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# PRIVATE SECTOR MOBILIZATION FOR FAMILY HEALTH (PRISM)

YEAR 4 ANNUAL REPORT  
(1 OCTOBER 2007 TO 30 SEPTEMBER 2008)



15 November 2008

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**About the Cover**

Women who avail of family planning and maternal and child health services from the rural health unit of Trinidad, Bohol now buy their supplies from the Botika ng Bayan Express (mini-drug pharmacy) owned and managed by the Trinidad Multipurpose Cooperative (TMC). The cooperative, along with seven other PRISM-participating cooperatives operating in Bohol, are now in the business of selling low-priced FH products after receiving technical assistance from USAID/PRISM.

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.



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# ACRONYMS

ANC	ante-natal care
ARMM	Autonomous Region for Muslim Mindanao
BANGON	Bohol Alliance of Non-Government Organizations
BCC	behavior change communication
BCYA	Baguio Center for Young Adults
BFAD	Bureau of Food and Drugs
BnB	<i>Botika ng Bayan</i>
CA	cooperating agency
CCEF	Coastal Conservation and Education Foundation, Inc.
CHD	Center for Health Development
CSR	contraceptive self-reliance
CPR	contraceptive prevalence rate
CTU	contraceptive technology updates
CYP	couple-years protection
DCCC	Davao City Chamber of Commerce
DOH	Department of Health
DOLE	Department of Labor and Employment
EBM	evidence-based medicine
ECOP	Employers Confederation of the Philippines
EOP	end-of-project
FHMT	family health management team
FHSIS	Field Health Service Information System
FP	family planning
FP-MCH NA	Family Planning and Maternal and Child Health Needs Assessment
FWC	Family Welfare Council
FWP	Family Welfare Program
GDA	Global Development Alliance
HealthGov	Strengthening Local Governance for Health Project
HPDP	Health Policy Development Program
IMAP	Integrated Midwives Association of the Philippines
IMS	Intercontinental Medical Statistics, Health Philippines, Inc.
IR	intermediate result
IRR	implementing rules and regulations
IRHP	Institute for Reproductive Health Philippines
IUD	intrauterine device
LGU	local government unit
LSS	life-saving skills
M&E	monitoring and evaluation
MCH	maternal and child health
MOU	memorandum of understanding

NCDPC	National Center for Disease Prevention and Control
NCR	National Capital Region
OHNAP	Occupational Health Nurses of the Philippines
ORS	oral rehydration salts
PBSP	Philippine Business for Social Progress
PCCI	Philippine Chamber of Commerce and Industry
PCOM	Philippine College of Occupational Medicine
PEZA	Philippine Economic Zone Authority
PHIC, Philhealth	Philippine Health Insurance Corporation
PMAP	People Management Association of the Philippines
PMP	performance monitoring plan
POGS	Philippine Obstetrical and Gynecological Society
PPM	private-practice midwife
PRISM	Private Sector Mobilization for Family Health
RH	reproductive health
RHU	rural health unit
SBA	skilled birth attendants
SDM	standard days method
SDP	service delivery points
SHIELD	Sustained Health Improvements through Empowerment and Local Development Project
SME	small and medium enterprise
STAR	Strategic Technical Assistance Resource
STTA	short term technical assistance
TA	technical assistance
TOT	training-of-trainers
TRIDEV	Training Research Institute for Development Specialists Foundation, Inc.
TZF	The Zuellig Foundation
USG	U.S. government
WPFH	workplace family health



# EXECUTIVE SUMMARY

The Private Sector Mobilization for Family Health (PRISM) project successfully completed the fourth of its five years with most targets accomplished and many activities yielding valuable lessons and new capacities for increasing private sector responses to meeting family health needs of Filipinos.

PRISM has generated results from engaging the private sector to take advantage of commercial opportunities in providing family health goods and services to the market through the following:

- Workplace-based family health services at 500 companies and cooperatives, 365 of which have signed letters of commitment
- Commercial sales of four low-priced contraceptives by pharmaceutical companies
- Community-based health services of 213 private-practice midwives
- Synergistic combinations of these three elements (workplace programs, commercial pharmaceutical market, midwives in private practice (PPMs) in 33 provinces and cities.

## Results

PRISM has met and, in some cases exceeded, eight of ten end-of-project (EOP) targets for process indicators and nine of 11 EOP targets for outcome indicators. Two process indicators require more work (midwives with increased revenues from FP-MCH services after training and birthing homes accredited with Philhealth). On the two remaining outcome indicators, PRISM is within 70 to 86 percent of EOP targets.

Meeting these indicators means that PRISM has increased the number and quality of USAID-trained private sector health providers and USAID-assisted private service delivery points, giving Filipinos greater access to a wider range of FP-MCH services, products, and service providers, as indicated by the following figures (as of 2008):

- 1.8 million men and women received family planning information in their workplaces and communities.
- 52,000 men and women received family health counseling.
- 21,000 pregnant women completed at least four antenatal care visits by skilled providers.
- 22,000 birth deliveries were assisted by a skilled birth attendant in a health facility.

PRISM's support for four brands of commercial contraceptives contributed to increased total commercial sales of 16 million cycles at the start of the project to almost 18 million in 2008. The market share of the four program-supported brands has increased from six percent of the total in 2007 to 13 percent in 2008. This expansion of commercial sales of contraceptives means that in 2008, the domestic market has fully replaced the total quantity of donated contraceptives that had already been phased out.

In Year 4, PRISM also began generating data suggesting that the private sector response to opportunities for meeting the population's family health needs is probably commercially viable, and therefore sustainable under prevailing market conditions. Companies supporting project-installed workplace family health services report more savings and productivity gains from employee use of these services. Pharmaceutical companies continue to support marketing of low-priced contraceptives introduced earlier with project assistance. Midwives in private practice with project-assisted capacities are realizing increased revenues from providing more and better FP-MCH services and products.

### **Effort**

The institutional and policy environment for private sector mobilization continues to improve. PRISM continued to assist the Department of Labor and Employment and the Department of Health in their efforts to encourage employers and corporate organizations to install and sustain well-functioning workplace family health (WPFH) programs. PRISM also expanded its cooperation with the Philippine Health Insurance Corporation (Philhealth) in facilitating the accreditation of midwife-operated birthing homes as providers of the Maternity Care and Newborn Care Packages of the National Health Insurance Program.

Concerns about availability of affordable family health products in the market remain. In response to these concerns, PRISM worked with a Philippine enterprise, Alphamed Pharma Corporation (Alphamed), to enter the contraceptive hormonal market in the country. With project assistance, Alphamed succeeded in securing a first-ever Global Development Alliance grant agreement with the USAID Office of Health. In response to the phaseout of donated IUDs, PRISM worked with the DOH to help formulate a national strategy for assuring the availability of IUD insertion/removal services (which will feature private commercial sources of affordable IUD products) as an essential choice in the country's family planning program. PRISM also helped the DOH facilitate interactive deliberation among national stakeholders on the need to support the country's Contraceptive Self-Reliance (CSR) strategy, especially at the local level.

By the end of Year 4, PRISM has awarded 50 grant projects, 18 of which have been completed and 32 of which are still being implemented. Of the total project grant funds allocated, 78 percent have been used, with 130 delayed deliverables that, once completed, could raise the utilization rate to the targeted 88 percent. PRISM undertook a thorough review of all grant projects and negotiated catch-up plans with grantees. The end of Year 4

and the early part of Year 5 present major challenges to closing out grant projects. A total of 29 grant projects are scheduled to close out by December 2008, and another 21 grant projects will close out before June 2009.

### **From Year 4 to Year 5**

Before Year 4, PRISM implemented its activities almost solely along component lines. Separate initiatives at workplaces, in the commercial market and among private practitioners, were each originally pursued as separate, stand-alone efforts using grant projects and direct technical assistance. In Year 4, the project began to integrate the different component partners and business activities operating together in the same provinces and cities in the project's 33 strategic intervention areas (SIAs).

Although the project's main thrust continued to be in the private sector, increased private sector activity began to involve local public health systems. Some localities responded vigorously to the commercial opportunities for meeting family health needs. The combination of significant private sector mobilization and increased engagement with local public health systems in localities led the project to recognize that some of its 33 SIAs may in fact become potential models for local market development. Thus, in addition to significant contribution and learning from the three components of the project, PRISM may also be in a position to generate additional contribution and learning from at least 12 local market models that would be a focus of Year 5 operations.



# SECTION I: PROJECT OUTCOMES

PRISM is continuing to mobilize private sector groups to invest in family health provision, either as commercial ventures or as activities to achieve business goals through improved employee welfare and productivity. As a result, the project has contributed to improving the health of Filipinos in middle- to low-income groups. The private sector mobilization and its positive results are expected to increase as PRISM moves toward a more focused local market strategy in Year 5.

**Table I: Status of PRISM Performance Vis-à-Vis Outcome Indicators**

Outcome Indicator	Year 4		Cumulative Accomplishment as of September 2008	EOP PRISM Target	
	Target	Actual			
No. of people that have seen or heard a specific USG-supported FP/RH message	120,937	1,956,021	3.1M	434,493	Met (717%)
No. of individuals counseled for FP/RH as a result of USG assistance	26,896	51,751	86,960	71,975	Met (121%)
No. of pregnant women with at least four (4) antenatal care (ANC) visits by skilled providers from USG-assisted facilities	10,028	20,766	24,899	16,742	Met (148%)
Couple years of protection (CYP) in USG-supported programs	108,070	386,337	507,508	605,565	Met (84%)
No. of deliveries with skilled birth attendant (SBA) in USG-assisted facilities	18,000	22,380	31,076	25,060	Met (124%)
No. of cases of child diarrhea treated in USG-assisted programs	3,144	5,195	6,051	5,406	Met (112%)
No. of people who availed of FP and MCH services through USG-supported financing arrangements	38,470	50,180	92,808	77,019	Met (120%)
Sales volume of hormonal contraceptives	20.02	17.5	44M	87.23	88%
Average increase in the proportion of employees in participating companies/cooperatives reporting use (or partner's use) of a modern FP method	10%	15%			

So far, PRISM has met or exceeded nine of 11 end-of-project (EOP) targets for outcome indicators. This includes targets for the number of people who have seen or heard specific FP/RH messages; individuals counseled for FP/RH; pregnant women with at least four antenatal care (ANC) visits; deliveries with a skilled birth attendant; child diarrhea cases treated; people who used FP and MCH services through financing arrangements; and the average increase in the proportion of employees in participating companies or cooperatives reporting use (or

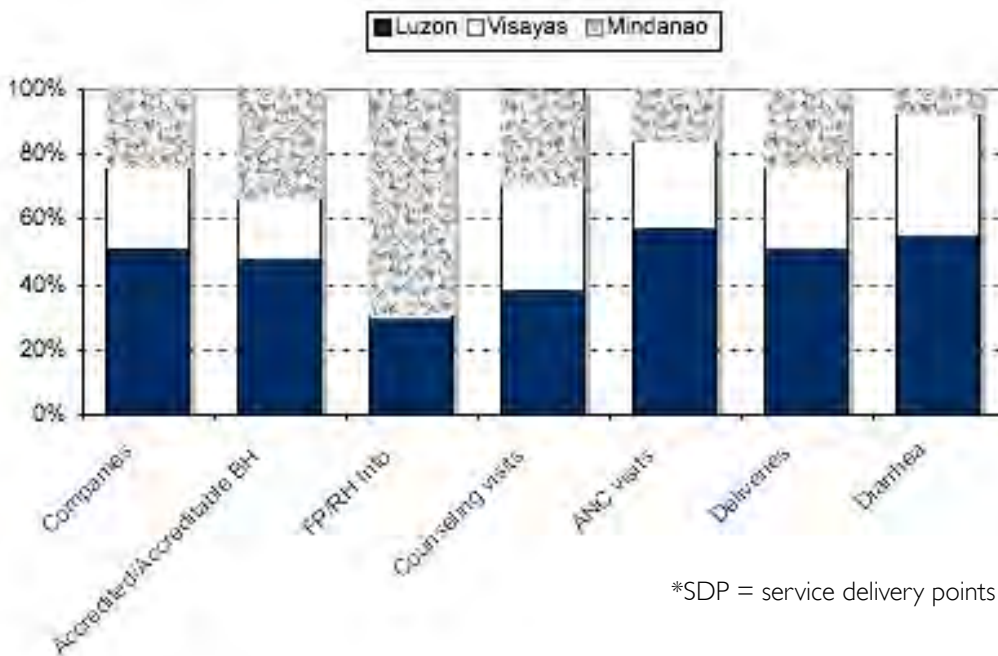
partner's use) of a modern FP method. For the indicators of couple years of protection and sales of hormonal contraceptives, PRISM is within 10 to 15 percent of its end-of-project targets. Data for the rest of the indicators, such as sales of IUDs and proportion of women provided with MCH services, will come in by the first quarter of Year 5.

### A. Source of PMP Data and its Transition to Year 5

The PRISM project, through its grantees and by direct technical assistance, has engaged 500 companies (of which 365 have signed letters of commitment), 114 accredited/accreditabile birthing homes, and 213 midwives in private practice as delivery points for family planning and maternal and child health services. These services ranged from information giving to service provision.

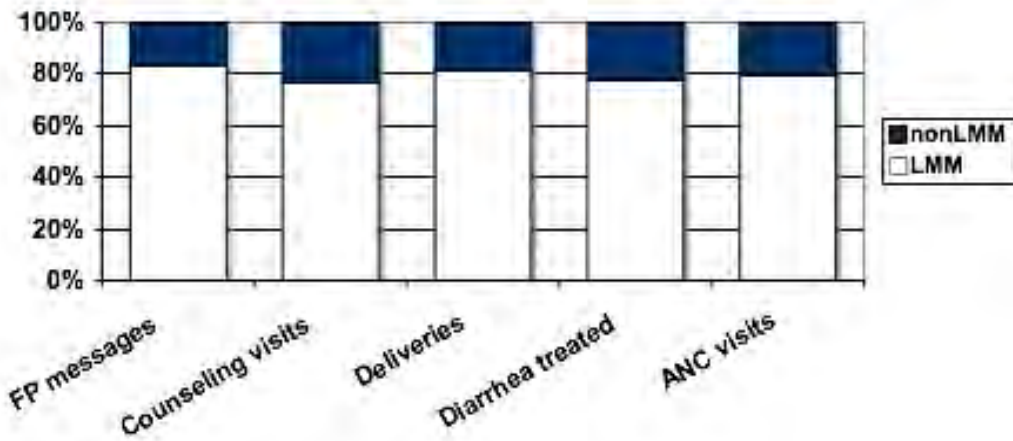
Most of the private sector service delivery points are in Luzon. Hence, most of the reported outcome indicators come from the same region, except for FP messages, of which 68 percent came from the Mindanao region.

Figure 1. Contribution by Regions to SDPs\* and Outcome Indicators, Year 4



PRISM is pursuing a strategy of developing local market models (LMM) in 12 of the 33 SIAs for Year 5. As of the end of Year 4, these 12 areas account for most (77 to 83 percent) of the reports from the whole project. Even as Year 5 operations focus on the LMM areas, it is expected that PMP data will continue to capture most of the project output and outcomes.

Figure 2. Proportion of Reports on Selected Indicators by Source



## B. Family Planning

### B.1 Generating the Demand

The number of people who have seen or heard a specific USG-supported FP/RH message increased this year (1.9M) after it gained momentum in Year 3 (1.2M). Targets were set conservatively as circulation figures for FP messages took time to confirm. Workplaces are the major contributor of this indicator accounting for 96 percent of the total, mostly through

Figure 3. Number of People Who Have Seen or Heard a Specific USG-Supported Message, Years 2 to 4

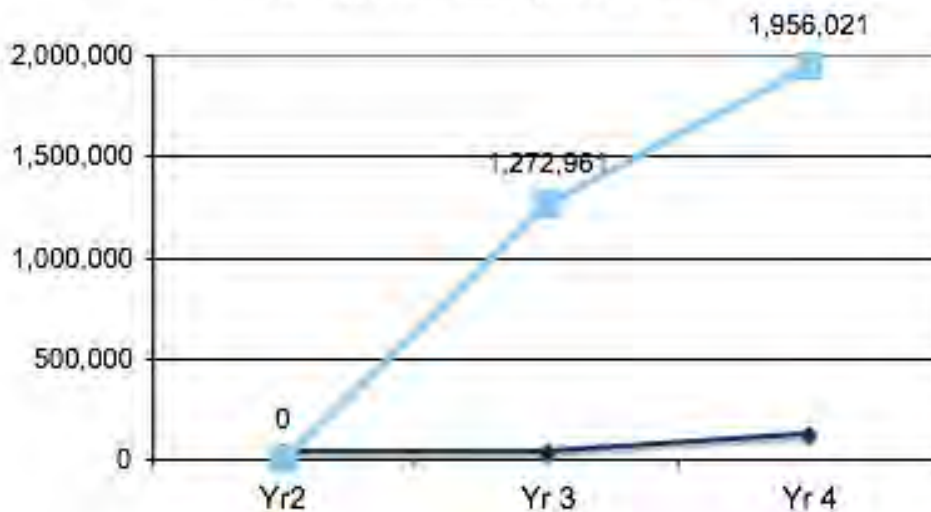


Figure 4. Contribution of FP Messages by Components, Year 4

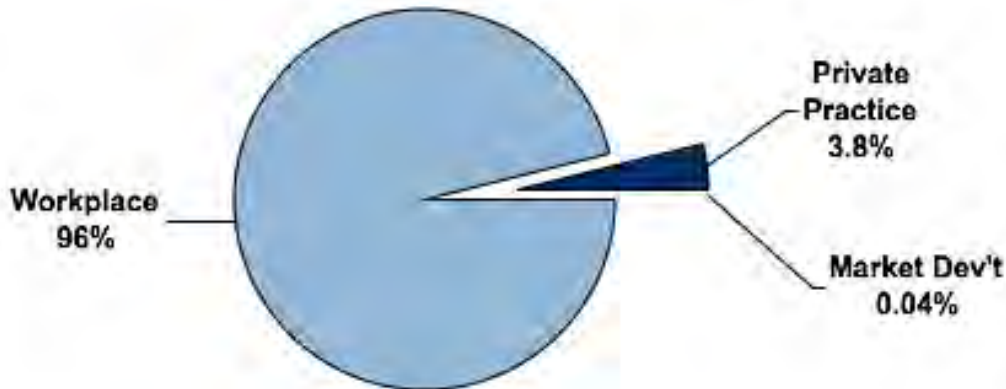
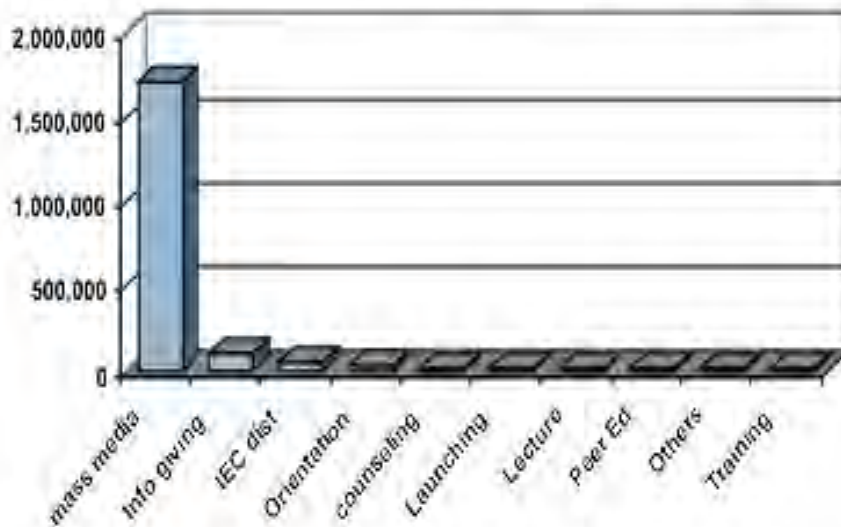


Figure 5. Distribution of FP-Message Generating Activities, Year 4



mass media activities (88 percent).

## B. 2 Following Through

PRISM-trained providers performed 51,751 counseling visits in Year 4, which is a threefold increase from Year 3. The average number of counseling visits per provider also increased from 20.4 visits at the start of the year (Q13) to 23.7 during the last quarter of Year 4. This rise in figures is mainly attributed to the increase in reports from the Mindanao region



Figure 6. Number of Counseling Visits for FP/RH as a Result of USG Assistance, Yr 1 to 4 Targets & Accomplishments

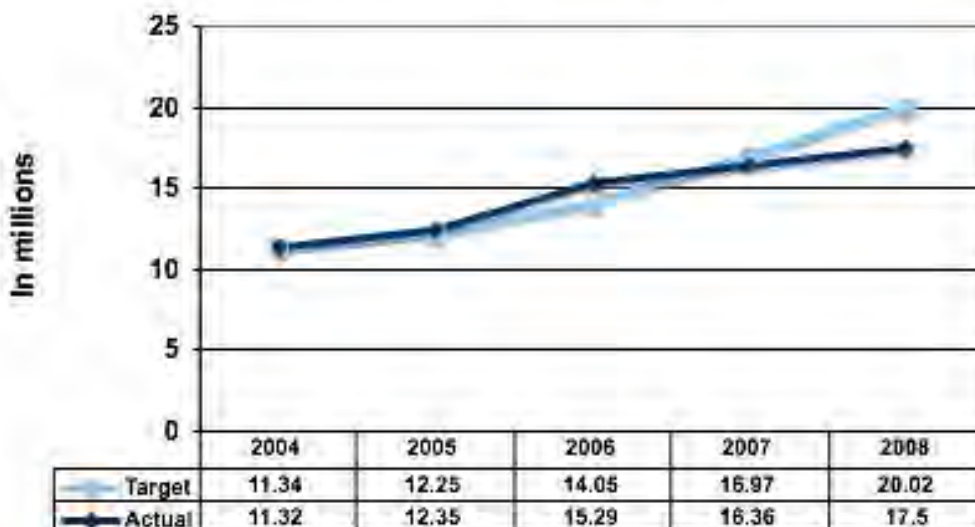


during the last two quarters of Year 4.

