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PRIVATE SECTOR MOBILIZATION FOR FAMILY HEALTH (PRISM)

**YEAR 3 ANNUAL REPORT
(1 OCTOBER 2006 TO 30 SEPTEMBER 2007)**



15 November 2007

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

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CONTENTS

Acronyms

Section I: Year 3 Overview	1
Section II: Key Strategies and Accomplishments	6
Workplace Initiatives	7
Market Development Initiatives	18
Private Practice Initiatives.....	25
Section III: Project Management and Grants Management	33
Section IV: Lessons Learned	41
Section V: Plans for Year 4	44

ACRONYMS

ANC	Antenatal Care
AO	Administrative Order
APS	Annual Program Statement
ARMM	Autonomous Region for Muslim Mindanao
BCC	Behavior Change Communication
BEST	Business Enhancement Support Training
BFAD	Bureau of Food and Drugs
BNB	Botika ng Bayan (community drug stores)
CAs	Cooperating Agencies
CSR	Contraceptive Self-Reliance
CTU	Contraceptive Technology Updates
CWG	Consultative Working Group
CYP	Couple Years of Protection
DILG	Department of Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
EBC	Evidence-Based Counseling
EBM	Evidence-Based Medicine
FHMTs	Family Health Management Teams
FIC	Field Implementation Coordinator
FP	Family Planning
FWP	Family Welfare Program
HPDP	Health Policy Development Project
IEC	Information Education and Communication
IMAP	Integrated Midwives Association of the Philippines
IMS	Intercontinental Medical Statistics, Health Philippines, Inc.
IR	Intermediate Result
IRHP	Institute for Reproductive Health Philippines
IRR	Implementing Rules and Regulations
IUDs	Intrauterine Devices
KRA	Key Results Area/s
LAM	Lactational Amenorrhea Method
LGUs	Local Government Units
LOE	Level of Effort
LSSP	LGU Systems Strengthening Project
MAT	Moving Annual Total
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MIS	Management Information System
MOU	Memorandum of Understanding
MWs	Midwives
NGOs	Non-Government Organizations

OCs	Oral Contraceptives
PBSP	Philippine Business for Social Progress
PHIC	Philippine Health Insurance Corporation
PMP	Performance Monitoring Plan
PNDF	Philippine National Drug Formulary
POGS	Philippine Obstetrical and Gynecological Society
PPI	Private Practice Initiatives
PPMs	Private Practice Midwives
PRC	Professional Regulation Commission
PRISM	Private Sector Mobilization for Family Health
RA	Republic Act
RFAs	Requests for Applications
RH	Reproductive Health
SBA	Skilled Birth Attendant
SCC	Strategy Coordinating Committee
SDM	Standard Days Method
SIAs	Strategic Intervention Areas
SMEs	Small and Medium Enterprises
SO	Strategic Objective
STTA	Short-term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TB-LINC	Linking Initiatives and Networking to Control Tuberculosis
TOT	Training of Trainers
TSAP	The Social Acceptance Project
TTV	Tetanus Toxoid Vaccines
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government

SECTION I: YEAR 3 OVERVIEW

Private Sector Mobilization for Family Health (PRISM), a five-year USAID project, builds the capacity of private companies and commercial providers to market, sell, and provide family health (maternal and child health and family planning) products and services in the Philippines. Directly supporting the Department of Health's (DOH) contraceptive self-reliance strategy, PRISM also motivates current users who can afford to pay for family health products and services to shift from public to private sources. By doing so, the project increases the number of new family health clients in the private sector.

This annual report chronicles PRISM's gains in partnership building at various levels, extension of technical assistance to cooperators, and grants management and monitoring from October 1, 2006 through September 30, 2007

Key Strategies

In Year 3, PRISM continued harnessing the capacities of grantees, business groups, civil society groups, and concerned government agencies to conduct groundbreaking activities for family health. It was also a period of thematic expansion for PRISM when USAID added maternal and child health (MCH) as a new area of concern. Hence, from the "Private Sector Mobilization for Family Planning," the project title became the "Private Sector Mobilization for Family Health." To reflect the expanded focus, PRISM recalibrated its indicators, targets and activities. As the project embraced MCH, more opportunities came for PRISM to promote family planning to conservative individuals and groups who tend to accept family planning (FP) in the context of ensuring the health of mothers and children. Further, under the private practice initiatives, the project shifted its attention to helping midwives become DOH-licensed and getting their respective birthing homes accredited by PhilHealth.

PRISM rapidly adjusted to the changes in priorities and strategies and transformed Year 3 into a year of results. PRISM succeeded in not merely telling, but showing to and through partners the business value of family health through its major project initiatives, which now incorporate maternal and child health interventions:

Lessons Learned

1. The integration of MCH provides additional leverage for bringing in new partners in the playing field.
2. BCC materials and job aids are necessary to a midwife's effective performance of her work.
3. Projects should not set high targets for initiatives that rely too much systems and procedures beyond their control.
4. Large pharmaceutical companies need assistance in distributing products at the community level.
5. Project should maximize the capacity of partners to disseminate FP/MCH information through the local media.
6. Establishment of a community-based referral system is a strategic move to integrate and sustain PRISM initiatives.

Strategic Objective 1: Support for FP and MCH services within the formal employment sector increased (Workplace Initiatives). PRISM provided expertise and assistance to partner companies in setting-up and institutionalizing workplace family health programs (WFHP). Convinced of the value of investing in employees' health as a means to ensure productivity, companies expressed the need for more assistance in replicating their health programs within their network of companies. A growing number of corporations even set aside their own funds to scale-up their health programs, bringing PRISM to its next tier of assistance: the non-grants Strategic Technical Assistance Resource (STAR) program.

Strategic Objective 2: Establish viable mass-market brands of oral and injectable contraceptives, IUD, and selected MCH products in the commercial sector (Market Development Initiatives). The significant increase in private contraceptive sales, especially among low-priced commodities, showed that pharmaceutical companies have the potential to shift the demand for family health commodities from the public to the private sector. To maximize this potential, PRISM helped pharmaceutical companies distribute their products more efficiently. The project explored avenues for alternative distribution systems for low-priced commodities, the most promising of which is the Botikang Bayan (community drugstore) network of a large pharmaceutical partner. PRISM also extended assistance in ensuring that the policy environment remains conducive for the commercial marketing of contraceptives.

Strategic Objective 3: Increase business value of MCH and FP in private provider's practice (Private Practice Initiatives). The inclusion of MCH as a new area of focus for PRISM proved beneficial to private practicing midwives (PPMs) who were able to address a wider range of client needs. This was due largely to the MCH updates PRISM gave to its partner midwives. Moreover, PRISM expanded PPM's clientele by linking them with referral systems catering to the health needs of communities and companies.

Project Outcomes

PRISM's key initiatives assisted the private sector in improving the health of men, women, and children in communities and workplaces. The following numbers prove this:

- 1.3 million people reached with FP messages through partners' initiatives (verify)
- About 80,000 and 3,625 couple years of protection (CYP) provided through sales of low-priced pills and injectables through participating private midwives and workplaces, respectively.
- 17 percent increase in sales volume of hormonal contraceptives
- About 7,600 birth deliveries attended by PRISM supported private practicing midwives
- 841 children provided treatment for diarrhea
- About 3,200 pregnant women assisted in completing four antenatal care (ANC) visits
- PhilHealth members and dependents in PRISM SIAs used PhilHealth financing for 2,674 FP and 39,954 MCH services.

Although the project did not reach its target for two indicators, specifically the “number of counseling visits for FP/RH as a result of USG assistance,” and “sales volume of hormonal contraceptives (pills and injectables)” actual performance is noteworthy. About 14,000 men and women working in companies were counseled on FP by PRISM-supported PPMs and workplace health providers. Also, sales volume of pills and injectables grew by 19 percent, translating to 16.4 million cycles of private sector supplied contraceptive products accessed by users.

Results of survey data will be available in the succeeding quarterly report for two outcome indicators specific to measuring the performance of the project’s workplace family health programs: 1) increase in proportion of employees in participating companies/cooperatives reporting use (or partner’s use) of a modern FP method; and 2) proportion of pregnant employees (or wives of employees)/mothers of infants (0-12 months old) provided MCH information and/or services. Nevertheless, PRISM gathered the following data, which serve as proxy indicators for the two earlier stated:

- 1,370 new FP users and 3,567 continuing users were assisted by workplace health providers.
- 1,370 MCH services were provided to pregnant employees through workplace family health programs.

On sales volume of IUDs, the project’s initiatives for introducing affordable IUDs in the commercial market will begin in Year 4. Hence, results on this indicator will be reported in the next period.

Project Management

Integrating MCH in PRISM’s results framework proved challenging, more so because of the need to address USAID’s call to include project outcome indicators on top of its process indicators. But through various consultations with USAID, PRISM was able to revise its Performance Monitoring Plan (PMP) in July 2007, reflecting the expanded focus as well as the additional outcome indicators requested by USAID. Aside from this, PRISM also succeeded in developing a system to better track the project’s performance vis-à-vis its indicators.

PRISM management prevailed over the difficult challenge of optimizing resources (e.g.: money, people, materials, energy) to carry out defined activities while integrating new strategies and directions.

Overcoming these challenges may not have been possible without the steadfast commitment of PRISM staff as the project contended with its own organizational changes. Key staff left, so those left behind labored to cope with the demands of seeing through a project going through major changes. Toward the end of the year, PRISM brought in new people. The project benefitted from their fresh perspectives, expertise, and passion for and commitment to development.

PRISM also received timely technical assistance from the head office in Washington, D.C. In the middle of the year, the chief of party took medical leave and a senior officer from Chemonics headquarters arrived to fill the leadership gap.

With help from Chemonics, Manoff, and Engenderhealth, project senior staff strengthened project implementation and focused on project deliverables in response to technical issues emanating from or partly as a result of the external evaluation. This sharing of expertise among the consortiums fostered a greater sense of community among the staff sending the clear message that “we’re all in this together.”

Family Planning Policy Monitoring and Compliance

PRISM served as the lead cooperating agency in educating USAID partners and projects about FP policy and relevant guidelines to ensure that clients are making informed and voluntary decision-making regarding their reproductive or FP choices. The team conducted a series of workshops in Manila, Cebu, and Davao to familiarize participants in U.S. government policy requirements; to develop a common interpretation of implications for the Philippines context; to develop skills in educating and monitoring local counterparts and in developing an action plan to sustain monitoring and compliance of all concerned projects and government agencies.

Grants Management

PRISM’s grants mechanism exemplified the key principle “work through, don’t do.” The grants component helped the project to pursue collaboration and strategic alliances with various organizations to successfully implement family health programs. In Year 3, PRISM worked with 44 grantees, who in turn mobilized 366 companies, 44 cooperatives, 88 small and medium enterprises, and 702 private practice midwives.

Beyond these numerical targets, PRISM’s grants mechanism allowed for greater innovation and creativity because grantee organizations found opportunities to team with organizations outside of their traditional network. For example, to form and train its family health management teams, the Lopez Group tapped the expertise of FriendlyCare.

