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ADDENDUM #5 – TB-HIV Community-Led Monitoring

Call for Concept Papers Under USAID/Philippines Mission Annual Program Statement (APS) No.72049223APS00001

This is Addendum 5 to an existing USAID/Philippines APS. Interested applicants should carefully review both this addendum and the full Universal Health Care Project Annual Program Statement (UHCP APS) No.72049223APS00001, which can be found at www.grants.gov. There is important information in the APS that is not repeated in this addendum.

Where information in the APS differs from information in this addendum, information in this addendum takes precedence.

ADDENDUM ISSUANCE DATE:	July 12 , 2024
QUESTIONS SUBMISSION CLOSING DATE:	July 26, 2024, 3:00 PM Philippine Time
ADDENDUM SUBMISSION DEADLINE:	September 10, 2024, 3:00 PM Philippine Time
Estimated Funding (pending funding availability):	\$2,500,000.00 USD
Period of Performance:	2024 – 2029

Addendum 5 - The TB-HIV Community-Led Monitoring Activity - The USAID/Philippines Mission is requesting the submission of concept papers from local Philippine organizations, institutions, and entities only. Concept papers must demonstrate how the applicant will strengthen community leadership, support robust community health sector engagement and increase community participation in health sector decision-making to improve TB and HIV/AIDS health service delivery outcomes. Applicants are expected to think creatively and propose solutions to meet the objectives in the APS supported by robust analyses, development hypotheses, and a theory of change.

This Activity will contribute to the Universal Health Care Project (UHCP) purpose of, “Improved health for underserved and vulnerable Filipinos,” through activities that are aligned with the UHCP’s results framework along the three key pillars of: positive social norms and behaviors adopted; high quality and responsive services delivered; and health system performance and resilience improved.

Sincerely,

Howard Weston
Agreement Officer
Regional Office of Acquisition and Assistance
USAID/Philippines

SECTION A: PROGRAM DESCRIPTION

I. Overview

On August 1, 2023, USAID/Philippines issued a notice of funding opportunity, the Universal Health Care (UHC) Project, Annual Program Statement (APS) 72049223APS00001, calling for innovative approaches to achieve improved health outcomes among underserved and vulnerable Filipinos and realize UHC in the Philippines. The call focuses on six broad domains: Health Systems Strengthening, Tuberculosis (TB), HIV/AIDS, Global Health Security, Family Planning, and other priority health areas identified to achieve US and Philippine Government health objectives. This fifth Addendum presents additional details on the specific objectives, scope, and requirements of the TB-HIV Community-Led Monitoring (CLM) activity.

This activity has an anticipated annual budget of \$500,000 over five years for a total of \$2,500,000, subject to availability of funds. The activity seeks to achieve improved TB and HIV/AIDS client outcomes through supporting community-led monitoring activities that will lead to improvements in health service quality. This activity will bolster community leadership, support robust community health sector engagement and increase community participation in health system decision-making. Specifically, the activity will: (1) enhance the functionality and coordination of networks of community-led and community-based organizations engaged in the TB and HIV response; (2) strengthen existing platforms to collect and analyze data to inform TB and HIV programming; and (3) bolster the capacity of community-based organizations to carry out data-driven advocacy at the national and local levels.

This Addendum echoes the U.S. government's emphasis on community engagement and meaningful participation as critical enablers to achieving global goals for TB and HIV and ensuring sustainability. It is consistent with USAID's TB¹ and HIV² strategies as well as that of the U.S. President Emergency Fund for AIDS Relief (PEPFAR).³ This Addendum also reflects USAID's commitment towards increased localization to better achieve inclusive and locally-led development.⁴

Accomplishing the objectives of this Addendum will require harmonization with current CLM investments and activities supported by the Australian government's Department of Foreign Affairs and Trade (DFAT) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Local Organization Set-Aside: USAID solicits concept papers from Filipino civil society, non-governmental, community-based or community-led organizations of people living with HIV, key populations, and other groups living with or supporting those affected by TB and HIV. To mitigate conflict of interest, USAID's preference are local organizations who are not currently receiving funding for or are engaged in TB/HIV service delivery. Instructions on the content,

¹ [USAID's Global Tuberculosis \(TB\) Strategy 2023–2030](#)

² [USAID's Approach to HIV and Optimized Programming \(2022\)](#)

³ [PEPFAR's Five-year Strategy: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030](#)

⁴ [USAID Local Capacity Strengthening Policy](#)

format, and submission of concept papers, as well as guidelines on the selection criteria and competition process are described in the Universal Health Care Project APS (72049223APS00001).

