9316691; 9315001 loc. 7324	Representative, 1 <sup>st</sup> Dist., So. Cotabato	✓			✓	✓
8. Alan Peter S. Cayetano	N-302 Batasang Pambansa Complex, Quezon City 9315408; 9315001 loc. 7341	Representative, Lone Dist., Pateros-Taguig	✓			✓	✓
9. Oscar S. Moreno	N-508, RMB-428 Batasang Pambansa Complex, Quezon City 9518922; 9315001 loc. 7055	Representative, 1 <sup>st</sup> Dist., Misamis Oriental	✓			✓	✓
10. Rodolfo G. Biazon	Room D-111 PICC, CCP Complex, Roxas Blvd., Pasay City	Senator	✓			✓	✓

	Room 527, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City 5526772; 5526601 loc. 5527/5528								
11. Juan M. Flavier	Room 525, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City 5526774/78/70/71 5526601 loc. 5537/38/82	Senator		✓				✓	✓
12. Parfilo M. Lacson	Room 523, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City 5526786; 5526601 loc. 5533/34/35	Senator		✓				✓	✓
13. Teresa Aquino-Oreta	6 <sup>th</sup> Flr., Ermita Bldg., Arquiza St., Ermita, Manila	Senator		✓				✓	✓
	Room 511, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City 5526778; 5526601 loc. 5561/62/63/90			✓				✓	✓
14. Gregorio Honasan	Room 503, 5 <sup>th</sup> floor Senate of the Phils., GSIS Complex, Pasay City	Senator		✓				✓	✓
	2 <sup>nd</sup> Flr., Videospecs Bldg., Julian Felife cor. Fernando Ma. Guerrero Sts., CCP Complex, Roxas Blvd. Pasay City 5510340/52/63; 5526601 loc. 5552/54/87			✓				✓	✓
<b>NON-GOVERNMENT ORGANIZATIONS: (9)</b>									
15. Atty. Rhodora Raterta	# 50 Doña Hemady St., New Manila, Quezon City 7217101/7247141/7214067	Director, Family Planning Orgn. of the Phils.		✓				✓	✓
16. Dr. Eden Divinagracia	# 38 San Luis Street, Pasay City 5516285/8345008/5510330	Executive Director, PNGOC		✓				✓	✓

17. Dr. Junice Melgar	# 92 Times St., West Triangle, Quezon City 4113151/9266230	Executive Director, LIKHAAN	✓			✓	✓
18. Ramon San Pascual	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Deputy Ex. Director, PLCPD	✓			✓	✓
19. Roberto Ador	PLCPD, N-611 HOR, Batasang Pambansa Complex, Quezon City 9315354; 9315001 loc. 7430	Executive Director, PLCPD	✓			✓	✓
20. Ana Maria Nemenzo	# 129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Exec. Director, WomanHealth Phils	✓			✓	✓
21. Mercy Fabros	# 129-A Matatag St., Brgy. Central, Diliman, Quezon City 9273319/4355254	Advocacy Coordinator, WomanHealth Phils Philippines	✓			✓	✓
22. Atty. Carol Ruiz-Austria	# 45 Mapagkumbaba St., Sikatuna Village, Quezon City 4356823/4366738	Executive Director, Woman LEAD	✓			✓	✓
23. Dr. Jonathan Flavier	FriendlyCare Foundation, Inc. Mandaluyong City	Director, FriendlyCare Foundation, Inc	✓			✓	✓
<b>INTERFAITH: (3)</b>							
24. Bishop Fred Magbanua	9453 Retiro St., Guadalupe Nuevo, Makati City 8834492-93	Chair, Council of Christian Bishop of the Philippines	✓			✓	✓
25. Dr. Bles		Anchor, INC Radio Program Ateneo De Manila University	✓				✓
26. Fr. John Schumacher	Katipunan Ave., Quezon City		✓			✓	✓
<b>MEDIA: (10)</b>							
27. Rina Jimenez-David	Philippine Daily Inquirer	Columnist, Phil. Daily Inquirer	✓				
28. Atty. Dong Puno	Manila Times/ ABS-CBN	Columnist, Manila Times & Anchor TV Program - ABS CBN	✓			✓	✓
29. Domini Torrevillas	Philippine Star	Columnist, Philippine Star	✓			✓	✓
30. Ces Dylon	ABS-CBN	Anchor, TV Program - ABS CBN	✓			✓	✓
31. Ricky Carandang	ABS-CBN	Anchor, TV Program - ABS CBN	✓			✓	✓
32. Ramon Tulfo	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓

