



ROOTS OF HEALTH

ANNUAL REPORT 2016



Notes From Palawan



Life changing. That's what the last seven years have been for me – and for so many others connected with Roots of Health. We started with just a kernel of an idea, a wish, an ambition I had always had to be useful, to be of service. We were very fortunate to have some financial backing available to us. So – I offered that seed of an idea to Ami and Marcus, and we all breathed it into life and tended it carefully while it grew – until it was bigger than any of us.

We started as the small group of three, with one other staff person. Our first backers were all family, including my mother, sister, sister-in-law, oldest daughter, and son. My son Alex gave us the Toyota Hilux truck we are still using, and others contributed in other ways. We had no formal partners, although we began establishing informal links immediately: with the Mikkelsens from Aloha House, with some of the midwives and nurses in the College of Nursing and Midwifery in Palawan State University, with Dr. Junice Melgar, the Executive Director of Likhaan, and with Reproductive Health Advocate Carlos Celdran. The Mikkelsens introduced us to what later became our first

community, Pulang Lupa, and we started teaching women there about reproductive health. We taught college girls and boys as well, starting with my own classes in Palawan State University.

We quickly saw that once empowered with knowledge, women and girls next wanted to access contraception, so our next hire was a nurse. We got our first grant funding from the Global Fund for Women, then had five years of support from Barclays Capital, facilitated by our Board Member and long-time friend Katie Berroth. We were also among the early groups highlighted on Catapult, a crowd sourcing funding platform specifically for development projects for girls and women. More opportunities began coming in.

Fast forward to 2016. We now have a staff of 22, including a teaching team, a clinical team, an M&E team, an Administration team, and a Senior Staff comprised of the Health Outreach Coordinator, the Director for Community Programs, the Strategy, Finance and Operations Director,

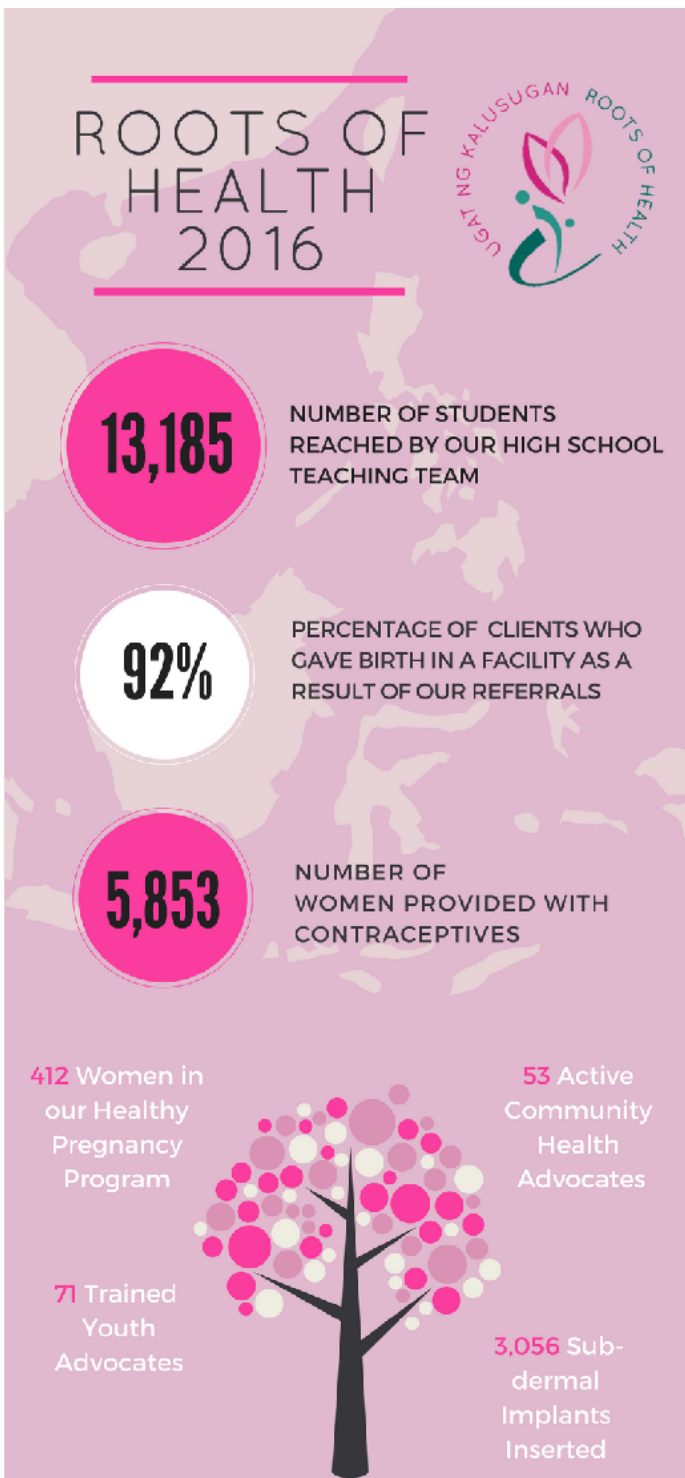
the Executive Director, and myself, the Director for Youth Programs. We teach in high schools and colleges and train teachers all over Palawan. We also provide clinical services, both contraception and prenatal care, all over Palawan, with mission trips outside Puerto Princesa focused on long acting contraceptives such as implants and IUDs. We are working closely with the Department of Health and the Department of Education – and we have made friends with Municipal Health Workers and school Principals all over the island.

