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PRIVATE SECTOR MOBILIZATION FOR FAMILY HEALTH

YEAR THREE WORK PLAN

(OCTOBER 1, 2006 TO DECEMBER 31, 2007)

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ACRONYMS

ANC	Ante-Natal Care
AO	Administrative Order
APS	Annual Program Statement
ARMM	Autonomous Region for Muslim Mindanao
ASEAN	Association of South East Asian Nations
BCC	Behavior Change Communication
BEST	Business Enhancement Support Training
BFAD	Bureau of Food and Drugs
BNB	Botika ng Bayan
BWYW	Bureau of Women and Young Workers
CAs	Cooperating Agencies
CBA	Collective Bargaining Agreement
CEOs	Chief Executive Officers
COP	Chief of Party
CPE	Continuing Professional Education
CSR	Contraceptive Self-Reliance
CTU	Contraceptive Technology Updates
CWG	Consultative Working Group
CYP	Couple Years of Protection
DCOP	Deputy Chief of Party
DILG	Department of Interior and Local Government
DOF	Department of Finance
DOH	Department of Health
DOLE	Department of Labor and Employment
DSAP	Drugstores Association of the Philippines
EBC	Evidence-Based Counseling
EBD	Evidence-Based Detailing
EBM	Evidence-Based Medicine
FAWBM	Fertility Awareness Based Method
FGDs	Focus Group Discussions
FHMTs	Family Health Management Teams
FIC	Field Implementation Coordinator
FP	Family Planning

FPS	Family Planning Survey
FWP	Family Welfare Program
HMIS	Health Management Information System
HPDP	Health Policy Development Project
HR	Human Resources
IEC	Information Education and Communication
IMAP	Integrated Midwives Association of the Philippines
IMCCSDI	Integrated Maternal Child Care Services and Development Inc.
IMS	IMS Health Philippines, Inc.
IR	Intermediate Result
IRHP	Institute for Reproductive Health Philippines
IRR	Implementing Rules and Regulations
IT	Information Technology
IUDs	Intrauterine Devices
KRA	Key Results Area/s
LAM	Lactational Amenorrhea Method
LEAD	Local Enhancement and Development
LGUs	Local Government Units
LOE	Level of Effort
LSSP	LGU Systems Strengthening Project
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MIS	Management Information System
MOU	Memorandum of Understanding
MWs	Midwives
NEDA	National Economic and Development Authority
NGOs	Non-Government Organizations
OCs	Oral Contraceptives
ORBIT	Organization and Business Information Tool
PBSP	Philippine Business for Social Progress
PCCI	Philippine Chamber of Commerce and Industry
PHIC	Philippine Health Insurance Corporation
PMP	Performance Monitoring Plan
PNDF	Philippine National Drug Formulary
POGS	Philippine Obstetrical and Gynecological Society
POPCOM	Commission on Population

PPI	Private Practice Initiatives
PPMs	Private Practice Midwives
PPS	Philippine Pediatric Society
PRC	Professional Regulation Commission
PRISM	Private Sector Mobilization for Family Health
QIA	Quality Improvement and Assurance
RA	Republic Act
RFAs	Requests for Applications
RH	Reproductive Health
SBA	Skilled Birth Attendant
SCC	Strategy Coordinating Committee
SDM	Standard Days Method
SIA	Strategic Intervention Areas
SMEs	Small and Medium Enterprises
SO3	Strategic Objective 3
STTA	Short-term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TB-LINC	Linking Initiatives and Networking to Control Tuberculosis
TOT	Training of Trainers
TRU	Technical Resource Unit
TSAP	The Social Acceptance Project
TTV	Tetanus Toxoid Vaccines
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
WPFI	Well-Family Midwives Partnership Foundation, Inc.

A. EXECUTIVE SUMMARY

Despite concerted efforts by the government, population growth in the Philippines is still increasing hindering economic growth and social development. The relatively low contraceptive prevalence rate is seen as the main reason for this continued population growth. Eighty percent (80%) of the family planning services and commodities are provided by the public sector free of charge. Until recently, USAID and other donors have supplied the bulk of the contraceptive commodities. In terms of maternal mortality, the Philippines still boasts a fairly high maternal mortality rate of 172 per 100,000 births, or approximately 3,650 women per year. Lack of skilled health workers is the main cause for the high maternal mortality rate. In 2003, only three of ten deliveries were attended by midwives.

Studies indicate there is unmet need for family planning in the Philippines and a population that has the ability to pay, particularly among married women of reproductive age in the work force. In response to this, the Philippine government through the DOH, in cooperation with the USAID, is working towards developing the private sector to respond to the situation.

The Private Sector Mobilization for Family Health (PRISM) project offers a unique mix of private sector business priorities and its socially oriented family planning and maternal and child health initiatives. PRISM focuses on building a new, sustainable private sector market for contraceptive products and MCH services and products that matches economic imperatives with social goals.

PRISM, as it embarks on its third year of implementation, is moving to creating an environment that will enable scaling up within partner organizations. Project staff members will continue to assess needs, build partnerships, and develop capacity. Project partners are moving, too, finding ways to support activities and taking advantage of PRISM assistance.

In Year Three, the Workplace Initiatives component will explore ways of collaborating with its partners in the public and private sector, and with the different cooperating agencies of USAID. Building bridges that foster partnerships will increase support for workplace maternal and child health and family planning programs.

The strategies for Year Three are anchored on the results framework of the PRISM Project, in general, and of the Workplace Initiatives, in particular. Project Intermediate Result 1: *Support for FP and MCH services within the formal employment sector increased*, will be the guiding principle for the tasks that will be undertaken. All the sub-tasks and activities under Workplace Initiatives will revolve around the following two major tasks:

- (a) Development of cost-effective and sustainable models of MCH and FP counseling, motivation and service delivery and/or referrals, as appropriate for the workplace; and
- (b) Increase support by firms for MCH and FP counseling, including breastfeeding promotion and counseling, motivation and service delivery or referrals for the workplace, as appropriate.

There is a wide gap between the retail price of subsidized and commercial family planning products. The goal of the Market Development Initiatives is to develop a functioning private sector market chain for family planning products and services using the total market approach that will fill in this gap. PRISM will develop the entire market chain from suppliers to distributors to private providers to customers. The existing FP market must be expanded both horizontally, offering a greater variety of products, and vertically with a wider range of product prices to accommodate a wider range of consumers.

PRISM's Private Practice Initiatives for Year Three is aligned with the USAID strategy for private practice midwives and will tap partners to increase the number of midwife-owned and operated birthing facilities that provide sustainable quality services and products. PRISM will build the capacity of its partners which, through the grants program, will provide technical assistance to upgrade birthing facilities to Department of Health (DOH) licensing and Philippine Health Insurance Corporation (PhilHealth) accreditation standards.

In order to implement the national strategy for private practice midwives, PRISM will initiate a sequence of events in the different PRISM Strategic Intervention Areas (SIAs) that will result in private practice midwives' (PPMs) facilities being DOH-licensed and PhilHealth-accredited. Initial technical assistance will be provided by PRISM staff, after that PRISM will build the capacity of the three partner-organizations through the grants program. Specific technical assistance to the PPMs will depend on their specific needs with the goal of upgrading their facilities to DOH and PhilHealth standards. Additionally, grantees that will conduct the roll-out can be potential sustainability partners beyond the grants period depending on their capability to make implementation of the strategy financially beneficial to each of them. Within the new midwives strategy, the expanded PRISM mandate to include MCH elements will be introduced, integrated and implemented. This includes revision and development of training/orientation materials to cover the selected MCH elements, orientation of PRISM staff and partners, and implementation of the MCH strategy.

As part of the strategy, Years 1 and 2 BEST (Business Enhancement and Support Training) graduates will be followed up and monitored to determine those who can be assisted to develop PHIC accredited facilities. Graduates from each of the SIAs will be convened to receive MCH updates, to follow-up on status of their businesses, and, as earlier committed to these trainees, to evaluate their qualification to be certified as a BEST midwife.

Aside from active involvement in the promotion of PHIC accreditation for PPMs' lying-in clinics or birthing homes, PRISM, in year 3, will actively collaborate with USAID partners Cooperating Agencies (CA) and other agencies. These include Banking on Health (BoH), Well-Family Midwives Clinic Partnerships Foundation, Inc. (WPF), and the new USAID-OPHN health projects namely, the LGU Systems Strengthening Project (LSSP), Health Policy Development Project (HPDP), Linking Initiatives and Networking to Control Tuberculosis (TB-LINC) and the Sustainable Health Improvement through Empowerment and Local Development (SHIELD) Project in the ARMM. Coordination and collaboration will continue with previous projects and will be established with new ones in order to maximize efforts and resources, and avoid duplication.

The Contraceptive Self-Reliance (CSR) Strategy is a critical activity for PRISM. In Year 3, PRISM will continue to support the private sector's CSR through public-private and private-private two-way referral systems for FP and MCH products and services. Together with the LSSP, PRISM will ensure that as many LGUs as possible have and are implementing a CSR strategy.

As PRISM moves into a new strategy that incorporates the MCH mandate, a consultative group of private practicing midwives will be formed in each of the three PRISM regions. These groups will meet regularly with the Private Practice Initiatives Director for discussions and midwives' feedback on PRISM project updates, activities, inputs on PRISM directions, business strategies, and opportunities for the PPMs, and other issues. The Consultative Working Groups (CWGs) will be composed of about five successful private practicing midwives with birthing homes, as much as possible representing at least the three major midwives associations. Inputs from the CWGs will provide refinements to the workplan implementation, ensuring that, foremost of all, midwives' interests are addressed.

B. INTRODUCTION

PRISM supports USAID/Philippines' Strategic Objective 3, i.e., desired family size and improved health sustainably achieved, where it is focusing on three major initiatives: 1) increased workplace support for family planning services and referrals; 2) establishment of viable, mass market brands of hormonal contraceptives; and 3) increased business value of family planning among private practice providers. While PRISM is the main project for achieving USAID's Intermediate Result (IR) 2, it also directly supports IR 1: LGU provision and management of FP/MCH/TB/HIV-AIDS services strengthened through the market linkages that will be forged between LGUs and private sector contraceptive suppliers, and through linkages with those LGUs interested in serving as distribution outlets for contraceptives on a cost-recovery or revenue-earning basis. PRISM also feeds into IR 3: Greater social acceptance of family planning achieved, and IR 4: Policy environment and financing for provision of services improved.

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

Below is an overview of expected outputs and planned approaches under each of the three major project initiatives that PRISM will implement to achieve Year Three results.

Workplace Initiatives

The various activities planned for Year Three under the Workplace Initiatives are expected to contribute to the following outputs:

1. MCH/FP models for large companies which include policy, financing, and service delivery options developed.
2. MCH/FP models for SMEs/cooperatives which include policy and service delivery options developed.
3. Capability of implementers to provide TA to partners strengthened.
4. Public-private partnerships for workplace MCH/FP institutionalized.

At the firm level, Year Three activities will contribute to the following outputs:

1. TA package for companies to implement MCH/FP programs in the workplace provided.
2. Quality of MCH/FP provision in companies ensured.

Institutionalization is an operative word for Workplace Initiatives in Year Three. This will happen at two levels—grantee or partner institution level through the inclusion of MCH/FP programs in their mission statement or articulation of it in its organizational policy; and, at the firm level by way of written MCH/FP policies.

The in-roads and initial successes in installing workplace family planning programs in firms through PRISM partners will be further strengthened to improve the programs that are currently in the workplaces. The capability built into four (4) workplace partners to install sustainable FP programs is seen as a catalyst to trigger the recruitment of more partners that can set up the programs into new firms. Thirty (30) partner-institutions in the private sector are expected to set up MCH/FP programs in 500 firms by 2009. In year 3 alone, approximately 200 firms are projected to set up the programs through these partner-institutions. The quality of programs that will be set up will be closely monitored to ensure sustainability.

The Workplace technical working group (TWG) is seen as a key factor in generating support for the institutionalization of workplace MCH/FP programs.

Another key factor will be the close coordination with DOLE regional offices for skills build up of their personnel to set up, monitor, and evaluate workplace MCH/FP programs.

Expansion is another operative word for Workplace Initiatives in Year Three. All 200 new firms will install expanded MCH/FP programs. The inclusion of the types of MCH services will be determined through the results of focus-group discussions of grantees and firms under the PRISM Project.

Innovation will be the challenge that Workplace Initiatives will address. Piloting of new MCH/FP models to address the needs of small and medium enterprises (SMEs) and cooperatives will provide templates that will increase the access by marginal-income, non-poor employees from SMEs to high quality but affordable MCH/FP services. It will also address this huge private sector component that comprises around eighty percent (80%) of all gainfully employed people. PRISM will engage three partners to pilot MCH/FP programs in a broad range of SMEs.

Capability building within PRISM, for partners in the public and private sector is another major task for Workplace Initiatives. Emphasis will be placed on training of trainers to form pools of trainers at the regional levels, de-clogging schedules of field office training personnel. Non-PRISM trainers that will be raised during the capability building sessions are seen as a sustainability mechanism to ensure that technical assistance is available to non-

PRISM firms during and beyond the PRISM project. These trainers will render for-pay services to these firms.

In addition to the trainers' pool, PRISM grantees and other partners will continue to provide technical assistance to set up similar programs into their member firms.

Service providers in firms will also be trained to deliver high quality MCH/FP services. This group will be crucial in increasing acceptance and access by employees of MCH/FP services that their firms will provide for them. Employee satisfaction, as will be measured through the Family Health Index, will gauge the quality of MCH/FP services rendered to employees by the service providers. One hundred percent of firms with doctors will be provided with updates on contraceptive technology. Two hundred (200) nurses will receive training on MCH/FP service provision.

Leveraging of PRISM investments will be a key consideration in working with partners. Partners with strong corporate social responsibility programs will be drawn into the Workplace program to such extent that MCH/FP becomes a key initiative that can be scaled up to new firms and communities. Conglomerates and corporate foundations are seen as likely key partners along this line.

Market Development Initiatives

The main objective for Market Development Initiatives is to establish viable mass market brands of oral and injectable contraceptives, intrauterine devices (IUD) and selected MCH products in the commercial sector. This initiative also aims to help achieve USAID's projected targets for commercial sales of family planning products, with focus on hormonal contraceptives.

To meet these targets, PRISM will undertake activities to improve the enabling environment for commercial sales of contraceptives. In Year Three, all market intelligence needed by partners on new business opportunities for affordable contraceptives will be made available. This support is expected to stir up the interest of pharmaceutical companies that will make them respond through new product launches and promotional activities.

The following are the benchmarks for Market Development Initiatives for Year Three:

- (a) Support and introduce the launch of one (1) new oral contraceptive, i.e., Lo-Gestrol of Wyeth.
- (b) Provide technical assistance to IRHP in the marketing and distribution of SDM Beads.
- (c) Develop marketing strategies to prepare the commercial IUD market and support the product launch of IUD through Grants.
- (d) Introduction of evidence-based detailing to pharmaceutical companies through Asia Pacific Center for EBM/Association of Pharmaceutical Trainers.
- (e) Facilitate the linkage between the pharmaceutical companies with DSAP and Non-DSAP drugstore associations and agree on engaging its chapters to participate in training

programs for pharmacy owners and staff on making them active information dissemination points on FP.

- (f) Expand distribution of FP/MCH products through pharmacy chains such as Mercury Drug, Rose Pharmacy and other major wholesalers and establish collaborative relationship with Philippine International Trading Corporation for their “Botika ng Bayan (BNB)” distribution network.
- (g) Provide PRISM components and other partners, with regular tracking on market data of the hormonal contraceptive commercial sector.

Special focus of Market Development Initiatives is geared towards the fast-tracking of new launches especially Lo-Gentrol, provision of technical assistance for the marketing and distribution of Standard Days Method (SDM) Cycle Beads and preparatory commercial/market development for the launch of commercial IUD.

Technical assistance and resources will support the introduction of new medium-priced oral and injectable contraceptives. Assistance and resources initially will be directed at “targets of opportunity” in the market chain to facilitate new entrants, including suppliers or distributors.

Private Practice Initiatives

For Year Three, Private Practice Initiatives will focus on providing technical assistance to private practice midwives (PPMs) that will result in 200 DOH-licensed and PhilHealth-accredited birthing homes. This is in direct response to the WHO Millennium Development Goal of improved maternal health and the DOH challenge of bringing down maternal mortality rates in the country by increasing the number of deliveries in birthing facilities attended by skilled health care service providers. Another 60 birthing homes for Year Four, and 40 for Year Five, of the PRISM project, will be targeted to make a total of 300 birthing homes that are fully accredited at the end of the project. This does not preclude the possibility that there may be a number of PPMs’ birthing homes that may be at DOH and PHIC accredit-able standards by the end of the PRISM project that will be reported as part of its accomplishments over the next three years.

To this end, the PRISM Private Practice Initiatives component will present its third year implementation plan to the relevant national DOH and PhilHealth bodies. This will enhance government buy-in and active participation in the strategy. At the same time, it will ensure that the DOH and PhilHealth are aware of, and endorses, PRISM activities in the field to its field offices. For close coordination, Private Practice Initiatives will attempt to identify its project counterparts or contact persons from these two agencies.

The approach for Year Three calls for an initial wave of PPMs provided technical assistance directly by PRISM. The next wave resulting in the targeted 200 birthing homes will be implemented by three organizations through the grants program. For the fourth project year, PRISM has the option to award grants extension to exceptionally well-performing grantees to carry on the strategy sequence until another 60 birthing homes are PhilHealth accredited by December 2008. Otherwise, the RFA, or a refined version thereof, can be re-issued for the same purpose. As a follow-through grant however, it is expected that grantees should have

self-sustaining mechanisms installed by the fourth project year so that PRISM will see more of the grantees own resources being used to continue the strategy. By Year Five, when 40 birthing homes are targeted, sustainability partners will have taken on a greater role in upgrading or expanding PPMs birthing homes to PhilHealth standards.

Attaining DOH licensing and PhilHealth accreditation standards implies attainment of high quality standards for service providers and facilities. PRISM's vision is that this high quality standard of midwives' private practice will result in financially profitable and sustainable quality business practices that include FP and MCH services and supplies provision. Necessarily, for this to happen, as far as increased revenues from PhilHealth is concerned, the three requirements for PhilHealth claims to be reimbursed must be followed, namely: that the patient or client must be a PhilHealth member, and the facility and the service provider must both be PhilHealth -accredited.

C. PROJECT OBJECTIVES AND RESULTS FRAMEWORK

The objective of the “Private Sector Mobilization for Maternal, Child Health and Family Planning” or PRISM Family Health (PRISM FH) project is to increase the total use of family planning and maternal and child health services and subsequently, the private sector share of the total use by (1) men and women of reproductive age using modern methods, (2) the total number of men and women of reproductive age intending to use family planning, and 3) total number of expectant mothers receiving tetanus toxoid vaccination, pre-natal care, breastfeeding counseling, and micronutrient supplementation.

The PRISM results framework (see Figure 1 on page 17) illustrates how PRISM supports USAID/Manila’s Strategic Objective 3 (SO3): *Desired family size and improved health sustainably achieved*. The project falls under Intermediate Result 2 (IR 2): *Provision of quality services by private and commercial providers expanded*. It directly supports increasing the number of commercial sector providers (IR 2.1), improving the quality of family planning service provision (IR 2.2), and increasing sales of contraceptives (IR 2.3).

While the project is focused on achieving IR 2, it also contributes to IR 1: *LGU provision and management of FP/MCH/TB/HIV-AIDS services strengthened* through the market linkages that will be forged between LGUs and private sector contraceptive suppliers, and through linkages with those LGUs interested in serving as distribution outlets for contraceptives on a cost-recovery or revenue-earning basis. PRISM also feeds into IR 3: *Greater social acceptance of family planning achieved*, and IR 4: *Policy environment and financing for provision of services improved*. These other three IRs are also supported by other USAID Projects, namely: *Health Governance Project* or LGU Systems Strengthening Project (supporting 500 LGUs in health improvements) and *SHIELD Project* (supporting ARMM in building community partnerships, health systems strengthening, and LGU support initiatives), *Health Policy Development Project* (focusing on national policies, standards and regulations on CSR, LGU systems and financing, DOH policy development), *TB-LINC* (working on DOTS policy, financing, regulation, systems capacity and utilization, and TB-related behaviors), and *A2Z* (working on vitamin A deficiency, anaemia reduction, zinc for diarrheal disease, and food fortification). The incoming Health Communications Project (creating an enabling environment for family planning through communication) will take the lead for IR 3.

Given this grounding within the USAID results framework, the PRISM results framework in Figure 1, further illustrates how the project will steer and monitor performance towards achieving its overall SO (of increasing total use of FP and MCH and subsequent private sector share) and its three sub-SOs, namely:

SO1: Increase support for FP and MCH services within the formal employment sector (Workplace Initiatives)

S02: Establish viable mass market brands of oral and injectable contraceptives, IUD, and selected MCH products in the commercial sector (Market Development Initiatives)

S03: Increase business value of FP and MCH in private providers' practice (Private Practice Initiatives)

These three project sub-SOs define the project's foci of private sector initiatives for family planning and maternal and child health: *workplace, commercial market sector, and private practitioners*. Two intermediate results (IR) define the direction and tasks of each sub-SOs.

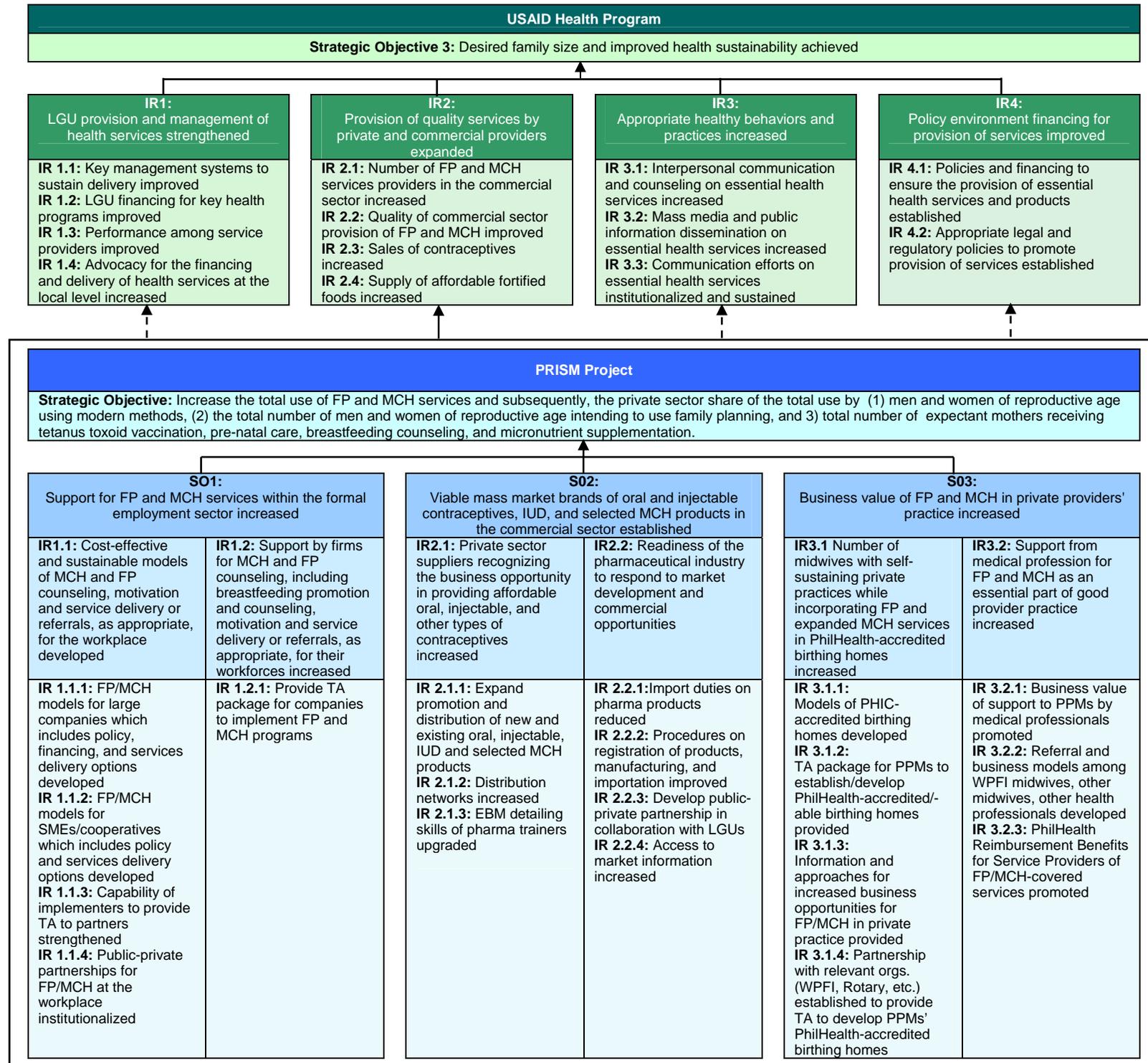
PRISM's SO1 or Workplace Initiative is focused on strengthening access to FP/MCH products/services in workplaces and cooperatives through various associations of employers (chambers of commerce, employers' confederation, conglomerates), industry associations, employees' associations (cooperatives, labor unions) and other related NGOs and associations who will work with PRISM in achieving the following intermediate results: *(IR1.1) Cost-effective and sustainable models of MCH and FP counseling, motivation and service delivery or referrals, as appropriate, for the workplace developed and (IR1.2) Support by firms for MCH and FP counseling, including breastfeeding promotion and counseling, motivation and service delivery or referrals, as appropriate, for their workforces increased.*

PRISM's SO2 or Market Development Initiative works with commercial FP/MCH product manufacturers, distributors, and marketers in order to address the lack of suppliers for a commercial mass market for family planning products through initiatives towards the following intermediate results: *(IR2.1) Private sector suppliers recognizing the business opportunity in providing affordable oral, injectable, and other types of contraceptives increased and (IR2.2) Readiness of the pharmaceutical industry to respond to market development and commercial opportunities increased.*

PRISM's SO3 or Private Practice Initiative is focused on the provision of technical and business support to private health providers, particularly own practice (self-employed private practice) midwives to provide quality and affordable FP/MCH products and services to their clients. The implementation of PRISM's Private Practice Initiative is guided by the following intermediate results: *(IR3.1) Number of midwives with self-sustaining private practices while incorporating FP and expanded MCH services in PhilHealth-accredited birthing homes increased and (IR3.2) Support from medical profession for FP and MCH as an essential part of good provider practice increased.*

In Figure 1, under each of the six IRs, sub-IRs define the major sets of work activities needed to achieve these intermediate results. These sub-IRs anchor and align specific workplan activities to the project results framework, in terms of intermediate results and strategic objectives. Discussion on sub-IRs and corresponding workplan activities for each of the project's three sub-SOs or initiatives is provided in *Section C* on Workplan Activities, Tasks, and Timing.

Figure 1: PRISM Project Results Framework



C1.PROJECT INDICATORS

The success of the Project will be measured in seven quantitative outcome indicators, as well as eight qualitative process measures (PRISM Contract Amendment, Per 26 September 2006). These are outlined below.

Outcome Indicators

1. Increased CPR for modern methods obtained from private sector sources from a baseline in 2002 of 10% to 20% in 2009;
2. Increased proportion of employees/members in participating companies/cooperatives reporting use of a modern method by at least 10% from baseline to 2009;
3. Increased proportion of continuing family planning users obtaining supplies and services from private sector sources by 3% every year from the baseline of 33.1% (*2004 Family Planning Survey*).
4. An increase in the use of unsubsidized contraceptive pills in the private sector from a base line in 2002 of 9.1% to 53% in 2009.
5. An increase in the use of unsubsidized injectables in the private sector from a baseline of 7.3% in 2002 to 28% in 2009.
6. Increase in the private sector market share of IUDs
7. Increased coverage of maternal and child health services from private sector providers, particularly
 - i) tetanus toxoid vaccination,
 - ii) pre-natal services, including, among others, micronutrient supplementation, and birth plan formulation
 - iii) breastfeeding counseling

Process Indicators

1. Developed model/s of effective workplace-based and other private program on family planning and maternal and child health that includes counseling, and other services provision and referrals, as appropriate, on family planning and on breastfeeding, demonstrated as sustainable by companies;
2. Increased number of workplace settings that have adopted the models of service delivery (that is, provision of products and services, counseling, and referrals) for family planning as well as for maternal and child health services;
3. Newly introduced affordable contraceptives and increased private sector sales of hormonal contraceptives and IUDs;
4. An adequate supply of commercial sector oral and injectable contraceptives and IUDs accessible to users maintained in the commercial sector;
5. Increased number of midwives and other health professionals in private practice providing family planning and maternal and child health services;
6. Increased claims for family planning products and services (such as IUD, BTL, and NSV) filed with PhilHealth (the national health insurance system), private health insurance, or other financing sources third party benefits.

7. Increased private sector initiatives or investments towards ensuring and/or improving the supply of maternal and child health and family planning products and services; and
8. Developed and strengthened appropriate institutional linkages that provide foundation for sustainability of program initiatives beyond project life; Examples of such essential linkages include:
 - between the Health Department, the Department of Labor and Employment (DOLE) and the private sector in support of workplace initiatives;
 - between BFAD, pharmaceutical companies and the Health Department towards continuous quality monitoring and supply assurance of affordable contraceptive supplies; and
 - between medical professional and health provider associations, medical educational institutions, and the Health Department.

In addition to the above indicators, the PRISM project will also monitor contributions to 17 US-government (USG) indicators for MCH (8 indicators) and FP/RH (9 indicators).

For project monitoring purposes, a total of 24 indicators will be monitored and reported on. Of the 24 indicators, 14 indicators address the 17 USG indicators, five (5) are PRISM PMP indicators, and the other five (5) are proposed indicators in place of current PMP indicators. These proposed indicators are meant to update the PMP indicators in response to the project's new directions on MCH and private practice midwives and in view of recent change in the frequency of conduct (from annual to bi-annual) of the Family Planning Survey (FPS). Five of seven outcome indicators previously specified above are sourced and based on FPS data.

These 24 indicators, consists of 12 outcome indicators and 12 process indicators. Outcome indicators indicated in the succeeding table refer to specific measures for attributing the Project's contribution to the total use of FP and MCH products and services of ultimate project beneficiaries: men and women of reproductive age. On the other hand, the process indicators (Table 2) refer to specific measures for tracking PRISM's progress on initiatives directed to its intermediate beneficiaries or implementation partners, such as workplace associations of employers and employees, cooperatives, health provider associations, and private practicing midwives.

Table 1: PRISM Outcome Indicators

	SO	Code	OUTCOME INDICATORS
1	SO3	USG-MCH.2	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted facilities
2	SO3	USG-MCH.7	Number of cases of child diarrhea treated in USG-assisted programs
3	S03/S01	USG-MCH.8 USG-FP/RH.5 PRISM-PMP3.4	Number of people covered by USG-supported financing arrangements (Number of claims filed for reimbursements from PhilHealth for covered family planning and MCH services)
4	S03/S01	USG-MCH.11	Number of pregnant women with at least four (4) ANC visits by skilled providers from USG-assisted facilities

	SO	Code	OUTCOME INDICATORS
5	S03/S02/S01	USG-FP/RH.1	Couple years of protection (CYP) in USG-supported programs
6	S03/S02/S01	USG-FP/RH.3	Number of people that have seen or heard a specific USG-supported FP/RH message
7	S03/S01	USG-FP/RH.8	Number of counseling visits for FP/RH as a result of USG assistance
8	SO1	PRISM-PMP1.4	Proportion of employees/members in participating companies/cooperatives reporting use (or partner's use) of a modern FP method increased
9	SO1	PRISM 1.5*	Proportion of pregnant employees (wife of employees) provided MCH services
10	S03/S02/S01	PRISM 2.1*	Sales (wholesale and retail) volume of newly introduced affordable contraceptives
11	S03/S02/S01	PRISM 2.2*	Sales (wholesale and retail) volume of hormonal contraceptives (oral, injectables, patch)
12	S03/S02/S01	PRISM 2.3*	Market share of IUDs from commercial sector

Table 2: PRISM Process Indicators

	SO	Code	PROCESS INDICATORS
1	S03/S01	USG-MCH.1	Number of people trained in maternal/newborn health through USG-supported programs
2	SO3	USG-MCH.3	Number of people trained in child health and nutrition through USG-supported health care program
3	S03/S02/S01	USG-FP/RH.2	Number of people trained in FP/RH with USG funds
4	S03/S02/S01	USG-MCH.9 USG-FP/RH.6	Number of people trained in strategic information management
5	S03/S01	USG-FP/RH.9	Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the service delivery point
6	S03/S02/S01	USG-MCH.10 USG-FP/RH.7	Number of monitoring plans prepared by USG
7	S03/S02/S01	USG-FP/RH.4	Amount of in-country public and private financial resources leveraged by USG programs for FP/RH
8	SO1	PRISM-PMP1.1	Number of national associations/ partner institutions with capacity to implement workplace FP and MCH programs
9	SO1	PRISM-PMP1.2	Number of participating companies/cooperatives implementing PRISM supported FP programs
10	SO1	PRISM-PMP1.3	Number of participating companies/cooperatives implementing PRISM supported MCH programs
11	SO3	PRISM 3.1*	Number of participating private practice midwives providing FP and MCH services (1) who are PHIC-accredited; (2) in facilities that are DOH-licensed and PHIC accredited; (3) in facilities that are accreditable
12	SO3	PRISM-PMP3.2	Proportion of participating midwives who report increased revenue from family planning/MCH service provision 6 - 12 months after training

* Proposed indicators for inclusion in PRISM PMP

Reference to these 24 indicators are provided for each activity in the Project's Year Three Work Plan as presented in *Section D* on Activity, Tasks, and Timing, as well as in the Work Plan Activity Gantt Chart in *Annex I*.

