

USAID/Philippines Health Project 2017-2022
Redacted Project Appraisal Document



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INTRODUCTION

This Project Appraisal Document (PAD) documents the design of the USAID/Philippines Health Project 2017-2022, and serves as the reference document for the authorization and award of a new generation of health activities. USAID/Philippines developed the PAD based on an understanding of the project context, consultations with key stakeholders, an assessment of the development problem, and a review of evaluations and other analyses.

This redacted version of the PAD defines the highest level purpose to be achieved by the project; presents the theory of change regarding how the process of change is expected to take place and how USAID/Philippines intends to influence these changes; describes an overall project management and implementation plan, including a brief description of the health activities that will execute the project design; and presents a monitoring, evaluation and learning plan. It specifies how USAID/Philippines' next health project will continue to play an important role partnering with the Government of the Philippines to meet the goals of the Philippine Health Agenda and achieve the Sustainable Development Goals.

CONTEXT

In 2016, the Department of Health embarked on its new Philippine Health Agenda, which focuses on financial risk protection, better health outcomes, and a health system that is responsive and provides access to services. This agenda will require bureaucratic systems that are effective and agile, strategic approaches to engender better health outcomes, and stakeholder vigilance over policies, budgets and systems.

This Health Agenda comes as the Philippines makes significant strides to address inequities and inefficiencies in health financing, service delivery, regulation and demand generation. The Department of Health budget continues to rise and social insurance, administered by PhilHealth, continues to expand to cover the indigent. Decentralization resulted in local government units funding approximately 13 percent of the total health budget.

PhilHealth, the social insurance arm of the Department of Health, estimated it had reached 92 percent coverage of the projected population in 2015, including all of the 15.3 million indigent households. As of 2015, close to 49 percent of all PhilHealth beneficiaries (45 million) were indigent members. The number of PhilHealth-accredited outpatient clinics providing primary care benefits, maternity care and the Directly Observed Treatment Short-course (DOTS) package for tuberculosis continued to increase, with 83 percent of facilities in the local government units providing these key public health services.

Gaps in the continuum of care are still evident. Underserved populations, especially those from the lowest income quintiles and from geographically isolated and depressed areas, continue to suffer from a high prevalence of tuberculosis, including multidrug-resistant TB (MDR-TB), and preventable maternal and newborn deaths, due to limited adoption of healthy behaviors, weak health systems and governance, and

inadequate service delivery.

Health sector performance is affected by weak logistics and pharmaceutical management, shortages of qualified health professionals in underserved areas, less than optimal capacity to utilize allocated budget, and under appreciation of private sector contribution to health. Significant variations in quality of health services, supervision and mentoring at both the national and local levels exist.

PRIORITIES FOR IMPROVING HEALTH OUTCOMES

USAID's long and successful relationships with the Department of Health and other key stakeholders, at the national and sub-national levels, provide a platform for USAID to have an impact on a broad range of critical health problems and the underlying systems issues facing the country. USAID's comparative advantages, its experience within the Philippine health sector and the availability of program funding influence priority setting for this project. At the same time, the Health Project remains flexible to changing priorities within the U.S. Government and the Government of the Philippines, as well as new opportunities in the health sector, should additional funds become available.

At the technical level, this Project prioritizes detecting and treating tuberculosis, especially multidrug-resistant tuberculosis and improving family planning and maternal, neonatal and child health to align with current USAID/Philippines funding streams. USAID has extensive policy and field level experience and is a major bilateral donor in these areas. Other health issues may be added as resources allow.

Priorities for systems strengthening include fortifying public sector supply chain and pharmaceutical management; institutionalizing policy development and finance and technical training programs; and honing capacity to manage and oversee human and financial resources. These are areas that demonstrate critical challenges for the new Health Agenda.

USAID's commitment to volunteerism, institutionalization and sustainability will underlie the implementation of these priorities.

PROJECT PURPOSE AND VISION

The purpose of this project is Improved Health for Underserved Filipinos.

"Underserved" in the primary context of this Project, refers to people exposed to or with tuberculosis or multi-drug resistant tuberculosis; youth and adults at risk for unwanted, early pregnancy and childbirth; and pregnant women in need of antenatal care and life-saving, safe delivery for themselves and their newborns. Through this Project, we will be directly attacking poverty as epidemiology shows a direct correlation of these health concerns with low income and poverty. We will expand the definition of underserved populations in this Project if or when additional funding becomes available for other global health concerns.

