International Labour Office

Promoting Health Micro-Insurance Schemes to Local Communities

25 - 28 May 2004
Manila, Philippines-

Workshop Documentation

Extending Social Protection through Health Micro-Insurance Schemes to Women in the informal Economy
(RAS/01/02/MNOR)

STEP *Strategies and Tools against social Exclusion and Poverty*

Promoting Health Microinsurance Schemes to Local Communities

Workshop Documentation
25 to 28 May, 2004

International Labour Organization
Subregional Office for South-East Asia and the Pacific
Manila, Philippines

The **ILO Subregional Office for South-East Asia and the Pacific**, located in Manila, serves Australia, Fiji, Indonesia, New Zealand, Papua New Guinea, the Philippines, Solomon Islands, Timor Leste and Vanuatu. It also works with the other countries in the Pacific on their road to the ILO membership.

The Subregional Office promotes Decent Work in the above countries to provide opportunities for women and men to obtain decent and productive work in conditions of freedom, equity and human dignity. Decent Work integrates ILO's four strategic objectives – rights at work, employment, social protection and social dialogue. The office works closely with its tripartite constituents in the subregion through Decent Work Country Programmes, which define national social development priorities within the overall framework of the Decent Work agenda.

ILO Subregional Office for South-East Asia and the Pacific
19th Floor, Yuchengco Tower, RCBC Plaza
6819 Ayala Avenue, Makati City 1200
P.O. Box 4959 Makati City, Philippines
Tel. No.: (+632) 580-9900
Fax. No.: (+632) 580-9999
E-mail: manila@ilomnl.org.ph
Website: www.ilo.org/manila

The global programme "**Strategies and Tools against Social Exclusion and Poverty (STEP)"** of the International Labour Office is an instrument for extending the coverage and effectiveness of social protection throughout the world.

Following the conclusions of the World Summit for Social Development in Copenhagen, STEP promotes the design and implementation of innovative systems of social protection for excluded populations. Based on the principles of equity, efficiency and solidarity, these systems contribute to social justice and cohesion.

In its work, STEP combies different types of activities: concrete actions in the field, research, production of methodological tools, reference documents and technical assistance for policy development and implementation.

STEP Global Programme
ILO Social Security Policy and Development Branch
4 Route des Morillons
CH-1211 Geneve 22 - Switzerland
Tel. No.: (+41 22) 799 - 6544
Fax. No.: (+41 22) 799 - 6644
E-mail: step@ilo.org
Website: www.ilo.org/step

FOREWORD

The Philippines faces a great challenge in providing social protection coverage for all. Globally, only one in five of the world's population has adequate social security coverage while half of the world's population is without any social security protection. Those without coverage tend to work in the informal economy where women are more likely to be working, and are disproportionately found in the developing world.

Extending social security coverage to excluded populations is one of the chief priorities of the ILO in the framework of its global strategy aimed at ensuring that all people - both men and women - have decent work. Existing formal social security schemes are designed and focused on workers in formal employment hence more and more people do not have social protection coverage due to the continuing increase of the informal economy.

The ILO recognizes that there is no unique solution to the goal of universal coverage of social security. The policies need to be adjusted according to specific situations and needs of each country.

Many communities all over the world have organized schemes in response to the need for security and greater access to social services. We believe that local communities can find creative ways of broadening the scope of social protection and play a pivotal role in the achievement of the overarching goal of universal coverage.

The Philippines has been a leader in this domain, with numerous community based organizations (cooperatives, women's groups and groups of indigenous people) and NGOs spearheading health and other micro-insurance schemes. Implementers and managers of these community based schemes have promoted their endeavors utilizing different approaches and strategies which have varying results in increasing awareness and encouraging members in joining. There is a need to develop the knowledge and the skills in promoting the concept of social protection through health micro-insurance schemes to local communities as well as to national and local authorities.

Hence, the International Labour Organization, Subregional Office for Southeast Asia and the Pacific (SRO-Manila) and the ILO Global Programme STEP (Strategies and Tools against Social Exclusion and Poverty) organized the training "Promoting Health Micro-Insurance Schemes to Local Communities" from the 25th to the 28th May 2004. The training course aimed to develop the capacity of implementers to apply the fundamentals and processes of social marketing health micro-insurance schemes for the extension of social protection especially to the women and men workers in the informal economy.

The training brought together managers of health micro-insurance schemes and board of directors of cooperatives from agrarian reform communities; leaders of workers' groups from Angono, Rizal; staff of the Department of Agrarian Reform; and staff of local government units. The training activity was organized on a participatory basis to encourage active involvement, and the exchange of views and experiences among the

FOREWORD

participants. Attention was given to the presentation of best practices through case studies reflecting experiences already gained locally and internationally. A study tour to an experienced cooperative implementing a health micro-insurance scheme was also done to supplement learning of the participants. The gender dimension was highlighted throughout the entire program.

We appreciate the contribution of the facilitators and resource persons who shared their experiences in social marketing as well as the efforts of the secretariat who tirelessly assisted the participants and facilitators during the training course. We also express our appreciation to the Norwegian Government for supporting the training through the project: *"Extending Social Protection through Health Micro-Insurance Schemes for Women in the Informal Economy."*

We hope that this workshop documentation will be a valuable reference for the promotion of social protection in the Philippines.

Werner Konrad Blenk
Director
ILO Subregional Office for South-East Asia and the Pacific

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

WORKSHOP PARTICULARS

The Participants

A total of 37 participants from various cooperatives in the Philippines attended the seminar. The provinces represented were: (1) Angono, Rizal, (2) Isabela, (3) San Francisco, Bulacan, (4) Bohol, (5) Laak, Compostela Valley, (6) Agusan and (7) Misamis Oriental. (See *Appendix A* for the list of participants).

Workshop Schedule

DAY /ACTIVITY	RESOURCE PERSON
DAY 1 - 25 MAY 2004/TUESDAY	
Session 1: Study Tour (NOVADECI - Novaliches, Quezon City)	
• Presentation: NOVADECI History, Products and Learnings	Cristeta Vienca
• Open Forum	
Session 2: Sharing of Experiences at the DAR	
Sharing of Mangloy (Laak, Compostela Valley)	Rudy Luay
• Open Forum	
Sharing of ACDECO	Cynthia Valiente
• Open Forum	
Session 3: Processing	
• The Magic Walls: Situational Analysis and Planning Activity	
Synthesis (Sharing of Mangloy and Acdeco)	
DAY 2 - 26 MAY 2004/WEDNESDAY	
Session 1: Opening and Overview	
• Acquaintance Exercise	
• Expectations Setting	
• Course Overview	Mi-Ann Maglipon
Presentation: Health Insurance Overview	Dr. Annie Asanza
Session 2: Social Marketing Basics	
• Laban o Bawi·	
Lecture-Discussion (2 Ps: Product and Price)	Grace Agoncillo
Workshop 1: Benefits and Attributes Ladder (Health Insurance)	
• Gallery Presentation·	
Lecture-Discussion (6 Ps: Place, Promotion, Publics, Partners, Policy, Purse String)	Grace Agoncillo

Session 3: Planning Sustainable Social Marketing Programs

Session 3a: Analyzing the Problem·

- Building a Tower·

Lecture-Discussion: Steps in Planning Sustainable Social Marketing Programs

Workshop I: Situation Analysis-

- Problem Analysis (Worksheet 1)
- Environmental Analysis (Worksheet 2)
- Resource Analysis (Worksheet 3)

Presentation of Workshop Outputs — Grace Agoncillo

DAY 2 - 27 MAY 2004/ THURSDAY

Session 3b: Segmenting the Target Audience — Mi-Ann Maglipon

- Bingo Game

Lecture Discussion

Workshop 2: Audience Analysis

- Audience Identification and Segmentation (Worksheet 4)

Presentation/Critiquing — Mi-Ann Maglipon

Session 4: Strategy Development Session

4a Identifying Social Marketing Strategies

- Sa Pula, Sa Puti

Lecture-Discussion (Preliminary SM mix and goals/objectives/channels) — Grace Agoncillo

Workshop 3:

- Preliminary Social Marketing Strategy (Worksheet 5)
- Channel Selection (Worksheet 6)

Presentation/Critiquing — Grace Agoncillo

DAY 3 - 28 MAY 2004/FRIDAY

Session 4b: Developing Effective Messages

- Role Play

Lecture on Developing Effective Messages — Mi-Ann Maglipon

Workshop 4:

- Applying Behavior Change Theories (Worksheet 8)
- Creative Strategy Worksheet (Worksheet 9)

Presentation/Critiquing — Mi-Ann Maglipon

Session 4c: Pre-Testing of Materials

- Wishes and Pluses

Presentation and Critiquing/Synthesis — Grace Agoncillo

Session 5: Next Steps

Workshop 5:

- Action Planning

Gallery Presentation

Evaluation

Commitment /Closing — Grace Agoncillo

The Workshop Staff

- **Mi-Ann Maglipon** – Workshop Facilitator. She has been working with the United Nations Children's Educational Fund (UNICEF) for 20 years and her area of expertise is communication.
- **Grace Agoncillo** – Workshop Facilitator. She is the Director for Human Resource Development of the Philippine Information Agency (PIA).
- **Dr. Annie Asanza** – Facilitator. ILO-STEP
- **Lanie** – from PIA, technical assistant.
- **Eloisa Raymundo** – Secretariat. ILO-STEP.
- **Maria Fayda Uy** – Secretariat/Workshop Documentor.

Workshop Objectives:

By the end of the workshop, it was envisioned that the participants shall have:

- Applied the fundamental and processes of social marketing;
- Formulate a marketing plan; and
- Prepared and identified immediate action steps for the next two months.

Workshop Process/Training Methods

The workshop was highly participative and audience-based. The facilitators did lecturette types of presentation not lasting more than 30 minutes to allow more time for workshop activities, hands-on application of lessons learned, and constructive critiquing. Language and concepts were tempered to fit the level of education, understanding and experience of the participants. Questions from the participants were also entertained at any time during the lectures and were quickly responded to, sometimes, allowing the other participants to contribute to the discussion and think of the answers to them.

Every now and then, the facilitators threw probing questions to the participants and encouraged them to answer. Responses were echoed for a more insightful learning. A wealth knowledge gained from experiences related to the topics were also relayed to provide living examples and testimonies of the techniques imparted.

The workshop kits contained the workshop schedule, hard copies of workshop presentations to make it easier for the participants to follow the discussions, and Worksheets 1 to 8 that will be the foundation of social marketing plans of each coop. It was envisioned that the participants would have imbibed and applied all the lessons learned after having completed the worksheets.

Aside from the kits/handouts, salient points in the lectures were presented simultaneous with the discussion through an overhead projector.

At the beginning of the workshop, there were also some suggestions made by the facilitators on how the participants themselves can enhance their learning. Specifically, everybody was enjoined to:

1. Be Hot - To be HOT means to be Honest, Open and Trusting.

2. Be here - Let us be present physically and mentally and not just here in our seats. Whatever hang-ups we have, whatever obligations we have, let us BE HERE NOW.
3. Be here 100% - If you don't take a 100% of the shots, you miss 100% of the shots you don't take.
4. Avoid prejudice and be open-minded - Let us give others a chance to express their views.
5. Be here on time – Let us try to follow the workshop schedule.
6. Have fun and enjoy - Let us participate in all the activities.
7. Be energized – Let us always give our best.

DAY 1 PROCEEDINGS – 25 May, 2004

STUDY VISIT TO NOVADECI

NOVADECI Presentation - Mrs. Cristeta Viesca, General Manager

❄ COMPANY BACKGROUND

The Novaliches Development Cooperative, Incorporated (NOVADECI) was organized in 1976. Area of operations cover Novaliches, Caloocan City and Quezon City. As of April 2004, they had 17,000 members (8,700 are regular members and the rest are associate members) Lifetime membership fee is P 200.

NOVADECI's Vision is to be the Number 1 sustainable and viable financial institution. Their mission is to improve the cost of economic well-being of their members through excellent financial and allied services such as social protection programs and other services of the cooperative.

NOVADECI has received various awards and recognitions already. The most notable was the Gawad Pitak, which they have been perpetually receiving since 1997. A strong proof of NOVADECI's excellence in financial management is the impressive growth of their funds from a mere P7,000 start-up capital to P420.2 million current total assets. Shared capital is now P91.1 million while fixed savings total P78.9 million. Their savings deposits total P42.6 million with P92.4 million under time deposit.

❄ PRODUCTS AND SERVICES

1. Deposit Products
   a. Savings Products — Savings Products are of three types: *Regular Savings* (5% interest for regular members and 2% interest for associate members), *Youth-Based Product* (open to the member's children, nephews and nieces, and grandchildren who are between 14 to 19 years of age), and *Smart Kids* (for children, nephews and nieces, and grandchildren of members below 14 years of age).

      NOVADECI gives incentives in the form of additional scoresheet points for every deposit made under any of these products.

   b. Pabahay Fund Program. Savings for housing needs of their members.

   c. Time Deposit. Terms are from 35 days to 5 years at a 5 – 11% interest.

2. Loans
   a. Productive Loans — Includes Business Loans, Appliance Loan, Education Loan, Commodity Loan, Collateralized, Bank-to-Bank, Micro-Finance, etc. Members with the capacity to pay may avail of up to 4 times of their deposit. Last year (2003), they started micro-financing for group borrowers with 5 members or more.

   b. Providential Loans — These are special loans called Emergency Loans, Jewelry Pledge Loan, Computer Loan, Optical Loan, Appliance Loan, Petty Cash Loan, and Memorial Loan. The procedure for the Jewelry Pledge Loan is similar to pawnshops where jewelry is used as loan collateral at a loan interest of 2.5%. For the Memorial Loan, NOVADECI

made special arrangements with established Memorial Parks within the area (Manila Memorial, Holy Cross and Eternal Gardens). NOVADECI buys the lots and the members repay them through a 5-year installment plan.

3. Health Services or Social Protection Programs (Health Care Plan or HCP)
   a. Free Consultation – The in-house clinic is open for members from Monday to Saturday.
   b. Laboratory and X-ray Clinic – Members pay for services from NOVADECI's in-house laboratory and x-ray clinic at a price below the usual laboratory fees charged within the area.
   c. Hospitalization – For an annual premium of P600, members, including their spouses and up to two of their children may claim hospitalization allowances. Maximum benefit allotted for each member per year is P20,000 distributed in the following order:

Person Hospitalized	**Benefit**
Member	P 10,000.00
Spouse	5,000.00
Children below 21 years of age (Up to two children)	5,000.00
TOTAL	**P 20,000.00**

   The hospitalization benefit package is good for one year, regardless of the number of times the member and the other beneficiaries were hospitalized. Hospitalization benefits may only be claimed for confinements of at least 24 hours.
   d. Pharmacy – NOVADECI has a pharmacy accredited by the Department of Health (DOH), offering medicines at discounted rates vis-a-vis prevailing drugstore rates.
   e. Pediatric/Internal Medicine – A pediatrician and an internist rent room spaces in NOVADECI but manage their own clinics. Consultation fees for NOVADECI members are discounted.
   f. Dental and Optical – Same set-up as that of the pediatrician and the internist.
4. Mutual Benefit Services.
   a. Death Benefit Program or *Damayan* Program — The *Damayan* contribution scheme was patterned after the traditional Filipino custom of giving *abuloy* or monetary aid to the family of the deceased, for mortuary and funeral services. If somebody dies, whether he be a member, a spouse or a son or daughter of a member, the members give monetary aid and this amount is subtracted from their Damayan Deposits. Members of the program are required to maintain a P400 Damayan Deposit.

a.1. Benefit ladder for members and their families:

Deceased	**Benefit/Yr of membership**	**Maximum Benefit**
Member	-	P 20,000.00
		P 200,000.00
Spouse	-	5,000.00
		50,000.00
Children below 21 years of age	-	4,000.00
		40,000.00
		(Up to two children)
TOTAL	**-**	**P 29,000.00**
		P 290,000.00

Maximum benefits cited may only be claimed for successive memberships of 10 years or longer. Deaths of up to two children are covered.

If both the husband and the wife are members of the Damayan, both benefit packages may be claimed for the death of a member. That is, if a member dies, and the spouse is also a member, the spouse may claim two benefits: one as a member whose spouse has died, and another, as the beneficiary of the member-spouse who died.

If the member who died is a widow or a widower, claims may be made by any of the member's legal children. For deaths of single members without legal children, the benefactors would be any of the member's parents.

a.2. Criteria for Assessing Amount of Benefit Due to the Client:

There are three assessment criteria for availing:

- *Length of membership* – Benefit of P20,000 is multiplied to the length of membership in years. Longer membership to the Damayan equals higher benefit ceiling of up to a maximum of P 290,000 for membership of 10 years or more.
- *Share capital* — Must be at least 15,000 to avail of the maximum amount. If the share capital is less than P15,000 the benefit will be computed proportionate to the amount of share capital (in %).
- *Damayan Deposit of P 400* — The Damayan Deposit is the amount the member has to maintain to be part of the Damayan program. If the Damayan deposit was not maintained at P400 at the time of death, the benefit will be computed in proportion to the remaining amount of the member's Damayan Deposit.

All three criteria must be satisfied and computed in the above order to determine claimable benefits.

a.3. Contribution for Death of a Member. When a member dies, a certain amount is deducted from each member's P400 Damayan Deposit. Benefits for members with more than 5 years membership are greater than those with five or less years of membership and thus, the amount of contribution deducted from the Damayan Deposits are also relatively higher. The specific amount of contibution is as follows:

Length of Membership (Deceased)	Deductible Amount
1 to 5 years	-P 30.00
6 or more years	-50.00

If the person who died is not a member (but the spouse, or the member's child), the amount of contribution would depend on how much the Damayan member would like to give.

a.4. Damayan Benefits for the Cooperative. NOVADECI's Damayan Program also benefits the cooperative as a whole because for every monetary aid given, a part (representing excess contribution collected) goes to the Damayan Fund.

For example, benefits for a Damayan member of five years who has succumbed to some illness would be P100,000 (P20,000 multiplied by 5 years of membership). Assuming he has satisfied the two other criteria (share capital of P15,000 and P400 Damayan Deposit), his family is entitled to receive in full, P100,000 from the cooperative.

Upon knowledge of his death, the cooperative would deduct P30 from the Damayan deposits of each member. Total collection would be P30 times the number of members (currently at 8,000) or P240,000. Of this amount, P100,000 would go to the family of the deceased while the remaining P140,000 would be channeled to the common fund of the Damayan.

Benefit per year	-P 20,000
x length of membership (in years)	-5
x % of share capital (in decimal)	-1.00
x % of Damayan Deposit (in decimal)	-1.00
TOTAL DAMAYAN BENEFIT	-
P 100,000	
Contribution/member	-P 30
x number of members	-8000
TOTAL DAMAYAN COLLECTION	-
P 240,000	
Total Damayan collection	-P 240,000
less Claimable Damayan Benefit	-100,000
TOTAL DAMAYAN FUND	**-P 140,000**

The Damayan Fund serves as a buffer in case of multiple deaths and is also used to fund other services of the Coop (loans, etc.).

a.5. Mode of Payment and Replenishing Damayan Deposits. So that the Damayan Deposits are not depleted, members are notified (quarterly) when their Damayan Deposits are reduced and are given 60 days to replenish them. Payment may be made over the counter (in the receiving section), through loan deduction or through automatic deduction, or through savings transfer for those with Savings Deposits.

a.6. Effectivity of Benefits. Damayan Benefits are co-terminus with the member. That is, when a member dies, his family may claim his death benefits, but nothing more.

b. Living Benefits. Total claimable Living Benefits depend on the member's total claimable death benefit because funds for Living Benefits are extracted from the total claimable death benefit of the member. The maximum collectible living benefit must not exceed 75% of the maximum claimable death benefit of the member. It is the member's prerogative if he wants to avail of his Living Benefits or leave all his Damayan Benefits for his family to claim.

b.1. Pension Plan or *Gabay sa Katandaaan*. This is offered to any member who has reached 65 years old and has been a member of the cooperative for at least 10 years. The member gets a lump sum (one-time) Pension of P 50,000 and a monthly pension of P2,000.

b.2. Disability Benefit. This provides financial assistance to a member who was disabled and has lost the capacity to work or has reduced capacity to work. Benefits include P2,000 monthly allowance and a lump sump of P10,000.

b.3. Financial Assistance for the Terminally Ill. For those who were diagnosed to have cancer or any fatal disease, the cooperative grants P15,000 initial benefit plus P2,000 monthly pension.

5. Share Protection Benefit. NOVADECI grants 5% to 50% benefit of the total amount of a member's share capital, per year of membership. This is considered guaranteed interest on the member's share capital contribution so that they may be encouraged to give more than just P15,000 and continue to invest in their fixed savings.

6. Loan Guarantee Benefit. This covers unpaid loans of a deceased member-borrower provided the loan is not past due or is not overdue. For the first 3 months, P2.10 is deducted per P1000 amount of loan granted plus P0.50 centavos for every month's extension in the loan's term. The amount deducted is channeled to the Loan Guarantee Fund that covers whatever unpaid loans a diseased member might have. NOVADECIs loan guarantee ceiling is P1 million.

   For members who died with past due loans, unpaid loan amount is deducted from his Damayan benefits.

7. Educational Services.

   a. Cooperative Membership Orientation (CMO). This is a two-hour training program for new members of the cooperative.

   b. Policy Review. For members who would like to know more about NOVADECIs services, products and benefits, there is a Policy Review that lasts for three to four hours every Tuesday and Saturday.

   c. Educational service. NOVADECI offers scholarships for College and Vocational studies.

8. Financial Counselling and Advisory Services. This is provided by the Loan Processor and Credit Committee members for NOVADECI members.

9. Staff and Development Program. Seminars and workshops are held every now and then for continuous training of the NOVADECI staff.

10. Livelihood Program. Initiated by the Education and Training Committee, livelihood training is provided to members with the help of the Quezon City government.

11. Marketing Services – NOVADECI has a supermarket/ cooperative store where members can buy groceries at discounted rates.

12. Consultation meetings

a. Mini-Consultation Meeting or *Ugnayan*. Held in August once a year for members of Quezon City and another for Caloocan City members, these meetings become the basis for improving the services or products offered by NOVADECI and largely influence management plans for the succeeding year.

b. General Assembly. Held every March the assembly is held to get the consensus of the members regarding new and old policies and programs of the cooperative.

13. The NOVADECI Training Center. Located in Caloocan, the compound has 27 dormitory rooms with a large air-conditioned conference hall, a kitchen and a recreation area. The place may be leased to those who would like to hold training sessions, conferences, and retreats.
14. Housing Project. Launched in 2003, NOVADECI constructed a row of four houses in Caloocan and offered them to members at affordable instalment rates. Each has a lot area of 48 square meters.

Open Forum

After the presentation, the participants were allowed to post questions on NOVADECI's programs and services that they wish to know more about. Below is a gist of the points discussed:

❄ **MEMBER CONSULTATION**

1. NOVADECI does not consult its members on each and every policy they make unless it will affect the company's Articles and By-Laws. Otherwise, they merely inform the Board members and those in the management level that there is a new policy or program and give them ample time to air their views and concerns before they are implemented.

❄ **LOANS**

1. Novadeci offers financial assistance (loans) to cooperatives needing funding, at low interest rates. Having borrowed money from other cooperatives before, now that they have adequate funds, NOVADECI also tries to help out other cooperatives.

❄ **HEALTH CARE PROGRAM (HCP)**

1. New members who also want to be part of the Health Care Program has to pay the P200 membership fee plus P600 annual fee for Health Care Insurance, and some miscellaneous fees of around P80. This would mean paying P880 for the package. Membership renewal to the HCP (P600) would be due every year on the anniversary month of the member's health care policy.
2. Health Care Premiums may be paid on installment but the benefits are also reduced according to the percentage of premium paid.
3. To safeguard funds of the Health Care Program the following were instituted:
   a. Physical Examination. Retainer-doctors perform a physical examination on applicants joining the HCP. Their findings shall be recorded and claimable benefits are adjusted accordingly.
   b. Contestability Periods. Generally, to avail of the full benefit package of P20,000 per year there is a contestability period of 2 years after membership from the health care program. If the member got sick before the contestability period, maximum claimable

amount will only be P10,000. For the dependents, contestability period is 6 months.

Contestability periods were also set according to illnesses, for members with known illnesses.

c. Limitations on Coverage. Hospitalization benefits may be availed only for confinements of at least 24 hours.

With the help of their in-house doctors, NOVADECI reviewed their benefit policies and came up with a table of Health Care benefits according to nature of hospitalization. Minor illnesses such as high fever or flu were allotted a benefit package of P2,500 while major illnesses and major operations were considered worth P10,000.

Laboratory fees, pharmacy purchases, etc. may be charged to NOVADECI if within the confinement period. However, the Memorandum of Agreement between the accredited hospitals and NOVADECI states that the Coop will not be liable to pay for expenses incurred by the member over and above the maximum claimable benefit. When the hospital bill exceeds that of their claimable benefits, NOVADECI only pays for the total claimable benefit and whatever amount in excess shall be shouldered by the member. Those with no money to pay for the remaining fees has the option to avail of an emergency loan from the coop. NOVADECI is not liable to pay for purchases made after confinement even if they were related to the member's illness.