C2 ORGANIZATION AND OPERATION OF THE PROJECT

PRISM is working to motivate and build the capacity of the private sector to market, sell, and distribute competitive MCH and FP products and services in the Philippines.

Directly supporting the DOH CSR strategy, PRISM seeks to mobilize the private sector and prepare it for the expected increased demand for MCH/FP services and supplies both from current and new users resulting from the contraceptive donor phase out.

PRISM has the following three major initiatives to address the challenges of increasing private sector involvement in MCH and FP services in the Philippines:

Workplace Initiatives

Guided by the objectives expanding the market for MCH/FP services and products and contributing to the productivity of businesses, Workplace Initiatives seeks to increase formal employment sector's support involvement in MCH/FP by promoting and providing assistance in the establishment of workplace MCH/FP programs. A key objective of PRISM under the workplace initiative is to increase the percentage of working women who obtain their MCH/FP products and services from the private or commercial sector.

At the end of the PRISM project, Workplace Initiatives will have developed practical and sustainable models of workplace MCH/FP programs and will have replicated these in 500 firms through grants and non-grant initiatives, and by working through and with its partners from the private sector. It will also strengthen private and public sector partnerships that will play a crucial role in sustaining support for workplace MCH/FP programs.

All these will lead to the increase in the utilization of MCH/FP services among gainfully employed women and their partners, particularly for pre-natal, post-natal and family planning products and services. This, in turn, will contribute to USAID/Philippines SO3 objectives.

Market Development Initiatives

Market Development Initiatives focuses on the establishment of viable commercial, mass-market hormonal contraceptive brands. The project will support the introduction of new, low-priced but largely self-sustaining brands by manufacturers. To strengthen the project's expanded mandate from Family Planning to Family Health, PRISM through the Market Development Initiatives, will be collaborating with the A2Z project for the marketing of iron tablets, oral rehydration salt (ORS), iron, folic acid and other critical micro-nutrients as part of the project's integration of the Maternal and Child Health program.

Private Practice Initiatives

Private Practice Initiatives endeavors to increase the value and volume of MCH and FP products and services offered by private providers. The idea is for private practitioners to realize the business/monetary value of including FP and MCH services into private practice so that it will be a regular part of their practices. As the private sector realizes profit from the regular provision of FP/MCH services, the unmet demand particularly for FP will be addressed. It must be noted that most, if not all private practicing midwives already include the wide range of MCH services in their practices as this constitute a major source of their income. There is greater challenge in incorporating FP services regularly.

More specifically, Private Practice Initiatives seeks to increase the number of private practice midwives with self-sustaining and financially viable private practices that include FP and MCH services and supplies in PhilHealth accredited birthing homes. Focus on birthing homes that are PhilHealth accredited will enhance the DOH mandate to increase deliveries in facilities attended by skilled health workers that in turn will contribute to reducing maternal deaths related to childbirth.

At the same time, increased medical professional support for FP and MCH, particularly through support for private midwives practices, is pursued. This means facilitating tie-ups between medical professionals and the private midwives (as back-up physicians)—a requirement for both DOH licensing and PhilHealth accreditation.

The project's organization went through many adjustments in the first year up to the last quarter of Year Two. Recently, PRISM underwent a reorganization to streamline so that there is no ambiguity in lines of reporting, responsibility and authority. In the first two years of implementation, the project responded to USAID's expectation for a fast mobilization and ramping up by building the platforms and establishing the linkages to achieve results. Resources during the first two years were effectively applied to achieve those objectives. The infrastructure, modules, and systems are in place to achieve replication and scale. There are fewer resources now, as expected, and PRISM made adjustments to achieve results in Years 3 to 5 within this context. In deploying available resources, there are three priorities: 1) applying the most efficient support to program activities that will directly lead to project results and deliverables; 2) applying the most viable staffing structure to achieve the results within the resource allocation; and 3) exercising the greatest degree of efficiency and cost effectiveness in expenditures.

Taking into account the reorganization, PRISM reviewed every aspect of the project's operations, within the perspective of our contractual obligations. PRISM integrated some units and discontinued certain positions in order to flatten the lines of reporting and realign the technical staff to more effectively leverage skills. The PRISM team believes this plan will give us an effective framework to manage and implement the activities of the project with transparency and an equitable sharing of responsibility.

Presently, the PRISM organization is composed of three main units, namely: the Strategic and Technical Unit; the Field Operations Unit; and a Project Support Unit.

The Strategic and Technical Unit. To allow for a more focused approach on project planning and monitoring, a group consisting of the three senior technical directors and a pool of technical specialists are organized into a Strategic and Technical Unit tasked to lead strategic planning, national programs, and develop project tools and products. This unit is responsible for providing technical direction to the operations unit through the crafting of effective strategies to facilitate the achievement of component benchmarks and objectives. These strategies, which are national in scope, will provide field personnel with the broad strokes on how to implement component activities in their respective areas. To ensure successful implementation of project strategies across SIAs, the senior technical directors will closely coordinate with the all three regional directors to get regular updates/feedback from the field. The technical specialists in the unit provide support to each of the technical components and also take the lead on specific cross-cutting project initiatives in their respective technical areas.

The Field Operations Unit. A Field Operations Unit, made up of the three regional operations offices in Luzon, Visayas, and Mindanao, takes charge of field operations and implementations. These include identifying and engaging partners and implementing technical assistance (TA) and training activities in strategic intervention areas (SIAs). Regional operations directors (RODs) are responsible for overseeing the implementation of project activities in the field. Under the supervision of the RODs are the regional operations managers (ROMs), technical specialists and a number of support staff. The Luzon regional office has two sub-regions (North and South) due to its large geographic spread and significantly greater number of stakeholders. Each sub-region has a ROM and technical specialists. The ROMs for the three regional offices serve as the immediate supervisors of the field implementation coordinators (FICs) in each of the SIAs, with the technical specialists performing program development functions, providing technical inputs, and exercising oversight in field operations. The FICs, who are PRISM’s representatives in the SIAs, initiate, organize, and integrate activities under the three main initiatives in close coordination with the technical specialists.

PRISM primarily operates nationwide in its SIAs throughout the country. Below is a table showing PRISM SIAs in Luzon, Visayas, and Mindanao.

Table 3: PRISM Strategic Intervention Areas

Luzon	Visayas	Mindanao
1. Metro Baguio	1.Cebu	1. Misamis Oriental
2. Pangasinan	2. Iloilo	2. Agusan del Norte
3. Tarlac	3. Bohol	3. Davao del Norte
4. Bulacan	4. Leyte	4. Davao del Sur
5.Pampanga	5. Negros Oriental	5. South Cotabato
6.Bataan	6. Negros Occidental	6. Sarangani Prov.
7.Olongapo City		7. Maguindanao (ARMM) -Buluan and Datu Odin
8.NCR		8. Lanao del Sur (ARMM) -Marawi City and Malabang
9. Cavite		9. Iligan City
10. Laguna		

11. Batangas		
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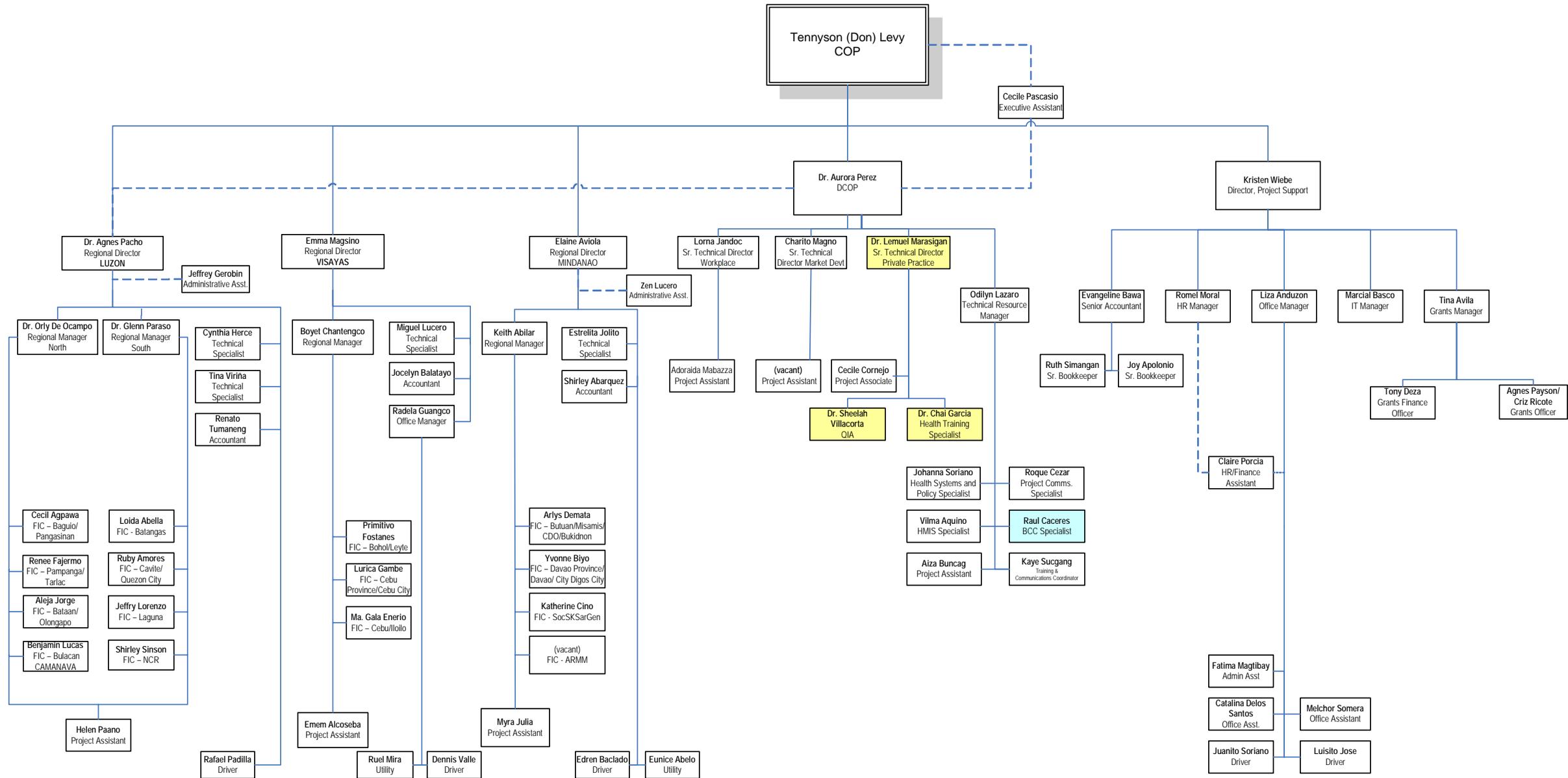
The Project Support Unit. PRISM has systems and procedures to manage project implementation support functions such as subcontracts management, grants management, and recruitment and oversight of short-term international and Filipino consultants. PRISM put these support functions within one management unit, the Project Support. This move aimed to ensure a more coordinated and efficient delivery of day-to-day project management functions. All members of the unit report to the unit’s director. PRISM’s large grants and subcontracts program is directly managed by this group. 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 initiatives. Its accounting and office administration teams handle the smooth running of the office by maintaining efficient administrative and financial systems to support the rest of the project. In tandem with the Chemonics’ home office, this unit also ensures transparent financial accounting and reporting to USAID and other relevant partners.

PRISM is staffed by 73 competent personnel, located in three separate offices across the Philippines. The central office in Metro Manila houses the Strategic and Technical Unit, the Project Support Unit, and the Luzon Regional Office. PRISM field offices in the Visayas and Mindanao are located in Cebu City and Davao City, respectively.

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

The present organization chart of PRISM is shown in the next page (*Figure 2*).

Figure 2: PRISM Organization Chart



D. ACTIVITIES, TASKS, AND TIMING

The following is the description of PRISM's Year Three Work Plan (October 1, 2006–December 31, 2007) which was organized by Strategic Objectives and Intermediate Results according to the three main initiatives (Workplace, Market Development, and Private Practice) and cross-cutting activities:

D1. Workplace Initiatives

SO1. Support for FP and MCH services within the formal employment sector increased.

Description:

Targeting the formal employment sector is fertile ground in which to grow the acceptance of family planning and MCH as an integral part of the lifestyle of this sector. In anticipation of the total withdrawal of contraceptive support from donor agencies, the challenge is to segment the market into that which needs government support – the poor sector - and those who can afford and are willing to pay for family planning and MCH services – the formal employment sector. Developing the acceptance for family planning and MCH services by the formal employment sector will unburden the public sector from servicing their needs, such that any public sector support for these services can be targeted towards the truly poor.

The government mandates supportive of workplace FP/MCH (Labor Code Article 134 and Department Order 56-03) are seen to facilitate easier entry into the formal employment sector, notwithstanding the fact that compliance to these mandates have been low over the years (4%). However, the increasing advocacy in support of FP/MCH within the business community has been encouraging (PCCI adoption of a Population Management Program, Mr. Oscar Lopez's endorsement of the program, etc.) and bodes well for its success within the private sector.

The strategies for Year 3 are anchored on the results framework of the PRISM Project, in general, and of the Workplace Initiatives, in particular.

The overall Project Intermediate Result 1: *Support for FP and MCH services within the formal employment sector increased*, will be the guiding post for the tasks that will be undertaken.

All the sub-tasks and activities will revolve around two major tasks. These are:

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

IR 1.2 Support by firms for MCH and FP Counseling, including breastfeeding promotion and counseling; motivation and service delivery or referrals, as appropriate, for their workforces increased.

The activities will contribute to the following indicators:

- a) Outcome indicators: USG-MCH: 8, 11; USG-FP/RH: 1, 3, 5, 8; PRISM-PMP1.4
- b) Process: USG-MCH: 1, 3, 9, 10; USG-FP/RH: 2, 4, 6, 7, 9; PRISM-PMP 1.1., 1.2., 1.3

Description of Tasks and Sub-tasks:

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

IR 1.1.1 FP/MCH models for large companies which include policy, financing, and services delivery options developed. Workplace will continue to work with grantees to install the MCH FP program in large firms. The choice of partners will be anchored on their ability to scale up the installation to new firms, thereby leveraging PRISM investments and multiplying the success of installation. Thus, partners like conglomerates, human resource associations and business associations with strong commitment to workplace MCH/FP programs will be engaged.

The sustainability of the programs will be ensured through the crafting of policies supportive of workplace MCH/FP programs at the grantee and the firm levels.

<i>IR 1.1.1.1 Conduct FGDs for MCH among grantees, non-PRISM and PRISM-supported firms.</i>	
<i>Time frame:</i>	November-December 2006
<i>Task Description:</i>	Workplace will expand the FP programs to include maternal and child health services. It will expand the FP programs to include MCH among the year 3 firms by providing trainers' training on MCH/FP to its grantees, which will roll out the expanded programs to their firms.
<i>Resources:</i>	The Senior Technical director will have oversight of this task. FGDs will be conducted at the regional level in coordination with the regional directors. BCC specialist will assist in the development of FGD questions, facilitation and analysis of results to identify barriers and potential motivations/support.
<i>Milestones/Expected output:</i>	MCH services defined
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-MCH: 1, 9, 10)

<i>IR 1.1.1.2 Expand workplace FP program to include MCH based on FGD results and other studies</i>	
<i>Time frame:</i>	January-March 2007
<i>Task Description:</i>	<p>The focus-group discussions (FGDs) will determine the readiness and willingness of current and non-PRISM partners to implement workplace MCH/FP programs. The decision which of the MCH services will be included in the workplace FP programs will be facilitated through the result of the FGDs that will be conducted early in Year Three. The FGDs will provide information on the appropriate MCH/FP services to be implemented at the workplaces.</p> <p>The expansion of the FP program to include MCH services supports the Labor Code mandate for the 10-dimension Family Welfare Program of DOLE Department Order 56-03.</p> <p>By the end of June 2007, the training and monitoring tools will have been revised to include MCH.</p> <p>Through the Market Development component, the pharmaceutical industry will be engaged to organize activities that lead to the provision of MCH services in the workplaces.</p>
<i>Resources:</i>	<p>STD-WP will work with PBSP, PRISM training unit and TRU to expand the coverage of current workplace tools to include MCH. The tools to be revised are:</p> <ul style="list-style-type: none"> • Program Management module • Peer Educators' module • FP Index questionnaire and software • FP Needs Assessment questionnaire and software • Cost-Benefit Analysis tool • FP training for nurses <p>STD will co-facilitate a writeshop and the field-testing of the retrofitted tools.</p> <p>TRU will provide support through:</p> <ul style="list-style-type: none"> • development of BCC strategy based on FGD findings and assist in development of MCH packages that would be attractive to workplace partners. • analysis of DOLE policies and initiatives on MCH. • assessment of capacities of CBAs to mainstream MCH in the workplace.
<i>Milestones/Expected output:</i>	Workplace training and monitoring tools revised to include MCH services.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-MCH: 1, 9, 10)

<i>IR 1.1.1.3 Provide training and tools to partners in installing an expanded workplace program.</i>	
<i>Time frame:</i>	July-September 2007
<i>Task Description:</i>	The Workplace Component will work closely with Component 3 and the M & E team to provide the necessary training modules and M&E tools for MCH/FP program installation and monitoring. In particular, the FP Index will be expanded to include MCH indices; FP Needs assessment tool will be re-evaluated to reflect the need for MCH programs; M&E software will be reconfigured to mine and track data on MCH; FP training tools to be re-fitted to include a framework for MCH; and, training modules will be provided for MCH.
<i>Resources:</i>	TRU will provide assistance in the revision of existing workplace FP training materials and M&E tools to incorporate MCH and Tiarht compliance. Support for training activities will also include module pre-testing, documentation, and conduct of training on the installation of expanded workplace program among grantees and other partners.
<i>Milestones/Expected output:</i>	List of partners trained on and provided with revised MCH/FP tools.
<i>Direct Contribution to PRISM Indicators:</i>	Process indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7

IR 1.1.2 FP/MCH models for SMEs/cooperatives which includes policy and services delivery options developed. In the later part of year 2, Workplace laid down the groundwork for the development of models that will address the needs for small and medium-scale enterprises (SMEs) and cooperatives. This is in realization of the fact that SMEs comprise at least 80% of all business establishments.

Taking off from that preparation, Workplace will engage three partners to develop models for MCH/FP programs in SMEs that engage in cottage industry manufacturing of jewelries, furniture, small-scale fishing and export-oriented SMEs.

Another potential partner has been identified to work with cooperatives to install workplace MCH/FP programs.

<i>IR 1.1.2.1 Provide grants for selected partners to pilot MCH/FP programs in SMEs and cooperatives.</i>	
<i>Time frame:</i>	December 2006-February 2007
<i>Task Description:</i>	Workplace component will provide grants to selected partners to pilot workplace MCH/FP in SMEs and cooperatives. The selection of SMEs for inclusion will be purposive–targeting different sector groups such as

	agriculture, fishing, manufacturing and other cottage industries.
<i>Resources:</i>	STD together with Grants and the regional staff will evaluate proposals that will target SMEs as beneficiaries. STD and North Luzon team will pursue the Pangasinan public-private partnership which will benefit SMEs and develop models out of the partnership.
<i>Milestones/Expected output:</i>	A list of partners piloting MCH/FP programs in SMEs and cooperatives.
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5 Process indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-PMP: 1.1, 1.2, 1.3

<i>IR 1.1.2.2 With Private Practice Initiatives Component, provide a directory of service providers to serve the MCH/FP needs of SMEs and cooperatives.</i>	
<i>Time frame:</i>	April-June 2007
<i>Task Description:</i>	In close coordination with Private Practice Initiatives Component, Workplace will provide a directory of service providers among PRISM-trained or identified midwives, nurses and doctors who will provide high quality, low-priced services to SMEs and cooperatives.
<i>Objective/s:</i>	To increase the access of employees to FP/MCH services not provided in-plant, but can be provided by referral networks around the workplaces.
<i>Resources:</i>	Workplace STD will coordinate with PPI STD and TRU to make directory of service providers available to SMEs and cooperatives.
<i>Milestones/Expected output:</i>	A list of firms provided with directory of service providers.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for PRISM-PMP: 1.1, 1.2, 1.3, 1.4, 1.5)

<i>IR 1.1.2.3 Build and provide to partners a compilation of FP models for SMEs and cooperatives.</i>	
<i>Time frame:</i>	December 2007
<i>Task Description:</i>	Workplace will work for the compilation of workplace MCH/FP programs as enrichment to the best practices for FP programs. While the best practices for workplace FP programs which current PRISM partners will document will be available in year 3, the compilation of MCH/FP models is projected to be available early in year 4 for distribution to partners, including the Department of Labor and Employment and the Department of Health.
<i>Objective/s:</i>	To provide partners catering to SMEs with documented replicable models. The compendium of compilation will

	become a reference document for SME FP/MCH program replication.
<i>Resources:</i>	Documents from pilots of SME FP/MCH programs will be compiled and disseminated to partners. The STD will have oversight over the production and dissemination of the materials. PCCI and SME associations will become partners in the dissemination of the materials.
<i>Milestones/Expected output:</i>	MCH/FP models documented and compiled.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP: 1.1, 1.3)

<i>IR 1.1.2.4 Evaluate the reach of SME program to poor but non-indigent employees.</i>	
<i>Time frame:</i>	September-December 2007
<i>Task Description:</i>	Workplace will evaluate the reach the SME and other programs have to the poor but non-indigent workers, as a part of its regular activities.
<i>Objective/s:</i>	To produce data that will provide PRISM with information on the extent of the reach of the program to the low-salaried sector.
<i>Resources:</i>	Quarterly reports from the regions and STD quarterly report will be the sources of information for this task. HMIS will provide TA in the generation and analysis of data to determine reach of program to poor employees of participating firms.
<i>Milestones/Expected output:</i>	Data documented and reported in annual report.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5)

IR 1.1.3 Capability of PRISM staff and sustainability of TA provision by partners to program implementers strengthened. The first two years of the Workplace component of PRISM were spent fostering partnerships with key partners and capacitating them to help firms set up workplace FP programs.

On its third year, and to ensure the sustainability of capability building activities, emphasis will be placed on building internal and external partnerships to raise teams of trainers. These teams will provide TA to firms to set up MCH/FP programs at the regional level. This initiative will enhance cost-efficiency of TA provision; hasten the delivery of training programs; provide for sustainability of TA through the delivery of for-pay services by trainers to firms, way beyond the lifetime of the PRISM project.

<i>IR 1.1.3.1 Within PRISM, capacitate through TOT regional personnel to provide TA to partners who will install the program in firms.</i>	
<i>Time frame:</i>	January-June 2007
<i>Task Description:</i>	PRISM will train regional personnel on the MCH/FP training courses. They will become a training pool who will provide TA to PRISM partners that will roll out the training courses to firms to set up the program. By doing this, they will also develop their capability to monitor and evaluate the programs being implemented by PRISM partners.
<i>Objective/s:</i>	To capacitate PRISM field office to provide TA to PRISM partners in the setting up and monitoring of FP/MCH program installation.
<i>Resources:</i>	STD will coordinate with PBSP to provide training to the regional staff on the modules for FP/MCH installation. Training coordinator will ensure that TOT on workplace FP/MCH installation process, peer education, contraceptive technology updates, MCH/FP training for company nurses, and M&E tools are conducted to equip PRISM staff in providing TA to partners. Trained trainers will be evaluated prior to roll-out for quality measure.
<i>Milestones/Expected output:</i>	A list of PRISM regional personnel trained
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: PRISM-PMP 1.1)

<i>IR 1.1.3.2 Within DOLE, facilitate the build up of capacity of DOLE regional implementors to provide TA and monitor workplace MCH/FP programs through TOT.</i>	
<i>Time frame:</i>	July-December 2007
<i>Task Description:</i>	PRISM, working with the DOH, will strengthen its working relationship with DOLE's Bureau of Women and Young Workers (BWYW) and DOLE regional offices especially in areas of capability building of regional personnel. Over the years, the rate of compliance by large firms to the Labor Code mandate (Article 134) for FP has been low at 4%. Some of the reasons cited were: 1) High rate of turn over at the regional offices among its implementors. This requires continuous training of new personnel and allowances for learning curves among the new hires, particularly in building their capability to provide technical assistance to firms that want to set up FP/MCH programs; and, 2) The FWP consists of ten (10) dimensions of workplace programs that dilute family planning and MCH. There is a need to put FP and MCH as priority programs in

	<p>the mind of these DOLE personnel. This effort to increase the awareness among DOLE regional personnel will be bolstered by the DOLE Administrative Order (AO) 209 which makes responsible parenthood and family planning mandatory programs of FWP.</p> <p>By engaging DOLE, FP and MCH will become top-of-mind programs among regional implementors that they will monitor for compliance. It will build their capacity to provide technical assistance to set up the programs at the firm level. The engagement will augur well as far as sustaining the program installation and monitoring are concerned, well beyond the PRISM Project.</p> <p>The component will engage this government agency at two levels—national, through the Bureau of Women and Young Workers, and the Industrial Relations Division in the DOLE regional offices.</p> <p>During training sessions of grantees on workplace MCH/FP installation, DOLE personnel will be invited to participate in the trainers’ training. This will allow them to become familiar with PRISM’s workplace MCH/FP program; build their capability to provide TA to firms that want to install MCH/FP programs; increase their awareness on the status of compliance by firms with the Labor Code mandate on family welfare program; and, develop their consciousness to monitor the program as a matter of habit whenever they visit the firms. PRISM will endeavor to work out with the regional offices and the BWYW to have the trainees conduct actual FP/MCH installation as part of the practicum, and to immediately practice the skills that they will learn.</p> <p>Coordination will be done with the new USAID LGU Systems Strengthening Project determine activities that can be accomplished collaboratively, especially in strengthening the collaboration between DOH and DOLE on workplace FP/MCH initiatives and working on LGUs for policy promulgation supportive of the program.</p>
<i>Objective/s:</i>	To capacitate DOLE regional and provincial implemetors to set up and monitor workplace FP/MCH programs in firms.
<i>Resources:</i>	STD will arrange for the signing of a memorandum of understanding with DOLE to formalize the partnership. She will also engage PBSP to provide TOT to DOLE. PRISM regional offices will oversee the training at the regional

	level. TRU will help coordinate TOT for DOLE Family Welfare Officers. As a post-training support, trained trainers will be evaluated to determine how effective they are in running the course.
<i>Milestones/Expected output:</i>	A list of DOLE regional implementors trained
<i>Direct Contribution to PRISM Indicators:</i>	Process indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1

<i>IR 1.1.3.3 Among non-PRISM regional training organizations or NGOs, develop regional trainers' pool from PRISM private sector partners through TOT.</i>	
<i>Time frame:</i>	July-December 2007
<i>Task Description:</i>	PRISM will identify and train local organizations on MCH/FP program installation. These partners will become pools of trainers who can be tapped to provide for-pay TA services to other organizations or firms which will set up workplace MCH/FP programs. These courses will be timed with the training of grantees so that trainers' time can be maximized.
<i>Objective/s:</i>	To make available trainers at the regional level and to ensure sustainability of program installation in new firms.
<i>Resources:</i>	Regional offices will identify potential regional trainers and will communicate to STD for training schedule. PBSP and regional office to provide training. Training coordinator will ensure that TOT on workplace FP/MCH installation process, peer education, contraceptive technology updates, MCH/FP training for company nurses, and M&E tools are conducted to equip training institutions and NGOs in providing TA to partners. Trained trainers will be evaluated prior to roll-out for quality measure.
<i>Milestones/Expected output:</i>	List of organizations trained
<i>Direct Contribution to PRISM Indicators:</i>	Process indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1

<i>IR 1.1.3.4 Among current and past PRISM grantees, institutionalize the sharing of best practices (through annual regional events) on MCH/FP among these key partners.</i>	
<i>Time frame:</i>	September-December 2007
<i>Task Description:</i>	PRISM will continue to engage PCCI or another key partner to include in its regular national meeting the sharing of best practices on MCH/FP. This will facilitate the setting up of more sustainable MCH/FP programs in workplaces.

	Furthermore, PRISM will work with PCCI and other partners like PBSP to elevate the FP Excellence Awards to an ASEAN-level competition under the Asian Forum on Corporate Social Responsibility contest.
<i>Objective/s:</i>	To facilitate the installation of better workplace FP/MCH programs through actual experiences that will be shared by implementors. The best practices shared by the implementors can be learning points for those who will still need to implement the program in their own firms.
<i>Resources:</i>	STD will tap a partner organization to conduct the event. Regional offices will conduct events locally in collaboration with organizations like PMAP. Companies implementing the program will be tapped to do presentations to demonstrate best practices of FP/MCH programs.
<i>Milestones/Expected output:</i>	Expected outputs: 3 regional events and national events held
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: PRISM-PMP: 1.1, 1.2, 1.3)

IR 1.1.4 Public-private and private-private partnerships through Workplace TWG for FP/MCH institutionalized

<i>IR 1.1.4.1 Engage key PRISM partners through the Workplace TWG (set up in years 1&2)</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	<p>A Workplace Technical Working Group (TWG) was set up in years 1 and 2. The TWG consists of representatives from the private sector (Philippine Chamber of Commerce and Industry, Employers' Confederation of the Philippines), DOLE (Bureau of Women and Young Workers), DOH, Commission on Population, labor federations (Trade Union Congress of the Philippines and Federation of Free Workers), academe, labor-management councils and a human resource manager. The TWG was a consultative and working body that provided valuable inputs to Workplace Initiatives in years 1 and 2.</p> <p>For year 3, PRISM will work to ensure the sustainability of the TWG. It will lay down the ground work for the turning over of leadership to able leaders within the TWG membership. This will ensure the continuous function of the group after the term of the PRISM project expires. More importantly, the TWG will focus on institutionalizing workplace initiatives and advocate policy changes supportive of workplace MCH/FP programs. The</p>

	organizations represented by the TWG will espouse the principles and advocate support for the workplace programs to their members and the community at large.
<i>Objective/s:</i>	To obtain support from TWG members on initiatives that will strengthen support for the program through their endorsement and advocacy by getting their buy-in to the initiatives that will be undertaken.
<i>Resources:</i>	STD will provide the oversight of the TWG meetings in terms of organization, agenda and follow-through activities of the TWG. TRU Support Activity: Provide technical assistance in the formation and implementation of workplace TWG activities
<i>Milestones/Expected output:</i>	Summary of agreements documented
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7)

<i>IR 1.1.4.2 Facilitate interfacing of DOH and DOLE to support FP/MCH and other workplace health programs.</i>	
<i>Time frame:</i>	December-March 2007 and regularly as may be determined thereafter
<i>Task Description:</i>	To ensure support for and sustainability of MCH/FP programs, Workplace will strengthen private-public partnerships, collaboration with the policy arm within PRISM, and with the HPDP and LSS projects of USAID. The partnerships will explore collaborative activities that will result in the strengthening of support for workplace MCH/FP programs through policies and advocacy (increasing compliance with the Labor Code mandate for FP and MCH; enhancing LGU support through local legislation; facilitating the interface of DOH and DOLE to integrate activities; and, fostering public-private collaborative activities—all in enhancing support for workplace FP/MCH programs.
<i>Objective/s:</i>	DOH and DOLE are the key agencies that make policies and monitor compliance with policies that support workplace FP/MCH program. The task will harmonize their initiatives and produce synergy for effective installation and maintenance of workplace health programs.
<i>Resources:</i>	STD will work with USAID policy project, DOLE and DOH to pave the way for the crafting of a joint AO of the two agencies in support of workplace FP/MCH. TRU Support Activity: Provide TA in the integration of the

	TWG in the government agencies' policies/programs
<i>Milestones/Expected output:</i>	Summary of agreements of CA collaboration documented
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7)

<i>IR 1.1.4.3 Foster collaboration with USAID Health Policy Development Project and LGU Systems Strengthening Project.</i>	
<i>Time frame:</i>	December-September 2007 and regularly as may be determined thereafter
<i>Task Description:</i>	To ensure support for and sustainability of MCH/FP programs, Workplace will strengthen private-public partnerships, collaboration with the Policy arm within PRISM, and with the HPDP and LSS projects of USAID. The partnerships will explore collaborative activities that will result in the strengthening of support for workplace MCH/FP programs through policies and advocacy (increasing compliance with the Labor Code mandate for FP and MCH; enhancing LGU support through local legislation; facilitating the interface of DOH and DOLE to integrate activities; and, fostering public-private collaborative activities—all in enhancing support for workplace FP/MCH programs.
<i>Objective/s:</i>	To facilitate the development of a joint DOH-DOLE AO supportive of workplace FP/MCH programs.
<i>Resources:</i>	STD, with support from the COP, will engage the Policy project to work on the development of the joint AO. TRU Support Activity: Provide TA in the integration of the TWG in the government agencies' policies/programs
<i>Milestones/Expected output:</i>	Summary of agreements of CA collaboration documented
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7)

<i>IR 1.1.4.4 Sustain the conduct of FW Excellence Awards through PCCI national</i>	
<i>Time frame:</i>	October 2007
<i>Task Description:</i>	PCCI national was awarded a grant for the FW Excellence Awards. It has committed to sustain the holding of the awards annually during the Philippine Business Conference. The awards are given to the best implementors of workplace family welfare programs involving categories like business associations, large firms and SMEs.

