**Improving Acceptability, Access and Coverage of Key Health Services in ARMM through "Tumpukan Na!"**

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**SUMMARY:**

The Autonomous Region in Muslim Mindanao ARMM) is a regional *aggrupation* (group) of five provinces and one city populated by 13 ethno-linguistic groups with its own distinct language and culture and health care mechanisms.

In terms of health indices, it has one of the highest reported maternal and neonatal deaths in the country. Taking these issues onboard, the SHIELD project introduced a package of intervention methods that cut across boundaries and took into consideration the language of, and understanding by each cultural group.

These interventions were usually delivered from the perspective of the health managers and service providers on what they thought the community should have as opposed to what the community wants. They were communicated through a common language and the assumption was that everybody had the same understanding.

*"Tumpukan Na!"* ("To gather, to Assemble, to Talk, to Chat,") is a health action session among target groups that focuses on specific health topics such as immunization, breastfeeding and maternal care. It involves the conduct of a focus group discussion to determine the level of understanding about specific health interventions and identifying key words that are acceptable and understandable by the community. *"Tumpukan Na!"* aims to change the client's behaviour by identifying their own health care needs and pro-actively demanding and accessing health services.

*"Tumpukan Na!"* has been the standard communication for behaviour change intervention within the project during the biannual national *"Garantisadong Pambata"* nutrition campaign. It has been instrumental in reducing unmet need by increasing acceptors in LAPM in the municipality of Lamitan, in the province of Basilan. Out of 37 with unmet need for BTL who participated in the *"Tumpukan Na"* initiative, 28 sought information from a provider and 21 received the service.

The process involves three parts: Part 1 – Understanding and appreciating the importance of specific health interventions (immunization, Vitamin A supplementation, breastfeeding and hygiene and diarrhea management); Part 2 – Knowing the community; Part 3 – Message development and negotiating for and trying more feasible behaviour (based on findings from Part 2).

Key questions raised during the "*Tumpukan Na"* include: What do they call the diseases in the local language? What is their common understanding of the disease? What are the behavioural differences between couple-to-couple? What behavior is common? Is the behaviour rooted in religion? Or is it because it's been the accepted practice? What are the openings where we can negotiate for small changes in behaviour?

The success of the strategy means it is important to scale it up and make it an integral part of the supply-demand-advocacy strategy for improving health outcomes.

Discussion:

Q. How do different groups identify a particular disease in the local language?

A. In the application of *"Tumpukan Na"*, the choice of words used is not the most important issue and it is the pictures that give a better understanding of the disease and what intervention is needed. It is important that a cultural approach to communication is used, so for instance, it is important that

visuals are taken from the community, so that community members understand them. *Tumpukan Na* is now the main strategy under the advocacy component.