

CHAPTER IV: ARH educational and service interventions

Table 9. Nature of intervention programmes

Nature of Intervention Programme	Number of Programmes
Education (Training/seminar)	33
Services (14 medical & clinical services)	17
Combination of education and services	26

ARH educational and service interventions are provided by government agencies and NGOs at the national and local levels. Most of them are community-based, some are school-based, and a few are implemented in the workplace.

Information and education programmes comprised the bulk of interventions (see Table 8). The government, with its agencies and resources, has the potential to provide comprehensive ARH services, but programme implementation is inadequate. Most services were provided by NGOs, which have demonstrated relative success in the small communities and areas where they work. But NGO work is project-specific and small in scope. It can not address the problems of accessibility and availability of ARH services in most areas (NYDP 1994; POPCOM 2002).

4.1 Educational interventions

Government agencies and NGOs have provided RH information and education through counseling, training and dissemination of IEC materials in communities, schools and places of work (Osias 1999). Efforts have been taken to create a standardized curriculum on population and sexuality education, but adolescent health education has yet to be institutionalized.

Information and education interventions included lectures, workshops, discussions, trainings, and media-based activities. Most of these programmes focused on ARH, sexuality, and fertility issues. Very few programmes, however, catered to parents, guardians, or service providers. Thirty-eight (38) out of seventy-six (76) programmes were focused on the youth. Only four were designed for counselors

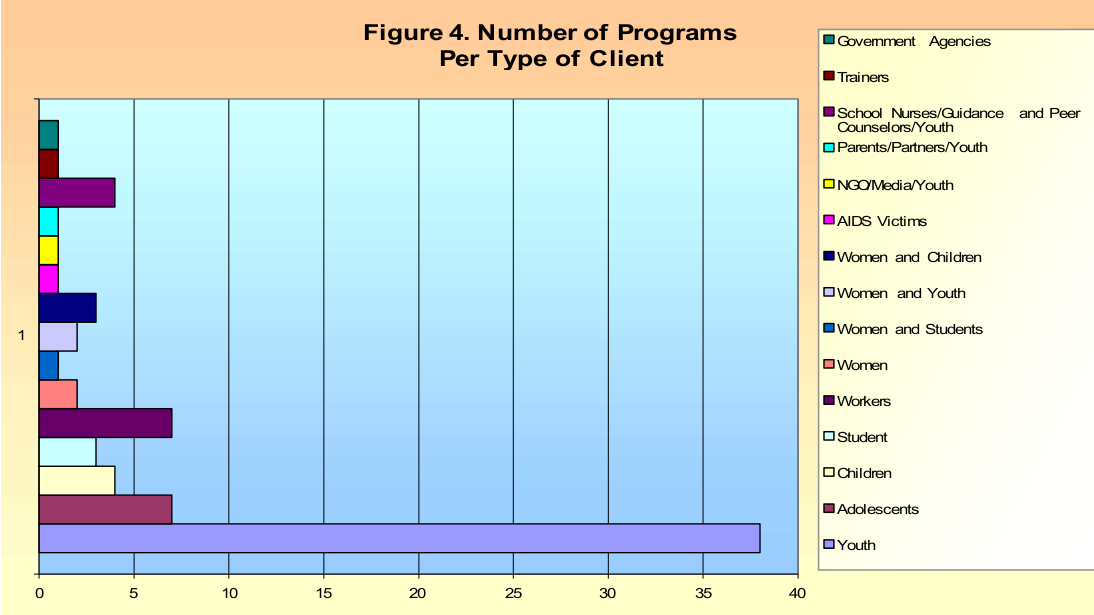
and school nurses. There was only one for NGOs, trainers, government agencies, and partners or parents (see Figure 4).

4.1.1 Information, education and training programmes

The government initiated its first ARH programmes more than 30 years ago. One of the major school-based programmes was the Population Education Program (POPED) in 1972 which was implemented through the Department of Education. This was introduced to all levels of formal education, whether public or private, through the assistance of the United Nations Population Fund (UNFPA).