<i>Objective/s:</i>	To raise awareness of firms and business associations on the benefits of well-implemented workplace FP/MCH programs, and to increase the number of firms that will implement the program by demonstrating its benefits for them.
<i>Resources:</i>	PCCI will be the major player of the event. PRISM Regional offices and grantees will identify firms implementing exceptional FP/MCH programs and facilitate their inclusion into the contest.
<i>Milestones/Expected output:</i>	Awards conducted.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7)

IR 1.2 Support by firms for MCH and FP Counseling, including breastfeeding promotion and counseling; motivation and service delivery or referrals, as appropriate, for their workforces increased

IR 1.2.1 Provide TA packages for companies to implement MCH/FP programs through partners.

<i>IR 1.2.1.1 Provide grants to potential partners to set up MCH/FP programs in 200 firms.</i>	
<i>Time frame:</i>	November-April 2007
<i>Task Description:</i>	PRISM proponents under RFA No. 4 will be evaluated for appropriateness of proposals to be supported with grant funds. The component sees no need to issue a new solicitation as it will employ mechanisms to engage its current crop of grantees and proponents who are deemed capable of installing workplace MCH/FP programs.
<i>Objective/s:</i>	To install FP/MCH programs in 200 firms.
<i>Resources:</i>	Through grants, STD will ensure the inclusion of proposals that are responsive to the objectives of Workplace Initiatives (setting up of sustainable workplace FP/MCH programs). STD will work with the Grants team and the regional offices to evaluate proposals for possible awards.
<i>Milestones/Expected output:</i>	A list of partners awarded with grants
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5 Process indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-PMP: 1.1, 1.2, 1.3

<i>IR 1.2.1.2 Train grantees on MCH/FP program installation to capacitate them to provide TA to their beneficiary-firms.</i>	
<i>Time frame:</i>	November 2006-August 2007
<i>Task Description:</i>	In coordination with internal trainers and with PBSP, workplace will capacitate grantees to provide TA to firms. They will undergo the PRISM-prescribed training courses using training tools already produced and enhanced to include MCH.
<i>Objective/s:</i>	33 grantees provided with TOT on WP FP/MCH program installation.
<i>Resources:</i>	Through a grant to a business organization capable of providing training on WP FP/MCH program, grantees will be trained on program installation to capacitate them to , in turn, provide training to their beneficiary firms. TRU will help coordinate and monitor conduct of training in the field.
<i>Milestones/Expected output:</i>	A list of grantees trained
<i>Direct Contribution to PRISM Indicators:</i>	Process indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-PMP: 1.1, 1.2, 1.3

<i>IR 1.2.1.3 Train 200 family health management teams (FHMTs) on MCH/FP program installation and management in PRISM-supported firms.</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	This task will be undertaken by grantees in coordination with PRISM regional office personnel who have been capacitated to provide TA services through in-house training classes.
<i>Objective/s:</i>	200 FHMTs trained on WP FP/MCH program installation.
<i>Resources:</i>	Grantees trained on WP FP/MCH program installation will roll out the trainings to their beneficiary firms. Regional staff will have oversight over the installation process and monitor the progress of program installation. TRU will help facilitate the production and distribution of the “How to Install Workplace MCH/FP Program” toolkit to workplace partners. To ensure that partners are given the necessary TA, there will be regular coordination and monitoring of conduct of training in the field.
<i>Milestones/Expected output:</i>	List of 200 FHMTs trained
<i>Direct Contribution to PRISM Indicators:</i>	Process indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7

<i>IR 1.2.1.4 Build capability of labor unions to increase the utilization of MCH/FP benefits in their collective bargaining agreements (CBAs) through a grant to a labor organization.</i>	
<i>Time frame:</i>	December-November 2007
<i>Task Description:</i>	Through a grant, PRISM will engage a labor federation whose beneficiaries will be labor unions. Providing assistance to labor unions for advocacy and internal capability building to provide their members with information on the positive impact of MCH/FP program on their well-being is seen to increase the utilization of union member of the benefits provided for in their CBAs. This, in turn, will contribute to healthier and more productive union members and employees.
<i>Objective/s:</i>	To capacitate labor organizations to set up workplace FP/MCH programs.
<i>Resources:</i>	With a grant will be awarded to a labor organization to implement the program. STD, the Grants team and regional offices will evaluate the proposals. Oversight of program implementation will be at the regional office level. TRU will process data that will be submitted by the PRISM regional offices.
<i>Milestones/Expected output:</i>	Grant awarded and full report submitted by grantee
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5 Process indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-PMP: 1.1, 1.2, 1.3

<i>IR 1.2.1.5: Provide contraceptive technology updates to 100% of firms that have doctors.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	In coordination with Component 3, Workplace will provide doctors updates on contraceptive technology. This will enable them to provide quality care to employees needing FP services. Doctors, by virtue of their training are deemed not to need further training on MCH.
<i>Objective/s:</i>	To capacitate doctors in the workplaces to provide FP/MCH services to employees at the workplaces.
<i>Resources:</i>	STD will facilitate the engagement of a doctors' organization through a grant. The partner-organization will provide training to targeted doctors using PRISM approved CTU training materials. The task will be done in coordination with Component 3. TRU will provide support in the conduct and monitoring of

	training in the field.
<i>Milestones/Expected output:</i>	List of firms with doctors provided with CTU
<i>Direct Contribution to PRISM Indicators:</i>	Process indicators: USG-FP/RH: 2

<i>IR 1.2.1.6 Train at least 200 nurses on MCH/FP service delivery.</i>	
<i>Time frame:</i>	October-December 2007
<i>Task Description:</i>	Nurses in firms will undergo with MCH/FP training courses to capacitate them to deliver services in-plant. The training consists of 4 days for FP counseling and one day for MCH. A grant will be awarded to a qualified training institution to handle all the training requirements for nurses.
<i>Objective/s:</i>	To capacitate nurses in the workplaces to provide FP/MCH services to employees at the worksite.
<i>Resources:</i>	STD will facilitate the engagement of an organization to provide training to nurses using PRISM-approved FP/MCH training materials. This task will be done in coordination with Component 3. TRU will coordinate and monitor conduct of training in the field.
<i>Milestones/Expected output:</i>	List of firms with nurses trained on MCH/FP
<i>Direct Contribution to PRISM Indicators:</i>	Process indicators: USG-MCH: 1, 9 ; USG-FP/RH: 2, 6

<i>IR 1.2.1.7 Establish and monitor referral systems for workplace FP/MCH program</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	A referral system is vital to the provision of FP/MCH programs that cannot be provided on site. Through data collected from the referral center, company clinics and the quarterly reports that will be submitted by the PRISM regional offices, the effectiveness and efficiency of the referral system will be evaluated.
<i>Objective/s:</i>	To ensure that an effective and efficient referral system is in place at the company level so that FP/MCH service requirements of employees will be met.
<i>Resources:</i>	Grantees and the FHMTs at the firms will forge partnerships with referral centers through MOUs or MOAs. PRISM QI&A will provide technical assistance to evaluate whether referral centers are at par with the standards set for FP/MCH service provision. Clinic records will be used to evaluate the quality and quantity of FP/MCH service provision from referral centers.

	TRU will provide TA in the establishment, implementation, and sustainability of referral systems. Regular coordination will be done with USAID Health Governance and Policy Projects.
<i>Milestones/Expected output:</i>	List of referral centers based on MOUs and MOAs signed between firms and referral centers.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM-PMP: 1.4, 1.5, 3.2; USG-MCH: 2, 8, 11; USG-FP/RH: 1,5,8;

<i>IR 1.2.1.8: Conduct quarterly regional grantees' meetings.</i>	
<i>Time frame:</i>	quarterly in 2007
<i>Task Description:</i>	To level expectations between PRISM and its partners, quarterly meetings will be conducted. These meetings will also be venues for the sharing of information, best practices and novel ideas among partners and PRISM.
<i>Objective/s:</i>	To facilitate information exchange between PRISM field office, regional offices and grantees.
<i>Resources:</i>	Regional offices will organize and facilitate quarterly meetings with grantees; inform the STD, TRU and the Grants team on schedules for inclusion into their calendar.
<i>Milestones/Expected output:</i>	Implementation status determined and issues identified
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: partnership-building towards attainment of PRISM-PMP: 1.1, 1.2, 1.3, 1.4, 1.5)

<i>IR 1.2.1.9 Provide TA to conglomerates to scale up workplace FP/MCH installation into new firms of the conglomerates without additional grant funds from PRISM.</i>	
<i>Time frame:</i>	December 2006 – August 2007
<i>Task Description:</i>	<p>PRISM will pursue its initial success in engaging key partners in the private sector that can scale up MCH/FP programs to more firms and to the communities that adjoin their workplaces. This will ensure that programs are rolled down to new audiences and result in more employees and people in the community benefiting from them.</p> <ul style="list-style-type: none"> Engage conglomerates for sustainable MCH/FP programs. <p>Workplace will work closely with conglomerates which can scale up MCH/FP programs to the firms of the conglomerates.</p> <p>PRISM will identify conglomerates which are willing to set up MCH/FP programs in their firms as</p>

	a sign of their commitment to CSR and as a tool to improve productivity of both the business and its employees. They will be linked with PRISM-trained trainers who will provide for-pay technical assistance to the conglomerates to set up MCH/FP programs.
<i>Objective/s:</i>	To set up workplace FP/MCH programs into new firms of the conglomerates.
<i>Resources:</i>	PRISM regional staff will provide TA to conglomerates awarded with grant funds to set up FP/MCH programs. Conglomerates will tap their own resources to replicate the models they have set up into new firms.
<i>Milestones/Expected output:</i>	List of new companies with FP/MCH programs through scaling up activities (non-grant funded activities)
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: PRISM-PMP: 1.4, 1.5; Process indicators: USG-FP/RH: 4 PRISM-PMP: 1.1, 1.2, 1.3

D2. Market Development Initiatives

SO2. Viable mass market brands of oral and injectable contraceptives, IUD, and selected MCH products in the commercial sector established.

Description:

Considering the potential migration of FP acceptors from public sector, the commercial sector for hormonal contraceptives will benefit from PRISM's market development initiatives. This can even be strengthened by pursuing market expansion by PRISM's efforts in facilitating the entry into the market of new brands like Lo-gentrol and other generics.

Indicators: *Outcome indicators:* USG-FP/RH: 1; PRISM-PMP: 2.1, 2.2, 2.3
Process indicators: USG-FP/RH: 2, 4

Major Tasks: IR 2.1 Private sector suppliers recognizing the business opportunity in providing affordable oral, injectable, IUD and selected MCH products increased.

IR 2.2 Readiness of the pharmaceutical industry to respond to market development and commercial opportunities increased

Description of Tasks:

IR 2.1 Private sector suppliers recognizing the business opportunity in providing affordable oral, injectable, IUD and selected MCH products increased

Description:

The presence of new hormonal contraceptive brands and the repricing of a high priced progestin only pill brand to a more affordable cost manifested the private sector suppliers confidence and recognition of the business opportunities in the hormonal contraceptives market. This encouraging private sector supplies availability environ along with the intended integration of maternal child healthcare products can be increased with PRISM's expanded Family Health program that links pharma partners/suppliers to workplace and private practitioners.

IR 2.1.1 Promotion and distribution of new and existing oral, injectable, IUD and selected MCH products intensified and expanded.

Description: By PRISM facilitating/supporting the entry of new hormonal contraceptive brands including the introduction of IUD as well as the promotion and distribution of MCH products, this task can be accomplished.

<i>IR 2.1.1.1 Facilitate entry of pharmaceutical marketing and distribution companies in the contraceptive market.</i>	
<i>Time frame:</i>	May – Dec 2007
<i>Task Description:</i>	PRISM through its market development component will closely collaborate with potential pharma partners and suppliers in introducing new brands in the market.
<i>Resources:</i>	Market Development Director with support team in collaboration with potential pharma partners for both hormonal contraceptives and MCH products
<i>Milestones/Expected output:</i>	New FP and MCH brands introduced
<i>Direct Contribution to PRISM Indicators:</i>	Outcome Indicators: USG-FP/RH: 1; PRISM-PMP: 2.1, 2.2 Process Indicators: USG-FP/RH: 4

<i>IR 2.1.1.1.a Provide grants that will facilitate entry of pharmaceutical marketing and distribution companies in the contraceptive market</i>	
<i>Time frame:</i>	December 2005-May 2007
<i>Task Description:</i>	PRISM will continue to manage grants provided to pharmaceutical marketing and distribution companies for the introduction of affordable contraceptives in the commercial market. In addition to current pharma grantees, PRISM will explore the entry of Logentrol and other generic hormonal contraceptives.
<i>Resources:</i>	Market Development Director will follow up on earlier engagements of PRISM with potential pharma partners that will facilitate entry of Logentrol and other generic hormonal contraceptives in the market.
<i>Milestones/Expected output:</i>	RFA for Generics issued by July 2007

<i>Direct Contribution to PRISM Indicators:</i>	Outcome Indicators: USG-FP/RH: 1; PRISM-PMP: 2.1, 2.2 Process Indicators: USG-FP/RH: 4
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IR 2.1.1.1.b Provide technical assistance and support for market development plans of selected pharmaceutical partners.

<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	For Year 3, the market development initiatives will continuously provide technical assistance and support to various pharmaceutical companies specifically in the preparation of market development plans. There are three pharmaceutical grantees to complete implementation of grant activities by the 2 nd and 3 rd quarter of 2007. Regular monitoring of implementation status will be conducted to ensure that the outputs of the grantees are aligned to the PMP (Project Monitoring Plan). The market development initiatives will also coordinate and fast-track negotiations with pharmaceutical partners concerning their proposal to market and distribute IUDs starting on the 1 st quarter of 2007.
<i>Resources:</i>	Market development Director and identified support team to provide TA among pharma partners for their market development plans. With regions key staff on monitoring the implementation status of the grantees.
<i>Milestones/Expected output:</i>	Increased sales of contraceptives
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2) SCC follow-up meetings

IR 2.1.1.1.c Regular coordination with the field personnel of pharmaceutical companies on market development plans.

<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	To increase support on FP acceptance, the medical representatives of pharmaceutical companies (regarded as ground troops promoting their company's products) have been clearly identified as possible promoters of the benefits of family planning, more than just their brands. The market development component will target these medical representatives to make them FP detailers. Initial meetings in the sub-areas are promising, with medical representatives interested to offer more FP information to their target providers especially for dissemination among their clients. PRISM will continue with regular communication and coordination with pharmaceutical company field personnel on market development in Year 3.

<i>Resources:</i>	<p>PRISM to tap pharma partners' Training Managers and/or Brand Managers for a TOT.</p> <p>Market development component to create a trainors team knowledgeable on effective detailing through consultative selling skills from within PRISM, who in a workshop with the pharma partners' training managers and/or brand managers will have a TOT and a harmonized module as an output .</p> <p>Next step will be for rounds of echoing the module among pharma partners' fieldforce by respective companies identified trainors (as a result of the TOT workshop).</p> <p>PRISM market development trainors team to take part in these companies' organized effective FP detailing workshop among their medical representatives.</p>
<i>Milestones/Expected output:</i>	Distribution network and increased sales
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2)

<i>IR 2.1.1.1.d Conduct of business reviews with pharmaceutical companies.</i>	
<i>Time frame:</i>	Quarterly starting January 2007
<i>Task Description:</i>	<p>Regular meetings with pharmaceutical partners to formally assess progress of their marketing activities and providing opportunities for information exchange will be conducted to keep out partners motivated (and on their toes) to achieve set objectives. In these meetings, PRISM will also provide them regular updates on market development, via sales data industry news, regulatory updates, policy work, etc. This will also be a mechanism employed to ensure compliance on targets set forth by pharmaceutical grantees in their marketing plans.</p> <p>The conduct of these business reviews are usually done by inviting IMS to present quarterly market updates to our pharmaceutical partners. The market development component needs to intensify this activity to ensure that all pharmaceutical partners are abreast as to the progress of the contraceptive market. Aside from these, invitations and advisories to pharmaceutical partners regarding their active participation to workplace and private practice activities will continue to be implemented.</p>
<i>Resources:</i>	Market Development Director will engage pharma partners key decision makers in their respective head offices to ensure that their Field Managers with their fieldforce will be active in participating in both Workplace and Private

	Practice components activities based from schedule from all regions.
<i>Milestones/Expected output:</i>	Improved strategies and increased in sales
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2)

<i>IR 2.1.1.2 Support and introduce new contraceptive products</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	Engaging of potential pharma partners and distribution companies that will facilitate the market entry of Logentrol and other generic hormonal contraceptives
<i>Resources:</i>	Market Development Director to consolidate and strengthen PRISM's efforts to address task
<i>Milestones/Expected output:</i>	Market expansion
<i>Direct Contribution to PRISM Indicators:</i>	Outcome Indicators: USG-FP/RH: 1; PRISM-PMP: 2.1, 2.2, 2.3 Process Indicators: USG-FP/RH: 2, 4

<i>IR 2.1.1.2.a Provide technical assistance to IRHP in the marketing and distribution of SDM beads.</i>	
<i>Time frame:</i>	March-December 2007
<i>Task Description:</i>	<p>PRISM has already coordinated with The Institute for Reproductive Health Philippines (IRHP) concerning its request for technical assistance to assist them in developing a marketing plan to include SDM (Standard Days Method) as one of the various FP methods in promotional and marketing materials used at point of sales (like drugstores, physicians, and midwife clinics) as well as in various training activities to DSAP personnel and pharmaceutical representatives.</p> <p>IRHP can be linked-up with the DSAP (Drugstores Association of the Philippines) and Non-DSAP distributors to present their distribution and retailing plans of the SDM beads to afford wider availability while achieving the inclusion of natural methods on the menu of FP methods supported by PRISM. Corollary to the SDM, it should be stressed that this natural method is to be used with a barrier method, such as condoms to increase its effectiveness. This will form part of the marketing plan to be developed.</p>
<i>Resources:</i>	The Market dev component will tap a team within PRISM to work closely with IRHP on the implementation of their market dev plan including collaboration with DSAP and

	non-DSAP distributors.
<i>Milestones/Expected output:</i>	Expanding market choice through increased acceptance of FAWBM-SDM
<i>Direct Contribution to PRISM Indicators:</i>	Outcome Indicators: USG-FP/RH: 1 Process Indicators: USG-FP/RH: 4

<i>IR 2.1.1.2.b Support for Lo-Gentrol.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	Through Grants, PRISM project will support the launch of Lo-Gentrol of Wyeth Philippines through a marketing pharmaceutical partner to the commercial sector. Sales operations and marketing, i.e., advertising and promotional support will be provided to achieve whatever is their sales and marketing objectives for 15 months.
<i>Resources:</i>	Market Development Director will develop an RFA with the Grants team to fasttrack task accomplishment
<i>Milestones/Expected output:</i>	Market expansion through increased sales of OC segment by facilitating entry of Lo-gentrol
<i>Direct Contribution to PRISM Indicators:</i>	Outcome Indicators: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2 Process Indicators: USG-FP/RH: 4

<i>IR 2.1.1.2.c Provide STTA to analyze data on IUD market and distribution networks.</i>	
<i>Time frame:</i>	January-May 2007
<i>Task Description:</i>	The market development component will undertake an analysis of data on IUD market and distribution networks among pharmaceutical companies. Getting data and information on the IUD price list and the suggested standard retail price will form part of the data analysis. The market development will also make an analysis of the existing and possible IUD distribution networks in the commercial market.
<i>Resources:</i>	Market Development will engage services of a market research firm for a simple ad hoc study that will be specific to accomplish both quantitative and qualitative requirements in completing the task.
<i>Milestones/Expected output:</i>	Gathered information on the IUD market
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 4; PRISM-PMP: 2.3)

<i>IR 2.1.1.2.d Review of existing IUD studies on consumer behavior and conduct IUD Research among pharmacy staff.</i>	
<i>Time frame:</i>	April-June 2007
<i>Task Description:</i>	As part of the activities in preparing the IUD market, firstly, a review of existing study on the assessment of supply,

	provision and use of IUD in the Philippines will be undertaken to guide the market development team in the preparatory phase of IUD marketing plan. An RFA will be released on the 2 nd quarter of 2007 for the conduct of IUD qualitative research on the willingness of the pharmacy retailers to market IUD. Product launchings and orientations will be conducted among medical representatives of pharmaceutical firms to ensure the accurate dissemination of information about IUD.
<i>Resources:</i>	Market Development Director with ad hoc firm on market study. Market Development Director with Grants team on the development of an RFA. Based from market study, Market Development Director to identify potential pharma partners with whom IUD launch program can be developed. Potential pharma partners for IUD to design launch program and orientation schedule for their representatives with TA from PRISM.
<i>Milestones/Expected output:</i>	Gathered information on the IUD market
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 4; PRISM-PMP: 2.3)

<i>IR 2.1.1.2.e Develop marketing strategies for the introduction of IUDs.</i>	
<i>Time frame:</i>	July-September 2007
<i>Task Description:</i>	The IUD study conducted on the last quarter of Year 1 has already been completed. This study would be used to further update the information that we have on IUD utilization and provision. Pharmaceutical companies with IUD products will be assisted to develop marketing strategies to widen the acceptance of IUDs as a long-term method for women who wish to limit fertility but are not yet ready for a permanent method. An RFA for Marketing IUDs will be issued during Year 3 with a total grant fund of \$100,000.
<i>Resources:</i>	Market Development Director, in collaboration with TRU and Grants Team
<i>Milestones/Expected output:</i>	Introduction of affordable IUD product in the commercial market from identified potential partner/s.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 4; PRISM-PMP: 2.3)

<i>IR 2.1.1.2.f Support IUD product launching through a grant.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	PRISM project will support the IUD product launch through a grant award to the pharmaceutical partner who will be responsible in the selling and distribution of IUD nationwide.
<i>Resources:</i>	Market Development Director with identified support team from within PRISM to provide TA to grantee for their IUD product launch.
<i>Milestones/Expected output:</i>	IUD grant awarded
<i>Direct Contribution to PRISM Indicators:</i>	Outcome Indicators: USG-FP/RH: 1; PRISM-PMP: 2.3 Process Indicators: USG-FP/RH: 4

<i>IR 2.1.1.2.g Provide contraceptive technology training on IUD among Private Practice Midwives (PPMs).</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	As part of the pre and post launch activities of the IUD in the commercial market, the market development team envisions that the IUD marketing grantee will provide the contraceptive technology training on IUD among the PPMs with the technical assistance on training from the private practice initiatives.
<i>Resources:</i>	Market Development Director in collaboration with the PPI Director and key regional staff.
<i>Milestones/Expected output:</i>	Increased involvement in CTU training among PPMs
<i>Direct Contribution to PRISM Indicators:</i>	Process Indicator/s: USG-FP/RH: 2 (Support activity for: USG-FP/RH: 1; PRISM-PMP: 2.3)

<i>IR 2.1.1.3 Support the growth of affordable micronutrients</i>	
<i>Time frame:</i>	May-December 2007
<i>Task Description:</i>	Collaborate with the A2Z project on marketing iron tablets, ORS, iron folic acid and other critical micro-nutrients
<i>Resources:</i>	Market Development Director with a support team from within PRISM to initiate/develop program of collaboration with concerned A2Z project team.
<i>Milestones/Expected output:</i>	Integration and availability of MCH supplies through PRISM's market development component
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: IR 2.1)

<i>IR 2.1.1.3.a Assess the affordability and access to micronutrients for low-income consumers.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	PRISM project will undertake an assessment on the affordability and accessibility of micronutrient brands that are available in the market for the low-income consumers.
<i>Resources:</i>	Market Development Director to engage services of IMS or other market research firms for an ad hoc study to assess the availability of affordable and accessible micronutrient brands
<i>Milestones/Expected output:</i>	An updated MCH products data base that will facilitate PRISM's market development efforts/collaboration with A2Z project.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: IR 2.1)

<i>IR 2.1.1.3.b Review market data on the consumption of selected micronutrients.</i>	
<i>Time frame:</i>	Quarterly starting January 2007
<i>Task Description:</i>	It is also important, that the market development team conducts a review of market data of the pregnancy and lactation vitamins with folic acid, iron and Vitamin A.
<i>Resources:</i>	Market development team with IMS, or another market research firm engaged for the ad hoc study and A2Z ..
<i>Milestones/Expected output:</i>	Gathered information on the consumption of micro-nutrient
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: IR 2.1)

<i>IR 2.1.1.3.c Establish a collaborative relationship with the A2Z Project for micro-nutrients.</i>	
<i>Time frame:</i>	Quarterly starting January 2007
<i>Task Description:</i>	A collaborative relationship with the A2Z project will help synergize efforts toward achievement of objectives of PRISM project.
<i>Resources:</i>	Market development Director to develop collaboration guidelines to be echoed to regional levels.
<i>Milestones/Expected output:</i>	Conducted joint activities with the A2Z Project
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: IR 2.1)

<i>IR 2. 1.1.4.d Develop marketing communication and BCC materials for breastfeeding and micro-nutrients.</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	PRISM project will work with pharmaceutical partners in the development of the prototype communication materials on breastfeeding and micro-nutrients.
<i>Resources:</i>	Market Development Director with BCC specialist in collaboration with A2Z
<i>Milestones/Expected output:</i>	A high impact marketing communication and BCC materials
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: IR 2.1)

<i>IR 2. 1.1.3.e Develop in collaboration with pharmaceutical partners' new method-specific communication and BCC materials.</i>	
<i>Time frame:</i>	November 2006-March 2007
<i>Task Description:</i>	Evidence-based IEC (Information Education and Communication) materials that have been gone USAID review and received approval through other USAID-assisted projects (like The Social Acceptance Project-FP), will be re-printed and used by pharmaceutical partners and retailing outlets in the course of serving as FP information referrals. These will be made strategically available at drugstores, doctors and midwives' clinics, cooperatives, health and beauty counters, etc. Messages will need to be coordinated with the other two components.
<i>Resources:</i>	Market Development Director with pharma grantees, in coordination with BCC specialist.
<i>Milestones/Expected output:</i>	Developed new method specific communication and BCC materials
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.1.1.3.f Develop community-based information network to support midwives.</i>	
<i>Time frame:</i>	February-December 2007
<i>Task Description:</i>	PRISM project will link with NGOs with whom we would provide our key messages on FP and MCH so that they can encourage women and mothers to go to our specified midwives for FP/MCH services.
<i>Resources:</i>	PRISM Manila to develop and echo guidelines to regional level for a harmonized approach by identifying acceptable NGOs to whom PRISM regional operations staff can link with in directing their members to identified midwives that offer FP/MCH services..

<i>Milestones/Expected output:</i>	Operational community-based information network to support midwives
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3, 3.2)

<i>IR 2. 1.1.3.g Establish a collaborative relationship with the new USAID ARMM Health Project for private sector FP/MCH marketing activities.</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	We will work hand in hand with the ARMM Health Project to help find and tap market opportunities for linking with the private sector partners.
<i>Resources:</i>	With PRISM Mindanao team, Market Development Director to echoe guidelines in collaborating with the USAID ARMM Health projects particularly on FP/MCH marketing activities.
<i>Milestones/Expected output:</i>	Conducted joint activities in ARMM
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3, 3.2)

IR 2.1.2 Distribution networks increased.

<i>IR 2.1.2.1 Facilitate the development of a community-based referral network of drugstores, midwives and other health providers</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	To strengthen the referral system among our grantees and non grantees—Midwives, DSAP and non DSAP drugstores and other private practitioners/health providers in support of the FP/MCH program.
<i>Resources:</i>	Market Development Director to work with TRU's key staff on a referral network module that regions can implement.
<i>Milestones/Expected output:</i>	An active referral network of drugstores, midwives and other private practitioners in the communities where grantees and partners are.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3, 3.2)

<i>IR 2.1.2.1.a Monitor the pharmaceutical companies' orientation for pharmacy store owners, staff and other retail partners as active referral points in their respective communities.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	Maximization of the PRISM-developed module on pharmacy staff orientation shared with the pharmaceutical

	partners will be regularly monitored and followed up on how this will contribute to the establishment of drugstores as active referral points.
<i>Resources:</i>	Market Development Director to develop and pursue a program that will piggy-back on existing orientation efforts/schedule of pharma partners utilizing the PRISM-developed module..
<i>Milestones/Expected output:</i>	Gathered information on the level of activities and the field experiences of pharmaceutical (challenges and best practices) partners
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3, 3.2)

<i>IR 2.1.2.1.b Facilitate the establishment of community-based referral network with midwives, workplace doctors, nurses, pharmacists and distributors.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	The establishment of a community-based referral network will expand the distribution network of PPMs, workplace doctors, nurses, pharmacists and distributors for FP/MCH products.
<i>Resources:</i>	With TRU, regional directors, Workplace and PPI directors, Market Development Director will coordinate data on pharma distributors and contact points at PRISM SIAs.
<i>Milestones/Expected output:</i>	Operational community-based referral network
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3, 3.2)

<i>IR 2.1.2.1.c Expand distribution of FP/MCH products through pharmacy chains (Mercury Drug, Watsons, Rose and other top wholesalers).</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	To facilitate the expansion of distribution of FP/MCH products, the market development initiatives will help the pharmaceutical partners in establishing good business relationships with the major distribution channels like Mercury Drug, Watsons, Rose Pharmacy and other top wholesalers by convincing them to help grow the market of socially price-sensitive FP/MCH products.
<i>Resources:</i>	Market Development Director to facilitate discussion between pharma partners and major distribution channels.
<i>Milestones/Expected output:</i>	Expanded distribution network

<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1; PRISM-PMP: 2.1, 2.2, 2.3)
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<i>IR 2.1.2.1.d Establish a collaborative relationship with the new USAID Philippines Tuberculosis Initiatives Project.</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	We will also work hand in hand with the TB-LINC Project to help provide a linkage between the PRISM Project and the doctors and nurses involved in the TB-LINC Project.
<i>Resources:</i>	Market Development Director to coordinate with other Workplace and PPI Directors during collaborations with TB-LINC Project.
<i>Milestones/Expected output:</i>	Conducted joint activities with the USAID TB-LINC Project
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for partnership-building towards attaining USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.1.2.2 Assist in the implementation of marketing strategies for Private Practicing Midwives (PPMS)</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	This will link market development initiatives to private practioners initiatives as a harmonized approach in enhancing the business value of PPMs
<i>Resources:</i>	Market Development Director with birthing home grantees, in collaboration with PPI Director and key regional project staff.
<i>Milestones/Expected output:</i>	Developed marketing/business plans for PPMs Developed a marketing strategy for the Adopt-a-Midwife-Program
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3, 3.2)

<i>IR 2.1.2.2.a Assist in the development of marketing plan for the PPMs business development of FP/MCH services.</i>	
<i>Time frame:</i>	January-June 2007
<i>Task Description:</i>	The development of marketing plan for the PPMs will help the midwives build their management capacity and prospects for sustainability as they expand their FP/MCH service delivery systems.
<i>Resources:</i>	Market Development Director with birthing home grantees, in collaboration with PPI Director and key regional project staff.

