

THE FAD TEENHEALTHQUARTERS (THQ) PROGRAM: Using Social Franchising to Advocate Adolescent Reproductive Health

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“**T**here is a large proportion of young people in the Philippines: 37 percent of the population is under 15 years of age. As this large group of young people enter their reproductive years, they will produce more children than did their parents’ generation. Ultimately, the size of the population in 2050 in the Philippines will depend on how many children today’s youth have. Their access to reproductive health services and information is key to helping today’s youth achieve their desired family size.”

Population Reference Bureau, *2004 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2004).

INTRODUCTION:

For quite some time, FAD President Aurora Silayan-Go had been facing a predicament – what to do with the Teen Healthquarters (THQ) that had failed to honor its commitments in Tarlac. Should she allow another franchisee to take over – the local government has expressed willingness to take the THQ under its wings and revitalize it... or should she give the present coordinator another chance? As these questions run endlessly around in her head... she remembers the first time that she and a group of six feisty young health advisors of the Manila Center for Young Adults (MCYA) embarked to create the Foundation for Adolescent Development.

THE FOUNDATION FOR ADOLESCENT DEVELOPMENT (FAD)

In 1988, the Foundation for Adolescent Development was organized to focus on adolescent health and sexuality concerns. The organization was created with the mission to “help young adults develop their potential to become whole and emotionally secure through proper value formation thereby making them self-reliant and productive individuals and responsible members of the community.”

Mission and Vision

FAD’s approach is centered mainly towards education/value formation and focuses on sexuality as a vital concern of adolescent development. FAD believes in the effectiveness of developing activities that would

encourage youngsters to understand traditional values, attitudes, behavioral situations relationship issues that may lead to unplanned and early sexual activities.

Why focus on teen-agers? Current statistics at the time show that the said age group's preponderance to engage in premarital sex unarmed and unaware of the dangers they pose:

- For the year 2000, about 1.7 billion people, more than a quarter of the world's population, were between the ages 10 and 24, with 86% living in less developed countries.¹ According to a World Bank report on Millennium Development Goals and Youth Reproductive Health, in the world's poorest countries, 30 to 40% are between the ages of 10 and 24, the age group defined as the 'youth'. Here in the Philippines, the youth comprise 20 percent of the total population with 15.1 million out of the 76.1 million Filipinos enumerated in the 2000 census. (State of the Philippine Population Report)
- Premarital sexual intercourse is common and appears to be on the rise in all regions of the world. Studies of female youth suggest that 2-11% of Asian women have had sexual intercourse by age 18; 12-44% of Latin American women by age 16; and 45 to 52% of sub-Saharan African women by age 19.²
- Here in the Philippines, statistics culled from the Foundation for Adolescent Development reveal that 25% of Filipino youth are already mothers by the age of 20. While 16% of the 400,000 induced abortions per year are committed by teenagers. On the other hand, 62% of reported STI and HIV-AIDS infections are teenagers aged 15-24.
- The youth face greater reproductive health risks than adults since they take greater risks in general, including having unprotected sex and greater vulnerability to sexual pressure, coercion and exploitation.³

Through the years, FAD has evolved a wide range of strategies and approaches that emphasize the preventive aspect of young people's health and sexual concerns: information-education, counseling, youth-to-youth intervention, behavioral skills modeling, entertainment for education, referral to other agencies and provision of select medical services.

FAD projects include a campus-based program to mobilize student/peer facilitators, a telephone hot-line that provides counseling, an extensive referral network, a website that provides frank information on sexuality and entertainment for educational programs using video tapes and other techniques.

As such, the Philippine Center for Population and Development (PCPD) shared the same vision and had partnered with FAD in numerous projects. For instance, the PCPD supported FAD in making its website more attractive to young people and hopefully be a sustainable service of FAD sustainable. It hopes that with the improved website, FAD shall continue to provide online information and support to young people on matters pertaining to adolescent reproductive health. Among the improved features of the site include: downloadable ringtones, chatroom, calendar feature, blog, online polls and email announcements – all designed to make the FAD website more enticing to the youth of today.

¹ Boyd A. *The World's Youth 2000*. Washington, DC: Population Reference Bureau, 2000.

² Brown AD et al. *Sexual Relations among Young People in Developing Countries: Evidence from WHO Case Studies*. Geneva: World Health Organization, 2001.