During the start of the programme, the initial core areas of POPED were demography, determinants of population change, consequences of population change, human sexuality and reproduction, and planning for the future. Only after a programme review was conducted in 1978 did the focus change to small family size and family welfare, delayed marriage, responsible parenthood and family planning (UNFPA 1998).

Now, teachers were trained to use specific teaching materials for the curriculum, and incorporated it in five subject areas: social studies, science, health, mathematics, and home economics (Berja 1999).



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In 1986, when the country's population policy changed, POPED changed as well. It focused on family formation, maternal and child health, child survival or mortality or morbidity, enhancement of the status and role of women, population structure, distribution and urbanization, and fertility regulation (UNFPA 1998). The Department of Education tried to strengthen and revitalize the POPED from 1996 to 1999. There was more active involvement of the Commission on Higher Education (CHED) and Technical Education Skills Development Authority (TESDA) in integrating the programme into the curricula of the three levels of the educational system (Berja 1999; UNFPA 1998).

The Commission on Population (POPCOM) also launched its own Adolescent Health and Youth Development Program (AHYDP) in 1995 to 1999 as an example of an inter-agency effort between government and non-government sectors. The programme addressed adolescents and youth in schools and communities. With funding from the UNFPA, it sought to prepare the youth for responsible adulthood by addressing ARH needs through its regional offices and other government and non-government agencies that have youth, health and

education components. The AHYDP was drawn based on its predecessors in population education. It also espoused positive life choices. It supported other adolescent programmes that provided information that would help the youth understand their sexuality, develop strong personal values, make responsible decisions and prepare for responsible adulthood and parenthood. It addressed teenage pregnancies, early marriages, and reproductive health problems of adolescents aged 15 to 24 years old. Specifically, "it aim[ed] to strengthen the coordination and monitoring of youth development programmes, create a favorable policy and synchronize training and delivery of IEC and counseling services for the youth" (POPCOM 1999).

Participating local governments in the AHYDP implemented 18 innovative projects to reach youth. These consisted of media outreach, skills training and enhancement, peer counseling, and support to other programmes and projects. The programme launched a nationwide IEC campaign called "Hearts and Minds" to reach young Filipinos with messages about preparing themselves for adulthood and parental responsibilities. Training modules on "Sexuality, Health and Personally Effective Adolescents (SHAPE)" for peer helpers and parents were produced

and widely utilized (POPCOM 1997).

Meanwhile, the Department of Health's Adolescent and Youth Health and Development Program (AYHDP), on the other hand aimed to institutionalize the provision of information, counseling and clinical services to adolescents and youth, including reproductive and sexual health issues and concerns. It also developed a training module and facilitator's guide for the Training Programme on Adolescents, for Health and Non- Health Service Providers and tried to integrate gender sensitivity-training and reproductive health in the secondary school curriculum (Department of Health, AYHDP n.d.). This program is different from POPCOM's AHYDP.

In addition to the government programmes, students receive RH information from school and NGO projects. One project is the University of the Philippines' Center for Women's Studies (CWS), which has an orientation activity for incoming freshmen students that includes giving out brochures on women's rights, reproductive health, and HIV/AIDS. The Institute of Women's Studies (IWS) of St. Scholastica's College provides RH education for women (CWS interview, 2003; IWS brochure n.d.).

Saint Mary's University (SMU) of Nueva Vizcaya has an ARH programme whose components include a teen centre, a radio program or "ARH on Air" entitled, "Lovingly Yours, Lea", symposia, and TV and radio advocacies. One major accomplishment of the university was the integration of ARH into the university's curriculum (SMU programme paper n.d.). SMU incorporates RH, FP and population development issues in their courses and subjects, especially in the College of Health Sciences. Since the 1960s, SMU has used FP concepts in theology subjects. FP education is also a requirement for graduation. During the late 1970s, FP and POPDEV were integrated in social science classes, including those at the elementary and high school levels of the SMU.