If both husband and wife are members of the health care program and for example, the husband got sick, total claimable benefit will depend on the expenses incurred. If the hospitalization bill did not exceed P10,000, then the husband, in his capacity as member, may claim his P10,000 benefit. His wife cannot. However, if the bill was more than P10,000, then the wife may also use the P5,000 benefit for her spouse.

4. Membership to the health care program is not compulsory for all cooperative members but it is available only to NOVADECI members.

5. For members with more than two children, NOVADECI suggests that both the husband and wife join the health care program. This way, two children will be covered by the husband's policy and the another two may be covered under the wife's health care policy.

   For widowed members, NOVADECI allowed the inclusion of other children under Option 2. Option 2 means they have to pay P360 premium in addition to the P600 annual fee to ensure coverage of 2 other children. However, the maximum hospitalization benefit package for each child in excess of 2 would be P2,000.

6. Philhealth members are welcome to join the Health Care Plan because NOVADECI realized that it was largely the case of a member wanting to increase his coverage even at greater cost. Members, having paid separate premiums (for Philhealth and for the Health Care Program), are entitled to benefits from both.

7. Upon admission to accredited hospitals of NOVADECI, members should inform the hospital that they are NOVADECI members. The hospital then informs the coop for verification. NOVADECI's HCP specialist then examines the member's coop records and scoresheet to verify membership and to compute claimable hospitalization benefit. These information are then relayed to the hospital through faxing a referral sheet. The hospital automatically deducts the total benefit available from the final billing.

8. For hospitals not accredited by NOVADECI, payment will be in the form of reimbursements. The member must submit a medical certificate, the hospital bill, the hospital abstract or laboratory results, and the official receipts and the application form for claims. Membership

standing is again verified and total hospitalization benefits are computed by the HCP specialist. These information are then forwarded to the Accounting Office for check preparation. Once drafted, the check is forwarded to the authorized signatories and once ready, the member is informed. The check is released when claimed by the member. Reimbursement checks are ready for release within 5 days after the submission of complete documents.

The grace period for applying for reimbursements is 30 days after confinement.

9. Maternity benefits are granted but are limited. NOVADECI allocated P2,500 for normal delivery and P5,000 for caesarian section. To protect the HCP funds against unreasonable claims, the member has to be with the program for at least twelve months before giving birth, otherwise, maternity benefits are waived.
10. Members who weren't able to claim any health care benefit for the year are entitled to the annual physical examination held in the clinic. However, once the member has claimed full or even partial hospitalization benefits within the period, free Annual Physical Examination is forfeited.
11. The HCP Policy is co-terminus. There is no replacement system. The contract is considered null and void once the member dies even if he has paid the premium for the year.
12. NOVADECI advocated the following guidelines for those are plan to adopt this program in their cooperatives:
    a. Stratify health care benefits according to types of illness to ensure efficient allocation of HCP funds.
    b. Look into current premium rates and try offering the package at around P1,200 a year or at least higher than P600 so that cooperative funds will not be depleted. Once the premium has been set, it would be difficult to adjust them. Remember that small premium rates limit available HCP funds and prevent expansion of benefits without risking total fund depletion.
    c. The health care program (HCP) must be tied-up to other services of the coop, and use a score sheet. A score sheet must be drafted for each member listing their annual income, coop standing, attendance to the general assembly, membership to HCP, cooperative's store patronage. All these are computerized for easy monitoring. The scores the members get translate to their claimable benefits depending on the multiplier.
    d. Benefits must be available only when premium payments are updated. Expired premium payments of more than a month should disqualify or reduce claims for benefits.

❄ **DAMAYAN PROGRAM**

1. In computing length of membership years only consecutive years up to the present are counted. Once the member quits and then rejoins, the count returns to year 1. NOVADECI offers counseling for members who wish to withdraw so that members may be made aware of the benefits they would not be able to avail if they would withdraw.
2. Deaths through suicide are not covered, but accidents are covered.
3. NOVADECI has the following advice for those who would like to adopt the Damayan system:
    a. The member's contribution of P400 must never be fixed and must be replenished because one cannot tell how many people will die within the year. Requiring higher contributions, on the other hand, might discourage those who would like to join the *Damayan*.
    b. Draft a benefit schedule according to the length of membership years to foster loyalty.

Members with more years of membership should be entitled to more benefits because they have also contributed more to the Damayan Program.

c. Design a benefit schedule within your budget. Start small until policies are perfected. Give only what is feasible. Offering P200,000 death benefit yet having only 300 members, either results to exorbitant rates of Damayan Deposits or depleting the Damayan Fund.

SHARING OF EXPERIENCES

at the Department of Agrarian Reform (DAR)

Sharing of MANGLOY – Rudy Luay

Mangloy started in 1982 as a small community cooperative. From 1993 to 1994, they branched out to the whole of Laak and put up a cooperative store, offering goods to members on a wholesale and retail basis. The project was funded through a Land Bank loan. In 1986, they started Savings operations with the aid of Land Bank who helped install systems for a bank-like operation.

In 1988, they merged with another cooperative in the nearby area and increased their scope of operations. From 1990 to 1991, a marketing arm was put up to generate more members. Annual premium is pegged at P250. In 1998, they joined the Department of Agrarian Reform (DAR) and started theor community Land Development Program. Later they launched the Savings-Based Credit Delivery by offering micro-financing to their 700 regular members. Later they started a Health Insurance Programs, and introduced several social services programs and other programs to increase the economic activity in their cooperative.

The secret to Mangloy's success is their persistence. While initially, some income-generating projects (like buying delivery vehicles and having our own milling equipment) were met with doubts and negative reactions, they persisted and tried to show others that the benefits far outweigh the investment required. In the end, their efforts paid off and the cooperative grew not only in membership but also in profits and scope. More importantly, they were able to provide better and more appropriate services to the members.

Open Forum

❄ **INCREASING MEMBERSHIP**

1. Mangloy's large membership was a product of their persistence and the application of the following techniques:

   a. The involvement of the Board was the first step. Before, the Board would simply attend meetings and afterwards would go to a nearby place to "drink" with their comrades. These "drinking sessions" provided arenas where the members can air their ideas and insights on the cooperative. So, what the managers did was to join these "drinking sessions" to generate ideas on good and feasible projects that the coop may undertake. A lot of the good projects the cooperative had (like purchasing the two vehicles for product delivery and establishing an efficient banking system) were derived from these "drinking sessions."

b. The leaders of the different organizations play a critical role in convincing their members to join Mangloy. Mangloy believes that if the leaders of the other organizations believe in them, they would be willing to invest with Mangloy. So, Mangloy tried to show them that they are trustworthy. To allay whatever doubts these other leaders have, Mangloy has shown transparency. For example, if they were given discounts, these are reflected in the receipts. This shows that they had no personal interests in the transactions and that they only want to help.

c. Once trust has been achieved, Mangloy adheres to the code that one should not abuse the people's trust.

❁ **HEALTH CARE PROGRAM**

1. Mangloy started with compulsory and automatic salary deduction of P35 per month for the staff and officers of the cooperative. Later, through actively promoting HCP to its coop members, and when more and more were able to claim their benefits, HCP's membership has largely increased.
2. Health Plan renewals (for the following year) used to be a problem, traceable to their staff's/ frontliner's lack of knowledge on the HCP. Thus, they trained their staff so that they may be able to explain well the HCP's policies and benefits.
3. Mangloy has observed that joining the HCP was bourne out of the "majority rules" concept wherein, whatever the majority favors, succeeds. So they try to get the majority to join the program.

❁ **FUND MANAGEMENT**

1. All the funds they have collected are pooled together and placed under one account but they do separate reporting for each program.

❁ **POLICY SETTING AND REFINEMENT**

1. Mangloy's policies were set and refined through a host of techniques:
   a. First, they asked a recognized instituion (DAR of Nueva Ecija) to help them formulate start-up policies for micro-insurance.
   b. They also did surveys and found out by themselves what sort of benefits the members required, how much these would cost, and how much premium should be set to be able to give these benefits.
   c. A wealth of useful information and insights were also gathered from the sharing of other cooperatives on the problems they encountered and the solutions they applied.
   d. They also did some trial and error exercises and tried different approaches and schemes until they found the best ones.
2. After 3 years of operations, Mangloy made a policy review based to the data they gathered from trial and error experiences. Some policies were revised and those that were found to be good were formalized. This was done through the assistance of Land Bank.

❁ **GRANTING LOANS**

1. Mangloy grants loans based on the borrower's capital share, the appraised value of the member's property, and the borrower's capacity to pay. Generally, more importance is given to the member's capacity to pay back the loan. Loans are granted even to first time borrowers

if found to have sufficient earning capacity to pay back his loan.

2. Required share capital for granting loan to a member depends on the amount to be borrowed, but Mangloy requires a minimum share capital of P2,000.
3. Mangloy also agrees with NOVADECI on the concept of having a score sheet or a scoring system for appraising member standing and loan applications and linking all their programs.

On Collaterals for Loan

1. Mangloy's approach for granting loans used to be traditional intake. This means loans were granted according to the expected cash flow (from the harvest) less the expenses incurred. If the profit was estimated to be sufficient, then loan is approved. However, in time, they found out that this practice is very risky because income from harvests can never be computed accurately and the risk of losing their resources is high. Thus, aside from credit appraisal, they thought of asking the borrower (particularly first-time borrowers and delinquent payers) for some sort of leverage to protect the coop's funds. This is called loan collateral.
2. Lots owned by the member, even without DAR titles, are accepted as collateral if the borrower would show sufficient proof of ownership, a tax declaration (for the lot), or a certification from the Barangay Captain confirming that the member is the recognized owner of the lot. Lots for collateral are appraised according to the crop (current market value) and the banks' appraised value for the lot. These would be the bases for the amount of loan to be granted. As a safety net, loans granted are always below the appraised value of the lot, after tax deductions.

   The Coop draws up a Deed of Sale for untitled lots but does not have it notarized until the loan becomes due. When the loan has been paid, land titles and deeds of sale are returned to the borrowers.
3. For Mangloy, good payers may not be required to give any form of collateral. But for first-time borrowers, asking for a collateral is necessary especially when a large amount of money is involved. However, if the borrower's share capital is proportionate to the amount of loan, applications are granted even without collateral.
4. Collaterals for each loan application is not always required since it is also not favorable to convert liquid assets to fixed assets. The lots and the Deed of Sale are really just for leverage in case the borrower cannot pay back their loan.
5. The lot owner is assured by Mangloy that his property will be secured even with the Deed of Sale because they will not have the Deed of Sale notarized if the member was able to pay his loan. So far, Mangloy has not foreclosed any lots yet.

Sharing of ACDECO – Cynthia Valiente

Angono Credit Development Cooperative (ACDECO) started as a small micro-lending venture among 27 friends in 1966. Start-up capital was just P140 but what was designed as a small credit cooperative among friends soon grew in terms of membership, deposits and loans.

However, long delays on loan payments soon lead to financial problems for the cooperative. Until one day, one of the founding members was exposed to the experiences of other cooperatives and this gave him enough motivation to resurrect the cooperative and improve on its systems and policies. Linkages with other cooperatives enabled ACDECO to gain more insights and thus, from 1983 onwards, with improved policies and systems, the cooperative grew in scope, services and

benefits.

The Damayan Service started in 1983 although prior to this they already had a sort of informal collection or *abuloy* (mortuary aid) practice for a member who died. Operations were merely formalized in 1983 and systems were established. Annual Damayan contribution was pegged at P30 and the amount of benefit or contribution was linked to the number of members. In 1992, the Damayan Premium was raised to P120 with a corresponding increase in benefits. In 1999, Damayan contributions were hiked to P840/year with benefits of around P20,000 to P35,000.

By 1988, they put up a clinic with two doctors. Later, the set-up was complemented by a dentist and an optician. The clinic provided free medical consultations to members.

In 1993, they introduced the Pension Plan for members with 15 years of service to the cooperative and incorporated this to the Damayan Program. They also launched the Disability Benefit Program to give some sort of financial support to members who can't work anymore.

In 1994, health care benefits were offered to members only (no other beneficiaries). Currently, for an annual contribution of P300, a member may claim the maximum benefit at P5,000. Covered were only medicines because most social service programs available to the members do not include medicines. The Health Care Program was linked to their other services. A member who is not of good standing in the cooperative, runs the risk of reduced Health Care benefits.

ACDECO also offered a memorial plan and leased "apartment-type" burial structures to members.

Their micro-finance activities, which remained their prime activity and major source of income, includes lending out to smaller cooperatives and to members who need funds for agricultural or emergency use. ACDECO also invested in various savings and business activities to generate more income for the cooperative.

Open Forum

- **COLLECTION STRATEGY**

1. ACDECO collects payments in three ways: One is through deducting the amount to their loans (loan deduction), second is by automatic transfer from capital interest or fixed deposits, and third is through direct payment to the cooperative.
2. Problems on collecting regular membership contributions were encountered, initially, and these were traced to the members' lack of knowledge on the consequences of not paying. To counteract this, compulsory membership seminars were held to enlighten members on why they had to pay their premiums and the benefits they would be entitled to if they would. Members were also informed that their fixed deposits are linked to the other services so, if they won't pay their dues they would also not be able to enjoy their other benefits. If members won't pay in full, their benefits would also be compromised. So far, these measures were proven effective.

TABLE 1A: What the Cooperatives Have Under DAR-AP

GROUP	ASPECTS				
	Membership	**Systems and Policies**	**Premium Contributions**	**Types/Uses of Funds**	**Services/Packages**
SFMPCI	45 enrollees	voluntary collection (walk-in) 50.00 per month or P600.00 per year		In-patient	Room and board accommodation, meds/ drugs, professional fee, anaesthesiologist' fee, diagnostics
				Out-patient	Diagnostics, x-rays, meds/drugs
SARBEMUPCO	37 members(19 males and 18 females)	Formulated	Family – 500.00/yr Individual – P300.00/yr	Out-patient In-patient (reimbursements)	Members - P500.00 Members – P 1,000.00 Dependents – 50% or P1000.00
TAGPAKO	107 members	On membership: (collection, availment, benefit ceiling, loans)	P25.00/mo or P215+ total	Hospitalization Loan	Individual Package or P1,500.00 maximum limit
GUIMBA	650 members	Create every barangay for area coordinators Voluntary collection	P10.00 membership fee; P10.00 monthly premium	In-patient (w/in 6 hrs of confinement) Out-patient	Raffle ticket Donations Membership Fee
ESPERANZA	Principal – 19 Dependents - 21	Criteria on membership Amount (ceiling on claims) Manner of premium collection	P16,955.00 (premiums and contribution) Admin - P100 Claims - P 10,300	Consultation In-patient Out-patient	
CIABU	Slow in recruitment (other coop members not yet sold out to DAR-AP Program)	There are existing but still needs to be updated		Funds - Membership fee and donation	In patient only
MANGLOY	515 members	Annual Payment of Premium P250.00	In-patient:P1,400/mo Out-patient – P300.00	Limited to members only	BICAO
57 members (male - 30;	females – 27) Policies on:	Membership, Availment & Benefit, Compulsory Policy for all officers and Staff, Policy on husband and wife benefit availment, Complete set of Book of Accounts, Referral System	P35.00/mo.	Out-patient In-patient	Monthly premiums, grants, medical mission

TABLE 2: What the Cooperatives Do Not Have and the Mechanisms to Achieve These

GROUP	What the Cooperatives Do Not Have Under DAR-AP	What are Needed to Improve and Strengthen What They Have or Install What are Needed
SFMPCI	Tulong Pandamayan under: • Loan Guarantee Program • Gabay sa Katandaan • Total/Partial Disability Pension	
SARBEMUPCO	Damayan program: • Mortuary • Living Benefit	PSP need to review replacement system and benefit packages Membership expansion
TAGPAKO	Health service provider due to political interventions	Collector mechanism Expansion of membership on social marketing
GUIMBA		
ESPERANZA	Written contract with HSP We negotiated verbally	Premiums should be deducted from loan To adopt Member-Get-Member Policy
CIABU	Ciabu does no have a Training on Marketing Strategies in order to make DAR-AP Program	
MANGLOY	Dependents not included in the availment of services Trial and Error stage	Benefit package Management of implementation system

TABLE 3: What Other Cooperatives Have, the Mechanisms for Adoption, and Future Plans

GROUP	WHAT OTHER COOPERATIVES HAVE THAT THE PARTICIPANT COOPERATIVES DO NOT HAVE	IMMEDIATE PLANS AND WHAT THE COOPERATIVES INTEND TO ACHIEVE
SFMPCI	Cooperative Drugstore Training center Supermarket Recruit members	Review existing programs and systems Info dissemination to encourage membership Give social protection/health services not only to the members
SARBEMUPCO	Damayan Program Cooperative Drugstore Resident Doctor Compulsory Deduction of payment and premium from loan Priority program to be implemented	Review PSPs for Health Care Expansion of Services • Health Insurance • Damayan • Drugstore • Computerized Programs • Resident doctor
TAGPAKO	Damayan Scholarship/Educational/ Training Housing Project Health Service Provider tie-up/ Retainer Doc Cooperative Branches Consultation meetings with the BOD	Coordinate with newly-elected LCEs re HSP Access external funds Expand services to member-dependents
GUIMBA	Learnings: NHCP extended to family members	Plans: Conduct Workshop, Formulate Policies, information dissemination
ESPERANZA	Clinic/drugstore	Increase DAR-AP enrolment (from 19 to 40)
	Resident doctor Recruit more members	 Have efficient premium collection
CIABU	Dental/Optical services Benefits of immediate family Scholarship Programs Select what is adaptable or applicable	Recruit members & hike DAR-AP funds Come up with a effective marketing strategy 100% collection of monthly premiums Increase monthly premiums from P10 to P50
MANGLOY	Annual physical check-up Retainer medical personnel/regular MD Health Service Dependent included in availment	Review and revise existing policies Inclusion of dependents Introduce first with the Board in Action
BICAO	Member-Get-Member Policy Incentives Suggest/recommend to BOD	Increase DAR-AP enrollees from 57 to 100 Strictly implement honorarium deduction Continuous premium deductions from loan Approval of GA Expand DAR-AP to 4 barangays Give honorarium to DAR-AP officers/staff Include dependents 21 years and below Review Policy Systems and programs

PROCESSING ACTIVITY –

Magic Walls

- ***Main Facilitator*** — Marnie of DAR
- ***Materials*** —
  – Meta-strips (cartolina cut-outs of around 8.5" by 3.5" in dimension)
  – Pentel Pens
- ***Time Frame*** — 15 minutes

The Process

After the sharing and the open fora, the participants were asked to make a quick review and reflect on the status of their cooperatives and their future plans for them. Several meta-strips were given to each group where they can write their reflections corresponding to the following questions:

1. What do you have right now under DAR-AP?
   a. Membership (actual figures)
   b. Systems and Policies
   c. Premium contribution
   d. Types and Uses of Funds
   e. Services/Packages
2. What do you not have right now under DAR-AP? Why?
3. What do you think is needed to…
   a. Improve/strengthen what you have right now?
   b. Install what is needed?
4. What does NOVADECI or Mangloy have that your cooperative does not have? How do you intend to bring this or introduce this in your group?
5. What are your immediate plans? What do you intend to do in the future or what do you intend to achieve?

Presentation of Outputs

The outputs of this activity are presented in *Table 1, Table 2 and Table 3*.

REVIEW AND SYNTHESIS —

Ms. Ellen of DAR

❄ **WHAT MAY BE GLEANED FROM MANGLOY'S AND ACDECO'S EXPERIENCES**

Many good insights may be derived from Mangloy's experiences and ACDECO's experiences but the most important ones are:

1. COMPULSORY MEMBERSHIP. Those with problems on membership collection need to re-think their policies or consider the possibility of adopting "automatic deduction system"

from loans or shared capital.

2. CREDIBLE LEADERS AND COOP STAFF. The credibility of the Board of Directors and the Cooperative Staff is very important. Perhaps there is a need to remind all the members that the cooperative was established not to make money but more so, to help the underpriveleged. The desire to earn profits must never overshadow the desire to help. To establish credibility, there is a need to get staff members who have the capability to perform their assigned tasks. Transparency must also be shown in all dealings to gain the trust of the members.
3. VALUE OF CONTINUOUS RESEARCH. As what Rudy (Mangloy) has articulated, they went through the process of trial and error. They tried on what they thought was a good plan and evaluated it afterwards. If they found out that the system was not good, they revised it accordingly. They did not stop in just one plan but continued to review and rehash their systems.
4. FACT-BASED ANALYSIS. Rudy (Mangloy) also mentioned that they based their reviews and decisions on actual data. For granting loans, they look at the borrower's records and evaluate if the member-borrower has good standing in their cooperative. They used scoring sheets and assigned points for each possible data that could help them determine the borrower's capacity to pay.
5. FORMALIZING SYSTEMS AND DEPENDABLE DOCUMENTATIONS. Both groups formalized systems by writing concrete policies on these. They "manualized" operations to serve as a guide for current and future leaders and managers of the cooperative.
6. NETWORKING AND LINKAGING. The success of Mangloy and ACDECO may be very well be attributed to the help of the other cooperatives most especially in terms of learning experiences. Both sought the assistance of other cooperatives and adopted systems that were proven effective by other cooperatives. They attended seminars to further widen their linkages and network systems. Mangloy also approached established institutions like Land Bank and DAR to set-up systems and policies.
7. INTEGRATED OPERATIONS. These cooperatives did not focus on one service but linked them with other operations or programs. They found out that their programs have greater chances of surviving if they were integrated to the other services.

❁ **THE MAGIC WALLS**

1. Clarifications on responses to the question on what the cooperative does not have right now:
   a. TAGPAKO – Ms. Ellen asked the group to explain further why they do not have health service providers due to political intervention. The representative explained that this was a problem with the previous governor but with the election of a new governor, plans are now underway to resolve this. They were promised full resolution by August.
   b. CIABU — The group was asked clarify what they meant when they wrote that they had no marketing strategy training. The group answered that they think they need some training on marketing their health care program because they were not able to increase their membership to a level that they wanted. Maybe the problem is on information dissemination because the program was discussed only with the Board of Directors and not in the general assembly.

      Possible solution offered by Mangloy: Mangloy suggested using clustering in the marketing strategy. They shared that they clustered areas and assigned one Board

member per area. It is the Board member's responsibility to discuss the program to the cluster assigned to him. The goal of this marketing strategy was to inform others of the cooperative and therefore, no quota or membership targets were given to the Board.

Mangloy also suggested training the staff who are the frontliners and who are the ones approached by potential members.

Suggestions from DAR: DAR advocated looking into the credibility of the coop leaders because this is already good marketing. If people know and believe in the leaders, they would be more trusting and more easily convinced to join in the cooperative.

2. Thinking in actual terms regarding the status of the Cooperatives. On assessing the status of the cooperatives, specifics are required. That is, for membership, there should be actual data in terms of numbers to allow assessments on why the membership increased/decreased through the years. Operational systems must also be reviewed in terms of actual resources to know if the cooperative has improved, why and how?
3. Guidelines on strategies to implement. Strategies must be based on what are needed to improve the cooperative. They should correspond to the problems identified in the cooperatives such as membership recruitment, policy development and improvements in implementing policies and systems.
4. Guidelines on identifying future directions. Future directions should also be linked to the problems identified. For example, would adopting a Damayan program or restructuring Damayan policies to be more like the system used by NOVADECI help generate more funds considering the high impact it had on NOVADECI's operations? For those offering health care benefits, perhaps the future plan would be to maintain a coop clinic or resident doctors and medical personnel to service members. Or perhaps, the goal would be to put up allied services also (drugstores, etc.) who could provide health-related benefits to members.
5. On the uses of funds. Fund utilization must be reviewed in terms of how it can further help the members while protecting whatever limited funds we have. Perhaps we need to ask what our members really need.
6. Suggested Programs. It was observed that most of the services offered by the coop are curative and thus, the foloowing were suggested:
    a. Preventive Health – Offering preventive health services would not only help the members live healthy lives but could also reduce cash outlays for illnesses and hospitalization. This, in turn, would translate to more funds for a broader health care coverage. Preventive health programs would protect Damayan Funds by limiting causes of death to old age and perhaps, accidents. Preventive health programs may be in the form of holding seminars on proper nutrition, gardening so that we may eat pesticide-free fruits and vegetables, etc.
    b. Occupational Health – Look into the work environment of the members. Many workers now are exposed to various forms of pollution. Maybe an investigation should be made on whether our members or target members are exposed to chemicals and environmental pollutants and the effects of these in their bodies.

    Perhaps the coop could work on providing some sort of health insurance for these cases and in the long term, it would not only be beneficial and appropriate to the needs of their working members but it could also serve as their competitive advantage over other health insurance providers.

