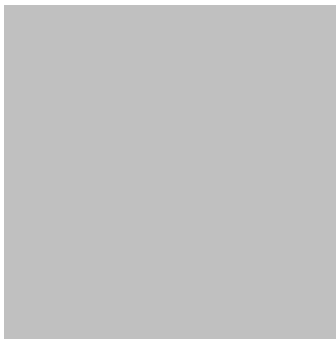
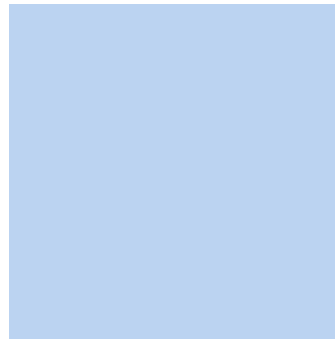




USAID
FROM THE AMERICAN PEOPLE

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



FINAL | NOVEMBER 2019

Application of Organizational Design and WISN - National Tuberculosis Control Program (NTP) of DOH

Contents

Contents.....	ii
Abbreviations	iii
Executive Summary.....	4
Introduction.....	6
Organizational Design and WISN Process Overview	6
Process and Output.....	6
Assumptions	7
Limitations	7
NTP Goals and Objectives	8
Alignment to PhilSTEP I	8
Role and Coverage.....	9
NTP Functions	10
Value Chain	10
Core Workload and Output.....	11
Support Activities and Statistics	15
Select Individual Activities and Statistics	15
NTP Staffing.....	16
Career Band Distribution and Functional Unit Distribution.....	16
NTP Structure	17
Recommendations	21
Annexes.....	23

This publication was produced for review by the United States Agency for International Development. It was prepared by members of the HRH2030 consortium.

November 26, 2019

Cooperative Agreement No. AID-OAA-A-15-00046

Cover photo: Dr. Redentor Rabino, one of the first doctors to the barrios in Bongao, Tawi-tawi, conducts the Snellen's test to one of his patients. (Credit: Blue Motus, USAID HRH2030/Philippines)

DISCLAIMER

This material is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-15-00046 (2015-2020). The contents are the responsibility of Chemonics International and do not necessarily reflect the views of USAID or the United States Government.

Abbreviations

AA	Administrative Assistant	PhilSTEP I	Philippine Strategic TB. Elimination Plan: Phase I
ACHIEVE	Activate, Collaborate, Harmonize, Innovate, Enforce, Value, Engage (PhilSTEP I Framework)	PMO	Project Management Office
AO	Administrative Officer	SAP	Sustainability Action Plan
BAC	Bids and Awards Committee	SCM	Supply Chain Management
BEM	Behavioral Engineering Model	SDG	Sustainable Development Goals
CHDs	Centers for Health Development	SDN	Service Delivery Network
CHED	Commission on Higher Education	SG	Salary Grade
DepEd	Department of Education	SIAPS	Systems for Improved Access to Pharmaceuticals and Services
DPCB	Disease Prevention and Control Bureau	TA	Technical Assistance
DOH	Department of Health	TB	Tuberculosis
DQC	Data Quality Check	DOTS	Directly Observed Treatment Short Course
FDA	Food and Drug Administration	UHC	Universal Health Care
HHRDB	Health Human Resource Development Bureau	USAID	United States Agency for International Development
HIV/AIDs	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome	WHO	World Health Organization
HPO	Health Program Officer	WISN	Workload Indicators of Staffing Need
HRH	Human Resources for Health		
IAS	Individual Allowance Standard		
IAF	Individual Allowance Factor		
IDO	Infectious Disease Office		
IEC	Information, Education and Communication		
ITIS	Integrated Tuberculosis Information System		
M&E	Monitoring and Evaluation		
MDR	Multi-Drug Resistant		
MO	Medical Officer		
MS	Medical Specialist		
MOP	Manual of Procedures		
NCD	Noncommunicable Disease		
NOH	National Objectives for Health		
NTP	National Tuberculosis Control Program		
PIA	Philippine Information Agency		
PDP	Philippine Development Plan		

Executive Summary

USAID 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 Tuberculosis Control Program (NTP) that is responsive the provisions of Republic Act 10767 otherwise known as the “Comprehensive Tuberculosis Elimination Plan Act of 2016 (TB Law)”¹ and to Philippine Strategic TB. Elimination Plan: Phase I (PhilSTEP I)².

The United States Agency for International Development (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 NTP in the Infections Disease Office (IDO) 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 tuberculosis (TB) promotion, treatment, care, and prevention. This is based on the analysis and consideration of the National Objectives for Health (NOH) 2017-2022³, the DOH Fourmula One Plus⁴, Ambisyon Natin 2040⁵, the TB Law and PhilSTEP I 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 NTP 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 NTP organizational structure and the work of staff in relation to the PhilSTEP I implementation and in adherence to other strategy documents.

USAID 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 NTP central staffing requirement of 58 employees (up from the current 16 DOH central level staff, inclusive of the current Global Fund supported staff). This staffing figure assumes that the proposed NTP structure will be installed in the next three years to enable DOH implementation of the PhilSTEP I, the accomplishment of the TB targets in the Philippine Development Plan (PDP) 2017-2022,⁶ and the Fourmula One Plus, all to help advance the Universal Health Care Law. Likewise, this assumes that the NTP 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 NTP, designed through the organizational design and WISN process, be adopted by DOH and remain within the Disease Prevention and Control Bureau (DPCB), and complemented by a similar application to the rest of the IDO and the DPCB, in the mid-term to 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 IDO, following the activity standards set by the NTP 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

¹ Republic Act No. 10767: Comprehensive Tuberculosis Elimination Plan Act (<http://www.ntp.doh.gov.ph/downloads/issuances/otherpdf/mc2016-0013.pdf>)

² http://www.ntp.doh.gov.ph/downloads/ntp_data/ntp_vmg_and_org_and_tb_burden.pdf

³ <https://www.doh.gov.ph/sites/default/files/publications/NOH-2017-2022-030619-1.pdf>

⁴ <https://drive.google.com/file/d/1ce2aVAdjnJnja-lsUU6dISKIDyHG6xT1/view>

⁵ <http://2040.neda.gov.ph/wp-content/uploads/2016/04/A-Long-Term-Vision-for-the-Philippines.pdf>

⁶ http://www.neda.gov.ph/wp-content/uploads/2017/12/Abridged-PDP-2017-2022_Final.pdf

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 NTP 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. Wherein this report on the NTP central office structure complements the USAID HRH2030/Philippines Report, “Preparing for the Transition of Global Fund Supported HRH in TB”, in describing structural and staffing scenarios for the development and implementation of the Global Fund TB grant for 2021-2024, with a focus on sustainability and the gradual transition of Global Fund investments to DOH and local partners.

Introduction

The USAID 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 HRH2030/Philippines performed an organizational design and WISN process to re-emphasize the goals and objectives of NTP, and to propose an updated structure, functions, and staffing that is grounded on the objectives set by the TB Law and responsive to strategies and performance targets of PhilSTEP I.

Organizational Design and WISN Process Overview

Process and Output

Table I offers an overview of the organizational design and WISN process that USAID HRH2030/Philippines undertook. The first phase revisits the goals and objectives of NTP through reviewing strategic documents such as the NOH 2017-2022, the PDP 2017-2022, and PhilSTEP I. 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 NTP 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 WISN⁷ tool to calculate the staffing requirements by cadre or career band and then by functional unit. At this point, a complete proposed structure of -NTP 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.

⁷ 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 I. Organizational Design and WISN Phases, Processes, and Output

Phase	Process	Output
I. Review and Alignment of Mandate to Strategic Directions and Outcomes	<ul style="list-style-type: none"> ▪ Review of strategy documents <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ WISN tool calculation <ul style="list-style-type: none"> ○ Projection of functional staff requirement ▪ Job analysis <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ▪ Departmentalization by core functions 	Proposed Structure
V. Validation	<ul style="list-style-type: none"> ▪ Validation of proposed mandate and functions ▪ Vetting of workload components and staffing figures 	Validation Report
VI. Sustainability Action Planning	<ul style="list-style-type: none"> ▪ Formulation and implementation of a Sustainability Action Plan 	Sustainability Action Plan

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

Assumptions

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

- The **target installation** of the proposed structure of NTP 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, NTP has established or developed fundamental policies, processes, and systems and are operational**.
- The **individuals occupying the positions in the proposed structure of NTP are highly competent and motivated**.
- The established goals and objectives of NTP 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 NTP under the IDO and offers a Project Management Office (PMO) setup applicable to the future endeavor of proposing structures and projecting staffing for the other offices of IDO**, and subsequently, DPCB
- The **identified NTP functions are based on information about similar benchmark local and international organizations that are accessible to USAID 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 NTP units are departmentalized** and their inter-operability within IDO, DPCB, and DOH 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 NTP, particularly as the Global Fund withdraws funding direct staff to the NTP.⁸
- The proposed structure and staffing are **limited to the NTP central office organization** and does not cover regional offices, local government unit personnel, and the health facility employees associated.

NTP Goals and Objectives

The intended impact on NTP for TB, along with other disease groups, is listed in the **National Objectives for Health (NOH) 2017-2022**. They are as follows:

“Strategic Goal 1. Better Health Outcomes - The health sector will sustain gains and address new challenges especially in maternal, newborn and child health, nutrition, communicable disease elimination, and noncommunicable disease (NCD) prevention and treatment. Improvements in health outcomes will be measured through sentinel indicators such as life expectancy, maternal and infant mortalities, NCD mortalities, TB incidence, and stunting among under-five year-olds.”

“Specific Objective 4. Increased Access to Quality Essential Health Products and Services - Strategies to reduce public health threats will be intensified through the acceleration of disease-free zone initiatives for endemic diseases targeted for elimination as major public health problems (e.g. malaria, filariasis, rabies). In addition, implementation of strategies for the prevention and control of communicable diseases (e.g. TB, HIV/AIDS⁹), NCDs, and emerging and reemerging diseases will be strengthened alongside efforts to improve disease surveillance. Data systems will be reviewed, streamlined, and harmonized. Opportunities for improving the current health information system in the country will likewise be explored given new technologies and emerging systems that are getting more affordable.”¹⁰

These NTP Goals are grounded on and responsive to the **WHO Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030 (WHO End TB by 2030 Framework)**¹¹ which addresses the global TB burden with strategies in line with the Sustainable Development Goals (SDGs). Case in point, *SDG 3 to “Ensure healthy lives and promote well-being for all at all ages”* specifies that the TB epidemic should be ended by 2030. Aside from reducing the incidence rates of TB, the SDGs include addressing TB under the universal health coverage framework. Likewise, *SDG 17 to “Strengthen the means of implementation and revitalize the global partnership for sustainable development”* aims to increase the availability of data and further disaggregate the data appropriately for improved implementation and monitoring of programs such as NTP.

