



DEPARTMENT OF HEALTH PHILIPPINES

DEVOLUTION TRANSITION PLAN 2022-2024

January 20, 2022

DEPARTMENT OF HEALTH 2021

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DISCLAIMER

This document is still subject to evaluation and approval of the Department of Budget and Management (DBM) within one hundred twenty (120) days upon receipt of the completed Devolution Transition Plans. The concerned National Government Agencies shall update their respective DTPs upon approval of the 2022 GAA, as may be necessary (Section 8 of DBM-DILG JMC no. 2021-2).

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List of Acronyms

AO	Administrative Order
BHS	Barangay Health Station
CHD	Centers for Health Development
CHO	City Health Office
CNA	Collective Negotiation Agreement
CSC	Civil Service Commission
COC	Combined Oral Contraceptive
ComDev	Committee on Devolution
DAP	Development Academy of the Philippines
DATRC	Drug Abuse Treatment and Rehabilitation Centers
DBCC	Development Budget Coordination Committee
DBM	Department of Budget and Management
DC	Department Circular
DM	Department Memorandum
DO	Department Order
DOH	Department of Health
DILG	Department of Interior and Local Government
DPCB	Disease Prevention and Control Bureau
DPRI	Drug Price Reference index
DSO	Disease Surveillance Officer
DTP	Devolution Transition Plan
EB	Epidemiology Bureau
EO	Executive Order
ERIG	Equine Rabies Immunoglobulin
ESU	Epidemiology and Surveillance Unit
FETP	Field Epidemiology Training Program
FGD	Focus Group Discussion
FHSIS	Field Health Services Information System

GEF	Growth Equity Fund
GIDA	Geographically Isolated and Disadvantaged Area
GPPB	Government Procurement Policy Board
HC	Health Center
HCPN	Health Care Provider Network
HIV	Human Immunodeficiency Virus
HFEP	Health Facilities Enhancement Program
HRH	Human Resources for Health
HHRDB	Health Human Resources and Development Bureau
HSDU	Health Service Delivery Unit
HSSU	Health System Support Unit
HUC	Highly Urbanized City
ICD	International Classification of Diseases
IHR	International Health Regulations
IRA	Internal Revenue Allotment
IRR	Implementing Rules and Regulations
JAO	Joint Administrative Order
JC	Joint Circular
JMC	Joint Memorandum Circular
LCE	Local Chief Executives
LCP	Lung Center of the Philippines
LDI	Learning and Development Interventions
LDNA	Learning and Development Needs Assessment
LDMS	Learning and Development Management System
LGA	Local Government Academy
LGC	Local Government Code
LGU	Local Government Unit
LGU HSC	Local Government Unit Health Scorecard
LIPH	Local Investment Plan for Health

eLMIS	Electronic Logistics Management Information System
MOV	Means of Verification
MHO	Municipal Health Office
MNP	Micronutrient Powder
MTEP	Medium-Term Expenditure Plan/Program
MUAC	Mid-Upper Arm Circumference
NEP	National Expenditure Program
NGA	National Government Agency
NHWR	National Health Workforce Registry
NHWSS	National Health Workforce Support System
NKTI	National Kidney and Transplant Institute
NOH	National Objectives for Health
NNC	National Nutrition Council
NRL	National Reference Laboratory
NTA	National Tax Allotment
OEP	Organizational Effectiveness Proposal
P/A/Ps	Programs / Activities / Projects
PCEC	Purified Chick Embryo Cell (PCEC) vaccine
PCF	Primary Care Facilities
PCMC	Philippine Children's Medical Center
PCPN	Primary Care Provider Network
P/CWHS	Province- and City-Wide Health Systems
PGS	Performance Governance System
PHC	Philippine Heart Center
PHIC	Philippine Health Insurance Corporation or PhilHealth
PHFDP	Philippine Health Facility Development Plan
PHO	Provincial Health Office
PhilPEN	Philippine Package of Essential NCD Interventions
PITAHC	Philippine Institute for Traditional and Alternative Health Care

PNAC	Philippine National AIDS Council
PNDF	Philippine National Drug Formulary
PSA	Philippine Statistics Authority
PSAC	Pre-School Age Children
PVRV	Purified Vero Cell Rabies Vaccine
PWUD	Persons Who Use Drugs
RA	Republic Act
RDT	Rapid Diagnostic Test
RESU	Regional Epidemiology and Surveillance Unit
RHU	Rural Health Unit
SAC	School Age Children
STI	Sexually Transmitted Infection
UHC	Universal Health Care
WHO	World Health Organization
WISN	Workload Indicators for Staffing Need
WRA	Women of Reproductive Age

Background on the Supreme Court Ruling on the Mandanas-Garcia Cases

The Supreme Court Ruling on the Mandanas-Garcia cases was based on the petition filed in court by Governor Hermilando Mandanas of Batangas, Congressman Jose Enrique Garcia of Bataan, and other Local Government Unit (LGU) officials. The petitioners challenged the basis for the computation of the internal revenue allotment (IRA) under Republic Act (RA) no. 7160 or the Local Government Code (LGC) of 1991. They claimed that such computation is unconstitutional and inconsistent with Section 6 Article X of the 1987 Constitution, which stipulates that LGUs should have a just share in the national taxes. Under the LGC, only national internal revenue taxes are used as the basis for the computation of the LGUs' share. Petitioners averred that national internal revenue taxes are more restrictive than national taxes, and that it unduly deprives LGUs of their just share.

The Supreme Court ruled in favor of the petitioners. It opined that the basis for the just share of LGUs must include all national taxes and not just national internal revenue taxes. Therefore, the computations for IRA, now known as the National Tax Allotment (NTA), ought to consider customs duties and other taxes. The final ruling, which was final and executory, was issued on June 10, 2019 and shall have a prospective application.

Expected Increase in NTA of LGUs

The total shares of the LGUs from the national taxes is expected to increase beginning CY 2022. Based on the computation of the Department of Finance¹ (DOF) from the collected national taxes of PhP 2.8 trillion in 2019, there will be an additional PhP 234.39 billion increase in the NTA of LGUs. This is equivalent to a 27.61 percent increase and in economic terms, representing around 1.03 percent of the Gross Domestic Product (GDP)².

The substantial increase in the shares of the LGUs from the national taxes will empower the LGUs to provide basic services and facilities to their constituents and aid them in the effective discharge of other duties and functions that were devolved to them by Section 17 of the LGC. This basically puts the LGUs in a more critical role in achieving the country's development and growth targets.

In the DBM Local Budget Memorandum no. 82 and 82-A, the total indicative NTA shares of LGUs in CY 2022 shall be PhP 959.04 billion based on the certifications on the actual collections of national taxes in 2019. Further, Section 93 of the General

¹ As of March 7, 2021 computation of DOF

² Source: DBM Budget Fora FY 2022

Provisions in the 2022 General Appropriations Act (GAA) waives the enforcement of the Personnel Services limitations under the LGC to enable LGUs to undertake the following: (1) absorb the cost of hospital services transferred from provinces to newly created cities; (2) pay the Collective Negotiation Agreement (CNA) incentives of their employees; (3) pay the retirement and terminal leave benefits of their employees, including monetization of leave credits; (4) pay the minimum year-end bonus and cash gifts for barangay officials; (5) pay the salaries and benefits of health/medical personnel that may be hired to perform functions related to emergency situations; (6) pay the special benefits that may be authorized to be granted to LGU personnel during emergency situations; (7) pay the salary differentials of LGU-hired public health workers to fully implement the provisions of RA no. 7305 or the “Magna Carta of Public Health Workers”; and, (8) pay the salaries and other benefits of additional personnel that may be hired by the LGUs to implement the devolved basic services and functions, subject to the guidelines to be issued by the Department of Budget and Management (DBM). Of the foregoing enumeration, items (5) to (8) are significant in the effective implementation of devolved health functions or services at the local level.

Fiscal Impact and Executive Order no. 138

In order to mitigate the fiscal impact of the Supreme Court Ruling on the Mandanas-Garcia cases, the DBM proposed to gradually and fully re-devolve functions and services from National Government Agencies (NGAs) to LGUs in line with Section 17 of the LGC and other pertinent laws. This measure is embodied by EO no. 138 or the “Full Devolution of Certain Functions of the Executive Branch to Local Governments, Creation of a Committee on Devolution, and for Other Purposes” dated June 1, 2021 and its IRR dated July 2, 2021, as well as the JMC no. 2021-2 of the DBM and Department of Interior and Local Government (DILG) or the “Guidelines on the Preparation of the Devolution Transition Plans of the NGAs concerned in support of Full Devolution under EO no. 138, s. 2021” dated August 12, 2021.

The re-devolution of functions and services of certain programs, activities, and projects (P/APs) of NGAs to LGUs may be done in phases within a three-year transition period, which shall be undertaken not later than the end of CY 2024, pursuant to Section 4 of EO no. 138.

Among the key features of EO no. 138 is the Growth Equity Fund (GEF) that is included by the Committee on Devolution (ComDev) in the 2022 GAA. The GEF aims to address issues on marginalization, unequal development, high poverty incidence, and disparities in the net fiscal capacities of LGUs. In the Special Provision no. 4 of the Local Government Support Fund in the 2022 GAA, PhP 1.25 billion is appropriated for the financial assistance to the identified poor, disadvantaged, and lagging LGUs for the implementation of priority projects to gradually enable the full and efficient implementation of functions and services devolved to the local government. The

release of funds shall be subject to the guidelines to be issued by the Development Budget Coordination Committee (DBCC).

Part I: Department of Health - Office of the Secretary (DOH-OSEC) Devolution Transition Plan CY 2022-2024

Part I of this narrative provides a discussion on the Devolution Transition Plan of the DOH-OSEC Proper, whereas Part II covers the Devolution Transition of the National Nutrition Council as a DOH attached agency. As required by Section 6 of the DBM-DILG JMC no. 2021-2, this narrative report on the DOH Devolution Transition Plan for CY 2022-2024 contains seven elements, supported by their respective Annexes.

1. Strategic Directions / Shifts
2. Assignment of Functions, Services, and Facilities to Each Level of Government
3. Service Delivery Standards
4. NGA Capacity Development Strategy
5. LGU Capacity Development Strategy
6. Performance Monitoring and Assessment Framework
7. Organizational Effectiveness Proposal

1 – Strategic Directions / Shifts

To ensure the smooth implementation of EO no. 138, all NGAs performing devolved functions and services of LGUs per LGC were required to develop and implement their respective Devolution Transition Plans. Such plans shall be submitted to the DBM for evaluation and approval on or before September 30, 2021, which is 120 calendar days from the effectivity date of the EO. The DBM shall evaluate and approve the NGA DTPs within 120 calendar days upon receipt of the completed DTP along with the required narrative and annexes. Figure 1 shows the timeline in the development of the DOH Devolution Transition Plan.

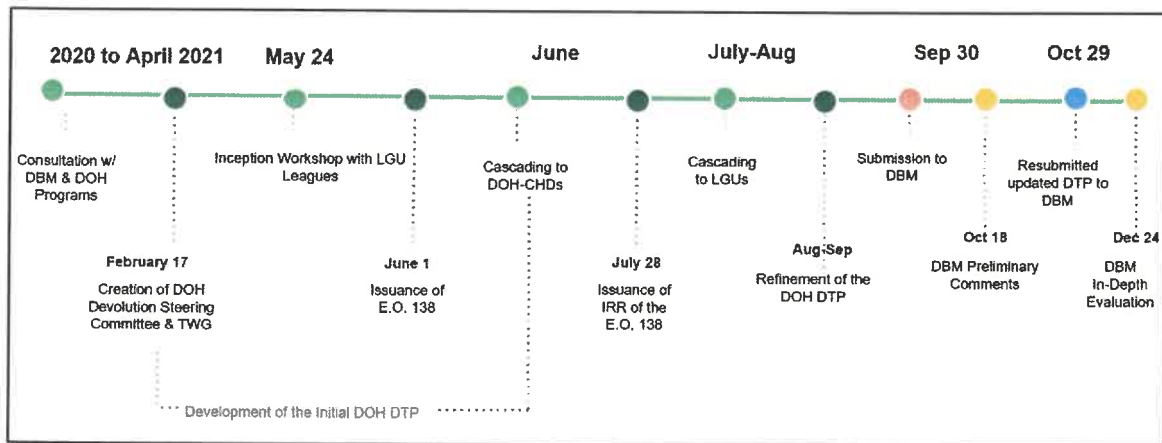


Figure 1. Timeline in the Development of the DOH Devolution Transition Plan

The health system of the Philippines has been in a devolved setup since 1991. This is pursuant to Section 17 of the LGC where several functions in the delivery of basic services and goods, including primary health services, were devolved to the LGUs. Re-devolution does not mean downloading of funds from an NGA to LGUs. It means re-devolution of functions performed by NGAs to LGUs based on the LGC.

In general, the basis for the re-devolution of functions of selected DOH P/A/Ps considers LGU income classification, National Allocation Framework, capacity of LGUs, availability of services or commodities in the local market, and implementation of the UHC Act and other pertinent laws. Except for the National Nutrition Council, attached agencies and corporations of the DOH (such as the Philippine National AIDS Council, PhilHealth, National Kidney and Transplant Institute, Lung Center of the Philippines, Philippine Children's Medical Center, Philippine Heart Center, and the Philippine Institute for Traditional and Alternative Health Care), DOH hospitals and other national health facilities will not be affected by the re-devolution of functions from NGAs to LGUs.

Principles for the Retention of Functions with DOH

The general principles in the retention of some functions with DOH, including its regional offices known as the Centers for Health Development (CHDs), are based on EO no. 102 series 1999 or "Redirecting the Functions and Operations of the Department of Health" and the UHC Act. These DOH policies specifically reiterate the following principles:

- ***The DOH is the leader in health.*** The DOH formulates national policies, plans, technical standards and guidelines on health and regulates health services and products.
- ***The DOH as an enabler and capacity builder.*** DOH provides capacity building through training, human resources development, systems development, and technical assistance.
- ***The DOH as an oversight mother agency.*** The DOH is also the oversight to

the corporate hospitals and attached agencies and corporations and administrator of national and regional hospitals and medical centers and other health facilities such as the Drug Abuse Treatment and Rehabilitation Centers (DATRCs) and blood centers.

- **The DOH to finance population-based health services.** The UHC Act also mandates DOH to finance population-based³ health services in complementation with the LGUs.

Figure 2 illustrates the framework for the medium-term health agenda, which is known as the Fourmula One (F1) Plus for Health. It reflects the DOH’s vision, mission, core values, strategic goals, and pillars for the health sector. Referencing this framework with the DOH Devolution Transition Plan, the DOH functions that will be re-devolved to LGUs mainly fall under the Financing and Service Delivery pillars (highlighted in red box for emphasis), which is consistent with the LGC; where LGUs are to assume full responsibility and accountability in providing and financing for basic health services to its constituents.

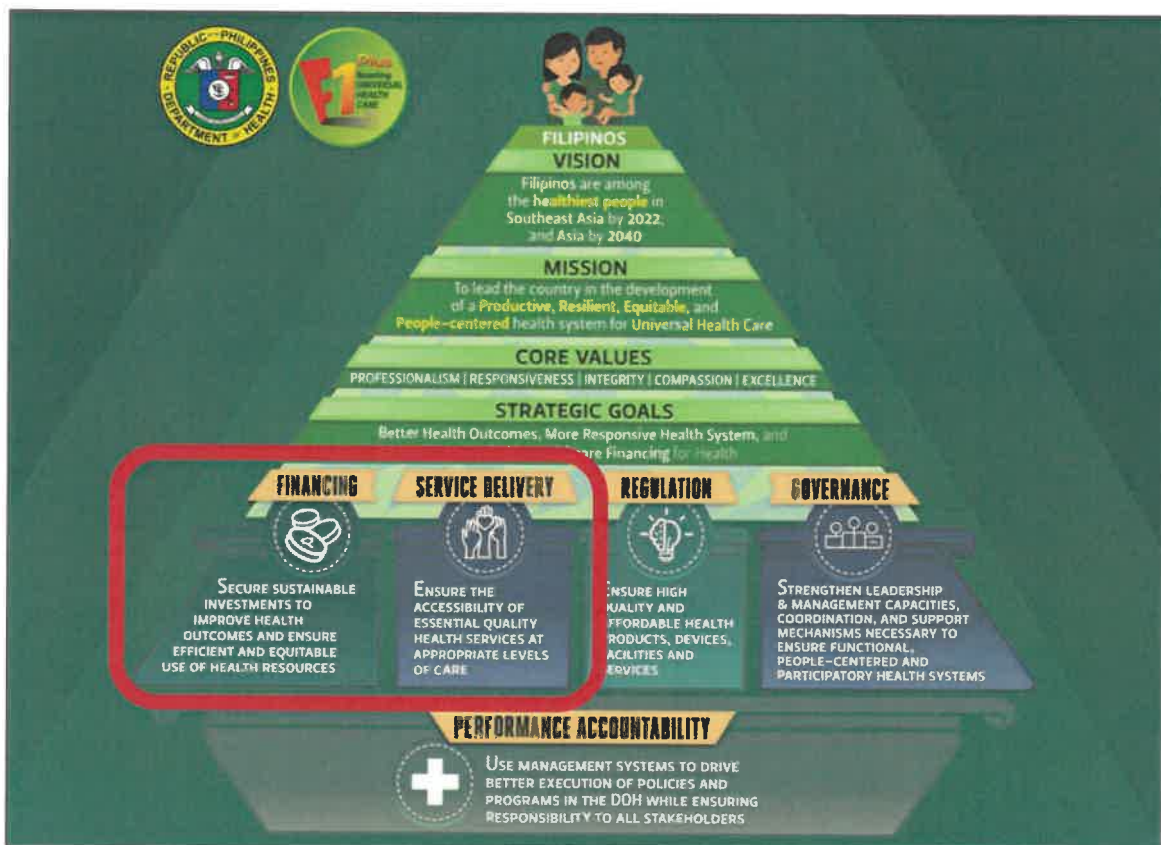


Figure 2. Framework for the Fourmula One (F1) Plus for Health

³ DOH AO no. 2020-0040 classifies health promotion as part of the population-based health services where financing shall be coursed through the national government and support will be provided to LGUs. While health promotion is not a re-devolved P/A/P of the DOH, LGUs are mandated to ensure effective implementation of health promotion programs at the local level (especially in communities and schools) through complementation of resources such as but not limited to human, technical, and financial as provided for in the UHC Act (Sections 17 and 30).

Likewise, Figure 3 shows the DOH Strategy Map, which will serve as the DOH’s roadmap for attaining the goals of F1 Plus for Health. The DOH identified “focusing on catalyzing the transformation of local health systems to Province- and City-wide Health Systems (P/CWHS)” and “building the capacity of local health systems to deliver individual-based and population-based health services” as the main drivers for attaining the F1 Plus for Health goals. Our core strategic objectives to catalyze this transformation are as follows: the development of policies and regulatory standards; provision of capacity building and technical assistance; and, engagement with sectoral and local stakeholders. The following support strategic objectives have been identified as critical in the delivery of DOH’s core strategic objectives, namely: Human Resources Management and Development; Infrastructure, Equipment, and Information Technology Management; Procurement and Supply Chain Management; Performance Management and Accountability; and, Budget Planning and Execution.

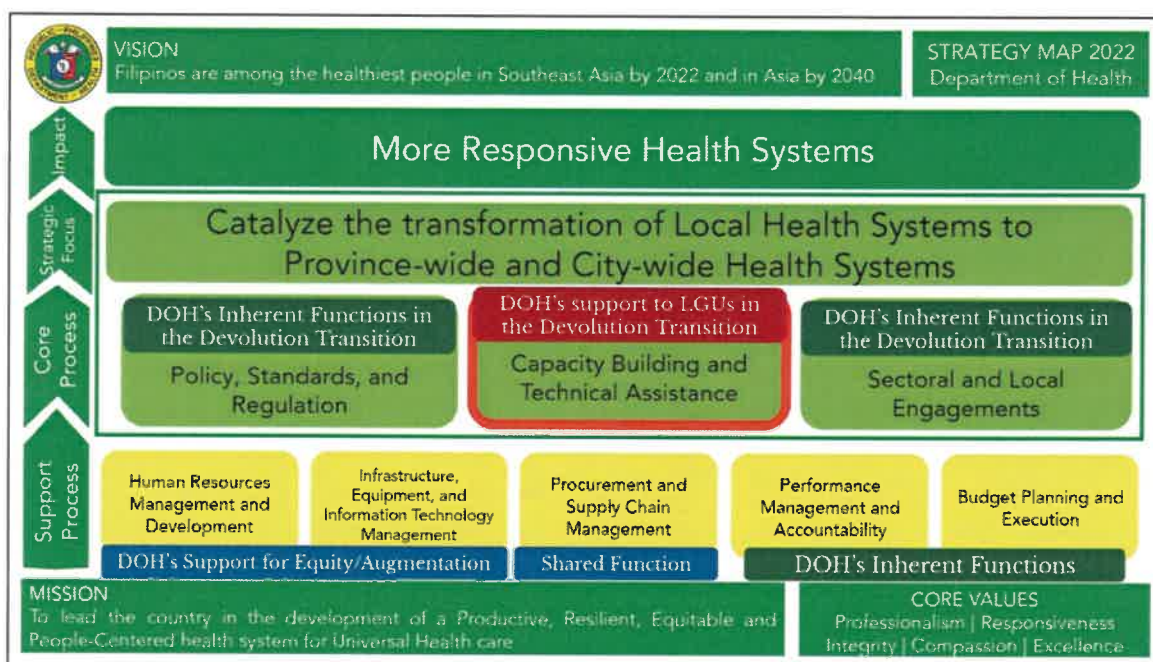


Figure 3. DOH Strategy Map 2022 and the Focus of DOH Support to LGUs in the Devolution Transition

Applying the DOH Strategy Map to the roll-out of the Supreme Court Ruling on the Mandanas-Garcia cases, capacity building and technical assistance (highlighted in red for emphasis) will be the focus of DOH support to LGUs in the Devolution Transition. Nevertheless, the DOH will continue to perform its retained inherent functions per its mandate on policy and standards development, regulations, performance management, and other governance functions (highlighted in green for emphasis). Meanwhile, the management of human resources, infrastructure, equipping, and

information technology management are DOH's support for equity or augmentation to the LGUs. The procurement and supply chain management however, will continue to be a shared function between the DOH and LGUs (highlighted in blue for emphasis).

Advantages of Retention of Functions under DOH

As mentioned above, some functions shall be retained under DOH such as construction, maintenance, and operations of DATRCs due to the following reasons:

- Support the "Whole of Government, Whole of Society" approach in the demand reduction component of the Philippine Anti-Drug Strategy (PADS) in 2018 wherein the DOH as the lead government agency mandated by law through Sections 75 and 76 of RA no. 9165 to *"operate and maintain publicly-owned drug treatment rehabilitation centers and oversee the integration, coordination, and supervision of all drug rehabilitation, intervention, after-care, and follow-up programs, projects and activities"* ;
- Maximise the government's limited resources through the complementary role of DOH and LGUs in providing the full spectrum of care for Persons Who Use Drugs (PWUDs). DOH shall operate the Apex, Regional, and some Complimentary Residential DATRCs while the LGUs assume the operation of Recovery Clinics at Level 2 hospitals and their respective Community-based Drug Rehabilitation Programs
- The roles of Apex, Regional, and Complementary DATRCs are consistent with the mandate of DOH in setting treatment and rehabilitation standards and providing oversight in the implementation of the treatment and rehabilitation component of the national anti-drug strategy.

The management of the blood centers under the National Voluntary Blood Services Program (NVBSP) shall be retained under DOH, given its mandate to establish and organize a National Blood Transfusion Service Network to rationalize and improve the provision of adequate and safe supply of blood as per RA no. 7719 or the "National Blood Services Act of 1994". Further, by retaining this function under DOH, it can ensure that blood centers are strategically established in every province and city nationwide within the framework of the National Blood Transfusion Service Network.

Principles for Redevolving Functions to LGUs

The basis for re-devolving health functions to LGUs is the expenditure assignment of health functions per level of government based on Section 17 of the LGC shown in Table 1.

Table 1. LGU Expenditure Assignment on Health

Province	Health services which include hospitals and other tertiary health services
Municipality	<ul style="list-style-type: none"> ● Health services which include the implementation of programs and projects on: <ul style="list-style-type: none"> ○ Primary Health Care, ○ Maternal and Child Care, and ○ Communicable and Non-communicable Disease Control Services ● Access to secondary and tertiary health services; ● Purchase of medicines, medical supplies, and equipment ● Rehabilitation programs for victims of drug abuse; ● Nutrition services and family planning services ● Clinics, health centers, and other health facilities necessary to carry out health services
City	All the services and facilities of the municipality and province, and in addition thereto, adequate communication and transportation facilities
Barangay	Health services which include the maintenance of barangay health facilities

The increase in the NTA of LGUs will provide them more resources and empower them to deliver basic health services. Re-devolving certain functions of DOH, consistent with the LGC, will strengthen local autonomy and enable LGUs to attain their fullest development as self-reliant communities. This re-devolution also aligns with the Universal Health Care (UHC) Act to streamline health financing mechanisms. Minimizing duplication and overlaps in financing mechanisms will increase the efficiency in the allocation and utilization of health resources. Moreover, it will prepare LGUs for the implementation of province- and city-wide health systems through ownership and accountability in the implementation of public health programs.

Operational Definition

At the end of the implementation of the transition by 2024, the identified DOH P/APs for devolution could either be **fully devolved**, **partially devolved**, or **retained at the DOH** with the following operational definition:

- **Fully Devolved** refers to re-devolution of the entire function or responsibility to the LGUs
- **Partially Devolved** refers to functions that will be shared between the national and local government units. For instance, a commodity may be re-devolved to LGUs but buffer stocks for augmentation to Geographically Isolated and Disadvantaged Areas (GIDA) will be retained at the national level; and,
- **Retained with DOH** refers to maintaining the inherent DOH-retained functions.

Further the re-devolution of certain P/APs during the transition will be done **gradually** within the three-year period (CY 2022-2024).

2 – Assignment of Functions, Services, and Facilities to Each Level of Government

To guide LGUs in the transitory period of re-devolution, the next section discusses the unbundling of the appropriate functions, services, and facilities that will be transferred and assigned to each specific level of government. Further, the implementation strategy and phasing of devolution transition activities, which are subject to the capacity and resources of the LGUs based on the assessment of the Department, will also be highlighted.

The **DTP Annex A** will provide a matrix on the unbundling of P/APs and detailed assignment of functions and services to each level of government relative to the re-devolved P/APs. The **DTP Annex B**, on the other hand, will outline the detailed phasing of activities and implementation strategy of the re-devolved P/APs

Table 2 provides a summary of the concerned DOH P/APs for re-devolution, the expected LGU roles, and basis for re-devolution.

Table 2. Summary of CY 2022-2024 DOH Devolution Transition Plan

DOH Budget Line Item (P/APs)	DOH Recommendation		LGU Role	Basis for Re-Devolution
	Transition Period (2022-2023)	End Result of Devolution (2024)		
Health Facilities Enhancement Program (HFEP)	Gradually and Partially Devolved by CY 2022	Partially Devolved	Procurement of Capital Outlay	National Allocation Framework in the Philippine Health Facility Development Plan (PHFDP) 2020-2040
Epidemiology and Surveillance	Gradually and Partially Devolved by CY 2022 ⁴	Partially Devolved	Hiring of Disease Surveillance Officers (DSOs)	RA no. 11332: At least 1 trained DSO per Epidemiology and Surveillance Unit (ESU)
Human Resources for Health (HRH) Deployment	Gradually and Partially Devolved by CY 2023	Partially Devolved	Hiring of nurses and midwives	Low possibility of market failure
Public Health Commodities				
Family Health, Immunization, Nutrition, and Responsible Parenting	Gradually and Partially Devolved by CY 2022	Partially Devolved	Procurement, warehousing, storage, and distribution of commodities to target recipients	With PhilHealth package, individual-based health services (best optimized by public and private service delivery) for
Prevention and Control of Communicable Diseases	Gradually and Partially Devolved by CY 2022	Partially Devolved		

⁴Note: Due to the approval of funding in the 2022 GAA, DOH shall continue to support the hiring of DSOs to all LGUs until 2023 only. However, by 2024, it will be fully devolved to LGUs only but retained in DOH, RESUs, and PDOHOs.

DOH Budget Line Item (P/A/Ps)	DOH Recommendation		LGU Role	Basis for Re-Devolution
	Transition Period (2022-2023)	End Result of Devolution (2024)		
Prevention and Control of Non-Communicable Diseases	Gradually and Partially Devolved by CY 2022	Partially Devolved		PhilHealth benefit development and financing, available in the local market, low cost, population-based services which LGU have the capacity to implement

Health Facilities Enhancement Program (HFEP)

The Health Facilities Enhancement Program supports the implementation of the Universal Health Care Act through the allocation of funds for the construction of health infrastructure and procurement of medical equipment and transport vehicles. The main basis for re-devolution of functions is the National Allocation Framework in the Philippine Health Facility Development Plan 2020-2040. The parameters in the developed allocation framework include poverty incidence, resources of local government, presence of GIDA, and the current gap in health facilities to establish their Health Care Provider Networks.

This framework intends to provide financial support that is equitable, considering both capacity and gaps of the individual provinces, HUCs, and ICCs towards implementation of province/city wide health systems.



Figure 4. National Allocation Framework

Table 3A. Phasing of HFEP Gradual and Partial Devolution by Categories of the National Allocation Framework

National Allocation Framework	Phasing of Gradual & Partial Devolution
Category 4 (High Capacity, Low Gap)	Devolved beginning 2022
Category 3 (High Capacity, High Gap)	Devolved beginning 2024
Category 2 (Low Capacity, Low Gap)	Devolved beginning 2023
Category 1 (Low Capacity, High Gap)	Retained with DOH

Beginning CY 2022, HFEP will re-devolve the functions to Category 4 (high capacity, low gap) provinces and cities. In 2023, functions will be re-devolved to Category 2 (low capacity, low gap) provinces and cities. Beginning CY 2024, HFEP will devolve the funding support and procurement of health infrastructure, equipment and medical transport to those provinces and cities belonging to Category 3 (high capacity, high gap). To view the complete list of provinces, cities, and municipalities and the corresponding year of devolution, visit <https://tinyurl.com/LGUcategoriesNAF>.

Table 3B. Number of Provinces, Municipalities, and Cities That will be Affected by the Gradual and Partial Devolution of HFEP Based on the National Allocation Framework

National Allocation Framework	Province	City	Municipality	Phasing of Gradual & Partial Devolution
Category 4	14	11	327	Devolved beginning 2022
Category 3	10	21	139	Devolved beginning 2024
Category 2	32	-	727	Devolved beginning 2023
Category 1	25	2	295	Retained with DOH

Table 3B provides a summary of the number of provinces and cities that will be affected by the gradual and partial devolution of HFEP functions based on their capacities and gaps. Beginning CY 2022, 14 provinces and 11 cities will already assume re-devolved HFEP functions. By CY 2023, an additional of 32 provinces will also assume re-devolved functions to procure their own capital outlay; and, by CY 2024, an additional of 10 provinces and 21 cities will also assume the devolved responsibility. The funding support for provinces and cities under Category 1 will still be retained with DOH. During initial consultation meetings and briefings with LGUs, it was highlighted that gaps in delivery of health services were given more weight in determining which LGUs will assume first the re-devolved function.

Further, during the transition, the HFEP-Management Office with the CHDs will conduct a series of consultations with targeted LGUs and Congress through meetings, fora, and focus group discussions (FGDs) beginning third quarter of 2022 until 2024 to level off their expectation and strengthen its relationship and engagement. These venues will further enable the DOH to identify the LGUs' areas of concern or issues and discuss with them their corresponding action plan of the Department and/or the respective LGUs.

HFEP will continue to fund projects for provinces, cities, and municipalities under Category 1 as well as for DOH hospitals and other health facilities like Drug Abuse Treatment and Rehabilitation Centers (DATRCs), National Reference Laboratories (NRLs), and Blood Centers. The national policy and health facility standard development as well as the provision of technical assistance will be retained with DOH. Likewise, the monitoring and evaluation of projects will still be retained by DOH but provinces, cities, and municipalities also need to perform these functions for their respective projects.

Relative to the funding support and procurement of infrastructure, medical equipment, and motor vehicles for certain facility types, Table 4 summarizes the unbundling of

HFEP functions per level of government. The Barangay Health Stations (BHS), Rural Health Units (RHU)⁵, existing polyclinics, and LGU Hospitals⁶ under Category 1 LGUs will be assisted by the DOH. On the other hand, the infrastructure, medical equipment, and motor vehicles for the health facilities in the rest of the LGUs will be funded by their respective provinces, cities or municipalities in accordance with the LGU expenditure assignment under the LGC. However, the DOH Hospitals and other DOH health care facilities will still be retained under DOH. Polyclinics are not officially defined in the National Health Facility Registry, and provide services similar to health centers and rural health units. Thus, there will be no funding support for the construction of new polyclinics.

Table 4. Unbundling of HFEP Functions

Functions	DOH	Province	City	Municipality
National policy and health facility standards, Technical assistance	✓			
Monitoring & Evaluation of projects	✓	✓	✓	✓
Funding support and Procurement of Infrastructure, equipment, and motor vehicle for:				
a) Barangay Health Stations	✓*			✓
b) Rural Health Units	✓*		✓	✓
c) Polyclinics	✓**		✓	
d) LGU Hospitals	✓*	✓	✓	✓
e) DOH Hospitals & Other Health Facilities	✓*			

*Beginning CY 2024, DOH will only provide funding support and procurement of infrastructure, equipment and motor vehicle to provinces, cities, municipalities belonging to Category 1.

**Funding of polyclinics is limited to completion of already existing projects.

In the implementation of the Devolution Transition Plan of the Health Facilities Enhancement Program, the HFEP-MO will coordinate with the Department of Public Works and Highways (DPWH) and incorporate in the HFEP 2023 Project Availment Guidelines to harmonize plans, identification of beneficiary LGUs, and avoid duplication of projects. Further, CHDs will also be engaged in this initiative. These

⁵ RHUs may pertain to City Health Office, Municipal Health Office, Rural Health Unit, Health Center, District Health Center, Satellite Center

⁶ Municipal/District/Provincial Hospitals, including infirmaries, are classified as LGU Hospitals

initiatives will strengthen vertical and horizontal linkages in accordance with Section 11 of EO no. 138.

Human Resources for Health (HRH) Deployment

Under the principles of devolution, it is an inherent mandate for the LGUs to develop and its human resource for health complement to deliver basic public health goods and services. As part of the government's policy in the standard staffing pattern, the LGUs are mandated to implement the same based on the functions and recommended ratio of HRH to its population. However, in the UHC Act, the DOH is mandated to provide assistance to low income LGUs and GIDAs by deploying and augmenting the health workforce needs of local public health systems and to secure positions for hiring of health professionals and health workforce under the National Health Workforce Support System (NHWSS). In this case, certain aspects of the HRH Deployment program, including the budget allocation for retained cadres will be maintained by the DOH. Moreover, the hiring of other HRH cadres under the NHWSS, management of pre-service scholarship for priority cadre of health professionals and in-service scholarship programs, policy development, technical assistance, capacity building of deployed HRH, and advocacy will still be retained with the DOH in accordance to CHED-TESDA-DOH-PRC-DOST JAO No. 2021-0001 or the "Guidelines for Expanding Health Professional and Health Worker Scholarships and Return Service Agreements for UHC " dated August 11, 2021 (Refer to Table 5). Meanwhile, the health sector capacity management or training programs, technical assistance, and capacity building of external stakeholders at the local level shall be devolved to LGUs following the provisions of Section 18⁷ of the LGC.

In minimizing distraught issues relating to health personnel in the process, the DOH is keen in identifying the varying reasons underlying issues in devolution of health personnel functions. This assessment considers the intricacy of complex issues from geographical displacement, job loss, to income and salary changes in the process of devolution. In the context of local health labor market dynamics, the DOH retains the HRH Deployment of priority health cadre in the delivery of public health services to attain the health outcomes and impact. Through the NHWSS, local health labor market failures will be addressed. Hence, the HRH Deployment Program is considered as a national government intervention of local health labor market failures. As such, this function is retained in the DOH as per mandate.

⁷ Section 18 of the LGC states that LGUs shall have the power and authority to establish an organization that shall be responsible for the efficient and effective implementation of their development plans, program objectives, and priorities.

Table 5. Basis for Retention and Re-devolution of the HRH Deployment

Retained with DOH	Devolved to LGUs by CY 2023
<ul style="list-style-type: none"> ● Doctors, Dentists, Medical Technologists, Pharmacists, Nutritionist-Dietitians, Physical Therapists to be deployed in GIDAs, target areas for peace-building efforts, areas for poverty reduction intervention, and with critical HRH gap regardless of the income class to optimize human capital dividend. ● Nurses and Midwives to be deployed to 5th and 6th class localities ● Pre-service Scholarship for Doctors & Midwives ● Policy Development, Technical Assistance, Training, Advocacy 	<ul style="list-style-type: none"> ● Cadres: Nurses and Midwives in 1st to 4th income class municipalities ● Rationale: Low possibility of local health labor market failure

Beginning CY 2023, the hiring of specific cadres, such as nurses and midwives, in the 1st to 4th income class municipalities will be devolved to LGUs except in GIDAs, target areas for peace-building efforts, priority areas for poverty reduction intervention, and those with a critical health workers gap. These cadres will be subject to re-devolution given the low possibility of local health labor market failure (i.e. disequilibrium in supply and demand). Further, re-devolving these cadres to the LGUs will promote health equity, make available healthcare professionals at the local level, and provide accessibility of healthcare services.

The timeline of the implementation of the re-devolved function to hire nurses and midwives by CY 2023 will provide the LGUs ample time for their preparation and planning activities as they prepare their Local Investment Plan for Health (LIPH) and Annual Investment Plan (AIP) for CY 2023 which is timely for the budgetary preparation on June to August 2022 (local budget planning cycle). Further, this will prime the LGUs to prepare for their forward estimates in the increase of the health personnel cost (PS) with consideration of the provisions for implementation of RA 7305 of 1992 or Magna Carta of Public Health Workers alongside other benefits such as special risk allowances and incentives. The LGUs will have an expansive consideration of health personnel compensation and benefits in crafting their respective Comprehensive Development Plan (CDP) and Local Sectoral Plan (LSP). The LGUs will have orientation and engagement activities for them to develop their facility-based staffing requirement (using WISN) and on Competency-based Learning and Development Management System. A cost-sharing scheme with national and local government units can be undertaken under this program provided that the LGUs will receive adequate finance and budget management capacity-building and access

to health financing instruments for the implementation of such mechanisms. Table 6 summarizes this unbundling of HRH Deployment functions per level of government for CY 2022 onwards.

Table 6. Unbundling of HRH Deployment Functions

Functions	DOH	Province	City	Municipality
Hiring of Nurses and Midwives (beginning CY 2023)	✓ (2022 only; Budget allocation subject to GAA)	✓ (2023 onwards)	✓ (2023 onwards)	✓ (2023 onwards)
National policy and standards, Technical Assistance, Training/Capacity Building, Advocacy	✓	✓ (Training/capacity building to lower levels of LGUs)		
Pre-service scholarship for medical and midwifery	✓			

Note: Retained cadres with DOH: Doctors, Nurses, Midwives, Dentists, Medical Technologists, Pharmacists, Nutritionist-Dietitians, Physical Therapists

For CY 2021-2022, the Health Human Resources and Development Bureau (HHRDB) shall focus on conducting preparatory activities prior to the gradual devolution of functions in the succeeding fiscal year. Phase I strategies and component activities are heavy on establishing strong communications with internal and external stakeholders; building up the administrative and technical capacities of LGUs in identifying HRH needs and conducting human resource management and development activities; and developing and recalibrating existing allocation and distribution guidelines and tools on HRH deployment under the NHWSS.

The criteria used in the revised allocation and distribution is based on the Development Budget Coordination Committee's (DBCC's) macroeconomic assumptions and medium-term fiscal program. Proxy means indicators and measures are also anchored on the geopolitical and topographical concerns of local public health scenarios, high poverty incidence, climate change events-prone communities, conflict-affected areas, and localities with vulnerability in national and global health security disease threats. This emerging perspective is relevant in responding to outbreaks and epidemics that will render the LGUs resilient in the process.

Capacity building activities initiated during Phase I shall continue until CY 2024 and may be extended as the need arises along the course of the implementation. In Phase II or CY 2023, the DOH, through the CHDs, shall start conducting monitoring activities to gauge LGU performance in terms of their compliance with HRH-related policies, including the incremental creation of HRH positions based on standards provided in Section 24.5 of the UHC IRR, and the provision of appropriate salaries and benefits to hired HRH as mandated by other laws such as the Magna Carta of Public Health Workers. The partial devolution of the same cadres and conduct of monitoring activities shall be continuously implemented in CY 2024. Meanwhile, there will also be an orientation and training for LGUs on localizing the HRH Master Plan strategies and integrating them to their LIPH. Training on setting up and managing the HRHMD system within the P/CHWS and orientation on Primary Care Certification will be part of the technical packages that the DOH will provide to assist the transition process of re-devolution.

Epidemiology and Surveillance

The basis for hiring of Disease Surveillance Officers (DSOs), formerly known as the Public Health Associates under the Epidemiology and Surveillance line item, is Rule VII Section 2 of the 2020 IRR of RA no. 11332 or the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act,” which provides:

- As a minimum requirement, each Epidemiology and Surveillance Unit (ESU) shall have at least one (1) DSO duly trained on applied/field epidemiology, surveillance and response; and one (1) epidemiology assistant of an allied health profession;
- Moreover, the human resource complement will support the implementation of the population-based health services under Section 17 of the UHC Act to ensure an accurate, sensitive and timely epidemiologic, surveillance systems; and,
- The budget requirements for the operations of ESUs shall be drawn from the annual budget of their respective mother offices.

While the budget to cover all DSOs nationwide was approved in 2022 under the General Appropriations Act⁸, the DOH shall only continue to provide funding support for the hiring of DSOs to all LGUs until 2023. This continued support remains critical given their roles at the height of the COVID-19 pandemic. For the surveillance functions being partially devolved, the DOH commits to providing technical assistance and capacity building to LGUs on the minimum training requirements for ESU functionality. Therefore by 2024, the DOH will no longer fund the hiring of DSOs at the LGU level. However, hiring of DSOs under the DOH Central Office, CHDs, and Provincial DOH Offices will continue to be funded by the DOH. Specifically, DSOs deployed in the regions are to be funded by CHD-Regional Epidemiology and

⁸ Programmed and Unprogrammed Appropriations

Surveillance Units (RESUs). Table 7 shows the unbundling of functions per level of government for the Hiring of DSOs.

Table 7. Unbundling of Functions for Hiring of Disease Surveillance Officers

Functions	DOH	Province	City	Municipality
Establishment of ESUs	✓ CHD RESU	✓ PESU	✓ CESU	✓ MESU
Hiring of Disease Surveillance Officers	✓ (2022 onwards for Central Office, CHDs, and PDOHOs), 2022-2023 for LESUs*	✓ (2024 onwards)	✓ (2024 onwards)	✓ (2024 onwards)
National policy and standards; Technical Assistance to PESU/ CESU/ MESU; Capacity Building; and Advocacy	✓ Epidemiology Bureau & CHD-RESUs	✓ (Technical Assistance to CESU, MESU)		

***Note:** Due to the approval of funding in the 2022 GAA, DOH shall continue to support the hiring of DSOs to all LGUs until 2023 only. However, by 2024, it will be fully devolved to LGUs only but retained in DOH, RESUs, and PDOHOs.

For Phase I of the implementation strategy, the Epidemiology Bureau (EB) with the CHDs, aims to conduct baseline consultations with LGUs to level off their expectations and inform them of the functions and services to be devolved. It will also resolve concerns or issues on the LGU's assessment results and gap analysis through the ESU Integrated Monitoring and Evaluation Tool, which is scheduled to be implemented by the third quarter of 2021 until 2022. Further, EB shall provide capacity building and technical assistance to LGUs in undertaking devolved functions on epidemiology, disease surveillance, and response (including contact tracing) by the fourth quarter of 2021. This will enable the LGUs to provide appropriate and timely epidemiologic response to disease outbreaks and health events of public health concern.

For Phases II and III of the implementation strategy to be implemented in 2023 to 2024, there will be follow-through consultations and updating of the capacities of LGUs. As part of its legal mandate, EB in coordination with the Regional Epidemiology and Surveillance Units (RESUs), shall strengthen the monitoring and evaluation of success indicators and provide continual capacity development and technical assistance to stakeholders even beyond the transition period of devolution.

Public Health Commodities

The main basis for retention and re-devolution of public health commodities are summarized in Table 8. Retained with DOH means provision of funding support either as financial grants or non-financial assistance. For in-kind commodities procured at the DOH Central Office, the Department will be responsible for its logistics and supply chain management; while, the implementation and distribution to its target population will still be with the LGUs. Meanwhile, the re-devolved functions of LGUs must also include, aside from procurement, the warehousing, storage, and distribution of commodities to component LGUs and its target population. A price negotiation mechanism shall be established to facilitate more efficient procurement of select DOH retained commodities, particularly those that are high cost and/or are single source. Financing for re-devolved functions, services, and facilities shall either be financed through the NTA or PhilHealth (i.e. for those with benefit packages).

Further, in any case that the draft Substitute Bill “Philippine Center for Disease Control (CDC) Act” will be approved during the transition period, the bill is seen to be in accord with the Devolution Transition Plan of the Department given that there is no additional transfer of functions, personnel nor services to or from local government units.

The commodities that will not be affected by the redevolution of functions and retained by the DOH are those for procurement by the Health Emergency Management Bureau as augmentation during disasters and outbreaks.

Table 8. Basis for Retention and Re-devolution of Public Health Commodities

Retained with DOH	Re-devolved to LGUs (Financed through NTA or PHIC)
<ul style="list-style-type: none"> ● Internationally procured or with limited local market ● Commodities with economies of scale ● Population-based services that need to be consistently implemented ● Individual-based services but without PhilHealth package in the interim 	<ul style="list-style-type: none"> ● Services or commodities that are readily available in the local market ● Services with existing PhilHealth benefit packages ● Population-based services which LGUs have the capacity to implement

In terms of the proposed timeline, Table 9 summarizes the phasing of key activities of the Disease Prevention and Control Bureau in the redevolution of public health commodities. For this year, the DOH has conducted the mapping or assessment of readiness of CHDs and LGUs in terms of local suppliers, supply chain and staff competence or the training needs assessment. The results of the assessments shall

then dictate the capacity building activities that will be provided to concerned levels of government to enable them to perform their functions properly.

By 2022, it is expected that the DOH Central Office will stop the procurement of re-devolved individual-based commodities with existing PhilHealth financing, provided there are local markets and supply chain readiness. DOH including its CHDs shall continue to procure individual-based commodities without PhilHealth financing. Absent local markets and supply chain readiness on either the CHD or LGU level, such commodities shall remain with the DOH Central Office.

By 2023, the LGUs shall procure commodities for both individual- and population-based health services for fully devolved functions. The DOH and CHDs shall procure some devolved functions especially those with high cost or with economies of scale. The CHDs shall continue its function to monitor and provide technical assistance to the LGUs.

By 2024, LGUs are expected to procure individual- and population-health services for fully devolved functions. DOH and CHDs will then continue monitoring and providing technical assistance to LGUs.

Table 9. Proposed Timeline for Re-devolution of Public Health Commodities

	2021	2022	2023	2024
Key Activities	<ul style="list-style-type: none"> • Mapping readiness: local suppliers, supply chain, staff competence (TNA) • Capacity building 	<ul style="list-style-type: none"> • DOH Central office to stop procurement of re-devolved individual-based commodities with PhilHealth financing, provided there are local markets and supply chain readiness • DOH & CHD to procure individual based commodities without PhilHealth financing, provided there are local markets and supply chain readiness; if local market or 	<ul style="list-style-type: none"> • LGU procurement of individual and population health services for fully devolved functions • DOH & CHD to procure some devolved functions especially if high cost or with economies of scale; CHD to monitor and provide technical 	<ul style="list-style-type: none"> • LGU procurement of individual and population health services for fully devolved functions • DOH and CHD to monitor and provide technical assistance

	2021	2022	2023	2024
		supply chain readiness is lacking at the CHD level, this function will be retained with the DOH Central Office	assistance	
Programs with Commodities to be Devolved	-	<ul style="list-style-type: none"> ● Integrated Management of Childhood Illness ● Nutrition (Phase 1) ● Food and Water-Borne Diseases Prevention & Control Program (Phase 1) ● Lifestyle-Related Diseases Prevention & Control Program - Cardiovascular Diseases ● Lifestyle-Related Diseases Prevention & Control Program - Diabetes Mellitus (Phase 1) 	<ul style="list-style-type: none"> ● Safe Motherhood Program ● National Filariasis Elimination Program ● Nutrition (Phase 2) ● Food and Water-Borne Diseases Prevention & Control Program (Phase 2) ● Integrated Helminth Control Program ● Lifestyle-Related Diseases Prevention & Control Program - Diabetes (Phase 2) ● Sexually Transmitted Infections and Hepatitis ● National Leprosy Control Program ● Emerging and Re-emerging 	<ul style="list-style-type: none"> ● National Family Planning Program ● Oral Health Program ● National Aedes-borne Viral Diseases Prevention & Control Program ● National Rabies Prevention & Control Program

	2021	2022	2023	2024
			Infectious Diseases Prevention & Control Program	

The specific commodities per program to be transitioned as a re-devolved function of the LGUs are listed below:

CY 2022

(With Philhealth benefit package, available in the local market, and low cost)

- **Cardiovascular Diseases and Diabetes Mellitus:** Losartan, Amlodipine, Simvastatin, Metformin, Gliclazide
- **Food and Water-borne Diseases:** Oral Rehydration Solutions, Zinc
- **Integrated Management of Childhood Illnesses:** Amoxicillin drops and suspension
- **Nutrition:** Ferrous sulfate + Folic acid (Micronutrient supplementation)

CY 2023

(For development of PhilHealth benefit package, but available in the local market and relatively low cost)

- **Diabetes Mellitus:** Insulin and Insulin syringe
- **Soil-Transmitted Helminthiasis/ Integrated Helminth Control:** Albendazole (Mass Drug Administration and selective treatment)
- **Filariasis:** Mupirocin ointment, Ketoconazole cream
- **Leprosy⁹:** Vitamin B complex tablet, Prednisone tablet, Ascorbic Acid, Betamethasone cream, Ferrous Salt + Folic Acid, Fusidate Sodium/Acid ointment 2% 15g, Itraconazole capsule
- **Sexually-Transmitted Infections:** Penicillin G 1.2M units, Cefixime 400 mg capsule, Azithromycin 500 mg tablet, Hepatitis C surface antigen rapid diagnostic test, Hepatitis B surface antigen rapid diagnostic test
- **Nutrition:** Micronutrient powder, Mid-upper arm circumference tapes
- **Safe Motherhood:** Calcium carbonate tablet
- **Food and Water-borne Diseases:** Azithromycin, Ciprofloxacin
- **Emerging and Re-emerging Infectious Diseases:** Doxycycline (Hyclate) 100mg/capsule

⁹ WHO-donated multidrug therapy and clofazimine for Leprosy will still be provided.

CY 2024

(For development of PhilHealth benefit package, but available in the local market and relatively low cost)

- **Dengue:** Dengue Rapid Diagnostic Test (NS1) kits
- **Family Planning:** Combined Oral Contraceptive (COC) pills, Male condoms
- **Oral Health:** Oral Health Family Package, Fluoride, Glass Ionomer, Pit and Fissure sealant kit, Composite restorative material
- **Rabies Control:** Equine Rabies Immunoglobulin (ERIG), Purified Vero Cell Rabies Vaccine (PVRV), Purified Chick Embryo Cell (PCEC) vaccine

The DOH shall continue to provide assistance to LGUs through policy and standard development, advocacy, capacity building activities, and monitoring of program implementation (i.e. together with the LGUs). The provision of support for the remaining public health commodities retained with the DOH until 2024 shall continue until such time that they can be transitioned through expanded financing of PhilHealth, expansion of local markets, and pooled procurement mechanisms, in accordance with the UHC Act.

The commodities that will be retained and continuously procured by DOH are those under the following programs:

- **Cancer Control Program:** All medicines
- **Mental Health Program:** All medicines
- **National Tuberculosis Program:** All medicines
- **Emerging and Re-emerging Infectious Diseases:** Oseltamivir & propan-2-ol; Propan-1-ol; Mecetronium ethylsulfate; and, other COVID-19 commodities
- **National Aedes-borne Viral Diseases Prevention and Control Program:** Pyriproxifen 5gm/sachet; Deltamethrin 2% EW; Emulsion oil in H2O 1L/bottle; Insecticide Treated Screen; Bifenthrin; Indoor Residual Spray cans and Repair Kits; Novaluron 10%; Metofluthrin 0.1% 1L/bottle; IgM/IgG Dengue Test
- **National Malaria Control and Elimination Program:** Long-Lasting Insecticide Treated Nets; Rapid Diagnostic Test (RDT) kits; Indoor Residual Spraying; retreatment insecticide; Etofenprox 10% EW; and, Anti-malarial drugs
- **Oral Health Program:** High speed handpiece bundled with burs; 2 holes type; LED; multi-port water spray; Light cure unit; wired and wireless with light intensity indicator; Portable Ultrasonic Scaler with Mini Water Tank; portable with different scaler tips; and, water tank
- **Management of Acute Malnutrition:** Ready-to-Use Supplementary Food; Ready to Use Therapeutic Food; F-75 Therapeutic Milk; F-100 Therapeutic Milk; and, Lipid-based Nutrient Supplement Small Quantity
- **Micronutrient Supplementation:** Vitamin A 100,000 IU and 200,000 IU capsules
- **National Immunization Program:** All vaccines and ancillaries, including COVID-19 vaccines

- **National HIV/ AIDS and STI Prevention & Control Program:** All antivirals; antifungals; Syphilis RDT kits; Hepatitis B viral load reagents and point-of-care test; and, HIV RDT test kits.
- **National Filariasis Elimination Program:** Diethylcarbamazine Citrate; Filariasis Test Strips; and, Disease-free Markers
- **National Leprosy Control Program:** Distribution of multi-drug therapy drugs and Clofazimine sourced from donations of the World Health Organization
- **Food and Water-borne Diseases Prevention & Control Program:** Diloxanide; and, Cholera RDT
- **National Schistosomiasis Control and Elimination Program:** Praziquantel; and, Kato Katz kits
- **National Family Planning Program:** Intrauterine Device; Progestin Subdermal Implant (PSI); Progestin Only Pill; and, Depot-Medroxyprogesterone acetate
- **Water Safety and Sanitation:** Drinking water disinfectant; water sampling bottles; and, enzyme substrate test for 5th and 6th class GIDAs

Table 10 shows a summary of the P/A/Ps that will be retained by DOH, and those that will be partially re-devolved or fully re-devolved to the LGUs under the DOH DTP. These are only some examples of the key programs and activities of the Department and not an exhaustive list. Furthermore, retention does not mean provision of the entire service; instead, it means provision of financial grants and non-financial assistance in support of program implementation, which still rests with the LGUs. Meanwhile, in addition to what the LGUs are already funding, they will also finance those fully devolved and partially devolved PAPs, if applicable.

Table 10. Summary of the Retained and Re-devolved Functions

Retained with DOH ¹⁰	Partially Devolved	Fully Devolved to LGUs
<ul style="list-style-type: none"> ● Environmental & Occupational Health ● National Immunization ● Tuberculosis Control ● Mental Health ● Cancer ● HIV ● Schistosomiasis ● Vector Control ● Medical Assistance for Indigent Patients 	<ul style="list-style-type: none"> ● HRH Deployment ● Health Facilities Enhancement Program ● Disease Surveillance Officers ● Family Health, Nutrition & Responsible Parenting ● Oral Health ● Food & Water-borne Diseases ● Filariasis ● Dengue ● Emergency & Re-emerging Infectious Diseases ● Sexually Transmitted Infections 	<ul style="list-style-type: none"> ● Hypertension ● Hypercholesterolemia ● Diabetes (beginning CY 2023) ● Leprosy¹¹ ● Integrated Management of Childhood Illness ● Soil-Transmitted Helminthiasis ● Rabies Control

Note: These are some examples of key programs and not an exhaustive list.

3 – Service Delivery Standards

The formulation of health service delivery standards is among the inherent functions of the DOH. Likewise, Sections 4 and 5 of EO no. 138 mandates that: (1) local government shall primarily be responsible for all basic services and facilities fully devolved to them in accordance with the standards for service delivery prescribed by the national government; and, (2) that the national government DTPs shall include the standards for the delivery of devolved services. Said service delivery standards are the quantitative or qualitative description of the expected level of performance that end-users expect in the delivery of the service, including its technical and non-technical specifications to ensure uniformity and consistency of results.

EO no. 138 emphasized the objective of devolution is to ensure that the LGUs abide by common standards set by the national government in the delivery of services. Nevertheless, the underlying processes may be improved by the LGUs over time

¹⁰ All commodities listed here shall remain with the DOH until such time that they are included in the expanded PhilHealth benefit package and are locally & readily available

¹¹ WHO-donated multidrug therapy and clofazimine for Leprosy will still be provided.

depending on their capacities and innovativeness. The compilation of Service Delivery Standards for re-devolved health functions can be accessed via <https://www.tinyurl.com/DOHDevolutionStandards>.

The **DTP Annex C-1** provides the registry of service standards for the delivery of devolved health functions and services. Meanwhile, the **DTP Annex C-2** details the recommended organization structure and staffing complement for LGU health offices.

Health Facilities Enhancement Program

The DOH annually issues guidelines for the implementation of HFEP projects. The guidelines include information on the required standards and specifications for the capital outlay investments such as infrastructure, equipment, and medical transport vehicles, as well as details on the processes for compliance with regulatory requirements, building design conforming to the latest edition of the National and Local Building Codes, DOH Manual of Standards, and other pertinent laws and their IRR, among others:

1. National Building Code of the Philippines (PD no. 1096);
2. Philippine Green Building Code, a Referral Code of PD no.1096;
3. Accessibility Law (BP 344);
4. National Structural Code of the Philippines (NSCP);
5. Latest Edition Plumbing Code of the Philippines (RA no. 1378);
6. New Philippine Electrical Engineering Law (RA no. 7920);
7. Philippine Mechanical Engineering Act of 1998 (RA no. 8495);
8. Fire Code of the Philippines (RA no. 9514);
9. Ecological Solid Waste Management Act (RA no. 9003);
10. DOH Healthcare Waste Management Manual 4th Edition Philippine Clean Air Act of 1999 (RA no. 8749);
11. Philippine Clean Water Act (RA no. 9275);
12. Philippine Health Facility Development Plan (PHFDP) 2020-2040;
13. DOH Department Order (DO) no. 2018-0338 Guidelines on the Distribution of Medical Transport Procured under HFEP to Respective Recipients;
14. DOH AO no. 2020-0051 Guidelines in the Allocation of Ambulance of the Department of Health;
15. DOH Medium-Term Expenditure Program 2020-2023 for Universal Health Care;
16. DOH AO no. 2020-0016 Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies, and its amendments;
17. DOH AO no. 2012-0012 Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines, and its amendments;

18. DOH AO. no. 2016-0042 Guidelines in the Application for Department of Health Permit to Construct;
19. DOH and DENR Joint Administrative Order (JAO) no. 2005-02 Policies and Guidelines on Effective and Proper Handling, Collection, Transport, Treatment, Storage, and Disposal of Health Care Wastes;
20. DOH Department Circular (DC) no. 2019-0059 Green Certification of Government Healthcare Facility Projects (and Green and Safe Health Facilities Program);
21. DOH DC no. 2020-0226 Technical Guidelines for Geriatric Ward Planning and Design for Health Facility Setting;
22. Various DOH Manual of Standards for Different Hospital Management Service Areas;
23. Signage Systems Manual for Hospitals and Offices;
24. DBM-DOH Joint Circular (JC) no. 2013-1 Revised Standards on Organizational Structure and Staffing Pattern of Government Hospitals, CY 2013 Edition;
25. Various Manuals on Technical Guidelines for Hospital Planning and Design;
26. Manual of Standards for Primary Care Facilities; and,
27. Local ordinances and regulations.

Devolved HFEP projects to LGUs must be aligned with the goals of the PHFDP to close the gaps of specific health facilities. The LGC mandates all barangays to have at least one BHS. The HFEP target ratio for primary care facilities (PCF), i.e. RHUs or health centers (HC), is one PCF per 20,000 population. Moreover, to meet the health needs of the population, the current supply of hospital beds must increase from 1.2 to 2.7 beds per 1,000 population by 2040. To ensure access to quality health care, the following need for health facilities and equipment shall be determined through the formula and assumptions in Table 11 as stipulated in the PHFDP. The available supply of primary care facilities and hospital beds from the private sector should also be considered by the LGUs.

Table 11. Assumptions in Estimating the Need for Health Facilities
(Source: PHFDP 2020-2040)

Facility	Formula and Assumptions
BHS	1 BHS: 1 barangay based on the Local Government Code (1991)
Primary Care Facilities (PCF)	Number of PCF needed = (Percent of population without access to RHU or HC within 30 minutes of travel) x population size / 20,000 ¹²
Inpatient: Level 1 (L1), Level 2 (L2) Level 3 (L3) hospitals	Number of beds = Number of inpatient days for a year / (365.25 bed days per bed per year) x (percentage of occupancy). Assumed beds are available all year and that the bed occupancy rate is 80% (global acceptable benchmark).
Equipment	Number of machines (that is X-ray, CT-scan, MRI) = Number of uses in a year / (365.25 days of operation) x Number of uses per day Number of uses per day = Minutes of operation per day / Number of minutes per session ¹³

In addition to Table 11, AO no. 2020-0016 or the Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies requires that all provinces, highly urbanized cities, and independent component cities must have at least one ambulance or medical transport mechanism available for patients within the catchment area, and at least one vehicle to transport specimens to COVID-19 testing laboratories. Moreover, cities are mandated by Section 17 of the LGC to provide adequate transportation facilities.

Regarding procedural standards, the government entity that provides financing of the capital outlay project shall be responsible and accountable for its implementation, construction and maintenance. All procurements for infrastructure, equipment, and medical transport vehicle projects using government funds shall be in accordance with the provisions of RA no. 9184, or the “Government Procurement Reform Act” and its revised IRR and other pertinent accounting and auditing laws, rules, and regulations.

¹² Quantum GIS (QGIS) was used to obtain zonal statistics of the population per province/HUC with access to an RHU/HC within 30 minutes. The data sources were the 2020 administrative shapefiles of the National Mapping and Resource Information Authority (NAMRIA) and the 2020 population estimate from the WorldPop program.

AccessMod 5.0 implemented accessibility analyses by considering land cover, elevation, barriers (i.e. inland waters), road networks, travel speeds and the GPS coordinates of the health facilities with the scenarios: walking (5kph), cycling (15kph), motorized vehicle (40kph).

¹³ Assumed that machines are operational all days in a year, 24 hours a day. Assumed that existing machines will be replaced once useful life is over. Assumed the following about the number of minutes of use for each machine.

In the absence of applicable provisions of law, the issuances of the Government Procurement Policy Board (GPPB) shall apply suppletorily.

The resource inputs needed to undertake HFEP projects are listed as follows:

- **For infrastructure projects:** Approved Schematic Plan, Permit to Construct, Detailed Architectural and Engineering Design, Detailed Unit Price Analysis
- **For equipping projects:** Terms of Reference, Purchase Request, and an established Technical Working Group
- **For motor vehicle projects¹⁴:** Terms of Reference

Table 12 illustrates the standard cost to deliver an HFEP project.