DAY 2 PROCEEDINGS – 26 May, 2004

Opening Remarks – Mr. Werner Blenk

Highlights

1. Many things ---- both positive and negative ---- were brought about by the shift to globalization. In particular, it was not able to produce enough jobs for all and has even shoved majority of the population into the back alley of the economy.
2. As a consequence, issues and problems in achieving social security have arisen. Foremost, is the limited coverage of the population. Workers in the informal economy do not have access to social services and protection mandated by the government. Two out of five people or almost half of the population have no social insurance protection. Living without social protection means living with constant fear because if the working parent gets ill, there would be no source of income. People are thereby forced to live in poverty and destitution. Worse, the means of livelihood of the parents is often not enough and this either forces many to go into big debts or forces their children to work.
3. The second problem is the inadequate level of protection offered. Existing social security systems provide low and insufficient benefit levels against limited contingencies.
4. ILO believes in decent work. It believes in a job that is grounded in rights. This means being part of a network of social government including various sectors of the society. This means workers having adequate levels of social protection.
5. Social security protects lives by providing a safety net against social risks. Neglecting social security weakens social cohesion which may cause various social problems such as social exclusion, inequalities, increased security, violence, social unrest, trafficking, child labour, stress, drugs and prostitution.
6. ILO believes that Social Security is the pillar of Decent Work. In many countries, the greatest threat to life is from epidemics, accidents, illnesses, natural disasters and deprivation. ILO believes that addressing these concerns in terms of social protection, including social security, is essential for ensuring the well-being of people and the cohesion of a society. Thus, enhancing the coverage and effectiveness of social protection and social security for all is one of the four strategic objectives of ILO's Decent Work Agenda.
7. ILO believes that Social Security is not only a basic need, but also a basic human right. At the ILO, extension of social security is a major agenda. The International Labour Conference (ILC) in 2001 focused on social security, placing highest priority on policies and initiatives which can bring social security to those who are not covered by existing systems. In 2002, the ILC focused attention on workers in the informal economy and noted the key contribution of social protection in breaking vicious cycles of poverty and exclusion and providing access to more efficient and effective stages of protection.
8. In response to the growing request for effective social security programs from constituents, the ILO launched a global campaign on social security coverage for all, with the objectives of: (1) Improving overall understanding of social security; (2) Achieving concrete improvements in social security coverage; and, lastly (3) Raising awareness among key stakeholders.

9. ILO recognizes that there is no unique solution to the goal of universal coverage. The policies need to be tailored by taking into account the specific situations and needs of each country.
10. ILO also recognizes that it may be unrealistic to rely only on the formal social security scheme to cover the self-employed workers and workers in the informal economy because formal schemes also face legislative or administrative restrictions. As an alternative option, in the Philippines, a number of communities and organized groups (such as micro credit cooperatives, women's groups and groups of indigenous people) have established voluntary schemes which provide health care benefits to their members.

10 ILO believes that local communities can find creative ways of broadening the scope of social security and playing a pivotal role in the achievement of overreaching goal of universal coverage. The ILO is ready and committed to working with cooperatives to develop and implement the policy for social security extension in the framework of the Philippine National Action Plan for Decent Work.

12. Finally, ILO invites the informal sector to work with them to expand existing social security systems. In earnest, Mr. Blenk called on the leaders of the cooperatives catering to the informal sector and said,

> *"Let us build a system that would cover the self-employed workers and other workers of the informal economy. Let us put together a health and social security system that would equalize access, services, and others for all. Let us aim for universal coverage. Let us make this social security network in line with the government's plan for all. Let us provide adequate level of social protection. Let us provide adequate level of services, for the health of the future generation."*

LECTURETTE:

Personality Types – Mi-Ann

Behaviorists believed that who we are may be revealed by understanding our behavior. Thus, they have written models to help us understand ourselves and the world around us. The model that will be used for the next activities is presented in *Figure 1*.

There are people who are quite dominant and quite formal. These are the **Task-Oriented** people or the Warriors. In Filipino, they are the ones who are likely to say, "*May dapat tayong gawin, gawin natin*. (There is something we have to do, so let's do it.)"

There are also some who are also dominant but informal. We often admire them because they see the bigger picture. They are the **Visionaries**. They have different views that we find interesting because they are trying to make this world a better place. In Filipino, this Visionary says, "*May dapat tayong gawin. Bakit natin ito dapat gawin?* (There is something we have to do. Why must we do it?)"

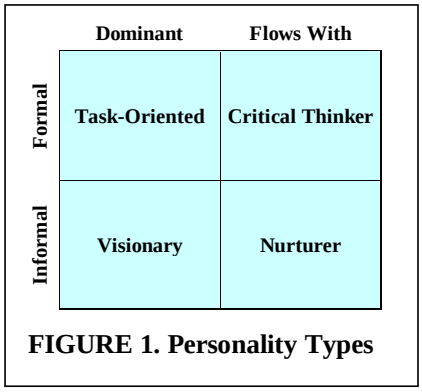

FIGURE 1. Personality Types

Then there are the **Critical-Thinkers**. They are people who, if there is something that has to be done, will tell you how — step by step. Very critical and always

thinking, these people often know and have systems for doing things. These people will probably comment in Filipino, "*May dapat tayong gawin. Ganito gawin 'yun.* (There is something we have to do. This is how to do it.)"

The last type are the **Nurturers**. They are motherly and are most likely the ones who will encourage team effort. They are the ones who will probably say, "*May dapat tayong gawin. Magkaisa tayo at magtulong-tulong.* (There is something we have to do. So let's join hands and let's do it together.)"

■ CORE CHARACTERISTICS

Each personality type may be more clearly understood by a review of their core characteristics:

The Task-Oriented individual makes things happen and leads by showing us the way. He will organize the work and at the end of the day the big picture is focused on whether what needs to be done has been accomplished.

The Visionary, on the other hand, is the one we idolize because he understands the complexity of what we are doing and explains them to us. He encourages creativity and shows us the many options available. Through "out-of-the-box" thinking, he sees the big picture about the future.

The Critical Thinker is introspective, rational and inquisitive. He is a tough-minded critic, data-gatherer, and analyst. People often say that he thinks too much. He is data-based and does not make decisions without the hard facts. He tests reality through openness to inquiry and commitment to data-based problem-solving. He is unemotional and does not base decisions on emotions.

The Nurturer creates a sense of "team" or "community." He focuses on support, collaboration, and unconditional acceptance. He calls for integrity in the process, trust, and a sense of community.

■ NEGATIVE POINTS

Each model, however, is not without fault. They all have their negative points, too.

The Task-Oriented individual is impatient and often by-passes processes and details because his interest is in the output.

The Visionary may have a good concept of what must be done and why but is unaware of the specific steps or the details involved in accomplishing them. He has no patience with details and often ends up not reaching what he intends to accomplish because people could not fully understand what he is trying to say.

The Critical-Thinker always looks at data and gets caught up with the details.

The Nurturer is unwilling to engage in conflict and would often seek the consensus, losing lots of precious time in the process. He is also often indecisive and cannot answer "yes-no" questions.

REINFORCEMENT ACTIVITY —

Find Your Corner: Identifying Our Dominant Character

- ***Main Facilitator*** — Mi-Ann

- ***Materials*** —
  - 4 pieces of 8.5" x 4" cartolina cut-outs (Each bearing one of the following: "Task-Oriented," "Nurturer," "Visionary" or "Critical Thinker" and posted on the four corners of the room.
  - 4 pieces 8.5" x 4" cartolina cut-outs (One of each labeled: "Outputs," "Co-participants," "Facilitators," or "Others." Posted on the front and side walls.)
  - Several pieces of clean 8.5" x 4" cartolina cut-outs
  - Pentel Pens
- ***Time Frame*** — 15 minutes

The Process

The participants were asked to assess themselves and determine where they fit in from among the four types mentioned: Critical-Thinker, Visionary, Nurturer, or Warrior. Once they have decided, the participants were instructed to go to that corner of the room labeled according to their dominant personality type. Formed groupings were followed for most of the group activities and exercises during the three-day hands-on workshop. Initially, the groups did not have an equal number of members. Thus, some of the members volunteered to transfer to the other groups to even out the numbers.

Expectations Check

The participants were asked to list their expectations from the workshop and write them on pre-cut pieces of cartolina placed on the table in front of the room along with some pentel pens and masking tape. Posted on the walls, were cartolinas labeled "outputs," "facilitators," "co-participants" and "others" where the participants were supposed to post them accordingly.

The facilitators carefully examined and read allowed each expected listed and noted them down. A list of the participants' expectations may be perused in the full copy of the workshop report.

BACKGROUNDER

Health Micro-Insurance - Annie

Health Marketing originated from the Department of Agrarian Reform (DAR) and was then called Community-Based Social Health Insurance. It was managed by both the community and the DAR.

ILO is really concerned with the extension of social protection for all. With the growth of the informal economy, the number of people who are not covered by statutory schemes or state schemes for social protection have largely increased and are still increasing. Thus, ILO launched a global program called STEP (Strategies and Tools against Social Exclusion and Poverty). One of the tools used by ILO to ensure social protection for those within the informal sector is Health Micro-Insurance.

THE CONCEPT OF SOCIAL PROTECTION

Many things that happen in our lives come unbidden. These may be in the form of El Niño, crop pests, floods, landslides, earthquakes, fire, illness and disability, accidents, epidemics, old age or

death. These are the risks that we take and the risks that we are liable to face everyday. Yet, these are also events that we are not prepared for because we have no idea when these will happen.

Recent initiatives prove that now there are risks that we can prepare for. Among those mentioned above, we can now protect ourselves against certain risks like illness, accidents, old age, disability or death.

ILO defines Social Protection as a "set of public and private measures undertaken by societies in response to various risks in order to offset the absence of or the reduction of income from work; provide assistance for families with children; and provide people with healthcare and housing." The stress is on offsetting the significant reduction of income from work for families with children through the provision of healthcare and housing.

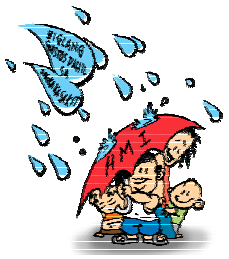

FIGURE 2. Health Micro-Insurance

ILO has divided Social Protection into two:

1. Social Security – This means providing protection in the form of Pension, Health Insurance, Disability Benefits and Death Benefits.
2. Labour Protection – Social Protection in terms of:
    a. Occupational Safety and Health. Occupations at risk include farming, vending, home-based workers, even your small transport operators.
    b. Conditions of Work. concerns on whether the workers exposed to a lot of pollution, a lot of chemicals, unsafe air, toxic materials, etc.
    c. Prevention of HIV-AIDS. AIDS might not be socially significant in the Philippines yet but ILO is working for the protection of HIV-AIDS to prevent the disease from spreading. The Philippines is becoming very prone to HIV because of migrant workers, and workers that are coming into the Philippines. Increased blood trade also heightens the risks involved. Presently, cases of HIV are still within control because they are very few, but once it increases in large proportions as in the case of Africa, or when the whole community contacts HIV-AIDS, the country might not have enough resources to handle it. So, ILO offers information for the prevention of HIV.
    d. Protection of Migrant Workers. The concept of Social Protection continues to widen in scope because Filipino workers do not stay in one place unlike the practice of our forefathers. Local OCWs are much more exposed. Worse, when they leave the country, they lose access to social security. Sometimes they don't even have a clear idea what their rights are in terms of social services in the foreign context.

THE FORMAL ECONOMY AND THE INFORMAL ECONOMY

Working conditions — not only in the Philippines — have changed markedly through the years, with the formal economy workers becoming fewer and fewer vis-à-vis the growing half of informal economy workers. Formal economy workers are those who know their bosses. They have fixed working hours. They report for work at specified times. They have specific work assignments. Those under the informal economy have no clear concepts on who their bosses are, and have no specific time of work.

These two types of workers also have different working hours and work conditions. A survey conducted in Angono revealed that those belonging to the formal sector work 40 hours a week while those in the informal economy work for around 48 to 60 hours a week. Often, informal economy workers juggle around 2 or 3 jobs.

WHY ARE WE COVERING ILLNESS RISK?

Illnesses are risks that come unplanned and that we cannot really say "no" to. But, while these risks are so unplanned, on the other hand, the cost of medicines and doctor's fees (especially of specialists) are very high. According to the Department of Health (DOH), when they analyzed health care expenses in 2000 prior to making the health sector reform agenda, 80% of healthcare costs are out-of-pocket expenses. Only 7% was covered by health insurance then. The rest are covered by donations from LGUs, etc.

Recent initiatives served to make social security available to the informal sector. Government Service Insurance System (GSIS) and ECC still covers only the formal economy workers. Social Security System or SSS are slowly covering the informal economy their programs are still on a pilot project basis and have not yet gone mainstream. Philippine Health Insurance Corporation (Philhealth) covers the informal economy through their Indigency Programs for identified poor members or society. However, all these measures are still not enough.They aren't enough to ensure illness protection for the majority.

COPING MECHANISMS FOR ILLNESS

When faced with illness risks people usually sell properties and assets or they use their savings. Worse, money allocated for other expenses (electricity, rent, education, etc.) are often used up when someone in the family gets sick. Some are forced to apply for loans or to pawn valuables at an interest. Farmers often sell their produce even before they are harvested. Some would go to the relatives or neighbors for help.

HEALTH MICRO-INSURANCE

Now, there is a way to protect ourselves from illness risk. This is Health Micro-Insurance. The essence of health micro-insurance may be gleaned from *Figure 2*. The picture shows that when the rain comes, the people might get wet but not too much because they have an umbrella to protect them. HMI works the same way. Individuals or household protect themselves against illness risk by combining to pool resources with a larger number of similarly exposed individuals. The system is similar to the usual health insurance systems where people pool their resources to raise funds for illness risks, with the exception that HMI is community-based.

CHARACTERISTICS OF HMI

1. "INSURANCE FUNCTION." People who group together under HMI, pool their resources so that if any member gets sick, the person is assured that money will be available for him to avail of health services.
2. FINANCIAL PARTICIPATION. All the members have to give some amount of money to contribute to the fund.
3. NON-COMPULSORY MEMBERSHIP. People decide whether they want to be a member of HMI or not. There are, however, some organizations whose by-laws state that membership

in a certain cooperative (coop) requires automatic membership to the HMI. This is legal since membership to an organization means support and adherence to all its policies and systems.

4. EXCLUSION FROM SOCIAL SECURITY PROGRAMS. HMI members are often those who do not enjoy statutory health benefits like Philhealth. However, some cooperatives like NOVADECI, do accept even Philhealth members because they have realized that it is really a matter of choice if a person wants to be more protected as long as he is capable of paying the required contributions.
5. BENEFICIARIES ARE INVOLVED IN MANAGEMENT. While they do not exercise full control over the operations, the beneficiaries can decide on what type of services they want, how much they can pay, and who will be their beneficiaries and dependents. This means that members do have a say regarding health care providers, doctors, and the hospitals accredited by the HMI.
6. COMPLEMENT TO TRADITIONAL SOCIAL SECURITY SYSTEMS. Aside from the immediate family other relatives and neighbors, there is a group (the cooperative) that provides for illness needs of a member.

WHO ARE THE PEOPLE INVOLVED IN HMI?

Figure 3 shows the different groups of people or organizations of HMI, beginning with the coop members on the upper left portion of the illustration. Next to these are the coop managers or fund managers. They make sure that our money is safe and that we would get something when we need it. Then we have the common fund, as represented by the pot of money. Finally, there are health service providers such as the doctors, and health professionals from allied medical fields who take care of us when we get sick.

FIGURE 3. Components of HMI

HMI is often regarded in the light of grave health cases or cases requiring hospitalization only. However, while hospitalization benefits are indeed an integral part of HMI, let us also look into preventive health care. The ORT Health Club in La Union is a good example of an HMI that offers health care lectures on dengue, hypertension, diabetes etc. and preventive care or primary care/out-patient care. They believe that if they are able to control minor illnesses then they prevent the major risks that require hospitalization. This lowers expenses for health services and ultimately protects the common fund.

The caricature in *Figure 3* presents the varied members of HMI in a circular flow. This means that the system is in a continuum and that the members have a say regarding which services to keep and which to retain.

STAGES OF HMI

There are different stages in establishing a health micro-insurance scheme.

1. Awareness-Raising and Decision. This involves community contact for raising the community's awareness and disseminating information. The community must know what the HMI is doing and for what. They should also know who they need to approach.

   During this stage, the pre-conditions of an HMI scheme must be established, as follows:

   a. There must be community solidarity and everyone must be willing to work together.

   b. The community must know the coop managers and have trust in them and in each other.

   c. There are health care providers in the area (doctor, hospital, pharmacists, etc.) to provide good health services to members. The community members must also be willing to give money for available services and would not mind if they won't get their money back in case they won't get sick.

   d. The state of economic activity within the community. This is the most important pre-condition because offering HMI in a community that can hardly provide for other more basic services like food, will never succeed.

2. Make a Situational Analysis. Collect and analyze data before establishing the HMI. Important information to be gathered include how much the community can pay and how much they would like to pay as premium for needed health services.

3. Define Mutual Benefits. Identify specific risks that will be covered and the services that will be offered then decide on how to include this with coop services. Determine who shall be the service providers and how they would be linked to other organizations in the community. Determine the type of organization and operational systems to use and formulate initial By-Laws. As much as possible, write an operations manual to ensure uniformity of systems and processes, and prepare a budget analysis.

4. Launching and Start-Up Activities. Present all that has been accomplished (in terms of systems and processes, and basic information such as the premium and type of health services covered) in a general assembly when the HMI is already operating. Make sure that when you do this, your budget and financial systems are already in place so that you can handle possible enrolments right then and there.

What is most important in all these stages is communicating to the target community members. If the community does not understand what HMI is about, the organization will never get members and will always be faced with conflict because people will always have doubts on who really benefits from HMI and what it can do for them. In all the stages, fund managers should be able to communicate what they want to all the members. They have to establish Administrative and Finance systems, and Monitoring and Evaluation Systems to keep track of the inflow and outflow of funds. These will tell them whether their resources are severely depleted or if they still have enough funds to cover whatever would happen until the next year. Data generated would also be good bases for determining whether goals for the period have been achieved.

THE KEY TO A SUCCESSFUL HMI

The main ingredient of every HMI scheme or community-based social health insurance is solidarity. If a community will not bond together to help each other, nothing will improve. If they do not feel that they are a part of building and developing their program, the program will not prosper. While it is difficult to establish, the ILO believes that STEP by step, social protection for all may be achieved.

PRE-TEST —

Laban o Bawi Game

- ***Main Facilitator*** — Grace
- ***Materials*** —
  - 3 pieces of 8.5" x 4" cartolina cut-outs (Each labeled "A", "B", or "C" posted on the left, right and center walls of the room
- ***Time Frame*** — 5 minutes

The Process

Laban or Bawi is a game where there are questions and options to choose from. One of the options is the answer to the question posted. Options are either A, B, or C and a corner of the room was assigned to represent each option. Participants were asked to face that corner of the room that represents their answer after a question is read aloud by the facilitator. The winner is determined through the process of elimination. After every question, participants with wrong answers were asked to be seated and were disqualified from answering the succeeding questions. The group of the participant who had all the right answers, or (if there were more than one participant left) that group where majority of the remaining participants belong to, gets the highest point (20 points).

LECTURETTE —

Social Marketing Basics – Grace

Empowerment as an Element of Social Communication

(To introduce the topic, the facilitator presented a caricature with the caption "Our perspective is not to chase the problem..." The participants were asked to look at the picture, describe what they see, and derive what story can be made out of what they saw. One by one, the participants started describing what they thought the picture was about and with the help of the facilitator, they were able to make a story out of the picture presented. Later, another slide was shown with the caption, read "but to help people get ahead of the problem." Finally, the real message of the picture was revealed. The facilitator then proceded to explain the slides and proceded with the lecturette proper)

The two slides were about empowerment. They tell us that the family should be able to protect themselves so that they can solve their problems on their own. **Empowerment** is the process of people taking action to overcome the obstacles to progress where the action involves getting more control over their situation. It is giving people skills, knowledge and the right attitude to be able to handle things their own way. In any communication intervention, we use empowerment. The people must decide for themselves. What we do is merely create an awareness of the situation through communication.

What is Social Marketing?

Social Marketing is the use of commercial marketing techniques to promote the adoption of a behavior that will improve the health or well-being of the target audience or the society as a whole. It is similar to business marketing but the focus is on marketing social goals. In social marketing, benefits accrue to the individual or society rather than the marketer's organization.

Social marketing can effect and sustain healthy or socially-beneficial behavior change. It increases program use and builds customer satisfaction with existing services. However, it also has its limitations because it is not effective for problems beyond the person's control (like genetic flaws). It is also dependent on whether the organization is willing and able to commit their resources to do it.

■ SOCIAL MARKETING PROBLEM

A social marketing problem is a social problem that can be addressed using marketing techniques to promote the adoption of a desired behavior. Examples of a social problem would be drugs, unemployment, poverty, peace and order, malnutrition, landslides, epidemics, HIV, disease outbreaks like SARS and Dengue.

Goals and Objectives

Goals refer to the overall change in the health problem your program will strive to reach.

Objectives, on the other hand, describe the intermediate steps that must be taken to reach the goal. They are desired outcomes of the problem that will lead to the attainment of the goal and therefore, they define who will do or change what, by when and how much. Social Marketing objectives relate to changes in knowledge, skills, or behavior of the primary or secondary and tertiary target audiences. They are project milestones.

The Social Marketing Mix

Social Marketing used to revolve around the 4 Ps of Product, Price, Place, and Promotion. For HMI, Product refers to the insurance; Price would be the premium; Place may be the cooperative office itself or the province where HMI is being offered; while Promotion would be advertising materials.

In recent times, however, 4 more Ps were added to the equation: Publics, Partnership, Policy and Pursestrings.

A **Social Marketing Strategy** is that combination of methods, approaches, media and messages, for achieving the desired objectives. Also called the **Social Marketing Mix**, it involves an intricate process of looking at the 8Ps and coming up with the best combination of these in line with set goals or objectives. (*See Figure 4*)

A social **product** may either be a social idea or a tangible product. A social idea is something abstract like environmental protection. On the other hand, health insurance is a tangible product because there is something we can touch or hold to represent it (the insurance policy) and you get something tangible in return (money or paid hospital bills).

The **Price** is the premium, representing your contribution to the program. Distribution or **Place** are the provinces or areas where you are offering your product.

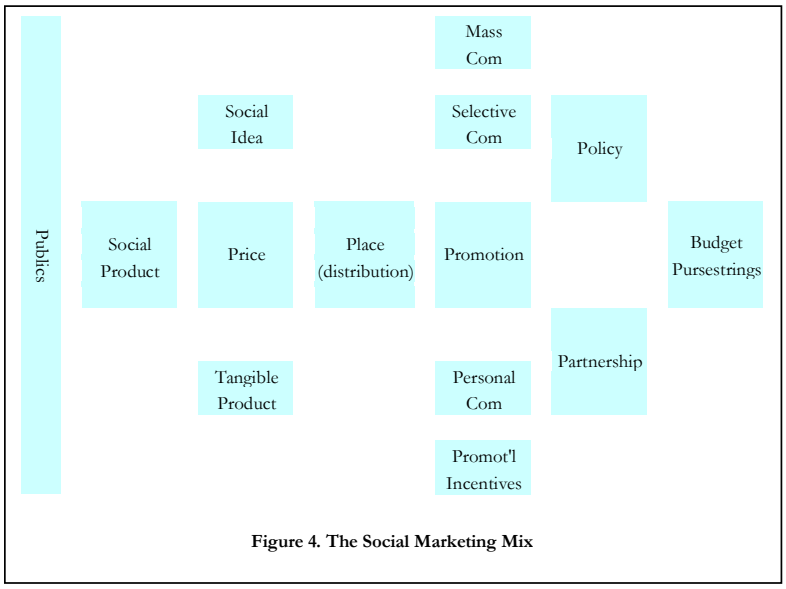

Figure 4. The Social Marketing Mix

Promotion may be in the form of Mass Communication, Selective Communication, Personal Communication, or Promotional Incentives. Selective Communication is the channel of communication where the audience has been selected and limited. Examples include workshops where the participants are pre-selected, and brochures, flyers and handouts that you distribute only to a select group of people and to chosen localities. Mass communication, on the other hand, is open to all. Personal communication is any form of communication that is face to face. Promotional Incentives may be in the form of "buy one take one" schemes.

Publics refer to both internal and external groups of people involved in the program including those whom you want to affect and those who influence the decisions of your target audience, or the policymakers who have the ability to create an environment conducive to behavior change. There are also the gatekeepers who control the messages that your target audience receives from the program. The internal groups are those involved in the program, like the staff, the supervisors and the agency heads or the Board of Directors.

Partnerships are people or organizations who help you with the program. **Policies** are rules and systems that you enact to result in order. **Pursestrings** are resources that may be financial or something else.

Reaching Your Audience

Your audience would be people whom you want to exhibit a change in behavior. These may be your cooperative members or anyone else that you want to include in your program.

■ KNOW YOUR AUDIENCE

The basic tenet of communication is "know your audience." To reach your audience, you have to base your messages and strategies on what you think the target audience needs to know. If you think your audience is interested in knowing more about your health care program's benefits, services, premiums, price, or policies then these should be your message.

To reach your audience, you have to look at the different channels of communication and select the most appropriate one according to your audience. There are also times when you have to look at factors affecting your audience that would also affect your program. For example, you should not

schedule a program during the day while they are working or at 12 noon when your target audience are watching their favorite noontime show.

Targeting your audience involves knowing the clients or people you want to reach. It also means knowing who else would be able to influence your audience's decision.

The Key Questions

■ **PRODUCT**

For Product, the key questions would be: (1) What is the behavior you are asking the target audience to do?, (2) What are the benefits they would receive from adopting the behavior?, and (3) What is the competition and why would the target audience prefer it to the behavior you are selling?

