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PRISM ANNUAL REPORT

OCTOBER 1, 2005 TO SEPTEMBER 30, 2006

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PRISM ANNUAL REPORT

YEAR 2 ANNUAL REPORT
OCTOBER 1, 2005 TO SEPTEMBER 30, 2006

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ACRONYMS

AO	Administrative Order
APS	Annual Program Statement
BCC	Behavior change communication
BEST	Business Enhancement and Support Training
BFAD	Bureau of Food and Drug
BLR	Bureau of Labor Relations
BoH	Banking on Health
BTL	Bilateral Tubal Ligation
BWYW	Bureau of Women and Young Workers
CBAs	Collective bargaining agreements
CCEF	Coastal Conservation and Education Foundation, Inc.
CEOs	Chief executive officers
CPR	Contraceptive prevalence rates
CSR	Contraceptive self-reliance
CTU	Contraceptive technology update
CUP	Chiquita Unifrutti Philippines
DOH	Department of Health
DOLE	Department of Labor and Employment
EBM	Evidence-based medicine
EBD	Evidence-based detailing
ECOP	Employers Confederation of the Philippines
ecozones	Economic zones
FAQs	Frequently Asked Questions
FP	Family planning
FPCs	Family planning coordinators
FP-MTs	Family Planning Management Teams
FPNA	Family Planning Needs Assessment
FWP	Family Welfare Program
GIS	Geographic Information System
HICs	Health insurance companies
HMOs	Health maintenance organizations
HR	Human resources
IEC	Information, education, and communication
IMAP	Integrated Midwives Association of the Philippines
IMS	International Medical Statistics
IRHP	Institute of Reproductive Health Philippines
IT	Information technology
IUDs	Intrauterine devices
LEAD	Local Enhancement and Development for Health Project
LGFI	Lopez Group Foundation, Inc.
LGU	Local government unit
LMCs	Labor-management councils

M&E	Monitoring and evaluation
MCH	Maternal and child health
MDs	Medical doctors
MFI	Micro-financing institutions
MFPI	Midwives Foundation of the Philippines, Inc.
MIS	Management information systems
NEDA	National Economic Development Authority
NGOs	Nongovernmental organizations
OC	Oral contraceptive
OHNAP	Occupational Health Nurses Association of the Philippines
ORBIT	Organization and Business Information Tool
Oro Chamber	Cagayan de Oro Chamber of Commerce and Industry, Inc.
PAFP	Philippine Academy of Family Physicians
PBSP	Philippine Business for Social Progress
PCCI	Philippine Chamber of Commerce and Industry, Inc.
PCCI-Cavite	Philippine Chamber of Commerce and Industry -Cavite Chapter
PCOM	Philippine College of Occupational Medicine
PFMP	Philippine Federation of Private Medical Practitioners
PHN	Population, Health, and Nutrition
PhilHealth	Philippine Health Insurance Corporation
PLGPMI	Philippine League of Government and Private Midwives, Inc.
PMP	performance monitoring plan
PMTs	Project Management Teams
PNDF	Philippine National Drug Formulary
PNGOC	Philippine NGO Council on Population, Health, and Welfare, Inc.
PPM	Private practice midwives
PRISM	Private Sector Mobilization for Family Planning Project
PSP-One	Private Sector Partnerships for Health
PSU	Project Support Unit
RFA	Request for application
RH	Reproductive health
RTDs	Roundtable discussions
SIAs	Strategic intervention areas
SMEs	Small and medium enterprises
SMS	Short message service
SSC	Strategic Coordinating Committee
STD	Senior technical director
TB	Tuberculosis
TRIDEV	TRIDEV Specialists Foundation, Inc.
TWG	Technical working group
UMAI	United Midwives Association, Inc.
USAID	United States Agency for International Development
WP-FP	Workplace-family planning

EXECUTIVE SUMMARY

This report covers the period October 1, 2005 to September 30, 2006 and features the key achievements of the Private Sector Mobilization for Family Planning (PRISM) Project under the program's three major Components —Workplace Initiatives, Market Development, and Private Practice Services Expansion.

A. The second year: creating the environment to enable scaling up

The integration of PRISM's three major components happens at the field operations level when workplace grantees, private providers, and pharmaceutical representatives work together to carry out activities geared towards the attainment of United States Agency for International Development's (USAID) strategic objective 3 i.e., desired family size and improved health sustainably achieved.

The second year of the PRISM Project implementation was a period of creating the environment to enable scaling up in terms of project results. The project's three components made extensive efforts to forge links with partners —subcontractors, civil society groups, and concerned government agencies — primarily by harnessing their capacities which enabled PRISM to substantially move forward its targets for Year 2.

"...the second year of the PRISM Project implementation was a period of creating the environment to enable scaling up..."

The following is an overview of PRISM's Year 2 implementation by component:

A1. Workplace Initiatives Component

Increasing formal employment sector support for family planning was the main objective for the Workplace Initiatives Component.

As expected, Year 2 was a busy year for the workplace. The groundwork activities of Year 1 resulted in the identification of potential workplaces in the strategic intervention areas (SIAs), building of relationships with potential partners, and conducting joint ground-breaking activities with these partners. Year 2 was also a period of consolidation where implemented activities strengthened and put into action the working relationships that were built with identified partners.

Team work accounted for the initial success of workplace programs. This teamwork went beyond PRISM's borders to include partners in the private and public sectors. The meeting of minds of partners, where there was once divergent views, yielded ideas that resulted in activities that brought in the desired results — meeting the performance monitoring plan indicators and meeting the expectations of partner-organizations. This is not to say that the team has done all that has to be done, for the evolution of the partnership still continues.

A2. It all started with a battle cry: 33, 10, 200!

As a team, PRISM was united under the slogan of “33, 10, 200.” This battle cry set the stage for recruiting 33 potential grantees, 10 firms per grantee linked with and recruited by the grantee, and 200 firms with workplace family planning (WP-FP) programs. The grants program was, and still is, seen as a catalyst which will trigger the roll-out of the program to grantees and firms. PRISM regional units’ efforts in identifying the number of target firms resulted in a projected goal of 202 workplaces with FP programs by end of December 2006...and with great initial results.



Executives of the Central Azucarera Don Pedro, Inc. (CADPI), the third biggest producer of raw sugar in the Philippines located in Nasugbu, Batangas, award a plaque of recognition to a member of its FP management team who contributed to the strengthening of the firm’s workplace FP program in a ceremony held in July 2006. CADPI was provided assistance by the PBSP, a PRISM subcontractor, in establishing a pilot FP in the workplace program.

Under the Workplace Initiatives Component, PRISM awarded six grants to partners. Three grantees have implemented the workplace program, two will start implementation by October 2006, and one for the FP Excellence Awards to be awarded in October 2006.

The workplace grantees are:

- Philippine Chamber of Commerce and Industry-Cavite Chapter (PCCI-Cavite)
- Cagayan de Oro Chamber of Commerce and Industry, Inc. (Oro Chamber)
- Lopez Group Foundation, Inc. (LGFI)
- Coastal Conservation and Education Foundation, Inc. (CCEF)
- TRIDEV Specialists Foundation, Inc. (TRIDEV)
- Philippine Chamber of Commerce and Industry, Inc. (PCCI)—FP Excellence Awards

Another 20 proposals are at various stages of evaluation and cost negotiations. They are expected to be awarded in December 2006. Thirty-six other proposals are under evaluation. Fifteen of these bids are projected to receive grants within 2006. Two of them are for conglomerates Advocate for Youth Foundation and the Lucio Tan Group. Although the grants to be awarded will involve predominantly firms with 200 employees or more, three involve small and medium enterprises (SMEs), two will cover cooperatives, and one is for male-dominated firms. The last two sectors are intentionally being pursued to reach employees that belong to the low-salaried group. The models that will come from these will add to the number of patterns that future replicants can follow

as standard for installing WP-FP programs. Grants will continue to be awarded until December 2006.

The table below sums up the substantial results of workplace activities.

Table 1: Performance versus PMP indicators

PMP Indicator*	Target	Actual	Performance
Number of national associations/partner institutions with capacity to implement workplace FP programs	3	4	133%
Target companies/cooperatives implementing PRISM-supported FP programs	202**	108	53.5%

* The MCH indicators are for finalization; Indicator Component 1.4 results will be obtained only in December 2006 when the grant period of the three workplace grantees will end.

**Until December 2006.

B. Market Development Component

The Market Development Component, in Year 2, centered on cementing the involvement of management of multi-national pharmaceutical organizations in the development of strategies to expand the commercial contraceptive market.

B1. Four new brands in Year 2

Significantly, close working relations with pharmaceutical companies ensured that at least four new contraceptive brands in the market were introduced. Thus, consistent provision of assistance to pharmaceutical partners in marketing these safe and affordable brands (Daphne, Lyndavel, Marvelon, and Seif) to private providers and potential users were undertaken, primarily by ensuring their participation during workplace FP events and midwives' community launches.



Residents of a *barangay* in Quezon City line up to get sample products and information materials in a booth set up by Schering Phils. Corp. during a community launch of BEST for Midwives graduates in May 2006. The pharmaceutical firm markets Seif in the Philippines.

C. Private Practice Services Expansion Component

For the Private Practice Services Expansion Component, Year 2 of the PRISM Project was an exciting period. The year began with a restructurization into the tiers of service providers and ended with a national strategy for private-practice midwives that focused on midwives with birthing homes. The changing and shifting strategies and priorities, with its corresponding changing indicators and targets, presented a challenge.

C1. Transferring technology and capacities to partners

Creating the environment to enable scaling up of project activities means the transfer of technology and capacities to local partners who are in appropriate positions to carry on the project initiatives beyond PRISM.

For the Private Practice Services Expansion Component, this was translated into enhancing the capacities of local subcontractors Philippine NGO Council on Population, Health, and Welfare, Inc. (PNGOC) and Institute of Reproductive Health Philippines (IRHP) in the conduct of the Business Enhancement and Support Training (BEST) for Midwives courses, and in the follow-up and monitoring of BEST graduates.

C2. Partnering with civic organizations and government agencies

It also meant tapping civic organizations, most notably the Rotary International, to get involved and assume the responsibility of promoting the private-practice midwives (PPMs) in the communities. Ten Rotary Clubs of the Rotary District 3780 Quezon City took in 16 midwives from the United Midwives Association, Inc. (UMAI) to adopt and help build up their practices.

“...tapping civic organizations... to get involved and assume the responsibility of promoting the private practice midwives...”

To any extent applicable, PRISM also worked with the Department of Health (DOH) and Philippine Health Insurance Corporation (PhilHealth) for better coordination and collaboration for the benefit of the private practices of health care service providers. These two government agencies were instrumental in building the capacities of PRISM specialists in providing orientation and technical assistance to private practitioners in terms of applying for DOH license and PhilHealth accreditation.

C3. Staff capacity building and tools development

PRISM built the capacities of its staff in terms of conducting the various activities — both for their own individual learning and also to facilitate conduct of the activities using in-house staff. Operational guidelines were issued that served as the basis for next steps by the operations unit. Towards the latter half of the year, in-house PRISM staff were tapped to conduct most of the activities as part of the cost-cutting efforts.

Tools were developed to facilitate the scaling-up efforts, including the follow-up and monitoring tools for the BEST graduates used by the PNGOC and IRHP subcontractors. Quality standards checklists were also drafted for each tiers of service providers

identified. The DOH and PhilHealth application requirements were also used to guide private-service providers in applying for license and accreditation.

The following table shows the performance status of the Private Practice Services Expansion Component:

Table 2: Benchmarks

Benchmarks	Planned Completion Date	Status	Remarks
200 private midwives complete BEST for Midwives	October 2005	Completed in September 2005	211 BEST graduates
Local promotional/advertising campaigns launched in initial BEST for Midwives training areas	October 2005	Started in October 2005	Packaging the community launch for BEST graduates started
Memoranda of understanding with workplace doctors and nurses associations signed	December 2005	Completed in November 2005	
3,000 private service providers certified through BEST for Private Providers program, as follows: <ul style="list-style-type: none"> • 800 privately practicing physicians • 200 workplace nurses and physicians (in 200 firms) • 200 FP management teams (in 200 firms) • 1,800 midwives 	September 2006	<ul style="list-style-type: none"> • 204 privately practicing physicians trained/ provided CTU • 206 workplace nurses and 78 company physicians trained/ provided CTU • 62 FP management teams trained • 762 private practice midwives trained 	The project had relied on the PAFP for the roll-out of training for private MDs, however, a change in leadership in PAFP in Quarter 2 became a hindering factor to this plan. The component had to shift to one-day CTUs to reach private MDs. Delays in subcontracts with local trainers led to ill-timed training sessions and fewer participants. Changing strategies and the wide implications thereof led to unreached year 2 targets.
1,500 pharmacy staff, pharmacists, drugstore owners and medical representatives trained	September 2006	44 Pharmacy staff; 8 regional trainers; 10 DSAP and 9 chain stores trainers trained for BEST for Pharm. staff as of Quarter 2	Training of pharmacists and pharmacy staff stopped during Quarter 2 per USAID directive

Benchmarks	Planned Completion Date	Status	Remarks
At least 1,500 BEST "graduates" followed up and monitored	September 2006	<ul style="list-style-type: none"> • Target changed to 211 Year 1 BEST graduates. • 193 out of 211 Year 1 BEST graduates followed up 	During review of PMP in Quarter 2, it was decided that 6 months after training, midwives will be followed-up and assessed for certification/quality; begins only in November
Soft "launch" community marketing/promotional strategies implemented for at least 1,500 BEST for Midwives graduates	September 2006	<ul style="list-style-type: none"> • Target lowered to 211 Year 1 BEST graduates. • 115 out of 211 Year 1 BEST graduates were provided assistance in launching their FP practice in their communities 	It was also decided that those that will be launched will be those that had been certified as BEST 6 mos. after training therefore will begin only in November 2006 following the monitoring.

KEY ACTIVITIES AND ACCOMPLISHMENTS: OCTOBER 1, 2005 TO SEPTEMBER 30, 2006

Below is a review of major project results that PRISM achieved in Year 2.

A. Workplace Initiatives Component

PRISM's Workplace Initiatives Component seeks to increase the formal employment sector's involvement and support for workplace family planning and the delivery of FP services to employees.

For this period, PRISM was able to build the capacity of four partner organizations (PCCI-Cavite, Oro Chamber, LGFI, and Philippine Business for Social Progress [PBSP]) in the installation of WP-FP programs in their respective member-firms, primarily through provision of trainers training to their key staff.

Through the intervention of partners, a total of 108 firms were able to implement their own WP-FP programs that benefited an estimated 100,000 employees in their reproductive ages.

"...108 firms were able to implement their own WP-FP programs that benefited an estimated 100,000 employees..."

A total of 133 family planning management teams (FP-MTs) and 13 grantees and partner institutions were trained on WP-FP installation.

Forums were conducted for chief executive officers (CEOs) and human resource (HR) officers of companies located in the 27 identified economic zones (ecozones) that resulted in the recruitment of 83 firms and three partners into the grants program.

A grant was awarded to the PCCI to institutionalize the FP Excellence Awards, which was renamed to Family Welfare Awards. The PCCI leadership assured PRISM of the program's sustainability.

Equally significant was the holding of a National Labor-Management Summit on March 30-31, 2006 in Lapu-lapu City, which resulted in the drafting of a resolution that was jointly signed by the participants supporting responsible parenthood, FP, and safe motherhood.

B. Market Development Component

Working closely with pharmaceutical partners, PRISM was able facilitate the introduction of four new contraceptive brands in the market, namely: Daphne, Lyndavel, Marvelon, and Seif. Likewise, steps were undertaken in providing support for regulatory approvals of new brands, as well as tariff and tax reviews.

PRISM also continued to work towards strengthening pharmaceutical firms' participation in BEST events, clinic and workplace family planning program launches, local government unit (LGU) events, and provider association conventions.

In December 2005, PRISM convened a CEO Summit where a consensus strategy, which aims to grow the commercial contraceptive market by 66 percent by December 2009, was agreed by the five CEOs and 13 marketing executives from the 12 major players in the commercial contraceptive market who participated in the event.

Also, as a result of the CEO Summit, the Strategic Coordinating Committee (SCC) was formed to develop and implement action plans based on an industry consensus marketing strategy.



Some of the delighted foreign delegates to the week-long Trade Mission that PRISM convened in Manila in March 2006.

In addition, PRISM organized the week-long Philippine Pharmaceutical Trade Mission in March 2006 that brought together six manufacturers from Thailand, India, and Pakistan, and 12 local distributors in the Philippines.

To respond to LGUs' demand to act as dispensing points for contraceptives, linkages were facilitated between five pharmaceutical companies (DKT, DYNA Drug, Schering, and Organon) and a total of 433 LGUs from PRISM's 28 SIAs.

C. Private Practice Services Expansion Component

The Private Practice Services Expansion Component seeks to increase the value and volume of FP products and services offered by private providers.

For this period, a total of 762 private midwives completed the BEST for Midwives courses. Also, 204 private-practice physicians, 78 workplace doctors, and 206 workplace nurses completed the different courses available to them.

Assistance was provided to 115 BEST for Midwives graduates in launching their private clinics in their communities.

Private service providers were linked to financial institutions through partnership with the Banking on Health (BoH) Project in holding two midwives matching forums in Luzon and Mindanao with a total of 886 private-practice midwives participants.



Participants to the Midwives Matching Forum in Davao City eagerly line up to avail themselves of products and services offered by microfinance firms, pharmaceutical companies, and other organizations during the event successfully conducted by the BoH Project and PRISM.

