



Strategic Intervention Plan

Submitted by:

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The PRISM Project Strategic Intervention Plan

I. Introduction and Rationale

PRISM is a complex project with a mandate to increase the role of the private, commercial sector in the Philippines' family planning (FP) market. The project supports USAID/Philippines' Strategic Objective 3, *Desired family size and improved health sustainably achieved*, and is structured to have national impact in three components. The Workplace Initiatives component is charged with increasing support for and access to FP services and referrals in the workplace. The Market Development component seeks to establish a viable, mass market for hormonal contraceptives. The Private Providers component intends to increase awareness of the business value of FP services among private practice providers and to establish a cadre of privately practicing midwives who distribute hormonal contraceptives directly to consumers.

While PRISM intends to reach a national scope by the end of its five-year project period, it will need to be strategic with respect to its choices of whom to work with, where to work, and what products to support. This Strategic Interventions Plan (SIP) is a tool that will help the project make those strategic decisions in a structured, sensible manner that encourages efficient use of its human, financial, and technical assistance and ensures that roll out of these resources builds towards successful, national level impact. Additionally, there are obvious potential synergies among these three project components and this SIP will aid in ensuring that such targets of opportunity for synergy are not missed. Examples of desired synergies include:

- Ensuring that adequate contraceptive supplies (Market Development component) are available for workplace programs (Workplace Initiatives component) and for privately practicing midwives who complete PRISM's Midwife Entrepreneur Program (Private Providers component).
- Ensuring that private providers are trained and available (Private Providers component) to provide FP services either at workplaces or on referral from workplaces (Workplace Initiatives component).

Application of the SIP tool will also help PRISM to ensure that it maximizes the potential of synergies with other USAID partner projects. For instance, many non-poor FP users – formerly clients of public sector outlets – are most likely to be ready for referral to an envigorated private sector from LGUs that the LEAD Project has provided technical assistance in planning for phase-out of donated contraceptive supplies. Similarly, there is stronger potential for commercial FP products and services where TSAP-FP is engaged in increasing the social acceptance of FP.

In its current form, this SIP is being applied alongside PRISM's year one workplan which has been approved by USAID. In advance of the beginning of each new project year, PRISM will review and revise the SIP as warranted in light of the previous year's experience. During workplanning exercises for year project year, the SIP tool will then be applied as a guide to making decisions about how best to use PRISM's resources to further project goals on an ongoing basis.

II. Overview of the Strategic Implementation Plan

The SIP is a tool to help PRISM make decisions about where it should work, with whom it should work, and what kinds of providers and products it should support. The tool is comprised of four sections. The first project-level section is designed to help the project identify geographic priority areas for implementation of project activities cutting across all three technical components. Each of the other three component-level sections is designed to identify priorities for component-specific interventions. Each section is comprised of a decision tree. This section describes how the decision tree is used to make choices for project interventions.

Step 1: Define the universe. The universe of choices is placed at the top of the decision tree and then – in sequence – a series of criteria is applied to each choice in the universe. For example, all provinces and major cities in the Philippines are placed at the top of the project-level section.

Step 2: Sequentially apply a list of predefined criteria to each element of the universe. In the initial SIP planning process, PRISM project staff identified and prioritized criteria for each section of the SIP. Continuing with the example used in step 1 above, in selecting priority geographic locations for project activities, PRISM staff determined that imminent phase-out of donated contraceptives is most important. Therefore, each province and major city in the universe is considered against this criteria. Those for which phase-out is not imminent are recorded in the second box down on left side of the decision tree, and those for which it is imminent are recorded on that second level on the right side of the tree. Provinces and large cities in the right-side box on the second level (those for which phase-out is imminent) are then considered against the second criteria. Those not meeting this criteria are recorded in the left-side box on the third level down in the tree. Those meeting this criterion are recorded in the right-side box on the third level of the tree. The process of considering those provinces and cities in each right-side box of the tree continues until the last criterion has been used.

Step 3: Carefully review the outcome of the universe mapping process. At the end of this mapping process, all provinces and cities in the universe are mapped across the tree with those falling lower on the tree considered as being better prospects for immediate PRISM attention than those falling higher on the tree. The mapping exercise is intended to infuse a rational, objective element to the process of making project decisions. While it is important to be as objective as possible in making project intervention decisions, it is equally important to recognize that special considerations also have a place in the decision-making process. To identify and consider these special considerations, the mapping results were then carefully considered by project staff. In the example used, each province or large city that falls furthest down on the right side of the tree (i.e., meets the most criteria) is individually considered and if no special consideration is identified, it is selected as a focus for project intervention. In some cases, a special consideration is identified (e.g., it is an appropriate intervention area for one component but not another, thereby having lower synergistic potential) and the case is deselected for immediate project intervention.

Likewise, each case falling in the left-sided boxes lowest on the decision tree (i.e., does not meet all the criteria) is examined and consideration is given to factors that may indicate that it should be considered for project intervention. For example, a particular province that does not make it all the way down the right side of the tree may have made a special request for project assistance. The fact that it failed to meet one or more criteria in the decision tree allows project staff to understand that a modified approach may be required to work with this province to compensate for the criteria it did not meet.

This process, with its mix or objective application of criteria and the accompanying careful review of the mapping outcome, provides for flexibility within a rational framework. It also ensures that important targets of opportunity for success are not missed.

The next section of this report describes in detail the criteria for the project-level section of the SIP and the outcome of applying the tool for PRISM's year one geographic focus. The following three sections describe the criteria for each of the three project technical components (Workplace Initiatives, Market Development, and Private Providers) as well as the outcomes of applying the tool for each decision in each component. The concluding section summarizes tasks remaining for year one application of the SIP tool and describes the process for continued use of the tool during year two project workplanning.

III. The Project-level Section

As noted in Section I, decisions begin where PRISM works has cross-cutting importance spanning the three technical components and in relation to USAID's LEAD and TSAP-FP projects. The geographic dimension of PRISM's choices for year one intervention also has technical significance. As PRISM builds and adapts existing models for implementing workplace FP programs, marketing support for new contraceptive products, and for training midwives, these choices will determine where those tools are first applied. The initial applications will yield important lessons that will help refine those tools and later choose places where opportunities for success are greatest. Early success is also important because these successes will build interest among stakeholders. Thus year one decisions serve an important stage-setting function.

A. Project-level criteria

The project-level of the SIP tool is comprised of six criteria that take into account these issues. As PRISM intends to work nationwide and as the project maintains three regional offices, these criteria were applied separately to three universes of provinces and large cities in the country, those in Luzon, Visayas, and Mindanao areas. These criteria, in the order in which they are applied, are described here.

Criteria 1: Batch 1 or 2 DOH Phase-out – This criterion refers to the immediacy with which a province of large city will be faced with cessation of donated contraceptive commodities which are distributed by the Philippines Department of Health (DOH). The DOH categorized all provinces in the country as batch 1, 2, or 3. Distribution of donated oral contraceptive supplies will be terminated for batch 1 provinces earliest by the last semester of 2006. Distribution will be terminated next for batch 2 provinces by the first semester of 2007. Batch 3 provinces will continue to receive donated commodities the longest.¹ This criterion is applied first to each geographic universe based on the assumption that the need for alternative, commercial supplies of contraceptives will be most immediate where donated commodities are phased out first.

Criteria 2: Medium/large population, average/high CPR – Population size and contraceptive prevalence rate (CPR) were examined next for all provinces and large cities that met criteria one. The operating assumption here is that PRISM would be most interested in focusing where the largest potential market for commercial contraceptive products and services is. The largest potential markets are those provinces and cities with large populations and where a large

¹ DOH Administrative Order 158.

proportion of women are already using a modern contraceptive method. Provinces and cities that did not meet both population size and relatively high CPR were considered to be of lower priority for PRISM focus during year one.²

Criteria 3: Low/medium poverty rate – Similarly, prospects for commercial success are assumed to be higher where clients have a greater ability to pay. Ability to pay is measured by the poverty rate in the province or city and the poverty rate was determined for those that met criteria two. Only those Philippines provinces that had a higher than average poverty rate were considered to be of lower priority for PRISM focus during year one.³

Criteria 4: Urban – Owing to the higher concentration of commercial outlets, urban areas were assumed to be better prospects than rural areas for PRISM’s support to the commercial FP sector.

Criteria 5: LEAD, or LEAD & TSAP-FP present – As noted earlier, there are potential synergies of working alongside USAID’s other main SO3 project partners. LEAD is mandated to support LGUs as they plan to adjust to the phase-out of donated contraceptive commodities. Many LGUs will adjust by instituting new initiatives to target their resources to the poor and to encourage the non-poor to seek FP products and services from private sector sources. PRISM can synergize with LEAD’s “push” initiatives by providing additional support in such LGUs so that private products and services are ready and accessible to these non-poor, former public sector clients. To a lesser extent, where TSAP-FP has increased the social acceptance of FP, PRISM support may also create synergies.

Criteria 6: LGU level of support to FP – Though PRISM will be less reliant on public sector and political support at the LGU level for its activities, the SIP assumes that an environment where the public and political leaders support FP programs and services presents greater prospects for initial PRISM success than where leaders are unsupportive.

B. Luzon geographic focus decisions

As noted above, these six top-level criteria were applied separately to provinces and large cities in Luzon, Visayas, and Mindanao.⁴ Provinces and cities in Luzon that met all six criteria and were selected after careful examination of mapping results for year one are shown in dark green in Figure 1 below. Those that met all six criteria but not selected for year one are shown in light green. Other provinces or cities which did not meet all six criteria but were selected for year one focus are shown in yellow. The rationale for these decisions is provided below Figure 1.