Alignment to PhilSTEP I

Furthermore, the NTP sector objectives as described in PhilSTEP I are:

1. **High TB Treatment Success Rate** – increase treatment success rate for Drug-Susceptible TB and Multi-Drug Resistant (MDR) TB, decrease case fatality ratio and mortality, and improve TB care and prevention services.
2. **High Latent TB Infection Coverage** - Increase the number of Directly Observed Treatment Short-course (DOTS) facilities that are providing integrated patient centered TB care and prevention services.
3. **Increased Case Notification** – increase TB case finding and case notification rate
4. **Reduced Out-of-Pocket Expenses** – Reduce catastrophic cost of TB-affected households accessing DOTS facilities

These also entail that there should be adequate and competent human resources in TB prevention and treatment efforts, and that all TB diagnostic and DOTS facilities are complying with NTP standards and with adequate quality NTP products.¹²

⁸ Preparing for the Transition of Global Fund Supported HRH in TB: A Sustainability Roadmap for the Philippines, October 2019 (USAID 2030/Philippines)

⁹ Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging your immune system, HIV interferes with your body's ability to fight the organisms that cause disease. HIV is a sexually transmitted infection (STI)

¹⁰ From the National Objectives for Health 2017-2022, pg. 27 & 67, available online at <https://www.doh.gov.ph/sites/default/files/publications/NOH-2017-2022-030619-1.pdf>

¹¹ https://www.who.int/tb/WHO_Multisectoral_Framework_web.pdf?ua=1

¹² Framework of the PhilSTEP I and Targets, available online at http://www.ntp.doh.gov.ph/downloads/ntp_data/ntp_vmg_and_org_and_tb_burden.pdf

Role and Coverage

The role and coverage of NTP, in relation to these goals and objectives, is found in the TB Law of 2016, and listed as follows¹³:

1. **Comprehensive Philippine Plan of Action to Eliminate Tuberculosis** – the comprehensive plan shall serve as the overall strategic roadmap of all entities and organizations, whether public or private, in implementing relevant programs, projects, and activities, and in setting targets to eliminate TB as a public health problem in the country.
2. **Strengthened National and Regional Coordinating Committees** – improve the capability of the existing National and Regional Coordinating Committees in ensuring efficiency in the implementation, monitoring, and evaluation of the Philippine plan of action and in the coordination of efforts of various sectors.
3. **Strengthened Regional Centers for Health Development (CHDs) in the Provision of Health Services to Eliminate TB** – strengthen CHDs in the provision of health services to eliminate TB through the provision of free laboratory services in DOH-retained hospitals, provision of free drugs in the local health centers, adoption of educational program on preventing spread of TB, capacity building of health providers for both public and private hospitals, and extensive and proper monitoring of TB cases.
4. **Research, Demonstration Projects, Education, and Training** – DOH to conduct basic and clinical research, pursue demonstration projects to generate evidence, conduct clinical skills improvement activities for health providers, support model centers, and collaborate with local or foreign organizations for technical and funding support.
5. **Medical and Allied Medical Education Programs, Basic Education, and Media Campaign**
 - a. *Education Programs* – DOH, in coordination with the Commission on Higher Education (CHED), shall encourage the faculty of schools of medicine, nursing, or medical technology and allied health institutions to intensify information and education programs, including the development of curricula, and to significantly increase the opportunities for students and practicing providers to learn the principles and practices of preventing, detecting, managing, and controlling TB.
 - b. *Basic Education* - DOH, in coordination with the Department of Education (DepEd), shall work for the inclusion of modules on the principles and practices of preventing, detecting, managing, and controlling TB in the health curriculum of every public and private elementary and high school.
 - c. *Media Campaign* - DOH, in coordination with the Philippine Information Agency (PIA), shall encourage local media outlets to launch a media campaign on TB control, treatment and management, using all forms of multimedia and other electronic means of communication.
6. **Regulation on Sale and Use of TB Drugs** – the Food and Drug Administration (FDA) shall strengthen its implementation of the “No prescription, No anti-TB drugs” and shall ensure the quality of TB drugs in the market.
7. **Notification on TB Cases** – All public and private health centers, hospitals and facilities, shall observe the national protocol on TB management and shall notify DOH of all TB cases as prescribed under the NTP Manual of Procedures (MOP).
8. **Philippine Health Insurance Corporation (PhilHealth) TB Packages** – expand PhilHealth benefit package for TB patients to include new, relapse, and return-after-default cases and extension of treatment.

In an exercise using the USAID Behavioral Engineering Model (BEM)¹⁴ to examine the performance of an organization, USAID HRH2030/Philippines obtained the below list (Table 2) of short and mid-term objectives of NTP identified through interviews by a majority of the Executive Committee members of DOH.

¹³ <http://www.ntp.doh.gov.ph/downloads/issuances/otherpdf/mc2016-0013.pdf>

¹⁴ <https://www.usaid.gov/sites/default/files/documents/1865/253saj.pdf>

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

Short-Term Objectives (1-Year)	Mid-Term Objectives (3-Year)
<ul style="list-style-type: none"> ▪ Creation of a Global Fund Transition Plan¹⁵ ▪ Faithful implementation of PhilSTEP I ▪ Review existing policies and processes ▪ Revisit the program strategy and mandate ▪ Structural review and analysis of the program ▪ Improve the Program Implementation Review (PIR) process ▪ Decentralization of program implementation ▪ Build strong partnership with LGUs ▪ Decision-makers to push for more plantilla (permanent) positions ▪ Intensify TB case-finding and default tracking ▪ Integrate the use of Health Technology Assessment (HTA) in planning and procurement ▪ Improve supply and logistics management 	<ul style="list-style-type: none"> ▪ Allocation of enough (internal) budget for the program ▪ Monitoring and evaluation of PhilSTEP I ▪ Pursue partnership and involvement of private sector ▪ Extensively engage DOH regional offices to achieve program indicators and deliver outcomes ▪ Achieve the target indicators on the 2022 commitment ▪ Integration of TB information system to the Knowledge Management and Information Technology Services (KMITS) ▪ Documentation of best practices and scale up ▪ Access TB medication through PhilHealth ▪ Expansion of pool of TB experts ▪ Expand the training program given to HRH beyond technical training to include areas such as project management, communication, monitoring and evaluation, etc.

All these clearly coincide with what NTP's MOP¹⁶ articulates as their mandate **“to develop TB control policies, standards and guidelines, formulate the national strategic plan, manage program logistics, provide leadership and technical assistance (TA) to the lower health offices/units, manage data, and monitor and evaluate the program.”**

NTP Functions

Value Chain

The NTP value chain was framed using information from various activities and resources. Process owners and leaders of NTP 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 NTP covers. USAID HRH2030/Philippines employed benchmarking information from comparable units of these local and international organizations:

- Philippines Department of Social Welfare and Development Pantawid Pamilyang Pilipino Program (Annex 1)
- India Central TB Division (Annex 2)
- Nepal National TB Center
- Uganda Central TB Unit
- Myanmar National Tuberculosis Programme

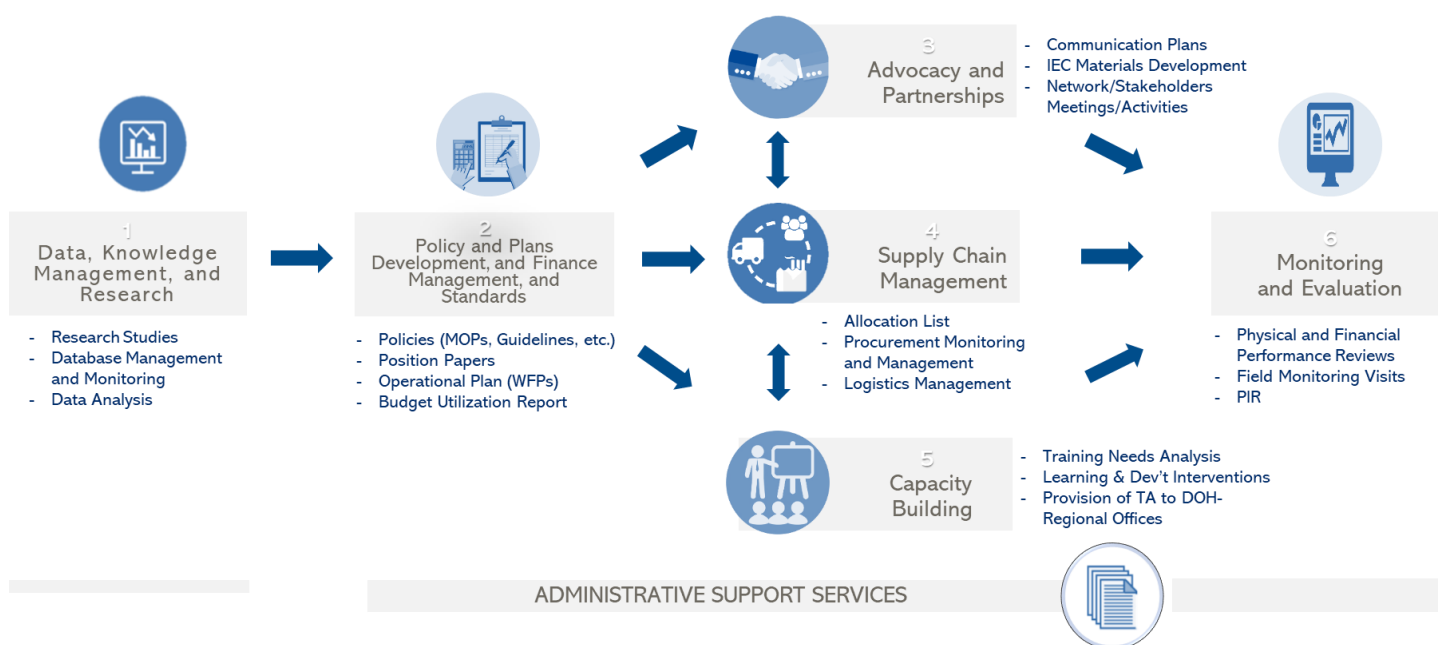
The NTP value chain (Figure 1) begins with data, knowledge management, and research, which allows the program to obtain the right data to get a clear view and complete understanding of the TB situation and burden, along with its programmatic needs and challenges. From this data, policies, plans, and standards are developed, coupled with the necessary budget and funding, to create an enabling environment in addressing the burden of TB. To guarantee that these plans and policies are supported by the sector in its

¹⁵ The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is the Philippines' largest development partner for combatting tuberculosis (TB). Over the last several years, Global Fund TB grants have played a major role in contributing to the Philippine's TB progress to date. In 2020, the Philippines will develop the proposal for the next Global Fund TB grant (2021-2024), with a focus on sustainability and the gradual transition of Global Fund investments to local partners. The Government of the Philippines, under the leadership of the Department of Health (DOH) and the National Tuberculosis Program (NTP), already is preparing for this eventual transition. (Preparing for the Transition of Global Fund Supported HRH in TB: A Sustainability Roadmap for the Philippines, October 2019, USAID 2030/Philippines)

¹⁶ http://www.ntp.doh.gov.ph/downloads/NTP_MOP_5th_Edition.pdf

implementation, strong advocacy and partnerships are pursued by NTP through all relevant stakeholders. Parallel to this, efficient supply chain management is employed that will allow TB 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.