Product Positioning

Product Positioning tells us how we can place our products so that it may be most attractive or suitable to our target audience or to the ones we are selling them to. Product positioning is simply asking the question "What's in it for me?" It must be from the perspective of your target audience or from your member.

Know your product and position it in such a way that your audience will be made aware that they have a problem. Your audience must realize that your product is the solution to their problem. Afterwards, you have to provide your audience the necessary skills so that you can effect a behavioral change.

Product Positioning strategies include:

1. Branding. The first thing that potential adopters see is the name and the packaging of a product. Your product must therefore have a name to be attractive to your audience.

   A brand name should have four qualities:

   a. It should be easy to pronounce and remember
   b. It should capture the product benefits.
   c. It should define the product attributes, quality and appeal
   d. It must establish credibility. This is the most important quality. Credibility is a function of three things: Expertise, Trustworthiness and Likeability. Without any of these components, you do not have credibility.

2. Packaging. This is the total look or image of your product.

■ **PRICE**

The Price is what the target audience has to give up in order to adopt the behavior. It may be in monetary terms or in the form of time, effort, old habits, and emotional costs such as embarrassment or rejection by peer groups. Important questions that must be answered in setting up the price would be:

1. What are the costs the target audience associates with the product? The cost of the product is what they would have to give up to have your product. For example, the costs of exercising are time, energy, pain or discomfort, money, child care, sleep and missing a favorite TV

show.

2. What are the other barriers that prevent the target audience from adopting the product?
3. How can you minimize the costs or remove the barriers?

Attributes and Benefits

The price must be proportionate to the benefits your product gives. Among the first things that your audience would probably want to know about your product would be its attributes and benefits. An **attribute** is an objective fact describing the product whereas a **benefit** is the value that a consumer gets from the attribute.

For example, if your product is exercise, the attribute would be: Increase heart rate and burn fat and increase metabolism. So what if it does all these things to me? The benefit would be that I would lose weight. When that happens, I receive another benefit because I would look better and feel better about myself. This, in turn, grants me another benefit and that is that I would be sexier. (*See Table 4.*)

TABLE 4. Attributes and Benefits Ladder for Exercising

ATTRIBUTE BENEFIT	BENEFIT	BENEFIT	
Increases heart rate, burns fat and increases metabolism	Lose weight	Look better Feel better about yourself	Be sexier
Increase high density your grand-lipoproteins grow up.	Lowers cholesterol Lowers incidence of heart disease	Live a longer and healthier life	Watch children
Produces endorphins in your life	Reduce your stress level	Feel more energetic	Feel more control in
Builds muscle strength more freedom activities	Become stronger	Be more independent	Have in your

REINFORCEMENT ACTIVITY —

Attributes and Benefits Ladder

- ***Main facilitator*** — Mi-Ann
- ***Materials*** —
  - 4 pieces of regular sized coupon bond
  - Sign pens
- ***Time Frame*** — 45 minutes

The Process

Grouped according to their dominant characteristics, the participants were asked to come up with a "benefits and attribute ladder" for their health insurance.

Presentation of Outputs

Outputs were presented per group. Afterwards, their works were assessed/critiqued by the workshop trainers. *Table 5* is the output of the Task-Oriented Group while *Table 6* shows that of the Visionaries. *Table 7* reflects the tabulation made by the Critical-Thinkers and *Table 8* showcases the work of the Nurturers.

TABLE 5. Attributes and Benefits Ladder of the Task-Oriented Group

ATTRIBUTE BENEFIT	BENEFIT	BENEFIT	
Affordable in kind	At minimal cost, you can avail of health services	Provides protection to members	Payment
Accessible	Easy to reach	Less requirements	Less time
	Fast processing (systematized PSIS process)	Reduces stress level	
Available and Reliable	Dependable	May be claimed at any time	

TABLE 6. Attributes and Benefits Ladder of the Visionaries

ATTRIBUTE BENEFIT	BENEFIT	BENEFIT	
Affordable benefit	Increase membership	Pooling of resources	Bigger package
Accessible enroll and	Fast information dissemination	Convenient to members	Easy to claim
Available	Easy to approach	- do -	- do -
Self-managed, Development of Community-based ownership	Member is owner	Part of decision making	sense of

TABLE 7. Attributes and Benefits Ladder of the Critical Thinkers

ATTRIBUTE BENEFIT	BENEFIT	BENEFIT	
Accessible problems	Direct contact	Processing of papers and claiming of funds are faster	Less
Affordable benefit	Attracts more members	Generates more resources	More packages
Reliable existence of (leaders are credible) organization	Organization becomes stable	Continuity of Services	Prolong the

TABLE 8. Attributes and Benefits Ladder of the Nurturers

ATTRIBUTE	BENEFIT	BENEFIT	BENEFIT
Affordable	More enrollees	Bigger funds	Security of the SHI
Available	Easy to access	Shorter time of processing claims	Reliable
Locally-Based/ Sustainable People Managed	Policies can be reviewed and amended any time Sense of ownership	Efficient system	

Critiquing

The following were the points highlighted by thefacilitators of drafting the attributes and benefits ladder:

1. Draw benefits from the perspective of the client.

   The first parameter that must be followed in setting up the benefits and attributes table is that the benefits must be drawn from the perspective of your client. It must be as if the client is asking "what's in it for me?"

   For example, from the work of the Nurturers, if I were the client it's good to know that your product is affordable but telling me that the benefit is that there would be more enrollees would not influence me because that is not my concern but yours.

   If you tell me that your product is affordable and therefore we would have bigger funds, how would this attract me? If you tell me that we'll have bigger funds and the added benefit would be that our health insurance would be more sustainable, I might not be convinced and instead, would be wary of buying your product because it gives me the impression that what you are offering is not yet stable. But if you tell me that once we have bigger funds, I would enjoy more benefits, then I would be encouraged to get your product.
2. For the Critical Thinkers, the third attribute, "reliable," needs some polishing in terms of the benefits it offers. Saying that the product is reliable and then that the organization will become stable, which would lead to the continuity of services until finally, it would prolong the existence of the organization, would benefit the organizers more and not the client.
3. For the Visionaries, the benefits of the last attribute ("self-managed and community based") need to be revised because while saying it leads to the clients being the owner of the policy and then saying that they will have a part in decision-making could attract their clients' interest, it would seem a bit "off" to tell the clients that they would have a sense of ownership. It would be as if you are forcing the client to own the product or that you are obligating them to have a sense of ownership.

ENRICHMENT ACTIVITY —

Building a Tower

- ***Facilitators*** — Grace and Mi-Ann
- ***Materials*** —

- 4 packs of brightly colored Popsicle sticks
- 4 packs of brightly colored clay/play dough

- ***Time Frame*** — 20 minutes

The Process

The participants, grouped according to their dominant personalities (Visionary, Critical-Thinkers, Nurturers and Task-Oriented), were instructed to build a tower using multicolored clay and popsicle sticks. No information was given on what sort of tower they should build, why and how. A representative from each group was called and were discreetly given instructions to observe their group members during the activity.

After ample time has passed, the towers were judged and graded according to the following criteria:

1. Beauty - The towers were judged according to symmetry and general appearance.
2. Height – The towers were measured and the tallest tower got the highest point.
3. Sturdiness –The towers were tapped a few times near the base and a medium-sized cardboard was placed at the top for a few seconds to test whether the tower would collapse or not.

Points accumulated by each group were then added to the number of points they have already earned.

Observations of Group Representatives

Afterwards, the representatives per group were called to relate their observations of their group members during the activity:

■ **VISIONARY**

Initially, nobody could decide what tower to build and how to build it with the materials given. So, what happened is that everybody tried to build a tower his own way. Later, we finally agreed to work together and build one tower. However, things were still not working well because while everyone had the same goal, no one knows how to do it using the materials given. Finally, when some members saw how the others groups were doing it, they got the idea and slowly but surely, our tower was built.

■ **CRITICAL THINKER**

We have an architect in the group but in the beginning, he was quiet and he was letting the others lead. There were some who said, “Let’s do some planning first.” Some said, “let’s do it this way,” while others said “let’s do it that way” ---- but their plans do not jive. So, it was like people building a tower but trying to do things their own way and not as one unit. The architect already had an idea by then but he did not share it with the group at that time. Thus, the first tower collapsed. What happened was a series of trial and error activities because nobody knew how to build the tower. When the last five minutes was called, the architect finally took the lead and told everyone how to do it. Everybody cooperated, a building plan was formed, and we were able to renovate our tower.

■ TASK-ORIENTED

Even at the onset, everybody had the initiative and was already eager to build the tower. Each one readily reached for the sticks and clay even if nobody had a plan on how the tower would be built. There was also no leader so nobody coordinated our tasks. There were some who urged Mr. Joseph to take the lead but since they weren't seconded by the other people in the group, Mr. Joseph did not assume leadership.

From the beginning everyone was just busy, everyone was working, everyone was trying to build a tower. There were a few who tried to remain passive and observe from the sidelines but it did not take long for them to grab the sticks and join in the activity.

Our first tower collapsed because it was made without any planning involved. Nobody knew how to do it and what sort of tower to build because there were no discussions made regarding this before or even during the time of building. There was also no leader to guide us.

When the tower collapsed, some of us were discouraged and thought it would be best to stop and just look at what the others are doing. However, there was a facilitating factor. Somebody said, "Don't, worry. Do not be discouraged. Let us not give up hope. We can do it." Thus, our excitement and eagerness were renewed and on our second attempt some people already started asking, "what kind of tower are we going to build, anyway?" Some said "let's build a Smart Tower," Some said, "No, let's build a Globe tower." So, we tried to build something that looks like a combination of the two.

Finally, because there was somebody who encouraged us, our Smart-Globe tower was completed. The only thing we lacked was a leader. I think Mr. Joseph is not exactly against the idea of leading

FIGURE 5. Now

FIGURE 6. The Future

but since all of us were too eager and active, he did not have the opportunity to act like one.

■ NURTURER

During the first few minutes, only three to four people were participating. But no planning was done. So while the three people tried to build the tower, it kept on collapsing. When the tower kept on collapsing, the others then started to give suggestions and ideas to help out. Lorna became the group's leader. When our tower was completed, we started discussing among ourselves, "Why is our tower short? What if they ask us about it? What would we say?" So we had a consensus on what explanation we would give in case we were asked.

Synthesis of Learnings and Insights from the Activity

After the observers finished their narratives, the participants were asked to share their learning and insights on the activity. Their responses were as follows:

1. Importance of planning. Even if everyone is eager to complete the activity and even if everybody participated, nothing concrete can be accomplished without planning because activities remain disorganized. Planning gives focus and direction, and synchronizes the activities of each member of the group.
2. The importance of having enough resources and the right resources. The materials provided were not sufficient and the clay doesn't stick well enough to join the sticks together for long.
3. Each group must have a leader who would dictate and guide the group on what must be done and what the plan is. With everybody in the group acting playful, the activity was not taken seriously. Somebody should balance between work and play for the rest of the group to remain focused on the goal.
4. The role of a crisis in revealing the skills and talents of each. It was only when the tower collapsed, that everybody joined in the activity, shared what they knew and showed their skills.
5. The importance of Team Building. Akin to a basketball team, there should be tasking of roles. We should have somebody to play forward, someone to assist and someone would be the coach. Each member must have a role to play and should work towards winning or accomplishing the task. The coach, on the other hand, takes care of organizing, directing and leading.
6. Time Relevance and Planning as a whole. Time is very important for planning. With limited time vis-a-vis everyone planning all by themselves not the best results were arrived at when the time was up. All must plan for the group and take stock of the limited time allotted for the activity.
7. "Wait-and-See Attitude" must be removed. We must be proactive from the start. Although the Damayan concept is good, it is best to work together even before the problem arises.
8. "Thinking Big" vis-à-vis "Starting Small." Budget, resources and goals must be considered. The outcome must always be related to the resources are available. Sometimes it is best to start small.
9. Being open-minded. Give everyone the opportunity to air his ideas. If people have something to contribute, they shouldn't be shy about it, too because their idea could be the key to the accomplishment of a goal.

LECTURETTE —

Planning Sustainable Marketing Programs - Grace

Factors to Consider when Planning

Planning must made in consideration of the following:

1. Goals and objectives
2. Resources

3. Manpower
4. Performance Standards – These tell us whether what we have done is good or not.
5. Systems and Procedures – What is the process? What shall we do first? There must be a process to follow.
6. Delineation of functions – There should be assigned tasks. Even if there were many of us, but all of us would be doing the same thing, nothing much would be accomplished.
7. Location or venue
8. Time frame
9. Indicators of success
10. Monitoring and Evaluation – Before we start doing something, we should know what are the monitoring and evaluation parameters. In the previous activity (Building a Tower) the criteria for judging were not revealed beforehand because they would influence your actions. If we mentioned earlier that the criteria would be durability, then you would have focused on that. If we mentioned height, then you would have tried your best to make your building high.

The Power of Vision

Compare the two illustrations (*Figure 5* and *Figure 6*) one with the caption "Now" but with a tree that is without leaves and the other with the caption "2010" showing a tree with abundant leaves and bearing fruit.

What story idea can you make out of the two slides? First is to plan and to have goals, and resources. Secondly, and more importantly, the pictures tell us that it is important to have a vision and mission.

Victor Frankl was placed in a camp where he was detained for so many years. He said, "Everyday, I imagined myself sharing my insights about my experience in the camp before an international audience." This was his vision and this thought helped him survive and cope with staying in the camp.

Jollibee's Vision in the 1970s: "Put up a Jollibee store in every major city in the Philippines." Jollibee has not just accomplished this but has even surpassed it, having opened Jollibee stores not just in every major city in the Philippines but also in Asia.

Clearly, these examples prove that what the mind can conceive, the body can achieve. So, we should have a vision as far as our health insurance program is concerned.

Planning Social Marketing

Planning in social marketing has to be substantiated with formative research. After data collection comes analysis. After this, you start segmenting your target audience. After segmentation comes strategy development. This is the process that we follow in social marketing.

STEP 1: FORMATIVE RESEARCH

What is Formative Research? Formative research answers the following questions:

1. What is the problem you are addressing? What is the problem of the health insurance program?

2. What is the context in which the problem exists?
3. Who will be your target audience?
4. How does your target audience think and behave as related to the problem?
5. What product can you offer that will appeal to your target audience? Maybe we just need a little branding and imaging for a health insurance program?
6. How can you best reach your target audience? These would include the different channels of communication.
7. Which messages and materials work best?
8. What is the best social marketing mix?

■ Types of Formative Research

Formative Research may be primary or secondary. Primary is first-hand data. Secondary data refers to all the other data you may get. Formative research may also be quantitative or qualitative. For quantitative we have: (1) Surveys, (2) Systematic Observation, (3) "Counts" or record keeping, and (4) Analysis of census, marketing or epidemiological data. For qualitative research, we have: (1) Focus Group Discussions and in-depth interviews, (2) Ethnographic Observation, (3) Content Analysis, and (4) Town Meetings.

For Secondary Research, we ask the following questions:

1. What aspects of the problem will you address?
2. What is the epidemiology of the problem? Epidemiology is taken to mean statistics or data.
3. What can be done to prevent the problem from occurring or spreading?
4. What are the consequences of the problem?
5. What knowledge, attitude and behaviors are related to the problem?

   Communication used to target only awareness and knowledge. In reality, however, there is a gap between knowledge and behavior. People may be aware and have enough knowledge on something but would still do what is undesirable. For example, some people know that smoking is not good for the body and might not like smoking per se and its effects, but they still smoke. So now, we also look at behavior and use behavior-change communication techniques to create a change in behavior.
6. How successful have previous attempts been to address the problem?

STEP 2: ANALYSIS

In the Problem Analysis, we ask ourselves: what are the factors that cause a gap between what is and what should be? In other words, if the program is good, how come no one is buying? Three things that must therefore, be considered:

1. Problem to be addressed. What is the problem? What are the causes and barriers? It is possible that the attributes and benefits are good but people are still not buying them. So, why people are not buying our insurance?
2. The environment in which the program will be implemented.
3. Resources available for the program.

■ **Tools:**

In problem analysis, we can use the following tools:

1. SWOT Analysis – The acronym refers to Strengths, Weaknesses, Opportunities and Threats. Sometimes we call this the hindering and the helping factors. We look at internal factors such as the strengths and weaknesses, and the external factors which are the opportunities and threats. Then we analyze them.
2. Why-why diagram – Once you have identified a problem, ask the question "why?" or "why are things like that?" Once you get the causes, ask again why? When you get answers to this, you again ask why until "why" cannot be answered anymore. When that happens it means you have identified the root cause.
3. Fishbone/Ishikawa Diagram – You have a diagram of a fishbone. You place the problem in the middle or at the spine and write the causes at the edges of the fishbone.
4. Problem Tree

■ **The Tangential Questions**

When we analyze the problem to be addressed, we ask ourselves the following questions:

1. What aspects of the problem will you address?
2. What is the epidemiology of the problem? This means analyzing the statistics. How many are actually buying insurance? Out of a population of 10 million how many in percentage are availing your insurance? How many are utilizing it? How many are renewing their policies? How many are no longer enrolling?
3. What can be done to prevent the problem from occurring or spreading?
4. What are the consequences of the problem?
5. What knowledge, attitude and behaviors are related to the problem?
6. How successful have previous attempts been to address the problem?

For analyzing the environment, we deliberate on the following questions:

1. What social, economic, or demographic factors might be at work in the community? For example, if most people in your community are retirees, how would this demographic factor influence your program?
2. What is the political climate in relation to the topic or target audience you are addressing? Philhealth has been affected by the controversy on their IDs bearing the picture of the President and some congressmen. This is a political threat. We have to realize that politics may also play an important role in our health care program. This is a reality that we have to accept.

3. What current policies or pending legislation might affect your target audience's response to the social marketing program?
4. What other organizations are currently addressing the issue in the community?
5. What messages will be competing with your program for attention?
6. What channels are available in the community to promote your message?

WORKSHOP 1 —

Problem Situation Analysis

The Process

There were three worksheets to answer (Worksheet 1, 2 and 3). The first worksheet is the Problem Analysis Worksheet. The second is the Environmental Analysis worksheet and the last is the Resource Analysis Worksheet. The participants were asked to answer according to provincial groupings and according to the actual situation in their areas. A copy of the Worksheets and the responses of the participants may be perused in the full report.

Presentation of Outputs

Two groups reported their work. These were Bulacan and Compostela Valley.

Output Analysis and Hints

The following techniques were given by the facilitator to respond to identified problems through the report:

1. Make an in-depth analysis of why your target population is not getting your insurance. For example, in Bulacan, while the target population was 1,200, how come only 45 have enrolled in your program?
2. If the people in your barangay are really not convinced, perhaps you should look at the possibility of getting enrollees from other barangays. Go beyond your barangay and expand your membership base. It is really a very competitive industry especially with Philhealth who is also trying to get more clients and doing a lot to universalize coverage. It's clearly an issue of survival and you can only do this if you have a large membership base.

WORKSHOP EVALUATION -

Bulaklak at Tinik ng Mayo 26 - Grace

Participants were given a short bond paper each and were asked to fold it crosswise. In the upper level, they were asked to write "*bulaklak*" (flowers) and identify all the good things they've experienced on that day. On the lower half, they were asked to write the "*tinik*" (thorns) or the things they did not enjoy much during the day. Tallied responses of the participants are included in the full report.

DAY 3 PROCEEDINGS - 27 May, 2004

Processing of Worksheets 1 to 3/Critiquing - *Mi-Ann*

Below are culled information on the health care programs of the participant cooperatives and the points emphasized by the facilitators based on their analysis of the participants responses to Worksheets 1 to 3.

1. Basic facts about the cooperatives' health care program:
    a. Goal: The goal of our health insurance program is "to ensure protection of our members or beneficiaries against sickness and health issues." It must be clear to us that the main reason for our health insurance program is we want our members to be protected when they get ill.
    b. Scope of protection/ benefits: Protection depends on the plan the member subscribed to. One covers members only and another includes their families also.
    c. Cost of joining: The service is not totally free because there is a counterpart on the side of our clients. Specifically, the members would have to pay the premium. Currently, the cooperatives are charging their members around P25 to P50 per month, as premium.
    d. Problem faced: The problem is sustainability. We want to help our members but at present, the coverage of our health insurance is too limited, and thus, it is difficult to help them. On average, only 26 to 27% of our cooperative members are also members of our health insurance program. If we can convince the remaining 75% to join in our health care program, then our program will be viable or sustainable.
2. Health Care Benefits — What will the members get out of enrolling in the program? If all Cooperative members will join this health insurance program, anyone who gets sick is assured that money will be available.
3. Social protection is our responsibility — If we do not believe that we have a responsibility to our cooperative members regarding their whole well-being and not just the financial aspect, we would find it difficult to go forward. Mr. Blenk stressed that ILO chose to invest in this training because they want to help make social protection a benefit for all. He urged us to brainstorm on how we can address this issue.
4. The challenge to widen our membership coverage — Perhaps we should look at the possibility of going beyond our cooperative, beyond our barangay, beyond our municipality? Let us do some visioning and look at what else may be possible. It does not mean we should implement this but that we can brainstorm on this possibility.
5. Offering health insurance to non-coop members — We cannot offer health insurance to non-coop members because of:
    a. Legal implications. BIR guidelines and policies do not allow us to include non-members. So what we can do is make them our associate members.
    b. Question of credibility. Before we expand our operations and convince others we must first convince those within our organization.
    c. Lack of jurisdiction or control. The cooperative has no control over other barangays and will find it hard to monitor non-members.

6. What strategies to follow — Here in our forum, as we are exposed to the problems and strategies of the different cooperatives, we discover that there is no single formula to use. The rule is "to each his own." But, let us learn from each other and keep an open mind.

INTRODUCTORY Activity —

Human Bingo

- ***Main Facilitator*** — Mi-Ann
- ***Materials*** —
  - Regular sized bond papers with 5 rows and 5 columns (illustration of a bingo card). Instead of numbers, descriptions of people are written on the boxes. The middle box (vertically and horizontally) is labeled FREE.
  - Ballpens or any writing material
- ***Time Frame*** — 15 minutes

The Process

Each participant was given a bingo sheet where squares contain descriptions of people instead of numbers. Then, they were instructed to look for anyone who fits the description on each square and ask the person to sign his or her first name on the sheet, legibly. The first to complete the Bingo Sheet wins.

LECTURETTE —

The Audience – Mi-Ann

An important component of our social marketing plan is the audience. We have to define who our audience is because it will be the basis of our social marketing plan. There are two types of audience we can target:

1. The primary audience are our clients or the people who we want to join our health insurance program.
2. The secondary audience are people who influence our primary audience and who could help us convince our primary audience to join our health insurance program.. They may be policymakers, media professionals, supervisors or Board of Directors, employees, co-workers or volunteers.

Knowing our Target Audience

Most of the time, we form messages according to what we want to say. We base messages and strategies on what we think the target audience need to know. For example, we scheduled a barangay assembly and made several posters to announce it. We posted the announcements somewhere outside the barangay but, there was a fiesta in a nearby town and therefore, people were not able to attend the assembly because they were in the nearby town attending the fiesta. The training venue did not have proper ventilation and the few who attended the training felt uncomfortable. Others commented that it took too long. The speaker made a lecture and was not

able to capture the audience's interest. So what do you think happened because of this event?

The example tells us that to be able to create effective programs, we have to know our target audience. We have to find out what they want and need and what would make them change their behavior. We should plan and act in consideration of their specific needs and wants.

■ WHO IS OUR AUDIENCE?

There are two groups to focus on: The 75% members of our coop and those from other barangays who are not cooperative members but we can make our associate members.

Segmentation

Segmenting is separating those whom we have to focus our messages on and clustering them according to their similar characteristics. It is the third step in social marketing. From our human bingo game and in the exercises we did earlier, we have learned that we can segment people into distinct groups or into people with similar characteristics and into those who are liable to respond to messages similarly.

Scientists who studied segmentation, found out that people may be clustered according to the following:

1. Geographic – Size of province, density climate. Barangay or sitio, municipality, remote area or town center and climate.
2. Demographic – Age (younger generation, senior citizens, etc.), gender (male, female, etc.), income (below poverty line, middle class, a combination of both?), occupation, education, number of children, race/ethnicity, language, literacy
3. Physical/medical – Medical history, family history, health status, illness or disorders, risk factors. For example, Barangay San Francisco has a population of four thousand. From among these four thousand, how many has high blood pressure? Who are diabetic? Who are very healthy? They may also be clustered according to family history in terms of physical. For example, members of a certain clan are always tall or all always fair-skinned. In terms of health status, we can cluster them according to those who are often sickly and those who are normally very healthy. We can also segment them according to illnesses or risk factors. Risk factors are situations or states that makes a person potentially problematic.
4. Psychographic – Lifestyle (plays tennis, or loves ballroom dancing or enjoys videoke), personality characteristics (loves joining organizations or clubs), values, conceptions of normal norms.
5. Attitudinal – Attitude, opinions, beliefs, judgments about products, benefits sought or barriers avoided, stage of behavior change According to attitude, we can cluster them according to those who believe in family planning, for example, vis-à-vis those who don't. For example, 50% believes in family planning, 10% believes in health insurance, 40% believes in saving.
6. Behavioral – Product-user status, frequency of behavior, occasion for use, other health-related activities, media habits

■ WHY SHOULD WE SEGMENT?