Meanwhile, the Ateneo de Naga University's Office of Gender Development (OGD) provides modules for formal and non-formal education and holds seminars, lectures, and fora on ARH (OGD brochure n.d.).

Community-based ARH programmes focus on leadership training, education and information distribution. The Youth in Action for Reproductive Health and Rights of the Development of People's Foundation Inc. (DPF) in Davao provides trainings, courses and

interactive activities. It also has advocacy performances called Anak Gender Watch that feature dances and skits, and has launched a Youth Summit with other organizations (DPF Activity Report 2001).

In Davao, the non-government group Kaugmaon has come up with its own community theater tour, puppet shows and life-skills building workshops for the youth. The centre has IEC materials and a mini library.

In the Bicol Region, the Mayon Integrated Development Alternatives and Services, Inc. (MIDAS) has a gender and sexuality education and awareness forum for adolescents. The Kabalikatang Pamilyang Pilipino Foundation (Kabalikat) has Kabataan Reproductive Health and Sexuality Education for Street Youth (Kaugmaon nd; MIDAS nd; Kabalikat n.d.).

For the out-of-school youth (OSY), the Department of Social Welfare and Development (DSWD) implemented the Population Awareness and Sex Education Program (PASE). This programme was developed to address the problems of early marriage and unemployment among out-of-school youth. The Department of Social Welfare and Development was asked to prepare OSY economically and socially

to cope with their situation so that they could become responsible adults and members of the community. It collaborated with the Philippine Centre for Population and Development (PCPD), which provided materials and conducted lectures on sexuality, responsible parenthood and population-related issues (POPCOM 1996; UNESCO 1999)

POPCOM has also initiated trainings, workshops, seminars and other discussions on ARH outside of school. It has a more structured training approach, which includes a four-part training module dubbed SHAPE or Sexually Healthy and Personally Effective. This programme is still being implemented. Its main components include ARH, quality family life and responsible parenthood, youth empowerment and sustainable development, and peer helping and practical life skills. These components are offered through their regional offices and partner organizations (POPCOM 1997).

Most NGOs reach out to both in-school and out-of-school adolescents. The Foundation for Adolescent Development (FAD), for instance, has a campus-based but out-of-the-classroom programme called SEXTERS or Socially, Emotionally, Sexually

Responsible Teeners. This is a peer-led activity providing information, counseling, and referrals on adolescent reproductive health, sexuality and other issues. FAD has also launched a Life Planning Education and Vocational Skills Training Program, a community-based effort designed to alleviate the conditions of disadvantaged youth. It gives life planning education, vocational skills training and on-the-job training and job referrals.

The Family Planning Organization of the Philippines (FPOP) is another NGO that is active in educational interventions. FPOP increases the RH awareness of young people through its on-going Development and Family Life Education for the Youth (DAFLEY) project. Its approach focused on capability building workshops for adolescents, which will provide leadership and facilitating skills. It introduced a radio programme, "Love Letters Straight from Your Heart" on Davao's DXBM station. There has been an enthusiastic public response and many letters have been written to the station. Another programme, "Love, Sex, Marriage and Career" discussed more complex problems with the help of professional guidance counselors (POPCOM 2001).

The Options for Living Foundation Inc.

had the Pinoy Youth 2000 programme. It aimed to provide structured educational activities for in-school and out-of-school youth in Metro Manila and Region IV (POPCOM 1996). Reprowatch Youth Edition Newsletter was initiated by the Institute for Social Studies Action (ISSA) to promote awareness of reproductive health issues among adolescents (ISSA interview 2003).

NGOs have used innovative educational interventions as well. FAD's Entertainment for Education Programmes were a popular vehicle. FAD produces videos, theater plays, radio programmes and TV episodes. In 1996, FAD created three HIV/AIDS videos for young adults, five short films, and one MTV video. In 2002, FAD made five more teen videos with discussion guides. Its Teen Health Quarters also provides information and education for youth.

