**Request for Proposal (RFP)**

**RFP Number: CLAH-**RFP-001-2020

**RFP Title:** Joint Learning on Adaptations in the Era of COVID-19: An Assessment of Intervention Adaptations and Adaptive Management Processes among USAID/Philippines Health Project Implementing Partners

**Issue Date:** September 11, 2020

**Closing Date and Time for Questions:** September 18, 2020**,** 5:00 PM, Philippines Standard Time

**Closing Date and Submission of Proposals:** October 11, 2020

**Place of Performance:** Manila, Philippines

To All Prospective Offerors:

Panagora Group’s USAID-funded activity, USAID’s Collaborating, Learning, and Adapting for Improved Health Project (herein after referred to as CLAimHealth) is seeking proposals from qualified vendors to provide services as described in the attached RFP. The purpose of this activity will be to conduct implementation research that focuses on identifying and documenting the adaptive actions of the USAID/Philippines Health Project implementing partners in ensuring continuity of essential health services in the COVID-19 era and beyond. The ceiling price for this work is US$50,000.

The implementation research is to be conducted in the Philippines and as such Offerors should be based in the Philippines. Interested Offerors must submit separate technical and cost pricing proposals that comply with the requirements of the statement of work and this request for proposals (RFP) by the closing date.  CLAimHealth intends to award one to two Firm Fixed Price subcontract(s) to the successful Offeror(s).

Please email your technical and cost proposals no later than the closing date and time for submission of proposals indicated above. Proposals should be emailed to:

ATTN: Ms. Irene Guevarra

Email:  ireneguevarra@claimhealth.net

CLAimHealth reserves the right to award a subcontract without discussions or the submittal of final revised proposals. Therefore, Offerors are advised to review the RFP in detail, raise questions and

request clarifications by the closing date for questions and submit a comprehensive and responsive proposal meeting all the requirements of this RFP. The Offeror’s initial offer should contain its best terms from both a cost and technical standpoint. All proposals must be received by the closing date and time. Proposals received after the closing date and time will not be considered.

If substantive questions are received that affect the response to the solicitation, or if changes are made to the closing date and time, as well as other aspects of the RFP, this solicitation will be formally amended.  Any amendments to this solicitation will be provided to all requesters of this RFP. All questions related to this RFP should be delivered by email to the contact person listed below, using both email addresses provided, by the closing date and time listed above. In addition, a Zoom meeting will be held on the closing date to provide opportunity for questions from all interested parties to be shared and discussed. Interested parties should use the contact information below to request a Zoom invitation.

Ms. Irene Guevarra

Email:   [claimhealth@claimhealth.net](about:blank) ; phil-cla-amt@panagoragroup.net

Issuance of this solicitation does not constitute an award commitment on the part of CLAimHealth or Panagora, nor does it commit CLAimHealth or Panagora to pay for any costs incurred in preparation or submission of a proposal.  CLAimHealth or Panagora reserves the right to reject any and all offers, if such action is considered to be in the best interest of the activity.

Sincerely,

Irene Guevarra

Administration & Finance Manager

USAID’s CLAimHealth Project

**Table of** **Contents**

[Section 1 – Instructions to the Offeror 3](#_Toc49777377)

[A. Request for Proposals for Implementation Research Issued By 3](#_Toc49777378)

[B. Project 3](#_Toc49777379)

[C. Scope of Work Title 3](#_Toc49777380)

[D. Award 3](#_Toc49777381)

[E. Period of Performance 4](#_Toc49777382)

[F. Technical Proposal 4](#_Toc49777383)

[Section 2 – Technical Evaluation Criteria 7](#_Toc49777384)

[Section 3 – Statement of Work (SOW) 8](#_Toc49777385)

[A. Background/Rationale 8](#_Toc49777386)

[B. Objectives and Learning Questions of Joint Learning 9](#_Toc49777387)

[C. Tasks and Deliverables 10](#_Toc49777392)

[D. Illustrative Methods 11](#_Toc49777393)

[E. Implementation research team/institution 12](#_Toc49777395)

[F. Timeline 12](#_Toc49777396)

[G. Travel 12](#_Toc49777397)