Towards the end of 2016 we started on a new version of our Youth Advocates Program, training youth all over the city (and we hope eventually all over Palawan) to understand Reproductive Health and use contraception – and inform and encourage their friends to do so as well. We are hoping to create a Youth-Friendly Health Services Network throughout Palawan so that all young people will be able to access information and services for improved sexual health.

As I pack my things up to retire from “active duty”, I look back at the last seven years with a sense of accomplishment. We have changed the lives of thousands of young women and their families, improving their health and life quality, sometimes actually saving their lives. We have changed the lives of many thousands of young people and impacted their futures in ways we cannot yet measure. We have impacted every staff member in complex ways that will play out for years to come. And we – I think I can fairly speak for Ami and Marcus as well as myself – have undergone amazing life changes.

Now feels like the right time for me to retire, and as I prepare to step back from Roots of Health, I find I cannot even imagine what new accomplishments, new directions, new life changes this organization will undergo. But I leave with the faith that they will be amazing.

Susan Evangelista



Vision and Strategy



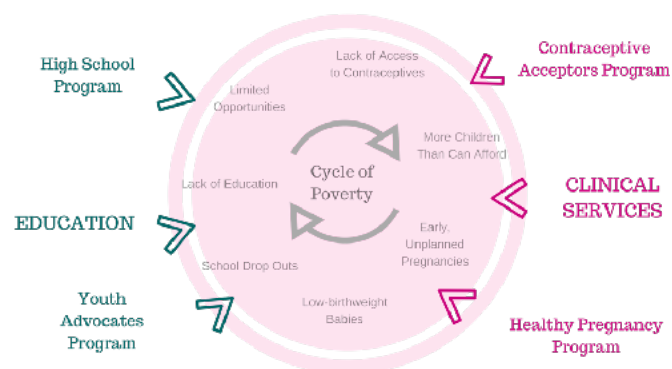
Investing in reproductive health is a cost-effective way to improve overall health, improve lives, and decrease poverty. Planned pregnancies are healthier than unplanned pregnancies. Planned babies are healthier than unplanned babies. Healthier children spend more time in school. More educated young people are a benefit to society.

Palawan has poor reproductive health indicators, low human development indicators, and high levels of poverty. To improve reproductive health people need access to accurate information and appropriate services. With this in mind we provide both education and services. In places where we do not have a clinic we do our best to link people to health providers in their area.

Roots of Health is guided by the Human Rights Framework. We believe that when individuals are

provided with information about their health and the ability to act on it, they can and will change their lives.

All of our programs are therefore structured to provide women and young people with as much relevant information as possible in a way that is easily accessible. All of our education programs are delivered in Filipino, are age appropriate and culturally sensitive.



