‘A Healthy Me’ health and wellbeing curriculum: Cebu City pilot evaluation (Nov 2016)

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Contents

Acknowledgements

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Overview of the program

"*A Healthy Me*" is a holistic health and wellbeing curriculum which aims to support the development, or reinforcement, of knowledge, attitudes, life skills, and health behaviours which will empower adolescent females to make positive health choices and avoid negative outcomes.

Research shows that to be effective in improving sexual and reproductive health outcomes, programs need to have the following characteristics[1]:

- They address health-related knowledge, attitudes, and skills or behaviours in a holistic and comprehensive manner
- They use participatory teaching methodologies
- They are sustained over a longer period (e.g. months to years)
- They are delivered or implemented correctly
- They occur in a setting where youth have access to appropriate health services
- The health staff are friendly, non-judgmental and welcoming

A Healthy Me aims to build holistic health knowledge, positive attitudes and life-skills, starting with basic topics such as personal hygiene and nutrition before moving on to complex topics, including sexual and reproductive health. Each participant has her own health journal which contains all of the information covered in the course together with many individual learning activities.

[1] Chandra-Mouli V, Lane C & Wong S (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*, 3(3), 330-40

Topics

1. What is health? (physical, mental and social health)
2. Healthy from the outside – in (basic personal hygiene)
3. Healthy eating
4. Loving your body (body image)
5. Planning for your health
6. Anxiety
7. Getting the right health care
8. Puberty and periods
9. Common infections
10. Healthy relationships
11. Making choices (sexual health choices)
12. Emotions
13. Risky behaviours (drugs, alcohol, and safer sex)
14. A Healthy Me (positive identity formation and visioning)

Tools

To achieve these aims, *A Healthy Me* uses the following strategies and tools:

Behavior change strategies

- Improving knowledge
- Imparting practical skills (e.g. condom use) and communication skills
- Developing self-awareness regarding personal values, personality, desires, and dreams
- Increasing motivation to adopt and sustain healthy behaviors
- Developing self-efficacy and autonomy to be able to independently and confidently manage basic health needs
- Improving decision making, planning, and self-control in order to successfully make changes and achieve personal goals

Educational tools

- Information sharing & group discussions
- Individual journaling to explore current knowledge and attitudes, and develop self-awareness
- Drawing to internalise learning and as a visioning exercise to improve motivation for healthy behaviors
- Surveys to explore personal values and behaviors
- Health planning to improve decision making
- Relaxation and mindfulness
- Role plays to practice communication skills
- Stories and case studies to explore attitudes and behaviors
- Games to make learning fun


Mindfulness


Games


Information sharing


Small group learning


Singing & dancing


Individual learning &
journal activities


Role playing

Building trusting relationships between barangay health staff and participants, and creating access to local health services are also key parts of the program. Research demonstrates that having even one healthy, caring adult relationship can make a huge difference in the life of an adolescent. Adolescents living in poverty often do not have an adult, such as a parent, who understands and supports them. Hence *A Healthy Me* not only aims to provide comprehensive health education but build relationships and access to health services.

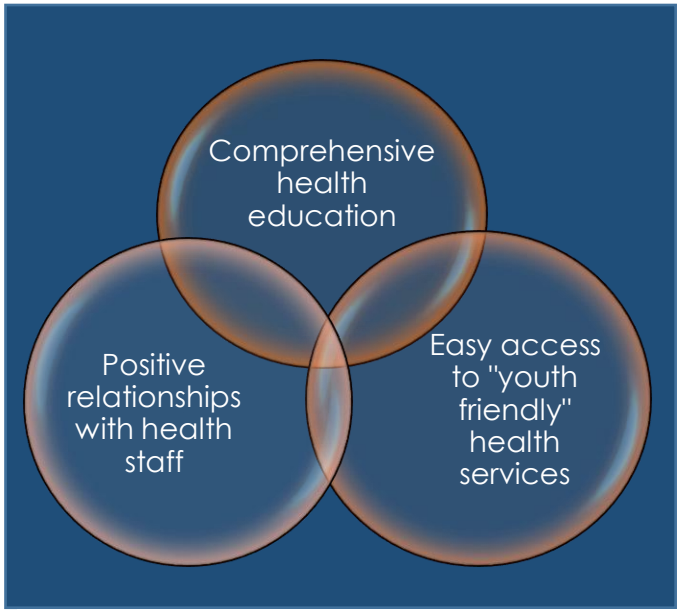


Figure 1. *'A Healthy Me'* program triad.

