



Communities, Contraceptives & COVID-19

Ensuring Continued Access
to Reproductive Health Services
in the New Normal

**Communities,
Contraceptives
& COVID-19**

Editorial Board

Writing and Editing

Amina Evangelista Swanepoel

Rosa Amelia Perez

Illustrations

Aaron Bonete

Layout and page design

Gloria Lim

June 2021

INTRODUCTION

Reproductive health has long been a problem in the Philippines. Even before the COVID-19 pandemic, women and young people struggled with access to reproductive health education and services.

In the Philippines, abortion is illegal under all circumstances, even to save a mother's life, and the use of contraception is discouraged due to orthodox Catholic beliefs. Women and girls are not provided with the education and access to services they need in order to control their bodies and their health.

In the 2017 National Demographic and Health Survey, 9% of Filipino women aged 15-19 had begun childbearing: 7% were already mothers and an additional 2% were pregnant with their first child. Every year, over 196,000 Filipino girls between the ages of 15 and 19 give birth.

The Philippine government has declared teen pregnancy a national social emergency, but very few concrete actions are being carried out to curb it. Myths and misconceptions abound, leading many to rely on inaccurate information to avoid pregnancy. Those who do become pregnant often do not access any prenatal care.

This has led to a continuous rise in teenage pregnancies, maternal deaths, and HIV infections.

Every year, over 196,000 Filipino girls between the ages of 15 and 19 give birth.





COVID-19 and Increased Reproductive Health Risks

The pandemic has made the situation even worse, with fewer services available. These realities have led to a continued increase in teen pregnancy, maternal deaths, and HIV cases.

Disasters like COVID-19 tend to disproportionately affect marginalized sectors all over the world. These sectors include women, young people, persons of color and LGBTQIA+ individuals, making them even more vulnerable to reproductive health risks. Many have lost their jobs due to downsizing or business closures. A global pandemic, coupled with a global economic crisis, is likely the worst time for a woman to have an unplanned pregnancy. Because of these factors, continued access to reproductive health services should be ensured. In fact, these are all strong reasons to prioritize reproductive health.



Disruptions to Accessing Reproductive Health Care

The realities on the ground, however, reflect major disruptions to reproductive health care. More than one year into the pandemic, most major cities and provinces in the Philippines are still under different levels of lockdown restrictions. Government health workers in communities (barangays) struggle to cater to reproductive health needs, as they are mobilized for COVID response. Due to limited mobility, many women, especially in remote areas, are unable to access facilities that provide contraceptives and prenatal care.

During the early days of the lockdown (and continuing into the present in many places), young people were absolutely prohibited from leaving their homes. This includes young people who may already be sexually active and living with a partner, or worse, victims of sexual abuse and exploitation. For reproductive health providers, limitations on logistics have disrupted the procurement of supplies, making it challenging to provide services, despite the willingness of the providers. The pandemic has also imposed an additional financial burden on providers, who now have to purchase personal protective equipment and install facilities such as plastic barriers, thermal scanners, and hand sanitizers.

During the early days of the lockdown (and continuing into the present in many places), young people were absolutely prohibited from leaving their homes.

About



Roots of Health

Roots of Health / *Ugat ng Kalusugan* (ROH) works to empower women, young people and families in Palawan, Philippines to lead healthy reproductive lives by providing rights- and results-based educational and clinical services.

ROH has been operating in Palawan as the only comprehensive reproductive health organization for 11 years. In 2020, despite COVID-19 disruptions, we provided over 18,000 women and girls access to contraception through our outreach work and clinics—8.5% more than the previous year.

In 2020, despite COVID-19 disruptions, we provided over 18,000 women and girls access to contraception through our outreach work and clinics — 8.5% more than the previous year.

Recognizing that young people have specific RH needs, in 2019 we opened a Youth Clinic in the heart of Puerto Princesa's central business district to provide services exclusively to young people under 25 years old. This clinic ensures youth of privacy and nonjudgmental, high-quality care. Older clients access services in our main San Pedro Clinic (SPC).