[H. Reporting 12](#_Toc49777398)

[Annex 1: USAID/Philippines Health Project Background 13](#_Toc49777399)

[Annex 2: DOH Memorandum No. 2020-1067, Continuous Provision of Essential Health Services During the COVID-19 Epidemic (attached) 15](#_Toc49777400)

[Annex 3: USAID implementing partners efforts to adapt to the new normal 16](#_Toc49777401)

# Section 1 – Instructions to the Offeror

## **Request for Proposals for Implementation Research Issued By**

USAID’s CLAimHealth Project

23/F Tower 1, The Enterprise Center, 6766 Ayala Avenue

Makati City 1200, Philippines

Email: claimhealth@claimhealth.net

## **Project**

Panagora Group is contracted by the United States Agency for International Development /Philippines (USAID/Philippines) to implement the Collaborating, Learning and Adapting for Improved Health (CLAimHealth) Project

Prime Contract or Subcontract Number:

IDIQ No. AID-OAA-I-15-00025, Task Order No. 72049218F00001

USAID/Philippines assistance, through the work of nine current implementing partners (IPs),including CLAimHealth, enhances the capacity of the Philippines Department of Health, local governments (provinces, municipalities and cities) and the private sector to provide quality health services to the underserved. All USAID activities support the Philippine government’s health care agenda and are implemented through a bilateral assistance agreement with the Department of Health. USAID-supported programs strengthen health systems while increasing the demand for and access to family planning and maternal and child health services; TB prevention, treatment and control; and community-based drug rehabilitation. Details of the USAID/Philippines Health Project may be found in **Annex 1**.

## **Scope of Work Title**

Joint Learning on Adaptations in the Era of COVID-19: An Assessment of Intervention Adaptations and Adaptive Management Processes among USAID Health Project Implementing Partners

## **Award**

1. Panagora Group will award one to two firm fixed price subcontract(s) to the responsible Offeror(s) whose response to the solicitation is most advantageous to the CLAimHealth project, cost, and other factors considered, as detailed in Section 1 of this solicitation.
2. Panagora Group may award a subcontract on the basis of initial offers received without discussions. Therefore, each initial offer should contain the Offeror’s best terms from the cost or price and technical standpoint. It is intended that one to two Offerors provide all the services being requested under this solicitation.
3. This solicitation does not commit Panagora Group to make an award. Panagora Group may (a) reject any or all offers, (b) not select the offer with the lowest cost, and (c) waive informalities or irregularities in offers received.

## **Period of Performance**

The implementation research will be conducted for a period of 14 months, from November 2020 – December 2021.

## **Technical Proposal**

The Technical Proposal should be in the English language, typed, single-spaced, with each page numbered consecutively. All proposals should be in Source Sans Pro or Gill Sans MT, font size 11, “normal” margins (all 2.54 cm), and will adhere to the page limits below.

***Cover Page.*** State the full legal name, address, and telephone number of the organization submitting the proposal and the date of submission. (1 page)

***Table of Contents.*** The Technical Proposal must contain a Table of Contents with page numbers for each section indicated. (1 page)

***Technical Approach.*** The Technical Approach in response to this solicitation should provide a straightforward, concise delineation of how the Offeror intends to carry out and satisfy the requirements contained in the Statement of Work. No cost information is to be included in the Offeror's technical proposal in order to evaluate strictly on its technical merit. A cost proposal shall be submitted separately. The Technical proposal will be evaluated by a Panagora Group Technical Evaluation Committee in accordance with the Technical Evaluation Criteria set forth in Section 2 of this RFP. The Technical proposal will be evaluated to determine if the Offeror understands the required services and if the Offeror's approach is adequate to perform the work. The Statement of Work and its attachments reflect the requirements and the objectives of the work. Merely repeating the Statement of Work without sufficient elaboration will not be acceptable. (15 pages)

***Personnel.*** The proposal shall provide an overall staffing plan for the activity. Offerors must describe the role and responsibilities of staff and their assigned management and decision-making authorities. CVs should be attached to the end of the proposal. (1-page plan, maximum two pages per CV)

Offerors must:

* Provide information on qualifications, background, and experience of the Personnel as they relate to the minimum requirements outlined in Statement of Work.
* Submit a resume detailing the qualifications for each personnel. CVs are limited to two pages and are to be attached in an Annex.
* Submit a signed acknowledgement letter for each proposed personnel stating that he/she understands they have been proposed and that they intend to make themselves available should a contract be awarded.

