

PRISM

Year 1 Annual Report
2004-2005



November 15, 2005

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

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.

PRISM

Year 1 Annual Report
2004-2005



November 15, 2005

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

ABOUT PRISM

The Private Sector Mobilization for Family Planning (PRISM) project is a five-year, \$32-million USAID project working to motivate and build the capacity of the private sector to market, sell, and distribute competitive family planning products and services in the Philippines. PRISM works within the private sector to increase availability of family planning services and to expand the range of family planning methods available to Filipino men and women. Directly supporting the Department of Health's contraceptive self-reliance strategy, PRISM seeks to shift current users of modern contraceptive methods from public to private sources and to increase the number of new users of modern methods who access FP services and products from the private sector.

The project works nationwide and has regional offices in Luzon (Manila), Visayas (Cebu City), and Mindanao (Davao City). It recently completed its first year of implementation.

CONTENTS

Section I.	About this Report	1
Section II.	Progress to Date and Results	3
	A. Component 1—Workplace Initiatives	4
	B. Component 2—Market Development	11
	C. Component 3—Private Practice Services Expansion	16
	D. Cross-Cutting Activities	21
Section III.	Lessons Learned	30
Section IV.	Moving Forward: What's Next?	33
Annex A	Year 1 Organizational Charts	35
Annex B	Summary of Year 1 Indicators	37
Annex C	Year 1 Financial Summary	46

ACRONYMS

BEST	Business Enhancement Support and Training
BFAD	Bureau of Food and Drugs
BoH	Banking on Health
BTL	Bilateral tubal ligation
CAs	Cooperating Agencies
CBAs	Collective Bargaining Agreements
CHD	Center for Health Development
CMS	Commercial Market Strategies
CPR	Contraceptive Prevalence Rate
CSR	Contraceptive Self-reliance
DOH	Department of Health
DOLE	Department of Labor and Employment
DSAP	Drugstore Association of the Philippines
ECOP	Employers Confederation of the Philippines
EPZ	Economic Processing Zone
F&A	Finance and Administration
FP	Family Planning
GOP	Government of the Philippines
HMIS	Health Management Information System
HMO	Health Maintenance Organization
HR	Human Resources
IMAP	Integrated Midwives Association of the Philippines
IMS	International Medical Statistics
IRHP	Institute of Reproductive Health Philippines
IUDs	Intrauterine Devices

LGUs	Local Government Units
MFPI	Midwives Foundation of the Philippines, Inc.
GloBis	Global Business Information System
MOUs	Memoranda of Understanding
NCR	National Capital Region
NSV	Non-surgical vasectomy
PBSP	Philippine Business for Social Progress
PCCI	Philippine Chamber of Commerce and Industry
PMP	Performance Monitoring Plan
PMSU	Project Management and Support Unit
PNDF	Philippine National Drug Formulary
PNGOC	Philippine Non-Government Organizations Council on Population, Health and Welfare Inc.
POP	Progestin-only pill
PRISM	The Private Sector Mobilization for Family Planning Project
RFAs	Requests for Applications
SIAs	Strategic Intervention Areas
SIP	Strategic Intervention Plan
SMEs	Small and Medium Enterprises
TNA	Training Needs Assessment
TOPS	Training of Pharmacy Staff
TOT	Training of Trainers
TRG	Technical Resources Group
TWG	Technical Working Group

“PRISM’s components are really practical, doable. They work within the reality of the situation.”

Dr. Milagros Fernandez, Undersecretary of the Department of Health

SECTION I

About this Report

PRISM may best be described as a project on the move. Project staff are physically on the move, assessing needs, building partnerships, and developing capacity. Project partners are moving, too, finding ways to support activities and taking advantage of PRISM assistance. The result—for a project looking back on its first year—is an eagerness to keep moving. As nearly everyone interviewed for this report said: it's high time for such movement in the private sector.

PRISM and its partners completed the first year of implementation in September 2005. Work is well underway on Year 2, and we continue to be supported by our robust team of partners: EngenderHealth, The Manoff Group, EMI Systems, PBSP, PNGOC, and IRHP. This report summarizes our first year, a year of establishment, expansion, and partnership. Here we review progress to date, noting successes and lessons learned, as well as continuing challenges. This report also serves as the project's fourth quarterly report, and a financial summary of the project's first year is included as an annex.

Project Voices

"My task is not to be done because it is a task but because it is a mission for my life."

— *Arlene Castel,*
Private Practice Services Manager,
Visayas

PRISM staff and partners were interviewed over the course of two weeks. Many discussions addressed how we incorporated the four project themes into our work: Work Through, Don't Do; Profit is Not a Dirty Word; Build a Healthy, Competitive Market; and No Free Lunch.

We have organized this report in the same way the project was organized in Year 1—by component. Each component includes a discussion of challenges and accomplishments, as well as keys to moving forward. The report concludes with a summary of the lessons learned, as defined by all involved, and a brief preview of the project's next steps. Our hope is that the report will add to the global body of knowledge on best practices in creating a new sustainable commercial market for contraceptive products and services and increasing the revenue generated through the sale of family planning products and services by private providers.

The box presents project outcome and process indicators, which form the basis of the project's performance monitoring system. They are provided here for reference.

PRISM Outcome Indicators

- Increased CPR (contraceptive prevalence rate) for modern methods obtained from private sector sources from a baseline in 2002 of 10% to 20% in 2009
- Increased CPR for modern methods among women of reproductive age (WRA) who are gainfully employed from a baseline of 36% in 2002 to 50% by 2009
- Increased proportion of satisfied family planning users obtaining supplies from private sector sources by 3% every year from the baseline that will be established in the 2004 Family Planning Survey
- An increase in the use of unsubsidized contraceptive pills in the private sector from a baseline in 2002 of 9.1% to 53% in 2009
- An increase in the use of unsubsidized injectables in the private sector from a baseline of 7.3% in 2002 to 28% in 2009

PRISM Process Indicators

- Increased importance of population and family planning issues in opinion surveys of the business community
- Developed sustainable model of effective workplace-based counseling and referral for family planning use demonstrated as sustainable by companies
- Increased number of workplace settings that have adopted the models for family planning counseling and referrals
- Newly introduced affordable contraceptives and increased private sector sales of hormonal contraceptives and IUDs
- An adequate supply of commercial sector oral and injectable contraceptives maintained
- Increased number of midwives in private practice and other private practitioners providing family planning services
- Increased utilization of PhilHealth (the national health insurance system), private health insurance, or third-party benefits for intrauterine devices (IUDs), bilateral tubal ligation (BTL), and non-surgical vasectomy (NSV).

SECTION II

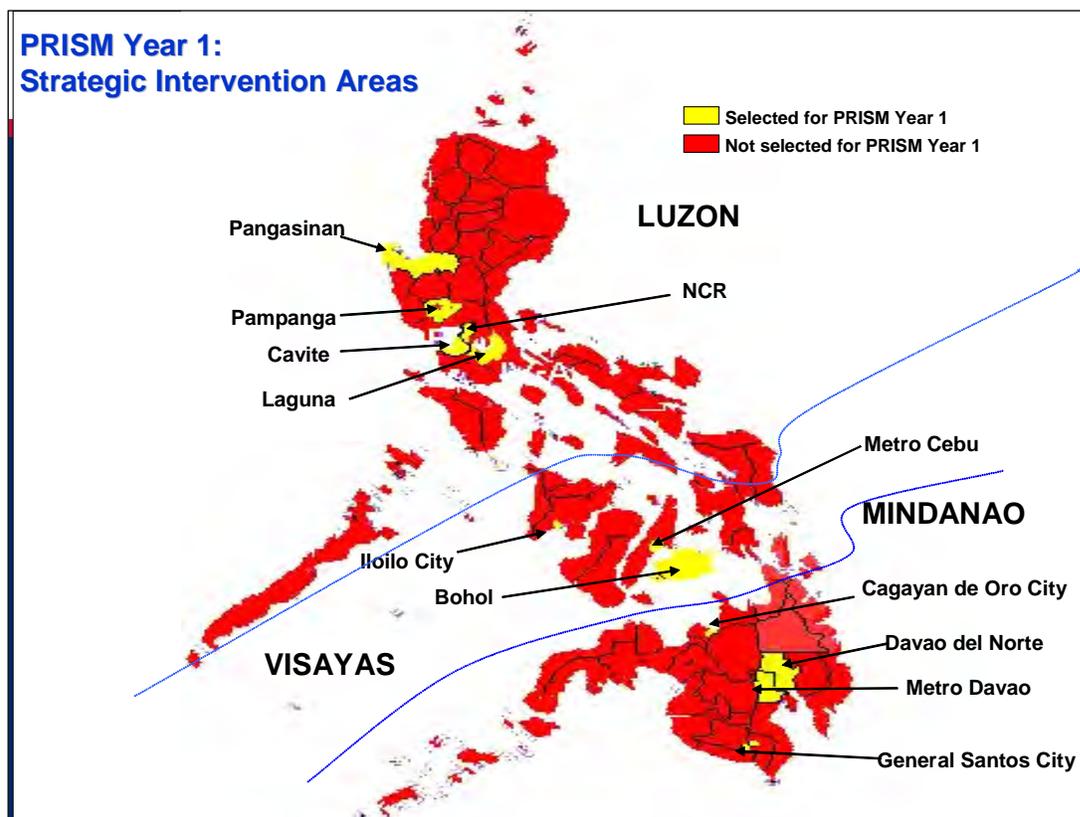
Progress to Date and Results

Project Reach

PRISM's prime objective is nationwide in scope with respect to developing a sustainable private sector market for family planning products and services. Its three technical components—workplace initiatives, market development, and private practice expansion—are intended to work in tandem toward achieving this objective. To guide achievement of its national mandate in an efficient manner, PRISM designed a methodology to identify the strategic opportunities to roll out activities. At the project level, this methodology consisted of a set of six criteria that identified provinces and cities considered as offering the best opportunities for project impact.

The selection of Strategic Intervention Areas (SIAs) directly impacted the focus of project work. In the first year, PRISM selected 13 areas, consisting of one region and four provinces in Luzon: National Capital Region (NCR), Pampanga, Cavite, Laguna, and Pangasinan; three cities and one province in Visayas: Metro Cebu, Iloilo City, and Bohol; and three cities and one province in Mindanao: Metro Davao, Cagayan de Oro City, General Santos City, and Davao del Norte.

Project efforts in Year 1 were coordinated to address those SIAs identified in the project's Strategic Intervention Plan, which predicted the highest likelihood of success. This plan was submitted to USAID in March 2005. A map of Year 1 SIAs is provided below. The criteria were adjusted for Year 2, and those changes are highlighted in Section III-Lessons Learned.



A. Component 1—Workplace Initiatives

Like the traditional Filipino rice cake, the *bibingka*, PRISM efforts in workplace family planning included preparing the sector from both sides—using an approach that addressed family planning through management and the workforce. The result in Year 1 has been a number of fruitful partnerships that are on the cusp of producing fully realized workplace family planning programs. PRISM focused on surveying the business landscape, spreading the word about workplace family planning programs, and developing capacity of business organizations to take advantage of PRISM resources.

A1. Component Goals

Component 1 focuses on increasing the formal employment sector’s involvement in family planning. As such, PRISM promotes workplace support for and provision of family planning services by working with business associations and interested companies to install workplace-based family planning programs. PRISM also is partnering with labor unions and encouraging them to engage management to provide family planning services and to disseminate related information.

A2. Workplace Challenges

While family planning has existed as part of the health sector in the Philippines for 30 years, the national dialogue on population has expanded to the business world in recent years. Most business leaders now understand the correlations between population dynamics, productivity, competitiveness, and economic development. However, despite legislation requiring workplace family planning programs in businesses with more than 200 employees, only 15 percent of companies surveyed comply with the labor code. Additionally, there are no provisions to address the small to medium enterprises, which comprise the bulk of the business landscape in the Philippines.

The PRISM project builds on the work of the Commercial Market Strategies (CMS) project, which laid the initial groundwork among businesses and associations. In its first year, PRISM focused on renewing relationships that the CMS project had built and looked particularly at business associations that were ready to help member companies install a family planning program. Project staff also approached Component 1 activities through the lens of corporate social responsibility, a relatively nascent principle for the Filipino business sector. As one project staffer put it: “It’s the CSR for CSR,” or contraceptive self-reliance for corporate social responsibility. Either way, the project used CSR as an entry point into some of its partner organizations.

A3. Accomplishments

For the workplace component, Year 1 may best be described as a year of strategy building, information sharing, and partnership-building. Project staff needed to first “sell” stakeholders on the idea of workplace family planning before being able to expand into other areas of intervention. In this section, we’ll explore partnerships that were forged and examine the steps made toward the goal of installing more workplace family planning programs. Precise Component 1 benchmarks and completion dates are presented in the table at right. A summary of the main activities follows. The summary notes that the project dropped the Article 134 campaign after deciding jointly with LEAD and USAID that voluntary compliance with the existing Article 134 should first be supported before recommending changes. And the criteria for workplace innovations and excellence awards was postponed to correspond with the FP Index, which is discussed in more detail below.

