Draft
April 21, 2008

HEALTH PROMOTION AND COMMUNICATION PROJECT

QUARTERLY REPORT
1st JANUARY THROUGH 31st MARCH 2008

I. PROJECT STATUS AND MAJOR ACCOMPLISHMENTS THIS PERIOD

HealthPRO, a project designed to assist LGUs in the Philippines through the Department of Health (DOH), has continued activities in its third quarter towards broadening the reach, improving quality and sustaining efforts to increase the adoption of healthy behaviors and practices in order to improve the health status of the people. During this period, major strategies and activities have been developed and implemented to mobilize and capacitate appropriate institutions that can assist in promoting healthy practices among target groups.

A. Conduct of project orientations. HealthPRO, being a relatively new USAID project, pursued project orientation activities through the end of its third quarter. For instance, in Mindanao, the project conducted an orientation for the Integrated Provincial Health Office (IPHO) of the Province of Bukidnon in March. The meeting was attended by the new Provincial Health Officer, Provincial HEPO and the Provincial Health Team Leader. Included in the briefing was an introduction of the Strategic Communication Plan (SCP), the first technical assistance of the project to the LGUs. The PHO and the staff signified their intention to conduct SCP in April. Likewise, it was agreed during the meeting that HealthPRO will do a project orientation during the meeting of the League of Municipalities of Bukidnon scheduled a week after this visit.

B. Developing the provincial behavioral profiles on health. HealthPRO conducted participatory action research activities using FGD and key informant methods in Bulacan (Luzon), Negros Occidental (Visayas), Zamboanga del Sur (Mindanao), and in the ARMM province of Tawi-Tawi.

The results of the PAR will be used in combination with other data sources in developing the health behavioral profiles of provinces involved in the Participatory Action Research (PAR). Moreover, the protocols, experiences, data collection instruments and analyses designs developed in the PAR will be documented and shared with LGUs in USG-assisted sites for possible replication. This can come in the form of a PAR toolkit, which includes among others, options for method mix (KII, FGD, etc.), sampling alternatives, and basic questionnaire/discussion guide per program theme, data collection tools, data processing and analysis templates that would allow for expansion by the interested user.

The provincial behavioural profile is intended as a one-page brief on each of the health themes such as tuberculosis, maternal and newborn health, and family planning. Designed for LGUs and health service providers, a provincial behavioral profile on a health theme will include the following: a) matrix of national, provincial, and municipal statistics on indicators salient to the heath theme, b) contextual stories or information gleaned from the PAR focus group discussions and key informant interviews, and c) five to six discussion guide questions to lead users in identifying the types of BCC interventions that can possibly address specific gaps in knowledge, attitudes and behaviors, attain desired changes in health behaviors, or sustain positive health behaviors.

The LGUs are expected to validate, analyze and revise their respective provincial behavioural profiles for each health theme. Subsequently, they are expected to use the revised provincial behavioral profile on a specific health theme as one of the vital tools for strategic health promotion and communication planning. HealthPro will provide technical assistance in designing the validation and analysis protocol, facilitating the validation process, and taking the LGUs through strategic communication planning.

In non-ARMM Mindanao, Participatory Action Research (PAR) was conducted in two sample municipalities namely, Bayog and Lapuyan in Zamboanga del Sur (CHD IX). Bayog is a performing LGU while Lapuyan is home to the Subanen, an indigenous group, which comprises about 80% of the population. The Governor of Zambo Sur commended HealthPRO for the special attention accorded to this group. HealthPRO identified and contracted an NGO to provide data collection services. The IPHO and the Provincial HEPO also took an active role the field data gathering. In particular, the PHO program managers of MCH, FP, TB & Nutrition, the DOH Reps and the HEPO participated in the data gathering as FGD co-facilitators and documentors and KII interviewers.

