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HUMAN RESOURCES FOR HEALTH IN 2030

## Annual Report

### Human Resources for Health in 2030/Philippines

October 1, 2017 – September 30, 2018



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Cover photo: In a joint mission, USAID HRH2030/Philippines and World Health Organization (WHO) experts engaged Cavite Governor (rightmost) in a discussion about human resources for health and the delegation of mandates between the Department of Health and local governments. (Photo by: HRH2030)

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## Acronyms

AIHA	American International Health Alliance
BA	Baseline Assessment
BLHD	Bureau of Local Health Development
CHED	Commission on Higher Education
CLA	Collaboration, Learning and Adaptation
CMSS	coaching, mentoring, and supportive supervision
CPD	continuing professional development
CSC	Civil Service Commission
DOC	Documentation Outreach and Communications
DOH	Department of Health
FHO	Family Health Office
FP	family planning
FPP	Family Planning Program
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAF	Human Resource Information System Assessment Framework
HHRDB	Health Human Resource Development Bureau
HLMA	health labor market analysis
HRH	human resources for health
HRH2030	Human Resources for Health in 2030
HRIS	human resource information system
HRMD	Human Resource Management and Development
HPDPB	Health Policy Development and Planning Bureau
IRR	Implementing Rules and Regulations
IST	in-service training
KII	key informant interview
LDI	Learning and Development Intervention
LGU	local government unit
MCH	maternal and child health
MELA	Monitoring, Evaluation, Learning, and Adaptation
NHWA	National Health Worker's Account
NTP	National Tuberculosis Control Program
OD	organizational development

OWWA	Overseas Worker Welfare Administration
PAD	Personnel Administration Division
PhilSTEP	Philippine Strategic TB Elimination Plan
PRC	Professional Regulatory Commission
PX	patient experience
RSA	return service agreement
SDN	Service Delivery Network
SOW	scope of work
STTA	short-term technical assistance
SWOT	strengths, weaknesses, opportunities, and threats
TB	tuberculosis
UHC	Universal Health Care
USAID	United States Agency for International Development
USG	U.S. government
WHO	World Health Organization
WISN	Workload Indicators of Staffing Need
WMHD	Women and Men's Health Division

# I. Activity Overview/Executive Summary

## I.1 Activity Information

Activity Name:	Human Resources for Health in 2030 in the Philippines (HRH2030/Philippines)
Activity Start Date and End Date:	October 1, 2017 – August 30, 2020
Implementing Partner:	Chemonics International
Contract/Agreement Number:	AID-OAA-A-15-00046
Name of Subcontractors/Sub-awardees:	Palladium, American International Health Alliance (AIHA)
Geographic Coverage:	National, regional, and selected provinces
Reporting Period:	October 1, 2017 to September 30, 2018

## I.2 Program Description/Introduction

Human Resources for Health in 2030 in the Philippines (HRH2030/Philippines) is part of a global initiative that helps low- and middle-income countries develop the health workforce needed to prevent maternal and child deaths, support the goals of Family Planning 2020, control the HIV/AIDS epidemic, and protect communities from infectious diseases.

HRH2030 contributes to the United States Agency for International Development’s (USAID) goal of “Family Health Improved” by strengthening the health workforce for improved family planning (FP) and tuberculosis (TB) outcomes and contributing to the Department of Health’s (DOH) goal of “Adequate number of health human resources at all levels with competence to deliver universal health coverage through the continuum of preventive, promotive, curative, and rehabilitative health interventions.”

HRH2030/Philippines works with the DOH and other key stakeholders to assess and strengthen human resources for health (HRH) in support of FP, maternal and child health (MCH), and TB. Specifically, HRH2030/Philippines provides capacity building to the DOH to strengthen the development, deployment, training, and management of a fit-for-purpose and fit-for-practice health workforce in both government and private sectors to improve equity, access, and quality of FP, MCH, and TB services.

Over the life of the activity, HRH2030/Philippines aims to achieve the following three objectives:

- Improve the effective skills mix, competency, and distribution of the health workforce at the primary care level.
- Strengthen HRH leadership, governance, and performance management.
- Improve the use of data for health workforce decision-making at central and regional levels.

## I.3 Description of Key Achievements for Year

HRH2030/Philippines is pleased to report that during the first six months, we completed mobilization of our staff and became fully operational. The project was formally launched in May 2018, with participation of more than 150 stakeholders from the HRH Network, a loose organization comprising public and private agencies and organizations with government and professional mandates, and which works toward the effective and efficient management of the health workforce in the Philippines. The Year 1 work plan was officially approved on April 27, 2018. Activities for Year 1 primarily focused on obtaining buy in from partners to conduct various assessments, scoping activities, and consultations on technical concept notes and the development of assessment tools and methodologies. During Year 1, we completed most of the scoping activities, but the assessments to design and launch interventions need more time and will continue into Year 2. Highlights of accomplishments are:

- For **Objective I**, HRH2030/Philippines developed evaluation questions for the assessment of the DOH deployment program and a methodology for competency mapping called Competency

Assessment Tool for Physicians, Nurses, Medical Technologists, and Midwives for the Effective Provision of Tuberculosis and Family Planning Services. HRH2030 also refined and developed concept notes to conduct the health labor market analysis (HLMA), with guidance from the World Health Organization (WHO). To expedite key interventions, we held discussions with WHO on the sourcing of technical experts who will provide technical oversight and cutting-edge tools, concepts, design, development, and rollout of the Workload Indicators of Staffing Need (WISN) and the HLMA.

- For **Objective 2**, HRH2030 gathered information on the status of technology-assisted in-service training (IST), or e-learning, and continuing professional development (CPD); compiled the strengths, weakness, and opportunities in the DOH health workforce training; and measured stakeholders' readiness to fully participate in e-learning. The activity revealed that the e-learning system procured by the DOH was not efficiently used due to the limited availability of learning modules and a perceived lack of motivation, incentive, or promotion to access the system. HRH2030 collaborated with the DOH to identify approaches to enhance the DOH Academy. HRH2030 also conducted scoping activities on coaching, mentoring, and supportive supervision (CMSS) to identify CMSS issues and needs, including expanding the coverage and quality of post-training follow-up, having better organized CMSS teams, using DOH-recommended instruments, and conducting more regular CMSS activities at DOH regional offices and at municipal levels.
- For **Objective 3**, the human resource information system (HRIS) assessment tool was completed and administered to approximately 20 information systems currently managed in the HRH Network and the DOH. Using the HRIS Assessment Framework (HAF), HRH2030 rapidly assessed the capacity, functionality, and interoperability of the HRIS, and the HRH data standards, data sharing guidelines, and HRIS governance mechanisms. The resulting priorities are to define the HRH data standards to facilitate data sharing between and across the HRIS, and to identify the official custodian who will use and analyze the HRH data collected by the DOH. HRH2030/Philippines also mapped the current process for training in information system management at the Health Human Resource Development Bureau (HHRDB), the National TB Control Program (NTP), the FP Program (FPP) in the Women and Men's Health Division (WMHD), and at other selected DOH subnational levels focused on TB and FP/MCH. In a joint mission with the WHO, HRH2030/Philippines engaged with and oriented key stakeholders on the National Health Worker's Account (NHWA) and supported the DOH in the design of the initial draft of the NHWA implementation roadmap.
- For **Organizational Development**, HRH2030/Philippines developed a seven-point organizational assessment approach for the HHRDB, supported the approach for the HHRDB baseline assessment, and developed a job responsibilities questionnaire and interview instrument for DOH leaders and executives. The project also developed a modified value chain analysis tool for the HHRDB to use to identify capacity challenges in fulfilling its core mandate. The activity helped conduct the HHRDB's values-mission-vision workshop as a starting point to define some of the components of HRH2030's proposed Human Resource Management and Development (HRMD) Framework. HRH2030 has offered this framework for the HHRDB's consideration to adopt and implement.
- For **Policy**, the activity created a policy inventory database and adapted tools for stakeholder analysis, the assessment of information use by the HRH Network, and for policy implementation. To implement the policy scoping assessment, HRH2030/Philippines started to collect information on past and current policies affecting HRH planning, management, and development at different levels, including national scope (Republic Acts) and sectoral scope (administrative orders or memorandum orders). HRH2030 conducted several activities, including outlining the objectives of the scoping assessment, methods for data collection and analysis, key informants to be interviewed, and data collection tools to be used that will lead to policy scoping results.