Because of the COVID-19 pandemic, we removed the age-restriction on our Youth Clinic and encouraged our clients to visit whichever clinic is most convenient for them.



Royal Norwegian Embassy in Manila

In an effort to support sustainable change in Palawan, we wanted to capacitate government health centers to be youth-friendly, so young people would have access to quality information and services. We knew that young people needed more options for compassionate care aside from our own clinic.

Thanks to a grant from the Norwegian Ministry of Foreign Affairs, through the Royal Norwegian Embassy in Manila, we developed a youth-friendly clinic assessment tool and client survey based on Department of Health criteria. With their support, we used the clinic assessment and client survey in our own clinics, and later implemented both in 20 government health centers in Puerto Princesa City, Palawan, Philippines.



New Zealand Embassy - Manila

Despite young people's increasing vulnerability to early unplanned pregnancies and sexually transmitted infections, they still hesitate to seek reproductive health care. This is usually out of fear of judgment from healthcare providers, their families, and even their peers.

To address the lack of youth-designated and friendly clinics in Puerto Princesa, we combined the best practices from our first reproductive health clinic with our findings from the youth-friendly clinic assessment tool and opened our own Youth Clinic in 2019. We did this with the support of the New Zealand Foreign Affairs and Trade Aid Programme, through the New Zealand Embassy in Manila. Their grant will support the Youth Clinic until 2022.

About



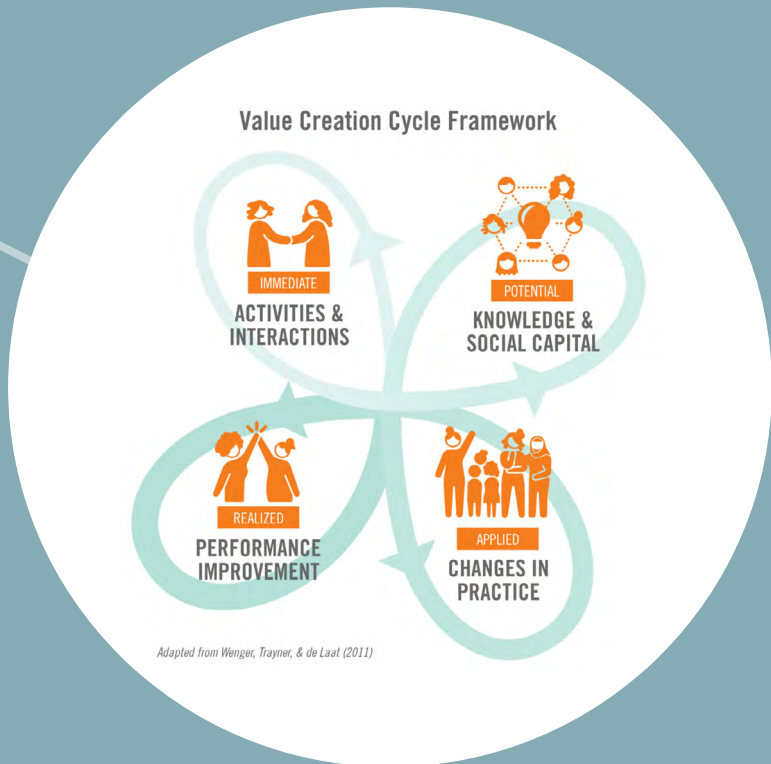
WomenStrong International Learning Product

ROH is a proud grantee partner of WomenStrong International. WomenStrong finds, funds, strengthens, and shares women-driven solutions that will transform lives in urban communities. As part of their model, in addition to financial support, WomenStrong also organizes their grantee partners into a Learning Lab, which brings together women-led organizations working in urban areas to strengthen their work related to the wellbeing and empowerment of women and girls – and to develop, test, sharpen, and amplify their solutions more broadly.

WomenStrong hopes that the Learning Lab will help to build a community that generates learning collectively within a shared agenda to advance gender justice.

