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Private Sector Mobilization for Family Health—Phase 2 (PRISM2) Project

Final Report

Photo: USAID/PRISM2 Project

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Final Report

Contract No. GHS-1-00-07-0004, Task Order 4

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ACRONYMS

ADP	Alternative distribution point
ARMM	Autonomous Region of Muslim Mindanao
BEmONC	Basic emergency obstetric and neonatal care
BLS	Basic lifesaving skills
BTL	Bi-tubal ligation
BTL-MLLA	Bi-tubal ligation with mini-laparotomy under local anesthesia
CEmONC	Comprehensive emergency obstetric and neonatal care
CHO	City health office(r)
CPE	Continuing professional education
DOH	Department of Health
DOH-RO	Department of Health Regional Office
EINC	Essential intrapartum and newborn care
FHSIS	Field health service information system
FP-CBT1	Family planning competency-based training level 1
FP-CBT2	Family planning competency-based training level 2
FP-MCH	Family planning and maternal and child health
IUD	Intrauterine device
LAM	Lactational amenorrhea method
LA/PM	Long-acting or permanent methods of contraception
LGU	Local government unit
MCP	Maternity care package
MNCHN	Maternal, neonatal, child health, and nutrition
NBS	New born screening
NCR	National Capital Region
PCaSo	Point of Care Solution
PhilHealth	National Health Insurance of the Philippines
PHO	Provincial health office(r)
PPM	Private practicing midwife
PPP	Public-private partnership
PRISM2	Private Sector Mobilization for Family Health – Phase 2
QAP	Quality assurance package
SDM	Standard days method
SDN	Service delivery network
TDMIS	Training database management information systems
TIPPP	Technical initiatives for public-private partnerships

EXECUTIVE SUMMARY

Public health outcomes have always been the domain of the public health sector in the Philippines. The USAID-funded Private Sector Mobilization for Family Health – Phase 2 (PRISM2) project effectively shifted this paradigm to actively include private health sector efforts as a significant contributor to improving access to quality family planning and maternal and child health (FP-MCH) information, products, and services leading to improved maternal and newborn health outcomes.

Working with and through public health (government) partners, the project mobilized various private entities, built their capabilities in providing FP-MCH information, products and services, and facilitated their official government recognition and integration into local ***service delivery networks*** (SDNs) for maternal, newborn, child health, and nutrition (MNCHN) services. The results are strengthened SDNs in the project's 36 project sites, access to which was increased by the project through a behavior change approach that enabled potential clients to not only receive FP-MCH information, but to access their desired FP-MCH products and services in a single setting.

A set of activities were implemented to expand the provision and improve the quality of services available in the private sector. PRISM2's work with ***private practicing midwives*** (PPMs) focused primarily on facilitating their accreditation with the Philippines national insurance program (PhilHealth). With 576 PPMs and 403 private birthing homes assisted with accreditation, PRISM2 enhanced the skills of PPMs through training and ensured greater access to FP-MCH services by indigent clients.

The project sought to strengthen the services provided by ***private hospitals***, providing a range of orientations and training to encourage these facilities to expand their provision of FP-MCH services, particularly to poorer sectors of the population. Under the stewardship of the public sector, PRISM2 facilitated the integration of more than 150 private hospitals into local SDNs, establishing greater linkages between these hospitals and public health services. A sub-component of the work with private hospitals focused on strengthening and establishing ***itinerant services*** for long-acting and permanent methods of contraception (LA/PM) through public-private partnerships (PPPs). While financial sustainability remains challenging, the project showed that greater use of such itinerant teams has the potential to reach significant numbers of people with services.

Recognizing significant challenges for providers, particularly from the private sector, in accessing training programs to keep their skills up to date, PRISM2 initiated the establishment of regional PPP ***training systems***. With five Department of Health Regional Offices (DOH-ROs) having such systems in place by the end of the PRSIM2 project, and 67 new trainers for FP-MCH having been trained, providers now have greater access to necessary training programs.

To complement efforts to improve the availability of FP-MCH services, PRISM2 also implemented activities to ***ensure contraceptive supply***. Initial efforts focused on developing the stewardship role of LGUs over the total contraceptive market, with activities later in the project aiming to establish non-traditional or ***alternative distribution points*** (ADPs) for contraceptives. Over 1,500 project-engaged ADPs purchased contraceptives over the course of the project and contributed more than 5,000 couple years of protection. New ***product introduction*** efforts saw the introduction of four new family planning products and one child health product in the Philippine market. Significant progress was also made in efforts to engage public sector and private sector partners in support of the introduction of oxytocin in Uniject™ for the prevention of postpartum hemorrhage.

PRISM2's initiatives to improve quality and access to services were complemented by the development and implementation of a behavior change strategy called ***Usapan***. Rolled out primarily through PPMs, *Usapan* reached more than 25,000 men and women with FP-MCH group counseling and ensured that more than 10,000 of these people immediately received the product or service they desired. Toward the final years of the project, initiatives were developed to reach two special population groups—***young people*** and ***workers in the informal sector***. Implementing a variant of the FP-MCH *Usapan* approach, the project reached close to 11,500 in- and out-of-school youth with peer education and more than 12,000 workers in the informal sector.

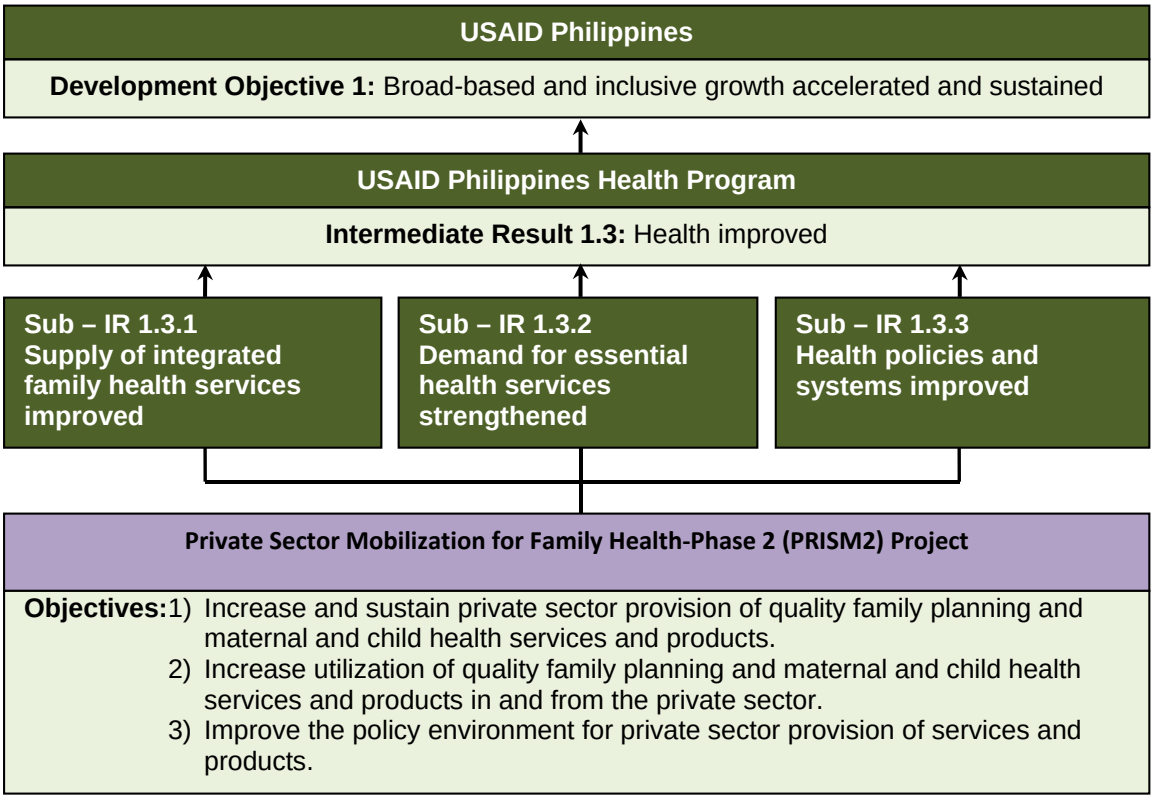
The project was implemented in the context of public sector stewardship and public-private partnerships. By establishing such stewardship, and facilitating the formalization of broad-ranging PPPs, the project has developed the necessary platform for ensuring sustainability and ongoing expansion of engagement with the private sector.

BACKGROUND

PRISM2 was initiated at a time when improvements in maternal mortality in the Philippines had been stagnating. During this period, only half of married women of reproductive age were using any form of contraception (a third of which was traditional), despite an expressed desire to have no more children or to space the next birth. The private sector had already been identified as a significant potential contributor to increasing access to FP-MCH information, services, and products, and previous initiatives had shown positive results. The challenge of how to scale-up private sector initiatives to ensure critical mass remained. PRISM2 was developed to respond to this challenge.

The PRISM2 Results Framework below illustrates how the project supported USAID/Philippines Development Objective 1, "Broad-based and inclusive growth accelerated and sustained" through Intermediate Result 1.3, "Health Improved".

Figure 1. PRISM2 Results Framework



PRISM2 approached the challenge by working with government to engage those parts of the private sector interested in building sustainable PPPs that could expand the market for FP-MCH products and services. The typical structural change that PRISM2 sought was that in each project site, a local government unit (LGU)-led, DOH-supported, local PPP emerged that was dedicated to, and capable of achieving, high overall levels of sustained FP-MCH coverage of the local population through a total market approach to FP-MCH services.

Project activities revolved around three primary sets of issues: getting widespread buy-in to the total market approach for FP-MCH through PPPs by local partners; working with the public sector to reduce barriers and create conditions favorable to the total market approach; and working with the private sector to pursue opportunities within the total market approach. The key partners at the local level were provincial or city governments, particularly their respective provincial or city health offices, as well as active and interested private sector groups and organizations.

PROJECT HISTORY

The early years

PRISM2 devoted much of its first year to determining what public and private stakeholders perceive to be most important technical improvements needed in FP-MCH that will make a significant impact in improving maternal and child health in the country. In all project sites, partners' consultative meetings or inception workshops were conducted in partnership with DOH-Regional Offices and the LGUs. The outcomes of these consultations, together with an analysis of available data and specific project delivery considerations, led to the identification of specific technical improvements needed and toward which PPPs may be directed. Based on these, eight technical initiatives for PPPs were drafted, intended to be tools or guides to assist DOH-ROs, LGUs, and local PPP bodies (see Annex A. Technical Initiatives for PPPs for more detail).

Technical Initiatives for PPPs

- Expanding Hospital-Based Family Planning and Maternal and Child Health Services
- Securing Access to Long-Acting and/or Permanent Methods (LA/PM) of Family Planning
- Increasing Family Planning and Maternal and Child Health Contribution of the Professional Practice of Midwives
- Securing Contraceptives Supply
- Behavior Change Communication to Improve Utilization of Family Planning and Maternal and Child Health Products and Services
- Improving Local Monitoring and Evaluation for Family Planning and Maternal and Child Health
- Training Service Providers for Family Planning – Maternal and Child Health
- Enhancing Local Implementation of the National Health Insurance Program (NHIP) Benefits for FP-MCH

The implementation of all of these technical initiatives was seen in the context of stewardship, with regional and local health authorities taking overall responsibility for managing, sustaining, and further improving the implementation of the technical initiatives through a PPP approach. With DOH-ROs as the primary driver steward, PRISM2 organized a series of multi-region meetings that called together clusters of DOH-ROs, which, in the presence of DOH national officers, prioritized what they consider their top three most needed technical PPP initiatives to improve their region's FP-MCH information, products, and services provision. PRISM2 committed to providing technical assistance for the implementation of core activities from the prioritized technical initiatives. In the early years of implementation, technical assistance was provided primarily along component lines.

Shifting context

In 2008, the DOH, in recognition of the urgent need to address maternal and neonatal deaths in the country, issued DOH Administrative Order (AO) No. 2008-0029 titled "Implementing Health Reforms for the Rapid Reduction of Maternal and Neonatal Mortality". Commonly referred to as the Maternal, Newborn, and Child Health and Nutrition (MNCHN) Strategy, the AO was designed to ensure that the country will catch up with its commitment to the Millennium Development Goals on newborn and maternal health. It was not until three years later, however, on 27 March 2011, that the final version of the Manual of Operations for this AO was issued. The issuance of the manual provided a platform and framework for the implementation of PRISM2's vision of stewardship and private sector engagement to improve maternal and child health.

The centerpiece of this strategy is the establishment of functional MNCHN service delivery networks (SDNs) designed to minimize or eliminate the various delays that result in mothers and newborns dying from complicated pregnancies and deliveries. By definition, the MNCHN SDN refers to a network of facilities and providers offering the core package of services in an integrated and coordinated manner. It includes the communication and transportation system supporting this network, and comprises the following tiers or levels of service providers and facilities:

- Community level providers
- Basic emergency obstetric and neonatal care (BEmONC)-capable facilities or network of facilities and providers
- Comprehensive emergency obstetric and neonatal care (CEmONC)-capable facilities or network of facilities and providers

The project's operational framework therefore evolved to place SDN strengthening at the core, building the capacity of private health care providers and facilities to provide DOH-standard FP-MCH information and products and services, and facilitating official recognition of these private partners as integral to the SDN. At about the same time, the project saw a significant refocusing of geographic coverage, to target 36 provinces and independent cities shown below.

