

**Compilation of Reports on Family
Planning and Reproductive Health**



*Roxas Population, Health and
Environment Project
A component of Successful
Communities from Ridge to Reef*



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LIST OF ACRONYMS

BHW	Barangay Health Worker	NFP	Natural Family Planning
BnB	Botika ng Barangay	NGO	Non-Government Organization
BTL	Bilateral Tubal Ligation	NSO	National Statistics Office
CHW	Community Health Worker	NSV	Non-Scalpel Vasectomy
CPUE	Catch per Unit Effort	PCSDS	Palawan Council for Sustainable Development Staff
DKT	Indian drug company	PHE	Population, Health and Environment
DOH	Department of Health	PO	People's Organization
DMO	District Management Office	PRRM	Philippine Rural Reconstruction Movement
FGD	Focus Group Discussion	RA	Republic Act
FP	Family Planning	RCCR	Resource Center Conference Room
FPAS	Family Planning Action Session	RHU	Rural Health Unit
FP/RH	Family Planning/Reproductive Health	RMMRCG	Roxas Marine Mammal Rescue and Conservation Group
IEC	Information, Education and Communications Campaign	RTI	Reproductive Tract Infection
IUD	Intra-Uterine Device	STI	Sexually Transmitted Infection
KSK	Kilusang Sagip Kalikasan	TB	Tuberculosis
LGU	Local Government Unit	TNA	Training Needs Assessment
MAO	Municipal Agriculturist Office	VSC	Voluntary Surgical Contraception
MENRO	Municipal Environment and Natural Resources Office	WWF	World Wildlife Fund for Nature
MHO	Municipal Health Office		
MMR	Maternal Mortality Rate		
MPDO	Municipal Planning and Development Office		
MWRA	Married Women of Reproductive Age		

PREFACE

This document is a compilation of reports on all the activities conducted by WWF-Philippines Roxas Population, Health and Environment Project (RPHEP) from 2005 to 2006 in Roxas, Palawan. It was written to provide a complete account of the activities and results and to return the said results to the community of Roxas for their reference and use.

WWF-Philippines would like to acknowledge the following contributors: Jonathan David Flavier, MD, Glenn Paraso, MD, Benjamin Lucas, and Noemi Quillooy from the consulting firm Resource Center Conference Room; editors: Hildie Maria Nacorda and Terry Aquino; stakeholders: Local Government Unit of the Municipality of Roxas under the leadership of Mayor Dennis Sabando, the Rural Health Unit led by the Rural Health Physician Dr. Leo Salvino, the Municipal Agriculture Office headed by Mr. Edgar Padul, the Municipal Environment and Natural Resources Office under Engr. Gil Valledor, the Palawan Council for Sustainable Development Staff District Management Office for the north led by Engr. Ted Baltazar, the Provincial Health Office, Palawan Baptist Hospital, Medicare Hospital, Ms. Chona Bulalague (DOH representative of Roxas), the CENRO-Roxas, barangay captains, barangay council members, municipal board, Bantay Dagat and other deputized fish wardens, residents of the barangays who participated in the interviews and surveys.

Special acknowledgment is also given to the various volunteers of the project and the barangay health workers who helped in the implementation of the project. It is hoped that this document will provide further the assistance and information needed by the people of Roxas to continue the vital work they've done in their populace's pursuit of harmony with the environment through proper health care.

COMPILATION OF REPORTS ON REPRODUCTIVE HEALTH AND FAMILY PLANNING

INTRODUCTION

In its effort to help conserve the dwindling dugong population of Roxas, WWF-Philippines conducted several studies to identify the threats to the population and its marine habitat. A major problem recognized during the process was the increasing human population and the concomitantly increasing demand on the sea for both food and livelihood. As a result of this finding, WWF-Philippines sought to address this growing population problem by bringing in partners that could help the local community in managing their reproductive health and family planning issues.

PROJECT PROFILE: SUCCESSFUL COMMUNITIES FROM RIDGE TO REEF

By WWF-Philippines

The project site is one of 3 sites (Madagascar, Kenya and Philippines) under the Successful Communities from Ridge to Reef project funded under a cooperative agreement by the Population and Reproductive Health Program of USAID's Global Health Bureau. The grant agreement with WWF-US for the USAID-funded Population, Health and Environment Project (PHE) in Roxas, Palawan was signed in April 2005. Project implementation commenced thereafter.

In the Philippines the project site is Roxas, Palawan, one of the priority sites in the Coral Triangle. The selection was based on the biodiversity significance, population issues affecting advancement of the conservation agenda in the area, presence of on-going conservation projects in the area, commitment of local government to address family planning issues and population impacts on the conservation of marine biodiversity, and the presence of partnerships that link conservation and population/health interventions. The overall goal of

the project is to ensure sustainable natural resources management in priority areas of the Sulu Sulawesi Marine Ecoregion by addressing threats to population aspects.

The objectives of the project are to: (1) Improve Family Planning (FP), Reproductive Health (RH), coastal resources management and Population-Health-Environment (PHE) knowledge and awareness among coastal communities; (2) Improve access and infrastructure promoting FP/RH commodities and service delivery; (3) Promote sustainable fishing practices and techniques among fisherfolk families and policy makers; and, (4) Identify and develop sustainability measures to promote PHE in the municipality of Roxas.

PROJECT ACCOMPLISHMENTS

- Technical assistance from Save the Children staff (Norma Pongan & Population fellow Bill Fischelis)
 - Appreciative Community Mobilization was conducted in 2 barangays
- Cross-visit – was conducted to Save the Children and Path project sites in Iloilo and Bohol, respectively. These NGOs implement PHE projects in these sites. The visit was a success in that it has resulted in the formation of a PHE Technical Working Group (through an Executive Order), passing of several resolutions and ordinance focusing in Family Planning and Reproductive Health as well as funding for FP/RH.
- Executive Order, Municipal Ordinances/ Resolutions passed by the municipal council and approved by the mayor:
 1. Ordinance No. 266, S-2006: An Ordinance for the Allocation of Funds in our Regular Budget for Family Planning Supplies and Reproductive Health
 2. Resolution No. 304, S-2006: A Resolution Urging all Barangay Captains to Allocate an Amount of Ten Thousand Pesos (PHP 10,000.00) out of Two Hundred Fifty Thousand Pesos (PhP 250,000.00) Allocated to their Respective Barangays Purposely for the Purchase of Family Planning Supplies and Reproductive Health
 3. Resolution No. 337, S-2006: A Resolution for the Inclusion of Family Planning Supplies, Oral Contraceptive Pills and Condom to be Dispensed at the Botikang Barangay
 4. Executive Order No. 12, Series of 2006: Creation of the Population, Health and Environment Technical Working Group for the Collaborative Effort on the Population, Health & Environment Program in the Municipality of Roxas, Palawan
- New funds have been leveraged by WWF-Philippines in the amount of: US \$2800 (PhP 150,000) for FP and coastal resources management.
 - This includes PhP 70,000 for FP in the 7 target Barangays of Roxas (the municipal council passed a resolution providing 310,000 PhP for FP in all the Barangays of Roxas but WWF requested that they initially pilot the scheme just in the target Barangays) and PhP 80,000 for coastal resources

management pledged by the Mayor after his cross visit to the Save the Children site.

- A new partnership was formed between WWF-Philippines and Save the Children-Philippines.
 - FPAS Training of Trainers
 - Conduct of FPAS in the 7 target barangays which will be continued until all couples with unmet needs have been reached
 - Plan for FPAS schedule in the 7 target barangays (Jan-June 2007)

It is important to make the partnership truly collaborative and participative by engaging the LGUs, NGOs/POs, and the community, early on especially in the cost sharing scheme in project implementation. Other activities that are suggested to improve future WWF projects follow:

- Gap analysis for learning network
- Assess appropriate multi-stakeholder network mechanism
- Identify mechanisms to support mentoring and partnership
- Development and production of IEC Materials
- Administer Training Needs Analysis (TNA) instrument for the identified sectors
- Capacity-building workshops to verify the results of the capacity diagnostics and map out the stakeholders' capacity building programs.
- Formulate the project's capacity-building program
- Participate in the International Coastal Clean-up

COMMUNITY PROFILING: ROXAS

by Dr. Jonathan David Flavier and Dr. Glenn Paraso

The municipality of Roxas is composed of 31 barangays, of which 17 are coastal barangays. Of these 17 coastal barangays, 7 barangays with a total population of 20,257 (NSO, 2004), were identified for PHE intervention based on the initial scoping conducted in November 2004. These are Barangay Tumarbong (includes 3 islands: Green Island, Puerco Island and Reef Island – only Green Island is heavily populated), Barangay New Barbacan/ Retac, Barangay 1 (including Shell Island), Barangay 2, Barangay 4, Barangay 6/ Johnson Island and Barangay Caramay.

For health and development projects, planning requires the participation of the community in the process of addressing their health needs and other considerations affecting health (PRRM, PMO3 1995, p. 2). The idea of people's involvement in development planning has been a part of the principles of development organizations like the PRRM and was articulated by its founder as early as the 1920s (Korten, 1983, p. 212).

With this in mind, a workshop was conducted wherein the current environmental issues were outlined, namely:

- **Decreasing fish catch** – WWF-Philippines’ fisheries monitoring activities (2005) reported 0.07 to 2.4 kg catch/person-hour (catch per unit effort or CPUE) using 35 kinds of fishing gear including those harmful to the environment.
- **Deterioration of the marine flora** – Dugong sightings by fishermen was less than 5/year due to destruction of sea grass or “lusay” from trawling and sedimentation. As a result, protection of seagrass areas which are the habitats of dugongs have been carried out.
- **Damage to the environment from industrial activities** – Mercury contamination of environment was suspected to have originated from the local small-scale gold panning industry in Magara with potential impact on 4 river tributaries. Likewise, silica mining from years back was apparently an underlying – if not major – cause of respiratory disease in the town center and neighboring communities.
- **Deficient and misleading information** – With the Dugong Project, the WWF-Philippines conducted IEC (information, education and communication) campaigns and alternative livelihood development and facilitated local partnership building to address the limited state of awareness and unsustainable practices that contributed to environmental degradation.

The observed reduction in fish catch and less sustainable methods of fishing are interrelated with human-related impacts (e.g., pollution, health issues and population factors) on the environment. In general, the present situation requires investments towards establishing a sustainable balance between the population and the environment, focusing on poor and underserved coastal communities and fishing villages of the Municipality of Roxas. Thus it was logical that intervention at the level of the population issues be conducted in an effort to address these environmental problems.

Health Status in the Municipality of Roxas And Palawan

While **55% (Contraceptive Prevalence Rate, 2005) of the sample surveyed report that they are practicing family planning**, (this figure includes all women of reproductive age) a closer examination of the baseline health study of selected Barangays in Roxas and interviews with key informants yields the following information:

- **The high percentage of FP users employ methods that are not permanent (condom, NFP, and pills) and this is an important challenge for project implementers** – If other methods of FP were available at this site, this group of FP practitioners (35% to as much as 87%) may opt to shift to more permanent or reliable methods of FP including IUD, and voluntary surgical contraception (VSC) like

bilateral tubal ligation (BTL) or no-scalpel vasectomy (NSV). On the other hand and in comparison to national figures, there are a lot of users of the permanent male method (no-scalpel vasectomy for men). In most cases, there are more women being ligated (as much as 10.5%) than men (usually only 0.1%). It is suggested that this identifies **an important facet of FP service – those that can be provided in Barangay Health Stations or higher-level facilities, and/or in an outreach setting.**

FP COMMODITY AVAILABLE IN THE PRIVATE SECTOR

INJECTABLES	Price
Depo-Trust	Php88. ⁰⁰
CONDOMS	
Trust Classic (3 pcs)	Php11. ⁰⁰
Frenzy (4 pcs)	Php18. ⁷⁵
ORAL CONTRACEPTIVES	
Trust Pills	Php29. ⁵⁰
Lady Pills	Php23. ⁵⁰
Nordette	Php122. ⁷⁵
Feminal	Php134. ⁰⁰
Trinordiol	Php192. ⁰⁰
Nordiol	Php169. ⁰⁰
Gynera	Php284. ⁰⁰
Logynon	Php236. ⁷⁵
Excluton	Php118. ⁰⁰

Figure 1. Price listing of available Family Planning Commodities in Roxas.

education-communication carried out during counseling sessions. As such, with not enough counseling, the chance of drop-out and dissatisfaction with the selected FP method are increased.

- **Among healthcare facilities, the rural health unit and the public hospitals are the more common sources of family planning services and for cases of malaria or diarrhea. For deliveries of pregnant women, hospitals (either public or private) and alternative health care providers are preferred. The rural health unit is an important healthcare facility in the project areas for out-patient consultations (Figure 2).**

- Among those who are not practicing family planning, there are women who want to space or delay their next pregnancy, and even more who have reached their desired family size and no longer wish to get pregnant. **This expression of FP need is represented by the following survey information:**

- **Family planning supplies are available in commercial pharmacies and sari-sari stores.** Demand for FP supplies from these non-government sources were reported to have increased with the decreased availability of supplies from the government health centers (Figure 1).

- **The average family size is 6 in Roxas, with 4 children.** The usual preferred family size is 4 to 5, with 2 to 3 children. Only **66% of FP acceptors were counseled.** Conventional wisdom dictates that compliance and continuing use of FP are largely affected by the information-

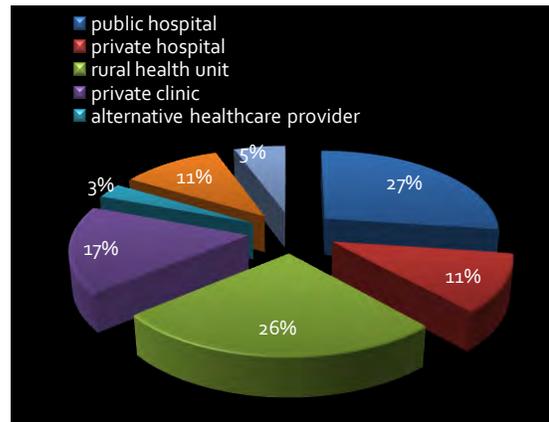


Figure 2. Sources of Family Planning Services in Roxas.

- **Households in the sample surveyed are already paying some amount for healthcare, an average of PhP 366 per year.** In this sample, we observed that the **average spending for cigarettes and smoking is P1,757 per year.** As such we can suggest that households may actually be able to pay even more for health care.

For health spending, the most common sources of funds are employment and family support. For households with more dependents and less productive members, and for those whose relatives have very little to spare – health financing would be expected to be more difficult. **Social health insurance or socialized loan facilities may be important to develop.**

An example of how this can be carried out is with the Roxas Social Health Insurance Program (RSHIP): managed by volunteer professionals (accountants, physicians, managers), with clerical staff given honoraria (P750 bookkeepers, 2 others). Members pay P365 a year or P1 a day. The Mayor has provided P50,000 support for this project. Average claims: P800 to 1,200; maximum of P1,500 claimed twice a year.

Using area specific data compared with national data, the following picture of health status was reported by the local health personnel and drawn from Department of Health (DOH) reports:

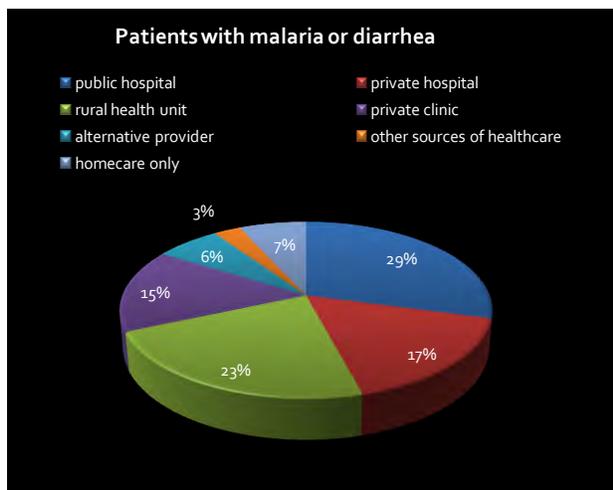


Figure 3. Percentages of malaria or diarrhea cases in Roxas over the last 3 years.

Diarrhea prevalence may indicate poor environmental sanitation and hygiene. Only 869 out of 2,607 households in the Poblacion have water connections. Outside of the center of town, only 11 Barangays have Level II water systems and households in 15 Barangays still rely on water from the river, wells, and shallow pumps. 41% of households in Roxas do not have toilets. Diarrhea is one of the top 5 reasons for consultation in the Municipal Health Office.

Pulmonary tuberculosis is still a cause of death in Roxas with 3 deaths (or 7%) due to PTB reported in the Roxas Medicare Hospital and 14

Common causes of morbidity are:

Malaria is still an important cause of hospitalization and death in Roxas. In the Roxas Medicare Hospital 13% of admissions and 12% of deaths were because of malaria. In the Palawan Baptist Hospital, there were 688 hospital admissions and 692 out-patient consultations for malaria over the last 3-years (Figure 3).

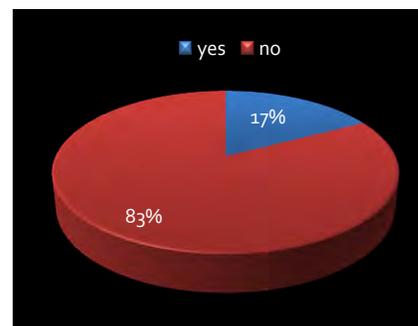


Figure 4. Number of pulmonary cases in Roxas that were also exposed to silica mining.

consultations (1%) in their out-patient department. An interesting anecdote that has been repeated by many of our resource persons is that **silicosis is a common underlying problem** that complicates both PTB and possibly malaria (Figure 4). Cases that were thought to be multiple drug resistant TB are now suspected to have underlying silicosis. Most of the deaths due to malaria in the Medicare Hospital are observed to be complicated by pulmonary

symptoms. This is one area for further study that may be supported by the project.

For this project, an important indicator we should look at is Maternal Mortality Ratio (MMR) (Figure 5). The Department of Health data reports a national MMR of 70 maternal deaths per 100,000 livebirths. For the municipality of Roxas, there was 1 maternal death reported in 2004, and there were 2 maternal deaths in 2003. With estimated livebirths at 1,216 per year – this is **roughly 164 maternal**

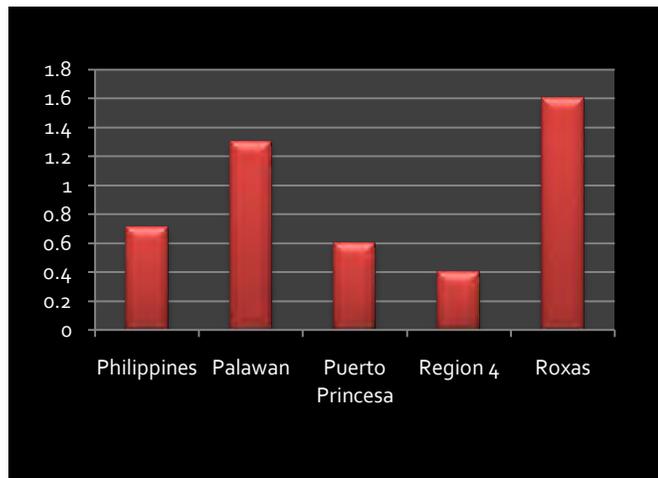


FIGURE 5. COMPARISON OF MATERNAL MORTALITY RATES FROM NATIONAL DOWN TO MUNICIPAL LEVEL. (BELOW)

deaths per 100,000 livebirths. Note that it is suspected that there are cases of unreported maternal deaths so the MMR may actually be much higher.