Year 1 Benchmarks	Planned Completion Date	Actual Completion Date
Sign 5 MOUs with business associations	March	March
Produce compendium of workplace FP models	March	May
Private sector FP workplace policy agenda produced	April	March
Produce a policy brief on strengthening Art. 134	May	May
Plan a campaign to support revisions to Art. 134	June	dropped
Develop 5 union plans for advocacy campaigns	June	June
Produce and deliver progress reports and presentations to professionals forums on PRISM-supported initiatives in workplace FP	September	September
Establish criteria for workplace innovations and excellence awards	September	postponed
Establish family welfare committees in 2 business associations	September	September

Partnerships

Much of Component 1’s work involved leading businesses and associations to recognize the business value of family planning programs. Project staff began by approaching organizations previously active in family planning and then reached out to organizations that were interested, based on a survey done by PRISM Consortium partner Philippine Business for Social Progress (PBSP) and discussed below. The result is a collection of 13 business associations, including human resources groups, at the national and local levels that are primed to begin workplace family planning activities. Specific memoranda of understanding were signed with:

National associations

- Employers Confederation of the Philippines
- Philippine Exporters Confederation of the Philippines (PhilExport)
- Philippine Chamber of Commerce & Industry

Local chambers

- Dipolog Chamber of Commerce & Industry
- Cebu Chamber of Commerce & Industry
- Cavite Chamber of Commerce & Industry
- Davao Chamber of Commerce & Industry
- PhilExport XI-Davao
- Mindanao Business Council
- Mandaue Chamber of Commerce & Industry
- Cagayan de Oro Chamber of Commerce & Industry

Project Voices

“Partners are starting to talk to others, and they have become our ambassadors. Word of mouth between business leaders means more than what’s written in the newspaper. Without our partners, there’s really not much we can accomplish.”

— Keith Abilar,
Workplace Initiatives Manager,
Mindanao

HR associations

- Personnel Management Association of the Philippines-Cebu
- Mactan Export Processing Zone-Human Resource Association

PBSP Study

PRISM called on PBSP to map companies and business associations and measure their corporate interest in offering family planning programs to employees. PBSP surveyed 1,040 businesses to establish parameters for the project. Based on PBSP's mapping, these companies had a total workforce of 452,255 employees, with 53 percent males and 47 percent females. The majority (86 percent) of the companies' workforces are in the reproductive age (15-45 years old). The survey found that only 142 firms are currently implementing FP-focused programs, and 55 have written policies on FP. Additionally, 237 firms reported not having an FP program but being interested in starting one. The survey data are also being used to populate a project database that catalogs and tracks private service providers. The database also includes information on the 5,000 SEC-registered companies.

PRISM will expand mapping in Year 2 to inform continued planning and interventions.

Selling the Project

Armed with the PBSP survey results, project staff set about addressing the needs of businesses with an existing FP program or those that wanted to start one. They created opportunities for executives and human resource managers to share experiences and attitudes toward family planning.

The Executives' Outreach Workshop (also known as the CEO Forum) brought together business leaders to discuss their experiences with workplace FP and explore the potential of offering such programs to their employees. Along similar lines, the HR fora united human resource decision makers and gave them tools to help effect change in their organizations—while they alone cannot

implement a workplace program, they can certainly influence the executives. Through a variety of roundtables and workshops, PRISM was able to address workplace family planning on multiple fronts. These efforts will continue as the project expands into Year 2 strategic areas.

Support for Family Planning in the Workplace

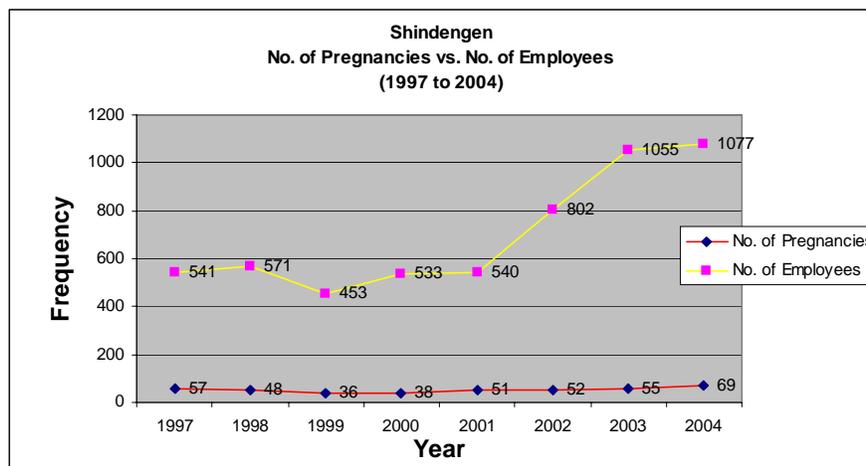


Above, Senator Manny Villar meets with PRISM staff Keith Abilar, Emma Petalcorin, and Araceli Velarde, at the exhibit area of the 14th Mindanao Business Conference. The senator delivered the keynote address and is a vocal supporter of population management. As part of its ongoing work, the PRISM Mindanao team has partnered with the Mindanao Business Council to disseminate information on workplace family planning and population management. The council's vice chair told a local paper that businesses recognize the importance of population management, particularly in terms of a well-managed family as a work motivation incentive. He also said there is a growing concern in the business community about the country's population "and its impact on economic growth." The Mindanao team is prepared to promote industry initiatives in population management to the 14 chambers of commerce that have expressed interest in developing their own workplace family planning programs.

Workplace FP Champions Set the Standard

In convincing businesses and associations of the importance of family planning in the workplace, PRISM has called businesses that have seen firsthand the benefits of family planning. Spokespeople from these companies have become champions of the program and participate in workshops and fora to promote family planning programs to others. For Shindengen, a Japanese company in Canlubang, Laguna, family planning in the workplace resulted from a desire to grow its primarily female workforce, but not to grow the rate of pregnancy. In seven years the company grew from 541 to 1,077 employees, 80 percent of which are women. The company went full force with its workplace program, assuming correctly that fewer pregnancies would positively impact the bottom line; its goal was to increase the workforce while maintaining the same pregnancy rate. Contraceptive use increased from 27 percent to 38 percent using modern and effective methods. The program worked. After seven years, employment rates grew steadily, but the pregnancy rate remained largely static (see graph).

The project found an additional champion in Texas Instruments, located in Baguio City, which has supported family planning for 25 years. Last year the company hosted a reproductive health summit for employees and continues to serve as a model for what works. The company is exploring a move into community planning and, along with Shindengen's head of HR Lulu Fernando, supports PRISM efforts by speaking at CEO Fora and other events designed to motivate decision makers.



Compendium of Best Practices

Once a business or association decides to install a workplace family planning program, the group will need assistance designing a program that meets its needs. PRISM has been working to meet that need by developing the FP Compendium, which is based on surveys of firms with workplace FP programs. By describing 17 different models for FP in the workplace, the FP Compendium allows businesses to follow the program most well suited for their environment. As part of development, the models were reviewed and refined by a panel of FP experts.

The compendium is a dynamic document. Project staff envisions expanding it as additional survey results are submitted and more firms develop their own programs and submit them as models.

Project Voices

“Component 1 demands a good synchronization of activities. We’re working with a lot of groups and there are a lot of entry points for a program like PRISM. Our challenge is building the credibility of associations and using our ‘Work Through, Don’t Do’ credo. We’re relying on associations that must build their capabilities to be able to sustain what they will implement with their grants.

— *Pedrito de la Cruz,*
Workplace Initiatives Manager, Luzon

Getting Unions on Board

In keeping with the strategy of approaching workplace FP from all angles, project staff encouraged labor union support of FP programs. Union groups welcomed the idea of workplace FP programs as a non-wage benefit they can include in their collective bargaining agreements. They see it as a win-win, with an end goal of improved productivity. The unions are participating in a variety of activities, including outreach training and roundtables.

PBSP Assistant Director Jazmin Gutierrez says PRISM is right to address the concerns of both labor and management. “We try to bring both sides to the table. We always argue that family planning doesn’t have to be an adversarial issue.”

In Year 1, 13 labor union plans for FP outreach were submitted by union leaders, and three regional labor-management fora were conducted in Luzon, NCR, and Mindanao. Plans are underway for a national labor summit, facilitated by the project, in Year 2.

Writeshops

PRISM staff developed “writeshops” to build the capacity of associations to prepare proposals for grant funding, but quickly discovered that proposal writers needed more than just an understanding of how to write a proposal for social development. They also needed instruction on how to create a workplace family planning program. The writeshop training is currently being expanded to include a module on how to install a workplace FP program. Writeshops are in high demand, says Component 1 Director Lorna Jandoc, as word spreads on the effectiveness and usefulness of the sessions.

Installing a Program

All efforts in Year 1 for Component 1 were aimed at facilitating the creation of more workplace family planning programs. To this end, the project developed a grants program to support business organizations in their development or expansion of FP programs. The project received several requests for aid, and three grants totaling more than \$120,000 are ready to be awarded in the first quarter of Year 2 to:

- Cavite Chamber of Commerce and Industry, Inc.;
- Cagayan de Oro Chamber of Commerce and Industry, Inc.; and
- Lopez Group of Companies.

These grants have the potential to reach 64 firms and will augment the more than \$32,000 committed by the three groups in their proposals. The significant commitment from grant recipients is in step with the project’s “No Free Lunch” credo.

Excellence Awards

In keeping with that theme, the project established the Workplace FP Excellence Awards program that sets the gold standard for workplace FP programs and encourages private firms to continually improve their current FP programs.

Originally developed as an M&E tool, the Workplace FP Program Index (see table at right) proved a useful tool for the Excellence Awards program, giving associations a method to score the strength of a firm's FP program. Associations can use the tool to measure businesses in seven areas: services, quality, coverage, FP policy, sustainability, structural support, and employee satisfaction.

Workplace FP Program Index					
For use by associations to categorize a firm's FP program and to measure the strength of that program. Firms that rank as "A" provide the broadest and most complete range of services.					
Level of Services	A	B	C	D	E
Information about family planning					
Counseling					
Dispensing of supply methods (e.g., OCs, condoms, and cycle beads)					
Referral mechanism in place					
Clinical services for injectables and IUD insertions					
Voluntary surgical contraception procedures and consultations for complications and side effects					
*original rankings were in reverse order					

At the conclusion of Year 1, the Philippines Chamber of Commerce and Industry was set to receive a grant to organize the first Excellence Awards. According to Secretary General Crisanto S. Frianeza, the group is looking forward to helping local chambers provide family planning services as part of their regular services to members. For him, FP is a question of economic growth and he sells it to his group as a method of staying competitive in a global market.

A4. Linkages to Other Efforts

The project is also working to make businesses and associations more aware of existing insurance benefits for FP services, particularly through PhilHealth. Many already pay for family planning benefits but don't realize them. The project is raising awareness of these existing benefits and expanding the reach of current programs by making businesses aware of accredited providers that exist near the businesses.

Project staff helped establish a Technical Working Group (TWG) on health insurance and population management consisting of leaders from PhilHealth, the Philippine Chamber of Commerce and Industry, Inc., and PRISM. Additionally, a survey of HMO groups was conducted to evaluate business interest in expanding benefits to include family planning services. The results of the survey, conducted through the Association of HMOs of the Philippines, Inc., (AHMOPI), key health insurance companies, and human resource managers from selected business firms, showed interest contingent on the demand. PRISM's health finance specialist will continue to be involved in discussions with the HMO groups and PhilHealth.

The project also worked to help strengthen government policies, particularly supporting Article 134. Component Director Lorna Jandoc said, "We have to work through our partners to influence government. They are more effective because they are the first group to be affected by policy. And government is very open to the proddings of business people."

A5. Moving Forward

According to Jandoc, the biggest challenge to the workplace initiative continues to be one of persuasion. “We need to demonstrate that the program works,” she said. “We have to show the businesses that this is a good, viable program that they can benefit from.”

Component 1 will continue to facilitate roundtables, fora, and workshops so that industry leaders and decision makers can learn about and discuss the workplace FP programs from a business perspective.

Additionally, an ongoing priority for Component 1 activities is to prioritize and map industrial zones. The industrial sector employs a large portion of the workforce in these zones and more than 100 “locator” firms are located in each zone. Working in these zones, PRISM will be able to reach the largest number of firms and the greatest number of employees in the shortest possible time.

Additional challenges in Year 2 include:

- *Addressing workplace models.* Large companies with one location offer a relatively clear-cut model for FP programs, but how does the project support a company with multiple locations or franchises? And what about smaller business that lack the resources to fund their own program? What about mostly male-dominated workplaces? PRISM will investigate appropriate models of FP programs as it expands into additional areas.
- *Demonstrating to potential businesses the cost-benefit gains of FP programs.* The project will continue to link executives of companies with existing programs in networking activities. As discussed previously, they provide real-world examples to potential partners. Additionally, more case studies and evidence are in demand. PCCI’s Frianeza said his group needs more studies showing how workplace FP improves productivity. “I need to be able to show updated figures,” he added.
- *Keeping track of the contraceptive prevalence rate (CPR).* PRISM, through its partners, will monitor changes in the CPR among women in the workforce and evaluate how project activities may need adjustment to accommodate real-world changes.
- *Building word-of-mouth referrals among businesses.* As a “lean” team, PRISM will continue to rely on this form of recruitment of business interested in FP programs.
- *Addressing potential needs of the exploding call center market* (see box at right).
- *Continuing to support development of workplace programs.* As the grants

Call Centers: We’ve Got Their Number

During Year 1, the workplace team identified the booming call center market as fertile ground for the creation and expansion of workplace FP programs, particularly considering most call center workers are of reproductive age. The numbers speak for themselves; India currently reports 300,000 call center agents compared with 10,000 in the Philippines, but projected growth shows the Philippines outpacing India by 2007.