Segmentation offers a lot of benefits. Specifically, it is used:

1. To identify groups most reachable by a social marketing campaign and to position the health insurance programme for each segment. Among the many clusters of people we have segmented, we will be able to identify those who will be most reachable by a social marketing campaign We are able to focus on which groups of people we really want to target.
2. To develop an audience-centered program by getting to know and understand the various subgroups. If your target audience is clear to you, you will understand and know their different views and values. It would be almost impossible to design a campaign that will be effective for all the 4000 people in your barangay so you have to know who among these four thousand you should tap first to help you in your program.
3. To spend resources most efficiently by focusing on the "**targets of risk**" (those who shall be most affected if they would not join your program) and those ready to change behavior or "**targets of opportunity**" For example, in your barangay, who would be at most risk? ---- The poor? The aged? The babies? The drinkers? On the other hand, people who are "targets of opportunity" are those who may be able to help you with your program. These could be your LGUs because they are very influential.

   For example, in Barangay San Francisco you plan to launch an Anti-Smoking Campaign. The four thousand members of the barangay may be categorized according to the following:

   - *Smoking status*: Current smoker,
     Not current smoker
   - *Desire to quit*: Yes (wants to quit),
     Ambivalent (undecided),
     No (refuse to stop smoking)
   - *Ever tried to quit*: Yes (tried to quit),
     No (never tried to quit)
   - *Thinking about quitting*: High (thinks of it often),
     Medium (thinks of quitting sometimes),
     Low (doesn't think of quitting)
   - *Attitude about effects of smoking*: Worried (admits that smoking has harmful effects),
     Fatalistic ("we will all die anyway"),
     Invincible ("I won't be affected. I have strong genes")

Who among these are targets of risk? For smoking status, we have the "current smoker." For Desire to quit, we have "No, refuse to stop smoking." For ever tried to quit, we have "no, never tried to quit." For Thinking of quitting, we have "Low, doesn't think of quitting." And for attitude about effects of smoking, the fatalistic and the invincible. These comprise our primary audience.

Who are targets of opportunity? They are those who are "not smoking," those who "want to quit," those who have "tried to quit," those who "often think of quitting", and those who are "worried about the effects of smoking." These people would be our secondary audience.

n HOW TO SEGMENT SECONDARY AUDIENCES

Which groups exert the most influence over the behavior of those persons whom you want to enlist? Who in your barangay can be your partners in forwarding the program? After getting the answers to these questions or after identifying your secondary audience, segment them, too, by

answering the following questions:

1. How do they exert that influence?
2. What benefits would the secondary audience receive from serving as a program intermediary? (What will motivate these influential people to be part of your program?)
3. What might be the barriers to involving them in the program? (What won't these people help you?)
4. What are the secondary audiences' own knowledge, attitudes and behaviors related to the problem?

Once you have identified your potential allies, your next step would be to determine how much they know about your program, what are their attitudes and beliefs towards this, what are their behaviors or practices related to your program and which communication channels do they use?

Researching on your Audience

When you conduct a research of your target audience, you have to determine the following:

1. Knowledge
   - ❖ Are the target audiences aware of the problem? Are the 75% of your cooperative members aware that you have a health insurance program?
   - ❖ Do they know the key facts? Do they know how much they will contribute and how much they will get? Do they know how they will access your health insurance?
   - ❖ Do they have any misconceptions? Do they feel that health insurance is a good investment? Or do they feel otherwise?
   - ❖ Do they know how to prevent or control the problem? Do they know how to control or prevent issues on health? If they have health problems, how do they remedy them? Where do they get the money for hospitalization or consultation? Where do they go when they have financial problems?
   - ❖ Where do they get their information about the problem?
2. Attitudes and Beliefs
   - ❖ Do target members believe they are at risk? Maybe they do not believe that they will get sick because at the moment they feel very healthy?
   - ❖ How important do they feel the problem is, compared to other issues they face in their lives? Look into the possibility that if your target audience belongs below the poverty line, perhaps health is not their real problem because their main concern is to earn so that they would have food to eat. Maybe saving is not an option because there is nothing left to save?
   - ❖ How do they feel about the behavior you will ask them to perform? Do they feel it would be very difficult to save some money to pay their insurance premiums? Do they find going to the cooperative a hassle and would prefer having you come to them to collect their contributions? Do they live far from your cooperative?
   - ❖ What are the benefits and barriers they see to performing the behavior? Would it be convenient for them to pay their contribution directly to your cooperative? Maybe, when they get to your cooperative, they would still be asked to wait for the treasurer and thereby lose much of their precious time?

TABLE 9. Final Segments

GROUPING *Provinces*	TARGET AUDIENCE *Primary*	*Secondary*
❖ Angono	— Knowledge	— Communication
❖ Compostela Valley	— Farmers & market vendors	— Municipal Mayor, Chairman of Municipal Cooperative Development Council, DAR, Parish Priest or the Pastoral Council
❖ Bulacan	— Farmers and farm workers	— newly elected government officials
❖ Isabela	— farmers	— teachers
❖ Agusan	— farmers	— BLGU, MLGU, and DAR
❖ Misamis	— farmers, seasonal workers, regular farm workers	— PTA, Religious Sectors, LGU
❖ Bohol	— coop members in good standing who are not yet members of the HCP, old farmers	— GO and NGO assigned in the area

- ❖ Do they think they can perform the new behavior?
- ❖ Do they think that the people in their social network will provide positive support to their new behavior? Maybe they belong to a group with co-members who do not support their views? Maybe other members of the group or the community where they belong to are always discouraging your target member?
- ❖ Who do they look up to? Identify who they believe in and hopefully, once you get this person to join, you will also be able to convince the target member to join in your health insurance program.

3. Behaviors — What are the current behaviors of the target audience related to the problem? Definitely, you know that 75% of your members are not into your health insurance program and so you have to know:
   - ❖ At what stage of behavior change are they? In other words, have you discussed the health insurance program with them? Perhaps they have only heard of it once and are therefore not convinced?
   - ❖ Have they tried the new behavior? If so, why have they not adopted it? What are the circumstances or chances of having to pay the premium in consonance with paying for the membership dues and other programs you have where they are members of.
   - ❖ In what circumstances do they perform the behavior currently?
4. Communication Habits and Preferences — Do you know your potential health care program (HCP) member in terms of their communication habits?
   - ❖ Which media channels (TV, radio, newspaper) do the target audiences pay the most attention to? Is it TV or radio? Is it local or DZMM? Local. Do they buy newspapers?

- ❖ Which types of vehicles in each channel (TV: talk/variety/drama etc.) are preferred by the target audience? If they prefer the radio, which programs do they prefer to listen to: drama, variety, talk show or commentators?
- ❖ At what times and places do the target audience view or listen to these media? In one of your worksheets, you shared how and to whom your target audience get their information. Many of you said, "during community meetings" but you overlooked the sari-sari store where people often go and meet, and find out about the latest happenings in the neighborhood. Another popular place where people share and get information (especially the men) is the barbershop.
- ❖ What does your target audience do during their leisure time? If your target audience is comprised of coconut farmers, find out what they usually do after work. After climbing coconut trees, after harvesting coconuts, after removing the husks after drying the copra what do they do? If they go drinking after work, you need to have strong bodies to be able to get to these coconut farmers because sometimes you might have to socialize with them.
- ❖ Which organizations they belong to? Do these coconut farmers belong to any other organization? What other groups do they belong to?
- ❖ Who do they see as a credible spokesperson about the problem? Who do your target audience believe in?

What about YOU?

- ❖ Who are your contacts? What about the sari-sari store owner? If you had a misunderstanding with the sari-sari store owner, will you still be able to convince his customers?
- ❖ Have you approached your contacts positively? Do they have a good impression of you?
- ❖ If not, how will you approach them? If your target audience listens to the local commentator, have you contacted the commentator before? Do you have any contacts in the local radio station?

How Do We Get the Information?

If you want to get facts about your audience or your communication channels, there are many methods:

1. Qualitative methods – These involve the use of non-numerical data. Data collected are understood because they are like listening to stories. The person gathering the data would approach the target respondents and ask them to tell a story about their experiences on the topic. Types of qualitative methods used for social marketing include:
   a. Focus Group Discussion
   b. In-depth interviews
   c. Case studies
   d. Observation studies
2. Quantitative methods – These utilize numerical data. You use this if you are already serious data-gatherers. The most common qualitative methods that may be used include:
   a. KAP surveys – (Knowledge, Attitude, Practice) These are surveys where the one conducting the research goes from house to house asking homeowners questions and

recording them accordingly. Data collected would be analyzed.

b. Marketing databases.

While these two types are different, both are important because they help us understand others.

WORKSHOP 2 —

Audience Analysis (Worksheet # 4) — Mi-Ann

The Process

The participants were asked to regroup according to their provinces to answer Worksheet # 4 (Audience Identification and Segmentation). After the agreed time allotment has expired, the respondents were asked to report their answers. A copy of Worksheet 4 and the answers of the participants are presented in the full report.

Presentation of Outputs

A roll-call of the different provinces present was made. So as to speed up the evaluation process and give more time for discussions, Mi-Ann asked the groups one by one what their answers for Question # 15 was or who are the final segments the cooperatives have chosen for their health programs. The answers of the different provinces are shown in *Table 9*.

■ **PROCESSING AND SYNTHESIS**

After the responses of the different groups were revealed, the facilitator made the following comments:

1. The quality of the output you presented told us two things: First, is that you have not yet fully understood the intricacies of segmentation. Or second, the questionnaire needs more refining. This is because your answers to that question should've shown some characteristics of your audience that are distinct.

   For example, a "farmers group" is still a vague and large group of people. We have to define the profile of this farmer's group. If you say your primary audience would be corn farmers, you only succeeded in segmenting them by one characteristic —— their occupation or the type of crop that they plant. But what about their attitude? What about their age? We should use the six segmentation characteristics in describing your audience.

2. A segment is a distinct group of members who are like each other in key ways and respond to particular messages in the same way. The key word is distinct. However, the answers we got were very general.

   We could still segment the corn farmers based on value segmentation. The corn farmers could have also been further distinguished in terms of geographic location. What about the ages of these farmers? Maybe there is a difference in the reactions of an 80 year-old corn farmer vis-a-vis those who are 25 to 35 years old.

   You can also define them according to educational attainment. Farmers who finished high school might have views on health insurance that differ from those farmers who reached the elementary levels only?

There is a difference between corn farmers who are now getting sickly versus those who are still of strong physique. Therefore, you could further segment them in terms of medical history or lifestyle. A corn farmer whose lifestyle includes lot of drinking sessions vis-à-vis one whose lifestyle involves taking part in religious activities would have different health needs.

What about their value systems? There are corn farmers that you can easily convince about your programs in the coop. There are corn farmers' groups that you know you can go to for support because they believe in health insurance. And, there are those who would not join no matter what you say.

Finally, you can segment them according to behavior. There is a corn farmer who pays his dues monthly, religiously, sometimes even advanced. There are also corn farmers who are a year late when it comes to payment.

3. Why should we be persistent? It is because when we know who among these corn farmers are most reachable then we also know who we can send our messages to.
4. Remember that when you segment you must choose that group which belongs to the majority. This is an important requisite of segmentation.
5. Always link your segmentation to your goal. It is good if you were able to identify a distinct group of people with similar characteristics. However, if you end up segmenting a group and you end up with a target audience of 10 people, while your goal is to increase membership, then there is something wrong with your segmentation.
6. The conclusion: Our conclusion on this session is that we need to re-do our worksheets maybe because we were not clear with the questions written or the key points were not clearly delivered. Secondly, we would have to ask you to re-think your answers to Question # 15 so that we may be able to gauge if you finally understood how segmentation should be done.

Back to the Drawing Board: Segmentation Workshop, Take 2

The participants were asked to regroup and redo their worksheets. After five minutes, each group was again asked to reveal their primary target audience. The responses were as follows:

a. Angono — Tricycle drivers aged 25 to 40, living within the municipality of Angono, with educational attainment of undergraduate and high school.

b. Compostela Valley – Corn farmers living within the four cluster areas where there is a corn farmers association, high school graduate and below. Those with hypertension and those prone to malaria is the group we want to help, whose lifestyle include drinking sessions after work. Regarding their attitude, we plan to target those who were receptive to whatever we promoted in our cooperative or those who look up to us.

c. Bulacan —Farmers and farm workers of rice and corn, residing within the barangay, 20 to 40 years old, male, with income of around P2,000 to P4,000, who are prone to illnesses like occupational hazards and the use of fertilizers, with average family size.

d. Isabela – Farmers and all members of the coop (448 members). Rice & corn farmers living in the barangay and other municipalities covered by our coop.

Our problem is how to convince our people to enroll in our social insurance because aside from pro-health cards given to indigents by provincial government, our coop members are alleged to be poor. Those with Philhealth cards think, "why do we have to pay for insurance when the municipal and provincial government are giving it to us for free?" So our main

targets for now are our Coop members.

e. Agusan – Farmers 18 to 50 years old. Their lifestyle is after work, they go to videokes and the women just stay at home to do household chores. Regarding their attitude, they are willing to be members but because of their low income they are reluctant to join.

f. Misamis – Farmers, seasonal workers, and regular farm workers. Class A cooperative members who are not yet enrolled in our insurance, who are residing at Tagpako, who are 15 years old and above regardless of their professions and source of income.

g. Bohol – Coop members of good standing who are not yet members of the HCP; old farmers;

■ RE-PROCESSING AND SYNTHESIS

After the second run, the facilitator noted that the outputs were much improved. Below were additional comments and segmentation points stressed by the facilitator:

1. Social Marketing is all about segmentation. There is no such thing as the "general public." In other words, the more you specify, the more you put a face in your communication plan, the more effective it will be. Remember that the communication plan depends on how well you know your audience and knowing your audience means being able to segment them.

2. The challenge now is for you to be able to further segment your audience. To segment does not just mean getting the common characteristics of all. It is not supposed to cover the whole group but it should identify a distinct group from the total population.

   For example you can say that, "we want to convince the corn, pineapple and rice farmers." This is good but what if that is the whole universe in itself? What if all of us here, for instance, are corn, rice or pineapple farmers?

   We can further segment these farmers according to age. Saying you will target those aged 16 to 60 years old will not be enough because it is just like saying you will target the whole population. Why do we have to be specific? Because maybe a 60 year-old farmer would have different health needs from a 20 year-old. In the same way, rice and corn farmers might be exposed to different health risks.

3. How will I know which group to target? Identify the majority. Which population is larger: those who are 20 years old or those who are 60 years old? If those who are 20 years old is the larger group, then I should focus on them.

   This group of 20 year-olds may be further segmented according to gender. How many are males, how many are females? If there are more males, then I would focus on them.

4. Segment and further segment only if appropriate. For example, these male corn farmers aged 20 can still be segmented according to education. However, will educational attainment matter in this instance? If it won't matter, you don't have to factor it in.

5. Only when a clear segment has been arrived at can we make our communication strategy.

6. Eventually, the other groups or the smaller groups will also be important but with limited time and resources, we have to concentrate first on the larger segment.

7. The purpose of segmentation is to guide our communication strategy. For example, if you know that the farmers are men who work at certain season when will you hold a meeting? If we did not know our primary audience well enough and just conducted a meeting whenever and wherever we liked, what will be the result?

8. Segmentation is categorizing individuals into groups but it doesn't mean dividing your group. It doesn't mean you have to hold a meeting for each segmentation made no matter how small

or large the group is. It only means prioritizing and focusing on the larger group to accomplish your objectives. If in your coop 80% are men, then you know that you have to understand the men's lifestyle more than the women's lifestyle. It does not necessarily mean that you have to hold one meeting for each or that you have to make a plan for each group no matter how small. If there is an equal number of men versus the women in your coop, then perhaps you can hold two assemblies: one for the men and one for the women. Otherwise, prioritize the population that belongs to the majority.

INTRODUCTORY ACTIVITY —

Making Strategies: Sa Pula Sa Puti

- ***Facilitators*** — Mi-Ann and Grace
- ***Materials*** —
  - Cartolina cut-outs in four different shapes (triangle, rectangle, circle, and square) each shape bearing a specific color for easy identification.
  - 4 handkerchiefs or bandanna
  - tables and/or chairs
- ***Time Frame*** — 5 minutes

The Process

The grouping used was that on dominant characteristics. A representative was selected by the participants from each group and were asked to stand in front of the room and were blindfolded. Once blindfolded, each group was assigned a figure from among four shapes namely, a circle, a rectangle, a square and a triangle. After which, several cut pieces of the equal numbers of squares, rectangles, triangles, and squares were scattered all over the floor. Chairs and tables were then set up at the perimeter of the area where the blindfolded representatives and the scattered pieces of paper were. These served as barricades to prevent the blindfolded representatives from stepping out while hindering their group members from coming in.

The object of the game is for the representatives to pick out, from among the scattered pieces of paper on the floor, the cartolina cut in the shape that was assigned to them. They may identify the cartolina by feeling the sides and imagining the shape or by listening to their group members' coaching or by doing both. Before the game started, the blindfolded representatives were allowed to touch sample cut-outs for them to have an idea on what they are supposed to search for and collect. The group members were given free reign on what strategy they will use to guide their representatives but they were not allowed to touch the representatives or the pieces of paper. Some groups scattered their members within the perimeter while a group decided to stay together in one corner.

The group of the blindfolded representative who has collected the most number of cartolina cut-outs in the correct shape, wins.

LECTURETTE —

Strategy Development – Grace

Setting Goals and Objectives

Strategy Development must always be viewed within the context of our goals and objectives. Your goals and objectives are your lighting posts.

A **goal** refers to the overall change in the health problem your program will strive to reach. It may not necessarily be a health problem, it may just be the problem your program will strive to reach.

Objectives describe the intermediate steps to be taken to reach the goal. These are the desired outcomes of the program that will lead to the attainment of the goal. They tell us who will do or change what, by when, and how much. Objectives relate to changes in knowledge, skills or behavior of the primary or secondary target audiences. It relates to changes in the environment.

■ CHARACTERISTICS OF GOOD OBJECTIVES

Objectives must be SMART. This means they must be Specific, Measureable, Attainable, Results-oriented or Realistic and Time Bound.

Objectives must first be specific. For example "the prevention of accidents and their related social and economic costs" may be translated to specific behavior or manifestation, such as "wearing of seatbelts" and "reducing drinking before driving."

Objectives must be measureable. We have to translate objectives into specific behaviors so that it would be easy to monitor and evaluate if we succeeded or did not succeed. Table *10* is an example of broad objectives and the specific behavior manifestation that must be observed to determine the attainment of goals.

TABLE 10. Objectives vis-a-vis Behavior

BROAD OBJECTIVES MANIFESTATION	SPECIFIC BEHAVIOR
Prevention of accidents & their related social & economic costs	Wearing of seatbelts Reducing drinking before driving
Crime Prevention	Locking car doors Keeping valuables out of sight
Fire Prevention reach	Keeping matches out of children's

Remember that the specific behavior is dependent on your formative research. If your research tells you that in your barangay, the most common causes of fire are children playing with matches, then your specific behavior would be to keep matches out of children's reach.

Strategy

A **strategy** is "a statement or phrase indicating a general methodology to be used to achieve a stated objective." Activities amplify a strategy by giving it the details it needs.

When we do our strategies, we must always link them to our goals and objectives. What we want to do, forms the basis of our strategy. We may be doing a lot of things but if it is not connected to our goal, then we accomplish nothing.

The Social Marketing Mix

In social marketing, the Social Marketing Mix is a strategy. In contrast to commercial marketing, social marketing goes beyond communication. It involves looking into all the 8 P's. First, look at your product, which is your health care program. Next, identify the place. The place is your respective communities.

What promotion methods have you used? Is it selective communication? Is it personal communication?

Are there policies? Are there local ordinances that push for social health insurance to thrive? Is there a need to make a new one? If there is a local resolution or ordinance that would push your program then you have to work on that because it would help you. If there are policies in your localities that affect people from availing your health insurance program then we should also look at that. Policies can be for or against your program. You have to study both.

How about publics? Who are your external and internal publics? Do people in your cooperative —— who are your internal publics — know about your product? What about those outside your organization?

Then look at partnerships. Are there organizations you can work with or are you limiting your partnerships to ILO and DAR? There may be other partners within your community or municipality that you can tap to provide you with some resources or help you push for your program.

What is the required budget and how much can your target audience contribute? This would be the pursestrings.

Product Positioning

What is the product positioning of your social insurance program? If I were a farmer, or a tricycle driver and I want to avail of your particular health insurance program, how will you sell it to me? What makes it different from any other health insurance programs? That would be your product positioning.

Product positioning involves dressing up your product and giving it an image. To determine our product positioning, we should ask:

1. What product positioning is most suitable for each target adopter segment?
2. How is the positioning to be determined?
3. Two tasks are involved: to identify the major needs of the target adapter segment and to develop a product advantage to satisfy their needs. So again, what are the major needs and

how you will product satisfy these needs?

First, look at the needs of your target population and second, determine how can you sell your product (health insurance) to them capitalizing on the product's advantage?

- **DRESSING UP YOUR PRODUCT**

  You need to dress up your social product. Package your product in such a way that it looks attractive. In other words, we must decide on our brand name for easy recall and package the product well.

  Branding and Packaging

  In giving our product a name, we should remember the following:

  1. It should be easy to pronounce and remember. If it is a tongue-twister it would be difficult to pronounce. It is also disadvantageous if they couldn't spell it.
  2. It should capture the product benefits.
  3. It should define product attributes, quality and appeal.

- **PRODUCT IMAGE**

Image design is often done through mass media. But since our product is of a small scale, maybe the community radio or a local newspaper, would be good mediums of communication.

The image provides recall also. Look at Senator Mar Roxas. When he started his campaign in January, he was number 17. But after the elections he was No. 1 and it was because of his "*Mr. Palengke* (Market Man)" image. People saw him as *maka-masa* (people-oriented). Even the dress code, the make-up, and the hairstyle are parts of the image. Another successful senatorial candidate is Pia Cayetano. During the campaign, we would always find her in jeans. Why? Because she was targeting the youth sector, she had to look sporty.

Why is Raul Roco always wearing floral shirts? What is the image he is trying to project? Roco was always associated with serious stuff so he was made to wear a Hawaiian shirt to give us the feeling that he is relaxed and sunny. We have to realize that the biggest supporters of Roco used to be the students. The Hawaiian shirt in effect, tells us what kind of people and what kind of sector he is trying to enlist.

Preliminary Social Marketing Mix

Each of the 8 P's of the social marketing mix should be carefully analyzed. To help us in this process, specific questions to answer for each of the Ps are hereby outlined:

- **PRODUCT**

1. What is the behavior you are asking the target audience to do? What are we asking from the audience? What is the problem? What is the behavior we are expecting?
2. What are the benefits it would receive from adopting the behavior? What if they enroll? What are the benefits that they would get? Is it hospitalization? Security?
3. What is the "competition" and why would the target audience prefer it to the behavior you are selling? Is there competition present like private insurance firms? Do you consider Philhealth

a competition? Compared to the competition, why should the target audience prefer to enroll in your HIP? When you speak to a farmer, you should be able to state why it is preferable to enroll in your health insurance scheme instead of enrolling in other health insurance programs. If they opt to continue with their other programs maybe we can convince them to take on additional insurance. What would be the increment they will enjoy upon signing up in your program? What are the additional benefits that they'll get?

■ **PRICE**

1. What are the costs the target audience associates with the product?
2. What are other barriers that prevent the target audience from adopting the product?
3. How can you minimize the costs or remove the barriers? Why are they not enrolling in your health insurance programs? For those who can actually avail of it, why are they not doing so?

■ **PLACE**

1. What are the places where the target audience makes decisions about engaging in the desired behavior?
2. Where do target audience spend much of their time? Knowing this will give you clues on where to approach them. You will know where to put your posters. So, in effect, it becomes your dissemination strategy.
3. Which social or recreational groups do they belong? Knowing this helps you understand your audience and gives additional clues on which groups can be your partners. For example, the governors have a League of Governors. If we know when and where they hold regular meetings, it would be a good idea to join in their activity to negotiate for a part on social insurance in their agenda. Instead of writing them a letter one by one and being unsure of whether they have read it or not, in one big gathering you get to meet them already.
4. What distribution system will be most efficient for reaching the target audience? You don't have to create your own distribution system if there are existing effective and available systems to use. For example, DAR and PIA have networks. Use their networks. But be strategic, and choose the most efficient way.

■ **PROMOTION**

1. Which communication channel does the target audience pay the most attention to and trust the most? Why place advertisements in your local cable when your target audience does not have access to cable TV? Why make television plugs if your audience are farmers who are more keen on listening to the radio?
2. How can you best package the message to reach the most target audience effectively and efficiently?
3. Who is the most credible and engaging spokesperson in this issue for the target audience? This is your **source strategy**. Who would your targets listen to? Who can convince them to join your program? Your source should be somebody who is trustworthy, knowledgeable and likeable. Even if he is trustworthy and has expertise but he is not likeable, then don't choose him because a lot of people would be turned-off. The same way, if he is likeable and he is trustworthy but he doesn't have subject expertise, maybe he would be giving the wrong information. So, be sure your source has all these three characteristics.