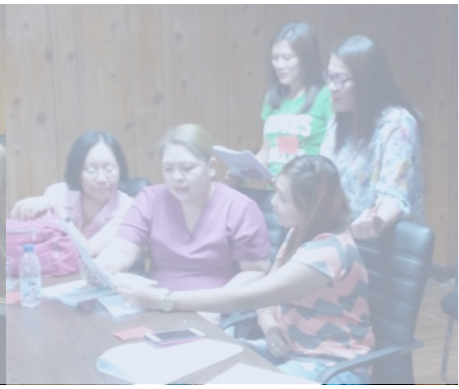
Program inputs

1. A Healthy Me: My Health Journal	1 per participant (120)	Funded by DOH VII
2. Facilitator's Guide	2 per barangay (25)	Funded by DOH VII
3. Snacks	1 per participant per session	Funded by DOH VII
4. Printed materials (invitations, pre and post surveys, attendance forms, graduation certificates)		Funded by DOH VII and Dr. Melinda Gill
5. Training day materials and snacks	20 trainees	Funded by Dr. Melinda Gill
6. Program trainer and supervisor		Dr. Melinda Gill with assistance from Lisa Stevens (Pandoo Foundation)
7. Program facilitators	1 – 2 per barangay (midwives and nurses)	Cebu City Health Office
8. Barangay health workers (BHWs)	To help select and fetch participants	Cebu City Health Office

Activities

Program training

A training session was undertaken three weeks prior to the start of the program. The training was undertaken over four hours and employed the same format and educational tools used in *A Healthy Me*'s curriculum. Nineteen Cebu City Health staff participated in the training, including three nurse supervisors and 16 barangay staff.

Program preparation

In the three weeks prior to the start of the program, staff were required to work together with their BHWs to identify and invite 12 potential participants to the sessions.

Program implementation

The pilot was undertaken over four weeks, from Monday 7th November until Friday 2nd December. The suggested format was 12 one-hour sessions to be undertaken three times each week (e.g. Mon, Tues, and Fri afternoons).

Program outputs

Implementation was measured through:

1. Number of sessions completed
2. Attendance per session
3. Number of participants graduating

The quality of implementation was assessed through observation of individual sessions. Feedback regarding implementation was provided to facilitators through a structured form (see Appendix B).

Outcomes

Survey

A pre and post program survey was undertaken by participants to evaluate changes in knowledge, particularly related to sexual and reproductive health (see Appendix C).

Program feedback

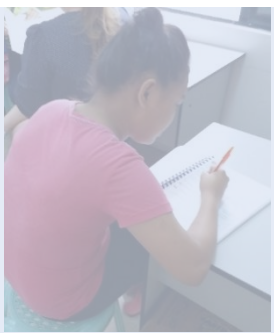
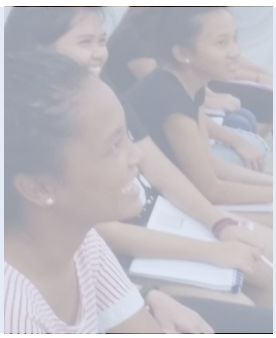
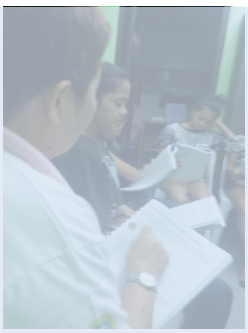
Feedback from the barangay was sought throughout program training, preparation, and implementation. A structured feedback form (see Appendix A) was also completed by facilitators after completion of the program.

