Enhancing Private Sector Engagement within Mixed Service Delivery Networks for Improved Family Planning in the Philippines

Reflections and Considerations for Replication from the MOMENTUM Private Healthcare Delivery Project

March 2024

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Acronyms

4Ps MOA	Public-Private-PhilHealth Partnership Memorandum of Agreement
COP	Communities of practice
DOH	Department of Health
FP	Family planning
HCD	Human-centered design
HCPN	Health Care Provider Network
IMAP	Integrated Midwives Association of the Philippines
IUD	Intrauterine device
LARC	Long-acting reversible contraception
LNA	Learning needs assessment
MOA	Memorandum of Agreement
MOMENTUM	MOMENTUM Private Health Care Delivery
PHO	Provincial health office
PP4FP	Private providers for family planning
PSE	Private sector engagement
UHC	Universal health care
USAID	United States Agency for International Development
WRA	Women of reproductive age

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Summary

Overview of context and challenges.

The Philippines has improved access to modern contraceptives but continues to have unmet need for family planning (FP).[1] Data reveals that demand exceeds supply, leading to inequitable access, particularly among under-resourced communities.[2]

Despite 65% of health providers being accredited by PhilHealth, the national health insurance scheme, the public sector is still the main provider of FP services, which may contribute to the access disparity.[3] Private sector engagement (PSE) is minimal within public purchasing frameworks, often resulting in out-of-pocket payments for FP services, even among people experiencing poverty.[1]

The 2019 Universal Health Care (UHC) law aimed to streamline service delivery through Health Care Provider Networks (HCPNs), with private and public providers entitled to receive PhilHealth benefits for FP services and subsidized health commodities.[4] However, complicated accreditation processes and vague policy and operational directives from provincial governments curtail potential benefits from increased private sector involvement in HCPNs.[5]

The USAID-funded MOMENTUM Private Health Care Delivery (MOMENTUM) project harnesses the private sector's potential to expand access to high-quality, evidence-based health services. In the Philippines, MOMENTUM has addressed the barriers to private sector participation in delivering quality, affordable FP services by co-designing sustainable solutions with local partners and stakeholders.

Sources: 1. DHS Program. 2023. STATcompiler. 2. Philippine Statistics Authority. 2023. 2022 Philippines National Demographic and Health Survey. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF. 3. Philippine Statistics Authority. 2018. 2017 Philippines National Demographic and Health Survey. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF. 4. Republic of the Philippines. 2019. Republic Act No. 11223 An Act Instituting Universal Health Care for All Filipinos, Prescribing Reforms in the Health Care System, and Appropriating Funds Therefor. 5. Apostol G., Boxshall M., Sheahan K., Apostol V. 2019. Leveraging private sector primary care providers to increase access to family planning in the Philippines. Washington, DC: ThinkWell.

MOMENTUM's approach in the Philippines.

In response to the FP service delivery challenges in the Philippines, the MOMENTUM project, aligning with health sector reforms and established learning in other contexts, adopted a human-centered design (HCD) approach. This approach focused on fusing global learnings with an understanding of local users' needs to inform solution development.

Leveraging the expertise of the Integrated Midwives Association of the Philippines (IMAP), MOMENTUM worked collaboratively to enhance local capacity for PSE within HCPNs. Through a rapid assessment in two underserved regions—Antique and Guimaras—the project assessed readiness for PSE in FP across both sectors, pinpointing barriers to collaboration.

Subsequently, MOMENTUM facilitated cross-sector stakeholder workshops to pinpoint service delivery issues within HCPNs, co-creating tailored, and actionable solutions. The project strengthened private provider readiness through IMAP-led, needs-based training, including incorporating USAID's tools for gender-sensitive service provision.

Furthermore, MOMENTUM supported IMAP to organize private providers into a community of practice, fostering a collective problem-solving environment for PSE in FP. This participatory approach aimed to ensure the sustainability and integration of project outcomes into local healthcare practices.

Considerations for replication:

From MOMENTUM activities in the Philippines, five considerations emerged for replication in other settings. Subsequent sections of this deck detail each consideration and present project accomplishments, outcomes, and reflections on sustainability.

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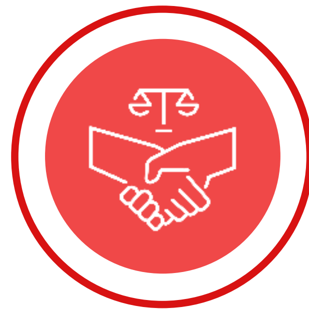


Readiness & Willingness

Gathering deep insights on the readiness and willingness for public-private collaboration is critical for initiating and sustaining PSE.

Win-Win Value Proposition

Co-creating PSE solutions generates win-win value propositions for the public and private sectors.

Communities of Practice (COPs)

Organizing providers into COPs provides a needed platform to support PSE in mixed health systems.

Beyond Clinical Training

Private provider capacity building must go beyond clinical service training to foster successful PSE.

Gender-Competent Training

Including gender-competent FP training is critical as it is often the first introduction private providers have to gender-related concepts.

Objectives

Improving PSE in the Context of UHC reform in the Philippines.

Globally, MOMENTUM collaborates with governments, local organizations, communities, and private providers in all their forms—including private clinics, faith-based clinics, pharmacies, and drug shops—to generate market-based solutions that drive scale in service delivery and long-term sustainability of health coverage and outcomes.

In the Philippines, MOMENTUM worked to understand barriers to private sector participation in delivering quality, accessible, and affordable FP services within mixed service delivery networks in geographically disadvantaged areas. Additionally, the project co-designed sustainable solutions with local partners and stakeholders. This learning deck shares the outcomes and considerations for replication of MOMENTUM's work in the Philippines.

The objectives of this document are:

1. Provide an overview of the FP and health reform context in the rural Philippines, highlighting barriers and opportunities for PSE in FP and public purchasing programs.
2. Present the approaches pursued by MOMENTUM towards strengthening PSE for FP service delivery within mixed health systems in rural Philippines.
3. Share implementation lessons learned in mainstreaming PSE within mixed health systems, highlighting broader implications for similar contexts and initiatives.

The intended audience for this document consists of development practitioners, policymakers, and local stakeholders engaged in global health initiatives, with a particular emphasis on PSE and rural health advancement within established public purchasing schemes. This resource aims to offer practical insights and comparative benchmarks for effectively translating the project's lessons into action in other contexts.

Context

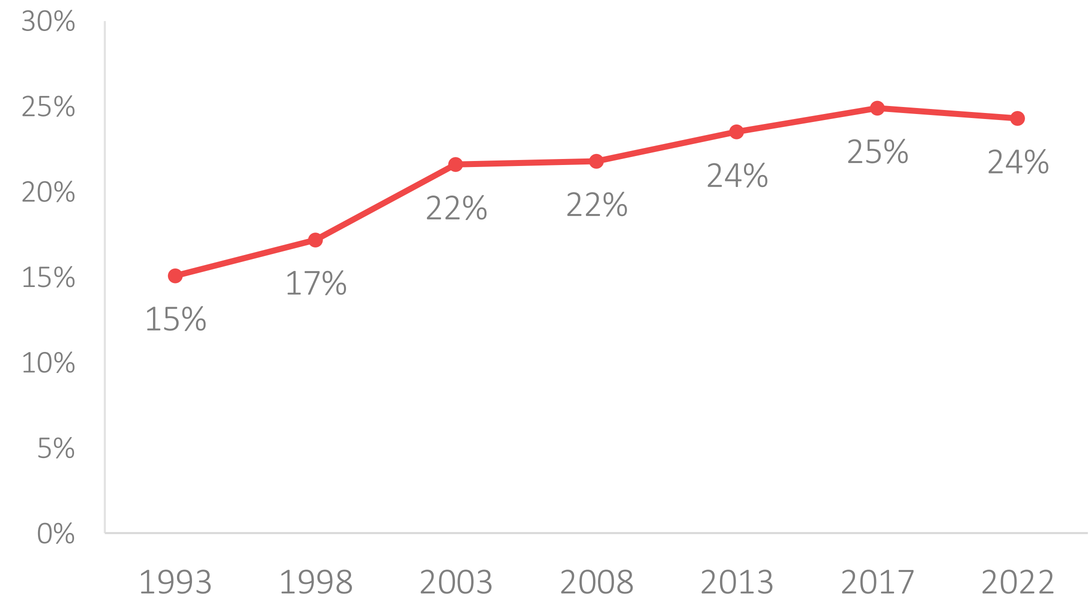
In the Philippines, the use of modern contraceptive methods has increased, correlating with national FP/RH commitments.

