



USAID | **PHILIPPINES**
FROM THE AMERICAN PEOPLE

The Private Sector Mobilization for Family Planning (PRISM) Project

Project Monitoring Plan
(October 1, 2004 – September 30, 2005)

DECEMBER 7, 2005

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International Inc.

Contract No. 492-C-00-04-00036-00

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.

Table of Contents

Introduction	1
Overview of the PRISM Results Framework and Performance Indicators	3
Summary of Key Results Achieved.....	7
Project Performance: Results of Year 1 Project Implementation.....	9
A. Project Performance on SO3 Indicator	9
S03 Indicator: Contraceptive Prevalence Rate (CPR) for modern methods obtained in the private sector	9
B. Project Performance on Component 1 Indicators	10
Indicator 1.1: Conduct workplace population and family planning strategies among business associations	11
Indicator 1.2: Number of companies with new or improved family planning programs	12
Indicator 1.3: Number of companies with a workplace policy on family planning service provision	12
Indicator 1.4: Number of labor unions including family planning service provision as an element of collective bargaining agreements.....	13
C. Project Performance on Component 2 Indicators	13
Indicator 2.1: Sales of oral contraceptives and injectable family planning methods	14
Indicator 2.2: Proportion of public/private modern family planning market share.....	16
Indicator 2.3: Use of unsubsidized oral contraceptives obtained from the private sector	16
Indicator 2.4: Use of unsubsidized injectables obtained from the private sector.....	17
Indicator 2.5: Proportion of continuing modern family planning users who obtained their method from the private sector	17
D. Project Performance on Component 3 Indicators	17
Indicator 3.1: Proportion of participating midwives practices that include family planning services provision	17
Indicator 3.2: Proportion of users of oral contraceptive or injectables who obtained their method from a private midwife at last purchase	19
Indicator 3.3: Number of midwives whose revenue increased from family planning service provision.....	19
Indicator 3.4: Number of claims for reimbursements from PhilHealth for covered family planning services by private physicians	20
Challenges Encountered in the Preparation of the PRISM PMP Report.....	23
A. Baseline Data Collection.....	23
B. Preparation of Project Targets.....	24
C. Data Collection on the Status of Performance Indicators	24
Looking Forward: Key Activities Needed to Ensure Achievement of Year 2 Performance Targets	25
A. Critical Tasks for Components	25
B. Performance Monitoring System	26

List of Tables

Table 1:	Timeline for Acquisition of Data by Specific Indicators	8
Table 2:	Project Performance on SO3 Indicator	9
Table 3:	Percentage Distribution of Current Users of Modern Contraceptive Methods by Most Recent Source of Supply (All Women and Currently Married Women): 2005.....	10
Table 4:	Summary of Progress on Component 1 Performance Indicators	11
Table 5:	Summary of Progress on Component 2 Performance Indicators	13
Table 6:	Sales of Commercially Available Oral and Injectable Contraceptives Moving Annual Totals, 2003-2005	14
Table 7:	Private Share of All Modern Methods Among WRA 2004 and 2005	16
Table 8:	Contraceptive Formulations For Inclusion in PNDP 6th ed.....	17
Table 9:	Summary of Progress on Component 3 Performance Indicators	18
Table 10:	Extent of FP Services Provided by Private Midwives Results from Survey of Midwives Prior to BEST Training	18
Table 11:	Extent of FP Services Provided by Private Midwives	19
Table 12:	Percentage of Users of Pills and Injectables That Obtained Their Supply from a Private Midwife All women, 2004 and 2005.....	19
Table 13	BEST Midwife Revenues From FP Services: Comparative Months: Month before training and Oct. 2005	20

Introduction

The Private Sector Mobilization for Family Planning (PRISM), a USAID-supported project, aims to contribute to the overall goal of improving the quality of life of the population by increasing the participation of the private sector in the provision of family planning services and products. It hopes to achieve this by working with a broad base of partner organizations to provide affordable, accessible, and quality family planning services and products. Together with its partners, PRISM is implementing strategies that (i) promote the establishment of workplace FP program initiatives, (ii) develop a competitive market for family planning (FP) products, and (iii) expand private practice in the provision of family planning services. Using a “work through” approach, PRISM aims to build the capabilities of private institutional and individual service organizations to deliver family planning services and products to its ultimate beneficiaries – women of reproductive age (15-49).

The PRISM project Performance Monitoring Plan (PMP) is a management tool that was developed to facilitate continuous assessment of project performance on expected results over time, and to measure the extent to which the project contributes to overall achievement of USAID results. The PMP contains 14 performance indicators, their descriptions, plan for data acquisition, data analysis, anticipated data quality issues, review and reporting procedures.

This report describes project results for the period October 1, 2004 to September 30, 2005. Project performance is reviewed against indicators and targets outlined in the life of project PMP approved by USAID in May 2005.

Overview of the PRISM Results Framework and Performance Indicators

The development of PRISM's Performance Monitoring Plan (PMP) was guided by the results framework illustrated in the diagram on the next page. It shows how the project supports USAID/Manila's Strategic Object 3 (SO3): *Desired family size and improved health sustainably achieved*. The project has immediate impact on USAID's Intermediate Result 2 (IR 2): *Provision of quality services by private and commercial providers expanded*. It directly supports increasing the number of commercial sector providers (sub-IR 2.1), improving the quality of family planning service provision (sub-IR 2.2), and increasing sales of unsubsidized contraceptives (sub-IR 2.3). The diagram also shows that PRISM activities contribute to IR 3: *Greater social acceptance of family planning achieved*, and IR 4: *Policy environment and financing for provision of services improved*.

It hopes to contribute to these ends by mobilizing business organizations, pharmaceutical companies, and service providers to collaborate in implementing key activities in the following components:

Component 1: Workplace Initiatives – This component is increasing the formal sector support for family planning (FP) counseling, motivation, service delivery or referrals in workplaces by engaging business associations, and mobilizing support of member firms and labor unions to install FP programs in the workplace.