Figure 1. Proposed NTP Value Chain



Core Workload and Output

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

Table 3. NTP Value Chain Elements and Workload Components

Value Chain Element	Workload Component	Output
Data, Knowledge Management and Research	Data Consolidation and Analysis	<ul style="list-style-type: none"> - Integrated Tuberculosis Information System (ITIS) - Consolidated Regional Reports - TB Program Reports
	Database Maintenance	<ul style="list-style-type: none"> - TB Program Database (Internal)
	Website Development and Maintenance	<ul style="list-style-type: none"> - NTP Website - Website Feedback Reports - Updated Dashboard of TB Performance Indicators
	Research Agenda Formulation	<ul style="list-style-type: none"> - Research Agenda Consultation Meetings - Research Agenda on TB
	Research Management	<ul style="list-style-type: none"> - Approved Research Protocols - Research Study Contracts - Research Monitoring Reports - Research Feedback Meetings - Research Progress Reports
	Knowledge Management	<ul style="list-style-type: none"> - Knowledge Management System and Database - Knowledge Management Products and Programs
Policy and Plans Development, and	Policy and Standards Development	<ul style="list-style-type: none"> - Policy and Standards Data Matrix - Policy and Standards Consultation Meeting

Value Chain Element	Workload Component	Output
Finance Management, and Standards		- 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 Development Consultation Meetings - Policy Notes
	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 including SBCC
	Information, Education and Communication (IEC) Materials Development	- IEC Materials
	Stakeholders' Meetings	- Stakeholders' meeting and meetings report
Supply Chain Management (SCM)	Preparation of Allocation List	- Reviewed Regional SCM reports - Reviewed Commodity Requests - 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 & 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	- M&E Indicators - M&E Data - Data Quality Check (DQC) Reports - M&E Database - M&E Reports
Administrative Support	Office Facilities Management	- Purchase Requests
	Office Procurement	- Vendor List
	Office Inventory Management	- Purchase Orders - Payment Vouchers

Table 4 provides a sample of the comprehensive list of Core Workload Components, Activities, and Outputs applicable to the Workload Component I of the WISN tool available in Annex 3.

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 NTP value chain comprise the central functions. In line with each element and function are core workload components¹⁷ and outputs with related workload statistics,¹⁸ drawn from individual interviews with NTP team members and DOH leadership, DOH strategy and process documents, and previously cited benchmark references of similar local and international organizations.¹⁹ Table 5 lists the strategy 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. NTP Value Chain Elements, Functions, and Strategy Alignment

Value Chain Element	Functions	Strategy Document	Strategy Alignment
Data, Knowledge Management and Research	Data Consolidation and Analysis	DOH-NOH 2017-2020	Specific Objective 4
		PhilSTEP I	ACHIEVE Strategy 4
	Database Maintenance	DOH-NOH 2017-2020	Specific Objective 4
		PhilSTEP I	ACHIEVE Strategy 4
	Website Development and Maintenance	DOH-NOH 2017-2020	Specific Objective 4
		PhilSTEP I	ACHIEVE Strategy 4
	Research Agenda Formulation	Comprehensive Tuberculosis Elimination Plan Act of 2016 (TB Law)	Research, Demonstration Projects, Education and Training
		WHO Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030 (WHO End TB by 2030 Framework)	Intensified Research and Innovation
	Research Management	TB Law	Research, Demonstration Projects, Education and Training
	Knowledge Management	WHO End TB by 2030 Framework	Intensified Research and Innovation
		DOH NOH 2017-2020	Specific Objective 4
		PhilSTEP I	ACHIEVE Strategy 4

¹⁷ 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)

¹⁸ https://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf

¹⁹ Philippines Pantawid Pamilyang Pilipino Program, India Central TB Division, Nepal National TB Center, Uganda Central TB Unit, Myanmar National Tuberculosis Programme

Value Chain Element	Functions	Strategy Document	Strategy Alignment
Policy and Plans Development, and Finance Management, and Standards	Policy and Standards Development	PhilSTEP I	ACHIEVE Strategy 5
		TB Law	Notification of TB Cases
		WHO End TB by 2030 Framework	Bold Policies and Supportive Systems
	Position Paper Preparation	WHO End TB by 2030 Framework	Bold Policies and Supportive System
	Policy Review	PhilSTEP I	ACHIEVE Strategy 5
		TB Law	Notification of TB Cases
		WHO End TB by 2030 Framework	Bold Policies and Supportive Systems
	Policy Research Management	TB Law	Research, Demonstration Projects, Education and Training
		WHO End TB by 2030 Framework	Intensified Research and Innovation
	Policy Note (Brief) Development	PhilSTEP I	ACHIEVE Strategy 5
		TB Law	Notification of TB Cases
		WHO End TB by 2030 Framework	Bold Policies and Supportive Systems
	Strategic Plan Development	DOH-NOH 2017-2020	Strategic Goal I
		PhilSTEP I	ACHIEVE Strategy 7
		TB Law	Comprehensive Philippine Plan of Action to Eliminate Tuberculosis
		WHO End TB by 2030 Framework	Bold Policies and Support System
Advocacy and Partnerships	Communication Plan Development	TB Law	Strengthened National and Regional Coordinating Committees
		PhilSTEP I	ACHIEVE Strategy 3
	IEC Materials Development	PhilSTEP I	ACHIEVE Strategy 2
		WHO End TB by 2030 Framework	Bold and Supportive Systems
	Budget Utilization Review	WHO End TB by 2030 Framework	Bold and Supportive Systems
Supply Chain Management	Preparation of Allocation List	PhilSTEP I	ACHIEVE Strategy 1
		TB Law	Medical and Allied Medical Education Programs, Basic Education, and Media Campaign
		WHO End TB by 2030 Framework	Medical and Allied Medical Education Programs, Basic Education, and Media Campaign
	Attendance to BAC Conferences/Meetings	PhilSTEP I	ACHIEVE Strategy 7
		WHO End TB by 2030 Framework	Bold Policies and Supportive Systems
		DOH-NOH 2017-2020	Strategic Goal I
	Procurement Management and Monitoring	PhilSTEP I	ACHIEVE Strategy 5
		TB Law	Regulation on sale and use of TB Drugs
		WHO End TB by 2030 Framework	Regulation on sale and use of TB Drugs
Capacity Building	Training Needs Analysis (TNA)	TB Law	Research, Demonstration Projects, Education and Training
	Course Development	TB Law	Strengthened Regional CHDs in the Provision of Health Services to Eliminate TB
		WHO End TB by 2030 Framework	Intensified Research and Innovation
	Provision of Technical Assistance to DOH-Regional Offices	TB Law	Strengthened Regional CHDs in the Provision of Health Services to Eliminate TB
Monitoring and Evaluation	Monitoring and Evaluation	TB Law	Strengthened National and Regional Coordinating Committees

The detailed list of Table 5 with the specific strategy document citation is available in Annex 4.

Support Activities and Statistics

In addition to the core workload of the NTP set of functions are support activities. Support activities performed by all members are also included in the total workload of NTP (Table 6) and form the input under Workload Component 2 of the WISN tool. The Category Allowance Standards (CAS)²⁰ data were triangulated with similar activities listed in the USAID HRH2030/Philippines WISN Service Delivery Network (SDN)²¹ data, the information gathered from individual interviews with HHRDB team members, and international references from Namibia²² and South Africa.²³

Table 6. Sample IDO-NTP Category Allowance Standard (CAS)²⁴ 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)²⁵ 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 NTP 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).²⁶ An example of this is presented in Table 7 below:

Table 7. Sample IDO-NTP 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 hours/year	1

²⁰ 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)

²¹ 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>)

²² <https://www.capacityplus.org/files/resources/rapid-retention-study-Namibia.pdf>

²³ <http://www.mrc.ac.za/sites/default/files/files/2016-07-14/StaffingNorms.pdf>

²⁴ 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)

²⁵ 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)

²⁶ 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)

NTP Staffing

Career Band Distribution and Functional Unit Distribution

After entering the workload components and activity standards into the WISN software, it automatically calculates the projected staffing need. To achieve this, four career bands patterned after the standard of the Society of Human Resource Management,²⁷ were first established, compliant to the Department of Budget and Management organization and staffing standards and guidelines.²⁸ The Career Bands group specific positions according to their covered functions as shown in Table 8.

Table 8. IDO-NTP Positions-Career Band Functions

POSITIONS		CAREER BAND / CADRE	FUNCTION
MO V, MS IV	SG 25 SG 24	Supervisory / Management Band	<ul style="list-style-type: none"> Accountable for managing people, setting direction and deploying resources; typically, is responsible for performance evaluation, pay reviews and hire/fire decisions 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	<ul style="list-style-type: none"> Work is primarily achieved by an individual or through project teams Requires the application of 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: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Performs specialized technical tasks required to support operations (e.g., IT development, research support, skilled trade) Majority of time is spent on: <ul style="list-style-type: none"> Performing routine professional-based activities (early in career)
AO II, AA IV, AA III	SG 11 SG 11 SG 10 SG 9 SG 7	Administrative Support Band	<ul style="list-style-type: none"> 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

²⁷ https://www.shrm.org/resourcesandtools/business-solutions/documents/twds_csr_general_industry_human_resources.pdf

²⁸ <https://www.dbm.gov.ph/wp-content/uploads/OPCCB/resolution1.pdf>

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 NTP in Annexes 5 and 6.

The WISN tool was populated with the details of the core and support workload components and the related statistics to determine NTP staffing requirements. The WISN calculated requirement by cadre and further into functional units presents a total of 58 staff (Table 9). Staff are distributed by four career bands under seven functional units based on the value chain elements and an added unit of administrative support. Fractional results of staffing need were rounded up to account for a full position (see Annex 8 for further details).²⁹

Table 9. NTP 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	I	4	10	1
Policy and Plans Development, and Finance Management, and Standards		3	7	0
Advocacy and Partnerships		2	2	1
Supply Chain Management		2	2	0
Capacity Building		6	5	1
Monitoring and Evaluation		3	3	1
Administrative Support		1	1	2
Total (N=58)	I	21	30	6

NTP Structure

The proposed NTP 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.³⁰

Because of similar circumstances, **the PMO setup is recommended for the programs under IDO, including the NTP, 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.**

Likewise, the cited performance gaps in the BEM analysis and expectation expressed in the interviews by the DOH leadership of NTP are addressed given the following common potential benefits in the implementation of a PMO in a public sector organization:³¹

²⁹ 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)

³⁰ 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.

³¹ Santosa, V. & Varajão, J., 2015. PMO as a key ingredient of public sector projects' success - position paper. Procedia Computer Science, 64, pp.1190-99.

- 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 successful 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."³² 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.³³ Project management best practices can be adapted for public sector projects because the practices follow these common lines.³⁴ 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.³⁵

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

- The bureau should be supervised by the bureau director and his/her office that oversees IDO
- IDO, as a division, should be accountable for the overall portfolio management of all programs under its coverage. IDO 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 NTP, 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 IDO-NTP**. A shared service is one where the provision of a back-office service is consolidated within a single area of an organization.³⁶ 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, the public sectors, can be an efficient solution in this context.³⁷ 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

³² Kerzner, H. (2006). *Gestão de projetos: as melhores práticas*. tradução Lene Belon Ribeiro. 2. ed. – Porto Alegre: Bookman.

³³ Pfeiffer, P. (2004). *Gerenciamento de projetos de desenvolvimento: conceitos, instrumentos e aplicações*. Rio de Janeiro: Brasport.

³⁴ 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.