D. Cross-Cutting Activities

D1. Policy Support

A study was conducted to review the existing collective bargaining agreements (CBAs) filed and registered at the Department of Labor and Employment's (DOLE) Bureau of Labor Relations (BLR) to assess the inclusion of FP services provision, particularly in companies covering a minimum of 200 workers.

PRISM continued to provide assistance to the DOH in drafting and processing the letter request to the Bureau of Customs on the reclassification of intraaurine devices (IUDs) from the category "articles of copper" to "medical device."

The project provided the DOH with 17 newly-registered contraceptive products with approved formulations in the new Philippine National Drug Formulary (PNDF) edition, which comprised more than the required 50 percent of Bureau of Food and Drug (BFAD) registered contraceptive products to be included in the PNDP list.

D2. Monitoring and Evaluation

In the area of monitoring and evaluation (M&E), the following component-specific monitoring tools for the BEST for Midwives graduates and the workplace initiatives were developed:

- FP Index
- Family Planning Needs Assessment (FPNA) Survey
- Grantee Level Progress Reporting Tools
- Company Level Progress Reporting Tools

D3. Health MIS

Under Health MIS (management information system), the following two complementary, interconnected, and web-based management information systems were developed and installed:

- ORBIT (Organization and Business Information Tool), a web-based information system that is accessible through the internet with login and password security and access features. The tool was designed to store, view, edit or update and generate reports based on information regarding companies, drugstores and health providers.
- WebMapDecision, a Geographic Information System (GIS)-based decision-support tool designed to analyze indicators at the SIA or other geographic level and obtain color-coded maps or reports which are relevant to PRISM.

D4. Project Support

In Year 2, PRISM awarded a total of nine grants which support the following: establishment and maintenance of workplace FP programs, five awards; marketing of medium to low-priced contraceptive brands in the Philippines, three awards; and sustaining commitment to family planning in the workplace through an excellence award, one award.

Also, PRISM accomplished the following critical tasks through its subcontracts:

- Completed the “How to Set Up a Workplace FP Program” manual and then piloted and installed the Workplace Family Planning Models to five companies — PBSP
- Conducted Fertility Awareness and Fertility Awareness Based Method and for the BEST for Midwives Training course, training a total of over 655 midwives in 45 batches —IRHP
- Conducted BEST trainings and monitoring of graduates, training a total of over 645 midwives in 45 batches — PNGOC

PROJECT OVERVIEW

At 2.36 percent, the population growth rate in the Philippines is a serious burden on economic development. A main contributor to population growth is the relatively low prevalence of contraceptive use in the last three decades. About 67 percent of the family planning commodities and services distributed in the Philippines have been provided by the public sector free of charge (PDHS, 2003). Until recently, donors, led by USAID, have supplied the bulk of the contraceptive commodities distributed through public sector channels. In an effort to counter dependency on donor support for the national family planning program and to develop contraceptive sustainability in the Philippines, USAID is seeking to expand the market to the private sector. There is unmet need in the Philippines and a large proportion of users, particularly women in the work force, have the ability and willingness to pay for contraceptives. These groups comprise a large potential market for the commercial sector to tap.

PRISM Results Framework illustrates how PRISM supports USAID-Philippines' strategic objective 3, i.e., desired family size and improved health sustainably achieved (Annex 1). While the project is the main activity for achieving IR 2, it also directly supports IR 1: LGU provision and management of FP/MCH/TB/HIV-AIDS services strengthened through the market linkages that will be forged between LGUs and private sector contraceptive suppliers, and through linkages with those LGUs interested in serving as distribution outlets for contraceptives on a cost-recovery or revenue-earning basis. PRISM also feeds into IR 3: Greater social acceptance of family planning achieved, and IR 4: Policy environment and financing for provision of services improved.

The achievement of these intermediate results largely depends on efforts at providing three sources for family planning services: the workplace, the commercial sector, and private practitioners corresponding to the project's three main components. The strategic activities in each of the three technical project components are intended to help attain the overall project objective of developing the motivation and capacity of the private sector to market, sell, and distribute competitive family planning products and services.

A. Workplace Initiatives Component focuses on the workplace

The Workplace Initiatives Component seeks to increase the formal employment sector's involvement and support for workplace family planning program and the delivery of FP services to employees. It works through business associations, nongovernmental organizations (NGOs), personnel managers' associations, labor centers and federations, firms, industrial zones, and conglomerates that are interested to set up workplace FP programs. It also coordinates closely with the DOLE to enhance the implementation of the Family Welfare Program (FWP), particularly in FP, as mandated by the Labor Code.

Workplace component specialists working in the regional offices coordinate with the workplace senior technical director (STD) on activities related to the delivery of workplace initiatives' goals. The workplace STD works closely with the field operations

units and likewise coordinates with other cross cutting units of PRISM to ensure that installation of FP in the workplace in the targeted number of firms is implemented by working through grantees.

B. Market Development Component centers on market development to establish viable commercial, mass-market hormonal contraceptive brands

Under the strategic leadership of the market development STD, relevant PRISM specialists coordinate any market-development related activities at the regional level. The family planning coordinators (FPCs) and market development specialists, likewise, work closely with the project's pharmaceutical partners. The Market Development Component also coordinates with the policy unit for activities that relate to improving the policy enabling environment for commercial marketing.

C. Private Practice Services Expansion Component seeks to increase the business value of FP for private providers

The Private Practice Services Expansion Component handles the overall national strategy to expand FP services and products provision among the private practicing health professionals. Implementation of these strategies is passed on to the field operations units through the issuance of operational guidelines that field operations finalize for roll-out in all the SIAs. The Private Practice Services Expansion Component is directly handling the training and quality assurance aspects of the project.

YEAR 2 PROJECT ACCOMPLISHMENTS AND RESULTS

The succeeding sections present the details of Year 2 accomplishments of the PRISM Project. These are based on project component tasks specified in the Year 2 work plan. A summary of performance indicators and annual targets is attached as Annex B.

A. Workplace Initiatives Component

A1. National associations capable of installing workplace FP programs

PRISM was able to build the capacity of the following four partner organizations to install WP-FP programs: PCCI-Cavite; Oro Chamber; LGFI; and PBSP.

These institutions underwent the trainers' training on WP-FP installation, using the "How to Install Workplace Family Planning Programs" manual that consists of courses on Project Management Training, FP Overview, Peer Educators' Training Course, M&E training, and Cost-Benefit Analytical Tool.

After doing the trainers' training, the grantees provided training at the firm level, transferring the technology of setting up the program to the firms' FP management teams. These firm-level teams generally consist of HR managers, clinic personnel, union representatives, and heads of departments. It was encouraging to note that the capability of partner associations to roll out the FP program to firms increased in indirect proportion to the number of batches they trained. This phenomenon is particularly important where sustainability of technical assistance provision is envisioned for new firms beyond the PRISM Project.

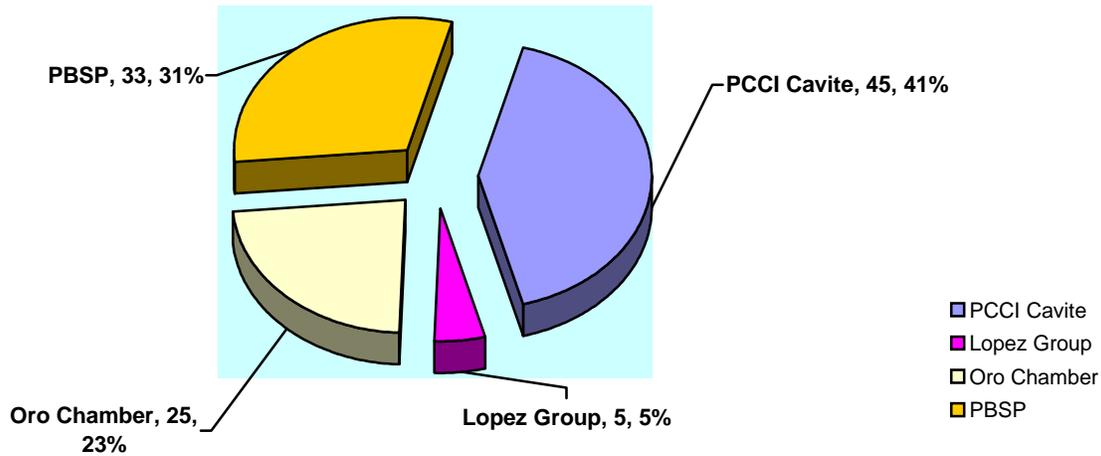
A2. Target companies/cooperatives implementing PRISM-supported FP programs

In Year 2, 108 firms were able to implement WP-FP programs. An estimated 100,000 employees of reproductive age are the direct beneficiaries of the program under the grants awarded to partners and the subcontract with PBSP.

Changes from the baseline data gathered at the start of program implementation will be tracked for changes in the FP Index as well as the actual access by employees to FP services, as revealed by changes in the contraceptive prevalence rates (CPR) in the firms.

As of September 2006, PRISM trained a total of 133 FP-MTs and 13 grantees and partner institutions on WP-FP installation.

Figure 1: PRISM partner organizations trained on WP-FP installation



A1a. Preliminary data on improvements in the FP Index scores

Family Planning Index scores are up. The unit of measure of the success of FP program installation in the firms for PMP Component 1.2 indicator is the improvement in their scores using the FP Index. The data below demonstrates the initial success of the current work being done in the pilot firms. It is projected that the firms under the grantees will follow the trend of increases in their FP Index scores, considering that the installation process is guided by the same workplace FP program framework used in the pilot firms. Data from the firms under the grants will be available by early 2007.

Table 3: FP Index

Company	Baseline	Current (as of Sept 06)
Central Azucarera Don Pedro, Inc.	Type D Score 71.8	Type A 67.2
Chiquita Unifrutti Philippines, Inc. (4 companies)	Type 0 Score 0	Type C Score 79.2
Cebu Mitsumi	Type D Score 6.1	Type B Score 77.5
On Semiconductor Philippines, Inc.	Type A Score 44	Type A Score 66.8

Please refer to the description of program types in Annex D.

A1b. Leveraging PRISM investments

PRISM investments are beginning to pay off. Initial computation and projections of the degree to which workplace investments were leveraged revealed that actual cost share of the current grantees totaled 1.3 million pesos. An estimate of the counterpart that 103 partner-firms will spend for FP-MTs' time and contraceptive purchases is placed at 80 million pesos in one year. It was encouraging to note that a report submitted by On Semiconductor Philippines, Inc., a pilot company of the program, revealed that, while it purchased Php81,000 worth of contraceptives for the whole year of 2005, with the technical assistance of PRISM and its partner, it has purchased Php38,400 worth of FP products in August 2006 alone. On a yearly basis, this can mean purchases worth Php460,800 from one firm. On Semiconductor Philippines, Inc. (SCG Philippines, Inc.) manufactures Motorola cellular telephones. It has 1,199 employees, 94 percent of whom are of reproductive age.

A3. Install workplace FP program in 200 firms in SIAs including a male-dominated firm in the replication



Dr. Renato Joseph, On Semiconductor Phils, Inc. medical services and benefits manager, presents the workplace FP program of the company during its launching in July 2006.

A3a. Identify priority firms in SIAs; prioritize ecozones

The PRISM Project faced the challenge of how to achieve our objectives in a very efficient, effective, and less expensive manner. In order to achieve this, we set our sights on the special ecozones. These ecozones consist of contiguous multinational and national companies that hire huge numbers of employees — mostly young, of reproductive age, open to new ideas, and able to pay for FP services.

PRISM identified 27 ecozones in Year 2, with over 711 firms that are called locators in the zones. Consequently, PRISM conducted several forums for CEOs and HR officers that were designed to inform potential partners about the PRISM workplace program and to identify those interested to set up WP-FP programs. These efforts resulted in the recruitment of 83 firms and three partners into the grants program.



Mary Ann Figueroa, PRISM-Visayas private practice expansion specialist, conducts a lecture on responsible parenthood and FP during the Family Day celebration in May 2006 at Taiyo Yuden, one of the big companies located in the Mactan Export Processing Zone in Cebu, with more than 2,000 workers.

A3b. Identify potential business associations as partners; link up with priority firms

As partners were identified as potential grantees, finding ways to bring them into the program became a challenge. Thus, PRISM made efforts to facilitate the link-up of potential grantees with individual firms interested in setting up WP-FP programs, and provided templates for letters of intent to partner with each other.

As a result, firms linked with PCCI-Cavite were able to implement WP-FP programs. Also, a total of 38 companies, with over 22,000 employees, were linked with new PRISM grantees, namely: TRIDEV, with eight firms, and CCEF, with 30 firms. These companies will start implementing WP-FP programs in October 2006.

Other firms have been linked with potential PRISM partners and are included in the proposals they submitted under RFA 2006-01-04.

A3c. Conduct writeshops on proposal writing for potential writers

The next challenge was building the capacity of partners to be able to avail themselves of PRISM grants. Industry associations are knowledgeable in preparing business proposals. However, when it comes to writing proposals in the social-development context, PRISM saw opportunities to provide our partners an easier way to access grants. Thus, writeshops were conducted that resulted in the increase in the submission of proposals to install WP-FP programs. (For details, please refer to the Executive Summary under subheading “It all started with a battle cry: 33, 10, 200!”)

A3d. Issue a request for applications to solicit proposals from potential grantees

With capacity built to write grant proposals, the next step was to issue mechanisms for partners to access grant funds. In Year 2, three RFAs were published, two for the workplace FP program installation and one for FP Excellence Awards. One grant was awarded to Advocates for Youth Foundation, another two are awaiting approval, and 36 are under evaluation. The FP Excellence Award grant was awarded to PCCI.

A4. Develop group of companies as special grants target

In leveraging PRISM investments, conglomerates or group of companies were targeted as potential partners for at least three reasons. First, they are owned by one person or family. Getting the support of the owner will multiply the companies installing the program within the conglomerate. Secondly, they have huge numbers of employees that are well-paid and can afford to pay for FP services. Lastly, the conglomerates are deeply committed to corporate social responsibility and have the resources to extend the program to the communities where their plants or workplace are located.

As a result of the solicitations, three conglomerates — LGFI of the Lopez family, Advocate for Youth Foundation of the Yuchengco clan, and Lucio Tan Group through a partner — submitted proposals for WP-FP installation. Lopez Group of Companies is now a PRISM grantee.

The Lopez Group rolled out the program to five of its member firms, namely: ABS/CBN Broadcasting Network; First Sumiden Circuits, Inc.; Sky Cable (Central CATV, Inc.); Tollways Management Corporation; and Manila Electric Company (MERALCO). Significant accomplishments from this conglomerate included the following training conducted for its workers: WP-FP program installation for 60 core group (counterpart of FP-MT in other grantees) members; M&E for 20 core group members; Peer Educators training for 102 employees; and FP training for 19 company nurses. Likewise, a company policy on the installation of WP-FP was approved out of the four policies drafted under the program. The Lopez Group also expressed intentions to roll out the program to new firms within the conglomerate.



Some of the workers of First Sumiden Circuits, Inc. who directly benefit from the grant awarded by PRISM to the Lopez Group of Companies.

A4a. The call centers

PRISM conducted a survey of 207 call centers to gather information that will determine potential and effective approaches for setting up a workplace FP program since these establishments were considered rich grounds for FP clients. The study involved 207 CEOs, 207 HR managers, and 33 medical staff as respondents.

Out of the 207 call centers, 40 had workplace FP programs consisting mostly of providing FP information to their employees. Twenty-six of the 40 want to improve their program. Out of the 167 that did not have FP programs, 52 wanted to set up their own schemes.

Advocates for Youth Foundation is expected to install FP programs in 10 call centers, with an aggregate of over 8,300 employees, in Year 3. The majority of call center employees are young, open to new information, and well-paid, and will be able to pay for FP services. One outstanding feature of this grant is the use of a short message service (SMS) portal which will increase access by call center employees to FP information through SMS or text messaging.

A5. Provide support to partners to promote acceptance of WP-FP by decision makers, implementers, and end-users

One of the challenges that PRISM capably addressed was to promote the acceptance of workplace FP as a productivity tool that encouraged companies to participate in the program. In terms of productivity improvement, WP-FP is viewed as a tool that will address human resource concerns such as absenteeism, high manpower replacement cost due to unplanned pregnancies, and miscarriages in the workplace.

A5a. Bringing partners into the loop

Business to business. Designed to build relationships with, and increase awareness of, key business associations and partners on the PRISM Project and workplace FP, several forums were held nationwide: seven in Luzon; four in the Visayas; and two in Mindanao. These forums contributed significantly to the recruitment of partners for the workplace FP program.

Public and private initiatives. To enhance and facilitate support for workplace FP, PRISM facilitated linkages between business and the public sector. One such activity was holding a workshop with business associations in Pangasinan. With the provincial governor in attendance, and through the support of the Population Office of the province, PRISM recruited partners into the program. Likewise, a proposal from the Personnel Management Association of the Philippines-Pangasinan Chapter to install workplace FP programs in ten big firms in Pangasinan was received by PRISM.

In another initiative, through the PBSP, memoranda of understanding were signed between the Bukidnon provincial government, town mayors, and Chiquita Unifruitti Philippines (CUP) which provided for cooperation between the signatories in the provision of information and FP services to the employees of CUP. Bukidnon Governor Jose Ma. R. Zubiri, Jr. promised support for the program by encouraging other firms in the province to set up their own programs.



