

# INVESTING IN WOMEN

THE  
CORNERSTONE OF  
QUALITY LIFE

Inspiring Stories of Good Practices from the 6th Country Programme 2005-2011



UNITED NATIONS POPULATION FUND

# INVESTING IN WOMEN

THE  
CORNERSTONE OF  
QUALITY LIFE



UNFPA, the United Nations Population Fund, works to promote the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty. UNFPA's vision is of a world where every pregnancy is wanted, every birth is safe, every young person is free of HIV and AIDS, and every woman and girl is treated with dignity and respect.

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**Investing in Women**  
*The cornerstone of quality life*

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# FOREWORD

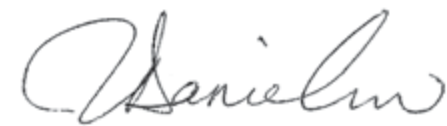
**L**ooking back seven years ago, it was clear that substantial effort would be needed to achieve Millennium Development Goal 5 and ensure that mothers do not die from preventable causes related to pregnancy and childbirth.

UNFPA's 6th Country Programme of Assistance to the Government of the Philippines (2005-2011) led to increases in: child deliveries assisted by health professionals with midwifery skills (such as a midwife, nurse or doctor); the number of pregnant women that had regular medical check-ups during pregnancy; and the use of modern contraceptives. These were achieved by government, development agencies and civil society organizations working together as partners.

As the 6th Country Programme comes to a close, we have taken stock of methods, techniques and systems that led to the success of the programme. These efforts, practiced and refined over time, form a rich and diverse array of experiences that highlight the importance of collaboration, partnership and working with communities.

This book documents how these good practices have led to tangible improvements in the lives of Filipino families. UNFPA hopes that these stories will inspire stakeholders and convey the message that with cooperation and a deep sense of commitment, the Millennium Development Goals will be achieved.

UNFPA looks forward – with much optimism – to continued partnership with stakeholders, through the 7th Country Programme, so that all Filipinos can enjoy a life of health, dignity and equal opportunity.



**Ugochi Daniels**  
Country Representative  
UNFPA Philippines





# INTRODUCTION

**UNFPA**, the United Nations Population Fund, began the sixth cycle of assistance to the Philippines in 2005 with the overall goal of improving the reproductive health status of the Filipino people through better population management and sustainable human development.

The 6th Country Programme was implemented at two levels: At the national level to address policy issues, and at the field level to support efforts to improve reproductive health care in selected programme sites in the poorest provinces. Anchored on the objectives of the International Conference on Population and Development and the achievement of the Millennium Development Goals, the programme had three thematic components which are inextricably related: reproductive health, population and development, and gender equality.

The programme covered three of the poorest municipalities each in the provinces of Ifugao, Mountain Province and Masbate in Luzon; Bohol and Eastern Samar in Visayas; and Sultan Kudarat, Sulu, Tawi-Tawi, Lanao del Sur and Maguindanao in Mindanao. Olongapo in Central Luzon was the lone city included in the Programme.

The Programme supported advocacy, training and service delivery, and ensured continuous family planning services and contraceptives supply in approximately 30 per cent of the municipalities and 50 per cent of the cities nationwide. It also emphasized on pro-poor, gender-responsive, culture-sensitive, rights-based and demand-driven objectives. In addition, conflict prevention and peace building efforts were integrated in the activities for programme sites in Mindanao.

An evaluation of the 6th Country Programme noted significant gains in its focus areas. Efforts to increase skilled birth attendance, antenatal care and facility-based deliveries paid off, especially because majority of those who accessed the services and information were the poor and vulnerable women. Advocacy and policy dialogues led to the passage of the Magna Carta of Women as well as local reproductive health codes in 60 per cent of UNFPA-assisted municipalities. Through advocacy efforts, public awareness of population and reproductive health issues likewise increased. “Reproductive health” and “RH” became household terms amidst impassioned debates over a proposed national policy that will provide public funding for family planning services and information.

Strategies that demonstrated proven methods, techniques and practices that contributed to the success of the seven-year programme have been documented in this book. Interestingly, this compilation of good practices highlights the key role of facility-based delivery, skilled birth attendance and family planning – the three-pronged strategy – in preventing maternal deaths and saving mothers’ lives.

The stories compiled in this book intend to serve as model and inspiration for people in the communities and their leaders who believe that quality life starts with providing quality reproductive health care for women. After all, healthy mothers beget healthy families that in turn constitute healthy communities that build a strong nation.





Making sure that emergency obstetric and newborn care is available to women is fundamental to UNFPA's efforts to prevent maternal deaths.





## MAKING SERVICES ACCESSIBLE

**W**omen die in childbirth chiefly as a result of haemorrhage, sepsis, unsafe abortion, hypertensive disorders and obstructed labour. In many instances, maternal deaths are aggravated by the absence or inaccessibility of a birthing facility for women to safely give birth.

In the Philippines, the 2008 National Demographic and Health Survey found that 56 per cent of deliveries take place at home. As in many developing countries, the poorest women deliver at home without the help of skilled birth attendants, resulting in high mortality rate.

Making sure that emergency obstetric and newborn care is available to women who develop complications from pregnancy and childbirth is fundamental to UNFPA's efforts to prevent maternal deaths. Evidence has shown that the major causes of maternal mortality can be treated in a well-staffed, well-equipped health facility.

Skilled attendance, or having trained health care professionals to provide basic and emergency health before, during and after childbirth, works hand-in-hand with facility-based deliveries in preventing maternal and newborn deaths. A 'skilled attendant' refers to people with midwifery skills, such as doctors, midwives and nurses who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage or refer obstetric complications. They are capable of recognizing the onset of complications, perform essential interventions and start treatment.

Considered the single most critical intervention for ensuring safe motherhood, skilled birth attendance hastens the timely delivery of emergency obstetric and newborn care when life-threatening complications arise. Eight in 10 maternal deaths can be averted if midwives are skilled and authorized to practise their competencies and have strong linkages to hospitals that can provide emergency care when needed.

**SAFER BIRTHS.** Giving birth in a health facility assisted by skilled birth attendants ensures a safe and clean delivery environment and immediate access to necessary medicines and supplies in case of emergency.





## For the community, by the community

The birthing clinic in Matagangtang, a barangay in Placer town in the province of Masbate, has been around since 2000. Back then, however, more women in the communities within the vicinity of the facility preferred to give birth in their homes assisted by a traditional birth attendant or *hilot*, usually a neighbour or somebody known to them. The preference was often driven by the high cost of giving birth in a hospital or clinic. In some cases, though, the women personally preferred to deliver in the comfort of their own house assisted by their own family and the *hilot*.

But in the absence of emergency medical equipment and supplies, the lives of both mother and baby could be in danger, especially when complications arose.

In 2005, when UNFPA picked Matagangtang as one of the pilot barangays for its 6th Country Programme, the situation started to change for the better for the village and its 1,571 residents.

To improve the service delivery capability of the birthing centre and attract more pregnant women to give birth at the facility, UNFPA donated new birthing equipment and provided medical supplies. It also sent the community midwife to a training on emergency obstetric and newborn care to improve her life-saving skills.

### A SENSE OF OWNERSHIP.

The Matagangtang barangay health station survives through the concerted efforts of the midwife, barangay council and the residents themselves.







The community also chose to help itself by getting involved in the upkeep of the birthing centre. Residents volunteered to clean, beautify and maintain the clinic on a regular and sustained basis.

The barangay mobilized a women's health team that went house-to-house to promote among pregnant women the advantages of giving birth at the centre. The team also educated couples on family planning and conducted pregnancy tracking to monitor the condition of pregnant women and encourage them to seek regular prenatal care.

These innovative activities gave the community a sense of ownership of the programme which, to this day, is their motivation to keep it going.

Today, the birthing centre serves not only Matangtang, but also two adjacent barangays: Aguada, which is home to 1,413 people, and Guinhan-ayan, which has a much smaller population of 621.

**PERSONAL TOUCH.** Visiting mothers in their houses proved an effective strategy in convincing them to deliver at the birthing centre instead of their houses.

## THE UNSUNG HERO OF MATANGTANG

*Marilyn Maristela*

Working at the Jose Reyes Memorial Hospital as a midwife at a young age of 21 opened the eyes of Marilyn Maristela to the plight of poor Filipinos needing medical care. If the urban poor were that hard up, she thought, what more those in the rural areas where hospitals for the poor like the Jose Reyes Hospital are not available. She vowed that if she ever had the chance to work in rural communities she would do all she can to empower the poor to claim their rights.

That chance came in 1992 when she became the community midwife for Barangay Matangtang in Placer, Masbate. She visited families in their houses to promote the services available at the barangay health station (BHS). Unfortunately, the effort did not match the result. Very few people came to the health centre, and pregnant women still preferred to give birth assisted by a *hilot*, putting their life and their baby's at risk.

Marilyn knew it would not be easy, especially as she was trying to do the job alone. In 2000, after going through a safe motherhood training wherein she learned new skills to ensure the health of a pregnant woman and her baby, she decided it should no longer be "business as usual" when she got back to Matangtang.

"I talked to barangay officials and told them that I cannot practise what I learn from the trainings if no pregnant woman comes to the BHS. I told them they have to help me encourage mothers to avail of the services at the health centre," Marilyn said.

With the support of barangay health workers, her community visits became more organized. Instead of going house-to-house, she conducted information sessions per *purok* (area) once a week. Mothers going to her for childbirth slowly increased. From an average of five a week, the deliveries she assisted increased to as many as 12 per week.



**Helping poor mothers avail of quality maternal care has become Marilyn's mission in life.**

Although families started to recognize the advantages of facility-based deliveries, Marilyn noted they were not practising family planning. She observed that people complained about how hard life was and yet, their families were getting bigger. Marilyn wanted to promote effective modern methods of family planning, but contraceptives supply from government was scarce.

Her dilemma was answered when UNFPA included the municipality of Placer in its programme of assistance to Masbate and Matangtang became one of the pilot barangays. Marilyn was sent to undergo training on basic emergency obstetric and neonatal care to upgrade her skills in prenatal, delivery and postnatal care. The UNFPA assistance also included upgrading the skills of barangay health workers and forming a women's health team to support the efforts of the midwife. Birthing equipment and medical supplies, including contraceptives, were also provided to the barangay health station.

Weaning the mothers away from the *hilot* was a challenge for Marilyn. The *hilot* themselves were hostile to the reforms because that meant loss of income for them. To address this, Marilyn worked with the barangay

council to come up with an incentive scheme for the *hilot* and barangay health workers to get their support in tracking pregnancies and referring pregnant women to the birthing centre.

"To promote the birthing centre, I waived the fees for delivery for one year just to encourage them to give birth at the centre and experience the difference in care that they will receive," Marilyn narrated. She promoted contraceptive use by including family planning in her weekly visits to neighbourhoods. She would carry contraceptives in her bag at all times in case couples asked for some.

"I am very happy to see a change in their behaviour towards family planning. They now have a better appreciation of properly spaced births and how they can better manage their resources. Now they come to me for voluntary family planning services and contraceptives," Marilyn happily related.

Marilyn measures the success of her work in family planning from, among others, the number of births at the Matangtang barangay health station: These have decreased from a high of a dozen a week to an average of five.



## Change starts in the leadership

For a long time, most pregnant women in the municipality of Baleno in Masbate turned to traditional birth attendants for prenatal care and childbirth. These women consider delivering babies at home with the help of a *hilot* because it is less expensive and more comfortable. They also prefer the *hilot's* personal touch and attention.

But even if the women were to prefer trained midwives to assist them, there were not enough deployed in Baleno's 24 barangays. Some of the midwives did not even live in the barangays they serve. The rural health unit has a network of barangay health stations, but the town's geographic spread makes it hard for most villagers to access them. Besides, the health facilities could hardly provide quality care and services. Housed in old and dilapidated structures, many of them did not have running water supply and electricity.

That was the situation in Baleno until the local government instituted a package of fundamental reforms in governance, financing, regulation and delivery of maternal health care and services.

The first order of business was to hire a municipal health officer (MHO). The position had long been vacant because it was difficult to find someone willing to serve at the rural health unit (RHU). The local government worked with the Department of Health to recruit a doctor as Baleno's MHO under the Doctors to the Barrio Programme.

Next, the municipal government set aside a budget to hire complementary staff – nurses and administrative support personnel – for the RHU. It then enrolled poor households in the PhilHealth Indigency Programme, getting counterpart funding from the barangays. To help the RHU in its bid for PhilHealth's Maternity Care Package accreditation, UNFPA supported the upgrading of the centre's birthing facility by donating equipment, essential commodities and medical supplies, and the training of health personnel on basic emergency obstetric and neonatal care, including life-saving skills for midwives.

The mayor gave the MHO the authority to allocate a trust fund separate from the PhilHealth capitation fund to improve the services of the RHU. As a result, 20 per cent of the capitation fund was allocated for health personnel and 80 per cent for the operation of the RHU, including its renovation. For every indigent family an LGU enrolls, PhilHealth pays back the local government a certain sum called capitation fund. The LGU, in turn, releases the fund to the RHU where the families are enrolled, which it could use to buy drugs listed in the Philippine National Drug Formulary, acquire supplies and materials needed to deliver primary care services, and pay for referral fees.

To complement all these efforts, the municipal government adopted a resolution and passed ordinances that ensured delivery of quality maternal and reproductive health services. These pieces of legislation regulated the practice of *hilot*, specifically their childbirth functions, to give preference to facility-based deliveries. Although the resolution did not entirely prevent *hilot* from delivering babies, it helped increase clients going to the RHU for maternal and newborn care services.

Another welcome policy was the creation of the Women's Health Team, whose job was to promote facility-based delivery and the services that can be accessed from the RHU. To sustain its family planning programme, the local government allocated funding for contraceptives supply.

From only one delivery registered at the RHU in 2007, the number jumped to 297 in 2010. There were also more mothers who chose to give birth at the RHU than a hospital.

At present, the birthing facility is accessible 24 hours a day, seven days a week to accommodate women about to give birth any time of the day, any day of the week. The local government is also working to upgrade the barangay health stations in Gangao, Batuila, Magdalena and Caraga into birthing facilities to cope with increasing demand.