We will focus the Project in geographic areas where the health burden is the greatest. Specifically, for tuberculosis, we will work in areas where the TB disease burden is the highest. For family planning, we will concentrate in areas with the highest unmet need for family planning. We will also focus our work in areas where there are high teenage pregnancy rates. We will program our maternal and child health funds in areas where the nexus for high unmet need and high teenage pregnancy rates meets with high neonatal deaths. Our health systems strengthening activities will be national in nature. We will work at the national level using all funding streams to develop policies and guidelines and assist the Department of Health

with systematic implementation of policies and guidelines at the regional and local government unit levels. We will prioritize our work in USAID/Philippines Cities Development Initiative cities where they overlap with high health burden in the technical areas where we work.

For the Philippines to meet its own health goals and achieve the United Nations Sustainable Development Goals for health, a far greater proportion of Filipinos must consistently practice healthy behaviors and seek and receive quality care through a functioning and sustainable health system. Embedded in the Project purpose is a three-pronged set of sub purposes designed to: 1) strengthen individual healthy behavior; 2) fortify the quality of health services to push for more patient-centered approaches; and 3) bolster and institutionalize key public health systems needed to support these behaviors and services.

We have strategically designed capacity-building under the Project to move toward significant, positive changes in the health system as a whole.¹ As a result, the Philippine health system will absorb, institutionalize and sustain technical and systems approaches to meet the needs of the underserved.

In cooperation with government, non-government organizations, civil society organizations, other donors, public and private service providers, and underserved citizens, USAID will work in partnership with the Philippine government and other key stakeholders to “improve the health of underserved Filipinos” under this project. Significant changes are expected at the individual, community, services, and systems levels, and many of these expected outcomes will depend on positive changes at different levels of the health system.

Desired outcomes at the individual level include:

- An increased number of tuberculosis patients finishing their treatment and avoiding the dangers of multidrug-resistant tuberculosis;
- Multidrug-resistant tuberculosis patients completing shorter state-of-the-art treatment regimens;
- More newborns receiving a full package of neonatal interventions and staying alive;
- More pregnant women having safe deliveries in respectful, gender-sensitive environments;
- More people, especially girls and women, in underserved areas demonstrating healthy lifestyles and empowered to seek services;
- More youth and adults practicing healthy behaviors and using family planning methods to prevent unwanted pregnancies;
- Fewer young people having early and/or closely spaced pregnancies;
- Greater involvement of men in family planning and overall health; and
- More underserved populations demanding and utilizing PhilHealth benefits and saving on out-of-pocket costs.

Desired outcomes at the provider and community levels include:

- A wide range of government and non-government organizations, ranging from elementary schools to informal peer groups, bolstering healthy lifestyles at the local level;
- Multi-sector community collaborations pursued in sectors such as education, environment, and livelihoods to achieve synergistic results in health;
- Service delivery providers and health facilities in underserved areas routinely providing quality, patient-friendly, youth-friendly and gender-sensitive services;
- Public and private providers receiving appropriate training and professional mentoring;

¹ USAID calls this “Complexity Aware Monitoring” when results are achieved and tracked both directly and in concert with the entire country or system.

- Facilities receiving supportive supervision that guides team-centered solutions to bottlenecks to quality service delivery; and
- Implementation research conducted to identify and adapt approaches to patient-centered, quality services for the underserved.