**Table 12. Unit Cost of Infrastructure and Equipment per Facility Type¹⁵
(exclusive of Environmental and Resiliency Factors)**

Health Facility	Infrastructure Cost (PhP)	Equipment Cost (PhP)
BHS*	1,750,000	473,000
RHU*	12,525,000	2,347,000
L1 Hospital Bed	4,038,222	Included as percentage of the infrastructure cost
L2 Hospital Bed	4,366,944	
L3 Hospital Bed	4,659,740	

**Note: Based on the Manual of Standards for Primary Care Facilities: Health Stations with 70 sq.m. model and Primary Care Facility (RHU+Birthing+TB DOTS Facility) with 501 sq.m. model*

Human Resources for Health (HRH) Deployment

The DTP Annex C-1 for the HRH Deployment program contains the registry or inventory of existing and new standards to be developed for the delivery of the devolved functions. In the hiring of adequate nurses and midwives within the local health system, the recommended standards include the ideal distribution ratios as follows: 1 per 5,000 population (1:5,000) for midwives; and, 1 per 10,000 population (1:10,000) for nurses. The available supply of human resources for health from the private sector should also be considered by the LGUs as a potential part of the health

¹⁴ The requirements and procedures on the turnover of the medical transport vehicles procured by the DOH to the respective recipients shall be in accordance with DOH Department Order no. 2018-0338: Guidelines on the Distribution of Medical Transport Procured Under HFEP to the Respective Recipients

¹⁵ Source of Unit Cost per Facility Type were lifted from the DOH Medium-Term Expenditure Program 2020-2023 for UHC (Page 27, Table 6).

care provider network. In terms of the qualification standards, those set by the Civil Service Commission (CSC) in RA no. 1080 or “An Act Declaring the Bar and Board Examinations as Civil Service Examinations” for both positions will be followed for both cadres. Moreover, the procedural standards concerning the administration and management of HRH and the standard salaries and benefits due to both nurses and midwives are discussed in detail in Annex C-1. Such specifications are in place to ensure uniformity in the quality of the implementation of P/A/Ps or functions to be devolved to local governments. Additional reference material includes the Omnibus Rules on Appointment and Other Human Resource Actions issued by the CSC.

The hiring of HRH is guided by the following service delivery standards:

1. RA no. 1080 or the “Act Declaring the Bar and Board Examinations as Civil Service Examinations” (Board Eligibility);
2. RA no. 11223 or the “Universal Health Care Act” and its IRR (Provisions on National Health Workforce Support System);
3. RA no. 7305 or the “Magna Carta of Public Health Workers”;
4. RA no. 11466 or the “Salary Standardization Law”;
5. Civil Service Commission (CSC) Omnibus Rules on Appointment and Other Human Resource Actions;
6. DOH AO no. 2021-0007 Guidelines on the Integrated Learning and Development Management System of the Department of Health;
7. DOH-PRC JAO no. 2020-01 Guidelines on the Certification of Primary Care Workers for Universal Health Care; and,
8. CHED-TESDA-DOH-PRC-DOST JAO no. 2021-0001 or the “Guidelines for Expanding Health Professional and Health Worker Scholarships and Return Service Agreements for UHC”

Epidemiology and Surveillance

The following standards provide guidance in the hiring of DSOs per local ESU:

1. Republic Act (RA) no. 11332 or the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act” and its 2020 Revised Implementing Rules and Regulations (IRR);
2. RA no. 11223 or the “Universal Health Care Act” and its IRR; and,
3. Qualification Standards of Disease Surveillance Officers with Training on Basic Epidemiology, Event Based Surveillance, and Disease Surveillance.

The standard cost indicated in DTP Annex C-1 is to cover the salaries and benefits which is suggested to be equivalent to a Health Program Officer II with Salary Grade 15 based on the latest Salary Standardization Law. The cost of hiring for DSO should include the salaries and benefits as well as the pre- and post-deployment expenses.

The minimum qualifications and competencies for this position should be a graduate of a Bachelor's degree, with at least one year of relevant experience, at least four hours of relevant training, and with a career service professional second level eligibility. Further, data and organizational management skills and training on basic epidemiology and surveillance are required for a DSO. The quality of service that the DSOs should deliver is described as timely, specific, and appropriate epidemiologic response to diseases or health events of public health concern.

In terms of procedural standards, the LGUs shall adhere to the government human resource hiring and selection process, as well as continuous provision of learning and development interventions for the DSO. These standards are based on the "Mandatory Reporting of Notifiable Diseases and other Health Events of Public Concern Act" and its 2020 Revised IRR.

Public Health Commodities

The procurement, storage, distribution, and monitoring of various re-devolved public health commodities will become an integrated responsibility of the LGUs. The procedural standards for the devolved functions pertaining to public health commodities involve the following processes: (1) selection of medicines based on current evidence and guidelines; (2) procurement in accordance with RA no. 9184 and its revised IRR; (3) storage and distribution of commodities; and, (4) proper disposal or waste management. LGU should ensure that these commodities are distributed to its target population or recipients. All public health commodities procured by the government are free-of-charge to all identified beneficiaries.

A summary of the quality of service to be delivered to its beneficiaries relative to the re-devolved public health commodities per program are listed below. All medicines selected must only be those that are found in the Philippine National Drug Formulary (PNDF) and shall not exceed the mandated ceiling price for government entities based on the Drug Price Reference Index (DPRI).

- Medicines for Hypertension, Hyperlipidemia, and Diabetes Mellitus under the **Lifestyle Related Disease Prevention and Control Program** aims to provide the complete yearly treatment pack per registered hypertensive or diabetic patients enrolled or listed in the DOH registry.
- The commodities under the **Rabies Prevention and Control Program** are for the management of animal bite patients (Category 2 & 3) or those with rabies exposure. The dosing regimen and service shall be in accordance with the DOH guidelines on management of rabies exposure and shall be administered by trained doctors and nurses on animal bite management.
- The commodities for the management and treatment of patients with **Food and Water-borne Diseases** shall be based on DOH guidelines and shall consider morbidity indicators such as incidence, demographics, historical consumption, and other applicable projections in forecasting needs.

- The management and treatment of sick children with acute respiratory infection or pneumonia among children under 5 years shall be guided by the **Integrated Management of Childhood Illness** booklet.
- **Micronutrient supplementation** of Micronutrient Powder (MNP) aims to increase the micronutrient content of a child's diet without changing their usual dietary habits. Meanwhile, the procurement of Mid-Upper Arm Circumference (MUAC) tapes are useful for health workers in the assessment of nutrition status. On the other hand, micronutrient supplementation of Pregnant Women and Children under 5 years old (Ferrous Sulfate + Folic Tablets) and Calcium Carbonate under the **National Safe Motherhood Program** is intended for the treatment and prevention of iron deficiency in pregnant and lactating mothers due to poor diet or certain illnesses.
- The **Integrated Helminth Control Program** provides Albendazole 200 mg tablets to children who are more than 1 year old but below 2 years old, and Albendazole 400 mg tablets for children who are 2 to 18 years old for the treatment of soil-transmitted helminthiasis.
- The **National Filariasis Elimination Program** aims to provide complete treatment packs to patients with possible lymphatic filariasis infection.
- The **National Leprosy Prevention and Control Program**¹⁶ aims to provide treatment medicines for leprosy patients based on protocol issued by the DOH.
- The **Sexually Transmitted Infection (STI) Program**, including Hepatitis to provide treatment to patients with STI and testing for people-at-risk for Hepatitis B and C infections;
- The **Emerging and Re-Emerging Infectious Diseases Program** shall provide essential commodities for the prevention and response to the public health threats brought by emerging and re-emerging infectious diseases and shall be guided by the DOH guidelines on essential health services packages in emergencies and disasters.
- The **National Aedes-borne Viral Disease Prevention and Control Program** aims to cover the diagnosis of suspected dengue patients. The test will be done among dengue suspect patients within 1-5 days of illness.
- The **National Family Planning Program** shall provide select family commodities for the prevention of unintended pregnancy, unsafe abortion, and maternal deaths.
- Lastly, the **Oral Health Program** aims to procure oral health commodities for the prevention and control of oral diseases and conditions primarily in children, adolescents, pregnant women, and elderly population.

The detailed list of service delivery standards that support the implementation of the said public health programs for re-devolution to the LGUs are provided as follows:

¹⁶ Multi-drug therapy and clofazimine for Leprosy donated by the World Health Organization will be retained with DOH

Family Health, Nutrition, and Responsible Parenting

1. Family Planning Clinical Standards Manual (FPCSM)
2. Family Planning Competency Based Training Manual (FPCBT) 1 and 2
3. Family Planning Strategic and Costed Implementation Plan 2018-2022
4. The Philippine Clinical Standards on Manual on Family Planning 2014 Edition
5. DOH Department Memorandum (DM) no. 2011-0303 or the Manual of Procedures on Micronutrient Supplementation
6. DOH DM no. 2017-0055 or the Guidelines for Distribution and Utilization of Ready to Use Therapeutic Food (RUTF) in the Implementation of Philippine Integrated Management of Acute Malnutrition (PIMAM) Program
7. DOH DM no. 2019-0034 or the Guidelines on the Distribution and Utilization of Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food for Exceptional Circumstances
8. DOH DM no. 2019-0304 or the Simplified Guidelines on the Distribution and Utilization of Various Micronutrient Supplements and Ready-to-Use Supplementary and Therapeutic Foods
9. DOH DM no. 2011-0303 or the Micronutrient Powder Supplementation for Children 6-23 Months
10. Integrated Management of Childhood Illness Chart Booklet June 2019 version
11. DOH AO no. 101, s. 2003 or the National Policy on Oral Health
12. DOH AO no. 2020-0040 or the Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages
13. National Nutrition Council (NNC) Governing Board Resolution No. 1 Series of 2017 Approving and Adopting the Philippine Plan of Action for Nutrition (PPAN) 2017-2022
14. NNC Guidelines on Dietary Supplementation in the First 1000 Days
15. NNC Guidelines on Early Childhood Care in the First 1000 Days (ECCD F1K) Program in the Context of Covid-19 Pandemic

Communicable Diseases

16. Manual of Procedures for Social Hygiene Clinics of the Philippines
17. DOH AO no. 2016-0043 or the Guidelines for the Nationwide Implementation of Dengue Rapid Diagnostic Test (RDT)
18. DOH AO no. 2010-0009 or the Guidelines in the prevention of disabilities due to Lymphatic Filariasis
19. DOH AO no. 6-As.1999 or the Treatment Protocol for Leprosy
20. DOH AO no. 2020-0027 Guidelines on the Implementation of Food and Waterborne Diseases Prevention and Control Program
21. PD 856 or the Implementing Rules and Regulations to Govern the Processing of Application for Locational Clearance of Markets as Amended
22. RA no. 10611 or An Act to Strengthen The Food Safety Regulatory System in the Country to Protect Consumer Health and Facilitate Market Access of Local Foods and Food Products, and for Other Purposes

23. DOH AO no. 2018-0013 or the Revised Guidelines on the Management of Rabies Exposures
24. DOH AO. no. 2010-0023 or the Guidelines on Deworming Drug Administration and the Management of Adverse Events Following Deworming (AEFD)

Non-communicable Diseases

25. DOH AO no. 2016-0014 or the Implementing Guidelines on the Organization of Health Clubs for Patients with Hypertension and Diabetes in Health facilities
26. DOH AO no. 2012-0029 or the Implementing Guidelines on the Institutionalization of the Philippine Package of Essential NCD Interventions (PhilPEN) on the Integrated Management of Hypertension for Primary Health Care Facilities
27. DOH AO no. 2011-0003 or the National Policy on Strengthening the Prevention and Control of Chronic Lifestyle Related Non-Communicable Diseases
28. WHO 2010 Package of Essential Non-communicable (PEN) Interventions for Primary Health Care in Low-Resource Settings

Minimum Recommendations for Staffing Complement and Organizational Structure of Public Health Facilities and Health Offices in LGUs

Aside from the service delivery standards, DOH also provided in **DTP Annex C-2** its minimum recommendations for staffing complement for health facilities and health offices as reference for LGUs in implementing the incremental creation of permanent positions, as provided in the UHC Act. The LGUs are highly encouraged to adopt these minimum recommendations to support the integration of local health systems into Province-wide and City-wide Health Systems aligned with the UHC Act. Based on varying capacities, needs, and innovativeness of LGUs, they may opt to adopt a staffing complement above the minimum recommendations proposed in DTP Annex C-2.

Section 18 of the LGC mandates that the LGUs shall have the power and authority to establish an organization that shall be responsible for the efficient and effective implementation of their development plans, program objectives and priorities. Further, Section 77 of the same law provides that the chief executive of every local government unit shall be responsible for human resources and development and take all personnel actions in accordance with the constitutional provisions on civil service, pertinent laws, and rules and regulations thereon, including such policies, guidelines and standards as the Civil Service Commission may establish. Thus, the implementation of all staffing actions necessary to fulfill LGU mandates and to perform functions devolved to them is within their power and authority.

The recommended organizational structures of LGU health facilities were guided by AO no. 2021-0021 or the “Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems.” Their functions were based on the

health facility standards and core functions and services indicated in the DC no. 2020-0176 or the “Circulation of the Manual of Standards for Primary Care Facilities”. The staffing proposals were also guided by the DBM-CSC Government Rationalization Program Organization and Staffing Standards and Guidelines.

The minimum recommendations for staffing complement of LGU health facilities apply to the provincial, city, and municipal level, which are summarized as follows:

1. Provincial Health Office (PHO)
 - a. PHO staff and administrative unit
 - b. Health Service Delivery Division
 - c. Health Systems Support Division
2. City Health Office (CHO) in Highly Urbanized Cities / Independent Component Cities
 - a. CHO staff and administrative unit
 - b. Health Service Delivery Division
 - c. Health Systems Support Division
 - d. Urban Health Centers
3. City / Municipal Health Office (MHO) in Component Cities / Municipalities
 - a. City/Municipal Health Office in Component Cities or Municipalities *(CHO/MHO as one and the same with Urban Health Center/Rural Health Unit)*
 - b. City/Municipal Health Office in Component Cities or Municipalities *(CHO/MHO has several Urban Health Centers/Rural Health Units and hospital/s owned and managed by the component LGU)*

The functions or tasks of the recommended positions detailed in DTP Annex C-2 were matched using the Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS) for the National Government to determine the appropriate position title. The DOH also recommended generic over specialist positions for more flexibility in the hiring of LGUs.

In the Manual of Standards for Primary Care Facilities, staffing standards for primary care health facilities is based on the following health worker to population ratio, as reflected in the National Objectives for Health (NOH) 2017-2022 pending the results of the Workload Indicators of Staffing Needs (WISN) study:

- One (1) Urban Health Center/Rural Health Unit physician per 20,000 population;
- One (1) public health nurse per 10,000 population;
- One (1) public health midwife per 5,000 population;
- One (1) public health dentist per 50,000 population; and,
- One (1) sanitation inspector per 20,000 population.

The enumerated ratios shall be implemented and monitored at urban health centers or RHUs. These primary care facilities shall be led by a C/MHO who is responsible for formulating and implementing the health programs in the whole city or municipality. The C/MHO also supervises, coordinates, and monitors the operations of the Urban Health Center/RHU (UHC/RHU). Under the C/MHO is the Rural Health Physician who takes charge of a small medical team assigned in the RHU and renders preventive and medical services in at least one (1) barangay.

As the lead in the Primary Care Provider Network (PCPN), urban health centers or RHUs are expected to provide primary health care services to LGUs through its functional units – the Health Service Delivery Unit (HSDU) and the Health System Support Unit (HSSU). The HSDU is responsible for providing population and individual-based health services and for coordinating/ navigating referrals to other service providers within the Health Care Provider Network (HCPN). On the other hand, HSSU is responsible for rendering administrative services such as management of logistics, equipment, and facilities as well as management of health data and records in the UHC/RHU.

Another subunit of the UHC/RHU is the Health Station, like the Barangay Health Station. Health stations are responsible for augmenting UHC/RHU in the provision of population-based health services and coordinating patient transport to the appropriate referral facility, when necessary. The health station is recommended to have one (1) nurse, one (1) midwife, one (1) BHW per 20 households, one (1) BNS per barangay, administrative assistant, utility worker, and the emergency transport driver. The rural health physician, dentist or dental hygienist, medical technologist or laboratory aide, and sanitation inspector from the UHC/RHU shall rotate on scheduled visits to the Health Stations.

The adoption of the minimum recommendations in DTP Annex C-2 is recommended to be implemented in phases to allow LGUs more flexibility in planning for the gradual preparation of budget and resource requirements. The recommended phases may be guided by the “rubrics method” as shown in Table 13, whereas each position is rated according to proposed prioritization of the Department (Table 14).

Table 13. Rubrics for Identifying Priority Positions in the DOH DTP Annex C-2

Priority Preferences / Elements	Rates
I. Relevance to Universal Health Care (mandated by UHC and other health laws)	
A. Function of position is focused on leading, planning and developing policies and strategies	3
B. Function of position is focused on implementation and service delivery	2
C. Function of position is focused on administrative and support	1
II. Policy Support	
A. Creation of position is supported by legislative/national acts and/or policies	3
B. Creation of position is supported by plans, policies, and/or standards developed by national agencies	2
C. Creation of positions is based on IOS requirements	1
III. Ease of Recruitment	
A. Position can be filled easily either because: 1. The number of positions required to meet the standards is minimal, or 2. The production of professionals that is best-fit/suited for the position is high	3
B. Filling of position may require time either because: 1. The number of positions required to meet the standards is high, or 2. The production of professionals that is best-fit/suited for the position is low	2
C. Position can be filled easily either because: 1. The position would not require professional or highly technical expertise, or 2. The functions/services of the position may be outsourced	1

Table 14. Prioritization Ranks and Equivalent Implementation Period

Rating	Implementation Period
I. Rating of 8 - 9	Year 1
II. Rating of 6 - 7	Year 2
III. Rating of 5	Year 3
IV. Rating of 4	Year 4
V. Rating of 1 - 3	Year 5

The rates per position per health system integration type shall then be ranked to identify priorities for the 5-year implementation phases. The assessment has to be undertaken by each province and city-wide health system in coordination with their component LGUs, since the needs of each local health system may vary depending on their actual capacity and needs. The rubrics could serve as an objective basis for prioritization of local health systems and final decision for implementation shall be based on the autonomy and authority of the concerned LGUs as provided under the LGC.

4 – NGA Capacity Development Strategy

For the Department to be able to perform effectively and efficiently their inherent and steering functions, including monitoring and evaluation, the concerned national programs of the DOH have identified various capacity development strategies and interventions needed to strengthen their roles. **DTP Annex D** discussed this in detail.

Health Facilities Enhancement Program

In order to perform the steering functions, national monitoring and evaluation functions, and provision of technical assistance to LGUs, some of the capacities required at the Central Office are the following: policy research and evaluation; development and updating of service delivery standards; systems thinking; strategic communications; and, stakeholder management. Currently, the practices being done by the HFEP Management Office include provision of training and competency profiling. There are still gaps in policy evaluation and cascading of service delivery standards at present. In order to address this, there are scheduled capacity development activities on the 3rd and 4th quarter of 2021 which comprise training on monitoring, evaluation, and strategic communications; coaching; and, mentoring sessions.

Meanwhile, the capacities required by the CHDs include the following: training management; monitoring and evaluation; risk management; and, stakeholder management. The current systems in place at the regional level are the provision of

training, competency profiling, and monitoring and evaluation systems. However, there are capacity gaps in database management and development of training designs at their level. Thus, the strategy aims to improve database management, data analytics, and capacity development designing during the third and fourth quarter of CY 2021. There will also be coachings and mentorings that will be conducted.

Both activities at the DOH Central Office and CHDs will be done in coordination and partnership with HHRDB, the Development Academy of the Philippines (DAP), other agencies, and services providers.

Human Resources for Health (HRH)

The capacity development strategies of the DOH, as spearheaded by the HHRDB and the Human Resource Development Units of CHDs, start with a baseline assessment and gaps analysis of the current competencies. These gaps are addressed through appropriate learning and development interventions (LDI) for each DOH personnel. Priority competency gaps shall be translated into an Annual Learning and Development Plan, which shall be the basis of attendance to LDIs of DOH Staff.

For the primary care facilities (service delivery units of the Rural Health Units or Health Centers), the Primary Care Worker Assessment tool shall be used to assess the needed competencies to deliver primary care services.

AO No. 2021-0007 dated January 12, 2021 governs the implementation of the Learning and Development Management System. Achievement of the progress indicators can be verified through the Learning and Development Plans and consolidated training reports, including review and clearance of LDIs.

In the context of full devolution of health services, DOH also launched an online UHC Implementers' Course at learn.doh.gov.ph with asynchronous and synchronous sessions for the DOH Central Office and CHDs last April 2021 for twelve different modules based on the UHC IRR and its various operational guidelines. The pilot conduct of the modules are ongoing and will conclude by the end of 2021. These modules will soon be available online to all health workers nationwide. Further, there are two batches of DOH managers who were granted with scholarships for the Masters in Public Management - Health Governance in 2021.

Epidemiology and Surveillance

For the DOH-Epidemiology Bureau, DOH-CHDs at the regional level, and Provincial DOH Offices, the following capacities are required:

- Training of Trainers on International Classification of Diseases 11th Revision (ICD-11); Smart Verbal Autopsy;

- Completion of Field Epidemiology Training Program;
- Training of Trainers on Case-based Surveillance (training modules, orientation, core processes, web application and software, data management and report generation, monitoring and evaluation);
- Training of Trainers on Event-based Surveillance and Response (training modules, orientation, core processes, reporting forms, data management and report generation, monitoring and evaluation); and,
- International Health Regulations (IHR) 2005 Orientation; IHR Annex 2.

Current practices include provision of training, competency profiling, monitoring and systems, and ensuring RESU functionality. Additional capacities required for regional and provincial DOH counterparts include the following: training management; monitoring and evaluation; database management; data analysis; and, statistical report generation.

In terms of capacity gaps, the following are identified at the central, regional, and provincial DOH offices for improvement:

- Systematic recording, reporting, analysis, interpretation, and comparison of mortality and morbidity data;
- Accurate and reliable cause of deaths specifically for out-of-facility (community) deaths;
- Technical skills on epidemiology;
- Early detection and notification, registration, reporting, monitoring of status of health events laboratory testing and confirmation, data management, analysis and report generation, feedback, epidemic response, and monitoring and evaluation; and,
- Training management, monitoring and evaluation, database management, data analysis and statistical report generation.

In addition, there are also gaps in strategic communication and stakeholder management identified at all levels. To address these gaps, various activities such as attendance to LDIs, completion of training programs, technical assistance, monitoring and evaluation, coaching, and mentoring on capacity gaps will be done by CY 2022 in phases beginning at the DOH Central Office level to the provincial DOH offices. The completion of training programs is expected to continue from CY 2022 onwards. These activities will be facilitated by the various divisions in the EB namely: Applied Epidemiology Health Management Division; Public Health Surveillance Division; Surveys; Monitoring and Evaluation Division; the Field Health Services Information System (FHSIS) Team; and, Regional and Provincial Coordinators.

Public Health Commodities

With the transition of certain functions to the LGUs relative to public health commodities, DOH shall continue to be the lead agency to provide evidence-based

guidelines and standards. Also, it shall lead in the health promotion and monitoring activities. To efficiently perform these, DOH shall strengthen its capacity in fulfilling its retained functions by undertaking capacity development activities on forecasting, quantifications, cold chain, and logistics management.

The DPCB Systems Integration - Capacity Building Unit shall take the lead in coordinating with HHRDB and other concerned offices and agencies for the planning and implementation of these capacity building targets.

Cross-cutting Capacity Development for DOH

Other capacity development strategies and interventions needed by the DOH in strengthening its inherent functions are cross-cutting in nature. All re-devolved P/A/Ps will also benefit from these topics in improving their steering and monitoring functions. These training include but not limited to the following:

- Training on policy evaluation, standards integration, and health systems thinking;
- Training on strategic communication and stakeholder management;
- Training on database management and analytics;
- Training on capacity development design;
- Training on planning, monitoring, and evaluation;
- Training on technical assistance provision, negotiation, contract management, program management;
- Training on Public Financial Management, Public Expenditure Management;
- Training on Impact Evaluation of Program Interventions; and,
- Training on Futures Thinking and Scenario Building.

5 – LGU Capacity Development Strategy

To ensure the timely and seamless handover of the functions to the LGUs, devolution will be done in phases in the next three years beginning 2022. During this transitory period, various activities will be done by the DOH that will enable LGUs to fully absorb and manage the devolved functions and services by 2024.

Table 15 summarizes the capacity building initiatives of DOH for LGUs in the context of full devolution of health services. The first column shows the different target participants ranging from the PHO, CHO, MHO, LCE, and Local Health Board Members, Primary Care Team, Health System Managers, and Hospital Managers. The second column shows the corresponding programs and courses available for them while the third column shows the timeline of implementation.

**Table 15. Capacity Building Initiatives for LGUs
in the context of Full Devolution of Health Services**

Target Participants	Programs/Courses	Timeline
1. UHC Implementers at the LGU level: PHO/CHO/MHO	<ul style="list-style-type: none"> Online UHC Implementers' Course 	<ul style="list-style-type: none"> Concluded on January 5, 2022
2. LCEs and other Local Health Board Members	<ul style="list-style-type: none"> Online UHC Implementers' Course Certificate Courses on Local Health Systems Development 	<ul style="list-style-type: none"> 2022; coinciding with Newly Elected Officials Program of DILG-LGA
3. Health Service Delivery: Primary Care Team (Doctors, Nurses, Midwives)	<ul style="list-style-type: none"> Online Primary Care Workers' Orientation Integrated Primary Care Courses (Blended learning) Primary Care Clinical Practice Guidelines (Standards of Care) Practice-based Family and Community Medicine Residency Training Program 	<ul style="list-style-type: none"> Uploaded in the DOH Academy platform¹⁷ For pilot testing in Q1 2022 Q4 2022
4. Health System Managers: PHO/CHO/MHO Staff	<ul style="list-style-type: none"> Master in Public Management - Health Systems Development Leadership Development for Public Health Nurses 	<ul style="list-style-type: none"> Batch 4 is ongoing; Batch 5 will commence in March 2022 Batch 5 in 2022
5. Hospital Administrators /Managers	<ul style="list-style-type: none"> Master in Public Management major in Health System Development (for Hospital Administrators) 	<ul style="list-style-type: none"> Will commence in 2022
6. LCEs and PHO/CHO/MHO	<ul style="list-style-type: none"> Master in Public Management - Health Governance Track (MPM-HG) 	<ul style="list-style-type: none"> Batch 2021 C is ongoing

¹⁷ via <https://learn.doh.gov.ph/>

The **DTP Annex E** outlines the different modes of technical assistance to be provided by the various DOH units to the LGUs to support the strategies and activities indicated under DTP Annex B. The highlights of the DTP Annex E on LGU capacity development strategies for re-devolved P/A/Ps will be discussed in the next section.

Health Facilities Enhancement Program

With the gradual and partial devolution of HFEP projects, targeted LGUs that will assume the re-devolved functions shall be provided with an orientation on the "Guidelines for the Implementation of Projects Funded under HFEP" during the 3rd to 4th quarter of the year, prior to the start of devolution based on the phasing of their category in the National Allocation Framework accordingly. HFEP-MO shall conduct this orientation every year from 2022 to 2024. Further, the success indicator for this activity includes the percentage of targeted LGUs capacitated.

Human Resources for Health (HRH) Deployment

The Capacity Development Strategies for the LGUs relative to the hiring of HRH mainly focus on three activities: (1) conduct of baseline assessment, gaps analysis, and investment needs for HRH; (2) integration of P/CWHS HRH plan to Local Investment Plan for Health (LIPH); and, (3) certification of primary care workers.

The national government, through the various offices under the DOH Central Office and the CHDs, shall gradually cascade orientations and trainings including orientations on the DOH Devolution Transition Plan (DTP) , and enjoin engagements of LGUs in the following: development of the National Health Workforce Registry (NHWR); facility-based staffing requirement using Workload Indicators for Staffing Need (WISN); competency-based Learning and Development Management System; localization of the HRH Master Plan strategies and integration into the LIPH; and, primary care certification. Respective success indicators are set for each program.

With the capacity development strategies, the LGUs shall be able to present verifiable proofs or means of verification (MOV) to assess the success of each indicator. These shall include the following: an updated system-generated HRH facility registry report; updated facility-based report on HRH distribution and staffing pattern matrix; learning and development plans developed based on Learning and Development Needs Assessment (LDNAs); Executive Order or Province/City/Municipal resolution on installing the Human Resource Management and Development System; and, updated system-generated primary care worker list.

Epidemiology and Surveillance

For this devolved function, the Central Office and CHDs shall conduct the following activities to capacitate local health offices, hospitals, and other healthcare facilities at the provincial, city, municipal, and barangay level. The Epidemiology Bureau and CHD-RESUs shall be responsible for the provision of technical assistance and capacity development activities to LGUs.

- Orientation and/or Training of Trainers on Case-based Surveillance (training modules, core processes, web application and software, data management and report generation, monitoring and evaluation): to be conducted by 4th quarter of 2021 and/or as needed;
- Orientation and/or Training of Trainers on Event-based Surveillance and Response (training modules, core processes, reporting forms, data management/report generation, monitoring and evaluation): to be conducted by 4th quarter of 2021 and/or as needed;
- Field Epidemiology Training Program (FETP): to be conducted annually;
- Training on ICD-11: to be conducted by 2nd to 3rd quarter of 2022;
- Training on Smart Verbal Autopsy: to be conducted by 2nd to 3rd quarter of 2022;
- Implementation of the integration of the iClinicSys and FHSIS: to be conducted by 2nd to 3rd quarter of 2022;
- Conduct of Training of Trainers in iClinicSys and FHSIS: to be conducted by 2nd to 3rd quarter of 2022;
- Re-orientation on the 2018 FHSIS Manual of Procedures: to be conducted by 1st quarter of 2022;
- Orientation and/or Training of Trainers on IHR 2005 and IHR Annex 2: to be conducted by 3rd quarter of 2022 and/or as needed; and,
- Conduct of Burden of Disease Estimation (roll-out to be determined).

Public Health Commodities

During the third quarter of 2021, DPCB conducted several online consultations with CHDs and LGUs in order to assess their procurement and supply chain readiness, and staff competence. Further, mapping of local suppliers has been done through key persons in the CHDs. Results of these preliminary activities aided the DPCB to plan the capacity building activities that will be provided to concerned levels of government.

The DPCB shall develop its own training programs on quantification or forecasting of public health commodities, particularly utilizing the LGU investment calculator and following the National Allocation Framework, based on DM no. 2021-0528 or the "Directions on for the Transition of Financing of Public Health Commodities". This training will be delivered primarily through the DOH Academy, rolled out this fiscal year and continuously be made available thereafter.

Parallel to the transition of devolved commodities from the DOH to LGUs, procurement and supply chain management reforms should be implemented to ensure sustainability. These include the following: establishment of a pooled procurement mechanism and framework contracting; issuance of standards for distribution pathways and warehousing for commodities; and, procurement of electronic Logistics Management Information System (eLMIS).

Moreover, the DPCB shall work together with PhilHealth in developing an explicit expansion plan for service inclusions to the Comprehensive Outpatient Benefit Package (COPB) as priority, and other relevant inpatient or special benefits, to go hand in hand with the devolution, transitioning commodities, and other functions in accordance with the UHC Act. Lastly, the DOH Central Office and CHDs shall continue to monitor and provide technical assistance to LGUs not only for re-devolved functions but for all health programs.

6 – Performance Monitoring and Assessment Framework

One of the inherent functions of the DOH is monitoring and evaluation. To monitor the LGU performance in the delivery of public health services, DOH may utilize the existing LGU Scorecard for Health, which will also be updated by Q4 2022. This will be a good opportunity for DOH to include indicators related to implementation of the devolution transition plan. Furthermore, DOH plans to come up with a harmonized recognition system for LGUs through the operationalization of the JAO no. 2021-0002 or the National Policy Framework on the Promotion and Recognition of Health Communities.

In the meantime, to assess the performance of the LGUs in the delivery of the devolved functions and services, DOH units developed their respective performance monitoring and assessment frameworks, which is discussed in the succeeding sections.

The **DTP Annex F** provides detailed information on systems and mechanisms of the Department, whether existing or new, in monitoring and evaluating the performance of LGUs in the delivery of devolved functions.

Health Facilities Enhancement Program

For the devolved functions, targeted LGUs shall be monitored and evaluated once a month based on these two performance indicators: (1) percentage of implemented projects funded within the fiscal year; and, (2) percentage of completed projects funded within the fiscal year. These indicators are useful for LGUs that DOH will still support.

For monitoring and evaluation purposes of HFEP projects re-devolved to the LGUs, the following output indicators in the PHFDP should be monitored:

- BHS to barangay ratio;
- Number of provinces/cities with PCF accessible within 30 minutes for 80 percent of the population out of the total number of provinces;
- Percent of PCF established out of the total number of gaps;
- Bed to population ratio;
- Number of provinces/cities with hospitals accessible within 1 hour;
- Percent of L1 hospital beds established;
- Percent of L2 hospital beds established; and,
- Percent of L3 hospital beds established.

In order to strengthen its monitoring and evaluation functions, one strategy of HFEP includes enhancement of its existing monitoring and evaluation systems (Physical and Financial Real-time Reporting System) to cover performance indicators for devolved services. Further, it aims to advocate for the completion of the staffing complement or fill the vacant positions in CHD field offices to strengthen direct coordination and monitoring of LGUs.

Human Resources for Health (HRH) Deployment

The performance of LGUs on the devolved functions shall be monitored and evaluated through the Monitoring and Performance Assessment on HRH planning, hiring of adequate HRH or creation of positions, and Learning and Development Management System (LDMS). Performance indicators for respective programs are set from baseline existing data and mechanisms. The integration of the HRH plan into the Local Investment Plan for Health (LIPH) and adequacy of HRH and positions shall be monitored annually. Meanwhile, the training of staff on Learning Development Management and creation of LGU competency-based Learning Development Plan for HRH shall be monitored semi-annually.

Currently, there are existing performance evaluation systems or mechanisms being used such as the Local Health Systems Maturity Level Monitoring Tool, Local Government Unit Health Scorecard (LGU HSC), HRH Deployment Program Assessment Tool, and other HRH distribution monitoring mechanisms, and Levels I to III evaluations for the LDMS. As part of the NGA monitoring and performance evaluation strategies, activities such as the establishment of baseline data assessment, development of comprehensive assessment tools in data collection, institutionalization of Monitoring and Performance Framework through an approved policy, and designation of personnel or unit to conduct regular monitoring shall be implemented.

Epidemiology and Surveillance

For the devolved function of hiring DSOs, the performance indicator that will be monitored is the percentage increase in the number of those who will be hired and engaged, which will be done bi-annually. Other performance indicators relative to the devolved functions in the existing integrated monitoring and evaluation systems of the Epidemiology Bureau, which is for updating, are as follows:

- For the FHSIS, two indicators namely: (1) percentage increase in the number of LGUs reporting through Electronic Medical Records reflected in FHSIS monthly monitored monthly; and (2) percentage increase in the number of LGUs with timely and complete data reports monitored either monthly or quarterly. The Province, City, and Municipal ESUs shall also monitor this indicator.
- For the Case-based Surveillance, two indicators namely: (1) percentage increase in the number of ESUs reporting through the Case-based Surveillance Online Software; and (2) percentage increase in the number of ESUs with timely and complete data reports. These will be monitored on a monthly basis. The Province, City, Municipality, and Hospitals ESUs shall monitor this indicator.
- For the Event-based Surveillance and Response, three indicators namely: (1) percentage increase in the number of ESUs capturing and reporting health events; (2) percentage increase in the number of health events timely captured, verified and reported to higher ESU and concerned stakeholders; and, (3) percentage increase in the number of health events monitored and closed. These indicators will be monitored monthly by EB and the CHDs.
- For the FETP, the provincial, city, and municipal ESUs will monitor the indicator annually - percentage of province/city/municipalities with DSOs who have completed basic and intermediate epidemiology courses.

These performance indicators are planned to be included in the enhancement of the existing integrated monitoring and evaluation systems and integration of established incentive schemes like the Seal of Good Governance. Moreover, the staffing complement or vacant positions in the DOH Central Office and CHD-RESUs shall be filled up in order to strengthen direct coordination and monitoring of all ESUs through regular Program Implementation Reviews.

Public Health Commodities

For devolved functions under public health commodities, the matrix on monitoring and performance assessment of the LGUs in undertaking the devolved functions provided in DTP Annex F provides the existing performance evaluation mechanism of the DOH. It contains the detailed information on the assessed services that will serve as the baseline data for the LGUs in determining which services need improvements. The performance indicators are as follows:

- Percent of Demand for Family Planning Served with Modern Methods or the use of modern contraceptives among women of reproductive age (WRA);
- Proportion of infants 6-11 months and children 12-23 months old who completed Micronutrient Powder supplementation, pregnant women given complete Iron + Folic Acid, and those who completed doses of calcium carbonate supplementation;
- Proportion of pneumonia cases among children 0-59 months old who received treatment and were given Amoxicillin Drops or Suspension;
- Number of patients provided with treatment for STI, number of at-risk population tested for Hepatitis B and C infections, and screened for HIV;
- Proportion of population who completed two (2) doses of deworming tablet (disaggregated per age group: Pre-School Age Children (PSAC), School Age Children (SAC), adolescent and WRA and pregnant women who completed one dose of deworming tablet; and,
- Proportion of hypertensive patients provided with anti-hypertensive drugs and diabetic patients provided with diabetes medications.

7 – Organizational Effectiveness Proposal (OEP)

Given that the public health sector is already in a devolved set-up since 1991, existing permanent positions in the DOH will not be affected by the re-devolution efforts. These personnel will still execute the inherent functions and services of the Department. Nevertheless, the DOH shall propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved services. Hence, **DTP Annexes G-1 to G-3** are not applicable since there will be no modifications in the organizational structure, staffing complement, and number of personnel of DOH relative to the re-devolution measure.

Modifications in the resource allocation of affected P/A/Ps for CY 2022 are reflected in **DTP Annex G-4**. However, in terms of budget reduction due to re-devolution, DOH wants to emphasize that re-devolution does not necessarily mean downloading of funds from NGAs to LGUs but re-devolution of functions performed by NGAs to LGUs based on the Local Government Code LGC. There is no significant decrease in the total budget of the DOH due to devolution given that it is offset by increases in other priority budget line items which are still retained with DOH. Among its budget priorities for CY 2022 are those activities related to UHC Act implementation, COVID-19 Initiatives, health system resilience, assistance to LGUs for the full devolution, implementation of other health-related laws, and those with urgent and compelling need.

Part II: National Nutrition Council (NNC) Devolution Transition Plan CY 2022-2024

1 – Strategic Directions / Shifts

The functions and services that are retained and re-devolved in this NNC Devolution Transition Plan are guided primarily by the following policies:

1. **Presidential Decree (PD) no. 491 or Nutrition Act of the Philippines.** This policy mandated the creation of the NNC with the following functions: formulation of an integrated national program on nutrition; supervision, coordination and evaluation of the implementation of an integrated food and nutrition program to be implemented by all agencies and instrumentalities of both the government and the private sector concerned with improving the nutrition of Filipinos; coordinate the release of public funds for nutrition purposes in accordance with the approved projects and programs; and coordination and integration of policies and programs of all agencies and instrumentalities of the government charged with the execution of existing law, policies, rules and regulations concerning nutrition.
2. **Philippine Plan of Action for Nutrition (PPAN) 2017-2022.** It is an integral part of the Philippine Development Plan 2017-2022. It is contributory to the Duterte Administration 10-point Economic Agenda, the Philippine Health Agenda, the development pillars of *malasakit* (protective concern), *pagbabago* (change or transformation), and *kaunlaran* (development), and the vision of *Ambisyon Natin 2040*. It factors in and considers country commitments to the global community as embodied in the 2030 Sustainable Development Goals (SDGs), the 2025 Global Targets for Maternal, Infant and Young Child Nutrition (MIYCN), and the 2014 International Conference on Nutrition (ICN). One of the strategic thrusts of the PPAN 2017-2022 is on the first 1,000 days of life. The first 1,000 days refers to the period from conception up to 2 years of a child's life and is referred to as "the golden window of opportunity". This is the period during which key health, nutrition, early education, and related services should be delivered to ensure optimum physical and mental development of the child. This is also the period during which poor nutrition will have irreversible effects on the physical and mental development of the child, consequences of which are felt way into adulthood.
3. **Republic Act (RA) no. 11148 or the "Kalusugan at Nutrisyon ng Mag-Nanay Act."** This act aims to institutionalize and scale up nutrition programs in the First One Thousand (1,000) days of a child's life by allocating resources in a sustainable manner to improve the nutritional status and to address all forms of malnutrition of infants and young children from zero (0) to two (2) years old,

adolescent females, pregnant and lactating women, as well as to ensure growth and development of infants and young children. This provides evidence-based nutrition interventions and actions which integrate responsive caregiving and early stimulation in a safe and protective environment over the first 1,000 days. Strengthen the implementation of other nutrition related laws, programs, and policies and guidelines, strengthen the family community support systems with the active engagement of parents and caregivers, with support from LGUs, the NGAs, Civil Society Organizations (CSOs), and other stakeholders. The following sections directly describe the roles and functions of the NNC and LGUs and serve as basis for retention or re-devolution:

- *Section 7 (Program Implementation)* states that the program shall be implemented at the barangay level through the rural health units and/or barangay health centers, in coordination with the Sangguniang Barangay;
- *Section 10 (Other Program Components)* states that the LGUs, NGAs, concerned CSOs, and other stakeholders shall include health and nutrition promotion and education, social mobilization and community organization, including advocacy, in the implementation of the program;
- *Section 11 (Nutrition in the Aftermath of Natural Disasters and Calamities)* states that areas that are affected by disasters and emergency situations must be prioritized in the delivery of health and nutrition services and should immediately be provided with emergency services, food supplies for proper nourishment of pregnant and lactating mothers, and children, specifically those from zero to two years old. Thus, contingency funds will be allotted. These contingency funds shall also be allotted to consider possible inflation of prices as well as possible additional beneficiaries, and;
- *Section 15 (Role of NNC Member Agencies, Other NGAs and LGUs)* states that member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs. Food commodities for the wet feeding are readily available in the local market. Dry food commodities are available in many areas but should these not be available, they may opt for wet feeding throughout the duration of implementation.
- *Section 17 (Monitoring, Review and Assessment of the Program)* states that the NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectiveness of the program in consultation with their stakeholders.

4. **Implementing Rules and Regulations (IRR) of RA no. 11148.** Rule 12 of the IRR states that the NNC shall formulate national nutrition policies, plans, strategies, and approaches for nutrition improvement, including strategies on women, infant and young children, and adolescent nutrition; oversee and serve as a focal point in the integration of nutrition policies and programs of all member agencies and instrumentalities charged with the implementation of existing laws, policies, rules, and regulations concerning nutrition; coordinate, monitor and evaluate nutrition programs and projects of the public and private sectors and LGUs to ensure their integration with national policies; coordinate the joint planning and budgeting of member agencies to ensure funds for relevant nutrition programs and projects; to secure the release of funds in accordance with the approved programs and projects; and to monitor implementation and track public expenditure on these programs. Section 6 of Rule 7 states that DOH, together with NNC and in collaboration with key agencies, shall develop a comprehensive health and nutrition promotion, communication, and advocacy plan for the First 1,000 Days Strategy for adaptation and localization by LGUs as well as develop a monitoring and evaluation (M&E) plan.

6. **RA 7160 or the Local Government Code of 1991** which declares that the territorial and political subdivisions of the State shall enjoy genuine and meaningful local autonomy to enable them to attain their fullest development as self-reliant communities and make them more effective partners in the attainment of national goals. Toward this end, the State shall provide for a more responsive and accountable local government structure instituted through a system of decentralization whereby local government units shall be given more powers, authority, responsibilities, and resources. The process of decentralization shall proceed from the national government to the local government units. It is also the policy of the State to ensure the accountability of local government units through the institution of effective mechanisms of recall, initiative and referendum. It is likewise the policy of the State to require all national agencies and offices to conduct periodic consultations with appropriate local government units, nongovernmental and people's organizations, and other concerned sectors of the community before any project or program is implemented in their respective jurisdictions.

According to EO 138, the functions, services and facilities which shall be fully devolved from the national government to the LGUs by FY 2024 shall include those indicated under Section 17 of RA 7160, or the Local Government Code of 1991. All service delivery functions should be re-devolved to LGUs including feeding programs, consistent with the LGU roles in the RA no. 7160. Hence, Food Supplementation Program shall be re-devolved. As required by EO no. 138, the two P/APs currently implemented by NNC that will be affected by the re-devolution of functions performed by NGAs to LGUs are as follows:

- *Tutok Kainan* Supplementation Program for Pregnant Women (implemented and funded in the NNC GAA under the budget line item - Assistance to National, Local Nutrition and Related Programs)
- Complementary Feeding Program or the *Tutok Kainan* Supplementation Program for Children 6 to 23 Months Old (implemented by NNC, funded in the DOH-OSEC GAA)

The *Tutok Kainan* Supplementation Program aims to contribute to the prevention of stunting by improving the quality and quantity of food and nutrient intakes and utilization of related ECCD-F1KD services among nutritionally at-risk pregnant women and children 6-23 months old in its target areas. It has five components, namely:

1. Social Preparation which includes securing the masterlists of beneficiaries, signing of Memorandum of Understanding (MOU) with LGUs, signing of MOU and marketing agreements with Regional DAR and ARBOs for the ingredients during wet feeding, and orientation to local chief executives, health workers, and beneficiaries;
2. Dietary Supplementation which involves the actual feeding of beneficiaries. There will be a mix of dry feeding where beneficiaries will be given ready-to-eat or easy to prepare food commodities, and wet feeding where beneficiaries will be given hot meals, prepared either at a central kitchen or in the barangay;
3. Nutrition Education wherein Implementation of this program is complemented by text blasting of "Nutritexts." Using the usual SMS messaging, target beneficiaries will receive updates, messages about nutrition and other-related ECCD services, such as immunization, prenatal and postpartum checkups, family planning sessions, among others. These will follow NNC's key messages depending on the gestational age of pregnancy and/or age of child. Mothers' classes using the *Idol Ko Si Nanay* Module will also be conducted every Friday for one hour in areas where this is feasible.

A journal will also be provided to pregnant mothers. This is a booklet which includes key nutrition and health messages as well as a 30-day cycle menu to guide mothers on the preparation of a daily menu with corresponding budget. The recipes in the journal are adopted from the recipes developed by the Food and Nutrition Research Institute (FNRI).

4. Micronutrient Supplementation and the use of Lipid Nutrient Supplement Paste Small Quantity (LNS-SQ). This is one of the points for integration of health and nutrition services. Intake of iron-folic acid (IFA) supplement among pregnant and lactating women, and micronutrient powder (MNP) among 6-23 months old children is promoted. Further, since the monitoring of consumption of commodities for *Tutok Kainan* is conducted daily, the monitoring of the consumption of IFA and MNP can also be conducted. Additionally, for pregnant

women, one of the commodities distributed is LNS-SQ, which provides additional calories and nutrients.

5. SMS reporting. Local health workers provide real time SMS messaging reports on actual consumption of commodities. The messages will be sent to the *Tutok Kainan* Reporting System (TKRS), which is monitored and maintained at the NNC central office. Data received by the TKRS may be visible to all levels of implementers.

The NNC launched the program in 2020 and has been lobbying for the institutionalization of the program to ensure that LGUs will adopt it as a regular program with adequate and sustained funding and staff complement. A roadmap (Figure 1) was developed by NNC to achieve this. On 13 October 2021, the NNC was instructed to devolve the implementation of *Tutok Kainan* Supplementation Program during the DOH Budget briefing with the Senate Committee on Finance. The NNC, then, sought the guidance of the DOH in the preparation of the NNC's DTP, and ensured that it was aligned with the roadmap for the Institutionalization of *Tutok Kainan* Supplementation Program.

The re-devolution to LGUs will be done in phases within a three-year transition period beginning 2022 until 2024. These P/A/Ps will be subject to gradual and partial devolution until 2023 and for full devolution by 2024. The re-devolution of these P/A/Ps took into consideration the prevalence and magnitude of Nutritionally-at-Risk (NAR) areas, those with Provincial Nutrition Focal Points (PNFPs), and the income classification of LGUs, which could affect capacity to procure commodities and fully fund these re-devolved P/A/Ps.

EO 138 emphasizes full devolution by the 3rd year of phasing (2024) based on the Local Government Code. There will be gradual devolution in 164 selected 5th-6th municipalities and 30 municipalities hit by Typhoon Odette in 29 provinces in 2022 and 2023, with 100% funding from the NNC for food commodities, administrative cost and nutritexts for 2022. Upon evaluation of the 2022 areas, those that are seen to be not ready for full devolution will still receive 50% funding from NNC in 2023. These selected LGUs should provide counterpart funding for other activities such as cooking, transporting and storing commodities to ensure smooth implementation of the program. By 2024, these areas should be fully devolved. For other LGUs which are not part of the selected areas, full devolution should be achieved starting 2022.

The Roadmap also shows the different activities that will have to be undertaken by NNC with support from all other stakeholders to achieve full devolution by 2024. The implementation of the program in selected areas shall be continued until 2023.



Figure 5. Roadmap for the Institutionalization of Tutok Kainan Supplementation Program

Advocacy for funding of the program by LGUs as well as the creation of nutrition offices or for the strengthening of LGU Nutrition Programs shall be conducted and continued until 2023. This includes advocacy activities with private companies and non-government organizations to encourage them to fund the program or provide any form of assistance in areas of their choice, lobbying of and dissemination of the proposed structure and functions of nutrition offices, submission of proposed bill on Nutrition Offices to legislators and the conduct of webinars or dialogues. The NNC central and regional offices will continue to conduct various advocacy activities such as letters, webinars, dialogues, meetings with LCEs, etc. to encourage LGUs to adopt the program. Another platform for the same concern is the LCE executive sessions of the Local Government Academy.

The guidelines of the program shall be updated in 2022. A costing estimate per capita and other expenses shall be computed to serve as a reference for private companies or non-government organizations should they be willing to partner with LGUs and fully or partially fund the program. This cost estimate may be used by NNC regional offices and LGUs in requesting for funding assistance as this will serve as an easy reference for stakeholders.

The NNC will monitor the adoption of the program by LGUs starting with establishing a baseline of LGUs with Dietary Supplementation Program (DSP) for pregnant women and children 6-23 months old in 2021. A survey will be conducted among LGUs to determine other pertinent data including feeding scheme, commodities, duration, etc.

of their existing programs. For the succeeding years, the NNC will monitor if LGUs adopted the design of the *Tutok Kainan* Supplementation Program and their compliance with the guidelines.

The JMC on the Operationalization of the Philippine Plan of Action for Nutrition's National Dietary Supplementation Program, on the other hand, is targeted to be issued and disseminated in 2022.

The institutionalization or re-devolution of the *Tutok Kainan* Supplementation Program will strengthen the local autonomy and will ensure a more sustainable program, considering the limited budget of the NNC to implement the program in all LGUs. The gradual devolution of the program in 5th to 6th class municipalities and municipalities hit by Typhoon Odette will enable the NNC to focus assistance to the least financially able LGUs and ensure prioritization and continuity of nutrition programs despite changes in local administration. This will also contribute to the achievement of goals of the PPAN 2017-2022.

Principles for the Retention of Functions with NNC

The general principles in the retention of functions with NNC are based on PD no. 491 series of 1974 "Creating a National Nutrition Council" and RA no. 11148 and its IRR. These policies specifically reiterate that the following functions shall be preserved with NNC:

- **National policy and standards development.** The NNC is mandated to formulate nutrition policies, plans, strategies, and approaches for nutrition improvement. NNC shall also oversee and serve as a focal point in the integration of nutrition policies and programs of all member agencies and instrumentalities charged with the implementation of existing laws, policies, rules, and regulations concerning nutrition. The NNC, as the highest policy making body, developed the *Tutok Kainan* guidelines, following recent evidence on dietary supplementation in the first 1000 days. The NNC has also developed a roadmap on the institutionalization of *Tutok Kainan* which was presented to the Governing Board of NNC last 3 December 2021.
- **Plan and program development.** Coordinate the joint planning and budgeting of member agencies and LGUs to ensure funds for relevant nutrition programs and projects; to secure the release of funds in accordance with the approved programs and projects; and to monitor implementation and track public expenditure on these programs. The NNC conceptualized the *Tutok Kainan* Supplementation program in coordination with partners and the Inter-Agency Task Force (IATF) on Zero Hunger. The NNC also manages the implementation of the program, includes the program in the agency budget, and receives budget insertions from the DOH.

- **Coordination, health promotion and education.** The NNC is the country's highest policy-making and coordinating body on nutrition. It is tasked to develop and implement a comprehensive advocacy, information, and education strategy for the PPAN as well as a comprehensive health and nutrition promotion, communication, and advocacy plan for the First One Thousand (1,000) Days Strategy for adaptation and localization by LGUs. Particularly for the *Tutok Kainan* Supplementation Program, the NNC
- **Food and nutrition surveillance.** The NNC is also mandated to conduct surveillance through development of tools, collection of data, adoption of standards, and dissemination of standards and tools. NNC monitors the nutritional status of the beneficiaries through reports on the nutritional status every 30 days for 90 days and 180 days for pregnant women and 6-23 months old children, respectively.
- **Provision of technical assistance and capacity building.** The NNC provides technical assistance and capacity building to the LGUs especially on program and budget planning through the conduct of annual investment plan (AIP) workshops. The NNC provides orientation on the operationalization of the program. The NNC has also hired Provincial Nutrition Focal Points (PNFP) in all the provinces implementing the program to serve as coordinator and to provide technical assistance together with NNC regional offices.
- **Monitoring and evaluation.** Coordinate, plan, monitor, and evaluate nutrition programs and projects of the public and private sectors and LGUs to ensure their integration with national policies. The NNC developed the *Tutok Kainan* Reporting System where local nutrition workers report the receipt and consumption of commodities real time through SMS. The system also receives data on nutritional status to evaluate the effectiveness of the program.

In addition, the NNC acts as the National Nutrition Cluster chair with roles and responsibilities such as (1) guaranteeing that the nutritional status of the affected populations will not worsen, (2) facilitate strategic collaboration and comprehensiveness of emergency management, resource mobilization and integration of cross cutting nutrition concerns with other clusters, (3) conduct of rapid nutritional assessment, (4) ensure delivery of quality package of nutrition interventions, (5) ensure that foods provided and distributed are nutritionally adequate, (6) conduct trainings and other various capacity building activities, and (7) provide nutrition counseling to affected populations, (8) establish and promote coordinative and management mechanisms.

Of all the PAPs under NNC in the GAA, only one sub-program for the budget line-item Assistance to National, Local Nutrition and Related Programs will be re-devolved to the LGUs, the dietary supplementation in the First 1,000 days or *Tutok Kainan*

Supplementation Program. Below are other subprograms under the “Assistance to National, Local Nutrition and Related Programs” budget line item in the NNC’s GAA that shall be retained at NNC, by virtue of the aforementioned legal bases:

- **BNS Program.** Barangay nutrition scholars are barangay-based volunteer workers responsible for delivering nutrition services and other related activities such as community health, backyard food production, environmental sanitation, culture, mental feeding, and family planning to the barangays. The BNSs are entitled to a civil service eligibility (CSE) equivalent to second grade, stipends, kit, travel allowances, and trainings. Section 13 of PD no. 1569 states that the National Nutrition Council shall formulate rules and regulations and plans and progress for the successful implementation of the BNS program. Furthermore, the NNC shall allocate the funds for this project to the various provinces and/or agencies, for disbursement in accordance with the financial plan of the Barangay Nutrition Scholars Program.
- **LGU mobilization.** One of the principal programs included in the PPAN 2017-2022 is local government mobilization to scale up nutrition actions. The Governing Board (GB) of the NNC approved a four-component strategy on local government mobilization on 24 April 2019.
- **Technical assistance to NGAs, NGOs and LNCs.** One of the functions of NNC is to provide technical, financial, and logistics support to LGUs and agencies for the development and implementation of nutrition programs and projects.
- **Support to national and regional associations.** NNC provides funding support to meetings of national and regional associations. Examples of funding support provided are 1) board and lodging; 2) supplies and materials; 3) travel expenses of participants; and 5) data allowance.
- **Management of Regional Bantay ASIN Task Forces (RBATF).** The RBATF shall lead the advocacy towards the full and effective implementation of RA no. 8172 or more popularly known as ASIN Law which mandates the elimination of iodine deficiency disorder through cost-effective preventive measure of salt iodization. The group will formulate an annual NSIP operation plan which covers monitoring and evaluation of the program, coordination and provision of assistance especially among traders and manufacturers of salt, policymaking, and formulation of effective strategies to enhance awareness of the general public on the importance of such.
- **Local Nutrition Early Warning System (LNEWS).** Complementary to the Integrated Food Security Phase Classification (IPC), LNEWS, also known as the Early Warning System for Food and Nutrition Security (EWS-FNS), was adopted by FAO and NNC under the MDGF-2030 as a food and nutrition security information system to provide City and Municipal Nutrition Committees warning of impending crisis that may affect food security using secondary and primary data. The GB of NNC signed a resolution on 15 February 2019 adopting

the IPC and LNEWS-FNS as one of the Food Security assessment tools in aid of PPAN and related sectoral plans.

- **Support to policy formulation and coordination.** PD no. 491 creates the NNC to be the highest policy making body in nutrition. Section 5 of PD no. 491 states that NNC shall coordinate and integrate policies and programs of all agencies and instrumentalities of the government charged with the prosecution of existing law, policies, rules and regulations concerning nutrition.
- **Capacity building for local nutrition workers.** NNC conducts capacity building activities of frontline nutrition workers for them to implement and deliver nutrition services effectively in consideration of the local capacity development agenda of the LGUs.
- **Development of instructional videos related to PPAN.** This includes positive nutrition and related practices that will improve nutrition outcomes. These videos aim to raise consciousness on the importance of improving nutrition and ensure that the various nutrition-specific services are supported with appropriate communication activities.
- **Regional Plan of Action for Nutrition (RPAN) formulation.** A Regional Plan of Action for Nutrition (RPAN) was formulated to capture initiatives of regional offices of member agencies of the Regional Nutrition Committee along the PPAN 2017-2022 programs. These RPANs have their respective annual targets along the framework of the PPAN but adapted to the unique situation of the region. For the next cycle of PPAN, regional offices of the NNC will again formulate the RPAN.
- **Contribution to GAS expenses.** This includes GAS expenses and support to GAD focal point system meetings.
- **Maintenance of regional offices.** This includes operational funds of NNC regional offices and infrastructure for NNC Regional VII.
- **Other subprograms of ECCD in the First 1000 days.** This includes personnel support for ECCD-F1K, monitoring, and TWG meetings. Section 7 of RA no. 10410 or the Early Years Act of 2013 states that the NNC, together with other government agencies shall provide technical assistance and support for the national ECCD Program. Furthermore, Section 14 of RA no. 11148 assigns NNC as the focal point in the integration of nutrition policies and programs related to the First 1000 days.

Principles for Re-devolving Functions to LGUs

The basis for re-devolving health functions to LGUs is the expenditure assignment of health functions per level of government based on Section 17 of the LGC wherein municipalities and cities are required to provide nutrition services to their constituents.

Likewise, Section 7 of RA no. 11148 states that the program shall be implemented at the barangay level through the Rural Health Units and/or Barangay Health Centers, in coordination with the Sangguniang Barangay. The Barangay Nutrition Scholars (BNS)

and the Barangay Health Workers (BHWs) shall be mobilized and provided with resources and benefits to carry out their tasks.

Further, the LGUs are encouraged to integrate maternal, neonatal, child health and nutrition programs in the local nutrition action plans and investment plans for health.

Nutrition-related Bills

There are pending bills and proposed policies that will help strengthen the implementation of the *Tutok Kainan* Supplementation Program and help achieve the goals of the PPAN 2017-2022 if passed into law.

- Amendment of PD no. 1569 or the "Strengthening the barangay nutrition program by providing for a barangay nutrition scholar in every barangay, providing funds therefor, and for other purposes."

It mandated the deployment of BNSs, which is a human resource development strategy of the PPAN. The BNS Program involves recruitment, training, deployment and supervision of volunteer workers to efficiently monitor the nutritional status of children and/or link communities with nutrition and related service providers. BNSs are granted a civil service eligibility equivalent to second grade after the completion of at least two years of continuous and satisfactory service in the barangay. They are also entitled to a training stipend, kit and travel allowance.

BNSs serve as frontliners on the ground and are key to ensuring that nutrition and nutrition-related services and commodities reach intended beneficiaries. However, there is a high turnover of BNSs especially when a new local chief executive is elected. Given the higher demand for better delivery of nutrition and nutrition-related services especially given the pandemic, there is a need to create mandatory *plantilla* positions for BNSs as well as give them better incentives to ensure continuity of quality service. Several bills have been filed already, including Senate Bill no. 657, "An Act Creating the Position of Barangay Nutrition Worker in Every Barangay Providing Incentives Thereto, Appropriating Funds Therefor, Amending for the Purpose Presidential Decree No. 156."

Updates on the BNS Program were presented to the Social Development Cluster (SDC) of NEDA on 13 December 2021. The NNC has a proposal for the amendment of PD no. 1569 that provides for additional incentives, benefits, and addressing the security of service as a means to sustain the viability of nutrition-related programs. It was also reported that NNC partnered with TESDA to provide training regulation for BNSs with the main objective to (1) address their instability or retention with the changes in local leadership, (2) low allowance as volunteers, (3) mechanism for standardized training, and (4) boost

morale and confidence of BNS to continue work. NNC also presented its updated timeline for the approval of the BNS-TESDA Certification courses. It is aimed that by the 3rd or 4th quarter of 2022, the course would be offered across the country for the LGUs to participate indicating a provision of limited subsidy to the BNSs' trainings coming from low income LGUs in PPAN priority provinces to qualified BNSs

- House Bill (HB) no. 1592 or "Rationalizing the Powers and Functions of the NNC"

It states that the NNC has an authority in ensuring the nutritional well-being of all Filipinos, thus the state shall hereby provide the amount of Five hundred million pesos (P500,000,000.00) as additional organization and operational funding for the NNC. The amount necessary to carry out the purpose of this Act shall be included in the annual budget of implementing agencies in the GAA. The functions and multi-sectoral composition of NNC are replicated at sub-national levels. Regional, provincial, city, municipal and barangay nutrition committees are organized to manage and coordinate the planning, implementation, monitoring and evaluation of local hunger-mitigation and nutrition action plan as a component of the local development plan.

- HB no. 2759 or "Nutrition and Health Council Bill"

It mandates establishing within the DOH a council on Nutrition and Health that will assemble the existing information on the relationship between nutrition and human health. The members of the Council shall be chosen from among the individuals who are knowledgeable in the fields of health, human nutrition, food production and distribution, and agriculture. The Council shall identify and monitor the existing information on the relationship between nutrition and health including the aspects that require additional research; identify and collect ongoing research within the various national and local government agencies, the private sector in the country, and in foreign countries; monitor the progress of nutrition education efforts among the health profession, other segments of the society, and the general public; maintain an understandable and retrievable database existing scientific information on the relationship of nutrition and health and serve as a clearinghouse for such information. The Council shall also be authorized to adopt such rules and regulations as may be necessary to carry out this Act.