MAP FIGURE 1 (LUZON) HERE

The National Capital Area (NCR) and Pampanga province both met all six top-level SIP criteria and were selected for year one PRISM focus. Among the provinces and cities in Luzon, these areas are considered to offer the highest prospects for success in year one. Although Nueva Ecija also met all six top-level criteria, the fact that its economy is primarily agricultural limits the potential for success in PRISM’s Workplace Initiatives component. Because of PRISM’s strong desire to tap synergies across its components, it was decided that the Private Practice component

² See Appendix A for definitions of small, medium, and high population size and low, average, and high CPR.

³ Appendix A also contains definitions of low, medium, and high poverty rates.

⁴ Appendix B includes all decisions trees for the top-level and for the three project components.

would also forego working in Nueva Ecija during year one.⁵ Bulacan also met all six top-level criteria but PRISM intends to obtain more information about the business environment of this province before committing to activities here.

Three additional Luzon provinces were selected for year one focus. Cavite and Laguna are both export processing zones and the high concentration of industrial firms makes these attractive locations for year one PRISM focus, even though political support for FP programs is not as strong as in other provinces. Finally, Pangasinan represents a true target of opportunity. Although its CPR lags somewhat behind the national average, political support for FP is among the highest in the country. Furthermore, a number of LGUs in Pangasinan have a two-year head start in planning to adjust to phase-out of donated contraceptives and the FP program environment is now well-primed for private sector intervention. As such, PRISM will target this province for year one support.

C. Visayas geographic focus decisions

Figure 2 shows results of mapping provinces and cities in the Visayas against the six top-level criteria. Locations meeting all six criteria and selected by PRISM for year one focus are shown in dark green. Those not meeting all six criteria but selected for year one project focus are shown in yellow.

MAP FIGURE 2 (VISAYAS) HERE

In the Visayas region, Cebu City and Iloilo City met all six top-level criteria. The province of Cebu met the first five criteria but did not meet the sixth, political support criteria. After review and discussion of the criteria mapping outcome, PRISM decided that in year one in the Visayas, it will focus its workplace and private practice activities in Cebu City, in Cebu City metropolitan area in Cebu province, and in Iloilo City. Additionally, PRISM will respond to a special request by the political leadership of Bohol province by undertaking a review of FP program situation and determining appropriate PRISM support for private sector activities. Although Bohol has been designated by the DOH as a batch 3 province (i.e., phase-out of donated contraceptive commodities is not imminent), anecdotal information indicates that there are important lessons to learn in Bohol with respect to energizing the private sector for FP.

D. Mindanao geographic focus decisions

Figure 3 shows results of mapping provinces and cities in Mindanao against the six top-level criteria. Locations meeting all six criteria and selected by PRISM for year one focus are shown in dark green. Those meeting all criteria but not selected for year one project focus are shown in light green. Those not meeting all six criteria but selected for year one project focus are shown in yellow.

MAP FIGURE 3 (MINDANAO) HERE

In Mindanao, Davao City, General Santos City, and Zamboanga City met all six top-level criteria. Of these, Davao City and General Santos City were selected for year one PRISM focus. Communities in Davao province that are within the greater Davao metropolitan area, where many

⁵ Note that the Market Development component will support launches of contraceptive products and as such launches are not expected to be geographically specific, the question of geographic focus for this project component is not relevant.

industrial firms are located, will also be targeted for year one PRISM activities. Logistical complications will make reaching Zamboanga City from our regional project office in Davao City difficult and pending further consideration of these issues, this location will not be a project target for year one. PRISM will also target Davao del Norte province for year one activities as a pilot area for agro-industry workplace FP program models. Finally, we will visit Cagayan de Oro to analyze the opportunities that city area presents, especially for the workplace component.

IV. The Workplace Initiatives Section

Under the workplace initiatives component, PRISM is challenged with increasing CPR for gainfully employed women of reproductive age from 36 percent to 50 percent. The principal decision to be made for PRISM's workplace initiative component is which firms to work with in the locations determined from application of the SIP tool's project-level analysis. For each province or city (or metropolitan area, in the case of NCR, Cebu, and Davao cities), the universe for the workplace initiatives component is all firms with 200 or more employees.

A. Workplace Initiatives SIP criteria

In this component, each firm will be mapped against five criteria to determine PRISM project targets for year one. These criteria, defined below, will be applied sequentially to each firm in the universe to identify the best candidates for PRISM support.

Criteria 1: Firm has a large workforce – The largest firms provide the greatest potential for impact of workplace FP programs and services.

Criteria 2: Large percentage of workforce is women of reproductive age – Since women are most often FP method users, firms whose workforce is more heavily comprised of women of reproductive age (WRA) provide a larger base for PRISM-supported workplace FP activities. In later years, we will also ensure we look at firms with large male workforces that offer health coverage to married spouses and children of working men.

Criteria 3: Has commitment to corporate social responsibility – In the Philippines, workplace FP programs are perceived to be one of a number of ways in which firms demonstrate a commitment to social responsibility (CSR). Therefore, firms that show evidence of a commitment to CSR in ways other than a workplace FP program are considered to be better candidates for establishing and supporting a workplace-based FP program.

Criteria 4: Firm willing to establish or improve its FP program – Among firms that already have established FP programs, those that state a willingness to improve their programs are better candidates for PRISM support. Likewise, among firms that do not yet have an operating FP program but whose leaders state a willingness to establish one are better candidates for PRISM's year one project support.

Criteria 5: Corporate FP policy exists – A corporate FP policy can be considered to be an antecedent to a workplace-based FP program since the presence of such a policy is an indication of likely support for establishing a program, firms with such a policy are better prospects for PRISM partnership.

B. Workplace Initiatives decisions

The process of completing the decision trees for each province and city selected for PRISM year one focus (see Section III) has been initiated through an effort to obtain the information described above. PRISM has awarded a subcontract to the Philippines Business for Social Progress (PBSP) to identify all firms with 200 or more employees and to obtain information about those firms, including information necessary for completion of these decision trees. That data will be available by the end of April, 2005 and mapping of that information, as described above, will ensue immediately. It is expected that target firms for year one will have been identified by the end of May, 2005. As was done for the project-level, geographic decisions, results of the mapping exercise for the firms will be examined by the PRISM staff. Firms meeting all five criteria will be reviewed to identify any possible extenuating information or circumstances suggesting that partnership would better be reconsidered at a later date. Firms not meeting all criteria will also be reviewed to identify special circumstances that call for project attention in year one. For example, if the national headquarters of a firm selected for PRISM support was to recommend and amply justify partnership activities with a branch office or industrial plant in another location, PRISM would strongly consider such a partnership even if the branch office or geographic area was not selected during PRISM's application of the SIP tool.

V. The Market Development Section

Intervention decisions for PRISM's market development component are geographically based. Instead, PRISM must decide which contraceptive products and brands to support and which pharmaceutical industry firms to work with to support those products and brands. Manifestations of these decisions will be nationwide. However, such decisions are important to the success of both the workplace initiatives and the private providers components whose partners will require access to a reliable source of affordably-priced contraceptive products.

A. Market Development SIP criteria

Market Development Decision Tree 1: Products and brands

For year one, PRISM has decided to focus on oral contraceptives (OCs). The existing range of OC products in the Philippines market, whether currently actively promoted or not, was defined as the universe for this decision tree. Four criteria have been defined to help PRISM decide which products and brands it should support in project year one.

Criteria 1: Registered with BFAD – Because in project year one PRISM seeks to expedite launching OC brands into the market to support workplace FP programs and private midwife practices, those products and brands that are already registered with the DOH Bureau of Food and Drugs (BFAD) are better candidates for project support. The registration process for new brands is time consuming, taking up to one year, and products requiring registration are better considered by PRISM for future support.

Criteria 2: Non-high dose COCs – OC products already registered with BFAD include high-dose and low-dose combined oral contraceptives (COCs) and progestin only pills (POP). High-dose COCs are old formulations and not as safe as the newer, low-dose formulations and this criterion intends to screen out higher-risk products.

Criteria 3: Priced/planned for price reduction for middle C and lower socio-economic groups – To date, the commercial contraceptive market has been oriented towards high-priced brands. Therefore, PRISM seeks to support brands that are more affordable-priced towards middle and lower income market segments.⁶ Based on the NDHS findings, PRISM has defined 90 pesos and lower per monthly OC cycle as affordable to these consumers.⁷

Criteria 4: Supply/source reliability – Because of the potentially harmful effect of supply interruptions on workplace and private provider efforts to enter the FP market, PRISM will seek to support products and brands for which there is reasonable indication that the supplier (whether an off-shore producer, a local importer, or a local manufacturer) will be able to maintain a consistent supply of its product/brand in the market and will be able increase supply in concert with increase in demand for those products.

Market Development Decision Tree 2: Pharmaceutical Industry Firms

There is a large universe of pharmaceutical firms (approximately 150) in the Philippines' pharmaceutical industry and seven criteria have been defined to identify those for which PRISM support would be most beneficial with respect to project goals.

Criteria 1: Has existing OC brands or plans to develop/ manufacture brands that can be launched – Only 14 of the 150 pharmaceutical firms in the Philippines either has an OC brand or is developing a brand for introduction to the Philippines market.

Criteria 2: Positive response to market information – PRISM shared information with each firm meeting criteria one and those that responded with an expression of interest in the FP market (13 of the 14 firms) were categorized as meeting this criteria and consequently a better candidate for partnership with PRISM.

Criteria 3: Willing to face social opposition – Elements of Philippines society strongly oppose modern FP methods and one of the 13 firms meeting criteria two expressed reluctance to directly support its contraceptive product out of concern for such opposition.