The above information was validated and compared to the impression of people working on the ground – from discussions with Barangay Health Workers and Rural Health Midwives and other municipal social service personnel – the following observations were reported:

1. Inadequate and understaffed medical facilities,
2. Uncontrolled population growth,
3. Increasing cases of TB,
4. Teenage pregnancies and teenage marriage,
5. Poverty and squatting,
6. Inadequate TB and FP supplies and essential medicines,
7. Insufficient health and nutrition education (as a result: Malnourished children, with primary complex and other preventable diseases),
8. High maternal mortality, and
9. High infant mortality.

Barangay health workers' suggested areas of focus:

- Highlight tactical and strategic approaches (considering available staff & supplies),
- Health financing,
- Support from DOH or LGU,
- Community contribution,

- Sustainable livelihood.
- Priority health issues:
 - Road construction,
 - Potable water systems, and Sanitary toilets,
 - Medicines (for TB, malaria, family planning),
 - Promotion of herbal medicines.

From a more rigorous process with the health workers, rural health midwives, municipal social service personnel, and higher level municipal and provincial stakeholders, focus-group discussions with them yielded the following information:

RESULTS OF FOCUSED GROUP DISCUSSIONS

Sharing of ideas on Population Management – Health Service Delivery – Environmental Protection and Management:

Two focus group discussions were conducted separately to encourage all participants to speak out their thoughts and freely contribute to the discussion. One group involved heads of offices of the local government unit in Roxas and other stakeholders such as the NGO's and national government agencies. The second FGD focused on getting input from the future implementers of the project, namely, the barangay health workers and midwives. The results of these two FGD's have been compiled and presented in the table below.

Key Work Areas, Benchmark	Major Trends	Recent Accomplishments	Challenges and Obstacles	Strengths and Advantages
Population Management	<ul style="list-style-type: none"> ○ Uncontrolled population growth ○ Idle time of unemployed persons ○ Squatting ○ Teen age marriage and pregnancy ○ Increasing sexually transmitted infections (STI) and reproductive tract infections (RTI) 	<ul style="list-style-type: none"> ○ IEC available ○ FP orientation for parents and pre-marriage counseling ○ Adolescent Reproductive Health programs and campaigns ○ Series of training for staff ○ Implementation of national programs like "Ligtas Buntis" ○ Putting up Migration Information Centers 	<ul style="list-style-type: none"> ○ Population program is not a priority ○ Lack of concern over fast population growth ○ Lack of awareness of consequences of very high population growth ○ Inconsistent or Inadequate database or baseline ○ Religious concern on population issue (i.e. artificial contraception) ○ Lack of or Limited 	<ul style="list-style-type: none"> ○ Competent and trained personnel ○ Networking and linkages with partner agencies ○ Active support from NGOs and other stakeholders
<ul style="list-style-type: none"> ➤ To allocate funds for the effective implementation of local population management program ➤ Support DOH and LGU in the implementation of FP-population program ➤ Capacity building and community empowerment ➤ Sustainable livelihoods 				

				funds	
				o Delayed delivery of services	
Environmental Protection and Management	o Illegal logging	o Formulation of comprehensive dev plan, participatory appraisal	o Lack funds	o With Municipal Plan	
➤ Strict implementation of policies and laws	o Illegal fishing	o Barangay development plans	o Lack of logistical support	o NGO and PO partners (with ability to enforce regulations, acceptance of community and participation)	
➤ Sharpen campaign against illegal fishing, Community IEC	o Pollution	o IEC e.g. fish identification guides (visuals)	o Delayed services e.g garbage not collected immediately, e.g. lack of HH implementation of garbage disposal	o Networking and linkages with PCSD, NGOs, Barangays, etc.	
➤ Coordination and networking among agencies and organizations	o Lack of funds	o Balatan (sea cucumber) culture	o No compensation or support to wardens and law enforcers; inconsistent, incompatible, or lacking human resources for monitoring	o Active Barangay Chairpersons, LGUs	
➤ Livelihood	o Inadequate personnel (or too many personnel)	o Mangrove tree planting	o Some law enforcers conniving with persons who do illegal fishing activities; ineffective or politically influenced enforcement – lacking political will, or with changes in political leadership there are policy changes	o SB support i.e policies and legislation	
➤ Lessen politicking	o Forest squatting	o Forest rehabilitation	o No ordinance on water	o Presence of marine mammal rescue group (RMMRCG) Group and enforcers of environmental laws (Kilusan Sagip Kalikasan or KSK)	
	o Dangers of Kaingin	o Training of fish wardens; Foot patrols		o Fishery Code	
		o Coastal and river bank clean up, also barangay or community clean up			
		o Ordinance – Fisheries Code of Roxas; Protect marine and territorial resources – identification and establishment of fish			

	sanctuaries	zoning
	<ul style="list-style-type: none"> ○ Seaweed zoning ○ Executive order on solid waste management ○ Apprehension of violators of PD 705 and RA 8550 ○ Established Roxas Marine Mammal Rescue and Conservation Group (RMMRCG) ○ Monitoring stations – river and sea ○ Demolished illegal fish pens/ponds ○ Community-based resource management ○ Fishery summit ○ Established watershed areas 	<ul style="list-style-type: none"> ○ Lack of community development

Health Services	<ul style="list-style-type: none"> ○ Abortion is practiced ○ Teen age pregnancies ○ There are children that are malnourished (high rate), with primary complex (cuy- 	<ul style="list-style-type: none"> ○ We have RH clinics ○ We have feeding or rehabilitation programs ○ Implementation of Local Health Insurance 	<ul style="list-style-type: none"> ○ Catholic Church favors Natural Family Planning (NFP) method only not other FP methods ○ Limited funds 	<ul style="list-style-type: none"> ○ Competent and trained health personnel; Approachable; and On-call doctors and nurses
<ul style="list-style-type: none"> ➤ Insufficient staff and medicines, Intensive sanitation, and funding ➤ Sustain and strengthen LGU collaboration -Increase community participation; 				

➤ Intensified IEC, awareness	cuy)	programs (RSHIP)	○ Lack human resources i.e. Medicare Hospital with only 1 surgeon and no supplies	○ Availability of funds
➤ Commitment of program implementers	○ Inadequate TB/FP supplies and essential medicines;	○ Barangay Health Planning	○ Un-implemented municipal ordinances	○ Existing Contraceptive Delivery Logistics and Management Information System (CDLMIS)
➤ Strict implementation of policies and ordinances	○ Understaffed	○ IEC on health, education programs	○ Irregular field visits of MHO staff	○ With community health volunteers (even with minimal or no incentives)
➤ Intensify strategies or interventions for health and nutrition, environmental protection; Implement health program based on Municipal & Barangay Health Plan; Allocation of funds for population management	○ Increased number of TB patients	○ Networking with GOs and NGOs	○ Lack of transportation facilities; transport fund	○ Availability of communication facilities
	○ Change in lifestyle – premarital sex	○ Daily consultation at the RHU, and Barangay Health Stations with midwives	○ High prices of medicines (encourage purchase of generic drugs)	○ Linkages with NGOs, community, and other program partners, presence and assistance
	○ Lack of health and nutrition education	○ Medication provided	○ Malnutrition is increasing	○ Intensified IEC
	○ High number of maternal deaths still occur; Pregnant women do not go for pre-natal check-up		○ Lack of medical facilities	○ With Botika sa Barangay program in some barangays
	○ Infant mortality			○ Health services are implemented province-wide
	○ “Pasma sa Gutom” or poverty			
	○ Inadequate medical facilities			

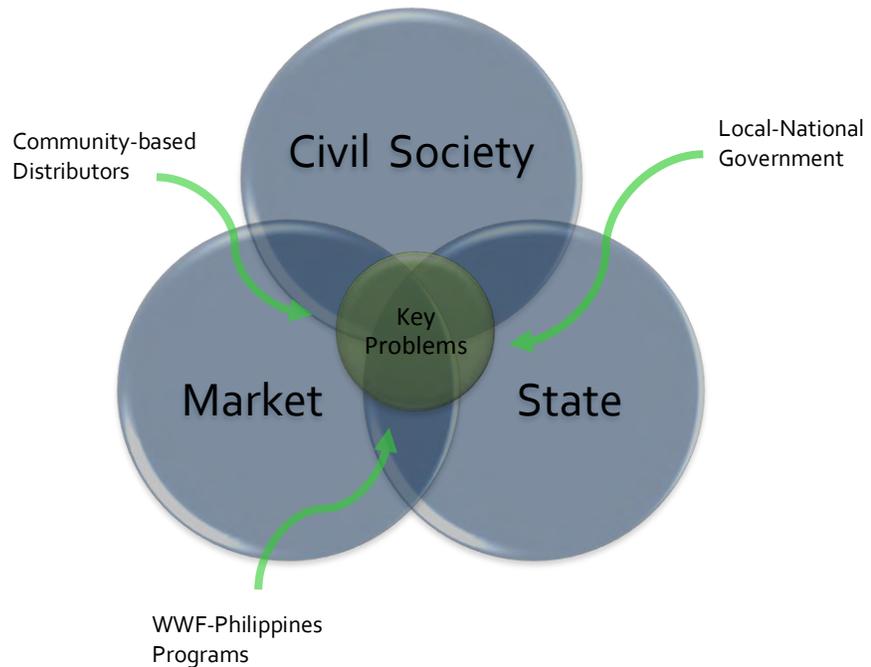


FIGURE 6. GRAPHIC ILLUSTRATION OF THE RELATIONSHIP OF KEY PLAYERS IN FAMILY PLANNING. (PRRM, 1991)

Central to the FGD recommendations is the understanding that the work is best carried out in cooperation with other development actors. The WWF-Philippines cannot and should not do the work alone – PHE activities should be pursued by actors of the State (local and national governments, and even foreign multilateral or bilateral agencies), actors in the Market (local businesses and larger corporations), and actors in Civil Society (community organizations, people’s organizations and NGOs) (Figure 6).

Other Considerations



FIGURE 7. PROCESS FOLLOWED TO ASSURE THE SUPPLY OF MATERNAL HEALTH-FP INFORMATION AND SERVICES.

Considering two sets of processes in addressing the crucial gap resulting in maternal health problems and the less satisfactory FP services and supplies (Figure 7), the workshop participants from the WWF-Philippines’ FGD and the local health departments were

presented the following sets of frameworks for identifying and selecting project interventions:

As development workers, the participants in the presentation of assessment results were called to focus attention and facilitate action on each step of the process shown above (MSH, 2000) – for assuring the supply of maternal health-FP information and services.

- The prospective project could influence selection of services/commodities (for example: heavily supporting Natural Family Planning at the expense of other FP methods);
- The prospective project could influence how these selected services were procured (for example: by national government or, if this is not the priority of the DOH Secretary, by local government and the private sector);
- The prospective project could influence the ways by which these services are distributed (for example: they could be directed at those who cannot afford to pay for services or they could cater to the non-poor households living in the cities and poblacions); and
- The prospective project could influence the ways by which households – women and couples, would use FP information and services. For example, by correcting misconceptions and by assuring the provision of FP counseling and informed choice to enhance the value of FP practice.

Project planners and implementers may also focus attention and facilitate action directed at structural features – for assuring the supply of maternal health-Family Planning information and services (Figure 8).

- The Organization – for example whether in a devolved or centralized setting of service provision;
- Financing or assurance of sustainability – whether subsidized by PhilHealth insurance reimbursements or paid for by households, for example;
- Human resources – where most examples already suffer from lack of refresher courses and the setting where much of our midwives, nurses, and even doctors are leaving the country; and
- Information – where myths and outright lies abound, examples of evidence-based FP practice becomes important.



Figure 8. Diagram of focal structural features to assure supply of maternal health-FP information and services. (Quick, JD-MSH 1997)

Project planners and implementers are also called upon to focus attention and facilitate action considering the various actors that can impact on the supply of maternal health-FP information and services (please refer to chart on previous page). The State is often the object of consideration (both local and national government, but often including multilateral agencies and foreign government offices); The Market is also an important factor in the FP information and service arena (specially with some interests encouraging more participation of the private sector); And the mass of Civil-Society who affect both the State (as tax-payers and electoral constituents) and the Market (as consumers). All of these, individually, and in various combinations – affect the supply of FP information and services.

P.H.E. INFORMATION-EDUCATION-COMMUNICATION

By Glenn Paraso, MD and Mr. Benjamin Lucas

The following objectives were set for the communications Focused Group Discussion:

- Establish the need for Information, Education and Communication (IEC)
- To generate a key message in the context of population management, health and environment (PHE)
- Agree on a particular medium of communication that will be used for message delivery in the context of PHE

ESTABLISHING THE NEED

Early on in the group discussion, participants were aware that Population, Health and Environmental management (PHE) were key issues in the community. They were aware of the links that the three components were posing (given the data of WWF in its Dugong Project). They also described in short the different programs that the Local Government Unit (LGU) has for the municipality and were of the opinion that the programs were running parallel of each other with focused outputs thus highlighted their not being linked. It was in this context that they suggested that more IEC was needed to increase awareness in the links among the different programs and the importance that community participation can take part in.

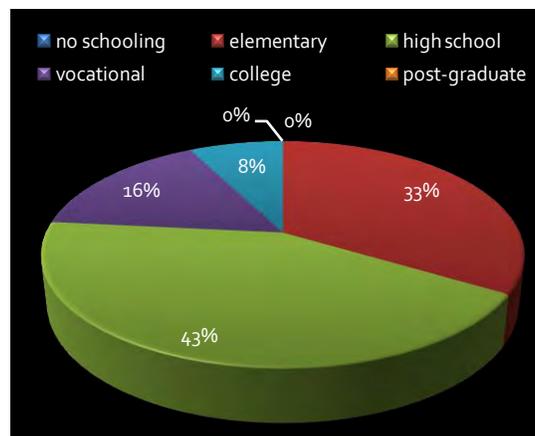


FIGURE 9. HIGHEST EDUCATIONAL LEVEL OF RESPONDENTS IN SELECTED BARANGAYS IN ROXAS, PALAWAN.

Education featured also as one of the factors for considering IEC (Figure 9). It was suggested by the group that limited educational levels in the community have led to lesser job opportunities and meager incomes to sustain health needs and also to consider planning families.

The continuing lack or inadequacy of information has given us the rationale to invest in giving better IEC, with the goal to increase the awareness of the community towards the PHE concern and institute a more permanent behavioral change.

GENERATING KEY MESSAGES

POPULATION MANAGEMENT

For the population component, the current trend volunteered by the participants was that population management was needed given the existing poor health conditions and environmental state that they were in. *It was volunteered that population was an indicator for environmental conditions¹*, where the link was being highlighted between the two components where population pressure would cause a further degradation of the environment.

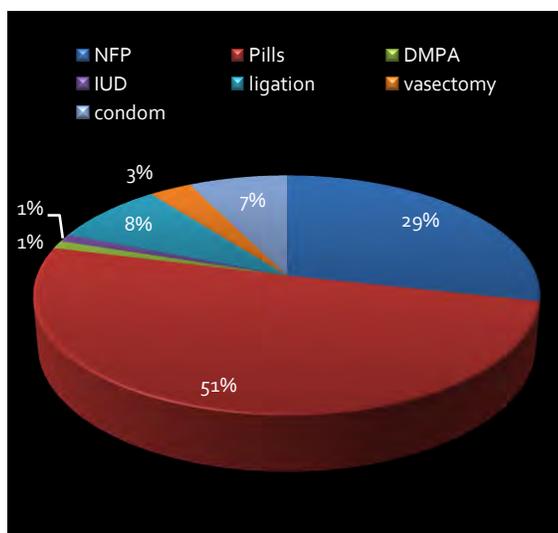


FIGURE 10. FAMILY PLANNING METHOD USED BY WOMEN OF REPRODUCTIVE AGE IN SELECTED BARANGAYS IN ROXAS, PALAWAN.

They came out with the advantages of planning families: there will be better opportunities and jobs with lesser population, quality of health and lives of the children and the community will be better. Parents were seen to be at a better position to play their respective roles as there would be lesser children and they would have more time to focus for caring for them.

It was also noted that there were 55% (2005, WWF-Phils., Household Survey) who were practicing FP and majority of them chose the Pill followed by Natural Family Planning (NFP) as a method (Figure 10). While this is a snapshot of FP users, an IEC seems to be needed as some of the

pill users may not have the appropriate IEC that they may need to be shifted to another method. Also with the impending drawdown of USAID subsidized commodities, IEC will figure in their education weaning from getting them free to buying them from private sources.

As this is ongoing, there is parallel information that we gathered from the survey stating the reproductive intent of women of reproductive age (WRA) in Palawan (Figure 11). It showed that majority (46%) wanted to space their births from 3-5 years, followed by (31%) those who did not want to get pregnant for the next 5 years or more. Again we see how



FIGURE 11. REPRODUCTIVE INTENT AS EXPRESSED BY FEMALE RESPONDENTS.

¹ Philippine Council on Sustainable Development (PCSD) comment-Ted Baltazar (DMO) in the RCCR-WWF Roxas IEC Forum FGD July 28, 2005, Roxas, Palawan

much IEC is needed to bridge the gap between intent and usage of FP in Roxas.

It will be interesting to note that the 45% who did not practice FP did so with reasons that will need IEC also to explain that they can actually use a certain method. In this context, it will be important to identify a key message that will drive the advocacy for population management and family planning.

As a result, they were able to come up with a key message on the population component:

“Masagana, malusog at masayang pamilya tungo sa maunlad na kinabukasan”

Masagana – financially well-off (maintain basic needs)

Malusog – healthy, well feed/high IQ (isip, katawan, spiritual)

Maunlad na kinabukasan – better life & opportunities

(Healthy, managed families bring better development)

HEALTH

In the discussion of this component, it was reiterated that health, while a priority is having a challenging time as to resource allocation. Prioritization has led to giving the most resources for tuberculosis and malaria which remain high in the community. They have also indicated that there is inadequate health and nutrition education.

This has led to increasing malnourished children that have made them prone to another health problem – primary complex. Add on the limited medical facilities and staff, together with inadequate tuberculosis/ essential medicines and FP contraceptive supplies, it is no wonder that maternal and infant mortality is high. The link between health and population is highlighted by a participant who said that *the quality of health services will tell on the quality of the population of the community*². They have then seen that accessible, affordable and acceptable medical services should be worked on to be able to give quality health care.

Adequate food supply that is also related to inadequate family incomes and appropriate spending for health continues to be a balancing act. It was reported that the maximum of PHP 90,000 was allocated for health care. It was noted also that of the health care, families allocate an average of Php 30/month against a smoking budget of 146/month. A question of information and education becomes more important as to how and what should be health spending priorities.

This remains a continuing challenge if quality health care can be given and having a healthy community as a goal can be a reality. While the majority of health spending comes from

² Roxas Municipal Environmental and Natural Resources Officer Mr. Gil A. Valledor in the RCCR-WWF Roxas IEC Forum FGD July 28, 2005, Roxas, Palawan

employment, it is hard to prioritize health given the low opportunities for jobs in the community.