II. Problem Statement and Background

Addressing the TB and HIV epidemics in the Philippines are key priorities of the Marcos administration.^{5,6,7} The Philippines has over 737,000 estimated new cases of TB per year, making it the fourth among countries with the highest TB incidence globally. Meanwhile, the concentrated HIV epidemic in the country is one of the fastest growing in the world, registering a 418% increase in diagnosed cases since 2010.⁸ As of 2023, there are an estimated 189,000 estimated people living with HIV.⁹ The alarming epidemiology of both HIV and TB is further complicated by the stigma and discrimination that prevent people from accessing life-saving services.

The magnitude of the TB and HIV epidemics demand empowered voices from affected communities and key populations to co-create solutions to issues that they themselves face. Stronger communities will provide clearer insights into the cross-cutting systems challenges that impede progress towards ending TB and HIV.

The critical role of civil society in general — and affected communities in particular — in achieving health outcomes is enshrined in the 2019 Philippine Universal Health Care (UHC) Act,¹⁰ 2016 Comprehensive TB Elimination Act; and the 2018 Philippine HIV and AIDS Policy Act¹¹. The UHC framework fosters a whole-of-society approach in the development, implementation, monitoring and evaluation of health policies and programs.

Consistent with this direction, various mechanisms, including the National and Regional Coordinating Committee for TB Elimination (NCCs/RCCs), the Philippine National AIDS Council (PNAC) and some local AIDS Councils and health boards; disease-specific technical working groups; and the Philippine Country Coordinating Mechanism (PCCM) and its oversight committee (i.e. the PCOC) provide forums for communities affected by TB and HIV to articulate their concerns and participate in decision-making.

However, community-led monitoring and advocacy efforts are under- and unevenly funded in ways that undermine civil society ownership and attention to the full spectrum of issues impacting health equity. Forums available for civil society engagement are not always optimized. The increased focus and investment in community-led service delivery has inadvertently put a strain on the cadre of organizations oriented towards advocacy.

⁵ [Ferdinand R. Marcos Jr., Second State of the Nation Address, July 24, 2023](#)

⁶ [Marcos tells DOH to also address HIV, tuberculosis](#)

⁷ [Marcos wants whole-of-society approach to suppress TB, HIV/AIDS](#)

⁸ [UNAIDS Data 2023](#)

⁹ 2023 AEM-Spectrum Estimates, Epidemiology Bureau, Department of Health

¹⁰ [Universal Health Care Act](#)

¹¹ [Philippine HIV and AIDS Policy Act](#)

Additionally, disease-siloed community systems strengthening efforts that stem from vertical donor funding streams exacerbate fragmentation. This has resulted in missed opportunities to amplify intersectional concerns.

The community advocacy landscape is complex with capacity needs varying across diseases and geographies. Various efforts to establish consortia and networks were supported through USAID's TB-LON activity, the USAID Stop TB Partnership's Challenge Facility for Civil Society (CFCS), the PEPFAR/USAID HIV CLM activity, the Global Fund ACER and Protects Projects, and DFAT in recent years. However, community-led initiatives and advocacy efforts across the country continue to be fragmented. In light of the country's direction towards further health integration, a unifying framework and governance structure are needed to consolidate and amplify efforts.

The uneven maturity of the different community organizations also introduces challenges in articulating and capturing various perspectives. The availability of more resources to centrally located organizations engaging national level agencies perpetuates a central-peripheral divide in organizational capacity for both TB and HIV.

Recent efforts to establish CLM platforms to collect data from affected and vulnerable communities have been piloted through various funding streams. These include the [HIV CLM commusta.ph](#), [TB community scorecard](#), [Pinoy Plus' Philippine HIV Response Center \(PRC\)](#), and the TB Call Ka Lungs Hotline, among others. These existing platforms are currently able to navigate clients through the range of services available, gather data on experiences of stigma and discrimination, and compile feedback on the quality of services received. However, **the current breadth and scope of these existing CLM platforms lack the scale required to realize their potential and achieve impact.**

Additionally, of the four important pillars that need to be the focus of community monitoring as identified by the HIV CLM Roadmap — stigma and discrimination, quality service delivery, enabling policies, and responsive investments — only the first two have been systematically addressed. Community mechanisms to monitor the implementation of enabling policies, as well as the tracking of those in need of updating, and the commensurate increase in public sector investments for HIV and TB remain lacking. Particularly within the context of increased devolution, the importance of monitoring and community advocacy around local government investments for TB and HIV have become more pressing, as there continues to be a lack of data to support this work.