Bukidnon Governor Jose Ma. R. Zubiri, Jr. (center) flanked by PRISM Senior Technical Director for Workplace Initiatives Lorna L. Jandoc and Chiquita Unifruitti Philippines Chief Operating Officer Herminio B. Martin during the signing of a letter of commitment to strengthen partnership between the private and public sectors in promoting FP in Bukidnon.

Business to non-government organizations. PRISM linked up business establishments with grantees that are NGOs, namely: TRIDEV Specialists Inc., with firms in the Clark Development Corporation; and the Coastal Conservation and Education Foundation, Inc., with firms at the Metro Cebu Export Processing Zone.

A5b. Grants and capability building

Once partners became grantees, the next step is to set up workplace FP programs in their organizations. To help support our grantees in this effort, PRISM provides the following support:

The FP Compendium. This tool is a compilation of documented model FP programs in workplaces that PRISM’s partners can use to enable them to set up their own workplace FP programs.

This compendium will evolve to include new models from the documents that PRISM grantees will submit at the end of the grant periods. The FP Excellence awardees will also contribute to the number of models that will be shared with PRISM partners, including the DOLE and the DOH, and those interested to set up workplace FP programs.

The manual. The “How to Install Workplace Family Planning Programs” manual includes training courses, with modules used to build the capability of grantees to set up the program in the companies.

The degree to which the manual found acceptance among the grantees and beneficiary-firms was largely due to the fact that its development involved some of the more successful implementers of older FP programs. The effectiveness and practicality of the framework prescribed in the manual derives itself from the past experiences of former implementers of workplace FP programs — HR managers, nurses, peer educators, DOLE personnel, and doctors. The objective critiquing of their own FP programs identified gaps that needed to be plugged to have stronger and sustainable new models.

“The nice thing about the training program’s modules and tools is that they are versatile, in that, with a little modification, they can actually be used to institutionalize the other program elements of the FWP in the workplace...”
—PRISM-Visayas Director Emma Magsino

Applying the tools to build capability.

Capability building was done at several levels, the PRISM personnel, the partners, and non-grant partners. It was crucial that people who had a stake in the program be trained to instill skills that would become necessary to implement the program effectively. Outside of the grants program, interested partners were also given access to the training programs of PRISM, e.g., non-grant partners, who are expected to help firms set up workplace FP programs.

Other support to partners. It was crucial during the recruitment of partners to inform identified organizations about the PRISM Project and its objectives. This was accomplished by conducting meetings and workshops at the national and regional levels. PRISM presented its program during the national conferences of the PCCI and Employers Confederation of the Philippines (ECOP), two of the biggest employer groups in the Philippines. Regional meetings with potential partners were also conducted.

To ensure the quality of workplace FP programs in the firms and FP service provision to employees, PRISM trained 113 FP-MTs at the firm level, including 25 FP-MTs from large firms in the Visayas under the joint sponsorship of PRISM, DOLE, and

pharmaceutical partners in the Visayas. PRISM also conducted trainers' training for 19 partners. Other training courses facilitated by PRISM for its partners under the WP-FP program were: basic FP course for a total of 46 nurses; contraceptive technology update (CTU) for 36 nurses; and BEST for Doctors for three physicians from Chiquita Unifrutti Philippines and On Semiconductor.

A6. Develop an index for workplace FP programs

PRISM developed the FP Index through a team consisting of members of the Workplace TWG and a representative from Chemonics International Inc., Washington D.C. The index is user-friendly and a rich source of information for firms in evaluating their workplace FP programs.

PRISM also developed the Family Planning Needs Assessment (FNPA) tool. This tool provides information to FP-MTs on the state of their employees FP needs. When correlated with other HR data such as absenteeism, manpower replacement cost, and rising medical reimbursements, it serves an effective case study that can be presented to CEOs and key decision makers in companies to gain their support for the program.

Combined data generated from the FP Index and the FPNA provide crucial information that FP-MTs need to draw up plans to effectively implement FP programs. Likewise, the data serve as benchmark to monitor the progress and impact of the FP program on the firms and employees.

To date, all 108 firms that are beneficiaries of the PRISM grants program use the FP Index and the FPNA in building up baseline data for the program.

A7. Institutionalize the "Workplace FP Excellence Awards" Program

PRISM awarded a grant to the PCCI to institutionalize the FP Excellence Awards. This undertaking also attracted the participation of partners from various national organizations in the country, with the aim of recognizing FP programs of local chambers, SMEs, large enterprises, and industry associations.

An FP Excellence TWG consisting of key business organizations, labor federations, DOLE, DOH, academe, NGOs, and PRISM was convened to

"PCCI President Donald Dee...assured the sustainability of the Family Welfare Awards with his pronouncement that PCCI will continue to implement the awards into the future."

determine the criteria, how to recruit and evaluate contenders for the awards, and what categories to consider. Donald Dee, PCCI president, showed commitment to the awards program by presiding over the meetings of the FP Excellence TWG. The TWG has since decided to rename the awards Family Welfare Awards, keeping the focus on FP programs.

Five award categories were developed that included outstanding FP programs in local chambers, industry associations, small enterprises, medium enterprises, and large firms.

For Year 2, only two categories will be awarded: best family welfare program in a local chapter; and best family welfare program in a large enterprise.

Nominees will be judged based on the following criteria:

- *Leadership and organization:* management support to family welfare program
- *Service delivery:* provision of family welfare services in the workplace or through partner institutions
- *Training:* capacity-building of employees, service providers, etc.
- *Information, education, and communication (IEC)/advocacy:* communications strategies/activities
- *Sustainability:* resource generation activities

PCCI President Donald Dee, who is also ambassador and special envoy for international trade negotiations of the Philippine Government, assured the sustainability of the Family Welfare Awards with his pronouncement that PCCI will continue to implement the awards into the future.

A8. Ensure inclusion of FP benefits by partner labor unions and federations

In Year 2, PRISM conducted a survey of the current status of FP in the CBAs of labor unions. Data show that 68 percent of CBAs filed with the DOLE in 2003 contained provisions for FP benefits. In the PRISM SIAs, there are 280 CBAs in existence, covering 175,166 workers. Of these, 256 (80.25 percent) had FP provisions. The findings of this survey were shared with key labor federations as a way of bringing up the state of FP in the CBAs. The sharing of information was highly appreciated by PRISM labor federation partners.

Drawing in labor federation partners into the Workplace TWG helps them understand the initiatives for workplace FP. In one of the meetings, after reflecting on why employees are not utilizing FP benefits and why provisions for FP are not clearly spelled out in the CBAs, Mr. Antonio Asper of the Federation of Free Workers explained, “[This situation] is not surprising, because the usual negotiators of CBAs are men, and for men, FP is not an important issue.”

As a departure from its initial strategy of training labor leaders to negotiate FP services into the CBA, PRISM will focus on building capacity in labor unions to increase utilization of FP services by their members as provided for in the CBAs. Three proposals received by

“[This situation] is not surprising because the usual negotiators of CBAs are men, and for men, FP is not an important issue.”
–Mr. Antonio Asper, Federation of Free Workers

PRISM that involve labor unions were evaluated for grant awards. They are geared towards familiarization of FP negotiators about sustainable WP-FP programs, increasing utilization by union members of their FP benefits through information dissemination, and strengthening and improving the delivery FP services delivery in the workplaces through capability building.

A9. Support effective implementation of workplace FP grants

In order to ensure continuous provision of technical assistance to grantees and to monitor the effectiveness of workplace grants implementation, the regional personnel of PRISM conducted regional meetings with grantees. During these meetings, issues were raised and best practices were shared. These meetings also contributed to the refining of the training modules by sharing their experiences with the crafters of the modules.

To ensure sustainability, newsletters will be used to share best practices with the grantees, containing articles on workplace FP.

However, PRISM will circulate the FP compendium and its updated versions as a way of sharing best practices with current partners, including public sector partners, and those interested to set up the program.

A10. Develop and monitor FP database and provide feedback to partner firms

All the tools that will support M&E activities in the firms were developed. These tools include the FPNA tool earlier mentioned and the M&E software which will enable the firms to gather baseline data and monitor progress and impact of the FP program. Two partners, the Lopez Group and Oro Chamber, were provided with M&E training using the FPNA and M&E tools and the FP Index. Data on CPR changes will be available early January 2007 from the first three workplace grantees.

A11. Strengthen policy support for Article 134 and DO 56-03

In Year 1 and early in Year 2, local and regional round-table discussions (RTDs) of labor and management councils were conducted, drawing in management and labor leaders of firms to hear and discuss views on workplace FP. In the discussions, labor leaders articulated some of the FP issues that face them, including:

- Some companies have no budget for family welfare/FP programs
- Lack of choice for FP methods due to management bias for natural FP methods
- Lack of interest in FP and reproductive health (RH) among unmarried workers
- Perception that some employers think FP/RH as irrelevant to their companies' survival, hence the non-implementation in response to DOLE's D.O. 56-03
- Disparity in paternity and maternity benefits, which can reinforce gender issues
- Discrimination against unmarried women in FP/RH services
- Pregnancy of unmarried women can be a cause for dismissal

The findings of these RTDs were presented during a National Labor-Management Summit held on March 30-31, 2006 in Lapu-lapu City. The result of the summit was a resolution jointly signed by the participants supporting responsible parenthood, FP, and safe motherhood.

Continuous effort to work to enhance policy support for FP provisions in the Philippine Labor Code was undertaken, spearheaded by the Workplace TWG. In a recent meeting, the DOH has shown interest in taking on the leadership of the TWG, with PRISM as the convenor. However, a joint leadership with DOLE and DOH is being considered. since the DOLE mandate is very crucial to the success of the partnership formed under the TWG.

A12. Support the expansion of health insurance coverage to include FP services

The report on a survey of health maintenance organizations' (HMOs) and health insurance companies (HICs) indicated their willingness to include FP services in their products if firms would make a request. Instead, However, PRISM focused on increasing utilization of PhilHealth FP benefits through information dissemination to firms.

With regards to PhilHealth, PRISM signed a memorandum of understanding with the PCCI that provided for the distribution by PCCI of PhilHealth brochures to its member firms. The brochure is being finalized by the PRISM communications team.

B. Market Development Component

B1. Facilitate participation of pharmaceutical marketing and distribution companies in the hormonal contraceptive market

Brought about by PRISM's call for proponents willing to market hormonal contraceptives under the medium/low-priced segment, three pharmaceutical companies signified interest in receiving technical assistance for their market development plans. This ushered in the launch/relaunch of four products in the market during the first quarter of 2006, thus, solidifying the grantees' commitment to contribute to PRISM's overarching objective of increasing the market with the introduction of more players.

The table below illustrates the progress of the four products as of this reporting period:

Table 4: Update on the four hormonal contraceptives under the PRISM grants program

Brand	Company	Price	Grant Period	Sales Target by 2007	Progress to Date (Sept '06)
Daphne	ECE/DKT	P95.00	Feb 06 – May 07	60, 480 cycles	18,778 cycles
Lyndavel	ECE/DKT	P65.00		20, 160 vials	87,445 vials
Marvelon 28	Organon	P75.00 (down from P230 – P250)	Dec 05 – March 07	374, 322 cycles	136,774 cycles
SEIF	Schering Phils.	P60.00	Feb 06 – July 07	1.5 million cycles	120,000 cycles

B1a. Increasing brand awareness through medical marketing communication

PRISM has directly funded the development and/or production of IEC materials to further assist pharmaceutical companies in marketing their brands. Organon Phils. received funding support for the printing of the following Marvelon 28 materials: master detailer, detailing folders, poster, and comic brochure. These IEC materials are currently distributed to over 3,000 private practice midwives, doctors (general practitioners and family medicine), and other health providers, including 2,500 drugstore personnel. The materials were intended to promote FP and its benefits to more than 30,000 women of reproductive age. In addition, the materials are expected to increase the number of new oral contraceptive (OC) acceptors.

Advertisements in selected medical publications were also set in place during this fiscal year to ensure that the products of our pharmaceutical grantees and other pharmaceutical partners were provided with adequate marketing support in promoting their brands.

Table 5: Advertisements

	Ad placement	Product	Circulation
1	Philippine Pharmaceutical Directory Review (PPDr) 6 th ed.	Marvelon 28	3,000 general practitioners 2,000 family physicians 8,000 residents and fellows
2	Philippine Pharmaceutical Directory 13 th edition	Marvelon 28	15,000 medical consultants
3	Health.Care March-April 06 issue	Lady	30,000 readers
4	Health.Care May-June 06 issue	SEIF and Micropil	30,000 readers
5	Better Pharmacy for Pharmacists	The Pill and the Injectable (method-specific ads)	6,000 pharmacists
6	Better Pharmacy for Midwives		4,000 midwives

B1b. Increasing pockets of opportunities through enhancing information exchange

Regular coordination meetings with pharmaceutical partners on market development plans proved to be very effective. These became the venue not only to formally assess the progress of their marketing activities but also served as a means to exchange information on pockets of opportunities in developing the entire market chain, from suppliers to distributors to private providers to customers. Thus far, PRISM has encouraged its pharmaceutical partners to actively market their products by participating in various workplace and private practice activities (BEST events, clinic and FP program launches, provider association conventions, etc.). Highlights of these linking efforts are as follows:

- Schering Phils. Corp., Organon Phils., and ECE Pharmaceuticals have reported getting approval for the procurement of their products from the following companies:

Liwayway Marketing Corp.; Cebu Mitsumi Inc.; Fairchild Semi-Conductor; and Pentax Phils. The last three firms are located in the Cebu ecozone.

- Pharmaceutical grantees and partners were linked to a total of 1,251 private providers through their active participation in various BEST training events. Through the conduct of product presentations, product displays, and distribution of product samples and IEC materials, pharmaceutical grantees aim to help increase selection coverage as well as FP product prescriptions and sales. Below is a summary of BEST activities where pharmaceutical grantees and partners were involved:

Table 6: Number of BEST events supported by pharmaceutical grantees

	Luzon	Visayas	Mindanao	TOTAL
BEST for Midwives Training	553	90	123	766
Contraceptive Technology Updates Program:				
Doctors	168	60	65	293
Nurses	119	41	32	192

- Pharmaceutical grantees sponsored the conduct of five training events on the Program Management Training course for the installation of FP programs in the workplace for 57 companies, with workers ranging from 200 and above, in Cebu and Bohol. These events became good venues to introduce the newly launched/relaunched products to possible new acceptors and increase clientele base.

In April 2006, PRISM has also initiated an information exchange program with its pharmaceutical partners through the creation of a yahoo groups account (prism_pharmapartners@yahoo.com). This provides regular updates on market developments, industry news, regulatory updates, policy work, etc. This mechanism was employed to ensure that all partners receive market information from PRISM simultaneously. Currently, the group is comprised of members from seven local and two international pharmaceutical manufacturers and distributors.

B2. Upgrade skills and industry status of pharmaceutical sales representatives involved in social development programs

In reinforcing training objectives among private providers on evidence-based medicine (EBM), PRISM coordinated with ECE, Organon, Schering, and Wyeth to ensure that their training departments are utilizing evidence-based detailing (EBD) as a means to counter objections or allaying fears and misconceptions among current users or prospective FP acceptors.

Upon conduct of one-on-one sessions with the four companies, PRISM has confirmed that EBD is currently being practiced by the multi-national pharmaceutical companies. However, PRISM will continually coordinate with them to share updates and linkages

with the Philippine Evidence-Based Reproductive Medicine Network to strengthen the practice of EBD.

Meanwhile, the development of an evidence-based detailer training module is in progress. Target users for this module are local pharmaceutical and distribution companies engaged in contraceptive marketing but with no training departments of their own.

B3. Improve the policy enabling environment for commercial marketing

PRISM continued to undertake steps in proving support for regulatory approvals of new brands, as well as tariff and tax reviews. (Please see the Policy Support section for details on these initiatives.)

B4. Assist in developing the market by making available more types of contraceptives

B4a. Introduction of commercial intrauterine devices (IUDs)

The IUD current market analysis undertaken by PRISM provided the project and its partners with data on the size of the market, its actual and potential demand, and the extent of its provision among a number of women and health providers. Based on the findings, effective marketing and promotion strategies, as well as training strategies, are needed to build a critical and supportive mass of private sector users and providers.

PRISM is currently working with USAID in the Philippines on a possible phase-out plan for the IUD. This is in light of the project's goal to create more supporting structures which in turn will aid in growing the IUD market.

B4b. Effecting dynamic market change

The highlight of the CEO Summit convened by PRISM last December 2005 was the consensus strategy reached by the five CEOs and 13 marketing executives from the 12 major players in the commercial contraceptive market. Overall, this consensus strategy aims to grow the commercial contraceptive market, specifically the hormonal, by 66 percent by December 2009.

Summit participants collectively agreed to use a four-pronged strategic approach to effect dynamic change in the total market category, namely:

- To create a coordinated collaborative partnership between the industry, donor agency, and the government to grow the category
- To “consumerize” the marketing approach by focusing on the end user rather than the physician/provider, thus creating a significant pull among consumers as they would have the opportunity for an informed choice on the various contraceptives available to them

- To “commercialize” the delivery services especially with respect to injectables where the service is dominated by the public sector
- To “de-medicalize” the services by reducing the dependence on doctors. This would provide an opportunity for greater involvement of the drugstore/pharmacists, midwives, and other paramedicals to provide services, expand access, increase use, and grow the market



A group of participants to the CEO Summit conducted by PRISM in December 2005 engaged in an intense discussion during a breakout session.