In the Visayas, PAR was conducted in Negros Occidental and Capiz. Negros Occidental was a natural choice since the province has the biggest population among the USG-assisted sites in the Visayas. Enthused by the PAR in her province, the Provincial Health Officer (PHO) of Negros Occidental immediately convened a meeting of her key technical staff with whom she chose the two research sites, one low performing municipality and one fairly good municipality, based on the SDIR results. During the meeting, she personally called the Municipal Health Officers (MHO) of the identified sites, gave them an overview of the activity and prodded them to participate.

The PAR orientation in Negros Occidental was able to cover about twenty-five (25) technical staff from the DOH Western Visayas regional office and the Provincial Health Office, as well as representatives from the Provincial Information Office, and the NGO member to the provincial health board. During the orientation session, it was explained that the two research municipalities are PAR demonstration sites, and that the province is encouraged to roll it out to other

selected municipalities in Negros Occidental using the PAR tools and methodology developed by HealthPRO.

The DOH regional office was likewise encouraged to roll out the activity in other Western Visayas provinces that are not USG-assisted sites. In this way, the communication tools and protocol developed by the project will be used in expansion areas at no cost to HealthPRO.

The active participation of the PHO program managers/technical staff and DOH representatives as KII interviewers and FGD documenters proved to be a learning experience for them. According to them, they gained a more thorough understanding of their target clients' attitudes, values and beliefs. From the project's point of view, this has expanded their skills in developing more audience-specific health promotion messages. Henceforth, HealthPRO will be conscious in tapping provincial/regional health staff in implementing project interventions.

Barangay Health Workers were trained to act as KII interviewers for the information access study. A total of twenty (20) BHWs, i.e., ten (10) per sample municipality, were trained as interviewers. The PAR in Negros Occidental reached approximately one hundred (100) FGD participants, i.e., 5 FGDs/municipality x 10 pax/FGD x 2 municipalities. After each FGD, questions from the participants were entertained and misconceptions that surfaced during the FGD session proper were addressed.

In Capiz, the Provincial Health Officer of Capiz expressed interest in the PAR in order to make their communication plans more evidence-based. In response to this request, HealthPRO committed to PAR data collection/data processing for three municipalities projected to cover about one hundred fifty (150) FGD respondents.

The PHO has indicated that the province has had so much investment in improving service delivery of public health providers, funded through the years by UNICEF, UNFPA, etc. Despite this, it is still lagging in some programs such as maternal health and family planning. The PHO's theory is that there seems to be a gap in client generation, that health promotion & communication is the missing link to bridge the gap. Given this premise, it was not difficult to get the PHO started on PAR activities.

He immediately scheduled for a PAR orientation session and field data collection. He assured that his technical staff would participate as FGD facilitators and documenters. This demonstrates that a PHO's keen awareness on the importance of health promotion and communication would redound to ease in implementing HealthPRO interventions and getting him to be a champion for such.

Likewise, the support and cooperation of provincial HEPO Designate was a significant factor in getting PAR started in Capiz. HealthPRO has come up with a

PAR data collection package suited to the number of days that the provincial technical staff is available to serve as facilitators and documenters.

The PAR orientation in Capiz included sixteen (16) technical staff from the provincial health office, which included the provincial representative of the European Union (EU) project in Capiz. Data collection is scheduled in April 2008.

In Luzon, attendance and observation by project technical staff to the pilot run of PAR orientation in Bulacan proved to be a valuable experience in the roll out to other sites. An important learning is that a particular project intervention should not be implemented too close to each other if there is only one set of facilitators/resource persons. Adequate time should be given for fine tuning of instruments and methodology, including reproduction of modified training manual, tools, etc.

A separate PAR was conducted on HIV/AIDS. The targets of the study were the FSWs, MSMs and IDUs. In non-ARMM Mindanao, Zamboanga City was selected as the sample site. HDES, the local NGO partner of the city and which has been involved in the HIV/AIDS program for the past 15 years, was selected to conduct the research. The group identified and contacted the respondents. The HDES staff, mostly peer educators, conducted the FGDs and made the necessary documentation.

In the Visayas, PAR on HIV/AIDS was conducted in Iloilo City. Although the PAR primarily focused on FSWs and MSMs, male clients of female sex workers were included in the target group upon the request of the Iloilo City Health Officer (CHO).