Luzon	
Region	**Province or independent city**
II	Pangasinan
	La Union
II	Pampanga
	Nueva Ecija
IV-A	Cavite
	Batangas City
	Quezon
NCR	Pasig City
	Quezon City
	Marikina City
	Paranaque City
	Caloocan City
V	Albay
	Naga City

Visayas	
Region	**Province or independent city**
VI	Iloilo
	Iloilo City
	Negros Occidental
VII	Cebu province
	Cebu City
	Lapu Lapu City
	Mandaue City
	Bohol
	Negros Oriental
VIII	Leyte

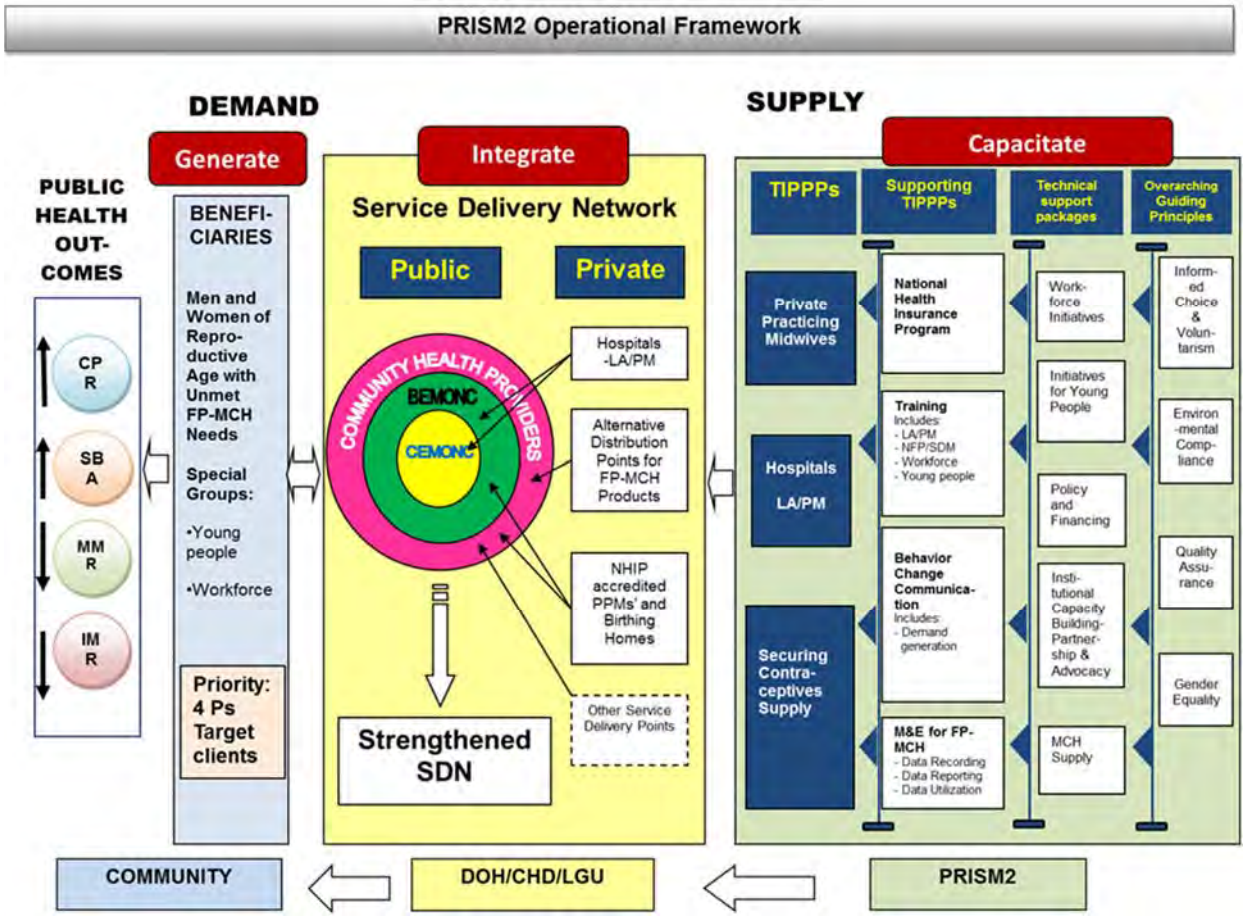
Mindanao	
Region	**Province or independent city**
X	Cagayan De Oro City
	Misamis Oriental
	Iligan City
XI	Davao City
	Davao del Norte
XII	Sarangani
	General Santos City
XIII	Agusan del Sur
	Butuan City
	Surigao Norte
ARMM	Lanao del Sur
	Maguindanao

With the evolution of PRISM2's focus on SDNs, the areas of technical assistance provided by the project also focused to ensure the greatest impact. Implementation of the project's focus on SDN strengthening through private sector engagement was facilitated by the TIPPPs that had been developed earlier in the project. The focus on SDN strengthening enabled the project to bring together all component-based activities in synergy at the local level.

OPERATIONAL FRAMEWORK

The diagram below captures the operational framework for the project's final three years.

Figure 2. PRISM2 Operational Framework (final 3 years)



PRISM2 worked with national, regional, and local health authorities to build the capacities of private partners using technical tools, documents, and guidelines developed by PRISM2 (on the right side of the framework diagram). These private partners were then integrated to the proper tier of the SDN depending on their capacities (in the center of the framework diagram). Demand generation activities focused on target beneficiaries' access to services in the strengthened SDNs (left side of the framework), leading to improvements in public health outcome indicators.

PRISM2 ACHIEVEMENTS

PRISM2's performance monitoring plan (PMP) went through multiple iterations during the course of the project. The achievements discussed below relate to the final approved version of the PMP. Overall, PRISM2 achieved and exceeded targets for the majority of the project's 34 indicators. The project's 12 outcome indicators are discussed in this section, with the process indicators being discussed in the relevant sections later in the report.

Contribution to USAID Intermediate Result 1.3 (Health Improved)

Table 1 below shows the achievements of PRISM2 in relation to specific indicators to measure contributions toward USAID's Intermediate Result 1.3 from the project's final approved PMP. The project exceeded all targets for these indicators.

Table 1. PRISM2 Achievements toward USAID Intermediate Result 1.3

Indicator	Target	Actual	% Achieved
Couple-years of protection in USG-supported programs	809,965	993,423	123
Amount of in-country public and private financial resources leveraged by USG programs for family planning and reproductive health (in $)	803,874	2,112,160	263
Number of current users of modern family planning methods from participating service delivery points	17,379	32,495	187
Number of pregnant women with at least four antenatal care visits by skilled providers from USG-assisted facilities	10,933	44,872	410
Number of deliveries assisted by skilled birth attendants in USG-assisted programs	43,596	147,456	338
Number of deliveries in USG-assisted health facilities	43,596	146,517	336
Number of postpartum women who initiated breastfeeding within one hour of delivery	19,866	84,027	423
Number of people reached by a USG-funded intervention providing gender-based violence services	17,366	19,666	113

Highlights

- *Couple years of protection*. PRISM2's efforts to engage the private sector in the provision of contraceptive products and services contributed to an increase in overall contraceptive protection supported by the USG from slightly under 400,000 in 2010 to close to one million in 2014.

- *Funds leveraged.* As a direct result of PRISM2's engagement with public and private partners for the implementation of project activities, these partners contributed more than $2 million in in-kind support of the project's objectives over the course of PRISM2.

- *Maternal health*. PRISM2 significantly exceeded the anticipated contributions to all maternal health indicators, indicating that engaged private sector providers had a greater capacity and willingness to expand and report on their maternal health services than initially anticipated.

- *Gender-based violence*. Gender-based violence became an area of specific interest of the PRISM2 project during its later years, and was primarily addressed through integration with the project's

wider activities on behavior change. Close to 20,000 women were reached with information or services related to gender-based violence.

PRISM2's Development Objectives

PRISM2 had four indicators directly related to the project's own development objectives. Achievements against these indicators are shown below in Table 2. The project met the target related to skilled birth attendance and exceeded the targets related to sales of contraceptives. The target for the private sector contribution to the contraceptive prevalence rate was not achieved and is discussed below.

Table 2: PRISM2 Achievements toward the Project's Development Objectives

Indicator	Baseline	Target	Actual	% achieved
Contraceptive prevalence rate for modern methods obtained from private sector sources	51.0	57.6	52.8	92
Percent of deliveries with a skilled birth attendant	62.2	68.6	72.8	106
Sales volume of oral contraceptives (million cycles)	8.58	13.23	18.58	140
Sales volume of injectable contraceptives (vials)	203,702	424,773	1,510,032	355

Highlights

- *Increase the use of modern contraception obtained from private sector sources*. Over the course of PRISM2, the contribution of the private sector to the contraceptive prevalence rate increased from 51.0 percent to 52.8 percent. Although this is short of the project target, with the overall contraceptive prevalence rate increasing from 34.0 percent to 37.6 percent during the same period, 19.9 percent of all married women of reproductive age are obtaining their method from the private sector (an increase more than the 2008 figure of 17.3 percent). This indicates that the private sector was serving close to 2.9 million married women of reproductive age with family planning services by 2013. Over the same period, the DOH central office began regular procurement of family planning commodities, increasing access to free supplies at public health facilities. Considering this significant increase access to free contraceptives, the steadily increasing role of the private sector indicates resilience in the sector.

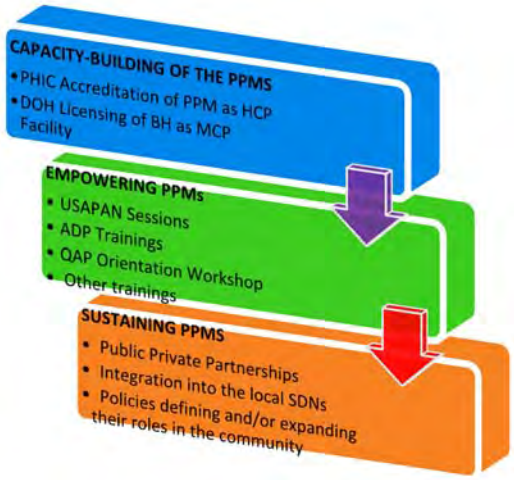
- *Increase the share of deliveries attended by skilled birth attendants*. PRISM2 contributed to a 17 percent increase in the percentage of deliveries with a skilled birth attendant from 62.2 percent to 72.8 percent (slightly greater than the annual 1.6 percent increase targeted by the project).

- *Sales volume of contraceptives.* The sales volume of contraceptives—both oral contraceptives and injectables—significantly increased over the course of the project. More than twice as many oral contraceptives were purchased through private sector distributors in 2014, compared with 2010, and more than seven times as many injectables. PRISM2 significantly contributed to these increases, particularly through efforts to introduce a new one-month injectable contraceptive in partnership with project grantee Alphamed. Current annual sales of contraceptives potentially represent more than 1.5 million couple years of protection.

INCREASING PROVISION OF QUALITY FP-MCH SERVICES, PRODUCTS IN THE PRIVATE SECTOR

As originally devised, the three core tasks of PRISM2 to increase provision of quality FP-MCH services and products related to: (1) expanding workplace health programs; (2) increasing the number of facilities providing quality FP-MCH services; and (3) building local capacity in LA/PM. About midway through the project, however, USAID requested that PRISM2 not engage workplaces in the provision of FP-MCH services[1]. Building on the other two tasks in the context of the project's operational framework, PRISM2 implemented focused activities with PPMs and their birthing homes, hospitals (particularly private hospitals), and itinerant teams for the provision of LA/PM services, and efforts to ensure contraceptive supply and establish regional FP-MCH training systems. As discussed above, these activities were all brought together at the local level under the framework of strengthening local SDNs.

Private Practicing Midwives



As the number of women of reproductive age in the Philippines continues to increase, the gap between the number of government-employed midwives and the number of women seeking FP-MCH services continues to widen. In response to this, entrepreneurial midwives who responded to the calls of their respective communities for quality FP-MCH services have established private practices, providing FP-MCH information, services, and products in their own birthing homes.

There is a need to ensure that all these private birthing homes are DOH-licensed, PhilHealth-accredited, constantly supervised by stewards of health care, regularly monitored, are reporting to LGUs, DOH-ROs and SDN, are managed and operated by competent human resources, and, most importantly, are seen and treated as partners in achieving public health outcomes.

Initiatives

To enhance the involvement of PPMs in the provision of FP-MCH services, PRISM2 developed and implemented a three-pronged, multi-faceted strategy. The major focus of PRISM2's efforts to increase access to FP-MCH services through PPMs was on assisting PPMs and their clinics to apply for accreditation with the national health insurance program, PhilHealth. By doing so, they become a viable source of service, particularly for delivery, for indigent women in their communities who are PhilHealth members. Beyond the capacity building for PhilHealth accreditation, PRISM2 sought to further empower PPMs by providing access to additional training to improve their skills and enable them to expand the range of services they can provide and facilitated their integration into local SDNs to support sustainability. PRISM2's initiative on PPMs has been formalized in the document "Expanding the Contribution of Private Practicing Midwives (PPMs) to Family Planning and Maternal and Child Health Outcomes".[2]

[1] Concerns over potential informed choice and voluntarism concerns in working on family planning activities with workplace management teams resulted in a shift to working with groups of workers, rather than companies themselves.

[2] Available at http://pdf.usaid.gov/pdf_docs/pa00k7f3.pdf

- *Streamlining PhilHealth processes.* PRISM2 engaged with PhilHealth and the DOH at the national and regional levels to facilitate the accreditation and reimbursement processes. At the regional level, the project worked with PhilHealth to streamline the processing of accreditation applications and minimize delays in the processing of reimbursement submissions. At the national level, PRISM2 engaged with PhilHealth to make IUD services reimbursable in MCP-accredited birthing homes. PRISM2 also engaged with the DOH to ensure that the perspective of PPMs was being considered as new guidelines on DOH licensing, as a prerequisite for PhilHealth accreditation, was discussed.

- *Facilitating PhilHealth accreditation of PPMs and their birthing homes.* PRISM2 provided technical assistance to PPMs for the completion of all PhilHealth and LGU requirements for accreditation. This included implementing facility assessment checklists, facilitating training, coordinating the signing of memorandums of agreement between PPMs and back-up physicians, providing small equipment when required, and providing technical assistance to the crafting of birthing homes' manuals of operations. As shown in Table 3, a total of 576 PPMs and 403 birthing homes submitted accreditation applications to PhilHealth as a result of project support.

Photo: USAID/PRISM2 Project

Prior to the PRISM2 project there was only one private birthing home actively operating in Sarangani province. Through encouragement from the project, other PPMs decided to establish their own birthing homes and secure PhilHealth accreditation, increasing the number of active and accredited birthing homes to four. Similarly, two PPMs in Davao del Norte and another two in Davao City opened new branches of their birthing homes, thus increasing access to services for more women.

Table 3. Number of PPMs and private birthing homes by region who have submitted PhilHealth accreditation applications and received accreditation with PRSIM2 assistance

	PPMs		Birthing Homes	
	Submitted	Accredited	Submitted	Accredited
Luzon	239	215	204	155
Visayas	168	165	79	57
Mindanao	169	125	120	95
TOTAL	576	505	403	307

Note: The majority of those applications submitted but not accredited were still in the process of review by PhilHealth at the end of the PRISM2 project.

- *Improving quality and breadth of services*. The training programs provided in support of PhilHealth accreditation also acted as tools to build the clinical capacity of PPMs and assure the availability of quality services. PPMs often find it difficult to access training programs, so the programs offered by PRISM2 allowed PPMs to keep their skills current and to expand the range of services they are able to offer. The number of PPMs accessing project supported clinical training activities is presented in Table 4 below.

Table 4. Number of PPMs Provided Various Clinical Training by PRISM2

Region	CPE	FP-CBT1	FP-CBT2	EINC	NBS	BEmONC	BLS
Luzon	112	363	151	217	142	5	33
Visayas	113	228	169	155	101	0	0
Mindanao	48	222	81	205	113	60	76
TOTAL	**273**	**813**	**401**	**577**	**356**	**65**	**109**

- *Improving quality assurance processes.* PRISM2 partnered with the Department of Health to develop and roll-out a "Quality Assurance Package for Midwives".[3] This toolkit aims to enhance the knowledge and skills of public and private practicing midwives to ensure compliance with quality standards of health care and practice. PRISM2 developed 45 trainers of QAP and reached 404 PPMs with training on the toolkit. PRISM2 also printed and distributed 2,000 copies of the toolkit to public and private partners throughout the country and developed a separate facilitator's guide to assist with roll-out of the initiative.[4]

Photo: USAID/PRISM2 Project

As a result of the roll-out of the QAP, the PHOs of Bohol and Negros Oriental formed joint public-private quality monitoring teams. Through bi-annual monitoring visits, these teams ensure compliance by public and private FP-MCH providers and facilities to DOH and PhilHealth quality standards for FP-MCH service delivery. Issues are addressed during the quarterly PPP coordination meetings to ensure that appropriate action is taken to ensure the safety and health of mothers and newborns.