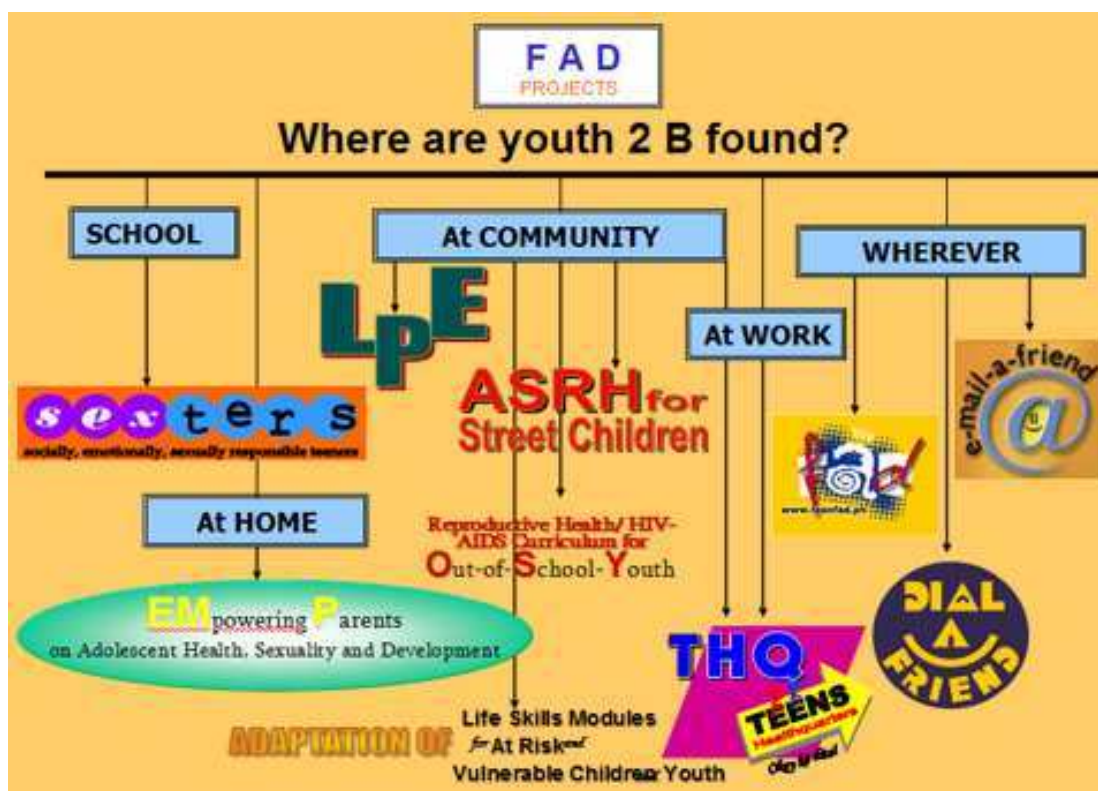
³ Center for Reproductive Law and Policy Fact Sheet on HIV/AIDS, Children and Adolescents

Another project developed in coordination with PCPD is called “Empowering Parents on Adolescent Health, Sexuality, and Development” which explored how school PTAs can be tapped to educate parents on such matters as what to expect during adolescence, teen sexuality, and health issues and the importance of the parent-child relationship⁴.

STRATEGIES/PROGRAMS:

To accomplish the organization’s mission and objectives, FAD works with schools, government agencies and other non-government organizations to provide information and services on adolescent reproductive health for the youth. It has developed programs addressing youth where they are found: in the school, out of school, in the community, in the streets and on the internet.

STRATEGIES



THE TEENHEALTHQUARTERS (THQ) PROGRAM

In 1994, FAD developed a program that does not only provide information but also included medical services under one roof. In essence, it wanted to establish a one-stop shop for teenagers where both reproductive health and information and services are made available regardless of marital status.

The THQ concept originated from a Community-based Health and FP program for Young Adults which was initially implemented in three urban communities in Manila: Binondo, Sta. Ana and Pandacan and in two urbanized sites in Imus, Cavite: Alapan and Anabu. An additional site was opened in Brgy. Sta. Cruz,

⁴ Ortiz, Antonio. *Solo Parents: Hope for the Lonely*. Popdev Media Service Volume 1 No. 6, 2003.

Dasmariñas, Cavite. After a time, the project was reorganized and renamed ‘Teen Healthquarters (THQ) Barkada mo sa Kalusugan’ to emphasize its being a youth-friendly enterprise.

In 2000, FAD decided to replicate the concept in more areas using the social franchising concept. With the help of Lucille Packard Foundation, FAD adapted the THQ with four partner agencies in four pilot areas : the Baguio Center for Young Adults, Inc. in Baguio City, Municipality of Dasmariñas in the province of Cavite, the Responsible Parenthood - Maternal and Child Health Association of the Philippines in Santa Rosa, Laguna, and Luisita Realty Corporation in Tarlac City.

All four THQs created were designed as a model teen center with a mission of making accessible to young people information-education, values clarification, behavior modeling, and select medical services relevant to sexual and reproductive health needs for the youth. The standardized medical services combine both general health such as dental care, skin care, blood typing and weight management together with the reproductive and sexual health such as pregnancy tests, pap smear, STI management, Hepa-B vaccination and even circumcision.

THE SOCIAL FRANCHISE MODEL

Social franchising bases its techniques on the commercial franchise model in order to provide a greater number of people with access to social services. According to Carlos Cuellar of Abt Associates, “Franchising is a mechanism for replicating a proven business strategy.”⁵ Franchising, whether social or commercial, basically entails a transfer of products, knowledge, techniques from the franchise owner to a ‘buyer’ who gets subsequent rights to use /sell the said knowledge and techniques, usually in a particular geographic area and under certain rules and conditions.