Defining and Realizing Legacies

At the end of Year 3, PRISM defined five legacies it intends to contribute to USAID’s SO3 and to the Department of Health’s FOURmula One for Health. Through PRISM, the private sector is a major contributor to the outcomes of the four pillars of FOURmula One. Legacies are capacities, relationships, products, reputations that can be built on beyond project life. Defining the legacies is an opportunity for the project to start planting the seeds of sustainability so that partners will continue to provide better family health services and safe and affordable health products in workplaces and communities. These legacies also serve to drive and steer the overall direction and focus of the project for the remaining two years of implementation. The five legacies are stated as follows:

- Legacy 1: Workplace FP/MCH guidance system. Develop a roadmap for companies to help them provide and sustain FP/MCH services, with the support of networks and linkages through the workplace.
- Legacy 2: Alternative distribution systems. Establish a robust, efficient, sustainable private sector distribution system that will supply high quality, affordable and consistently available products to and in the community.
- Legacy 3: Low-cost/generic FP products. Introduce affordable products at the community level for FP/MCH through generics.
- Legacy 4: Highly professional midwife. Enable the development of a professional, credible midwife providing high quality reproductive, maternal and child health care in the community and to establish institutional support systems to facilitate the ability of such midwives developing sustainable accredited birthing homes.
- Legacy 5: Empowered midwife institutions. Create an institutional platform that would influence or enhance the enabling environment to build the professionalism, credibility, and sustainability of midwives.

PRISM gained the support of USAID on the legacies and made inroads in communicating them to the staff and its partners as well as translating such legacies in operational terms.

SECTION II: KEY STRATEGIES AND ACCOMPLISHMENTS

Workplace Initiatives

Market Development Initiatives

Private Practice Initiatives



Workplace Initiatives



Strategic Objective 1: Support for FP and MCH services within the formal employment sector increased

In Year 3, PRISM assisted 321 companies, cooperatives and SMEs set-up and maintain workplace family health programs. Through these programs, PRISM-trained workplace health providers serviced 1,370 new and 3,567 continuing FP users working in participating companies and cooperatives. Most new FP users chose condoms (71 percent) and pills (21 percent); a small portion of chose the Standard Days Method (4 percent) and injectables (3 percent). Most of the continuing FP users in the workplace preferred pills (46 percent) and condoms (42 percent), with a small portion (6 percent each) of injectables and IUDs. Only a few chose SDMs.

Also during the year, 1,370 pregnant employees and pregnant spouses of employees in 321 participating companies, cooperatives, and SMEs availed themselves of MCH services from these workplace health programs. Most MCH clients received prenatal consultation, nutrition information for pregnant and lactating mothers, and tetanus toxoid vaccination. Interestingly, also in Year 3, there were 388 employees of participating companies and cooperatives who used PhilHealth financing for FP and MCH services.

To sustain the family health programs, PRISM organized and trained family health management teams (FHMTs) comprised of key people in the company. Institutionalized through company policies, these teams will manage the company's health programs beyond 2009.

In Mindanao, through the initiatives of Oro Chamber of Commerce and La Frutera Inc, FP and MCH messages reached more than 1 million men and women within and outside the workplace. A significant portion of these audiences (92 percent) were reached

through radio and broadsheets, 6 percent of them read the messages from health provider publications, and less than 1 percent heard the messages from one-on-one discussions with peer educators. Another one percent heard them during trainings, orientations, and counseling at the workplace.

Key Strategies

Intermediate Result 1.1: Cost-effective and sustainable models of MCH and FP counseling, motivation and service delivery or referrals, as appropriate, for the workplace developed.

A. MCH/FP models for large companies

PRISM increased its grant awards, which promptly augmented the number of workplace family health program models specially designed for large companies. These companies of varying types of industries, developed policy, financing, and service delivery options tailored to the needs of their employees. Table 1 lists some examples of MCH/FP models developed for large companies.

Table 1: MCH/FP models for large companies

Industry Type	Company	Financing Schemes
Agricultural	<ul style="list-style-type: none"> - Chiquitta Unifrutti Philippines - Nova Vista Management and Development Corporation - Asian Hybrid Seeds Technologies, Inc. 	<ul style="list-style-type: none"> - HMO provided - Employees pay for contraceptives at cost - Company gives P150 per employee per month for contraceptives
Service	<ul style="list-style-type: none"> - Victory Liner (transportation) - Sitel (call center) - Keppel (ship repair/building; male-dominated company) 	<ul style="list-style-type: none"> - Policy to be developed - Company paid; interest-free loans for dependents for VSS
Manufacturing	<ul style="list-style-type: none"> - KH Cebu Corp (garments) - Maitland-Smith (furniture) - Cebu Mitsumi - Timex (watch manufacturing) - On Semicon (Microelectronics) 	<ul style="list-style-type: none"> - Self-pay except VSS, IUD insertion (PHIC) - Self-pay(salary deduction) - Self-pay; purchased from employees' cooperative - Company-paid - Company-paid

Note: VSS services, IUD insertion are usually referred to a referral partner outside the firms; PHIC-paid, except for Keppel that provides a P21,000 subsidies for employees for VSS in Keppel-accredited hospitals; VSS for dependents are subject to interest-free loans.

SME Model in Pangasinan. PRISM, upon the request of the Pangasinan Provincial Government, developed a model to help address the needs of SME employees in the province. The office of the governor allotted Php 1 million for the installation of MCH and FP in the SMEs.

Together with the Provincial Health Office (PHO) and Provincial Population Office (PPO), PRISM selected four SME associations for the initial phase. In May 2007 the

Pangasinan Provincial Government, SMEs and PRISM signed a tripartite agreement on the installation of family health programs in 15 pilot SMEs in the province.

B. MCH/FP models for SMEs/cooperatives

Under the grants mechanism, PRISM established different types of models for small and medium enterprises/cooperatives as well. Table 2 shows some of the evolving models.

Together with the Provincial Health Office (PHO) and Provincial Population Office (PPO), PRISM selected four SME associations for the initial phase. In May 2007 the Pangasinan Provincial Government, SMEs and PRISM signed a tripartite agreement on the installation of family health programs in 15 pilot SMEs in the province.

Table 2: Workplace models

Industry Type	Organization	Financing Scheme
Academia	Easter College STI Colleges AMA Computer College	Installation ongoing Installation ongoing Installation ongoing
Manufacturing	Hitachi Ind. Machineries, Inc. Line Seiki Phil., Inc. Phil. Advanced Processing Inc. KIP Company Inc. Kings Rubber Int'l. Inc. Sanwa	Employees of these SMEs buy their own contraceptives; Sanwa pays for the initial supply, employees pay for re-supply; VSS and IUD services are referred.

C. MCH topics integrated in training modules and tools

The expansion of PRISM's scope, which now includes MCH, necessitated the updating of training modules for the installation of workplace family health programs. PRISM revisited its existing training modules and determined the best way to integrate MCH in the content.

Specifically during the year, the project completed the integration of MCH into the Peer Educators' Training for Workplace Family Health Program. This two-day course aims to build the capability of in-plant peer educators to conduct behavior change communication (BCC) activities to promote the discussion of family planning in the workplace. The course includes basic information on specific FP methods and effective interpersonal communication skills.

PRISM finished the review of two other modules namely: 1) Workplace FP-MCH Program Management Training (PMT) for Firms; and 2) Training on Workplace FP-MCH Monitoring and Evaluation Tools.

The former is a two-day skills building training for the family health management team (FHMT) of PRISM participating companies for the installation of workplace family health programs. Anchored on the Program Development, Implementation, Monitoring and Evaluation (PDIME) framework, the course is designed to train implementers on all

the components of the WPFH program: "how-to's" of installation, monitoring, and evaluation. The latter is one-day training for program implementers on the use of the monitoring and evaluation tools for workplace.

All the tools and training modules will be completed by first quarter of Year 4.

D. Trainings on family health topics and program management

D.1. Participating companies/cooperatives

The project exceeded most of its targets in terms of number of people trained on MCH/FP. This included trainings on strategic management of family health programs among participating companies/cooperatives. Number of people trained on MCH and nutrition exceeded the year's targets by two-folds. Trainings conducted include: 1) Training of Trainers (TOT) for Family Health Management Team (FHMT); 2) Peer Education; 3) Monitoring and Evaluation; and 4) Cost Benefit Analysis.

The participating companies/cooperatives, which received the above trainings, are now at varying levels of installing their workplace family health programs. Table 3 shows that PRISM went beyond the expected targets especially in terms of number of participating companies/cooperatives implementing PRISM-supported MCH programs (281 percent exceeded).

Table 3: Number of Companies/Cooperatives Implementing PRISM-supported FP and MCH Programs from October 1, 2006 to September 30, 2007

	Process Indicators	Luz	Vis	Min	Total	Targets	Performance (%)
1	Number of national associations/partner institutions with capacity to implement workplace FP/MCH programs (cumulative)	12	5	5	22	6	367
2	Number of participating companies/cooperatives implementing PRISM supported FP programs (with letter of commitment)	115	107	99	321	275	117
3	Number of participating companies/cooperatives implementing PRISM supported MCH programs (with letter of commitment)	132	99	50	281	100	281

D.2. DOLE national, regional, and provincial implementers

PRISM initiated the forging of a tripartite partnership with the Department of Labor and Employment (DOLE) and the Department of Health (DOH). The partnership serves to increase support for workplace FP/MCH and other health programs through trainings and sharing of resources and expertise between and among the agencies. PRISM drafted the concept paper and the memorandum of understanding (MOU) for the partnership, which are currently being reviewed by DOLE and DOH. A ceremonial signing and launch of

the tripartite partnership is set for the first week of November 2007. After the launch, the tripartite partners will hold a series of regional consultations with regional key implementers from DOLE, DOH and PRISM in Luzon, Visayas and Mindanao.

D.3. Regional training organizations or NGOs

PRISM did the necessary legwork to get USAID approval for the PBSP training grant, which is intended to enhance the capability of PBSP to train organizations that will assist firms, set up workplace FP programs. Through the grant, PBSP will train 11 new PRISM grantees and integrate MCH into FP programs of 35 PBSP companies.

Also as of this reporting, PRISM is awaiting the approval of the training grant for the Philippine College of Occupational Medicine (PCOM), which will train nurses and doctors on FP/MCH and contraceptive technology updates (CTU). The PCOM grant will cover 540 service providers from 22 company workplace grantees.

E. Public-private partnerships through the Workplace TWG for FP/MCH

TWG members met regularly and discussed issues relevant to family health programs in the workplace. A major resolution, which the TWG identified, is the need to harmonize efforts of key government agencies, which, eventually, paved the way for the formation of the tripartite partnership between DOLE-DOH-PRISM.

Meanwhile, PRISM regional offices conducted parallel efforts and formed local networks/partnerships with public and private sectors. In Luzon, the regional field office of the Department of Labor and Employment (DOLE) and Cavite Philippine Chamber of Commerce (PCCI-Cavite) signed a memorandum of understanding (MOU) for the implementation of workplace family health programs. Under the MOU, DOLE Region 4-A will monitor the implementation of PRISM-assisted family health programs in support of the national DOLE Family Welfare Program. PCCI Cavite, on the other hand, will provide companies with TA.