33. Armando Doronilla	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
34. Michael Tan	Philippine Daily Inquirer	Columnist, Phil Daily Inquirer	✓			✓	✓
35. Susan Fernandez	People's Tonite	Columnist, People's Tonite	✓			✓	✓
36. Margie Holmes	Abante	Columnist, Abante	✓			✓	✓
<b>LOCAL CHIEF EXECUTIVES: (4)</b>							
37. Hon. Teresita Lazaro	Provincial Capitol, Laguna	Governor, Laguna	✓			✓	✓
38. Hon. Vergel Aguilar	City Hall., Las Pinas City	Mayor, Las Piñas	✓			✓	✓
39. Hon. Ma. Lourdes Fernando	City Hall, Marikina City	Mayor, Marikina	✓				
40. Hon. Feliciano Belmonte	City Hall, Quezon City					✓	✓
<b>BUSINESS SECTOR: (2)</b>							
41. Donald Dee	ECOP, Makati City	President, ECOP	✓			✓	✓
42. Sergio Ortiz-Luis	PhilExport	President, PhilExport	✓			✓	✓
<b>FORMER AND CURRENT GOVERNMENT OFFICIALS: (15) - 3 former administrations, 12 Arroyo Administration</b>							
43. Dr. Alberto G. Romualdez	FriendlyCare Foundation, Inc., Shaw Blvd. Mandaluyong City	President PCEO, FriendlyCare Foundation, Inc.	✓			✓	✓
44. Estefania Aldaba-Lim	Commission on Population, PNGOC	Commissioner	✓			✓	✓
45. Benjamin de Leon	Office of the Secretary Department of Health San Lazaro Compound Sta. Cruz, Manila	Chair, PNGOC	✓	✓			✓
46. Dr. Manuel Dayrit	Office of the Secretary Department of Health San Lazaro Compound Sta. Cruz, Manila	Secretary of Health	✓			✓	✓
47. Tomas Osias	Commission on Population	Executive Director, POPCOM	✓		✓	✓	✓
48. Dr. Milagros Fernandez	Department of Health San Lazaro Compound Sta. Cruz, Manila	Undersecretary, DOH	✓			✓	✓
49. Mia Ventura	Commission on Population	Dep. Executive Director, POPCOM	✓			✓	✓
50. Ignacio Arat	Commission on Population	Regional Director, Region XI	✓			✓	✓
51. Atty. Nolito Quilang	Commission on Population	Regional Director, Region VII	✓			✓	✓
52. Marical Terrado	Commission on Population	Regional Director, Region III	✓			✓	✓
53. Lota Leyse	Commission on Population	Regional Director, Region IV	✓			✓	✓
54. Rene Bautista	Commission on Population	Regional Director, Region VIII	✓			✓	✓
55. Psyche Palar	Commission on Population	Regional Director, Region IX	✓			✓	✓
56. Georgina Dolortino-Arreza	National Youth Commission	Division Chief	✓				✓
57. Chita Cilindrino	Bureau of Women and Young	Director	✓				✓

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		Workers						
<b>LABOR: (1)</b>								
58. Ariel Castro	TUCP, Elliptical Road Quezon City	Director for Education, TUCP	✓				✓	✓
<b>ARMM ADVOCATES: (2)</b>								
59. Mansor Ali	Sultan Kudarat Islamic Dawah Center	Arabic Islamic Teacher	✓				✓	✓
60. Dr. Rodolfo Soriano		Physician	✓				✓	✓
<b>RESEARCHERS/ DEMOGRAPHERS: (5)</b>								
61. Mercedes Concepcion	University of the Philippines	Demographer/Professor Emeritus	✓				✓	✓
62. Pilar Ramos Jimenez	De la Salle University	Associate Professor/University Fellow	✓				✓	✓
63. Evelyn Katigbak	Center for Media Freedom and Responsibility	Researcher/Writer	✓				✓	✓
64. Zeld Zablan	UP Population Institute	Professor and Researcher	✓				✓	✓
65. Corazon Raymundo	UP Population Institute	Professor and Researcher	✓				✓	✓

