

Understanding the Business Value of Family Planning Services:

Private Midwives in the Philippines Taking the Future in their Own Hands

The United Midwives Association, Inc. Experience
Quezon City, Philippines
Part 1

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 High maternal mortality ratio 162/100,000 live births (vs. MDG 2015 target 52)

Can be attributed to:

- High number of births attended by unskilled birth attendants
 - Related to high number of births occurring at mothers' homes

Challenge:

 increase number of deliveries attended by skilled birth attendants (SBA) in sustainable birth facilities

 High maternal mortality ratio 162/100,000 live births (vs. MDG 2015 target 52)

Can also be attributed to:

- Unmet need for Family Planning
- Low CPR at 50.6%
 - Only 35.9% modern methods; rest traditional methods

Challenge:

 In the background of donor phaseout: sustainable access to quality but affordable FP services and supplies

Gradual reduction of donors' commodity support

Condoms

 Last shipment in April 2003

Pills

 Total phaseout in 2007





Injectables

 Total phaseout in 2008



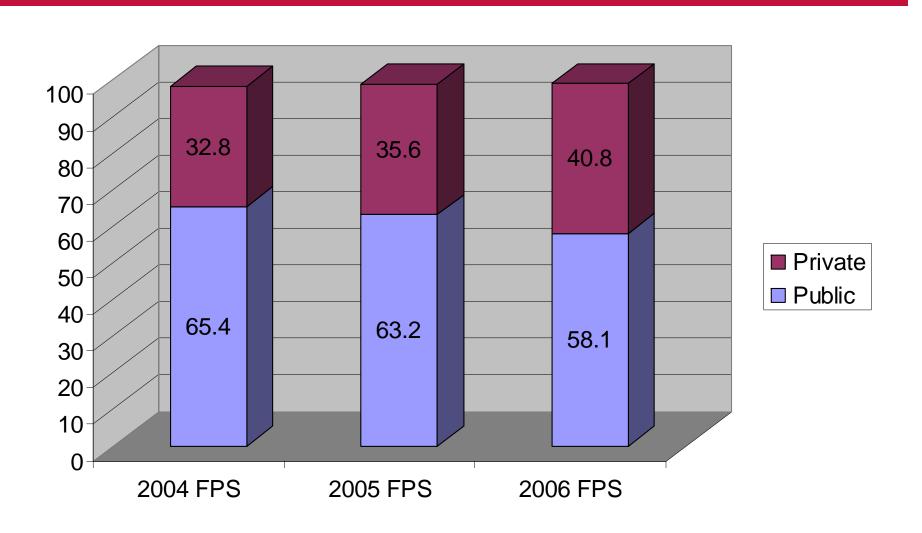
DOH Contraceptive Self-reliance Strategy

- CSR: Philippine government's response to contraceptive donor phaseout
- Local government units (LGUs) will purchase contraceptives but only for their indigent constituents
- Non-indigents will have to access supplies and services from non-government sources

The market opens up

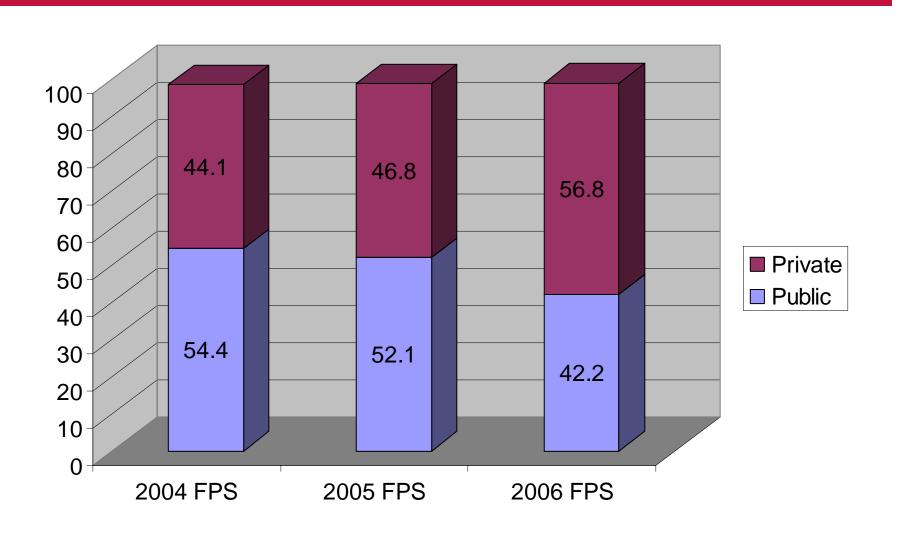
- 70% of users receiving free contraceptives are willing and able to pay Php77 per cycle of pill (NDHS 2003).
- 15.7% unmet need for FP (Family Planning Survey, 2006)
- A potential market for the private sector:
 contraceptives from pharmaceutical
 companies and FP services from private
 providers

Percentage distribution of modern FP method users by most recent source of supply, All modern methods



Source: Family Planning Surveys (2004, 2005, & 2006)

Percentage distribution of modern FP method users by most recent source of supply, *Pill*



- There are close to 40,000* private practice midwives (PPMs) mostly doing domiciliary services.
- Midwives are more accessible than doctors in most communities.
- Midwives deal with women (and men) of reproductive age for their FP and maternal and child (MCH) health needs.
- Midwives offer more affordable services to nonindigents but low income families.

