Application of Organizational Design and WISN - Family Planning Program (FPP) of DOH

Contents

Abbreviations

AA	Administrative Assistant		IRR	Implementing Rules and Regulations
AO	Administrative Officer		mCPR	Modern Contraceptive Prevalence Rate
BAC	Bids and Awards Committee		M&E	Monitoring and Evaluation
BEM	Behavioral Engineering Model		MO	Medical Officer
CAS	Category Allowance Standard		MS	Medical Specialist
CHDs	Centers for Health Development		MOP	Manual of Procedures
CHDD	Children's Health Development Division		NOH	National Objectives for Health
CHED	Commission on Higher Education		PIA	Philippine Information Agency
CPR	Contraceptive Prevalence Rate		PDP	Philippine Development Plan
DepEd	Department of Education		PMO	Project Management Office
DPCB	Disease Prevention and Control Bureau		POPCOM	Population Development Commission
DOH	Department of Health		QMS	Quality Management System
DQC	Data Quality Check		RPRH Law	Responsible Parenthood and Reproductive Health Act of 2012 (RA 10354)
DSWD	Department of Social Welfare and Development		SAP	Sustainability Action Plan
FDA	Food and Drug Administration		SCM	Supply Chain Management
FHO	Family Health Office		SDG	Sustainable Development Goals
FPCBT	Family Planning Competency Based Training		SDN	Service Delivery Network
			SG	Salary Grade
FPP	Family Planning Program		SIAPS	Systems for Improved Access to Pharmaceuticals and Services
HHRDB	Health Human Resource Development Bureau		TA	Technical Assistance
HIV/AIDs	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome		UHC	Universal Health Care
HPO	Health Program Officer		USAID	United States Agency for International Development
HRH	Human Resources for Health		WMHDD	Women's and Men's Health Development Division
IAS	Individual Allowance Standard			
IAF	Individual Allowance Factor		WHO	World Health Organization
IDO	Infectious Disease Office		WISN	Workload Indicators of Staffing Need
IEC	Information, Education and Communication			

Executive Summary

USAID's HRH2030/Philippines performed an organizational design process and workload review to revisit the mandate and propose a reflective structure, functions, and staffing level of the National Family Planning Program (FPP) that is responsive to the provisions of Responsible Parenthood and Reproductive Health (RPRH) Law[1] and its Implementing Rules and Regulations (IRR)[2].

The United States Agency for International Development's (USAID) Human Resources for Health in 2030 Philippines activity (HRH2030/Philippines) conducted an organizational design and Workload Indicators of Staffing Need (WISN) process, which resulted in examining the goals and objectives of FPP in the Family Health Office (FHO) at the Department of Health (DOH) that emphasizes the function and responsibility of the organization to provide policies, systems, and services to the public related to family planning. This is based on the analysis and consideration of the Philippine Development Plan (PDO) 2017-2022 Abridged Version[3], National Objectives for Health (NOH) 2017-2022[4], the DOH Universal Health Care (UHC) Medium Term Expenditure Program (MTEP) 2019-2022[5], the RPRH Law[6] and IRR[7], Executive Order No. 12, s. 2017 on Zero Unmet Need for Modern Family Planning (EO 12, Series 2017)[8] and other strategy documents, along with the expectations set by the DOH leadership and key stakeholders obtained through individual interviews.

Stemming from identified goals and objectives, the FPP functions were revisited and now include value chain elements of Data, Knowledge Management, and Research; Policy, Planning and Finance Management and Standards; Advocacy and Partnerships; Capacity Building; Supply Chain Management; Monitoring and Evaluation; and Administrative Support. Subsequently, a review of bureau and office process documents, interviews of job holders, and benchmarking with practices of similar local and international organizations contributed to the production of a comprehensive list of function-specific outputs, activities, workload components, and performance statistics. These defined and delineated the scope of the FPP organizational structure and the work of staff in relation to the RPRH Law and its IRR and in adherence to other strategy documents.

USAID's HRH2030/Philippines incorporated this substantial data into the WISN tool of the World Health Organization (WHO) to project staffing numbers. The WISN tool calculated a minimum FPP central staffing requirement of 40 employees (up from the current 4 DOH central level staff). This staffing figure assumes that the proposed FPP structure will be installed in the next three years to enable DOH implementation of the RPRH Law and IRR, aligned to the strategy to reach the demographic dividend of the Philippine Development Plan (PDP) 2017-2022,[9] and to help advance the Universal Health Care Law. Likewise, this assumes that the FPP staff are competent and highly motivated to deliver against the identified functions of the organization in the proposed value chain. An increase in the proposed staffing number may be considered with additional workload input into the WISN tool.

It is recommended that the proposed organizational structure of FPP, designed through the organizational design and WISN process, be adopted by DOH, and complemented by a similar application to the rest of the FHO and the Disease Prevention and Control Bureau (DPCB), in the mid-term to

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[1] https://www.doh.gov.ph/sites/default/files/policies_and_laws/ra_10354.pdf

[2] https://www.doh.gov.ph/sites/default/files/basic-page/Final%20Revised%20Implementing%20Rules%20and%20Regulations%20%28IRR%29%20of%20RPRH%20Law_0.pdf

[3] http://www.neda.gov.ph/wp-content/uploads/2017/12/Abridged-PDP-2017-2022_Final.pdf

[4] https://www.doh.gov.ph/sites/default/files/publications/NOH-2017-2022-030619-1.pdf

[5] https://www.doh.gov.ph/sites/default/files/publications/MTEP%202019-2022%20Update%20for%20CY%202020%20Budget%20Preparation.pdf

[6] https://www.doh.gov.ph/sites/default/files/policies_and_laws/ra_10354.pdf

[7] https://www.doh.gov.ph/sites/default/files/basic-page/Final%20Revised%20Implementing%20Rules%20and%20Regulations%20%28IRR%29%20of%20RPRH%20Law_0.pdf

[8] https://www.officialgazette.gov.ph/downloads/2017/01jan/20170109-EO-12-RRD.pdf

[9] http://www.neda.gov.ph/wp-content/uploads/2017/12/Abridged-PDP-2017-2022_Final.pdf

offer an integrated health care service approach and transition towards sustainability. The Health Human Resource Development Bureau (HHRDB) may facilitate the organizational design and application of the WISN methodology to the rest of the FHO, following the activity standards set by the FPP example detailed in this report. In parallel, current team members of these offices should be evaluated through a talent review to determine fit relative to the updated job descriptions of the proposed positions, and competency gaps can be addressed through learning and development interventions. Regional Offices should mirror the central office functions in structure, staffing, and competence. A Sustainability Action Plan (SAP) should be prepared and carried out to manage the institutional change. The goals and objectives of FPP and its proposed functions, staffing, and structure should be reviewed and validated for its capacity to respond to identified outcomes after a year from its installation.

Introduction

The USAID's HRH2030/Philippines activity 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, and protect communities from infectious diseases, including TB. HRH2030/Philippines contributes to USAID's goal of "Family Health Improved" by strengthening the health workforce for improved family planning (FP) and TB outcomes. Likewise, the activity contributes to the DOH's goal of "Adequate number of health human resources at all levels with competence to deliver Universal Health Care (UHC) through the continuum of preventive, promotive, curative, and rehabilitative health interventions." To further these goals, USAID's HRH2030/Philippines performed an organizational design and WISN process to re-emphasize the goals and objectives of FPP, and to propose an updated structure, functions, and staffing that is grounded on the objectives set by the Responsible Parenthood and Reproductive Health (RPRH) Law[10] and its Implementing Rules and Regulations (IRR)[11].

Organizational Design and WISN Process Overview

Process and Output

An overview of the organizational design and WISN process that USAID HRH2030/Philippines undertook is shown in Table 1. The first phase revisits the goals and objectives of FPP through reviewing strategic documents such as Philippine Development Plan (PDO) 2017-2022 Abridged Version[12], National Objectives for Health (NOH) 2017-2022[13], the DOH Universal Health Care (UHC) Medium Term Expenditure Program (MTEP) 2019-2022[14], the RPRH Law[15] and IRR[16], Executive Order No. 12, s. 2017 on Zero Unmet Need for Modern Family Planning (EO 12, Series 2017)[17]. These are complemented by insights on bureau and program directions and expectations provided by key internal stakeholders obtained through individual interviews. The second phase expounds on the goals and objectives of FPP to project core functions based on the developed value chain. In the third phase, the core and support workload components, aligned to the functions, are listed in detail into specific activities and workload statistics for every cadre. This data is input into the WISN[18] tool to calculate the staffing requirements by cadre or career band and then by functional unit. At this point, a complete proposed structure of FPP is presented. Benchmark information from similar local and international organizations enhance the findings of the organizational design and WISN process at every phase. The remaining phases of validation and sustainability action planning form part of the recommended next steps.

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[10] https://www.doh.gov.ph/sites/default/files/policies_and_laws/ra_10354.pdf

[11] https://www.doh.gov.ph/sites/default/files/basic-page/Final%20Revised%20Implementing%20Rules%20and%20Regulations%20%28IRR%29%20of%20RPRH%20Law_0.pdf

[12] http://www.neda.gov.ph/wp-content/uploads/2017/12/Abridged-PDP-2017-2022_Final.pdf

[13] https://www.doh.gov.ph/sites/default/files/publications/NOH-2017-2022-030619-1.pdf

[14] https://www.doh.gov.ph/sites/default/files/publications/MTEP%202019-2022%20Update%20for%20CY%202020%20Budget%20Preparation.pdf

[15] https://www.doh.gov.ph/sites/default/files/policies_and_laws/ra_10354.pdf

[16] https://www.doh.gov.ph/sites/default/files/basic-page/Final%20Revised%20Implementing%20Rules%20and%20Regulations%20%28IRR%29%20of%20RPRH%20Law_0.pdf

[17] https://www.officialgazette.gov.ph/downloads/2017/01jan/20170109-EO-12-RRD.pdf

[18] The WISN methodology is a facility-based human resource management and planning tool which considers differences in the services and complexity of care being provided by different health workers in different health facilities. The WISN methodology incorporates a mixture of professional judgement and activity measurement to determine workload pressure and staffing norms.
WISN results can influence decisions such as:
- Determining how best to improve current staffing situations
- Determining the best way to allocate new functions and/or transfer existing functions to different health worker categories
- Improving current professional standards for particular work performance
- Future staffing of health facilities
- Examining the impact of different conditions of employment on staff requirements

(https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf)

Table 1. Organizational Design and WISN Phases, Processes, and Output

Phase	Process	Output
I. Review and Alignment of Mandate to Strategic Directions and Outcomes	▪ Review of strategy documents ○ Identification of organizational outcomes and scope ▪ Conduct of interviews with the organizational leadership and internal and external stakeholders	Revisited Goals and Objectives
II. Functional Analysis	▪ Value chain analysis and development ▪ Core and support workload components identification ▪ Benchmark functions with similar local and international organizations	Proposed Functions

III. Workforce Assessment and Job Analysis	▪ WISN tool calculation
	  ○ Projection of functional staff requirement
	▪ Job analysis
	  ○ Leveling of positions by career bands
	  ○ Projection of required positions by functional area
	▪ Benchmark staffing with similar local and international organizations
		Proposed Staffing

IV. Structural Analysis	▪ Departmentalization by core functions	Proposed Structure
V. Validation	▪ Validation of proposed mandate and functions ▪ Vetting of workload components and staffing figures	Validation Report
VI. Sustainability Action Planning	▪ Formulation and implementation of a Sustainability Action Plan	Sustainability Action Plan

To complement the work covered in this report by USAID's HRH2030/Philippines for the FPP organization, the organizational design and WISN process may be replicated for the remaining units under FHO and DPCB.

Assumptions

The re-emphasized goals and objectives and the proposed functions, staffing, and structure of FPP are based on the following assumptions:

- The **target installation** of the proposed structure of FPP is in the **mid-term or within a three-year period**.
- The proposed functions, associated workload components, activities, and statistics **assume that in the mid-term, FPP has established or developed fundamental policies, processes, and systems and are operational**.
- The **individuals occupying the positions in the proposed structure of FPP are highly competent and motivated**.
- The established goals and objectives of FPP and the proposed functions, structure, and staffing levels assume that the **responsibilities carried out contribute to the integrated health care delivery of DPCB**.

Limitations

The limitations of this process are:
- The results of this report **determine the proposed structure of only FPP under the FHO and offers a Project Management Office (PMO) setup applicable to the future endeavor of proposing structures and projecting staffing for the other offices of FHO**, and subsequently, DPCB
- The **identified FPP functions are based on information about similar benchmark local and international organizations that are accessible to USAID's HRH2030/Philippines** at the time of the organizational design and WISN process.
- The **projected headcount using the WISN tool will require further validation of workload components** as each are to be performed with the actual implementation of the proposed structure.

- The **proposed structure will need to undergo steps to validate the way FPP units are departmentalized** and their inter-operability within FHO, DPCB, and DOH and other partner organizations such as the Commission on Population and Development (POPCOM) during the period when the proposed structure is fully installed.
- The **projected number of staff is the *minimum number required*** to maintain a functioning bureau, and additional staff may be needed to compensate for a lack of policies, processes, and systems and/or as more workload is placed upon FPP in the implementation of the RPRH Law and its IRR.
- The proposed structure and staffing are **limited to the FPP central office organization** and does not cover regional offices, local government unit personnel, and the health facility employees associated.

FPP Goals and Objectives

The intended impact of FPP cited in the PDP 2017-2022 is "**To reduce fertility rates**" wherein "**The main strategy will focus on assisting couples and individuals achieve their desired family size through responsible parenthood and informed choice. In particular, interventions will aim to address unmet demand for family planning and unwanted pregnancies, increase age at first birth, and increase birth spacing**."[19] In support of this, the health targets outlined in Chapter 10 (Accelerating Human Capital) in the PDP 2017-2022 also highlights "Access through functional service delivery ensured: Service Delivery Networks (SDNs) will be expanded and strengthened to allow more people to reach health facilities and avail of needed services such as nutrition, reproductive health, drug abuse management and rehabilitation, and services related to health emergency purposes. Additional resources will be provided for health facility enhancement, human resource for health (quality, quantity, and distribution), and health supplies (vaccines, family planning commodities, and medicines)."[20]

Echoing the PDP 2017-2022, FPP health goods and services-related objectives listed in the **National Objectives for Health (NOH) 2017-2022** are:

> "**Strategic Goal 2.** *More Responsive Health System* - The quality of health goods and services as well as the manner in which they are delivered to the population will be improved to ensure people-centered healthcare provision. This may be done through instruments that routinely monitor and evaluate client feedback on health goods used and services received."

> "**Chapter 3 – Service Delivery: Wider access to essential health care**, *General Objective 2: Accessibility of essential quality health products and services ensured at appropriate levels of care.*"

Alignment to the RPRH Law

Furthermore, the FPP objectives as enumerated in the RPRH Law are:
> "**Section 7.** *Access to Family Planning*. – All accredited public health facilities shall provide a full range of modern family planning methods, which shall also include medical consultations, supplies and necessary and reasonable procedures for poor and marginalized couples having infertility issues who desire to have children.

> **Section 10.** *Procurement and Distribution of Family Planning Supplies*. – The DOH shall procure, distribute to LGUs and monitor the usage of family planning supplies for the whole country.

> **Section 11.** *Integration of Responsible Parenthood and Family Planning Component in Anti-Poverty Programs.* – A multidimensional approach shall be adopted in the implementation of policies and programs to fight poverty. Towards this end, the DOH shall implement programs prioritizing full access of poor and marginalized women as identified through the NHTS-PR and other government measures of identifying marginalization to reproductive health care, services, products and programs.

> **Section 16.** *Capacity Building of Barangay Health Workers (BHWs)*. – The DOH shall be responsible for disseminating information and providing training programs to the LGUs. The LGUs, with the technical assistance of the DOH, shall be responsible for the training of BHWs and other barangay volunteers on the promotion of reproductive health.

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[19] http://www.neda.gov.ph/wp-content/uploads/2017/12/Abridged-PDP-2017-2022_Final.pdf

[20] http://www.neda.gov.ph/wp-content/uploads/2017/12/Abridged-PDP-2017-2022_Final.pdf

Section 20. *Public Awareness.* – The DOH and the LGUs shall initiate and sustain a heightened nationwide multimedia-campaign to raise the level of public awareness on the protection and promotion of reproductive health and rights including, but not limited to, maternal health and nutrition, family planning and responsible parenthood information and services, adolescent and youth reproductive health, guidance and counseling and other elements of reproductive health care.