Pilot results

Program outputs

One hundred and sixteen adolescent girls across 10 barangays enrolled onto the program. The average age of participants was 18 years (range:13 – 24) with 78% being out of school and the remaining mainly being night students.. Average attendance was nine per session, with 89 participants graduating. Program output per barangay is shown below.

Area & Barangay		Schedule		No. weeks	No. sessions	No. enrolled	Average attending	No. graduating
S	Kinasang-an	Mon, Tues & Fri pm	1 topic per day	4	11	12	8	11
	Mamboling	Mon, Tues & Fri pm	1 topic per day	4	12	11	9	9
W	Labangon	Mon, Tues & Fri pm	1-2 topic per day	3	12	13	12	8
	Calamba	Varying	Varying	3	6	9	6	9
E	San Roque	Mon to Fri pm	1 topic per day	2 ½	12	13	9	12
	Ermita	Mon, Tues & Fri pm	1 topic per day	4	12	12	10	9
N	Apas	Varying	Varying	3	10	11	5	7
	Mabolo	Tues & Wed pm	1–2 topics per day	3	12	9	8	7
C	Lahug	Sat am	3 topics per day	4	12	14	9	9
	Carreta	Tues & Fri pm	1–2 topics per day	4	12	12	10	10


Implementation issues

A detailed list of program issues and possible solutions is provided in Appendix D.

Two barangays, Apas and Calamba, experienced significant difficulties in achieving adequate implementation of the program.

The Calamba team attempted to commence the program on four occasions. However on the first three occasions participants refused to attend beyond the first session. The fourth and final session included nine participants, all of whom were invited by a youth representative, and most of the sessions were completed over a single, eight hour day.

Factors contributing to the program breakdown included:

- Scheduling sessions in the morning when participants had other responsibilities
- Rotating staff from three different barangays to facilitate the sessions, with the initial facilitator eventually leaving to another barangay
- Young, inexperienced facilitators who lacked authority and respect from both the BHWs and participants
- Unco-operative BHWs
- Community dysfunction, including high levels of drug use and family breakdown

Apas was selected to participate only a few days prior to the start of the program after no out-of-school youth could be identified in Banilad. Attendance was initially acceptable but participants did not attend after the fourth session. After co-ordinating with facilitators, participants, and BHWs , the program was completed over two, 3 hour sessions with six participants attending. Factors identified for poor implementation in Apas included:

- Last minute scheduling of the program at Apas
- Rushed selection of participants who were not committed to the program or who had significant barriers to attendance (e.g. had young children)
- Young, inexperienced facilitators who lacked authority and respect from both the BHWs and participants
- Unco-operative BHWs
- Travel distance for some of the participants who lived in a more remote, mountainous area of Apas

The experiences at Calamba and Apas underscore the importance of effective teamwork within the barangay, particularly the co-operation of the BHWs in identifying and fetching participants for the session. It also highlights the need to have more experienced, mature staff involved in facilitating the program. Finally, it is unlikely that an adequate standard of implementation would have been achieved across the different barangays without a high level supervision, monitoring, and encouragement.

Program outcomes

Knowledge

The pre and post survey demonstrated large improvements in knowledge across all questions, which focused on sexual and reproductive health.