Social franchises offer a common database, logo, quality standards, marketing and training for personnel. Traditionally, franchisees own much, if not all, of the physical assets of the business, while the franchisor owns the brand name and business format. Sometimes, the franchisor receives a percentage of the revenue earned by the franchisee and remains in strategic control of the business through periodic monitoring of adherence to quality standards.

Four models of social franchising were identified: the joint venture, community-based, private provider and governmental. FAD utilized all four models in the different Teen HealthQuarters program it developed nationwide although some of the models have overlapping characteristics and may not be mutually exclusive.

Ms. Go, who also acts as FAD Franchise Director for the THQ Project recalled that during that time, the concept of franchising was relatively new and was not easy to explain to hard-nosed businessmen whose bottom line is profit. She had bit of difficulty convincing them to prioritize operational viability and sustainability, instead of profitability. The challenge, she says, lies in blending the economic objective with the social mission of developing responsible young adults. She had to make them realize that ... ‘greater satisfaction is earned from achieving the social mission of educating our nation’s youth, the THQ centers need to only earn enough from the medical services to sustain operations’.

⁵ Cuellar C. *Social franchising of health services: Third generation social marketing*. Washington, DC: Commercial Market Strategies, 2001.

The THQ experience in the four pilot areas: Lessons Learned

THQ BAGUIO

There were quite a number of reasons why Baguio was chosen to be among the four pilot areas for the establishment of a THQ. The first was its location – being the ‘education center of the North’, Baguio is a melting pot of students from neighboring provinces like Pangasinan, La Union, Zambales, Cagayan Valley, the Cordillera provinces and Metro Manila. As of 2004, there were already 43 secondary schools, 7 colleges and universities, 37 vocational schools, with 28,721 students in high school and 67,560 students in college⁶.

The total population of Baguio city in 2005 was estimated at 285,000 making the student population account for half. The city’s cool climate and laidback atmosphere, freedom from adult supervision and raging adolescent hormones make for a highly combustible combination. This made Baguio city a very fitting location to embark a center specially designed for teens.

The Baguio Center for Young Adults (BCYA) was chosen to operate the Teenhealthquarters Baguio (THQ Baguio) due to its 19 years working experience with the adolescents of Baguio City. Marlene de Castro, THQ coordinator and concurrent executive director of BCYA proclaimed, “It is just natural that we would be the one to operate THQ in partnership with FAD because we are the pioneers here in Baguio City.”

Though their expertise in the field of adolescent reproductive health gave them an edge over the other teen centers in the city, there were other factors that contributed to the THQ’s success. The first is accessibility or proximity to clients: the convenient location of the THQ (at Assumption Road, at the heart of the city proper) makes it easily accessible to the different universities and colleges in the area. Most of the THQs client schools require them to provide the students with ARH information and services like counseling. Such educational sessions aims to increase the students’ awareness on a variety of topics – ranging from premarital sex, drugs, teenage pregnancy, etc. The THQ staff of Baguio considers each session successful especially if it generates clients for the THQ center. Generally, for every 20 students reached through an educational session, at least two (2) visit the THQ for counseling or other medical service while others refer their friends to the center for services like pregnancy testing, STI screening, or Hepa-B immunization.

Another factor that contributed to the Baguio THQs success is the affordable quality medical service they are able to provide. Baguio THQ Medical Service Provider, Ms. Charlene Parago shared that, “Compared to the private clinics and hospitals nearby, we are able to offer medical services at lower and subsidized prices. This is because our doctors do not charge consultation fees since we are maintaining them on a voluntary basis.”

Still another factor for their success is the wide array of networks that the BCYA has established all these years. The linkages with numerous allied organizations have enabled Baguio THQ to establish a referral system with a wide network of allied organizations. This then ensures that their clients are attended to by professionals and organizations best equipped to handle them.

Community Relations Officer Flory Nabusan also disclosed that “the primary factor for their THQ’s success was because they do not wait for the clients to come in and ask about the THQ services... instead, we go out beyond our doors to look for them.” For instance, when they learned that some schools required

⁶ Data from the 2005-2010 Medium Term Development Plan authored by the Baguio city government.

Hepa-B immunization for their students, they immediately inked an agreement with school authorities for THQ Baguio to provide their students with Hepa-B immunization. While conducting such immunization service, they make sure to keep clients informed by showing ARH videos on related topics like HIV/AIDS, sex myths and methods of protection by using immunization as an entry point.

They also linked up with the different guidance counselors of schools like the Cordillera Career Development College, the University of the Cordilleras, even PMA to have ARH topics integrated in their schools' guidance program. The THQ staff then conducted educational sessions in said schools on modules like drug abuse, sex myths, HIV/AIDS and Gender and Sex.