- *Improving recording and reporting from private birthing homes.* PRISM2 developed a training program, including facilitator and participant guides, specifically to training private birthing homes on the FP-MCH components of the national Field Health Services Information System (FHSIS).[5] Following the training, PPMs were encouraged to provide regular reports of their FP-MCH accomplishments to their LGU counterparts. This was facilitated by a PRISM2-developed, public sector-led, group data validation initiative, which also serves as a tool to strengthen the partnership between the public and private health sectors. Over the course of the project, 823 PPMs from 533 birthing homes were trained on FHSIS. By the end of the project, 360 of these birthing homes were regularly providing reports to the public sector. To improve the efficiency of patient recordkeeping, and error-free generation of FHSIS reports by PPMs, PRISM2 developed and rolled out an electronic patient data recording and report generation system entitled PCaSo (or Point of Care Solution) with an associated users guide.[6] 126 PPMs from 114 birthing homes were provided with the system and given orientation on its use. However, because this intuitive was rolled out toward the end of the project, many of these birthing homes need additional support and mentoring to use the system routinely. PRISM2's initiatives related to improving recording and reporting from the private sector are outlined in the technical document "Improving Local Monitoring and Evaluation for Family Planning and Maternal and Child Health Services for the Private Sector".[7]

[3] Available at http://pdf.usaid.gov/pdf_docs/pa00k8tt
[4] Available at http://pdf.usaid.gov/pdf_docs/pa00k7f2.pdf
[5] Available at http://pdf.usaid.gov/pdf_docs/pa00k7cr.pdf and http://pdf.usaid.gov/pdf_docs/pa00k7cr.pdf
[6] Available at http://pdf.usaid.gov/pdf_docs/pa00k7f1.pdf
[7] Available at http://pdf.usaid.gov/pdf_docs/pa00k7k2.pdf

- *Empowering PPMs through post accreditation support.* PRISM2 gave PPMs opportunities to attend a range of post-accreditation activities to enhance their clinical skills, improve the quality of FP-MCH services provided to clients, improve demand generation for FP-MCH information, products and services, ensure better reporting, and expand their FP-MCH services. Such initiatives included assisting birthing homes to become alternative development points (ADPs), introducing a new approach to service marketing through *Usapan*, and providing training on the Adolescent Job Aid. These initiatives are discussed in more detail in following sections.

- *Addressing new healthcare waste management regulations*. During the course of the PRISM2 project, new guidelines began to be implemented in highly urbanized areas that required birthing homes to have a trained Pollution Control Officer and to have formal agreements in place to ensure the disposal of healthcare waste products. PRISM2 facilitated Pollution Control Officer training for 74 PPMs and facilitated negotiations between groups of PPMs and waste disposal companies to establish cost effective, regular, waste disposal mechanisms.

- *Sustaining PPMs by enhancing public-private partnerships*. By integrating PPMs into the local SDNs and providing assistance to LGUs in the formulation of local policies defining or expanding the roles of PPMs in the community, the project sought mechanisms to ensure sustainability of the role of PPMs in the provision of FP-MCH services. Four hundred and forty-two (442) PPMs were integrated into 50 SDNs across the 36 project sites.

- *Grants*. Over the course of the project, PRISM2 provided four grants to local organizations to directly support the overall initiative on PPMs. Three grantees (IMAP, KMPI, and CLAFI) specifically supported efforts to accredit midwives, while ILCI's grant sought to further develop their network of PPM clinics in the Visayas region.

Photo: USAID/PRISM2 Project

Through the grant with ILCI, PRISM2 was able to model new PPP mechanisms to increase access to services in Bohol province. A previously unused public sector facility is now managed by a PPM and staffed by a team of public and private health workers. In another instance, public sector midwives are now deployed at private midwife clinics, and these clines have access to government vehicles in the event of emergencies.

Results

(1) *Greater number of family planning acceptors*. Before the PRISM2 project, most PPMs did not include the provision of family planning services in their birthing homes. A significant focus of the PRISM2 project was to integrate family planning services into the service package provided by PPMs. Over 40,000 new acceptors received their method from PRISM2-engaged birthing homes, representing 30,611 couple-years of protection.

Table 5. Number of New Family Planning Acceptors by PRISM2-engaged PPMs

Region	Pills	Injectables	Condoms	IUD	SDM	LAM	Other	Total
Luzon	2,535	7,598	270	920	160	5204	5	16,692
Visayas	1,837	2,852	151	1,465	66	1965	1	8,337
Mindanao	3,404	3,253	892	2,560	61	6746	23	16,939
TOTAL	**7,776**	**13,703**	**1,313**	**4,945**	**287**	**13,915**	**29**	**41,968**

(2) *Increased access to maternal health services for indigent women*. The accreditation of 505 PPMs and 307 birthing homes makes professional delivery services accessible to more women. With the government's Universal Health Care Program, more women are enrolled in the national health insurance scheme as PhilHealth members. These women are now able to access FP-MCH services at private birthing homes without the financial constraints that previously burdened them, with PPMs implementing the no-balance billing policy—seeking reimbursement from PhilHealth for services rendered rather than charging the client. PPMs assisted for PhilHealth accreditation by PRISM2 submitted a total of 13,686 PhilHealth claims for FP-MCH services over the duration of the project.

(3) *Enhanced sustainability of PPMs' birthing homes.* PhilHealth accreditation has provided better revenues for PPMs and their birthing homes. Without accreditation, PPMs tend to charge an all-in price of between 3,000 and 5,000 Php ($70 to $115) for a normal spontaneous delivery. With the PhilHealth accreditation package, however, they can claim up to 9,750 Php ($225) per client, covering antenatal care, delivery, and newborn care. These additional revenues have enabled several PPMs to expand their businesses by establishing additional clinics.

Process indictors

Table 6 below shows PRISM2's achievements against the PPM-relevant process indicators in the project's PMP. All targets were comfortably achieved. The significant over achievement for the number of PhilHealth claims filed is an indicator of very positive, but unanticipated, interest of private providers (and DOH-retained hospitals) in leveraging PhilHealth as a source of income.

Table 6. PRISM2 Achievements against PPM Relevant Indicators

Indicator	Target	Actual	% Achievement
Number of PPMs becoming PhilHealth accredited and accreditable as a result of USG-assistance	505	576	114
Accreditable		68	
Accredited		505	
Denied		3	
Number of Maternity-Care Package-accredited health facilities as a result of USG-assistance	350	403	115
Accreditable		89	
Accredited		307	
Denied		7	
Number of FP-MCH claims filed for PhilHealth reimbursement	6,000	74,820	1,247
Family planning		1,927	
Maternal and child health		72,893	

Private Hospitals

The Philippines has around 1,795 licensed hospitals, 40 percent of which are government-owned and managed, while 60 percent are private. Provision of maternal and child health information, products, and services are considered to be part of the basic package of hospital services. However, hospitals, both public and private, have not made family planning an integrated part of the continuum of maternal care. PRISM2 aimed to demonstrate the potential of the large numbers of private hospitals in reaching and responding to the unmet family planning needs of men and women of reproductive age.

Additionally, neither private nor public hospitals have been maximizing the potential of PhilHealth as a cost-recovery mechanism for delivery services. For private hospitals, this results in their services being beyond the financial reach of many indigent Filipinos. For public hospitals, it is a missed opportunity for income generation.

Initiatives

In the overall context of public sector stewardship, PRISM2's approach to engaging and expanding the role of private hospitals involved developing systems and capacity within the public sector to provide support and guidance to these institutions. This included building the capacity of public, particularly DOH-retained hospitals, and direct capacity building of private hospitals and the integration of these hospitals into service delivery networks. The overall PRISM2 hospital initiative is described in the technical document "Strengthening Public-Private Partnership in Expanding Hospital-based Provision of Maternal, Newborn, Child Health and Nutrition (MNCHN) Services" which has been distributed to development partners in the Philippines.[8]

Photo: USAID/PRISM2 Project

PRISM2 assisted in expanding the FP-MCH competencies of the DOH-retained St. Anthony Mother and Child Hospital in Cebu and to support other hospitals' expansion of their FP-MCH programs. St. Anthony partnered with the private Sacred Heart Hospital to build their capacity as BTL providers. Subsequently, they became the referral hubs for LA/PM in Cebu and were allotted 400,000 PhP ($9,300) by the DOH-RO to provide free voluntary surgical contraception to clients in need of these services.

- *Developing the stewardship role of the public sector.* PRISM2 provided technical assistance to the DOH-ROs in creating Regional Technical Teams for Hospitals. These teams are mandated to develop policies, manage the development of hospitals–public and private–in the region, and mobilize resources for expanding FP-MCH information, services, and product provision in hospitals throughout their respective geographical jurisdictions. PRISM2 assisted these public sector stewards with the development and implementation of policies to support the integration and expansion of hospital-based FP-MCH services, particularly private hospitals.

- *Building the clinical capacity of hospital personnel.* The PRISM2 project rolled out a range of training programs to personnel from public and private hospitals across the project's 36 sites. To ensure that training translated into changes in service delivery capacity, PRISM2 provided post-training supervision, monitoring, and coaching. Table 7 shows the number of hospital-based personnel who received clinical training through PRISM2.

Table 7. Number of Hospital-Based Personnel Receiving Clinical Training by PRISM2

	BTL-MLLA	FP-CBT1	FP-CBT2	EINC	NBS
Private	33	125	6	207	27
DOH-retained	51	15	3	8	0
Other public	27	17	0	18	4
TOTAL	111	157	9	233	31

[8] Available at http://pdf.usaid.gov/pdf_docs/pa00k7cv.pdf

- *Building the non-clinical capacity of hospitals*. In addition to improving clinical capacity, PRISM2 assisted with strengthening hospital services provision in a variety of ways. Hospitals were provided with PhilHealth orientations and were actively encouraged to leverage PhilHealth as a means of covering the cost of services. Selected hospitals (92 private and 37 public) were provided with training on FHSIS and the introduction of the PCaSO system. Others (29 private and nine public) received training in *Usapan* as a counseling tool, while others (nine private and one public) were trained and supported to develop on-site product provision as ADPs. See below for more discussion of *Usapan* and ADP training.

- *Integrating hospitals into the local SDN.* As part of the overall project efforts to integrate service providers into public-private SDNs, PRISM2 facilitated the engagement of hospitals with SDN stewards and management teams. This resulted in the integration of more than 300 hospitals into the SDNs in PRISM2's 36 project sites, either as referral centers for patients with complicated pregnancies, or as service sites or providers of LA/PM services.

Results

(1) *Increased access to contraceptive services*. PRISM2's engagement with hospitals increased the availability of contraceptive services at hospitals. Over the course of the project, engaged hospitals provided family planning services to 17,708 new users (14,245 at DOH-hospitals and 3,463 at private hospitals). A breakdown by method and region is shown below in tables 8a and 8b.

Table 8a. Number of clients provided with family planning services in DOH-retained hospitals

	DOH-retained hospitals					
Region	BTL	IUD	Pills	Injectables	LAM	Other
Luzon	3,252	1,805	444	312	3,474	113
Visayas	537	160	168	74	69	1
Mindanao	1,072	1,444	414	276	356	274
TOTAL	**4,861**	**3,409**	**1,026**	**662**	**3,899**	**4,287**

Table 8b. Number of clients provided with family planning services in private hospitals

	Private hospitals					
Region	BTL	IUD	Pills	Injectables	LAM	Other
Luzon	238	13	43	81	0	0
Visayas	110	20	32	62	102	780
Mindanao	334	821	149	241	150	287
TOTAL	**682**	**854**	**224**	**384**	**252**	**1,319**

(2) *Improved social risk protection.* Before project engagement, few hospitals leveraged the PhilHealth program for reimbursement of family planning and maternal health care provided to indigent PhilHealth members. For many hospitals, the process of claim submission was considered a burden. With PRISM2 assistance, these processes were streamlined and hospitals were made aware of the advantages to be gained by maximizing their reimbursements from PhilHealth. Over the course of the project, 1,148 PhilHealth claims were submitted by partner hospitals for family planning and 13,501 for maternity care. The breakdown by type of hospital and region is shown below in Table 9.

Table 9. Number of Claims for FP-MCH Services Submitted to PhilHealth

Region	DOH-retained Hospitals		Private Hospitals	
	Family planning	Maternal care	Family planning	Maternal care
Luzon	781	3,376	194	2,751
Visayas	14	930	28	522
Mindanao	-	3,940	131	1,982
TOTAL	**795**	**8,246**	**353**	**5,255**

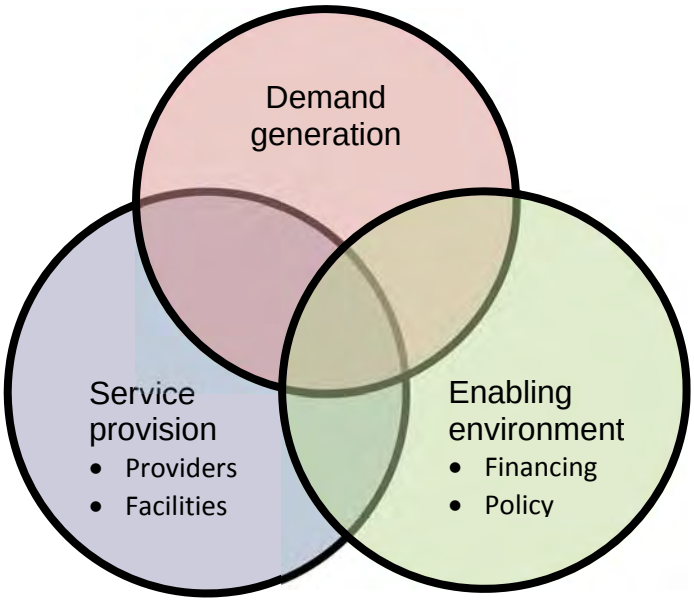
(2) *Improved coordination and reporting*. Through PRISM2-assistance, a total 17 DOH-retained hospitals, 144 LGU-owned hospitals, and 154 private hospitals were integrated into PPP SDNs across the project (see Table 10). This SDN integration facilitates referral, ensuring that all women receive appropriate, quality services in a timely manner. It also encourages greater reporting from hospitals, enabling LGUs to integrate these hospital reports into their city- or province-wide accomplishments.

Table 10. Number of Hospitals Integrated into SDNs

Region	DOH-retained hospitals	LGU hospitals	Private hospitals
Luzon	7	46	63
Visayas	5	78	38
Mindanao	5	20	53
TOTAL	**17**	**144**	**154**

Itinerant LA/PM services

In PRISM2's 36 project sites alone, it has been estimated that over half a million women have an unmet need for contraception to limit their family size. Limited availability of, and access to, LA/PM services is a significant factor preventing these women from getting the services they require. While efforts continue to increase the number of facilities where LA/PM services are provided on a routine basis, given the significant lack of trained trainers and providers, it will take a number of years before women across the Philippines have easy access to routine, facility-based LA/PM services. There is a need to find ways to reach all those women, men, and couples who have an unfulfilled need for LA/PM in the interim. PRISM2 addressed this issue by, during the later years of the project, focusing on expanding access to LA/PM services through mobile, or itinerant, teams.



Initiatives

PRISM2's efforts focused on developing PPPs for the provision of LA/PM services, particularly BTL, through teams of itinerant service providers. Efforts fell into three main areas, all of which are

required for the successful implementation of this initiative: (1) demand generation; (2) service provision; and (3) enabling environment. Bringing these initiatives together, the project sought to develop financial models that could make the provision of itinerant LA/PM services financially sustainable.

