



**USAID**  
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**PHILIPPINES**

**Annual Program Statement No. 72049218APS00001  
Improved Health for Underserved Filipinos**

**ADDENDUM #4**

**ISSUANCE DATE :** September 17, 2018  
**CLOSING DATE OF QUESTIONS :** September 25, 2018, 1:00pm (Manila time)  
**CLOSING DATE OF APPLICATION :** October 11, 2018, 1:00pm (Manila time)

**SUBJECT: Expanding Access To Evidence-Based Voluntary Drug Demand Reduction Programs in the Philippines**

Pursuant to the Foreign Assistance Act of 1961, as amended, the United States Government, as represented by the U.S. Agency for International Development Mission in the Philippines (USAID/Philippines), invites applications for funding from all eligible organizations<sup>1</sup> to carry activities that will improve health for underserved Filipinos through expanding access to evidence-based voluntary drug demand reduction programs in the Philippines.

The purpose of this Addendum is to disseminate information to prospective applicants so that they can develop and submit concept papers for USAID/Philippines funding.

This Addendum describes the types of activities for which concept papers will be considered and the funding available.

To be competitive, interested applicants must comply with and be fully responsive to the process and requirements for submitting concept papers as detailed in Annual Program Statement no. 72049218APS00001 posted on [www.Grants.gov](http://www.Grants.gov).

USAID/Philippines anticipates awarding one (1) cooperative agreement as a result of this Addendum.

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<sup>1</sup> Eligible organizations are defined as U.S. and non-U.S. non-governmental organizations (other than those from foreign policy restricted countries), including foundations, institutions of higher education, consortiums, etc. For-profit firms may participate, but must waive profits and/or fees to be eligible to submit an application. Individuals are not eligible to participate. See Amendment 3, dated May 26, 2018, of APS 72049218APS00001.

## **ADDENDUM #4**

### **TITLE: Expanding Access To Evidence-Based Voluntary Drug Demand Reduction Programs in the Philippines**

#### **OVERVIEW**

The drug demand reduction activity aims to support the Department of Health (DOH) develop a unified, evidence-based voluntary drug demand reduction program in the Philippines, following a public health model.

This activity will introduce approaches to improve outcomes in all three result areas, including demand for and supply of health services. It will also focus on building capacity within various health actors at all levels, within the DOH and public and private health sector, to scale up evidence-based interventions. Additionally, the activity will build the capacity of key national, and regional counterparts, as well as private sector providers; test and introduce state-of-the-art approaches to strengthen drug demand reduction healthy behaviors and patient-centered care; build capacity of DOH and private and public health actors to scale-up quality services; develop enabling policies to strengthen health systems at the national and sub national level; and adopt a robust monitoring, evaluation and learning platform. This activity will provide technical assistance, institutional capacity building, and related support to the national and regional levels.

This Activity will contribute to the Health Project purpose of “Improved Health for Underserved Filipinos” through activities that are aligned with the results framework of the Health Project along the three key pillars of: improving social norms and healthy behaviors, fortifying health service delivery, and strengthening key policies to bolster the health system. Please review the Annual Program Statement (APS) for more information.

The innovative and potentially varied nature of this activity will likely require a diversity of partners with different areas of expertise. Thus, the intention of the Addendum is to marshal technical expertise for promising technologies and approaches, while remaining flexible enough to support innovation and respond to the most pressing needs of the underserved populations. This Addendum aims to build the capacity of the Department of Health and private providers to manage and implement evidence-based public health approaches for culturally appropriate, community-based voluntary drug demand reduction programs. Additionally, the activity will build capacity of the DOH, at the national and regional level, to develop and implement a quality, patient-centered drug demand reduction program.

This Addendum solicits concept papers from international and Filipino organizations, civil society organizations, private sector institutions, academic institutions, and other non-governmental institutions, for USAID/Philippines to review and potentially support through an

assistance agreement. Applicants shall propose concept papers that will achieve the voluntary drug demand reduction objectives outlined below. Applicants are expected to think creatively and propose new and original ideas to address their own analyses, development hypothesis and theory of change. Instructions on the concept paper outline and submission as well as selection criteria and processes are defined in the Health Project APS.