DKT Philippines Inc. has a Frenzy Mobile Outreach Team (FMOT) that caters to urban and semi-urban youth. Launched in 2001, FMOT provides mobile intervention activities that offer RH information to youth. Usually, its venues are places frequented by youth, such as schools, universities, communities, and concerts. Information about STI/ HIV/ AIDS, safe sex

practices, and RH are provided. FMOT uses multimedia tools, such as music and films, as well as games and discussions. Frenzy condoms, which DKT developed and distributes, are given out free of charge with an explanatory brochure. DKT also gives away stickers, caps, shirts, temporary tattoos, key chains, and pins to promote safe sexual behaviour (DKT Interview 2003).

Other NGOs have established youth or teen centres. The Remedios AIDS Foundation (RAF), for instance, has Youth Zone. In 1998 the Remedios AIDS Foundation opened a Youth Zone or youth centre at the Tutuban Mall in the heart of a shopping district in Manila. It has an average of 20 to 23 visitors a day. It offers seminars, plays, art exhibits, internet access and films that teach about RH and HIV/ AIDS. This project grew out of a FGD in which the teens said they needed a place to hang out. The foundation chose a strategic location close to where most youngsters stay. Another Youth Zone was opened in Cebu City (RAF Accomplishment Report 2002).

In Baguio City, the Baguio Center for Young Adults Inc. (BCYA) worked with the POPCOM and the Population Center Foundation to establish a Multi-Service Youth Center to provide RH education to youth. Peer educators

are also being trained to teach young people, their parents and partner organizations.

The Kabalaka Development Foundation, Inc. (KDFI) in Negros Occidental established the La Carlota Teen Circle and La Castellana Teen Horizon in partnership with the local government through support from the David and Lucile Packard Foundation. Youth leaders are trained, counseling services are provided, IEC materials are developed and consultations are held.

The Women's Media Circle created XYZ, a multi-media campaign for young women largely concentrated in urban and semi-urban areas across the country. It launched a magazine supplement called XYZine; a radio programme, XYZone; and a book, "Body Talk: The XYZ Guide to Young Women's Health and Body." Under the AHYDP, it launched "XYZ for Young Pinoy Woman: A Media Campaign for the Protection and Empowerment of Young Women." They also produced six one-hour TV programmes that aired on a local station. And they co-produced three radio programmes on women's rights, suicide and sexual harassment (POPCOM 1999).

The Family Welfare Program (FWP) promotes and protects the welfare of

workers and their families through the integration of family welfare concerns at workplaces nationwide. The programme includes dimensions on reproductive health, responsible parenthood, medical and health care, and HIV awareness. The Working Youth Center of the Department of Labor and Employment (DOLE) also provides reproductive health education as part of the Leadership and Productivity Formation Program for young workers.

The Trade Union Congress of the Philippines (TUCP), which is the country's biggest labor union with 1.2 million members nationwide, created a Family Planning and Reproductive Health for Young Workers Program. It trains Young Adult Peer Educators (YAPE) to lead interactive discussion sessions and workshops for young workers aged 18 and 24 (Lee 2003).

In a study of workplace-based interventions, the TUCP highlighted two major points on the viability of putting up ARH programmes inside workplaces. First, the study says out-of-school youth may be more "susceptible" to sexual risks and are therefore in need of greater support. Second, the study pointed out that the youth are generally more comfortable dealing with people not part of the school system (Lee 2003). Lee adds that

there are limitations to using the school setting, but there is good potential in other venues, such as streets, parks, offices, hospitals, communities, and other alternative spaces that youth frequent.