Section 21. *Reporting Requirements.* – Before the end of April each year, the DOH shall submit to the President of the Philippines and Congress an annual consolidated report, which shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other government agencies and instrumentalities and recommend priorities for executive and legislative actions. The annual report shall evaluate the content, implementation, and impact of all policies related to reproductive health and family planning to ensure that such policies promote, protect and fulfill women's reproductive health and rights."[21]

Role and Coverage

The mentioned goals and objectives above fall perfectly within the Mission of FPP, in relation DOH FOURmula One Plus Strategy and the UHC framework, stated, "to provide responsive policy direction and ensure access of Filipinos to medically safe, legal, non-abortifacient, effective, and culturally acceptable modern family planning (FP) methods"[22]. Wherein the program main targets are:

1. To increase modern Contraceptive Prevalence Rate (mCPR) among all women from 24.9% in 2017 to 30% by 2022
2. To reduce the unmet need for modern family planning from 10.8% in 2017 to 8% by 2022[23]

To help operationalize this, under the DOH multi-year spending plan, MTEP 2019-2022, has allocated PhP 10.30 B for the Family Health Program for the attainment of zero unmet need for family planning and to fund the health and nutrition programs or components of the Philippine Plan of Action for Nutrition and also interventions for Child Survival and Development.

Further understanding the role and coverage of FPP, an exercise using the USAID Behavioral Engineering Model (BEM)[24] examining the performance of an organization by USAID's HRH2030/Philippines, obtained the below list (Table 2) of short and mid-term objectives of FPP. These insights identified through interviews by a majority of the Executive Committee members of DOH, remain consistent with the strategic directions drawn from the referenced strategy documents.

Table 2. Summary of the DOH Executive Committee Input on the FPP Short and Mid-Term Objectives

Short-Term Objectives (1-Year)	Mid-Term Objectives (3-Year)
▪ Clarify the mandates of DOH-FPP and POPCOM and revise Framework of Collaboration (harmonize activities with other stakeholders) ▪ Strongly monitor the implementation of the RPRH Law ▪ Revisit the targets set for program indicators ▪ Take advantage of the UHC window of opportunity to request DBM for additional positions	▪ Transition to a Family Health Bureau – restructure in accordance with the existing laws ▪ Mobilize LGUs in the implementation of RPRH Law and EO 12 to address the gap from the national and local level

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[21] https://www.doh.gov.ph/sites/default/files/policies_and_laws/ra_10354.pdf
[22] https://www.doh.gov.ph/family-planning
[23] https://www.doh.gov.ph/family-planning
[24] https://www.usaid.gov/sites/default/files/documents/1865/253saj.pdf

FPP Functions

Value Chain

The FPP value chain was framed using information from various activities and resources. Process owners and leaders of FPP shared actual activities performed that shed insight to their potential core processes. The BEM Analysis interviews with the Executive Committee further indicated the broad set of functions the FPP covers. USAID HRH2030/Philippines employed benchmarking information from comparable units of these local and international organizations:

- Philippines Department of Social Welfare and Development Disaster Management and Response Bureau (Annex 1)
- POPCOM (Annex 2)
- National Family Planning Coordinating Board – BKKBN (Badan Koordinasi Keluarga Berencana Nasional) – Indonesia (Annex 3)
- Ministry of Health and Population – Nepal (Annex 4)
- Ministry of Health and Family Welfare – Bangladesh (Annex 5)

As a result, Figure 1 illustrates the proposed value chain of FPP:

Figure 1. Proposed FPP Value Chain
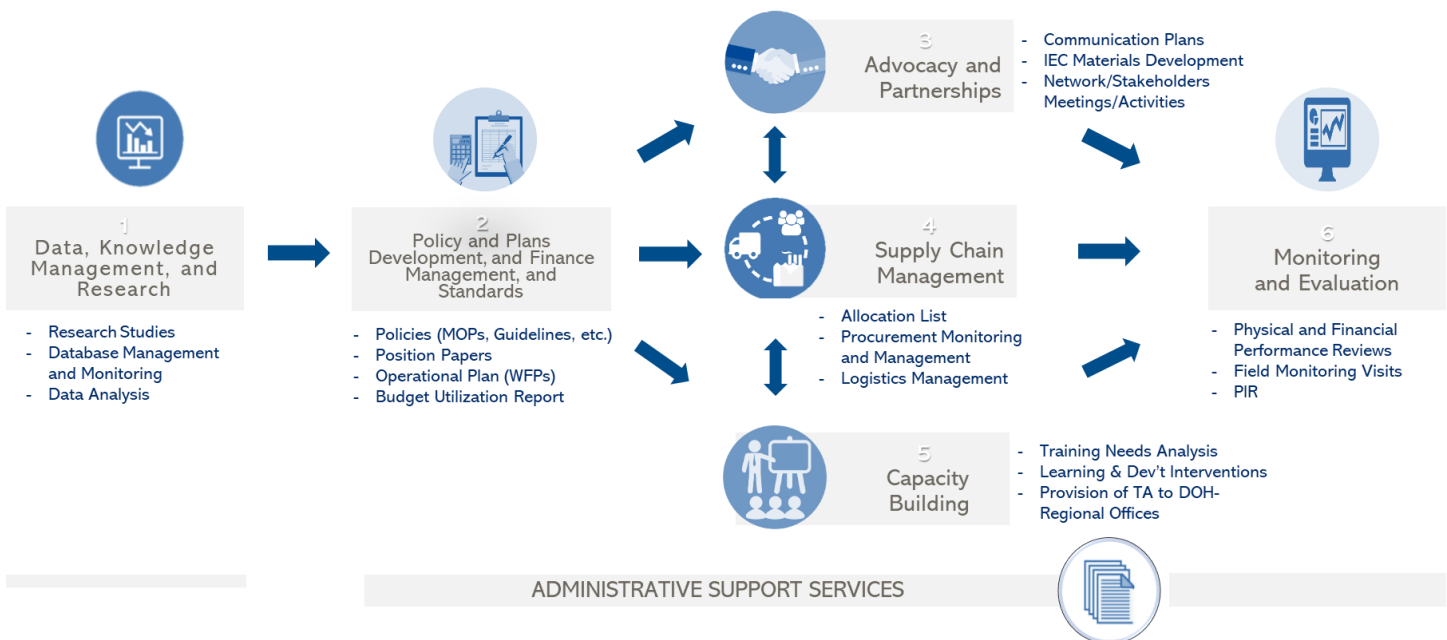
The FPP value chain begins with data, knowledge management, and research, which allows the program to obtain the right data to get a clear view and complete understanding of the FP situation in addressing unmet need and maternal health, along with its programmatic needs and challenges. From this data, policies, plans, and standards are developed, coupled with the necessary budget and funding, to create an enabling environment in implementing FP services and activities. To guarantee that these plans and policies are supported by the sector in its implementation, strong advocacy and partnerships are pursued by FPP through all relevant stakeholders. Parallel to this, efficient supply chain management is employed that will allow FP commodities and logistics to reach their respective facilities, and capacity building efforts are undertaken for central office staff and technical assistance is provided to regional offices. Monitoring and evaluation is undertaken to ensure proper implementation of strategies and accurate measurement of its effect. Finally, administrative support such as procurement, budget management, inventory management, and others are provided to the whole bureau and its units.

Core Workload and Output

Table 3 presents the core workload components and outputs of most of the FPP value chain elements and functions:

Table 3. FPP Value Chain Elements and Workload Components

Value Chain Element	Workload Component	Output
Data, Knowledge Management and Research	Data Consolidation and Analysis	- FP Information System - Consolidated Regional Reports - Program Reports
	Database Maintenance	- Program Database (Internal)
	Website Development and Maintenance	- FP Website - Website Feedback Reports - Updated Dashboard of FP Performance Indicators
	Research Agenda Formulation	- Research Agenda Consultation Meetings - Research Agenda on FP
	Research Management	- Approved Research Protocols - Research Study Contracts - Research Monitoring Reports - Research Feedback Meetings - Research Progress Reports
	Knowledge Management	- Knowledge Management System and Database - Knowledge Management Products and Programs
Policy and Plans Development, and Finance Management, and Standards	Policy and Standards Development	- Policy and Standards Data Matrix - Policy and Standards Consultation Meeting - Reviewed Policy and Standards Issuances
	Position Paper Preparation	- Position Papers
	Policy Review	- Policy Review Consultation Workshops - Policy Review Documents
	Policy Research Management	- Policy Research Protocols - Policy Research Study Contracts - Policy Research Monitoring Reports - Policy Research Progress Reports - Policy Research Feedback Meetings
	Policy Note /Brief Development	- Policy Scoping/Mapping Document - Policy Note/Brief Development Consultation Meetings - Policy Notes/Briefs
	Strategic Plan Development	- Strategic Plan Consultation Meetings - Situational Analysis Report - Draft Strategic Plan - Strategic Plan
	Operational Plan Development	- Reviewed Program Reports - Operational Plan - Catch-up Plans
	Budget Utilization Review	- Budget Utilization Report
Advocacy and Partnerships	Communication Plan Development	- Communication Plan Development Workshop - Media Channels - Communication Plan
	Information, Education and Communication (IEC) Materials Development	- IEC Materials
	Stakeholders' Meetings	- Stakeholders' meeting - Meeting Reports
Supply Chain Management (SCM)	Preparation of Allocation List	- Reviewed Regional SCM reports - Reviewed Commodity Requests

Value Chain Element	Workload Component	Output
		- Annual Procurement Plan/Allocation List
	Attendance to Bids and Awards Committee (BAC) Conferences/Meetings	- Reviewed BAC documents - BAC Conferences/Meetings BAC endorsement documents
	Procurement Management and Monitoring	- Procurement Documents - Inventory Management Reports - Commodity Request Documents - Allocation List for Additional Commodities - SCM Report
Capacity Building	Training Needs Analysis	- Training Needs Assessment (TNA) results - TNA Report
	Course Development	- Learning Materials Design - Training Design - Training Course Evaluation Workshops - Approved Training Course
	Provision of Technical Assistance to DOH-Regional Offices	- Program Materials and Presentation Decks - Program Trainings and Workshops - Post-activity Reports
Monitoring and Evaluation	Monitoring and Evaluation Program Implementation Review	- M&E Indicators - M&E Data - Data Quality Check (DQC) Reports - M&E Database - M&E Reports
Administrative Support	Office Facilities Management	- Purchase Requests - Vendor List - Purchase Orders - Payment Vouchers
	Office Procurement	
	Office Inventory Management	

Table 4 provides a sample of the comprehensive list of Core Workload Components, Activities, and Outputs applicable to the Workload Component 1 of the WISN tool available in Annex 6.

Table 4. Sample Core Workload Components, Activity Standards and Statistics

	List of workload components	Activity standards	Annual workload statistics
1	Write policies, guidelines, and issuances	**720 min/policy document**	12
2	Draft program reports	**931.76 min/ program report**	34
3	Facilitate program-related activities	**810.77 min/ program activity facilitation**	156
4	Formulate and review program plans and technical documents	**510.23 min/technical document**	131
5	Participate in program-related meetings	**360 min/program-related meeting**	10
6	Review technical reports	**508.62 min/technical report**	109
7	Review admin documents	**10.37 min/HR and admin document review**	972

The elements of the proposed FPP value chain comprise the central functions. In line with each element and function are core workload components[25] and outputs with related workload statistics,[26] drawn from individual interviews with FPP team members and DOH leadership, DOH strategy and process documents, and previously cited benchmark references of similar local and international organizations.[27] Table 5 lists the RPRH Law IRR alignment of each value chain element and their respective functions with the exception of the administrative function that is a standard set of activities to any office.

Table 5. FPP Value Chain Elements, Functions, and RPRH IRR Alignment

Value Chain Element	Function	RPRH IRR Section
Data Management and Research	Data Consolidation and Analysis Database Maintenance Website Development and Maintenance Research Agenda Formulation Research Management	• *Section 5.09 Mapping the Available Facilities in the Service Delivery Network* • *Section 5.10 Identifying the Needs of Priority Populations within the Service Delivery Network* • *Section 7.09 Post-Marketing Surveillance* • *Section 15.03 Streamlining of Reporting Procedures* • *Section 15.04 Contributions of Other Agencies in Reporting*
Policy and Plans Development, and Finance Management	Policy Development Position Paper Preparation Policy Review Policy Research Management Policy Note (Brief) Development Strategic Plan Development Operational Plan Development Budget Utilization Review	• *Section 4.01 Service Delivery Standards* • *Section 4.04 Informed Choice and Voluntarism* • *Section 4.07 Access of Minors to Family Planning Services* • *Section 5.11 Designating Populations to Facilities within the Service Delivery Network* • *Section 5.13 Standards of Mobile Health Care Service Providers* • *Section 5.17 Identification of Facilities for Establishment or Upgrading in Support of Reproductive Health Care* • *Section 5.18 Monitoring of Fund Utilization* • *Section 5.23 Skilled Health Professional as a Conscientious Objector* • *Section 6.02 Determining the Adequate Number of Skilled Health Professionals* • *Section 8.03 Review of Existing Guidelines* • *Section 9.02 Determination of Financing Requirements* • *Section 9.03 Funds for Enhancing Capacities of Health Facilities* • *Section 9.04 Funding for Public Awareness* • *Section 10.10 Awards and Recognition* • *Section 12.01 Duties and Responsibilities of the Department of Health*
Advocacy and Partnerships	Communication Plan Development IEC Materials Development Stakeholders' Meetings	• *Section 4.03 Availability of Information and Services in General* • *Section 4.06 Access to Family Planning Information and Services* • *Section 4.08 Care for Victim-Survivors of Gender-Based Violence* • *Section 4.14 Integrating Reproductive Health Care into the Health Professional Curriculum* • *Section 5.19 Support to LGUs for Engaging Local Technical Assistance* • *Section 5.28 Engagement of Institutions for Reproductive Health Research*

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[25] Workload Component: One of the main work activities that take up most of a health worker's daily working time. (https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf)
[26] https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf
[27] Philippines Department of Social Welfare and Development Pantawid Pamilyang Pilipino Program, POPCOM, National Family Planning Coordinating Board – BKKBN (Badan Koordinasi Keluarga Berencana Nasional) – Indonesia, Ministry of Health and Population – Nepal, Ministry of Health and Family Welfare - Bangladesh

Value Chain Element	Function	RPRH IRR Section
		• *Section 6.03 Contracting of Midwives and Nurses* • *Section 6.09 Social and Behavioral Change Communication Materials* • *Section 6.10 Technical Assistance for Engagement of Private Providers* • *Section 10.01 Public Awareness, Promotion, and Communication* • *Section 10.02 Development of a Health Promotion and Communication Plan* • *Section 10.03 Messaging* • *Section 10.04 Assistance from All Concerned Government Agencies* • *Section 10.06 Review of the Health Promotion and Communication Plan*
Supply Chain Management	Preparation of Allocation List Attendance to BAC Conferences/Meetings Procurement Management and Monitoring Logistics Management	• *Section 4.05 Access to Family Planning* • *Section 4.15 Maternal and Newborn Health Care in Crisis Situations* • *Section 5.12 Mobile Health Care Service* • *Section 5.14 Assistance for Mobile Health Care Service Vehicles* • *Section 7.02 Inclusion in the Essential Drugs List* • *Section 8.01 Procurement and Distribution of Family Planning Supplies* • *Section 8.02 Supply and Budget Allotments* • *Section 8.04 Manner of Procurement* • *Section 8.05 Donated Supplies and Health Products* • *Section 8.07 Monitoring of Procurement* • *Section 8.08 Logistics Management* • *Section 8.10 Tracking and Monitoring* • *Section 8.11 Reporting* • *Section 9.01 Appropriations*
Capacity Building	Training Needs Analysis Provision of Technical Assistance to DOH-Regional Offices	• *Section 4.11 Provision of Life-Saving Drugs During Maternal Care Emergencies* • *Section 4.12 Policies on Administration of Life-Saving Drugs* • *Section 4.13 Certification for LGU-Based Midwives and Nurses for the Administration of Life-Saving Drugs* • *Section 5.26 Gender-Sensitive Handling of Clients* • *Section 5.27 Training for Counseling and Referral of Adolescents* • *Section 6.04 Clinical Competency Training for the Service Delivery Network* • *Section 6.05 In-Service Training for Resident Physicians* • *Section 6.06 Comprehensive Emergency Obstetric and Newborn Care Training for Physicians* • *Section 6.07 Capacity Building of Barangay Health Workers (BHWs)* • *Section 6.08 Interpersonal Communication and Counseling Skills Development for BHWs*
Monitoring and Evaluation	Monitoring and Evaluation	• *Section 4.10 Responding to Unmet Needs and/or Gaps for Reproductive Health Care* • *Section 5.20 Monitoring and Evaluation of the Service Delivery Network* • *Section 15.01 Reporting Requirements*

The detailed list of Table 5 with the specific RPRH Law IRR citation is available in Annex 6.