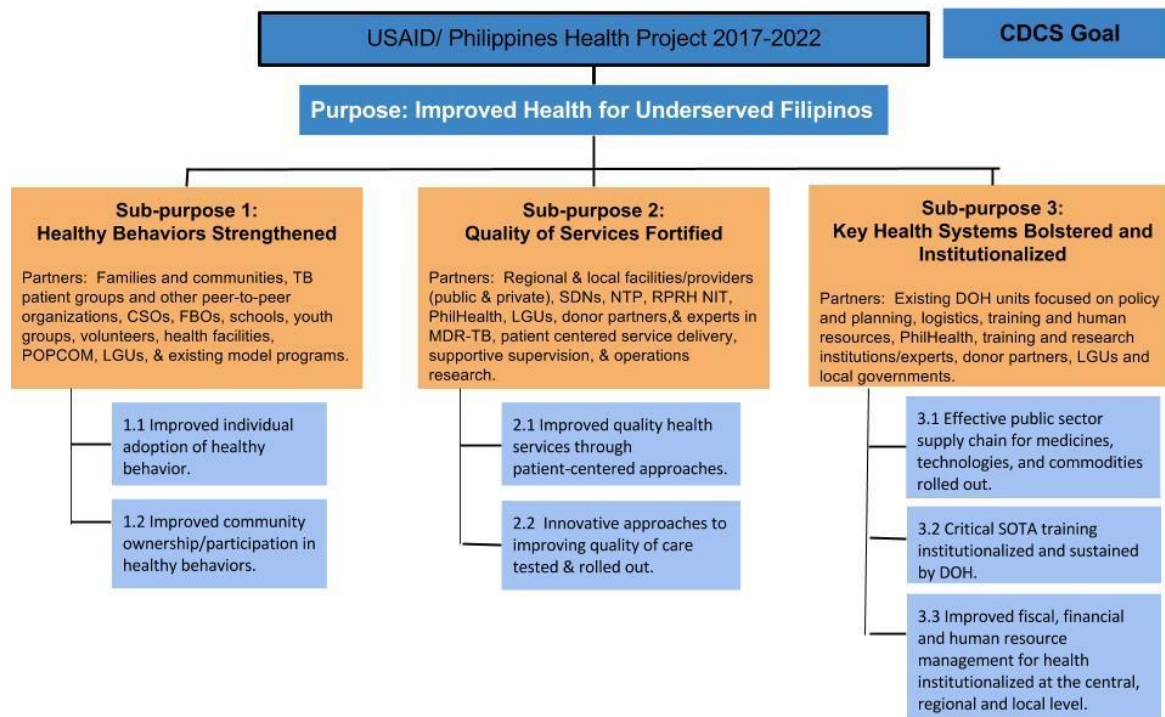
Desired outcomes at the systems level include:

- In-service state-of-the-art training institutionalized within the Department of Health in a manner that no longer requires donor technical support and does not disrupt the care of patients in underserved areas;
- A public-sector supply chain management system that is modernized and effective, and other related pharmaceutical management elements in place for sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medicines and medicine-related pharmaceutical services;
- Institutionalized training of local government unit leaders on health governance at the regional and national levels;
- Local governments with the economic and fiscal skills to budget and manage financing for their underserved constituents;
- Human resource management capacity at the national and sub-national levels to sustain and expand essential health services;
- National policies translated and implemented at the local level; and
- Collaborative implementation research utilized to adapt technologies and programs that meet the health needs of the underserved.

PROJECT DESCRIPTION

Individuals need to be in control of their own health to improve it. To have this control they need access to evidence-based information and to affordable, quality services and commodities. For the poor, especially women and girls, this is a special challenge, as out-of-pocket expenditures can impoverish a family. To serve these underserved populations on a sustained basis, health systems require rational policies and strong leadership and governance.

The following chart and description of the Project's theoretical framework examines how we might meet these needs and requirements through the Project.



THEORY OF CHANGE AND SUB-PURPOSES

The underlying theory or hypothesis of this Project is that strengthening key aspects of the health system will contribute to the health of underserved Filipinos, and the overall health profile of the country will improve. By addressing the needs of the individual, the quality and equity of services, and the sustainability of services and systems, underserved Filipinos will be able to develop and maintain healthy behaviors and seek and receive quality health care.

For USAID, this translates into moving away from being a supporter that fills technical, personnel, and management gaps and towards fortifying and institutionalizing the behavior, services and system functions themselves. The Project’s increased focus on sustainability merits deeper engagement with local actors and the local systems that are crucial in achieving and sustaining overall health outcomes.

The Project prioritizes activities outlined in the Philippine Health Agenda, which aims to improve Filipinos’ access to quality healthcare, especially the marginalized and the poor. We have aligned it with the Responsible Parenthood and Reproductive Health Law’s Implementing Rules and Regulations and the National Tuberculosis Control Law. The new Health Project bolsters PhilHealth and the Department of Health’s joint strategies to improve the accountability of both agencies -- including local government units -- to reduce duplication and improve the quality and efficient use of human and financial resources.