- *Linking LA/PM providers with potential itinerant venues.* There are many public and private facilities that have sufficient infrastructure to provide BLT services. However, most of these facilities do not have resident surgeons trained to provide BTL services. After identifying trained and interested BLT providers in project sites, PRISM2 engaged with many potential venues for services, to establish linkages between providers and facilities. This included assisting with negotiations regarding support services to be provided by the host facilities, mechanisms of financial reimbursement for the itinerant surgeons, and scheduling of itinerant service provision.

- *Facilitating demand generation efforts.* To ensure that the provision of itinerant LA/PM services reaches the maximum number of eligible and interested women, PRISM2 facilitated efforts to identify potential clients and synchronize these demand generation activities with service provision. Community-based organizations were trained and supported to identify potential LA/PM clients and reach out to them through *Usapan* and other demand generation methodologies. These groups were linked with providers and venues to ensure that women were able to receive specific and immediate referral to a nearby facility where an itinerant LA/PM session would soon be taking place.

Photo: USAID/PRISM2 Project

In Davao and Davao Del Norte, PRISM2 assisted local stewards and service providers to synchronize demand generation activities with service provision for LA/PM, linking public and private hospitals and providers to PPMs and other SDN partners. PRISM2 supported coordination between Davao's CHO, the DOH-retained Southern Philippines Medical Center, and project-assisted itinerant teams to increase access to BTL services in under-served communities.

- *Engaging with public sector stakeholders*. Public sector stewards at the regional and local levels have a key role to play in establishing a supportive environment for the establishment and functioning of PPP itinerant LA/PM teams. PRISM2 worked with the public sector stewards to develop policies and financing mechanisms that encourage LA/PM providers to engage in itinerant service provision, facilitate the engagement of venues, and support demand generation initiatives.

- *Addressing barriers to accessing PhilHealth financing*. Another important stakeholder, particularly in relation to the development of financial sustainability models for itinerant LA/PM services, is PhilHealth. PRISM2 engaged with PhilHealth at the national and regional levels to reduce barriers to itinerant teams and venues in claiming reimbursements for service provided to indigent PhilHealth members and, in parallel, to make a case for increasing the case reimbursement rate for BLT.

- *Grants*. PRISM2 provided a grant to the Family Planning Organization of the Philippines (FPOP) to establish and expand the reach of itinerant teams, provide regular itinerant LA/PM services, and develop potential models for financing and sustaining such services.

Results

(1) *Greater number of providers and venues engaged in itinerant service provision*. As a result of project initiatives, itinerant teams in 20 project sites were created or expanded to increase access to LA/PM services. In all of these sites, BTL services are now periodically available in public and private facilities where previously no such services were available.

(2) *Increased provision of LA/PM services through itinerant teams.* The grant, in its one year of implementation in 11 sites, benefited 2,066 women who voluntarily received LA/PM family planning methods. This has been estimated to represent an average of 37 percent of the unmet need for LA/PM services in these sites.

(3) *Challenges to sustainability.* Across the different project sites including itinerant LA/PM activities, various models were developed and tested for financial sustainability, including models focused on distribution of PhilHealth claims between facilities and providers, models leveraging PHO supplies and medicines, and models leveraging CRS funds of private hospitals. Leveraging PhilHealth claims was determined to be the most sustainable financing model. However, administrative challenges remain with this approach and, with the cost of providing BTL-MLLA through itinerant services documented at between 3,500 to 7,000 Php per acceptor (about $80 to $160), continued efforts are required to advocate for an increase in the PhilHealth case-payment for BTL services.

Photo: USAID/PRISM2 Project

In Nueva Ecija, the public Dr. Paulino J. Garcia Memorial Research and Medical Center and private Wesleyan University Medical Center joined together to form an itinerant team after being trained and certified as service providers for BTL-MLLA with the support of PRISM2. The team has visited different district hospitals to perform BTLs in coordination with the LGUs and PPMs who used *Usapan* to generate demand for the service. PhilHealth payments received for the BTL services were divided between the attending itinerant team members and the district hospitals.

Training Systems

A major contributing factor to the country's poor maternal health is the low number and poor distribution of well-trained, competent FP-MCH service providers. Many issues foster the lack of trained providers, including: migration of skilled health workers to better paying jobs in major urban areas or abroad; the lack of recognized trained trainers and training institutions; and the irregularity with which training courses are conducted (being mostly project-based or donor-driven). Access to training historically has favored government health workers, leaving private providers without avenues to appropriate training to improve quality and availability of FP-MCH services. Additionally, post-training monitoring, supervision, and evaluation follow-up have been weak, resulting in noncertification of trainees and subsequent loss of confidence to provide the services.

Initiatives

PRISM2 aimed to initiate the establishment of functional training systems for courses in FP-MCH to support regular provision of training and meet the constant demand for competent service providers nationwide. PRISM2's approach to the development of training systems involved leveraging the capacity

of the private sector as trainers and collaborating with regional public sector health stewards to make regular training opportunities available to public and private service providers.

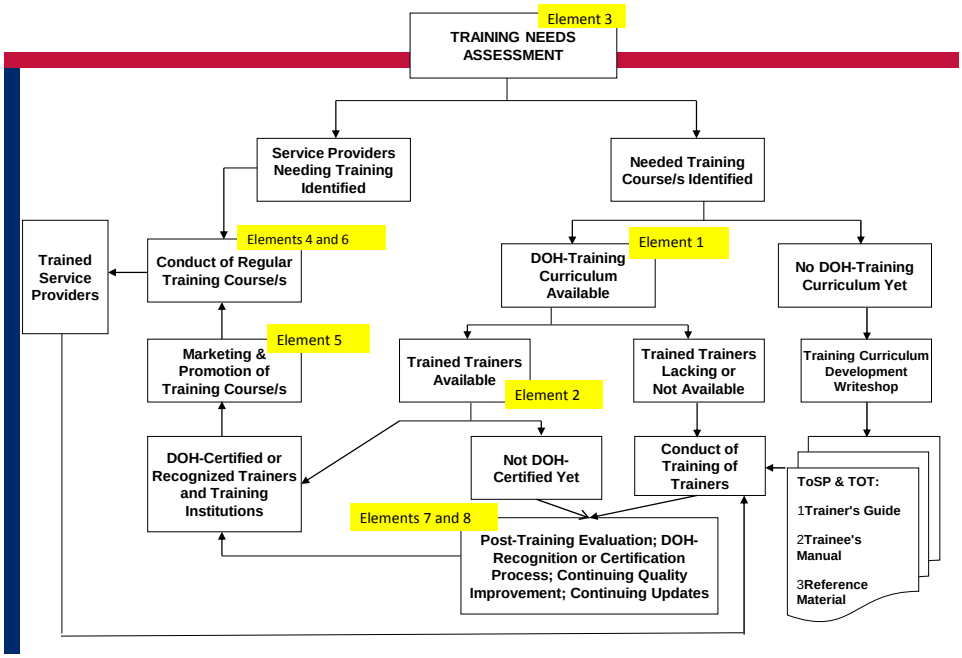
PRISM2 identified eight guiding elements of a training system (see box) to help ensure broad delivery of training activities and support the necessary certifications. PRISM2's technical initiative focused on ensuring that each of these elements was in place in focal DOH regions. A detailed description of the specific processes in the PRISM2 initiative to develop training systems is outlined in the technical document "Public-Private Partnerships for Establishing Training Systems for Family Planning and Maternal and Child Health".[9]

The Eight Elements of a Training System

1. DOH-recognized training curricula
2. Pool of trainers from public and private sectors
3. Mechanisms to identify FP-MCH training needs implemented annually
4. DOH-RO annual training plan that includes the private sector
5. Promotion and marketing of the training courses
6. Regular training schedules and venues
7. Tracker of training activities and participants – database of training courses and trainees
8. Post-training support activities (post-training monitoring, follow-up, and evaluation)

- *Developing a framework for effective PPP training systems.* Based on the eight elements, a framework, or flowchart, was devised to allow program managers to assess the status of existing training systems and identify necessary areas for strengthening. The flowchart is shown below in Figure 3.

Figure 3: Framework for Developing Regional FP-MCH Training Systems



[9] Available at http://pdf.usaid.gov/pdf_docs/pa00k7kx.pdf

- *Developing DOH-recognized training curricula.* The project provided technical assistance to the DOH national office by reviewing, updating, pre-testing and finalizing facilitator's and participant's manuals for training in BTL-MLLA.[10] By the end of the project, the trainer and participant manuals had been finalized and were with DOH for printing and dissemination.

- *Building training capacity of family planning trainers:* During the course of the project, PRISM2 conducted and facilitated training-of-trainers initiatives for BTL-MLLA, FP-CBT1 and 2 (IUD) for providers in the public and private sectors. Table 11 show the number of trainers trained by PRISM2.

Table 11. Number of Trainers Trained in Family Planning

Sector	BTL-MLLA	FP-CBT1	FP-CBT2 (IUD)
Public	27	8	0
Private	4	25	3
TOTAL	**31**	**33**	**3**

- *Strengthening the capacity of training partnerships*. The project worked closely with regional training partners from the private and the public sectors to provide them with the tools and capacity needed to ensure that training programs are sustainable, available, and meet the needs of local providers. This included providing support and guidance on the implementation of training needs assessments, development of training plans, scheduling, and marketing activities.

- *Developing a training database.* In the course of providing technical assistance to partners on training system development, a need surfaced to develop a database for all training activities and results. The PRISM2 project developed the Training Database Management Information System (TDMIS) in response to this need and introduced it in six regions through orientation and provision of the software.[11]

- *Strengthening post-training activities.* PRISM2 provided assistance to local partners on the post-training evaluation and certification processes for family planning training courses conducted following DOH-approved training designs by facilitating post-training follow-up and working with LGUs and DOH-ROs to streamline the certification process.

Photo: USAID/PRISM2 Project

UHA collaborated with seven other participating private sector organizations and worked with the DOH-RO in developing trainers from DOH-RO and private organizations. This resulted in 15 new trainers for FP-CBT1 and eight private sector organizations being certified as training institutions able to deliver FP-CBT1 courses to meet the training needs of their locality.

- *Grants*. Through its grants program, PRISM2 supported the UHA ZaNiVIV Caregiver School in establishing a training system for FP-MCH through public-private collaboration by enhancing the capacity of DOH-RO VII and private training institutions to offer regular FP-MCH courses to improve the quality of and access to FP-MCH information, products, and services in various communities in the Central Visayas region.

[10] Available at http://pdf.usaid.gov/pdf_docs/pa00k7ct.pdf and http://pdf.usaid.gov/pdf_docs/pa00k8d3.pdf
[11] TDMIS user's manual available at http://pdf.usaid.gov/pdf_docs/pa00k7dz.pdf

- *Initiating a policy development process.* PRISM2's field experiences in developing training systems at the regional level provided the impetus for the project to propose a DOH Administrative Order on training systems. With PRISM2 participation and support, the DOH has conducted a series of meetings to discuss and finalize this draft policy.

Photo: USAID/PRISM2 Project

Using a PPP platform, with PRISM2 assistance, DOH-RO V engaged private sector institutions—Naga Colleges Foundation, FPOP, and Isarog Family Health and Training Inc.—in a training consortium with the DOH-retained Bicol Regional Training and Teaching Hospital to expand the region's FP-MCH training capacity. The partnership increased access to training, resulting in improved access to and quality of services.

Results

- *Increased access to training.* By increasing the number of family planning trainers available in the country and formalizing regional PPP training systems in five regions, PRISM2 has ensured that public and private providers will have access to FP-MCH training in the future. In total, 10 private institutions have been recognized by their respective DOH-ROs as FP-CBT1 training providers and five as BTL-MLLA training providers, in addition to the 31 new BTL-MLLA trainers developed by PRISM2, the 33 in FP-CBT1, and the three IUD trainers.

- *PPP training systems established.* By the end of the project, PRISM2 had been able to formally document the establishment of FP-MCH training systems in five DOH-ROs, covering a range of FP-MCH training courses (see Table 12 below). These five training systems, by involving private sector training institutions and meeting all eight identified elements of a training system, have sustainable systems established to ensure continuity and expansion of important training programs.

Table 12. Established Regional Training Systems for FP-MCH Training Programs

Luzon	
Region V	FP-CBT1, FP-CBT2 (IUD), BTL-MLLA, BEmONC and CPE
Visayas	
Region VI	BTL-MLLA
Region VII	FP-CBT1
Mindanao	
Region X	BTL-MLLA
Region XI	BTL-MLLA

- *Potential for national training system for FP-MCH.* Toward the end of project, the national DOH was finalizing a draft AO on establishing sustainable training systems for FP-MCH in all regions of the country. This comprehensive AO includes provisions for fast tracking recognition of previously trained trainers, allocating national and regional DOH budgets to fast track assessment of training needs and for the development of needed training materials, roll-out of available training courses, development and recognition of private training institutions, and marketing and promotion of training courses.

Process indictors

Table 13 below shows PRISM2's achievements against relevant training and training system process indicators in the project's PMP. All targets were achieved.

Table 13. PRISM2 Achievements against Training and Training System Relevant Indicators

Indicators	Target	Actual	% Achievement
Number of people trained in family planning or reproductive health with USG funds	600	1,354	226
FP-CBT1		1,102	
FP-CBT2 (IUD)		415	
FP-CBT2 (BTL)		90	
Number of people receiving family planning trainer's training with USG support	60	67	112
FP-CBT1		33	
FP-CBT2 (IUD)		3	
FP-CBT2 (BTL)		31	
Established functional DOH training system on family planning or reproductive health	5	5	100
Number of people trained in maternal and child health with USG funds	600	1,756	293
BEmONC		65	
CPE for Midwives		277	
EINC		816	
Newborn Screening		396	
QAP for Midwives		651	

Ensuring Contraceptive Supply

The University of the Philippines Population Institute-Guttmacher Institute study of 2009 estimates that about half of the annual maternal deaths in the country could have been prevented if access to contraceptives was improved. For the past four decades, contraceptive supply has largely been the concern of the public sector. While the presence of contraceptives provided for free in the public sector is valuable, a significant number of recipients receiving such supplies are willing and able to pay for them. Relying solely on the public sector also has limitations, with lack of political will and bureaucracy resulting in inconsistent supply. There is a potential and important role for the private sector to play in making contraceptive commodities available to complement free products from the public sector.

Initiatives

During the early years of the project there was significant focus on developing the stewardship role of LGUs over the total contraceptive market in their locations. Later in the project, the focus shifted more to the establishment of ADPs as a way to increase access to contraceptive supplies by complementing product availability in traditional points (see box for an explanation of ADPs). A guide for development partners from the public and private sectors interested in expanding the initiatives of PRISM2 on ensuring contraceptive security was developed and disseminated to partners.[12]

What are ADPs?