- SB no. 86 or "Accelerate Nutrition Improvement (ANI) Act of 2013"

It mandates national government agencies to serve as important links in promoting nutrition in development through participation in the continuing advocacy for nutrition improvement, and integration of nutrition consideration in

their sectoral plans and programs. On the other hand, LGUs shall formulate, implement, manage, monitor and evaluate medium-term and annual local nutrition plans. The LGUs shall also organize inter-agency local nutrition committees, which shall be chaired by the local chief executive either as a committee of the local development council (LDC) or as a subcommittee of a committee of the LDC. In addition, LGUs shall integrate nutrition considerations in their short, medium and long-term development plans and programs and shall coordinate with the NNC in the enforcement of the Act. Recruitment, training and deployment of nutritionist-dietitians in every municipality, city, and province shall be ensured by LGUs. Further, state universities and colleges (SUC) and DepEd - supervised schools and colleges are tasked to intensify nutrition-related training, research and extension support activities through the BIDANI network program and other relevant approaches, thereby accelerating community development in partnership with the LGUs. They shall likewise coordinate with their respective LGUs in connection with nutrition and related initiatives and submit to their respective LGUs quarterly reports of accomplishments on nutrition and related concerns.

2 – Assignment of Functions, Services, and Facilities to Each Level of Government

As a guide for the LGUs during the transitory period of re-devolution, the next section discusses the unbundling of the appropriate functions, services, and facilities that will be transferred and assigned to each specific level of government by the NNC (*Refer to **DTP Annex A** for the detailed matrix of the unbundling of functions per level of government*) as well as those that will be retained with the NNC. Further, the implementation strategy and phasing of devolution transition activities (*refer to **DTP Annex B***), which are subject to the capacity and resources of the LGUs based on the assessment of the NNC, will also be highlighted.

P/A/Ps to be retained with NNC are national policy, standards, plan, program development, and coordination; Health Promotion/Advocacy; Food and Nutrition Surveillance; Technical Assistance and Capacity Building; Monitoring and Evaluation (From Various Budget Line Items in the NNC GAA - Operations). Provisions of RA no. 11148, particularly sections 7, 10, 15, and 17 that define the roles and responsibilities of the NNC or NGAs serve as the bases for the retention of these P/A/Ps with the NNC.

Table 16 provides the summary of the concerned NNC P/A/Ps for re-devolution, the expected LGU roles, and basis for re-devolution.

Table 16. Summary of CY 2022-2024 NNC Devolution Transition Plan

NNC P/A/Ps	NNC Recommendation	LGU Role	Basis for Re-Devolution
<p><i>Tutok Kainan</i> Supplemental Program for Pregnant Women (under the NNC General Appropriations Act budget line item - Assistance to National, Local Nutrition and Related Programs)</p>	<p>Gradually and partially devolved in 2022-2023; Fully Devolved by 2024</p>	<p>2022-2023: Counterpart Funding Support for Program Implementation, including logistics (transportation, storage), other commodities; Cooking, distribution of commodities to constituents and monitoring reports; Social preparations; Nutrition education; Monitoring and Evaluation 2024: Funding Support and Program Implementation (all components); Cooking, distribution of commodities to constituents and monitoring reports; Social preparations; Nutrition education; Monitoring and Evaluation</p>	<p>RA no. 11148: Role of LGUs in local nutrition programs</p>
<p>Complementary Feeding Program or the <i>Tutok Kainan</i> Supplemental Program for Children 6 to 23 Months Old (implemented by NNC funded in the DOH-Office of the Secretary General Appropriations Act)</p>	<p>Gradually and partially devolved in 2022-2023; Fully Devolved by 2024</p>	<p>2022-2023: Counterpart Funding Support for Program Implementation, including logistics (transportation, storage), other commodities; Cooking, distribution of commodities to constituents and monitoring reports; Social preparations; Nutrition education, Monitoring and Evaluation 2024: Funding Support and Program Implementation (all components); Social preparations; Nutrition education; Monitoring and Evaluation</p>	<p>RA no. 11148: Role of LGUs in local nutrition programs</p>

For CY 2022-2023, the NNC shall be responsible for providing funding support for the procurement of food commodities, administrative costs and nutritexts of both the *Tutok Kainan* Supplementation Program for Pregnant Women and Complementary Feeding Program for Children 6 to 23 months old for selected 5th-6th class municipalities in priority areas with high prevalence and magnitude of Nutritionally-at-Risk (NAR), wasting and stunting among children 6 to 23 months old, and those with Provincial Nutrition Focal Points (PNFPs). Further, social preparations, monitoring and evaluation, nutrition education, and contingency funds will also be funded by NNC until 2023 to support the *Tutok Kainan* Supplementation and Complementary Feeding programs of LGUs. This subsidy shall be partially devolved in 2022-2023 to priority areas in 5th to 6th class municipalities provided that the LGUs will have counterpart funding in terms of logistics, such as transportation and storage, and other commodities. All these functions shall be fully re-devolved to LGUs by 2024.

During the implementation of the program, the NNC shall provide technical assistance to provinces and cities. These LGUs shall be responsible for cascading it at the municipality and barangay levels. Municipal LGUs shall provide counterpart funding such as transportation for commodities to barangays, cooking materials, fuel and human resources. Furthermore, these LGUs shall monitor and ensure multisectoral implementation of the program. At the barangay level, the BNS, BHWs, and Barangay Nutrition Committee (BNC) will play crucial roles given that they will be responsible in the cooking and distribution of the commodities, sending monitoring reports and conducting nutrition education.

In terms of full devolution beginning 2022 for the 1st to 4th class municipalities and those 5th to 6th class municipalities that are not included in the priority areas retained with NNC in 2022-2023, the entire funding support of all program components of the *Tutok Kainan* Supplementation Program for Pregnant Women and Complementary Feeding Program Children 6 to 23 months old shall be shouldered by these LGUs beginning 2022 onwards. This funding support shall also include cooking, distribution of commodities to constituents, and preparation of monitoring reports; social preparations or orientations to LGUs; nutrition education; and, monitoring and evaluation.

By 2024, all LGUs shall be able to fund and implement the *Tutok Kainan* Supplementation Program for Pregnant Women and Complementary Feeding Program Children 6 to 23 months.

Implementation Strategy and Phasing of Devolution Transition Activities

Phase I (FY 2021-2022)

Four strategies to be undertaken were identified to successfully help the LGUs implement and manage the devolved services relevant to the PPAs.

- Provision of capacity building/ technical assistance to LGUs -This involves activities such as the conduct of learning exchange meetings by the NNC CO and ROs with *Tutok Kainan* areas and engagement of NNC CO/ROs and LGUs with private companies or non-government organizations in terms of funding, technical assistance or logistics. This will strengthen the relationship and trust between the NGA and the LGUs and help increase the capacity of LGUs to take on the devolved functions. Expected outputs are costing of *Tutok Kainan* Package capacitated LGU workers in terms of operationalization of *Tutok Kainan*. Activities in this phase are expected to start in the first quarter of 2022 and activities are not expected to be affected by the upcoming 2022 elections.
- Institutionalization of *Tutok Kainan* in 29 provinces with 5th to 6th class municipalities and municipalities hit by Typhoon Odette and ensure funding for the program through activities such as advocacy campaigns conducted by the NNC CO/ROs to different levels of LGUs on the adoption/institutionalization of *Tutok Kainan*, lobbying of ordinances in the SP or SB by the NNC ROs, passing of ordinances in the SP or SB at the provincial/city/municipal LGU. To assess the success of the strategy, an annual report on the ordinances passed and municipalities adopting *Tutok Kainan* shall be prepared by the LGUs and shall be submitted to the NNC ROs for consolidation and subsequent submission to the NNC CO
- Inclusion of *Tutok Kainan* in the Annual Investment Plans (AIP)/Local Nutrition Annual Plan (LNAP) of the 29 provinces with 5th to 6th class municipalities to appropriate and sustain funds for *Tutok Kainan* through the provision of technical assistance of NNC ROs to LGUs in integrating *Tutok Kainan* in their local plans, lobbying of NNC ROs of funding for *Tutok Kainan*, and conduct of AIP/LNAP workshops by NNC ROs. With the conduct of these activities, it is expected that LGUs will appropriate funds for the program as included in their local plans.
- Evaluation of the implementation of *Tutok Kainan* to determine its effectiveness and adherence of LGUs to the guidelines of the program. Data/reports shall be gathered by the NNC ROs from the LGUs and shall serve as basis for further guidance/technical assistance to be provided to LGUs as well as to determine if the NNC-funded areas are ready for full devolution. The criteria and conditions necessary to determine the readiness of the LGUs to take on and manage the delivery of devolved services can be seen below as well as the Checklist of Criteria via <https://tinyurl.com/NNCDTPChecklistCriteria>:
 - Functionality of Local Nutrition Committees (LNCs)
 - Local Nutrition Plans with budget for *Tutok Kainan*

- Deployment of regularly assigned focal person to manage *Tutok Kainan*, with defined roles and functions
- MOU with DAR
- Marketing Agreement with ARBOs/Cooperatives
- Masterlist of beneficiaries
- Beneficiaries oriented on *Tutok Kainan*
- Consent forms signed by beneficiaries/guardians
- Storage area for commodities
- Storage facilities/equipment for commodities
- Transportation for delivery of commodities
- Cooking area for hot meals
- Cooking equipment for hot meals

Absence of one of the mentioned criteria/conditions will indicate non-readiness of LGUs to independently implement the program. If NNC-funded LGUs are seen to have the capacity to implement and fully fund the program in 2023, they will no longer receive funding but will be provided with technical assistance as necessary. Otherwise, the NNC shall continue to provide counterpart funding in 2023.

Phase II (FY 2023)

In areas that will still be needing assistance from the NNC by 2023, similar strategies and corresponding activities shall be implemented such as the provision of capacity building/ technical assistance to further strengthen the capacity of the LGUs to undertake the devolved functions and inclusion of *Tutok Kainan* in the AIP/LNAP. Evaluation of the implementation of *Tutok Kainan* shall still be conducted to determine effectiveness of the program and adherence to guidelines of the program for NNC to be able to provide appropriate guidance/technical assistance as necessary.

Phase III (FY 2024 onwards)

P/A/Ps indicated in Annex A shall be fully devolved in 2024. However, to ensure proper implementation of the program at the LGU level, the NNC shall still provide technical assistance and conduct monitoring and evaluation of the implementation of the program. Thus, the NNC will still undertake strategies and their corresponding activities such as provision of capacity building/ technical assistance to LGUs, inclusion of *Tutok Kainan* in the AIP/LNAP and evaluation of the implementation of *Tutok Kainan*.

3 – Service Delivery Standards

The formulation of health service delivery standards is among the inherent functions of NNC. The compilation of relevant Service Delivery Standards for re-devolved NNC functions and services can be accessed via <https://tinyurl.com/NNCDTPStandards>.

The **DTP Annex C-1** provides the registry of service standards for the delivery of re-devolved NNC functions and services. Meanwhile, the **DTP Annex C-2** details the recommended organizational structure and staffing complement for LGU Nutrition Offices.

The creation of a Nutrition Office with adequate staff is the key to improving nutrition performance as it will ensure that there are personnel who will enable the LGUs to implement nutrition-related laws and ensure that the target beneficiaries, especially the vulnerable and high-risk groups, benefit from nutrition-related programs.

A Nutrition Office will both perform coordination and implementation functions. It will make sure that various nutrition-specific and nutrition-related or nutrition-sensitive programs are planned, coordinated, and implemented in an integrated manner with the participation of all sectors contributing to reduced malnutrition and improved human capital development. The recommended Nutrition Office will be overseeing not only the *Tutok Kainan* Supplementation Program for Pregnant Women and Children 6-23 months old (Complementary Feeding Program) but also other nutrition programs that are not implemented by the DOH.

The table below shows the proposed minimum staffing for provincial, city and municipal nutrition offices. The number of technical staff and administrative staff support can be increased based on the population, land area and presence of GIDA. The salary grades (SG) can also be adjusted based on the financial capacity of the LGUs, availability of qualified personnel, LGU income class and other factors. The proposed salary grades can be adjusted to the standard level of positions based on the level and income class of LGU as indicated in DBM CL no. 2007-6.

Item 9.2.1.7 of the aforementioned circular states that there shall be only one (1) administrative unit in LGU placed under the Office of the Local Chief Executive and if found necessary, administrative support units in other departments of the LGU may be allowed, but the highest level of position should be classified one (1) rank lower than the head of the administrative mother unit. Following this, it is recommended that the head of the Nutrition Office, is at least on an assistant department head level with the following SG levels based on item 9.2.1.4 of DBM CL No. 2007-6:

- Provinces: SG-24
- Special Cities (Manila and Quezon City): SG-25
- HUCs and Other Metropolitan Manila Cities: SG-24
- Component Cities: SG-23

- Municipalities within Metropolitan Manila: SG-23
- Municipalities outside Metropolitan Manila: SG-22

Meanwhile, based on item 9.2.1.5 of DBM CL No. 2007-6, the highest position below the rank of an assistant department head may be allocated in accordance with the following standard leveling of positions based on the level and income class of the LGU:

- Provinces: SG-22
- Special Cities (Manila and Quezon City): SG-24
- HUCs: SG-22
- Component Cities: SG-22
- 1st to 3rd Class Municipalities: SG-18 to 19
- 4th to 6th Class Municipalities: SG-14 to 16

Table 17. Summary of Proposed Staffing for Provincial, Special City, HUC, Component City and Municipal Nutrition Offices

Functions	Position Titles and Salary Grades					
	Provinces	Special Cities ¹⁸	HUCs	Component Cities	1st to 3rd Class Municipalities	4th to 6th Class Municipalities
Nutrition Action Officer	(1) Nutrition Officer V (SG 24)	(1) Nutrition Program Coordinator (SG 25)	(1) Nutrition Officer V (SG 24)	(1) Nutrition Officer V (SG 23)	(1) Nutrition Officer IV (SG 22)	(1) Nutrition Officer IV (SG 22)
Nutrition Coordinator	(1) Nutrition Officer IV (SG 22)	(1) Nutrition Officer V (SG 24)	(1) Nutrition Officer IV (SG 22)	(1) Nutrition Officer III (SG 22)	(1) Nutrition Officer III (SG 18-19)	(1) Nutrition Officer II (SG 14-16)
Technical Staff Support	(1) Nutritionist-Dietitian II (SG 15)	(1) Nutritionist-Dietitian II (SG 15)	(1) Nutritionist-Dietitian II (SG 15)	(1) Nutritionist-Dietitian II (SG 15)	(1) Nutritionist-Dietitian I (SG 11)	(1) Nutritionist-Dietitian I (SG 11)
	(1) Nutrition Officer II (SG 14)	(1) Nutrition Officer II (SG 14)	(1) Nutrition Officer II (SG 14)	(1) Nutrition Officer II (SG 14)	(1) Nutrition Officer I (SG 10)	(1) Nutrition Officer I (SG 10)
Administrative Staff Support	(1) Administrative Assistant II (SG 8)	(1) Administrative Assistant II (SG 8)	(1) Administrative Assistant II (SG 8)	(1) Administrative Assistant II (SG 8)	(1) Administrative Aide VI (SG 6)	(1) Administrative Aide VI (SG 6)
	(1) Administrative Aide III (SG 3)	(1) Administrative Aide III (SG 3)	(1) Administrative Aide III (SG 3)	(1) Administrative Aide III (SG 3)		

Note: The Position titles and salary grades are taken from the Local Budget Circular (LBC) No. 137 – Index of Occupational Services, Position Titles and Salary Grades in the Local Government (IOS-LGU), CY 2021 Edition. For Pateros, the lone municipality in Metropolitan Manila, the proposed staffing will be similar to that of 1st to 3rd class municipalities except that the salary grade of the Nutrition Action Officer

¹⁸ Manila City and Quezon City based on DBM CL No. 2007-06

is at SG-23 with designation of Nutrition Officer V instead of SG-22 with designation of Nutrition Officer IV.

4 – NGA Capacity Development Strategy

For NNC, to be able to perform effectively and efficiently their inherent and steering functions, including monitoring and evaluation, it identified various capacity development strategies and interventions needed to strengthen their roles (*Refer to DTP Annex D*).

For the Nutrition Policy and Planning Division to formulate better nutrition policies and guidelines on dietary supplementation in the First 1000 Days, capacities required involve policy research and evaluation, development of service delivery standards, systems thinking, strategic communication and stakeholder management. On the other hand, to improve existing systems for ease of monitoring and evaluation, the Nutrition Surveillance Division shall need capacity building for monitoring and evaluation systems and software. For the Nutrition Information and Education Division (NIED), strategic communication and training management are required since LGUs need intensive capacity building for the program. Information, education and communication (IEC) activities may be strengthened through text blasting of key nutrition messages to beneficiaries, continuous posting of videos/social media cards/updates on events on the web page and social media pages of NNC CO and ROs as well as the First 1000 Days PH. IEC materials may be produced and given to beneficiaries or caregivers of beneficiaries with internet connectivity issues. Finally, for the NNC Regional Offices, training management, monitoring and evaluation, risk management and stakeholder management are necessary as they coordinate mainly with LGUs regarding the program.

5 – LGU Capacity Development Strategy

To ensure the timely and seamless handover of the functions to the LGUs, devolution of NNC will be done in phases in the next three years beginning 2022. The **DTP Annex E** outlines the different modes of technical assistance to be provided by the NNC to the LGUs to support the strategies and activities indicated under DTP Annex B. During the transitory period, various activities such as roll-out trainings will be done by the NNC and LGUs that will enable LGUs to fully absorb and manage the devolved functions and services per component of the program by 2024.

Social Preparations. The NNC ROs shall orient the P/C/MNAOs on the *Tutok Kainan* Supplementation Program, including its components and guidelines. Provincial LGUs shall convene the members of the city/municipal nutrition committees for the orientation and social preparation activities in coordination with NNC ROs. Municipal/City LGUs, on the other hand, shall conduct the orientation and social

preparation activities of the members of the city/municipal and barangay nutrition committees. Orientation of the beneficiaries and other social preparation activities shall be conducted at the barangay level.

Dietary Supplementation. This component of the program involves the procurement of food commodities. Thus, the procurement unit or staff of LGUs will need to be trained or re-trained on negotiated procurement-community participation by the Government Procurement Policy Board (GPPB).

Nutrition Education. The NNC CO shall conduct a training for trainers for NNC ROs on the *Idol Ko si Nanay*, a series of learning sessions on the first 1,000 days of life, who will cascade this to the provincial level. Provincial LGUs shall convene city/municipal implementers so that they will then be trained and be capacitated to train those at the barangay level.

Monitoring and Evaluation. Training of trainers on the *Tutok Kainan* Reporting System shall be organized by the NNC CO and RO. Rollout trainings will be conducted first at the provincial level, then at the city/municipal level and then at the barangay level.

Roll-out trainings should commence in the first quarter of 2022 starting with TOTs of NNC ROs and the Provincial level in the said period. Roll out of trainings at the municipality/city/barangay will depend on the capacity of the LGUs to conduct the trainings and may be done in a series of sessions, depending on the number of LGUs to be trained and prioritizing LGUs with high prevalence and/or magnitude of stunting or nutritionally-at-risk pregnant women.

Further, NNC shall provide continued technical assistance to the LGUs all throughout the transition period and thereafter.

6 – Performance Monitoring and Assessment Framework

One of the inherent functions of the NNC is monitoring and evaluation. To assess the performance of the LGUs in the delivery of the re-devolved functions and services, the NNC will monitor the improvement in the nutritional status of the beneficiaries and the number of beneficiaries who received nutrition education. In addition to this, the NNC will collect data on LGUs are implementing dietary supplementation program in the first 1000 days and how they conduct it. This will be conducted through a simple google survey that will be disseminated to the LGUs through the ROs. Throughout the transition period, the NNC Regional Offices will monitor LGUs that have sustained funding support and have institutionalized the program in their respective LGUs.

The NNC will also provide special awards, the *Tutok Kainan* Special Award, for best performing LGUs. Conversely, the NNC will also impose sanctions for non-compliant LGUs by cutting the assistance from the NNC based on evaluation to determine the reason/s for non-compliance.

The **DTP Annex F** provides detailed information on systems and mechanisms of the NNC, whether existing or new, in monitoring and evaluating the performance of LGUs in the delivery of devolved functions.

7 – Organizational Effectiveness Proposal (OEP)

Given that the public health sector is already in a devolved set-up since 1991, existing permanent positions in the NNC will not be affected by the re-devolution efforts. These personnel will still execute the inherent functions and services of the NNC per its mandates. Nevertheless, the NNC shall propose to DBM a recommended organizational structure and counterpart staffing complement for LGU Nutrition Offices in light of the re-devolved services. Hence, **DTP Annexes G-1 to G-3** are not applicable since there will be no modifications in the organizational structure, staffing complement, and number of personnel in NNC relative to the re-devolution measure for the *Tutok Kainan* Supplementation Program for pregnant women and Complementary Feeding Program for children 6 to 23 months old.

Modifications in the resource allocation of affected P/A/Ps for CY 2022 are reflected in **DTP Annex G-4**. However, in terms of budget reduction due to re-devolution, NNC wants to emphasize that re-devolution does not necessarily mean downloading of funds from NGAs to LGUs but re-devolution of functions performed by NGAs to LGUs based on the Local Government Code. There is no significant decrease in the total budget of NNC from 2022-2023 due to devolution since NNC will still provide funding support to priority areas in 5th to 6th class LGUs for equity purposes.

As required by DBM-DILG JMC no. 2021-2, this Devolution Transition Plan Narrative Report is duly signed by the following required signatories.

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Secretary of Health



DEPARTMENT OF HEALTH

2021

As required by DBM-DILG JMC no. 2021-2, this Devolution Transition Plan Narrative Report is duly signed by the following required signatories.

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Secretary of Health



DEPARTMENT OF HEALTH

2021

DOH DEVOLUTION TRANSITION PLAN ANNEXES

Part I: Department of Health – Office of the Secretary

**(as of January 20, 2022 based on the In-Depth
Evaluation of DBM dated December 24, 2021)**

Matrix on the Unbundling of Programs, Projects, and Activities (PPAs) of the National Government Agencies (NGAs) to Different Levels of Government

Department of Health - Office of the Secretary

NOTE: The following attached agencies and corporations of the Department of Health (PNAC, PhilHealth, NKTl, LCP, PCMC, PHC, PITAHC) will not be affected by the re-devolution of functions from NGAs to LGUs.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
1.	0.	Health Facilities Enhancement Program (Infrastructure, Equipping, Mobile Vehicles)							Gradual and Partially Devolved by 2022
2022 Retained									
1.	1	Operations of Health Facilities Enhancement Program, including monitoring – National level	x				82	Function not devolved to LGU	Ongoing operations of HFEP in the Central Office
1.	2	Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the Philippine Health Facility Development Plan (PHFDP) Allocation framework listed below: <ul style="list-style-type: none"> Category 2 	x				HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 11223 sec 7 – The population-based health services shall be financed by the NG through the DOH, and the NG shall support LGUs in the financing of capital	Although LGUs shall provide health and social welfare services, UHC Act mandates the DOH to provide support in financing capital investments. RHU and BHS are heavily involved in the delivery of population based health services which DOH shall be funding. Further, LGU Hospitals need upgrading due to the pandemic.

¹ NG – National Government; P – Province; C – City; M – Municipality; B – Barangay. Please tick off/mark appropriate column(s). One per row only.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		<ul style="list-style-type: none"> Category 3 Category 1 						investments and provision of population-based interventions.	
1.	3	Infrastructure, medical equipment, and motor vehicle funding for DOH Hospitals and other health facilities	x				HFEF Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	EO no. 102 s. 1999 sec. 3 (d)	DOH shall maintain national health facilities and hospitals with modern and advanced capabilities to support local services.
2022 Devolved									
1.	4	<p>Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below:</p> <ul style="list-style-type: none"> Category 4 <p>Assignment per level of Government</p> <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal •District Health Centers – City •Polyclinic - City •BHS – Municipal 		x			HFEF Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 7160 sec. 17	Provinces belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]					
		NG	P	C	M	B								
1.	5	Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below: <ul style="list-style-type: none"> Category 4 Assignment per level of Government <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal •District Health Centers – City •Polyclinic - City •BHS – Municipal 					x					HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 7160 sec. 17	Cities belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.
1.	6	Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below: <ul style="list-style-type: none"> Category 4 Assignment per level of Government <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal •District Health Centers – City •Polyclinic - City •BHS – Municipal 								x		HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 7160 sec. 17	Municipalities belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
1.	7	Monitoring of Health Facilities – Local level		x				No amount in DOH GAA	RA no. 7160 Sec. 17	Provinces belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.
1.	8	Monitoring of Health Facilities –Local level			x			No amount in DOH GAA	RA no. 7160 Sec. 17	Cities belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.
1.	9	Monitoring of Health Facilities –Local level				x		No amount in DOH GAA	RA no. 7160 Sec. 17	Municipalities belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.
2023 Retained										
1.	10	Operations of Health Facilities Enhancement Program, Including monitoring – National level	x					82	Function not devolved to LGU	Ongoing operations of HFEP in the Central Office
1.	11	Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below: <ul style="list-style-type: none"> • Category 3 • Category 1 	x					HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 11223 sec. 7 – The population-based health services shall be financed by the NG through the DOH, and the NG shall support LGUs in the financing of capital investments and provision of population-based interventions.	Although LGUs shall provide health and social welfare services, UHC Act mandates the DOH to provide support in financing capital investments. RHU and BHS are heavily involved in the delivery of population based health services which DOH shall be funding. Further, LGU Hospitals need upgrading due to the pandemic.
1.	12	Infrastructure, medical equipment, and motor vehicle funding for DOH Hospitals and Other Health Facilities	x					HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not	EO no. 102 s. 1999 sec. 3 (d)	DOH shall maintain national health facilities and hospitals with modern and advanced capabilities to support local services.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]	
		NG	P	C	M	B				
							applicable as basis			
2023 Devolved										
1.	13	Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below: <ul style="list-style-type: none"> • Category 2 • Category 4 Assignment per level of Government <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal/City •District Health Centers – City •Polyclinic - City •BHS – Municipal 		x				HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 7160 sec. 17	Provinces belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.
1.	14	Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below: <ul style="list-style-type: none"> • Category 2 • Category 4 Assignment per level of Government <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal/City •District Health Centers – City 			x			HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 7160 sec. 17	Cities belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		•Polyclinic - City •BHS – Municipal							
1.	15	Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below: <ul style="list-style-type: none"> • Category 2 • Category 4 Assignment per level of Government <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal/City •District Health Centers – City •Polyclinic - City •BHS – Municipal 			x		HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 7160 sec. 17	Municipalities belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.
1.	16	Monitoring of Health Facilities –Local level		x			No amount in DOH GAA	RA no. 7160 sec. 17	Provinces belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.
1.	17	Monitoring of Health Facilities –Local level			x			RA no. 7160 sec. 17	Cities belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.
1.	18	Monitoring of Health Facilities –Local level				x		RA no. 7160 sec. 17	Municipalities belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
2024 Retained									
1.	19	Operations of Health Facilities Enhancement Program, including monitoring – National level	x				82	Function not devolved to LGU	Ongoing operations of HFEP in the Central Office
1.	20	Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below: <ul style="list-style-type: none"> • Category 3 • Category 1 	x				HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 11223 sec 7 – The population-based health services shall be financed by the NG through the DOH, and the NG shall support LGUs in the financing of capital investments and provision of population-based interventions.	Although LGUs shall provide health and social welfare services, UHC Act mandates the DOH to provide support in financing capital investments. RHU and BHS are heavily involved in the delivery of population based health services which DOH shall be funding. Further, LGU Hospitals need upgrading due to the pandemic.
1.	21	Infrastructure, medical equipment, and motor vehicle funding for DOH Hospitals and Other Health Facilities	x				HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	EO no. 102 s. 1999 sec. 3 (d)	DOH shall maintain national health facilities and hospitals with modern and advanced capabilities to support local services.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]	
		NG	P	C	M	B				
2024 Devolved										
1.	22	<p>Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below:</p> <ul style="list-style-type: none"> • Category 3 • Category 2 • Category 4 <p>Assignment per level of Government</p> <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal/City •District Health Centers – City •Polyclinic - City •BHS – Municipal 		x				HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 7160 sec. 17	Provinces belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.
1.	23	<p>Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below:</p> <ul style="list-style-type: none"> • Category 3 • Category 2 • Category 4 <p>Assignment per level of Government</p> <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal/City 			x			HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis	RA no. 7160 sec. 17	Cities belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]	
		NG	P	C	M	B				
		<ul style="list-style-type: none"> •District Health Centers – City •Polyclinic - City •BHS – Municipal 								
1.	24	<p>Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below:</p> <ul style="list-style-type: none"> • Category 3 • Category 2 • Category 4 <p>Assignment per level of Government</p> <ul style="list-style-type: none"> •LGU hospitals – Province/City/Municipality •RHU – Municipal/City •District Health Centers – City •Polyclinic - City •BHS – Municipal 				x		<p>HFEP Projects per LGU vary year-by-year, 2021 GAA levels are not applicable as basis</p>	RA no. 7160 sec. 17	Municipalities belonging to the affected LGU may have the capacity to provide health and social welfare services including the maintenance of barangay health center and day-care center; access to secondary and tertiary health services; purchase of medicines, medical supplies and equipment needed to carry out the health services.
1.	25	Monitoring of Health Facilities –Local level		x				No amount in DOH GAA	RA no. 7160 sec. 17	Provinces belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.
1.	26	Monitoring of Health Facilities –Local level			x			No amount in DOH GAA	RA no. 7160 sec. 17	Cities belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.
1.	27	Monitoring of Health Facilities –Local level				x		No amount in DOH GAA	RA no. 7160 sec. 17	Municipalities belonging to the affected LGU may have the capacity to provide project monitoring to carry out the health services.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
2.	0	Human Resources for Health Deployment							Gradually and Partially Devolved by 2023
2022 Retained									
2.	1	Hiring of Doctors under the Doctors to the Barrios (DTTB) Program, Medical Pool Placement and Utilization (MPPUP), Post Residency Deployment Program (PRDP)					16,582.92 (specific amount per program/project/activity were not specified in the GAA)	EO no. 102 s. 1999 sec. 3 (k) RA no. 11223 sec. 17 RA no. 11223 sec. 24 AO no. 2020-0038 RA no. 7160 sec. 3 AO no. 2020-0038 Guidelines on the Deployment of Human Resources for Health under the National Health Workforce Support System	The LGUs shall create plantilla positions for the Municipal Health Officer and additional Medical Officer positions in their respective jurisdiction as per physician-to-population ratio standards and in consideration of geographical and topographical considerations. The National Health Workforce Support System (NHWSS) shall providesupport to local public health systems in addressing their human resource needs for augmentation purposes. This will prioritize Geographically Isolated and Disadvantaged Areas (GIDAs), doctorless localities and high-burden disease communities prone to climate change events.
2.	2	Hiring of Nurses under the Nurse Deployment Project (NDP)							The LGUs shall create plantilla positions for the Public Health Nurse (PHN) and additional nurse positions in their respective jurisdiction as per nurse-to-population ratio standards and in consideration of geographical and topographical considerations.
2.	3	Hiring of Midwives under the Rural Health Midwives Placement Program (RHMPP)							The LGUs shall create plantilla positions for the Rural Health Midwives in their respective jurisdiction as per nurse-to-population ratio standards and in consideration of geographical and topographical considerations.
2.	4	Hiring of Dentist under the Dentist Deployment Project (DDP)							The LGUs shall create plantilla positions for the Dentist and Dental Technician in their respective jurisdiction as per dentist-to-population ratio standards and in consideration of geographical and

Function / Service / Facility / Program / Project / Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
								topographical considerations.	
2.	5	Hiring of Medical Technologist under the Medical Technologist Deployment Project (MTDP)	x					The LGUs shall create plantilla positions for the Medical Technologist and Laboratory Technician in their respective jurisdiction as per medical technologist-to-population ratio standards and in consideration of geographical and topographical considerations.	
2.	6	Hiring of Pharmacist under the Pharmacist Deployment Project (PDP)	x					The LGUs shall create plantilla positions for the Pharmacists in their respective jurisdiction as per pharmacist-to-population ratio standards and in consideration of geographical and topographical considerations.	
2.	7	Hiring of Nutritionist-Dietitian under the Nutritionist-Dietitian Deployment Project (NDDP)	x					The LGUs shall create plantilla positions for the Nutritionist Dietitian in their respective jurisdiction as per nutritionist dietitian-to-population ratio standards and in consideration of geographical and topographical considerations. This is in consideration with the proposed workforce requirements suggested by the NCC especially in PPAN areas.	
2.	8	Hiring of Physical Therapist under the Physical Therapist Deployment Program (PTDP)	x					The LGUs shall create plantilla positions for the Physical Therapist in their respective jurisdiction as per physical therapist-to-population ratio standards and in consideration of geographical and topographical considerations.	
2.	9	Scholarship for medical and midwifery students under the DOH Pre-Service Scholarship Program.	x				695.29 (specific amount per program/project/activity)	RA no. 11223 IRR sec. 25.5 CHED-TESDA-DOH-PRC-DOST JAO no. 2021-0001 Guidelines for Expanding	Increase production of identified cadre of health professionals and health managers as determined by the National Health Human Resource master Plan through the expansion and redirection of government-funded scholarship programs that would support the

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
							were not specified in the GAA)	Health Professional and Health Worker Scholarships and Return Service Agreements for UHC	production of needed cadre of health care professionals, health care workers, and health managers and improve local retention.
2.	10	In-Service Scholars (DTTB Post Graduate and Practice-Based Family and Community Medicine Residency Training Program)	x				114.96 (specific amount per program/project/activity were not specified in the GAA)	EO no. 102 s. 1999 sec. 3 (k) RA no. 11223 sec. 17	DOH shall ensure quality of training and health human resource development at all levels of the healthcare system The DOH shall provide support for human resources for health capacity building, to complement local government resources for health
2.	11	Other Operations Expenses (HRH Deployment and PPSP Monitoring, Enrollment of HRH to GSIS Group/Modified Personal Accident Insurance and conduct of HRH deployment consultative meetings)	x				31.41 (specific amount per program/project/activity were not specified in the GAA)	RA no. 11223 sec. 24 AO no. 2020-0038 Guidelines on the Deployment of Human Resources for Health under the National Health Workforce Support System CHED-TESDA-DOH-PRC-DOST JAO no. 2021-0001 Guidelines for Expanding Health Professional and Health Worker Scholarships and Return Service Agreements for UHC	A national health workforce support system (NHWSS) shall be created to support local public health systems in addressing their human resource needs.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
2023-2024 Gradually and Partially Devolved									
2.	12	Hiring of Nurses under the Nurse Deployment Project (NDP)		x			Cost % LGU	RA no. 7160 sec. 77	RA no. 7160 sec. 77 - Responsibility for Human Resources and Development. - The chief executive of every local government unit shall be responsible for human resources and development in his unit and shall take all personnel actions in accordance with the constitutional provisions on civil service, pertinent laws, and rules and regulations thereon, including such policies, guidelines and standards as the Civil Service Commission may establish.
		Hiring of Nurses under the Nurse Deployment Project (NDP)			x				
		Hiring of Nurses under the Nurse Deployment Project (NDP)				x			
2.	13	Hiring of Midwives under the Rural Health Midwives Placement Program (RHMPP)		x			Cost % LGU	RA no. 7160 sec. 77	<p>Notes:</p> <p>General Strategy: Gradual and partial devolution of the Human Resource for Health (HRH) Deployment line item</p> <p>Specific Strategies:</p> <p>1. Devolution of the hiring and recruitment of specific cadres (nurses and midwives) to LGUs on the basis of equity, availability, and accessibility, among other factors</p> <p>2. Phased implementation allowing for planning and preparatory activities</p> <p>3. Continuous supervision and monitoring of to-be devolved functions towards achievement of HRH standards and other HRH-related UHC commitments (e.g., incremental creation of positions at the local level)</p> <p>Beginning CY 2023, the hiring of nurses and midwives in 1st to 4th class municipalities will be devolved to LGUs except in GIDAs, target areas for peace-building efforts, priority areas for poverty reduction and those with critical health workers gap. These cadres will be</p>
		Hiring of Midwives under the Rural Health Midwives Placement Program (RHMPP)			x				
		Hiring of Midwives under the Rural Health Midwives Placement Program (RHMPP)				x			

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
									subject for devolution given the low possibility of market failure (disequilibrium in supply and demand)
3.	0	Epidemiology and Surveillance (Hiring of Disease Surveillance Officers)							Gradually and Partially Devolved by 2022
3.	1	Hiring of Disease Surveillance Officers (DSOs)	x				None was approved in GAA	RA no. 11332 RA no. 11223	<p>Hiring of DSOs to be gradually devolved and surveillance functions to be partially devolved to all LGUs by CY 2022; with DSOs retained at DOH central, regional and provincial offices.</p> <p>It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. It shall endeavor to protect the people from public health threats through the efficient and effective disease surveillance of notifiable diseases including emerging and reemerging infectious diseases, diseases for elimination and eradication, epidemics, and health events including chemical, biological, radioactive, nuclear and environmental agents of public health concern and provide an effective response system in compliance with the 2005 International Health Regulations (IHR) of the World Health Organization (WHO), and its amendments.</p> <p>The State recognizes epidemics and other public health emergencies as threats to public health and national security, which can undermine the social, economic, and political functions of the State.</p> <p>The State also recognizes disease surveillance and response systems of the DOH and its local counterparts as the first line of defense to epidemics and health events of public health concern that pose risk to public health and security.</p>

Function /Service/Facility/ Program/Project/Activity [1]	Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
	NG	P	C	M	B			
								<p>In view therefore, the RA no. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, was enacted to primarily protect the State from diseases and health events of public health concern through the implementation of epidemiology and surveillance PPAs at all levels.</p> <p>Moreover, RA no. 11223, or the Universal Health Care Act, stipulates the generation of population-based disease surveillance.</p> <p>Therefore, as surveillance information needs are heightened, additional human resource requirements shall also be complemented to establish and maintain disease surveillance systems. The Regional Epidemiology and Surveillance Units (RESUs) (i.e., Centers for Health Development and Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) shall link the local government unit's efforts with national health measures that shall be supported by a timely and reliable epidemiological and surveillance data.</p> <p>As per RA 11223 and its IRR, the DOH shall endeavor to contract province-wide and city-wide health systems for the delivery of population-based health services. The P/CWHS shall have an accurate, sensitive, and timely epidemiologic surveillance system as one of its minimum components (Section 17).</p> <p>As per RA 11332 and its IRR, The DOH - Central Office shall have the following roles and functions:</p> <ol style="list-style-type: none"> 1. Sets the overall strategic and operational direction for DSOs; 2. National technical oversight of DSOs; 3. Provision of technical supervision for DSOs at the national level; 4. Through the CHDs, provides technical capacity building to PHOs in conducting burden of disease (BOD) estimates at the provincial level;

Function /Service/Facility/ Program/Project/Activity [1]	Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
	NG	P	C	M	B			
								<p>5. Facilitates the preparation of national BOD estimates and facilitates its presentation to the Secretary of Health and to the DOH Executive Committee members;</p> <p>6. Maintains a national information system/database of various health indicators; and</p> <p>7. Analyzes regional and provincial key performance indicators of health programs implementation.</p> <p>Meanwhile, the DOH-CHDs shall have the following roles and functions:</p> <ol style="list-style-type: none"> 1. Regional technical oversight of DSOs; 2. Maintains a database of DSOs per LGU level; 3. Provides technical capacity building to PHOs in conducting BOD estimates in the respective governance level; 4. Monitors which LGUs are appropriating for and implementing the hiring of DSOs according to the standard criteria set by the DOH; 5. Provides LGUs the needed capacity development on epidemiology and surveillance; 6. Advices the Regional Development Councils (RDC) the gaps and strengths of LGUs under its jurisdiction; <p>Lastly, the PDOHOs shall have the following roles and functions:</p> <ol style="list-style-type: none"> 1. Support the PHO in the achieving its deliverables pertaining to epidemiology and surveillance; 2. Coordinate with the DOH Regional Office; and 3. Ensure that targets are met by the PHO pertaining to epidemiology and surveillance.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
	Hiring of Disease Surveillance Officers (DSOs)		x				None was approved in GAA	RA no. 11332, RA no. 11223	<p>The basis for re-devolution is Rule VII Section 2 of the 2020 IRR of RA no. 11332, which provides:</p> <ul style="list-style-type: none"> • As a minimum requirement, each Epidemiology and Surveillance Unit (ESU) shall have at least one (1) DSO duly trained on applied/field epidemiology, surveillance and response; and one (1) epidemiology assistant of an allied health profession; • Moreover, the human resource complement will support the implementation of the population-based health services under Section 17 of the UHC Act to ensure an accurate, sensitive and timely epidemiologic, surveillance systems; and, • The budget requirements for the operations of ESUs shall be drawn from the annual budget of their respective mother offices. <p>The Provincial Local Government Units (LGU), through the PHO, shall have the following roles and functions:</p> <ol style="list-style-type: none"> 1. Consolidates data submission of C/MHOs and validates the completeness and accuracy of data in its jurisdiction; 2. Analyzes and prepares data visualizations at the provincial level; 3. Facilitates the preparation of provincial burden of disease (BOD) estimates and prepares reports for submission to the DOH Regional Offices; 4. Recommends timely data analytical results to the Provincial Chief Executives and Provincial Health Board; 5. Maintains a provincial database of various health indicators; and 6. Coordinates with DOH Regional Offices (CHDs) for the timely, efficient, and effective implementation of epidemiology and surveillance under its jurisdiction.

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	NG	P	C	M	B			
Hiring of Disease Surveillance Officers (DSOs)			x			None was approved in GAA	RA 11332, RA 11223	The City LGUs, through the City Health Offices (CHO) , shall have the following roles and functions: 1. Prepares and consolidates submission of disease and health events surveillance reports by the barangays under its jurisdiction; 2. Coordinates with the PHO and PDOHO pertaining to epidemiology and surveillance; 3. Submits consolidated epidemiological and surveillance reports to PHO, copy furnished the PDOHO; 4. Provides technical support and capacity building to nearby municipalities requesting for technical support which the PHO/PDOHO may not provide; and 5. Recommends timely data analytical results to the City Health Executives and City Health Board.
Hiring of Disease Surveillance Officers (DSOs)				x		None was approved in GAA	RA 11332, RA 11223	The Municipal LGUs, through the Municipal Health Offices (MHO) , shall have the following roles and functions: 1. Prepares and consolidates submission of disease and health events surveillance reports by the barangays under its jurisdiction; 2. Coordinates with the PHO and PDOHO pertaining to epidemiology and surveillance; 3. Cleans data and submits consolidated epidemiological and surveillance reports to PHO, copy furnished the PDOHO; and 4. Recommends timely data analytical results to the Municipal Health Executives and Municipal Health Board.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
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4.	0	Public Health Commodities						<p>Executive: RA no. 11223 "UHC Act"</p> <p>Executive: RA no. 9502 "Universally Accessible Cheaper and Quality Medicines Act of 2008".</p> <p>Executive: RA no. 2382 "Philippine Medical Act"</p> <p>Executive: RA no. 5921 "Pharmacy Law"</p> <p>Internal: AO no. 2020-0040 : Guidelines on the Classification of Individual- based and Population- based Primary Care Service Packages</p> <p>Internal: AO no. 2020-0021 Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)</p>	<p>The procurement, storage, distribution, and monitoring of supplies of the re-devolved public health commodities shall include both regular and emergency supplies.</p> <p>This shall not affect the commodities procured by HEMB as augmentation during disasters and outbreaks.</p> <p>This plan shall serve as an interim guide to LGUs on the transitioning of financing of commodities per RA no. 11223 or the UHC Act Chapter II Section 7.b. Financing Coverage. "Individual-based health services shall be financed primarily through prepayment mechanisms such as social health insurance, private health insurance, and HMO plans to ensure predictability of health expenditures," and while capacity building of LGUs and other technical assistance for the phased transitioning are ongoing. LGUs are highly encouraged to utilize pooled procurement mechanisms at the province-level in accordance with the UHC law.</p> <p>Functions/ services to be retained with the DOH from 2022-2024 are the following:</p> <ol style="list-style-type: none"> 1. Services/commodities with economies of scale; 2. Services/commodities internationally procured (no local market); 3. Services without PHIC benefit package in the interim; and 4. Population-based services that must be consistently implemented. <p>Likewise, those that will be re-devolved to LGUs (financed either through IRA/NTA or PHIC) are those:</p> <ol style="list-style-type: none"> 1. Services/commodities that are readily available/with local market;

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								2. Services with existing PHIC benefit package, including those that are to be developed; and 3. Population-based services that the LGUs can implement.	
4.	0	PPA # 1 (Health Service Delivery) Procurement of Commodities (General) Note: Specific commodities are detailed below.						Executive: EO no. 102 s. 1999	DOH is mandated to provide assistance to LGUs to effectively implement PPAs that will promote the health and well-being of every Filipino, prevent and control diseases among populations at risks, protect individuals, families and communities exposed to hazards and risks that could affect their health, and treat, manage and rehabilitate individuals affected by disease and disability; DOH shall develop sub-national centers and facilities for health promotion, disease control and prevention, standards, regulations and technical assistance
								Executive: RA no. 7160 sec. 17	LGUs shall provide health services which include the implementation of programs and projects on primary health care, maternal and child care, and communicable and non-communicable disease control services
2022 -2024 Retained									
4.	1	Cancer Control Program							
		Procurement of Cancer Commodities 1. Trastuzumab 150 mg Lyophilized Powder 2. Trastuzumab 600 mg/ 5ml (120mg/ml), 5ml Vial 3. Bicalutamide 50 mg 4. Bleomycin (as Sulfate) 15 mg Vial	x					747 Executive: (Cancer) RA no. 11215 sec. 20	Cancer – Pursuant to Rule V Sec. 20 of the IRR of RA no. 11215 which states “...there is hereby established a Cancer Assistance Fund to support the cancer medicine and treatment assistance program. The DOH shall manage the Fund in accordance with existing budgeting, accounting and auditing rules and regulations...,” the management of the CAF shall remain with the DOH.

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5. Capecitabine 500 mg Tablet 6. Carboplatin 150 mg vial 7. Carboplatin 450 mg vial 8. Cisplatin 1 mg/mL, 10 mL vial 9. Cyclophosphamide 500 mg powder vial 10. Cytarabine 100 mg/mL 1 mL vial 11. Cytarabine 100 mg/mL 5 mL vial 12. Dacarbazine 200 mg vial 13. Dactinomycin (Actinomycin D) 500 mcg powder vial 14. Docetaxel 20 mg/mL, 1 mL vial 15. Docetaxel 40 mg/mL, 2 mL vial 16. Doxorubicin 10 mg vial 17. Doxorubicin 50 mg vial 18. Epirubicin 50 mg vial 19. Etoposide 20 mg/mL, 5 mL amp/vial 20. Fluorouracil 50 mg/mL, 10 mL vial 21. Gemcitabine 200 mg vial 22. Gemcitabine 1 g vial 23. Goserelin 3.6 mg depot solution Pre-filled syringe (PFS) 24. Hydroxyurea 500 mg capsule 25. Idarubicin 5 mg vial 26. Ifosfamide 1 g vial 27. Imatinib Mesilate 100 mg tablet 28. Irinotecan 40 mg/2 mL vial concentrate vial								Cancer medicines are costly and only several drugs are covered by the Z benefit package. In order to maintain economies of scale, the list of cancer medicines herein provided shall be retained with the DOH until such time that these are included in the expanded Philhealth benefit package.

Function /Service/Facility/ Program/Project/Activity [1]	Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
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29. Asparaginase 10,000 IU vial 30. Letrozole 2.5 mg Tablet 31. Leuproreline Acetate 3.75 mg vial (PFS) 32. Mercaptopurine 50 mg tablet 33. Methotrexate 2.5 mg tablet 34. Methotrexate 25 mg/mL, 2 mL vial 35. Oxaliplatin 5 mg/mL concentration solution, 10 mL Vial 36. Paclitaxel 6 mg/mL, 16.7 mL Vial 37. Paclitaxel 6 mg/mL, 25 mL Vial 38. Rituximab 10 mg/mL, 10 mL Vial 39. Rituximab 10 mg/mL, 50 mL Vial 40. Tamoxifen 20 mg tablet 41. Vinblastine Sulfate 1 mg/mL, 10 mL Vial 42. Vincristine (as Sulfate) 1 mg/mL, 1 mL Vial 43. Vincristine (as sulfate) 1 mg/mL, 2 mL Vial 44. Diphenhydramine (as Hydrochloride) 50 mg/mL, 1 mL Amp 45. Filgrastim (G-CSF) 300 mcg/0.5 mL Pre-filled syringe (PFS) 46. Calcium Folate (Leucovorin Calcium) 50 mg vial 47. Mesna 100 mg/mL, 4 mL Amp								

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	NG	P	C	M	B			
48. Metoclopramide 5 mg/mL, 2 mL Ampule 49. Ondansetron (as Hydrochloride) 2 mg/mL, 2 mL ampule 50. Ondansetron (as Hydrochloride) 2 mg/mL, 4 mL ampule 51. Ranitidine (as Hydrochloride) 25 mg/mL, 2 mL ampule/vial 52. Diazepam 5mg/mL, 2 mL amp 53. Fentanyl Citrate 50 mcg/mL, 2 mL amp 54. Haloperidol 5 mg/mL, 1 mL amp 55. Hyoscine (as N-butyl bromide) 20 mg/mL. 1 mL amp 56. Morphine (as Sulfate) 10 mg tablet 57. Morphine (as Sulfate) 30 mg tablet 58. Morphine (as Sulfate) 10 mg/mL, 1 mL Ampule 59. Omeprazole 40 mg powder vial + 10 mL solvent Ampule 60. Imatinib 400 mg tablet 61. Cisplatin 1 mg/mL, 50 mL vial								

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4.	2	Mental Health Program (until such time these have been included in the Philhealth package)							
		Procurement of Mental Health Commodities	x				165	Executive: Mental Health: RA no. 11036 Internal: AO no. 2021-0012	Mental Health - RA 11036 or "Mental Health Act" states that DOH shall fund the establishment and assist in the operation of community-based mental health care facilities in the provinces, cities and municipalities wherein mental health services encompasses wellness promotion, prevention, treatment and rehabilitation. Also, DOH in coordination with Philhealth has to ensure the inclusion of outpatient and inpatient benefit packages for priority mental health conditions. <i>AO 2021-0012 "Implementing Guidelines on the Medicine Access Program for Mental Health (MAP-MH)" states that DOH shall finance the procurement of essential medicines for MNS disorders until such time that it will be included in Philhealth's primary care service package.</i>

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		18. Escitalopram 10 mg Tablet 19. Fluoxetine 20 mg Capsule 20. Sertraline 50 mg Tablet 21. Lamotrigine 100 mg Tablet 22. Donepezil 10 mg Tablet 23. Flupenthixol 20 mg/ml 24. Paliperidone Palmitate 150 mg/1.5ml, ampule 25. Diphenhydramine Hydrochloride 50 mg capsule							
4.	3	National Tuberculosis Control Program							
		<p>Procurement of TB Drugs & supplies (First line anti TB Drugs for adults & Children, Second Line anti-TB Drugs, TB Preventive Therapy, PPD Reagents and Genexpert cartridges for the detection of TB cases)</p> <ol style="list-style-type: none"> 1. Rifampicin + Isoniazid 150/75mg 2. Rifampicin + Isoniazid + Pyrazinamide + Ethambutol 3. Rifampicin suspension 200mg/5mL 4. Isoniazid syrup 200mg/5mL, and Isoniazid 300mg tablet 5. Pyrazinamide suspension 250mg/5mL 6. Ethambutol 400mg 7. Rifampicin + Isoniazid 150/75mg 	x				737	<p>Executive: RA no. 10767 sec. 7. (b) Provide reliable supply of drugs to patients for free by ensuring that local health centers, through coordination with LGUs concerned, have sufficient supply of medicines for the communities they serve;</p> <p>Executive: RA. no. 10767 sec. 7. (a) Provide free laboratory services through the DOH retained hospitals</p>	<p>Bedaquiline (PhP 24,720.00), Delamanid (PhP 100,693.03), and Cartridge - Based Nucleic Acid Amplification test (PhP 50,500.00) are expensive medicines and devices with limited local supplier(s) in the country, making it difficult for LGUs to procure them. Additionally, per RA no. 10767 sec. 7.(a), DOH shall provide free laboratory services through the DOH-retained hospitals. These commodities shall be retained with the DOH until such time they are made locally available and included in the PHIC benefit package.</p> <p>Rifampicin + Isoniazid preventive treatment for adults and the pediatric population shall likewise be continuously provided by the DOH until such time these are included in the PHIC benefit package.</p> <p>Lastly, according to the PHIC website (as of 31 July 2021), there are only 1,493 accredited facilities as TB-DOTS providers nationwide. As TB is a highly contagious disease, ensuring continuous treatment of those with TB and preventing multidrug resistant TB benefits the entire population.</p>

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		NG	P	C	M	B			
		for TB Preventive Treatment for Adult 8. Rifampicin suspension 200mg/5mL - TB Preventive Treatment for pedia 9. Bedaquiline 100mg 10. Delamanid 50mg 11. Cartridge - Based Nucleic Acid Amplification test							For these reasons, TB commodities shall be retained with the DOH until such time the number of accredited facilities are sufficient to provide these services at every LGU.
4.	4	Emerging and Re-emerging Infectious Disease Program							
		Procurement and distribution of Oseltamivir(as phosphate) 75 mg/capsule, Propan-2-ol, Propan-1ol, Mecetronium Ethylsulfate	x				10	Internal: AO no. 2017-0007	The following commodities are not included in any PHIC benefit packages, hence these shall be retained until such time these are included in future benefit packages. Note: Oseltamivir - PhP 24.00 per capsule; Propan-2-ol, propan-1-ol, mecetronium ethylsulfate - PhP 1,750.00 per bottle
4.	5	National Aedes-borne Viral Diseases Prevention and Control Program							
		Procurement of Pyriproxifen 5gm/sachet; Deltamethrin 2% EW; emulsion oil in H2O 1L/bottle; Insecticide Treated Screen (ITS); Bifenthrin; IRS spray cans and Repair Kits; Novaluron 10%; Metofluthrin 0.1% 1L/bottle; IgM/IgG Dengue Test	x				100	Internal: AO no.2013-0028 Internal: AO no. 2016-0043	Vector control (population-based services) for aedes-borne viral diseases need to be consistently implemented to prevent outbreaks. Additionally, pyriproxifen, insecticide treated screen, bifenthrin and IgM/IgG dengue rapid test kits are expensive commodities (>PhP 100.00 per unit) and have no local suppliers, which would make it difficult for LGUs to procure them. Deltamethrin, novaluron and metofluthrin are also expensive commodities costing around PhP

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		NG	P	C	M	B			
								5,500.00/bottle, PhP 8,925.00, and PhP 10,500.00/bottle, respectively, with limited local suppliers. For these reasons, these commodities shall be retained with the DOH until such time they are readily available locally and the LGUs have enough capacity to implement them consistently.	
4.	6	National Malaria Control and Elimination Program							
		Procurement and distribution of Long-Lasting Insecticide Treated Nets (LLIN), Rapid Diagnostic Test (RDT) kits, Indoor Residual Spraying (IRS), retreatment insecticide; Etofenprox 10% EW, Anti-malarial drugs	x				294	Executive: RA no. 4812	Malaria is a disease for elimination. In order to eliminate this disease, all population-based services such as vector control must be consistently implemented. Likewise, the DOH and the Global Fund are cost-sharing commodities such as malaria RDT, Long Lasting Insecticide treated Nets, Insecticides (IRS), and Retreatment insecticides. Hence, these population-based services shall remain with the DOH until such time that Malaria is eliminated. Anti-malarial drugs also have limited local suppliers, which limits the capacity of the LGUs in procuring these. For this reason, these shall also remain with DOH until such time the local market has expanded.
4.	7	Oral Health Program							
		Procurement and distribution of: 1. High speed handpiece bundled with burs, 2 holes type, LED, multi-port water spray 2. Light cure unit, wired & wireless with light intensity indicator	x				50	Executive: Oral Health: RA no. 11223; RA no. 1148; RA no. 3814 as amended by RA no. 5211, RA no. 9484	These commodities are currently not included in the Philhealth outpatient benefit package, and will be retained with the DOH until such time they are included in the package.

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			NG	P	C	M	B			
		3. Portable Ultrasonic Scaler with Mini Water Tank, portable with different scaler tips and water tank								
4.	8	Management of Acute Malnutrition								
		Procurement and distribution of Therapeutic and Supplementary foods: Ready to Use Supplementary Food (RUSF), Ready to Use Therapeutic Food (RUTF), F-75 Therapeutic Milk, F-100 Therapeutic Milk, Lipid Based Nutrient Supplement Small Quantity (LNS SQ)	x				192	Executive: Nutrition: RA nos. 10354, 11148, 11023, 11223, 8976	Commodities for the management of acute malnutrition are currently not included in the Philhealth outpatient benefit package, and are all only internationally procured, hence these shall be retained with the DOH until such time these are included in the expanded PHIC benefit package and are locally available.	
4.	9	Micronutrient Supplementation								
4.	9.a	Procurement and distribution of Vitamin A 100,000 IU (6-11 mos)	x				1.77	Executive: RA no. 11148 EO no. 102	Vitamin A high dose supplements are not included in the PHIC outpatient benefit package and have limited local market. These will be retained with the DOH until such time these are included in the expanded PHIC benefit package and are locally available.	
4.	9.b	Procurement and distribution of Vitamin A 200,000 IU (12-59 mos)	x				46.29			

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
4.	10	National Immunization Program							
4.	10.a	Procurement of Vaccines for Children (BCG, Pentavalent, Hepa, Measles, MMR, Pneumonia, etc.) and ancillaries	x				4,345	Executive: RA no. 10152 sec. 7	Continuous provision of routine vaccines are important to maintain herd immunity from infectious diseases that are highly contagious and have been either eliminated or eradicated (e.g. polio). Most vaccines are internationally procured because of the limited supply of vaccines globally. This also restricts the capacity of the LGUs in procuring these essential commodities. Furthermore, not all of these vaccines are included in the Philhealth outpatient benefit package. Hence, routine vaccines shall be retained with the DOH.
4	10.b	Procurement of Vaccines for Senior Citizens (Influenza & Pneumococcal) and ancillaries	x				1,138	Executive: Healthy and Productive Aging (Senior Citizens): RA no. 9994	Healthy and Productive Aging (Senior Citizens): RA no. 9994 sec. 4 (f) states that "the DOH shall administer free vaccination against the influenza virus and pneumococcal disease for indigent senior citizen patients," hence this function will be retained with DOH.
4	10.c	Procurement of ancillary Commodities (Syringes, safety collector boxes)	x				250		Vaccine paraphernalia and the vaccines are bundled commodities to be procured at the Central Office.
4.	11	National HIV/ AIDS & STI Prevention and Control Program							
		Drugs for HIV (antiretroviral therapy), opportunistic infections, and Hepatitis and laboratory supplies <i>Procurement and distribution of:</i> 1. Abacavir 300mg tablet 2. Efavirenz 200mg tablet and 600mg tablet 3. Dolutegravir 50mg tablet 4. Nevirapine 10mg/mL oral	x				743	Executive: RA no. 11166, Rule 7, sec. 33 and 34	Under RA no. 11166 - Philippine HIV and AIDS Policy Act, the DOH shall establish a program to provide free and accessible antiretroviral therapy (ART) and medication for opportunistic infections to all PLHIV including necessary health and nutrition services related to the person's HIV condition. Further, not all antiretroviral drugs are available locally and require facilitation of international procurement and application of accelerated Certificate of Product Registration (CPR).

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	NG	P	C	M	B			
suspension 5. Lamivudine 10mg/mL oral solution; and 150mg tablet 6. Tenofovir 300mg tablet 7. Zidovudine 10mg/mL oral suspension 8. Lamivudine 150mg + Zidovudine 300mg tablet 9. Lamivudine 300mg + Tenofovir 300mg tablet 10. Lamivudine 300mg + Tenofovir 300mg + Efavirenz 600mg tablet 11. Lamivudine 300mg + Tenofovir 300mg + Dolutegravir 50mg tablet 12. Lopinavir 200mg + ritonavir 50mg tablet 13. Lopinavir 40mg + ritonavir 10mg oral pellets contained in capsule 14. Fluconazole 200mg capsule 15. Sofosbuvir 400mg tablet 16. Daclatasvir 60mg tablet 17. Syphilis rapid test kit 18. Hepatitis B viral load reagents 19. HIV viral load point of care test (POC) 20. HIV RDT-1 (for screening) 21. HIV RDT-2 (For rHIVda confirmation) 22. HIV RDT-3 (For rHIVda re- confirmation)							These commodities shall be retained with the DOH until all medicines are included in the PHIC outpatient benefit package and the local market has expanded.	

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4.	12	COVID-19							
		PPEs (set of 6), Laboratory Network Commodities for Testing, COVID-19 Vaccines, Ancillaries, and Logistics	x				4,939	Executive: RA no. 11525 otherwise known as the "COVID-19 Vaccination Program Act of 2021" Internal: DC no. 2021-0009: Department of Health's Strategic Plan for COVID-19 Vaccination (2021-2023) and National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization	Still to be retained at DOH Central Office due to scarcity of supplies, but initiatives in procuring at the local level are encouraged if commodities are available. DOH will only provide augmentation.
4.	13	National Filariasis Elimination Program							
		Procurement and distribution of Diethylcarbamazine Citrate, Filariasis Test Strips, Disease-free Markers	x				30	Internal: AO no. 24s 1998: The National Filariasis Control Program: Strategy Shift from Filariasis Control to the Elimination of Filariasis Internal: AO no. 2013-0030: Revised Guidelines in the Monitoring and Epidemiological Assessment of Mass Drug	Filariasis is a disease for elimination. In order to eliminate this disease, all population-based services such as vector control and mass drug administration of populations in endemic areas must be consistently implemented. Hence, these population-based services shall remain with the DOH until such time that Filariasis is eliminated. Filariasis test strips also have limited local suppliers, which limits the capacity of the LGUs in procuring these. For this reason, these shall also remain with DOH until such time the local market has expanded and included in the PHIC outpatient benefit package.

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
								Administration on Lymphatic Filariasis	Lastly, disease-free markers are only used by the DOH in determining disease-free provinces and areas, and shall likewise remain with the DOH. Note: For 2021 Budget Allocation: Diethylcarbamazine Citrate (PhP 5,357,295), Filariasis Test Strips (PhP 26,568,000) No Budget allocation for Disease-free Markers in the 2021 GAA.	
4.	14	National Leprosy Control Program								
		Distribution of Multi-Drug Therapy (MDT) Drugs and clofazimine	x				0.00	Executive: RA no. 4073 Internal: AO no. 6-A s. 1999	These commodities are not available locally, and are only donated by WHO. These shall remain with the DOH until such time the local market has expanded and included in the PHIC benefit package.	
4.	15	Food and Waterborne Diseases Prevention and Control Program								
		Procurement and distribution of Diloxanide and Cholera RDT	x				0.00 (See Note in Column 5)	Executive: PD no. 856: Sanitation Code Executive: RA no. 10611: Food Safety Act Internal: AO no. 2020- 0027: FWBD Program Implementation Guidelines	Both commodities are not locally available, and shall remain with the DOH until such time the local market has expanded and included in the PHIC outpatient benefit package. Note: Under 2021 GAA, DPCB did not procure this commodity, hence no allocation in budget.	