Central level community advocacy has been instrumental in holding stakeholders accountable, as in the case of stock shortages that disrupt quality service delivery and in introducing innovations, such as the tenofovir/lamivudine/dolutegravir (TLD) antiretroviral treatment. As more innovations are introduced to achieve national TB and HIV goals, the collaborative engagement of communities will be even more critical.

At the same time, another challenge posed by the ongoing devolution is the shift in the focus of advocacy efforts to local governments. As services, procurements, and investments will increasingly be determined by local government actors, **the absence of robust TB and HIV community formations — and the limited capacity where organizations have been established — at the local government level will diminish the opportunity for community involvement** in key health decisions that impact them.

III. Activity Description

Aligned with the U.S. government’s emphasis on community engagement and meaningful participation as critical enablers to achieving improved TB and HIV outcomes, USAID strengthens community ownership of the TB and HIV response to end these epidemics in the Philippines. The proposed CLM Activity will promote improved access to high quality services at facility and community levels by establishing a continuous quality improvement process at facility and community sites; identifying policy and investment gaps; and ensuring the development of feedback loops and action/response mechanisms. Ultimately, these will increase HIV and TB detection and subsequently enrollment and retention on treatment that will lead to the integration of routine community-based quality improvement/quality assurance initiatives into the Philippine government’s health system.

USAID will advance evidence-informed community advocacy and leadership through the following interrelated objectives, which are detailed below:

- Objective 1: Enhance the functionality and coordination of networks of community-led and community-based organizations engaged in the TB and HIV response
- Objective 2: Strengthen existing platforms to collect and analyze data to inform TB and HIV programming
- Objective 3: Bolster the capacity of community-based organizations for data-driven advocacy at the national and local levels

IV. Guiding Principles

In addition to the Guiding Principles enumerated in the USAID Universal Health Care Project APS, this Activity will be guided by the following principles:

- Locally-led development. The activity’s intended beneficiaries, the TB and HIV patients, are progressively involved in the activity development and management cycle. Involvement can range from being consulted to identify their biggest needs and challenges, to soliciting their inputs to weigh in the design of activities/actions, to supporting their organization in their own initiatives. Additionally, the activity will organize consultations with patient groups, with patient support groups and facilitate a co-creation workshop among patient groups and patient support groups throughout the life of the activity.

- People-centered approach. The civil society will play a role to enable TB and HIV patients and its affected communities to exercise their rights and fulfill their responsibilities with transparency, respect and dignity, by giving due consideration to their values and needs. Patient-centered care treats the patient as a partner instead of just a recipient, empowering patients and providers and allowing for empowered individuals.
- Gender sensitive and gender transformative. Approaches will be adopted to strengthen civil society's capacity to promote gender equality in the development of policies¹², guidelines, and strategies to eliminate TB and HIV epidemic. The approach should ensure participation of all stakeholders, including women, men, and LGBTQIA+ groups and networks in the development of strategies to eliminate TB and HIV.

V. Geographic Areas of Emphasis

The activity is expected to propose local geographies of focus where the proposed comprehensive approach (i.e., community organizing, CLM platform rollout, and local advocacy) will be feasibly implemented. The apparent successful applicant will finalize these areas of focus in consultation with USAID.

The geographic focus will be consistent with the community's priority sites and that of DOH and USAID's focus areas and complements with CLM platforms in other provinces and cities that will be or are already supported by other donors including the Global Fund to fight AIDS, TB and Malaria.

Additionally, above-site collaboration with critical agencies (i.e. the TB National and Regional Coordinating Committee for TB Elimination (NCCs/RCCs) and the Philippine National AIDS Council) should be considered.