### B.3 Ensuring the Supply Side

The private contraceptive market grew at a steady rate. Intercontinental Medical Statistics (IMS) data showed that Moving Annual Total (MAT) for contraceptive sales increased from 16.6 million (July 2006 – June 2007) to 17.9 million (July 2007 to June 2008). Simultaneously, sales of PRISM-supported commodities (Seif, Daphne, Lyndavel and Marvelon) rose from 6 percent to 13 percent during the same time periods.

Figure 7. Sales Performance of Pills and Injectables vs. Projected Sales/Performance Targets: FY 2004-FY 2008



## Couple years of protection (CYP) in USG-supported programs by method

Couple-years of protection (CYP) continued to increase with the sales growth of PRISM-supported products. Year 4 figures showed a total of 386,337 CYPs, almost thrice the set target for the year times the set target.

Figure 8. Couple Years Protection from Sales of PRISM-Supported Products (pills and injectables), Year 2 to 4 Targets & Accomplishments

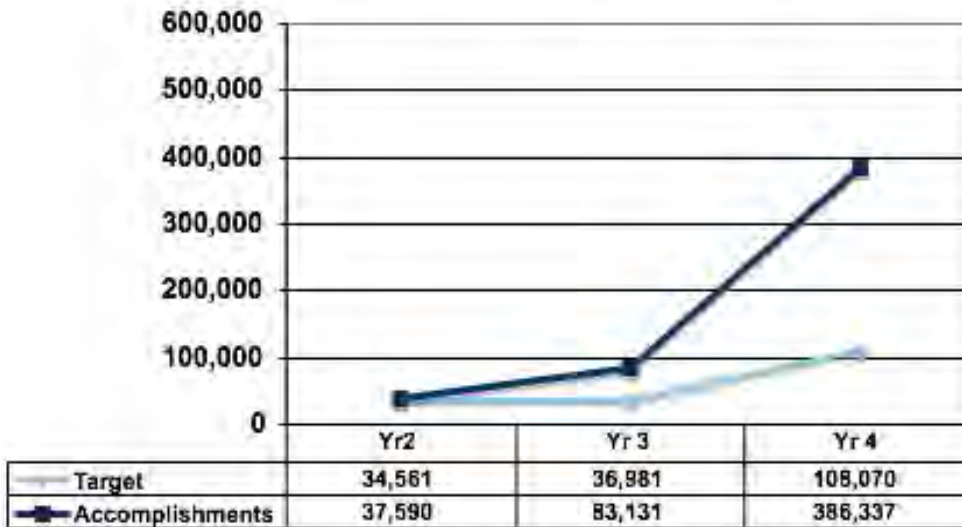


Figure 9. CYPs from workplace and private midwives clinic, Year 3 & 4



Use of family planning products from participating private midwives and workplace family health (WPFH) programs also contributed to the current level of CYP generated by the project. For Year 4, PRISM-supported PPM clinics (98 percent) and workplace clinics (2 percent) generated a total of 13,952 CYPs. IUDs accounted for majority of the CYPs (59 percent), followed by injectables (19 percent) and pills (17 percent). In Year 3, CYPs were mostly from IUDs (54 percent), pills (22 percent) and injectables (14 percent).

#### B. 4 Initial Effects of Workplace Family Health (WPFH) Programs

Program outcomes are ultimately measured in terms of increase in the proportion of employees/members in participating companies or cooperatives reporting use (or partner's use) of a modern FP method. Eleven workplace grantees have either completed their grants successfully with PRISM or are about to complete closeout requirements. Of these, nine grantees (82 percent) have completed baseline and end line FP and MCH surveys. Oro Chamber did not conduct an end line survey among its companies, citing non-inclusion in the grant agreement deliverables, and Lopez Group is completing its end line survey. Of the nine grantees, two were excluded from the analysis due to inconsistencies in methodology.

Table 2. Status of Baseline and End line Surveys of 11 Workplace Grantees

Region	Grantee	Baseline Survey	End line Survey	Remarks
Luzon	LGFI	conducted	on-going	
	BCYA	conducted	conducted	
	TRIDEV	conducted	conducted	
	PCCI - Cavite	conducted	conducted	Baseline and end line surveys were conducted during the same time period and using one survey instrument
	PMAP - Pangasinan	conducted	conducted	
Visayas	CCEF	conducted	conducted	
	BANGON	conducted	conducted	
Mindanao	Oro Chamber	conducted	not done	
	PFCCO	conducted	conducted	Sampling methodology for end line survey purposive
	Molave	conducted	conducted	
	PhilExport	conducted	conducted	

The seven grantees in this initial analysis represent a total of 73,160 employees or members. Results of the needs assessment surveys show an overall increase in modern CPR levels, from an average of 31.2 percent at baseline (range: 17.44 to 43.02 percent) to an average of 35.8 percent at end line (range: 24.2 to 47.5 percent), translating to a 15 percent increase in modern CPR.

Figure 10. Change in Modern CPR by Region, workplace

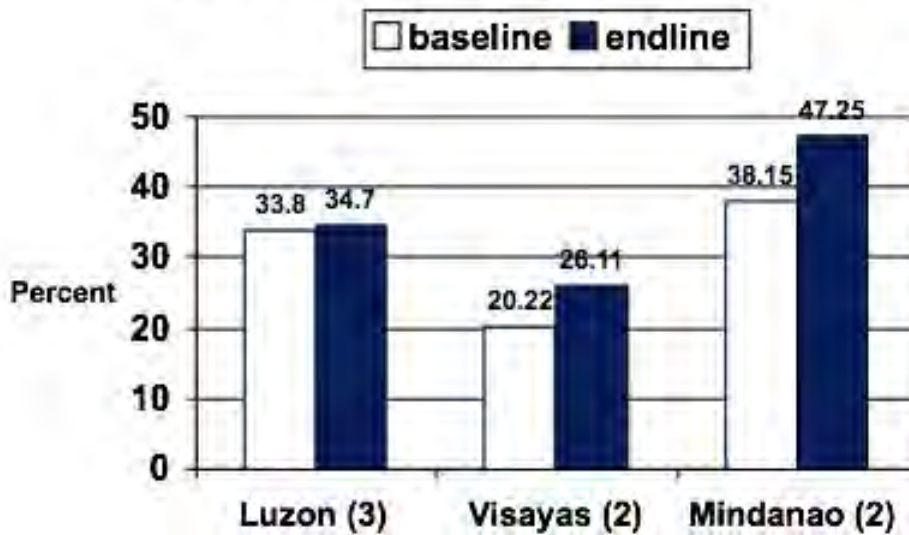
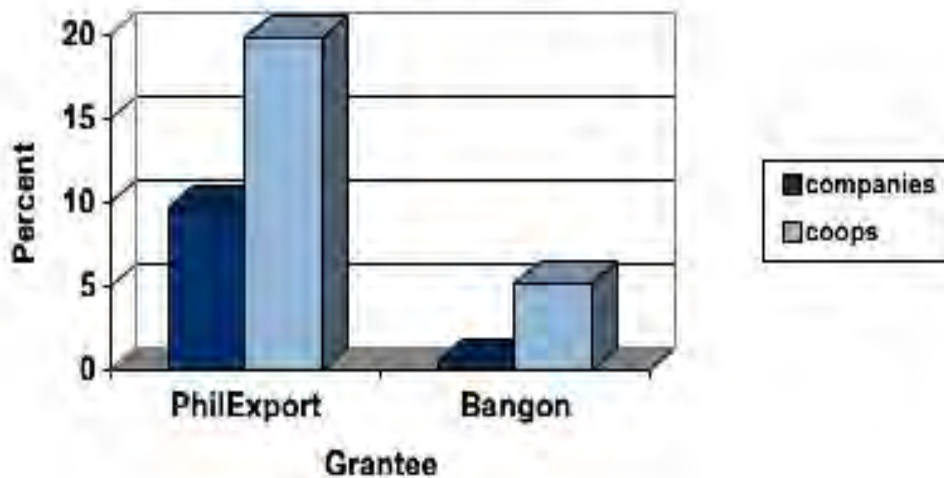


Figure 11. Change in Modern CPR among Cooperatives & Companies, Selected Grantees



The increase was highest in companies based in Visayas (29 percent), followed by Mindanao (24 percent). Technical assistance had the greatest effect in companies that started with low CPR levels (20.2 percent in CCEF and BANGON). Further analysis shows that increase in CPR is more significant among cooperatives than in companies under the same grantee. This is largely attributed to the availability of information on family health, including counseling and referral services for members, when previously there was none as most participating cooperatives started out with a “no family health program” prior to their involvement with the project.

### C. Maternal and Child Health Services

Demand for MCH services, which the project began to provide in Year 3, shot up quickly and is continuing to increase. Cumulative figures for all MCH services demonstrated upward trends for Year 4, due to several factors: 1) an increase in the number of PPMs reporting their services, and 2) an increase in the number of accredited birthing homes where MCH services are reportedly generating revenues for PPMs.

Figure 12. MCH Services, Year 3 to 4

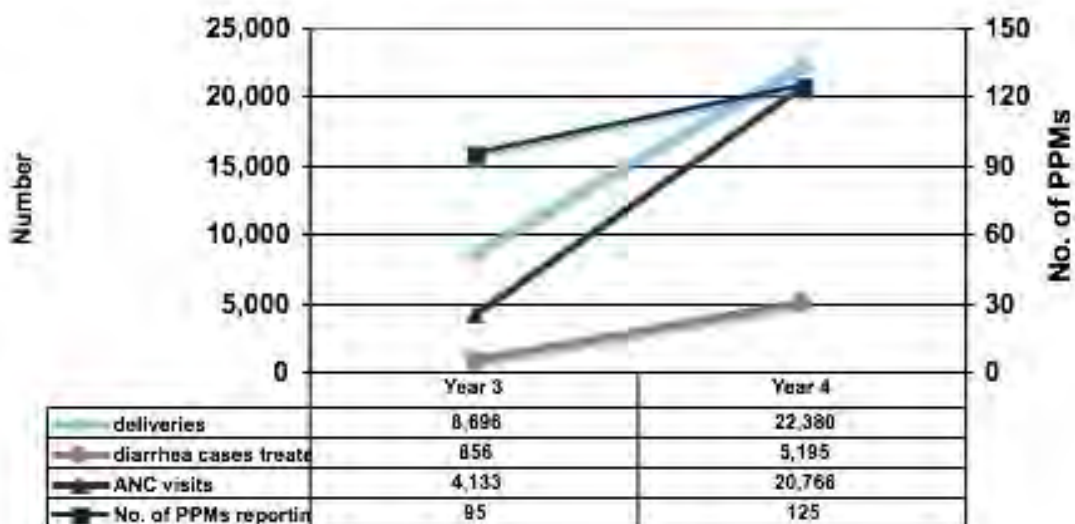
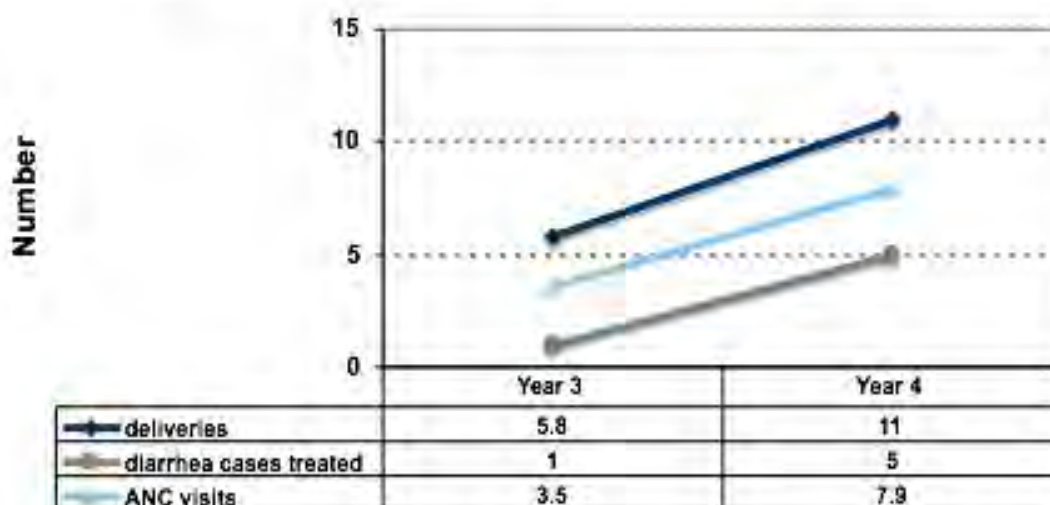


Figure 13. Average Caseload Per Month Per MCH Service, Year 3 to 4



The caseload per PPM/provider per year has similarly increased from Year 3 figures for the following MCH services: 1) birth deliveries (7.6 to 15 per month), 2) ANC visits (3.5 to 13.3 per month), and 3) diarrhea cases treated (1 to 9.6 per month), the latter of which is the greatest increase from Year 3 figures.

However, across the quarters for Year 4, the number of reporting PPMs is still erratic as shown in the graph below. PPMs report more constantly for deliveries and ANCs compared to those reporting diarrhea cases treated. A database good enough to measure business output data needs to be quickly assembled to be able to measure the product of PRISM's TA to midwives.

Figure 14. Trends of Reporting PPMs/Providers by MCH Services, by Quarter, Year 4

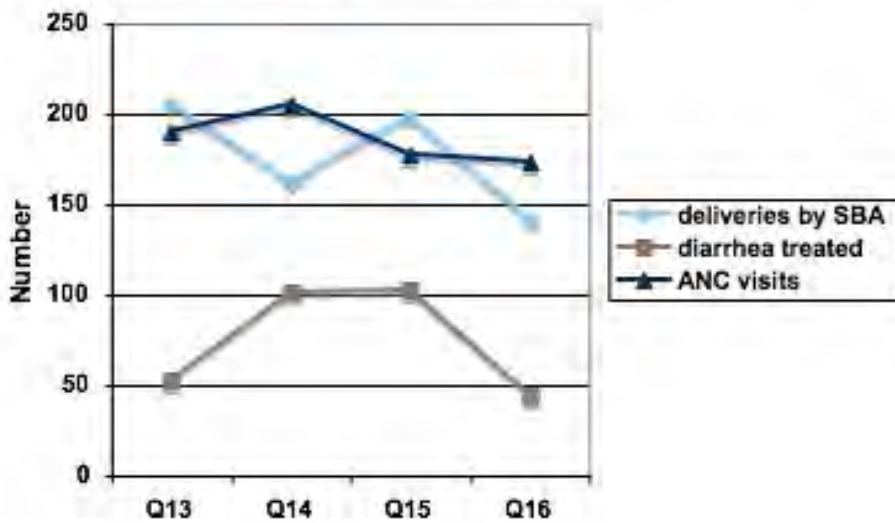


Figure 15. Number of Employees Provided Information/Service/Referral on MCH, Year 3 to 4

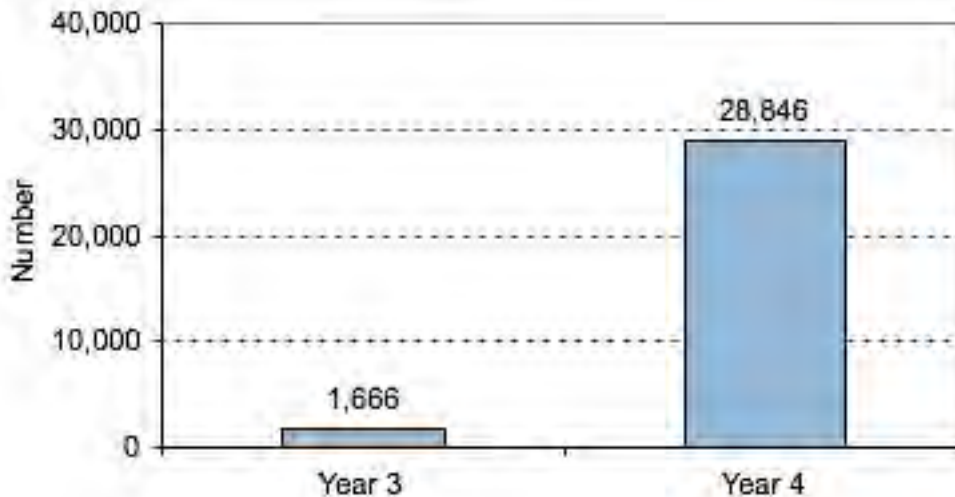
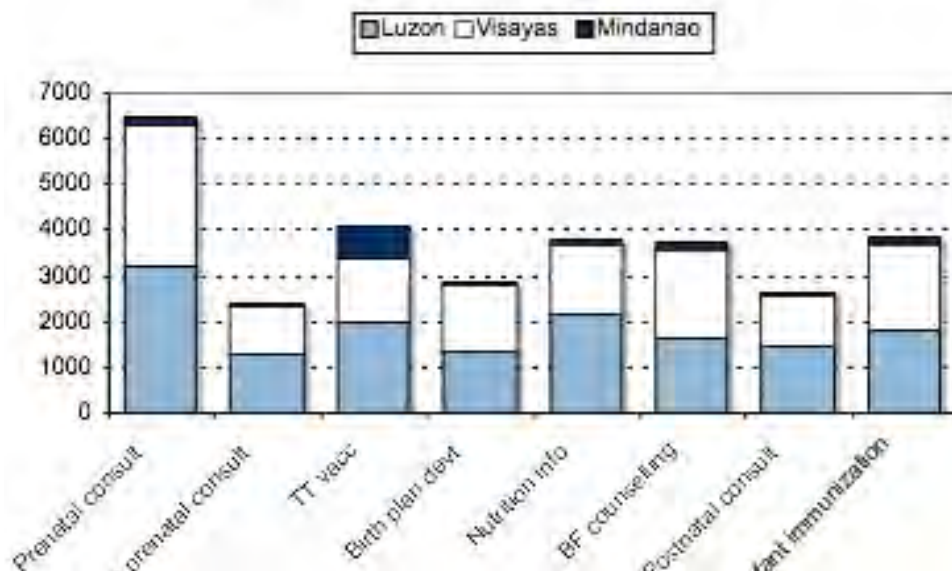




Figure 16. Number of Workplace Employees Provided Specific MCH Services, Year 4



At the workplace clinics, there has been a significant increase in the volume of MCH services provided to employees from Year 3 to Year 4, as a result of the integration of MCH services (mostly prenatal consultation and tetanus vaccination) into the FH package. Data on MCH coverage for pregnant employees/spouses will be reported in the next quarter, as improvements in the FP MCH information system are completed.

#### D. Financing

The Central PhilHealth Office served as primary source for data on utilization of PhilHealth benefits for covered FP and MCH services in PRISM SIAs for CY 2007 and the first semester of 2008. Since the available data did not correspond to the fiscal year, estimates of FP and MCH claims for the first (Oct-Dec 2007) and last (July-September 2008) quarter were derived from the average claims per quarter from CY2007 and first-semester 2008 data.

An estimated 1,830 FP claims and 48,350 MCH claims services in PRISM SIAs were financed through PhilHealth this year. Trend for FP claims is downward, while that for MCH claims is upward.

PRISM-supported companies and cooperatives and PRISM-supported PPMs report that 2,517 people, 58 percent of whom are employees, filed claims with PhilHealth for FP and MCH services. Most (71 percent) of these claims report were from Luzon.

**Table 3. Trend of FP and MCH Claims, Years 1 to 4**

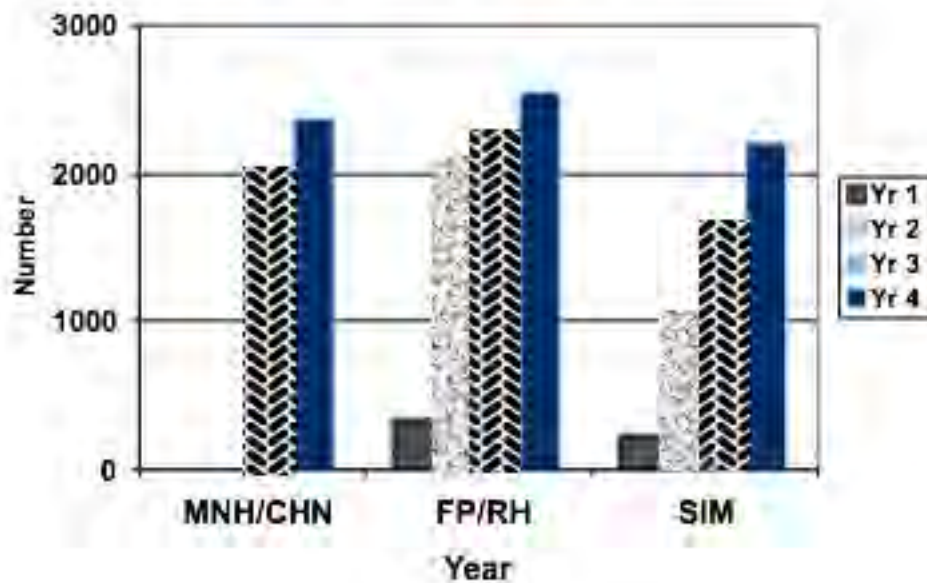
Year	FP Claims		MCH Claims		Total	
	Target	Actual	Target	Actual	Target	Actual
1	1,149					
2	2,300	2,892			2,300	2,892
3	2,400	2,674	32,700	39,954	35,100	42,628
4	2,500	1,830	35,970	48,350	38,470	50,180

**E. Processes: Service Providers, Birthing Homes and Revenues**

**Investments for Service Providers**

Figure 17 shows the trend of accomplishments by type of training course. These figures range from 86 percent (FP/RH) to 102 percent (MCH/CHN) of EOP targets. The numbers are under review based on USAID Inter-CA M&E TWG’s clarification that this indicator refers to number of individuals trained under USG-supported programs (start of Q15), irrespective of the number of times an individual has attended the same or different training. It does not refer to number of attendees, which simply counts the number of training participants. Currently, PRISM data is a mix of both. Even as the training data are for confirmation, the outcomes shown earlier demonstrate that PRISM has trained a significant number of providers such that services are being provided and the service delivery numbers are being generated.