Baguio THQ also had the temerity to ink agreements with the dormitory administrators (AD) in order to reach the migrant students of Baguio city. They have also managed to network with the Baguio Association of Hotels and Inns (BAHAI) and the Baguio Nightspots Association (BNA) to gain access to hotels, bars and massage parlors. They conducted IEC sessions on STI/HIV/AIDS prevention for young commercial sex workers and established THQ corners (where brochures/leaflets on ARH are put up) in the premises where they work. They also provided cheaper condoms and pills since they buy said items by the bulk and can thus afford to sell them to clients at five (5) percent less than the prevailing prices in drugstores.

They also regularly participated in the 'Pasadang Pambarangay', the weekly outreach program organized by the Baguio City government aimed to reach out to out-of-school youths in the different barangays in Baguio. Every Friday, THQ Baguio joins other GOs and NGOs in a caravan to deliver services to a chosen barangay. They set up a booth where they conduct educational sessions and provide medical services like monitoring blood pressure and FP counseling. At times, they also provide contraceptive supplies like condoms, pills and injectables. 'Pasadang Pambarangay' is covered live from 11:00 am to 12:00 noon by the government radio station DZEQ.

Without a doubt, THQ Baguio has fulfilled its mission of providing reproductive health education and services to the youth of this university town while at the same time achieving viability and sustainability as a franchise. Nevertheless, it shall continue to aspire to continually improve its market reach through more comprehensive networking. After all, it has to maintain its stature as the longest-running THQ to date and being the most successful insofar as sustainability is concerned.

THQ LAGUNA

The Laguna THQ is another success story with the THQ cornering the pre-employment screening market being strategically located within an industrial zone and headed by Lulu Fernando, the HR manager of one of the largest Japanese firms in the area. In Shindengen Philippines Corporation (SDP), Ms. Fernando proudly claims to "...have maintained a low pregnancy rate of 3 to 6 percent among its employees, in spite of more than 100 percent increase in the number of employees." This, she attributes to the unique pre-employment medical examination that Shindengen employees undergo at the Teenhealthquarters in Laguna. 'There is no clinic in the entire Philippines who offers reproductive health as an add-on to its pre-employment examination', she added.

In THQ Laguna, aside from the standard pre-employment medical examination consisting of urinalysis, stool examination, CBC and chest x-ray employees are made to undergo RH educational sessions. These sessions come in the form of print materials, video showing, small group discussion, one-on-one consultations, and when necessary counseling. The educational themes focus on issues that concern young, single workers like contraceptive methods, sexual harassment, sexual myths, and HIV/AIDS.

Aside from conducting pre-employment medical exams, THQ Laguna also provides a wide range of RH information and services to its clients. For instance, at Shindengen, they provide doorstep medical services like pap smear and x-ray services right on the company services, thus maintaining productivity levels. This also saves workers time, effort and money because they do not have to go on leave to have the examinations.

According to THQ Laguna coordinator, “the income from pre-employment medical examinations is their primary revenue-generating measure. In spite of the relatively higher cost of pre-employment examination at the THQ, our list of clients is slowly growing as more and more employers realize the value of their young workers’ reproductive health and well-being to the company’s productivity.”

THQ Laguna is being managed by Responsible Parenthood-Maternal and Child Health Association of the Philippines (RP-MCHAP) which has been promoting responsible parenthood in companies since 1985. By partnering with FAD, RP-MCHAP saw an opportunity to expand its market and address the concerns of the increasing number of young and single workers. It has been operating the THQ center since 2000 except for a brief period when they relocated offices from Sta. Rosa to Canlubang in order to reach a wider range of clientele.

THQ CAVITE

But not all four pilot areas flourished. In Dasmaringas, Cavite FAD was forced to transfer the operations of their THQ from an LGU operator, the Municipality of Dasmaringas to a private NGO. At present, the THQ of Cavite is located at Brgy. Paliparan and managed by the Dela Salle Community Development Center, the social arm of the Dela Salle school in Cavite.

The original THQ coordinator, Mayor Elpidio Brazaga failed to fully give his all-out support to the THQ originally located in Brgy. Sta. Cruz 2, Dasmaringas, Cavite. Unlike in the current arrangement with the LGUs, the barangay merely relied on the UNFPA funding and was unable to enact legislation that would allocate the necessary funds to continuously sustain the THQ operations.

It was just luck on the side of the THQ in Cavite since another franchisee was willing to adopt it. After a year of non-operation, the THQ was moved to Brgy. Paliparan, where it continues to operate in cooperation with the barangay captain in the area. The barangay provides for the utilities and supplies of the THQ but the actual management and operation of the THQ is handled by Dela Salle. For the past two years, the THQ has undergone a period of adjustment. Being a Catholic institution, the medical service provider can only supply natural family planning methods and information. They could not dispense artificial FP materials like condoms and pills although they can issue prescriptions for it which they can then avail at the nearby health center.

THQ TARLAC

In Tarlac, their chosen franchisee was a private company that placed the THQ within a popular mall. The THQ closed, however, when the mall closed and changed owners. Apparently, the THQ failed to generate enough funds to sustain its operations.