Three Sub-purposes form the outputs for the project and will help inform the content areas and initiatives of each Project activity, as well as Project management and adaptation.

Sub-purpose 1: Healthy behaviors strengthened

Healthy behaviors strengthened will be achieved through providing information, activities, and new local partnerships that allow individuals to make informed choices about how to protect their health, sustain the practice of healthy behavior, and access health services when needed. An emphasis will be to bring relevant community partners, (e.g., NGOs, youth groups, tuberculosis patient groups, the private sector and schools) to better meet these needs. Lower level objectives for this sub-purpose will be:

- 1.1 Improved individual adoption of healthy behavior.
- 1.2 Improved community ownership/participation in health behaviors.

Examples of improved behavior include: People with a cough or possible exposure to tuberculosis getting tested, and, if positive, completing the entire course of drugs and taking care not to infect others; teens avoiding early, unwanted pregnancies; and pregnant women availing themselves of complete and timely antenatal check-ups, opting for facility-based deliveries, acting on the signs of distress during a pregnancy, spacing births, and demanding neonatal care.

Activities under this Project in family planning, maternal and child health, and tuberculosis, including multidrug-resistant tuberculosis, will work with families, communities, community leaders, schools, health care organizations, public and private providers and social media. The project will leverage the support of local government units and the Department of Health (e.g., National Tuberculosis Control Program, Commission on Population, PhilHealth), Department of Education, Department of Social Welfare and Development, as well as non-governmental groups, such as the Midwives Association and other civil society organizations.

We will develop new partnerships to multiply the impact of public sector programs. Illustrative examples include: 1) Non-governmental organizations dedicated to women's empowerment and livelihoods providing relevant messages to girls and young women, combined with healthy behaviors towards reproductive and other health decisions; 2) peer groups of tuberculosis patients encouraging and monitoring members' drug compliance; or 3) teens talking to teens, either within or outside of school, about sexuality and responsible parenthood, coupled with strong social and behavior change work.

Past USAID experience suggests the following assumptions remain valid:

- USAID Project activities will have reasonable access to underserved citizens in low-income, urban and rural areas.
- Present Philippine political support for the implementation of the Tuberculosis Law and the Responsible Parenthood and Reproductive Health Law will continue at central, regional and local levels.
- Public sector funding levels at the central and regional levels will be maintained at current levels and/or increased throughout the life of the project.
- Health services will be continued or resumed during periods of natural disaster or political unrest (the latter refers primarily to the ARMM region or Mindanao).
- The new U.S. Administration will continue to support the funding earmarks and USAID priority health areas in the Philippines.
- Funding and staffing levels from USAID will be maintained at current levels and/or increased.
- USAID and the Project have the capacity and flexibility to respond to new opportunities in the health sector.

Sub-purpose 2: Quality of service delivery fortified

Quality of service delivery requires three critical characteristics:

- Evidence-based services: State-of-the-art medical approaches for efficient and effective treatment of tuberculosis and multidrug-resistant tuberculosis, family planning methods, and maternal health, delivery and neonatal care
- Quality individual care: Provided by skilled staff, individualized, patient-centered, culturally sensitive, clearly communicated and accounting for beliefs and values
- Empowerment in decision-making: Patients and their families are active participants in the decision to seek services and in the services and treatments they receive, and service providers are active participants implementing best practices

Note: Sustainability: Under this Project attaining sustainability requires pushing the envelope of technology and evidence-based approaches to health delivery (e.g., using GenXpert to identify multidrug-resistant tuberculosis, post-partum IUDs, emergency obstetric and newborn care) and social organization (e.g., social insurance; linking to private providers and facilities, and non-governmental organizations; enlisting support from local government units). It also requires investments in the underlying systems (e.g., pharmaceutical management, finance, policy development, and human resource development). For each activity under the Project, sustainability requires transformative investments in empowerment, quality, and systems where post-investment planning is part of the development of each activity, and not a final phase of a work plan.