**Figure 17. Number of People Trained in MCH and FP Courses, Yr 1 to Yr 4**





However, for the data on revenues arising from these services, work needs to be done to show proof that the revenues generated have provided impetus for the growth of private practice. Several challenges accompany revenue data collection including the lack of baseline revenue data for some, inconsistent reporting for others and for those who consistently report relative to other PPMs, a downward trend in reported revenue. The latter may be related to hesitance in reporting net income due to government taxation rules. A study is underway to obtain revenue data, and examine the effect of various technical assistance provided to PPMs including business training and those for PhilHealth accreditation. Interviews will be conducted by trained data collectors while data processing will be completed in house.

### Leveraging for FP and RH

The amount of in-country public and private financial resources leveraged by USG programs for FP/RH (in pesos) for Year 4 has surpassed this year’s target. By component, most (46 percent) of these come from workplace contributions, followed closely by market development (39 percent), 73 percent of which came from cost share generated through the GDA with AlphaMed. These figures represent obligated rather than actual cost-share from grantees and will be confirmed during end of project financial reviews.

**Table 4. Status of Funds Leveraged, Years 2 to 4**

Year	Target (in millions of pesos)	Actual
FY 2005 (Yr2)	28	28.3
FY 2006 (Yr3)	30	43.4
FY 2007 (Yr4)	32	47.0

### Accreditation of Birthing Homes

PRISM has facilitated the accreditation of 116 birthing homes to date (cumulative). This translates to 39 percent accomplishment of the project’s EOP target (300). Of these birthing homes, 86 have certified “proof” of their status through submission of PHIC-stamped application (for accreditable BHs) and certificate of accreditation (for accredited facilities). “Accreditable BH” is an accepted proxy indicator for “accredited BH.” The former represents birthing homes with completed requirements for accreditation but are just awaiting the actual release of the certificate of accreditation from PhilHealth (which usually takes around 3 to 6 months).

Applications for 213 birthing homes are still being processed. These midwives, together with their assisting grantees, are working to complete their requirements for submission to PHIC; 52 facilities will soon complete all their requirements to PhilHealth.

Figure 18. Number of PHIC-Accredited and -Accreditable Birthing Homes, by Region (as of September 2008)



Table 5. Status of PhilHealth accreditation, by Completion Requirements

Accreditation Status (Completion of Requirements)	Number
75% - above	51
50% - 74%	30
Below 50%	35
No data	27
Total	213

These numbers were based on the previous definition used by PRISM for BH accreditation. As the project shifts to a revised definition (see Annex A), we hope that the project will achieve its set target, or at least come closer to it.

# SECTION 2: STRATEGIES AND RESULTS

## Workplace Initiative

### Strategic Objective 1: Support for FP and MCH Services Within the Formal Employment Sector Increased

In Years 1 through 3, PRISM engaged various private sector groups in the Philippines to invest in workplace family health (WPFH) programs as a means to protect the health and well-being of their greatest resource — the workforce. The family health program made the workplace the service delivery point for family planning and maternal and child health information and services. PRISM designed and enhanced a road map for developing SDPs in workplaces that was piloted in various industries and settings. Starting with large companies, PRISM later expanded its field testing to include cooperatives and small and medium enterprises (SMEs).

Having completed its fourth year of implementation, PRISM has succeeded in bringing family health information and services closer to men and women in the workplace. At the same time, the project has learned significant lessons from its engagement with various types of firms and cooperatives that can provide a road map for setting up a similar workplace program elsewhere.

Parallel to these efforts, the project also took steps to fortify institutional support and sustainability mechanisms for WPFH programs by building the capacity of regional staff of the Department of Health (DOH) and Department of Labor and Employment (DOLE) as a technical resource for setting up and monitoring WPFH programs. PRISM also designed and implemented the Strategic Technical Assistance Resource (STAR) Program to expand the range of technical assistance available to firms and cooperatives interested to invest in WPFH programs beyond the life of the project.

### Intermediate Result 1.1: WPFH Programs Developed and Demonstrated as Cost-effective and Sustainable Models for Supporting MCH and FP Services for the Formal Employment Sector

As of this reporting period, the project, with 27 grantees and STAR program (non-grantee) partners, is helping 581 companies, cooperatives, and SMEs set up WPFH programs at workplaces employing an estimated 400,000 men and women. A comparison of PRISM's activities funded through grants shows that WPFH programs tend to thrive in conglomerates

and large companies that are in good business financial standing and implementing corporate social responsibility programs. Most of these companies are in agribusiness, manufacturing, call center service, and utility service.

Majority of project-assisted firms were able to expand their FH programs usually from just FH information-giving to a program that includes counseling and referrals, and even dispensing of FH commodities, bringing FH information and services closer to men and women at their work sites. Aside from greater accessibility, some companies also reported an improvement in employee productivity and company savings due to decreased maternity and paternity time off. In Bohol, the Alturas Group of Companies and the Best Quality Mall noted significant return of investments after a year of implementing an FH program.

**Table 6. Number of PRISM Participating Firms/Cooperatives and Ultimate Beneficiaries**

Region	Firms/Cooperatives	Employees
Luzon	264	177,040
Visayas	132	124,704
Mindanao	115	48,196
ARMM	7	4,008
Total	518	353,948

**Table 7. Types of PRISM Participating Firms and Cooperatives**

Region	Large Firms	SMEs	Coops	Business Support Orgs.	Size	Total
Luzon	225	29	4	0	6	264
Visayas	87	6	36	0	3	132
Mindanao	62	25	23	3	2	115
ARMM	5	0	0	0	2	7
Total	379	60	63	3	13	518

Cooperatives, on the other hand, seem to be leaning toward a different road map dictated by the nature of their organization, less a workplace and more of a community group. The lack of an in-house clinic in most cooperatives required the need to establish and strengthen health referral systems, usually with rural health units. This is expected, as some FHMT members of cooperatives are barangay (village) health workers.

With this arrangement, not only have the FH programs benefited cooperative members by providing them greater access to health services, cooperatives are finding out that FH programs can also generate revenue. Cooperatives with FH programs have a competitive advantage in recruiting new members over those without them. With increased membership, cooperatives can generate additional capital that can be reinvested in the form of member benefits. In addition, with PRISM facilitating the setting up of *Botika ng Bayan* (city mini-pharmacy) Express, cooperatives now have an opportunity to generate revenues by selling, at a reasonable margin, high-quality, affordable medicines and contraceptives that members can access readily.

## Reaping the Benefits

### Cooperatives emerge as alternative sources of family health products

With assistance from USAID, eight cooperatives based in eight municipalities in Bohol are selling low-priced family health products through a mini-pharmacy called Botika ng Bayan (BnB) Express. Having realized the market for such products, the eight cooperatives invested Php 15,000 each to set-up the BnB Express, which makes medically safe family health products available to cooperative members and interested men and women in communities at half the market price. To ensure a steady base of customers, the Bohol Alliance of Non-Governmental Organizations (BANGON), a USAID partner under the private sector health program, linked the cooperative-owned BnB Express into a referral network of health providers and *barangay* health workers working in rural health units.



*The local government of Tagbilaran, Bohol has no allocation for the purchase of family health products. The presence of the BnB Express, which is owned and managed by the TACECCO Multipurpose Cooperative, provides individuals and families in Tagbilaran City cheaper alternatives to family health products sold in pharmacies.*

### Intermediate Result 1.2: Support for Quality FP/MCH Services (such as counseling, including breastfeeding promotion and counseling, motivation, and service delivery referrals) in Firms with Workplace Family Health Programs Increased.

Continuing to build the capacity of PRISM's partners is vital to the project's success. To this end, PRISM collaborated with the Philippine College of Occupational Medicine (PCOM) to provide training to 233 company nurses/midwives and 264 doctors (representing 471 companies) on FH and contraceptive technology updates, respectively.

PCOM also incorporated FP/MCH into its basic and advanced courses as part of the continuing medical education and training of its members. The capacity-building activities resulted in increased availability of FP and MCH services. A total of 28,839 employees were provided information, referrals, and services on various MCH services. Of these, 8,573 pregnant employees received prenatal services and consultations and 2,727 on preparing a birth plan indicating expectant mothers' preferences in labor and birth. FP services were provided to 35,157 continuing users and 8,597 new ones.

Program results show encouraging improvements in access of employees and cooperative members to family health services, despite challenges in data collection, recording, and monitoring of health services at the firm, cooperative, and service provider level. To ensure greater and sustained support for workplace family health programs, PRISM pursued two parallel tracks: 1) strengthening the policy environment at the grantee, firm, and public sector level, and 2) integrating public and private sector initiatives for family health.

# Best Practice in Sustainable FH Integration

## USAID Helps Top CEO Realize Vision for Corporate Wellness to Empower Employees

Oscar M. Lopez, 78, chair and CEO of the Lopez Group, one of the country's largest business conglomerates, is passionate about the environment, poverty alleviation, education, voluntarism, and health. He addresses these issues through the Lopez Group's corporate social responsibility (CSR) program. Mr. Lopez, the country's health and development community has found a passionate ally on reproductive health issues. He believes that a truly responsive reproductive health program could help Filipinos claim a better life for themselves.

**Challenge.** A few years ago, Mr. Lopez set out to practice the principle of health and empowerment in his own backyard. He issued a directive to all member companies to make family planning, along with other reproductive health services, part of their wellness program for employees.

Human resource officers, eager to put Mr. Lopez's directive into action, soon realized how large are the barriers to this task. The most obvious is that the workforce in most of the member companies is predominantly male, and men are often uninterested in (or reluctant to talk about) family planning concerns. A second major barrier is that, unlike Mr. Lopez, most CEOs of member companies did not consider family planning to be a top-priority program.

**Initiative.** In 2006, through the Lopez Group Foundation, Inc. (LGFI), Mr. Lopez entered into a PhP 2 million grant agreement with the USAID/PRISM for a project called "Installing FP Program in the Lopez Group." The project, which was implemented from January to October of 2006, set up workplace family health (WPFH) programs in five member companies (MERALCO, ABS CBN Broadcasting Corp., Sky Cable, Tollways Management Corp., and First Sumiden Circuits) with an estimated 7,000 employees, most of whom are male. The project also involved assistance to build the capacity of the medical staff of the MERALCO Corporate Wellness Center to serve as a service delivery point for all Lopez Group member



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"This is a demonstration of continuing commitment to deliver to the Lopez Group of employees a wide scope of options in reproductive health that would enable them to maintain for their families a healthy and quality way of life."

Oscar M. Lopez, Chair and CEO Lopez Group

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companies.

Following the USAID/PRISM roadmap for installing WPFH programs, LGFI, with assistance from USAID/PRISM, first launched a series of promotional activities aimed at gaining the support of CEOs to invest in the program. After winning the CEOs' support, LGFI then helped the companies develop a customized program based on employees' needs. Given the predominantly male audience, the program included educational campaigns to create greater acceptance of family planning as a health issue. Simultaneously, LGFI, with support from USAID/PRISM, conducted various



## Reaping the Benefits

trainings aimed at enhancing the capacities of in-house health providers to provide FP counseling and services. In addition, doctors of the MERALCO Wellness Center underwent rigorous training to become certified providers of non-scalpel vasectomy. Volunteer employees were also trained as peer educators to impart basic information on family planning. Tapping peer educators was an important step to getting male employees to inquire about and discuss family planning openly. LGFI and USAID/PRISM then linked the trained health providers with the FriendlyCare Foundation as a referral provider of family planning services and products not available in the company clinics.

**Results.** The fact that more than a thousand workers from the five participating companies got interested enough to attend family planning training seminars demonstrates the project's effectiveness in teaching male employees that family planning is more than "just a woman's concern." Aside from a more educated workforce, participating companies also emerged from the project with greater capacity to meet the FP information and service needs of its employees. More than 100 employees became peer educators, nine company nurses became certified FP counselors, and four company doctors from MERALCO became certified providers of non-scalpel vasectomy.

In 2007, inspired by the project's initial success, Mr. Lopez sought the assistance of USAID/PRISM for Phase 2 of FH integration into his companies' wellness program. In addition to expanding program coverage to four more companies, Phase 2 also involved the addition of maternal and child health as a standard service in the company's wellness program. The four companies (ABS CBN Foundation, BayanTel, First Balfour, and Rockwell) have a combined workforce of 2,400. LGFI pursued the expansion under a non-grant arrangement, with USAID/PRISM staff serving as technical resource during trainings and seminars. To ensure  
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*Engr. Winston Espina, 47, of MERALCO became one of the first acceptors of non-scalpel vasectomy (NSV) after attending the seminars and counseling organized by the LGFI. Trained health providers of the FriendlyCare Foundation, Inc. performed the NSV procedure on him. Engr. Espina and his wife, Nina, 38, originally planned to have 2 children but had 6 children instead. "We used to practice traditional FP methods. Now, my wife and I can breath easily knowing that we have stopped at 6," smiled Engr. Espinosa.*



*Ryan Ramos, 27, MERALCO lineman, didn't have second thoughts when he informed the company nurse that he wanted to undergo non-scalpel vasectomy at the MERALCO Wellness Center. With four children and a wife to feed, Ryan realized that his monthly salary of Php 13,800.00 will not be enough to provide for the basic needs of his young family. Despite his resolve to undergo the procedure, Ryan had to receive proper counseling first. His wife, Lisa, 23, is proud of Ryan's decision. "Ryan often says that it pains him a lot to see me hunched down with work doing chores and caring for our four very young kids. He cares for me and the children a lot, that's why he had the procedure," beamed Lisa.*

### **A. Strengthening grantee level program sustainability and support**

By integrating into the grant deliverables a requirement that grantees include a family health program into their policies or as a core program of the organization, PRISM encourages grant recipients to expand the program to new member firms. For example, the Lopez Group Foundation has replicated the program into nine additional member firms under the STAR mechanism. Philippine Business for Social Progress (PBSP), too, has introduced the program as a core service to its member firms, including ShoeMart, a big retail outlet and conglomerate. By doing this, USAID funds were leveraged by ShoeMart and PBSP. To date, ShoeMart had allocated PhP 246,800 and PBSP PhP 47,800 to scale up the program. In Year 4, PhP 21, 285,942 were leveraged from the grantees, with PRISM total grants of PhP 69,776,947.

### **B. Firm level sustainability**

Under the workplace FH program, firms develop policies that reflect senior management's long-term support of the program. These policies provide the structure within the organization to help run the program and to finance mechanisms for service provision.

### **C. National level sustainability**

Although the national offices of DOLE and DOH recognize the importance of the private sector in the national health and labor agenda and both have programs to address this segment, little progress has been made in harmonizing initiatives between the two offices. No common agenda has been fostered, and no joint programs have been undertaken. On November 6, 2007, PRISM signed a tripartite MOU with the DOLE and the DOH, as a result of which PRISM trained 153 FP/MCH regional program implementers from the DOH and Family Welfare Program regional and national implementers from the DOLE.

This MOU has also led to the crafting of DOH Administrative Order 2008-0012 on "DOH partnership with DOLE for Strengthening Support for Workplace Health Programs," signed by Secretary Francisco T. Duque on April 24, 2008, which sets forth DOH's role, and relationship with DOLE, in implementing workplace health programs. DOH also came up with a list of basic services that workplaces must provide. These basic services may be given for free or subsidized by companies or paid for by employees, and may be provided either in-plant or through a referral system. These documents were shared with DOLE in the implementation of the Family Welfare Program.

### **D. Public-private partnership in support of workplace health programs**

On July 16, 2008, PRISM, through the PCOM, brought select private sector partners, the DOLE, and the DOH together to sign a Multi-Stakeholders Memorandum of Understanding, which provides a framework under which the signatories will collaborate to support workplace family health programs. Other signatories include PhilHealth, Philippine





*Signatories of the multisectoral agreement to support the setting-up of workplace family health programs nationwide flash a thumbs-up during the grant signing held last July 16, 2008.*

Business for Social Progress (PBSP), Philippine Chamber of Commerce and Industry (PCCI), Employer's Confederation of the Philippines (ECOP), Federation of Free Workers (FFW), Trade Union Congress of the Philippines (TUCP), LGE, PCOM, Occupational Nurses Association of the Philippines (OHNAP), and the Friendly Care Foundation, Incorporated (FCFI). This group will organize a task force to plan and promote the WPFH programs nationwide.

#### **E. Regional sustainability initiatives**

The tripartite MOU has led to the following actions in the regions:

In North Luzon, Center for Health Development (CHD) — Cordillera Autonomous Region (CAR), DOLE Region 1, and PRISM met to plan for the rollout of the WPFH program training to members of DOLE's family welfare program (FWP), set for October 2008. DOLE and DOH spearheaded WPFH training to selected employees of TIPCO, a company with 700 employees located in Bundagul, Malabacat, and Pampanga targeted for the rollout.

In South Luzon, PRISM staff met with the corresponding regional and provincial line agency partner officials to identify the pilot workplaces for WPFH installation in NCR and Region IV-A. The meeting led to the formation of a core group for each region and the identification of the pilot companies: Unilever Philippines for Manila, Samsung Electronics for Laguna, and MD Tech for Cavite. The training of trainers (TOT) for the provincial representatives from PHO Laguna and Cavite has been tentatively scheduled for December 2008.

In Mindanao, PBSP conducted training for trainers for the Mindanao Regional DOLE and DOH partners. This activity aimed to put the tripartite MOU into practice at the local level. Thirty participants from Regions VIII, IX, X, XI, XII, and Caraga attended the training. The

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that LGFI and participating companies will have ready and sustained access to technical assistance on WPFH program installation, USAID/PRISM also linked them with trained resource persons from the Department of Labor and Employment and the Philippine College of Occupational Medicine, Inc.

Now that Phase 2 is about to wrap up, Mr. Lopez is focusing on Phase 3. According to Mr. Lopez, the project expansions demonstrate “continuing commitment to deliver to the Lopez Group of employees a wide scope of options in reproductive health that would enable them to maintain for their families a healthy and quality way of life.”

participants developed a work plan for Mindanao Region. During the follow-on meeting with DOH and DOLE Region X in Cagayan De Oro, participants formed a Regional Training Team (RTT), finalized the regional work plan for the rollout, and identified three pilot companies for the rollout: STEAG, HOLCIM, and BUSCO. Fifty-seven employees from BUSCO were the first to be oriented on the WPFH program. In General Santos City, PRISM and members of the Federation of Family Welfare Committees identified the Yellow Bus Line (YBL) as the pilot company for the rollout. PRISM also provided technical assistance in the reorganization of the Regional Federation of Family Welfare Committee (FFWC) in Region XII. Eighteen companies and six cooperatives sent 32 representatives to the meeting.

Mindanao has also sustained its initiatives to support the DOLE-led Federation of FWP Committees in Davao and Cagayan De Oro SIAs. In Davao, PRISM provided technical assistance on FP/MCH installation to the Federation of Family Welfare Stakeholders (FFWS) Region XI. This is the second batch of training assistance that PRISM and DOH provided to FFWS member companies.

### **Sharing of Best Practices**

In Year 4, PRISM, through its grantees, conducted five best practices forums that showcased the strategic means by which public and private sector partners implemented their own WPFH programs. TRIDEV and BCYA conducted two forums in North Luzon, and grantees PFCCO, MDFI, and PhilExport conducted three forums in Mindanao.

### **STAR Program**

For the STAR program, PRISM continuously works with Lopez Group Foundation, Incorporated (LGFI), the Federation of Family Welfare Committees of the Philippines (FWCOMPIL), the Federation of Family Welfare Stakeholders (FFWS) in Davao City and General Santos City, PBSP with ShoeMart, and Prime Care, in collaboration with OPTIONS in Cebu as the newest STAR partners.

## Reaping the Benefits

### Two business groups in Bohol secure returns on investments in family health

A year after setting up workplace family health programs for their employees, two business groups in Bohol have secured ample return on their investments. Findings from a cost-benefit analysis conducted with assistance from USAID revealed that one group, the Bohol Quality Corporation, saved as much as 30 cents for every 2 cents invested in its family health program for 2,500 workers. The other group, the Alturas Group of Companies, saved 15 cents for every 2 cents invested in its program for 7,800 workers. The estimated savings came from decreases in number of unplanned pregnancies among workers or their spouses, including corresponding decreases in lost days of maternity and paternity leave. The two groups of companies were able to save money from unused benefit packages and lower incidence of hiring replacements. These Bohol-based businesses received assistance from USAID's private sector health project in 2007 to set up workplace family health programs. These programs improved workers' access to quality information and services on family health by linking company clinics with USAID-supported private practice midwives operating in Bohol.



*Angelie Nalupa, who is a daily wage earner in the BQ Mall, no longer takes one whole day off from work for her prenatal check-ups. Angelie readily avails of check-ups from the BQ clinic. Because of better access to quality family health information and services, Angelie and her husband are also in a better position to plan her next pregnancy.*

In South Luzon, the region has embarked on two STAR programs: one, with the Family Welfare Committee of the Philippines (FWCOMPHIL), and the other, STAR 1, with LGFI. Under STAR 1, LGFI assisted four member-companies that employ a total of 2,554 people set-up their own family health programs. LGFI has already invested a total of Php 1,150,316.00 in cash and kind in support of the programs. STAR 2, which will also be with LGFI, is expected to start as soon as the MOU is finalized. The program targets three additional companies that employ an estimated 7,750 people. PRISM also reached an agreement with FWCOMPHIL to train trainers for participating companies. FWCOMPHIL is now in the process of securing letters of commitment (LOCs) from the 10 targeted companies.

North Luzon's STAR Program is in partnership with DOLE, the Industrial Peace Council (IPC), and the Area Productivity Council (APC) in Mariveles, Bataan. This program is being implemented slowly, as IPC and APC have not been able to secure letters of commitment (LOCs) yet from the companies. However, rollouts are targeted to happen in the companies by trainers from Mitsumi, Essilor, East Cam Tech, Chun Chiang, and Dunlop. In Mindanao, through PRISM's assistance to FFWS, eight more of FFWS's member companies had their first training on the installation of WPFH program.

In Visayas, OPTIONS partnered with Prime Care to implement the STAR program. Resources leveraged from Prime Care are estimated at Php200, 000.00.

## Reaping the Benefits



The Dagupan Electric Corporation (DECORP) already had an existing FP program prior to its involvement with PRISM. However, the HR officers' (above) exposure to trainings made them realize that they could actually do more with their program. They convinced management to invest in an information health center on FPMCH which they are now converting into a full-blown health clinic after the positive response from employees. HR Manager Jocelyn Linsaong (sitting), also noted a marked decrease in maternity and paternity leaves which she attributes to their project with PRISM.