Qu. no	Question	Percent correct	
		Pre (No. 96)	Post (No. 88)
4	Are special feminine washes needed for a female to be clean? (No)	19%	61%
5	Does menstrual blood contain toxins? (No)	38%	50%
6	Have you heard of HIV?	63%	94%
7	In your opinion, can people reduce their change of getting the HIV by having just one uninfected sex partner who has had no other sex partners? (Yes)	44%	61%
8	Can a person reduce their of getting the HIV by using condoms every time they have sex? (Yes)	44%	59%
9	Can people get HIV from mosquito bites? (No)	39%	69%
10	Is it possible for a healthy looking person to have HIV? (Yes)	22%	55%
11	Can people get the HIV from sharing food with a person who has HIV? (No)	24%	60%
12	Can you get the HIV by hugging or shaking hands with a person who is infected? (No)	53%	78%
13	Do STD's always have symptoms? (No)	15%	34%
14	Can women fall pregnant the first time they have sex? (Yes)	35%	84%
15	Is withdrawal an effective way of preventing pregnancy? (No)	21%	64%
16	Is it OK for teenagers to use the contraceptive pills, IUD and injections and implants? (Yes)	20%	53%
17	Does drinking alcohol increase your changes of having unsafe sex and getting an STD or having an unplanned pregnancy?	31%	77%
18	Are eggs released from the ovaries 14 days before the start of menstruation?	22%	51%
19	Is a teenager's body adequately developed to have babies?	34%	45%

Feedback from staff

Facilitators reported that participants enjoyed the program, engaging well with both the journal and activities. Most staff believed that they had formed meaningful relationships with the participants and that the program would have a positive impact on future health -related behavior. Several facilitators indicated they would continue meeting with the participants after graduation.

All facilitators responded that they would recommend the program to other barangays and conduct it again themselves, providing that additional staff be trained to share the workload and that it is undertaken during months with less conflict in scheduling. To reduce the demands of the program, most facilitators also suggested shortening the duration by at least one week but increasing the duration of each session.

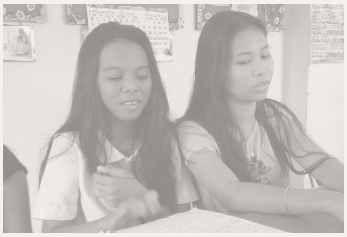
Observations of the program co-ordinator

The observations of the program supervisor are as follows:

- The participants appeared to be excited to be included in a program at the barangay health center, and become more comfortable in this setting as the program progressed
- The journal improved interaction and discussion between the facilitators and participants compared with traditional teaching methods. It also appeared to give the participants greater ownership over the learning process
- Most facilitators and participants interacted well and appeared to be forming significant connections. However, the more mature, experienced nurses and midwives were better able to gather and engage with participants compared with junior staff
- The participants appeared to greatly appreciate the opportunity to share their experiences, hopes, and plans with an important member of their community

Participant and facilitator comments

"There was nothing for us before. Now we have a program of our own." (Participant, Ermita)



"They are starting to understand themselves. Many are talking about going back to school." (Nurse, San Roque)

"This journal helped me understand myself. It helped me overcome my shyness, even when discussing sensitive issues." (Participant, Lahug)

"I was able to establish proper rapport with the participants, which is why a lot of them opened up about their experiences. They enjoyed every time we had lectures." (Midwife, Labangon)

"This is a magic book (the health journal) because I have learnt so much. I can use this to raise my own children." (Participant, Ermita)

"They are asking when there will be another program so they can invite their friends." (Midwife, Carreta)

"I can also use this curriculum to teach other groups, like my teenage mothers' group." (Nurse, San Roque)

"I want to give my other barangays a chance to experience this program." (Nurse Supervisor)

"We will really miss meeting together. They love their journals." (Nurse, Ermita)

"I will miss them after we finish. They have become my friends." (Midwife, Carreta)

Summary & recommendations

The *A Healthy Me* pilot established that the curriculum can be effectively implemented within Barangay Health Centers, being facilitated by the center's nurses or midwives. The pilot illuminated many program challenges for which solutions were identified, allowing greater understanding of the determinants for more successful implementation in the future.

The program impact demonstrated significant knowledge gains, particularly concerning sexual and reproductive health in pre and post surveys. Also important were the clearly observable connections developing between the participants and the government health staff. Whilst unquantifiable, an undeniable 'magic' occurred within the sessions as disadvantaged and neglected youth were given a space, time, and voice with an important member of their community. It therefore appears that the *A Healthy Me* program achieves its aim of providing comprehensive health education to 'at risk' female youth, together with building relationships with barangay health staff and enhancing access to health services.