Methods of Promotion

1. ADVERTISING. This refers to any paid form of promotion. The good thing about advertising is that you can control it. You can control when it would be seen, where you want it to be seen. The problem is, it is expensive.
2. PUBLIC RELATIONS. These are announcements or press releases that you don't necessarily have to pay for. When you write a press release and you send it over to a specific newspaper, you don't pay for it. The reality, however, is that in some ways you also pay but not exactly in monetary terms.

   You can make them print it without pay but you have to establish goodwill first. How will you establish goodwill? You can invite your contact person to your meetings and make them your resource speaker/resource person and after the program you can ask them to do the favor for you — but ask them nicely. And when it is their birthday, maybe you can send them something as a sign of appreciation.
3. PROMOTIONS.
4. MEDIA ADVOCACY.
5. PERSONAL SELLING.
6. SPECIAL EVENTS. Special events like fiesta, meetings, exhibits, reunions may be avenues to promote your products.
7. ENTERTAINMENT.

Social Marketing Channels

1. Mass media
2. Outdoor advertising – An example would be billboards. Now we call them OOH meaning, "Outdoor Overhead"
3. Brochures, posters and newsletters
4. Comics or fotonovellas
5. Direct mail - Don't underestimate the importance of the direct mail especially if you're doing house to house, or person to person. It is costly but it is cheaper than advertising in a major TV/or Radio Station. The important thing is to have a good mailing list that is updated.
6. Interpersonal communications
7. Music videos and songs
8. Dramatic presentations
9. Community events
10 Workplace events
11. Point-of-purchase materials — These are materials that you give in places where you buy things.
12. Yellow pages
13. Internet – The internet allows you to communicate with people on a person-to-person basis even if they are 16,000 miles away.

Channel Formats

The format is the way in which a message is delivered. Sample formats include:

1. Daily and weekly newspapers – When we talk of print, the format we are referring to is newspapers, tabloids or magazines. It may be daily, or weekly.
2. Radio and TV stations – For radio and TV stations, we can have what is called a plug. A plug is normally a 30 to 60 seconds-long message. Movie stars who appear on TV to promote a show or a movie for about 30 to 60 seconds are also doing a plug.

   The format may also be a one hour drama where you insert a part about health insurance.

   It may be a commentary when you enlist a commentator to say something about social insurance.

   You may also use testimonials. Put people who have already claimed their benefits on TV or in the radio to talk about how the health insurance has helped them. This is very effective because testimonies are personal experiences.
3. Billboards and transit ads – Transit ads are what we see in the bus, the tricycle, the Light Rail Transit or Metro Rail Trainsit.
4. Movie theater or cable TV slides – You could also advertise in cable channels but make sure target audience has access to cable.
5. Bathroom stall posters – Public toilets are also good locations for posting your ads or announcements.
6. Parade float.
7. Sponsorship of local sports team.
8. Ads in a professional sports game.
9. Hand out flyers at a large event.
10. Sponsor a contest.
11. Create videos.

Messengers

Source strategies involve the careful identification of people who will deliver your message. To reach a wider network of people, sometimes you have to enlist the help of other people to deliver your message. But we must be selective and deliberate on electing one. Use the following questions to identify them:

1. Who are influencing the target audience?
2. Whom do they admire or seek to emulate? Who do they look up to?
3. Whom do they trust to give them accurate information or knowledge?
4. Whom do they usually ask questions about the topic?
5. Will the target audience respond better to an authority figure, peer, or celebrity?

If you want to promote healthy habits, do not get a speaker who is a drug addict. If you are going to promote health insurance, do not get a speaker who is a politician known for graft. These people are more likely to destroy your image than create a good one for your cooperative.

■ **PUBLICS**

The questions to ask would be:

1. Who are the people outside your organization that you need to address to be successful? Aside from your target publics there may be other stakeholders whom you need to address.
2. Who are the people inside your organization whose support you need to be successful? Let your internal audience or your staff know what you are doing so that they, too can provide answers when asked about your product.

■ **PARTNERSHIP**

1. Are there other organizations addressing a similar problem that you could team up with? We need to team up with other organizations because we do not have all the resources, and other people may have the resources you need. During 1993, when we launched Oplan Alis Disease, the DOH used the National Meat Inspection Commission (NMIC) as a partner. This is because NMIC have refrigerated vans and the DOH needed these vans to transmit vaccines all over the country.
2. Are there other organizations that could bring needed resources or skills to the project as partners?
3. Are there other organizations that could be politically advantageous for you to ally with?

■ **POLICY**

1. Are there any policies that would create an environment more conducive to the desired behavior?
2. Is there any pending legislation that would affect your programs goal either positively or negatively?
3. Are your policy makers knowledgeable about or interested in the problem you are addressing?

Determine whether there are policies in the community or in your municipality that you need to change, improve, or introduce so that it would be easier for you to sell your health insurance program.

■ **PURSE STRING**

1. Is the funding that you currently have for this project enough to tackle all your objectives?
2. Are there additional sources that you can apply for funding? Do not stop at one donor because eventually, this donor would not be able to give what we need. Always be on the lookout for other potential sources for our needs.

   We are going to launch a program called "*Barkadahan Laban sa Droga* (Fellowship Against Ilegal Drugs)" and one of the strategies that we are using is tapping into corporations within the Province of Rizal who will be able to donate a few things. Maybe one organization can donate 300 pesos worth of caps. If only one person will buy that, it would be costly. But if we ask each store to donate P300, maybe we could collect a million caps. Instead of asking it from just one organization who will not be able to afford that much we asked a network of possible donors.
3. Are there potential corporate partners that might participate in the project in exchange for positive publicity?

WORKSHOP 3 —

Social Marketing Strategy (Worksheets 5 and 6) - Grace

The Process

Workgroups were according to provinces and the participants were given an hour to complete Worksheets 5 (Preliminary Social Marketing Strategy) and 6 (Channel Selection). Because the exercise is on visioning and because the participants are likely to make their strategy to target members of their cooperatives, the facilitator suggested a mini-raffle draw to ensure that there will be groups who will at least try to look beyond their coop. By chance, three provinces were assigned to answer by looking within their organization while the remaining four would have to look beyond their cooperatives. The assignments were as follows:

1. Within the cooperative — Angono, Isabela, and Bulacan
2. Beyond the cooperative — Agusan, Misamis Oriental, Compostela Valley, and Bohol

A copy of Worksheets 5 and 6 and the participants' outputs are presented in the full report.

Presentation of Outputs

Due to time constraints, only Angono, Rizal and Compostela Valley were asked to report.

■ COMMENTS AND SYNTHESIS

On Angono's Outputs:

1. Government Officials as credible secondary targets — It's amazing that when you identified the spokesperson your tricycle drivers trust most, you said Local Chief Executives (LCEs) and other government officials. Most of us have problems with our government officials, but you were consistent in your discussions that it is really the mayors, the LCEs, the barangay captains that your tricycle drivers respect. This is good but it might not be true in the other areas.
2. Identifying all possible large groups of targets — Regarding your audience, are you just targeting the tricycle drivers? When you do the action plan, you have to identify the other target publics. For purposes of academic learning, having selected one segment is acceptable. But in reality, the more you target, the better.
3. In planning marketing strategies he more specific, the better — You spoke of organizational resolutions. What sort of resolution were you talking about? Be specific because if I will just read that, I would wonder what resolution you are talking about. The more specific you are, the better. If you are not implementing the plan itself, the next person who gets hold of your plan should be able to implement it according to how you did it or how you planned to accomplish it.
4. Use a source that your target audience believe in — The selection of the day-care workers is a good idea because they have close contact with your target audience. That's how we should think. We should ask, who do my target audience believe in? Who do they speak to? Who are credible? Who do they trust?
5. Channels vis-a-vis formats — Channels are broader forms of communication but formats are

specific. If your channel is radio, your format may be a radio plug, a radio drama, or radio news. So if the channel would be interpersonal communication. Your specific channel would be seminar-workshop or home visit.

6. Levels of communication objectives — In communication we have what we call levels of communication objectives:

   a. We start with Awareness. For awareness there are only two options: Whether you are aware of it or you are not. For example, when asked if you have heard of the Project Kuli-Kuli, your answer was either you haven't heard or it or you have. There is nothing in between.

   b. Knowledge. Here there are three sublevels: High, medium or low.

   c. After Knowledge, we have what is called Trial. Trial is simply when you have made an attempt. You are at the stage of thinking about enrolling in health insurance but you haven't adopted it or you haven't really enrolled in it.

   d. After Trial we have Adoption or Rejection. This is the level when they have already enrolled or they have decided not to enroll.

   e. And finally, we have Determination. Determination is when your audience decides to re-enroll the next year. In other words, they are determined to continue the behavior.

   Points to remember in choosing communication objectives:

   - ❖ There are specific words that we use for each level. For Awareness, we can say to increase awareness by how many percent of the population. For knowledge, to increase knowledge at what level. For Adoption, the words we use here is to motivate.
   - ❖ In communication, we choose the higher objective and use the next objective word. When we do the objectives, we choose the next higher objective. When we say motivate, that means it is past the level of awareness and past the level of knowledge.
   - ❖ Your objectives must also be linked to your time frame. In two months, you cannot expect people to enroll. So your target would not be motivation but to increase awareness. But if your time frame is 8 months, you can use the verb to enroll because that is the next higher level. If you do not want a behavior change, and you just want to improve their knowledge, than you use the knowledge verb.

On Compostela Valley's Outputs

1. The goal refers to the overall change in the behavior — Goals should not be about the insurance right away but it should be to have a health protection safety net for the community members. The reason we are going into the social health insurance is not because we want to have a social health insurance for the sake of having it, but we want it to be a protection safety net. So, that should be your overall goal.

   When we go to objectives that is where health insurance comes in, especially when we speak of social marketing to increase the level of acceptance and increase enrollment.

2. Identify indicators of success for every objective — What are your indicators of a successful level of acceptance? How could you say that they have actually accepted it?

   It is easy to determine the level of awareness. We can measure by simply asking them if they know about it. If they said yes, then they are aware of it. For knowledge, then you could ask

them, what do you know about health insurance. Perhaps they will answer, "we know the benefit," "we know the premiums," etc. But what about level of acceptance? How will you measure this?

Therefore, when you write your objectives, make sure you will know when you have done it. If you do not have an indicator for success, then it is not a good objective.

4. In communication, channel is different from format.

WORKSHOP EVALUATION -

Pagtanaw sa Mayo 27 – Annie

Before the participants left, Annie oriented them on how to evaluate the day's activities. She held out some golden yellow colored cartolina and gave clear instructions that on strips with that color, the participant would complete the sentence: "*Sa araw na ito type ko ang*…." ("Today, I really liked/enjoyed the…") Raising light yellow pieces for everyone to see, she then gave instructions that the sentence to complete would be "*Sa araw na ito sana…*" ("Today, I hope that…"). Pieces of golden yellow and light yellow colored cartolina cut into rectangles measuring approximately 2.5 inches by 4 inches were then distributed. The participants' responses are enumerated in the full report.

DAY 4 PROCEEDINGS - 28 May, 2004

LECTURETTE

Developing Effective Messages – Mi-Ann

There was a scientist who made a study on how people can adopt a certain behavior and how communication can effect a change in behavior. We call it **Transtheoretical Model** or the **Stages of Change Theory**. There are five stages in the Transtheoretical Model:

1. PRECONTEMPLATION – This is similar to the awareness level. In Filipino, it means "WALANG ALAM." This means the person is not aware of the potential problem and does not consider himself/herself at risk. Maybe in your cooperative, this would be a rare scenario but for those outside your organization, this would most likely apply.
2. CONTEMPLATION – In this stage, the person already has a realization that he/she might be at risk and begins to consider whether to do something about it. In Filipino, it is that stage of "NAG-IISIP" or thinking about it because "BAKA KAILANGAN KO ITO?" ("Maybe I need it.")
3. PREPARATION – This is when the person decides to take action and learns more about what is involved. In Filipino, it is "MINABUTING GAGAWA ng ACTION" ("Thought it best to act on it") The important thing to note about this stage is that though the person might have decided to take action, no action has been committed yet.
4. ACTION - During this stage, the person performs the behavior once and determines for himself/herself whether it was worthwhile. In Filipino, it is called "SUMALI" ("Joined/Became a member"). In this stage, your potential target already joined your health insurance program.
5. MAINTENANCE – In this stage, the person continues to perform the behavior. In Filipino it is "PAGPAPATULOY" ("Continuing/Maintaining") This similar to the behavior discussed yesterday about the person who renews his health insurance policy every year.

The stages guide us in choosing the most appropriate message to say to the client. Each of these different stages would give us clues on what we should say to our potential member. For example, if you know that the person is in the Preparation Stage, it would be inappropriate to ask him, *"Alam mo ba 'yung tungkol sa health insurance?"* ("Have you heard of Health Insurance?"). Instead, what you should say is, "*Sumali ka na*" ("Join now").

REINFORCEMENT ACTIVITY

Role Play

- ***Main Facilitator*** — Mi-Ann
- ***Materials*** —
  - No specific materials required but the participants are allowed to use whatever available props they would need such as chairs, tables, pieces of paper, etc.
- ***Time Frame*** — 5 minutes for group deliberation and 3 minutes for each play.

The Process

The participants were requested to regroup according to their dominant characteristics (Task-Oriented, Critical Thinker, Visionary and Nurturer). Four situations were then presented to the participants and each group was assigned a situation to act out and respond to. The Nurturers were given Situation 1, The Visionaries were assigned Situation 2. Situation 3 is for the Task-Oriented, while the Critical Thinkers will tackle Situation 4.

Each group was assigned to do some role playing on the situation. At the end of each presentation, everyone gets to critique and examine if the coop members chose the right messages to say and the appropriate communication techniques for the given situation. The focus of the critiquing activity will be the approach and message of the communicator. The behavioral stage of each client should also be determined.

The participants were given 5 minutes to decide on the best solution for the problem assigned to them, think of a script and determine the roles of each member. They were allotted three minutes to present.

Group Presentation and Critiquing

PRESENTATION 1: NURTURER

1. Problem situation — Mr. Gary has long been considering joining the Health Insurance Program. However, he is not sure if it would be good for his family. He also doubts that it might not be an effective or stable program. He also has some questions regarding the payment of premiums.
2. Gist of the Role Play —

   (Scene: Mr. Gary's house) While watching his favorite telenovela (drama serial on TV), Mr. Gary was surprised to hear voices from outside his home. They turned out to be members of a cooperative joined by a few curious neighbors. When Mr. Gary inquired as to the purpose of their visit and a coop member explained that they were there to invite Mr. Gary to enroll in their health insurance program. The look of hesitation and doubt was evident on Mr. Gary's face as he revealed that while he has heard of the insurance, he is not aware of the details. Another coop member then mentioned that the health insurance is being offered at affordable premium rates. This prompted Mr. Gary to ask exactly how much is affordable. The coop member then went on to explain that the premium is merely P10.00 per month. Mr. Gary then asked about the benefits. Another coop member answered that the plan covers both in-patient and out-patient services. Mr. Gary seemed almost convinced to enroll in the health plan when his neighbor, who was listening in the sidelines, suddenly butted in and tried to convince Mr. Gary otherwise. To re-establish his interest, another coop member then mentioned that the plan also covers his family --- his wife and his children. The neighbor again butted in, saying that the coop has meager funds and it would be better to join PhilHealth instead. To this, another coop member spoke and tried to convince He said that the neighbor was mistaken and that Mr. Gary needs the benefits their insurance plan offers.

   Still unable to decide, Mr. Gary then asked how he will be able to claim his benefit if he gets sick. A coop member explained that should Mr. Gary be confined for at least 6 hours, the doctor would issue a medical certificate that Mr. Gary has to submit to the coop office for them to be able to process his claims. The member also mentioned that the processing time is quick. Another coop member then gave a testimonial, narrating that she is a member of the

health insurance and that she has already claimed her benefits. Still unbelieving, Mr. Gary asked the coop member if what she narrated actually happened and the response given was positive. Mr. Gary asked further if it did not take a long time for the member to get her benefits, and the member again answered in positive. Another member spoke up and vouched that she, too was able to claim her benefits because processing was quick.

Noticing Mr. Gary's interest to enroll in the health plan, another member placed some documents into Mr. Gary's hands, urgin him to sign the application form right then and there. Convinced that joining the coop's health plan is indeed a good thing, Mr. Gary then signed the application form. THE END

Critiquing, Observations and Notable Points

1. Mr. Gary is at the Contemplation Stage. It is evident that knowing which stage Mr. Gary was in, helped a lot in delivering the most effective messages to him.
2. Since Mang Gary had a lot of doubts and questions the group had difficulties convincing Mr. Gary. However, among the good strategies used by the group were:
   a. The inputs the cooperative members gave to Mr. Gary was that the insurance would be good for his family, that the premium is low, and that the cooperative is stable so his funds are protected.
   b. The use of testimonies gave additional convincing power and encouraged Mr. Gary to sign the application form.
   c. It was a good idea to bring an Application Form because it eliminated whatever barriers Mr. Gary would have about coming to the cooperative to enroll.
   d. Another plus factor was coming as a group and using peer pressure.
3. Notice that all the communication made was verbal. It was effective but perhaps, it would have been enhanced if the cooperative members brought some materials outlining the insurance benefits so that Mr. Gary could refer to it every now and then and follow the discussions.
9. Although approaching Mang Gary at the time he is watching his favorite TV soap ensures that he will be home, the facilitator advised that the participants should be careful about seeing their target clients at this time because they might not be very receptive.

PRESENTATION 2: VISIONARY

1. Problem Situation — Mr. Mark doesn't join meetings of the cooperative because he is always busy. He hasn't heard of the health insurance offered by his cooperative.
2. Gist of the Role Play —

   (Scene 1: At the Cooperative Office) A meeting is being held at the cooperative's office. The coop leader (Lyn) explained that the meeting was called because of the poor attendance and membership rates of their health insurance. In fact, of the cooperative's 150 members, only 26% are members of the health insurance plan. The leader than continued to ask the members for suggestins on how this figure may be improved. The leader paused for a while to give the members a chance to air their suggestions. But since no one seemed ready at that time, she then mentioned Mr. Mark and explained that Mr. Mark is one of their members who most probably is unaware of their health insurance plan because he was not able to attend any of their meetings. The leader then explained that she believes that if only Mr. Mark would get to know of their insurance, he would be a good source who can influence and encourage other members to join their health insurance. Because Mr. Mark is the President of the Parents-

Teachers Association, she is also looking at the possibility that if they are able to convince Mr. Mark, maybe he would also be able to convince the teachers and the parents to enlist in their health insurance. The leader then asked the other members how they would be able to achieve this goal.

A coop member suggested that they should personally approach Mr. Mark and convince him to attend their next meeting. Acknowledging the suggestion made, the leader further suggested that perhaps one of the members present could invite Mr. Mark to the meeting. At this point, a coop member, who happened to be Mr. Mark's neighbor, volunteered. The coop member claimed that Mr. Mark leaves his home very early and returns quite late and thus, as his neighbor, she could wait for Mr. Mark and invite him to attend the meeting. The first scene ended with Mr. Mark's neighbor confirming the date and place of the meeting.

(Scene 2: Mr. Mark's Residence) As promised, the neighbor did show up at Mr. Mark's home, to the latter's surprise. After exchanging a few pleasantries, the neighbor then told Mr. Mark that the coop would like to invite him to attend the next meeting because they will be discussing their new program called Health Insurance. She explained further that the coop is inviting Mr. Mark because the program is a good one.

It was obvious that Mr. Mark, indeed was unaware of the coop's health insurance program as he proceded to inquire about it. The neighbor then asked him when he would be available so that the coop could discuss the details with him. Mr. Mark asked what benefit he would get if he attends the meting and the neighbor answered that Mr. Mark would definitely benefit from attending the meeting because a lot of the coop member's have already joined the health insurance and a lot have already claimed their benefits. She then reiterated the coop's invitation for Mr. Mark to attend the meeting that Saturday, at 8 in the morning. So as not to disappoint his neighbor, Mr. Mark gave his word that he will find time to attend the meeting. The neighbor then thanked Mr. Mark and left.

(Scene 3: Cooperative's Office) The meeting has just started when Mr. Mark came in. Upon seeing Mr. Mark, enter the room, the coop leader then acknowledged Mr. Mark's presence and welcomed him to the meeting. She also thanked him for being there so that they may be able to explain the coop's new program to Mr. Mark. Mr. Mark then asked them pointblank what the new program is about, admitting that he has no idea what it really is. The scene ended with the coop leader proceding to explain the Health Insurance program to Mr. Mark. THE END.

Critiquing, Observations and Good Points

1. The basic issue is that Mr. Mark does not know anything about health insurance. Mr. Mark is therefore, in the precontemplation stage.
2. Several good strategies were used by the group, namely.
   a. The use of verbal communication.
   b. Use of person-to-person communication.
   c. Exerting influence: Use of a secondary audience or the one who can motivate a potential member to come forward. One member approached Mr. Gary and it was the neighbor whom Mr. Gary trusts and hates to diappoint.

      Remember that the message is not as important as the person giving the message. The important aspect here is that you introduced a person to whom Mang Mark would find it difficult to say "no" to. That was a very good strategy, especially in our culture. It is

important to know who a colleague looks up to and who he can't say "no" to.

This has been proven effective according to the Science of Sociometry. You have to know who are the people your potential client goes with. Outside the formal structure that we have is another structure --- the social structure. For example. The boss has a club and the secretary is also member. Mr. X who is the husband of a committee member is also a member of the club. They are all members of the tennis club. If there is something you want to tell to the boss and you can't tell him yourself, the best resort would be to tell either the committee member, or the member's husband or the secretary. These people will tell your boss about it and would influence him to see your point of view.

PRESENTATION 3: TASK ORIENTED

1. Problem Situation — Mr. Boboy is against health insurance. He thinks it would just be a waste of the cooperative members' money. He says the program unreliable and that the barangay captain and the president of the Cooperative is just politicizing or are just using it to forward their political goals.
2. Gist of the Role Play —

   (Scene 1: At the community sari-sari store) Mr. Boboy is in the middle of a drinking session with 2 of his peers. One of his friends is pro-health insurance while the other is against it. It was mentioned that while Mang Boboy is in drinking sprees, his wife attends the meetings. Friend 1 asked Mr. Boboy if he noticed the poster on health insurance and what he thinks of it. Mr. Boboy confirmed that indeed, he has seen the poster but he thinks that it is just one of the coop's programs that would fail. Friend 2 seconded Mr. Boboy's claim and said that he thinks the Barangay Captain is just using the program for politicizing. Friend 1 then revealed his sentiments on the matter by stating that he is a member of the health insurance and that he knows it is a good program of the coop. But Friend 2 was also adamant that the insurance not worth their time.

   (Scene 2: Home of Mr. Boboy) Mr. Boboy had just gone home from his drinking session with friends and finds that his wife (who is attended the coop meeting) is not home. He is frustrated that there was nothing prepared for him to eat. When his wife returns, he admonishes his wife that while there are so many things to do and spend for, there is nothing to eat in his house. The wife explained where she was and curious, Mr. Boboy asked what the meeting was all about. The wife explained that the meeting was about health insurance, to which Mr. Boboy lamented that all he hears about those days is health insurance. The wife then urged Mr. Boboy that they should enrol in the health insurance for their kids. Before Mr. Boboy can reply, some loud knocking was heard at their doorstep. It was their Barangay Captain along with some coop members. The Barangay Captain revealed that they overheard Mr. Boboy and his wife discussing the health insurance and that they were there precisely to invite Mr. Boboy to enrol in the program. The Barangay Captain cited that they even brought along some coop members who have already enjoyed their health insurance benefits. A coop member then proceeded to give her testimony that she was able to claim her benefits. Next, another coop member who enrolled in the health insurance program of the coop and who happened to be a close family friend of Mr. Boboy's also spoke and said that she, too was able to claim her insurance benefits. In fact, she has with her some documents proving that she has received her benefits already.

   The testimony of their family friend seemed to have captured Mr. Boboy's interest on the health insurance project because he then asked the coop members to explain to him all the

necessary details. Another coop member then brought out the application form and urged Mr. Boboy to sign up. Hegding, Mr. Boboy asked if it is possible for the coop members to leave the documents with him and come back for these at a later date. saying that he has to review the documents and think about it first. The wife then urged Mr. Boboy to sign the documents right then and there and the coop members seconded his wife's suggestion. The scene ended with Mang Boboy in the act of signing the documents. THE END.

Critiquing, Observations and Notable Points

1. Techniques applied to convince Mr. Boboy:
   a. Peer pressure in the form of:
      — A drinking buddy.
      — Mr. Boboy's wife who is convinced about the benefits of the insurance
      — The other coop members
      — The barangay captain

      Mr. Boboy was surrounded by people who believe in health insurance and so he was "pressured" to enrol then and there.
   b. Repetition of information from various sources. (ex., posters, his wife, his drinking buddy, etc.)
   c. Face-to-face communication is really important and the venue for face-to-face is the house. This is a Filipino trait. We are really people-oriented. It is important for us to look at the eyes of the person, to see the actions of the person.
   d. The use of somebody powerful within the community to convince. I think it follows for most of us that no matter how mad we are at somebody, once they have approached us, we cease to feel bad. Even if we have doubts about a person in authority, when they are in our presence, we tend to keep quiet out of respect for their position.
2. It is also good that the cooperative members always had an answer to whatever doubts and questions Mr. Boboy has raised. It is important to be able to give the right answer all the time.

