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Developing Local Partnerships to Implement and Scale-up Behavior Change Communication Programs

Background

High maternal and neonatal mortality, child malnutrition, TB, and population growth rates remain key challenges to improved health in the Philippines. Significant proportions of women, men, and children—particularly those who are poor, less educated, and living in rural and marginalized communities—lack access to health information and services that promote healthy behaviors and practices.

USAID's Health Promotion and Communication Project (HealthPRO), managed by University Research Co., LLC (URC), is providing technical assistance to the Philippines' Department of Health (DOH) and Local Government Units (LGUs) in their efforts to improve health outcomes through behavior change communication (BCC). HealthPRO raises awareness, promotes supportive social norms, and stimulates and sustains positive behavior change among individuals and communities in maternal, neonatal, and child health and nutrition (MNCHN); family planning (FP); HIV/AIDS; and TB. These activities contribute to the Philippines reaching its Millennium Development Goals and help meet the Global Health Initiative principles of country ownership and health systems strengthening.

One HealthPRO aim is to develop sustainable institutional planning capacity at both national and local levels that will ensure that BCC interventions extend beyond the life of the project. Local NGOs can play a role in health promotion by providing support and technical assistance to LGUs and other local organizations. To launch, implement, and scale up BCC activities in 11 Philippine provinces that are home to a population of over 16 million people, HealthPRO identified and commissioned nine local NGOs during October 2009–February 2011. The role of these NGO partners, "local replicating agencies" (LRAs), is two-fold: 1) increase the impact of BCC interventions on the local level in MNCHN and FP and 2) enhance LGU institutional capacity to implement and sustain evidence-based, results-oriented BCC strategies and programs beyond the life of the project. By tapping into the expertise and community-level relationships of local groups, the project also accessed an effective, sustainable, low-cost, and culturally relevant means of developing, adapting, and spreading BCC messages.

FP Health Class and Counseling in Vallehermoso

URC evaluated the overall LRA approach in March 2011. The evaluation included consultative meetings with HealthPRO staff; semi-structured interviews with LRAs and staff from the regional and provincial/city health departments; feedback from USAID Philippines; and secondary resource analyses of LRA quarterly reports, regional manager reports, and project accomplishment reports.[1] A summary of the evaluation is provided below.

Strategies

The LRAs used the following strategies to implement and scale up BCC activities:

- ***Enhancing skills of service providers (midwives and nurses) and community volunteers on interpersonal communication and counseling (IPC/C).*** LRAs provided technical assistance to the provincial and municipal health departments to conduct IPC/C roll-out trainings; leveraged local government and private-sector funds for further rollout of the training; and conducted post-training monitoring

and supervision with selected trainees. LRAs received tools HealthPRO and DOH developed—such as job aids (i.e., FP desk flipchart; IPC/C checklist), IPC/C training guides, and an IPC/C supervision guide—to carry out these activities.

- ***Stimulating an expanded community mobilization effort.*** LRAs identified, trained, and mobilized local community groups (including transport groups, local cooperatives, men's groups, private organizations, community health teams, and women health teams) to reach out to communities through information dissemination and health events and encourage them to access FP and MNCHN counseling and services. As part of this strategy, LRAs used HealthPRO- and DOH-developed MNCHN and FP materials (a brochure; wall posters; outdoor materials such as streamers; backdrops; stickers for transport vehicles; and promotional items, such as bags and T-shirts).
- ***Planning and organizing health promotion events.*** LRAs helped LGUs conceptualize health promotion events designed to stimulate and sustain behavior changes among target audiences.
- ***Leveraging resources.*** LRAs mobilized in-kind and financial resources from local government and private-sector partners for BCC activities to foster local ownership of such activities and develop sustainable solutions beyond the life of the project.
- ***Leveraging local media.*** LRAs initially identified local media partners and using URC-identified national media experts organized workshops for media professionals and health administrators at provincial levels to enhance skills in reporting BCC, FP, and MNCHN.
- ***Monitoring and evaluating (M&E) BCC activities.*** LRAs used HealthPRO-developed M&E tracking, monitoring, and supervision tools to assess the quality of the IPC/C and community mobilization training and monitor the volume of people mobilized.