Component 2: Market Development – This component aims to establish viable mass market brands of hormonal contraceptives in the commercial sector.

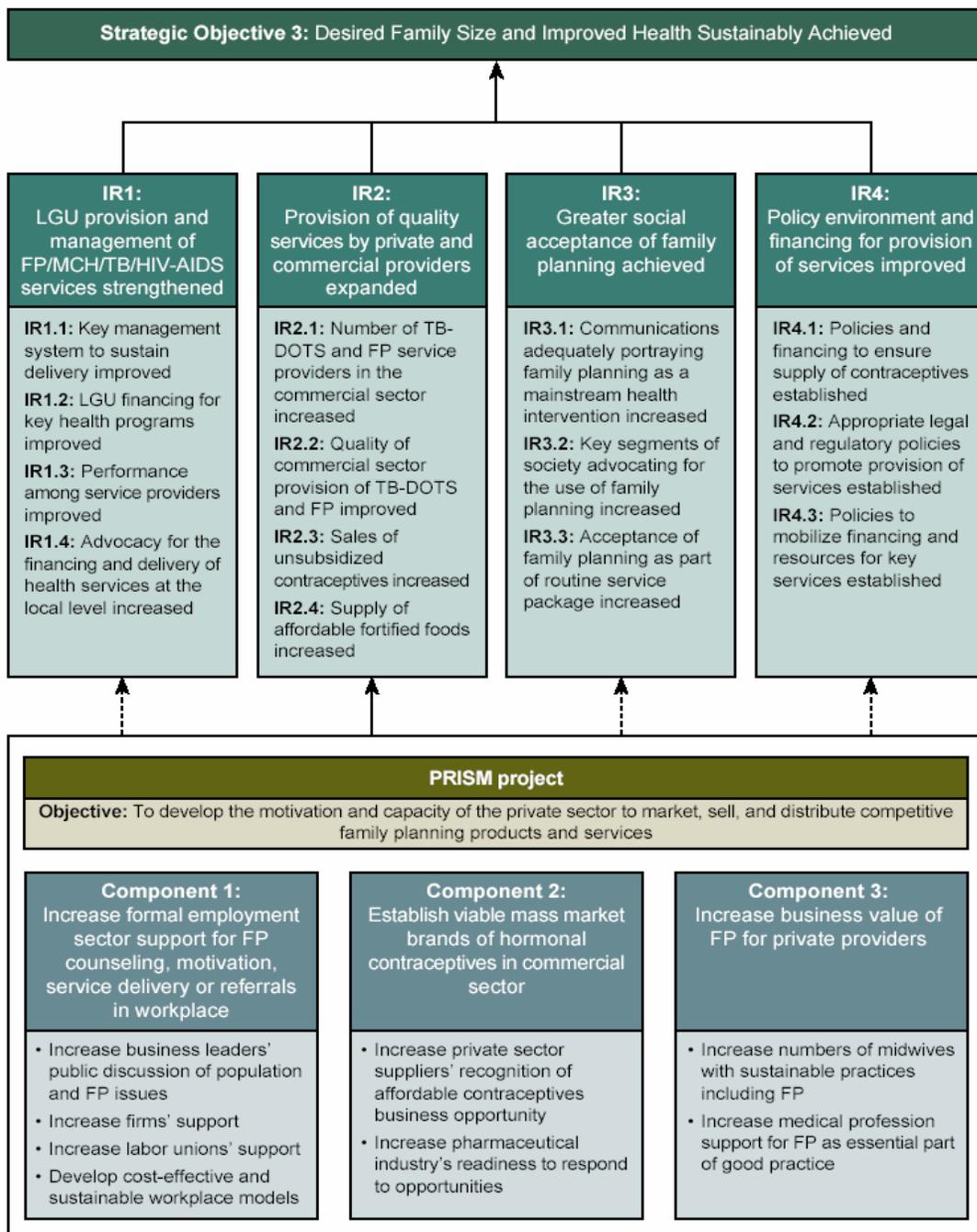
Component 3: Expansion of Private Practice – This component aims to increase the business value of FP for private providers. It supports activities that develop the capacities of midwives and other medical professions to provide quality FP products and services.

At the end of the project, PRISM's achievement of its objectives and its impact on the beneficiaries will be evaluated against four outcome and seven process indicators. The following outcome indicators describe end-of-project measures and targets that will show project contributions to the achievement of USAID's strategic objective. These indicators have been included in the PMP, together with project indicators that will be monitored.

PRISM Outcome Indicators

1. Increase the contraceptive prevalence rate (CPR) for modern methods obtained from private sector sources from a baseline in 2002 of 10 percent to 20 percent in 2009
2. Increase the CPR for modern methods among married women of reproductive age (MWRA) who are gainfully employed from a baseline of 36 percent in 2002 to 50 percent by 2009
3. Increase the use of unsubsidized contraceptive pills in the private sector from a baseline in 2002 of 9.1 percent to 53 percent in 2009

PRISM Results Framework



4. Increase the use of unsubsidized injectables in the private sector from a baseline of 7.3 percent in 2002 to 28 percent in 2009

Process Indicators of Performance

1. Increase in the reported importance of population and family planning issues in opinion surveys of the business community
2. Develop a sustainable model of effective workplace counseling and referrals for family planning
3. Increase the number of workplaces that adopt a model for family planning counseling and referrals
4. Increase the use of existing and newly introduced, affordable contraceptives and increase private sector sales of hormonal contraceptives and intrauterine devices (IUDs)
5. Maintain an adequate supply of private sector oral and injectable contraceptives
6. Increase the number of midwives in private practice and other private practitioners providing family planning services
7. Increase the use of PhilHealth, private health insurance, or third party benefits for IUDs, bilateral tubal ligation, and non-scalpel vasectomies

