



USAID | PHILIPPINES

FROM THE AMERICAN PEOPLE

SUBJECT : **Notice of Funding Opportunity (NFO)**

ANNOUNCEMENT TYPE : **Annual Program Statement (APS)**

NFO NO. : **72049218APS00001, Amendment 1**

NFO TITLE : **Improved Health for Underserved Filipinos**

CFDA NO. : **98.001**

ISSUANCE DATE : **May 15, 2018**

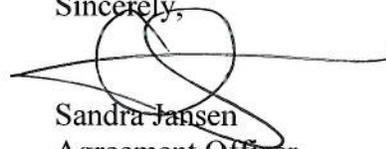
CLOSING DATE/TIME FOR QUESTIONS: **May 22, 2018, 2:00PM Manila Time**

CLOSING DATE : **May 11, 2019, unless amended**

The purpose of this Annual Program Statement (APS) Amendment 1 is to: (a) establish closing date and time for questions regarding the subject APS; (b) correct the email address for questions and application submission; (c) clarify evaluation factors in Section E.2; and (d) other clarificatory revisions in several sections of the APS.

The document is the final version removing all highlights of changes made to the original APS document.

Sincerely,



Sandra Jansen
Agreement Officer
Regional Office of Acquisition & Assistance

SECTION A: GENERAL PROGRAM DESCRIPTION

A.1. Title

Improved Health for Underserved Filipinos Project

A.2. Introduction

The United States Agency for International Development (USAID)/Philippines Office of Health is pleased to announce an Annual Program Statement (APS) to Improve Health of Underserved Filipinos. Through this APS, USAID is soliciting concept notes that propose innovative approaches, to assist the Government of Philippines to meet the goals of the Philippine Health Agenda and achieve the Sustainable Development Goals. Awards made through this APS should build on accomplishments to date toward achievement of the following three Sub-Purposes:

Sub-Purpose 1: Healthy behaviors strengthened

Sub-Purpose 2: Quality of service delivery fortified

Sub-purpose 3: Key health systems bolstered and institutionalized.

A.3 Background

Context

In 2016, the Department of Health (DOH) 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 DOH budget continues to rise and social insurance, administered by the National Health Insurance Program (PhilHealth), continues to expand to cover the indigent. Decentralization resulted in local government units (LGUs) funding approximately 13 percent of the total health budget.

PhilHealth, the social insurance arm of the DOH, 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 (TB) continued to increase, with 83 percent of facilities in the LGUs providing these key public health services.

Gaps in the continuum of care are still evident, particularly in addressing maternal and neonatal

mortality, reproductive health, TB, HIV, emerging pandemic threats, under-nutrition and illegal drug use, as well as other health areas. Underserved populations, especially those from the lowest income quintiles continue to suffer from a high prevalence of TB, 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 also exist.

Priorities for Improving Health Outcomes

At the technical level, the USAID/Philippines Health Project prioritizes detecting and treating TB, especially MDR-TB; and improving family planning (FP) and maternal, and neonatal health to align with current USAID/Philippines funding streams. 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, and critical bottlenecks preventing the Philippines from reaching greater health outcomes.

Project Purpose and Vision

The purpose of the Health Project and therefore, this APS, is Improved Health for Underserved Filipinos.

“Underserved” in the primary context of this Project, refers to people exposed to or with TB or MDR-TB; 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. This Project will help address poverty as epidemiology shows a direct correlation of these health concerns with low income and poverty. The definition of underserved populations in this Project will be expanded if or when additional funding becomes available for other global health concerns.

The Office of Health identified 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.

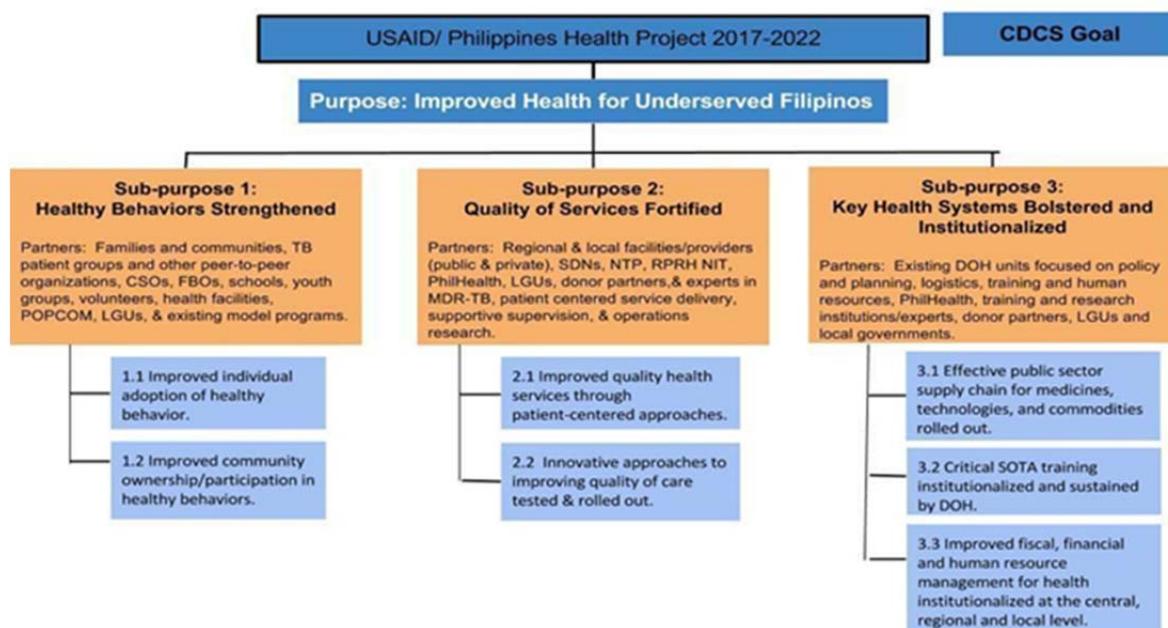
In cooperation with government, non-government organizations (NGOs), civil society organizations (CSOs), other donors, public and private service providers, and underserved citizens, USAID will work in partnership with the Philippine government and other key stakeholders to “improve the health of underserved 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.

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 these needs and requirements may be met through the Project.



The underlying theory or hypothesis of the Health 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 and self-reliance merits deeper engagement with local actors and the local systems that are crucial in achieving and sustaining overall health outcomes.

Three Sub-purposes form the outputs for the project and will help inform the content areas and

initiatives of each 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, TB 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.

Sub-purpose 2: Quality of service delivery fortified

Emphasis will be on fortifying the quality of services using patient-centered approaches to diagnose, provide care and treatment, and, mentor other health care providers. The APS 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.

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 DOH, 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 DOH.
- 3.3 Improved fiscal, financial and human resource management for health institutionalized at central, regional and local levels.

This APS is aligned with the Health Project Vision, Purpose and Sub-purposes, as described above. This APS will provide overall guidance for two to eight Addendums issued under this APS and which, will discuss specific health challenges. The Addendums to this APS will be the basis for Concept Note submission, and subsequent award.

USAID Activities and Mechanisms In-Place

The USAID/Philippines Health portfolio is being implemented through support for a combination of state-of-the-art field platforms, technical innovations, and systems

strengthening activities/mechanisms, along with robust monitoring, evaluation, and learning. As of April 2018, the following new health activities have been awarded:

- TB Innovations and Health Systems Strengthening, implemented by FHI 360. The goal of this activity is to significantly reduce cases of multi-drug resistant TB through the introduction of state-of-the-art technologies and approaches to scale up MDR diagnosis, prevention and treatment.
- TB Platforms for Sustainable Detection, Care and Treatment, implemented by URC. This activity aims to support the Government of the Philippines to expand and scale up prevention, detection, and treatment of tuberculosis and multi-drug resistant TB in order to increase TB case detection rates, increase treatment success rates and cure rate.
- Human Resources for Health. The goal of this activity is to provide capacity-building to the department of Health to strengthen the deployment, training, and management of a fit-for purpose and practice workforce to improve access and quality of FP and TB services for vulnerable populations.
- Collaborating, Evaluation and Learning, implemented by the Panagora Group. This activity provides technical support to USAID/Philippines Health project in carrying out its monitoring and evaluation, learning and adaptive management work. It aims to: streamline and strengthen Health Project monitoring and evaluation processes and tools, provide an evidence base for continuous learning and adaptive management, enhance the skills of USAID/Philippines health staff and implementing partners on the use of data for decision-making; and create a culture that supports collaborating, learning and adapting.

Awards to new activities under this APS shall form part of the whole package of linked health activities that USAID is funding that will contribute to improve the health of underserved Filipinos.

A.4 Geographic and Target Population

The Health Project will focus on geographic areas where the health burden is the greatest, e.g., where the TB disease burden is the highest, where unmet need for FP is the highest, and where there are high teenage pregnancy rates. Funds for maternal child health (MCH) will be programmed in areas where the nexus for high unmet need and high teenage pregnancy rates meets with high neonatal deaths. Health systems strengthening activities will be national in nature. USAID will also work at the national level using TB, FP, MCH and any new funding streams that may be made available to develop policies and guidelines and assist the DOH with systematic implementation of policies and guidelines at the regional and local government unit levels.

A.5 Guiding Principles

This APS and its Addendums will consider the following guiding principles:

Innovations and evidence-based implementation. Refers to testing and scaling-up new, non-traditional, state-of-the-art approaches and technologies to achieve healthy behaviors, strengthen client-centered care and institutionalize critical health systems reforms. Also refers to collecting, measuring and using data and evidence to develop policies and interventions.