We will place emphasis on fortifying the quality of services using patient-centered approaches to diagnose, provide care and treatment, and, mentor other health care providers. The Project will also contribute to identifying, developing, and implementing innovations to improve the quality of health services. Lower level objectives for this sub-purpose will be:

- 2.1 Improved quality of health services through patient-centered approaches.
- 2.2. Innovative approaches to improving quality of care tested and rolled out.

USAID project activities will work with public and private facilities and providers (e.g., midwives, DOTS physicians), local health officials and PhilHealth representatives. Implementation research conducted in collaboration with the appropriate counterparts will introduce new approaches and technologies, and demonstrate and assess the models of service delivery networks.

The quality package is exemplified by: more approachable gender-sensitive service delivery providers whose trust and respect allows them to provide better patient diagnosis which is expected to result in improved therapeutic outcomes; supportive supervision that can pinpoint and fix a transport system as an important link to better emergency obstetric care; or Department of Health-supported service delivery networks that can work as genuine team members with providers and facilities.

Sub-purpose 3: Key health systems bolstered and institutionalized

Under this sub-purpose, selected functions of the health system – training, provision of commodities, regional and local governance, and financial risk planning and budgeting – that are considered critical by

the Department of Health, USAID and other stakeholders will be fortified, institutionalized, and sustained. Lower-level results for this sub-purpose would be:

- 3.1 Effective public-sector supply chain for medicine, technologies, and commodities rolled out.
- 3.2 Critical state-of-the-art training institutionalized and sustained by the Department of Health.
- 3.3 Improved fiscal, financial and human resource management for health institutionalized at central, regional and local levels.

Note: Institutionalization, in this Project, refers to public health functions becoming fully part of the Department of Health’s responsibility, organization and culture. **Functions** refer to a variety of Department objectives being fortified under this Project, including the provision of state-of-the-art professional training, central and regional fiscal management and governance for health, relevant and effective health policy development and implementation, and the rational allocation of human resources. The process of institutionalization requires changes in the procurement and management of resources, both human and monetary. It also requires a change in culture within the Department of Health regarding what can be accomplished on a sustained basis without recurrent donor support.

In all cases, USAID-supported analyses, training and capacity-building will need to be paired with Department of Health’s active leadership, participation and budgetary support for successful completion of this work. It is also expected that to sustain these public sector initiatives, the Department of Health will need and receive assistance through this Project to revise the scope and capabilities of existing central government units dedicated to the public-sector supply chain for medicines and commodities, policy and policy tracking functions, health governance and training.

Examples of improved systems include: Supply chain systems that do not suffer critical stock-outs, even during periods of flooding or other natural disaster events; Department of Health providing and managing its own state-of-the-art training for service providers and program managers; and internal Department of Health capabilities to contract out for technical services.

A wide variety of public and private individuals and entities will be involved in this implementation. Partners range from private sector suppliers and distributors to certified trainers in state-of-the-art technical areas from universities, civil society organizations and other donor-funded projects. Many activities will need to work at the central, regional and local levels of government and at times with appropriate government agencies, e.g., Food and Drug Administration for pharmaceutical management and PhilHealth for work on finance.

MANAGEMENT AND IMPLEMENTATION PLAN

USAID/Philippines will implement the health project through a combination of state-of-the-art field platforms, roll-out of innovations and system strengthening activities, along with robust monitoring, evaluation, learning and adapting. Specifically, there will be:

- Six technical activities aligned – three for tuberculosis and three for family planning and maternal and child health -- transferring state-of-the-art experience in behavior change, quality improvement and equitable access to services, as well as working with the Department of Health and other stakeholders to develop and help roll out innovations in partnering, service delivery and technologies;
- Four systems strengthening activities designed to make local ownership a reality by fortifying

regional health governance, central and regional health financing and resource management, supply chain management and human resources, while institutionalizing leadership and technical training, supply chain management and policy development, currently being buttressed by USAID and other donors, into the Department of Health.

- A Collaborating, Learning and Adapting activity that will assist USAID to define and report on the quantitative and qualitative progress, define a strategic research and analysis agenda in cooperation with stakeholders, evaluate data quality, conduct impact and program evaluations and develop tools and opportunities for dissemination and adaptation.
- International technical assistance will be provided for the 2020 National Census and 2022 National Demographic Health Survey.
- If funding becomes available, activities designed to tackle other critical health areas will be implemented under this Project Appraisal Document, using the same theory of change.