In Mindanao, the DOLE regional director pledged commitment to support the program of PRISM grantees namely, Molave Development Foundation, PhilExport, and the General Santos Chamber of Commerce and Industry. The regional director will visit the CEOs of companies targeted by the three PRISM grantees.

Another valuable result of the collaboration with DOLE is its commitment to extend TA to other companies through the STAR Program to make their implementation of family health programs workable and sustainable. A “big brother-small brother” approach will be pursued such that companies already experienced in implementing family health programs will work with companies, which have yet to establish their own health programs. This initiative will commence after the signing of tripartite partnership with DOLE-DOH and PRISM.

Easing New Mothers Back Into the Workforce

Company nurse finds her voice in MCH promotion



After attending the FHMT program, Michelle Tecson, company nurse for Mehitabel Inc., has, since then actively engaged management and workers to support their family health program. Speaking from her positive experience in breastfeeding, Michelle epitomizes the "satisfied user turned endorser."

As a nurse at Mehitabel Inc., a Cebu-based furniture-exporting company, 37-year-old Michelle Tecson used to promote the use of family planning among employees by simply dispensing condoms and pills to selected workers. Never did she realize that becoming part of the family health management team (FHMT) initiated by the Private Sector Mobilization for Family Health (PRISM) Project of USAID would turn her into an agent of change for the 600 or so men and women workers of Mehitabel.

As a member of the FHMT, Michelle and other company health providers like her learned about the road map for setting-up an effective family health program in the workplace. This includes promoting the program to workers, adopting a health policy, providing quality service, and record keeping. She also received training on the importance and benefits of family planning and maternal and child health.

The project also linked her with the Department of Health and FriendlyCare Foundation where she gained access to resources such as IEC materials. The Foundation also served as their referral network for permanent family planning methods.

Her newfound confidence strengthened her resolve to help mothers working in Mehitabel. For Michelle, it is not enough for workers to adopt a family planning method. She believes that after giving birth, care for the mother and child should continue and the company is also responsible for this.

So, as a new mother, she took it upon herself to promote breastfeeding among the new and pregnant mothers of Mehitabel. "Nothing beats personal experience. I bring my baby here in the clinic to show to my co-workers how healthy my baby is as proof of the benefits of breastfeeding," she said. "We need to deliberately turn satisfied users into advocates and tap them to promote and sustain the family health programs," she added.

Michelle today conducts sessions on proper breastfeeding to workers who have recently delivered and even those who are still pregnant. She was able to convince management to allow the use of a curtained section of the company's dental clinic as breast milk extraction area. A refrigerator is provided to store the expressed milk. Management's support to Irma's initiatives has even heightened her passion to do more for the company's women workers. "I am still hopeful that one day, the kind owners will grant my proposal to establish an infant-minding facility within the complex where working mothers can breastfeed their babies and tend to them. This will mean a lot in improving their productivity." To date, four workers are extracting their milk at the company clinic.

Intermediate Result 1.2: Support by firms for MCH and FP counseling, including breastfeeding promotion and counseling, motivation and service delivery or referrals, as appropriate for their workforces increased

A. Grants provided to partners to set up workplace family health programs in 200 firms

At the close of Year 3, there were 22 grants awarded to large firms in Luzon, Visayas and Mindanao geared at targeting 200 firms. PRISM, through its grantees, more than doubled (256%) this figure to 513 participating firms. With this, the project has the potential to serve more than 400,000 men and women working in the private sector (Table 4).

Small and Medium Enterprises and Cooperatives. Of the 22 grants, three will set up workplace family health programs in SMEs. These are the Bohol Association of Non-Government Organizations (BANGON) based in Visayas, and the Mindanao Business Council (MBC), and the Philippine Federation of Credit Cooperatives (PFCCO), both operating in Mindanao.

BANGON will install family health programs in two major groups of companies made up of 12 companies, one association of small and medium enterprises (SMEs) and 13 cooperatives with around 25,000 members in the Province of Bohol. The Mindanao Business Council covers 60 SMEs and two large companies and has a potential reach of more than 10,000 employees, 4,500 of which will be coming from SMEs. Davao City Chamber of Commerce and Industry Inc. will do the same in ten (10) large firms. 125,553 individuals, cooperative members and employees of companies are expected to benefit from the program.

Completed Grants. PBSP Subcontract No. 2006-020 covering 35 firms, along with six other grantees completed their grant commitment with PRISM. The six grantees, listed below, comprise of four firms in Luzon, one in the Visayas and one in Mindanao:

- The Lopez Group Foundation, Inc. (LGFI)
- Cavite Philippine Chamber of Commerce and Industry (PCCI) in Bacoor, Cavite
- Training, Research and Information Development (TRIDEV) in San Fernando, Pampanga
- Baguio Center for Young Adults (BCYA) in Baguio City
- Coastal Conservation and Education Foundation (CCEF) in Visayas
- Oro Chamber of Commerce and Industry (Oro Chamber) in Cagayan de Oro City in Mindanao

Table 4: Workplace grants status as of September 30, 2007 (Figures culled from the signed agreement)

Region	Proponent	No. of companies	No. of Coops	No. of SMEs	No. of Employees
Mindanao	1. Molave Development Foundation	10			7,500
	2. PhilExport Region XII	5	8		8,587
	3. Phil. Federation of Credit Coops		10		8,431
	4. Davao CCI	10			125,553
	5. Oro Chamber	25			7,680
	6. Mindanao Business Council	6		60	4,500
	Subtotal	56	18	60	162,251
Visayas	7. Mandaue CCI	10			4,011
	8. OPTIONS	9			3,000
	9. PROCESS	15			3,919
	10. BANGON	2	13	12	26,972
	11. PHILDRAA		13		51,201
	12. CCEF	30			18,607
	14. CYC*	-			-
Subtotal	66	26	12	107,710	
North Luzon	13. TRIDEV	8			3,379
	14. Bulacan Chamber (BCCI)			16	3,167
	15. BCYA	10			4,364
	16. Luisita Industrial Peace Council	5			7,087
	17. PMAP Pangasinan	10			3,454
	18. PMAP Subic	20			8,237
	Subtotal	53		16	29,688
South Luzon/North Luzon	19. OCCP	20			4,000
	20. KAMIT	25			7,500
	21. LGFI	5			12,604
	22. PCCI-Cavite	45			45,000
	23. Batangas Chamber (BPCCI)	10			5,374
	24. ECOP	15			19,000
	25. Friendly Care	11			8,500
	26. HRMAC	25			15,000
	Subtotal	156			116,978
Total through grant initiatives		473 participating large companies, cooperatives, and SMEs			
National	27. PCOM*	540 service providers from companies covered by 22 workplace grantees			TBD
	28. PBSP	35			36,302
	29. DOLE*	120			TBD
TOTAL		486			452,929

Note: * For approval – not included in the total

B. Scaling-up of workplace family health programs

B.1. Strategic Technical Assistance Resource (STAR) Program

Two PRISM-supported companies piloted the STAR program with their own network of companies, bringing PRISM into its next tier of project implementation – that of intensifying duplication of family health programs in the workplace without grants.

PRISM's first post grantee applicant for technical assistance was the Lopez Group Foundation Inc. (LGFI), which plans to expand its health programs to four other Lopez Group of Companies.

Convergence in Action

In Cebu, a PRISM workplace partner, Timex, used its corporate funds to facilitate the PhilHealth-accreditation and DOH-licensing of five midwife-owned-clinics.

Annually, Timex targets to help five clinics with their bid for PhilHealth accreditation while continuing support to previous clinics by including these clinics' needs in Timex' annual budgets.

The Timex workplace model is a result of convergence of PRISM initiatives, outside the grants.

Other non-grant initiatives included McDonald's. PRISM is currently holding discussions and clarifications on how best to proceed with the initiative. Given their employee base, and their model of a fast food chain, it will be valuable for PRISM to pursue this and similar endeavors like Jollibee Food Corporation, San Miguel Corporation and Lucio Tan group of companies during the first quarter of Year 4.

The Bataan Economic Zone (BEZ) also expressed interest to participate in the installation of workplace family health programs. BEZ comprises a total of 42 companies working in the zone. Of these, only 11 companies have nurses whose main service is the provision of first aid to work-related injuries. Due to lack of supplies, most FP and MCH supplies are accessed outside the companies. PRISM has started negotiating with the administration for the expansion of family health programs to these companies.

Mobilizing company resources for FP-MCH-related activities. Aside from previously reported investments by companies in training their employees to set up workplace family health programs, companies are also investing in activities that support related health programs within the communities where they operate. A noteworthy case is the Davao Agri-Ventures Corporation (DAVCO), which launched their FP in the Workplace Program last May 16, 2007 through a "health day" event. Health services such as blood typing, blood pressure, and dental check-ups were provided aside from FP orientations and provision of FP supplies. The company also shouldered the costs of meals and other logistical expenses for the activity.

B.2. Investment in New Services

One notable accomplishment along this concern was the case of Timex. The company invested in an in-plant breast milk collection room. The company is now evaluating the

possibility of supporting midwives who can become their referral partners for FP/MCH services.

B.3. Connecting New firms

The Antonio O. Floirendo, Sr. Foundation (Anflocor) started scaling up workplace family health programs from its central office staff to its companies like the Tagum Development Corporation (TADECO), Davao Agri-Ventures Corporation, and Nenita Quality Foods.

The Lopez Group of Companies also scaled up FP/MCH programs in six (6) new Lopez companies through a special package arrangement outside of grants that included Bauang Private Power Corp with 193 employees; First Balfour Corp with 418 employees; Rockwell Land Corp. with 218 employees; ABS-CBN Foundation, Inc with 311 employees. Two companies are slated for roll out of the program - Goldlink Security & Allied, Inc. with 1,000 security guards; and Southbend Security & Investigative Services, Inc. with 600 security guards.

The Workplace Legacy: The Guidance System

Initial discussions among PRISM staff and USAID were held during the mid-term review in August 2007 on how to bring in the legacies into the strategies and activities of project initiatives. Under workplace, the following actions steps were considered for implementation:

- Institutionalize the roadmap by building on the current tools on how to install FP and MCH programs in the workplace
- Establish an enabling environment for the implementation of the roadmap
- Leverage investment to ensure continuity to FP and MCH program
- Inter-CA TWG initiatives on policy and advocacy

Inter-CA TWG initiatives

A new inter-CA TWG was organized to harmonize the initiatives of USAID project implementers in support of workplace health programs. The members of the TWG are in the process of developing a unified scope of work.

PRISM sustained its coordination with other health projects in Mindanao, particularly those within the scope of HealthGov and TB-LINC. This is to expand family health programs in workplaces and link PRISM-assisted companies with LGUs through the Inter-Local Health Zones, where these companies operate. PRISM sees the opportunity to leverage company and LGU resources as a means to operationalize public-private sector partnership in the expansion of service delivery in the workplace as well as the communities they belong.