Capacity-building. Refers to strengthening local institutions, the transfer of technical skills, and promoting appropriate policies at all levels of the health system to move towards significant, positive change in the health system as a whole. As a result, the Philippine health system will absorb, institutionalize, and sustain technical and systems approaches to meet the needs of the underserved.

Sustainability and self-reliance. Refers to the ability of a country, working across its sectors (government, civil society, citizens, economy) to solve its own development challenges. This needs the re-orientation of donor assistance to better support the journey of a country towards self-reliance through appropriate policies and systems reforms. Includes recognition that this process requires changes in management of resources, both human and financial, and a change in culture within the health system regarding what can be accomplished on a sustained basis without recurrent donor support.

Partnering with local organizations and non-traditional partners. Refers to establishing new partnerships to multiply the impact of public sector programs in family planning, maternal and newborn health and tuberculosis, multi-drug resistant tuberculosis, and other health priorities that may be identified in the future. Partnerships with local communities, schools and academic institutions, health care organizations, public and private providers, professional societies as well as faith-based, non-governmental, and civil society organizations shall be explored.

Gender. In designing new approaches, gender dynamics will be fully considered. An in-depth analysis of the issues relative to gender disparities in the provision and utilization of reproductive, maternal, neonatal, and tuberculosis services shall be articulated and gender-responsive and transformative strategies proposed to address the issues identified.

Resilience and Conflict-sensitive Assistance. Refers to the ability of the health system to manage and mitigate climate risks and disruptions in the delivery of health services brought about by conflict. Strategies to establish resilient health systems that are equipped to respond to adverse events, including climate and conflict-related shocks should be considered.

A.6 Authorizing Legislation and Applicable Regulations and Policies

The authority for this APS and any resulting award is from the Foreign Assistance Act of 1961, as amended. Applicable policies of ADS 303 and any Standard Provisions will apply to any awards.

For U.S. organizations, 2 CFR 700, 2 CFR 200, and ADS 303maa, Standard Provisions for U.S. Non-governmental Organizations are applicable.

For non-U.S. organizations, ADS 303mab, Standard Provisions for Non-U.S. Non-

governmental Organizations will apply.

[End of Section A]

SECTION B: FEDERAL AWARD INFORMATION

B.1 Estimate of Funds Available and Number of Awards Contemplated

Subject to the availability of funds, USAID intends to make two to eight awards as a result of the Addendums to this APS. The range of dollar values for each award will be indicated in each Addendum. Each Addendum will be issued separately.

USAID reserves the right to fund any or none of the applications developed under each Addendum.

USAID reserves the right to fund activities incrementally over the duration of said awards if necessary, depending on the availability of funds, the level of performance against approved indicators, and their continued relevance to USAID programs.

B.2 Anticipated Start Date and Period of Performance for Federal Awards

Awards under the Addendums of this APS will be for a minimum of 36 months and a maximum of 60 months. Because award selection will be made on a rolling basis depending on the Addendums, specific start dates will vary per award. Individual award start dates will be mutually determined during the Addendum's Phase 3 – Co- Development.

B.3 Types of the Awards

USAID anticipates the awards issued under this APS to be assistance instruments. USAID intends to award one Cooperative Agreement per Addendum. Please note that there are several phases to this process and that the final award will be determined after final technical and cost applications are collaboratively developed between the selected applicant, USAID and key stakeholders.

USAID is not responsible for any costs incurred prior to awarding an agreement. USAID reserves the right to fund any one or none of the applications submitted.

Potential applicants should note that USAID policy prohibits the payment of fee or profit to for-profit organizations under assistance instruments, and that foregone profit does not qualify as cost sharing or leveraging.

No new construction activities will be financed under any awards resulting from the various Addendums to this APS.

B.4 Purpose of the Award

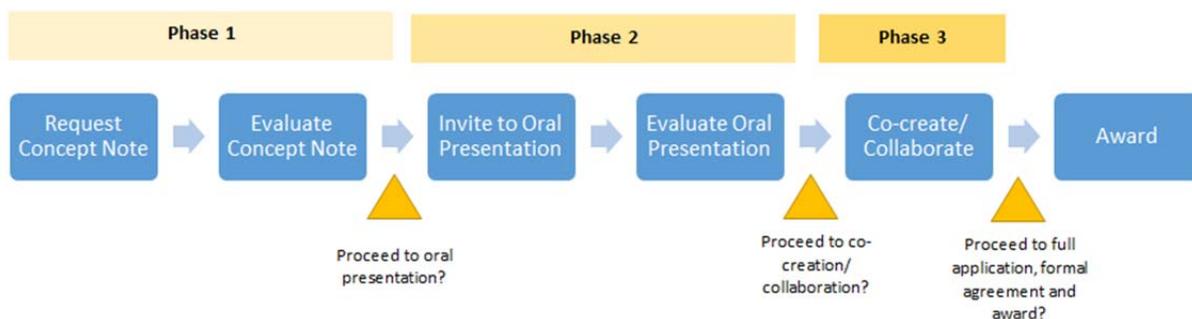
The principal purpose of the relationship of USAID with any award recipient is to transfer funds for it to accomplish its stated purpose of supporting the broad goals and objectives stated in Section A of this APS and the specific goals and objectives of each Addendum.

Under each Addendum, the successful Recipient will be responsible for ensuring the achievement of activity objectives as well as efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award. The Recipient has the primary responsibility for employing its own unique combination of staff, facilities, and experience, as well as necessary organizational and management techniques in order to assure proper and efficient administration of the resulting award.

B.5 Overall Process

Under this APS, each separately-issued Addendum will have three phases. The purpose of this process is to identify an Applicant with the best-combined technical approach that will have the greatest chance of success in the Philippines. This Applicant should build on the strengths of each individual organization that it will partner with, in a collaborative spirit and a clear shared vision, on how to best impact the health status of the country.

Below is the process diagram for all Addendums under this APS.



- **Phase 1 - Concept Paper:** Applicants will be invited to submit a Concept Paper not to exceed ten pages, including a notional budget estimate. Annexes are not to exceed five pages. Information regarding the Concept Paper submission is in SECTION D of this APS.

Concept Papers will be reviewed for technical soundness, organizational and management approach and the applicant’s institutional capability and past experience. The highest rated concept paper applicants will be invited to participate in Phase 2.

In the event USAID determines that none of submitted Concept Papers are acceptable, USAID will issue an amendment to the Addendum to seek a second round of interested applicants.

- **Phase 2 - Oral Presentation:** Invited Applicants will be asked to orally present their concepts approximately three weeks after concept papers are received. The oral presentation is a requirement and will be held at the **USAID office, US Embassy, Manila**. The format and technical requirements will be made available to those Applicants invited to participate in the oral presentation phase. The Applicant’s concept paper author/s and lead technical backstops must be part of the presentation team.

Within approximately two weeks after oral presentations are completed, the highest rated applicant/s will be asked to participate in Phase 3.

- **Phase 3 - Application Co-Development:** The Applicant/s selected from Phase-2 will be notified by letter approximately two weeks after the completion of oral presentations. Approximately two weeks after notification, a one-week collaborative workshop will be hosted by USAID in Manila. This workshop, attended by the Applicant/s, USAID, key representatives from the Philippine Department of Health, and relevant organizations, will bring together the various technical approaches and innovations of each partner and further define activities. Programmatic budget levels, as well as cost share and/or leverage, will also be determined during this phase. The goal is that after the one-week workshop, a programmatic framework will be in place which clearly illustrates how the Applicant/s will implement the proposed strategies to achieve the goals and objectives stated in the Addendum. Over the following two weeks, Applicant/s will continue to work remotely to refine its approach and will draft a robust program description and detailed cost application. USAID will review these two documents and provide additional clarificatory questions, if any. The Applicant/s will have one week to respond. At the end of the two weeks (or earlier), USAID will then receive the revised program description and cost application for final review. Based on the results of the final review, USAID will determine the Apparently Successful Applicant (ASA).

USAID reserves the right to ask two or more applicants to work collaboratively on a program description and cost application if, in USAID's opinion, combining their concepts will result in a more effective overall program.

No funding will be made available to any applicant prior to the award of a Cooperative Agreement. Applicants are responsible for **all** costs prior to the award of the Cooperative Agreement, including costs incurred during the various phases--from concept note preparation, oral presentation, co-creation/collaboration and pre-award.

B.6 Process Timeline

Presented in the table on the following page is an estimated timeline on the process to be followed for each Addendum that will be issued under this APS. Please note that these are approximations and the actual time periods may be shorter or longer, and subject to change, depending on Mission priorities, personnel and workload. Any revision/s on the Process Timeline will be posted on Grants.gov and ample time (at least two weeks) between the notification and actual date of the activity will be provided.

[This portion intentionally left blank]

Steps	Week
Addendum posted	1
Questions re: Addendum	2
Responses to Addendum Qs	3
Submission of Concept Papers	5
Review of Concept Papers	6-7
Notification to Phase-2	8
Oral Presentations	11
Oral Presentation Review	12
Notification to Phase-3	13
Time between notification and workshop	14
Workshop	15
Application writing (remote)	16-17
Submit application	18
Application review by USAID; questions	19
Applicant responds to Qs	20
Applicant submits revised application	21
USAID final review	22-24
USAID Determines ASA	25
Cost Analysis/Realism	26+27
Preaward Survey, if needed	28-31
Responsibility Determination	29
Draft Award	30
Award Signing	31
Total Time from Addendum Posting to Award	31 wks or 7.5 mos.

B.7 Authorized Geographic Code

The authorized geographic code for the procurement of services and commodities is 937. Code 937 is defined as any area or country including the recipient country (Philippines), but excluding any country that is a prohibited source per USAID regulations. There are currently no prohibited source countries, but the list is updated regularly and can be found here: <http://www.usaid.gov/sites/default/files/documents/1864/310mac.pdf>

B.8 Benefitting Geographic Area

The benefiting geographic area is exclusively the Philippines.