OTHER THQs

In 2005, UNFPA subcontracted FAD to launch more teenhealth centers in the poorest provinces of the country. FAD agreed but on the condition that it will also help in launching five more sites in Metro Manila. Thus, it was able to introduce THQs in the five Metro Manila LGUs of Caloocan, Valenzuela,

Pasig, Las Pinas, and Quezon City. Of these sites, it is only Valenzuela that has been launched in 2005 together with the THQs in Brgy. Paliparan in Cavite and Marikina.

Of all the THQs, the Marikina site is unique in that it was not chosen by FAD and neither was it a priority of any foreign donor agency. But the city officials, particularly the Mayor and the City Health Office saw the need and viability of operating the THQ in their area so they paid the franchise fee on their own and adopted the franchise to operate in Marikina. At present, the Marikina THQ is the biggest of all the THQ centers nationwide.

FAD Project Coordinator Jill Alvarez proudly proclaims that the THQ has proven its flexibility and applicability in the different sites it has operated over the last seven years. It has proven that franchising Sex Education is possible. In fact, the FAD Teens Health Quarters will soon start negotiations to operate in the three Bohol Municipalities of Carmen, Ubay, and Talibon. FAD has been subcontracted by the UNFPA to establish these Teen Centers in the Community as part of the provincial Reproductive Health Program with the THQs representing the Adolescent Reproductive Health component. Similarly, UNFPA has enabled FAD to look into the possibility of starting operations in the Mountain Province particularly in Sagada.

CHALLENGES FACED BY THQs

Operational Viability

This is the most challenging aspect of the THQ project. Each branch attempts to do its best but most of the Program Coordinators shared that when foreign funding ends, they have found it difficult to sustain operations by simply relying on the income generated by the center. It is usually only the THQs operated in partnership with LGUs (THQ Marikina and Valenzuela) that can claim to be more or less secure in matters of funding since their maintaining/operational expenses are regularly appropriated from their annual budget.

Some THQs have relied on their THQ best-sellers to sustain operations – like THQ Baguio which provides cheaper Hepa-B vaccines to promote their THQ. After 2005, they have also started offering their IEC sessions to schools for a fee – Php 500 for an hour's session with about 200 students. Even their handouts are charged but only minimally. They have also ceased giving out FP supplies for free during outreach missions although they can still afford to sell them at reduced rates due to bulk purchasing.

Other THQs have chosen to expand their clientele like the THQ Laguna which decided to offer their pre-employment package with the other companies within the industrial zone. Many employers tend to avail of their services since workers who undergo pre-employment screening with them are equipped with knowledge on how to control unwanted pregnancies. Said fees from pre-employment exams effectively address the THQs viability concerns.

Most of the coordinators, however, assert the need to continuously market themselves and pursue sponsorship whether foreign or local (from the business sector and civil society) for the THQ center to achieve operational viability.

Maintenance of Volunteers

Another predicament that has plagued most THQs is the maintenance of youth volunteers. Some THQs (Marikina) cite the lack of available funds to entice volunteers to stay as the culprit since, being 'volunteers' they are only provided a meager transportation allowance. Thus, when said volunteers are

offered jobs with bigger pay, they usually decide to leave without much hesitation. Other THQs (Baguio) that offer volunteer work for social work students as part of their OJT claim that turnover rates are equally high since after the students complete the required number of hours, they had to hire and re-train a new batch.

Political will

This aspect is perceived as a problem particularly among THQs operated by LGUs. While most credit their current success to the wholehearted support of the LGUs, there are some who perceive that this same support may not be available in case there is a change in political leaders especially during elections.

Next moves...

This then becomes the main concern for FAD President Aurora Go. She has to submit her recommendation soon and she wanted to be sure that she covered all the necessary gaps in order to come up with the most appropriate move that would spell a more enviable future for FAD in the Philippines.

GUIDE QUESTIONS FOR DISCUSSION:

- 1. How does social franchising contribute to the enhancement of programs geared towards adolescent reproductive health?*
- 2. How would the THQs balance operational sustainability while at the same time continue with its greater social responsibility to the community?*
- 3. Analyze the marketing strategies utilized by the THQs and FAD to sustain public interest and patronage of their services.*
- 4. Recommend suggestions for innovation and funding support.*
- 5. Discuss the continuing role of FAD as managers/evaluators of the THQs. Do they still contribute to the growth of said centers?*
- 6. Give recommendations for the improvement of FAD management of THQs and also for the individual THQ coordinators.*