Key Achievements to Date

Under URC's guidance and support, LRAs have successfully scaled up BCC activities in 11 project-supported provinces. Key achievements include:

- Built a cadre of regional and provincial IPC/C resources by training 111 government and regional health officers as future IPC/C trainers;
- Using newly-trained local resources, trained 431 health service providers (midwives and nurses) in IPC/C
- Trained almost 2500 community volunteers in IPC/C;
- Introduced supervision and mentoring tools to 145 nurse supervisors to institutionalize effective IPC/C as part of the routine work of health service providers and community volunteers;

IPC/C roll out training for HSPs

- Newly trained health service providers counseled over 300,000 men and women on FP;
- Leveraged over PHP 9,500,000 (approx. 220,000 USD) from regional, municipal, and other sources for training and health events;
- Oriented and mobilized 127 community groups to support health promotion and communication activities;
- Community groups mobilized around 130,000 people to attend classes on MNCHN by trained health service providers or community volunteers; and
- Supported the implementation of 137 community and provincial health events.

Interviews with local government counterparts (i.e., staff from the regional, provincial, and municipal/city health offices) showed that they were very complimentary and appreciative of the LRAs' work. LGUs felt that LRAs helped "fast track" BCC activities in the province and were especially appreciative of the technical assistance provided in monitoring and evaluation those activities. Similarly, the LRAs thought that as NGOs they provided valuable resources and technical assistance to provinces to initiate BCC activities that could not have been done without their support. In particular, the LRAs were effective in mobilizing community groups to participate in BCC activities through information dissemination, referrals—or even actual transport services to health facilities.

Lessons Learned

Foster partnerships between LRAs and LGUs from the start. A major challenge was that many LGUs felt they lacked funds to implement BCC activities. Since the 1991 devolution of health services in the Philippines, provision and financing of direct

"The BCC work implemented through the LRA was highly commendable. They helped us significantly improve the quality of health promotion activities that the province implemented and also expand/increase the population reached."

– Provincial Health Education Promotion Officer, Province of South Cotabato

health services, training of health care providers, and health promotion activities have largely become the responsibility of the 1700 LGUs rather than the national government, creating a huge service delivery challenge. Other provincial and municipal health offices, while recognizing that the work of the LRAs was very important, were "stressed" and "challenged" to meet all LRA demands (e.g., time-bound project deliverables). Many LGUs lack manpower sufficient to meet their workloads and found it challenging to accommodate the LRAs' schedules for activities and deliverables. Some LGUs felt that other health priorities (e.g., malaria, dengue, rabies) were more important in their provinces than MNCHN. Also, some provincial governors were not supportive of family planning; making it difficult to mobilize funding or implement FP-related BCC activities. A national HealthPRO meeting in February 2011 with all LRA partners, LGU representatives, DOH, and USAID identified the following ways to overcome some of these challenges:

- Clarify the different functions of LRAs, LGUs, and each partner at project launch; coordinate with local partners on the timing for planning and implementing activities;
- Have LRAs provide continuous advocacy with local chief executives and health officers on the importance and need for BCC activities and resources, ideally before local budgeting begins;
- Include LRAs in LGU BCC planning from the start;
- Have LGUs, as part of routine public health activities, ensure the allocation of funds for BCC, including but not limited to training, health events, BCC materials reproduction, and commodities for service delivery outlets; and
- Have LGUs institutionalize policy support for BCC through ordinances.

Ensure sustainability. HealthPRO initially contracted LRAs for only a year, which proved too short for both LRAs and LGUs to implement their tasks. LGUs mentioned that they would have liked to have more time for LRAs to roll out their activities and to help ensure that the LRA-provided technical assistance would be sustained. A national conference evoked the following recommendations to help sustain the BCC work:

- Engage LRAs for at least two years.
- Conduct local level sustainability planning meetings with LRAs, LGU counterparts, and private sector partners to ensure continuation of BCC activities beyond the life of the project. LRAs should document and share their successes and results at these meetings to enhance their credibility as local health promotion and communication agents; this work will also build their capacity to obtain grants.
- LRAs should conduct quarterly regional meetings to share experiences, promising practices, and challenges.
- Recognize outstanding performance by LRAs, health service providers, and community health volunteers in the geographic areas where they work.
- Expand and strengthen partnerships with nontraditional and private sector partners for both project implementation and resource mobilization.
- DOH should provide additional resources for BCC training and other activities, either through a sub-allotment of funds to regional and LGU offices or through mobilization of existing grant funds.
- DOH should recognize and mobilize LRAs for DOH national and regional BCC events and activities.
- As recognized technical assistance providers, DOH staff should regularly share BCC materials and messages with LRAs.