Based on these findings, the following recommendations are made:

1. Modify the structure of the program as indicated by the pilot to allow easier and more effective implementation within the barangay health centers
2. Expand the program to include other barangays within Cebu City
3. Create a partnership between the Population Commission's AHYD Program, DOH's AHDP, and *A Healthy Me*. The former build the capacity of staff and services whilst *A Healthy Me* provides a program to allow engagement with and development of female youth
4. Consider an avenue for allowing long term engagement with and mentoring of participants following graduation

Appendix A. Post program feedback

1. What worked well with the program?

   _____

   _____

   _____

2. How did the participants respond to the program?

   _____

   _____

   _____

3. What impact do you think the program will have on the participants?

   _____

   _____

   _____

4. What issues did you have with the program?

   _____

   _____

   _____

5. What were / are your suggestions or solutions to these issues?

   _____

   _____

   _____

6. Which 3 lessons did the participants most connect with?

   i. _____

   ii. _____

   iii. _____

7. Which 3 lessons did the participants least connect with?

   i. _____

   ii. _____

   iii. _____

8. How would you change the session structure to make it more enjoyable for the girls?

_____

_____

9. What would you change about the journal?

_____

_____

10. What information would you add to the journal?

_____

_____

11. What information would you remove from the journal?

_____

_____

12. What did you think is the ideal schedule for the program?

a. Length of program
   - □ 1 day
   - □ 1 week
   - □ 2 weeks
   - □ 3 weeks
   - □ 4 weeks
   - □ Other: _____

b. Frequency
   - □ Daily
   - □ 3 x week
   - □ 2 x week
   - □ Once per week
   - □ Other: _____

c. Duration of each session
   - □ 30 minutes
   - □ 1 hour
   - □ 1 ½ hours
   - □ 2 hours
   - □ 3 hours
   - □ Other: _____

13. Would you recommend the program to other barangays? ☐ Yes ☐ No If no, please explain why not:

_____

_____

_____

14. Would you run the program again in your barangay? ☐ Yes ☐ No If no, please explain why not:

_____

_____

_____

Appendix B. Facilitator feedback

Name of facilitator: _____ Evaluator: _____

Barangay: _____ Date: _____

No. of participants at session: _____ Time session started: _____

Session structure	YES	NO
1. Did the staff seat participants in a circle so that all could **see each others' faces**?	❒	❒
2. Did the staff sit at the **same level** as the participants?	❒	❒
3. Did the session open and close in **prayer** (if appropriate in the local context)?	❒	❒
4. Did the staff facilitate the **five minute relaxation exercise**?	❒	❒
5. Did the staff complete the **attendance form**, including checking participants' journals?	❒	❒
6. Did the staff ask the **discussion questions**?	❒	❒
7. Did the session include **all activities** (role plays, demonstrations, games) included in the guide?	❒	❒
8. Did the staff **summarize the key messages** with the participants at the end?	❒	❒
9. Did the staff remind participants about the **next session** and completing their journal activities	❒	❒
Discussion		
10. Did the staff speak **slowly and clearly** and **loud enough** so that everyone could hear?	❒	❒
11. Did the staff use **changes in voice intonation** (not monotone)?	❒	❒
12. Did the staff use **good eye contact** with everyone?	❒	❒
13. Did the staff **encourage comments by nodding, smiling**, or other actions that show that s/he was listening?	❒	❒
14. Did the staff give participants **adequate time to answer** questions?	❒	❒
15. Did the staff **prevent domination** of the discussion by one or two people?	❒	❒
16. Did the staff **encourage timid participants** to speak/participate?	❒	❒
Other		
17. Did the staff use strategies (e.g. BHW home visits) to ensure the participants joined the session?	❒	❒
18. Did the staff greet **participants by name**?	❒	❒
19. Did the staff try building relationships with the participants by showing **interest and concern**?	❒	❒
20. Was the content of the educational messages **correct** as per the journal?	❒	❒

Score: ___ / 20

Comments:

_____

_____

_____

_____

Appendix C. Pre & post participant survey

Explanation and consent:

Ikaw kay giimbita nga moapil ug usa ka health survey. Ang survey kay gipalambo ni Dr. Melinda Gill. Si Dr. Gill misimo ang nagbuhat og nagsuwat ani nga session nga inyong paga-apilan. Mao kini ang "*A Healthy Me*". Ang tumong sa maong programa kay ang pagtudlo sa mga batan-on nga kababaehan sa mayo og healthy nga pamatasan, kalakip na ni-ini ang physical, nutrition, mental og sexual og ilabi na ang reproductive health.