To effectively stir project implementation towards these project results, the Performance Monitoring Plan submitted to USAID serves as a guide for continuously reviewing project progress towards its intended results. Implementing the PMP involves the periodic collection of performance information on specific indicators, assessment of the state of project implementation, and identification of areas for improvement. The following are the performance indicators outlined in the PMP, namely:

Strategic Objective 3 Indicator

1. Contraceptive Prevalence Rate (CPR) for modern methods obtained in the private sector

Component 1 Performance Indicators: Workplace Family Planning Development

2. Conduct workplace population and family planning strategies among business
3. Number of companies with new or improved family planning programs
4. Number of companies with a workplace policy on family planning service provision
5. Number of labor unions including FP services provision as an element of their Collective Bargaining Agreements (CBAs)

Component 2 Performance Indicators: Contraceptive Market Development

6. Sales of oral contraceptives and injectable family planning methods
7. Proportion of public/private modern family planning market share.
8. Use of unsubsidized oral contraceptives obtained from the private sector
9. Use of unsubsidized injectables obtained from the private sector
10. Proportion of continuing modern family planning users who obtained their method from the private sector

Component 3 Performance Indicators: Expansion of Family Planning Services

11. Proportion of participating midwives practices that include family planning services provision.
12. Proportion of users of oral contraceptive or injectables who obtained their method from a private midwife at last purchase
13. Number of midwives whose revenue increased from family planning service provision.
14. Number of claims for reimbursements from PhilHealth for covered family planning services by private physicians

Summary of Key Results Achieved

In Year 1, the project was able to achieve more than expected in three performance indicators and performed less than planned in four performance measures. Data for the other seven indicators, mostly from public survey data, was not available to allow for an assessment of project performance.

The project showed clear results in meeting its performance targets from activities related to the BEST (Business Enhancement Support and Training)-trained midwives. These achievements can be summarized as follows:

An increase in the average revenue of BEST Trained midwives due to family planning. A rapid appraisal among 91 of the 211 BEST Midwife graduates revealed that 59 percent of all the trainees have experienced increased revenues from FP services by an average of P 1,410 per month. The major source for the increase came from the sales of contraceptive products such as pills and injectables purchased from pharmaceutical companies.

An increase in the proportion of private midwives providing family planning services. While most private midwives were already providing family planning services (includes provision of counseling, dispensing of contraceptives, and providing referral services) prior to project intervention, this proportion was further increased to 81 percent as a result of the BEST Training Program. Among the FP services mentioned, the largest increase was observed in the dispensing of contraceptives, with 77 percent of the midwives now dispensing various methods compared to only 25-55 percent prior to the training.

An increase in the proportion of privately sourced modern family methods. Based on the planned result of achieving a 34.6 percent share of modern family planning methods that are privately sourced, the current figures reflected in the FPS 2005 (35.6 percent) show that the market has performed better than expected. When compared with the 2004 baseline figure of 33.1 percent, the 2005 proportion has improved by 2.5 percent. The current year figure also indicates that the market share of privately sourced modern methods is growing much faster when compared to the trends in 2000-2004 when this share was increasing by an average of of 2.1 percent per year.

Performance for the following indicators, on the other hand, did not meet their intended results for the period, namely:

1. Conduct of workplace population and family planning strategies among business associations
2. Number of companies with new or improved family planning programs
3. Number of companies with a workplace policy on family planning service provision
4. Number of labor unions including FP services provision as an element of their CBAs

Component 2 results (1-4 above) were not met due to delays in the completion of critical inputs needed to initiate firm-level activities such as the development of an installation manual and assessment tools needed for workplace FP program development. Activities, however, are currently in various stages of development and expected to be completed in December 2005.

For the performance indicators enumerated below, the measures depend on national survey data, IMS, or PhilHealth reports that are not yet available or are disseminated only in limited form. For example, the initial results of the FPS 2005 only provided information on overall modern method use and women of reproductive age (WRA) data on public-private shares. The absence of these data therefore did not allow for an analysis of project performance relative to planned results for the period. PRISM shall provide updates on these indicators when the FPS dataset is made available by the National Statistics Office (NSO) to PRISM or USAID. Sales data and PhilHealth claims statistics, on the other hand, will be available in 2006.

Table 1. Timeline for Acquisition of Data by Specific Indicators

Indicator	Source of Data	Expected Date of Availability
Contraceptive Prevalence Rate (CPR) for modern methods obtained from the private sector	FPS 2005	Jan 2006
Sales of oral contraceptives and injectable family planning methods	IMS 2005	Feb 2006
Use of unsubsidized oral contraceptives obtained from the private sector	FPS 2005	Jan 2006
Use of unsubsidized injectables obtained from the private sector	Not available	
Proportion of continuing modern family planning users who obtained their method from the private sector	FPS 2005	Jan 2006
Proportion of users of oral contraceptive or injectables who obtained their method from a private midwife at last purchase	FPS 2005	Jan 2006
Number of claims for reimbursements from PhilHealth for covered family planning services by private physicians	PhilHealth Report 2005	Jun 2006

Project Performance: Results of Year 1 Project Implementation

This section describes the performance of the project in achieving the intended results for the period as laid out in its Performance Monitoring Plan. A summary of progress per component is provided below followed by a detailed discussion of achievement for each performance measure. Details on the indicator definitions and measurement are provided in the last section of this report.

A. Project Performance on SO3 Indicator

S03 Indicator: Contraceptive Prevalence Rate (CPR) for modern methods obtained in the private sector

In collaboration with other Cooperating Agencies, PRISM contributes to the USAID result of achieving significant improvements in the use of modern contraceptives from private sector sources. From a baseline of 11.5 percent of all married women of reproductive age who are using a modern method and sourced from the private sector, the project intends to contribute to the achievement of a 20 percent CPR by 2009. For 2005, a 1.1 percent increment over the baseline year of 2004 was planned.