The Learning Lab is focused on connecting members with each other, in order to share, learn, and disseminate findings that can advance the evidence base on how to improve development outcomes for girls and young women. Each Learning Lab area organizes targeted activities that encourage the exchange of knowledge and tools between partners, and nurtures connections among them, with the goal of strengthening their organizational capacity and amplifying their voice in the field. WomenStrong hopes that the Learning Lab will help to build a community that generates learning collectively within a shared agenda to advance gender justice and serves as a valuable way for partner organizations to adapt and improve their programs.

About



WomenStrong's learning framework focuses on four cycles within a learning network, based on the Value Creation Cycle Framework developed by Wenger, Trayner, and de Laat. We adopted the same approach throughout the development of this Learning Product.

In this Learning Product, reproductive health care providers and stakeholders can learn best practices in providing continued access to reproductive health care during a pandemic and other similar disruptions to public health systems. We derived these best practices from our experiences on the ground, working with women and young people. We've also shared these best practices with community health workers and public health stakeholders.

Thanks to Women Strong International, we now have a platform to share the success of our clinical and community programs with you.

OUR COVID-19 JOURNEY



The Challenge

When lockdown restrictions began in March 2020, we had to shut down our office and clinics. We also had to cancel all in-person outreach activities, including trainings and seminars for health workers, as well as classes in schools. As women on long-acting contraceptives were due for refills, they found themselves running out of options, as not all health centers provided injectables, implants, or intra-uterine devices.

Young people were also prohibited from leaving their homes. Only one person in each household was given a quarantine pass, which authorized the holder to go out to buy necessities. In many families, it was the men who were given quarantine passes, so women had no way to leave their homes without getting apprehended by authorities. And even if they could go out, public transportation was either totally unavailable or scarce and expensive.

The quarantine restrictions included shipping and freight, so supply chains, even for medical needs, were also disrupted. Within two weeks, community health centers started reporting that they were running out of contraceptive supplies. These barriers posed many challenges to our work.

**COVID-19
restrictions
posed many
challenges
to our
reproductive
health work.**



Our Solutions

The demand for reproductive health services did not disappear because of COVID-19. To address our community's needs, we combined our existing best practices with new approaches. First, we provided community-based services. Second, we continued to reinforce our existing model for youth-friendly clinics.

1

Community-Based Services

2

Youth-Friendly Clinics



Community-Based Services

Through community-based services, we addressed one of the biggest challenges for many women and girls: mobility. Since they couldn't come to our clinics, we brought our clinics to them.

To ensure the success, safety, and efficiency of service delivery, we had to:

- Obtain clearances from local authorities;
- Enforce strict health and safety protocols for staff and clients;
- Maintain open communication lines through our social media pages and mobile phone hotlines;
- Ensure confidentiality and privacy of clients; and
- Reinforce links to communities through government health workers and our own networks of community volunteers and youth volunteers.

2.



Youth-Friendly Clinics

Even with young people less vulnerable to COVID-19 infections, the pandemic has made them more vulnerable to health risks, including early unplanned pregnancies. Before COVID-19, young people were already highly unlikely to use contraceptives. Aside from lack of information (and an abundance of misinformation), they were unlikely to visit a health facility to avail of these services out of fear of being judged or stigmatized.

Pre-COVID, we developed an assessment tool, which now serves as our framework for making clinics more youth-friendly.

The assessment tool benchmarks youth-friendliness of facilities based on:

- Accessibility;
- The overall environment;
- Commodities;
- Demand generation.
- Staff preparedness;
- Services;
- Youth involvement;

EFFECTIVE COMMUNITY BASED SERVICES

We were forced to close our clinics during the first few weeks of the pandemic, and we knew that unplanned pregnancies would rise during the lockdowns brought on by COVID-19. We recognized that under these dire circumstances, getting pregnant would involve difficulties, especially with limited economic opportunities and access to healthcare facilities.

During this time, a midwife from a government health facility called our midwife, asking for help. The indigenous women in her community were due for their next shots of DMPA, an injectable contraceptive. Unfortunately, their community center did not have available supplies of DMPA, and they couldn't travel to another one. The women also didn't feel comfortable with switching to pills.