The Strategic Coordinating Committee was then formed to convene regularly in order to develop and implement action plans based on an industry consensus marketing strategy, primarily by leading the advocacy effort to get buy-in to the strategy from the government, donors, and the commercial sector.

During the first SCC meeting held in March 2006, participating companies — Wyeth, Organon, Schering, DKT, and Marketlink — agreed to share sales data (January 2003 onwards) on their various brands for PRISM to begin market analysis on existing and forthcoming trends. The SCC members also agreed to create a communications strategy which would primarily focus on addressing consumer needs and advocacy with partners and influencers to boost the image of hormonal contraceptives.

B4c. Expanding the commercial market for contraceptives

The week-long Philippine Pharmaceutical Trade Mission brought together six manufacturers from Thailand, India, and Pakistan and 12 local distributors in the Philippines that served as a springboard for participants to realize the opportunities and eventually embark on a full venture into the Philippine contraceptive market. In addition to the existing cadre of multinational pharmaceutical companies, the trade mission aims to generate a new competitiveness, dynamism and energy in the market which would greatly benefit consumers through the presence of an expanded array of methods and affordable prices.

By the end of 2009, PRISM expects the entry of as many as eight new oral and injectable contraceptive brands and IUD products into the market brought about by the contacts established during the trade mission. Follow-ups with foreign manufacturers and local importers on the status of their agreements are undertaken regularly. To date, PRISM received information that Marketlink International Corp. inked an agreement with Pregna International to market the latter's locally registered IUD Copper T380A. On the other hand, PRISM is coordinating with Pastuer Pharmaceuticals to facilitate registration of its imported contraceptives from India.

B5. Develop market links with the public sector

Working towards servicing LGUs' demand to act as dispensing points for contraceptives in light of the phase-out of donated products, PRISM was greatly involved in facilitating the exchange of information between LGUs and the pharmaceutical partners on the following: commodity procurement budgets, inventory of FP supplies, price and availability of FP products and devices, and contact information of suppliers and local distributors. This was made possible through the conduct of regular coordination meetings on "privatization" and participation in private-public workshops with selected LGUs.

PRISM has facilitated linkages between five pharmaceutical companies (DKT, DYNA Drug, Schering, and Organon) and a total of 433 LGUs from PRISM's 28 SIAs.

B5a. Case in point: LGUs as big business

ECE Pharmaceuticals, Inc. served as a good illustration on the role of establishing effective linkages between LGUs and pharmaceutical companies. Recognizing the big potential in servicing government accounts, ECE Pharmaceuticals, Inc. actively and successfully marketed its products to about 30 LGUs nationwide and accounted for the combined total sales of over 65,889 cycles (51 percent) for Daphne and Lyndavel over a six-month period. Owing the success to the price competitiveness of its products, ECE guaranteed to continue expanding its business with LGUs, while focusing on increasing brand awareness and availability.



A family planning officer of the Marikina City Health Office administers a shot of Lyndavel to a local resident. The Marikina City Government recently purchased a total of 2,584 vials of Lyndavel from ECE Pharmaceuticals, Inc., a PRISM grantee.

B6. Develop community-based referral network of BEST-trained drugstore owners and staff, midwives, and other health providers and dispensers

B6a. Pharmacies as points of care and sale

Modules on fertility awareness, overview of FP methods, and providing useful and accurate information were prepared by PRISM for its BEST for Pharmacy Staff program. These were done in light of the project's goal of building pharmacies' capacity to become potential sources of information and referrals on family planning. Pharmacists and pharmacy aides, if properly enabled, can be purveyors of right information on FP to would-be family planners and refer interested women/couples to physicians and midwives involved in FP.

During the first quarter of 2006, training courses were conducted in the National Capital Region, Baguio, Cebu, and Davao resulting in the establishment of a total of 34 pharmacies as participating referral points. PRISM will continue to work with its pharmaceutical partners on institutionalizing the use of the BEST for Pharmacy Staff modules into their individual programs for pharmacies.

B6b. Role of commercial partners in the Adopt-A-Midwife Program

The Adopt-A-Midwife Program is a joint undertaking of the Rotary International District 3780 and PRISM, with 12 Quezon City Rotary or Lead Clubs as a pilot project, which involved the deployment of the BEST graduates in Quezon City.

The program was designed to help introduce the BEST graduates in the *barangays* or communities where they reside to help strengthen the practice of those with lying-in clinics, itinerant midwives or those with FP consultation clinics. For those who are new

in private practice, it was a launching pad to start building clientele or patients within the catchment area where these midwives are strategically located.



Participating midwives in the Adopt-A-Midwife Program attend to a client during their community deployment.

The commercial partners of both contraceptive products and MCH market players such as ECE Pharmaceuticals, Inc., Schering Phils., Inc., Organon Phil., Dyna Drug, and RiteMed Philippines committed their involvement in terms of manpower and starter sample dose support. Products such as RiteMed ascorbic acid, paracetamol, and amoxicillin were made available for free to women patients who were provided maternal services by the adopted midwives during the deployment.

B6c. Role of commercial partners in the midwives forum

In the latter part of the period, two midwives matching forums, a series of events initiated by the BoH Project in cooperation with PRISM, were conducted. The first forum was held in Manila on August 19, 2006, with 635 delegates; six microfinancing institutions (MFIs) and eight pharmaceutical companies put up their respective booths where midwives had access to various products and services. The second event was staged in Davao City on September 30, 2006, with 251 participants and five microfinancing firms, which presented different types of loan products and financial assistance, and twelve pharmaceutical companies that offered special schemes for provision of supplies.

The MFIs, pharmaceutical firms, and medical equipment suppliers converged in these pioneering “midwife fairs” to forge possible linkages that was expected to redound to midwives grabbing opportunities to establish knowledge about financing options that they can use to improve their practice.

B7. Update Data and Forecasts

International Medical Statistics (IMS) sales data ending June 2006 showed the commercial market selling 12.3 million cycles in all its preparation forms valued at 806.3 million pesos. The three grantee companies, whose products were launched by the first quarter of 2006, reached 252,847 cycles of combined sales. Regular subscription to

quarterly IMS sales data served as feedback reports to PRISM and its pharmaceutical partners on market developments. This information continuously helped keep track of improvement on sales in a free market environment.

Taken together with the commercial sales, annualized public sector data on donated commodities also provided good estimates on shifts from free to commercial sources for contraceptive products and helped illustrate presence of regions showing high potential for conversion of FP users from public to private sources for products.

C. Private Practice Services Expansion Component

C1. Train 3,000 private service providers for quality FP services and products provision

The BEST course materials for midwives were “finalized” during the year. In accordance with the directive to address the “tiers” of service providers, for midwives, four courses were developed: (1) the original five-day integrated training on Contraceptive Technology, Family Planning Counseling and Business/Entrepreneurship, (2) a two-day contraceptive technology update/training, (3) a three-day family planning counseling training, and (4) the two-day business training.

There are two courses available for doctors:

- *Company doctors:* two-and-a-half day training on contraceptive technology and overview of family planning counseling
- *Private doctors:* one-day CTU that was developed for the private doctors who cannot spend two or more days for training. It must be noted that the one-day CTU was used in most of the updates with private doctors.



A new batch of BEST for Midwives graduates beaming after they were presented to their prospective clients during a community launch in Quezon City in May 2006.

There are two courses for nurses:

- Four-day contraceptive technology and family planning counseling training for company nurses under the workplace grants program
- One-day contraceptive technology update. The one-day course was developed and used in providing updates for company nurses participating in the different

conventions sponsored by the Occupational Health Nurses Association of the Philippines (OHNAP).

The BEST for Midwives modules were endorsed by the DOH. Trainers for the BEST for Midwives modules were identified by subcontractors PNGOC and IRHP and approved by PRISM. PRISM, in collaboration with PNGOC and IRHP, conducted the training/orientation of these trainers.

Trainees for the BEST for Midwives course were identified through partner associations Integrated Midwives Association of the Philippines (IMAP) and Midwives Foundation of the Philippines, Inc. (MFPI). Local chapters of OHNAP, Philippine Academy of Family Physicians (PAFP), Philippine Federation of Private Medical Practitioners (PFPMP), and Philippine College of Occupational Medicine (PCOM) helped PRISM identify participants to the CTU for doctors and nurses.



A well attended BEST for Midwives course held in Davao City in June 2006.

During the second project year, 762 private midwives completed the BEST for Midwives Training Courses, for a total of 973 midwives trained for Years 1 and 2. Two hundred and four private-practice physicians, 78 workplace doctors, and 206 workplace nurses completed the different courses available to them.

It should be stated that as early as October of 2005, PRISM had already undergone negotiations with PNGOC and IRHP regarding the next phase of training (for 1,000 midwives) plus the follow-up of the 211 graduates in a subcontract agreement. This would have initially addressed the 1,800 midwives targeted for the year as early as the first month of the second year, but this subcontract was put on hold to make way for a better implementation plan through the restrategization.

The restrategization meant a revision of the training modules for the midwives. This was done in the first quarter of Year 2, and finalized in the second quarter. Towards the end of the second quarter, a BEST course was conducted so that the DOH Health Human Resource Development Bureau can observe the conduct of the training and provide technical inputs on the materials to facilitate its endorsement. In addition, a new

subcontract was crafted for PNGOC and IRHP for the roll-out training, which happened in the latter half of the third quarter.

Also in the third quarter, another RFA was developed for the subsequent roll-out training of the next batches of midwives beyond the PNGOC/IRHP subcontracts. This RFA included in its package the marketing of the training courses, the conduct of actual training and follow-up of BEST graduates, and had intended to be the springboard for the sustainability strategy for the component. This RFA had also intended to catch up with 1,000 more midwives trained by September 2006. However, this had to take a backseat again this time, to the development of the National Strategy for Private Practice Midwives, which was initiated and completed in the fourth quarter.

C1a. Follow up BEST graduates

With inputs from PNGOC and IRHP, PRISM finalized the tools for monitoring BEST graduates. The target number of BEST graduates to be monitored during Year 2 was lowered to only the Year 1 BEST graduates, or 211 midwives. The PMP indicators were changed in accordance with the directive to change the strategy, and towards the second and third quarters, the new indicator specified that the follow-up for certification be done six months after the training. Since the training commenced in May 2006, the earliest follow-up will then be November 2006 (Year 3).

Some 193 Year 1 BEST graduates were monitored by PNGOC and IRHP. Out of the 169 midwives who answered the question on FP products and services provision, 138 said they were already providing FP before the BEST training. This number increased to 158 after BEST training. The following table summarizes the FP products and services currently provided by the Year 1 BEST graduates:

Table 7: FP products and services provided by the Year 1 BEST graduates

FP Products/Services	Number of Year 1 BEST graduates providing the product/service (n=169, multiple-response)	% of Year 1 BEST graduates providing the product/service (%)
FP Counseling/Providing FP information	158	94%
Pill Dispensing (Initial)	147	87%
Pill dispensing (re-supply)	139	82%
Injection/DMPA	129	76%
IUD insertion	37	22%

C1b. Formalize the referral system for BEST graduates

Two consultants worked on identifying and recommending appropriate FP referrals systems for the PRISM project during the second year. The models were identified and still awaiting pilot testing in the three regions of the project. Meanwhile, Kinasang-an, an NGO based in Davao, submitted a grants proposal under the annual program statement (APS) that would essentially establish and expand an FP referral network in Davao City. Kinasang-an may be tapped to conduct this pilot referral system if it can be incorporated into its grants proposal.

Likewise, the contact information of BEST graduates are collated and distributed among the graduates after each BEST training event. These data are shared with the pharmaceutical companies so that they can market their products to the BEST graduates. Some midwives were also linked to companies for health lectures and also for opportunities to advertise their private clinic's services and schedules.

Based on the consultant on the referral system's final report, PRISM developed an action plan leading to the pilot and launching of different models of referral system. (Details of this item are found in the Policy Support section.)

C2. Market/promote BEST service providers

Out of the 211 Year 1 BEST graduates, 115 were assisted in launching their private clinics in their communities in Year 2. The launches include a program in the community where the BEST midwife is introduced and her services are promoted. Local officials are invited and they endorse the midwife clinic to the community as an important partner in the government's health care delivery system. Potential clients from the community are also invited to the event. Pharmaceutical partners contribute to the event by donating snacks, or giveaways or door prizes. In some instances, these activities are maximized with some lectures on FP. PRISM provided technical assistance during these launches.



Arlene Nuque, a BEST for Midwives graduate and owner of Gizan Maternity-Midwife Clinic, attends to a client after her clinic's community launch in May

C3. Link interested private service providers to financial institutions

The two midwives matching forums conducted by the BoH Project in partnership with PRISM in Luzon and one in Mindanao had a total of 886 PPMs participants. Participating financial institutions presented their products at the plenary. Likewise, booths were provided where midwives freely interacted with financial institutions, pharmaceutical companies, and equipment suppliers. In the survey conducted by BoH during the forum, 185 out of 482 (38 percent) midwives signified interest in accessing loans.

Simultaneous sessions on special topics such as PhilHealth accreditation, DOH licensing, the BEST for Midwives training, and setting up a cooperative were attended by interested midwives.



Health Secretary Francisco T. Duque commends the four midwives whose success stories as entrepreneurs, presented in an audio-video material during the event, can serve as models that other midwives can emulate.

C4. Build the capacity of service providers' associations in sustaining the BEST program

The midwives associations are not yet in a position to sustain PRISM initiatives. The three associations (IMAP, MFPI, and Philippine League of Government and Private Midwives, Inc. [PLGPMI]) are mainly focused on advocacy and policy issues that affect the midwifery profession and do not meet the needs of the private-practicing midwives among their own ranks. This is the reason behind the sprouting of new and smaller associations of midwives who are in private practice, such as the Association of Private Midwives in Davao, Association of Private Midwives in Cagayan de Oro City, UMAI and others. The three big associations are themselves in need of major organizational developmental changes and capacity building, which PRISM cannot facilitate at this time.

As for the Quality Improvement and Assurance System, the structure of the midwives associations does not allow for supervisory function or oversight among its membership.

Year 2 focused on midwives training. Although quality assurance materials were developed by PRISM, no roll-out capacity building for its implementation was conducted.

PRISM received 27 grants proposals under the Private Practice Services Expansion Component in Year 2, eight of which passed the initial evaluation. Three short-listed proposals are in the process of cost negotiations. One grant was approved by USAID, although the awarding may take place in the first month of the third project year.

D. Cross-cutting Activities

D1. Technical Communications

Year 2 was a period where the creative juices of the communications team were made to flow to craft IEC and behavior change communication (BCC) materials for the project and its partners.

The PRISM Communications Strategy and Work Plan for the project's second year implementation were developed early in Year 2. The Communications Work Plan was designed to support demand generation (for contraceptive products) and addressing common knowledge ("myths and misconceptions") about family planning in general and certain FP methods in particular.

Technical support to pharmaceutical company Organon was provided in pre-testing a comic/illustrated material to support the company's promotion activities to relaunch their contraceptive pill, Marvelon.

For the CEO Summit held on December 8-9, 2005, a "summit packet" for the participants was produced that provided delegates needed information during the event.

PRISM assumed a leadership role in teaming up with partners (PBSP, PCCI-Cavite, IRHP, etc.) on the FP Peer Educators Training Team with the following activities:

- Development, field-testing and initial roll-out of the training
- Writing the majority of the modules in the trainer's and participants guides
- Development of design and conduct of the Training of Trainers on Peer Education
- Technical assistance to partners as they conducted initial runs of the training

The FP Peer Educators Training design and materials are almost in their final form. However, with the recently-broadened PRISM mandate, the current material will have to be reevaluated to determine how MCH could be integrated into the training protocol.

Various BCC materials were developed and pre-tested. The prototypes of the following materials were already submitted for OPHN/USAID approval: Frequently Asked Questions (FAQs) About Family Planning; FAQ About the Pill; FAQ About Injectable Contraceptives; FAQ About Vasectomy; FAQ About Bilateral Tubal Ligation (BTL);

Ang BTL; Ang DMPA (depot medroxyprogesterone acetate); Ang Vasectomy; Ang Pills; Ang Kondom; Ang Mga Modern Methods ng Family Planning; PhilHealth FAQ for Midwives; GATHER (greet, ask/assess, tell, help, explain, return/refer) Cue Card; FP in the Workplace Booklet; and BEST for Midwives logo and signage.

An initial study on the feasibility of the proposed PRISM infotext service was also conducted. The American Public Health Association accepted the abstract of the infotext concept for presentation in its 134th Annual Meeting in November 2006 in Boston. The pilot modules for the proposed infotext were also developed.

PRISM regularly contributed to the USAID Weekly, and at least two stories or articles were published every month.

D2. Policy Support

D2a. Workplace Initiatives Component

Strengthen implementation of Labor Code Article 134 and DOLE Department Order 56-03

Establish/improve company FP policies. A review of the existing CBAs filed and registered at the DOLE’s BLR was conducted to assess the inclusion of FP services provision particularly in companies covering a minimum of 200 workers. Out of 1,648 registered CBAs, 319 involve companies with a minimum of 200 workers.

Provision for the promotion of FP was stipulated in most CBAs involving 200 or more workers, but was observed to have a downward trend despite being a prerequisite for approval of CBA registration.

Table 8: CBAs with FP provisions

Year	% with FP provision
2003	80.77%
2004	80.43%
2005	75.44%

Family planning was also noted to be mere “token” provisions, without a defined location, and just “squeezed in” to comply with registration requirements.