^{*}Data derived from figures given by Integrated Midwives Association of the Philippines, Inc.; Midwives Foundation of the Philippines, Inc.; Philippine League of Government and Private Midwives (PLGPMI)

- Organized into midwives associations
 - National organizations
 - •Integrated Midwives Association of the Phils. Inc
 - •Phil. League of Government and Private Midwives, Inc.
 - Midwives Foundation of the Phil. Inc.
 - Local organizations
 - •Regional and local chapters of the national orgs.
 - Purely private groups: United Midwives
 Association, Inc. (UMAI)

•CHALLENGES:

- Lack of finances for capital investment
- •Inadequate skills in business and entrepreneurship
- Lack of proper linkages with commodities suppliers

•CHALLENGES:

- Community perception that midwives' services are always for FREE
- Policy environment not supportive of midwives private practice
- Lack of organizational development

Training Needs Assessment Survey

Assessing PPMs' willingness to train in FP

- PRISM commissioned a nationwide survey of PPMs in 2005.
- There were 50 I respondents from the National Capital Region (NCR) where UMAI is located
- 65% of NCR PPMs wanted to be trained in at least one FP training course
- In NCR, PPMs were willing to pay Php200-500 for a course

Assessing PPMs' preparedness to provide FP

- 30% of NCR PPMs had good knowledge of family planning.
- 73% of NCR PPMs had good knowledge of FP counseling.
- PPMs were providing FP services for which they were not trained.
 - 85% of Luzon midwives who were providing counseling were not trained.
- Only 2% of NCR PPMs had attended business training.

Looking at PPMs' financing sources

- Like the rest of Luzon PPMs, most NCR midwives (81%) relied on personal or conjugal savings for capital.
- Compared to other Luzon areas, more PPMs in NCR had experienced borrowing money to upgrade their facilities and services.

Catalyzing Change for the Better: The PRISM Training and Technical Assistance Package Part II

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Business Enhancement Support and Training (BEST)

Support through Technical Assistance

- Meeting requirements for DOH Licensing of birthing home facility
- Meeting requirements for Philippine Health Insurance Corporation accreditation of midwives and of their birthing home facility
- Business performance monitoring, quality improvement and assurance, marketing

Business Enhancement Support and Training (BEST)

Support through Technical Assistance

- Linkage to FP and MCH products suppliers
- Linkage to financing institutions
- Strengthening of referral system to increase business reach
- Marketing and promotional strategies/activities
- Collaboration with national and local policymakers for improved PPM policy support

BEST Example of Sustained Private Practice Initiatives

United
Midwives
Association, Inc.
(UMAI)



- PRISM interventions for UMAI:
 - trained UMAI members on BEST and provided technical assistance to improve their birthing homes
 - assisted UMAI to register as a cooperative: United Midwives Multi-Purpose Cooperative (UMMC)
 - linked UMMC with Paragon Credit Cooperative
 - > UMAI raised Php50,000 as equity in Paragon
 - linked with the Philippine Investment and Trade
 Corporation (PITC), the accrediting agency for Botika ng Bayan (town pharmacy) outlets.

Results of PRISM technical assistance to UMAI:

- UMAI members increased from 15 members to 65.
- 5 UMAI members have been given P75,000 loans each for:
 - Clinic renovation,
 - Purchase of equipment,
 - Purchase of instruments, etc.



Two of the five UMAI members display their checks from Paragon officials with PRISM staff and UMAI officers looking on.

- Results of PRISM technical assistance to UMAI:
 - P 200,000 loan provided to establish UMAI's Botika ng Bayan:
 - PI50,000 for initial pharmacy stocks
 - P 50,000 for improvement of pharmacy infrastructure
 - UMAI's Botika ng Bayan will
 - Sell prescription medicines, such as contraceptives
 - Serve as UMAI members' central supplies source for the current 10 Botika ng Barangay (village pharmacy) that sells over-the counter drugs only
 - Expand UMAI's/UMMC's businesses and sources of revenues

Summary

- Through PRISM intervention, a small group of private midwives has been assisted to
 - upgrade their knowledge and skills in FP and MCH,
 - expand membership,
 - become a cooperative,
 - access loans
 - initiate/continue organizational development

Summary

- That opened doors
 - to improved quality FP/MCH services
 - Contributing to more deliveries in birthing facilities attended by skilled health professionals
 - Thus contributing to reducing maternal mortalities
 - Enhanced its business potential and sustainability
 - Thus ensuring sustained quality FP and MCH services and supplies accessible to the non-indigents but lowincome groups

Potential UMAI clients



Next Steps

- PRISM continues to assist UMAI members so they can attain accreditation by the Philippine Health Insurance Corporation (PHIC) as midwives and as birthing facilities
 - that will allow them to reimburse for services and supplies provided to PHIC members - again making quality FP/MCH services and supplies accessible and sustainable.

Next Steps

- PRISM links UMAI with 20 workplace companies to be their FP/MCH service providers
 - The 20 companies are beneficiaries of one of PRISM's workplace grantees (Quezon City Council for Population Development)
 - 8,358 employees to be covered

Potential UMAI clients



Thank You.