Alternative distribution points are non-traditional outlets, either in the private sector or public facilities engaging in private enterprise, including:

- Private birthing homes
- Cooperatives
- Campus-based clinics
- NGO-operated distribution outlets
- RHUs operating as economic enterprises
- Dispensing physicians
- Community-based village pharmacies
- Hospital clinics and pharmacies
- Community-based distributors

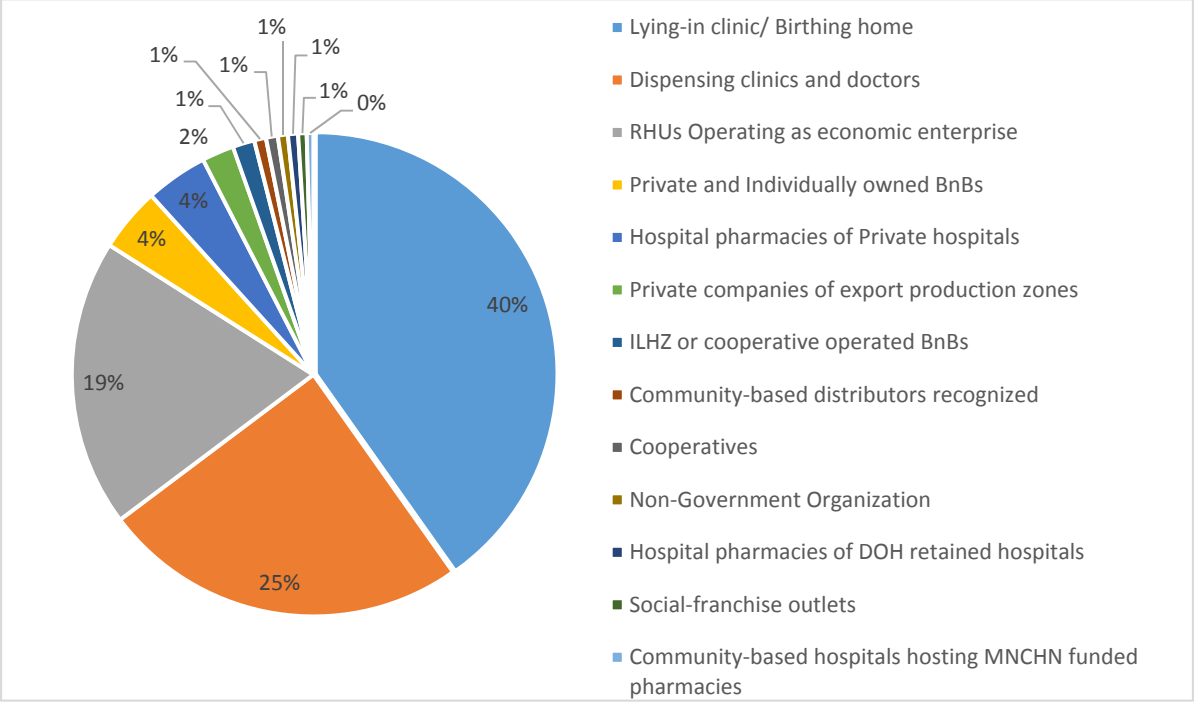
[12] Available at http://pdf.usaid.gov/pdf_docs/pa00k8tw.pdf

- *Enhancing public sector stewardship.* As stewards of the regional contraceptives market, regional office program managers need to thoroughly understand the total market approach and its related concepts. Aimed at building participant's understanding of the total market approach to ensuring FP-MCH commodity accessibility and availability at the community level, PRISM2 developed and conducted a series of contraceptive market orientations to public sector partners at the DOH-RO level. These were then rolled-out by the DOH-ROs to the LGUs to facilitate local stewardship over the total contraceptive market.

- *Developing a commodities forecasting tool*. PRSIM2 developed a tool to enable LGUs to more accurately forecast the family planning commodities that they need to purchase for the poorest in their constituencies. This tool was rolled out to LGUs through the conduct of MNCHN utilization reviews, which were designed by DOH to assist LGUs in the implementation of the MNCHN grants from the DOH-ROs. PRISM2 assisted LGUs to conduct MNCHN utilization reviews and provided technical assistance to local partners in the use of the family planning calculator tool.

- *Understanding the distribution of ADPs*. The extent and distribution of ADPs for contraceptive products is generally not well documented. PRISM2 therefore facilitated a mapping exercise in the project's 36 sites to identify, profile, and map non-traditional private sector outlets for contraceptives. The range of such distribution points by type is shown in Figure 4 below. The project further documented the supply chain of products from supplier, to ADP, to buyer. The database and presentation of findings from this activity were shared with development partners to support their initiatives to make contraceptives available in non-traditional outlets.

Figure 4. Qualified Alternative Distribution Points by Type



- *Establishing PPMs as ADPs.* PPMs have not traditionally been a source of contraceptive supply. To encourage PPMs to develop their birthing homes as ADPs for contraceptives, PRISM2 developed an ADP training program and associated guides to provide PPMs with the knowledge and skills needed to become distribution outlets in their communities.[13] Local commercial pharmaceutical distribution partners were invited to join the training sessions and, where appropriate, act as facilitators for some of the modules. Having these private sector partners at the training allowed PPMs to make immediate purchases of contraceptive products to start up their outlets. A total of 508 PPMs were trained on the basics of preparing financial statements, developing simple business plans, and promotion and marketing strategies needed to ensure their businesses' viability.

- *Sustaining ADPs*. Quarterly ADP forums served as venues where ADP operators, together with LGU and SDN leaders, met to discuss matters pertaining to ADP operations and their impact on the SDN, share and exchange experiences and lessons learned from individual operations, and receive inputs and guidance on relevant topics from invited experts. These fora were venues for informing PPMs about how to further develop their ADP businesses through basic accounting and business procedures, marketing, and promotion.

- *Developing alternative community-based ADP models*. In addition to developing PPMs as ADPs, PRISM2 developed models for expanding access to FP-MCH products through the establishment of ADPs by community-based volunteer workers and community pharmacies (*Botika ng Barangay*). Working with groups such as the Barangay Service Point Officers, the Confederation of Barangay Health Workers, and management organizations of *Botika ng Barangay*, PRISM2 supported the development of policies and standard operating procedures to encourage ADP establishment and facilitated the necessary relationships between these groups and local public sector stewards, PPMs, and private sector pharmaceutical distributors.

Photo: USAID/PRISM2 Project

The PRISM2 project's initiatives on improving contraceptive supply rejuvenated *Botika ng Barangay* as a category of community-based family planning resupply points. PRISM2 strengthened sustainability of *Botika ng Barangay* by providing technical assistance to operators on basic logistics and cash flow management, prioritizing and quantifying business goals, and facilitating market linkages with pharmaceutical companies.

- *Modeling a MNCHN pharmacy program for hospitals.* A specific MNCHN Pharmacy model was developed whereby district hospital based pharmacies are stocked by the PHO through pooled procurement made on behalf of the district hospitals. This procurement practice allows the PHO to get better terms and prices, enabling the MNCHN pharmacies to pass on the benefit, in the form of lower commodity prices, to hospital-based family planning clients and re-sellers of these commodities (RHUs and private midwife clinics).

- *Ensuring the availability of supplies to ADPs*. PRISM2 worked closely with local pharmaceutical distributers to encourage them to develop mechanisms to ensure that the non-traditional contraceptive distribution points are able to access regular resupply of products at a reasonable

[13] Available at http://pdf.usaid.gov/pdf_docs/pa00k8tx.pdf and http://pdf.usaid.gov/pdf_docs/pa00k8tz.pdf

price. This included linking pharmaceutical distributors with local midwife organizations, community-based outreach groups, and key SDN stewards, as well as facilitating their participation in events, such as ADP operators training and forums, where distributors could reach significant numbers of interested ADPs.

- *Grants.* Three of PRISM2's grantees directly supported efforts to increase access to FP-MCH products. The project's first grant, with Alphamed Pharma Corporation, was developed to increase access to affordable and quality FP-MCH products, especially for the most needy populations and communities. The grantee reached 1,346 providers with FP-MCH products and developed 736 ADPs for contraceptive products. Alphamed also sold contraceptives to 96 local government units in support of contraceptive self-reliance initiatives.

  Grantees Institute for Reproductive Health Philippines (IRHP) and Beracah Pharma Philippines (Beracah) focused efforts on increasing access to Standard Days Method beads, developing marketing and distribution plans to promote and scale-up the provision of SDM beads through public health facilities, private birthing homes and hospitals, cooperatives, and nontraditional outlets. Over the course of the grants, 19,087 beads were distributed, reaching 505 nontraditional outlets.

Results

(1) *Recognition of the value of ADPs*. ADPs have become an important part of the FP-MCH SDNs established and strengthened during the PRISM2 project. The formal integration of 219 alternative sources of contraceptive products in the SDNs through the signing of formal partnership agreements is indicative of the acknowledgement by the public sector of the contribution such outlets can make to improving FP-MCH outcomes.

(2) *Improved access to contraceptive products*. The project aimed to make FP-MCH products available in nontraditional locations to bring products closer to those women and couples who need them. Over the course of the project, 1,674 ADPs procured contraceptive products for resale to their clients, with 980 of these making multiple purchases, indicating intent to sustain the provision of contraceptives to the community (see Figure 5).

Photo: USAID/PRISM2 Project

PRISM2 facilitated the introduction of the Integrated Midwives Association of the Philippines Cebu Midwife Clinics, Inc. (ICMCI) to Alphamed Pharma Corporation, a local pharmaceutical company. As a result of this relationship, ICMCI gained access to large quantities of low-cost contraceptives for distribution to member clinics. ICMCI is now able to secure bulk-purchase prices for products and member midwives are able to provide a steady supply of contraceptives to their clients while supplementing their fee-for-service income.

Nontraditional outlets engaged by PRISM2 served more than 28,000 new users (see Table 14) with contraceptive products, including 9,917 who accepted pills and 15,664 who accepted injectables. Over the course of the project, the engaged nontraditional outlets reported contribution to couple-years of protection was more than 5,000.

Figure 5. Alternative Distribution Points by Number of Purchases of Contraceptives

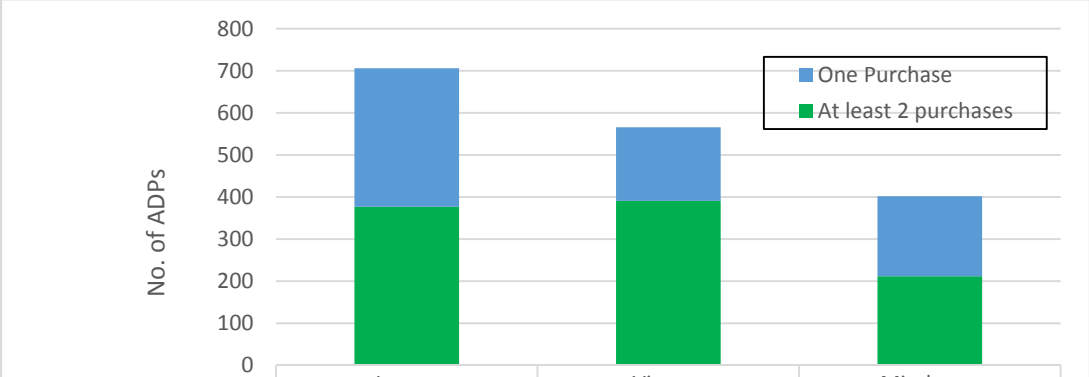


Table 14. New Contraceptive Users Served by Nontraditional Outlets under PRISM2

Region	Pills	Injectables	Condoms	SDM	Total
Luzon	3,349	8,250	400	164	12,163
Visayas	2,089	3,074	155	76	5,394
Mindanao	4,479	4,340	1654	66	10,539
TOTAL	**9,917**	**15,664**	**2209**	**306**	**28,096**

Process indictors

Table 15 below shows PRISM2's achievements against process indicators, from the project's PMP, related to ensuring contraceptive supply. Targets were achieved for four out of five indicators, with the most significant achievements seen for increases in sales volume of USG-assisted FP-MCH products.

Table 15. PRISM2 Achievements against ADP-Relevant Indicators

Indicator	Target	Actual	% Achievement
Number of sustainable ADPs for contraceptives products supported with USG-assistance	600	646	108
Sales volume of USG-assisted contraceptive products	5.36M	9.51M	177
Pills	4.95M	7.88M	159
Injectables	408,744	1.63M	400
IUD		501	
SDM		16,205	
Condom		26,212	
Number of LGUs implementing their contraceptive self-reliance plans	210	57	27
Number of distribution outlets for USG-assisted maternal and child health products	70	71	101
Sales volume of USG-assisted maternal and children health products	1.M	1.47M	147

The number of LGUs implementing their contraceptive self-reliance plans, however, fell far short of the target. As discussed in previous quarterly reports, documented evidence toward this indicator proved challenging. LGUs are often not willing to share official receipts or other documents that show the actual value of purchases and there is no available documentation to support the use of funds from multiple LGUs contributing to pooled procurements. On close review and validation of all the project's PMP means of verification, it was determined that attempts made during the middle of the project to produce documented evidence of pooled procurement were, in fact, not valid. Renewed attempts to gather appropriate supporting documentation later in the project produced minimal results and the project reaffirmed the challenges noted above related to documentation for this particular indicator. However, there are anecdotal and observable indications from the field that there has been increased use of LGU budgets for the purchase of contraceptives, although an increase in the availability, and anticipated availability, of free products continues to hinder efforts to encourage full implementation of local contraceptive self-reliance plans.

New Product Introduction

For family planning methods, it is well documented that greater choice, in terms of specific methods and available price point, of products is a stimulus to greater uptake of contraceptive use. Introducing new methods or more affordable brands is therefore an important aspect of increasing contraceptive use in the Philippines. In relation to maternal and child health, a number of new developments in the field have not yet reached the Philippines in terms of product introduction and widespread use. Introducing such new, or currently unavailable, products has the potential to have a significant impact on improving health outcomes.

Initiatives

PRISM2 took a two-pronged approach to the introduction of new FP-MCH related products. One core initiative focused on working directly with local pharmaceutical partners to encourage and support the introduction of new products into the Philippines. A second, parallel initiative early in the project focused on building the capacity of the central DOH to take a stewardship role and engage with the private sector to encourage the introduction of FP-MCH products. This focus evolved later in the project, as discussed below.

PRISM2's work with local pharmaceutical companies related to the introduction of new FP-MCH products was primarily facilitated through its grants program.

- *Alphamed grant.* A component of the grant to Alphamed Pharma Corporation was focused on the introduction of new, affordable FP-MCH products, while ensuring that a range of products are available, not only through traditional outlets, but also through non-traditional outlets. The grant facilitated the introduction of four new FP-MCH products – Moods condoms, T-Care IUD, Depogestin injectable, and Diazink.

Photo: USAID/PRISM2 Project

Recognizing the need to reduce the cost of SDM beads and an opportunity to support women in a remote community in Negros Occidental, PRISM2 grantee Beracah partnered with the Ikthus Redeemed Community to produce beads locally. This addressed supply gaps by making lower-priced SDM beads available and provided income to local women.

- *Beracah grant.* PRISM2 provided a grant to Beracah Pharma Philippines to generate demand and increase access to standard-days methods beads. Recognizing the cost of currently available beads as a barrier to access, Beracah partnered with the Ikthus Redeemed Community to establish local bead production while providing income to women in the community.

Early in the project, under the leadership of project subcontractor PATH, a number of activities were conducted to inform the development of the DOH's stewardship role over the introduction and expanded use of important FP-MCH products.