PRISM has commissioned a two-phase survey. Phase one quantifies the numbers of call centers, focusing on numbers of employees and existence of programs. Phase two evaluates the potential of the call centers to incorporate workplace FP, with the goal of identifying partners that could have the largest impact the fastest.

The survey work is scheduled to begin during the first quarter of Year 2, allowing PRISM to formulate appropriate FP strategies to approach working with these call centers in the second quarter.

program becomes fully operational, project staff will continue to conduct writeshops and support business and association applications.

- *Completion of a “how to install and manage a workplace FP program” manual to guide FP program implementation by PRISM partners. This manual will correspond with the FP Index so that the two tools complement each other.*

B. Component 2—Market Development

Component 2 focuses on the development of a healthy and competitive commercial market for contraceptive products. This includes expansion of product options in the market and the efforts to make more products available for local government procurement through inclusion on the Philippine National Drug Formulary (PNDF), as well as efforts to support the product registration process. PRISM tackled the market from a variety of angles, from the regulatory and policy needs to the launch and re-launch of products to the provision of training to support more knowledgeable drugstore clerks.

B1. Component Goals

While Component 2 serves to establish viable mass market brands of oral and injectable contraceptives in the private sector, it also aims to help achieve USAID’s objectives for commercial sales of family planning products with a focus on hormonal contraceptives.

Project assistance supports the introduction of new medium- and low-priced contraceptives. Like other components, the market development component zeroes in on “targets of opportunity” along the market chain, seeking to facilitate new entrants including suppliers, distributors, and retailers. Component 2 also seeks to address the policy constraints to expanding the market.

Project Voices

“The viability of the project rests on how well we get family planning off the ground to get the pharmaceutical companies to take over. That’s how this project will be sustainable. The market reps will become the ambassadors of FP.”

— *Reynaldo Fuentes*
Market Development Manager, Luzon

B2. Challenges

The Department of Health phaseout of donated commodities presents a formidable challenge to the efforts of the Component 2 team. The team is tasked with filling the gap between the selling prices of subsidized family planning products and those of mostly high-priced unsubsidized, commercial products by supporting the introduction of mid-priced products. Since the start of the phaseout, sales in the private sector have grown, but it’s up to PRISM to ensure that the growth in the private sector is sustainable and continues to cover the gap from the phaseout. This gap will be filled with new brands that are marketed to different market segments as they are launched into the newly competitive commercial market for contraceptive products.

B3. Accomplishments

The work of Component 2 began much like the rest of the project—building partnerships and forming alliances with the key players in the private sector. These partnerships have developed into productive relationships, with PRISM proving its worth particularly in support of the additions of

Year 1 Benchmarks	Planned Completion Date	Actual Completion Date
At least 2 marketing presentations done	January	January
At least 2 marketing presentations done	February	February
At least 2 marketing presentations done	March	March
Develop initial forecast focusing on hormonal contraceptives and shared with partners	April	April
At least 2 marketing presentations done	April	April
Develop training curriculum and materials for detailers/sales reps and drugstore staff	April	March/April
Product marketing campaign supported	June	June
Sign at least 1 MOU with supplier	August	dropped
At least 2 training sessions for a new product	September	postponed

contraceptives to the PNDF and improvements to the regulatory approval process. The support of the launch of three contraceptive brands, and the re-launch of another, also cemented PRISM's place as a true partner in the growth of the market.

“It’s exciting to see the launch of these products,” says Chief of Party Lief Doerring. “We can really see the power of the private sector. You give them information, stick to your role as an honest broker, and the market takes over.”

In the process, PRISM adjusted its goals for Year 1 to accommodate the realities of the market. PRISM elected not to sign any MOU directly with a supplier. Instead, the project is supporting business deals between Filipino distributors and foreign suppliers. Also, the evidence-based training for sales representatives will happen in conjunction with product launches beginning January 2006.

Selling the Project

As with Component 1, the Component 2 team began by demonstrating to its partners the benefits that come with participation in project activities, including increased sales and wider markets. This marketing of the project was carried out on a number of levels: directly with manufacturers, with drugstore owners and clerks, and associations, and with the Department of Health, which has regulatory authority over the market.

Additionally, the project provided regular sales updates on the contraceptive market to pharmaceutical partners and worked to find linkages to their products, expanded marketing, and potential growth of the market.

Launch and Re-launch of Products

Many companies have been put off by the continued market dominance of DKT and initially used that as a reason not to venture into the medium- and low-priced market. But PRISM turned the potential size of the market—along with project financial and technical support for marketing of products—into a motivator for the companies. The project issued an RFA for the marketing of medium- and low-priced hormonal contraceptives and received three proposals. Project

assistance will support the launch and re-launch of three oral contraceptives and one injectable, therefore expanding significantly the products available to consumers.

ECE Pharmaceutical, a Filipino manufacturer, will use its partnership with PRISM to hire a marketing consultant in the initial phase of its product launch to direct market assessment, plan strategies, and train its sales and marketing staff to ensure a successful simultaneous launch and sustained marketing of Lyndavel, an injectable, and Daphne, a Progestin-Only Pill (POP). ECE is already in talks with another company to license contraceptives for launch in 2007.

With PRISM grant assistance, Organon will be re-launching its Marvelon 28 product, and Schering is set to launch a new oral contraceptive. Additionally, PRISM has supported the sale of the Micropil brand from Pascual to Dyna and will provide assistance to support the printing costs of materials related to the product launch.

PRISM's support of the pharmaceutical companies and the encouragement to expand product offerings has demonstrated the project's desire to be a true partner to the industry. As described below, project support is also helping the companies jump the policy hurdles they face in expanding markets.

Filling Gaps in Formulary

When PRISM began its audit of contraceptive products available in the PNDF, it was assumed that most available products would be included and therefore available for purchase by Local Government Units (LGUs). The PNDF is meant to include 50 percent, or half, of all Bureau of Food and Drugs (BFAD)-registered drug formulations, with the PNDF approving inclusion based on efficacy, price, and safety factors. However, the audit showed that not enough of the formulations were included in the PNDF, and that this was severely limiting the range of options available to LGUs. A current Certificate of Product Registration is a requirement for PNDF inclusion. Even more surprising was the exclusion of Lo-Gentrol, the widely popular oral contraceptive that has to date been donated by USAID. Even though Lo-Gentrol has been a donated brand outside of the commercial market for more than 25 years, Wyeth Pharmaceuticals did not have a valid Certificate of Product Registration, a requirement for commercial marketing and distribution. Wyeth did get this certificate for Lo-Gentrol years ago, but let it lapse. PRISM assisted in getting their renewal application to BFAD for quick review.

Building a Healthy, Competitive Market

Component 2 efforts to affect the marketplace have resulted in the following changes to the market thus far:

- 12 new formulations ready to be added to PNDF, making them available for purchase by LGUs; included the addition of currently donated product, Lo-Gentrol
- DOH assigned an internal senior consultant to streamline BFAD registration process by December
- Pascual sale of Micro-Pil brand to local distributor, Dyna
- Price decreases on two high-priced brands of oral pills already in the market
- Distribution and marketing deals between multinational firms and local marketing/distribution firms, bringing three new oral pills and one new injectable brand on the market by January 2006

Private-Public Partnership at Work

PRISM directly supports the government's contraceptive self-reliance strategy and supports the DOH's own family planning pillars:

- Respect for life
- Birth spacing
- Responsible parenthood
- Informed choice

The project is actively supporting the operationalization of referral systems that will assist woman currently obtaining their contraceptive products from an LGU to find a nearby private sector provider.

This situation prompted the project to begin working with the DOH's FP Planning Office and pharmaceutical company representatives to facilitate the inclusion of the 11 missing formulations, plus Lo-Gentrol (which would make it available for LGU purchase for the first time). In addition to staying in constant touch with the head of the FP Planning Office after she publicly offered to follow up on applications to be included in the 6th edition of the PNDF, project staff facilitated a DOH review of the companies' applications to ensure all of their documentation was in order and would be smoothly processed.

To further support the expanded availability of formulations on the PNDF, PRISM stands ready to assist with distribution of the printed edition of the 6th formulary so that it can be distributed more quickly and widely. Project staff will continue to pursue and support this piece of the market development puzzle into Year 2.

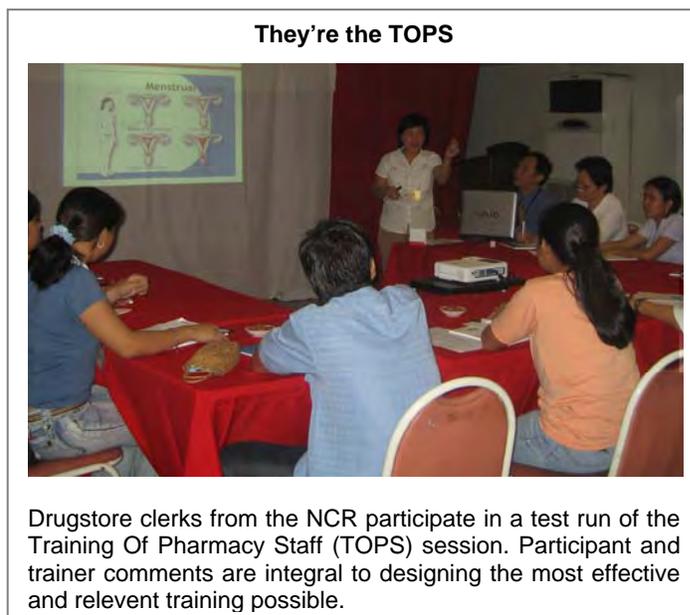
Fast Track of BFAD Registration

Registering a new drug with BFAD can take up to two years. With input from DOH and industry regulatory officials, project consultant Dr. Kenneth Hartigan-Go studied the feasibility of creating an "express lane" for registering new brands within the BFAD that could reduce the processing time. His research analyzed the causes of inefficiency at the BFAD and offered recommendations on how the delays in drug registration, not just for contraceptives, could be decreased. Dr. Go discovered two main obstacles to a fast-track express system: 1) the BFAD was overwhelmed previously when a fast track was opened to generics; and 2) other sectors will demand similar treatment, particularly arguing that contraceptives are not life-saving treatments and do not merit special treatment.

Rather than use an express lane, Dr. Go suggested getting top management of the DOH and the BFAD to issue an administrative order allowing for quickly registering new contraceptives that meet certain prerequisites, such as existing registration, proven safety, and demonstrated efficacy in other ASEAN countries. Project policy efforts will continue along these lines. And the project is addressing other policy fronts by studying processes for reducing or even eliminating import tariffs on contraceptives, including IUDs, the majority of which are imported.

Training of Pharmacy Staff

Once the partnership with the Drugstore Association of the Philippines (DSAP) was cemented through a memorandum of understanding, the project began focusing on developing training to train DSAP to provide FP information to drugstore clients. The strategy with DSAP was to identify trainers within the association that could deliver the course to the pharmacy staff. That meant creating two curricula: one for the Training Of Trainers and another for the Training Of Pharmacy Staff (TOPS). The curriculum for



the pharmacy staff focused not only on the basics of family planning products, but also on strategies to engage customers in short conversations on family planning and provide them with more information.

The training curriculum has been tested and is being readied to launch to a broader audience early in Year 2. Over time, it is expected that the training delivery will be made sustainable as local chapters of DSAP apply for project funds to develop their own capacity to provide their own training without PRISM assistance or to send their participants to other sessions. Additionally, the training will be expanded in Year 2 to include pharmaceutical company medical representatives and “FP Motivator” employees on the FP team in participating companies.

B4. Linkages to Other Efforts

PRISM joined the LEAD project in its effort to guide LGUs toward “privatization” by getting LGUs to purchase supplies instead of expecting donations. LGUs are guided to refer clients who can pay to the private sector while continuing to provide free or subsidized contraceptives they the LGU has purchased from the commercial market to the poorest clients. “They only need someone to give them direction,” said Market Development Manager for Mindanao Concepcion Domag. PRISM will continue to make LGU officials aware of which products are available for purchase and put them in touch with the regional representatives from the pharmaceutical and distribution companies selling the products.

The linkages between LEAD and the LGUs developed swiftly, particularly in Pangasinan, which became a pilot area for project interventions, which included pharmaceutical companies, distributors, drugstore owners, private practitioners, business associations, provincial and municipal government officials, and LGUs. Similar linkages were established and continued with the PRISM and LEAD local counterparts in Visayas and Mindanao. After the series of Pangasinan activities, PRISM and LEAD replicated the activities together with the private sector players and LGUs in the NCR (National Capital Region).

B5. Moving Forward

For the project’s public sector counterparts, the goal for Year 2 is clear. “For Year 2, we must concentrate on contraceptive products. How do you make contraceptives more available [in the market]? It’s already 2005, by 2007 they [donated commodities] are gone. We must go all out in our efforts,” says Dr. Milagros Fernandez, undersecretary of the Department of Health.

Phoning It In: FP Reminders Via Text Messages

In Year 2, PRISM intends work with partners to spearhead the development and support the launch of a mobile phone-based SMS Infotext service where subscribers can specify the frequency and time of day to receive a family planning infotext message/reminder. Clients of any SMS service provider will be able to subscribe and unsubscribe at any time.