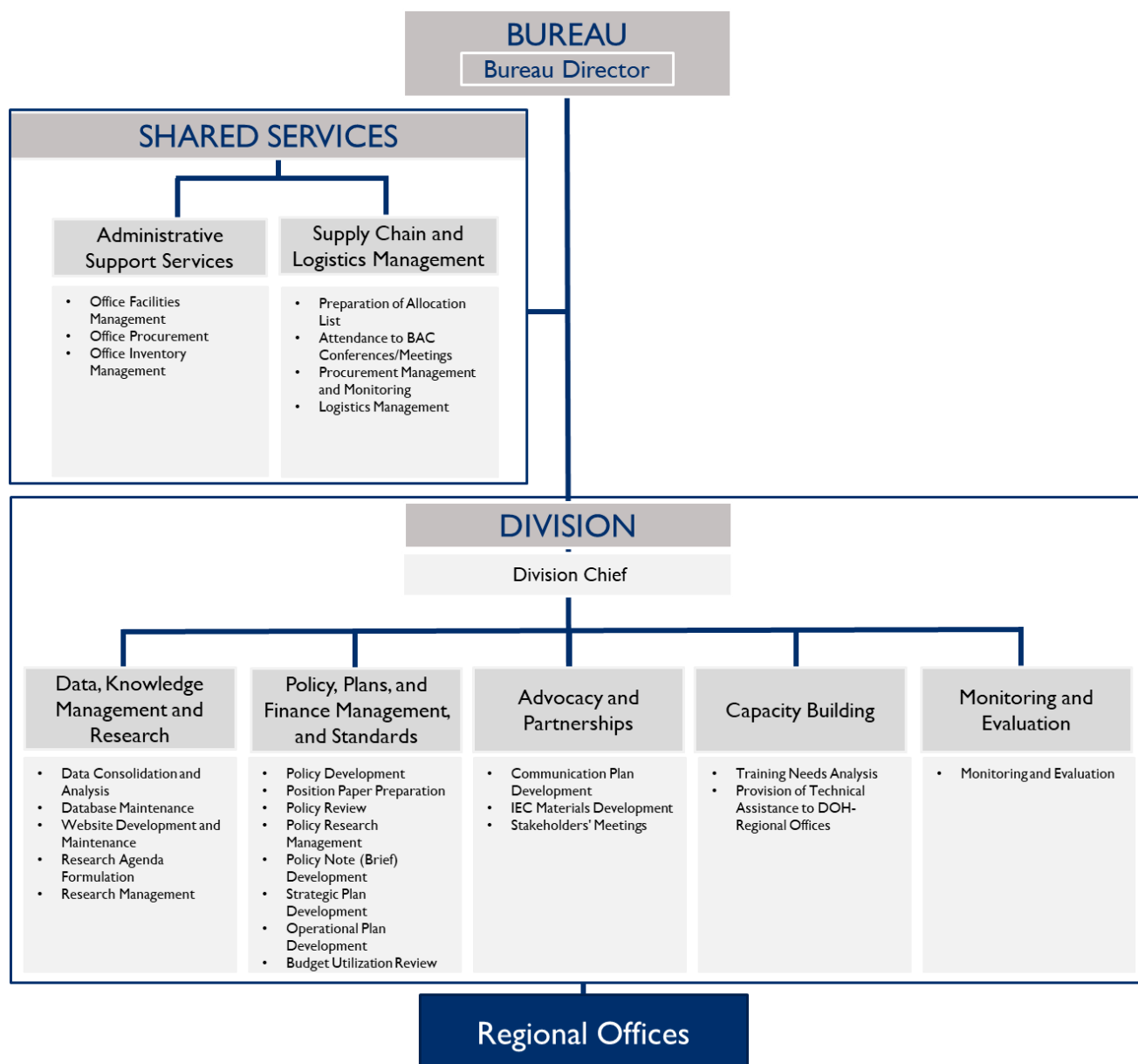
³⁵ Pilkaitė, A., & Chmieliauskas, A. (2015). Changes in Public Sector Management: Establishment of Project Management Offices—A Comparative Case Study of Lithuania and Denmark. *Viesoji Politika ir Administravimas*, 14(2), 291-306.

³⁶ Janssen M, Joha A, Weerakkody V. Exploring relationships of shared service arrangements in local government. *Transforming Government: People, Process & Policy* 2007; 1: 271–284.

³⁷ 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.

Chain Governance Framework³⁸ for which the shared services arrangement for the PMO setup of IDO-NTP may capitalize on as it outsources this function in this division of DOH.

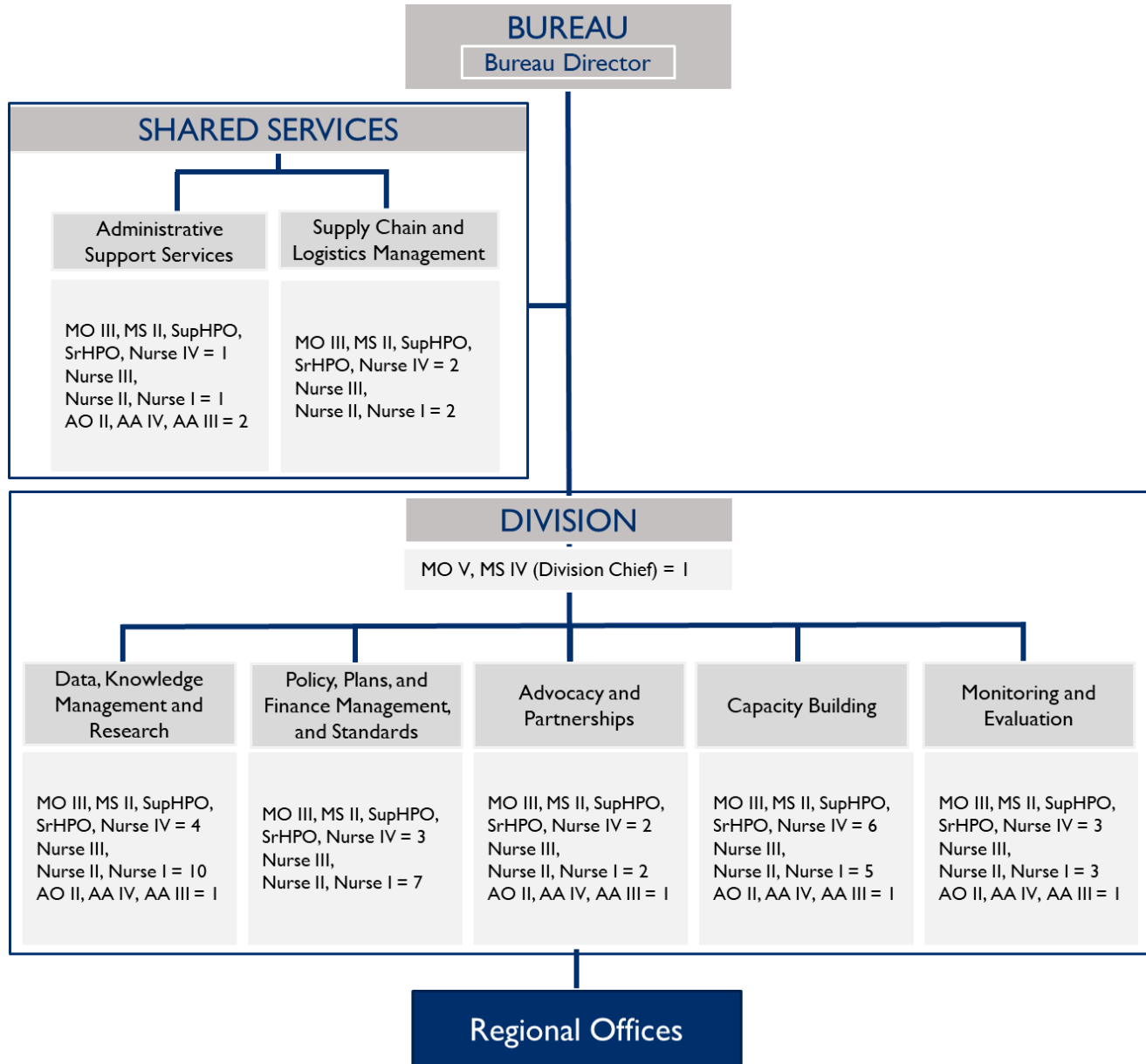
Figure 2. Proposed IDO-NTP Organizational Structure by Functional Areas



³⁸ <http://siapsprogram.org/publication/altdown/strengthening-the-supply-chain-governance-framework-for-pharmaceuticals-and-health-products-in-the-philippines/english/>

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:

Figure 3. Proposed IDO-NTP Organizational Structure and Staffing



From this figure, Table 9 shows the staffing distribution by position, unit, division, and office. **The total projected bureau staffing level of 58 of the proposed IDO-NTP structure are plantilla or permanent positions and are considered the minimum headcount for IDO-NTP in the central office and does not include regional staff.** The proposed staffing level of 58 is an increase in the current staffing of 16 employees wherein 15³⁹ are non-permanent and under the current Global Fund TB grant for the DOH Central Office.

³⁹ Preparing for the Transition of Global Fund Supported HRH in TB: A Sustainability Roadmap for the Philippines, October 2019 (USAID 2030/Philippines)

Benchmarking to an international government organization with similar functions and context, the IDO-NTP staff figure of 58 is below the counterpart organization of Myanmar with 164 staff, which currently covers the span of central office manpower but is different as Myanmar does not have a devolved arrangement (Table 10). These comparisons are indicative of the gap between the existing staffing of IDO-NTP and that of the proposed 58 permanent staff aligned to a more responsive mandate and structure.

Table 10. Benchmark Information on International Tuberculosis Prevention and Control Program

Variables	DOH NTP ⁴⁰	Myanmar NTP ⁴¹
Levels of Government	Devolved	Parliamentary Republic
Central Level Program Staffing Level	16	164
Total Program Staffing Level (Central and Regional Office)	67	675
Country Population	107,834,99**	54,045,420**
TB Burden	Mortality Rate: 25* Incidence Rate: 554* Per 100,000 population	Mortality Rate: 51* Incidence Rate: 358* Per 100,000 population

*2017 figures, **2019 figures,

Recommendations

USAID 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 IDO-NTP:

1. **Installation of the proposed structure and staffing of IDO-NTP within the next three years and WISN application to the rest of DPCB** – The proposed IDO-NTP structure, as a result of this organizational design and WISN process, assumes its installation in three years in support of the implementation of PhilSTEP I and the accomplishment of the TB targets in the PDP 2017-2022. Likewise, the projected number of 58 staff is the minimum number of permanent positions, assuming they 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 IDO** - 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 IDO. In addition, the PMO setup and shared services arrangement in the organizational design of NTP is also applicable to the whole of IDO. To complete the full IDO structure and staffing projections, HHRDB can utilize these and reference the example of NTP in this report to perform the organizational design and WISN process for the remainder of the IDO units. An innovation that emerges is having a shared Administrative Unit and Supply Chain Unit, for the whole of IDO that centralizes centers of excellence in transactional functions.
3. **Conduct a talent review to evaluate the competencies of the current team members and assign suitable staff to the appropriate positions** – The proposed IDO-NTP 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.