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PHP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
								<p>Internal: DM no. 2020-0391: Implementation Guidelines for Cholera Rapid Diagnostic Test (RDT) to Support Early Case Detection, Surveillance and Outbreak Response</p> <p>Internal: DC no. 2019-0233: Adoption of the National Food and Waterborne Disease Prevention and Control Program Clinical Practice Guidelines on Acute Infectious Diarrhea Reference Manual</p>		
4.	16	Schistosomiasis Control and Elimination Program								
		Procurement of Praziquantel 600mg tablets, Kato Katz kits	x				26	<p>Internal: AO no. 2007-0015 AO no. 2009-0013 DM no. 2016-0212 DC no. 2013-0436</p>	<p>Schistosomiasis is a disease for elimination. In order to eliminate this disease, all population-based services such as vector control and mass drug administration of populations in endemic areas must be consistently implemented. Hence, these population-based services shall remain with the DOH until such time that Schistosomiasis is eliminated.</p> <p>Kato-Katz kits, the gold standard in diagnosis of schistosomiasis, also do not have local suppliers, which limits the capacity of the</p>	

Function / Service / Facility / Program / Project / Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
								LGUs in procuring these. For this reason, this shall also remain with DOH until such time the local market has expanded and included in the PHIC benefit package.	
4.	17	National Family Planning Program							
4.	17.a	Procurement and distribution of IntraUterine Device (IUD)	x				1.46	Executive: EO no. 102 s. 1999 sec. 2 (b)	<p>RPRH/Adolescent Health: RA no. 10354 Section 10 states DOH shall procure, distribute to LGUs and monitor the usage of family planning supplies for the whole country. The DOH shall coordinate with all appropriate local government bodies to plan and implement this procurement and distribution program...Provided, That LGUs may implement its own procurement, distribution and monitoring program consistent with the overall provisions of this Act and the guidelines of the DOH.</p> <p>Currently, only procedures for IUD insertion and PSI are included in the PHIC outpatient benefit and does not include provision of the commodities. POP and DMPA are also not included in the package. Hence, these commodities shall be retained with the DOH until they are included in the primary care package.</p> <p>Note: <u>Procurement of Combined Oral Contraceptives and Male Condoms (Only until 2023 as buffer. For devolution beginning CY 2024)</u></p>
4.	17.b	Procurement and distribution of Progestin Subdermal implant (PSI)	x				325	Executive: RPRH/Family Planning/Safe Motherhood/Adolescent Health: RA no. 10354, EO no. 12 s. 2017	
4	17.c	Procurement and distribution of Progestin Only Pill (POP)	x				200		
4.	17.d	Procurement and distribution of Depot-Medroxyprogesterone acetate (DMPA)	x				57.83		
4.	18	Environmental Health							
4.	18.a	Procurement of Drinking Water Disinfectant (Water Purification Tablets)	x				1		These commodities are population-based services that need to be consistently implemented to ensure water safety and prevent

Function / Service / Facility / Program / Project / Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]	
		NG	P	C	M	B				
4.	18.b	Procurement of Water Sampling Bottles	x					0.178	<p>Executive: PD no. 856 - Code on Sanitation of the Philippines (Safe Drinking Water Supply)</p> <p>Internal: AO no. 2017-0010 – Philippine National Standards for Drinking Water (PNSDW)</p> <p>Internal: RA no. 11223 - Universal Health Care Act (Population based services)</p>	<p>outbreaks. These are procured as a set which costs around PhP 600.00 for every water troclosene sodium tablet, PhP 140.00 for each sampling bottle, and PhP 349.00 for each enzyme substrate test reagent.</p> <p>To ensure equity, augmentation for these services in 5th and 6th class municipalities shall remain with the DOH.</p>
4.	18.c	Procurement of Chemical Reagents	x					0.702		
2022 Devolved										
4.	19	Lifestyle Related Disease Prevention and Control Program								
4.	19.a	Procurement, storage, distribution, and monitoring of Losartan as augmentation to component LGUs		x				91	<p>Executive: (CVD) RA nos. 9211; 10351; 10643</p> <p>Internal: AO no. 2016-0014 Implementing Guidelines on the Organization of Health Clubs for Patients with Hypertension and</p>	<p>CVD and DM: DOH through the NCD, Maintenance Medicine Access Program shall provide free maintenance medicines for patients diagnosed with hypertension, diabetes and hypercholesterolemia. These medicines shall be distributed to access sites (CHOs, RHUs) nationwide (as per DOH AO nos: 2011-0013; 2012-0029; 2016-0014</p> <p>The transfer of responsibility and accountability to the LGUs in the procurement of non-communicable maintenance medicine in 2022</p>
		Procurement, storage, distribution, and monitoring of Losartan			x					
		Procurement, storage, distribution, and monitoring of Losartan				x				

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
4	19.b	Procurement, storage, distribution, and monitoring of Amlodipine as augmentation to component LGUs		x			26	Diabetes in the Facilities; Internal: AO 2012-0029 Implementing Guidelines on the Institutionalization of Philippine Package of Essential NCD Interventions (PhilPEN) on the Integrated Management of Hypertension and Diabetes for Primary Health Care Facilities; Internal: AO no. 2011-0003 National Policy on Strengthening the Prevention and Control of Chronic Lifestyle Related Non Communicable Diseases	shall align with the implementation of UHC wherein the focus would be primary care hence availability and accessibility is important for chronic diseases that require maintenance or lifetime medications. These commodities are locally available and LGUs have the capacity to procure on their own, no externalities. Note: Beginning CY 2022, these commodities will be devolved to LGUs Provincial Governments may provide augmentation to component cities/ municipalities when there are gaps identified. CHO/MHO/RHU to ensure that there is an available registry/ list of patients with hypertension, diabetes and hypercholesterolemia. Coordinate with their LGUs for funding support and processing of procurement.	
		Procurement, storage, distribution, and monitoring of Amlodipine			x					
		Procurement, storage, distribution, and monitoring of Amlodipine				x				
4	19.c	Procurement, storage, distribution, and monitoring of Simvastatin as augmentation to component LGUs		x		13	Internal: AO no. 2011-0003 National Policy on Strengthening the Prevention and Control of Chronic Lifestyle Related Non Communicable Diseases	RA no. 8191, Sec. VII. The National Diabetes Prevention and Control Plan shall provide for the evaluation of measures employed, including drug and diet therapies, in the control of diabetes mellitus Note: Beginning CY 2022, Metformin and Gliclazide will be devolved to LGUs, and in 2023 all Diabetic commodities (including insulin) will be devolved to LGUs Provincial Governments may provide augmentation to component		
		Procurement, storage, distribution, and monitoring of Simvastatin			x					
		Procurement, storage, distribution, and monitoring of Simvastatin							x	
4	19.d	Procurement, storage, distribution, and monitoring of Gliclazide as augmentation to component LGUs		x		8	Diabetes Mellitus (DM): Executive: RA no. 8191 "National Diabetic Act of 1996" Internal: AO nos. 2016-0014;2012-0029; 2011-0003;			
		Procurement, storage, distribution, and monitoring of Gliclazide			x					

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		Procurement, storage, distribution, and monitoring of Glizlazide				x			cities/ municipalities when there are gaps identified.
4	19.e	Procurement, storage, distribution, and monitoring of Metformin as augmentation to component LGUs		x			34		CHO/MHO/RHU to ensure that there is an available registry/ list of patients with hypertension, diabetes and hypercholesterolemia. Coordinate with their LGUs for funding support and processing of procurement Starting 2023 – all Diabetic Drugs including Insulin and insulin syringes will be devolved to LGUs in alignment with the implementation of UHC wherein the focus would be primary care hence availability and accessibility is important for chronic diseases that require maintenance or lifetime medications.
		Procurement, storage, distribution, and monitoring of Metformin			x				
		Procurement, storage, distribution, and monitoring of Metformin				x			
4.	20	Food and Waterborne Diseases Prevention and Control Program							
4.	20.a	Procurement, storage, distribution, and monitoring of Oral Rehydration Salts (ORS) as augmentation to component LGUs		x			3	Executive: PD no. 856: Sanitation Code Executive: RA no. 10611: Food Safety Act Internal: AO no. 2020-0027: FWBD Program Implementation Guidelines	To empower LGUs in procuring health commodities as priorities especially in the implementation of the UHC and to encourage LGUs in practicing prevention and control health practice for FWBD. Available in the local market.
		Procurement, storage, distribution, and monitoring of Oral Rehydration Salts (ORS)			x				
		Procurement, storage, distribution, and monitoring of Oral Rehydration Salts (ORS)				x			
4.	20.b	Procurement, storage, distribution, and monitoring of Zinc Syrup and Drops as augmentation to component LGUs		x			Zinc Drops: 0.500		

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
							Zinc Syrup: 0.499			
		Procurement, storage, distribution, and monitoring of Zinc Syrup and Drops			x					
		Procurement, storage, distribution, and monitoring of Zinc Syrup and Drops				x				
4.	21	Integrated Management of Childhood Illness								
		Procurement, storage, distribution, and monitoring of Amoxicillin Drops and Suspension as augmentation to component LGUs		x			0.00 (See Note in Column 5)	Executive: RA no. 11123 RA no. 11148	<p>Universal Health Care Act Sec. 6 Service Coverage Immediate Eligibility to Services - Every Filipino is granted immediate eligibility and access to preventive, promotive, curative, rehabilitative and palliative care for medical, dental, mental and emergency health services.</p> <p>RA no. 11148 Kalusugan at Nutrisyon ng Mag-Nanay Act Rule 8 Program Components sec. 1 The program shall include services and interventions provided at the different life stages based on the Nurturing Care Framework. LGUs, NGAs, CSOs concerned, and other stakeholders shall work together to ensure the delivery of these services and interventions.</p> <p>Starting 2022, the procurement of such commodities will be devolved to the LGUs. The cost of devolved services (based on procured prices at the central office) are as follows (Note: amount may vary at the LGU level): 2022 - PhP 655,587.00 for UHC-Integration Sites 2023 – PhP 1,764,255.60 for all LGUs 2024 – PhP 1,998,501.59 for all LGUs</p>	
		Procurement, storage, distribution, and monitoring of Amoxicillin Drops and Suspension			x					
		Procurement, storage, distribution, and monitoring of Amoxicillin Drops and Suspension				x				

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
									Note: Under 2021 GAA, DPCB did not procure this, hence no allocation in budget.	
4.	22	Micronutrient Supplementation								
		Procurement, storage, distribution, and monitoring of Ferrous Sulfate + Folic Tablets (for Pregnant Women and children under 5 years old) as augmentation to component LGUs		x				120	Executive: RA no. 11148 EO no. 102	Nutrition: EO no. 102 states that DOH shall be the direct service provider for specific programs that affect large segments of the population, such as tuberculosis, malaria, schistosomiasis, HIV-AIDS and other emerging infections, and micronutrient deficiencies . The RA no. 11148 specifies that nutrition interventions including micronutrient supplementation will be provided for adolescents, pregnant and lactating and children. Furthermore, this commodity is included in the Philhealth benefit package for ANC, and is readily available in the local market.
		Procurement, storage, distribution, and monitoring of Ferrous Sulfate + Folic Tablets (for Pregnant Women and children under 5 years old)			x					
		Procurement, storage, distribution, and monitoring of Ferrous Sulfate + Folic Tablets (for Pregnant Women and children under 5 years old)				x				
2023 Devolved										
4.	23	Lifestyle Related Disease Prevention and Control Program								
		Procurement, storage, distribution, and monitoring of Diabetic Drugs (Insulin, Insulin Syringes) as augmentation to component LGUs		x				Biphasic Isophane Human Insulin 100	Executive: Diabetes Mellitus (DM): RA no. 8191 "National Diabetic Act of 1996"	In 2022 , NG to procure insulin vials and syringes. To ensure that LGUs will be ready for its procurement by 2023 since this will entail logistic concerns like cold storage and proper waste disposal.

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		Procurement, storage, distribution, and monitoring of Diabetic Drugs (Insulin, Insulin Syringes)			x		IU/ml, 70/30 (SC): 14	Internal: AO nos. 2016-0014; 2012-0029; 2011-0003	<p>Provincial Governments may provide augmentation to component cities/ municipalities when there are gaps identified.</p> <p>CHO/MHO/RHU to ensure that there is an available registry/ list of patients with hypertension, diabetes and hypercholesterolemia. Coordinate with their LGUs for funding support and processing of procurement.</p> <p>Provincial Hospitals may procure insulin vials and syringes as well.</p> <p>Devolution starting CY 2023 of Metformin 500mg, Glucophage 30mg, Regular insulin vials, NPH/ Isophane vials, Biphasic/ 70/30 insulin vials, insulin syringes .</p>
		Procurement, storage, distribution, and monitoring of Diabetic Drugs (Insulin, Insulin Syringes)				x	<p>Isophane Human Insulin 100 IU/ml: 2</p> <p>Regular Insulin 100 IU/ml, (SC, IV/IM): 2</p> <p>Insulin Syringes: 4</p>		
4.	24	Integrated Helminth Control Program/ Soil-Transmitted Helminthiasis							
		Procurement, storage, distribution, and monitoring of Albendazole 400mg tablets as augmentation to component LGUs		x			0.00	Internal: AO no. 2010-0023	<p>Vital part of the Program's current strategy for Deworming Mass Drug Administration being the recommended drug for Soil-Transmitted Helminthiasis per AO no. 2010-0023 Re: Guidelines on Deworming Drug Administration and the Management of Adverse Events Following Deworming (AEFD). There should be readily available stocks at the primary level prior to the conduct of the deworming activities to address current challenges in the logistics.</p> <p><i>No Budget allocation for 2021, we also get donation from WHO</i></p>

Function / Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		Procurement, storage, distribution, and monitoring of Albendazole 400mg tablets			x				Available in the local market 2022- PhP 18,997,000.00 2023- PhP 19,947,000.00
		Procurement, storage, distribution, and monitoring of Albendazole 400mg tablets				x			
4.	25	National Filariasis Elimination Program							
4.	25.a	Procurement, storage, distribution, and monitoring of Mupirocin Ointment as augmentation to component LGUs		x			0.00 (See Note in Column 5)	Internal: AO no. 2010-0009	Readily available in the local market, hence, the cost of devolved function to procure these commodities at the LGU level are reflected based on centrally procured prices but amount may vary at LGU level 2022: Mupirocin Ointment and Ketoconazole Cream (PhP 2,810,575.90) 2023: Mupirocin Ointment and Ketoconazole Cream (PhP 2,950,739.30) 2024: Mupirocin Ointment and Ketoconazole Cream (PhP 3,097,856.30) Note: Under 2021 GAA, DPCB did not procure this, hence no allocation in budget.
		Procurement, storage, distribution, and monitoring of Mupirocin Ointment			x				
		Procurement, storage, distribution, and monitoring of Mupirocin Ointment				x			
4.	25.b	Procurement, storage, distribution, and monitoring of Ketoconazole Creams augmentation to component LGUs		x					
		Procurement, storage, distribution, and monitoring of Ketoconazole Cream			x				
		Procurement, storage, distribution, and monitoring of Ketoconazole Cream				x			

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
4.	26	National Leprosy Control Program							
4.	26.a	Procurement, storage, distribution, and monitoring of Itraconazole Capsule 100mg as augmentation to component LGUs		x			1.39	Executive: RA no. 4073	To empower LGUs in procuring health commodities as priorities especially in the implementation of the UHC and to encourage LGUs in practicing prevention and control health practice for Leprosy Readily available in the local market, hence the leprosy commodities will be fully devolved to the LGUs. Available in the local market *Note: Under 2021 GAA, DPCB did not procure this commodity, hence no allocation in budget.
		Procurement, storage, distribution, and monitoring of Itraconazole Capsule 100mg			x				
		Procurement, storage, distribution, and monitoring of Itraconazole Capsule 100mg				x			
4.	26.b	Procurement, storage, distribution, and monitoring of Vitamin B Complex Tablet as augmentation to component LGUs		x			2.9		
		Procurement, storage, distribution, and monitoring of Vitamin B Complex Tablet			x				
		Procurement, storage, distribution, and monitoring of Vitamin B Complex Tablet				x			
4,	26.c	Procurement, storage, distribution, and monitoring of Prednisone Tablet 10mg as augmentation to component LGUs		x			0.043		
		Procurement, storage, distribution, and monitoring of Prednisone Tablet 10mg			x				

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		Procurement, storage, distribution, and monitoring of Prednisone Tablet 10mg				x			
4.	26.d	Procurement, storage, distribution, and monitoring of Ascorbic Acid 500mg tab as augmentation to component LGUs		x			2.93		
		Procurement, storage, distribution, and monitoring of Ascorbic Acid 500mg tab			x				
		Procurement, storage, distribution, and monitoring of Ascorbic Acid 500mg tab				x			
4.	26.e	Procurement, storage, distribution, and monitoring of Betamethasone (as valerate) as augmentation to component LGUs		x			1.82		
		Procurement, storage, distribution, and monitoring of Betamethasone (as valerate)			x				
		Procurement, storage, distribution, and monitoring of Betamethasone (as valerate)				x			
4.	26.f	Procurement, storage, distribution, and monitoring of Ferrous Salt+ Folic Acid Tablet as augmentation to component LGUs		x			0.00 (See Note in Column 5)		

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		Procurement, storage, distribution, and monitoring of Ferrous Salt+ Folic Acid Tablet			x				
		Procurement, storage, distribution, and monitoring of Ferrous Salt+ Folic Acid Tablet				x			
4.	26.g	Procurement, storage, distribution, and monitoring of Fusidate sodium/Fusidic Acid Cream 15g as augmentation to component LGUs		x			1.50		
		Procurement, storage, distribution, and monitoring of Fusidate sodium/Fusidic Acid Cream 15g			x				
		Procurement, storage, distribution, and monitoring of Fusidate sodium/Fusidic Acid Cream 15g				x			
4.	27	Sexually Transmitted Infections							
4.	27.a	Procurement, storage, distribution, and monitoring of Penicillin G. 1.2M units as augmentation to component LGUs		x			1.03	Executive: RA no. 11223, Rule 5, sec. 19 (19.13-19.15)	Services for sexually transmitted infections, tuberculosis, and other infectious diseases have long been integrated in the city/ municipality health care system . This is promulgated in the Local Government Code and further reinforced in RA 11223 - Universal Health Care Act. In that, health services which include the implementation of programs and projects on primary health care inclusive of communicable and non-communicable disease control services as well as purchase of medicines, medical supplies, and
		Procurement, storage, distribution, and monitoring of Penicillin G. 1.2M units			x		Executive: LGC of the Philippines, Book 1, Title 1, Chapter 2, (For		
		Procurement, storage, distribution, and monitoring of Penicillin G. 1.2M units				x			

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]	
		NG	P	C	M	B				
4.	27.b	Procurement, storage, distribution, and monitoring of Cefixime 400mg capsule as augmentation to component LGUs		x			3.56	municipality) Sec 17 b.2.iii and (For cities) Sec 17 b.4	equipment needed to carry out these services are under the responsibilities of the city/ municipality through its city/ municipal health office. Further, these commodities are readily available in the local market. The cost of devolved services based on centrally procured prices is reflected. To note, the said commodities may be procured at the Provincial Health Offices however there are no current data available on the procurement of drugs for STI and TB preventive therapy and Hepatitis RDTs at the provincial level Starting 2023, the procurement of such commodities will be fully devolved to the LGU.	
		Procurement, storage, distribution, and monitoring of Cefixime 400mg capsule			x					
		Procurement, storage, distribution, and monitoring of Cefixime 400mg capsule				x				
4.	27.c	Procurement, storage, distribution, and monitoring of Azithromycin 500mg tablet as augmentation to component LGUs		x			0.46			
		Procurement, storage, distribution, and monitoring of Azithromycin 500mg tablet			x					
		Procurement, storage, distribution, and monitoring of Azithromycin 500mg tablet				x				
4	27.d	Procurement, storage, distribution, and monitoring of Hepatitis B surface antigen rapid diagnostic tests as augmentation to component LGUs		x			7.50			

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		Procurement, storage, distribution, and monitoring of Hepatitis B surface antigen rapid diagnostic tests			x				
		Procurement, storage, distribution, and monitoring of Hepatitis B surface antigen rapid diagnostic tests				x			
4.	27.e	Procurement, storage, distribution, and monitoring of Hepatitis C surface antigen rapid diagnostic tests as augmentation to component LGUs		x			1.00		
		Procurement, storage, distribution, and monitoring of Hepatitis C surface antigen rapid diagnostic tests			x				
		Procurement, storage, distribution, and monitoring of Hepatitis C surface antigen rapid diagnostic tests				x			
4.	28	Micronutrient Supplementation							
4.	28.a	Procurement, storage, distribution, and monitoring of Micronutrient Powder as augmentation to component LGUs		x			20	Executive: RA no. 11148 EO no. 102	
		Procurement, storage, distribution, and monitoring of Micronutrient Powder			x			Starting CY 2023, these will be devolved to LGUs at all levels. These commodities can be procured by the LGUs locally	
		Procurement, storage, distribution, and monitoring of Micronutrient Powder				x			

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
4.	28.b	Procurement, storage, distribution and monitoring of MUAC tapes as augmentation to component LGUs		x			10			
		Procurement, storage, distribution and monitoring of MUAC tapes			x					
		Procurement, storage, distribution and monitoring of MUAC tapes				x				
4.	29	National Safe Motherhood Program								
		Procurement, storage, distribution, and monitoring of Calcium Carbonate to tertiary hospitals; and augmentation of Calcium Carbonate to component LGUs		x			0.00 (See Note in Column 5)	Executive: RPRH/Family Planning/Safe Motherhood/Adolescent Health: RA no. 10354, EO no. 12 s. 2017 RA no. 11148 EO no. 102	Locally available, and relatively low cost. *Note: Under 2021 GAA, DPCB did not procure this commodity, hence no allocation in budget.	
		Procurement, storage, distribution, and monitoring of Calcium Carbonate			x					
		Procurement, storage, distribution, and monitoring of Calcium Carbonate				x				
4.	30	Food and Waterborne Diseases Prevention and Control Program								
4.	30.a	Procurement, storage, distribution, and monitoring of Azithromycin as augmentation to component LGUs		x			999	Executive: PD no. 856: Sanitation Code RA no. 10611: Food Safety Act	To empower LGUs in procuring health commodities as priorities especially in the implementation of the UHC and to encourage LGUs in practicing prevention and control health practice for FWBD. Available in the local market	
		Procurement, storage, distribution, and monitoring of Azithromycin			x					

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		Procurement, storage, distribution, and monitoring of Azithromycin				x		Internal: AO no. 20220-0027: FWBD Program Implementation Guidelines	
4.	30.b	Procurement, storage, distribution, and monitoring of Ciprofloxacin as augmentation to component LGUs		x			3.42		
		Procurement, storage, distribution, and monitoring of Ciprofloxacin			x				
		Procurement, storage, distribution, and monitoring of Ciprofloxacin				x			
4.	31	Emerging and Re-emerging Infectious Diseases Program							
		Procurement, storage, distribution, and monitoring of Doxycycline (Hyclate)100mg/capsule as augmentation to component LGUs		x			2.70	Internal: AO No. 2017-0007	Commodities have local markets and are relatively low cost. Starting CY 2023, this will be devolved to LGUs to be used for preparedness and in response to emerging and re-emerging infectious diseases cases and outbreaks.
		Procurement, storage, distribution, and monitoring of Doxycycline (Hyclate)100mg/capsule			x				
		Procurement, storage, distribution, and monitoring of Doxycycline (Hyclate)100mg/capsule				x			

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
2024 Devolved									
4.	32	National Aedes-borne Viral Disease Prevention and Control Program							
		Procurement, storage, distribution, and monitoring of Dengue RDT(NS1) as augmentation to component LGUs		x			47	Internal: AO no. 2016-0043	The transfer of responsibility and accountability to the LGUs on the procurement of the specific commodity and implementation of UHC To provide readily available Dengue RDT kits at the RHUs and other point of care for the initial screening and early diagnosis of suspected dengue cases per AO 2016-0043 Re: Guidelines for the Nationwide Implementation of Dengue Rapid Diagnostic Test (RDT). The cost of devolved services are based on centrally procured prices (may vary at the LGU level). Available in the local market
		Procurement, storage, distribution, and monitoring of Dengue RDT(NS1)			x				
		Procurement, storage, distribution, and monitoring of Dengue RDT(NS1)				x			
4.	33	National Rabies Prevention and Control Program							
		<i>(Procurement of Equine Rabies Immunoglobulin (ERIG); Anti-rabies Vaccine for Humans-PVRV/PCEC)</i> as augmentation to component LGUs		x			509	Executive: RA no. 9482 "Anti Rabies Act of 2007 Internal: AO no. 2018-0013	To enable LGUs in procuring health commodities as priorities especially in the implementation of the UHC and to encourage LGUs in practicing prevention and control health practice for rabies, and necessary for elimination of human rabies cases in the country. Available in the local market
		<i>(Procurement of Equine Rabies Immunoglobulin (ERIG); Anti-rabies Vaccine for Humans-PVRV/PCEC)</i>			x				
		<i>(Procurement of Equine Rabies Immunoglobulin (ERIG); Anti-rabies Vaccine for Humans-PVRV/PCEC)</i>				x			

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
4.	34	National Family Planning Program							
4.	34.a	Procurement, storage, distribution, and monitoring of Combined Oral Contraceptives as augmentation to component LGUs		x			450	Executive: EO no. 102 s. 1999 Section 2 (b) Executive: RPRH/Family Planning/Safe Motherhood/Adolescent Health: RA no. 10354, EO no. 12 s. 2017	The procurement of COCs and male condoms will be fully devolved starting CY 2024 and such will be provided for all levels of the LGUs (Province, City, Municipality and Barangays). These commodities are locally available and LGUs have the capacity to procure on their own, no externalities.
		Procurement, storage, distribution, and monitoring of Combined Oral Contraceptives			x				
		Procurement, storage, distribution, and monitoring of Combined Oral Contraceptives				x			
4.	34.b	Procurement, storage, distribution, and monitoring of Male condoms as augmentation to component LGUs		x		7.89			
		Procurement, storage, distribution, and monitoring of Male condoms			x				
		Procurement, storage, distribution, and monitoring of Male condoms							x

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
4.	35	Oral Health Program								
4.	35.a	Procurement, storage, and monitoring of Oral Health Care Package as augmentation to component LGUs		x			44.75	Executive: Oral Health: RA no. 11223; RA no. 1148; RA no. 3814 as amended by RA no. 5211, RA no. 9484 Internal: AO no. 101, s. 2003; AO no. 2020-0040	<p>RA no. 11223 UHC Act sec. 6 Service Coverage Immediate Eligibility to Services wherein 6.1 states that every Filipino is granted immediate eligibility and access to preventive, promotive, curative, rehabilitative and palliative care for medical, <i>dental</i>, mental and emergency health services, Comprehensive Outpatients Benefits and Sec. 6.3.b. for diagnostics, laboratory, dental and other medical services;</p> <p>DOH AO no. 2020-0040 Guidelines on the Classification of Individual-based and Population-based Primary Care Service Package on individual based intervention, oral and dental services as component of Individual-Based Health Service Package</p> <p>RA no. 11148 Kalusugan at Nutrisyon ng Mag-Nanay Act Rule 8 Program Components sec. 1 states that the program shall include services and interventions provided at the different life stages based on the Nurturing Care Framework. LGUs, NGAs, CSOs concerned, and other stakeholders shall work together to ensure the delivery of these services and interventions.</p> <p>Sec. 2 states general services and interventions to be rendered in the first one thousand (1,000) days period of a child, pregnant and lactating women including adolescent females and adolescent mothers, and women of reproductive age, giving high priority to high risk groups and those belonging to the vulnerable population are the following: j. Provision of oral health services including oral health assessment;</p>	
		Procurement, storage, and monitoring of Oral Health Care Package			x					
		Procurement, storage, and monitoring of Oral Health Care Package				x				
4.	35.b	Procurement, storage, distribution, and monitoring of Fluoride as augmentation to component LGUs		x		0.00				
		Procurement, storage, distribution, and monitoring of Fluoride			x					
		Procurement, storage, distribution, and monitoring of Fluoride							x	
4.	35.c	Procurement, storage, and monitoring of Glass Ionomer as augmentation to component LGUs		x		0.00				
		Procurement, storage, and monitoring of Glass Ionomer			x					
		Procurement, storage, and monitoring of Glass Ionomer							x	


Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government ¹ [2]					Appropriation in FY 2021 GAA (in Php M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
4.	35.d	Procurement, storage, and monitoring of Pit and Fissure Sealant Kit as augmentation to component LGUs		x				7.63	<p>RA no. 3814 sec. 2 as amended by RA no. 5211 An Act Creating the Bureau of Dental Health Services is in-charge with the protection of the dental health of the people of the Philippines and the maintenance of an adequate standard of dental health services and the improvement of such standards.</p> <p>DOH AO no. 101, s. 2003 National Policy on Oral Health The National Policy on Oral Health shall be pursued to guarantee the attainment of an improved oral health through a Comprehensive Oral Health Care Program, with priority on the promotion of oral health and adequate prevention and control of oral diseases and conditions, thereby ensuring protection of the rights of every individual with oral health needs.</p> <p>DOH AO no. 2007-0007 Guidelines In The Implementation Of Oral Health Program For Public Health Services provides the guidelines for the implementation of the national oral health program for public health services. This will also be the basis for planning and implementing various oral health programs and projects in the country, and for effective and efficient supervision and coordination with the total public health services of the Department of Health and all government and non-government agencies.</p> <p><i>*Transition will be based on the readiness of the Local Government Units to implement Oral Health programs and services.</i> <i>*Procurement of Oral Health commodities in 2021 GAA are not the consumable oral health commodities being procured for the provision of oral health services, while waiting for the delivery of 2019 and 2020 procurement. Instead, the program procured devices (not capital outlay) that are equally important for the use in the provision of oral health services.</i></p>	
		Procurement, storage, and monitoring of Pit and Fissure Sealant Kit			x					
		Procurement, storage, and monitoring of Pit and Fissure Sealant Kit				x				
4.	35.e	Procurement, storage, and monitoring of Composite Restorative Material as augmentation to component LGUs		x			0.00			
		Procurement, storage, and monitoring of Composite Restorative Material			x					
		Procurement, storage, and monitoring of Composite Restorative Material				x				
4.	35.f	Procurement, storage, and monitoring of Essential Healthcare Package 1 as augmentation to component LGUs		x			60			
		Procurement, storage, and monitoring of Essential Healthcare Package 1			x					
		Procurement, storage, and monitoring of Essential Healthcare Package 1				x				

As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

Function /Service/Facility/ Program/Project/Activity [1]	Assignment per Level of Government ¹ [2]					Appropri- ation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
	NG	P	C	M	B			
								DPCB: The procurement of Oral Health commodities by the DOH will be gradually transitioned. We will consider first assessment of the maturity levels of LGUs. In line with this, DOH shall set standards and guidelines on the minimum essential oral health services and the corresponding commodities at the level of local government health facilities.

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ANNEX B**Implementation Strategy and Phasing of Devolution Transition Activities****Department of Health - Office of the Secretary**

NOTE: The following attached agencies and corporations of the Department of Health (PNAC, PhilHealth, NKTi, LCP, PCMC, PHC, PITAHC) will not be affected by the re-devolution of functions from NGAs to LGUs.

Function/Service/Facility/Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
HEALTH FACILITIES ENHANCEMENT PROGRAM						
PHASE I (FY 2021- 2022)						
Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below: <ul style="list-style-type: none"> Category 4 	Strategy # 1 Consultations with the targeted LGUs To level-off with the LGUs and inform them of the PPAs to be discontinued, and resolve concerns/issues Activities <ol style="list-style-type: none"> Conduct of consultation meetings/fora/FGDs with the LGUs 	Q3-Q4 2022	Targeted LGUs included in the Category 4 of PHFDP Allocation Framework	<u>Outcome</u> 1. Strengthened relationship and trust are built between the NGA and the LGUs <u>Outputs</u> 1. Identified areas of concern or issues raised by the LGUs and the corresponding action plan of the agency and the LGU concerned to address the same	Health Facilities Enhancement Program- Management Office in collaboration with Health Human Resource Development Bureau	No. of target provinces/cities/municipalities/barangays which participated in the consultation meetings/fora/FGDs
	Strategy # 2	Q3-Q4 2022	Targeted LGUs included in the Category 4 of	<u>Outcome</u> 1. Strengthened relationship and trust	Health Facilities Enhancement Program- Management Office in	No. or percent of target LGUs/personnel capacitated

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	<p>Provision of capacity building/ technical assistance to the LGUs</p> <p>To build the capacity of the LGUs to undertake the devolved functions</p> <p>Activities</p> <ol style="list-style-type: none"> Conduct of trainings/seminars/workshops with the targeted LGUs 		PHFDP Allocation Framework	<p>between the NGA and the LGUs</p> <ol style="list-style-type: none"> Increased capacity of LGUs to take on the devolved functions <p><i>Outputs</i></p> <ol style="list-style-type: none"> Orient the LGUs re HFEP's Standards on infrastructure, medical equipment and motor vehicle implementation Orient the LGUs re HFEP reporting system <p><i>Outcome</i></p> <ol style="list-style-type: none"> Increased LGUs capacity on implementing and reporting of HFEP's Devolved functions 	collaboration with Health Human Resource Development Bureau	<p>No. of LGUs with MOAs with NGA for the provision of technical assistance for specific skills and systems development</p> <p>No. of LGUs adopting NGA recommended systems and structures</p>
PHASE II (FY 2023)						
<p>Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below:</p> <ul style="list-style-type: none"> Category 2 Category 4 	<p>Strategy # 1</p> <p>Consultations with the targeted LGUs</p> <p>To level-off with the LGUs and inform them of the PPAs to be discontinued, and resolve concerns/issues</p> <p>Activities</p>	Q3-Q4, 2023	Targeted LGUs included in the Category 4 & 2 of PHFDP Allocation Framework	<p><i>Outcome</i></p> <ol style="list-style-type: none"> Strengthened relationship and trust are built between the NGA and the LGUs <p><i>Outputs</i></p> <ol style="list-style-type: none"> Identified areas of concern or issues raised by the LGUs and the corresponding action plan of the agency and 	Health Facilities Enhancement Program- Management Office in collaboration with Health Human Resource Development Bureau	No. of target provinces/cities/municipalities/barangays which participated in the consultation meetings/fora/FGDs

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	1. Conduct of consultation meetings/fora/FGDs with the LGUs			the LGU concerned to address the same		
	<p>Strategy # 2</p> <p>Provision of capacity building/ technical assistance to the LGUs</p> <p>To build the capacity of the LGUs to undertake the devolved functions</p> <p>Activities</p> <p>1. Conduct of trainings/ seminars/ workshops with the targeted LGUs</p>	Q3-Q4, 2023	Targeted LGUs included in the Category 4 & 2 of PHFDP Allocation Framework	<p><u>Outcome</u></p> <p>1. Strengthened relationship and trust between the NGA and the LGUs</p> <p>2. Increased capacity of LGUs to take on the devolved functions</p> <p><u>Outputs</u></p> <p>1. Orient the LGUs re HFEP's Standards on infrastructure, medical equipment and motor vehicle implementation</p> <p>2. Orient the LGUs re HFEP reporting system</p> <p><u>Outcome</u></p> <p>1. Increased LGUs capacity on implementing and reporting of HFEP's Devolved functions</p>		<p>No. or percent of target LGUs/personnel capacitated</p> <p>No. of LGUs with MOAs with NGA for the provision of technical assistance for specific skills and systems development</p> <p>No. of LGUs adopting NGA recommended systems and structures</p>
PHASE III (FY 2024)						
Infrastructure, medical equipment and motor vehicle funding for BHS, RHU, LGU Hospitals, and completion	<p>Strategy # 1</p> <p>Consultations with the targeted LGUs with poverty incidence</p>	Q3-Q4, 2024	Targeted LGUs included in the Category 4, 3 & 2 of PHFDP	<p><u>Outcome</u></p> <p>1. Strengthened relationship and trust</p>	Health Facilities Enhancement Program- Management Office in collaboration with Health	No. of target provinces/cities/ municipalities/ barangays which

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
<p>projects only for polyclinics in the province/cities included in the PHFDP Allocation framework listed below:</p> <ul style="list-style-type: none"> • Category 3 • Category 2 • Category 4 	<p>To level-off with the LGUs and inform them of the PPAs to be discontinued, and resolve concerns/issues</p> <p>Activities</p> <ol style="list-style-type: none"> 1. Conduct of consultation meetings/fora/FGDs with the LGUs 		Allocation Framework	<p>are built between the NGA and the LGUs</p> <p><u>Outputs</u></p> <ol style="list-style-type: none"> 2. Identified areas of concern or issues raised by the LGUs and the corresponding action plan of the agency and the LGU concerned to address the same 	Human Resource Development Bureau	participated in the consultation meetings/fora/FGDs
	<p>Strategy # 2</p> <p>Provision of capacity building/ technical assistance to the LGUs</p> <p>To build the capacity of the LGUs to undertake the devolved functions</p> <p>Activities</p> <ol style="list-style-type: none"> 1. Conduct of trainings/seminars/workshops with the targeted LGUs 	Q3-Q4, 2024	Targeted LGUs included in the Category 4, 3 & 2 of PHFDP Allocation Framework	<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Strengthened relationship and trust between the NGA and the LGUs 2. Increased capacity of LGUs to take on the devolved functions <p><u>Outputs</u></p> <ol style="list-style-type: none"> 1. Orient the LGUs re HFEP's Standards on infrastructure, medical equipment and motor vehicle implementation 2. Orient the LGUs re HFEP reporting system <p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Increased LGUs capacity on implementing and reporting of HFEP's Devolved functions 		<p>No. or percent of target LGUs/personnel capacitated</p> <p>No. of LGUs with MOAs with NGA for the provision of technical assistance for specific skills and systems development</p> <p>No. of LGUs adopting NGA recommended systems and structures</p>

Function/Service/ Facility/ Program/Project/ Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
HUMAN RESOURCES FOR HEALTH DEPLOYMENT						
PHASE I (FY 2021- 2022)						
Human Resources for Health Deployment - Nurses and Midwives	<p>Strategy # 1 Advocacy and Consultative Meetings with LGUs Leveling-off expectations with the LGUs and information on specific HRH deployment programs and projects to be discontinued in lieu of Mandanas-Garcia Supreme Court Ruling implications and gain commitment from LGUs on their role in HRH management and development.</p> <p>Activities 1. Orientation meeting with Centers for Health and Development Directors and HRH Coordinators. 2. Conduct of advocacy and consultative meetings/fora with the LGUs.</p>	Q4, 2021	P/C/M	<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Strengthened relationship and trust between DOH and the LGUs. 2. Strengthened commitment and accountability among LGUs on their role in HRH management and development to achieve Universal Health Care goals. <p><u>Outputs</u></p> <ol style="list-style-type: none"> 1. Identified areas of concern or issues raised by the LGUs and the corresponding action plan of DOH and LGUs to address the same. 	HHRDB; CHDs	<p>No. of target provinces and cities participated in the advocacy and consultation meetings/fora.</p> <p>Client satisfaction rating obtained</p>

	<p>Strategy # 2 Provision of technical assistance to LGUs in determining priority areas and HRH needs</p> <p>Activities 1. Dissemination of tools and standards in determining HRH needs and priority areas of deployment of HRH. 2. Orientation to CHDs and LGUs on how to use the tools.</p>	Q4, 2021	P/C/M	<p><u>Outcome:</u> 1. Increased capability of LGUs in determining HRH needs and priority areas of deployment based on standards and existing guidelines.</p> <p><u>Output:</u> 1. Evaluation tools and standards disseminated to and utilized by LGUs. 2. LGUs have registered all HRH within their jurisdiction under the National Health Workforce Registry</p>	HHRDB; CHDs	<p>Percentage of LGUs that participated in the orientation. Percentage of LGUs that utilized the tools in determining HRH needs and priority areas.</p> <p>Percentage of HRH registered in the National Health Workforce Registry</p>
	<p>Strategy # 3 Capacity building to LGUs on Human Resource Management and Development</p> <p>Activities 1. Capacity-building activities to LGUs on HRH Planning, management and development.</p>	Q4 2021 onwards	P/C/M	<p><u>Outcome:</u> 1. Increased capability of LGUs in HRH planning and integration of HRH plans to respective LIPH and development plans; Increased capability of LGUs in HRH management and development.</p> <p><u>Output:</u> 1. HRHMP strategies integrated in LIPH of LGUs</p>	HHRDB; PAD; CHDs	<p>Percentage of LGUs with HRH plans integrated in their LIPH.</p> <p>Percentage of LGUs that participated in capacity building activities HRH management and development;</p> <p>No. of LGUs meeting the target LHS Maturity Level Criteria for Health Workforce</p>
	<p>Strategy # 4 To develop and disseminate guidelines on eligibility criteria of LGUs</p>	Q4 2021	P/C/M	<p><u>Output:</u> <i>Guidelines on eligibility criteria for HRH</i></p>	HHRDB; CHDs	<p>No. of LGUs that received and provided feedback on the guidelines.</p>

	<p>for augmentation of HRH from DOH</p> <p>Activities</p> <p>1. Develop guidelines on eligibility criteria of LGUs to receive HRH augmentation from NHWSS</p> <p>2. Disseminate guidelines to LGUs</p>			<p><i>augmentation disseminated to LGUs</i></p>		
PHASE II (FY 2023)						
Human Resources for Health Deployment - Nurses and Midwives	<p>Strategy # 1</p> <p>Partial devolution of HRH deployment line item</p> <p>Activities</p> <p>1. Implementation of further devolution of hiring and recruitment of specific cadre (nurses and midwives) to LGUs subject to certain conditions (i.e. presence of positions and items and salary standardization)</p>	2023	P/C/M	<p><i>Outcome:</i></p> <p><i>Maintained or increased HRH to population ratios (based on NOH targets and accomplishments)</i></p> <p><i>Output:</i></p> <p><i>HRH no longer employed under the HRH Deployment Program are hired by the LGUs</i></p>	HHRDB/CHDs	Percentage of 1st to 4th class municipalities that were able to recruit and hire ADDITIONAL nurses and midwives complying with set conditions (i.e. salary standardization, full Magna Carta benefits for public health workers)
	<p>Strategy # 2</p> <p>Monitoring of LGU compliance related to HRH.</p> <p>Activities</p> <p>1. Monitoring of incremental creation of nurse and midwife position.</p>	2023 onwards	P/C/M	<p><i>Outcome:</i></p> <p><i>Improved compliance in the achievement of HRH standards.</i></p>	HHRDB; CHDs	Percent of LGUs with increased permanent plantilla positions for nurses and midwives; and percent of increase in HRH plantilla positions, if possible

	2. Monitoring of LGU performance in the achievement of HRH standards.					No. and percentage of LGU that achieved the HRH standards.
PHASE III (FY 2024)						
Human Resources for Health Deployment - Nurses and Midwives	<p>Strategy # 1 Partial devolution of HRH deployment line item</p> <p>Activities 1. Implementation of further devolution of hiring and recruitment of specific cadre (nurses and midwives) to LGUs subject to certain conditions (i.e. presence of positions and items and salary standardization)</p>	2024	P/C/M	<u>Outcomes:</u> Maintained or increased HRH to po(based on NOH targets and accomplishments)	HHRDB; CHDs	Percentage of 1st to 4th class municipalities that were able to hire and recruit ADDITIONAL nurses, midwives and other cadres of HRH, complying with set conditions (i.e. salary standardization, full Magna Carta benefits for public health workers,)

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
EPIDEMIOLOGY AND SURVEILLANCE						
PHASE I (FY 2021- 2022)						
Component # 1 Hiring of Disease Surveillance Officers (DSO) to be devolved to all LGUs by CY 2022; With DSOs retained at DOH central, regional, and provincial offices; Capacitating LGUs for the full transition in 2024	Strategy # 1 Baseline Consultations with the LGUs To level-off with the LGUs and inform them of the PPAs to be gradually devolved, and resolve concerns/issues Activities 1. Conduct of consultation meetings/ fora/FGDs with the LGUs through CHDs 2. Annual assessment and gaps analysis of the Epidemiology and Surveillance Units within its jurisdiction	Q3 of 2021 and 2022 Q3 of 2021 and 2022	P/C/M	<u>Outcome</u> Strengthened relationship and trust are built between the NGA and the LGUs <u>Outputs</u> 1. Identified areas of concern or issues on epidemiology and surveillance raised by the LGUs and the corresponding action plan of the agency and the LGU concerned to address the same 2. Assessment results and gaps analysis of the Epidemiology and Surveillance Units within its jurisdiction	Epidemiology Bureau	No. of target provinces/cities/municipalities which participated in the consultation meetings/fora/FGDs Client satisfaction rating obtained
	Strategy # 2 Provision of capacity building/ technical assistance to the LGUs			P/C/M	<u>Outcome</u> 1. Strengthened relationship and trust between the NGA and the LGUs	Epidemiology Bureau

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	<p>To build the capacity of the LGUs to undertake the devolved functions on epidemiology and surveillance</p> <p>Activities</p> <p>1. Conduct of trainings/ seminars/ workshops with the LGUs on Basic Epidemiology, Event Based Surveillance, and Disease Surveillance.</p>	Q2 and Q4 of 2022		<p>2. Increased capacity of LGUs to take on the devolved functions vis-a-vis disease surveillance and response</p> <p><u>Outputs</u></p> <p>1. No. of P/C/M provided with capacity development on basic epidemiology and surveillance</p> <p>2. No. of P/C/M with appropriate and timely epidemiologic response provided to a disease outbreak and health events of public health concern</p>		<p>No. of P/C/M with established and functional ESU</p> <p>No. of P/C/M with appropriate number of DSO based on set criteria by the DOH</p> <p>No. of LGUs with MOAs with CHDs for the provision of technical assistance for specific skills and systems development</p>
PHASE II (FY 2023)						
<p>Component # 1</p> <p>Hiring of Disease Surveillance Officers (DSO) to be gradually devolved to all LGUs until CY 2023; With DSOs retained at DOH central, regional, and provincial offices; Capacitating LGUs for the full Transition in 2024</p>	<p>Strategy # 1</p> <p>Phase II (Follow-through) Consultations with the LGUs</p> <p>To provide follow-through consultations with the LGUs on the status of PAPs discontinued by the NG in 2022 and status of concerns/issues resolution</p>		P/C/M	<p><u>Outcome</u></p> <p>Strengthened relationship and trust are shared between the NGA and the LGUs</p> <p><u>Outputs</u></p>	Epidemiology Bureau	<p>No. of target provinces/cities/ municipalities which participated in the consultation meetings/ fora/FGDs</p> <p>Client satisfaction rating obtained</p>

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	<p>Activities</p> <ol style="list-style-type: none"> 1. Conduct of follow-through consultation meetings/fora/FGDs with the LGUs through CHDs 2. Annual assessment and continuous gaps analysis of the Epidemiology and Surveillance Units within its jurisdiction 	Q1 and Q2 of 2023		<ol style="list-style-type: none"> 1. Identified areas of concern or issues on epidemiology and surveillance raised by the LGUs and the corresponding action plan of the agency and the LGU concerned to address the same 2. Assessment results and gaps analysis of the Epidemiology and Surveillance Units within its jurisdiction 		
	<p>Strategy # 2</p> <p>Updating the capacities of the LGUs vis-a-vis epidemiology and surveillance</p> <p>To update the capacity of the LGUs to undertake the devolved functions on epidemiology and surveillance</p> <p>Activities</p> <ol style="list-style-type: none"> 1. Conduct of trainings/ seminars/ workshops with the LGUs on basic and advanced epidemiology and surveillance 	Q3, 2023	P/C/M	<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Strengthened relationship and trust between the NGA and the LGUs 2. Increased capacity of LGUs to take on the devolved functions vis-a-vis disease surveillance and response <p><u>Outputs</u></p> <ol style="list-style-type: none"> 1. No. of P/C/M provided with capacity development on basic 	Epidemiology Bureau	<p>Number or percent of target LGUs capacitated on basic and advanced epidemiology and surveillance</p> <p>No. of P/C/M with established and functional ESU</p> <p>No. of P/C/M with appropriate number of DSO based on set criteria by the DOH</p> <p>No. of LGUs with MOAs with CHDSs for the provision of technical assistance for specific</p>

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
				and advanced epidemiology and surveillance 2. No. of P/C/M provided with updated capacity on contact tracing 3. No. of P/C/M with appropriate and timely epidemiologic response provided to a disease outbreak and health events of public health concern		skills and systems development
PHASE III (FY 2024)						
Component # 1 Hiring of Disease Surveillance Officers (DSO) to be devolved to all LGUs; With DSOs retained at DOH central, regional, and provincial offices	Strategy # 1 Phase III (Sustained) Consultations with the LGUs To provide sustained consultations with the LGUs through CHDs on the status of PAPs gradually devolved by the NG in 2022 and status of concerns/issues resolution Activities 1. Conduct of sustained consultation meetings/fora/FGDs with the LGUs through CHDs	Q1-Q2 of 2024	P/C/M	<u>Outcome</u> Strengthened relationship and trust are sustained between the NGA and the LGUs <u>Outputs</u> 1. Identified areas of concern or issues on epidemiology and surveillance raised by the LGUs and the corresponding action plan of the agency and the LGU concerned to address the same	Epidemiology Bureau	No. of target provinces/cities/municipalities which participated in the consultation meetings/fora/FGDs Client satisfaction rating obtained

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	2. Annual assessment and continuous gaps analysis of the Epidemiology and Surveillance Units within its jurisdiction			2. Assessment results and gaps analysis of the Epidemiology and Surveillance Units within its jurisdiction		
	<p>Strategy # 2</p> <p>Sustenance of the capacities of the LGUs vis-a-vis epidemiology and surveillance in compliance with the International Health Regulations and its amendments</p> <p>To sustain the capacity of the LGUs to undertake the devolved functions on epidemiology and surveillance in compliance with the International Health Regulations and its amendments</p> <p>Activities</p> <ol style="list-style-type: none"> 1. Conduct of trainings/seminars/workshops with the LGUs on basic and advanced epidemiology and surveillance through CHDs 2. Conduct of capacity development to LGUs through CHDs on pandemic preparedness and response 3. Conduct of coaching to generate timely solutions based on the existing gaps identified on 	<p>Q3-Q4, 2024</p> <p>Q3, 2024</p> <p>Q4, 2024</p>	P/C/M	<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Strengthened relationship and trust between the NGA and the LGUs are sustained 2. Sustained capacity of LGUs to take on the devolved functions vis-a-vis disease surveillance and response <p><u>Outputs</u></p> <ol style="list-style-type: none"> 1. No. of P/C/M provided with capacity development on basic and advanced epidemiology and surveillance 2. No. of P/C/M with appropriate and timely epidemiologic response provided to a disease outbreak and health events of public health concern 	Epidemiology Bureau	<p>Number or percent of target LGUs capacitated on basic and advanced epidemiology and surveillance</p> <p>No. of P/C/M with established and functional ESU</p> <p>No. of P/C/M with appropriate number of DSO based on set criteria by the DOH</p> <p>No. of LGUs with MOAs with CHDs for the provision of technical assistance for specific skills and systems development</p>

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	epidemiology and surveillance and to sustain measures in compliance to International Health Regulations and its amendments	Q4, 2024				

Function/Service/ Facility/ Program/Project/ Activity [1]	Strategies and Activities [2]	Timeline/ Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
DISEASE PREVENTION AND CONTROL BUREAU						
PHASE I to III (FY 2021- 2024)						
All public health commodities of the DPCB	Consultation with CHDs and LGUs	Q3 2021	P/C/M	Consultation conducted DTP improved based on recommendations of stakeholders	DPCB	No. of consultations done
	Mapping of Local Suppliers per commodity and training needs per region	Q3 2021	P/C/M	Mapped out local suppliers per commodity per region, and consultation on training needs done	DPCB CHDs LGUs	% of Regions mapped out for local supplier and consulted for training needs assessment
	Capacity building of CHDs and LGUs based on the survey done	Q3-Q4 2021, continuously until 2024	P/C/M	Training of CHDs and LGUs conducted	DPCB HHRDB CHDs LGUs	% of CHDs trained % of Provincial LGU trained % of Municipal LGU trained % of City LGU trained
	Monitoring & evaluation and providing feedback to CHDs	Q4 2022, then annually thereafter	N/A	M&E conducted PIR conducted	DPCB CHDs	No. of CHDs monitored
Procurement, supply chain, and management reforms	[Planning and Quantification] Development of a National Allocation Framework (NA and LGU calculator tool	Q2 2022, implementation thereafter	P/C/M	Development of tools and other supporting issuances materials (for NAF and LGU calculator) Use of the tools Improved quantification and supply planning of commodities	DPCB	Q4 2021: Release of NAF Q3-Q4 2022: Release of LGU calculator by DPCB 2022 - 2024: % LGUs using LGU calculator % LGUs (calculator user and/or NAF targeted) with stockouts and expirations

Function/Service/ Facility/ Program/Project/ Activity [1]	Strategies and Activities [2]	Timeline/ Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
						above predetermined target threshold
	[Procurement] Establishment of a mechanism for pooled procurement and framework contracting	Q2 2022, implementation thereafter	N/A	Administrative order (function) Department Order (personnel) Standard Operating Procedures (processes)	DPCB PD HPDPB SCMS	Q1 2022: Release of issuance(s) and complementary units/SOPs for pooled procurement 2022 - 2024: % LGUs (participant to pooled procurement) with stockouts and expirations above predetermined target threshold % LGUs experiencing bid failures
	[Distribution and Inventory Management] Optimization of distribution pathways and warehousing standards for commodities	Q1 2022, implementation thereafter	P/C/M	Administrative order (function) Standard Operating Procedures (processes)	DPCB HPDPB	Q1 2022: Release of issuance(s) on warehousing operations and standards and distribution pathways by SCMS 2023: 100% of provinces and cities have access to at least one (1) warehouse compliant with warehouse operations manual

Function/Service/ Facility/ Program/Project/ Activity [1]	Strategies and Activities [2]	Timeline/ Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
						2022 - 2024: % warehouses compliant to warehouse operations manual (should be 100% by 2024) 2022 - 2024: % LGUs with stockouts and expirations above predetermined target threshold
	[Distribution and Inventory Management] Procurement of eLMIS and integration across the PSCM for end-to-end inventory visibility	Q2 2022, implementation thereafter	P/C/M	eLMIS Standard Operating Procedures (processes)	DPCB PD SCMS	Q1 2022: Procurement of eLMIS 2022 - 2024 % LGUs penetrated by integrated eLMIS (end-to-end to facilities); should be 100% by 2024
	[Governance and Capacity] Conduct of necessary capacity building for commodities quantification, forecasting, and supply planning	Q4 2021, implementation thereafter	P/C/M	Training of national (CO and CHDS) and local (P/C/M)	DPCB SCMS HHRDB	Trainings by DPCB and SCMS: % of CHDs trained % of Provincial LGU trained % of Municipal LGU trained % of City LGU trained

Function/Service/ Facility/ Program/Project/ Activity [1]	Strategies and Activities [2]	Timeline/ Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	[Governance and Capacity] Standardization of personnel and capacities at the local level for procurement, supply chain, and management	Q1 2022, implementation thereafter	P/C/M	Administrative order (staffing pattern) Hiring of relevant personnel	DPCB SCMS HHRDB	Q1 2022: Release of issuance(s) on LGU staffing patterns by HHRDB and SCMS 2022 - 2024: % LGUs (provinces, municipalities, cities) compliant to staffing pattern; should be 100% by 2024

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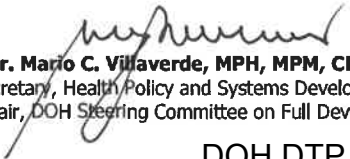

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DOH DTP Approved by DBM on March 24, 2022

DOH DTP Annexes
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

ANNEX C-1

Registry of Service Standards for the Delivery of Devolved Functions, Services and Facilities

Department of Health - Office of the Secretary

NOTE: The following attached agencies and corporations of the Department of Health (PNAC, PhilHealth, NKT, LCP, PCMC, PHC, PITAHC) will not be affected by the Re-devolution of functions from NGAs to LGUs.

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
HEALTH FACILITIES ENHANCEMENT PROGRAM													
Implementa- tion of Equipment Projects	Targeted LGUs with poverty incidence ref. Annex A	Patients/ Implementing Offices	Implementation of equipment projects to close the gaps stated in the Philippine Health Facility Development Plan and	-BHS to barangay ratio; -Number of provinces/cities with PCF accessible within 30 minutes for 80 percent of the population out of the total number of provinces; -Percent of PCF established out of the total	All procurements for infrastructure, equipment, and medical transport vehicle projects shall be in accordance with the pertinent provisions of RA no. 9184, otherwise known as the "Government Procurement Reform Act" and its Implementing Rules and Regulations, and other pertinent accounting and auditing laws, rules and regulations. The pertinent provisions of RA no. 9184 and the Government Procurement Policy Board (GPPB) issuances shall apply suppletorily in the absence of	Terms of Reference (TOR), Purchase Request (PR), Establish- ment of Technical Working Group (TWG)	Based on PHFDP 2020- 2040 BHS: PhP 473,000 RHU: PhP 2,347,000	<i>Administrative Order issued annually by the Health Facilities Enhancement Program- Management Office</i>	<i>Administrative Order issued annually by the Health Facilities Enhancement Program- Management Office</i>	Not applicable	Not applicable	PHFDP 2020- 2040 AO issued annually by the HFEP- Management Office	Annual

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]					Qualification/ Competency of Service Provider [4.7]
				number of gaps; -Bed to population ratio; -Number of provinces/cities with hospitals accessible within 1 hour; -Percent of L1 hospital beds established; -Percent of L2 hospital beds established; and, -Percent of L3 hospital beds established.	applicable provisions in this Order.								

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
Implementation of Infrastructure Projects	Targeted LGUs included in the PHFDP Allocation Framework ref. Annex A	Patients/Implementing Offices	Implementation of infrastructure projects to close the gaps stated in the Philippine Health Facility Development Plan and	-BHS to barangay ratio; -Number of provinces/cities with PCF accessible within 30 minutes for 80 percent of the population out of the total number of provinces; -Percent of PCF established out of the total number of gaps; -Bed to population ratio; -Number of provinces/cities with hospitals accessible within 1 hour;	All procurements for infrastructure, equipment, and medical transport vehicle projects shall be in accordance with the pertinent provisions of RA no. 9184, otherwise known as the "Government Procurement Reform Act" and its Implementing Rules and Regulations, and other pertinent accounting and auditing laws, rules and regulations. The pertinent provisions of RA no. 9184 and the Government Procurement Policy Board (GPPB) issuances shall apply suppletorily in the absence of applicable provisions in this Order.	Approved Schematic Plan, Permit to Construct (PTC), Detailed Architectural and Engineering Design (DAED), Detailed Unit Price Analysis (DUPA)	Based on PHFDP 2020- 2040 BHS: P1,750,000 RHU: P12,525,000 L1 Hospital Bed: P 4,308,222 L2 Bed: P4,366,944 L3 Bed: 4,659,740	<i>Administrative Order issued annually by the Health Facilities Enhancement Program- Management Office</i>	<i>Administrative Order issued annually by the Health Facilities Enhancement Program- Management Office</i>	Not applicable	Not applicable	PHFDP 2020- 2040 Adminis trative Order issued annually by the HFEP- Management Office	Annual

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
				-Percent of L1 hospital beds established; -Percent of L2 hospital beds established; and, -Percent of L3 hospital beds established									
Procurement of Medical Transport Vehicles	Targeted LGUs included in the PHFDP Allocation Framework ref. Annex A	Patients/Implementing Offices	Implementation of equipment projects to close the gaps stated in the Philippine Health Facility Development Plan and	All provinces, highly urbanized cities, and independent component cities must have at least one ambulance or medical transport mechanism available for patients within the catchment area and at least one vehicle to	All procurements for infrastructure, equipment, and medical transport vehicle projects shall be in accordance with the pertinent provisions of RA no. 9184, otherwise known as the "Government Procurement Reform Act" and its Implementing Rules and Regulations, and other pertinent accounting and auditing laws, rules and regulations. The pertinent provisions of RA no. 9184 and the GPPB issuances shall apply suppletorily in the absence of applicable provisions in this Order.	TOR, The requirements and procedures on the turnover of the medical transport vehicle to the respective recipients shall be in accordance with DOH Department Order No. 2018-0338: Guidelines on	<i>Administrative Order issued annually by the Health Facilities Enhancement Program-Management Office</i>	<i>Administrative Order issued annually by the Health Facilities Enhancement Program-Management Office</i>	Not applicable	Not applicable	PHFDP 2020-2040 Administrative Order issued annually by the HFEP-Management Office DOH Department Order No. 2018-0338: Guidelines on the Distribution of Medical Transport Procured Under HFEP to the	Annual	

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
				transport specimens to COVID-19 testing laboratories.		the Distribution of Medical Transport Procured Under HFEP to the Respective Recipients and DOH AO 2020-0051 Guidelines in the allocation of ambulance of the Department of Health						Respective Recipients. DOH AO 2020- 0051 Guidelines in the allocation of ambulance of the Department of Health	

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
HUMAN RESOURCES FOR HEALTH DEPLOYMENT													
For CY 2023													
Hiring of Nurses	Provincial or City/ Municipal Health Office	Barangay/ Municipality/ City population	Hire nurses to achieve 1:10,000 nurse to population ratio and additional nurses for GIDA/IP barangays and target barangays for peace- building efforts.	No. of nurses hired by LGUs; No. of LGUs that achieved the HRH standards for nurses for primary care facilities.	Recruitment, Hiring, Compensation, Orientation	Approved positions, position description / terms of reference, contract, qualification standards, orientation, deployment and deployment training	Salary and Magna Carta Benefits of Nurse (SG 16)	Bachelor of Science in Nursing RA 1080	RA 1080 (Registered Nurse)	Not applicable	Not applicable	NHWSS	Annual
Hiring of Midwives	Provincial or City/ Municipal Health Office	Barangay/ Municipality/C ity population	Hire Midwife to achieve 1:5,000 nurse to population ratio and additional nurses for GIDA/IP barangays and target barangays for peace- building efforts.	No. of midwives hired by LGUs; No. of LGUs that achieved the HRH standards for midwives for primary care facilities.	Recruitment, Hiring, Compensation, Orientation	Approved positions, position description / terms of reference, contract, qualification standards, orientation, deployment and	Salary and Magna Carta Benefits of Midwives (SG 11)	Completion of Midwifery Course RA 1080	RA 1080 (Registered Midwife)	Not applicable	Not applicable	NHWSS	Annual

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
							deployment training						
For CY 2024													
Hiring of Nurses	Provincial or City/ Municipal Health Office	Barangay/ Municipality population	Hire nurses to achieve 1:10,000 nurse to population ratio and additional nurses for GIDA/IP barangays and target barangays for peace- building efforts.	No. of nurses hired by LGUs; No. of LGUs that achieved the HRH standards for nurses for primary care facilities.	Recruitment, Hiring, Compensation, Orientation	Approved positions, position description / terms of reference, contract, qualification standards, orientation, deployment and deployment training	Salary and Magna Carta Benefits of Nurse (SG 16)	Bachelor of Science in Nursing RA 1080	RA 1080 (Registered Nurse)	Not applicable	Not applicable	NHWSS	Annual
Hiring of Midwives	Provincial or City/Municipal Health Office	Barangay/Mu nicipality population	Hire Midwife to achieve 1:5,000 nurse to population ratio and additional nurses for GIDA/IP barangays and target barangays	No. of midwives hired by LGUs; No. of LGUs that achieved the HRH standards for midwives for primary care facilities.	Recruitment, Hiring, Compensation, Orientation	Approved positions, position description / terms of reference, contract, qualification standards, orientation,	Salary and Magna Carta Benefits of Midwives (SG 11)	Completion of Midwifery Course RA 1080	RA 1080 (Registered Midwife)	Not applicable	Not applicable	NHWSS	Annual

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
			for peace- building efforts.				deployment and deployment training						
EPIDEMIOLOGY AND SURVEILLANCE													
Hiring of Disease Surveillance Officers (DSO)	Provincial/ City/ Municipal Epidemiology and Surveillance Unit (P/C/MESU)	Population under its jurisdictional level	Epidemiologic response is delivered that is specific, timely, and appropriate to the epidemiologic problem, i.e., disease and health event of public health concern	Number and percentage of epidemiologic problem, i.e., disease and health event of public health concern, provided with specific, appropriate, and timely epidemiologic response	Government human resource hiring and selection process; Continuous provision of learning and development intervention	Provision of human resource as disease surveillance officers	DSOs for P/C/MESUs = Health Program Officer II, SG- 15) MONTHLY: (PhP 35,097 basic salary + 20% premium + 3% PHIC) = PhP 43,169.31	Qualification standards of disease surveillance officers (education, training, skills, etc.) Education: Bachelor's degree; Training: 4 hrs of relevant training Eligibility : Career service (professional) second level eligibility	Trained on data and organizational management skills; Trained on basic epidemiology, event based surveillance and disease surveillance	N/A	N/A	RA no. 11332 and its 2020 Revised IRR	Annually; every 15th day of January

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
DISEASE PREVENTION AND CONTROL BUREAU													
Family Health Subgroup													
Family Planning													
Procurement of Oral Contraceptives and Male Condoms	P/C/MHO, RHUs, BHS, primary care providers	Women of Reproductive Age (WRA) Age 15-49	Oral Contraceptives: Provide 15 cycles per WRA/ year Male Condoms: Provide 12 pcs/ WRA/ month	Prevention of unintended pregnancy Prevention of unsafe abortion Averted maternal deaths To achieve Zero Unmet Need Increase in Modern Contraceptive Prevalence Rate	Selection of medicines based on current evidence and guidelines <i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms <i>Drug Price Reference Index (DPRI)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential medicines shall therefore not exceed the DPRI. <i>Forecasting</i> "How much of the commodity is needed?" Target: quantity and corresponding cost for the	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI): 8% of the Approved Budget for the Contract (PPPI) In 2022 the Supply Chain Management Services of the DOH CO allocated PhP 486,307,000 for regular warehousing, hauling, brokerage and other services	Oral Contraceptive Pills Combined Oral Contraceptives Pills a. tablet b. 30 microgram Ethinyl Estradiol + 150 microgram Levonorgestrel c. 28 tablets per cycle Male Condoms natural latex rubber, assorted flavors (3 flavors), straight and parallel sided with reservoir tip, lubricated, with width: at least 53mm+/-2mm,	MDs, RNs, Midwife, Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	Free of charge to WRA who have desire to limit or space the number of children and/ or with unmet need on modern FP	N/A	Family Planning Clinical Standards Manual (FPCSM); Family Planning Competency Based Training Manual (FPCBT) 1 and 2; Family Planning Strategic and Costed Implementation Plan 2018-2022	FPCSM 2014 edition; FPCBT version 2020; FP Strategic and CIP 2018

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]				
					<p>expected consumption of a target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p> <p><i>Supply Planning</i> “How should the commodity move to the facility?”</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p>		<p>pertaining to Supply Chain Management Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M for other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p>	<p>length : at least 180mm</p> <p>Shelf Life Must be fresh commercial stock with a total shelf life of Sixty (60) months from the date of manufacture but not less than Fifty-five (55) months from the date of delivery.</p>				

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> • Procurement of Public Health Commodities (RA 9184) • Storage and Distribution of Commodities • Proper Disposal/Waste Management 		Note: amount may vary at the LGU level						

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					target population on a given time period Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand		Service for all regular commodities being procured by the DOH CO. Breakdown is as follows:	manufacture but not less than Eighteen (18) months from the date of delivery				Covid-19 Pandemic	
Procurement of MUAC tapes	P/C/MHO, RHUs, BHS, primary care providers	For children and for adults	For the use of health worker for the assessment of Mid Upper Circumference (MUAC)	For measuring Mid Upper Circumference (MUAC)	<p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p>	Warehouse/ storage area/ consumption and inventory forms or information system Delivery Vehicle	<p>250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M- other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p>	<p>Mid-Upper Arm Circumference Tape</p> <p>for CHILDREN -cut - off point at 11.5 cm -range up to 26.5 cm -with 1 mm precision with thicker line at 21.0 cm -Accuracy: + 1 mm of the maximum measurement</p> <p>Color-coded as follows:</p>	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	The service is free of charge	N/A	N/A	N/A

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> • Procurement of Public Health Commodities (RA 9184) • Storage and • Distribution of commodities • Proper Disposal/waste management 		Note: amount may vary at the LGU level	<p>Red (Pantone code 1795 C) up to 0-11.5 cm, Yellow (Pantone code 107 C) 11.5 cm - 12.5 cm, Green (Pantone code 369 C) from 12.5 cm.</p> <p>for ADULT range up to 50 cm. Graduated with 1 mm precision Accuracy: + 1 mm of the maximum measurement (50 cm)</p> <p>Material: Non-tear stretch-resistant plastic/plasticized paper/synthetic paper (Supplier must specify which of these materials is offered.)</p>					

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]				
								Minimum thickness 0.3 mm Print: Permanent, resistant to solvents; easily readable in low light working situations Working temperature range 10-40 degree Celsius. Supplied with: Text and pictorial user instructions in English Provide one (1) sample with instructions to use which is subject for approval before massive production and delivery.				