Table 2. Project Performance on SO3 Indicator

Performance Indicator	Baseline (2004)	Planned 2005	Actual 2005	Change/ Variance
Contraceptive Prevalence Rate (CPR) for modern methods obtained from the private sector	11.5 %	12.6 %	Data not yet available from FPS 2005	NA

To date, given the limited information available from the latest family planning survey (FPS 2005), the achievement of the planned target CPR for modern methods obtained in the private sector among MWRA cannot yet be assessed as available information is only for “All Women”.

The preliminary results from the FPS 2005 however show a slight increase in the use of modern methods from 35.1 percent in 2004 to 35.9 percent in the current year. Other relevant information available in the current survey are summarized in the following table:

Table 3
Percentage Distribution of Current Users of Modern Contraceptive Methods by Most Recent Source of Supply (All Women and Currently Married Women): 2005

Source	FPS 2004		FPS 2005		% Change 2004-2005	
	WRA	MWRA	WRA	MWRA	WRA	MWRA
CPR for modern methods (all sources)	21.2%	35.1%		35.9%		0.8%
CPR for modern methods obtained from the private sector	7.0%	11.5%				
Sources of Modern Methods*						
Public	65.0%	65.4%	63.2%		1.8%	
Private	33.1%	32.8%	35.6%		2.5%	
Others	1.1%	1.1%	1.1%			
Don't Know	.8%	.7%	.1%		(.7%)	

* only includes Male and Female Sterilization, Pills, Injectables, IUD, and Condom
Source: FPS 2004, FPS 2005 (initial)

B. Project Performance on Component 1 Indicators

During the period, PRISM activities for the component focused on forging partnerships with major business groups, developing interest for family planning among individual firms/establishments in the field, and developing systems and manuals for establishing workplace family planning programs. Planned results however have not been met due to the following:

1. Delayed completion of baseline data collection tools such as the FP Need Assessment instruments and the Workplace FP Index, both used for firm level program planning and development.
2. The installation manual that will be used as the basic template for the installation process is still being finalized. The component deemed it necessary to take into account the lessons learned from previous workplace FP programs prior to the development of the manual. A study of existing programs was also undertaken as additional inputs to development of PRISM's brand of a workplace FP program.
3. Delayed development of training modules for workplace service providers and FP management team members. It became necessary for the component to finalize the workplace FP program design, develop the installation manual, and then identify the training requirements for the program.

Table 4. Summary of Progress on Component 1 Performance Indicators

Performance Indicator	Baseline (2004)	Planned 2005	Actual 2005	Change/Variance
Conduct workplace population and family planning strategies among business associations	0	2	Ongoing	NA
Number of companies with new or improved family planning programs	0	2	Ongoing in 13 firms	NA
Number of companies with a workplace policy on family planning service provision	0	2	Ongoing in 3 firms	NA
Number of labor unions including FP services provision as an element of their CBAs **	0	0	Implementation of CBA provisions ongoing in 41 firms with labor groups	NA

** PRISM is working with labor groups that have existing CBAs that have FP provisions

Indicator 1.1: Conduct workplace population and family planning strategies among business associations

During the reporting period, PRISM carried out high-level discussions with five major business groups that included the Philippine Chamber of Commerce (PCCI), Employers Confederation of the Philippines (ECOP), Trade Union Congress of the Philippines (TUCP), Personnel Managers Association of the Philippines, and PhilExport. At the field level, provincial FP teams likewise linked with regional/local sub-units of these organizations. Commitments of these organizations to support PRISM activities were concretized through the signing of Memoranda of Agreements that defined the key areas for partnership with PRISM that included capability building needs, interest building family planning, and support for workplace FP development.

The implementation of strategies jointly identified with PRISM and the business associations are in various stages of development but have yet to be launched or cascaded to field units and/or member organizations. PRISM, for example, is currently working with PCCI for the dissemination of information on benefits for FP methods that are included in PhilHealth's list of medical procedures that can be claimed or reimbursed by employees. The Mindanao Business Council has also conducted joint planning sessions among various business organizations under its umbrella. During the sessions, cooperative strategies for workplace FP development were identified. Fourteen provincial Chambers of Commerce had so far indicated their support for PRISM projects in the region. ECOP, on the other hand, conducted five regional roundtable discussions for strengthening the implementation of the provisions of Article 134 and DO 56-03. Three regional labor-management fora involving business leaders, HR managers and labor union leaders were also conducted with the aim of harmonizing the understanding of labor and management about FP and the provisions of national policy issuances supporting workplace FP development.

In partnership with PRISM, other mobilization activities were also held in preparation for succeeding year activities such as the Metro Cebu Export Processing Zone Chamber of Exporters and Manufacturers and the Subic Bay Metropolitan Administration which both organized a CEOs' forum to disseminate information about the importance of FP and the PRISM project. Also, PRISM and the Philippines Chamber of Commerce and Industry are finalizing the details of a grant for organizing the first FP Excellence Awards.

Indicator 1.2: Number of companies with new or improved family planning programs

During the period, PRISM has worked with the Philippine Business for Social Progress (PBSP) in undertaking baseline surveys, documentation of existing workplace FP programs, and development of a “How To” manual that will be used by PRISM contractors in the installation process. Through PBSP, 13 business firms that have expressed interest for either installation or strengthening of their workplace FP programs are currently undergoing firm-level baseline data collection activities and development of their respective programs using the data gathered.

Using a program design jointly developed by PRISM and PBSP, an installation process that will require at least six months to complete is being piloted in the target firms. At the end of the installation, capability building programs will have been completed to include the training of service providers and department level peer educators, preparation of FP work program, initial purchase of contraceptives, establishment of implementing policies on FP coverage for employees, establishment of an FP management team, and adoption of a financing mechanism to support program sustainability. Completion of installation activities in three business firms (CADPI, SCG, and PNM) is expected by December 2005.

In addition to 197 firms that do not currently have a workplace FP program, firms covered under pending grants in PRISM will also be targeted by the component. These organizations representing a total of 64 business firms are the following: Lopez Group of Companies, Cagayan de Oro Chamber of Commerce, and Cavite Chamber of Commerce.