EXHIBIT A: MATRIX OF FAD THQs IN THE PHILIPPINES

Location	THQ Operator/ Coordinator	Organization	Type	Year of Launch	Initial Funding	Status	Current Funding
Baguio	Marlene de Castro	Baguio Center for Young Adults (BCYA)	NGO/ Private	2000	Lucille Packard Foundation	Ongoing	Self-sustaining/ Consuelo Foundation
Tarlac City	Leo Sison	Luisita Realty Corporation	Private	2000	Lucille Packard Foundation	Discont'd/ Changed mgmt	Evolved to LGU
Sta. Rosa, Laguna (later transferred to Canlubang)	Maria Lourdes Fernando, HR manager	Responsible Parenthood-Maternal and Child Health Association of the Phils	NGO/ Private	2000	Lucille Packard Foundation	Ongoing	Self-sustaining (requires fees for services)
Brgy. Sta. Cruz, Dasmrinas, Cavite	Mayor Elpidio Barzaga	Municipality of Dasmrinas, Cavite	LGU	2000	Lucille Packard Foundation	Discontinued/ transferred to Lasalle	
Brgy. Paliparan, Cavite		Lasallian Community Dev't. Center	Private	2005		Ongoing	Self-sustaining (fees fr services)
Marikina City	Mayor Lourdes Fernando/ Dr. Allan Fabella , Marikina City Health Office	Marikina City Health Office and the Marikina SK Foundation	LGU	2005	Paid own franchise fee	Ongoing	LGU budget
Valenzuela	Mayor Sherwin Gatchalian	City of Valenzuela/SK	LGU	2005	UNFPA/ LGU	Ongoing	LGU budget
Caloocan	Mayor Recom Echiverri	City of Caloocan/ SK	LGU	To be launched Feb 2008	UNFPA/ LGU	To be launched Feb 2008	LGU budget
Brgy.	Mayor Sonny Belmonte/	City of Quezon	LGU	To be	UNFPA/ LGU	To be	LGU budget

Location	THQ Operator/ Coordinator	Organization	Type	Year of Launch	Initial Funding	Status	Current Funding
Kaunlaran, Quezon City	Dr. Laarni Malapit			launched Mar 2008		launched Mar 2008	
Las Pinas	Mayor Nene Aguilar	City of Las Pinas	LGU	To be launched Apr 2008	UNFPA/ LGU	To be launched Apr 2008	LGU budget
Pasig	Mayor Eusebio	City of Pasig	LGU	To be launched (no set date yet)	UNFPA/ LGU	To be launched (no set date yet)	LGU budget
Tarlac City	Mayor Genaro Mendoza/ Chris delos Reyes, SK officer	Tarlac City	LGU	To be launched (no set date yet)	UNFPA/ LGU	For considerat ion	LGU budget
Bohol (Carmen, Ubay, Talibon)	Talks ongoing	Municipality of Carmen, Ubay, Talibon	LGU/ school- based	To be launched (no set date yet)	UNFPA	Awaiting UNFPA funding	UNFPA/ LGU budget
Sagada, Mt. Province	Talks ongoing	Sagada	LGU/ school- based	To be launched (no set date yet)	UNFPA	Awaiting UNFPA funding	UNFPA/ LGU budget

EXHIBIT B: TECHNIQUES FOR SOCIAL FRANCHISING EMPLOYED BY THQ

In a paper written by Dr. Nancy E Williamson, she identified six social franchising techniques and these were evidently present as seen in the following review/evaluation of FAD's Teen HQ programs.

PROMOTION AND MARKETING

The intensity of promoting or advertising a particular product/ service can make or break a business. The same holds true for a social franchise venture. FAD asserts that they do not require standard promotion procedures for their THQs. This means they are free to choose which strategies to use to promote the THQ. Each THQ are required to submit a marketing plan annually which FAD reviews when evaluation time comes to determine if they were able to meet their marketing targets.

Most of the Program Coordinators of FAD THQs interviewed by this writer acknowledged that its primary method of advertising is through word-of-mouth particularly the establishment of community networks and conduct of outreach programs. Through such activities, often held in partnership with other community stakeholders, the THQs are able to inform the community members of their existence and promote the availability of their products and services.

All THQ Coordinators aver that a big chunk of the THQs mission entails Information Education and Communication Services (IEC) which they often undertake in coordination with the different schools within their area. During such events, the THQ community relations officers (CROs) show videos on a variety of topics on adolescent reproductive health, HIV/AIDS, drugs, premarital sex, etc. Afterwards, a lively discussion ensues wherein students are able to ask questions from THQ resource persons. The THQ coordinators consider such sessions a good avenue to generate clients for the teen center. In general, after a session, more clients visit the center for counseling and medical services or they may refer their friends and relatives to the center.

When not conducting outreach activities, CROs distribute brochures, posters and other print materials in strategic areas like schools, dormitories, malls and even in their homes. Some of this printed matter were developed by FAD and reprinted by the respective THQs on their own. This continuous development of IEC materials by FAD, which can be accessed by the THQs for free, is part of the terms of their contract.

FAD also utilized branding techniques with its unique logo and youth-friendly teen headquarters. The main headquarters undertakes the major advertising activities for the THQ brand and in promoting awareness of the teen headquarters in general. The specific plugs/ads for their respective THQs, they conduct at their own expense and usually only during launchings or when celebrating anniversaries of the centers.

Among the THQs interviewed, it is the Baguio THQ which displayed the most persistence in its pursuit of clients. According to BCYA Executive Director and THQ Baguio coordinator Marlene de Castro, instead of just waiting for clients to come to the center, they go out to look for the youth where they might be found. In fact, they have inked agreements (MOAs) with about ten (10) schools and colleges, dormitory administrators, the association of hotel administrators, massage parlors, and even with the country's premiere military academy for the provision of IEC sessions and establishment of THQ corners in strategic areas.