In addition to the data gathered at BLR, three roundtable discussions with DOLE, labor unions, and HR/management representatives were held separately to identify FP in CBA compliance bottlenecks as well as generate recommendations on how to make better use of CBAs to provide FP products and services in the workplace.

The table below shows compliance challenges in FP provision and implementation.

Table 9: FP in CBA compliance challenges

DOLE Central and Regional Offices	Labor Unions	HR/Management Representatives
<ul style="list-style-type: none"> • Changes in CBA registration requirements based on DO 40-03 which puts emphasis only on posting requirements, ratification, and presence of a grievance machinery • Ministerial function of DOLE processors at the regional offices: they receive CBAs as registered and provide no scrutiny as to the contents. These processors only ensure ratification and posting requirements and presence of a grievance machinery are met. • The DOLE Bureau of Labor Relations receives CBAs for database and statistical reporting purposes only. • DOLE processors are not familiar with the FWP program not the new policies in place such as AO 209, which re-emphasized family planning in the workplace. 	<ul style="list-style-type: none"> • Lack of seriousness in the intent • The nature and structure in the leadership of unions, being highly male-dominated, pose a hindrance in the implementation of FP programs • Those involved in CBA negotiations are also mostly male, and as such are not that keen on pushing FP in the CBAs because most of them believe that FP is a concern of women only • Lack of FP committees that will spearhead FP services provision • Religious beliefs 	<ul style="list-style-type: none"> • FP is already stipulated in the Labor Code, therefore there is no need to negotiate such in CBAs • HR/Management representatives prefer a general statement on FP in CBAs • CBAs should focus on wages and benefits, management prerogatives, grievance machineries, and provisions for setting up of plant-level labor management committees or councils. • HR/Management representatives believe that DOLE does not really look into FP incorporation in CBAs • There are no mechanisms to monitor its implementation • While LMCs bring about a win-win situation for management and workers, CBAs result in a win-lose situation

The following are recommendations to better implement the mandatory inclusion of FP services provision in CBAs:

Table 10: Recommendations for inclusion of FP services provision in CBAs

DOLE Central and Regional Offices	Labor Unions	HR/Management Representatives
<ul style="list-style-type: none"> • Incorporation of a module on FP in the new labor education program for workers and unions • Dissemination of AO 209 to DOLE staff and regional offices, labor unions and management • Review of DO 40-03 on CBA registration requirements in order to re-install FP services provision in CBA registration • Drafting of a policy to “re-install” FP in CBAs per DOLE AO 209 which cited FP as one of the three mandatory requirements in the implementation of FWP. BLR suggested that PRISM writes a letter to DOLE on this regard. • Drafting of a template on FP services in CBAs in consultation with labor groups and HR managers • Survey and assessment of operational/ functioning CBA-based FP programs as part of NCMB’s search for model LMCs 	<ul style="list-style-type: none"> • A standard template or model FP provision in CBAs will ensure and improve the desired provisions • FWP committees, in the context of tri-partite collaboration, should be invited to attend the discussions on AO 209 • The study should not stop at coming up with the compliance rate. There is a need to study the actual implementation of FP services provisions in CBAs of the 319 companies and those in PRISM sites • Conduct of an FP campaign for workers (survey, strategy development, IEC launching, and training) • Added to the CBA, a MOA must be forged to specify and separate FP provisions from economic provisions • FP education may need to target those workers most in need 	<ul style="list-style-type: none"> • A means of monitoring can be a search for outstanding companies with FWP • FP should be promoted in the context of increasing productivity of companies and workers and improving welfare of workers and their families • DOLE still needs to mount FWP dissemination among companies • DOLE’s assistance in setting up FWP and cost sharing as regards training of peer motivators • FP should be pursued through labor-management committees (LMC)

The study recommended the following for PRISM consideration:

- Advocacy to include the engagement of local labor-management councils (LMCs) to put FP on their agenda
- Scanning of FP programs in unionized and non-unionized establishments and in companies with 200 or more workers as these may need support for sustaining and strengthening existing FP programs and services
- Technical assistance for conducting FP needs assessment of workers in interested companies

- Launch of recognition awards for outstanding companies with FP/FWP or search for best practices in FP program implementation
- Soliciting management support and engaging the 280 companies in PRISM sites to implement the FP services provision in their CBAs
- Technical assistance to the companies which mentioned “FP programs” in their CBAs but do not have details of what to implement.
- Development of FP advocates from among the union leaders, company HR managers, and other stakeholders involved in collective bargaining

D2b. Market Development Component

Streamline existing BFAD registration procedures

The report on the feasibility of an Express Lane for Hormonal Contraceptives was submitted to USAID early in the sixth quarter, and was presented by PRISM consultant Dr. Kenneth Go during the DOH Executive Committee Meeting on April 10, 2006. DOH Secretary Duque was not in favor of an express lane for contraceptives. Dr. Go requested the consideration of other policy recommendations, such as the reduction in product registration steps and the creation of a hormonal product evaluation specialty unit under the BFAD.

Reduce tariff duties for OCs

After presenting the study on Tariff Reduction for Contraceptives to the DOH, National Economic and Development Authority (NEDA), and Commission on Population, PRISM continued to provide assistance to DOH in drafting and processing the request to the Bureau of Customs on the reclassification of IUDs from the category “articles of copper” to “medical device.” As result, the DOH secured from the Bureau of Health Devices and Technology a letter stating support for the reclassification and adoption of the harmonized definition of for the Asian Region: “medical device for control of conception” (Global Harmonization Task Force).

A subsequent study was commissioned early in September 2006 to assess the impact of reclassifying IUDs. This will provide the required justification to the Department of Finance for allowing duty exemption for contraceptive products and devices, and thereby earn the support of NEDA to amend and or streamline Title III, Section 1.c of the NEDA Implementing Rules and Regulations.

Facilitate the expansion of PNDP OC formulations

PRISM was able to provide the DOH with 17 newly-registered contraceptive products with approved formulations in the new PNDP edition. This comprised more than the required 50 percent of BFAD registered contraceptive products to be included in the PNDP list.

In addition, PRISM spearheaded the increase of contraceptive brands on the market. The application of Logentrol (manufactured by Wyeth) as a commercial brand of

contraceptives was approved and given a BFAD Certificate of Product Registration on June 9, 2006, with five-year validity.

D2c. Private Practice Services Expansion Component

Establish situational analysis of midwives

A situational analysis of midwives was prepared by PRISM. The paper shows the current situation and role of midwives (private, government, and dual practicing) in existing health care delivery systems, the policies affecting the current midwifery practice, the midwifery sections of the Philippine Health Human Resource Master Plan, data on PhilHealth accredited midwives and midwife clinics, and survey results from a BoH-initiated financing and training needs survey for midwives.

The paper also shares excerpts from a PRISM study assessing the role of midwives in a FP referral system, and the salient points of the pending bills proposing the repeal of the midwifery law (both from the House of Representatives and the Senate).

Based on a developed framework, a problem analysis on policies (national, regulatory, and local), midwifery formal education curriculum, capacity building and training, financing and sustainability, referral system, and the prevailing relationship among midwives' organizations conclude the report.

Enhance the midwives' role in the delivery of family planning services

A round-table discussion was held to discuss the challenges to the expanded role of midwives in the delivery of health care services. The workshop sessions of the forum, attended by representatives from major midwives' associations (IMAP, MFPI, and PLGPMI), the academe DOH, PhilHealth, Professional Regulations Commission, several donor agencies (World Bank, European Union, Asian Development Bank), pharmaceutical companies, LGU representatives, and NGOs produced the following proposals:

- Creation of an appropriate legal and regulatory environment that will enhance the role of midwives in healthcare delivery
- Changing the mindsets and building the capacity of midwives for an enhanced role in healthcare delivery
- Building the midwives' enhanced role in health care delivery into a viable economic enterprise
- The creation of support mechanisms for midwives taking on an enhanced role in health care delivery

In response to these proposals, PRISM developed scopes of work to provide technical assistance to four TWGs that will facilitate the delivery of: (a) Department of Interior and Local Government Memoranda on Dual Practice Midwives and on the LGU Role in Public-Private Sector Collaboration, (b) Enhanced PhilHealth Health Packages and

Ladderized Accreditation Standards for Midwives, (c) Midwifery Training Sustainability, and (d) the inclusion of specific FP services and requiring continuing professional education units in midwifery license renewal in the draft implementing rules and regulations of the pending midwifery law. These TWGs are expected to initially convene in early October 2006.

A draft letter was submitted to DOH Undersecretary Ethelyn Nieto requesting for a departmental level policy issuance for BEST midwives' access to IUD supplies.

PRISM also spearheaded the following:

- **DOH-Public-Private Sector Collaboration on WHSM including FP**

PRISM provided technical assistance and actively participated in the consultations, drafting, and eventual signing of the DOH Administrative Order (AO) on Public-Private Collaboration on Women's Health and Safe Motherhood including Family Planning. The AO was approved by the DOH Executive Committee, with an instruction to produce a supporting circular that will specify partnership building.

Technical assistance was also provided in the development of the Cavite Family Planning Council's Contraceptive Self-Reliance Plan.

- **Referral System**

As result of the conduct of the Study on Private Sector Family Planning Client Linking Mechanisms Development, the development of Private Sector Referral System models for linking workplace, suppliers, and private health providers had been initiated, and documentation of existing private-private and public-private referral systems had been developed. The study recommends two models, namely (a) the Industrial Site Model and (b) the Midwife Organization-Led Model.

PRISM also conducted referral system presentations and consultations with partners and grantees. In relation to this, PRISM also extended technical assistance in the development of Barangay Health Workers-Midwife Referral Model.

E. Health Finance

E1. Workplace Initiatives Component

E1a. Support partner organizations in FP information dissemination and capacity building

Pre-assessment and assessment activities in PRISM SIAs revealed the lack of information about Philhealth FP benefits among company owners, human resource managers, and company clinic personnel.

A brochure for companies was conceptualized and scheduled for pre-testing among HR managers. The brochure highlights the FP benefits of PhilHealth and was developed in partnership with the PCCI, ECOP, Philippines, Inc., Philippine Exporters Confederation, and PhilHealth. The brochure was pre-tested among HR managers and will be submitted for USAID approval.

E1b. Work on the expansion of health insurance coverage to include FP

Twenty-two key informant interviews with HMOs and HICs, and business corporations were conducted. The interviews revealed that the only FP service offered by HMOs and HICs is counseling, due in part because their focus on curative care and the service is not requested or required by their client companies.

E2. Private Practice Services Expansion Component

Collaborate with PhilHealth on promotional or informational drives targeted to MDs/MD associations

PhilHealth resource persons were invited to speak on PhilHealth family planning benefits and accreditation during meetings convened by PRISM that brought together physicians and facility owners. This is related to the desired result of increasing PhilHealth claims for FP in the private sector.

SIA-based: change in orientation

While SIA-based work is not part of the original work plan, such work has evolved from the original work plan as the PRISM organization strengthened its operations base and expanded work in its SIAs.

Lead Bataan assessment. The Bataan assessment yielded a lot of insights on how PRISM could work towards meeting its PhilHealth indicators — for example, the need to address the general lack of information on PhilHealth FP benefits among providers and employers, the interaction required at the different levels of the PhilHealth organization, and the PhilHealth policies that have to be revised or modified for a truly enabling policy environment.

Secure PhilHealth commitment to support PRISM efforts. The PhilHealth-LEAD-PRISM TWG was critical in securing commitment from the central PhilHealth office to partner with PRISM. It was with and through this group that PRISM developed a work plan for PhilHealth-PRISM collaboration, identified three pilot sites for the collaboration, and got clearance from the central office to bring in their regional and service level people in SIA events and activities.

Mainstream Philhealth work in operations. The three pilot sites identified were Baguio City, Cavite, and Cagayan de Oro City. A startup meeting was held at Baguio City where the work plan was validated through a consultative workshop with stakeholders from relevant government agencies and private sector groups. It was agreed that PRISM's

work in trying to increase utilization of family planning benefits by members of the National Health Insurance Program would be driven by IEC, M&E, and the creation of referral networks. Within PRISM, a PhilHealth Operation Working Group was also created.

Develop PhilHealth Tool Kit for operations and IEC purposes. A PhilHealth Tool Kit was developed for the easy integration of PhilHealth in the SIA operations.

Support M&E efforts. Interviews were held to better understand the procedures and processing connected to PhilHealth family planning claims at the central level, which were validated at the regional level in the Cordillera Autonomous Region for Baguio City. Likewise, baseline data on family planning claims were collected for all the SIAs.

Incorporate PhilHealth in referral networks. Since the establishment of referral networks around a PhilHealth-accredited facility is an intervention proposed by PRISM, this dimension was added to the referral network study being undertaken in three sites by a consulting team. Insights yielded by the study are expected to inform the future work on referral networks.

F. Monitoring and Evaluation

F1. Development and establishment of field staff/partner/grantee level monitoring systems

The M&E tools developed and monitoring systems established in Year 2 consisted of: field staff monitoring tools, which facilitated SIA-level progress monitoring and consolidation of project performance indicators from the ground up, and component-specific monitoring tools, which include baseline and evaluation tools for Components 1 and 3, partner/grantee progress reporting tools, and company progress reporting tools.

The monitoring tools for field staff included three templates for progress monitoring, all of which are grounded on the project PMP indicators, namely: weekly accomplishment report, quarterly accomplishment report, and quarterly summary of activities.

Component-specific monitoring tools developed consist of monitoring tools for the BEST for Midwives graduates and the following Component 1 monitoring tools: FP Index, FP needs assessment survey, grantee level progress reporting tools, and company-level progress reporting tools.

The following is a series of information dissemination and training sessions on the revised PMP, results framework and monitoring systems, and tools conducted in Year 2:

- Staff orientation on revised PMP and results framework
- Staff training on project and component specific monitoring tools
 - *Project:* Weekly and quarterly accomplishments report and quarterly summary of activities (no formal training/orientation was conducted, guidelines through e-mail was issued)

- *Component 1:* FP Index, FPNA, grants and company level progress monitoring tools (part of the Workplace FP PMT Training of Trainers conducted among all staff)
- *Component 3:* Tool to monitor increased revenues of BEST graduates due to provision of FP services (only presented to PRISM-Visayas staff)
- Partners/grantee training on workplace FP monitoring tools which includes FP Index, FPNA, and grants and company-level progress reporting forms (conducted among the following grantees: PBSP, Oro Chamber, LGFI, PCCI-Cavite)

F2. Periodic Reviews of Progress and Performance

PRISM's first year Performance Monitoring Report was submitted on December 15, 2005. The report contained the status of the 14 indicators contained in the Performance Monitoring Plan submitted to USAID in March 2005 and approved by USAID in May 2005. Also included in the report are insights on improving performance for the succeeding year, as well as proposed revisions on the PMP indicators.

F3. Other Accomplishments

Revision of PMP (integrating MCH). The previously submitted PMP was revised in March 2006 and submitted in April 2006. From the previous 14 indicators in the PMP, the revised PMP now contains 18 indicators. The following summarizes the revised PMP indicators:

- Inclusion of new indicators for MCH in Component 1: Workplace Family Planning Program Development and Component 2: Expansion of Private Practice
- The following two indicators were considered technically not-feasible or were replaced by new indicators: proportion of gainfully employed using modern methods and number of labor unions including family planning in their CBAs
- Addition of a quality measure for midwife trainees
- Revision in the performance targets for most of the retained indicators

For the succeeding quarter, M&E activities will focus on the completion of baseline data gathering for most of the PMP indicators including the new MCH measures. Targets also need to be defined for each indicator.

Development of component results framework. Based on the revised PMP submitted to USAID in April 2006, a component results framework was developed to guide PRISM staff and partners to formulate strategies and activities aligned to efficiently deliver on specific component outcomes. This component results framework will be revised accordingly with the final set of MCH elements that PRISM will implement. The Year 3 work plans of each PRISM component will also be anchored on the component results framework.

Drafting of MCH strategy paper for the PRISM project. On the basis of the MCH elements defined initially from the PMP discussions with USAID in March-April 2006, an MCH strategy for the PRISM Project was drafted to facilitate discussion and work on

setting the MCH elements in the PMP. As the final set of MCH elements have been recently defined with USAID, PRISM's MCH strategy will be revised accordingly.

Development of Tiahrt and Mexico City policy implementation plan. In compliance with the principles embodied in the provisions of the Tiahrt Amendment and Mexico City Policy to which USAID requires strict adherence by projects and programs it supports, the PRISM project developed an implementation plan for ensuring implementation of these commitments to free and informed choice about their family planning practices as well as observe restrictions on promoting abortion as a family planning method. The implementation plan describes PRISM's efforts to ensure compliance with these requirements and details a proposed implementation plan that includes dissemination of information of the policies, improving systems and procedures, and monitoring and evaluation activities.

G. Health MIS

G1. Develop and maintain information systems and databases

Installation of functional management information system through ORBIT and WebMapDecision. Two complementary, interconnected, and web-based management information systems were developed and installed, namely: ORBIT and WebMapDecision. The ORBIT provides a view of PRISM's "trees" (i.e., workplaces, health practitioners, health facilities, drugstores, contraceptive products, and brands) while WebMapDecision presents and provides analytical tools for PRISM's "forests" (i.e., strategic intervention areas, consisting of provinces and cities).

The two systems are interconnected in that for PRISM-specific data, ORBIT transmits data to WebMapDecision, on a daily basis through a File Transfer Protocol service. Although both systems are web-based, access is restricted to PRISM staff and partners through the use of PRISM-issued user account name with password.