The lesson from Baleno is clear: With determination and commitment, nothing is impossible.

**PRIORITY.** Hiring full-time and support medical personnel for the birthing centre was the local government's first business of the day in the battle against maternal deaths







**OPEN 24/7.** In no time, mothers preferred to give birth at the RHU, prompting health officials to keep it open any time of the day, any day of the week.







## Finding a new purpose for the old coin bank

If planned and wanted, pregnancy should be a time of great anticipation and excitement for a couple as they await the arrival of the baby.

Unfortunately, for most couples, pregnancy becomes a time of great anxiety when they start thinking of the cost of prenatal care and delivery, especially when it is done in a hospital or a birthing clinic and they do not have health insurance to cover for the expenses. In the municipality of Milagros, Masbate where poverty is so rampant that many families could not even afford to transport a pregnant woman in labour to a clinic or hospital to safely give birth. High levels of maternal and infant mortality were thus to be expected.

In addition, mothers were often not financially prepared for the coming of their baby. There had been instances when health workers had to raise funds for the baby's needs and the mother's medicines after delivery.

Such a situation spurred the municipal health officer to come up with the Buntis Baby Bank (BBB), a savings scheme that was simple yet innovative, traditional yet relevant, spontaneous yet impactful, and organic yet replicable.

The scheme was pretty straightforward: Install bamboo coin banks – *alkansya* as Filipinos call these – for pregnant women at the RHU or barangay health station, enrol a willing expectant mother in the programme, and then invite the couple, their friends, relatives and other people to contribute to the mother's maternity fund by dropping any amount into her coin bank.





The beauty of the programme was, it not only helped couples become financially prepared for a facility-based delivery, it also encouraged prenatal and postnatal visits to the health centre to ensure the health of both mother and baby from pregnancy up to post-delivery.

Since it was launched in 2009, about half of pregnant women who consulted at the RHU have enrolled in the BBB programme. Their savings ranged from Php1,000 to almost Php10,000, depending on the stage of their pregnancy when they joined the programme. The enrollees said the programme gave them a sense of achievement because of what they were able to raise, albeit small at times, for their delivery at a birthing centre.

Aside from increasing facility-based deliveries, the BBB programme yielded intangible benefits. It built trust between the RHU and clients, promoted the value of sharing, even with people the women barely knew, and instilled the importance of saving among couples.

Following its success in Milagros, the municipalities of Dimaslang, Placer, San Pascual and Palanas have adopted the scheme. BBB is now being implemented at the barangay level through the help of midwives to encourage more facility-based deliveries and ease financial problems that couples have to deal with, so that when their little bundle of joy comes, it will be a moment of celebration, not desperation.

#### **INNOVATING AN OLD CONCEPT.**

Originally conceptualized to resemble a staircase, the Buntis Baby Bank has taken on different forms, depending on factors such as space at the rural health unit or barangay health station. Any way it goes, what matters most is the money that goes inside the tin cans, pigeon holes or bamboo coin banks and the much-needed support they provide to the expectant mother.





#### **MATERNAL AND CHILD CARE.**

Aside from helping couples be financially prepared for the birth of their baby, the programme encourages mothers to visit the health centre for prenatal and postnatal care. It has also built trust between the health service provider and the patient.



## My Birth Place

Placer in Masbate fits the profile of most municipalities assisted by UNFPA. It is characterized by poor, inadequate health services and high maternal, newborn and infant deaths.

Small wonder that the rural health unit of Placer eagerly took up the challenge of the Department of Health to all health personnel and offices to promote facility-based deliveries. Emboldened by the dictum “Change is here – we are Placer!” the RHU set an ambitious target: zero maternal deaths.

Through the assistance of UNFPA, the municipal health officer, a nurse and a midwife went through trainings on basic emergency obstetric and newborn care at the Dr. Jose Fabella Memorial Hospital in Manila. UNFPA also provided the necessary birthing equipment and medical supplies to the RHU, including medicines and contraceptives. The health centre’s physical structure was improved through the help of other development agencies. The birthing centre was later christened Balai Kong Natawhan, which means “my birth place” in the local dialect.

With the systems in place, Placer identified and implemented a mix of strategies to achieve its zero maternal death target in its 35 barangays. Midwives increased their visits to catchment barangays to promote prenatal care. Trained health personnel in birthing clinics were on hand 24 hours a day, seven days a week. The municipal health officer practically lived at the facility so he could be on call any time a patient came, even at night.

The RHU made it a point to maintain adequate stocks of medical supplies and family planning commodities. It saw to the timely referral of complicated and high-risk pregnancies to hospitals, and closely monitored the health condition of pregnant and post-partum women. Barangay health workers and women’s health teams also actively promoted the services available at the Balai Kong Natawhan.

**MORE CLIENTS.** From only five deliveries per year when it started in 2005, the number of women giving birth at the rural health unit grew to more than 100 between 2007 and 2008.

The municipality’s efforts to get pregnant women to safely give birth at the RHU have paid off. From only five deliveries per year when the programme started in 2005, the number grew to more than 100 between 2007 and 2008. In 2011, Balai Kong Natawhan was recognized by the DOH Centre for Health Development in Region 5 as a BEmONC (Basic Emergency Obstetric and Newborn Care) Best Practice.

The increasing patronage of the services provided by the Placer RHU clearly indicates client satisfaction. When asked what they liked best about the RHU, the women who have availed of the facility’s services provided the following answers: The doctor is on call 24/7, fees are cheaper compared with those of a hospital, the RHU came highly recommended by women who had given birth there, and they feel at home in the presence of a friendly and accommodating staff.

True, Placer has yet to achieve its target of zero maternal deaths, but it is optimistic it soon will. The number of women who die in childbirth in the municipality has gone down since 2010: Only two were recorded compared with three the previous year. To get to the goal, Placer is already replicating the operations of the RHU in barangay health stations so it can reach women who need maternal care even in the most remote areas.







**MAKING SERVICES ACCESSIBLE.** Difficult roads and transportation problems had made home-based deliveries more convenient to pregnant women in Placer. Improvements at the rural health unit – the availability of a doctor at all times, a more responsive health personnel and the aggressive promotion of barangay health workers – changed the way pregnant women looked at Balai Kong Natawhan.



## Reliving the 'bayanihan' spirit for pregnant women

The traditional Ifugao *ayod*, or hammock, has taken on another meaning in the village of Boliwong in Lagawe. It has come to also stand for the community health team that has been getting women in labour out of their homes and into the birthing centre to ensure safe deliveries. In many instances, the *ayod*, carried by the male members of the team, has become the means to transport pregnant women, especially in the mountainous areas, from their home to the clinic and back, showcasing the spirit of *bayanihan* (community unity) that remains very much alive in this Ifugao barangay.

Giving birth at home used to be the more popular practice among mothers in Boliwong. In 2007, 51 per cent of deliveries in the barangay took place at home, which increased to 72 per cent in 2008. About half of these home births were assisted by non-skilled birth attendants, such as a *hilot*, the woman's husband or any relative who was available.

Since home birthing was a generally accepted practice, getting women to give birth at a health facility became a huge challenge. From the beginning, couples strongly resisted facility-based deliveries as they still believed that giving birth at home was less expensive and more convenient. They considered birthing attendants – whether a relative, *hilot* or midwife – as more accommodating and considerate at home. Mothers were also free to choose the manner of delivering the baby: standing, sitting or lying down.

**PRESERVING INDIGENOUS WAYS.** The indigenous practice of transporting pregnant women from remote areas to the birthing centre on an *ayod* or hammock lives on in Boliwong.

Taking the deep-seated cultural practices into account, the municipal health officer and community midwife worked together to provide women access to a less expensive, safe and convenient way to give birth that also addresses their concerns.

First came the upgrading of the Boliwong health centre into a birthing facility. Not only is the centre located within the community, the midwife is also known to the mothers. UNFPA supported the initiative by providing life-saving skills training for the midwife and donating birthing equipment for the barangay health station so it could accommodate normal deliveries. Complicated pregnancies, however, were still referred to the Ifugao General Hospital.

To spread the word, a barangay general assembly was conducted, mothers' classes were organized, and people's organizations such as the Empowerment and Reaffirmation of Paternal Abilities Training (ERPAT) were mobilized to help in the information dissemination.





**At the onset of labour pains, male volunteers begin transporting pregnant women to the birthing clinic, especially those residing in the mountainous parts of barangays Boliwong and Montabiong.**







**WHY CLIENTS COME.** The Boliwong birthing centre now serves other barangays. With a competent midwife and for a minimal fee, there's no reason mothers would not opt for a facility-based delivery.



The Ayod Community Health Team proved instrumental in getting the community to accept the programme. Led by the barangay captain and the midwife, the Ayod team is composed of a barangay councillor, health workers and volunteers from the community. The team conducts pregnancy tracking to identify women who are due for consultation and monitor their expected dates of deliveries so it can make the necessary arrangements with the birthing centre and for their transportation. In their own small way, people in the community contribute to the effort by volunteering their vehicles or carrying the *ayod* to transport women in labour to the birthing facility.

A dramatic increase in facility-based deliveries has resulted from these initiatives. From July to December of 2009, 95 per cent of all births in Boliwong were done in health facilities compared with only 28 per cent in 2008.

Currently, the birthing centre serves clients from barangays other than Boliwong. This is attributed largely to the decision of the Boliwong birthing centre to charge only a minimal Php500 per delivery, plus, the good reputation of its midwife, Elsa Pagal.

Elsa has handled not only simple normal deliveries but also special cases such as twins and breech babies. She has earned the trust of the community so much so that a pregnant Swiss national whose husband works as a volunteer in a private school in Lagawe chose to have her baby delivered by Elsa at the Boliwong birthing centre.





Despite Ifugao's geographic terrain and isolation of some barangays, the commitment and cooperation of health service providers and the community spell a difference in saving lives of mothers and newborns.



## Enhanced Safe Motherhood Program (e-SM)

The enhanced safe motherhood programme (e-SM) of Carmen in the province of Bohol was conceptualized and implemented in 2002 as a strategic response to the rising maternal health problems and childbirth complications due to lack of access to birthing facilities and lack of midwives to attend to childbirths. The District Hospital was then the only facility that can accommodate childbirths but due to high number of deliveries, it gets overcrowded and had to turn away some patients. Even then, clients barely came.

The rural health unit (RHU) of Carmen was already accommodating birth deliveries as early as 2002. It was a small structure that had only one room for both delivery and recovery, hence, it can handle only one mother at a time.

To demonstrate that it was safe to give birth at the RHU, the municipal health officer encouraged her pregnant sister-in-law to deliver her baby at the facility. The strategy worked. That same year, seven more deliveries followed. Deliveries increased to 98 in 2003 and to 142 in 2004, although they dipped to 86 in 2005 when the RHU transferred to a new location.

Despite the progress in facility-based deliveries, the number of women who gave birth at home was still much higher. This worried local health officials as it meant that more mothers ran the risk of complications, even death.

It was then that the municipal health office thought up the Enhanced Safe Motherhood Programme, or e-SM, which sought to improve facilities and services at the RHU and strengthen the advocacy for facility-based deliveries. After consultations with stakeholders and with support from the local government unit and UNFPA, upgrading of the RHU started. Barangays were also encouraged to set up birthing centres. Of Carmen's 29 barangays, 17 have established their own birthing centres.

### A CONDUCTIVE ENVIRONMENT.

The good performance of the rural health unit has made it a consistent pilot area for health programmes implemented by various development agencies.







While the local government provided the physical structures of the RHU and the birthing centres, UNFPA donated birthing equipment, medical supplies and medicines, and supported the training of health care providers, specifically on life-saving skills and basic emergency obstetric and neonatal care. Contraceptives for family planning were made available through PopShop outlets at the RHU and barangay health stations. Four barangays were also provided an ambulance each to complement the one at the RHU for emergency transport. Women's health teams composed of the midwife, barangay health workers and *hilot* were organized in each barangay for pregnancy tracking and prenatal care.

To make the operations of the birthing facilities sustainable, the RHU obtained PhilHealth accreditation for the Maternal Care Package so that deliveries would be at no cost for mothers who are covered with PhilHealth. At the barangay level, a minimal

“user’s fee” of Php150 is collected for each delivery and goes to the maintenance of the birthing centres.

Since the implementation of the e-SM Programme, the number of facility-based deliveries in Carmen has improved impressively. From a combined 146 deliveries at the RHU and barangay health stations in 2007, these more than doubled to 321 in 2008, 404 in 2009 and 625 in 2010. Home-based deliveries, meanwhile, sharply decreased from a high of 425 in 2007 to 111 in 2010.


The number of maternal and childbirth complications, on the other hand, decreased by 50 per cent. The cost of facility-based deliveries also became more affordable; it is 75 per cent cheaper than hospital services. But, just as important, the rural health unit of Carmen increased people’s access to health services and generated income from the services it provided.



**BENEFITS OUTWEIGH COSTS.**

PhilHealth accreditation has made the operations of the RHU sustainable. The PhilHealth benefit also makes it more attractive to pregnant women as the delivery practically becomes free. At the barangay level, mothers giving birth pay a minimal P150 fee per delivery, which goes to the maintenance of utilities.





**From the challenges it faced with the lack of access to birthing facilities and skilled birth attendants, the Carmen RHU has gone a long way in improving reproductive health services for its people.**



## 'If you build it, people will come'

Facing the Pacific Ocean, Sulat is one of the 23 municipalities of Eastern Samar. Situated 36 kilometres north of Borongan, the provincial capital, it consists of 18 barangays, four of which are accessible only by boats that ply the Sulat River.

The rural health unit has identified the common reasons for maternal deaths in the municipality through its quarterly maternal death reviews. Sadly, one of the reasons identified is the delay in the couple's or family's decision whether or not to seek medical attention for the pregnant woman when she starts labour or when she feels symptoms of complications. Most maternal deaths occurred at home, hinting at the absence of skilled health personnel and emergency medical equipment at the time of delivery. Just like in many other rural areas in the country, many women in Sulat would rather give birth at home, assisted only by a *hilot*.

The distance between home and the health facility was usually an issue. Even if transportation was available, cost was still a problem for couples. And even when the woman was taken to a birthing facility, health personnel sometimes lacked the capacity to attend to normal deliveries. Or, worse, no medical personnel were available to handle the childbirth.