Instructions on the concept paper outline, submission requirements, and processes are detailed in APS 72049218APS00001.

## **II. PROBLEM STATEMENT/BACKGROUND**

### **Problem Statement:**

Limited adoption of healthy behaviors; inadequate capacity to manage quality, patient-centered drug demand reduction services; and weak health systems and governance, for underserved populations, leads to Filipinos not having access to quality information and health services for drug demand reduction.

### **Background:**

The 2016 Dangerous Drugs Board survey estimated that there are 1.76 million drug users in the Philippines. A recent United Nations World Report on Drugs estimated that only 0.6 to 1 percent of drug users need residential treatment; 3 to 4 percent need to undergo structural outpatient services; and the majority, about 95 percent, should be referred to Community Based Treatment Programs (CBTP). To meet the pressing and urgent need to prevent, treat and rehabilitate this population, the Department of Health (DOH) is developing and implementing a comprehensive drug demand reduction program.

In a press briefing hosted by DOH Secretary Francisco T. Duque on September 6, 2018, the Secretary presented the DOH's rehabilitation agenda through the Fourmula 1 Plus Approach. As the principal health agency of the Philippines, the DOH, through its Dangerous Drug Abuse Prevention and Treatment Program (DDAPTP), will "strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol." The DOH's draft drug demand reduction medium-term strategic plan includes: 1) policy formulation and standards development to harmonize treatment practices across levels of care; 2) provider and institutional capacity building through the development of a standard training curriculum on dangerous drugs abuse prevention and treatment; and 3) mobilization of resources to support field operations. An important priority in the DDAPTP Road Map is to develop a health information system which can provide routine information and indicators to guide decision making, planning and programming of drug demand reduction and prevention activities. Additionally, since 2017, the DOH has conducted a training of trainers program on drug-demand reduction for barangay

health workers and health center physicians and is rolling out training courses nationwide. It is also testing the establishment of a Substance Abuse Helpline. The DOH is currently conducting a study on relapse prevention as well as an evaluation of its Drug Abuse Treatment and Rehabilitation Centers. More work needs to be done.

At the operational level there are 56 DOH Drug Abuse Treatment and Rehabilitation Centers (DATRC), including 52 residential treatment centers and 4 non-residential or outpatient treatment facilities. Of the 52 residential treatment centers, 15 are operated by the DOH and 37 are operated by private sector practitioners. The DOH established a donated (pre-fabricated) inpatient treatment center in Nueva Ecija as a residential facility in Central Luzon with 1,500 inpatient beds. The DOH is constructing eleven additional DATRCs in Luzon and Mindanao. The vision is to establish at least one center in every region of the country by 2022.

The DOH is also developing community-based treatment and care services. These plans include establishing Substance Use Disorder Recovery Clinics and Recovery Homes. Recovery Homes are voluntary community-based halfway houses managed by local government units (LGU), which cater to mild to moderately severe drug dependent patients. These homes provide holistic substance abuse treatment, training to build skills, and support for job placement. Recovery Clinics are voluntary community-based facilities located near local government hospitals or clinics which provide screening, assessment and outpatient management to drug dependent patients. In collaboration with other agencies, the DOH will incorporate job skills and vocational training in its holistic community-based approach as a way to re-integrate recovering patients into society. The DOH has completed guidelines for community-based treatment and support services in primary health care settings, and for the establishment of community-based recovery facilities. The approved guidelines will undergo pilot-testing.