# Market Development

## Strategic Objective 2: Viable Mass Market Brands of Oral and Injectable Contraceptives, IUD, and Selected MCH Products in the Commercial Sector Established

In Year 4, PRISM focused on three areas for market development: 1) continued expansion of the market for hormonal contraceptive products by introducing new products for selected segments of the market and incremental improvements in distribution, particularly in the Autonomous Region of Muslim Mindanao (ARMM), 2) support for the launch of a commercial IUD in anticipation of dwindling supplies of donated IUDs, and 3) support for the emergence of viable governance mechanisms to facilitate faster development of the market for FP/MCH products. This will be done through a total market approach eliciting the participation of both public and private suppliers and providers of FP/MCH products and services. This would also entail continued medical marketing to providers through evidence-based medicine.

PRISM helped Alphamed Pharma Corporation (Alphamed) draft a grant application to the USAID Global Development Alliance (GDA) program for the marketing and distribution of oral and injectable contraceptive products. The grant was approved, making it the first GDA under the USAID Philippines Office of Health.

To increase the availability of IUD products and services, PRISM worked with the DOH in initiating efforts leading to a national strategic policy on this method and worked with Pasteur Pharma and its exclusive distributor, BF Merren, in submitting a grant proposal to introduce a commercial IUD, with the brand name of ENOVA, into the market.

The Zuellig Foundation's "Plenary Forum on Total Marketing Planning for Contraceptive Self Reliance" served as the basis for developing a private and social marketing sectors strategy to achieve CSR. The workshop after the forum led to the conclusion that CSR strategies are better developed, and will probably be more effective, when implemented at the local level. Consequently, plans will be formulated to conduct CSR activities in the localities with both public and private sector participation.



## Intermediate Result 2.1: Private Sector Suppliers Recognizing the Business Opportunity in Providing Affordable Oral, Injectable, and Other Types of Contraceptives Increased

### Intensified and Expanded Promotion and Distribution of New and Existing Oral, Injectable, IUD and Selected MCH Products

#### A. Supported Existing Partners

The four contraceptive brands (Marvelon 28, Lyndavel, Daphne, Seif) introduced by three grantee pharmaceutical companies in 2005 continue to increase in market share. Although the three companies have completed/ended their grant contracts with PRISM, the coordination with Schering Plough-Organon, ECE Marketing and Bayer Schering Pharma continues.

The **Institute for Reproductive Health Philippines (IRHP)** is now on its mid-term project implementation for Enhancing NFP/SDM Gains through Sustained Social Marketing in Different Intervention Settings. PRISM provided technical assistance to IRHP by linking them with the workplaces implementing WPFH programs and midwives trained under the Business Enhancement Support Trainings (BEST) Program.

PRISM helped improve the content and format of the five SDM-Social Marketing Training Manuals for trainers, private practice midwives, workplaces, faith-based organizations, and nongovernmental organizations. The IRHP Operational System detailed in the manuals includes 1) the establishment of a social enterprise/service delivery system that will address procurement, pricing, and distribution of the cycle beads; 2) guidance on the conduct of capability-building programs for partner service providers in the promotion of and advocacy for the standard days method/natural family planning (SDM/NFP); and 3) a monitoring and evaluation system that illustrates intervention flow and enumerates the deliverable reports of the project stakeholders.

IRHP conducted TOT on the use of the cycle beads and service delivery in different intervention settings, i.e., midwives, faith-based organizations, nongovernmental organizations, and companies. An orientation on fertility awareness and standard days method was provided to key leaders, community health volunteer workers, and church leaders.

#### B. Engaged New Partners

Meanwhile, PRISM networked and collaborated with other pharmaceutical companies in introducing new contraceptive brands into the market.

**Alphamed Pharma Corporation**, a Filipino-owned local pharmaceutical company and a territorial distributor of PITC Pharma, Inc. for its *Botika ng Bayan* outlets in Luzon and NCR, was engaged as a partner under the USAID's Global Development Alliance (GDA) for the project "Expanding the Family Planning Pharmaceutical Market." The project with



## Expanding Family Health Choices for Women through Partnership

### The Global Development Alliance Program between Alphamed and USAID/PRISM

On 13 August 2008, USAID formalized, through a grant signing, its Global Development Alliance (GDA) with the Alphamed Pharma Corporation and its partner distributors to establish a market for new and affordable contraceptives throughout the country. The Alphamed products are expected to give women, especially low-income women, more options to protect themselves from unwanted and unplanned pregnancies. Under this agreement, Alphamed and partner distributors will invest in contraceptive products, distribution infrastructure, training, medical/sales representatives and marketing resources amounting to PhP 33 million (\$750,000) to supplement USAID's PhP 11 million (\$250,000) in assistance. At the grant signing ceremony, the Bureau of Food and Drugs (BFAD) expressed its willingness to provide regulatory guidance to Alphamed to ease its entry into the contraceptive market.

USAID, under the Private Sector Mobilization for Family Health (PRISM) project, works to harness the private sector's capacity to provide for the family health needs of women willing to pay for such products and services. For the past three years, the private sector share in the provision of contraceptive products has significantly increased. This trend toward the private sector as source of contraceptive supply will allow government to focus its resources to those in most need of the services.

*Caption: Elzadia Washington (2nd from left), acting mission director of USAID/Philippines and Arturo Tolentino (2nd from right), president and chief executive officer of Alphamed Pharma Corporation raise up the signed grant agreement to guests and partners. Looking on are Mario Taguiwalo (left), chief of party for the USAID/Private Sector Mobilization for Family Health project and Abelardo Tolentino, III, vice-president and chief operating officer for Amtol Pharma Imports.*

Alphamed seeks to leverage significant resources to stimulate new investment and practices through public/private alliances to achieve common objectives.

While waiting for the BFAD to issue Certificates of Product Registrations of Alphamed FP products, PRISM conducted preliminary coordination meetings with Alphamed, Health Source Alliance (HSA) partners and PRISM LMM managers to inform their local market development strategies. PRISM also introduced Alphamed to Kimia Farma, an Indonesian manufacturer with available MCH products. Discussions are underway between Alphamed and Kimia Farma to register zinc 20 mg dispersible tablets in the Philippines.

**BF Merren Pharmaceuticals**, an exclusive distributor of the Pasteur Pharma Inc, submitted a grant proposal to develop and implement a marketing campaign to launch an IUD (brand name ENOVA) in the private market. The campaign includes IUD refresher training of obstetricians and gynecologists, demand generation, and distribution in the initial phase of its campaign in three pilot sites in Luzon (East Avenue Medical Center in Quezon City), Visayas (Vicente Sotto Medical Center in Cebu) and Mindanao (Davao Medical Center). BF Merren will field its medical representatives to conduct product presentations and lay lectures to increase acceptance for the IUD. The grant is anticipated to begin in December 2008.

PRISM coordinated with pharmaceutical companies that produce commercial IUD products to promote their brands in anticipation of the midwives' training on IUD Insertion. Aside from establishing linkage with the pharmaceutical companies, the midwives will gain information on the distribution, supply, and prices of IUDs. PRISM Component 3 has yet to finalize the schedule of IUD insertion training for midwives

Aside from support to individual pharmaceutical companies, PRISM also provided technical assistance to the DOH for the development of an integrated national strategy on IUD policy, distribution of supplies, and training of service providers. Specifically, PRISM provided technical assistance on the development of a framework to institutionalize the training for IUD service providers and accreditation of training sites. Additionally, PRISM will help identify factors that will support the development of high-volume providers of IUD and recommend sites for training health providers. DOH data was used to identify areas with high and low-volume IUD acceptance, and a questionnaire was drafted and pre-tested. The questionnaire will identify and capture factors that support or hinder acceptance of IUD as an FP method. PRISM conducted key informant interviews in these areas in November and December 2008.

### **Increased the Distribution Networks**

One strategy to expand distribution of FPMCH products at the community level is to establish an alternative distribution system through PITC Pharma's *Botika ng Bayan*. PRISM held discussions with former PITC Pharma COO Teddie Elson Rivera to provide short-term technical assistance in establishing a centralized procurement and distribution system for the Botika ng Bayan Multi-Purpose Cooperative (BnBMPC). At present, discussions are



## Reaping the Benefits

### SDM Beads' New Champions



Midwife Jean Demegillo of Caloocan City is one of PRISM's first BEST training graduates who now manages her own PhilHealth-accredited birthing home. PRISM linked her with the Institute for Reproductive Health Philippines (IRHP) where she got further training on the standard days method beads. Now a trainer for SDM beads, she often joins IRHP resource persons to promote the use of SDM beads among public and private midwives, as well as community leaders.



Jean Demegillo (2nd from left) poses with public and private midwives of Caloocan City during an orientation on Fertility Awareness and Standard Days Method organized by the IRHP. As of September 2008, a total of 12 orientations were organized by IRHP attended by 795 midwives, community health volunteers, LGU officials, and faith-based groups.

on hold, pending the resolution of PITC Pharma's claim that the BnBMPC has no proprietary right to the use of the Botika ng Bayan trade name.

Meanwhile, PRISM continued to link partner pharmaceutical companies with PRISM-supported companies and private practice midwives to expand the former's customer-base. During the launch of WPFH programs, PRISM linked pharmaceutical companies to the Family Health Management Team, which spearheaded the implementation of the FH Program. Pharmaceutical companies were invited to promote FPMCH products and participated in midwives training and birthing home inaugurations to showcase their FPMCH products.

PRISM will continue to link partner pharmaceutical companies like Bayer-Schering, Schering Plough-Organon, and Alphamed to LGUs with procurement needs for FP. Especially in the light of the budget available to LGUs for the purchase of FP commodities, PRISM will use the information available to invite more participation from its partner pharmaceutical companies.

PRISM worked with Gershon Pharma, a Bohol-based PITC Pharma territorial distributor, to organize activities related to the setting up of *Botika ng Bayan* (BnB) Express outlets in cooperatives assisted by PRISM grantee BANGON.

PRISM also had initial discussions with JD Astro, a pharmaceutical sub-distributor in Luzon that has established pharmacies inside workplaces. JD Astro has expressed interest to be a sub-distributor for Alphamed products.

## Upgraded Evidence-Based Medicine Knowledge of Medical Community and Pharmaceutical Companies

The Foundation for Reproductive Care, Inc. (FRCI) was awarded a grant to develop a training module on “Evidence-Based Medicine (EBM) Detailing for Hormonal Contraceptives” for medical representatives who regularly see health providers of FP products.

The module was shared with partner pharmaceutical companies during the TOT and subsequently revised to reflect their responses and feedback. The training will be rolled out to medical representatives in their respective companies. The final copy of the training modules was submitted to PRISM in September 2008.

## Intermediate Result 2.2 – Readiness of the Pharmaceutical Industry to Respond to Market Development and Commercial Opportunities Increased

### Helped Improve Procedures on Registration of Products, Manufacturing, and Importation

An opportunity to revitalize a long-time effort of PRISM to include additional contraceptive products in the Philippine National Drug Formulary (PNDF) presented itself when the committee met on August 28, 2008, for revisions to the 6th edition of the said publication in preparation for the 7th edition. PRISM re-submitted the required evidence table to include Marvelon 28 in the list of approved hormonal contraceptives, and the committee will deliberate on it. In collaboration with A2Z, PRISM also worked on the inclusion of the zinc 20 mg dispersible tablet into the formulary.

PRISM engaged the services of Dr. Ronaldo Antonio Santos to explore the possibility of making hormonal contraceptives available over the counter. The preliminary results of Dr. Santos’ research and investigation showed that hormonal contraceptives could not fulfill a major requirement of the Bureau of Food and Drugs (BFAD) for re-classifying products from ethical to OTC status because it has not been classified as an over-the-counter medicine in its country of origin (Germany) or in major countries like the United States and Japan. Dr. Santos’ recommendation is to revisit the possibility in a few years’ time.

As part of PRISM’s assistance to Alphamed, the project team met with Bureau of Food and Drugs (BFAD) Director Joshua Ramos as early as November 2007 to inform him of upcoming PRISM initiatives with Alphamed and to request BFAD’s assistance in facilitating registration of Alphamed products. PRISM extended assistance to AMTOL Pharma Imports (AMTOL), Alphamed’s sister company for importation, in securing the initial requirements for the registration of Alphamed products with BFAD. In partnership with Zafa Pharmaceutical Laboratories (Private) Limited (ZAFAL), PRISM worked to have the Foreign Agency Agreement and the product dossiers authenticated by the Philippine Embassy in Pakistan.



PRISM helped develop two print ad materials which appeared in the Philippine Pharmaceutical Directory Review and the Philippine Pharmaceutical Directory Review, Better Pharmacy and Compendium of Philippine Medicine published by Medicomm Pacific, Inc.

On September 10, 2008, AMTOL Pharma Imports submitted the complete BFAD registration documents for Famila 28, a 28-day oral contraceptive and Norifam, a monthly injectable contraceptive. In support of Alphamed, PRISM wrote a letter to BFAD requesting for the release of the Contraceptive Product Registration for Norifam and Famila 28.

#### Developed Public-Private Partnership in Collaboration with LGUs

PRISM helped pharmaceutical companies recognize the market opportunity for family health products through LGU CSR strategy workshops conducted by HealthGov. As part of the TA package for DOH, PRISM helped the Zuellig Foundation develop a total market plan that served as basis for the development of the private and social marketing sectors strategy to achieve CSR. The Zuellig Foundation conducted a “Plenary Forum on

Total Marketing Planning for Contraceptive Self Reliance” on April 30, 2008 in Manila attended by representatives chambers of commerce and industry, telecoms, HMOs, hospitals, and pharmaceutical companies, NGOs and other development organizations, the academic community, national agencies, and local government units. Keynote speakers were Mario Taguiwalo (NIPS), Usec Alex Padilla (DOH), Dr. Jondi Flavier (CMEN), and Dr. Raul Baniyas (Presidential Assistant for Western Visayas). The presentations and discussions included a review of the DOH policies on CSR, current developments in policy and strategy directions, and the experiences of LGUs in CSR at local levels.

The workshop that followed the morning plenary led to the realization that CSR strategies are better developed and will probably be more effective when implemented at the local level. Local stakeholders should buy in to the common goal and be aware of their respective roles in achieving CSR in their respective localities. Strategies to meet unmet needs are best designed at the local level, where local realities and conditions can be assessed and considered. Next steps: plans for CSR workshops to be organized and facilitated at the local level are currently on hold with the ongoing controversy over the Reproductive Health Bill.

#### **Increased Access to Market Information**

PRISM acquired sales data from October 2007 to June 2008 from the Intercontinental Medical Statistics (IMS) Health Philippines (the sales data for the quarter July-September 2008 will be out in November 15). The team also received confidential contraceptive products’ sales data from DKT for Daphne and Lyndavel and from Bayer for Seif. Sales data for Marvelon from Schering Plough/Organon is reflected in the IMS report.

The project continued to maintain a database of the pharmaceutical sales data provided by IMS, DKT, and Bayer-Schering, and provided a market overview to Alphamed and Health Source Alliance to support them in preparing the marketing plan.

# Private Practice Initiatives

## Strategic Objective 3: Business Value of FP and MCH in Private Provider's Practice Increased

Year 4 of PRISM's Private Practice Initiative focused on strategic interventions leading to greater availability of PhilHealth-accredited birthing homes for women in low-income groups. This entailed, among other things, helping selected private practice midwives and their birthing homes qualify as accredited providers of the PhilHealth Maternal Health Care Package. Working hand in hand with PhilHealth officials, PRISM managed to increase the number of accredited and creditable birthing homes from four in Year 3 to 116 in Year 4.

PRISM used a standard checklist to monitor the completion of requirements for PhilHealth accreditation of midwives and their birthing homes. The checklist was detailed enough to allow PRISM to identify specific bottlenecks (e.g., acquiring memoranda of agreement with partner physicians and access to training) and address the same.

The project likewise issued guidelines to grantees to realign and prioritize use of resources to activities that directly led to fulfilling the requirements for accreditation. This included procurement of needed instruments and small equipment, minor renovations or, subsidies for needed training, which were matched with a PPM-drawn counterpart "repayment-in-kind" scheme. The latest barrier to facilitating the fulfillment of requirements for accreditation is the three-year advance payment for PhilHealth membership of those applying for accreditation as service providers.

To aid in the continuing quality improvement (CQI) of midwives' practice, PRISM initiated the conduct of clinical case conferences for midwives, which allows midwives to update their knowledge on family health services through lectures handled by doctors. These conferences placed premium on appropriate and timely referral of complicated deliveries requiring obstetrical care to protect mothers' lives. The project also worked with PhilHealth, DOH, and national and local institutions to improve the policy environment for the professional practice of midwifery.

As part of the TA needed for fulfilling PHIC accreditation requirements for service providers, PRISM staff and grantees continued to assist midwives and their facilities in getting memoranda of agreement for back-up or referral physicians and hospitals. These formal agreements result in additional revenues for the back-up doctors who benefit not just from the referrals but also from the promotions and marketing of their services, thus increasing the business value of their support to the PPMs.



### Intermediate Result 3.1 - Number of Midwives with Self-Sustaining Private Practices, while Incorporating Family Planning and Expanded Maternal and Child Health Services in PHIC-Accredited Birthing Homes Increased

#### Provided Technical Assistance to PPMs to Qualify for PhilHealth Accreditation Through Grants and Direct TA

In Year 4, PRISM helped develop 116 of the 300 targeted accredited and accreditable birthing homes. PRISM defines accreditable birthing homes as those which have completed and submitted the requirements for PhilHealth accreditation. Details are found in Table 8, and the complete list of these birthing homes is found in Annex B.

Under the grants mechanism, PRISM pursued three models of technical assistance largely defined by type of grantees: 1) health NGOs, 2) micro-financing institutions (MFI); and 3) midwife associations (MWAs). Aside from the three models, PRISM also provided direct technical assistance to individual PPMs with birthing homes.

**Health Non-Government Organizations.** This model features grantee partners with a distinct advantage over other grantees in terms of experience in extending technical assistance to midwife birthing home clinics. The Institute of Maternal and Child Health (IMCH), Negros Occidental Rehabilitation Foundation, Inc. (NORFI), and Kinasang-an Foundation, Inc. (KsFI) are all NGOs of the Well-Family Midwife Clinics Partnership Foundation, Inc. (WPMFI) and have been responsible for the success of several Well-Family Midwife Clinics (WFMCs).

**Table 8. Number of Accredited and Accreditable Birthing Homes by PRISM Regions and Mode of Technical Assistance, as of 30 September 2008.**

Region	Accredited	Accreditable	Total
Luzon	34	15	49
IMCH (grantee)	24	13	37
JVO (grantee)	0	1	1
Direct TA	10	1	11
Visayas	15	18	33
IMAP Cebu (grantee)	4	8	11
IMAP Bohol (grantee)	3	0	3
NORFI (grantee)	7	10	17
Direct TA	1	1	2
Mindanao	13	21	34
APMID (grantee)	1	5	6
KsFI (grantee)	10	13	23
Direct TA	2	3	5
Total	62	54	116

## Reaping the Benefits



Juliette and Julian Corona traveled more than two hours via bus from the municipality of Mabini to Tagbilaran, Bohol to have their first born child delivered in the IMAP-Bohol clinic. The couple originally planned on having their child delivered at home, which is a common practice in their area. When they heard about the quality service and affordable rates being offered in the IMAP clinic, they decided to try the clinic out. The proud new father, Julian, said that he'll spread the good word about the clinic and hopes that a similar clinic will also be available in their area.



Upon the suggestion of PRISM, Midwife Mary Claire Oliver of Cebu invested on another clinic which serves as a satellite center for her birthing home, located a few kilometers away from the city proper. Now her services include free transportation to bring clients from her satellite clinic to her main birthing home.

Although PhilHealth accreditation was not part of the WPFI program, its involvement with this program provided it with the necessary experience and level of expertise necessary to provide competent technical assistance to private practicing midwives seeking to qualify for PhilHealth accreditation. NGOs, however, needed much guidance in terms of fulfilling grants program requirements such as proper documentation and reporting.

During the reporting period, the IMCH, NORFI, and KsFI contributed 41 accredited and 36 creditable birthing homes out of the 150 birthing homes targeted by the end of the project. IMCH project implementation, however, is currently on hold beginning the last quarter of Year 4, due to possible violation of the Mexico City Policy. Its case is currently under investigation and deliberation by USAID.

A second round of grants was awarded to four NGOs: 1) Association of Private Midwives (APMID), 2) BCYA, 3) TRIDEV, and 4) IMAP Bohol Lying-In Clinic, Inc. The NGOs, which started project implementation during the second quarter of Year 4, have a combined deliverable of 100 accredited and creditable birthing homes.

The commonly encountered difficulty in completing the requirements for accreditation of birthing facility is the completion of the required instruments; equipment, and spaces for consultations or other needed minor renovations. In order to address this concern, the new RFA for 100 birthing homes included some financial support through a matching repayment scheme. A maximum ceiling of PhP 30,000 each was allotted to an

estimated 75 percent of grantees' partner birthing homes based on specific TA needs. The recipient PPM will repay the amount in kind within the course of the project through her counterpart expenses for completing the PhilHealth requirements or for expanding or promoting her clinic business. The PPMs repayment scheme is a requirement for the funds to be accessed.

Ongoing RFA grants projects were likewise provided this “new” feature for partner PPMs. Funds were realigned for this purpose. So far, APMID has delivered one accredited and five creditable birthing homes as of the end of Year 4.

Another proponent — IMCH — had intended to deliver 15 or 20 clinics in its new proposal. However, due to the possibility that this NGO may have violated the Mexico City Policy, both this new proposal and its currently ongoing project under the first phase of the RFA were put on indefinite hold. PRISM direct TA will therefore take on what is lacking for the expansion phase and will temporarily continue the work that IMCH had begun with its first grant project.

**Midwives Associations.** As grantees, midwives associations, given their inherent role of looking over the needs of their members, are perceived to be the group most likely to carry on the task of providing technical assistance to members aspiring to pass the requirements for PhilHealth accreditation.