- For **Coordination and Collaboration**, and as discussed above under Objectives 1 and 3, HRH2030 conducted a joint mission with the WHO, September 17 to 21, 2018, to provide technical assistance to the DOH through the HHRDB in implementing the NHWA and WISN in the Philippines. As a result of this joint mission, a roadmap detailing the framework and activities to implement the NHWA and WISN were prepared by members of the HRN Network and were presented to DOH by the team.

## 2. Key Achievements

In Year I, HRH2030/Philippines aimed to advocate for and build national stakeholder involvement in the human resource (HR) development goals and objectives of the DOH; conduct workforce-related assessments, apply tools, and help partners; understand the current capacity of the HHRDB to manage, deploy, and train its health workforce; identify efficiency gains in and across HR functions; and lay the foundation for long-term sustainability of HRH management and development interventions, especially those focused on contributing to the decrease of the TB burden and the increase in FP use.

### **Objective 1: Improve the effective skills mix, competency, and distribution of the health workforce at the primary care level**

Year I activities focused on four key interventions, namely: competency mapping, DOH deployment program evaluation, HLMA, and WISN

#### **Competency Mapping**

Competency assessment tools with a focus on the four cadres (physicians, nurses, midwives, and medical technologists) working in FP and TB were completed. The tools will be used for self-evaluation and assessment of the cadres' performance by their immediate superiors. Disparities in performance will be used to prescribe training for these health workers. HRH2030 proposed a methodology for competency mapping after reviewing all available competency-related materials gathered from the DOH and key stakeholders representing the four cadres involved in TB and FP services.

Early in Year I, it was discovered that there were professional initiatives in developing competency standards and rubrics. They include the Integrated Midwives Association of the Philippines and the Board of Nursing, which have developed competency rubrics. The doctors are beginning to develop their own competency standards and rubrics. Moreover, the rubrics for the four cadres obtained from the DOH are not specific to measuring the competency level of the health workers in delivering TB or FP services. Therefore, before the actual competency mapping can be conducted by HRH2030/Philippines, TB and FP rubrics will need to be developed.

The review revealed the need to consolidate all available competency rubrics, with the involvement of professional organizations/societies and the DOH. HRH2030/Philippines aims to lead this effort using a process that will engage all significant stakeholders, such as the DOH, societies for physicians, nurses, medical technologists, and midwives, and other organizations involved in the technical competencies of the four cadres.

#### **Health Labor Market Analysis**

During the HLMA scoping activities, the team, including the consultants who were engaged earlier for the HLMA, realized that the health labor market in the Philippines was very complicated because of the interplay of factors unique to the Philippines, such as the massive out migration of health professionals. HRH2030 therefore reached out to WHO headquarters to determine whether there were new HLMA tools that could be appropriately used in the Philippines. The activity also explored the possibility of engaging WHO headquarters experts to assist in the development of an analytical framework and approach that will lead to the preparation of policies that would ensure the effective recruitment and retention of health workers at the primary care level, especially in marginalized areas. As a result of



these efforts, WHO agreed to engage its HR staff at headquarters, the WHO Western Pacific Region, and the WHO country office, through joint missions, to assist the Philippines through the DOH in the conduct of an HLMA to be completed in early 2019. Consequently, Dr. Pascal Zurn, the senior scientist who developed the HLMA methodology and approaches, agreed to provide technical oversight and work with local consultants to complete the HLMA using the latest tools and approaches.

### **Workload Indicators Staffing Need**

Because the last national staffing standards were developed in the 1980s, staffing ratios for the Philippines are outdated. Unfortunately, investments in HRH are still based on these staffing standards. A local consultant group will implement and collect data for the WISN. WHO will play a critical role in providing technical oversight, from conceptualization to the policy application of the staffing methodology. An international consultant, Dr. Okech — a WISN expert who has done relevant work in Africa and New Guinea and who comes highly endorsed by WHO — came onboard and has agreed to lead the WISN activity for the Philippines.

She completed a scoping visit in October 2018 and conducted orientation sessions for HHRDB-selected members of the Technical Task Force, which will be the core data collectors for this activity. The orientation sessions were important to gain buy in from the potential field sites and inform the potential participants about the methodology and the rigor and objectivity that it requires. The WISN results are due by March 31, 2019. They will inform implementation of the proposed Universal Health Care (UHC) Bill, which is expected to be signed into law in December 2018.



*In a joint mission with the WHO, HRH2030 visited various facilities in Cavite to demonstrate the service delivery network that will be the context of the forthcoming Philippines UHC. The first visit of the WHO experts concluded with a soft introductory training of the DOH technical staff on WISN and NHWA. (Photo by: E*

### **Objective 2: Strengthen human resource for health leadership, governance, and performance management**

Current pre-service medical and paramedical courses do not include FP or TB modules, resulting in a health workforce that is not fit to practice in public health settings and, subsequently, the need to train them through in-service training often conducted in off-site venues, resulting in the absence of service providers from facilities. Although many health personnel are trained by various health courses, the promptness, coverage, and management of supportive supervision activities need improvement to reduce the number of trainees who do not practice or who have not achieved the quality standards needed for certification. Under this objective, HRH2030 will harness available technologies to better deliver training activities, work with academic institutions to improve in-service training, and strengthen supportive supervision.

HRH2030 conducted network building and consultative meetings with various partners and stakeholders who were identified as potential sources of rich information because they were recognized practitioners or implementers and advocates of the three key result areas namely Integrated e-learning system established; mentoring, supportive supervision, and monitoring systems strengthened; and Capacity of DOH central and regional human resource for health managers increased to improve support for HRH performance. These interactions served as venues for learning and scoping activities. The consultations engaged a wide gamut of resources to get diverse and all-inclusive perspectives. Non-DOH and implementing partners' programs in areas other than health were likewise consulted if they were anchored in governance, leadership, and supervision.

### **Evaluation of In-Service Training Designs and Pedagogy to Inform the e-Learning Approach**

HRH2030/Philippines collected training materials from the DOH and USAID for FP-related training programs and training materials for the programmatic management of drug-resistant TB from the Lung Center of the Philippines. These materials were analyzed to determine the training approach, and the content and quality of current IST programs, especially on TB and FP/MCH. It was found that these training materials do not lend themselves to learning modules that can be used for more efficient competency enhancement involving many learners at the same time. Moreover, adult learning pedagogy was not well used in engaging learners to achieve competency enhancement, even in specific programs such as TB and FP/MCH. The assessment results identified gaps in training designs and implementation that will be addressed by the e-learning methodology to be launched by HRH2030 in March 2019.

**Assessment of Existing IST e-Learning Platforms and Digitized Learning Materials.** Consultation with the HHRDB in the first three quarters of Year I showed that although the DOH has initiated the adoption of the Learning Management System /blackboard platform using Microsmith technology, it is still in its infancy stage. The HHRDB is currently in the process of developing curricula and collecting modules and courses on various health programs from such partners as Adolescent Health Education and Practical Training (ADEPT). A review of existing e-based systems developed by the previous USAID-funded project, VisayasHealth, showed the potential benefits of e-learning systems. The benefits include reducing the costs per learner in terms of time to get certified to do certain functions, and eliminating indirect costs, such as hotel and travel expenses. The e-learning systems also reduce health personnel's absenteeism from their posts due to participation in training.