With technical assistance from World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC), with funding from the European Union (EU), the Australian Department of Foreign Affairs and Trade (DFAT), the DOH is piloting a compassionate care-centered, community-based program to reduce the demand for drugs in six sites. The program is focused on: 1) mounting cost-effective outpatient and community-based programs that can treat users in their community in a way that respects human rights; and 2) preventing the uptake of drugs among the population. The pilot program delivers a Philippine model of voluntary care. Enrollment is voluntary and medical professionals provide treatment while maintaining confidential medical records and observing patient rights and privacy. The program offers treatment using the Matrix model with a recognition that recovery from drug addiction is a long term process that may require months or years for rehabilitation. While the six voluntary drug treatment pilot sites are slowly gaining traction as more individuals seek care, future technical assistance is uncertain since the project is slated to end by April 2019.

Other challenges impact access to evidence-based voluntary drug demand reduction programs. On the demand side, women, men, adolescents, youth and other underserved populations face barriers accessing quality health care as a result of cultural norms, religious customs, legal restrictions, or socioeconomic inequities. Behavior change, not only among clients but also among providers and community members requires integrated, multi-channel interventions. On the supply side, differences in the quality, consistency and availability of health facilities and providers may also reduce equitable access to patient-centered and respectful health services. The Philippines government recognizes health system strengthening as the backbone of achieving universal health care and has issued relevant policies at the national level. However, implementation at the local level is lagging behind, with weak policy adaptation to local context; inconsistent interpretation and implementation of critical guidelines; insufficient human resources for health with skills and capacity; weak coordination systems among service delivery networks; irregular supportive supervision and monitoring; lack of standards on utilization of PhilHealth reimbursement at local government levels; and disparities in local leadership and governance.

#### Other Philippine National Agencies and Civil Society Organization Support:

Republic Act 9165, also known as the Comprehensive Dangerous Drugs Act of 2002, mandates the Dangerous Drugs Board (DDB) as the policy making body responsible for drug prevention and control. The DDB works with other agencies to formulate, develop and establish a comprehensive, integrated, unified and balanced drug use prevention and control strategy. In addition to the Department of Health, many government agencies and other sectors including civil society and the private sector, are expected to support the Philippines' drug prevention, treatment and rehabilitation efforts. An inter-agency task force for the establishment and support of Drug Abuse Treatment and Rehabilitation Centers, where the DOH is the Vice Chair, is tasked to provide effective mechanisms and measures to reintegrate into society individuals who have fallen victims to drug abuse or drug dependence, through sustainable programs for treatment and rehabilitation.

In theory, all agencies should seamlessly link services and assistance to individuals and their families. In practice, not all services are available or provided. The Department of Social Welfare and Development is tasked to provide the initial and continuing assistance and social support. The Technical Education and Skills Development Authority is expected to provide vocational and skills training. The Department of Education should link individuals to alternative learning systems. The Department of Labor and Employment should provide assistance in job placement. Civil society organizations could help connect individuals and their families to other service providers. Faith-based organizations could also provide spiritual and social support. The private sector can play an important role to provide financing for voluntary treatment and by hiring recovering drug addicts. Overall, assistance is needed to improve linkages to other

services as well as the quality and quantity of social services that are being offered. Of particular need is linking recovering drug addicts and their families to employment opportunities and vocational and skills training programs.

#### Assistance from Development Partners

In addition to infrastructure support from the Chinese, the Philippines receives technical and financial support from the WHO, UNODC, EU, DFAT, and the Japanese International Cooperation Agency (JICA). In 2018, JICA will support an infrastructure project to build and equip two drug rehabilitation recovery homes. UNODC implements a broad program that includes technical assistance, policy support, advocacy, capacity building, training and research to support the Government of the Philippines in the fight against illicit drugs and international crime. UNODC works with organizations and government agencies, including the Philippine Drug Enforcement Agency (PDEA), the Dangerous Drugs Board, the Department of Education, the Department of Health and the Bureau of Jail Management and Penology. DFAT provides some funding for UNODC to implement programs although this funding will end in April 2019.