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

Activity	Stakeholders	Input	Output/ Outcome	Budget	Problems	Recommendations

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# Annex 10

# Planning Workshop on Evidence Based Medicine in Family Planning

## Workshop Summary Report

Date: January 27-29, 2003

Venue: AIM Conference Center, Makati City

### Workshop Facilitators and Resource Persons

The resource persons and workshop facilitators include Dr. Fred Tudiver of the East Tennessee State University, Mr. Reed Ramlow of the Futures Group International, and Dr. Mario Festin of the University of the Philippines Manila. Dr. Ricardo Gonzales of The Social Acceptance Project – Family Planning was a speaker on Family Planning Practice topics.

### Workshop Participants

Sixteen invited members of the core group were all present. (Attendance List attached). These members came from various educational institutions from many cities of the country, and are all practicing Obstetrician-Gynecologists. Their main functions are to participate fully in the EBM in family planning workshop, provide inputs to the agenda-setting and prioritization of the topics for research, prepare an action plan for the development of the Critically Appraised Topics in FP, develop assigned Critically Appraised Topic/s in FP based on the identified agenda and priorities, attend meetings and conferences organized by the Team Leader and/or the Medical Advisor, provide regular feedback and/or report on issues and concerns related to the implementation of the plan for appropriate action by the other members of the core group, the team leader and/or the Medical Advisor.

In addition, other invited participants from various government and non-governmental organizations provided insights and inputs on the various needs assessment of the practice of Family Planning in the Philippines.

### Workshop Administrative Support

Regular staff members of The Social Acceptance Project in Family Planning office –AED, were present to provide administrative support.

## Workshop Highlights

### Day 1, January 27, 2003

The first day started with the opening ceremonies, which included the introduction of the participants, the welcome remarks and the introduction of The Social Acceptance Project by Ms. Eleanora de Guzman, Chief of Party, AED, TSAP-FP and the Opening Message by Mr. Ephraim Despabiladeras, Cognizant Technical Officer, OPHN, USAID. Dr. Ricardo Gonzales, project Medical Adviser gave a situational report on Family Planning in the Philippines, enumerating the current data on population and accomplishments and challenges of the Philippine family planning program. Dr. Fred Tudiver gave the introductory lecture on EBM (including the 5 skills). Dr. Mario Festin gave the lecture on the status of the EBM movement in the Philippines, in particular focus on the Reproductive Health field. Mr. Reed Ramlow gave a description of the experiences in the other countries on EBM in FP.

In the afternoon, the core group members were assigned to computers to work on searching the medical literature, using new and updated search engines given by the workshop coordinators. Of particular attention was the use of Info-Retriever. This was followed by a session on Critical Appraisal of an article on therapy or treatment, as exemplified by a paper comparing contraceptive patches with oral contraceptives.

### Day 2, January 28, 2003

On the second day, after a recapitulation of the previous day's activities, the core group participated in a workshop session on Critical Appraisal of an article on harm or prognosis, as exemplified by a paper on oral contraceptives and the association with thromboembolism. This was followed by a demonstration session on Developing CATs, using the CatMaker program. The participants were asked to prepare practice CATs using the outputs of the two previous small group discussions.

In the afternoon, the participants listened to a discussion on Obstacles in EBM Practice in the Philippines, given by Dr. Lora Tansengco, an introduction to Systematic Reviews and Meta-Analysis, given by Dr. Jericho Luna, and a demonstration of the WHO Reproductive Health Library given by Dr. Mario Festin. A group discussion moderated by Dr. Tudiver, Dr. Festin, and Mr. Ramlow, dealt on the project plan specifics, especially on the possible correlation of the previously mentioned problems, and the individual interests of the core group members.

### Day 3, January 29, 2003

After a recap of the previous days activities, the core group worked on the Critical Appraisal of Systematic Reviews, using a paper that was on Thromboembolism and Oral Contraceptive Use. A lecture on turning research findings into policy was given by Dr. Antonia Habana. Another meeting of the participants followed to enumerate the next

tasks that have to be completed, including the submission of the list of proposed topics and the schedules for CAT development.

