



USAID
FROM THE AMERICAN PEOPLE

TANGO II Final Report Project Summary



ACKNOWLEDGMENTS

The completion of the Technical Assistance for the Conduct of Integrated Family Planning and Maternal Health Activities by Philippine Nongovernmental Organizations (TANGO) Project marks a milestone in the development of a private sector model for the delivery of family planning and maternal health services in the Philippines. JSI is proud of its accomplishments, which have paved the way for the emergence of the midwife-entrepreneur, a term unheard of until the Well-Family Midwife Clinic (WFMC) came along. More importantly, we are proud of our contribution to making quality but affordable family planning and maternal and child health services accessible to lower income Filipino families.

JSI acknowledges with appreciation and gratitude the several people and organizations that have contributed to the establishment of the WFMC franchise network: To the United States Agency for International Development (USAID) for the financial assistance that enabled us to develop the WFMC franchise into one of the most innovative projects in the developing world. To the Department of Health for its support in facilitating certain requirements especially during the clinics set up. To our partner nongovernmental organizations (NGOs) for their willingness to embrace a paradigm shift from their traditional role of grantees to becoming entrepreneurial as clinic business development partners. To the midwives for the dedication to their craft and for demonstrating their capability to take charge of their lives and of their practices. To our consultants who helped us design the tools used to develop the WFMC business model. And to the several corporate sponsors that continue to recognize the social impact and the business potential of the WFMCs.

This report is not meant to capture all the activities and accomplishments of the project during its ten-year period, rather, it will endeavor to present the major highlights of the project results and accomplishments. Details of project activities and accomplishments are contained in the semestral reports that have been submitted to USAID.

I. PROJECT SUMMARY

A. BACKGROUND

The Technical Assistance for the Conduct of Integrated Family Planning and Maternal Health Activities by Philippine Nongovernmental Organizations (TANGO) Project was awarded to JSI Research and Training Institute, Inc. (JSI R&T) on February 8, 1995. The initial approach was to build sustainable nongovernmental organizations (NGO) supported family planning (FP) programs by strengthening NGO management capacity. Following an assessment in 1996, TANGO focused on the development of an alternative

private sector model for the provision of FP and maternal and child health services. Thus, in 1997, JSI in partnership with six NGOs opened the first batch of Well-Family Midwife Clinics (WFMCs) in key urban areas in the Philippines.

The overall goal of the redesigned TANGO project was to increase the availability of family planning services by significantly expanding the number of midwife-owned clinics providing basic family planning and maternal health services. The major innovation of the project is a private sector franchise model for midwife clinics, the WFMC, which provide FP and MCH services on a for-profit basis. Under this franchise model, TANGO had three (3) sets of beneficiaries:

1. Midwives as franchisees received clinical and business training and marketing support that enabled them to manage a successful clinic business;
2. Local NGOs as area franchisers received management training and were given a key role that helped build their capacity to oversee the delivery of FP/MCH services by their portfolio of clinics; and more importantly,
3. Clients received quality but affordable services at the clinics, thus eliminating their reliance on public sector services.

B. THE PHILIPPINE COUNTRY CONTEXT

The population of the Philippines stood at 84 million in 2002. With an annual growth rate of 2.36%, and a prevalence rate of 38% for modern family planning methods, the country has one of the highest population growth rates in the world. There is also a high level of unmet need for family planning services, as demonstrated by the disparity in the total fertility rate of 3.7 and desired family size of 2.7.

Inadequate access to health services for both the urban and rural poor, and gaps in maternal care contribute to a fairly high rate of maternal mortality at 172/100,000 live births. Although 86% of pregnant women has at least one prenatal consultation with a professional and 77% of pregnant women have three or more prenatal checkups; skilled personnel attend to only 56% of births. Midwives rank second to doctors among the preferred service providers for maternal deliveries.

For decades the Department of Health (DOH) in the Philippines has operated a system of hospitals, rural health centers and barangay health stations to provide health care to all citizens. Services are provided free of charge or for very nominal fees, although patients might have to provide their own medical supplies such as bandages and sutures, and pay for medications. Those who can afford generally seek care from medical specialists in private clinics and hospitals. While typically the general public cannot gauge the quality of clinical care client interviews and anecdotal evidence suggest that public health facilities generally do not provide satisfactory service in terms of convenience such as hours of operation and waiting time, availability of supplies and medications and client-provider interaction. Thus, even low-income clients are increasingly willing to seek health services from private

providers who treat them more respectfully, have convenient hours of operation, less crowded waiting rooms, and provide more individualized attention.

Segmenting markets and targeting health subsidies more effectively, the private health sector is being explored as a way to help meet health care needs in the Philippines. Since the government cannot provide satisfactory health care to all, almost 60% of Philippine health expenditures are from private sources, a large percentage of which is out-of-pocket. It is within this context that JSI developed the conceptual framework for the WFMC to serve as an affordable option for lower income families that can afford to pay moderate prices for health services in the private sector rather than relying on public sector health facilities.

C. THE WFMC – ADAPTING COMMERCIAL FRANCHISING FOR PRIMARY HEALTH CARE AND FAMILY PLANNING

The WFMC is the basic performance indicator of the TANGO project. What makes the WFMC service model unique is it assists midwives to become independent owner operators of fully sustainable FP/MCH service facilities. This was done via an NGO-based franchise model and rigorous application of business tools and methods. The business objectives of this franchise model are to: increase family planning use by stimulating provider productivity through clinic ownership; increase cost effectiveness of service outlets by using midwives rather than nurses and doctors; and develop profitable and sustainable service delivery mechanism that can function with reduced or no external funding.

The specific characteristics of this franchise model include: a uniform business model based on commercial franchising that must be followed by all project partners; uniform services and operating quality standards for all franchise partners; fee for service; costing and pricing set by JSI for the clinics; strictly enforced midwife selection and de-selection criteria; clinics independently owned and operated by midwives as the franchisees; a unique “brand” used by all franchise partners; NGOs acting as area franchisers; geographically concentrated franchise clinics affiliated with a designated NGO area franchiser; and JSI in the role of de facto national franchiser until a local Filipino entity could be established as the national franchiser replacing the area franchisers.

For the duration of the TANGO project, JSI as the de facto franchiser was responsible for the overall technical assistance and oversight for the operations of the franchise network. JSI worked with a total of ten NGOs, which served as area franchisers. To join the franchise, selection criteria required the NGOs to have: an entrepreneurial orientation; the basic organizational capacity to implement a service delivery program; previous experience in FP/MCH service delivery; and be willing to oversee a specific geographic area. Following a set of protocols, these NGOs were tasked to select clinic locations and identify and recruit midwives who were interested in owning and operating clinics. The NGOs were also responsible for technical support to their portfolio of clinics for the midwives training, marketing, business planning and the procurement and distribution of clinic supplies and commodities. NGO supervisors made supervisory visits to the clinics to offer on-site

assistance in clinical practice, business management and marketing and to assess the midwives' compliance with WFMC operations standards. The NGOs also helped ensure the collection, analysis and submission to JSI of service statistics and other data needed for the management information system (MIS) used to monitor performance and improve services.

The midwives, who were admitted to the network, were required to meet selection criteria, invest in the renovation or construction of their clinics and cover daily operating costs. Clinic locations were appraised for market feasibility that also considered such factors as population density, disposable income of households, access to various means of transportation, proximity to referral doctors and hospitals, support of the LGUs and receptiveness of the local communities to private FP/MCH service providers.

For the midwives, being part of the WFMC franchise provides various benefits and incentives; the most significant of which are greatly enhanced income and clinic ownership. Other benefits are: access to training and technical assistance; quality assurance updates; technical assistance for business and clinical practices; low-cost supplies; support of a professionally designed marketing program; opportunities for networking and peer support; and a package of clinic equipment and instruments.

D. TANGO PROJECT ELEMENTS

The project elements of TANGO also served as the support mechanisms which were essential to the development of the business and service delivery framework of the WFMC:

1. Services

The WFMC business format specifies the core services as well as how these services are to be provided at all WFMC outlets. These services are:

Family planning: Contraceptive methods including condoms; oral contraceptive pills, injectables and intrauterine device (IUD) and referrals for lactational amenorrhea (LAM), natural family planning (NFP) and voluntary sterilization for male and female. Counseling about the benefits of family planning, available methods, and appropriate methods for an individual client based on medical history and personal preference is provided during antenatal and postpartum check-ups, and for new and repeat family planning clients.

Maternal Care: All WFMCs provide a full range of care for pregnancy and delivery. Services include pre natal check up, labor and normal childbirth and post partum check up. In the event of complications, the midwives are trained and equipped to stabilize and refer. All WFMCs have back up physicians and designated referral facilities. Tetanus toxoid immunization, iron+folate supplementation, nutrition counseling, anemia screening, breastfeeding, and

family planning counseling are done during antenatal visits. Immediate postpartum care includes initiation of breastfeeding, management of hemorrhage and referral if needed.

Women's Reproductive Health: Services include pap smear, pelvic and breast exam, and pregnancy testing.

Infant and Child Health: Services offered for care of the newborns, infants and young children include breastfeeding counseling and management, well baby check-ups, Vitamin A supplementation, deworming and immunization.

Other Services: Midwives also offer blood pressure screening, ear-piercing for infant girls and wound care. As optional service, the WFMCs may sell over-the-counter medicines such as analgesics and antiseptics, and other health care products such as bandages, sanitary napkins, soap, and toothpaste.

2. Training

Under the TANGO project NGO staff received management training and technical support that enabled them to manage and oversee the operations of their portfolio of clinics. This training included:

- Project Management and Monitoring
- Field Supervision and Monitoring Training for Field Supervisors
- Supervision of Well-Family Midwife Clinic Services (Clinic Supervision for Quality Assurance)
- Costing and Pricing of Clinic Services
- Public Relations and Grassroots Promotion
- Business Development and Planning
- Rapid Market Appraisal
- Business Planning: Coaching the Coaches
- Costing and Pricing of NGO Essential Services
- Clinic Data Analysis and Utilization for Family Planning Services

The midwives received both clinical and business training that enabled them to operate their clinics profitably: This training included:

- Integrated Basic/Comprehensive Family Planning Course
- Interpersonal Communications Skills
- Family Planning Counseling
- Suturing Perineal Lacerations and IV Insertion
- Basic Life Support
- Immunization (paid for by the midwife)
- Ambulatory Health Facility Management
- Management and Referral of OB Emergencies and Complications
- Business Planning

- Bookkeeping
- Salesmanship and Customer Relations

3. Quality Assurance

The TANGO project put considerable effort into creating a culture of quality for the WFMC franchise. The strategy for developing and maintaining a high level of quality assurance (QA) uses inter-related and uniform standards. The QA strategy included the following mix which all serves to reinforce provider competence:

- Clinical and business training
- WFMC operations policies and standards
- Clinic improvement and set up
- Clinical back-up and referral mechanism
- Supervision
- Reference materials, supervision
- Deselection of midwives who chronically under-performed; and
- The WFMC Diamond Awards recognition program.

These elements were reinforced by the individual franchise business plans, as well as comprehensive evidence-based, monitoring system.

4. NGO Performance-Based Payment Mechanism

To ensure that the NGO area franchisers were fully motivated to reach agreed on benchmarks, the TANGO project instituted a performance-based payment mechanism (PBPM) that linked payment to the NGOs for technical support with outputs and benchmarks tracked by the MIS. The PBPM encouraged the NGOs to be more efficient and productive, the more outputs that were achieved at lower unit cost to the NGO, the greater the margin of earning. The PBPM served not only the Project's need to make the clinics and the NGOs accountable for performance, but instilled an awareness of the importance of performing efficiently.

PBPM benchmarks were established and updated annually based on mutually agreed milestones between JSI and the NGOs. On an average, 80-90% of the benchmarks were achieved within the annual work plan periods.

5. Management Information and Clinic Performance Monitoring

A management information system was developed to track inputs to and outputs of the NGOs and the midwife franchisees. The MIS was used to monitor and improve the quality of services, the effectiveness and efficiency of the network, and the financial sustainability of the franchise. During the first two years of the project, only quantitative performance indicators were used but in 1999, new qualitative indicators as well as additional quantitative performance indicators were incorporated. MIS data from the

clinics were passed on to the area franchisers and to JSI where the data were analyzed and used to coach the midwives in improving service delivery and in business planning.

6. Marketing and Business Development

The TANGO project conducted a market survey in late 1996 to better define the target market and understand needs and desired services. Data from the survey were used to develop a national advertising and local public relations campaign. In the process of designing the campaign, the franchise brand was established with the name of “Well-Family Midwife Clinic,” and a selling proposition, “Affordable Quality Health Care at Your Convenience,” as well as a logo and signature colors.

To attract and keep paying clients, the WFMC midwives understood that their clinics had to offer better services than their competitors, whether other private sector providers or the public sector. To segment the market, WFMCs had to offer convenient hours and locations, quality services with a client orientation, and clean, comfortable facilities. The WFMCs distinguished themselves from government clinics by stocking commercial brands of contraceptives rather than dispensing free contraceptives available from the public sector.

Over time, it was found out that one of the major problems to franchise growth was low demand and low utilization of clinic capacity, resulting in low income and reduced financial sustainability potential. Noting that there was correlation between marketing efforts and the levels of clinic utilization, JSI developed a strategic marketing plan to improve clinic-level marketing in order to expand client loads, improve family planning performance and increase clinic profitability. Key elements of the strategic marketing plan included: Image building, development of sales program, and development of new marketing communication tools.

Local clinic marketing was also undertaken by individual clinic franchisees. Among these, buntis parties, hosted by the WFMC midwives for pregnant women, have been a popular and successful technique to inform prospective clients about their services and attract new clients.

E. PROJECT ACCOMPLISHMENTS

The following are the accomplishments of the TANGO Project. Many of these accomplishments have been groundbreaking thereby changing the landscape of midwifery practice and FP/MCH service delivery in the country:

1. Designed and implemented a new, innovative, sustainable model for franchising health service delivery.

- a. Developed the concept of providing fee-based FP/MCH services to the CD market.
 - b. Created opportunity for private midwives to become health entrepreneurs and private service providers of FP/MCH services.
 - c. Established and marketed the franchise concept of private, neighborhood health facility for FP/MCH services.
 - d. Evolved the NGO role from project implementor to essential service provider and/or area franchise agent.
 - e. Facilitated the conversion of FP/MCH service product from public to private good.
 - f. Facilitated the formation of a national franchiser, the Well-Family Midwife Clinic Partnerships Foundation that will continue to manage the business franchise system.
2. Created a network of 151 viable franchised clinics with 130 achieving operating sustainability and 124 already achieving financial sustainability.
 3. Created a market among the underserved C and D economic segments, resulting in large numbers of services provided:
 - Family planning = 283,771 couple of years protection (CYPs)
 - Maternal and child health = 1, 696,315 services
 - Revenues generated from clients = USD 6,073,167
 4. Created technical tools and systems to implement the franchise model:
 - a. Clinic level:
 - 1) quality control
 - 2) capacity development
 - 3) business development
 - b. NGO level:
 - 1) performance-based monitoring
 - 2) capacity development
 - 3) business development

A compilation of selected studies manuals, tools and systems is in Annex B.

5. Cultivated a paying market for the clinics and provided an option for health care consumers from C and D market segments.
 - a. Designed and implemented network-wide and community-specific marketing promotion schemes to create awareness, encourage trial usage and maintain continuing patronage of clinic services.
 - b. Introduced a viable pricing system for clinic services to achieve cost recovery and profit maximization.

- c. Introduced the use of commercial brands of contraceptives in the services offered by the clinics.
6. Empowered midwives
- a. Transformed the role of the midwife from ordinary health care provider to an entrepreneur who has her own clinic thereby enhancing her self- confidence and professional status.
 - b. Enhanced the midwife’s social and economic status in the community.
 - c. Provided opportunity to achieve long-term financial security and social mobility for the midwife and her family.
7. Influenced government policy on recognizing the midwife as one of the professional health care providers.
- a. Created an opportunity for the midwives to become accredited service providers for the Maternity Care Package of the Philippine Health Insurance Corporation (PHILHEALTH).

F. PROJECT SUSTAINABILITY AND REPLICABILITY

One of the major achievements of the TANGO project is laying the foundation for both program and financial sustainability.