Criteria 4: Willing to invest resources - All 12 firms that met criteria 3 expressed a willingness to invest their own resources to launch and support their contraceptive products.

Criteria 5: Willing to work with PRISM – All 12 firms that met criteria 4 expressed a willingness to work with PRISM towards the common goal of increasing the commercial sector's share in the market for modern contraceptives.

Criteria 6: Has BFAD-registered low or middle-priced product(s) in the market or plans to reduce the price of one or more contraceptive brands to a low or mid-priced level – As noted in decision tree 1 for the Market Development component, PRISM believes the greatest opportunity

⁶ Most FP users whose household incomes fall below the poverty line are likely to continue to rely on a better targeted public sector program. Therefore, the products PRISM seeks to support will be mainly targeted to FP users who are neither very poor nor wealthy.

⁷ Prices assumed for each product/brand in the universe were based on either existing market prices or information provided by their owners. For some products/brands currently defined as high-priced, the owners have signaled that they may consider a pricing change. Should this occur, those products/brands may be reclassified as middle or low-priced and would then be remapped to the right side of this decision tree.

for commercial contraceptive products in the Philippines is in the range of prices affordable to middle and lower income consumers. There are currently four firms with such products in the market; the other firms that met criteria 5 indicated that they are currently developing or planning to develop such products but do not yet have one ready to launch.

Criteria 7: Actively markets products – Among the four firms meeting criteria 6, only two (Organon and DKT/Philippines) are actively marketing their products. The other two (Wyeth and Schwarz Pharma) are not doing so.

B. Market Development decisions

The product and firm decisions for the market development component are interlinked. Crossing the products that meet all four of the product decision tree criteria with the firms that meet all seven of the firm decision tree criteria, we find that Trust and Lady (DKT/Philippines) and Marvelon (Organon) are the brands that provide the best prospects for PRISM. However, DKT/Philippines is currently a direct recipient of USAID/Philippines support and PRISM therefore cannot provide direct financial support to this organization until after the existing financial support to DKT ends in September 2005.

Two of Pascual's OC brands, Micropil and Perlas, meet all of the product decision tree criteria but as noted above, Pascual is unwilling to market its brands because of the controversial nature of FP products. However, Pascual has indicated a strong willingness to license its brands to a local pharmaceutical marketing firm and to act as a toll manufacturer for those products. PRISM is in the process of facilitating the identification of such a marketing partner for Pascual. Schwarz' Rigevidon OC product similarly meets all of the product decision tree criteria but Schwarz is not currently marketing that product. There is potential for this product if PRISM can identify and successfully link a marketing firm to Schwarz.

As noted earlier, additional targets of opportunity for PRISM product/pharmaceutical firm support may arise during year one (or in future project years) should the pricing strategy change for any of those products currently priced at above 90 pesos.

VI. The Private Providers Section

PRISM's private providers component broadly seeks to influence practices of private midwives, physicians, and drug stores. Commensurate with this greater breadth, strategic decisions need to be made with respect to each group. The criteria for seven such decisions are presented in this section.

A. Private Providers SIP Criteria

Private Providers Decision Tree 1: Training Location for Midwives Entrepreneur Program

Site selections for the Midwives Entrepreneur Program (MEP) must be made in each province or city selected for year one project focus (see Section III) and the universe for each province and city selected will be all Inter-Local Health Zones (ILHZs) in province and the health office in the city.

Criteria 1: ILHZ (or health office in cities) is operational – Endorsement from local health officials will facilitate successful MEP training by linking private practice midwife participants within a referral network for public sector clinics.

Criteria 2: Area is urban – A greater concentration of clients able to pay for private midwife services is expected to exist in urban compared to rural areas, lending to better prospects for sustainability among midwives who complete MEP training.

Criteria 3: Municipal LGUs are interested – Support must be sought from municipal government leaders to conduct MEP training and where this support is not forthcoming, training for private practice midwives will be more difficult to organize.

Criteria 4: Active private midwives association chapter in the province or city – An active private midwives association will be able to assist PRISM’s training partners to identify and encourage qualified private midwives to participate in MEP training.

Criteria 5: Supportive private MD association chapter in the province/city – Some midwives may seek PhilHealth accreditation for reimbursement for FP services provided. Others will require a physician’s back-up service to refer certain FP clients (e.g., those experiencing unresolved side effects or those preferring non-hormonal methods) and the presence of a supportive MD association will facilitate creation of such linkages.

Criteria 6: Training site location is strategic and accessible – Minimizing logistic difficulties for both MEP participants and training teams to reach training sites will help control training costs. It will also encourage active and full participation of more midwives in the training program.

Criteria 7: Access to RBAB-affiliated rural banks – PRISM anticipates that some percentage of midwives completing MEP training will require capital investment to upgrade their private practices. Therefore proximity to a rural bank will facilitate PRISM’s ability to assist midwives to access these resources.

Private Providers Decision Tree 2: MEP Training Partners

Criteria 1: Does not currently receive direct USAID funding – PRISM is prohibited from providing direct financial support to any organization that is a current recipient of USAID funding if they are unable to keep the sources of finance adequately and separately tracked in their accounting system.

Criteria 2: Trainers have FP experience – While PRISM expects to familiarize trainers with the MEP curriculum, prior knowledge and training experience on FP will be a requirement.

Criteria 3: Has a qualified trainer set including contraceptive technology, counseling, and business skills – The MEP curriculum will be comprise of three components: 1) contraceptive technology and counseling; 2) business management skills; and 3) financing needs. Training teams must include members who are competent in each of these technical areas.

Criteria 4: Not connected with DOH – PRISM seeks to partner with private training organizations because of the limited numbers of DOH FP trainers.

Criteria 5: Is PNGOC affiliated – The Philippines NGO Council (PNGOC) participated with Chemonics International and its other PRISM consortium partners to develop the proposal which

resulted in the contract with USAID/Philippines for PRISM. PNGOC's stipulated role in that process was to identify and line up training partners for the MEP.

Private Providers Decision Tree 3: MEP Training Participants

Criteria 1: Midwife has a valid license to practice – Midwives who do not have a valid license to practice midwifery will not be considered for MEP training.

Criteria 2: Midwife is in active solo, exclusively private practice – The most preferred practice mode for the MEP is a solo, exclusively-private practice. For project year one, PRISM will endeavor to include only those midwives with such a practice in its MEP training sessions. The number of midwives nationwide engaged in such a practice is currently unknown. Therefore, PRISM has engaged a local subcontractor to obtain a better estimate of the number and location of such providers. Based on the information obtained through this survey, PRISM will reconsider this criterion for future project years' strategic decisions.

Criteria 3: Midwife has previous FP technology training – Midwives with previous training in FP technology will be more adept at absorbing the MEP curriculum content. In project year one, PRISM will give priority to such midwives. As for criteria two, PRISM will assess the number of midwives with prior FP training, and based on the findings, may reconsider this criterion in future project years.

Private Providers Decision Tree 4: Location for Physician Activities

Criteria 1: MEP training is planned – Because the PRISM's primary emphasis with respect to physicians is creation of partnerships that support midwives who have completed MEP training, PRISM will give priority for physician activities where MEP training is planned.

Criteria 2: Strong private MD association chapter – It is assumed that support for PRISM activities will be greater where a strong private MD association chapter exists.

Criteria 3: MD association chapter is supportive of FP and midwives – PRISM will seek to work with MD association chapters where support for FP and for midwives is already strong. PRISM will consider activities to assist these associations to strengthen their support for FP and for midwives where necessary.

Private Providers Decision Tree 5: Physician Training Partners

Criteria 1: Association objectives fit with PRISM's objectives – It will be more efficient for PRISM to partner with associations whose objectives are already in line with PRISM's objectives for the private providers component. Specifically, PRISM will seek out associations as training partners where support for and promotion of innovation in FP programs and services is already an objective.

Criteria 2: Association has FP/RH committee – The existence of an FP/RH committee in the physician's association will be viewed as an indicator of the association's commitment to support for and promotion of FP program and service innovation. Existence of such a committee also increases the likelihood that the association has the skill and the motivation to act as a training partner.

Criteria 3: Has staff qualified to train/lecture – Associations with staff who are already qualified to train physicians or deliver lectures/workshops will reduce the project’s training of trainers costs.

Criteria 4: Association able to conduct activities where PRISM MEP and workplace activities are planned – PRISM will seek possibilities for synergy across its project components. Associations with the best capacity to work where the project is supporting establishment of workplace FP programs and where private midwives are being trained will make better partners.

Private Providers Decision Tree 6: Physician participants

Criteria 1: Is privately practicing – Consistent with the project’s mandate, PRISM will seek to support physicians with exclusively private practices.

Criteria 2: Has FP training – Physicians with prior FP training will require less intense support from PRISM and are most likely participate in PRISM activities, such as supporting workplace FP programs and midwife entrepreneurs.

Criteria 3: MD has positive attitudes about midwife practices – PRISM will give priority to supporting physicians who already have positive attitudes about midwife practices.

Criteria 4: MD provides medical back-up or other services in support of midwife practices – Physicians engaged in supportive professional relationships with midwives, like a back-up doctor in a midwives’ clinic, will receive priority attention for participation in PRISM-supported activities.

Private Providers Decision Tree 7: Drug Store partners

Criteria 1: Is a dominant, non-DSAP chain or a prominent, independent DSAP member – In project year one, PRISM will seek to partner with both kinds of pharmacies. Future applications of this SIP decision tree will take account of the degree of success achieved with each of these two types of pharmacies.