The service will allow a woman on the pill or who uses injectables to receive timely reminders to take her next dose, replenish her supply of pills, or go to her service provider to get her injection. This service can also help women track their fertile and infertile days. Women can key in the first day of their cycle and the system will reply based on a formula.

To increase the value of the service to its subscribers, other educational information on women’s health can also be added to the core service. The add-on, educational infotext messages, should also disperse/deflect the unwarranted attention that the service might receive from FP opponents if it were packaged solely as a hormone-taking reminder.

PRISM Component 2 leaders are poised to tackle the following challenges in Year 2:

- *Continuing to bring more products to the market.* Staff will continue to work with pharmaceutical companies to broaden their offerings, particularly in the medium- and low-priced range. Additional training in grant application writing will be offered and follow-up will ensure assistance is targeted and effective.
- *Maintaining supply in the CSR transition period as users shift to private sources.* PRISM will solidify its relationships with pharmaceutical companies to ensure they maintain proper inventory levels in the new market.
- *Expanding the training of pharmacy staff.* Trained clerks can serve as a knowledgeable resource for clients seeking family planning information.
- *Pursuing policy issues.* Project staff will continue to track the progress of the drugs being added to the PNDF, ensuring that copies of the formulary are distributed to LGUs as needed. Staff will also continue to support BFAD as it streamlines and improves its approval process.
- *Exploring creative linkages between pharmaceutical producers and their clients* (see box on previous page).

C. Component 3—Private Practice Services Expansion

To complete the circle of developing the private sector market for contraceptives, Component 3 focused on the provision of services through private practices, be it through physicians, midwives, or nurses. The component also addressed the policy and health financing constraints of PhilHealth accreditation and reimbursement, and worked to meet its first-year target of training 200 midwives in the Business Enhancement Support and Training (BEST) course.

C1. Component Goals

Component 3 seeks to increase the value and volume of FP products and services offered by private providers. Activities under this component emphasize helping providers develop sustainable practices that include FP, with a focus on training midwives as FP counselors and retailers through the BEST for Midwives FP certification program. In partnership with the DOH and supplemented in Year 2 and through the PRISM grants program, private practitioners receive training and materials, connections to suppliers, marketing support, and operational resources to expand and improve their FP services.

C2. Challenges

Like other components, showing physicians and midwives associations what's in it for them proved to be an important tactic in forming productive partnerships. However, the most significant challenge to the Component 3 team quickly became where to find large numbers of private-practice midwives. The reality is that most midwives are dual practice, meaning they work for the government during the day and have their own practices on weekends and evenings. Despite this obstacle, through linkages with midwives associations, the project found/identified enough private practice midwives to meet its Year 1 goal.

C3. Accomplishments

The partnership-building was in full effect as project work got underway, with the signing of memoranda of understanding with

Year 1 Benchmarks	Planned Completion Date	Actual Completion Date
2-3 MOUs with midwives associations signed	March	March
BEST plan completed	May	May
At least 2 MOUs with professional associations signed	June	June
10 NGO training teams completed training	September	September
200 private midwives completed BEST	October	September

two physicians associations, two midwives associations, and a drugstore association, including:

- Philippine Academy of Family Physicians
- Philippine Federation of Private Medical Practitioners
- Integrated Midwives Association of the Philippines
- Midwives Foundation of the Philippines, Inc.
- Drug Stores Association of the Philippines

This paved the way for assessments that informed the development of the BEST series and highlighted needs for other interventions.

Develop BEST Curriculum and Materials

The program continues to undergo transformations. The current name, Business Enhancement Support and Training, reflects PRISM's intention to portray BEST as more than a training activity. Beyond the training, PRISM, through its partners, aims to provide for the long-term technical assistance to BEST graduates in terms of marketing and promotional activities; an improved policy environment conducive to private practice; certification and linkages with contraceptive suppliers; relationships with financing institutions; and follow-up services that lead to sustainability once the project ends.

The BEST Breakdown

For the first year of PRISM, the *BEST for Midwives* course was designed to have a basic and an advanced curriculum. The basic curriculum has been completed and has six modules. Five modules pertain to family planning technical topics, including contraceptive counseling, contraceptive technology, fertility awareness, voluntarism, and infection prevention. The sixth module covers business skills and includes basic cash inflow and outflow of midwife expenses considering the nature of her practice. The advanced curriculum will be prepared for midwives who want to add new services in their practice such as IUD insertion, improved interpersonal communications skills, logistics and inventory management, and advanced business management course, including access to financing.

With a change in strategy for the second year, the BEST program has been re-defined to include not just midwives but also doctors, pharmacy staff, nurses, and FP management teams and peer motivators in workplaces. These service providers have been classified into "tiers" according to the type of services they provide. Appropriate training modules and support packages will be developed for each of these tiers in the second year.

PRISM and its partners, the Institute of Reproductive Health Philippines (IRHP) and the Philippine Non-Government Organizations Council on Population, Health and Welfare Inc. (PNGOC), worked together with the DOH to develop the BEST program. A June workshop allowed project staff to present the draft modules to the partners. This event helped ensure buy-in from these training partners, who will conduct training sessions for private providers, as well as early endorsement from key DOH officials. The participation of the DOH was vital to enhance the acceptance by the regional Center for Health and Development (CHD) offices of the certification of midwives who completed the BEST for Midwives version of the course as DOH-certified FP providers.

Pilot BEST to 200 Midwives

Once the training materials were ready, the PNGOC and IRHP identified training teams from their NGO affiliates and members. These training teams were already experienced in conducting training in FP topics, so the TOT sessions focused on the less familiar topics of

business and entrepreneurship for midwives. In addition, to further strengthen the capacities of the trainers, PRISM used a strategy that involved orientation, observation, on-the-job training, mentoring/coaching, and backstopping among the trainers themselves. This helped the project’s training specialist sift through the training teams to ensure that only top quality trainers are engaged for the rest of the project.

When the time came to seek course participants, PRISM worked through the midwives associations to invite their members to participate in the BEST courses. To be invited, participants had to be in private practice, have a valid license, and interested in providing FP services.

PRISM and its partners will include the monitoring of the implementation of this agreement during its post-training follow-up and monitoring activities.

Component 3 managers reported difficulty at first convincing midwives that the training was worth the Php1000 (about \$18) fee they were asked to pay for the five-day basic course covering FP technology, FP counseling, and business skills. But all agreed that once the fee breakdown was explained, midwives were eager to participate. MFPI President Cleo B. Elmedolan agreed. “Once they take the training they are the ones convincing the others. They became the motivators and word is spreading.”

Bringing in Physicians

With the signing of MOUs with the physician associations, PRISM was prepared to begin tailoring its activities toward the private physicians. For many years, only physicians

Year 1 BEST Courses			
Date	Venue	No. of participants	No. of Batches
July 25-30	Angeles City, Pampanga	22	1
Aug.15-19	Angeles City, Pampanga	26	2
Aug.22-26	Cebu City	41	2
Aug. 29-Sept. 2	Tagaytay City	26	2
Sep. 5-9	Davao City	39	2
Sep.12-16	Angeles City, Pampanga	32	2
Sep.26-30	Iloilo City	25	1
	Total	211	12

Profit is Not a Dirty Word



BEST graduate Teresita Aquino Bautista counsels her client on spacing her next birth. According to Private Sector Director Dr. Lemuel Marasigan, “Midwives’ bread and butter is assisting in deliveries. Our goal is to make them realize there are other ways to provide service and see income. We are encouraging business with a heart—provide high-quality service but don’t charge too much.”

Project Voices

“Midwives were thankful to have this kind of training. It’s an eye-opener to our new graduates. There’s more to just providing high-quality services—they can build something.”

— Patricia Gomez,
IMAP President

from the public sector have been trained in family planning, leaving a gap in provider knowledge, skills, and attitude in the private sector. Given the CSR strategy, there is now a greater need to provide FP updates and refresher courses for private practice doctors to prepare them for the expected referrals from the public sector. Training needs assessments (TNAs) are being completed for both groups and a third physicians' group is expected to soon sign a MOU with PRISM. The Philippine College of Occupational Medicine is making its final review of a draft MOU and signing is expected early in Year 2.

Addressing the Policy Front

Planning workshops between PRISM and LEAD led to a policy agenda with the following activities related to Component 3: certification and accreditation issues related to midwives who dispense contraceptives, expansion of FP benefit package with PhilHealth, and PhilHealth accreditation. PRISM received endorsement letters from Undersecretary of Health Dr. Milagros Fernandez addressed to Center for Health Development (CHD) directors in support of the BEST initiative. The next step will be to obtain accreditation for the midwives through the DOH accreditation process.

These activities were fully supported by the project policy team's meetings and dialogues with the DOH, PhilHealth, and other partners. The Integrated Midwives Association of the Philippines (IMAP) supported Component 3 efforts in Year 1 and will continue to push for project policy objectives related to private providers.

Tracking Providers

Year 1 has shown project staff the importance locating and tracking potential participants in family planning provision, particularly providers. Many associations boast a large number of members but are unable to provide specific information about members such as names, locations, and practice type. Key to expanding the private sector is making sure everyone who wants assistance is receiving the assistance they need. The project response to this challenge has been to create the Organizational and Business Information Tool (ORBIT), an online database system that effectively tracks midwives, physicians, drugstore clerks, nurses, and pharmaceutical representatives. So far, 3,462 midwives have been added to the ORBIT database. Of the midwives already added to the tracker, 1,980 are in private practice. Doctors, nurses, and drugstore clerks will also fill out the informational sheet, which is then input into the database. These numbers do not yet take into account any

Getting the Bead on Natural Methods

For the IHRP, being involved in the development of the BEST for Midwives opens the door to further opportunities to expand the reach of its Standard Days Method (SDM). While the method consists of a colorful set of beads, IHRP Executive Director Mitas Rivera points out that it's more than a commodity, it's counseling and awareness as well. Rivera looks forward to expanding her work with the project into components 1 and 2. "For the first time, SDM is getting national attention. In the next four years, we'll have the country covered."

Money Changes Everything

Focus group discussions (FGDs) helped project staff get a rough idea of how midwives finance their practices to help inform project support. The discussions included midwives from different parts of the country representing urbanized and suburban/rural private practice settings. Some of the more interesting findings include:

- Midwives with clinic and with lying-in usually juggle private practice, teaching, and other income-generating activities, such as the operation of a small business like a canteen or a grocery store in the vicinity of the clinic.
- FP commodities such as pills, condom, IUD insertion/removal and injection of DMPA are provided with charges to clients but FP counseling is usually free and is provided as part of client recruitment.
- Taking blood pressure is usually free but sometimes clients who can afford to pay are charged P50-P100.
- For FP, clients are charged according to the specific service provided, location of the practice (suburban/rural charges are lower than urban charges), existing/current market prices, and capacity of the client to pay.
- Assisting deliveries is the main source of earnings for most midwives.

duplications. The Web-based database will allow PRISM staff to identify potential training participants and track them for follow-up.

Promoting BEST

The “BEST” name is already well understood and received by project partners, and project efforts continue to establish it as a serious brand that represents high-quality technical support and assistance. Along these same lines are efforts to certify participants as FP providers and accredit the BEST program, providing it with a higher level of prestige and acceptability. The endorsement of Undersecretary of Health Dr. Milagros Fernandez on behalf of the DOH went a long way to giving the course credibility and making it officially accepted by provider associations and their members.

IMAP President Patricia Gomez said her organization is looking forward to joining BEST graduates to present the program at the Asia Pacific Congress being hosted in Manila in December 2006.

C4. Linkages to Other Efforts

Activities under Component 3 provided natural areas for partnering within PRISM and other projects. During the fourth day of the BEST course, pharmaceutical companies set up booths where they provide samples, literature, and discounts for purchases at the booths. A number of midwives have already starting placing orders as a result of the BEST courses. Up to now, PRISM has not tracked sales at the pharmaceutical days, but will begin tracking these data in Year 2. Additionally, at the end of each BEST course, each participant receives a complete directory of all participants so that she can continue to exchange information, strategies, and encouragement. The directories are also shared with pharmaceutical companies so that a link between BEST graduates and suppliers or distributors could be formed.

Component 3 also included PhilHealth reimbursement packages for FP in its presentations to midwives and physicians. Most providers were unaware of these reimbursement packages. The

A BEST Launch



Community leaders, clients, and industry partners gathered for the official “launch” of eight midwives who recently completed their BEST course in Olongapo City. Orchestrated by PRISM staff as part of the BEST service, the launch event focused on facilitating BEST graduates getting out into their communities, and included song and dance, humor, and even an opportunity for the BEST graduates to mentor midwives students as they provided FP counseling demonstrations. The support of the project for BEST midwife community launches will continue in Year 2.

This Just In

A recent survey covering 91 midwife BEST trainees in Luzon, NCR, and Visayas indicates that 45% of midwives previously providing FP services and 14% of those not providing FP services or a total of 59%, have experienced increased revenues from FP services that include counseling and FP product sales. The average increase in revenues for all midwives in the study is P1,410.

Also, 36 of the 91 midwives indicated that they purchased pills and injectables from pharmaceutical representatives during the BEST course. A total of 587 cycles of pills and 426 vials of injectables were purchased by the midwives. When asked whether they have purchased supplies after the training, 48% indicated they bought pills and injectables. Total pills and injectables purchased amounted to 866 cycles and 323 vials respectively.

project's health finance specialist continues to work closely with PhilHealth to increase private providers' awareness of benefits.