1. Organizational and Program Sustainability - The Well-Family Midwife Clinic Partnerships Foundation, Inc. as National Franchiser

Prior to the end of the TANGO project, JSI in consultation with the NGOs and the midwives determined that in order to be sustainable the WFMC franchise needed a national franchise entity to manage franchise operations. While all of the NGOs have improved their management capabilities significantly over the course of the project, there is no single NGO that could assume responsibility for overall franchise management. Not only does the role of the national franchiser exceed the current capabilities of all the NGOs, the unique mission and governance structure of an individual NGO could be at odds in the future with other franchise partners or with the objectives of the franchise. It was clear that the long-term stability and growth of the franchise require an independent franchiser whose only mandate is the WFMC.

After consultations between the NGOs, the midwives, USAID and JSI, the WFMC Partnerships Foundation was registered with the Securities and Exchange Commission in June 2002. JSI assisted the Board of Directors and the management staff with the initial phase of the organizational development of the foundation by providing technical assistance in the development of the franchise program and the various aspects of organizational development. In September 2004, a new five-year franchise agreement

was forged between WPFI and 151 midwives who decided to remain in the franchise network. These midwives paid a franchise fee of Pesos 30,000. Most of the midwives who did not sign the new franchise agreement decided to continue with their clinic operations under different but similar sounding clinic name like “Well-Care Midwife Clinic” - a testament to the recognition of the WFMC brand.

Henceforth, WPFI assumed full responsibility for oversight of the WFMC franchise network. Implementation of the foundation’s business plan is underway.

In addition to revenue generation and marketing the brand, WPFI will maintain the following ongoing essential services:

- Technical training updates;
- Monitoring and maintaining quality;
- Marketing and advertising;
- Facilitating access to credit via a credit guarantee facility;
- Providing access to low-cost supplies; and
- Sharing information on technical and WFMC matters of interest

As WPFI develops capacity, it will assume all of the national franchiser functions previously handled by JSI and will assume most area franchiser functions done by the NGOs. These NGOs will gradually convert to providers of technical support services carried out under contract to WPFI.

2. Financial Sustainability

Achieving financial sustainability for the franchisees, the NGOs and for the WFMC franchise as a whole has been a central objective of the TANGO project from the beginning.

JSI believed that financial sustainability was a realistic goal for both the NGOs and the clinics. Experience has shown however, that achieving financial sustainability for the NGOs was much more elusive than for the clinic franchisees. The monthly fee charged by the NGOs from the clinics was inadequate to cover the costs of supervision, monitoring and other essential services. This problem was exacerbated by the inability of some NGOs to collect the fees on a regular basis, due in part to the midwives’ dissatisfaction with the services provided by the NGOs and largely due to the reluctance of the midwives to part with their hard-earned money. That the NGO franchisers were not able to achieve financial sustainability, despite subsidies from the TANGO project, is of particular concern for WPFI hence, it is using the experience of the NGOs to implement cost containment measures, diversify its sources of revenues and not solely rely on royalty fees.

At the clinic or franchisee level, two important considerations for financial sustainability are: a. franchisee revenue and b. willingness of the midwives to continue to provide

low-demand and low profit products and services like family planning without external USAID support.

a) Franchisee revenue – from the outset of the franchise, the midwives were expected to charge prices that covered the cost of services plus a margin of profit. Of the 151 midwives who opted to sign the new franchise agreements, 130 have met operating sustainability and 124 have met financial sustainability. Net profit tends to run at about 48% of gross revenues.

For most of the WFMC midwives, their monthly earning has been sufficient to cover their operating expenses and recover their initial investment. Indeed, the majority of midwives have made additional investments in their clinics, either to meet upgraded WFMC standards, or to make improvements to better serve their clients.

The total income earned between 1997 and 2004 by the WFMCs totaled USD 6,038,165. This means that a large number of services have been provided to the opportunity poor on a largely self-financing basis.

b) Sustainability of low-profit family planning services - Meeting the twin objectives of providing family planning services and the profitability goals of the clinics remains a challenge to the WFMCs. This is because non-clinical methods permit only small markups, while clinical methods offer higher markups but tend to be low volume services. Among family planning services, only DMPA and IUD insertion and removal generate a profit – unfortunately the number of such services is small that they are not important source of revenues. Income from family planning services represents only about 10% of total clinic revenues. As the franchise network leans toward a more commercial agenda, a major issue is how to sustain family planning, which is a low profit service, in the absence of subsidized marketing assistance.

One of the strategies utilized by the midwives to provide the largest possible volume of family planning service, while maintaining good cost recovery is to bundle this with higher margin service like maternal delivery and market these services as a package.

3. Replicability

Over the life of the project the highest number of WFMCs reporting was 256. As the project geared towards the development of the network into a commercial franchise operation to be managed by WPFI, further streamlining and closing the variance of business performance and quality standards of the clinics was undertaken. This resulted to the deselection or resignation of the midwives who were not performing or meeting the standards of the WFMC network. The conversion of the WFMC into a commercial operation also necessitated the forging of a new franchise agreement between WPFI, the new franchisor and the midwife franchisees. By September 2004, 151 midwives signed the new franchise agreement for another five years (see Annex D). The current “financial break-even” number of clinics for WPFI is 385. Since the fact-finding and analysis to estimate market saturation for this service delivery model have yet to be done, the

potential scale is unknown. However, given that the number of licensed midwives in the Philippines is many times 385, and since many women at the C and D market segments lack easy access to high quality but affordable services, the scalability of the WFMC looks promising. In addition, a loan guaranty program between a local commercial bank the Opportunity Microfinance Bank and the Development Credit Authority (DCA) has been forged and this program should provide financing to enable current midwife franchisees to expand their business operations. Efforts are also underway to expand this loan program for potential and new franchisees to have access to credit for the start up business operations of new WFMCs. Once this becomes fully operational, this will help address the problem of financing which is the single most important barrier to the vertical and horizontal expansion of the WFMCs.

G. LESSONS LEARNED FROM THE WFMC FRAMEWORK

The WFMC service delivery model is one of the most innovative service delivery mechanisms ever developed for family planning and maternal health services. The uniqueness of the model offers some valuable lessons as follows:

1. Designing and implementing the business dimensions of a social franchise network like the WFMC is a major challenge. Creating a network is not as daunting as sustaining it.
2. There is a paying market among the C and D market segments, however, clients are always seeking for lower prices on an on-going basis.
3. The low contribution margin of family planning services can impact on the sustainability of clinic operations. Increasing demand for FP services and achieving high utilization levels in clinics require aggressive, sustained marketing and advertising, especially at the clinic level.
4. Competition from free or subsidized services is a major challenge despite efforts to segment the market.
5. Mainstreaming service networks into the commercial private sector is beset with various regulatory requirements of government agencies.
6. Access to financing is essential for clinic start up and expansion.
7. The WFMC business model has demonstrated financial viability through its ROI performance.
8. Branding goes beyond name and logo.

9. Ensuring the regular payment of royalty fees requires a sensible balance of valued services from the franchiser as well as strong sanctions for the chronic failure to pay.
10. The WFMC has demonstrated that the franchise model can set and maintain quality standards in the private sector.
11. There are pre-conditions in designing an effective health service franchise like the WFMC. These include:
 - Supply of trained and capable service providers willing to become owners/operators of franchises;
 - An organization preferably local which has or could develop the capacity to play the role of national franchiser;
 - A sufficient population of potential underserved CD consumers to sustain clinics located in higher density urban and per-urban areas;
 - A capable source of technical inputs to provide start-up assistance;
 - The possibility of avoiding excessive competition from the public providers for the same clients and same services;
 - A return on the donor's investments which is attractive; and
 - An assured supply of commodities at an acceptable price cost to the provider and client.

TANGO II Project Team

Easter Y. Dasmariñas
Resident Advisor

Anita A. Bonsubre
Teresita Y. Sabella
Judy Ann U. Gonzaga
Elrico V. Muñoz
Project Coordinators

Gerard P. Suanes
Business Development and Marketing Specialist

Sheelah E.R. Villacorta, MD., MPh
Medical Services Coordinator

Josephine A. Patalinghug
Finance and Administrative Officer

Thomas M. de la Cruz, D.M.D.
Laarni C. Membrere
Ester M. Sta. Monica
Andrea Leah V. Romero
Marketing Field Coordinators

Lerna T. Melo
Administrative/Project Assistant

Pia Muriel Amores
Accountant

Vera Lynn S. Calleja
Secretary

Myrtle Lyn L. Kempis
Finance and Marketing Assistant

Efren Dinglasan
Office Assistant

Annex A

**Summary of Expected Outputs and Accomplishments
8 February 1995 to 30 December 2004**

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS
February 7, 1995-June 30, 1996 (Original)		
1 Continue working with NGOs assisted during Phase 1 of this Project to continue their expansion and self-sustainability efforts.	<p>- By the end of the project, 18 NGOs will have expanded, and improved the quality at, their service delivery or information-referral sites</p> <p>- NGOs that have been funded by USAID for over 10 years will achieve 80% cost recovery from their service delivery operations under this project</p>	Subgrants were provided to 19 NGOs up to April 1996.
2 Begin family planning activities in non-family planning NGOs.	By the end of the project, at least 10 non-FP NGOs will be delivering FP services or information. Of these, approximately half will be urban-based and half will be "people's organizations"	Objectives 1 to 5 were modified as a result of February 1996 assessment which necessitated the change in project focus from institutional and NGO capability-building to FP service delivery and NGO performance-based project implementation.
3 Facilitate coordination and sharing of experience and skills through information exchange and networking activities.	- A number of information dissemination and exchange activities carried out in accordance with USAID approved workplans	
4 Facilitate sustainable management and technical/clinical human resources development in the community.	- The Management Training Program continues and expands to include "advanced" modules and technical-clinical topics and is accredited by DECS, and a "consortium" approach to training is implemented to enhance sustainability	

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
5 Assist the DOH to formulate policies to guide the actions of the NGO-DOH family planning network.	- DOH prepares and finalizes coordinated policy guidelines for FP NGOs, in close coordination with NGOs. An organized network of NGOs supporting the FP and MCH efforts of the DOH		
July 1996 – December 30, 2000 (Mods 2 & 5)			
1 Expand FP/MH services and increase FP performance in the NGO sector by promoting a restructured clinic franchise-type model.	-Eight partner NGOs recruiting, training and servicing midwives	Nine NGOs were contracted to recruit, train and service midwives	112 %
	- 255 midwife-owned clinics operating and producing FP and MCH outputs	The highest average number of clinics reporting was 256. As of Sept. 2004, 151 midwives signed the new franchise agreement with the new franchisor, WPFI.	100%
	- 895,496 MCH services provided per year	1,696,315 MCH services were provided as of August 2004.	189 %
	- 275,736 CYPs generated by the end of the project	283,771 CYPs were generated as of August 2004.	103%
2 Provide appropriate and cost-effective business management and clinical training to midwives.	- 255 midwives trained in basic FP and MCH service delivery, ICS and clinic management	501 midwives received training in Integrated Basic/ Comprehensive FP; 444 in ICS and 454 in Ambulatory Health Facility Management.	196%

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
	- 190 midwives have received clinical and/or clinic management refresher training	190 MWs received refresher training in clinic management.	100 %
	- 27 NGO supervisors trained in basic monitoring and supervision	34 NGO management and supervisory staff received training in supervision and monitoring.	126%
	- one enhanced curriculum developed adding basic MCH and ICS service modules to the FP training course for midwives	A separate curriculum was developed for Management of Obstetric Emergencies and Complications; an integrated ICS and FP counseling training curriculum was also developed.	Completed
	- curriculum for integrated clinic management (ambulatory health facility management and costing and pricing) course developed	The ambulatory health facility management curriculum was expanded to include business orientation. A separate costing and pricing curriculum was developed.	Completed
	- two refresher course curricula developed (one FP/MCH and one for clinic management)	Course design developed for implementation.	Completed
	- 255 midwives trained in postgraduate course on Suturing Perineal Lacerations, Internal Examination of Mothers in Labor and IV Fluid Infusion, Integrated Management of Childhood Illnesses and Basic Life Support	332 midwives were trained in Suturing of Perineal Lacerations, IE of mothers in labor & IV Fluid infusion & Basic Life Support.	130%

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
3 Develop and implement NGO performance based payment mechanisms and project monitoring systems.	- Commodity, service and income reporting and monitoring system developed and operational	Reporting of CYPs based on commodities dispensed and, number of services rendered with corresponding income developed and operational.	Completed
	- Performance and service quality standards established for each partner NGO	Performance and service quality standards established and negotiated with NGOs as part of performance-based agreement.	Completed
	- Performance-based payment mechanism (PBPM)(incorporating both quantitative and qualitative indicators and reporting in place and operational	PBPM was basis for contractual arrangement between NGOs and the project. NGOs were disbursed funds according to their level of achievement of mutually agreed performance benchmarks both quantitative and qualitative which were updated on a yearly basis.	Completed
	- Project monitoring system to verify accuracy of NGO performance reporting and identification of technical assistance areas for clinic and NGO operational efficiency in place and operational	Project reporting and monitoring system of NGO and clinic performance operational whereby: 1. Accuracy of clinic data on clinic performance is validated on quarterly basis, through clinic visits and client interviews by joint JSI-NGO team; 2. Accuracy of NGO reported data is validated on an annual basis through review of clinic records by joint JSI-NGO validating team; 3. Findings from monitoring visits provide inputs for identification and provision of by JSI to NGOs and NGOs to clinics.	Completed

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
4 Strengthen evaluation activities to enable effective documentation and dissemination of results.	- Annual Project reviews and consultations with partner NGOs conducted	Project reviews and consultations and planning meetings conducted annually from 1998-2004.	Completed
	- one external evaluation conducted and report produced before end of Project	External team was commissioned by USAID to conduct an assessment of the future directions of the WFMC network. This was done in 2003.	Undertaken by USAID
	- Annual internal assessments conducted	Annual project assessments were conducted results of which served as input to the project's annual work plans.	Completed
5 Use OR to explore the relative cost-effectiveness and the effect of CYP of different approaches to increasing demand for and the availability of FPMH services delivered by midwives.	- At least one OR study conducted, report produced and lessons reflected in Project design and implementation	An OR study on the effect of new pricing schedule on clients' willingness to pay for selected WFMC services was conducted as a joint undertaking of the project and Population Council.	Completed
	- At least two related studies conducted, reports produced and lessons reflected in the project's design and implementation	Various studies deemed of immediate usefulness to the project were conducted, the results of which were used to improve or refine existing systems and procedures of the project. For details , please refer to Annex B Inventory of Programs, systems, Methods, Tools and Studies Turned Over to WPFI.	Completed

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
6 Facilitate the integration of SOMARC and other commercial products and marketing activities into the franchise clinic network and examine their impact on CYP and clinic financial performance.	- Negotiate with pharmaceutical companies and distributors of commercial contraceptives favorable arrangements for the procurement of commercial brands by NGOs and clinics	Negotiations with pharmaceutical companies became an ongoing process not only for commercial brands of contraceptives but for OTCs and other clinic supplies as well (i.e. DKT, Mead Johnson, Wyeth, Nestle, Dumex among others. All clinics sell commercial contraceptives and MCH products.	Completed
	- Introduce other commercial brands such as DKT-sponsored pills and condoms	Arrangements with DKT made and continued by WFPI.	Completed
7 Collaborating with the USAID-sponsored Policy Project, identify key policy issues affecting the expansion of FPMH service delivery in the NGO sector, and help formulate reforms and initiatives to guide the actions of key players such as the DOH and the LGUs.	- End-of-project dissemination conference held to share lessons learned and experiences with USAID, DOH, PopCom, LGUs and other major stakeholders	End-of-project dissemination of project experience and lessons learned focusing on the WFMC franchise was conducted during the USAID CAs meeting held on November 22, 2004. Review of experience and lessons learned are also contained in a monograph developed and distributed to various policy makers, organizations, national and multinational agencies in order to share the lessons learned by the project to a wider audience.	Completed