Criteria 2: Owner is supportive of staff participation in PRISM-supported FP activities – Among those pharmacies meeting criteria 1, PRISM will give first priority in year one to those pharmacies where the owner expresses support for her/his staff to participate in project-supported activities.

Criteria 3: Pharmacy has FP advisory corner – In year one, PRISM will emphasize expansion of capacity of pharmacy “advisors” to include advising FP clients.

Criteria 4: Pharmacy is located near where workplace program is established or is being established – Again, PRISM will seek to capitalize on synergy opportunities to build strong local private sector FP markets that serve consumers’ needs.

Criteria 5: Pharmacy is located near an MEP training site – PRISM wishes to determine whether or not support provided to strengthen pharmacy FP services hinders midwives who are trying to build FP into their private practices. To assess this, PRISM will seek to support pharmacies in both locations proximate and not proximate to MEP training sites in year one to ascertain which strategy works best.

B. Private Providers decisions

Many of the strategic decisions needing to be made for PRISM's Private Practice component required that project-level geographic decisions be made first. Those decisions have been made (see sections III. B-D). The status and schedule for decision making for this component is summarized in this section.

MEP Training Locations: Names of ILHZs and municipal health offices are being collected and their functionality is being assessed. Information about midwives' and private physicians' associations, potential training sites, and presence of RBAB-affiliated rural banks is also being collected. This information collection process will be completed by end of May 2005 and final decisions about MEP locations will be made by April 2005.

MEP Training Partners: PRISM has been working with PNGOC officers to identify and assess the training capabilities of PNGOC's organizational members. Several organizations have been determined to meet all the desired criteria but the total number of qualified training teams is not sufficient to staff PRISM's intended year one MEP training activities. Some teams require only the addition of a business skills trainer. Therefore PRISM is exploring possibilities to meet this need with adjunct trainers for those teams. Still, additional training teams will be required and PRISM is currently exploring alternatives to PNGOC-affiliated training organizations. The process of identifying a sufficient number of training teams to meet the project's year one needs is expected to be completed by early April, 2005.

MEP Training Participants: The process of identifying the universe of private midwives must await completion of Private Practice decision tree 1 (training locations for MEP). The first training sessions are expected to be initiated in July/August, 2005, and thus this decision process must be completed by June, 2005.

Location for Physician Activities: Information collection for this decision is underway and the decision making process is expected to be completed by end of May, 2005 (awaiting private midwives survey result)

Physician Training Partners: Information collection for this decision is also underway and the decisions making process is expected to be completed by April, 2005.

Physician participants: Completion of this decision tree is dependent on decisions about MEP training locations and information collection will commence in April, 2005 when MEP training location decisions have been made.

Drug Store partners: Information collection for this decision tree is underway. As the final two criteria applied in this decision tree relate to decisions about locations for workplace and MEP activities, this decision making process will be completed only after those decisions have been made. The expected completion date for the drug store partner decisions is the end of April, 2005.

VII. Summary and Next Steps

PRISM's mandate to support development of a vibrant and sustainable commercial sector in the national FP market is both broad and ambitious. This report describes the tool PRISM has developed to help make strategic decisions to make the more effective use of technical and financial resources towards achievement of its ambitious goals. The tool is designed to be used to

create a Strategic Interventions Plan (SIP) for each of the project's five implementation years. This report also describes the status of creating a SIP for project year one. As noted above, the process is partially complete.

Project-level decisions have been made with regard to geographic focus areas that tap potential synergies across the project's three technical components, as well as between PRISM and USAID's LEAD and TSAP-FP-FP projects. The SIP tool has been applied, as designed, to accommodate targets of opportunity at the project-level. The tool has also been applied to the market development component. Emerging from that application is a strategic and flexible plan for supporting introduction of new hormonal contraceptives and pharmaceutical firms that will necessarily have to do the work to support those products. Application of the tool for the workplace initiatives component will be completed by the end of April, when the results from the PBSP industry survey are available. Decisions required for the private practice component are the most numerous and complex, and the process of developing the SIP for this component will be ongoing through June, 2005. The first year being a start-up year, technical tools are also in the process of being developed and the SIP must be completed in tandem with completion of those tools. That synchronicity is on target.

The "living" and iterative nature of this SIP tool is what gives it its flexibility, and this is perhaps its most important feature. Each year, the tool and its criteria will be reexamined and adjusted to take account of evolving project experience. Similarly, the informational inputs will be re-examined and remapping of each decision tree's universe elements will occur as conditions of those elements change. For instance, as political support for FP waxes or wanes in a particular province, that province will be re-mapped to a higher or lower position on the project-level decision tree.

As the tool is adapted, it will be reapplied as an integral part of each project year's workplan development process. Similarly, on an ongoing basis, strategic decisions emanating from the application of the tool will be reviewed and decisions – where warranted by new information and insight – will be accordingly adjusted. Finally, throughout the project implementation process, the tool will be used as an instrument to help the project respond quickly and efficiently to targets of opportunity, expanding geographically or across industries as quickly and justifiably as possible.

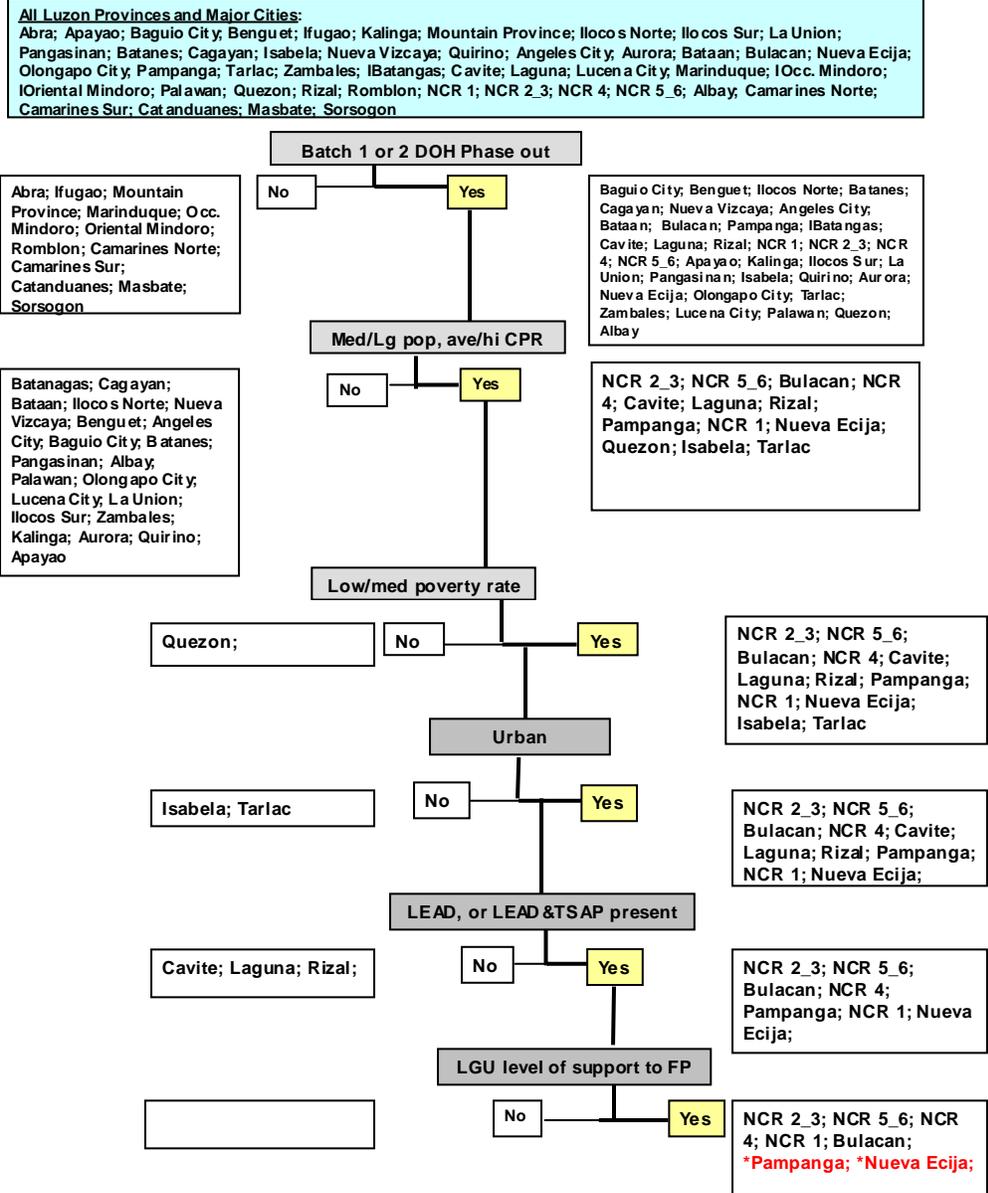
Appendix A
Data and Definitions for Project-level Decision Tree Criteria

Criteria	Indicator	Measures
1. Level of Urbanization	Population in Urban Areas (in percent)	Below 20 = 1 20 - 40 = 2 40 - 60 = 3 60 - 80 = 4 80 and above = 5
2. Poor Population	Poverty Incidence (in percent)	<= 20 = 5 20 - 30 = 4 30 - 40 = 3 40 - 50 = 2 > 50 = 1
3. Convergence Areas for USAID Projects	Presence in TSAP and LEAD project sites	LEAD AND TSAP = 3 LEAD only = 2 TSAP only = 1 None = 0
4. DOH CSR Site	Extent of DOH Support in 2005	Richest Provinces = 5 Middle Provinces = 3 Poorest Provinces = 1
5. Use of Contraceptives	Contraceptive Prevalence Rate	>= 60 = 5 50 - 60 = 4 40 - 50 = 3 30 - 40 = 2 < 30 = 1
6. Size of Population	Total Population	<u>Province</u> Below 0.75 M = 1 7.5 M - 1 M = 2 1 M - 1.25 M = 3 1.25 M - 1.5 M = 4 > 1.5 M = 5 <u>City</u> Below 0.20 M = 1 0.26 M - 0.20 M = 2 0.4 M - 0.26 M = 3 0.4 M - 0.6 M = 4 > 0.6 M = 5
7. Level of LGU Support	Level of LGU Support to FP	High Support = 3 Moderate Support = 2 Neutral = 1