Kabalaka, an NGO based at the Central Philippine University and which has implemented HIV/AIDS education program in Iloilo City some time ago, was chosen to implement the PAR. The Social Hygiene Clinic (SHC) physician and nurse aided Kabalaka in identifying and contacting prospective PAR respondents. Kabalaka closely coordinated with the city health office-SHC on certain research considerations and actively solicited their support.

The PAR orientation in Iloilo city covered three technical staff from DOH-CHD Western Visayas (HIV/AIDS program coordinator, health education & promotion officer, and regional epidemiologic surveillance unit medical officer) as well as three staff from the city health office (social hygiene clinic physician, social hygiene clinic nurse educator, and the health education & promotion officer). During the orientation session, it was explained that Iloilo city is a PAR demonstration site for HIV/AIDS, and that the DOH regional office is encouraged to consider adoption of the activity in other Western Visayas HIV/AIDS high-risk sites that are not USG-assisted areas.

The PAR in Iloilo city reached about forty (40) participants, i.e. 4 FGDs x 10 pax/FGD. After each FGD, questions from the participants were entertained and it

somehow became an educational opportunity to reach out to the HIV/AIDS most-at-risk groups. During the PAR data collection, it was observed that only a number of the participants in each study group actively took part in the discussion. Since HIV/AIDS is a sensitive subject matter, future PAR activities with FSWs and MSMs could consider using key informant interview, in lieu of focused group discussion, to obtain more in-depth responses.

In addition to the PAR on HIV/AIDS, HealthPRO attended the *HIV/AIDS Action Planning for the Visayas*. This was a workshop aimed to familiarize participants with the operational gaps and corresponding interventions identified by the five (5) HIV/AIDS cities in the Visayas. A number of health promotion and communication concerns were raised by the LGU participants, which could be a starting point for technical assistance consideration by HealthPRO.

C. Engagements in the PIPH and AIPH. During this period, HealthPRO area managers continued to actively participate in the various inter-CA SDIRs, PIPHs/MIPHs activities sponsored by HealthGOV in order to ensure that HealthPRO can provide the appropriate technical assistance to the USG-assisted LGUs. The HealthPro area managers took an active part in the PIPH and AIPH activities focusing specifically on ensuring that HPC strategic planning is integrated into the PIPH and AIPH and that LGUs provide a rationale for the HPC interventions that have been written into the plans. Whenever appropriate, the HealthPro area managers make brief presentations about the HealthPro project. In general, HealthPRO's costing table on the technical assistance to be provided to each of the 29 provinces was a big help during the PIPH. It served as a guide in identifying the line items that the project can provide and as the basis for negotiating with the IPHOs for their counterpart.

In Mindanao, HealthPRO participated in the series of reviews of the PIPH of five of the F1 roll out, USG-assisted sites (non-ARMM) namely, Zamboanga Sur, Zamboanga Norte, Zamboanga Sibugay, Sarangani and Compostela Valley. In these PIPHs, the Health Promotion and Communication is a sub-component of Service Delivery which was based on the results of the Service Delivery Implementation Review (SDIR).

HealthPRO also joined the other CAs in assisting some provinces in preparing the power point presentation of the governors during the Joint Appraisal Committee (JAC) review of the PIPH since it was commonly observed that most IPHOs and the offices of the governors lacked the capability to develop good and effective presentation materials, including packaging of data.

In the Visayas, HealthPRO participated in the PIPH reviews in Negros Occidental and Aklan that were spearheaded by HealthGOV. This was especially useful in getting a feel of the PIPH content and how health promotion/communication is accommodated in the plan.