B.9 Substantial Involvement¹

USAID will remain substantially involved over the life of the Cooperative Agreement to assist the Recipient in achieving the expected outcomes and results of the program. Substantial involvement under the proposed award may include the following:

¹ This Substantial Involvement section is subject to change following the Co-Development Workshop and submission of the Final Application of Phase 3

1. Approval of the Recipient's Implementation Plan. Annual implementation plans with supporting budgets, and subsequent revisions thereto, are subject to prior written approval by USAID's Agreement Officer's Representative (AOR) before any substantive work for each year of the Agreement is executed.
2. Approval of Key Personnel. Up to five (5) positions will be designated as key to the successful implementation of the program objectives of this Agreement. The key positions will be identified during the co-development workshop. These personnel are subject to prior written approval by the Agreement Officer:
 - a. Chief of Party
 - b. TBD
 - c. TBD
 - d. TBD
 - e. TBD.
3. USAID and Recipient Collaboration or Joint Participation. The Recipient's successful accomplishment of program objectives will benefit from USAID's technical knowledge; thus, the Agreement Officer (AO) may authorize the collaboration or joint participation of USAID and the Recipient on the program. USAID involvement may include but is not limited to:
 - a. Geographic Targeting. Prior written USAID AOR concurrence is required on final decisions concerning the geographic targeting of the "TB Platforms" activity.
 - b. Approval of the Recipient's Activity Monitoring, Evaluation and Learning Plan (AMELP). In consultation with USAID through the AOR, the Recipient will develop the AMELP which will align with the monitoring and reporting framework, and other relevant reporting mechanisms required by USAID/Philippines. During the first ninety (90) days from award date, the Recipient will work closely with the AOR to establish major milestones, program monitoring indicators, as well as baseline data and performance targets which will demonstrate successful achievement of the results expected from this activity.
 - c. Joint participation in Steering or Technical Committees. The Recipient and USAID will jointly participate in steering or technical committees, including but not limited to NTP planning meetings, TB technical working groups and other TB-related committees.
 - d. Monitoring the Activity. USAID will monitor the "TB Platforms" activity to ensure activities are supporting Mission purpose, to share best practices and capture lessons learned and will authorize direction and/or redirection of interventions specified in the Program Description due to GPH and US foreign policy objectives and priorities, as well as interrelationships with other programs, including those of USAID's. Monitoring includes but will not be limited to site visits; reviewing terms of reference, quarterly and other types of reports, deliverables and other products; and participating in technical meetings as appropriate.

- e. Approval of Subawards. Per 2 CFR 200.308, all subawards (whether contracts² or subgrants) not included and approved in the original cooperative agreement will require prior written Agreement Officer approval. In addition, prior written AOR concurrence with substantive provisions of subawards is required. Furthermore, USAID will participate as a member of any contracting and financing mechanism established by the “TB Platforms” activity.
4. Agency authority to immediately halt a construction activity. USAID retains the authority to immediately halt any construction that may be undertaken under this activity.

For purposes of this activity, “construction” means: construction, alteration, or repair (including dredging and excavation) of buildings, structures, or other real property and includes, without limitation, improvements, renovation, alteration and refurbishment. The term includes, without limitation, roads, power plants, buildings, bridges, water treatment facilities, and vertical structures.

No new construction activities are authorized under this cooperative agreement.

B.10 TITLE TO PROPERTY

Title to property financed by USAID under a cooperative agreement awarded under any Addendum to this APS will vest in the Recipient, and will be subject to the USAID Standard Provisions for US Non-Governmental Organizations or Non-US Non-Governmental Organizations, whichever is applicable.

[End of Section B]

² Except contracts for the acquisition of supplies, materials, equipment or general support services.

SECTION C: ELIGIBILITY INFORMATION

C.1. Eligible Applicants

This funding opportunity is open to all eligible U.S and non-U.S. non-governmental organizations (other than those from foreign policy restricted countries), including foundations, institutions of higher education, consortiums and public international organizations, etc. Individuals are not eligible to participate.

Pursuant to 2 CFR 200.400(g), it is USAID policy not to award profit under assistance instruments such as Cooperative Agreements. While for-profit firms may participate, pursuant to 2 CFR 700.13(A)1), Prohibition against Profit, no funds will be paid as profit to any for-profit entity receiving or administering Federal financial assistance as a recipient or sub-recipient, and as such, for-profit organizations must waive profits and/or fees to be eligible to submit an application.

USAID welcomes organizations that have not previously received financial assistance from USAID.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations.

Applicants must also provide a valid DUNS³ number. Though not necessary during the review process, the “Apparently Successful Applicant” (ASA) must have successfully registered in SAM (System for Award Management)⁴ prior to award. For those who have previously registered in SAM, they must renew and maintain an active SAM registration during the time they have concept notes or applications under consideration by a Federal awarding agency, or during an active Federal award.

C.2 New Partners

a) Potential New Implementing Partners

USAID encourages applications from potential new partners. In support of the Agency’s interest in fostering a larger assistance base and expanding the number and sustainability of development partners, USAID/Philippines encourages applications from potential new implementing partners. Resultant awards to new organizations may be significantly delayed if USAID must undertake necessary pre-award reviews of these organizations to determine their “risk assessment” (see below). Accordingly, in order to mitigate this, the pre-award review will begin simultaneous with the co-development phase. Non-U.S. Organization Pre-award Survey Guidelines and Support is available in the following link: <http://www.usaid.gov/sites/default/files/documents/1868/303sam.pdf>.

³ DUNS numbers can be obtained free of charge from <http://fedgov.dnb.com/webform>

⁴ The SAM website is at www.sam.gov

b) Pre-award Risk Assessment

In order for an award to be made, the AO must make a positive “risk assessment,” as discussed in ADS 303.3.9. This means that the applicant must possess, or have the ability to obtain, the necessary management and technical competence to conduct the proposed program. The applicant must agree to practice mutually agreed-upon methods of accountability for funds and other assets provided or funded by USAID.

In the absence of a positive risk assessment, an award can ordinarily not be made. However, in rare cases, an award can be made with “Specific Conditions” (e.g., additional non-standard award requirements designed to minimize the risk presented to USAID of making an award to an organization for which a positive risk assessment cannot be made), but only where it appears likely that the applicant can correct the deficiency within a reasonable period.

C.3 Responsible Entity

The ASA will be responsible for ensuring achievement of the objectives described in each Addendum. Thus, an ASA must be a responsible entity. The AO will decide on whether to subject the ASA to a pre-award survey or not, and based on the results, will make a determination if the prospective recipient is a responsible entity, i.e., whether it has the necessary organization, experience, adequate accounting and operational controls, and technical skills—or ability to obtain them—in order to achieve the objectives of the project and comply with the terms and conditions of the award. If a pre-award survey is necessary, the AO will establish a formal survey team to conduct the examination.

C.4 Cost Sharing or Matching

It is the intention under this APS that the Addendum Recipient provide cost share. However, the specific cost share requirement under each Addendum will be determined during Phase 3 - the co-development phase.

Cost-sharing or matching means that portion of project costs not borne by the U.S. Government. Cost-sharing includes cash and in-kind contributions, and may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at both national and local levels. Cost Share becomes a condition of an award when it is part of the approved award budget.

Cost Share is subject to 2 CFR 200.306 and the USAID standard provision for U.S. NGOs entitled “Cost-Sharing (Matching)”, and for non-U.S. NGOs, the Standard provision entitled “Cost Share” which, inter alia, requires that cost-sharing be verifiable from the Recipient’s records. Cost-sharing or matching is normally associated with contributions from the same prime and sub-recipient sources that also receive USAID funds under an award, but can include contributions from third parties.

The Cost Share must be verifiable from the recipient's records: for U.S. organizations it is subject to the requirements of 2 CFR 200.306, and for non-U.S. organizations it is subject to the Standard Provision, "Cost Share"; and can be audited. USAID encourages cost-sharing to the maximum practicable extent.

C.5 Other

An organization may not submit more than one concept paper/application as a prime or consortium leader under each Addendum. However, local organizations participating in a consortium may elect to participate in another consortium under a different concept paper. Additional local sub- partners may be brought into the consortium during the joint program development phase.

[End of Section C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION FOR ADDENDUMS ISSUED UNDER THIS APS

D.1 General Instructions

Applicants are expected to review, understand and comply with all aspects of this APS, its amendments (if any), and the separately issued Addendums and their amendments (if any) before submitting the documents required at every Phase of the process. Applicants must ensure the necessary documents are complete and received at USAID on time⁵. All submissions received by the stated deadlines in the Addendums will be reviewed in accordance with the review criteria contained in Section E of this APS. Failure to do so may result in the submission being considered non-responsive and will not be reviewed.

Submissions must be in electronic format. Applicants' authorized representatives are to print and sign their names on the cover pages of their submissions, as well as in required certifications.

For a submission to be considered timely, the electronic transmission must be submitted by email to manila-roaa-rfa@usaid.gov and received by the USAID/Philippines internet server no later than the date and time indicated on the cover sheet of the specific Addendum.

D.2 Content and Form of Submissions

USAID/Philippines will follow a three-phased process of application selection for each Addendum.

- The First Phase is the submission and review of written Concept Papers.
- The Second Phase is Oral Presentations, wherein the best technically acceptable applicants from the First Phase will be invited to present their applications orally. USAID will provide notices to all applicants selected to participate in oral presentation.
- The Third Phase, the Application Co-Development phase, is when the highest rated applicant/s from the Second Phase, will collaboratively develop with USAID, a full project description, after which they develop a detailed budget which will be submitted as Technical and Cost Application/s together with other required documents.