During the period, the project also engaged an American International Health Alliance (AIHA) consultant who was tasked with undertaking a work scoping of the DOH's readiness for e-based learning systems. Dr. Roxanne Zaghab completed the e-learning status assessment and provided useful recommendations that will drive HRH2030 efforts to promote and implement e-learning, especially for the NTP and FPP. The consultant will also provide cutting edge information on the e-learning platform options that are sustainable for the Philippines. The DOH should select one platform that it is willing to use and continue to use beyond the HRH2030 project life.

### **Assessment of Mentoring, Supportive Supervision, and Monitoring Systems**

Findings from field visits and consultations revealed that there are no official guidelines on supportive supervision even though a three to six-month post-training evaluation is required. The regional levels are extensions of the central DOH, however there are no designated individuals at the regional offices to provide supportive supervision, rather program managers that unofficially fill that role. Timely conduct of CMSS is not regular because supervisors are local government unit (LGU) personnel who are not allowed to do supportive supervision.

A review of related materials and the collection of initial information were conducted through one-on-one scoping and meetings with DOH and non-DOH stakeholders. Findings provided input for the development of concept notes to inform the scopes of work (SOWs). Concept notes were refined and a job description for short-term technical assistance (STTA) on assessments of CMSS and HRH competency-based performance management were finalized.



AIHA consultant Roxanne Zaghab (leftmost) presents to the DOH her assessment findings and options for implementing an efficient e-learning system that magnifies outreach to health workers on continuing professional education. (Photo by: A Pascua/HRH2030)

### **Assessment of the Status of the DOH Academy**

In 2015, the DOH recognized the need to support the “successful and efficient implementation of health reform strategies by HRH under the UHC agenda by rationalizing Learning and Development Interventions (LDIs) in LGU health facilities including the private service providers in Service Delivery Networks (SDNs).” Through the issuance of Administrative Order No. 2015-0042, the DOH Academy got its mandate as the “primary training arm of the DOH in building the competencies of HRH.” Various efforts were undertaken, and policy guidelines were enacted by the DOH over the past years, which laid the groundwork for the creation of a DOH Academy that is envisioned to exercise stewardship in providing Learning and Development Interventions (LDI) that are relevant, rationalized, and responsive to the dynamic needs of the health sector. However, frequent changes in the DOH administration have stalled initiatives by the HHRDB’s Learning and Development Division. In the absence of clear direction for the future of DOH Academy, HRH2030 will focus on strengthening this as a hub for the eLearning platform.

### **Objective 3: Improve the use of data for health workforce decision-making at central and regional levels**

The HHRDB reports that although there are several information systems that capture HRH data (Field Health Services Information System [FHSIS], National Database of Selected Human Resources for Health [NDHRIS], Professional Regulation Commission [PRC] licensure database, Commission on Higher Education [CHED] for medical graduates, and Overseas Workers Welfare Administration [OWWA] out-migration data for medical professionals), 73 percent of the estimated total health workforce remains unaccounted for. This absence of information on roughly two-thirds of the health workforce has made the development of policy support unresponsive and has led to the adoption of measures as stop-gap solutions. Capacity building activities for FP and TB have been a recurring activity over the years; however, there is no information on the coverage of training and post-training support activities for the cadres, and the community support groups or volunteers who are important for improving compliance with TB treatment regimens or continuance of FP use.

In Quarter 4, activities focused on two key interventions, namely, the HAF assessment of HRH data systems, and the identification of HHRDB, FPP, and NTP’s HR data management requirements.

### **Conduct of the HAF**

The HAF provides a structure for assessing the development stage of a country’s HRIS by measuring the functionality and capacity of the HRIS. Eight components of functionality and eight components of capacity are assessed as shown in the table below.

Table I. HAF Areas Assessed

<b>Domains of HRIS Functionality Assessed</b>	<b>Domains of HRIS Capacity Assessed</b>
Pre-service education	Technology Infrastructure
Registration and licensure	Decentralization of Access
Staffing gaps and needs	Use of standards
Payroll information	Data quality
Personnel actions	Sustainable financing
In-service training	Human capacity
Workforce Exit/attrition	Interoperability
Health Worker Registry	Use of data

In the first three quarters, HRH2030/Philippines worked closely with the HHRDB to apply the HAF for the HRIS assessment. Together with the HHRDB, this tool was applied to 20 information systems managed by stakeholders in the HRH Network and the DOH. In the fourth quarter, HRH2030 disseminated the results of the HAF during the HRH Network quarterly meetings and during the development of the Year 2 workplan, in collaboration with the DOH. These activities provided a venue to strengthen collaboration among DOH bureaus that collect HRH data and/or manage the HRIS. A report on the HAF assessment has been completed and submitted to USAID. During the HAF workshop, representatives from the HHRDB, Health Facilities and Services Regulatory Bureau (HFSRB), NTP, FPP, and Epidemiological Bureau agreed to adhere to data standards and guidelines once they are finalized and to the adoption of a minimum dataset for a training registry.

### ***Assessment of HRH Data Systems in and Outside the DOH***

To assist the HHRDB to take steps to improve the current health workers database, HRH2030 assessed available data and information systems and consulted the gatekeepers of HRH information. Using 2016 data provided by the HHRDB, an assessment was conducted. From the database, a listing of public and private facilities that have submitted their HR reports will be compared with similar lists from the DOH master list for the HRH target sites to identify non-reporting units, conduct consultations to identify reporting issues, and assist the HHRDB to improve overall reporting through the drafting of reporting templates or guidelines to improve the quality of current HR data. HRH2030 also initiated discussions with the HHRDB division heads and technical staff to determine the information requirements for managing (1) the mapping of competency gaps to available training; (2) individual and aggregate-level training reports; and (3) staff competency, deployment, and distribution. Last, HRH2030 initiated separate discussions with the FPP and NTP offices to define their HRH information requirements. Information from the assessment will provide data on data completeness and relevant data needed for the NHWA.

Discussions with Dr. Yolanda Oliveros, Development Assistance Specialist, USAID/Philippines, on improving the management training information led to subsequent meetings with NTP and FP coordinators and a consultative workshop with selected TB and FP program coordinators at national and regional levels. Current training information systems are unstandardized, programmatic, and limited in use for managing performance and continuing development of health workers' training needs. The consultations provided insights for the design of a training information system that will be integrated in the performance management process, especially on the implementation of the performance improvement plan for cadres. HRH2030 also worked with the HHRDB's Learning and Development Division to document current HHRDB processes, and the desired scope of data and functionality, stakeholders and learning management system technology as part of the requirements-gathering process. This activity helped identify the strengths and weaknesses of current processes and was useful in designing the desired future improvements.



HRH2030 also met with the NTP Program Manager and Family Health Office (FHO) Division Chief to determine their respective health worker data and information requirements. HRH2030 will conduct follow up meetings next quarter to gather data/information requirements from the NTP and FPP to identify common themes in the FP and TB training modules. They will be used to develop TB and FP provider directories that are included in the programs' identified strategies.

## ***Planning for National Health Workforce Accounts Reporting and Use of Data for Decision-Making***

HRH2030 supported the DOH in the implementation of the NHTWA in the Philippines in a joint mission with the WHO. HRH2030, the DOH, the WHO Country Office, the WHO Western Pacific Region Office, and WHO headquarters collaborated to engage and orient stakeholders on the NHTWA. The stakeholders were the CHED, PRC, Commission on Filipinos Overseas, Philippine Overseas Employment Administration, Department of Labor and Employment, Philippine Statistics Authority, selected LGUs, regional NTP and FP coordinators, and DOH bureaus. During the joint mission, the team visited Cavite to conduct a rapid scoping of HRH data management at different health facilities and at different levels. HRH2030 and WHO also supported the DOH in designing the first draft of the NHTWA implementation roadmap.