Indicator 1.3: Number of companies with a workplace policy on family planning service provision

Achievement of targets under this indicator will depend on the progress of installation activities in targeted companies. Initially, PBSP is providing technical assistance to four business firms for the development of implementing policies or guidelines for establishing their workplace programs, namely:

- Central Azucarera de Don Pedro (700 employees)
- On Semicon or SCG (1,200 employees)
- CM (14,00 employees)
- Intel (5,800 employees)

PRISM has also worked with business organizations for the establishment of enabling policies that will be adopted by member firms. In Mindanao, activities along this line have resulted to the endorsement by the Mindanao Business Council of a resolution supporting workplace FP and enjoining its member organizations and their respective members to implement FP programs. A total of 14 local chambers of commerce have responded to the MBC call and have prepared action plans. ECOP is also working for strengthening the implementation of Art 138.

Indicator 1.4: Number of labor unions including family planning service provision as an element of collective bargaining agreements

A total of 41 labor unions were targeted in 2005. These groups represent members of the TUCP and FFW labor groups who attended the three batches of social mobilization or outreach training/planning sessions. All those trained are employed in business organizations with existing Collective Bargaining Agreements (CBA) that already include family planning-related provisions. The individual work plans focused on undertaking various outreach activities that are aimed at generating interest on installing a workplace FP program among their respective employers.

Three regional labor-management fora were also conducted in Luzon, NCR, and Mindanao to orient both labor unions and employers on current updates on national policies and prepare common action plans for workplace FP development. Plans are underway for the conduct of a national labor summit to be supported by the project in Year 2.

C. Project Performance on Component 2 Indicators

PRISM intends to make significant changes in the commercial contraceptive market by expanding the availability of commercially available and unsubsidized oral and injectable contraceptives. It intends to achieve this by working with pharmaceutical companies and drugstore associations in the development, marketing, and distribution of contraceptive products.

For the period, no assessment of project performance in four out of the five indicators can be made due to the absence of current year updates from the sources identified in the PMP. For the lone indicator where data is available – proportion of public/private modern FP market share among women of reproductive age – planned result was achieved as growth in private market share has increased more than expected.

Table 5. Summary of Progress on Component 2 Performance Indicators

Performance Indicator	Baseline (2004)	Planned 2005	Actual 2005	Change/Variance
Sales of oral contraceptives and injectable family planning methods	10.5 M – Pills .12 M – Injectables	11.1 M – Pills .13 M - Injectables	2005 IMS report will be available only by Feb. 2006	NA
Proportion of public/private modern family planning market share.(WRA)	33.1 percent - Private 65.0 percent - Public	34.6%- Private	35.6% - Private 63.2 percent - Public	2.5% - Private 1.8% -Public
Use of unsubsidized oral contraceptives obtained from the private sector	12.7%	15%	Data not yet available from preliminary FPS 2005 report	NA
Use of unsubsidized injectables obtained from the private sector	7.7%	7.9%	No data available from FPS and NDHS	0.2%
Proportion of continuing modern family planning users who obtained their method from the private sector	82.4%	TBD	No data available from preliminary FPS report	NA

Indicator 2.1: Sales of oral contraceptives and injectable family planning methods

The planned results for this indicator are end-year targets/forecasts using sales data from the IMS report. Actual figures on market performance for 2005 therefore will not be available until February 2006. For this report, a glimpse of market trends is analyzed using moving annual totals of sales trends ending in the 3rd quarter of 2005.

Table 6
Sales of Commercially Available Oral and Injectable Contraceptives
Moving Annual Totals, 2003-2005

Periods	Oral Contraceptives			Injectable Contraceptives		
	Total Units Sold (in cycles)	% Share	% Growth in Total Units Sold	Total Units Sold (in cycles)	% Share	% Growth in Total Units Sold
Q4 2004 –Q3 2005						
DKT Products	9,292,018	77.7	18.3	449,967	72.8	281.7
Others	2,662,676	22.3	-0.8	168,465	27.2	22.6
Total	11,954,694	100.0	13.4	618,432	100.0	142.2
Q4 2003 –Q3 2004						
DKT Products	7,854,011	74.5	14.4	117,900	46.2	
Others	2,685,196	25.5	4.0	137,397	53.8	-9.4
Total	10,539,207	100.0	11.5	255,297	100.0	68.4
Q4 2002 – Q3 2003						
DKT Products	6,866,566	72.7		0	0.0	
Others	2,582,895	27.3		151,590	100.0	
Total	9,449,461	100.0		151,590	100.0	

Source: IMS

Contraceptive Product Sales

The latest IMS sales report as of September 2005 indicates that total units sold in the last the last four quarters (Q4 2004 – Q3 2005) of the year for oral and injectable contraceptives have increased by 13.4 percent and 142.2 percent respectively, when compared with the same period in 2004. Growth in the volume sales of pills during the period was mainly driven by an expansion in the sales of Lady Pill (122 percent) which accounts for the second highest sales and market share of the pill market. The increase in the market for injectables on the other hand was mainly due to the significant increase in 2005 sales of DepoTrust of 282 percent when compared to the same period in 2004.

DKT products still account for the largest proportion of sales for both pills and injectables. Combined sales for Trust Pill (69.4 percent) and Lady Pill (8.3 percent) during the period 2005 accounted for 77.7 percent of total pills sold – roughly the same market share DKT products had

in the previous year. Likewise, DepoTrust and Depoprovera, also DKT products, accounted for 72.8 percent of the total for injectables.

PRISM Initiatives for the Year

PRISM activities for the year are focused on making an impact on three fronts: (1) increasing awareness and interest among pharmaceutical companies to respond to opportunities in the contraceptive market, (2) facilitating FP product registration and expansion of PNDF formulations for FP products through the Department of Health and Bureau of Food and Drugs (BFAD), and (3) building linkages with the Drugstore Association of the Philippines for training of drugstore clerks.