They then came up with the key message for health:

“De kalidad, sapat, abot-kaya serbisyong pangkalusugan tungo sa malusog na komunidad”

(Quality, adequate, affordable, health services that contribute to a healthy community)

ENVIRONMENT

“The environment is important, as over-population results in incorrect utilization of natural resources and not having enough resources for the people”. While this is a realization of one of the participants, it will be good to put this into perspective as it is accepted that there is a difference in national and local positions on the environmental situation and activities around it.

Forest squatting was noted as well as illegal fishing. The two being linked to each other where over fishing brought by a growing population need for protein has given way to decreasing fish catches and as such the population has shifted to its back – the forest and the mountains where people are now exploiting the trees as well as occupying the forest, thus adding more pressure on the environment.

It was suggested that political will is needed to execute and follow laws and ordinances. It would be a significant solution if environmental management will be given a chance. Mining for instance has been seen to have conflicting ordinances at the national and at the local level. It poses a challenge as to how much mining is allowed and at what price.

It was noted that silica mining which has been ongoing for the last forty years may have taken its toll on the population, where reports of recurring/ non-resolving tuberculosis may have actual silicosis on top of it. This then becomes a clear link for the environment and health component which needs to be given attention. Given that resources for health (TB drugs) are very limited on top of an inadequate environmental management where silica mining without proper environmental clearance and health considerations for the community can give rise to silicosis.

Illegal fishing for the most part goes on as political will also figures in the ease of offenders being coddled by local government executives (LGEs) who let them go with minimal if no apprehension, thus giving rise to a vicious cycle of wanton extraction. The WWF has listed the following observations in its environmental projects here: (1) Decreasing fish catch, (2) Deterioration of the marine flora, (3) Damage to the environment from industrial activities, (4) Deficient and misleading information.

Seeking then a balance between an environment as a resource and its sustainable utilization should be a primary pursuit. Burdened by a growing runaway population, with its pressure, the environment can only take so much and rehabilitation and renewal should be given in consideration of the next generation.

IEC then figures as a major strategy in order to continue educating the community on the awareness-raising of the links that happen when the environmental manipulation can increase respiratory infections.

They have come up with a key message that would bring this concern forward:

“Responsible at likas-kayang paggamit ng likas-yaman”
(Responsible resource utilization for sustainability)

The **integrated PHE message** that came out as a result of this workshop is:

“Makakalikasang komunidad na may de-kalidad na pamilya at serbisyon pangkalusugan tungo sa isang makabuluhang kaunlaran”
(Environmentally-aware communities and families with quality health services for a meaningful progress)

SUGGESTED COMMUNICATION MEDIA

It is good to note that the community was not without a source of information which is received by majority of the population from mass media, then by the health workers followed by neighbors and family and then by the clinic and health centers (Figure 12).

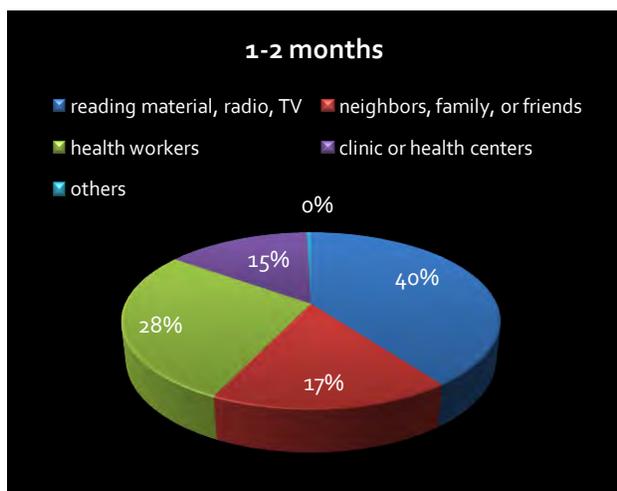


Figure 12. Sources of Family Planning Information as identified by respondents.

Forms of mass media given by participants were radio plays and plugs, print through billboards and presentations of film shows (battery-ran DVDs) and community theater to heighten the key messages forwarded.

For and in consideration of the above, information, education and communication becomes a primary strategy that should be considered so that this project can move forward. Identification of the target audiences – policy makers, key decision makers should be considered. This will ensure that the appropriate medium as well as funds

that will be earmarked will be maximized to enhance the links of population management, health and environmental concerns amidst an LGU with limited resources.

For Policy Makers and Stakeholders: Suggestions for Moving Forward

Considering the review of literature and FP program experience, looking at households and communities in the potential project areas – rural/peripheral versus urban/central, considering the economic status of households, and the age of women with unmet needs for FP – Health consultants have suggested the following objectives and operational guidelines for the WWF-Philippines’ IEC and Policy Advocacy Strategy in the Municipality of Roxas, Palawan:

I. Preserve access to modern-temporary methods of family planning, capacity to address malaria, TB, and diarrheal diseases; particularly those in peripheral areas

- The wide access to modern temporary methods of FP should be preserved **even as the main sources of these contraceptives – foreign donors; begin to pull out their support for purchasing condoms, pills, and injectables. The LGUs, commercial market sources, and the DOH have to fill the gap in contraceptive supply that will emerge; and the supplies for priority health problems like malaria, TB, and diarrhea.**

The municipality maintains 17 village pharmacies or “Botika sa Barangay” which can be dispensaries for these essential medicines and supplies. **They have a Supervising Pharmacist who can provide oversight and technical support. The Botika Binhi or the GTZ Revolving Drug Insurance Schemes may be sources of lessons and patterns that could be applied in the Municipality of Roxas.**

- **Include a family planning service package with several options that takes into consideration geographical setting, diverse culture and type of beneficiary, to reduce unmet need for family planning methods and enhance opportunities for family planning practice. And to provide households and individuals with correct health information.**
- **There is a lack of voluntary surgical contraceptions (VSC) and IUD services, malaria-TB-diarrhea information & services, and the collection-utilization of CBMIS (community-based management information system) data to better target allocation of limited resources.**

II. Improve the information-counseling and service delivery capacity of community-based facilities

- **Carry the following messages:**

For Population Management –

“Masagana, malusog at masayang pamilya tungo sa maunlad na kinabukasan”

(Healthy managed families bring better development)

For Health –

“De kalidad, sapat, abot-kaya serbisyong pangkalusugan tungo sa malusog na komunidad”

(Quality, adequate, affordable, health services that contribute to a healthy community)

For Environment –

“Responsible resource utilization for sustainability”

(Responsible resource utilization for sustainability)

Population, Health and Environment Message –

“Makakalikasang komunidad na may de-kalidad na pamilya at

serbisyong pangkalusugan tungo sa isang makabuluhang kaunlaran”

(Environmentally-aware communities and families with quality health services for a meaningful progress)

- **Send out IEC using a combination of mass media (local cable operators, free radio time from Puerto Princesa) and interpersonal communication** – with the assistance of Barangay Health Workers, Botika sa Barangay operators, etc.
- **It is important to maximize the use of existing material** – encourage reproduction rather than reinventing what is already available.

III. Increase the availability of more cost-effective healthcare services like modern-permanent FP methods, and expand access to service by outreach mechanisms

- Given the mismatch between health needs of the poor-peripheral households and the availability of health care services for them, program services and financing **(from PhilHealth, DOH – particularly the retained hospitals, LGU, etc.)** can correct the picture with more outreach FP services and financing for these underserved communities. **This would include the use of Community-Based Distributors of supplies, and other community-based Barangay Health Worker analogs.**
- **Health consultants have proposed changes in FP service ratios and standards: Over the last 30-years, FP has been an additional burden for women. Male contraceptive methods and male participation in reproductive responsibility have been limited.** More male involvement in reproductive health and in family planning method use should be encouraged. With the urban-rural or central-peripheral divide, aggravated by the poor and higher income divide; **consultants suggest that local and national governments invest in itinerant teams providing voluntary surgical contraception (VSC) services** – particularly no-scalpel vasectomy which can be done outside operating rooms and even in non-medical facilities. VSC services are less available and more needed among the poor and underserved. As such, the LGU should encourage increased subsidy levels of providers to encourage service delivery especially of BTL, NSV, and IUD insertion in peripheral areas.

IV. Expand provider supply in the private and public sector

- **In the private sector**, include non-traditional sources of support for PHE programs like – mining industry, local business, etc.
- **Training to increase the pool of health service providers.** Focus of different types/classes of health service providers on particular services that they provide more efficiently – for example midwives being most cost-efficient provider of IUDs while physicians can better provide VSC services, or PhilHealth reimbursable healthcare. **The deficiency of IUD and VSC services and the lack of encouragement for midwives and physicians, hold true for both the private and public sectors.**
- Draw attention to emerging or missed health problems like silicosis. **Explore the use of environmental-social protection instruments.**

V. Advocacy and policy reforms

- **Shift in health financing sources** – from mainly household funded to more social health insurance and government support. **Develop a balanced PHE financing and support package** – from the households with some disposable income, private sector and international contributions, local and national government.
- **For facility accreditation to qualify for access to PhilHealth reimbursements** (and even DOH or LGU financing); rural health units (RHUs) and some barangay health stations (BHS) that will receive NSV outreach teams may need to be accredited by PhilHealth.
- **Because of the infrastructure, human resources, and financing required for VSC services, LGU needs to encourage the development of Inter-Local Health Zones.** These formations catalyze the sharing of resources and cooperation among the provincial and municipal city governments, private for- and non-profit organizations, national and international governments and donors. This can be carried out through the existing friendship between the Mayors of Roxas and Taytay.
- It is reported that the total share of the government in overall health financing remained fairly constant from 1991 to 1999. The national portion during this period, however, declined from 34.7 % to 20.0 %, while the local government's portion rose from 3.9 % to 17.9 % during the same period, reflecting decentralization of the national health program. Individuals or households continued to carry the largest share of spending for health. Out-of-pocket expenditure is a substantial 46 % according to the National Statistical Coordination Board (NSCB) in 2001. **Key health services should be financed by an increased share from national and local governments.**
- **Reimbursements from PhilHealth should be spread to more of the poor/underserved** by expanding the base of accredited health care services (for example by accreditation of Rural Health Units as Special Minor Surgery infirmaries). **The local social health insurance program – RSHIP may be strengthened.** Towards the setting of better public health spending, during the transition from more financing

from clients towards increased government spending, **the program will still need donor and foreign funding support.**

MESSAGE OBJECTIVES

As the group reviewed the former key messages in the participative assessment and IEC forum that was held late last year, they arrived at formulating the message objective for each of the key messages. It was highlighted though that for the population message objective, the participants were keen to center on the primacy of Family as central to the things that are happening, the importance of responsible parenthood and the upholding of maintaining smooth family relationships with reference to their family planning initiative.

- To be able for the families to think of their future
- To be able to understand that manageable family sizes contribute to happiness

In the area of health, the message objective formed was that a healthy family can be achieved with regular health center checkups and proper counseling, this in turn is a reflection of part of good governance in the community.

- To be able to understand that manageable family sizes contribute to health and good governance

In the area of environment the message objective was: Responsible environmental care through marine and land zoning help contribute to a prosperous population and better future.

- To be able to understand that manageable family sizes reduce environmental pressure
- To be able for the families to be responsive in protecting the environment while being health conscious

IDENTIFYING SUPPORT

In the ensuing activity, the identification of target audiences was seen as an essential activity when implementers are trying to do information and education initiatives. Knowing who the stakeholders are will increase our effectiveness of communicating the PHE project (Figure 13). After identifying the stakeholders, the implementers will have to go further and segment the audience into those who are supportive and those who are resistant to the project.

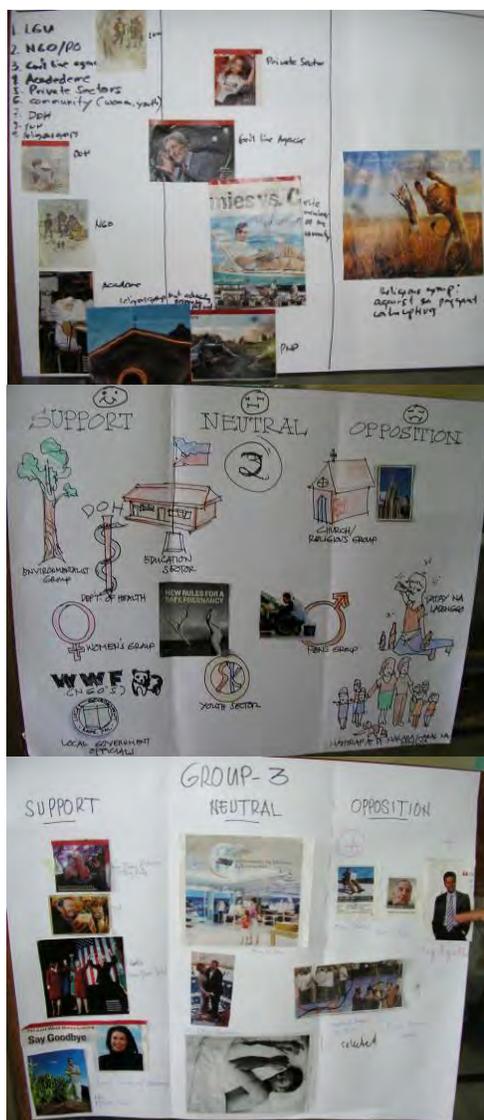


Figure 13. Group workshop outputs identifying potential partners and support sources.

It was seen that the participants were able to map out using a line drawn vertically thru the easel sheet dividing these into three columns; the three columns represented those who were supportive, neutral, and opposed. The people who were influential – the decision makers in the community, were given representations and pasted/drawn as to size and distance from the line. It was determined that the bigger the picture and the closer they were to the line, showed the clout that they have in the community when talking about PHE.

Most if not, the Catholic Church was very influential and was to the rightmost - opposed, the LGU and the line agencies were seen on the supportive if not crossing the line of neutrality. It was also noted that NGOs in the community were also seen as influential and very supportive.

COMMUNICATION STRATEGIES

Input into strategies and tactics to increase effectiveness of the IEC initiative were given. Social Marketing was used and defined as the application of marketing principles and techniques to influence a target audience to voluntarily accept, modify, reject, abandon a behavior for the benefit of individuals, groups or society as a whole (Kotler and Lee, 2002, Social Marketing, Improving the Quality of Life.)

Applying this to our situation it will be used to persuade an audience to change their behavior for the sake of improving their social conditions – this can be protecting their environment or increasing health seeking behavior. The project is aiming to increase the acceptability of Population, Health and Environment activities and measures as an integrated approach among its target groups in the municipality of Roxas, Palawan.

Of note in the input was the emphasis given to the **4 P's** of the communication strategy: Product, Price, Place, Promotion. PHE being the product and it being priced as high in the scheme of development; Place being identified as that where implementers bring and talk about the product – PHE, therefore this is the legislative area – council level, line agency

offices – i.e., DOH, RHU clinics; and Promotion – what kind and what is effective i.e., Mass media, other form of media.

CHANNELS OF COMMUNICATION

It is important that the IEC initiative has a focus and a channel to be highly effective. Appropriate media form, attractiveness/ catchiness were emphasized. The IEC materials must also be supported by data. However data should be directly related to the statement and but not cover the whole media or create information overload. Readability, target audience and a strategic location for the media were also important considerations as they figure high in the success of the initiative.

The groups actively participated and were able to come up with a prioritization of the forms of media. Traditional as well as other innovative media were also discussed examples of which were given. After being given the proper inputs the groups were divided and samples were made by the groups with the core PHE message per group. Comments were likewise recorded as part of participative critiquing.

Group 1 Output (Population)

Presented by Dr. Leo Salvino

1. *Calendar*: (Figure 14)

Comments/ Suggestions:

- Reminder: if monthly activity for 1 year calendar put red mark (ex. Check up-RHU, coastal updates (PHE)- Ted Baltazar
- Levelling off/ activity inclusion- Benjie Lucas
- Consider the color- Gil Valledor
- Use pictures from that were taken in Roxas- Ted Baltazar
- Picture/s shown should be related to the messages- Benjie Lucas
- Add information: high/low tide- Ted Baltazar
- Put supported by: WWF& IEC Team- Benjie Lucas
- Should be informative- Boy Aguillon



Figure 14. Calendar designed by group 1. Note: This concept was the one developed by the Roxas PHE Project. Calendars were distributed in 2006 to residents of the 7 target barangays.

2. Brochure (Figure 15)

Presented by Bon Tobias

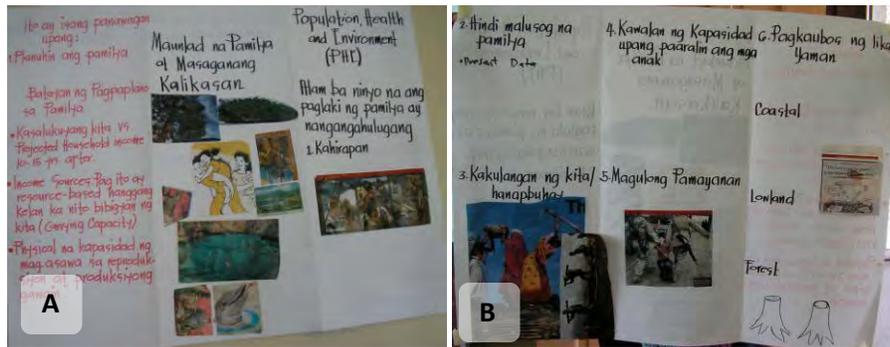


Figure 15. Brochure Front (A) and Back (B) produced by group 1.

Comments/Suggestions:

- Positive message should be printed on front page – Boy Aguillon
- Show present situation - Cristy Angelada
- Use updated statistics/ information - Ted Baltazar
- Acknowledge source of information/credits/donor
- Font (color)- Benjie Lucas
- Color (Background)- Benjie

Group 2 Output (Health)

Presented by: Gil Valledor (MENRO) and Edgar Padul (MAO)

Poster (Figure 16)

Comments/Suggestions

- utilize for field workers to explain the message; utilize thru interpersonal media (Ted Baltazar)
- bigger pictures – Frank Aungon
- for intellectual audience – Bon Tobias
- add explanation at patingkarin ang kulay
- pangbuhay/panggising ng damdamin (symbolization)- Cristy Angelada
- Poster or flip chart?
- For field worker visual aid (Benjie)
- Sponsor/agency



Figure 16. Poster designed by Group 2.

Group 3 Output (Environment)

Presented by: Frank Aungon

Pamphlets: (Figure 17)

Comments/Suggestions:

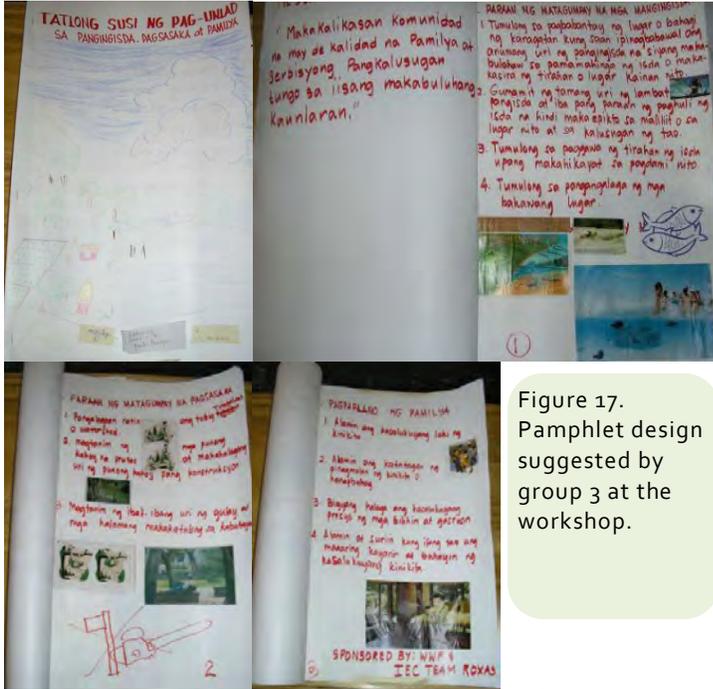


Figure 17. Pamphlet design suggested by group 3 at the workshop.