Special events –THQ Baguio and Marikina staged special events to help promote their THQs. Baguio THQ organized the “Parokya ni Edgar for ARH” last June 12, 2004. The concert played to an audience of about 4,500 mostly teenagers where they showed ARH educational videos in

between musical numbers. THQ staff also distributed IEC materials, THQ mugs, umbrellas, pens, t-shirts and condoms. The Marikina THQ, on the other hand, organized a ‘youth summit’ as part of their first anniversary celebration.

Some THQs have tapped the services of local radio stations like THQ Baguio which joined forces with Radyo ng Bayan to host a regular radio program “Teen Talk” with US Peace Corps volunteer Lina Gonzales. THQ Marikina, on the other hand, utilized the Marikina Radio Station DZBF to broadcast youth issues and concerns.

PARTNERS MEETING –To continuously motivate the THQs to do better, FAD annually holds a partners meeting where they discuss problems and share new ideas to sustain operations or better promote the THQs. Said activity also ensures that operators are aware of and follow ‘best practices’ that were utilized by the other THQs.

TRAINING

The Foundation for Adolescent development conducted trainings for the four pilot THQs in Baguio City, Dasmariñas, Tarlac and Laguna. It also trained personnel for the succeeding THQ centers created in Valenzuela, Marikina, Caloocan and Quezon City. However, after the training of the pioneer personnel, the next batch of recruits were not anymore trained by FAD but merely underwent the Self-Directed Learning (SDL) modules included in the franchise kit.

Included in the SDL are modules on (1) overview of the Teen Headquarters program and FAD, (2) Adolescent Reproductive Health (ARH) including such issues like relationships, sexuality, consequences of premarital sex, responsible sexual behavior and (3) Core Skills like peer counseling, facilitating group discussions and client relations. FAD also developed a training vide/guide on suggestive selling to enable the THQ staff to take advantage of every opportunity to market services other than what the client originally came for.

To further guarantee that FAD THQs will maintain quality standards in their brand of service to their clients, the main office often invites operators and their staff to participate in refresher courses and additional training on adolescent reproductive health (i.e. Handling Children in Need of Special Attention)

QUALITY ASSURANCE AND STANDARDIZATION OF SERVICES

To ensure quality standards, FAD with the assistance of GMB Franchise Developer and Consultancy Firm sought to standardize policies and procedures. This would enable FAD to replicate the THQ program in other locations and with future operators through an organized and systematic process documented in the Franchisee Operations Manual. The manual serves as the primary guide for THQ operators since it includes the HQ branch operators’ structure, operating policies, rationale for each system, responsibility for each protocol, and evaluation and monitoring of a THQ branch.

FAD also provided all THQ centers (as part of their franchise kit) Enter-Educate videos and discussion guides as the standard educational materials on Sexuality and Reproductive Health thematic concerns. These are used by the trainer-facilitator as a tool to help in the learning process of viewers. FAD solicited the support of some celebrities – Paolo Bediones, Jackie Lou Blanco, Ces Drilon, Ryan Agoncillo, Bing Loyzaga, Tintin Bersola, Judy Ann Santos and Piolo Pascual as spokespersons for the video.

FAD further established a system for monitoring and evaluating to assure that quality standards are maintained. Clients who visit the THQ and participants in educational forums are made to fill out an evaluation form at the end of each session. Feedback gathered through the evaluation sheet guide the THQ staff in improving their services, communication skills, handling of sensitive topics and overall conduct of educational sessions. They also have a system of penalties and rewards to enforce adherence to a detailed set of medical and reproductive health standards.

In practice, it was seen there is only minimal enforcement of quality standards being employed by FAD. FAD THQ project officer claims that she is required to visit THQ sites regularly to help them draft action plans for the year and also to monitor their progress and ensure that such plans/initiatives are being met. However, due to the recent expansion program being undertaken to set-up more THQs in provinces like Bohol and Mt. Province, she has been unable to personally visit each site and relies on reports submitted by the THQs every quarter.

INFORMATION SHARING/ REFERRAL MECHANISMS

All FAD THQs reviewed used an extensive referral network which enables them to better respond to the specialized needs of the youth in their areas. This is part of the requirement of the franchise model since they could not provide all the needs of the youth within the THQs. During such cases, when they are unable to meet the particular requirements of a client within the confines of the teen health center, they direct clients to other hospitals, laboratories, public health clinics or other organizations that provide more specialized services.

The BCYA, for instance, credits its 20 years in the service of providing adolescent reproductive health services to the Baguio school community for its extensive networks while the Marikina THQ, on the other hand, has its Sangguniang Kabataan (SK) network to tap when they need youth organizations to reach out to and provide Information and Education Courses (IEC)

All THQs practice information sharing. They regularly submit reports to FAD which then collates and processes the data for monitoring and evaluation purposes. This forms part of the continuing technical assistance provided by FAD to its franchisees. One useful item for the THQs is the collation of data on client feedback. With the information from FAD, they learn in what areas they need to improve on and what they made good on.