Support Activities and Statistics

In addition to the core workload of the FPP set of functions are support activities. Support activities performed by all members are also included in the total workload of FPP (Table 6) and form the input under Workload Component 2 of the WISN tool. The Category Allowance Standards (CAS)[28] data were triangulated with similar activities listed in the USAID HRH2030/Philippines WISN Service Delivery Network (SDN)[29] data, the information gathered from individual interviews with HHRDB team members, and international references from Namibia[30] and South Africa.[31]

Table 6. Sample FHO-FPP Category Allowance Standard (CAS)[32] Activities and Statistics

No.	Workload components	Category Allowance Factor
1	Attend stakeholders' meetings	208 hours/year
2	Staff supervision	1 hour/day
3	Supervisory HR activities	34 hours/year
4	Program Implementation Review (PIR)	24 hours/year
5	Team building activity	8 hours/year
6	General administrative activities	2 hours/day
7	Attend internal meetings	16 hours/ month
8	Technical Working Group (TWG) representation	4 hours/week

Select Individual Activities and Statistics

Another set of activities that were identified in this organizational design and WISN process are Individual Allowance Standards (IAS)[33] that are comprised of activities performed by only a specific or select set of personnel. From the collected and compiled activities drawn from the expanded list of FPP functions, activities done uniquely by a team member or a particular group were classified as IAS. This data served as input under Workload Component 3 of the WISN tool and the related Individual Allowance Factor (IAF).[34] An example of this is presented in Table 7 below:

Table 7. Sample FHO-FPP Individual Allowance Standard (IAS) Activities and Statistics

No.	Workload components	Individual Allowance Factor	Number of Staff
1	Prepare and follow up vouchers	2 hours/week	2
2	Prepare travels	2 hours/week	2
3	ISO documentation	3 hour/month	2
4	Coordination with DOH-General Services	48 hrs/yr	1

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[28] Category allowance standards (CAS) are determined for support activities that all members of a staff category perform. (https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf)
[29] Service Delivery Network –(SDN) - the network of health facilities and providers within the province- or city-wide health system, offering core packages of health care services in an integrated and coordinated manner (https://www.doh.gov.ph/sites/default/files/publications/Guidelines%20EstablishingSDN.pdf)
[30] https://www.capacityplus.org/files/resources/rapid-retention-study-Namibia.pdf
[31] http://www.mrc.ac.za/sites/default/files/files/2016-07-14/StaffingNorms.pdf
[32] Category allowance standard (CAS): Allowance standard for support activities, performed by all members of a staff category. (https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf)
[33] Individual allowance standard (IAS): Allowance standard for additional activities, performed by certain (not all) members of a staff category. (https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf)
[34] Individual allowance factor (IAF): Staff requirement to cover additional activities of certain cadre members. IAF is added to staff requirement of health service and support activities. (https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf)

FPP Staffing

Career Band Distribution

After entering the workload components and activity standards into the WISN software, it automatically calculates the projected staffing need. Table 8 divides the WISN projected staff to their respective career bands or by WISN terminology, cadres.

Table 8. FHO-FPP Functions and WISN Projected Staff by Career Band / Cadre

WISN Projected No. of Staff	Career Bands / Cadres			
	Supervisory / Management Band	Professional / Technical	Technical Support	Admin Support
	MO V, MS IV	MO III, MS II, CHPO, SupHPO, SrHPO, Nurse IV	Nurse III, Nurse II, Nurse I	AO II, AA IV, AA III
24	1	8	12	3

To achieve this, four career bands patterned after the standard of the Society of Human Resource Management,[35] were first established, compliant to the Department of Budget and Management organization and staffing standards and guidelines.[36] The Career Bands group specific positions according to their covered functions as shown in Table 9.

Table 9. FHO-FPP Positions-Career Band Functions

POSITIONS		CAREER BAND / CADRE	FUNCTION
MO V, MS IV	SG 25 SG 24	**Supervisory / Management Band**	• Accountable for managing people, setting direction and deploying resources; typically responsible for performance evaluation, pay reviews and hiring/firing • Results are primarily achieved through the work of others and typically depend on the manager's ability to influence and negotiate with parts of the organization where formal authority is not held • Progression within career band reflects acquisition of broad technical expertise, business and industry knowledge, and process and people leadership capabilities • Accountable for organizational, functional or operational areas, processes or programs

MO III, MS II, CHPO, SupHPO, SrHPO, Nurse IV	SG 24 SG 22 SG 18	**Professional / Technical Band**	• Work is primarily achieved by an individual or through project teams
			• Requires applying expertise in professional area(s) to achieve results
			• Progression within the Career Band reflects increasing depth of professional knowledge, project management and ability to influence others
			• Majority of time is spent on:
			  ○ Contributing to and managing projects (mid-career)
			  ○ Providing advice/direction in primary areas of expertise (seasoned and expert)
			  ○ Leveraging professional expertise and relationships to contribute to strategy and drive business results (thought leader)

Nurse III, Nurse II, AO IV Nurse I	SG 15 SG 14 SG 15 SG 11	**Technical Support Band**	• Performs specialized technical tasks required to support operations (e.g., IT development, research support, skilled trade) • Majority of time is spent on: ○ Performing routine professional-based activities (early in career)
AO II, AA IV, AA III	SG 11 SG 10 SG 9 SG 7	**Administrative Support Band**	• Performs clerical/administrative or specialized support tasks in an office or field setting

The workload activities were distributed to the respective career bands or cadres performing each task. For example, under the function of training needs analysis, the activity of training needs analysis report preparation is distributed to three cadres. The administrative support cadre collates training evaluation forms, the technical support cadre consolidates the training evaluation data gathered, and finally, the technical or professional cadre reviews and prepares the training needs analysis report and lists recommendations. The level of effort of each step of the process for each cadre are detailed in the complete tables of Workload Components, Activity Standards, and Allowance Factor for FPP in Annexes 8 and 9.

Functional Unit Distribution

The WISN tool was populated with the details of the core and support workload components and the related statistics to determine FPP staffing requirements. Note, the variance from the WISN Calculated Requirement by Cadre (Annex 10), alone, was at 24 staff (Table 8), whereas the WISN Calculated Requirement by Cadre and further into Functional Units is at a total of 40 staff (Table 10). This is a result of the WISN software capability to round off the 'Difference in Staff' figure, presented as a fraction, to a whole number.[37] The process of determining staffing numbers by value-chain-based functional areas resulted in seven figures by cadre in fraction form being rounded off and producing a WISN-calculated 16 additional staff (Annex 11).

Table 10. FPP Functions and WISN Calculated Requirement and Projected Staff

Function	Career Bands / Cadre			
	Supervisory / Management Band	Professional / Technical	Technical Support	Admin Support
	MO V, MS IV	MO III, MS II, CHPO, SupHPO, SrHPO, Nurse IV	Nurse III, Nurse II, Nurse I	AO II, AA IV, AA III
Data, Knowledge Management and Research		2	5	1
Policy and Plans Development, and Finance Management, and Standards		2	5	1
Advocacy and Partnerships		2	2	1
Supply Chain Management	1	1	1	0
Capacity Building		3	3	1
Monitoring and Evaluation		3	3	0
Administrative Support		1	1	1
Total (N=40)	**1**	**14**	**20**	**5**

FPP Structure

The proposed FPP structure (Figure 2) in the diagram below ascribes to a Project Management Office (PMO) set-up because public sector organizations worldwide are under pressure to increase efficiency while delivering improved and integrated services.[38] Because of similar circumstances, **the PMO setup is recommended for the programs under FHO, including the FPP, as the leadership of DPCB and of DOH have directed the programs to align to an integrated health care approach at the primary care level**.

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[37] Fractional results: The final total of required staff is often a fraction. You need to round this to a whole number. The impact of rounding a number up or down is much greater in a health facility with only a few workers in the WISN cadre than in a better-staffed facility. Therefore, you should be more generous in rounding up a small calculated staff requirement (for example, one or two) than a large one. (https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf)

[38] Crawford L, Costello K, Pollack J, Bentley L. Managing soft change projects in the public sector. International Journal of Project Management 2003; 21: 443–448.

Likewise, the cited performance gaps in the BEM analysis and expectation expressed in the interviews by the DOH leadership of FPP are addressed given the following common potential benefits in the implementation of a PMO in a public sector organization:[39]

- proactive project risks/issues management
- better evaluations in terms of time and budget
- increased effectiveness and efficiency in project management
- increased output quality
- increased percentage of success of project activities
- better coordination and control of tasks and resources
- availability and circulation of information; creation of data-clearing house of information and project best-practices
- implementation of project management competencies and know-how within the organization; increased transparency due to information sharing; increased predisposition to change and innovation
- identification of synergies among activities and projects
- gaps fulfillment, especially during feasibility analysis, due to increased attention and awareness
- better definition of project priority and possibility of negotiations in order to manage urgencies

The Project Management Institute defines a project as "a temporary endeavor undertaken to create a unique product, service or result." Kerzner (2006) complements it by stating that "a project is a venture with a well-defined objective, which consumes resources and operates under strict deadlines, budgets and quality standards.[40]" According to Pfeiffer (2004), government projects have the following characteristics: they are created from the need to solve major problems in society; there is no business competitiveness; and they have to deal with a very complex structure of stakeholders.[41] Project management best practices can be adapted for public sector projects because the practices follow these common lines.[42] As public policy, in a government setting such as this case, is implemented through programs and programs consist of projects, the establishment of PMO seems to be a reasonable means to achieve effectiveness of the programs.[43]

The proposed FHO organization, whether it is FPP or other programs, should be setup as follows:

- The bureau should be supervised by the bureau director and his/her office that oversees FHO
- FHO, as a division, should be accountable for the overall portfolio management of all programs under its coverage. FHO will enforce the collaboration among functional units in its division, as well as the end-to-end implementation of the value chain in the program-level processes.
- Each program, such as the FPP, should organize units and personnel around the core functions of the program including Data Management and Research, Policy, Plans and Financial Management, Advocacy and Partnerships, Capacity Building, and Monitoring and Evaluation.
- As the bureau, division, program, and the shared services align at the national-level management of the program, the regional offices should receive from them directions and resources to implement the program at the regional and local government levels.

In addition, a **shared services group will enhance the PMO setup of FHO-FPP**. A shared service is one where the provision of a back-office service is consolidated within a single area of an organization.[44] It typically replaces arrangements where there is a duplication of efforts among different business units. Shared services that have been embraced by the private, and increasingly, by the

[39] Santosa, V. & Varajãoc, J., 2015. PMO as a key ingredient of public sector projects' success - position paper. Procedia Computer Science, 64, pp.1190-99.
[40] Kerzner, H. (2006). Gestão de projetos: as melhores práticas. tradução Lene Belon Ribeiro. 2. ed. –
Porto Alegre: Bookman.
[41] Pfeiffer, P. (2004). Gerenciamento de projetos de desenvolvimento: conceitos, instrumentos e aplicações. Rio de Janeiro: Brasport.
[42] Esquierro, J. C., do'Volle, A. B., Soares, C. A. P., & Vivas, D. C. (2014). Implementation of a project management office in a public sector organization: A case study involving a sanitation institution. International Review of Management and marketing, 4(1), 1-12.
[43] Pilkaitė, A., & Chmieliauskas, A. (2015). Changes in Public Sector Management: Establishment of Project Management Offices–A Comparative Case Study of Lithuania and Denmark. Viesoji Politika ir Administravimas,14(2), 291-306.
[44] Janssen M, Joha A, Weerakkody V. Exploring relationships of shared service arrangements in local government. Transforming Government: People, Process & Policy 2007; 1: 271–284.

public sector, can be an efficient solution in this context.[45] There should be units designated as "shared services" as they provide **common transactional services and support to the various programs in the division such as Supply Chain Management**. The USAID SIAPS (Systems for Improved Access to Pharmaceuticals and Services) Program developed a Supply Chain Governance Framework[46] for which the shared services arrangement for the PMO setup of FHO-FPP may capitalize on as it outsources this function in this division of DOH.

Figure 2. Proposed FHO-FPP Organizational Structure by Functional Areas
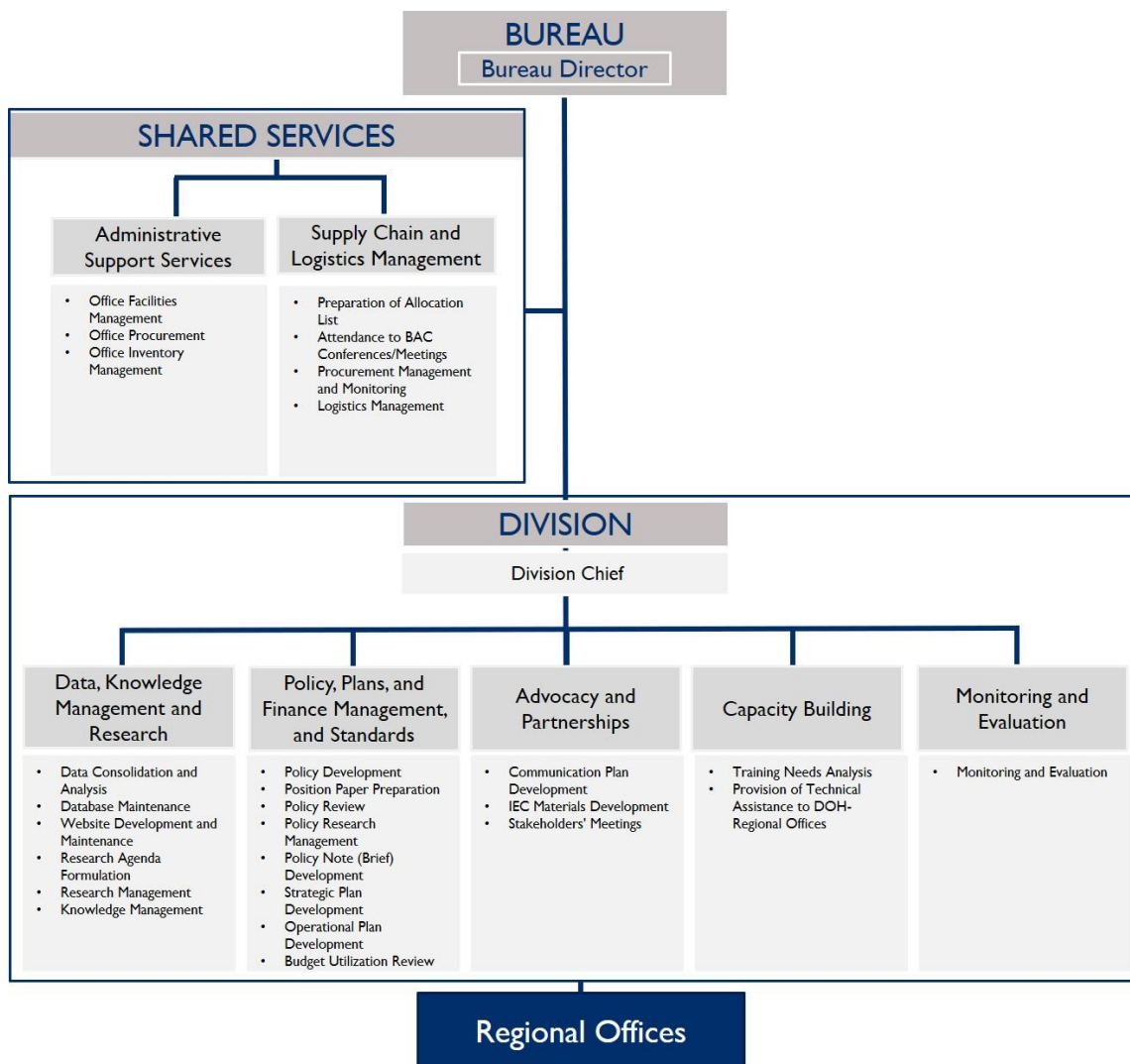
With this step of departmentalization into functional units and the WISN tool calculations of staffing for each unit and considerations of government rules and regulations over agency structures, a detailed organogram, capturing the functions, staffing distribution, and position levels as a result of the organizational design and WISN process, is presented below in Figure 3:

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[45] Borman M, Janssen M. Reconciling two approaches to critical success factors: The case of shared services in the public sector. International Journal of Information Management 2013; 33: 390– 400.
[46] http://siapsprogram.org/publication/altdown/strengthening-the-supply-chain-governance-framework-for-pharmaceuticals-and-health-products-in-the-philippines/english/

Figure 3. Proposed FHO-FPP Organizational Structure and Staffing

BUREAU
Bureau Director

SHARED SERVICES

Administrative Support Services

MO III, MS II, SupHPO, SrHPO, Nurse IV = **1**
Nurse III,
Nurse II, Nurse I = **1**
AO II, AA IV, AA III = **1**

Supply Chain and Logistics Management

MO III, MS II, SupHPO, SrHPO, Nurse IV = **1**
Nurse III,
Nurse II, Nurse I = **1**

DIVISION
MO V, MS IV (Division Chief) = **1**

Data, Knowledge Management and Research

MO III, MS II, SupHPO, SrHPO, Nurse IV = **2**
Nurse III,
Nurse II, Nurse I = **5**
AO II, AA IV, AA III = **1**

Policy, Plans, and Finance Management, and Standards

MO III, MS II, SupHPO, SrHPO, Nurse IV = **2**
Nurse III,
Nurse II, Nurse I = **5**
AO II, AA IV, AA III = **1**

Advocacy and Partnerships

MO III, MS II, SupHPO, SrHPO, Nurse IV = **2**
Nurse III,
Nurse II, Nurse I = **2**
AO II, AA IV, AA III = **1**

Capacity Building

MO III, MS II, SupHPO, SrHPO, Nurse IV = **3**
Nurse III,
Nurse II, Nurse I = **3**
AO II, AA IV, AA III = **1**

Monitoring and Evaluation

MO III, MS II, SupHPO, SrHPO, Nurse IV = **3**
Nurse III,
Nurse II, Nurse I = **3**
AO II, AA IV, AA III = **0**

Regional Offices

From this figure, Table 9 (page 15) shows the staffing distribution by position, unit, division, and office. **The total projected bureau staffing level of 40 of the proposed FHO-FPP structure are plantilla or permanent positions and are considered the minimum headcount for FHO-FPP in the central office and does not include regional staff.** The proposed staffing level of 40 is a significant but necessary increase in the current staffing of four employees for the DOH Central Office**.**

Benchmarking to an international government organization with similar functions and context, the FHO-FPP staff figure of 40 is below the counterpart organization of POPCOM with 88 staff and the Directorate General of Family Planning Bangladesh with 83 staff in the central office (Table 11). These comparisons are indicative of the gap between the existing staffing of FHO-FPP and that of the proposed 40 permanent staff aligned to a more responsive mandate and structure.

