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## **Implementation Research:**

An Assessment of COVID-19 Intervention Adaptations and Adaptive Management Processes in the USAID Health Project



What were the USAID Health Project's adaptation approaches? In the Philippines, the COVID-19 pandemic exacerbated challenges to service delivery in a health system that was already fragmented. To ensure continuity of health services across the continuum of care under these particularly challenging circumstances, the implementing partners of the USAID/Philippines Health Project adapted their approaches. With the benefit of hindsight, it is worth examining whether these adaptations have helped address disruptions to the health system and sharing lessons from this period which may benefit other health sector stakeholders. As a form of implementation research, the USAID-supported Collaborating, Learning and Adapting for Improved Health (CLAimHealth) activity systematically documented these adaptations in real time. This brief focuses on the key adaptations, features of what makes adaptations successful, and recommendations.

The Department of Health's National Tubercolosis Control Program (NTP) and the Commission on Population Development both issued policies and adaptive plans in response to the pandemic, providing strategic direction for health programs across all levels. This guidance was of great benefit to the Health Project's tuberculosis (TB) and family planning (FP) programs. More broadly, increased use of technology to deliver TB and FP services proved to be the most important and most common adaptation during the pandemic.

Additional adaptations that we believe can strengthen and contribute to the future sustainability of programs are described in the following table.

	Health Objective	Disruption	Adaptation
	TB Case Detection	Lockdowns, mobility restrictions, and fear associated with similarities between COVID-19 and TB symptoms posed challenges for clients to visit health clinics and maintain health-seeking behavior.	The NTP Adaptive Plan (NAP) provided guidelines to health workers on how to screen for both diseases simultaneously, including active case finding, intensified case finding, and enhanced case finding.
	TB Testing and Diagnosis	Mobility restrictions on house- to-house visits by community health workers and volunteers.	The NAP provided guidelines on continuing house-to- house TB diagnostic testing to health workers with strict compliance to safety COVID-19 precautions.
•	TB Treatment	Lockdowns and mobility restrictions posed challenges for clients to travel to health facilities.	<ul> <li>Increased community and home-based treatment by health workers:</li> <li>Increase in TB medication supply (at least one month supply versus weekly supply).</li> <li>Use of SMS and technology to monitor patients.</li> </ul>
	TB Health Worker Training	Lockdowns and mobility restrictions posed challenges for in-person training for health workers.	The NTP made operations manuals available online and implementers conducted online training modules for health workers.
	TB Commodity Procurement	Supply chain disruptions due to human resource shortages and mobility restrictions.	Health facilities acquired TB drug supplies for at least three months versus shorter-term supply (though even with this adaptation, TB commodity procurement was still constrained, resulting in some stockouts).
	Demand Generation for FP Services	Mobility restrictions halted community-based FP services demand generation.	<ul> <li>Outreach shifted to online modalities, increased use of social media, and other digital tools to reach teens, youth, and couples, depending on internet strength and coverage.</li> <li>Used radio programs in rural areas.</li> <li>POPCOM issued supportive policies to sustain FP services during the pandemic and created information, education, and communication campaign resources</li> </ul>
	FP Supplies	Supply chain disruptions due to human resource shortages and mobility restrictions.	<ul> <li>Health facilities collaborated to share and reallocate supplies among health facilities to prevent stockouts.</li> <li>Pills and injectables promoted as alternatives to implants when the implants were not available in health facilities.</li> </ul>
	FP Service Delivery	Mobility restrictions halted community-based FP service delivery.	<ul> <li>Transition to online modalities such as Zoom, Webex, or other apps to replace face-to-face consultation.</li> <li>Health workers delivered services directly to clients in their residences.</li> <li>Clients provided with longer FP supply (three months versus one month).</li> <li>Health workers shifted to flexible work arrangements to manage added vaccination delivery duties in addition to FP service delivery.</li> </ul>

## What were the USAID Health Project's adaptation approaches?

Our implementation research found that several of the adaptations can strengthen and be integrated into existing health delivery systems in the Philippines. The table below describes key factors that our research has shown as contributing to adaptation success.

## Factors Contributing to Successful and Viable Adaptations

	Purpose	Clarity in purpose.
	Risk mitigation	Capacity of implementers to mitigate risks associated with implementing the specific adaptation.
°	Ease of use	Ease of use of adaptations despite shifts in process flows at both the health service provider and patient levels.
	Policy consistency	Consistency of the adaptation with existing national and local policies.
***	Flexibility	Flexibility of adaptations to accommodate the needs and circumstances of both health service providers and clients (e.g, varying work conditions, types of locations).
	Behavior change	Capacity of adaptations to encourage better health-seeking behavior among clients and to provide them with clear mechanisms to help correct and reconfigure mistaken/confused beliefs and practices.
	Local government unit (LGU) support and promotion	LGU support is critical for addressing needs for technological infrastructure, budget allocations/realignments, and reassignment of human resources for health.
ः <u>तेते क्</u> र	Equity in access to services	Capacity of the adaptation to facilitate equitable access to health services and commodities for all its intended patients or health service providers despite restrictions, changes in process, and limited resources.



## Recommendations



 Invest and empower human resources for health. Invest in human resources for health in managing and recovering from the COVID-19 pandemic and other times of crisis. Many of the TB adaptations faced challenges because of the inadequate number of health workers.

- Increase compensation of health workers. To recognize health workers' efforts as frontliners during the pandemic, increase compensation or, at the very least, provide communications allowances to support online trainings and online service delivery.
- Design adaptation approaches collaboratively. The skill levels, sensibilities, and preferences of health workers as end users should be a key consideration in designing program adaptations. For example, health workers can provide details regarding potential challenges that an adaptation may face in their geographical context (e.g., presence or absence of technological infrastructure/Internet bandwidth to support successful implementation).
- Restructure training. Consider a blended approach for health worker training, involving both online and in-person methods to ensure maximum attention to and comprehension of key content in light of increased workloads and risk of COVID-19 for health workers.
- Collaborate across government, private sector, and implementers. Maintain collaborative engagements among national and local governments and agencies, the private sector (including academia), and civil society or nongovernmental organizations, which have been pivotal during the pandemic.
- Maintain technical assistance from implementing partners, who have provided crucial support to create and sustain adaptations in TB and FP programs.
- Integrate health service delivery with health stakeholders. Continue efforts to integrate TB and FP/adolescent reproductive health services within the Universal Health Care (UHC) provisions and Philippine Health Insurance Corporation (PhilHealth) financing mechanisms to ensure long-term program sustainability.

Contact us toAdaptation and Adoptive Management is one of the implementation research (IR)learn more:studies on the adjustments made by the USAID implementing partners (IPs)during the COVID-19 pandemic in ensuring continuity of technical support and<br/>health service delivery. In family planning, tuberculosis, and community-based<br/>drug rehabilitation.

This IR study was identified and directed by USAID's Collaborating, Learning, and Adapting for Improved Health (CLAimHealth). The IR was implemented by Dr. Dennis Batangan, Dr. Leslie Lopez, and Joselito Sescon of the Ateneo de Manila-Institute of Philippine Culture.



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