

## **Statement of Work**

### **Provision of technical assistance in developing competency assessment framework and tool for the province-wide local health board and conduct of the assessment in project supported UIS**

#### **A. Introduction/Background:**

In February 2019, the Philippines passed the Universal Health Care (UHC) Act (RA 11223) aimed at providing all Filipinos with access to a comprehensive set of quality and cost-effective health services without causing financial hardship. The law also prescribed reforms in the health care system to address issues related to fragmentation of the health system arising from the devolution of health services, overlaps in health financing, and lack of stewardship and coordination, among others. There has been attempts to address the fragmentation of the local health system (LHS) in the past through the establishment of inter-local health zones (ILHZ) and service delivery networks (SDN). In fact, an essential reform component espoused by the law is the integration of cities/municipalities into the Province/City-wide health system (P/CWHS) which must happen across three levels namely: managerial, technical, and financial integration.

Part of USAID's ReachHealth Y3 technical support to UHC implementation include strengthening the local planning and budgeting process and mechanism for cooperative governance, establishing HCPN or transitioning existing service delivery networks and ensuring compliance to contracting and licensing requirements of DOH and PhilHealth, and setting-up pooling and purchasing arrangements through the SHF. Support towards these specific reform interventions impact on the implementation of FP/MCH programs in terms of improving and sustaining service delivery, and ensuring financing that is expected to increase service utilization, reduce out-of-pocket expense, and improve the quality of care for these services.

Looking more closely at the managerial dimension, a consolidated administration and management of public resources at the province/city level is required such that a governance structure and process must be in place. Crucial to this cooperative governance arrangement is the role of the Local Health Board (LHB) as a collegial body that was tasked to set the overall health policy directions, oversee and coordinate the integration process, manage financial resources through the Special Health Fund (SHF), and exercise administrative and technical supervision over health providers and human resources of the P/CWHS. Its composition includes the following: governor, provincial health officer, chair of the committee on health of the local council, representative of the private sector or NGO, and Additionally, the LHB shall now also include a representative from component LGUs, and indigenous cultural communities (as applicable) under the UHC law.

Therefore, there is a huge need to strengthen the capacity of the LHB in taking on the role of managing the entire LHS including the integration process. Essentially, this would require defining their roles and responsibilities, and consequently identifying the needed competencies that should be built for each member of the LHB and collectively as a governing body to carry out their function effectively. As a pre-requisite to designing a capacity building program, is the development of a competency framework and actual conduct of the competency assessment in all LHBs of project supported UIS. The framework outlines the knowledge, skills and attributes that is expected of each member of the LHB. Assessing these competencies is a useful way to recognize the inherent skills and knowledge of the governing

board as well as to identify development needs that must be supported through capacity building interventions in an effort to empower them to fulfill their role and functions.

**B. Scope of Work:**

For this engagement, the firm shall provide technical support in defining the capacity development needs of each member of the LHB, and develop a capacity building plan with specific recommendations based on the competency assessment results. To do this, the technical provider shall perform the following tasks:

- 1) Develop a competency framework or model for Province/City-wide LHB that is aligned with the defined roles and responsibilities stipulated in the UHC law, its IRRs, and other related policy issuances. The development should include:
  - a) Well-defined participatory process;
  - b) List of core competencies and related behaviors and skills (by categories and sub-categories, and member type);
  - c) Measurement scales for each competency; and
  - d) Validation process.
- 2) Recommend appropriate off-the shelf or develop the customized assessment tools;
- 3) Conduct of competency assessment in selected sites (as specified below);
- 4) Analysis/Interpretation of results and identification of competency gaps;

**C. Period of Performance:**

The tasks shall be performed within six months or less starting August 2021.

**D. Place of Performance:**

The engagement covers the conduct of the competency assessment in 8 project-assisted UHC integration sites: Batangas, Cebu, Negros Occidental, Zamboanga del Norte, Misamis Oriental, South Cotabato, Cagayan de Oro City, and Davao City.

**E. Activities and Tasks/Milestones/Schedule/Deliverables**

Work Item	Deliverable	Estimated Level of Effort (days)
1. Co-development of competency framework/model for LHB in collaboration particularly with DOH, DILG, CHD, and existing LHB	<ul style="list-style-type: none"> <li>• Inception report detailing the methods/process of the technical support</li> <li>• Review of related policies, legal mandates to provide context</li> <li>• Documentation of the development process including consultative meetings and workshops</li> </ul>	40

	<ul style="list-style-type: none"> <li>Final competency framework</li> </ul>	
2. Identify and agree on the appropriate competency assessment tools to be used	<ul style="list-style-type: none"> <li>Documentation of meetings with DOH, DILG, CHD, LHB and other</li> </ul>	12
3. Conduct of joint competency assessment in selected sites	<ul style="list-style-type: none"> <li>Schedule of competency assessments in UIS sites</li> <li>Raw data and data abstraction</li> </ul>	15
4. Analysis and interpretation of results including identification of competency gaps	<ul style="list-style-type: none"> <li>Report detailing the data and results of the assessment including comprehensive discussion</li> <li>Identification of knowledge, skills and attributes gaps of LHB members both on an individual and aggregate scale</li> <li>Measurement of LHB performance</li> <li>Development of a competency catalogue for LHB members both on an individual and aggregate scale which will serve as a common and immediate reference in developing learning and development support</li> <li>Creation of a competency map for LHB members both on an individual and aggregate scale that illustrates the levels of needed and required competencies as managers/stewards of local health systems</li> </ul>	15
5. Conduct of learning/feedback sessions with LHB and component LGUs	<ul style="list-style-type: none"> <li>Documentation of the learning sessions</li> </ul>	12
6. Provide recommendation on the findings and capacity building solutions	<ul style="list-style-type: none"> <li>Final report containing the objectives, methods, results and recommendations</li> </ul>	6
<b>TOTAL LOE</b>		<b>100</b>