⁴⁰ Data provided by the DOH NTPMO, April 2019

⁴¹ National Strategic Plan For Tuberculosis 2016-2020, Ministry of Health in Myanmar, pgs. 123-125, Retrieved online at <http://mohs.gov.mm/Main/content/publication/tuberculosis-national-strategic-plan-2016-2020>

4. **Update job descriptions of IDO-NTP 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. IDO-NTP 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 current staff and ensure quality of recruitment for additional staff to match competency requirements of the proposed functions of IDO-NTP** – The proposed IDO-NTP 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 and proper recruitment of talent may be planned and undertaken to enable IDO-NTP and its team members with skills and knowledge to meet the comprehensive functions of the division.
6. **Maintain a gender balance in the staffing of IDO-NTP.** There are significant findings in examining the current staffing using a gender lens as detailed in Annex 9. Aside from workload, there are observations using gender analysis that provides workforce-related insight. Women's share of employment is high in the DPCB –IDO, with staff composed of 68% women and 32% men. However, between female and male staff, there is a bigger share of plantilla positions among men than women (not in absolute number). More than half of men in the DPCB-IDO are in plantilla positions, while only a third of women are in plantilla positions. 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 IDO-NTP staff reflects the population which the bureau services and impacts.
7. **Regional DOH offices should mirror the proposed structure and functions of IDO-NTP.** 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 Law⁴² and its Implementing Rules and Regulations,⁴³ the changes and expansion of roles and scope ripples to the regional and LGU levels which requires the programs of DPCB, including IDO-NTP 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 IDO-NTP 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 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 IDO-NTP structure and to complement the Global Fund Transition** – 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 IDO-NTP 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. More importantly, given the potential Global Fund Transition, a synchronized effort between the structural changes at the central office and in the regions and local government unit levels will be required.

⁴² <https://www.officialgazette.gov.ph/downloads/2019/02feb/20190220-RA-11223-RRD.pdf>

⁴³ https://www.doh.gov.ph/sites/default/files/health_magazine/UHC-IRR-signed.pdf

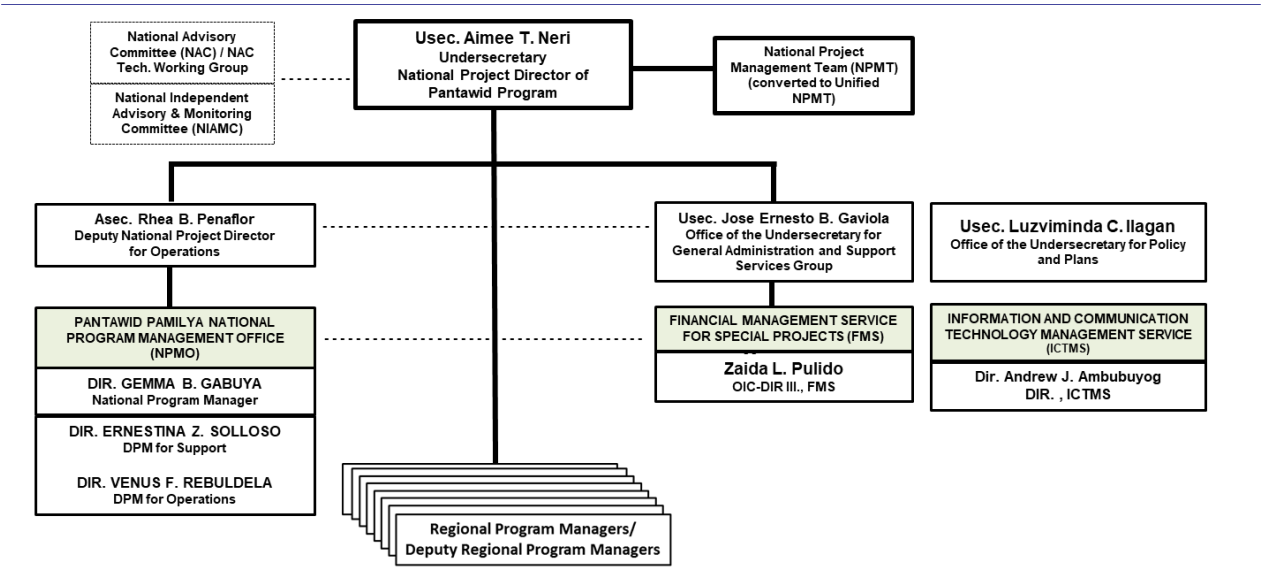
Annexes

Annex I

Philippines Department of Social Welfare and Development Pantawid Pamilyang Pilipino Program

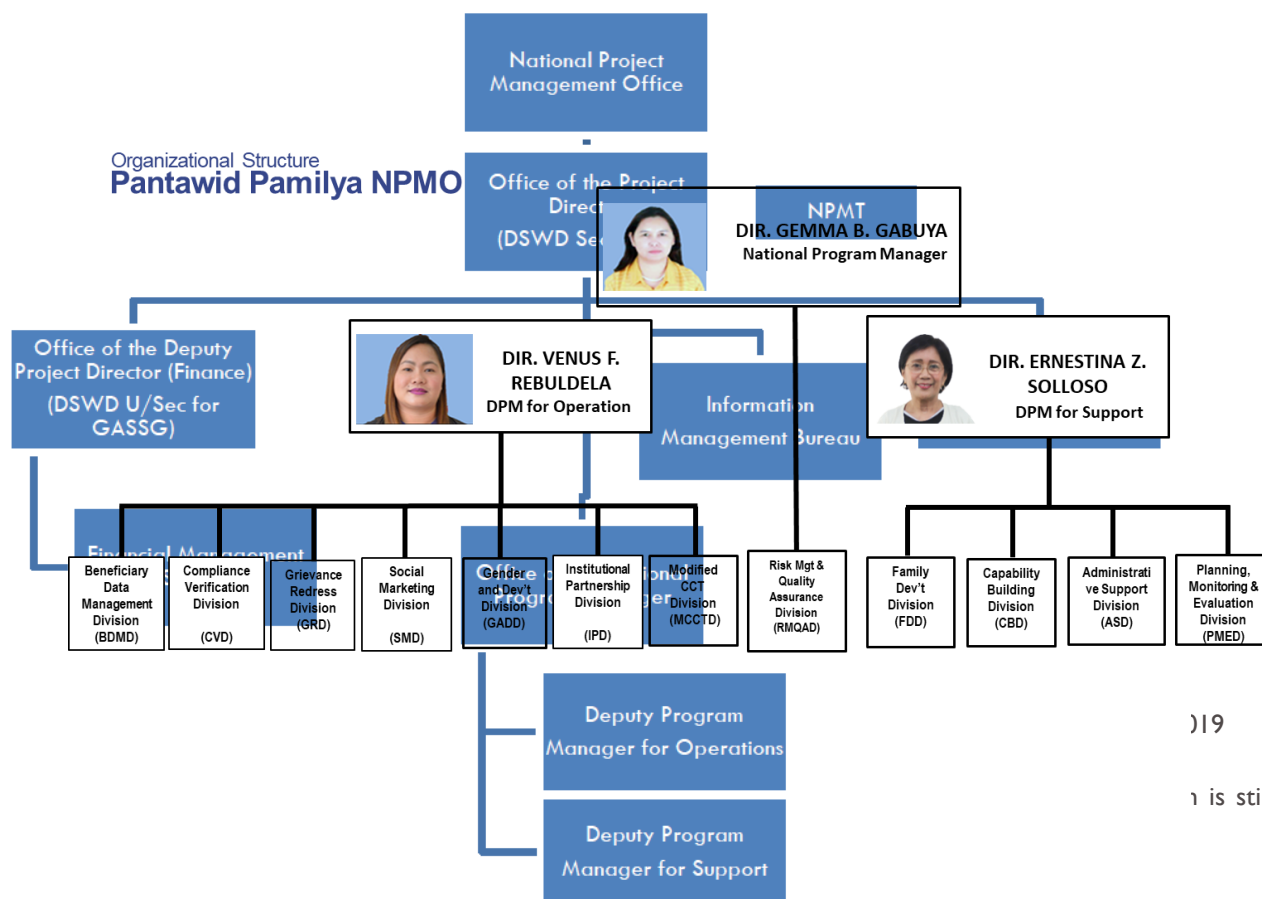
Project Management Structure in a Philippine National Government Program

NTP is likened to the Pantawid Pamilyang Pilipino Program (4Ps) of the Department of Social Welfare (DSWD) as both have a comparable regional organizational set-up and a devolved functional arrangement with the local government units (LGU).



Current Organogram/Organizational Structure of the DSWD 4Ps as of July 2019

As the above structure of DSWD presents, national programs servicing the regions maintain a project management organizational set up.



Pantawid Pamilyang Pilipino Program Project Organizational Structure (ADB Project Manual or the 4Ps)

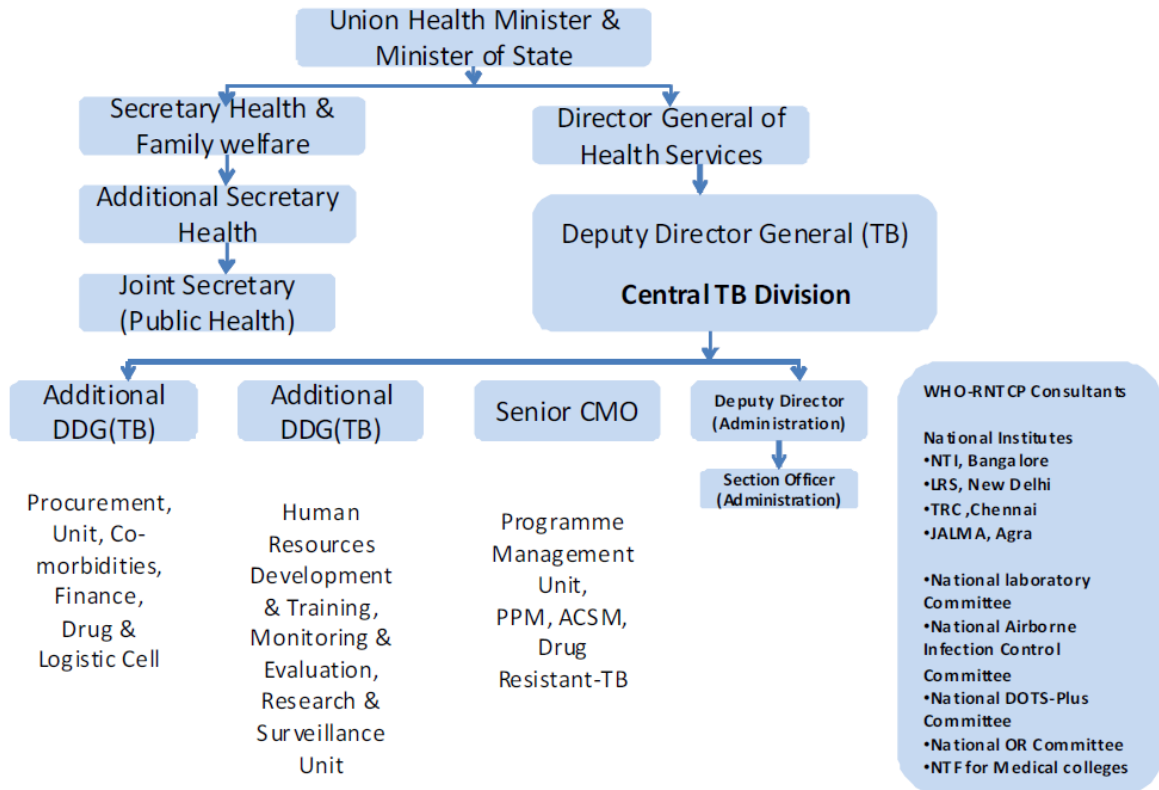
With the 4Ps program recognized by the Asian Development Bank (ADB), from a comprehensive and rigorous evaluation, has had a robust impact in improving education and health outcomes as well as utilization of maternal health services⁴⁴, thus serving as a reliable benchmark for government programs with nationwide coverage. Following DSWD's 4Ps model, there is value with having a PMO setup at the national level with DPCB and IDO applying a portfolio management approach, and the NTP managing its end-to-end set of functions with a separation of operations/technical units from support units while still ensuring synergies on service delivery at the regional level and farther below.