***Past Performance*.** The proposal should outline similar work Offerors have completed. Although not required, it is preferable to demonstrate work for USAID. (1 page)

In addition, proposals should include 3 professional references from other similar subcontracts. (Annex)

***Price.*** The price proposal will be evaluated separately and will consider factors including effectiveness, control, and realism. Although cost/price is one of several evaluation factors, the proposal with the lowest price may not be selected if Award to a higher priced proposal affords Panagora Group a greater overall benefit.

The Offeror must submit a cost/pricing proposal consistent with the technical proposal and the period of performance. The cost proposal should not exceed 3 pages. Page 1 should present a detailed budget in the format shown below, in Excel and with unprotected cells. Page 2 should provide a written narrative to explain all proposed costs.

**DETAILED BUDGET BREAKDOWN WORKSHEET (SAMPLE FORMAT)**

| **Cost Category** | **Unit Cost**  **(*e.g.,* Daily Rate)** | **Quantity**  **(*e.g.,* Days, No.)** | **Total Cost (USD)** |
| --- | --- | --- | --- |
| Personnel |  |  | **Unit Cost x Quantity** |
| Position No. 1 {name} |  |  |  |
| Position No. 2 {name} |  |  |  |
| Travel |  |  |  |
| Transportation  (type e.g. airfare, ground transportation) |  |  |  |
| Lodging |  |  |  |
| Per Diem |  |  |  |
| Other Direct Costs |  |  |  |
| Communications |  |  |  |
| Printing |  |  |  |
| [List Items] |  |  |  |
| Indirect Costs (e.g. overhead) |  |  |  |
| Value Added Tax |  |  |  |
| Subtotal |  |  |  |
| **Total Firm Fixed Price** |  |  |  |

The Offeror should breakdown the proposed costs in sufficient detail to permit adequate costs analysis. Estimates must show sufficient detail to justify each cost element. Offerors are requested to itemize all costs for Labor, Travel, Transportation, Per Diem, and Other Direct Costs. Each cost element must include a basis or rationale for the estimate.

**Labor.** The Offeror shall list all personnel who will provide services, showing each individual’s daily rate and level of effort to be provided. Labor rates should represent base rates without mark up.

**Travel, Transportation, and Per Diem.** The budget must indicate travel costs related to performing this assignment. The basis or rationale of each unit cost should be included in the cost proposal notes.

**Other Direct Costs (ODCs).** As part of the detailed budget breakdown, the Offeror shall submit a specific list of all ODCs required to perform the services under this subcontract. ODCs include costs such as communications, expendable supplies and materials, and report preparation/reproduction. The basis or rationale of each unit cost should be included in the cost proposal notes.

**Indirect Costs.** The Offeror should include any overhead, fringe, or profit elements in this line. The rationale for these costs must be explained in the cost proposal notes. During subcontract negotiations, offerors may be required to provide company financial statements to substantiate indirect rates.

**Value Added Tax (VAT).** All taxation must be included as a separate line item in your cost proposal. No other costs proposed in your budget should include VAT.

# Section 2 – Technical Evaluation Criteria

All proposals will be evaluated against the evaluation criteria below. The Offeror with the lowest cost may not be awarded the subcontract. Therefore, an award resulting from this RFP will be made to the company that offers the greatest value to CLAimHealth from a technical and cost standpoint.

1. **Technical Approach (40%)**

* Extent to which the proposed technical approach is clear, logical, well-conceived, technically sound, and accurately interprets the request and solutions.
* Extent to which the proposed technical approach demonstrates an understanding of the implementation context.

1. **Key Personnel (30%)**

* Extent to which the proposed key personnel meet the required qualifications and demonstrate the Offeror’s ability to successfully perform the work.

1. **Past Performance (30%)**

* Extent to which past performance information demonstrates successful implementation of similar activities.
* Previous work with USAID data (not required but preferable).