Installation of enhanced ORBIT. From its first release at the end of Year 1, enhancements to ORBIT were developed in response to user feedback and new strategies and approaches within the project. The enhancements included new functional features and data fields, including: a searchable calendar for PRISM activities/events; identification of ecozones/industrial estates and cooperatives; graphs for contraceptive market information; inclusion of specific contraceptive product information, such as brand, manufacturer, formulation, inclusion in PNDF, packaging, price, and contact details of distribution channels; identification of hospitals and health facilities, including data on PhilHealth accreditation; revision of the data entry template for midwives to include new MCH indicators and data; uploading and updating of project documents, SIA assessment reports, and M&E tools; indexing of policies, reference materials, communications materials, survey and assessment tools, M&E tools; and development of audit trail and usage and utilization reports.

A two-week period for beta-testing the enhanced ORBIT was set at the end of Year 2. Orientation and training of PRISM staff and partners will be scheduled for the first quarter of Year 3.

In terms of number of data records, data encoded and migrated to the enhanced ORBIT consisted of the following:

Table 11: ORBIT data records

	Companies	Drugstores	Midwives	Doctors	Nurses
Luzon	8,862	10,539	3,027	8,876	44
Visayas	1,092	3,166	395	2,002	-
Mindanao	656	3,015	952	2,304	6
Unspecified	3,496	133	313	71	-
Total	14,106	16,853	4,730	13,253	50

Data from ORBIT has been used in informing project strategies and implementation, particularly for Component 3 re-strategizing, as well as in coming up with a National Midwives Strategy, the TWG of which PRISM spearheaded. A list of midwives in ORBIT were also provided to DOH and Banking on Health.

Installation of WebMapDecision. WebMapDecision is a GIS-based decision-support tool designed to analyze indicators at the SIA or other geographic level and obtain color-coded maps or reports which are relevant to PRISM. This system was customized by EMI Systems for the PRISM project in view of the following applications: analysis across SIAs (SWOT analysis), evidence-based inputs to project directions and action plans, and performance monitoring of SIAs. The WebMapDecision integrates GIS with powerful analytical functions, consisting of the functions illustrated in Table 12:

Table 12: WebMapDecision analytical functions

Standards	Ranks the SIAs/municipalities according to selected thresholds of an indicator
Profiles	Develops a "profile" for each SIAs/municipality related to certain indicators
Ranking	Ranks the SIAs/ municipalities according to a composite index scores (an index can be made up to 10 weighted indicators)
Performance	Ranks the SIA's/ municipalities inputs and outputs and measure their performance
Relate	Shows the Correlation Coefficients of pairs of indicators

Target Query	Performs SIA/ municipality selections based on user-defined different criteria
Target Quadrant	Shows the correlation plot between two indicators, and perform selection of SIA/ municipality for each quadrant
Explain	Explains the variation of one indicator by several factors (the multiple regression model). Develops “What-If” scenarios.
Resource Allocation	Performs index-based resource allocation
Manage Indices	Composite indices manipulation (Create, Delete, Modify)

Further customizations to the first release of MapDecision, development into a web-based application, and automatic linkage to ORBIT were planned and completed in Year 2. In addition, MapDecision consultants have trained and turned over system, data, and map administration to PRISM Health MIS (management information systems) and IT (information technology) staff.

G2. Develop long-range IT/MIS strategies and programs

Develop plans and strategies for sustainable IT/MIS operations. Three options for sustaining PRISM’s MIS initiatives beyond the PRISM Project were identified: (1) divide PRISM information systems and apportion specific databases accordingly to various stakeholders/partners where each database will be managed by specific stakeholder/partner (e.g. midwives’ database by a midwife association), evolve PRISM information systems into a network portal for FP and MCH that will be maintained by a consortium of partners/stakeholders, and maintain PRISM information systems for USAID M&E/MIS.

In consultation with USAID PHN (Population, Health, and Nutrition), PRISM will work on implementing one of the above options beginning Year 3.

G3. Other accomplishments

Development and updating of data-gathering tools. Revision of the Midwife Information Sheet to capture MCH activities and development of data collection tools for other PRISM training courses: Project Management Training Course for the FPMT; Family Planning Peer Education and Counseling Training; BEST for Nurses; BEST for Doctors; One-day Contraceptive Technology Updates for Company Nurses; and One-day Contraceptive Technology Updates for Doctors. The data collection tools for these training courses were also designed to adhere to the data requirements of TrainNet, a web-based training database management system which USAID maintains and utilizes to report training activities and expenditures to the United States Congress.

Coordination of research efforts within USAID PHN. PRISM coordinated with the Private Sector Partnerships for Health (PSP-One) to review and provide inputs on a national study on Contraceptive Market Demand and several other proposed studies.

PRISM inputs to these proposed national studies were solicited by USAID to ensure that research efforts are not duplicated, as well as to get PRISM's research agenda into the PSP-One studies.

Improve the environment for commercial marketing. The database of accredited midwives as well as the list of LGUs enrolled in the Sponsored Program was turned over to the Market Development Component and to the SIAs. The information will also facilitate linkages of pharmaceutical companies and drugstores with midwives.

H. Project Support

In the beginning of Year 2, PRISM consolidated the support functions into the project support unit (PSU) to ensure a more coordinated and efficient delivery of day-to-day project management functions. The PSU oversees the following project implementation support functions: subcontracts and grants management, finance and administration, human resources management, and information technology. PRISM's large grants and subcontracts program is directly managed by this component, with the strategic and field operations also playing a very active role during implementation.

The PSU provides oversight to ensure that we efficiently allocate our resources to best achieve project objectives. During this year, we have streamlined processes and procedures and put in place the necessary structures to ensure compliance and efficiency in spending. We have also implemented a series of revised personnel policies which provide clearer and more transparent guidance to staff.

PRISM is continuously in the process of seeking new ways to streamline our operating environment. We believe a responsive and adaptive organizational set-up is the best way to address the challenges of mobilizing the private sector to provide products and services for family planning in the Philippines.

Specific achievements in the areas of grants, subcontracts, and human resources are detailed below.

I. Grants

The grants program overall strategy and purpose is to produce specific and measurable outputs to support the three PRISM components. To support this strategy, a total of nine grants were awarded in Year 2 which support the following:

- Establishment and maintenance of workplace FP programs — five awards
- Marketing of medium to low-priced contraceptive brands in the Philippines — three awards
- Sustaining commitment to family planning in the workplace through an excellence award — one award

Six grants were issued in the sixth quarter and the last three were issued in the eighth quarter. The first six grantees have succeeded in meeting their milestones on a timely basis. In addition, our grants team and field staff conduct regular monitoring visits for technical and financial oversight. PRISM has successfully established partnerships with its grantees, providing technical assistance and support to activities. In Quarter 8, we conducted final evaluations for several proposals submitted through the Annual Program Statement and for RFA 2006-01-04 for installation and maintenance of FP WP programs. We intend to award approximately 20 grants from these evaluations; as a result, the beginning of Year 3 will see a large volume of grants activity.

The workplace grantees are in the process of successfully installing and maintaining FP workplace programs in their partner firms. Valuable lessons have been learned during implementation, and are currently being applied to new workplace grantees. The pharmaceutical company grantees have all successfully completed prelaunch activities and have utilized the grant to facilitate market entry of their products. Organon has already reached 15 percent of its overall sales targets with the relaunching of Marvelon.

The project also supported the delivery of grant proposal development workshops to over 45 organizations. These workshops acquainted partners with the grants process and helped them successfully respond to the request for applications.

We established the appropriate mechanisms to ensure compliance with the Tiaht Amendment and Mexico City Policy and branding requirement by capacitating grantees, modifying our PRISM Grants Manual and issuing modifications to existing grant agreements.

Mid-year, a Chemonics grants specialist conducted an internal review of the PRISM grants program to ensure that the grants program had the appropriate mechanisms in place to award and manage grants successfully. We reviewed compliance to rules and regulations, systems and procedures, and roles and responsibilities. The grants program was found to be in outstanding shape and well positioned to move forward with managing a robust grants program.

We were also able to access, through a modification to the PRISM contract, the Letter of Credit through the Department of Health and Human Services. This has allowed us to access and issue funds to grantees more efficiently.

J. Subcontracts

PRISM accomplished critical tasks through its subcontractors, helping the project set the stage for future implementation and replication of activities. Our partner's achievements are highlighted below:

- PBSP completed the "How to Set Up a Workplace FP Program" manual and then piloted and installed the WP-FP Models to five companies. They went on to replicate the Workplace FP Program in 30 companies and in the process they further refined

tools and manuals that are utilized by PRISM grantees. They were also integral in conducting a rapid assessment of the Autonomous Region in Muslim Mindanao.

- The IRHP conducted Fertility Awareness and Fertility Awareness-Based Method and for the BEST for Midwives Training course, training a total of over 655 midwives in 45 batches. They also monitored the BEST graduates using the PRISM prescribed monitoring tools and checklist. In addition, they developed the curriculum/materials for orientation sessions for WP-FP program management teams and subsequently conducted sessions in participating companies.
- The PNGOC conducted BEST training and monitoring of graduates, training a more than 645 midwives in 45 matches. They also conducted outreach training for focused information dissemination in the private sector in support for family planning for workplace initiatives and provision of technical assistance in the formation of FP cluster outreach network for Components 1 and 2. They were responsible for dissemination of the “Administrative Order on Public and Private Sector Collaboration on Women’s Health and Safe Motherhood including Family Planning” after its approval. They were also one of the signatories for the implementation of the provisions of the AO on public/private partnerships for corporate social responsibility.
- PRISM also held a number of subcontracts to handle discrete tasks such as the conduct of surveys for the potential to install WP-FP programs in call centers, development of communications materials, and design of grants proposal development training.

K. Human Resources and Administration

In the last quarter of Year 2, PRISM underwent a reorganization to streamline so that there is no ambiguity in lines of reporting, responsibility and authority. In the first two years of implementation, the project responded to USAID’s expectation for a fast mobilization and ramping up by building the platforms and establishing the linkages to achieve results. Resources during the first two years were effectively applied to achieve those objectives. The infrastructure, modules, and systems are in place to achieve replication and scale. There are fewer resources now at the end of Year 2, as expected, and PRISM made adjustments to achieve results in Years 3 to 5 within this context. In deploying available resources, there are three priorities:

- 1) applying the most efficient support to program activities that will directly lead to project results and deliverables
- 2) applying the most viable staffing structure to achieve the results within the resource allocation
- 3) exercising the greatest degree of efficiency and cost effectiveness in expenditures

Taking into account our reorganization, PRISM reviewed every aspect of the project's operations, within the perspective of our contractual obligations. PRISM integrated some units and discontinued certain positions in order to flatten the lines of reporting and

realign the technical staff to more effectively leverage skills. The PRISM team believes this plan will give us an effective framework to manage and implement the activities of the project with transparency and an equitable sharing of responsibility.

Moving forward, the management team is represented by the chief of party, deputy chief of party, and project support unit director who oversee the three major units: the strategic planning unit, the field operations unit, and a project support and administration unit. PRISM is staffed by 75 individuals, located in three separate offices throughout the Philippines. The central office in Manila houses the Strategic Planning Unit, the PSU, and the Luzon regional staff. In addition, field offices in Cebu City and Davao oversee the implementation of activities in their respective region. Please see the revised organizational chart in Annex E.

PRISM succeeded in building a platform over the past two years and now intends to launch from that platform with a leaner, responsive, and incisive team focused on results. By making these adjustments now we will have more continuity and solidity for Years 4 and 5.

LESSONS LEARNED

A. Workplace Initiatives Component

The Workplace Initiatives Component gained valuable insights in the course of implementing workplace FP programs.

Choose partners that are likely to scale up the installation of workplace FP programs. The strategy to involve the conglomerates was wise. It is now becoming increasingly apparent that they have the capability to scale up workplace FP to include more firms under their umbrella and to cover communities where they have interests. A lesson learned from the recently concluded Asian forum on CSR shows that big business will always invest in CSR activities: first, in areas that will directly affect their business operations; second, in areas where they will find support in the value chain — their suppliers, subcontractors and business partners; and third, where communities will be greatly affected by their operations. By engaging these partners, PRISM resources invested in them will be leveraged, producing results way beyond what can be expected.

Enlarging the PRISM tent. Broadening the PRISM area of partnerships is needed in order to reach equally-minded partners. For example, dialogues with other donors, United Nations Population Fund, World Bank, KfW, and Japan International Cooperation Agency, to mention some, is important for harmonizing initiatives that are being undertaken in the workplaces. By coordinating and cooperating, synergies happen and resource allocation will be more rational.

B. Market Development Component

The Market Development Component successfully facilitated the preparation of the pharmaceutical companies in venturing into the provision of FP as demonstrated by the four major companies, namely: ECE Pharmaceuticals, Inc.; Organon Phils., Inc.; Schering Phils., Inc.; and Dyna Drug.

The component saw the potential impact of working together with pharmaceutical partners in achieving project goals. It is important that this relationship and interdependence be maintained.

It was also seen that the component effectively involved the pharmaceutical companies, together with the Rotary Club International and BoH, in pursuing projects like the “Adopt-A-Midwife” and the Regional Private Midwives Forum.

The next step is for PRISM to set up the mechanism for sustaining this interest of the Rotary Club International and the private midwives who took part in the matching forums in Manila and Davao City.

Areas for improvement:

- Internally, PRISM lacks the integrating component functions. There has been a tendency for each component to work individually instead of working together as team, thus, maximizing project resources.
- We should work towards a more holistic approach in integrating all efforts towards developing the commercial market. All components should have the market-driven mindset.
- Interdependence should be rendered more meaningful in future activities involving inputs from all components

C. Private Practice Services Expansion Component

For the Private Practice Services Expansion Component, the biggest lesson learned in Year 2 was to be ready for change — at any point in time — during implementation. The Component saw several changes taking place within the year. Each change had multiple effects in implementation at the field operations level and each effect had a relationship implication with PRISM partners that went along with it. These are the so-called “unavoidable circumstances” inherent in any project that could hopefully be minimized in the future.

Corollary to the biggest lesson, the component had to learn to adjust to these changes by having alternative plans at hand.

Another lesson was to hope for the BEST but do not count out the possibility of the worst happening. Component 3 had high hopes for the partnership with PCOM and PAFP. PCOM remained insistent on receiving a subcontract type of arrangement for its roll-out training for company doctors in spite of repeated explanations that only through submitting a proposal under the now-expired APS can they be funded for the activity. The PAFP new leadership seemed receptive at a face-to-face meeting in the second quarter but has remained evasive when followed up. Nevertheless, this has proven to be a blessing in disguise, as the latest “change” in the project seems to be to focus 100 percent on private practice midwives with birthing homes or with aspirations thereof.

D. Crosscutting

D1. Monitoring & Evaluation

For sustainability of the workplace programs, systems monitoring for grantees and M& E needed to go beyond project monitoring. It requires the development of firm-level subsystems specific to workplace family planning development. As part of the grant, beneficiary firms should have been assessed with respect to its absorptive capacity for a functioning monitoring and evaluation system beyond the project’s life. This entails

capacity building of regular company staff for the continued implementation of a program M&E system.

Simplicity is the key in all monitoring tools and training materials. In the process of implementing the monitoring tools, several revisions were made to simplify the tools and systems.

D2. HMIS

In enhancing PRISM's information systems, effort was focused on completing all the enhancements; only when sufficient tests had been made to check the system functionalities and structure, was the system launched for general use. In this instance, while the old ORBIT was still accessible by PRISM staff and partners, the enhanced ORBIT was being developed independently, so the system wasn't taken out of circulation. However, a better way to keep the staff updated on the enhancements would have been to release the enhancements by phases.

MOVING FORWARD YEAR 3: THE CHALLENGES

A. Workplace Initiatives Component

One challenge facing the workplace is reaching the 1,000 firms by end 2009. Under the specter of dwindling grant funds, it will have to adopt strategies that will install workplace FP to what it projects to be 250 firms that will form the balance of firms needing to install the program. One such strategy is to explore partnerships with DOLE by enabling regional implementers to install workplace FP programs. The challenge lies in the fact that PRISM's mandate is the private sector. However, this component will explore working with partners likely to be interested in funding the initiative to train DOLE personnel.

Year 3 will also be a time for the component to carefully consider how to institutionalize workplace FP, to the extent that its current partners are enabled to roll out the provision of training to new firms with no additional cost to PRISM. This is now a function of leveraging investments of PRISM on its partners.

B. Market Development Component

Market Development initiatives over the next twelve months will focus on:

- Stimulating increased demand for commercially available contraceptive products through information dissemination at the personal and community level with midwives as the primary conduit
- Roll-out of the EBM detailing and counseling training to improve the quality of information shared with providers and minimize barriers to contraceptive use
- Expanding distribution by leveraging relationships between Mercury Drugs and pharmaceutical partners
- Building a collaborative relationship with DKT to further cement a cohesive approach to growing the contraceptive market
- Facilitating the introduction of the IUD into the commercial market
- Stimulating increased access and affordability of key micro-nutrients for pregnant women and young children

C. Private Practice Services Expansion Component

There were a lot of unmet expectations among PRISM partners in Year 2. The challenge is to face each one and explain them.

With the new national strategy, new partnerships will be developed. The challenge is to not repeat what did not work with previous partnerships — something that can be done with clear and consistent directions.

The new strategy requires at least 500 private-practice midwives' birthing homes becoming PhilHealth accredited or accreditable by September 2009. The challenge is to get those midwives interested in PhilHealth considering the number of negative anecdotes that have been circulated — for example, difficulty getting accredited, the three-to-four month delay in reimbursements, and the low professional fees paid. Making PhilHealth attractive to professionals — midwives or doctors — will be very challenging, and is an area in which PRISM will focus its energies in the upcoming year.