PRISM supported the activities of HealthGov particularly in the completion of the Provincial Investment Plans and CSR strategies and activities. The project also worked to link its partner business organizations and companies with local government units to assist in the expansion of MCH/FP service delivery in communities.

Market Development Initiatives



Strategic Objective 2: Viable mass market brands of oral and injectable contraceptives, IUD, and selected MCH products in the commercial sector established

In Year 3, the total private contraceptive market continued to grow at a steady rate, with growth spurts coming from the low-priced products. This included products supported by PRISM, such as Marvelon 28, Seife, Daphne, and Lyndavel, each of which carved a significant spot in market shares.

International Medical Statistics, Moving Annual Total data (October 2006-September 2007) on both injectable and oral contraceptive markets grew at about 19 percent, in both units and peso sales, compared to last year. Contraceptives priced lower than Php 100 per cycle comprised 90 percent of the total contraceptive market in units. On the other hand, higher-priced contraceptives only make up 10 percent of the pill market and 9 percent of total hormonal contraceptive market. Also unit sales of contraceptives priced higher than Php 100/cycle grew at a lesser rate (11 percent growth in units) than the lower-priced pills (18 percent growth in units), although it contributed just as much growth in peso sales.

In terms of couple-years of protection (CYP)¹, PRISM noted the growing combined sales volume of low-priced pills and injectables and/or reintroduced in the market with PRISM-support in 2006. The combined sales of these low-priced products grew by about seven-folds in 2006 and steadily grew by other two-folds in 2007, yielding close to 80,000 CYPs.

¹ CYP as a project indicator is utilized to measure the performance of contraceptive market initiatives through grant-support provided to pharmaceutical marketing distribution companies for marketing low-priced pills and injectables.

Given this scenario, there is still so much room to grow in the low-priced segment of the market. As USAID donated commodities are reduced to almost zero, women particularly those who can afford should be encouraged to seek contraceptive supplies in the private sector, and pharmaceutical companies need to be able to address this increase in commercial demand.

The positive sales growth of low priced contraceptives was largely attributed to PRISM's continued work in ensuring the availability of FP contraceptive commodities in the SIAs through grantees and other pharmaceutical partners. The project explored and pursued collaborations with former grantees to support the existing market demands as well as institutionalize tie-ups.

PRISM also carried on with its effort to institutionalize the marketing and distribution of other commodities such as the SDM cycle beads and the IUD, which it hopes will fully take off by Year 4. At the same time, PRISM explored alternative distribution systems for family health commodities, primarily through the Botika ng Bayan (community drugstore) network of PITC Pharma.

Key Strategies

Intermediate Result 2.1: Private sector suppliers recognizing the business opportunity in providing affordable oral, injectable, and other types of contraceptive products increased

A. Promotion and distribution of new and existing contraceptives and MCH products

A.1. Pharmaceutical companies

Organon Philippines, Inc. (Organon), the very first PRISM grantee to have completed its grant activities, achieved 105 percent sales of Marvelon 28 by the end of July 2007. Organon increased the number of Marvelon users from 11,400 in June 2005 to 30,200 in June 2007. PRISM started discussions with Organon to enter into an MOU which will allow PRISM continued access to the Marvelon 28 sales and marketing data, and in turn allow Organon to continue participating in PRISM activities in the workplace, with midwives, and with public-private partnerships with LGUs.

"PRISM's assistance was a big boost for a small company starting in the business like ours. It was our first foray into a classic model of marketing where we had medical representatives doing pharmaceutical detailing. It was good exposure for our people. The risks we had were account management in nature. We grew as a business."

—Mr. Cecilio Ortega, 34 years old,
Sales and Marketing Director of ECE
Pharmaceutical, Inc.

ECE Marketing/Pharmaceuticals, Inc. (ECE), whose grant was for the marketing of the contraceptive brands Daphne and Lyndavel, had turned over in July 2007 the two brands back to DKT Philippines, Inc. (DKT). The grant resulted to an increased distribution of both brands in spite stock shortage encountered in the 1st quarter of 2007. The Daphne

and Lyndavel contraceptive products are registered under and imported by DKT. ECE was given exclusivity to market and sell the said brands during the grant period.

PRISM continued to find opportunities to help grantee and non-grantee pharmaceutical partners such as DKT and Dyna Drug expand their product distribution through PRISM-supported workplace family health program launches and trainings.

PRISM also worked closely with field medical representatives of pharmaceutical partners to ensure the availability of FP contraceptive commodities in the SIAs. This was achieved by facilitating linkages between the pharmaceutical partners and with grantee-supported firms and companies, with midwives and doctors, and with the LGUs. This strategy contributed much to the increase in purchases of FP supplies.

A.2. Contraceptive products

Marvelon, Seif, Daphne, Lyndavel. PRISM continued to provide assistance to pharmaceutical partners, namely: Organon, ECE, and Bayer-Schering Philippines (Bayer) in their market development plans to increase sales for their respective contraceptive products and to ensure that their grant milestones are achieved. Outputs as of this reporting period are listed in Table 5 below.

Table 5: Workplace models

Products	Cycle	Outlets
Marvelon	330,000	Private and government hospitals/health centers/clinics, drugstores
Seif	1,500,000	Commercial distribution outlets, government health care institutions
Daphne	80,640	Drugstores, hospitals, industrial clinics, MDs, MWs, MWs clinics
Lyndavel	25,200	Drugstores, hospitals, industrial clinics, MDs, MWs, MWs clinics

Standard Days Method (SDM). PRISM held coordinative meetings with the Institute of Reproductive Health Philippines Foundation, Inc. (IRHP) to discuss and revise the Standard Days Method (SDM) grant proposal on the “Enhancing NFP/SDM Gains through Sustained Social Marketing in Different Intervention Settings.” The project seeks to institutionalize the marketing and distribution of the SDM CycleBeads through private practicing midwives, faith-based organizations, and NGOs. Several revisions of the proposal based on the comments and suggestions of OH/USAID Philippines were submitted during the course of the year with the final revised grant proposal submitted for approval in September 2007.

FamyCare IUD. PRISM extended technical support to Pasteur Pharmaceuticals (Pasteur) for the registration of FamyCare’s IUD brand. Pasteur expects the registration to be

approved in November 2007 after compliance with a DOH Notice of Deficiency regarding a technical specification of the IUD product.

A.3. Affordable micronutrients and vaccines

PRISM and the USAID A2Z Micronutrients Project regularly met to discuss efforts on increasing access, affordability, and availability of selected MCH products – ORS, zinc, iron, and folic acid – to the private sector. PRISM will reproduce marketing communication and BCC materials on breastfeeding and micronutrients in support of this collaboration.

B. Distribution networks increased

B.1 Community-based family health referral network

Botika ng Bayan network. PRISM is working out an MOU with PITC Pharma, a subsidiary of the Philippine International Trading Corporation (PITC), to engage its Botika ng Bayan (BnB) as an alternative distribution system for family health commodities. In the proposed undertaking, PRISM would provide support to PITC Pharma in mapping out its geographical expansion programs for BnBs, gather data on the impact of BnBs in the community, analyze data towards expansion of product lines, provide technical assistance to BnBs to systematize operations, and operationalize a community-based referral system for the BnBs-midwives-workplace companies-pharmaceutical companies.

BEST Midwives Show that Together is Better

In Abucay, Bataan, dual-practice BEST midwives were given permission by the local government to sell FP products to users who are not given free commodities under the Contraceptive Self-Reliance (CSR) Strategy. Together with other dual-practice midwives in the municipality, the BEST midwives formed themselves into a cooperative. They prepared a concept paper entitled “Resolution Granting Permission to Rural Health Midwives to Sell Contraceptives to FP Users in Abucay, Bataan” which they presented in one of the Municipal Health Council meetings. The council approved their plan.

PRISM then linked the cooperative with pharmaceutical partners, one of which is ECE Pharma from whom the cooperative purchased their initial stock of 200 cycles of Lady Pills and 100 vials of Lyndavel injectable. Nine (9) midwives from 9 barangays purchased their supplies from the cooperative. To date, the cooperative has purchased Php 84,836.96 worth of oral and injectable hormonal contraceptives.

PRISM participated in meetings of the Philippine HealthWatch Initiatives Inc. (HealthWatch) to evaluate a possible collaboration with the proposed PITC Pharma distribution system project using the BnB business model. By extension, PRISM has espoused the activities of HealthWatch in support for the passage of Quality Affordable Medicine bills in Congress. Philippine HealthWatch Initiatives, Inc. members include the Drugstore Association of the Philippines (DSAP), Botika ng Bayan Association of the Philippines (BBAP), Philippine Pharmacy Association (PPA), and other medical and allied health organizations.

PRISM attended the first general membership meeting of the Pharmaceutical Market Research Association of the Philippines (PMRAP) as a means to expand the presence of the project in the pharmaceutical community.

B.2 Marketing strategies for PPMs

PRISM conducted marketing communications training for the Institute of Maternal and Child Health (IMCH) and the Negros Occidental Rehabilitation Foundation, Inc. (NORFI). This is part of its assistance to private practice midwives to further hone their skills in developing their marketing plans and strategies.

PRISM Regional FICs provided assistance to the private practicing midwives, particularly the BEST graduates, on the purchase and supply of FP products through coordination with field representatives of pharmaceutical companies.

C. Evidence-Based Medicine (EBM)

C.1 EBM approach integrated into the current training module of pharmaceutical trainers

Under the grants mechanism, PRISM supported the Foundation for Reproductive Care, Inc. (FRCI) with its project on “Training on Evidence-based Medicine (EBM) Detailing for Hormonal Contraceptives”.

The grant worth PhP 323,000.00 seeks to introduce EBM to non-health professionals through the conduct of a pilot-test of the EBM Detailing training module and Training of Trainers (TOT) from pharmaceutical partners and grantees. FRCI conducted the pilot-test of the training modules in August 2007 and is scheduled to have the TOT in October 2007.

Intermediate Result 2.2: Readiness of the pharmaceutical industry to respond to market development and commercial opportunities increased

A. Import duties on pharmaceutical products

Regulatory approvals for tariff and tax reviews. During the first quarter of the year, PRISM provided relevant information on distributors, sales, and factors affecting the pricing of a commercially available IUD in support of the crafting of the DOH AO on IUD phase-out plan.

PRISM conducted a study on the “Feasibility of an Express Lane for Hormonal Contraceptives.” The project also made a study on the reduction of tariff duties for oral contraceptives to measure the impact of reducing contraceptives tariff rates on government revenues and on the population program of the country. Findings of the study revealed that to increase contraceptive consumption, “efforts should also focus on domestic factors (distribution costs, wholesale and retail mark-ups, regulatory policies that restrict contraceptive advertisement, product registration, etc.) and international factors (competitiveness in international markets and international intellectual property regimes), and not just tariff reduction.