National Commitment to FP/RH Advancement

Use of modern contraceptive methods have increased in the Philippines over past decades.[1] Recent reforms in the Philippines have significantly advanced the country's healthcare and reproductive health services, showcasing its dedication to enhancing healthcare accessibility.

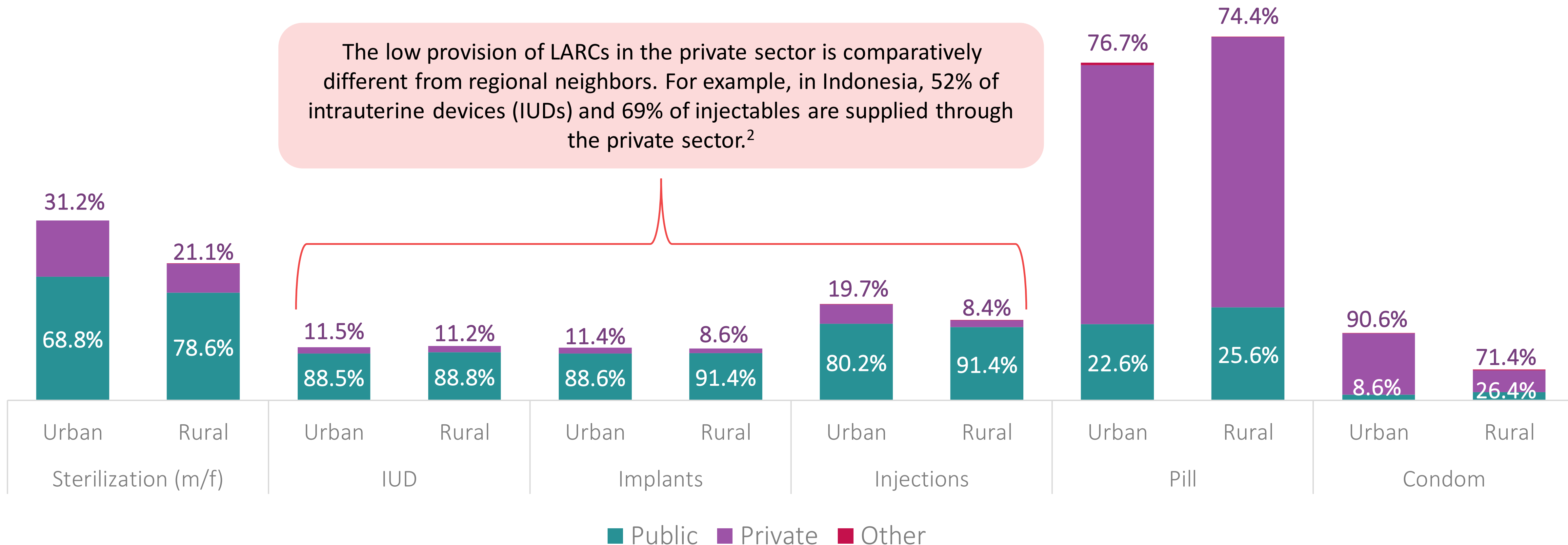
1. The Philippine Reproductive Health Law of 2012 established the right to sexual and RH services, including FP.[2]

2. Since 2014, PhilHealth has included long-acting reversible contraceptive methods (LARCs) as a benefit, reinforcing the country's dedication to FP/RH.[3]



Sources: 1. DHS Program. 2023. STATcompiler. 2. Philippine Statistics Authority. 2023. 2022 Philippines National Demographic and Health Survey. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF. 3. Apostol G., Boxshall M., Sheahan K., Apostol V. Leveraging Private Sector Primary Care Providers to Increase Access to Family Planning in the Philippines. [Internet]. Washington, D.C.: ThinkWell; 2019. Available from: https://thinkwell.global/wp-content/uploads/2019/11/19-09-27-Phil-FP-private-sector-report_Final.pdf.

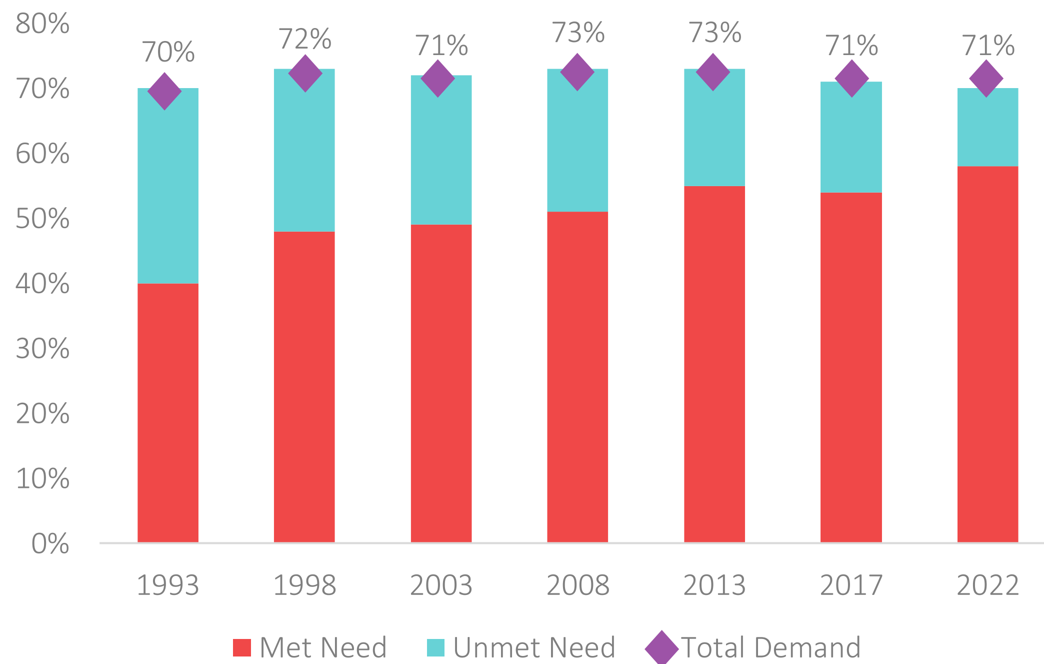
In the Philippines, pills are the dominant method; use of LARCs is low and they are delivered through the overburdened public sector despite their PhilHealth reimbursement status.[1]

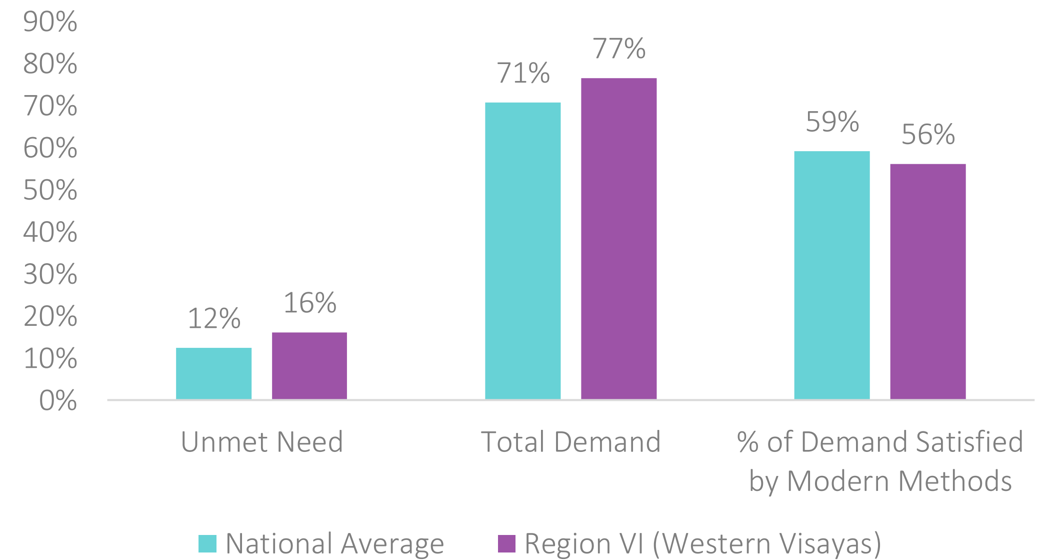


Sources: 1. SHOPS Plus Project. Family Planning Market Analyzer [Internet]. 2024 [cited 2024 Mar 1]. Available from: https://fpmarketanalyzer.org/. 2. Apostol G., Boxshall M., Sheahan K., Apostol V. Leveraging Private Sector Primary Care Providers to Increase Access to Family Planning in the Philippines. [Internet]. Washington, D.C.: ThinkWell; 2019. Available from: https://thinkwell.global/wp-content/uploads/2019/11/19-09-27-Phil-FP-private-sector-report_Final.pdf.