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
January 1 – September 30, 2001			
October 1, 2001 – December 30, 2003 (Mods 7-11)			
1 Streamline the current WFMC network to carry clinics that comply with operation standards and maintain optimal income performance to ensure their long-term viability.	- Number of existing WFMCs graduating from Project support	Graduation from project support was deferred until the signing of new franchise agreements; continued enforcement of WFMC business performance and quality standards. Deselection of clinics not meetings these standards were enforced.	Completed
	- December 30, 2001 – 95		
	- September 30, 2002 – 57		
	-September 30, 2003 – 26 WFMC Recognition and Promotion Program developed	WFMC Recognition and Promotion program called the WFMC Diamond Awards is now operational. Awards for excellence in five categories have been given during the 2 nd and 3 rd WFMC National assemblies held in November 2003 and Nov. 2004 respectively. WDA is now institutionalized within WPFI.	Completed

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
2 Capitalize on the core competencies of the NGOs to make them effective providers and brokers of essential services needed by the WFMCs.	- Accreditation system of suppliers, including the NGOs, is in place	Accreditation system of essential service suppliers including NGOs was studied and an implementation manual was developed and turned over to WPFI. The accreditation system has yet to be made operational by WPFI.	Full implementation pending
	Selected essential service packages are provided by 7 partner- NGOs on a fee-for-service scheme to WFMCs	At the end of the performance-based agreement between JSI and the NGOs on August 31, 2004, WPFI entered into an Essential Service Supplier (ESP) contracts with 7 partner NGOs. This ESP contract covered the provision of clinic quality assurance monitoring, clinic monthly report collection and royalty fee audit and collection.	Completed

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
3 Expand the number of midwife-owned clinics providing FPMH services by using a new model which has less project cost and shorter gestation period.	- Number of new clinics set up under the 50:50 clinic financing scheme model - 10	Ten clinics under the 50:50 financing scheme were opened by Norfil Foundation which shouldered 50% of the total cost of clinic set up.	100%
	- Number of NGO “company-owned” clinics opened - 8	Eight NGO-owned clinics were opened.	100%
	- Number of new clinics set up in the ARMM provinces - 12	11 new WFMCs were opened in the ARMM including in Cotabato City in partnership with Kadtuntaya Foundation, Inc. (KFI).	92%
4 Increase the WFMC FP clientele by institutionalizing a demand generation program network-wide to ensure the sustained promotion of family planning as a primary service of the clinics.	Number of CYPs generated - October 1, 2001-September 30, 2002 - October 1, 2002-September 30, 2003 - October 1, 2003-August 31, 2004 Number of MCH services provided - October 1, 2001- September 30, 2002 - October 1, 2002- September 30, 2003 - October 1, 2002- August 31, 2004	29,749.04. CYPs 31,321.86 CYPs 26,755.15 CYPs 217,809 MCH services 244,950 MCH services 210,897 MCH services From September 1, 2004 onwards, clinic reports were directly submitted to WPFI.	

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
5 Establish a national organization composed of WFMC midwife representatives and NGOs, ready to manage the business franchise system of the WFMC network.	- A functioning national organization, composed of WFMW representatives and NGOs, ready to manage the business franchise system of the WFMC network	JSI assisted in the formation of the Well-Family Midwife Clinic Partnerships Foundation and its registration with SEC on June 18, 2003. Subsequently, JSI provided technical assistance in the development and cascading of the organization's Vision, Mission and Core Values; conduct of the financial sustainability study and formulation of the foundation's strategic and business plans. At the end of the project, WPMI was a functioning organization with staff, its own office, operational systems and programs.	Completed
January 1 – December 31, 2004 (Mod 12)			
1 Continuing Assistance to the WFMCs through Partner NGOs	Continue subgrants for nine NGOs to continue monitoring and supervision of their portfolio of clinics until new franchise agreements are signed between WPMI and the midwives.	Cost extension subgrants awarded to nine NGOs to continue the monitoring and supervision of their portfolio of clinics through October 31, 2004.	Completed

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
2 Support Programs for the WFMCs	Support programs for WPFI to manage the WFMC business franchise system, developed and implemented: - Franchise systems, manuals and policies	New franchise agreements between WPFI and 152 midwife franchisees signed on September 1, 2004. Franchisee Operations Manual turned over to WPFI for orientation, distribution to franchisees; Franchise program structure report by JSI consultant FRANCORP turned over to WPFI.	Completed
	- Clinic capital financing assistance with guaranty from DCA	JSI hired a consultant to undertake follow up study to identify barriers to the full implementation of the WFMC loan program of Opportunity Microfinance Bank as well as identify and negotiate with other banks that may have interest in opening loan windows for WFMCs.	Completed

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
	- franchise marketing sales package	Deferred in consideration of the postponement of the roll out of opening of new WFMCs under a commercial franchise operation.	Deferred
	- quality assurance policies and standards	WFMC quality assurance policies and standards including an updated referral system have been developed and integrated into the WPFI governance manual and the franchisee operations manual.	Completed
3 Demand Generation for WFMC Services	Marketing TA to WFMCs with focus on maximizing FP acceptance	Continuing assistance provided to the WFMCs through JSI's marketing field coordinators aided by the results of FP internal assessment study which was completed in December 2003. Specific local clinic marketing activities are also included in the franchise operations manual.	Completed
4 Technical Assistance to WPFI	-PBA to WPFI	Subgrant agreement with WPFI negotiated and awarded covering WPFI core operations, organizational development, financial management, MIS and governance.	Completed
	- recruitment of WPFI staff	JSI contracted a headhunting agency to undertake the recruitment process for the CEO , Operations Manager, HR Manager and other support staff of WPFI	Completed

OBJECTIVES	OUTCOME INDICATORS	ACCOMPLISHMENTS	% ACCOMPLISHED
	- implementation of WPFI business plan	Provided TA to WPFI in various aspects of its business plan implementation and in the development of proposal to USAID for funding assistance. JSI also facilitated the outsourcing of sponsorship agreements with two pharmaceutical companies (DUMEX and NESTLE) for the WDA program.	Completed
	- capital funds (WPFI loan fund)	JSI included in the WPFI PBA release of capital funds (WPFI loan fund) subject to the fulfillment of requirements and conditions by WPFI.	Completed
	- WPFI data base system	Updated data base system installed at WPFI in January 2005.	Completed
5 Project documentation and Dissemination	- Monograph	Monograph (hard copy & CD completed and distributed to local and international stakeholders; final project dissemination to USAID and CAs conducted on November 22, 2004.	Completed
	- Manuals, researches and studies to be produced in popular form	Monograph, studies, tools compiled and turned over to WPFI. Please refer to Annex B.	Completed
	- internal assessment with stakeholders	Final project consultation with partner NGOs conducted on November 22, 2004.	Completed

Annex B

INVENTORY OF PROGRAMS, SYSTEMS, METHODS, TOOLS AND STUDIES TURNED OVER TO WPMI

A Compilation of Tango Studies, Manuals, Tools and Systems

> Studies/Surveys

- Cost-based Pricing Study on WPMC Services
- Investment Analysis Study for the WPMCs

> Tools/Methods/Manuals

- Cost Price Framework for NGO Service Packages
- Well-Family Midwife Clinic Unit Franchise Operations Manual
- Rapid Market Appraisal Manual for WPMC Prospective Franchise Holders
- The Business Planning Manual: Materials and Handouts
- WPMC Growing Your Business Manual
- WPMC Strategic Marketing Plan
- Financial Management Systems
- Manual for WPMC Data Analysis and Utilization for Family Planning Services

Logos: Well-Family Midwife Clinic, JSE, USAID (U.S. Agency for International Development), U.S. Department of State, U.S. Department of Health and Human Services.

This publication was made possible through support provided by the Office of Population, Health and Nutrition, U.S. Agency for International Development, Philippines under the terms of Cooperative Agreement No. 492-0489-A-005059-00.

Install Adobe PDF Reader | QUIT

List of Materials

WPFI ESSENTIAL DOCUMENTS

1. WPFI Strategic Planning Workshop Documents
2. WPFI Internal Assessment
3. WPFI External Assessment
4. WPFI Ten Year Business Plan
5. USAID WFMC Assessment Report 2003
6. Ownership Transfer of WFMC Trademark from JSI to WPFI

PROGRAMS

7. WFMC Franchise Program
 - a. WFMC Franchise Program Structure
 - b. WFMC Unit Franchise Agreement
 - c. WFMC Unit Franchise Operations Manual
8. WFMC Diamond Awards Program
9. Continuing Education Program (CEP) with Business Plan
10. WFMC Training Program Information Kit

SYSTEMS

WPFI Management Systems

11. Governance Manual
12. WPFI Financial Management System
13. Human Resource Development System
14. Certification and Accreditation System for Essential Services Suppliers
15. Procurement System for Supplies and Materials
16. Management Information System (MIS)
 - a. WFMC Reporting and Monitoring System (RMS)
 - b. WFMC Performance Management System (PMS)
 - c. WFMC Capacity Utilization Tool
 - d. WFMC Data Analysis and Utilization for Family Planning Services

WPFI Clinic Management

17. WFMC Financial Management System
18. WFMC Business Plan
19. WFMC Updated Clinic Operations Standards
20. Clinic Layout Guidelines
21. Client Referral Manual
22. Rapid Market Appraisal Manual for WFMC Prospective Franchise Holders
23. The Business Planning Manual: Materials and Handouts
24. WFMC Growing Your Business Manual
25. WFMC Client Relations Manual for WFMC Midwife

STUDIES

26. Financing for WFMCs (Consultant's Report)
27. Client Profile Studies
28. WFMC Demand Study
29. Investment Analysis Study for the WFMCs
30. Willingness to Pay for WFMCs in the Philippines
31. WFMC Essential Services Study
32. Logistics Management Options for WFMCs
33. Assessment of WFMC Family Planning Services Internal Marketing
34. Social Acceptability and Marketability of the WFMCs in Southern Philippines
35. Cost Price Framework For NGO Service Packages
36. Cost-based Pricing Study on WFMC Services 2000
37. Further Analysis of the Findings of the Cost-based Pricing Study on WFMC Services 2000
38. Rapid Analysis of WFMC Clinic Utilization Using 1997-2002 Clinic-Level Data
39. Cost-based Pricing Study Update 2003
40. Updated Strategic Marketing Plan for WFMCs

OTHER RELATED MATERIALS

41. Clinic Portfolio Situationer
42. ARMM WFMC Portfolio Situationer and Proposed Technical Assistance
43. Mapping of WFMC Potential Sites
44. Memo on Licensing of WFMCs

LIBRARY MATERIALS, VIDEOS, PHOTOS & POWERPOINT PRESENTATIONS

Document/s	Description
WPFI ESSENTIAL DOCUMENTS	
1. WPFI Strategic Planning Workshop Documents	This document captures the agreements on strategic directions for the WPFI based on a series of workshops among its board members with technical assistance from JSI and its external consultant. This includes the Vision, Mission and Values together with the strategic goals for the organization which comprises the five-year strategic plan. Accordingly, this serves as the overall guide for the yearly objectives and program of activities.
2. WPFI Internal Assessment	This is a survey report conducted among WFMClinic managers, NGO staff and representative of the WPFI regarding their opinion about the organization. The responses served as inputs for the strategic planning workshop. The survey consisted of 16 questions. The summary of findings cover the following areas: organization's mission, organization's culture, quality principles and practices, role clarity, innovation and change, communication process, climate, benefits, rewards and recognition, management style, teamwork and cooperation, training and development, working conditions.
3. WPFI External Assessment	This is an analysis of secondary data on external factors that affect the work of the WFMCs and ultimately the success of their network (represented by WPFI). Particularly useful for the strategic planning workshop are data regarding the market- its size and prospects, data to reveal the extent of work.
4. WPFI Ten Year Business Plan	This document details the business plan in support of the strategic directions and goals defined in the WPFI Strategic Plan. The financial projections are based on a ten-year timeline to see dynamics of revenue and expenditures and the impact on the financial viability (i.e. break-even level) of WPFI.
5. USAID WFMC Assessment Report 2003	This is a report of the external consultants engaged by USAID in the first quarter of 2003 to review/assess and recommend improvement on the WPFI strategic plan and business plan to make it more realistic and attainable. The review entailed interviews with members of the WPFI board, selected WFMC managers, JSI project team, and selected project partners.
6. Ownership Transfer of WFMC Trademark from JSI to WPFI	This is a certification of JSI filing the assignment of rights to the WFMC trademark with the Intellectual Property Office in favor of WPFI. This is accompanied by legal advice on the follow-through action to obtain the final certification and other related matters.

Document/s	Description
PROGRAMS	
7. WFMC Franchise Program	This program was developed in consultation with Francorp Philippines. The objective is to streamline the WFMC franchise operations implemented during the TANGO project for subsequent commercial application by WPMI:
a. WFMC Franchise Program Structure	a) The <i>first output</i> pertains to strategic planning and the design of the program structure. This structure covers : policy formulation, market potential, speed of expansion, and franchise structure suitable to WPMI. Discussed here are the Franchise Owner Profile, Type of Franchise Offered, Determination of Territory, Franchise Support Programs, Internal Staffing, Revenue Sources, 5-year implementation plan.
b. WFMC Unit Franchise Agreement	b) The <i>second output</i> is the Unit (Clinic) Franchise Agreement between WPMI and the franchisee specifying the roles & responsibilities, obligations and restrictions, warranties, territorial and payment considerations, renewal/ transfer/dispute provisions and all other pertinent terms and conditions.
c. WFMC Unit Franchise Operations Manual	c) The <i>third output</i> is a Unit Franchise Operations Manual that comprehensively covers all aspects of the WFMC Franchise Program to support the provisions in the Unit Franchise agreement. The program does not include a Franchisor Operations Manual but the project has provided a checklist to WPMI based on the Unit Franchise Operations Manual of systems and forms that need to be in place to be able to fulfill its role as a franchisor. Most of these systems are already existing in the network and just need to be compiled into the franchisor operations manual.
8. WFMC Diamond Awards Program	This is an awards & recognition program for the midwives of the WFMC network. Primarily, the program is designed to motivate midwives to excel in the performance in the following areas: Excellence in Patient Care (The Earth Star Diamond Award), Family Planning Initiatives (The Mountain of Light Diamond Award), Leadership (The Regent Diamond Award), Business Management (The Centenary Diamond Award), and Collaboration (The Great Chrysanthemum Diamond Award). Secondly, it is also an image-building tool to help the WPMI promote its franchise program to future franchisees and potential donors to the network. The program provides a comprehensive code of standards and procedures manual to WPMI to guide them in the nominations, selection and awarding process including solicitation of sponsors for the awards prizes and materials.

Document/s	Description
9. Continuing Education Program (CEP) with Business Plan	This program was designed to aid WPMI in generating revenues through the conduct of follow-on training programs primarily for the WFMC franchisees and secondarily to non-WFMC midwives both under a fee-based arrangement. The training covers both clinical and business topics based on the survey of both WFMC and non-WFMC midwives. The program also provides details on source of trainers, design of training curriculum, costing and pricing of programs, marketing and scheduling of the programs, training logistics. This program offers the potential for WPMI to be a leading training supplier not only for the local market but also for the international market of midwives.
10. WFMC Training Program Information Kit	This is a comprehensive listing of the various training programs provided to the franchisee from pre-operation through clinic post-opening schedule. Every training includes a description of the curriculum, outsourcing of trainer(s), guidelines for logistics planning and handout materials.

Document/s	Description
SYSTEMS	
<i>WPMI Management Systems</i>	
11. Governance Manual	This manual sets the groundwork for the organizational development of the WPMI consistent with its directions and thrusts. This is a policy manual that guides the WPMI on how to govern the network activities in the following areas: Financial Management, Membership, Business Support, Franchise System, and Technical Services. The system provides directions for the organizational structure and processes in order to manage the five key areas of governance. With this manual, it is expected that the WPMI management team shall be able to carry out its various activities in conformity to the governance policies and therefore minimize the approvals required from the WPMI board for greater efficiency of management action.