- Local term pag-aralan “Karagatan”, “sisid”, “namamanti” - Gil Valledor
- Message: consider the target audience - Benjie
- Use terms that will be easily understood - Kgd. Elena Padul
- Consider the audience: Bilingual-percentage Cuyunin, Bisaya)- Ted Baltazar
- Font & color - Benjie
- Put emphasis on man’s behavior & actions - Edgar Padul

The participants were likewise asked to vote on the appropriateness and the priority media that they think is applicable to push the PHE integrated message. They came up with the following: Calendar- first priority; Poster- second priority; Brochure- third priority and Pamphlets- fourth priority.

They said that the calendar would be the most visible and the most informative and educational among the IEC forms presented. Also it is going to be used for the whole year and thus will be referred to continually by the whole family. It will mark certain days in the month that will increase recall for PHE messages.

STRUCTURES AND PLANS

Now that they have developed prototypes of the materials that will be utilized for pursuing their PHE-IEC initiative they opted to form the structure that would push to finalize the materials and plans to continue on with the initiative. It was decided that there would be a lead person and team for each of the messages on PHE.

The advocacy team formed was composed of: A Chairperson (WWF-Facilitator/Organizer) and Co-Chairs - one from the NGO and three from government line agencies. In each of the seven (7) barangays there would be three to four members composed of a Vice-chair and two to three members

Chairman: WWF (Coordinator, Facilitator, Organizer)

CO- Chairs (4):

NGO (1): **MMCP**- Cherry Ann A. Divino

Government Agencies (3): **MHO, MENRO, MAO**

Members from the target barangays:

Vice- Chairman (1)

Members (2-3): BHW, midwives, PO/trained partner

To sustain the initiative the members sought out to make their advocacy action plans. The initiative was divided into three stages. A **pre-implementation phase**, the **implementation** proper and the **post implementation** phase. The group was divided into three accordingly. In the course of their formation, an additional input of monitoring and evaluation was given to them knowing that this will aid them in determining their effect as regard the project.

The plans were made on the basis of activities that would be doable for the first quarter of the year spilling over to the second quarter. This would consider the finalization and reproduction of the IEC prototypes produced. A matrix was presented and utilized to plot the plan accordingly.

IEC Action Plan

Group Output

Group1. Pre-implementation

Activity	Expected Output	Timeframe			Resource Requirements	Lead Person
		Jan	Feb	March		
1. Meeting of the 3 groups	<ul style="list-style-type: none">Final designTotal No. of Households of 7 brgys	1-20-06			Materials, news print, pentel pen, pencil TEV	Kgd. Padul, WWF
2. Printing of IEC materials	<ul style="list-style-type: none">Based on HH numbers		2 nd week Feb			WWF
3. Meeting of bgy. with brgy. officials	<ul style="list-style-type: none">7 meetings done		Feb 27-28		Transportation (tricycle, pumpboat), food	WWF, RHU, BHW
4. Distribution per barangay			Last week Feb		IEC materials, TEV	WWF, BHW, RHU

Group 2. Implementation Phase

Activity	Expected Output	Timeframe			Resource Requirements	Lead Person
		Jan	Feb	March		
1. Courtesy call (7 target brgys.)	Approval of Brgy. Capt.		3 rd week		letter of invitation	Midwife, BHW
2. Orientation PHE formation (Bgy. Leaders)	PHE Group organized		4 th week	1 st week	Sound system, brochures, IEC materials, snacks & meals	IEC Team PHE group
3. IEC	IEC conducted and completed		2 nd week	of march until supplies lasts	IEC materials	IEC Team PHE Group

Group 3. Post-implementation

Activity	Expected Output	Timeframe			Resource Requirements	Lead Person
		Jan	Feb	March		
1. Monitoring and evaluation						
a) Coverage of IEC materials distribution/ bgy.	number and list of HH received IEC materials			3 rd week	Fund for transportation & meals	Vice-Chairman/Bgy.
b) Formulation of monitoring questionnaire for interview	questionnaire prepared			last week	Technical assistance	
c) Actual HH interview	baseline data gathered			1 st -2 nd week of April	Transportation, secondary data	

2.Sustainability

- a. Established IEC Team and PHE Group
- b. Integrate IEC Plan to regular program for funding purpose and expansion of the project

In the interim, the group has decided to meet again the week after the training to come up with the criteria to get the model families who will be featured in the prototype calendar.

WAY FORWARD

Nurturing behavioral change is a long term endeavor. Interim steps at best towards this are what are achievable for the remaining time of the project. Forming the structure that would sustain the initiative is a turnkey output that would ensure continuance.

Community participation as well as ownership is likewise vital in the process. WWF should shepherd these processes and slowly build up counterparts and commitments of the community to take on the initiative.

While looking at the quantifiable indicators of IEC, the qualitative aspects should also be considered as balancing the long term behavior change, for translating the message of PHE into sustained action behaviors is the challenge.

Coming up with ordinances and following them - deciding not to squat in forested areas, to that of a couple becoming informed and acting on their choice to plan their families would be the eventual actions that would have been in a way the result of the IEC messages. Tipping the balance starts with initiatives like these but sustaining it would be the next considerable challenge.

COMMODITY DISTRIBUTION SYSTEM

By Jonathan A. Flavier MD, MA, Benjamin P. Lucas, Jr. and Noemi R. Quillooy

FEASIBILITY STUDY OF FAMILY PLANNING FOR THE TARGET BARANGAYS OF ROXAS, PALAWAN

HOUSEHOLD SPENDING FOR HEALTH AND FAMILY PLANNING COMMODITIES

As a percentage of total spending, Philippine households spent 2.2% for medical care or a total of ₱39 billion nationally in 2003 (NSO Family Income and Expenditure Survey, 2005). From household out-of-pocket health expenditures, roughly 28% is spent for medicines and self-care (Flavier *et al.*, 2001). Very roughly – for an average household with annual income of ₱118,000 – consultants have estimated health expenditures of ₱2,600 for the year and ₱730 for medicines (Figure 18).

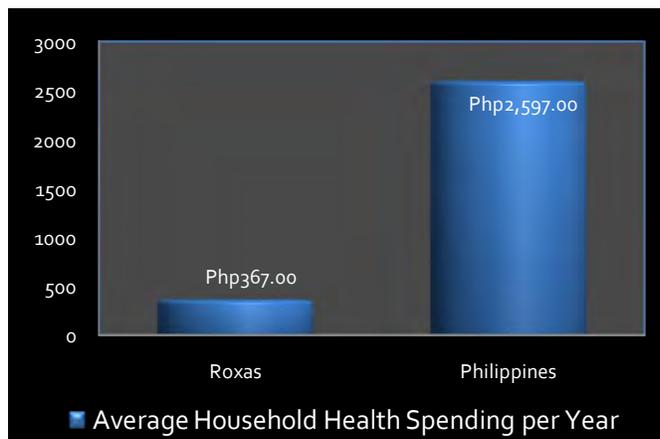


Figure 18. Comparison of the average household health spending per year by the municipality of Roxas to the rest of the country.

Households from the sample surveyed in Roxas, Palawan are paying much less for healthcare – an average of ₱367 per year. The average national household percentage-spending for medical care is 7-times more than the expenditures in the Roxas sample. Considering annual income, the families reached by the project only had ₱47,872/year or even less than one-half of the income of the average Filipino family. **For health spending in the sample area, the most common source of funds are employment and family support.** For households

with more dependents and less productive members, and for those whose relatives have very little to spare – health financing would be expected to be more difficult.

Social health insurance or socialized loan facilities may be important to develop. An example of how this can be carried out is with the RSHIP (Roxas Social Health Insurance Program). The Mayor has provided ₱50,000 support for this project. In the study area, this

is managed by volunteer professionals (accountants, physicians, managers), with clerical staff given honoraria (₱750). Members pay ₱365 a year or ₱1 a day. Average claims are P800 to 1,200; a maximum of P1,500 may be claimed twice a year. But as shown in Figure 19, health insurance as a source of funding for health is reported in only 1% of respondents in the Roxas survey.

There is perception of the persistent lack of funds in Roxas, Palawan (Flavier *et al.*, 2005). In this setting, implementers have to consider that **the low household income levels and**

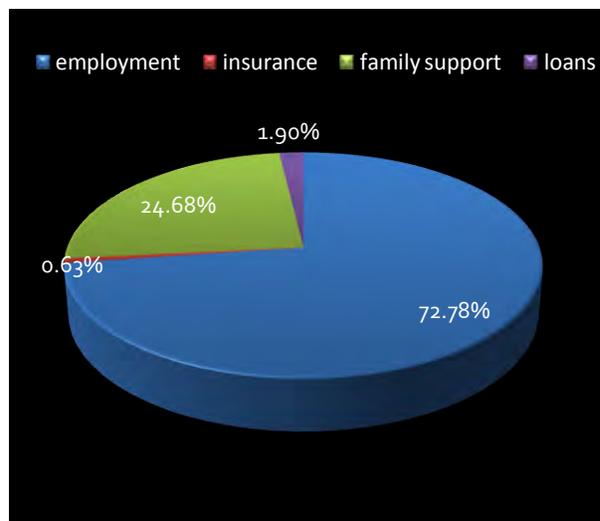


Figure 20. Sources of funds health-related expenses.

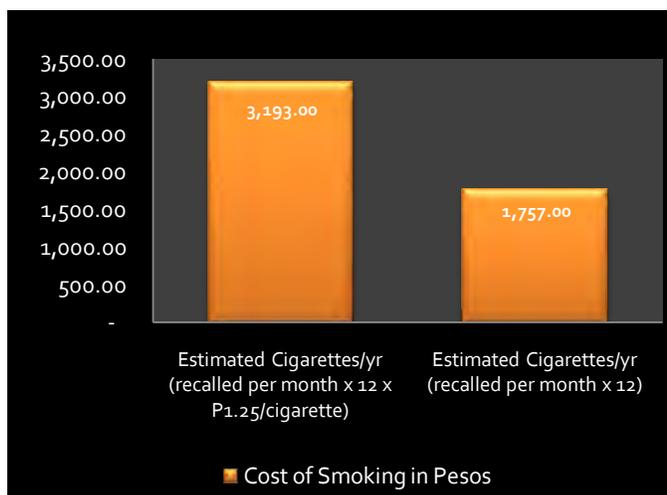


Figure 19. Estimated cigarette purchases by Roxas residents.

for cigarettes and smoking is estimated at ₱1,757 a year (Figure 20). As such, it was suggested that households may actually be able to pay even more for health care.

Other surveys show that people want reliable drug services and are willing to pay for them but free drugs are still preferred (Flavier *et al.* 1999 and 2004). People are even willing to pay extra when drugs are not available in the health center. They usually buy from private clinics with a drug supply. **In Roxas, family planning supplies are available in commercial pharmacies and sari-sari stores.** Demand for FP supplies from these non-government sources were reported to have increased with the decreased availability of supplies from the government health centers.

general poverty would constrain the setting up of purely market driven and full cost-recovery mechanisms of supplying FP commodities. One divergent indication of the attitude to payment for social services is from the survey in the target barangays of the WWF-Philippines in Roxas. While there is limited spending for health, there is also a lot of spending for cigarettes. In this sample, it was observed that the **average spending**

FP commodity available from the private sector	Price
INJECTABLES	
Depo-Trust	₱ 88.00
CONDOMS	
Trust Classic (3 pcs)	₱ 11.00
Frenzy (4 pcs)	₱ 18.75
ORAL CONTRACEPTIVES	
Trust Pills	₱ 29.50
Lady Pills	₱ 23.50
Nordette	₱ 122.75
Feminal	₱ 134.00
Trinordiol	₱ 192.00
Nordiol	₱ 169.00
Gynera	₱ 284.00
Logynon	₱ 236.75
Excluton	₱ 118.00

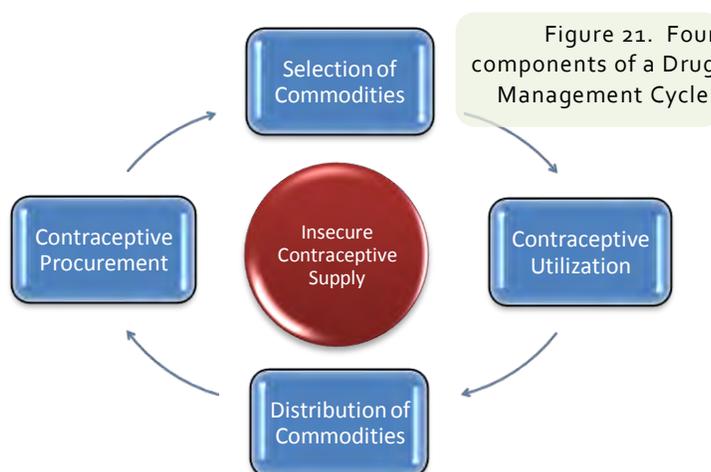
At the prices quoted in the above tabulation of FP commodities available in Roxas, Palawan – for one-year of FP method use, couples would be spending around ₱345 for lower-priced pills (roughly 13-cycles a year), ₱352 for the injectables (one injection every 3-months), ₱401 for a year on condoms (for 2 condoms per week x 4 wks x 12 months), and ₱2,334 for higher-priced pills.

The average families in the WWF-Philippines Roxas project sites will need to use their entire annual healthcare expenditures in order to buy FP commodities and have little or no more left for other healthcare requirements. But apparently, there are other families who can afford to spend more.

A DRUG SUPPLY MANAGEMENT FRAMEWORK -- THE FP COMMODITY SUPPLY SYSTEM IN ROXAS, PALAWAN

Managing drug supply is organized around the four components of a drug management cycle (Figure 21) (Quick *et al.*, 1997, pp. 4-15) composed of:

- Selection reviewing the prevalent health problems, identifying treatment choices,



choosing individual drugs and dosage forms, and deciding which drugs will be available at each level of health care;

- Procurement - quantifying drug requirements, selecting procurement methods, managing tenders, establishing contract terms, assuring drug quality and adherence to contract terms;
- Distribution - clearing customs, stock control, stores management, and delivery to drug depots and health facilities;
- Use - diagnosing, prescribing, dispensing, and proper consumption by the patient.

Around the drug management cycle is a core of management support systems (Figure 22) (Quick *et al.*, 1997, pp. 4-15):

- Organization,
- Financing and Sustainability,
- Information management, and
- Human resource management.

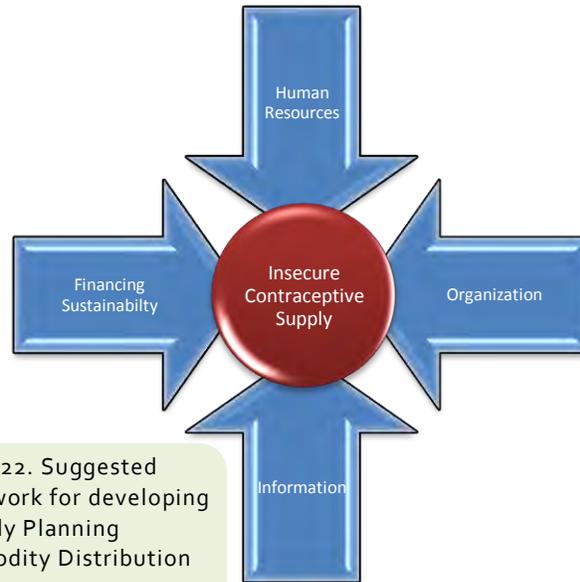


Figure 22. Suggested framework for developing a Family Planning Commodity Distribution System.

The entire cycle rests on a policy and legal framework that demonstrates the public commitment to essential drug supply.

The same cycle and support systems may be used to analyze and develop an FP commodity distribution or supply system that can address the insecure supply of contraceptives. What follows is an attempt to consider the four components and the four support systems in the setting of Roxas, Palawan.

SELECTION OF FP COMMODITIES (AND NON-COMMODITY FP INFORMATION AND SERVICES)

Among the survey respondents who expressed reproductive intent or fertility preference, 77% have a need for family planning with 46% merely wanting to space pregnancies and 31% no longer wanting to get pregnant (Figure 23). For this range of fertility preference, it is expected that FP services would include short-term methods (condom, NFP, pills and injectables) that would fit the need for spacing, and longer-term methods (IUD, BTL, NSV)

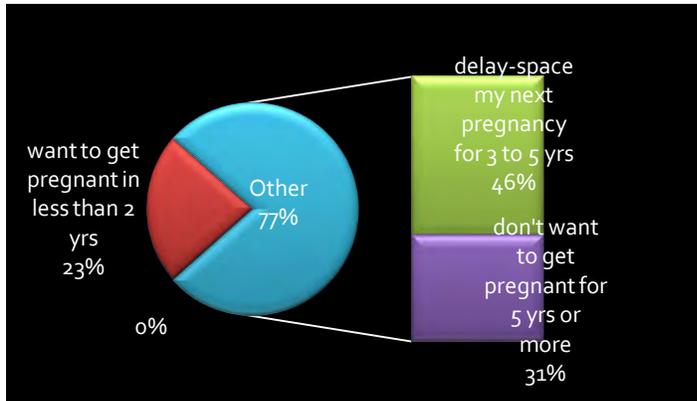


Figure 23. Reproductive intent as expressed by respondents.

that would be more compatible for couples who have reached their ideal family size and do not want more children. But it should also be recognized that for their own reasons, couples may choose short-term methods even when they want to limit family size, and even use longer-term methods when they only want to space their pregnancies.

For women and couples in the barangays where the WWF-Philippines is working in, very few (only 1 respondent) was against FP (Figure 24). 37% were not using FP because they believed they were no longer fertile or were too young to have children, or wanted to have more children. For most or 61% of the respondents, they lacked information or could not get FP commodities/services, or they had misinformation and misconceptions, or they were using less effective or non-program methods of FP (withdrawal, herbal preparations for example).

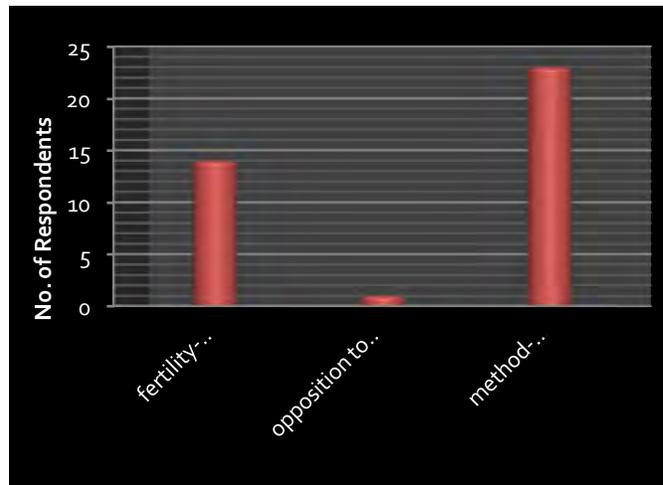


Figure 24. Reasons given by Roxas respondents for not using Family Planning methods.