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
<p>Safe Motherhood Procurement of Micronutrient Supplements for Pregnant Women and Children under 5 years old (Ferrous Sulfate + Folic Tablets)</p> <p>Calcium Carbonate</p>	P/C/MHO, RHUs, BHS, primary care providers	Pregnant Women	<p>Ferrous Sulfate + Folic Acid Tablets to be given at 90 tabs per postpartum women;</p> <p>Iron and Folic Acid at 1 tablet per week for 6 months given to WRA and adolescents</p>	<p>Provision of micronutrient supplements to treat or prevent vitamin deficiency in pregnant and lactating mothers due to poor diet, certain illnesses or during pregnancy;</p> <p>To treat or prevent iron- deficiency anemia in low birth weight babies, children 6-11 months of age, underweight children 1-5 years of age;</p>		<p>Warehouse/ storage area/ consumption and inventory forms or information system Delivery Vehicle</p>		<p>Ferrous Sulfate + Folic Acid tablet (equiv. to 60 mg elemental iron) + 400 mcg Folic acid), Oral</p> <p>Calcium Carbonate 500 mg Elemental Calcium</p> <p>Shelf Life: Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery</p>	<p>Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer</p>	The service is free of charge	N/A	<p>DOH DM No. 2011-0303</p> <p>MOP on Micronutrient Supplementation</p>	<p>October 15, 2011</p> <p>2016</p>

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
				To increase the micronutrient content of a child's diet without changing their usual dietary habits; Prevention of eclampsia									
Integrated Management of Childhood Illness													
Procurement of Commodities for Sick Child (Amoxicillin Drops and suspension)	P/C/MHO, RHUs, BHS, primary care providers)	Sick Children	Amoxicillin Drops: 1 bottle per child Amoxicillin Suspension: 1 bottle per child	Provision of complete treatment pack to manage acute respiratory infection/ pneumonia among children under 5 years	Selection of medicines based on current evidence and guidelines <i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms <i>Drug Price Reference Index (DPRI)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI): 8% of the Approved Budget for the Contract (PPPI) In 2022 the Supply Chain Management	Amoxicillin Drops 100 mg/mL granules/powder for drops (suspension), 15 mL (as trihydrate) Shelf Life: Must be fresh commercial stock with a total shelf life of Eighteen (18) months from the date of manufacture but not less than Sixteen (16) months from the	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	The service is of free of charge	N/A	Integrated Management of Childhood Illness Chart Booklet June 2019 version	June 2019

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]				
					<p>bid prices of essential medicines shall therefore not exceed the DPRI.</p> <p><i>Forecasting</i> "How much of the commodity is needed?"</p> <p>Target: quantity and corresponding cost for the expected consumption of a target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p> <p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p>		<p>Services of the DOH CO allocated 486,307,000.00 for regular warehousing, hauling, brokerage and other services pertaining to Supply Chain Management Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M for other operating expense</p>	<p>date of delivery</p> <p>Amoxicillin Suspension 250 mg/5mL, granules/powder for suspension, 60 mL bottle (as trihydrate)</p> <p>Shelf Life Must be fresh commercial stock with a total shelf life of Thirty-six (36) months from the date of manufacture but not less than Thirty-four (34) months from the date of delivery</p>				

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]					Qualification/ Competency of Service Provider [4.7]
					<p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p> <p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p>		<p>See Annex A for the cost of devolved commodities based on centrally procured prices</p> <p>Note: amount may vary at the LGU level</p>						

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]					Qualification/ Competency of Service Provider [4.7]
					<ul style="list-style-type: none"> Procurement of Public Health Commodities (RA 9184) Storage and Distribution of commodities Proper Disposal/waste management 								
Oral Health													
Procurement of Oral Health Commodities -Oral Health Family Package -Fluoride -Glass ionomer -Pit and Fissure sealant kit -Composite restorative material -Essential Health Care Package-1	P/C/MHO, RHUs, BHS, primary care providers	Children, Adolescents, Pregnant Woman and Older person 60 ys old and above	Provision of Oral care packages to patients	Prevention and control of oral diseases and condition	<ul style="list-style-type: none"> Selection of public health commodities based on current evidence and guidelines <p><i>Forecasting</i> "How much of the commodity is needed?"</p> <p>Target: quantity and corresponding cost for the expected consumption of a target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p>	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI): 8% of the Approved Budget for the Contract (PPPI) In 2022 the Supply Chain Management Services of the DOH CO allocated	Oral Health Family Package Two (2) Toothpastes (1 500mL in pet bottle and 1 tube); 3 pcs Adult Toothbrush with cap; 3 pcs Kiddie Toothbrush with cap, individually packed in blister; 2 pcs. Germicidal bar soap Essential Health Care Package-1 One (1) 500mL in pet bottle	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	The service is free of charge	N/A	DOH AO 2020-0040 Guidelines on the Classification of Individual-based and Population-based Primary Care Service Package DOH AO NO 101, s. 2003 National Policy on Oral Health	September 11, 2021

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]				
					<p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p> <p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p>	<p>486,307,000.00 for regular warehousing, hauling, brokerage and other services pertaining to Supply Chain Management Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M for other operating expense</p> <p>See Annex A for the cost of devolved</p>	<p>Toothpastes in pet bottle; 8 pcs Kiddie Toothbrush with cap, individually packed in blister; 4 pcs. Germicidal bar soap</p> <p>Composite Restorative Material</p> <ol style="list-style-type: none"> 1. Universal Composite Restorative Material 2. Universal Light Cured Bonding Agent 3. One (1) pc reusable mixing well / 100 pcs disposable mixing wells 4. One (1) pc reusable applicator handle with one hundred (100) pcs fiber tip applicators or 					

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> • Procurement of Public Health Commodities (RA 9184) • Storage and Distribution of commodities • Proper Disposal/waste management 		<p>commodities based on centrally procured prices</p> <p>Note: amount may vary at the LGU level</p>	<p>One Hundred (100) pcs disposable micro brushes 5. One (1) pc instructional guide</p> <p>Flouride Varnish 5% (NaF) Single Dose 1. Sodium Fluoride 2. Contains Xylitol, bioavailable Calcium, Phosphate and Fluoride 3. With mixing pad/mixing well/stick-on patch sticker and brush</p> <p>Glass Ionomer for Atraumatic Restorative Treatment 1. Glass Ionomer powder, 10-15 grams</p>					

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
									2. Glass Ionomer Liquid, 6-10 grams/mL 3. Cocoa butter, 10 grams/tube 4. Disposable mixing pad (60- 100 Leaves) 5. Plastic scoop 6. Plastic spatula Pits and Fissure Sealant Kit Each kit should include the following items: 1. Two (2) pieces of 1.2ml to 1.5ml syringe of light cured sealant equivalent to 2.4ml to 3ml sealant (expiry date indicated) 3. Forty (40) pieces of curve needle sealant dispensing tips (25 gauge) 4. Etchant - bottle or syringe-type				

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			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]					Qualification/ Competency of Service Provider [4.7]
Infectious Diseases													
National HIV/STI Prevention Program													
National HIV/STI Prevention Program Procurement and distribution of drugs for STI and Hepatitis test kits (Penicillin G, Benzathine 1.2M units, Azithromycin 500mg tablet, Cefixime 400mg capsule, Hepatitis C and Hepatitis B surface antigen rapid diagnostic tests)	P/C/MHO, RHUs, BHS, primary care providers	Patients with HIV and/or STI People at risk for Hepatitis B and C infections People at risk of HIV infection	Provide treatment to patients with STI Provide testing to people at risk for Hepatitis B and C infections Provide testing to people at risk for HIV	No. of patients with STI with resolved signs and symptoms No. of at-risk population screened for Hepatitis B and C infections No of at risk population screened for HIV	Selection of medicines based on current evidence and guidelines <i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms <i>Drug Price Reference Index (DPRI)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential medicines shall therefore not exceed the DPRI. <i>Forecasting "How much of the commodity is needed?"</i> Target: quantity and corresponding cost for the expected consumption of a	Procurement plan Storage area/ warehouse Consumables (diluent, syringe, alcohol swab, lancet, cotton) Delivery vehicle Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI): 8% of the Approved Budget for the Contract (PPPI) In 2022 the Supply Chain Management Services of the DOH CO allocated 486,307,000.0 0 for regular warehousing, hauling, brokerage and other services pertaining to Supply Chain	Penicillin G, Benzathine 1.2M units Azithromycin 500mg tablet Cefixime 400mg capsule Hepatitis C Rapid Diagnostic Test a.) Test Principle: Immunochromato graphic test (ICT); b.) Specificity/Sensiti vity more than or equal 99% Multi- device type; c.) Result time must be less than or equal 30 minutes Hepatitis B Rapid Diagnostic Test a.) Test Principle: Immunochromato graphic test (ICT);	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer	N/A	N/A	Manual of Procedures for Social Hygiene Clinics of the Philippines Link to reference: tinyurl.com/h9rdds	04/14/ 2021

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p> <p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p> <p><i>Quantification</i></p>		<p>Management Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M for other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p>	<p>b.) Specificity/Sensitivity more than or equal 99% Multidevice type; c.) Result time must be less than or equal 30 minutes</p>					

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>“What is the full requirement given the forecasting and supply planning?”</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> ● Procurement of Public Health Commodities (RA 9184) ● Storage and Distribution of commodities ● Proper Disposal/waste management 		Note: amount may vary at the LGU level						

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
Emerging and Re-emerging Diseases Program													
Procurement of Doxycycline	P/C/MHO, RHUs, BHS, primary care providers	Suspected patients with emerging and re-emerging infectious diseases	Provision of drugs to EREID patients	Prevention, detection and response to the public health threats brought by emerging and re-emerging infectious diseases.	<p>Selection of medicines based on current evidence and guidelines</p> <p><i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms</p> <p><i>Drug Price Reference Index (DPRI)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential medicines shall therefore not exceed the DPRI.</p> <p><i>Forecasting</i> "How much of the commodity is needed?"</p> <p>Target: quantity and corresponding cost for the expected consumption of a</p>	Warehouse	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI): 8% of the Approved Budget for the Contract (PPPI)	<p>Doxycycline (as Hyclate) 100 mg capsule</p> <p>Shelf Life: Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery</p>	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	The service is free of charge	N/A	<p>Administrative Order No. 2017-0007</p> <p>Guidelines in the Provision of the Essential Health Service Packages in Emergencies and Disasters</p>	May 29, 2017

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p> <p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p> <p><i>Quantification</i></p>		<p>Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M- Hauling; 40M for Brokerage; 16.307M for other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p> <p>Note: amount may vary at the LGU level</p>						

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>"What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> • Procurement of Public Health Commodities • Storage and Distribution of commodities • Proper Disposal/waste management 								

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
National Aedes-borne Viral Disease Prevention and Control Program													
Provision of support thru augmentation of Dengue NS1 RDT	P/C/MHO, RHUs, BHS, primary care providers	Suspected Dengue Patients	1 kit per 1 patient (For 1-5 days of suspected Dengue illness)	No. of possible suspected dengue patients tested for Dengue NS1 RDT	<ul style="list-style-type: none"> Selection of public health commodities based on current evidence and guidelines <p><i>Forecasting</i> "How much of the commodity is needed?"</p> <p>Target: quantity and corresponding cost for the expected consumption of a target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p> <p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal</p>	<p>Storage area/ warehouse</p> <p>Delivery Vehicle</p> <p>Consumption and inventory forms or information system</p>	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI): 8% of the Approved Budget for the Contract (PPPI)	<p>Dengue RDT Kits</p> <p>RDT kit for the qualitative detection of the dengue non-structural protein 1(NS1)</p> <p>Method used: Immuno-chromatography</p> <p>Shelf Life: Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery</p>	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	Suspected dengue patient	N/A	AO 2016-0043 Re: Guidelines for the Nationwide Implementation of Dengue Rapid Diagnostic Test (RDT)	December 21, 2016

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			OUTPUT		PROCESS	INPUT			Fee to Avail Service (If any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p> <p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p>		<p>Management Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M- other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p>						

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<ul style="list-style-type: none"> Procurement of Public Health Commodities (RA 9184) Storage and Distribution of commodities Proper Disposal/waste management 		Note: amount may vary at the LGU level						
National Food and Water Borne Diseases													
Procurement of commodities for Food and Waterborne Disease (Oral Rehydration Salts (ORS))	P/C/MHO, RHUs, BHS, primary care providers	For patients with FWBD	Provision of drugs to FWBD Patients	Management and treatment of FWBD	<ul style="list-style-type: none"> Selection of medicines based on current evidence and guidelines <p><i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms</p> <p><i>Drug Price Reference Index (DPRI)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential</p>	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI), the fee for logistics management services is 8% of the Approved Budget for the Contract (PPPI) In 2022 the Supply Chain	Oral Rehydration Salts Composition of reduced osmolarity ORS per liter of water: Sodium Chloride – 2.6g; Trisodium Citrate Dihydrate – 2.9g Potassium Chloride – 1.5g; Glucose Anhydrous – 13.5g; Total Weight per sachet/packet – 20.5g; Reduced osmolarity ORS Equivalent in	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	The service is of free of charge	N/A	PD 856: Sanitation Code RA 10611: Food Safety Act AO No. 2020-0027: FWBD Program Implementation Guidelines	December 23, 1975 February 20, 2015 June 20, 2020 (updating of status as needed or upon recommendation)

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
					<p>medicines shall therefore not exceed the DPRI.</p> <p><i>Forecasting</i> "How much of the commodity is needed?"</p> <p>Target: quantity and corresponding cost for the expected consumption of a target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p>		<p>Management Services of the DOH CO allocated PhP 486,307,000.00 for regular warehousing, hauling, brokerage and other services pertaining to Supply Chain Management Service for all regular commodities being procured by the DOH CO.</p>	<p>mmol/L: Sodium – 75; Chloride – 65; Potassium – 20; Citrate – 10; Glucose Anhydrous – 75; Total Osmolarity – 245. N.B. -Reconstitute with clean potable water. -Unused reconstituted solution shall be discarded after 24 hours</p>					
<i>Procurement of commodities for Food and Waterborne Disease (Zinc Syrup ,Zinc Drops)</i>	P/C/MHO, RHUs, BHS, primary care providers	FWBD patients	Provision of drugs to FWBD Patients	Management and treatment of FWBD	<p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p>	<p>Storage area/warehouse</p> <p>Delivery Vehicle</p> <p>Consumption and inventory forms or information system</p>	<p>Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M for</p>	<p>Zinc Drops drops;solution, (equiv. to 10 mg elemental zinc/mL) drops, 15mL (as sulfate monohydrate)</p> <p>Zinc Syrup syrup;solution, (equiv. to 20mg elemental zinc/5mL) syrup,</p>	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer	The service is of free of charge	N/A		

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			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
					<p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p> <p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p>		<p>other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p> <p>Note: amount may vary at the LGU level</p>	<p>60 mL (as sulfate monohydrate)</p> <p>Shelf Life: Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery</p>					
Procurement and distribution of Azithromycin	P/C/MHO, RHUs, BHS, primary care providers	FWBD patients	Provision of drugs to FWBD Patients	Management and treatment of FWBD	<p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual</p>	<p>Storage area/warehouse</p> <p>Delivery Vehicle</p> <p>Consumption and inventory forms or information system</p>		<p>Azithromycin 500mg tablet</p> <p>Shelf Life: Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery</p>	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer	The service is of free of charge	N/A	<p>PD 856: Sanitation Code</p> <p>RA 10611: Food Safety Act</p> <p>AO No. 2020-0027: FWBD Program Implementation Guidelines</p>	<p>December 23, 1975</p> <p>February 20, 2015</p> <p>June 20, 2020</p> <p>(updating of status as needed or upon recommendation)</p>

Procurement and distribution of Ciprofloxacin	P/C/MHO, RHUs, BHS, primary care providers	FWBD patients	Provision of drugs to FWBD Patients	Provision of complete treatment pack for the Management and treatment of FWBD	<ul style="list-style-type: none"> ● Procurement of Public Health Commodities (RA 9184) ● Storage and Distribution of commodities ● Proper Disposal/waste management 	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system		Ciprofloxacin (As Hydrochloride) 500mg Tablet, Oral Shelf Life: Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer	The service is of free of charge	N/A	PD 856: Sanitation Code RA 10611: Food Safety Act AO No. 2020-0027: FWBD Program Implementation Guidelines	December 23, 1975 February 20, 2015 June 20, 2020 (updating of status as needed or upon recommendation)
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Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]					Qualification/ Competency of Service Provider [4.7]
Soil Transmitted Helminthiasis													
Integrated Helminth Control Program Procurement and distribution of Albendazole	P/C/MHO, RHUs, BHS, primary care providers	- PSAC: 1-4 y/o - SAC: 5-29 y/o - WRA: 19-49 y/o - Pregnant - Women - Vulnerable Groups	- Albendazole 200 mg or 1/2 tablet for children who are more than 1 but below 2 years old. - Albendazole 400mg or 1 tablet for children who are 2 to 18 years old	Provision of Albendazole 400 mg tablets to individuals under the target population	Selection of medicines based on current evidence and guidelines <i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms <i>Drug Price Reference Index (DPR)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential medicines shall therefore not exceed the DPRI. <i>Forecasting</i> "How much of the commodity is needed?" Target: quantity and corresponding cost for the expected consumption of a	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI), the fee for logistics management services is 8% of the Approved Budget for the Contract (PPPI): 8% of the Approved Budget for the Contract (PPPI) In 2022 the Supply Chain Management Services of the	Albendazole 400 mg tablet, Oral Shelf Life: Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer	The service is free of charge	N/A	AO No. 2010- 0023 Re: Guidelines on Deworming Drug Administration and the Management of Adverse Events Following Deworming (AEFD)	July 13, 2010

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			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p> <p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p> <p><i>Quantification</i></p>		<p>DOH CO allocated 486,307,000.00 for regular warehousing, hauling, brokerage and other services pertaining to Supply Chain Management Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M- Hauling; 40M- Brokerage; 16.307M- other operating</p>						

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]					Qualification/ Competency of Service Provider [4.7]
					<p>"What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> ● Procurement of Public Health Commodities ● Storage and ● Distribution of commodities ● Proper Disposal/waste management 		<p>expense; 16.307M- other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p> <p>Note: amount may vary at the LGU level</p>						

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National Filariasis Elimination Program													
<i>Procurement of Filariasis drug (Mupirocin and Ketoconazole)</i>	P/C/MHO, RHUs, BHS, primary care providers	Filariasis Patient	Provision of drugs to Filariasis Patients	Provision of complete treatment pack to patient with possible filariasis infection	<ul style="list-style-type: none"> Selection of medicines based on current evidence and guidelines <p><i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms</p> <p><i>Drug Price Reference Index (DPRI)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential medicines shall therefore not exceed the DPRI.</p> <p><i>Forecasting</i> "How much of the commodity is needed?"</p> <p>Target: quantity and corresponding cost for the expected consumption of a</p>	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI): 8% of the Approved Budget for the Contract (PPPI) In 2022 the Supply Chain Management Services of the DOH CO allocated 486,307,000.0 0 for regular warehousing, hauling, brokerage and other services pertaining to Supply Chain Management	Mupirocin Ointment 2%, 15g tube Ketoconazole Cream 2%, 15g tube, aluminum collapsible tube cream Shelf Life Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer	The service is free of charge	N/A	AO No. 2010- 0009: Guidelines in the prevention of disabilities due to Lymphatic Filariasis	04/13/10

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			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p> <p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p>		<p>Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M for other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p> <p>Note: amount may vary at the LGU level</p>						

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
					<p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> ● Procurement of public health commodities ● Storage and ● Distribution of commodities ● Proper Disposal/waste management 								

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]								Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]					Qualification/ Competency of Service Provider [4.7]
National Leprosy Control Program													
Procurement of Leprosy drugs: Vitamin B Complex Tablet, Prednisone Tablet, Ascorbic Acid, Betamethasone, Ferrous Salt+ Folic Acid Tablet, Fusidate sodium/Fusidic Acid, Itraconazole Capsule	P/C/MHO, RHUs, BHS, primary care providers	Consulted Leprosy Patients in the RHUs	Provision of drugs to Leprosy Patients	Treated Leprosy patients	<p>Selection of medicines based on current evidence and guidelines</p> <p><i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms</p> <p><i>Drug Price Reference Index (DPRI)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential medicines shall therefore not exceed the DPRI.</p> <p><i>Forecasting</i> "How much of the commodity is needed?"</p> <p>Target: quantity and corresponding cost for the expected consumption of a</p>	<p>Storage area/ warehouse</p> <p>Delivery Vehicle</p> <p>Consumption and inventory forms or information system</p>	<p>Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI): 8% of the Approved Budget for the Contract (PPPI)</p> <p>In 2022 the Supply Chain Management Services of the DOH CO allocated 486,307,000.00 for regular warehousing, hauling, brokerage and other services pertaining to Supply Chain Management</p>	<p>Vitamin B Complex 100 mg B1 + 5 mg B6 + 50 microgram B12 per tablet, Oral</p> <p>Prednisone 10mg tablet, Oral</p> <p>Ascorbic Acid 50mg tablet, Oral</p> <p>Betamethasone 0.1%, 5g tube (as valerate) cream, Topical</p> <p>Ferrous Salt+ Folic Acid Table tablet (equiv. to 60 mg elemental iron) + 400 mcg Folic acid), Oral</p> <p>Fusidate Sodium OINTMENT 15g, 2% tube, Topical</p>	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer	The service is free of charge	N/A	AO No. 6- As.1999: Treatment Protocol for Leprosy	02/12/99

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
					<p>target population on a given time period</p> <p>Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand</p> <p><i>Supply Planning</i> "How should the commodity move to the facility?"</p> <p>Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p>		<p>Service for all regular commodities being procured by the DOH CO. Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M- other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p> <p>Note: amount may vary at the LGU level</p>	<p>Itraconazole 100mg capsule, Oral</p> <p>Shelf Life: Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery</p>					

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
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					<p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> • Procurement of Public Health Commodities (RA 9184) • Storage and Distribution of commodities • Proper Disposal/waste management 									

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
Rabies													
<i>(Procurement of Equine Rabies Immunoglobulin (ERIG); Anti-rabies Vaccine for Humans-PVRV/PCEC)</i>	Animal Bite Treatment Centers (trained Doctors and Nurses)	Animal Bite Patients (Category 2 & 3)	PVRV/PCEC- 6 doses ID for all Category 2 and 3 cases (WHO pre-qualified) 8 doses ID for all Category 2 and 3 cases (Non-WHO pre-qualified) ERIG-1 Vial for each Category 3 cases	Management of animal bite patients or rabies exposures	<ul style="list-style-type: none"> Selection of medicines based on current evidence and guidelines The vaccine is WHO prequalified For vaccines that are non-prequalified, the vaccine shall be registered and approved by the FDA <i>Drug Price Reference Index (DPRI)</i> -is the mandated ceiling price for government bidding and procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential medicines shall therefore not exceed the DPRI. <i>Forecasting</i> "How much of the commodity is needed?" PVRV/PCEC-Based on the Category 2 & 3 Animal Bite Cases ERIG-Based on the Category 3 bite cases 	Cold Storage area Delivery Vehicle Vaccine ref Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI), the fee for logistics management services is 8% of the Approved Budget for the Contract (PPPI) In 2022 the Supply Chain Management Services of the DOH CO allocated 486,307,000.00 for regular warehousing, hauling, brokerage and	(PVRV) Preparation: 0.5ml/vial Dose/Route of Administration: ID - 0.1 ml IM - 0.5 ml (PCEC) Preparation: 1ml/vial Dose/Route of Administration: ID - 0.1 ml IM - 1.0 ml ERIG: 200IU/ml at 5ml/vial Dose: 40 IU/kg *Skin testing is highly recommended ***The total computed RIG shall be infiltrated	Trained Doctors and Nurses on Bite Management	The service is of free of charge	N/A	AO 2018-0013 entitled "Revised Guidelines on the Management of Rabies Exposures"	For Amendment

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			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
					<p><i>Supply Planning</i> "How should the commodity move to the facility?" Target: total amount of commodities and costs required to maintain optimal supply in the pipeline to ensure efficient procurement and delivery</p> <p>Basis/considerations: stock level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc.</p> <p><i>Quantification</i> "What is the full requirement given the forecasting and supply planning?"</p> <p>Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities</p> <p>Basis/considerations:</p>		<p>other services pertaining to Supply Chain Management Service for all regular commodities being procured by the DOH CO.</p> <p>Breakdown is as follows: 250M for warehousing; 180M for Hauling; 40M for Brokerage; 16.307M for other operating expense</p> <p>See Annex A for the cost of devolved commodities based on centrally procured prices</p>	<p>around and into the wound as much as anatomically feasible, even if the lesion has healed</p> <p>Shelf Life Upon delivery the following shall be complied with: 1. Must be fresh commercial stock with a total shelf life of twenty four (24) months from the date of manufacture but not less than eighteen (18) months from the date of delivery.</p>					

Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
					<p>Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances</p> <ul style="list-style-type: none"> • Procurement of Public Health Commodities (RA 9184) • Storage and Distribution of commodities • Proper Disposal/waste management 		Note: amount may vary at the LGU level						
Non Communicable Diseases													
Procurement, storage, distribution, and monitoring of commodities for Hypertension/Hyperlipidemia (Losartan, Amlodipine, Simvastatin)	P/C/MHO, RHUs, BHS, primary care providers	Hypertensive/ patients enrolled/listed in the DOH HPN registry	Provide 1 treatment pack per patient per month x 12 months	Complete yearly treatment pack per registered patient	<ul style="list-style-type: none"> • Selection of medicines based on current evidence and guidelines <p><i>Philippine National Formulary (PNF)</i> -all medicines selected must only be those that are found in the PNF -includes types of medicines and dosage forms</p> <p><i>Drug Price Reference Index (DPR)</i> -is the mandated ceiling price for government bidding and</p>	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system	Based on the previous procurement of DOH Central Office through Philippine Pharma Procurement Inc. (PPPI), the fee for logistics management services is 8% of the Approved Budget for the	<p>Losartan 50MG as Potassium Salt Tablet Amlodipine 5MG (as Besilate/Camsylate), Tablet Simvastatin 20MG Tablet</p> <p>Shelf Life Must be fresh commercial stock with a total shelf life of 24 months</p>	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	The service will be free of charge.	WHO PEN	<p>AOs 2016-0014 Implementing Guidelines on the Organization of Health Clubs for Patients with Hypertension and Diabetes in Health facilities</p> <p>AO No. 2012-0029 Implementing Guidelines on the Institutionalization of the Philippine</p>	<p>May 23, 2016</p> <p>(updating of status as needed or upon recommendation)</p> <p>Dec. 04, 2012</p>


Function/ Program/ Project/ Activity and Correspondin g Service* [1]	Local Government Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
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			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
					procurement set by the DOH for all government entities procuring medicines. Winning bid prices of essential medicines shall therefore not exceed the DPRI.		Contract (PPPI) In 2022 the Supply Chain Management Services of the DOH CO allocated 486,307,000.00 for regular warehousing, hauling, brokerage and other services pertaining to Supply Chain Management Service for all regular commodities being procured by the DOH CO. Breakdown is as follows: 250M for warehousing;	from the date of manufacture but not less than 18 months from the date of delivery				Package of Essential NCD Interventions (PhilPEN) on the Integrated Management of Hypertension for Primary Health Care Facilities AO No. 2011-0003 The National policy on Strengthening the Prevention and Control of Chronic Lifestyle Related Non-Communicable Diseases	
<i>Procurement of commodities for Diabetes Mellitus (Gliclazide, Metformin)</i>	P/C/MHO, RHUs, BHS, primary care providers	Diabetic patients enrolled/listed in the DOH DM registry	Metformin and Gliclazide: Provide 1 treatment packs x patient month x 12 months	Complete yearly treatment pack per registered patient	<i>Forecasting</i> "How much of the commodity is needed?" Target: quantity and corresponding cost for the expected consumption of a target population on a given time period Basis/considerations: Morbidity, demographics, historical consumption, assumptions, intended plans, historical/projected performance, and/or future demand <i>Supply Planning</i> "How should the commodity move to the facility?" Target: total amount of commodities and costs required to maintain optimal	Storage area/warehouse Delivery Vehicle Consumption and inventory forms or information system		Metformin 500MG (as hydrochloride) Tablet Gliclazide 30MG MR Tablet Shelf Life Must be fresh commercial stock with a total shelf life of 24 months from the date of manufacture but not less than 18 months from the date of delivery	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH, RHU dispensing Officer	The service is of free of charge	WHO PEN Guidelines		April 14, 2011

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			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
					supply in the pipeline to ensure efficient procurement and delivery		180M for Hauling; 40M for Brokerage; 16.307M- other operating expense						
Procurement of Diabetic Drugs (Insulin, Insulin Syringes)	P/C/MHO, RHUs, BHS, primary care providers	Diabetic patients enrolled/listed in the DOH HPN & DM registry	Insulin: 1 vial x DM patient needing insulin x 6 months (1vials for 2 months per patient)	Complete yearly treatment pack per registered patient	supply level range (minimum, maximum), lead times and delivery frequency, arrival dates, forecasted consumption, current and ordered stocks, shipment costs, etc. <i>Quantification</i> "What is the full requirement given the forecasting and supply planning?" Target: Uninterrupted supply to target recipients through comprehensive estimation of quantities, costs, and delivery scheduling of desired commodities Basis/considerations: Forecasted volume and supply plan; Continuous, iterative process of updating and analysis Driven by individual context and circumstances	Storage area/warehouse Delivery Vehicle Vaccine ref Consumption and inventory forms or information system	See Annex A for the cost of devolved commodities based on centrally procured prices Note: amount may vary at the LGU level	Regular Insulin Route of Administration: Subcutaneous (SC) 100 IU/ml, 10 mL (recombinant DNA human) Isophane Insulin Route of Administration: Subcutaneous (SC) 100 IU/ML, 10 ML (recombinant DNA) Biphasic Insulin Route of Administration: Subcutaneous (SC) 70% isophane suspension + 30% soluble	Program Coordinator/ P/C/MHO, Certified Primary Care Provider by the DOH,RHU dispensing Officer	The service is of free of charge	WHO PEN Guidelines	AOs 2016-0014 Implementing Guidelines on the Organization of Health Clubs for Patients with Hypertension and Diabetes in Health facilities AO No. 2012-0029 Implementing Guidelines on the Institutionalization of the Philippine Package of Essential NCD Interventions (PhilPEN) on the Integrated Management of Hypertension for Primary Health Care Facilities	May 23, 2016 (updating of status as needed or upon recommendation) Dec. 04, 2012

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					<ul style="list-style-type: none"> • Procurement of Public Health Commodities (RA 9184) • Storage and Distribution of commodities • Proper Disposal/waste management 			insulin 100 IU/mL, 10ML (recombinant DNA) Insulin Syringe Needle length: 8mm Needle size: 30G Capacity: 1ml Fixed Needle Needle should be stainless steel Shelf Life Upon delivery the following shall be complied with: 1. Must be fresh commercial stock with a total shelf life of twenty four (24) months from the date of manufacture but not less than eighteen (18) months from the date of delivery.			AO No. 2011- 0003 The National policy on Strengthening the Prevention and Control of Chronic Lifestyle Related Non- Communicable Diseases	April 14, 2011	

* Service pertains to the tangible or non-tangible byproduct of the performance of government functions delivered to the people, which involves transaction between the user/beneficiary and the service provider.


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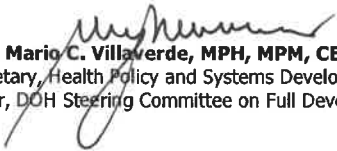
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DOH DTP Approved by DBM on March 24, 2022

Minimum Recommendations for Staffing Complement of Public Health Facilities and Health Offices in Local Government Units

ANNEX C-2 OF THE DEPARTMENT OF HEALTH DEVOLUTION TRANSITION PLAN

A COLLABORATION DOCUMENT

(As of January 20, 2022. Same version as submitted to DBM last October 27, 2021 based on Preliminary Comments)


ACKNOWLEDGMENTS

The Minimum Recommendations for Staffing Complement of Public Health Facilities and Health Offices in Local Government Units is a result of series of reviews and discussion and is referenced on existing laws and policies relevant to the implementation of health services and programs. The preparation of this document is a collaborative effort of the DOH Steering Committee and Technical Working Group on Full Devolution.

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LIST OF ACRONYMS

AS-PAD	Personnel Administration Division of the Administrative Services
AO	Administrative Order
BLHSD	Bureau of Local Health Systems Development
CHO	City Health Office; City Health Officer
CSC	Civil Service Commission
DTP	Devolution Transition Plan
EO	Executive Order
HCPN	Health Care Provider Network
HFDB	Health Facilities Development Bureau
HHRDB	Health Human Resource Development Bureau
HSDD	Health Service Delivery Division
HSSD	Health System Support Division
HSDU	Health Service Delivery Unit
HSSU	Health System Support Unit
HUC	Highly Urbanized Cities
ICC	Independent Component Cities
IOS	Index of Occupational Services, Occupational Groups, Classes, and Salary Grades
LGU	Local Government Unit
LIPH	Local Investment Plan for Health
MHO	Municipal Health Office; Municipal Health Officer
P/CWHS	Province-wide and City-wide Health Systems
PHO	Provincial Health Office; Provincial Health Officer
PPA	Programs, Projects, and Activities
RA	Republic Act
RHU	Rural Health Unit
UHC	Urban Health Center

I. Introduction

Pursuant to the Republic Act (RA) No. 7160 or the Local Government Code of 1991¹, through the Executive Order (EO) No. 138 series of 2021², all departments, agencies, and instrumentalities of the Executive Branch, including the Department of Health (DOH), are mandated to implement full devolution of certain functions to Local Governments. This aims to (i) develop capabilities of local governments to deliver basic social services and critical facilities to their constituents, increase productivity and employment, and promote local economic growth; and (ii) ensure accountability, competence, professionalism and transparency of local leaders through the development of institutional systems that uphold good governance and strengthen their capabilities for managing public resources.

In compliance with these, the DOH developed a Devolution Transition Plan (DTP) wherein identified programs, projects, and activities (PPAs) will be devolved to the Local Government Units (LGUs) following a certain timeline. The LGUs shall then be responsible in ensuring availability of funds and resources for the sustainability of the devolved PPAs. This includes provision of adequate health infrastructure along with appropriate staffing complement.

The DTP is anchored on the existing mandates of LGUs provided under the Local Government Code of 1991. Specifically, it states under Section 18 that LGUs shall have the power and authority to establish an organization that shall be responsible for the efficient and effective implementation of their development plans, program objectives and priorities. Further, Section 77 of the same law provides that the chief executive of every local government unit shall be responsible for human resources and development in his unit and shall take all personnel actions in accordance with the Constitutional provisions on civil service, pertinent laws, and rules and regulations thereon, including such policies, guidelines and standards as the Civil Service Commission may establish. Thus, the implementation of all staffing actions necessary to fulfill LGU mandates and to perform functions devolved to them is within their power and authority.

¹ [Local Government Code of 1991](#)

This document intends to provide DOH’s guidance to LGUs on the minimum recommended staffing complement for LGU health facilities and health offices.

This can be used as reference as LGUs implement incremental creation of permanent positions as provided in the RA No. 11223 or the Universal Health Care Act. The LGUs are highly encouraged to adopt these minimum recommendations to support the integration of local health systems into Province-wide and City-wide Health Systems aligned with the UHC Act.

II. Considerations in Developing the Recommended Organizational Structure and Staffing Complement for Health Facilities in LGUs

The *Minimum Recommendations for Staffing Complement of Public Health Facilities and Health Offices in Local Government Units (Annex C2 of the DOH DTP)* is a collaborative effort of the DOH Technical Working Group (TWG) in DTP. Main contributors in this document are the Bureau of Local Health Systems Development (BLHSD), the Health Facilities Development Bureau (HFDB), and the Health Human Resource Development Bureau (HHRDB).

Led by the BLHSD, the recommended organizational structures of LGU health facilities were developed through Administrative Order (AO) No. 2021-0021 “Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)”³. In these organizational structures, components/units were given specific functions to facilitate the integration of local health systems into Province-wide and City-wide Health Systems. The HFDB then presided over the analysis of these functions to develop health facility standards and core functions and services indicated in the Department Circular No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities”⁴.

² [Executive Order \(EO\) No. 138 series of 2021](#)

³ DOH-AO-No_2020-0021.Pdf, n.d. “Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)”

⁴ [Department Circular No. 2020-0176 Manual for Primary Care Facilities](#)

Using the health facility standards and core functions and services, bureaus and offices in the DOH Central Offices were requested to propose their recommended standard for staffing complement in LGU health facilities in accordance with the functions and services they plan to devolve. Submitted proposals were consolidated and analyzed by the HHRDB to come up with the **minimum recommendations for staffing complement of public health facilities and health offices in LGUs**, as indicated in this document.

Other considerations include:

1. HHRDB shall provide observations and/or comments for HRH-related positions, in particular.
2. Technical offices/ experts shall provide comments on their respective areas of expertise.
3. Recommend to seek guidance from the Personnel Administration Division of the Administrative Services (AS-PAD), especially for non-health positions.
4. Evaluation of staffing proposals shall be guided by the *DBM-CSC Government Rationalization Program Organization and Staffing Standards and Guidelines*, to wit:
 - a. Identification of functions (core and non-core) that could be effectively outsourced/contracted out; provided that accountability mechanisms are in place.
 - b. Use of the following guides in the *Staffing of an Organization*:
 - i. Reduce functions/programs into activities/tasks to identify staffing requirements.
 - ii. Determine skills/competencies required to perform the functions/activities/tasks.
 - iii. Match activities/tasks with positions in the Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS) ⁵ for the National Government to determine the appropriate position title.

⁵ LOCAL-BUDGET-CIRCULAR-NO-137.Pdf, n.d., Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

- iv. Apart from the unit head, allow a higher level of position of the same type or senior level positions and provide at least one entrance level position.
 - v. Observe an optimal ratio between technical and administrative positions. Limit the provision of assistants, as much as possible.
- c. Alignment with the IOS for the National Government in all staffing modifications involving reclassification, conversion, and creation of positions.
 - d. Recommended Organizational Structure and Core Functions and Services of each unit preference should be given to generic over specialist positions, for flexibility.
 - e. Determine the number of positions required based on workload.

III. Recommendations from DOH TWG on DTP

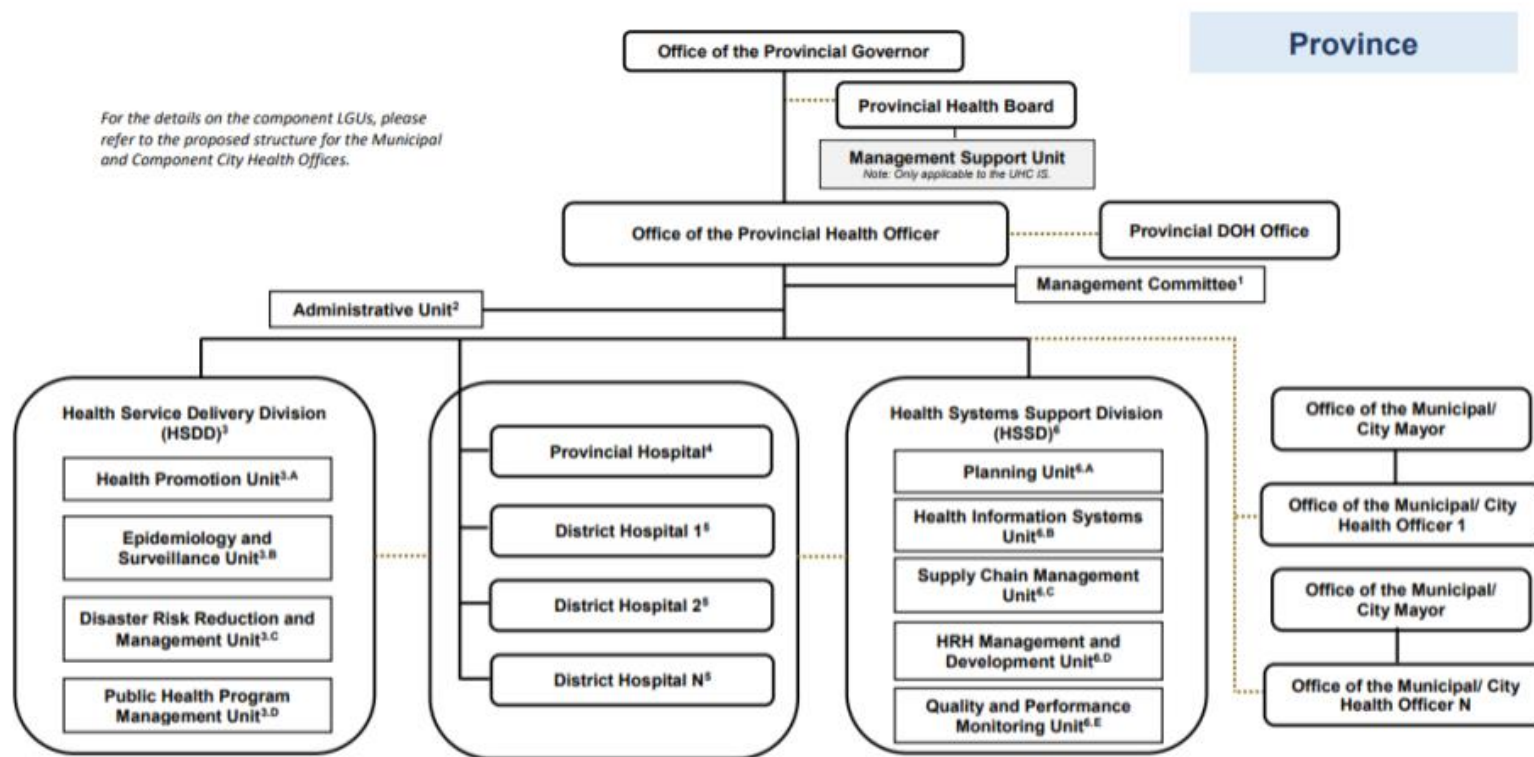


Figure 1. Recommended Organizational Structure of Province-wide Health Systems⁶

⁶ Inputs from Bureau of Local Health Systems Development

Table 1. Provincial Health Office and Corresponding Functions of Each Units

Unit	Functions
I. Management Committee	This Committee shall assist the Provincial Health Officer II, and shall advise the PHO II regarding the overall management of the local health system, with the integration of public health and hospital service delivery operations. This shall be composed of the Division Chiefs of the Health Service Delivery Division and Health Systems Support Division, and Medical Center Chiefs or Chief of Hospitals under the direct supervision of PHO II.
II. Administrative Unit	This Unit shall render administrative and logistics assistance to the other units within the PHO. Its functions shall include coordination with other offices within the Provincial Government and its component local government units; internal logistics and property management; and facility, equipment and motor vehicle maintenance, among others.
III. Health Service Delivery Division	This Division shall be headed by the Provincial Health Officer I and shall manage the coordination of health service delivery operations of PCPNs, hospitals and other health facilities, and oversee the overall integration of the health systems and implementation of public health programs, including referral system, health promotion, epidemiology and surveillance, and disaster risk reduction and management for health. (<i>DOH-AO-No_2020-0021.Pdf</i> , n.d.)
a. Health Promotion Unit	This Unit shall be responsible for the implementation of health promotion-related programs, projects and activities, and shall facilitate coordination among partners, such as but not limited to local

Unit	Functions
	government and hospital Health Promotion and Education Officers (HEPOs) and Barangay Health Workers as barangay level health promotion officers.
b. Epidemiology and Surveillance Unit	This Unit shall be responsible for the conduct of epidemiologic investigations for communicable and non-communicable disease of concern, case investigations, patient interviews, review of medical records, contact tracing, collection, storage and transport of samples and specimens, risk assessments, laboratory investigation, population surveys and environmental investigation. It shall also be responsible for the data management, analysis and mandatory reporting of notifiable diseases and health events of public health concern.
c. Disaster Risk Reduction and Management Unit	This Unit is responsible for the timely, effective and efficient preparedness and response to public health emergencies and disasters. It shall also establish and maintain an emergency operation center with an early warning system, communication mechanism and technology, and equipment; and organize and mobilize health emergency response teams that are equipped with adequate and appropriate tools and supplies.
d. Public Health Program Management Unit	This Unit shall be responsible for the overall implementation of public health programs, local health policies, plans and standards, including the coordination of the delivery of public health services.
IV. Health Systems Support Division	This Division shall be headed by an Officer of the same level as the Assistant Provincial Health Officer and shall manage the health financing, planning and budgeting, health information system, procurement

Unit	Functions
	and supply chain for health products and services, local health regulation, health human resource development, and performance monitoring, among others. <i>(DOH-AO-No_2020-0021.Pdf, n.d.)</i>
a. Planning Unit	This Unit shall be responsible for the formulation of the provincial health goals, objectives and overall plans, including the local investment plan for health (LIPH), and other investment and budget plans for health. It shall also manage the health planning process of the Provincial Health Office.
b. Health Information Systems Unit	This Unit shall be responsible for the information and communication technology development, management and interoperability.
c. Supply Chain Management Unit	This Unit shall be responsible for facilitating demand planning and forecasting, inventory management, formulation of transportation and warehousing strategies, and monitoring of proper storage and disposal of medicines, health commodities and other health products.
d. HRH Management and Development Unit	This Unit shall be responsible for the development of strategies on HRH generation, recruitment, retraining and retention, including HRH sharing and performance assessment mechanisms within the province. It shall also be responsible for the formulation of the HRH plan, conduct of learning development needs assessments and interventions, and career development and management system. It shall also be in charge of the provision of psychosocial and other necessary support for the HRH.

Unit	Functions
e. Quality and Performance Monitoring Unit	This Unit shall ensure that provided health services and operations of the health systems meet the minimum quality standards set by the DOH, PhilHealth and other stakeholders, and satisfy the needs and expectations of the clients. It shall also ensure that performance standards are consistent across health facilities and services within the province. They shall implement the Continuous Quality Improvement strategy in their mandate and this shall be cascaded to the health facilities and divisions concerned.
III. Hospital Services	Note: This follows the Revised Organizational Structure and Staffing Standards for Government Hospitals CY 2013 Edition ⁷
a. Provincial Hospital (As level 2)	This is the departmentalized hospital, headed by the Medical Center Chief, that shall provide clinical care and management on the prevalent diseases in the locality, as well as particular forms of treatment, surgical procedures and intensive care. It shall have the same clinical services provided in L1 Hospital, as well as specialty clinical care. It shall also provide appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy), and give total nursing and intensive skilled care. (AO 2019-0060 ; AO 2012-0012)
b. District Hospital (As level 1)	This is the non-departmentalized hospital, headed by the Chief of Hospital, that shall provide clinical care and management of the prevalent diseases in the locality with clinical services that include general

⁷ [Revised Organizational Structure and Staffing Standards for Government Hospitals CY 2013 Edition](#)

Unit	Functions
	<p>medicine, pediatrics, obstetrics and gynecology, and surgery and anesthesia. It shall provide appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy) and shall give nursing care for patients who require intermediate, moderate and partial categories of supervised care for 24 hours or longer. (AO 2019-0060; AO 2012-0012)</p>

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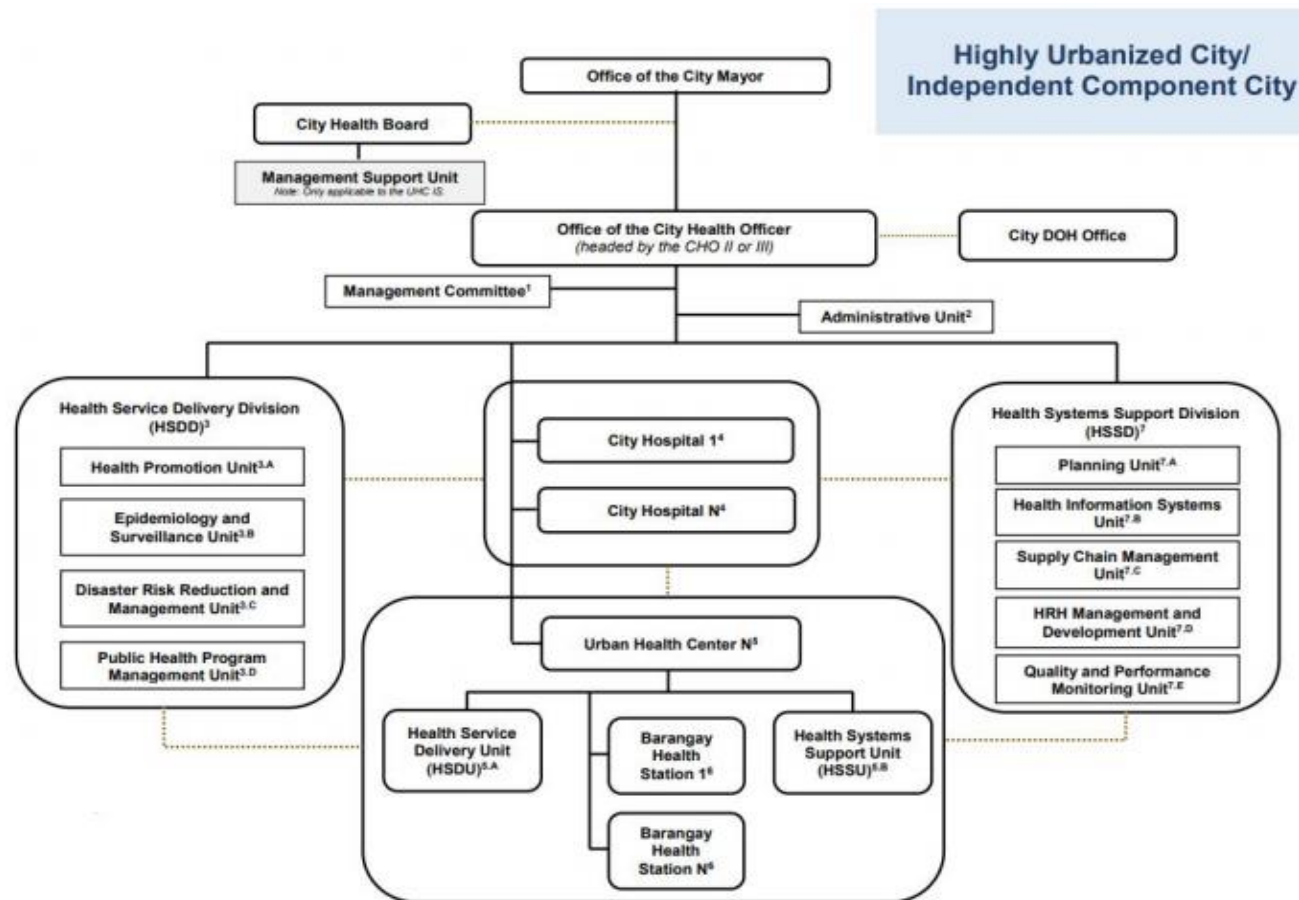


Figure 2. Recommended Organizational Structure for City-wide Health Systems particularly in Highly Urbanized Cities / Independent Component Cities ⁸

⁸ Inputs from Bureau of Local Health Systems Development

Table 2. City Health Office in Highly Urbanized Cities / Independent Component Cities and Corresponding Functions of Each Units

Unit	Functions
I. Management Committee	This Committee shall assist the City Health Officer II, and shall advise the CHO II regarding the overall management of the local health system, with the integration of public health and hospital service delivery operations. This shall be composed of the Division Chiefs of the Health Service Delivery Division and Health Systems Support Division, and Medical Center Chiefs or Chief of Hospitals under the direct supervision of City Health Officer II.
II. Administrative Unit	This Unit shall render administrative and logistics assistance to the other units within the CHO. Its functions shall include coordination with other offices within the City Government; internal logistics and property management; and facility, equipment and motor vehicle maintenance, among others.
III. Health Service Delivery Division	This Division shall be headed by the City Health Officer I and shall manage the health service delivery operations of PCPNs, hospitals and other health facilities, and oversee the overall integration of the health systems and implementation of public health programs, including referral system, health promotion, epidemiology and surveillance, and disaster risk reduction and management for health. (<i>DOH-AO-No_2020-0021.Pdf</i> , n.d.)
a. Health Promotion Unit	This Unit shall be responsible for the implementation of health promotion-related programs, projects and activities, and facilitates coordination among partners, such as but not limited to local government and hospital Health Promotion and Education officers (HEPOs) and Barangay Health Workers as barangay level health promotion officers.

Unit	Functions
b. Epidemiology and Surveillance Unit	This Unit shall be responsible for the conduct of epidemiologic investigations, case investigations, patient interviews, review of medical records, contact tracing, collection, storage and transport of samples and specimens, risk assessments, laboratory investigation, population surveys and environmental investigation. It shall also be responsible for the data management, analysis and mandatory reporting of notifiable diseases and health events of public health concern.
c. Disaster Risk Reduction and Management Unit	This Unit shall be responsible for the timely, effective and efficient preparedness and response to public health emergencies and disasters. It shall also establish and maintain an emergency operation center with an early warning system, communication mechanism and technology, and equipment; and organize and mobilize health emergency response teams that are equipped with adequate and appropriate tools and supplies.
d. Public Health Program Management Unit	This Unit shall be responsible for the overall implementation of public health programs, local health policies, plans and standards, including the coordination of the delivery of public health services.
IV. Health Systems Support Division	This Division shall be headed by an Officer of the same level as the Assistant City Health Officer and shall manage the health financing (planning and budgeting), health information system, procurement and supply chain for health products and services, local health regulation, health human resource development, and performance monitoring, among others. <i>(DOH-AO-No_2020-0021.Pdf, n.d.)</i>

Unit	Functions
a. Planning Unit	This Unit shall be responsible for the formulation of the city health goals and overall plans, including the local investment plan for health (LIPH), and other investment and budget plans for health. It shall also manage the health planning process of the City Health Office.
b. Health Information Systems Unit	This Unit shall be responsible for the information and communication technology development, management and interoperability of information systems and infrastructure, and health information resources.
c. Supply Chain Management Unit	This Unit shall be responsible for facilitating demand planning and forecasting, inventory management, formulation of transportation and warehousing strategies, and monitoring of proper storage and disposal of medicines, health commodities and other health products.
d. HRH Management and Development Unit	This Unit shall be responsible for the development of strategies on HRH generation, recruitment, retraining and retention, including HRH sharing and performance assessment mechanisms within the city. It shall also be responsible for the formulation of the HRH plan, conduct of learning development needs assessments and interventions and career development and management system, as well as the provision of psychosocial and other necessary support for the HRH.
e. Quality and Performance Monitoring Unit	This Unit shall ensure that provided health services and operations of the health systems meet the minimum quality standards set by the DOH, PhilHealth and other stakeholders, and satisfy the needs and expectations of the clients. It shall also ensure that performance standards are consistent across health

Unit	Functions
	facilities and services within the city. They shall implement the Continuous Quality Improvement strategy in their mandate and this shall be cascaded to the health facilities and units concerned.
V. Urban Health Center	This facility shall serve as the first contact of primary care services in the city delivering health promotion, disease prevention, health maintenance, counselling, patient education, diagnosis and management & treatment of acute and chronic illnesses and referrals. It shall ensure a follow-through course of treatment of a person as whole and shall provide both population and individual-based health services. It shall provide leadership in patient navigation and coordination in a network and follows the standards set by the DOH. (AO 2019-0060)
a. Health Service Delivery Unit	This Unit shall primarily be responsible in providing population-based and individual-based health services of the UHC. The HSDU shall also navigate and coordinate referrals to other service providers within the Health Care Provider Network. (DC 2020-0176)
b. Health Systems Support Unit	This Unit shall primarily be responsible for rendering administrative services such as management of logistics, equipment, facilities, and technologies including the management of health data and records in the UHC/ UHU. The HSSU shall also coordinate with and submit reports to the City Health Office or respective Health Care Provider Network. (DC 2020-0176)
c. Barangay Health Station	This facility shall provide primary care services at the barangay level and shall be focused on preventive and promotive population-based health services. It shall also assist in patient navigation as a satellite

Unit	Functions
	health facility of the Urban Health Centers and shall follow the standards set by the DOH. (AO 2019-0060)
d. Hospital Services	Note: This follows the Revised Organizational Structure and Staffing Standards for Government Hospitals CY 2013 Edition ⁹
a. City Hospital	<p>(<i>As level 2</i>): This is the departmentalized hospital, headed by the Medical Center Chief, that shall provide clinical care and management on the prevalent diseases in the locality, as well as particular forms of treatment, surgical procedures and intensive care. It shall have the same clinical services provided in L1 Hospital, as well as specialty clinical care. It shall also provide appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy), and give total nursing and intensive skilled care. (AO 2019-0060; AO 2012-0012)</p> <p>(<i>As level 1</i>): This is the non-departmentalized hospital, headed by the Chief of Hospital, that shall provide clinical care and management on the prevalent diseases in the locality with clinical services that include general medicine, pediatrics, obstetrics and gynecology, and surgery and anesthesia. It shall provide appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy) and shall give nursing care for patients who require intermediate, moderate and partial categories of supervised care for 24 hours or longer. (AO 2019-0060; AO 2012-0012)</p>

⁹ [Revised Organizational Structure and Staffing Standards for Government Hospitals CY 2013 Edition](#)

Unit	Functions
	<p><i>(As infirmary)</i>: A health facility that shall provide emergency treatment and care to the sick and injured, as well as clinical care and management to mothers and newborn babies. It provides basic, non-complex, inpatient, diagnostic, and treatment services usually by general practitioners. The need for infirmaries is decided according to the local context (AO 2019-0060; AO 2012-0012)</p>

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Municipality/ Component City

Scenario 1: The Municipal/ City Health Office is one and the same with the Rural Health Unit/ Urban Health Center and has no hospital owned and managed by the component LGU.