Document/s	Description
12. WPFI Financial Management System	This financial system is designed to effectively support the WPFI's business franchise operations and its social development operations as a non-stock non-profit foundation. The system consists of five sub-systems: accounting, budgeting, capital budgeting, funds management and internal control systems. The system was installed and evaluated before its finalization. Further, the system was also customized to be able to comply with the requirements of USAID being the primary grants source of WPFI.
13. Human Resource Development System	This system is a policy and procedures manual to guide the WPFI in the conduct of Human Resource Management at the WPFI office level. These are: HR Policies and Procedures, Job Description and Salary Structure and Job Performance Evaluation.
14. Certification and Accreditation System for Essential Services Suppliers	This system is a policy and procedures manual to guide the WPFI in the accreditation and certification of providers of essential services for the WFMCs. Essential services pertain to professional services rendered by individuals or organizations meeting the needs or requirements of the WFMCs and/or WPFI. The system provides the procedures for the selection and engagement of services including the necessary forms to use. At the time of developing this system, only five services were covered: Quality Assurance Monitoring, Royalty Fee Collection, Report Collection and Validation, Commodity Distribution, and Logistics Facilitation. The other essential services are contained in a separate listing and should also undergo the same procedure so that they may be implemented by WPFI.
15. Procurement System for Supplies and Materials	This system is a policy and procedures manual to guide the WPFI in the conduct of procurement activities for supplies, materials, commodities and the management of its supply chain for maximum efficiency. The goal of the system is to ensure timely, reliable and affordable source of supplies and commodities to each WFMC, as well as, to generate additional revenues to WPFI customary to a franchise central procurement system.

Document/s	Description
16. Management Information System (MIS)	The Management Information System is a combination of various systems that provide timely, accurate and complete information to the WPMI regarding the clinics' performance.
a. WFMC Reporting and Monitoring System	The Recording and Reporting Management System is a system that provides adequate and accurate data from the clinics for project implementation, monitoring and evaluation and facilitates the generation of useful indicators for project managers/implementers at different levels. It covers the key components of : Recording, Reporting and Monitoring. The manual provides procedures and forms to be used in implementing these functions. The franchisee receives orientation on this system during the pre-operation training period.
b. WFMC Performance Management System	This is a database program designed to provide a computer-efficient information system to WPMI to manage patient database and inventory of FP and MCH supplies and services. This database essentially captures the information derived from the RMS and provides the WPMI a more periodic flow of information for decision-making. With this system, daily and monthly information from the clinics can be processed more frequently for WPMI.
c. WFMC Capacity Utilization Tool	This is an integrated database program designed for monitoring, evaluating and simulating the WFMC operations so that capacity utilization of the clinics may be assessed for maximum profitability generation. The tool provides the following reports: a) Monitoring Reports - price monitor, cost monitor, utilization monitor b) Performance evaluation reports - gross sales, net sales, number of core services performed, Return on Investment outcome. c) Simulation Reports – price and profit simulation, monthly service-mix option to meet break-even levels or target profit above break-even levels. As envisioned, this tool will help WPMI provide business coaching to the WFMCs to meet their profit maximization goals.
d. WFMC Data Analysis and Utilization for Family Planning Services	This is a spreadsheet template that captures the information on Family Planning services rendered by each clinic. The information will indicate how much a clinic has contributed to the FP services of the network. It also serves as a planning tool for future activities or interventions in increasing FP service performance. Accordingly, the information is inputted into the Clinic Business Plan in the projection of FP services to be rendered or achieved by the clinic. The tool is updated every 6 months to coincide with the review of the Clinic Business Plan for necessary updating.

Document/s	Description
<i>WPFI Clinic Management</i>	
17. WFMC Financial Management System (FMS)	Taking off from the WFMC bookkeeping system, the WFMC FMS aims to ensure that every clinic practices generally accepted accounting policies and principles including compliance with the government's tax requirements. The system is accompanied by a manual that describes the following: basics of accounting, chart of accounts, reporting system, and internal control. This system is oriented to the WFMC according to the prescribed training schedule. The franchisee receives orientation on this system during the pre-operation training period. (WPFI should check on every WFMC in the network to ensure that this improved FMS is being implemented.)
18. WFMClinic Business Plan (CBP)	This is a business-planning tool prepared by each franchisee under the supervision of WPFI operations staff on or before the clinic's sixth month of operation and reviewed every six months for necessary adjustments. It contains a calendar of activities and a projection of income and expenses and cash flow. The projection takes into consideration the number of services that each clinic should aim to deliver/sell to achieve break-even income. It is therefore the minimum expected performance of the clinic to ascertain her operating sustainability. The tool is equipped with a simple spreadsheet template that the WPFI operations staff may use for the WFMC being assisted. Every CBP output should be well understood by the franchisee and a copy kept in her clinic files for constant reference.
19. WFMC Updated Clinic Operations Standards	This is an updated reference manual on the requirements and standards of the WFMC that covers: (1) functions; (2) capabilities; (3) staffing; (4) referral; (5) training; (6) basic resource requirements; (7) qualifications; (8) functions and tasks of trained assistants; (9) clinic hours; and (10) waiting time. Has three (3) parts: (1) standards for the FP clinic; (2) standards for the MCH clinic; and (3) list of materials for home delivery, Over-the-Counter (OTC) drugs, functional design requirements for the various rooms of the clinic.
20. Clinic Layout Guidelines	This is a guide document for the proper layouting of WFMCs consistent with the standards for birthing facilities of the Department of Health and the physical standards of the WFMC franchise . These guidelines are used before any clinic construction or renovation is undertaken. Every franchisee should seek WPFI assistance on layouting to ensure compliance with all necessary physical standards for the clinic facility.

Document/s	Description
21. Client Referral Manual	This is part of the Franchise Operations Manual. This contains the description of WFMC policies and procedures for referral of clients to doctors and hospitals.
22. Rapid Market Appraisal Manual for WFMC Prospective Franchise Holders	This is a business planning tool that would allow the midwife-entrepreneur to assess potential market areas, prospective clients and other such elements as demand information, supply, products and services among other things.
23. The Business Planning Manual: Materials and Handouts	This manual has three (3) parts, one each for its three audiences: (a) midwives; (b) trainers; and (c) NGO staff. It provides the methodology and steps in putting together a business plan and is designed to allow for an understanding of the vital role of a business plan in the expansion and growth of the WFMC.
24. WFMC Growing Your Business Manual	This manual provides a system that a midwife can follow to allow her to better communicate and sell the WFMC services and in the process, increase the clinic's clients, consequently increasing the prospect of success of the WFMC.
25. WFMC Client Relations Manual for WFMC Midwife	This manual imparts valuable information about the behavior patterns of customers, outlines the necessary processes to ensure the provision of excellent client relations and provides checklists that are easy to follow.

Document/s	Description
STUDIES	
26. Financing for WFMCs (Consultant's Report)	This is a report to guide WPFI in its outsourcing of financing (loans) to WFMCs for expansion plans of existing clinics and to new franchisees for the establishment of new WFMCs. The report consists of the following: (1) Survey of Loan Requirements of Existing WFMCs, (2) Survey of Potential Financing Institutions to provide financing to WFMC franchisees, and (3) Proposal on the long-term use of the Loan Fund (= \$150,000) provided by USAID to WPFI.
27. Client Profile Studies	This research looks at the profile of family planning clients of the WFMCs opened in 1997 and 1998. The profiling seeks to obtain information of the kind of family planning clients that are being served by the WFMCs. It provides benchmark information for the planning and mapping of strategies for the further expansion of activities.
28. WFMC Demand Study	This is a market study of the demand for the services of WFMC conducted in 1999. Overall, it sought to get directions in the development of strategies that will significantly improve awareness and availment of these services. More specifically the study aimed to: (1) estimate the current demand for the WFMC services among its existing clients, (2) increase demand for existing services among clients and assess prospects of potential clients (3) identify other services desired by existing and potential clients, which are not currently offered by the clinics; estimate demand for these services (4) identify most effective communication channels to increase awareness of WFMC and to encourage availment of services (5) conduct a post-evaluation of radio advertising, and (6) assess effectiveness of promotional campaigns within the locality.
29. Investment Analysis Study for the WFMCs	This is a study to determine the levels of operation, and quantitative benchmarks that will enable the clinics to attain operating and financial viability, thereby establishing the key financial success factors of a prototype WFMC and determining the potential of a clinic as an attractive investment proposition for the private sector.
30. Willingness to Pay for WFMCs in the Philippines	This study estimates WFMC clients' willingness to pay for specific clinic services, and willingness to pay for amenities in midwife clinics including increased privacy, more comfortable waiting rooms, and air conditioning.

Document/s	Description
31. WFMC Essential Services Study	This study was conducted to determine the essential services needed or required by the WFMCs to continue operating smoothly and profitably even after the project subsidy and technical assistance ends. This study identifies the type of services and how much the midwives are willing to pay for these services. The results of this study served as planning inputs for the partner NGOs in developing their menu of fee-based services for the WFMCs.
32. Logistics Management Options for WFMCs	This study basically aimed to determine the volume of family planning commodities and medicines/drugs being procured by the clinics as a basis for the design of a central procurement system for the network. The objective is to ensure a timely, reliable, accessible supply of commodities and medicines at the clinic level.
33. Assessment of WFMC Family Planning Services Internal Marketing	This study is an evaluation survey to assess the internal marketing of FP services in the WFMCs from the client's perspective and to find out the areas of improvement. Specifically, the survey aimed to answer the following: 1. Do the midwives provide timely and accurate information on FP? 2. Are midwives able to influence clients in adopting a FP method? 3. How satisfied are the clients in the service provided by WFMC? The study provides recommendations to the WPFI on how the WFMCs can further achieve their goals on increasing family planning clients in the clinic.
34. Social Acceptability and Marketability of the WFMCs in Southern Philippines	This is a knowledge, attitude, practices study on family planning and maternal and child health to determine the social acceptability and marketability of the WFMC concept in the Muslim market as basis for the expansion of the network in the ARMM region. It probes the existing WFMCs established in the Muslim areas and seeks to verify its applicability in the other ARMM locations. The final result includes points of improvement to give the WFMC concept a higher probability of success in this region.
35. Cost Price Framework For NGO Service Packages	This is a tool and methodology for cost and price analysis and computation, primarily designed to allow NGOs to continue providing the required support services to the clinics, and at the same time, generate revenue from the delivery of these services to the WFMCs.
36. Cost-based Pricing Study on WFMC services	A study to identify and determine relevant costs and expenses incurred by the WFMCs as a business enterprise, and to come up with a benchmark pricing schedule for WFMCs that incorporates both costs of clinic services as well as reasonable profit margin.

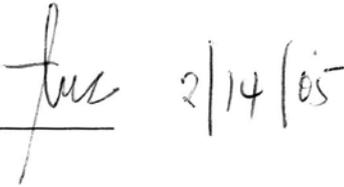
Document/s	Description
37. Further Analysis of the Findings of the Cost-based Pricing Study on WFMC Services 2000	Taking off from the "Cost-based Pricing Study", this study attempted to: (a) validate the aggregate impact of individual service profits determined in the earlier study; (b) present and analyze the actual dynamics of service mix, charges, and costs at the business enterprise level; (c) analyze the time utilization of WFMCs in terms of total time spent for service delivery vis-à-vis idle time, and service mix; and (d) identify number and type of FP services rendered per income classification of WFMCs.
38. Rapid Analysis of WFMC Clinic Utilization Using 1997-2002 Clinic-Level Data	This study was undertaken to establish a benchmark of minimum acceptable clinic utilization as measured by average daily MCH services load and how this benchmark relates to other performance indicators, particularly gross sales income and operating profit. The coverage was 203 clinics for the performance period between 1997 to 2002. The results show relationships between (1) MCH service load and sales income, (2) MCH service load and profitability and (3) sales income and profitability.
39. Cost-based Study Update 2003	This study was prepared as a prelude to the design of the clinic capacity utilization tool. Picking up from the findings and recommendations of the earlier studies: Cost-based Pricing Study and the Rapid Analysis of WFMC Clinic Utilization (De Guzman, 2003), the current costing study is conducted in order (1) to determine current costing patterns for each WFMC core services and (2) to provide data input on WFMC charges and costs to the WFMC Clinic Capacity Utilization Tool, which recommends for each WFMC an optimum mix of services or a combination of frequency of service for each core WFMC service. The study was based on 31 WFMCs whose gross monthly sales income averaged P30,000 to P50,000 for the 12-month period beginning October 2002 to September 2003. This income level was determined to be the minimum level to recover operational and capital expenses based on a previous study and would therefore be the benchmark in terms of minimum expected business performance.

Document/s	Description
40. Updated Strategic Marketing Plan for WFMCs	This is an updated (November 2004) strategic marketing plan for the WFMC network taking off from the first plan developed last 1999. The plan addresses the emerging different categories of clinics based on their business performance and customizes the business and marketing assistance required by each. It also addresses the formal recognition of a franchisor-franchisee mode of business operations. Accordingly, marketing is discussed on two levels: the franchisor level (WPFI) and the franchisee level. On the network level, the key strategic initiatives cover the organization and establishment of WPFI as the franchisor; maintenance of an adequate number of franchisees who can contribute enough to sustain the network's requirements; and managing and expanding the network. On the clinic level, the following strategic initiatives are tackled: enhancing the midwife/franchisee and location selection criteria and consistently applying such criteria; improving WFMC systems; providing appropriate support services; and revising clinic category criteria/benchmarks. This plan will guide the WPFI in becoming an effective franchise organization in achieving its strategic goals on revenues and marketing.

Document/s	Description
OTHER RELATED MATERIALS	
41. Clinic Portfolio Situationer	This is primarily an information document on every clinic, which includes a general profile, a situationer, the clinic business plan and the clinic data analysis of FP services. This will be a useful guide to WPFI operations team in extending technical assistance to every clinic. The general profile also serves as a handout for important visitors to the clinic. There is also a summary overview for every cluster of clinics so that WFPI may also recognize issues and concerns from a portfolio standpoint. This will be useful information when dealing with essential service providers who may be commissioned to monitor and render technical assistance to the clinics.
42. ARMM WFMC Portfolio Situationer and Proposed Technical Assistance	This is a complete information document on the status of WFMC operations in the ARMM region, which is fairly new compared to the rest of the network. There are certain administrative nuances that require additional management efforts on the part of WPFI. This will serve as a guide to WPFI on how to implement the WFMC franchise in this particular region.

Document/s	Description
43. Mapping of WPMC Potential Sites	This is a document on population distribution by municipality obtained from the National Census and Statistics Office. This was further processed to determine viable locations for WPMC expansion activities. The criteria used were: population density of minimum 50,000 per 3 to 5 kilometer radius and contiguity of locations for ease of administrative monitoring visits.
44. Memo on Licensing of WPMCs	This is a guide document for the WPMFI operations group as basis for follow-on coordination or representation of WPMCs for their licensing application with the Department of Health. Currently, a number of franchisees are complaining of the varying procedures per regional office of DOH on their application for license permit to operate a birthing and family planning clinic.

Received by:

 Edmund S. Yarb
 WPMFI General Manager

 2/14/05
 Date

Annex C

SPECIAL REPORT ON PROJECT ACTIVITIES IN THE AUTONOMOUS REGION IN MUSLIM MINDANAO (ARMM)





TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
A. Establishment of the Well-Family Midwife Clinics (WFMCs) in ARMM and in Conflict-Affected Areas	3
B. Training in Family Planning of Rural Health Unit Midwives and Barangay Health Workers	3
C. Medical Kits/IEC Materials	4
ACCOMPLISHMENTS	5
A. Establishment of the Well-Family Midwife Clinics (WFMCs) in ARMM and in Conflict-Affected Areas	5
B. Training In Family Planning of RHU Midwives and Barangay Health Workers (BHWs)	7
C. IEC Materials	12
D. Medical Kits, Polo Shirts and Vests	14
FACILITATING FACTORS	18
A. ESTABLISHMENT OF WELL-FAMILY MIDWIFE CLINICS	18
B. TRAINING IN FAMILY PLANNING OF RHU MIDWIVES AND BHWs	18
HINDERING FACTORS	20
A. ESTABLISHMENT OF WELL-FAMILY MIDWIFE CLINICS	20
B. TRAINING IN FAMILY PLANNING OF RHU MIDWIVES AND BHWs	20
RECOMMENDATIONS:	22
LIST OF TABLES	23

EXECUTIVE SUMMARY

Providing access to quality family planning and maternal and child health care services to the ARMM areas is an imperative component of any programmed effort to improve the plight of the Muslim communities in the ARMM areas. The implementation of this program in selected areas addressed two key strategic issues identified by the ARMM Strategy Paper – that ARMM tops Mindanao in infant mortality rate with 63 per 1,000, as well as maternal mortality rate with 320 per 100,000.