Table 11. Benchmark Information on Local and International Family Planning Organizations

Variables		PHILIPPINES DOH – Family Planning Program	PHILIPPINES Population Dev't Commission	BANGLADESH Ministry of Health and Family Welfare	NEPAL Family Health Division
Type of Government		Devolved		Federal	Federal
Structure	Central	Family Planning Team	POPCOM Central Office	Directorate General of Family Planning	Family Health Division
	Regional	FP Regional Coordinators	Regional Population Office	District Family Planning Office	Ministry of Health and Population –Regional
Central Office Staffing Level		4	88	83	16
Regional Office Staffing Level		34 [47]	246	630	170 [48]
Country Population		104 million		165 million	29 million
FP Unmet Need		49% [49]		13% [50]	24% [51]
% Contraceptive Prevalence Rate		53% [52]		62%	43%
Total Fertility Rate		2.9		2.3	2.3

Recommendations

USAID's HRH2030/Philippines offers these recommendations to DOH based on the findings drawn from the process of conducting the organizational design and WISN to propose and updated mandate, functions, staffing, and structure of FHO-FPP:

1. **Installation of the proposed structure and staffing of FHO-FPP within the next three years and WISN application to the rest of DPCB** – The proposed FHO-FPP structure, as a result of this organizational design and WISN process, assumes its installation in three years to contribute to the FP-related targets in the PDP 2017-2022, to optimize the allocated budget for FP in the MTEP 2019-2022 and to run parallel with the Service Delivery Network (SDN) improvements from the Universal Health Care (UHC) implementation. The transition into this proposed structure will also require a revisiting of the collaboration between DOH and POPCOM in their shared pursuit relative to EO 12, Series 2017. Note, again, that this structure assumes the projected number of 40 staff is the minimum number of permanent positions and are competent and highly motivated to meet the expectations and targets set in these strategy documents.

2. **HHRDB to facilitate the organizational design and WISN process for the remaining units in FHO** - The roles and functions at a position, unit, and division levels in the bureau have become clarified given the new structure that captures detailed workload components which list activity standards applicable to the whole of FHO. In addition, the PMO setup and shared services arrangement in the organizational design of FPP is also applicable to the whole of FHO. To complete the full FHO structure and staffing projections, HHRDB can utilize these and reference the example of FPP in this report to perform the organizational design and WISN process for the remainder of the FHO units. An innovation that emerges is having a shared Administrative Unit and Supply Chain Unit, for the whole of FHO that centralizes centers of

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[47] Based on the estimates of FP program management staff per region that are organic to DOH
[48] http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/03/FP-Costed-Implementation-Plan-nepal.pdf
[49] https://psa.gov.ph/sites/default/files/PHILIPPINE%RVEY%202017_new.pdf
[50] http://dgfp.gov.bd/site/page/ca81e7a3-33dd-442b-90bc-da21a34a0c13/-
[51] https://dhsprogram.com/pubs/pdf/FA119/FA119.pdf
[52] https://dhsprogram.com/pubs/pdf/FA119/FA119.pdf

excellence in transactional functions. Perhaps, in the facilitation of the organizational design and WISN of FHO, an expanded role of FPP as a division presented in this report may be scoped further set the structure and staffing and to plan a potential transition into a full Reproductive Health Bureau.

3. **Conduct a talent review to evaluate the competencies of the current team members and assign suitable staff to the appropriate positions** – The proposed FHO-FPP structure contains positions that cover specific functions and require certain competencies to perform. Carrying out a talent review of the existing team members against these competencies will facilitate the identification of the best fit between employee and position.

4. **Update job descriptions of FHO-FPP to reflect the formulated workload components** – The organizational design and WISN process produced and consolidated a list of workload components with details of related activities, outputs, and performance statistics. FHO-FPP may reference this list to revise job descriptions of positions in the bureau to come up with workload and output-focused job responsibilities and tasks that are responsive to the updated mandate and function of the bureau.

5. **Upskill staff to match competency requirements of the proposed functions of FHO-FPP** – The proposed FHO-FPP structure adopts a complete set of functions that the current bureau does not scope in and may not be performing. From the talent review, competency gaps will be identified, and the appropriate learning and development initiatives may be planned and undertaken to enable FHO-FPP and its team members with skills and knowledge to meet the comprehensive functions of the division.

6. **Maintain a gender balance and pay equity in the staffing of FHO-FPP.** There are significant findings in examining the current staffing using a gender lens as detailed in Annex 12. Aside from workload, there are observations using gender analysis that provides workforce-related insight. For FHO, there are more women than men staff with men comprising only a fourth (1/4) of the total staff within the office. In terms of pay, more than half of the women (57%) in the office belong to the last quintile or the highest paid salary grade categories within the office. Given these and other observations, gender balance and equity are best considered in the staffing process of the bureau, ensuring that the diversity of the FHO-FPP staff reflects the population which the bureau services and impacts

7. **Regional FHO-FPP offices should mirror the proposed structure and functions of FHO-FPP.** With the shift to more defined functions in the central office, the regional counterparts should align their functional scope and, as needed, their staffing pattern. In the application of the UHC Law[53] and its Implementing Rules and Regulations,[54] the changes and expansion of roles and scope ripples to the regional and LGU levels which requires the programs of DPCB, including FHO-FPP to evolve into an integrated health care service delivery setup at the regional and local government unit levels.

8. **Validate the proposed structure after three years or upon installation** – The initial three phases of this organizational design and WISN process of FHO-FPP proposes a structure that arranges the bureau into functional areas reflective of its value chain processes. Subsequently, recommended staffing levels are drawn from the application of WISN calculations through workload analysis. As these analyses offer preliminary guidance and estimates, it is suggested that an expanded study be performed that correlates projected staffing requirements with the number of facilities, the number of health care providers, and other variables that will "grow" the bureau workload along with the requirements of the implementation of the UHC Law. The advantage of DPCB, in this case, is that HHRDB, having undergone the same process, has access to the WISN Toolkit of USAID's HRH2030/Philippines and is capacitated in the process which they may use to support this undertaking for DPCB.

9. **Develop and implement a Sustainability Action Plan to institutionalize the proposed FHO-FPP structure**– The sixth phase of the organizational review and design is the formulation of a Sustainability Action Plan (SAP). With the development of this plan, deliberate activities laid out along multi-year timeline should be identified to enable FHO-FPP to move the proposed structure from a stage of installation to full institutionalization. Likewise, resources and activity owners will be listed with each activity and monitoring and evaluation of this plan proceeds. The creation of this SAP will enable adequate efforts to manage the change, to communicate to stakeholders, and to engage involved partners.

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[53] https://www.officialgazette.gov.ph/downloads/2019/02feb/20190220-RA-11223-RRD.pdf
[54] https://www.doh.gov.ph/sites/default/files/health_magazine/UHC-IRR-signed.pdf

Annexes

Philippines Department of Social Welfare and Development Disaster Response and Management Bureau

This benchmarking process examines another DSWD unit at the Central Office that has transitioned from an office into a full bureau. In 2012, DSWD established the Disaster Risk Reduction and Response Operations Office (DRRROO). The general function of DRRROO under the Operations and Programs Group is "to recommend policies and programs for disaster mitigation and management. DRRROO shall lead in the planning, coordination and monitoring of all disaster related/response efforts." This office is structured as follows: [55]

Organizational Structure of the Disaster Risk Reduction and Response Operations Center
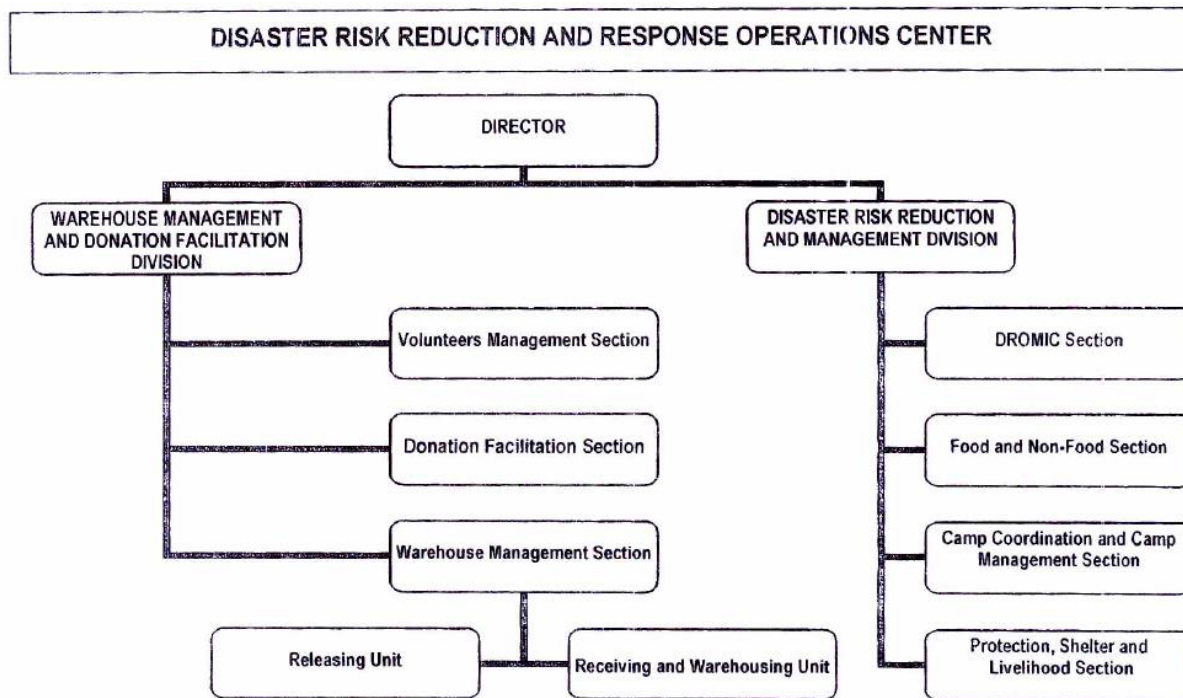
In 2015 DSWD recognized the growing risks from the increasing and unpredictable number of natural disasters in the Philippines in the past 20 years[56] and proceeded in the conduct of a workforce planning intervention to expand and develop the DRRROO into a structure that is more equipped and responsive.

With that and still grounded on Republic Act 10121, also known as the "National Disaster Risk Reduction and Management Act of 2010", the DRRROO went through an evolution into a full bureau in 2015[57]. The Disaster Response and Management Bureau (DREAMB) was established and still performs planning, coordination, and monitoring of disaster related efforts, and likewise, offers

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[55] Memorandum Circular No. 25, Series of 2012: Amendment to M.C. No. 1, Series of 2012, Entitled, "Reclustering of Offices, Bureaus, Services, and Units (OBSUs) at the DSWD Central Office" as amended by M.C. No. 6, Series of 2012

[56] The Philippines was among the top ten countries with the most number of people affected by disasters, based on "The Human Cost of Weather Related Disasters," a study conducted by the Geneva-based United Nations Office for Disaster Risk Reduction (UNISDR) and the Belgian-based Centre on the Epidemiology of Disasters (CRED), covering the period between 1995 and 2015.
https://www.unisdr.org/2015/docs/climatechange/COP21_WeatherDisastersReport_2015_FINAL.pdf

[57] Administrative Order No. 2, Series of 2015: Reclustering of Offices, Bureaus, Services, and Units (OBSUs) at the DSWD Central Office

policies and programs for disaster mitigation and management. This year, the current administration is exploring the formation of a full Department of Disaster Resilience and with the possibility of absorbing the Bureau.[58]

Organizational Structure of DSWD's Disaster Response Management Bureau [59]

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                    ┌─────────────────────────────┐
                    │  Office of Undersecretary   │
                    │ Disaster Response Management │
                    └─────────────────────────────┘
                                   │
                    ┌─────────────────────────────┐
                    │ Office of Assistant Secretary│
                    │ Disaster Response Management │
                    └─────────────────────────────┘
                        │                       │
        ┌───────────────────────────┐   ┌───────────────────────────┐
        │ National Resource and     │   │ Disaster Response         │
        │ Logistics Management      │   │ Management Bureau         │
        │ Bureau                    │   └───────────────────────────┘
        └───────────────────────────┘              │
                    │                    ┌───────────────────────────┐
        ┌───────────────────────────┐   │     Assistant Director    │
        │ National Resource and     │   └───────────────────────────┘
        │ Logistics Management      │              │
        │ Bureau                    │   ┌───────────────────────────┐
        └───────────────────────────┘   │       Preparedness        │
        ┌───────────────────────────┐   └───────────────────────────┘
        │   Logistics Management    │   ┌───────────────────────────┐
        └───────────────────────────┘   │ Disaster Response         │
        ┌───────────────────────────┐   │ Operations Management     │
        │  Administrative Support   │   └───────────────────────────┘
        └───────────────────────────┘   ┌───────────────────────────┐
        ┌───────────────────────────┐   │  Early Recovery Services  │
        │     Response Cluster      │   └───────────────────────────┘
        │                           │   ┌───────────────────────────┐
        │        LUZON              │   │         DROMMC            │
        │        VISAYAS            │   └───────────────────────────┘
        │        MINDANAO           │   ┌───────────────────────────┐
        └───────────────────────────┘   │ Disaster Operations       │
                                        │ Support                   │
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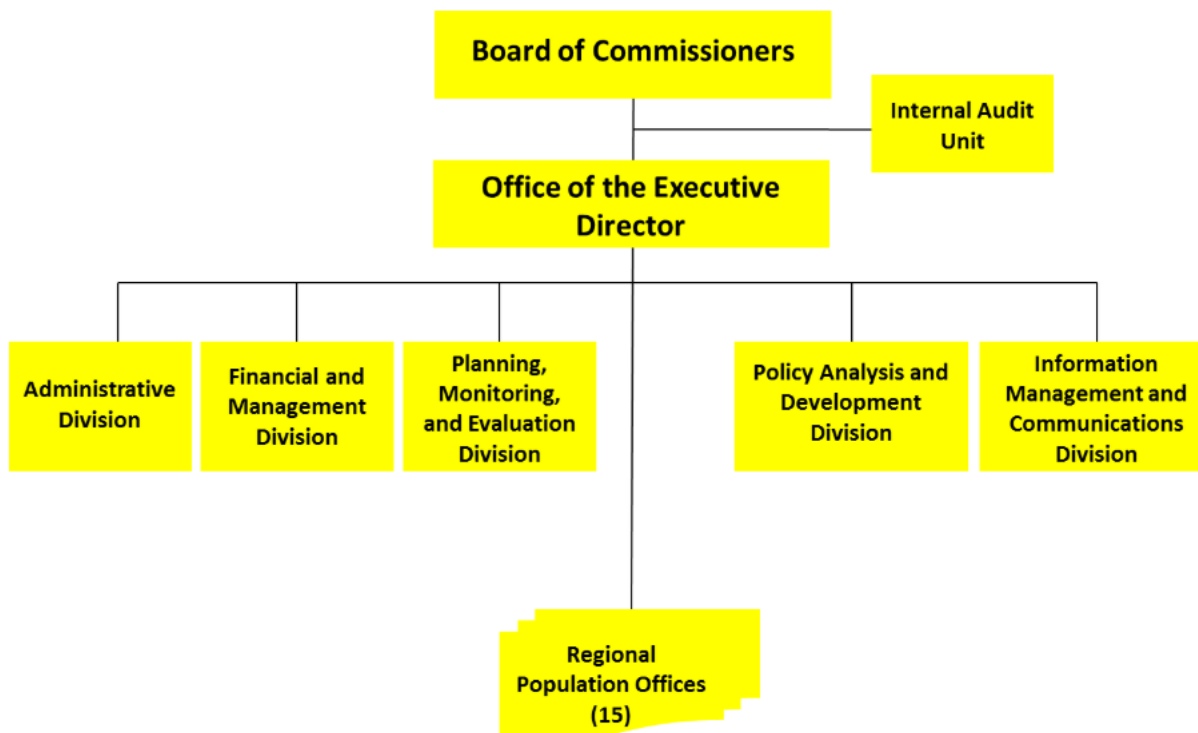
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[58] http://www.manilastandard.net/news/national/305798/-congress-leaders-commit-to-pass-ddr-measure-.html
[59] Administrative Order No. 1 Series of 2019: Management Reorganization of the DSWD Central Office

Annex 2

Commission on Population and Development

The Commission on Population and Development (POPCOM) is governed by a Board of Commissioners composed of fourteen (14) members: eleven (11) from government and three (3) members representing the private sector.

