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PRIVATE SECTOR MOBILIZATION FOR FAMILY HEALTH NINTH QUARTERLY REPORT

OCTOBER 1, 2006 TO DECEMBER 31, 2006

February 15, 2007

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PRISM NINTH QUARTERLY REPORT

OCTOBER 1, 2006 TO DECEMBER 31, 2006

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ACRONYMS

3LPHED	Local Legislators' League for Population, Health, Environment, and Development
A4Y	Advocates for Youth
AO	Administrative order
ARMM	Autonomous Region in Muslim Mindanao
BCC	Behavior change communication
BCYA	Baguio Center for Young Adults, Inc.
BEST	Business Enhancement and Support Training
BFAD	Bureau of Food and Drug
CAs	Cooperating agencies
CADPI	Central Azucarera Don Pedro, Inc.
CCEFI	Coastal Conservation and Education Foundation, Inc.
CWG	Consultative working group
DOH	Department of Health
EBM	Evidence-based medicine
FA	Fertility Awareness
F&A	Finance and administration
FGDs	Focus-group discussions
FICs	field implementation coordinators
FP	Family planning
HR	Human resources
IRHP	Institute of Reproductive Health Philippines
IUD	Intrauterine device
JVOFI	Jaime V. Ongpin Foundation, Inc.
LGFI	Lopez Group Foundation, Inc.
M&E	Monitoring and evaluation
MCH	Maternal and child health
NGOs	Non-government organizations
ORBIT	Organization and Business Information Tool
Oro Chamber	Cagayan de Oro Chamber of Commerce and Industry
PBSP	Philippine Business for Social Progress
PCCI	Philippine Chamber of Commerce and Industry
PCCI-Cavite	Philippine Chamber of Commerce and Industry-Cavite Chapter
PhilHealth	Philippine Health Insurance Corporation

PMP	Performance Monitoring Plan
PNGOC	Philippine NGO Council on Population, Health, and Welfare, Inc.
PPM	Private practice midwives
PRC	Professional Regulation Commission
PRISM	Private Sector Mobilization for Family Health Project
RFA	Request for application
SDM	Standard Days Method
SIAs	Strategic intervention areas
SOW	Scope of work
TRIDEV	Training, Research, Information for Development Specialists Foundation, Inc.
TTVs	Tetanus Toxoid Vaccines
UMAI	United Midwives Association, Inc.
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

This report covers the period October 1, 2006 to December 31, 2006 and features the key achievements of the Private Sector Mobilization for Family Health (PRISM) Project under its three major Initiatives—Workplace, Market Development, and Private Practice.

The following is an overview of PRISM’s 9th Quarter implementation by Initiatives:

A. Workplace Initiatives

Measuring the performance of the Workplace Initiatives in comparison with the Performance Monitoring Plan (PMP) indicators for Year 2 (until December 2006), the following table shows the figures:

Table 1: Workplace Initiatives performance versus PMP indicators

PMP Indicator*	Target	Actual	Performance
Number of national associations/partner institutions with capacity to implement workplace FP programs	4	4	133%
Target companies/cooperatives implementing PRISM-supported FP programs	202**	145***	71.8%

* The MCH indicators are for finalization; Indicator Component 1.4 results will be obtained only in December 2006 when the grant period of the 3 workplace grantees will end.

** Cumulative Year 1 until December 2006.

*** 75 firms winding up installation; balance in various stages of implementation.

Three PRISM grantees—Training, Research, Information for Development Specialists Foundation, Inc. (TRIDEV), Coastal Conservation and Education Foundation, Inc. (CCEFI), and Advocates for Youth (A4Y)—continue to implementation workplace family planning (FP) programs in 48 firms.

Baguio Center for Young Adults, Inc. (BCYA), a new PRISM partner under Workplace Initiatives, was awarded a grant for the installation of workplace family health program in firms located in Baguio City. Its grant contract was signed on December 8, 2006 in a ceremony witnessed by US Ambassador Kristie Kenney.

Workplace FP programs were piloted in seven (7) firms to develop models for replication, which benefited more than 18,000 workers. The pilot study proved that using the new framework for workplace FP program helped firms attain considerable success in their respective programs.

The “Workplace FP Excellence Awards,” now officially called the Family Welfare Excellence Award, was initially presented by the Philippine Chamber of Commerce and Industry (PCCI) in October 2006 during the 32nd Philippine Business Conference.

Two PRISM partners won the awards, namely: the Cagayan de Oro Chamber of Commerce and Industry (Oro Chamber) for the local chapter or business association category; and the Central Azucarera Don Pedro, Inc. (CADPI) for the large firms category.

B. Market Development Initiatives

Four new pharmaceutical partners, i.e., Dyna Drug, Pharmatrix, One Pharma, and Metro Pharma, expressed interests in forging partnerships with Wyeth Philippines for the marketing and distribution of Lo-Gentrol.

By working closely with field representatives of pharmaceutical grantees, PRISM facilitated the availability of supply of MCH and FP products to beneficiary companies of workplace grantees, as well as to non-grantees.

Relevant information on distributors, sales, and factors affecting the pricing of a commercially available intrauterine device (IUD) were contributed by PRISM for the drafting of the Department of Health (DOH) administrative order (AO) on the IUD phase-out plan.

Also, the following studies were conducted: “Feasibility of an Express Lane for Hormonal Contraceptives,” on the streamlining of the existing Bureau of Food and Drug (BFAD) registration procedures; and a study to reduce tariff duties for oral contraceptives, to measure the impact of reducing contraceptives tariff rates on government revenues foregone and on the population program of the Philippines.

C. Private Practice Initiatives

Consultative meetings with Year 1 and 2 Business Enhancement and Support Training (BEST) graduates, which mainly served as venues to disseminate updates on the project for the third year, were conducted by PRISM’s three regional offices.

As results of the conduct of the consultations, lists of private practice midwives (PPMs), who expressed interest in the new PRISM strategy, were generated by PRISM regional offices.

Eight (8) focus-group discussions (FGDs) held between November and December 2006 in the three PRISM regions were participated in by a total of 66 PPMs with unlicensed and non-accredited lying-in clinics or birthing homes. The FGDs were conducted to provide PRISM with substantial information on the best ways to approach licensing and accreditation of midwives’ facilities to influence policy changes in the DOH and the Philippine Health Insurance Corporation (PhilHealth).

PRISM created the “Guidelines for Selecting PPMs and Birthing Homes” and the “Tools for Assessing Birthing Homes” for DOH licensing and PhilHealth accreditation. These tools were used for the identified PPMs to participate in the initial phase of the implementation of the National Strategy for PPMs.

A consultant submitted a report to PRISM outlining the implementation plan for the Adopt-a-Midwife program. A set of final implementation guidelines for this program will be drafted based on the report.

The grants proposal for “Integrating Micro-Finance and Health Education to Empower Women and Reduce Poverty in Metro Baguio,” submitted by the Jaime V. Ongpin Foundation, Inc. (JVOFI), was approved and signed on December 8, 2006 in a ceremony witnessed by US Ambassador Kristie A. Kenney.

Release of awards and implementation of projects of four other final proposals forwarded to the United States Agency for International Development (USAID) for review and clearance are projected to materialize in the next quarter.

The creation of a consultative working group (CWG) of PPMs in each of the three regions of the project was proposed by PRISM in response to the USAID project assessment team’s concern on adding on a midwives’ perspective into the project. Selected PPMs, representing the major midwives’ associations, were identified as possible members of the CWGs.

The DOH agreed to make available, through its distribution system, free Tetanus Toxoid Vaccines (TTVs) to PPMs licensed by the Professional Regulation Commission (PRC) who are collaborating with the PRISM project. A memorandum of agreement on this initiative was drafted and will be reviewed for legal matters prior to submission for DOH comments.

KEY ACTIVITIES AND ACCOMPLISHMENTS: OCTOBER 1, 2006 TO DECEMBER 31, 2006

Below is an account of major project results that PRISM achieved in the 9th Quarter.

A. Workplace Initiatives

- Implementation of workplace FP programs in 48 firms was continued by three PRISM grantees—TRIDEV, CCEFI, and A4Y.
- Awarded a grant to a new PRISM partner under Workplace Initiatives, BCYA, for the installation of workplace family health program in firms located in Baguio City.
- Piloted workplace FP programs in seven (7) firms to develop models for replication, which benefited more than 18,000 workers.
- The Family Welfare Excellence Award was presented by the PCCI to two PRISM partners, Oro Chamber and CADPI, during the 32nd Philippine Business Conference in October 2006.

B. Market Development Initiatives

- Four new pharmaceutical partners expressed interests in forging partnerships with Wyeth Philippines for the marketing and distribution of Lo-Gentrol.
- Facilitated the availability of supply of MCH and FP products to beneficiary companies of workplace grantees, as well as to non-grantees.
- Provided relevant information on distributors, sales, and factors affecting the pricing of a commercially available IUD for the drafting of the DOH AO on the IUD phase-out plan.

C. Private Practice Initiatives

- Conducted consultative meetings in the three PRISM regional areas with Year 1 and 2 BEST graduates to disseminate updates on the project for the third year.
- Conducted eight (8) FGDs in the three PRISM regions to provide PRISM with substantial information on the best ways to approach licensing and accreditation of midwives' facilities. The FGDs were participated in by a total of 66 PPMs with unlicensed and non-accredited lying-in clinics or birthing homes.
- Created the "Guidelines for Selecting PPMs and Birthing Homes" and the "Tools for Assessing Birthing Homes" for DOH licensing and PhilHealth accreditation.
- Awarded a grant to JVOFI for "Integrating Micro-Finance and Health Education to Empower Women and Reduce Poverty in Metro Baguio."
- Proposed the creation of a CWG of PPMs in each of the three PRISM regions to add on a midwives' perspective into the project. Selected PPMs, representing the major midwives' associations, were identified as possible members of the CWGs.
- DOH agreed to make available free TTVs to PRC-licensed PPMs who are collaborating with the PRISM project. A relevant memorandum of agreement was drafted for review prior to submission for DOH comments.

ACCOMPLISHMENTS FOR THE QUARTER

The succeeding sections present the details of accomplishments of PRISM for the ninth quarter of project implementation. These are primarily based on project tasks specified in the Year Two, which covers 15 months (October 2005 to December 2006, including the 1st Quarter of Year 3), and Year Three work plans.