The quarterly reviews also established that contraceptive use was low among married women, contributing to the high number of unintended pregnancies. Women generally lacked information about safe pregnancy and childbirth and most maternal deaths occurred at home, hinting at the absence of skilled health personnel and emergency medical equipment at the time of delivery.

**HOW IT BEGAN.** Strong advocacy efforts resulted in the allocation of budget for the construction of a rural health unit that can accommodate normal deliveries.







When UNFPA came to the aid of the municipality, the women of Sulat saw a ray of hope. Thanks to strong advocacy efforts, the local government allocated a budget to build a rural health unit that can accommodate normal deliveries and a lying-in clinic that is open 24 hours a day.

Logistical support was put in place. A service vehicle for emergency transportation was provided. For areas that cannot be reached by the vehicle, transportation allowance was set aside for pregnant women about to give birth. Some barangays contributed to the allowance through the Barangay Health Emergency Response Team.

Women's health teams and barangay health workers were mobilized for Bantay Buntis, a task force that tracks down pregnant women and encourages them to have prenatal and postnatal care and to deliver at the RHU. For women living in remote areas, a waiting home was established to serve as their temporary shelter as they approach their due date.

To improve the quality of care for the mothers, UNFPA supported the training of midwives and other key health personnel, particularly on life-saving skills, family planning competency-based training, basic emergency obstetric and neonatal care (BEmONC) and bilateral tubal ligation.

The local government complemented the efforts done at the RHU by passing an ordinance ensuring the continuity of reproductive health services in the municipality. It also increased budget allocation for contraceptives supply to strengthen

**PRIORITIZING HEALTH.** Health programmes topped the local government agenda. The vision was to provide all Sulat residents, wherever they are, with easy access to health care through the rural health unit and barangay health stations.



another ordinance guaranteeing reproductive health commodity security.

The RHU is now a PhilHealth accredited facility for the government's tuberculosis prevention and control programme TB-DOTS, outpatient benefit package and maternal care package. It has received a Sentrong Sigla Level II mark from the Department of Health for its delivery of quality health services. Sulat has become the municipality in the whole Eastern Visayas with the highest PhilHealth reimbursement as all pregnant women who availed of the services at the RHU are enrolled in the insurance system.

Women who have given birth at the RHU could not be more grateful for the quality of services they obtained. The facility is within their community, fees are minimal, if not free (for those enrolled in PhilHealth), plus, the environment is clean, and the midwife and health workers provide extra tender loving care.

The women of Sulat have become more conscious of their reproductive health. More pregnant women now prefer to give

birth assisted by a skilled health personnel in birthing clinics or hospitals. In 2006, 277 births were attended by *hilot*, compared with 172 attended by midwives or doctors. But the situation reversed in 2009, with 108 births attended by *hilot* and 244 by skilled birth attendants. Sulat today boasts of 90 per cent facility-based deliveries. Contraceptive use among married women also increased from 34 per cent in 2006 to 44 per cent in 2009.

Inspired by the success of the RHU, the municipality established satellite birthing centres in barangays Sto. Tomas, San Juan and San Vicente. The midwives in these health centres coordinate with the RHU for referral of first-time mothers and normal deliveries with manageable complications.

The people of Sulat have proven that with proper information on reproductive health and available facilities and services, they are willing to embrace behavioural changes that lead to better health conditions. The progress of reproductive health care demonstrated by the municipality is also a testimony of the crucial support of local government units to a successful health programme.



**With a functioning health system, local leaders can now focus on addressing other issues such as poverty and providing livelihood for the poor.**





## 100% facility-based births

There are no more deliveries attended by *hilot* in Bolosao. Not since 2010. The remarkable achievement of this geographically isolated barangay in Lawaan, Eastern Samar, which is home to 364 families or 2,366 people, did not happen overnight, however.

Bolosao's barangay health station (BHS) was put up in 1978, but it would only be in 2008, or 30 years later, that its existence came into full fruition.

The birthing centre provided prenatal counselling, mothers' classes and family planning counselling even before the UNFPA-assisted programme was implemented. Problem was, the midwife usually referred pregnant women to the rural health unit or hospitals for childbirths because the facility lacked proper birthing equipment and skilled birth attendant. The mothers, however, were reluctant to go to hospitals for the same reasons usually cited by mothers in most rural areas: financial constraints, preference for home-based deliveries attended by a *hilot*, and transportation issues.

Given the situation, the Municipal Health Office, with the support of the local government, conducted consultative meetings with barangay officials to turn the BHS into a truly functional birthing centre. This brought out the volunteerism of the local officials through what they called "Pintakasi." A volunteer brigade was created to renovate the barangay health station. UNFPA supported the efforts by providing the birthing equipment, medical supplies and medicines, and trainings for the midwife and other health service providers.

**FIRST IN THE REGION.** The Bolosao barangay health station became the first health centre catering to isolated and disadvantaged areas in the whole Eastern Visayas to be accredited by PhilHealth for the Maternal and Child Care Package (MCP).

To discourage home births attended by the *hilot*, the Lawaan municipal government passed an ordinance encouraging mothers to deliver only in health facilities. The barangay council of Bolosao followed suit and adopted a policy regulating the role of traditional birth attendants in deliveries. The *hilot* is still tapped to assist in prenatal care but are no longer encouraged to deliver babies. Instead, they work with midwives and barangay health workers by referring pregnant patients to the BHS. The barangay ordinance fines the *hilot* Php1,000 each time she violated the policy.

Under the programme, women's health teams were deployed to intensify pregnancy tracking and home visits to expectant mothers to discuss their birth plans and provide them "call cards" with the schedule of their prenatal visits to the BHS and contact numbers for emergencies. The Parents Club was organized as a community support system.

The health centre now has a full-time staff composed of a midwife, a nurse and five barangay health workers. It also serves the adjacent Barangay Guinoaban, which has 184 households or a population of 836.

With the improvements and support systems in place, the Bolosao barangay health station was finally accredited by PhilHealth for the Maternal and Child Care Package (MCP), making it self-sustaining. It became the first BHS catering to a geographically isolated and disadvantaged area in the whole Eastern Visayas to obtain MCP accreditation and become a facility for normal deliveries.

The improved provision of maternal care from prenatal to intra-partum and post-partum, as evidenced by the PhilHealth accreditation, has resulted in higher patronage of mothers of the birthing facility. Consequently, the proportion of facility-based deliveries, along with the proportion of deliveries attended by skilled health professionals, has significantly increased in Bolosao—to 100 percent, in fact, by 2010.







The distance between the house and a birthing centre is always an issue, especially in areas that are isolated and require special means of transportation to be reached.





**SUPPORTIVE ENVIRONMENT.**

The barangay council discouraged deliveries attended by the *hilot* by passing an ordinance that promotes facility-based deliveries to protect the life of both the mother and newborn. The women's health team also conducted regular community sessions to educate women and men on safe motherhood, including family planning.



## Project 100 RUBIES

Because they live in a province where their towns are spread over 307 islands and islets – all classified as geographically isolated and disadvantaged areas – pregnant women in Tawi-Tawi, a province in the Autonomous Region in Muslim Mindanao, did not for decades have easy access to skilled birth attendants. Residents of isolated barangays, many of them poor, would travel for hours to reach a hospital or a health centre, exacerbating the maternal mortality situation in the province. In 2007, 15 mothers died from pregnancy and childbirth-related complications. In 2008, the figure climbed to 18.

Recognizing that lack of health personnel is part of the problem, the provincial government in 2008 put in place Project 100 RUBIES (Reaching Underserved Barangays Through Initiatives for Enhancement of Services). The idea was to hire 100 midwives to be deployed to underserved island municipalities and barangays to augment the services of 48 regular midwives already provided by the Integrated Provincial Health Office. UNFPA supported the project through training for the midwives on comprehensive maternal and newborn care and improvement of their life-saving skills, as well as providing midwifery kits.

To make Project 100 RUBIES viable, the midwives hired serve the barangays in which they live. Although their salary under the project is not much, in fact it is very minimal, the midwives remain dedicated and committed to help improve the quality of maternal care in the province. Some mayors help by footing the transportation expenses of the midwives.

The functions of the midwives include pregnancy tracking and referral of expectant mothers to the rural health unit. They also assist regular midwives during deliveries and conduct community sessions on maternal care and family planning.

In many places, midwives are assisted by volunteers. A young

**HARD TO REACH.** Standing up, sitting down, outdoor or indoor, the information should reach the audience in whatever way possible.







**RAIN OR SHINE.** The weather – or terrain – condition is a secondary concern for the health service providers. There is a sense of fulfilment when the goal is achieved despite the odds.







male nurse, for example, signed up for Project 100 RUBIES while waiting for his deployment for a job abroad. "I volunteered because I know how badly health service providers are needed in the province. A lot of the people here are not educated, and I am lucky to have finished college. As a volunteer, at least I can share with my fellow Muslims some knowledge that would help them improve their lives, particularly in the area of family planning," he said.

Maternal deaths are still recorded in the province, but the situation is slowly improving. From 18 deaths reported in 2008, the number went down to 14 in 2010. Deliveries attended by midwives have been steadily rising, from only 5,579 in 2006 to 6,230 in 2010. There are still births attended by *hilot*, but the number has been dropping in recent years, from 3,389 in 2008 to 2,024 in 2010.

#### REACHING THE UNDERSERVED.

The RUBIES midwives and volunteers reverse the conventional health service delivery. Instead of the people in hard-to-reach areas seeking them, they go to the communities instead.

Although it may seem that huge efforts have to be exerted to get to 100 per cent accomplishment of the Project 100 RUBIES goals, the midwives still find the numbers encouraging considering the major cultural barriers and geographical factors that they had to overcome to achieve the gains made so far.

The Project 100 RUBIES has been replicated by no less than the Department of Health in its Midwives in Every Community in ARMM (MECA) 300, which aims to deploy 300 midwives in rural areas in the ARMM, which also covers Tawi-Tawi. In fact, some of the midwives in Project 100 RUBIES have been absorbed by the MECA 300 project. It was never seen as a loss for Tawi-Tawi, though, because the midwives continue to serve the barangays they had been serving under Project 100 RUBIES.

## HEALTH CARE RIGHT WITHIN THE COMMUNITY

*Imelda Alibbon*



The Alibbon family is overly grateful that health services are delivered right inside their house.

Imelda Alibbon, a 28-year-old mother of two, is more than thankful for Project 100 RUBIES. She gave birth to her youngest child at the rural health unit of the municipality of Panglima Sugala in Tawi-Tawi with the help of a RUBIES midwife.

"The midwife was there practically throughout my pregnancy. She provided prenatal care and motivated me to give birth at the birthing centre so that my delivery would be safer and I would be more comfortable," Imelda narrated.

Even after childbirth, Imelda's family continues to enjoy the services of Labi Hassan, the

midwife assigned to Barangay Sumangday where they live. Labi runs community sessions on family planning and the various safe and effective methods that couples can avail of.

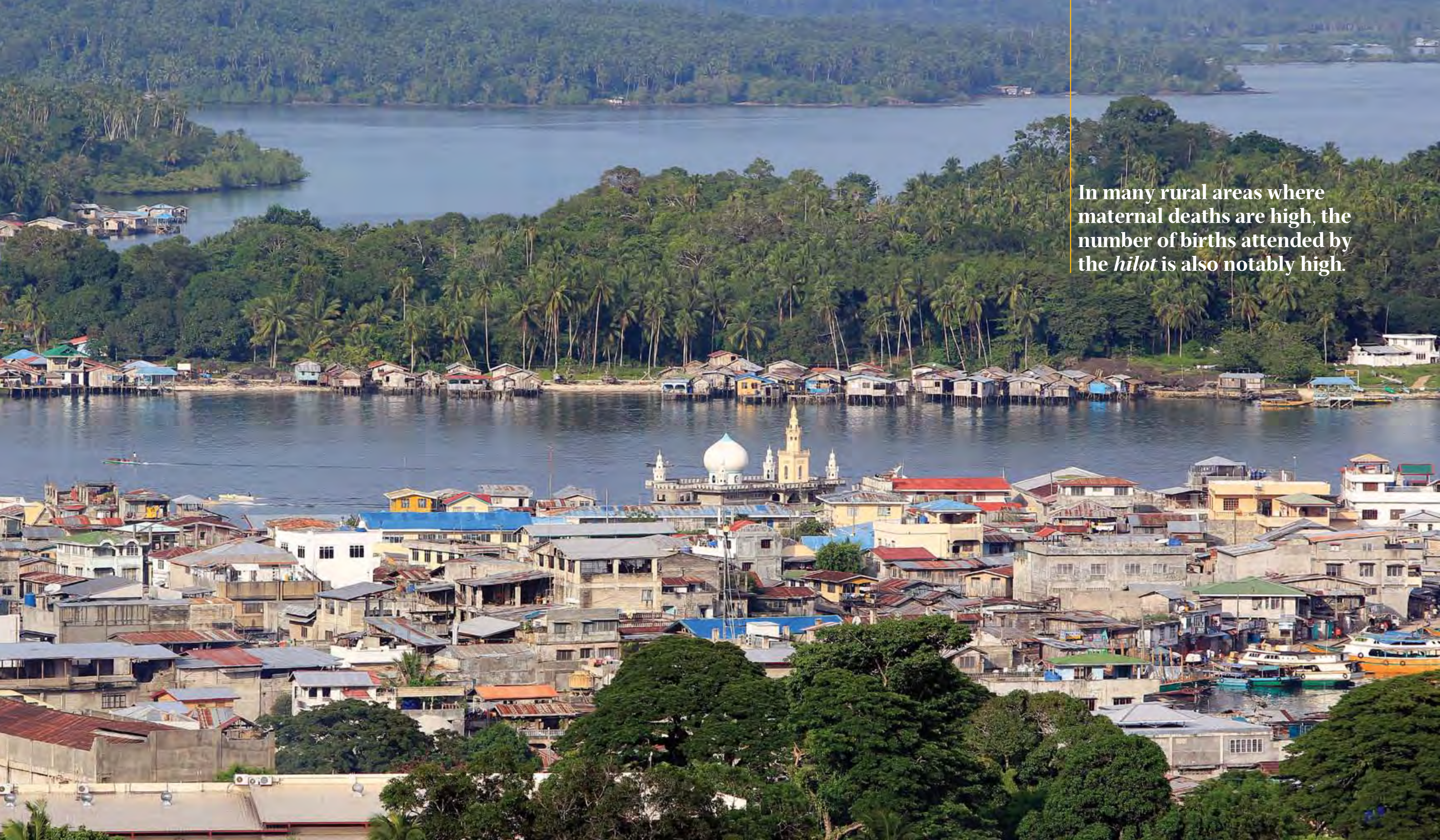
"Aside from providing prenatal care to pregnant women and educating couples on family planning, the midwife sees to it that children in our community are taken care of. She makes sure that they get the necessary immunization, are administered Vitamin A, and are dewormed," Imelda said.