1. **Cost/Price(no rating)**

* Cost/price will be evaluated separately from the technical proposal and will be evaluated to assess the reasonableness of the costs/prices to determine the best value and most advantageous approach to the activity.
* Offeror must represent a price that provides the best value when considering salary rates within the marketplace and the technical and functional capabilities of the Offeror’s team.
* The cost/price must be reasonable, balanced, and demonstrate realism.

# Section 3 – Statement of Work (SOW)

## **Background/Rationale**

USAID’s CLAimHealth project intends to conduct implementation research on Joint Learning on Adaptations in the Era of COVID-19. This research focuses on identifying and documenting the adaptive actions of the USAID/Philippines Health Project implementing partners in ensuring continuity of essential health services in the COVID-19 era and beyond. In alignment with the directives of the Philippine Department of Health (DOH) Circular on “Continuous Provision of Essential Health Services during the COVID-19 Epidemic” **(Annex 2)** , the Health Project recognizes that the COVID-19 pandemic does not remove the need for essential health services that exist under normal circumstances. To continue to meet the healthcare needs of all Filipinos, services must continue both in the community and in health facilities in parallel with the COVID-19 emergency response plan.

The emergence of COVID-19 as a major epidemic has caused the Health Project to carefully consider its current interventions and how they can be adapted to continue to meet previously identified challenges and in addition, new or amplified challenges due to COVID-19. The health system, for example, was already stretched and is now further weakened by COVID-19, leading to disruption of essential health services like tuberculosis (TB), family planning (FP), adolescent and reproductive health (ARH), and community-based drug rehabilitation (CBDR). All elements of the health system appear to be affected in some way. For health service delivery, there has been limited access to services during lockdown and physical distancing, plus limited mobility for community-based services. The health work force has been further stretched and diverted to COVID-19 response, and health care workers are grappling with infections and stress. Health information systems are challenged by incomplete and delayed reporting and a shift to remote M&E tools. Access to drugs, personal protective equipment, and other commodities has been hampered by stockouts and maldistribution. In financing, massive resources have been rechanneled to COVID-19 mitigation, control, and the Social Amelioration Program, and in governance, evolving and often conflicting policies and orders have slowed concerted responses. Examples of USAID implementing partners efforts to adapt to the new normal may be found in **Annex 3**.

Because of the need for urgency in responding to this new reality, to meet ongoing challenges and in addition, new or amplified challenges due to COVID-19, the proposed implementation research is an opportunity to reduce the gap in time between our assessments of Health Project interventions and the process of identifying, documenting, sharing, and/or scaling up lessons learned and potential best practices. Joint learning, involving the systematic sharing in real-time of lessons learned across IPs and key stakeholders, is an investment that will further enable adaptive management and empower the Health Project to make timely, evidence-based decisions on what is working and what is not.

## **Objectives and Learning Questions of Joint Learning**

The general objective of this study is to systematically document and assess in real-time the Health Project’s COVID-19 program adaptations to ensure continuity of essential health services (in particular: TB, FP/ARH, CBDR services and associated health systems functions) across the continuum of care, pausing along the way to reflect on what’s working, share lessons learned, and make timely adjustments and adaptations to achieve our goals. Adaptations that have been demonstrated to be successful will be shared with DOH and regions for scale-up. **Table 1** presents the specific objectives and learning questions.

Table 1 Joint learning activity objectives and learning questions

|  |  |
| --- | --- |
| Objectives | Learning Questions |
| * Through a landscape analysis (including a pre-COVID-19 situation review), document and synthesize how IP responses in ensuring continuity of services across the continuum of care are evolving, including commonalities and essential differences in providing TB, FP/ARH, and CBDR support. | * How are the Health Project responses evolving to ensure continuity of health services, particularly regarding TB, FP/ARH, and CBDR in the context of COVID-19 challenges?[[1]](#footnote-2) |
| * In collaboration with respective IPs and OH, assess whether adaptations are succeeding in producing results and ensuring continuity of services. | * What are the Health Project responses that have been successful in adapting to ensure continuity of health services and get results? What are the critical enabling factors? What are the challenges and barriers? |
| * Identify and explore areas of innovation and synergy (e.g. across IPs, areas of focus, and/or geographic areas) and innovation to ensure continuity of essential health services. | * What are the evidence-based lessons learned from areas of synergy and innovation that should be shared across the Health Project and among stakeholders? |
| * Based on the evidence, recommend which adaptive responses should be shared and potentially scaled up, and work with respective IPs to develop and disseminate practical products in real-time (e.g. “lessons learned” stories, technical advisories, case studies, and/or potential good practices and promising interventions (GPPIs) flagged for future in-depth analysis and documentation). | * Which adaptations should be recommended for scale-up? * How do we effectively share lessons learned in real-time, in a way that maximizes adaptive management and stakeholder engagement? |