Proposed implementation plans for both the NHTWA and WISN were drafted at workshops. For the NHTWA, the priority interventions agreed on with the HRH Network were (1) engaging the heads of different agencies contributing NHTWA data to have a joint agreement on data sharing; (2) establishing a core group in the HRH Network to operationalize the agreement and develop data reporting guidelines with standard templates for reporting, the standardized information to be reported, a data dictionary, and a reporting flow; (3) addressing data sharing issues vis-a-vis the Data Privacy Act; (4) preparing a NHTWA report to be disseminated to the HRH Network and developing technical briefs that will aid in policy development; and (5) strengthening the NDHRIS readiness to receive information through the mapping of HRH data and processes, and through capacity building for the HRH network for the extraction of data, and their analysis and dissemination. A proposed roadmap for the implementation of the NHTWA was presented to the Undersecretary of Health, Rolando Enrique D. Domingo, and the Undersecretary of Health, Mario C. Villaverde.

### **Cross-Cutting I: Organizational Development for the DOH (HHRDB, FHO, NTP)**

HRH2030 initially envisioned Organizational Development (OD) as a cross-cutting component embedded in the three activity core objectives (post-baseline assessment) to build stakeholder capacity to adopt and institute recommended HRH solutions and transformative interventions. Following several meetings with stakeholders and refinement of the work plan, the OD needs, and requirements expanded beyond the activity objectives to support HRH system improvements and to create a better practice environment, namely:

- To undertake institutional capacity building for the HHRDB (Result 4.1)
- To develop a model to enhance the patient experience (PX) in the healthcare setting (Result 4.3)
- To undertake institutional capacity building for the NTP and FHO (Results 4.5 and 4.6)

#### ***Institutional Capacity Building for the HHRDB***

As the lead DOH unit for sectoral HR concerns, the HHRDB is instrumental in spearheading initiatives that will address prevailing HRH-related challenges, including the skills mix and maldistribution of health personnel. With the support of the HHRDB's Management Committee, HRH2030 launched the HHRDB baseline assessment, which examined the bureau's mandate, strategy, structure, processes, and people.

Key accomplishments in this process during Year I were:

#### **A. In-depth interviews (IDIs) with the HHRDB Management Committee members:**

HRH2030/Philippines completed IDIs with the four members of HHRDB's Management Committee. This qualitative research used a structured questionnaire administered through individual interviews. Clarity of its mandate and direction remain a core challenge because the bureau continues to

receive organization-related HR assignments despite the existence of the Personnel Administration Division.

- B. **Value chain analysis with preliminary strengths, weaknesses, opportunities, and threats (SWOT) analysis:** HRH2030 provided technical assistance for the HHRDB to identify its value chain — a series of four to six critical bureau processes that add value to its stakeholders and support its mandate. Each process in the value chain was subjected to a SWOT analysis to determine the challenges that prevent the bureau from managing HRH issues effectively in the sector. The identified challenges will be validated through meetings and executive interviews under the context of the new FI+ DOH Strategy.
- C. **HHRDB vision-mission-values clarification workshop:** HRH2030 provided technical assistance to enable the core team of the HHRDB, composed of 15 personnel, to review its vision-mission-values and ensure responsiveness to its sectoral HRH mandate. The team proposed new values and a mission statement. The vision statement will be finalized pending input from and discussions with the DOH leadership and its defined role in the FI+. The bureau also started to identify components for its broad-level direction until 2022.
- D. **Stakeholder consultation on the proposed HRH2030-HRMD Framework:** HRH2030 developed the proposed HRH2030-HRMD Framework — which identifies 12 core HR subsystems — to create a common reference for integrating the different objectives and components of the HR system. HRH2030 consulted existing HR tools and frameworks from the Civil Service Commission (CSC), WHO, and HRH Action Framework, to design tailored elements of the HRMD Framework. HRH2030 validated the framework with more than fifty public, private, and health practitioners, which signaled a need for a common framework and concerted initiatives for sustainable HRH impact. The country's leading association of HR practitioners, People Management Association of the Philippines, reviewed and enthusiastically welcomed the framework.
- E. **Documentation of job responsibilities initiated:** HRH2030 began the documentation of job responsibilities to capture information related to actual work responsibilities, knowledge and skills required, level of decision-making, and supervision requirements from an incumbent's point of view. HRH2030 completed 10 percent of the bureau's inputs that will be used in the WISN and Rapid Task Analysis exercises in Year 2.

HRH2030 also established linkages with relevant stakeholders and agencies to align plans, including with the CSC, the main government entity to elevate public sector HR management and development practices; the Philippines-Australia Human Resource and Organizational Development Facility (PAHRODF); and the Personnel Administration Division (PAD) of the DOH.

#### ***Development of a Model to Enhance the Patient Experience in the Healthcare Setting***

HRH2030 aims to better understand and address the PX in the public and private healthcare setting, especially to inform HRH strategies to better deliver TB and FP/MCH services. In Year 1, HRH2030 completed a literature review and consultations to develop an appropriate approach. Studies on the PX largely come from other countries, and best practices and lessons learned must be adapted to develop the concept in the Philippines.

The following activities were implemented:

A. **Focus group discussions with Samahan ng Lusog Baga:** HRH2030 engaged members of the Samahan ng Lusog Baga Association — a TB patient support group composed of former TB patients (mostly former multiple drug-resistant TB patients) to obtain input and information on the factors that affected their experiences while battling TB. Participants shared their stories and the difficulties they encountered as patients, including feeling discriminated against and burdened when accessing health services in their own communities.



*HRH2030 explored the elements of the patient experience with an initial focus group discussion with the Samahan ng Lusog Baga Association, Inc. (Photo by: H Doroteo/HRH2030)*

B. **Field observation of TB and FP practices in two municipalities:** HRH2030 visited the municipalities of Balanga, Bataan and Catbalogan, Samar to learn more about how TB and FP programs are implemented at the primary care level. Through these visits, HRH2030 identified critical factors to look at during future field visits to other primary care sites.

C. **Buy in from a large hospital implementing PX secured:** HRH2030 met with St. Luke’s Medical Center, one of the largest private hospitals in the Philippines. The hospital has been implementing the PX for several years and expressed interest in co-implementing a proposed two-day PX conference.

D. **Preparations for case study research:** The field observations helped ground our assumptions, but the absence of local studies on the PX prevents a richer understanding on which to build an implementable framework. In Year 1, HRH2030 developed a SOW and requested proposals to conduct case study research to develop a methodology and collect qualitative data to document current practices on the PX, with a focus on TB and FP/MCH services. The research will explore definitions and impressions about the PX, and will compare experiences between private and public institutions and across different healthcare settings.

Due to expanding the scope of the case study PX research, Year 1 deliverables will be continued in Year 2 to inform prototypes to be tested at select pilot sites.

### ***Institutional Capacity Building for the NTP and FHO***

In Year 1, HRH2030 met with the program leads of the NTP and the WMHD, which is the lead for the FP program. These meetings mapped out key challenges that will be crucial in designing the baseline assessments for Year 2.

A. **Interviews with DOH leadership executives on TB and FP directions:** HRH2030 started conducting interviews with members of the DOH Executive Committee, including the Secretary of Health and Assistant Secretaries, to better understand how the TB and FP programs are progressing and identify priorities for future directions. Several DOH executives expressed the need for broad-level review of the programs’ strategies and approaches given the state of outcomes achieved in past years.

B. **Interviews with TB and FP resource persons:** HRH2030 met with key DOH leaders managing the TB and FP programs, who expressed concerns about sustainable staffing. Although the NTP has a significant budget allocation, most of its workforce is contracted by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The program therefore faces a great risk and is not sustainable if funding from the Global Fund ends. Leaders also reported that the FP program’s strategies should be revisited to help determine a better structure and activities.

- C. **Program Implementation Reviews secured:** HRH2030 obtained the Program Implementation Reviews for the TB and FP programs, and started documenting HRH-related challenges to be validated and addressed in Year 2.