Yet, demand for FP services remains high. Region VI, MOMENTUM's intervention area, exceeds the national average for FP demand and unmet need.

Demand is defined as the sum of met need (current contraceptive use of any method) and unmet need for FP.[1]





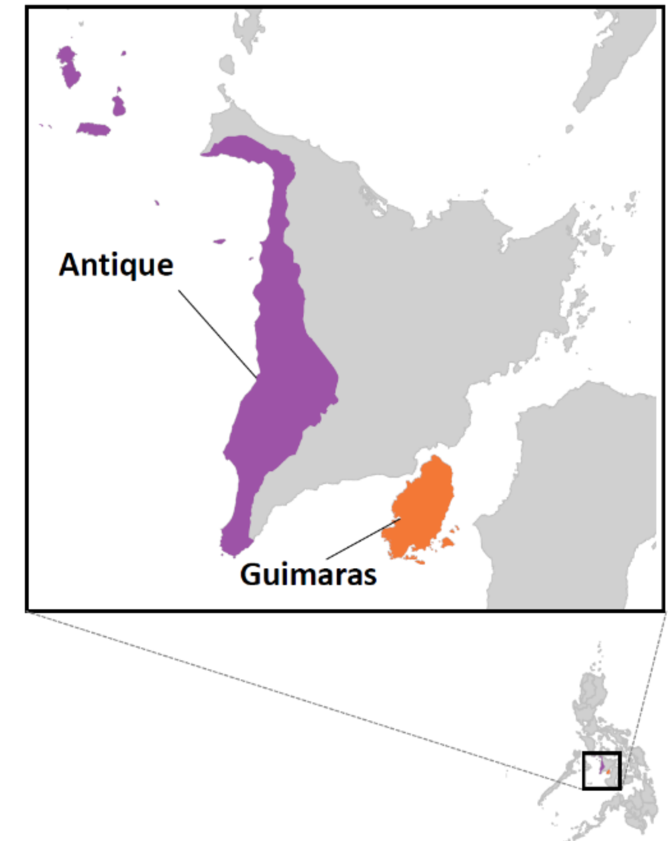
Sources: 1. Philippine Statistics Authority. 2023. 2022 Philippines National Demographic and Health Survey. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.

Within Region VI, the rural provinces of Antique and Guimaras presented ideal provinces for MOMENTUM's initiatives.

1 Antique and Guimaras pledged to become UHC Integration Sites in 2019. As the UHC Law's supporting policies were under development, these provinces served as a testing ground to apply well established global learning, foster innovation, and gather evidence to help shape inclusive and forward-thinking health policies.[1]

3 LARCs, such as IUDs and progestin-only subdermal implants, as well as permanent methods like sterilization, are currently underutilized in these provinces.[1]

3 Anecdotally, clients in Antique and Guimaras acknowledge that private providers are better positioned to meet their FP needs because public sector FP method options are limited, and private providers are more accessible in terms of available facilities and operating hours. In overwhelmed public facilities in these provinces, FP is often deprioritized.



Sources: 1. SP4PHC Project. Provincial Family Planning Landscape: Experiences and Insights from Antique and Guimaras [Internet]. ThinkWell; [cited 2024 Mar 6]. Available from: https://thinkwell.global/wp-content/uploads/2021/07/Province-FP-Brief-16July2021-final.pdf

Like other countries, health and gender-related issues are well-documented in the Philippines. Building gender competency is not currently part of PhilHealth accreditation requirements.

Social Norms Around Adolescence and Marriage

"Social norms are believed to be particularly important barriers in the Philippines. These norms prevent women, especially adolescents and unmarried women, from accessing services and using methods effectively…In some cases, health provider or community assumptions about needs may conflict with the women's own assessment, especially in contexts where there has been a history of contraceptive coercion or discrimination. Providers often offer less-effective methods such as condoms to adolescents believing that LARCs are inappropriate for women who have never had a child. This is despite the fact there is no medical reason to withhold LARCs from adolescents and young women."[1]

One-Sided Participation in FP/RH

"Men hesitate to participate in FP and RH-related activities. According to both male and female respondents, most men in their localities do not know, or neglect the importance of proper FP and RH services, and the benefits they and their families can gain from it. Male respondents said that the usual focus of the husbands, as the patriarch, is to earn a living and provide food to their families and have zero to minimal interest in RH-related [topics]. These traditional gender roles and mindset cause an ineffective, one-sided effort in maintaining good RH services and products' usage in the community."[2]

Sources: 1. Nagai M, Bellizzi S, Murray J, Kitong J, Cabral EI, Sobel HL. 2019. Opportunities lost: Barriers to increasing the use of effective contraception in the Philippines. 2. Cuaton GP. Challenges and Issues on Reproductive Health and Family Planning Products and Services: Evidences in the Philippines. | International Journal of Caring Sciences | EBSCOhost. International Journal of Caring Sciences. 2019 Sep 1;12(3):1340.

The UHC Law seeks to streamline health services through Health Care Provider Networks (HCPNs), but private providers face complex regulations and vague guidelines.

What is an HCPN?

An HCPN is a group of healthcare providers and facilities (public, private, or mixed) in the Philippines—such as doctors, hospitals, and clinics—that offer a comprehensive range of medical services to a specific population. These networks, managed by provincial governments, are often formed to improve care coordination, enhance quality, and control costs. In the Philippines' UHC law context, HCPNs aim to integrate public and private healthcare providers to ensure effective and efficient healthcare delivery.

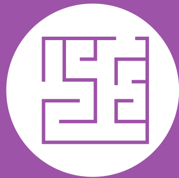
1. The 2019 UHC law established HCPNs and enabled private providers to deliver FP services and participate in public purchasing schemes through PhilHealth reimbursements for FP services rendered at no cost to clients.[1]

2. However, private providers face significant barriers, such as complex licensing and prohibitive costs, inhibiting engagement within HCPNs.[2]

3. Current policy guidance for engaging private providers in HCPNs is still unclear (such as contracting mechanisms to be used), adding another layer of complexity to these public-private partnerships.

Sources: 1. Republic of the Philippines. 2019. Republic Act No. 11223 An Act Instituting Universal Health Care for All Filipinos, Prescribing Reforms in the Health Care System, and Appropriating Funds Therefor. 2. Apostol G., Boxshall M., Sheahan K., Apostol V. 2019. Leveraging private sector primary care providers to increase access to family planning in the Philippines. Washington, DC: ThinkWell.

In summary, the challenges MOMENTUM set out to address include:

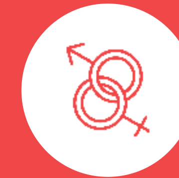


Challenge #1: Complex Coordination and Contracting Requirements for HCPN Integration

An **absence of clear mechanisms** to engage, contract, and integrate private FP providers within province-led HCPNs established under the UHC law.

Challenge #2: Limited Training to Satisfy PhilHealth Accreditation Requirements

Lack of clinical and managerial training for private providers to effectively participate in PhilHealth's public purchasing schemes and ensure seamless delivery of quality FP services in mixed health systems.



Challenge #3: Limited Gender-Competent FP Training Opportunities

Limited opportunities for rural private providers to access training on gender norms, bias, and power dynamics within FP service delivery.

Approach

MOMENTUM engaged the Integrated Midwives Association of the Philippines (IMAP) to co-design solutions, strengthen capacity, and facilitate PSE localization.