Appendix B SIP Tool Decision Trees

Project-level Decision Tree – completed for Luzon

Algorithm for selecting PRISM Year 1 geographic focus areas: **Luzon**

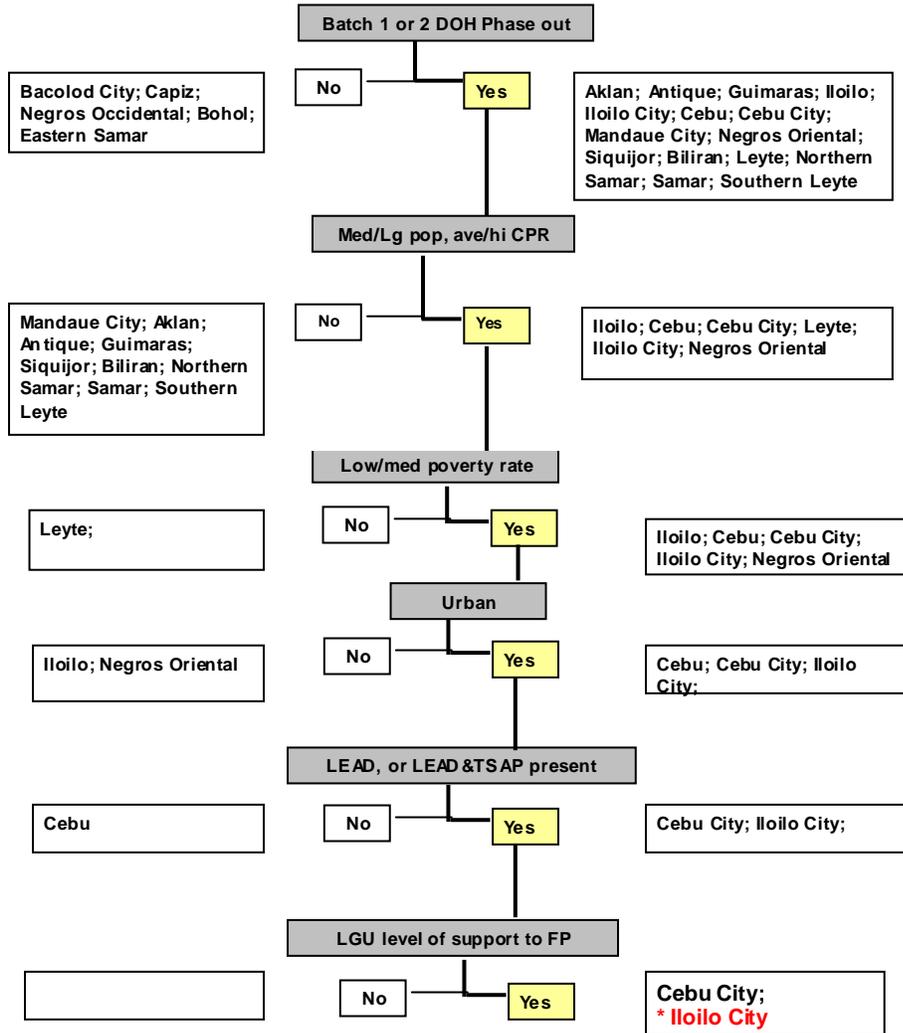


* No information on LGU level of support to FP

Project-level Decision Tree – completed for Visayas

Algorithm for selecting PRISM Year 1 geographic focus areas: **VISAYAS**

All Visayas Provinces and Major Cities:
 Aklan; Antique; Bacolod City; Capiz; Guimaras; Iloilo; Iloilo City; Negros Occidental; Bohol; Cebu; Cebu City; Mandaue City; Negros Oriental; Siquijor; Biliran; Eastern Samar; Leyte; Northern Samar; Samar; Southern Leyte

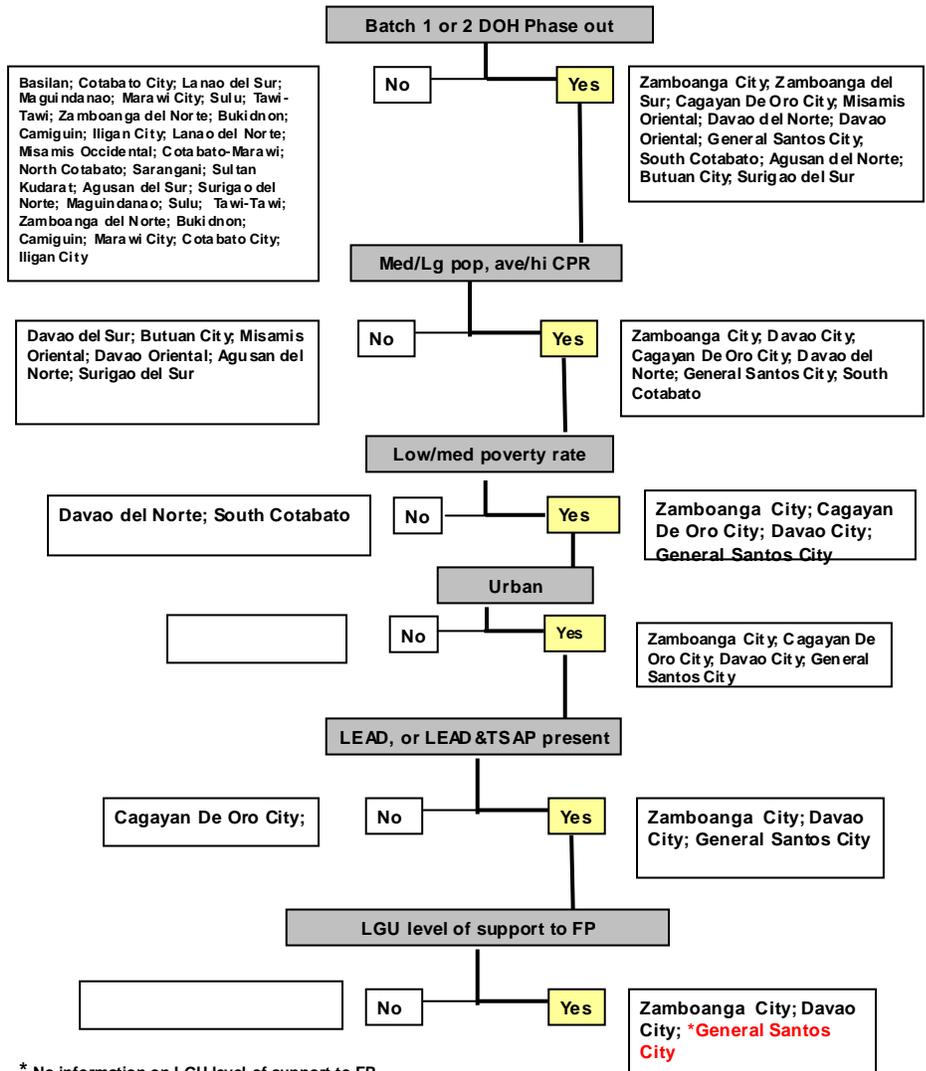


* No information on LGU level of support to FP

Project-level Decision Tree – completed for Mindanao

Algorithm for selecting PRISM Year 1 geographic focus areas: **MINDANAO**

All Mindanao Provinces and Major Cities:
 Basilan; Cotabato City; Lanao del Sur; Maguindanao; Marawi City; Sulu; Tawi-Tawi; Zamboanga City; Zamboanga del Norte; Zamboanga del Sur; Bukidnon; Cagayan De Oro City; Camiguin; Iligan City; Lanao del Norte; Misamis Occidental; Misamis Oriental; Davao City; Davao del Norte; Davao del Sur; Davao Oriental; Cotabato-Marawi; General Santos City; North Cotabato; Sarangani; South Cotabato; Sultan Kudarat; Agusan del Norte; Agusan del Sur; Butuan City; Surigao del Norte; Surigao del Sur

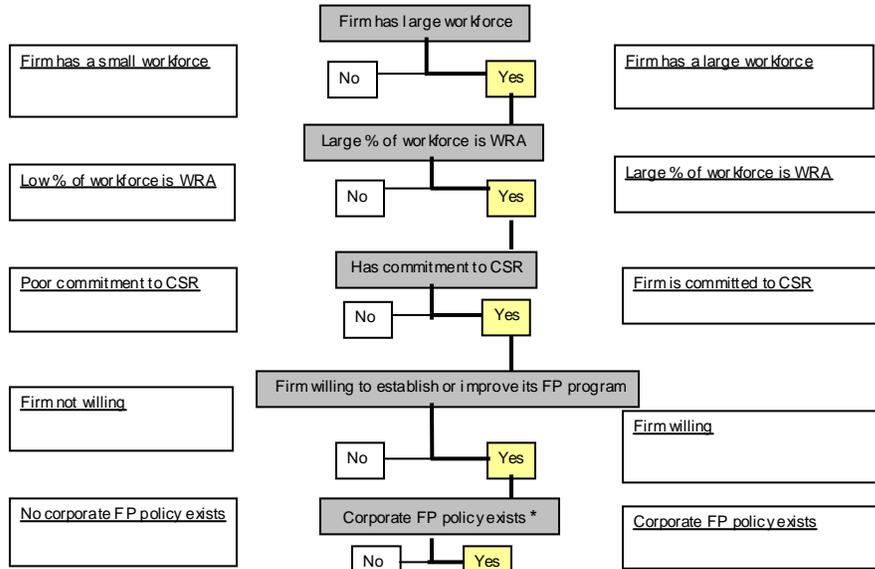


* No information on LGU level of support to FP

Workplace Initiatives Decision Tree – to be completed for firm selection

Algorithm for selecting firms for Workplace Component

Universe: All firms in the sector in provinces/cities selected from top-level criteria