⁴⁴ <https://www.adb.org/sites/default/files/linked-documents/43407-014-sd-01.pdf>

Annex 2

India National TB program: Organogram

Organogram: Central Level



Annex 3

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

Value Chain Element	Workload Component	Output	Activities
Data, Knowledge Management and Research	Data Consolidation and Analysis	<ul style="list-style-type: none"> - Integrated Tuberculosis Information System (ITIS) - Consolidated Regional Reports - TB Program Reports 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - TB Program Database (Internal) 	<ul style="list-style-type: none"> - Encoding of Data to Database - Maintain overall integrity and quality of database - Performs Database backup
	Website Development and Maintenance	<ul style="list-style-type: none"> - NTP website - Website feedback reports - Updated Dashboard of TB performance indicators 	<ul style="list-style-type: none"> - Develop website - Monitor Website Activity - Generate Feedback reports from website - Regular security and content update
	Research Agenda Formulation	<ul style="list-style-type: none"> - Research Agenda Consultation Meetings - Research Agenda Consultation Meetings - Research Agenda on TB 	<ul style="list-style-type: none"> - Consultation with relevant stakeholders - Prioritization of research topics - Draft research agenda
	Research Management	<ul style="list-style-type: none"> - Approved Research Protocols - Research Study Contracts - Research Monitoring Reports - Research feedback meetings - Research progress reports 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Knowledge Management System and Database - Knowledge Management Products and Programs 	<ul style="list-style-type: none"> - Manage knowledge libraries and databases - Tacit knowledge gathering activities
Policy and Plans Development, and Finance Management, and Standards	Policy and Standards Development	<ul style="list-style-type: none"> - Policy and standards data matrix - Policy and standards consultation meeting - Reviewed policy and standards issuances 	<ul style="list-style-type: none"> - Gather necessary data - Conduct consultation meetings - Revise and finalize policy papers
	Position Paper Preparation	<ul style="list-style-type: none"> - Position Papers 	<ul style="list-style-type: none"> - Review TB-related legislative document - Conduct desk research and gather expert's opinion - Draft position paper
	Policy Review	<ul style="list-style-type: none"> - Policy review consultation workshops - Policy Review 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Policy Research Protocols - Policy Research Study Contracts - Policy Research Monitoring Reports - Policy Research Progress Reports - Policy Research Feedback Meetings 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Policy Scoping/Mapping Document - Policy Note Development Consultation Meetings - Policy Notes 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Strategic Plan Consultation Meetings - Situational Analysis Report - Draft Strategic Plan - Strategic Plan 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Reviewed Program Reports - Operational Plan - Catch-up Plans 	<ul style="list-style-type: none"> - Review of annual performance (budget, key results area, etc.) - Develop operational plan - Develop catch-up plans, as necessary
	Budget Utilization Review	<ul style="list-style-type: none"> - Budget Utilization Report 	<ul style="list-style-type: none"> - Generate/Draft budget utilization report - Review budget utilization report - Endorse budget utilization report
Advocacy and Partnerships	Communication Plan Development	<ul style="list-style-type: none"> - Communication Plan Development Workshop - Media Channels - Communication Plan 	<ul style="list-style-type: none"> - Define objectives and key audience - Identify media channels and establish a time table - Develop the plan
	Information, Education and Communication (IEC) Materials Development	<ul style="list-style-type: none"> - IEC materials 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Stakeholders' meeting - Meeting Reports 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Reviewed Regional SCM reports - Reviewed Commodity Requests - Annual Procurement Plan/Allocation List - Annual Procurement Plan/Allocation List 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Reviewed BAC documents - BAC Conferences/Meetings - BAC endorsement documents 	<ul style="list-style-type: none"> - Review BAC documents prior to meeting - Participate in BAC conferences/meetings - Provide recommendations
	Procurement Management and Monitoring	<ul style="list-style-type: none"> - Procurement Documents - Inventory Management Reports - Commodity Request Documents - Allocation List for Additional Commodities - SCM Report 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Training Needs Assessment (TNA) results - TNA Report 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Learning Materials Design - Training Design - Training Course Evaluation Workshops - Approved Training Course 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Program Materials and Presentation Decks - Program Trainings and Workshops - Program Trainings and Workshops - Post-activity Reports 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - M&E Indicators - M&E Data - DQC Reports - M&E Database - M&E Reports 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Office Facility Management Report 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Purchase Requests - Vendor List - Purchase Orders - Payment Vouchers 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Inventory Reports 	<ul style="list-style-type: none"> - 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 4

IDO-NTP Value Chain Elements, Functions, Strategy Alignment and Strategy Document Citation

Value Chain Element	Functions	Output	Strategy Document	Strategy Alignment	
Data, Knowledge Management and Research	Data Consolidation and Analysis	<ul style="list-style-type: none"> - Integrated Tuberculosis Information System (ITIS) - Consolidated Regional Reports - TB Program Reports 	DOH-NOH 2017-2020	Specific Objective 4	"...Data systems will be reviewed, streamlined and harmonized. Opportunities for improving the current health information system in the country will likewise be explored given new technologies and emerging systems that are getting more affordable."
			PhilSTEP I	ACHIEVE Strategy 4	"Innovate TB information generation and utilization for decision making"
	Database Maintenance	<ul style="list-style-type: none"> - TB Program Database (Internal) 	DOH-NOH 2017-2020	Specific Objective 4	"...Data systems will be reviewed, streamlined and harmonized. Opportunities for improving the current health information system in the country will likewise be explored given new technologies and emerging systems that are getting more affordable."
			PhilSTEP I	ACHIEVE Strategy 4	"Innovate TB information generation and utilization for decision making"
	Website Development and Maintenance	<ul style="list-style-type: none"> - NTP website - Website feedback reports - Updated Dashboard of TB performance indicators 	DOH-NOH 2017-2020	Specific Objective 4	"...Data systems will be reviewed, streamlined and harmonized. Opportunities for improving the current health information system in the country will likewise be explored given new technologies and emerging systems that are getting more affordable."
			PhilSTEP I	ACHIEVE Strategy 4	"Innovate TB information generation and utilization for decision making"
	Research Agenda Formulation	<ul style="list-style-type: none"> - Research Agenda Consultation Meetings - Research Agenda Consultation Meetings - Research Agenda on TB 	TB Law	Research, Demonstration Projects, Education and Training	"DOH to conduct basic and clinical research, pursue demonstration projects to generate evidences, conduct clinical skills improvement activities for health providers, support model centers, and collaborate with local or foreign organizations for technical and funding support"
			WHO End TB by 2030 Framework	Intensified Research and Innovation	"...Research to optimize implementation and impact, and promote innovations"
	Research Management	<ul style="list-style-type: none"> - Approved Research Protocols - Research Study Contracts - Research Monitoring Reports - Research feedback meetings - Research progress reports 	TB Law	Research, Demonstration Projects, Education and Training	"DOH to conduct basic and clinical research, pursue demonstration projects to generate evidences, conduct clinical skills improvement activities for health providers, support model centers, and collaborate with local or foreign organizations for technical and funding support"
			WHO End TB by 2030 Framework	Intensified Research and Innovation	"...Research to optimize implementation and impact, and promote innovations"
	Knowledge Management	<ul style="list-style-type: none"> - Knowledge Management System and Database - Knowledge Management 	DOH-NOH 2017-2020	Specific Objective 4	"...Data systems will be reviewed, streamlined and harmonized. Opportunities for improving the current health information system in the country will likewise be explored given new technologies and emerging systems that are getting more affordable."

Value Chain Element	Functions	Output	Strategy Document	Strategy Alignment	
		Products and Programs	PhilSTEP I	ACHIEVE Strategy 4	"Innovate TB information generation and utilization for decision making"
Policy and Plans Development, and Finance Management, and Standards	Policy and Standards Development	<ul style="list-style-type: none"> - Policy and standards data matrix - Policy and standards consultation meeting - Reviewed policy and standards issuances 	<ul style="list-style-type: none"> - PhilSTEP I - TB Law 	ACHIEVE Strategy 5	"Enforce standards on TB care and prevention and use of quality products"
				Notification of TB Cases	"All public and private health centers, hospitals and facilities, shall observe the national protocol on TB management and shall notify DOH of all TB cases as prescribed under the NTP MOP."
			WHO End TB by 2030 Framework	Bold Policies and Supportive Systems	"Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control"
	Position Paper Preparation	<ul style="list-style-type: none"> - Position Papers 	WHO End TB by 2030 Framework	Bold Policies and Supportive System	<p>"Political commitment with adequate resources for TB care and prevention"</p> <p>"Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control"</p>
	Policy Review	<ul style="list-style-type: none"> - Policy review consultation workshops - Policy Review 	PhilSTEP I	ACHIEVE Strategy 5	"Enforce standards on TB care and prevention and use of quality products"
			TB Law	Notification of TB Cases	"All public and private health centers, hospitals and facilities, shall observe the national protocol on TB management and shall notify DOH of all TB cases as prescribed under the NTP MOP."
			WHO End TB by 2030 Framework	Bold Policies and Supportive Systems	"Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control"
	Policy Research Management	<ul style="list-style-type: none"> - Policy Research Protocols - Policy Research Study Contracts - Policy Research Monitoring Reports - Policy Research Progress Reports - Policy Research Feedback Meetings 	TB Law	Research, Demonstration Projects, Education and Training	"DOH to conduct basic and clinical research, pursue demonstration projects to generate evidences, conduct clinical skills improvement activities for health providers, support model centers, and collaborate with local or foreign organizations for technical and funding support"
			WHO End TB by 2030 Framework	Intensified Research and Innovation	"...Research to optimize implementation and impact, and promote innovations"
	Policy Note (Brief) Development	<ul style="list-style-type: none"> - Policy Scoping/Mapping Document - Policy Note Development Consultation Meetings - Policy Notes 	PhilSTEP I	ACHIEVE Strategy 5	"Enforce standards on TB care and prevention and use of quality products"
			TB Law	Notification of TB Cases	"All public and private health centers, hospitals and facilities, shall observe the national protocol on TB management and shall notify DOH of all TB cases as prescribed under the NTP MOP."
			WHO End TB by 2030 Framework	Bold Policies and Supportive Systems	"Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control"
	Strategic Plan Development	<ul style="list-style-type: none"> - Strategic Plan Consultation Meetings - Situational Analysis Report - Draft Strategic Plan - Strategic Plan 	DOH-NOH 2017-2020	Strategic Goal I	"The health sector will sustain gains and address new challenges especially in maternal, newborn and child health, nutrition, communicable disease elimination, and Noncommunicable Disease (NCD) prevention and treatment..."
			PhilSTEP I	ACHIEVE Strategy 7	"Engage local government units on multi-sectoral implementation of TB elimination plan"
			TB Law	Comprehensive Philippine Plan of Action to Eliminate	"the comprehensive plan shall serve as the overall strategic roadmap of all entities and organizations, whether public or private, in implementing relevant programs, projects, and, activities, and in setting