So, our midwife May drove to their community to give them the shots they needed. We then realized that we had a great opportunity to provide community-based services to more women and girls around the city, despite the pandemic and lockdown restrictions.

Throughout our restrictive quarantine period, our clients benefited from community-based services in two ways:

1

Improved access to services.

Women and girls could not leave their homes or their neighborhoods to travel to our clinics, so we brought the clinics to them. They also had the option to get contraceptives from community health centers. To ensure that health centers would not run out of supplies, we have continuously provided them with logistical support.

2

More peace of mind.

With improved access to services, especially long acting contraceptive methods, women and girls need not worry about any unplanned pregnancies, especially during periods of economic uncertainty and overburdened public health systems.

If you'd also like to provide community-based services to your beneficiaries, here are some best practices that worked well for our organization:

Obtain necessary clearances from local authorities.

Enforce health and safety protocols for both staff and clients.



Keep communication lines open.

Ensure confidentiality.

Establish links and networks within the communities.

1 Obtain necessary clearances from local authorities.



Restrictions may vary from one place to another. Some places are less strict than others and require only a verbal agreement. Some might require a written request or notice. In any case, compliance with local and national government requirements and protocols ensures smoother service delivery and fewer issues with local authorities. In our case, we coordinated with the City Health Office. They provided us with passes for the vehicles we used, which helped us get past police checkpoints all over the city. This also helps establish credibility within communities, as they can see that the services we provide are safe and legitimate.

2 Enforce health and safety protocols for both staff and clients.



Providing essential reproductive health services should not be at the expense of COVID-19 safety protocols. We made sure that our staff always wore face masks, face shields, and hair nets during community visits. We also initially limited our services to those that did not require prolonged contact with clients: dispensing pills, DMPA shots and condoms. We had to put IUD and implant insertions on hold, but eventually we were able to provide these as well, with stricter protocols. In order to protect the safety of our clients, we made sure to enforce physical distancing, especially among women queuing for services.

3 Keep communication lines open.



Through our social media pages, women and girls stayed informed of our ongoing efforts in providing reproductive health services. We also continued to post educational content on reproductive health. We kept our content relevant to the times, as we reminded our followers to continue practicing safe sex, especially during the pandemic. With just a few clicks, anyone who needed information on reproductive health could easily consult our clinical staff online. Our social media channels opened avenues for women and girls to reach out to us to request for contraceptives, either through our scheduled community visits, through their barangay health centers, or through dedicated visits to their homes. We also kept our mobile hotline open for those who wanted to set up home appointments.

4 Ensure confidentiality.



Many women and girls are living with partners or family members who, unfortunately, do not approve of or prohibit them from using contraceptives. Under the law, this is considered as gender-based violence. From a public health perspective, members of this vulnerable group are the people who need to avoid unplanned pregnancy the most. Before the pandemic, it was easier for them to visit our clinics discreetly to get a birth control shot. With the new setup, our clinical staff had to make sure to arrange appointments in more concealed locations for women and girls who wanted or needed more privacy.

5 Establish links and networks within the communities.



Aside from direct service delivery, communities can also benefit from logistical support, especially when shipping and transport lines are interrupted or slowed down. So, we provided contraceptives to government health centers, as many of them were already running out of supplies.

We also tapped our own network of Community Health Advocates (CHAs), to help distribute contraceptives to the women in their communities. Eventually, we were allowed to train more CHAs from different communities in the city. Our CHAs are our bridges to women and girls who need our services. They have been instrumental in expanding our reach in different neighborhoods, by constantly coordinating with us on their community's contraceptive needs.





YOUTH-FRIENDLY CLINICAL SERVICES

Elena* had her first pregnancy when she was 15.

She didn't really want to have sex, but her boyfriend had been asking her to.

"You won't get pregnant the first time," he assured her. "Just jump up and down afterwards," her friends advised her.