HealthPRO came up with a set of documents that were eventually shared with the provincial HEPO and discussed with the concerned program managers such as a) matrix of findings on PIPH draft & recommendations to improve draft, per program theme; and b) HealthPRO package of assistance to LGUs which incorporated strategic communication planning prior to the specific TA packages on developing effective IPC, mobilizing groups and communities, using mass media for IPC support, and using emerging/interactive technologies. HealthPRO also provided some documents to HealthGOV which may be useful in enhancing some of the PIPH review documents: a.) guide questions for assessing PIPH sub-plans pertinent to BCC on family planning, child health, maternal health and HIV/AIDS, and b.) TA action plan on the development of LGU strategic communication plan.

In the Negros Occidental PIPH, it was rather obvious that, gleaning from the first PIPH draft, health promotion and communication was not given emphasis since the provincial HEPO was not a part of the PIPH writing team. The program managers of FP and TB were not also part of the writing team; hence health promotion gaps and interventions on these themes did not surface. As a consequence of these glaring gaps, the Area Manager advocated to the PHO Chief of Technical Services for the inclusion of the HEPO as part of the PIPH writing team.

In Aklan, the provincial HEPO, who also happens to be the provincial family planning coordinator, was part of the writing team. The first PIPH draft reflected some health promotion gaps/deficiencies on maternal health, family planning and tuberculosis. However, their planned interventions consisted mostly of production/distribution of flyers, posters, streamers, etc. It was proposed that the province undertakes a strategic communication planning to assess information needs of specific target audiences per health theme and identify appropriate health promotion activities based on these.

D. Media Monitoring. HealthPro conducts daily monitoring of newspaper articles in national dailies pertinent to tuberculosis, maternal and child health, family planning, HIV/AIDs, Avian Flu, vitamin A and zinc supplementation. Electronic summaries with hyperlinks will be sent to partner CAs. Periodic content analysis is being done and summaries of these analyses are shared with the CAs.

E. Coordination with DOH-National Center for Health Promotion. In the previous quarter, HealthPRO Communication Specialist provided technical assistance to NCHP by providing them with an operational framework on health promotion for behavior change. This framework was presented and discussed in a forum with NCHP technical staff so that they can properly situate the various health promotion activities by different foreign donors.

When the program of activities for the "Capability Building Conference for HEPOs" was drafted this quarter, HealthPRO made reference to the above-mentioned framework to NCHP and offered assistance in drawing up possible

inputs for the conference topic on the "Philippine Health Promotion Program". As it turned out, NCHP adopted the framework presented by HealthPRO.

For the same conference, HealthPRO also proposed to NCHP a tool to map out the profile of HEPOs nationwide, which DOH could utilize in designing appropriate technical assistance for this sector. The PAR HEPO questionnaire was refined and shared with NCHP. The latter adopted it entirely and administered the tool to all the HEPO participants of the first batch. It will be given as well to all the HEPOs of succeeding conference batches in the next quarter.

The project provided conference bag/kit, as per request of NCHP. In exchange, HealthPRO will be provided with a copy of the filled up HEPO questionnaire from all the twenty-nine (29) provinces and eleven (11) cities covered by the project.

HealthPRO also presented a challenge/discussion paper at the PIR of the Department of Health last February 28th. HealthPRO presentation focused on five proposed HPC interventions for the DOH National Center for Health Promotion.

F. Technical Working Group Engagements. Assigned project staff continue provide active technical assistance, particularly on HPC matters, in technical working groups such as those on TB, HIV/AIDS, CSR and M&E.

G. Workshop on Strategic Health Promotion and Communication. The HealthPro team held an in-house workshop on strategic communication planning last March 6th. The workshop aimed to a) provide the HPC team with a solid capture of the specific elements of the communication planning process, b) enable the team to critically examine strategies, approaches, and tools that have been used in previous health communication programs, c) sharpen the skills of project staff in facilitating communication planning and strategy exercises among local government units, and d) develop the team's ability to present and explain the types of technical assistance that HealthPro can offer to LGUs as well as to the DOH and other USAID CAs.

The workshop specifically focused on how to take the LGUs through the HPC log frame and identify the appropriate BCC strategies based on an analysis of the health goals and problems, knowledge and behavioral gaps, and audiences.