COST RECOVERY MECHANISMS.

Many of the youth clients who avail of medical/consultation services in the teen health centers cannot afford the regular fees charged in private clinics and hospitals. Hence, most THQs opted to offer their services for free or at subsidized costs. THQs operated by LGUs are the ones that offer free services since they usually allocate specific budgets annually for the operations and supplies thus there is no need for them to recover costs from their clients.

While the other THQs, on the other hand, have availed of local and/or foreign funding from donor organizations so that they are able to subsidize and offer their medical services at less cost when compared to most hospitals/laboratories in the area. This case is particularly true with the BCYA which claims that they are able to lower their hepa-B vaccines by waiving the doctors' consultation fees. Aside from this, they also charge fees on a sliding scale based on the clients' ability to pay. This, they say enable them to partially recover costs and not rely solely on the foreign donors' subsidy.

Most of the THQs, except for the Marikina THQ had their initial franchise membership fee of Php 500,000.00 paid for by foreign donors like Lucille Packard (Baguio, Tarlac, Cavite and Laguna) and UNFPA (Valenzuela, Caloocan, QC, Las Pinas and Pasig). Said foreign funding institutions also agreed to cover costs for the renovation of their teenhealthquarters as well as for the purchase of equipment and supplies. The operational and maintenance fees of the THQs for the next five years (up to 2005) were also covered. As such, most of the franchisees found little or no need to recover costs and instead focused their efforts on meeting the deliverables to ensure the continued funding of the donor agencies.

FRANCHISE CONTRACT

All the teen healthquarters interviewed had inked a franchise contract with the Foundation for Adolescent and Development for the use of the THQ brand and all the technology, materials and equipment provided in the franchise kit. However, enforcement of the terms of the contract varies significantly. FAD President, Ms. Aurora Silayan-Go is the one who personally conducts screening for prospective franchise operators.

ADDITIONAL PARAMETERS STUDIED/REVIEWED

Aside from the six areas earlier reviewed, additional parameters were reviewed by this researcher to determine uniformity and adherence to standards of health centers propagated with the social franchise model. The indicators used were derived from a study made by the Focus on Young Adults to determine/score their clinics on the quality of their services to the youth.¹ Indicators were divided into four main categories:

- 1) The facility itself (including the center's operating hours, location and privacy)
- 2) Provider attitudes and performance (including respect shown to clients, confidentiality, and adequate time for interaction)
- 3) Administrative procedures (such as whether fees are affordable or if they welcome drop-in clients), and
- 4) How the youth perceive the clinics' services

THQ FACILITIES

All the THQ centers visited were easily accessible by public transport, except for the Laguna THQ which lies at the heart of the Laguna industrial zone. It is still deemed accessible, however, to its clientele comprised of the numerous youth working in the different factories/offices in the industrial zone.

All the THQ centers sport an inviting façade and the same brightly colored interiors that appeal to the young. The centers also display a common zebra-striped post that serves to clearly distinguish their headquarters from other youth centers. Privacy is assured with a separate area for counseling. All the centers visited operated on a daily basis between 8 am to 5 pm, Mondays to Fridays with the weekends reserved for outreach programs and special events/activities.

Being a youth-oriented center, the THQs also provide other non-reproductive services like dental care, ear piercing, weight management, blood typing, drug counseling and referral, nebulization and skin care. The staff are trained to practice *suggestive selling* wherein clients are encouraged to avail of other services (particularly reproductive health service) aside from what they already came for. That way, they are still able to promote the RH aspect of the center.

PROVIDER ATTITUDES AND PERFORMANCE

THQ centers are mostly manned by young and dedicated service providers with whom clients can easily relate to. The Markina THQ particularly chose the youngest doctor from the Markina City Health Office to become the THQ coordinator. While most of the Community Relations Officers interviewed belonged to the 20-30 age group so as to enable them to readily understand and communicate with their youth clients.

The THQ personnel interviewed were seen to be quite friendly and respectful to clients. They claim that each client's history is probed gently when they come in to accomplish the medical history form. At the same time, they ensure confidentiality and respect for privacy by holding counseling sessions in separate rooms, away from the scrutiny of the general public.

ADMINISTRATIVE PROCEDURES

As already mentioned earlier, the fees of all THQs were deemed quite affordable since most of them offer their services for free while others were at subsidized costs so they are able to peg prices much lower than that of neighboring hospitals and clinics. All THQs likewise welcome drop-in clients and try their best to respond to all their needs within the THQ.

YOUTH PERCEPTION OF THQ SERVICES

Data culled from the FAD's Management and Information System revealed that most of the youth serviced by FAD found their brand of service quite youth-friendly and very affordable. They claim that the high rate of returning customers and referrals to friends and relatives is ample proof of their ability to serve their clients well.

¹ Nelson K, Maclaren L, and Magnani R, *Assessing and Planning for Youth-Friendly Reproductive Health Services*. Washington, DC: Focus on Young Adults, 2000.