In the afternoon, representatives of various stakeholders in family planning service delivery joined the workshop. There was a discussion on the purpose of the agenda setting workshop for planning and developing critical topics, based on problems and needs of the participating Filipinos. Summaries of group work were given, after organizing the results into those related to providers, clients, systems of service delivery. The afternoon was capped by closing ceremonies, including the testimony of one of the core group participants, Dr. Ditas Decena, and of the workshop coordinators. Certificates to participants were also distributed.

Participants to the Planning Workshop on EBM in Family Planning  
January 27-29, 2003

1. **Mario R. Festin, MD** – graduate of MS Clinical Epidemiology, Obstetrician Gynecologist at the PGH, former Executive Director of the National Institutes of Health, UP Manila, Reproductive Health Consultant
2. **Blanca F. de Guia, MD** – graduate of MS Clinical Epidemiology, Obstetrician Gynecologist at the PGH, reproductive endocrinology specialist
3. **Bernadette O. Cruz, MD** – graduate of MS Epidemiology, Obstetrician Gynecologist at PGH, trophoblastic disease specialist
4. **Ditas Decena, MD** – graduate of Masters in Public Health, Obstetrician Gynecologist at the University of Santo Tomas Hospital
5. **Joseline Ferrolino, MD** – Obstetrician Gynecologist at De La Salle University Hospital, active contributor to the Clinical Practice Guidelines and Consensus of the PSMFM
6. **Conrado P. Crisostomo, MD** – Obstetrician Gynecologist at the De La Salle University Hospital, attended workshops on Perinatal Epidemiology at KK Hospital in Singapore
7. **Jose Marcos, MD** – Obstetrician Gynecologist at the Cagayan Valley Medical Center, Tuguegarao City
8. **Guadalupe N. Villanueva, MD** – Obstetrician Gynecologist at PGH, with fellowship training on OB-GYNE Infections in Rhode Island
9. **Ma. Virginia S. Abalos, MD** – Obstetrician Gynecologist at Chong Hua Hospital in Cebu City, with training in OB-GYNE Infections in Japan
10. **Lora G. Tansengco, MD** – graduate student of MS Clinical Epidemiology, Obstetrician Gynecologist at PGH, with training in Perinatology and OB Gyne Ultrasound
11. **Fe Marrisa Mercado, MD** – Obstetrician Gynecologist in Cagayan de Oro City, with fellowship training in gynecologic oncology
12. **Ma. Milagros Jocson, MD** – graduate student of MS Clinical Epidemiology, Obstetrician Gynecologist at the Medical City Hospital, specialist in trophoblastic diseases
13. **Jericho Thaddeus P. Luna, MD** – graduate student of MS Clinical Epidemiology, Obstetrician Gynecologist at the PGH, with fellowship training in gynecologic oncology
14. **Elmer Chua, MD** – Obstetrician Gynecologist in Davao City
15. **Enrico Gil C. Oblepias, MD** – Obstetrician Gynecologist at the PGH, reproductive endocrinology and family planning specialist
16. **Rene Francia, MD** – Obstetrician Gynecologist at FriendlyCare Clinic Shaw, family planning specialist
17. **Ma. Antonia Esteban-Habana, MD** – Obstetrician Gynecologist at UP PGH, specialist in Clinical Epidemiology and Operative Laparoscopy and Hysteroscopy.

PLANNING WORKSHOP ON EVIDENCE-BASED MEDICINE  
In FAMILY PLANNING  
Summary of Workshop Assessment

Total Number of Respondents: 12

I. Relevance:

1. Is the workshop relevant to your practice? Yes – 12      No – 0  
2. Do you find EBM useful to apply in your practice?      Yes – 12      No – 0

II. Facilities:

	1 Poor	2 Fair	3 Average	4 Very Good	4.5	5 Excellent
Conference Venue				5	1	6
Resource Persons (foreign)				3		9
Resource Persons (local)				4		8
Facilitation of Group Discussions				6		6
Materials				6		6
Audio Visual				6		6
Food			5	7		
Overall Impression				6	2	4

III. Comments and Suggestions:

- EBM should be cascaded to FP providers in various scales
- Good learning experience. Hopefully will be able to fulfill the objectives of the project on a national scale. Thanks for inviting me and including me in this group.
- Workshop is very helpful and hope everybody will be fruitful.
- Highly educational and relevant. I am just thankful for being invited to the workshop.