4.1.2 Effective approaches

Some best practices can be gleaned from the interventions implemented by government agencies, educational institutions and NGOs. POPCOM succeeded in incorporating the AHYDP into the Philippine Population Management Program (PPMP). It was one of the flagship programmes of the National Youth Commission's Philippine Medium Term Youth Development Plan for 1999-2004. POPCOM implemented 18 innovative projects with the help of participating LGUs and NGOs. It also launched the "Hearts and Minds" IEC campaign in 1997, which according to results of FGDs in pilot areas, resulted to the youth's increased knowledge and understanding of ARH (POPCOM 1999).

Likewise, the revitalization of POPED saw the active involvement of the Department of Education, Commission on Higher Education (CHED) and the Technical Education and Skills Development Authority (TESDA) and made the programme more responsive

to the emerging needs of adolescents (PPMP 2001-2004). The Philippine Center for Population and Development (PCPD), together with the Department of Education, also institutionalized a Revitalized Home Guidance Program in 15 division leader schools in 15 regions nationwide. The project reported success in giving students skills in self-assertion, improved relationships with the opposite sex, better knowledge of STI/HIV/AIDS, courtship, friendship, dating, and other aspects of adolescence. Teachers indicated improved effectiveness in counseling students (POPCOM 1996).

Teen Centres are potential venues for sustainable educational interventions. Adolescents have a place where they can access IEC materials on ARH, avail of counseling services, get referrals for medical services, interact with peers, and share their talents and skills in addressing their group's concerns. Local leaders, parents and communities have started to recognize the importance of teen centres to adolescents. The local governments, for instance, of La Carlota City and Municipality of La Castellana have allocated funds for construction of the buildings and operational expenses for its two teen centres. Other

noteworthy examples are the Youth Zone of Remedios Aids Foundation in Manila and Cebu that are based in shopping malls and the Multi-Service Youth Center of BCYA.

SEXTERS, a classroom programme to nurture socially, emotionally, and sexually responsible teenagers, is also considered an effective approach. Its main strategy is to train peers to provide information, counseling, and referrals on adolescent health and sexuality. Through this project, a Trainers Guide for training potential peer educators has been produced and "school administrators support the programme because they recognize that their students can benefit from the information and counsel provided by enlightened peers" (POPCOM 2002).

Another approach worth noting in terms of its innovative social marketing strategies is the Frenzy Mobile Outreach Team (FMOT). It caters to urban and semi-urban youth. Its mobile intervention activities include creative information materials, the use of multimedia tools like music and films, games, give-aways and free condoms (DKT Interview 2003).

4.1.3 Effects of educational interventions

A comprehensive study of the results of different educational interventions has not yet been completed. However, assessments of some programmes and projects are available.

For instance, the IEC Impact Survey in Apayao, Kalinga, and Ifugao provinces showed that adolescents got information about STI/HIV/AIDS from film, radio, leaflets and comics (Zablan 2000). The study found that adolescent girls were more exposed to POPED (80.6%) than adolescent boys were (56.3%). Half of the adolescent girls said that they learned about sex from teachers (50%), while adolescent boys said they learned from friends (52.9%). Zablan also reported that more females were exposed to RH education than males were, but male adolescents were more sexually active.

The Basic Needs Assessment, which was conducted prior to UNFPA's Third Country Programme, revealed that POPED trained only 20% of the teachers in the country and distributed materials to only 10% of its target audience. Moreover, POPED material did not emphasize sex education and was focused on population issues at the macro and micro levels.

Activities such as the POPQUIZ, poster-making, essay writing contests, debates and symposia were not conducted regularly due to funding constraints. One identified weakness was the lack of guidelines for teaching specific topics. It was also noted that POPED integration failed to be strictly implemented in all specified subjects, and that teachers randomly decided when to teach it. In Catholic schools, for example, teachers could choose not to discuss topics that they thought were offensive to their faith (POPCOM 1996). One study revealed that some teachers covered male and female genitalia on charts when teaching human anatomy (Mendoza 1995). Moreover, "POPED was not taught as a separate subject and only 2% of the total 220 school days were spent for it" (POPCOM, 1996).