PRESENTATION 4: CRITICAL THINKERS

1. Problem Situation — Mrs. Beth is a health insurance member. She has already claimed benefits from it.
2. Gist of the Role Play — It was introduced that Mrs. Beth is 52 years old and is the wife of Mr. Boboy. She is recuperating from a mild stroke and had just come home from the hospital.

   After the brief introduction, it was presented that there were several people who came to visit Mrs. Beth and ask about her condition. There people were coop members. The husband (Mr. Boboy) asked the coop members' indulgence since his wife is still recuperating and can hardly move yet. In response to the coop members' inquiry on Mrs. Beth's condition, she replied that she is feeling better but they did not like the treatment they received from the nurse in the hospital so they opted to go home instead of staying in the hospital. However, she assured the coop members that they were able to use their health insurance benefit and that the hospital bill has been paid.

   At this point, Mang Boboy asked why the procedure followed by the hospital for claiming insurance benefits seemed different from the Memorandum of Agreement (MOA) that his wife knows. He also mentioned that the hospital accredited by the coop was not as good as

they expected or did not deliver the level of service agreed upon in the MOA. He questions whether this is so because his wife misunderstood the document or it was the coop's fault.

A coop member readily said 'sorry" and asked for Mrs. Beth's understanding. She also assured Mrs. Beth that they will start revising the policy and that they would speak to the hospital's administration so that their services may be improved. Mrs. Beth then aired that she hopes next time her hospital experience would be different. The husband agreed, saying that there would be no sense drawing up a flowchart to illustrate the procedure when it would not be followed anyway.

Another voice was heard from the doorway. It was the Town Mayor (Mayor Vi) dropping by to visit Mrs. Beth. After asking about Mrs. Beth'c condition and finding out that she is well, the Mayor then inquired on what they were discussing right before she arrived. The husband briefly enumerated the issues to the Mayor but reassured her that the matter has been resolved. Mayor Vi then advised that the next time they have a problem regarding the program, Mrs. Beth and Mr. Boboy are welcome to drop by the coop office at any time to air their problems so that they could discuss them and find solutions for them, together. She invoked that every one should join hands to study the problem and help improve the coop's services. THE END

Critiquing, Observations and Notable Points

1. Aling Beth is in the Maintenance Stage. She seemed dissatisfied because the policies and the MOA were not followed.
2. Exercise caution in answering client's concerns and avoid giving false hopes. — Regarding revising the policy, don't say right away that you will change or revise the policy as if it were that easy to do. Be careful especially if the matter is something that is not entirely in our hands. While I understand that your purpose is to show concern and to reassure the member,. let us be careful because they might think that you are solely responsible for changing the policy. We should not give promises beyond our sole control.
3. Get specific data. Mang Boboy mentioned the flowchart and was asking why it was not followed. What could be a good reply to his statement? The best thing to do would be to get into the statistics. Determine the exact nature of the problem. Get all the information you can get from the point of view of Mr. Boboy. That could be one significant information that you can use eventually when you try to change or work on the policy. We should get specific data so that when we get to the Cooperative, we have something specific to input and we can focus on the problem areas.
4. Installing a monitoring system. The Cooperative members took time to visit Aling Beth to see what happened to her. This would be a good system to adopt in our coop. Install a sort of monitoring system so that you will be able to identify problem points and should a member have complaints they can be reassured right away that their problem will be considered. In order to help your client in the maintenance stage and to ensure re-enrollment, we should have a component that is supportive.

LECTURETTE:

Developing Effective Messages (Part 2)– Mi-Ann

The Keys to Behavioral Change

Scientists were able to prove that people will move towards the change that you want if they:

1. Believe that it is a risk for the problem and that the consequences are severe. If they believe that it is relevant to them they will do it. Otherwise they won't.
2. Believe that the proposed behavior will lower its risk or prevent the problem.
3. Believe that the advantages of performing the behavior (benefits) outweigh the disadvantages (costs). There would be the benefits of your insurance and the costs would be the premium. In the role plays earlier, I was waiting for someone to say, "Yes, there is a premium, but in exchange for this premium, this is what you'll get." It would have been better if you emphasized that the costs far outweigh the benefits.
4. Intend to perform the behavior. A person like Mang Boboy would not have joined if he has no intention to do it. So, it is important to know the sequencing of understanding the person's side. If he has no intention, he will not sign up. But we can see that even before the Cooperative members visited him, he is partially convinced by his drinking buddy and his wife.
5. Possess the skills to perform the behavior. In the case of health insurance, the skills required would be paying the premium, filling-up the forms, etc. Anyone who can do that is a potential member.
6. Believe that it can perform the behavior (self-efficacy).
7. Believe that the performance of the behavior is consistent with her or his self-image. Mang Boboy goes to drinking sprees. He is macho. However, in spite of his macho image, he was convinced about the health insurance program because one of his drinking buddies believe in health insurance. His concept shifts as he realizes that believing in the health insurance does not diminish his macho image.
8. Perceive greater social pressure to perform the behavior than not to perform it (social norms). In your role playing, there were many social pressures: the spouse, the drinking buddies, the coop member, kumare/kumpare (friends). All these pushed your potential members to join the insurance.
9. Experience fewer barriers to perform a behavior than not to perform it. In the role play, you brought the application forms so that there would be fewer barriers. Instead of telling the potential client to go to the coop and apply, they can apply right away without any hassle. They did not have to go to the Cooperative Office to get a form and to fill it up. If there were many barriers, Mang Boboy would not do it.

Message Concepts

The reason for our being *makulit* (persistent) is because we need to have a communication program that is fitted to the person we want to convince. Our communication must be consumer-based. So these are the questions that we have to ask:

1. Who are the target consumers? Your 75% coop members.

2. What action should the target audience take? To be a member of the health insurance.
3. What is or are the rewards? Benefits for him and his family.
4. How can the promise be made credible? Through testimonies of others.
5. What communication openings and vehicles should be used? What you did was interpersonal. The communication opening used included the kumare (friend), the neighbors, and the other members who were hospitalized and has claimed their benefits already.
6. What image should distinguish the action? Becoming a member of the health insurance program gives one the image that he is a responsible family head.

Knowing your Target Consumers

In making effective messages, it is important to know who will be the target consumers and what they are like. Use the following guide questions:

1. What are the most important benefits they see to adopting the product or behavior?

   We did not verbalize this earlier. We did not emphasize what they see. We have been telling them in all our role play, that this is what is good for them. But there must be an aspect in our communication when we give them a chance to say what they think would be the benefit of the insurance for them.

   The best way to learn is when you do it. For example, you would probably learn seated there, listening to me. But if I give you the slide and ask you to explain, then you think: "What is the question about?" You have to internalize because you are doing it. This way you learn more.

   Let us give our clients the chance to verbalize what they think will be the benefit of their insurance.
2. What are the biggest costs of adopting the product? It is important for you to look at this because most of your clients are below the poverty line. They should see that the P25 cost to them would be replaced by something much more.
3. What are the greatest social pressures relating to the issue?
4. What is their perceived risk of being affected by the problem? This is one aspect that we also have to enhance. We have to let the member know that if they would not avail of the health insurance, these are the things that could happen to them.
5. What are their misperceptions about the issue? Mang Boboy thinks that the health insurance is just for the barangay captain's politicizing. This could be one misperception that we have to resolve.
6. What language do they use to talk about the issue?

   We should speak in a language they would understand.
7. What special communication needs do the target audience have (e.g. low literacy level, non-English speaking, cultural speech patterns)?

Resulting Behavior

What action should the target audience take as a direct result of the communication? How would you know if the communication objectives have been achieved? The questions we have to ask are:

1. Is the "action step" clear? Does he know what he is going to do?
2. Is the person motivated by your message primed to take action?
3. Is the information on how people can follow up on your message (phone, address, or by directing them to the appropriate service provider) available? Do they have these information?

What Reward Should the Message Promise the Consumer?

PRESENTING THE REWARDS

Rewards may be presented in a variety of ways. Presenting the rewards appropriately or focusing on what your audience would like to know or hear would be a good strategy to employ. The following are some ways by which we can present the rewards to the client:

1. Highlighting the benefits of the product.

   Example: "A man who uses condoms shows that he cares about his partner." In this statement, the benefit goes beyond the client. It highlights that the condom is important because he cares and it is not simply to avoid unwanted pregnancies. The implication is different.

2. Reducing the barriers to adopting the product

   Example: Condoms have been promoted as a way to prevent contacting AIDS. The implication of this to some is that only persons with AIDS should use condoms. However, if we will state that "Condoms are not just for AIDS prevention. It is also for birth control." maybe more people will be menable to using condoms.

3. Portraying the consequences of not adopting the product.

   Example: You communication message may be, "You can prevent years of problems by taking a moment to put on a condom." This way, the negative effects of not using the product is made more evident.

HOW CAN THE PROMISE BE MADE CREDIBLE?

To add credibility to our statements, a good technique to employ would be to use scientific facts. You can say, "Based on over a thousand studies, 8 of 10 people who regularly exercise lost weight."

You can also use testimonials to back-up your claim.

What Communication Openings and Vehicles Should be Used?

If you want your target audience to eat healthy food, when do you think is the best time to give your message? To improve your chances of success, you should expose your target audience to the message at the time that they would be most receptive and able to act on it. So, you tell them when they are going to the store and not when they have already come to the store, bought unhealthy food and are about to go home. You can also do it by putting up posters, banners, sticker where they will see it all of the time.

Where Should You place Your Message?

Place your message where it would be seen by your target audience. If your message is healthy food, consider the following options:

1. At the grocery where they are making decisions about what food to buy.
2. At the afternoon drive-time radio as people are coming home from work hungry.
3. In the form of refrigerator magnets or stickers that people will see each time they open the refrigerator or use the vending machine. Thus, when they open the refrigerator and see your sticker "did you eat healthy food?" instead of grabbing the cake, they will take a banana.

What Image Should Distinguish the Action?

Every element of your communication execution contributes to the image that an individual forms of your product. There are three images that may be conveyed:

- ❖ This is an "in" thing to do.
- ❖ This is an important thing to do.
- ❖ This is a "fun" thing to do.

For example, in Mang Boboy's case, the appropriate message would be one that fits how he perceives health insurance will affect his image. You were able to convince Mang Boboy that joining is the right thing to do. But you probably would not be able to convince him if you tell him, "Mang Boboy, it's the fun thing to do." So your image should be in line with your product. If you are drinking a soda, it would be appropriate to send the message: "It's a fun thing to do."

Image is projected through (1) Tone, (2) Graphics, (3) Wordings, (4) Music, and (5) Messenger .

Producing Creative Executions

Here are some ideas that you can use to start your brainstorming:

1. Different

   Think about what would be unexpected. Are there dramatic visuals you can use? You can also try to make a refutation of "common knowledge." Maybe in one of your meetings you can use role playing as an unusual way to present the facts?

2. Emotions

   Tap into their emotions. How can you evoke an emotional response to your message? Which emotions are appropriate? What types of people should be portrayed? What type of situation would make sense?

3. Word Play

   Play with the words associated with your product. Can you discover any double meanings that could change the interpretation of a common saying or phrase?

4. Personal

   a. If your product were a person, what would its personality be like? What would it look like? What would a cartoon character representing your product look like? What good image could you show? Maybe you can use the picture of a happy family.

   b. Ask "what if?" questions that are contrary to how things are.

      — What if men had babies instead of women?

— What if we have transparent skin and could see our internal organs?

— What if time ran backward instead of forward?

— What if there were "health police"?

ENRICHMENT ACTIVITY:

Effective Messages - Mi-Ann

- ***Facilitator*** — Mi-Ann
- ***Materials*** —
  - Two regular sized bond papers, one labeled "A" and the other "B." These papers were posted on the table at the front part of the auditorium.
- ***Time Frame*** — 5 minutes

The Process

The participants were asked to group themselves according to their dominant personalities and then form a straight line according to height (from the shortest to the tallest). Two sample communication messages will be flashed on the screen. These will be read by the facilitator and when the facilitator mentions the word "go!" the person in front of the line will go to A or B depending on what he or she thinks is the answer. (*NOTE: The option printed in bold letters was the correct answer*)

1. Which of these do your think your audience will listen to?

   a. Ask your doctor about your medications.

   b. People should ask their physicians about their medications.

   Rationale: The answer is A because it is more direct and the sentence is shorter. As much as possible, you have to personalize your message as if you are talking directly to the person and not as if you are speaking to a third person. Personalize the message by addressing the individual directly through the use of the word "you" and the imperative verb tense when appropriate ("Just do it!").

   Choose your words carefully. Make sure that the words would be something that your client would respond to. In this case, your clients are more likely to respond to the word "doctor" than the word "physician"

2. Choose from among the two options:

   a. That is a health insurance which is yours

   b. This is a health insurance which is yours.

   Rationale: When you write messages or inform people you should give the feeling of immediacy by using the present tense and words that make the subject of the sentence feel closer such as "this" instead of "that" or "here" instead of "there."

3. Another example would be:

   a. This pill keeps you from getting pregnant.

   b. That pill would keep you from getting pregnant.

   Rationale: There is more urgency in saying "This pill would keep you from getting pregnant"

because the pill is already here within reach and not far away.

3. Choose from among the two options:

   a. Do you wish you could cook a healthier meal but don't know how?

   b. There is a way of cooking healthier meals.

   Rationale: Starting off with a question will pull people in if they can answer "yes". Questions answerable by yes or no would easily connect you to your audience.

   When the audience has mixed feelings or reactions about something, it is best to use positive appeal rather than negative appeal to affect an attitude change in your product. As much as possible, show the benefits.

   Be careful when communicating risks. While it is good to let them know the possible risks involved in not getting a health insurance, let us highlight the positive factors because sometimes, what stays in the minds of our audience is the negative factor. It can be easy to misunderstand "probabilistic" concepts.

   Refer to risks built-up over time rather than single incident probabilities because people often underestimate cumulative risk.

3. Choose from among the two options:

   a. Join our health insurance so that you can have a safety net in times of illness. You need our health insurance program because our research has proven that it is the solution to your problem and it has been found to be the most cost-effective solution to our problem.

   b. Who will come to your aid when you are sick? Our health insurance may be depended on in times like these. Join our health insurance.

   Rationale: In print materials, write at the reading level of your target audience. Do not overload your audience with information and do not use words that the audience would understand. Use simple English and keep the number of multi-syllabic words down. Use short words that would be easy to read. All too often, people who are used to writing in a professional style at work forget that the people they are writing for might not have a college degree or even a HS diploma. Define any words that the audience might not know and minimize the use of technical jargon.

4. Choose the better option:

   a. During these times, getting ill is prohibited. However, sometimes we cannot avoide getting sick.

   b. 6 out of 10 people get sick within three months.

   Rationale: Back up your claim by scientific data to establish credibility.

5. Choose the better option: (The issue is, the school wanted the students to throw their garbage only in designated areas in the school.)

   a. The school made a poster showing a grade schooler throwing trash in the garbage can. The poster is white. Then they made a leaflet showing students picking up trash and throwing it to the garbage can. Then they also made a colorful leaflet showing effect of litter within the room. They have also shown areas outside the school where there is garbage scattered. Then during the flag ceremony, the principal stood up and spoke of why students should pick up the garbage.

   b. **They made a poster of a student throwing trash into the garbage can. The leaflet is the same. There is no different poster made. During the flag ceremony, the**

principal also told the students that they should throw the trash into the trash can.

Rationale: Keep the materials focused on one or a small number of points, particularly if dealing with a time- or space-limited medium. If you are developing a series of materials, (radio or newspaper ads), base each one on a single message. Use the same identifier to show they are all part of the same campaign.

In option A, the school has even shown a picture of the community outside the school whereas, the school's goal was simply to teach the children to throw waste in the trash cans in designated areas in the school. The colors used were too bright and too many. People would not be able to associate it to the message.

Is it correct to write many different messages in a poster? The answer depends on location or on where you are going to place the poster. The poster may carry many message if the target audience will stay in the room for long and will have time to look at it. For example, you can use this in the waiting room of doctors' offices. But if you place these posters for the people who are just driving by, or who are just passing by, this would not be effective.

If you are designing a billboard or poster that will be read quickly and from a distance, keep the number of words to a minimum. Eight words is about the most that someone can read as a billboard whizzes by. The letters must be large enough to be readable from a distance.

WORKSHOP 4 —

Effective Messages (Worksheet 7 and 8) – Mi-Ann

The Process

Grouped according to their provinces, the participants were asked to answer Worksheets 7 (Applying Behavior Change Theories) and 8 (Message Strategy). After considerable time has elapsed, Bohol was asked to report their work, followed by Agusan and Misamis Oriental. What follows are the discussions that ensued during the critiquing of the worksheet answers. To view a copy of the Worksheets used and the responses from all the provinces, please see the full report.

Critiquing/Comments:

- **BOHOL**

1. *Regarding their answer on Worksheet 7, Problem 1, letter b. They answered that the benefits offered by the cooperative that they would emphasize was "imposed strong policy to compulsory DAR-AP membership through loan retention."*

   I don't think this is a credible message that would convince the clients. The benefits must be from the perspective of the user. Maybe instead of saying compulsory imposition, we should say that in our cooperative we strongly implement our benefit policies to ensure that the clients would get what they should. Maybe the word is not to impose policies but to explain policies.

2. *On mentioning the LGUs as a way to increase social pressure.*

Because the client is still in the contemplation stage, maybe it would not be an appropriate measure. A better choice are testimonies from peers because they have already received the benefits and your members can identify with them.

3. *Question regarding Worksheet 8, question number 1*. In the potential primary audience, a person who is a senior citizen with a pension from another institution, etc. was identified.

   What is asked of you is to describe someone who is from the majority of your target audience. Are you saying that majority of your target audience are senior citizens? How many in percentage of your clients are older? (*ANSWER: Yes, majority are senior citizens*)

   Okay, well then I appreciate that you recognize that these veterans have other forms of income or support that they could use to pay for the premiums.

   In Question 7a of worksheet 8, you encapsulated the image you would like to convey is that he would have the benefits during in his entire life not only for him but also for his family. This is a good strategy. If I were among these veterans, I would be convinced and consider that my pension would not be enough.

4. *In Worksheet 8, question 4b, it was mentioned that one of your messengers would be a celebrity spokesperson.* I particularly liked your explanation that a celebrity spokesperson is not necessarily one who is an actor or someone from showbiz but someone who is so popular and likeable in your barangay, or someone with such a charisma that people are drawn to him or people look up to him.

AGUSAN

1. (From a participant) I just want to emphasize that *in Worksheet 8, question 7c, the "character's appearance that we want to show is that of a happy family image."*
2. Clarification in Worksheet 8 question number 7a, *would it be appropriate to say that the image you want to create is "it is an important thing to do"* whereas it is just a spin off from their answer in question number six that it is for the individual and family protection?

   ANSWER: Yes, it could be the image you can project to go with your message.

MISAMIS ORIENTAL

1. The facilitator observed that *no one considered approaching a person when his relative or neighbor is sick.* It was advocated that this is a good time to approach potential clients because at that time, it would be easy for him to realize the importance of having a health insurance.

LECTURETTE:

Pre-testing - Grace

What is a Pre-Test?

To do a pre-test means to measure the reaction of a group of individuals to the communication material or research tool prior to its widespread diffusion or utilization.

Rationale for a Pre-test

Why do we make pre-tests?

1. We make a pre-test to know if our audience understood our message, and whether it is acceptable to them or not.
2. We make pre-tests because we do not have all the resources and it is so expensive to produce a material that later on we will find to be ineffective. What if you made 5 million copies only to find out later that your audience cannot understand what you were saying? The 5 million would be wasted. It would be a waste of time, a waste of effort and a waste of money.

   We made a poster in the Middle East of a mother breastfeeding her baby swathed in her arms. When it was pre-tested, the mothers protested against the particular visual aid because the breastfeeding woman in the picture did not have a ring on her finger, as if implying that she is not married or that she bore a baby out of wedlock. In a society such as theirs, marriage is so important and having babies out of wedlock is taboo. Had we printed that poster without doing a pre-test, it would have been a waste of resources.

The main objective of a pre-test would be to ensure the effectiveness of communication, saving the communicator or researcher from making serious mistakes and eliminating unnecessary expense, time and effort.

Pre-testing indicates if the Guide Questions we have developed are: (1) Easily understood, (2) Able to elicit the kind of response required, (3) Most acceptable and least likely to create a negative reaction, and (4) Best at creating the feelings of self-involvement.

What are the Criteria or Components of Pre-testing?

We do pre-tests because we want to find out the following:

1. Accuracy ("*Tama*") — Is the information relayed the correct ones?
2. Comprehension ("*Naiintindihan*") — Can the message be understood?
3. Clarity ("*Malinaw*") – Is the message clear?
4. Acceptability ("*Katanggap-tanggap*") — Do the target audience find it appropriate or acceptable?
5. Reliability "*Makatotohanan*" o "*Kapani-paniwala*" — Is the message true or credible?
6. Practicability "*Pwedeng Gamitin*" — Can it be used? Don't make a guide book or a handbook that is as large as a poster because people would find it difficult to bring wherever they go.

What can be Pre-tested?

Actually, almost everything can be pre-tested. But as an example, we can pre-test:

1. Concepts and logos –
2. Research Tools – Guide questions or a questionnaire
3. Roughs or studies – These are materials that have just been conceptualized.
4. Partially completed materials – It may be a poster with the text not yet inputted. Or a leaflet with the colors not yet decided on.
5. Fully finished products or final product – These are products that are ready for circulation.

Pre-Test Validity

The **validity** of a pre-test is the ability to predict the reaction of the audience to a communication material or a Research Tool. Four Factors that affect the validity of pretest:

1. SUBJECT SAMPLED – In any type of research, the respondents and how the sampling was done are important.

   In the recent survey on the presidentiables, among the first questions asked to the groups who conducted the survey was "How did you choose the sample?" or "How did you do your sampling?"

2. THE SETTING – Make sure that the setting would not affect the result of your survey. For example, if you'll do your pre-test with your sample population in an open area, under the heat of the burning sun, with flies everywhere, etc. the tendency would be for the respondents to react negatively to whatever it was you were testing.
3. THE MANIPULATION – Do not use leading questions as if you were manipulating your audience. Like when you ask, "It is good, isn't it?" or "It is good, right?" your sampling group would most likely say, "Yes, it is good." This should not be done.
4. THE MEASUREMENT – The criteria you used is not a valid criteria for what you wanted to know.

Pre-Testing Techniques

1. OBSERVATION – An example would be a poster pasted on the wall. If the people would just pass by and would not even look at your poster, it means it couldn't capture the people's attention.

   There is a process called Selective Perception. It has four steps:

   a EXPOSURE – If you want someone to notice you, you have to expose yourself first. So, if the one you want to be noticed by is there, try walking in front of this person.

   For communication materials, it would be like placing your poster in a crowded area or in an area where lots of people pass by.

   b. ATTENTION – Get their attention. Perhaps, while you are walking in front of him, try faking a slip. That way, the person will be drawn towards you and perhaps would notice your good attributes.

   Perhaps you can put lights or a spotlight on your poster so that people will see it.

   c. RESPONSE – This is the person's reaction to your behavior. If the person who saw you slip and fall approaches you and helps you stand up, then that is the response. The bad scenario is if the person saw you falling and did not even lift a finger. That is a negative response.

   For the poster, it could be people stopping for even just a few seconds to look at the poster.

   d ACTION – This is when the person responded positively to your efforts. Perhaps the person, upon seeing you fall said, "Are you okay? Would you like me to escort you to your house?"

   For the poster, it could be the person going to your cooperative to ask more questions about your program or to enroll in your program.

2. UNSTRUCTURED INTERVIEW – There is no strict set of questions to follow and you ask questions in no particular order. It may be just asking an opening question and then the next questions would depend on the answer they give you. All you do is note their responses.
3. GROUP DISCUSSION – Sometimes called Focus Group Discussion (FGD), this is when you assemble a group of people, place them in a room, give them the material and then ask them to critique. Sometimes there are set questions. Sometimes it is free-wheeling. Your evaluators would give you suggestions on how to improve the material.

   In an FGD, the following people are present: Moderator, Assistant Moderator, Reporter/ Note-taker, Participants, and Observers. The Moderator must be neutral. Do not use a moderator who has a stake in the results because he or she might influence the responses by asking leading questions or giving their opinion.
4. QUESTIONNAIRE
5. RECALL TESTS – This is when you show the respondents the material and then ask them what they remember about it. If they don't remember anything, that means you have to go back to the drawing board.
6. AWARENESS AND KNOWLEDGE TEST – This is when you ask them what they know or what they've learned from the material.
7. RANKING TECHNIQUE – You ask people to rank a set of materials for pre-testing to find out which is the best.

REINFORCEMENT ACTIVITY:

Pre-testing of Materials

- ***Facilitator*** — Grace and Mi-Ann
- ***Materials*** —
  - A film clip
  - A flip chart (the size of a short bond paper)
  - A 4-page comics leaflet
  - A poster (in regular sized bond paper)
  - Film projector
- ***Time Frame*** — 30 minutes

The Process

The participants were asked to regroup according to their dominant personality types. There were four types of communication materials available: poster, leaflet, comics and film showing (although the poster and the flip chart were not shown in their actual sizes for this activity). Each group was assigned one material to assess or evaluate in line with the following questions:

1. What is the central message or key message of the material?
2. Who are its intended audience?
3. What are my Wishes and Pluses? (Wishes refer to things they wanted to improve regarding the material scrutinized and pluses are those that they liked about the material).