As a key component of the BEST product, PRISM made useful alliances with the Banking on Health (BoH) project as well and is prepared to incorporate BoH support into advanced-level BEST. Based in Washington, D.C., the USAID-funded BoH project conducts training on business and entrepreneurship for private practice midwives, not only as updates, but also in preparation for microfinancing. The BoH is a potential partner for the BEST advance business course.

Project Voices

"We really appreciate what PRISM is doing with midwives and in getting family planning in the workplace. PRISM is making noise and that really helps. Together we can create more noise and really make a better market."

— Chit Magno,
Director for Business Expansion,
Schering Pharmaceuticals

C5. Moving Forward

Component 3 leaders anticipate tackling the following challenges in Year 2:

- *Mobilizing midwives associations.* The project will continue to work with midwives associations to recruit their members and promote the BEST program as an investment and professional learning opportunity. The challenge for PRISM will be how to motivate these midwives, who are private practitioners themselves, to invest their time and potential income into the training, as well as conducting the training, follow-up, and support activities themselves.
- *Developing a BEST follow-up program.* The M&E specialist, in coordination with the BCC and training specialists, developed a draft BEST follow-up and monitoring system, framework, and tools that will form part of the overall project monitoring plan. PNGOC and IRHP provided inputs into the development as well. These materials will be finalized together with the BEST materials in the next quarter, submitted to the DOH-HHRDB, and evaluated for possible approval and endorsement by the Secretary of Health. It is envisioned that the PNGOC and IRHP trainers themselves will conduct the post-training follow-up using these materials and system.
- *Sustaining the advances.* The challenge of sustainability is on the lips of nearly every project staffer, counterparts, and beneficiaries. The changes to the BEST program address directly the issues of sustainability.
- *Encouraging use of PhilHealth.* Project staff will continue to support provider involvement in PhilHealth, helping them see the added benefits to accepting PhilHealth clients and getting accredited to receive PhilHealth reimbursement. The challenge for PRISM is how to influence policy change at PhilHealth to make its FP packages more attractive to private providers so that more will apply for PhilHealth accreditation and therefore claim reimbursements for FP.

D. Cross-Cutting Activities

The work of Component 4 cuts across all components and reached every part of the project during Year 1. The Technical Resource Group (TRG) and Project Management and Support Unit (PMSU) supported the efforts of project staff and helped achieve some of the project's key deliverables during Year 1. In this section, we'll discuss how a successful start-up process created the environment where the groups could work efficiently to support the rest of the project. We'll also highlight the achievements of the TRG and PMSU.

D1. Start-up Process

Nearly a year after start-up, the process that launched the project continues to receive strong technical reviews.

To kick-start the work-planning process, PRISM hosted a two-day Strategic Planning Workshop in December 2004. More than 100 project partners and stakeholders participated and provided feedback and input into the draft first-year work plan. The workshop focused on the three technical components and outlined the objectives of each as well as tasks and subtasks for Year 1. Additionally, panelists from the business sector, labor groups, pharmaceutical firms, private practice associations, and USAID shared their insights on the work plan.

The collaborative work-planning process helped set the stage for a cohesive approach to project activities, where partners, stakeholders, and project staff are full participants in the process.

As part of the start-up process, the project hired many local professionals to fill out the team. The finance and administration unit efficiently managed the quick hiring pace. To complete the start-up process, and after working out of temporary spaces, the project found its home on the 23rd floor of the Wynsum Corporate Plaza in Ortigas in March 2005. Offices were also opened in the Mindanao and Visayas regions.

Additionally, PRISM committed resources to purchasing and installing the GloBis project monitoring and evaluation system. The Web-based system automates communications and management functions and makes it possible to communicate electronically between the project office, home office, and mission. The system also stores project documents and makes it possible for everyone to track technical progress. Staff have been trained in the system, and it is now being populated with existing project documents. GloBis also links PRISM regional offices to the project office in Manila, making it a powerful communications and management tool.

A Stellar Start

“From my experience, PRISM’s project execution pace is commendable. It had a quick start-up (maybe the quickest that I have seen), most of the positions have been filled in less than three months, a Year 1 work plan developed and started to be implemented within the first half of the first year. And these all happened without compromising the quality of the work that has been done. I hope we can keep up the pace. You have a good team here and you seem to be leading them well. I know it is a difficult task considering the magnitude and complexity of this project. Keep up the good work.”

— *Note to Chief of Party Lief Doerring, from CTO Charito Remata-Redoblado, June 15, 2005*

Off to a Sound Start



Project staff participated in a March 2005 blessing of the newly opened PRISM office.

D2. Technical Resource Group

The primary goal of the Technical Resource Group (TRG) has also proven to be one of its main challenges—providing valuable and effective input to all three components. The set-up has had varying levels of success; some linkages are clear, but others require more effort.

“We looked for opportunities for PRISM components to succeed,” says TRG Director Dr. Aurora Perez, describing the first year for TRG. This meant participating in brainstorming sessions, staying current on component activities, and pursuing ideas of their own. TRG specialists participated in the work planning of each component to determine exact points of entry. Additionally, project staff conducted internal orientation seminars to demonstrate where support of the TRG specialists was necessary to achieving component objectives. The seminars promoted the clarification and better understanding of specific technical assistance the specialists could provide the component teams. Some topics included:

An Informed Staff is an Empowered Staff

PRISM staff are becoming ambassadors for family planning via the technical information they receive through the project seminar series. Designed to introduce all staff to technical project areas, previous seminar topics have included overviews on family planning, midwife practices, and entrepreneurship. TRG Director Dr. Aurora Perez says the series “keeps everybody informed about the results of ongoing work,” and prompts them to think of linkages between their work and other areas of the project.

- Basic Contraceptive Technology 101: Method Choices;
- The Commercial Market for Contraceptives;
- How Gender is Reflected in the Private Sector FP Market: How we can improve the situation;
- Corporate Decision-making for Bringing New Products into the Market: Reasons Businesses Make Decisions;
- Using New Mechanisms to Mobilize the Private Sector for FP: GDA and DCA;
- The BCC Paradigm and its Applicability to PRISM’s Strategies;
- Historical Overview of Population Policy in the Philippines; and
- Faith-based FP Issues in the Philippines: An Overview.

The success of the initial planning seminar series has been carried into current project operations as a method of keeping project staff up to date on project activities. (See box at right).

Much of the work of the TRG specialists has been discussed in the three component areas, but some additional highlights of Year 1 include:

Policy

After consultation with the three project component teams, a PRISM policy agenda matrix was developed and submitted to USAID for comments in March. That working document on policy issues and action steps outlined what needs to be taken by PRISM staff and its partners to mobilize resources, conduct effective evidence-based policy dialogue, and scale up focused information dissemination on specific policy concerns of each of the project components to appropriate policy makers.

Setting the Pace in Pangasinan

During Year 1, PRISM used Pangasinan as a pilot area to develop its core menu of technical assistance, training, and market development that will be replicated throughout the rest of the SIAs in Year 2. Pangasinan was selected because Governor Agbayani and provincial population officer, Luzviminda Muego, are national leaders in the implementation of an effective provincial-level CSR strategy. Given this supportive environment, as well as the phaseout-related groundwork done by the USAID-funded LEAD for Health project with the LGUs in the province, Pangasinan was selected as kick off point for many of PRISM's interventions.

PRISM conducted the Public-Private Partnership on Family Planning in Palaris inter-local health zone comprised of 10 municipalities in March. Additionally, project efforts focused on the establishment of FP programs in the workplace through visits and fora for businesses, which culminated in a province-wide Business Forum on FP in the Workplace in August with Governor Agbayani himself as the keynote speaker. The event was attended by 45 business leaders of the largest companies and business associations in the province. In August, PRISM developed a one-year strategy for Pangasinan and presented it to Governor Agbayani. The governor gave it his strong support, and in September, PRISM began providing technical assistance to the province to further cement private-public partnerships to implement the CSR strategy. With PRISM assistance, 48 midwives have been certified by the DOH as family planning providers in the province, the first FP training for drugstore personnel has taken place, and 42 companies are set to begin installing their own FP program. Best exemplified in the referral system linking businesses, employees, private providers, pharmaceutical companies, wholesalers, retailers, LGUs, and end user customers, market-based integration of activities among PRISM's workplace, market, and private provider components will be the real test of success in year two. PRISM's experience in Pangasinan has demonstrated the opportunities and the challenges that simultaneous replication in multiple strategic areas will present in Year 2.



Luz Muego, Pangasinan provincial population officer, presents the Pangasinan Contraceptive Self-Reliance initiative among private practicing midwives in Pilgrims, Pangasinan.

The policy team worked along the project's strategy to support component activities to address policy issues, including leading two clusters of the USAID-DOH 10-Point Policy Agenda. Team members participated in technical working groups, joint CA committees, and at roundtables and workshops to deliver accurate information and create consensus on the project policy agenda.

Outreach

Outreach efforts have also stretched across all three components and included providing technical assistance on training for HR managers, labor unions, DSAP officers, and providers. Particularly in Component 3, the real effort has been to get services providers to adopt a for-profit mentality, to help them see the potential in providing family planning services.

Dr. Glenn Paraso, the project's outreach specialist, sees the year's biggest accomplishments as making it known that there is a vibrant market in the private sector and demonstrating that FP is a tool for development, that it "makes good business sense." Dr. Paraso worked to help promote synergy across the components and to help other TRG specialists identify areas where intervention might be necessary.

Project Voices

"I am like a bridge to change mindsets and thinking between components."

— *Dr. Glenn Paraso,
Outreach Specialist*

Health Finance

The project devoted significant effort to raising awareness of benefits available through PhilHealth. "Eighty percent of my work is directed to PhilHealth," says Emelina Almario, project health finance specialist. "The money is there. The mandate is there. It's a lack of information and engagement of providers."

The problem is illustrated by midwives' use of PhilHealth. In the last year, only 66 midwives were accredited with PhilHealth. But a midwife who provides a maternity care package can be certified and receive a two-part reimbursement: part one comes after the delivery, and part two comes after providing family planning counseling.

Almario is also participating in the FOURmula ONE committee, a group of representatives from PRISM, LEAD, and the Foreign Assistance Coordination Office of PhilHealth. The committee is working to deliver health care financing and resources to LGUs. Work is concentrated in four areas: financing, public health, hospitals, and local health systems. The committee work corresponds to the DOH effort to focus donor contributions on 16 provinces, four of which are project strategic areas. The FOURmula ONE name refers to the four technical areas it addresses and the speed and precision with which the committee will act.

Preliminary work on finance included analyzing start-up costs and financing sources for the 308 midwives who responded to the TNA survey. Results showed that only seven midwives had any experience borrowing from a bank; most of the midwives funded their start-up costs with personal or family savings while a small number borrowed from relatives. Loan amounts topped out at P50,000, payable over a period of six months to a year.

In addition, the project teamed with the Banking on Health project and efforts are underway to align the business management modules of the BEST course to selected modules of the Banking on Health "Financing the Private Practice Midwife in the Philippines," which will serve as the basis of advanced training sessions.

The health finance specialist is also the PRISM representative to the PRISM-LEAD Coordination Committee for PhilHealth. The committee meets with PhilHealth regularly to address PhilHealth-related issues of the two projects.

Challenges

The challenge for the TRG specialists involved spreading their efforts over the three components. Some components required more or less of certain specialists, depending on the

planned activities. The group will continue to be challenged by the pull of three components and their myriad activities in Year 2.

TRG specialists look forward to participating in the re-strategizing of the BEST program, which is currently underway. They will also support project grant recipients in both establishing workplace programs and bringing products to market. And TRG specialists will continue to push policy and finance issues as appropriate.

D3. Project Management and Support Unit

In April, PRISM moved all support functions into a single management unit called the project management support unit, with all members reporting to the chief of party, and later to a newly hired PMSU director. The unit includes the systems and procedures to manage project implementation support functions such as subcontracts management, grants management, performance monitoring, customer service monitoring, finance, project communications, GIS mapping, health MIS and database management, and recruitment and oversight of short-term international and Filipino consultants. This move aimed to ensure a more coordinated and efficient delivery of day-to-day project management functions. PRISM’s large grants and subcontracts program is directly managed by this component. These programs allow Filipino institutions to conduct technical work, provide training, and assist the PRISM team to achieve results in the workplace, market development, and private practice components. Specific achievements in the areas of M&E and health MIS are detailed below, followed by a brief overview of the PRISM grants program.

Workplace Index as M&E Tool

M M&E was the original vision for the Workplace FP Program Index, but after initial development, it is now expanding into use as an implementation tool. The index can be used to guide an HR manager or CEO through the process of deciding what program they want to install. And it can also be used to measure a company’s existing (baseline) “before” program against the “after” PRISM partner installation or improvement work. The tool will be tested with external partners early in Year 2, and then will may be used as part of a process to evaluate and select FP Excellence award recipients.

Monitoring and Evaluation

Year 1 was marked by the development and submission of project deliverables, including the Performance Monitoring Plan, Customer Service Plan, and the Strategic Intervention Plan. The first-year PMP progress report is due in December, but a summary table is included in Annex B.

Mapping Progress

PRISM partner, EMI Systems, is making it possible for project staff to monitor workplace programs, pharmacies, and private providers down to the last detail. EMI’s MapDecision software creates detailed maps of project intervention areas and serve a wide range of purposes. The maps can be used to show locations of nearby services providers on a brochure provided by a workplace FP program, for example. Or it could locate pharmacies for clients of a midwife. Multiple configurations and layers of information can be presented in the maps. The maps could also present and track the wide reach of project activities, particularly as PRISM expands into Year 2 SIAs.