B. Procedures on registration of products, manufacturing, and importation

B.1 Policy environment for commercial marketing

In response to PRISM pharmaceutical partners request for technical assistance to counter several House bills that aim to ban contraceptives, PRISM spearheaded a meeting among pharmaceutical partners represented by the Pharmaceutical and Healthcare Association of the Philippines (PHAP), the Philippine Legislators' Committee on Population and Development (PLCPD), and the Policy Project. The new partnership between the PHAP and PLCPD will ensure the pharmaceutical industry's necessary support in the area of national legislative work both in the House of Representatives and in the Senate.

B.2 FP/MCH products' market development

Among the foreign pharmaceutical manufacturers that participated in the Trade Mission that PRISM conducted in 2006, only FamyCare of Mumbai, India continued to access the local pharmaceutical manufacturers, distributors, and marketers that may be interested in forging partnerships. In the first quarter of the year, PRISM shared a list of top Philippine pharmaceutical manufacturers and distributors with Mr. Debendra Debata, FamyCare international marketing manager.

C. Public-private partnerships in collaboration with LGUs

C.1. Procurement of contraceptive commodities

Throughout the year, PRISM participated in several LGU discussions and planning workshops on contraceptive self-reliance (CSR). PRISM participation included presentations on the National CSR Strategy in the context of the USAID/PRISM Project objectives of engaging the private sector to support of FP/MCH commodities; and provision of technical assistance in the drafting and approval of local ordinances to institutionalize budgets for FP/MCH under the CSR plan. Pharmaceutical company partners also participated in several of the LGU-CSR workshops.

PRISM held an orientation-seminar for pharmaceutical partners on the CSR Strategy and the LGU process for procurement of contraceptive commodities in August 2007. Resource speakers were from The Zuellig Foundation, the Philippine Government Electronic Procurement System (PhilGEPS), and the USAID HealthGov Program. Directors and managers representing eight pharmaceutical companies attended the event, specifically: Organon, Bayer, DKT, Dyna Drug, Pasteur, AAA Pharma, GlaxoSmithKline, and Alphamed Pharma Corporation.

C.2. Public-private workshops in the Province of Pangasinan

PRISM provided technical assistance to the Pangasinan Provincial Government in the drafting and development of a referral system to ensure continuous provision of FP products and services in the light of the gradual phase down of donated FP products from

USAID and other donors. The support enables the LGU to implement market segmentation and prioritize allocation and provision of FP products and services to clients with unmet FP needs who cannot afford to pay. This intervention also gave the LGU a better appreciation on the important role of the private sector health providers in helping meet the demand for FP/MCH in their province.

D. Access to market information

D.1. Pharmaceutical sales data

Regular meetings with pharmaceutical partners served as a venue to exchange market information and provide feedback about market opportunities. PRISM FICs were also in constant communication with pharmaceutical representatives in their respective SIAs to monitor availability and sales performances of the FP/MCH products.

PRISM continued to maintain a database of pharmaceutical sales data gathered from pharmaceutical companies and the Intercontinental Medical Statistics (IMS) Health Philippines.

PRISM had initial discussions with the USAID Sustained Health Improvements through Empowerment and Local Development (SHIELD) Project to market FP/MCH products through the Botika ng Bayan's (BnBs) in the Autonomous Region in Muslim Mindanao (ARMM).

The Market Development Legacies

For market developments initiatives, PRISM mainstreamed the two legacies below in ongoing activities, resources and grants.

Legacy: Alternative distribution systems. This could be achieved by establishing a robust, efficient, sustainable private sector distribution system that will supply high quality, affordable and consistently available products to and in the community.

Legacy: Low-cost/generic FP products. This can be attained through the introduction of affordable products at the community level for FP/MCH through generics.

PRIVATE PRACTICE INITIATIVES



Strategic Objective 3: Business value of FP and MCH in private providers' practice increased

Primarily through PRISM's expansion of its technical assistance package, which now includes MCH, participating private practicing midwives (PPMs) were able to meet a broader range of client needs expected to translate to better business outcomes for PPMs.

Along with improved businesses for midwives are better health outcomes for the men, women, and children in the communities they serve. PPMs reported having attended to about 7,600 birth deliveries, which is three-folds higher than the project target, at an average of almost six deliveries per midwife per month. Also, through PPMs, around 3,000 pregnant women completed at least four antenatal care visits. A three-fold increase was also recorded in terms of the number of child diarrhea cases (841 cases) PPMs were able to treat. Hence, on average, each PPM treated one child diarrhea case per month this year.

This surge in MCH clients may also be due to the increase in PPMs' network of clientele made possible through the various referral systems established by PRISM grantees.

In terms of FP outcome indicators, around 10,000 men and women in communities were counseled on FP by PPMs. However, this is only about half of the target for the year. Also, PRISM-assisted PPMs have not contributed significantly to the increase in PhilHealth benefit utilization by their FP and MCH clients. These figures are expected to pick-up once BCC materials on specific FP methods as well as PHIC IEC materials are made available during Year 4.

Another project target that is of particular challenge to PRISM is facilitating the PhilHealth-accreditation of 200 PPM-owned birthing homes. Currently, the project is pursuing four “models of assistance” specifically through NGOs, midwife associations, micro-finance institutions, and direct technical assistance. With a low turnout of PhilHealth-accredited birthing homes in Year 3, PRISM will need to work double-time in identifying the most effective model of assistance and replicate the same in other PRISM SIAs.

Key Strategies

**Intermediate Result 3.1:
Increase in number of
midwives with self-sustaining
private practices while
incorporating FP and MCH in
PhilHealth-accredited
birthing homes**

A. Technical assistance package

A.1 Trainings on maternal and
child health (MCH)

To ensure that PRISM interventions meet the needs of PPMs, midwives’ inputs were collected through: 1) consultative meetings with BEST graduates; 2) focus group discussions on barriers to PhilHealth accreditation and DOH licensing; and 3) consultative working group of successful private practice midwives.

Newborn screening. PRISM facilitated the conduct of the newborn screening training for PPMs as a requisite for PHIC accreditation. The Newborn Screening Reference Center (NSRC) of the National Institutes for Health conducted the training for 216 PPMs from Luzon, Visayas and Mindanao.

MCH updates. A total of 331 midwives attended the MCH updates for midwives training. This is in response to PRISM’s inclusion of MCH as a new thematic area.

Suturing, IV Insertion, Internal Examination, and Repair of Perineal Laceration. PRISM facilitated the post-graduate training of 12 midwives. The training is a requirement for a

Yearning to Share



“I have not gained as much practical knowledge on midwifery in such a short span of time,” says Juana Gonzales Maranga of Integrated Midwives Association of the Philippines (IMAP) – Bohol Chapter, referring to the over a dozen learning activities she has attended under the IMAP-PRISM partnership. Maranga is one of the 65 midwives in the province of Bohol who participated in the SAFEMOM quality improvement interventions supported by USAID through the PRISM project. “Each time I attend a learning event under the project, I feel a surge in my responsibilities – I know that somehow, I need to share my new-found knowledge to fellow midwives.”

midwife's PhilHealth accreditation, although midwives who graduated after 1994 were exempted since the midwifery curriculum already included these skills beginning said year.

Tools and training materials. PRISM, with assistance from DOH, revised existing data collection tools and corresponding training materials to incorporate MCH and FP policy compliance language.

A notable development in Year 3 was the release of the written endorsement for PRISM's Business Enhancement Support and Training (BEST) materials signed by the Secretary of Health Dr. Francisco Duque. This official endorsement signified the technical soundness of the BEST materials, which met DOH standards.

Business management. In collaboration with USAID's Banking on Health Project, PRISM organized the training of trainers for grantees on two business courses: (1) clinic management for clinic owners, and (2) business planning for home-based PPMs. Because of this, greater business possibilities are now open for PPMs, whether or not they have clinics. PRISM-supported PPMs are linked to PPMs without clinics as a means to enhance their business through networking. The ultimate goal however is to see these midwives contributing to the number of birth deliveries in birthing facilities and attended by skilled health workers.

A.2. Dissemination of relevant materials.

PRISM re-submitted the six materials in Tagalog and six materials in English on specific FP methods to USAID and DOH for approval following USAID's advise to include the DOH logo in all BCC materials. Due to delays in the approval of the draft, the materials were not finalized this year.

A.3 Market development and network building

Link to pharmaceutical companies. PRISM continued to link PPMs with pharmaceutical companies for access to affordable contraceptives as well as MCH supplies. In Luzon, 164 private midwives, 13 private doctors, 65 company clinics, 31 companies, and 65 LGUs were linked to pharmaceutical distributors at the local level.

Link to microfinance institutions. PRISM helped the United Midwives Association of the Philippines (UMAI) become established as a cooperative. Registered as United Midwives' Multipurpose Cooperative (UMMC), become a member of Paragon Credit Cooperative. This tie-up resulted in the access by UMAI members of bigger loans (Php 75,000) at lower interests; lower than if they had applied for loans as individual members. Other results of this tie-up include expansion of the UMAI business into an outlet for the Botika ng Bayan (BnB); UMAI-BnB as central supply of contraceptives and other medicines for the more than 65 UMAI members majority of which have birthing facilities.

Quality Care Brings Better Business

Midwife contributes to community's health by becoming a more successful entrepreneur



Siony Naguna attributes her business success to PRISM's BEST Training, which taught her how to become a more successful entrepreneur. The positive changes in her clinic have helped her qualify for DOH-licensing. Soon she'll be receiving her PhilHealth accreditation, which would open her doors not only to communities but also to companies in need of her service.

Since 1994, Siony Naguna, a rural health center midwife in Cavite, has been running her own birthing clinic to augment her family's income. "We were just getting by with an average of 30 clients per month. I had only one assistant. My clinic comprised of four beds crammed in one small room, with curtains as partitions," said Siony.

But all these started to change in 2005 when she became one of 210 midwives who participated in the five-day Business Enhancement Support Training (BEST) program implemented by the Private Sector Mobilization for Family Health (PRISM) Project of USAID. More than a refresher course, the training program also equipped her with basic skills in business management such as record keeping, business financing and promotion, business plan development, among others.

"I've been through plenty of trainings before, but BEST was different. It gave me a business lens. It's as if my eyes were suddenly opened to numerous business ideas and techniques that happily, are just within my reach," she said.

Siony immediately availed of small loans from micro-finance institutions, which she used to renovate her clinic. From a cramped four-bed facility, Siony's clinic grew to a roomier seven-bed clinic equipped with an ultrasound machine. She now has an OBGYN doctor as partner and four other midwives as full-time assistants. She also offers additional services such as pap smear, IUD insertion and family planning counseling and dispensing.

Because of the improvements in her clinic, she got to charge higher fees as well, which did not dissuade her clients. Siony now serves an average of 40 to 50 clients per month. Some clients even come from several towns away, or a good two-hours drive away from Siony's place. "Most of my walk-in clients are referrals from former patients. They said they liked my service and that my clinic is clean," she explained.

Like all other BEST midwife alumni, Siony also receives after-training assistance from PRISM. Through PRISM's help, she is now one of two alumni in Luzon who have been licensed by the Department of Health. Recently, the project also helped her qualify for BmBE Law certification, which would allow her certain tax exemptions in a span of two years.