VI. Sustainability and Local Partnerships

USAID's Local Capacity Strengthening Policy underscores the critical role of local actors in leading efforts to improve their communities and working inclusively and collectively toward sustainable development.¹³ The foundational assumption of the CLM Activity is that empowerment of local stakeholders, by supporting locally-led and inclusive interventions with a framework of accountability, will result in sustainable achievements that will far outlast the period and level of USAID investment. Under the CLM Activity, USAID will partner with networks of local civil society, community-based and community-led organizations to craft locally-generated, context-specific solutions. The TB-HIV CLM Activity will employ an innovative, co-creation design to leverage increasingly iterative and agile approaches to address challenges in community systems strengthening for TB and HIV.

¹² The upcoming Health System Strengthening (HSS) program will be the lead policy development activity

¹³ [USAID's Local Capacity Strengthening Policy](#)

Action points emerging from the application of the CLM approach will explore opportunities to integrate the community-led monitoring platforms with the national health response cognizant of the goal of developing a sustainability strategy for CLM. Additionally these need to result in developing cost effective and sustainable community-based solutions, as well as strengthened community-led advocacy resulting in changes to policy and practices that address facility/structural or societal barriers towards accessing high quality health services. The CLM approach can be further modified and adopted by communities in the context of the 2019 Philippine Universal Health Care (UHC) Act,¹⁴ 2016 Comprehensive TB Elimination Act; and the 2018 Philippine HIV and AIDS Policy Act,¹⁵ including improving the legal environment, human rights promotion and protection, or action against stigma and discrimination. In these ways, CLM can promote integrated rights-based and people-centered health systems and more accountable supply chains for the HIV response and beyond.

VII. Strategic Objectives and Intermediate Results

Applicants are expected to propose activities that are appropriate to the context and needs of underserved populations, community, and organizations. Proposals are expected to reflect a cost-realistic phased approach anchored on a community agenda to determine key milestones and expected outcomes for TB and HIV.

Objective 1: Enhance the functionality and coordination of networks of community-led and community-based organizations engaged in the TB and HIV response

Assistance under this component aims to consolidate existing networks while strengthening the disease-specific community-based and -led organizations and networks. USAID seeks technical approaches to establish an integrated TB and HIV community network with a clear governance structure that will deliberate on cross-cutting issues for both epidemics and determine a unified community agenda. At the same time, concept notes should also demonstrate a clear understanding of the very specific needs of TB and HIV organizations. USAID welcomes tailored activities that will directly respond to these needs and build innovative models to leverage loose social and virtual collectives of affected communities and key populations.

Prospective partners are encouraged to think creatively and propose ideas beyond one-off capacity-building activities and should have the capacity and reach to expand activities and its network nationwide. They should also have the convening power and ability to consolidate diverse individuals, organizations, and communities of varying levels of capacity to determine a shared agenda and amplify advocacies towards the achievement of TB-HIV outcomes. Ultimately, applicants should be able to identify critical spaces to engage, ensure that community-generated data and evidence is included as one of the data streams used for decision making, and engage with and inform the national health response and various donor activities relating to CLM.

¹⁴ [Universal Health Care Act](#)

¹⁵ [Philippine HIV and AIDS Policy Act](#)

Objective 2: Strengthen existing platforms to collect and analyze data to inform TB and HIV programming

USAID seeks creative and strategic approaches to more rapidly scale the geographic coverage of existing CLM platforms and expand community and stakeholder access to the data these are able to collect.

Existing CLM platforms are varied and potentially complementary. Some serve as a personalized patient navigation function such as [Pinoy Plus' Philippine HIV Response Center \(PRC\)](#) and the TB Call Ka Lungs Hotline. Others, like the [HIV CLM, commusta.ph](#), and the [TB community scorecard](#) systematically gather client satisfaction data and reports of stigma and discrimination experienced in facilities that the community uses to dialogue with the Department of Health, local governments, and facilities.

Applicants are invited to propose solutions to harness the strengths of the different platforms — wherever appropriate — and optimize the functions particularly of [commusta.ph](#). USAID also welcomes innovative ideas to identify other mechanisms through which voices and feedback from underserved and especially marginalized segments of key populations can be gathered.

Objective 3: Bolster the capacity of community-based organizations for data-driven advocacy at the national and local levels

Building on the other components, the third objective aims to facilitate advocacy effectiveness of supported networks and organizations. Key priorities include scaling community-driven TB and HIV services; the more agile introduction and scale-up of new drugs and technologies; and innovative programming through enabling guidelines and increased public and private sector investments.