These are as follows:

Chairperson: The Director General of the National Economic and Development Authority (NEDA)

Members:

- Secretary of Department of Health
- Secretary of Department of Interior & Local Government (DILG)
- Secretary of Department of Labor & Employment (DOLE)
- Secretary of Department of Agriculture (DA)
- Secretary of Department of Agrarian Reform (DAR)
- Secretary of Department of Education (DepED)
- Secretary of Department of Trade and Industry (DTI)
- Secretary of Department of Social Welfare and Development (DSWD)
- Secretary of Department of Public Works and Highways (DPWH)
- Director of the University of the Philippines Population Institute (UPPI)

Three Private Sector Representatives are appointed by, and serve at the pleasure, of the President of the Philippines.

The POPCOM Board is tasked to set policies and directions for the country's population management program.

POPCOM Secretariat: The POPCOM Secretariat is headed by an Executive Director III. He is supported by a Deputy Executive Director, five (5) Division Chiefs, and 15 Regional Directors.

The Central Office

At the central office, national coordination, policy formulation, planning, advocacy and monitoring and evaluation of the population program are done by the Office of the Executive Director, and the following divisions:

A. Technical Divisions
    1. Policy Analysis and Development Division (PADD)
    2. Planning, Monitoring and Evaluation Division (PMED)
    3. Information Management and Communications Division (IMCD)

B. Support Services Divisions
    1. Administrative Division (ASD), and
   2. Financial and Management Division (FMD)

Internal Audit Unit is an independent body that audit the internal operations of the Agency and directly reporting to the Board of Commissioners. The POPCOM Central Office is located at Welfareville Compound, Mandaluyong City.

Regional Operations

For regional operations, 15 regional population offices were established which include the following:

- RPO I (Ilocos Region) – San Fernando, La Union
- RPOII (Cagayan Valley) – Tuguegarao City, Cagayan
- RPO III (Central Luzon) – San Fernando City, Pampanga
- RPO IV (Southern Tagalog) – Welfareville Compound, Mandaluyong City
- RPO V (Bicol Region – Legaspi City
- RPO VI (Western Visayas) – Pavia, Iloilo
- RPO VII (Central Visayas) – Banilad, Cebu City
- RPO VIII (Eastern Visayas) – Palo, Leyte
- RPO IX (Western Mindanao) – Zamboanga City
- RPO X (Northern Mindanao) – Carmen, Cagayan de Oro City
- RPO XI (Southern Mindanao) – Bajada, Davao City
- RPO XII (Central Mindanao) – ARMM Complex, Cotabato City
- Caraga Region – Butuan City
- Cordillera Administrative Region (CAR) – Baguio City
- National Capital Region – Welfareville Compound, Mandaluyong City

Organizational Processes (QMS Document)
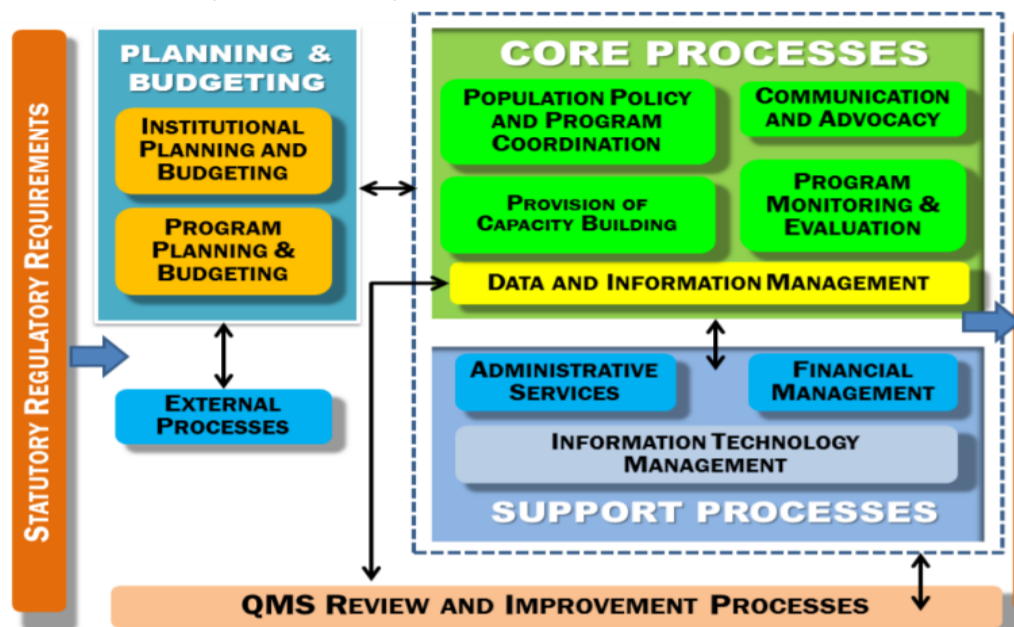
Annex 3

National Family Planning Coordinating Board – BKKBN (Badan Koordinasi Keluarga Berencana Nasional) – Indonesia
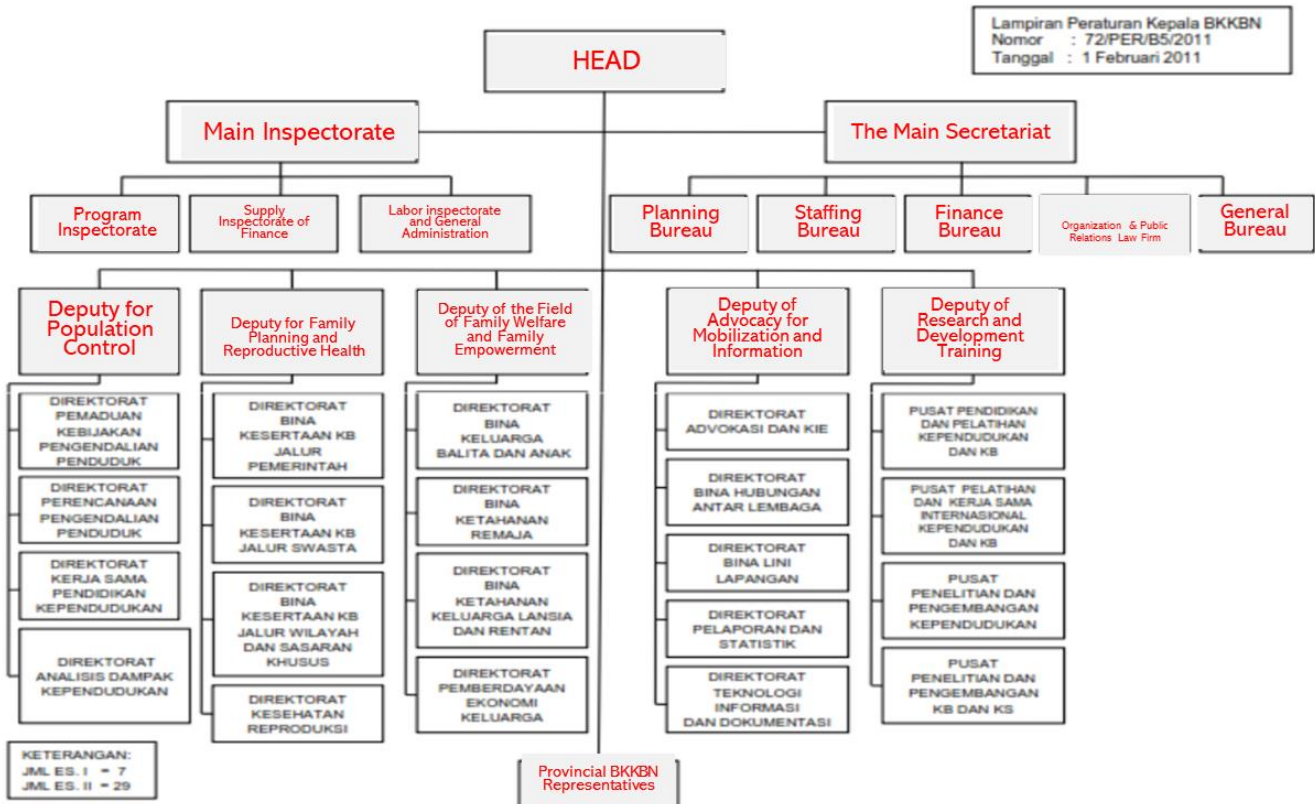
Annex 4

Ministry of Health and Population Nepal

Organizational Structure

Department of Health Services

- National AIDS and STD control center
- National Tuberculosis control center
- National Public Health Laboratory
- National Health Training Center
- National Health, Education, Information and communication center

Management Division
- Integrated Health Information Management Section
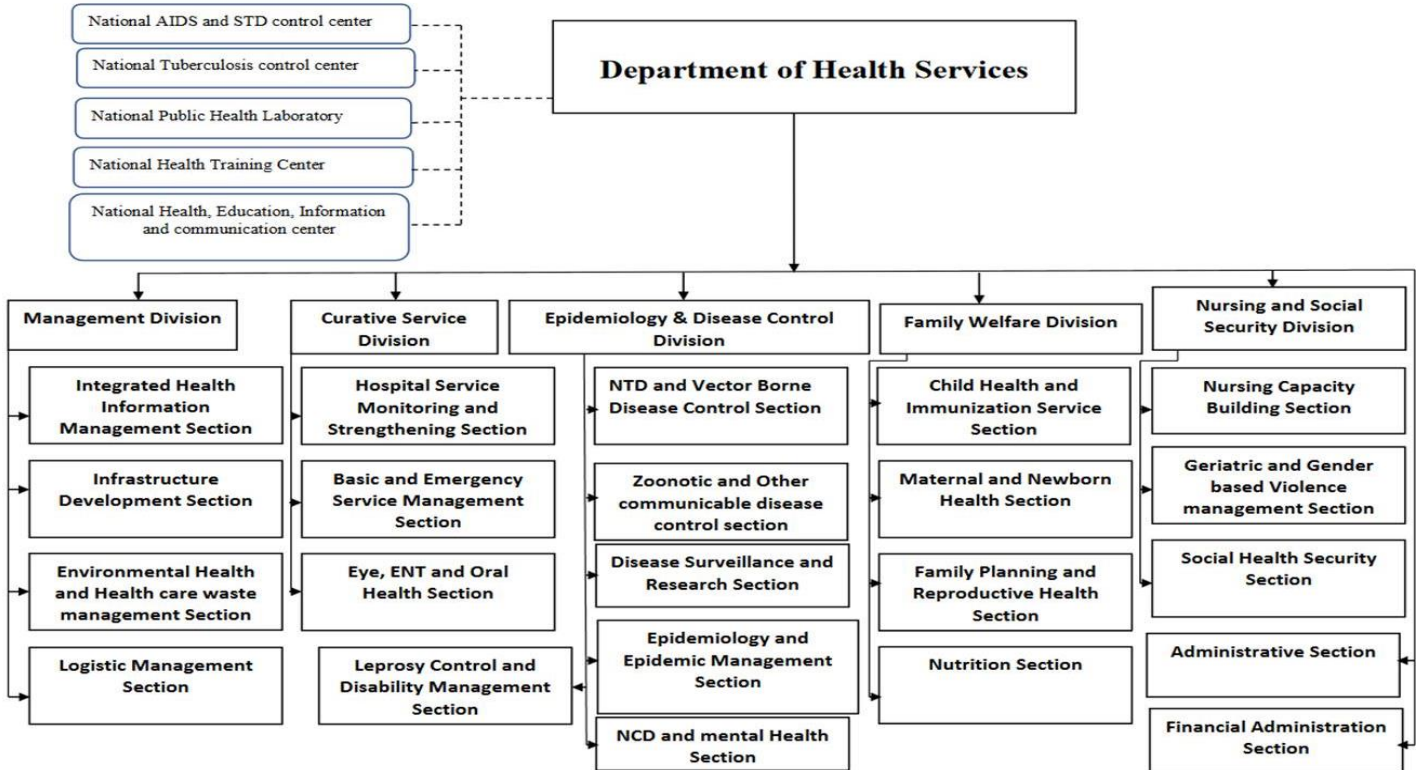- Infrastructure Development Section
- Environmental Health and Health care waste management Section
- Logistic Management Section

Curative Service Division
- Hospital Service Monitoring and Strengthening Section
- Basic and Emergency Service Management Section
- Eye, ENT and Oral Health Section
- Leprosy Control and Disability Management Section

Epidemiology & Disease Control Division
- NTD and Vector Borne Disease Control Section
- Zoonotic and Other communicable disease control section
- Disease Surveillance and Research Section
- Epidemiology and Epidemic Management Section
- NCD and mental Health Section

Family Welfare Division
- Child Health and Immunization Service Section
- Maternal and Newborn Health Section
- Family Planning and Reproductive Health Section
- Nutrition Section

Nursing and Social Security Division
- Nursing Capacity Building Section
- Geriatric and Gender based Violence management Section
- Social Health Security Section
- Administrative Section
- Financial Administration Section

Annex 5

Organizational Structure of the Bangladesh Directorate General of Family Planning
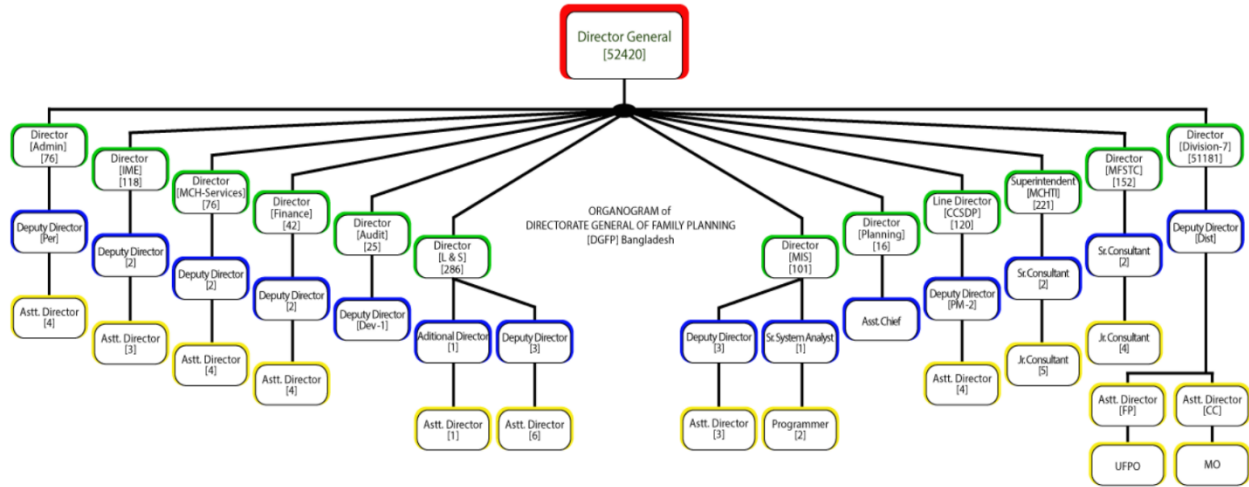
Annex 6

Core Workload Components, Activities, and Outputs applicable to the Workload Component 1

Value Chain Element	Workload Component	Output	Activities
Data, Knowledge Management and Research	Data Consolidation and Analysis	- FP Information System - Consolidated Regional Reports - FP Program Reports	- Data extraction from updated database / Manual collection of data needs - Consolidation of data needs - Performs data clean up - Feed updated data / information to database system - Produce reports (monthly, quarterly, or as needed)
	Database Maintenance	- FP Program Database (Internal)	- Encoding of Data to Database - Maintain overall integrity and quality of database - Performs Database backup
	Website Development and Maintenance	- FPP website - Website feedback reports - Updated Dashboard of FP performance indicators	- Develop website - Monitor Website Activity - Generate Feedback reports from website - Regular security and content update
	Research Agenda Formulation	- Research Agenda Consultation Meetings - Research Agenda Consultation Meetings - Research Agenda on FP	- Consultation with relevant stakeholders - Prioritization of research topics - Draft research agenda
	Research Management	- Approved Research Protocols - Research Study Contracts - Research Monitoring Reports - Research feedback meetings - Research progress reports	- Review research proposals/protocols - Commission research to external consultants/teams - Monitor and manage research consultants/teams and review progress of research study - Provide necessary feedback and guidance - Write progress reports
	Knowledge Management	- Knowledge Management System and Database - Knowledge Management Products and Programs	- Manage knowledge libraries and databases - Tacit knowledge gathering activities
Policy and Plans Development, and Finance Management, and Standards	Policy and Standards Development	- Policy and standards data matrix - Policy and standards consultation meeting - Reviewed policy and standards issuances	- Gather necessary data - Conduct consultation meetings - Revise and finalize policy papers
	Position Paper Preparation	- Position Papers	- Review FP-related legislative document - Conduct desk research and gather expert's opinion - Draft position paper
	Policy Review	- Policy review consultation workshops - Policy Review	- Initiate review (or commission by central to review) of existing policy - Consultation with stakeholders including region - Draft policy review document / report - Communicate with HPDPB on the results
	Policy Research Management	- Policy Research Protocols - Policy Research Study Contracts - Policy Research Monitoring Reports - Policy Research Progress Reports - Policy Research Feedback Meetings	- Commission research to external consultants/teams - Monitor and manage research consultants/teams - Review progress of research study - Provide necessary feedback and guidance - Write progress reports