Like many women in our country, it is not opposition to FP or fear of anti-FP forces that constrain people in Roxas, Palawan – they often lack information or have received wrong information about family planning. To provide the full range of choices, the broadest possible selection of FP information and methods should be made available.

Note that there are commodity-based FP methods and non-commodity FP methods like NFP, BTL and NSV. These methods are not identified with contraceptive commodities but they require FP supplies like surgical instruments, sutures and anaesthetics, Cycle Beads or fertility awareness guides, and other materials required to provide the FP service.

With limited resources, the selection of FP methods should be focused on the fertility objectives of couples. For the case of the target barangays in Roxas:

- 1) Natural family planning including Standard Days Method (SDM) for couples who want to use this method but are not using the modern method and are not provided the correct training;
- 2) We will need to provide continuing supplies of pills and injectables for couples and women who merely want to delay their next pregnancy or shift to these more reliable methods;
- 3) For couples who already have their desired number of children and want to limit family size, we should develop the capacity of the Municipal Health Center and Roxas Medicare Hospital staff to provide IUD-insertion and BTL services; And
- 4) Develop out-reach or facility based services to encourage male involvement in FP – no-scalpel vasectomy and condoms.

While 77% of respondents who expressed fertility preference have a need for FP – almost half of women of reproductive age are not using FP, as shown in the profile on the right. One-third of respondents no longer want to get pregnant but less than 10% of women of reproductive age are using longer-term FP or methods that are more compatible with limiting family size (Figure 25). The FP program should provide appropriate commodities and services for these women who are not using FP and those who may need more effective FP methods.

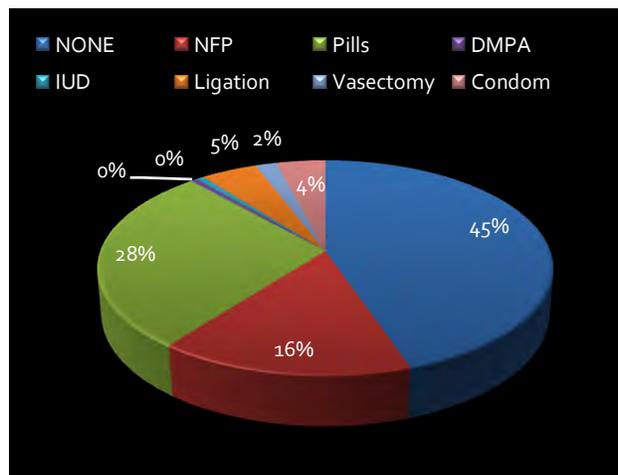


Figure 25. Profile of women of reproductive age.

PROCUREMENT OF FP COMMODITIES

Because of declining family planning commodities from increasing demand and decreasing supply of donated contraceptives, the government proposed to reinforce and promote policy development to implement an improved contraceptive self-reliance. In 2004, the DOH issued Administrative Order 158 expressing policies that encourage user-fees and private sector involvement for the non-poor, and the purchase of contraceptives by LGUs for people who cannot afford to buy these FP commodities.

With the declining availability of public resources for financing pharmaceuticals, a growing number of communities have adopted cost-recovery and self-financing schemes (World

Bank, 1994, p. 79). Many of these have evolved under the Bamako Initiative. One popular example of these schemes is the drug revolving fund. Starting from an initial stock of medicines, households purchase drugs at full-cost to replace the supply. Problems with this scheme have been associated with:

- Sudden price increases;
- In places where people are not accustomed to paying for drugs, patient payments were not sufficient to maintain program momentum;
- the lack of preparation/pilot-testing; and
- Tendency to over-prescribe and use drugs inappropriately to cover costs.

While surveys indicate that people pay for health services and drugs from their own pockets - it is suggested that it is not correct to conclude that people will be willing to pay government like they pay the private health sector (Flavier, 1999). Furthermore, the tradition of free drugs and health services from government also discourages fee-charging by government health centers. As such, there may be a better opportunity for community or non-government organizations to enter into fee-for-service arrangements.

People using health services were initially disturbed by the introduction of user fees especially when drugs were not available (Mahler, 1996, p. 9). This was often the case in health centers and many hospitals. However, Mahler points out that surveys have shown that in some areas the population believes that they are closer to the health services and feel a sense of ownership of health facilities because of such payments.

Atkinson S, *et al.* (1995) also observed that the health center clients accepted the practice of user charges although there is a group with an absolute lack of resources whose access to drugs was blocked by this practice. While some are discouraged from seeking health services because of user fees, in general they are exempted from making such payments in government health facilities.

In Roxas pills, injectables, and condoms are available – more often in the private commercial facilities. But there is need to provide IUD-insertion services, and voluntary surgical contraception with bilateral tubal ligation (BTL) and non-scalpel vasectomy (NSV) – these FP services are not regularly available in both public and private healthcare facilities.

For those who cannot pay for FP services, free supplies of condoms, pills, and injectables have to be made available in the government health centers. Subsidies may also be established to set up socialized commercial marketing arrangements or PhilHealth reimbursements for FP services may also be tapped.

Procurement of FP commodities and financing of FP services may have to be a combination of private-public spending. The balance has to be worked out with LGU service providers and executives.

DISTRIBUTION OF FP COMMODITIES

While the DOH Administrative Order 158 has been in effect for over 2 years, in the Municipality of Roxas, Contraceptive Self-Reliance is a nebulous concept manifest primarily in terms of the availability or non-availability of FP commodities in the government health centers and the existence of alternatives to this government source. Many private health practitioners, drugstores, ordinary shops sell FP commodities like pills, condoms, and injectables. But for those who want to use IUD or VSC – they can only hope for outreach services that occasionally come over.

In Roxas, 52% of households rely on government facilities and 28% go to private facilities for FP services. The rest have to be content with home care, traditional/alternative health care, and other sources. For couples wanting to space or limit pregnancies – this means that as much as 20% may have less reliable sources of information and service (Figure 26).

This study conforms with the observations that the commercial sector is recognized as a significant provider of family planning commodities but these sources do not provide enough support information – FP counselling for example (Flavier, 2005). In the government health centers and more so among community Health Workers; there is a lack of suitable, practical and relevant references for FP clients. So assuring that these sources provide good quality FP service and information is an important objective.

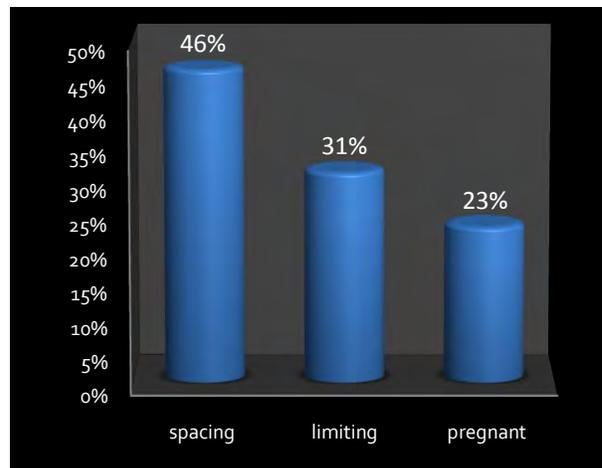


Figure 26. Preferences of married women of reproductive age.

A rough scan of the accessible sources of FP commodities in Roxas showed that centrally, the Municipal Health Center, and most drugstores and small shops have FP commodities. In the peripheral areas, traditional herbalists are significant providers of FP service and so are the midwives who can dispense contraceptives.

However, apart from the short-term FP commodities, in terms of availability of essential long-term FP services, the picture is less encouraging. Even the main health center no longer has IUD supplies and pills and injectables even ran out during the “Ligtas Buntis” campaign. Community-based distribution combined with outreach FP services will be necessary.

USE OF FP COMMODITIES

For the users of health services, the most important concern was the availability of medicines followed by current practice concerning drugs (Atkinson, *et al.*, 1995). This was particularly related to the charges being made for such supplies. Poverty and economic conditions in Roxas should be part of the considerations for feasibility of a FP commodity distribution system. At the time of the research, this group of respondents from the selected barangays of the WWF-Philippines also reported decreasing availability of pills over the last two years. There was even an anecdotal report of complete stock out and unwanted pregnancies as a result.

Aside from the availability and affordability issues, FP methods are affected by fecundity and the desire to have children for around 38% of the respondents in the Roxas study (please refer to the more detailed segmentation of respondents who are not using FP below). But access to modern FP methods by a greater number of couples is affected by:

- The current use of less reliable or unreliable methods of FP (“control” or abstinence, withdrawal, and use of herbs);
- Health concerns and misconceptions (in most cases, due to the absence or lack of correct information for women and couples interested in practicing FP); And
- Lack of interest and income (which may be primarily due to the lack of information on FP sources and services).

Assuring voluntary and informed choice can also be a challenge when there is a lack of trained FP counsellors, inter-personal communicators and motivators, and FP service providers.

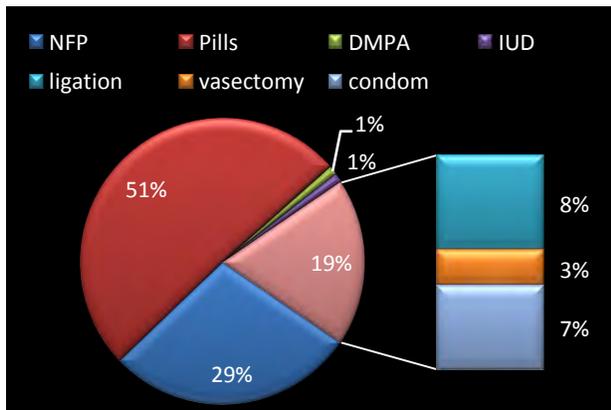


Figure 27. Family Planning methods used by Roxas survey respondents.

While there are a number of complementary traditional preparations used for FP, people do not use them as much as western medicines. The lack of research and documentation of such forms of contraception also discourage government endorsement of this alternative. In some cases, we suspect that the effect of these herbs may even be abortifacient rather than contraceptive.

Another factor affecting the use of FP commodities and family planning methods is the lack of male involvement – there are very few men who accept and use male methods of FP like condoms and no-scalpel vasectomy.

As a result, only 10% of method mix is attributed to male methods (Figure 27). But because the 3% vasectomy and 7% condom use in Roxas are higher than the national Philippine

situation – we suspect that there is an opportunity to focus on this characteristic of the population. We may be able to encourage more male involvement and their acceptance of no-scalpel vasectomy or condoms in this municipality.

MANAGEMENT SUPPORT SYSTEM REQUIREMENTS

ORGANIZATION

Following the four components of a drug management cycle, the support system is organized with the following suggested elements:

- To facilitate the ***Selection of Commodities*** we should organize system managers who will choose family planning commodities appropriate for the needs and preference of clients in the community. In the public sector, this can be carried out by the Municipal Health Office. Technical assistance from the provincial, regional, and national health departments and political support from the local/national government executives and legislators may be needed. Whether in the public or private sector, commodity requirements are forecasted with information on the characteristics of the market or community – their level of unmet need for services and prevailing FP practices. Attempts to widen the choice of FP clients and the availability of FP methods may be determined by this group.
- ***Contraceptive Procurement*** is facilitated by the identification of manufacturers and suppliers of FP commodities and services, determining the budgets available for FP and the need for financial subsidies, and choosing the procurement mechanism for the FP commodities, information and services. In our experience with some LGUs, it has been necessary to study procurement options that are acceptable by government auditors, and among non-government offices – what arrangements are available to community organizations with limited orders and acceptable to suppliers.
- Once purchased or procured, there has to be a mechanism for facilitating the ***Distribution of Commodities, Information and Services***. The assignment of roles and responsibilities of the suppliers of information, services, and commodities may be healthcare facility centered or even community based. But for commodities that may require prescriptions or at least the provision of instructions on their use – dispensing family planning methods may require policies that will define clinical practice guidelines and levels of authorized distribution. Warehousing, stock management, and transport of these resources also have to be facilitated.
- And at the point of client contact ***Contraceptive Utilization*** is facilitated by FP information providers, motivators, and family planning counsellors. These people linked to broadest range of accessible service providers encourage acceptance and continued use of FP methods by clients. This is assured by consideration of the cultural norms and prevailing practices, levels of education and misconceptions.

Directly linked to utilization and related to the other components of the drug management cycle, it is suggested that increasing popular participation represents the most promising strategy for significantly improving the impact of public services (Duncan, 1996, p. 132). NGOs and community organizations can serve as catalysts and advocates for the emergence of a stronger civil society, and for focusing public concern on key issues. But it must be noted that these groups still need to (Duncan, 1996, p.115):

- strengthen their organizations and build up their capacity,
- improve accountability, and
- develop an acceptable partnership with government.

The need for capacity building in health and population is especially true in the case of Roxas, Palawan. But organizational accountability and government partnership are fairly well established for the WWF-Philippines and their community partners in this municipality.

It is possible to set up an FP commodity distribution or management system that is based on community participation. We differentiate community participation from community representation where households are not involved directly but are represented by selected individuals (Watts, 1994, pp. 63-64). For example community health workers taking the lead in health planning and health concerns instead of encouraging direct involvement of households. Apart from the desire of selected individuals to maintain their interests and the power structure, there are other barriers to broader community involvement (Watts, 1994, pp. 66-67): disinterest, disempowerment, communication obstacles; alienation, negative self-image, lack of resources, lack of perceived benefits from involvement, problems associated with standing out to represent the interest of others.

But with direct household participation as buyers or consumers of FP commodities, they can be given a louder voice and a stronger position to choose services and service providers.

FINANCING AND SUSTAINABILITY

From our survey, only 1% of households in Roxas, Palawan reported drawing from insurance to pay for health expenditures. The Roxas Social health Insurance Program (RSHIP) calls for membership payment of ₱365 a year or ₱1 a day. For this amount, members are allowed to claim ₱1,500 worth of health care services twice a year.

For the rest of the sample population, it was shown that people are willing and to a certain extent also able to pay for health services (Flavier, 2005 and 2004). This was not observed only among the non-poor but even among households in depressed areas of the Autonomous Region of Muslim Mindanao and the Cordillera Autonomous Region. This was dependent on the quality of care and availability of essential drugs to attract clients.

From national average household spending, we can estimate that households use around 28% of the expenditures for health to purchase drugs. In the Barangays selected by WWF-Philippines these were worth just over ₱100 per household. This is below the US\$1 per capita or ₱600 per household/family suggested by the World Bank. Spending for health and

pharmaceuticals make up a significant portion of higher level government spending but apparently this does not seem to be enough to complement household spending. This is aggravated by the fact that most medicines are more expensive when purchased in the Philippines.

As a result, other sources of financing are being tested – PhilHealth and LGU social health insurance for example. But only 1% of households are reported to be part of these types of financing. At the same time there are still free drugs provided by some non-government entities and government health facilities that exempt a lot of people from payments (Flavier, 1999).

As noted previously, there is some consensus that people are willing to pay for health services particularly drug supplies but not necessarily from government sources. It is estimated that households in our country spend more than the national and local governments. This is so, even with our observation that most people have incomes below the minimum required to meet basic needs.

INFORMATION MANAGEMENT AND HUMAN RESOURCE MANAGEMENT

From community-based management information systems, we have sampled households in WWF-Philippines work areas and found that 48% of FP services come from non-government or private sector sources while 52% come from government health centers or hospitals.

Levels of household spending for health and FP are reported but we do not have enough information on how much the local and national government is allocating for the Municipality of Roxas.

Authorization of drug or FP commodity dispensing, the Pharmacy Law may need to be examined. While the distribution of FP commodities by non-pharmacists – physicians, midwives and health center nurses, and even by health workers or Barangay Service Point Officers (BSPOs) and Community-Based Distributors (CBDs), even by *sari-sari* stores – is tolerated, technically only pharmacists are allowed to dispense pills and other contraceptive commodities.

Barangay establishments like the Botika sa Barangay, Botika Binhi, or health cooperatives are also allowed to operate by virtue of “operational research” authorization given over 10-years ago. But this may no longer be in force. Alternatively, the following matrix of authority or accreditation may be considered:



Note on Abbreviations: IRR – Implementing Rules and Regulations, POPCOM – Commission on Population, SEC – Securities and Exchange Commission, BIR – Bureau of Internal Revenue, TIN – Tax Identification Number, PRC – Professional Regulation Commission, PTR – Professional Tax Receipt

COMMON GROUND BETWEEN THE STATE, MARKET, AND CIVIL-SOCIETY

Like development, our attempt to establish a FP commodity distribution system should not be defined in terms of specific interventions or results, as is often done in planning exercises, but as an arena of interaction or struggle (Crehan and Von Oppen, 1994 pp. 6-8). While such a struggle is usually perceived as a violent protest or hidden resistance, the authors rather point to the importance of implicit rather than explicit ‘negotiation’.

With the unfolding of Philippine history, struggles and negotiations have taken place between many actors: Philippine government and the IMF, husband and wife, and the inter-connections between international loans and the burden faced by women, or government policies and a man’s income.

Closer to our desired FP commodity distribution or management system, the pricing of drugs are subject to the interests of pharmaceutical corporations, government regulatory control, market forces and patient/consumer demand. In this study of drug supply management, the interaction between three sets of development actors became evident:

- the State represented by national and local governments, the government health sector - particularly those in the Roxas Municipal Health Office and the Medicare

Hospital, Palawan Provincial Health Office, and the DOH Regional Health Office or Center for Health Development;

- people in the market like pharmaceuticals, big pharmacies, and the local drugstores and shops; and
- participants from civil society like organized groups in the community, teams of community health workers (CHWs), and non-profit NGOs for example.

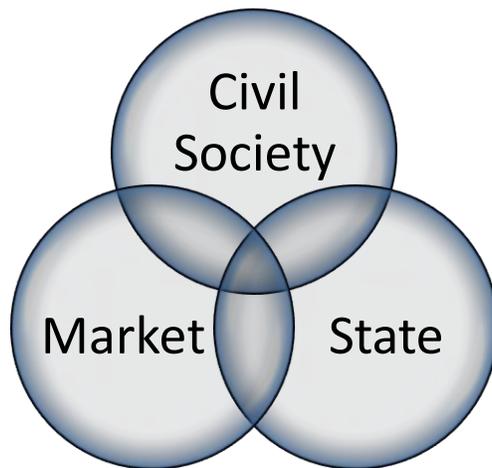


Figure 28. Possible actors that will influence a COMMODITY DISTRIBUTION SYSTEM.

THE STATE AND EQUITY OF ACCESS TO MEDICINES

A key drug supply management problem that government should address is the weakness in the overall drug management cycle - primarily financing and the inefficiencies that reduce the effective level of funds for medicines.