A. Establishment of the Well-Family Midwife Clinics (WFMCs) in ARMM and in Conflict-Affected Areas

Under the TANGO II project, three Well-Family Midwife Clinics were established in years 2000 and 2002, in Marawi City, Datu Paglas and Sultan Kudarat in Maguindanao. These clinics including the two others operating in Cotabato City and Baloi, Lanao del Norte cater to a predominantly Muslim population. The establishment of these clinics has expanded the service coverage of the WFMCs, and more importantly, has provided a service facility option for the Muslim paying market, thus contributing to the improvement of the health service delivery system in ARMM.

During the last quarter of 2002, JSI/RTI forged a partnership with the Kadtuntaya Foundation, Inc. (KFI) for the expansion of the WFMC network.

KFI established eleven (11) WFMCs in the ARMM including one in Cotabato City bringing to a total of 16 WFMCs operating in the ARMM and in conflict-affected areas in Mindanao.

Before these midwives could open their WFMCs, they had to undergo a series of training such as Basic/Comprehensive FP, FP Counseling and Interpersonal Communication Skills. The physical structure of the clinics, which are the midwives' counterpart, should also follow the WFMC structural requirements set by JSI/RTI. Apart from the training and technical assistance, JSI/RTI also provided them with FP and MCH equipment and instruments, marketing collaterals, and IEC materials.

B. Training in Family Planning of Rural Health Unit Midwives and Barangay Health Workers

Since their inception in 1997, the WFMCs have worked closely with government health service providers. WFMC midwives refer non-paying clients to government service providers who in turn refer paying clients to WFMCs.

This public and private sector collaboration for cross-referrals has been further enhanced in the ARMM. To help the public sector facilities provide more effective and efficient delivery of FP services, training was provided to their midwives to strengthen, improve skills and update their knowledge on FP. Selected barangay health workers were also provided training to upgrade their skills in delivering FP and other health-related messages.

It is hoped that this reenskillings of public health workers will result in increased availment of FP services in the public sector and increased referrals to private health facilities specifically the WFMCs.

The following training courses were provided:

- a. For RHU Midwives
 - Basic/Comprehensive Family Planning
 - Comprehensive Family Planning (IUD and DMPA Administration)
 - Interpersonal Communication Skills
 - FP Counseling
 - Refresher Courses on ICS and FP Counseling
- b. For Barangay Health Workers
 - Interpersonal Communication Skills for Responsible Parenthood/Family Planning and Safe Motherhood

A total of 125 midwives was trained: 122 RHU midwives and three DOH-ARMM staff. This is 11% more than the initial target of 110 trainees.

With the exception of Maguindanao, 60 out of the 72 municipalities in ARMM, including five provincial and district hospitals, was represented in the training activities.

For the BHWs, the training manual “**Interpersonal Communication Skills for Responsible Parenthood/Family Planning and Safe Motherhood**” prepared by the Family Planning Service of the Department of Health in 1997 was utilized. In a consultation meeting with the DOH-ARMM officers and trainers, the need to enrich the current DOH Manual was acknowledged, adapting new developments in family planning and reproductive health in general. Using this enriched manual, 325 barangay health workers were trained by their respective PHO Training Teams.

C. **Medical Kits/IEC Materials**

In support of the training, JSI/RTI provided IUD kits for midwives, and first aid kits for BHWs. Furthermore, to aid them in educating their clients and promoting family planning, IEC materials on the different FP methods (brochures and flipcharts) from the Department of Health were redesigned to make them culturally sensitive to Muslim couples and communities. These materials were translated to the vernaculars (Maranao, Tausug, Yakan, Sama, and Maguindanaoan). The materials underwent pre-testing and validation with the direct involvement of the respective PHOs. All translated materials were produced and distributed among the provinces.

ACCOMPLISHMENTS

A. Establishment of the Well-Family Midwife Clinics (WFMCs) in ARMM and in Conflict-Affected Areas

The following Well-Family Midwife Clinics are currently providing affordable and quality family planning and maternal and child health services in the ARMM and in conflict-affected areas:

Table 1: List of WFMCs in the ARMM and in Conflict-Affected Areas in Mindanao

LANAO DEL SUR	MAGUINDANAO	TAWI-TAWI	BASILAN	SULU
Abdul, Normina Ganassi, Lanao del Sur	Nakan, Tessie Sultan Mastura, Maguindanao Cell No. 0919-617-8864	Lastimoso, Fatma Datu Halun Street, Bongao, Tawi-Tawi Cell No. 0919-326-0940	Sulaiman, Dolhelmina Maluso, Basilan Cell No. 0920-487-5492	Ahalul, Wilmar Bus-Bus, Jolo Cell No. 0916-612-8789
Macabantog, Noraisa BLISS Site, Malabang, Lanao del Sur Cell No. 0918-415-5233	Masukat, Parisa Poblacion, Datu Piang, Maguindanao Cell No. 0919-814-9548			
Tabao, Cadidia Tampilong Street, Saduc, Marawi City Cell No. 0918-794-1190	Sabpa, Antonieta Tenorio Awang Street, Datu Odin Sinsuat, Maguindanao Cell No. 0918-543-5674			
Aco-on, Jamilah S. Senator Ninoy Aquino Foundation College Moncado Colony, Marawi City Cell No. 0919-429-0797	Monib, Angko Crossing Barira, Parang, Maguindanao Cell No. 0920-743-7725			
	Pakong, Noria S. Poblacion Datu Paglas, Maguindanao Cell No. 0916-453-3599			
	Yu, Imelda T. Bulato, Sultan Kudarat Maguindanao Cell No. 0919-266-4365			

LANAO DEL NORTE	COTABATO CITY
Mayo, Papala A. 2nd St., East Poblacion, Balo-i Lanao del Norte Tel No. 063-351-9394	Kamensa, Hja. Tabai RH3, Shariff Kabungsuan, Cotabato City Cell No. 0918-383-9905
	Miparanum, Shirley N. City Engineer's Office, Access Road, Rosary Heights Cotabato City

These midwives were trained in the following courses:

- Basic/Comprehensive FP Course
- Interpersonal Communication Skills
- FP Counseling
- Suturing Perineal Laceration and IV Insertion
- Basic Life Support
- Ambulatory Health Facility Management
- Training in Obstetric Emergencies
- Training in WFMC Reporting and Monitoring System
- Business Planning
- Customer Relations
- Promotions and Marketing Training

The WFMCs have started negotiating with the respective Provincial Health Officers, Municipal Health Officers and City Health Officers for cross- referral arrangement in their areas of operation.

The midwives have also tapped the “pandays” or traditional birth attendants in their respective localities to generate clients. They have developed a referral system wherein the panday will refer a client for FP and deliveries. Arrangements have also been made to compensate the time and travel costs incurred by the panday. Through this, the panday and the WFMC midwife collaborate rather than compete against each other. Discussions on mother and baby care were also being done to update the knowledge of the pandays. This did not only generate clients for WFMCs, but also ensured the safety of mother and child in terms of infection prevention during delivery, while at the same time teaching the pandays to be more observant of new developments in health care without threatening their position in their respective communities.

B. Training In Family Planning of RHU Midwives and Barangay Health Workers (BHWs)

1. RHU Midwives

In year 2002, JSI/RTI commissioned the Bangsamoro Women Development Foundation for Peace and Development, Inc. (BMWFDI), an NGO based in Cotabato City, to conduct a survey to identify the family planning-related training completed by government midwives and barangay health workers in the Autonomous Region in Muslim Mindanao. The inventory covered 97 rural health units in Basilan, Sulu, Tawitawi, Maguindanao and Lanao Sur including the barangay health station in Turtle Island in the province of Tawitawi. A total of 110 midwives and 901 BHWs participated in the inventory.

Table 2: Total Number of Midwives and BHWs Covered by the Inventory By Province

Province	RHUs	MWs	BHWs
Lanao Sur	38	38	370
Maguindanao	21	21	210
Sulu	18	25	148
Tawi-Tawi	11	14	87
Basilan	9	12	86
	97	110	901

Initially, the project called for the provision of refresher training courses in Family Planning Counseling and Interpersonal Communication Skills of selected government midwives. However, results indicated that there were a number of midwives who needed to be trained in the basic courses for FP.

Table 3: Result of the Inventory: Number of Midwives to be Trained Per Course By Province

PROVINCE	No. of MWS	TRAINING COURSES						
		Basic/ Compre FP	Compre FP (IUD & DMPA Administration)	ICS	FP Counseling	Refresher on Family Planning	Refresher FP Counseling	Refresher ICS
Basilan	12	11	6	6	6	-	6	6
Tawi-Tawi	14	2	6	13	9	2	5	1
Sulu	25	5	12	10	6	2	19	15
Maguindanao	21	-	-	2	2	20	19	18
Lanao Sur	38	3	22	22	20	-	18	16
Total	110	21	46	53	43	24	67	56

The results of the inventory were distributed to the respective provinces for verification before the training was started.

From May 2003 to October 2004, training courses were conducted by two DOH-accredited training suppliers – the Institute of Maternal and Child Health (IMCH) and the Integrated Maternal Child Care Services and Development, Inc. (IMCCSDI). Below is the breakdown of the training conducted for 125 midwives:

Table 4: Total Number of Trained MWs By Province By Course

PROVINCE	No. of MWS	CONDUCTED TRAINING COURSES						
		Basic/ Compre FP	Compre FP (IUD & DMPA Administration)	ICS	FP Counseling	Refresher on Family Planning	Refresher FP Counseling	Refresher ICS
Basilan	28	15	4	12	15		3	6
Tawi-Tawi	12	2	5	10	9		-	-
Sulu	32	11	12	11	7		12	7
Maguindanao	0	-	-	-	-		-	-
Lanao Sur	50	8	22	31	29		12	-
DOH-ARMM	3	2		3	3			
Total	125	38	43	67	63	-	27	13

In order to maximize the participation in the training courses, slots allotted for Maguindanao were given to other provinces.

Of the 72 municipalities in the four provinces – Lanao del Sur, Sulu, Tawi-Tawi and Basilan, 61 of them were represented in the training activities. As requested by the Provincial Health Offices, specifically Basilan, five provincial and district hospitals were included in the training. Below is a list of municipalities with the corresponding number of midwives trained in FP:

Table 5: Municipalities in Basilan with the Corresponding Number of Midwives Trained

Municipalities		Number of Trained Midwives
BASILAN		
1	Lamitan East	3
	Lamitan West	2
2	Lantawan A	3
	Lantawan B	2
3	Maluso	3
4	Sumisip A	2
	Sumisip B	2
5	Tipo-Tipo	3
6	Tuburan	4
7	(Isabela) Basilan General Hospital	2
	Ediborah Yap Pamaran Mem. Hospital	2
Total		28

Table 6: Municipalities in Tawi-Tawi with the Corresponding Number of Midwives Trained

Municipalities		Number of Trained Midwives
TAWI-TAWI		
1	Bongao	2
2	Languyan	1
3	Mapun	1
4	Panglima Sugala	2
5	Sapa-sapa	2
6	Sitangkay B	1
7	South Ubi	1
8	Tandubas Proper	1
9	Turtle Island	1
Total		12

Table 7: Municipalities in Sulu with the Corresponding Number of Midwives Trained

Municipalities		Number of Trained Midwives
SULU		
1	H.P. Tahil	2
2	Indanan	2
3	Jolo	5
4	Kalingalan Caluang	1
5	Lugus	1
6	Luuk	1
7	Maimbong	1
8	Pandami	1
9	Panglima Estino	1
10	Pangutaran	4
11	Parang	2
12	Pata	2
13	Patikul	2
14	Siasi	1
15	Talipao	1
16	Tapul	2
17	Tongkil	1
18	(Panamao) Panamao District Hospital	1
	Sulu Provincial Hospital (Jolo)	1
Total		32

Table 8: Municipalities in Lanao del Sur with the Corresponding Number of Midwives Trained

Municipalities		Number of Trained Midwives
LANAO DEL SUR		
1	Balabagan	2
2	Balindong	2
3	Binidayan	2
4	Bubong	2
5	Bumbaran	1
6	Buntong	1
7	Butig	1
8	Ganassi	1
9	Kapai	1
10	Kapatagan	1
11	Lumbabayabao	1
12	Lumbatan	1
13	Lumbaynague	1
14	Madalum	2
15	Madamba	1
16	Malabang	6
17	Marantao	2
18	Marawi City	6
19	Masiu	1
20	Mulondo	1
21	Poonabayabao	2
22	Saguilaran	2
23	Sultan Gumander	2
24	Tambo Piagapo	1
25	Taraka	2
26	Tugaya	1
27	Wao	3
28	(Tamparan) Tamparan District Hospital	1
	DOH-ARMM	3
Total		53

<i>Total Number of Participants</i>	125
<i>Total Number of Covered Municipalities</i>	61
<i>Total Number of Covered Hospitals</i>	5

2. Barangay Health Workers (BHWs)

Below is the result of the inventory for the BHWs:

Table 9: Results of the Inventory: Number of BHWs to be Trained Per Course By Province

PROVINCE	No of BHWs	FP	ICS	ICS Refresher
Basilan	86	71	76	10
Tawi-Tawi	87	27	77	10
Sulu	148	118	120	28
Maguindanao	210	182	198	12
Lanao Sur	370	366	369	1
Total	901	764	840	61

According to the inventory, 93% of the 901 BHWs needed training in the required basic courses for FP.

There are currently 3,750 active BHWs¹ all over ARMM, but the project resources could only allocate training for a maximum of 400 BHWs:

Table 10: Total Number of BHWs to be Trained By Province

BASILAN	50
TAWI-TAWI	60
SULU	90
MAGUINDANAO	80
LANAO DEL SUR	110
MARAWI CITY	10
GRAND TOTAL	400

The training manual “**Interpersonal Communication Skills for Responsible Parenthood/Family Planning and Safe Motherhood**” prepared by the Family Planning Service of the Department of Health in 1997 was utilized. In a meeting with the DOH-ARMM officers and trainers, the need to enrich the current DOH Manual was acknowledged, adapting new developments in family planning and reproductive health in general. In addition to this, the following were added in the training manual:

RA Number 7883 – Barangay Health Workers’ Benefits and Incentives Act of 1995
Overview on the Reproductive Health: Ten Elements of Reproductive Health

¹ Data provided by DOH-ARMM.

Orientation on the Fatwah (Official Ruling on Reproductive Health and Family Planning recently developed by the Assembly of Darul-Iftah of the Philippines under “The Social Acceptance Project” of the Academy for Educational Development).

The inclusion of the abovecited helped broaden the understanding of the BHWs of their role as information providers in their communities. The training also helped enhance further their skills and increase their knowledge in family planning and safe motherhood.

C. IEC Materials

Additional support was provided to the PHOs and MHOs in the form of IEC materials which the midwives and BHWs can use in their FP education. The FP IEC materials developed by John Hopkins University-Population Communication Services for the Department of Health were reprinted. While the texts of these materials were maintained, the illustrations and graphic presentations were redesigned to make them more culturally sensitive to Muslim communities.

The nine brochures on family planning methods were also translated to the following languages:

- Maranao
- Maguindanaoan
- Tausug
- Sama
- Yakan



The flipchart incorporated Muslim family pictures and were translated to:

- Maranao
- Maguindanaoan
- Tausug



All revisions made on both IEC materials and flipcharts were approved by the Provincial Health Offices through their respective PHOs, trainers and RH/FP Coordinators.

Translation:

The Provincial and Regional offices were consulted on the appropriateness of the translations of the materials to various languages. They were closely involved in the pre-testing and validation process. JSI/RTI ensured that the translators were native speakers of the specific language/dialect. Translations were reviewed by the Institute of Islamic Studies at the University of the Philippines. Translations of Sama and Yakan were done by individuals recommended by IPHO-Tawi-Tawi and IPHO Basilan respectively. In both cases, the respective PHOs were directly involved in the translation.

The translation of the flipcharts were done by individuals recommended by the DOH-ARMM.

Pre-Test of Materials:

The team of Dr. Jaime An Lim of the Mindanao State University- Iligan Institute of Technology was commissioned by JSI/RTI to conduct the pre-test in five areas:

- Marawi City for Maranao
- Bongao for Sama
- Jolo for Tausug
- Isabela for Yakan
- Shariff Aguak for Maguindanaoan

Of the five areas, only the latter did not materialize as Maguindanao IPHO did not participate in the project.