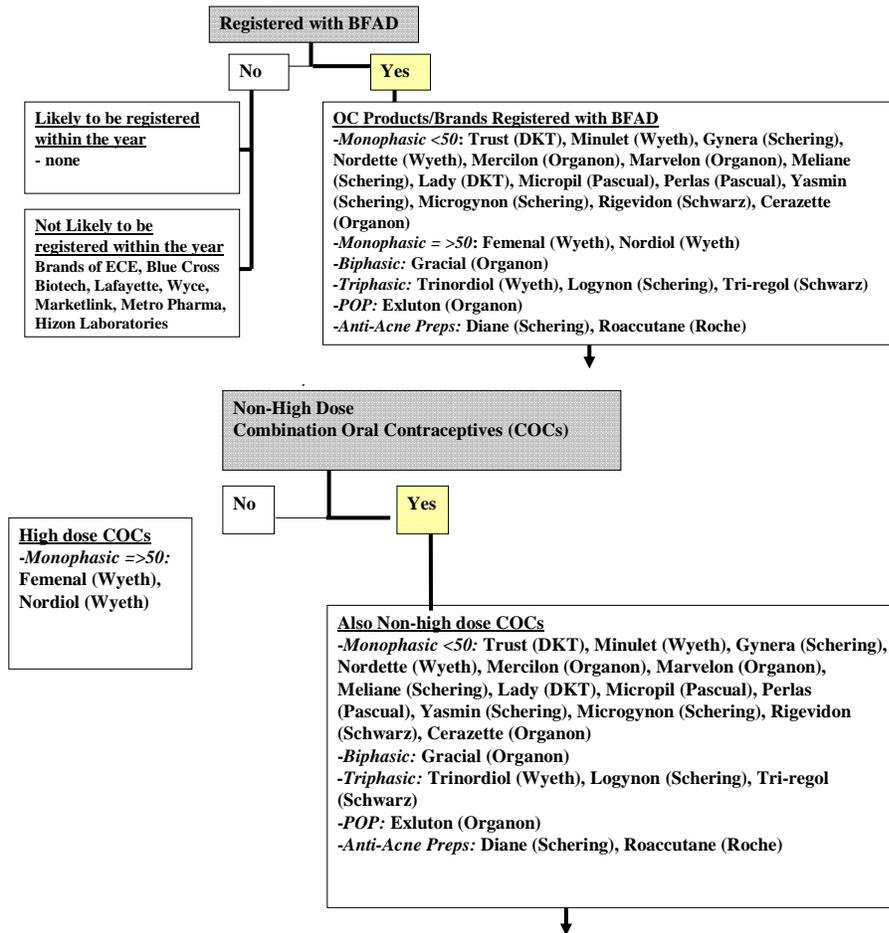


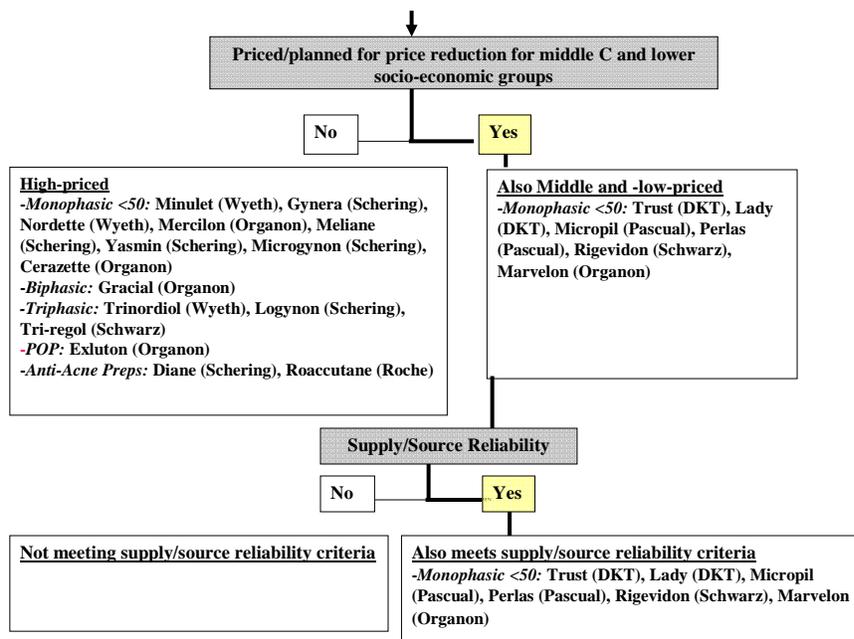
* Criteria to be applied in year 1 only.

Market Development Decision Tree – completed for products and brands

Algorithm for selecting products/brands for Market Development Component

All Hormonal Oral Contraceptive Products
 Existing Brands in the Commercial Market:
 -*Monophasic <50*: Trust (DKT), Minulet (Wyeth), Gynera (Schering), Nordette (Wyeth), Mercilon (Organon), Marvelon (Organon), Meliane (Schering), Lady (DKT), Micropil (Pascual), Perlas (Pascual), Yasmin (Schering), Microgynon (Schering), Rigevidon (Schwarz), Cerazette (Organon)
 -*Monophasic =>50*: Femenal (Wyeth), Nordiol (Wyeth)
 -*Biphasic*: Gracial (Organon)
 -*Triphasic*: Trinordiol (Wyeth), Logynon (Schering), Tri-regol (Schwarz)
 -*POP*: Exluton (Organon)
 -*Anti-Acne Preps*: Diane (Schering), Roaccutane (Roche)
 Brands being developed/ planned for launch:
 - Brands of ECE, Blue Cross Biotech, Lafayette, Wyce, Marketlink, Metro Pharma, Hizon Laboratories





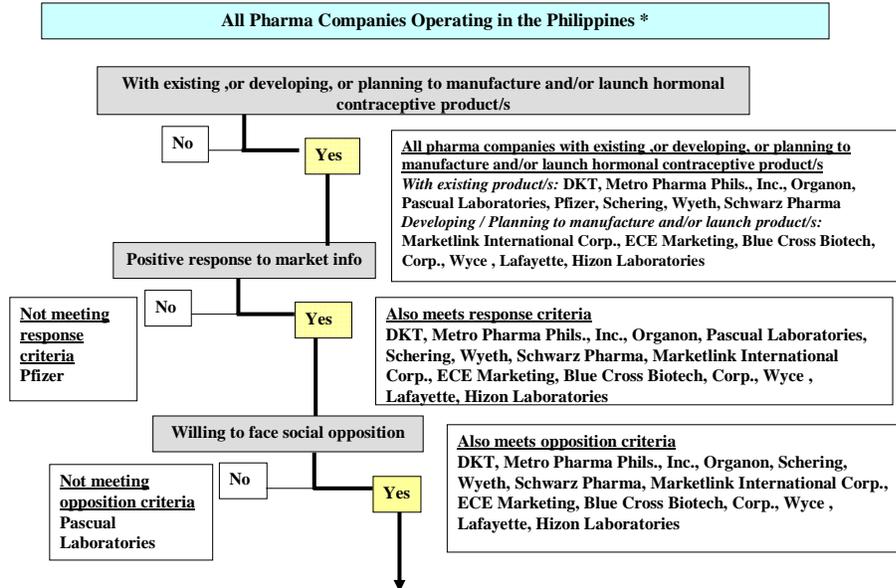
Market Development Decision Tree – universe of pharmaceutical companies