What is best about Project 100 RUBIES, according to Imelda, is health services have

become more accessible because they are provided right within their community. People from other barangays reached by the project, especially for the indigenous Badjao communities, feel the same way. Before Project 100 RUBIES was born, they had to walk for miles under the heat of the sun or in the rain and endure the difficult terrain just to get to the rural health unit in their municipality.

"Now, midwives deliver health services in our neighbourhood and even right in our houses. It's really much less effort for us to access health care," Imelda happily noted.





In many rural areas where maternal deaths are high, the number of births attended by the *hilot* is also notably high.



## Saving lives – a joint responsibility

Faith and religion are deeply entwined in the fabric of daily lives of most people throughout the world. Undeniably, the leaders of churches, mosques, temples and other religious communities play a powerful role in shaping attitudes, opinions and behaviour.

In many rural areas in the Philippines where maternal deaths are still prevalent, the number of births attended by traditional birth attendant or *hilot* are notably high. Even if doctors or midwives are available, mothers still prefer the *hilot* because she is often someone known to them and attends to pregnant women in their houses – from prenatal care to childbirth. The *hilot* also performs rituals while a mother is in labour. These are rituals that are believed to help facilitate the delivery.

This, however, poses a serious challenge to efforts to prevent maternal deaths, as emergencies and complications may arise during a delivery and could cost the lives of both mother and baby in the hands of an untrained and unskilled birth attendant. In Muslim communities, the problem is exacerbated by the many misconceptions about family planning, which is seen as un-Islamic.

With this in mind, the Department of Health in the Autonomous Region in Muslim Mindanao (DOH-ARMM) developed a programme that brought together the midwives, *hilot* and Muslim religious leaders in the efforts to bring down the high maternal deaths in the region.

**CORRECTING MYTHS.** Muslim religious leaders play a key role in dispelling false beliefs about family planning among Muslims.

In Tawi-Tawi, UNFPA supported the roll-out of the programme in the municipalities of Bongao, Panglima Sugala and Mapun after a series of consultations with the local government and training of health workers in 2008. To prepare the rural health units, UNFPA also donated birthing equipment and medical supplies, including medicines. Other development partners and local NGOs provided technical assistance and maternal care packages.

The programme in Tawi-Tawi boasts one unique feature: Learning sessions on maternal and child care and family planning were conducted specially for the *aleemat* (female Muslim religious leader) and *ulama* (Muslim scholar). The Muslim religious leaders were tapped to help dispel false religious and cultural beliefs about family planning and childbirth. In particular, the sessions emphasized to the *aleemat* and *ulama* the risks of giving birth at home attended by an untrained and unskilled birth attendant and the benefits of delivering in a health facility assisted by a trained and skilled birth attendant such as a midwife, doctor or nurse.

Because they hold the trust of most mothers, the *hilot*s were trained and engaged for the programme to promote family planning and the benefits of giving birth in a health facility assisted by a skilled midwife. Regular meetings that gathered the midwives, religious leaders and *hilot*s were conducted to assess the progress of the programme and identify remaining challenges and how these can be addressed.

To make the programme acceptable to mothers, two traditional practices were still allowed: home deliveries, provided they are attended by a midwife; and birthing rituals during labour at the health facility.

So successful was the programme that it has expanded to Sapa-Sapa, Languyan, Tandubas and Sibutu, which also have high incidences of maternal deaths. The numbers also tell the story.

In Panglima Sugala, deliveries attended by midwives increased from 471 in 2007, before the programme was launched, to 1,851 in 2010. Some barangays posted high skilled birth attendance, such as Likod Sikobong (100 per cent) and Mantabuan (97 per cent), both in the municipality of Sapa-Sapa. And more Muslim religious leaders have become advocates – from only two when the programme started to 214 as of 2010.







**COMING TOGETHER TO SAVE LIVES.** Religious leaders who are looked up to by the community, the *hilot* who enjoys the trust and confidence of mothers, and midwives who possess the knowledge and skill in childbirth came together to educate couples on reproductive health, including safe motherhood and family planning – so they can make informed choices.



Investing in family planning is a cost-effective way for countries to make progress towards achieving the Millennium Development Goals.





## FAMILY PLANNING

**F**ilipino women in the poorest social quintile have six children on the average when they desire only four. This means two more than the children they wanted. Those in the richest, on the other hand, desire only two children, which is exactly what they have on the average. Of the 3.4 million pregnancies in the Philippines in 2008, 1.9 million were unplanned, many of them among poor women.

Clearly, as the findings of the National Demographic and Health Survey and the U.S.-based Guttmacher Institute show, women without means have an especially hard time managing their fertility and achieving the family size they desire. Unwanted pregnancies also pose risks to the lives of the mother and her infant, especially when the pregnancy comes too soon after the last one.

Globally, the use of modern contraceptive methods has increased rapidly over the past 30 years, especially in countries with strong family planning programmes. But in many countries, particularly in the poor regions, poverty and lack of access to effective family planning methods limit women's ability to plan their pregnancies.

Family planning is a fundamental part of life worldwide. This public health intervention has changed the lives of women. It has given them the possibility to time and space their births, get an education and seek and stay at work. Voluntary family planning and access to contraceptives are also essential for the prevention of maternal and newborn deaths.

UNFPA accords the highest priority and support to voluntary family planning to address demand and prevent unwanted pregnancies and maternal and newborn deaths. In the Philippines, UNFPA supports its partners to strengthen their health systems through programmes that work best under the local situation to address the unmet need for family planning, thereby promoting healthier families and save lives.

### **PLANNING FOR THE FUTURE.**

Access to family planning allows couples to plan their lives ahead and devote more resources to the education and health of each child.





## Bubong's satisfied family planning users

The municipality of Bubong in Lanao del Sur used to have a very high unmet need for family planning for a number of reasons.

First, this fourth-class town of 25,275 people or 4,212 families is predominantly Muslim. Cultural misconceptions about family planning abound.

Second, although the municipality has a 1:1 ratio of midwife to barangay, many villages are too big for the midwife to cover all women and men of reproductive age. Three of the town's 36 barangays are also geographically isolated and disadvantaged. And aside from promoting family planning, the midwife has to render other health services to the barangay – from babies and children to adults.

Third, even if modern methods of family planning were accepted, there was no steady supply of contraceptives. As a result of these, women kept getting pregnant, and families kept getting bigger.

In 2005, the rural health unit of Bubong decided to try a novel strategy to promote family planning and make it acceptable to Muslim couples: Use family planning acceptors as advocates themselves.

The concept was simple. First, educate a number of couples about the value of family planning and the available methods that are safe, effective and affordable. Once they have become users and convinced of the benefits, invite them to join the Satisfied Users Club and tap them to help in the peer-to-peer advocacy. In other words, get mothers to convince other mothers, and fathers to convince other fathers, using their own experiences as proof that family planning can help improve the quality of their family's life.

**LIVELIHOOD FOR ADVOCATES.** To sustain the Club's activities, the local government provided livelihood support to its members through a rice retail store.

It was not easy, though, in the beginning as the hindering factors continued to prevail. In 2006, one year after the Satisfied Users Club was conceptualized, unmet need for family planning in Bubong remained a high 73 per cent. There certainly was a need to strengthen the advocacy.

In 2007, a full-time housewife was elected president of the club. The other mothers elected as officers had jobs but they committed their time and effort to join the club's activities to attain its objectives. The rural health unit also put systems in place and mobilized the Satisfied Users Club, barangay health workers and midwives to identify those who wish to practice family planning, especially couples who already have five children or more. These couples could be their friends, neighbours or relatives. Information sessions to convince mothers were as informal as those done by the river during laundry day, or as organized as those conducted in schools during parents' meetings.

To aid club members in their tasks as advocates, the municipal health office educated them not just on family planning but on the overall elements of reproductive health, including improvement of maternal and child health, prevention of sexually transmitted infections, including HIV and AIDS, and prevention of violence against women and children.





Members of the Satisfied Users Club also went beyond being family planning advocates by augmenting the functions of the RHU staff in promoting family planning. Some of them became members of women's health teams that track and monitor pregnancies in the barangays.

To date, the club has more than 80 members. Most of them already had as many as seven children when they decided to practice family planning and join the club.

According to the women, they did not have a hard time convincing their husbands to practice family planning. In fact, the husbands welcomed the idea, knowing it was for their own benefit. They believe that with fewer children to look after, the wife would have more time to take care of them, their children and even herself. With fewer mouths to feed, the husbands also feel less pressure at work.

The participation of Muslim religious leaders (MRLs) provided the much-needed authority in dispelling the myths and misconceptions about family planning deeply rooted in the Muslim traditions and beliefs. The club would organize sessions and invite the MRLs to talk about family planning in the context of the Holy Koran.

To sustain the activities of the club, the local government provided its members a livelihood package – a rice retail store called Bigasan ng Bayan. UNFPA and other development agencies donated contraceptives. Affordable contraceptives are also sold through the PopShop near the RHU.

From a high 73 per cent, the unmet need for family planning in Bubong dropped to 48 per cent in 2010. Contraceptive use, or the so-called contraceptive prevalence rate, improved from only 22 per cent in 2006 to 53 per cent in 2010. The most preferred method of family planning today is the pill.

**MOTHERS FOR FAMILY PLANNING.**

The Satisfied Users Club is composed of mothers who advocate family planning to fellow mothers. Some of them already have as much as seven children when they practiced family planning and joined the Club.







**Trained midwives are a key to success in reducing maternal and newborn mortality.**



## One man's vision becomes a reality

Because it is about the need to free a woman from frequent childbearing and prevent maternal and child deaths, family planning used to be mainly a woman's business, with the man playing a very peripheral role.

However, men need to be involved if gender equality is to be achieved and reproductive health programmes are to succeed. Research also shows that men do want to be involved and many of them welcome the idea of mutually satisfying relationships built on trust and communication.

Towards this end, many UNFPA programmes seek to increase men's sense of ownership over new initiatives that promote gender equity, equality and women's empowerment. They aim to increase men's comfort with seeing themselves as responsible, caring, and non-violent partners. They also recognize the diversity of men's reproductive and sexual health needs.

There are several approaches to working with men. The most common and earliest focus on men as clients and aim to make reproductive health information and services more accessible and attractive to them. This includes overcoming the idea that reproductive health is a woman's concern and the fact that services are often designed for or are primarily used by women. Men are often embarrassed to seek health services and are likely to do so only as a last resort.

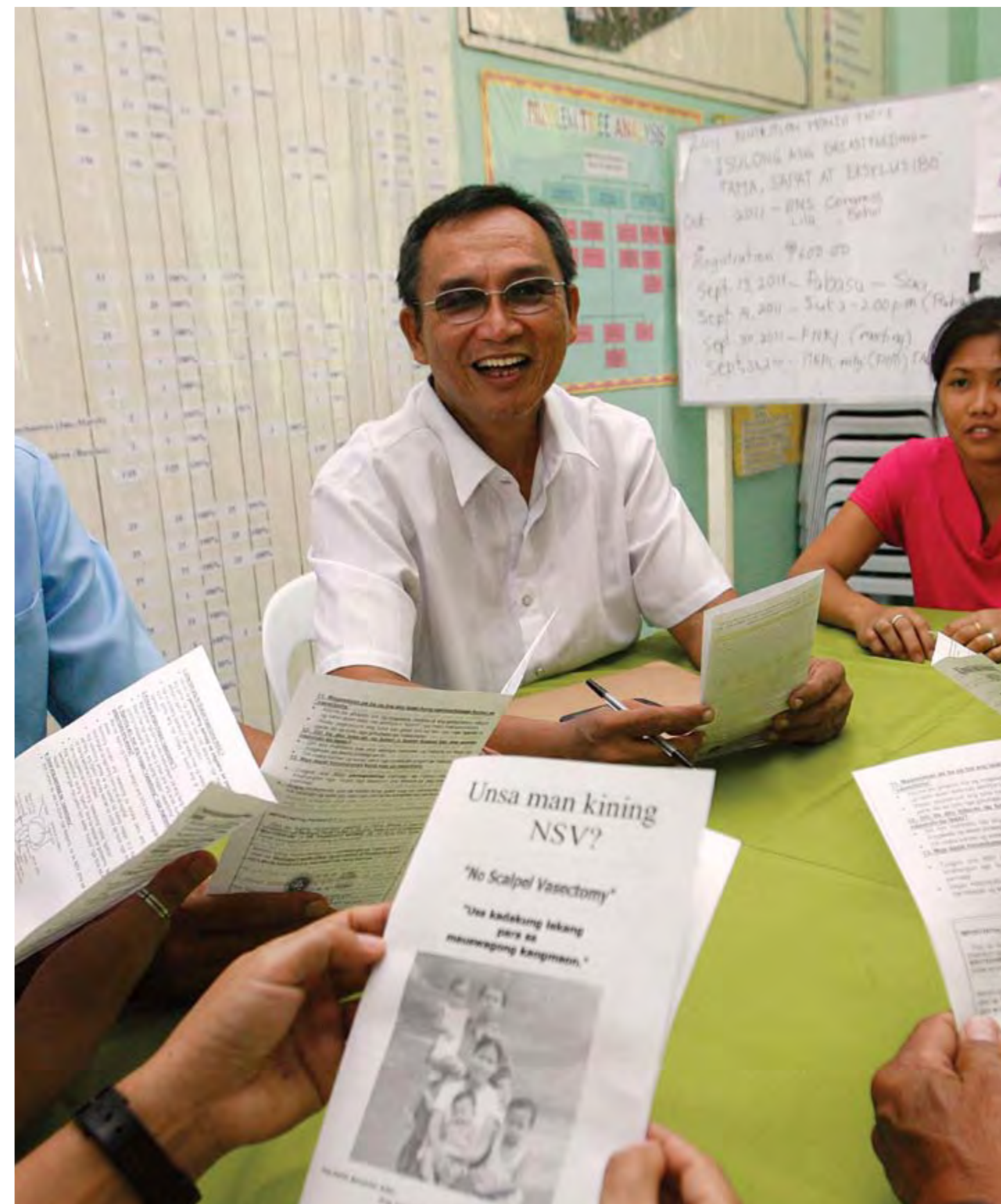
**CHANGING THE MACHO MINDSET.** The Talibon health leader challenged the macho culture when he promoted non-scalpel vasectomy, a family planning method that is probably the most difficult to advance. Results are very encouraging.