Given the limitation of the evaluation design, which focused on student's understanding of the concepts, it was difficult to attribute changes in premarital sex behaviour, early pregnancy and decline in fertility directly to population education. The results of the YAFS II (1994) showed that "the proportion of adolescents who had POPED in school had increased over the years from 50% in 1982 to 62% in 1994".

A study by the Commission on Population (1996) on selected non- government youth centres found that teen centres did a satisfactory job of informing young people on ARH. Based on the findings, clients became more aware about important issues, but the centres’ activities were limited due to a lack of funds and organization. Also, there was a need to widen the geographic scope of the centres to respond to more young people.

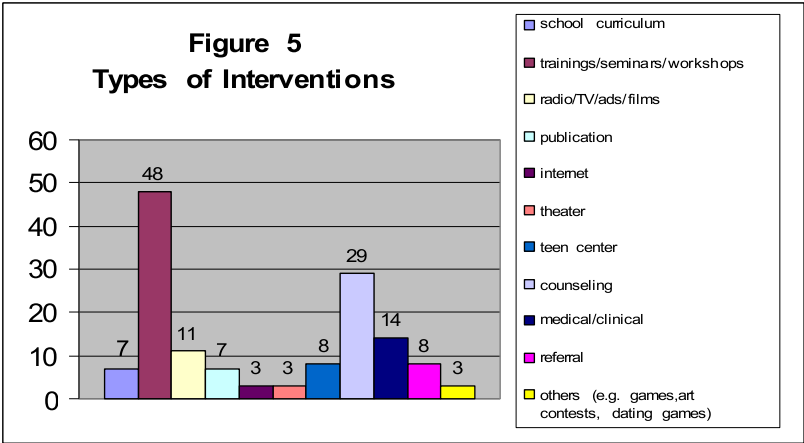
Much of the weakness in population education has purportedly been “hampered by adult concerns that knowledge will promote promiscuity among unmarried teens” (Osias 1999). The belief that RH education should be left to parents or adults still prevails, yet surveys show that the knowledge of adults about RH is very low (Osias 1999).

4.2 Service interventions

Most ARH programmes focus on education (see Table 8). If there are any services, most of them are provided by government health agencies and some NGOs. Of the services provided, counseling is the most common (see Figure 5). Only state hospitals and some clinics offer medical and RH services to youth. State hospitals do not have a specific health programme for adolescents. Usually, it is integrated in the overall health programme.

4.2.1 Available services

Counseling, referrals and some medical services are available to youth. Counseling is the most common service, followed by referrals and then medical services.



The Department of Health, together with other line agencies, NGOs and donors launched the Adolescent and Youth Health and Development Program (AYHDP) in 2001. This is an expanded version of the government's ARH programme, and it aims to integrate adolescent and youth services into the health delivery system. The goal of AYHDP is to promote the total health, well-being and self-esteem of young people. Specifically, it should increase coverage of basic health services, including counseling for adolescents and youth, to 70% nationwide. It should also establish specialized services for occupational illnesses, victims of rape and violence, and substance abuse in 50% of Department of Health hospitals. Lastly, it will establish resource centres or "one-stop-shops" for adolescents and youth in each province. It will address not only ARH but also nutrition, physical, mental and emotional well-being, communicable diseases, and disability (AYHDP n.d.).

Based on the Department of Health's observations, POPCOM and other organizations implementing ARH programmes focus more on sexuality and peer education than on medical and clinical services (Capuchino 2003). To complement existing initiatives, the Department of Health's programme has

addressed issues such as STI, maternal and child health, violence against women (VAW), nutrition and abortion. Capuchino adds that the Department of Health develops all the materials and disseminates them to regional health offices and local government units. Direct services are then provided at the LGU level.

The Department of Health had also launched a "Maternal Care Programme" and "Family Planning Programme". The first seeks to improve the quality of services to reduce morbidity among mothers during pregnancy, delivery and post-partum period. Adolescents are part of their clientele as they serve pregnant mothers who are between the ages of 15 to 49. The second programme provides family planning and related services and information, education/communication services and motivational campaigns. Unmarried adolescents can avail of pre-marriage counseling services (UNESCO, 1999).