This selection process will be followed for every Addendum that will be issued under this APS. Applicants not selected for the consecutive phase will be notified at end of each phase.

D.3 Phase 1 - Concept Paper Content and Format:

The 10-page concept paper should be written from a comprehensive viewpoint that shows innovations and approaches proposed by the Applicant and its sub-awardees/partners. The concept paper should lay out how the Applicant and its sub-awardees/partners are uniquely capable of

⁵ Refers to Philippine Standard Time.

supporting health sector actors in their stated missions of improving results in key priority health goals and objectives of the country. USAID/Philippines strongly encourages that each Applicant and its sub-awardees/partners are thoroughly involved in the development of the concept paper and fully in agreement with the proposed technical approach and management structure.

Applicants must note that the factors stated in Section E.2 of this APS serve as the standard against which all Concept Papers, submitted for each Addendum, will be evaluated, and serve to identify the significant matters, which Applicants must address in their Concept Papers. Each Concept Paper will be reviewed for merit by the Selection Committee (SC) in accordance with these merit review criteria.

Applicants must demonstrate clear capacity and experience to accomplish the range of technical interventions described in the Addendums' program description. Applicants should describe their institutional capacity – their ability to gather the resources and expertise necessary to implement their application, and to be able to sustain their efforts for the duration of the resulting Cooperative Agreement.

In addition, as demonstrated by USAID's Local Sustainability objectives, involving a wide array of local partners - private, non-profit, and public – is a key Agency priority. Whenever possible, the proposed activity should bring new development actors into partnership with USAID and or expand USAID's engagement with Health Services, social entrepreneurs, foundations, business, diaspora and communities. The partners should demonstrate a strong commitment to addressing the Health sector development challenge, experience partnering with others, and, where applicable, a proven track record in their particular areas of expertise. Applicants are expected to demonstrate how they will successfully engage other partners in their proposed activities, such as through building sustained private sector or civil society organizations collaborations.

Applicants must format their Concept Papers as follows:

- Spacing: Singled-spaced;
- Font: Times New Roman, 12-point;
- Margins: One-inch margins on all sides;
- Paper Size: 8.5 inches X 11 inches;
- Any graphs, charts, exhibits, tables, etc. contained in the body of the concept paper shall be numbered and included in the stated page limits (see below). Table font may be reduced to Times New Roman, 10-point.

Concept Papers should be no more than 10 pages, *exclusive of cover page, table of contents and annexes*. They must be presented taking into account and in the order of the technical evaluation criteria found in Section E.2:

- **Cover Page** (1 page; not included in the page count) and must contain—
 - ❖ Project Title
 - ❖ APS Number and Addendum Number
 - ❖ Name, address and telephone number of the Organization (primary or lead)
 - ❖ Proposed sub-awardees or partners

- ❖ Contact Person' Name and Signature, Title/Position, Email address, phone nos. OR
- ❖ Name and Signature of Individual authorized to negotiate terms, conditions and countersign the award; Title/Position; Email address; telephone nos.
- ❖ DUNS, TIN and, if applicable, LOC number.

- **Technical Approach** (7 pages; included in the page count) –

In this section, the Applicant should present its overall vision for the stated goal and objectives of the Addendum and explain how the Applicant and its sub-awardees/partners can support this vision in relation to the goals and objectives stated in the particular Addendum the Applicant is responding to. Since the Applicant will collaboratively develop the final program description with USAID, it is not necessary to present a full or detailed technical application addressing every aspect of the priority areas listed under the activity objective. The Applicant will use the technical general approach to demonstrate an understanding of the Philippine context, the main actors, and the key questions and guiding principles outlined in the Addendum. As such, the Applicant will only present a technical and management approach at an appropriate level of depth for addressing key results outlined in Section A of this APS and of the Addendum.

Applicants must focus on describing how they propose to achieve the program objectives and elaborate on how the proposed technical approach is the most effective way to address the health challenges as described in the APS and in the Addendum. At a minimum, this section must contain:

- a. Summary Statement: A brief statement of the problem(s)/issue(s) being addressed, and proposed strategies/activities.
- b. Timeline: Proposed timeline, i.e. project duration or time needed to complete the proposed activities. All projects should be 36 to 60 months in duration.
- c. Project description: includes vision statement, brief narratives describing the situational context and background (limited to what is necessary to understand the project), the problem to be addressed, a description of proposed project activities, main objectives, and expected results. Also include in the project description a brief discussion regarding:
- d. Sustainability (how the project will be supported and can continue without donor funding) and self-reliance
- e. Gender considerations
- f. Environmental and climate risk mitigation
- g. Partnering with local organizations.

- 3. **Organizational Management and Staffing Plan** (2 pages; included in the page count)

This Project will require specialized skills from multiple set of partners. USAID/Philippines does not expect one organization to have all of the professional skills, services, and knowledge base required to meet the results; it is for this reason that sub-awards/partnerships are encouraged. USAID/Philippines encourages the Applicant to clearly describe the individual skills and capacity of each partner organization, define the value each partner brings, and how they complement one another. Sub-

awards/partnerships with local entities will be critical in achieving the results of the program.

The Applicant should succinctly outline an inclusive leadership approach that will create a shared common vision and purpose that builds trust and recognizes the value and contribution of all sub-awardees/partners.

The Applicant will coordinate the strategic approach on two levels. The first level of coordination will be at the Mission level where the program coordinates with relevant current and upcoming Activities managed by USAID/Philippines to avoid overlap and increase synergies.

The second level of coordination will focus on broader coordination across the Applicant and sub-awardees/partners with the DOH, DOH-Regional Offices, civil society organizations (CSOs), local government units (as applicable), and other development partners. Through DOH-led technical working groups and direct engagement, the Applicant should also demonstrate how they will ensure the sharing of information that results from coordination efforts with stakeholders.

The Applicant should explain how it envisions effective coordination, collaboration and working arrangements which will result in clear outcomes and maintain value for the contribution of all sub-awardees/partners, including its approach to the development of:

- a. The individual partner roles and responsibilities regarding the division of labor;
- b. Shared and transparent decision-making processes;
- c. A communication plan for all levels within the partnership and with external stakeholders promoting effective and shared communication with the DOH;
- d. Shared goals and aims to ensure sound coordination of policies, programs, and service delivery, and, ultimately, better health outcomes for underserved Filipinos.

Additionally, the Applicant should articulate in general terms a proposed staffing plan to meet the objectives outlined in Section A of the APS and in the relevant Addendum.

4. ***Institutional Capability and Past Performance*** (1 page; included in the page count)

USAID/Philippines understands that achievement of desired outcomes relies on the overall performance of an organization. For this reason, USAID/Philippines will evaluate both the Applicant and all proposed sub-awardees/partners. Not only will technical capacity be examined, but also the ability of each sub-awardee/partner organization to work with each other, focused on a common purpose. Past performance information must be provided and should relate to the specific technical nature of the Activity. The Applicant must provide performance information for each organization member (as an Annex; no longer than one page per organization). The Applicant is strongly encouraged to provide specific examples of significant impact of their past projects and how

cooperation in prior partnerships/consortia contributed to that impact. The Applicant must include specific examples of past partnerships where the organization served as part of a consortia or other partnership.

USAID will initially determine the relevance (complexity, scope, size and magnitude) of similar performance information as a predictor of probable performance under the subject requirement. USAID may consider relevant projects successfully performed during the recent 3 to 5 years to be “recent performance information”.

The Applicant should address the following points:

- Demonstrated successful experience in managing and implementing similar programs, in size and scale, preferably in Asia;
- Timeliness of performance, cost, and scope; and
- How the Headquarters management team contributed to success.

5. *Annexes* (not included in the page count)

- Acronym List/Definition (not to exceed 1 page)
- Timeline
- Organizational chart/Staffing plan (general)
- Past performance (1 page per sub-awardee/partner)
- Other charts, graphs, tables, data or information considered essential to the application (not to exceed two pages)
- Proposed Notional Budget - estimated cost summary, direct, indirect and cost share contribution by the applicant and sub-awardees/partners (not to exceed one page)

The Concept Paper must demonstrate the Applicant’s complete understanding of the goals and objectives of the Addendum under this APS and of its strategy and methodology.

D.4 Phase-2 Oral Presentations/Interview

Based on USAID’s merit review of Concept Papers, only Applicants whose concept papers are the highest rated, i.e., are determined to be technically acceptable and/or innovative, will be invited to present their concept papers orally. The order of presentation among the selected Applicants will be determined randomly by the Agreement Officer.

Applicants who will be invited to the Oral Presentations will be notified promptly as to the date of their scheduled presentation. They should expect at least two weeks’ notice before their expected in-country presence in the Philippines to conduct their Oral Presentation. At the time of the invitation, USAID will provide the initial discussion items based on the review of Concept Papers.

In-person Oral Presentations are a condition of award as technical discussions will also occur at this stage. There will be no conference call-in option for the presentation.

The Applicant’s presenting team should be made up of the Technical Lead, the Senior Program

Manager and at least one representative from each of the proposed sub-awardees/partners. The Applicant is limited to five attendees. All attendees must be present in-person in the Philippines on the date and time specified for the presentation.

The audience for the Oral Presentations will consist of the Selection Committee (SC), the Agreement Officer and the Acquisition & Assistance Specialist/s. The Agreement Officer will chair the Oral Presentations; however, USAID may use an in-house or contracted moderator to facilitate the presentations.

While the Concept Paper will be presented in PowerPoint format, the remaining discussions will be in Question and Answer (Q&A) format with little time for consultation among members of the presenting team. Each team member should be an expert and should use the PowerPoint to present the salient/important points of the Concept Paper without reading the slide contents verbatim to the audience. Team members must be able to “think on their feet” and to actively participate in the discussion of subsequent Q’s & A’s.