Siony is one step away from getting her PhilHealth accreditation as well, which would open her doors to more clients. "I'm really looking forward to getting my clinic accredited. There are many employees working in factories near my clinic that could benefit from my service," she said.

Market development support. PRISM helped private practicing midwives with their marketing strategies for the promotion of FP and MCH services to communities and company clinics. This is part of the technical assistance package for birthing homes currently used by grantees and rolled out to their partner midwives.

A.3. Policy development

Unified policy agenda for midwives. PRISM, through the Zuellig Foundation, brought together in a two-day Midwives Congress the presidents of the three major midwives associations in the country to develop a unified policy agenda for midwives. USAID Health Policy Development Project (HPDP), PhilHealth, and the DOH participated in the congress. United as one midwives' voice, the congress agreed on working towards improved PHIC benefits, more reasonable licensing and accreditation processes, more intensive advocacy for the new midwifery law and more initiatives to upgrade the professionalism of midwives.

LCE support to MCH service delivery. The MOU that was initially drafted to spell out arrangements between the midwives associations and the DOH on the delivery of tetanus toxoid vaccination, cervical cancer screening, newborn screening, and childhood immunization, was presented to the office of the League of Cities of the Philippines (LCP) National President Benhur Abalos. The LCP national president endorsed the review of the MOU to Talisay City Mayor Eric Saratan, the LCP Focal Person for Health. PRISM will arrange consultations with Mayor Saratan on the possibility of getting the needed support of LCEs to the MOU.

Barangay Micro-Business Enterprises (BMBE) Law. PRISM is in the process of assessing the feasibility of helping partner midwives avail of tax exemptions through the BMBE Law. The law aims to boost the growth and integration of informal sector players in the mainstream economy through local tax exemptions of businesses with total assets of below P3 million.

B. Models of assistance for PhilHealth-accredited birthing homes

PRISM is currently pursuing four “models of assistance” for the PhilHealth-accreditation of birthing homes owned by private practicing midwives as follows:

Health NGO-assisted model. PRISM awarded grants to three NGOs, namely: 1) Institute for Maternal and Child Health (IMCH), which will work on the accreditation of 100 birthing homes in Luzon; 2) Negros Occidental Rehabilitation Foundation, Inc. (NORFI), which targets 25 birthing homes in Visayas; and 3) Kinasang'an Foundation, Inc. (KsFI), which received two grants, one for the accreditation of 25 birthing homes in Mindanao and the other grant for the establishment of a referral network in the City of Davao, as well as the accreditation of 20 birthing homes.

Midwife association-assisted model. These two PRISM grantees are local chapters of the Integrated Midwives' Association of the Philippines (IMAP) based in Cebu and Bohol.

Through the PRISM grant, these chapters will work on the accreditation of 18 birthing homes in Cebu and two birthing homes in Bohol.

Microfinance institution-assisted model. Jaime V. Ongpin Foundation, Inc., a microfinance institution (MFI), is another PRISM grantee that targets to facilitate the accreditation of two birthing homes in Baguio City. This foundation has previously tapped private practicing midwives to provide health education and services to their members and their communities. By keeping their members healthy, the foundation avoids debt fall-out.

Direct technical assistance model. Even before the awarding of grants to interested groups, PRISM had already started providing direct technical assistance to eight midwives, two each for North Luzon, South Luzon, Visayas, and Mindanao. The PRISM regional offices continue to provide TA to the same midwives especially in their application for PhilHealth accreditation. Aside from a small assistance in procuring needed instruments and equipment required for licensing or accreditation, partner midwives were also referred to microfinance institutions to access loans for such purchases.

Through PRISM's direct technical assistance, there are now four PhilHealth-accredited birthing homes in Luzon and 23 birthing homes awaiting accreditation approval from PhilHealth. This low turnout is due in part to the short lead-time for most grants, which started only in July 2007.

C. PhilHealth reimbursement benefits for providers of FP/MCH

PRISM developed a standard PowerPoint presentation with speaker's notes on the PhilHealth reimbursement benefits for providers of FP-/MCH-covered services. This presentation has been used by PRISM regional offices to orient facilities and service providers on PhilHealth reimbursement benefits.

Resulting estimates of PhilHealth FP and MCH claims utilization in PRISM SIAs showed that 2,674 FP and 39,954 MCH services were financed through PhilHealth. These figures are over the set project targets for the year by 11 percent and 22 percent, respectively.

Intermediate Result 3.2 Increasing support from medical profession for FP and MCH services as an essential part of good provider practice

A. Establishment of referral systems

At least 23 PPMs' clinics now have a working referral system that involves private partners like private physicians and hospitals as well as public facilities such as Rural Health Units and DOH medical centers. A number of these clinics and individual midwives have likewise been linked to workplaces for service delivery or health education.

PRISM grantee Kinasang'an Foundation, Inc. (KsFI) developed a draft referral system manual, which service providers in Davao City, comprised of 50 midwives, eight physicians, two clinics and one Emergency Assistance service provider, have agreed to adopt.

Another grantee, IMAP-Bohol has upgraded its MCH/FP clinic in IMAP Tagbilaran, Dao, and Talibon with the purchase and installation of clinical instruments and equipment. The IMAP has also finalized the referral system manual that would involve its three clinics. A memorandum of understanding has been signed between IMAP and four service providers. PRISM received information that the referral system adopted by IMAP-Bohol Lying-In Clinic in Tagbilaran City has resulted in anecdotal reported increases in referrals and incomes as a result of normal pregnancy deliveries. Some of the documented referrals come from the DOH hospital (Celestino Gallares Medical Center), two partner malls (Bohol Quality and Alturras), one RHU (Maribojoc), and the lying-in branch newly opened in Dao.

PRISM regional offices will cascade the referral system documents and tools developed under the above two grants to other PRISM SIAs. In fact, some participating private practitioners have started using the referral slips developed through the grantees.

PRISM's efforts with non-grantees include the establishment of a referral system in Cagayan de Oro City. Through PRISM's efforts employees of the Lyceum University could avail of FP/MCH services from Holy Angels Birthing Home. PRISM also initiated the partnership between POGS and Holy Angels Birthing Home, with POGS providing referral OB-GYNs for Holy Angels.

Also, PRISM is currently piloting a public-private referral system in the three areas of Pangasinan (Binalonan, Mangaladana and Urdaneta City) and three areas of Bulacan (Obando, Bocaue and San Jose City). Both referral systems use the client segmentation scheme, which was determined by the Living Standard Survey (LSS) conducted by the province.

B. Partnership with relevant groups

PRISM maintained relationships with partners by participating in national conventions of major midwives' associations and groups of health professionals to communicate the PRISM project direction, strategies, and relevance to their organizations.

At the national level, PRISM PPI maintains a number of informal (no MOUs or expired MOUs) non-grants partnerships and collaborative relationships including:

1. Integrated Midwives Association of the Philippines (IMAP)
2. Midwives Foundation of the Philippines (MFPI)
3. Philippine League of Government and Private Midwives, Inc. (PLGPMI)
4. Philippine Obstetrical and Gynecological Society (POGS)
5. OHNAP

6. Philippine Health Insurance Corporation (PHIC or PhilHealth)
7. Department of Health (DOH)
 - a. National Center for Disease Control and Prevention (NCDPCP)
 - b. Health Human Resource Development Board (HHRDB)
 - c. Centers for Health Development (CHDs)

The Private Practice Midwives Legacies

Under the PPM initiatives, PRISM formulated the two legacies below and used the same to direct, focus and align project activities to realize them.

Legacy: Highly professional midwife. Toward this end, PRISM works to enable the development of a professional, credible midwife providing high quality reproductive, maternal and child health care in the community and to establish institutional support systems to facilitate the ability of such midwives developing sustainable accredited birthing homes.

To realize this vision, PRISM provided regular updates to health service providers to facilitate their applications for DOH licensing and PhilHealth accreditation.

Legacy: Empowered midwife institutions. PRISM envisions creating an institutional platform that would influence or enhance the enabling environment to build the professionalism, credibility, and sustainability of midwives.

Towards end of the fiscal year, PRISM made some initial discussions with medical professional groups like the Philippine Obstetrics and Gynecological Society to extend technical assistance with IMAP.

Inter-CA TWG initiatives

Family Planning Policy Requirements Compliance Monitoring. As designated lead agency on policy compliance monitoring, PRISM spearheaded the orientation of 118 USAID staff, PRISM staff, grantees, staff of other USAID projects, and DOH and DOLE on the US FP policies and statutory requirements. PRISM also put in place a project-wide monitoring and reporting system for this purpose. Moreover, the project designated an FP Policy Compliance Point/Focal Person in each regional office, supported by a staff at the national office, to compile project wide documents and related information.

SECTION III: PROJECT AND GRANTS MANAGEMENT

Performance Monitoring Plan

In response to USAID/Manila's call for all projects to focus on results and provide systematic and timely approach to data collection and documentation, PRISM developed and finalized its Performance Monitoring Plan (PMP) as a management tool to assess the extent to which the project is attaining expected outcomes. The current PMP (July 2007) is the second revision to the project's PMP approved by USAID/Manila in May 2005. The PMP revision includes two MCH indicators to capture the project's expansion to MCH interventions.

The PMP outlines expected results, provides a description for each indicator, plans for data acquisition, data analysis, review and reporting, and anticipated data quality issue. The PRISM PMP will therefore guide collection of performance information, project implementation, management for results, and identification of areas for improvement – achieved through monitoring and evaluation of the key indicators reflected in the PMP.

Human Resources

PRISM developed a quarterly performance assessment form and a professional development plan (PDP) designed to assist supervisors and employees in assessing their performance and professional development. PRISM also developed a Year 4 training plan, based on staff development needs. As a result, PRISM gave comprehensive trainings for FIC's on communication skills, working effectively with partners, and other technical updates.

On staffing, the HR Manager and the Communications Specialist resigned. But the project immediately hired new people: Senior Technical Director for Market Development Initiative (Component 2), FIC for NCR and Batangas, Project Assistant for Component 2, HR Manager, and the Communications Director. PRISM also had a number of short-term technical assistance during this quarter on ORBIT enhancement and data encoding and conduct of MCH updates. On-going short-term technical assistance include the development of BCC work plan and M&E for the Peer Education Program, and data encoding for FP needs assessment.

As Year 3 came to a close, PRISM recognized the need to modify the existing organizational structure to best meet the needs of Years 4 and 5. PRISM shifted the Technical Resource Unit (TRU) to the Information Systems Department to handle knowledge management and project performance management. The newly hired Communications Director will manage the communications-related tasks that were formerly under TRU. The M&E Specialist moved to Luzon operations as Knowledge Management Specialist, hence the need to hire an M&E Specialist and an HMIS Specialist to complete the new ISD structure.

In September 2007 PRISM continued with the hiring of new staff and welcomed to its team the Administrative Assistant for the Project Office and the Visayas Office, FICs for Iloilo, ARMM, and Mindanao, and a Knowledge Management Specialist for Mindanao.

The project is currently processing the approval of appointments for the new Grants Manager and Deputy Chief of Party. These key people are expected to be onboard during the first quarter of Year 4.