Although POPCOM's main focus is training and information, they also provide services through clinics, counseling and private sector partnerships.

NGOs are the other service providers. The most popular service is counseling. In this literature review, there were

29 programmes and projects identified that provide counseling services (see Figure 5). The PCPD, Kaugmaon in Davao, Baguio Center for Young Adults, and PLAN Philippines offer either counseling or peer counseling and referrals to their clients.

The Maryknoll Foundation's Kasambuhay project for out-of-school youth, the Foundation for Adolescent Development's Dial-A-Friend, Caritas Manila's AIDS hotline, Adolescent Hotline Bicol and Saint Mary's University's telephone counseling services offer anonymity to those seeking advice about RH and other questions. Other organizations use the internet as a vehicle for counseling. FAD's teenfad.ph, an e-mail-a-friend counseling and referral system, provides the same services.

Besides counseling services, some NGOs have also put up youth centres, which are multi-service facilities that provide ARH information and services. These are strategically located in communities or hospitals. In Davao, the Family Planning Organization of the Philippines has the Davao Teen Center. The Tambayan Center for the Care of Abused Children Inc. has its Tambayan Center for counseling and other services. The Pag-asa Drop-In Center in Davao provides services for

adolescents who live on the streets. FAD has also established youth centres and health teen quarters in Quiapo, Santa Ana, Tondo, and Cavite, among other places, to cater to the youth's needs for counseling and services. This study identified eight teen centres found in different parts of the country.

Medical services are provided by only a few NGOs. The Mayon Integrated Development Alternatives and Services Inc. in Albay Province offers clinical, counseling and referral services. The Remedios AIDS Foundation maintains a clinic. Al-Mujadilah Development Foundation, Inc. in Marawi City provides pap smear tests, breast examination, pre- and post-natal care, childbirths, contraceptive methods, tubal ligation, referral for abortion, circumcision, and rectal exams.

The Women and Child Protection Unit of Davao, aside from documenting cases of violence, harassment and rape, also provides counseling and medical services as well. The Kabalaka Foundation in Negros has a teen centre for counseling and medical consultation. In the workplace, the Trade Union Congress of the Philippines (TUCP) has Family Welfare clinics which offer services and counseling within workplaces, such as factories (Lee 2003). This review identified 14 programmes

and organizations in different parts of the country providing medical services specifically for the youth.

Other organizations, such as DKT Philippines, do not provide direct medical services, but sell and give condoms to young people.

4.2.2 Project sites

Community services mostly provide counseling. POPCOM's Country Report (2002) found that ARH service coverage is generally low and there are not enough youth centres in the Philippines to meet the need.

Most services are located in urban areas, such as Metro Manila, Davao City and Baguio City. Most are community-based and very few are in schools or workplaces. This survey found that there are 42 community-based programmes, 13 school-based programmes and seven workplace-based ones. There are only nine programmes that are based in both schools and communities and only one such programme was found in a shopping mall. Most NGOs offer services in only a few barangays or communities because of lack of funds and human resources.

Government programmes, by contrast, have a national scope, but there are

difficulties with implementation. According to Dr. Capuchino (2003), for example, the AYHDP programme has not been fully implemented because the Department of Health lacks funding in some regions. Direct implementation and training of community health service providers are the responsibility of the LGUs who often lack the resources to go about it.

4.2.3 Services' impact

ARH services have had limited scope in reaching adolescents. This study has revealed, very few services can be found which are specifically catering to adolescent reproductive health. Most of the programs being implemented are information-based or IEC-centered, and rarely focus on service provisions.