## **Tasks and Deliverables**

A critical output of this implementation research is to provide proven and tested products, such as practical tools and strategies to ensure continuity of essential TB, FP/ARH, and CBDR services; “how-to” documentation of successfully adapting interventions; “lessons learned” stories; technical advisories; and concise case studies. The emphasis of these products should be on sharing knowledge in a timely, evidence-based way so that Government, implementing partners, and other stakeholders can easily adapt the knowledge to their own context and use for scale-up. Tasks will be performed in collaboration with IPs, and deliverables will be provided to OH on a rolling basis, including but not be limited to the following examples.

* 1. A final inception report with methodology, timeline, and data collection strategies and tools
  2. A landscape analysis (including a pre-COVID-19 situation review) of current adaptations among IPs in response to health system challenges and ensuring continuity of services, to be updated, validated, and disseminated regularly (monthly), using qualitative and quantitative information to analyze effectiveness of adaptations. This analysis will be used to identify adaptations to be followed and tentative timeline of expected results and products.
  3. Feedback memos (monthly), with appreciative and constructive comments on progress of IP adaptations and which allow timely technical response and decision-making.
  4. Identification of major adaptations to ensure continuity of services. Each of the major adaptations identified will require a minimum package of products to be developed, including but not limited to the following:
  5. Tracking and analysis of selected adaptations: documenting adaptation performance, stakeholder feedback, and contextual factors that may facilitate or pose challenges to implementation (updated and reported monthly)
  6. At least 5 evidence-based technical advisories (for OH, IPs, Government, and other stakeholders) developed over the span of the research activity, which may take the form of the following examples:
     1. A practical adaptive management strategies “checklist” to use to ensure continuity of services
     2. “How-to” documentation of successfully adapting interventions
     3. “Lessons learned” stories
     4. Success stories
     5. Concise case studies (which may highlight specific areas where adaptations are working well and/or where they are not)
  7. Joint learning roundtables organized and facilitated (at minimum quarterly). These sessions will provide an opportunity for learning and discussion across the Health Project, and some may potentially include outside stakeholders as well. As relevant, inputs from local stakeholders should be regularly incorporated.
  8. Midline assessment and dissemination at joint learning roundtable. Midline findings should provide details on what is working and what is not and revisit top adaptive management strategies checklists.
  9. Complete preliminary report for review and presentation of IR process and findings, including top strategies and evidence-based adaptations for scale-up.
  10. Final report (soft copy and one hard copy) which integrates suggestions/comments from reviewers. Note that the final report, which should include an executive summary, is expected to be reader-friendly for a wide variety of stakeholders at both national and local level

## **Illustrative Methods**

In collaboration with the Health Project IPs, the Offeror will elaborate on the methods and research approaches to be used in identifying promising, adaptive-response interventions. The following are some examples that may be considered:

* Process documentation
* Continuous evaluation
* Identification of and deep dive into selected high- and low-performing geographic locations
* Data collection methods, e.g. a desk review of documents, data, and reports, observation (e.g. through meeting participation, and, when and where possible, field visits), surveys, key informant interviews, and focus group discussions

Use of various joint management and learning platforms, e.g. regular meetings for information sharing and adaptive management, shared calendars, common workspaces for M&E indicator coordination, and joint program review approaches and tools.