Build organizational capacity of LRAs. Challenges included weak technical competencies among some LRA staff; changes in LRA or LGU staffing during the project; and inconsistent reporting styles of project reports and budgets, which made it difficult and time-consuming to review and process. In addition, managing simultaneous activities by different LRAs in different regions made it difficult for some HealthPRO area managers to supervise and coach LRA staff. Recommendations to address these challenges include:

- Explicitly define the roles of LRAs in the overall project implementation;
- Choose LRAs that are already very active, acceptable, and well connected in project areas; ensure that LRAs and staff have the necessary technical skills;
- Create a training package of relevant skills and information for the NGOs (e.g., easy-to-read training manuals and templates for proposals for counterpart funding); and
- Supply LRAs with a standard set of requirements for financial and administrative management to streamline and simplify the project reporting process (i.e., templates for reporting, etc.).

Next Steps

Capitalizing on the success of involving local LRAs in the diffusion of health promotion activities across the Philippines, URC has engaged additional LRAs to carry out field-level work in 23 provinces. HealthPRO will document the results of their involvement by the end of the project in mid-2012.

Promising Practices

Many LRAs applied innovative approaches that proved to be very effective in delivering and scaling up key activities. Some examples are:

- *Mobilizing multi-sectoral involvement in BCC activities.* LRAs teamed up with different community organizations, such as the community development arm of companies and corporations; cooperatives, churches, banks, shopping malls, restaurants, local Rotary Clubs, and local colleges for funding and/or other support (e.g., by providing free promotional items, resources, and/or venues) for health events, health classes, and IPC/C training for community health volunteers. Some LRAs distributed BCC materials at nontraditional sites, such as barber shops, convenience stores, kiosks, and bus terminals.
- *Mobilizing transport workers for BCC activities and emergency transport services.* One LRA mobilized tricycle drivers to not only be strategic partners in disseminating health messages and referring patients/clients to health care facilities, but also to become certified emergency transport providers.
- *Enabling expanded scale-up of activities.* Some LRAs held provincial health events, trainings, etc. in municipalities not covered by the LRA program so that non-LRA municipalities could benefit from the events.
- *Creating "fun" health events.* Many LRAs generated demand for and increased attendance at health events by linking them to existing activities, such as town fiestas. The more "fun" (games; beauty pageants for pregnant women; provided entertainment) the events were, the greater the attendance.
- *Fostering nontraditional ways to promote health events and health classes for more community participation.* Some LRAs tried to reach more people, especially those living in rural areas, by mounting a sound system on vehicles to announce upcoming health events, provide health messages, and distribute materials during health events/classes. Another LRA encouraged a local community-based women's group to provide text messages to mothers to encourage them to go to health centers for services and information.
- *Increasing male involvement.* Some LRAs held health events specifically targeting males. For example, one held a provincial "Men's Congress on Family Health." This activity aimed to increase male involvement; emphasize that men's role in family health is as crucial as the women's; and gathering men's pledges to support, plan, and be active in maternal and child care.
- *Leveraging LGU funds/resources.* The LRAs that were most successful in leveraging funds/resources from local governments for BCC implementation and IPC/C roll-out trainings were those that had frequent consultations with the DOH regional office and provincial and municipal/city health offices, conducted project orientation and advocacy, reviewed and revisited the BCC plan, and synchronized their activities with those of the provincial, city, and municipal health offices.

Using vehicles to announce FP health classes in rural areas in Zamboanga del Sur

Sources

1. University Research Co., LLC. HealthPRO Wave 1 Local Replicating Agencies: Accomplishments, Challenges, Processes, and Recommendations. [Unpublished Report]. Chevy Chase, MD. March 2011.

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