Technical Assistance from Home Office

Chemonics, as the prime contractor, encourages interdisciplinary collaboration with subcontractors to provide technical assistance to PRISM in their areas of expertise. As such, PRISM received short-term technical assistance from Chemonics' partners such as the Manoff Group and EngenderHealth.

In November 2006, Santiago Plata, Deputy Director, ACQUIRE EngenderHealth reviewed and analyzed the progress to date of PRISM's Private Practice Initiative taking into consideration the recommendations from the assessment conducted by PSP team. The consultant helped develop the new workplan indicators, activities, and project strategy.

Also from EngenderHealth, Levent Cagatay, Senior Technical Advisor for Client-Provider Interaction, assisted the Private Practice Initiatives Senior Technical Director in the conduct of workshops on the Tiaht Amendment - Monitoring Compliance with FP Planning Statutory and Policy Requirements. PRISM oriented its staff, the Department of Health, Department of Labor and Employment, USAID cooperating agencies (CAs), NGOs, and commercial sector representatives. This is to reach a common understanding on the implications of the U.S. Government policy requirements on FP programs in the Philippine context, and to practice skills for educating and monitoring local counterparts on compliance with these policy requirements. A wealth of information comprising suggestions, strategies, and comments on existing monitoring tools was produced as a result of the workshop exercises. This information and related suggestions will be used by the inter-agency technical working group (TWG) to develop clearer guidance for organizations operating with U.S. Government funds in the area of family planning.

In April 2007, the chief of party (COP) Tennyson Levy took his medical leave. James Griffin, the Chemonics home office director on the PRISM contract served as Acting COP. He provided technical assistance and managerial oversight to the project.

Senior Advisor, Health and Social Science of the Manoff Group Laurie Krieger helped the BCC Specialist develop an integrated FP/MCH strategy. This entailed the review of existing MCH client materials, assessment of their quality, and identification of gaps; development of plans for adapting existing materials and ideas for new materials; and development of prototypes of adapted materials. She also worked with the M&E Specialist, and members of selected workplace family planning teams and peer educators to design a practical monitoring system for the workplace peer education program within

companies. This would allow each company and PRISM to gauge its program's strength and identify issues. Her technical assistance paved the way for the adaptation of the Population Council screening tool for MCH and FP integration, as suggested by Teresa Carpio of USAID. The tool, which was fine-tuned to suit the needs of private providers, is now being pre-tested in the field.

Having reached its midterm, PRISM should be able to show and explain its impact to USAID and other stakeholders. In August 2007, Annette Brown, the Chemonics director of impact measurement, participated in the Performance Monitoring Planning sessions to identify avenues to improve impact measurement and help PRISM tell its story better. Ms. Brown also developed the proposal for a study on the "role of the private sector in providing health services to the poor," which is available in PRISM file as a separate document.

Before the end of September 2007, Chemonics' communication consultant Michele McNabb worked with the new communications director to develop a realistic communications approach for the project's final two years of operations. She trained the communications director on Chemonics' best practices in project communications. They drafted a communications plan, which the communications director is presently enhancing in terms of providing actionable steps to achieve the objectives.

Family Planning Policy Compliance and Monitoring

PRISM's third year saw the start of the project's monitoring of its compliance to the US government's various family planning and abortion-related statutory and policy requirements. PRISM now has in place a project-wide monitoring and reporting system with monitoring forms for service providers/facilities and FP clients. In each regional office, one PRISM staff has been designated as FP Policy Compliance Point/Focal Person. In Manila office, one staff has served as secretariat to compile project wide documents and related information.

PRISM spearheaded the orientation of 118 USAID staff, PRISM staff, grantees, staff of other USAID projects, and counterpart staff members of the Department of Health (DOH) and Department of Labor and Employment (DOLE) on the US FP policies and statutory requirements. There was agreement among most of the participants in the Manila, Cebu, and Davao workshops as to the need to contextualize the US government policy requirements within the Philippine setting, laws and policies, using layman's terms for better understanding especially at the service delivery level.

PRISM was also designated as the lead agency of the inter-cooperating agencies technical working group on FP policy compliance monitoring. Immediately after the February workshops, this TWG was convened and started working on the monitoring forms. After two pre-tests, the forms were finalized in July, 4th quarter of PRISM year 3. PRISM also provided technical assistance to the DOH in the conduct of orientations for its regional field staff and later, for the roll-out to local health officials.

Within the project, FP policies and statutory requirements orientation were disseminated during meetings with new partners/grantees. Training manuals and service provider self-assessment tools were also updated to include such requirement.

There were no possible violations nor vulnerabilities noted in monitoring a total 40 service providers and facilities together with 39 FP clients. Points for improvement of the quality of services relevant to informed and voluntary decision-making were the reminder to prominently display the all-FP methods posters in the private midwives' clinics; orders for the newer versions of the poster were placed, delivered and distributed to PRISM partners. Informed consent forms including those in the vernacular were also distributed. Service providers were linked to pharmaceutical partners for contraceptive supplies. Referrals especially for permanent methods were also facilitated.

A full report of PRISM's FP policy compliance and monitoring activities was submitted to USAID in November 2007.

Office Administration

PRISM undertook a number of initiatives in order to streamline office procedures most significant of which is on equipment management. The project updated/re-structured the Inventory List of Equipments to ensure that all items are accounted for (from serial numbers to property number). Actual physical count of equipment was conducted and MRs (Memorandum Receipts) were issued to employees for equipment accountability.

Towards the second half of the year, the administration and finance units were active in providing the necessary assistance/facilitation to the conduct of program financial audit. Specific tasks involved retrieving or gathering the necessary documentation and responding to queries/clarifications raised by the auditors. The response to the audit findings is currently being prepared in consultation with Chemonics home office. Some sections in the policy manual may have to be revised to reflect the audit recommendations on office policies and procedures.

The current lease of the Wynsum office ends December 2007 and will not be renewed. Activities for the last quarter of Year 3 were devoted to exploring available office space within the Ortigas area. A main factor for the selection of office space is the cost that will be involved on the relocation. RFP was issued to solicit the services of an architect for office renovation/construction. PRISM developed a relocation plan to identify the tasks at hand and monitor progress. It is anticipated that there is minimal disruption on operations during the relocation. Lease agreement with a contract term of one year and nine months (January 2008 through September 2009) is being finalized between Chemonics and Octagon Industrial Corporation.

Financial Report

The following expenditures (Table 6) were incurred under the PRISM contract:

Table 6. Expenditures as of September 2007

Particulars	Amount	Percent of Obligated Funds spent as of Sept 2007
Contract Value:	\$32,036,699	
First quarter expenditures, Oct 06 to Dec 06	\$1,979,665	
Second quarter expenditures, Jan 07 – March 07	\$1,039,861	
Third quarter expenditures, April 07 – June 07	\$1,339,765	
Fourth quarter expenditures, July 2007-Sept 2007	\$1,571,912	
Year-to-date expenditures October 2005 – September 2006	\$5,931,204	
Cumulative expenditures to date October 2004 – September 2007	\$19,938,615	
Contract Funds Remaining	\$12,098,084	
Funds currently obligated, through September 30, 2006	\$21,987,979	
Obligated funds remaining	\$1,159,469	91%

PRISM's current financial status according to the budget breakdown in the PRISM contract is reflected in Table 7 below:

Table 7: Current financial status

Cost Elements	Project Budget by Component	Expended to Date (Thru 9/30/07)	Percent of Expenditures	Contract Funds Remaining	Percent of Funds Remaining
CLIN 1: Workplace Initiatives	\$8,145,947	\$6,042,306	74%	\$2,103,641	26%
CLIN 2: Market Development	\$8,649,908	\$6,015,538	70%	\$2,634,370	30%

Cost Elements	Project Budget by Component	Expended to Date (Thru 9/30/07)	Percent of Expenditures	Contract Funds Remaining	Percent of Funds Remaining
CLIN 3: Private Practice Expansion	\$11,212,844	\$6,658,913	59%	\$4,553,931	41%
CLIN 4: Grants Fund	\$4,028,000	\$1,221,857	30%	\$2,806,143	70%
GRAND TOTAL	\$32,036,699	\$19,938,615	62%	\$12,098,084	38%

Grants Management

PRISM implemented 43 grants projects distributed as follows: 31 for the Workplace initiatives; 8 for Private Practice, and 4 for Market Development amounting to US\$ 2,955,221.90. Table 8 presents a summary of grantees by region.

Table 8: Ongoing Grant Projects as of September 30, 2007

Region/Component	Grantees	
Luzon		
Workplace Initiatives	16	Lopez, Cavite CCI, Tridev, A4Y,BCYA, PMAP Pangasinan, Batangas CCI, HRMAC, Bulacan CCI, LIPC, PMAP Subic, QCCP, KAMIT, ECOP, Friendly Care
Private Practice Initiatives	2	JVO, IMCH
Visayas		
Workplace Initiatives	7	CCEF, BANGON, OPTIONS, Mandaue CCI, PROCESS, PhilDHRAA, CYC
Private Practice Initiatives	3	IMAP Cebu, IMAP Bohol, NORFI
Mindanao		
Workplace Initiatives	7	Oro CCI, Molave, Philexport XII, Davao CCI, PFCCO, MBC, GSCCI
Private Practice Initiatives	2	KSFI (APS), KSFI (RFA)
National		
Workplace Initiatives	2	PCCI Excellence Award, PCOM
Market Development Initiatives	4	Bayer (formerly Schering), Organon, ECE, FRCI
Private Practice Initiatives	1	Zuellig
TOTAL	43	

Two grants reached the process of review and approval by USAID. These are PBSP for workplace initiatives and IRHP for Market Development.

Three grant applications were approved by USAID in Quarter 12. These are Friendly Care, ECOP and KAMIT. During the same period, twenty grants commenced resulting in a substantial increase in the number of beneficiaries. The following were added to the number of beneficiaries through grants:

Beneficiaries through Workplace Grants (15 grantees)

- 190 companies with approximately 260,893 employees
- 18 coops with 17,018 target coop members
- 60 SMEs with 4500 employees

Beneficiaries through Private Practice (3 grantees)

- 150 midwives with birthing homes
- 300 midwives without birthing homes

Beneficiaries through Market Development (1 grantee)

- 15 pharmaceutical detailers from non-PRISM grantee company trained in Evidence-Based Medicine
- 15 trainers from the pharmaceutical partners/grantees of PRISM capable to provide EBM training to pharmaceutical detail men

As of September 2007, the total number of target beneficiaries through 30 workplace grantees is 341 companies, 44 cooperatives and 88 SMEs approved by USAID. Total number of companies to date is 473. Potential target reach is 398,304 employees. The total number of target PPMs is 900 and we now have 702 PPMs through 7 Private Practice grantees. Out of the 702 PPMs, 193 midwives are targeted to have birthing clinics which are DOH-approved and PHIC-accredited, or at least PHIC-accreditible.