### **Change Management Support for Objectives 1 to 3**

Assessments and stakeholder engagement allowed the HRH2030 OD team to better understand the current systems and context that will affect the deployment of key transformation initiatives for Objectives 1 to 3. As the different objective teams proceed with their assessments, key organizational challenges will be identified and supported through capacity building approaches. Based on preliminary information, there is a crucial need to clarify the interface between and among bureaus to ensure synergistic and aligned HRH initiatives, including:

- At the central office level, define the collaboration, responsibilities, and functions between the HHRDB and the PAD.
- At the DOH hospital level, clarify how the HHRDB and PAD can develop and enhance systems, regulations, and standards with the support of the HFSRB and HFDB.
- At the LGU and SDN levels, prepare models for the HHRDB, PAD, regional offices, and the Bureau of Local Health Development (BLHD) to coordinate and champion quality HRMD systems in the different health units under the administration of the LGUs.

The same approach will be used for capacity building and sustaining change initiatives in implementing other pilot interventions under HRH2030 objectives, including competency standards, distribution and staffing levels, staff augmentation, e-learning, performance management, and supportive supervision. Similarly, for HR and training data management and information systems, identifying the roles and responsibilities between the HHRDB — the expected user of data and official link with the HRH Network — and the Knowledge Management and Information Technology Service — the technical custodian of information technology and information systems in the DOH — should be explored and defined.

### **Cross-Cutting 2: HRH Policy Environment Strengthened**

The cross-cutting policy component aims to assess, advocate for, and implement policies that support the other components. HRH2030 uses proven and tested methodologies that enhance policy initiatives to support the achievement of programmatic interventions and outcomes of its activities.

**Conduct a Scoping Assessment of HRH Policies** In Year 1, HRH2030 initiated a policy scoping activity to identify DOH priority issues and policy standards, and it began to collect qualitative data. The policy scoping activity was designed to cover the following areas: (1) review HRH policies, both internal and external to the DOH; (2) identify HRH stakeholders; (3) identify information use among decision-makers; (4) assess policy implementation; and (5) identify HRH issues needing qualitative studies.

HRH2030/Philippines held meetings with representatives from the HHRDB and Health Policy Development and Planning Bureau (HPDPB) to gain their buy in for the policy scoping assessment and assist them in identifying policy priorities that HRH2030 can address over the next three years. The DOH identified three priority issues for assistance: the Return Service Agreement (RSA), omnibus policies on



*HRH2030 consulted key stakeholders from public and private sector at different levels to find out what policies related to health workers pose challenges in implementation and what policies effectively address health worker needs. On right is City Health Officer of Catbalogan City Dr. Gerarda Tizon. (Photo by R Daquioag/HRH2030)*



deployment and training, and the HRH Network Bill. Following these introductory meetings, HRH2030 designed a policy scoping plan that outlined the methodology for collection and analysis of policy-related information.

#### *Policy development plan aligned with DOH priorities developed*

By the end of Quarter 4, HRH2030 had reviewed a total of 54 policy issuances, revealing the presence of laws and policies that mandate professional development, deployment, training, and supervision of health workers and the creation of a HRIS. Despite the presence of some HRH-related policies, challenges exist in implementing them. Policy guidelines and their implementation are fragmented and are not effective in some HRH programs, such as the deployment program, leading to issues with distribution, roles and functions in the primary healthcare team, and workload for the deployed HRH.

#### *Inventory of HR policies completed and gaps identified*

HRH2030 also identified policy gaps and a lack of standards for HRH competencies, skills mix and distribution, leadership, and performance accountability. As regards HR information, policies are lacking for a central custodian responsible for HRH data and standards for information sharing and exchange. HRH policies are needed to mandate the RSA, strengthen leadership and performance management capacities, and establish HRH standards for service delivery networks to ensure the availability of HRH in every health facility. The HRH Network, as the main interagency mechanism to implement the HRH Masterplan, needs a more permanent organizational mandate to develop and implement HRH policies. Findings from the analysis of existing policies and gaps will be used for the development of technical assistance packages (e.g., performance management standards, HLMA, WISN, NWAH, e-based learning platforms) and identify enhancements needed in drafting relevant policy changes.

In addition to document review, HRH2030 conducted 10 key informant interviews (KIIs) and 16 focus group discussions with selected DOH national, regional, provincial, city, rural, and barangay offices and members from the private and academic sectors. HRH2030 completed a preliminary policy scoping report to present the initial inventory of HRH policies, findings, and proposed next steps. Findings from the KIIs provided the context for assessing the operational issues needing policy enhancements.

## **Key Challenges**

Major challenges that affected the pace of implementation were: (1) difficulties coordinating with non-DOH partners; (2) uncertainty about the policy direction of critical technical packages, such as the enhancement of the DOH Academy, performance assessment coverage, and methodology; and (3) changes in the administration of key DOH units (e.g., DOH regional offices, NTP, HHRDB).

Rotation of assignments among DOH Executive Committee members (twice in the last five months) led to challenges in conducting interviews and identifying potential HRH champions who can help push initiatives. During the period, HRH2030 advocated for project support at the National Staff Meeting and arranged for high-level meetings, together with the WHO, to elicit directions for the development of the WISN and NWAH.

HRH2030 was also challenged in selecting SDN project sites due to the coordination and consultation processes needed for the methodology, indicators, and sources of reliable data with its partners in the DOH (HHRDB, FPP, NTP) and other USAID implementing partners. During the period, field visits were conducted to regional health offices to discuss the selection process with regional local health systems and program personnel, identify service delivery networks, and discuss Year 2 activities.

Early difficulties in the scheduling of needed international and local consultants were facilitated with support from the Chemonics home office.

## Project Management

### Monitoring, Evaluation, Learning and Adaptation

*Performance Management.* HRH2030 submitted a draft Monitoring, Evaluation, Learning, and Adaptation (MELA) Plan to USAID on April 24, 2018, describing the key result areas for which the activity contributes to U.S. government (USG) goals and HRH2030 global objectives, along with an indicator set for measurement. With the baseline data collection scheduled for completion by the end of Year I, the activity does not yet have targets and baselines. A revised plan was submitted on July 7, 2018 containing two USG, 17 internal, and five global HRH indicators.

*Selection of priority sites for testing HRH tools and assessment.* During the period, the activity went through a process of selecting regional sites with the following criteria: a) high TB burden; b) high unmet need for FP; c) high teenage pregnancy; d) high poverty incidence; and e) low HRH density index. In coordination with the Collaboration, Learning and Adaptation (CLA) project and the DOH, a consensus was reached identifying nine regions with 18 provinces/cities. Regional visits were conducted to consult regional health offices, update the indicators used in the criteria, validate the provincial/city selection, and identify SDNs. This information is summarized in Table I.

**Table I. HRH2030 Sites for Activity Implementation**

Regions	Provinces/Cities
<b>Luzon</b>	
National Capital Region	Manila (HA) Marikina City (LA)
Region 3 – Central Luzon	Bataan (HA) Zambales (LA)
Region 4a – CALABARZON	Batangas (LA) Lucena City (HA)
Region 4b – MIMAROPA	Palawan (LA) Mindoro Oriental (HA)
<b>Visayas</b>	
Region 7 – Central Visayas	Cebu (HA) Bohol (LA)
Region 8 – Eastern Visayas	Tacloban (HA) Eastern Samar (LA)
<b>Mindanao</b>	
Region 11 – Davao Region	Davao Oriental (LA) Davao City (HA)
Region 12 – SOCCSKSARGEN	Sultan Kudarat (LA) General Santos City (HA)
Autonomous Region of Muslim Mindanao	Lanao del Sur (LA) Tawi-Tawi (HA)

\*HA – high access, LA – low access

*Harmonization with other cooperating agencies and DOH TB programs.* During the reporting period, two meetings with the CLA project and partners resulted in improvements in the complementarity of HRH2030 activities/approaches with other efforts in HR development, including e-learning.