In the municipality of Talibon in Bohol, the municipal health office challenged cultural and traditional practices when it launched and succeeded in promoting a family planning method that is otherwise difficult to advance – the non-scalpel vasectomy, or NSV, a long-term family planning method for men.

One of only three first-class municipalities in Bohol, Talibon has a pool of 30 midwives, and is the only municipality in the province that has deployed at least one midwife in each of its 25 barangays to serve a population of 59,274.

The NSV was spearheaded by the municipal health officer (MHO), Dr. Francisco Ngoboc Jr., who saw its advantages as a long-term, even permanent, family planning method for couples who have already achieved, or even exceeded, their desired number of children. Comparing NSV with bilateral tubal ligation, the counterpart permanent method for women, the MHO said women will stop having babies when they reach menopause, but men, in even in old age, can continue to make their partners bear children.

"I realized that vasectomy is for couples who already have the desired number of children but still couldn't stop having children. I thought, 'Why not give them the option for a long-term, non-expensive practical method of family planning?'" he said.







In 2006, Dr. Ngoboc saw his vision start to materialize when UNFPA supported a two-week training on NSV for municipal health officers and nurses from its various programme sites, including Talibon.

Equipped with NSV techniques and protocols, the next challenge for the MHO was to convince the men to undergo vasectomy. He prepared and mobilized the rural health unit staff, including midwives and barangay health workers, to provide culturally sensitive counselling on available effective methods of family planning. It was during the counselling that the advantages of NSV were explained to couples: It is as effective as ligation, least invasive, economical, quick to perform, and provides an opportunity for husbands to support the health and well-being of their wives.

The campaign used communication materials in the local language as well as testimonials of men who had undergone NSV. The testimonials of satisfied acceptors were powerful in clarifying misconceptions about NSV, particularly on its supposed effect on the couple's sex life.

One husband agreed to have NSV after learning about it from a friend who had undergone the procedure. His family now appears in the information, education and communication materials the RHU uses in promoting NSV. He also participates in the RHU efforts to encourage more men to undergo vasectomy.

Since it was introduced in 2006, the cumulative number of NSV acceptors in Talibon has risen steadily, from 52 to 96 in 2007, 130 in 2008, 183 in 2009-2010, and 206 as of November 2011. Dr. Ngoboc's campaign has turned Talibon into a municipality with the highest acceptance of vasectomy as a family planning method in the Philippines.



**WORRY-FREE.** Through Talibon's grassroots advocacy, more husbands are opening their minds to non-scalpel vasectomy. The procedure takes less than half an hour, but as most of the acceptors say, what follows is a lifetime of peace of mind from unwanted and unplanned pregnancies.



## Involving the men of Carmen

As the vasectomy experience of Talibon demonstrates, with the right approach, men can be valuable partners in family planning programmes.

In Carmen, another municipality in Bohol, men's participation in family planning takes a different form. This time, they are placed at the forefront of efforts to increase acceptability and prevalence of family planning practice for both men and women.

Called Carmen RH Involvement of Men, or CareHIM, the programme was born out of the need to generate more male advocates for reproductive health, since it was recognized that women have long valued the importance of RH. Moreover, since men usually hold the position of power as community leaders and local government officials, enlightening them and garnering their support would help ensure the integration of reproductive health in the local development agenda.

In early 2010, the rural health unit collaborated with UNFPA in organizing activities to encourage greater involvement of men in reproductive health. The first was an orientation of Carmen's barangay councils, youth organizations, tricycle drivers and other groups on reproductive health with special focus on preventing sexually transmitted infections, including HIV and AIDS. Drivers of *habal-habal* (motorcycles for rent) were later recruited to the movement.

**THEIR TURN.** Family planning will be more effective if men were as involved as women. In Carmen, men take the lead in efforts to promote family planning and prevention of sexually transmitted infections.

Participants from that orientation were tapped to help advocate not just on the prevention of STIs but on the broader concerns of reproductive health such as responsible parenthood, family planning and prevention of violence against women.

To date, CareHIM counts around 40 members who make use of the peer approach in their advocacy. For example, tricycle drivers discuss the topics with their friends at the terminal while waiting for passengers. A tricycle driver who is the president of the tricycle drivers association also talks about STIs with his passengers, including foreign tourists.

CareHIM members receive quarterly updates and lectures from the municipal health office, which prove helpful when they serve as resource persons in orientations organized in different barangays. To make them even more effective advocates for reproductive health issues, the group has linked up with the Men Opposed to Violence Against Women Everywhere (MOVE), which works for gender equality and respect for women's rights.





**FOR GENDER EQUALITY.**

CareHIM members support the rural health unit in disseminating information about reproductive health and STIs. The group also pushes for gender equality and respect for women's rights.



The empowerment ideology is allowing women to be involved in decision-making, and enjoying freedom of expression is one of the pillars of building a nation.





## EMPOWERING WOMEN & THE YOUTH

**W**omen and youth can significantly contribute to economic growth and poverty reduction if given access to education, employment and health, including family planning services, and if gender-based violence is prevented.

Every year, millions of young people reach their reproductive age and become sexually active, but many have no access to counselling, information and contraceptives to prevent unintended pregnancies. When young people are equipped with accurate and relevant information about their sexuality, they have better control of their lives and can take advantage of opportunities that will allow them to live a more meaningful and productive life, creating an impact on their lifelong well-being.

UNFPA supports the right of young people to be involved in all decision-making that affects their lives, primarily decisions that concern their sexual and reproductive health rights. When young people can claim their right to health, education and decent working conditions, they become a powerful force for economic development and positive change.

Empowered women, meanwhile, contribute to the health and productivity of the family and community, as well as improved prospects for the next generation. The Philippines scores relatively well on international gender equality measures and indices. However, there is still work to be done in enhancing the implementation of policies and programmes to address violence against women and to promote women's empowerment and gender equality.

Decisive policies that support the empowerment of women on the broadest possible basis and help women balance both their productive and reproductive objectives are needed. UNFPA works with partners to advocate for programmes that promote legal and policy reforms, gender-sensitive data collection, and support projects that improve women's health and expand their choices in life.

**WOMEN FOR DEVELOPMENT.** Empowered women contribute to the health and productivity of the family and community, as well as improved prospects for the next generation.





## Connecting to young people by speaking their language, finding their medium

Educating young people about reproductive health can be a tiring proposition. Getting to and through to them is like aiming at a moving target. For a time, teaching them about adolescent reproductive health (ARH) in the four walls of a classroom seemed sufficient. Not anymore.

This challenge is very much felt in Ifugao, where young people aged 13 to 30 make up a third of the population and teenage pregnancies and early marriages are common. Data show 350 females 19 years old and younger getting pregnant in 2009 and 336 in 2010. A total of 373 individuals 20 years old and below, both male and female, were married in 2009 and 375 in 2010.

Ironically, two of every three 13- to 16-year-olds in the province said they are knowledgeable on adolescent reproductive and sexual health, according to a 2009 survey of the Programme for Private Sector Development. Most of them said they learned it from their school subjects (36 per cent) and attendance in ARH sessions (20 per cent). The lessons they learned, they said, include family planning, female and male reproductive health, relationships/love life, premarital sex, personal hygiene and marriage. Obviously, something was lost in the translation.

The survey provided crucial information to the provincial government and non-governmental groups in recalibrating programmes aimed at improving the welfare of the youth. Ordinances were passed to provide educational assistance to poor but deserving youths and create a special programme to employ these students during summer vacation.

**ANONYMOUS, PRIVATE.** Young people are more willing to open up in the blanket of anonymity and privacy offered by their mobile phones.

Under the UNFPA 6th Country Programme, teen centres were established in collaboration with the Sangguniang Kabataan and the provincial government. On the invitation of schools, organizations or municipal governments, the Provincial Population Office (PPO) conducts a one-day ARH session among different youth groups – both in and out-of-school – covering topics such as drug abuse, life skills, delaying sexual engagement, sexually transmitted infections, including HIV and AIDS, and alcoholism.

During a post assessment of ARH session facilitators, a problem gave rise to an opportunity. It had become apparent that the youth participants were not as engaged during the open forum. They felt inhibited asking questions in front of peers or classmates, especially if these pertained to personal matters.





Thus was born the ARH Text Tanong Programme. Participants were asked to text personal questions in the hope they would open up in the blanket of anonymity and privacy offered by their mobile phones. This would then allow support personnel to correct misconceptions about reproductive health issues and give advice on what to do, ultimately empowering the young texters.

The ARH Text Tanong Programme receives an average 20 text messages monthly, excluding the follow-up texts and exchanges. Majority of text messages have to do with teenage pregnancy, possible abortion, premarital sex, boy-girl relationship issues, parent-children relationships, STI/HIV/AIDS, use of condom, menstruation, and other health and lifestyle-related issues and concerns.

The programme's appeal to young people is easy to see. It is cost effective, most young people have mobile phones, it can generate quick response, and, best of all, it provides anonymous interactions, allowing conversations to be private and confidential.

**DARING TO ASK.** Through the Text Tanong programme, the Ifugao youth ask trained counsellors questions on issues that range from relationships to teenage pregnancy, abortion and sexually transmitted infections.







Even in remote areas, mobile technology proves to be the easiest and least expensive way to communicate and advocate. It also allows for immediate response, which proved successful in the experience of Ifugao's ARH Text Tanong programme.



## Defying the odds through multi-sectoral collaboration

Masbate seems a classic case study in gender-based violence. All factors considered, one can easily write off Masbate as a province with an expectedly high number of cases of violence and abuse against women and children (VAWC). But that's on paper.

What the cold facts and figures mask is Masbate's penchant for defying the odds. In fact, Masbateños from different sectors are coming together and taking positive action to counter violence against women and children, as well as human trafficking. Their resolve is evident not just in the three pilot and expansion areas of the UNFPA 6th Country Programme – Placer, Palanas and Dimasalang – but in the entire province.

The Philippines' law against human trafficking (Republic Act No. 9208, or the Anti-Trafficking in Persons Act of 2003) resulted in the creation of the Inter-Agency Council Against Trafficking (IACAT) in Masbate in 2006. IACAT is chaired by the governor of Masbate and co-chaired by the provincial Philippine National Police (PNP). UNFPA sits as one of the non-government members of the council.

The local government of Masbate has fully embraced its lead role in IACAT. It empowered the local police in the anti-trafficking effort because the law enforcers are, after all, at the forefront of curbing the crime.

### MULTISECTORAL SUPPORT.

Preventing violence against women requires coordinated action from various sectors. Faith-based organizations also play a key role, especially in helping survivors get over the traumatic experience.

A network of officials and front-line staff was formed to penetrate even the remotest areas in the province's three major islands and 14 small islands. This has allowed law enforcers to conduct surveillance down to the barangay level. Help desks were established in several piers for surveillance and immediate assistance to trafficked victims.

Education provides much-needed support to these initiatives. Police operatives received orientation and training on gender and development (GAD) topics such as the Anti-Trafficking Law, Anti-Violence Against Women and Children Act and Protection to Children in Conflict with the Law Act. These sessions provided fresh insights. Many of the male attendees said they learned so much about the rights of women, including respect begins with their own wives, and the need to ensure that other women do not become victims of human trafficking and other forms of abuse.

Disco bars, Internet cafes and other entertainment establishments—which are notorious for hiring minors—were likewise the subject of advocacy programmes. Also, the local government installed lights in the parks and removed park benches, which often serve as rendezvous points for illicit sexual practices, drug distribution or use and other illegal activities.

Realizing that prevention of VAWC and trafficking starts with the potential victims, the provincial government established four school-based teen centres and three community-based centres aimed at preventing young Masbateños from engaging in negative risk behaviours that could result in teen pregnancies, early marriages, abortions and even sexually transmitted infections.







**REFERRAL SYSTEM.** The provincial programme developed its own protocol on the referral of survivors of human trafficking and violence to ensure that a functional and harmonized system is in place. A series of orientations on the referral protocols were conducted for those involved in responding to such cases.





The province also established one-stop Women and Children Protection Units (WCPUs) in the provincial and municipal hospitals. Abused children or women are interviewed and accommodated here while undergoing treatment and recovery. The place is designed to be survivor-friendly to prevent victims from reliving their traumatic experience.

Masbateños have made significant strides against VAWC and human trafficking, but they know the fight is far from over. Every day, strengths square off with weaknesses, and opportunities with challenges. A cause for concern is bribery of some PNP officials and staff doing surveillance work. Counter-suits filed against law enforcers can also easily discourage them from pursuing justice for the victims. Poverty is still the enemy: Money silences many victims and potential victims of these crimes.

Battles have been won and may be won daily. But in this war, consistency is the key to victory.

**ONE-STOP CENTERS.** Masbate established one-stop Women and Children Protection Units in the provincial and municipal hospitals, where survivors undergo treatment and recovery.

## PARTNERING WITH THE PRIVATE SECTOR TO CURB HUMAN TRAFFICKING

*Jollibee*



Human trafficking has become a lucrative business for traffickers. Often, victims are overwhelmed by the promise of good jobs. Because of their subordinate position, women and girls are most vulnerable.