This was the case for the Integrated Midwives Association of the Philippines (IMAP) Bohol Lying-In Clinic, Inc. (ILCI), whose officers exhibited strong visionary and entrepreneurial leadership. Having realized the value of operating a PhilHealth accredited birthing home, IMAP-Bohol strove to have three clinics accredited, instead of just the two originally targeted in its grant project. On the other hand, the IMAP-Cebu Midwives Clinics, Inc. (ICMCI) was not as successful. Instead of the projected 18 birthing homes, only 11 were actually accredited or creditable. In both cases, the PRISM project successfully contributed to the midwives' clinics increase in revenues, business growth, and professionalism.

**Microfinancing Institutions.** The lone grantee under this category, the Jaime V. Ongin Foundation, Inc., had no track record in helping birthing homes qualify for PhilHealth accreditation. JVO nevertheless pursued the grant project to help members and their families improve their health, because this was identified as a major factor in repayment success rates. JVO partnered with midwives who held clinics and conducted health classes to empower the members — mostly mothers — thus resulting in healthier families. Whether this translated to better repayment rates will be shown by the final report.

Despite its strong sustainability features, as both grantee and midwives stand to benefit from the partnership, the practice of giving birth in birthing homes — or anywhere other than either the hospital or at home — is really very new and not yet acceptable among Baguio residents. It was a pioneering work for PRISM through JVO to set up and get the clinic accredited. Over-all, the MWA and MFI models contributed eight PHIC-accredited and 13 creditable birthing homes.



**Direct Technical Assistance Model.** Originally intended as a pilot phase to equip PRISM with the tools needed to guide grantees, the direct TA model persisted as a back-up measure to bring the number of accredited and accreditable birthing homes closer to 300. Perceived as faster, more accurate, and less expensive than other models, the direct TA model is actually more time-consuming for the project, as PRISM itself has to conduct and manage all the needed activities to get the clinics accredited. This method is not sustainable, because no one is being trained or motivated to take on the work after the life of the project.

Through the direct TA model, PRISM facilitated the accreditation of 13 birthing homes and the submission of applications of another five birthing homes. This number is expected to rise due to recent developments with IMCH including the failure of PPM partners to complete the requirements for accreditation. PRISM will continue to provide technical assistance to these PPMs after the grant period expires.

### **Worked with PhilHealth to Assist Midwives in Completing Requirements for PhilHealth Accreditation**

A major accomplishment for Year 4 is the collaboration of the PhilHealth National Office and PRISM in the provision of technical assistance to grantees, birthing homes, and PRISM staff on the accreditation of birthing homes as maternity care package providers. This collaboration expedited the flow of information from PhilHealth to the birthing home, ensuring that the birthing homes' application complied with PhilHealth's documentation requirements. PhilHealth's technical assistance is the major factor for the increase in the number of accredited and accreditable birthing homes from Year 3 to 4.

Several meetings were held in consultation with PhilHealth at the national level and at the local levels. The DCOP was actively involved in several meetings with the top officials of PhilHealth particularly regarding midwives accreditation. These meetings resulted in streamlining accreditation requirements supported by activities such as pre-assessment clinic visits and orientation sessions. PRISM closely coordinated with local offices of PhilHealth, especially as issues and concerns arose from the completion of accreditation requirements and actual services.

Seven orientations were conducted with the senior vice president of PhilHealth and head of the Accreditation Committee serving as trainers. Of these orientations, two were done in Luzon, three in the Visayas and another two in Mindanao. Seven grantees in six different regions participated and 71 participants completed the orientations, 32 from PRISM, 26 from the grantees and 13 staff from different PhilHealth regional and provincial offices. A total of 69 midwives' clinics were pre-assessed as part of the orientation course practicum. Immediately following the orientation pre-assessment, 28 of these clinics were accredited followed by another 29 in later accreditation committee meetings.

The different PhilHealth regional and provincial offices continued coordinating with PRISM field staff in conducting pre-assessment visits even after the orientation sessions, and the team conducted several meetings with PHIC officials at both national and local levels to explain

## Reaping the Benefits

### First Person: Midwife Stella Capacio's Star Rises

"I graduated in 1979 but was not able to practice my profession because I had to manage a family-owned lumber business. Although I was eager to fulfill my dream, opportunities for private practice at that time were limited. One day, I met Ate Prima and she encouraged me to become a proprietor of a birthing home. She introduced me to Nanay Teody Calzada who considered me as one of the target midwife-beneficiaries for the PRISM project.

I started in 2006 equipped only with the basic needs of a birthing home, and with no assistant. I only had three to four deliveries in a month. The project gave me technical assistance and trainings on BEST in MCH, business planning, newborn screening, midwives competency, PLS, IV insertion and internal examination. Gradually, my deliveries increased to 25 to 30 deliveries in a month. My monthly income increased as well.

I stand proud as an entrepreneur midwife. With my Star Birthing Home, I hope and pray that my stars will shine forever."



*Stella Capacio is the proud owner of the Star Birthing Home. With assistance from PRISM and IMAP-Cebu, Stella mustered enough courage to invest in a birthing home which, by employing her newly honed clinical and business skills, she turned into a flourishing business.*

the PRISM project and solicit much needed support.

As a result of the collaboration with PhilHealth, 222 individuals including service providers and HR/hospital personnel and 52 representatives of PRISM partner-companies received orientation on relevant reimbursable PHIC packages.

A short-term technical assistance (STTA) consultant worked with the PhilHealth and other relevant agencies to develop implementing guidelines for the DOH Administrative

Order No. 39 that eliminated the need for DOH licensing for birthing facilities. Details of this STTA are found under the Policy and Health Systems report.

A most recent issue/concern that has the potential for a major impact on the PRISM project is the recent PhilHealth circular that requires service providers applying for accreditation to pay for three full years of membership. For midwives, this means an additional PhP 3,600.00 on top of the PhP 1,500.00 application fees. As the midwives also need to pay for business permits and other expenses to fulfill the requirements, it is not difficult to conclude that this additional cost may be prohibitive for some midwives.

Furthermore, since this will also be a requirement for doctors, it will serve as a disincentive for physicians to become members

and accredited by PhilHealth. Without PhilHealth-member physicians, midwives will not have back-up physicians as part of the requirements for accreditation as midwife and for their facilities.

The recommendation is for a dialogue with the PhilHealth decision makers to express the concern and possible impact of implementing this new guideline. Alternative payment schemes may be suggested to ease the financial burden on applying midwives.

### **Intermediate Result 3.2: Increasing Support from Medical Profession for FP and MCH Services as an Essential Part of Good Provider Practice**

The support provided by the immediate past President of the Philippine Obstetrical and Gynecological Society (POGS) on the conduct of Life-Saving Skills Training Program for Midwives allowed improved accessibility for midwives to this important training.

Partner midwives, who needed this training in order to be accredited as PhilHealth service providers, received assistance from PRISM through subsidies for the enrolment fees. Three training arm kits were also purchased for the midwives to use in practicing for intravenous insertion techniques. These models were lent to the POGS chapters conducting the LSS in the different regions.

Ninety-three midwives graduated from the LSS in eight different PRISM SIAs in 11 training events in Year 4. Also during the same period, PRISM field staff facilitated the completion of Newborn Screening training for two midwives. The project also provided assistance to new PPMs who have not fully established their private practice, to complete the requirement of performing 25 deliveries in one year. PRISM linked these midwives to different hospitals that allow PPMs to handle deliveries.

### **Worked with DOH-CHDs and LGUs, and midwives associations in the conduct of MCH Updates for PPMs**

During the period, PRISM pursued three approaches in providing MCH updates to midwives. The first is through a formal training course, which started in Year 3, usually a one-day curriculum of the BEST series. Training for PPMs receiving technical assistance from grantees whose deliverables include the conduct of BEST trainings is ongoing. The second is through events organized by PRISM regional offices, which provided continuing updates to partner PPMs. The event also doubles as a means to gather much needed reports from the midwives for integration in quarterly accomplishment and service statistics reports. The third is expanding the duration of Clinical Case Conferences for Midwives from a half-day to a whole-day to allow for updates on MCH for PRISM's partner PPMs.

In all three tracks, topics may include infection prevention, review of the partograph (tool used by midwives to assess the progress of labor), review of normal conduct of delivery, pre-natal care, immunization for pregnant women, and others. A total of 33 MCH updates for midwives were conducted during Year 4, with 488 participants.



# Promising Practice in Continuing Quality Improvement

## Clinical Case Conferences for Midwives

**Challenge.** One of the top priorities of the health sector is the reduction of maternal deaths related to pregnancies and deliveries, as well as infant deaths. The maternal mortality ratio (MMR) in the Philippines is still quite high compared to that of neighboring countries at 162 per 100,000 live births (FPS 2006). This translates to approximately nine Filipino mothers dying everyday from complications related to pregnancy and childbirth.

In the Philippines, the main cause is that the majority of births (56.5%) still occur at home, 37.5 percent of which are attended by unskilled health workers. One of the strategies that the Department of Health (DOH) employed is to increase the number of birth deliveries at health facilities attended by skilled birth attendants.

**Initiative.** In support of the government's effort to curb incidence of infant and maternal deaths, USAID/PRISM, since 2004, has been providing technical assistance to private practicing midwives all over the country so that they, along with their birthing home facilities, can qualify as accredited providers of the PhilHealth maternity care package. As accredited providers and facilities, midwives and their birthing homes are expected to maintain the highest standards of quality care.

Essential to sustained good midwifery practice is access

to continued clinical updates on maternal and child health care. Hence, in 2007, USAID/PRISM, along with partner midwives, conceived the idea of conducting clinical case conferences specifically for midwives.

The first clinical case conference for midwives was held last September 2007 in Cebu City. USAID/PRISM worked with the DOH-Center for Health Development, Region VII, the Philippine Obstetrical and Gynecological Society (POGS), the Philippine Pediatric Society (PPS), and the Integrated Midwives Association of the Philippines (IMAP). Around 30 midwives participated in the conference. The activity included a presentation of an actual case handled by a midwife, a reaction from a panelist of obstetricians and pediatricians on how the case could have been better handled, followed by an open forum where midwives and doctors tackled the issues more thoroughly and openly.

Vital to the success of the conference is that it remains a venue for positive learning experience, especially for midwives. Panelists should focus on the case at hand and bring out the lessons to be learned, rather than on who is at fault.

**Results.** As of September 2008, 16 clinical conferences for midwives have been conducted in 14 provinces.

and cities across the country. A total of 700 physicians, midwives, nurses, private hospitals, officers of private midwife and doctors' organizations, and government personnel have attended the conferences.

The design of the conferences has evolved and now includes mini-lectures related to the case. PRISM also incorporated a pre and post-test of midwives' knowledge of the conference topic to better gauge the impact of the activity, as well as to inform the design of future conferences.

To standardize the conduct of conferences across regions, PRISM developed the "Guide to Organizing and Managing Clinical Case Conference for Midwives." Originally designed as an internal guide for PRISM staff, the guide was re-cast and introduced to other lead agencies to be used as a reference when organizing and conducting the conference. Lead agencies can be the DOH CHDs, or MWAs or NGOs that may want to take the lead in putting up this continuing quality improvement tool. At the national level, this tool will be presented to DOH HHRDB for proper endorsement.

As part of the natural learning process, midwives will gradually be exposed to more complicated cases. As one DOH official quipped "...we cannot continue to close our eyes on the controversial cases simply because we want to avoid offending personalities and shaking the fragile peace between midwives and OBs. These cases have to be openly discussed, the gaps pointed out, and corrected, without having to resort to fault-finding."

One of the expected results of the conferences is improved appreciation among midwives of their role

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**Feedback from participants revealed a general appreciation of the lessons handled by medical experts as well as discussions, which provided a venue for obstetricians and midwives to establish rapport.**

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in the early detection of complications and immediate referral of pregnant women for obstetrical care. The conscientious use of a partograph to detect prolonged labor and determine when to refer has always been emphasized during the conferences. Another expected result of the conferences is the creation or strengthening of partnerships between midwives and their back-up doctors.

Feedback from participants revealed a general appreciation of the lessons handled by medical experts, as well as discussions, which provided a venue for obstetricians and midwives to establish a stronger working rapport. Already, in Cebu, midwives have noticed a change in reception or acceptance of referrals by government hospitals – from one of animosity or rejection to a more receptive acceptance of midwives' referrals.

Source: "How to Organize Clinical Case Conferences for Midwives: A Continuing Quality Improvement Activity, November 2008, draft-unpublished



*Obando Midwife Josefina Flores reacts on a case presentation during the first clinical case conference for midwives ever held in Bulacan last April 2008. In the background are her fellow-midwives, from both public and private sector.*

The project conducted 16 clinical case conferences in 14 locations: Cebu, Bohol, Bacolod, Tagbilaran City, General Santos City, Davao City, Cagayan de Oro City, Butuan City, Bulacan, Batangas, Cavite, Laguna, NCR, and Pampanga. More than 700 physicians, midwives, nurses, private hospitals, officers of private midwife and doctors' organizations, and government personnel (Centers for Health Development, Newborn Screening Center, provincial governments, PHIC) participated in the conferences. The government agencies and private practitioners' organizations were co-organizers with PRISM and its grantees.

A more formal documentation of several gains from the clinical conferences is needed. Improvement in midwife knowledge, change in behavior of government hospitals towards referring midwives, and better working relationships or professional ethics between midwives and obstetricians are some of the emerging results or effects that are worth documenting.

### **Worked with DOH-CHDs, LGUs and midwives associations in the conduct of FP Policy Compliance Monitoring**

In Mindanao, PRISM monitored 68 facilities, 72 service providers, and 37 clients for FP policy compliance.

### **Other Quality Assurance Activities**

*Clinical Standards Manuals for Midwives.* PRISM worked with the DOH Health Human Resource Development Bureau (DOH-HHRDB) in developing materials that provide clinical standards for the professional practice of midwifery nationwide. In consultation with a small working group of midwife practitioners and officers of midwives associations, four tools were identified for development:

1. Quality Measurement Monitoring Tool for Midwives
2. Standard Operating Procedures for Midwives' Clinics
3. Clinical Guidelines for Midwifery Practice
4. Standard Clinical Case Records for Midwives' Patients/Clients

A draft final Quality Measurement Monitoring Tool for health facilities and midwifery services has been completed and agreed upon by the working group. This tool is patterned from the PRISM-developed Quality Measurement Tool currently being used to establish baseline and monitor progress of quality improvement among PRISM partner PPMs and their facilities. Once approved by the director of the HHRDB, official DOH endorsement will be incorporated into the manual for final printing and implementation.

The groups will work on the other three tools in Year 5 of the PRISM project.

### ***Standard Screening Tool***

The objective of this tool is to reduce the number of missed opportunities for FP services among patients coming in to consult the midwives for reasons other than FP. With this brief



tool, midwives can then offer needed services thus addressing concerns that may have otherwise been neglected.

Fifty-seven private midwives from Quezon City, Davao City, and Laguna were oriented on the use of the standard screening tool. The tool is expected to not only increase the midwife's cases, and revenues, but also refer clients for tuberculosis (TB) testing.

Inter-CA meetings were regularly held at the national level in various TWGs related to USAID health project implementation – HIV/AIDS, MNCH, Service Delivery, M&E, etc.

PRISM participated in the FP Policy Compliance inter-CA meetings. This TWG was later integrated into the TWG for MNCHN. As a result of this collaboration, a workshop was held in September to orient new project staff from the different CAs on the FP policies. There were 46 participants from 6 CAs and USAID participated in the activity.


PRISM's regional field teams regularly met with their grantee partners, and on a needs basis with the LGUs in their areas of implementation. Inter-CA meetings were likewise held at the local levels.

### Developed Referral and Business Models Among WPFI Midwives, other Midwives, and Other Health Professionals

These types of models include health referral systems and business agreements which PRISM helped introduce. The main premise here is that referral systems should increase business revenues for participating midwives. Likewise, for good clinical practice to be sustainable, it has to be linked with other business partners.

PRISM's prime model for this interrelationship is the IMAP-Bohol Lying-In Clinic (ILCI) in Tagbilaran, Bohol. It has a referral system and a business agreement with pharmaceutical

**STANDARD SCREENING TOOL FOR MCH SERVICE INTEGRATION**  
(Sa streamer: Gamitin lamang ang form na ito hangang habang ay nasa 15-44 taong gulang.)



Pangalan ng Kliente:		Edad ng Kliente:		Pataas ng konsultasyon:	
TO BE COMPLETED BY SCREENER					HEALTH PROVIDER
Ano ang (papa)konsulta mo ngayon?					<input type="checkbox"/> provided <input type="checkbox"/> scheduled <input type="checkbox"/> referred <input type="checkbox"/> info given
#	Screening Questions	Follow-up Questions	Check need(s) detected	Check Service Outcome	
1	1.a) Benta ka ba ngayon? <input type="checkbox"/> Yes go to 4 <input type="checkbox"/> No or Don't know	1.b) Kalan ka halag sa-reg? <input type="checkbox"/> <input type="checkbox"/> Possibly pregnant <input type="checkbox"/> Not pregnant	<input type="checkbox"/> Pregnancy test go to 4.a <input type="checkbox"/> Pap smear/gynecarium go to 2.a	<input type="checkbox"/> provided <input type="checkbox"/> scheduled <input type="checkbox"/> referred <input type="checkbox"/> info given	
2	2.a) Naghadlak ka bang magbuntis? <input type="checkbox"/> Yes <input type="checkbox"/> No or Don't know	2.b.1) May anak ka ba na wala pang sang tamang edad? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No go to 7.a 2.b.2) Gumagamit ka ba ng FP method? <input type="checkbox"/> Yes go to 3.a <input type="checkbox"/> No	<input type="checkbox"/> Family planning (spacing) go to 4.b <input type="checkbox"/> Family planning go to 4.a	<input type="checkbox"/> provided <input type="checkbox"/> scheduled <input type="checkbox"/> referred <input type="checkbox"/> info given	
3	3.a) Kontento ka ba sa FP method na ginagamit mo? <input type="checkbox"/> Yes go to 4.a <input type="checkbox"/> No	3.b) Anong mga method(s) ang ginagamit mo?	<input type="checkbox"/> Other family planning methods go to 4.a	<input type="checkbox"/> provided <input type="checkbox"/> scheduled <input type="checkbox"/> referred <input type="checkbox"/> info given	
4	4.) Regular ka ba sa magpa-pre-natal checkups? <input type="checkbox"/> Yes go to 5.a <input type="checkbox"/> No		<input type="checkbox"/> Regular pre-natal care go to 5.a	<input type="checkbox"/> provided <input type="checkbox"/> scheduled <input type="checkbox"/> referred <input type="checkbox"/> info given	
5	5.a) May plano ka bang magpa-nano ng baby mo? <input type="checkbox"/> Yes <input type="checkbox"/> No	5.b) Plano mo bang magpa-nano tagapang baby mo pagpapangalak mo? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exclusive & immediate breastfeeding go to 4.a <input type="checkbox"/> advantages of breastfeeding go to 4.a	<input type="checkbox"/> provided <input type="checkbox"/> scheduled <input type="checkbox"/> referred <input type="checkbox"/> info given	
6	6.a) May anak ka ba na wala pang sang tamang edad? <input type="checkbox"/> Yes <input type="checkbox"/> No go to 7.a	6.b) (papa)konsulta mo ba ang baby mo? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother TT & schedule of infant immunizations go to 7.a <input type="checkbox"/> Need for mother TT & infant immunizations go to 7.a	<input type="checkbox"/> provided <input type="checkbox"/> scheduled <input type="checkbox"/> referred <input type="checkbox"/> info given	
7	7.a) May ubo ka ba ngayon? <input type="checkbox"/> Yes. Guano na katagal ang yung ubo? Kung ubo ay 2 linggo o higit pa <input type="checkbox"/> No End Interview	7.b) Ano-ano pa ang ibang mga nararamdaman mo? 7.b.1) Pansakit ng tiwad o alitaw? <input type="checkbox"/> Yes <input type="checkbox"/> No 7.b.2) Dini kahinaan sa lambing (apan) <input type="checkbox"/> Yes <input type="checkbox"/> No 7.b.3) Pagkaka-ig langang <input type="checkbox"/> Yes <input type="checkbox"/> No 7.b.4) Wala pang kumain <input type="checkbox"/> Yes <input type="checkbox"/> No Kung "Yes", alaman sa mga tawag na RO	<input type="checkbox"/> Possible TB symptoms. Discuss the critical importance of being screened ASAP. End Interview	<input type="checkbox"/> provided <input type="checkbox"/> scheduled <input type="checkbox"/> referred <input type="checkbox"/> info given	

**Sa screener:**  
Pagkatapos ng screening, maghatag ang form na ito sa Clinical Chart ng kliente.

The SST serves to reduce the number of missed opportunities for midwives in detecting health concerns other than family planning.

## Reaping the Benefits

### Strengthening Systems, Saving Lives

Through NGO grantee the Kinsang'an Foundation, Inc. (KsFI), PRISM assisted the Davao City Government in enhancing and strengthening its referral network system. The referral system aims to contribute to the reduction of infant and maternal deaths caused by untimely and inappropriate referral of services. PRISM and KsFI linked city government health officers with its private sector partners trained on BEST and contraceptive technology updates.

A good feature of the referral system is the involvement of the 911 medical assistance group which has a centralized communications system and a unique emergency response team operating in the city of Davao. It has nine ambulances with accompanying medical technologists and nurses, catering to referrals from PRISM-assisted private practicing midwives, as well as government and private hospitals.



*PRISM-participating private practice midwives are now part of Davao City's health referral system which utilizes 911 mobile vans to bring patients to clinics and hospitals. Using the 911 van, women who live in far-flung areas have been brought to PPM-owned birthing homes for safe deliveries instead of traveling farther to get to hospitals.*

companies whose contraceptive products are sold to workplaces like malls and cooperatives.

Agreements with these business groups increase referral rates to PhilHealth-accredited services (including DOH hospitals) for pregnant employees. ILCI has realized its goal of having branches in Talibon and Dao municipalities and has exceeded that goal because these expansion clinics are now also PhilHealth-accredited. Other referral models include those of Kinsang-an Foundation (KsFI) in Davao and IMAP-Cebu Midwives Clinics (ICMCI) in Cebu City.