Ang tumong ani nga pagtulon-an kay para mahibaloan ang pagkaepiktibo sa edukasyon nga programa. Dili ni para sukdon ka ug para tamayon ka, mao na nga palihug ayaw ka kakulba nga mohatag ug klaro nga pagtubag ug ayaw kauwaw kung wala ka kahibalo sa tubag sa usa ka pangutana. Wala ko nagdahom sa imo nga mohatag ka ug ditalyado nga tubag; ganahan ko nga imong tubagon ang mga pangutana nga matinud-anon, imong isulti kung unsa imong nahibaw-an, unsa imong gibati, ang imong pagkinabuhi ug giunsa nimo pag-andam ug pagkaon. Libre ka nga motubag sa mga pangutana sa imong kaugalingon nga kapaspason.

Ang mga impormasyon nga inyong nahibaw-an kay pwede ninyo epahibaw sa uban nga gropu sa kababaehan ilabi na sa mga batan-on nga babae. Pero, ang tanan nga impormasyon nga among madawat kay mopabilin nga dili jud ipanulti ug ang inyong mga tubag ug pangalan kay dili ipadayag.

Ang survey matapos lang sulod sa 15 minutos.

A. Mosugot ba ka nga moapil ani nga survey? ☐ Yes ☐ No

Kung mosugot, pirmahi sa ubos: _____Date: _____

B. Duna ba ka'y mga pangutana sa dili pa magsugod? ☐ Yes ☐ No

If yes, write your questions:

_____

_____

C. Pila na ka session imong naapilan? _____ (Tubagon lang sa kataposan sa session)

1. Pila imong edad? (panuigon))? _____

2. Unsa ang pinakataas nimo nga nahumanan sa pag iskwela? _____

3. Nagpadayon pa ba ka sa pag-iskwela? ❑ Yes ❑ No

4. Kinahanglan ba og special nga feminine wash para mahimong limpyo ang isa ka babae? ☐ Yes ☐ No ☐ Don't know

5. Duna ba'y toxins ang menstrual blood (dugo sa regla)? ☐ Yes ☐ No ☐ Don't know

Karon, mangutana ko nimo sa imong nahibaw-an about sa AIDS, STDs. ug contraception. Kasabot ko nga ang kaning mga "topics" ky makaulaw pero importante nga makasabot ko ug tarung sa imong nahibaw-an aron matagaan ka ug sakto nga impormasyun ug tabang.

6. Nakahibalo ka ba bahin aning sakit nga gitawag ug AIDS? ☐ Yes ☐ No

7. Sa imong hunahuna, mas gamay ba ug tsansa nga ang tawo magka-HIV kung iyang ka-sex kay isa ra ka tao nga nga walay HIV, nga wala sad laing ka-sex? ☐ Yes ☐ No ☐ Don't know

8. Mahimo bang maminusan ang tsansa nga ang tawo magka-HIV kung siya mogamit ug condom every time siya makig-sex? ☐ Yes ☐ No ☐ Don't know