<i>Milestones/Expected output:</i>	Developed a marketing/business plans for PPMs
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3, 3.2)

<i>IR 2.1.2.2.b Develop a marketing strategy for midwives in the Adopt-a-Midwife Program.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	In coordination with the private practice initiatives, the market development team will work closely with the consultant in crafting the marketing strategy for midwives under the Adopt-a-Midwife program. The program is in partnership with the Rotary International with the objective of developing entrepreneur-midwives with their own birthing homes.
<i>Resources:</i>	Market Development Director with birthing home grantees, in collaboration with PPI Director and key regional project staff.
<i>Milestones/Expected output:</i>	Developed a marketing strategy for the Adopt-a-Midwife program
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 3, 8; PRISM-PMP: 2.1, 2.2, 2.3, 3.2)

<i>IR 2.1.2.2.c Assist in the monitoring of business plan implementation.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	The market development team will assist the private practice initiatives in following up and monitoring the midwives business plan implementation through the regional offices.
<i>Resources:</i>	Market Development Director with birthing home grantees, in collaboration with PPI Director and key regional project staff.
<i>Milestones/Expected output:</i>	Conducted the monitoring of business plan implementation
<i>Direct Contribution to PRISM Indicators:</i>	Follow-up to Matching Forum/PPMs; Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2

<i>IR 2.1.2.2.d Assist in the business development linkage of midwives with pharmaceutical partners.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	The pharmaceutical partners will be encouraged to link up with the entrepreneur-midwives to increase and expand the business value of private providers in FP/MCH products and services.

<i>Resources:</i>	Regional staff (through guidance of Market Development Director based from agreements with pharma partners' head officers) will link pharma partners regional fieldforce-counterparts in respective regions with BEST graduates and non BEST entrepreneur-midwives to provide them both opportunities in making FP/MCH products and services increase the business value of these private providers.
<i>Milestones/Expected output:</i>	Established linkages between midwives and pharmaceutical partners
<i>Direct Contribution to PRISM Indicators:</i>	Follow-up to Matching Forum/PPMs; Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2

IR 2.1.3 Evidence-Based Medicine detailing skills of pharmaceutical trainers upgraded.

<i>IR 2.1.3.1 Integrate EBM approach into the current training module of pharmaceutical trainers.</i>	
<i>Time frame:</i>	May-December 2007
<i>Task Description:</i>	Collaborate with pharma partners trainers for the integration and implementation of a PRISM-harmonized FP evidence based medicine detailing skills program
<i>Resources:</i>	Market Development Director with PRISM team knowledgeable on EBM and effective detailing skills for a workshop with the pharma partners trainers and brand managers.
<i>Milestones/Expected output:</i>	User-friendly evidence based medicine detailing skills module acceptable to both pharma partners and PRISM
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.1.3.1.a Finalize the evidence-based medicine training modules.</i>	
<i>Time frame:</i>	November 2006-May 2007
<i>Task Description:</i>	PRISM engaged a consultant to prepare the evidence-based medicine (EBM) introductory materials. The consultant has already conducted a one-on-one meeting with the multi-nationals (Organon, Schering and Wyeth). These meetings were conducted to assess the degree by which these companies are utilizing EBM and EBD as an approach in their training programs. Another consultant was hired to undertake the preparation of a module on EBM. Outputs from these consultants will be ready by the 1 st quarter of 2007.
<i>Resources:</i>	Market Development Director and support team to consolidate the outputs of both consultants and come up with a harmonized version that will be utilized in the

	planned EBM detailing TOT workshop with these pharma partners.
<i>Milestones/Expected output:</i>	Developed evidence-based medicine (EBM)
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.1.3.1.b Pilot evidence-based medicine training modules with the Asia Pacific Center for Evidence-Based Medicine/Association of Pharmaceutical Trainors.</i>	
<i>Time frame:</i>	February-May 2007
<i>Task Description:</i>	There are two trainings that will be conducted, a TOT (Training of Trainors) and a follow-up training. The Asia Pacific Center for Evidence-Based Medicine and the Association of Pharmaceutical Trainors will be contracted to conduct the pilot-testing of the modules developed for the conduct of the evidence-based medicine training among the trainors of the pharmaceutical partners. These trained representatives of the pharmaceutical partners will then re-echo the training to their respective medical representatives.
<i>Resources:</i>	From the pilot testing of the EBM training modules by Asia Pacific Center for Evidence-Based Medicine, Association of Pharmaceutical Trainors), Market Development Director to organize a team to /provide TA/work with the pharma partners identified trainors for the intended TOT.
<i>Milestones/Expected output:</i>	Piloted EBM training modules
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.1.3.1.c Introduce and train pharmaceutical companies' trainers on EBM detailing.</i>	
<i>Time frame:</i>	April-December 2007
<i>Task Description:</i>	In reinforcing training objectives among drugstore pharmacists centering on evidence-based counseling (EBC), medical representatives will also be introduced to evidence-based detailing (EBD) as a means to counter objections or allaying fears and misconceptions among current users or prospective FP acceptors. The plan is to train pharmaceutical company trainers who can then cascade their training to their respective medical representatives. EDB detailing aids or IEC (Information, Education and Communication) materials will also be produced to assist the representatives in detailing to doctors and drugstore

	pharmacists. As part of the medical representatives training program, an M&E component will be introduced to monitor progress on achieving the targeted number of trainees as well as ensuring quality of training provided.
<i>Resources:</i>	Market Development team to work closely with Communications Specialist, BCC specialist on requirements to facilitate support to pharmaceutical trainers.
<i>Milestones/Expected output:</i>	Trained pharmaceutical companies' trainers
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3)

IR 2.2 Readiness of the pharmaceutical industry to respond to market development and commercial opportunities increased

IR 2.2.1 Import duties on pharmaceutical products reduced. By linking with key decision makers in government agencies – Department of Health, National Economic and Development Authority (NEDA), Department of Finance that can facilitate the possible reduction of import duties on pharmaceutical products – particularly hormonal contraceptive products as well as maternal and child health products.

<i>IR 2.2.1.1 Support regulatory approvals for tariff and tax reviews</i>	
<i>Time frame:</i>	November 2006-December 2007
<i>Task Description:</i>	Along PRISM's objective to encourage new players to expand market and provide women of reproductive age with more choices, market development component will engage concerned regulatory agencies to facilitate/support regulatory approvals for tariff and tax reviews for new hormonal contraceptive brands.
<i>Resources:</i>	Market Development to engage services of a pharmacist-regulatory expert familiar with concerned agencies approval process and who will collaborate with the pharma partners identified regulatory managers/staff..
<i>Milestones/Expected output:</i>	Reduced tariffs and taxes for IUDs
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.1.2 Establish a collaborative relationship with the USAID Policy Project</i>	
<i>Time frame:</i>	November 2006-December 2007
<i>Task Description:</i>	Regularly coordinate/collaborate with USAID Policy Project staff on project policies that can facilitate easier project implementation particularly those concerning market development.

<i>Resources:</i>	Market Development Director with PRISM's policy team, DCOP and COP.
<i>Milestones/Expected output:</i>	Conducted joint activities with the USAID Policy Project
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.1.3 Establish a collaborative relationship with the Philippine International Trading Corporation (PITC).</i>	
<i>Time frame:</i>	November 2006-December 2007
<i>Task Description:</i>	Considering that the Philippine International Trading Corporation has been successful in facilitating the lateral importation of some pharmaceutical products, we will establish a collaborative relationship to help us in the possibility of bringing in FP/MCH products for their "Botika ng Bayan (BNB)" program nationwide.
<i>Resources:</i>	Market Development Director to initiate and explore engagement with key decision makers of PITC focused on paving the availability of pharma partners' FP/MCH products in their "Botika ng Bayan" program.
<i>Milestones/Expected output:</i>	Expanded distribution of commercial contraceptives to Botika ng Barangay (BNB) nationwide
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

IR 2.2.2 Procedures on registration of products, manufacturing and importation improved.

<i>IR 2.2.2.1 Improve the policy environment for commercial marketing.</i>	
<i>Time frame:</i>	May-December 2007
<i>Task Description:</i>	PRISM is to come out with a user friendly guideline/manual that can be shared to potential new pharma partners on updated procedures on FP and MCH products registration, manufacturing, and importation.
<i>Resources:</i>	Market Development Director with the contracted pharmacist-regulatory expert.
<i>Milestones/Expected output:</i>	A manual/guideline on updated procedures on products registration, manufacturing and importation
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.2.1.a Assist and participate in the STTA for BFAD's "Specialty Unit" for hormonal product registration.</i>	
<i>Time frame:</i>	January-June 2007
<i>Task Description:</i>	<p>This task description has no relevance to IR 2.2.2.1. To influence the shift of clients from the public sector to private market sources, exchanging information with LGUs on their FP activities and market data during Year 2 will lead to better coordination. Data from SIAs can then be shared with pharmaceutical partners to serve as indicators on where they should concentrate their marketing and detailing efforts or serve as feedback on where they have succeeded in the conversion.</p> <p>The STTA is to support the creation and easy access of PRISM's pharma partners to BFAD's specialty unit</p>
<i>Resources:</i>	Market Development Director to come up with a guideline that can be operationalized at the regional/SIAs level in terms of info that can be shared with pharma partners.
<i>Milestones/Expected output:</i>	Fast-tracked hormonal product registration
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.2.1.b Facilitate inclusion of new brands and new formulations of MCH product at PNDF to assist LGU procurement</i>	
<i>Time frame:</i>	November 2006-December 2007
<i>Task Description:</i>	PRISM will make representations with the Bureau of Food and Drug's Ethics Committee in collaboration with pharma partners for the inclusion of their FP/MCH new formulations in the Philippine National Drug Formulary
<i>Resources:</i>	Market Development Director to collaborate with the pharma partners brand managers and regulatory staff.
<i>Milestones/Expected output:</i>	Increased FP and MCH formulations in the PNDF
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.2.1.c Establish a collaborative relationship with the new USAID Policy Project.</i>	
<i>Time frame:</i>	Intermittent starting November 2006-November 2007
<i>Task Description:</i>	The PRISM project, through the market development component will initially coordinate and collaborate with the

	new USAID LGU Capacity Building Project starting the last quarter of 2006 and collaborate intermittently beginning the 1 st quarter of 2007.
<i>Resources:</i>	Market Development Director to come up with national guideline that will be echoed to the regions for clear-cut understanding on areas of collaboration..
<i>Milestones/Expected output:</i>	Conducted joint activities with the USAID Policy Project
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.2.2 Assist in sustaining FP/MCH products' market development</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	PRISM to engage with identified FP and MCH pharma partners/distributors and, A2Z project in the aspects of brands market planning and repeat business for sustainability as part of PRISM's objective for a sustained and expanded FP market with MCH product and services integrated
<i>Resources:</i>	Market Development Director and support team to facilitate and oversee the realization of said task.
<i>Milestones/Expected output:</i>	More sustainable FP/MCH products in the Philippine market that can benefit consumers, women of reproductive age and their children from their products choices
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.2.2.a Conduct the Second CEO Summit to be attended by top executives of pharmaceutical partners and facilitate the Strategy Coordinating Committee (SCC).</i>	
<i>Time frame:</i>	June 2007
<i>Task Description:</i>	Following on the success of the First CEO Summit held in Manila and attended by CEOs, presidents, and general managers together with their respective marketing directors/managers, a Second CEO Summit will be held in June of 2007 to follow-up on issues/concerns and agreements made by our pharmaceutical partners specifically concerning the expansion of the commercial market for contraceptives. Initial concurrence to participate had already been gathered from key partners like Wyeth, Schering, Organon, Marketlink, etc. This will be spearheaded by the market development component of the PRISM project.

	Prior to the conduct of the Second CEO Summit, the SCC (Strategy Coordinating Committee) will meet to decide on who will be invited or whether to invite additional companies including those involved with MCH. This is also an opportune time to briefly re-orient our pharmaceutical partners again on the goals of the project given it has somehow widened its scope to become 'family health'.
<i>Resources:</i>	Market Development Director as the driving force in pursuing this task with identified support team from within the project.
<i>Milestones/Expected output:</i>	A successful 2 nd CEO Summit focused on PRISM's new mandate for Family Health Update SCC Membership and Commitments
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.2.2.b Follow-up with foreign manufacturers and distributors which participated in the International Trade Mission of Contraceptive Manufacturers.</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	PRISM will follow-up with foreign manufacturers and distributors which participated in the International Trade Mission of Contraceptive Manufacturers last year. Pharmaceutical companies that participated in the trade mission will be contacted for follow-up on the status of their marketing contraceptives in the commercial market. The trade mission gives the local companies a unique opportunity to get easy access to contraceptives they can market locally without incurring travel and accommodation expenses on their own. The trade mission is composed of reputable foreign manufacturers that have established track records on quality and supply of low-medium priced contraceptives.
<i>Resources:</i>	Market Development Director with support team to embark on this follow through agenda.
<i>Milestones/Expected output:</i>	Gathered information on partnerships made between the international and local pharmaceutical firms
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

IR 2.2.3: Develop public-private partnership in collaboration with LGUs

<i>IR 2.2.3.1 Conduct regular coordination meetings on LGU procurement of contraceptive commodities and join workshops with selected LGUs.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	<p>The Market Development Initiatives will facilitate/support a workshop among LGUs following DOH's new directive on CSR in collaboration with other USAID cooperating agencies like Health Governance.</p> <p>Follow through coordination meetings with identified LGUs to cover beyond procurement but an understanding and compliance by these LGUs of the new DOH supported CSR program. The intra CA collaboration between PRISM and HealthGovernance will also include the Provincewide Health Investment Plan. This activity will enable the market development initiatives to link the different pharmaceutical partners with these LGUs.</p>
<i>Resources:</i>	Regional operations key staff with support/guideline from the Market Development Director..
<i>Milestones/Expected output:</i>	<p>Public-private partnerships workshops .</p> <p>An organized schedule of coordination meetings that will strengthen collaboration with Health Governance and linking of the pharma partners.</p>
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.3.2 Participate in public and private workshops with the Province of Pangasinan.</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	The Market Development Initiatives will continue to work with the Province of Pangasinan in conducting joint workshops with private and public stakeholders in targeted SIAs.
<i>Resources:</i>	Market Development Director with the Luzon team
<i>Milestones/Expected output:</i>	The public-private partnerships workshops
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

IR 2.2.4: Access to market information increased

<i>IR 2.2.4.1 Coordinate, monitor and collate pharmaceutical sales data.</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	<p>Quarterly sales data from IMS purchased as a regular subscription will be shared with pharmaceutical partners to advise them on market developments. These feedback reports can help them improve sales in a free market environment, particularly in regions showing high potential for conversion of FP users from public to private sources for products. The market development component will set-up a clearer reporting system in terms of getting the data on pharmaceutical sales to companies/workplace grantees and pharmaceutical sales to BEST graduates.</p> <p>As PRISM activities and programs are implemented in each component, more detailed market data at the PRISM SIA level will be required to evaluate interventions implemented in the SIAs. These will be made available semi-annually. For the convenience of personnel and organizations with access to ORBIT, SIA sales data will be made available thru the site. Currently data received is in excel files but Component 2 will get assistance from the MIS Specialist to convert these into powerpoint slides to make these more user-friendly. Data will be uploaded on the site semi-annually (every third quarter and first quarter of the year).</p> <p>For Year 3, PRISM will procure only quarterly macro data from IMS. This is more cost efficient since this is the data which we use to validate PRISM's Project Monitoring Plan. The market development component has decided to complement macro data with data sourced from the pharmaceutical partners in order for PRISM to have access to regional data without procuring it from IMS.</p>
<i>Resources:</i>	Market development Director with support team in collaboration with pharma partners
<i>Milestones/Expected output:</i>	Information on the status of the monitoring of pharmaceutical data
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.4.2 Validate sales data from marketing and distributing companies through IMS and pharmaceutical sales report.</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Task Description:</i>	Since only annualized data is available from the public sector, the year end annual review will incorporate this into the commercial market if only to track rate of pull-out of the donated goods. Married with the commercial sales, this data will also provide good estimates on shifts from free to commercial sources of contraceptive products.
<i>Resources:</i>	Market Development Director with support team and in collaboration with TRU.
<i>Milestones/Expected output:</i>	Validated sales data
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

<i>IR 2.2.4.3 Establish a collaborative relationship with the new USAID ARMM Health Project for FP/MCH marketing activities at the private sector.</i>	
<i>Time frame:</i>	Intermittent starting November 2006
<i>Task Description:</i>	The PRISM project, through the market development component will initially coordinate and collaborate with the Helen Keller Institute (concerning MCH products) starting the last quarter of 2006 and collaborate intermittently beginning the 1 st quarter of 2007.
<i>Resources:</i>	Market Development Director, in consultation with Mindanao Team and ARMM Project
<i>Milestones/Expected output:</i>	Conducted joint activities with the USAID ARMM Health Project
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3)

Private Practice Initiatives

SO3. Business value of FP and MCH in private providers' practice increased.

Description:

Based on PRISM's results framework, the Private Practice Initiatives objective is: Business value of FP and MCH in private providers' practice increased. The idea is for private practitioners to realize the business/monetary value of including FP and MCH services into private practice so that it will be a regular part of their practices. As the private sector realizes profit from the regular provision of FP/MCH services, the unmet demand particularly for FP will be addressed. It must be noted that most, if not all private practicing midwives already

include the wide range of MCH services in their practices as this constitute a major source of their income. There is greater challenge in incorporating FP services regularly.

More specifically, Private Practice Initiatives will work on increasing the number of private practice midwives with self-sustaining financially viable private practices that include FP and MCH services and supplies in PHIC accredited birthing homes.

At the same time, increased medical professional support for FP and MCH, particularly through support for private midwives practices, will be pursued.

Work with doctors and nurses will be limited to activities related with company clinics, under the workplace initiatives. For Private Practice Initiatives, work with the doctors will be pursued only as it contributes to enhancing the capacity of PPMs to apply for PHIC, as in for example advocating or brokering for doctors' tie-ups with PPMs as required for accreditation.

MCH for PRISM includes the following services:

1. Counseling during the pre-natal care period that includes the following health education topics:
 - a. counseling on FP methods she can choose from to be used during the post-partum period (LAM, IUD, progestin-only contraceptives, voluntary sterilization);
 - b. benefits of exclusive breastfeeding
 - c. benefits of delivery in a health facility attended by a skilled/trained health worker
 - d. benefits of infant immunization
 - e. benefits of post-partum Vit. A administration
 - f. maternal nutrition for pregnant and lactating mothers (including micronutrients)
 - g. Danger/warning signs during pregnancy
 - h. When to refer
2. Administration of Tetanus toxoid immunization for pregnant women
3. Development of a birthing plan by the pregnant mother
4. For the health care provider: Review of the standard operating procedures in the conduct of a normal spontaneous vaginal delivery

Indicators:

Outcome Indicators: USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM PMP3.2; PRISM 2.1, 2.2, 2.3

Process Indicators: PRISM 3.1; USG-MCH: 1,3, 9, 10; USG-FP/RH: 2,4,6,7,9

Intermediate Results/Tasks:

- IR 3.1 Increasing numbers of midwives with self-sustaining private practices, while incorporating Family Planning and expanded Maternal and Child Health services in PHIC-accredited birthing homes.
- IR 3.2 Increasing support from medical profession for FP and MCH services as an essential part of good provider practice.

Description of Tasks:

IR 3.1 Increasing numbers of midwives with self-sustaining private practices, while incorporating Family Planning and expanded Maternal and Child Health services in PHIC-accredited birthing homes. Focus on birthing homes that are PHIC accredited will enhance the DOH mandate to increase deliveries in facilities attended by skilled health workers that in turn will contribute to reducing maternal deaths related to childbirth. This likewise contributes to the Millennium Development Goals of the

IR 3.1.1 Models of PHIC-accredited birthing homes developed. Different ways of developing PHIC-accredited birthing homes owned by private practicing midwives will be identified for possible replication by sustainability partners. Models will be defined as “Best Practices” among PPMs’ experiences in developing their facilities into DOH-licensed and PHIC-accredited birthing homes and will serve as practical guides to other midwives similarly situated.

Based on actual SIA mapping conducted by PRISM FP coordinators in the 3rd and 4th quarters of Project Year 2, the following data were collated:

Number of PPMs with lying-in clinics or birthing homes:

North Luzon	=	43
South Luzon	=	54
Visayas	=	5
Mindanao	=	9
Total	=	111

The three PRISM regional offices will each implement the midwives strategy in their areas for two PPMs with lying-in clinics or birthing homes, providing them technical assistance to attain PHIC accreditation. A total of eight (8) PPMs will therefore be assisted—two PPMs each for North Luzon, South Luzon, Visayas and Mindanao. Models will be defined as “Best Practices” among PPMs’ experiences in developing their facilities into DOH-licensed and PHIC-accredited birthing homes and will serve as practical guides to other midwives similarly situated.

The purpose of this initial implementation is for PRISM to learn by experience how to provide specific technical assistance to PPMs to attain PHIC accreditation. This will better equip the project in providing technical assistance to NGOs that will implement the roll-out of the strategy through the grants program.

It is worth mentioning that even before or while the initial phase is on-going, the Request for Applications (RFA) for the roll-out phase will be issued, proposals will be evaluated and it is anticipated that the grants will be awarded exactly at the start of the project year 3–i.e., the first quarter of calendar year 2007.

PRISM will closely coordinate and work with both the DOH and the PHIC in ensuring that the technical assistance provided to PPMs are accurate and appropriate. PRISM staff at national and regional offices will inform and elicit the active participation of DOH and PHIC in related PRISM activities whenever applicable and possible.

The “Convince” Phase of the Strategy (Search/Select)

Objective: To identify, locate and convince PPMs with birthing homes (as priority) to develop their clinics and apply for PHIC accreditation.

For the initial phase, PRISM will start with “low-hanging fruits”–PPMs with lying-in clinics or birthing homes that are close to becoming PHIC-accredited. These midwives, identified through the SIA mapping, will be further assessed, and upon expression of interest to participate in the PRISM strategy, will receive technical assistance until PHIC accreditation is attained.

The reasons for starting with these PPMs are:

1. to demonstrate success early in the implementation of the strategy;
2. to determine and demonstrate economic benefits and business advantages of becoming PHIC accredited as a means to promoting the strategy to other prospective PPMs; and
3. to define models for technical assistance provision to PPMs that already have birthing homes to begin with.

The following criteria will be followed in choosing PPMs with birthing homes that will be included in the project strategy:

1. birthing home is owned and operated by private practicing midwife;
2. the PPM must be duly licensed by the Professional Regulation Commission (PRC);
3. the PPM must be PHIC-accredited member also, or at least willing to apply for accreditation;
4. PPM has business and entrepreneurial acumen and aptitude and willingness to grow the business;
5. preferably with, but not absolutely required to have had, BEST training, and
6. the birthing home must be DOH-licensed or its owner must be willing to apply for DOH-licensing.

<i>IR 3.1.1.1 Conduct of Consultative Updates for BEST Graduates per SIA</i>	
<i>Time frame:</i>	November-December 2006
<i>Objectives:</i>	<ol style="list-style-type: none"> 1. to identify potential PPMs (with birthing homes) to be included in the initial phase of the strategy, as well as for the roll-out phase; 2. to follow-up on BEST graduates and gather data for PRISM's PMP annual report; 3. to provide updates on new PRISM initiatives; 4. to encourage PPMs to participate in PRISM's midwives strategy; 5. assess the possible technical assistance needs as well as the business potential of PPMs for clinic expansion or upgrading to PHIC standards
<i>Task Description:</i>	The regional offices will schedule a meeting with BEST PRISM graduates per SIA with the above objectives in mind. From among the pool of possible PPMs, two will be chosen to participate in the initial phase, while the rest will be listed down to be handed over to the RFA grantees that will implement the roll-out phase as part of PRISM's technical assistance to these grantees.
<i>Resources:</i>	<p>TRU will coordinate with regional staff in finalizing the survey tool to update midwives information; regional staff will organize the events and conduct the actual collection of data; data will be collated by TRU and utilized by the regions for updating info, identifying PPMs for direct TA and possible partnership with grantees.</p> <p>TRU will be assisting in the analysis of information towards the identification of barriers (how to address them) and opportunities (communicating them to other BEST grads).</p>
<i>Milestones/Expected output:</i>	Two PPMs for initial implementation per PRISM region (8 PPMs total) identified and expressed cooperation; other potential PPMs listed for future technical assistance by grantees; data for PMP Year 2 gathered.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM 3.1

<i>IR 3.1.1.2: Conduct FGDs or in-depth interviews on barriers to PPM's PHIC accreditation among non-PHIC-accredited PPMs; and, Follow-on FGDs among DOH-licensed and PHIC-accredited PPMs for validation of initial FGD results</i>	
<i>Time frame:</i>	December 2006 – April 2007
<i>Objective:</i>	1. to identify actual and potential barriers to PHIC

	<p>accreditation and DOH licensing from the perspectives of PPMs;</p> <ol style="list-style-type: none"> 2. to elicit PPMs' recommendations that would reduce or minimize these barriers; 3. to prepare strategies that will be used to encourage PPMs to participate in the PRISM-initiated DOH-licensing and PHIC accreditation; 4. to validate results through follow-on FGDs with PPMs whose clinics are already DOH-licensed and PHIC accredited.
<i>Task Description:</i>	<p>In coordination with the Behavior Change Communication (BCC) Specialist and M&E, Private Practice Initiatives will facilitate FGDs or in-depth interviews with a sample group of PPMs in all three regions in order to determine most common reasons or hindrances to getting or applying for DOH license and PHIC accreditation. Both urban and non-urban perspectives will be considered in the FGDs, with possible recommendations coming from the midwives themselves. Analysis and recommendations will influence the strategy as well as inform DOH licensing and PHIC' Accreditation Committees on possible modifications that may be introduced to the processes.</p> <p>Follow-on activity may be conducted such as holding another set of FGDs to validate initial results and more strongly support the recommendations thereof.</p>
<i>Resources:</i>	<p>The BCC specialist will spearhead this activity as well as in the formulation of recommendations or strategies that would result in better understanding of PPMs perceived barriers to PHIC accreditation and DOH licensing. BCC strategy will be developed as necessary.</p> <p>TRU will assist in the development of FGD questions, facilitation and analysis of results to identify barriers and potential motivations/supports.</p>
<i>Milestones/Expected output:</i>	Strategies on how to effectively encourage DOH licensing and PHIC accreditation among PPMs
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM 3.1

<i>IR 3.1.1.3 Work with the selected two PPMs' birthing homes each for North and South Luzon, Visayas, and Mindanao PRISM regional offices.</i>	
<i>Time frame:</i>	November 2006–June 2007
<i>Objective:</i>	1. To conduct the initial phase of implementation of the PRISM midwives birthing home strategy;

	<ol style="list-style-type: none"> 2. To gain in-house technical experiences/expertise on developing PPMs' birthing homes to DOH and PHIC standards 3. To equip PRISM on providing technical assistance to future grantees in the roll-out phase 4. to define models based on initial implementation
<i>Task Description:</i>	PRISM will conduct the initial phase of the midwives strategy thereby gaining expertise and technical experience in providing technical assistance to develop PPMs' birthing homes to DOH and PHIC standards. PRISM will then be in a better position to provide technical assistance to NGOs that will implement the roll-out through the grants program. In the process, models for developing these PPMs' clinics will also be defined for possible replication by partner NGOs later.
<i>Resources:</i>	PPI staff will coordinate with regional staff in selecting these PPMs based on criteria developed. Relevant data from TRU and regional files will be referred to in assessing the PPMs for eligibility for direct PRISM TA.
<i>Milestones/Expected output:</i>	PRISM model/s defined.
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3 Process indicators: PRISM 3.1; USG-MCH: 1,3, 9, 10; USG-FP/RH: 2,4,6,7,9

<i>IR 3.1.1.4 Implement the Rotary International "Adopt-A-Midwife" project in PRISM other areas</i>	
<i>Time frame:</i>	November 2006 - December 2007
<i>Objective:</i>	To implement current Rotary initiatives in other PRISM SIAs realigning it to the national strategy for private practice midwives.
<i>Task Description:</i>	Currently on-going initiatives with the Rotary are taking place in just one District—that of the Quezon City district. However, more expressions of interest have been reported among other districts all over the country, particularly in Cebu. PRISM will hire a short term consultant to finalize the Adopt-A-Midwife Project model, adapting it to the new PRISM mandate and strategy. Rotary can look at the possibility of providing venture capital to PPMs to upgrade existing PPM facilities to PHIC-accredited status, with the possibility of the PPM-owners re-paying the Rotary capital in two years or so. Another possibility is Rotary lending their buildings to groups of midwives that can set up clinics in the buildings, run the clinics and eventually buy it out

	<p>from Rotary. A third option is the conversion of used container vans into birthing homes. Cebu and Davao PRISM offices will work with Rotary counterparts to implement this partnership.</p> <p>This partnership with the Rotary is an important sustainability options for the PRISM project—as Rotary will continue the project beyond PRISM and will provide a long-term business relationship with the midwives that is mutually beneficial to both.</p>
<i>Resources:</i>	STTA contracted to develop guidelines on roll-out of the AMWP to other sites after the pilot QC project. PPI and regional staff will collaborate to replicate or implement the AMWP in areas where there is potential for success. Rotary resources that can be leveraged include possible use of building facility in Commonwealth, manpower during medical mission deployment, pharmaceutical products solicited from donors, etc.
<i>Milestones/Expected output:</i>	Rotary Model for developing PPMs birthing homes defined; on-going Rotary-Midwife relationship in Quezon City, Cebu and Davao
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3 Process indicators: PRISM 3.1; USG-MCH: 1,3, 9, 10; USG-FP/RH: 2,4,6,7,9

<i>IR 3.1.1.5 Implement the Annual Program Statement grants projects aligned to new midwife strategy</i>	
<i>Time frame:</i>	January - December 2007
<i>Objective:</i>	To ensure that current grants projects under the expired Annual Program Statement are implemented and aligned with or adapted to the new national strategy for PPMs.
<i>Task Description:</i>	At least six (6) proposals are in the pipeline of the grants process, namely, Jaime V. Ongpin Foundation, IMCCSDI, IMAP-Cebu, IMAP-Bohol, Kinasang-an, and SUMC. Private Practice Initiatives will ensure that these projects, if approved by USAID and awarded, will contribute to PRISM’s deliverables vis-à-vis the national strategy for midwives. The diversity of the proposals will allow for more models to be defined.
<i>Resources:</i>	Grants team together with PPI will supervise the implementation of these projects with close coordination with the regional staff. All grantees have projected their cost-share or counterparts in the grants project set at a minimum 25% of the total PRISM grants contribution

<i>Milestones/Expected output:</i>	APS models defined; PRISM strategy implemented through grantees
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3 Process indicators: PRISM 3.1; USG-MCH: 1,3, 9, 10; USG-FP/RH: 2,4,6,7,9

<i>IR 3.1.1.6 Issue, award, and oversee implementation of a RFA for the provision of technical assistance to develop PHIC-accredited Private Practice Midwives Birthing Homes</i>	
<i>Time frame:</i>	December 2006 - December. 2007 (until end of grants period–18 months)
<i>Objective:</i>	To develop the capability of local non-government organizations in providing technical assistance on PHIC accreditation to private practice midwives
<i>Task Description:</i>	Before the end of the calendar year 2006, the RFA entitled “Provision of Technical Assistance to Develop Private Practice Midwives’ Facilities into PHIC-Accredited Birthing Homes” will be issued. Private Practice Initiatives will evaluate the proposals submitted, with possible awarding in the early part of the new year. Private Practice Initiatives, in close coordination with the PRISM regional field staff, will closely monitor the implementation of the grants project. Inherent in the grants proposal will be periodic consultations with PRISM and regular feedback sessions in order to continually improve the project implementation during the course of the grants period.
<i>Resources:</i>	Grants team working with PPI and regional staff will ensure proper implementation of grants projects. Result of STTA on marketing will be used by grantees in providing TA to their PPMs in the area of increasing demand generation and client base.
<i>Milestones/Expected output:</i>	Proposals received, evaluated, awarded; grants projects implementation
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3 Process indicators: PRISM 3.1; USG-MCH: 1,3, 9, 10; USG-FP/RH: 2,4,6,7,9

<i>IR 3.1.1.7 Consultative Working Groups of PPMs</i>	
<i>Time frame:</i>	January., March, June, September and December 2007
<i>Objective:</i>	To organize functional consultative groups of successful private practice midwives from different midwives’ associations that provide inputs to the PRISM project on

	a regular basis serving as a guiding group for project implementation.
<i>Task Description:</i>	<p><i>Activities: Invite, organize and conduct consultative discussions with private practicing midwives on a regular basis to provide inputs to the Private Practice Initiatives implementation.</i></p> <p>PRISM will initiate the development of a core group of successful PPMs that would meet regularly with PRISM for discussions and feedback on PRISM project updates, activities, inputs on PRISM directions, business strategies, and opportunities for the PPMs, and other issues. The Consultative Working Groups—one for each region—will be composed of at least five successful private practicing midwives with birthing homes that are members of the major midwives associations and will ensure that PPMs’ concerns, issues and priorities are addressed by the PPI as much as possible. Inputs from the CWGs will be taken into consideration during workplan implementation.</p>
<i>Resources:</i>	PPI STD will be responsible for the conduct of these meetings with assistance from regional staff in organizing the events. The QA Specialist who is also in charge of all midwives’ activities will participate as applicable and assist in collation of data. All outputs of such meetings will be passed on to appropriate staff such as TRU, as applicable, for implementation.
<i>Milestones/Expected output:</i>	CWGs formed and meeting regularly in Luzon, Visayas, and Mindanao PRISM offices; PPI implementation with inputs from PPMs
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM 3.1

The “Consolidate” Phase of the Strategy (Strengthen)

Objective: To provide the specific, appropriate technical assistance necessary to help develop the PPMs’ birthing homes into PHIC-accredited facilities.