Also in Year 4, PRISM linked partner PPMs with the DBP's "Sustainable Health Care Investment Plan" which offers financing to midwives. Orientation and clinic visits were done in Cebu, Bohol, and Davao during the third quarter of the year for midwives, partner cooperatives, health NGOs. This program the final stages of development with the Asian Development Bank, infusing millions of dollars to finance local health projects.

### Supported Inter-CA and Other Partner Initiatives

**SHIELD Project.** For Year 4, PRISM worked closely with the SHIELD project in developing the training materials for ARMM. Particularly, PRISM provided technical assistance to ARMM and ARMM-DOH counterparts in developing the maternal child



health training materials and curriculum during the third quarter of Year 4. This activity was followed by a TOT from ARMM and the conduct of one roll-out course as practicum for the trained trainers. These activities however involved more public sector service providers, than private practice providers.

PRISM ARMM mapped out potential midwife private practitioners with in-patient clinics who may be provided TA to develop into PhilHealth-accredited facilities. These clinics will be targeted for TA in Year 5.

*Midwives Congress.* During the last quarter of Year 4, with a new Board Chairman and Board of Directors, The Zuellig Foundation expressed its intention to cease working with PRISM on midwives' concerns. The grant for the conduct of the 2nd Midwives Congress was therefore cancelled.

PRISM informed the Midwives technical working group, composed of representatives from DOH, Commission on Higher Education, midwife organizations, and Professional Regulatory Commission, of the development. The group agreed to postpone the 2nd Midwives Congress to a later date. The TWG agreed to consider other organizations that might be willing to organize the Midwives' Congress.

*HealthGov Project.* PRISM, by DOH's invitation, provided inputs to the revision of the Family Planning Competency-Based Training (CBT). The revised CBT is now very much like the PRISM courses, as it is divided into modules or levels – contraceptive technology and FP counseling being level one, and IUD training being level two. The curriculum and materials for the revised five-day IUD training has been drafted. PRISM, DOH and HealthGov will work together for the pre-testing and finalization of these materials scheduled to begin Year 5.

On voluntary sterilization, PRISM will directly explore local partners to initiate the establishment of a local training system in Year 5. Whereas the demand for BTL will most likely fuel the market for the services and increase physicians' interest in being trained, increasing demand of NSV services will require a different approach due to the sensitive nature of the procedure. NSV will have to rely heavily on promotions and marketing to generate the needed number of clients to effectively train NSV surgeons.

*Annual Conventions.* PRISM presented updates on Private Practice Initiatives in the annual conventions of IMAP and MFPI. The Project also presented developments on efforts to increase access to PHIC accreditation for midwives with clinics.

PRISM's field offices likewise participated in local conventions to present project updates.

Participation in these conventions served to determine whether there are potential partners for PHIC accreditation among the PPM participants. In Mindanao for example, PRISM participated in two IMAP Conventions held in Camiguin, Misamis Oriental and Sultan Kudarat attended by 83 and 160 midwives respectively.



# Cross-Component Activities

## A. Policy and Health Systems

### Support to PRISM Components

As part of its policy assistance to DOH, PRISM participated in the development of the strategy for high-volume providers of IUD. The project team came up with an initial list of high-volume IUD providers based on 2003 data from the DOH. This list was then presented to DOH as springboard for discussion on the status and next steps on IUD supplies. DOH committed to come up with a recent inventory of remaining IUDs in LGUs. PRISM proposed to conduct interviews and gather other data to inform strategy development for high-volume providers for IUD. A survey questionnaire was developed to guide the collection of data in provinces/cities with high- and low-volume providers. Selection of the areas was based on FHSIS and provincial data. PRISM also discussed and clarified inter-phasing elements of PRISM and HPDP work related to the IUD strategy research and development.

Meanwhile, PRISM developed a new scope of work to guide the activities that would continue and sustain the gains of the previously conducted TWGs for midwives and the culminating Midwives' Congress. Highlighted in this scope of work is the continuous technical assistance to enhance or develop pertinent regulatory policies, the enhancement of PhilHealth benefit packages for midwives, and the advancement of the professionalization of midwifery. PRISM participated in technical working group meetings facilitated and organized by the Zuellig Foundation. The TWGs for Regulatory Policies and for Midwifery Professionalization both finalized the draft Midwifery bill, reviewed the Midwifery Code of Ethics, and initially prepared the program of activities for the 2nd Midwives' Congress.

Also in preparation for the 2nd Midwives' Congress and as Technical Assistance to PhilHealth, PRISM developed scopes of work to undertake the following: 1) Unified Licensing and Accreditation of Birthing Homes; 2) Feasibility Study on Third Party PhilHealth Accreditation; and 3) Partnership with the League of Cities of the Philippines.

### Support to Cross-Component Activities

PRISM coordinated with the Health Policy and Development Project to develop an action plan for the creation of a DOH TWG on Regulations and the Private Sector. The action plan suggests the gathering of regulation-related issues of all CAs, as well as the development of a discussion or briefing paper. PRISM and HPDP likewise drafted a letter for DOH requesting technical assistance from USAID.

PRISM pursued a total market development approach as its main contribution to the National Contraceptive Self-Reliance (CSR) strategy of the government. Specifically, PRISM provided technical assistance in the conduct of dialogues to develop total market planning among private, public, and social marketing sectors working for CSR. In coordination with the Zuellig Foundation, PRISM held a National Forum on Total Market Approach to Contraceptive Self-Reliance. It was attended by representatives of private industries (Chambers of Commerce and Industry, telecoms, HMOs, Hospitals and pharmaceutical companies), NGOs and other development organizations, academics, national agencies, and local government units.

Participants agreed that CSR strategies are better developed and will probably be more effectively implemented at the local level. The key starting point is for all stakeholders to buy in to the common goal and to be aware of their respective roles in achieving CSR at each locality. Strategies to meet unmet needs are best designed at the local level, where local realities and conditions can be assessed and considered.

A design to roll out the same activity at the local level has been developed, and may readily be used by LMMs for planning and program implementation purposes.

Other related policy assistance included initial work on 1) Documentation of DOH AO No. 8 (Guidelines on Public-Private Collaboration in the Delivery of Health Services Including FP for Women of Reproductive Age; 2) Discussion with HPDP on potential inter-CA work for the recently adopted PhilHealth circular spelling out new benefit packages for voluntary surgical sterilization (VSC) procedures; 3) Comments on the Policy Scans (assessment of private sector response to CSR) prepared by the Foundation for the Advancement of Clinical Epidemiology-Health Policy Development Program (FACE-HPDP).

PRISM also prepared scopes of work to serve as guidelines in the drafting of the following:

*National Private Sector Health Strategy (to support Fourmula One)* – This document, which will be presented to USAID and DOH, will serve as a plan to mobilize the private sector as a key component of F1 in the achievement of public health goals. The strategy will cover all health objectives that are being carried out by implementing USAID cooperating agencies.

*Private Sector Strategy for Contraceptive Self-Reliance (CSR)* - PRISM and DOH believe that it is time for the family planning program to be guided by a complementing private sector strategy to contribute to national CSR. The development of this strategy will be done in consultation with PRISM (and its private sector partners), HPDP (as the lead CA for CSR), USAID, and the DOH. This will be informed by the Total Market Planning results, which will be done through The Zuellig Foundation (see Total Market Plan for CSR).

*Private Sector Strategy for ARMM* - PRISM prepared a concept paper on “Private Sector for F1 in ARMM” which details strategies for the active promotion of private sector mobilization in ARMM based on the Annual Investment Plan for Health (AIPH). The concept paper was later reformatted to serve as reference for Dr. Sulaik. Likewise, the

Project also prepared the SOW on Private Sector Opportunity Assessment in ARMM. The assessment aimed to: a) list specific opportunities identified for increased private sector contributions to improved maternal health of ARMM population; (b) determine realistic prospects for increased private sector contributions through an assessment of these identified opportunities in terms of potential gains versus possible difficulty of attaining such gains; (c) recommend appropriate scope and timing of pursuing the most potentially productive opportunities for increased private sector contribution to improved maternal health of ARMM population.

### Support to Inter-CA Local CSR work

PRISM provided technical assistance and participated in the development of CSR Assessment and Monitoring tools for Bulacan and Pangasinan. These activities were led by the HealthGov Project. PRISM also participated in the two-day workshop on CHD toolkit development, where the CSR TA package was also discussed and assessed for possible assistance to CHDs.

PRISM visited and provided technical assistance to the municipal health and planning officers of selected areas in Pangasinan, Bulacan and Davao City on sustaining local level public-private partnerships for referral systems. Preliminary meetings to design the transition workshop for Pangasinan were conducted. The transition workshop will aim to hand-over some of PRISM's technical assistance sets to the provincial government, the private sector partners, and to HealthGov.

In Davao City, KsFi and DCCC will merge resources and efforts to participate in the referral system initiated by KsFI. An inventory of needed services by the member-companies will be generated and sent to KsFI for its reference. A matrix for this was developed and given to PRISM-Mindanao. A workshop on partnership arrangements and resource sharing will be conducted to identify tasks and roles of each partner. This is also a potential venue to discuss sustainability of efforts after PRISM technical assistance.

In Bulacan, technical assistance was provided during the launching of the public-private referral system in San Jose del Monte – one of the three pilot areas in Bulacan. The launching also served as venue for MOU signing between the public sector and the private sector network members.

A matrix was developed to capture and organize the referral system activities being undertaken by the project through its regional offices. The matrix summarizes the activities and timeline for Pangasinan, Bulacan, Cavite, Cebu, Bohol, Leyte, Davao City, and Cagayan de Oro City.

*Others –project documentation.* A draft scope of work was prepared for a short-term consultancy meant to document and package PRISM training modules for institutionalization.

## B. Monitoring and Evaluation System

### Trained PRISM Field Staff and Grantees on M&E and Project Surveys

PRISM provided technical assistance to its regional offices with updates on Performance Monitoring Plan (PMP) Indicators status and a refresher course on M&E. This session was followed closely by the Mentoring Program on Communicating Project Impact provided by the Communications Unit. The M&E and Communications series of inputs were intended for regional staff to better appreciate the data they collect, relate staff to the over-all project goal, and assist staff in packaging data.

PRISM developed the FP MCH Needs Assessment Information System (FP MCH NA IS) using an open source database software (MySQL). The new system required users to be familiar with basic encoding skills and navigation within the Windows environment. Grantees and FICs were trained on the use of the system, which is a conversion module developed to automate conversion of previous FP MCH NA survey data. This module enables data encoded in Excel templates to be incorporated into the system. Data from ten grantees have been converted and rolled out to the respective grantees

**Table 9: List of Grantees Oriented on FP MCH NA, as of September 2008**

Region	Date	Grantees
Southern Luzon	18 April	HRMAC, BCCI, BPCCI, FCFI, QCCP, FWComphil, A4Y
Northern Luzon	23 April	BCYA, LIPC, Subic, IMAP Pangasinan
Mindanao	30 April	DCCI, PFCCO, MDFI, MBC, PhilExport
Visayas	29 May	BANGON, OPTIONS, PHILDHARRA, MCCI

*Provided Data Support to PRISM and Grantees.* PRISM also provided support to data processing, report table generation and report outline for the FP NA survey tool (version 1). This involved the processing of encoded data file using the SPSS program. Support for data analysis to circumvent some IS limitations were provided to grantees including QCCP and A4Y. Support for PCCI-Cavite orientation on the FP MCH NA IS was also provided jointly with Luzon Regional KMS. As grantees were able to analyze survey results and complete their deliverables related to the survey, PRISM provided anchor in the analysis of baseline and end line survey results of the grantees listed in the table below.

**Table 10: List of Grantees Provided TA on Analysis of Baseline and End Line Surveys, as of September 2008**

Region	Grantees/No. of Companies
Luzon	FCFI (6), PMAP - Pangasinan (10), PMAP - Subic (5), QCCP (18)
Visayas	ECOP SIFI (3), PHILDRHAA
Mindanao	DCCI (5), MDFI (10), PFCCO (9), PHILEXPORT (10)

PRISM ensured data support to all its components and regions during staff preparation for PRISM project Technical Review with USAID and Project External Evaluation last February, 2008.

As part of the over-all grant implementation, periodic technical assessments were also conducted among companies to ensure the consistent implementation of established Family Health programs in the workplace. These visits can identify potential problems which are addressed mainly by regional and component staff early on.

ISD is part of the route through which the conduct of terminal report review passes. Mainly for data concerns, ISD has actively participated in the review of terminal reports from four grantees. ISD also participated in close-out meetings for some grantees to support proper comparative analysis of FP MCH baseline and end line surveys and provide some measure for over-all impact of grantee assistance to PRISM project goals.

In its effort to unify data collection and reporting, ISD has worked with concerned units to standardize relevant component trackers (Private Practice Midwife PPM tracker and Workplace tracker). These trackers will be managed by concerned components and supported by ISD. A reporting flow is followed to ensure smooth information ingress and egress in the project

### **Special Studies and Emerging Patterns**

With the guidance provided by the chief of party, the M&E Specialist, in coordination with the communications specialist and regional office staff, conducted an in-depth study on the “Rules of Thumb for Successful Workplace Installation.” This involved grantees which have concluded their engagement with PRISM, including measurements for baseline and end line survey. In Luzon, grantees were BCYA and TRIDEV, and CCEF in the Visayas, covering 44 companies. The study identified factors which enabled grantees and companies to demonstrate varying degrees of response to PRISM technical assistance. A technical report on this will be produced in the following quarter.

### **Coordinated Private Sector M&E Activities with USAID CAs and DOH**

PRISM contributed to the inter-CA FP Manual development during the last month of the quarter. ISD also participated as technical resource during the training of provincial coordinators of all USAID supported Cooperating Agencies including HealthGov, HealthPro, TBLinc, A2Z and SHIELD projects. Based on the feedback during the 1st (Luzon and Visayas) and 2nd (non-ARMM Mindanao and ARMM Mindanao) regional orientation on M&E, the module will be revised and finalized by the M&E TWG, anchored by HPDP.

As in the past year, ISD took charge of consolidating FP inter-CA indicator reports being reported to USAID Washington. This included data on the number of people who have seen/heard FP/RH, people who were counseled, people who were trained on FP/RH and strategic

information management and funds leveraged by USG assistance for FP from public and private sectors. In the following quarter, HealthPro will step in and take over.

## C. Behavior Change Communication

PRISM continued to support the demand generation strategies of its components through strategic use of Behavior Change Communications. The project put out BCC materials aimed at creating awareness (about all DOH recommended family planning program methods), facilitating informed choice, and motivating actual use of methods chosen by the clients themselves after thorough counseling. In addition, the materials addressed health concerns about family planning methods among target audiences.

The BCC approach was three-pronged.

First, PRISM sought to continue capacitating midwives to address the method-specific health concerns of their clients. The project placed evidence-based print advertisements addressing health concerns and promoting the benefits of the use of pills and injectables in various midwife-focused publications like the Philippine Pharmaceutical Directory Review, Better Pharmacy, and Compendium of Philippine Medicine published by Medicomm Pacific, Inc. Furthermore, the PRISM communication team, with assistance from regional staff, distributed the Philippine Clinical Standards Manual on Family Planning to 33 PPMs during the reporting period.

Second, the project supported the BCC-related work of grantees. PRISM began providing technical assistance to Alphamed in adapting the grantee's generic marketing campaign materials on their new injectable product (Norifam) to make them culturally suitable for use in the Autonomous Region in Muslim Mindanao (ARMM). The BCC Team assisted PhilDRHHA in developing materials two flipcharts on FP/MCH for use by cooperative-based peer educators. Another grantee, IRH Philippines likewise received technical assistance in developing and pretesting a billboard promoting the Standard Days Method / Cycle Beads among clients who prefer natural family planning.

### ANG MGA MODERN METHODS NG **FAMILY PLANNING**



*The "all modern FP methods" brochure produced by PRISM come in Tagalog version.*



Third, PRISM secured USAID approval for mass production and distribution of an “entry-level” material targeting prospective family planning users in the workplace and in the communities where midwives operate. The brochure briefly describes important facts about all available methods (including natural family planning) to help couples decide and choose which method they would like to use. A limited number of copies of the brochure titled, “The Modern Methods of Family Planning”, has been printed distributed to partners. CD-ROMs containing print-ready electronic copies of the brochure were also distributed to grantees and partners.

## D. Project Communications

During the first half of Year 4, PRISM focused its communications activities in building the capacity of the project team to communicate project success and relevance either in fulfillment of contractual obligations or in building and strengthening partnerships with stakeholders.

PRISM utilized various strategies to facilitate capacity development foremost of which is the conduct of mentoring programs for project staff. In December 2007, selected technical staff from the central and field level underwent a workshop on “Technical Notes and Success Stories Writing,” to come up with working drafts of the materials which the project will build on as more quantitative and qualitative data become available in Year 5. Initially, component directors and their co-authors were able to draft technical notes on the following topics: 1) Mobilizing Business Associations to Increase Employee’s Access to Family Health Services in Large Workplaces (Component 1); 2) BEST Midwives: Developing New Players in the FP Market (Component 3); Improving Quality of Private Midwives’ Birthing Homes (Component 3); Expanding FP Choices in the Marketplace (Component 2). Aside from the drafts, PRISM staff also developed outlines for four other technical notes on emerging strategies of the project, which, depending on implementation results, could also graduate into full-blown technical notes. Five success stories were likewise drafted during the workshop but needed to be strengthened further using project data. Consequently, four were submitted to USAID for initial review in February 2008 and were returned with recommendations for further enhancements.

The second mentoring program, which focused on managing stakeholders, was conducted specifically for field level staff in Luzon, Visayas, and Mindanao. The orientation covered the following topics: 1) overview of PRISM mandate, legacies and results framework; 2) performance review (with emphasis on data and results appreciation); 3) message packages; and 4) advocacy principles. The sessions on advocacy were meant to empower field personnel with communication strategies and tools to enhance their persuasiveness in dealing with stakeholders.

The third is an “Orientation on Reporting Success” conducted for Luzon and Mindanao PRISM staff and grantees. The mentoring program covered various topics such as professional writing, effective reporting, and capturing project images, among others.

Aside from mentoring programs, PRISM also developed nine “talking points” (an in-house two-page briefer about PRISM) to help field staff, especially field implementing coordinators (FICs), communicate the project to various types of stakeholders. The project also developed an in-house “technical assistance brief” meant to guide field level staff on three issues of the technical assistance brief on reporting success, identifying best practices, and preparing success stories. The project also instituted a system to facilitate the preparation of USAID weekly highlights. An information sheet was developed for this purpose which aims to help field staff gather relevant information and be guided on appropriate photos to take so that the communications specialist can develop the story into a program highlight. The system also allowed field offices to hire a professional photographer to cover special events, especially those attended by USG/USAID officials.

Also to ensure that project team members, as well as PRISM grantees, are adequately guided on the USAID branding policy, PRISM developed two sets of guidelines each tailor-made to the specific needs of staff and grantees. The guidelines, which were packaged into a user-friendly CDs, also include templates of program materials (reports, certificates, PowerPoint slides, etc.) using proper USAID branding. Aside from the guidelines, the communications specialist would provide assistance in the development of event materials on a per need basis. This also extended to the preparation of PowerPoint templates/outlines to guide components and field offices during technical meetings with USAID.

In the middle of Year 4, the PRISM COP set additional guidelines for success stories and USAID weeklies to ensure that PRISM success are truly relevant to USAID’s strategic objective 3. The guidelines emphasized the need to highlight project impact, using project indicators. M&E data, along with grantee terminal reports, proved important sources of the needed quantitative data, and provided important leads for USAID weeklies, which can later be translated into success stories. The communications specialist also participated in grant close-out field validations and meetings to interview beneficiaries and partners for the qualitative aspect of project success. Based on the new guidelines, the communications specialist developed two success stories on project success in Bohol. The stories will be enhanced using survey data prior to submission to USAID. Various weekly highlights have also been submitted to USAID using data from M&E as well as baseline and end line surveys from grantee terminal reports. In fact, as a strategy to identify story ideas, and at the same time provide needed technical assistance to grantees in terms of branding and packaging of grantee terminal reports, the communications specialist became part of the PRISM team that reviews grantee terminal reports.

PRISM prepared and submitted to USAID its Year 3 Annual Report, three quarterly reports, as well as the quarterly ARMM and Mindanao program briefs. PRISM revised its Year 4 work plan to reflect the refocusing in the light of last quarter’s project evaluation. Given the newly refocused project direction, which concentrated on the development of local market models, the work plan now carries two additional sections (“Regional Activities” and “ARMM Strategy”).

# Regional Activities

During the last two quarters of Year 4, PRISM started shifting its regional strategies from a focus on “operationalizing the three major components at the field level” to one that actively maximizes private sector assets to create “local markets for family health.” This is meant to enhance the sustainability of PRISM’s initiatives by ensuring that private sector partners remain motivated to continue their work in FH because of the commercial or social benefits they continue to gain from the engagement.

This refocusing of regional strategies required PRISM to prioritize areas that showed the greatest potential for the development of local markets for family health. PRISM identified 12 Local Market Models (LLM), namely: 1) Metro Baguio; 2) Pampanga; 3) Bulacan; 4) Quezon City; 5) Cavite; 6) Laguna; 7) Cebu; 8) Bohol; 9) Leyte; 10) Davao del Sul; 11) General Santos; and 12) Cagayan de Oro. PRISM has started meeting with partners in local market model sites to design strategies that would enhance private sector assets in the areas. Parallel to this, the project carried on with the task of providing technical assistance to partners in the rest of the strategic intervention areas (SIAs), dubbed non-LMMs, towards documentation and close-out/turn-over of project experience to public sector partners.

## North Luzon Region

PRISM focused its efforts in developing the local market model for the three identified areas (Baguio, Bulacan, and Pampanga) which demonstrated high sustainability elements such as: 1) strong public-private partnership, 2) grantee’s desire and motivation to include the PRISM initiative as part of their regular businesses; 3) good referral system and presence of private sector in the strategic intervention area.