As suggested under each Sub-Purpose, USAID will collaborate with and/or directly engage national and regional government units, private sector, civil society, professional organizations, academic institutions, international experts, communities, schools, youth groups, model health facilities and other donors and international organizations.

Collaboration with government and other donor partners will take different forms. In some cases collaboration will occur at the national and regional levels. For example, the National Tuberculosis Control Program provides strategic direction; local government provides facilities, staff, and referrals to DOTS providers; USAID provides multi-drug-resistant tuberculosis scale-up assistance; and the Global Fund provides drugs and equipment. In other cases, such as the development of improved financing schemes, PhilHealth experts may work in collaboration with USAID, European Union and World Bank on a day-to-day basis for a set period to complete a result. Whatever the form of the collaboration, it will uniformly avoid duplication and capture the synergies of effective partnerships.

Geographic focus at the sub-national level for technical activities will also take different forms. For tuberculosis and multidrug-resistant tuberculosis, the Project will work in areas with the highest burden of tuberculosis and will be scaling up the fight against multidrug-resistant tuberculosis. In family planning and maternal and child health, the Project will give more emphasis to the sustainability of Project activities by providing skills, partnerships and innovations, and will focus in areas with the highest unmet need for family planning and where there are high teenage pregnancy rates. We will program our maternal and child health funds in areas where the nexus for high unmet need and high teenage pregnancy rates meets with high neonatal deaths.

PROPOSED ACTIVITIES

TB Activities

1. Patient-Centered TB Care

The goal of the Patient-Centered TB Care activity is to collaborate with the Government of the Philippines to expand, scale-up and institutionalize prevention, detection, and treatment of tuberculosis and multidrug-resistant (MDR) TB. Through partnerships with regional, provincial and local governments and communities, the activity will build capacity to reduce the tuberculosis burden in selected regions,

strengthen the responsiveness of the health care delivery system, and develop approaches to reduce the catastrophic costs associated with tuberculosis treatment. The activity will focus on supporting families and communities to adopt and improve healthy behaviors to prevent, detect and treat TB, support implementation at scale in regions with the highest TB burden and bolster key health systems necessary for efficient and optimal delivery of quality TB services. Expected results include: improved TB health care-seeking, treatment adherence, and enrollment on treatment; robust service delivery networks with qualified health providers that offer comprehensive TB prevention, care and treatment services; and improved systems that support governance, financing, laboratory services and data management and monitoring.

2. TB Innovations

The TB Innovations activity is designed to strengthen national and regional level implementation of the National TB Strategic Plan by providing state-of-the-art capacity building and approaches to scale-up TB and MDR-TB prevention, detection and treatment. The activity will improve policies and build the capacity of the Department of Health and regions to implement a world class national TB program, institutionalize and sustain partnerships with the private sector for TB prevention, detection and treatment, pilot and test innovative approaches to improve the quality of care for patients with DR-TB and bolster the TB diagnostic network system. Expected results include: improved, evidence-based approaches for engaging the private sector to diagnose and treat TB patients; more comprehensive and rapid high-quality TB laboratory diagnostics systems; accelerated development and dissemination of national TB policies and guidelines that are aligned with international standards; and analysis and introduction of new treatment regimens, medications and approaches for DR-TB.

3. TREAT TB

TREAT TB will provide interim capacity-building and expertise to bolster scaling up the shortened TB regimen (STR) with Bedaquiline, including integration of pharmacovigilance monitoring, support operations research (OR) and other analyses for the shortened treatment regimen, develop and implement OR training courses and develop initial strategies for engaging the private sector. This activity lays the groundwork for and will complement activities conducted under the TB Innovations mechanism. Expected results include: improved quality of care and pharmacovigilance for patients under the STR, realistic and focused scale up of the STR to assure quality of services, accurate and improved analysis of the STR and bedaquiline data from the OR phase, and DOH staff trained to conduct operations research.