The Oral Presentation Agenda is as follows:

- Introductions (10 minutes) [Lead: Agreement Officer]
- PowerPoint Presentation (1-1/2 hours) [Lead: Applicant]
- Q’s & A’s/Discussions - Round 1 (2 hours) [Lead: SC and Applicant]
- Break for Applicant/USAID Deliberations - (1 hour)
- Q&A/Discussions - Round 2 (1 hour) [Lead: SC and Applicant]
- Adjournment/Next Steps (10 minutes)[Lead: Agreement Officer].

Each oral presentation will be evaluated and scored by the Selection Committee (SC) in accordance with the evaluation factors set forth under Section E of this NFO.

The Applicant’s presentation must not last more than one and a half hours. In addition to responding to the questions from USAID, the presentation must address the following areas:

1. Overview of Technical Approach:

Each Applicant must present an overview of the general approach to the activity as outlined in their Concept Paper. The general approach component should demonstrate an understanding of the Philippines health context and the Key Results and Guiding Principles specified in Section A of this APS.

Specifically, the overview must:

- Demonstrate a comprehensive understanding of the Philippines health system, health situations and binding constraints from the national to the primary health care facility level; the relevant government programs and current interventions; and identification of the system actors and the various relationships among them;
- Identify how the Applicant’s proposed approach will contribute to improving the desired health sector outcomes as stated in the APS and Addendum; and

- Propose a theory of change to meet the objectives outlined in each addendum and describe the most applicable innovative and evidence-based strategies to respond to the proposed theory of change;
- Describe how approaches will lead to:
 - Improved effectiveness and efficiency of functions, management and performance systems at each level of the health system;
 - Stronger referral systems, outreach, and information linkages between communities and facility services within the service delivery network;
 - Sustained improvements in the quality of patient-centered care across a continuum of health services;
 - Effective approaches to partner closely with the national and local stakeholders to implement strategies to strengthen their capacity to support the scale-up of the proposed high impact interventions and systems.
- Describe how gender-related activities will take advantage of international best practices and experiences while adapting them to a highly sensitive Philippines context. It is not satisfactory to simply indicate that the proposed activity will “take gender into consideration”. The discussion should describe how gender-related challenges will be addressed and how such interventions are ideal considering the local context, keeping in mind a do-no-harm approach; and
- Apply adaptive management techniques to inform program management and key decisions.

2. Organizational Management and Staffing Plan

Applicant’s Concept Paper and oral presentation, must clearly demonstrate the guiding principles, goals and objectives specified in Section A of this APS, as well as the desired outcomes stated in the specific Addendum. The presentation should be prepared in a concise and understandable way while showing the applicant’s ability to effectively and clearly present the general approach to the activity as outlined in the applicant’s Concept Paper; and the ability to respond to the key questions that outline priority areas for this activity.

The presentation must explain the proposed mix of positions and management structure, and the comparative strengths of the proposed Applicant. Applicants are encouraged to have representation from proposed sub-awardees/partners. This not only demonstrates a shared vision, but also allows USAID to specifically question and evaluate the strength of each individual sub-awardee/partner; the roles and responsibilities of the Home Office and the field-based staff, including their assigned management and decision-making authorities, and; how the organizational structure will effectively and efficiently achieve the health objectives stated in the Addendum.

3. Monitoring and Evaluation:

The Applicant must prepare a clear Monitoring, Evaluation and Learning (MEL) methodology that facilitates adaptive learning and management. The MEL plan must describe and demonstrate how the Applicant will structure the MEL system, give examples of this approach and describe how they will utilize minimal but sufficient data to adaptively manage interventions.

The Applicant should also describe how they will apply adaptive management techniques to inform program management and key decisions.

4. Proposed Co-Creation/Collaborative Approach:

The Applicant must also identify the personnel that will participate in the collaborative-development phase. The Applicant should present how it envisions the collaborative-development process, specifically coordination and communication with USAID/Philippines and the role of the Applicant's organization and any partners, if applicable. The Applicant should also propose a logical process for collaborative-development with a notional timeline for completion of the Activity Description with USAID/Philippines. During the first two weeks of collaborative development, the Applicants, in collaboration with USAID and the DOH will develop the program description/technical approach to include, general resource requirements, and management control of the project under the guidance of the Agreement Officer.

5. Proposed Cost Efficiency Plan (Value for Money)

As budget details depend on the specifics outlined in the final program description, a full cost-application will be developed by the Applicant once the project description is finalized. During the oral presentations, the Applicants should lay out the argument why their organization/consortium offers the best value for money and cost effectiveness for results achieved. Applicants are required to briefly describe the thought process that has gone into budgeting and what they expect key parts of their intervention strategy will cost. This can be a discussion on approach to cost-share, staff salaries, efficient use of resources and sub-agreements and contracts, use of local solutions, etc. As these funds are managed through our bilateral agreement with the Government of the Philippines, the Applicant should expect that the government will pay significant attention to this portion of the presentation.

The presentation will be followed by a two-hour questions and answers (Q&A)/Discussion period where the Applicant will respond to questions related to its presentation as well as to any other questions arising from their Concept Paper. This will be followed by USAID deliberations and then a second, one-hour Q&A/Discussion period.

USAID/Philippines will provide the conference room and media presentation equipment for the Oral Presentations.

The aforementioned Presentation must be in PowerPoint and sent via e-mail to: manila-roaa-rfa@usaid.gov and inarag@usaid.gov no later than two (2) days prior to the scheduled Oral

Presentation.

Soon after the last Oral Presentations, USAID intends to inform applicants if their Concept Papers have been selected to proceed to the next stage of the review process. For selected applicants, USAID will provide (1) a written summary (feedback) of their Oral Presentation/Discussion to further guide the Applicant's Full Technical Application preparation.

D.5 Phase-3 Co-Development Instructions/ Technical and Cost Application Formats

Only Applicants who succeeded from the Phase-2 merit review will be invited to participate in a one-week co-development/collaborative workshop.

The co-development/collaborative workshop, attended by the applicant/s, USAID, representatives from the Philippine Department of Health, and other relevant key stakeholders, will bring together the various technical approaches and innovations of each partner and further define activities. Programmatic budget levels will also be determined during this phase. At the conclusion of the co-development workshop, the applicant/s and USAID will have developed a draft program description for activities described in each Addendum. Following the co-development, the applicant/s will be asked to finalize the program description and develop a full cost application for USAID review.

The Cost Application

The Cost or Business Application shall be submitted separately from the Program Description. There is no page limit for the Cost Application. Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application is not desired. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

The Cost Application, in Excel, shall be submitted in electronic version.

The Applicant shall submit a budget broken down by program years with an accompanying detailed budget narrative (in Word 2000 or Word 2003 text accessible) which provides in detail the total costs for implementation of the program as further detailed below. The application must provide evidence that the funds requested are reasonable and would be used in a cost-effective manner. The Selection Committee will assess whether the overall costs are realistic for the work to be performed, whether the costs reflect that the applicant understands the requirements, and whether the costs are consistent with the technical application. The application will also be assessed for cost effectiveness. Applications that minimize administrative costs in order to maximize program, outreach, and capacity building activities will generally be considered to be of better value.

The Agreement Officer requires from the Applicant certain documents to be submitted in order for the Agreement Officer to determine the Applicant's responsibility as well as to assess USAID's risk should an award be made.

If the Applicant has established a consortium or another legal relationship among its partners, the

Cost/Business application must include a copy of documents that show the legal relationship between the parties. The documents should include a full discussion of the relationship between the Applicant and partners including identification of the applicant with whom USAID will work with for purposes of Agreement administration, identity of the applicant which will have accounting responsibility, how Agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other/s.

The following describes the documentation that Applicants must submit. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary details. The cost application must cover the full period of performance using the budget format in SF 424A. The budget should be expressed in US dollars using the exchange rate of \$1 = P49.

1. A Cover Page containing the same information as the Technical Application cover page.
2. A summary of the budget must be submitted using Standard Form 424 and 424A. SF424B should also be submitted, duly signed. These forms can be downloaded from the grants.gov website at: <https://www.grants.gov/web/grantsforms/sf-424-family.html#sortby=1>

Instructions on how to complete these forms are found at <https://www.grants.gov/web/grants/form-instructions.html>

- a. Summary budget should have the budget categories as shown in SF424A, with costs broken down by year;
- b. Detailed/itemized budget;
- c. Budget narrative explaining costs to be incurred; and
- d. Other administrative documentation as necessary.

The forms when submitted, must be signed by an authorized representative of the Applicant's organization.

3. Detailed budgets and narrative with supporting notes and justifications that include the following:
 - a. The name, daily and annual salary rates, fringe benefits and expected level of effort of each person charged to the program, and salary escalation factors.
 - b. Specify the applicable fringe benefit rates for each category of employee, and all benefits covered by the rate.
 - c. The same information shall be provided for individual consultants as for regular personnel.
 - d. Allowances must be broken down by specific type and by person and must be in accordance with the applicant's policies. All salaries, benefits and allowances must be based on written compensation policies of the employer organization.
 - e. Details of all home office support to be provided.