Since the 1970s, one of the major constraints to the development of a local FP commodity distribution system (Figure 28) is financial dependency on foreign governments and donors and the unwillingness of national government to finance recurrent costs of projects initiated by donors. While this study was able to identify a refocusing of health program

spending from hospital and curative care to preventive and local level support, the local-central government sharing of resources was not explored.

There are some conditions observed in government facilities that may provide increased access for the poor through user-charges (Creese and Kutzin, 1995, p. 21): revenue retention to add to the economic resources of the collecting health facility, managerial capacities that can convert retained revenues into quality improvements, and the resulting lower costs of access to effective care facing potential users.

On the negative side, there is a perception of the possibility that resources for health could be misappropriated by people in government. In terms of drug supply, the centralized control of stocks and the poor fit between local needs and medicines actually provided by central stores needs to be reformed. The issue of control of financial resources between central and district, even local health centers also need to be studied and the management capacity at the local level determined before a reliable judgment can be made.

MARKET FORCES AND GOOD QUALITY, SAFE AND EFFICACIOUS DRUGS

For actors in the market, key drug supply management problems to address are drug selection and quality assurance.

There is a threatening aspect of private drug provision. Pharmacies and medical practitioners are often directed by consumer preference and pressure - both public and private to prescribe branded products (Flavier, 1999). Furthermore, private sources concentrate on high turn-over products and not necessarily essential drugs. To balance the profit motive, corporate social responsibility of the private-for-profit sector also offers the opportunity for partnerships with the community organizations and non-profit NGOs.

One approach to this partnership is to treat such activities as possible opportunities for expanding the drug sales of pharmacies. The DKT (drug company and supplier) and their POP Shops (social marketing company) may be an example of this cooperative effort. This is important because the operation of most drug and FP commodity suppliers are confined to central locations. With subsidized and socialized marketing, organizations like the DKT can tie in with more peripheral communities and NGOs.

It would be desirable to have partners brokering the relationship between the community and drug companies. This is especially true for NGOs who have the capital or can pool many smaller investments, have trained staff that could dispense drugs properly and provide information, and facilitate drug transport and sales. With the desire to expand market share, there are usually no minimum purchases before people can enter into contracts with pharmaceuticals.

In a similar vein, commercial banks and international donors would theoretically be willing to extend credit to small borrowers including local government units. But realistically there is need for national government assurance to cover perceived risk. Administrative requirements are essentially the same for a large loan as a smaller low-profit loan. Groups that are willing to pool the smaller community initiatives and guarantee these accounts would be ideal partners for such banks and drug companies.

PEOPLE'S RIGHT TO HEALTH, AFFORDABLE AND RATIONALLY USED MEDICINES

Another key problem is the lack of community involvement or organization to improve drug supply management.

Eight years have passed since Secretary Alberto Romauldez Jr. called for the government of President Estrada to take things into their own hands instead of relying on donors and the government. Before him, the Cory Aquino and Fidel Ramos governments also issued a development challenge bringing together the liberal 'free enterprise' and the populist 'self-help' or 'bottom-up' approaches. Certain levels of social strata, like business people or 'emergent farmers' may have responded to that call and expanded in the recent years. The

question then, and even now, is how to include the more vulnerable segments of society into such a development mainstream (Flavier, 1999).

One example of community preparation and organizing is the work of the WWF-Philippines in Roxas, Palawan and elsewhere in the Philippines. Drawing from the Dugong project, community-based partners were provided leadership training, skills in communication and conflict-resolution among others.

In effect, the objective is to encourage the government and the socially responsible business groups to reach into communities and for communities to work towards bridging the gap in health services, specifically FP commodity and health supplies from the State and the market.

MODELS OF FP COMMODITY DISTRIBUTION SYSTEM AND THEIR FEASIBILITY RATING

Given the following population in the 7 project barangays of the WWF-Philippines:

Barangay	2004 NSO Population Data	
	Total Barangay Population	Number of Households
Tumarbong	3,413	550
Retac/New Barbacan	2,150	346
Barangay 1 (Poblacion)	4,189	675
Barangay 2 (Poblacion)	1,679	270
Barangay 4 (Poblacion)	4,489	723
Barangay 6/Johnson Island	799	129
Caramay	3,538	570
Total	20,257	3,263

For the purpose of studying feasibility of FP CDS models, we also laid down the following assumptions:

Preference for Spacing			Preference for Limiting		
50% Pills	25% injectables	25% NFP	25% IUD	50% BTL	25% NSV
ASSUMPTION OF FUTURE USE OF CONTRACEPTION AMONG NON-USERS	Intend to use FP	Do not intend to use FP (BUT may use with motivation)	Do not intend to use FP (AND may not use even with motivation)		
	33%	33%	33%		

From a sample of 158 households in the 7 barangays, we obtained the following characteristics:

	Roxas, Palawan	NSO
Average Annual Family Income	47,872	118,029
Average Monthly Family Income	3,989	9,836
Average HH Healthcare Spending per year (in Pesos, from survey)	367	2,597
Percentage of MWRAs	16.02%	14.50%
MWRAs using FP less "NFP"	37%	
MWRAs not using modern FP	63%	

From the above characteristics of the population and assumptions, we have made the following estimates:

Estimate 1* (from current and non-users)		Commodity & Supply Cost	Total Service Cost	Total Method Cost	Per Method Cost
pills	679	443,621	67,893	501,514	739
Injectables	339	159,090	111,174	270,264	796
NFP	339	14,236	43,802	58,037	171
IUD	146	4,089	14,311	18,400	126
BTL	291	17,949	71,796	89,745	308
NSV	146	5,385	15,257	20,641	142
*those who are harder to convince and want to get pregnant are excluded				958,601	TOTAL FP COST

and

Estimate 2* (from fertility preference)		Commodity & Supply Cost	Total Service Cost	TOTAL METHOD COST	Per Method Cost
Pills	498	317,794	49,757	367,551	739
Injectables	249	116,594	81,478	198,072	796
NFP	249	10,433	32,102	42,535	171
IUD	168	4,710	16,484	21,193	126
BTL	335	20,673	82,694	103,367	308
NSV	168	6,202	17,572	23,774	142
*those who are harder to convince are excluded				756,492	TOTAL FP COST

On average, and for simplification – we can use the following estimate of FP commodity and service requirements (in Philippine Pesos):

857,547 100% of FP commodity and service requirement (average of Estimates 1 & 2)
 214,387 Quarterly FP commodity and service requirement (average of Estimates 1 & 2)

To respond to these FP commodities and service requirements, the following models of FP commodity and service distribution systems may be adapted:

BUILDING ON COMMUNITY ORGANIZATIONS

The Botika Binhi model

The DOH and most development actors recognize that communities have a role in setting priorities and should also be consulted in setting fees and arrangements for other cost-sharing measures. There is also encouragement from government policies allowing cooperatives to engage in business. This is intended to increase private sector participation in the national economy. The Cooperative Development Authority also provides for the training, technical advice, and financial management guidance for cooperatives.

While the soil is fertile and ready, what seed shall we plant?

In the Philippine language - Botika Binhi or “seed for a drugstore” is a possibility. Starting with organized communities or community formations, the model takes off from a participatory action research to develop (SMBK, 1994, pp. 1-14):

- a community diagnosis,
- scanning the community and mapping it out,
- identifying persons who could be responsible for the drugstore cooperative,
- undertaking a family survey,
- feeding back the results of the survey, meeting the whole community to determine the need for a drugstore cooperative and the decision to start developing it,
- incorporating primary health care.

Key features of the Botika Binhi are (DOH):

- community consultation is required, it gradually builds up on family savings for health,
- it is community-managed, self-generating or financially self-sustaining, and
- promotes herbal medicines and other health promoting products.

The suggested management system of this model (SMBK, 1994, pp. 20-33):

- starts from the community participatory action research and the general assembly;
- determining the rules for the drugstore; selecting a purchaser, store keeper, and auditor; identifying fund raising activities including monthly contributions from members;
- purchasing generic drugs and replenishing stocks; store keeper keeping drugs, records, selling, and attending to basic health consultation; regular audits;
- monthly meetings of members to decide on the use of funds.

This project idea should be tempered by the legal realities in Roxas, Palawan and the Philippines in general. Community organizations are, technically not allowed to dispense most drugs. Popularizing the activity of dispensing drugs may seem like a means of improving drug availability but it may also be counter-productive. Drugs may become too loosely distributed and more harmful for health - for example too much antibiotic use resulting in the development of more resistant bacteria. More importantly, there must be some means of actually implementing drug policy where there are different levels of authorized drug supply and corresponding levels of responsibility or accountability for the drugs issued out at each level (Flavier, 1999).

Key resource requirements for such a project are: community organizations and the agents that could initiate the formation of these groups i.e. community organizers familiar with setting up cooperatives, drug dispensaries.

Feasibility rating based on availability of financing:

Other potential sources of financing, in this case the local and national government, and corporate giving and business subsidies and PhP214,387 every quarter (and PhP857,547 annually) will be needed to make the model feasible.

Building on Community Organizations and Civil Society (the Botika Binhi Model)	
Financing Available	-
Other Potential Sources	LGU, National Govt, Business subsidies
Financing Gap	(214,387)

BUILDING ON THE FOUNDATIONS OF A MICRO-CREDIT OR BUSINESS VENTURE

A model of a CHW enterprise

A successful model of an FP and drug business venture is demonstrated by the HealthPlus partners of the GTZ. This initiative is facilitated by a German health and development organization and they have demonstrated the feasibility of cooperative enterprise development. It has been shown that people or NGO groups can save, take out, and successfully pay back loans. Over the last 5-years or so, these business partnerships established a favourable repayment rate with a number of successful small business enterprises.

Since these were usually partnerships with the non-profit sector, it is also possible that a community drug cooperative may meet with similar success. Apart from the group investment and cooperation, the success of the effort is facilitated by the provision of training on business skills, financial management, etc.

A pattern for setting up a community business venture in providing FP commodities is with the Pop Shops of the DKT a social marketing company. The process essentially calls for a donor partner who can subsidize the expenses of DKT. Maybe, a group of entrepreneurial CHWs can get packets of FP commodities for retail sale.

Singha (1998, pp. 23-28) suggests the following operational plan for implementing a micro-credit program that could also be applied to an application for a dispensary enterprise among community health workers (CHWs):

- Start with organizing groups - in this case CHWs or non-health community people interested in setting up a business of selling over-the-counter drugs;
- Payment of fees and group taxes;
- Going through training both for managing an enterprise, also the health aspects and rational drug use issues;
- Regular group meetings and assessments from micro-credit managers;
- Group savings;
- Going through the process of credit application, securing the loan, repayments;
- Evaluation and other group transactions.

Purely voluntary participation tends to be a vulnerable basis for partnership and it is suggested that CHWs could be supported using fees collected from health services. In the case of a dispensary business or an FP commodity management system, the returns for CHWs must be more than what they could usually get.

Another cost-consideration is the quantification of drugs to be held in stock for sale. It may be safe to use the estimate of the average Roxas household spending for medicines to determine catchment size or market of this enterprise. Furthermore, demand for medicines reportedly remains relatively steady even when drug prices go up (World Bank, 1994, p. 72). This is also similar to the observation that, in one model of franchising health services, a 15% to 25% mark-up over wholesale drug prices has not proved very costly to patients (Flavier, 1999). Pending a more deliberate costing-pricing exercise, this may be an acceptable price-setting formula.

Moving into the realm of the market, the first two project themes would be required to be competitive enough to survive in a market environment while maintaining the social service character of its activities - a challenge where social marketing programs have had adequate experience like DKT and GTZ. Finally, with a profit motive driving this type of project, it becomes important to build-in ways of pursuing this objective at the expense of good health practice. For example, there is the apprehension that there may be a tendency to over-prescribe antibiotics (Flavier, 1999).

Key resource requirements: organization of CHWs and the agents that could initiate the formation of these groups, i.e. community organizers familiar with micro-credit projects and setting up drug stores.

Feasibility rating based on availability of financing:

Building on Micro-Credit or Business Ventures (the Community Health Worker Enterprise)	
Financing Available	335,699 28% health spending by Roxas households
Other Potential Sources	LGU, National Govt, household and donor contributions
Financing Gap	121,312

Among the three models presented here, this option can cover the cost of one quarter of FP commodities and services. Even without other potential sources of financing, in this case the local and national government, donor contributions, and household payments – financing 1/4 of the annual requirements for an FP commodity and service delivery system will only require 2/3 of current household spending for drugs and medicines. PhP121,312 will still be left for other drug purchases.

BUILDING ON THE LOCAL GOVERNMENT BOTIKA NG BARANGAY SYSTEM

The Bamako Initiative: Drug Revolving Fund

With the prevailing economic conditions, donor assistance will continue to be required for development in Roxas, Palawan. However, the tendency to provide incomplete or non-usable aid should be discouraged. Providing farm equipment without training farmers or giving computer hardware without the software is not progressive.

The WWF-Philippines, other NGOs, and the government have trained then re-trained community workers. Community health workers are not fully providing services because they do not have basic tools and drug supplies. It is suggested that these CHWs should be provided a basic set of essential drugs and could also provide services at the community drug cooperative. There is a current government preference for the use of selected Barangay Health Workers (BHWs) for primary health care. These community-based workers already fill-in the lack of medical personnel in government services so it may be best to encourage more CHW involvement at the community level instead (Flavier, 1999).

The government allows BHWs to dispense a set of medical supplies but the Pharmacy Law does not allow them to dispense most antibiotics and drugs. FP commodities can also be distributed by BHWs with the understanding that this would be accompanied by subsequent screening by health professionals. It should be noted that from the perspective of the USAID, it is not attractive to give FP commodities and start supplies that will not be sustained without continuous donor support. As such setting up a drug revolving fund would be more acceptable.

At the Roxas Health Center, there are health staffs, BHWs or Community Health Workers. With this rich pool of health human resources, the project may also be built on a partnership with the medical personnel of the health center. This would be a means for establishing a FP and drug revolving fund and dispensary with a broader stock of medicines and commodities.

Such a community-based service could also be designed to decongest the Main Health Center. The CHWs or BHWs can become a practical first stop for patients resulting in a decreased demand for health center consultations and allow more time for medical staff to care for patients that really have to be brought to the health center (Flavier, 1999). A partnership between the community drug dispensaries and government medical staff - for

example using health center prescriptions as a basis for the release of drugs, will also contribute to more rationale drug use.

In this type of cost-recovery activity, the following implementation issues should be considered to assure improvement in people’s health (Creese and Kutzin, 1995, pp. 19-21):

- revenues collected must be retained for use within the collecting health facility,
- fee levels must continually be adjusted to keep pace with inflation,
- to improve cost-recovery, waste and inefficiency must be reduced,
- appropriate management and financial institutions must be in place, and
- monitoring and public information strategies are included.

In the end, instead of asking what changes a development project has actually achieved, it may be more important to determine how projects such as this are used as instruments of existing interests (Crehan and Von Oppen, 1994, pp. 304-305). Has a foreign funded project allowed the local elites to capture the benefits of the project for themselves once foreign planners or project experts have left, or has the political and economic weight of an organized community increased sufficiently so that they are capable of protecting their own interests?

Around fifteen years after we attempted to install a drug revolving fund following the Bamako Initiative - the government may be able to take a more critical look at this option. Hopefully, enhancements on an old idea will encourage the DOH and LGUs to take another plunge into drug revolving fund schemes. Ultimately, for a simple drug revolving fund, the questions then are whether the ordinary mother in a household has become sufficiently informed about the rationale use of drugs, does she have more choices, and is there more equitable access - where the drug sources are more accessible.

Key resource requirements: seed fund or initial stock of essential drugs, CHWs and health center staff who will manage the project.

Feasibility rating based on availability of financing:

Building on the local government Botika ng Barangay system (a Model of the Bamako Initiative or Drug Revolving Fund)	
Financing Available	70,000 Pledge from each barangay (7 Barangays)
	50,000 Roxas Social Health Insurance Fund
	19,797 Free IUDs from DOH and donors
Other Potential Sources	Household and donor contributions, Business subsidies
Financing Gap	(74,590)

Even for just the FP commodity and service requirements for a quarter of a year – other potential sources of financing, in this case the local and national government, donor contributions, and household payments – and Ph₱74,590 will be needed to make the model feasible.

None of the above three models can cover the cost of full-year FP commodities and services required. But with the following range of FP financing sources, the WWF-Philippines and their stakeholders in the Municipality of Roxas (and their provincial, regional, national, and global partners) have more options for financing that may be able to cover the cost of 4-quarters and ease the burden of households for a full-year.

Projected Family Planning Financing	Amount Available
Household spending	335,699
Local Government	70,000
Local Social Health Insurance	50,000
National Government	19,797
PhilHealth	?
Private/Corporate Social Responsibility	?
Continuing Local/International Donor Support	?
Financing Gap of Php	382,051
to generate a total Php	857,547

At this time and at the levels of financing available for the selected work areas of the WWF-Philippines, it is suggested that FP commodity and service financing gap should come from the PhilHealth, private givers, and continuing donor support.

FP COMMODITIES DISTRIBUTION SYSTEM MODELS

MODEL	KEY RESOURCE REQUIREMENT	BUSINESS PARADIGM	FEASIBILITY CHALLENGE	KEY FEATURES
Botika Binhi	Community Organizations; Organizers setting up cooperatives	Cooperative	Loose Drug distribution-harmful to health; different level drug policy implementation	Community participation
CHW enterprise - HealthPlus	CHW Organization; Organizers familiar with setting up micro-credit structures/ drugstores	Cooperative Enterprise	Loan payback; purely voluntary participation can be vulnerable; profitability while maintaining social service character	Group investment, training on business skills, financial management
Botika ng Barangay	Seed fund, initial stock supply; CHW/health center staff project management	Cost Recovery	Sustainability of Drug Supply; Pharmacy law limitation; Revolving fund mechanism	Revolving Drug fund; partnership with medical personnel; community capable to protect self- interest

TRAINING AND WORKSHOP FOR THE ESTABLISHMENT OF A FAMILY PLANNING COMMODITY DISTRIBUTION SYSTEM (FP-CDS) IN ROXAS, PALAWAN

I. **Rationale:**

Thru the Population, Health and Environment (PHE) Project of WWF-Philippines, consultations and workshops involving various stakeholders in the seven pilot sites of Roxas, Palawan was conducted. From these participatory activities, PHE concerns were raised which include family planning issues given the phasing out of foreign donated FP commodities, fertility preferences (46% spacing, 31% limiting and 25% want to get pregnant) of women of reproductive age vis-a-vis available family planning methods (mostly short term methods), and health concerns such as malaria and pulmonary tuberculosis as an important causes of hospitalization and death in the municipality.

Establishment of a Commodity Distribution System (CDS) was considered in response to address the above concerns. It also intends to address the expected increase demand for FP commodities given the IEC-BCC interventions of the WWF-Philippines in the pilot sites of the project.

As a result of the previous consultation that was aimed to identify framework for the municipal CDS, the participants have opted to establish a Botika ng Barangay (revolving drug fund) as a model in the project sites.

As such, a training/workshop on the establishment of a Botika ng Barangay was proposed to be conducted on May 19, 2006 involving stakeholders from the seven pilot sites.