Value Chain Element	Workload Component	Output	Activities
	Policy Note (Brief) Development	- Policy Scoping/Mapping Document - Policy Note Development Consultation Meetings - Policy Notes	- Consolidate findings from reviews and research studies - Collect inputs from key stakeholders (internal and external) - Draft Policy Note - Endorse to HPDPB for clearance and approval
	Strategic Plan Development	- Strategic Plan Consultation Meetings - Situational Analysis Report - Draft Strategic Plan - Strategic Plan	- Consult and collaborate with relevant stakeholders - Conduct environmental scan and - Conduct gap analysis of workforce" - Set program priorities and develop strategies - Draft and Finalize Plan
	Operational Plan Development	- Reviewed Program Reports - Operational Plan - Catch-up Plans	- Review of annual performance (budget, key results area, etc.) - Develop operational plan - Develop catch-up plans, as necessary
	Budget Utilization Review	- Budget Utilization Report	- Generate/Draft budget utilization report - Review budget utilization report - Endorse budget utilization report
Advocacy and Partnerships	Communication Plan Development	- Communication Plan Development Workshop - Media Channels - Communication Plan	- Define objectives and key audience - Identify media channels and establish a time table - Develop the plan
	Information, Education and Communication (IEC) Materials Development	- IEC materials	- Draft/Craft IEC material (internal) - Review IEC material and provide inputs (internal) - Review IEC materials from Development partners as endorsed by health promotion unit - Approve and endorse IEC material to health promotion and communication services
	Stakeholders' Meetings	- Stakeholders' meeting - Meeting Reports	- Assist in the preparation of the meeting - Provide admin support during the meeting - Attend Stakeholder's Meeting - Facilitate Stakeholders' Meeting - Prepare post activity/meeting report - Approve meeting report
Supply Chain Management	Preparation of Allocation List	- Reviewed Regional SCM reports - Reviewed Commodity Requests - Annual Procurement Plan/Allocation List - Annual Procurement Plan/Allocation List	- Review submitted SCM report from DOH - Regional Offices - Review commodity requests from DOH - Regional Offices - Make projections and recommendations (demand planning) - Prepare and submit Annual Procurement Plan (APP) - Allocation List
	Attendance to BAC Conferences/Meetings	- Reviewed BAC documents - BAC Conferences/Meetings - BAC endorsement documents	- Review BAC documents prior to meeting - Participate in BAC conferences/meetings - Provide recommendations
	Procurement Management and Monitoring	- Procurement Documents - Inventory Management Reports - Commodity Request Documents - Allocation List for Additional Commodities - SCM Report	- Review and endorse procurement documents - Review inventory management reports (monthly/contingent) from the DOH-Regional Offices - Review request of additional commodities (new and special cases) - Prepare and submit allocation list for additional commodities (new and special cases) - Coordinate with Supply Chain Management Team on the delivery of health commodities
Capacity Building	Training Needs Analysis	- Training Needs Assessment (TNA) results - TNA Report	- Conduct training needs assessment - Prepare training needs analysis report - Review training needs analysis report

Value Chain Element	Workload Component	Output	Activities
			- Approve and endorse to HHRDB
	Course Development	- Learning Materials Design - Training Design - Training Course Evaluation Workshops - Approved Training Course	- Gather information and develop course elements - Develop and design learning materials and incorporate current technology in developing specific learning curricula - -Define training goals and objectives - -Outline training content - -Develop instructional activities" - Prepare the written training design - Vet training course to stakeholders and service providers - Revise and finalize training course - Coordinate with HHRDB on the development of e-learning courses
	Provision of Technical Assistance to DOH-Regional Offices	- Program Materials and Presentation Decks - Program Trainings and Workshops - Program Trainings and Workshops - Post-activity Reports	- Prepare materials and presentation deck - Facilitate trainings/workshops - Participate as a resource speaker - Draft post-activity report - Review post-activity report - Approve post-activity report
Monitoring and Evaluation	Monitoring and Evaluation	- M&E Indicators - M&E Data - DQC Reports - M&E Database - M&E Reports	- Establish appropriate indicators and coordinate monitoring systems including data collection, analysis and review - Collect data on a regular basis to measure achievement against the performance indicators - Conduct Data Quality Checks (DQC) - Maintain and administer the M&E database; analyze and aggregate findings - Produce reports on M&E findings and prepare presentations based on M&E data as required.
Administrative Support	Office Facilities Management	- Office Facility Management Report	- Ensure management of all physical facilities, equipment, furniture, fixtures and vehicles - Manage building and office equipment repair and maintenance through close coordination with DOH-General Services Division
	Office Procurement	- Purchase Requests - Vendor List - Purchase Orders - Payment Vouchers	- Facilitate need identification / review purchasing request - Conduct vendor selection process - Coordinate purchase requisition with requesting unit - Generate purchase order - Complete payment process - Receive and audit delivery of requested good or services
	Office Inventory Management	- Inventory Reports	- Perform inventory management and stock control - Monitor Inventory Levels - Make projections and recommendations - Complete Regular Inventory Reports - Manage office documents including their receipt, delivery, tracking and security

Annex 7

FPP Value Chain Elements, Functions, RPRH Law IRR Citation

Value Chain Element	Function	RPRH IRR Section
Data Management and Research	Data Consolidation and Analysis Database Maintenance Website Development and Maintenance Research Agenda Formulation Research Management	• *Section 5.09 Mapping the Available Facilities in the Service Delivery Network*. The DOH, through the CHDs, in coordination with LGUs, shall identify the health care facilities, both public and private, that are capable of delivering reproductive health care services. • *Section 5.10 Identifying the Needs of Priority Populations within the Service Delivery Network*. The DOH, through the CHDs, in coordination with LGUs, shall identify the needs of priority populations within the SDN for reproductive health care. • *Section 7.09 Post -Marketing Surveillance*. All reproductive health products shall be subjected to Post-Marketing Surveillance (PMS) in the country. The PMS shall include, but not be limited to: examining the health risk to the patient, and the risk of pregnancy because of contraceptive failure. • *Section 15.03 Streamlining of Reporting Procedures*. In the collection, collation, and processing of data for any and all reports required by these Rules, all DOH bureaus, offices, and units shall coordinate with one another and with other stakeholders to minimize the paperwork burden for field implementation units and workers. • *Section 15.04 Contributions of Other Agencies in Reporting*. Other government and non-government agencies and units shall submit the following reports to the DOH for inclusion in the annual consolidated report
Policy and Plans Development, and Finance Management	Policy Development Position Paper Preparation Policy Review Policy Research Management Policy Note (Brief) Development Strategic Plan Development Operational Plan Development Budget Utilization Review	• *Section 4.01 Service Delivery Standards*. This Rule shall describe the provision of information and services related to responsible parenthood and reproductive health. Existing DOH guidelines and program standards shall be reviewed and updated to be consistent with the RPRH Act and these Rules shall continue to be in effect. • *Section 4.04 Informed Choice and Voluntarism*. To ensure adherence to the principles of the RPRH Act and the delivery of quality reproductive health care services to voluntary recipients, the applicable provisions of DOH guidelines on Informed Choice and Voluntarism shall form part of these Rules. • *Section 4.07 Access of Minors to Family Planning Services*. Any minor who consults at health care facilities shall be given age-appropriate counseling on responsible parenthood and reproductive health. • *Section 5.11 Designating Populations to Facilities within the Service Delivery Network*. Priority populations shall be matched to available health facilities within the network. • *Section 5.13 Standards of Mobile Health Care Service Providers*. The DOH shall develop standards for MHCS providers. • *Section 5.17 Identification of Facilities for Establishment or Upgrading in Support of Reproductive Health Care*. Within sixty (60) days from the effectivity of these Rules, the DOH shall integrate and/or develop guidelines for the identification of health facilities for funding support. • *Section 5.18 Monitoring of Fund Utilization*. The DOH shall conduct regular monitoring of the utilization of funds for facility establishment or upgrading.

Value Chain Element	Function	RPRH IRR Section
		• *Section 5.23 Skilled Health Professional as a Conscientious Objector*. The DOH shall develop guidelines for the implementation of this provision. • *Section 6.02 Determining the Adequate Number of Skilled Health Professionals*. Within sixty (60) days from the effectivity of these Rules, the DOH, in consultation with LGUs, shall develop guidelines to determine the ideal number of skilled health professionals for maternal health care and skilled birth attendance. • *Section 8.03 Review of Existing Guidelines*. Within thirty (30) days from the effectivity of these Rules, the DOH shall review its existing guidelines for the procurement and distribution of reproductive health supplies and products including life-saving drugs and shall issue new guidelines that are consistent with these Rules. • *Section 9.02 Determination of Financing Requirements*. Financing requirements shall be quantified using the following: a) Estimated number of potential beneficiaries according to relevant population-based national surveys, with consideration to poverty incidence where applicable, among others; b) Prevailing market cost of evidence-based and effective interventions according to current established standards of clinical or public health practice; c) Time period of service delivery; and d) Other evidence-based and easily quantifiable factors to be prescribed by the DOH. • *Section 9.03 Funds for Enhancing Capacities of Health Facilities*. The DOH through its various funding programs, may provide funding upon request of LGUs for LGU-designated health facilities for skilled birth attendance, emergency obstetric and newborn care and other relevant capacities to implement the RPRH Act. • *Section 9.04 Funding for Public Awareness*. The funds for the implementation of provisions on Public Awareness, Health Promotion, and Communication shall be included in the annual budget of the DOH, other concerned national agencies, and LGUs. • *Section 10.10 Awards and Recognition*. Within sixty (60) days from the effectivity of these Rules, the DOH shall release guidelines concerning the awarding and recognition of individuals, institutions and LGUs that meet and/or exceed the criteria set by DOH in the successful implementation of reproductive health care and responsible parenthood programs, as well as other indicators of successful distribution and increased utilization of reproductive health care products and services. • *Section 12.01 Duties and Responsibilities of the Department of Health*. The Department of Health (DOH) shall serve as the lead agency for the implementation of RPRH Act. Its various bureaus, offices, units, and attached agencies as referred to in these Rules shall issue operational guideline s consistent therewith, within ninety (90) days from the effectivity of these Rules, unless otherwise specified.
Advocacy and Partnerships	Communication Plan Development IEC Materials Development Stakeholders' Meetings	• *Section 4.03 Availability of Information and Services in General*. All public health facilities shall provide full, age- and development-appropriate information on responsible parenthood and reproductive health care to all clients, regardless of age, sex, disability, marital status, or background. • *Section 4.06 Access to Family Planning Information and Services*. All persons shall be entitled to information on family planning services, whether natural or artificial. • *Section 4.08 Care for Victim-Survivors of Gender-Based Violence*. Within sixty (60) days from the effectivity of these Rules, the DOH, in coordination with the DSWD, shall review and implement guidelines and standards for the care of victim-survivors of gender-based violence.

Value Chain Element	Function	RPRH IRR Section
		Section 4.14 Integrating Reproductive Health Care into the Health Professional Curriculum. The DOH, in collaboration with the Commission on Higher Education (CHED), the Professional Regulation Commission (PRC), and various specialties of skilled health professionals, shall integrate reproductive health care including, among others, basic emergency obstetric and newborn care (BEmONC) competencies into pre-service training curricula for medicine, nursing, and midwifery within one (1) year from the effectivity of these Rules. *Section 5.19 Support to LGUs for Engaging Local Technical Assistance*. The DOH shall provide support to LGUs in accessing additional resources for the development of their health facilities, which includes but is not limited to infrastructure and equipment, though private sector partnerships, loans and grants from development partners, business sector engagements, and other similar means. *Section 5.28 Engagement of Institutions for Reproductive Health Research*. The DOH shall engage institutions including the academe, among others, for the development of clinical practice guidelines, treatment protocols, and implementation strategies to improve utilization rates and reduce unmet need for reproductive health care services. *Section 6.03 Contracting of Midwives and Nurses*. The DOH may provide support to LGUs upon request in order to meet the adequate number of skilled health professionals through the contracting and deployment of midwives and/or nurses from the private sector. *Section 6.09 Social and Behavioral Change Communication Materials*. The DOH shall ensure that LGUs are provided with adequate and updated SBCC materials such as but not limited to flipcharts, brochures, pamphlets, modules, other printed materials and audio-visual aids or technologies on responsible parenthood and reproductive health that can be utilized by BHWs in carrying out their functions effectively and as may be appropriate in their respective localities. *Section 6.10 Technical Assistance for Engagement of Private Providers*. The DOH shall provide technical assistance for LGUs in the engagement of private skilled health professionals to meet DOH targets. *Section 10.01 Public Awareness, Promotion, and Communication*. The DOH and the LGUs shall initiate and sustain a heightened nationwide multimedia-campaign to raise the level of public awareness on the protection and promotion of responsible parenthood and reproductive health and rights including, but not limited to, maternal health and nutrition, family planning and responsible parenthood information and services, adolescent and youth reproductive health, guidance and counseling and other elements of reproductive health care. *Section 10.02 Development of a Health Promotion and Communication Plan*. Within six (6) months from the effectivity of these Rules, the DOH shall develop a comprehensive, inclusive, and evidenced-based health promotion and communication plan to raise the level of public awareness on the promotion of responsible parenthood and reproductive health and the protection of reproductive rights. *Section 10.03 Messaging*. Messages for use in public awareness campaigns shall be evidence-based, values-based, culturally-sensitive and clear, in addition to being able to resonate with the audience. *Section 10.04 Assistance from All Concerned Government Agencies*. Based on the health promotion and communication plan developed according to Section 10.02, all concerned government agencies, such as the Philippine Information Agency (PIA), among others, shall assist the DOH and LGUs

Value Chain Element	Function	RPRH IRR Section
		in initiating and conducting a sustained and heightened nationwide multi-media campaign. • *Section 10.06 Review of the Health Promotion and Communication Plan*. Within sixty (60) days from the implementation of these Rules, the DOH shall develop guidelines for the regular monitoring, evaluation and review of existing health promotion and communication plans, including information and education materials, to ensure their effectiveness and relevance.
Supply Chain Management	Preparation of Allocation List Attendance to BAC Conferences/Meetings Procurement Management and Monitoring Logistics Management	• *Section 4.05 Access to Family Planning*. All accredited public health facilities shall provide a full range of modern family planning methods, which shall also include medical consultations, supplies and necessary and reasonable procedures for poor and marginalized couples having infertility issues who desire to have children. • *Section 4.15 Maternal and Newborn Health Care in Crisis Situations*. The LGUs and the DOH shall ensure that a minimum initial service package for reproductive health, including maternal and neonatal health care kits and services as defined by the DOH, shall be given proper attention in crisis situations such as disasters and humanitarian crises. • *Section 5.12 Mobile Health Care Service*. The national or the local government may provide each provincial, city, municipal, and district hospital with a Mobile Health Care Service (MHCS) in the form of a van or other means of transportation appropriate to its terrain, taking into consideration the health care needs of each LGU. • *Section 5.14 Assistance for Mobile Health Care Service Vehicles*. The DOH may provide support for MHCS vehicles. • *Section 7.02 Inclusion in the Essential Drugs List*. Family planning supplies such as drugs, devices, or products requiring FDA registration or authorization as defined by RA 9711 shall be procured by the DOH, subject to their inclusion in the Essential Drugs List (EDL) list of the Philippine National Drug Formulary (PNDF). • *Section 8.01 Procurement and Distribution of Family Planning Supplies*. The DOH shall procure, distribute to LGUs and monitor the usage of family planning supplies for the whole country. • *Section 8.02 Supply and Budget Allotments*. The supply and budget allotments for family planning supplies shall be based on the current levels and projections. • *Section 8.04 Manner of Procurement*. The procurement of reproductive health supplies and products shall be in accordance with RA 9184 and its amended implementing rules and regulations. • *Section 8.05 Donated Supplies and Health Products*. The DOH may acquire reproductive health supplies and/or products from development partners and agencies. • *Section 8.07 Monitoring of Procurement*. The DOH shall ensure that beginning calendar year 2014, the procurement of reproductive health supplies and products shall be tracked and monitored through a computerized procurement system from procurement planning to contract implementation or the actual delivery of goods by the supplier-awardee of the procurement contract and the receipt of said goods in good condition by, and based on the specifications or requirements of the procuring entity. • *Section 8.08 Logistics Management*. The DOH shall be responsible for the transportation, storage, and distribution of reproductive health products and supplies to their respective destinations.