Where We Work



Palawan, also known as the Last Frontier, is a poor province and is undeveloped in comparison to the rest of the country. It has high rates of maternal mortality, teenage pregnancy, and a rapidly increasing rate of HIV infection.

Roots of Health is based in the capital city of Puerto Princesa but works across the island. Palawan is comprised of 1,1780 islands and the mainland has a mountain range down the middle. Many people isolated and do not receive adequate government services.

The provincial government has actively cut funding for reproductive health programs due to religious and personal reasons. This has left many women without access to reliable contraceptives.

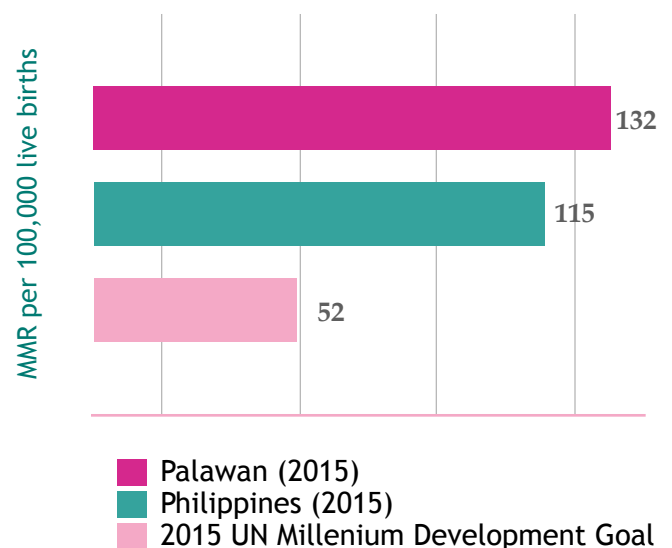
While the Puerto Princesa Health Office has made strides to improve maternal health, local health centers are severely understaffed and underfunded.

Young people throughout the province do not receive reproductive health education in schools. Sex is rarely discussed in families, except in terms of being sinful and forbidden, and young people are having sex at increasingly younger ages.

Lacking accurate information from their schools and their parents, young people have to rely on their friends and questionable sources on TV or the Internet. This self-education leads to belief in myths and misconceptions about sex and high rates of teenage pregnancy. In Puerto Princesa one in four pregnancies is to a teenager.



Maternal Mortality Rate (MMR)



Source: Palawan Provincial Health Office

Clinical Services



Roots of Health provides reproductive health services to underserved women in Palawan. We do this because government services are currently inadequate for the number of women that need services.

In all of our work we partner with the local Department of Health Offices to ensure that our resources are maximized and that we do not duplicate efforts. We share our data with the health offices.

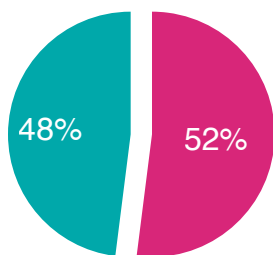
In 2016 we expanded our services beyond Puerto Princesa City in a more sustained way thanks to a grant from Family Planning 2020 (FP2020). We traveled to many isolated islands where women lined up for hours to avail of our services. These were women who either wanted to space their births or were happy with the number of children they had.

One way to calculate this impact is through the Couple's Years Protection (CYP) indicator. Each contraceptive dispensed is assigned the time for which it is effective. These times are all added together to give a total number of years that couples are protected from an unwanted pregnancy. In 2016 this was 9,141 years.