Value Chain Element	Functions	Output	Strategy Document	Strategy Alignment	
				Tuberculosis	<i>targets to eliminate TB as a public health problem in the country.”</i>
			WHO End TB by 2030 Framework	Bold Policies and Support System	<i>“Engagement of communities, civil society organizations, and public and private care providers”</i>
			TB Law	Strengthened National and Regional Coordinating Committees	<i>“improve the capability of the existing National and Regional Coordinating Committees in ensuring efficiency in the implementation, monitoring and evaluation of the Philippine plan of action and in the coordination of efforts of various sectors”</i>
	Operational Plan Development	<ul style="list-style-type: none">- Reviewed Program Reports- Operational Plan- Catch-up Plans	PhilSTEP I	ACHIEVE Strategy 3	<i>“Harmonize efforts to mobilize adequate human resources”</i>
	Budget Utilization Review	Budget Utilization Report	PhilSTEP I	ACHIEVE Strategy 2	<i>“Collaborate to reduce out-of-pocket expenses and expand social protection programs”</i>
			WHO End TB by 2030 Framework	Bold and Supportive Systems	<i>“Political commitment with adequate resources for TB care and prevention”</i>
Advocacy and Partnerships	Communication Plan Development	<ul style="list-style-type: none">- Communication Plan Development Workshop- Media Channels- Communication Plan	PhilSTEP I	ACHIEVE Strategy 1	<i>“Activate communities and patient groups to access quality TB services.”</i>
			TB Law	Medical and Allied Medical Education Programs, Basic Education, and Media Campaign	<i>“DOH, in coordination with the Philippine Information Agency (PIA), shall encourage local media outlets to launch a media campaign on tuberculosis control, treatment and management, using all forms of multimedia and other electronic means of communication.”</i>
	Information, Education and Communication (IEC) Materials Development	IEC materials	TB Law	Medical and Allied Medical Education Programs, Basic Education, and Media Campaign	<i>“DOH, in coordination with the Philippine Information Agency (PIA), shall encourage local media outlets to launch a media campaign on tuberculosis control, treatment and management, using all forms of multimedia and other electronic means of communication.”</i>
	Stakeholders' Meetings	<ul style="list-style-type: none">- Stakeholders' meeting- Meeting Reports	PhilSTEP I	ACHIEVE Strategy 7	<i>“Engage local government units on multi-sectoral implementation of TB elimination plan”</i>
			WHO End TB by 2030 Framework	Bold Policies and Supportive Systems	<i>“Engagement of communities, civil society organizations, and public and private care providers”</i>
	Supply Chain Management	Preparation of Allocation List	<ul style="list-style-type: none">- Reviewed Regional SCM reports- Reviewed Commodity Requests- Annual Procurement Plan/Allocation List	DOH-NOH 2017-2020	Strategic Goal 1
PhilSTEP I				ACHIEVE Strategy 5	<i>“Enforce standards on TB care and prevention and use of quality products”</i>
TB Law				Regulation on sale and use of TB Drugs	<i>“the Food and Drug Administration (FDA) shall strengthen its implementation of the “No prescription, No anti-TB drugs” and shall ensure the quality of TB drugs in the market”</i>
Attendance to BAC Conferences/ Meetings		<ul style="list-style-type: none">- Reviewed BAC documents- BAC Conferences/Meetings BAC endorsement documents	DOH-NOH 2017-2020	Strategic Goal 1	<i>The health sector will sustain gains and address new challenges especially in maternal, newborn and child health, nutrition, communicable disease elimination, and Noncommunicable Disease (NCD) prevention and treatment...”</i>
			PhilSTEP I	ACHIEVE Strategy 5	<i>“Enforce standards on TB care and prevention and use of quality products”</i>
			TB Law	Regulation on sale and use of TB Drugs	<i>“the Food and Drug Administration (FDA) shall strengthen its implementation of the “No prescription, No anti-TB drugs” and shall ensure the quality of TB drugs in the market”</i>
Procurement		<ul style="list-style-type: none">- Procurement	DOH-NOH	Strategic Goal 1	<i>The health sector will sustain gains and address</i>

Value Chain Element	Functions	Output	Strategy Document	Strategy Alignment	
	Management and Monitoring	Documents	2017-2020		<i>new challenges especially in maternal, newborn and child health, nutrition, communicable disease elimination, and Noncommunicable Disease (NCD) prevention and treatment...</i>
		- Inventory Management Reports	PhilSTEP I	ACHIEVE Strategy 5	<i>"Enforce standards on TB care and prevention and use of quality products"</i>
		- Commodity Request Documents	TB Law	Regulation on sale and use of TB Drugs	<i>"the Food and Drug Administration (FDA) shall strengthen its implementation of the "No prescription, No anti-TB drugs" and shall ensure the quality of TB drugs in the market"</i>
Capacity Building	Training Needs Analysis	- Allocation List for Additional Commodities			
		- SCM Report			
	Course Development	- Training Needs Assessment (TNA) results	TB Law	Research, Demonstration Projects, Education and Training	<i>"DOH to conduct basic and clinical research, pursue demonstration projects to generate evidences, conduct clinical skills improvement activities for health providers, support model centers, and collaborate with local or foreign organizations for technical and funding support"</i>
		- Training Needs Analysis (TNA) Report			
	Provision of Technical Assistance to DOH-Regional Offices	- Learning Materials Design	TB Law	Strengthened Regional CHDs in the Provision of Health Services to Eliminate TB	<i>"strengthen the CHDs in the provision of health services to eliminate TB through the provision of free laboratory services in DOH-retained hospitals, provision of free drugs in the local health centers, adoption of educational program on preventing spread of TB, capacity building of health providers for both public and private hospitals, and extensive and proper monitoring of TB cases."</i>
		- Training Design			
Monitoring and Evaluation	Monitoring and Evaluation	- Training Course Evaluation Workshops	WHO End TB by 2030 Framework	Intensified Research and Innovation	<i>"Discovery, development and rapid uptake of new tools, interventions and Strategies"</i>
		- Approved Training Course			
		- Program Materials and Presentation Decks	TB Law	Strengthened Regional CHDs in the Provision of Health Services to Eliminate TB	<i>"strengthen the CHDs in the provision of health services to eliminate TB through the provision of free laboratory services in DOH-retained hospitals, provision of free drugs in the local health centers, adoption of educational program on preventing spread of TB, capacity building of health providers for both public and private hospitals, and extensive and proper monitoring of TB cases."</i>
		- Program Trainings and Workshops			
		- Post-activity Reports			
		- M&E Indicators	TB Law	Strengthened National and Regional Coordinating	<i>"improve the capability of the existing National and Regional Coordinating Committees in ensuring efficiency in the implementation, monitoring and evaluation of the Philippine plan of action and in the coordination of efforts of various sectors"</i>
		- M&E Data			
		- DQC Reports			
		- M&E Database			
		- M&E Reports			

Annex 5

IDO-NTP Workload Components, Activity Standards, and Allowance Factor

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	120 min/program data consolidation	12
2	Manage logistics, supplies, and equipment	91.11 min/logistics management	324
3	Provide administrative support to program-related processes	1,265.05 min/admin support provision	107
4	Prepare admin documents and forms	30 min/HR and admin document	960
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	822.86 min/program data encoding	84
2	Administer program-related processes (Facilitate/conduct)	1,731.72 min/program process	116
3	Collect program-related data	1,044.36 min/program data collection	101
4	Perform data management activities	702.22 min/data management activity	54
5	Draft program plans and technical documents	1,003.33 min/draft program plan or technical document	72
6	Draft program reports	1,084.29 min/program report	56
7	Draft admin documents	150 min/HR and admin document	48
8	Assist and participate in program-related meetings	1,020.63 min/ assistance and participation	95
9	Facilitate program-related activities	1,680 min/facilitation	24
10	Formulate and review program plans and technical documents	144 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	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

Workload Group 1 : Core Activities

	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

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 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	4 hours/week	

IV. SUPERVISORY BAND

Workload Group 1 : Core Activities

	List of workload components	Activity standards	Annual workload statistics
1	Check and approve admin documents ⁴⁵	3.75 min/approval of HR and admin documents	960
2	Review and endorse technical reports ⁴⁶	74.08 min/technical report	98
3	Assess and endorse technical documents ⁴⁷	79.4 min/technical document	133
4	Facilitate program-related activities ⁴⁸	560 min/program-related activities	24
5	Participate in program-related meetings ⁴⁹	218.57 min/program-related meeting	56
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	

⁴⁵ Admin documents: vouchers, purchase orders, purchase requests, payment vouchers

⁴⁶ Technical reports: TB 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

⁴⁷ 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,

⁴⁸ Program-related activities: program trainings and workshops

⁴⁹ 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 6

Workload Components, Activity Standards, and Allowance Factor 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	91.11 min/logistics management	324
2	Prepare admin documents and forms	30.00 min/admin document	960
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 I : 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	1,440 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	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	

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	37 min/program-related process admin support	23.35

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 HR and admin documents	48	150.00

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	

B. Advocacy and Partnerships

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Draft admin documents	150 min/draft admin document	48
2	Administer program-related processes	2880 min/ program-related process	1
3	Assist and participate in program-related meetings	600 min/ program-related meeting	48
4	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	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	

C. Capacity Building

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Administer program-related processes	3634.29 min/ program-related processes	28
2	Draft program plans and technical documents	1,440 min/program plans and technical document	8
3	Draft program reports	1,476.92 min/ program report	13
4	Perform data management activities	1,920 min/ data management activity	1

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	

D. Data, Knowledge Management, and Research**Workload Group 1 : Core Activities**

	Workload Component	Activity standards	Annual workload statistics
1	Administer program-related processes	240 min/program-related process	48
2	Assist and participate in program-related meetings	2,400 min/program-related meeting	24
3	Collect program-related data	1,440 min/collection	12
4	Draft program plans and technical documents	960 min/program plan and technical document	1
5	Draft program reports	840 min/program report	24
6	Encode and update program data	822.86 min/encoding	84
7	Facilitate program-related activities	1,680 min/facilitation	24
8	Perform data management activities	720 min/data management	36

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	

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	2

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	

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	18
2	Assist and participate in program-related meetings	480 min/assistance	19
3	Collect program-related data	580 min/collection	36
4	Draft program plans and technical documents	942.44 min/draft	41
5	Draft program reports	1,405.71 min/draft	7
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	15
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	21 min/ program-related processes	468.57
2	Assist and participate in program-related meetings	4 min/ program-related meetings	360.00
3	Collect program-related data	51 min/collection	360.00
4	Formulate and review program plans and technical documents	34 min/formulation and review	120.00

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 HR and admin documents	10.37 min/admin document	972

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 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	4 hours/week	

B. Advocacy and Partnerships**Workload Group 1 : Core Activities**

	Workload Component	Activity standards	Annual workload statistics
1	Facilitate program-related activities	843.24 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	208 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	4 hours/week	