Eliminating this widespread and clandestine activity, which often involves organized crime, require collaborative efforts, with participation from governments, non-government organizations and communities.

Following the opening of various entry and exit points for transport vehicles in Masbate, human trafficking has been on the rise.

The installation of the Anti-Trafficking Help Desk in Masbate City and partnership between the provincial government, police, Coast Guard, non-government organizations and concerned citizens were still not enough to fight the crime, especially trafficking in girls and boys for prostitution and forced labour. It was time for the provincial government to call in the private sector to help propagate information about the crime throughout the province.

Fast food giant Jollibee Foods Corporation was one of the private businesses to respond to the call. It printed posters and flyers that informed Masbateños that human trafficking is illegal and helped raise their aware-

ness about the rights of a child. The posters published the hotline numbers of agencies providing assistance and services to trafficked young people. Aside from the Jollibee outlets, the posters and flyers were displayed and distributed in public areas and government offices.

Thanks to the coordinated campaign of government agencies, particularly the municipal and provincial Social Welfare and Development offices and the police, non-government organizations and the private sector, the people of Masbate have become more vigilant and cooperative with authorities in apprehending suspects and rescuing victims of human trafficking.





**The need to elevate the rights of Muslim women and girls has been a long journey for advocates of gender equality in the Muslim community, particularly in the Autonomous Region in Muslim Mindanao. The khutba on gender and reproductive health is an unparalleled landmark in the promotion of gender equality and women empowerment in the region.**



## In the words of religious leaders

Advocating for reproductive health in a Muslim setting has always been a challenge because of the many misconceptions deeply rooted in cultural traditions and beliefs, especially about family planning and the role of women. Muslim religious leaders are also often viewed as real or potential obstacles to family planning.

Correcting these misconceptions can improve demand for reproductive health information and services and to achieve this, culturally sensitive approaches must be integrated into programming efforts. Toward this end, UNFPA works closely with communities and local agents of change, including religious leaders. When their attitudes and beliefs are respected, Muslim religious leaders may open up to changes that will contribute to the well-being of their communities.

In the Autonomous Region in Muslim Mindanao (ARMM), a milestone in the advocacy for reproductive health and gender equality was reached in 2008 when the Assembly of the Darul Ifta of the Philippines (House of Islamic Opinions), the highest assembly of Muslim religious leaders (MRLs) in the country, launched the handbook on khutbas, or Islamic sermons, on 15 gender and reproductive health issues based on the teachings of the Holy Koran.

The khutbas were developed by the Muslim religious leaders themselves to clarify contentious perceptions on the rights and roles of Muslim women in marriage, family, property, governance, and legal and institutional concerns. The Islam-sensitive handbook was to serve as guide for MRLs in explaining the topics in such venues as Friday prayers, couple counselling and community gatherings.

**CLARIFYING ROLES.** The *khutba* is a culturally sensitive approach in promoting greater understanding of the roles of Muslim women at home and in society.





The development of the handbook was an offshoot of ongoing gender advocacy initiatives by leaders in the ARMM in compliance with the recommendation of the United Nations Committee on the Elimination of all Forms of Discrimination Against Women (UNCEDAW) to intensify dialogue with Muslim communities in order to improve gender relations and address the lack of basic services for women in the ARMM. UNFPA worked with Agencia Espanola Cooperacion Internacional para el Desarrollo (AECID) and an ARMM-based NGO, the Tarbilang Foundation, to support the regional government's efforts.

The Khutba on Gender and RH were pretested in selected masjid or mosques to assess their acceptability and the general reactions of Muslim women and men. The results were used to enhance the materials, which meant adding more hadith (tradition of Prophet Muhammad), and plan a training for MRLs on the use of the handbook.

The khutbas deal with the topics of man-woman relationship as the first duty of all Muslims, man and woman as partners, education in Islam, building a righteous family, mahr (bride price) in the teachings of Islam, marriage counselling, early and arranged marriage in the light of Islam, family planning in Islam, maternal and newborn health care, the hikma of hijab (the wisdom of Muslim women's traditional head covering), women's economic rights, violence against women, the meaning of polygamy, divorce in the perspective of Islam, and Islamic inheritance.

To help popularize the handbook, core messages were identified and illustrated in posters and other information, communication and education materials. The handbook was translated from English to five major Moro dialects – M'ranaw, Taosug, Sama, Maguindanaon and Yakan. The translations were undertaken together with Islamic scholars in the ARMM and validated by the religious leaders. The validation process not only ensured the veracity of the translation, but also facilitated the agreement and corroboration of other MRLs in using the Koranic verses, hadiths and sunnah.

After the series of consultations, community-based MRLs, educators and NGO workers were trained on how to effectively use the khutbas in masjid and the communities. Specifically, the training was aimed at deepening the understanding of MRLs and community leaders on the roles and rights of Muslim women and men in the context of Islam. It also sought to strengthen the skills and capacities of the religious leaders on advocacy and communication in the context of khutba delivery.

The development of the khutbas on gender and RH was a pioneering work in gender advocacy in the context of Islam. It broke the myth that mainstreaming gender in Islam is next to impossible. The effective collaboration with MRLs was a breakthrough as past experiences have shown that many of them were not open to discussing gender issues in the context of Islam and Muslim traditional practices.

Bringing together MRLs who have been immersed in gender advocacy and those who are just starting proved most beneficial. The authority and expertise of the experienced MRLs assured the newer ones that addressing gender issues in Islamic context poses no threat to the basic principles of Islam.

Inclusion of the aleemat, or female religious leaders, and giving them initial training on the delivery of nasihat, or informal khutba or Islamic sermon conducted during community meetings, based on the core messages of the 15 khutbas on gender and RH gave added value to the project. It also stressed the need to involve and train more aleemats in advocating gender and RH in Muslim communities.



#### KNOWING THEIR RIGHTS.

Muslim religious leaders affirmed the use of *khutba* as an effective means of educating Muslims – both males and females – on their rights.



**The khutba on gender and RH is a pioneering work in gender advocacy in the context of Islam. It broke the myth that mainstreaming gender in Islam is next to impossible.**





## Preparing couples for the responsibility

Muslim family relations in the country are governed by the Code of Muslim Personal Laws. Passed in 1977, the code has not been revised or amended to harmonize it with the changing times and the advent of technology.

Muslim marriages, in particular, still adopt the old tradition of providing counselling, or Khutba Nikkah, only at the time marriages are solemnized. Because many Muslim couples in the country register their marriages with the Local Civil Registry or the Shariah district and circuit courts late or, worse, not at all, they barely receive counselling on responsible parenthood, family planning, maternal health and reproductive health.

In 2003, the Darul Ifta (House of Opinions) of the Philippines, a group composed of influential ulamas and learned Muslim religious leaders, passed a fatwa, or religious edict, on family planning, which aims to promote better understanding and appreciation of family planning and how it can help improve the quality of life among Muslims. The fatwa clarifies that Islam does not prohibit family planning and, in fact, encourages its practice to enable couples raise children who are “pious, healthy, educated, useful and well-behaved citizens.”

In Isulan, Sultan Kudarat, where eight of the 17 barangays are predominantly Muslim, the low acceptance of family planning had resulted to unplanned and mistimed pregnancies, which in turn contributed to the high number of maternal deaths. The prevalence of early marriages among young Muslims also led to risky – and sometimes life-threatening – early pregnancies.

**COLLABORATION.** Partnerships between and among Muslim religious leaders, barangay health workers, Shariah court personnel and community leaders in Isulan have made the pre-marriage counselling programme more acceptable to the municipality’s Muslim population.

Women leaders from the Muslim communities themselves sought intervention from the municipal council to curb marriages among adolescent Muslims. The dialogue inspired the crafting of a proposed ordinance requiring Muslim couples to undergo counselling as a pre-requisite to marriage in all Shariah district courts in Isulan.

After a series of consultations with Muslim religious leaders, community leaders, social workers, barangay officials and Shariah lawyers and courts, Ordinance No. 2009-166 ISB, or the pre-marriage counselling legislation, was enacted in 2009. The counselling is aimed at explaining the roles and responsibilities of the couple in a marriage and provides a venue for them to carefully weigh their plan and their preparedness for the journey they are about to take together.

The ordinance complements the fatwa on family planning as the counselling covers comprehensive concerns on marriage and family life. The topics include improving faith, duties and responsibilities of parents, respecting rights of parents and children in accordance with the teachings of Islam, responsible parenthood, sharing responsibilities, maternal health, birth spacing and family planning, proper management of family resources, child health, proper nutrition, elements of successful marriage, family health and home management.







The Guide on Muslim Marriage Counselling, patterned after the Pre-Marriage Counselling Manual of the Commission on Population and the Department of Health, was also developed with Islamic context integrated into it. The guide went through a series of workshops and pretesting before it was finalized. It is composed of the Counsellors Guide, the manual used by counsellors, and Couple's Guide, which is given to the couple.

Muslim religious leaders were trained not just on the use of the guidebook but also on reproductive health in the context of Islam, as well as on gender sensitivity and communication skills to prepare them for their role in disseminating information to couples.

Although originally aimed at Muslim couples planning to get married, Ordinance No. 2009-166 ISB also makes the counselling available to couples who are already married to help them harmonize their relationship. The counselling is divided into four parts – marriage and relationship, maternal and child health care and birth spacing, responsible parenthood and home management. One Muslim religious leader is assigned to each topic. The counselling is conducted once a month in a classroom-type venue at the Municipal Social Welfare and Development Office (MSWDO), but the MRLs also take the sessions to the communities whenever requested.

According to the MSWDO, there has been a noted decrease in teen marriages since the implementation of the ordinance. Some young couples sometimes come out of the counselling with a mutual decision to postpone their wedding until they are more prepared for the responsibilities. Already married couples claim that the counselling has helped them improve their relationship.

**THOROUGH PROCESS.** The municipal council subjected the pre-marriage counselling ordinance to a thorough consultation with all stakeholders that included religious and community leaders, NGOs, women's groups, social workers, barangay councils and Shariah courts.

## CHARTING A NEW PATH FOR THEIR OWN FAMILY

*Titong and Aphramin Umal*

Titong and Aphramin Umal needed little convincing when barangay health workers conducting house-to-house visits in Purok Dansulit in Isulan, Sultan Kudarat encouraged them to attend a marriage counselling session.

The Umals are no longer a young couple. Both 35 years old, they have been married for 13 years and have children aged 12, 8 and 3. But Titong and Aphramin have always been open to learning more about improving their relationship and family life.

"The health workers said we could benefit from new knowledge about marriage life that we will learn from the session," said Aphramin.

Husband and wife know first-hand how difficult life could be without a stable family.

Titong's parents parted ways when he was just 12. Neither his father nor his mother took responsibility for their six children. He grew up with an aunt and cousins who luckily treated him as their own.

Aphramin's mother was widowed early and struggled to raise all five children. "My mother took menial jobs like washing clothes for other people just to make ends meet. We didn't have enough so all five of us didn't finish school. I was lucky to have reached high school," Aphramin said.

Titong, a tricycle driver, confided that he is bothered every time he sees homeless children roaming the streets. "I remember how hard life was as a child. I don't want my own



The couple learned to share responsibilities at home, from the complex duty of raising their children to a simple task as a household chore.

children to become like the street children that I see," he said.

Attending the marriage counselling, the couple said, gave them valuable knowledge about shared responsibilities in raising the family. Aphramin said she learned a lot about taking care of her children and managing the limited household resources.

She also noticed changes in Titong as a result of the counselling. He has, she said, become a better father and husband. "Before, his role was just to provide for the budget for our daily needs. He was not very good at expressing his emotions. But now, he is more affectionate towards me and the children and helps me with the household chores, including the laundry," Aphramin happily related.

Because Titong and Aphramin have experienced poverty and know it can get worse when there are more children to feed, clothe and send to school, the couple became more appreciative of the value of family planning that was discussed by the counsellor. After evaluating the safe, affordable and effective methods available to her, Aphramin decided to go on the injectable contraceptive to prevent another pregnancy.

"With my husband's income as a tricycle driver, it is already a challenge to meet the daily needs of the family. We can't afford to have another child so we decided to practice family planning," she said, to which her husband nodded in agreement.



## Gender sensitive response to VAW cases

Violence against women (VAW) in the Philippines continues unabated. Cases reported to the police increased from 6,905 in 2008 to 9,485 to 2009 or by 37.4 per cent. The numbers further went up by 59 per cent to 15,104 cases in 2010.

The 2008 National Demographic and Health Survey reveals the extent of abuse. One in five women aged 15 to 49 experienced physical abuse, 8 per cent of ever-married women experienced sexual abuse, 14.4 per cent suffered physical violence perpetrated by their own husbands, and nearly four out of 100 pregnant women experienced physical violence.

A survivor of violence has multiple needs, which begin with medical care and extend to psycho-social services. At a certain stage, she would require opportunities for employment to help her break free from an abusive relationship and become self-reliant.

Given the sensitivity of VAW cases, enhancing the analytical skills of service providers, specifically social workers, is important so they can respond to and handle survivors in the most appropriate and gender-sensitive manner.

As part of its work to counter gender-related violence, UNFPA worked with the Department of Social Welfare and Development (DSWD) to develop and implement a Gender-Responsive Case Management (GRCM) manual to guide social workers and case managers nationwide in handling VAW cases.

Essentially, the manual, accompanied by a training, was designed to enable social workers understand that causes and dynamics of VAW are gender-based, apply methods and techniques in case management with gender as a practice perspective, and uphold the ethical standards of practice in the face of physical and emotional difficulties experienced as a consequence of working closely and constantly with survivors.