For a long time, she had no idea that she was pregnant, so she never saw a doctor for prenatal care. During her eighth month of pregnancy, she started bleeding, lost the baby, and almost lost her life. Despite having hospital care, she was still not connected to contraceptive services.

At 16, she wanted to avoid another pregnancy, so she went to a government health center, where she was judged, questioned, threatened, and eventually turned away.

"How old are you? Aren't you too young to be having sex? You're a bad girl. You're a slut. Go home, or we'll tell your mother. Come back when you already have a baby."

So she left. And 9 months later, she gave birth to a baby boy.

At 16, Elena had already gone through two pregnancies and one childbirth, which she could have avoided, if only the public health and education systems had not failed her.

At 16, Elena had already gone through two pregnancies and one childbirth, which she could have avoided, if only the public health and education systems had not failed her.

*Not her real name; not the girl in photo.

A young woman with long dark hair is sitting in a room. She is wearing a dark, sleeveless top. The room has walls with a woven, geometric pattern. There are posters on the wall, one of which shows a group of people. The lighting is soft, and the overall tone is somewhat somber.

Teen Pregnancy in the Philippines

Elena is one of almost 200,000 teenagers in the Philippines who give birth every year. Like 75% of young people in Palawan, she and her friends believed that jumping up and down after sex would prevent pregnancy. She didn't use any form of contraception the first time she had sex, just like 71% of young girls in Palawan. Unfortunately, that one time can lead to an early pregnancy, as it did for Elena.

Lack of information on reproductive health contributes significantly to uninformed, risky behavior that leads to early pregnancy. Although legislation that mandates comprehensive sexuality education (CSE) in schools has been passed, it has not been implemented. So, young people remain misinformed, as they only learn about sex from friends, pornography, and social media. Many Filipinos also believe myths about sex and pass these on to their children. One widespread myth is that birth control pills cause infertility or cancer. Or that drinking bleach cures infections, and menstruation is a necessary process for getting rid of dirty blood.

But even for young people like Elena who know about and want to use contraception, the cards are stacked against them. Reproductive health services are hardly available, and when they are, young people are rarely able to access them freely, privately, and without judgment.

One major roadblock to encouraging health seeking behavior is the emotional turmoil of having to open up to a stranger about one's sex life, or even just the fact that one is sexually active. Conservative cultural norms dictate that a young person who is sexually active is immoral, or doesn't have the right values. These biases are reinforced when a young girl attempts to obtain contraception from public facilities and she is shamed or turned away.

Reproductive health services are hardly available, and when they are, young people are rarely able to access them freely, privately, and without judgment.





How to Provide Youth-Friendly Services

Government health centers in the Philippines are located in each major village, and in theory provide free services to anyone who needs them. If young people were accessing care from their health centers, we would not have the teen pregnancy crisis we currently have.

So, we decided to create a clinic assessment tool and work with our government counterparts to assess how youth-friendly the clinics are, and provide them with concrete suggestions and feedback and training in order to improve their youth friendliness.

We collaborated with local government units to assess how youth-friendly their health centers are. We assessed areas that needed improvement and provided them with training and support. It takes time to change the attitudes and behavior of health workers, but the investment is worth it. Without them on board, things cannot change on a systemic level.

We collaborated with local government units to assess how youth-friendly their health centers are.

Our Youth-Friendly Clinics Assessment Tool

We took the Philippine Department of Health guidelines for adolescent friendly services, and studied best practices all over the world to create our youth-friendly clinics assessment tool. We also applied these best practices to our own clinics, making sure that they could serve as a reference point for best practices.

Here are seven factors we consider:



○ Checklist

1. Accessibility

- What are the clinic hours?
- Is it close to schools and youth hangouts?
- How long is the waiting time?

2. Environment

- Is it welcoming?
- Is there enough privacy?
- Are records stored securely?

3. Staff Preparedness

- Are staff friendly and non-judgmental?
- Are they trained in adolescent sexual and reproductive health?
- Are they certified to provide all forms of contraception?

4. Services

- Are services provided for free?
- Are referrals made when needed?
- Are young people provided the services they seek?