WHO, with funding from DFAT and the EU and in collaboration with UNODC, is providing technical assistance to the Department of Health to develop a rights and evidence-based substance use treatment response. Funding for this two year activity will end in April 2019. Objectives include: policy dialogue; technical support and institution building; models and standards for rights and evidence-based treatment, care and support; legislative and regulatory support; and monitoring and implementation research. WHO in coordination with multiple partners, recently helped establish and launch a Center for Drug Policy composed of academia, government agencies and civil society. The Center's mission is to provide a forum for discussing and developing evidence-based approaches to address drug abuse in the Philippines. WHO has also supported the establishment of a fledgling drug hotline. Once DFAT and EU funding ends, the Department of Health's drug demand reduction program may need further technical assistance to maintain momentum to continue these activities.

#### Assistance from other U.S. Government Agencies

The International Narcotics Control and Law Enforcement Agency (INL) is currently implementing a comprehensive drug demand reduction program working with the Dangerous Drug Board, law enforcement, and other partners. This program includes components of the following: training courses for the treatment and recovery workforce; expands specialized treatment services; maps existing drug rehabilitation programs; establishes outreach and drop-in centers; integrates treatment into public health systems; implements evidence-based prevention programs through support to universities and other organizations; and supports a national dialogue to discuss gaps and needs for drug demand reduction for lawmakers and other

stakeholders. Any new USAID activity would need to closely coordinate with INL and its implementing partners.

### III ACTIVITY DESCRIPTION

The goal and objectives for the drug demand reduction activity are aligned with the strategic directions of USAID's Health Project and embodied in the Annual Program Statement (APS) and approved Project Appraisal Document (PAD).

A. Goal: Expand access to evidence-based, voluntary drug demand reduction programs in the Philippines.

B. Objectives:

1. Improve healthy behaviors among underserved adolescents, youth, women and men;
2. Fortify the quality of patient-centered and compassionate voluntary drug demand reduction health services; and
3. Strengthen the policies and systems for sustainable health service delivery.

Specifically for this Addendum, the concept paper shall focus on:

#### **Objective 1: Introduce and scale up state-of-the-art behavior change interventions for adolescents, youth, women and men to access voluntary drug demand reduction services.**

Healthy behaviors strengthened will be achieved through providing information, activities and new partnerships that allow individuals to make informed choices about how to protect their health, sustain practice of healthy behavior and access health services, when needed. An emphasis will be to bring relevant community partners, (e.g., NGOs, youth groups, faith based organizations, men and women groups, civil society organizations and schools) to better meet these needs. Newer partnerships will be tapped to multiply the impact of public sector programs by reaching community members with drug demand reduction messages. Operations research on new behavior change approaches for men and women can be explored.

Illustrative interventions may include but not be limited to:

- Support the expansion of anonymous drug demand reduction hotlines to access prevention and treatment information
- Implement advocacy events to promote voluntary, evidence-based drug demand reduction programs
- Build capacity of community-based organizations, including faith-based organizations to develop effective outreach programs for referrals.
- Conduct implementation research to measure behavior change approaches adapted to the Philippines context

**Objective 2: Integrate and institutionalize high-impact practices to improve quality of client-centered voluntary drug demand reduction services.**

The Activity will place emphasis on fortifying the quality of services using patient-centered approaches. It will partner with organizations that will institutionalize and sustain these voluntary services and link individuals to wraparound social support services. It will also contribute to identifying, developing, and implementing innovations to expand access to voluntary drug demand reduction services. Quality of service delivery requires three critical characteristics:

- a. Evidence-based services: State-of-the-art medical and public health approaches for efficient and effective delivery of services;
- b. Quality individual care: Provided by skilled staff, individualized patient-centered care, gender and culturally sensitive and accounting for beliefs and values; and
- c. Empowerment in decision-making: Clients and their families are active participants in the decision to seek services and in the services they receive, and that service providers are active participants implementing evidence based best practices.