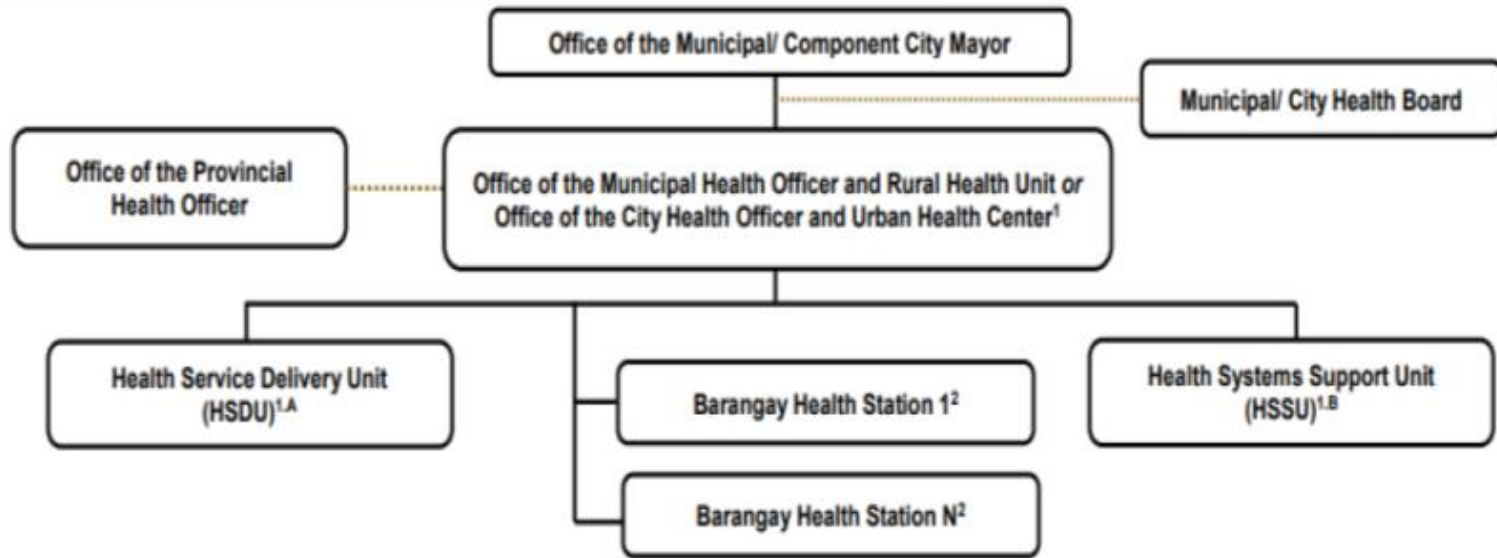


Figure 3. Recommended Organizational Structure for Municipalities / Component Cities (Scenario 1) ¹⁰

¹⁰ Inputs from Bureau of Local Health Systems Development

Scenario 2: There are several Rural Health Units/ Urban Health Centers under the Municipal/ City Health Officer and has a hospital owned and managed by the component LGU.

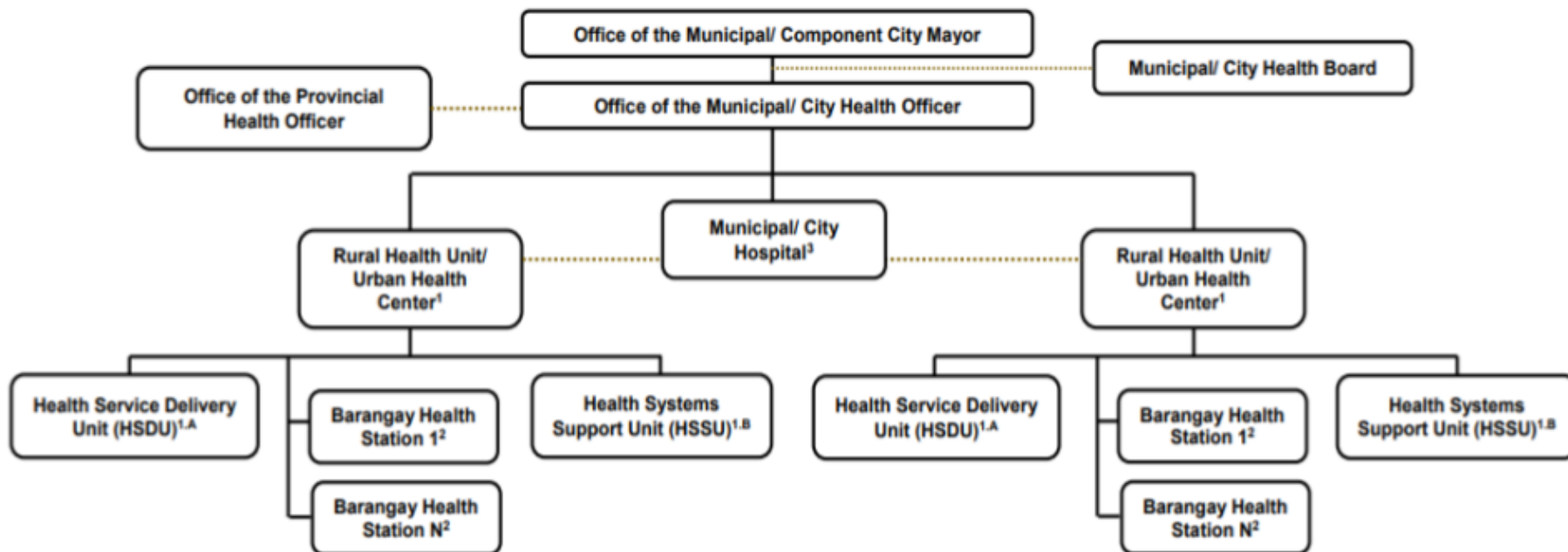


Figure 4. Recommended Organizational Structure for Municipalities / Component Cities (Scenario 2) ¹¹

¹¹ Inputs from Bureau of Local Health Systems Development

Table 3. City / Municipal Health Office in Component Cities / Municipalities and Corresponding Functions of Each Units

Unit	Functions
<p>I. Rural Health Unit/ Urban Health Center</p>	<p>This facility shall serve as the first contact of primary care services in the municipality or city delivering health promotion, disease prevention, health maintenance, counselling, patient education, diagnosis and management & treatment of acute and chronic illness and referrals. It shall ensure a follow-through course of treatment of a person as a whole and shall provide both population and individual-based health services. It shall provide leadership in patient navigation and coordination in a network and follows the standards set by the DOH. (AO 2019-0060)</p> <p>In areas wherein the Rural Health Unit/Urban Health Center is one and the same with the Municipal/ City Health Office, the facility shall be headed by the Municipal/ City Health Officer. In LGUs wherein there are several RHUs/ UHCs, the Municipal/ City Health Office shall be headed by the Municipal/ City Health Officer while the RHUs/ UHCs are headed by the Rural Health Physicians or any equivalent positions.</p>
<p>a. HSDU</p>	<p>This Unit shall primarily be responsible in providing population-based and individual-based health services of the RHU/UHU. The HSDU shall also navigate and coordinate referrals to other service providers within the Health Care Provider network. (DC 2020-0176)</p>
<p>b. HSSU</p>	<p>This Unit shall primarily be responsible for rendering administrative services such as management of logistics, equipment, and facilities as well as management of health data and records in the UHC/UHU. The HSSU shall also coordinate with and submit reports to the Provincial Health office or respective Health Care Provider Network. (DC 2020-0176)</p>

Unit	Functions
c. Barangay Health Station	This facility shall provide primary care services at the barangay level and shall be focused on preventive and promotive population-based health services. It shall also assist in patient navigation as a satellite health facility of the RHUs/UHUs and shall follow the standards set by the DOH. (AO 2019-0060)
II. Hospital Services	Note: This follows the Revised Organizational Structure and Staffing Standards for Government Hospitals CY 2013 Edition ¹²
A. Municipal/ City Hospital	<p>(As level 1): This is the non-departmentalized hospital, headed by the Chief of Hospital, that shall provide clinical care and management of the prevalent diseases in the locality with clinical services that include general medicine, pediatrics, obstetrics and gynecology, and surgery and anesthesia. It shall provide appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy) and shall give nursing care for patients who require intermediate, moderate and partial category of supervised care for 24 hours or longer. (AO 2019-0060; AO 2012-0012)</p> <p>(As infirmary): A health facility that shall provide emergency treatment and care to the sick and injured, as well as clinical care and management to mothers and newborn babies. It shall provide basic, non-complex, inpatient, diagnostic, and treatment services usually by general practitioners. The need for infirmaries is decided according to the local context (AO 2019-0060; AO 2012-0012)</p>

¹² [Revised Organizational Structure and Staffing Standards for Government Hospitals CY 2013 Edition](#)

B. Health Facility Staffing Standards

The minimum recommendations for staffing complement of LGU health facilities were developed based on standards and core functions and services of health facilities as indicated in the Department Circular No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities”.

In the Manual of Standards for Primary Care Facilities, staffing standards for primary care health facilities is based on the following health worker to population ratio, as reflected in the National Objectives for Health (NOH) 2017-2022 pending the results of the Workload Indicators of Staffing Needs (WISN) study:

One (1) Urban Health Center/Rural Health Unit physician per 20,000 population

One (1) public health nurse per 10,000 population

One (1) public health midwife per 5,000 population

One (1) public health dentist per 50,000 population

One (1) sanitation inspector per 20,000 population

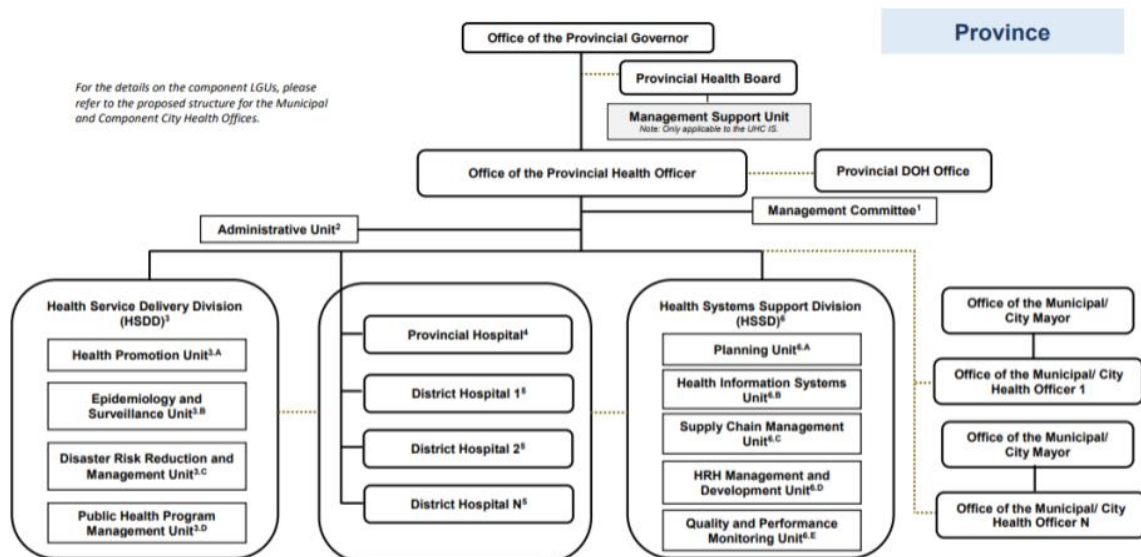
The enumerated ratios shall be implemented and monitored at urban health centers or rural health units. These primary care facilities shall be led by a City or Municipal Health Officer (C/MHO) who is responsible for formulating and implementing the health programs in the whole city or municipality. The C/MHO also supervises, coordinates, and monitors the operations of the UHC/RHU. Under the C/MHO is the Rural Health Physician who takes charge of a small medical team assigned in the RHU and renders preventive and medical services in at least one (1) barangay.

As the lead in the Primary Care Provider Network (PCPN), urban health centers or rural health units are expected to provide primary health care services to LGUs through its functional units – the Health Service Delivery Unit (HSDU) and the Health System Support Unit (HSSU). The HSDU is responsible for providing population and individual-based health services and for coordinating/ navigating referrals to other service providers within the Health Care Provider Network (HCPN). On the other hand, HSSU is responsible for rendering administrative services such as management of

logistics, equipment, and facilities as well as management of health data and records in the UHC/RHU.

Another sub-unit of the UHC/RHU is the Health Station, such as a Barangay Health Station. Health stations are responsible for augmenting UHC/RHU in the provision of population-based health services and coordinating patient transport to the appropriate referral facility, when necessary. The health station shall be composed of one (1) nurse, one (1) midwife, one (1) BHW per 20 households, one (1) BNS per barangay, administrative assistant, utility worker, and the emergency transport driver. The rural health physician, dentist or dental hygienist, medical technologist or laboratory aide, and sanitation inspector from the UHC/RHU shall rotate on scheduled visits to the Health Stations.

C. Minimum Recommendations for Staffing Complement with Core Job Descriptions of Positions in LGU Health Facilities



Provincial Health Office

1. Provincial Health Office (PHO staff and administrative unit)

Provincial Health Office (PHO) (Minimum Staffing Recommendation)

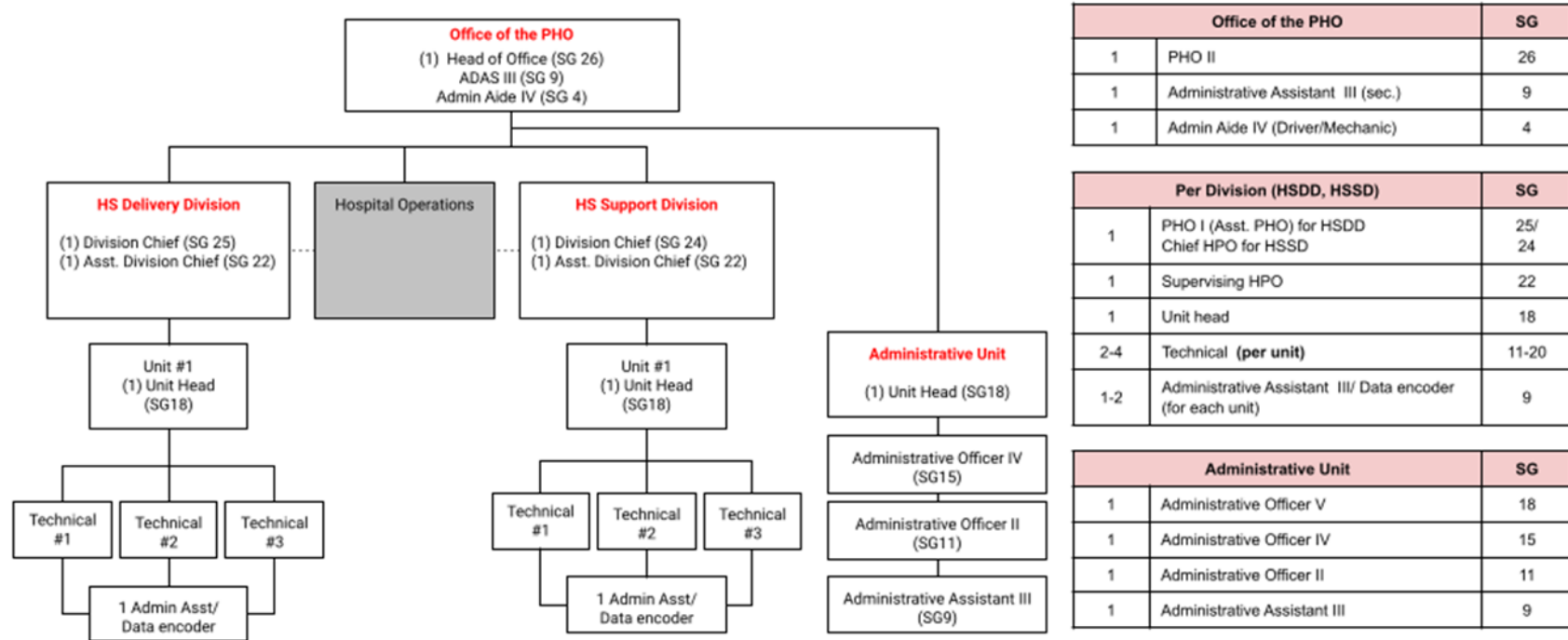


Figure 5. Organizational Chart Indicating Minimum Staffing Recommendations for the Office of the Provincial Health Officer and its Administrative Unit

Organizational Unit [1]	Position Title ¹³ [2]	SG [3]	Minimum Qualifications ¹⁴ and Competencies ^{15,16} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Office of the Provincial Health Office	Provincial Health Officer II	26	<p>Education: Master’s Degree OR Certificate in Leadership and Management from the CSC</p> <p>Experience: Five (5) years of supervisory/ management experience</p> <p>Training: 120 hours of supervisory/management learning and development intervention undertaken within the last five (5) yrs</p> <p>Eligibility: Career Service Professional/ Second Level eligibility</p>	1	<ul style="list-style-type: none"> ■ Responsible for the technical integration and supervision of the Province-wide and City-wide Health Systems (P/CWHS). ■ Oversees the operations of two technical divisions, namely: Health Service Delivery Division (HSDD) and Health Systems Support Division (HSSD). ■ Leads the technical secretariat of the Health Board in close coordination with the Management Support Unit (MSU). 	Inputs based on IOS 2021 and DOH AO No. 2020-0021. “Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)”

¹³ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

¹⁴ 1997 Civil Service Commission Qualification Standards Manual

¹⁵ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

¹⁶ Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ¹³ [2]	SG [3]	Minimum Qualifications ¹⁴ and Competencies ^{15,16} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Leadership Competencies:</p> <ol style="list-style-type: none"> 1. Building Collaborative and Inclusive Relationships 2. Leading Change 3. Managing Performance and Coaching for Results 4. Thinking Creatively and Strategically <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Developing Personal and Organizational Capability 			

Organizational Unit [1]	Position Title ¹³ [2]	SG [3]	Minimum Qualifications ¹⁴ and Competencies ^{15,16} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			2. Implementing Health Policies and Regulations 3. Management Acumen 4. Performance Management Standards 5. Political Savvy 6. Risk Management 7. Workforce Planning			
Office of the Provincial Health Office	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Acts as the secretary of the PHO II ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ¹³ [2]	SG [3]	Minimum Qualifications ¹⁴ and Competencies ^{15,16} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>		policies and guidelines of the CSC	
Office of the Provincial Health Office	<p>Administrative Aide (Driver/ Mechanic)</p>	4	<p>Education: Elementary school graduate</p> <p>Experience: none required</p> <p>Training: none required</p> <p>Eligibility: Driver License (MC 11, s. 96 - Cat. II)</p>	1	<ul style="list-style-type: none"> ■ Driver of the PHO II 	Inputs from Personnel Administration Division of the Administrative Service
Administrative Unit	<p>Administrative Officer V</p>	18	<p>Education: Bachelor's Degree relevant to the job</p>	1	<ul style="list-style-type: none"> ■ Head of the Administrative Unit 	Inputs based on DOH AO No. 2020-0021

Organizational Unit [1]	Position Title ¹³ [2]	SG [3]	Minimum Qualifications ¹⁴ and Competencies ^{15,16} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			<p>Experience: Two (2) years of relevant experience</p> <p>Training: Eight (8) hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>			
Administrative Unit <i>under the Provincial Health Office</i>	Administrative Officer IV	15	<p>Education: Bachelor's Degree relevant to the job</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages administrative activities/works. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on DOH AO No. 2020-0021

Organizational Unit [1]	Position Title ¹³ [2]	SG [3]	Minimum Qualifications ¹⁴ and Competencies ^{15,16} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Administrative Unit <i>under the Provincial Health Office</i>	Administrative Officer II	11	<p>Education: Bachelor's Degree relevant to the job</p> <p>Experience: none required</p> <p>Training: none required</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages administrative activities/works. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on DOH AO No. 2020-0021
Administrative Unit <i>under the Provincial Health Office</i>	Administrative Assistant III	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages administrative activities/works. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on DOH AO No. 2020-0021

Organizational Unit [1]	Position Title ¹³ [2]	SG [3]	Minimum Qualifications ¹⁴ and Competencies ^{15,16} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>			

2. Provincial Health Office (Health Service Delivery Division)

PHO - Health Service Delivery Division (HSDD)

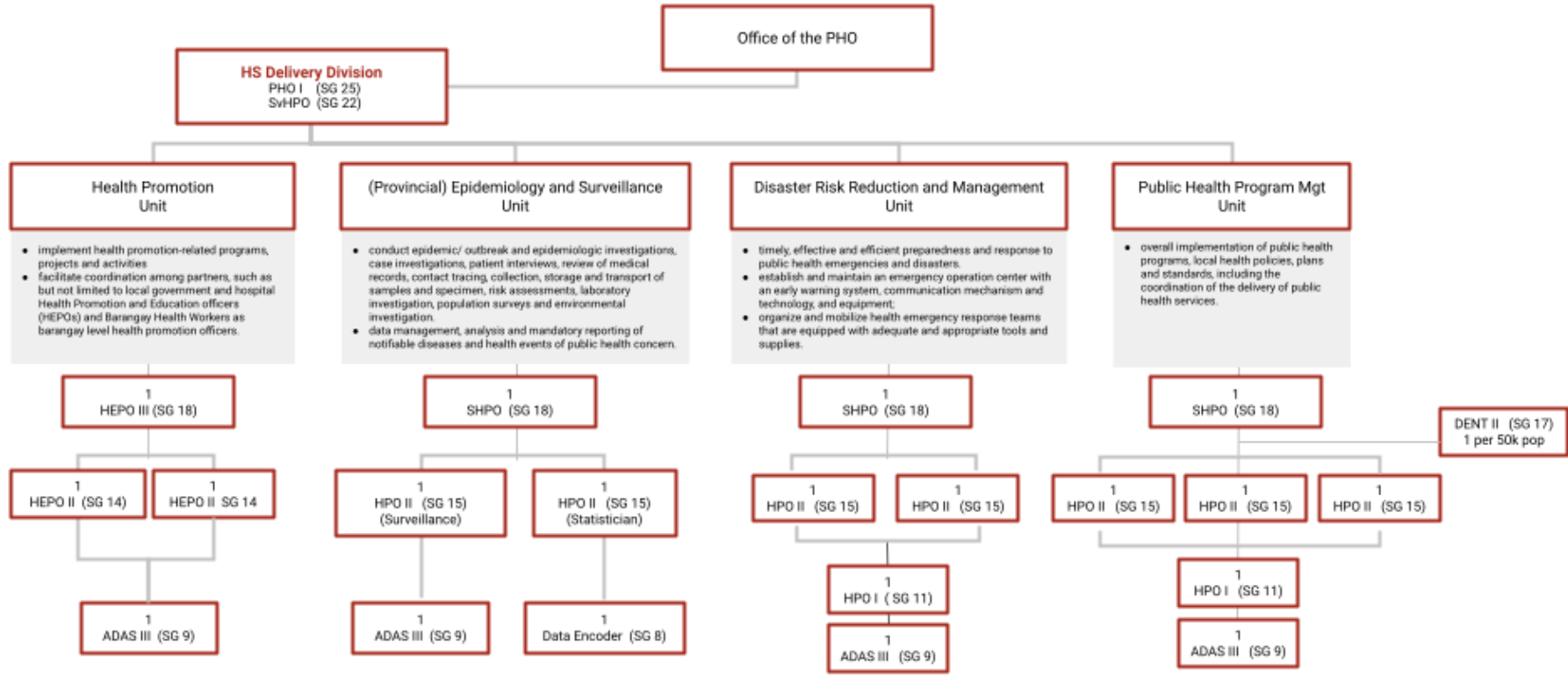


Figure 6. Organizational Chart Indicating Minimum Staffing Recommendations for the Health Service Delivery Division under the Provincial Health Office

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Health Service Delivery Division <i>under the Provincial Health Office</i>	Provincial Health Officer I	25	<p>Education: Master’s Degree OR Certificate in Leadership and Management from the CSC</p> <p>Experience: Four (4) years of supervisory/ management experience</p> <p>Training: 40 hours of supervisory/management learning and development intervention undertaken within the last five (5) years</p>	1	<ul style="list-style-type: none"> ■ Head of the HSDD ■ Assists the PHO II for the technical integration and supervision of the P/CWHS. 	Pursuant to DOH AO 2020-0021

¹⁷ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

¹⁸ 1997 Civil Service Commission Qualification Standards Manual

¹⁹ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

²⁰ Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Career Service Professional/Second Level eligibility</p> <p>Leadership Competencies:</p> <ol style="list-style-type: none"> 1. Building Collaborative and Inclusive Relationships 2. Leading Change 3. Managing Performance and Coaching for Results 4. Thinking Creatively and Strategically 			

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Developing Personal and Organizational Capability 2. Implementing Health Policies and Regulations 3. Management Acumen 4. Performance Management Standards 5. Political Savvy 6. Risk Management 7. Workforce Planning 			

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Health Service Delivery Division <i>under the Provincial Health Office</i>	Supervising Health Program Officer	22	<p>Education: Bachelor's degree</p> <p>Experience: Three (3) years of relevant experience</p> <p>Training: 16 hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ Assistant Division Chief to the PHO I 	Inputs based on IOS 2021.
Health Promo Unit <i>under the Health Service Delivery Division</i>	Health Education and Promotion Officer III	18	<p>Education: Bachelor's degree</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p>	1	<ul style="list-style-type: none"> ■ Leads the implementation of health promotion-related projects, programs, and activities at the provincial level. ■ Coordinates with partners such as, but not limited to 	Inputs from Health Promotion Bureau (HPB) pursuant to DOH Administrative Order No. 2020-0042 whereas,

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Building Relationship with Stakeholders 3. Health Promotion and Health Education 		<p>LGU and Hospital HEPOs and Barangay Health Workers (BHWs) as barangay-level HEPOs.</p>	<p><i>The Health Promotion Unit in Provincial Health Offices shall lead the implementation of health promotion-related projects, programs, and activities and exercise coordination with partners such as but not limited to LGU and Hospital HEPOs and Barangay Health Workers (BHWs).</i></p>

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			4. Planning, Organizing, and Delivering 5. Policy Development 6. Project/Program Planning and Management 7. Technical Consulting			
Health Promo Unit <i>under the Health Service Delivery Division</i>	Health Education and Promotion Officer II	14	Education: Bachelor's Degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training	2	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health education and promotion activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in 	Inputs from Health Promotion Bureau (HPB)

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Effective Presentation Skills 3. Health Promotion and Health Education 4. Implementing Health Policies and Regulations 		accordance with policies and guidelines of the CSC	

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			5. Information Management 6. Media and Public Relations 7. Program/Project Planning and Management			
Health Promo Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training	1	<ul style="list-style-type: none"> ■ Provides administrative support to the Health Promo Unit 	Inputs from Health Promotion Bureau (HPB)

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility			
(Provincial) Epidemiology and Surveillance Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Senior Health Program Officer (Surveillance Coordinator)	18	Education: Bachelor's degree relevant to the job Experience: Two (2) years of relevant experience Training: 8 hours of relevant training Eligibility: Career Service (Professional) Service Second Level Eligibility Leadership Competencies: N/A	1	<ul style="list-style-type: none"> ■ The Surveillance Coordinator coordinates all surveillance and response activities within the PESU. ■ Their primary role is monitoring and capacity development of ESUs and other Disease Reporting Units (DRUs) within the LGUs. ■ A significant amount of their time is spent following up on systemic issues identified by Disease Surveillance Officers (DSO) through 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Technical Competencies: <ol style="list-style-type: none"> 1. Achieving High Standards 2. Building Relationship with Stakeholders 3. Computer Skills 4. Data Recording and Reporting 5. Effective Presentation Skills 6. Providing Support and Services 7. Research Analysis 8. Technical Writing 		<p>DRU reporting activities and providing both on-the-job and structured training and capacity development to ESUs and DRUs.</p> <ul style="list-style-type: none"> ■ The Surveillance Coordinator also coordinates with concerned national and subnational laboratories for confirmation of etiology when available. 	

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
(Provincial) Epidemiology and Surveillance Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Health Program Officer II (Disease Surveillance Officer for HIV/STI/Viral Hepatitis)	15	Education: Bachelor's degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ The PESU Disease Surveillance Officer for HIV/STI/Viral Hepatitis is expected to perform the following functions: <ul style="list-style-type: none"> - Encodes, processes, and analyzes HIV, hepatitis B & C, syphilis, gonorrhea and other STI surveillance data in the One HIV, AIDS and STI Information System (OHASIS) - Assists the RESU in the conduct of orientation on the use and maintenance of the electronic information system, OHASIS, to newly designated DOH HIV 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<p>Primary Care and treatment facilities, certified rHIVda confirmatory laboratories (CrCL), & new disease surveillance unit staff</p> <ul style="list-style-type: none"> - Collects and follows-up STI, HIV & AIDS and Viral Hepatitis case reports from disease surveillance units, HIV & STI laboratories, treatment hubs and social hygiene clinics - Assists in monitoring HIV & STI programs at the national, regional, and local levels; 	

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<ul style="list-style-type: none"> - Assists in providing support to national, regional, and local counterparts; - Assists in disseminating strategic information through presentations and information materials; - Consolidates monthly/quarterly HIV/AIDS & STI surveillance reports and data submission to RESU; <ul style="list-style-type: none"> ■ Ensures data integrity and security at all times. 	
(Provincial) Epidemiology	Health Program Officer II	15	Education: Bachelor's degree	1	<ul style="list-style-type: none"> ■ Acts as the FHSIS Officer. 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p>and Surveillance Unit</p> <p><i>under the Health Service Delivery Division</i></p> <p><i>under the Provincial Health Office</i></p>	(statistician)		<p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<ul style="list-style-type: none"> ■ Primarily responsible for the validation, analysis and reporting of FHSIS data at the provincial level. This includes monthly, quarterly and annual report preparation and preparation of ad-hoc reports and presentations needed at the provincial level. ■ They are also responsible for disseminating amendments in FHSIS indicators. ■ As a Statistician, the position also assists DSOs in statistical analysis of data and in developing statistical analysis competency within the PESU 	

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
(Provincial) Epidemiology and Surveillance Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Data Encoder II	8	<p>Education: Completion of 2 years studies in college or High School Graduate with relevant vocational/trade course</p> <p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: Career Service (Subprofessional) Data Encoder (MC 11 s. 96 - Cat I) First Level Eligibility</p>	1	<ul style="list-style-type: none"> Responsible for encoding of data into PIDSR, ESR, FHSIS and other program-specific data systems. Follows up on missing data with the support of DSOs and FHSIS coordinators. 	Inputs from Epidemiology Bureau (EB)
(Provincial) Epidemiology and Surveillance Unit	Administrative Assistant III	9	<p>Education: Completion of two-year studies in college or High School Graduate</p>	1	<ul style="list-style-type: none"> Responsible for all administrative activities within the PESU, including logistical arrangements, 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Service Delivery Division</i></p> <p><i>under the Provincial Health Office</i></p>			<p>with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>		<p>maintenance of supplies for investigations, preparation of documents and publishing of reports.</p> <ul style="list-style-type: none"> ■ The Admin Assistant may provide data encoding support where necessary. 	
<p>Disaster Risk Reduction and Management Unit</p> <p><i>under the Health Service Delivery Division</i></p>	<p>Senior Health Program Officer</p>	<p>18</p>	<p>Education: Bachelor's degree</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p>	<p>1</p>	<ul style="list-style-type: none"> ■ Cluster Focal Staff 	<p>Inputs from Health Emergency Management Bureau (HEMB)</p>

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Building Relationship with Stakeholders 3. Data Recording and Reporting 4. Diversity Management 			

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			5. Health Promotion and Health Education 6. Planning, Organizing and Delivering 7. Program/Project Planning and Management			
Disaster Risk Reduction and Management Unit <i>under the Health Service Delivery Division</i>	Health Program Officer II	15	Education: Bachelor's degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training	2	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages disaster risk reduction activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Health Emergency Management Bureau (HEMB)

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			Eligibility: Career Service (Professional) Second Level Eligibility			
Disaster Risk Reduction and Management Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Health Program Officer I	11	Education: Bachelor's degree Experience: None required Training: None required Eligibility: Career Service (Professional) Second Level Eligibility <i>(Competencies will depend on the roles and responsibilities)</i> Leadership Competencies: N/A	1	<ul style="list-style-type: none"> ■ DRRM-H Operation Center Staff 	Inputs from Health Emergency Management Bureau (HEMB)

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies: <i>(Preparedness)</i></p> <ul style="list-style-type: none"> 8. Data Recording and Reporting 9. Health Promotion and Health Education 10. Providing Support and Services 11. Technical Consulting 12. Training Program Administration <p><i>(Response)</i></p>			

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>13. Effective Presentation Skills</p> <p>14. Data Recording and Reporting</p> <p>15. Health Promotion and Health Education</p> <p>16. Technical Consulting</p> <p><i>(Admin Unit)</i></p> <p>17. Effective Presentation Skills</p> <p>18. Data Recording and Reporting</p>			

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			19. Health Promotion and Health Education 20. Implementing Health Rules and Regulations 21. Project/Program Planning and Management 22. Technical Consulting			

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Disaster Risk Reduction and Management Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility	1	<ul style="list-style-type: none"> ■ Provides administrative support to the Disaster Risk Reduction and Management Unit 	Inputs from Health Emergency Management Bureau (HEMB)
Public Health Program Mgt Unit	Senior Health Program Officer	18	Education: Bachelor's degree Experience: 2 years of relevant experience	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages public health program activities. ■ Specific function: 	Inputs based on IOS 2021

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Service Delivery Division</i></p> <p><i>under the Provincial Health Office</i></p>			<p>Training: 8 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<p>- May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC</p>	
<p>Public Health Program Mgt Unit</p> <p><i>under the Health Service Delivery Division</i></p> <p><i>under the Provincial Health Office</i></p>	Dentist II	17	<p>Education: Doctor of Dental Medicine or Dental Surgery</p> <p>Experience: 3 years of relevant experience</p> <p>Training: 16 hrs of relevant training</p> <p>Eligibility: RA 1080</p>	1 per 50k population	<p>■ Manages the dental unit of the PHO pursuant to RA No. 1891 “An Act Strengthening Health and Dental Services in the Rural Areas” whereas,</p> <p><i>There shall be in each province a Provincial Health Officer, and in each congressional district, a dental unit composed of a Public Health Dentist and a dental helper who is a high school graduate with</i></p>	<p>Inputs were adopted from the discussions during the DTP TWG meeting pursuant to RA No. 1891.</p> <p>The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for</p>

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<i>experience and knowledge of medicine or allied science.</i>	Health 2017-2022.
Public Health Program Mgt Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Health Program Officer II	15	Education: Bachelor's degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training Eligibility: Career Service (Professional) Second Level Eligibility	3	<ul style="list-style-type: none"> ■ Develops, updates, and facilitates repealing of localized plans, policies, processes, and procedures on health programs translating/adapting national issuances, using latest and strong scientific evidence, and consulting stakeholders. ■ Measures input, process, output, outcome, and impact of infectious disease plans, activities, and programs through scientific inquiry and statistical analysis. 	Inputs from Disease Prevention and Control Bureau (DPCB) Inputs particular to nutrition programs and advocacy activities were adopted from comments of the NNC during the DTP TWG meeting.

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<ul style="list-style-type: none"> ■ Communicates information to stakeholders to support policy and planning development or updating. ■ Assess, implement, monitor, and/or evaluate nutrition programs; and facilitate nutrition promotion/advocacy activities. 	
Public Health Program Mgt Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Health Program Officer I	11	Education: Bachelor's degree Experience: None required Training: None required Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages public health program activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021

Organizational Unit [1]	Position Title ¹⁷ [2]	SG [3]	Minimum Qualifications ¹⁸ and Competencies ^{19,20} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Public Health Program Mgt Unit <i>under the Health Service Delivery Division</i> <i>under the Provincial Health Office</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility	1	<ul style="list-style-type: none"> ■ Manages the financing and procurement of devolved commodities and supplies; ■ Performs other relevant administrative concerns. 	Inputs from Disease Prevention and Control Bureau (DPCB)

3. Provincial Health Office (Health Systems Support Division)

PHO - Health System Support Division (HSSD)

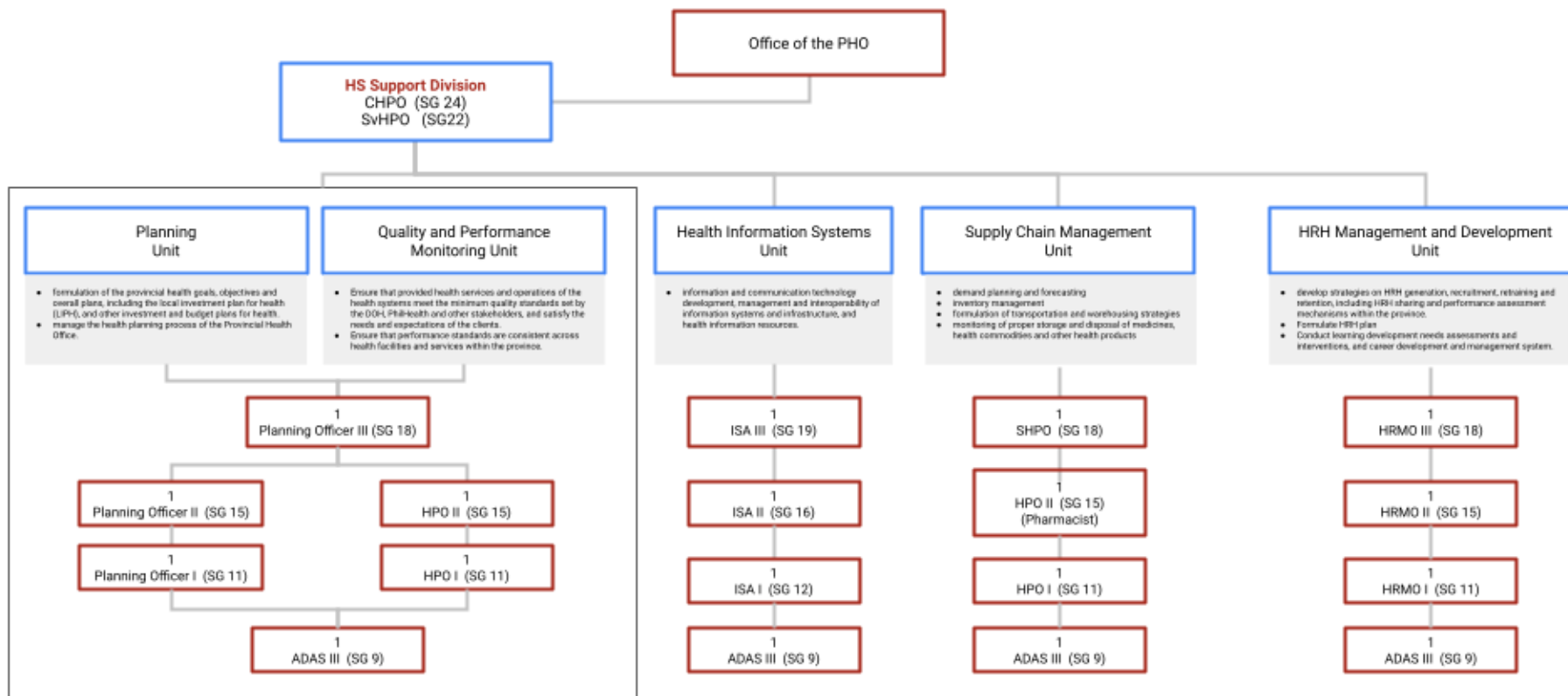


Figure 7. Organizational Chart Indicating Minimum Staffing Recommendations for the Health System Support Division under the Provincial Health Office

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Health System Support Division <i>under the Provincial Health Office</i>	Chief Health Program Officer	24	<p>Education: Master's Degree OR Certificate in Leadership and Management from the CSC</p> <p>Experience: Four (4) years of supervisory/management experience</p> <p>Training: 40 hours of supervisory/management learning and development intervention undertaken within the last five (5) years</p>	1	<ul style="list-style-type: none"> ■ Acts as Division Chief of HSSD 	Inputs based on IOS 2021.

²¹ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

²² 1997 Civil Service Commission Qualification Standards Manual

²³ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

²⁴ Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Career Service Professional/Second Level eligibility</p> <p>Leadership Competencies:</p> <ol style="list-style-type: none"> 1. Building Collaboration & Inclusive Relationships 2. Leading Change 3. Managing Performance & Coaching for Results 4. Thinking Critically & Strategically 			

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Technical Competencies: <ol style="list-style-type: none"> 1. Building Relationships with Stakeholders 2. Decision Quality 3. Managing Conflict Performance Management 4. Policy Development 5. Project/Program Planning and Management 6. Technical Consulting 			
Health System Support Division	Supervising Health Program	22	Education: Bachelor's degree	1	<ul style="list-style-type: none"> ■ Acts as Assistant Division Chief of HSSD 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>	Officer		<p>Experience: Three (3) years of relevant experience</p> <p>Training: 16 hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>			
Planning Unit / Quality and Performance Monitoring Unit <i>under the Health System Support Division</i>	Planning officer III	18	<p>Education: Bachelor's degree relevant to the job</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title²¹ [2]	SG [3]	Minimum Qualifications²² and Competencies^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			Eligibility: Career Service (Professional) Second Level Eligibility		policies and guidelines of the CSC	
Planning Unit / Quality and Performance Monitoring Unit <i>under the Health System Support Division</i> <i>under the Provincial Health Office</i>	Planning officer II	15	Education: Bachelor's degree relevant to the job Experience: 1 year of relevant experience Training: 4 hrs of relevant training Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021.
Planning Unit / Quality and Performance Monitoring Unit	Health Program Officer II	15	Education: Bachelor's degree Experience: 1 year of relevant experience	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Health System Support Division</i> <i>under the Provincial Health Office</i>			<p>Training: 4 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<ul style="list-style-type: none"> ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
<p>Planning Unit / Quality and Performance Monitoring Unit</p> <p><i>under the Health System Support Division</i></p> <p><i>under the Provincial Health Office</i></p>	Planning Officer I	11	<p>Education: Bachelor's degree relevant to the job</p> <p>Experience: none required</p> <p>Training: none required</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Planning Unit / Quality and Performance Monitoring Unit <i>under the Health System Support Division</i> <i>under the Provincial Health Office</i>	Health Program Officer I	11	Education: Bachelor's degree Experience: None required Training: None required Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021.
Planning Unit / Quality and Performance Monitoring Unit <i>under the Health System Support Division</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the Planning Unit / Quality and Performance Monitoring Unit ■ Specific function: 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>		<ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
<p>Health Information Systems Unit</p> <p><i>under the Health System Support Division</i></p> <p><i>under the Provincial Health Office</i></p>	<p>Information Systems Analyst (ISA) III</p>	19	<p>Education: Bachelor's degree relevant to the job</p> <p>Experience: Two (2) years of relevant experience</p> <p>Training: 8 hours of relevant training</p> <p>Eligibility: Career Service (Professional) Service Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ Develops/updates and maintains localized system implementation guidelines and toolkits on health information systems, telemedicine, and other eHealth-related solutions and innovations in accordance with national policies and approved LHS HIM & ICT Development Plan. 	<p>Inputs from Knowledge Management and Information Technology Service (KMITS)</p>

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies:</p> <ul style="list-style-type: none"> 7. Achieving High Standards 8. Computer Skills 9. Data Recording and Reporting 10. Information, Security, Risk Management and Assurance 11. People Management 12. Research Analysis 13. Statistical Research for Health 		<ul style="list-style-type: none"> ■ Leads the conduct of tooling and retooling training. ■ Provides technical assistance to all implementers within their area of jurisdiction. ■ Performs other tasks as may be assigned by the ITO III. 	

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Health Information Systems Unit <i>under the Health System Support Division</i> <i>under the Provincial Health Office</i>	Information Systems Analyst (ISA) II	16	Education: Bachelor's degree relevant to the job Experience: One (1) year of relevant experience Training: 4 hours of relevant training Eligibility: Career Service (Professional) Service Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health information systems. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs were adopted from discussions during the DTP TWG meeting.
Health Information Systems Unit <i>under the Health System Support Division</i>	Information Systems Analyst (ISA) I	12	Education: Bachelor's degree relevant to the job Experience: none required Training: none required	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health information systems. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with 	Inputs were adopted from discussions during the DTP TWG meeting.

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			Eligibility: Career Service (Professional) Service Second Level Eligibility		policies and guidelines of the CSC	
Health Information Systems Unit <i>under the Health System Support Division</i> <i>under the Provincial Health Office</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the Health Information Systems Unit ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Supply Chain Management Unit <i>under the Health System Support Division</i> <i>under the Provincial Health Office</i>	Senior Health Program Officer	18	Education: Bachelor's degree Experience: 2 years of relevant experience Training: 8 hrs of relevant training Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages activities related to the supply chain. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021.
Supply Chain Management Unit <i>under the Health System Support Division</i>	Health Program Officer II (Pharmacist)	15	Education: Bachelor's degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training	1	<ul style="list-style-type: none"> ■ Can be a PRC-registered pharmacist. ■ General functions: <ul style="list-style-type: none"> - Assess, implement, monitor, and/or evaluate activities related to supply chain management. 	Inputs were adopted from comments of the Pharmaceutical Division during the DTP TWG meeting pursuant to RA No. 10918 or the Philippine Pharmacy Act.

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Provincial Health Office</i>			Eligibility: Career Service (Professional) Second Level Eligibility		<ul style="list-style-type: none"> ■ Specific functions particular to pharmacists: <ul style="list-style-type: none"> - Provide technical assistance and support in the implementation of the different DOH Programs and Policies related to pharmaceutical access and management - Provide technical assistance and support to the different health facilities within the province in terms of Pharmaceutical Supply Chain Management (PSCM) 	

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<ul style="list-style-type: none"> - Oversee the service delivery network within the province - Supervise and manage the pharmacy dispensary and medicines/ health supply warehouse in the PHO - Monitor the inventory and utilization of medicines in the provinces - Provide assistance and support in the monitoring of the prices of drugs and medical devices/supplies, including the compliance of health 	

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<p>facilities/drug establishments to prescribed prices of the DOH</p> <ul style="list-style-type: none"> - Serve as a member of the Pharmacy and Therapeutics Committee (PTC) in the PHO - Oversee the management of Botikang Bayan pursuant to RA No. 9502 or the “Universally Accessible Cheaper and Quality Medicines Act of 2008”. 	
Supply Chain Management Unit	Health Program Officer I	11	Education: Bachelor’s degree	1	<ul style="list-style-type: none"> ■ General function: 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health System Support Division</i></p> <p><i>under the Provincial Health Office</i></p>			<p>Experience: None required</p> <p>Training: None required</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<ul style="list-style-type: none"> - Manages activities related to the supply chain. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
<p>Supply Chain Management Unit</p> <p><i>under the Health System Support Division</i></p> <p><i>under the Provincial Health Office</i></p>	<p>Administrative assistant III</p>	<p>9</p>	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p>	<p>1</p>	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the Supply Chain Management Unit. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in 	<p>Inputs based on IOS 2021.</p>

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>		<p>accordance with policies and guidelines of the CSC</p>	
<p>HRH Management and Development Unit</p> <p><i>under the Health System Support Division</i></p> <p><i>under the Provincial Health Office</i></p>	<p>Human Resource Management Officer III</p>	<p>18</p>	<p>Education: Bachelor's Degree</p> <p>Experience: Two (2) years of relevant experience</p> <p>Training: Eight (8) hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>	<p>1</p>	<p>■ General functions:</p> <p>The Human Resource Management Officers are expected to</p> <ul style="list-style-type: none"> - Conduct Baseline Assessment, Gaps Analysis and Investment Needs for HRH - Develop P/CWHS HRH plan, integrated into the 	<p>Inputs from Health Human Resource Development Bureau (HHRDB)</p>

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Technical Competencies <ol style="list-style-type: none"> 1. Effective Presentation Skills 2. Implementing Health Policies and Regulations 3. Influencing and Negotiating 4. Learning and Development 5. Human Resource Acquisition and Development 6. People Management 		<p>Local Investment Plan for Health (LIPH)</p> <ul style="list-style-type: none"> - Conduct HRH Management and Development System and HRH Performance Assessment System (to support CSC PRIME-HRM per MC No. 3, s. 2012) - Manage learning and development needs of HRH - Manage certification of Primary Care Health Workers. <p>■ Specific function:</p>	

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			7. Performance Management Standards 8. Political Savvy 9. Policy Development 10. Risk Management 11. Technical Writing 12. Workforce Planning		- May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC	
HRH Management and Development Unit	Human Resource Management Officer II	15	Education: Bachelor's Degree Experience: One (1) year of relevant experience	1	<ul style="list-style-type: none"> ■ General functions: The Human Resource Management Officers are expected to - Conduct Baseline Assessment, Gaps 	Inputs from Health Human Resource Development Bureau (HHRDB)

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health System Support Division</i></p> <p><i>under the Provincial Health Office</i></p>			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p> <p>Technical Competencies</p> <ol style="list-style-type: none"> 1. Effective Presentation Skills 2. Implementing Health Policies and Regulations 3. Influencing and Negotiating 4. Learning and Development 		<p>Analysis and Investment Needs for HRH</p> <ul style="list-style-type: none"> - Develop P/CWHS HRH plan, integrated into the Local Investment Plan for Health (LIPH) - Conduct HRH Management and Development System and HRH Performance Assessment System (to support CSC PRIME-HRM per MC No. 3, s. 2012) - Manage learning and development needs of HRH 	

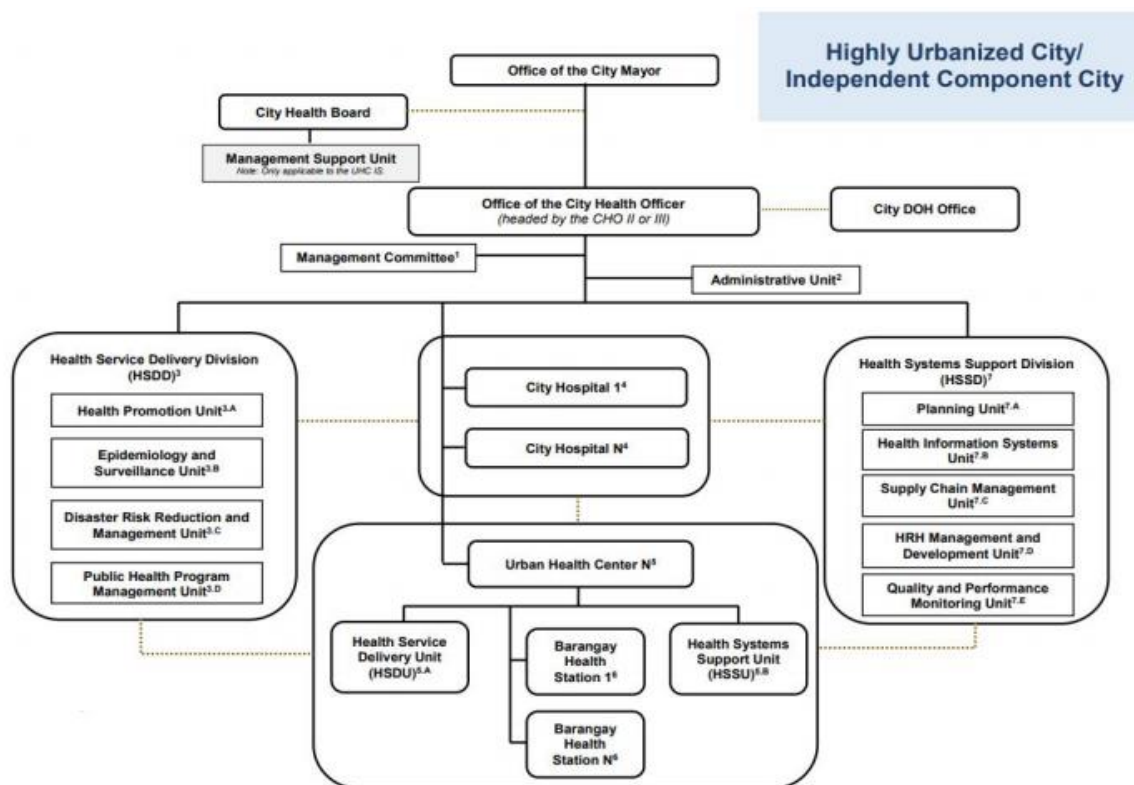
Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			5. Manpower Acquisition and Development 6. Performance Management Standards 7. Political Savvy 8. Policy Development 9. Risk Management 10. Technical Writing 11. Workforce Planning		<ul style="list-style-type: none"> - Manage certification of Primary Care Health Workers. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
HRH Management and Development Unit	Human Resource Management Officer I	11	Education: Bachelor's degree Experience: none required	1	<ul style="list-style-type: none"> ■ General functions: 	Inputs from Health Human Resource Development Bureau (HHRDB)

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health System Support Division</i></p> <p><i>under the Provincial Health Office</i></p>			<p>Training: none required</p> <p>Eligibility: (Professional)/ Second Level Eligibility</p>		<p>The Human Resource Management Officers are expected to</p> <ul style="list-style-type: none"> - Conduct Baseline Assessment, Gaps Analysis and Investment Needs for HRH - Develop P/CWHS HRH plan, integrated into the Local Investment Plan for Health (LIPH) - Conduct HRH Management and Development System and HRH Performance Assessment System (to support CSC PRIME- 	

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<p>HRM per MC No. 3, s. 2012)</p> <ul style="list-style-type: none"> - Manage learning and development needs of HRH - Manage certification of Primary Care Health Workers. <p>■ Specific function:</p> <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
HRH Management and	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate	1	<p>■ General functions:</p> <ul style="list-style-type: none"> - Provides administrative support to the HRH 	Inputs from Health Human Resource

Organizational Unit [1]	Position Title ²¹ [2]	SG [3]	Minimum Qualifications ²² and Competencies ^{23,24} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Development Unit <i>under the Health System Support Division</i> <i>under the Provincial Health Office</i>			with relevant vocational/ trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility		Management and Development Unit ■ Specific function: - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC	Development Bureau (HHRDB)

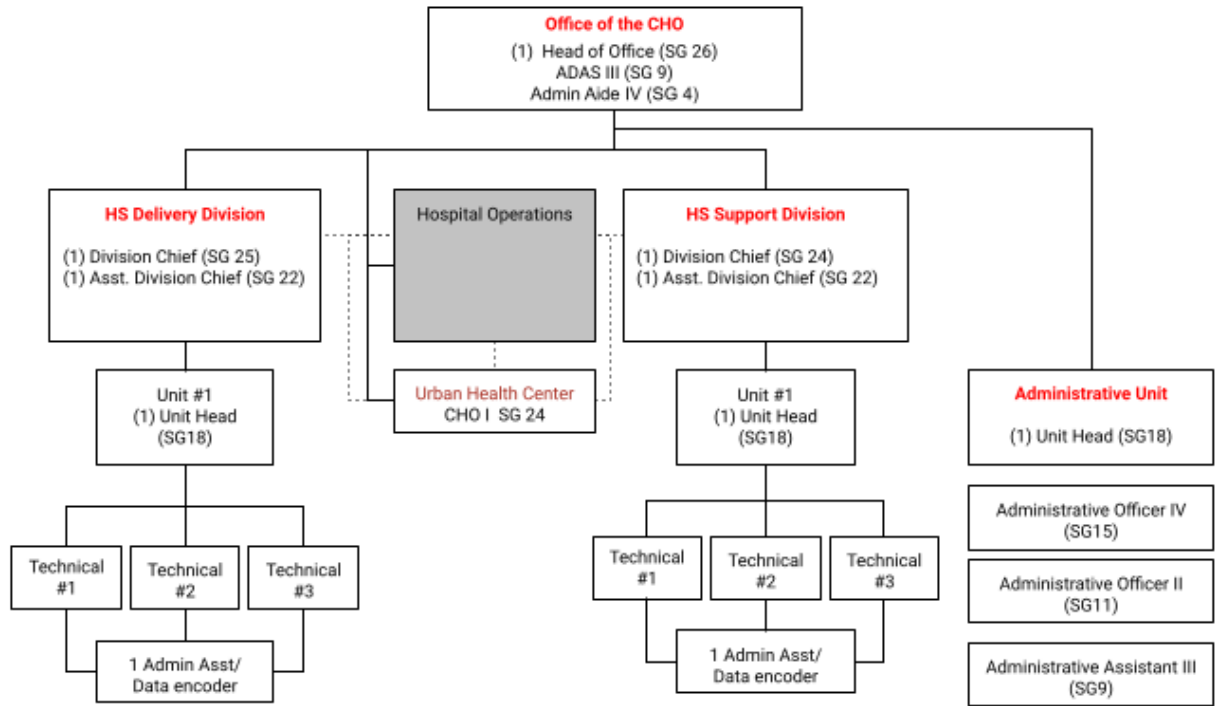
C. Minimum Recommendations for Staffing Complement with Core Job Descriptions of Positions in LGU Health Facilities



City Health Office in HUCs/ICCs

4. City Health Office in HUCs/ICCs (CHO staff and administrative unit)

City Health Office (CHO) in HUCs/ICCs (Minimum Staffing Recommendation)



Office of the CHO		SG
1	CHO III	26
1	Administrative Assistant III (sec.)	9
1	Admin Aide IV (Driver/Mechanic)	4
Per Division (HSDD, HSSD)		SG
1	CHO II (Asst. CHO) for HSDD Chief HPO for HSSD	25 24
1	Supervising HPO	22
1	Unit head	18
2-3	Technical (per unit)	11-20
1-2	Administrative Assistant III/ Data encoder (for each unit)	9
Per Urban Health Center (based on PCF Standards)		SG
1	CHO I	24
1	HSDU Head/	23
1	HSSU Head	22
#	Technical Staff	
#	Administrative support	
Administrative Unit		SG
1	Administrative Officer V	18
1	Administrative Officer IV	15
1	Administrative Officer II	11
1	Administrative Assistant III	9

Figure 8. Organizational Chart Indicating Minimum Staffing Recommendations for the City Health Office (in HUCs/ICCs) and its Administrative Unit

Organizational Unit [1]	Position Title ²⁵ [2]	SG [3]	Minimum Qualifications ²⁶ and Competencies ^{27,28} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Office of the City Health Officer in HUCs/ICCs	City Health Officer II	26	<p>Education: Master’s Degree OR Certificate in Leadership and Management from the CSC</p> <p>Experience: Five (5) years of supervisory/management experience</p> <p>Training: 120 hours of supervisory/management learning and development intervention undertaken within the last five (5) years</p>	1	<ul style="list-style-type: none"> ■ Responsible for the technical integration and supervision of the Province-wide and City-wide Health Systems (P/CWHS). ■ Oversees the operations of two technical divisions namely: Health Service Delivery Division (HSDD) and Health Systems Support Division (HSSD). ■ Leads the technical secretariat of the Health Board in close coordination with the 	Based on IOS 2021 and DOH AO No. 2020-0021.