The MSU-IIT team was tasked to design the pre-test process, formulate questionnaires, conduct the pre-test and validation, consolidate the results and send to JSI/RTI the brochures ready for printing. All these were done in close coordination with the respective IPHOs.

During the pre-test, parts of the translations were revised by the participants. A two-day validation workshop was conducted after each pre-test to finalize the corrections and changes. The Provincial Health Officers took the lead in this activity.

As soon as the corrected brochures were submitted to JSI/RTI, other changes in the illustrations were incorporated. Finalizations and printing were done in Manila.



D. Medical Kits, Polo Shirts and Vests

To aid the midwives and BHWs in service delivery, kits were provided by the project. Each midwife was given an IUD and Midwifery Kits containing the following:

Table 11: Contents of Midwifery Kit

MIDWIFERY KIT CONTENTS

ITEM	QUANTITY	
B.P. Aneroid w/ Stethoscope	1	Piece
Betadine/Povidone 60ml	1	Piece
Blade Holder #3	1	Piece
Breast Pump	1	Piece
Chromic 2-0	2	Piece
Cord Clamp	2	Piece
Cotton Balls (150 pcs.)	1	Piece
Disposable Syringe 3cc	1	Piece
Disposable Syringe 5cc	1	Piece
Face Mask, cloth	1	Piece
Flashlight w/ 2D Battery	1	Piece
Forceps curved	2	Piece
Forceps, Mosquito (straight)	1	Piece
Forceps, tissue w/ teeth	1	Piece
Gauze Sterile	1	Piece
Head cap, cloth (Green)	1	Piece
Hot Water Bag	1	Piece
Hydrogen Peroxide	1	Piece
Ice Bag (Big)	1	Piece
Kidney Basin-SS	1	Piece
Medicine cup	1	Piece
Medicine Tray, SS	1	Piece
Midwifery Bag	1	Piece
Needle Holder	1	Piece
Nelathon Catheter F14	1	Piece
Nelathon Catheter F8	1	Piece
Oral Thermometer	1	Piece
Pocket Balance/Spring	1	Piece
Rectal Thermometer	1	Piece
Round Needle	1	Piece
Rubber Suction	1	Piece
Scissors, Bandage	1	Piece
Scissors, Surgical	1	Piece
Sterile Gloves 7"	3	Piece
Surgical Blade, pointed #11	2	Piece
Surgical Brush	1	Piece
Tape Measure	1	Piece
Tongue Depressor, sterile	1	Piece
Torniquet	1	Piece

Table 12: Contents of IUD Kit

IUD KIT CONTENTS

ITEM	QUANTITY	
Alligator forceps 13" Stainless Steel	1	set
Pan Stainless Steel, size: 11-1/2" x 9-1/4" x 4"	1	set
Pan Cover, 12-1/4" x 10" x 5/8" thick		
Iodine Cup, 6 oz., stainless steel	1	Piece
Forceps Artery, Pean, curved, stainless steel	1	Piece
Forceps, Uterine, Bozeman, Single curved serrated Jaws, 10" SS	1	Piece
Forceps, Sponge, Forester, Straight, 9-1/2" stainless steel	1	Piece
Scissors, Operating Sims, Curved, 9", stainless steel	1	Piece
Speculum, vaginal graves, medium, stainless steel	1	Piece
Speculum, vaginal, graves, large, stainless steel	1	Piece
Uterine Sound, Sims, Malleable, Graduated in centimeters, 13", SS	1	Piece

Each BHW was given a First Aid Kit containing the following:

Table 13: Contents of First Aid Kit

FIRST AID KIT CONTENTS

ITEM	QUANTITY	
Adhesive Plaster Strips	100	pcs.
Gauze bandage 2"	6	rolls
Gauze Bandage 4"	4	rolls
Sterile Disp. Gloves	4	pcs.
Wound dressing Sterile 100mm	15	pcs.
Wound dressing Sterile 75mm	15	pcs.
Surgical scissor	1	pc.
Curved forcep	1	pc.
Spring forcep	1	pc.
Plastic bags	25	pcs.

ITEM	QUANTITY	
Triangular Gauze Bandage	2	pcs.
Cotton Tip Applicator Stick	2	pcs.
Povidone Iodine 10% Ointment	3	tubes
Povidone Iodine Solution 10%	1	bottle
BP Apparatus Aneroid & Stethoscope	1	set
Elastic bandage 3"	4	rolls
Absorbent cotton	2	rolls
Soap box	1	pc.
Soap bar unwrapped	1	pc.
Dressing towel	1	pc.
Adhesive plaster 1"	2	rolls
Adhesive plaster 1/2"	4	rolls
Flat Tourniquet	1	pc.
Alcohol 70% big	1	bottle
Gauze Sponges 4 x 4 x 100s	1	pack
CPR/First-aid Pamphlet	1	copy

In addition, polo shirts and vests were provided to the midwives and BHWs so they can easily be identified during their field work.

A. For RHU Midwives



B. For BHWs



FACILITATING FACTORS

A. ESTABLISHMENT OF WELL-FAMILY MIDWIFE CLINICS

1. Willingness of Kadtuntaya Foundation, Inc. (KFI) to become JSI/RTI's partner despite the limited project period.
2. Availability of midwives who were willing to invest their own funds to put up their own clinics.
3. Support of the IPHOs and MHOs in Lanao del Sur, Tawi-Tawi and Sulu and the City Health Officers of the cities of Marawi and Cotabato. The provincial health officers, MHOs and CHOs of Cotabato and Marawi facilitated the cross referrals between the WFMCs and government facilities.
4. The "pandays" or birth attendants have responded positively to the initiate to work with the WFMCs for the referral of clients from them for both FP and delivery.

B. TRAINING IN FAMILY PLANNING OF RHU MIDWIVES AND BHWs

During the End-of-Project Meeting last 6 October 2004, the participants from the four PHOs and DOH-ARMM identified the following enabling factors that contributed to the successful implementation of the project:

1. Management Support
 - a. Supportive management at all levels – from the regional office down to the district;
 - b. Cooperative and supportive Provincial Health Officers; and
 - c. Involvement of PHOs in the training and translation activities.
2. Communication
 - a. Series of consultations with JSI and the provinces. All identified needs were incorporated in the plans, e.g. inclusion of Fatwah and the BHW Act (RA 7883) in the BHW training module;
 - b. Well-established communication lines from JSI to Regional Office and to PHO;
 - c. Well-organized dissemination of activities and other project-related information, e.g, training schedules, meetings, etc.; and
 - d. There was a point person per office – JSI/RTI, DOH-ARMM, IPHO.

From the JSI point of view, another facilitating factor is:

3. Commitment of IPHO Staff

Despite the influx of activities in the ARMM, the respective PHO staff assigned to this project found time to conduct and coordinate the training activities. In effect, their work days stretched even up to weekends. They were able to motivate the midwife-participants as well as the barangay health workers. Submission of reports was timely following the format suggested by JSI/RTI.



4. Impact of Community Influentials - religious leaders, media practitioners, community leaders participated in the pre-testing, validation and revision of IEC materials.

According to Dr. Minalang of DOH-ARMM, JSI/RTI recognized, respected and adhered to the protocols of the DOH-ARMM at all levels – recognizing the peculiarities of the ARMM in terms of structure, organizational, physical and geographical set-up. This is one of the key factors that made the project successful. JSI/RTI was able to transcend beyond the cultural differences through timely and open communication exchange.

HINDERING FACTORS

A. ESTABLISHMENT OF WELL-FAMILY MIDWIFE CLINICS

1. NGO's Lack of Funds for Counterpart - NGO counterpart funds allocated for the clinic construction were used for peace and order projects. This resulted in the change of strategy from the original NGO-owned to midwife-owned clinics in the ARMM.
2. Peace and Order Situation - Validation of potential sites and midwives were delayed due to peace and order situation in some municipalities in Maguindanao, Lanao del Sur and Sulu.
3. Status of Clinic Sites - The midwife-applicants were required to submit at least three possible clinic locations. However, the identified sites were either problematic (e.g. contested ownership of lot or building, owner not paying government dues, etc.) or did not comply with the DOH licensing requirements, thus delaying the entire application and selection process. Some building owners of potential clinic sites refused to have their properties renovated to conform to the DOH and WFMC standards. Others refused to enter into contract with midwives for the use of their space.
4. Non-supportive IPHO in Maguindanao - The PHO of Maguindanao refused to recognize the WFMCs as partner in their health delivery system. Some MHOs are hesitant to enter into a MOA with the WFMCs for cross referrals of clients without the recommendation or endorsement of the PHO.
5. Limited Time of Project - Since the establishment of WFMCs was delayed, the project had limited time left to provide technical assistance (TA) to the WFMCs in ARMM. However, JSI/RTI has identified the specific TA requirements of each clinic and provided this to the WFMC Partnerships Foundation for appropriate action.

B. TRAINING IN FAMILY PLANNING OF RHU MIDWIVES AND BHWs

1. Schedule of Activities of the PHOs - Due to priority activities mostly coming from the DOH Central Office (e.g. Garantisadong Pambata, Ligtas Tigdas), training, pre-test and validation workshops were rescheduled to much later dates. Even as participants were allowed by their mother units, the preceptor sites were not available.
2. Communication Lines within the Province - Due to distance from their respective provincial health officers and non-availability of telephones, confirmation of participants in some areas particularly in Sulu and Basilan took some time.
3. Limitation of Exposure of Training Suppliers in the Muslim Culture - As most of the regional training teams have already disbanded, JSI subcontracted the services of IMCCSDI and IMCH, both are DOH- accredited training suppliers of the Well-Family Midwife Clinic midwives. Some staff of these training suppliers lacked the exposure to Muslim culture, which sometimes posed some miscommunication with the training participants.
4. Preceptor Sites - Availability of preceptor sites which met the requirements of the training suppliers and JSI/RTI was limited.
5. Peace and Order Situation - This affected the nonparticipation of some midwives and delayed the pre-test activities, as well.
6. Screening of Participants - Some replacement participants were not properly screened by the respective PHOs as to their qualifications to comply with training requirements.



7. Language._Most of the provinces have several cultural groups, therefore, during the BHW training, the trainors had to struggle with the language differences.
8. Limitation of Local Consultants/Agencies - All agencies/consultants in the ARMM have localized operations and target areas. Not a single one covers the entire ARMM region. This posed challenges in working with agencies with regard to the translation and pre-testing activities.

RECOMMENDATIONS:

- A. JSI recommends that USAID financial support be continued to enable WPFI to provide the necessary technical assistance to the newly-established WFMCs in the ARMM. This technical assistance is necessary until the clinics have reached their operating viability. WFMCs are showing promising results but they still have to reach the performance levels of the majority of clinics in the WFMC network.
- B. With the termination of this project, the IPHOs' main concern is the sustainability of the post-training activities. JSI/RTI recommends that these concerns be addressed by another cooperating agency/cies:
1. Project Funds – the project covered the provision of training, IEC materials and kits. However, part of the BHW training is the planning for post-training activities in tandem with the midwife. Corollary to this, the PHOs requested that support be provided to cover logistics and transportation costs for BHW/MW activities, as well as funds for monitoring of their progress.
 2. Materials – JSI/RTI provided a maximum of 1,000 copies per brochure per facility and one copy of flipchart per RHU. To reach as many women of reproductive age as possible, they will need more materials. This entails reprinting costs. In addition to these, the IPHOs will need the following:
 - a. Additional leaflets and posters on FP (developed by AED)
 - b. Motivational guides for BHWs
 - c. SDM necklace
 - d. Copies of the Fatwah (at least 10 for Sulu)
 - e. Copies of Contraceptive Technology for DOH-ARMM and IPHOs (to be supplied by AED)
- C. JSI/RTI also recommends that an agency take over the pre-testing and printing of Maguindanaon materials – both the flipchart and brochures.

LIST OF TABLES

- Table 1: List of WFMCs in the ARMM and in Conflict-Affected Areas in Mindanao*
- Table 2: Total Number of Midwives and BHWs Covered by the Inventory By Province*
- Table 3: Result of the Inventory: Number of Midwives to be Trained Per Course By Province*
- Table 4: Total Number of Trained MWs By Province By Course*
- Table 5: Municipalities in Basilan with the Corresponding Number of Midwives Trained*
- Table 6: Municipalities in Tawi-Tawi with the Corresponding Number of Midwives Trained*
- Table 7: Municipalities in Sulu with the Corresponding Number of Midwives Trained*
- Table 8: Municipalities in Lanao del Sur with the Corresponding Number of Midwives Trained*
- Table 9: Results of the Inventory: Number of BHWs to be Trained Per Course By Province*
- Table 10: Total Number of BHWs to be Trained By Province*
- Table 11: Contents of Midwifery Kit*
- Table 12: Contents of IUD Kit*
- Table 13: Contents of First Aid Kit*