For the harmonization meeting with the NTP, an inventory of official development assistance for the TB program showed USG support areas for each of the Philippine Strategic TB Elimination Plan (PhilSTEP) strategies. The following are the HR indicators in the PhilSTEP:

1. Percentage increase in the number of LGU-hired TB health care providers (target in 2018: 5%, 2019: 10%)
2. Percentage of DOH-deployed human resources involved in TB elimination efforts (target in 2018: 50%, 2019: 90%)

3. Percentage of human resources performing tasks according to NTP protocol (target in 2018: 90%, 2019: 90%)

Common HR-related activities focus on programmatic capacity building, including supportive supervision and patient satisfaction/experience.

*Participation in project management learning activities.* In Quarter 4, HRH2030 attended project implementers' meetings convened by the mission, including: Preventing Sexual Misconduct, Documentation, Outreach and Communications (DOC) Outreach Session, and CLA sessions.

## Communications

HRH2030 communications is led by a local staff member and is supported by a global team based in Washington, D.C. In Year 1, HRH2030/Philippines contributed to biweekly internal updates (which are distributed to HRH2030 global staff worldwide), website content development, and social media publications. HRH2030 also contributed to the USAID/Philippines' social media platforms and the Philippines Health Highlights publication. Two events marked the major communication pieces for Year 1: the HRH2030 launch and the introduction of the HRH2030-WHO joint mission.

*Publications.* The activity was featured in two issues of the USAID/Philippines Health Highlights: the soft introduction of the activity ("USAID Launches New Project to Expand Access to Quality Health Services," published April 9, 2018) and the formal launch event in May ("USAID, DOH Launch Project to Strengthen Philippine Health Workers," published June 18, 2018).

The communications team used both mainstream and social media to disseminate information about the activity when it was formally launched in May. In June, the mission's DOC Office commended HRH2030 for reaching 17,600 people with more than 1,400 engagements in a week.

*Branding and Marking.* During the period, the Philippines activity worked closely with the global program and the mission to clarify concerns about branding and marking. The issues have been addressed with a more detailed global branding and marking plan resubmitted and approved by the USAID/Washington. HRH2030 also worked closely with the WHO and the global program to ensure proper co-branding for all activities related to the joint mission.

*Mobilizing Investments for the Philippines' Health Workers.* In April, HRH2030 participated in the Washington-led International Health Workers Week Campaign by submitting social media materials to the mission and the global program.

In August, the activity started a communications project with local health workers, interviewing 15 health workers (three doctors, four medical technologists, four nurses, three midwives, and one member of a TB patient support group) about their personal lives, professional situations, and hopes for the Philippines health system (for example, asking them what would make them more productive health workers). In Year 2, the communications team will work to develop these profiles into stories and other content for local and global dissemination, including features around TB month (March), International Women's Day (March), and International Health Workers' Week (April) in 2019.

## 3. Performance Status Per Key Indicator

HRH2030 is a health system strengthening activity that contributes to two sub-purposes in the USAID Results Framework, especially in the following areas:

**Sub-purpose 2:** Quality of Services Fortified

- 2.1 Improved quality health service through patient-centered approaches

**Sub-purpose 3:** Key Health Systems Bolstered and Institutionalized

- 3.2 Critical state of the art training institutionalized and sustained by DOH

3.3 Improved fiscal, financial and human resource management for health institutionalized at the central, regional and local level

For reporting purposes, the activity provides updates on two USG indicators: (1) Presence of mission (USAID/Philippines) support to strengthen HRH and (2) Percent of health workers who received in-service training in FP and TB using non-traditional learning platform in USG-assisted sites.

Below is the status of the activity's performance against these indicators as of the end of the fiscal year. There is no progress reporting for the second USG indicator because HRH2030 began development of the e-based learning platform in Year 1. Other non-USG indicators in the HRH2030 MELA Plan, including indicators for global reporting, are detailed in the annexes (8.1).

**Activity Performance on Presence of Mission (USAID/Philippines) support to Strengthen Human Resources for Health (HRH). HL-2 (USAID)**

Indicator	Baseline	Accomplishment For the Quarter			Cumulative Accomplishment to Date		
		Target	Actual	%	Target	Actual	%
Presence of Mission (USAID/Philippines) support to Strengthen Human Resources for Health (HRH). HL-2 (USAID)	Yes	Yes	Yes		Yes	Yes	
<p><b>Analysis of Accomplishment</b></p> <p><b>1. Rollout of the NHWA (or database) to improve workforce data for decision-making</b></p> <p>WHO and USAID HRH2030 supported the implementation of the NHWA in the Philippines. Key stakeholders on NHWA were oriented and a workshop led to the development of a country roadmap on NHWA implementation in the Philippines.</p> <p><b>2. Advocacy for and an increase in allocation of funds for HRH</b></p> <p>The project's technical support was mainly focused on national implementation partners, such as the DOH's HHRDB, FPP, and NTP. In Year 2, HRH2030 will advocate for the allocation of budget for implementing activity-supported HR systems strengthening at national, regional, and local levels using the analyses from the WISN and HLMA.</p> <p><b>3. Upgrading the skills mix (various types and level of skills required in reference to the type of health providers)</b></p> <p>Capacity building is accomplished through technology transfer to HHRDB staff because the HRH2030 team mentored them during the conduct of assessments, tools development, and scoping activities. For Year 1, the focus was on the development of competency rubrics for doctors, nurses, midwives, and medical technologists.</p>							
<p><b>Deviation Narrative</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>							
<p><b>Plan for the Next Quarter</b></p> <ul style="list-style-type: none"> <li>• For WISN, conduct of training for WISN data collectors, analysts; development of activity standards, estimation of health worker staffing needs.</li> <li>• For the HLMA, data collection and analysis.</li> <li>• Develop an online course on FP and TB.</li> </ul>							

### 3.1 Key Challenges and How They Are Being Addressed

Major Challenges	Proposed Action (updates provided in succeeding quarters)	Next Steps (Activities)	Timeline	Responsible Party
<b>Objective 1: Improve the effective skills mix, competency, and distribution of the health workforce at the primary care level</b>				
HLMA research protocol not yet completed.	Technical oversight and vetting ongoing between HRH2030 head office and field office for the approval	Submission to Ethics Review and organization of the team on the ground to start collecting data.	Y2 Q1	Chemonics head office and field office
Restrictions of current national policies on potential activity intervention designs, i.e., Personnel Services cap in hiring additional health workers, following the provisions of the Local Government Code.	Identify potential restrictive laws/policies that may limit HRH2030 interventions and raise these laws/policies with the HHRDB-DOH or the HPDPB-DOH to solicit potential actions.	<ol style="list-style-type: none"> <li>1. Identification of restrictive laws/policies and relating them to potential activity interventions.</li> <li>2. Presentation of identified restrictive laws/policies.</li> <li>3. Identification of next steps to be taken by HRH2030 or the DOH.</li> </ol>	End of August	<ol style="list-style-type: none"> <li>1. Objective leads per component of HRH2030</li> <li>2. Dr. Fely Marilyn Lorenzo, with Objective Leads</li> <li>3. Dr. Fely Marilyn Lorenzo, with Objective Leads and DOH key decision-makers</li> </ol>
<b>Objective 2: Governance and Leadership</b>				
DOH and stakeholders' sustainable buy in on assessment findings (E-learning, HRH, CMSS).	<p>Report sharing.</p> <p>Solicitation of feedback on the assessment report.</p> <p>Stakeholder consultations and workshop.</p> <p>Development of Year 2 plans and directions.</p>	<ul style="list-style-type: none"> <li>• Enhance design of e-learning systems and CMSS assessment</li> <li>• Feedback on enhanced designs to HHRDB</li> </ul>	<p>Q4</p> <p>September 2018 or early Oct 2018</p> <p>End of Sept 2018 or early Oct 2018</p>	<p>Roxanne Zaghab (RZ) – AIHA E-learning consultant</p> <p>Final Report of AIHA RZ to be disseminated by HRH2030</p> <p>Chemonics terms of reference and contract with AIHA</p> <p>AIHA RZ and HRH2030</p>
<b>Objective 3: Information for Decision-Making</b>				
Access to a readily available and timely structured data.	Focus on the available HRH data related to TB and FP	Work with the HHRDB and HRH Network based on agreements in the NWAH discussions during the joint review.	Y2 Q1	Objective 3 lead and team
Standards for recording and reporting of training	Review existing training information systems and prepare recommended standards.	Consultation meetings with users of training information.	Y2 Q2	Objective 3 lead and team