A “Flowchart for PRISM Technical Assistance to Private Practice Midwives” in Annex 3 serves as a guide to implementers of the midwives strategy—both for PRISM during the initial phase and for NGOs in the roll-out phase.

Depending on the assessed needs of the PPMs and their facilities vis-à-vis requirements for PHIC accreditation and DOH licensing, any of the following technical assistance measures will be provided:

1. BEST for Midwives to those who have not yet participated in it;

2. BEST refresher courses for BEST graduates;
3. “BEST for Midwives: Maternal and Child Health” refresher/training course will be offered;
4. other activities such as additional needed training that are required for PHIC accreditation as midwives (newborn screening, IE, IV insertion, etc)
5. marketing packages for the clinics;
6. forging PPMs tie-ups with FP/MCH suppliers, if not yet established;
7. if necessary, linking PPMs with financing institutions for assistance on business/clinic expansion;
8. possible linkage with civic organizations like the Rotary International;
9. possible assistance for facilities upgrading using the revolving grants funds loans through grantees
10. orientation/assessment for DOH licensing and PHIC accreditation;
11. linkage with Obstetricians and Pediatricians as partner-doctors for the PPMs and to enter into MOAs with them as required by the PHIC;
12. strengthening referral systems with the PPMs’ birthing homes as central hub
 - a. public-private referral systems
 - b. PPMs without clinics/no business potentials (as sources of referrals for the PPMs’ birthing homes):
 - i. Will be convinced to aspire for PHIC accreditation as midwives;
 - ii. Will be transformed as advocates for safe deliveries at PHIC-accredited birthing homes (which they themselves can attend to when they are PHIC accredited already and have tie up with those birthing homes)
 - iii. Will likewise receive BEST refreshers that include the additional PRISM MCH priorities, if they commit to (i) and (ii) above;
 - iv. Internal arrangements with PPM-owners of the birthing homes to allow for profit sharing with the “referrers”;
13. Continuing Quality Improvement tools and system for PRISM-developed/facilitated PHIC-accredited birthing homes;
14. National and local policy support

Almost all of the above technical assistance interventions are ready with materials, tools, and systems in place for implementation.

IR 3.1.2 Technical assistance package for PPMs to establish/develop PHIC accredited/able birthing homes provided.

On pre- and post-implementation data collection

<i>IR 3.1.2.1 Revision of existing data collection tools and corresponding training materials to incorporate MCH and Tiarht compliance.</i>	
<i>Time frame:</i>	November-December 2006
<i>Objective:</i>	To update current tools for data collection such as the Midwives Information Sheets for midwives and quarterly progress report tool for the grantees in order to

	reflect new data needed as well as indicators required by the project
<i>Task Description:</i>	TRU will work with regions and grantees in determining new data needed and incorporate the same into the existing tools. These tools include the midwives information sheet for midwives and the quarterly progress report tool for grantees.
<i>Resources:</i>	TRU staff, regional staff and PPI/grantees
<i>Milestones/Expected output:</i>	Updated Midwives Information Sheet and Quarterly Progress Report Tool for Grantees
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM 3.1; PRISM-PMP1.1; USG-MCH: 1, 9, 10

<i>IR 3.1.2.2 Conduct of orientation on data collection tools among grantees and other partners.</i>	
<i>Time frame:</i>	December 2006-December 2007
<i>Objective:</i>	To orient PRISM field staff and grantees on data collection tools for baseline and progress monitoring
<i>Task Description:</i>	PRISM field office staff and grantees will be oriented on the revised data collection tools to ensure common understanding and implementation.
<i>Resources:</i>	HMIS and M&E specialists
<i>Milestones/Expected output:</i>	Grantees oriented on data collection tools; Conduct of baseline data collection by grantees; Submission of accomplished quarterly progress monitoring forms
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: PRISM 3.1; PRISM-PMP1.1; USG-MCH: 1, 10)

On MCH:

<i>IR 3.1.2.3 In-house PRISM Writeshop to review and update existing Workplace Initiatives training materials</i>	
<i>Time frame:</i>	January–February 2007
<i>Objective:</i>	To ensure integration of, and reference to, MCH in all existing workplace initiatives training materials
<i>Task Description:</i>	In the PRISM project, the Workplace Initiatives and the Private Practice Initiatives (PPI) components work with service providers. Thus, capability building of these service providers is a very important technical assistance to mobilize them for FP and MCH. While the first two years saw this capability building being done for FP services, the third project year will now include MCH. For the PPI, a stand-alone, separate MCH training module will be developed. For the Workplace, PRISM

	staff will conduct an in-house review and revision of the existing materials to integrate and incorporate MCH updates.
<i>Resources:</i>	BCC Specialist, Health Training Specialist and technical specialist from Luzon will participate together with partner trainers from PBSP. TRU will participate in the review and provide inputs as necessary.
<i>Milestones/Expected output:</i>	MCH incorporated into all Workplace Initiatives training and informational materials
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: PRISM-PMP1.1; USG-MCH: 1, 9, 10; USG-FP/RH.3)

<i>IR 3.1.2.4 (In-house) PRISM Writeshop with DOH Technical Staff to develop PRISM BEST for Midwives MCH Training Course</i>	
<i>Time frame:</i>	March-April 2007
<i>Objective:</i>	To develop MCH training materials to be offered as training courses for the private practice midwives or seminars for company nurses.
<i>Task Description:</i>	Private Practice Initiatives trainers, Behavior Change Communications (BCC) Specialist and other PRISM staff will invite technical resource persons from the DOH to a writeshop that will develop the PRISM-MCH training manuals that will be used for the BEST for Midwives MCH Training Course. Working with DOH will facilitate the approval of these materials and eventual endorsement by the secretary of health. Activities will include: 1. Drafting of the materials 2. Pre-testing (to be conducted on the PPMs identified in IR 3.1.1.1 for the initial implementation by the three regions) 3. Finalization based on results of the pre-testing 4. Reproduction
<i>Resources:</i>	Training Specialist, PRISM trainers, Behavior Change Communications (BCC) Specialist and other PRISM staff TRU will participate in the writeshop and succeeding activities, e.g., pre-testing, field-testing, finalization, etc.
<i>Milestones/Expected output:</i>	BEST for Midwives MCH Training Course materials; Materials for Seminar on MCH for Company Nurses
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: USG-MCH: 1, 3, 9, 10; PRISM 3.1

On Marketing:

<i>IR 3.1.2.5 Engage Short-Term Technical Consultant to develop marketing strategies and packages for the promotion of FP and MCH services at PPMs' birthing homes through the communities and company clinics.</i>	
<i>Time frame:</i>	March-June 2007
<i>Objective:</i>	To provide marketing tools and packages for PPMs to promote their birthing homes as an attraction to participate in PRISM's midwives and MCH strategies.
<i>Task Description:</i>	<p>As a means to widening or improving the client reach of PPMs who will participate in PRISM's strategy to develop PHIC-accredited PPMs' birthing homes, a consultant will be hired to develop marketing strategies, tools, activities, packages and other similar marketing gimmicks to promote the PPMs' clinics and increase client load. The additional potential income from the marketing pitch will encourage PPMs to participate in the strategy.</p> <p>Activities will include:</p> <ol style="list-style-type: none"> 1. Hiring the marketing consultant 2. development of the marketing strategy and packages 3. pre-testing the strategy and packages 4. finalization 5. training and building PRISM in-house capacity to provide technical assistance to project partners in implementing the marketing strategy and packages 6. reproduction of materials as applicable 7. roll-out of marketing strategy as implemented by grantees and supervised by PRISM staff
<i>Resources:</i>	<p>PPI will develop SOW for this engagement, HR will look for appropriate consultant and process mission approval, market development component will provide inputs and guidance, and regions will be involved in actual implementation of the outputs.</p> <p>TRU will provide inputs in the development of marketing strategies and materials.</p>
<i>Milestones/Expected output:</i>	Marketing packages for PPMs; PRISM staff trained on marketing strategies (will form part of the TA to PPMs)
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM 3.2

On supplies provision:

<i>IR 3.1.2.6 Assist PPMs to ensure availability of free Tetanus Toxoid Vaccines from DOH</i>	
<i>Time frame:</i>	November 2006–December 2007
<i>Objective:</i>	To develop a reliable system that makes free tetanus toxoid vaccines from the DOH readily available to PPMs participating in PRISM’s MCH/midwives strategy.
<i>Task Description:</i>	<p>During the first consultative meeting held in April 2006 between PRISM, DOH and DOLE, the undersecretary for health committed to making available to PRISM’s partner midwives a regular supply of free tetanus toxoid vaccines (TTV). This was premised on the condition that the PPMs will not charge for the vaccines but only for the service rendered and needed supplies that were not given for free. PRISM will facilitate the signing of a Memorandum of Understanding or Agreement to be entered into by the Department of Health (DOH) and the midwives associations regarding this special arrangement.</p> <p>Activities will include:</p> <ol style="list-style-type: none"> 1. Follow-up consultative meetings or round table discussions with DOH, IMAP and other midwives organizations; 2. draft of a Memo of Understanding between DOH, IMAP and other organizations with PRISM as witness—to formalize commitments from both sides; 3. adapting DOH monitoring or reporting forms to account for the TTVs supplied to the PPMs; 4. Regular feedback during consultative meetings or stakeholders’ coordinative meetings as part of the activities for the referral system enhancement.
<i>Resources:</i>	TRU will assist in drafting and finalizing the MOU, facilitate continuing communications with DOH and, in collaboration with PPI, with midwives associations
<i>Milestones/Expected output:</i>	Final MOUs with agreements from both parties; Signed MOUs
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM 3.1

<i>IR 3.1.2.7 Facilitate PPMs' link with pharmaceutical companies for contraceptives and MCH supplies</i>	
<i>Time frame:</i>	December 2006 - June 2007
<i>Objective:</i>	To enhance PPMs businesses through profitable business relationships with pharmaceutical companies for products and supplies.
<i>Task Description:</i>	In coordination with the Market Development Initiatives, the Private Practice Initiatives will ensure that PPMs have access to contraceptives and MCH supplies. Monitoring activities will include determining PPMs' access to supplies through these business relationships.
<i>Resources:</i>	On-going activity that is best implemented at the regional levels with the field implementation coordinators and the technical specialists doing the actual link ups
<i>Milestones/Expected output:</i>	Directory of BEST midwives' with profitable business relationships with pharmaceutical companies.
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-FP/RH: 9)

On facilities upgrading to conform to DOH and PHIC standards:

<i>IR 3.1.2.8 Facilitate link to civic organizations, such as the Rotary, that can assist in upgrading PPMs' birthing homes.</i>	
<i>Time frame:</i>	November 2006 - December 2007
<i>Objective:</i>	To link PPMs to Rotary International, or other civic organizations, as a provider of technical support in establishing PHIC-accredited birthing homes.
<i>Task Description:</i>	In coordination with Component 2, Private Practice Initiatives will work with the Rotary International (as well as other interested civic organizations) to facilitate the provision of support to PPMs in establishing PHIC-accredited birthing homes. These civic organizations will likewise possibly form part of the sustainability partners that will continue providing technical assistance to PPMs beyond the PRISM project.
<i>Resources:</i>	Field staff will be in best position to work with available and willing civic organizations that will provide support to PRISM partner PPMs. PPI will be involved in the oversight and supervision.
<i>Milestones/Expected output:</i>	Rotary workplan
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: Support activity for: PRISM 3.1 Process indicators: USG-FP/RH: 4

<i>IR 3.1.2.9 Provisions for small instruments, or small equipment, or minor renovations through the grants revolving funds loan facility under the RFA for Birthing Homes</i>	
<i>Time frame:</i>	March - December 2007
<i>Objective:</i>	To provide incentives to qualified PPMs who express commitment to apply for PHIC accreditation with PRISM technical assistance through the grants program.
<i>Task Description:</i>	This grants revolving funds loan facility is meant to encourage qualified PPMs to participate in the PRISM strategy. Since PRISM will prioritize working with PPMs who already have birthing homes, this assistance will help improve the capacity of the PPMs to provide quality FP and MCH services but will not be the driving factor for their willingness to be accredited. As a loan, the PPMs will view this as an investment that will push them to strive hard to succeed in their businesses.
<i>Resources:</i>	Regional administrative staff will facilitate procurement based on technical specialist assessment of needed instruments, etc.
<i>Milestones/Expected output:</i>	Grantees' lists of PPMs availing of the loans, and utilization thereof
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM 3.1

On BEST for Midwives training courses:

<i>IR 3.1.2.10 Provide orientation to trainers on BEST curricula and materials</i>	
<i>Time frame:</i>	May-December 2007
<i>Objective:</i>	Provide orientation to trainers from grantees under the birthing homes grants in conducting the BEST for Midwives training.
<i>Task Description:</i>	Grantees will train PPMs who qualify to receive technical assistance for PHIC accreditation but have not undergone the PRISM BEST for Midwives training. PRISM staff will provide orientation to trainers from grantees on how to conduct the BEST for Midwives training courses.
<i>Resources:</i>	<p>Training Specialist will take the lead here with assistance from the QA/QI Specialist; some trainers from the Luzon office may be required to conduct the TOT as well</p> <p>TRU will produce a training packet for BEST courses as part of TA package, and will coordinate orientation of trainers on the BEST courses and curricula.</p>

<i>Milestones/Expected output:</i>	Grantees' trainers trained to conduct BEST for Midwives Training Courses
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-FP/RH: 3 Process indicators: USG-MCH: 1,3, 9; USG-FP/RH: 2, 6

<i>IR 3.1.2.11 Conduct of IUD training for PPMs with birthing homes, and VS for other private doctors through the grants program.</i>	
<i>Time frame:</i>	May - December 2007
<i>Objective:</i>	Issue, award and oversee implementation of a grants award on a RFA for Establishing a Sustainable Training System for Private Practitioners on Long-term FP Methods (IUD, NSV and BTL)
<i>Task Description:</i>	The Development of a Sustainable IUD Training Program for the Private Sector. PRISM will issue and award one grant to a health training institution that will set up and start implementing a sustainable IUD training program for private practitioners nationwide. The grantee will receive technical assistance from PRISM staff in setting up and conducting the BEST for Midwives training on IUD insertion and removal.
<i>Resources:</i>	Training Specialist will take lead in the implementation of this training program; PPI STD will develop the SOW for the RFA; grants team will take charge of soliciting proposals and subsequent relevant activities
<i>Milestones/Expected output:</i>	BEST for Midwives IUD Training Course Conducted and Training Program on VS for Private Practitioners set up
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicator: USG-FP/RH: 3 Process indicators: USG-FP/RH: 2

<i>IR 3.1.2.12 Through the grants program, provide technical assistance to Midwives Associations or other institutions to set up and conduct post-training follow-up/monitoring of year 2 BEST graduates to evaluate for certification as BEST midwives</i>	
<i>Time frame:</i>	April - August 2007
<i>Objective:</i>	<ol style="list-style-type: none"> 1. To follow-up and monitor 757 BEST graduates INDIVIDUALLY; 2. To determine quality services provided and verify eligibility for certification as BEST midwives; 3. To identify and encourage potential PPMs to participate in the new PRISM midwives strategy during the roll-out phase;

	4. To provide mentoring and coaching opportunities to BEST graduates as part of continuing quality improvement for their individual private practices.
<i>Task Description:</i>	RFA for Post-Training Monitoring, Evaluation of, and Technical Assistance Provision to PRISM Project Year 2 BEST for Midwives Graduates will be developed, issued and implemented. PRISM will work with these institutions to build their capacities to perform this TA beyond the project.
<i>Resources:</i>	PPI STD will prepare the SOW, grants will work on developing the RFA and solicitations; PPI, grants and field will coordinate for implementation
<i>Milestones/Expected output:</i>	757 BEST graduates followed up and assessed for certification as BEST midwives
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: No direct contribution (Support activity for: PRISM 3.2) Process indicators: USG-MCH: 9; USG-FP/RH: 4,6

On ensuring quality:

<i>IR 3.1.2.13 Develop quality assurance self-assessment system using simple tools for continuing quality improvement in FP and MCH service delivery</i>	
<i>Time frame:</i>	February - July 2007
<i>Objective:</i>	To develop and implement tools and a system that will ensure continuing quality improvement in participating PPMs' birthing homes
<i>Task Description:</i>	<p>Maintaining high quality standards is key to good business. PPMs will be encouraged to rise to this challenge with assistance from PRISM and its partner-organizations. Of course, having attained DOH and PHIC levels of standards speaks of high quality in itself. PRISM however will ensure that efforts will be taken to ensure that there will be continuing commitment to high quality.</p> <ol style="list-style-type: none"> 1. Finalization of quality improvement tools for PRISM by EngenderHealth consultant 2. pre-testing of draft QI tool 3. finalization of QI tool 4. In-house orientation on QA tools and systems 5. baseline quality measurement for partner PPMs with birthing homes (through grantees) 6. Possible follow-on grants to the RFA-Birthing Home grantees for them to Establish a Sustainable BEST Quality Assurance System 7. Transfer of technology to partners (grantees,

	<p>midwives' associations, etc.)</p> <p>8. Conduct of FP Statutory and Policy Requirements Compliance Monitoring workshop for PRISM staff by EngenderHealth consultant</p> <p>9. Tiahr/MCP monitoring as a regular activity of PRISM and partners</p>
<i>Resources:</i>	EngenderHealth consultants will provide TA to PRISM PPI and QA/QI Specialist in the conduct of the workshops and the finalization of the QI tools
<i>Milestones/Expected output:</i>	Quality standards checklists for PPMs and birthing homes
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM 3.1; 3.2

On the referral system:

<i>IR 3.1.2.14 Referral systems in place involving public-private partnerships, midwives, company clinics, private hospitals, whenever applicable</i>	
<i>Time frame:</i>	July 2007
<i>Objective:</i>	To establish or formalize or strengthen a referral system that will lead to increased clientele for the PPMs' birthing homes.
<i>Task Description:</i>	<p>PRISM will actively ensure that the Contraceptive Self-Reliance (CSR) Strategy of the DOH is being implemented in all its Strategic Intervention Areas (SIAs). In coordination with other USAID projects, particularly the LSSP, Private Practice Initiatives will assist in strengthening or establishing a referral system where local government units buy FP supplies from pharmaceutical companies and refer clients to BEST for midwives graduates; or, where companies and hospitals get the services of BEST midwives, etc. Additionally, in the context of the grants awarded to the Birthing Home RFA, PRISM will build the capacity of the grantees to establish, strengthen and implement the referral system among their beneficiary PPMs.</p> <ol style="list-style-type: none"> 1. Regular coordinative meetings with referral partners, LGUs, LGU project partners, etc. 2. implementation of recommended referral models for workplace and private practice 3. oversight of the Kinsang-an Foundation Inc. APS grants for establishing the referral system in Davao City 4. Regular database updating of referral partners information

<i>Resources:</i>	All three components of the PRISM project will collaborate to ensure effective and functional referral systems in place TRU will provide TA in the establishment, implementation, and sustainability of referral systems. It will also coordinate with USAID Health Governance and Policy Projects.
<i>Milestones/Expected output:</i>	Referral systems in place
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2)

<i>IR 3.1.2.15 Use/dissemination of client-oriented BCC/IEC materials to provide information to PPMs' clients</i>	
<i>Time frame:</i>	April 2007
<i>Task Description:</i>	BCC and communications are currently in the process of developing or reviewing several informational materials that will be used to inform PPMs' clients.
<i>Resources:</i>	BCC Specialist and Communications Specialist working with Training Specialist
<i>Milestones/Expected output:</i>	BCC/IEC materials produced and distributed.
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicator: USG-FP/RH: 3 Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2

Other Technical Assistance Activities:

<i>IR 3.1.2.16 Training on Newborn Screening: TOT and Roll-out training for priority PPMs</i>	
<i>Time frame:</i>	April - June 2007
<i>Objective:</i>	1. To develop trainers on NBS among PRISM staff and partner institutions; 2. To train priority partner PPMs on NBS in order to facilitate PHIC accreditation as midwives
<i>Task Description:</i>	PRISM PPI will coordinate with the National Institutes for Health to conduct Training of Trainers and roll out training on NBS among PRISM staff and partners. PRISM will shoulder some expenses while partners will share costs for their training.
<i>Resources:</i>	Training Specialist; Regional staff
<i>Milestones/Expected output:</i>	PRISM staff trained as trainers; PPMs of APS, RFA and initial phase trained on NBS

<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: Support activity for: PRISM 3.2 Process indicators: USG-MCH: 1; PRISM 3.1;USG-FP/RH: 2, 4
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<i>IR 3.1.2.17 MCH Updates and Orientation on Business Opportunities for PPMs Without Birthing Homes</i>	
<i>Time frame:</i>	June - August 2007
<i>Objective:</i>	<ol style="list-style-type: none"> 1. To provide MCH updates for PPMs (BEST graduates prioritized) not included in the RFA, APS and initial phase of Yr 3 project implementation; 2. Provide orientation on business opportunities for non-birthing home PPMs 3. promote tie-up with PPMs with birthing homes in order to expand referral systems
<i>Task Description:</i>	MCH updates will be provided to PPMs not included in the year 3 priority list of PPMs; this will be offered by PRISM as a catch on to collect follow up data among BEST graduates that do not have clinics; data will be used for PMP reporting; this will also be a venue to encourage PPMs to expand their businesses towards clinic setting up which can then lead to expansion of PPMs with accredited clinics (follow on activities for the RFA grantees)
<i>Resources:</i>	Training Specialist; Regional staff, TRU
<i>Milestones/Expected output:</i>	Referral partners expanded; non-birthing home PPMs updated and challenged
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-FP/RH.3 Process indicators: USG-MCH: 1; PRISM 3.1;USG-FP/RH: 2

<i>IR 3.1.2.18 Facilitate Priority PPMs' Access to Training on IV Insertion, Internal Examination and Repair of Perineal Laceration for PHIC accreditation</i>	
<i>Time frame:</i>	June - August 2007
<i>Objective:</i>	<ol style="list-style-type: none"> 1. To facilitate PHIC accreditation for PPMs that are part of the initial phase, RFA and APS; 2. To coordinate with training institutions on training requirements 3. To explore possibilities for increasing access to training through collaboration with DOH national office and regional training centers
<i>Task Description:</i>	PPMs who graduated before 1994 are required to undergo training on IE, IV insertion, and repair of lacerations in order for them to be accredited as PHIC midwives. PRISM will facilitate this training through working at making this training available in other DOH training hospitals, or implementing alternative

	certification procedures (as contained in letter from PHIC VP Banzon) or reducing barriers to access to the training.
<i>Resources:</i>	PPI STD; grantees, Training Specialist; Regional staff, TRU
<i>Milestones/Expected output:</i>	Priority PPMs certified; PHIC accreditation as midwives facilitated
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: supportive activity to USG-MCH 2 Process indicators: USG-MCH: 1; PRISM 3.1; USG-FP/RH: 2

The “Claiming” Phase of the Strategy (Submit)

On facilitating compliance with DOH and PHIC requirements and submission

<i>IR 3.1.2.19 Facilitate submission of DOH licensing and PHIC accreditation Applications</i>	
<i>Time frame:</i>	beginning June 2007
<i>Objective:</i>	To provide technical assistance to facilitate submission of application for PHIC accreditation and ensure approval thereof.
<i>Task Description:</i>	This phase actually began much earlier—with the orientation on DOH licensing and PHIC accreditation requirements and procedures. PRISM staff or, later, grantees will provide these technical inputs to PPMs participating in the project. This technical assistance ranges from the layout of the floor plan of the clinic or birthing home to complying with the numerous documents that need to be compiled prior to submission. Needless to say, PPI will coordinate with the DOH and the PHIC in ensuring that the TA provided will be accurate and up to date.
<i>Resources:</i>	PPI will provide technical oversight support at the national level while regional field staff, particularly FICs and Technical Specialists will directly provide TA to grantees and PPMs TRU will be involved in the organization, collation and analyses of data
<i>Milestones/Expected output:</i>	Applications for DOH licenses and PHIC accreditation filed.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: USG-MCH.8; USG-FP/RH.5; PRISM 3.1

<i>IR 3.1.2.20 Through grants program, develop unified policy agenda for midwives that include coordination with USAID Policy Project, PhilHealth, and DOH on enhancing licensing and accreditation policies</i>	
<i>Time frame:</i>	February-August 2007
<i>Objective:</i>	To develop a Unified Midwives Policy Agenda concurred by all major midwives' associations and ratified during a Midwives Congress that address: <ol style="list-style-type: none"> 1. DOH licensing and PHIC accreditation of birthing homes; 2. increasing PHIC benefits packages 3. new midwifery law 4. professionalization of midwifery practice
<i>Task Description:</i>	PPI with TRU and Grants will work towards providing a sole-source grants to The Zuellig Foundation as a very likely potential sustainability partner for midwives policy concerns. TZF will convene a series of TWGs on the four issues above with key decision-makers from key stakeholders over a period of two-three months. resulting recommendations from the TWGs will be refined and presented for ratification by a bigger group of key officers of all three major midwives associations during a Midwives' Congress in August 2007. This Unified Agenda will be a strong document that will be used to influence national decision-makers on relevant issues affecting midwives.
<i>Resources:</i>	PPI, Policy Specialist, grants team. TRU will provide TA in the implementation of TWGs for PhilHealth accreditation and DOH licensing.
<i>Milestones/Expected output:</i>	A Unified Policy Agenda for midwives signed by the three major midwives associations
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for:USG-MCH.8; USG-FP/RH.5; PRISM 3.1

IR 3.1.3 Information and approaches for increased business opportunities for FP/MCH in private practice provided

<i>IR 3.1.3.1 Engage Short-Term Technical Consultant to develop marketing strategies and packages for the promotion of FP and MCH services at PPMs' birthing homes through the communities and company clinics.</i>	
<i>Time frame:</i>	March-June 2007
<i>Objective:</i>	To provide marketing tools and packages for PPMs to promote their birthing homes as an attraction to participate in PRISM's midwives and MCH strategies.
<i>Task Description:</i>	As a means to widening or improving the client reach of PPMs who will participate in PRISM's strategy to develop PHIC-accredited PPMs' birthing homes, a

	<p>consultant will be hired to develop marketing strategies, tools, activities, packages and other similar marketing gimmicks to promote the PPMs' clinics and increase client load. The additional potential income from the marketing pitch will encourage PPMs to participate in the strategy.</p> <p>Activities will include:</p> <ol style="list-style-type: none"> 1. Hiring the marketing consultant 2. development of the marketing strategy and packages 3. pre-testing the strategy and packages 4. finalization 5. training and building PRISM in-house capacity to provide technical assistance to project partners in implementing the marketing strategy and packages 6. reproduction of materials as applicable 7. roll-out of marketing strategy as implemented by grantees and supervised by PRISM staff
<i>Resources:</i>	<p>PPI will develop SOW for this engagement, HR will look for appropriate consultant and process mission approval, market development component will provide inputs and guidance, and regions will be involved in actual implementation of the outputs.</p> <p>TRU will provide inputs in the development of marketing strategies and materials.</p>
<i>Milestones/Expected output:</i>	Marketing packages for PPMs; PRISM staff trained on marketing strategies (will form part of the TA to PPMs)
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM 3.2

<i>IR 3.1.3.2 Banking on Health “Course on Expanding Midwife Entre-Pinay Business (“Advanced” Business Course)” as training course for PPMs participating in the strategy.</i>	
<i>Time frame:</i>	April - December 2007
<i>Objective:</i>	To meet the need of PPMs for business training in expanding their business
<i>Task Description:</i>	As the PPMs' business grows, they will need capacity in managing their business. In coordination with PRISM, the Banking on Health Project will provide the training of trainers for PRISM grantees in conducting training on business expansion for PPMs. The grantees' trainers will then offer these courses to beneficiary PPMs whom they can charge for training fees as part of their sustainability plan.

<i>Resources:</i>	BoH consultant with a local STTA will work with PPI and Grants team to implement the TOT for business courses for partner PPMs
<i>Milestones/Expected output:</i>	Business training modules finalized; Training of trainers from grantees conducted; roll-out training
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM 3.2

<i>IR 3.1.3.3 Referral systems in place involving public-private partnerships, midwives, company clinics, private hospitals, whenever applicable</i>	
<i>Time frame:</i>	July 2007
<i>Objective:</i>	To establish or formalize or strengthen a referral system that will lead to increased clientele for the PPMs' birthing homes.
<i>Task Description:</i>	<p>PRISM will actively ensure that the Contraceptive Self-Reliance (CSR) Strategy of the DOH is being implemented in all its Strategic Intervention Areas (SIAs). In coordination with other USAID projects, particularly the HealthGov, Private Practice Initiatives will assist in strengthening or establishing a referral system where local government units buy FP supplies from pharmaceutical companies and refer clients to BEST for midwives graduates; or, where companies and hospitals get the services of BEST midwives, etc. Additionally, in the context of the grants awarded to the Birthing Home RFA, PRISM will build the capacity of the grantees to establish, strengthen and implement the referral system among their beneficiary PPMs.</p> <ol style="list-style-type: none"> 1. Regular coordinative meetings with referral partners, LGUs, LGU project partners, etc. 2. implementation of recommended referral models for workplace and private practice 3. oversight of the Kinsang-an Foundation Inc. APS grants for establishing the referral system in Davao City 4. Regular database updating of referral partners information
<i>Resources:</i>	<p>All three components of the PRISM project will collaborate to ensure effective and functional referral systems in place</p> <p>TRU will provide TA in the establishment, implementation, and sustainability of referral systems. It will also coordinate with USAID Health Governance and Policy Projects.</p>

<i>Milestones/Expected output:</i>	Referral systems in place
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2

IR 3.1.4 Partnership with relevant organizations (WPMI, Rotary, etc.) established to provide Technical Assistance to develop PPMs' PHIC-accredited birthing homes

<i>IR 3.1.4.1 Provide Technical Assistance to partner organizations through their grants projects</i>	
<i>Time frame:</i>	June, September, December 2007
<i>Objective:</i>	To capacitate relevant organizations in continuing the PRISM activities for PPMs after PRISM closes in 2009.
<i>Task Description:</i>	PRISM will provide technical assistance to the grantees specifically of the RFA for developing birthing homes. As enumerated above, there are several technical assistance measures that can be offered to PPMs based on their specific TA needs. PRISM will ensure that the grantees will be in a position to coach, train, mentor and hand-hold their partner PPMs during the course of the grants implementation and even beyond.
<i>Resources:</i>	PPI, grants team TRU will provide TA as necessary
<i>Milestones/Expected output:</i>	Monitoring of each grantee conducted; Assessment of sustainability of grantee activities conducted
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicators: USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3 Process indicators: PRISM 3.1; USG-MCH: 1,3, 9, 10; USG-FP/RH: 2,4,6,7,9

<i>IR 3.1.4.2 Hold quarterly coordinative meetings with partner organizations, LGUs, other USAID projects</i>	
<i>Time frame:</i>	March, June, September, December 2007
<i>Objective:</i>	To update partners-midwives' associations, LGUs, DOH, LSSP, HPDP, TB-LINC and SHIELD-on PRISM activities for coordination
<i>Task Description:</i>	Constant communication with partners and stakeholders will mobilize support for PRISM activities. These regular meetings will be opportunities for PRISM to regularly inform partners as well as likewise be informed of its partners' on-going activities or updates or simply to address some issues of concerns affecting implementation of the PRISM project.
<i>Resources:</i>	PPI, TRU

<i>Milestones/Expected output:</i>	Documentation of meetings
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: RFA implementation, monitoring and info management, referral system strengthening

<i>IR 3.1.4.3 Participation in national conventions of partner organizations</i>	
<i>Time frame:</i>	Schedules to be determined
<i>Objective:</i>	To update national partners with PRISM’s project developments in order for stronger support of PRISM’s activities and eventually for sustainability beyond PRISM
<i>Task Description:</i>	This activity aims to update partner organizations on PRISM activities, new developments and current thrusts, and aims to keep PRISM informed of partners’ concerns, as well as to continue goodwill among partner-project implementers.
<i>Resources:</i>	PPI STD
<i>Milestones/Expected output:</i>	PRISM presentations in national conventions
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicator: USG-FP/RH. Support activity for: partnership-building

The “Continuation” Phase of the Strategy (Sequence/Sequel)

The strategy is designed to be a cyclical set of activities that will increase the number of PHIC-accredited PPM-owned and operated birthing homes. The initial 8 PPMs directly managed or assisted by PRISM staff will provide learning experiences for the project. Lessons learned will better equip PRISM as it oversees the next cycle—this time implemented by grantees responding to the RFA for technical assistance to develop PHIC-accredited PPMs’ birthing homes. The grantees are then expected to continue the cycle as they have mechanisms in place within their grants proposals to generate revenues that will sustain the cycle of developing PHIC-accredited PPMs’ birthing homes.