5. Commodities

- Are contraceptives and pregnancy tests available?

6. Youth Involvement

- Are there peer educators?
- Are there communication streams for young people to give feedback?
- Are young people involved in the clinic?

7. Demand Generation

- Does the clinic use social media?
- Does publicity about the clinic identify services offered and stress confidentiality?



1. Accessibility

Young people are more likely to access a facility when it's relatively easy to get there. Government community health centers fit this criteria well, as they are located in each major village. This is a huge advantage for areas that have limited transportation options, especially during natural disasters or pandemics.

Pre-pandemic, we launched our Youth Clinic in one of the busiest, most central locations in the city, across from major fast food chains where young people work and hang out. It's also close to the biggest public school in the city and along major public transport routes.



2. Environment

Young people are often too intimidated to access reproductive health services out of fear that someone they know might see them there. They also often worry that the health providers themselves might judge them or tell their parents. That's why it's important to create an environment that is welcoming and ensures client privacy. Clinics must also ensure that client records are stored securely, and that patient files aren't just lying around for anyone to see.

The physical environment also matters, so we designed our Youth Clinic with a bright, fresh color palette, which is a huge contrast to the usually pale, grey colors of typical health facilities. We also play music that helps young people relax and feel at home.



3. Staff Preparedness

Health care providers must be of the mindset that young people will need their services, and that they have to treat clients with dignity and respect, regardless of their own personal beliefs. In order to do this, they must be aware of adolescent sexual and reproductive health (ASRH) concerns such as teen pregnancy and sexually transmitted infections, and their vital role in protecting young people from these health risks. With proper training and certification, providers can be more prepared and equipped to serve young people.



4. Services

Lack of money is often a roadblock to accessing health services. When services are provided for free, young people who need them are more likely to access them.

There are also concerns that not all government facilities are able to provide all the services that young people need. In such cases, clinics must have referral mechanisms in place. Our clinics liaise with government health facilities, local hospitals and laboratories, so that we can refer clients to them as needed. For example, we refer clients who get reactive (positive) HIV screening results to the City Health Office for confirmatory testing and antiretroviral medications.

5. Commodities



For young people who rely on their local clinics for commodities such as contraceptives, lack of supplies can immediately put them at risk of unplanned pregnancy. That's why clinics have to ensure that supplies are always available, through efficient inventory systems that keep track of the quantity of their supplies, while maintaining constant, open communication with suppliers. It is also important to ensure that all types of contraception are made available, so young people can choose the method best for them.



6. Youth Involvement

Young people are more likely to access services and open up about their concerns when they see other young people in the facility, too. Clinics can greatly benefit from having a network of peer educators or youth volunteers who can refer their fellow young people to access services. Providers can also encourage youth clients to bring their friends who also need services. In order to ensure youth involvement, clinics can also ask young clients to answer surveys to provide feedback.



7. Demand Generation

Many young people are still unaware of their reproductive health options, let alone their rights to avail of and demand for access to reproductive health services. A clinic's social media page is a great avenue to reach young people, as they are often online. This helps raise awareness on what services are available to them. It also assures them that services are confidential.

Those who manage a clinic's social media page should also be available to answer queries and messages in a friendly, timely manner. The page should contain clinic hours, schedules, and services available. These pages can also help inform young people on sexual and reproductive health concerns such as pregnancy, menstrual health, and safer sex practices. In areas that do not have internet connectivity, traditional media, such as print and radio ads, can still be useful in reaching young people.

After we conducted this assessment with 20 health centers in our city and 25 others throughout our province, we provided our government counterparts with their results and discussed what areas they could improve upon.



Monitoring & Evaluation

After training providers, we had some of our Youth Advocates (YAs) pose as clients in various health centers to find out what kind of treatment they actually received. This was our quality control mechanism and our way to see if there had been any significant changes with the health centers.

Despite the health workers being very positive during their training, unfortunately, our YAs encountered some issues.