A. Workplace Initiatives

A1. Accomplishments under the Year 2 (October to December 2006) work plan

A1a. National associations capable of installing workplace FP programs

The table below shows the status of engagement of three PRISM grantees that continue to facilitate the implementation of workplace FP programs in 48 firms.

Table 2: Status of workplace FP program implementation by PRISM grantees

Name of Organization	Region/Area	Number of Firms	Status
TRIDEV	Central Luzon	8	In progress
CCEFI	Cebu	30	In progress
Advocates for Youth	Metro Manila	10	In progress

On December 8, 2006, the Baguio Center for Young Adults, Inc. became the newest PRISM partner under Workplace Initiatives when its grant contract for the installation of workplace family health program was awarded in fitting ceremonies held in Baguio City. The event was witnessed by US Ambassador Kristie Kenney and other dignitaries from the public and private sectors.



US Ambassador Kristie Kenney congratulates Marlene de Castro, BCYA executive director, after her organization's grant contract for workplace family health program installation was signed in a fitting ceremony held in Baguio City on December 8, 2006.

A1b. Target companies/cooperatives implementing PRISM-supported FP programs

Preliminary data on improvements in the FP Index scores

PRISM, through the Philippine Business for Social Progress (PBSP), piloted workplace FP programs in seven (7) firms primarily to develop models for replication. The pilot study benefited over 18,000 employees (**Please refer to the attached CD copy of the PBSP piloting report**). The piloting report prepared by PBSP showed that using the new framework for workplace FP program, and when measured through the FP Index, helped companies achieve considerable success in the implementation of their respective programs. A factor for the success stems from the fact the new framework plugged in the gaps that existed in earlier programs implemented under past projects. Much of the improvement accomplished can be credited to the implementers (human resource managers of firms) of the old programs, Department of Labor and Employment, Employees Confederation of the Philippines, PCCI, PBSP, PRISM staff, and other partners who came together to formulate the new framework.

As an update to past reports, below is a summary of the improvements in the FP Index. The table below shows that firms advanced from a lower category to a higher category in all piloted firms. (Type 0 represents no FP services provided, while Type A has the most comprehensive range of FP services including voluntary surgical contraception. Scores reflected are scores within the type or category, and do not mean retrogression from baseline scores.)

Table 3: Summary of improvements in the FP Index

Company	Baseline	Current (as of Sept 06)
Central Azucarera Don Pedro, Inc.	Type D Score 71.8	Type A 67.2
Chiquita Unifrutti Philippines, Inc. (4 companies)	Type 0 Score 0	Type C Score 79.2
Cebu Mitsumi	Type D Score 6.1	Type B Score 77.5
On Semiconductor Philippines, Inc.	Type D Score 70.5	Type A Score 66.8

Grantees and companies from the Lopez Group Foundation, Inc. (LGFI), Oro Chamber, and Philippine Chamber of Commerce and Industry-Cavite Chapter (PCCI-Cavite) will administer the post-project FP Index survey in the second quarter of Year 3.

Leveraging PRISM investments

The table below shows the amounts leveraged by workplace grants from the grantees. Figures were taken from the cost shares of grantees. Data on the amount of fund leveraged by the grants among the firms will be available in the second quarter of Year 3 as three grantees wind up the implementation of their grants program.

Table 4: Amounts leveraged by workplace grants from grantees

Name of grantee	Amount leveraged (In thousand pesos)
PCCI-Cavite	517.8
Oro Chamber	849.1
Lopez Group Foundation, Inc.	633.4
PCCI National	1,305.0
TRIDEV	447.7
CCEFI	179.0
Advocates for Youth	149.9
Total	4,081.9

Note: TRIDEV, CCEFI and A4Y amounts were computed by dividing the total cost share for the duration of the grant period vs. by the number of months of grant program implementation.

A significant development, where workplace grants was also leveraged to influence local legislation, happened in Cagayan de Oro City. The Oro Chamber engaged the local government to support workplace FP, subsumed under

Oro chamber pushes services to families

Services aimed at improving productivity in workplace

Program also intended to create awareness of reproductive health

BY DANILO V. ADORADOR III
Reporter

AFTER capturing the national Family Welfare Excellence Award, the Cagayan de Oro Chamber of Commerce and Industry (Oro Chamber is pushing for the institutionalization of family-oriented services among its member-firms.

Ruben Vegafria, Oro Chamber president, said the move was aimed not only at enhancing business productivity levels, but more importantly, "promoting family values and family wellness for a

stronger society."

Under the project, Oro Chamber will hold free trainings and seminars for its member-companies on how to implement family-oriented programs, such as on areas of reproductive health for women. The trainings will also teach private firms with substantial employees on maximizing their family health care programs and on disseminating awareness on family related issues, Vegafria said.

The Oro Chamber president clarified the use of artificial birth-control methods which is opposed by the Catholic Church was not the initiative's main advocacy.

"The family welfare

program is designed to create awareness on family issues among employees so that they can have informed choice on different family issues, and at the same time, be more productive in their work," he said.

The importance of responsible parenthood, Vegafria said, is one such issue their awareness campaign will delve on.

Meanwhile, Councilor Maryanne Enteria said the Oro Chamber's family welfare program can be extended to provide working parents with the means to send their children to daycare centers at the company's expense. However, this suggestion must be first studied, she said.

The City Council is expected to approve today an ordinance authorizing Mayor Vicente Emano to sign a memorandum of understanding with the Oro Chamber supporting the establishment of a Family Welfare Program among private firms in the city.

In recognition of its "innovative and outstanding" family welfare programs, Pres. Gloria Macapagal Arroyo awarded Oro Chamber with the Family Welfare Excellence Award for the Local Chambers Category, during the annual business awards hosted by the Philippine Chamber of Commerce and Industry Inc. (PCCI) last month.

A news article published in Sun Star, a widely circulated regional daily, in November 2006 gave a picture of how a PRISM grantee vigorously advances the implementation of the workplace FP program in Cagayan de Oro City.

workplace family welfare program for greater acceptability among the conservative members of the local population.

A1c. Install workplace FP program in 200 firms in SIAs including a male-dominated firm in the replication

By the end of December 2006, five (5) grantees and the PBSP were in various stages of implementing workplace FP programs. Seventy-five (75) of the companies they are working with will wind up installation in the second quarter of 2007. Seven (7) firms (pilots PBSP completed in 2006) will conduct follow-up monitoring to their FP program in July 2007.

Table 5: Status of workplace FP program implementation

Name of grantee	Number of firms	Remarks
PCCI-Cavite Chapter	45	Ends 4/07
Oro Chamber of Commerce and Industry	25	Generating final report
Lopez Group Foundation, Inc.	5	Ends 01/07
TRIDEV	8	Started 4Q06
CCEFI	30	Started 4Q06
PBSP (pilots)	7	Ended 7/06
PBSP (replication)	25	Started 3Q06

A1d. Develop Conglomerates as Special Grants Target

Under the grants scheme, the LGFI implemented its workplace FP program in five (5) of its member companies. The Lopez conglomerate's grant period will end on January 31, 2007.

Two other conglomerates, the Lucio Tan Group of Companies and the Yuchengco Group of Companies, are under evaluation for possible grants. Target date for engagement/grant awards is March 2007.

A1e. Institutionalize the "Workplace FP Excellence Awards" Program

In October 2006, during the 32nd Philippine Business Conference, the PCCI held the awarding ceremonies for the best workplace FP programs in the country, now officially called the Family Welfare Excellence Award.

President Gloria Macapagal-Arroyo awarded the trophies to the two winners, both PRISM partners, namely: the Oro Chamber for the local chapter or business association category; and the Central Azucarera Don Pedro, Inc. for the large firms category.



Oro Chamber President Ruben Vegafria (right) proudly clutches the trophy he received from President Gloria Macapagal-Arroyo (center) for the best workplace FP program in the local chapter or business association category. Looking on is PCCI President Donald Dee (left).

A2. Accomplishments under the Year 3 (October to December 2006) work plan

A2a. Develop MCH/FP models for large companies which include policy, financing and services delivery options

One of the sub-tasks of this task provides that, in December 2006, FGDs should be conducted to gather data on the possibility of including MCH into workplace FP programs and to gauge the readiness and willingness of firms to include MCH in their FP programs. The implementation of the sub-task was postponed to January 2007 because firms were not ready to participate in the FGDs since the Christmas season entailed heavy workload for them.

Development of models for large companies

The following models for workplace FP programs are under development:

- Food manufacturing and distribution
- Services and utilities (cargo handling, cable, electric company, entertainment)
- Manufacturing (microelectronics, metals, electronics, aviation parts)
- Educational facilities (state college, private university)
- Retail industry
- Garments
- Agriculture and food processing
- Transportation

A2b. Training conducted during the quarter (October to December 2006)

Table 6: Status of workplace training conducted in the 9th quarter

Trainees	Luzon		Visayas		Mindanao		Total	
	M	F	M	F	M	F	M	F
Grantee team members trained on Program Management	1	5					1	5
Grantee team members trained on Peer Education	1	6	0	3			1	9
Grantee team members trained on M&E	1	2	0	2	8	8	9	12
Family Planning management team members trained on Program Management	10	48	3	29			13	77
Family Planning management team members trained on M&E					10	15	10	15
Peer Educators trained	25	91	27	47	42	76	94	214
Service providers trained: • Nurses of FP					1	19	1	19

M=males F=females

B. Market Development Initiatives

B1. Intensify and expand promotion and distribution of new and existing oral, injectable, IUD and selected MCH products

B1a. Provide technical assistance and support for market development plans of selected pharmaceutical partners

PRISM conducted initial efforts that led to the expression of interests of new pharmaceutical partners, i.e., Dyna Drug, Pharmatrix, One Pharma, and Metro Pharma, to forge partnerships with Wyeth Philippines for the marketing and distribution of Lo-Gentrol (ethinylestradiol norgestrel), a combined oral contraceptive solely donated by USAID to the DOH.

B1b. Regular coordination with field personnel of pharmaceutical companies on market development plans

PRISM conducted eight (8) coordinative meetings with grantees—ECE Pharmaceuticals, Inc., Organon Philippines, Inc., and Schering Philippines Corporation—to further improve plans to increase sales of newly launched contraceptives as well as re-launched brand. PRISM also reviewed plans of pharmaceutical partners to ensure that their respective milestones are achieved.