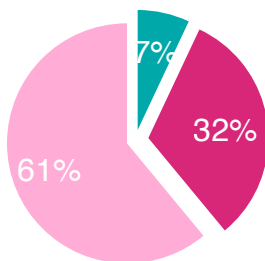
Contraceptives

Contraceptive Users by Method



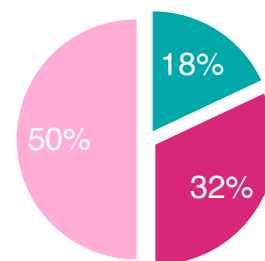
- Short Acting
- Long Acting

Contraceptive Users by Age



- 15-19
- 20-25
- 26-50

Contraceptives Accessed In



- Clinic
- Communities
- Missions

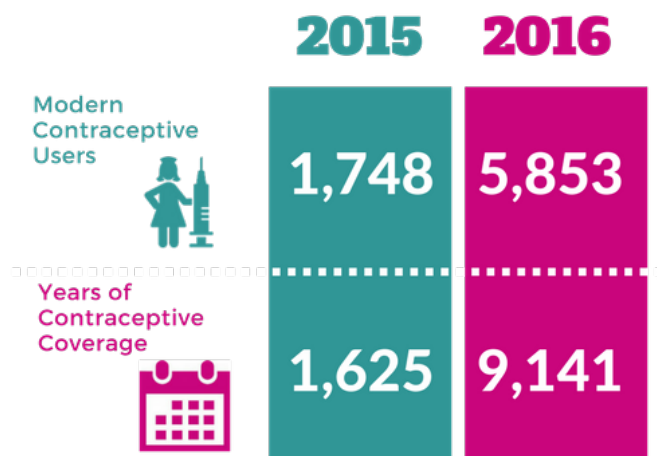
In the last year, our contraceptive acceptors have escalated in number; we have increased by over 200%. Many women from the communities have been accessing services during community visits, and women from around the city have been visiting our office for services. These clients avail of all family planning methods such as pills, DMPAs, IUDs, condoms and contraceptive implants which are still the most popular among the hormonal methods of contraception.

Story Highlight:

We met our client, Cecille* (not her real name) in 2012. She had 8 children and did not want anymore. Her family lived in poverty but her husband insisted on more children even when they could not support them adequately. She started using oral contraceptive pills and was relieved not to have to worry about another pregnancy. Unfortunately in 2015, her husband decided that she “looked too sexy” and insisted she stop using pills. She stopped against her will and within months was pregnant with their 9th child. After delivering in 2016, she approached our staff and was very clear that she could not go through another pregnancy and bear another child. She wanted to be able to control her fertility without her husband knowing. Our staff gave her an IUD, which to date she has managed to keep a secret from her husband.



Where possible we do prefer that couples are in agreement about the method a woman is using. But in cases where the woman could die if she has another pregnancy, we will always support the woman.



Healthy Pregnancies



Thanks to our sustained education and services in the poorest communities in the city our clients are now more conscious about seeking health care for their pregnancies. Our Community Health Advocates (CHAs) play a big role in encouraging pregnant women to have regular prenatal check ups during community clinical services.

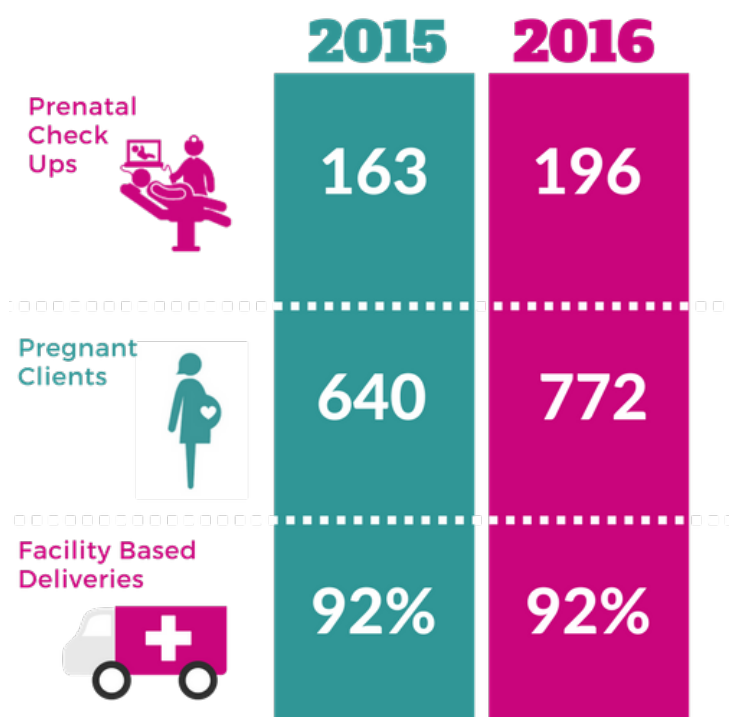
Thanks to the continued support from the Korean International Cooperation Agency (KOICA), we were

able to enroll high-risk pregnant women to the Philippine Health Insurance, PhilHealth. Because of their high-risk pregnancies, these women were required to deliver in a hospital. During the course of their pregnancies, our staff and our CHAs closely monitored them. The monitoring included reminders on diet, exercise, provision of prenatal vitamins, and birth plans for their safe deliveries.