Value Chain Element	Function	RPRH IRR Section
		• *Section 8.10 Tracking and Monitoring.* The DOH shall use an electronic, interlinked logistics management information system that tracks and monitors al l heath products purchased or received and distributed to local health systems in real time. • *Section 8.11 Reporting.* LGUs shall submit quarterly utilization reports of the reproductive health supplies and products provided by the DOH in order to guide future policy, procurement, and allocation decisions. • *Section 9.01 Appropriations.* The amounts appropriated in the current annual General Appropriations Act (GAA) for reproductive health and natural and artificial family planning and responsible parenthood under the DOH and other concerned agencies shall be allocated and utilized for the implementation of the RPRH Act and these Rules.
Capacity Building	Training Needs Analysis Provision of Technical Assistance to DOH-Regional Offices	• *Section 4.11 Provision of Life-Saving Drugs During Maternal Care Emergencies.* Midwives and nurses shall be allowed to administer life-saving drugs, such as but not limited to oxytocin and magnesium sulfate, in accordance with the guidelines set by the DOH, under emergency conditions and when there are no physicians available: Provided, that they are properly trained and certified to administer these life-saving drugs. • *Section 4.12 Policies on Administration of Life-Saving Drugs.* Properly trained and certified midwives and nurses shall be allowed to administer intravenous fluids, oxytocin, magnesium sulfate, or other life-saving drugs in emergency situations and when there are no physicians available. The certification shall be issued by DOH-recognized training centers upon satisfactory completion of a training course. The curriculum for this training course shall be developed by the DOH in consultation with the relevant societies of skilled health professionals. • *Section 4.13 Certification for LGU-Based Midwives and Nurses for the Administration of Life-Saving Drugs.* The LGUs, in coordination with the DOH, shall endeavor that all midwives and nurses assigned to public primary health care facilities such as Rural Health Units (RHUs) be given training and certification by a DOH-recognized training center to administer life-saving drugs within one (1) year from the effectivity of these Rules. • *Section 5.26 Gender-Sensitive Handling of Clients.* As relevant to their specialization, health care providers shall be provided with training on gender-sensitive handling of clients to ensure non-judgmental and humane delivery of all reproductive health care services and information, including the respect for the right to privacy and the privilege of confidentiality of clients. • *Section 5.27 Training for Counseling and Referral of Adolescents.* The DOH shall develop a curriculum to train skilled health professionals in counseling about adolescent reproductive health, determining age- and development-appropriate methods or services, and referring adolescents to the appropriate facilities within the reproductive health care SDN. • *Section 6.04 Clinical Competency Training for the Service Delivery Network.* The DOH, in coordination with LGUs, shall ensure that all skilled health professionals within the SDN possess the clinical competencies required to deliver the reproductive health services included in their facility. • *Section 6.05 In-Service Training for Resident Physicians.* Within one hundred and twenty (120) days from the effectivity of these Rules, the DOH shall develop guidelines to deploy physicians graduating from residency training programs in government hospitals for in-service training programs in LGU hospitals that require specialists.

Value Chain Element	Function	RPRH IRR Section
		• *Section 6.06 Comprehensive Emergency Obstetric and Newborn Care Training for Physicians.* Within one hundred and twenty (120) days from the effectivity of these Rules, the DOH shall develop a certification and training curriculum for physicians in general practice to provide CEmONC training in hospitals without obstetricians and pediatricians, among others. • *Section 6.07 Capacity Building of Barangay Health Workers (BHWs).* The DOH shall be responsible for disseminating information and providing training programs to the LGUs. • *Section 6.08 Interpersonal Communication and Counseling Skills Development for BHWs.* The DOH, in coordination with LGUs, shall integrate in the training of BHWs skills development on IPCC for responsible parenthood and reproductive health.
Monitoring and Evaluation	Monitoring and Evaluation	• *Section 4.10 Responding to Unmet Needs and/or Gaps for Reproductive Health Care.* With assistance from the DOH, each province-, city-, or municipality-wide health system shall carry out measures to reduce the unmet need and/or gaps for reproductive health care. • *Section 5.20 Monitoring and Evaluation of the Service Delivery Network.* Within ninety (90) days from the effectivity of these Rules, the DOH shall develop specific guidelines for monitoring and evaluating the effectiveness of the SDN. • *Section 15.01 Reporting Requirements.* Before the end of April each year, the DOH shall submit to the President of the Philippines and Congress an annual consolidated report, which shall provide a definitive and comprehensive assessment of the implementation of its programs a n d those of other government agencies and instrumentalities and recommend priorities for executive and legislative actions.

Annex 8

Workload Components, Activity Standards, and Allowance Factor for FHO-FPP by Career Band or Cadre

I. ADMINISTRATIVE SUPPORT BAND (AO II, AA IV, AO III, AA III)

Workload Group 1 : Core Activities

	List of workload components	Activity standards	Annual workload statistics
1	Consolidate admin and program data	**80 min/program data consolidation**	12
2	Manage logistics, supplies, and equipment	**135.88 min/logistics management**	204
3	Provide administrative support to program-related processes	**1,104 min/admin support provision**	80
4	Prepare admin documents and forms	**30 min/HR and admin document**	480
5	Support to meetings	**720 min/ support to meeting**	24

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Staff & outsourced services supervision	30 min/day	
2	Administrative HR activities	5 hours/year	IPCR
3	Program Implementation Review (PIR)	24 hours/year	
4	Team building activity	8 hours/year	
5	General administrative activities	2 hours/day	e-mail, calls, face to face, receiving and dispatching letters, etc.
6	Attend internal meetings	10 hours/month	division, team
7	Records Management	8 hours/week	filing of documents

Workload Group 3: Additional Activities

	Workload components	Individual allowance factor	Number of staff	Activity details
1	Prepare and follow up vouchers	2 hours/week	2	
2	Prepare travels	2 hours/week	2	
3	ISO documentation	3 hour/month	2	
4	Coordination with DOH-General Services	48 hrs/yr	1	

II. TECHNICAL SUPPORT BAND

Workload Group 1 : Core Activities

	List of workload components	Activity standards	Annual workload statistics
1	Encode and update program data	**171.43 min/program data encoding**	84
2	Administer program-related processes (Facilitate/conduct)	**1,216.53 min/program process**	98
3	Collect program-related data	**789.90 min/program data collection**	97
4	Perform data management activities	**300 min/data management activity**	48
5	Draft program plans and technical documents	**891.72 min/draft program plan or technical document**	58
6	Draft program reports	**1,231.58 min/program report**	38
7	Draft admin documents	**150 min/HR and admin document**	48
8	Assist and participate in program-related meetings	**841.56 min/ assistance and participation**	77
9	Facilitate program-related activities	**1,680 min/facilitation**	24
10	Formulate and review program plans and technical documents	**85.71 min/review and formulation**	35
11	Review technical reports	**960 min/review**	4

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 hours/year	
2	Staff & outsourced services supervision	30 min/day	
3	Administrative HR activities	5 hours/year	IPCR
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	1 hour/day	e-mail, calls, etc.
7	Attend internal meetings	12 hours/month	division, team
8	Records management	2 hours/week	

III. TECHNICAL PROFESSIONAL BAND

Workload Group 1 : Core Activities

	List of workload components	Activity standards	Annual workload statistics
1	Write policies, guidelines, and issuances	**720 min/policy document**	8
2	Draft program reports	**701.54 min/ program report**	26
3	Facilitate program-related activities	**974.07 min/ program activity facilitation**	145
4	Formulate and review program plans and technical documents	**363.46 min/technical document**	156
5	Participate in program-related meetings	**240 min/program-related meeting**	8
6	Review technical reports	**396.25 min/technical report**	96
7	Review admin documents	**13.17 min/HR and admin document review**	492

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	**112 hours/year**	
2	Staff supervision	**1 hour/day**	
3	Supervisory HR activities	**34 hours/year**	recruitment of staff, performance management (IPCR), staff orientation
4	Program Implementation Review (PIR)	**24 hours/year**	
5	Team building activity	**8 hours/year**	
6	General administrative activities	**2 hours/day**	e-mail, calls, etc.
7	Attend internal meetings	**16 hours/ month**	division, team
8	Technical Working Group (TWG) representation	**8 hours/month**	

IV. SUPERVISORY BAND

Workload Group 1 : Core Activities

	List of workload components	Activity standards	Annual workload statistics
1	Check and approve admin documents[60]	**3.75 min/approval of HR and admin documents**	480
2	Review and endorse technical reports [61]	**104.65 min/technical report**	86
3	Assess and endorse technical documents[62]	**80.09 min/technical document**	109
4	Facilitate program-related activities[63]	**560 min/program-related activities**	12
5	Participate in program-related meetings [64]	**220 min/program-related meeting**	48
6	Formulate and review program plans and technical documents	**240 min/formulation and review**	1

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	**64 hours/year**	
2	Staff supervision	**30 min/day**	coaching, mentoring
3	Supervisory HR activities	**48 hrs/yr**	recruitment of staff, performance management (IPCR, DPCR), staff orientation, talent review
4	Program Implementation Review (PIR)	**24 hrs/yr**	
5	Team building activity	**8 hrs/yr**	
6	General administrative activities	**1.5 hrs/day**	e-mail, calls, etc.
7	Attend internal meetings	**12 hrs/ month**	bureau, division
8	Technical Working Group (TWG) representation	**8 hrs/month**	

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[60] Admin documents: vouchers, purchase orders, purchase requests, payment vouchers

[61] Technical reports: program reports, research progress reports, policy research progress reports, budget utilization reports, meeting reports, Training Needs Analysis (TNA) Report, Program Materials and Presentation Decks, post-activity reports

[62] Technical documents: research agenda, research protocols, policy and standards issuances, position papers, policy review, policy research protocols, policy notes, strategic plan, operational plan, catch-up plans, communication plans, IEC materials, allocation list, BAC documents,

[63] Program-related activities: program trainings and workshops

[64] Program-related meetings: policy and standards consultation meeting, strategic plan consultation meetings, communication plan development workshop, stakeholder's meeting, BAC conferences/meetings, training course evaluation workshops

Annex 9

Workload Components, Activity Standards, and Allowance Factor for FHO-FPP by Unit

I. ADMINISTRATIVE SUPPORT BAND (AO II, AA IV, AO III, AA III)

A. Administrative Support Services

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Manage logistics, supplies and equipment	**135.88 min/logistics management**	204
2	Prepare admin documents and forms	**30.00 min/admin document**	480
3	Provide administrative support to program-related processes	**480.00 min/program-related process**	12

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Staff & outsourced services supervision	30 min/day	
2	Administrative HR activities	5 hours/year	IPCR
3	Program Implementation Review (PIR)	24 hours/year	
4	Team building activity	8 hours/year	
5	General administrative activities	2 hours/day	e-mail, calls, face to face, receiving and dispatching letters, etc.
6	Attend internal meetings	10 hours/month	division, team
7	Records Management	8 hours/week	filing of documents

Workload Group 3: Additional Activities

	Workload components	Individual allowance factor	Number of staff	Activity details
1	Prepare and follow up vouchers	2 hours/week	2	
2	Prepare travels	2 hours/week	2	
3	ISO documentation	3 hour/month	2	
4	Coordination with DOH-General Services	48 hrs/yr	1	

B. Advocacy and Partnerships

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Provide administrative support to program-related processes	553.85 min/program-related process	26
2	Support to meetings	720.00 min/support to meeting	24

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Staff & outsourced services supervision	30 min/day	
2	Administrative HR activities	5 hours/year	IPCR
3	Program Implementation Review (PIR)	24 hours/year	
4	Team building activity	8 hours/year	
5	General administrative activities	2 hours/day	e-mail, calls, face to face, receiving and dispatching letters, etc.
6	Attend internal meetings	10 hours/month	division, team
7	Records Management	8 hours/week	filing of documents

Workload Group 3: Additional Activities

	Workload components	Individual allowance factor	Number of staff	Activity details
1	Prepare and follow up vouchers	2 hours/week	2	
2	Prepare travels	2 hours/week	2	
3	ISO documentation	3 hour/month	2	
4	Coordination with DOH-General Services	48 hrs/yr	1	

C. Capacity Building

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Consolidate admin and program data	**960 min/consolidation**	1
2	Provide administrative support to program-related processes	**3, 000 min/program-related process admin support**	16

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Staff & outsourced services supervision	30 min/day	
2	Administrative HR activities	5 hours/year	IPCR
3	Program Implementation Review (PIR)	24 hours/year	
4	Team building activity	8 hours/year	
5	General administrative activities	2 hours/day	e-mail, calls, face to face, receiving and dispatching letters, etc.
6	Attend internal meetings	10 hours/month	division, team
7	Records Management	8 hours/week	filing of documents

Workload Group 3: Additional Activities

	Workload components	Individual allowance factor	Number of staff	Activity details
1	Prepare and follow up vouchers	2 hours/week	2	
2	Prepare travels	2 hours/week	2	
3	ISO documentation	3 hour/month	2	
4	Coordination with DOH-General Services	48 hrs/yr	1	

D. Data, Knowledge Management, and Research

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Provide administrative support to program-related processes	**960 min/program-related process admin support**	8

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Staff & outsourced services supervision	30 min/day	
2	Administrative HR activities	5 hours/year	IPCR
3	Program Implementation Review (PIR)	24 hours/year	
4	Team building activity	8 hours/year	
5	General administrative activities	2 hours/day	e-mail, calls, face to face, receiving and dispatching letters, etc.
6	Attend internal meetings	10 hours/month	division, team
7	Records Management	8 hours/week	filing of documents

Workload Group 3: Additional Activities

	Workload components	Individual allowance factor	Number of staff	Activity details
1	Prepare and follow up vouchers	2 hours/week	2	
2	Prepare travels	2 hours/week	2	
3	ISO documentation	3 hour/month	2	
4	Coordination with DOH-General Services	48 hrs/yr	1	

E. Policy and Plans Development, Finance Management, and Standards

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Provide administrative support to program-related processes	**1,403.08 min/program-related process admin support**	26

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Staff & outsourced services supervision	30 min/day	
2	Administrative HR activities	5 hours/year	IPCR
3	Program Implementation Review (PIR)	24 hours/year	
4	Team building activity	8 hours/year	
5	General administrative activities	2 hours/day	e-mail, calls, face to face, receiving and dispatching letters, etc.
6	Attend internal meetings	10 hours/month	division, team
7	Records Management	8 hours/week	filing of documents

Workload Group 3: Additional Activities

	Workload components	Individual allowance factor	Number of staff	Activity details
1	Prepare and follow up vouchers	2 hours/week	2	
2	Prepare travels	2 hours/week	2	
3	ISO documentation	3 hour/month	2	
4	Coordination with DOH-General Services	48 hrs/yr	1	

II. TECHNICAL SUPPORT BAND

A. Administrative Support Services

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Draft admin documents	**48 min/admin document**	150

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 hours/year	
2	Staff & outsourced services supervision	30 min/day	
3	Administrative HR activities	5 hours/year	IPCR
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	1 hour/day	e-mail, calls, etc.
7	Attend internal meetings	12 hours/month	division, team
8	Records management	2 hours/week	

B. Advocacy and Partnerships

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Administer program-related processes	**2,880 min/ program-related process**	1
2	Assist and participate in program-related meetings	**600 min/ program-related meeting**	48
3	Draft program plans and technical documents	**960 min/ program plan and technical document**	10

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 hours/year	
2	Staff & outsourced services supervision	30 min/day	

3	Administrative HR activities	5 hours/year	IPCR
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	1 hour/day	e-mail, calls, etc.
7	Attend internal meetings	12 hours/month	division, team
8	Records management	2 hours/week	

C. Capacity Building

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Administer program-related processes	**3,360 min/ program-related processes**	**16**
2	Draft program plans and technical documents	**1,440 min/program plans and technical document**	**4**
3	Draft program reports	**1,440 min/program report**	**5**
4	Perform data management activities	**1,440 min / data management activity**	**1**

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 hours/year	
2	Staff & outsourced services supervision	30 min/day	
3	Administrative HR activities	5 hours/year	IPCR
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	1 hour/day	e-mail, calls, etc.
7	Attend internal meetings	12 hours/month	division, team
8	Records management	2 hours/week	

D. Data, Knowledge Management, and Research

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Administer program-related processes	**120 min/program-related process**	48
2	Assist and participate in program-related meetings	**2,400 min/program-related meeting**	12
3	Collect program-related data	**120 min/collection**	12
4	Draft program plans and technical documents	**960 min/ program plan and technical document**	1
5	Draft program reports	**1,320 min/ program report**	16
6	Encode and update program data	**171.43 min/encoding**	84
7	Facilitate program-related activities	**1,680 min/facilitation**	24
8	Perform data management activities	**160 min/data management**	36