The workshop also generated ideas and strategies on getting HealthPro working with LGUs and local replicating agencies.

H. Baseline, monitoring and evaluation design. HealthPro worked with Reena Sethi and Johanna Solon-Banzon (local STTA-RME) on the project's baseline, monitoring and evaluation designs. The team discussed and worked with Reena and Johanna on the project indicators and methods to track progress and measure the effectiveness of HPC interventions in relation to the various layers of indicators.

I. Technical Retreat. The project held a whole day technical retreat last February 20th to: a) arrive at a common vision and understanding of HPC, and what HPC can do and will not do; b) have a capture of how HPC fits into and contributes to health systems development; and c) establish a level of confidence among team members in
articulating the "core business" of HealthPro. The technical retreat was also aimed as the take off point in revising the HPC workplan.

J. Revised 2007-2008 HPC Workplan. Nap Juanillo and Mina Aquino spearheaded activities in finalizing the HPC workplan for discussion with Nilda Perez. The inputs from the team at the March 5th and 6th workshops and meetings as well as the Feb 20th technical retreat were incorporated into the revised workplan. The HealthPRO project submitted the revised workplan, together with a Gantt chart of project activities and budget estimates, to Nilda Perez, the USAID CTO last March 28th.

K. Key personnel recruitment. HealthPro conducted interviews for the BCC, Mass Media, and Research, Monitoring and Evaluation Advisor positions. The candidates for the Mass Media Advisor and RME Advisor have expressed interest in the post and HealthPro will now move forward with salary negotiations. HealthPRO has submitted to the CTO the documents for final candidate (Grace Agoncillo) for the Mass Media Advisor position. For the BCC position, the candidate (Dr. Lorna Malicsi) has submitted her USAID bio form and all the necessary documents will be given to Nilda Perez on Friday, April 4th. Negotiations are on going for the RME position although a potential candidate has already been identified. Meanwhile, Nap Juanillo fills in for both the BCC and Mass Media Advisor posts.

L. Participation in the World TB Day events. HealthPRO participated in World TB Day events in Marikina City on March 24th (sponsored by the Department of Health and PhilCAT) and on March 31st (sponsored by the Province of Bohol, ProCAT and other provincial stakeholders). The Deputy Mission Director of USAID Philippines (Elzadia Washington-Danaux) attended TB Day event in Bohol Province and sent very positive feedback about HealthPRO's presence and participation to the USAID Office of Health Director, Aye Aye Thwin. HealthPRO will also participate in other World TB Day events such as the Center for Health Development III Leadership Awards for TB Control and Recognition of NTP Coordinators on April 10th 2008 in the city of San Fernando, Pampanga. The USAID Mission Director is expected to attend. HealthPRO has distributed TB Fact Sheets in the Marikina and Bohol events to local government executives, local health managers, HEPOs, and barangay health workers in the Markina and Bohol TB day events.

M. Review of project indicators and OP indicators. The HealthPRO team spent the first two weeks in March before the Lenten holidays working with Reena Sethi and Johanna Banzon on the project and OP indicators by health themes for FY 2008.

N. Preparations for various April HPC workshops. Preparations are on-going for the BCC/IPC workshop on HIV-AIDS, HealthPRO's presentation on Strategic Communication for the HEPO conference in Baguio City, and the media training workshop in Capiz. Moreover, the team has to set aside a schedule for its own internal technical workshop on Strategic Communication Planning.

O. Collaborations with other CAs. HealthPRO participated in inter-CA activities such as monthly meetings, planning sessions, PIPH provincial reviews and SDIR provincial orientation. The project also developed a set of HPC guide questions per health theme to enrich the provincial profiles drafted by HealthGOV. The same set of HPC guide questions was proposed by HealthPRO to the TWG-Service Delivery for incorporation in the gaps analysis matrix of the improved version of the Service Delivery Implementation Review (SDIR). HealthPRO continues to coordinate and orchestrate health communication activities with the other CAs to maximize resources and avoid confusion and duplication at the LGU level particularly with the CAs with BCC components like TBLinc, Shield and PRISM