Apart from providing the prenatal services in our communities we also offer them free of charge at our clinic in the Puerto Princesa City. Our clinic is now known to have friendly, approachable, and competent staff and we have a systematic approach in terms of referrals for laboratory exams, ultrasound tests, and ob-gyn consultations. As a result more women are accessing our services and improving birth outcomes for their babies.

Story Highlight:

Thankfully the majority of our clients have uneventful and safe deliveries due to their quality prenatal care. But sometimes things can go wrong and it becomes so important to be giving birth with a skilled attendant who recognizes warning signs. Our midwife May was helping our client, Joanna, deliver her second baby at a birthing clinic. Joanna was already crowning (the baby's head was visible) when she arrived so May began assisting her. After some minutes of little progression for the baby through the birthing canal, May realized that the baby had shoulder dystocia and could not fit through the birth canal, leading to obstructed labor. There was not enough time to transfer Joanna to a hospital so May assisted her in every way she could, eventually helping her push her baby out. May had arranged for an ambulance to transfer the baby to a hospital immediately and he recovered well and is a healthy baby today.



Community Health Advocates



For most of 2016 Roots of Health had 50 Community Health Advocates (CHAs), serving 9 communities. The primary responsibility of the CHAs is to support the Clinical Team by providing assistance during clinical services for both prenatal and family planning services.

Our CHAs are very open to learning and we put a lot of effort into training them well as they are the ones in communities 24/7.

In January, we began the year by training the CHAs on Strengthening Recording, Reporting, and Referral Systems. This training paved the way to a very strong Monitoring & Evaluation system using a simplified yet comprehensive client monitoring document that the CHAs submit to ROH before each month ends.

During the second quarter, we had a successful workshop on Talking to Kids about Reproductive Health. We recognize that the CHAs can play a big role in dealing not only with their kids but also with young people in their communities in addressing teenage pregnancy.

During a refresher course in Hormonal Methods of Contraception, CHAs were interviewed one by one to ensure that everyone was effective at conducting family planning counseling with clients and that they had all developed confidence through the years of volunteering as health workers in their respective communities.

At the Postpartum and Newborn Care Training, the CHAs learned the importance of close monitoring of their clients after they deliver because this is the stage in which many complications manifest. This training also encouraged pregnant moms to develop health seeking behavior like consistent prenatal and postnatal checkups before, during, and after their pregnancies.

A cervical cancer and Zika Virus training was held in the third quarter. After the training, the CHAs gathered the women in their communities and facilitated community sessions on the topics. The CHAs consistently show leadership and commitment in raising awareness among community members regarding health issues. And again, women were encouraged to take charge of their own health.

During the fourth quarter, Basic Life Support Training was conducted in collaboration with the Philippine Red Cross. CHAs were taught the basics of first aid, including CPR.

The CHAs reported that the training was useful to them because now they can use these skills during emergency situations in their communities. Their neighbors already rely on them for basic first aid so having the extra CPR skills is a bonus.

LARC Missions



Our Mission trips were intensified starting September 2016 when FP2020 offered to support our efforts to reach more of the hard to reach communities in Palawan. By providing women access to contraceptive information and services, we significantly improve the reproductive health outcomes of women in Palawan.

In 2016 our team reached 11 municipalities in Palawan from Balabac in the south and to Culion in the north. Many of the municipalities we visited are considered hard to reach due to limited road access, and in the case of the islands, rough seas and limited boat access.

Our Missions work has strengthened our partnership with our provincial and municipal counterparts greatly. Rural Health Units provided logistical support and referred interested women to attend our information classes.

During the Mission, women are gathered in a venue for basic Reproductive Health/Family Planning information. They are also given a chance to raise questions and clarify issues/concerns. Following the informational overview, each woman who wants contraception has a counseling session and assessment completed by ROH staff. Together they decide the best method for her.