9. Mahimo bang magka-HIV ang tawo gikan sa paak sa lamok? ☐ Yes ☐ No ☐ Don't know

10. Posible ba nga ang tawo nga healthy tan-awon adunay HIV? ☐ Yes ☐ No ☐ Don't know

11. Mahimo bang magka-HIV ang tawo pinaagi sa pakigsalo ug kaon sa tawo nga adunay AIDS? ☐ Yes ☐ No ☐ Don't know

12. Mahimo bang magka-HIV ang tawo pinaagi sa pakig-gakos o pakiglamano sa tawo nga adunay HIV? ☐ Yes ☐ No ☐ Don't know

13. Permi bang naay sintomas ang mga STD? ☐ Yes ☐ No ☐ Don't know

14. Mahimo bang mabuntis ang babae sa una pa lang nga pakig-sex niya? ☐ Yes ☐ No ☐ Don't know

15. Epektibo ba ang 'withdrawal' para dili mabuntis ang babae? ☐ Yes ☐ No ☐ Don't know

16. OK lang ba nga mag-gamit og contraceptive pills, IUD, injections og implants ang teenagers? ☐ Yes ☐ No ☐ Don't know

17. Ang pag-inom ug alcohol mopadako ba sa risgo sa dili safety nga pakig-sex ug magka-STD o pagbuntis nga wala sa plano? ☐ Yes ☐ No ☐ Don't know

18. Mag-releasee ba og female eggs ang ovary 14 days sa dili pa magsugod ang regla? ☐ Yes ☐ No ☐ Don't know

19. Huston a ba ang pag-develop sa lawas sa isa ka teenager para mag-mabdos? ☐ Yes ☐ No ☐ Don't know

Appendix D. Program issues log

Category	Issue no.	Issues	Possible solutions
Demo-graphic	1	Few out-of-school youth identified in some barangays, or those identified were working or not interested in the program.	• Target barangays with a higher incidence of teenage pregnancy as an indirect marker of out-of-school youth. • Target night students.
	2	Participants were not sought or invited until the last minute.	• Give greater time and effort to identifying suitable youth before the start of the program.
Geo-graphic	3	Barangays were dispersed geographically, with more depressed situes remote from the health centre (e.g. mountainous areas in Lahug or Apas).	• Undertake the program on location in the depressed situes if needed - but include at least one session in the BHC to increase familiarity and confidence for visiting in the future. • Select barangays with high population density of OSY close to the health centre. • Provide a transportation allowance to participants as needed.
Political	4	Some politically elected BHWs were uncooperative due to a lack of remuneration. This particularly created issues for younger staff who were newer to the health center.	• Ensure more mature, longer serving staff are also included in the training and program in each barangay. • Ask the Nurse Supervisors to engage BHWs before the start of the program. • Avoid undertaking the program at a time of significant unrest in the barangay
Barangay health staff	5	There were varying levels of motivation and engagement by staff facilitators.	• Evaluate possible facilitators prior to training and select the most suitable and motivated candidates. • Ensure adequate monitoring and supervision throughout the program.
	6	Younger staff lacked authority with both BHWs and participants and struggle to gather and connect with the youth. The more mature staff also generally engaged more effectively with the participants during the sessions.	• Ensure more mature, longer serving staff are also included in the training and program in each barangay.
	7	There were conflicting schedules and activities of facilitating staff and participants.	• Train 2 - 3 staff per barangay whilst ensuring there is one key contact person taking overall responsibility for implementation. • Ensure some flexibility on scheduling to enable each barangay to adapt to the local context. However do not run the program on Saturdays or mornings.

Category	Issue no.	Issues	Possible solutions
Program structure	8	The length of program (4 weeks) is too long to sustain focus of some participants and staff.	• Shorten the duration to 2 - 3 weeks. However explore opportunities to continue engagement with and mentoring of participants after the curriculum is completed.
	9	Preordering of snacks reduced the flexibility of session scheduling and there was excess food if fewer participants attended.	• Given budget directly to the facilitating staff to purchase snacks during the session, ensuring adequate accountability mechanisms to track spending.
	10	Session structure may need more activity and game-based learning at the start of the session.	• Consider including games or activities at the start of the session to better engage participants.
	11	The Journal and Facilitator's Guide structure was not always utilized correctly and effectively by facilitators and participants.	• Review and update the format of the journal and guide to improve the quality of implementation. • Consider translating into Bisayan if resources available.