²⁵ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

²⁶ 1997 Civil Service Commission Qualification Standards Manual

²⁷ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

²⁸ Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ²⁵ [2]	SG [3]	Minimum Qualifications ²⁶ and Competencies ^{27,28} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Eligibility: Career Service Professional/Second Level eligibility		Management Support Unit (MSU).	
Office of the City Health Officer in HUCs/ICCs	Administrative Assistant III	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Acts as the secretary of the CHO III ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ²⁵ [2]	SG [3]	Minimum Qualifications ²⁶ and Competencies ^{27,28} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Office of the City Health Officer in HUCs/ICCs	Administrative Aide IV (Driver/ Mechanic)	4	Education: Elementary school Graduate Experience: none required Training: none required Eligibility: Driver License (MC 11, s. 96 - Cat. II)	1	<ul style="list-style-type: none"> ■ Driver of the CHO III 	Inputs from Personnel Administration Division of the Administrative Service
Administrative Unit <i>under the City Health Office in HUCs/ICCs</i>	Administrative Officer V	18	Education: Bachelor's Degree relevant to the job Experience: Two (2) years of relevant experience Training: Eight (8) hours of relevant training Eligibility: Career Service (Professional)/ Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages administrative activities/works. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Based on DOH AO No. 2020-0021

Organizational Unit [1]	Position Title ²⁵ [2]	SG [3]	Minimum Qualifications ²⁶ and Competencies ^{27,28} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Administrative Unit <i>under the City Health Office in HUCs/ICCs</i>	Administrative Officer IV	15	<p>Education: Bachelor's Degree relevant to the job</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages administrative activities/works. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Based on DOH AO No. 2020-0021
Administrative Unit <i>under the City Health Office in HUCs/ICCs</i>	Administrative Officer II	11	<p>Education: Bachelor's Degree relevant to the job</p> <p>Experience: none required</p> <p>Training: none required</p> <p>Eligibility: Career Service</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages administrative activities/works. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in 	Based on DOH AO No. 2020-0021

Organizational Unit [1]	Position Title ²⁵ [2]	SG [3]	Minimum Qualifications ²⁶ and Competencies ^{27,28} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			(Professional)/ Second Level Eligibility		accordance with policies and guidelines of the CSC	
Administrative Unit <i>under the City Health Office in HUCs/ICCs</i>	Administrative Assistant III	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages administrative activities/works. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Based on DOH AO No. 2020-0021

5. City Health Office in HUCs/ICCs (Health Service Delivery Division)

CHO - Health Service Delivery Division (HSDD)

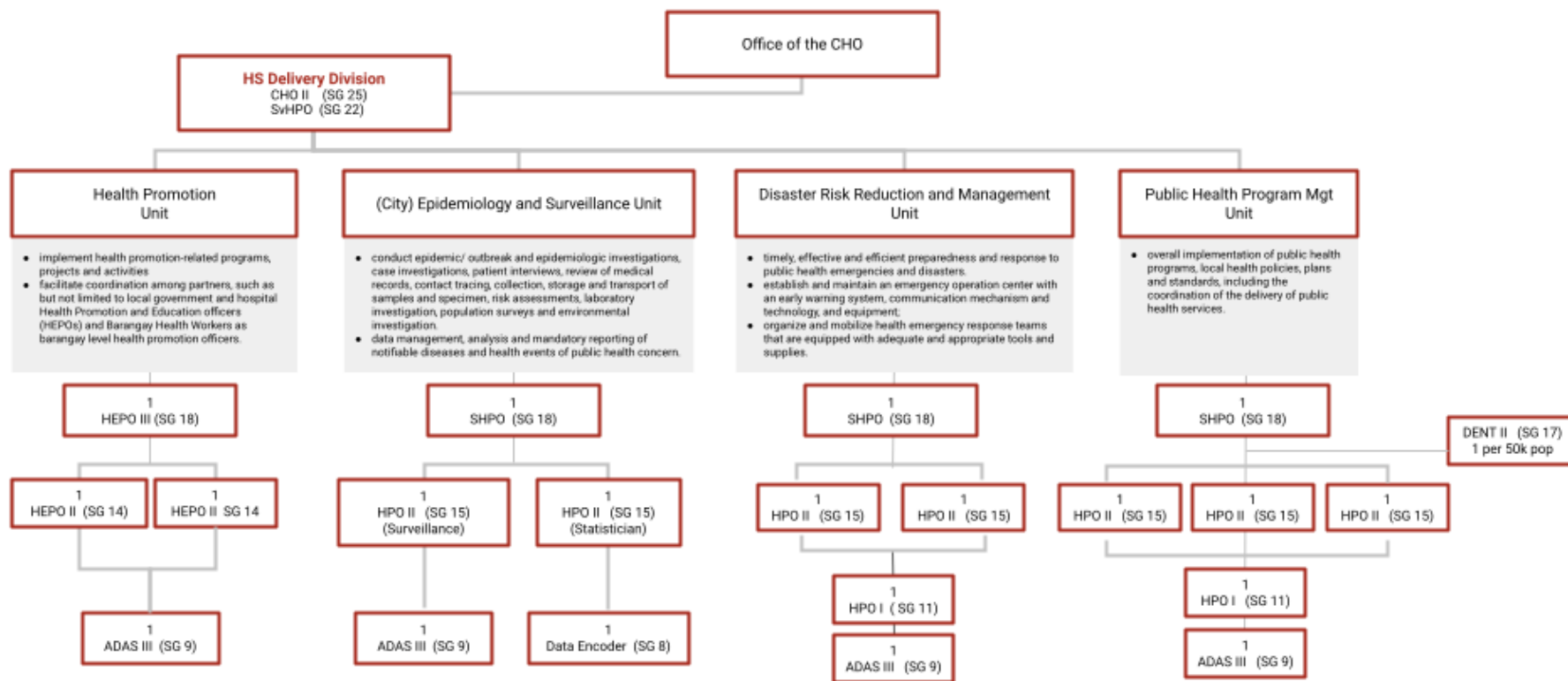


Figure 9. Organizational Chart Indicating Minimum Staffing Recommendations for the Health Service Delivery Division under the City Health Office (in HUCs/ICCs)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Health Service Delivery Division <i>under the City Health Office in HUCs/ICCs</i>	City Health Officer II	25	<p>Education: Master’s Degree OR Certificate in Leadership and Management from the CSC</p> <p>Experience: Five (5) years of supervisory/management experience</p> <p>Training: 120 hours of supervisory/management learning and development intervention undertaken within the last five (5) years</p>	1	<ul style="list-style-type: none"> ■ Head of the HSDD ■ Assists the CHO III for the technical integration and supervision of the P/CWHS. ■ Supervise the HRH and oversee HRH management and development. ■ Performs legislated functions pursuant to RA No. 7160 or the Local Government Code 	Pursuant to DOH AO 2020-0021 and RA No. 7160

²⁹ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

³⁰ 1997 Civil Service Commission Qualification Standards Manual

³¹ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

³² Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Career Service Professional/Second Level eligibility</p> <p>Leadership Competencies:</p> <ol style="list-style-type: none"> 1. Building Collaborative and Inclusive Relationships 2. Leading Change 3. Managing Performance and Coaching for Results 4. Thinking Creatively and Strategically 			

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Developing Personal and Organizational Capability 2. Implementing Health Policies and Regulations 3. Management Acumen 4. Performance Management Standards 5. Political Savvy 6. Risk Management 7. Workforce Planning 			

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Health Service Delivery Division <i>under the City Health Office in HUCs/ICCs</i>	Supervising Health Program Officer	22	<p>Education: Bachelor's degree</p> <p>Experience: Three (3) years of relevant experience</p> <p>Training: 16 hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ Assistant Division Chief to the CHO II 	Inputs based on IOS 2021.
Health Promo Unit <i>under the Health Service Delivery Division</i>	Health Education and Promotion Officer III	18	<p>Education: Bachelor's degree</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p>	1	<ul style="list-style-type: none"> ■ Leads the implementation of health promotion-related projects, programs, and activities at the provincial level. ■ Coordinates with partners such as, but not limited to 	Inputs from Health Promotion Bureau (HPB) pursuant to DOH Administrative Order No. 2020-0042 whereas,

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Building Relationship with Stakeholders 3. Health Promotion and Health Education 		LGU and Hospital HEPOs and Barangay Health Workers (BHWs) as barangay-level HEPOs.	<i>The Health Promotion Unit in Provincial Health Offices shall lead the implementation of health promotion-related projects, programs, and activities and exercise coordination with partners such as but not limited to LGU and Hospital HEPOs and Barangay Health Workers (BHWs).</i>

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			4. Planning, Organizing, and Delivering 5. Policy Development 6. Project/Program Planning and Management 7. Technical Consulting			
Health Promo Unit <i>under the Health Service Delivery Division</i>	Health Education and Promotion Officer II	14	Education: Bachelor's Degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training	2	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health education and promotion activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but 	Inputs from Health Promotion Bureau (HPB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Effective Presentation Skills 3. Health Promotion and Health Education 4. Implementing Health Policies and Regulations 		should still be in accordance with policies and guidelines of the CSC	

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			5. Information Management 6. Media and Public Relations 7. Program/Project Planning and Management			
Health Promo Unit <i>under the Health Service Delivery Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training	1	<ul style="list-style-type: none"> ■ Provides administrative support to the Health Promo Unit 	Inputs from Health Promotion Bureau (HPB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility			
<p>(City) Epidemiology and Surveillance Unit</p> <p><i>under the Health Service Delivery Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	Senior Health Program Officer	18	<p>Education: Bachelor's degree</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ The Surveillance Coordinator coordinates all surveillance and response activities within the CESU. ■ Their primary role is monitoring and capacity development of ESUs and other Disease Reporting Units (DRUs) within the LGUs. ■ A significant amount of their time is spent following up on systemic issues identified by Disease Surveillance 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<p>Officers (DSO) through DRU reporting activities and providing both on-the-job and structured training and capacity development to ESUs and DRUs.</p> <ul style="list-style-type: none"> ■ The Surveillance Coordinator also coordinates with concerned national and subnational laboratories for confirmation of etiology when available. 	
(City) Epidemiology and Surveillance Unit	<p>Health Program Officer II</p> <p>(Disease Surveillance Officer)</p>	15	<p>Education: Bachelor's degree</p> <p>Experience: 1 year of relevant experience</p>	1	<ul style="list-style-type: none"> ■ The CESU Disease Surveillance Officer is expected to perform the following functions: <ul style="list-style-type: none"> - Assist the RESU in the conduct of orientation 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Service Delivery Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Training: 4 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<p>on the use and maintenance of the electronic information system</p> <ul style="list-style-type: none"> - Collects and follows-up reports from disease surveillance units, laboratories, treatment hubs and social hygiene clinics - Assists in monitoring programs at the national, regional, and local levels; - Assists in providing support to national, regional, and local counterparts; 	

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<ul style="list-style-type: none"> - Assists in disseminating strategic information through presentations and information materials; - Consolidated monthly/quarterly surveillance reports and data submission to RESU; - Ensures data integrity and security at all times. 	
(City) Epidemiology and Surveillance Unit	Health Program Officer II (statistician)	15	Education: Bachelor's degree Experience: 1 year of relevant experience	1	<ul style="list-style-type: none"> ■ Acts as the FHSIS Officer. ■ Primarily responsible for the validation, analysis and reporting of FHSIS data at the provincial 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Service Delivery Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Training: 4 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<p>level. This includes monthly, quarterly and annual report preparation and preparation of ad-hoc reports and presentations needed at the provincial level.</p> <ul style="list-style-type: none"> ■ They are also responsible for disseminating amendments in FHSIS indicators. ■ As a Statistician, the position also assists DSOs in statistical analysis of data and in developing statistical analysis competency within the PESU 	

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
(City) Epidemiology and Surveillance Unit <i>under the Health Service Delivery Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training Eligibility: Relevant MC 11 s. 1996 Career Service (Sub-professional)/ First Level Eligibility Leadership Competencies: N/A	1	<ul style="list-style-type: none"> ■ Responsible for all administrative activities within the CESU, including logistical arrangements, maintenance of supplies for investigations, preparation of documents and publishing of reports. ■ The Admin Assistant may provide data encoding support where necessary. 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Technical Competencies: <ol style="list-style-type: none"> 1. Achieving High Standards 2. Computer Skills 3. Data Recording and Reporting 4. Providing Support and Services 5. Records Management 			
(City) Epidemiology and Surveillance Unit	Data Encoder	8	Education: Completion of 2 years studies in college or High School Graduate with relevant vocational/trade course	1	<ul style="list-style-type: none"> ■ Responsible for encoding of data into PIDSR, ESR, FHSIS and other program-specific data systems. Follows up on missing data with the support of DSOs and FHSIS coordinators. 	Inputs from Epidemiology Bureau (EB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Service Delivery Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: Career Service (Sub-professional) Data Encoder (MC 11 s. 96 - Cat I) First Level Eligibility</p>			
<p>Disaster Risk Reduction and Management Unit</p> <p><i>under the Health Service Delivery Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	<p>Senior Health Program Officer</p>	18	<p>Education: Bachelor's degree</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p>	1	<ul style="list-style-type: none"> ■ Cluster Focal Staff 	<p>Inputs from Health Emergency Management Bureau (HEMB)</p>

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Building Relationship with Stakeholders 3. Data Recording and Reporting 4. Diversity Management 			

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			5. Health Promotion and Health Education 6. Planning, Organizing and Delivering 7. Program/Project Planning and Management			
Disaster Risk Reduction and Management Unit <i>under the Health Service Delivery Division</i>	Health Program Officer II	15	Education: Bachelor's degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training	2	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages disaster risk reduction activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with 	Inputs from Health Emergency Management Bureau (HEMB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			Eligibility: Career Service (Professional) Second Level Eligibility		policies and guidelines of the CSC	
Disaster Risk Reduction and Management Unit <i>under the Health Service Delivery Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Health Program Officer I	11	Education: Bachelor's degree Experience: None required Training: None required Eligibility: Career Service (Professional) Second Level Eligibility <i>(Competencies will depend on the roles and responsibilities)</i> Leadership Competencies: N/A	1	■ DRRM-H Operation Center Staff	Inputs from Health Emergency Management Bureau (HEMB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies: <i>(Preparedness)</i></p> <ol style="list-style-type: none"> 1. Data Recording and Reporting 2. Health Promotion and Health Education 3. Providing Support and Services 4. Technical Consulting 5. Training Program Administration <p><i>(Response)</i></p>			

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<ol style="list-style-type: none"> 1. Effective Presentation Skills 2. Data Recording and Reporting 3. Health Promotion and Health Education 4. Technical Consulting <p><i>(Admin Unit)</i></p> <ol style="list-style-type: none"> 1. Effective Presentation Skills 2. Data Recording and Reporting 			

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			3. Health Promotion and Health Education 4. Implementing Health Rules and Regulations 5. Project/Program Planning and Management 6. Technical Consulting			
Disaster Risk Reduction and Management Unit <i>under the Health Service Delivery Division</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course	1	<ul style="list-style-type: none"> ■ Provides administrative support to the Disaster Risk Reduction and Management Unit 	Inputs from Health Emergency Management Bureau (HEMB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			<p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>			
<p>Public Health Program Mgt Unit</p> <p><i>under the Health Service Delivery Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	Senior Health Program Officer	18	<p>Education: Bachelor's degree</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages public health program activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Based on IOS 2021

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Eligibility: Career Service (Professional) Second Level Eligibility			
Public Health Program Mgt Unit <i>under the Health Service Delivery Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Dentist II	17	Education: Doctor of Dental Medicine or Dental Surgery Experience: 3 years of relevant experience Training: 16 hrs of relevant training Eligibility: RA 1080	1 per 50k population	<ul style="list-style-type: none"> ■ Manages the dental unit of the PHO pursuant to RA No. 1891 “An Act Strengthening Health and Dental Services in the Rural Areas” whereas, <i>There shall be in each province a Provincial Health Officer, and in each congressional district, a dental unit composed of a Public Health Dentist and a dental helper who is a high school graduate with experience and</i> 	Inputs were adopted from the discussions during the DTP TWG meeting pursuant to RA No. 1891. The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<i>knowledge of medicine or allied science.</i>	
Public Health Program Mgt Unit <i>under the Health Service Delivery Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Health Program Officer II	15	Education: Bachelor's degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training Eligibility: Career Service (Professional) Second Level Eligibility Leadership Competencies: N/A Technical Competencies:	3	<ul style="list-style-type: none"> ■ Develops, updates, and facilitates repealing of localized plans, policies, processes, and procedures on health programs translating/adapting national issuances, using latest and strong scientific evidence, and consulting stakeholders. ■ Measures input, process, output, outcome, and impact of infectious disease plans, activities, and programs through scientific inquiry and statistical analysis. 	Inputs from Disease Prevention and Control Bureau (DPCB) Inputs particular to nutrition programs and advocacy activities were adopted from comments of the NNC during the DTP TWG meeting.

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<ol style="list-style-type: none"> 1. Advocating Public Health 2. Case Management 3. Managing Conflict 4. Managing Work 5. Media and Public Relations 6. Project/Program Planning and Management 7. Technical Consulting 		<ul style="list-style-type: none"> ■ Communicates information to stakeholders to support policy and planning development or updating. ■ Assess, implement, monitor, and/or evaluate nutrition programs; and facilitate nutrition promotion/ advocacy activities. 	
Public Health Program Mgt Unit	Health Program Officer I	11	<p>Education: Bachelor's degree</p> <p>Experience: None required</p> <p>Training: None required</p>	2	<ul style="list-style-type: none"> ■ Assists in developing, updating, and facilitating repealing localized plans, policies, processes, and procedures on health programs 	Inputs from Disease Prevention and Control Bureau (DPCB)

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Service Delivery Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Effective Presentation Skills 2. Data Recording and Reporting 3. Health Promotion and Health Education 4. Implementing Health Rules and Regulations 5. Project/Program Planning and Management 6. Technical Consulting 		<p>translating/adapting national issuances</p> <ul style="list-style-type: none"> ■ Communicates information to stakeholders to support policy and planning development or updating 	

Organizational Unit [1]	Position Title ²⁹ [2]	SG [3]	Minimum Qualifications ³⁰ and Competencies ^{31,32} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Public Health Program Mgt Unit <i>under the Health Service Delivery Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Administrative Assistant III	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ Manages the financing and procurement of devolved commodities and supplies; ■ Performs other relevant administrative concerns. 	Inputs from Disease Prevention and Control Bureau (DPCB)

6. City Health Office in HUCs/ICCs (Health Systems Support Division)

CHO - Health System Support Division (HSSD)

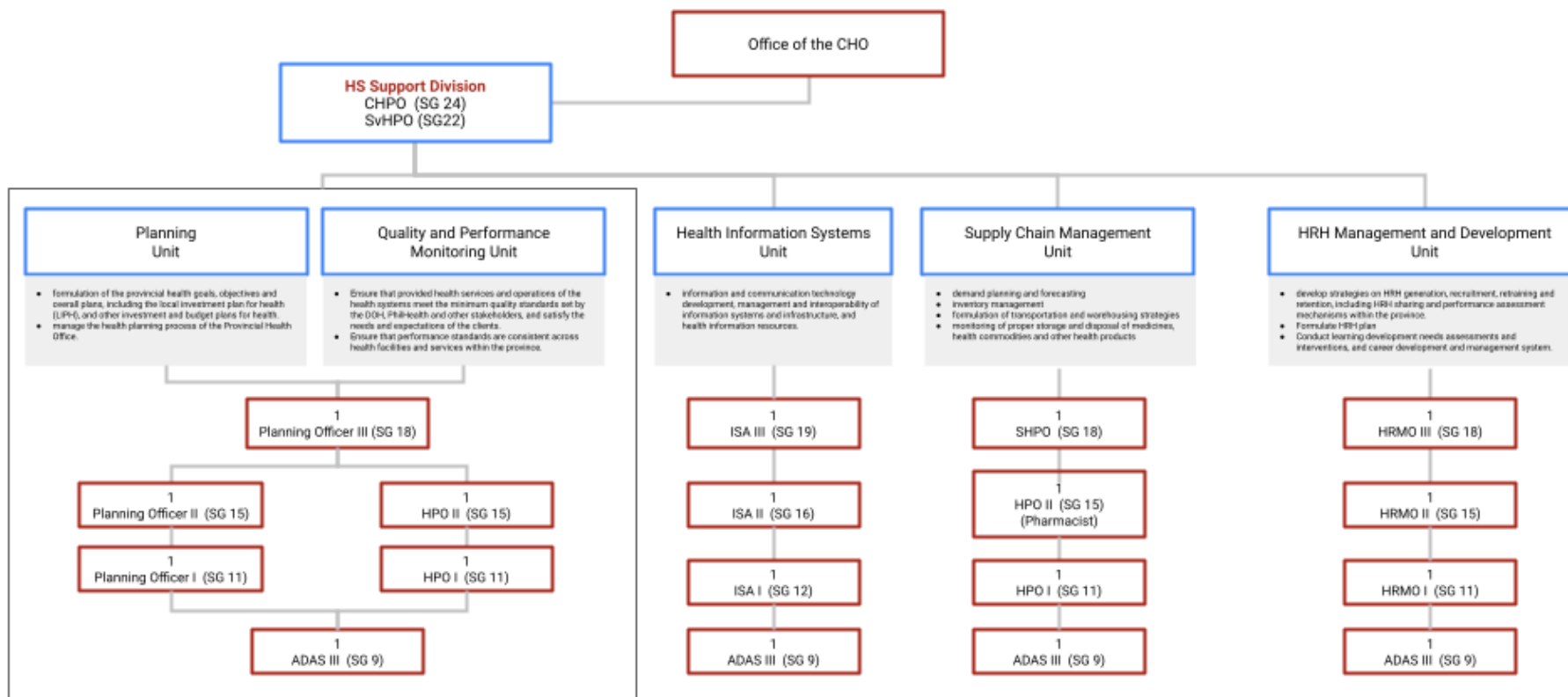


Figure 10. Organizational Chart Indicating Minimum Staffing Recommendations for the Health System Support Division under the City Health Office (in HUCs/ICCs)

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Health Systems Support Division <i>under the City Health Office in HUCs/ICCs</i>	Chief Health Program Officer	24	<p>Education: Master's Degree OR Certificate in Leadership and Management from the CSC</p> <p>Experience: Four (4) years of supervisory/management experience</p> <p>Training: 40 hours of supervisory/management learning and development intervention undertaken within the last five (5) years</p>	1	<ul style="list-style-type: none"> ■ Acts as Division Chief of HSSD 	Inputs based on IOS 2021.

³³ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

³⁴ 1997 Civil Service Commission Qualification Standards Manual

³⁵ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

³⁶ Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Eligibility: Career Service Professional/Second Level eligibility			
Health Systems Support Division <i>under the City Health Office in HUCs/ICCs</i>	Supervising Health Program Officer	22	<p>Education: Bachelor's degree</p> <p>Experience: Three (3) years of relevant experience</p> <p>Training: 16 hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ Acts as Assistant Division Chief of HSSD 	Inputs based on IOS 2021.
Planning Unit and Performance Monitoring Unit	Planning Officer III	18	Education: Bachelor's degree relevant to the job	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Systems Support Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<ul style="list-style-type: none"> ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
<p>Planning Unit and Performance Monitoring Unit</p> <p><i>under the Health Systems Support Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	<p>Planning Officer II</p>	<p>15</p>	<p>Education: Bachelor's degree relevant to the job</p> <p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>	<p>1</p>	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	<p>Inputs based on IOS 2021.</p>

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Planning Unit and Performance Monitoring Unit <i>under the Health Systems Support Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Health Program Officer II	15	Education: Bachelor's degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021.
Planning Unit and Performance Monitoring Unit <i>under the Health Systems Support Division</i>	Planning Officer I	11	Education: Bachelor's degree relevant to the job Experience: none required Training: none required	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title³³ [2]	SG [3]	Minimum Qualifications³⁴ and Competencies^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			Eligibility: Career Service (Professional) Second Level Eligibility		accordance with policies and guidelines of the CSC	
Planning Unit and Performance Monitoring Unit <i>under the Health Systems Support Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Health Program Officer I	11	Education: Bachelor's degree Experience: None required Training: None required Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages planning and performance monitoring activities. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021.
Planning Unit and Performance Monitoring Unit	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the Planning Unit / Quality and 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Systems Support Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>		<p>Performance Monitoring Unit</p> <ul style="list-style-type: none"> ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
<p>Health Information Systems Unit</p> <p><i>under the Health Systems Support Division</i></p>	<p>Information Systems Analyst III</p>	19	<p>Education: Bachelor's degree relevant to the job</p> <p>Experience: Two (2) years of relevant experience</p> <p>Training: 8 hours of relevant training</p>	1	<ul style="list-style-type: none"> ■ Develop/update and maintain localized system implementation guidelines and toolkits on health information systems, telemedicine, and other eHealth-related solutions and innovations in accordance with national policies and approved LHS 	<p>Inputs from Knowledge Management and Information Technology Service (KMITS)</p>

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			<p>Eligibility: Career Service (Professional) Service Second Level Eligibility</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Achieving High Standards 2. Computer Skills 3. Data Recording and Reporting 4. Information, Security, Risk Management and Assurance 5. People Management 6. Research Analysis 		<p>HIM & ICT Development Plan.</p> <ul style="list-style-type: none"> ■ Lead the conduct of tooling and retooling training. ■ Provide technical assistance to all implementers within their area of jurisdiction. ■ Perform other tasks as may be assigned by the ITO III. 	

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			7. Statistical Research for Health			
Health Information Systems Unit <i>under the Health Systems Support Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Information Systems Analyst II	16	Education: Bachelor's degree relevant to the job Experience: One (1) year of relevant experience Training: 4 hours of relevant training Eligibility: Career Service (Professional) Service Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health information systems. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs were adopted from discussions during the DTP TWG meeting.
Health Information Systems Unit	Information Systems Analyst I	12	Education: Bachelor's degree relevant to the job Experience: none required	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health information systems. ■ Specific function: 	Inputs were adopted from discussions during the DTP TWG meeting.

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Systems Support Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Training: none required</p> <p>Eligibility: Career Service (Professional) Service Second Level Eligibility</p>		<ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
<p>Health Information Systems Unit</p> <p><i>under the Health Systems Support Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	<p>Administrative Assistant III</p>	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the Health Information Systems Unit ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			(Sub-professional)/ First Level Eligibility			
Supply Chain Management Unit <i>under the Health Systems Support Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Senior Health Program Officer	18	Education: Bachelor's degree Experience: 2 years of relevant experience Training: 8 hrs of relevant training Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages activities related to the supply chain. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021.
Supply Chain Management Unit <i>under the Health Systems Support Division</i>	Health Program Officer II (Pharmacist)	15	Education: Bachelor's degree Experience: 1 year of relevant experience	1	<ul style="list-style-type: none"> ● Can be a PRC-registered pharmacist. ● General functions: <ul style="list-style-type: none"> - Assess, implement, monitor, and/or evaluate 	Inputs were adopted from comments of the Pharmaceutical Division during the DTP TWG meeting pursuant to RA No.

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			<p>Training: 4 hrs of relevant training</p> <p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<p>activities related to supply chain management.</p> <ul style="list-style-type: none"> ● Specific functions particular to pharmacists: <ul style="list-style-type: none"> - Provide technical assistance and support in the implementation of the different DOH Programs and Policies related to pharmaceutical access and management - Provide technical assistance and support to the different health facilities within the province in terms of Pharmaceutical Supply 	10918 or the Philippine Pharmacy Act.

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<p>Chain Management (PSCM)</p> <ul style="list-style-type: none"> - Oversee the service delivery network within the province - Supervise and manage the pharmacy dispensary and medicines/ health supply warehouse in the CHO - Monitor the inventory and utilization of medicines in the provinces - Provide assistance and support in the monitoring of the prices of drugs and medical 	

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<p>devices/supplies, including the compliance of health facilities/drug establishments to prescribed prices of the DOH</p> <ul style="list-style-type: none"> - Serve as a member of the Pharmacy and Therapeutics Committee (PTC) in the CHO - Oversee the management of Botikang Bayan pursuant to RA No. 9502 or the “Universally Accessible Cheaper and Quality Medicines Act of 2008”. 	

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Supply Chain Management Unit <i>under the Health Systems Support Division</i> <i>under the City Health Office in HUCs/ICCs</i>	Health Program Officer I	11	Education: Bachelor's degree Experience: None required Training: None required Eligibility: Career Service (Professional) Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages activities related to the supply chain. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs based on IOS 2021.
Supply Chain Management Unit <i>under the Health Systems Support Division</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the Supply Chain Management Unit. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>		<p>should still be in accordance with policies and guidelines of the CSC</p>	
<p>HRH Management and Development Unit</p> <p><i>under the Health Systems Support Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	<p>Human Resource Management Officer III</p>	<p>18</p>	<p>Education: Bachelor's Degree</p> <p>Experience: Two (2) years of relevant experience</p> <p>Training: Eight (8) hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>	<p>1</p>	<p>■ General functions:</p> <p>The Human Resource Management Officers are expected to</p> <ul style="list-style-type: none"> - Conduct Baseline Assessment, Gaps Analysis and Investment Needs for HRH - Develop P/CWHS HRH plan, integrated into the 	<p>Inputs from Health Human Resource Development Bureau (HHRDB)</p>

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Technical Competencies <ol style="list-style-type: none"> 1. Effective Presentation Skills 2. Implementing Health Policies and Regulations 3. Influencing and Negotiating 4. Learning and Development 5. Human Resource Acquisition and Development 6. People Management 		<p>Local Investment Plan for Health (LIPH)</p> <ul style="list-style-type: none"> - Conduct HRH Management and Development System and HRH Performance Assessment System (to support CSC PRIME-HRM per MC No. 3, s. 2012) - Manage learning and development needs of HRH - Manage certification of Primary Care Health Workers. <p>■ Specific function:</p>	

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			7. Performance Management Standards 8. Political Savvy 9. Policy Development 10. Risk Management 11. Technical Writing 12. Workforce Planning		<ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
HRH Management and Development Unit	Human Resource Management Officer II	15	Education: Bachelor's Degree Experience: One (1) year of relevant experience	1	<ul style="list-style-type: none"> ■ General functions: The Human Resource Management Officers are expected to - Conduct Baseline Assessment, Gaps 	Inputs from Health Human Resource Development Bureau (HHRDB)

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Systems Support Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p> <p>Technical Competencies</p> <ol style="list-style-type: none"> 1. Effective Presentation Skills 2. Implementing Health Policies and Regulations 3. Influencing and Negotiating 4. Learning and Development 		<p>Analysis and Investment Needs for HRH</p> <ul style="list-style-type: none"> - Develop P/CWHS HRH plan, integrated into the Local Investment Plan for Health (LIPH) - Conduct HRH Management and Development System and HRH Performance Assessment System (to support CSC PRIME-HRM per MC No. 3, s. 2012) - Manage learning and development needs of HRH 	

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			5. Manpower Acquisition and Development 6. Performance Management Standards 7. Political Savvy 8. Policy Development 9. Risk Management 10. Technical Writing 11. Workforce Planning		<ul style="list-style-type: none"> - Manage certification of Primary Care Health Workers. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
HRH Management and Development Unit	Human Resource Management Officer I	11	Education: Bachelor's degree Experience: none required	1	<ul style="list-style-type: none"> ■ General functions: 	Inputs from Health Human Resource Development Bureau (HHRDB)

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Health Systems Support Division</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Training: none required</p> <p>Eligibility: (Professional)/ Second Level Eligibility</p>		<p>The Human Resource Management Officers are expected to</p> <ul style="list-style-type: none"> - Conduct Baseline Assessment, Gaps Analysis and Investment Needs for HRH - Develop P/CWHS HRH plan, integrated into the Local Investment Plan for Health (LIPH) - Conduct HRH Management and Development System and HRH Performance Assessment System (to support CSC PRIME- 	

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<p>HRM per MC No. 3, s. 2012)</p> <ul style="list-style-type: none"> - Manage learning and development needs of HRH - Manage certification of Primary Care Health Workers. <p>■ Specific function:</p> <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	
HRH Management and	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate	1	<p>■ General functions:</p> <ul style="list-style-type: none"> - Provides administrative support to the HRH 	Inputs from Health Human Resource

Organizational Unit [1]	Position Title ³³ [2]	SG [3]	Minimum Qualifications ³⁴ and Competencies ^{35,36} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Development Unit <i>under the Health Systems Support Division</i> <i>under the City Health Office in HUCs/ICCs</i>			with relevant vocational/ trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility		Management and Development Unit ■ Specific function: - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC	Development Bureau (HHRDB)

7. City Health Office in HUCs/ICCs (Urban Health Centers)

CHO - Urban Health Center (UHC)

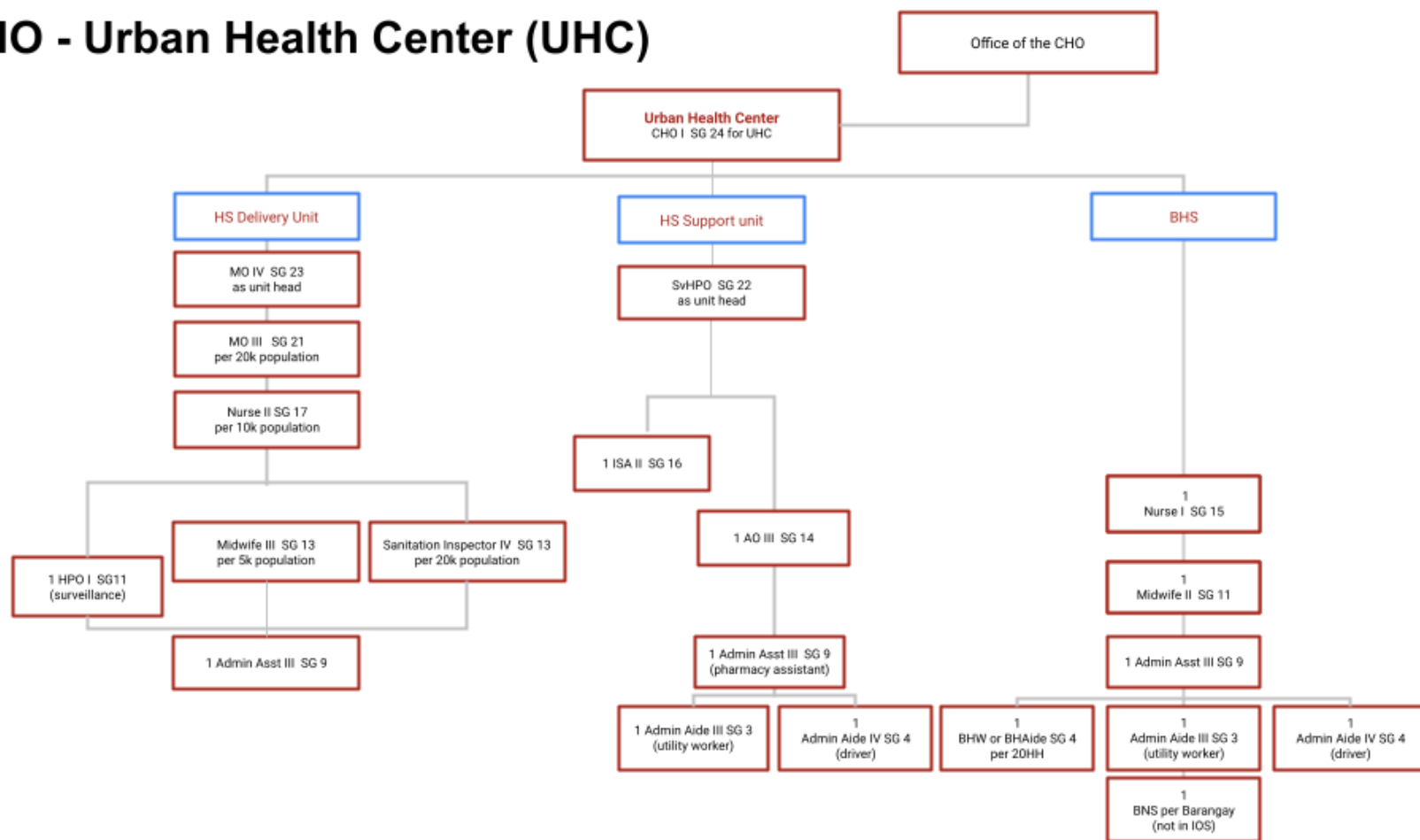


Figure 11. Organizational Chart Indicating Minimum Staffing Recommendations for the Urban Health Centers under the City Health Office (in HUCs/ICCs)

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Urban Health Center <i>under the City Health Office in HUCs/ICCs</i>	City Health Officer I	24	<p>Education: Master’s Degree OR Certificate in Leadership and Management from the CSC</p> <p>Experience: Four (4) years of supervisory/management experience</p> <p>Training: 40 hours of supervisory/management learning and development intervention undertaken within the last five (5) years</p>	1	<ul style="list-style-type: none"> ■ Head of the Urban Health Center ■ Implements standards and programs set by DOH. ■ Formulates and implements health programs in the whole city. ■ Supervises, coordinates, and monitors the operations of the UHC. 	Inputs based on IOS 2021.

³⁷ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

³⁸ 1997 Civil Service Commission Qualification Standards Manual

³⁹ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

⁴⁰ Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Career Service Professional/Second Level eligibility</p> <p>Leadership Competencies:</p> <ol style="list-style-type: none"> 1. Building Collaborative and Inclusive Working Relationship 2. Managing Performance and Coaching for Results 3. Thinking Strategically and Creatively 			

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Building Relationship with Clients 3. Case Management 4. Computer Literacy 5. Conflict Resolution 6. Developing Personal and Organizational Capability 7. Government and Departmental Policies and Procedures 			

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<ul style="list-style-type: none"> 8. Implementing Health Policies and Regulations 9. Project/Program Planning and Management 10. Research and Analysis 11. Resilience 12. Respecting and Caring for Patients 13. Risk Management 14. Technical Consulting 			
Health Service Delivery Unit	Medical Officer IV	23	Education: Doctor of Medicine	1	■ Head of the Health Service Delivery Unit	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>			Experience: 1 year of relevant experience Training: 4 hrs of relevant training Eligibility: RA 1080			
Health Service Delivery Unit <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Medical Officer III	21	Education: Doctor of Medicine Experience: none required Training: none required Eligibility: RA 1080	1 per 20K population	<ul style="list-style-type: none"> ■ Assists the HSDU head ■ Provides first contact of primary care service on: <ul style="list-style-type: none"> - Health promotion - Disease prevention - Health maintenance - Counselling - Patient education 	The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<ul style="list-style-type: none"> - Diagnosis and management - Treatment of acute and chronic illnesses - Referrals ■ Ensures follow-through course of treatment of a person as a whole ■ Provides population-and individual-based health services ■ Leads in patient navigation and coordination in a network 	
Health Service Delivery Unit	Nurse II	16	Education: Bachelor of Science in Nursing	1 per 10K population	<ul style="list-style-type: none"> ■ Assists the HSDU head ■ Supervises the implementation of public 	SG was based on DBM BC No. 2021-2 “Modification of

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Urban Health Center</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: RA 1080</p>		<p>health programs and delivery of primary care services</p>	<p>Nurse Positions”</p> <p>The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.</p>
<p>Health Service Delivery Unit</p> <p><i>under the Urban Health Center</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	<p>Midwife III</p>	<p>13</p>	<p>Education: Completion of the Midwifery Course</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p>	<p>1 per 5K population</p>	<ul style="list-style-type: none"> ■ Assists the Nurse II ■ Facilitates implementation of public health programs and delivery of primary care services 	<p>The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives</p>

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Eligibility: RA 1080			for Health 2017-2022.
<p>Health Service Delivery Unit</p> <p><i>under the Urban Health Center</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	Sanitation Inspector IV	13	<p>Education: Completion of two years studies in college</p> <p>Experience: 3 years of relevant experience</p> <p>Training: 16 hrs of relevant training</p> <p>Eligibility: Career Service (Sub-Professional) First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p>	1 per 20k population	<ul style="list-style-type: none"> ■ Manages sanitation activities in the Urban Health Center ■ Rotate on scheduled visits to the Health Stations 	The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities”.

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<ol style="list-style-type: none"> 1. Advocating Public Health 2. Implementing Health Policies and Regulations 3. Technical Consulting 4. Provide Support and Services 			
Health Service Delivery Unit <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Health Program Officer I (surveillance)	11	Education: Bachelor’s degree Experience: none required Training: none required	1	<ul style="list-style-type: none"> ■ Manages the ESU activities within the jurisdiction of the Urban Health Center ■ Implements applied/field epidemiology, surveillance, and response 	Pursuant to RA No. 11332 or “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act”

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			Eligibility: Career Service (Professional) Second Level Eligibility			
Health Service Delivery Unit <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Administrative Assistant III	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General functions: <ul style="list-style-type: none"> - Provides administrative support to the HSDU - Assists in surveillance and epidemiology activities ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Functions related to epidemiology and surveillance are based on RA No. 11332 or "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act"

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Health System Support Unit <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Supervising Health Program Officer	22	Education: Bachelor's degree Experience: Three (3) years of relevant experience Training: 16 hours of relevant training Eligibility: Career Service (Professional)/ Second Level Eligibility	1	<ul style="list-style-type: none"> ■ Head of the Health System Support Unit 	Inputs based on IOS 2021.
Health System Support Unit <i>under the Urban Health Center</i>	Information System Analyst II	16	Education: Bachelor's degree relevant to the job Experience: One (1) year of relevant experience Training: 4 hours of relevant training	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health information systems in the UHC. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but 	Inputs were adopted from discussions during the DTP TWG meeting.

Organizational Unit [1]	Position Title³⁷ [2]	SG [3]	Minimum Qualifications³⁸ and Competencies^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			Eligibility: Career Service (Professional) Service Second Level Eligibility		should still be in accordance with policies and guidelines of the CSC	
Health System Support Unit <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Administrative Officer III	14	Education: Bachelor's degree relevant to the job Experience: One (1) year of relevant experience Training: 4 hours of relevant training Eligibility: Career Service (Professional) Service Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General functions: <ul style="list-style-type: none"> - Manages administrative activities / works in the HSSU ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service
Health System Support Unit	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate	1	<ul style="list-style-type: none"> ■ General functions: 	Inputs were adopted from comments of the Pharmaceutical

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Urban Health Center</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	(pharmacy assistant)		<p>with relevant vocational/trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <p>1. Achieving High Standards</p>		<ul style="list-style-type: none"> - Provides administrative support to the HSSU ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU’s preference but should still be in accordance with policies and guidelines of the CSC - Manages the Botika ng Bayan (if existing) pursuant to RA No. 9502 or “Universally Accessible Cheaper and Quality Medicines Act of 2008”. - Assess, implement, monitor, and/or evaluate 	<p>Division during the DTP TWG meeting pursuant to RA No. 10918 or the Philippine Pharmacy Act.</p> <p>DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022 indicates facility requirements for pharmacists.</p>

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			2. Computer Skills 3. Data Recording and Reporting 4. Providing Support and Services 5. Records Management		activities related to supply chain management	
Health System Support Unit <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Administrative Aide IV (driver)	4	Education: Elementary School Graduate Experience: None required Training: None required Eligibility: Driver's License (MC 11, s. 96-Cat. II)	1	<ul style="list-style-type: none"> ■ Driver for the UHC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Managing Work 2. Driving and Transportation Proficiency 			
<p>Health System Support Unit</p> <p><i>under the Urban Health Center</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	<p>Administrative Aide III</p> <p>(utility worker)</p>	3	<p>Education: Must be able to read and write/ Elementary School Graduate</p> <p>Experience: None required</p> <p>Training: None required</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages utility works and provides administrative support ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with 	<p>Inputs from Personnel Administration Division of the Administrative Service</p>

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Relevant MC 11 S. 1996/ Career Service (Sub-professional) First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Managing Work 2. Providing Support and Services 		policies and guidelines of the CSC	
Barangay Health Station <i>under the Urban Health Center</i>	Nurse I	15	<p>Education: Bachelor’s degree in Nursing</p> <p>Experience: None required</p> <p>Training: None required</p>	1	<ul style="list-style-type: none"> ■ Heads the Barangay Health Station 	<p>SG was based on DBM BC No. 2021-2 “Modification of Nurse Positions”.</p> <p>Inputs based on DOH DC No. 2020-0176</p>

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>under the City Health Office in HUCs/ICCs</i>			<p>Eligibility: RA 1080</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Providing Support and Services 3. Research and Analysis 4. Respecting and Caring for Patients 			“Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.
Barangay Health Station	Midwife II	11	Education: Completion of Midwifery Course	1	<ul style="list-style-type: none"> ■ Facilitates implementation of public health programs and delivery of primary 	Inputs based on DOH DC No. 2020-0176 “Circulation of the

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Urban Health Center</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: RA 1080</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Computer Literacy 3. Project/Program Planning and Management 		<p>care services</p>	<p>Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.</p>

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			4. Providing Support and Services			
Barangay Health Station <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Administrative Assistant III	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the BHS ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Achieving High Standards 2. Computer Skills 3. Data Recording and Reporting 4. Providing Support and Services 5. Records Management 			
Barangay Health Station	<p>Administrative Aide III</p> <p>(utility worker)</p>	3	<p>Education: Must be able to read and write/ Elementary School Graduate</p>	1	<p>■ General function:</p> <ul style="list-style-type: none"> - Manages utility works and provides administrative support 	Inputs from Personnel Administration Division of the

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Urban Health Center</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>			<p>Experience: None required</p> <p>Training: None required</p> <p>Eligibility: Relevant MC 11 S. 1996/ Career Service (Sub-professional) First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Managing Work 2. Providing Support and Services 		<ul style="list-style-type: none"> ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Administrative Service

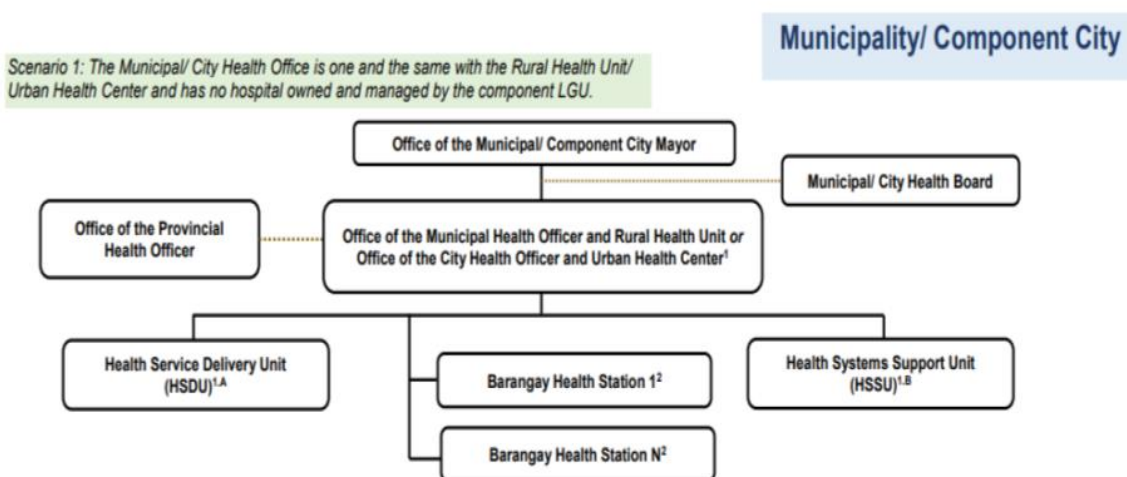
Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Barangay Health Station <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Administrative Aide IV (driver)	4	Education: Elementary School Graduate Experience: None required Training: None required Eligibility: Driver's License (MC 11, s. 96-Cat. II) Leadership Competencies: N/A Technical Competencies: 3. Managing Work 4. Driving and Transportation Proficiency	1	<ul style="list-style-type: none"> ■ Driver for the BHS 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Barangay Health Station <i>under the Urban Health Center</i> <i>under the City Health Office in HUCs/ICCs</i>	Barangay Health Aide or	4	<u>Barangay Health Aide</u> Education: High School Graduate Experience: none required Training: none required Eligibility: None required (MC 11, s. 96-Cat III)	1 per 20 household	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Facilitates implementation of public health programs and delivery of primary care services ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	It is recommended to propose an IOS-available job position with the roles and responsibilities. Barangay Health Aide (SG 4) may be considered if the intention is to hire eligible BHWs formally. <i>Note: An organizational structure denotes accountability and it cannot be imposed on volunteers since their engagement is volatile.</i>
	Barangay Health Worker (volunteer with honorarium)	n/a	<u>Barangay Health Worker</u> Education: High School/ Vocational Course Graduate Experience: none required Training: 8 hrs of relevant training			

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: None required</p> <p><i>based on CSC BHW eligibility</i> http://www.csc.gov.ph/barangay-health-worker-eligibility-bhwe.html</p>			
<p>Barangay Health Station</p> <p><i>under the Urban Health Center</i></p> <p><i>under the City Health Office in HUCs/ICCs</i></p>	<p>Barangay Nutrition Scholar</p> <p>(volunteer with honorarium)</p>	n/a	<p>Education: High School/ Vocational Course Graduate</p> <p>Experience: None required</p> <p>Training: 8 hrs of relevant training</p> <p>Eligibility: None required</p>	1	<ul style="list-style-type: none"> ■ Facilitate implementation of nutrition programs and nutrition promotion/ advocacy activities. 	<p>It is recommended to propose an IOS-available job position with the roles and responsibilities.</p> <p><i>Note:</i> <i>An organizational structure denotes accountability and it cannot be imposed on volunteers since their engagement is</i></p>

Organizational Unit [1]	Position Title ³⁷ [2]	SG [3]	Minimum Qualifications ³⁸ and Competencies ^{39,40} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Project/Program Planning and management 3. Respecting and Caring for Patients 4. Building Relationship with stakeholders 5. Records Management 			<i>volatile.</i>

C. Minimum Recommendations for Staffing Complement with Core Job Descriptions of Positions in LGU Health Facilities



City / Municipal Health Office in Component Cities / Municipalities as one and the same with Urban Health Center / Rural Health Unit

8. *City/Municipal Health Office in Component Cities/Municipalities (CHO/MHO as one and the same with Urban Health Center/Rural Health Unit)*

**CHO/MHO in Component Cities / Municipalities
(Minimum Staffing Recommendation)**

Scenario 1: The City/Municipal Health Office is one and the same with the Urban Health Center/Rural Health Unit and has no hospital owned and managed by the component LGU

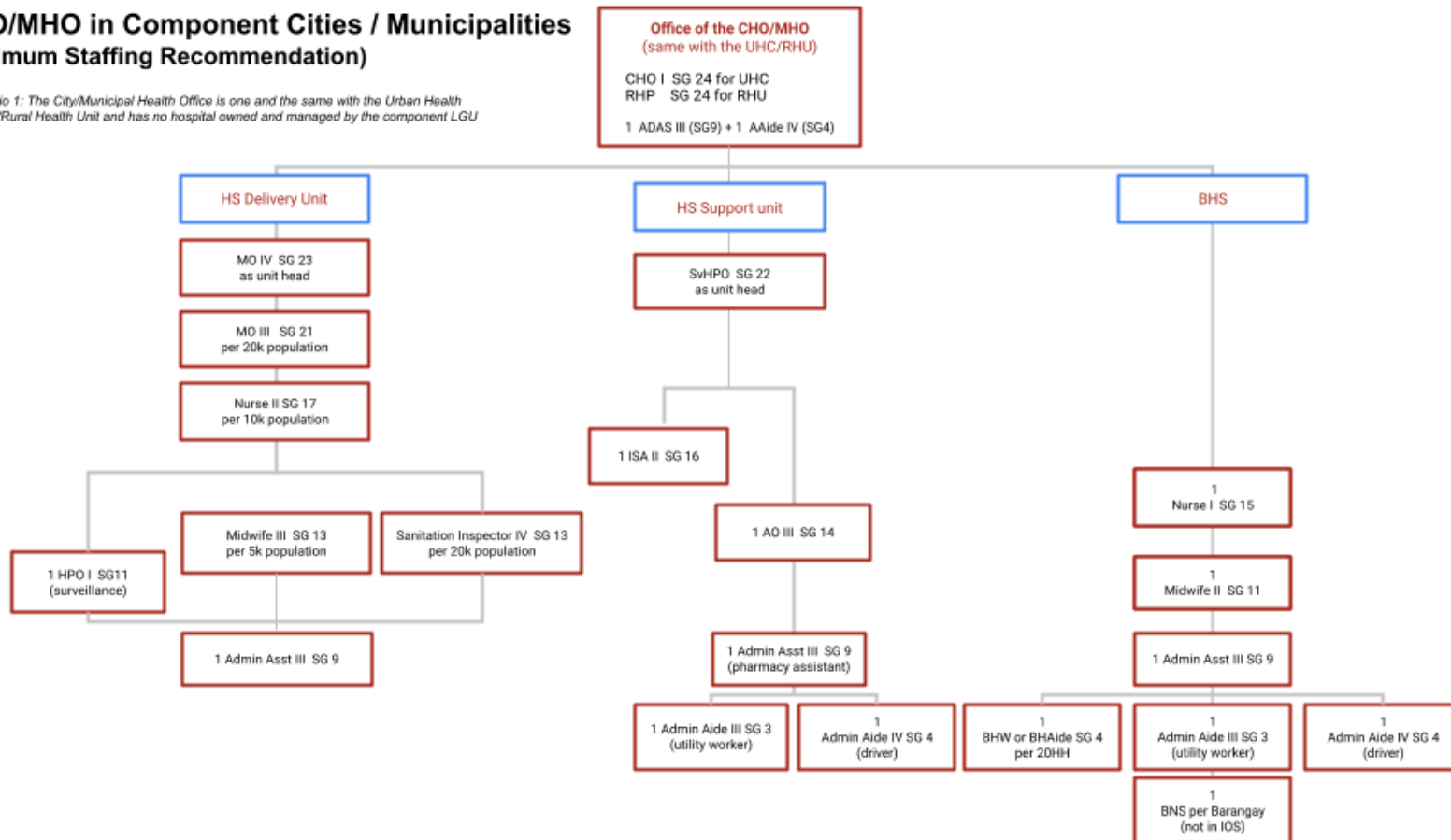


Figure 12. Organizational Chart Indicating Minimum Staffing Recommendations for the City/Municipal Health Office in Component Cities/Municipalities (CHO/MHO as one and the same with Urban Health Center/Rural Health Unit)

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
City Health Office (same as Urban Health Center) or Municipal Health Office (same as Rural Health Unit) <i>in Component Cities/Municipalities</i>	City Health Officer I or Rural Health Physician	24	Education: Master's Degree OR Certificate in Leadership and Management from the CSC Experience: Four (4) years of supervisory/management experience Training: 40 hours of supervisory/management learning and development intervention undertaken within the last five (5) years	1	<ul style="list-style-type: none"> ■ Head of the City Health Office (same as Urban Health Center) or Municipal Health Office (same as Rural Health Unit) ■ Implements standards and programs set by DOH. ■ Formulates and implements health programs in the whole city. ■ Supervises, coordinates, and monitors the operations of the UHC. 	Inputs based on IOS 2021.

⁴¹ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

⁴² 1997 Civil Service Commission Qualification Standards Manual

⁴³ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

⁴⁴ Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Career Service Professional/Second Level eligibility</p> <p>Leadership Competencies:</p> <ol style="list-style-type: none"> 1. Building Collaborative and Inclusive Working Relationship 2. Managing Performance and Coaching for Results 3. Thinking Strategically and Creatively 			

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Building Relationship with Clients 3. Case Management 4. Computer Literacy 5. Conflict Resolution 6. Developing Personal and Organizational Capability 7. Government and Departmental Policies and Procedures 			

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<ul style="list-style-type: none"> 8. Implementing Health Policies and Regulations 9. Project/Program Planning and Management 10. Research and Analysis 11. Resilience 12. Respecting and Caring for Patients 13. Risk Management 14. Technical Consulting 			
Health Service Delivery Unit	Medical Officer IV	23	Education: Doctor of Medicine	1	■ Head of the Health Service Delivery Unit	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the</i></p> <p><i>City Health Office (same as Urban Health Center)</i></p> <p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: RA 1080</p>			
<p>Health Service Delivery Unit</p> <p><i>under the</i></p>	<p>Medical Officer III</p>	<p>21</p>	<p>Education: Doctor of Medicine</p> <p>Experience: none required</p>	<p>1 per 20K population</p>	<ul style="list-style-type: none"> ■ Assists the HSDU head ■ Provides first contact of primary care service on: 	<p>The minimum recommended ratio is based on DOH DC No. 2020-0176</p>

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>City Health Office (same as Urban Health Center)</i></p> <p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: none required</p> <p>Eligibility: RA 1080</p>		<ul style="list-style-type: none"> - Health promotion - Disease prevention - Health maintenance - Counselling - Patient education - Diagnosis and management - Treatment of acute and chronic illnesses - Referrals ■ Ensures follow-through course of treatment of a person as a whole ■ Provides population-and individual-based health services 	<p>“Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.</p>

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<ul style="list-style-type: none"> ■ Leads in patient navigation and coordination in a network 	
<p>Health Service Delivery Unit</p> <p><i>under the</i></p> <p><i>City Health Office (same as Urban Health Center)</i></p> <p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p>	<p>Nurse II</p>	<p>16</p>	<p>Education: Bachelor of Science in Nursing</p> <p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: RA 1080</p>	<p>1 per 10K population</p>	<ul style="list-style-type: none"> ■ Assists the HSDU head ■ Supervises the implementation of public health programs and delivery of primary care services 	<p>SG was based on DBM BC No. 2021-2 “Modification of Nurse Positions”</p> <p>The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.</p>

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>in Component Cities/Municipalities</i>						
<p>Health Service Delivery Unit</p> <p><i>under the City Health Office (same as Urban Health Center)</i></p> <p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component</i></p>	Midwife III	13	<p>Education: Completion of the Midwifery Course</p> <p>Experience: 2 years of relevant experience</p> <p>Training: 8 hrs of relevant training</p> <p>Eligibility: RA 1080</p>	1 per 5K population	<ul style="list-style-type: none"> ■ Assists the Nurse II ■ Facilitates implementation of public health programs and delivery of primary care services 	The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Cities/Municipalities</i>						
Health Service Delivery Unit <i>under the City Health Office (same as Urban Health Center) or Municipal Health Office (same as Rural Health Unit) in Component Cities/Municipalities</i>	Sanitation Inspector IV	13	<p>Education: Completion of two years studies in college</p> <p>Experience: 3 years of relevant experience</p> <p>Training: 16 hrs of relevant training</p> <p>Eligibility: Career Service (Sub-Professional) First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p>	1 per 20k population	<ul style="list-style-type: none"> ■ Manages sanitation activities in the City Health Office (same as Urban Health Center) or Municipal Health Office (same as Rural Health Unit) ■ Rotate on scheduled visits to the Health Stations 	The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities”.

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>ies</i>			<ol style="list-style-type: none"> 1. Advocating Public Health 2. Implementing Health Policies and Regulations 3. Technical Consulting 4. Provide Support and Services 			
Health Service Delivery Unit <i>under the City Health Office (same as Urban Health Center)</i>	Health Program Officer I (surveillance)	11	Education: Bachelor's degree Experience: None required Training: None required	1	<ul style="list-style-type: none"> ■ Manages the ESU activities within the jurisdiction of the City Health Office (same as Urban Health Center) or Municipal Health Office (same as Rural Health Unit) 	Pursuant to RA No. 11332 or "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act"

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<ul style="list-style-type: none"> ■ Implements applied/field epidemiology, surveillance, and response 	
<p>Health Service Delivery Unit</p> <p><i>under the</i></p> <p><i>City Health Office (same as Urban Health Center)</i></p>	<p>Administrative Assistant III</p>	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/trade course</p> <p>Experience: One (1) year of relevant experience</p>	1	<ul style="list-style-type: none"> ■ General functions: <ul style="list-style-type: none"> - Provides administrative support to the HSDU - Assists in surveillance and epidemiology activities ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but 	<p>Functions related to epidemiology and surveillance are based on RA No. 11332 or "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act"</p>

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>		<p>should still be in accordance with policies and guidelines of the CSC</p>	
<p>Health System Support Unit</p> <p><i>under the</i></p> <p><i>City Health Office (same as Urban Health Center)</i></p> <p><i>or</i></p>	<p>Supervising Health Program Officer</p>	<p>22</p>	<p>Education: Bachelor's degree</p> <p>Experience: Three (3) years of relevant experience</p> <p>Training: 16 hours of relevant training</p> <p>Eligibility: Career Service</p>	<p>1</p>	<p>■ Head of the Health System Support Unit</p>	<p>Inputs based on IOS 2021.</p>

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Municipal Health Office (same as Rural Health Unit)</i> <i>in Component Cities/Municipalities</i>			(Professional)/ Second Level Eligibility			
Health System Support Unit <i>under the City Health Office (same as Urban Health Center)</i> <i>or</i>	Information System Analyst II	16	Education: Bachelor's degree relevant to the job Experience: One (1) year of relevant experience Training: 4 hours of relevant training Eligibility: Career Service (Professional) Service Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health information systems in the UHC. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs were adopted from discussions during the DTP TWG meeting.

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Municipal Health Office (same as Rural Health Unit)</i> <i>in Component Cities/Municipalities</i>						
<i>Health System Support Unit</i> <i>under the</i> <i>City Health Office (same as Urban Health Center)</i> <i>or</i> <i>Municipal Health</i>	Administrative Officer III	14	Education: Bachelor's degree relevant to the job Experience: One (1) year of relevant experience Training: 4 hours of relevant training Eligibility: Career Service (Professional) Service Second Level Eligibility	1	<ul style="list-style-type: none"> ■ General functions: <ul style="list-style-type: none"> - Manages administrative activities / works in the HSSU ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Office (same as Rural Health Unit) in Component Cities/Municipalities</i>						
<i>Health System Support Unit under the City Health Office (same as Urban Health Center) or Municipal Health Office (same as</i>	Administrative Assistant III (pharmacy assistant)	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training Eligibility: Relevant MC 11 s. 1996, Career Service	1	<ul style="list-style-type: none"> ■ General functions: <ul style="list-style-type: none"> - Provides administrative support to the HSSU ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs were adopted from comments of the Pharmaceutical Division during the DTP TWG meeting pursuant to RA No. 10918 or the Philippine Pharmacy Act.