Towards this, PRISM provided technical assistance to the Bulacan Chamber of Commerce, Inc. (BCCI), Baguio Center for Young Adults (BCYA), and TRIDEV in developing their business plans to provide fee-based technical assistance for services on WPFH program. TRIDEV is working on their accreditation as an NGO in Pampanga to enable them to earn a seat in the health board. This will pave the way for their sole source status in installing WPFH programs among member companies of the Clark Development Corp. in Pampanga. TRIDEV and BCYA showed interest to become sub-distributors of FP MCH products for partner pharmaceutical companies. PRISM will factor this in the Year 5 work plan of LMMs.

## South Luzon Region

Towards the close of Year 4, the region has chosen three of its areas to become Local market models. These are Quezon City for the NCR, Laguna and Cavite. Corresponding multi-sectoral organizations were nominated to be the local market model drivers for the identified areas. For Quezon City it is the Quezon City Council on Population and Development (QCCPDI) which has agreed to take it on. Concomitantly, they are our workplace grantee covering 23 companies in Quezon City. For Cavite, the Family Planning Council (FPC), another multi-sectoral organization, has been created by an executive order (EO) by the provincial governor. For Laguna it is the Provincial Health Office Contraceptive Self Reliance technical working group (CSR-TWG).

These groups have pledged to take on the challenge of creating a model for local market development in the respective areas towards an integration of the PRISM components into the health system. The project regional office began building on their capacities to encourage and sustain public private partnerships to increase family health initiatives in Year 5 of the project.

## Visayas Region

### Cebu

*Commercialization of WPFH interventions and tools through OPTIONS and PrimeCare tie-up.* Health out-sourcing provider PrimeCare Cebu's interest in PRISM's WPFH program has presented the opportunity to pilot the intervention on a commercial basis by allowing the former to use and integrate the latter's WPFH methods and tools in its health products for the corporate sector. It represents scaling up of FH activities originally undertaken by OPTIONS under its grants-assisted project and leveraging of private sector resources. An additional (estimated) 1,500 men and women in workplaces will benefit from family health interventions using private sector resources. It also offers sustainability opportunities for current grantee OPTIONS, Inc, its partners, and others in the private sector.

*CHD-Grantee collaboration in FP & MCH IEC development.* PRISM Visayas has successfully facilitated collaborative relationships between grantees MCCI, OPTIONS, and PhilDHRRA with the local CHD along IEC development and advocacy work. CHD-7 has eagerly responded to continuing requests from grantee organizations for assistance in IEC materials development and reproduction. Making use of existing DOH and PRISM resources, grantees have tailored these materials to suit their varied audiences. Grantee PhilDHRRA and CHD-7, with technical support from PRISM jointly developed IEC materials for use among cooperative groups. This initiative has allowed the CHD to enrich its IEC resources to meet varied audiences and requirements.

## Bohol

Activation of coop-based BnB Express outlets as alternative distribution network facility for FP & MCH products. Months of hard work to establish an alternative FP & MCH commodity distribution system for at the community level finally paid-off for PRISM and its partners in Bohol. Foremost among these partners is Gershon Pharma, a Talibon (Bohol)-based pharmaceutical manufacturer and distributor and PITC Pharma territorial distributor for Bohol. Gershon Pharma has been responsible for allocating resources in conducting orientation programs for BANGON-assisted cooperatives on the BnB Express scheme; as well as collaborating with PITC Pharma, DOH-CHD7 and BFAD in evaluating coop qualifications and readiness, conducting pre-operation seminars and securing their special license to operate (SLTOs), and providing initial stocks.

Building workplace clinic capacities in FH through in-house PPM services. A new model in workplace FH service delivery is emerging in Bohol. Through technical and facilitation assistance from PRISM through grantee BANGON, two large-sized companies in Bohol now feature midwives (from grantee ILC-Bohol) in their clinics. The presence of these midwives has allowed the company to focus on the FP & MCH needs of its workers. The in-house midwives also serve as the employees' link to external or referral resources including ILC-assisted PPM birthing homes for safe deliveries. This initiative demonstrates the integration of all three project components and institutionalized in the company setting.

## Leyte

Integration of commodity distribution in FH service delivery points to ensure greater accessibility of FH commodities in the grassroots. An initiative to boost family health commodity supply in grassroots organizations is moving forward in Leyte province. DKT popshop owner and operator LEFADO (a local MW association and ILC-Bohol's partner in the SAFEMOM2 project) has expressed interest in expanding its work with MW clinics and making available FP and MCH products to pharmacies owned and operated by PhilDHRRRA-assisted coops Isabel Bay MPC and Perpetual Health Credit Coop in Leyte. Once established and operational, this distribution scheme will make available much needed, high quality and low-priced FP commodities to over four thousand intended users in cooperatives demonstrating the synergy of all three PRISM components in the local market.

Promoting public-private cooperation in FP through coop-LGU servicing arrangements. The PRISM project in the Visayas, through grantee PhilDHRRRA, has facilitated the linkage between assisted coops and LGUs in meeting coop members' FP and MCH needs. In Leyte, Ciabu MPC in Bgy. Ciabu, Baybay City has been linked with the Baybay City RHU for provision of FH products and services. Two other coops, PHCCI and IBMPC, although equipped with in-house project-trained health providers, still tap their respective RHUs to complement in-house FH service provision.

## Mindanao Region

PRISM national and regional staff conducted preliminary meetings and environment scanning of databases to discuss prospects for setting-up the local market model in Mindanao. Based on discussion, the region is currently working on two LMM models. These are regional models with action centers based in Davao City and Cagayan de Oro City. The main considerations for selecting the two areas are:

- Presence of private sector partners willing to take a central role in sustaining private sector initiatives in family health
- Opportunities for expansion due to captive demand
- Evidence of support by the public sector notably CHD and DOLE to sustain family health service delivery in the workplace
- Presence of alternative marketing distribution system for quality, low-priced family health supplies

The Davao City Chamber of Commerce and Industries, Inc. (DCCCII) will be the focal institution sustaining private sector initiatives to expand family health implementation in the workplace. There are 100 member companies of DCCCII that may need technical assistance in the installation of the family health program. The existing referral system developed by KSFI will also provide the needed service delivery mechanisms in the workplace to ensure the implementation of quality family health programs. The regional CHD shall provide the mechanisms for sustaining support to private sector service delivery, particularly the PPMs.

The same modality is envisioned for Cagayan de Oro City, with the chamber of commerce playing a major role in providing technical assistance to its member companies, and CHD sustaining service delivery mechanisms for family health.

A third model is currently being reviewed involving General Santos City as the LMM area. The model is intended to address the family health needs of fishing-based companies in General Santos City with the SOCKSARGEN Alliance of Fishing and Allied Industries (SAFAI) as the major player in the local market model and the city health office providing the necessary support services.

## ARMM Region

In 2006, PRISM conducted a rapid assessment survey to determine the opportunities of the project in the Autonomous Region in Muslim Mindanao (ARMM). The results show that there is a very minimal presence of large corporations in the area, that there are no distributors of contraceptives in the area and that midwives in private practice are in fact limited in number and in their capacities to provide quality services.

Despite these findings, it was found that there are areas of opportunity that PRISM can explore to jumpstart and expand the contribution of the private sector in the delivery of much needed FP and MCH services in selected pilot areas in ARMM.

Specifically, there are several private sector-led initiatives, but these are sporadic and not sustained. In many cases these initiatives are one-time interventions that are often not well coordinated. There is a need to synchronize and coordinate private-led interventions in ARMM for improved health outcome and at the same time expand the participation of private-sector players in the delivery of health services, especially to the people and communities where they operate.

However, given the limited resources and time constraints of the PRISM Project, the opportunities identified were prioritized through the conduct of private sector opportunity mapping. This was done to determine the best opportunities for investing PRISM Project resources in mobilizing private sector capabilities and interests to increase their contributions to improved maternal and child health of the ARMM population

As a result of the mapping activities, the following opportunities were pursued with particular focus in the provinces of Maguindanao, Lanao del Sur and Basilan:

- Set-up and strengthen WPFH programs in large agricultural corporations
- Increase the flow of PHIC payments to accredited hospitals, physicians, and PPMs
- Assure reliable flow of commodities into ARMM
- Provide TA to DOH in mobilizing other private sector sources of funds outside of ARMM

*Set-up and Strengthen WPFH Programs in large agricultural corporations.* Prior to the conduct of any activity related to the installation of workplace family health programs in companies within the priority sites, the tools and training manuals were revised to fit the cultural sensitivities in the ARMM. The PRISM ARMM-team commenced WPFH installation activities in June 2008. The following companies were engaged:

- ALIP River Development And Export Corporation (ARDEXCOR), in Datu Paglas, Maguindanao
- Wao Development Corporation (WDC), in Wao, Lanao del Sur
- Super Highland Organic Banana Inc. (SHOBI), in Wao Lanao del Sur
- Manabilang Services Inc (MSI, formerly known as Mt Kalatungan Agri-Ventures Inc. 2 or MKAVI-2), in Bumbaran, Lanao del Sur

Under this strategy the team accomplished the following for Year 4:

- Secured Letters of Commitment (LOCs)
- Conduct of Program Management Team (PMT) Training
- Conduct of Family Health Educators Training
- Conduct of Enumerator's Training
- Consultations with the referral service providers



- Consultations with the PHOs and MHOs for public private partnership.

Some of the activities to complete the installation process for the four currently assisted companies will spill over to Year 5. At the same time, three more companies need to be engaged by the ARMM Team for Year 5. These include:

- Sta. Clara Agrarian Reform Beneficiaries Cooperative and Development Inc (SCARBCDI), in Lamitan, Basilan
- United Workers Agrarian Reform Beneficiaries Multi Purpose Cooperative (UWARBMPC), in Isabela, Basilan
- La Frutera Inc. (LFI) in Buluan, Maguindanao

*Increase the Flow of PHIC Payments to Accredited Hospitals, Physicians, and PPMs.* The project also made headway in facilitating consultative discussions between the DOH and PhilHealth regarding universal enrollment and the utilization of the capitation in the ARMM given its non-devolved set-up. As an inter-USAID CA effort, the consultations have led to the drafting of guidelines in the utilization of capitation funds. For Year 5, PRISM intends to facilitate the accreditation of six private practicing midwives in the ARMM to strengthen private providers' capacities and increase access to quality family health services in the underserved population of ARMM.

*Assure Reliable Flow of Commodities into ARMM.* Potential partners have signaled an interest to distribute contraceptive commodities in ARMM through their existing network including the possibility of partnering with our target cooperatives that intend to set-up Botika ng Bayan (BnB) to be able to service members located in hard to reach barangays (villages).

These partnerships will be further pursued in Year 5 as a parallel effort in technical assistance that will be provided to cooperatives in the installation of their workplace family health programs and at the same time serve as support of PRISM ARMM-Team to ALPHAMED in the marketing and distribution of new contraceptive products to ARMM.

*Provide TA to DOH in Mobilizing Other Private Sector Sources of Funds Outside of ARMM.* PRISM made valuable contributions in the development of the ARMM-wide Investment Plan for Health (AIPH) particularly in defining possible involvement of the private sector in health service delivery in the region. As a result, a public-private partnership strategy has been allocated a section in the AIPH document which serves as the blue-print for health sector reforms in the ARMM in the medium term.

For Year 5, PRISM will provide TA to DOH-ARMM in crafting the interim private sector strategy that will provide strategic directions in the engagement of the private sector in the ARMM. In addition, the ARMM team will pursue discussions with the League of Corporate Foundations (LCF) for possible inclusion of health in ARMM as an agenda for the LCF Board and for possible inclusion in the CSR activities for 2009.

# SECTION 3: PROJECT MANAGEMENT

## Policy Compliance

### Orientation/Training Sessions

In Year 4, PRISM conducted 173 orientation / training sessions for its partners and recipients, with a total attendance of 6,600 participants. There were 1,098 male and 3,357 female participants who received information and awareness campaigns on policies that ensured informed and voluntary decision making in family planning.

Most of the orientation sessions were conducted by grantees, PRISM, and midwives. Participating companies, government, and non-grantee private partners also conducted orientation sessions. The following table shows the distribution of these events by the organization that conducted the orientation, and by gender.

**Table 13. Summary of Orientation Sessions on Family Planning Statutory and Policy Compliance**

Organization Type	Number of Events	Male Participants	Female Participants	Total Participants
Grantee	79	399	1,082	3,626
Midwives	27	0	663	663
PRISM	26	87	352	439
PRISM and grantee	9	113	169	282
Grantee and participating company	8	257	494	751
PRISM and partner (non-grantee)	8	61	179	240
Participating company	7	108	300	408
Private partner (non-grantee)	3	31	40	71
Government partner	2	29	37	66
Government partner and mid-wife	2	0	28	28
PRISM and government partner	2	13	13	26
Grand Total	173	1,098	3,357	6,600

*Note: About 2,000 participants are the estimated number of listeners to the radio program where the information on informed choice and voluntarism was discussed by PRISM partners. Another 145 live audience members did not have information on gender.*

Audiences of these orientation/training activities were varied. These included grantees, mothers in the communities, company managers and staff, provincial population office staff, midwives, Family Health Management Teams of companies, peer educators in companies, human resource officers, company nurses, municipal health officer, doctors, and cooperative officers and members.

## Monitoring of Facilities

The actual FP policy compliance monitoring was done by PRISM field staff and on rare occasions, with partners. A total of 130 facilities and 134 service providers were monitored during the year. In addition 91 FP clients were interviewed.

A suspected violation of the Tiaht provision for “no incentives to service providers” was investigated in Bohol province, but it was found that there was no actual violation. Information from government health officers reached the PRISM field implementation coordinator that the PRISM grantee birthing home owned by IMAP (Integrated Midwives Association of the Philippines) Bohol chapter might be giving two hundred pesos incentive to city health office midwives for every IUD case referred. The informant stressed however that she has not confirmed for herself whether the information was true. The investigation was conducted by the PRISM field implementation coordinator for Bohol, Primitivo Fostanes, the provincial coordinator for USAID-funded HealthGov Project, and the Provincial Health Officer, Joy Pepito.

A vulnerability case in Mexico City Policy was reported by PRISM to USAID wherein a grantee, Institute of Maternal and Child Health, admitted to receiving funds from Marie Stopes, an organization that is known to provide menstrual regulation (MR) service, a procedure that may be used to abort a fetus. Two other vulnerability cases in Mexico City Policy were found and reported to USAID during a separate training-workshop for USAID Office of Health Projects.

## Training-Workshop for USAID Office of Health Projects

On September 24-25, 2008, a training workshop on “Informed Choice and Voluntarism Compliance Monitoring” was held as a follow-through to the “United States Government Family Planning Statutory and Policy Requirements Workshops” conducted in Year 3 for USAID Office of Health projects and partners. This activity was initiated by PRISM and facilitated by Dr. Lemuel Marasigan, Senior Technical Director, Private Practice Initiatives, PRISM; Dr. Edward Tandingan, Senior Technical Adviser, SHIELD (Sustainable Health Improvements through Empowerment and Local Development) Project); and Dr. Cesar Maglaya, Quality Assurance and Improvement Specialist, Strengthening Local Governance for Health Project.

Among the 46 participants were staff members of USAID (10) and of cooperating agencies namely PRISM (12), HealthGov (8), SHIELD (9), TBLinc (8), HPDP (5), and HealthPro (2). After the training, they were expected to be familiar with the statutes and policies, to be able to provide orientation sessions on the same to their partners, and to conduct monitoring visits and interviews.

The training had a one day lecture and knowledge sharing session followed by a day of practicum (clinic visits) using the monitoring tools. The participants were grouped into 12,

with 3–4 participants per group. An equal number of public and private clinics were visited (6 public and 6 private).

Of the 12 clinics visited, two were found to have vulnerabilities to the Mexico City Policy. The Clinica Nenita Midwifery and Medical Services, whose midwife claimed to have Family Planning Organization of the Philippine (FPOP) as her referral facility for intrauterine (IUD) device insertion and removal and voluntary surgical contraception (VSC). FPOP is known to receive funds from international organizations that promote abortion. The midwife claimed that no referral has been made so far to FPOP. The other one is the Parang Maternity Clinic, whose midwife attended a Menstrual Regulation (MR) training in Bangladesh as evidenced by her certificate which is displayed in the clinic. She stated that the clinic neither provided MR nor abortion.

## Grants Management

### Current Grants Profile

A total of six new projects have been added to the total grants portfolio of PRISM. Of this, five are under the second Phase of Birthing Homes project under Private Practice Initiative and one under the Market Development Component. Given these additions, the current total number of grants projects stands at 50. Of these, twelve (12) have been completed and one was terminated upon request of the grantee. This leaves PRISM with 38 projects currently being implemented at various stages all over the country.

Total grant value of all the projects is PhP150,745,193.95 and current disbursement rate is at 73.01 percent or PhP110,058,568.96.

### Updates on previous RFA

*RFA No. 2007-03-02 - Establishing a Sustainable Training System for Intra-Uterine Device Insertion and Removal, No-Scalpel Vasectomy and Bilateral Tubal-Ligation for Private Health Providers.* The negotiation for FriendlyCare to handle the project has not been pursued. Instead of having a national entity managing and implementing the project, local institutions shall be engaged to establish the training centers in their respective localities. The regional offices will assist in identifying and engaging these institutions.

### Grants Consolidation

Entering the 4th quarter of fiscal year 4, the spending rate under grants lagged behind its target rate. Almost all of the grantees have been experiencing delays in terms of submitting their deliverables which then heavily affected PRISM's burn rate. To address the situation, the Grants Team initiated a consolidation activity consisting of a thorough review of all grantees and their respective projects and catch-up planning.

The review focused on the social context of the grantee in relation to their targets (midwives or companies), their capacity and willingness to continue the project, as well as the necessary support from PRISM to adequately guide the projects to proper completion. The catch up plan shows what the grantee can realistically deliver given their projects' remaining timeframe and budget.

The catch-up planning facilitated the development of a modified target, budget, and timeframe for grants projects. In summary, the number of companies under the workplace component remains almost the same except for two grantees which increased their number of companies to cover the number of employees they committed to the project. The PPI component needs to catch up with its target because the catch-up plans of grantees under the said component showed a reduction of 20 midwives. This was due to some grantees using up their resources and closing out without actually achieving their targets.

It must be mentioned here that accreditation considers schedules and capacities of midwives involved in the project as well as PhilHealth's action on applications – factors that are sometimes beyond the grantees control. There are cases when all trainings and support have been given yet accreditation is still not happening.

## Current Priorities for Grants Management

After the grants consolidation initiative, the Grants Team's focus shifts from administrative to proactive monitoring. With no more room for extensions in view of PRISM's own timeframe, the Grants Team deems it important to monitor timely delivery of milestones. It is also of utmost importance to Grants Team to properly guide all grantees to proper midterm and close out processes. Forms have been sent out and distributed to guide both PRISM staff involved in project monitoring and the Grantees.

The recent catch-up planning sought to address the difficulties encountered during initial project implementation phase. Difficulties include: (1) finding replacements for companies/midwives who dropped-out; (2) getting commitments from companies to install FP/MCH program in their workplace; (3) availability of employees to attend capacity building activities as they could not afford long hours away from work; (4) obtaining data from respondents; and (5) fast turnover of personnel.

The PRISM regional teams sat down with the grantees jointly explored solutions or strategies to address the above issues. FICs and grantees jointly worked to expand the latter's universe in terms of possible workplace targets: such as cooperatives, SMEs, Call Centers, and any other workplace institutions receptive to PRISM's initiatives. Trainers and trainings are becoming more flexible, being broken down into batches and modules, to accommodate the schedule of the target participants. The FICs continue to strengthen their relationships with the grantees to cultivate trust and confidence that could facilitate sharing of data related to the project. While current trainings are focused on individuals in the project management teams, grantees are also encouraged to develop second generation of leaders that could possibly take over in case current members of the PMT decided to leave.

The regional offices are now closely monitoring all projects to watch out for potential problems. Year 4 is a crucial period for project implementation and long delays will no longer be acceptable in consideration of PRISM's own timeline. The modified grant agreements will no longer accommodate no-cost extensions.

## Grant Funds

*Grant Disbursements.* Total cumulative disbursement as of end of September 2008 is US\$2,408,350, a significant 77.14 percent of total grants amount committed by PRISM. The grants team conducted financial review in 27 grantees for Y4. Common findings include:

- using of grantee's general fund
- no appointment letters for project personnel
- company beneficiaries' cost-shares are not reported

To strengthen financial management at the grantee level, finance officers of the regional offices were encouraged to provide technical assistance to the grantee. Their role is to primarily check if the accounting system being used is according to the system prescribed by PRISM and to ensure the grantee's compliance to financial review recommendations of the Grants Finance Officer (GFO).

*Status of Grant Funds.* For the whole grant making operation of PRISM, the total grant fund is US\$3,659,947. The general administrative fee for grants is US\$190,803. Grants financed through LOC is US\$6,617.00 which leaves an amount of US\$3,462,527 available for projects. Of the US\$3,462,527 available funds for grants, an amount of US\$3,122,009.28 has already been committed by end of September 2008.

The amount US\$40,125.95 for IUD insertion under the Market Development Component is expected to be awarded by January 2008. The amount of US\$300,391.77 is the buffer that will protect the grant funds from foreign exchange fluctuations. Cumulative exchange rate losses for payments made as of end 30 September 2008 is US\$181,592.83.

Since PRISM's grants are now in its final year, there is also the possibility that the amount of the awarded grant amount (\$3,122,009.28) might still be further reduced because of the limited timeframe. Reduction of grantees' deliverables with corresponding reduction in budget may occur. If this should happen, grant funds that will be freed from projects shall be converted to operations.

## Upcoming Solicitation

With the current directions of Market Development component, the RFA for the "IUD Insertion" (January to March 2009) project is still up for solicitation.

# Project Administration and Finance

## Human Resources

*Staff Performance.* During the period, PSAU developed a quarterly performance assessment form and a professional development plan (PDP). The tool was revised further to include behavioral indicators and specific target deliverables with reference to the unit deliverables. Management used the PDP to monitor staff achievements and advances in professional development for Year 4. The HR Manager also developed a Year 4 training plan, based on staff development needs identified in the Year 3 performance evaluations. The following were the identified development needs during the last QPE.