During the period, PRISM has worked with the DOH Technical Working Group and Philippine National Drug Formulary (PNDF) committee for the inclusion of nine new formulations to the sixth edition of the Philippine National Drug Formulary due to be released in early 2006. The TWG has endorsed the revisions to the Secretary of Health in support of the implementation of the Contraceptive Self-Reliance Plan of the DOH.

PRISM has also responded to pharmaceutical firms' request for improvements in the DOH procedures for registration of contraceptive products. A study on the current registration procedures in BFAD was conducted by a PRISM contracted consultant, in close coordination with the BFAD and the DOH technical working group, to identify streamlining activities within the organization. A senior consultant was seconded from PhilHealth by DOH to oversee the streamlining activities in BFAD by December 2005.

Consultative meetings with the Philippine International Trade Center (PITC), the agency responsible for parallel importation of drugs and medicines, have likewise resulted to the agency's interest in including FP products in their current menu of drugs and medicines sourced from the international market. When made available, the lower priced FP products will be distributed to over 6,500 Botica Ng Bayan outlets nationwide mostly composed of drugstores and pharmacies.

Other developments in the pharmaceutical sector including PRISM supported activities that may affect expansion of contraceptive products in the market are as follows:

- Pascual sale of Micro-Pill brand to local distributor, Dyna
- Price decreases on two high-priced brands of oral pills
- Distribution and marketing deals between multinational firms and local marketing/distribution firms, bringing three new oral pills and one new injectable brand on the market by January 2006
- USAID approval of grants that will support the launching or e-launching of FP products by 3 pharma firms (Organon, Schering, and ECE)
- Support provided by PRISM to DKT and Dyna for the development of IEC materials to be used in medical detailing.

Indicator 2.2: Proportion of public/private modern family planning market share

Table 7
Private Share of All Modern Methods Among WRA
2004 and 2005

Source	% Share		
	2004	2005	change
Private	33.1	35.6	2.5
Private hospital/clinic	8.8	8.6	0
Private doctors	.7	.6	-0.1
Private nurse	.1		-0.1
Private midwife	.4	.4	0
Pharmacies	21.4	24.1	2.7
Store	1.4	1.4	0
NGO	.3	.4	0.1
Industry-based clinic	.1	0	-0.1

Source: FPS 2004, FPS 2005

Preliminary results of the FPS 2005 show that the share of private sources for modern contraceptives increased by 2.5 percent from 33.1 percent in 2004 to its current level of 35.6 percent. Modern methods obtained from pharmacies registered the highest increase of 2.7 percent. Comparatively, public sources experienced a reduction by 1.8 percent suggesting a possible shift of sourcing from public to private sources as a result of the phasing out of contraceptives in the public sector.

Indicator 2.3: Use of unsubsidized oral contraceptives obtained from the private sector

Data not provided in the initial release of the FPS 2005 results. Initial report is expected to be available by December 2005.

PRISM provides support to DOH in identifying new formulations for oral contraceptives to be included in the sixth revision of the Philippine National Drug Formulary and fast-tracking of product registration by pharmaceutical companies intending to introduce new FP products.

Table 8
Contraceptive Formulations For Inclusion in PNDF 6th ed

Generic Name	Form and Strengths	Brand	Company
Desogestrel+ ethinylestradiol	Oral tab desogestrel 75 mcg	Cerazette	Organon
	Oral Tab ethinylestradiol 20 mcg Desogestrel 150 mcg	Mercilon Novynette	Organon ChemWorks
	Oral Tab ethinylestradiol 30 mcg Desogestrel 150 mcg	Marvelon	Organon
	Oral Tab ethinylestradiol 40 mcg Desogestrel 25 mcg	Gracial	Organon
	Oral Tab ethinylestradiol 30 mcg Desogestrel 125 mcg	Minese	Wyeth
Gestodene+ ethinylestradiol	Oral Tab ethinylestradiol 15 mcg Gestodene 60 mcg	Minulet Gynera	Wyeth Schering
	Ethinylestradiol+ norgestrel	Oral Tab ethinylestradiol 30 mcg Norgestrel 300 mcg	Lo-Gentrol

A Technical Working Group on Family Planning has been organized by the Department of Health that provides recommendations to the Secretary of Health on private sector-related policies that will enhance their support for CSR. The TWG has endorsed the inclusion of additional contraceptive formulations including injectables in the forthcoming sixth edition of the Philippine National Drug Formulary (PNDF).

Indicator 2.4: Use of unsubsidized injectables obtained from the private sector

No data for injectable brands used in the 2004 and 2005 national surveys is available. PRISM recommends that data for this indicator be derived from IMS data instead.

Indicator 2.5: Proportion of continuing modern family planning users who obtained their method from the private sector.

Data not yet available from initial report of 2005 FPS. Dataset is expected to be issued by 2005.

D. Project Performance on Component 3 Indicators

Performance for component indicators relating to the FP practice and revenue of BEST-trained midwives during the year show clear achievement of planned results. For other indicators, data is not yet available from the sources identified in the PMP.