The Mission trips are focused on long acting contraceptives, and in practice this has been mostly implants. Women who were not eligible for implants were given other contraceptive services. During 2016, our Mission trips provided implants to 2,735 women, lessening the number of women with unmet needs for contraception in the province. This was 89% of all the women who accessed contraceptives during our Missions.

In addition to direct provision of services, the clinical team trained 48 Rural Health Unit midwives and nurses on the basic information about implants. Once the Supreme Court (hopefully) lifts the Temporary Restraining Order on the provision of implants, these midwives and nurses will already have prior knowledge about the implants and will just need to be trained in the actual insertion and removal.



Youth Programming



Our Youth Team had another year of traveling frequently up and down the province of Palawan, impacting high schools from Brooks Point in the south to El Nido in the north. Our Comprehensive Sexuality Education Program has three different modules: Puberty and Gender (Grades 7 and 8); Reproductive Health, (Grades 9 and 10); and a new module on HIV and Life Planning (Grades 11 and 12). Our goal is to teach in half the major high schools in Palawan each year, and return to each school every other year, thus teaching all students all three modules.

We had planned to teach Puberty to 4,000 students and Reproductive Health to another 4,000. We set a smaller target for HIV as the module was not yet created and fine-tuned at the start of the year. We finished the year with more than 6,000 students taught Puberty, more than 6,000 taught Reproductive Health, and about 1,000

taught the new HIV module, for a total of over 13,000 students taught.

In an effort to ensure our students of a safer, more open school atmosphere in which to access sexual health information and advice, we began training teachers, impacting 141 public school teachers during the year. We cooperated with the City and Provincial Departments of Education to arrange teacher trainings in Puerto Princesa and the municipalities of Roxas and Narra. We also ran a follow-up session with the city teachers.

These teacher trainings had two main objectives: to provide teachers with scientifically accurate information on reproductive and sexual health; and to encourage teachers to understand and accept their role in providing information and counseling on sexual health to their students. We have been very pleased to

Youth Advocates

health to their students. We have been very pleased to see so many teachers accepting this role.

2016 marked a year of transition for the Youth Advocate (YA) Program. We had been working for several years with community-based Youth Advocates, but because we want to scale-up and have a larger impact on youth beyond the communities we provide clinical services in, we have adopted a new model.



The first batch of female YAs (we trained boys too).

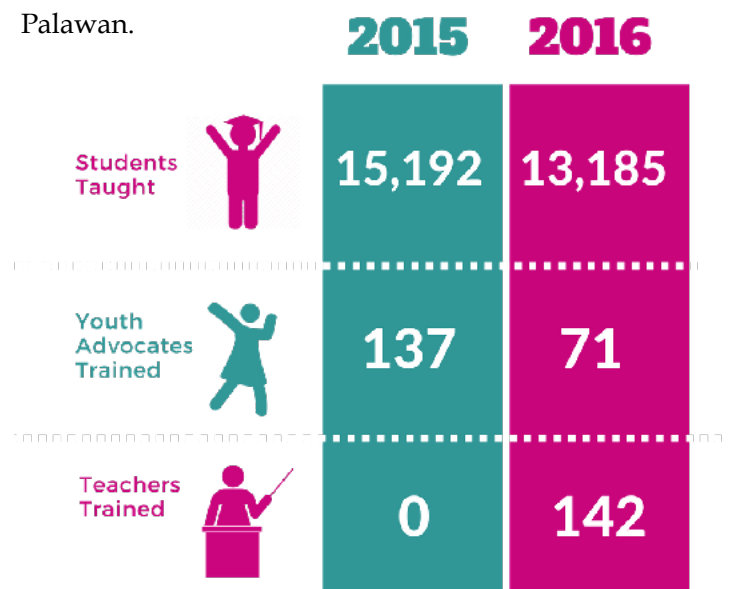
As the original program wound down, we gathered the original Core Group and gave them an exit survey to determine which of our objectives for these young people had been met. We were very pleased to find that approximately 95% of the Advocates did indeed feel like they understood how their bodies worked, and how to prevent pregnancy, and although most of them were not yet sexually active, they were determined to use protection when they did start sexual relations. They also said that they had been sharing information with their friends and they would continue to do so. Furthermore 95% felt that they could reject unwanted sexual advances and understood that they held the ultimate rights over their own bodies.