Assignments were as follows:

- ❖ Poster – Visionaries
- ❖ Flip-Charts – Task-Oriented
- ❖ Comics – Nurturers
- ❖ Video/Film Clip – Critical Thinkers

Presentation

CRITICAL THINKERS – VIDEO CLIP

MESSAGE

The value or importance of rice

INTENDED AUDIENCE

The consumers of rice because the narrator said, *"mahirap ang paggawa ng bigas kaya huwag nating sayangin."* ("it is difficult to make rice so don't waste it")

WISHES

1. We hope the other processes in producing rice were shown so that people watching it would know how difficult it really is.
2. At the time they were showing the family of farmers harvesting the rice, the rice was still green. In reality rice is golden brown when ready for harvesting. We think it would be better if they were more realistic.
3. We hope the location were different. We think it would be better if they did not show the jeepney and the roads but instead show only rice fields.
4. The background music used is folksy and it is okay but it was too dry and slow, it could put the audience to sleep.
5. The pacing was also slow. Some parts were unnecessarily long when the air time could be used to show other more important information.

PLUSES

1. The film was realistic in showing what farmers wear to the field and what they eat — salted eggs and tomatoes. It is also true that the children help out in fieldwork.
2. It was good that they show a family eating together and working together. We were just wondering maybe it might be open to issues on child labor..
3. The dialect used, Tagalog, was also a good choice because it can be easily understood.

Comments from Others:

1. In real life, the farmers do not cook their food in the field. It is prepared beforehand and packed.
2. The presentation is not clear. The film seems old. The technical aspect is poor. It is as if it was made by amateurs.
3. Everyone was surprised when Annie explained that the film was actually made to send a message against child labor. The consensus was that because the whole film showed the

process of making rice, everybody thought that was the message.

Maybe the message against child labor was not recognized because it is common in the family of farmers to have children help in the field. This is an accepted reality. But if they have shown other situations, then maybe the message would be clearer.

NURTURER – FLIP CHART

MESSAGE

The benefits of social health insurance

TARGET AUDIENCE

Indigents and those from the informal sector. The flip chart was made for presentation to a small group of 20 to 25 people.

PLUSES

1. The flipchart is very colorful and attractive.
2. The caricature made it interesting to the audience.
3. It is easy to understand because the language used is Filipino..
4. There is a guide at the back of each flip chart for the one making the presentation. At the same time, it is hidden from the audience so as not to distract them.
5. The pictures encourage audience participation. This is because by just by looking at the pictures, the audience can already get the idea. It would not be difficult to generate audience participation.
6. The pictures also build-up. The first picture is connected to the next picture. So, the messages lead to one ending: and that is, to enroll in health insurance.

WISHES

1. There should be page numbers for easy reference.
2. On Page 2: The Caption *"Mga Panganib na hinaharap natin sa buhay"* ("The Risks We Face in our Lives") is too long. We can just write *"Panganib"* ("Risks") and it will still be understood.
3. On Page three, we would like to rephrase the caption "Pagkakasakit: Panganib na kayang Paghandaan at Agapan" (Illness: a Risk that We can Prepare For"). We suggest that it be modified to read: *"Panganib na kayang Paghandaan at Agapan."* ("A Risk that We Can Prepare For") So, we can ask the audience to identify it and we would be able to elicit their participation.
4. The picture in page 2 and 3 showing the sick person is also not clear. You can hardly recognize that he is sick and that what he has in his mouth is a thermometer. It looked more like a person smoking tobacco in bed.

NURTURER – COMICS

MESSAGE

You are protected with HMI. The real message is the importance of HMI

AUDIENCE

Our family and the community

PLUSES

1. In the front page, we see a happy family and immediately we get the message that though other people around them are falling, there are bills or money falling, they are happy and protected.
2. The language used is Filipino and easily understood.
3. The material is very informative.
4. It was very colorful and attractive.
5. There was a portion showing the other members of the barangay convincing Jojo's parents to join the HMI. We liked this part because it means that the barangay accepts HMI.

WISHES

1. There were many things we thought would be better to omit:
   a. On the second page in the upper right hand, was a list starting with "utang" ("debt"). We think this portion should be removed because it has a negative connotation and has no relevance to the whole concept.
   b. We do not see te relevance of the person exercising on the third page. Maybe it would be better to simply remove it.
2. The drawings were scattered and the people and objects were too close we can hardly identify them or separate one strip from the next.

Comments from others:

1. The picture on the first page very confusing. There was no clear delineation between the family and all the other things that were surrounding them like the ladder and the bills. Maybe it can be revised to show that the family is protected or maybe something can be done to sort of emphasize that the family is protected from all these.
2. At the back cover, it was written, "*maglagay ng iba pang kuwento… etc*" ("Place another story... etc."). We just wanted to clarify who would put the story there?

   ANSWER (from Annie): The comics, like all the other printed materials given to you for evaluation are still unfinished. This is because they have to be customized to meet the specific requirements of your Cooperatives and personalized according to the needs of your target clients. The back page of the comics is for you to write whatever stories on HMI your Cooperative members might have that you can input as a sort of testimonial. You will be given compact discs (CDs) containing the materials so that you can edit them and then send them back to us (ILO) so that we may help you in printing the final outputs.
3. The list where the word "utang" ("debt") was written, should not be deleted because it is relevant to HMI. It depicts what a typical Filipino resorts to when faced with illness risks. It also shows that from among the options available, the best choice would be to join the HMI

and that's why that option was checked. Perhaps the problem is that the word "Utang" ("debt") was larger than that on joining the HMI and so it was more noticeable. Maybe it would be better if the option on HMI is highlighted so as to give more emphasis on it.

4. The part on exercising is also relevant because we have programs on healthy lifestyles for the barangay. It serves to tell the readers that the Cooperatives have other programs under HMI aside from hospitalization or free consultation benefits.

VISIONARY - POSTERS

MESSAGE

Security for HMI members.

AUDIENCE

Typical Filipino family

WISHES

1. Color: We propose using brighter colors for the sketch showing the happy family. When you look at the poster, although it does show that the members of the happy family are smiling, the two scenes seem the same because they used the same dull color (brown). Maybe adding more color to that picture showing the happy family would differentiate it from the other picture.
2. Both families should have the same family composition. We had a discussion on why the upper picture shows a boy beside the mother while the lower scene shows a father. We were confused as to whether the boy beside the mother is actually the father or if the "*totoy*" (young man) is the "*tatay*" ("father").
3. We do not think a sketch is a good medium to market HMI because the scenes looked sad and dull. A poster should be attractive to catch people's attention.
4. The artist was able to show a happy family in the first scene and a problematic one in the next, especially with the little girl in the first picture clearly smiling, while looking really shocked in the next scene, but because the style used was sketching, some portions in the pictures were unclear:
    a. In the second picture, one can hardly determine if what the father held in his palm were coins or pills/medicines.
    b. It was also hard to tell if he is holding a coin bank, a glass or a pill bottle.
    c. The location was also not clearly depicted. For the first scene, it was hard to tell if the mother was in the hospital, at home or somewhere else. The first scene hardly differs from the next.
    d. In the first scene, there was somebody else in picture supposedly wearing white but we were not sure if it were the nurse because she wasn't wearing a cap. Some of us thought it could be a church mate praying over her.

5. Regarding the text: We suggest highlighting the word HMI by using bigger fonts. Spelling out what the acronym means below it would also be good so that people reading it would already know what HMI meant.

Comments from Others:

1. At the lower portion where it was written, "*Sali na sa HMI.*" ("Join HMI now.") followed by the address of ILO. We think it would be better to include the name of the Cooperative so that instead it would read: "*Sali na sa Tagpako HMI.*" ("Join the Tagpako HMI now")
2. The sentence "*Ano ang gusto mong eksena?*" ("Which scene do you prefer?") was halved, with the latter part of the sentence continued after the first illustration. It does not follow eye movement. It would be better if they wrote the whole thing on top and then showed the two scenes. "Follow eye movement" is a basic principle in making visual aids.
3. There should be a facilitative message at the bottom. It was written there, "*Sali na sa HMI*" ("Join the HMI now") but aside from the office of ILO in Makati, there seems to be no other means of joining the HMI. Putting the cooperative's name address and contact number would have been more helpful.
4. Maybe a sketch is not a good medium for this message because if the one reading it is quite old, they might not understand what it is about. A colorful poster is better.

WORKSHOP 5 —

Action Planning: The Next Steps – Mi-Ann

The Process

The participants were asked to regroup according to provinces and are given three matrices:

1. SOCIAL MARKETING MIX MATRIX — It was explained that the answer to the matrix would come from the 8 worksheets accomplished during the other workshops. All that is left to be done would be to plot the responses. Since completing the matrix is no longer for academic purposes, the participants are expected to identify all their target audience and not just one.

   The main interest of the facilitators are the source strategy, the messages, the channel and the dissemination aspects. Dissemination refers to the particular type or format of the selected channel. If the channel would be a poster, then dissemination would tell where you will post the material. If the channel is television, the format may be a TV plug in Channel 2, at 11 am, in advertisement style.

   The Social Marketing Mix will be the participants' thinking pad for their social marketing plans.
2. ACTION PLAN — The participants are expected to come up with an Action Plan for the whole year, indicating the activity, the time frame and the persons assigned according to the activity.

   The time frame area should be shaded as if drawing a Gantt Chart. The importance of the Gantt Chart is that it shows which activities will be done simultaneously and when each activity is expected to start and end.

3. IMMEDIATE ACTION PLAN — A Cooperative's two-month plan covering June 1 to August 1 must be drafted. The focus of this matrix is to identify the various the information dissemination activities the cooperatives would be conducting to have more people understand their health insurance program. Thus, the participants would have to indicate whether they would be conducting briefing seminars, meetings, direct mail or spread information via text, etc. They were asked to identify at least five activities.

The first two worksheets will be take-home exercises that the participants are supposed to accomplish in their barangays. These should be submitted afterwards, to be collected by the ILO/STEP staff (Annie and Eloi).

The third matrix is to be accomplished and submitted during the workshop. The participants were given 30 minutes to complete Matrix # 3. They were no longer asked to present their matrices but an account of their responses may be perused in *Tables 11 to 19*.

TABLE 11. Immediate Action Plan of TAGPAKO, Misamis Oriental

ACTIVITIES	DATE	RESPONSIBLE PERSON
• Schedule meeting with BOD members DAR-AP to re-echo the training on "Promoting Health Micro-Insurance to Local Communities"	18 June 2004	DARRO/DARPO/ Point person
• Orientation on DAR-AP with the Coop members who have not enrolled in SHI using different marketing strategies discussed	9 July 2004	DARRO/DARPO/ DAR-AP point person/ MARO/DF/ BOD
• Follow-up activity: point – House to house/personal contact	12 June --- continuing	BOD and DAR-AP person
• Conceptualize posters and fliers and billboard and preparation of report — requirements for PIA	23 July 2004	DARRO/DARPO/ DAR-AP point person/ MARO/DF/ BOD
• Resource accessing for information materials: – Billboards – Posters	26 July 2004	BOD members/ DAR-AP point person
• Submission of reports to PIA	27 July 2004	DARRO/DARPO

TABLE 12. Immediate Action Plan of Bohol

ACTIVITIES	DATE	RESPONSIBLE PERSON
• Review on Policy, Systems and Procedures during meetings	2 June 2004 (pm)	BODs, DAR-AP Staff, DF and Provincial Coordinators
• Conduct one-on-one contact thru home visitation with Bicao, DAR-AP Staff	1st week of June 2004 to 1st week of August 2004	DAR-AP Staff, DF
• Gather all Coop officers and DFs of 5 barangays in ARC-Bicao	2nd week of June 2004	DAR-AP Staff, MARO, DF Regional Coordinator and Provincial Coordinator
• Attend Coop meetings and disseminate information drive of DAR-AP to 4 expanded barangays with RC, PC, DF and DAR-AP Staff	Buenavista - 15 June 2004 Guadalupe - 26 June 2004 Katipunan - 20 June 2004 am Pob. Norte - 20 June 2004 pm	DAR-AP Staff, MARO, DF, RC and PC
• Create communication ad for radio announcements and posters	4th week of June 2004	DAR-AP Staff, DF, RC and PC
• Completion of take home assignments	1st week August 2004	DAR-AP Staff, DF, RC and PC

TABLE 13. Immediate Action Plan of Esperanza, Isabela

ACTIVITIES	DATE	RESPONSIBLE PERSON
• Confer to BODs and officers regarding the activities on SHI for the months of June to July	8 June 2004	Coordinators
• Production of IEC Materials Initial number of copies — 200	10 to 24 June 2004	BODs, Officers, Coordinators
• Conduct of info dissemination	30 June 2004	BODs, Barangay Council,
and distribution of IEC materials	2 July 2004	Coordinators
• Meeting with BOD for M/E	13 July 2004	
• Home visit	7 July 2004	BOD, Barangay Council, Coordinators
• Completion of Action Plan	2nd week of June	Coordinators

TABLE 14. Immediate Action Plan of SARBEMUPCO, Agusan, Caraga Region

ACTIVITIES	DATE	RESPONSIBLE PERSON
• Review of Policies: – Formulate/re-formulate DAR – Presentation of the improved PSPs to all members of MHI DAR	1st week of June 2004 2nd week of June	BOD, MHI Staff, BOD, MHI staff,
• Design MHI flyer (reproduction) DAR	3rd to 4th week of June 2004	BOD, MHI staff,
• Information drive re: MHI to DAR ASCARRD	July 2004	BOD, MHI staff,
• Re-visit potential members (those who already filled-up application forms)	June to July 2004	MHI staff, BOD
• Completion/submission of 1-year Action Plan and Social Marketing Mix Matrix	Last week of July 2004	MHI staff, DAR

TABLE 15. Immediate Action Plan of Angono

ACTIVITIES	DATE	RESPONSIBLE PERSON
• Briefing about HMI with different Group/organization coordinators	4 June 2004	Technical Working ILO
• Meeting among their groups different (organization level)	9 June 2004	Coordinators of organizations
• Meeting with coordinators Group – consolidation of concerns	2 July 2004	Technical Working and coordinators
• Formulation of policies representatives organizations	16 July 2004	TWG and of different
• Polishing of Policies representatives organizations	23 July 2004	TWG and of different
• Submission of assignments	1 August 2004	

TABLE 16. Immediate Action Plan of Mangloy, Compostela Valley

ACTIVITIES	DATE	RESPONSIBLE PERSON
• Conduct re-echo seminar to BOD/ Chairman	May 31, 2004 till	Chairman/Vice
Cooperative staff	2nd week of June	Account Officers
• Design/Develop a system to Chairman/	Last week of June	Chairman/Vice
develop marketing plan		Account Officers
• Identify the target areas to be covered by SHI	1st week of July	BODs
• Prepare leaflets/brochures	2nd week of July	Secretary and
Account Officers		
• Conduct orientation/ information	3rd week of July	BODs and Account
Officers		
dissemination on SHI to the segmented target audiences	to August 1, 2004	

TABLE 17. Immediate Action Plan of San Francisco MPU, Bulacan

ACTIVITIES	DATE	RESPONSIBLE PERSON
• Send information letters	1 to 15 June 2004	Management Staff
• Conduct informal group discussions	1 to 30 June 2004	Point persons & Coop
officers		
• Conduct home visits on perspective other	1 to 15 July 2004	Point persons and
enrollees		Coop officers
• Orientation for walk-in clients	1 June 2004 to 1 August 2004	Management Staff
• Pre-processing of application	16 July 2004 to 1 August 2004	Management Staff
• Completing the Assignments	1 June 2004 to	Coop officers and
attendees	1 August 2004	of Social Marketing
Seminar		

TABLE 18. Immediate Action Plan of North, Nueva Ecija

ACTIVITIES	DATE	RESPONSIBLE PERSON
• Conduct special meeting with the BOD and staff regarding SHP activities	5 June 2004	PC and DF
• Conduct information drive on activities regarding SHI "assembly meeting"	15 June 2004	PC, DF, BODs
• Production of flyers, brochures to be and distributed to target members (150 pieces)	20 June 2004 to 15 July 2004	PC, DF, BODs Staff
• Conduct House-to-House visit to and those target audience who doesn't want to enroll	16 July 2004 to 23 July 2004	PC, DF, BODs Staff
• Monitoring and evaluation regarding and SHI enrollees	24 July 2004 to 1 August 2004	PC, DF, BODs Staff

TABLE 19. Immediate Action Plan of CIABU, Leyte

ACTIVITIES PERSON	DATE	RESPONSIBLE
• Schedule meeting with DAR-AP committee for the conduct of orientation on Promoting Health Micro-Insurance	1 to 2 June 2004	DAR-AP Regional Coordinator
• Conduct orientation with the BOD Regional/ and DAR-AP Committee Coordinator	5 to 6 June 2004	DAR-AP Provincial
• Preparation of information materials Committee and pre-testing of materials	7 to 12 June 2004	DAR, DAR-AP Officers
• Conduct general assembly and Officers distribution of information materials	14 June 2004	DAR, Coop
• House-to-house campaign and distribution of information materials Committee (including posting of information materials)	15 June 2004 to 25 July 2004	Coop Officers and DAR-AP
• Compliance of required reports Charge	26 to 29 July 2004	DAR, Coop-in-
• Submission of report	30 July 2004	DAR-AP Regional Coordinator

CULMINATING ACTIVITIES

Commitment Ritual

- ***Facilitator*** — Grace
- ***Materials*** —
  - Colorful cartolina cut-outs of common vegetables
  - A mural of cartolina cut-outs depicting a verdant garden with flowers, grass and butterflies
  - Masking tape
  - Ballpens
- ***Time Frame*** — 5 minutes

The Process

In the front part of the room, are posted colorful cartolina cut-outs that portray a garden. The participants were handed out cartolina cut-outs of vegetables and were instructed to internalize the events and learnings on the past few days and then decide on their commitments to HMI. They were asked to write their commitments on the cartolina cut-outs handed to them and like farmers tending the garden of HMI, they were asked to post their work on the mural. The commitments the respondents made may be perused in the ful report.

Workshop Evaluation

The participants were handed a three-part questionnaire that they are to answer regarding the 4-day workshop. A copy of the evaluation tool may be perused in Appendix C while a tally of their responses is presented in *Appendix D*.

CLOSING CEREMONIES

Awarding Ceremonies:
Group (Dominant Characteristics) with the most points

To recognize the efforts of the group who did exceptionally well in the workshop activities and bested the other groups as evidenced by their accumulated points, Annie announced the winners of the mini-contest. The order of points gained were as follows:

- 3rd runner-up with 118 points – Critical Thinkers
- 2nd runner-up with 125 points – Visionaries
- 1st runner up with 130 points – Nurturers
- **The winner with 135 points – Task Oriented Group**

Mr. Naidu was then asked to present the winners with souvenir t-shirts bearing the ILO logo.

Presentation of Certificates

Due to time limitations, the certificates were not handed out to the participants, one-by-one but a sample was shown to the participants who were reminded to claim their certificates of attendance and their souvenir photograph with Mr. Blenk before they leave.

PARTICIPANTS' FEEDBACK

Impressions of Participants Regarding the Workshop

Two participants were requested to make a short speech on their experiences, thoughts and feelings regarding the workshop to give provide the workshop organizers a quick purview of the workshop. Their speeches were as follows:

- **DORA ROQUE OF SAN FRANCISCO, BULACAN**

  I would just like to share that when I was going here, I didn't know what to expect. I am just new in the Coop and I am not used to its activities and processes. I did not know what I'll find here but I was really overwhelmed by the workshop venue, the hotel... When I came here I was not expecting that I'd have a great time and enjoy. Before the workshop, I really had no idea on HMI but now, I'll be coming home knowing everything about it. I am already planning what to do and I will really do my best to encourage the other Coop members to be HMI members, too. I really commit myself to health insurance.

  I was so impressed, I am speechless. The food is delicious and is available everywhere you go. The facilitators were really experts. They are all good and all the activities were very lively. The seminar wasn't boring at all and I don't feel like going home yet. So, we are all looking forward to another seminar like this. I gained so many friends.

  Perhaps, this is the right time to express my gratitude for being given the opportunity to attend a seminar like this. There are three of us from Bulacan who have been enriched with this experience. So, thank you so much.

- **ABEL TOCMO OF DAR, COMPOSTELA VALLEY**

  Good afternoon to all. I would like to re-affirm what Dora said about the venue, the facilities and the facilitator. But there is one thing I would like to share to all of you. I have been hearing of social marketing for a long time now from our provincial officers but I did not understand then what social marketing was about. So, I am thankful for having been given the chance to attend this training because it made me realize that there are things we do in the field that are already social marketing strategies. So, my knowledge was enhanced. While we have been carrying out social marketing activities in the field, this seminar has enhanced and reinforced our learning. We are made to realized that there are other aspects of it, that we could use to forward the concept to the farmers.

  To ILO, thank you for the opportunity, for making it possible for me to be here.

CLOSING REMARKS —
Mr. Naidu, OIC of ILO

A very good evening. It is indeed a pleasure for me to be here in your closing day of this 4-day seminar on social marketing insurance.

Social protection is one of core problems we are facing here in ILO. Addressing the concerns of illness in the Philippines, and the need for social protection, we see that the informal economy is one of the fast growing economies all over the world. The formal sector, that is where you have employer-employee relations, regular income by means of wages, is becoming less and less. The formal economy is shrinking. It is a global phenomenon and it came into by the globalization of economies where the competition is increasing day by day. For example, the products that are produced in China are cheaper than the same product we make in the Philippines.

Therefore, what is happening is that the industries are becoming more and more competitive. As the competitiveness is increasing, the informal sector has grown in many economies. So many industries are now outsourcing their products and the contract system is also increasing day by day. Part-time work is also increasing day by day. Home-based employment is also increasing day by day. And finally, the informal economy is expanding day by day. This is the reason why the ILO is putting a lot of emphasis on increasing the benefits of the informal economy.

The informal economy is not an economy that is like the formal economy. The informal economy is deprived of many, benefits that the formal economy always had. Social protection, and wage and other benefits that could be accrued by law are not extended to the informal economy. Therefore, it is very important that all of you from the informal economy should try to work together to strengthen the informal economy, and to organize the informal workers into an organizational whole like cooperatives and various other organizations.

When we talk about social protection, it does not mean only social insurance. Social protection has many attributes. There can be pension schemes. It can be unemployment schemes. There are various other schemes. Under social protection there are also various other schemes. Like the environment you are working should also be conducive and safe. All these are part of social protection.

I can see from you that many are you are coming from the rural and informal economy. I am very glad that you are also one of the constituents of the informal economy and you are also workers in the informal economy. We are pleased that we are working with you to improve the socio-economic status of the workers and supporting the innovative means of extending social protection like health care, micro-insurance leading us to the goal that all women and men workers would be covered by social protection.

I am pleased to see one mother is really from the informal economy and she is doing the informal economy along with the baby. This is something very appreciative of her — having the courage and the interest to ensure that the workers of the informal economy, not only just to secure wages, but also looking at family life. (*Addressing the mother*) I thank you for bringing along, (*addresses the whole group*) and I hope all of you will appreciate her bringing her child while also having the courage and the interest to serve the interest informal economy. She is a good example of one who balances her family with her work.

Finally, I would like to say to all of you that I hope that you could carry on with more confidence in bringing social protection to all workers, especially to those in the informal economy because those from the informal economy are most deprived of all the benefits that we have in the national labor legislations. In many economies, social insurance has not been extended to the informal economy.

I hope that through this training you have formed some idea, some interpretation, some training, on the need to extending social protection for all. I am sure that this 4-day seminar has benefited you for the improvement of your organization and the informal economy in the Philippines.

I would like to wish you all the best. Thank you.

Message from the Facilitators

Mi-Ann took center stage and make a short yet warm speech on behalf of the facilitators, to formally end the four-day workshop.

> *"So we now formally close our four-days together. I hope we could all enjoy a nice trip back home, back to the warm hugs and kisses of our loved ones. But before we end, Grace here has a nice treat for us. Congratulations everyone!"*

FINAL ACTIVITY- Story of the Seed

Everyone was asked to stand up and form a big circle. Each was asked to raise their arms sidewards until the hands is at the level of their shoulders. The palms of their right hands should be facing the sky while those of their left hands should be facing down. The instruction given was that Grace would be reading a short story about a seed. Each time the word "seed" is mentioned the participants must make an effort to catch the left hand of the person in their right while trying to avoid being caught by the right hand of the person in their left.

Post-workshop Activity

As the participants claimed their certificates, Annie distributed sets of reading materials on social protection that the ILO has produced and a CD copy of the visual aides critiqued by the participants so that they may be personalized by the Cooperatives themselves.

For more information, please contact:

International Labour Organization
Subregional Office for South East Asia and the Pacific

19th Floor, Yuchengco Tower
RCBC Plaza, 6819 Ayala Avenue
Makati City, 1259 Philippines
Tel. No.: (632) 580-9900
Fax No.: (632) 580-9999
http://www.ilo.org/manila