The M&E specialist is poised to undertake the Year 2 efforts: developing field-level partner reporting systems and assessing the activities of the three components. Additionally, PRISM anticipates establishing field-level M&E structures and developing an information system to manage information from various sources.

Health MIS

The Health MIS specialist also supported the development of the project reporting deliverables, including the Strategic Intervention Plan. In general, along with the M&E specialist, the work of Year 1 focused on the development of the MIS/database system, which will integrate baseline indicators and performance targets that are consistent with the performance monitoring and customer service plans.

Data collection is ongoing and data are updated as new information is obtained. Portions of the PRISM database have already been organized and migrated into the beta version of the ORBIT database system. In addition, the database consultants have initiated coordination with PRISM and some of its subcontractors and partners to ensure consistency and integration of data collection efforts.

At the end of Year 1, the beta version of the database system had been uploaded to the PRISM server and was accessible via the Internet by authorized users. A second phase of IT integration, wherein the ORBIT database system will be integrated with the existing GloBis and MapDecision tools, will be explored in Year 2.

Grants

Year 1 focused on preparing the project's procedures, mechanisms, and communications for the grant program. The Grant Applicants Handbook details all the information and forms an applicant needs to apply for assistance. To facilitate communication with potential grantees, a PRISM Grants Yahoo Group was established to serve as a public bulletin board for posting information pertaining to the grants program. Likewise, all grant questions were directed to a dedicated email address. A one-page information sheet provided standardized information on the program and was disseminated to all prospective grantees and project partners.

Once the foundation was in place, the project released the following RFAs and established committees to evaluate proposals:

- Establishment and maintenance of workplace family planning program
- Sustaining commitment to family planning in the workplace through an excellence award
- Marketing medium/low-priced contraceptive brands in the Philippines
- Local manufacture of medium/low-priced hormonal contraceptive brands in the Philippines
- Annual program statement on expanding family planning services in the private sector

The project also supported the delivery of several writeshops, which acquainted partners with the grants process and helped them formulate their proposals. Now at the end of Year 1, the project is prepared to award grants to project partners and will work in Year 2 to monitor those grants and provide further grants as warranted by project activities.

Communications

Recognizing the importance of communications to the project, a comprehensive communications strategy was created to provide a framework for integrating and managing communications

throughout the project. The strategy incorporated behavior change communications (BCC) and outreach activities.

The strategy document describes specific communications objectives and outlines target audiences, goals, messages, and tools for the project as a whole, and for each component. It provides guidelines for implementation, outlines procedures for working with USAID and with partners and grantees, and describes processes for working with key USAID family planning projects. This strategy provides a tangible starting point for guiding communications activities throughout the life of the project, acknowledging formal and informal learning that will inform it during implementation.

During Year 1, the communications team developed a project identity and various materials, including a general project and grants brochure. In addition, it began work on component-level brochures and other materials, and provided grantees assistance adhering to USAID requirements. Year 2 will focus on implementing the strategy, with an eye towards working through partners to disseminate messages and adapting materials already created by previous family planning projects.

Challenges

The challenges the PMSU faces are relatively straightforward—implement and extend the monitoring and evaluation systems developed in Year 1 and continue to install the grants program. Both efforts have a strong foundation and will be ably supported by their teams as they enter the project's second year.

“It’s about time the private sector should be mobilized.”

*Ruben Siapno, MD, MPH, Regional Family Planning Coordinator
and Chief of Staff for CHD, NCR, Department of Health*

SECTION III

Lessons Learned

While project staffers report that reaction to the project has been exceedingly positive, there is always room for improvement. Interviews with project staff and partners identified the following lessons learned for Year 1.

Focus on quality of providers is as important as numbers to improve access. As PRISM moved toward implementation of component 3, the value of rethinking its original strategy became increasingly apparent. Discussions have begun and will culminate in early Year 2 to restructure this component to give increased emphasis to capacity development focused on raising provider service quality standards. In addition, we will incorporate recognition of the value of generalizing our training focus to provide more balanced opportunities among other provider groups, including physicians, nurses, drugstore clerks, pharmaceutical providers.

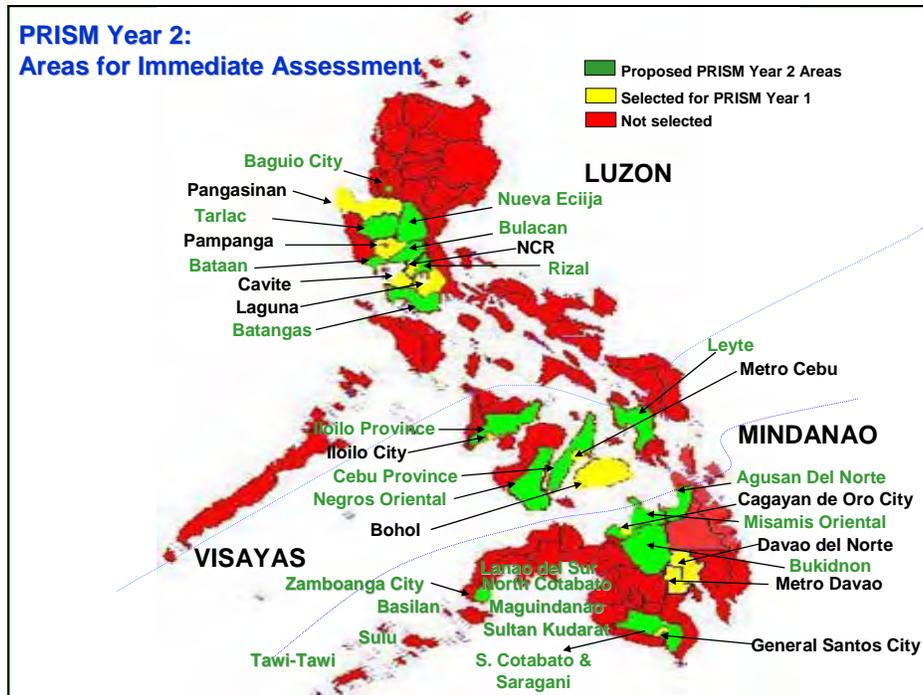
You have to “show them the money.” From CEOs to pharmaceutical developers to a local private practice midwife, they all need to know what’s in it for them before they will take any action toward family planning. PBSP Assistant Director Jazmin Gutierrez says the first question a company executive asks is “Where’s the cost-benefit analysis?” PRISM must continue to develop compelling arguments for all participants in the private sector. Particularly along the ‘work through, don’t do’ theme, partners need to be armed with convincing data to spread the word for PRISM.

Don’t assume everyone can write a proposal for grants. First proposal submissions made it clear that those writing proposals didn’t speak the same language as project staff, and did not have the development background or experience in responding to USAID application requirements. The project quickly responded with writeshops, designed to give partners the tools to develop effective grant applications. Future trainings will also include a “how-to” on the installing FP programs so that applications are more targeted and relevant.

Cookie-cutter approaches won’t work. “Because FP programs have been here 30 years, we can’t just box midwives into public and private sectors. There are too many permutations,” says Grace Migallos, deputy chief of party. “We have to make it as easy as possible for a midwife to access the trainings she needs. It can’t be prescriptive.” A one-size-fits-all approach won’t work for midwives, or other FP providers. The project is focusing its efforts on addressing the tiered approach to its provider activities.

With expansion comes a need to reorganize. Demand for the project grew by leaps and bounds and PRISM staffed up to meet those demands, particularly in the third and fourth quarters. Throughout this growth, the issue arose of how to integrate the TRG specialists into the work of the components. The project’s organization chart evolved considerably and the conclusion of Year 1 brought with it a need to evaluate the project’s structure to enable replication and expansion to 13 more strategic areas. At the start of Year 2, we have planned for an external organizational development consultant to assess the project’s structural needs to propose a new organizational plan.

Sometimes it's good to change direction mid-stream. Like adjustments being made to project structure, PRISM has reacted swiftly to changes in the family planning environment, proving again that movement (in most any direction) is a good thing. The project adjusted the SIA criteria for Year 2 after considering the original criteria's relevance and comparing it to knowledge and insight gained during Year 1. The result is one new criterion and the revision of three existing criteria. The Year 2 SIA map is presented below.



“PRISM is a very welcome part of the FP program.”

~Mitos Rivera, Executive Director, International Reproductive Health Philippines

SECTION IV

Moving Forward: What's Next?

“We are now starting to go full blast.”

The words of a project staff member suitably sets the stage as PRISM enters Year 2. The foundation has been laid and according to Chief of Party Lief Doerring, project staff will soon be able to truly see the results of their interventions. The opinion of the energetic component manager quoted above summarizes the attitude the staff brings to its second year of implementation. Despite major changes to project structure and the time needed to restructure the Component 3 approach, project staff members feel movement. And they're ready to tackle the challenges ahead, described as follows.

Focus on low-hanging fruit. To work at its most efficient, the project focuses on the biggest companies and associations that show an interest in FP programs. Rather than spin its wheels trying to convince CEOs who may have strongly held religious beliefs, the project focuses on those who need the least amount of prodding. The Year 2 work plan sets an ambitious target of 300 companies. Project staff will continue to ‘Work Through, Don’t Do’ by equipping associations with the tools to help their members establish their own workplace programs.

Revamp the BEST. Complete the changes to the structure and strategy of the BEST program and begin testing and implementing it. Project staff say they are prepared for the revised approach and are looking forward to offering targeting training designed for different levels of skill and experience.

Expand to new SIAs. The selection of areas for Year 2 expansion considered the following criteria: batch 1 or 2 DOH phase-out; presence of one or more industrial estate or economic processing zone; medium/large population; low/medium poverty rate; urban or regional center/seat of government within the province; and the presence of LEAD and LGU support to FP. Using the revised SIA criteria, PRISM selected its SIAs for Year 2 and will expand to seven areas in Luzon, four areas in Visayas, and four areas in Mindanao. Prior to full PRISM program implementation in these areas, rapid assessments of these proposed areas will be conducted to define geographic and technical parameters of PRISM focus and activities for these areas in Year 2.

Expand field operations. FP coordinators in each strategic implementation area are being added and will represent all parts of the project in the SIAs. The expansion will require a great deal of coordination, but according to DCOP Migallos, “the FP coordinators will be the backbone of this project.” The FP coordinators will serve as a sort of one-stop PRISM shop for their area, providing the targeted interventions realized by stakeholders during the assessment. The FP coordinators will draw on the resources of the project to meet the needs of their locations.

Evolve the project structure. Project management continues to present challenges, as the staff grows and expands. A major restructuring of project organization is forthcoming, following the evaluation of an organizational development specialist. The revised structure will create clearer reporting authority within the regions, adding regional directors that report to the central project

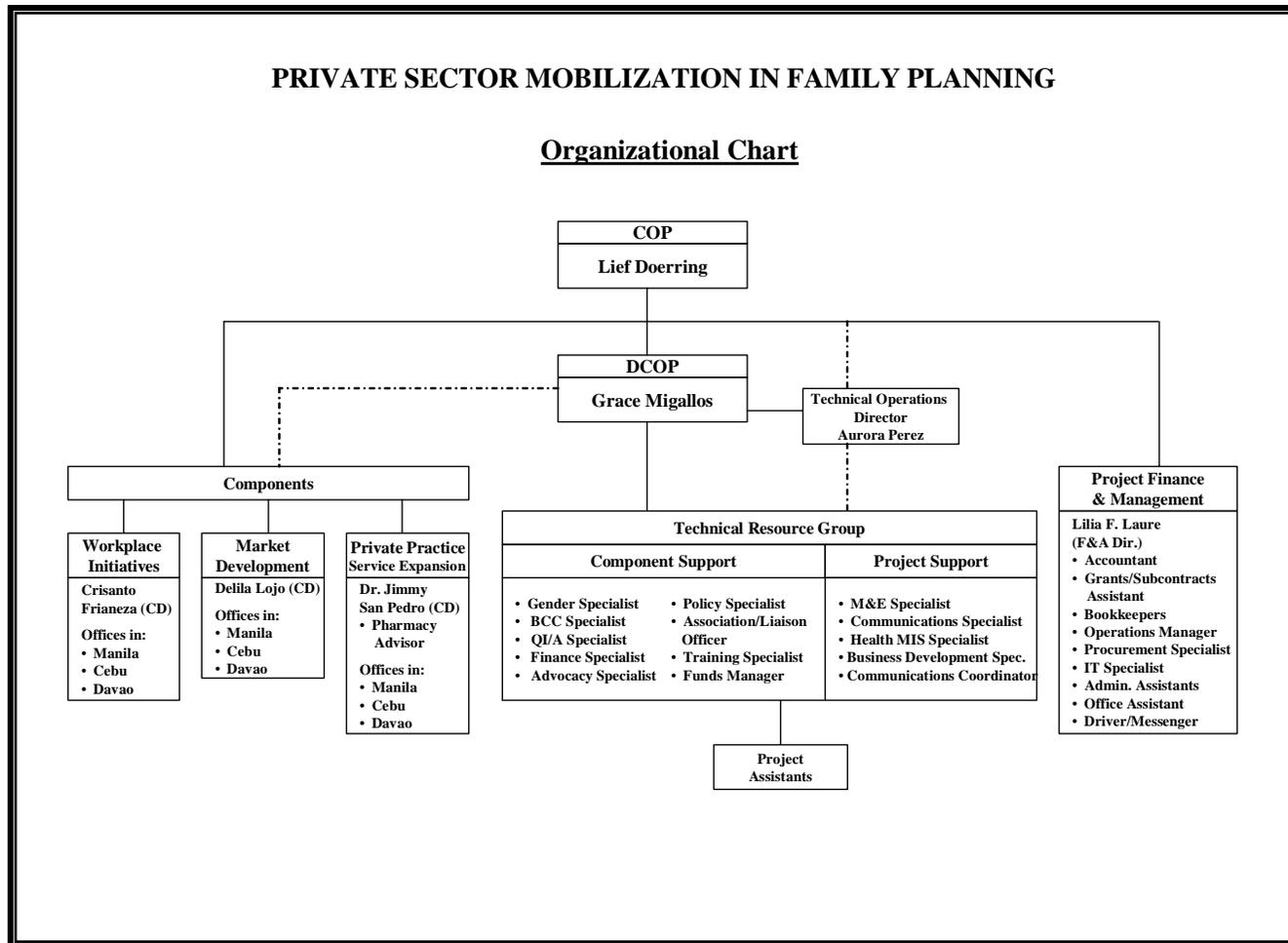
office in Manila. The new organization also aims to incorporate more concretely the work of the technical resource specialists.