Some health workers told them they couldn't provide services to young people. Others said they couldn't give services to someone not from their village. One health worker told our YA to come back for prenatal care when she got pregnant.

And when a YA asked for contraception, one health worker refused to give her services and told her to practice abstinence.

Thankfully, many health workers did not act in this way. There were many examples of our YAs being given high-quality care.

One health worker in a rural and isolated community even took the YA into her nearby home to give her counseling in a more private setting.

It's a mixed bag but we know that attitudes and behaviors take time to change and we are committed to continue working with our government counterparts to continue improving youth-friendly services.

Some health workers told them they couldn't provide services to young people.



CONCLUSION AND RECOMMENDATIONS

When government health centers provide empathetic, sympathetic and nonjudgmental services, young people access services. And when young people access services they can avoid unplanned pregnancies. Privately-run facilities can also help increase contraceptive use among young people by ensuring that their services are youth-friendly.

From our experiences in providing community-based services and running youth-friendly clinics, here are our key learnings:

- Collaborate
- Communicate
- Empathize
- Streamline
- Follow through

1. Collaborate

Working with--and not against--existing public health systems will make the process significantly easier. Securing necessary permits can help community programs run more smoothly, with little to no risk of issues with authorities. Sometimes it is hard work to bring health workers on board to recognize the reality of reproductive health situations and the need for improvement of services. But health personnel must have this commitment to move forward. This ensures that when health centers are given feedback, they don't just get defensive and ignore recommendations.

2. Communicate

Keep lines of communication open. Social media, mobile hotlines, and radio ads are just some ways to let women and young people know what services are available to them. It is also important to keep up close communication with partners in providing health services.

3. Empathize

Regardless of personal and/or religious beliefs, keeping women and young people healthy must be the top priority of service providers. Young clients need assurance that they will not be judged for their life choices and that their privacy will be protected. A major factor in chipping away at provider bias is engaging with the health workers, and making it clear that they do not have to approve of the behavior of the young people, but reminding them that as health care providers, they are obligated to give services. When health care providers accept that behaviors they don't like are going on, and recognize that they can help to reduce the risk of harm, it helps pave the way for more nonjudgmental support.

4. Streamline

Maintaining client records, organizing appointment systems, monitoring inventories, and creating uniform recording systems can help make services run more smoothly. We learned from our experience that internal, organizational M&E is not enough. During our trainings with health workers, they were very positive and indicated they would change, but having our Youth Advocates pose as clients showed us that some problems persisted. It is important to have external M&E and quality control mechanisms as well.