Table 9. Summary of Progress on Component 3 Performance Indicators

Performance Indicator	Baseline (2004)	Planned 2005	Actual 2005	Change/Variance
Proportion of participating midwives practices that include family planning services provision	75%	50%	81%	31%
Proportion of users of oral contraceptive or injectables who obtained their method from a private midwife at last purchase	0.8%	2.0%	Data not available from initial FPS 2005	NA
Number of midwives whose revenue increased from family planning service provision.	0	30%	59 percent	29%
Number of claims for reimbursements from PhilHealth for covered family planning services by private physicians	1,263	1,642	No report available from PhilHealth	NA

Indicator 3.1: Proportion of participating midwives practices that include family planning services provision

Table 10
Extent of FP Services Provided by Private Midwives
Results from Survey of Midwives Prior to BEST Training

Services Provided (N=207)	No.	%
FP Counseling	126	61%
Pill Dispensing (initial)	114	55%
Pill Dispensing (re-supply)	88	43%
Injection/DMPA	91	44%
IUD Insertion	51	25%
Total Indicating that they are providing FP services	156	75%

Family planning is not a new service even among private midwives. Of the 211 BEST Midwife trainees, 75 percent indicated they were already providing FP services prior to the training. When probed on the types of FP services they provide, it is apparent that despite the reported high FP service provision, midwives' practices vary in the range of services they provide. Only 61 percent, for example, indicated that they are able to provide FP counseling while only 43-55 percent dispense pills. IUD insertion is practiced by roughly one out of four midwives. The component is considering the conduct of a rapid appraisal to determine the quality of FP services provided by midwives using DOH recommended protocols for counseling and dispensing.

The high FP practice rate among private midwives is expected since the course curriculum for midwives in the country include FP as an essential part of midwives training. This rate however is not suggestive of the quality of services provided by the midwives. Results of the Training Needs Assessment (TNA) administered to about 1900 private midwives showed that only 13 percent were able to pass the minimum score for knowledge on quality FP service practice.

Table 11
Extent of FP Services Provided by Private Midwives
Results from Survey of Midwives Prior to BEST Training

Range of services provided	Prior to training	After training (as of October 2005)
Providing FP services (includes counseling)	75%	81%
Dispensing contraceptives	25%-55%	77%

A survey performed in October 2005 aimed at determining the improvements on the practice of 91 trained midwives indicates that the proportion of those providing FP services has increased to 81 percent from the pre-training proportion of 75 percent while those who are currently dispensing increased to 77 percent from 25 percent-55 percent prior to the training.

Indicator 3.2: Proportion of users of oral contraceptive or injectables who obtained their method from a private midwife at last purchase

Table 12
Percentage of Users of Pills and Injectables That Obtained Their Supply from a Private Midwife
All women, 2004 and 2005

Methods	FPS 2004	FPS 2005	Change
Pills	0.3%	0.3%	0.0%
Injectables	0.2%	0.7%	0.5%
Total	0.3%	0.4%	0.1%

** figures are for WRA; no MWRA breakdown in initial report of FPS 2005*

Among pill and injectable users, private midwives are not a significant source for their contraceptives. In the initial report of the FPS 2005 show that 0.3 percent and 0.7 percent of all women who used pills and injectables, respectively, sourced their methods from a private midwife. No significant change can be observed when this proportion is compared with 2004 figures.

Indicator 3.3: Number of midwives whose revenue increased from family planning service provision

The survey conducted in October 2005 among BEST Midwife trainees also looked at the amount of revenues that was derived from family planning services. The findings show that among the 91 midwives covered by the survey, 45 percent of midwives previously providing FP services and 14 percent of those not providing FP services (total of 59 percent), have experienced

increased revenues from FP services that include counseling and FP product sales. The average increase in revenues for all midwives in the study was estimated at P 1,410.

Table 13
BEST Midwife Revenues From FP Services
Comparative Months: Month before training and Oct. 2005

Changes in Best Midwife Revenues	No	%	Ave. Increase in Revenues for the Month of Oct 2005 (in Pesos)
Providing FP Services Prior to Training	60	66%	
Increased revenues from FP	41	45%	1,559
Decrease in revenues	4	4%	868
Same sales	15	16%	
Not Providing FP Prior to Training	31	34%	
Increased Revenues from FP	13	14%	942
No income	18	20%	
Total	91	100%	1,410

After the BEST training, midwives were provided by medical representatives from pharmaceutical companies with starter kits containing pills and injectables. About 40 percent of the 91 midwives, indicated that they purchased additional pills and injectables equivalent to a total of 587 cycles of pills and 426 vials of injectables.

A significant proportion of BEST Midwives continue to purchase contraceptives. The survey revealed that 48 percent or 44 indicated they procured additional supplies of pills and injectables. Total pills and injectables purchased is estimated at 866 cycles and 323 vials respectively.

Indicator 3.4: Number of claims for reimbursements from PhilHealth for covered family planning services by private physicians

No information available to date for 2005. While an increase is expected in the same year as projected from historical trends, this may not yet be indicative of PRISM intervention as dissemination activities have not yet been initiated.

Preparatory activities for a more aggressive and sustained campaign are in the pipeline. Currently, PRISM is finalizing the development of information materials on PhilHealth benefits targeting business firms (through PCCI) and provider associations and their members.

A Technical Working Group composed of PCCI, DOH, and PhilHealth has also been formed to develop strategies for targeting and distribution of the materials.

Challenges Encountered in the Preparation of the PRISM PMP Report

Since its first submission in March 31, 2005, the Performance Monitoring Plan has undergone scrutiny as new information from the various baseline data collection activities was uncovered. The implementation of component activities in the first year also led to significant changes in strategies as realities in the field became clearer and PRISM tasks became more focused. Lastly, appreciation levels among component managers on the importance of the PMP and the need to synchronize work plans with performance indicators have likewise evolved. These difficulties, however, have resulted to a more critical review of the PMP document which in the end is expected to further improve not only its contents but also its use.

These learnings are briefly described below:

A. Baseline Data Collection

Some difficulties encountered in establishing project baselines which have likewise affected the achievement of planned targets included the following:

1. For population-based performance measures, data available during the preparation of the PMP was the NDHS 2003. A revision of the baselines and adjustment of the targets was made on the second draft of the PMP report submitted in March 2005. The same difficulty is also expected in reporting future performance as national survey reports, including PhilHealth and IMS data, are mostly released after performance reporting schedules.
2. Project-level baseline figures on the other hand depend on the engagement of and scheduling of participants in program activities – midwives to be trained, firms to be targeted for workplace (WP) FP installation, etc. Baselines for project based performance indicators (e.g. Proportion of BEST-trained midwives providing FP services, proportion of BEST-trained midwives with increased revenues from FP, number of business firms with new or strengthened FP program, etc.) therefore need to be reestablished on an annual basis as new providers, business firms, and other participants are involved in project activities.
3. Data collected by the NDHS and FPS do not elicit brand-specific information about use of injectables making it difficult to determine private and public sector brands. Baseline and targets used are estimates made by the Policy Project. No actual verification for the utilization trends therefore is available except for IMS sales reports which are expressed in quantities and peso sales.
4. Development of baseline gathering tools such as the workplace FP index has only been completed in September 2005. Piloting activities aimed at finalizing the instrument has already been scheduled.