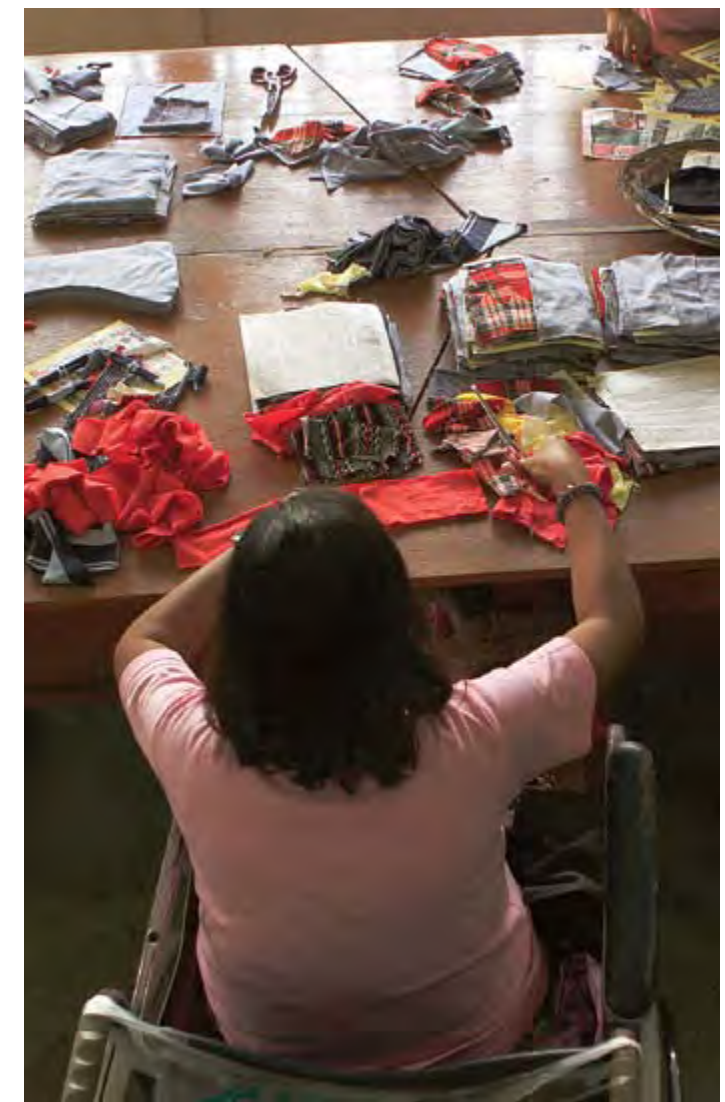
The manual was introduced in the 10 provinces covered by the UNFPA 6th Country Programme in 2008 and is now widely used by social workers and case managers in handling VAW cases in their areas. Gender-responsive case management is also being implemented by DSWD in women's centres in non-UNFPA programme sites nationwide.



### TRAINING SOCIAL WORKERS.

The programme addresses limitations of social workers in terms of understanding the dynamics of violence against women, skills and techniques in case management and upholding the ethical standards of working closely with survivors.





**SKILLS TRAINING.** Livelihood skills training, along with psychosocial support, for survivors of violence is crucial as they recover from the experience and prepare to face society again.



UNFPA works to intensify and scale up HIV prevention efforts that reach out to vulnerable groups, such as prostituted women and men.





## PREVENTING HIV & AIDS

**T**he prevalence of HIV and AIDS appears to be stabilizing globally, but there are countries where cases continue to rise, undermining efforts to achieve the Millennium Development Goal to halt and reverse the HIV trend. The Philippines is one such country.

Based on the 2010 UNAIDS Global Report, the Philippines is one of only seven countries that have recorded more than 25 per cent increase in new HIV cases in the last decade – at a time when the number of new infections globally has conversely gone down by 25 per cent.

The country recorded its first HIV case in 1984, and since then, the number has grown to 7,884 as of October 2011, with half of the cases registered in the past five years. Although the prevalence rate is less than 1 per cent of the population, the cases of new infections are growing at an alarming rate. From only one case every three days in 2000, two cases were recorded daily in 2009, five daily in 2010, and six to eight cases daily in 2011.

In the absence of a cure, prevention is the only hope of reversing AIDS. However, even basic information about how HIV is transmitted remains beyond the reach of most of the people who are at risk. Less than 20 per cent of people at risk of HIV have access to the means to prevent infection, and only one in 10 people living with HIV has been tested for the virus.

The lack of proper knowledge and information on the disease is aggravated by myths and misconceptions. The 2008 National Demographic and Health Survey lists the common misconceptions: All people with HIV/AIDS appear ill, the virus can be transmitted through mosquito bites or other insect bites, the virus can be transmitted by hugging or shaking hands with someone who is HIV positive, and the virus can be transmitted by sharing food with someone who has HIV and AIDS.

**NO ACCESS.** Fewer than one person in five who is at risk of HIV has access to the means to prevent infection and only one in 10 people living with HIV has been tested for the virus.





## Working together to stop the menace

Twenty years after the US forces withdrew from Subic Bay, Olongapo City still gives the impression of a city synonymous to entertainment, red light district and sex work. Understandably so.

Looking back, while the US base brought positive socio-economic developments, it also ushered in an environment for sex tourism. The city recorded its first HIV case in 1986, and the number has been climbing at fast pace since then.

Even after the naval base was closed down, sex work and high-risk sexual behaviours continued. Aside from HIV, cases of other sexually transmitted infections (STI) such as gonorrhoea, syphilis and hepatitis-B kept rising. The diseases affected mostly young adults and the working age group, hence posing unique challenges to the population and its health that could significantly undermine the city's socio-economic viability for generations to come.

Recognizing the issue at hand, the city government developed a comprehensive prevention programme on STIs, including HIV, and passed appropriate legislation to integrate into the health card system an STI and HIV information and education programme for workers in food and entertainment establishments. A fully equipped and functional Social Hygiene Clinic was established at the City Health Office to provide relevant services, including laboratory tests, to all health card holders.

With the support of UNFPA, the city government implemented the HIV prevention strategy within the city's reproductive health programme. Everyone applying for work in food and entertainment establishments is required to undergo an HIV 101 session before they can obtain their health card, which is mandatory for their employment. The HIV 101 class teaches participants about STIs, HIV and AIDS, and how they can prevent getting infected.

**SHARED RESPONSIBILITY.** Owners of food and entertainment establishments collaborate with the city health office in the HIV and AIDS prevention efforts. They now share the responsibility of educating their employees on how to prevent sexually transmitted infections.

The lecture focuses on modes of transmission, recognizing early symptoms, correcting myths and misconceptions, treatment, care and support.

A partnership forged between the City Health Office (CHO) and bar owners paved the way for the establishment of the Association of Bar Owners (ABO). The organization took on the responsibility of promoting 100 per cent condom use among sex workers, monitoring STI cases and conducting reproductive health lectures in efforts to prevent infections.

The programme also involved the local non-government organization Buklod ng Kababaihan to ensure that freelance sex workers are covered by the programme. The NGO specifically worked for access to health and social services to protect freelancers from sexually transmitted infections.

In the experience of Olongapo City, acknowledging the socio-economic and public health repercussions of sex tourism proved an important factor in effectively providing essential population and health services, specifically in understanding the critical behaviour and needs of underserved and marginalized groups.

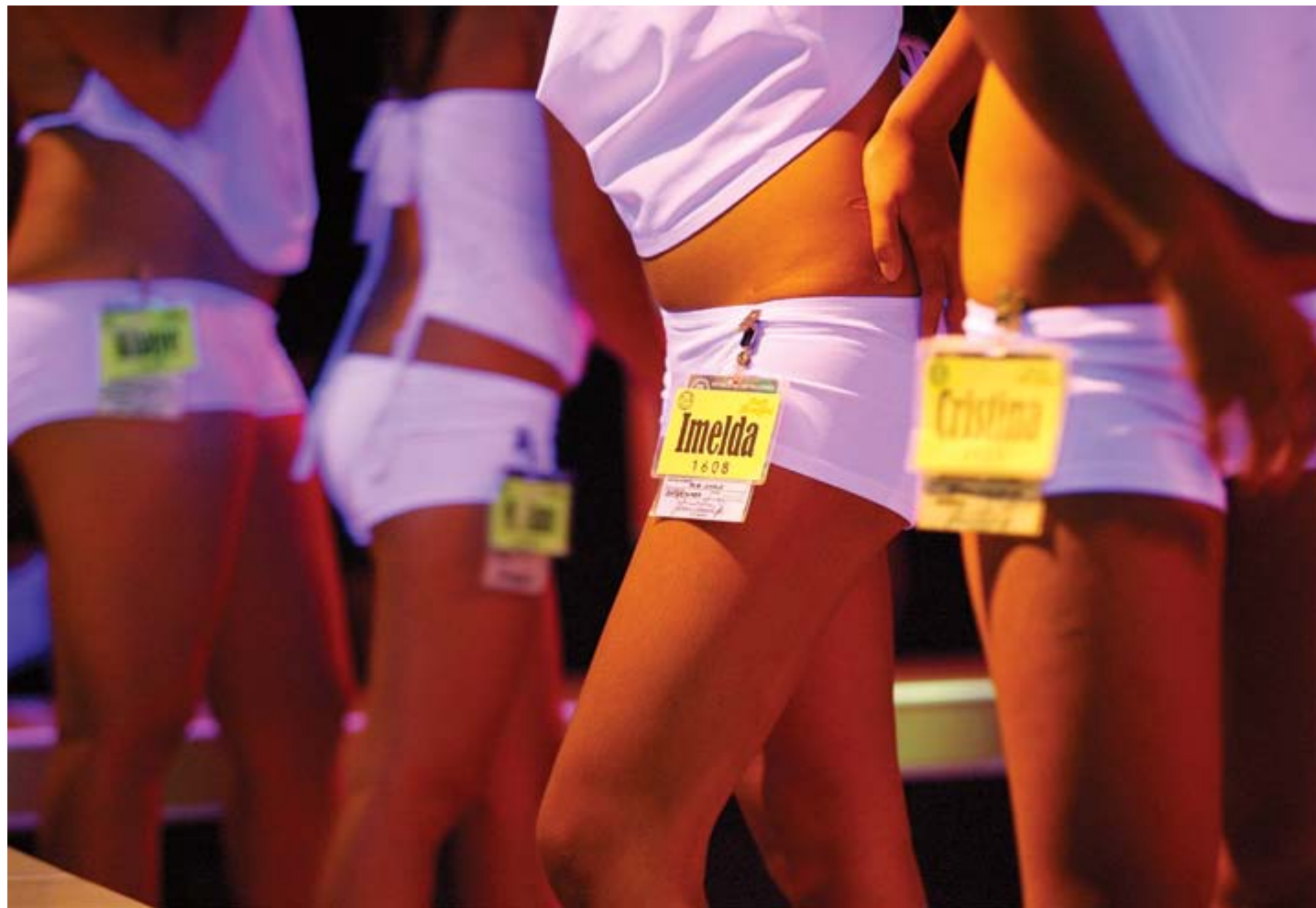
With the collaboration with NGOs, which continues to this day, reproductive health issues are being addressed. Results of behavioural surveys participated in by entertainment establishment owners and workers have shown improved attitudes towards the prevention campaign.

Health card applicants felt they were not just beneficiaries but also partners in the HIV prevention programme. Cases of STIs regularly monitored by the CHO have been on a downtrend since the programme started in 2008. From 124 cases of infections in 2008, the figure dropped to 100 in 2009 and to 80 in 2010. Recorded HIV cases went down from 16 in the period 2000-2006 to five in the period 2007-2010.

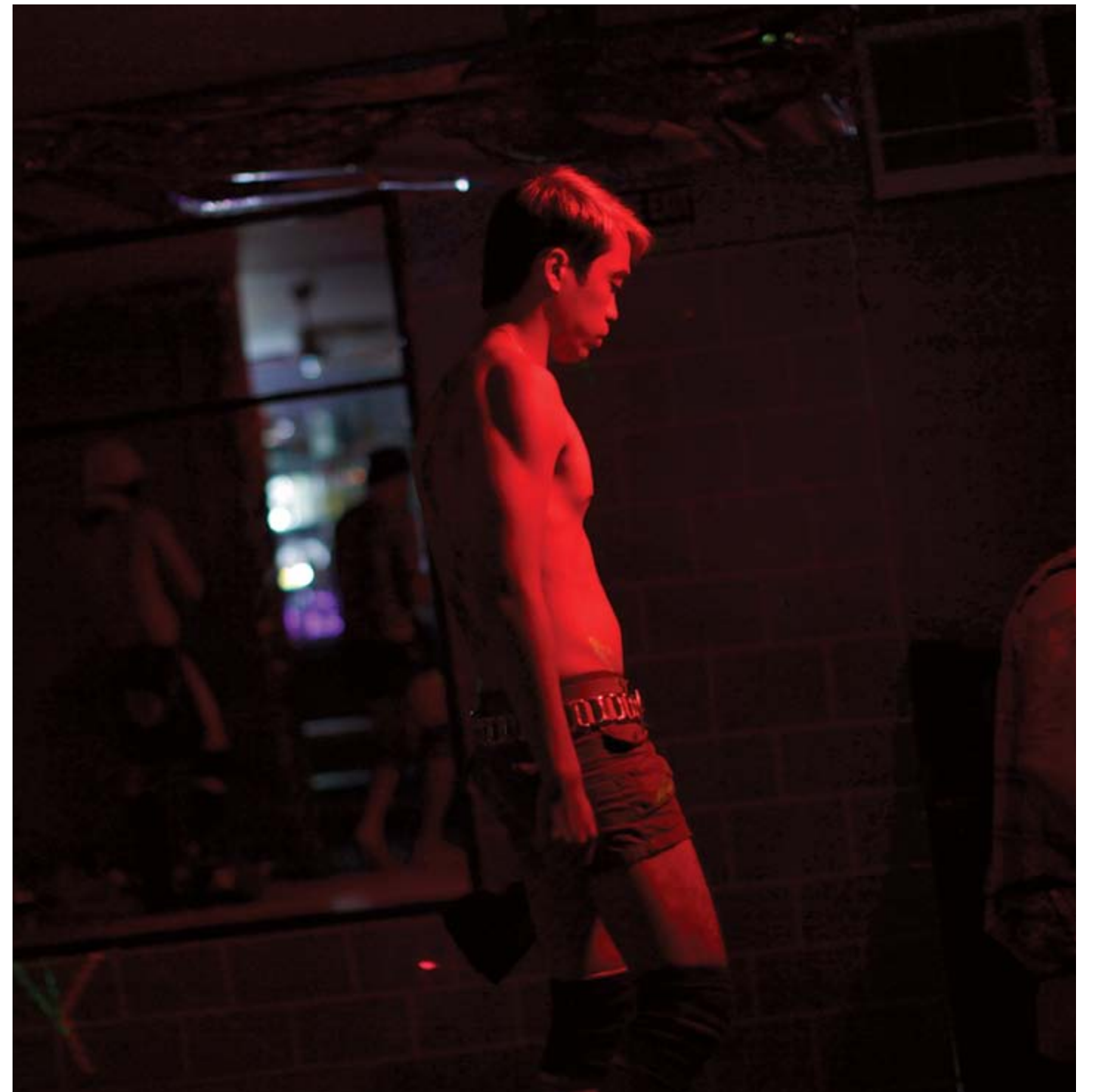
As the city government's motto goes, "Walang Tamad sa 'Gapo" (No one is lazy in Olongapo). There is no letting up in the campaign to combat HIV and AIDS. Not in Olongapo.