Family Planning and Maternal, Neonatal and Child Health Activities

4. Family Planning and Maternal and Child Health (FP and MCH) Innovations and Strengthening Service Platforms

The Family Planning and Maternal and Child Health activity will collaborate with the Government of the Philippines to expand and scale-up evidence-based approaches to improve family planning and maternal, neonatal and child health services. The activity outcomes include reductions in unmet need for modern FP, teenage pregnancy rates, and neonatal deaths. The activity aims to strengthen healthy behaviors among youth, women and men; fortify the quality of patient-centered family planning and maternal and child health services through national scale-up of targeted high impact FP and MCH interventions; improve supervision and mentoring for public and private sector providers; and support policies and systems that will bolster the enabling environment. The activity will work with key counterparts to provide expert technical assistance to test and introduce state-of-the-art technologies, new approaches, and partnerships. Expected results include: improved practice of healthy behaviors; comprehensive, and quality and patient-centered services available and accessed by underserved populations.

5. Community Maternal, Neonatal, Child Health and Nutrition Scale Up

The goal of this activity is to improve maternal and neonatal health by sustaining quality services through mentoring and monitoring midwives; bolstering capacities of midwives to improve access to family planning services; and boosting the capabilities of midwives associations to participate in the policy process, especially as they impact midwifery practice. The Community, Maternal, Neonatal, Child Health and Nutrition Activity aims to contribute to improved family health through increased utilization of quality maternal and neonatal health services, including family planning. Illustrative interventions include: promoting adolescent-friendly care with age-appropriate information and counseling approaches, mentoring and developing midwives skills on interpersonal communication and providing quality maternal and newborn care, and institutionalizing the use of client satisfaction surveys. Expected results include: quality and patient-centered services provided by midwives; midwives providing a wider range of family planning services including referral information; and improved partnerships between public and private sectors and between obstetricians/gynecologists and midwives, for quality maternal and neonatal health.

6. FP/MCH Service Delivery in the Autonomous Region in Muslim Mindanao (ARMM)

The Family Planning and Maternal and Child Health Service Delivery activity will fortify proven effective high-impact interventions in family planning and maternal, neonatal and child health service delivery in ARMM. The activity aims to achieve reductions in teenage pregnancies, unmet need for FP, and maternal and newborn deaths. Illustrative interventions include: expanding quality service outreach to hard-to-reach communities, testing new approaches for adopting healthy behaviors, providing adolescent reproductive health services, training public and private providers on high-impact approaches to maternal and newborn care (e.g. critical delivery and neonatal procedures), and strengthening local health systems. Expected results include: improved health-seeking behavior and healthy practices among women, men, boys and girls in the ARMM; increased availability of comprehensive and high quality family planning, and maternal, neonatal and child health services to underserved populations in the region; and increased access to and utilization of FP services among men and women.

Health Systems Strengthening Activities

7. Health Leadership and Governance Program (HLGP)

The Health Leadership and Governance activity aims to institutionalize leadership and governance capacity building in central and regional health management systems. The activity bolsters the Department of Health's (DOH) capacity to manage HLGP by integrating leadership and governance capabilities into the DOH's performance competency-based framework. The activity will strengthen the leadership capabilities of the DOH's Regional Offices to influence and affect health systems strengthening at the regional and local levels. Illustrative interventions include: developing and strengthening local health systems; co-developing leadership competency standards; collaborating with DOH Regional Offices to coach and mentor chief executives in provinces, cities, and municipalities; and integrating leadership modules for different levels of local government to address adaptive leadership challenges within a service delivery network. Expected results include: enhanced leadership and management capacities of the Bureau of Local Health Systems Development to implement the Health Leadership and Governance Program; leadership and governance competencies integrated into the DOH Competency Framework; and DOH Regional Offices, local government units, civil society, and the private sector established as convergence mechanisms to support HLGP implementation.

8. Expanding Universal Health Care

The goal of the Expanding Universal Health Care Activity is to work with national, regional and local level institutions (Department of Health (DOH), PhilHealth and local government units (LGU)) to plan for adequate and sustained financing for health programs and services. The activity aims to institutionalize policy development, monitoring and oversight within the DOH and PhilHealth; build management, analytical and financial capacity at the central and regional levels of the DOH and PhilHealth; and assist regional governments to establish trust funds and other similar mechanisms for health financing at the LGU level. Illustrative interventions include: building fiscal and financial management capacities at the national, regional and local levels; developing a monitoring mechanism to track optimal utilization of funds for health; supporting the DOH and PhilHealth to streamline accreditation and claim processes; and rationalizing zero balance billing to support implementation at the national, regional, and local levels. Expected results include: increased demand for and utilization of PhilHealth benefits and reduced out-of-pocket expenses by underserved populations; DOH and PhilHealth financing policies and guidelines translated and systematically implemented at the regional and local levels; establishment of trust funds and similar mechanisms for health financing by LGUs; and increased and effective utilization of health budgets.