Major Challenges	Proposed Action (updates provided in succeeding quarters)	Next Steps (Activities)	Timeline	Responsible Party
information not established.		Develop integration design and proposed standards.		
<b>Organizational Development</b>				
Rotation of assignments among DOH Executive Committee members (twice in the last five months) resulted in challenges in terms of conducting interviews and identifying potential HRH champions that can help push initiatives.	<p>Activity engagement should be endemic to the DOH, making the Secretary and the rest of the DOH Executive Committee fully engaged. This will sustain the activity's momentum even with changes and rotations in assignments.</p> <p>Update: The Project Director continues to work on building strong buy in from the DOH leadership and presented the project to the DOH Executive Committee during the National Staffing Meeting in Cebu.</p> <p>At the objective level, HRH2030 has decided to carry out interviews with all members of the DOH Executive Committee. Although this may prolong the process, it is necessary to make sure that all perspectives are factored in and that the process will not be affected even when another round of rotations among DOH executives occurs.</p>	<p>Demonstrate flexibility in engaging DOH stakeholders.</p> <p>Update: Complete interviews with the DOH.</p>	<p>Q4 and continuing</p> <p>Y2 Q1 and Q2</p>	Project Director with the OD team
The absence of a full-fledged appointed HHRDB Director poses a risk to the interventions being sustained.	<p>Create critical support for interventions from within the organization and the cluster to which it reports.</p> <p>Engage the different levels in the HHRDB, from the job orders</p>	Create an intervention plan for the HHRDB based on identified OD needs of the bureau.	Y2 Q2	OD Adviser and Project Director

Major Challenges	Proposed Action (updates provided in succeeding quarters)	Next Steps (Activities)	Timeline	Responsible Party
	<p>(intermittent positions), entry-level personnel to the division chiefs.</p> <p>Update the cluster team leader (usually an undersecretary) on developments and capacity building plans for the HHRDB to create support.</p>			
<p>The upcoming 2019 local elections may create leadership changes that can affect the implementation of interventions at the SDN level.</p>	<p>Engage both national and local leaders in the delivery of SDN-level interventions. Engage regional staff and DOH representatives on the ground to buy in and champion the interventions. At the local level, work not just with the municipal and provincial leaders, but also barangay leaders (since barangay leaders are not due for election). Strengthen the involvement of the private sector and other key stakeholders, when applicable.</p>	<p>Do orientations on the PX at the SDN site level involving all key stakeholders: DOH personnel from the region, provincial and municipal leaders, barangay-level leaders, and key stakeholders.</p>	<p>Y2 Q2</p>	<p>Communications Manager with the OD Adviser</p>
<p>Change takes time and initiatives must be sustained beyond the life of the project.</p>	<p>Start linking up with other USAID projects; agree on approaches that will be used to ensure that project outputs (especially the PX) can be sustained after the project ends.</p> <p>Influence the development of the HHRDB's strategic plan as the primary unit in the DOH that can sustain and mainstream the use of the tools being used by the program.</p>	<p>Conduct implementation-level alignment discussions with other relevant USAID-funded TB and FP projects.</p> <p>Identify opportunities to provide input for the development of the HHRDB strategic plan.</p>	<p>Y2 Q2</p> <p>Y2 Q2</p>	<p>OD Adviser with the Project Director</p> <p>OD Adviser with the Project Director</p>
<b>Policy Development</b>				

Major Challenges	Proposed Action (updates provided in succeeding quarters)	Next Steps (Activities)	Timeline	Responsible Party
The UHC Bill has been passed at the bicameral session and submitted to the President for his approval.	<p>Assist the HHRDB in the preparation of proposed guidelines for the RSA, which will form part of the Implementing Rules and Regulations (IRR) of the UHC law.</p> <p>Support the HPDPB and HHRDB discussions (e.g., comparative analysis, additional tools/data, support funds for consultations/forum) to ensure that they have the necessary resources that they need to develop proposed RSA guidelines.</p>	<ul style="list-style-type: none"> <li>Consolidate data on the RSA model and enhance components of the compulsory service program.</li> <li>Present and discuss proposed RSA components to the HHRDB and HPDPB.</li> <li>Participate in the discussion of the IRR for the UHC.</li> </ul>	<p>December 31, 2018</p> <p>January 31, 2019</p> <p>March 31, 2019</p>	<p>Policy Advisor and Senior Technical Officer</p> <p>Policy Advisor and Senior Technical Officer</p> <p>Policy Advisor and the Project Director</p>
The HPDPB and HHRDB have different policy priorities with regard to HRH issues.	<p>Policy priorities of the DOH in relation to HRH issues have been consolidated to include:</p> <ul style="list-style-type: none"> <li>Mandatory RSA for HRH</li> <li>Redistribution of the health workforce</li> <li>Improvement of HRH working conditions</li> <li>Strengthen leadership and management capabilities</li> <li>Strengthen HR data and information system</li> </ul>	<p>Conduct policy fora to identify priority policy directions for each priority policy issue.</p> <p>Facilitate consensus on policy direction and present to mancom/execom</p>	Y2 Q2-Q4	Policy Advisor and the Project Director
Lack of policy standards related to competencies, skills mix, and distribution	Work with the Objective 1 Lead to develop and recommend enhancements to the Deployment Program guidelines.	<ul style="list-style-type: none"> <li>Review and analyze policies on deployment based on the HRH policy inventory, policy implementation review, and results of the Deployment Program assessment.</li> </ul>	<p>March 31, 2019</p> <p>March 31, 2019</p>	<p>Policy Advisor and Senior Technical Officer</p> <p>Policy Advisor and Senior Technical Officer</p>



Major Challenges	Proposed Action (updates provided in succeeding quarters)	Next Steps (Activities)	Timeline	Responsible Party
		<ul style="list-style-type: none"> <li>Identify gaps in the Deployment Program guidelines and recommend enhancements.</li> <li>Work with the HHRDB on the revision of the Deployment Program guidelines.</li> </ul>	April 30, 2019	Policy Advisor, Objective 1 Lead with the Project Director
Lack of policies related to leadership, supervision, and performance management	Work with the Objective 2 Lead to develop and recommend enhancements to the DOH Academy to include e-learning platforms.	<ul style="list-style-type: none"> <li>Review and analyze policies on the DOH Academy, including assessment studies conducted on the program.</li> <li>Enhance recommendations for the use of e-learning platforms for learning and skills development.</li> <li>Work with the Objective 2 Lead in drafting guidelines on the use of e-learning approaches.</li> </ul>	February 28, 2019 March 31, 2019 April 30, 2019	Policy Advisor and Senior Technical Officer Policy Advisor and Objective 2 Lead Policy Advisor and Objective 2 Lead
Lack of a central custodian for HR data and HRIS.	Work with the Objective 3 Lead to develop a framework and guidelines for the establishment of the HRIS.	<ul style="list-style-type: none"> <li>Review mandate of each agency (possible custodians identified include DOH, PRC, PSA)</li> <li>Organize meeting between agencies to agree on custodian</li> </ul>	May 31, 2019	Policy Advisor, Senior Technical Officer, and Objective 3 Lead
Lack of policy on the PX	Work with the OD Lead to develop a policy framework and guidelines for the PX approach.	<ul style="list-style-type: none"> <li>Review and analyze good practices in the PX based on case studies.</li> <li>Identify critical standards and components of the PX approach.</li> <li>Work with the Objective 3 Lead on drafting policy guidelines for the PX.</li> </ul>	March 30, 2019 April 31, 2019 June 30, 2019	Policy Advisor and Senior Technical Officer & OD Lead Policy Advisor and OD Lead Policy Advisor and OD Lead

## **4. Cross-Cutting Issues**

### **4.1 Update on Gender**

Arrangements have been made with the Chemonics head office and the Office of Health, USAID/Philippines to institute gender training once requisite FP training has been completed.