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 hours/year	
2	Staff & outsourced services supervision	30 min/day	
3	Administrative HR activities	5 hours/year	IPCR
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	1 hour/day	e-mail, calls, etc.
7	Attend internal meetings	12 hours/month	division, team
8	Records management	2 hours/week	

E. Monitoring and Evaluation

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Collect program-related data	24,480 min/collection	2
2	Draft program plans and technical documents	960 min/draft	12
3	Draft program reports	960 min/draft	12
4	Perform data management activities	1,440 min/data management activity	1

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 hours/year	
2	Staff & outsourced services supervision	30 min/day	
3	Administrative HR activities	5 hours/year	IPCR
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	1 hour/day	e-mail, calls, etc.
7	Attend internal meetings	12 hours/month	division, team
8	Records management	2 hours/week	

F. Policy and Plans Development, Finance Management, and Standards

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Administer program-related processes	4,160 min/administration	12
2	Assist and participate in program-related meetings	480 min/assistance	13
3	Collect program-related data	532.50 min/collection	32
4	Draft program plans and technical documents	770.32 min/draft	31
5	Draft program reports	1,392 min/draft	5

6	Formulate and review program plans and technical documents	**960 min/formulation and review**	1
7	Perform data management activities	**480 min/data management activity**	9
8	Review technical reports	**960 min/review**	4

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	400 hours/year	
2	Staff & outsourced services supervision	30 min/day	
3	Administrative HR activities	5 hours/year	IPCR
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	1 hour/day	e-mail, calls, etc.
7	Attend internal meetings	12 hours/month	division, team
8	Records management	2 hours/week	

G. Supply Chain Management

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Administer program-related processes	**328.57 min/ program-related processes**	21
2	Assist and participate in program-related meetings	**240 min/ program-related meetings**	4
3	Collect program-related data	**180 min/collection**	51
4	Formulate and review program plans and technical documents	**60 min/formulation and review**	34

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	400 hours/year	
2	Staff & outsourced services supervision	30 min/day	
3	Administrative HR activities	5 hours/year	IPCR
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	1 hour/day	e-mail, calls, etc.
7	Attend internal meetings	12 hours/month	division, team
8	Records management	2 hours/week	

III. TECHNICAL PROFESSIONAL BAND

A. Administrative Support Services

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Review admin documents	**13.17 min/admin document**	492

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	**112 hours/year**	
2	Staff supervision	**1 hour/day**	
3	Supervisory HR activities	**34 hours/year**	recruitment of staff, performance management (IPCR), staff orientation
4	Program Implementation Review (PIR)	**24 hours/year**	
5	Team building activity	**8 hours/year**	
6	General administrative activities	**2 hours/day**	e-mail, calls, etc.
7	Attend internal meetings	**16 hours/ month**	division, team
8	Technical Working Group (TWG) representation	**8 hours/month**	

B. Advocacy and Partnerships

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Facilitate program-related activities	**687.57 min/program-related activity**	37
2	Formulate and review program plans and technical documents	**672 min/technical document**	10
3	Review technical reports	**240 min/technical report**	24

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	112 hours/year	
2	Staff supervision	1 hour/day	
3	Supervisory HR activities	34 hours/year	recruitment of staff, performance management (IPCR), staff orientation
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	2 hours/day	e-mail, calls, etc.

7	Attend internal meetings	16 hours/ month	division, team
8	Technical Working Group (TWG) representation	8 hours/month	

C. Capacity Building

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Facilitate program-related activities	2,826.67 min/program-related activity	18
2	Formulate and review program plans and technical documents	2,080 min/technical document	12
3	Review technical reports	864 min/technical report	5

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	112 hours/year	
2	Staff supervision	1 hour/day	
3	Supervisory HR activities	34 hours/year	recruitment of staff, performance management (IPCR), staff orientation
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	2 hours/day	e-mail, calls, etc.
7	Attend internal meetings	16 hours/ month	division, team
8	Technical Working Group (TWG) representation	8 hours/month	

D. Data, Knowledge Management, and Research

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Draft program reports	640 min/program report	18
2	Facilitate program-related activities	960 min/program-related activity	36
3	Formulate and review program plans and technical documents	1,440 min technical document	1
4	Review technical reports	480 min/technical report	18

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	112 hours/year	

2	Staff supervision	1 hour/day	
3	Supervisory HR activities	34 hours/year	recruitment of staff, performance management (IPCR), staff orientation
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	2 hours/day	e-mail, calls, etc.
7	Attend internal meetings	16 hours/ month	division, team
8	Technical Working Group (TWG) representation	8 hours/month	

E. Monitoring and Evaluation

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Collect program-related data	24,480 min/program-related data	2
2	Facilitate program-related activities	720 min per/program related-activities	12
3	Review technical reports	480 min/technical report	24

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	112 hours/year	
2	Staff supervision	1 hour/day	
3	Supervisory HR activities	34 hours/year	recruitment of staff, performance management (IPCR), staff orientation
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	2 hours/day	e-mail, calls, etc.
7	Attend internal meetings	16 hours/ month	division, team
8	Technical Working Group (TWG) representation	8 hours/month	

F. Policy and Plans Development, Finance Management, and Standards

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Draft program reports	840 min/program report	8
2	Facilitate program-related activities	845.71 min/program-related activities	21
3	Formulate and review program plans and technical documents	542.61 min/technical document	23

| 4 | Review technical reports | **720 min/technical document** | 8 |
| 5 | Write policies, guidelines, and issuances | **720 min/policy** | 8 |

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	112 hours/year	
2	Staff supervision	1 hour/day	
3	Supervisory HR activities	34 hours/year	recruitment of staff, performance management (IPCR), staff orientation
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	2 hours/day	e-mail, calls, etc.
7	Attend internal meetings	16 hours/ month	division, team
8	Technical Working Group (TWG) representation	8 hours/month	

G. Supply Chain Management

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Facilitate program-related activities	**188.57 min/program-related activity**	21
2	Formulate and review program plans and technical documents	**100.91 min/technical document**	110
3	Participate in program-related meetings	**240 min/program-related meeting**	8
4	Review technical reports	**120 min/technical report**	17

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	112 hours/year	
2	Staff supervision	1 hour/day	
3	Supervisory HR activities	34 hours/year	recruitment of staff, performance management (IPCR), staff orientation
4	Program Implementation Review (PIR)	24 hours/year	
5	Team building activity	8 hours/year	
6	General administrative activities	2 hours/day	e-mail, calls, etc.
7	Attend internal meetings	16 hours/ month	division, team
8	Technical Working Group (TWG) representation	8 hours/month	

Annex 10

Screenshot of WISN Projected Staff by Cadre

Type of Staff	A. Existing Staff	B. Calculated Requirement	C. Difference in Staff (A-B)	D. WISN Ratio (A/B)
1 Administrative Support ...	1	3	-2.24	0.31
2 Technical Support Band	2	12	-9.9	0.17
3 Technical Professional ...	1	8	-6.86	0.13
4 Supervisory Band	1	1	0.25	1.33

Annex II

Screenshot of WISN Projected Staff by Functional Unit and Cadre

FPP Technical Professional Band

Type of Staff	A. Existing Staff	B. Calculated Requirement	C. Differen... (A-B)	D. WISN Ra... (A/B)
Administrative Support Services		1	-0.23	0.00
Advocacy and Partnerships		2	-1.33	0.00
Capacity Building		3	-2.87	0.00
Data, Knowledge Management, and Research		2	-2	0.00
Monitoring and Evaluation		3	-2.43	0.00
Policy and Plans Development, Finance Management, and Standards		2	-1.7	0.00
Supply Chain Management		1	-0.67	0.00

FPP Technical Support Band

Type of Staff	A. Existing Staff	B. Calculated Requirement	C. Differ... (A-B)	D. WISN Ratio (A/B)
Administrative Support Services		1	-0.3	0.00
Advocacy and Partnerships		2	-1.63	0.00
Capacity Building		3	-2.7	0.00
Data, Knowledge Management, and Research		5	-4.7	0.00
Monitoring and Evaluation		3	-2.93	0.00
Policy and Plans Development, Finance Management, and Standards		5	-4.48	0.00
Supply Chain Management		1	-0.74	0.00

## FPP Administrative Support Band

| Type of Staff	A. Existing Staff	B. Calculated Requi...	C. Difference in Staff (A-B)	D. WISN Ratio (A/B)
Administrative Support Services		1	-1	0.00
Advocacy and Partnerships		1	-0.65	0.00
Capacity Building		1	-0.53	0.00
Data, Knowledge Management, and Research		1	-0.16	0.00
Monitoring and Evaluation		0	0	0.00
Policy and Plans Development, and Finance Management		1	-0.39	0.00
Supply Chain Management		0	0	0.00

Annex 12

FHO-FPP Gender Analysis

Aside from workload, there are observations using gender analysis that provides workforce-related insight. For the Family Health Office (FHO), there is more women than men staff with only a fourth (1/4) of men within the office.
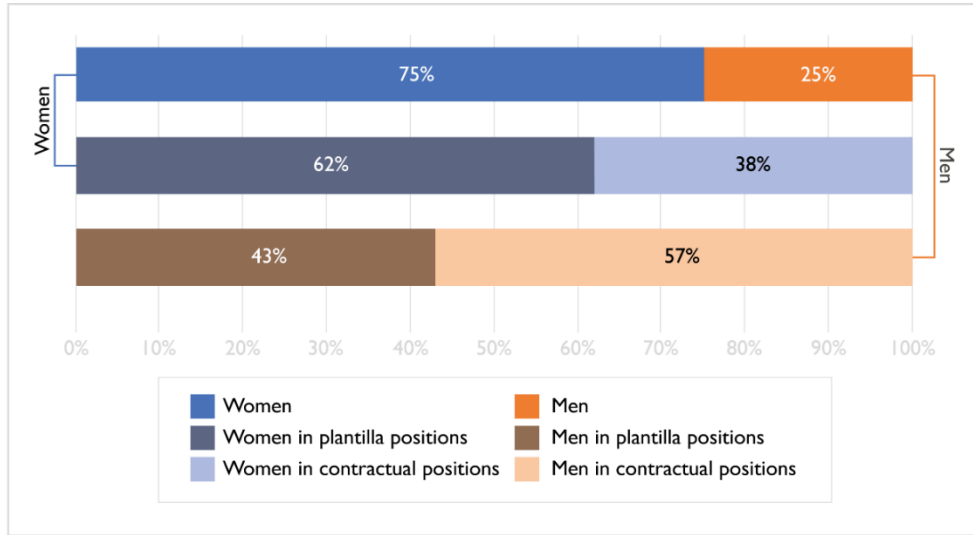
Position classification refers to plantilla and contractual positions. Total bar stocks for position classifications are based on percentage share of gender, not absolute value. [**Source:** DOH DPCB]

Figure 9. Distribution of DPCB-FHO personnel by gender and position classification

In the FHO, the gender distribution of salary grade categories indicates that the highest share among men (43%) are in the 2nd quintile or the least paid salary grade categories within the office. On the other hand, more than half of the women (57%) in the office belong to the last quintile or the highest paid salary grade categories within the office, as shown below:
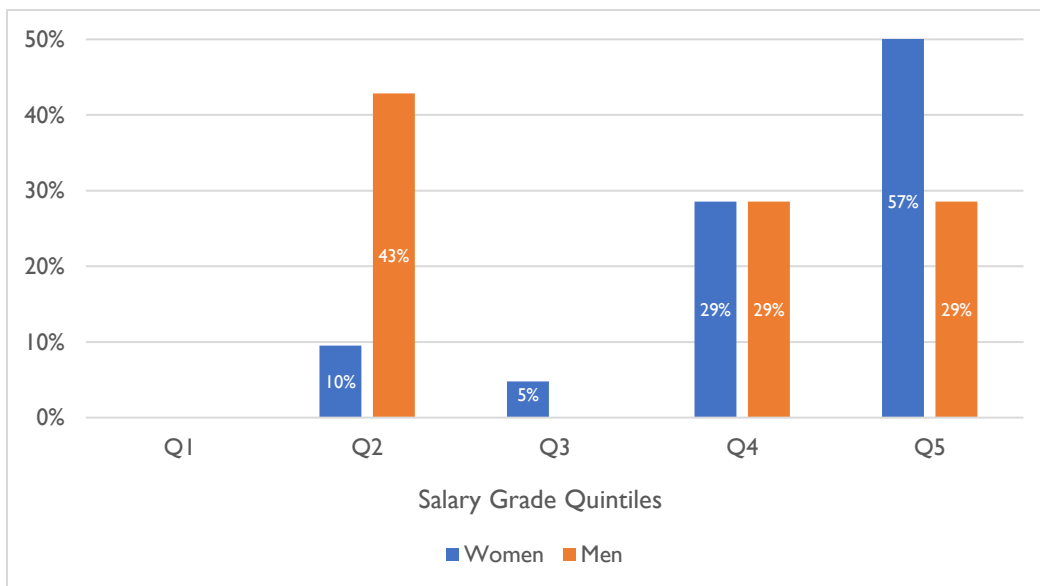
Salary Grade (SG) Quintiles (Q) are as follows: Q1: SG 1-6, Q2: SG 7-11; Q3: SG 12-16; Q4: SG 17-21; Q5: SG 22-27. Total bar stocks are based on percentage share of gender, not absolute value. Min: SG 8; Max: SG 25. [**Source:** DOH DPCB]

Figure 10. Distribution of DPCB-FHO personnel by gender and salary grades in quintiles

The occupational gender segregation in the bureau can be analyzed by comparing where women and men's percentage share are found for each division in FHO. The FHO has two divisions as well: the Women and Men's Health Development Division (WMHDD) and the Children's Health Development Division (CHDD):
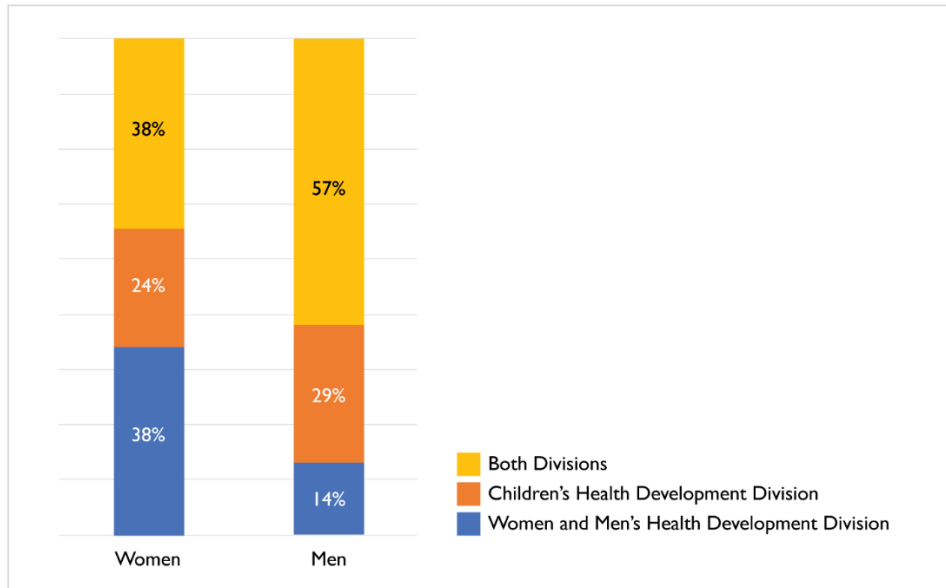
Total bar stocks are based on percentage share of gender, not absolute value. Highest share = division with highest % per gender. Least share = division with lowest % per gender. [**Source:** DOH DPCB]

Figure 11. Distribution of DPCB-FHO personnel by gender and division

For the FHO, common gender stereotypes about occupational segregation can be observed especially when comparing the percentage share between women and men working for the WMHDD. Expectedly, a higher percentage share of women (38% among women) than the percentage share of men (14% among men) is observed. Taking the services delivered by FP, this may contribute to what is happening in the facilities wherein the common practice is encouraging only women to participate, rather than inviting both men and women equally to address and be able to support the challenges of reproductive health.

A nurse at Datu Sakilan Memorial Hospital in Bongao, Tawi-tawi, a USAID pilot site for staffing and workload analysis, administers medication to patients. Photo Credit: Blue Motus/Chemonics International

Global Program Partners

− Chemonics International

− American International Health Alliance (AIHA)

− Amref Health Africa

− Open Development

− Palladium

− ThinkWell

− University Research Company (URC)

About HRH2030

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes.

Goal

To build the capacity of the Government of the Philippines towards a strengthened health workforce to improve family planning, maternal and child health (FP/MCH), and tuberculosis (TB) services.

Program Objectives

1. **Improve health workforce planning and systems with a focus on FP/MCH and TB.**

2. **Strengthen FP/MCH and TB performance management and development.**

3. **Advance the use of data for human resources for health decision-making at central and regional levels.**

Target Areas

Department of Health (DOH) central level and select regional and service delivery network pilot sites.

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HUMAN RESOURCES FOR HEALTH IN 2030

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