What is an Intermediary?

Local intermediaries are locally embedded organizations that operate in the space between institutions or sectors and help link them together. They develop creative ways to facilitate relationships between healthcare institutions and stakeholders. Additionally, they provide skills and capacities that are lacking in the organizations they connect.[1]

1 Why choose IMAP as local intermediary partner?

- IMAP is a government-certified training provider for FP skills.
- The organization has pioneered innovations in FP and maternal, newborn, and child health.
- There are 153 local chapters across the country, including in Antique and Guimaras.

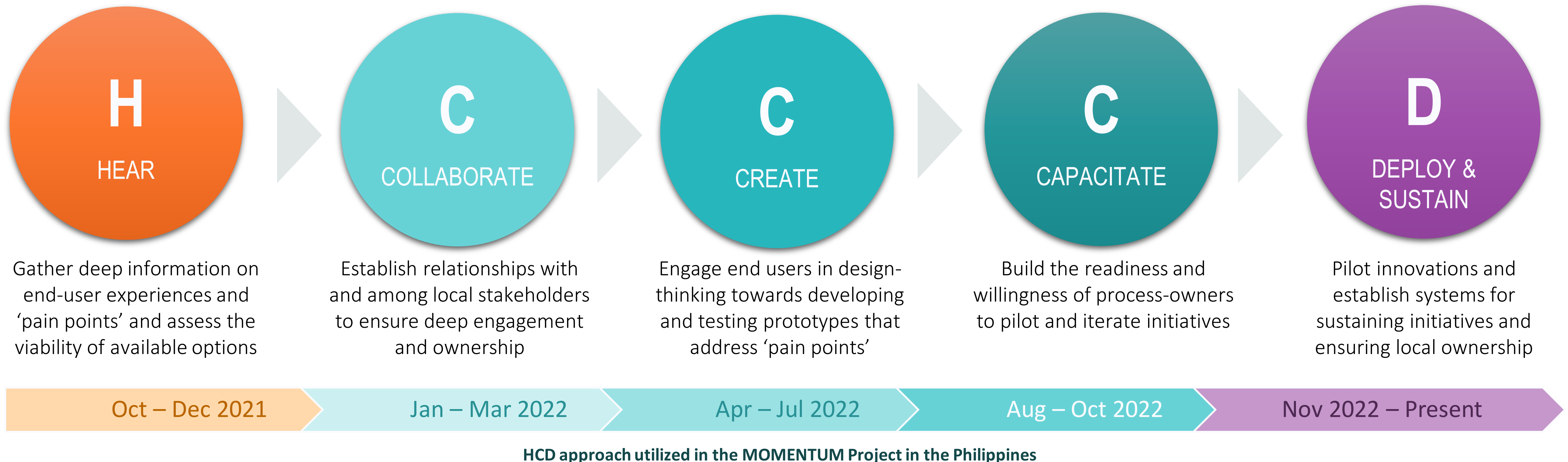
2 MOMENTUM strengthened IMAP's capacity to:

- Engage, negotiate, and sustain FP service delivery partnerships with the public sector.
- Encourage, organize, and mobilize private providers to participate in HCPNs and UHC reforms.
- Develop greater awareness, appreciation, and operational readiness among private providers to participate in HCPNs and to deliver quality and gender-competent FP care.

Sources: 1. Results for Development (R4D). 2016. Intermediaries: The Missing Link in Improving Mixed Market Health Systems?

Leveraging Human-Centered Design (HCD), MOMENTUM co-created PSE solutions to address challenges.

In partnership with IMAP, MOMENTUM employed a grounded and participatory HCD approach to establish models and build local capacity for PSE in FP service delivery within HCPNs. HCD utilizes “techniques which communicate, interact, empathize, and stimulate the people involved, obtaining an understanding of their needs, desires, and experiences as key inputs for problem-solving and development of solutions.”[1]

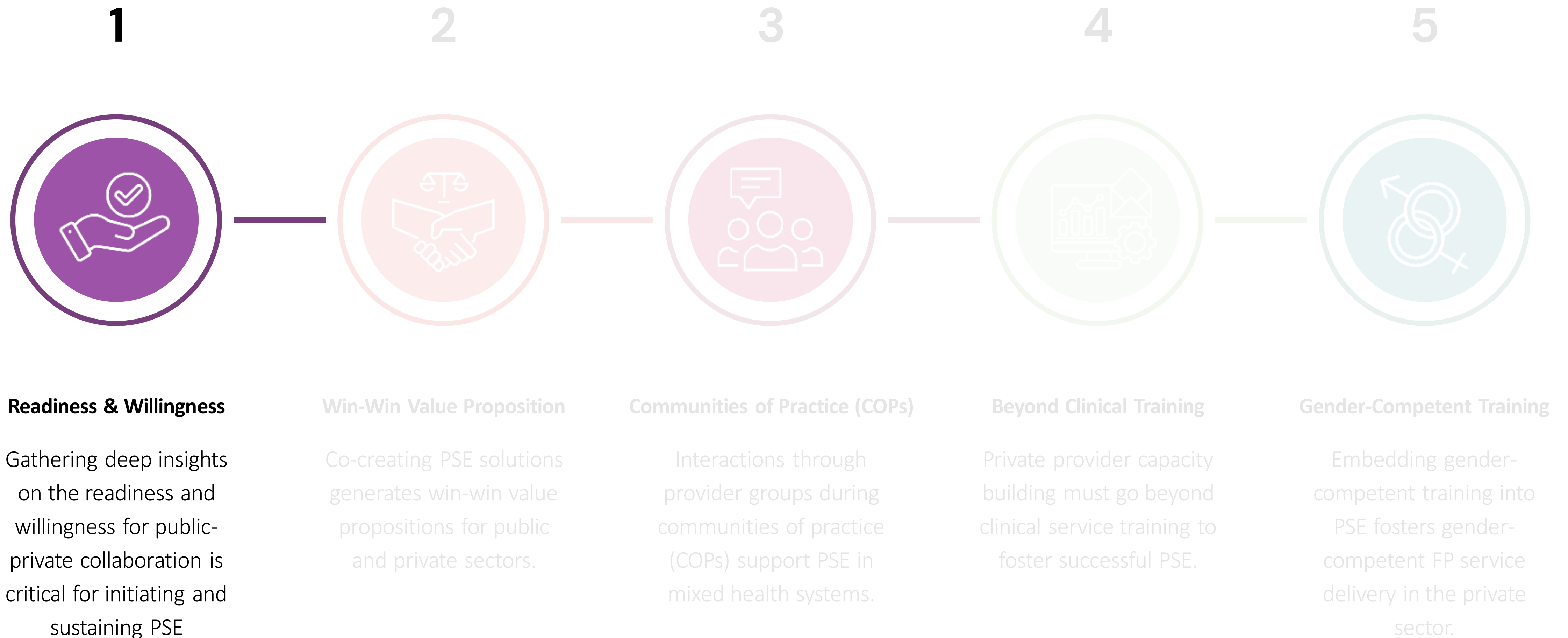


HCD approach utilized in the MOMENTUM Project in the Philippines

Sources: 1. Giacomin J. What Is Human Centred Design? The Design Journal. 2014 Dec 1;17(4):606–23.

Considerations for Replication

Considerations for Replication



Using Key Informant Interviews, we explored the readiness and willingness of both sectors to engage with each other in HCPNs, highlighting issues that hinder successful cross-sector engagement.

"Private providers have different 'bottom lines' than us and engaging them will be very tricky since we can't regulate them. We already have so much to fix within the public system, we need to focus on this first."

Municipal Officer, Guimaras

"It's really expensive to be licensed [by DOH] and accredited [by PhilHealth], and there are so many requirements to be submitted--if you're not persistent, you'll just give up midway.

Clinic Manager, Guimaras

	Public Sector	Private Sector
Readiness	• Limited managerial capacity to establish and support PSE in HCPNs. • Lack of provincial-level guidelines and regulations that operationalize the provisions of the UHC law in the context of PSE in HCPNs.	• Required training, complex procedures, and opportunity costs deter private-sector accreditation. • Access to certain contraceptives, like implants, is challenging due to high prices and supplier scarcity.
Willingness	• Cautious about aligning with the private sector, questioning whether their commercial interests will match public health goals. • View private providers as potential competitors in terms of public funding, availability, and allocation.	• Expect payment issues and high claim rejection rates, unclear rules, profitability concerns, and public sector "fairness." • Lack of understanding of role in HCPNs.