- Technical Writing (response coming mostly from technical staff like the FICs, PAs)
- Presentation Skills
- Communication
- M & E
- Management/Leadership Skills Training
- Events Planning/organizing
- Software training - MS Excel and SPSS, Powerpoint presentation
- Basic Computer Skills (for Office Assistant/Driver)
- Stock Monitoring/Inventory
- Bookkeeping
- IMS
- Knowledge Management

A comprehensive training for FICs was conducted, which included modules on communication skills, working effectively with partners, and technical updates and skills training.

Based on partial tally of performance ratings across different factors, the following were the results (with a score of 5 being the highest score):

### Strengths:

Work Quality	4.43 average rating
Team Spirit/Interpersonal Relationship	4.48 average rating
Admin & Coordination	4.41 average rating

### Weaknesses:

Knowledge Sharing	4.26 average rating
Communication Skills	4.32 average rating

The average rating for Work Habits and Productivity is at 4.38.



In Year 4, seven STTA consultants have been engaged in the following disciplines: technical writing, ARMM, health MIS, IT, TA to PhilHealth, over-the-counter registration for Comp 2, and photographing.

Monitoring of personnel policy compliance continued and timekeeping policy was reinforced.

*Organizational Structure.* As the year came to a close, PRISM saw the need to revise the organizational structure to meet requirements for Year 5 such as previous year activities spilling-over in Year 5, national level institutionalization of PRISM components, local level institutionalization of PRISM initiatives through the Local Market Models and documentation and close-out obligations. The main changes in the Year 5 structure are as follows:

- A Documentation Cluster was established to coordinate the work of information systems and monitoring and evaluation, communications, behavior change communication and grants
- The PSAU assumed finance and administrative functions of regional offices with corresponding abolition of administrative assistant positions in the regions
- Luzon was divided into two separate regions (N Luzon and S Luzon) while Visayas and Mindanao regions are retained. The TOM, KMS and Project Assistant positions were abolished
- 12 identified SIAs (3 for each of 4 regions) are converted into Local Market Models staffed by an LMM Manager. Each regional director assumes direct responsibility for one LMM in the region and thus, 8 new LMM positions are created. FIC positions were abolished

Existing staff were considered and placed in available positions based on seniority, performance, familiarity with the work and management's judgment of likelihood of succeeding in the assignment. Overall, there is a total of 59 staff for Y5 as against 71 staff in Y4.

## Administration and Finance

*Project Audit.* The Administration and Finance units have been active in providing the necessary assistance and facilitation to the conduct of program financial audit covering the period of expenses from September 2004 to December 2006. The response to the audit findings was submitted to the auditor last November 5, 2007. Chemonics received a copy of the final audit report submitted to USAID last December 7, 2007. The report incorporated the necessary changes to address the valid arguments raised in Chemonics response. The audit exit conference was held on January 30, 2008 at USAID. Additional response and documentation was provided by Chemonics International to USAID on July 2008. USAID Management Decision Memo on the Audit Report was received last September 5, 2008. Out of the \$208,589 total questioned costs, \$31,491 was deemed unallowable. Further, the Mission determined that Chemonics' corrective actions appeared to be adequate and responsive to the audit findings. The unallowable cost was credited to the contract through

the project's September invoice to USAID. The closure of the exercise will happen upon validation of the new procedures contained in the revised PRISM Policy Manual.

*Office Move.* The lease of the Wynsum office ended last February 2008 and turn-over of office space was effected to the Metro Bank management by 29 February 2008. Process for selection of appropriate office space was conducted during the last quarter of 2007. There were at least 10 available office spaces considered for lease. An agreement has finally been signed between Chemonics International and Ponderosa Resources, Inc. to lease office unit in the 15th Floor of Robinsons Tower located at ADB Avenue corner Poveda Street Pasig City. Office move was completed last 29 February 2008; final touches for the fit-out works and cabling were completed by 2nd week of March 2008.

*Streamlining Office Policy and Procedures.* The Administration Unit undertook a number of initiatives in order to streamline office procedures most significant of which was on equipment management. The unit updated and re-structured the Inventory List of Equipments to ensure that all items were accounted for (from serial numbers to property number). This entailed actual physical count and issuance of equipment and MRs (Memorandum Receipts) to employees for equipment accountability.

In order to comply with the recently concluded audit, PRISM conducted a Finance and Administrative Systems Review Workshop last April 24-25, 2008, attended by regional accountants and admin staff from the central office and regional offices. Proposed changes in the policies and procedures have been incorporated in the PRISM Field Office Personnel and Operations Manual. Affected sections of the manual include: (1) procedures on travel and travel related expenses; (2) use of project vehicle; (3) general guidelines on appropriate office decorum; (4) procurement integrity; (5) inventory of commodities, furniture, equipment; (6) guidelines on cash advances; and (7) administration of petty cash fund. The Field Personnel Manual is currently being finalized incorporating the comments from the home office. This will be distributed to the staff by end of October 2008.

*Internal review of the financial records for 2007 for the central and regional offices.*

Compliance to the findings continue to be monitored by the Sr. Accountant. During this period, the Chemonics HR Director, visited the field office for a thorough review of the PRISM policy manual and recommended changes so that the manual will appropriately outline the expected behaviors, procedures, and performance expectations for staff.

*Project Close-Out.* The project is in its final year of implementation. The PSAU will be focusing its efforts on planning for close-out in the next two months and the actual close-out process by January 2009. Regional offices will close by June 2009 and the central office by September 14, 2009. Plan for close-out activities will involve contracts termination, inventory, accounting/banking, personnel, records, reporting and shipment.

## Financial Report

The following expenditures have been incurred under the PRISM contract. Available fund for Y5 operations is USD5,350,953.

**Table 15. Status of PRISM Expenditures as of 30 September 2008.**

Particulars	Amount	Percent of Obligated Funds
Contract Value:	\$32,036,699	
First quarter expenditures, October to December 2007	\$1,889,067	
Second quarter expenditures, January to March 2008	\$1,686,035	
Third quarter expenditures, April to June 2008	\$1,521,945	
Fourth quarter expenditures, July to September 2008	\$1,490,910	
Total expenditures for Y4 (October 2007 to September 2008)	\$6,587,958	
Cumulative expenditures to date, October 2004 to September 2008	\$26,685,746	83%
Contract funds remaining (available fund for Year 5)	\$5,350,953	17%
Funds currently obligated through 14 September 2009	\$32,036,699	
Obligated funds remaining	\$5,350,953	17%

PRISM's current financial status according to the budget breakdown in the PRISM contract is as follows:

**Table 16. PRISM Financial Status According to Breakdown in the Contract, as of 30 September 2008.**

Cost Elements	Project Budget by Component	Expended to Date (Thru 9/30/08)	Percent of Expenditures	Contact Funds Remaining	Percent Funds Remaining
CLIN 1: Workplace Initiatives	\$8,256,363	\$7,765,724	94%	\$490,639	6%
CLIN 2: Market Development	\$8,760,324	\$7,940,199	91%	\$820,125	9%
CLIN 3: Private Practice Expansion	\$11,360,065	\$8,443,521	74%	\$2,916,544	26%
CLIN 4: Grants Fund	\$3,659,947	\$2,536,302	69%	\$1,123,645	31%
GRAND TOTAL	\$32,036,699	\$26,685,746	83%	\$5,350,953	17%



# SECTION 3: LESSONS LEARNED

## On Workplace Family Health Program Design

PRISM conducted an in-house study of the project's experience in setting-up successful family health programs in workplaces. Specifically, PRISM sought to answer the following questions:

- What is the formula for successful installation of family health program in the workplace?
- Did PRISM inputs lead to desired outcomes?
- Are there emerging patterns of company response to assistance?
- Did the addition of MCH package increase or decrease FP program success?

With the conduct of the study, PRISM came out with rules of thumb for the successful setting-up of WPFH programs:

- Longer engagement /immersion (18 months) would allow better measurement of effects of assistance
- FP program packaged under MCH seems to be more acceptable, rather than a stand alone FP program
- Timely phasing of survey results is crucial to service delivery plan implementation
- Large companies remain the judicious choice for recruitment as they maximize return of investments
- People-oriented industries (e.g., call centers) respond most quickly with priming and right approach
- Quota- or production-based companies would benefit most from a customized info giving activity (e.g., radio programs), aside from one-on-one counseling

For the Grantees / TA providers (intermediary) level rules of thumb include: 1) significant work with relevant health program a must; 2) prior experience with private sector an advantage; and, 3) use of partners /gatekeepers recommended.

## On Working with PhilHealth to Facilitate Accreditation of Birthing Homes

PhilHealth direct technical assistance made a significant impact on the accreditation of PRISM's partner midwives and their birthing homes. The resources put into the orientation sessions, the pre-assessments visits both during and beyond the orientation sessions were well worth it. It facilitated not just the accreditation process itself but also the working relationships between PhilHealth and the midwives with PRISM likewise benefitting.

Flexibility and adaptability during the implementation of project is a good attribute to maintain as some ideas come up in the course of the project that must be accepted and tried for the sake of facilitating delivery of promised outputs.

### **On Clarifying Roles and Responsibilities in Project Monitoring**

As a support unit located at the PRISM central office, ISD attempts to provide technical back up to regional offices mainly through data analysis and presentation of primary and secondary data, technical assessments and review of deliverables related to data. As grants come to a close and the project transitions to LMM implementation, ISD's role as a support unit to regional and component units can not be over-emphasized. Technical assessments and review of deliverable is still the role of regional offices. Specific guidelines in the conduct of these two contract-related activities have been drafted and will be issued shortly. This is to firm up the roles and responsibilities of respective offices in order for the PRISM Project to be able to comply with contractual obligations.

### **Year 5 Workplan and Challenges**

As PRISM focuses its efforts in developing the market for family health products and services in 12 local market model areas (LMM), it also has to fortify its cooperation with national government agencies, namely DOH and DOLE, to ensure that timely technical assistance will be made available in said LMM areas.

In Year 5, PRISM will continue providing capacity building inputs to the chosen LMM drivers (PRISM former grantees or partners which have expressed interest to become the PRISM successor in the area) while linking them with DOH and DOLE and other technical support groups. PRISM will also work to complete its contractual obligations such as knowledge products, completion reports, among others. Vital to the completion of said obligations and smooth project closeout, PRISM must address the following concerns:

1. Year 4 data was used to choose Local Market Model areas for the project. The challenge remains for area managers and regional offices to ensure that services from these areas continue to be provided and measured. Three models are envisioned to anchor PMP data generation and collection: LGU-, NGO-, and council-led. The LMMs, in close coordination with the Monitoring and Evaluation Unit need to ensure that relevant PMP indicators are chosen, introduced, tracked, and documented. This will ensure that initial private sector assets will find their way into the health delivery reporting system. To start, indicators common between public and private sector data reporting can be used, including service data on FP new acceptors and current users, diarrhea cases and treated, pregnant women with at least four ANC visits, and deliveries attended by skilled birth attendants. Reporting lines also need to be drawn, from the company level/midwives clinic to the public sector reporting system where previously no system existed.
2. Revenues from PPMs need to be reviewed and documented to confirm that PRISM assistance will add value to their business enterprise. To do this, we need to put together a

database good enough to reflect and track revenues of PRISM-assisted PPMs. In light of the current workload of regional coordinators, STTA to help encode PPM revenue data is required.

3. USAID agreeing to the proposed revision of the BH accreditation definition will allow PRISM to meet its target, or at least move closer to it. Further, USAID's recent determination that IMCH did not violate the Mexico City Policy will enable the grantee and PRISM to move ahead. However, given the remaining project time, numbers which can adequately delivered by IMCH need to be agreed upon so that regions can determine how much of direct TA it needs to provide to make the target. On the other hand, other developments tend to hinder achievement of the target, such as the recent PHIC circular that requires that all midwives and doctors seeking accreditation must pay their membership dues three years in advance and the recently signed DOH administrative order mandating that all deliveries be performed in BEMONC centers.





# ANNEX A

Performance Indicator Reference Sheet
Strategic Objective: Improved health sustainably achieved
Intermediate Result: IR 2.1: Number of FP and MCH services providers in the commercial sector increased
<b>Indicator P9 (PRISM 3.1): Number of accredited birthing home facilities operating as private enterprise, where midwives do private practice for FP and MCH services.</b>
DESCRIPTION
<p><b>Precise Definition:</b> This refers to the number of birthing home (BH) facilities, either (1) PhilHealth-accreditable or (2) PhilHealth-accredited, where PRISM-supported private practice midwives (PPMs) provide FP and MCH services.</p> <p>Private practice for a midwife is when she renders family health services to clients' FP and MCH needs in exchange for revenues that pays for her own costs and whatever margins she can realize under the local market. A midwife can do it under any of the following circumstances:</p> <ul style="list-style-type: none"> <li>• She does it in a facility that she owns;</li> <li>• She does it in a facility that she does not own, but is owned by another private entity (private practice);</li> <li>• She does it in a facility that she owns, even when she may still be employed as a public sector midwife;</li> <li>• She does it in a facility, owned by a public entity (e.g., LGU), but dedicated to a private business enterprise in that its operations are funded by the revenues that it earns from the services that it provides and sells</li> </ul> <p>The BH PhilHealth accreditation process follows a series of technical assistance provision towards meeting accreditation requirements. BH accreditation status may either be:</p> <ul style="list-style-type: none"> <li>• PhilHealth-accreditable – refers to a birthing home that has completed and submitted application requirements to Philhealth for assessment/approval.</li> <li>• PhilHealth-accredited – refers to a birthing home with a certificate of accreditation from Philhealth.</li> </ul> <p><b>Unit of Measure:</b> Number. Number of birthing home facilities that are either PhilHealth-accreditable or PhilHealth-accredited.</p> <p><b>Disaggregated by:</b> major island group; accreditation status; implementing mechanism (grantee and non-grantee)</p> <p><b>Justification/Management Utility:</b> Midwives providing FP/MCH services under private enterprise operations like birthing homes are a major avenue for expanding affordable FP/MCH services to the broad range of C-D clients. PRISM aims to equip midwives with skills and motivation to provide PRISM-supported FP/MCH as part of their service menu, meet PhilHealth accreditation requirements and expand private practice. The expansion of the private practice in PhilHealth-accredited birthing homes will allow PPMs to extend added financial assistance to clients who are PhilHealth members/dependents and thus address the needs of the publicly –subsidized segment of the client population.</p>
PLAN FOR DATA ACQUISITION BY USAID
<p><b>Data Collection Method:</b> Quarterly progress report (QPR) of grantees; Individual reports of non-grantee participating PPMs</p> <p><b>Method of Acquisition for USAID:</b> PRISM Quarterly and Annual Reports</p> <p><b>Timing/Frequency of Data Acquisition:</b> Quarterly</p> <p><b>Estimated Cost of Data Acquisition:</b></p> <p><b>Responsible Organization/Individual(s):</b> Senior Technical Director; HMIS Specialist; M&amp;E Specialist</p>
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
<p><b>Data Analysis:</b> Quarterly by PRISM regional offices and annually by PRISM M&amp;E and HMIS specialists.</p> <p><b>Presentation of Data:</b> PRISM annual report</p> <p><b>Review of Data:</b> Quarterly and annually by PRISM Technical Resource Manager/M&amp;E specialist and HMIS specialist</p> <p><b>Reporting of Data:</b> Annually by PRISM COP, DCOP, Senior Technical Director, Technical Resource Manager/M&amp;E</p>
DATA QUALITY ISSUES
<p><b>Date of Initial Data Quality Assessment:</b> N/A</p> <p><b>Known Data Limitations and Significance (if any):</b> N/A</p> <p><b>Actions Taken or Planned to Address Data Limitations:</b> PRISM M&amp;E and HMIS specialists will conduct periodic data verification exercises. A recording system for FP/MCH services to be included in training of providers.</p> <p><b>Date of Future Data Quality Assessments:</b> N/A</p> <p><b>Procedures for Future Data Quality Assessments:</b> Annual involvement of M&amp;E and HMIS specialists who will review data base.</p>

# ANNEX B

**Accredited Birthing Homes**  
As of September 30, 2008

No.	Province/SIA	Family Name	Given Name	Clinic Name	Grantee/TA provider
<b>LUZON</b>					
1	Batangas	Merahan	Cecilia	CSM Maternity Clinic	non-grantee
2	Bulacan	Buan	Chona	Chona Lying In Clinic	non-grantee
3	Bulacan	Dimasin	Editha	Dimasin Maternity Clinic and FP Center	IMCH
4	Bulacan	Santos	Ma. Crislima	St. Jude Tenejero Maternity and Lying-in Clinic	IMCH
5	Cavite	Balontong	Florlyn	F.L.T.S. Lying In Clinic	IMCH
6	Cavite	Gala	Gina	Gina E. Gala Lying In Clinic	IMCH
7	Cavite	Manipis	Marciana	Manpis Lying-In and Maternity Clinic	IMCH
8	Cavite	Naguna	Circuncision	ACHAHS Lying In Clinic	non-grantee
9	Cavite	Pacto	Alma	Queen's Crown Lying-In Clinic	non-grantee
10	Cavite	Villar	Rosalinda	Sis and Morn Lying-in	IMCH
11	Laguna	Alvarez	Ma. Teresita	Tagapo Maternity Clinic and Laboratory Services	IMCH
12	Laguna	Belo	Ma. Cecilia	Mother of Jesus Maternity Clinic and Family Planning Center	IMCH
13	Laguna	Dayo	Rosalina	Rose Lying-in Clinic and Family Planning	non-grantee
14	Laguna	Lucero	Teodora	Doray's Paanakan	IMCH
15	Laguna	Templo	Susan	Templo's Maternity Services	non-grantee
16	NCR	Competente	Lyn	L.Y.N. Birthing Home Care Clinic	IMCH
17	NCR	Demegillo	Jean	Demegillo Lying In Clinic	non-grantee
18	NCR	Dotarot	Excedita	Dotarot Lying In	IMCH
19	NCR	Galit	Marivic	Isabela Midwife Clinic	IMCH
20	NCR	Susaya	Ma. Galilee	Barrientos Susaya Midwifery Services	IMCH
21	NCR	Desoyo	Remedios	Remarie Maternity & Lying-in Clinic	non-grantee
22	NCR	Manapat	Hazel	2M'S Maternity and Lying-in Clinic	IMCH
23	NCR	Naron	Delia	MC Naron Midwife Clinic	IMCH
24	NCR	Virrey	Trinidad	Trinidad Lying In	IMCH
25	NCR	Caspe	Florliza	Moonwalk Midwife Clinic	IMCH
26	NCR	Ibarrientos	Evelyn	St. Anne Rose Lying-in Clinic	non-grantee
27	NCR	Tiamson	Edna	ERR Maternity Clinic	non-grantee
28	Pampanga	Bautista	Teresita	CLABJANFAITH Birthing Home	IMCH
29	Pampanga	Castro	Amethyst	Amethyst V. Castro Birthing Home	IMCH
30	Pampanga	Labson	Criselda	Criselda's Birthing Home	IMCH
31	Pampanga	Lacquan	Grace	Divine Grace Birthing Home	IMCH
32	Pampanga	Pineda	Gloria	Gloria G. Pineda Lying-in Clinic	IMCH
33	Pampanga	Vergara	Olivia	Olivia E. Vergara Birthing Home Clinic	IMCH
34	Tarlac	Ferrer	Zenaïta	Ferrer Midwife Manage Care Clinic	IMCH

**Accredited Birthing Homes**  
As of September 30, 2008

No.	Province/SIA	Family Name	Given Name	Clinic Name	Grantee/TA provider
<b>MINDANAO</b>					
1	Davao del Norte	Bermudez	Dedith	Mercy Mom's Maternity Clinic	APMID
2	Davao del Sur	Alojado	Anita	Well Family Midwife Clinic	KsFI
3	Davao del Sur	Belleza	Imelda	Belleza FP and Maternity Clinic	KsFI
4	Davao del Sur	Cosadio	Rhodora	Rhodora Cosadio Well Family Midwife Clinic	KsFI
5	Davao del Sur	Delfin-Gornaz	April Dee	WFMC	KsFI
6	Davao del Sur	Escobar	Daisy Jean	Famhealth Midwife Clinic	KsFI
7	Davao del Sur	Margas	Melie	Maternity and Reproductive Clinic	non-grantee
8	Davao del Sur	Melindo	Analis	Well Family Midwife Clinic	KsFI
9	Davao del Sur	Pablo	Judith	WFMC	KsFI
10	Davao del Sur	Pallas	Consolacion	Citwide Maternity	KsFI
11	Davao del Sur	Rasonable	Tessie	Well Care Midwife Clinic	KsFI
12	Davao del Sur	San Gabriel	Karen	San Gabriel Well-Fam. Mid Cl	KsFI
13	Misamis Oriental	Legaria	Thelma	Infant Jesus Birthing Clinic	non-grantee
<b>VISAYAS</b>					
1	Bohol	Concon	Crisanta	IMAP Bohol Lying-in Clinic - Dao	IMAP Bohol
2	Bohol	Paras	Corazon	IMAP Bohol Lying-in Clinic - Talibon	IMAP Bohol
3	Bohol	Rances	Angela	IMAP Bohol Lying-in Clinic - Main	IMAP Bohol
4	Cebu	Estardo	Prima	Estardo Birthing Home	IMAP Cebu
5	Cebu	Naawi	Mary Jean	Danao Lying Clinic	IMAP Cebu
6	Cebu	Oliver	Mary Claire	Mary Claire's Birthing Center & FP Services	IMAP Cebu
7	Cebu	Parrng	Jovanet	Sto. Niño Lying In Clinic	IMAP Cebu
8	Cebu	Vargas	Renita	Rening Birthing Home	non-grantee
9	Iloilo	Penascosa	Josephine	Josephine Maternity Clinic	NORFI
10	Leyte	Cumpio	Melitona	Melitona Maternity Clinic	NORFI
11	Negros Occidental	Benedicto	Immaculada	Imm's Maternity Clinic	NORFI
12	Negros Occidental	Exala	Rosalie	Rose Maternity Clinic	NORFI
13	Negros Occidental	Fernandez	Yolanda	Yolanda Maternity Clinic	NORFI
14	Negros Occidental	Grandia	Espie Amor	Espie Maternity Clinic	NORFI
15	Negros Occidental	Pedroso	Dolores	Pedroso Well-Care Midwife Clinic	NORFI