B. Preparation of Project Targets

The establishment of clear and achievable targets depend to a large extent on the availability and quality of baseline data as well as overall appreciation by directors of the sectors targeted by their respective components. Except for population-based data where initial targets were estimated under the Policy Project, project level targets were much more difficult to establish. Some factors that delayed identification of targets are the following:

1. Monitoring systems at the activity level have not been fully integrated into the various data gathering instruments (e.g. pre- and post-test evaluations for BEST training, workplace FP index, profile of trainees, etc.) which made baseline data consolidation difficult.
2. Differences in some variables used in national surveys did not allow for standardizing measures used in trending and forecasting of targets specifically for continuing method use and brand recall for pill users.
3. While the basis of the current report is the approved PMP submitted in May 2005, some adjustments to indicators, definitions, and PRISM targets needs to be done to reconcile project results with the revised USAID results framework.

C. Data Collection on the Status of Performance Indicators

1. Project partners need to be oriented on the methods and instruments for data collection and analysis of PMP related data for them to provide appropriate and timely updates on progress. PRISM has provided technical assistance to partners for the development, installation, and initial analysis of study results (e.g. FP need assessment tools, workplace FP program design, PNGOC training assessment report).
2. Unavailability of data for population-based indicators. Latest FPS 2005 is a preliminary report that contains selected information. Dataset is not yet available for analysis of continuing method users and brand of pills currently utilized. IMS 2005 results would only be available on February 15, 2005.

Looking Forward: Key Activities Needed to Ensure Achievement of Year 2 Performance Targets

In Year 2 of the project, achievement of intended results will depend greatly on proper programming of work plan tasks and setting of appropriate timetables. Key tasks that remain uncompleted (e.g. completion of installation manuals, training modules, and development of field level action plans) in Year 1 that will affect the achievement of results in the current year will need close tracking or monitoring. This section details the critical tasks that will need to be given special attention by PRISM.

A. Critical Tasks for Components

Component 1: Workplace FP Development

- a) Follow-through activities with business organizations. The PRISM performance indicators call for the implementation of strategic plans by business organizations among its member firms. To support component objectives, these strategies need to be directed towards increasing interest among member organizations for workplace FP installation.
- b) Current and planned activities of the component are following three main avenues for implementing the workplace FP development program: (1) working through business organizations to increase interest for FP programs among top management of member firms, (2) working through labor groups by building on existing FP provisions in their Collective Bargaining Agreements (CBAs), and, (3) working through human resource groups to initiate discussion with their respective employers on stabling workplace FP programs. While the strategies have worked well in establishing a pool of companies that will potentially adopt the program, there is a need for coordinating project support and technical assistance providers efforts. Follow-through activities such as the provision of support for workplace FP installation for the 13 labor groups that PRISM has worked with, for example, need to be planned and resources allocated alongside PBSP target companies.
- c) As designed, the workplace FP program will entail the development and/or identification of technical assistance (TA) providers for providing training and technical support for installation activities. The training modules and technical support needed include: (1) program management on FP for HR and other members of the FP management team, (2) development of appropriate IEC materials and activities, (3) internal and external referral system, (4) monitoring and evaluating FP programs, and (5) financing alternatives
- d) Expanding pool of trainers and TA providers in the field with adequate skills in workplace FP installation.
- e) The component also targets companies that have previously established FP programs but need additional support to strengthen their programs. These companies have

existing programs that are in various stages of development and will require differing interventions.

- f) The installation process is estimated to last six months. This requires that all critical inputs and intermediaries for training and technical support are completed by April 2006. The component plan needs to be reviewed for the presence and timely completion of these activities

Component 2: Contraceptive Market Development

- a) For the market to expand as forecasted, activities aimed at hastening the expansion of non-subsidized products need to be pursued more aggressively.
- b) Roll-out plans and provision of grant support for the conduct of training of drugstore clerks

Component 3: Expansion of Family Planning Practice

- a) Implementation of the component re-strategy plan. This will include the completion of training modules, anticipation of partner's capabilities and resources available to implement the strategy.
- b) Conduct of an evaluative study into the proportion of providers that meet counseling and dispensing standards. The current baseline rate of 75 percent was derived from respondent's report on services they provide but with only 13 percent able to meet the knowledge tests on FP counseling, a better baseline will need to be established.
- c) Implementation of dissemination plan for IEC materials and activities aimed at increasing provider's awareness of PhilHealth benefits. Parallel dissemination activities may be needed in targeting eligible women (e.g. women's magazines, radio, organized women's groups) and linking them with provider groups.

B. Performance Monitoring System

1. Revision of the Performance Monitoring Plan to take into account the changes in USAID results indicators, availability of more reliable performance data, and other changes to indicator definitions and measures. Performance targets also need to be reviewed in light of these changes.
2. With the expected changes in the PMP, the current workplan will need to be realigned – timelines and activities to achieve these results have to be revised.
3. Development and installation of performance monitoring sub-systems (included in Year 2 Workplan of M&E) that will capture field level results and provide feedback on performance. These sub-systems need to consolidate performance data from different sources such as: (1) grant recipients, (2) Strategic Intervention Areas, (3) partners (e.g. PBSP, PNGOC, IRH), and (4) HO level collaborating organizations (eg. PCCI, ECOP, MBC, etc.).