YA 2.0 was designed to gather Advocates not affiliated with our community groups, through advertising in

schools and universities, on the radio, and simply handing out pamphlets to young people. The new YAs are trained in sexual health including unplanned teen pregnancy reduction and STI prevention, and then they are encouraged to refer friends to our clinic for contraception and to the Provincial Hospital for HIV testing. The YAs themselves distribute condoms and pregnancy tests, and are also encouraged to share sexual health information with their peers.

Members of the new YA program are slightly older and more likely to be sexually active than the community based groups. By the end of 2016, 71 such YAs had been trained, and they have been doing a fantastic job of referring friends to our clinic. The leaders among them frequently congregate in our office, so we are getting to know them well. Long-range plans call for extending far beyond the city limits with this new program so that we can truly reach teenagers all over Palawan and offer them protection from unintended pregnancy and sexually transmitted infections.

These YAs will also play a significant role in our efforts to build a network of youth friendly health providers. in the province of Palawan.



Usapang K: Multimedia



In 2015, Roots of Health launched a radio show called *Usapang K* (Talk K) aimed at bringing reproductive health education to the young people of Palawan. The shows were extremely well received, with young people from the entire province texting and calling in, and with many reporting that our show was the single source of information their community had ever had on matters relating to reproductive and sexual health. Because of the demand for the show, we restarted *Usapang K* in mid 2016.

Topics included consent, relationships, virginity, courtship, cheating, sexual orientation and gender identity, bullying, social media, moving on after a breakup and violence against women. Our show aired live during a Saturday afternoon segment broadcast throughout Palawan, and was replayed that evening.

Listeners called in with their opinions and questions, and they also engaged with the show's topics on our

Usapang K Facebook page. Listeners of the show appreciated the honest and open way our team spoke about reproductive health. Many of the listeners said they'd never been given RH knowledge before.

We closed the show at the end of the year but have continued to engage with young people through the *Usapang K* Facebook Page and website.



Staff



We are constantly awed and inspired by the caliber and commitment of our staff. They are not only skilled, but also passionate and dedicated individuals who believe in women's and young people's empowerment and will go the extra mile to provide the best quality services.

We are so proud of all that our amazing team accomplished during the year!

Clinical Team

Daisy Ellorquez
May Arzaga
Mark Favila
Shery Villagrancia
Geovacerela Bayron
Aizeel Cajayon

Executive Team

Ami Swanepoel
Marcus Swanepoel
Susan Evangelista
Robelle Cortezano
Melinda Buñag

M&E Team

Jeri Abenoja
Rowena Clasara
Mary Rose Miranda
Ciara Lee Quiban

Operations Team

Gehnefer Lavirez
Rica Pacaldo
Jay Arguelles
Ruiza Bersales
Eric Ellorquez

Youth Team

Jan Servando
Robaika Pagusara
Ivann Polizon
Connie Samsona
Emysue Ballares
Jury Castro
Arthur Demain

Fellows

Paola Garcia

Interns

Kara Banson
Alyssa Jang

Governance



Our Board of Directors in New York City is responsible for overseeing governance, finances, programming and fundraising.