"I know the UHC law mentions that private providers must be contracted in HCPNs...but how exactly do you do that?"

Provincial Official, Antique

"What gets me frustrated is that the payments are irregular and unpredictable. It is hard to plan well your purchases ahead when you don't know when the money will come in."

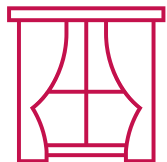
Clinic Manager, Antique

Additional findings are available in MOMENTUM's 2021 study.

It was clear that trust and collaboration between sectors are built on effective policies, governance, and commitment to transparency and partnership.

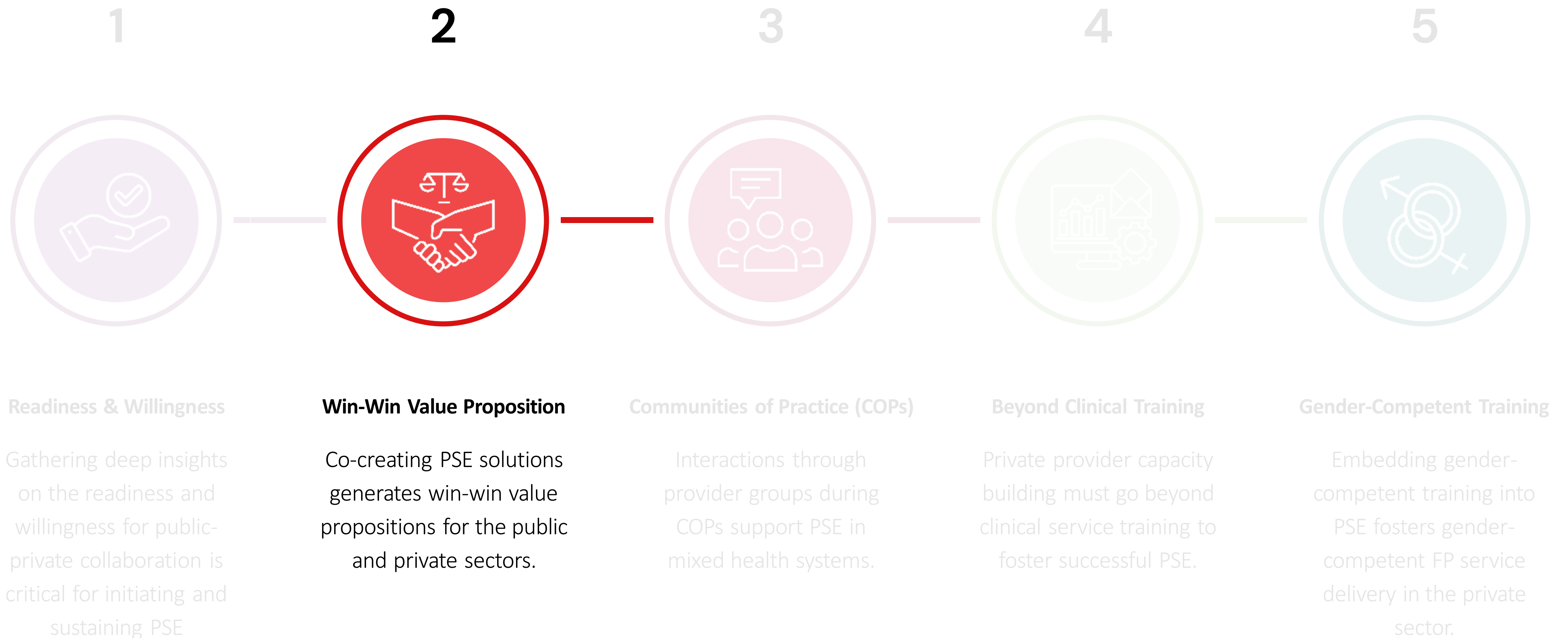
Catalyzing successful engagement of the private sector in public health hinges on **both sectors jointly acknowledging** and addressing the factors that affect each other's readiness and willingness to collaborate.

The public sector's **understanding** of the factors that influence private sector beliefs and behaviors can inform purchasing decisions that offer a **stronger value proposition** and subsequently **shift attitudes and motivations** toward cross-sectoral collaboration.



Fostering a culture of **transparency and open communication** between both sectors builds and maintains trust. Both sectors should view each other as **aligned across values and incentives**, having equal opportunities to influence discussions regarding terms, benefits, and risks.

Considerations for Replication



MOMENTUM codified the value proposition of both sectors in formalized legal agreements.

MOMENTUM facilitated a joint effort between both sectors to co-design solutions, creating a blueprint for multi-sectoral healthcare problem-solving in healthcare. The contributions of each sector were formalized in Memorandums of Agreement (MOAs).

What is the 4Ps MOA?

As a result of the co-creation process, a first-of-its-kind Public-Private-PhilHealth Partnership Memorandum of Agreement (4Ps MOA) was co-designed. This legal framework sets the groundwork for provincial governments and PhilHealth to integrate private providers into HCPNs, standardize the delivery of FP services, and formalize the value propositions to all involved parties.

Value proposition, defined as the perceived value of the benefits that private providers will receive from engagement with the public sector compared to the costs of engagement, matters because:[1]

1. Private sector attitudes towards public purchasing programs hinge on the perceived benefits of the engagement, particularly those that will benefit their business.
2. Success of public sector influence depends on the value offered by public-private collaboration, and the public sector must consider the benefits and the risks posed to their private sector counterparts.
3. Value perception can be multi-faceted; stakeholders may see different benefits and risks than others.
4. Properly leveraged, value-adding, and risk-reducing factors can sustainably integrate private providers into programs.

Sources: 1. Lindič, J., & Da Silva, C. M. 2011. Value proposition as a catalyst for a customer focused innovation. Management Decision

The MOAs define clear rules of engagement across clinical services, referrals, and contracting and payment.

The following responsibilities and guidelines have been jointly agreed upon by the private and public (i.e., provincial governments and PhilHealth) sectors:

Patient Referrals

- Agreed-upon referral pathways and criteria for post-partum FP and complex cases.
- Clustering of public and private facilities into service delivery networks catering to clients in a defined geographical area.
- As needed, mechanisms for horizontal referrals between public and private facilities at the same level of care.
- Provision for disbursing referral fees to encourage referrals between facilities.
- Use of standardized referral forms and referral registries.

Provider Contracting and Payment

- Clear contracting modalities for engaging private FP providers in HCPNs.
- Guaranteed PhilHealth claims payment within one month of service provision.
- Enforcement of PhilHealth's 'No Balance Billing' Policy, for which publicly-referred and indigent patients are not charged out-of-pocket fees for services from accredited facilities.

FP Service Provision with HCPNs

- Private providers access government-procured, free FP commodities for service provision to publicly referred, disadvantaged patients.
- Agreements on sharing or redistributing commodities among public and private facilities.
- Private providers can access free or subsidized training and continuing professional development opportunities.
- Standardized reporting of FP service delivery accomplishments from both public and private providers, consolidated monthly by the provincial health office (PHO).

PSE is a value-adding strategy that creates wins across governments, private providers, and FP clients.

The 4Ps MOA as a 'Triple Win' Arrangement

A WIN for Provincial Governments

- ✓ **Expansion in FP service coverage**, especially in previously underserved areas.
- ✓ **Increased and improved private sector reporting** of FP service delivery accomplishments.
- ✓ **De-burdening** of public health facilities.