*** Pharma Companies Operating in the Philippines:**

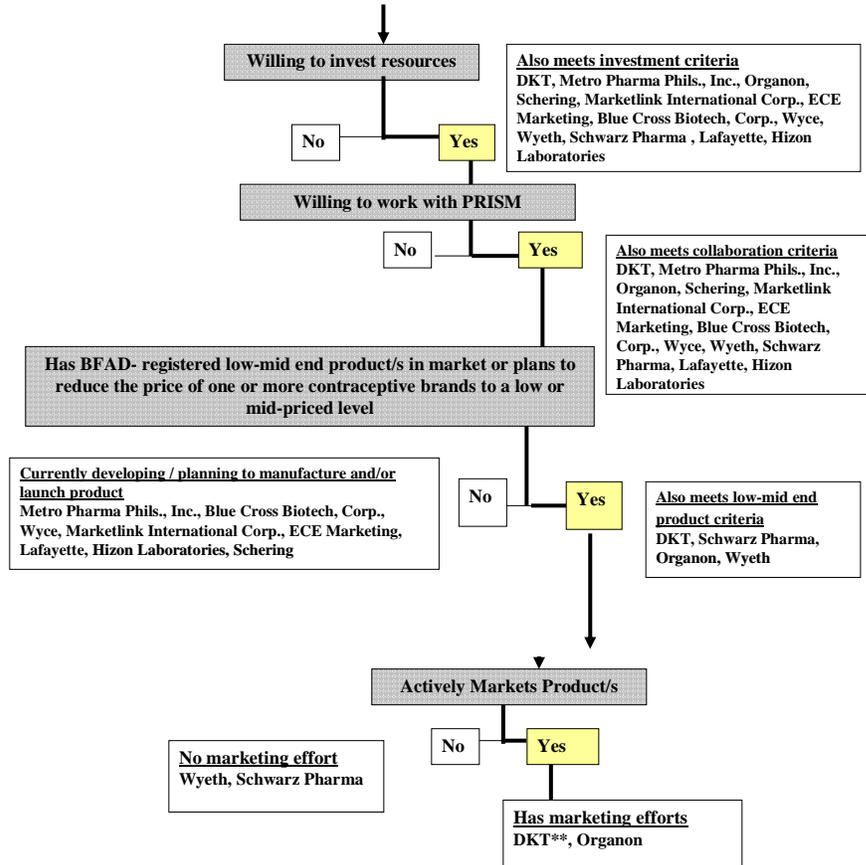
Abbott Laboratories, Ace Pharmaceuticals, Inc., Ad-Drugstel, Alcon Lab, Aldril Pharmaceutical Labs, Altered Corporation, Am-Europharma Corp., Asta Medica Phils., Inc., AstraZeneca Pharmaceuticals (Phils.) Inc., Aventis Pasteur, Basic Pharmaceutical (Phils) Inc., Baxter Healthcare Phils., Inc., Bayer Philippines, Inc., Biogenics Pharmaceuticals Corporation, Biomedis, Inc., Bionax Philippines Corporation, Biosis Pharmaceutical Phils., Inc., Block Drug Co (Phils), Inc., Blooming Fields Phils, Inc., Blue Cross Biotech Corporation, Blue Sky Trading Co, Inc., Boehringer Ingelheim (Phil), Inc., Boie, Inc., Boie-Takeda Chemicals, Inc., Bristol-Myers Squibb (Phil), Centeon, Crisdy-Na Drug Corp., Cromax Medic, Inc., Dermpharma, Inc., Diethelm Phils, Inc., DKT International, Inc., DLI-Generic Products, Doctors Pharmaceuticals, DuopharmaTrade (Phils), Inc., Eadriex Pharmaceuticals, ECE Marketing, Elan Pharmaceutical Corp., Eli Lilly (Phils), Inc., Elin Pharmaceuticals, Inc., Essenpharma, Inc., Essential Health Products, Inc., Essex Pharmaceuticals, Inc., Ethnol Generics, (Phils), Faulding Pharmaceuticals Phils, Inc., Filadams Pharma, Inc., Foramen Products Corp., G.D. Searle (Phils), Inc. Galderma Philippines, GlaxoWellcome/SmithKline Beecham, GX International, Inc., Harvey Pharmaceuticals, Health Marketing Technologies, Inc. (Healthtech), Hi-Eisai Pharmaceutical Inc., Hizon Laboratories, Inc., Hoechst Marion Roussel Phils., Inc., Integrated Pharmaceutical, Inc., J McKnoll Pharmaceutical, Janssen Pharmaceutica, Jhntann (Phil), International, Kinderpharm Inc., Knoll Phils., Inc., Kramer Pharmaceutical Corp., L.R. Imperial Pharmaceuticals, Inc., Laboratories Fournier Phils., Inc., Lafayette Pharmaceutical Lab Inc., Le Jumont Pharmaceuticals, Lejal Laboratories, Lema Pharmaceuticals, Inc., Lewison Pharmaceuticals, Leyden Pharmaceutical, Inc., Littman Drug Corporation, Macondray Distribution Co, Inc., Macropharma Corporation, Marketlink International Corp., Marketworld Distributors Corp., May Pharma, Mead Johnson (Phil), Inc., MedGen Laboratories Inc., Medi-Rx, Inc., Medic-Aid Distributors Inc., Medical and Pharmaceutical Specialties, Inc., Medicamenta, Inc., Medicchem Pharmaceuticals, Inc., Merck Sharp and Dohme Philippines, Merck, Inc., Mergers Drugfil, Metro Drug Distribution, Metro Pacific Pharma, Inc., Metropolitan Pharmaceutical Products, Meyers Pharm (Phil), Inc., MG Prime Pharmaceuticals, Inc., Milupa-the Mother and Child Company, Morishita-Seggs Pharmaceuticals, Inc., Natrapharm, Inc., Novartis Healthcare Philippines, Inc., One Pharma Co, Inc., Organon Philippines, Inc., Pacific Pharmaceutical Generics, Inc., Pascual Laboratories, Inc., Patriot Pharmaceuticals, PediaHealth Pharmaceuticals, PediaPharma, Inc., Pediatrica, Inc., Pfizer, Inc., Pharex Health Corp. Pharma Diagnostica Phils, Inc., Pharma Dynamic, Inc., Pharma International, Inc., Pharmaceutico Pilipino Inc., PharmAsia, Inc., Phil Pharmawealth, Inc., Phoenix Pharmaceuticals, Inc., PNF Pharmaceutical, Inc., Primera Pharma Corp., Prohealth Pharma Phils., Inc., Rh'ne-Poulenc Rorer Philippines, Inc., Roche (Phils), Inc., Roddensers Pharmaceuticals, SV More Pharma Corp. Sanofi-Synthelao, Sanofi-Winthrop, Inc., Satelec-Pierre Rolland (Phils) Corp., Schering Phils Corp., Schering-Plough Corp., Schwarz Pharma Philippines, Inc., Sensomed Phils, Inc., Servier Phils, Inc., Sigjohn Pharmaceutical Co, Inc., Solvay Pharmaceuticals, Inc., Solvay Pharma, Sonix Pharmaceuticals, Specialty PB Pharmaceuticals, Stiefel Philippines, Inc., Terramedic, Inc., 3M Pharmaceuticals, The Cathay Drug Co., Inc., Tynor Drug House, UCB Pharma, Inc., United American Pharmaceuticals, Inc., United Laboratories, Inc., USA Generics Pharma, Inc., VCP Intermed Pharmaceuticals, Inc., Vendiz International, Inc. Virgo Pharmaceutical Lab, Vizcarra Pharma Co, Inc., Warner Lambert (Phil), Inc., Wescrib Company, Westfield Pharmaceuticals, Inc., Westmont Pharmaceuticals, Inc., Wyeth Philippines, Inc., Wyce, Zenaust Pharma, Inc., Zuellig Pharma Corporation.

Market Development Decision Tree – completed for pharmaceutical companies

Algorithm for Selecting Firms for Market Development Component: Pharma Companies



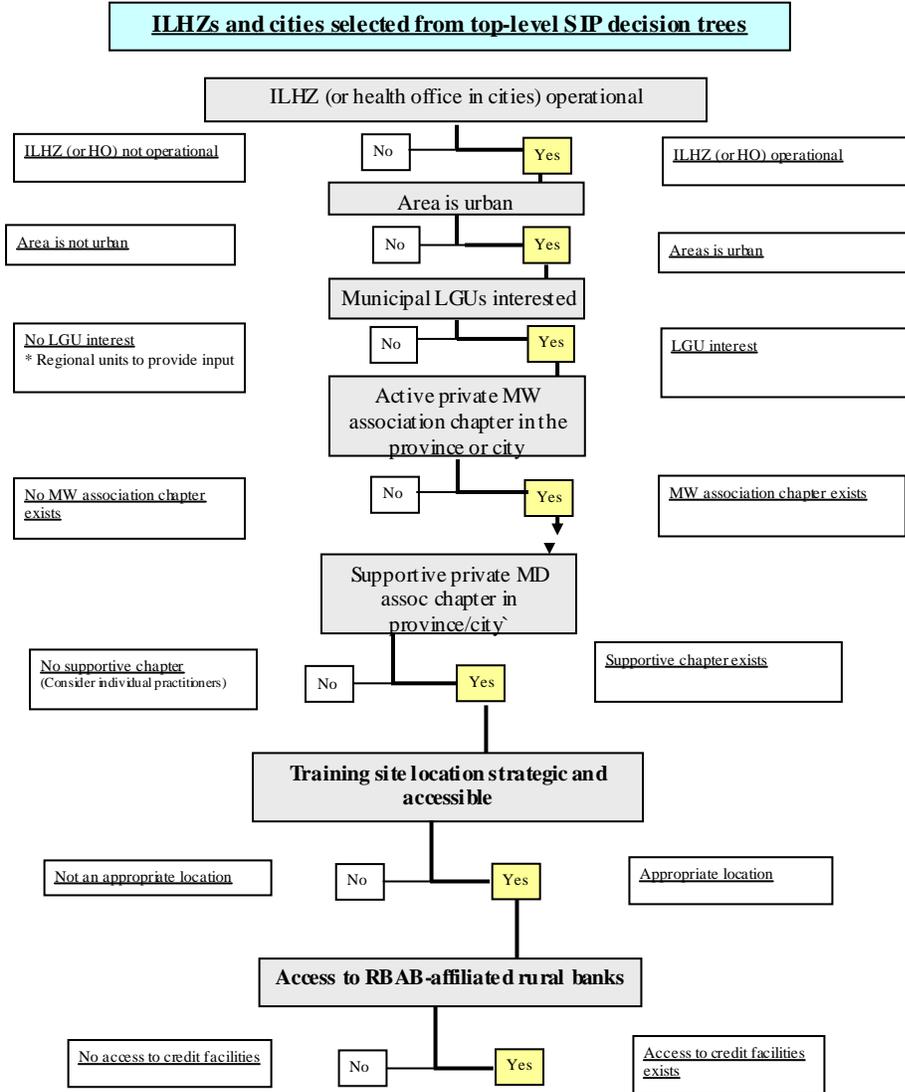
Market Development Decision Tree – completed for pharmaceutical companies (continued)