### **4.2 Update on Sustainability and Self-Reliance**

A cornerstone of HRH2030's approach in the Philippines is to empower the DOH and engage local partners, such as the HRH Network and CHED, to ensure that their skills and resources are sufficient to effectively develop, deploy, train, and manage a fit-for-purpose and fit-for-practice health workforce. HRH2030 will focus on building national stakeholder skills and knowledge so that they can assess, develop, and implement effective workforce planning strategies without relying on donor support.

During Year I, HRH2030/Philippines obtained commitment from the DOH that e-learning platforms would be maintained and mandated by policies. Although HRH2030 engaged the DOH and subnational partners during the first year, their ownership will be encouraged by increasing their involvement in the development and rollout of HR subsystems at the SDNs. We envision that while the project focuses on policy institutionalization and expanding coverage of selected provinces and SDNs from the HRH2030 project sites to other non-project target sites, regional units that have been strengthened will be requested to implement similar activities in other provinces in the regions, with minimal support from HRH2030/Philippines.

Our Year I activities were designed to lay the foundation for the lasting impact of the HRH interventions. For example, our Year I work plan includes conducting an HLMA, which will help us identify not only necessary immediate HRH improvements, but other opportunities to enact change through activities that will continue beyond the life of the HRH2030 program. We also envision that workforce planning and HRH data tools, such as the WISN and NHWA, will be institutionalized.

Last, HRH2030 will work with other USAID implementing partners for the continuance of the implementation of key interventions (e.g., the WISN, HLMA, e-based learning systems, HRH information systems) to contribute to improved outcomes.

### **4.3 Update on Environmental Compliance and Climate Risk Mitigation**

On May 31, 2018, the USAID/Philippines Environmental Officer noted that HRH2030/Philippines is not required to formulate an Environmental Mitigation and Monitoring Plan or a Climate Risk Mitigation plan, given the low risk actions in the work plan. However, if new activities are added, the HRH2030 team will work with the mission to ensure that these new activities are crafted with climate risk management and environmental compliance in mind.

### **4.4 Update on Family Planning Compliance**

The activity is currently waiting for the mission to schedule an in-person facilitation for FP compliance training. As of this writing, the mission has been in touch with the activity to initiate the process of organizing the learning session. HRH2030 ensures that all staff members complete the online Family Planning and Protecting Life in Global Health Assistance training courses.

## 5. Collaboration, Learning and Adapting

The following table summarizes the CLA activities during the period.

Key Learning	Current and Planned Application	Stakeholders Involved
<p>HRH interventions need to be delivered in an integrated approach and recognize the varying roles of stakeholders at different levels of the health system. Technical components need to develop their own technical frameworks that are aligned with the HRMD framework. This can be a rallying point for sectoral action to address health and non-health HR issues.</p> <p>Cross-cutting issues, such as interoperability and inter-professional integration, are also integration areas.</p>	<ul style="list-style-type: none"> <li>Advocate for the adoption of the HRMD framework by the DOH and the HRH Network.</li> <li>Internally, the application of the HRMD framework will need to be translated to component technical designs or approaches. Areas of integration will be discussed during Year 2 HRH2030 work planning.</li> </ul>	<p>DOH CHED PRC CSC Nursing and medical societies; OWWA</p>
<p>Initial findings from the assessments include demand generation issues for the adoption of HR systems or products. Examples are:</p> <ol style="list-style-type: none"> <li>Low use of IST e-learning modules</li> <li>Non-compliance of reporting to the HRIS by many non-health agencies and even among the national and local health networks (NDHRIS only contains 60% of the information on hospital-based HR data)</li> </ol>	<ul style="list-style-type: none"> <li>Develop a promotions/social marketing plan for marketing the adoption of e-based learning modules already certified by the DOH.</li> <li>Advocate for USG implementing partners to use the e-learning systems.</li> <li>Work for PRC accreditation of e-learning modules; certify modules as CPD compliant.</li> </ul>	<p>USG implementing partners Academia and midwife/nurses/doctors associations</p>
<p>Although there has been a positive response and buy in for activities by stakeholders, their continued involvement will be critical in undertaking post-assessment activities: data analysis, planning, and implementing action points, and monitoring and evaluating progress.</p>	<ul style="list-style-type: none"> <li>Present assessment findings during the HRH Network meetings/organized to identify action points for each organization and work through the DOH to obtain partners' commitment.</li> <li>Discuss with the DOH the adoption of a common HR set of indicators.</li> </ul>	<p>HRH Network DOH Academia (for IST modules)</p>
<p>Need to assist the HHRDB to establish collaborative mechanisms in the DOH to improve support from programs (FP, TB, BLHD).</p>	<ul style="list-style-type: none"> <li>Provide a venue for discussion and agreement by decision-makers.</li> <li>Involve key DOH officials and, if feasible, work for the</li> </ul>	<p>DOH Executive Committee, HHRDB, FPP, NTP, BLHD</p>

Key Learning	Current and Planned Application	Stakeholders Involved
	<p>establishment of a working group in the DOH.</p>	
<p>Presence of (1) HR initiatives of other partners and donor initiatives; (2) success stories on the ground; and (3) evaluations (e.g., CMSS) where we can build on/demonstrate effectiveness of HR system improvements.</p> <p>In the TB harmonization workshop in May 2018 where two new USG implementing partners have interventions on patient satisfaction, and development of e-learning modules are also being explored.</p>	<ul style="list-style-type: none"> <li>• Document these initiatives, synthesize elements of good practice.</li> <li>• Conduct harmonization meetings with USG implementing partners and other partners.</li> </ul>	<p>WHO, Health Systems Strengthening (HSS), TB and FP projects of USAID</p>
<p>Preparation of concept notes as a collaboration instrument to elicit partner feedback on (1) assessment designs; (2) identification of strategic interventions; and (3) documentation.</p> <p>These can be further developed into technical notes/implementation research designs that will inform partners of the effectiveness of designs and/or approaches.</p>	<ul style="list-style-type: none"> <li>• Use concept notes to draw consensus on approaches/technical frameworks from partners.</li> <li>• Development of policy briefs for decision-making</li> </ul>	<p>Objective leads</p>

### 6. High-Level Planned Activities for Next Quarter, Including Upcoming Events

During the first year, HRH2030 established a working relationship with the DOH and the HRRDB and launched the joint mission with the WHO to provide technical assistance to the DOH on the development of the NHWA and WISN and implementation of the HLMA that are appropriate to the country’s situation. Collaboration with the HRRDB will continue throughout the life of the activity, with the goal of institutionalizing workforce planning systems and tools that are piloted at select SDNs. We will assist the HRRDB, including regions, to establish technical working groups and the estimation of staffing requirements for key health cadres. The design, data requirements, and initial report on the HLMA will be completed by the third quarter of 2019, and the recommendations will be presented to the DOH and HRH Network. HRH2030 will launch a higher capacity and more cost-effective e-learning portal and platform in March 2019, and then will provide support during the first year. Specific high-level activities for the next quarter include the consultations with top DOH officials on the development of an HLMA roadmap for the country. In succeeding periods, upon the completion of the WISN studies, the results of the analysis from the surveys will be presented to top management. Launching activities will also be conducted sometime in April 2019 for the e-based learning modules. Policy forums, organized to discuss HRH policies, will also be conducted as a series of activities that will cover various HRH-related themes will be organized within the year.



## **7. Annexes**

### **7.1 Success Stories, Pictures, etc.**

As noted in the communications section of this report, content, including photos, was gathered for success stories in Year 1 and stories will be published and disseminated in Year 2.