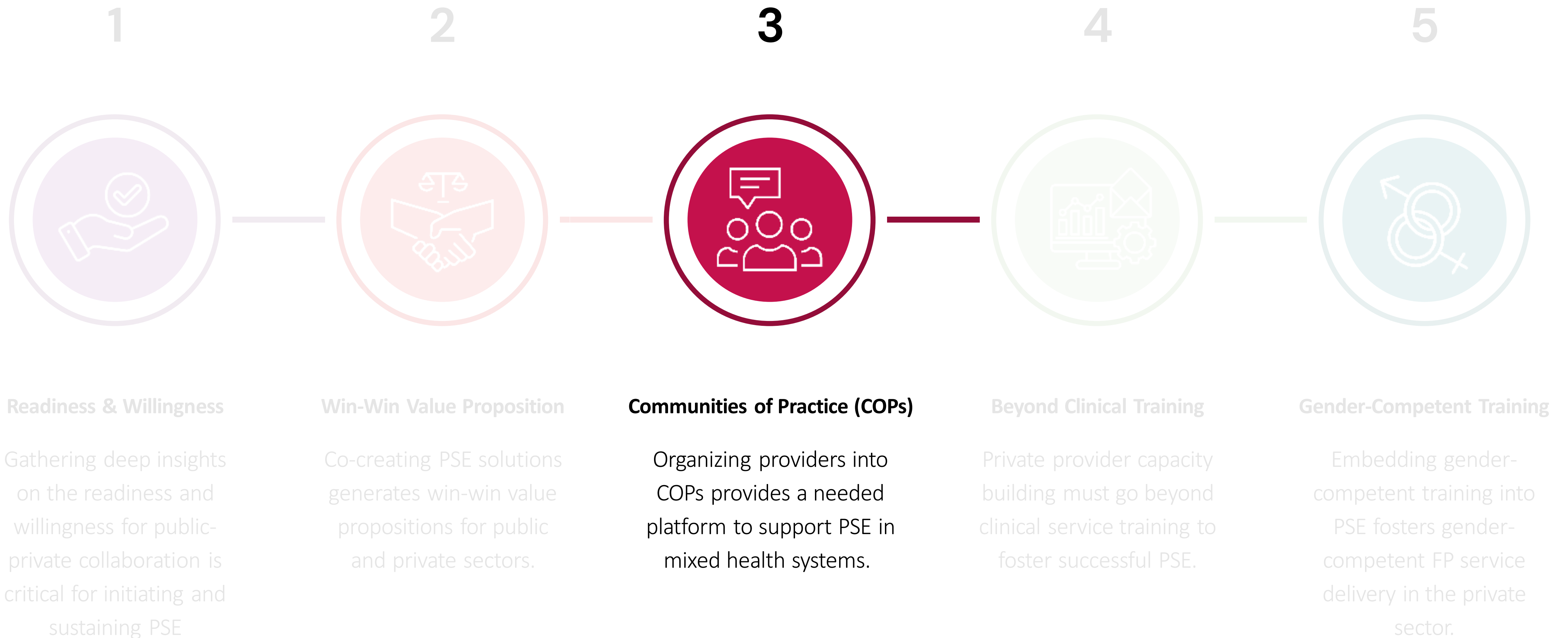
A WIN for Private Providers

- ✓ **Cost savings** from accessing subsidized training and free commodities.
- ✓ **Increased profit** from expansion of clientele.
- ✓ **Predictable fiscal flows** as a result of guaranteed payments.

A WIN for Clients

- ✓ **Expanded options** for choice of provider and FP methods.
- ✓ **Reduced waiting times and costs** from transferring across facilities.
- ✓ **Elimination of out-of-pocket costs,** especially for indigent and private sector clients.

Considerations for Replication



MOMENTUM and IMAP organized private providers into supportive COPs to collectively create solutions when issues arose.

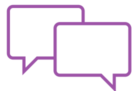
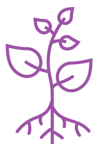
What is a COP?

COPs are a collaborative network of health professionals or organizations that share common interests, expertise, and knowledge, and are working together to improve the quality of care and services they offer within a specific domain or field.[1]

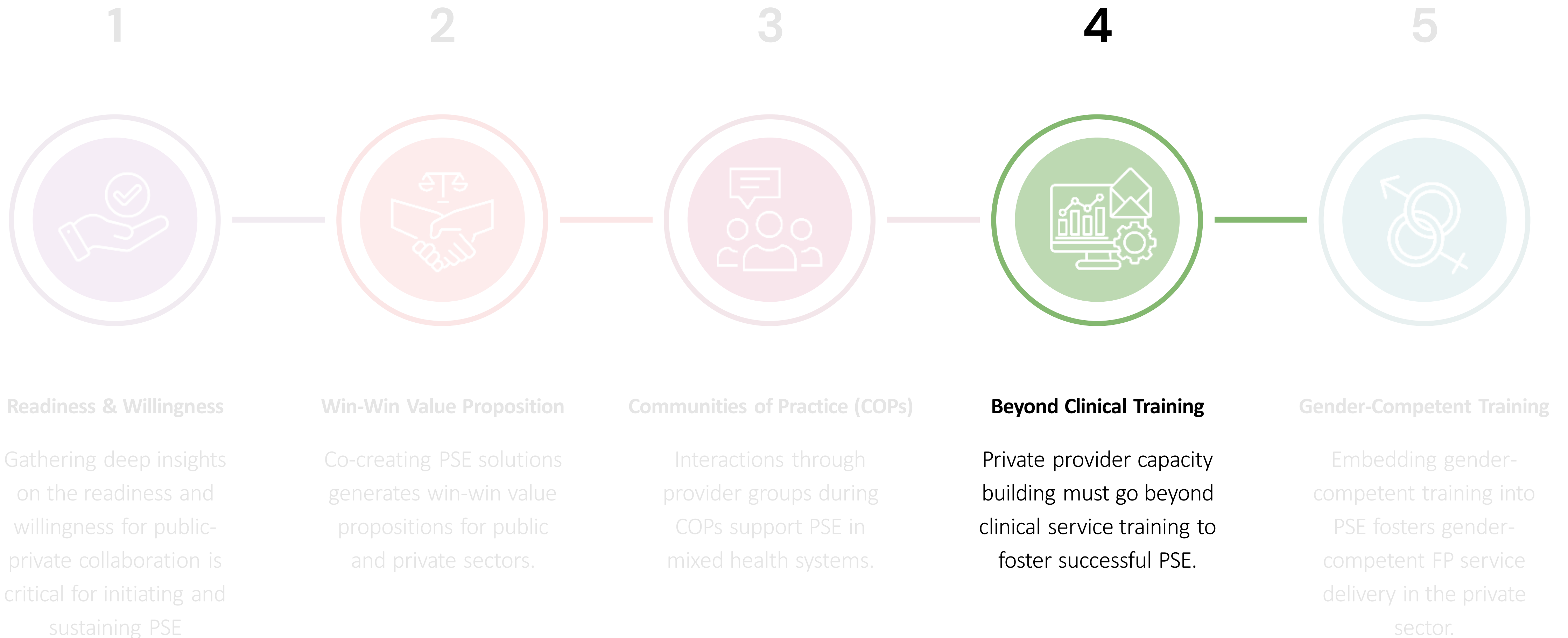
1. Traditionally, **local private healthcare providers have operated in silos**, competing for limited resources and opportunities. In mixed health systems, this fragmentation hinders their ability to voice shared interests and concerns to the public sector collectively.
2. HCPN managers also encounter **significant challenges in engaging private providers individually, particularly in coordinating contracts and capacity-building efforts** to meet individual providers' diverse needs and concerns.
3. Networking private providers into **a collective group that can be engaged by the public sector or purchaser**, such as franchises, professional associations, or other entities, has strengthened PSE.
4. With **regular interfacing, sustained engagement, and through IMAP's facilitation,** private providers organized themselves into Private Providers for Family Planning (PP4FP) COPs advocating for and driving PSE in the two provinces.

Sources: 1. O'Brien, M and Richey, C. 2010. Knowledge Networking for Family Planning: The Potential for Virtual Communities of Practice to Move Forward the Global Reproductive Health Agenda.

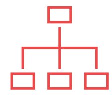
COPs foster collaboration, enabling participants to leverage strengths, resources, and expertise, while breaking siloes and enhancing problem-solving efficiency.