- f. Travel, per diem and other transportation expenses must be detailed in the financial plan to include number of international trips, from where to where, number of per diem days and rates. Per Diem and other travel allowances must be based on written travel policies of the employer organization. (Applicants may choose to refer to the Federal Standardized Travel Regulations for cost estimates).
 - g. Detail all equipment to be purchased, including the type of equipment, the manufacturer, the unit cost, the number of units to be purchased and the expected geographic source.
 - h. Detail all materials and supplies expected to be purchased, including type, unit cost, and number of units.
 - i. Detail all proposed Contractual arrangements including proposed subawards (contracts and subgrants).
 - j. Other Direct Costs such as visas, passports and Other General and Administrative costs must be presented as separate cost line items.
 - k. Specific budget details and narrative information, in addition to the percentage and total dollar amount of the proposed cost-share contribution.
 - l. Indirect costs must be supported with information (e.g., NICRA) to substantiate the calculation of the indirect cost.
 - m. For commercial organizations, it is USAID policy that no profit or fee shall be included in the prime award. All reasonable and allowable expenses, both direct and indirect, which are related to the agreement and are in accordance with applicable cost principles in 2 CFR Subpart E may be paid under the anticipated award.
 - n. Information regarding the cost share should be indicated in SF424. Cost share details (e.g., who is providing cost share, how cost share will be used, how it will contribute to the objectives, etc.) should be in narrative form and presented as budget notes.
4. The budget notes/narrative should explain all budget assumptions and how the costs were derived. The information will include the basis of estimate for each line item, including reference to source used to substantiate the cost estimate (e.g. organization's policy, payroll document, vendor quotes, etc.)
 5. Required "Certifications, Assurances, Other Statements of the Recipient" signed by an authorized representative of the applicant's organization. The certifications are found at: <http://www.usaid.gov/site/default/files/documents/1868/303mav.pdf>
 6. Applicants shall submit any additional evidence of responsibility deemed necessary for the

Agreement Officer to make a determination of responsibility. The information submitted shall substantiate that the applicant:

- a. Has adequate financial, management and personnel resources and systems or the ability to obtain such resources as required during the performance of the award.
 - b. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant, non-governmental and governmental.
 - c. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
 - d. Has a satisfactory record of integrity and business ethics; and
 - e. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations.
7. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual.
 8. Foreign Government Delegations to International Conferences will not be funded under this agreement. See Standard Provision entitled “FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES”.
 9. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM). As indicated in the Eligibility Section of this APS, the Applicant, unless excepted by USAID from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by USAID under 2 CFR 25.110(d) must be registered in SAM, provide a valid DUNS number, and continue to maintain an active SAM registration with recent information at all times during which it has an active Federal award or an application or plan under consideration by USAID.
 10. Federal awarding agencies may not make a Federal award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

An award will be made only when the Agreement Officer makes a positive determination that the Applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID. For the organizations that are new to USAID, or organizations with outstanding audit findings, it may be necessary to perform a pre-award survey. Only the cost/business applications of the Apparently Successful

Applicant after the Phase-3 merit review will be reviewed for general reasonableness, cost realism, allowability and allocability.

Unsuccessful applications will not be returned to the Applicants.

[End of Section D]

SECTION E: APPLICATION REVIEW INFORMATION

E.1. General

All applications will be reviewed in accordance with the review criteria set forth below. Technical applications will be evaluated using an **adjectival rating or “pass or fail”** against each evaluation criterion and sub-criterion.

The purpose of the merit review process is to identify an Applicant and its proposed sub-awardees/partners with the best feasible technical and innovative approaches to supporting health sector actor’s contributions to improving desired health outcomes in the Philippines; and secondly, and just as important, to ensure that the successful Applicant and its proposed sub-awardees/partners have the ability to work with one voice and vision to support the health sector.

The criteria presented below have been tailored to the requirements of the Addendums under this APS. Applicants should note that these criteria serve to:

- a. Identify the significant matters which Applicants should address in their applications and
- b. Set the standard against which all applications will be evaluated.

To facilitate the review of applications, Applicants are requested to organize the narrative sections of concept paper according to the application format (Section D) and the merit review criteria set forth below.

The criteria listed below are presented by major categories, so that Applicants will know which areas require emphasis in the preparation of the technical application. To be selected for the award, the application must contain, at a minimum, these elements. The highest ranking that can be awarded in evaluating will depend on how well each element provided under Section D is addressed.

E.2 Merit Review Phases

There are three (3) distinct merit review phases as described in Section D. The specific merit review criteria are as follows for each phase:

a. Phase 1 - Concept Paper Merit Review (See Section D.3):

All applications will be reviewed in accordance with the review criteria set forth below. The purpose of the merit process is to identify an Applicant with the best approach to achieve the health project objectives, as described in Section A; Program Description.

The criteria listed below are presented so that Applicants will know which areas require emphasis in the preparation of their applications during the appropriate phase.

The Concept Paper will be reviewed based on the following merit criteria. The criteria listed below are presented in order of importance – Factor 1 is the most important factor, and Factor 2 is more important than Factor 3.

The three criteria reflect the requirements of this particular APS. Applicants must note that these factors serve as the standard against which all Concept Papers will be evaluated, and serve to identify the significant matters, which Applicants must address in their Concept Papers. Each Concept Paper will be reviewed for merit by the Selection Committee (SC) in accordance with the merit review criteria set forth in this NFO.

(1) Factor 1 – Technical Approach

Applicants will be evaluated on the extent to which the Applicant clearly articulates its innovative and feasible technical approach for each of the core areas set forth in the Program Description and convincingly demonstrates the rationale of how it will achieve the desired outcomes of the USAID Health Project and the relevant addendum to this APS.

The proposed methodology incorporates innovative and new techniques with a high likelihood to increase the benefits to implement the health project. The methodology must also build upon best practices and lessons learned/developed by the Applicant, other organizations, or USAID under similar programs. Additionally, the Applicant proposes specific and effective approaches to advance health programs and gender equity, as well as demonstrates how it will support the health system in the Philippines. Evidence of local ownership, including project sustainability and institutionalization, as appropriate, should be articulated given the project type and complexity.

(2) Factor 2 – Organizational Management and Staffing Plan

Applicants will be evaluated on the extent to which the Applicant’s management and staffing plan demonstrates if the Applicant will effectively and efficiently achieve the activity objectives set forth in the Program Description and the relevant addendum.

Applicants will also be evaluated whether its proposed partners represent the best combination of organizations to develop and implement this project based on the capability of each member on its specialized area. The management plan must clearly describe the roles of the prime organization and sub-partners, and the comparative advantage of each organization. The division of labor among Applicant and Sub-awardees/partners should be clear and appropriate to ensure the highest quality coordination and collaboration with various levels of the Philippine government, USAID and other key stakeholders.

Applicants must have a clear and legally established coordination and management plan with their sub-awardees/partners. The Applicant must be the lead or “Prime”

organization. We see the Applicant's role as a "First among Equals," understanding that each member is critical to the overall success of the award. The partnering arrangement must have clear lines of responsibilities, assigns clear roles and responsibilities relevant to the program among member organizations

The elements of this review factor include:

- The overall quality of the management and staffing plan to implement the project taking into consideration the type of interventions and roles of other partners;
- The coherence of the supporting organizational structure, as reflected in the organogram, that matches the required skills to accomplish the full range of program activities;
- Detailed explanation of any proposed partnerships and/or consortium that the Applicant will participate in to carry out Project interventions;
- Identified positions for key personnel and the type of skills each key personnel will need as well as their appropriateness to the technical approach outlined in the application.

(3) Factor 3 – Institutional Capability and Past Experience

Applicants will be evaluated on the degree to which the Applicant convincingly demonstrates, through its past experience, that it possesses the institutional capacity to successfully implement the proposed intervention to achieve the USAID Health Project desired outcomes.

Institutional capacity and past performance records for both Applicant and its proposed sub-awardees/partners will be closely reviewed and evaluated for their relevance and performance experience on similar projects performed within the last 3-5 years. Relevance is defined as projects performed of a similar scope, magnitude and scale. The Applicant and its partners have the technical and management experience and skills to implement the proposed interventions.

The rationale for sub-awardees needs to be explained. This APS encourages partnering with local partners.

Performance information will be used for responsibility determination. USAID may use performance information obtained from sources other than those identified by the Applicant. USAID will utilize existing databases of agreements performance information if any and solicit additional information from the references provided in and from other sources if and when the Agreement Officer finds the existing databases to be insufficient for evaluating an applicant's performance.

In cases where an Applicant lacks relevant past performance history or in which information on past performance is not available, the Applicant will not be

evaluated favorably or unfavorably on past performance. In such cases the Applicant will be rated “neutral”. The “neutral” rating provided to these applicants is at the Agreement Officer's discretion based on the past performance ratings for all other applicants. Prior to assigning a "neutral" past performance rating, the Agreement Officer may take into account a broad range of information related to an applicant’s past performance.

b. Phase 2 - Oral Presentation/Interview Merit Review (See Section D.4):

Phase 2 - Oral Presentation will be reviewed on the basis of the following merit criteria and sub-criteria in descending order of importance:

- i. Overview of Technical Approach
- ii. Personnel and Management Structure
- iii. Monitoring and Evaluation
- iv. Proposed Co-Creation/Collaborative Approach
- v. Proposed Cost Efficiency Plan (Value for Money)

Each oral presentation will be evaluated and scored by the Selection Committee (SC) in accordance with the evaluation factors set forth in this section.

(1) Technical Approach

The Applicant will be evaluated on:

- The extent to which the Applicant clearly demonstrates how its Theory of Change is feasible to achieve the activity results;
- The extent to which the Applicant demonstrates that its proposed realistic yet innovative interventions conceptually and operationally are feasible to achieve the activity results;
- The extent to which the Applicant demonstrate clear, logical, and game-changing strategy as well as a detailed understanding of those efforts needed for effective and successful achievement of the goal and objectives outlined in the Activity Description;
- A comprehensive and complementary approach including technical assistance to introduce new approaches and scaling up proven interventions and promising practices to transform and expand patient-centered care;
- The Applicant demonstrates an understanding of gender structure and bias in society, and how it will integrate the gender perspective discussed in the Program Description in order to achieve the activity results.
- Institutionalization and sustainability to improve the likelihood that the programs being supported will continue beyond and without USAID

funding.