At the SIA level, PRISM worked closely with field personnel of pharmaceutical grantees to ensure the supply of MCH and FP products to beneficiary companies of workplace grantees, as well as to non-grantees. Consequently, through PRISM's vigorous field coordination, private practicing midwives and local government units increased purchases from pharmaceutical partners.

B1c. Provide technical assistance to IRHP in the marketing and distribution of Standard Days Method (SDM) beads

The Institute for Reproductive Health of the Philippines (IRHP) submitted its proposal entitled "Enhancing NFP (natural family planning)/SDM Gains through Sustained Social Marketing in Different Intervention Settings." The proposal is under evaluation and the results will be ready by February 2007.

B2. Increase distribution networks

B2a. Expand distribution of FP/MCH products through pharmacy chains (Mercury Drug, Watsons, Rose, and other top wholesalers)

PRISM held meetings with a trade marketing consultant for the establishment of partnerships with major pharmacy chains and other top wholesalers, e.g., Mercury Drug, Watsons, to achieve a the goal of making the contraceptive commodities affordable, accessible, and acceptable to the poor communities.

B2b. Develop a marketing strategy for midwives in the Adopt-a-Midwife Program

PRISM initiated the drafting of the guidelines for the implementation of the "Adopt-a-Midwife" program in Quezon City in collaboration with the United Midwives Association, Inc. and Rotary Club, International.



A booth of Organon Philippines, a PRISM pharmaceutical partner, during the "Buntis (pregnant) Congress" held on December 2, 2006. The activity was conducted by the Rotary Club of Valenzuela under the "Adopt-a-Midwife" program.

Initially, PRISM focused on the pilot implementation of the program in Quezon City, in coordination with UMAI and the Rotary Clubs concerned. With eventual substantial success, the "Adopt-a-Midwife" initiative will be replicated in other strategic intervention areas (SIAs).

B3. Upgrade Evidence-Based Medicine detailing skills of pharmaceutical companies

B3a. Finalize the evidence-based medicine training modules

PRISM, together with a consultant, is in the process of finalizing the evidence-based medicine (EBM) training modules for the pharmaceutical partners (Organon, Schering, and Wyeth). The training modules will be used in the forthcoming EBM Training of Trainers for Pharmaceutical Staff.

B4. Import duties on pharmaceutical products reduced

B4a. Support regulatory approvals for tariff and tax reviews

PRISM provided relevant information on distributors, sales, and factors affecting the pricing of a commercially available IUD in support of the crafting of the DOH AO on IUD phase-out plan.

PRISM, through a consultant commissioned in relation to the streamlining of the existing BFAD registration procedures, conducted a study on the “Feasibility of an Express Lane for Hormonal Contraceptives” where part of the recommendation is the conduct of a new short term technical assistance next quarter.

A study to reduce tariff duties for oral contraceptives was also undertaken, through a consultant, to measure the impact of reducing contraceptives tariff rates on government revenues foregone and on the population program of the country. This study was also aimed at further assessing the technical and socio-political feasibility of the recommendations in a preliminary study conducted a consultant in support to PRISM’s goals for the Market Development Initiatives.

B5. Improve procedures on registration of products, manufacturing and improve the policy environment for commercial marketing

B5a. Follow-up status of partnership between foreign manufacturers and local distributors of contraceptives who participated in the 2006 International Trade Mission

Among the foreign pharmaceutical manufacturers that participated in the Trade Mission that PRISM conducted in 2006, FamyCare of Mumbai, India continued to access the local pharmaceutical manufacturers, distributors, and marketers that may be interested in forging partnerships. A list of top Philippine pharmaceutical manufacturers/distributors was shared by PRISM to Debendra Debata, FamyCare international marketing manager.

B6. Develop public-private partnership in collaboration with LGUs

B6a. Establish a collaborative relationship with the new USAID LGU Capacity Building Project

PRISM attended the first collaborative meeting of the different cooperating agencies (CAs) on December 20, 2006. The primary aim of the collaboration was to agree on common concerns, especially on exchanging some studies or information that would help in the pursuit of individual project's needs, e.g., initial assessment of some SIAs.

The main result of the meeting was the formation of the Public Health Logistics Study Group, where PRISM and other CAs will work together for the dissemination of health logistics and procurement-related knowledge and information.

B7. Access to market information increased

B7a. Validate sales data from marketing and distributing companies through IMS and pharmaceutical sales report

Data for the quarter ending September 2006 and results show a 1.34 percent increase in oral contraceptives sales and an 8.23 percent increase in injectable contraceptives sales, growing the private sector market share by 1.94 percent during the reporting period.

The subcontract with IMS (International Medical Statistics) Health Philippines was renewed to acquire data on national drugstore sales for oral and injectable contraceptives to be updated quarterly beginning fourth quarter of 2006. This includes three years of moving historical data. Negotiations have yet to be concluded regarding purchase of market data on our PRISM SIAs as subscription to this service ends by the second quarter of 2006.

C. Private Practice Initiatives

C1. Models of PhilHeath-accredited birthing homes developed

C1a. Conduct Consultative Updates for BEST Graduates per SIA

During the months of November and December 2006, consultative updates for Year 1 and 2 BEST graduates were conducted in PRISM's three regional areas. A total of 549 BEST graduates attended the meetings: 325 midwives in 16 Luzon meetings, and, 95 in the Visayas, and 118 in Mindanao with each holding four (4) meetings in their respective areas.

The meetings mainly served as venues for PRISM to disseminate updates on the project for the third year. This included the overviews of the newly crafted National Strategy for PPMs and PRISM's MCH initiatives.

Likewise, PRISM was able to gather data on the midwives' FP and maternal and child health care practice and businesses through a monitoring questionnaires that BEST graduates filled out during the meetings.

Similar data from individual BEST graduates who were not able to attend the meetings were also collected through visits conducted by PRISM field implementation coordinators (FICs).

The results of the conduct of the monitoring, as reflected in the data from the questionnaires, will be reported in PRISM's separate Annual PMP Report and in its 10th Quarterly Report. This serves as a monitoring follow-up to the midwives' business plans that would document the positive contributions of BEST to their businesses.



Midwives who attended a consultative meeting in Cavite, with some PRISM staff, pose for posterity.

The questionnaire was likewise designed by PRISM to elicit baseline information on the MCH services that PPMs provide. PRISM starts implementing MCH activities this third year and the baseline data will serve to establish impact on PPMs' businesses towards the end of the project resulting from PRISM's MCH interventions.

The meetings also resulted in each region generating a list of PPMs who expressed interest in the new PRISM strategy. In Luzon, 56 PPMs with birthing clinics signified intention to have their facilities licensed and accredited. While 29 and 45 PPMs in Visayas and Mindanao, respectively, show similar interest.

C1b. Conduct FGDs or in-depth interviews on barriers to PPM's PhilHealth accreditation among non-PhilHealth-accredited PPMs

Sixty-six (66) PPMs, with unlicensed and non-accredited lying-in clinics or birthing homes, participated in a total of eight (8) FGDs held between November and December 2006 in the three PRISM regions. Findings, analyses, conclusions, and recommendations will be reported in a final document that will be included in

the next quarterly report. Results of these FGDs will provide the project substantial information on the best ways to approach licensing and accreditation from the midwives' perspectives. These recommendations may likewise be used as documents to influence policy changes in the DOH and PhilHealth.

C1c. Work with the selected two (2) PPMs' birthing homes each for North and South Luzon, Visayas, and Mindanao PRISM Regional offices (PRISM models defined)

PRISM regional offices identified their respective PPMs under this activity, namely:

Luzon, North:	Teresita Aquino and Olivia Vergara
Luzon, South:	Susan Templo and Circuncision Naguna
Visayas:	Lorna Esmas and Renita Vargas
Mindanao:	Jim Dua and Dolores Batchanicha



Circuncision Naguna with one of her patients in her lying-in clinic.

Accordingly, PRISM created the “Guidelines for Selecting PPMs and Birthing Homes” and the “Tools for Assessing Birthing Homes” (**Please see Annexes A and B**) for DOH licensing and PhilHealth accreditation. These were used for the identified PPMs to participate in the initial phase of the implementation of the National PPMs Strategy.

In December 2006, PRISM Regional Offices' staff members were oriented on these guidelines and in using the assessment tools. The assessment results will show the birthing homes' technical assistance needs in terms of DOH licensing and PhilHealth accreditation requirements. The trained staff members are expected to complete in January 2007 the assessment of the birthing homes of these PPMs who will join the initial phase of the strategy.

C1d. Implement the “Adopt-a-Midwife” project with the Rotary International, adapting it to the new midwives strategy (Rotary Models defined)

A report outlining the implementation plan for the Adopt-a-Midwife program was submitted by a consultant to PRISM. The report will be the basis for the drafting of a set of final implementation guidelines for this program that will be used for other regions.

C1e. Implement the Annual Program Statement grants projects aligned to new midwife strategy

The Jaime V. Ongpin Foundation, Inc. grants proposal for “Integrating Micro-Finance and Health Education to Empower Women and Reduce Poverty in Metro Baguio” was approved and the contract was signed in elegant ceremonies held in Baguio City on December 8, 2006. The occasion was graced by no less than the US Ambassador, Kristie A. Kenney, and witnessed by representatives from the different public and private sectors involved.



US Ambassador Kristie Kenney congratulates JVOFI President Reinaldo Bautista after the ceremonial signing of the grant contract.

Four other final proposals were forwarded to the USAID for review and clearance. Initial feedback and comments were received towards the close of the quarter and are expected to be addressed the following month. Release of the awards and implementation of the projects are expected to happen by next quarter.

C1f. Issue, award, and oversee implementation of a RFA for the provision of technical assistance to develop PhilHealth-accredited Private Practice Midwives’ Birthing Homes (BHs) (RFA-grants Models defined)

The RFA was issued on December 3 and 10 and published in a daily newspaper of nationwide circulation. Grants conferences in Luzon, Visayas, and Mindanao were scheduled for the next quarter. Target date for signing of grants for this RFA is 1st or 2nd week of March 2007.

C1g. Consultative Working Groups of PPMs

PRISM, in response to the USAID project assessment team’s concern regarding adding on a midwives’ perspective into the project, proposed the creation of a consultative working group of PPMs in each of the three regions of the project.

Selected PPMs, representing the major midwives’ associations, were identified as possible members of the consultative working groups. These PPMs have attained some level of success in their private practice businesses and are willing to meet regularly with PRISM staff to provide inputs into the project, providing the midwives’ perspectives, and ensuring that PPMs concerns are adequately addressed by the project. The Integrated Midwives Association of the Philippines concurred with the proposal and the identified PPMs. The other associations will be consulted for their concurrence next quarter.