To assess the performance of the grantees, PRISM held mid-term technical and financial reviews. These reviews also provided PRISM the opportunity to further assist the grantee in building organizational capacity and identifying areas of improvement. Mid-term technical and financial reviews were conducted for CCEF and TRIDEV. After assessing the current situation and identification of gaps/weaknesses, activities were rescheduled and corresponding budget realignments were done as necessary.

PRISM conducted project-end technical and financial assessment Cagayan De Oro Chamber of Commerce, ECE Marketing/Pharmaceuticals, Inc., Organon Philippines and Lopez Group of Companies. Mid-term financial reviews were done for Philippine Chamber of Commerce and Industry - Cavite, Baguio Center for Young Adults, and Jaime V. Ongpin, Foundation. Common financial review findings include:

- using of grantee's general fund
- non-remittance to BIR

- no appointment letters for project personnel
- no quotation for purchases

Grants Disbursements

The total grant disbursement for Year 3 was pegged at US\$ 811,490. Quarters 11 and 12 registered the highest disbursement with the submission of 1st tranche reports for newly awarded grantees in the 3rd quarter. Cumulative disbursement till Year 3 was nearly US\$ 1.3 million or 43 percent of total grant award value (Table 9). This is expected to double in Year 4 with the full implementation of 43 grants and start-up of 11 new grants expected to be awarded early next year.

Table 9: Total grants disbursement in Year 3 by initiatives.

Initiatives	PRISM Counterpart	Amount Disbursed for Y3	Amount Disbursed (Y1-Y3)	Remaining Budget	Disbursement in %
Workplace	1,524,509.20	351,309.00	437,446.23	1,087,062.96	28.69%
Private Practice	560,054.22	139,375.00	142,516.25	417,537.97	25.45%
Market Dev	870,658.48	320,806.00	698,979.13	171,679.36	80.28%
Total	2,955,221.90	811,490.00	1,278,941.61	1,676,280.29	43.28%

Status of Grant Funds and Counterpart Share

Total grant award as of September 2007 was pegged at US\$2.9 million. Grant fund allocation for Year 3 is distributed as follows: 39 percent of which was shared to Workplace grantees, 21 percent went to Market development and 15 percent to Private Practice.

Grantee counterpart (Table 10) remains at 30 to 35 percent of the total grant cost both for Workplace and Private Practice Initiatives. All grantees are classified as non-profit NGO. Whereas, average cost share for Market Development is 57 percent. These are private and commercial companies.

Table 10: Grantees counterpart share by initiatives

Component	Grantees Counterpart		% of CS from Total Project Cost
	In Cash	In Kind	
Workplace	683,845.60	127,013.47	34.51%
Private Practice	260,120.00	0	31.51%
Market Dev	1,110,227.28	88,701.80	57.70%

SECTION IV: LESSONS LEARNED

PRISM periodically examined the various hindering and facilitating factors that affected its over-all performance this year. These are presented below as lessons learned that would guide PRISM's Year 4 implementation.

1. *The integration of MCH provides additional leverage for bringing in new partners.* Because FP remains to be a contentious issue for certain board members of PRISM-supported companies, there has been reluctance to participate and invest in PRISM activities. But with the expansion of PRISM's focus, which now includes MCH, there is less resistance. On the other hand, at the level of PPMs, the additional PRISM support extended to them in terms of MCH updates resulted in improved competence on MCH. This in turn, translated to a wider range of services PPMs can offer to the community.
2. *BCC materials and job aids are necessary to a midwives' effective performance of her work.* The low turn out in terms of number of FP counseling conducted by PPMs is partly due to the unavailability of appropriate BCC materials that would help PPMs adequately explain the benefits of various FP methods. Most midwives only have materials from the pharmaceutical companies, which may not contain the necessary information to allow truly informed choice. PRISM during the year gave focus on the development of prototypes which passed the technical review of DOH. To ensure the credibility and wider acceptance or utilization of these materials, PRISM labored to get the endorsement of DOH. Unfortunately as of this reporting, the DOH Secretary declined to sign the endorsement despite the fact that these materials and messages were excerpts from the 2006 DOH Clinical Standards Manual for Family Planning which, ironically also bears the Secretary's endorsement. This delay in the production of prototypes also created problems in the delivery of outputs by grantees.
3. *Projects should not set high targets for initiatives that rely too much on systems and procedures beyond PRISM's control.* PRISM targeted to deliver 200 PHIC-accredited birthing homes within Year 3 but achieved only four PHIC-accredited and 23 creditable birthing homes. The requirements for PHIC accreditation entail a substantial amount of time and resources (including investments in training) to complete especially for those who have yet to comply with the requirements of DOH licensing (e.g. physical layout of facility, space requirement). The move to harmonize PHIC accreditation with DOH licensing, while helpful, is not the immediate answer to the difficulty in meeting set targets. The upcoming project midterm evaluation should provide the venue to recalibrate targets to match current realities particularly for the Private Practice Initiative. There is a need to concentrate more on developing doable and sustainable models for PHIC-accreditation, at the same time working to streamline the accreditation procedures, and linking midwives to sources of grants and loans.

4. *Large pharmaceutical companies need assistance in distributing products at the community level.* The popular "bottom of the pyramid" (BOP) marketing proposition argues that large companies can make a fortune by selling to poor people and simultaneously help eradicate poverty. While a few market opportunities for FP do exist, the market at the BOP is generally too small monetarily to be very profitable for most multinationals because clients still go to public facilities for free products and services.

One of the significant lessons learned in Year 3 came from the PRISM experience in dealing with grantee multinational pharmaceutical companies. Due to their size and structure, these companies are constrained from distributing their contraceptive products to outlets in far-flung communities. Business sense dictates that these companies focus their resources on the 20 percent of the population, which gives them 80 percent of sales.

Marketing to the "have-less," with different mindsets, capacities, and needs from the higher-income sector, necessitates employing a different business model. In order for PRISM to address their needs, PRISM in Year 4, needs to establish an alternative distribution channel, which will make available a variety of options of contraceptives serving the needs of the people in the community.

5. *Project should maximize the capacity of partners to disseminate FP/MCH information through the local media.* The experience of Cagayan de Oro Chamber of Commerce and La Frutera Inc. show that partners are a potential resource for massively disseminating FP/MCH messages. PRISM should harness this potential by developing more effective messages and providing additional media skills input to selected partners.
6. *Establishment of a community-based referral system is a strategic move to integrate and sustain PRISM initiatives.* The establishment of referral systems, which is part of PRISM's technical assistance to participating companies and private practicing midwives, is common to all three initiatives of PRISM. A good referral system is an essential element to ensure sustainable FP and MCH service delivery and in PRISM's case, would truly operationalize its main objective of "expanding quality services provision by private and commercial providers."

Currently however, referral systems established under each initiative (SO1, SO2 and SO3) do not deliberately tap PRISM-supported partners from other initiatives due mainly to geographic constraints and lack of PHIC-accredited birthing homes. There seems to be a missed opportunity to link workplaces, pharmaceutical companies, and private practicing midwives into a referral system that would truly maximize PRISM's project inputs. Linking PRISM-supported companies with PPMs, and PPMs with pharmaceutical companies into a referral system ensures that companies can rely on competent assistance when it is needed, PPMs have a regular clientele and that products of pharmaceutical companies reach more people.

Under the Market Development initiatives, PRISM has in the pipeline the establishment of a referral system which links Botika ng Bayans with midwives, workplace companies, and pharmaceutical companies. Regional offices, particularly Luzon, are attempting to link accredited private practicing midwives with workplace companies. The rationale behind this is that pregnant employees may tap the services of PPMs whose base of operation is within the same community the employees reside in. In terms of FP and MCH supplies, Luzon regional office also tried to link workplace clinics with PRISM-supported pharmaceutical companies such as Organon and Bayer-Schering Philippines. These case studies, along with other experiences from the regions, should provide insights as to the benefits, or lack of it, in pursuing an integrated community-based referral system linking all three initiatives.

Moreover, the World Health Organization model which suggests the need to bring in a supervising organization to monitor referrals is worthwhile to investigate and possibly factored in to the system to ensure quality service provision.

SECTION V: YEAR 4 PLANS

Workplace Initiatives

“Institutionalization, expansion, innovation, capability building and leveraging” are PRISM’s rally words in Year 4. The project will be pursuing a different set of rules — the non-grant mechanisms or the Strategic Technical Assistance Resource (STAR) program — and under new levels of partnerships to increase private and public sector policy support for the program. Moreover, PRISM identified the Guidance System as a legacy that the project aimed to deliver to ensure greater availability of family health commodities and services in the workplace. The project developed a revised framework to incorporate strategies geared toward achieving the legacy without diverting from the objective of increasing formal employment sector support for family health programs in the workplace.

The Guidance System is a roadmap to help companies sustain the provision of FP/MCH services for consumers in the workplaces. This roadmap consists of the models of workplace family health programs and the tools to install, manage, and sustain the program.

Market Development

PRISM will continue to support the marketing of commercial hormonal contraceptives by facilitating the shift of the main source of health commodities from the public to private sector for consumers who can afford to buy. Toward this end, PRISM will establish an alternate distribution system for FP/MCH products, support the commercial launch of IUDs, and facilitate the entry of additional brands and other generics from the commercial sector that can serve smaller but more homogenous market segments.

The project will continue to follow the “total market approach,” which considers the strengths and capacities of NGOs and the public sector to deliver a range of products addressing existing and future market needs of different market segments — from the wealthiest to the poorest.

Private Practice Initiatives

PRISM will continue to increase the number of PPMs with self-sustaining and financially viable DOH-licensed or PHIC-accredited birthing facilities that offer quality FP and MCH services and supplies. With only four birthing homes accredited in Year 3, PRISM will have to work double time in Year 4 and part of Year 5 to complete all 300 birthing homes targeted at the end of the project.

PRISM will also pursue gaining the support of medical professionals for FP and MCH as part of good clinical practice. This means that capacities will be strengthened for physicians working in company clinics to better provide these services and for physicians in communities to support the private practice midwives.

During a midterm project review in Year 3, PRISM developed five concepts termed as PRISM legacies. Two of these legacies focus on private practice midwives, specifically, “The Highly Professionalized Midwife Entrepreneur” and “The Empowered Institution.” Both legacies aim to ultimately make accessible quality FP and MCH services at pro-poor friendly affordable rates through private midwives clinics. Hence, in Year 4 the project will finalize plans and initiatives to achieve the two legacies within the remaining two years of project life.

Communicating Project Impact

During its first three years of implementation, PRISM faced challenges that limited its ability to communicate effectively its success stories, lessons learned, and best practices with stakeholders at various levels. The team has overcome most of these challenges and the project can do a great deal to improve its communications in the final two years. In Year 4, PRISM finds it ideal to launch a major effort to improve communications. The communications plan drafted at the end of the fiscal year while it is ambitious will accomplish its primary objective —“to document and share project results, lessons learned, and best practices with target audiences.” This seemingly straightforward objective will be a major challenge because it will require the development of internal systems and retooling of people to recognize and capture impact; enhancements in data collection and analysis; a greater understanding of audience needs; and an active process of dissemination of results.