9. Supply Chain Management

The goal of the Supply Chain Management Activity is to provide state-of-the-art capacity-building to the Department of Health (DOH) to establish a fully functional supply chain management system, including but not limited to forecasting, procurement, warehousing, inventory management, distribution and use at the point of care. Illustrative interventions include: establishing procedures, training, and monitoring systems for supply chain operations at the regional, local, and facility/provider levels; assisting the DOH to establish a single, integrated supply chain management unit responsible for all commodities across vertical programs and to develop a supply chain master plan; and assisting the DOH and other Government of Philippines Agencies with pharmacovigilance and antimicrobial resistance monitoring. Expected results include: an established functional supply chain system at the DOH that provides adequate and timely access to a regular supply of quality commodities at the point of care and supported by an enabling policy, legal and governance framework; a working supply chain management unit at the DOH that is capable of coordinating and integrating supply chain activities that are responsive to the health system's needs; and a strengthened pharmacovigilance and antimicrobial resistance monitoring system.

10. Human Resources for Health (HRH)

The goal of the Human Resources for Health Activity is to provide capacity-building to the Department of Health (DOH), at all levels, to strengthen the deployment, training, and management of a qualified health workforce to improve access to and quality of FP, MCH and TB services for vulnerable populations. Illustrative interventions include: assisting the DOH to develop a staffing plan that delineates requirements and competencies at all levels of care; supporting the DOH to conduct training needs assessments, develop a health workforce database, and institutionalize health service provider training courses; and building the capacity of the DOH to develop HRH policies and guidelines. Expected results include: an institutionalized training system; an improved workforce deployment system for competent and qualified health providers; and the development and implementation of relevant HRH policies and guidelines.

11. Collaboration, Learning, and Adapting (CLA)

The Collaboration, Learning and Adapting Activity (CLA) will serve as the primary monitoring, evaluation, and learning instrument for the USAID/Philippines Office of Health's Health Project 2017-2022. The activity will provide technical assistance, advisory services and relevant logistical support to

monitor project performance, design and implement performance evaluations, conduct select implementation research and impact evaluations, conduct secondary analyses of research data, and facilitate continuous collaboration, learning and adapting for all Health Project activities. Information generated by this activity will be used to inform policy recommendations and programmatic decision-making throughout the life of the Health Project. Expected results include: completion of analyses of USAID's contributions to support achievement of select indicators of the Philippine Health Agenda which may include, reductions in TB, reductions in unmet need for FP, and reductions in teen pregnancies and neonatal deaths; collection and analysis of baseline data for required and high-level project indicators; monitoring project level performance; completion of a project performance evaluation; completion of select impact and implementation research studies; and organization of innovative learning opportunities for adaptive management.

MONITORING, EVALUATION AND LEARNING

Under this Project, the Office of Health will become more purposeful in its approach to continuous learning and adapting. Project monitoring will track required indicators under each funding stream, as well as activity-level indicators and benchmarks. Activity monitoring will be directly related to the individual and service delivery improvements made in the Project.

Evaluation will be Project-wide so that we are asking the questions that, when answered, will add value and can be incorporated into project activities or directly into action within the health sector.

Additionally, the collaboration, learning and adapting activity will complete limited implementation research and secondary analyses on specific questions to support adaptation of approaches used by the Department of Health or other stakeholders to meet their objectives.

Learning will be collaborative throughout the Program Cycle to add value to and strengthen existing practices and processes. The Project will adopt an inward and outward approach to learning in order to improve implementation and contribute to the health sector as a whole. Learning will be inward for the Office of Health to inform activity adaptation, termination, and additions throughout the course of the Project. Externally, USAID will share lessons learned and approaches from the Project with stakeholders, decision-makers, the global health community and the public in a purpose-driven manner.

USAID/Philippines welcomes public comments about this PAD. Please send them to manilausaidhealthproject@usaid.gov by June 22, 2017.