IR 3.2 Increasing support from medical profession for FP and MCH services as an essential part of good provider practice. This means facilitating tie-ups between medical professionals and the private midwives (as back-up physicians)—a requirement for both DOH licensing and PHIC accreditation.

In an effort to accomplish this task, during the first two years of the project, 199 private practice physicians and 82 company doctors were provided updates on contraceptive technology. The challenge to providing inputs to physicians is in the follow up and monitoring. For year 3, PRISM efforts in working with private physicians will be directly related to the national midwives strategy – increasing physicians’ support as back-up physicians to PPMs as required by DOH and PHIC standards.

IR 3.2.1 Business value of support to PPMs by medical professionals promoted

<i>IR 3.2.1.1 Hold consultative dialogues with representatives of POGS and PPS to address physicians' concerns and enhance support for PPMs</i>	
<i>Time frame:</i>	February-April 2007
<i>Objective:</i>	To determine facilitating and hindering factors to increasing private physicians' support to PPMs and generate support for physicians' partnerships with PPMs or midwives associations.
<i>Task Description:</i>	<p>PRISM will organize round table discussions with PPS and POGS to discuss the possibility of the two bodies increasing their professional support to the PPMs. Included in the discussions will be presenting the business value and opportunities that working with PPMs will give to private physicians. The midwives associations will later enter into the discussions after initial surfacing of physicians' concerns. The midwives will look at the recommendations and will take action to address these concerns. In the end it will be expected that there will be organizational support to the national strategy in general and translated into more obstetricians and pediatricians agreeing to become back-up physicians to PPMs.</p> <p>Although in the past two years, working with local chapters or individual partners has proven to be effective and practical, PRISM will continue to make efforts to involve the national organizations. In the meantime, field operations staff will continue working with local groups of private physicians—specialists or generalists—that can potentially partner with PPMs as this is required for DOH and PHIC licensing and accreditation.</p>
<i>Resources:</i>	PPI STD will meet at the national level with these organizations; Policy Specialist will provide assistance in drafting possible MOUs and other documents.
<i>Milestones/Expected output:</i>	Dialogues conducted; POGS and PPS support to PPMs documented; or, partnerships between PPMs and local chapters of, or, individual private physicians formalized part of requirements of DOH and PHIC.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: PRISM 3.1; PRISM-PMP 3.2

<i>IR 3.2.1.2 Facilitate Memorandum of Understanding between midwives associations and physicians organizations as expression of support for PPMs</i>	
<i>Time frame:</i>	May-July 2007
<i>Objective:</i>	To formalize medical professional support to the PPMs and facilitate compliance with DOH and PHIC requirements for back-up physicians.
<i>Task Description:</i>	PRISM will help facilitate drafting and finalization of a mutually agreeable MOU between the professional organizations of the physicians and midwives. As mentioned, this will initially be attempted at the national level.
<i>Resources:</i>	PPI, Policy Specialist
<i>Milestones/Expected output:</i>	MOU signed
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: all PRISM and USG outcome indicators; PRISM 3.1; PRISM-PMP 3.2

IR 3.2.2 Referral and business models among WPMI midwives, other midwives, and other health professionals developed

Objective: To facilitate business relationships among all types of midwife practices and other health professionals

Private practice midwives without birthing facilities will refer to or bring their pregnant mothers to deliver at PRISM-developed DOH licensed and PHIC accredited birthing homes, which may include WPMI birthing homes. PPMs who may be BEST midwives will refer to doctors for FP/MCH services not within their allowable scope of practice or for emergency cases. Individual private practice midwives will refer to other midwives for services they cannot provide.

<i>IR 3.2.2.1 Facilitate Memorandum of Understanding between midwives associations and physicians organizations as expression of support for PPMs</i>	
<i>Time frame:</i>	May-July 2007
<i>Objective:</i>	To formalize medical professional support to the PPMs and facilitate compliance with DOH and PHIC requirements for back-up physicians.
<i>Task Description:</i>	PRISM will help facilitate drafting and finalization of a mutually agreeable MOU between the professional organizations of the physicians and midwives. As mentioned, this will initially be attempted at the national level.
<i>Resources:</i>	PPI, Policy Specialist
<i>Milestones/Expected output:</i>	MOU signed
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: all PRISM and USG outcome indicators; PRISM 3.1; PRISM-PMP 3.2

<i>IR 3.2.2.2 Referral systems in place involving public-private partnerships, midwives, company clinics, private hospitals, whenever applicable</i>	
<i>Time frame:</i>	July 2007
<i>Objective:</i>	To establish or formalize or strengthen a referral system that will lead to increased clientele for the PPMs' birthing homes.
<i>Task Description:</i>	<p>PRISM will actively ensure that the Contraceptive Self-Reliance (CSR) Strategy of the DOH is being implemented in all its Strategic Intervention Areas (SIAs). In coordination with other USAID projects, particularly the HealthGov, Private Practice Initiatives will assist in strengthening or establishing a referral system where local government units buy FP supplies from pharmaceutical companies and refer clients to BEST for midwives graduates; or, where companies and hospitals get the services of BEST midwives, etc. Additionally, in the context of the grants awarded to the Birthing Home RFA, PRISM will build the capacity of the grantees to establish, strengthen and implement the referral system among their beneficiary PPMs.</p> <ol style="list-style-type: none"> 1. Regular coordinative meetings with referral partners, LGUs, LGU project partners, etc. 2. implementation of recommended referral models for workplace and private practice 3. oversight of the Kinsang-an Foundation Inc. APS grants for establishing the referral system in Davao City 4. Regular database updating of referral partners information
<i>Resources:</i>	<p>All three components of the PRISM project will collaborate to ensure effective and functional referral systems in place</p> <p>TRU will provide TA in the establishment, implementation, and sustainability of referral systems. It will also coordinate with USAID Health Governance and Policy Projects.</p>
<i>Milestones/Expected output:</i>	Referral systems in place
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2

<i>IR 3.2.2.3 Use/dissemination of client-oriented BCC/IEC materials to provide information to PPMs' clients</i>	
<i>Time frame:</i>	April 2007
<i>Task Description:</i>	BCC and communications are currently in the process of developing or reviewing several informational materials that will be used to inform PPMs' clients.
<i>Resources:</i>	BCC Specialist and Communications Specialist working with Training Specialist TRU will produce client-oriented BCC materials.
<i>Milestones/Expected output:</i>	BCC/IEC materials produced and distributed.
<i>Direct Contribution to PRISM Indicators:</i>	Outcome indicator: USG-FP/RH: 3 Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2

<i>IR 3.2.2.4 Business models defined</i>	
<i>Time frame:</i>	July – December 2007
<i>Objective:</i>	To establish referrals among different midwife practice types and other health professionals
<i>Task Description:</i>	Referrals among midwives and other health professionals will be part of the referral system. Business models will be defined as “Best Practices” that are identified and documented in the course of the implementation of the PRISM strategy for midwives. These best practices are business relationships that resulted in business profitability to those involved in the relationships.
<i>Resources:</i>	PPI with assistance from Market Dev will identify best practices and categorize into business models; input will come from regional staff and field implementers as they are in best position to determine which strategies work and which do not
<i>Milestones/Expected output:</i>	Business models for PPMs
<i>Direct Contribution to PRISM Indicators:</i>	PRISM IR 3.2.2 Support activity for: PRISM 3.1; PRISM-PMP 3.2

IR 3.2.3 PHIC Reimbursement Benefits for Providers of FP/MCH-covered services promoted. As early as the second quarter of the PRISM project year 2, Private Practice Initiatives had developed an orientation package to update private providers on DOH licensing and PHIC accreditation requirements and procedures. Included in these orientations is a brief description of the PHIC benefits that service providers can get for

giving FP services that are covered by PHIC. This third project year a more intensive and focused drive to inform private doctors and hospitals on the new reimbursement package for FP methods.

<i>IR 3.2.3.1 Revise and finalize current presentations and materials on Service Provider reimbursement package for PHIC-covered FP methods and MCH services.</i>	
<i>Time frame:</i>	March-April 2007
<i>Objective:</i>	To ensure that all materials are up-to-date, PRISM-relevant, accurate and attractive to private hospitals and physicians.
<i>Task Description:</i>	Field staff will continue to provide orientation to private practitioners on the PHIC packages form which they can benefit. The idea is to encourage them to claim reimbursements for FP services and supplies as are allowed by the packages currently available.
<i>Resources:</i>	QA/QI Specialist will update and enrich the previous presentations to come up with an attractive presentation that will encourage private providers to go for PHIC accreditation and file for reimbursements TRU will provide inputs/assistance in the development of information materials.
<i>Milestones/Expected output:</i>	Updated materials on PHIC reimbursements for covered FP methods
<i>Direct Contribution to PRISM Indicators:</i>	PRISM IR 3.2.3; Support activity for: PRISM 3.1; USG-MCH.8; USG-FP/RH.5)

<i>IR 3.2.3.2 Conduct of orientation on PHIC reimbursement packages for covered FP and MCH services and supplies to private physicians, private hospitals, organizations.</i>	
<i>Time frame:</i>	May - December 2007
<i>Objective:</i>	To intensify information dissemination among private medical professionals regarding PHIC reimbursement packages for covered FP and MCH services.
<i>Task Description:</i>	With close coordination with PHIC, PRISM will conduct orientations during regular meetings or conventions of private hospitals associations, private medical professionals associations, etc. PRISM staff will be oriented on how to make these presentations and will conduct these in all the SIAs. Business value of claiming reimbursements for these services will be highlighted to attract more attention from private medical practitioners and especially hospital owners or administrators.
<i>Resources:</i>	PPI, field staff TRU will provide TA in the implementation of the TWG

	on PhilHealth FP/MCH benefits.
<i>Milestones/Expected output:</i>	Orientation seminars conducted in all SIAs; PRISM staff trained on how to provide these orientation sessions
<i>Direct Contribution to PRISM Indicators:</i>	No direct contribution (Support activity for: USG-MCH.8; USG-FP/RH.5)

D4. CROSS-CUTTING ACTIVITIES

Technical Resource Unit

PRISM’s technical resource unit (TRU), is a pool of specialists who provide support to each of the project’s technical components and to the leadership in the fields of: *monitoring and evaluation, health management information systems, policy and health systems, behavior change communication, project communications, and training coordination.*

Support activities provided by the TRU to Workplace, Market Development, and Private Practice Initiatives are integrated into the sub-workplans of these project components. Cross-cutting activities led by TRU specialists are discussed below.

Monitoring and Evaluation

Task 1: Revision of PMP and Results Framework to incorporate MCH indicators

<i>Sub-task 1.1. Revise project and component results frameworks.</i>	
<i>Time frame:</i>	October-December 2006
<i>Task Description:</i>	Given the new MCH and PPM strategies, the PRISM project results framework, as well as specific component results framework will be reviewed and revised to ensure that component outputs and major tasks are aligned with project objectives and indicators.
<i>Resources:</i>	In consultation with Senior Technical Directors, DCOP, and COP.
<i>Milestones/Expected output:</i>	Revised Project Results Framework
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

<i>Sub-task 1.2. Revise Performance Monitoring Plan (PMP)</i>	
<i>Time frame:</i>	October-May 2007
<i>Task Description:</i>	In relation to Sub-task 1.1. above, the performance monitoring plan will also be reviewed and revised to incorporate the new MCH and PPM strategies. Also to be included in the PMP is the set of FP and MCH indicators for reporting to the US government.
<i>Resources:</i>	In consultation with Senior Technical Directors, DCOP, and COP.

<i>Milestones/Expected output:</i>	Revised Performance Monitoring Plan
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for monitoring progress in PRISM SOs

Task 2: Baseline and projection-setting, monitoring, analysis, feedback, and preparation of periodic reviews of progress and performance

<i>Sub-task 2.1. Preparation and submission of periodic PMP report to USAID</i>	
<i>Time frame:</i>	November 2006- December 2007
<i>Task Description:</i>	In Year 1, the PRISM project prepared and submitted a PMP report, which presented specific progress on indicators in the PMP. Data inputs for the Year 2 PMP Report are still being encoded and processed; the report will be finalized and submitted in May 2007. However, for Yr 3, PRISM will integrate reporting on PMP indicators with the Project Annual report and where possible, progress on indicators will be reported in the Quarterly Report, as well.
<i>Resources:</i>	Health MIS to provide support in preparation of PMP report/s
<i>Milestones/Expected output:</i>	Report on project indicators integrated in Quarterly and Annual Progress Report
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for monitoring and reporting progress in PRISM SOs

<i>Sub-task 2.2. Provide support to Components for baseline and projection-setting for planning, data collection, review and analysis of accomplishments vis-a-vis PMP indicators and planned accomplishments</i>	
<i>Time frame:</i>	December 2006- December 2007
<i>Task Description:</i>	With the finalization of an updated set of indicators for the project, the M&E specialist will provide support to the three project components for identifying baselines and projections for existing and new indicators in January 2007. Throughout the year, support will be provided for data collection and review and analysis of actual accomplishments vis-a-vis PMP indicators and planned accomplishments.
<i>Resources:</i>	Health MIS to provide support for baseline and projection-setting for planning, data collection, review and analysis of accomplishments vis-a-vis PMP indicators and planned accomplishments.
<i>Milestones/Expected output:</i>	Inputs to reports and final reports, as needed
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for monitoring progress in PRISM SOs

<i>Sub-task 2.3. Conduct field visits to implementing firms/associations/areas</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	For all PRISM grantees and implementation partners, at least two field visits will be conducted to review implementation and recording/ data collection of project results.
<i>Resources:</i>	Field visits will be conducted in consultation and coordination with Senior Technical Director/s and Regional Director. During field visits, Field Implementation Coordinator and/or Technical Specialists will accompany the M&E and/or Health MIS specialists.
<i>Milestones/Expected output:</i>	Field monitoring reports, including identification of ‘best practices’ and ‘implementation gaps’ and recommendations on needed TA support.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for monitoring progress in PRISM SOs

Task 3: Develop technical reports of project experience/s. Based on PRISM’s experience on M&E design and implementation, a technical report will be developed and submitted for peer review and will be shared/ circulated to a wider audience. (February - August 2007)

Task 4: Coordinate with other USAID CAs on M&E activities and progress under the framework of the DOH-USAID/Office of Health Strategic Operations Agreement. In view of the strategic operations agreement between DOH and USAID, Office of Health, PRISM will closely coordinate its M&E efforts with other USAID CAs and DOH to efficiently build on their initiatives, minimize duplication, and prioritize gaps, as necessary and applicable to PRISM’s project objectives. (November 2006- December 2007)

Other M&E Tasks Integrated in Activities Under PRISM SO1, SO2, and SO3:

- Refinement and revision of M&E tools and progress monitoring system for PRISM field office and implementation partners to incorporate MCH indicators and Tiahrt compliance monitoring tools
- Refinement/revision of training materials for M&E tools and progress monitoring system
- Conduct of orientation and training on revised PMP, Results Framework, and M&E tools

Health MIS

Task 1: Enhance and maintain project information systems and databases (ORBIT and MapDecision)

<i>Sub-task 1.1 Continue identify areas for enhancement in the ORBIT and work with consultants to get it done</i>	
<i>Time frame:</i>	November-June 2007
<i>Task Description:</i>	The development of PRISM information system called PRISM Organization Business Tool (PRISM-ORBIT) was completed in year 2. With the inclusion of maternal and child health in PRISM coverage starting year 3 and the increasing need for project information by staff and partners, the enhancement of the system will be continued. The services of consultants who were hired to develop the system will still be tapped to work on the enhancements until June 2007.
<i>Resources:</i>	Health MIS specialist and TRU project assistant, in collaboration with ORBIT consultants
<i>Milestones/Expected output:</i>	Enhanced ORBIT system
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for database initiatives in PRISM SOs

<i>Sub-task 1.2 Continue to gather/upload/update data required in ORBIT</i>	
<i>Time frame:</i>	November-December 2007
<i>Task Description:</i>	Gathering and uploading of data and information into the system will continue until the end of the year. Data and information stored in the system will also be updated on a regular basis.
<i>Resources:</i>	Health MIS specialist and TRU project assistant to coordinate with project assistants/associates of project and regional offices. Data encoder to be tapped, as needed.
<i>Milestones/Expected output:</i>	ORBIT data regularly updated
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for database initiatives in PRISM SOs

<i>Sub-task 1.3 Continue gather/update data in the MapDecision</i>	
<i>Time frame:</i>	November-December 2007
<i>Task Description:</i>	The development of the MapDecision system and its linkage with the ORBIT system was completed in year 2. Data and information stored in the system will also be updated on a regular basis
<i>Resources:</i>	Health MIS specialist and TRU project assistant
<i>Milestones/Expected output:</i>	MapDecision data regularly updated
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for IT initiatives in PRISM SOs

Task 2: Strengthen capability of project staff in utilizing and maintaining the project information systems and databases

<i>Sub-task 2.1 Conduct trainings/orientation on the utilization and maintenance of the enhanced ORBIT and MapDecision among project staff and partners</i>	
<i>Time frame:</i>	December 2006-February 2007
<i>Task Description:</i>	To promote and maximize utilization of the project information systems, project staff and selected partners will be oriented/trained on how to use the systems starting November 2006 to February 2007. The orientation will cover the following: a) accessing the system; b) viewing modules and utilizing features; c) retrieving information; d) identifying applications and uses of information; e) updating files for selected users; and e) reporting problems through the system helpdesk. The HMIS specialist will assign PRISM staff and partners specific responsibilities for collecting data and updating the database on a regular basis.
<i>Resources:</i>	Health MIS specialist to conduct trainings, with assistance from TRU project assistant.
<i>Milestones/Expected output:</i>	Project staff and selected partners trained in the use of ORBIT and MapDecision
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for database initiatives in PRISM SOs

<i>Sub-task 2.2 Respond to issues and other concerns raised by project staff and partners related to the systems</i>	
<i>Time frame:</i>	December 2006-February 2007
<i>Task Description:</i>	On an on-going basis, the HMIS specialist will respond to technical assistance needs of project staff and partners on the use of the systems and other related concerns that they may have.
<i>Resources:</i>	Health MIS specialist

<i>Milestones/Expected output:</i>	Issues and concerns on MIS systems addressed and communicated to staff and selected partners
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for database initiatives in PRISM SOs

Task 3: Develop long-range IT/MIS strategies and programs

<i>Sub-task 3.1. Finalize plans and strategies for sustainable IT/MIS operations (in consultation with PRISM staff, partners and other stakeholders)</i>	
<i>Time frame:</i>	June–December 2007
<i>Task Description:</i>	In year 2, PRISM has drafted a plan to sustain data collection, updating, and utilization of the project information systems. This plan including the list of identified project partners and other stakeholders who will sustain the systems beyond 2009 will be reviewed and finalized to consider project developments.
<i>Resources:</i>	Health MIS specialist
<i>Milestones/Expected output:</i>	Final plan on sustaining PRISM IT initiatives
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for continuing database initiatives in PRISM SOs

<i>Sub-task 3.2. Install/implement strategies and plans for sustaining MIS/IT operations</i>	
<i>Time frame:</i>	June–December 2007 (to continue in 2008)
<i>Task Description:</i>	The final plan to sustain the project information systems will be implemented from June 2007-December 2007. The plan includes but not limited to the following: a) conduct consultative meetings with identified partners who will take on the system beyond 2009; b) Train the identified partners; and 3) Parallel administration of MIS operations by PRISM and identified stakeholders.
<i>Resources:</i>	Health MIS specialist, in consultation with selected PRISM partners
<i>Milestones/Expected output:</i>	Initial implementation of plan for sustaining MIS/IT operations
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for continuing database initiatives in PRISM SOs

Task 4: Provide data generation and analysis support to project management, planning and operations.

Other HMIS Tasks Integrated in Activities Under PRISM SO1, SO2, and SO3:

- Provide support for baseline and projection-setting for planning, data collection, review and analysis of accomplishments vis-a-vis PMP indicators and planned accomplishments.
- Provide support in the refinement and revision of M&E tools and progress monitoring system for PRISM field office and implementation partners incorporating MCH indicators and Tiaht compliance monitoring tools
- Provide support in conduct of orientation and training on revised M&E tools among PRISM field office staff and partners.
- Provide support in the development of FP/MCH service providers' directory as part of the referral network of participating firms and private practicing midwives
- Provide support in the generation and analysis of data to determine reach of workplace FP program to the poor employees of participating firms
- Provide support in the review of existing studies on IUD consumer behavior and conduct of IUD research among pharmacy staff
- Provide support in the analysis of FP and MCH sales data from IMS

Project Communications

Primarily, Project Communications advances the objectives of PRISM by aligning communications initiatives around messages developed in consultation with different internal units and external partners and through provision of fact-based, people-focused impact reporting to share knowledge to advance best practices and lessons learned.

<i>Task 1: Develop and disseminate PRISM success stories to partners and other stakeholders</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	<p>Reporting success stories to stakeholders and lay audiences is imperative to communicate the positive impact on an individual or community that occurred as a result of project efforts. Success stories shall also serve as documented models for other stakeholders to replicate.</p> <p>Lists of proposed success stories prepared by the Regional Units will be submitted to an Editorial Board, to be composed of the COP, DCOP, and Directors, that will determine which stories will be developed into “Success Stories” for dissemination and publication.</p> <p>The success story point person in the region shall be responsible for drafting the initial article. After appropriate investigation/validation, a final draft of the story will be prepared and submitted for proper review</p>

	and approval. Once approved, it will be disseminated to internal online networks and other international websites to reach broader audience, including partners and other stakeholders.
<i>Resources:</i>	The COP, DCOP, senior technical directors, and regional operations directors (RODs) shall determine which stories will be developed into “Success Stories.” An FIC in each region is designated as a point person who will prepare initial reports and coordinate with his/her respective ROD and the Project Communications Specialist (PCS) on the development of the story. The PCS will prepare the draft for approval. Under the supervision of the PCS, a writer may be hired for a short-term technical assistance to prepare stories, especially for Visayas and Mindanao.
<i>Milestones/Expected output:</i>	At least one (1) success story every two months.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for communicating project results on PRISM SOs
<i>Task 2: Provide assistance in the development and dissemination of PRISM technical notes</i>	
<i>Time frame:</i>	July-December 2007
<i>Task Description:</i>	<p>USAID has issued guidelines on the development and production of Technical Notes by all Cooperating Agencies working on health projects to ensure that Technical Notes will have a standard and consistent “look.”</p> <p>Technical Notes are short write-ups of “breakthroughs” resulting from an intervention or set of interventions implemented by a USAID project. These notes are intended to document what interventions have worked and therefore, what may be replicated and scaled up.</p> <p>The following are the steps involved in the process of developing the Technical Notes:</p> <ol style="list-style-type: none"> 1. The Project staff, in coordination with the Cognizant Technical Officer, should determine which among their interventions have succeeded in helping attain their project objectives, and which have potentials for scaling up, replicability and sustainability. Research data should be used to back up any claim of success. 2. The Project either assigns their own staff or hires an outside expert to draft the Technical Notes.

	<p>3. A renowned and well-respected individual in the field being written about should be engaged as a reviewer of the Technical Notes.</p> <p>4. Mission clearance should be sought before final production of the Technical Notes.</p> <p>In the development of PRISM Technical Notes, Project Communications may provide assistance in editing, formatting/layout/packaging, and dissemination.</p>
<i>Resources:</i>	The directors will determine topics to be developed into technical notes. A staff will be designated to draft the article or an outside expert will be hired to write the technical notes. Outside experts will be commissioned to review the articles. The PCS shall provide editorial assistance when needed.
<i>Milestones/Expected output:</i>	Provided editorial assistance.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for communicating project results on PRISM SOs

<i>Task 3: Develop articles for USAID Weekly</i>	
<i>Time frame:</i>	October 2006-December 2007
<i>Task Description:</i>	<p>The two stringers from each region shall be responsible for drafting weekly articles and providing relevant photos for submission to the project office.</p> <p>The Project Communications Specialist shall provide assistance to Regional Operations Units in the coverage/documentation, including photo coverage, of project activities/events that can be reported to the USAID Weekly.</p>
<i>Resources:</i>	The PCS is responsible for drafting articles that will be submitted to USAID. All PRISM staff members who are considered sources of articles shall prepare initial drafts.
<i>Milestones/Expected output:</i>	At least two (2) contributions every month.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for communicating project results on PRISM SOs

<i>Task 4: Develop intranet for Project Communication</i>	
<i>Time frame:</i>	June-September 2007
<i>Task Description:</i>	<p>The development of a project communications intranet shall be coordinated with the Communications Team and HMIS.</p> <p>The project communications intranet shall contain</p>

	relevant project information and communication materials, including an electronic library, which can be accessed by PRISM staff, partners, and other stakeholders.
<i>Resources:</i>	The PCS will lead the coordination between the Communications Team and HMIS. A consultant will be hired for a short-term technical assistance to develop the Project Communications intranet.
<i>Milestones/Expected output:</i>	Project Communications intranet developed.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for communicating project results on PRISM SOs

<i>Task 5: Consolidate and package quarterly and annual reports</i>	
<i>Time frame:</i>	February, May, August, November 2007
<i>Task Description:</i>	Inputs to the reports shall be provided by concerned directors and managers.
<i>Resources:</i>	The PCS shall be responsible for the consolidation and packaging of reports.
<i>Milestones/Expected output:</i>	9 th , 10 th , and 11 th Quarterly Reports and 3 rd Annual Report prepared and submitted to USAID.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for communicating project results on PRISM SOs

<i>Task 6: Develop, implement, and monitor PRISM communications strategies and plans</i>	
<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	The recently formed Communications Team shall develop a new set of Communications Strategies and Plans for the project that is primarily user-friendly and with point persons accountable for the implementation of activities.
<i>Resources:</i>	Members of the Communications Team shall be responsible for the preparation of a new set of Communications Strategies.
<i>Milestones/Expected output:</i>	New set of Communications Strategies prepared.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for communicating project results on PRISM SOs

<i>Task 7: Strengthen staff capacity on communications/writing</i>	
<i>Time frame:</i>	June-August 2007
<i>Task Description:</i>	Learning sessions on "News Writing," "How to Write a Success Story," etc. for field personnel shall be conducted to build their capacity to draft articles and stories that can be considered for submission to USAID

	Weekly and Telling Our Stories. Specifically, the regional stringers and success story point persons shall be the focus of this capacity development.
<i>Resources:</i>	The PCS shall coordinate the implementation of this activity. Outside experts may be hired to conduct the learning sessions.
<i>Milestones/Expected output:</i>	Three (3) learning sessions for field staff conducted.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for communicating project results on PRISM SOs

<i>Task 8: Edit technical papers/articles for uploading in ORBIT</i>	
<i>Time frame:</i>	October 2006-December 2007
<i>Task Description:</i>	Provide assistance in editing technical papers/articles, primarily those for uploading in ORBIT.
<i>Resources:</i>	The PCS is responsible for this activity.
<i>Milestones/Expected output:</i>	Editorial assistance provided.
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for communicating project results on PRISM SOs

Policy and Health Systems

DOH spearheads follow-through steps to advance and expand Administrative Order 158 which provides the initial stakeholder guidance to implement CSR. In support to DOH, PRISM provides technical assistance in the development of plans and strategies, and leads the inter-CA collaboration for project technical assistance to national CSR. These are highlighted in the three major tasks below:

<i>Task 1. Facilitate development and adoption of DOH AO on IUD Phase-out Plan.</i>	
<i>Time frame:</i>	January-August 2007
<i>Task Description:</i>	TRU will conduct consultative meetings with various public and private stakeholders to facilitate the DOH intention to come up with an administrative order to guide IUD phase-out. An STTA will be conducted to draft and validate the DOH AO. Technical assistance will be provided in activities leading to the adoption of the DOH AO on IUD phase out. The possibility of having a parallel AO from DILG will be explored with the Policy and LGU Projects.
<i>Resources:</i>	Policy and health systems specialist and consultant for IUD phaseout, in consultation with technical resource

	manager and DCOP, to work with DOH and Inter-CA CSR TWG.
<i>Milestones/Expected output:</i>	DOH AO on IUD Phase-out Plan developed
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

Task 2. Facilitate development and adoption of expanded A.O. on CSR

<i>Time frame:</i>	January-September 2007
<i>Task Description:</i>	This task will support DOH in the conduct of consultations, development, and adoption of the expanded Administrative Order on CSR through the services of a technical consultant who will directly work with DOH.
<i>Resources:</i>	Policy and health systems specialist and consultant for IUD phaseout, in consultation with technical resource manager and DCOP, to work with DOH and Inter-CA CSR TWG.
<i>Milestones/Expected output:</i>	DOH AO on expanded CSR developed
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

Task 3. Lead the Inter-CA CSR TWG structure and strategy development

<i>Time frame:</i>	January-December 2007
<i>Task Description:</i>	TRU will spearhead consultation meetings with all USAID CAs in harmonizing project technical support to the CSR initiatives. This will lead to more synchronized and enhanced technical assistance to the DOH.
<i>Resources:</i>	Policy and health systems specialist and consultant for IUD phaseout, in consultation with technical resource manager and DCOP, to work with DOH and Inter-CA CSR TWG.
<i>Milestones/Expected output:</i>	CSR TWG structure and strategies developed
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

Policy and Health Systems Tasks Integrated in Activities Under PRISM SO1, SO2, and SO3:

- Provide TA in workplace MCH initiatives
 - Review existing MCH programs and policies in fishing, agri-business and manufacturing SMEs and cooperatives
 - Participate in Workplace TWG meetings

- Assess capacity of CBAs to mainstream MCH
- Involve DOLE in MCH activities
 - Consult DOLE on MCH models and on models for SMEs and cooperatives
 - Involve DOLE in institutionalization of workplace-based referral systems and public-private partnerships
 - Involve the Policy Project for policy IEC, advocacy, and workplace-based partnership building
- Reduce import duties on contraceptive products
 - Conduct STTA to enhance strategy to reduce contraceptive tariff rates
 - Develop and implement step-up activities to implement enhanced strategies
 - Involve Policy Project for policy IEC and advocacy
- Develop public-private partnership in collaboration with LGUs
 - Participate in coordination meetings with LGUs on PNDF access
 - Provide TA in public-private partnership consultations in Pangasinan
 - Collaborate with the LGU Capability Building Project
- Improve procedures on product registration, manufacturing, and importation
 - Conduct STTA to create specialty unit for hormonal product evaluation
 - With the Policy Project, provide TA needed to implement policy changes/mechanisms of product registration
- Provide TA in efforts on DOH licensing and PhilHealth accreditation
 - Provide TA in FGDs on barriers to PhilHealth accreditation
 - With the Policy Project, collaborate with PhilHealth, DOH, and MWs associations in enhancing licensing and accreditation policies
- Provide TA in the implementation of subcontract to generate policy solutions in support of midwifery practice
 - Provide TA in the implementation of TWG activities on BEST Sustainability
 - Provide TA in the implementation of TWG activities on PhilHealth Benefit Packages and Accreditation Standards for MWs and MWs facilities
 - Provide TA in the implementation of TWG activities on DILG Memoranda for Government MWs
 - Provide TA in the implementation of TWG activities on Midwifery Law IRR drafting
 - Provide TA in drafting of bill legitimizing expanded role of MWs in FP/MCH services delivery
- Facilitate PRC-CPE Training Provider Accreditation applications
 - With PP Component, provide TA in screening training provider candidates
 - Link training provider applicants to PRC-CPE
- Facilitate establishment of referral systems
 - Develop models of institutionalization mechanisms
 - Provide TA in referral system establishments in PRISM SIAs

Behavior Change Communications

Development of BCC Materials. The priority is getting out the brochures adapted from TSAP materials. The BCC Specialist and Communication Specialist developed these brochures in Year 2 of the project. The proto-types are in near-final form at PRISM level but will have to go through USAID review and approval. However, the USAID may require PRISM to pre-test some of the brochures although they are, essentially, adaptations from TSAP-FP developed materials. The distribution of these brochures will support:

- Workplace Initiatives because they will be distributed by workplace health service providers and peer educators.
- Private Practitioners Initiatives because BEST midwives will also distribute them and they can add value to the midwives' practice
- Market Development Initiatives by generating demand for hormonal contraceptives and IUD from the work in the other PRISM components

The BCC Specialist will lead development of new MCH/FP materials:

- **Pre-natal Counseling cards** (FP counseling during pregnancy, breast-feeding, tetanus toxoid immunization for pregnant women, maternal nutrition including micronutrients, etc.)
- **Post-natal Counseling cards** (FP Counseling, maternal nutrition for lactating women, infant immunization, breastfeeding counseling, etc.)