The table below shows the identified PPMs who are possible members of the proposed CWGs.

Table 6: Proposed members of the CWGs of PPMs

Manila	Cebu	Davao
1. Remedios Desoyo	1. Margarita Duhac	1. Linda Padilla
2. Jean Demegillo	2. Corazon Ortega	2. Ruth Talisic
3. Claire Villamor	3. Nazarina Daria	3. Febe Rusiana
4. Erlinda Congresso	4. Ruperta Olandag	4. Teresita Azucena
	5. Prima Estardo	

C2. Technical assistance package for PPMs to establish/develop PhilHealth accredited/able birthing homes provided

C2a. Engage Short-Term Technical Consultant to develop marketing strategies and packages for the promotion of FP and MCH services at PPMs’ birthing homes through the communities and company clinics (Also covers Activity A-3-a)

A scope of work (SOW) for this consultancy was finalized this quarter. This involves the development of a marketing package that the partner PPMs will use in order to promote his/her services and clinic/s to bring in more clients/patients for more revenues. The package will be implemented among the initial batch of PPMs, finalized, and then, rolled out to and by partner PPMs that will be assisted by RFA grantees.

C2b. Assist PPMs to ensure availability of free Tetanus Toxoid Vaccines from DOH

PRISM met with Dr. Yolanda Oliveros, Director IV of the National Center for Disease Prevention and Control of the DOH. In the meeting, she agreed that the DOH will make available, through the DOH distribution system, free Tetanus Toxoid Vaccines to PRC-licensed PPMs collaborating with the PRISM project.

The DOH will provide the guidelines on how PPMs may access TTVs. In turn, PRISM will ensure the knowledge and competency of its partner-PPMs to provide and inject TTVs to pregnant clients. The PPMs will comply with the DOH reporting system in order to account for the TTVs provided them. A memorandum of agreement, as suggested by DOH, was drafted and will be reviewed for legal matters prior to submission for DOH comments.



A throng of midwives who are delegates to the matching forum held in Angeles City line up to get some pharmaceutical products from booths of exhibitors.

C2c. Facilitate PPMs' link with pharmaceutical companies for contraceptives and MCH supplies

PRISM's regional offices invited pharmaceutical companies to participate in activities for PPMs whenever there is an opportunity for them to sell their products.

The midwives matching fora–Banking on Health activity assisted by PRISM staff–were venues for formal link ups between pharmaceutical partners and the midwives. The second forum conducted in Luzon on November 25, 2006 in Angeles City, Pampanga was participated in by 178 PPMs who were linked to seven (7) pharmaceutical companies that set up booths at the convention for their products and services.

C2d. Facilitate link to civic organizations, such as the Rotary, that can assist in upgrading PPMs' birthing homes

PRISM served as the link between the UMAI and Rotary International. BEST graduates participate as providers of FP and MCH services in the outreach activities of the Rotary International. The implementation and monitoring plan for this partnership will be finalized next quarter using the technical output of the consultant. Cebu and Davao are exploring the possibility of starting the Adopt-a-Midwife program with the local Rotary groups in these areas.

C2e. Technical assistance to Midwives Associations to set up and conduct post-training follow-up/monitoring of year 2 BEST graduates to evaluate for certification as BEST midwives

An SOW for this request for application (RFA) was drafted this quarter. RFA will be issued and awarded by next quarter.

C2f. Other activities

Midwives' TWGs

PRISM developed a Scope of Work for the follow through activities to the Midwives' Forum held last May 31, 2006. The Zuellig Foundation, organizers and facilitators of the Forum, was identified to continue the work by forming technical working groups composed of decision makers of the major midwives' associations in the country, relevant government and non-government agencies and other sectors of society. These TWGs will address major issues that would effectively expand the role of midwives in the country. Issues include the new midwifery law, PhilHealth and DOH accreditation and licensing concerns, professionalizing the practice of midwifery, and others.

Referral Systems

An assessment tool (**Please see Annex C**) was drafted this quarter to be used to determine the suitability of a particular health facility to become a referral center for partner company clinics. The tool lists the requirements needed to provide quality FP and MCH services that are not provided by company clinics. An action plan and a memorandum of understanding were also drafted which would operationalize the referral system for a grantee in Cavite.

D. Cross-cutting Activities

D1. Monitoring and Evaluation (M&E)

D1a. Revision of PMP and Results Framework to incorporate MCH indicators

Revise project results framework. With the new MCH and PPM strategies and amendments to the PRISM contract, the PRISM project results framework was reviewed and revised in October 2006. This revised results framework was utilized as basis for PRISM's work planning process for Year 3.

Revise Performance Monitoring Plan. In relation to the above task, the performance monitoring plan was also reviewed and revised to incorporate the new MCH and PPM strategies. However, revisions to the PMP are still on-going, with the inclusion of a new set of FP and MCH indicators for reporting to the US government. Since November 2006, several iterations of indicators have been set and re-set by USAID, which made revisions to M&E tools and progress monitoring systems tentative and delayed implementation of revised M&E systems.

D1b. Refinement and revision of M&E tools and progress monitoring system for PRISM field office and implementation partners to incorporate MCH indicators and Tiahrt compliance monitoring tools

Revise/develop M&E tools to incorporate MCH and Tiahrt compliance. Adjustments to existing and/or development of new M&E tools were made to align M&E tools for data collection and analysis with the new MCH and PPM strategies, Tiahrt compliance plan, and project contract amendments.

M&E tools for revision/development include the following: Workplace FP/MCH Index; FP/MCH Needs Assessment; BEST Midwife Information Sheet; and BEST Monitoring Tool. Final revisions to these tools are on hold pending final agreement on indicators between PRISM and USAID.

Refine and revise progress monitoring system. Initial revisions to the existing progress monitoring system were made during the quarter. Final revisions will include the revised set of process and outcome indicators, including those for reporting to the US government. This quarterly reporting system from grantees to PRISM regional office will also be the platform for Tiahrt compliance reporting. Furthermore, data from these reports will be the basis of the succeeding PRISM Quarterly/Annual Reports.

D1c. Refinement/revision of training materials for M&E tools and progress monitoring system

Revision of training materials on M&E tools. Once the revision of M&E tools has been finalized, training materials, including training design, training manuals, training presentation materials, and validation exercises will also be updated accordingly. Final revisions to these tools are on hold pending final agreement on indicators between PRISM-FH and USAID.

Revision of training materials on progress monitoring system. Changes in the progress monitoring system, particularly revisions in the indicators to be collected, will also be reflected in the training materials for these. Final revisions to these tools are on hold pending final agreement on indicators between PRISM and USAID.

D1d. Conduct of orientation and training on revised PMP, Results Framework, and M&E tools

Conduct M&E orientation and training for PRISM regional staff. During this period, PRISM staff at the implementation level were updated on recent changes in PRISM's results framework, PMP, and M&E tools. These updates served both as an orientation and training of trainers, as key regional staff will conduct echo-orientation/training to grantees and partners at the local level. Updates will be provided to trained regional staff once final indicators and M&E tools are in place.

Conduct M&E orientation and training for grantees/partners/implementing firms/associations. For this quarter, M&E orientation and training to grantees and partners were conducted by PRISM Project Office. For the succeeding quarters, PRISM Regional Offices will be responsible for the roll-out of the training to grantees and partners at the local level. Updates will be provided to trained grantees and partners once final indicators and M&E tools are in place.

D1e. Baseline and projection-setting, monitoring, analysis, feedback, and preparation of periodic reviews of progress and performance

Provide support to Project Initiatives for baseline and projection-setting for planning, data collection, review and analysis of accomplishments vis-a-vis PMP indicators and planned accomplishments. With the on-going finalization of an updated set of indicators for the project, support were provided to the three project initiatives for identifying baselines and projections for existing and new indicators in January 2007. Throughout the year, support will be provided for data collection and review and analysis of actual accomplishments vis-a-vis PMP indicators and planned accomplishments.

Preparation and submission of periodic Annual/PMP report to USAID. In Year 1, PRISM prepared and submitted a PMP report that presented specific progress on

indicators in the PMP. Data inputs for the Year 2 PMP Report are under process; the report will be finalized and submitted in February 2007. However, for Year 3, PRISM will integrate reporting on PMP indicators with the Project Annual report and where possible, progress on indicators will be reported in the Quarterly Report, as well.

Feedback and share project results to grantees, partners, and USAID CAs. During the quarter, PRISM participated in several coordination meetings with USAID CAs and DOH, wherein PRISM shared its SIA assessment reports and relevant data collection efforts of interest to these partners.

Conduct field visits to implementing firms/associations/areas. For all PRISM grantees and implementation partners, at least two field visits will be conducted in 2007 to review implementation and recording/data collection of project results.

D2. Health MIS (HMIS)

D2a. Enhance and maintain project information systems and databases (ORBIT and MapDecision)

Continue identifying areas for enhancement in the ORBIT and work with consultants to get it done. To address the increasing need for project information of staff and partners, additional enhancements to the ORBIT (Organization and Business Information Tool) were identified and completed during the quarter, which include the following:

1. expansion of the events section to include attendees by sex, creation of an option for showing a particular event or not to specific users, and creation of weekly report template for FICs;
2. inclusion of the national data on contraceptive sales from 2004 to 2006 for oral contraceptives, injectables, and other contraceptives under the market development section;
3. creation of a section on non-government organizations (NGOs); and
4. organization of the documents section to ease the search for PRISM and non-PRISM documents. More enhancements will be done in the next quarter, particularly on the sub-sections of grants, subcontracts, Tiarht materials, finance and administration (F&A), and human resources (HR), all of which are under the documents section. A consultative meeting with the grants team was conducted to design the grants and subcontracts sections. A similar meeting will be scheduled with the other units in the next quarter.

