I. Background and Rationale

Historically, the World Health Organization (WHO) has contributed to the development, implementation, monitoring and assessment of the Philippine’s national health plan through the provision of technical support and capacity-building for the Department of Health (DOH) and local government units, engaging in partnerships, helping establish norms and standards, and lending leadership support during emergencies. The Organization’s activities were and still mainly geared towards providing technical support to the government through the DOH Central Office.

The WHO Subnational Initiative:
In the 2011-2016 WHO Country Cooperation Strategy, WHO sees the need to go a step further in its partnership with the Philippine government by collaborating with DOH at the level of the Centres for Health and Development (CHD) and mobilizing resources at the regional and national level to address the causes of health inequities, engaging with various stakeholders within and beyond the health sector. This is to ensure support to local government units in consideration of a devolved health care system.

The main objective of the Subnational Initiative is to support the Universal Health Care (UHC) Agenda and expand universal health care through engagement of various stakeholders in the prevention and control of priority health problems and addressing social and environmental determinants of health at the local level. Specifically, it aims to support DOH in enabling the CHDs and their partner LGUs in implementing an effective stewardship role to local health systems, and eventually contributing to improving access, equity and effectiveness in health service delivery.

As a starting point, the Organization would pursue better understanding on inequities in health and the level of effectiveness of a key poverty alleviation programme with regard to addressing access to health. As a starting point, an in-depth study on the Conditional Cash Transfer (CCT) program (or Pantawid Pamilyang Pilipino Program) and the Health Grants will be assessed, using the Municipality of Malita as a case study.

Health Grants - The health grant is aimed at promoting healthy practices, improving nutritional status of young children, and increasing use of health services. Poor households with children 0-14 years old and/or pregnant women will receive PhP500 per month (for every month of the year). The health transfer requires that households to fulfill the following conditionalities:
1. All children under-five follow the DOH protocol by regularly visiting the health center or rural health unit;
2. Pregnant women attend to health centers or rural health unit for health services according to DOH protocol;
3. All school-aged (6-14) children comply with the de-worming protocol at primary schools;
4. Household grantee (mother) and/or spouse to attend Family Development Sessions (FDS) at least once a month.

Need for an In-depth Study

Moving for health for all requires that health systems respond to the challenges of a changing world and growing expectations for better performance. This involves substantial reorientation and reform of the ways health systems operate in society today.

With the present government’s health agenda, wherein universal health coverage needs to be achieved in a decentralized health system and where health inequities prevail, the DOH leadership needs to go beyond a “business as usual” approach and will require significant changes in the way DOH implements its stewardship role. The Organization sees this as a strategic opportunity to provide technical support to help DOH manage changes and closing capacities gap towards a coherent implementation of UHC.

Business as usual cannot be an option and transformative change is needed. As the challenges are highly interdependent, a new approach is needed to address them.

Thus, this conduct of study to determine and assess the health requirements of the general population of Malita, Davao del Sur will be a substantial input in the development of a collaborative approach in health systems implementation based on people-centred approach and client-based health service delivery.

II. General Objective: To analyze and address the barriers and facilitating factors related to the use of health services of CCT households in Malita, Davao Del Sur.

III. Objectives

A. To understand health needs of households in receive of conditional cash transfers (the poorest of the poor) in Malita municipality, Mindanao
B. To understand why their health needs are not being fully met

IV. Scope of Work:

A. Assessment of the health services needed and currently being used
   1) Determine “priority” needs of target population.
      This can be done through in the key-informant interview or survey with household beneficiaries and further elaborated in (a) separate focus group discussion (FGD)
with target population, health workers and local government officials, (b) documents review of health statistics in health facilities; to include but not limited to disaggregated epidemiological and demographic data.

2) Determine “expressed” needs of target population through compilation and review of health use plan (HUP) and through key-informant interviews with health workers and concerned households. Guide questions to be developed in consultation with WR/PHL.

3) Assessment of services requirements of target population.

B. **Assessment of the service gaps**

1) **Assessment of service referral network:**
   This includes identifying referral network in the area, determining service gaps (no service, not accessible, no referral network, etc.).

2) **Assessment of PhilHealth coverage of service facilities**
   This includes assessment of level of coverage, co-payment/balanced billing practices and gaps in coverage through key-informant interviews with PhilHealth, target population and health workers of service facilities identified in the referral network.

3) **Assessment of household knowledge and attitudes.**
   Using FGDs and household interviews, develop an understanding of
   - knowledge about (a) how needs can be met through health services (b) how to access services (c) Phil Health entitlements (d) Phil Health procedures
   - attitudes/perceptions of local health services (a) quality and safety (b) cultural and gender sensitivity
   - attitudes/perception of financial impact of accessing services (a) Phil Health provision (b) other costs

C. **Assessment of Health Utilization:** Based on (a) Phil Health claims (b) descriptions of use by target population (c) description of use by service providers, service utilization for priority needs (defined in A.1) will be assessed. The Gap between ‘need’ and ‘utilization’ of services will be described

D. **Conduct of Stakeholders Dissemination/Action Planning Workshop:**
   In coordination with the WHO country office, conduct a 1-2 days dissemination forum-cum-action planning workshop using participatory methodology on the results of the study with key stakeholders of the Municipality of Malita, Davao Del Sur province and CHD XII. The result of the forum/workshop will contain recommendations on:
   1) improving household knowledge.
   2) Overcoming bottlenecks in the continuing of care
   3) Addressing financial barriers
IV. Other Contractual Obligations

A. Data properties
   All primary data collected during the contract is the property of WHO. The use of primary data without the consent of WHO is strictly prohibited, until data embargo is lifted and dataset made public. The main findings reports must not be made public until and unless the WHO explicitly approves the publication of the main findings reports. The Contractor shall store filled-out instruments and supporting materials for a one-year period and the WHO has the right to access them at any time during that period.

B. Reconfirmation and/or changes in sample sites due to adverse circumstances.
   Final selection of sites shall be reconfirmed during contract negotiation phase by the WHO.

V. Qualifications of Firm: Academic/Research institution with at least 5 years related experience in the health sector. Key personnel should include a public health specialist with strong research background. With financial capacity to provide advance payment on work. Mindanao-/Davao-based or presence of local network an advantage.

VI. Timetable

   The proposed schedule is for the period 01 October – 16 December 2013. Signing of the contract is expected to be by third week, with data collection in October 2013.

VII. Schedule of Payments

   Payment will be made based on the following schedule:

   - 25% at inception report-with final, detailed research plan and approved sample tools
   - 25% at submission of initial data collection findings report
   - 40% at submission of draft final report (prior to dissemination forum)
   - 10% at submission of Final Report (including forum/workshop proceedings)