The use of these materials will be integrated in future PRISM-organized trainings for medical service providers

Other BCC activities are already embedded in component workplans to support the accomplishment of component-specific tasks.

Training Coordination

Task 1. Monitor reports and training data required for reporting to USAID. All training activities in the field will be closely monitored and results of which will be recorded in the project training database. Training data will be regularly reported to USAID via TraiNet and ORBIT. Data will also be provided to project staff for planning and reporting purposes.

<i>Sub-task 1.1: Develop, update and manage training database</i>	
<i>Time frame:</i>	October 2006-December 2007
<i>Task Description:</i>	Together with HMIS team, all training records will be uploaded to ORBIT and will be updated regularly. Data will be cross-checked with the field offices to ensure accuracy and consistency in reporting.
<i>Resources:</i>	The training coordinator will closely work with the

	HMIS team and regional offices to get updated training data from partner-grantees.
<i>Milestones/Expected output:</i>	Updated PRISM training database
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

<i>Sub-task 1.2: Collate training reports from the field, taking note of issues and training needs that were identified and provide feedback to concerned personnel</i>	
<i>Time frame:</i>	October 2006-December 2007
<i>Task Description:</i>	Special attention will be given to training issues and needs identified by partner grantees. These will be relayed to proper channels and will be addressed accordingly.
<i>Resources:</i>	TRU will coordinate with component directors and regional offices in the retrieval of reports from the field.
<i>Milestones/Expected output:</i>	Timely feedbacks from the field on the conduct of training
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

<i>Sub-task 1.3: Share relevant information on training to concerned staff</i>	
<i>Time frame:</i>	October 2006-December 2007
<i>Task Description:</i>	TRU will facilitate the sharing of information and resources on training to project staff and other key partners. Regular updates on status of training and summary tables of training conducted will be generated and disseminated to concerned personnel.
<i>Resources:</i>	TRU will work with Component 3, specifically the Training Specialist, on the reporting of status/updates for training to project staff and partners
<i>Milestones/Expected output:</i>	Periodic feedbacks on the status of development/enhancement of training modules and training-related assistance
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

Task 2. Maintain an updated inventory of all training materials and ensure timely distribution to the partners. To make available adequate supply of materials for training, TRU will coordinate with other CAs on the production and use of job aids and other IEC materials for training.

<i>Sub-task 2.1: Together with the training team, identify training materials for each course and coordinate request for its development/production</i>	
<i>Time frame:</i>	February – December 2007
<i>Task Description:</i>	In coordination with the BCC specialist, BCC-oriented

	materials will be developed, pre-tested and produced for distribution to partners training institutions.
<i>Resources:</i>	TRU will collaborate with component directors, training specialist and BCC specialist on the training materials that will be developed for all courses. For the materials distribution to partner-beneficiaries, TRU will coordinate with the regional offices and grantees.
<i>Milestones/Expected output:</i>	Distribution of relevant training materials to partners
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

<i>Sub-task 2.2: Keep an inventory of training materials and allocate distribution to the regional offices</i>	
<i>Time frame:</i>	February-December 2007
<i>Task Description:</i>	An inventory of all training materials will be kept and updated regularly. Requests for replenishments will be facilitated as needed.
<i>Resources:</i>	TRU will coordinate with the office manager and regional PAs for the allocation of training materials and maintaining its inventory
<i>Milestones/Expected output:</i>	Inventory of training materials
<i>Direct Contribution to PRISM Indicators:</i>	Support activity for PRISM SOs

Project Support Unit

Grants

Through the Grants Program, PRISM intends to fund innovative approaches for the expansion of family planning and maternal and child health service delivery in the private sector. This includes strengthening the delivery structure, improving capabilities of providers and identifying alternative distribution channels for contraceptives.

The Grants Program supports the achievement of the following PRISM specific objectives:

Workplace Initiatives – Increase the formal employment sector’s support for family planning and maternal and child health counseling, motivation, service delivery or referrals in the workplace.

Market Development Initiatives – Establish a viable mass market brands for hormonal contraceptives in the commercial sector.

Private Practice Initiatives – Increase the business value of family planning and maternal and child health provision of products and services among private providers.

In processing grant applications and overseeing implementation of grant funded activities, the PRISM Grants Program seeks to adhere to the policies and procedures of USAID as embodied in the USAID approved PRISM Grants Manual.

Resources: The Grants Unit in close coordination with concerned STD, TRU and RO is primarily responsible in ensuring the grants applications are responsive to solicitation objective and to PRISM mandate/deliverables. Furthermore, the Grants Unit is responsible in ensuring all grant applications are processed according to the steps prescribed in the Grants Manual and all required documents are submitted to USAID for approval. In evaluating grant application, the Grants Unit organizes the Grants Evaluation Committee from among the PRISM technical staff and may on a case by case basis require assistance from an external evaluator. This decision is made in close coordination with the Chairperson of the Grants Evaluation Committee.

When milestone reports are reviewed and accepted by RO and STD, the Grants Unit facilitates payment. At this stage, the Unit works in coordination with the PSAU Director who is responsible in requesting payment from the Department of Human Health Services and Chemonics Home Office Staff.

The Grants Unit utilizes the *Grants Tracker* to monitor the status of grants awarded and those in the pipeline and the *Grants Financial Tracker* to monitor disbursement versus committed funds and fund allocation per component. The Grant Financial Tracker also shows funds leveraged from private sector partners.

Milestones/Expected output:

- USAID approval of grant award and cost modification obtained
- Grant agreements and modifications (if applicable) signed
- Milestone reports accepted and paid
- Grant Completion certificate issued to closed out grants

Direct Contribution to PRISM Indicators:

Grants awarded generally contributes to the following process and output indicators:

Workplace:

Outcome Indicators: USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8;
PRISM-PMP1.4, 1.5

Process Indicators: USG-MCH: 1, 9, 10; USG-FP/RH: 2,4,6,7,9;
PRISM-PMP1.1, 1.2, 1.3

Market Development:

Outcome Indicators: USG-FP/RH: 1; PRISM-PMP: 2.1, 2.2,2.3

Process Indicators: USG-FP/RH: 4

Private Practice:

Outcome Indicators: USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM-PMP 3.2; PRISM-PMP: 2.1, 2.2,2.3

Process Indicators: USG-MCH: 1,3, 9, 10; USG-FP/RH: 2,4,6,7,9; PRISM-PMP 3.2

E. PROJECT BUDGET

Year 3 Budget Summary

The PRISM budget will be reaching a plateau in Year 3 as it supports activities that were initiated by the ramping up in YR 1&2. Highlighted below are expenditures under salaries, training, subcontracts, and grants line items.

- *Salaries:* In YR 3, PRISM has a slim and effective staffing structure which will allow continued support and oversight to activities in all SIA's.
- *Training:* As the project activities continue in our SIA's, the number of workshops and trainings across components will increase near the end of YR 3 in order to support the start up and management of the large majority of our grantees as they get underway.
- *Subcontracts:* PRISM will begin to reduce large expenditures from previous years in this line item. A great deal of ground work has been laid by the subcontractors, such as the development and piloting of tools, which will now be used to aid in the implementation of the grants.
- *Grants:* The grants program is expected to rapidly reach full capacity during YR 3. We anticipate spending \$1.24 million of our total project grant funding by September 2006 and to have committed the almost 90% of all grant funds by Dec 2007.

Below is our budget summary by CLIN area and quarter. We have provided a 15-month budget, and also included current annual progress against the PRISM contract budget and obligated funds. The PRISM project will continue to bill CLIN expenses as programmed and will not exceed the total amount currently obligated to the contract.

Table 4: FY 3 Budget Projections

	FY 1 and 2	FY 3 Budget Projections (15 months)					Totals
	Expended to Date	Oct-Dec 2006	Jan-Mar 2007	Apr-Jun 2007	Jul-Sep 2007	Oct-Dec 2007	
CLIN#1	4,255,911.89	611,006.86	352,295.22	551,340	375,400	475,640	6,621,593.97
CLIN#2	4,324,043.38	576,526.70	330,985.34	505,450	309,588	456,670	6,503,263.42
CLIN#3	5,034,526.05	561,501.87	338,179.08	478,512	451,320	523,133	7,387,172.00
CLIN#4	392,829.45	230,730.58	18,272.49	168,896	174,174	300,000	1,284,902.52
Total (USD)	14,007,310.77	1,979,766.01	1,039,732.12	1,704,198	1,310,482	1,755,443	21,796,931.90

ANNEXES

ANNEX 1

PRISM Year Three Work Plan (Project)

**PRISM Year 3 Work Plan
Oct. 1, 2006 – Dec. 31, 2007**

SO: Total use of FP and MCH services and subsequently, the private sector share of the total use by (1) men and women of reproductive age using modern methods, (2) the total number of men and women of reproductive age intending to use family planning, and 3) total number of expectant mothers receiving tetanus toxoid vaccination, pre-natal care, breastfeeding counseling, and micronutrient supplementation increased.

Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes
	Outcome	Process					
SO 1: Support for FP and MCH services within the formal employment sector increased	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP1.4, 1.5	USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9 PRISM PMP: 1.1, 1.2, 1.3				1,429,806	
	USG-MCH: 8,11; USG-FP/RH: 1,3,5,8; PRISM-PMP1.4	USG-MCH: 1,3,9, 10; USG-FP/RH: 2, 4, 6, 7, 9	IR 1.1	Cost-effective and sustainable models of MCH and FP counseling, motivation and service delivery or referrals, as appropriate, for the workplace developed		279,775	
		USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7	IR 1.1.1	FP/MCH models for large companies which include policy, financing, and services delivery options developed		75,794	
			1.1.1.1	Conduct FGDs for MCH among grantees and non-PRISM, PRISM-supported firms. <i>> Assist in development of FGD questions, facilitation and analysis of results to identify barriers and potential motivations /supports</i>	Nov-Dec 2006 <i>Nov-Jan 2006</i>	3,380	<i>Support activity for: USG-MCH: 1, 9, 10</i>
			1.1.1.2	Expand workplace FP program to include MCH based on FGD results and other studies <i>> Develop BCC strategy based on FGD findings and assist in development of MCH packages that would be attractive to workplace partners</i> <i>> Gather and analyze DOLE policies and initiatives on MCH</i> <i>> Assess capacities of CBAs to mainstream MCH in the workplace</i>	Jan-Mar 2007 <i>Jan-Mar 2007</i> <i>Nov-Dec 2007</i> <i>Dec-Feb 2007</i>	14,654	<i>Support activity for: USG-MCH: 1, 9, 10;</i>
			1.1.1.3	Provide training and tools to partners in installing an expanded workplace program <i>> Revise existing workplace FP training materials and M&E tools to incorporate MCH and Tiarht compliance</i> <i>> Coordinate pre-testing of revised training modules</i> <i>> Document results of pre-test and revise modules accordingly</i> <i>> Conduct training on the installation of expanded workplace program among grantees and other partners</i>	Jul-Sep 2007 <i>Nov-Feb 2007</i> <i>Dec-Jan 2007</i> <i>Dec-Jan 2008</i> <i>March 2007- Dec 2007</i>	57,760	

Notes:

TRU activities supporting PRISM SO1, SO2, and SO3 are indicated in red font.

Grant-funded activities are indicated in blue font.

Refer to Section C, pp 19-20 for code key of project indicators

Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes
	Outcome	Process					
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7, 9 PRISM-PMP: 1.1, 1.2, 1.3	IR 1.1.2	FP/MCH models for SMEs/cooperatives which includes policy and services delivery options developed		116,338	
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7, 9 PRISM-PMP: 1.1, 1.2, 1.3		1.1.2.1 Provide grants for selected partners to develop MCH/FP installation models in SMEs and cooperatives	Dec 2006-Feb 2007	105,034	Grant budget estimate to cover projected grantees. May change after cost negotiations.
				1.1.2.2 With PPI Component, provide a directory of service providers to service the MCH/FP needs of SMEs		837	Support activity for: PRISM-PMP: 1.1, 1.2, 1.3, 1.4, 1.5
				>Review existing MCH programs and policies in SMEs	Dec-Feb 2007		Support activity for: USG-MCH: 1, 9, 10; PRISM-PMP: 1.1, 1.3
				1.1.2.3 Build and provide to partners an MCH/FP Compendium that have SME models.	Dec-07	10,467	Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-
				1.1.2.4 Evaluate the reach of SME program to poor/non-indigent employees.	Oct-Dec 2007		Support activity for: USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5
				> Provide TA in the generation and analysis of data to determine reach of program to poor employees of participating firms	Nov-Dec 2007		
		USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1		IR 1.1.3 Capability of staff and sustainability of TA provision by partners to program implementers strengthened		77,480	
				1.1.3.1 Within PRISM: Capacitate through TOT PRISM regional personnel to provide TA to partners who will install the program in firms.	Jan-Jun 2007	6,975	Support activity for: PRISM-PMP 1.1
				> Coordinate PRISM staff TOT on workplace FP and MCH program installation process; contraceptive technology updates; MCH/FP training for company nurses; and M&E tools.	Nov 2006-Jan 2007		Support activity for: USG-MCH: 1, 9; USG-FP/RH: 2
				> Coordinate conduct of evaluation of trained trainers	Jan, May, Sep, 2007		Support activity for: USG-MCH: 1, 9; USG-FP/RH: 2
				> Provide TA in the conduct of Peer Education for PRISM regional staff	Jan-Jun 2007		Support activity for: USG-MCH: 1, 9; USG-FP/RH: 2
		USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1		1.1.3.2 With DOLE: Facilitate the build up of capacity of DOLE regional and provincial implementors to set-up/monitor workplace MCH/FP programs in firms that are not beneficiaries of PRISM grantees.	July-December 2007	5,506	

Notes:

TRU activities supporting PRISM SO1, SO2, and SO3 are indicated in red font.

Grant-funded activities are indicated in blue font.

Refer to Section C, pp 19-20 for code key of project indicators

Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes	
	Outcome	Process						
				> <i>Coordinate TOT for DOLE Family Welfare Officers</i>	<i>Jan-Mar, Jun, Set-Oct 2007</i>		<i>Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1</i>	
				> <i>Coordinate conduct of evaluation of trained trainers</i>	<i>Jan, May, Sep, 2007</i>		<i>Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1</i>	
		USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1		1.1.3.3 Among non-PRISM regional training organizations or NGOs: Develop regional trainers' pool from PRISM private sector regional partners through TOT.	<i>Jul-Dec 2007</i>	13,084		
				> <i>Coordinate TOT for NGOs and training institutions</i>	<i>Mar, Jul, Nov 2007</i>		<i>Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1</i>	
				> <i>Coordinate conduct of evaluation of trained trainers</i>	<i>Jan, May, Sep, 2007</i>		<i>Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1</i>	
				> <i>Provide TA in the conduct of Peer Education for PRISM regional partners</i>	<i>Jul-Dec 2007</i>		<i>Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7; PRISM-PMP 1.1</i>	
				1.1.3.4 Among current and past PRISM grantees: Institutionalize the sharing of best practices (through annual regional events) on MCH/FP among these key partners.	<i>Sep-Dec 2007</i>	51,915	<i>Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; Budget includes a grant to the Best Practices event</i>	
				IR 1.1.4 Public-private and private-private partnerships through the Workplace TWG for FP/MCH institutionalized			10,163	<i>Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7</i>
				1.1.4.1 Engage key PRISM partners through the workplace TWG (set up in years 1 and 2)	<i>Dec 2006-Dec 2007</i>	4,773	<i>Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7</i>	
				> <i>Provide technical assistance in the formation and implementation of workplace TWG activities</i>	<i>Dec 2006-Dec 2007</i>		<i>Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7</i>	
				1.1.4.2 Facilitate interfacing between DOH and DOLE to support workplace FP/MCH and other health programs.	<i>Dec 2006-Dec 2007</i>		<i>Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7</i>	
				> <i>Provide TA in the integration of the TWG in the government agencies' policies/programs</i>	<i>Dec 2006-Dec 2007</i>		<i>Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7</i>	
				1.1.4.3 Foster collaboration with new USAID Policy and LGU projects for policy and advocacy	<i>Dec 2006-Sep 2007</i>	5,390	<i>Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7</i>	

Notes:

TRU activities supporting PRISM SO1, SO2, and SO3 are indicated in red font.

Grant-funded activities are indicated in blue font.

Refer to Section C, pp 19-20 for code key of project indicators

Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes
	Outcome	Process					
			1.1.4.4	Sustain the conduct of the Family Welfare Excellence Award through PCCI-National	Oct-07		(non-grant) Support activity for: PRISM-PMP: 1.1, 1.2, 1.3; USG-MCH: 10; USG-FP/RH: 7
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-PMP: 1.1, 1.2, 1.3	IR 1.2	Support by firms for MCH and FP counseling, including breastfeeding promotion and counseling, motivation and service delivery or referrals, as appropriate, for their workforces increased		1,150,031	
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 4, 6, 7, 9 PRISM-PMP: 1.1, 1.2, 1.3		IR 1.2.1 Provide TA package for companies to implement FP and MCH programs through partners		1,150,031	
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 4, 6, 7, 9 PRISM-PMP: 1.1, 1.2, 1.3		1.2.1.1 Provide grants to potential partners to set up MCH/FP in 200 firms.	Nov 2006-Apr 2007	931,323	Budget covers only projected grantees for year 3
		USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-PMP: 1.1, 1.2, 1.3		1.2.1.2 Train grantees on MCH/FP program installation to capacitate them to provide TA to their beneficiary-firms.	Nov 2006-Aug 2007	81,641	Through a grant to PBSP
				> Coordinate and monitor conduct of training in the field.	Dec 2006-Dec 2007		Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-PMP: 1.1, 1.2, 1.3
	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7			1.2.1.3 Train 200 Family Health Management Teams (FHMT) on MCH/FP program installation and management in PRISM-supported firms.	Dec 2006-Dec 2007	28,660	
				> Facilitate the production and distribution of the "How to Install Workplace MCH/FP Program" tool kit	Dec-Jan 2007		Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7
				> Coordinate and monitor conduct of training in the field.	Dec 2006-Dec 2007		Support activity for: USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 6, 7 PRISM-PMP: 1.1, 1.2, 1.3		1.2.1.4 Build the capability of labor unions to increase the utilization by members of MCH/FP benefits in the CBAs through grant to one labor organization	Dec 2006-Nov 2007		Through a grant; included under budget for grants to large companies
		USG-FP/RH: 2		1.2.1.5 Provide contraceptive technology updates to 100% of firms that have doctors.	Jan-Dec 2007	83,735	
				> Coordinate and monitor conduct of training in the field.	Dec 2006-Dec 2007		Support activity for:

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Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes
	Outcome	Process					
		USG-MCH: 1, 9 ; USG-FP/RH: 2, 6		1.2.1.6 Train at least 200 nurses on MCH/FP service delivery.	Jan-Dec 2007		Budget is included in grant under 1.2.1.5
				> Coordinate and monitor conduct of training in the field.	Dec 2006-Dec 2007		Support activity for:
				1.2.1.7 Establish and monitor referral systems for workplace FP/MCH program	Oct 2006 -Dec 2007		Support activity for: PRISM-PMP: 1.4, 1.5, 3.2; USG-MCH: 2, 8, 11; USG-FP/RH: 1,5,8;
				> Provide TA in the establishment, implementation, and sustainability of referral systems	Jan-Dec 2007		Support activity for: PRISM-PMP: 1.4, 1.5, 3.2; USG-MCH: 2, 8, 11; USG-FP/RH: 1,5,8;
				> Coordinate with USAID Health Governance and Policy Projects	Jan-Dec 2007		Support activity for: PRISM-PMP: 1.4, 1.5, 3.2; USG-MCH: 2, 8, 11; USG-FP/RH: 1,5,8;
				1.2.1.8 Conduct quarterly regional grantees meetings	Jan, Apl, Jul, Oct 2007	18,652	Support activity for: partnership-building towards attainment of PRISM-PMP: 1.1, 1.2, 1.3, 1.4, 1.5;
		PRISM-PMP: 1.4, 1.5;	USG-FP/RH: 4 PRISM-PMP: 1.1, 1.2, 1.3	1.2.1.9 Provide TA to conglomerates to scale up workplace FP/MCH program installation into new firms of the conglomerates without the benefit of new grant funds.	Dec 2006-Aug 2007	6,020	
				> Sustain provision of TA to curent conglomerate grantee to replicate FP/MCH program to new firms	Dec 2006-Feb 2007		Support activity for: USG-FP/RH: 4 PRISM-PMP: 1.1, 1.2, 1.3, 1.4, 1.5; (non-grant activity)
				> Through a PRISM partner, engage organizations that are avid implementors of corporate social responsibility (CSR) programs.	Apr-Jun, Aug 2007		Support activity for: USG-FP/RH: 4 PRISM-PMP: 1.1, 1.2, 1.3, 1.4, 1.5; (non-grant activity)
SO 2: Viable mass market brands of oral and injectable contraceptives, IUD, and selected MCH products in the commercial sector established	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	USG-FP/RH: 2, 4				1,061,009	
	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	USG-FP/RH: 2, 4	IR 2.1 Private sector suppliers recognizing the business opportunity in providing affordable oral, injectable, IUD, other types of contraceptives and selected MCH products increased			1,049,247	
	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	USG-FP/RH: 2, 4	IR 2.1.1 Promotion and distribution of new and existing oral, injectable, IUD and selected MCH products expanded			1,038,841	
	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2	USG-FP/RH: 4	2.1.1.1 Facilitate entry of pharmaceutical marketing and distribution companies in the contraceptive market	May- Dec 2007			Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2
	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2	USG-FP/RH: 4	a. Provide grants that will facilitate entry of pharmaceutical marketing and distribution companies in the contraceptive market	Dec 2005-May 2007		793,802	

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	Outcome	Process					
				<i>b. Provide technical assistance and support for market development plans of selected pharmaceutical partners</i>	Jan-Dec 2007	588	SCC follow-up meetings; Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2
				<i>c. Regular coordination with the field personnel of pharmaceutical companies on market development plans</i>	Jan-Dec 2007	490	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2
				<i>d. Conduct of business reviews with pharmaceutical companies</i>	Jan, Apr, Jul, Oct 2007	490	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2
	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	USG-FP/RH: 2, 4	2.1.1.2	Support and introduce new contraceptive products			
	USG-FP/RH: 1	USG-FP/RH: 4		<i>a. Provide technical assistance to IRHP in the marketing and distribution of SDM (Standard Days Method) beads</i>	March 2007- Sept 2008	64,550	Grant review completed. Grants team preparing communication.
				<i>> Provide inputs in the development of marketing strategies and materials</i>	Mar-Dec 2007		Support activity for: USG-FP/RH: 1
	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2	USG-FP/RH: 4		<i>b. Support for Logentrol</i>	Jan-December 2007	50,000	SOW in development
				<i>c. Provide STTA to analyze data on IUD market and distribution networks</i>	Jan-May 2007	2,000	Support activity for: USG-FP/RH: 1, 4 PRISM-PMP: 2.3
				<i>d. Review of existing IUD studies on consumer behavior and conduct STTA on IUD research among pharmacy staff 1</i>	Apr-Jun 2007	4,000	Support activity for: USG-FP/RH: 1, 4 PRISM-PMP: 2.3
				<i>>Provide TA in the review of existing IUD studies on consumer behavior, and in the development of IUD research design for pharmacy staff</i>	Apr-Jun 2007		Support activity for: USG-FP/RH: 1, 4 PRISM-PMP: 2.3
				<i>e. Develop marketing strategies for the introduction of IUDs</i>	Jul-Sep 2007	6,333	Support activity for: USG-FP/RH: 1, 4 PRISM-PMP: 2.3
	USG-FP/RH: 1 PRISM-PMP: 2.3	USG-FP/RH: 4		<i>f. Support IUD product launching through a grant</i>	Jan-Dec 2007	100,000	SOW in development
		USG-FP/RH: 2		<i>g. Provide contraceptive technology training on IUD among PPMs</i>	Jan-Dec 2007	1,000	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.3
			2.1.1.3	Support the growth of affordable micronutrients and vaccines	May-Dec 2007		Support activity for: IR 2.1
				<i>a. Assess the affordability and access to micronutrients for low-income consumers</i>	Jan-Dec 2007	0	Support activity for: IR 2.1
				<i>b. Review market data on the consumption of selected micronutrients</i>	Jan, Apr, Jul, Oct 2007	0	Support activity for: IR 2.1
				<i>c. Establish collaborative relationship with the A2Z Project for micronutrients</i>	Jan, Apr, Jul, Oct 2008	0	Support activity for: IR 2.1
				<i>d. Develop marketing communication and BCC materials for breastfeeding and micro-nutrients</i>	Dec 2006-Dec 2007	5,784	Support activity for: IR 2.1

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Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes	
	Outcome	Process						
				> Assist in development of marketing and BCC materials	Mar-Dec 2007		Support activity for: IR 2.1	
				e. Develop in collaboration with pharmaceutical partners new method-specific communication and BCC materials	Nov 2006-Mar 2007	9,804	Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3	
				> Assist in development of method specific BCC materials	Feb-Mar 2007		Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3	
				f. Develop community-based information network to support midwives	Feb-Dec 2007	0	Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	
				g. Establish a collaborative relationship with the new USAID ARMM Health Project for private sector FP/MCH marketing activities	Dec 2006-Dec 2007	0	Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	
			IR 2.1.2 Increase distribution networks				7,058	
			2.1.2.1	Facilitate the development of a community-based FP/MCH referral network of drugstores, PPMs and other health providers	Jan-Dec 2007		Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	
				a. Monitor the pharmaceutical companies' orientation for pharmacy store owners, staff and other retail partners as active referral points in their respective communities	Jan-Dec 2007	490	Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	
				b. Facilitate the establishment of community-based referral network with midwives, workplace doctors, nurses, pharmacists and distributors.	Jan-Dec 2007	0	Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	
				c. Expand distribution of FP/MCH products through pharmacy chains (Mercury Drug, Watsons, Rose and other top wholesalers)	Jan-Dec 2007	2,941	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
				d. Establish a collaborative relationship with the new USAID Philippines Tuberculosis Initiatives Project	Dec 2006-Dec 2006	0	Support activity for partnership-building towards attaining USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
			2.1.2.2	Assist in the implementation of marketing strategies for PPMs	Jan-Dec 2007		Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	
				a. Assist in the development of marketing plan for the PPMs business development of FP/MCH services	Jan-Jun 2007	980	Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	
				> Provide inputs in the development of marketing strategies	Mar-Jun 2007		Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	
				b. Develop a marketing strategy for midwives in the Adopt-a-Midwife Program	Jan-Dec 2007	1,176	Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2	

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Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes
	Outcome	Process					
				> <i>Provide inputs in the development of marketing strategies</i>	<i>Feb-07</i>		<i>Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2</i>
				c. <i>Assist in the monitoring of business plan implementation</i>	<i>Jan-Dec 2007</i>	1,471	<i>Follow-up to Matching Forum/PPMs; Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2</i>
				d. <i>Assist in the business development linkage of midwives with pharmaceutical partners</i>	<i>Jan-Dec 2007</i>	0	<i>Support activity for: USG-FP/RH: 1, 3, 8 PRISM-PMP: 2.1, 2.2, 2.3, 3.2</i>
			IR 2.1.3 Upgrade Evidence-Based Medicine detailing skills of pharmaceutical trainers			3,348	
	USG-FP/RH: 4		2.1.3.1	Integrate EBM approach into the current training module of pharmaceutical trainers	<i>May-Dec 2007</i>		<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
				a. <i>Finalize the evidence-based medicine (EBM) training modules</i>	<i>Nov 2006-May 2007</i>	0	<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
				> <i>Coordinate pre-testing of EBM skills training module</i>	<i>Jan-Mar 2007</i>		<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
				> <i>Document results of pre-test and revise modules accordingly</i>	<i>Jan-Mar 2008</i>		<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
				b. <i>Pilot evidence-based medicine training modules with the Asia Pacific Center for Evidence-Based Medicine/Association of Pharmaceutical Trainers</i>	<i>Feb-May 2007</i>	408	<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
				> <i>Review current modules and participate in curriculum development</i>	<i>Jan-May 2007</i>		<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
				> <i>Package training materials</i>	<i>Jan-Mar 2007</i>		<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
	USG-FP/RH: 4			c. <i>Introduce and train pharmaceutical companies' trainers on EBM detailing</i>	<i>Apr-Dec 2007</i>	2,940	<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
				> <i>Coordinate and monitor conduct of training in the field.</i>	<i>Dec 2006-Dec 2007</i>		<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
				> <i>Coordinate conduct of evaluation of trained trainers</i>	<i>Jan, May, Sep,2007</i>		<i>Support activity for: USG-FP/RH: 1, 2, 3 PRISM-PMP: 2.1, 2.2, 2.3</i>
			IR 2.2 Readiness of the pharmaceutical industry to respond to market development and commercial opportunities increased			11,762	
			IR 2.2.1 Import duties on pharma products reduced			0	
			2.2.1.1	Support regulatory approvals for tariff and tax reviews	<i>Nov 2006-Dec 2007</i>	0	<i>Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3</i>

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	Outcome	Process						
			2.2.1.2	Establish a collaborative relationship with the USAID Policy Project	Nov 2006-Dec 2007	0	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
			2.2.1.3	Establish a collaborative relationship with the Philippine International Trading Corporation (PITC)	Nov 2006-Dec 2007	0	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
			IR 2.2.2 Procedures on registration of products, manufacturing, and importation approved				1,862	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3
			2.2.2.1	Improve the policy environment for commercial marketing	May-Dec 2007		Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
				<i>a. Assist and participate in the STTA for BFAD's "Specialty Unit" for hormonal product registration</i>	Jan-Jun 2007	490	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
				<i>b. Facilitate inclusion of new brands and new formulations of MCH products at PNDF to assist LGU procurement</i>	Nov-Dec 2007	392	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
				<i>> Provide technical assistance in coordination meetings with LGUs on PNDF access</i>	Nov-Dec 2007		Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
				<i>c. Establish a collaborative relationship with the new USAID Policy Project and Health Governance</i>	Nov, Jan, Mar, May, Jul, Sep, Nov 2007	0	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
			2.2.2.2	Assist in sustaining FP/MCH products' market development	Dec 2006-Dec 2007		Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
				<i>a. Conduct the Second CEO Summit of pharmaceutical partners and facilitate follow-up activities of the Strategy Coordinating Committee (SCC)</i>	June 2007	980	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
				<i>b. Follow-up with foreign manufacturers and distributors which participated in the International Trade Mission of Contraceptive Manufacturers</i>	Dec 2006-Dec 2007	0	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
			IR 2.2.3 Develop public-private partnership in collaboration with LGUs				1,100	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3
			2.2.3.1	Conduct regular coordination meetings on LGU procurement of contraceptive commodities and join workshops with selected LGUs	Jan-Dec 2007	600	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
			2.2.3.2	Participate in public-private workshops with the Province of Pangasinan	Jan-Dec 2007	500	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	
			IR 2.2.4 Access to market information increased				8,800	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3
			2.2.4.1	Coordinate, monitor and collate pharmaceutical sales data	Dec 2006-Dec 2007	0	Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	

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	Outcome	Process						
				> <i>Maintain database of pharmaceutical sales data</i>	<i>Dec 2006-Dec 2007</i>		<i>Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3</i>	
			2.2.4.2	Validate sales data from marketing and distributing companies through IMS and pharmaceutical sales report	Dec 2006-Dec 2007	8,800	<i>Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3</i>	
			2.2.4.3	Establish a collaborative relationship with the new USAID ARMM Health Project for FP/MCH marketing activities at the private sector	<i>Nov, Jan, Mar, May, Jul, Sep, Nov 2007</i>	0	<i>Support activity for: USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3</i>	
SO 3: Business value of FP and MCH in private providers' practice increased	USG-MCH: 2,7,8,11 USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10 USG-FP/RH: 2,4,6,7,9					1,066,019	
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9	IR 3.1	Number of midwives with self-sustaining private practices while incorporating FP and MCH in PhilHealth-accredited birthing homes increased		1,047,848		
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9	IR 3.1.1 Models of PhilHealth-accredited birthing homes developed			687,077		
			3.1.1.1	Conduct Consultative Updates for BEST Graduates per SIA	Nov-Dec 2006	20,122	<i>Support activity for: PRISM 3.1</i>	
				> <i>Assist in analysis of information towards identification of barriers (how to address them) and opportunities (communicating them to other BEST grads)</i>	<i>Nov-Dec 2006</i>			
			3.1.1.2	Conduct FGDs or in-depth interviews on barriers to PPM's PhilHealth accreditation among non-PhilHealth-accredited PPMs and Follow-on FGDs among DOH-licensed and PHIC-accredited PPMs for validation of initial FGD results	Dec 2006-Apr 2007	701	<i>Support activity for: PRISM 3.1</i>	
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9	3.1.1.3	Work with the selected 2 PPMs' birthing homes each for North and South Luzon, Visayas, and Mindanao PRISM Regional offices	Nov 2006-Jun 2007	6,504	<i>Support activity for: PRISM 3.1</i>	
			3.1.1.4	Implement the Rotary International "Adopt-A-Midwife" project in other PRISM areas	Nov 2006-Dec 2007	2,195	<i>Support activity for: PRISM 3.1</i>	

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	Outcome	Process					
				> Assist in development of FGD questions, facilitation and analysis of results to identify barriers and potential motivations /supports	Dec 2006-Jan 2007		
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1; USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9		3.1.1.5 Implement the Annual Program Statements grants projects that are aligned to new midwives strategy	Jan-Dec 2007	156,253	
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8; PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1; USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9		3.1.1.6 Issue, award, and oversee implementation of a RFA for the provision of technical assistance to develop PhilHealth-accredited PrivatePractice Midwives' Birthing Homes	Dec 2006-Dec 2007	391,552	
				3.1.1.7 Consultative Working Group of PPMs	Dec 2006-Dec 2007	109,750	Support activity for: PRISM 3.1
	USG-FP/RH.3	USG-MCH: 1,3,9; USG-FP/RH: 2, 4,6	IR 3.1.2 Technical Assistance package for PPMs to establish/develop PhilHealth-accredited/able birthing homes provided			345,669	
				3.1.2.1 Revise existing data collection tools and corresponding training materials to incorporate MCH and Tiahr compliance.	Nov-Dec 2007	0	Support activity for: PRISM 3.1; PRISM-PMP1.1; USG-MCH: 1, 9, 10;
		USG-MCH: 9		3.1.2.2 Conduct orientation on data collection tools among grantees and other partners.	Dec 2006 -Dec 2007	0	Support activity for: PRISM 3.1; PRISM-PMP1.1; USG-MCH: 1, 10;
				on MCH			
				3.1.2.3 In-house PRISM Writeshop to review/update existing Workplace Initiatives training and informational materials	Jan-Feb 2007	102	Support activity for: PRISM-PMP1.1; USG-MCH: 1, 9, 10; USG-FP/RH.3
				> Participate in the review and provide inputs as necessary	Jan-Feb 2007		
				3.1.2.4 Conduct (in-house) PRISM Writeshop with DOH Technical Staff to develop PRISM BEST for Midwives MCH Training Course	Mar-Apr 2007	1,220	Support activity for: USG-MCH: 1, 3, 9, 10; PRISM 3.1
				> Participate in the writeshop and succeeding activities, e.g. pre-testing, field-testing, finalization, etc.	Mar-Apr 2007		
				on Marketing			
				3.1.2.5 Engage Short-Term Technical Consultant to develop marketing strategies and packages for the promotion of FP and MCH services at PPMs' birthing homes through the communities and company clinics	Mar-Jun 2007	9,146	Support activity for: PRISM-PMP3.2
				> Provide inputs in development of marketing strategies and materials	Mar-Jun 2007		
				on Supplies Provision			

Notes:

TRU activities supporting PRISM SO1, SO2, and SO3 are indicated in red font.