Continue to gather/upload/update data required in ORBIT. Gathering and uploading of data and information into the system were continued during the

quarter. To date, the number of records encoded and migrated into the enhanced ORBIT consisted the following:

	Luzon	Visayas	Mindanao	Unspecified	Total
Workplace					
• Companies	8,870	1,098	658	3,493	14,119
• Labor Unions	133	8	15	0	156
• Cooperatives	2,682	436	1,271	217	4,606
Market Development					
• Drugstores	10,539	3,166	3,015	133	16,853
Private Practice					
• Midwives	3,245	402	69	139	4,895
• Doctors	8,877	2,002	2,304	71	13,254
• Nurses	124	6	31	9	174
• Midwife clinics	232	49	66	276	623
• Ambulatory and surgical clinics	22	2	1	5	30
• Hospitals	830	212	370	170	1,582
Associations	303	18	16	9	346

The number of companies covered by the PRISM grants program under the Workplace Initiatives is now recorded at 153 companies. The regional offices are currently updating this information to reflect companies covered by the newly approved grants. Also recorded in the database are 481 midwives with lying-in clinics and 949 midwives in private practice who are self-employed.

A total of 175 PRISM training events from year 1 to present have also been recorded into the system: 87 training events were conducted in Luzon, 20 in Visayas, 18 in Mindanao, and 50 unspecified (to be updated). For PRISM non-training events, data recording has been started in November 2006 covering all events, with funding support or not, which were already conducted or yet to be conducted in the following month by PRISM. Below is the latest record of summary of events as it appears in the database.

Events by month
Events summary
All events
Courses
Weekly reports

Events

all

Summary Table: Number of Bases in the Database

Location	PRISM Training Events	PRISM Non-Training Events	Non-PRISM Events	Total
Luzon	87		41	130
Visayas	20		30	52
Mindanao	18		24	42
Unspecified	50		34	146
Total	175		129	370

Filter summary table by

With the training of regional staff on updating of information in the system, complete recording of events up to the SIA level is expected to happen starting January 2007.

Under the section on documents, uploading of PRISM prepared documents, FP and MCH policy documents, and other reference materials is on-going. To date, all PRISM work plans, quarterly and annual reports, existing SIA assessment reports, subcontractors' deliverables, training modules, and component specific presentation materials are now available at the ORBIT. Uploading of other important documents related to grants, subcontracts, HR, F&A, project information, and Tiaht will start next quarter after the design and contents of these sub-sections are discussed with the appropriate PRISM units. A substantial number of FP and MCH policy documents, both at the national and local levels, have already been uploaded into the system. Below are some actual images of the database of documents which are now available in the ORBIT.

PRISM Documents Related Policies Reference Materials

PRISM Documents

Search PRISM Documents

PRISM Documents > Reports > Quarterly/Annual

Category	Title
Quarterly/Annual	PRISM 1st Quarterly Report
Quarterly/Annual	PRISM 2nd Quarterly Report
Quarterly/Annual	PRISM 3rd Quarterly Report
Quarterly/Annual	PRISM 5th Quarterly Report
Quarterly/Annual	PRISM 6th Quarterly Report
Quarterly/Annual	PRISM 7th Quarterly Report
Quarterly/Annual	PRISM Year 1 Annual Report
Quarterly/Annual	PRISM Year 2 Annual Report

PRISM Documents

Search PRISM Documents

PRISM Documents > Reports > SIA Assessment

Category	Title
SIA Assessment	Agusan del Norte - Butuan SIA Assessment Report
SIA Assessment	ARMM Assessment Report
SIA Assessment	Bacolod City Assessment Report
SIA Assessment	Baguio City SIA Assessment Report
SIA Assessment	Bataan SIA Assessment Report
SIA Assessment	Batangas SIA Assessment Report
SIA Assessment	Bohol SIA Assessment Report
SIA Assessment	Bukidnon SIA Assessment Report
SIA Assessment	Cağayan De Oro City SIA Assessment Report
SIA Assessment	Cavite SIA Assessment
SIA Assessment	Cebu SIA Assessment Report
SIA Assessment	General Santos City SIA Assessment Report
SIA Assessment	Iloilo SIA Assessment Report
SIA Assessment	Laguna SIA Assessment Report
SIA Assessment	Leyte SIA Assessment Report
SIA Assessment	Misamis Oriental SIA Assessment Report
SIA Assessment	Negros Oriental SIA Assessment Report

Related Policies			
Search for a policy <input type="text"/> by title <input type="button" value="Search"/>			
Related Policies > National Policies > Existing			
<input type="button" value="Add"/>			
Type	No.	Year	Title
Republic Act	2382	1959	The Medical Act of 1959
Republic Act	7392	1992	Philippine Midwifery Act
Republic Act	4224	1965	An Act to Amend Certain Sections of Republic Act 2382
Republic Act	5946	1969	An Act to Amend Certain Sections of RA 2382, as Amended by RA 4224
Republic Act	5921	1987	Pharmacy Law
Republic Act	8203	1996	Special Law on Counterfeit Drugs
Republic Act	3720	1987	Food, Drugs, and Cosmetics Act
Republic Act	6675	1998	Generics Act
Republic Act	9173	2002	The Philippine Nursing Act of 2002
Republic Act	7581	1993	Price Act
Executive Order	442	2005	Designating the PITC as the Lead Coordinating Agency to Make Quality Medicines Available, Affordable, and Accessible to the Greater Masses of Filipinos
Presidential Decree	116	1975	Participation of Private Organizations and Individuals in Population Programs and Policies
Revenue Memorandum Circular	30	2005	Deferment of Revenue Regulations 14-2005
Revenue Regulations	14	2005	Consolidated Value-Added Tax Regulations of 2005

For the quarter, data from ORBIT proved to be useful in: 1) project work plan development, particularly in determining targets for specific performance indicators such as the number of midwives with birthing homes; 2) monitoring project implementation up to the SIA level through the events section; 3) establishing baseline information for several project performance indicators such as number of companies implementing PRISM supported FP and MCH programs and number of PRISM trained private health providers; 4) tracking changes in contraceptive sales at the national level; etc.; and 5) easy access to PRISM technical and administrative documents, FP and MCH policy documents, and other reference materials.

Continue gather/update data in the MapDecision. The development of the MapDecision system and its linkage with the ORBIT system was completed in Year 2. For the quarter, updating of MapDecision data only covered data that were updated in ORBIT. The linkage of the two systems allows automatic updating of MapDecision data with the updates made in ORBIT.

D2b. Strengthen capability of project staff in utilizing and maintaining the project information systems and databases

Conduct trainings/orientation on the utilization and maintenance of the enhanced ORBIT and MapDecision among project staff and partners. To promote and maximize utilization of the project information systems, three batches of orientation were conducted among 27 project staff during the quarter. The ORBIT orientation covered the following: a) accessing the system; b) viewing modules and utilizing features; c) retrieving information; d) identifying applications and uses of information; e) uploading/updating/editing data with hands-on exercises; d) system acceptable policy use; and f) reporting system problems.

During the orientation, agreements were made on the responsibilities of units and regional offices in maintaining the database including identification of responsible persons and timing of data updating. More orientation sessions for the staff and partners will be conducted in the next quarter.

On the other hand, the MapDecision orientation covered the following: a) system overview and installation requirements; 2) accessing the system; 3) utilizing the system analytical tools with hands-on exercises; and 4) identifying system applications/uses in PRISM activities.

D3. Behavior Change Communication (BCC)

PRISM completed review and revision of prototype BCC materials developed and submitted to USAID/OH for comments earlier in the year. The revised materials will be re-submitted to USAID/OH to solicit comments and secure approval for mass production.

The materials are the following:

Materials in Tagalog

- Ang BTL
- Ang DMPA
- Ang Vasectomy
- Ang Pills
- Ang Kondom
- Ang IUD
- Ang Mga Modern Methods ng Family Planning

Materials in English

- Frequently Asked Questions About Family Planning
- Frequently Asked Questions About the Pill
- Frequently Asked Questions About Injectable Contraceptives
- Frequently Asked Questions About Vasectomy
- Frequently Asked Questions About Bilateral Tubal Ligation (BTL)
- Frequently Asked Questions About the IUD

D4. Policy

D4a. Policy work at the local level

PRISM attended a meeting with the secretariat of the Local Legislators' League for Population, Health, Environment, and Development (3LPHED) on November 17, 2006 where potential partnership for policy development work at the local level was talked about. Based on initial discussions, it was found out that PRISM

and 3LPHED both have efforts in Bohol and in the Autonomous Region in Muslim Mindanao (ARMM) provinces.

E. Project Support

E1. Grants

E1a. Grants awarded to BCYA and JVOFI

The grant to BCYA (under Workplace Initiatives) is aimed at installing workplace FP/MCH programs in 10 companies in Baguio City, including those located inside the economic zone. On the other and, the grant to JVOFI (under Private Practice Initiatives) seeks to provide assistance to 50 Midwives in delivering services to approximately 1,500 women in and around Baguio City.

The ceremonial grant signing between PRISM and grantees was witnessed by US Ambassador Kristie Kenney and Baguio City Acting Vice Mayor Leandro Yangot Jr. on December 8, 2006 in Baguio City. After the ceremony, PRISM conducted the Pre Implementation Orientation for the two grantees. The orientation was attended by grantees staff who will be involved in implementing grant activities.

E1b. Evaluation of 36 grant applications that responded to RFA 2006 01 04: *Installation and Maintenance of New or Improvement of Existing Workplace Family Planning Programs*

To review and recommend grant awards, PRISM organized regional grant evaluation committees for Luzon, Visayas, and Mindanao. Guided by committee recommendations, a series of negotiation meetings with grant proponents was conducted. At the close of the quarter, around 60 percent of those who passed evaluation and short listing reached technical-cost negotiations closure.

Prospective grantees under this solicitation will cover a variety of workplace settings like conglomerate, companies in industrial zones, cooperatives, a combination of big companies, and small and medium enterprises.

E1c. Publication and issuance of RFA 2006 03 01: *Provision of Technical Assistance to Develop Private Practice Midwives Facilities into PhilHealth Accredited Birthing Homes*

Three (3) awards are expected to be granted under this solicitation, one for each region. Altogether, the three grantees will deliver a total of 150-200 PhilHealth accredited birthing homes located in PRISM SIAs.

A grant conference for each region is scheduled during the first week of January 2007. Grant applications submission is on or before January 10, 2007.

E1d. Achieving Grant Milestones

During the quarter, grantees under the Workplace Initiatives continued implementing grant activities and achieved the following milestones:

Lopez Group Foundation, Inc.

- strengthened service delivery in five (5) companies
- installed a peer volunteer program
- conducted FP/Reproductive Health motivation seminars

PCCI-Cavite Chapter

- organized and trained FP management teams in 45 companies

Coastal Conservation and Education Foundation, Inc.