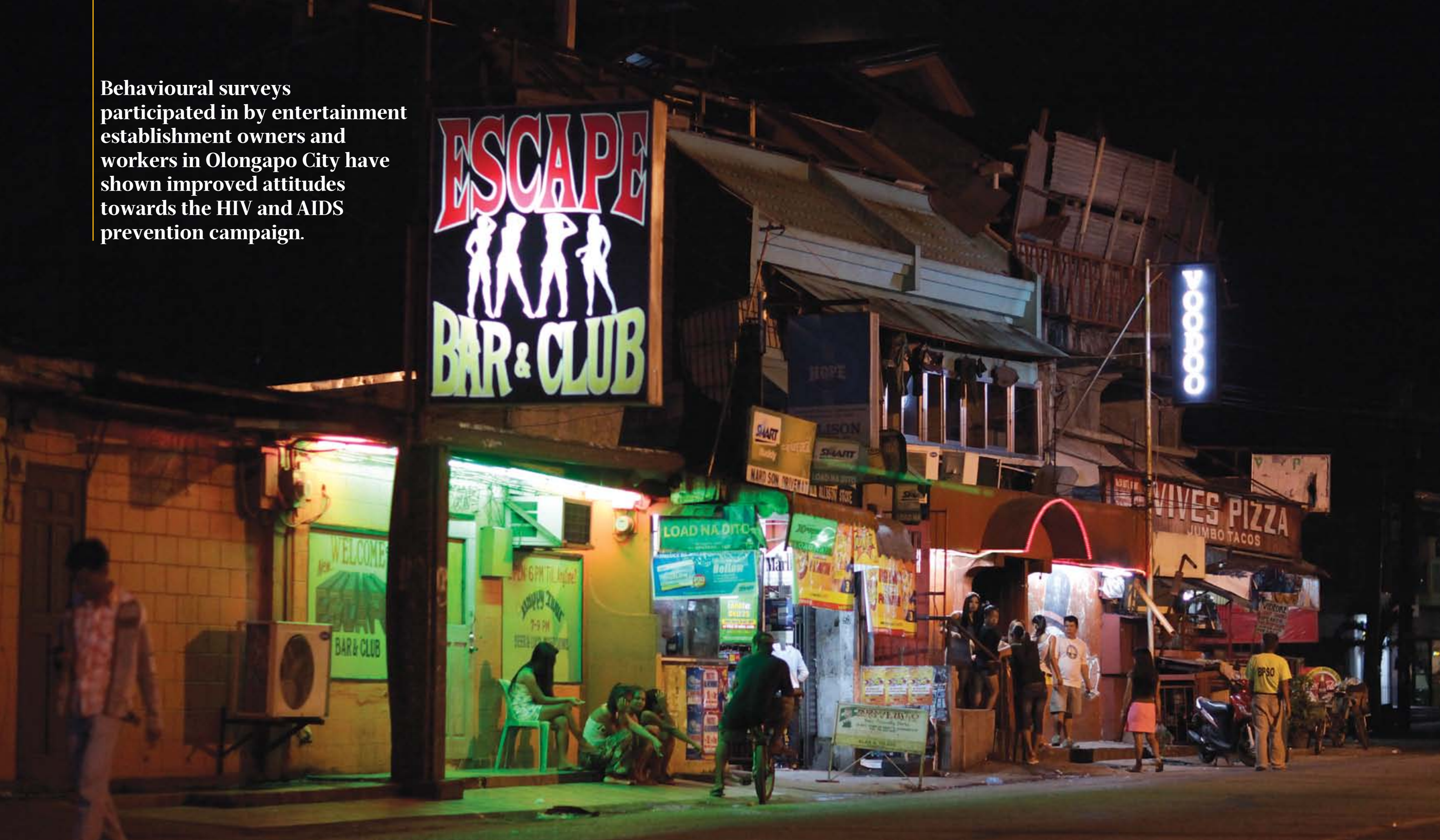


**INCREASED AWARENESS.** Olongapo residents who have participated in the HIV classes feel they are not just beneficiaries but also partners in the prevention programme. Cases of STIs, including HIV and AIDS, are regularly monitored and have been on a downtrend since the programme started in 2008.





Behavioural surveys participated in by entertainment establishment owners and workers in Olongapo City have shown improved attitudes towards the HIV and AIDS prevention campaign.





UNFPA supports collection and analysis of data crucial for formulating and implementing policies, programmes and projects that seek to improve the lives of the people.





## MAKING DATA WORK FOR PROGRAMMES

**U**NFPA has been supporting countries in building capacities for data collection and analysis. The data collected will be crucial for providing an evidence base that can guide national policymaking and implementation of programmes that aim to improve the lives of the people.

Under the 6th Country Programme, strong emphasis was placed on the ability of local governments, NGOs and the private sector in identifying poor and vulnerable groups and in formulating, implementing, analyzing and monitoring pro-poor policies, programmes and projects in reproductive health, such as establishment of birthing centres, hiring of midwives and procurement of contraceptives.

At the local level, the Community-Based Monitoring System (CBMS) tracks and establishes the level and nature of poverty. The monitoring tool consists of core poverty indicators as basis for anti-poverty diagnosis and planning to achieve the country's targets for poverty reduction. The proportion of women who died of pregnancy-related causes is one such indicator.

The local governments of Olongapo City in Zambales and Isulan in Sultan Kudarat provide good examples in making data work for the improvement of social services to the people. Aside from having a functional CBMS, Olongapo City enhanced its management system by installing the Socio-Economic Information System (SEIS) in generating relevant information for use by the different stakeholders and even private citizens.

**HARD FACTS.** Support to a wide range of research is important to inform public policy and improve programming strategies. The implications of changing population age structures for countries' development also need to be taken into account by planners.





## Transforming Isulan to empirical governance

In the world of oversimplification, one can say that poverty may be caused by three things: Lack of resources, misallocation of resources, and – obviously the worst kind – both.

Isulan is a first-class municipality and the capital of Sultan Kudarat, but it is still part of a province that ranks eighth in the list of poorest in the Philippines, with a poverty incidence of 54.3 per cent.

A few years ago, the absence of empirical data became a major stumbling block in the proper planning and, consequently, the efficient distribution of the already meagre income of the municipality. The adoption of the Community-Based Monitoring System (CBMS), however, brought about a 180-degree turn in how things are run in the municipality. As a governance bottom line, population segments needing priority assistance could be identified and located through the CBMS.

The adoption of the CBMS in Isulan began with the recommendation of the Department of Interior and Local Government (DILG) through its Municipal Local Government Operations Office (MLGOO) to Isulan. UNFPA assisted in formulating the project design and determining the resources needed, as well as sources of funds, which was provided by the local government. The barangay councils chipped in office supplies and additional honoraria for the enumerators. DILG and UNFPA also took charge of the booklets to be used in the survey, training enumerators and data encoders, and data processing.

The investment for better governance produced amazing results. The information culled from the survey, almost instantaneously after these came out, became the basis both for short- and long-term plans of Isulan.

**EVIDENCE-BASED.** The Community-Based Monitoring System works to transform governance in Isulan through evidence-based decision-making. The CBMS identifies population segments needing priority assistance.

The CBMS data were used by the Municipal Planning and Development Office in formulating the municipality's six-year Comprehensive Development Plan and in revising and updating its 10-Year Land Use Plan. The Municipal Treasurer's Office also adopted the data as a key reference in launching tax campaign in the villages.

Other agencies came into the picture: The National Housing Authority made use of the CBMS data in identifying households for prioritization of their assistance on housing. The local National Statistics Office is using the actual count of the population in contrast to the projected population based on the 2007 national census.

More significantly, the survey is poised to deliver needed improvements in the lives of Isulan people. It enabled the local department of agriculture to prioritize its resources for the livelihood assistance programme to the barangays, allocating more to villages which the survey found to have the least proportion of enrolled elementary school children. These five priority barangays are Bual, Lagalig, Kalawag, Dangulit and Laguelling.







The municipal government's Public Employment Service also revised its Scholarship Assistance Programme for high school and college students based on the CBMS survey. A total of 95 high school students and 90 college students received the Scholarship Assistance Programme. The special programme provides for the students to join the 20-day Summer Programme, where they could earn income. Forty per cent of the assistance went directly to their tuition and 60 per cent to their allowance. Another Php500,000 was budgeted in 2011, which benefited 500 students.

The CBMS data also surfaced six maternal deaths in 2008, which were not recorded by the Regional Health Unit. Isulan reported zero maternal deaths in the previous years, and the Municipal Health Office validated the data in the identified barangays. One of these was confirmed as a valid maternal death. As a result, the MHO intensified its campaign for facility-based deliveries and early and regular consultation of pregnant women with health care providers.

It is fair to assume that the full effects of the CBMS would be more apparent in the coming years. Staying on course is crucial, both in the study and the action to be taken as an offshoot of this. The Municipal Planning and Development Office has committed to do this as it continues to meet the data requirements of the different offices of the municipality and accommodate the requests of other organizations and development partners.

**RESPONDING TO NEEDS.**

Guided by the results of the CBMS, Isulan responded to the identified needs of its people through scholarship grants for high school students, livelihood programmes for families and the establishment of birthing centres, among others.



## A city that inspires: Olongapo retains its showcase status of progress

To motivate leaders and their people to make their lives better, sometimes it is not enough that they receive support through the usual aid and assistance. The goal, after all, is not dole out; it is to make them realize what they can do and ultimately take steps to achieve their potentials. Support, in several cases, can come in the form of inspiration.

In 1991, Mount Pinatubo, just 20 miles away from Olongapo's Subic Bay, erupted with a force eight times greater than the Mount St. Helen's eruption. Volcanic ashes turned Olongapo into a wintry ghost town. That same year, the Philippine Senate refused to extend the existing RP-US Military Bases Agreement, terminating the US forces' stay in the Subic military base, which was the main source of direct and indirect income of Olongapo City.

Unfazed, the leaders of Olongapo turned to volunteerism in response to these formidable challenges. The city's 8,000 volunteers protected and preserved the abandoned US naval base facilities. The local government launched an aggressive international investment promotion to turn Subic Bay into a prime industrial and tourism zone.

Today, Olongapo is one of the most urbanized cities in the Philippines. Its leaders, however, are not resting on their proverbial laurels as they continue to find ways not only to propel the city's economy but also to improve the quality of lives of the people.

**USEFUL DATA.** Olongapo City adopted the CBMS to generate data on poverty indicators with the intent of alleviating poverty in the city. The Socio-Economic Information System was established to consolidate secondary data into a useful, ready-to-use information.

The first time Olongapo City Mayor James Gordon learned of the 6th UNFPA Country Programme in 2005, he knew that the Community-Based Management System (CBMS) would fit Olongapo's needs perfectly. After attending the international conference held in 2005 in Kobe, Japan by the Asian Urban Information Centre of Kobe (AUICK), he requested through AUICK that the city be considered as one of the Country Programme project sites. In particular, he stressed the dire need of the city to install a management information system (MIS). With the collaboration between UNFPA and AUICK, Mayor Gordon got his request.

In 2007, Olongapo City, through the City Planning and Development Office (CPDO), adopted the CBMS tool to generate data on poverty indicators. The first round of CBMS data gathering was conducted from 2008 to 2009. The LGU is now on its second round of CBMS data collection and about to complete the data processing. The first CBMS included one rider question that focused on ranking sectoral needs, while the second round included more rider questions – on reproductive health, gender and client satisfaction of various services offered by the different departments.

In 2008, the city established the Socio-Economic Information System (SEIS) to generate updated and ready-to-use information on the demographic, economic, social, cultural and physical attributes of the population. The overall design is for the system to gather and collect all the data being generated by each of the departments and offices and place them under a centralized repository, the CPDO, for consolidation, analysis and dissemination.

The results of the CBMS and SEIS studies are changing the landscape of governance in Olongapo City. For the first time in its history, the city was able to produce a comprehensive, evidence-based profile of its socio-economic status, encompassing the different facets of poverty, including other development indicators such as health and nutrition, water and sanitation.







**SURVEYS.** Through household and barangay surveys, the CBMS and SEIS supplied information that details the extent of need of the communities.



The CBMS and SEIS studies generated information that details the extent of the needs of the communities through the household and barangay surveys. Corresponding explanations for these needs and gaps were gathered during the validation fora with the different barangays.

The results also contributed significantly in disaster risk management. They pinpointed households with mobile capabilities in disaster-affected areas which could be tapped in times of emergency evacuation. Also identified were professional, medical, technical and engineering practitioners in affected and nearby areas who could be tapped as volunteers in times of emergency. The data collection even went as far as identifying persons with disabilities who need to be prioritized in times of emergency.

Private entities are also using the results in their feasibility studies as well as for designing and developing their marketing programme and strategies. The academe has started using CBMS and SEIS data for case studies and feasibility studies, term papers and theses.

Over the long haul, the CBMS and SEIS will continue to shape the future of Olongapo City. The information they provide and the programmes borne out of it will validate the citations Olongapo received from UNESCO, Konrad Adenauer Local Medal of Excellence, Asian Development Bank and the World Bank.

Progress begets progress. Olongapo City continues to inspire many local leaders and Filipinos in general. Indeed, Olongapo's story can stir inspiration even to rest of the world.





**Investing in the health and rights of women and young people is not an expenditure; it is an investment in our future.**

*-Babatunde Osotimehin,  
UNFPA Executive Director*





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