- *Consultative meetings.* Consultative meetings early in the project were held with various DOH and industry partners to identify potential product introduction interventions, taking into consideration priority FP-MCH health needs, products and their availability, and available resources. These meetings led to a short list of product-related interventions for consideration.

- *Product introduction "white paper"*. Building on the consultative meetings, a "white paper" was produced which explored how the DOH could use specific policy and stewardship pathways to advance the development, introduction, and use of FP-MCH products.

- *Local market assessment.* A local market assessment was conducted to assess the market potential for scaling up access and availability of key MCH products. Using key informant interviews and focus group discussions coupled with a desk review of available information, the assessment provided a comprehensive documentation of supply-, distribution-, and demand-related factors for five MCH products—vitamin A, iron and folic acid supplement, zinc sulfate, oxytocin and magnesium sulfate, and calcium gluconate.

Following the finalization of the local market assessment, in consultation with USAID, the project was asked to focus efforts specifically on the introduction of oxytocin in Uniject™ for the prevention of postpartum hemorrhage. While PRISM2 and PATH continued to liaise with the DOH around this initiative, the focus had now shifted away from that of encouraging DOH stewardship. PRISM2's strategy for introducing oxytocin in Uniject had three major, interlinked components—research, commercialization, and advocacy. A technical briefer on PRISM2's work with oxytocin in Uniject has been developed and disseminated to partners.[14]

- *Market validation study.* PRISM2 undertook a study looking at health care providers' perceptions related to the acceptability of oxytocin in Uniject in terms of its application for AMTSL and to gain a sense of their willingness to pay for oxytocin in Uniject compared with oxytocin in ampoules.

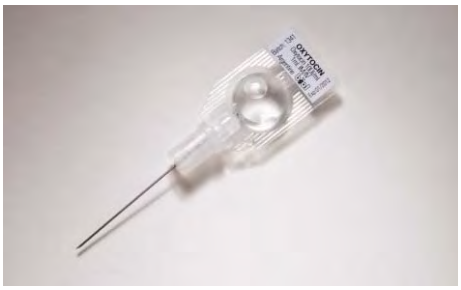


Photo: PATH/Glenn Austin

"*Using Uniject for me is simpler because we need not break an ampoule to get oxytocin. It is easy to use and danger free*."

(Health Care Provider, Iloilo)

"*For AMSTL, you need to give oxytocin within one minute. With oxytocin in Uniject, it is now easier to do this over the traditional way*."

(Facility Manager, Manila)

[14] Available at http://pdf.usaid.gov/pdf_docs/pa00k8bm.pdf

- *Market landscaping.* A survey of potential pharmaceutical groups in the Philippines who may want to spearhead the commercial registration and introduction of oxytocin in Uniject was conducted. This involved discussions with major importers and distributors to identify interest and capacity and helped to define potential local import and manufacturing scenarios.

- *Partnership with Unilab.* As a result of the market landscaping, PRISM2 established a partnership with United Laboratories, Inc. (Unilab), who were considered the most viable partner for making oxytocin in Uniject available throughout the Philippines. With assistance from the project, Unilab explored a number of different commercialization strategies for oxytocin in Uniject, ranging from importation of the finished product to local manufacturing.

- *Research study.* To provide locally relevant data and to act as a platform for raising the profile of oxytocin in Uniject in the Philippines, PRISM2 conducted a research study to assess the acceptability and feasibility of using oxytocin in Uniject during the third stage of labor. The findings of this study have been submitted to the International Journal of Gynecology and Obstetrics.

- *Advocacy.* PRISM2 gave presentations and discussed oxytocin in Uniject at several strategic forums to raise awareness of the product in the Philippines. This included presenting at several DOH-supported regional meetings and meetings of the international development community, as well as facilitating regular discussions with professional associations such as IMAP and POGS.

Results

- *Expanded commercial availability of new products.* More than 8,000 sets of the newly developed and cheaper standard-days method beads were sold and distributed to healthcare providers.

- *Documented evidence of acceptability and feasibility of oxytocin in Uniject*. Providers and managers found oxytocin in Uniject to be highly acceptable. Providers found the preparation, activation, and administration very easy and overwhelmingly preferred the Uniject device (97 percent) over traditional vials and ampoules. Advantages described by providers included easier administration (100 percent) and safety for health workers because there is less danger of broken glass and injury (91 percent). Facility managers thought that oxytocin in Uniject improved the quality of AMTSL services (64 percent). The time-temperature indicator on each Uniject package was well accepted and found to be easy to interpret. Providers indicated a preference to purchase oxytocin in Uniject over the most expensive available oxytocin in ampoules if both products were priced at 170 Php per dose, with the addition of a time-temperature indicator further increasing the willingness to pay a premium for oxytocin in Uniject.

- *Local supplier interest in oxytocin in Uniject.* The market landscaping exercise found that there was significant commercial interest in oxytocin in Uniject from surveyed pharmaceutical groups in the Philippines, with Unilab having the best capacity to take on its importation and distribution. Unilab showed their commitment through the signing of a memorandum of understanding stipulating Unilab's willingness to service as the importer of record for the oxytocin in Uniject for the research study. This was followed by a written commitment, and subsequent efforts, to register the product with the Philippine Food and Drug Administration. During the early part of PRISM2's fifth year the only global producer of oxytocin in Uniject pulled out of the market and Unilab quickly stepped up and actively explored the potential for them to take on local manufacturing of the product. (They

ultimately determined that they were not ready to make the required financial and logistical commitment.) Despite challenges in securing a supply of oxytocin in Uniject, interest from local pharmaceutical companies continued and was publicly expressed during the final dissemination activities for the oxytocin in Uniject study.

- *Department of Health interest in oxytocin in Uniject*. As a result of the project's advocacy efforts and documentation of evidence regarding oxytocin in Uniject, the DOH has expressed interest in further pursuing the possibility of introducing the product through private and public sector channels.

Process indictors

PRISM2 had one process indicator directly related to new product introduction. This indicator—"Number of new FP-MCH products introduced in the local market"— achieved targets for five products. As noted above, these products were Moods condoms, T-Care IUD, Depogestin injectable, Diazink, and new, low-cost SDM beads.

Strengthening SDNs with Private Sector Involvement

The government's response to meeting the Millennium Development Goals was to call on mostly the public health sector to establish SDNs to facilitate the provision of quality emergency care of pregnant women during labor and delivery. Delays have been identified as key factors in the continuing high rates of maternal and newborn deaths in the country, and the SDNs were intended to reduce or eliminate such delays. For the most part, the public sector was the target for this call as the DOH primarily had oversight of this sector. PRISM2 aimed to harness the potential of the private sector to strengthen these predominantly public sector SDNs by increasing the numbers of private sector service providers and facilities involved in SDNs.

Initiatives

When PRISM2 developed the strategy of strengthening SDNs through private sector involvement as the focal project objective, there had been an expectation that, as required by the AO and MOp from the DOH, public sector SDNs would already exist, even if only in their infancy. However, as the project engaged local partners to discuss the integration of the private sector into the public SDNs, it became clear that many DOH-ROs and LGUs were not aware of the guidance from the DOH or had no idea how to implement the guidance. PRISM2 therefore had to not only strengthen SDNs by integrating the private sector, but also establish and implement a process for SDN formation. This process has been documented and disseminated to partners to encourage replication.[15]

Photo: USAID/PRISM2 Project

"*Forty mobilized private hospitals, birthing homes, private company clinics, and information and product providers have been engaged by the CHO. This group allows the city to establish presence and deploy services to its constituents in 40 new sites ….. Adopting the PPP approach as a means to expand MNCHN service coverage in the city has helped catalyze and solidify the city's partnership with the private sector*."

(City Health Officer, Lapu-Lapu City)

[15] Available at http://pdf.usaid.gov/pdf_docs/pa00k7f5.pdf

- *Ensuring public sector commitment.* Through a series of meetings and presentations, PRISM2 took on the role of orienting DOH-ROs, LGUs, and local public sector health partners on the MNCHN AO and MOp. These orientations serve as a first step in guiding public sector stewards to take the lead, with PRISM2 guidance, on establishing SDNs in their locations.

- *Mapping of facilities and providers.* Because an SDN is, by definition, a network of providers and facilities, PRISM2 provided technical support to the DOH-ROs and local health stewards to update previously developed maps and inventories of health service providers, with a specific focus on ensuring that private sector providers and facilities were included in those inventories. These inventories included information on identifying providers, what they are capable of providing, and where they are located. Simultaneously, each provider and facility was mapped to the relevant level of service provision (CEmONC, BEmONC, or community).

- *Encouraging private sector participation*. To help inform private sector decision making regarding joining the SDN, PRISM2 provided technical support to LGUs and DOH-ROs to orient potential private sector members of SDNs on the government's MNCHN strategy and the concept of SDNs.

- *Formalizing SDN partnerships.* PRISM2 developed a prototype partnership agreement to formalize the creation of public-private SDNs. This prototype includes documentation of roles, responsibilities, and requirements for SDN involvement, expectations, and other details of the SDN partnership. In some cases, LGUs took the partnership agreement further and, with PRISM2 assistance, developed legal instruments to more formally bind the signing parties.

- *Assisting SDN sustainability through SDN management teams.* To ensure SDN sustainability, the project provided technical assistance in the creation of SDN management teams designed to continue quality improvement in all technical aspects of FP-MCH information, product, and service delivery within the SDNs. These bodies are public-private in composition and supported by policies issued from the LGUs. PRISM2 also developed and initiated the rollout of a continuous quality improvement process for SDN management teams to regularly assess and address various technical areas affecting effective delivery of FP-MCH information, products, and services in the LGU through the SDN.

Photo: USAID/PRISM2 Project

In Davao del Norte, the SDN management team developed and disseminated a health referral system manual. As a result, the working relationship for referral between partners significantly improved, with 90 to 95 percent of clients receiving return referrals to the referring facilities following treatment.

- *Developing the local referral systems*. The project worked with SDNs and their management teams to ensure that local referral systems for FP-MCH are established and formalized through signed agreements between partners. PRISM2 facilitated development of these agreements, and the preparation and distribution of referral guidelines and directories of SDN partners.

Results

(1) *SDNs for FP-MCH established in all project sites.* A total of 50 SDNs, comprising public and private providers and facilities, were established over PRISM2's 36 project sites (see Table 16). Each of these has LGU policy support and a majority had already formed their SDN management teams responsible for ensuring continuing quality in FP-MCH.

Table 16. Number and Composition of SDNs

Region	SDNs	Public Partners	Private Partners	SDN Management Teams
Luzon	22	247	316	19
Visayas	10	672	247	10
Mindanao	18	259	196	10
TOTAL	**50**	**1,176**	**759**	**39**

(2) *Improved referrals*. One of the key features of an SDN is the referral system or network. All established and strengthened SDNs have developed and disseminated maps and directories of public and private partners within the SDN, highlighting level of care and services provided. Through the partnership agreements that all SDN members have signed, providers can be confident that any client referred to facilities mentioned in the SDN directory will receive high quality, affordable services. The next step in the process is the development of explicit, documented referral flow, and systems and tools to streamline effective two-way referrals. This process has been initiated in the majority of the 50 SDNs established with PRISM2 support.

(3) *More accurate reporting system for FP-MCH.* Due to the incorporation of the private sector's FP-MCH accomplishments, SDNs are now reporting a more accurate picture of the true maternal health outcomes in their localities. In some areas a significant 6 percent to 12 percent contribution to the overall FP-MCH accomplishments were attributed to private sector partners in the SDNs.

Process indicators

PRISM2's PMP had one process indicator directly related to SDN strengthening. The project aimed to have at least one SDN strengthened (established and including private sector partners) in each of the project's 36 sites. This was achieved, with a total of 50 SDNs established across all 36 sites.

INCREASING USE OF QUALITY FP-MCH SERVICES AND PRODUCTS FROM THE PRIVATE SECTOR

The original tasks aimed at increasing use of quality FP-MCH services and products from the private sector included: (1) marketing and distribution of products as a means to generate demand for family planning and maternal and child health commodities; (2) marketing of private sector services; (3) increasing private sector interpersonal communication and counseling skills; and (4) increasing consumer or client information on family planning and maternal and child health issues. To address all of these tasks, PRISM2 developed and implemented the behavior change communication strategy known as *Usapan*. In later years of the project, additional activities were developed to specifically reach two underserved population groups—young people and those in the informal work force.

Usapan

For the past four decades, there has been a significant gap between knowledge about family planning (consistently more than 90 percent) and actual use or practice of family planning (consistently less than 40 percent). The challenge for DOH and private sector family planning program managers is therefore not the provision of information, but converting knowledge into practice. PRISM2, under the leadership of project subcontractor The Manoff Group, developed a behavior change communication approach focusing specifically on reducing this gap.

Photo: USAID/PRISM2 Project

Usapan is a carefully structured process of facilitated group discussion on family planning followed by one-on-one counselling and immediate service provision. Designed for a maximum of 15 participants, *Usapan* uses adult learning exercises to encourage reflection and discussion, and is conversational rather than a traditional lecture session. *Usapan* educates participants about male and female physiology, modern family planning methods, and gender in relationships. It provides the right amount of information for adults to process in one sitting.

Initiatives

Based on a situational assessment, the project developed the *Usapan* Series, primarily for PPMs.[16] The *Usapan* Series builds on previous USAID investments in group family planning education, but with a more participatory format and with the dual goals of being a marketing tool to strengthen PPMs' businesses and helping community members meet their reproductive health needs. The major innovation that the *Usapan* Series brings to group counseling in the Philippines is demand generation and counseling linked to immediate, on-site service provision, maximizing the chances that positive changes that result from counseling result in actual changes in behavior. PRISM2's *Usapan* approach has been documented in a Technical Note and a more detailed technical document, both distributed to public and private sector partners.[17]

- *Developing* Usapan *trainers and facilitators guides.* PRISM2 developed a training guide for use by partners involved in the roll-out of *Usapan* training. Guides were also developed for use by *Usapan* facilitators (PPMs) as they conducted *Usapan* sessions in the community. To meet the needs of the range of clients and potential clients of PPMs, audience segmentation led to the development of four separate *Usapan* modules: (1) *Usapang Pwede Pa* for birth spacing; (2) *Usapang Kuntento Na* for limiting of family size; (3) *Usapang Buntis* for pregnant women; and (4) *Usapang Bagong Maginoo* for men.[18]

- *Integrating gender-based violence in* Usapan. At the request of USAID to develop and integrate an approach to strengthening gender-based violence service provision, a specific gender-based violence component was developed and integrated into all four *Usapan* variants. This component introduced *Usapan* trainees to ways to discuss gender roles in relationships and how this and gender-based violence can interfere with accessing and using FP-MCH services and products.

[16] "*Usapan*" is a Tagalog word that translates to "ordinary conversation" or just "conversation" in English.
[17] Available at http://pdf.usaid.gov/pdf_docs/pa00k7cq.pdf and http://pdf.usaid.gov/pdf_docs/pa00k8d1.pdf
[18] Available at http://pdf.usaid.gov/pdf_docs/pa00k8d2.pdf and http://pdf.usaid.gov/pdf_docs/pa00k8cw.pdf

- *Developing informational materials*. To support the implementation of *Usapan*, PRISM2 developed, printed, and distributed informational materials and job aids. These included action cards to support client decisionmaking during *Usapan* sessions, brochures to provide clients with take-home information on family planning methods, and desk charts, flip charts, and flip tarps on family planning and maternal and child health. Some of these materials were translated into the Cebuano and Waray dialects.