## **Implementation research team/institution**

This SOW is intended to engage one to two institutional partners through an open competitive process to co-design and co-manage the implementation of the implementation research, in partnership with OH, other IPs and stakeholders. If two partners are selected, assessments will be divided among TB, FP/ARH, and CBDR. However, a close working relationship between research teams will be necessary to coordinate on cross-cutting areas such as health systems strengthening, civil society engagement, and private sector engagement, to synergize efforts and avoid duplication.

While one to two partners may be considered for this SOW, depending on the Offerors’ breadth of research resources and content expertise, preference will be given to a single partner who is able to cover the entire health portfolio. The Offeror should present how they will organize to address the themes of TB, FP/ARH, CBDR, and other cross-cutting themes (e.g. private sector and civil society engagement).

## **Timeline**

To be able to monitor and observe the evolving processes of intervention adaptation and adaptive management in response to the COVID-19 epidemic and its effects on the health system in general, the implementation research will cover a period of 14 months (November 2020 – December 2021). The Offeror will provide a timeline with examples of activities and when sample products may be delivered, on a rolling basis and dependent on IP adaptations. The Offeror(s) will operate collaboratively and adapt and integrate with the current Health Project workflow, to leverage efforts, build on meeting discussions and momentum, and avoid duplication.

## **Travel**

The proposed team will be responsible for arranging their travel and including travel costs in their budget. The proposed team will also be responsible for coordinating with local authorities and counterparts so that the teams may carry out all planned interviews. Because we cannot predict the trajectory of the pandemic, at this point work will be done virtually but at some later date may require in-person field visits.

## **Reporting**

During the assignment, the selected service provider will report to the CLAimHealth Senior Research & Learning Specialist.

## **Annex 1: USAID/Philippines Health Project Background**

The purpose of the USAID/Philippines Health Project (2019 - 2024) is to improve the health of underserved Filipinos. Three sub-purposes comprise the HP outputs leading to the HP purpose: 1. healthy behaviors strengthened; 2. quality of services fortified; and 3. key health systems bolstered and institutionalized. The following is a list and brief explanation of activities within the USAID/Philippines Health Project:

*Family planning and adolescent reproductive health focus*

* **Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms (ReachHealth)** aims to reduce unmet need for FP services and decrease teen pregnancy and newborn morbidity and mortality through improving knowledge and behaviors of FP and maternal and neonatal health; increasing access to comprehensive quality care and the capacity of providers to deliver this care; generating demand; and strengthening health systems.
* **Family Planning in Bangsamoro Autonomous Region in Muslim Mindanao (BARMMHealth)** works to improve the demand for and supply of quality family planning and maternal and child health services for underserved Filipinos in BARMM.
* **Community Maternal Neonatal Child Health and Nutrition Scale Up Follow-on (CMSU2 – ended December 2019)** enhances midwives’ proficiency in crucial maternal and child health skills and optimizes opportunities for midwives to provide family planning services and strengthen public-private collaboration for a synergized health service delivery system.

*Tuberculosis focus*

* **TB Innovations and Health Systems Strengthening (TB Innovations)** assists the DOH to actively identify, develop, test and scale-up innovative technologies and approaches for case detection, treatment seeking, and treatment adherence interventions for vulnerable and high-risk populations.
* **TB Platforms for Sustainable Detection, Care and Treatment (TB Platforms)**, through local capacity building, system strengthening, and community engagement, aims to strengthen supportive and cross-cutting TB interventions at the provincial, local government and community levels to increase TB and drug-resistant TB case detection and treatment success. rates.

*Health systems strengthening focus*

* **Health Equity and Financial Protection Platform (ProtectHealth)** improves financial protection and equitable access to essential health services, including support to the DOH and PhilHealth to address operational bottlenecks that impede effective implementation of health financing policies.
* **Medicines, Technology, and Pharmaceutical Systems (MTaPS)** assists DOH in establishing a fully functional supply chain management system from demand and supply planning to distribution and use at the point of care, to facilitate reliable and timely supply of FP and TB drugs and commodities.
* **Institutionalization of the Health Leadership and Governance Program (IHGLP – ending September 2020)** institutionalizes leadership and governance capacity building in central and regional health management systems and bolsters the DOH’s regional offices’ leadership capacity to strengthen health systems at the regional and local levels.
* **Human Resources for Health 2030 in the Philippines (HRH2030/Philippines – ended March 2020)** built the capacity of the Philippine government to strengthen the development, deployment, training and management of the health workforce to improve equity, access and quality of FP, MCH, and TB control services for vulnerable populations.