Expected results of this Addendum include:

- Strengthened governance of community networks of affected communities and key populations
- Optimized CLM platforms to collect and analyze data on experiences of stigma and discrimination, client satisfaction and quality of services, TB and HIV investments, and key policy gaps. Establishment/use of timely feedback loops to sites.
- Increased capacity in effective advocacy among the different community networks and organizations

VIII. Project Monitoring, Evaluation, and Learning

The CLM Activity will follow USAID's Evaluation Policy for monitoring, evaluation, and learning. It will prioritize consistent data utilization for design, adaptation, and quality assurance, enhancing transparency and evidence-based practices. It will align with national health goals and USAID/Philippines' priorities, including aligning with DOH and USAID targets, and tracked through the Development Information System (DIS).

As part of the initial work planning process, the CLM Activity will consult with its key stakeholders. All stakeholders will assess and review lessons learned from the USAID-funded HIV CLM pilot activity and ensure continuation of CLM processes and activities in priority areas and sites. This meeting can be an opportunity for stakeholders to discuss and agree upon necessary adaptations that need to be incorporated into the CLM Activity moving forward.

The CLM Activity will refine its approaches and tools in response to any challenges, bottlenecks, or other implementation constraints observed and discussed with stakeholders. The annual CLM end-of-year stock-taking and results sharing meeting will offer an opportunity to “pause and reflect”¹⁶ and refine approaches for the coming year. As part of the UHCP, the CLM Activity will collaborate with other UHCP components, working with all UHCP activities, the Health Component of the Mission’s Collaborating, Learning, and Adapting (CLA) Activity (PIMMELA), and partners at convergence and focus sites.

[End of Section A]

¹⁶ <https://usaidlearninglab.org/qrg/pause-and-reflect>

SECTION B: FEDERAL AWARD INFORMATION

B.1 Funding

Subject to funding availability, successful ongoing implementation, and at its discretion, USAID intends to provide up to \$2,500,000 in total funding over a five-year period to support the activity described in Section A. USAID intends to issue one award under this addendum but reserves the right to issue one, more than one, or no awards under this addendum.

B.2 Period of Performance

The period of performance is five years from the award start date. Applicants should tailor their concept paper to the proposed period of performance.

B.3 Contents and Organization of Concept Papers

Applicants must propose an approach(s) and specific activities that will achieve all goals, objectives, and intermediate results stated in the program description in Section A of this addendum. Submission instructions are presented later in this addendum.

B.4 Geographic Code

Please refer to the APS.

B.5 Type of Award and Substantial Involvement

USAID/Philippines anticipates issuing a cooperative agreement(s) in response to this addendum, in which case USAID/Philippines will be substantially involved. USAID/Philippines, however, reserves the right to issue a grant or fixed amount award. Please see the Section B.5 of the APS for more information on substantial involvement.

B.6 Emergency Response Provision

Please refer to the APS.

[End of Section B]

SECTION C: ELIGIBILITY INFORMATION

C.1 Eligible Entities

Please see Section C.1 Eligibility Information of the UHCP APS for general eligibility information regarding organizations.

Given that the attainment of the results envisioned under this Addendum requires a thorough understanding of the local context and an expert ability to liaise and coordinate across many levels of civil society formations, government and various national entities, eligibility is restricted to local Philippine organizations only as defined in ADS 303.6.

Local entity means an individual, a corporation, a nonprofit organization, or another body of persons that—

- (1) is legally organized under the laws of;
- (2) has as its principal place of business or operations in; and
- (3) is (A) majority owned by individuals who are citizens or lawful permanent residents of; and (B) managed by a governing body the majority of who are citizens or lawful permanent residents of a country receiving assistance.

Applicants are advised to refer to ADS 303.6 for additional information defining a local entity. Furthermore, in order to mitigate conflict of interest, preference is for local organizations who are currently not receiving funding for or engaged in TB/HIV service delivery.

Applicants will be asked to provide evidence of their local status in Section D.4 of this addendum. Submissions without evidence as prescribed in D.4 will not be accepted.

Applicants may engage non-local entities as subrecipients should it determine it practical to do so.

C.2 Cost Sharing

There is no cost share requirement under this Addendum.

C.3 Teaming Agreements

Please refer to the APS.