- *Training PPMs on* Usapan. Five hundred and thirty-six (536) PPMs from across the project's 36 sites were trained as *Usapan* facilitators. Recognizing the need for post-training support, *Usapan* trained providers were given on-the-ground mentoring as they conducted their first few *Usapan* sessions.

- *Ensuring the availability of products and services*. A key component of *Usapan* is having products available on-site at the time of the *Usapan* session. The *Usapan* initiative was therefore implemented in close collaboration with PRISM2's work on ensuring contraceptive supply and the establishment of ADPs. PPMs were also encouraged to develop relationships with hospitals and other providers to facilitate immediate referrals for LA/PM.

- Usapan *for the public sector.* The original *Usapan* was designed for use in a private sector context. However, soon after initial implementation, public sector partners at the DOH-RO and LGU levels recognized the potential value of a similar approach to behavior change being implemented in the public sector. To differentiate the public and private sector *Usapans*, and to ensure the maintenance of high quality, PRISM2 worked with public partners to adapt the private *Usapan* explicitly for use in the public sector.

Results

(1) *Large numbers of clients reached with counseling*. The *Usapan* approach enabled engaged project partners to reach more than 26,000 people with counseling (see Table 17).

Table 17. Summary of Data on *Usapan* Sessions Conducted by PPMs

Client/Session Data Category	Family Planning	MCH	Male Involvement
Number of sessions conducted	1,299	564	133
Number of participants	17,566	7,120	1,661
Number expressing interest in a method or service	11,452	3,843	1,067
Number counseled	10,697	4,416	888
Number receiving method or service	5,601	4,088	564

(2) *Significant translation from intent to action*. Half of all those participating in family planning *Usapan* sessions who expressed interest in a specific method actually received that method immediately after the *Usapan* session. Unlike traditional information sessions, *Usapan* has been shown to be effective at converting interest or intent into actual action.

(3) *Usapan as a means for client generation and PPM sustainability*. Although difficult to quantitatively document, anecdotal evidence has indicated that those PPMs who were most committed to the *Usapan* process, and conducted regular *Usapan* sessions with potential clients, saw a significant increase in their client load, their income, and their ability to sustain their businesses.

Photo: USAID/PRISM2 Project

"Because of Usapan sessions, I gained new family planning clients. I hold Usapan on Sundays to cater to the needs of my participants who are mostly working moms and cannot visit health centers on weekdays."

(PPM Benedicta Javier)

Process indicators

Table 18 below shows the results of the two counseling-focused indicators from PRISM2's PMP. These indicators are primarily a measure of the implementation of PRISM2's group counseling *Usapan* initiative, and include not only the work with PPMs, but also the work with youth and informal workforce groups discussed below. The indicators also measure one-on-one counseling implemented by project-assisted facilities, which is an indicator of the success of the quality of service initiatives discussed above. Both indicators achieved their targets.

Table 18. Results for PRISM2's Counseling-Focused Indicators

Indicator	Target	Actual	% Achievement
Number of USG-assisted service delivery points providing family planning counselling services	350	394	113
Number of counselling visits for family planning or reproductive health as a result of USG assistance	54,800	155,087	283

Young People

Young people aged 15 to 24 years are estimated to comprise close to a fifth of the Philippines' total population of 108 million people. Their positive contribution to the development of the nation is crucial; thus, their health and welfare is an important public concern. During the past two decades, there has been a documented increase in early or premarital sex, putting young women at risk. The present unmet demand for sexuality and reproductive health information, products, and services for young people is anticipated to increase further.

Initiatives

PRISM2 developed a multi-sector PPP approach to meet the reproductive health needs of young people. Such an approach allows an expansion of client reach, promotion of complementarity of functions, a broadening beyond reproductive health, and the mobilization of local public and private partners' resources and capacity. The project's core strategy in establishing local programs to meet the needs of young people focused on engaging youth stakeholder groups and developing partnerships to effectively mobilize capacities and resources of these groups. These groups were then linked with public and private health services providers, through the SDN, to ensure a continuum of care. The approach was implemented in six provinces and independent cities, with a particular focus on the three Cities

Development Initiative cities of Batangas, Iloilo, and Cagayan de Oro. A guide to the implementation of PRISM2's initiatives on youth was developed and shared with partners to encourage replication.[19]

- *Engaging public health stewards*. Active involvement of CHOs and DOH-ROs was central to the implementation of the PRISM2 strategy on youth. As an initial step, PRISM2 held a series of orientations and consultations with public sector stewards. During these consultations, initiatives, strategies, plans, and roles were discussed and clarified. PRISM2 continued to work in close consultation and collaboration with these public stewards throughout implementation, ensuring that they had the capacity to lead the management and oversight of local public-private programs for young people beyond the life of the project.

- *Engaging youth stakeholders*. The project initially identified stakeholders and appropriate structures in educational institutions, public health facilities, birthing homes, other local agencies, and non-governmental organizations as potential partners in the implementation of local programs for young people. This was followed by a series of stakeholder forums to present and discuss current adolescent reproductive and sexual health concerns in the country and project activities. During these forums, identified stakeholders were given the opportunity to express their willingness to participate in implementing local programs for young people. A total of 49 educational institutions, one alternative learning school, and 12 non-governmental organizations were engaged as members of multi-sector PPPs implementing local programs for youth.

- *Training for youth-friendly service delivery*. The project organized and supported the training of 339 service providers on the DOH training program for Use of Adolescent Job Aid Manual. Private practicing midwives, guidance counselors and campus-based physicians and nurses, public health midwives, nurses, and physicians were jointly trained, an approach used by the project to facilitate the work on establishing referral networks. PRISM2 promoted the use of the adolescent-youth health assessment form among trained service providers as an additional job aid to help them in mainstreaming youth-friendly service in their daily operations.

- *Reaching in-school youth.* PRISM2 developed the peer-facilitated, adult-guided *Usapang Barkadahan* as a strategy to reach in-school youth with information and counseling on responsible practices in sexuality and teenage pregnancy prevention. The project developed a training guide on *Usapang Barkadahan* and an associated health action card job aid.[20] Using the training guide, 199 in-school peer educators were trained, and then reached 2,857 in-school youth with information and group counseling.

Photo: USAID/PRISM2 Project

The City Population Office of Iloilo City has adopted *Usapang Barkadahan* is its regular program for out-of-school youth and funds it through its annual investment plan. The Social Welfare and Development Office has committed to support out-of-school peer educator sessions in communities. Trained youth peer educators are fully integrated into the city's youth development programs.

[19] Available at http://pdf.usaid.gov/pdf_docs/pa00k7kq.pdf
[20] Available at http://pdf.usaid.gov/pdf_docs/pa00k8d4.pdf

- *Developing public-private youth-friendly referral networks:* Through workshops and consultation meetings, the project assisted project sites with establishing linkages among engaged multi-sector public and private youth stakeholders. Categorized as "referring parties" (such as educational institutions) and "receiving facilities" (service facilities-health, social welfare, police), activities under this strategy resulted in the development of member directories of the referral networks and referral guidelines. This strategy ensures that young people will have access to a continuum of youth-friendly reproductive health and FP-MCH services.

Photo: USAID/PRISM2 Project

A Parañaque City workshop provided a venue for introducing a simple four-level recording and reporting tool and mechanism to monitor services provided to young clients.

- *Integration of youth initiatives in SDN structures:* The PRISM2 project assisted with the establishment or strengthening of technical working groups or subcommittee on adolescent-youth health under the SDN management teams. These local structures and mechanisms aim to manage and monitor the implementation of local programs for young people. Quarterly meetings of these local bodies provided a venue to discuss the implementation of local programs for young people, discuss facilitating factors and challenges affecting implementation of youth-friendly service and *Usapang Barkdahan*, and generate recommendations for continuing quality improvement of reproductive health information and services for young people.

- *Grants*. To complement the in-school youth activities, PRISM2 worked with project grantee IRHP to develop and implement a pilot program to reach out-of-school youth in three project sites. A total of 78 youth were trained as peer educators for out-of-school youth using the *Usapang Barkadahan* training guide. These peer educators reached a total of 8,592 out-of-school youth with information and group counseling.

Results

(1) *Improvement in the capacity of public health stewards.* As individuals and as institutions, City Health Offices and their staff, particularly the adolescent health program coordinators, have significantly improved their capacity to manage, monitor, and implement multi-sector public-private reproductive health programs for youth. As a result of PRISM2 technical assistance, six provinces and cities now have technical working groups established with a specific focus on youth initiatives.

(2) *Increased access to youth-friendly health services and information*. It is important that health providers who provide services to young people, particularly FP-MCH services, are trained and supported to interact sensitively with this particular population group. Through the training of 339 providers on use of the *Adolescent Job Aid*, PRISM2 significantly increased the availability of youth-friendly reproductive health services in eighteen provinces and independent cities.

(4) *Large numbers of young people received appropriate information.* Through the project's in-school and out-of-school initiatives, more than 11,000 youth were reached with appropriate, youth-friendly FP-MCH information (see Table 19).

Table 19. Youth Reached Through PRISM2's Youth Initiatives

Project site	In-school	Out-of-school	Total
Batangas City	352	2,657	3,009
Calooan City	178	2,091	2,269
Paranaque City	449		449
Pangasinan	304	1,170	1,474
Iloilo City	639	2,674	3,313
Cagayan de Oro City	935		935
Total	**2,857**	**8,592**	**11,449**

Process indicators

One process indicator was developed during year four related to PRISM2's youth initiatives—"*Number of USG-supported educational institutions and youth-oriented NGOs implementing adolescent-youth reproductive health and FP-MCH activities*". PRISM2 exceeded the target of 26 institutions, by reaching 72 such institutions. This includes those with the focus activities described above, as well as other youth-serving organizations that were engaged by PRISM2 as part of the SDN strengthening initiatives described previously.

Workers in the Informal Sector

Informal workforce groups (IWGs) are organized groups of workers in the informal sector, such as cooperatives, unions, transport groups, and vendor associations. The number of such groups is growing in the Philippines. However, while the formal workforce sector has been engaged through the Department of Labor and Employment's Family Welfare Program, informal workforce groups have not been tapped to reach out to their own members.

Initiatives

PRISM2 recognized that by reaching out to IWGs, specifically cooperatives, public health institutions and other partners could leverage these institutions to reach members, providing information and access to services to contribute to achieving the Millennium Development Goals. In collaboration with project subcontractor the Philippine Business for Social Progress (PBSP), the project developed and implemented a PPP program to facilitate the roll-out of *Usapan* through informal workforce groups.

- *Leveraging the Cooperative Development Authority's social audit program*. In 2013 the Cooperative Development Authority (CDA) issued "Guidelines on Social Audit of Cooperatives", defining a procedure and requirements for cooperatives to assess their social impact and ethical performance toward the improvement of the social welfare of their members and communities. PRISM2 actively engaged with the CDA to encourage the roll-out of an FP-MCH IWG program to cooperatives to support implementation of the social audit.

- *Building the awareness and capacity of cooperatives.* Through a series of orientations, PRISM2 ensured that cooperatives were aware of the gender and FP-MCH needs in their community and oriented on how *Usapan* could help them to address these needs and meet their social audit requirements. After orientations, the project supported 202 cooperatives to establish FP-MCH core teams responsible for organizing and overseeing the rollout of *Usapan* through the cooperative.

- *Establishing partnerships with* Usapan *trained providers*. Because cooperatives generally do not have the capacity to facilitate their own *Usapan* sessions and make products and services available on-site, PRISM2 facilitated formal linkages between engaged cooperatives and local public or private providers. The cooperatives' core teams leveraged these linkages to provide their members and those in the surrounding community with FP-MCH information, products, and services. For the providers, particularly the PPMs, this was often seen as an opportunity to build their business and reach a new, potentially large, clientele.

- *Developing ADPs at cooperatives.* When cooperatives had the capacity and interest in making products available directly at their cooperative, PRISM2 introduced them to product distribution partners to facilitate their access to products and worked with cooperative management and boards to establish policies and procedures for the provision of FP-MCH products to their members. A total of 25 cooperatives were established as ADPs as a result of project activities.

Photo: USAID/PRISM2 Project

The IMAP Cebu Midwife Clinics, Inc. has developed a relationship with cooperatives in Cebu, and has organized a "*Usapan* Mobile Team" to conduct *Usapan* sessions at the request of the cooperatives. Similarly, IMAP-Bohol chapter members have each been assigned to support a cooperative that is interested in running a health program using the *Usapan* series.

- *Integrating IWGs into local PPPs*. To ensure that local health and government authorizes provided continuing technical supervision, support, and assistance to cooperatives, PRISM2 facilitated the integration of engaged IWGs into local FP-MCH PPPs. Through this mechanism, cooperatives become formally linked to the local SDNs, which also ensures smooth referrals to meet client needs.

- *Grants*. In parallel with the *Usapan* program with cooperatives, PRISM2 worked with grantee Sugar Industry Foundation Incorporated (SIFI) to establish Family Wellness Action Teams (FWATs) to reach informal workers in the sugar cane industry. Reaching 25 sugar farming communities, FWAT members were trained and organized to deliver family planning information and refer women to private and public health care providers for family planning services and products. The FWATs were also recognized as part of the health referral system through the local SDN.

Results

(1) *Increased engagement of IWGs in FP-MCH programs*. As a result of the PRISM2 program, 249 informal workforce groups, primarily cooperatives, are now providing regular FP-MCH information, products, or services to their constituents.

(2) *Establishment of a new partner for FP-MCH programming*. Prior to PRISM2 engagement, CDA had not been involved in FP-MCH program activities. However, as a result of the project, CDA has committed to continuing to roll-out the *Usapan* program to support its social audit, and PRISM2 project partner PBSP has expressed a commitment to continue to support them in their efforts.

(3) *Large numbers of potential clients reached by* Usapan *through IWGs.* Through the IWG-focused activities, across the project sites more than 12,000 women and men were reached with group counseling on family planning, maternal health, or male involvement using *Usapan*. For family planning, IWGs – using *Usapan* - were able to provide 60 percent of interested clients, or close to 3,500 people, with their desired contraception method (see Table 20).

Table 20. Summary of *Usapan* Sessions Conducted Through IWGs

Client/Session Data Category	Family Planning	Maternal and Child Health	Male Involvement
Number of sessions conducted	719	152	97
Number of participants	9,649	1,964	1,173
Number expressing interest in a method or a service	5,694	1,075	774
Number counselled	5,079	989	633
Number receiving method or service	3,466	897	431

Process indicators

As with the youth activities, a new indicator was added to PRISM2's PMP in Year 4 to reflect this area of work. The target for this indicator—"Number of informal workforce groups implementing FP-MCH activities increased"—was 225. The project facilitated 249 such groups to implement FP-MCH initiatives.

ESTABLISHING A SUPPORTIVE ENVIRONMENT FOR PRIVATE SECTOR ENGAGEMENT

The third specific objective highlighted in the PRISM2 contract focused on improving the policy environment for private sector provision of services and products. As the PRISM2 project developed, this became a key crosscutting objective, rather than being a standalone objective. In that context, it is being discussed in this report in the broader context of developing a supportive environment, which includes a number of other important PRISM2 efforts.