II. **Highlights of the Training/Workshop:**

Botika ng Barangay (BnB) Site Visit

During the visit, the following were shared by the operator:

- The BnB is privately operated by a resident of the community, who was not a barangay health worker, selected by the Barangay Midwife and the Barangay Officials.
- The BnB is being supervised/monitored by the Department of Health – Center for Health and Development (DOH-CHD) pharmacist and DOH Representative.
- The BnB operator purchases stocks from local distributors based in Roxas and Puerto Princesa City, Palawan
- The operator has participated in the training on basic drug management as a requirement for BnB operations.
- Recording of BnB sales is being done using an instrument provided to them.

- Problems shared by the operator included drug wastage due to medicine expiration and long list of credit from community members due to absence of local guidelines.
- Only 10 kinds of over the counter drugs approved by the DOH are being dispensed.
- The reference document of the operator is a Memorandum of Agreement (MOA) with the DOH.
- The BnB is located at the house of the operator.

III. CDS Training Workshop

The training workshop was conducted last May 19, 2006 at World Vision Office, Roxas, Palawan. It was participated by a total of 26 individuals representing the Office of the Mayor, Sangguniang Bayan, Municipal Health Office, CHD, local drug stores, WWF-Philippines, Morning Star Office and Barangay Councils and BHWs of the seven pilot areas.

Objective Setting

As presented during the workshop, the activity was aimed at the following:

- 1) Review the family planning commodity distribution system;
- 2) Determine management support system for the FP CDS;
- 3) Identify options for procurement and distribution of FP commodities (potential or available FP products, pricing and mapping); and
- 4) Develop an action or business plan.

Setting up of Commodity Distribution System through BnB Establishment

Types of BnB

During the workshop, three types of commodity distribution (Botika ng Barangay) networks were identified by the participants. These were as follow:

1. Integrate FP Commodity to the existing BnB

Areas with existing BnB include Barangay Caramay, Tumarbong, and Cabugan Island, Barangay 1.

It was raised that a resolution integrating FP commodities in the existing BnB has already been approved at the Sangguniang Bayan. It was forwarded to the Office of the Mayor for approval.

Management	Financial Sustainability	Local Policy Requirement
BnB operator	Brgy. Fund (10,000.00)	Resolution for operator to dispense FP products; accountability of operator
BHWs (Caramay – 5 trained; Tumarbong – 4 trained)		MOA for FP – between BHW & Brgy. Councils, RHU

2. New Botika ng Barangay

Sitio Johnson Island and Green Island, Barangay Tumarbong was considered for the establishment of new BnB which will include FP products. To start with the establishment of the BnB in the said areas, a resolution integrating FP commodities in the new BnB is also needed. The MHO agreed to help in the follow-up of the resolution.

Proposed Location	Management/ Operator	Financial Sustainability	Local Policy Requirement
Bgy Johnson Island (near bgy hall)	Aniceta Atabelo (BHW) Barangay	DOH, LGU, brgy	MOA Brgy resolution * Requirements of BFAD/DOH c/o Ms. Bulalaque
Green Island (Zone 3)	Barangay	DOH, LGU, brgy	MOA Brgy resolution (This could just be patterned after the Tumarbong mainland BnB) Doc Leo suggested to initially allocate PhP 5,000 for essential drugs, then FP then the rest according to need of the target clients
Green Island (Zone 3)	Barangay	DOH, LGU, brgy	MOA Brgy resolution (This could just be patterned after the Tumarbong mainland BnB) Doc Leo suggested to initially allocate PhP 5,000 for essential drugs, then FP then the rest according to need of the target clients

3. Roaming BnB

Other areas of the pilot sites were not considered for the establishment of the BnB due to its proximity to existing drugstores located particularly in the poblacion barangays. However, issues of commodity accessibility, availability (in terms of time) and affordability (high cost) were raised by the participants. To address these concerns, a roaming BnB involving BHWs and other volunteers was suggested to be established at Barangays 1 (Proper), 2, 4, Retac and Green Island. This will also be applied to other areas with BnB as mechanism to increase demand for FP services.

In addition, sari-sari stores can also serve as community-based distributors by way of including FP products in their items for sale. Permit should be secured first from the MHO as this has to be supervised by a midwife or a pharmacist.

Management	Financial Sustainability	Local Policy Requirement
Bgy. 2 – Edna Padilla (BHW)	PhP 10,000.00 from 20% development fund of the barangay	Approved resolution from Brgy Council authorizing BHW to distribute FP commodities
Bgy 4 – Charlita Conde, Nenita Bolanos (BHWs); Bungalso Store		
Bgy Retac – Melodia dela Cruz, Imelda Lucero (BHWs)		MOA between BHW, barangay captain & RHU
Bgy 1 – Tessie Gapilangco, Zenaida Pillena (BHWs)		

Procurement Options and Financial Sustainability

Key features and requirements of four commodity procurement options which included the pool bidding, Philippine International Trading Corporation (PITC), DKT’s Popshop and NPF’s Health Plus, were presented. Also, local distributors were given a chance to share the products being offered by their drugstores/clinic.

In relation to this, it was raised that a resolution urging all barangay captains to allocate the amount of P10,000.00 (from the 20% development fund of the Mayor for the barangays) for the purchase of FP supplies was already approved. It was reported that said amount was already included in the annual investment plan. However, the money for the FP supply procurement has not yet released. This needs to be followed up from the Office of the Mayor. According to Councilor Vic Lagera, a voucher has to be signed by the Mayor in order to release the fund. Aside

from this, it was raised that the concerned barangays should provide official receipt or order slip in order to get the commodity from the MHO.

Possible FP suppliers will be invited to a separate meeting once the money allocated for the purchase of FP commodities has been made available.

BnB Management

Proposed Management Structure

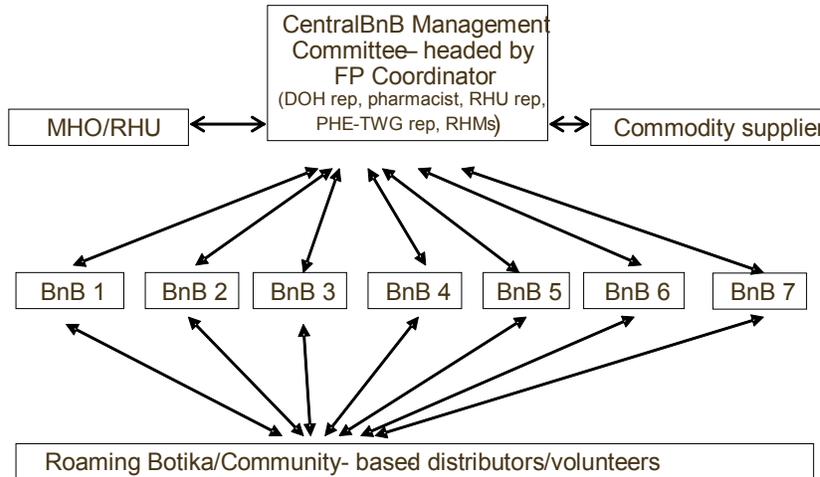


Figure 29. Diagram of the Proposed Botika ng Barangay management structure.

The workshop has also resulted to the formation of a Central BnB Management Committee which will be responsible in the establishment of BnB in the seven pilot sites. It is composed of representatives from the MHO, CHD (DOH Rep, pharmacist), Barangay Midwives and PHE-TWG. It will be headed by the Municipal FP Coordinator (Figure 29).

Performance Monitoring System

As an important component of the BnB establishment, discussion on the importance of setting up a performance monitoring system was conducted. It will be used as basis for demand and supply projection and reference for decision making and policy formulation. To get the views of the participants on this matter, they were asked to identify appropriate indicators that need to be monitored from the level of the BHWs/volunteers (as distributors), BnB operators to the Central BnB Management Committee and MHO.

The table below shows the suggested indicators that need to be monitored.

Level of Monitoring	Who will monitor	What to monitor	How to monitor	When to monitor
Community/ Barangay	CBDs/BHWs	Users/clients, sales, supplies, expired/expiring drugs	Recording, masterlisting, using a monitoring tool	Every transaction
	Kag. On Health	BnB report on FP users and sales	On-site visit, report checking	Monthly
Botika ng Barangay	Operator	Consolidated reports of the CBDs, and direct clients – users, supplies, sales, expiring/expired drugs,	Recording, masterlisting, inventory of sales and stocks, meeting with the CBDs, using a monitoring tool	Monthly
Central Management Committee	BnB Head/ FP Coordinator	Consolidated report of the BnB Operators, sales	Meeting, on-site visit, using a monitoring tool	Monthly/ quarterly
MHO/RHU	MHO	CPR of the seven areas, overall FP accomplishment report	Meeting, review of the report, using a monitoring tool	Monthly, quarterly
WWF	Project Manager	Impact of IEC activities in the pilot sites: number reached by the IEC, clients generated due to IEC activities, etc.	FGD, survey	

Considering the proposed management structure and the above information, performance monitoring instruments for the BnB will be developed.

Action Planning

The participants were divided into two groups. The BnB Group composed of BHWs, barangay midwives and BnB Operators and the Central Management Group composed of the MHO, DOH Rep, FP Coordinator, representatives from the Office of the Mayor and SB.

Workshop outputs are presented below.

1. Central Management Group

Objective: To set-up BnB in seven pilot sites in Roxas, Palawan

Expected Output	Target Activities	Responsible person	Timeframe
Fund for the purchase of FP commodities from 20%DF released	<ul style="list-style-type: none"> • Secure official receipt and processing of voucher • Follow-up 	MHO, MPDO	2 nd wk of June 2006
BHWs and BnB operators in 7 barangays trained	<ul style="list-style-type: none"> • Training for BnB operators and BHWs (2days) <ul style="list-style-type: none"> -dispensing -marketing -counseling -reportings (recordings) -masterlisting 	WWF, FP coordinator, PHN, RHM, DOH-Rep, Pharmacist, MHO	2 nd wk of June 2006

Procurement option selected	<ul style="list-style-type: none"> Contact local/other distributors and invite them for presentation 	WWF, MHO	last wk of May 2006
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2. BnB Group

Objective: To set-up/improve BnB in seven pilot sites in Roxas, Palawan

Expected Output	Target Activities	Responsible person	Timeframe
Pre- Implementation Plan			
Approved policies/ MOA	<ul style="list-style-type: none"> Meeting with barangay officials follow-up policies, resolution & MOA 	Midwife, BNB operator BHW (with WWF assistance)	Last wk of May '06
Approved fund for FP commodities released	<ul style="list-style-type: none"> Follow-up (at Office of the Mayor) 	MHO, Midwife, BnB operator	Last week of May '06
Implementation Plan			
Selection of commodities	<ul style="list-style-type: none"> Gathering of FP information per area: current users, potential users, etc. 	Midwife, BHWs	1 st week of June '06
Procurement of FP commodities	<ul style="list-style-type: none"> Identify venue for and & set up BnB Proper storage and stocking of FP commodities 	Midwife, BHWs Midwife, BHWs	3 rd week of June '06

Distribution	<ul style="list-style-type: none"> • Identification and recruitment of possible CBDs/volunteers • Selling of commodities 	Midwife BnB operator, BHW's, CBDs	3 rd week of June '06
Utilization	<ul style="list-style-type: none"> • Clients monitoring • Motivation for possible user • Counseling 	Midwife, BHWs	monthly
Monitoring	<ul style="list-style-type: none"> • Recording and reporting • Updating • Bookkeeping • Clients monitoring 	Midwife BnB operator, BHW's Brgy Health Comm.	monthly

MONITORING AND EVALUATION PLANNING WORKSHOP

By Ms. Noemi R. Quilloy

The Resource Center Conference Room (RCCR) was requested by WWF-Philippines to provide technical assistance in selected components of its PHE Project in Roxas, Palawan. One of the expected deliverables from RCCR is the formulation of a monitoring and evaluation plan for the said project.

Given this task, RCCR, together with the WWF-Phils., has conducted the M and E Planning Workshop on August 25, 2006 at the Morning Star, Training Hall, Barangay 4, Roxas, Palawan

This workshop was aimed at the following:

- Level off on the basic concepts of M and E;
- Develop an M and E Plan for the project; and
- Develop monitoring instruments for the project

Participants of the workshop included representatives from the Municipal Health Office (MHO), Municipal Agricultural Office (MAO), Municipal Environment and Natural Resource Office (MENRO), Municipal Planning and Development Office (MPDO), Roxas Medicare Hospital and WWF-Phils.

MONITORING AND EVALUATION CONCEPTS

As input to the workshop on M and E Plan formulation, M and E concepts were briefly discussed thru a powerpoint presentation.

As presented, M and E is one of the stages of project development. Monitoring is a routine gathering and reporting of performance data against measures of expected performance while evaluation is concerned with the achievement of the project objectives in terms of output, effect, and impact.

Processes involved in M and E were also discussed. This included defining the scope and purpose, development of indicators, determination data sources and methods, development of an implementation plan and dissemination and utilization results.

Likewise, M and E applications either internally or externally were enumerated as follows:

Internal Uses	External Uses
<ul style="list-style-type: none">- Assessing progress against targets- Modifying program design and operation	<ul style="list-style-type: none">- Reporting to funding agency- Responding to questions or criticisms about the program

<ul style="list-style-type: none"> - Identifying staff needs - Informing long range planning - Making resource allocation decisions - Identifying problems or bottlenecks - Developing a common understanding of desired outcomes 	<ul style="list-style-type: none"> - Promoting the program to potential participants - Seeking additional and more targeted funding - Improving outreach, public relations, and marketing effort
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As presented also, participatory M and E is important as it creates ownership over evaluation results by project participants and implementing groups. It increases consensus on project goals, objectives and activities, provides timely, reliable, and valid information for management decision making as well enhances learning by local stakeholders. It likewise enhances skills and confidence of local groups in program management and utilizes local knowledge.

Further, the logical framework (a management tool for project planning and management that provides alignment to project’s goals, objectives, strategies, activities and outputs) in relation to M and E was also discussed. The hierarchy of aims in the logical framework and levels of analysis in M and E were explained as follows:

Goal (Impact): the ultimate end of the program to which the specific project will contribute (improved quality of life in Roxas, Palawan)

Objectives/Purpose (Outcome/Effect): what the project is expected to achieve once it is completed within the allocated time (Increase CPR by 10% in 3 years)

Outputs: products or deliverables of activities (trained FP counselors; clinical services provided)

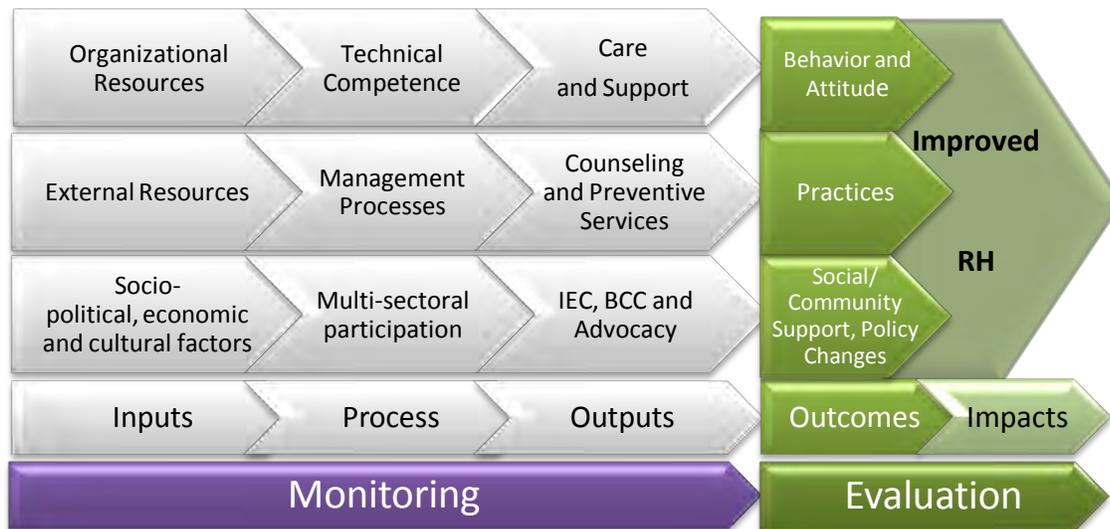
Activities (Inputs; Process): actions to be undertaken and the resources available to produce the outputs (upgrading of BnB, training of BHWs)

Logical Framework (Project Aims)	M and E (Levels of Analysis)	Indicators (Quality vs Quantity)
Goal	Impact	Qualitative Indicator
Objective	Outcome	
Output	Output	Quantitative Indicator
Activities	Input Processes	

It was further explained that the indicators, the basis or the marker of performance that can be used to track progress in the performance of interventions, can be qualitative and quantitative. In the hierarchy of aims column shown in the above table, the indicators become more qualitative as it goes up and more quantitative as it goes down.

Sample M and E framework shown below was likewise presented. It was explained that the monitoring activities are being done at the levels of activities/inputs/processes and output while the evaluation is being carried out at the objective/outcome and goal/impact levels.

M and E Framework



Workshop: Formulation of M and E Plan for the PHE Project

The participants were divided into two groups: (1) the Population and Health Group composed of representatives from the MHO and the Roxas Medicare Hospital and (2) the Environment Group composed of representatives from the MAO, MENRO, MPDO and WWF-Phils.

Given the inputs on M and E, the two groups were asked to complete the M and E Plan template shown below.

Hierarchy of Aims	Indicators	Means of Verification	Time Frame	Responsible Person/Org'n
Objective				
Output				
Activities				

To facilitate the workshop, the participants were requested to refer to the overall goal and objectives of the PHE project in Roxas, Palawan and to go back to the outputs of the participatory action planning on IEC and establishment of FP CDS.

PHE Project Goal and Objectives

Over all Goal	Ensure sustainable natural resource management in priority areas of Sulu Sulawesi Marine Ecoregion by addressing threats to population aspects
Objective 1	Improve FP, RH, coastal resource management, PHE knowledge and awareness among coastal communities and build capacity of PHE development agents
Objective 2	Improve access to FP/RH services and infrastructure promoting FP/RH commodities and system
Objective 3	Promote sustainable fishing practices and techniques among fisherfolk families and policy makers
Objective 4	Identify and develop sustainability measures to promote PHE

For the workshop, Group 1 was tasked to work on Objectives 1 and 2 while Group 2 was assigned to do Objectives 3 and 4.

The consolidated M and E Plan is presented in the table below.