[End of Section C]

SECTION D: CONCEPT PAPER SUBMISSION INFORMATION

D. 1 Agency Point of Contact

Questions

Questions regarding the APS should be emailed to manila-roaa-rfa@usaid.gov (copy aferrer@usaid.gov) by the date and time stated on the cover page of this APS. In the subject field of the email write, “**Questions for UHCP APS Addendum # - Organization Name**”

Please return to grants.gov after the deadline to review the answers.

Refer to Section D.1 and D.2 of the APS Amendment 1 for

- Concept Paper Submission Instructions
- Concept Paper Format, Content, and Instructions

Supplemental instructions on the Concept Paper Submission Instructions specific for this Addendum are as follows:

The first page

The first page of the concept paper must be the completed Standard Cover Page (Attachment 1) of the APS Amendment 1.

Technical Approach – Applicants should follow the instructions for the Technical Approach provided in Section D.2 of the APS Amendment 1.

Management and Staffing Plan - Applicants should follow the instructions for this section provided in Section D.2 of the APS Amendment 1. **Additionally**, it is critical that the TB-HIV CLM Activity utilize a staffing structure that can meet the stated technical objectives, while remaining adaptive and flexible to address emerging needs with evolving community priorities. Rapid start-up will be critical to ensure continuity of services, and the activity must provide timely responses to requests from USAID/Washington, USAID/Philippines, and partner agencies. Applicants should demonstrate expertise in, or access to, specialists in the range of technical areas needed to effectively implement the work as outlined above. The staffing pattern should reflect a minimum number of highly experienced technical staff sufficient to conduct activities anticipated under the award. As an additional annex to the concept paper, the applicant must submit a matrix of position versus roles versus minimum qualification.

Institutional Capability - Applicants should follow the instructions for Institutional Capability provided in Section D.2 of the APS Amendment 1 for this section.

NOTE: Applicants should review the merit review criteria in Section E of the APS Amendment 1 before drafting concept papers to understand how concept papers will be evaluated. Concept papers should demonstrate the technical and managerial capability to implement an award with respect to the merit review criteria. Previous USAID experience is not required for an award.

Clarity and specificity are critical. Applicants should become familiar with the USAID/Philippines development portfolio found on <https://www.usaid.gov/philippines>.

USAID/Philippines will confirm receipt of a concept paper. As detailed in the APS, after a concept paper is reviewed, USAID/Philippines will inform applicants whether further discussions are warranted, and, after those discussions, whether a full application or co creation will be requested or not.

D. 3 Evaluation Process

Please refer to the APS Amendment 1.

[End of Section D]

SECTION E: APPLICATION REVIEW INFORMATION

The following merit review criteria are presented in descending order of importance:

Technical Approach: The extent to which the concept paper demonstrates a thorough understanding of the issues and priorities presented in the addendum and presents a clear, detailed, technically sound, and ambitious, yet feasible, approach to achieving the goals, objectives and results identified in the APS Addendum 5 — especially the extent to which it complements CLM activities supported under the [Global Fund](#)¹⁷ and other donors — as well as the ongoing HIV activity;

Management and Staffing Plan: The extent to which the concept paper convincingly demonstrates how its allocation of staff, mobilization plan, team structure, partner strategy and integration of existing USAID and other donor activities in the Philippines will contribute to the successful implementation of its technical approach;

Institutional Capability: The extent to which the concept paper proves its organization’s actual technical and managerial expertise as demonstrated in prior relevant work that will directly benefit implementation of this activity.

E.1 Concept Paper Merit Review Criteria

See Section E, Concept Paper Merit Review Criteria, of the APS Amendment 1 for an explanation of the merit review criteria.

E.2 Full Application Merit Review Criteria

Merit review criteria will be provided to applicants who are requested to submit a full application.

E.3 Cost Application Instructions

Applicants are not requested to provide cost applications at this time.

[End of Section E]

¹⁷ [An Asia-Pacific Exchange on the Role of Community-Led Monitoring in TB Programming](#)

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

See Section F of the APS Amendment 1 for federal award administration information.

SECTION G: FEDERAL AWARDED AGENCY CONTACTS

See Section G of the APS Amendment 1 for federal awarded Agency Contacts.

The updated Agency Point of Contact for this Addendum is:

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SECTION H: OTHER INFORMATION

See Section H of the APS Amendment 1 for other information.

ATTACHMENTS 1 through 4

Refer to the APS Amendment 1

(End of addendum 5)