(2) Organizational Management and Staffing

The Applicant will be evaluated on the following:

- The Applicant demonstrates a feasible approach to ensure effective coordination and collaboration with various partners, including GOP, other non-state organizations and other USAID projects/activities.
- The Applicant clearly articulates how the Applicant intends to satisfy potential recipients and manage the sub-grant component of the activity.
- The extent to which the Applicant demonstrates that its proposed use of partners/sub-partners/ consortium members/local networks (as applicable) will achieve the various results sought.
- The Applicant must clearly articulate the roles and responsibilities of the Home Office and field-based staff, including their assigned management and decision-making authorities, and how this organizational structure will effectively and efficiently achieve the Health Project objectives.
- The Applicant demonstrates that its proposed staffing plan and staffing mix of skills and knowledge will enable the Applicant to implement the proposed technical approach effectively.

(3) Monitoring, Evaluation and Learning (MEL) Methodology

The Applicant will be evaluated on the extent to which it clearly describes its MEL, methodology and how the structure of the proposed MEL system will apply adaptive management techniques to inform activity management and key decisions.

(4) Proposed Co-Creation/Collaborative Approach

The Applicant will be evaluated on workability of their plan and how they envision the collaborative program description development process. Specifically, the applicant will be evaluated on its planned coordination and communication with USAID, and the role of the Applicant's organization and any sub-partners if applicable.

Using USAID's principles for Collaborating, Learning and Adapting, applicants will also be evaluated on their proposed logical process for collaborative development with a notional timeline for completion of the Activity Description with USAID.

(5) Proposed Cost Efficiency Plan (Value for Money)

During their oral presentations, the Applicant should lay out the argument why their Consortium offers the best value for money and cost effectiveness for results achieved. This can be a brief general discussion on approach to cost-share, staff salaries, efficient use of resources and sub-agreements and contracts, use of local solutions, etc. The applicant will also need to demonstrate how they have applied cost-benefit into their design and that they understand the costs of doing business in the Philippines.

c. Phase-3 Co-Creation/Collaboration (see Section D.5):

Only those who succeed from the Phase 2 Merit Review will be invited to join the co-creation phase which will result in the submission of Full Technical and Cost/Business Applications for final evaluation. USAID reserves the right to select another Applicant from the pool of Phase 2 merit review participants in case final agreement is not reached with the initially selected Applicant

E.3 Final Technical Application/Program Description

There will be no evaluation factors during Phase 3 (Program Description Design Workshop) but the resulting Program Description developed during the workshop will be the final technical application which will be incorporated into the resulting Cooperative Agreement. The final technical application/program description is the most important part of consideration in making the award decision.

At this stage, USAID/Philippines will evaluate the Final Technical Applications as either “Acceptable” or “Unacceptable”. In the event that negotiations fail to improve the final technical application/project description, the Agreement Officer may determine the application as “Unacceptable”.

E.4 Full Cost Application Review Criteria (see Section D.5):

During the Co-Creation/Collaboration Workshop, USAID/Philippines and the Applicant/s will commence negotiation regarding the anticipated costs associated with implementing the Program Description. Following the Workshop, the Applicant/s will finalize a Cost/Business Application based upon the discussions.

Although Cost/Business Application will not be rated, the Applicant should have a structure that will allow it to provide the greatest value (highest result) at a reasonable cost.

Cost will be reviewed for general completeness, reasonableness, allowability and allocability. Cost realism is an assessment of the accuracy with the proposed costs and represents the most probable cost of performance within the Applicant’s technical and management approach. Cost

realism review will be performed as part of the review process to:

- (i) Verify the Applicant's understanding of the activity objective;
- (ii) Assess the degree to which the cost application reflects the approaches and/or risk assessments made in the technical application as well as the risk that the Applicant will provide the supplies or services for the offered cost; and
- (iii) Assess the degree to which the costs included in the cost application accurately represent the work effort included in the technical application.

The Final Cost/Business Application will also be reviewed to ensure that all compliance requirements have been satisfied and the Agreement Officer can make an affirmative determination of responsibility.

[End of Section E]

SECTION F: AWARD AND ADMINISTRATION INFORMATION

F.1 FEDERAL AWARD NOTICE

1. USAID plans to award one (1) cooperative agreement resulting for every issued Addendum to the Apparently Successful Applicant (ASA) whose application best meets the merit review criteria (see Section E of this APS). The Agreement Officer will only do so after making a positive responsibility determination that the successful Applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID.

USAID reserves the right to award any or none of the application/s developed under each Addendum.

2. The Agreement Officer can only award the cooperative agreement after funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award.
3. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds.
4. Following the selection for award and successful negotiations, the ASA will receive an electronic copy of the notice of the award signed by the Agreement Officer which will serve as the authorizing document. No costs chargeable to the Cooperative Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer.

F.2 ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

The Cooperative Agreement will be administered in accordance with:

1. USAID's Automated Directives System (ADS) Part 303, <https://www.usaid.gov/sites/default/files/documents/1868/303.pdf>
2. 2 CFR 200, Subpart E—Cost Principles, <http://www.ecfr.gov/cgi-bin/text->, and if applicable,
3. 48 CFR 31.2, Federal Acquisition Regulations, and 48 CFR 731.2, USAID Acquisition Regulations—Cost Principles for Commercial Organizations. <http://www.ecfr.gov/cgi-bin/text>.

F.3 PRE-AWARD SURVEYS

For organizations that are new to working with USAID or for organizations with outstanding audit findings, USAID may perform a pre-award survey to assess the apparently successful applicant’s management and financial capabilities. **If** notified by USAID that a pre-award survey is necessary, the apparently successful applicant must prepare, in advance, the required information and documents.

The additional documents that may be requested are By-laws, constitution, articles of incorporation, organizational policies on travel, procurement, financial management, personnel, etc. When requested, the apparently successful applicant shall provide copies of the requested additional documents.

Please note that a pre-award survey does not commit USAID to make any award.

F.4 REPORTING REQUIREMENTS

The format of the activity performance reports, final annual work plan, financial reports and success stories will be determined in conjunction with USAID/Philippines. The applicant must meet all country-specific USG reporting requirements. Reports must be submitted in English.

1. Program Reporting –

Table 1: Program Reports and Schedule

Report	Submission Date
Annual implementation plan (includes Gender and Environment Risk Mitigation Plans)	Within 45 days ⁶ of award
Activity Monitoring, Evaluation and Learning Plan (AMELP)	Within 90 days of award
Sustainability Plan	Within 60 days of award
Quarterly Reports (includes progress to date on sustainability, gender, and environment)	Within 30 days of the completion of a US fiscal quarter
Annual Reports (includes progress to date on sustainability, gender, and environment)	Within 30 days of the completion of a US fiscal year (September 30 of each year)
Close-out Plan	6 months prior to agreement end date
Final Report	Within 90 days of completion of agreement

⁶ Days refer to calendar days.

- Annual implementation plan – The Recipient is encouraged to design innovative implementation approaches to reach the desired results. The Recipient will develop annual implementation plans in concert with other key USAID/Philippines partners, and are aligned to each USG fiscal year of the agreement. ***Note: The applicant will prepare a draft Year 1 implementation plan to be submitted with its application. This draft will be finalized with the AOR within 45 days of award.***

The Year 2 implementation plan, and other subsequent implementation plans, will be prepared and submitted to the AOR no later than 45 days before the close of the current USG fiscal Year 1.

The implementation plan must include, at a minimum:

- Proposed accomplishments and expected progress towards achieving program results and performance measures tied to the AMELP
 - Timeline for implementation of the year’s proposed interventions, including target completion dates
 - Information on how interventions will be put in place
 - Gender action plan that will define how gender will be integrated in the activity cycle
 - Environmental Risk Mitigation Plan (EMMP) which will describe how environmental compliance and climate risk management will be integrated into activity interventions
 - Personnel requirements to achieve expected outcomes
 - Details of collaboration with other major partners
 - An annual budget with estimates of projected monthly expenditures.
- Activity Monitoring, Evaluation and Learning Plan (AMELP) – Within 90 days of award, the Recipient will submit an Activity Monitoring, Evaluation and Learning Plan (AMELP) for the life of the activity that derives from the activities outlined in the Activity Description. The AMELP will outline key program interventions, indicators of achievement, associated annual and life-of-activity targets and the learning agenda. The plan will be reviewed and approved by the AOR. ***Note: The applicant will prepare a draft Year 1 AMELP to be submitted with its application. This draft will be finalized with the AOR within 90 days of award.***
 - Sustainability Plan – The Recipient will submit a sustainability plan for the “TB Platforms” activity within the first 60 days of the agreement. This plan should describe specific interventions that are expected to be sustained after the Cooperative Agreement ends. The sustainability plan will be updated annually and progress and updates to the implementation of the plan should be reported on quarterly and annually as part of regular reports. ***Note: The applicant will prepare a draft Sustainability Plan to be submitted with its application. This draft will be finalized with the AOR within 60 days of award.***
 - Quarterly and Annual Progress Reports –

Quarterly Reports – The Recipient will submit to the AOR and other relevant stakeholders (i.e., GPH agencies like DOH and NEDA), quarterly progress reports based on the USG fiscal quarters, i.e., Quarter 1 covers October – December; Quarter 2, January – March; Quarter 3, April – June, and Quarter 4, July – September. The quarterly report is due within 30 days after the fiscal quarter’s end. In lieu of the fourth quarter progress report, the Recipient will submit an Annual Report that covers the fiscal year that just ended. During the final year of implementation, the Recipient will continue to submit quarterly reports except for the fourth quarter when, instead of an Annual Report, the Recipient will be required to submit a Final Report (see letter f below).