Hierarchy of Aims	Indicators	Means of Verification	Time Frame	Responsible M&E Person/Org
Overall Goal:				
Ensure sustainable natural resource management in priority areas of Sulu Sulawesi Marine Ecoregion by addressing threats to population				
Objective 1				
Improve FP, RH, coastal resource mgt, PHE knowledge and awareness among coastal communities and build capacity of PHE development agents	Increased contraceptive prevalence rate Decreased drop outs of FP method users	CDLMIS, Annual FP Report	Every January	PHN, RHM
Output 1.1				
Decrease unmet needs for family planning	1000 MWRAs as new FP acceptors	FP accomplishment report	Quarterly	PHN, RHM
Activity 1.1.1				
Baseline data gathering on FP/RH information and services	Survey report on FP/RH completed Unmet need for FP determined	Copy of the report	July-August 2006	WWF
Activity 1.1.2				
Collection, production, reproduction and dissemination of various IEC materials on RH/FPPHE	IEC materials on RH/FP/PHE such as calendar, posters, brochures and pamphlets distributed - # of calendars - 3,225 pcs of brochures and pamphlets distributed	Copy of IEC materials, RIV (acknowledgement receipt of IEC materials)	May – December 2006	RHM, BHWs, WWF
Activity 1.1.3				
Formation and strengthening of PHE group and IEC team for RH/FP/PHE mobilization	2 groups (PHE group and IEC team) organized # of trained PHE and IEC team	PHE group profile IEC team profile	May 2006 onwards	WWF

	members and functional/ operational	Activity reports		
	Two groups sustained to continuously work on IEC activities for PHE			
Activity 1.1.4				
Conduct of IEC activities: - FP/PHE orientations, Usapang Kalalakihan, Mother's Classes, house to house interactions	Monthly IEC activities conducted reaching at least 20-25 participants	Activity report, attendance sheet	Monthly	RHM, BHWs, WWF
Activity 1.1.5				
Monitoring activities to determine the reach of IEC activities and IEC materials disseminated - formulate monitoring questionnaire - household interview	-# of household reached with IEC materials gathered (questionnaire developed and baseline data gathered)	Copy of the questionnaire, activity documentation		WWF
Activity 1.1.6				
Integration of FP/RH/PHE IEC to regular programs in the project areas	FP/RH/PHE included in other programs	Activity documentation		WWF
Output 1.2				
Capacities and skills of partner service providers, volunteers and other development agents on FP/RH/PHE developed	Training program developed and provided to various target audiences/ partners, BHWs and volunteers # of trained partners on FP/RH/PHE # of FP/RH/PHE advocates	Training reports Activity reports		WWF
Activity 1.2.1				
Training workshop on IEC	# of participants attended IEC messages developed IEC plan formulated IEC team organized	Training report, attendance sheet	January	WWF
Activity 1.2.2				
Training workshop on the	# of participants attended	Training report,	May	MHO, WWF

establishment of FP CDS	FP CDS plan formulated	attendance sheet		
Activity 1.2.3 Training of BnB operators and BHW's on FP dispensing, marketing, masterlisting, recording and reporting	# of participants attended	Training report, attendance sheet	August	MHO, WWF
Activity 1.2.4 M and E Workshop	# of participants attended M and E plan developed	Activity documentation, copy of the plan	August	WWF
Activity 1.2.5 Conduct of cross visits on PHE	# of LGU partners, BHWs/volunteers who participated in the visit	Activity report, attendance sheet	September	WWF
Objective 2: Improve access to FP/RH services and infrastructure promoting FP/RH commodities and system	Increased contraceptive prevalence rate Established FP commodity distribution system Available and accessible FP services for long term methods	CDLMIS, FP annual report		MHO, WWF
Output 2.1 BnB established to provide FP commodities	7 BnBs established in 7 target barangays	BnB reports Activity documentation	September	MHO, WWF
Activity 2.1.1 Secure official receipts, process voucher and follow up activities to release the fund for FP commodities	70,000 pesos for the purchase of FP commodities released	Official receipt Purchase order		MHO
Activity 2.1.2 Meeting with barangay officials, follow-up policies, resolution and MOA	Approved policies/MOA (Resolution to include FP commodities in BnBs)	Copy of the resolution/ MOA	June-July	RHM, BHWs
Activity 2.1.3 Contact local/other distributors	Procurement option/FP commodity	Profile of supplier, MOA	June	MHO, WWF

and invite them for presentation	supplies identified			
Activity 2.1.4 Selection of FP commodities based on the FP/RH survey results	Preferred FP commodity determined -# of acceptors for pills, DMPA, condom, NFP, BTL. NSV, IUD	Survey results, FP report		MHO
Activity 2.1.5 Identify venue for & set up of BnB	7 BnBs identified and set up in 7 project areas	Activity report, MOA, photo documentation	June-September	MHO, RHM, BHWs
Activity 2.1.6 Proper storage and stocking of FP commodities	# of functional BnBs # of stocks	FP inventory report		BnB operators, MHO
Activity 2.1.7 Selling/Dispensing of FP commodities by trained BnB operators and community based-distributors	# of FP commodities sold amount of sales from FP commodities	BnB report		BnB operators, MHO
Activity 2.1.8 Clients monitoring, motivation and counseling of possible user	# of clients counseled, # of FP users	BnB report		MHO, RHM
Activity 2.1.9 Recording and reporting, updating, bookkeeping	Financial/reporting system in place	BnB report		MHO, RHM
Output 2.2 Itinerant team for outreach FP services organized and functional	1 itinerant team composed of FP service providers and motivators formed	Activity report, attendance sheet, profile of the team		MHO
Activity 2.2.1 Motivator's/FP Counseling Training	30 pax attended (16 BHWs, 4 BnB operators, 5 CRM, 5 MHO reps)	Training report, attendance sheet	October	MHO, WWF
Activity 2.2.2 FP Advocacy Training	30 pax attended (16 BHWs, 4 BnB operators, 5 CRM, 5 MHO reps)	Training report,	November	MHO, WWF

	operators, 5 CRM, 5 MHO reps)	attendance sheet		
Activity 2.2.3				
Training on NSV for itinerant team	# of doctors trained # of assistants trained 1 itinerant team for FP outreach organized and trained	Training report, attendance sheet		MHO, WWF
Activity 2.2.4				
Conduct of outreach activities to provide FP information and services: - NSV service provision - BTL service provision - IUD insertion	Monthly activities conducted # of NSV acceptors # of BTL acceptors # of IUD acceptors	Activity report, FP report, attendance sheet	October	MHO
Objective 3. Promote sustainable fishing practices and techniques among fisherfolk families and policy makers				
Output 3.1 Improved management of the municipal waters and the fisheries of Roxas				
Activity 3.1.1				
Conduct regular patrolling in municipal waters	# of patrols conducted, # of apprehensions or cases filed in court Decrease illegal fishing	Monthly Reports from monitoring teams (Bantay Dagat and Caramay Fishermen's Org)	Jan - Dec 2006	KSK (Bantay Dagat) and MMCPCC
Activity 3.1.2				
Conduct fish catch monitoring	CPUE and LW frequency measurements	Fish catch forms from volunteer fishermen encoded in database & Fisheries Report	Nov 2005-Oct 2006 (monthly monitoring)	MAO, WWF and fishermen
Activity 3.1.3				
Gear swapping	# of fishing gears distributed (nets)	Activity reports	Jan- Dec, 2006	MAO, Mayor's Office

Activity 3.1.4 Establishment of MPA	Established and delineated at least 1 MPA in one of the 7 recommended core zones	Resolution from Brgy Council & Ordinance from SB Buoys and monitoring station/ guard house installed	Oct 2006-Mar 2007	Brgy Council & SB
Activity 3.1.5 Monitoring of MPA's and core zones	Increase in percentage coral cover, fish biomass, diversity	WWF Annual Coral Reef & Reef Fish Survey Report	Jan-Dec, 2006	MAO, WWF
Activity 3.1.6 Zoning of municipal waters	Map of municipal waters with delineation	Map	Jan-Dec, 2006	MPDO, MAO WWF
Activity 3.1.7 Amendments of Municipal Fisheries Ordinance	# of MFARMC meetings convened and resolutions passed	Minutes of meetings	Sep-Dec, 2006	MFARMC secretary
Activity 3.1.8 Reconstitution of ECAN	# of ECAN Board meetings	Minutes of meetings	to be discussed	ECAN Board
Activity 3.1.9 Develop and delineate watershed area	# of trees planted # has of watershed area delineated	Activity report, resolution passed	Jan- Dec, 2006	SB and MENRO
Activity 3.1.10 Creation of Solid Waste Management (SWM) board	Increase in # of sanitary toilets (from 40% in 2005) # of HH with sanitary toilets	SI report	Jan- Dec, 2006	MENRO and Sanitary Insp. (RHU)
Objective 4. Identify and develop sustainability	Enabling environment for RH/FP/PHE	Copy of ordinances,		SB, WWF

measures to promote PHE	in place	resolution, policies		
Output 4.1 Policies and budget allocations for PHE passed/enacted	# of approved ordinances, resolutions and amount allocated for RH/FP/PHE interventions	Copy of ordinances, resolution, policies		SB, WWF
Activity 4.1.1 Advocate for the passage of PHE related policies	# of passed resolutions/policies for PHE	Resolutions	Jan- Dec, 2006	SB, LCE, MHB, RHU and WWF
Activity 4.1.2 Advocate for the allocation of funds for PHE projects and activities and capability building	% Budget allocations or amount leveraged for RH/FP, environment protection and personnel development	Resolutions	Jan- Dec, 2006	LCE, RHU, barangay councils and WWF
Activity 4.1.3 Capacity-building trainings for BHWs/PHE workers and LGU staff	# of trainings conducted/ # of trained workers	Training reports and documentations	Jan- Dec, 2006	LCE, WWF
Activity 4.1.4 Network with concerned agencies/NGO's on PHE	# and name of NGOs and other organizations engaged	MOA/grant agreements	Jan- Dec, 2006	WWF
Activity 4.1.5 Strengthening of FP commodity distribution system	FP commodity distribution system operational Additional resources mobilized for the FP CDS	Activity report	Jan- Dec, 2006	Central Committee Chair for the CDS (Mrs. Beda Omapas)

Proposed M and E Instruments

To facilitate the monitoring and evaluation activities for the PHE project, M and E instruments were developed. The tool was presented for comments and approval of the all the participants present during the workshop and WWF-Phils.

Proposed Monitoring Tool for FP Commodity-Service Distribution System

Roxas, Palawan

WWF-Phils. PHE Project FP Commodity-Service Distribution System					
Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
Objective 2. Improve access to FP/RH services and infrastructure promoting FP/RH commodities and system	Increased contraceptive prevalence rate Established 7 BnBs in 7 pilot barangays				

³ Performance Rating: Rating range could be from 1 to 3 with 1 as the lowest and 3 as the highest.

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	<p>as mechanism for FP commodity distribution system</p> <p>Available and accessible FP services for long term methods (IUD insertion, BTL and NSV) thru the organized and trained FP itinerant team</p>				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
Target Output 2.1 BnB established to provide FP commodities	7 BnBs established in 7 target barangays				
Activity 2.1.1 Secure official receipts, process voucher and follow up activities to release the fund for FP commodities	70,000 pesos for the purchase of FP commodities released				
Activity 2.1.2 Meeting with municipal	Approved				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
and barangay officials to follow-up the status of policies, resolution and MOA on FP CDS	policies/MOA/resolutions: <ul style="list-style-type: none"> • Resolution to include FP commodities in the BnBs • Ordinance allocating fund from the regular budget for FP supplies and RH • Resolution urging all Barangay Captains to allocate 10,000 from their CDF for 				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	FP supplies				
Activity 2.1.3 Contact local/other distributors and invite them for presentation	Three possible FP commodity suppliers contacted Supplier selected from the three possible options MOA with the identified supplier				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	available and implemented				
Activity 2.1.4 Selection of FP commodities-services based on the FP/RH survey results	Preferred FP commodity determined based on survey results: Current users: - Number of pill acceptors - Number of DMPA				

WWF-Phils. PHE Project

FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	users - Number of condom users - Number of NFP practitioners Projection for limiting family size/long term methods: - Number of NSV cases - Number of BTL				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	cases - Number of IUD acceptors				
Activity 2.1.5 Identify venue for & set up of BnB	7 BnBs identified and set up in 7 project areas				
Activity 2.1.6 Proper storage and stocking of FP commodities	7 functional BnBs with available FP commodities for sale (pills, DMPA,				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	condom)				
Activity 2.1.7 Selling/Dispensing of FP commodities by trained BnB operators and community based-distributors	7 BnBs that sold/dispensed FP commodities Projected FP acceptors (includes current users based on survey and projected new acceptors for each				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	method: - Number of pills dispensed - Number of DMPA sold - Number of boxes condoms sold Total amount of sales from FP commodities:				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
Activity 2.1.8 Clients monitoring, motivation and counseling of possible FP users	Number of clients counseled				
Activity 2.1.9 Recording and reporting, updating, bookkeeping	MOA (among the Municipal Government, 7 pilot barangays and BnB operators) on financial/ reporting system for FP-CDS				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	available and implemented FP CDS annual accomplishment report and quarterly financial report prepared Account at Palawan Bank maintained where funds and mark up of 5% from				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	sales are kept. Monitoring forms accomplished monthly				
Output 2.2 Itinerant team for outreach FP services organized and functional	1 itinerant team composed of FP service providers and motivators formed				
Activity 2.2.1					

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
Motivator's/FP Counseling Training	30 pax attended (16 BHWs, 4 BnB operators, 5 CRM, 5 MHO reps)				
Activity 2.2.2 FP Advocacy Training	30 pax attended (16 BHWs, 4 BnB operators, 5 CRM, 5 MHO reps)				
Activity 2.2.3 Training on NSV for itinerant team	# of doctors trained # of assistants				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
	trained 1 itinerant team for FP outreach organized and trained				
Activity 2.2.4 Conduct of outreach activities to provide FP information and services: - NSV service provision - BTL service provision	Number of monthly IEC and outreach activities conducted				

WWF-Phils. PHE Project
FP Commodity-Service Distribution System

Quarterly Evaluation Report				ER Number:	
				Period Covered:	
<i>Project Aim/Target</i>	<i>Verifiable Indicators</i>	<i>Actual Outputs</i>	<i>Performance Rating³</i>	<i>Why the Performance (Hindering and Facilitating Factors)</i>	<i>Recommendation</i>
- IUD insertion					

*

Monitoring Form for Commodities Distribution System

BIBLIOGRAPHY

- Atkinson S, Macwan'gi M, Ngenda L, Douglas H (1995) Quality of urban health services: Lusaka, Zambia (unpublished report of a research study by the Universities of Manchester and Zambia, Lusaka City Council Department of Public Health).
- Bautista V (ed.) "Kooperatiba ng Binhing Pangakalusugan sa Smokey Mountain (Drugstore cooperative) Tondo, Manila" Readings on primary health care pp198-202.
- Bindari-Hammad AE and Smith DL (1992) Primary health care reviews: Guidelines and methods World Health Organization: Geneva.
- Botika Binhi (1995) Botika Binhi sa Tarlac Primer: A community drug insurance program in Tarlac Province Tarlac Provincial Health Office and the DOH-JICA FP/MCH Project, Philippines.
- Brudon-Jakobowicz P (1994) "WHO action programme on essential drugs: What does it do" Contact No.39 October, World Council of Churches, Switzerland pp17-18.
- Clark J (1991) Democratizing Development London: Earthscan.
- Creese A and Kutzin J (1995) Lessons from cost-recovery in health Discussion paper 2 Forum on Health Sector Reform, World Health Organization.
- Creese A and Bennett S "Rural Risk-Sharing Strategies" World Bank pp163-181.
- Crehan K and Von Oppen A (eds.) (1994) Planners and history: Negotiating 'development' in rural Zambia Multimedia Zambia:Zambia.
- Dayrit M (2004) "Progress Report on reproductive health vis-à-vis the country's commitments to the International Conference on Population and Development (ICPD) after 10-years" (an unpublished report presented 4 October at the Heritage Hotel, Pasay City).
- DOH – Department of Health (1993) Positioning for performance towards health in the hands of the people: A DOH strategy paper for Philippines 2000 Manila: DOH.
- DOH (1999a) Health sector reform agenda: Philippines 1999 to 2004 Manila: DOH.
- DOH, Community Health Service Botika Binhi: A community drug insurance program (DOH unpublished and un-dated information sheet).
- Duncan T (1996) Prospects for sustainable human development in Zambia: More choices for our people United Nations and the Government of the Republic of Zambia.
- Flavier JA (2006) Design of the "Geographic-Zonal Workshops for the Family Health – Program Implementation Review (an unpublished report for the MSH LEAD for Health Project and the DOH).
- Flavier JA, Paraso GV, Lucas BP (2005) "Defining an Information-Education Communication and Policy Advocacy Strategy for Roxas, Palawan" (an unpublished report for the World Wide Fund for Nature Philippines).
- Flavier JA (2005) "Accreditation of Private Clinics and Providers" (an unpublished report for the PRISM project with Chemonics International).
- Flavier JA (2004) Suggested Strategies and Operational Guidelines for a Family Planning Service Delivery Model (an unpublished report for the World Bank - Japan PHRD Technical Assistance Program, and the Department of Health).
- Flavier JA, Baylon ML, Aseron RB (2004) "Development of a Health Referral System in Southern Leyte: The Panaon Island Case" (unpublished report for German Agency for Technical Cooperation or GTZ).
- Flavier JA, Soriano E, and Nicolay A (2001) The Philippines: A Case Study of Social Health Insurance.

- Flavier JA (1999) "Drug Supply Management in George Compound – Lusaka, Zambia: The Feasibility of a Cooperative Community Drugstore" (an unpublished report for the Japanese International Cooperation Agency and the Association of Medical Doctors in Asia).
- IIRR - International Institute of Rural Reconstruction, Health Support Services (1985) Kung nais n'yong mag-Botika sa Barangay Manual for community workers, IIRR: Silang, Cavite, Philippines.
- Jamison DT *et al.* (1993) The health transition: Implications for health policy in developing countries in Jamison DT, Mosley WH, Measham AR, and Bobadilla JL (eds.) Disease control priorities in developing countries New York: Oxford University Press, Inc., pp673-699.
- JICA/LUDHMT - Japan International Cooperation Agency /Lusaka Urban District Health Management Team (1998) Report on the baseline survey: JICA/LUDHMT Primary Health Care Project JICA: Zambia Educational Publishing House.
- Juarez F and Cabigon J (2005) "Unsafe Abortions in the Philippines" (a presentation at the Packard Foundation Stakeholders' Meeting, EDSA Shangri-La, Pasig City, 12 November)
- Laing R (1994) "Promoting rational drug use" Contact No.39 October, World Council of Churches, Switzerland pp1-6.
- Mahler H (1996) Independent review of the Zambian health reforms: Vol I - Main report Ministry of Health, Zambia.
- NSO – National Statistics Office and the ORC Macro (2004) Philippines National Demographic and Health Survey 2004 Philippines.
- POPCOM – Commission on Population (2000) "Contraceptive Inter-Dependence Initiative" (An unpublished report by the CII Study Group headed by JA Flavier).
- Quick JD *et al.* (eds.) (1997) Managing Drug Supply 2nd ed. Management Science for Health: Koumarian Press, Connecticut USA.
- Singha D (1998) "Microcredit assessment mission to Lusaka JICA" PHC and AMDA: Lusaka
- SMBK - Saamahang Manggagawa ng Binhing Kalusugan (1994) Gabay para sa pagtatayo ng Botika Binhi: Ayon sa karanasan ng mga tao sa barangay Samahang Manggagawa ng Binhing Kalusugan Manila, Philippines.
- USAID "Family Planning Prevents Abortions" http://www.info.usaid.gov/pop_health/pop/poppreventabortion.htm (downloaded 20 Apr 2000).
- Watts R (1994) "Community participation" in Cooney C (ed.) Primary health care: The way to the future Prentice Hall Australia pp61-72.
- World Bank (1998) Philippine Social Expenditure Priorities Report number 18562-PH, November 13 and in Public expenditure management for sustained and equitable growth (as noted in an unpublished hand-out given during the FDC workshops, SEAMEO Innotech 3 July 1999).
- World Bank (1994) Better health in Africa: Experience and lessons learned World Bank: Washington DC, USA.