List of Operating WFCs Under the New Franchise Agreement with WPMI

NO	SURNAME	FIRST NAME	MIDDLE NAME	NICKNAME	ADDRESS OF CLINIC			TEL. NUMBER	CELL NO.	NGO	DATE CLINIC OPENED	CIVIL STATUS
					ADDRESS #	TOWN	PROVINCE					
1	ALBAÑO	MERLYN	FLOR	LYN	RIZAL AVENUE EXTN., BASAK, SAN NICOLAS	CEBU CITY		(032) 264-4753	NONE	CFPOI	October 21, 2001	MARRIED
2	CABAJAR	MELODINA	ABABON	MEDY	498-C PADILLA ST.	CEBU CITY		(032) 418-8031		CFPOI	July 18, 2002	MARRIED
3	CABRERA	NORMA	YBAÑEZ	NORMS	215 PAJAC	LAPU-LAPU CITY	CEBU	(032) 3429678		CFPOI	JUNE 1999	MARRIED
4	CANATA	SUSANA	BONGO	SUSAN	YATI	LILOAN	CEBU	0324246389		CFPOI	October 2, 2002	MARRIED
5	CANTIVEROS	ARLEEN	PAGUBO	LEEN	DASUNA DON ANDRES SORIANO	TOLEDO CITY	CEBU	NONE		CFPOI	October 1, 2002	MARRIED
6	DARIA	NAZARINA	AVES	BABIE	2-6 #125 SAN ISIDRO	TALISAY CITY	CEBU	(032) 4917765		CFPOI	April 23, 1997	MARRIED
7	DIMAYMAY	SABRENA	JAYME	BONG	295 K SIKATUNA ST., RIVERSIDE, LOREGA, SAN MIGUEL	CEBU CITY		(032) 235-3002		CFPOI	April 1, 1997	MARRIED
8	GAMALIER	REBECCA	MIÑOZA	BECKY	MEHITABEL RD, TALAMBAN	CEBU CITY		0323439166		CFPOI	MARCH 1999	SINGLE
9	INOT	ROSALIE	PARAS	ROSE	COTCOT	LILOAN	CEBU	(032) 424-9575		CFPOI	April 23, 1997	MARRIED
10	MONITNOLA	FLORAME	QUILARIO	MAE	4765 V. RAMA	GUADALUPE CITY	CEBU	(032) 2642076		CFPOI	May 6, 1998	MARRIED
11	NILLAS	SYLVIA	MOTOC	SYLVS	22 LAWA-AN I,	TALISAY CITY	CEBU	0322690146		CFPOI	December 18, 2002	MARRIED
12	SUAZO	GENEVIEVE	CORDOVA	EBEB	COGON PARDO	CEBU CITY		(032) 273-4386		CFPOI	April 1, 1997	MARRIED
13	SUMAMPONG	JULITINIA	JAVIER	TENIE	T. PADILLA ST	CEBU CITY		(032) 414-9130	NONE	CFPOI	20CT'0	MARRIED
14	UY	NANELITA	PELAGO	NENEN	SANGI	TOLEDO CITY	CEBU	032-4675638		CFPOI	June 28, 2000	MARRIED
15	VILCHES	PERLITA	ARMIAN	MARGOT	1357 COASTAL VIEW SUBD. LARAY, SAN ROQUE	TALISAY CITY	CEBU	0322696549		CFPOI	April 1, 1998	MARRIED
16	VILLALON	FRANCISCA	MEDADO	FRANCING	CANSAGA	CONSOLACION	CEBU	(032) 423-9105		CFPOI	August 18, 2002	MARRIED
17	BARELA	MONICA	JAMELAREN	MONIC	ZONE 8, BLK 12, BRGY FATIMA	GENERAL SANTOS CITY		NONE		COMDEV	November 6, 1997	MARRIED
18	BARRERA	NILA	BATIO	NIL	COR. GUIJO & TALISAY STS .POBLACION	TAMPAKAN	SOUTH COTABATO	NONE		COMDEV	January 22, 2001	MARRIED
19	BESANA	ALICIA	BELASA	ALICE	ZONE 5 CHRISTIAN VILLAGE, CALUMPANG	GENERAL SANTOS CITY		083-5545059		COMDEV	May 1, 1997	MARRIED
20	DE CASTRO	EDNA	GUINTO	EDZ	DE DIOS COR .TIONGSON STS LAGAO	GENERAL SANTOS CITY		083-3017026		COMDEV	April 30, 1997	MARRIED
21	ENRIQUEZ	JOY EDEL	GASPAR	JOY	APARENTE NEAR NUNEZ ST., PUROK MALAKAS	SAN ISIDRO	GEN. SANTOS CITY	083-301-3156		COMDEV	November 17, 1998	MARRIED
22	ESTEBAN	CORAZON	QUERIDA	CORA	LAGUILAYAN	ISULAN	SULTAN KUDARAT	0920-2865353		COMDEV	December 28, 2000	SINGLE
23	MENDOZA	EDEN	PINONGCOS	INDAY	POBLACION	LIBUNGAN	NORTH COTABATO	NONE		COMDEV	December 19, 2000	MARRIED
24	MIPARANUM	SHIRLEY	N.	SHE	62 CITY ENGINEER'S OFFICE ACCESS ROAD ROSARY HEIGHTS, MOTHER BARANGAY	COTABATO CITY		NONE		COMDEV		SINGLE
25	MORADAS	EVANGELINA	PASCUA	VANGIE	BARRIO UNO	KORONADAL CITY						MARRIED
26	PAKONG	NORIA	SULTAN	NOR	POBLACION	DATU PAGLAS	MAGUINDANAO	09164533599		COMDEV	November 28, 2000	MARRIED
27	QUINES	EVELYN	CASTILLO	LYN	SUBEN	PRES. QUIRINO	SULTAN KUDARAT	09196263383		COMDEV		MARRIED
28	SIOSON	NENITA	SUROPIA	NENETTE	NATIONAL HIGH WAY, KALAWAG II	ISULAN	SULTAN KUDARAT	064-2014783		COMDEV	January 23, 2001	MARRIED
29	URBANO	TERESITA	SUNIO	TESS	LAUREL NORTH	GENERAL SANTOS CITY				COMDEV	November 30, 2000	MARRIED
30	YU	IMELDA	TALASTAS	IMEE	BULALO	SULTAN KUDARAT	MAGUINDANAO	09183175898		COMDEV	December 18, 2002	MARRIED
31	ALOJADO	ANITA	ELEST	NITZ	BLK 25 LOT 14 PHASE I, NHA BANGKAL	DAVAO CITY		NONE		ULTIMA	April 1, 1997	MARRIED
32	BERATO	GENEVIEVE	NARAGAS	NICKNICK	ZUÑO ST., BRGY. UBALDE AGDAO	DAVAO CITY		082-2329546		ULTIMA	February 6, 2001	MARRIED
33	CAPILITAN	MAYLIROSE	VILLADARES	MAY	SITIO ESCUELA, SKYLINE, CATALUNAN GRANDE	DAVAO CITY		082-2984635		ULTIMA	April 18, 2003	MARRIED
34	COSADIO	RHODORA	VALENZONA	DORAY	KM 22 LOS AMIGOS, TUGBOK DISTRICT	DAVAO CITY		NONE		ULTIMA	April 1, 1997	MARRIED
35	DELFIN	LOLITA	TORREMOCHA	LOLIT	JUAN DE LA CRUZ ST., DALIAO, TORIL	DAVAO CITY		082-2910615		ULTIMA	April 10, 1997	MARRIED
36	DOLORITO	NERISSA	DAGATAN	NERIE	SIR # 350 BLK 25, BRGY 22, PIAPI	DAVAO CITY		082-2237411		ULTIMA	June 1, 1998	MARRIED
37	MANANSALA	SARAH	ESCALERA	SAR	POBLACION, RIZAL ST.,	MATI	DAVAO ORIENTAL	082-3005205		ULTIMA	June 1, 2002	MARRIED
38	MELINDO	ANALIS	LOVITOS	JENNIE	PANACAN	DAVAO CITY		(082) 2331135		ULTIMA	October 6, 2002	MARRIED
39	SAN GABRIEL	KAREN	VARGAS	KAREN	NERICO NAGRALES HIGH SCHOOL TRADING BLVD.	DAVAO CITY		082-2238526		ULTIMA	September 19, 2003	MARRIED
40	SUMILE	ANALIZA	CAJES	LIZA	P-14 POBLACION	NABUNTURAN	COMPOSTELA VALLEY	NONE		ULTIMA	August 31, 2002	MARRIED
41	ACON	JAMILAH	SULTAN	JAM	SEN. NINOY AQUINO COLL. FOUNDATION, MONCADO COMPUND	MARAWI CITY		1/1/02		HFC	March 13, 2002	MARRIED
42	CANETE	JOCELYN	TAGOLIMOT	JOY	PUROK 3, KIWALAN	ILIGAN CITY	LANAO DEL NORTE	063-2252718		HFC	September 30, 2001	MARRIED
43	CANOY	OFELIA	OPLA	OPING	P-2A POBLACION	LINAMON	LANAO DEL NORTE	NONE		HFC	April 3, 2002	MARRIED
44	DAGUINOT	FELOMINA	PAGUYO	BEBIE	DUTERTE ST., STA. LUCIA DIST.,	PAGADIAN CITY		062-2142187		HFC	June 14, 2003	MARRIED
45	IGNACIO	LORELYN	BUNTAG	BBLYN	GROUND FLOOR, FABIAN PEREZ CULTURAL CENTER MARANDING	LALA	LANAO DEL NORTE	063+388-7342		HFC		MARRIED
46	LANGANLANGAN	EVELYN	PACQUIAO	INDAY	SOUTH 2ND ST., BRGY. III	TANGUB CITY		088-395-3768	8	HFC	September 28, 2002	MARRIED
47	MAYO	PAPALA	ANGOT	POPS/NAVELA	EAST POBLACION	BALO-1	LANAO DEL NORTE	063-3519-394		HFC	November 15, 2001	MARRIED
48	SILADOR	MERLYN	BUGAY	GIGING	NATIONAL HIWAY	LUGAIT	MISAMIS ORIENTAL	NONE	8	HFC		MARRIED

NO	SURNAME	FIRST NAME	MIDDLE NAME	NICKNAME	ADDRESS OF CLINIC			TEL. NUMBER	CELL NO.	NGO	DATE CLINIC OPENED	CIVIL STATUS
					ADDRESS #	TOWN	PROVINCE					
49	DELA ROSA	ELSA	SORRONDA	TATA	BOLICON , TURNO	DIPOLOG CITY		062-2124211		HFC	April 30, 2003	MARRIED
50	TRIAMBULO	MARIVEL	DIANGO	DAN-DAN	ZONE 3, BAGONG SILANG HI-WAY, TUBOD	ILIGAN CITY	LANAO DEL NORTE	063-2232289		HFC	October 30, 2002	MARRIED
51	ALEJANDRO	EMELITA	MANGAHAS	EMMA	#15 B. AQUINO AVENUE, TANGOS	BALIWAG	BULACAN	NONE		IMCCSDI	June 20, 1905	MARRIED
52	ATIG	DELIA	BALATUCAOB	DELIA	PRK. 5 SOUTH POB.	MARAMAG	BUKIDNON	0883561593		IMCCSDI	February 15, 2005	MARRIED
53	BADE	ALMA	LEGASPI	AMS	POBLACION	TAGLOOAN	MISAMIS ORIENTAL	NONE		IMCCSDI	JAN98'0	MARRIED
54	BLANCO	ELDA	VALLEDOR	LILY	BRGY. ANI-I	CLAVERIA	MISAMIS ORIENTAL			IMCCSDI	April 28, 1997	MARRIED
55	CABUHAT	LUCY	SANTOS	LUCY	HULO, SAN JOSE, PATAG	STA MARIA	BULACAN	044-6411484		IMCCSDI	September 16, 2002	MARRIED
56	CAHAYAG	JASMIN	MAGHANOY	JAZZ / MIN	178 DEL FUENTE ST. LOWER	JASAAAN	MISAMIS ORIENTAL	NONE	3	IMCCSDI	June 1, 1999	MARRIED
57	CANLAS	EVANGELINE	ACUIN	VANGIE	185 GOVERNOR ALEJO ST., BRGY. BINTOG	PLARIDEL	BULACAN	NONE		IMCCSDI	January 7, 2005	MARRIED
58	CORTEZ	CHARINA	CATALAN	JINKY	PUROK 9 , HALAPITAN ST	SAN FERNANDO	BUKIDNON	NONE		IMCCSDI	May 1, 1997	MARRIED
59	GALBAN	ELVIRA	DECIN	ELVIE	PUROK 6, TABE, GUGUINTO	BULACAN	BULACAN	NONE		IMCCSDI		MARRIED
60	FERNANDO	MARIFE	ESTESTES	FHE	SARMIENTO HOMES MUZON	SAN JOSE DEL MONTE	BULACAN	044-6914506		IMCCSDI	September 26, 2001	SINGLE
61	FLORES	YOLANDA	HERRERA	YOLLY	SAN RAFAEL 6-T. VILL SAPANG PALAY AREA H	SAN JOSE DEL MONTE	BULACAN	NONE		IMCCSDI	January 1, 2000	MARRIED
62	GONZALES	REMEDIOS	ESPINOLA	REMI	065 KM 37 PULONG BUHANGIN	STA MARIA	BULACAN	NONE		IMCCSDI	June 20, 1905	MARRIED
63	JUMAWAN	LEONIDA	MANALO	LEONY	31 DE LEON ST. POBLACION	SAN MIGUEL	BULACAN		7	IMCCSDI		MARRIED
64	LOZANO	LODEBINA	HERNANDEZ	LOVIE	324 SAN PABLO	MALolos CITY	BULACAN	044-6621456		IMCCSDI	December 17, 2002	MARRIED
65	MAGSAKAY	BENEFRIDA	SANTOS	BENNY	BUNSURAN-I	PANDI	BULACAN	NONE		IMCCSDI	December 17, 2002	MARRIED
66	MANGAHAS	LOURDES	SALAZAR	BEBOTH	BLK 43 LOT 2 BGY. LAWANG PARE	SAN JOSE DEL MONTE	BULACAN	NONE		IMCCSDI	May 5, 1998	MARRIED
67	MERCADO	ELIZABETH	CONSUS	ABETH	KIBULAK	LAGUINDINGAN	MISAMIS OCCIDENTAL			IMCCSDI	April 1, 1997	MARRIED
68	MIRANDA	MA. CRISANTA	CRUZ	CRIS	#405 SABANA CAINGIN,	BOCAUE	BULACAN	044-6927465		IMCCSDI	JUNE 1999	MARRIED
69	NADELA	ANNABELLE	SANTIAGO	ANN	259 ZONE 3, PUROK 2C , GUSA	CAGAYAN DE ORO CITY	MISAMIS ORIENTAL	NONE		IMCCSDI	APRIL97'	MARRIED
70	NAVARRO	ROSALIE	DOLLANO	SALLY	BOROL II, ZONE 2,	BALAGTAS	BULACAN	NONE	0	IMCCSDI	April 4, 2003	MARRIED
71	OMAMALIN	NITA	MONTECLARO	DIDING	PUROK 2 , POBLACION	VALENCIA CITY	BUKIDNON	NONE		IMCCSDI	July 28, 1998	MARRIED
72	PLAZA	JOCELYN	MORA	JOY	PANTALAN II, DIEZ ST	SURIGAO CITY		086-8266257		IMCCSDI	August 26, 1998	MARRIED
73	RAYMUNDO	FLORDELIZA	SAN JOSE	FLOR	SANDICO ST, POBLACION I	MARILAO	BULACAN	NONE	7	IMCCSDI	May 1, 1998	MARRIED
74	SALAUM	ZENAIDA	ASOY	GING	454 R CALO COR ROSALES ST	BUTUAN CITY	BUTUAN	085-3411263		IMCCSDI	June 1, 1998	MARRIED
75	VILORIA	HERMINIA	SANTOS	HERMIE	283 BALUBAD	BULACAN	BULACAN	044- 668-2728	NONE	IMCCSDI	January 30, 2003	MARRIED
76	AMOIN	GLORIA	TANTIONGCO	GLO	F T CATAPUSAN ST PLAZA ALDEA	TANAY	RIZAL	02- 6542887	NONE	IMCH	October 1, 1999	MARRIED
77	AMURAO	MIRAFLORES	DELA REA	MIR	15 DOROTEYO MANGUBAT ST.	DASMARINAS	CAVITE	02-9732690		IMCH	April 20, 1998	MARRIED
78	BADILLA	ROSE		ROSE	333 RIZAL AVENUE	TAYTAY	RIZAL	02-2862616	5	IMCH	May 30, 2003	MARRIED
79	BAZARTE	PHOEBE	BARTOLINE	FE	SAN ISIDRO, CAMARIN	CALOOCAN CITY	METRO MANILA	02-9610733		IMCH	June 11, 2003	MARRIED
80	BIASONG	EVANGELINE	ABOGADO	VANGIE	185 A. BONIFACIO AVE., T. DELA PEÑA,	MARIKINA CITY	METRO MANILA	02-9340675		IMCH	June 30, 2003	MARRIED
81	BOCALBOS	HERLYN	HAGUISAN	LYN	383 MANGA ST CEMBO	MAKATI CITY	METRO MANILA	02- 7505278		IMCH	November 20, 2000	MARRIED
82	CIDRO	VIRGINIA	GARION	NONE	34 DON VICENTE AVENUE, PENAFRANCIA, CUPANG	ANTIPOLO CITY	METRO MANILA	02-4573395		IMCH	October 1, 1999	MARRIED
83	CORDERO	ELDA	MANA-AY	ELDI	129 BALLECER ST., ZONE 6, SIGNAL VILLAGE	TAGUIG	METRO MANILA	02-5416526		IMCH	January 8, 2001	MARRIED
84	DANTES	PURITA	DAVID	RITA	PHASE 4 PKG 5 BLK 5 LOT 7 BAGONG SILANG	CALOOCAN CITY	METRO MANILA	NONE		IMCH	November 11, 2000	MARRIED
85	DELACRUZ	HELEN	BAUTISTA	HELEN	105 P/ AQUINO AVENUE LETRE ROAD	MALABON CITY	METRO MANILA	02- 2878582		IMCH	April 1, 1997	MARRIED
86	DELACRUZ	FRANCISCA	DE GUCENA	PRECY	261 GEN LUIS ST CAYBIGA	CALOOCAN CITY	METRO MANILA	02- 9389182		IMCH	October 10, 2000	MARRIED
87	DIAZ	REBECCA	PEREZ	VICKY	JULUGAN VII	TANZA	CAVITE	046-4370683		IMCH	January 1, 2001	SINGLE
88	EMPAY	PURIZA	MICABALO	RIZA	788 COCONUT DRIVE EXT.CAA COMPOUND	LAS PINAS CITY	METRO MANILA	(02) 546-70-22		IMCH	April 27, 1977	MARRIED
89	EXCONDE	MARIVIC	BAYGAN	VICKY	41 SAN LUCAS II	SAN PABLO CITY	LAGUNA	049-8004914		IMCH	January 8, 2003	MARRIED
90	GARCIA	EVELYN	CATUBAY	LYN	SAMAMA PHASE II BLK. 2 LOT 41 NAPINDAN	TAGUIG	METRO MANILA	NONE		IMCH		MARRIED
91	JOCSON	VICKY	BRIA	VICKY	358 BARANGKA DRIVE	MANDALUYONG CITY	METRO MANILA	02-5314188		IMCH	August 8, 2002	MARRIED
92	LUDERICO	GERTRUDES	CASA	BING	147 7TH ST., COUNTRYSIDE AVE., STA. LUCIA	PASIG CITY	METRO MANILA	02-6564461		IMCH		MARRIED
93	MILLAN	CAROLINA	EXCONDE	CAROL	10 CATTLEA ST., BRGY. RIZAL	MAKATI CITY	METRO MANILA	02-7570930		IMCH	April 1, 1997	MARRIED
94	PAGHUBASAN	MA. MORENA	NOMA	AYIE	12 STO. NIÑO ST. MA CORAZON SUBDIVISION	CUPANG	ANTIPOLO CITY	02-6776349		IMCH	September 14, 1999	MARRIED
95	PANILA	NEMAH	ALMINE	NEMS	75 AIRFORCE RD COR LUZON AVE. VETERANS VILLAGE HOLY SPIRIT	QUEZON CITY	METRO MANILA	9527061		IMCH	August 20, 2002	MARRIED
96	PASCUA	CORAZON	CARINGAL	CORA	2445-48 LEYTE ST SINGALONG	MANILA	METRO MANILA	02- 5309014		IMCH	April 16, 1997	MARRIED
97	PASIA	VIRGINIA	ANDALLO	VIRGIE/VIRING	201 RIZAL ST., MALAYA	PILILLA	RIZAL	(02) 674-51-51		IMCH		MARRIED
98	PEREZ	ELIZABETH	MIRANDA	LILIBETH	209 DEPARO RD	CALOOCAN CITY	METRO MANILA	02-9382579		IMCH	April 16, 2001	MARRIED
99	ROADEL	AIDA	DELA CRUZ	AIDZ	4270 PUROK 4 OROSCO ST MAPULANG LUPA	VALENZUELA CITY	METRO MANILA	02- 4400005		IMCH	APRIL 1998'0	MARRIED
100	ROMULO	ROSITA	GLORY	CHIT	ESTRELLADO COR. ESPERANZA ST.	LUISIANA	LAGUNA	049-5553092		IMCH	October 17, 2000	MARRIED
101	SAN JUAN	MARIBEL	R	BEL	4B E. RODRIGUEZ AVE., MAY-IBA,	TERESA	RIZAL	691-7515		IMCH	June 1, 2003	MARRIED