- started collaboration with Mactan Export Processing Zone and 30 companies

Training and Research Information Development Specialist

- obtained letters of commitment from 8 companies

Philippine Chamber of Commerce and Industry

- conducted consultation with local chambers
- finalized concept, criteria, and mechanism for the Family Welfare Excellence Awards

Similarly, grantees under the Market Development Initiatives achieved the following significant milestones:

ECE Pharmaceuticals Ins.

- achieved percent of Lyndavel sales target

Philippines Inc.

- achieved 35 percent of the annual sales target as of June 2006

E2. Subcontracts

E2a. Grants awarded to BCYA and JVOFI

Reported for this quarter is the completion of PRISM subcontracts with its consortium partners Philippine NGO Council on Population, Health, and Welfare, Inc. (PNGOC) and IRHP. Both subcontractors trained private practicing midwives using the BEST curriculum. PNGOC trainers handled the health and business portion, while IRHP facilitated the training sessions on Fertility Awareness (FA) and the FA-Based methods. Over-all, from March to August 2006, the subcontractors reached 757 Midwives in PRISM SIAs.

Another subcontractor and consortium partner, PBSP, completed its assessment of ARMM and, under another subcontract (still on-going), finalized the replication manual for workplace FP program installation

E3. Human Resources

E3a. Personnel

PRISM seamlessly implemented workforce reduction and crafted a new organizational structure (**Please see Annex E**).

E3b. Personnel Movement

The following employees were involved in the recent internal movement:

- Agnes Pacho, MD promoted to Regional Director-Luzon
- Orlando de Ocampo, MD promoted to Regional Manager, Northern Luzon
- Odilyn Lazaro promoted to Technical Resource Group Manager
- Vilma Aquino promoted to HMIS Specialist

E3c. Performance Management

Rolled out the annual performance appraisal across the project.

E3d. Contract management

Revisions were made in the Year 3 fixed term employment contract.

E3e. Short Term Technical Assistance (STTA)

The following are on-going STTA engagements:

- Tariff Policy
- EBM Detailer Training
- Adopt a Midwife
- Strategic FP Program
- ORBIT Enhancement

BENCHMARKS FOR THE NEXT QUARTER (10TH QUARTER)

Private Practice Initiatives

- Technical assistance to eight (8) PPMs of initial phase of midwives strategy started
- Three (3) grants are awarded to NGOs to develop birthing homes into DOH licensed and PhilHealth-accredited clinics
- Three (3) regional PPMs CWGs convened and workplan adjusted accordingly
- Adopt-A-Midwife program model identified and disseminated to the regions
- Four APS grants awarded to proponents
- MOU or MOA with DOH on provision of free tetanus vaccines for private sector finalized

EMERGING ISSUES

Private Practice Initiatives

The plan to harmonize the DOH licensing with the PhilHealth accreditation is welcome news to most midwives. A few, however, have no intention to get accreditation. Thus, if this will be compulsory, some midwives may be affected. This harmonization will facilitate and make the PRISM strategy less complicated to achieve. By having only one body administering both licensing and accreditation, PPMs will have less difficulty complying logistically.

The list of MCH indicators need to be really finalized so that the materials for training and information-giving can be finalized as well.

ANNEXES

ANNEX A. GUIDELINES FOR THE CONDUCT OF THE INITIAL PHASE OF PRISM MIDWIVES STRATEGY (DECEMBER 8, 2006)



USAID
FROM THE AMERICAN PEOPLE

**PRIVATE SECTOR
MOBILIZATION FOR
FAMILY HEALTH**
Implemented by
Chemonics International Inc.

I. Selecting Midwives and Clinics

- A. Identify Private Practice Midwives – two per region – with birthing homes using the following criteria.
 1. Has a valid PRC License
 2. Owns and operates the birthing home
 3. DOH licensed as birthing home or willing to have her clinic licensed by the DOH
 4. Would consider having her clinic accredited by PhilHealth
 5. Would consider having herself accredited by PhilHealth as service provider (midwife)
 6. Clinic has business permit
 7. Midwife is (preferably) a BEST graduate
 8. Location of clinic preferably accessible to PRISM Regional Office for close monitoring.
- B. If above criteria are fulfilled, explain to PPM PRISM strategy and elicit her commitment to be part of the strategy's initial phase of implementation.
- C. If PPM expresses commitment, proceed to II. Clinic Assessment; if not, look for other PPMs.

II. Clinic Assessment

Conduct clinic site visit.

- A. Prepare/draw floor plan using the customized graphing paper and the sample floor plan as reference (see attachment).

Steps in Preparing the Floor Plan

1. Use the customized graphing paper provided.
2. Get the length and width of the entire clinic space and plot it in the graphing paper.
3. Draw the different spaces of the clinic in the graphing paper indicating the width and length of every space (inside measurements) in the clinic (refer to the sample layout provided).

4. This diagram will be attached to the accomplished checklist, which should be sent to Dr. Sheelah Villacorta, Quality Improvement and Assurance Specialist, at the PRISM Manila office.

- B. Conduct assessment using the attached checklist: **Assessment Checklist for PPM and Birthing Home.**

NOTE: The requirements in the checklist are based on official DOH and PhilHealth tools and documents. (Wherever appropriate, the recommended measurements reflect the minimum standards required.)

- C. Send to Dr. Villacorta accomplished checklist with the diagram attached.

III. Provide Technical Assistance (after receiving technical evaluation from Dr. Villacorta)

Provide specific technical assistance on complying with DOH Licensing and PHIC Accreditation requirements (refer to step by step procedure on DOH Licensing and PHIC accreditation.)

- A. On complying with DOH and PHIC Physical Plant requirements
 1. Understand the technical evaluation and recommendations from Manila office and inquire/clarify with Dr. Villacorta if necessary.
 2. Go back to the PPM and BH and explain the recommendations.
- B. On filling up and fulfilling required documentation (once compliant with physical plant requirements)
 1. Coach midwife on how to fill up DOH and PHIC application forms.
 2. Ensure completeness of required documents. Refer to list in the applications forms.
 3. Secure all documents and send to Dr. Villacorta for submission to DOH.

NOTE: A permit to construct is required by the DOH for construction of a new hospital or other health facility; substantial alteration, expansion or renovation of an existing hospital or other health facility; change in classification; or increase in bed capacity. The following are the required documents to apply for PTC:

1. Letter of application addressed to the Director of the Center for Health Development (if filed at the CHD)
2. Letter of endorsement by the CHD Director to the Director of Bureau of Health Facilities and Services (if filed at the CHD)
3. Form No. 1-01: Application for PTC

Attachments to this guideline:

1. Sample Clinic Floor Plan (30 sq. meter clinic)
2. Customized Blank Graphing Paper for Clinic Floor Plan Assessment

3. Assessment Checklist for PPMs and BH based on DOH and PHIC Requirements
4. Application form for DOH licensing
5. Application form for PHIC accreditation

ANNEX B. ASSESSMENT CHECKLIST FOR PPM AND BIRTHING HOME



**PRIVATE SECTOR
MOBILIZATION FOR
FAMILY HEALTH**
Implemented by
Chemonics International Inc.

Assessment Checklist for PPM and Birthing Home
(based on DOH and Philippine Health Insurance Corporation Requirements)
December 11, 2006

Name of Birthing Home Owner: _____

Name of Birthing Home: _____

I. Assess the Physical Plant

Instructions: Using the clinic floor plan diagrammed earlier as reference, fill up the form below with the appropriate answers as follows:

Check “Yes” or “No” per item. A “Yes” gets a score corresponding to the full weight for that item; a “No” corresponds to a score of zero. Compute score for each category and the total score.					
REQUIREMENTS	Weight	YES	NO	Score	REMARKS
1. Waiting Area	10%				
• Measures 2.5m x 2m	5%				
• Should be adjacent to the counseling/consultation/examination/procedure room	5%				
2. Admitting, Records, Business Area (DOH req't), Consultation, Examination Room (PHIC req't)	10%				
• At least 2m x 3m	3.33%				
• Should have visual & auditory privacy	3.33%				
• Should have a lavatory with proper drainage for hand washing	3.33%				
3. Delivery Room/Birthing Room (DOH & PHIC req't)	10%				
• Birthing Room must have the following areas:					
a. Birthing area/Delivery Room	1.11%				
b. Scrub area	1.11%				
c. Newborn area	1.11%				
d. Equipment and supply area	1.11%				
• Located where there is minimal flow of clients	1.11%				
• At least 2m x 3m	1.11%				
• Very near the labor/recovery room	1.11%				

REQUIREMENTS	Weight	YES	NO	Score	REMARKS
• Tiled counter with sink should be parallel to the longest dimension of the area	1.11%				
• DR door is not across toilet door	1.11%				
4. Patient/Recovery Room (DOH & PHIC req't)	10%				
• Minimum measurement 2m x 3m	2.5%				
• Very near/adjacent to DR, toilet	2.5%				
• Have windows for ventilation	2.5%				
• If RR is separate from LR/PR , minimum measurement is 1.6m x 2m	2.5%				
5. Toilet [(PHIC req't) &(1: 6 beds DOH req't)	10%				
• Minimum measurement 1.5m x 1m	5%				
• Have ventilation	5%				
6. Work Area (PHIC req't)	10%				
• Measurement - 2m x 1.2m	2%				
• If emergency exit is located in this space, measurement should be 2m x 1.5m	2%				
• Have tiled counter with sink	2%				
• Have ventilation	2%				
• Have slop sink	2%				
7. Emergency Exit	10%				
• Opens into an open space	3.33%				
• Far from the entrance of the clinic	3.33%				
• Kept close at all times	3.33%				
8. Hallway	10%				
• Minimum width – 1m	10%				
9. Large and clear sign bearing the name of the birthing home	10%				
10. Water supply must be available and safe. Records of water analysis (bacteriological examination) are available and updated (at least annually)	10%				
TOTAL SCORE					

II. Financial Capability Assessment

Instructions: Interview the PPM-owner and record responses/remarks as appropriate.