According to an evaluation by POPCOM (1996) of Baguio Center for Young Adults, Manila Center for Young Adults, Cebu Youth Center, Davao Teen Center, the Teen Information Center in Tarlac, and the Iloilo Teen Center, there seems to be an increase in the number of young people reached by their ARH services. Clients rated their service operations as satisfactory. The centres were able to meet their clients' needs as shown by the limited number of cases referred to other agencies (POPCOM 1996).

However, the teen centres' impact as a whole was lessened because they only reached a limited geographical scope, which was mostly in urban areas. Adolescents in remote places have found it difficult to access ARH services. Lack of funds hampers NGOs and the government from expanding their services.

There are more information and education programmes than clinical and reproductive services on ARH being provided by the organizations which has reached 48 based on this study. Most of the services available are those of counseling, reaching 29. However, there are only 14 medical and clinical programmes being provided as based on the programmes surveyed (see Figure 5).

Teen centres and counseling services may increase awareness about contraceptives, reproductive health, safe sex and risky sexual behaviour, but there are few services available to help adolescents or to contraceptives, including condoms. This gap creates a challenge for adolescents and providers who want to help youth lead healthy reproductive and sexual lives.

In Cebu, for example, an assessment of adolescent health care structures found that only 69 of the 106 health facilities

provided ARH services (Borja 2001). These local health services and facilities are not enough to effectively address the needs of adolescents.

4.2.4 Sustainability of services

Of the ARH services and youth centres that exist in the Philippines, it is questionable how many of them are sustainable. Several are strong, such as FAD's Manila Center for Young Adults (MCYA), the Baguio Center for Young Adults (BCYA), the Cebu Youth Center (CYC), and La Carlota Teen Center and La Castellana Teen Horizon in Negros Occidental. They were able to diversify their sources of funds, access LGU funds, and not depend solely on donor support. These organizations asked for solicitations from big funding agencies and also from local governments and private individuals (PCPD 1993). But many NGOs rely on volunteer staff, which in the long run will affect their operations.

Though the government provides regular funds to their ARH programmes, the funding amount is small, especially at the LGU level. Other government projects are given greater priority than ARH, which is often incorporated into a more general health agenda. Also, funds are pulled from ARH to fund other projects that the

government deems more important or more urgent. For instance, during the 2003 SARS outbreak, ARH funds were channeled into the anti-SARS campaign (Capuchino 2003).

Organizations should find ways to increase and stabilize their resources to continue their ARH programmes. The Remedios AIDS Foundation, for instance, has considered charging a minimal fee for internet service in their centres and forging partnerships with companies to support the project. The Kabalaka's two teen centres have received support from the LGU, which helps to cover daily expenses, such as electricity. FAD also tapped the resources of the local government in Anabu Cavite and got free office space for its Teen Health Quarters (Berja 1999).

Based on the review of education and service interventions, the following has been observed.

- There are more ARH education and information programmes than there are ARH services in the Philippines. This review found a total of 76 ARH programmes in the country. Out of these, 33 were purely educational, 17 provided services, and 26 programmes offered a combination of education and services. If combined,

those that offer only services and those which offer both education and services, there will be a total of 43 programmes providing services for the youth. But most of these are counseling, and not medical services. In fact, there are only 14 medical and health services identified. (See Table 8)

- Most organizations provide education, information, and counseling on reproductive health, safe sex, and risky sexual behaviour, but their supply of contraceptives is very limited.

- Most organizations provide trainings, workshops and seminars. These are the most widely used and most common types of education interventions. The review of programmes revealed, there are 48 of such types, while in the service interventions, counseling posted 29 (see Figure 5).

- The few organizations offering services, especially medical ones, have difficulty sustaining them because they are donor-dependent.

- Both education and service interventions are concentrated in the urban areas, and adolescents in remote areas do not have access to them.

- The most innovative projects and programmes, although limited in scope,

A Review of Literature and Projects 1995 - 2003

are being implemented by NGOs. Government programmes have the widest reach, but they are not yet implemented well at the local level.

- Most programme focus on adolescents, and very few cater to service providers, parents, and other ARH partners.