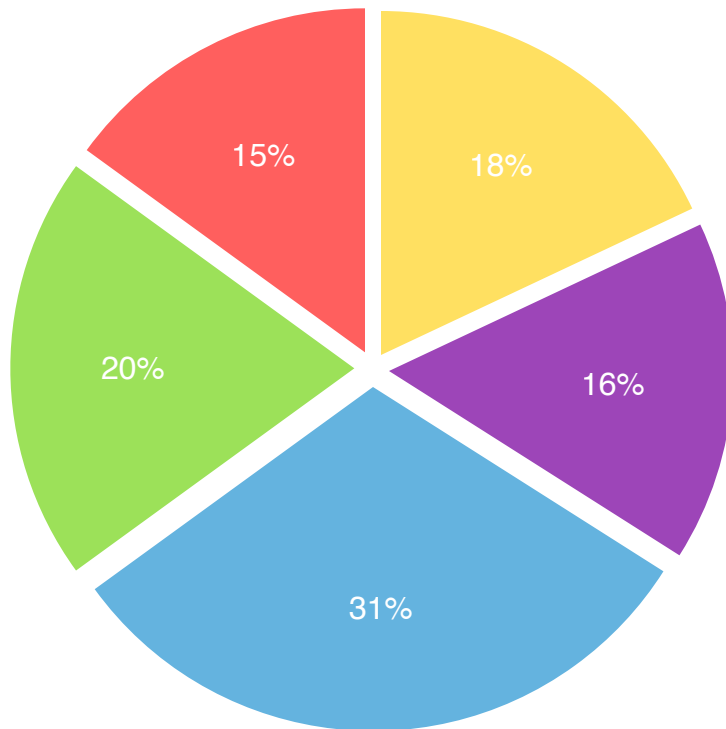
Marty Dewees (Treasurer)
Justine Fonte
Sabrina Hermosilla
Suneeta Kaimal
Christine Moran
Keefe Murren
Rachelle Ocampo
Stefanie Schmidt (President)
Blanka Wolfe

Our Advisory Committee is based in the Philippines and is responsible for guiding Roots of Health by providing logistical, strategic and technical support. In addition to individuals with experience in reproductive health, nonprofit management, research and design, the group also includes two Community Health Advocates and two Youth Advocates.

Annabelle Agustin	Gearlden Gabay
Noreen Mae Bungalso	Mae Legazpi
Pamela Cajilig	Junice Melgar
Carlos Celdran	Narcy Mikkelson
Marcelito Cosicol Jr.	Sara Reysio-Cruz



Financial Report



Expenses by Program

- Administration
- Community Health Advocates
- Clinical Services
- High School
- Youth Advocates

STATEMENT OF ACTIVITIES as of 31st December 2016

		12/31/2016
RECEIPTS:		
	Donation	\$305,555.59
	Other Receipts	\$11,826.66
	TOTAL	\$317,382.25
Less: Direct Expense		\$198,550.96
Gross Income		\$118,831.29
LESS: Program/ Project/ Operating Expense		
	Business Expense	\$4,025.78
	Contract Services	\$807.10
	Facilities Expense	\$5,141.50
	Utility	\$847.65
	General & Administrative	\$35,755.78
	Depreciation	\$6,792.48
	Total Disbursement	\$53,370.29
Excess/ Deficits of total receipts over Disbursement		\$65,461.00

2016 Exchange Rate:
\$1 USD = 49.591 PHP

Financial Report

STATEMENT OF FINANCIAL POSITION as of 31st December 2016

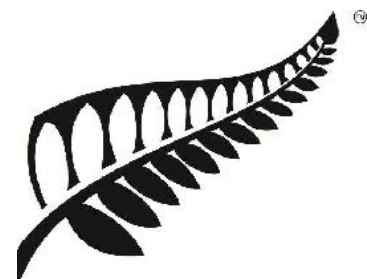
ASSETS			
	Current Assets		
		Total Checking/Savings	\$213,743.30
		Total Accounts Receivable	\$929.28
		Total Other Current Assets	\$1,061.19
	Total Current Assets		\$215,733.77
	Total Fixed Assets		\$13,119.33
TOTAL ASSETS			\$228,853.10
LIABILITIES & EQUITY			
	Current Liabilities		
		Accounts Payable	\$1,582.84
	Total Current Liabilities		\$1,582.84
	Total Liabilities		\$1,582.84
	Equity		
		Opening Balance Equity	\$161,809.25
		Net Income	\$65,461.00
	Total Equity		\$227,270.25
TOTAL LIABILITIES & EQUITY			\$228,853.10

Supporters

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 Aisha Jordan
 Alexandra Beyer*
 Alexia Kyprianou
 Alia Vajrabukka
 Amazon Smile Foundation
 Andrew A MacGregor
 Angelica Ferrer
 Angelica Veza*
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 Dr. Daniel Yeh*
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 Thomas Beyer*
 Thomas Hart*
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*Recurring donor



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