Working with doctors will continue to be a challenge for the component. The main focus will be to get them to be supportive of PPMs to a point where they will agree to sign a memorandum of agreement with them, a requirement for PhilHealth accreditation. Hopefully, this year's new leadership at the Philippine Obstetrical and Gynecological Society will facilitate this effort, since the new head is very supportive of midwives.

D. Cross-cutting Activities

D1. Monitoring & Evaluation

Use of a simplified Tiaht monitoring tool and Mexico City Policy compliance monitoring by workplace and non-workplace setting grant beneficiaries presents opportunities and challenges for promoting informed and voluntary choice of family planning methods. As the project proceeds to implement its expanded scope of work to integrate family planning in a broader maternal and child health program, the need for new monitoring and evaluation tools that will be used for tracking project performance in FP and MCH becomes urgent. The revised M&E tools are especially critical for the project operations staff in meeting the quarterly deliverables. Priority attention must be given to the adoption of appropriate protocols in the delivery of integrated FP and MCH services by private providers. This entails further collaboration with the Department of Health's Safe Motherhood and Maternal and Child Health programs.

D2. HMIS

While the information system has been developed, the maintenance and utilization of ORBIT and MapDecision by PRISM staff in day-to-day operations as the central project database of PRISM events, documents, and data, remains a concern.

The maintenance of the HMIS entails implementation of information system protocols and responsibility centers for updating ORBIT and WebMapDecision. In addition, measures to define and implement limited access level(s) to ORBIT and WebMapDecision for PRISM partners have to be adopted. For the HMIS to be relevant, continuous updating of data collection tools, such as the incorporation of MCH data, is needed. Finally, for maintenance and efficiency of the system, the Technical Resource Group must refine and debug structure and interface as needed.

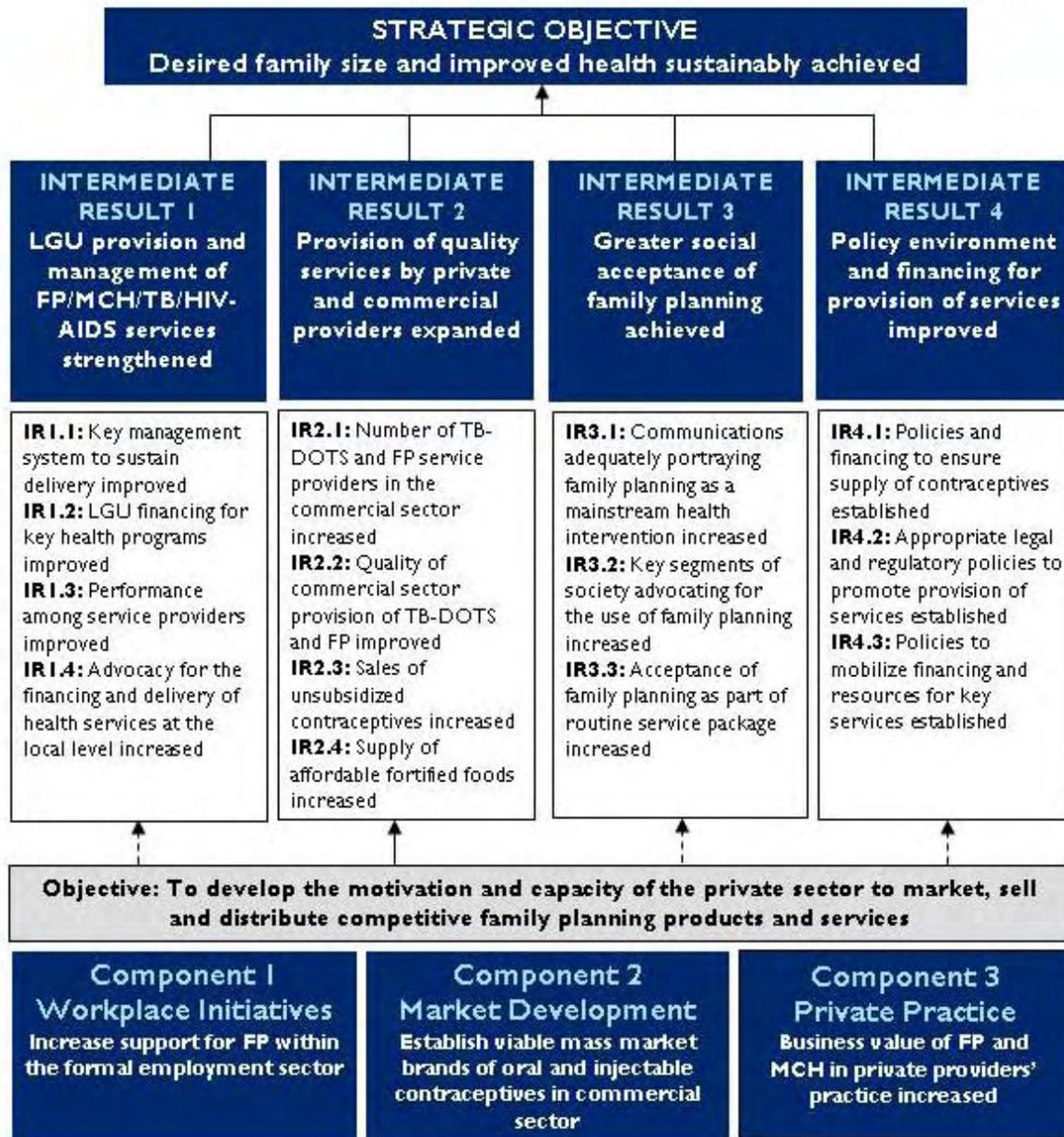
For maximized use of the HMIS it is necessary to institute internal policies that obligate PRISM staff to use ORBIT as their database instead of keeping individual databases, thereby making their databases and documents accessible. A parallel effort to orient and

train PRISM staff, including regional office staff and partners on ORBIT and WebMapDecision must be in place.

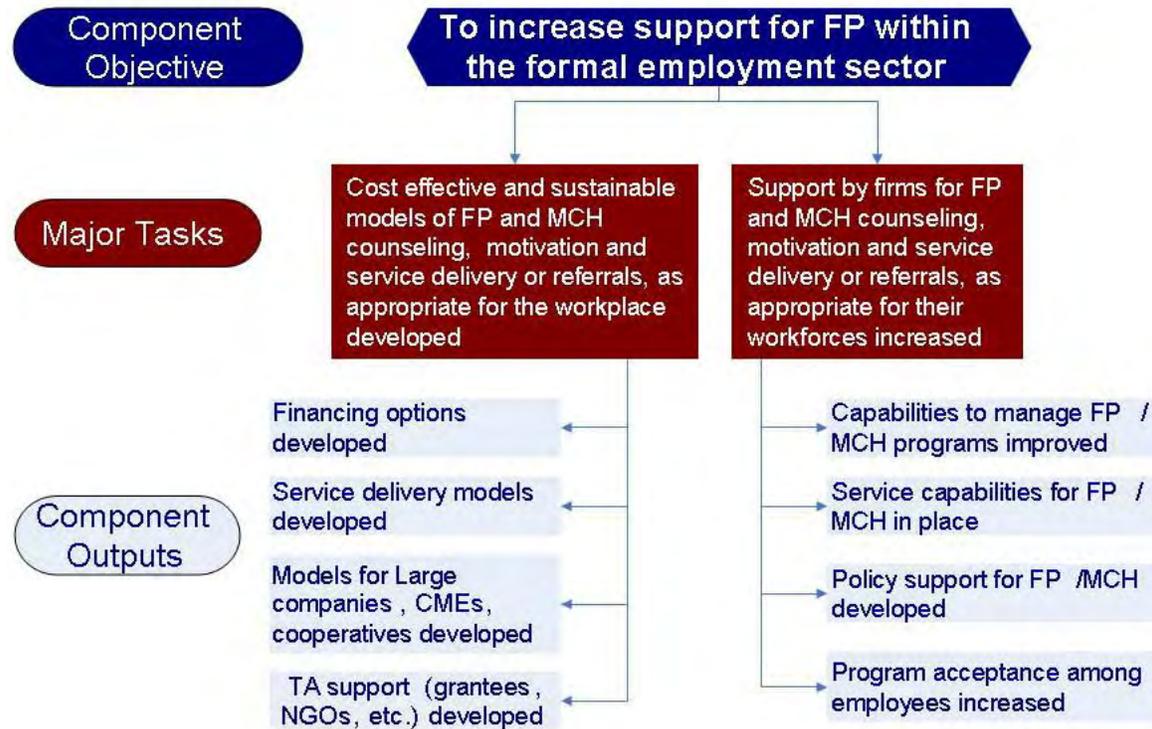
It is of great importance for the Technical Resource Group to identify a database heir as early as now. This could be a single institution or a consortium of stakeholders to take on and evolve PRISM's MIS initiatives to a sustainable information system for FP/MCH accessible by health care services stakeholders. Long-term strategies to sustain the PRISM ORBIT and WebMapDecision have to be developed in consultation with partners and stakeholders.

ANNEXES

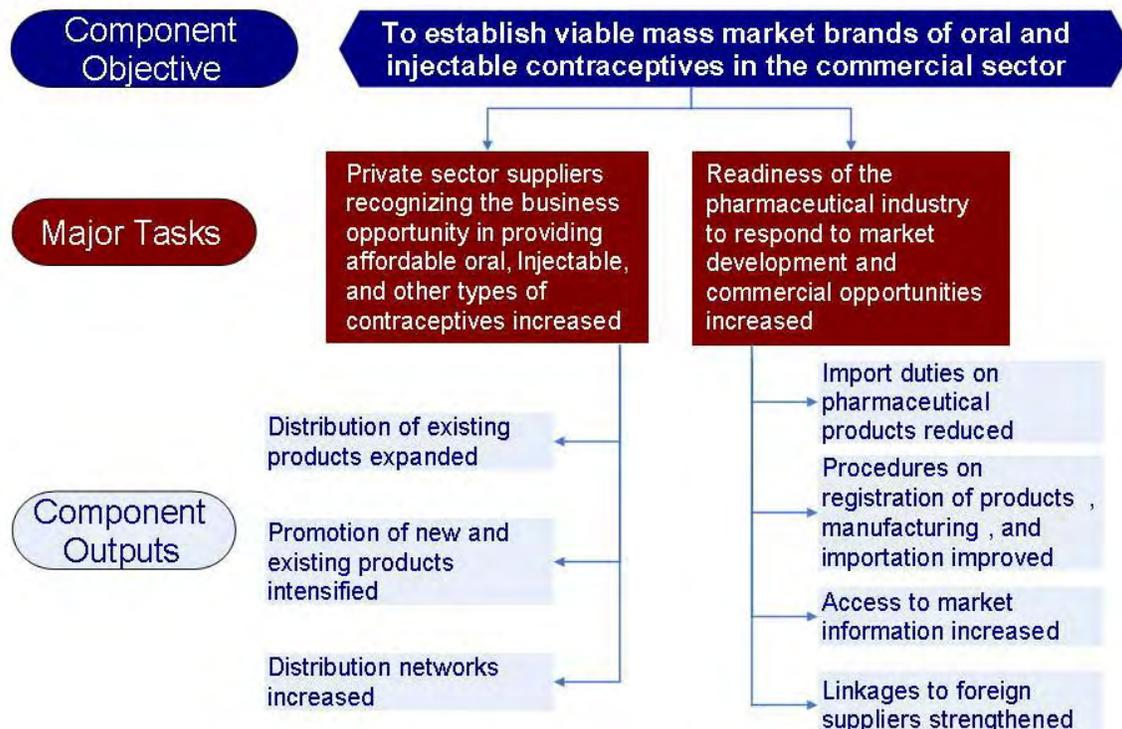
ANNEX A. PRISM RESULTS FRAMEWORK



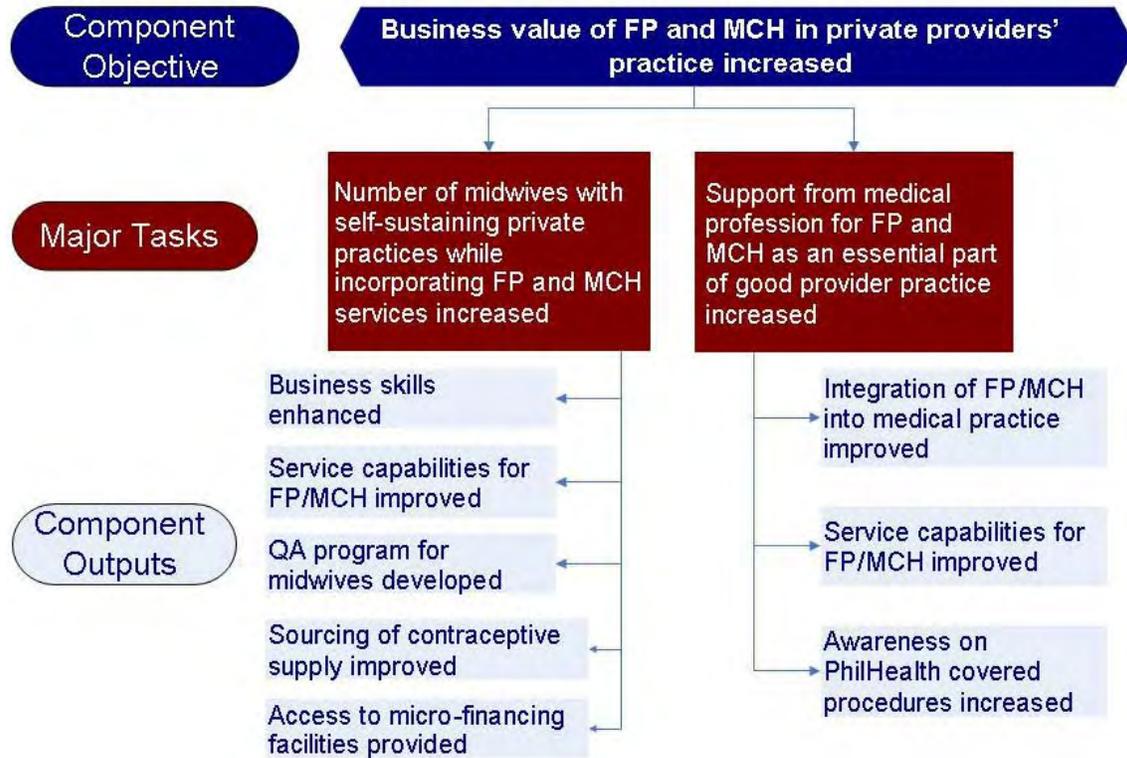
Results Framework: Component 1



Results Framework: Component 2



Results Framework: Component 3



ANNEX B SUMMARY OF PERFORMANCE INDICATORS AND ANNUAL TARGETS

COMP.	Performance Indicators	Definition	Baseline (2004)	Actual	Annual Targets				
SO3	Contraceptive Prevalence Rate (CPR) for modern methods obtained in the private sector	The proportion of currently married women between ages 15-49 (or their partners) reporting current use of any modern family planning method	11.5%	12.8%	12.1%	14.7%	16.8%	18.8%	20.8%
Workplace FP Initiatives	1.1: Number of national associations/ partner institutions with capacity to implement workplace FP programs	PRISM supported business associations or other umbrella organizations implementing capability building activities, outreach, program monitoring and evaluation for workplace FP program among their member firms	0	0	1	3	6	9	12
	1.2: Target companies/ cooperatives implementing PRISM-supported FP programs	Refers to the number of companies or cooperatives participating in project interventions that execute project supported FP programs or those firms that improve on their existing programs.	0 (2006)	0	2	200	300	300	198
	1.3: Target companies/ cooperatives implementing PRISM-supported MCH programs	Refers to the percent of companies/ cooperatives participating in project interventions that implement project supported MCH programs or improve on their existing programs.	0 (2006)			0	TBD	TBD	TBD
	1.4: Proportion of employees in target companies/ cooperatives reporting use (or partner's use) of a modern FP method	The percent of male and female employees of reproductive age in participating companies/cooperatives who report current use of a modern family planning method.	TBD (2006)			TBD	TBD	TBD	TBD

COMP.	Performance Indicators	Definition	Baseline (2004)	Actual	Annual Targets				
	1.5: Proportion of expectant mothers/mothers with newly born babies who have used company supplied MCH services	Refers to the percent of employed mothers of newborns/expectant mothers who report using MCH services provided at the workplace in participating companies	TBD (2006)			TBD	TBD	TBD	TBD
Contraceptive Market Dev't	2.1: Number of cycles of oral contraceptives sold	Total annual sales of each brand of oral contraceptives measured in cycles sold	10.9 M	11.8	11.4 M	12.8 M	14.7 M	16.2 M	17.8 M
	2.2: Number of IUDs sold	Total annual sales of each brand of IUDs			.093 M	.100 M	.112 M	.129 M	.148 M
	2.3: Number of vials of injectables sold	Total annual sales of each brand of injectables measured in vials.	.116 M	.219 M	.146 M	.417 M	.751 M	1.276 M	2.042 M
	2.4: Market share for private sector FP products	Proportion of current users of a modern FP method who obtained their method from a private sector source at last purchase.	32.8%		35.6%	40.6%	50.0%	60.4%	70.4%
	2.5: Source of oral contraceptives at last purchase	The proportion of users of oral contraceptives who obtained OC's from a private sector source at last purchase	41.8%		46.5%	51.5%	58.5%	65.5%	72.0%
	2.6: Source of injectable contraceptives at last purchase	The proportion of users of injectable contraceptives who obtained their injection from a private sector source at last purchase	6.3%		9.9%	15%	22%	32%	42%
	2.7: Source of IUDs at last purchase	The proportion of users of IUDs who obtained their device from a private sector source at last purchase	14.9%		18.3%	24.3%	35.3%	47.3%	59.3%
	2.8: Proportion of continuing	Proportion of MWRA who are ever	TBD		TBD	TBD	TBD	TBD	TBD

COMP.	Performance Indicators	Definition	Baseline (2004)	Actual	Annual Targets					
	modern family planning users who obtained their method from the private sector	users of modern FP and continue to use modern methods obtained from private sector sources								
Expansion of Private Practice	3.1: Proportion of participating (workplace) private healthcare providers other than midwives that offer at least one project supported MCH service	Proportion of participating (<i>workplace</i>) private healthcare providers other than midwives that offer at least one of the following project-supported MCH programs, namely: pre-natal care (at least once), tetanus toxoid vaccine injection (at least one), post-natal counseling	TBD			55%	60%	65%	70%	
	3.2: Proportion of participating midwives who report increased revenue from FP service provision 6 months after training	Proportion of midwives (who underwent BEST training) reporting increased revenue resulting from adding/expanding family planning services to services already offered.	59%		59%	65%	70%	70%	70%	
	3.3: Proportion of participating private midwives who provide Tetanus Toxoid Vaccine services	Proportion of midwives (who undergo BEST-MCH training) providing immunization on Tetanus Toxoid to pregnant mothers	TBD (2006)				65%	70%	75%	
	3.4: Number of claims for reimbursements from PhilHealth for covered family planning services	Number of claims for reimbursements from PhilHealth covered services by private physicians.		TBD	1,149	1,494	2,091	3,137	5,019	

ANNEX D. DESCRIPTION OF FP PROGRAM TYPES

How does the FP Index work?