Annual Reports – The Recipient must submit the annual report no later than 30 days after the end of the fiscal year to cover annual performance from October – September of the fiscal year.

At a minimum, both quarterly and annual reports will contain:

- Progress (interventions completed, benchmarks achieved, and performance standards completed) made since the last report by region and province as applicable
 - Problems encountered and whether they were resolved or are still outstanding
 - Proposed solutions to new or ongoing problems
 - Success stories
 - Security concerns
 - Information on new opportunities for program expansion
 - Qualitative data on program achievements and results
 - The updated AMELP, as an attachment
 - Documentation of best practices that can be taken to scale
 - Progress to date on sustainability, gender and environmental risk mitigation plans
 - Update on monthly expenditures for the quarter vis-à-vis annual budget
- Closeout Plan – No later than one hundred eighty (180) days prior to the completion date of the agreement, the Recipient will submit a demobilization plan for Agreement Officer approval. The demobilization plan shall include:
 - 1) Draft property disposition plan,
 - 2) Plan for the phase-out of in-country operations,
 - 3) Delivery schedule for all reports or other deliverables required under the agreement, and
 - 4) Timetable for completing all required actions in the demobilization plan, including the submission date of the final property disposition plan to the Agreement Officer.
 - Final Report – At the end of the program period, the Recipient will prepare a final report for submission to the AOR, the Agreement Officer and other relevant stakeholders (i.e., GPH agencies like DOH and NEDA) which highlights accomplishments against implementation plans; gives the final status of the

benchmarks and results; documents lessons learned during implementation and suggests ways to resolve constraints identified. The report will describe the achievements of the activity in light of the history of USAID programming, the legacy that USAID will leave in the TB sector and the status of the operating environment.

The Final Report must contain a three-page executive summary, an index of all reports and information products produced under the agreement and a summary of the activity's finances, disaggregated at the program area and contain, at a minimum:

- Total award budget
- Total funds awarded by USAID.

Within ninety (90) days following the estimated completion date of this award, the Recipient will submit one (1) original and two (2) copies of the Final Report to the AOR and one (1) copy to the Agreement Officer. In addition, one (1) copy will be submitted to the Development Experience Clearinghouse:

- Electronically: <http://www.usaid.gov/results-and-data/information-resources/development-experience-clearinghouse-dec>
- By U.S. Postal Service delivery to:

U.S. Agency for International Development
Development Experience Clearinghouse
M/CIO/ITSD/KM
Ronald Reagan Building M. 01-010
Washington, DC 20523-6100

Note: For the Quarterly, Annual and Final Reports, the following essential bibliographic information should be included on the cover page:

- Descriptive title;
- Author/s name/s;
- Award number;
- Recipient's name;
- Development Objective; and
- Date of publication or issuance date of the report.

2. Financial Reporting –

The Recipient will account for expenditures for interventions carried-out under this project to ensure funds are used for their intended purposes.

Quarterly Financial Reports – The Recipient shall submit quarterly financial reports to USAID no later than ten (10) days prior the end of each USG fiscal quarter. They should be disaggregated at the program area and contain, at a minimum:

- Total award budget;
- Total award funds obligated to date;
- Total funds previously reported as expended by applicant by main line items;
- Total funds expended in the current quarter by budget line items;
- Total funds expended (actual plus estimated accrued) towards the end of the report period
- Total un-liquidated obligations by main line items;
- Unobligated balance of USAID funds;
- Estimated expenditures for remainder of year;
- Estimated expenditures for remainder of project;
- Estimated fund support per province; and
- Total obligated funds expended by main line items to date.

F.5 PROGRAM INCOME

Program Income, which may be generated under this award, shall be accounted for in accordance with 2 CFR 200.307.e(2). It must be used for the purposes of the project and under the conditions of this award.

F.6 FOREIGN GOVERNMENT DELEGATION TO INTERNATIONAL CONFERENCES

Funds in the agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" at <http://www.info.usaid.gov/pubs/ads/300/refindx3.htm> or as approved by the Agreement Officer.

F.7 SALARY SUPPLEMENTS FOR HOST GOVERNMENT EMPLOYEES

Any payments by the Recipient to employees at any level of any foreign government shall be subject to the USAID policy on salary supplements (dated April 1988 or as amended). If this issue arises during the period of the Agreement, the Recipient shall consult with USAID on any questions regarding the applicability of the policy.

F.8 BRANDING STRATEGY AND MARKING PLAN

It is a federal statutory and regulatory requirement that all USAID programs, projects, activities, public communications, and commodities that USAID partially or fully funds under a USAID grant or cooperative agreement or other assistance award or sub-award, must be marked appropriately overseas with the USAID Identity. See Section 641, Foreign Assistance Act of 1961, as amended and 2 CFR 700.16.

Under the regulation, *USAID requires the submission of a Branding Strategy and a Marking Plan, but only by the “apparent successful applicant,”* as defined in the regulation.

A Branding Strategy and Marking Plan must be in accordance with USAID Branding and Marking Plan as required per ADS 320 at the following link: <https://www.usaid.gov/ads/policy/300/320>.

The Apparent Successful Applicant’s proposed Branding Strategy and Marking Plan may include a request for approval of one or more exceptions to marking requirements established in 2 CFR 700.16. The Agreement Officer is responsible for evaluating and approving the Branding Strategy and a Marking Plan (including any request for exceptions) of the apparently successful applicant, consistent with the provisions “Branding Strategy,” “Marking Plan,” and “Marking of USAID-funded Assistance Awards” contained in AAPD 05-11 and in 2 CFR 700.16. Please note that in contrast to “exceptions” to marking requirements, waivers based on circumstances in the host country must be approved by the Mission Director or other USAID Principal Officers, see 2 CFR 700.16(j).

[END OF SECTION F]

SECTION G: AGENCY CONTACTS

The USAID/Philippines contact for this APS and all separately issued Addendums is:

Title : The Agreement Officer
Email Address : manila-roaa-rfa@usaid.gov ~~roaa-mnl-rfa@usaid.gov~~
copy furnish inarag@usaid.gov
Postal Address : The Agreement Officer
Regional Office of Acquisition & Assistance
USAID/Philippines
Annex 2 Building
U.S. Embassy
1201 Roxas Boulevard
Ermita, Manila 1000.

Please note that only the Agreement Officer is authorized to make commitments in behalf of USAID/Philippines.

[END OF SECTION G]

SECTION VIII: OTHER INFORMATION

ANNEX 1 – USAID/Philippines Health Project 2017-2022
Redacted Project Appraisal Document

The redacted PAD can be download from

https://www.usaid.gov/sites/default/files/documents/1861/REDACTED_PAD_FINAL_31_MAY_17.PDF

ANNEX 1



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

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:

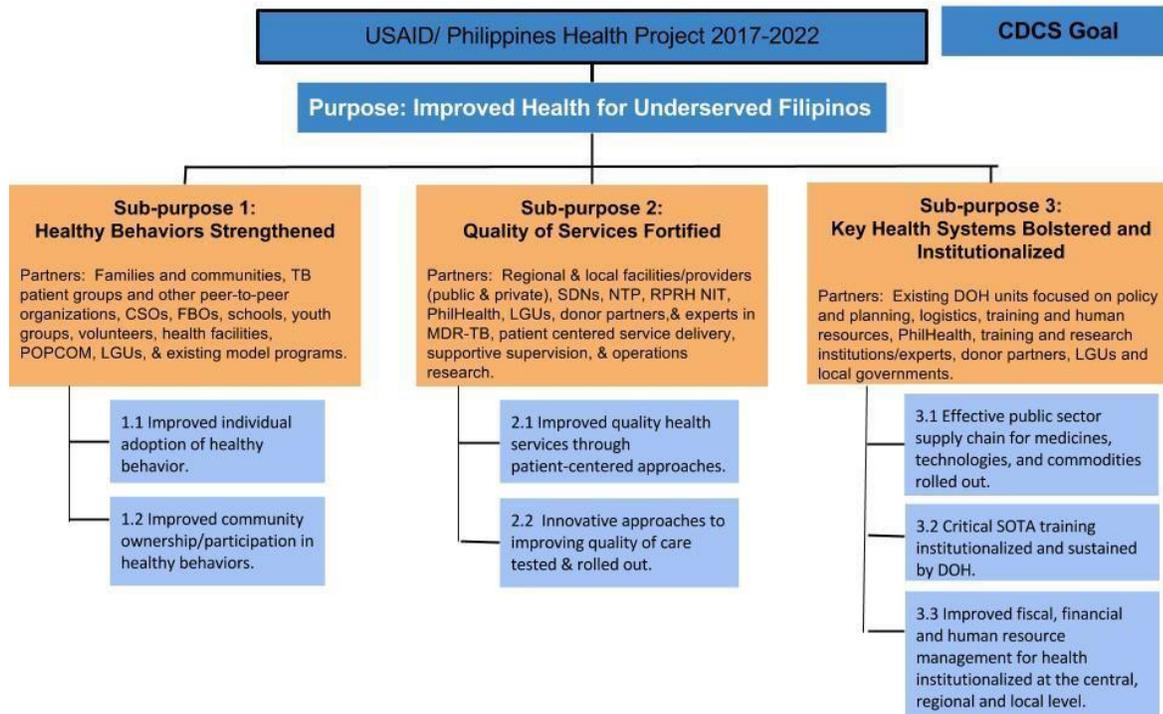
- In-service state-of-the-art training institutionalized within the Department of Health in a manner that no longer requires donor technical support and does not disrupt the care of patients in underserved areas;
- A public-sector supply chain management system that is modernized and effective, and other 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.

[This space left intentionally blank]



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.