In addition to leading the TWG on BCC, HealthPRO also participated in the following TWGs and/or Task Forces:

a) **M&E TWG (Monitoring and Evaluation):** HealthPRO continued to participate in the review of appropriate program measurement plans and indicators required for the project; participated in inter-CA discussions and deliberations on specific project evaluation and monitoring plans (e.g. SHIELD), definitions of SO and OP indicators of performance, review of emerging concerns related to M&E, national population-based surveys and overall performance of the projects in meeting annual targets.
b) **HIV/AIDS TWG:** HealthPRO participated in the continuing review of HealthGOV's proposed HIV/AIDS baseline survey and common project (non-OP) indicators. Discussed for comments and enhancement, the HealthPRO Behavior Change Communication (BCC) framework and the HIV/AIDS Participatory Action research design and instruments in three (3) urban project sites. Participated in determining a ten (10) point HIV/AIDs Technical Assistance (TA) Agenda and incorporated specific technical assistance for each CA.
c) **ARMM TWG:** HealthPRO to provide assistance in formulating the ARMM-wide Investment Plan (AIPH.) This ad-hoc team was spearheaded by the Health Policy Development Project (HPDP) and SHIELD.
d) **Service Delivery TWG**: HealthPRO participated in the discussion that included: developing Year 2 Workplans of HealthGov, A2Z, TB Linc, SHIELD and PRISM and was updated on the MNCHN Policy Framework.

e) **Family Health Book (FHB**): HealthPRO was signatory to the Family Health Book Implementation Plan for Compostela Valley.

P. Management. HealthPRO spent the third quarter of the project on management and organization related activities that include:

1. **URC Headquarters support**. URC headquarters (HQ) sent Dr. Neeraj Kak, URC Bethesda, and corporate monitor, to provide technical and administrative support at the beginning of the quarter.

2. **Field operating manual and personnel handbook.** This quarter discussions continued regarding employees' benefit package which will be incorporated in the final field operations manual and personnel handbook. The first draft of the manual was disseminated to the staff for comments and suggestions.

3. **Project offices.** Identification of potential URC Regional offices in Cebu and Davao was done and selection of final office space and plans for establishing regional offices are on-going.

4. **Office and data processing equipment.** Computers and licensed programs were purchased and installed respectively. Internet and telephone lines have been installed.

5. **Staff recruitment for vacant positions.** The Chief of Party (COP) position was filled up at the beginning of the quarter. Dr. Napoleon K. Juanillo, Jr. officially joined the project last January 28, 2008. Likewise, the position for Family Planning Specialist was filled up in early January 2008. Mr. Lydio Espanol joined the project last January 21, 2008. Candidates have been identified for the Mass Media Advisor and Research, Evaluation and Monitoring (REM) Advisor and negotiations with URC & USAID are ongoing. The search continues for the Behavior Change Communication Advisor.

6. **Communications.** Project email addresses have been in place and mobile phones have been distributed to all of the staff.

II. OTHER PROJECTS/ACTIVITIES THAT CONTRIBUTE TO ACHIEVEMENT OF PROJECT GOALS

NOTES

III. IMPLEMENTATION AND/OR PROCUREMENT ISSUES IDENTIFIED LAST PERIOD AND STATUS OF RESOLUTION

A. Internal

1. **Staff recruitment**. Staff recruitment is still taking longer than expected, particularly for the project's Chief of Party (COP), Research and Monitoring and Evaluation Advisor (REM) and the BCC Advisor. Hiring for COP is being processed and for the other key positions, short-listing of candidates was made and interviews are on-going.

2. **Field Project Offices**. The search for a strategic and reasonably priced office space will also be the main challenge in setting–up the Visayas and Mindanao Offices.

3. **Project registration**. The project has been duly registered and the employee deduction for income taxes has started.

B. External

NOTES

IV. IMPLEMENTATION AND/OR PROCUREMENT ISSUES ANTICIPATED DURING NEXT REPORTING PERIOD

NOTES