*Community-based drug treatment and recovery focus*

* **Recovery Within Our Reach: Expanding Access to Community-Based Drug Rehabilitation (CBDR) (RenewHealth)** seeks to improve the quality of community-based treatment and recovery and ultimately reduce drug dependence in the Philippines through enabling healthy behaviors, increasing demand for CBDTR services, and strengthening the policies and systems for sustainable CBDTR service delivery.

Finally, **Collaborating, Learning, and Adapting for Improved Health (CLAimHealth)** provides technical assistance, capacity-building, and related logistical support to USAID to carry out its monitoring and evaluation, learning, and adaptive management of its Health Project.

## **Annex 2: DOH Memorandum No. 2020-1067, Continuous Provision of Essential Health Services During the COVID-19 Epidemic**

*(Please click on the icon below)*

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## **Annex 3:** **USAID implementing partners efforts to adapt to the new normal**

The Health Project is working across all health system areas to adapt to the new normal. To provide leadership, the Health Project has assisted DOH in mobilizing donors, the Department of National Defense, and other partners for more coordinated responses. With DOH, the Health Project also worked to initiate TB, HIV, and Family Planning technical working groups with DOH to ensure continuity of essential services and develop adaptive management plans.

For example, Health Project IPs are working closely with DOH National TB Program (NTP) and National Family Planning Program to develop, align, and implement their adaptive plans. DOH TB and FP adaptive plans provide the foundation for adaptive changes of the IPs. NTP, for example, has developed the National TB Control Adaptive Plan, which provides specific doable adjustments to current TB care guidelines. These adaptive guidelines aim to ensure the sustainability of the TB cascade of care in prevention, screening, diagnosis, treatment, and care services and complement the COVID-19 response of facilities and providers.

Similarly, the DOH issued an official memorandum (Department Memorandum 2020-0222) on ensuring continuous FP services during community quarantine and establishing a functional referral arrangement between and among public and private FP providers at all levels of care. Specific adaptive guidelines cover the areas of service delivery, logistics, referral arrangements, demand generation, and recording and reporting.

In addition to ensuring specific TB and FP support, the IPs are engaged in health systems strengthening efforts, and the following are some examples:

* *Health governance* – Support has strategically focused on LGU strengthening as the key to sustainability and self-reliance, with capacity building for leadership, governance, and accountability; LGU roadmaps for TB, FP/ARH, and COVID-19, and continued technical assistance to UHC implementation in selected UHC implementation sites under the “new normal” conditions.
* *Health workforce* – Support has included online training and webinar and support to the DOH e-Academy and e-modules and remote monitoring and supervision tools (e.g. for IPC and financial risk protection).
* *Procurement and supply chain management* – The focus is on developing remote stockout monitoring processes and digital pharmacovigilance tools and LGU PSCM strengthening.
* *Health financing –* Support includes providing technical assistance to DOH regarding PHilHealth reimbursement for COVID-19 diagnostic tests and treatment (e.g. Xpert Xpress SARS-CoV-2 testing modality package); and reimbursement FP services (short acting methods) in the Primary Benefit Package and *Konsulta* Package.
* *Information systems* – IPs have developed mobile apps & near-paperless reporting for performance data, contact tracing, and surveillance, as well as provided support to the DOH digital COVID-19 platform and technical assistance on data utilization for adaptive management.

While the emphasis of USAID’s funding continues to be on ensuring continuity of essential health services in the new normal, additional relief funding was granted to six partners to specifically respond to the COVID-19 epidemic: Breakthrough ACTION; Infectious Disease Detection and Surveillance; MTaPS; ReachHealth; UNICEF; and WHO.

1. This question pertains to adaptive responses across the continuum of care and in all aspects of the health system: service delivery, workforce, information systems, commodities and logistics, financing, and governance. Responses that are unique to TB, FP/ARH, and CBDR should be addressed, as well as commonalities, including cross-cutting areas such as civil society and private sector engagement. [↑](#footnote-ref-2)