Make it sustainable. Everyone considers the sustainability of the project and looks forward to really starting to see the fruits of project interventions in Year 2. Through monitoring and evaluation, the project will begin to answer the question posed by CTO Charito Remata-Redoblado: “At what point do we reach critical mass and achieve irreversible momentum? After how many providers? What percentage of workplace must be reached?”

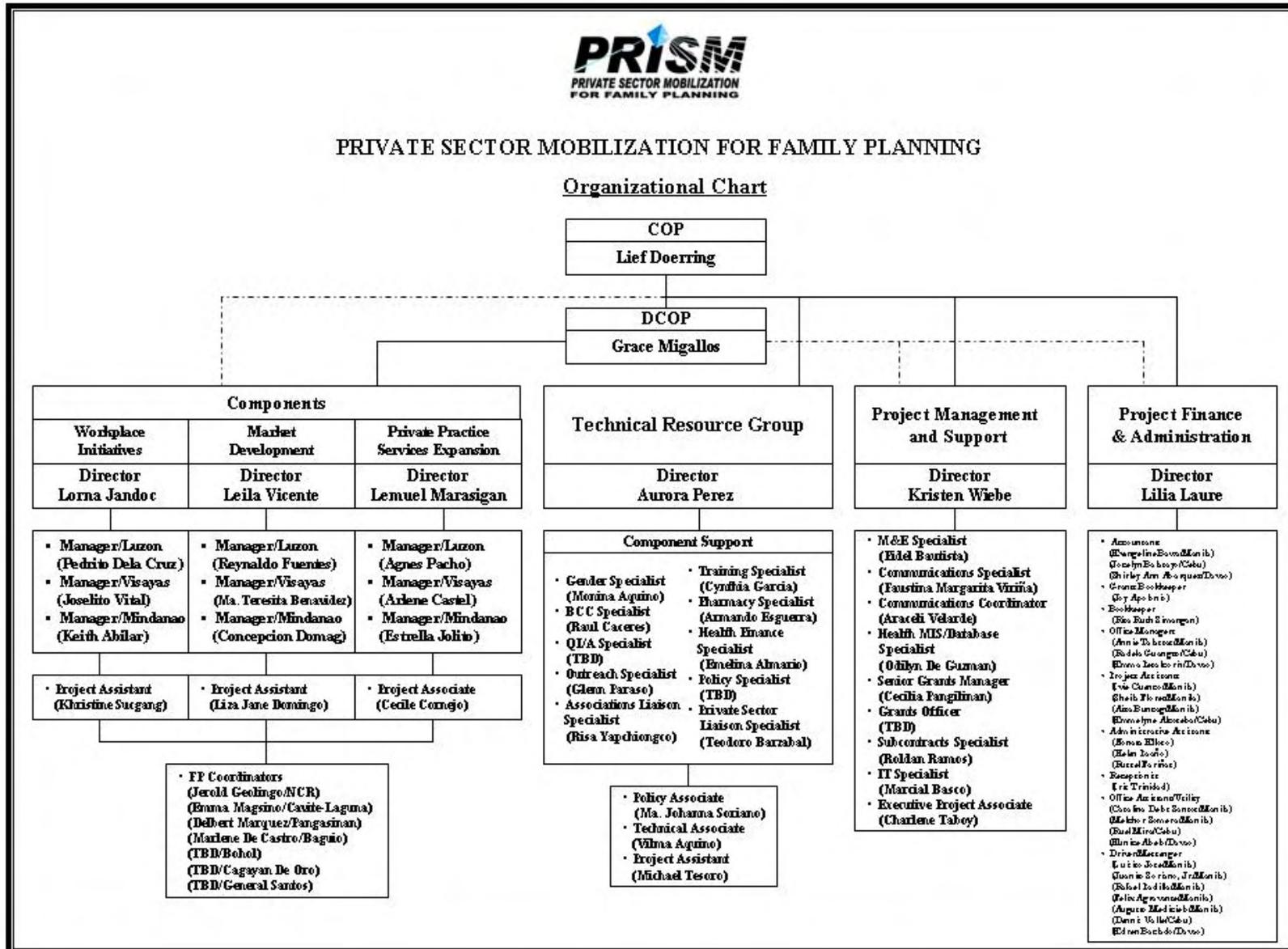
Synergize the components. The challenge of collaboration is on the minds of every project member and partner. Areas of cooperation and integration will continue to present themselves and PRISM staff will take advantage of the intertwined characteristics of each component, resulting in a cohesive and united front working toward the project goal: motivate and build the capacity of the private sector to market, sell, and distribute competitive family planning products and services in the Philippines.

ANNEX A

Organizational Chart included with Year 1 Work Plan



Organizational Chart included with Year 2 Work Plan



ANNEX B

Summary of Year 1 Indicators

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates
		Contract figures	PRISM analysis		
SO Indicators outlined in the contract					
Increase in CPR for modern methods obtained in the private sector	SO3 (1): Contraceptive Prevalence Rate (CPR) for modern methods obtained in the private sector	10%	11.3% (FPS, 2004)	<p>Baseline and Targets</p> <p>2003: 10.5% (NDHS 2003, MWRA) 2004: 11.3% 2005: 12.1% 2006: 12.9% 2007: 15.3% 2008: 17.6% 2009: 20.0%</p> <p><i>Figures for 2004-2006 were projected using average annual increase for the period of 2000-2003 (.8% per year). Figures for 2007-2009 on the other hand used the projected CPR rate for 2006 and interpolated to meet 20.0% contractual figure.</i></p> <p>For 2003, Private sector source includes figures for those classified as "Others" – Store, puericulture center, church, and others.</p>	CPR for modern methods (only for female sterilization, pills, IUD, and injectables) obtained from the private sector (including those classified as others) is at 11.8% or an increase of 1.3% from the base year of 2003.

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates
		Contract figures	PRISM analysis		
Increase in CPR for modern methods among WRA who are gainfully employed from a baseline of 26% in 2002-50% by 2009	(Not included in the PMP)		36%	<p>Baseline and Targets</p> <p>2002: 36.2% (Baseline, FPS 2002, MWRA) 2003: 34.1% (estimate) 2004: 36.1% 2005: 38.1% 2006: 40.1% 2007: 43.4% 2008: 46.7% 2009: 50.0%</p> <p>No data available for 2003. Figures for 2004-2006 were projected using average annual increase for 2000-2003 (2.0%). For 2007-2009, the figures have been interpolated to achieve 50% target for 2009.</p>	FPS 2004 reports 36.5% of MWRA who are gainfully employed that are using any modern method.
Increase in the use of unsubsidized contraceptive pills in the private sector from a baseline of 9.1 in 2002 to 53% in 2009	Component 2.3: Use of unsubsidized oral contraceptives obtained from the private sector	9.1%	12.2% (FPS 2004)	<p>Baseline and Targets</p> <p>2003: figures to be computed 2004: 12.2% (FPS 2004)</p>	<p>PRISM provides support to DOH in identifying new formulations for OCs to be included in the Philippine National Drug Formulary and fast-tracking of product registration</p> <p>DOH Family Planning unit endorses inclusion of additional contraceptive formulations in 6th edition of Philippine National Drug Formulary</p>
Increase in the use of unsubsidized injectables in the private sector from a baseline of 7.3% in 2002 to 28% in 2009	Component 2.4: Use of unsubsidized injectables obtained from the private sector	7.3%	TBD (Needs further discussion with USAID)	No data source for proportion of users in NDHS and FPS. PRISM recommends that sales data from IMS be used instead.	

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates
		Contract figures	PRISM analysis		
Other Indicators in USAID results Framework					
Sales of oral contraceptives (pills)	Component 2.1: Sales of oral contraceptives and injectable family planning methods	Unspecified	11.1 M (Pills) 0.13M (Injectables) (IMS Data,)	c/o USAID	Grants for the launching or re-launching of FP products by 3 pharma firms (Organon -, Schering, and ECE) being finalized. Support provided by PRISM to DKT and Dyna – IEC materials for medical detailing
Proportion of continuing modern family planning users who obtained their method from the private sector among MWRA	Component 2.5: Proportion of continuing modern family planning users who obtained their method from the private sector	Unspecified 2003 NDHS	43.6% 2004 FPS	Continuing users are those who are currently using a modern method and previously (April 2003) used a modern method from the private sector. Definition and targets need to be further discussed with USAID.	In the 2004 FPS, 43.6% of current users continued to use a modern method and source it from the private sector. The survey further points out that a big proportion of current users of modern-privately provided methods (37.7%) previously sourced their method from the public sector.

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates																																																						
		Contract figures	PRISM analysis																																																								
Participating midwives revenue from FP service provision increased	Component 3.3: Number of midwives whose revenue increased from family planning service provision.	Unspecified	TBD (PRISM TNA 2004)	<table border="1"> <thead> <tr> <th>Year</th> <th>% of Revenues</th> <th>Total Midwives</th> </tr> </thead> <tbody> <tr> <td>2005:</td> <td>3%</td> <td>200</td> </tr> <tr> <td>2006:</td> <td>5%</td> <td>1800</td> </tr> <tr> <td>2007:</td> <td>7%</td> <td>1000</td> </tr> <tr> <td>2008:</td> <td>9%</td> <td>1000</td> </tr> <tr> <td>2009:</td> <td>10%</td> <td>1000</td> </tr> </tbody> </table> <p>Trained midwives as of 2005 is 211.</p>	Year	% of Revenues	Total Midwives	2005:	3%	200	2006:	5%	1800	2007:	7%	1000	2008:	9%	1000	2009:	10%	1000	<p>A recent survey covering 91 midwife BEST trainees in Luzon, NCR, and Visayas indicates that 45% of midwives previously providing FP services and 14% of those not providing FP services or a total of 59%, have experienced increased revenues from FP services that include counseling and FP product sales. The average increase in revenues for all midwives in the study is P 1,410. Also, 36 or 40% of the 91 midwives, indicated that they purchased pills and injectables from pharmaceutical representatives during the BEST training. A total of 587 cycles of pills and 426 vials of injectables were purchased by the midwives.</p> <p>When asked whether they have purchased supplies after the training, 48% or 44 indicated they bought pills and injectables. Total pills and injectables purchases are 866 cycles and 323 vials respectively.</p> <table border="1"> <thead> <tr> <th>Changes in Best Midwife Revenues (Comparative months: month before training and Oct. 2005)</th> <th>No</th> <th>%</th> <th>Ave. Increase/D decrease in Revenues for the Month of Oct 2005 (in Pesos)</th> </tr> </thead> <tbody> <tr> <td>Providing FP Services Prior to Training</td> <td>60</td> <td>66%</td> <td></td> </tr> <tr> <td>Increased revenues from FP</td> <td>41</td> <td>45%</td> <td>1,559</td> </tr> <tr> <td>Decrease in revenues</td> <td>4</td> <td>4%</td> <td>868</td> </tr> <tr> <td>Same sales</td> <td>15</td> <td>16%</td> <td></td> </tr> <tr> <td>Not Providing FP Prior to Training</td> <td>31</td> <td>34%</td> <td></td> </tr> <tr> <td>Increased Revenues from FP</td> <td>13</td> <td>14%</td> <td>942</td> </tr> <tr> <td>No income</td> <td>18</td> <td>20%</td> <td></td> </tr> <tr> <td>Total</td> <td>91</td> <td>100%</td> <td>1,410</td> </tr> </tbody> </table>	Changes in Best Midwife Revenues (Comparative months: month before training and Oct. 2005)	No	%	Ave. Increase/D decrease in Revenues for the Month of Oct 2005 (in Pesos)	Providing FP Services Prior to Training	60	66%		Increased revenues from FP	41	45%	1,559	Decrease in revenues	4	4%	868	Same sales	15	16%		Not Providing FP Prior to Training	31	34%		Increased Revenues from FP	13	14%	942	No income	18	20%		Total	91	100%	1,410
Year	% of Revenues	Total Midwives																																																									
2005:	3%	200																																																									
2006:	5%	1800																																																									
2007:	7%	1000																																																									
2008:	9%	1000																																																									
2009:	10%	1000																																																									
Changes in Best Midwife Revenues (Comparative months: month before training and Oct. 2005)	No	%	Ave. Increase/D decrease in Revenues for the Month of Oct 2005 (in Pesos)																																																								
Providing FP Services Prior to Training	60	66%																																																									
Increased revenues from FP	41	45%	1,559																																																								
Decrease in revenues	4	4%	868																																																								
Same sales	15	16%																																																									
Not Providing FP Prior to Training	31	34%																																																									
Increased Revenues from FP	13	14%	942																																																								
No income	18	20%																																																									
Total	91	100%	1,410																																																								