ASSESSMENT QUESTIONS	YES	NO	REMARKS
1. Does the midwife have resources to finance putting up of missing space(s) of the birthing home or renovating areas that do not conform to standards?			
2. If yes, how does she plan to secure financing?			

a. Own savings			
b. Borrow from relatives			
c. Microfinance loan			
d. Loan from bank			
e. Sell property			
f. Others (specify) _____ _____			

III. List of Equipment and Instruments

*Instructions: The following assessment **MUST BE CONDUCTED BY ACTUAL PHYSICAL OBSERVATION** of the items specified (NOT MERELY BY ASKING whether or not these items are available).*

A. DOH Requirements

REQUIREMENTS	YES	NO	REMARKS
II. Equipment			
1. Clinical weighing scale			
2. Examining/Delivery table			
3. Gooseneck lamp			
4. Instrument table			
5. Oxygen unit			
6. Sterilizer			
7. Revolving stool			
8. Emergency Light			
9. Patient Transport Vehicle			
III. Instruments			
1. Delivery set			
• Haemostatic forceps (2 pcs)			
• Needle holder			
• Tissue forceps			
• Stainless bowl (round)			
• Surgical scissor			
• Rubber suction bulb			
2. Kelly pad			
3. Stethoscope			
4. Sphygmomanometer			

B. PHIC Requirements

A. Family Planning	YES	NO	REMARKS	
I. Equipment				
1. Examining table				
2. Gooseneck lamp				
3. Foot stool			for IUD providers	
4. Electric stove				
5. Instrument table				
6. Revolving stool				
II. Instruments				
1. Sphygmomanometer				
2. Stethoscope				
3. Alligator forceps 10"			for IUD providers	
4. Ovum forceps				
5. Stainless bowl (kidney shape)				
6. Stainless iodine cup				
7. Surgical scissor				
8. Tenaculum forceps				
9. Uterine forceps 10"				
10. Uterine sound 12"				
11. Vaginal speculum				
B. Birthing Home				
I. Equipment				
1. Ambu bag (adult & pedia)				
2. Bassinet/newborn carrier				
3. Foot stool				
4. IV stand				
5. Instrument cabinet				
6. Weighing scale (pedia)				
7. Wall clock with second hand				
8. Kelly pad				
9. Suction apparatus				
10. Covered garbage container, color coded for segregation				
II. Instruments				
1. Haemostatic straight forceps				
2. Jar with stainless cover				
3. Jar without cover				
4. Needle holder				
5. Pick-up forceps				
6. Sponge holding forceps				
7. Stainless bowl (round)				
8. Stainless instrument tray with cover				
9. Straight forceps				
10. Surgical scissors				
11. Tissue forceps				
III. Supplies				
1. 70% Isopropyl Alcohol				
2. Bed sheets				

3. Butterfly set (G19)			
4. D5LR			
5. Disposable syringe with needle			
6. DR gown/scrub suit			
7. IV tubing adult			
8. Linen for basinet			
9. Nasal cannula			
10. Plaster			
11. Povidone iodine			
12. Plastic Apron			
13. Soaking solution			
14. Sterile absorbable suture with/without needle			
15. Sterile cord clips			
16. Sterile cotton balls			
17. Sterile cotton pledgets			
18. Sterile cutting needle			
19. Sterile drapes			
20. Sterile gloves			
21. Sterile gauze			
22. Sterile round needle			
23. Surgical cap			
24. Tape measure			
25. Thermometer (oral & rectal)			
26. Xylocaine/Lidocaine			
27. Methylergonovine maleate ampule			
28. Tetanus Toxoid			
29. Erythromycin ophthalmic ointment 0.5%			
30. Vitamin K ampule			
31. Progesterone only pills			
32. D-Medroxyprogesterone Acetate (DMPA)			
33. Intrauterine device (copper T)			

IV. Training (PHIC req't)

Instructions: Conduct this section by interviews. If PPM shows certificates to substantiate her claims, so much the better.

REQUIREMENTS	YES	NO	REMARKS
1. Family Planning			
2. Suturing 1 st & 2 nd degree perineal lacerations, Internal examination and IV insertion			
3. Newborn Screening			

V. Staff/Personnel

Instruction: Conduct by interview of key informants as needed. Documents may be requested to substantiate claims.

REQUIREMENTS	YES	NO	REMARKS
1. Licensed MW (DOH req't), at least one (1) PhilHealth Accredited PROVIDER of the LRMC Package			
2. Clinic Aide/Clerk/Utility Worker (full-time or on-call, DOH & PHIC req't)			
3. Has Two (2) Partner Physicians (OB & Pedia on-call, DOH & PHIC req't)			
a. Has MOA with OB			
b. Has MOA with Pedia			
4. Driver (on call, DOH req't)			
5. Administrator (DOH req't)			

VI. Service Capability

Instructions: By interviews and verification of documents and required items.

REQUIREMENTS	YES	NO	REMARKS
1. Provides the following quality health services			
a. Pre-natal & Post-natal Care (DOH, PHIC req't)			
b. Normal Spontaneous Delivery (DOH, PHIC req't)			
c. Routine Newborn Care (DOH, PHIC req't)			
d. Family Planning (PHIC req't)			
e. Newborn Screening (DOH req't)			
f. Health Education (DOH, PHIC req't)			
2. Has an organizational chart placed in a location readily seen by the public			
3. Qualified personnel are oriented on the essential components of the health services being provided and their duties and responsibilities			
4. Ensures proper identification of newborn upon discharge			
5. Has breastfeeding program			

VII. Standard FP-MCH Records / Reports / Materials (PhilHealth)

Instructions: By interviews and verification of documents and required items.

REQUIREMENTS	YES	NO	REMARKS
1. Consultations/Admissions Logbook			
2. Patient's Clinical Record			
• Identification Data			
• Consent			
• Obstetric History			

• Physical Examination Findings			
• Clinical Laboratory Report, if any			
• Ultrasound/X-ray report, if any			
• Medication/Treatment			
• Summary of Parturition			
• Newborn Record			
• Midwifery Notes			
• Consultation/Referral Notes, if any			
• Final Diagnosis			
3. Referral Forms			
4. Printed materials / posters for patient education			

VIII. Sanitation and Waste Management (DOH)

Instructions: By actual observation of practices, surroundings and by verification of documents and required items.

REQUIREMENTS	YES	NO	REMARKS
1. Facility is clean, provides and maintains a healthy and aesthetic environment. Smoking is not allowed within the premises			
2. Health facility observes pest and vermin control			
• In-house			
• Contractor – MOA is available and updated			
3. Has a written Waste Management Plan			
4. Observes segregation, coding, and labeling of waste as follows:			
• Black trash bag (general, non-infectious, dry)			
• Green trash bag (general, non-infectious, wet)			
• Yellow trash bag (infectious-pathological)			
• Sharp – puncture proof container			

NOTE: After completely accomplishing this checklist, attach the diagram of the actual clinic floor plan and send both documents to Dr. Villacorta for initial technical evaluation. She will then consult DOH Manila office and get back to you with recommendations and next steps.

Thank you.

Assessed by: _____

Position: _____ **Date:** _____

ANNEX C. ASSESSMENT CHECKLIST FOR REFERRAL HOSPITALS



**PRIVATE SECTOR
MOBILIZATION FOR
FAMILY HEALTH**
Implemented by
Chemonics International Inc.

ASSESSMENT CHECKLIST FOR REFERRAL HOSPITALS TEMPORARY AND PERMANENT METHODS OF FP

Region: _____ **Province/City/Municipality:** _____

Name of Facility: _____

Head of Facility: _____

Name of Monitor: _____ **Date of Visit:** _____

COMPONENTS	YES	NO	FINDINGS &/or COMMENTS
1. Facility			
• With functional FP clinic			
• IEC materials available & are being used			
• OR is spacious and restricted			
• With functional scrub area			
• With trained VS providers			
• VS services provided regularly (days offered)			
2. Voluntarism			
• Trained FP counselors are available			
• Regular counseling activities conducted with privacy			
• Informed choice verified prior to surgery			
• Informed consent form is used			
• Temporary methods are available as possible alternative to sterilization			
3. Preoperative preparation (actual observation)			
• Medical history documented			
• Thorough physical examination performed			
• Laboratory examination requested only as needed			
• Standards practice of timing of tubal ligation followed			