Stewardship

The PRISM2 project realized that, to shift the paradigm toward effective private sector engagement, it was necessary to encourage public sector health stewardship of the private sector at all levels of the health system. When PRISM2 began operations there was significant distrust of the private sector by public sector health managers. The first few years of PRISM2 focused specific efforts on developing the public health sector as a willing and capable steward of the private sector. Stewardship was a core component in the initials stages of implementing each individual technical initiative. Through consultation and engagement with key public sector stakeholders, particularly at the DOH-RO level, PRISM2 was able to gain commitment from these stakeholders to engage private sector partners in a positive way to improve overall health outcomes.

The establishment of public sector-led SDNs with significant private sector participation is an important indicator of the success of the PRISM2 project in building public sector stewardship. In specific relation to the project's PMP, it has been documented that all 13 DOH-ROs in which the project was implemented now have the capacity to sustain program initiatives beyond PRISM2.

Public Private Partnerships

Outside of traditional infrastructure programs, the concept of PPPs has not been fully explored in the Philippines, particularly in the health sector. Transitioning the newly recognized stewardship role of the public health sector into concrete programs to impact health in the community required the development of formal PPPs. PRISM2's primary mechanism for establishing these PPPs was through membership of, or linkages with, the SDNs. The project assisted local health stewards to identify and engage with private sector groups with potential to contribute to improving FP-MCH outcomes. This included health worker associations, transport groups, cooperatives, NGOs, and other community-based private organizations. One of the overall objectives for the public sector in engaging with private entities is to leverage the considerable financing potential of these groups. While often not provided in terms of direct financial contributions, the in-kind support that these groups are able to provide in support of overall public health objectives can be significant. PRISM2's specific indicator related to this area of work—"Number of private local organizations participating in local PPPs for FP-MCH"—documented a total of 132 such organizations, meeting the project's anticipated target.

Photo: USAID/PRISM2 Project

In Albay, PRISM2 facilitated the establishment of a PPP aimed at reducing referral delays in cases of pregnancy and delivery emergencies. A formal partnership agreement was signed between local transport groups, private healthcare providers, and relevant public health stewards.

Policy Environment

Two tasks were specifically highlighted in the PRISM2 contract to achieve an improvement in the policy environment: (1) assisting LGUs, DOH, and other relevant agencies develop and operationalize policies to mobilize private sector participation in the delivery of FP-MCH programs; and (2) streamlining DOH licensing requirements for private sector providers. PRISM2's efforts to streamline licensing for private providers focused on PPMs and is discussed in the relevant section above. However, support for policy development was one of the most significant of PRISM2's crosscutting interventions. Policies generally become the formalizing instruments in communicating commitment to private sector engagement with various stakeholders. One purpose of PRISM2's policy work was in support of local-level enabling environments for expanding efforts to improve FP-MCH programming. Relevant polices related to this objective were generally developed in support of the establishment and strengthening of SDNs. Policy engagement by the project also focused on supporting specific policies related to engagement of private sector partners. Some examples of this type of policy include creation of a training system at the regional level by the DOH-ROs, policies to support expansion of the professional practice of midwives, quality assurance regulation for birthing homes, financing for family planning, recognition of ADPs, etc. Key policies supported by PRISM2 were included in a database and disseminated to local project partners for reference. The project had two PMP indicators specifically related to policy development support. The achievements against these indicators are shown below in Table 21.

Table 21. PRISM2's Achievements against Policy-Related PMP Indicators

Indicator	Target	Actual	% Achievement
Number of provinces/independent cities that submitted/issued new local policies in support of private sector provision of FP-MCH services and products	36	36	100
Number of national policies supporting private sector provision of FP-MCH information, products, and services developed	34	51	150

Gender

Gender was considered an important crosscutting initiative throughout the project. Through training and orientations, PRISM2, primarily through subcontractor The Manoff Group, ensured that all project staff and partners were equipped to integrate gender into their work. Support was then provided for the inclusion of gender perspectives in local partner work plans and implementation strategies. During the second year of the project, the overall gender activities evolved from a focus on gender sensitization for private sector health care providers and partners to a focus on gender-based violence. A training program on gender and gender-based violence was developed for private sector health personnel.[21] This training, however, was not rolled out widely, but was integrated instead, at the request of USAID, into the *Usapan* activities discussed above.

Informed Consent, Voluntarism, and Environmental Mitigation

The principles and practices of informed choice and voluntarism and environmental mitigation are important, not just for compliance to USAID and Philippine government policies, but also as mechanisms for ensuring quality of care in service provision. PRISM2 took leadership among USAID's partners in the Philippines over the development of tools and mechanism for the integration of informed choice and voluntarism monitoring and environmental compliance monitoring, maximizing the impact of every monitoring visit to assisted health facilities. Through routine training, orientation, monitoring and documentation, PRISM2 implemented a rigorous plan of action for compliance to the principles of informed choice, voluntarism, and environmental impact mitigation. The processes and tools developed and implemented by the project were documented and shared with partners.[22]

Documentation

To support and encourage the ongoing expansion of the initiatives developed and implemented by PRISM2, the project developed a comprehensive package of technical documents and briefing materials. These materials, produced on a final project DVD, were disseminated to all USAID/Philippines FP-MCH projects, key personnel in the national DOH, the 13 PRISM2-engaged DOH-ROs, and the LGUs of the project's 36 city and provincial sites. The full list of documents and other materials finalized by the project is included in Annex B.

[21] Available at http://pdf.usaid.gov/pdf_docs/pa00k7m3.pdf
[22] Available at http://pdf.usaid.gov/pdf_docs/pa00k8h8.pdf

Annex A: PRISM2 Technical Initiatives for PPPs (TIPPPS)

1. Technical Initiatives for PPPs on Expanding Hospital-Based Family Planning and Maternal and Child Health Services

   Seeking to harness the significant potential of hospitals as hubs of FP-MCH information, products, and services provision, these technical initiatives provided guidance to DOH-ROs in the creation of regional technical teams for hospitals to manage the development of hospitals, both public and private, as exemplar FP-MCH providers. It also provided for capability building in terms of hospitals' training needs on FP-MCH, facilities and policy improvement. Finally, the TIPPP ensured that hospitals provide regular, quality family planning, especially permanent methods, and MCH services that eventually lead to these hospitals becoming vital, central, integral partners of the FP-MCH SDN.

2. Technical Initiatives for PPPs on Securing Access to Long Acting and/or Permanent Methods (LA/PM) of Family Planning

   The backlog of unmet needs for limiting pregnancies through LA/PM remains challenging. This TIPPP sought to increase the motivation for supporting the financing of LA/PM providers and clients, building capacities of facilities and providers of LA/PM, increasing positive experiences with LA/PM as a means to increasing acceptance and use, and improving the policy environment that will enhance all the above.

3. Technical Initiatives for PPP on Increasing Family Planning and Maternal and Child Health Contribution of the Professional Practice of Midwives

   By sheer number alone, it makes sense to tap and empower the professional practicing midwives to achieve the Millennium Development Goals for maternal and infant health. This TIPPP provided guidance for DOH-ROs to recommend and guide LGUs in establishing, supporting, and sustaining local programs that would maximize the professional practices of public and private midwives to eventually contribute to maternal and newborn health. It included the PRISM2-developed QAP for Midwives that standardizes quality of care. It likewise provided for ensuring that PPMs will continue to sustain their quality service provision by sustaining their businesses.

4. Technical Initiatives for PPP on Securing Contraceptives Supply

   Addressing the bottlenecks in the provision of contraceptive supplies in public-private service delivery points, this TIPPP provided for technical guidance on DOH-RO stewardship of the local contraceptives market by expanding to include the commercial sources and monitoring the demand and supply for FP-MCH supplies. The second focus is ensuring public sector contraceptive supply through PRISM2 guidance on financing, procurement, and distribution. Thirdly, the TIPPP provided for public sector partnership with private commercial sources and sales of these products to ensure continuing supply in the local areas.

5. Technical Initiatives for PPP on Behavior Change Communication to Improve Utilization of Family Planning and Maternal and Child Health Products and Services

   The multidimensional FP-MCH information failure was the target for this TIPPP. The stewardship module intended to guide the DOH-ROs in assisting locals to tailor-fit FP-MCH messages into their local culture. Skills training on advocacy and media relations for public partners intended to improve the positive awareness and attitudes toward FP-MCH while the third module was addressed to

improving interpersonal communication for volunteers. This TIPPP likewise intended to develop packages that will help in the improvement in family planning counseling.

6. Technical Initiatives for PPP on Improving Local Monitoring and Evaluation for Family Planning and Maternal and Child Health

   Non-inclusion of private health sector contributions in the current DOH FHSIS does a disservice to the entire health community. This TIPPP addresses this situation by providing guidance in assessing monitoring and evaluation status and crafting guidelines to improve its system. Improvements include inclusion of data from public hospitals in the LGU system, and enhancing FHSIS coverage to include private sector FP-MCH accomplishments implying the need for training for private providers.

7. Technical Initiatives for PPP on Training Service Providers for Family Planning – Maternal and Child Health

   Training is a constant need in the health sector that is not regularly available to public, and very much less to private, health providers. This TIPPP aimed to make FP-MCH training standardized, readily accessible and widely available to public and private health providers by providing technical assistance to DOH in formulating, to DOH-ROs in implementing, and to LGUs in complying with a training system policy.

8. Technical Initiative for PPPs on Enhancing Local Implementation of the National Health Insurance Program Benefits for FP-MCH

   In spite of available PhilHealth benefits for FP-MCH, there was very low use among eligible members. The technical initiative aimed to increase benefit usage for FP-MCH, focusing on the DOH-RO coordinating with PhilHealth Regional Offices in guiding the local PhilHealth implementation with the LGUs as the lead implementers. Modules were included that would initiate DOH-RO and PhilHealth collaboration in planning for increased benefit usage by enrolled beneficiaries, benefit reimbursement by the accredited providers, expand PhilHealth coverage, and accelerate providers' and facilities' accreditation.

Annex B: PRISM2 Final Technical Materials

Technical Initiatives for PPPs (available on DEC)

1. Engaging Cooperatives for Delivering Family Planning and Maternal and Child Health Services and Products
2. Ensuring Local Access to Contraceptive Supplies through Public-Private Partnership Under a Total Market Approach
3. Expanding the Contribution of Private Practicing Midwives (PPMs) to Family Planning and Maternal and Child Health Outcomes
4. Improving Local Monitoring and Evaluation for Family Planning and Maternal and Child Health Services for the Private Sector
5. Meeting the Reproductive Health Needs of Young People through Public-Private Partnership
6. Private Sector-Strengthened Service Delivery Networks for Family Planning-Maternal and Child Health: An Approach to Reducing Maternal and Newborn Deaths
7. Public-Private Partnerships for Establishing Training Systems for Family Planning and Maternal and Child Health
8. Strengthening Public-Private Partnership in Expanding Hospital-based Provision of Maternal, Newborn, Child Health and Nutrition (MNCHN) Services
9. *Usapan* for Private Practicing Midwives as a Behavior Change Communication Strategy to Improve Utilization of FP-MCH Products and Services in the Private Sector

Manuals and guides (available on DEC)

1. Alternative Distribution Points (ADP) Operators Training: Participant Manual
2. Alternative Distribution Points (ADP) Operators Training: Trainer's Guide
3. Bilateral tubal ligation by minilaparotomy under local anesthesia: Facilitator's Guide
4. Bilateral tubal ligation by minilaparotomy under local anesthesia: Participant's Handbook
5. Ensuring Quality in Family Planning Service Delivery: Toolkit for Monitoring Compliance on Informed Choice and Voluntarism and Environmental Mitigation
6. Gender in FP-MCH and the 5Rs for Gender-Based Violence Victims/Survivors: Trainer's Guide
7. Introduction to the *Usapan* series: Facilitator's Guide
8. Introduction to the *Usapan* Series: Trainer's Guide
9. Introduction to *Usapang Barkadahan:* Facilitator's Guide
10. Point of Care Solution (PCaSo): User's Manual
11. Quality Assurance Package for Midwives: Toolkit for Practicing Professional Midwives
12. Quality Assurance Package (QAP) for Midwives: A Toolkit for Practicing Professional Midwives Facilitator's Guide
13. Training Database Management Information System (TDMIS): User's Manual
14. Training on Field Health Services Information System (FHSIS) for Family Planning Maternal and Child Health (FP-MCH) for the Private Sector: Facilitator's Guide
15. Training on Field Health Services Information System (FHSIS) for Family Planning Maternal and Child Health (FP-MCH) for the Private Sector: Participant's Guide

Databases and systems

1. ADP mapping database and related PowerPoint
2. Commodities forecasting tool
3. Point of Care Solutions (PCaSo)
4. Project database
5. Training Database Management Information Systems (TDMIS)

IEC materials

1. *Usapan* action cards
2. *Usapan* brochures
3. *Usapan* desk charts
4. *Usapan* family planning flipchart
5. *Usapan* safe motherhood flipchart
6. *Usapan barkadahan* action card

Project briefers

1. 36 project site profiles
2. Close-out briefer

Grantee factsheets

1. Access to Contraceptives and Commodities thru Enhanced and Sustainable Systems (ACCESS): Alphamed Pharma Corporation
2. Expanding Access to FP-MCH Services in Bohol and Negros Oriental through Public-Private Partnerships in Professional Midwife Practice: IMAP Lying-in Clinic, Inc.
3. Establishing Systems to Improve Family Planning and Maternal and Child Health (FP-MCH) Services in the Sugar Farming Communities in Negros Occidental: Sugar Industry Foundation Inc. (SIFI)
4. Establishing and Strengthening the Family Planning Competency-Based Training (FP-CBT) System: UHA Caregiver Training – ZaniViv Corporation (UHA)
5. Enhancing the Capacity of Private Midwives and Strengthening Approaches on Family Health through Public-Private Partnerships (EnCAP): Integrated Midwives Association of the Philippines, Inc. (IMAP)
6. Improving Access to Quality Family Planning and Maternal and Child Health (FP-MCH) Services: Kaunlaran ng Manggagawang Pilipino, Inc. (KMPI)
7. Promoting and Integrating Private Midwifery Model Care to Expand Access to Family Planning and Maternal and Child Health (FP-MCH) Services through Public-Private Partnerships: Conrado and Ladislawa Alcantara Foundation, Inc. (CLAFI)
8. Generating Demand and Increasing Access of Communities to Natural Family Planning- Standard Days Method: Institute for Reproductive Health Philippines (IRHP) & Beads Ka, 'Day - Generating Demand and Increasing Access of Communities to Natural Family Planning-Standard Days Method in the Visayas and Mindanao Communities through Public-Private Partnership in the Promotion and Distribution of SDM Beads: Beracah Pharma Philippines (Beracah)
9. Improving Maternal Health, Expanding Choices for Modern Family Planning Methods: Family Planning Organization of the Philippines (FPOP)
10. Peer Education and Public-Private Partnership towards Improved Reproductive Health Information and Services for Out-of-School Youth (PEPPY Project): Philippine Rural Reconstruction Movement (PRRM)

Technical briefers (available on DEC)

1. Introduction of Oxytocin in the Uniject™ Injection System in the Philippines

Technical note (available on DEC)

1. The *Usapan* as a Behavior Change Tool for Family Planning