For the FP Index to work, companies need to first determine the desired program type they are currently implementing or desire to implement depending on the range of FP services to be made available. The following table can be used as a guide:

Service Characteristics
Type A Program - Company provides all FP methods and products, including surgical methods (Vasectomy and ligation). Counseling is provided before FP products are provided
Type B Program - Company provides clinical methods (IUD and injectables) on top of pills, condoms, SDM beads and other modern methods. Counseling services are provided. A referral system for permanent methods is in place
Type C Program – Company dispenses pills, condoms, SDM beads and other modern methods. Counseling services are provided. Clinical methods (IUD and injectables) as well as surgical methods (vasectomy and ligation) are referred.
Type D Program - In addition to information giving, company provides counseling services. No dispensing is provided but employees are referred to an external source
Type E Program - Company only provides information on FP methods, providers of counseling, and FP products

In the computerized version of the FP Index, this process of identifying a company's program type is aided selecting service options. Using the Component I: Services section of the FP index, a selection is made by putting an "x" over the box "Y" for Yes indicating presence (or desired for those without an FP program) of a program service. After completing this, a PROGRAM TYPE INDICATOR is displayed.

Component I. Services

Does your FP program provide the following services on the company premises?

- | | Y | N | Relevance |
|---|--------------------------|--------------------------|-----------|
| 1. Information (brochures, distribution of informational materials, etc.,not necessarily leading to the adoption of a method) | <input type="checkbox"/> | <input type="checkbox"/> | A-E |
| 2. Referral for FP services not available on the company premises | <input type="checkbox"/> | <input type="checkbox"/> | A-D |
| 3. Counseling (one-on-one dialogue intended to lead to the adoption of an FP method) | <input type="checkbox"/> | <input type="checkbox"/> | A-D |
| 4. Distribution of contraceptives | | | |
| a) oral contraceptives ("pills") | <input type="checkbox"/> | <input type="checkbox"/> | A-C |
| b) condoms | <input type="checkbox"/> | <input type="checkbox"/> | A-C |
| c) cycle beads | <input type="checkbox"/> | <input type="checkbox"/> | A-C |
| d) contraceptive patch | <input type="checkbox"/> | <input type="checkbox"/> | A-C |
| 5. Provision of clinical methods | | | |
| a) injectable | <input type="checkbox"/> | <input type="checkbox"/> | A-B |
| b) IUD insertion | <input type="checkbox"/> | <input type="checkbox"/> | A-B |
| c) IUD removal | <input type="checkbox"/> | <input type="checkbox"/> | A-B |
| 6. Vasectomy (male sterilization) | <input type="checkbox"/> | <input type="checkbox"/> | A |
| 7. Bilateral tubal ligation (female sterilization) | <input type="checkbox"/> | <input type="checkbox"/> | A |

Program Type

Component I Scores		
FP program type	Score	Total possible score
A	0	12
B	0	10
C	0	7
D	0	3
E	0	1

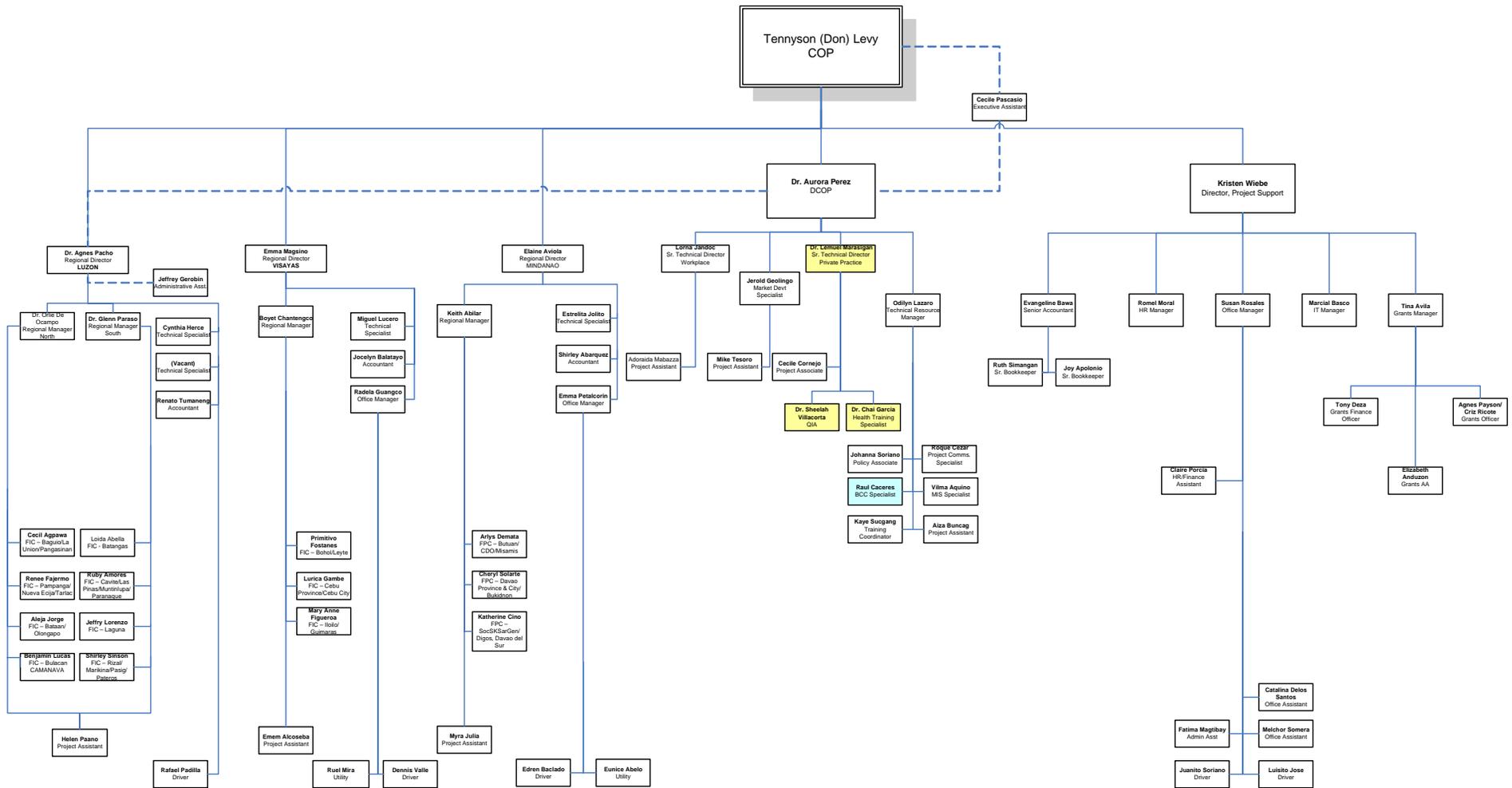
The next step is to select the characteristics of the program type. In the succeeding sections of the FP Index, a graduated scoring system is used to provide a relative measure of the program's strength and weaknesses across four (5) major areas: 1) the quality of the program type, 2) characteristics of the implementing policy, 3) its sustainability, 4)

Organizational Structure, and 5) employee's satisfaction of the program. The specific characteristics measured in each area that are measured are as follows:

- a) Quality of Program – This section looks at the presence/absence of quality standards for service delivery such as the availability of a trained service provider, facilities that ensure client privacy, comprehensiveness of IEC activities, etc.
- b) FP Policy - This component looks at the presence/absence of an existing policy on FP as well as its coverage (does it include men and women, management and staff), where the policy is articulated (eg. written in HR manual, part of a service contract), and policy dissemination activities.
- c) Sustainability – This section looks at the presence/absence of programmatic and non-programmatic mechanisms that will sustain the program. These include program financing (including PhilHealth), continuing activities to ensure presence of trained providers and peer educators, and involvement of company management
- d) Organizational Structure - This section looks at the program's management structures and processes in place including systems for managing information, procurement, monitoring and evaluation
- e) Employee satisfaction – This section looks at the presence/absence of a system that tracks and assesses employees perceptions about the workplace FP program

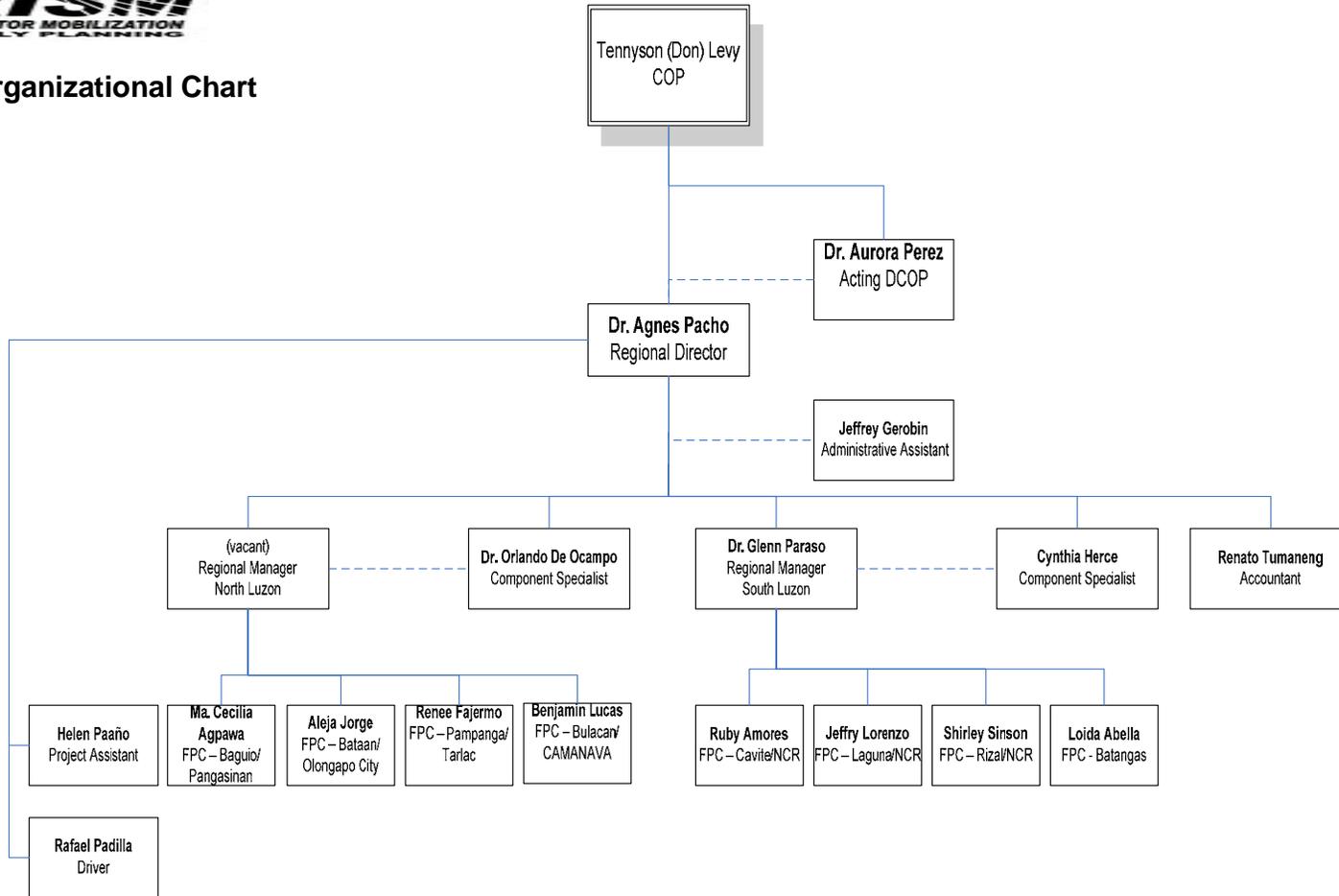
An aggregate score for each area above as well as a total score is computed and compared with total possible scores. Expressed as a percentage of the total scores, the computed figures are shown in a graph to display areas in the program that need to be strengthened in the case of companies with existing FP programs or the expected characteristics of a desired program type for those planning to establish a program.

ANNEX E. PRISM ORGANIZATIONAL CHARTS



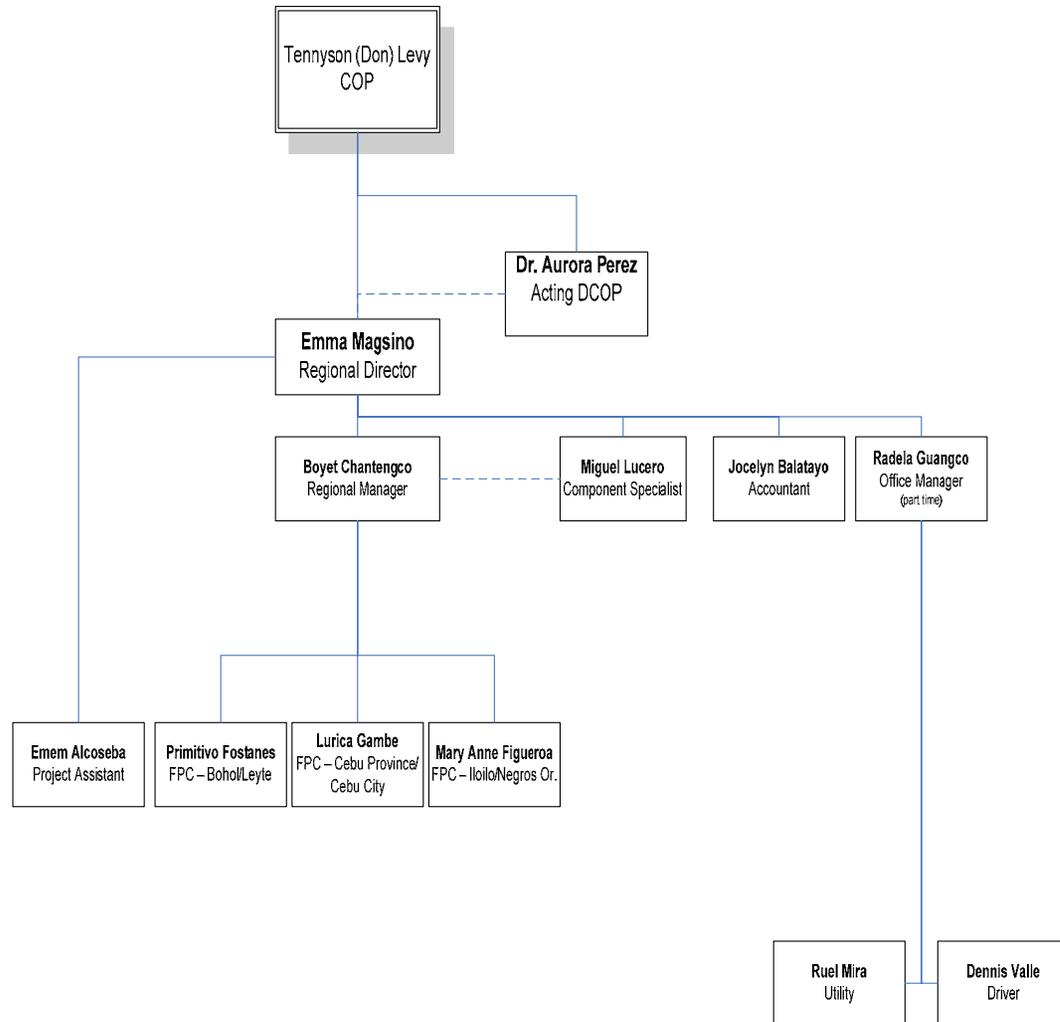


LUZON Organizational Chart





VISAYAS Organizational Chart



MINDANAO Organizational Chart