Illustrative interventions may include but not be limited to:

- Support the creation of centers of excellence (training center for DDR treatment recovery centers) which will help establish and maintain quality of other voluntary treatment centers. This may also include technical assistance to negotiate with local governments to develop budget line items to support these centers
- Develop substance abuse training modules for pre-service training
- Build capacity of regional DOH reps to work with LGUs to expand quality, evidence based programs
- Expand awareness of front line health and social service workers to refer and provide brief interventions related to drug demand reduction
- Support private partnerships and/or other government agencies to develop vocational programs for people completing voluntary drug treatment programs

**Objective 3: Fortify Department of Health, relevant government and non-government agencies/institutions' system and capacity to manage, implement and sustain effective and responsive voluntary drug demand reduction health program and policies**

Selected functions of the health system considered critical by the USAID and the Department of Health and other stakeholders will be fortified, institutionalized, and sustained which includes,

but not limited to policy development, training, governance, human resource management and health budgeting and financing, and accreditation and licensing.

The activity will play a vital role assisting the DOH in transforming its relationship with the private and other non-public sectors. Another important area will be to conduct implementation research to assess and analyze the effectiveness and sustainability of different drug demand reduction policies and interventions. This Activity intends to address implementation issues of existing and new policies.

Illustrative interventions may include but not be limited to:

- Support the DOH to develop a DDR roadmap and adopt new policies and guidelines
- Support the newly formed independent Center for Drug Policy made up of DAP (Development Academy of the Philippines), academia, government agencies, civil society to develop policies and programs that support voluntary evidence based DDR
- Conduct implementation research to pilot test components for effective programs, including expanded hours for greater access to services
- Develop and advocate for a PhilHealth benefits package, i.e. providing support to develop CPGs (this may already be completed) and use these and other resources to reform the PhilHealth package for drug use
- Expand private sector providers, including faith based organizations, accredited to offer outpatient services
- Assist facilities to obtain PhilHealth accreditation and licensing for voluntary drug treatment programs

#### **IV. GUIDING PRINCIPLES**

The Guiding Principles described in the APS shall be applied in this Addendum. They are:

- Patient-centered approach to enable patients to exercise their rights and fulfill their responsibilities with transparency, respect and dignity, by giving due consideration to their values and needs. Patient-centered care treats the patient as a partner instead of just a recipient, empowering patients and providers and allowing for empowered individuals.
- Commitment to voluntarism and protection of patient confidentiality for all drug demand reduction technical assistance and support.
- Evidence-based approach to use high-quality data that is central for the development of sound interventions and for making informed decisions.

## **V. ANTICIPATED RESULTS AND INDICATORS**

The activity will contribute to attaining the strategic goals under the country's Fourmula One Plus strategy for health, which includes: better health outcomes; responsive health systems; and equitable health care financing.

The concept paper shall propose intermediate results and key indicators that will help inform its content areas and initiatives. Applicants are expected to propose activities that are appropriate and relevant to the situation and needs of the underserved priority populations.

## **VI. REVIEW PROCESS AND SELECTION CRITERIA**

The review process and general selection criteria that shall be applied in the evaluation of all concept papers generated by this Addendum are found in Section E of APS 72049218APS00001. Novelty, creativity and soundness of the ideas/approach, its advantages relative to existing practices, its relevance to improve the health status and achieve the desired health outcomes identified, and its appropriateness in implementing at different settings (urban, rural, and geographically isolated areas) and culture.

High impact practices and approaches recommended through this APS Addendum shall emphasize creative practices that build on, utilize, and connect existing promising practices. These should include service provision, demand generation, and policy support that will lead to increased access to correct information and quality patient-centered drug demand reduction services. The applicant must focus on describing how they propose to achieve the program objectives and elaborate on how the technical approach is the most effective way to address the problem statement.

## **VII. ESTIMATED FUNDS AVAILABLE AND NUMBER OF AWARDS CONTEMPLATED FOR THIS ADDENDUM**

The ceiling for this activity is \$15 million. USAID intends to provide \$15 million in total funding over a period of five years. However, actual funding amounts are subject to availability of funds.

USAID intends to award one (1) cooperative agreement pursuant to this APS Addendum #4. USAID reserves the right to fund any one or none of the applications received.

(End of ADDENDUM #4)