	Success Factor	Benefits
	Private providers must actively take part in **defining the COP goals** to engender **ownership and commitment to the community's mission** and ensure that the COP addresses their specific needs and concerns.	**Collective bargaining**: COPs allow private providers to establish a unified voice to negotiate with the public sector.
	Appoint a **dedicated coordinator to facilitate COP activities**, including organizational development and conflict resolution. Governance structures must define member roles and decision-making protocols.	**Peer-to-peer learning**: COPs facilitate sharing knowledge, best practices, and clinical expertise to improve patient care and outcomes.
	Communication channels must allow **members to interact and share knowledge transparently.**	**Care coordination**: Organizing private providers into COPs enhances referral coordination, reducing fragmentation in FP delivery, and ensuring a more seamless experience for patients.
	Plan for the **long-term sustainability of the COP at the outset** by considering funding sources, succession planning for leadership roles, and strategies for member retention.	**Sustainability mechanism:** COPs can support long-term sustainability because private providers can leverage each other's resources to continue to meet and troubleshoot as issues arise.

Considerations for Replication



To participate in HCPNs and PhilHealth, private providers need more than clinical upskilling.

	Rationale for Additional Upskilling	Explanation
	**Coordination and integration among various providers and facilities**	Private providers must understand how they fit into the larger healthcare ecosystem and collaborate with other providers and public health agencies.
	Ensuring standardized care	Private providers need to be trained to adhere to standardized and evidence-based guidelines that public providers follow to maintain the quality of care across the entire health system.
	Quality assurance	Private providers must comply with public quality assurance systems. As such, they need to be oriented and capacitated to meet established quality standards and adhere to regulations that ensure patient safety and ethical practice.
	Compliance with data collection and reporting	Private providers must be familiar with public sector data collection requirements and reporting mechanisms to contribute to public health surveillance efforts.
	Public trust and accountability	Ensuring that private providers adhere to public sector systems enhances trust. Accountability mechanisms become more transparent, and patients can have more confidence in the private sector.
	Influence of gender dynamics	Introducing and capacitating private providers in gender-competent service delivery provides an opportunity to address gender-related dynamics in FP demand, utilization, and provision.

To effectively contribute to mixed service delivery networks, private providers need a comprehensive skill set that includes clinical expertise, leadership abilities, operational efficiency, and administrative competence. Often, the skills needed for effective participation extend beyond the basic criteria for accreditation.

MOMENTUM offered needs-based learning and development interventions to improve private provider readiness to participate in province-led HCPNs.

Process

Learning needs assessment (LNA): An LNA survey tool was deployed **to identify competency gaps**, existing learning resources, and preferred training modalities.

Module development & prototyping: IMAP utilized LNA results and HCPN implementing mechanisms (the 4Ps MOA) **to inform the design** of training modules.

Deployment of training modules: IMAP implemented face-to-face trainings from August to October 2022, covering **both clinical and systems training.**

Post-training monitoring & evaluation: Evaluation was conducted immediately after and within three months post-training, the latter **to assess the application of learned competencies.**

Training Activities

FP clinical skills training:

- Conducted to equip private providers with foundational knowledge and skills for safe and effective FP provision, including counseling.
- Served as the minimum requirement for DOH certification of FP clinics and PhilHealth accreditation for its FP benefit package.
- Trainings were conducted for the provision of short-acting methods, IUD insertion and removal, and implant insertion and removal. Providers at this level are not authorized to provide permanent methods.

Non-clinical skills training:

- Complemented the clinical trainings to address other competency gaps and to familiarize private providers with HCPN implementing mechanisms, as agreed in the 4Ps MOA.
- Included orientation on the UHC law and the provincial HCPN manual, training on FP referral protocols and forms, training on FP service delivery recording and reporting protocols, joint forecasting FP demand and unmet need for FP, and ensuring gender-competent FP service delivery.

Considerations for Replication

1

Readiness & Willingness

Gathering deep insights on the readiness and willingness for public-private collaboration is critical for initiating and sustaining PSE

2

Win-Win Value Proposition

Co-creating PSE solutions generates win-win value propositions for public and private sectors.

3

Communities of Practice (COPs)

Interactions through provider groups during COPs support PSE in mixed health systems.

4

Beyond Clinical Training

Private provider capacity building must go beyond clinical service training to foster successful PSE.

5

Gender-Competent Training

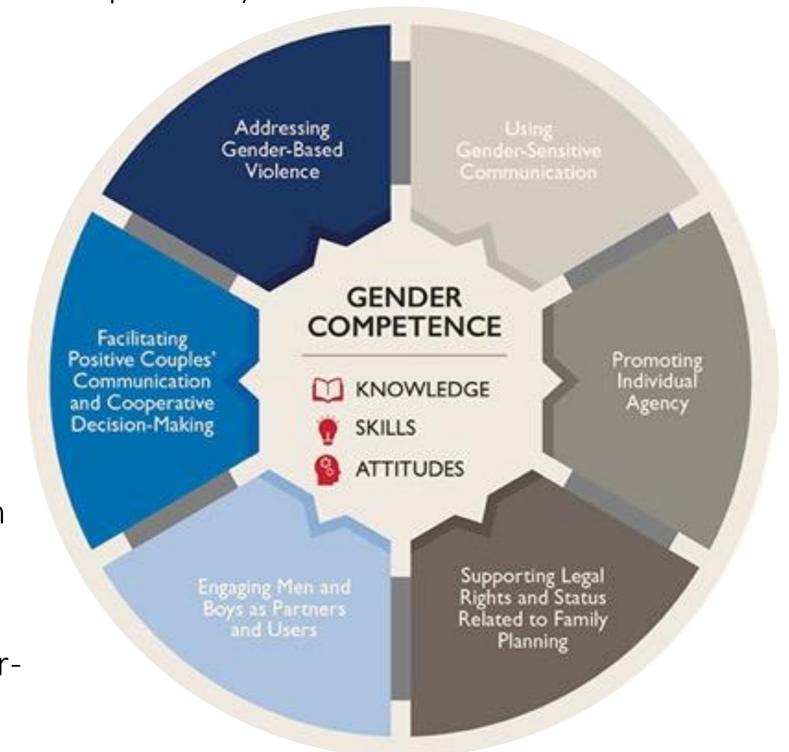
Including gender-competent FP training is critical as it is often the first introduction private providers have to gender-related concepts.

To address observed provider bias and a lack of gender-related pre-service training, MOMENTUM adapted and applied USAID's Gender Competency for Family Planning Providers training.

The two-day, evidence-based training to strengthen provider gender competency in FP provision covered USAID's six domains of gender-competent FP and engaged 30 participants, including 21 private providers and nine public providers from the two provinces. MOMENTUM adapted the training by incorporating additional local case studies, interactive games, simulations, and brainstorming sessions. The training was well-received, with an overall rating of 4.9/5 and a post-test performance of 94% (improving by 33% from pre-tests).

With IMAP, MOMENTUM introduced local adaptations in the original training design:

1. Expansion of the 'sex vs. gender' discussion to the full spectrum of SOGIE (sexual orientation, gender identity, and expression).
2. Introducing 'practice pearls' in active listening, non-verbal communication, and usage of gender-neutral terminologies.
3. Expanding discussions on legal barriers to FP provision for adolescents and post-abortion clients in the Philippine context.
4. Strengthening the role of primary FP providers in screening and referring cases of gender-based violence through additional tools and scripts.



USAID Competency Framework for Gender-Competent FP

With this work, the project introduced private providers to gender-related concepts and barriers in health while contributing to more gender-competent FP provision.

Local Contextual Tailoring

By adapting USAID's gender competency training for FP, our work ensured that the training was tailored to and addressed the unique socio-cultural determinants and needs of FP access. This approach to the training helped foster greater acceptance of the need for gender-competent FP services.

Leveraging those that Excel

Recognizing and incentivizing private providers who excel in delivering gender-competent FP services can motivate others to adopt similar practices.

Legal Constraints Need to be Considered

Building capacities for gender-competent FP must strengthen the abilities of providers to navigate legal constraints to FP service delivery and to advocate for their clients' reproductive rights.

Ongoing Supervision and Mentorship

Gender competencies should be reinforced through ongoing supervision, mentorship, and support from experienced trainers or mentors who can provide guidance for complex cases.

Gender-Based Violence Gatekeeping

Building rural FP providers' capacity in screening and referring cases of gender-based violence, a reality often underreported and unaddressed in rural areas of the Philippines, is crucial for identifying and assisting survivors, ensuring their safety, and facilitating access to support services within their local communities.

Achievements and Outcomes

Through MOMENTUM activities in the Philippines, additional private providers are now accredited, expanding the number of clients receiving LARCs while reducing out-of-pocket payments.