Grant-funded activities are indicated in blue font.

Refer to Section C, pp 19-20 for code key of project indicators

Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes
	Outcome	Process					
				3.1.2.6 Assist PPMs to ensure availability of free Tetanus Toxoid Vaccines from DOH	Nov 2006-Dec 2007	61	Support activity for: PRISM 3.1
				3.1.2.7 Facilitate PPMs' link with pharmaceutical companies for contraceptives and MCH supplies	Dec 2006-Jun 2007	0	Support activity for: USG-FP/RH: 9
		USG-FP/RH: 4		on Facilities upgrading to conform to DOH and PhilHealth standards			
		USG-FP/RH: 4		3.1.2.8 Facilitate link to civic organizations, such as the Rotary, that can assist in upgrading PPMs' birthing homes	Nov 2006-Dec 2007	0	Support activity for: PRISM 3.1
				3.1.2.9 Provide small instruments, or small equipment, or minor renovations through the grants revolving fund loan facility under the RFA for Birthing Homes	Mar-Dec 2007	6,504	Support activity for: PRISM 3.1
				on BEST for Midwives Training Courses			
				3.1.2.10 Provide orientation to trainers on BEST curricula and materials	May-Dec 2007	2,135	Support activity for: PRISM-PMP1.1; PRISM 3.1;
				> Produce a training packet for BEST courses as part of TA package	May -Dec 2007		
				> Coordinate orientation of trainers on the BEST courses and curricula	May -Dec 2007		
		USG-MCH: 1,3,9; USG-FP/RH: 2, 6		3.1.2.11 Conduct training on long-term FP methods (IUD, BTL, NSV)	May-Dec 2007	104,668	c/o Grants RFA
		USG-MCH: 1,3,9; USG-FP/RH: 2, 4,6		3.1.2.12 Through the grants program, provide technical assistance to Midwives Associations or other institutions to set up and conduct post-training follow-up/monitoring of year 2 BEST graduates to evaluate for certification as BEST midwives	Apr-Aug 2007	83,735	Support activity for: PRISM-PMP 3.2;
				on Ensuring Quality			
				3.1.2.13 Develop quality assurance self-assessment system using simple tools for continuing quality improvement in FP and MCH service delivery; Follow-on grants for RFA-BH grantees expansion and establishment of quality assurance system for these PPMs' PHIC-accredited birthing homes	Feb-Jul 2007	85,828	Support activity for: PRISM 3.1, PMP3.2;
				on the Referral System			
				3.1.2.14 Referral systems in place involving public-private partnerships, midwives, company clinics, private hospitals, whenever applicable	Jul 2007		Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2
	USG-FP/RH.3			3.1.2.15 Use/dissemination of client-oriented BCC/IEC materials to provide information to PPMs' clients	Apr 2007		Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2
				> Produce client-oriented BCC materials	Jan-Mar 2007		
				Other technical assistance activities			

Notes:

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Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes	
	Outcome	Process						
				3.1.2.16 Training on Newborn Screening: TOT and Roll-out training for priority PPMs	Apr-Jun 2007	2,561	Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2	
				3.1.2.17 MCH Updates and Orientation on Business Opportunities for PPMs w/o Birthing Homes	Jun-Aug 2007	19,260		
				3.1.2.18 Facilitate Priority PPMs' Access to Training on IV Insertion, Internal Examination and Repair of Perineal Laceration for PHIC accreditation	Jun-Aug 2007	6,098	Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2	
				On facilitating compliance with DOH and PhilHealth requirements and submission				
				3.1.2.19 Facilitate submission of DOH licensing and PhilHealth accreditation applications	Beginning Jun 2007	81	Support activity for: USG-MCH.8; USG-FP/RH.5; PRISM 3.1	
				>Coordinate with USAID Policy Project, PhilHealth, and DOH on enhancing licensing and accreditation policies	Feb-Aug 2007		Support activity for: USG-MCH.8; USG-FP/RH.5; PRISM 3.1	
				> Provide TA in the implementation of TWG for PhilHealth accreditation and DOH licensing	Oct 2006-Mar 2007			
				3.1.2.20 Through grants program, develop unified policy agenda for midwives that include coordination with USAID Policy Project, PhilHealth, and DOH on enhancing licensing and accreditation policies (TZF)	Feb-Aug 2007	24,270	Support activity for: USG-MCH.8; USG-FP/RH.5; PRISM 3.1	
			IR 3.1.3 Information and approaches for increased business opportunities for FP/MCH in private practice provided				6,647	Support activity for:
				3.1.3.1 Engage Short-Term Technical Consultant to develop marketing strategies and packages for the promotion of FP and MCH services at PPMs' birthing homes through the communities and company clinics (IR 3.1.2.7)	Mar-Jun 2007	4,208	Support activity for: PRISM-PMP3.2	
				3.1.3.2 Banking on Health "Course on Expanding Midwife Entre-Pinay Business ("Advanced" Business Course)" as training course for PPMs participating in the strategy	Apr-Dec 2007	2,439	Support activity for: PRISM-PMP3.2	
				3.1.3.3 Referral systems in place involving public-private partnerships, midwives, company clinics, private hospitals, whenever applicable (IR 3.1.2.17)	Jul-07	0	Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2	
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9	IR 3.1.4 Partnership with relevant orgs (WPFI, Rotary, etc.) established to provide TA to develop PPMs' PhilHealth-accredited birthing homes				8,455	

Notes:

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Refer to Section C, pp 19-20 for code key of project indicators

Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes	
	Outcome	Process						
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9		3.1.4.1 Provide Technical Assistance to partner organizations through their grants projects	Jun, Sep, Dec 2007	4,065		
				3.1.4.2 Hold quarterly coordinative meetings with partner organizations, LGUs, other USAID projects	Mar, Jun, Sep, Dec 2007	325	Support activity for: RFA implementation, monitoring and info management, referral system strengthening	
			USG-FP/RH.3		3.1.4.3 Participation in national conventions of partner organizations	To be determined	4,065	Support activity for: Partnership-building
			IR 3.2 Increasing support from medical profession for FP and MCH services as an essential part of good provider practice				18,171	
			IR 3.2.1 Business value of support to PPMs by medical professionals promoted				1,240	
				3.2.1.1 Hold consultative dialogues with representatives of POGS and PPS to address physicians' concerns and enhance support for PPMs	Feb-Apr 2007	1,240	Support activity for: PRISM 3.1; PRISM-PMP 3.2	
				<i>> Assist in identification of motivations and barriers</i>	<i>Feb-Apr 2007</i>			
				3.2.1.2 Facilitate Memorandum of Understanding between midwives associations and physicians organizations as expression of support for PPMs	May-Jul 2007	0	Support activity for: PRISM 3.1; PRISM-PMP 3.2	
			IR 3.2.2 Referral and business models among WPFI midwives, other midwives, and				12,195	
				3.2.2.1 Facilitate Memorandum of Understanding between midwives associations and physicians organizations as expression of support for PPMs (IR 3.2.1.2)	May-Jul 2007	0	Support activity for: all PRISM and USG outcome indicators; PRISM 3.1; PRISM-PMP 3.2	
				3.2.2.2 Referral systems in place involving public-private partnerships, midwives, company clinics, private hospitals, whenever applicable (IR 3.1.2.17)	Jul 2007		Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2	
				<i>> Provide TA in the establishment, implementation, and sustainability of referral systems</i>	<i>Jan-Dec 2007</i>			
				<i>> Coordinate with USAID Health Governance and Policy Projects</i>	<i>Jan-Dec 2007</i>			
		USG-FP/RH.3		3.2.2.3 Use/dissemination of client-oriented BCC/IEC materials to provide information to PPMs' clients (IR 3.1.2.18)	Apr 2007	12,195	Support activity for: all PRISM and USG outcome indicators; PRISM-PMP 3.2	
				<i>> Produce client-oriented BCC materials</i>	<i>Jan-Apr 2007</i>			
				3.2.2.4 Define business models	Jul-Dec 2007	0	Support activity for: PRISM 3.1; PRISM-PMP 3.2	
	USG-FP/RH.3		IR 3.2.3 PhilHealth Reimbursement Benefits for Providers of FP/MCH-covered services promoted				4,736	
			3.2.3.1 Revise and finalize current presentations and materials on Service Provider reimbursement package for PHIC-covered FP methods and MCH services	Mar-Apr 2007	0	Support activity for: PRISM 3.1; USG-MCH.8; USG-FP/RH.5		

Notes:

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Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes
	Outcome	Process					
				> <i>Provide inputs/assistance in development of information materials</i>	<i>Mar-Apr 2007</i>		
	USG-FP/RH.3			3.2.3.2 Conduct of orientation on PHIC reimbursement packages for covered FP and MCH services and supplies to private physicians, private hospitals, organization	May-Dec 2007	4,736	Support activity for: USG-MCH.8; USG-FP/RH.5
				> <i>Provide TA in the implementation of the TWG on PhilHealth FP/MCH benefits</i>	<i>Oct 2006-Aug 2007</i>		Support activity for: USG-MCH.8; USG-FP/RH.5
Cross-cutting Activities*							
Project Monitoring and Evaluation							
				Task 1	Revise PRISM PMP and Results Framework to incorporate MCH indicators		Oct 2006-May 2007
				Task 2	Provide support for data collection, review and analysis of accomplishments vis-a-vis PMP indicators and targets		Dec-Jan, Mar-Apr, Jun-Jul, Sep-Oct, Dec 2007
					> <i>Prepare and submit periodic PMP report to USAID and Head Office</i>		<i>Nov 2006-Dec 2007</i>
					> <i>Provide support to the preparation of project accomplishments/outputs of Components</i>		<i>Dec 2006- Dec 2007</i>
					> <i>Conduct field visits to implementing firms/associations/areas</i>		<i>Jan - Dec 2007</i>
				Task 3	Develop technical reports on project experience/s		Feb-Aug 2007
Project Information System (Health MIS)							
				Task 1	Enhance and maintain project information systems and databases (ORBIT and Map Decision)		Nov-Dec 2007
				Task 2	Strengthen capability of project staff to utilize and maintain the project information systems and databases		Dec 2006-Feb 2007
				Task 3	Develop long-range IT/MIS strategies and programs		June-Dec 2007
				Task 4	Provide data generation and analysis support to project management, planning and operations		Oct 2006-Dec 2007
Project Communications							
				Task 1	Develop and disseminate PRISM success stories to partners and other stakeholders		Jan-Dec 2007
				Task 2	Provide assistance in the development and dissemination of PRISM technical notes		Jul-Dec 2007
				Task 3	Develop articles for USAID Weekly		Oct 2006-Dec 2007
				Task 4	Develop intranet for Project Communication		June-Sep 2007
				Task 5	Consolidate and package quarterly and annual reports		Feb, Mar, Aug, Nov, 2007
				Task 6	Develop, implement, and monitor PRISM communications strategies and plans		Jan-Dec 2007
				Task 7	Strengthen staff capacity on communications/writing		June - Aug 2007
				Task 8	Edit technical papers/articles for uploading in ORBIT		Oct 2006-Dec 2007
Policy and Health Systems							
				Task 1	Facilitate development and adoption of IUD phase-out plan		Jan-Aug 2007
				Task 2	Facilitate development and adoption of expanded A.O. on CSR		Jan-Sep 2007
				Task 3	Lead the CSR TWG among USAID CAs		Jan-Dec 2007

Notes:

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Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes
	Outcome	Process					
				> <i>Coordinate CSR TWG structure and strategy development</i>	<i>Mar-May 2007</i>		
				> <i>Monitor implementation of CAs' CSR strategies and action plans</i>	<i>May-Dec 2007</i>		
Behavior Change Communications							
			(activities integrated in SO1, SO2, SO3)				
Training Coordination							
			Task 1	<i>Manage and update PRISM training database</i>	<i>Oct 2006-Dec 2007</i>		
			Task 2	<i>Maintain an updated inventory of all training materials for timely distribution to regional offices</i>	<i>Feb-Dec 2007</i>		
Grants							
			(activities integrated in SO1, SO2, SO3; details of grant activities are provided in Annex 2)				

Notes:

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ANNEX 2

PRISM Year Three Work Plan: Grants

PRISM Year 3 Work Plan: GRANTS
Oct. 1, 2006 – Dec. 31, 2007

PRISM-FH SO: Total use of FP and MCH services and subsequently, the private sector share of the total use by (1) men and women of reproductive age using modern methods, (2) the total number of men and women of reproductive age intending to use family planning, and 3) total number of expectant mothers receiving tetanus toxoid vaccination, pre-natal care, breastfeeding counseling, and micronutrient supplementation increased.

Strategic Objective (SO)	Indicators		Intermediate Results (IRs)	Activities	Time Frame	Budget (in US\$)	Notes	Status	
	Outcome	Process							
SO 1: Support for FP and MCH services within the formal employment sector increased	USG-MCH: 11,8 USG-FP/RH: 1,3,5,8	USG-MCH: 1,3,9, 10 USG-FP/RH: 2,4,6,7,9				1,751,414			
	USG-MCH: 8,11; USG-FP/RH: 1,3,5,8; PRISM-PMP1.4	USG-MCH: 1,3,9, 10; USG-FP/RH: 2, 4, 6, 7, 9	IR 1.1 Cost-effective and sustainable models of MCH and FP counseling, motivation and service delivery or referrals, as appropriate, for the workplace developed			104,406			
	USG-MCH: 8,11; USG-FP/RH: 1,3,5,8; PRISM-PMP1.4	USG-MCH: 1,3,9, 10; USG-FP/RH: 2, 4, 6, 7, 9	IR 1.1.2 FP/MCH models for SMEs/cooperatives which includes policy and services delivery options developed			104,406			
	USG-MCH: 8,11; USG-FP/RH: 1,3,5,8; PRISM-PMP1.4	USG-MCH: 1,3,9, 10; USG-FP/RH: 2, 4, 6, 7, 9		1.1.2.1 Provide grants for selected partners to pilot MCH/FP in SMEs	Dec 2006-Feb 2007	104,406		Budget estimate to cover projected grantees. May change after cost negotiations.	
				APS 2005	Mindanao Business Council - Installation of Responsible Parenting and Maternal Child health Program in SMEs through Local Business Organizations and Industry Associations	Jul 2007 - Oct 2008	41,605		RO working with proponent for final revision of grant application. Grants Unit to revise Appraisal Memo accordingly and submit for comment/approval of USAID.
				APS 2005	Philippine Chamber of Commerce and Industry (PCCI) - Project Proposal for the establishment and maintenance of Family Welfare and Population Management Service Centers in the local chambers, PCCI office being the pilot site	Jul 2007 - Oct 2008	62,801		STD working with proponent for final revision of grant application. Grants Unit to prepare Appraisal Memo accordingly and submit for comment approval of USAID.
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 4, 6, 7, 9 PRISM-PMP: 1.1, 1.2, 1.3	IR 1.2 Support by firms for MCH and FP counseling, including breastfeeding promotion and counseling, motivation and service delivery or referrals, as appropriate, for their workforces increased				1,557,036		
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 4, 6, 7, 9 PRISM-PMP: 1.1, 1.2, 1.3	IR 1.2.1 Provide TA package for companies to implement FP and MCH programs through grant/non-grant tracks				1,467,064		
	USG-MCH: 8, 11; USG-FP/RH: 1,3,5,8; PRISM-PMP: 1.4, 1.5	USG-MCH: 1, 9, 10; USG-FP/RH: 2, 4, 6, 7, 9 PRISM-PMP: 1.1, 1.2, 1.3		1.2.1.1 Provide grants to potential partners to set up MCH/FP in 200 firms.		1,259,821		Budget cover projected grantees for year 3 so total may change after cost negotiations. This amount also includes remaining grant fund for disbursement for Yrs 1 and 2 grantees.	

			RFA 2005-01 01	Cagayan de Oro Chamber of Commerce and Industry Inc.- Workplace Family Welfare Program	Jan - Dec 2006	20,166	Upon receipt of grantee request, Grants Unit will prepare no cost grant modification up to August 2007 to enable grantee to fully install all elements of WFPF program.
			RFA 2005-01 01	Cavite Chamber of Commerce and Industry Inc. - Establishment and Maintenance of Family Planning Programs in the Workplace	Jan 2006- Jan 2007	24,402	Cost modification approved and implementation period extended up to July 2007 to allow for incorporation of MCH in 38 companies.
			RFA 2006-01 03	Coastal Conservation and Education Foundation Inc. - Building Responsible Families Towards Enhanced Productivity in the Workplace: Institutionalizing a Family Welfare Program in the Mactan Economic Zone	Sept 2006- Nov 2007	58,283	No cost modification was effected. Implementation period extended up to November 2007 to cover for delays due to ASEAN summit.
			RFA 2006-01 03	Advocate for Youth Foundation (A4Y) - Project Call-Usugan: FP Solution in Call Centers	Oct 2006 - Oct 2007	92,161	For grant modification. Proposed changes are currently under discussion. May also require no cost extension.
			APS 2005	Tridev Specialist Foudation Inc.-Enhancing Productivity and Welfare of Workers Through Delivery of Effective Reproductive Health Service	Sept 2006- Oct 2007	36,221	For grant modification to incorporate MCH in service delivery and company policy. Proposed changes are currently under discussion
			APS 2005	Baguio Center for Young Adults, Inc.- Integrating FH/FP in the Workplace (Baguio City)	Dec 2006 - Mar 2008	28,674	Implementation on going.
			RFA 2006 01 04	Bohol Alliance of Non Government Organization (BANGON) - Installation of Family Welfare and Responsible Parenthood Programs in Major Private Companies, Small and Medium Enterprises and Cooperatives in Bohol Province, Phils.	Apr 2007 - Jul 2008	47,911	Grant to take effect last 19 April 2007. Implementation on going.
			APS 2005	Personnel Management Association of the Philippines (PMAP) Pangasinan Chapter - Installation and Management of FPWP Program	Apr 2007- Jul 2008	40,786	Grant took effect 18 April 2007. Implementation on going
			RFA 2006-01 03	Molave Development Foundation - Implementing a Gender Sensitivity(Male-Focused) Family Planning Program in the Fishing Industry in General Santos City	Jun 2007 - Sept 2008	34,096	RO working with proponent for final revision of grant application. Grants Unit to do final revision of Appraisal Memo and submit for approval of USAID.
			APS 2005	Quezon City Council on Population (QCCP)- Establishment of Workplace Family Planning Program	Jun 2007 - Sept 2008	51,555	Upon receipt of STD's clearance, Grants Unit to do final revision of Appraisal Memo and submit for approval of USAID.
			APS 2005	Philippine NGO Support Program Inc. - Installation and Maintenance of Workplace Family Planning (WP-FP) Program in Firms Without FP Program	Jul 2007 - Oct 2008	76,504	Under negotiation.

			APS 2005	Process Foundation, Panay Inc. - Installation of Family Planning Program in the Workplace	Jul 2007 - Oct 2008	32,770		RO working with proponent for final revision of grant application. Grants Unit to revise Appraisal Memo accordingly and submit for comment/approval of USAID.
			APS 2005	Batangas Province Chamber of Commerce and Industry (BPCCI) - Installation of Responsible Parenthood and Employees Family Welfare Program in Selected Member Firms of BPCCI	Jun 2007 - Sept 2008	32,101		For approval of USAID. Revised Appraisal Memo submitted on 13 April 2007
			APS 2005	The Human Resources Management Association of Canlubang, Inc. (HRMAC) - Mobilizing HRMAC as Catalyst for Family Planning Program in the Workplace	Jul 2007 - Oct 2008	49,445		Upon receipt of STD's clearance, Grants Unit to do final revision of Appraisal Memo and submit for approval of USAID.
			APS 2005	Bulacan Chamber of Commerce and Industry - Enhancing Family Welfare in the Workplace: Installation of Family Planning and Maternal and Child Health Among SMEs in Bulacan	Jun 2007 - Sept 2008	31,622		For approval of USAID. Revised Appraisal Memo submitted on 13 April 2007
			APS 2005	Personnel Management Association of the Philippines (PMAP) -Subic Chapter - Increasing Workers Productivity through the Installation of Family Planning Program in the Workplace - PMAP Subic	Jun 2007 - Sept 2008	42,793		For approval of USAID. Revised Appraisal Memo submitted on 13 April 2007
			APS 2005	Philippine Exporters Confederation Inc. (PECI) - Women's Health in the Workplace Program (WHWP)	Jul 2007 - Oct 2008	41,042		Under negotiation.
			RFA 2006 01 04	Employers Confederation Organization of the Philippines - Family Planning in the Workplace	Jul 2007 - Oct 2008	52,334		For technical and cost negotiation. Proponent to revise grant application. Grants Unit to prepare Appraisal Memo and submit to USAID
			RFA 2006 01 04	Friendly Care - Harnessing FriendlyCare as a Family Planning Partner in the Workplace	Jul 2007 - Oct 2008	34,659		Upon receipt of STD's clearance, Grants Unit to do final revision of Appraisal Memo and submit for approval of USAID.
			RFA 2006 01 04	Cebu Youth Center - Installation and Maintenance of a Workplace Family Planning (FP) Program in Call Centers	Jul 2007 - Oct 2008	32,781		RO working with proponent for final revision of grant application. Grants Unit to
			1.2.1.2	<i>Train grantees on MCH/FP program installation to capacitate them to provide TA to their beneficiary-firms.</i>		123,508		
			Sole Source	Philippine Business for Social Progress - Capacity Building of PRISM Grantees Through the Provision of Trainer's Training on Workplace MCH/FP Installation and Retrofitting PBSP Firms with Installed FP Programs to Include MCH	Jul 2007 - Jul 2008	81,641		SOW developed. PBSP to submit proposed budget
			Sole Source	Philippine Business for Social Progress - Sharing of Best Practices		41,867		SOW in progress
			1.2.1.5	<i>Provide contraceptive technology updates to 100% of firms that have doctors.</i>		83,735		

			RFA 2005 02 01	ECE Marketing/Pharmaceutical Inc. - Marketing Medium/Low-Priced Contraceptive Brands in the Philippines: Launch of Daphne and Lyndavel	Feb 2006 - May 2007	60,234		For grant modification. All remaining deliverables are submitted and under review.
	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2, 2.3	USG-FP/RH: 4	2.1.1.2. Support and introduce new contraceptive products			214,550		
	USG-FP/RH: 1	USG-FP/RH: 4	a. Provide technical assistance to IRHP in the marketing and distribution of SDM (Standard Days Method) beads			64,550		
			APS 2005	Enhancing NFP/SDM Gains through Sustained Social Marketing in Different Intervention Settings	Jul 2007 - Oct 2008	64,550		Grant review completed. Grants team preparing communication.
	USG-FP/RH: 1 PRISM-PMP: 2.1, 2.2	USG-FP/RH: 4	b. Support for Logentrol			50,000		
	USG-FP/RH: 1 PRISM-PMP: 2.3	USG-FP/RH: 4	f. Support IUD product launching through a grant		Estimate RFA issuance Jul 2007	100,000		SOW in development
SO 3: Business value of FP and MCH in private providers' practice increased	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9				846,306		
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9	IR 3.1 Increase number of midwives with self-sustaining private practices while incorporating FP and MCH in PhilHealth-accredited birthing homes			846,306		
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9	IR 3.1.1 Models of PhilHealth-accredited birthing homes developed			572,075		
	USG-MCH: 2,7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9	3.1.1.5	Implement the Annual Program Statements grants projects that are aligned to new midwives strategy (APS-grants Models defined)	Dec 2006-Aug 2008	156,253		
			APS 2005	Jaime V. Ongpin Foundation Inc. - Integrating Micro-Finance & Health Education to Empower Women & Reduce Poverty in Metro Baguio	Dec 2006-Mar 2008	35,658		Implementation on going implementation.
			APS 2005	Integrated Midwives Association of the Philippines - IMAP Bohol - Strengthening Approaches on Family Health Efforts by Motivated Midwives (SAFEMOM)	Mar 2007-June 2008	46,728		Implementation on going implementation.
			APS 2005	Integrated Midwives Association of the Philippines - IMAP Cebu - Sustaining IMAP Midwives Clinics as Centers of Quality Family Planning products and services and Maternal and Child Health Services in the Province of Cebu	Mar 2007-June 2008	33,196		Implementation on going implementation.

			APS 2005	Kinasang'an Foundation Inc. - Developing Family Planning Maternal and Child Health Referral Network System of Davao City	Mar 2007-June 2008	40,671		Implementation on going implementation.
USG-MCH: 2.7,8,11; USG-FP/RH: 1,3,5,8 PRISM PMP 3.2; PRISM 2.1, 2.2, 2.3	PRISM 3.1 USG-MCH: 1,3,9, 10; USG-FP/RH: 2,4,6,7,9		3.1.1.6	<i>Issue, award, and oversee implementation of a RFA for the provision of technical assistance to develop PhilHealth-accredited Private Practice Midwives' Birthing Homes (BHs) (RFA-grants Models defined)</i>		391,552		
			RFA 2006-03-01	Institute of Maternal and Child Health - Developing Private-Practice Midwives' Clinics in Luzon into DOH-licensed and PhilHealth-Accredited Birthing Homes and as Associate-Practice Hubs for Licensed Midwives/PhilHealth-Accredited Service Providers	Jul 2007 - Oct 2008	245,016		Appraisal Memo submitted to USAID 11 April 2007 for comment/approval.
			RFA 2006-03-01	Negros Occidental Rehabilitation Foundation Inc. - Developing Private-Practice Midwives' Clinics in Visayas into DOH-licensed and PhilHealth-Accredited Birthing Homes and as Associate-Practice Hubs for Licensed Midwives/PhilHealth-Accredited Service Providers.	Jul 2007 - Oct 2008	73,268		Appraisal Memo submitted to USAID 11 April 2007 for comment/approval.
			RFA 2006-03-01	Kinasang'an Foundation, Inc.- Developing Private-Practice Midwives' Clinics in Mindanao into DOH-licensed and PhilHealth-Accredited Birthing Homes and as Associate-Practice Hubs for Licensed Midwives/PhilHealth-Accredited Service Providers.	Jul 2007 - Oct 2008	73,268		Appraisal Memo submitted to USAID 11 April 2007 for comment/approval.
			3.1.1.20	<i>Through grants program, develop unified policy agenda for midwives that include coordination with USAID Policy Project, PhilHealth, and DOH on enhancing licensing and accreditation policies (TZF)</i>		24,270		
			Sole Source	Conduct of Technical Working Groups (TWGs) for Midwives' Concerns and Midwives' Congress to Improve and Enhance the Practice and Profession of Midwifery	Apr - August 2007	24,270	Support activity for: PRISM 3.1; USG-MCH.8; USG-FP/RH.5	Implementation on going.
	USG-MCH: 9, 10; USG-FP/RH: 2,4,6,7	IR 3.1.2 Technical Assistance package for PPMs to establish/develop PhilHealth-accredited/able birthing homes provided				274,231		
			on BEST for Midwives Training Courses					
	USG-FP/RH: 2		3.1.2.11	<i>Conduct IUD, BTL, NSV training for PPMs with birthing homes through the grants program</i>	Jul-Dec 2007	104,668		SOW in progress
	USG-MCH: 9; USG-FP/RH: 4,6		3.1.2.12	<i>Provide technical assistance to midwives' associations in setting up and conducting post-training follow-up/monitoring of Year 2 BEST graduates for certification as BEST midwives (RFA for BEST follow-up)</i>	Jan-Jun 2007	83,735		RFA submitted to USAID 27 March 2007 for review and approval.
	USG-MCH:9,10 USG-FP/RH:4,6,7		3.1.2.13	<i>Issue/Award/Implement RFA: Establishing a Sustainable BEST Quality Assurance System</i>		85,828		SOW in progress

ANNEX 3

Flowchart for PRISM Technical assistance to Private Practice Midwives

Flowchart for PRISM Technical Assistance to Private Practice Midwives