5. Follow through

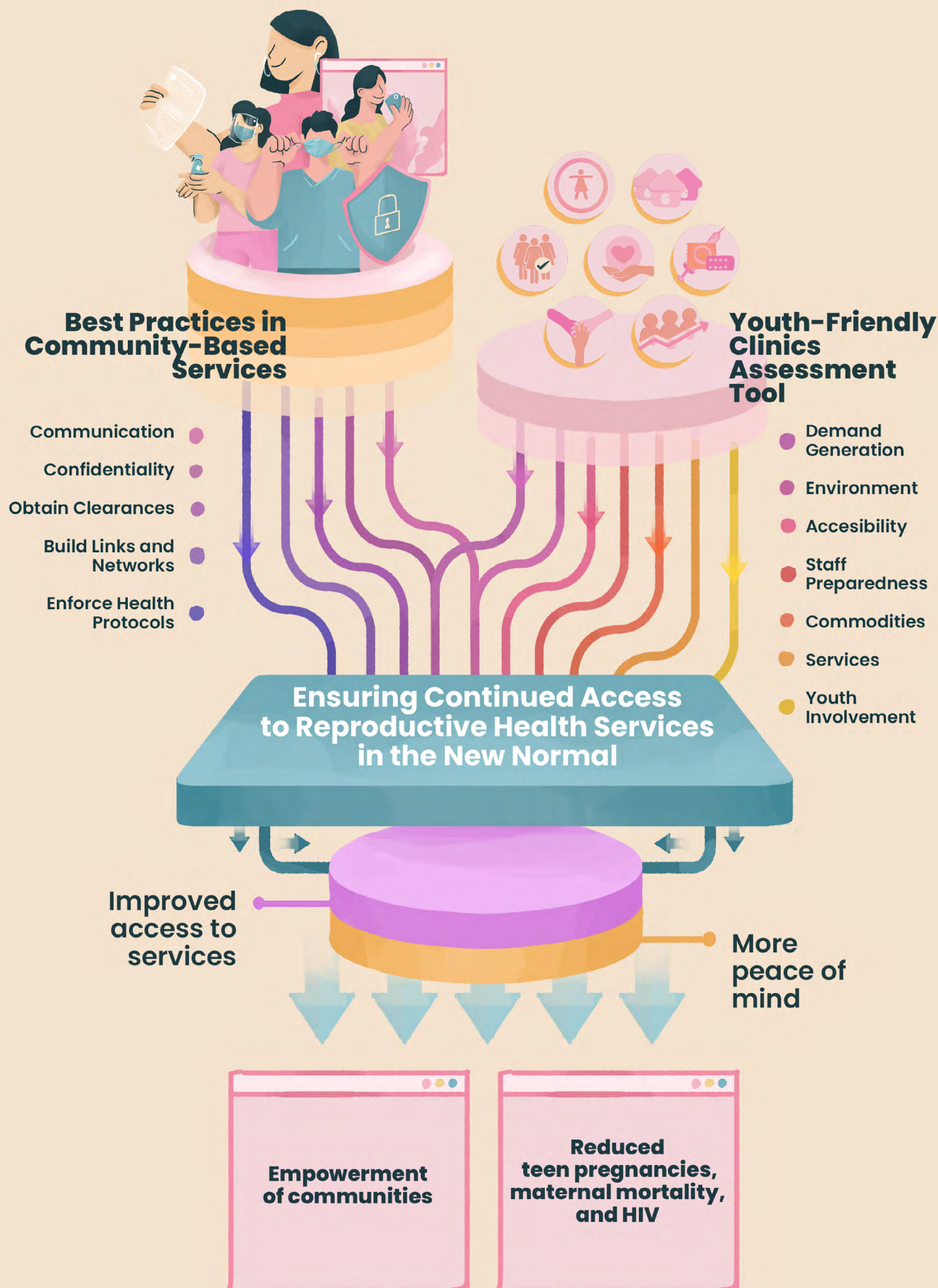
Keep health workers engaged. It is important to remember that changing attitudes and behavior takes time. Programs should build in time and resources for multiple opportunities for follow up training sessions and external M&E to assess progress. And it is important not to feel discouraged when things start off slowly. Change takes time, but most important things do.

With the additional challenges posed by COVID-19, providers must continue to innovate. We must keep finding new ways to meet young people's evolving sexual and reproductive health needs.

By consistently applying these key learnings, Roots of Health continues to find ways to improve and fine-tune our service delivery. Throughout this “New Normal” and beyond, we look forward to providing more support to our government stakeholders and civil society partners, through continuous assessments, training and collaboration.

We must keep finding new ways to meet young people's evolving sexual and reproductive health needs.

Overview :



GLOSSARY OF ACRONYMS

ASRH	Adolescent Sexual and Reproductive Health
CHA	Community Health Advocate
COVID-19, COVID	2019 Novel Coronavirus Disease
CSE	Comprehensive Sexuality Education
DMPA	Depomedroxyprogesterone acetate, an injectable hormonal contraceptive
HIV	Human Immunodeficiency Virus
IUD	Intrauterine device
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual
M&E	Monitoring and Evaluation
RH	Reproductive Health



**WomenStrong
International**

PO Box 4668 #26644,
New York, NY 10163
www.womenstrong.org



Roots of Health

4/F Karldale Bldg.,
National Highway,
San Pedro,
Puerto Princesa City,
Palawan, Philippines 5300

+63-998-589-4159
info@rootsofhealth.org
rootsofhealth.org



@rootsofhealth