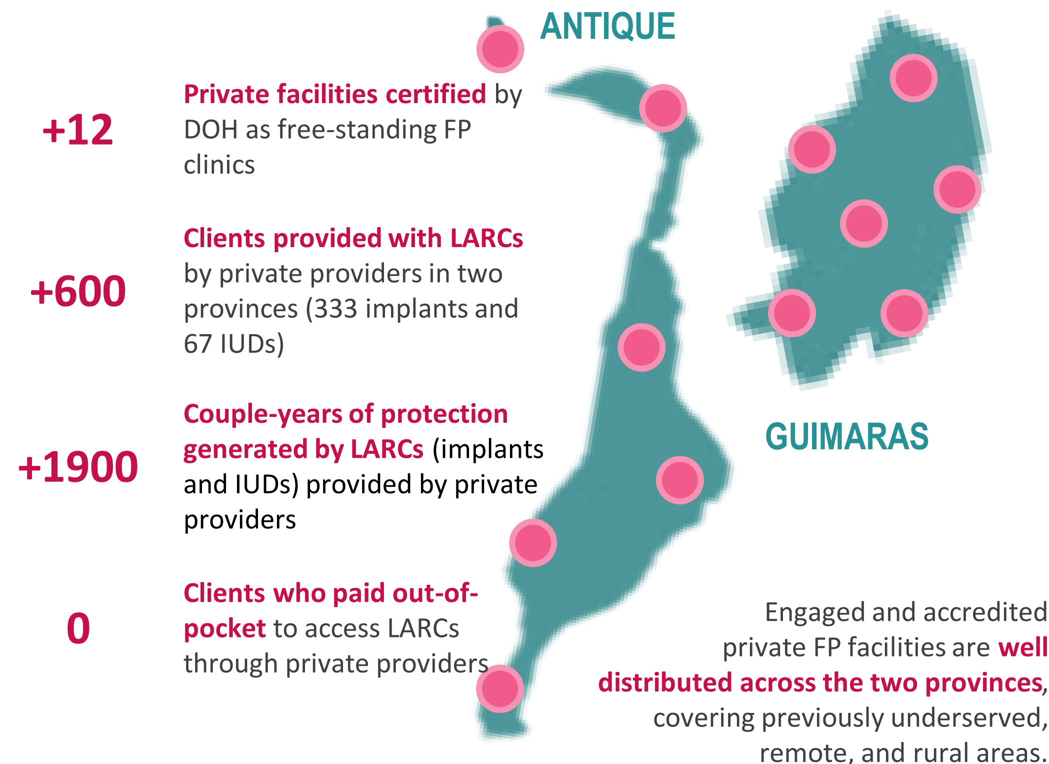
Clinical Capacity Building

25 **Private providers trained and certified in both provinces.**

Type of Training	Province	2021	2023
Counseling + short-acting methods	Antique	3	9 (+200%)
	Guimaras	4	9 (+125%)
IUD insertion and removal	Antique	2	12 (+500%)
	Guimaras	3	8 (+167%)
Implant insertion and removal	Antique	1	16 (+1500%)
	Guimaras	1	11 (+1000%)

MOMENTUM in the Philippines

Achievements Between Sept. 2022 and Nov. 2023

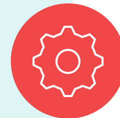


MOMENTUM has also established mechanisms to support the longer-term sustainability of project approaches.

The ceremonial signing of the 4Ps MOA in Guimaras

IMAP and PP4FP CoPs share the MPHD experience and PSE best practices with other regions and provinces

Partnership agreements (4Ps MOAs) are formally implemented in the two provinces and localized to the municipal level.


Dissemination of tools, learnings, and implementation insights is now led by IMAP to other provinces, regions, and IMAP local chapters nationwide through learning forums.

Implementing guidelines by MOMENTUM have also been adopted in a national policy framework for PSE in HCPNs (DOH AO 2023-003).

The project supported private providers to advance personal and professional development as business owners, while contributing to improved FP outcomes.

"Serving as PP4FP coordinator in Guimaras, I have honed my skills in team leadership, public engagement, and people management."

- Krynelle
Private Clinic Manager
Guimaras

"Being PhilHealth-accredited and seeing its impact on our facility's profits is the push I needed to hire and train more staff, maybe open up a satellite FP clinic in Antique."

- Cresil
Private Midwife
Antique

"I now have clients coming in from remote barangays and even those from indigenous tribes—and they don't need to pay anything!"

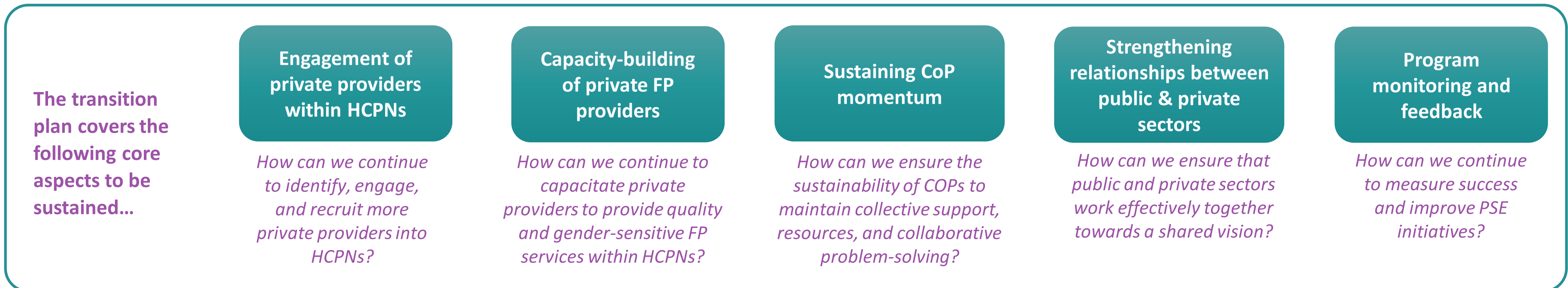
- Muni
Private Midwife
Guimaras

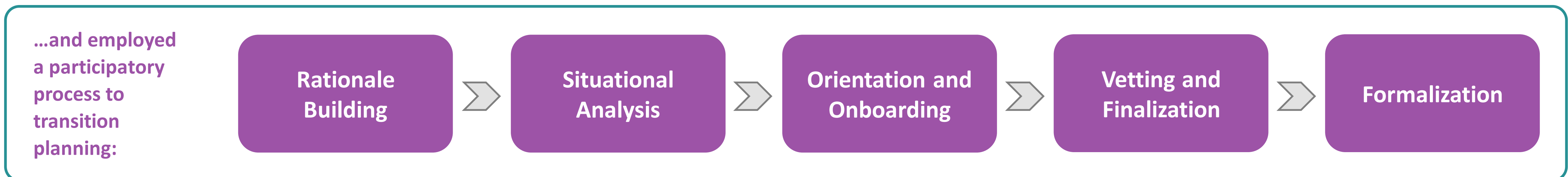
SECTION 7

Ensuring Successful Transition and Sustainability

To support localization, MOMENTUM's sustainability and transition planning plan outlines the transfer of responsibilities for sustained PSE ownership.

MOMENTUM implemented a participatory process for sustainability and transition planning to maintain the continuity and further mainstream project achievements and best practices within project sites and beyond.





Sustainability in the provinces will require establishing roles, governance and financial accountability, and ongoing engagement mechanisms.

Involved parties must reach a consensus on roles and thoroughly assess costs to ensure the appropriate resources are in place for a smooth transition.

Identifying and managing risks is essential in sustainability and transition planning to anticipate and mitigate potential challenges, uncertainties, and disruptions that may jeopardize the successful handover and continued effectiveness of the project.

Using responsibility assignment and resource allocation frameworks (such as a RACI matrix) provides a structured approach to allocate and prioritize resources, ensuring that essential project components continue receiving the necessary support during and after the transition to local implementers.

Private sector COPs (PP4FPs) should continue to routinely meet and move towards institutionalization by registering as locally-recognized organizations.

Pushing for formal representation of private providers within HCPN technical management committees in the two provinces ensures that private sector interests and perspectives are considered in HCPN management.

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