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates
		Contract figures	PRISM analysis		
Workplace policies on FP service provision increased	<p>Component 1.3: Number of participating companies with a workplace policy on family planning service provision</p> <p>We agreed to use participating companies only.</p>	Unspecified	4.5% (PBSP Mapping survey)	<p>Baseline and Targets:</p> <p>Conduct groundwork activities for the installation of workplace FP program with written FP policy in 2 firms Two firms with workplace FP programs with written policy on FP by Oct 2005.</p> <p>PBSP-generated FP Compendium lists 17 firms with FP program but without a written FP policy.</p> <p>PBSP mapping survey lists 142 firms with FP program; 55 (39%) have written FP policy</p>	<p>Under the PBSP subcontract, 13 firms have started installing a WP-FP program. Initially, 2 firms currently being supported by PBSP are targeted to have written FP:</p> <ul style="list-style-type: none"> ▪ Central Azucarera de Don Pedro (700 employees) ▪ On Semicon or SCG (1,200 employees) <p>Pilipinas NM (200 employees)</p> <p>Mindanao Business Council issued statement supporting workplace FP</p> <p>14 Mindanao Chambers of Commerce signify support for establishing workplace FP; action plans prepared</p> <p>Grant proposals prepared by the Lopez Group of Companies, Cagayan de Oro Chamber of Commerce, and Cavite Chamber of Commerce</p> <p>ECOP preparing policy paper for strengthening implementation of Art. 134.</p>

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates																								
		Contract figures	PRISM analysis																										
Utilization of PhilHealth, private health insurance or 3 rd party benefits for FP increased	Component 3.4: Number of claims for reimbursements from PhilHealth for covered family planning services by private physicians.	Unspecified	Number of claims: 1,241 for BTL(2004); 22 NSV (2003) We agreed to add maternity care package data.	<p>Baseline and Targets</p> <table border="1"> <thead> <tr> <th>Year</th> <th>No. of Claims</th> <th></th> </tr> </thead> <tbody> <tr> <td>2004:</td> <td>1263 (baseline)</td> <td></td> </tr> <tr> <td>2005:</td> <td>1642</td> <td>30%</td> </tr> <tr> <td>2006:</td> <td>2135</td> <td>30%</td> </tr> <tr> <td>2006:</td> <td>2,989</td> <td>40%</td> </tr> <tr> <td>2007:</td> <td>4,489</td> <td>50%</td> </tr> <tr> <td>2008:</td> <td>4,484</td> <td>60%</td> </tr> <tr> <td>2009:</td> <td>7,174</td> <td></td> </tr> </tbody> </table> <p>Target not inclusive of IUD claims. To be updated pending availability of PhilHealth data</p> <p>Target is aggregate for BTL and NSV. Increment</p> <p>We agreed to focus on PhilHealth claims, but said we would follow up on seeing if we can get data from private providers. (Make sure we get this info to Lyn.)</p>	Year	No. of Claims		2004:	1263 (baseline)		2005:	1642	30%	2006:	2135	30%	2006:	2,989	40%	2007:	4,489	50%	2008:	4,484	60%	2009:	7,174		<p>PRISM preparing information materials on PhilHealth benefits targeting business firms (through PCCI) and provider associations and their members.</p> <p>Technical Working Group composed of PCCI, DOH, PhilHealth formed.</p>
Year	No. of Claims																												
2004:	1263 (baseline)																												
2005:	1642	30%																											
2006:	2135	30%																											
2006:	2,989	40%																											
2007:	4,489	50%																											
2008:	4,484	60%																											
2009:	7,174																												
Private sector market share for modern FP methods increased	Component 2.2: Proportion of public/private modern family planning market share. We agreed to change the PRISM PMP to match the SO3 indicator, dropping "public." PRISM PMP becomes "Private sector market share for modern FP methods increased."	Unspecified	32.4 (Priv)	<p>Baselines and Targets:</p> <p>2003: priv (32.4.3%) - NDHS, 2003 baseline 2004: 34.1% 2005: 36.1% 2006: 38.2% 2007: 40.3% 2008: 42.3% 2009 44.4%</p> <p>Baseline figure includes private sector – 29.3 and others 2.7.</p> <p>2004-2009 figures are estimates based on average annual increases in the period 2000-2003 (2.1% per year)</p>	FPS 2004 indicates a private sector market share of 34.2 (private sector – 33.1 + 1.1 from others).																								

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates																														
		Contract figures	PRISM analysis																																
Proportion of participating private practitioners providing FP services including dispensing FP products	Component 3.1: Proportion of participating provider practices that include family planning services provision.	Unspecified	For private midwives 75% providing counseling; 32% dispensing FP products (PRISM TNA 2004)	<p>Baseline: Out of the 207 (not included are 4 midwives without info sheets) trained midwives, 75% were providing FP services prior to the training. Specific FP services are provided by the following proportion of midwives:</p> <table border="1"> <thead> <tr> <th>Services Provided (N=207)</th> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>FP Counseling</td> <td>126</td> <td>61%</td> </tr> <tr> <td>Pill Dispensing (initial)</td> <td>114</td> <td>55%</td> </tr> <tr> <td>Pill Dispensing (re-supply)</td> <td>88</td> <td>43%</td> </tr> <tr> <td>Injection/DMPA</td> <td>91</td> <td>44%</td> </tr> <tr> <td>IUD Insertion</td> <td>51</td> <td>25%</td> </tr> <tr> <td>Total Indicating that they are providing FP services</td> <td>156</td> <td>75%</td> </tr> </tbody> </table>	Services Provided (N=207)	No.	%	FP Counseling	126	61%	Pill Dispensing (initial)	114	55%	Pill Dispensing (re-supply)	88	43%	Injection/DMPA	91	44%	IUD Insertion	51	25%	Total Indicating that they are providing FP services	156	75%	<p>The profile of 91 BEST trained midwives indicates that the proportion of those providing FP services has increased to 81%. The proportion of those dispensing also increased to 77%.</p> <table border="1"> <thead> <tr> <th>Range of services provided</th> <th>Prior to training</th> <th>After training (as of October 2005)</th> </tr> </thead> <tbody> <tr> <td>Providing FP services (includes counseling)</td> <td>75%</td> <td>81%</td> </tr> <tr> <td>Dispensing contraceptives</td> <td>25%-55%</td> <td>77%</td> </tr> </tbody> </table> <p>While the proportion of midwives reporting counseling services is high, the previous TNA shows that knowledge and practice of standard counseling protocols may not be high – only 13% of the midwives in the TNA were able to pass the cut-off points. A baseline for knowledge and skills of those that were trained will be culled from pre-test data collected prior to the training.</p>	Range of services provided	Prior to training	After training (as of October 2005)	Providing FP services (includes counseling)	75%	81%	Dispensing contraceptives	25%-55%	77%
Services Provided (N=207)	No.	%																																	
FP Counseling	126	61%																																	
Pill Dispensing (initial)	114	55%																																	
Pill Dispensing (re-supply)	88	43%																																	
Injection/DMPA	91	44%																																	
IUD Insertion	51	25%																																	
Total Indicating that they are providing FP services	156	75%																																	
Range of services provided	Prior to training	After training (as of October 2005)																																	
Providing FP services (includes counseling)	75%	81%																																	
Dispensing contraceptives	25%-55%	77%																																	
Number of participating companies investing in new or improved FP programs	Component 1.2: Number of companies investing in new or improved family planning programs We agreed to change this. Investment does not need to be cash.	Unspecified		<p>Baseline and Targets: Number of companies to be targeted for Workplace FP installation</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Increment</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2003:</td> <td>0</td> <td>0</td> </tr> <tr> <td>2004:</td> <td>0</td> <td>0</td> </tr> <tr> <td>2005:</td> <td>2</td> <td>2</td> </tr> <tr> <td>2006:</td> <td>200</td> <td>202</td> </tr> <tr> <td>2007:</td> <td>300</td> <td>502</td> </tr> <tr> <td>2008:</td> <td>300</td> <td>802</td> </tr> <tr> <td>2009:</td> <td>198</td> <td>1000</td> </tr> </tbody> </table>	Year	Increment	Total	2003:	0	0	2004:	0	0	2005:	2	2	2006:	200	202	2007:	300	502	2008:	300	802	2009:	198	1000	<p>PBSP currently implementing workplace FP programs with 3 companies. Additional 13 companies have committed support for similar installation.</p> <p>3 grants are about to be issued to the following organizations: 1) Lopez Group of Companies, 2) Cagayan de Oro Chamber of Commerce, and 3) Cavite Chamber of Commerce.</p>						
Year	Increment	Total																																	
2003:	0	0																																	
2004:	0	0																																	
2005:	2	2																																	
2006:	200	202																																	
2007:	300	502																																	
2008:	300	802																																	
2009:	198	1000																																	

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates
		Contract figures	PRISM analysis		
Implementation of FP information mobilization strategies by member business associations increased	Component 1.1: Conduct workplace population and family planning strategies among business associations			<ul style="list-style-type: none"> ▪ PCCI Population Management Committee set up under the CMS Project ▪ ECOP and other business associations do not have workplace FP programs ▪ At least two business association implementing outreach strategies by end September 2005. 	<ul style="list-style-type: none"> ▪ Mindanao Business Council conducted a planning meeting to determine cooperative measures among the Mindanao business groups in the implementation of the PRISM project in the area; ▪ ECOP conducted 5 regional roundtable discussions for strengthening the implementation of the provisions of Article 134 and DO 56-03. A total of ___ HR managers and business leaders joined the activities; ▪ ECOP conducted 3 regional labor-management fora involving business leaders, HR managers and labor union leaders to harmonize the understanding of labor and management about FP and the provisions of Article 134 and DO 56-03; ▪ Metro Cebu Export Processing Zone Chamber of Exporters and Manufacturers held a CEOs' forum to disseminate information about FP and the PRISM project; ▪ Subic Bay Metropolitan Administration organized a CEOs' forum to disseminate information about the importance of FP and the PRISM project.
Information dissemination on PhilHealth coverage options increased	(Not included in the PRISM PMP)			(Not included in the PRISM PMP) – for discussion Already part of strategies being implemented through business organizations and provider groups.	
Access to financing for FP service provision among participating practitioners increased	(Not included in the PMP)	Indicator is not included in current PRISM PMP		c/o Banking on Health Program	

Target indicators	Approved PRISM PMP indicators	Baseline (2003)		Comments on Baselines and Targets	Accomplishments & Updates
		Contract figures	PRISM analysis		
Collective Bargaining Agreements including FP service provision implemented	Component 1.4: Number of participating companies with labor unions implementing family planning service provision as an element of collective bargaining agreements	Will be replaced as we will only consider participating companies.		In PBSP survey of 1,040 companies, 16% are with labor unions. PRISM is currently working with FFW which has 114 member-unions. All PRISM trained FFW affiliated unions have FP as part of their CBAs.	41 unions affiliated with FFW trained on outreach and negotiation skills for stronger and specific FP provisions in their CBAs. Action plans focusing on advocacy and implementation of FP workplace program are on-going.
(Not included in USAID results Framework)	Component 3.2: Proportion of users of oral contraceptives or injectables who obtained their method from a private midwife at last purchase		0.8%	We agreed to drop this indicator from PRISM PMP	

ANNEX C

Year 1 Financial Summary

The PRISM project incurred the following expenditures during Year 1:

Particulars	Amount	Percent of Obligated Funds Remaining as of September 30, 2005
Contract Value: \$32,036,699		
First quarter expenditures, September 15-December 31, 2004	\$834,972	
Second quarter expenditures, January 1-March 31, 2005	\$1,093,890	
Third quarter expenditures, March 31-June 30, 2005	\$1,389,230	
Fourth quarter expenditures, July 1-September 30, 2005	\$2,010,568	
Cumulative expenditures to date September 15, 2004-September 30, 2005	\$5,328,661	
Contract Funds Remaining	\$26,708,036	
Funds currently obligated, as of September 30, 2005	\$8,135,000	
Obligated fund remaining	\$2,806,338	34%

The table below highlights PRISM's current financial status according to the budget breakdown in the PRISM contract:

Cost Elements	Project Budget by Component	Expended to Date (Thru 09/30/05)	Percent of Expenditures	Contract Funds Remaining	Percent of Funds Remaining
CLIN 1: Workplace Initiatives	\$7,915,544	\$1,652,669	20.8%	\$6,262,875	79.2%
CLIN 2: Market Development	\$8,350,625	\$1,580,413	19%	\$6,770,211	81%
CLIN 3: Private Practice Expansion	\$10,492,529	\$2,095,579	20%	\$8,396,950	80%
CLIN 4: Grants Fund	\$5,278,000	\$0	0%	\$5,278,000	100.00%
GRAND TOTAL	\$32,036,698	\$5,328,661	16.7%	\$26,708,036	83.3%

United States Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523