** PRISM can only provide non-financial support until direct USAID funding to DKT ends

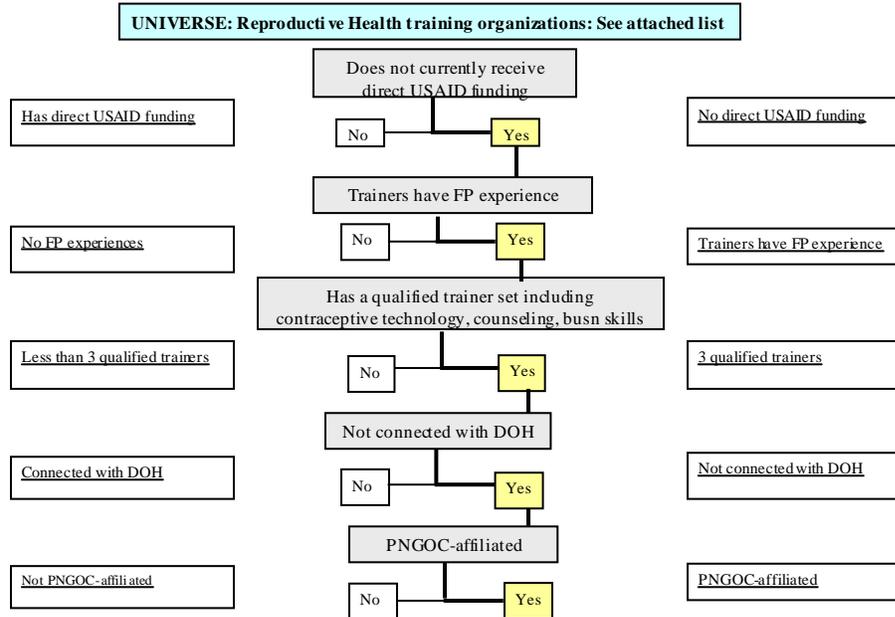
Decision Tree – to be completed for Private Providers component; MEP training locations

Algorithm for selecting geographic locations for Private Practice Component MEP



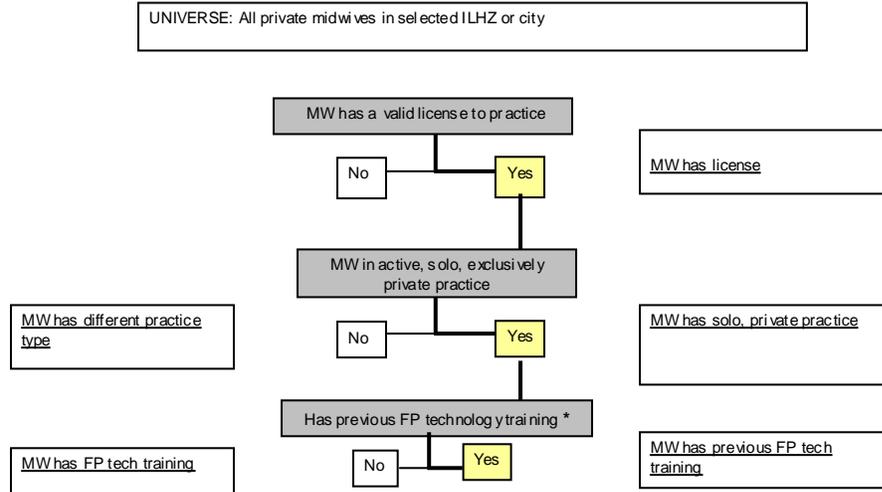
Decision Tree – to be completed for Private Providers; MEP training partners

Algorithm for selecting MEP training partners for Private Practice Component



Decision Tree – to be completed for Private Providers; MEP training participants

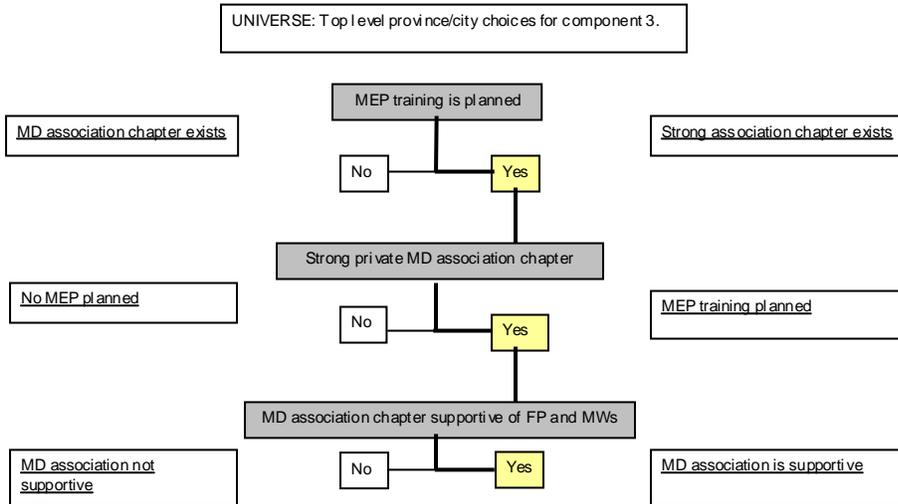
Algorithm for selecting MEP participants for Private Practice Component



*Criteria to be applied in year 1 only.

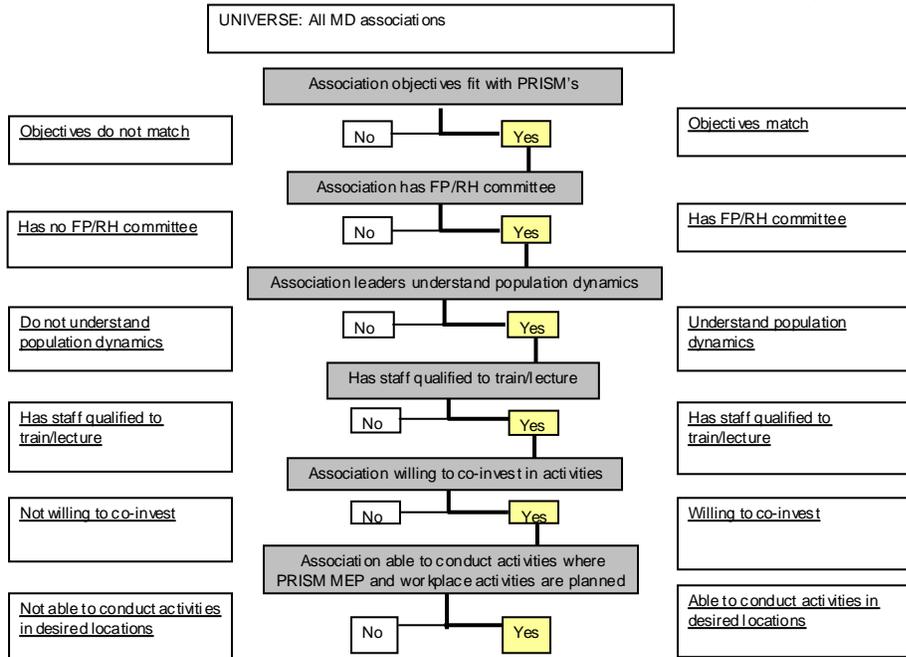
Decision Tree – Private Providers; to be completed for locations for MD activities

Algorithm for selecting geographic locations for Private Practice Component MD activities



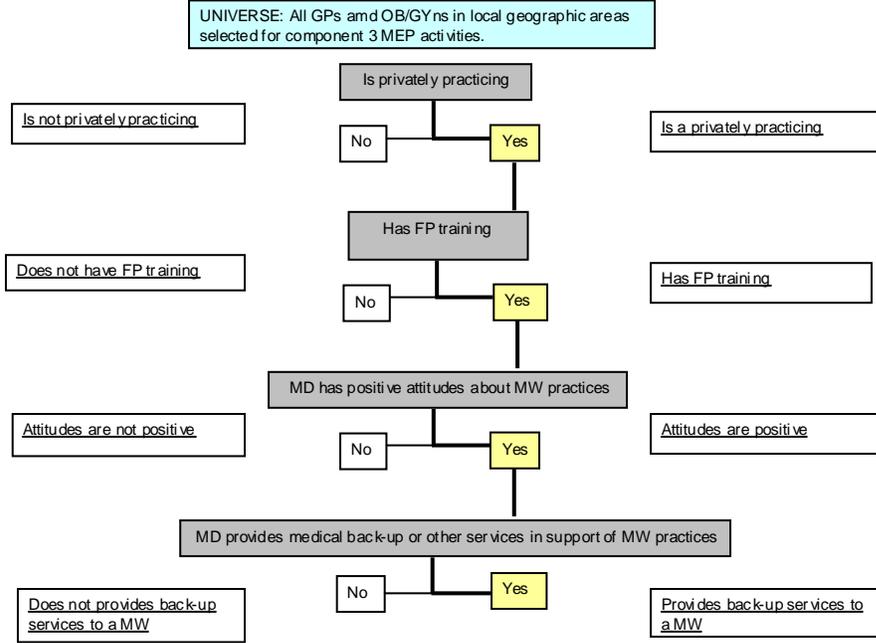
Decision Tree – Private Providers; to be completed for MD training partners

Algorithm for selecting MD training partners for Private Practice Component



Decision Tree – Private Providers; to be completed for MD training participants

Algorithm for selecting MD participants for Private Practice Component



Decision Tree – Private Providers; to be completed for drug store partners

Algorithm for selecting drug stores for Private Practice Component Activities