NO	SURNAME	FIRST NAME	MIDDLE NAME	NICKNAME	ADDRESS OF CLINIC			TEL. NUMBER	CELL NO.	NGO	DATE OPENED	CLINIC	CIVIL STATUS
					ADDRESS #	TOWN	PROVINCE						
102	SANTIAGO	MA TERESA	BALASA	TESS	9 F BENITO AVE LANGGAM	SAN PEDRO	LAGUNA	7189020		IMCH			MARRIED
103	SANTOS	MA. LERWIN	ZALDARIAGA	LERWIN	31 PUROK UNO BRGY. CUPANG	MUNTILUPA CITY	METRO MANILA	7702411		IMCH			MARRIED
104	SILVA	VIRGINIA	PASAWA	GIGI	MAMATID	CABUYAO	LAGUNA	NONE		IMCH	July 18, 2002		MARRIED
105	TAMAYO	DULCE	VILLACRUEL	DULZ	32 BALUYOT ST COR KABALINTANG ST KRUS NA LIGAO UP DILIMAN	QUEZON CITY	METRO MANILA	02- 9256013		IMCH	July 18, 2001		MARRIED
106	VICENCIO	VIOLETA		VIOL	0528 BO. CALUMPANG	BINANGONAN	RIZAL	6526147		IMCH			MARRIED
107	VILLASEÑOR	ALICIA	OLILA	ALICE	TAGAPO, PUROK 2	STA ROSA	LAGUNA	049-5343186		IMCH	DEC00'0		MARRIED
108	LOYOGOY	BLESILDA	SEVILLANO	BLESS	SAN JOSE ST.	BURAUEN	LEYTE	NONE	NONE	LEFADO			MARRIED
109	RELATORRES	CATALINA	ALAG	LEVIE	SOONG CURVA	ORMOC CITY	LEYTE	NONE	NONE	LEFADO	October 18, 2002		MARRIED
110	SALINAS	CANDELARIA HILDA	TABADA	HILDA	JUGABAN	CARIGARA	LEYTE	NONE	NONE	LEFADO	November 30, 2001		MARRIED
111	SANCHEZ	JULIET	AMANTILLO	JULIET	BGY. 95, CAIBAAN	TACLOBAN CITY	LEYTE	053-3216419		LEFADO	July 28, 1999		MARRIED
112	ANJAO	EMELITA	O	EMELY	COR. COTTAGE ROAD, LACSON ST.,	BACOLOD CITY		034-4353794		NORFI	June 1, 2004		MARRIED
113	BAYONETA	LOLITA	BANQUERO	LOLETH	BLVD ACACIA, BGY MAMBULAC	SILAY CITY	NEGROS OCCIDENTAL	034-4968522		NORFI	June 20, 1905		MARRIED
114	BEBER	MERLINITA	SABORDO	LIN	1 YULO LIBERTAD STS BGY 36	BACOLOD CITY	NEGROS OCCIDENTAL	NONE		NORFI	APRIL 1999		SINGLE
115	BERMEJO	MARILYN	AKOL	MERLY	PRK MAHIMAYA-ON, BGY BATA, BATA SUBD.	BACOLOD CITY	NEGROS OCCIDENTAL	034-4412395		NORFI	March 28, 2001		MARRIED
116	BOLUSO	ELMA	BUDOSO	ELMS	LEGASPI , YLAYA	ROXAS CITY	CAPIZ	036-621-1250		NORFI	October 26, 2000		MARRIED
117	CANCHICO	FELY	VILLADOLID	BEBETH	STA CLARA SUBD. PHASE 2 BGY .BANAGO	BACOLOD CITY		034-441-2477		NORFI	November 1, 1999		MARRIED
118	CORDILLA	MARJORIE	REYES	MARJ	CORNER LOPEZ JAENA AND STA. ANA STS., BRGY 31	BACOLOD CITY				NORFI			MARRIED
119	DELA CRUZ	MERLINDA	GINOY	MERLIN	ACEVEDO ST.,	KALIBO	AKLAN	034-2681135		NORFI			MARRIED
120	DIOSANA	OLIVA	DE FELIX	EVA	POB ILAWOOD	PANIT-AN	CAPIZ	NONE		NORFI	March 1, 2002		SINGLE
121	EXALA	ROSALIE	SERUDO	ROSE	BRGY. GRANADA	BACOLOD CITY		034-7081748		NORFI	October 9, 2003		MARRIED
122	FERNANDEZ	RUTH	DADIVAS	RUTH	OSMEÑA AVE., BRGY ESTANCIA	KALIBO	AKLAN			NORFI			MARRIED
123	MABALE	SUSAN	SEVILLA	SUSAN	TOMAS BAUTISTA, POBLACION	IBAJAY	AKLAN			NORFI	July 28, 2004		MARRIED
124	MONTIBOR	EDITH	MARAVILLA	EDITH	HERIAS III, BRGY. VILLAMONTE	BACOLOD CITY	NEGROS OCCIDENTAL	NONE		NORFI	April 1, 1998		MARRIED
125	NACIONGAYO	ROSELYN	FADUITILAO	NENENG	NONATO EXTENTION	MIAG-AO	ILOILO	NONE		NORFI	November 8, 2000		MARRIED
126	PAMINTO	EVA	FACTO	EVS/BING2	POBLACION SUR	SIGMA	CAPIZ	NONE		NORFI	October 26, 2000		MARRIED
127	PEDROSO	DOLORES	PERUELO	DOLOR	PUROK ROSAL DOÑA JULIA ST., AIRPORT SUBD.	BACOLOD CITY	NEGROS OCCIDENTAL	034-4319631		NORFI	August 31, 2002		MARRIED
128	PINEDA	IMMACULADA	NOVO	EMMA	PUROK FORTUNE TOWNE, BGY. ESTEFANIA	BACOLOD CITY	NEGROS OCCIDENTAL	034-4336820		NORFI	August 16, 2002		SINGLE
129	TARRE	EUDEGILDA	PABUAYA	GILDA	NATIONAL HIWAY, TANGUB	BACOLOD CITY	NEGROS OCCIDENTAL	034-4319652		NORFI	July 1, 2003		MARRIED
130	YSULAN	ANGELICA	CUALES	ANGIE	MABINI ST. ZONE 2	TALISAY CITY	NEGROS OCCIDENTAL	NONE		NORFI	March 29, 2001		MARRIED
131	ABELLO	PERLITA	RAMOS	PERLY	BRGY RIZAL	SAN LEONARDO	NUEVA ECIJA	NONE		NORFIL	September 10, 2002		MARRIED
132	GALACGAC	ELMIRA	DELOS SANTOS	MYRA	WFMC POBLACION	SAN ISIDRO	NUEVA ECIJA	NONE		NORFIL	September 7, 2002		MARRIED
133	LOPEZ	NERISSA	PEREZ	NERIE	291 SAN PEDRO 1	MAGALANG	PAMPANGA	045-8661986		NORFIL	June 1, 2002		MARRIED
134	MALACA	MARIVIC	TINIOLA	MAVIC	POBLACION 1	PEÑARANDA	NUEVA ECIJA	045-6047424		NORFIL	September 5, 2002		MARRIED
135	MAURICIO	JEANETTE	LOPEZ.	NETTE	76 LAMBAKIN	JAEN	NUEVA ECIJA	NONE		NORFIL	June 1, 2002		MARRIED
136	MUYOT	LEONISA	DELA CRUZ	LEONY	321 DEL CORRO ST SAN VICENTE	GAPAN CITY	NUEVA ECIJA	NONE		NORFIL	September 5, 2002		MARRIED
137	PALABASAN	CARMEN RHODA	VENZON	RHODA	41 ZONE 4 , GUEMASAN	ARAYAT	PAMPANGA	045-8852085		NORFIL	January 17, 2003		MARRIED
138	TUAZON	CRISTINA	WAJE	BHEY	1215 STA. MARIA, HOMESITE SUBD. SAN FRANCISCO	MABALACAT	PAMPANGA	045-8947417		NORFIL	September 9, 2002		MARRIED
139	ABDUL	NORMINA	M	NORMI	GANASSI	LANAO DEL NORTE				KFI	December 4, 2004		MARRIED
140	AHALUL	WILMA	PAJIJI	WENG	48 BUS-BUS STREET	JOLO	SULU			KFI			MARRIED
141	LASTIMOSO	FATMA	AKIRAN	FATH	TUBIG-DOH, BONGAO	TAWI-TAWI				KFI			MARRIED
142	LUMINOG	AIDA	R	AIDA	NAYON SHARIFF KABUNSUAN	COTABATO CITY				KFI			MARRIED
143	MACABANTOG	NORAISA	BALINDONG	NORA	CAMPO MUSLIM, MALABANG	LANAO DEL SUR				KFI			MARRIED
144	MASUKAT	PARISA	MASUKAT	PARIS	POBALCION , DATU PLANG	MAGUINDANAO		064-5204463		KFI			MARRIED
145	MONIB	ANGKO	S	ANGKO	CROSSING BARIRA, PARANG	MAGUNIDANAO				KFI			MARRIED
146	NAKAN	TESSIE	PIANG	TESS	SIMUJAY BRIDGE, SULTAN MASTURA	SULTAN KUDARAT	MAGUINDANAO			KFI			MARRIED
147	SABPA	ANTONIETA	MAMON	TONETTE	1ST ROAD # 20, DON SERO ST.,	COTABATO CITY				KFI	February 12, 2005		MARRIED
148	SULAIMAN	DOHELMINA	PATRIMONIO	DOLLY	UPPER PORT HOLLAND, MALUSO	BASILAN PROVINCE				KFI			MARRIED
149	TABAO	CADIDIA	SARIP	AMEDA	SADUC, TAMPILONG	MARAWI CITY				KFI	March 9, 2003		MARRIED

ANNEX E**LIST OF PARTNER NGOS**

- 1 CEBU FAMILY PLANNING ORGANIZATION, INC. (CFPOI)**
T. S. Paulin Building
100 T. Padilla Street, Cebu City
Email: fpoi_cbu@skyinet.net
Telefax (032) 414-9130

- 2 COMMUNITY HEALTH AND DEVELOPMENT, INC. (COMDEV)**
Lot 11, Blk 2 Kayumanggi Street
Dadiangas Heights Subdivision
Bgy. City Heights, Gen. Santos City
Email: comdev@gsc.webling.com
Telefax (083) 552-4973

- 3 NEGROS OCCIDENTAL REHABILITATION FOUNDATION, INC. (NORFI)**
Corner Cottage Road-Lacson Streets
Bacolod City
Email: norfi@nol.ph
Phone (034) 435-3794 and 709-7887
Telefax (034) 433-5767

- 4 INSTITUTE OF MATERNAL AND CHILD HEALTH (IMCH)**
Capitol Drive Community Comprehensive Clinic
13 Capitol Drive, Old Balara
Diliman, Quezon City
Email: imchrh@skyinet.net
Phone (02) 433-7891 Fax (02) 433-09-30

- 5 INTEGRATED MATERNAL CHILD CARE SERVICES AND DEVELOPMENT, INC. (IMCCSDI)**
Lot 1 Block 2 Capitol Estates II
Commonwealth Avenue, Diliman, Quezon City
Telefax (02) 428-2385 & 430-1891

- 6 DAVAO MEDICAL SCHOOL FOUNDATION -CENTER OF EDUCATION, RESEARCH AND DEVELOPMENT IN HEALTH (DMSF-CERDH)**
Circumferential Road, Bajada, Davao City
Email: drvic@dmsf.edu.ph
Phone (082) 226-2344 Fax (082) 221-2617

7 LEYTE FAMILY DEVELOPMENT ORGANIZATION (LEFADO)

#206 P. Burgos Street, Tacloban City

Email: lefado@eudoramail.com

Phone (053) 321-9847

8 HOPE FOR CHANGE, INC.

3/F CM Building, San Miguel St., Iligan City

Email: hope_change@iligan.weblinq.com

Telefax (063) 223-8254

9 NORFIL FOUNDATION, INC.

16 Mother Ignacia Avenue corner Roces Avenue
Quezon City 1103

Email: norfil@philonline.com.ph

Phone (02) 372-3577 to 79 Fax (02) 373-2169

10 KADTUNTAYA FOUNDATION, INC.

Demonteverde Building, Purok Maharlika

Doña Pilar Street, Vilo Subdivision, Poblacion 4

Cotabato City

Email: kfi@microweb.com.ph

Telefax: (064) 421-7392

Modified TANGO II Project



Annual Quantitative Performance (for the Period Covering April 1997 to August 2004)

	TOTAL					Ave. # of Reporting clinics
	CYPs	MCH Services Rendered	Income from FP	Income from MCH Services	GRAND TOTAL INCOME	
Jan. 1, 97 - Dec. 31, 97	23,993.03	126,354	971,258.40	1,859,999.00	2,831,257.40	88
Jan. 1, 98 - Dec. 31, 98	56,525.96	260,475	2,987,627.20	7,955,917.00	10,943,544.20	176
Jan. 1, 99 - Dec. 31, 99	51,837.28	248,755	3,892,044.00	14,685,481.00	18,577,525.00	167
Jan. 1, 00 - Dec. 31, 00	39,548.42	230,005	3,807,107.30	27,956,394.90	31,763,502.20	256
Jan. 1, 01 - Dec. 31, 01	32,483.00	207,787	5,436,591.50	59,650,142.96	65,086,734.46	180
Jan. 1, 02 - Dec. 31, 02	30,509.48	228,987	4,714,394.30	55,999,816.21	60,714,210.51	185
Jan. 1, 03 - Dec. 31, 03	29,281.43	241,961	5,611,951.10	61,117,601.25	66,729,552.35	211
Jan. 1, 04 - Aug. 31, 04	19,592.33	151,991	3,946,472.70	41,315,407.28	45,261,879.98	209
TOTAL	283,770.93	1,696,315	31,367,446.50	270,540,759.60	301,908,206.10	184

Note: From 1 September 2004 onwards, all WFMCs submitted their report directly to the WPFI.