C. Capacity Building

Workload Group 1 : Core Activities

	Workload Component	Activity standards	Annual workload statistics
1	Facilitate program-related activities	3,104 min/program-related activity	30
2	Formulate and review program plans and technical documents	2,080 min/technical document	24
3	Review technical reports	1,008 min/technical report	10

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 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	4 hours/week	

D. Data, Knowledge Management, and Research**Workload Group 1 : Core Activities**

	Workload Component	Activity standards	Annual workload statistics
1	Draft program reports	720 min/program report	24
2	Facilitate program-related activities	960 min/program-related activity	48
3	Formulate and review program plans and technical documents	1,440 min technical document	1
4	Review technical reports	720 min/technical report	24

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 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	4 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/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	208 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	4 hours/week	

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	864 min/program report	10
2	Facilitate program-related activities	851.61 min/program-related activities	31
3	Formulate and review program plans and technical documents	526.45 min/technical document	31
4	Review technical reports	672 min/technical document	10
5	Write policies, guidelines, and issuances	720 min/policy	12

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 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	4 hours/week	

G. Supply Chain Management**Workload Group 1 : Core Activities**

	Workload Component	Activity standards	Annual workload statistics
1	Facilitate program-related activities	331.43 min/program-related activity	21
2	Formulate and review program plans and technical documents	196.07 min/technical document	112
3	Participate in program-related meetings	360 min/program-related meeting	10
4	Review technical reports	240.00 min/technical report	17

Workload Group 2: Support Activities

	Workload components	Category allowance factor	Activity details
1	Attend stakeholders' meetings	208 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	4 hours/week	

Annex 7

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	5	-3.56	0.22
2 Technical Support Band	2	27	-25.26	0.07
3 Technical Professional ...	1	12	-11.23	0.08
4 Supervisory Band	1	1	0.02	1.02

Annex 8

Screenshot of WISN Projected Staff by Functional Unit and Cadre

NTP Technical Professional Band

Type of Staff	A. Existing Staff	B. Calculated Requirement	C. Difference in Staff (A-B)	D. WISN Ratio (A/B)
Administrative Support S...		1	-0.42	0.00
Advocacy and Partnerships		2	-1.77	0.00
Capacity Building		6	-6.27	0.00
Data, Knowledge Manag...		4	-3.35	0.00
Monitoring and Evaluation		3	-2.81	0.00
Policy and Plans Develop...		3	-2.69	0.00
Supply Chain Management		2	-1.46	0.00

NTP Technical Support Band

Type of Staff	A. Existing Staff	B. Calculated Requirement	C. Difference in Staff (A-B)	D. WISN Ratio (A/B)
Administrative Support S...		1	-0.3	0.00
Advocacy and Partnerships		2	-1.63	0.00
Capacity Building		5	-5.33	0.00
Data, Knowledge Manag...		10	-9.63	0.00
Monitoring and Evaluation		3	-2.93	0.00
Policy and Plans Develop...		7	-6.56	0.00
Supply Chain Management		2	-1.37	0.00

NTP Administrative Support Band

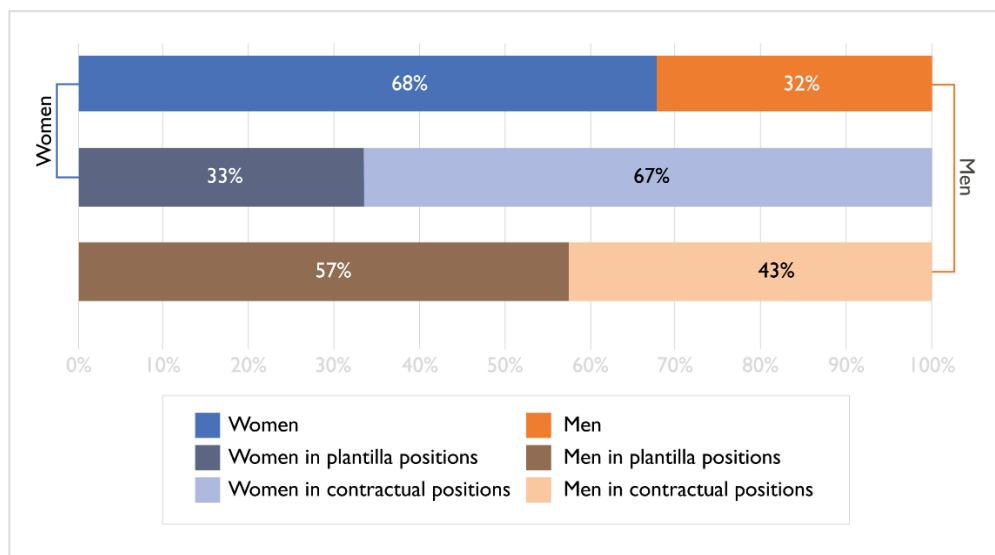
Type of Staff	A. Existing Staff	B. Calculated Requirement	C. Difference in Staff (A-B)	D. WISN Ratio (A/B)
Administrative Support S...		2	-1.35	0.00
Advocacy and Partnerships		1	-0.65	0.00
Capacity Building		1	-1.04	0.00
Data, Knowledge Manag...		1	-0.31	0.00
Monitoring and Evaluation		1	-1.08	0.00
Policy and Plans Develop...		0	0	0.00
Supply Chain Management		0	0	0.00

Annex 9

IDO-NTP Gender Analysis

It is worth noting that although this WISN analysis was limited to the positions under IDO and the NTP for its calculations, the other programs under IDO may gain insight into their own units and how they are best organized and staff from the obtained results and recommendations.

Aside from workload, there are observations using gender analysis that provides workforce-related insight. Women's share of employment is high in the DPCB –IDO with staff composed of 68% women and 32% men. However, between female and male staff, there is a bigger share of plantilla (permanent) positions among men than women (not in absolute number). More than half of men in the DPCB-IDO are in plantilla positions, while only a third of women are in plantilla positions:

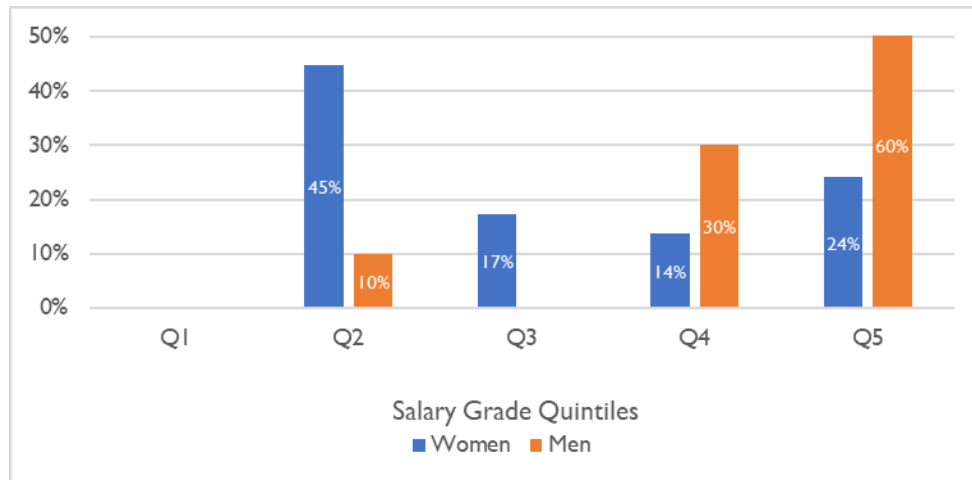


Position classification refers to plantilla and contractual positions. Total bar stacks for position classifications are based on percentage share of gender, not absolute value.

Source: DOH DPCB

Figure 6. Distribution of DPCB-IDO personnel by gender and position classification

In terms of the gender pay gap, we compare the composition of women and men at DPCB in five equal categories (quintiles) of salary grades (SG) from SG 1 to SG 27. The highest share among female staff in the IDO belong in the 2nd quintile (SGs 7-11). Among all, the salary grades, the 2nd quintile is the least paid category. On the other hand, the last quintile (SGs 22-27), this has the highest share among male staff in the IDO. It is important to note though that this percentage share is calculated for the sum between the genders and not compared in absolute number. For example, within the IDO, at the highest paid quintile, 24% among women (n=7) is higher than 60% among men (n=6). But the percentage share provides a better comparative perspective on the gender gap based on where the share of women or men belong to a particular salary grade category, as all shown below:

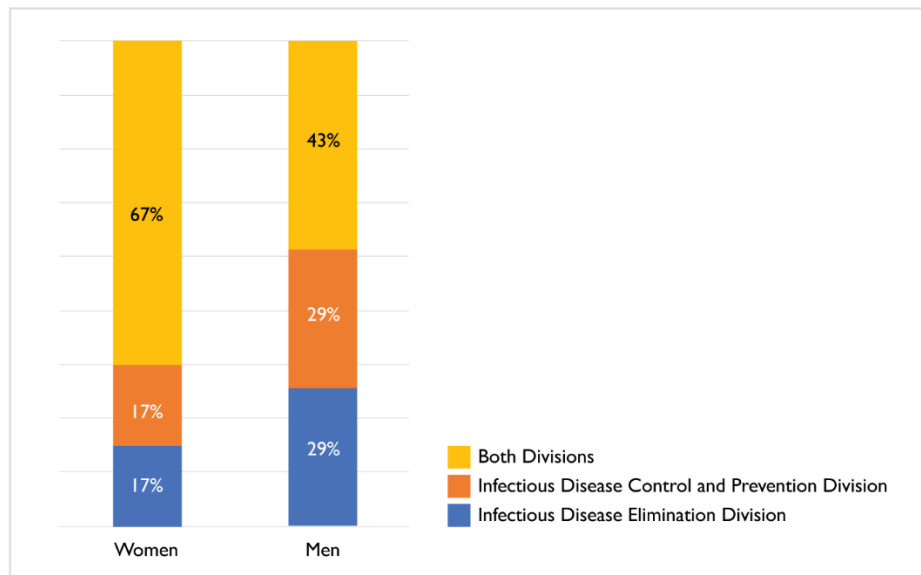


Salary Grade (SG) Quintiles (Q) are as follows: Q1: SG 1-6; Q2: SG 7-11; Q3: SG 12-16; Q4: SG 17-21; Q5: SG 22-27. Total bar stocks are based on percentage share of gender, not absolute value. Missing data for 4 men and 1 woman. Min: SG 9; Max: SG 25.

Source: DOH DPCB

Figure 7. Distribution of DPCB-IDO 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 IDO. The IDO has two divisions: the Infectious Disease Control and Prevention Division (IDCPD) and the Infectious Disease Elimination Division (IDED):



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 8. Distribution of DPCB-NTP personnel by gender and division

There is not much implication when analyzing for the gender segregation in the IDO. For both women and men in the IDO, the highest share for staff is found in the third category: those working in both the IDCPD and IDED.



A nurse at Datu Sakilani 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

USAID 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.



www.hrh2030program.org

This material is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-15-00046 (2015-2020). The contents are the responsibility of Chemonics International and do not necessarily reflect the views of USAID or the United States Government.

© Chemonics 2019. All rights reserved.



251 18th Street, S Arlington, VA 22202 | Phone: (202) 955-3300 | Fax: (202) 955-3400 | Email: info@HRH2030Program.org