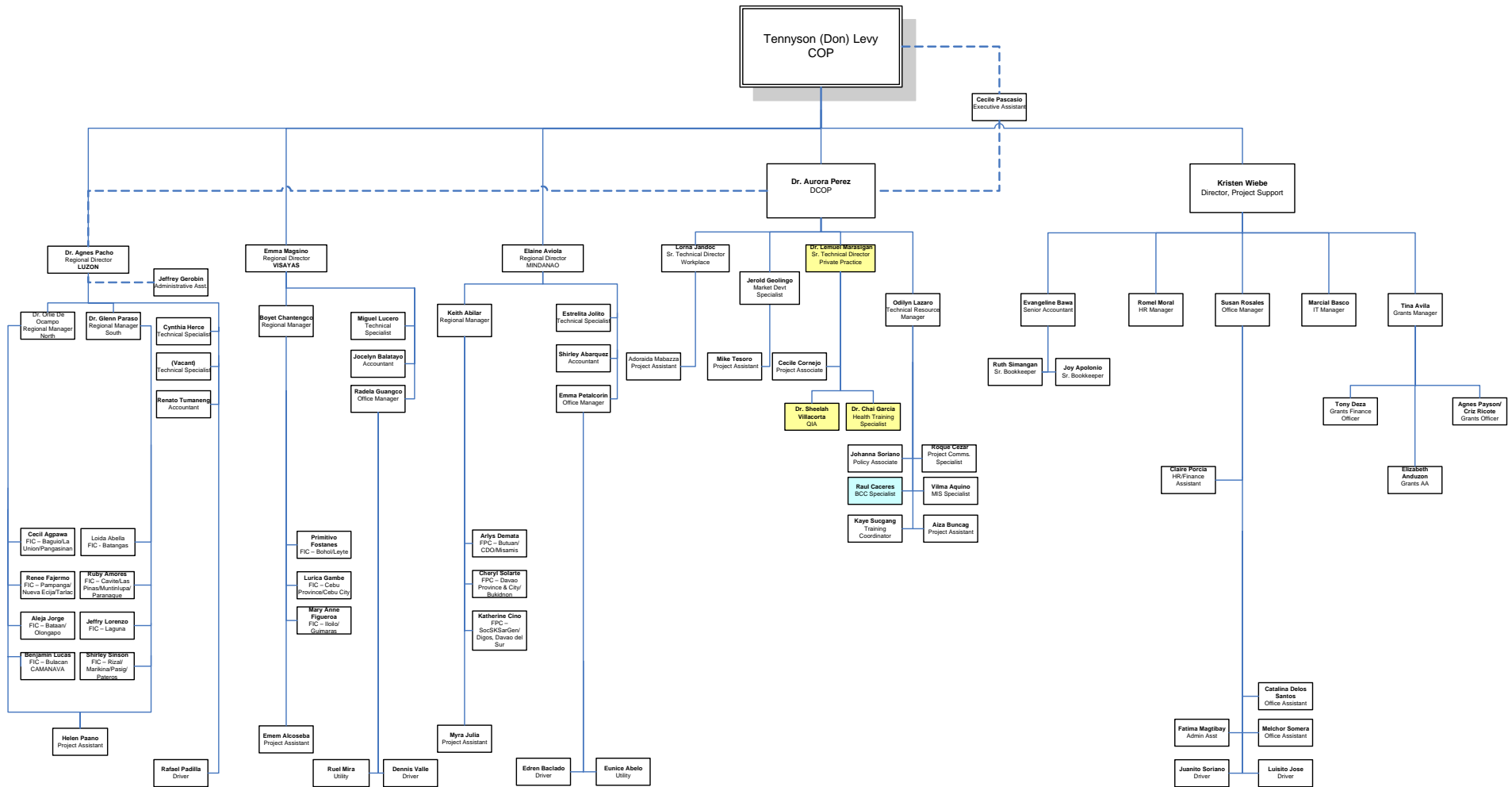
• Preoperative instructions emphasized to clients before scheduled operation			
4. Infection Prevention Practice			
• Cleanliness observed at OR & clinic			
COMPONENTS	YES	NO	FINDINGS &/or COMMENTS
4. Infection Prevention Practice (continued)			
• Observe restricted area and OR policies			
• Decontamination with chlorine solution is practiced			
• Adequate processing of instruments			
• Appropriate practice in client preparation			
• Surgical team preparation adequate			
• Proper storage of sterile instruments, gowns, linens			
• Functional autoclave machines			
• Appropriate waste disposal practice: use of separate container for sharps and clinic waste, use of appropriate colored plastic lining in segregating generated waste			
5. Emergency Preparedness (by inspection & interview)			
• Basic emergency equipment & instruments available & functional			
• Basic emergency drugs especially antidote for narcotics available			
• Support staff who can handle emergencies available			
• Staff knowledgeable on CPR available			
6. Recovery and Follow-up of clients			
• Recovery area available, well lighted and ventilated			
• Written post-op instructions for clients given on discharge			
• Maintain a policy for first follow-up visit			
• Competent staff for the follow-up visit available			
7. Review of Records			
• Client records are complete, properly filled up and signed by providers			
• Signed inform consent form attached to chart			
8. Equipment, Supplies and Drugs			
• Clinic & OR equipment is adequate & functional			
• Supplies & drugs are adequate			
• Functional system of maintaining adequacy			

of supplies and drugs			
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Staff interviewed: _____

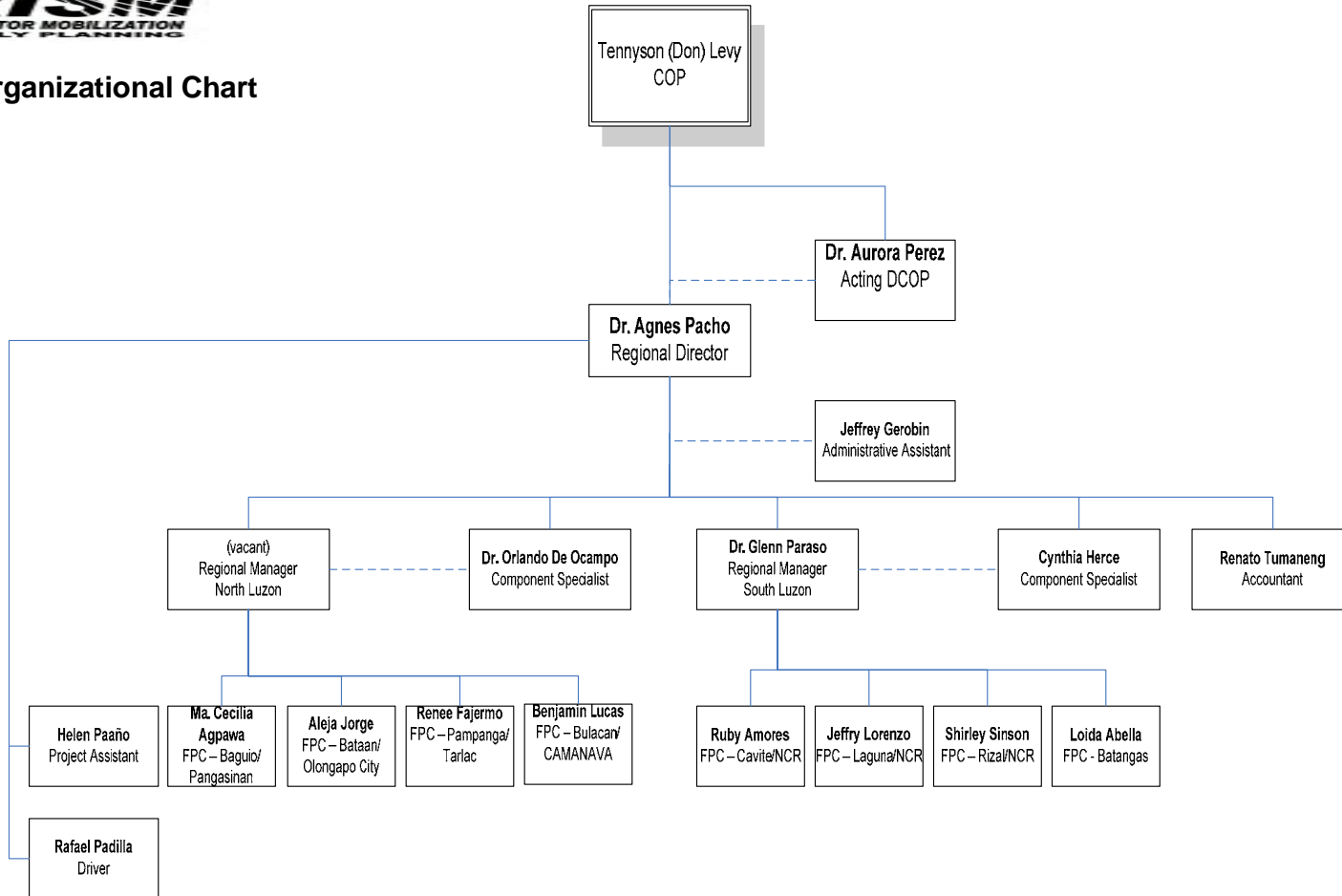
Position: _____

ANNEX E. PRISM ORGANIZATIONAL CHARTS



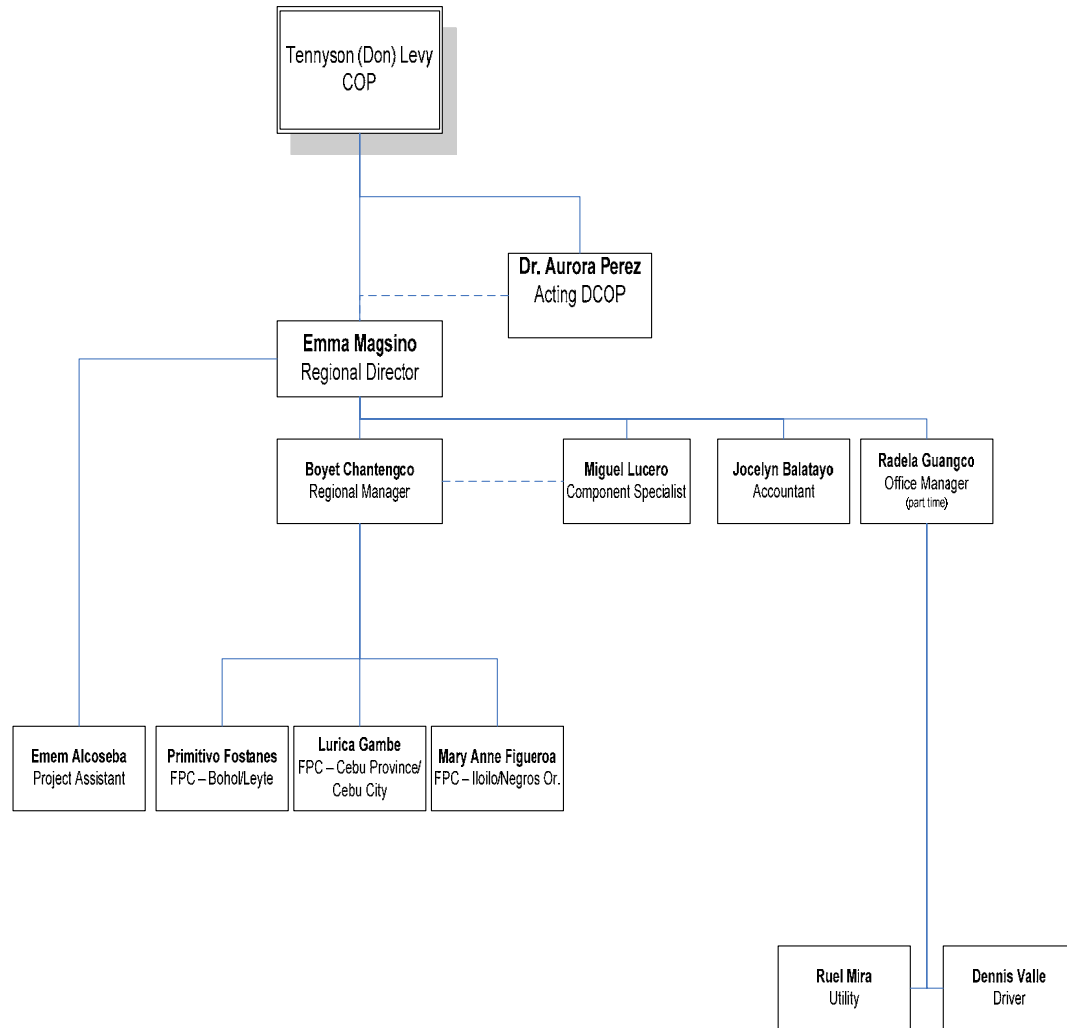


LUZON Organizational Chart





VISAYAS Organizational Chart



MINDANAO Organizational Chart