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Rural Health Unit)</i> <i>in Component Cities/Municipalities</i>			(Sub-professional)/ First Level Eligibility Leadership Competencies: N/A Technical Competencies: 1. Achieving High Standards 2. Computer Skills 3. Data Recording and Reporting 4. Providing Support and Services 5. Records Management		<ul style="list-style-type: none"> - Manages the Botika ng Bayan (if existing) pursuant to RA No. 9502 or “Universally Accessible Cheaper and Quality Medicines Act of 2008”. - Assess, implement, monitor, and/or evaluate activities related to supply chain management 	

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p>Health System Support Unit</p> <p><i>under the City Health Office (same as Urban Health Center)</i></p> <p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component Cities/Municipalities</i></p>	<p>Administrative Aide IV (driver)</p>	<p>4</p>	<p>Education: Elementary School Graduate</p> <p>Experience: None required</p> <p>Training: None required</p> <p>Eligibility: Driver's License (MC 11, s. 96-Cat. II)</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ul style="list-style-type: none"> 5. Managing Work 6. Driving and Transportation Proficiency 	<p>1</p>	<ul style="list-style-type: none"> ■ Driver for the CHO/MHO 	<p>Inputs from Personnel Administration Division of the Administrative Service</p>

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p>Health System Support Unit</p> <p><i>under the City Health Office (same as Urban Health Center)</i></p> <p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component Cities/Municipalities</i></p>	<p>Administrative Aide III</p> <p>(utility worker)</p>	<p>3</p>	<p>Education: Must be able to read and write/ Elementary School Graduate</p> <p>Experience: None required</p> <p>Training: None required</p> <p>Eligibility: Relevant MC 11 S. 1996/ Career Service (Sub-professional) First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <p>1. Managing Work</p>	<p>1</p>	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages utility works and provides administrative support ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	<p>Inputs from Personnel Administration Division of the Administrative Service</p>

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			2. Providing Support and Services			
Barangay Health Station <i>under the City Health Office (same as Urban Health Center) or Municipal Health Office (same as Rural Health Unit) in Component</i>	Nurse I	15	Education: Bachelor’s degree in Nursing Experience: None required Training: None required Eligibility: RA 1080 Leadership Competencies: N/A Technical Competencies: 1. Advocating Public Health	1	<ul style="list-style-type: none"> ■ Heads the Barangay Health Station 	SG was based on DBM BC No. 2021-2 “Modification of Nurse Positions”. Inputs based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Cities/Municipalities</i>			2. Providing Support and Services 3. Research and Analysis 4. Respecting and Caring for Patients			
Barangay Health Station <i>under the</i> <i>City Health Office (same as Urban Health Center)</i> <i>or</i> <i>Municipal Health</i>	Midwife II	11	Education: Completion of Midwifery Course Experience: 1 year of relevant experience Training: 4 hrs of relevant training Eligibility: RA 1080 Leadership Competencies: N/A	1	<ul style="list-style-type: none"> ■ Facilitates implementation of public health programs and delivery of primary care services 	Inputs based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Office (same as Rural Health Unit) in Component Cities/Municipalities</i>			Technical Competencies: <ol style="list-style-type: none"> 1. Advocating Public Health 2. Computer Literacy 3. Project/Program Planning and Management 4. Providing Support and Services 			
Barangay Health Station <i>under the City Health Office (same as Urban Health</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the BHS ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>Center)</i></p> <p><i>or</i></p> <p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Achieving High Standards 2. Computer Skills 3. Data Recording and Reporting 		<p>should still be in accordance with policies and guidelines of the CSC</p>	

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			4. Providing Support and Services 5. Records Management			
Barangay Health Station <i>under the</i> <i>City Health Office (same as Urban Health Center)</i> <i>or</i> <i>Municipal Health Office (same as Rural Health Unit)</i>	Administrative Aide III (utility worker)	3	Education: Must be able to read and write/ Elementary School Graduate Experience: None required Training: None required Eligibility: Relevant MC 11 S. 1996/ Career Service (Sub-professional) First Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages utility works and provides administrative support ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>in Component Cities/Municipalities</i>			Leadership Competencies: N/A Technical Competencies: 1. Managing Work 2. Providing Support and Services			
Barangay Health Station <i>under the City Health Office (same as Urban Health Center)</i> <i>or</i>	Administrative Aide IV (driver)	4	Education: Elementary School Graduate Experience: None required Training: None required Eligibility: Driver's License (MC 11, s. 96-Cat. II)	1	<ul style="list-style-type: none"> ■ Driver for the BHS 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Municipal Health Office (same as Rural Health Unit)</i> <i>in Component Cities/Municipalities</i>			Leadership Competencies: N/A Technical Competencies: 1. Managing Work 2. Driving and Transportation Proficiency			
<i>Barangay Health Station</i> <i>under the City Health Office (same as Urban Health Center)</i> <i>or</i>	Barangay Health Aide or	4	<u>Barangay Health Aide</u> Education: High School Graduate Experience: none required Training: none required Eligibility: None required (MC 11, s. 96-Cat III)	1 per 20 household	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Facilitates implementation of public health programs and delivery of primary care services ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in 	It is recommended to propose an IOS-available job position with the roles and responsibilities. Barangay Health Aide (SG 4) may be considered if the intention is to hire eligible BHWs

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>Municipal Health Office (same as Rural Health Unit)</i></p> <p><i>in Component Cities/Municipalities</i></p>	<p>Barangay Health Worker</p> <p>(volunteer with honorarium)</p>	n/a	<p><u>Barangay Health Worker</u></p> <p>Education: High School/ Vocational Course Graduate</p> <p>Experience: none required</p> <p>Training: 8 hrs of relevant training</p> <p>Eligibility: None required</p> <p><i>based on CSC BHW eligibility</i> <i>http://www.csc.gov.ph/barangay-health-worker-eligibility-bhwe.html</i></p>		accordance with policies and guidelines of the CSC	<p>formally.</p> <p><i>Note:</i> <i>An organizational structure denotes accountability and it cannot be imposed on volunteers since their engagement is volatile.</i></p>
Barangay Health Station	Barangay Nutrition Scholar	n/a	Education: High School/ Vocational Course Graduate	1	<ul style="list-style-type: none"> ■ Facilitate implementation of nutrition programs and 	It is recommended to propose an IOS-available job position

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the City Health Office (same as Urban Health Center) or Municipal Health Office (same as Rural Health Unit) in Component Cities/Municipalities</i></p>	<p>(volunteer with honorarium)</p>		<p>Experience: None required</p> <p>Training: 8 hrs of relevant training</p> <p>Eligibility: None required</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Project/Program Planning and management 		<p>nutrition promotion/ advocacy activities.</p>	<p>with the roles and responsibilities.</p> <p><i>Note:</i> <i>An organizational structure denotes accountability and it cannot be imposed on volunteers since their engagement is volatile.</i></p>

Organizational Unit [1]	Position Title ⁴¹ [2]	SG [3]	Minimum Qualifications ⁴² and Competencies ^{43,44} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<ul style="list-style-type: none"> 3. Respecting and Caring for Patients 4. Building Relationship with stakeholders 5. Records Management 			

9. *City/Municipal Health Office in Component Cities/Municipalities (CHO/MHO has several Urban Health Centers/Rural Health Units and hospital/s owned and managed by the component LGU)*

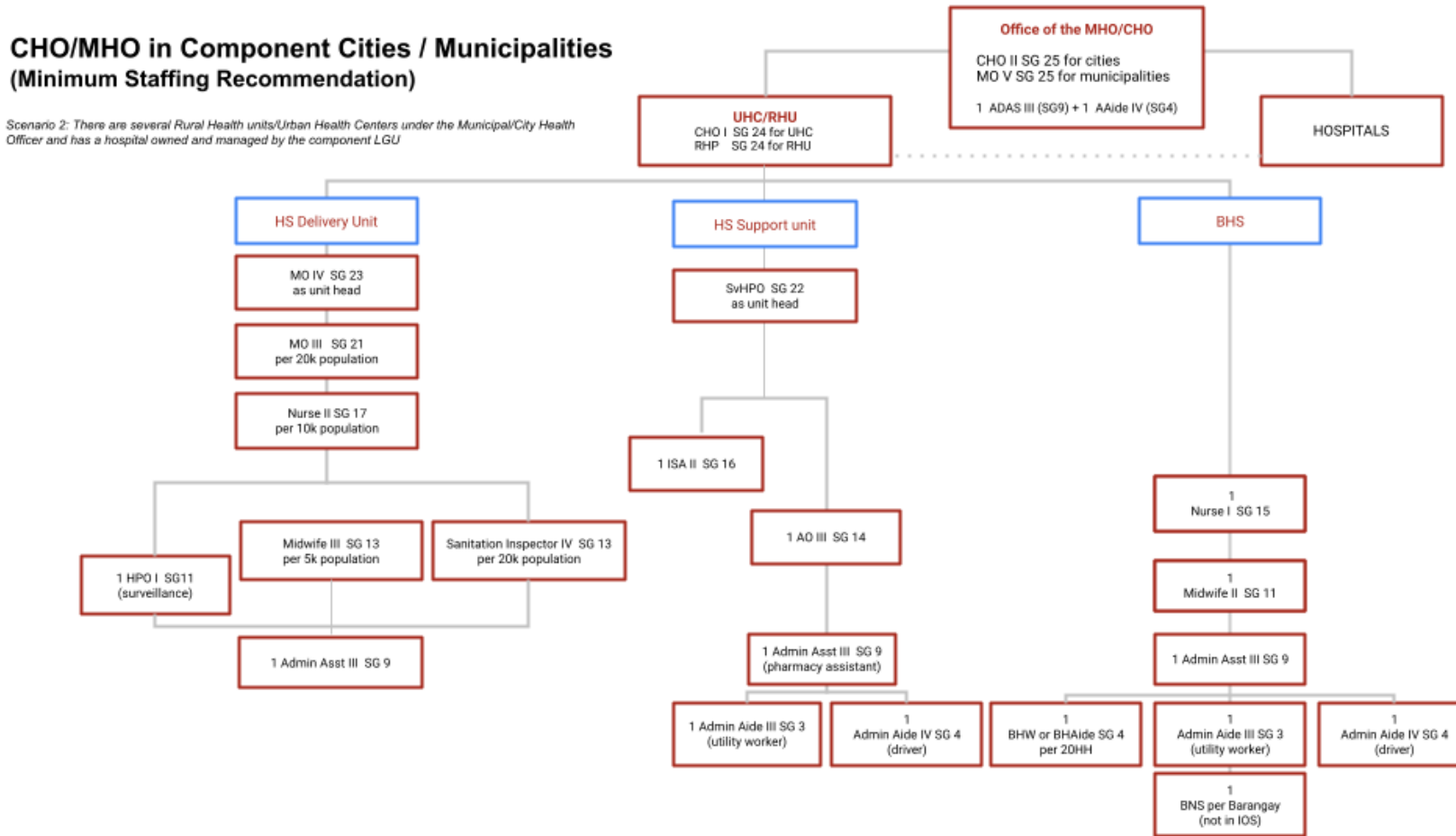


Figure 13. Organizational Chart Indicating Minimum Staffing Recommendations for the Office of the City/Municipal Health Officer in Component Cities/Municipalities (*CHO/MHO has several Urban Health Centers/Rural Health Units and hospital/s owned and managed by the component LGU*)

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p>Office of the City Health Officer</p> <p>or</p> <p>Office of the Municipal Health Officer</p> <p><i>in Component Cities/Municipalities</i></p> <p><i>CHO/MHO has several Urban Health Centers/ Rural Health</i></p>	<p>City Health Officer II</p> <p>or</p> <p>Medical Officer V</p>	25	<p>Education: Master’s Degree OR Certificate in Leadership and Management from the CSC</p> <p>Experience: Five (5) years of supervisory/management experience</p> <p>Training: 120 hours of supervisory/management learning and development intervention undertaken within the last five (5) years</p>	1	<ul style="list-style-type: none"> ■ Head of the Office of the City Health Officer or Office of the Municipal Health Office ■ Responsible for formulating and implementing the health programs in the whole city or municipality. ■ Supervises, coordinates, and monitors the operations of the UHC/RHU pursuant to DC 2020-0176 	<p>Municipal Health Officer is not listed in the 2021 IOS hence, we recommend Medical Officer V (SG 25).</p>

⁴⁵ 2021 Department of Budget and Management Index Of Occupational Services, Occupational Groups, Classes and Salary Grades

⁴⁶ 1997 Civil Service Commission Qualification Standards Manual

⁴⁷ 2017 Competency Model and Competency-Based Job Description Manual for Health Positions in LGU

⁴⁸ Civil Service Commission MC No. 5, s. 2016 Revised Qualification Standards for Division Chief and executive/Managerial Positions in the Second Level

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Units and hospital/s owned and managed by the component LGU</i>			<p>Eligibility: Career Service Professional/Second Level eligibility</p> <p>Leadership Competencies:</p> <ol style="list-style-type: none"> 1. Building Collaborative and Inclusive Relationships 2. Leading Change 3. Managing Performance and Coaching for Results 4. Thinking Creatively and Strategically 			

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Developing Personal and Organizational Capability 2. Implementing Health Policies and Regulations 3. Management Acumen 4. Performance Management Standards 5. Political Savvy 6. Risk Management 			

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			7. Workforce Planning			
<p>Office of the City Health Officer</p> <p>or</p> <p>Office of the Municipal Health Officer</p> <p><i>in Component Cities/Municipalities</i></p> <p><i>CHO/MHO has several Urban Health Centers/ Rural Health Units and</i></p>	<p>Administrative Assistant III</p>	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Acts as the secretary of the CHO II or MO V ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	<p>Inputs from Personnel Administration Division of the Administrative Service</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>hospital/s owned and managed by the component LGU</i>						
Office of the City Health Officer or Office of the Municipal Health Officer <i>in Component Cities/Municipalities</i> <i>CHO/MHO has several Urban Health Centers/ Rural Health</i>	Administrative Aide IV	4	Education: Elementary school Graduate Experience: none required Training: none required Eligibility: Driver License (MC 11, s. 96 - Cat. II)	1	■ Driver of the CHO II or MO V	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Units and hospital/s owned and managed by the component LGU</i>						
Urban Health Center (<i>under the City Health Office</i>) or Rural Health Unit (<i>under the Municipal Health Office</i>) <i>in Component Cities/Municipalities</i>	City Health Officer I or Rural Health Physician	24	Education: Master's Degree OR Certificate in Leadership and Management from the CSC Experience: Four (4) years of supervisory/management experience Training: 40 hours of supervisory/management learning and development intervention undertaken within the last five (5) years	1	<ul style="list-style-type: none"> ■ Head of the Urban Health Center or Rural Health Unit ■ Implements standards and programs set by DOH. ■ Formulates and implements health programs in the whole city. ■ Supervises, coordinates, and monitors the operations of the UHC or RHU. 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Eligibility: Career Service Professional/Second Level eligibility</p> <p>Leadership Competencies:</p> <ol style="list-style-type: none"> 1. Building Collaborative and Inclusive Working Relationship 2. Managing Performance and Coaching for Results 3. Thinking Strategically and Creatively 			

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Building Relationship with Clients 3. Case Management 4. Computer Literacy 5. Conflict Resolution 6. Developing Personal and Organizational Capability 7. Government and Departmental Policies and Procedures 			

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<ul style="list-style-type: none"> 8. Implementing Health Policies and Regulations 9. Project/Program Planning and Management 10. Research and Analysis 11. Resilience 12. Respecting and Caring for Patients 13. Risk Management 14. Technical Consulting 			
Health Service Delivery Unit	Medical Officer IV	23	Education: Doctor of Medicine	1	■ Head of the Health Service Delivery Unit	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>under the Urban Health Center (under the City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: RA 1080</p>			
<p>Health Service Delivery Unit</p> <p><i>under the</i></p>	<p>Medical Officer III</p>	<p>21</p>	<p>Education: Doctor of Medicine</p> <p>Experience: none required</p>	<p>1 per 20K population</p>	<ul style="list-style-type: none"> ■ Assists the HSDU head ■ Provides first contact of primary care service on: 	<p>The minimum recommended ratio is based on DOH DC No. 2020-0176</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>Urban Health Center (under the City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: none required</p> <p>Eligibility: RA 1080</p>		<ul style="list-style-type: none"> - Health promotion - Disease prevention - Health maintenance - Counselling - Patient education - Diagnosis and management - Treatment of acute and chronic illnesses - Referrals ■ Ensures follow-through course of treatment of a person as a whole ■ Provides population-and individual-based health services 	<p>“Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
					<ul style="list-style-type: none"> ■ Leads in patient navigation and coordination in a network 	
<p>Health Service Delivery Unit</p> <p><i>under the</i></p> <p><i>Urban Health Center (under the City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p>	<p>Nurse II</p>	<p>16</p>	<p>Education: Bachelor of Science in Nursing</p> <p>Experience: 1 year of relevant experience</p> <p>Training: 4 hrs of relevant training</p> <p>Eligibility: RA 1080</p>	<p>1 per 10K population</p>	<ul style="list-style-type: none"> ■ Assists the HSDU head ■ Supervises the implementation of public health programs and delivery of primary care services 	<p>SG was based on DBM BC No. 2021-2 “Modification of Nurse Positions”</p> <p>The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>in Component Cities/Municipalities</i>						
Health Service Delivery Unit <i>under the Urban Health Center (under the City Health Office)</i> <i>or</i> <i>Rural Health Unit (under the Municipal Health Office)</i>	Midwife III	13	Education: Completion of the Midwifery Course Experience: 2 years of relevant experience Training: 8 hrs of relevant training Eligibility: RA 1080	1 per 5K population	<ul style="list-style-type: none"> ■ Assists the Nurse II ■ Facilitates implementation of public health programs and delivery of primary care services 	The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the National Objectives for Health 2017-2022.

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>in Component Cities/Municipalities</i>						
Health Service Delivery Unit <i>under the Urban Health Center (under the City Health Office)</i> <i>or</i> <i>Rural Health Unit (under the Municipal Health Office)</i>	Sanitation Inspector IV	13	<p>Education: Completion of two years studies in college</p> <p>Experience: 3 years of relevant experience</p> <p>Training: 16 hrs of relevant training</p> <p>Eligibility: Career Service (Sub-Professional) First Level Eligibility</p> <p>Leadership Competencies: N/A</p>	1 per 20k population	<ul style="list-style-type: none"> ■ Manages sanitation activities in the Urban Health Center or Rural Health Unit ■ Rotate on scheduled visits to the Health Stations 	The minimum recommended ratio is based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities”.

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>in Component Cities/Municipalities</i>			Technical Competencies: <ol style="list-style-type: none"> 1. Advocating Public Health 2. Implementing Health Policies and Regulations 3. Technical Consulting 4. Provide Support and Services 			
Health Service Delivery Unit <i>under the Urban Health Center (under the</i>	Health Program Officer I (surveillance officer)	11	Education: Bachelor’s degree Experience: 1 year of relevant experience Training: 4 hrs of relevant training	1	<ul style="list-style-type: none"> ■ Manages the ESU activities within the jurisdiction of the Urban Health Center or Rural Health Unit ■ Implements applied/field epidemiology, 	Pursuant to RA No. 11332 or “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act”

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Eligibility: Career Service (Professional) Second Level Eligibility</p>		<p>surveillance, and response</p>	
<p>Health Service Delivery Unit</p> <p><i>under the</i></p> <p><i>Urban Health Center (under the</i></p>	<p>Administrative Assistant III</p>	<p>9</p>	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p>	<p>1</p>	<ul style="list-style-type: none"> ■ General functions: <ul style="list-style-type: none"> - Provides administrative support to the HSDU - Assists in surveillance and epidemiology activities ■ Specific function: 	<p>Functions related to epidemiology and surveillance are based on RA No. 11332 or “Mandatory Reporting of Notifiable Diseases and Health Events of</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p>		<ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Public Health Concern Act"
<p>Health System Support Unit</p> <p><i>under the</i></p> <p><i>Urban Health Center (under the</i></p>	<p>Supervising Health Program Officer</p>	22	<p>Education: Bachelor's degree</p> <p>Experience: Three (3) years of relevant experience</p>	1	<ul style="list-style-type: none"> ■ Head of the Health System Support Unit 	Inputs based on IOS 2021.

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: 16 hours of relevant training</p> <p>Eligibility: Career Service (Professional)/ Second Level Eligibility</p>			
<p>Health System Support Unit</p> <p><i>under the</i></p> <p><i>Urban Health Center (under the</i></p>	<p>Information System Analyst II</p>	<p>16</p>	<p>Education: Bachelor's degree relevant to the job</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: 4 hours of relevant training</p>	<p>1</p>	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages health information systems in the UHC or RHU. ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but 	<p>Inputs were adopted from discussions during the DTP TWG meeting.</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Eligibility: Career Service (Professional) Service Second Level Eligibility</p>		<p>should still be in accordance with policies and guidelines of the CSC</p>	
<p>Health System Support Unit</p> <p><i>under the</i></p> <p><i>Urban Health Center (under the</i></p>	<p>Administrative Officer III</p>	<p>14</p>	<p>Education: Bachelor's degree relevant to the job</p> <p>Experience: One (1) year of relevant experience</p> <p>Training: 4 hours of relevant training</p>	<p>1</p>	<ul style="list-style-type: none"> ■ General functions: <ul style="list-style-type: none"> - Manages administrative activities / works in the HSSU ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but 	<p>Inputs from Personnel Administration Division of the Administrative Service</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Eligibility: Career Service (Professional) Service Second Level Eligibility</p>		<p>should still be in accordance with policies and guidelines of the CSC</p>	
<p>Health System Support Unit</p> <p><i>under the</i></p> <p><i>Urban Health Center (under the</i></p>	<p>Administrative Assistant III</p> <p>(pharmacy assistant)</p>	9	<p>Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course</p> <p>Experience: One (1) year of relevant experience</p>	1	<ul style="list-style-type: none"> ■ General functions: <ul style="list-style-type: none"> - Provides administrative support to the HSSU ■ Specific function: 	<p>Inputs were adopted from comments of the Pharmaceutical Division during the DTP TWG meeting pursuant to RA No. 10918 or the</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: Four (4) hours of relevant training</p> <p>Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Achieving High Standards 2. Computer Skills 3. Data Recording and Reporting 		<ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC - Manages the Botika ng Bayan (if existing) pursuant to RA No. 9502 or "Universally Accessible Cheaper and Quality Medicines Act of 2008". - Assess, implement, monitor, and/or evaluate activities related to supply chain management 	<p>Philippine Pharmacy Act.</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			4. Providing Support and Services 5. Records Management			
Health System Support Unit <i>under the Urban Health Center (under the City Health Office)</i> <i>or</i> <i>Rural Health Unit (under the Municipal Health Office)</i>	Administrative Aide IV (driver)	4	Education: Elementary School Graduate Experience: None required Training: None required Eligibility: Driver's License (MC 11, s. 96-Cat. II) Leadership Competencies: N/A	1	<ul style="list-style-type: none"> ■ Driver for the UHC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>in Component Cities/Municipalities</i>			Technical Competencies: 7. Managing Work 8. Driving and Transportation Proficiency			
Health System Support Unit <i>under the Urban Health Center (under the City Health Office)</i> <i>or Rural Health Unit (under the</i>	Administrative Aide III (utility worker)	3	Education: Must be able to read and write/ Elementary School Graduate Experience: None required Training: None required Eligibility: Relevant MC 11 S. 1996/ Career Service (Sub-professional) First Level Eligibility	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages utility works and provides administrative support ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Municipal Health Office)</i> <i>in Component Cities/Municipalities</i>			Leadership Competencies: N/A Technical Competencies: 1. Managing Work 2. Providing Support and Services			
Barangay Health Station <i>under the Urban Health Center (under the City Health Office)</i> <i>or</i>	Nurse I	15	Education: Bachelor's degree in Nursing Experience: None required Training: None required Eligibility: RA 1080	1	<ul style="list-style-type: none"> ■ Heads the Barangay Health Station 	SG was based on DBM BC No. 2021-2 "Modification of Nurse Positions". Inputs based on DOH DC No. 2020-0176 "Circulation of the Manual of Standards for Primary Care Facilities" and the

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Rural Health Unit (under the Municipal Health Office) in Component Cities/Municipalities</i>			Leadership Competencies: N/A Technical Competencies: <ol style="list-style-type: none"> 1. Advocating Public Health 2. Providing Support and Services 3. Research and Analysis 4. Respecting and Caring for Patients 			National Objectives for Health 2017-2022.
Barangay Health Station <i>under the</i>	Midwife II	11	Education: Completion of Midwifery Course Experience: 1 year of relevant experience	1	<ul style="list-style-type: none"> ■ Facilitates implementation of public health programs and delivery of primary care services 	Inputs based on DOH DC No. 2020-0176 “Circulation of the Manual of Standards for Primary Care Facilities” and the

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>Urban Health Center (under the City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: 4 hrs of relevant training</p> <p>Eligibility: RA 1080</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Advocating Public Health 2. Computer Literacy 3. Project/Program Planning and Management 4. Providing Support and Services 			<p>National Objectives for Health 2017-2022.</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
Barangay Health Station <i>under the</i> <i>Urban Health Center (under the City Health Office)</i> <i>or</i> <i>Rural Health Unit (under the Municipal Health Office)</i> <i>in Component Cities/Municipalities</i>	Administrative Assistant III	9	Education: Completion of two-year studies in college or High School Graduate with relevant vocational/ trade course Experience: One (1) year of relevant experience Training: Four (4) hours of relevant training Eligibility: Relevant MC 11 s. 1996, Career Service (Sub-professional)/ First Level Eligibility Leadership Competencies: N/A Technical Competencies:	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Provides administrative support to the BHS ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			<ol style="list-style-type: none"> 1. Achieving High Standards 2. Computer Skills 3. Data Recording and Reporting 4. Providing Support and Services 5. Records Management 			
Barangay Health Station <i>under the Urban Health Center (under the City Health Office)</i>	Administrative Aide III (utility worker)	3	Education: Must be able to read and write/ Elementary School Graduate Experience: None required Training: None required	1	<ul style="list-style-type: none"> ■ General function: <ul style="list-style-type: none"> - Manages utility works and provides administrative support ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in 	Inputs from Personnel Administration Division of the Administrative Service

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Eligibility: Relevant MC 11 S. 1996/ Career Service (Sub-professional) First Level Eligibility</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Managing Work 2. Providing Support and Services 		<p>accordance with policies and guidelines of the CSC</p>	
<p>Barangay Health Station</p> <p><i>under the</i></p>	<p>Administrative Aide IV (driver)</p>	<p>4</p>	<p>Education: Elementary School Graduate</p> <p>Experience: None required</p>	<p>1</p>	<p>■ Driver for the BHS</p>	<p>Inputs from Personnel Administration Division of the Administrative Service</p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<p><i>Urban Health Center (under the City Health Office)</i></p> <p><i>or</i></p> <p><i>Rural Health Unit (under the Municipal Health Office)</i></p> <p><i>in Component Cities/Municipalities</i></p>			<p>Training: None required</p> <p>Eligibility: Driver's License (MC 11, s. 96-Cat. II)</p> <p>Leadership Competencies: N/A</p> <p>Technical Competencies:</p> <ol style="list-style-type: none"> 1. Managing Work 2. Driving and Transportation Proficiency 			
<p>Barangay Health Station</p> <p><i>under the</i></p>	<p>Barangay Health Aide</p> <p>or</p>	4	<p><u>Barangay Health Aide</u></p> <p>Education: High School Graduate</p>	1 per 20 household	<p>■ General function:</p> <ul style="list-style-type: none"> - Facilitates implementation of public health programs 	It is recommended to propose an IOS-available job position with the roles and responsibilities.

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>Urban Health Center (under the City Health Office)</i> <i>or</i>			<p>Experience: none required</p> <p>Training: none required</p> <p>Eligibility: None required (MC 11, s. 96-Cat III)</p>		<p>and delivery of primary care services</p> <ul style="list-style-type: none"> ■ Specific function: <ul style="list-style-type: none"> - May depend on the LGU's preference but should still be in accordance with policies and guidelines of the CSC 	<p>Barangay Health Aide (SG 4) may be considered if the intention is to hire eligible BHWs formally.</p>
<i>Rural Health Unit (under the Municipal Health Office)</i> <i>in Component Cities/Municipalities</i>	<p>Barangay Health Worker</p> <p>(volunteer with honorarium)</p>	n/a	<p><u>Barangay Health Worker</u></p> <p>Education: High School/ Vocational Course Graduate</p> <p>Experience: none required</p> <p>Training: 8 hrs of relevant training</p> <p>Eligibility: None required</p> <p><i>based on CSC BHW eligibility</i></p>			<p><i>Note:</i> <i>An organizational structure denotes accountability and it cannot be imposed on volunteers since their engagement is volatile.</i></p>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
			http://www.csc.gov.ph/barangay-health-worker-eligibility-bhwe.html			
Barangay Health Station <i>under the Urban Health Center (under the City Health Office)</i> <i>or</i> <i>Rural Health Unit (under the Municipal Health Office)</i>	Barangay Nutrition Scholar (volunteer with honorarium)	n/a	Education: High School/ Vocational Course Graduate Experience: None required Training: 8 hrs of relevant training Eligibility: None required Leadership Competencies: N/A Technical Competencies:	1	<ul style="list-style-type: none"> ■ Facilitate implementation of nutrition programs and nutrition promotion/ advocacy activities. 	It is recommended to propose an IOS-available job position with the roles and responsibilities. <i>Note:</i> <i>An organizational structure denotes accountability and it cannot be imposed on volunteers since their engagement is volatile.</i>

Organizational Unit [1]	Position Title ⁴⁵ [2]	SG [3]	Minimum Qualifications ⁴⁶ and Competencies ^{47,48} [4]	Minimum No. of Positions [5]	Description [6]	Remarks / Policy Basis
<i>in Component Cities/Municipalities</i>			<ol style="list-style-type: none"> 1. Advocating Public Health 2. Project/Program Planning and management 3. Respecting and Caring for Patients 4. Building Relationship with stakeholders 5. Records Management 			

Legend:

- [1] Refers to an appropriate office, committee or work group in the LGU, whether existing or proposed, with defined authority and accountability that will assume or perform the devolved function/service, which may include mandated organizational structures or offices, as well as local special bodies and other support groups in which the LGU stakeholders participate (e.g., disaster management teams)
- [2] and [3] Indicates the position and corresponding salary grade, consistent with the latest *Index of Occupational Services, Occupational Groups, Classes and Salary Grades* issued or to be issued by the DBM
- [4] States the eligibilities (e.g., years of work experience, educational attainment, certification/licensure) required to qualify for the position, as well as the relevant knowledge and skills or technical/functional competencies of the incumbent in order to perform the assigned functions
- [5] Indicates the number of positions needed to perform the job
- [6] Indicates the functions and/or importance of the organizational unit, and whether there is already an existing unit or position in the LGU, as well as the functions and/or importance of the position and the corresponding period wherein the services of said position is considered necessary, i.e., short term (FYs 2021-2022) and medium term (FYs 2023-2025)

Notes:

- This contains information on the recommended organizational structures and critical/minimum staffing complement which the DOH offices concerned deem appropriate for the LGUs to enable them to undertake the devolved functions effectively and efficiently in a phased manner, e.g., in the short term (FYs 2021-2022) and the medium term (FYs 2023-2024).
- This includes sets of functions from simple to complex that are identified through inputs from operations units and regional offices which have been assisting the LGUs in these devolved activities will be very useful for this exercise.
- Positions to be proposed should take into account activities which can be performed by the existing mandatory positions in the LGU and creation of new positions shall be guided by the DBM Circular 137 s. 2021 on the Index of Occupations and Position Classification for LGUs..
- LGUs are encouraged to benchmark with organizational structure and best practices models of other LGUs that have been effective in performing their mandates, especially on devolved functions.

IV. Phases of Implementation

The adoption of the *Minimum Recommendations for Staffing Complement of Public Health Facilities and Health Offices in Local Government Units (Annex C2 of the DOH DTP)* is recommended to be implemented in phases considering the incremental creation of permanent positions as provided in the RA No. 11223 or the Universal Health Care Act. This shall allow LGUs and other National Government Agencies (NGA) involved the flexibility in planning for the gradual preparation of budget and resource requirements.

The recommended phases may be guided by “rubrics method” whereas each position is rated according to proposed prioritization of the Department (Table 4). The rates per position per health system integration type shall then be ranked to identify priorities for the 5-year implementation phases. The assessment has to be undertaken by the PCWHS in coordination with their component LGUs, since the needs of each local health system may vary depending on their actual capacity and needs. The rubrics could serve as an objective basis for prioritization of local health systems and final decision for implementation shall be based on the autonomy and authority of the concerned LGUs as provided under LGC of 1991⁴⁹. Sample rubrics assessments are provided in Annex A for guidance of LGUs.

Table 4. *Rubrics for Identifying priority positions in the Annex C2 of the DOH DTP*

Priority Preferences / Elements	Rates
I. Relevance to Universal Health Care (mandated by UHC and other health laws)	
A. Function of position is focused on leading, planning and developing policies and strategies	3
B. Function of position is focused on implementation and service delivery	2
C. Function of position is focused on administrative and support	1

⁴⁹ Note: Per EO 138 s. 2021, all functions previously identified under Local Government Code of 1991 shall be fully devolved no later than end of year 2024.

Priority Preferences / Elements	Rates
II. Policy Support	
A. Creation of position is supported by legislative/national acts and/or policies	3
B. Creation of position is supported by plans, policies, and/or standards developed by national agencies	2
C. Creation of positions is based on IOS requirements	1
III. Ease of Recruitment	
A. Position can be filled easily either because: <ul style="list-style-type: none"> 1. The number of positions required to meet the standards is minimal, or 2. The production of professionals that is best-fit/suited for the position is high 	3
B. Filling of position may require time either because: <ul style="list-style-type: none"> 1. The number of positions required to meet the standards is high, or 2. The production of professionals that is best-fit/suited for the position is low 	2
C. Position can be filled easily either because: <ul style="list-style-type: none"> 1. The position would not require professional or highly technical expertise, or 2. The functions/services of the position may be outsourced 	1

Table 5. Prioritization Ranks and Equivalent Implementation Period

Rating	Implementation Period
I. Rating of 8 - 9	Year 1
II. Rating of 6 - 7	Year 2
III. Rating of 5	Year 3
IV. Rating of 4	Year 4
V. Rating of 1 - 3	Year 5

Annex A. Sample assessment for identifying priority positions for staffing complement of public health facilities and health offices in LGUs

Provincial Health Office

Sample rating per position

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Office of the Provincial Health Officer	Office of the Provincial Health Officer II	Provincial Health Officer II	26	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i>
Office of the Provincial Health Officer	Office of the Provincial Health Officer II	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Office of the Provincial Health Officer	Office of the Provincial Health Officer II	Administrative Aide (Driver/Mechanic)	4	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Office of the Provincial Health Officer	Administrative unit	Administrative Officer V	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Office of the Provincial Health Officer	Administrative unit	Administrative Officer IV	15	3	1	1	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Office of the Provincial Health Officer	Administrative unit	Administrative Officer II	11	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Office of the Provincial Health Officer	Administrative unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health Service Delivery Division	Office of the Provincial Health Officer I	Provincial Health Officer I	25	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i> Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health Service Delivery Division	Office of the Provincial Health Officer I	Supervising Health Program Officer	22	3	1	3	7	Year 2	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Health Promo Unit	Health Education and Promotion Officer III	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health Service Delivery Division	Health Promo Unit	Health Education and Promotion Officer II	14	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Health Promo Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	(Provincial) Epidemiology and Surveillance Unit	Senior Health Program Officer (Surveillance Coordinator)	18	3	2	2	7	Year 2	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health Service Delivery Division	(Provincial) Epidemiology and Surveillance Unit	Health Program Officer II (Disease Surveillance Officer for HIV/STI/Viral Hepatitis)	15	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health Service Delivery Division	(Provincial) Epidemiology and Surveillance Unit	Health Program Officer II (statistician)	15	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	(Provincial) Epidemiology and Surveillance Unit	Data Encoder II	8	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	(Provincial) Epidemiology and Surveillance Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Disaster Risk Reduction and Management Unit	Senior Health Program Officer	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health Service Delivery Division	Disaster Risk Reduction and Management Unit	Health Program Officer II	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health Service Delivery Division	Disaster Risk Reduction and Management Unit	Health Program Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Disaster Risk Reduction and Management Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Public Health Program Mgt Unit	Senior Health Program Officer	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health Service Delivery Division	Public Health Program Mgt Unit	Dentist II	17	3	3	1	7	Year 2	Based on RA No. 1891. An Act Strengthening Health and Dental Services in the Rural Areas.
Health Service Delivery Division	Public Health Program Mgt Unit	Health Program Officer II	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health Service Delivery Division	Public Health Program Mgt Unit	Health Program Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Public Health Program Mgt Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Office of the Chief Program Officer	Chief Health Program Officer	24	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i>
Health System Support Division	Office of the Chief Program Officer	Supervising Health Program Officer	22	3	1	3	7	Year 2	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Planning officer III	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
									Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Planning officer II	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Health Program Officer II	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Planning Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Health Program Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Health Information Systems Unit	Information Systems Analyst (ISA) III	19	3	2	2	7	Year 2	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health System Support Division	Health Information Systems Unit	Information Systems Analyst (ISA) II	16	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Health Information Systems Unit	Information Systems Analyst (ISA) I	12	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Health Information Systems Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health System Support Division	Supply Chain Management Unit	Senior Health Program Officer	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health System Support Division	Supply Chain Management Unit	Health Program Officer II (Pharmacist)	15	2	3	2	7	Year 2	Based on RA No. 10918. Philippine Pharmacy Act.
Health System Support Division	Supply Chain Management Unit	Health Program Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Supply Chain Management Unit	Administrative assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	HRH Management and Development Unit	Human Resource Management Officer III	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health System Support Division	HRH Management and Development Unit	Human Resource Management Officer II	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	HRH Management and Development Unit	Human Resource Management Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	HRH Management and Development Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Provincial Health Office

Sample phasing per year

Year 1	Year 2	Year 3	Year 4	Year 5
<ul style="list-style-type: none"> ○ Provincial Health Officer II ○ Provincial Health Officer I ○ Chief Health Program Officer ○ Senior Health Program Officer ○ Health Education and Promotion Officer III ○ Planning officer III ○ Human Resource Management Officer III ○ Administrative Officer V 	<ul style="list-style-type: none"> ○ Dentist II ○ Health Program Officer II (Pharmacist) ○ Information Systems Analyst (ISA) III ○ Senior Health Program Officer (Surveillance Coordinator) ○ Supervising Health Program Officer 	<ul style="list-style-type: none"> ○ Administrative Officer IV ○ Health Program Officer II (Disease Surveillance Officer for HIV / STI / Viral Hepatitis) ○ Health Program Officer II (statistician) ○ Information Systems Analyst (ISA) II ○ Information Systems Analyst (ISA) I 	<ul style="list-style-type: none"> ○ Health Education and Promotion Officer II ○ Health Program Officer II ○ Health Program Officer I ○ Human Resource Management Officer II ○ Human Resource Management Officer I ○ Planning Officer II ○ Planning officer I 	<ul style="list-style-type: none"> ○ Administrative Assistant III ○ Administrative Aide (Driver/ Mechanic) ○ Administrative Officer II ○ Data Encoder II

City Health Office in Highly Urbanized Cities / Independent Component Cities

Sample rating per position

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Office of the City Health Officer	Office of the City Health Officer II	City Health Officer II	26	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i>
Office of the City Health Officer	Office of the City Health Officer II	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Office of the City Health Officer	Office of the City Health Officer II	Administrative Aide (Driver/ Mechanic)	4	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Office of the City Health Officer	Administrative unit	Administrative Officer V	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Office of the City Health Officer	Administrative unit	Administrative Officer IV	15	3	1	1	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Office of the City Health Officer	Administrative unit	Administrative Officer II	11	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Office of the City Health Officer	Administrative unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Office of the City Health Officer I	City Health Officer I	25	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i>
Health Service Delivery Division	Office of the City Health Officer I	Supervising Health Program Officer	22	3	1	3	7	Year 2	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health Service Delivery Division	Health Promo Unit	Health Education and Promotion Officer III	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health Service Delivery Division	Health Promo Unit	Health Education and Promotion Officer II	14	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Health Promo Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	(City) Epidemiology and Surveillance Unit	Senior Health Program Officer (Surveillance Coordinator)	18	3	2	2	7	Year 2	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health Service Delivery Division	(City) Epidemiology and Surveillance Unit	Health Program Officer II (Disease Surveillance Officer for HIV/STI/Viral Hepatitis)	15	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health Service Delivery Division	(City) Epidemiology and Surveillance Unit	Health Program Officer II (statistician)	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	(City) Epidemiology and Surveillance Unit	Data Encoder II	8	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	(City) Epidemiology and Surveillance Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Disaster Risk Reduction and Management Unit	Senior Health Program Officer	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health Service Delivery Division	Disaster Risk Reduction and Management Unit	Health Program Officer II	15	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health Service Delivery Division	Disaster Risk Reduction and Management Unit	Health Program Officer I	11	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Disaster Risk Reduction and Management Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Public Health Program Mgt Unit	Senior Health Program Officer	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health Service Delivery Division	Public Health Program Mgt Unit	Dentist II	17	3	3	1	7	Year 2	Based on RA No. 1891. An Act Strengthening Health and Dental Services in the Rural Areas.
Health Service Delivery Division	Public Health Program Mgt Unit	Health Program Officer II	15	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Public Health Program Mgt Unit	Health Program Officer I	11	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services,

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
									Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health Service Delivery Division	Public Health Program Mgt Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Office of the Chief Program Officer	Chief Health Program Officer	24	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i>
Health System Support Division	Office of the Chief Program Officer	Supervising Health Program Officer	22	3	1	3	7	Year 2	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Planning officer III	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health System Support Division	Planning Unit / Quality and	Planning officer II	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services,

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
	Performance Monitoring Unit								Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Health Program Officer II	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Planning Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Health Program Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Planning Unit / Quality and Performance Monitoring Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Health Information Systems Unit	Information Systems Analyst (ISA) III	19	2	2	2	6	Year 2	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Health System Support Division	Health Information Systems Unit	Information Systems Analyst (ISA) II	16	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Health Information Systems Unit	Information Systems Analyst (ISA) I	12	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Health Information Systems Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Supply Chain Management Unit	Senior Health Program Officer	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health System Support Division	Supply Chain Management Unit	Health Program Officer II (Pharmacist)	15	2	3	2	7	Year 2	Based on RA No. 10918. Philippine Pharmacy Act.
Health System Support Division	Supply Chain Management Unit	Health Program Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services,

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
									Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	Supply Chain Management Unit	Administrative assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	HRH Management and Development Unit	Human Resource Management Officer III	18	3	2	3	8	Year 1	Based on DOH Administrative Order No. 2020-0021. Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)
Health System Support Division	HRH Management and Development Unit	Human Resource Management Officer II	15	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	HRH Management and Development Unit	Human Resource Management Officer I	11	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Health System Support Division	HRH Management and Development Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Urban Health Center	Office of the City Health Officer I	City Health Officer I	24	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i>
Urban Health Center	Health Service Delivery Unit	Medical Officer IV	23	2	2	1	5	Year 3	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center	Health Service Delivery Unit	Medical Officer III	21	2	2	1	5	Year 3	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center	Health Service Delivery Unit	Nurse II	16	2	2	3	7	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center	Health Service Delivery Unit	Midwife III	13	2	2	3	7	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center	Health Service Delivery Unit	Sanitation Inspector IV	13	2	2	2	6	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center	Health Service Delivery Unit	Health Program Officer I (surveillance)	11	2	2	2	6	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Urban Health Center	Health Service Delivery Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center	Health System Support Unit	Supervising Health Program Officer	22	2	1	3	6	Year 2	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center	Health System Support Unit	Information System Analyst II	16	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center	Health System Support Unit	Administrative Officer III	14	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center	Health System Support Unit	Administrative Assistant III (pharmacy assistant)	9	2	3	1	6	Year 2	Based on RA No. 10918. Philippine Pharmacy Act.
Urban Health Center	Health System Support Unit	Administrative Aide IV (driver)	4	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Urban Health Center	Health System Support Unit	Administrative Aide III (utility worker)	3	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center	Barangay Health Station	Nurse I	15	2	2	3	7	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center	Barangay Health Station	Midwife II	11	2	2	3	7	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center	Barangay Health Station	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center	Barangay Health Station	Administrative Aide III (utility worker)	3	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center	Barangay Health Station	Administrative Aide IV (driver)	4	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Urban Health Center	Barangay Health Station	Barangay Health Aide	4	1	2	1	4	Year 4	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
		or Barangay Health Worker (volunteer with honorarium)	n/a						
Urban Health Center	Barangay Health Station	Barangay Nutrition Scholar (volunteer with honorarium)	n/a	1	2	1	4	Year 4	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.

City Health Office in Highly Urbanized Cities / Independent Component Cities

Sample phasing per year

Year 1	Year 2	Year 3	Year 4	Year 5
<ul style="list-style-type: none"> ○ City Health Officer II ○ City Health Officer I ○ Chief Health Program Officer ○ Senior Health Program Officer ○ Health Education and Promotion Officer III ○ Human Resource Management Officer III ○ Planning officer III ○ Administrative Officer V 	<ul style="list-style-type: none"> ○ Administrative Assistant III (pharmacy assistant) ○ Dentist II ○ Health Program Officer I (surveillance) ○ Health Program Officer II (Pharmacist) ○ Information Systems Analyst (ISA) III ○ Midwife II ○ Midwife III ○ Nurse I ○ Nurse II ○ Sanitation Inspector IV ○ Senior Health Program Officer (Surveillance) 	<ul style="list-style-type: none"> ○ Administrative Officer IV ○ Health Education and Promotion Officer II ○ Health Program Officer I ○ Health Program Officer II ○ Health Program Officer II (Disease Surveillance Officer for HIV / STI / Viral Hepatitis) ○ Information Systems Analyst (ISA) I ○ Information Systems Analyst (ISA) II ○ Medical Officer III 	<ul style="list-style-type: none"> ○ Administrative Aide IV (driver) ○ Barangay Health Aide or Barangay Health Worker (volunteer with honorarium) ○ Barangay Nutrition Scholar (volunteer with honorarium) ○ Health Program Officer I ○ Health Program Officer II ○ Health Program Officer II (statistician) ○ Human Resource Management Officer I ○ Human Resource 	<ul style="list-style-type: none"> ○ Administrative Aide (Driver/ Mechanic) ○ Administrative Aide III (utility worker) ○ Administrative Assistant III ○ Administrative Officer II ○ Administrative Officer III ○ Data Encoder II

Year 1	Year 2	Year 3	Year 4	Year 5
	Coordinator) ○ Supervising Health Program Officer	○ Medical Officer IV	Management Officer II ○ Planning Officer I ○ Planning officer II	

City / Municipal Health Office in Component Cities / Municipalities

Sample rating per position

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Office of the City Health Officer or Office of the Municipal Health Officer	Office of the City Health Officer II or Office of the Medical Officer V <i>Only if CHO/MHO has several Urban Health Centers/Rural Health Units and hospital/s owned and managed by the component LGU</i>	City Health Officer II or Medical Officer V	25	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i>
Office of the City Health Officer or	Office of the City Health Officer II or	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Office of the Municipal Health Officer	Office of the Medical Officer V <i>Only if CHO/MHO has several Urban Health Centers/Rural Health Units and hospital/s owned and managed by the component LGU</i>								
Office of the City Health Officer or Office of the Municipal Health Officer	Office of the City Health Officer II or Office of the Medical Officer V <i>Only if CHO/MHO has several Urban Health Centers/Rural Health Units and hospital/s owned and managed by the</i>	Administrative Aide IV	4	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
	<i>component LGU</i>								
Urban Health Center or Rural Health Unit	Office of the City Health Officer I or Office of the Rural Health Physician	City Health Officer I or Rural Health Physician	24	3	3	3	9	Year 1	Based on the Local Government Code of 1991 whereas <i>The appointment of a health officer shall be mandatory for provincial, city, and municipal governments.</i>
Urban Health Center or Rural Health Unit	Health Service Delivery Unit	Medical Officer IV	23	2	2	1	5	Year 3	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center or Rural Health Unit	Health Service Delivery Unit	Medical Officer III	21	2	2	1	5	Year 3	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center or	Health Service Delivery Unit	Nurse II	16	2	2	3	7	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Rural Health Unit									
Urban Health Center or Rural Health Unit	Health Service Delivery Unit	Midwife III	13	2	2	3	7	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center or Rural Health Unit	Health Service Delivery Unit	Sanitation Inspector IV	13	2	2	2	6	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center or Rural Health Unit	Health Service Delivery Unit	Health Program Officer I (surveillance officer)	11	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center or	Health Service Delivery Unit	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Rural Health Unit									
Urban Health Center or Rural Health Unit	Health System Support Unit	Supervising Health Program Officer	22	2	1	3	6	Year 2	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center or Rural Health Unit	Health System Support Unit	Information System Analyst II	16	2	1	2	5	Year 3	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center or Rural Health Unit	Health System Support Unit	Administrative Officer III	14	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center or Rural Health Unit	Health System Support Unit	Administrative Assistant III (pharmacy assistant)	9	2	3	1	6	Year 2	Based on RA No. 10918. Philippine Pharmacy Act.

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Urban Health Center or Rural Health Unit	Health System Support Unit	Administrative Aide IV (driver)	4	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center or Rural Health Unit	Health System Support Unit	Administrative Aide III (utility worker)	3	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center or Rural Health Unit	Barangay Health Station	Nurse I	15	2	2	3	7	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center or Rural Health Unit	Barangay Health Station	Midwife II	11	2	2	3	7	Year 2	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.
Urban Health Center or	Barangay Health Station	Administrative Assistant III	9	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Rural Health Unit									
Urban Health Center or Rural Health Unit	Barangay Health Station	Administrative Aide III (utility worker)	3	1	1	1	3	Year 5	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center or Rural Health Unit	Barangay Health Station	Administrative Aide IV (driver)	4	2	1	1	4	Year 4	Based on Local Budget Circular No. 137. Index of Occupational Services, Occupational Groups, Classes, and Salary Grades (IOS 2021)
Urban Health Center or Rural Health Unit	Barangay Health Station	Barangay Health Aide or Barangay Health Worker (volunteer with honorarium)	4 n/a	1	2	1	4	Year 4	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.

Division	Unit	Position	SG	Priority Preferences / Elements				Phase	Remarks
				Relevance to Universal Health Care	Policy Support	Ease of Recruitment	Total Rating		
Urban Health Center or Rural Health Unit	Barangay Health Station	Barangay Nutrition Scholar (volunteer with honorarium)	n/a	1	2	1	4	Year 4	Based on DOH Department Circular No. 2020-0176. Manual of Standards for Primary Care Facilities.

City / Municipal Health Office in Component Cities / Municipalities

Sample phasing per year

Year 1	Year 2	Year 3	Year 4	Year 5
<ul style="list-style-type: none"> ○ City Health Officer II or Medical Officer V ○ City Health Officer I or Rural Health Physician 	<ul style="list-style-type: none"> ○ Administrative Assistant III (pharmacy assistant) ○ Midwife II ○ Midwife III ○ Nurse I ○ Nurse II ○ Sanitation Inspector IV ○ Supervising Health Program Officer 	<ul style="list-style-type: none"> ○ Health Program Officer I (surveillance officer) ○ Information System Analyst II ○ Medical Officer III ○ Medical Officer IV 	<ul style="list-style-type: none"> ○ Administrative Aide IV (driver) ○ Barangay Health Aide or Barangay Health Worker (volunteer with honorarium) ○ Barangay Nutrition Scholar (volunteer with honorarium) 	<ul style="list-style-type: none"> ○ Administrative Aide III (utility worker) ○ Administrative Aide IV ○ Administrative Assistant III ○ Administrative Officer III

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ANNEX D**Matrix on the Capacity Development Strategy for the National Government Agencies (NGAs)****Department of Health - Office of the Secretary**

NOTE: The following attached agencies and corporations of the Department of Health (PNAC, PhilHealth, NKTi, LCP, PCMC, PHC, PITAHC) will not be affected by the Re-devolution of functions from NGAs to LGUs.

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
Health Facility Enhancement Program							
Health Facility Enhancement Program MO Central Office	Policy research and evaluation, development of service delivery standards, systems thinking, strategic communication, stakeholder management	Trainings, competency profiling	Policy evaluation, cascading of service delivery standards	Trainings (ie. M&E, strategic communication) coaching and mentoring	Q3-Q4, 2022	Percent of personnel concerned capacitated (measurement tool: improvement rate - pre-test vs. post test) No. of M&E system in policy implementation developed/ enhanced	HR, DAP, other agencies and service providers
HFEP Regional Office/s	Training management, monitoring and evaluation, risk management, stakeholder management	Trainings, competency profiling, M&E systems	Database management, designing of trainings	Trainings (i.e., database management, data analytics, capacity development designing) coaching and mentoring	Q3-Q4, 2022	Percent of personnel concerned capacitated (measurement tool: improvement rate - pre-test vs. post test)	HR, DAP, other agencies and service standards

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
Human Resources for Health							
Health Human Resource Development Bureau (HHRDB)	<ol style="list-style-type: none"> 1. Building Relationships with Stakeholders 2. Data Recording and Reporting 3. Effective Communication Skills 4. Effective Interpersonal Relations 5. Effective Presentation Skills 6. Government & Departmental Policies and Procedures 7. Learning and Development 8. Organizational Awareness and Commitment 	<ol style="list-style-type: none"> 1. Competency Assessment through LDNA tool 2. Learning and development interventions provided based on gaps identified 3. Monitoring of application and improvement of competencies using the WAP tool 	<ol style="list-style-type: none"> 1. Policy Development (Technical Competency) 2. People Management (Technical Competency), 3. Organizational Awareness and Commitment (Organizational Competency) 4. Program / Project Planning and Management (Technical Competency) 5. Effective Interpersonal Skills (Organizational Competency) 	<p>Learning and development interventions (formal/non-formal, informal)</p> <p>DOH is currently capitalizing on providing/engaging in LDIs via e-Learning platforms</p>	<p>Year-round</p>	<p>100% of all internal staff provided with appropriate learning and development interventions (LDIs)</p> <p>100% of LDIs are responsive to priority competency gaps of DOH personnel</p>	<p>HHRDB in coordination with other agencies and service providers</p>

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
	9. People Management 10. Policy Development 11. Project/Program Planning & Management 12. Risk Management 13. Technical Writing						
Centers for Health Development - Human Resource Development Unit (HRDU)	1. Building Relationship with Stakeholders 2. Data Recording and Reporting 3. Developing Personal and Organizational Capability 4. Diversity Management 5. Employee Relations and Events	1. Administer LDNA to all CHD staff and consolidate the CHD LD Plan through their respective HRDU; 2. Implement the appropriate LDIs in accordance with the CHD LD Plan, using modalities and	1. Building Relationship with Stakeholders 2. Data Recording and Reporting 3. Developing Personal and Organizational Capability 4. Diversity Management 5. Employee Relations and Events		Year-round	100% of all internal staff provided with appropriate learning and development interventions (LDIs)	HRDUs in coordination with other agencies and service providers HRDU in coordination with HHRDB

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
	6. Learning and Development 7. Providing Support and Services 8. Training Program Administration 9. Monitoring and Evaluating Skills	methods that are applicable in the respective regions and localities; 3. Maintain a database of all LDIs being attended and implemented at the CHD and submit monthly reports to the HHRDB; 4. Facilitate CPD accreditation of all LDIs initiated and/or implemented at the CHD, in coordination with the DOH CPD Secretariat.	6. Learning and Development 7. Providing Support and Services 8. Training Program Administration 9. Monitoring and Evaluating Skills				

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
Epidemiology and Surveillance - Hiring of Disease Surveillance Officers (DSO)							
Department of Health - Epidemiology Bureau, Regional Offices (CHDs), and Provincial Offices	1. Training of trainers on ICD-11	Trainings, competency profiling, M&E systems	Systematic recording, reporting, analysis, interpretation and comparison of mortality and morbidity data	Training	Q3-Q4, 2022	Percent of personnel concerned capacitated (measurement tool: improvement rate – pre-test vs. post- test)	DOH - Epidemiology Bureau - Applied Epidemiology Health management Division (AEHMD)
	2. Training of Trainers on Smart Verbal Autopsy (SmartVA)	Trainings, competency profiling, M&E systems	Accurate and reliable cause of deaths specifically for out of facility (community) deaths	Training	Q3-Q4, 2022	Percent of personnel (CHD) concerned capacitated (measurement tool: improvement rate – pre-test vs. post- test)	DOH - Epidemiology Bureau - AEHMD
	3. Completion of Field Epidemiology Training Program (FETP)	Regional Epidemiology and Surveillance Units Functionality	Technical skills on epidemiology	Complete the training program	2022 onwards	Percent of RESU personnel that have completed FETP	DOH - Epidemiology Bureau - AEHMD
	4. Training of trainers on Case-based Surveillance	Trainings, competency profiling, M&E systems	Detection, Registration, Reporting, Laboratory	Training, Technical Assistance,	Q3-Q4, 2022	Percent of concerned CHD personnel capacitated	DOH - Epidemiology Bureau -

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
	training modules: a. Case-based Surveillance Orientation b. Case-based Surveillance Core Processes c. Case-based Surveillance Web Application and Software d. Case-based Surveillance Data Management and Report Generation e. Case-based Surveillance Monitoring and Evaluation 5. Training of trainers on Event-based Surveillance and Response	Trainings, competency profiling, M&E systems	Testing and Confirmation, Data Management, Analysis and Report Generation, Feedback, Epidemic Response and Monitoring and Evaluation Early detection, notification, and monitoring of status of health events;	Monitoring and Evaluation Training, Technical Assistance, Monitoring and Evaluation	Q3-Q4, 2022	(measurement tool: improvement rate – pre-test vs. post-test) % of personnel (local level) trained after completion of the training Percent of concerned CHD/RESU personnel capacitated (measurement tool: improvement rate - pre-test vs post-test;	Public Health Surveillance Division (PHSD) DOH - Epidemiology Bureau - PHSD

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
	(ESR) training modules: a. ESR Orientation b. ESR Core Processes c. ESR Reporting Forms d. ESR Data Management/ Report Generation e. International Health Regulations (IHR) (2005) Orientation f. IHR Annex 2 g. ESR Monitoring and Evaluation		Data Management, Analysis and Report Generation; Epidemic Response; Monitoring and Evaluation of systems			monitoring and evaluation tool) Percent of personnel (local level) trained after completion of the training	
DOH - Central Office only	Training management, monitoring and evaluation, strategic communication, stakeholder management, data analysis, and	Trainings, competency profiling	Evaluation of FHSIS functions at all levels, cascading of service delivery standards	Trainings (M&E, strategic communication), coaching, and mentoring	Q1-Q2, 2022	Percent of concerned personnel capacitated (measurement tool: improvement rate - pretest vs post test)	DOH - Epidemiology Bureau - Surveys, Monitoring, and Evaluation Division (SMED) - FHSIS Team

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
	statistical report generation						
DOH - Regional Offices only	Training management, monitoring and evaluation, database management, data analysis, and statistical report generation	Trainings, competency profiling, M&E systems	Database management, data analysis, and statistical report generation	Trainings (i.e., database management, data analytics, capacity development designing), Coaching and mentoring	Q2-Q3, 2022	Percent of concerned personnel capacitated (measurement tool: improvement rate - pretest vs post test)	DOH - Epidemiology Bureau - SMED - FHSIS Team & FHSIS Regional Coordinators
DOH - Provincial DOH Offices only	Training management, monitoring and evaluation, database management, data analysis, and statistical report generation	Trainings, competency profiling, M&E systems	Database management, data analysis, and statistical report generation	Trainings (i.e., database management, data analytics, capacity development designing), Coaching and mentoring	Q2-Q3, 2022	Percent of concerned personnel capacitated (measurement tool: improvement rate - pretest vs post test)	FHSIS Regional and Provincial Coordinators

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
Disease Prevention and Control Bureau							
DPCB Central Office and CHDs; Procurement, Supply Chain & Logistics Tracking Team	Quantification/ Forecasting of commodities, planning, logistics & inventory management, Training management, monitoring and evaluation, risk management, stakeholder management	Trainings, competency profiling, M&E systems	Logistics Management	Trainings (forecasting, cold chain management, logistics management, inventory tracking) Coaching & mentoring	Q3-Q4 2021, continuous training of new staff	Percent of personnel concerned capacitated (measurement tool: can do actual computation on the needs of the programs)	HHRDB, DPCB, GPPB and other agencies and service providers
Cross-Cutting Capacity Development for DOH							
DOH-Central Office, CHDs, PDOHOs	Evidence- based policy and service delivery standards development, stakeholder management, research, strategic and health systems thinking	Trainings, competency profiling, coaching Trainings, competency profiling, M&E systems	Policy evaluation, cascading of service delivery standards, integration of service delivery	Trainings (i.e., M&E, strategic communication, Coaching and mentoring, strategic and health systems thinking)	Q3-Q4, 2022, continuous capacity development for all technical staff	Percent of personnel concerned capacitated (measurement tool: improvement rate – pre-test vs. post-test) No. of M&E system on policy implementation developed/enhanced	HHRDB, and other agencies and service providers

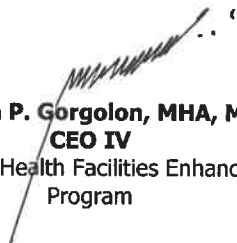
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
	Training management, monitoring and evaluation, information/ data management, risk management, stakeholder management, strategic and health systems thinking		Database management, Integration of service delivery, advocacy and stakeholder management	Trainings (i.e., database management, data analytics, capacity development designing, Coaching and mentoring, stakeholder management, planning, strategic and health systems thinking,)	Q3-Q4, 2022, continuous capacity development for all technical staff	Percent of personnel concerned capacitated (measurement tool: improvement rate – pre-test vs. post-test)	HHRDB, and other agencies and service providers
	Training on technical assistance provision, negotiation, contract management, program management; Training on Public Financial Management, Public Expenditure Management; Training on Impact Evaluation of Program		Public Financial Management; Impact Evaluation of Program and Interventions; Futures Thinking	Trainings	Q3-Q4, 2022, continuous capacity development for all technical staff	Percent of personnel concerned capacitated (measurement tool: improvement rate – pre-test vs. post-test)	HHRDB, and other agencies and service providers


As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/ Activities [5]	Target Period of Implementation for Capacity Development Actions/ Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
	Interventions; and, Training on Futures Thinking and Scenario Building.						

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DOH DTP Annexes
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

ANNEX E**Matrix on the Capacity Development Strategy for the Local Government Units (LGUs)****Department of Health – Office of the Secretary**

NOTE: The following attached agencies and corporations of the Department of Health (PNAC, PhilHealth, NKT, LCP, PCMC, PHC, PITAHC) will not be affected by the Re-devolution of functions from NGAs to LGUs.

Technical Assistance Plan for the Devolution of Functions/Services

Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
Health Facilities Enhancement Program					
For 2022 Devolved Functions					
Implementation of Medical Equipment, Infrastructure and Motor Vehicle Projects	Targeted LGUs included in the Category 4 of PHFDP Allocation Framework	Orientation of LGUs on the Guidelines for the Implementation of Projects Funded Under the HFEP	Q3-Q4 2021-2022	Health Facilities Enhancement Program - Management Office in collaboration with Health Human Resource Development Bureau	No. or percent of target LGUs/personnel capacitated
For 2023 Devolved Functions					
Implementation of Medical Equipment, Infrastructure and Motor Vehicle Projects	Targeted LGUs included in the Category 4 & 2 of PHFDP Allocation Framework	Orientation of LGUs on the Guidelines for the Implementation of Projects Funded Under the HFEP	Q3-Q4 2022-2023	Health Facilities Enhancement Program - Management Office in	No. or percent of target LGUs/personnel capacitated

Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
				collaboration with Health Human Resource Development Bureau	
For 2024 Devolved Functions					
Implementation of Medical Equipment, Infrastructure and Motor Vehicle Projects	Targeted LGUs included in the Category 4, 3 & 2 of PHFDP Allocation Framework	Orientation of LGUs on the Guidelines for the Implementation of Projects Funded Under the HFEP	Q3-Q4 2023- 2024	Health Facilities Enhancement Program - Management Office in collaboration with Health Human Resource Development Bureau	No. or percent of target LGUs/personnel capacitated
Human Resources for Health Deployment					
Baseline Assessment, Gaps Analysis and Investment Needs for HRH	Province, Municipal, City, Barangay	Orientation to LGUs in registering their HRH to the NHWR	2022	HHRDB, KMITS	Percentage of HRH in LGUs registered into the NDHRHIS/NHWR Percentage of LGUs with 100% of HRH registered into NDHRHIS/NHWR Means of Verification (MOV): Updated system-generated HRH facility registry report

Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
	Province, Municipal, City	Orientation and engagement of LGUs in the development of facility-based Staffing Requirement (using WISN)	2021-2023	HHRDB, HFDB, CHD	Percentage of LGUs that have conducted facility-based staffing requirement assessment using the WISN Tool MOV: Updated facility-based report on HRH distribution and staffing pattern matrix
	Province, Municipal, City, Barangay	Orientation to LGUs on Competency-based Learning and Development Management System	2021	HHRDB, CHD	Percentage of LGUs who participated in the orientation Percentage of LGUs with LD Plan of the Health Office based on the results of the LDNA MOV: LD Plans developed based on LDNAs
Province-wide and City-wide Health System HRH plan, integrated in the Local Investment Plan for Health (LIPH)	Province, Municipal, City	Orientation/training for LGUs on localizing HRH Master Plan strategies and integrating them to their LIPH	2022	HHRDB, CHD	Percentage of priority LGUs provided with technical assistance in localizing the NHRHMP and integrating it into the LIPH Percent of LGUs with HRHMP strategies/ interventions (e.g. creation of plantilla positions for HRH) integrated in their LIPH MOVs (as provided in LHS

Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
					<p>ML):</p> <p>1. LIPH, signed by P/CWHS, which integrates PPAs for HRH, aligned with the HRH Master Plan, such as but not limited to:</p> <ul style="list-style-type: none"> • Plan for filling -up of vacant plantilla positions for health personnel (including timelines and recruitment strategies) • Mechanism on sharing of health workforce within the healthcare provider network (MOA or service contracts with healthcare providers within the network) • Incremental creation of plantilla positions for health personnel (including funds for creation of such positions) • Learning and development plan/ interventions for health personnel as part of the overall HR development plan of the LGU (including investment

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Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
					needs) 2. P/M/C ordinances on the creation of plantilla positions for HRH based on gaps/needs identified gaps/needs identified
HRH Management and Development System	Province, Municipal, City	Training on setting up and managing the HRHMD System within the P/CWHS	2021 onwards	HHRDB, CHD	Percentage of LGUs that participated in capability building activities on HRH management and development Percentage of LGUs who have installed harmonized competency-based HRH management and development system, and HRH performance assessment system MOV: Executive Order or P/CHB resolution on installing the HRMD system
Certified Primary Care Health Workers	Province, Municipal, City	Orientation on Primary Care Certification	2021 onwards	HHRDB-CHDs	Percentage of LGUs provided with orientation on primary care certification Percentage of LGUs with at least 1 certified primary care team

Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
					MOV: Updated system-generated PCW list
Epidemiology and Surveillance - Hiring of Disease Surveillance Officers (DSO)					
Field Epidemiology Training Program (FETP)	P/C/M Local Health Office/ Hospitals/Healthcare facilities	Completion of FETP	Annually	RESU-CHDs, EB for TA as needed by RESU-CHDs	Percent of P/C/M Local Health Office/ Hospitals/ Healthcare facilities with personnel who completed FETP
International Classification of Diseases 11th Revision (ICD-11)	P/C/M Local Health Office/ Hospitals/Healthcare facilities	Training on ICD-11	Q2-Q3, 2022	RESU-CHDs, EB for TA as needed by RESU-CHDs	Percent of P/C/M Local Health Office/ Hospitals/ Healthcare facilities with personnel trained on ICD- 11
Smart Verbal Autopsy (SmartVA)	P/C/M Local Health Office	Training on Smart VA	Q2-Q3, 2022	RESU-CHDs, EB for TA as needed by RESU-CHDs	Percent of P/C/M Local Health Office with personnel trained on Smart VA Percent decrease in ill defined causes of deaths for community deaths
Field Health Services Information System (FHSIS)	P/C/M Local Health Office	Orientation of LGUs and local health centers in the implementation of the integration of the iClinicSys and FHSIS Conduct of training of trainers in iClinicSys and oFHSIS	Q1, 2022 Q2-Q3, 2022	Epidemiology Bureau - Surveys, Monitoring, and Evaluation Division DOH - Epidemiology Bureau - Surveys, Monitoring, and	Percent increase in the number of LGUs utilizing iClinicSys and oFHSIS in encoding FHSIS data Percent increase in the number of LGUs with functional information system for FHSIS

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Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
		Reorientation on the 2018 FHSIS Manual of Procedures	Q1-Q2, 2022	Evaluation Division DOH - Epidemiology Bureau - Surveys, Monitoring, and Evaluation Division	Percent increase in the number of LGUs with timely and complete data reports
Philippine Integrated Disease Surveillance and Response (PIDSR) - Case-based Surveillance	P/C/M Local Health Office	Orientation and/or Training of trainers on Case-based Surveillance training modules: a. Case-based Surveillance Orientation b. Case-based Surveillance Core Processes c. Case-based Surveillance Web Application and Software d. Case-based Surveillance Data Management and Report Generation e. Case-based Surveillance Monitoring and Evaluation	Q4, 2021 (and/or as needed)	DOH - Epidemiology Bureau - Public Health Surveillance Division	Percent increase in the number of LGUs reporting thru the Case-based Surveillance online software Percent increase in the number of LGUs who generated and submitted surveillance reports to higher ESU level based on the MOP

Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
Philippine Integrated Disease Surveillance and Response (PIDSRS) - Event-based Surveillance and Response	P/C/M Local Health Office	Orientation and/or Training of trainers on Event-based Surveillance and Response (ESR) training modules: a. ESR Orientation b. ESR Core Processes c. ESR Reporting Forms d. ESR Data Management/ Report Generation e. International Health Regulations (IHR) (2005) Orientation f. IHR Annex 2 g. ESR Monitoring and Evaluation	Q4, 2021 (and/or as needed) IHR (Q3 2022 or as needed)	DOH - Epidemiology Bureau - Public Health Surveillance Division	Percent increase in the number of ESUs capturing and reporting health events Percent increase in the number of health events timely captured, verified, and reported to higher ESU and concerned stakeholders Percent increase in the number of health events monitored and closed.
Burden of Disease (BOD)	P/C/M Local Health Office	Conduct of burden of disease estimation	Roll-out to be determined	DOH - Epidemiology Bureau, CHDs, PDOHOs	Percent of ESUs conducting BOD estimates at the local level
Public Health Commodities					
Procurement, Storage, Distribution and Monitoring of public health commodities	Provincial City Municipality	1. Consultations on available resources, local suppliers, and assessment of training needs	Q3 2021 Q3-Q4 2021	DOH (PS, SCMS, DPCB, CHDs)	No. of consultations done Training package developed

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Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
		2. Development of training materials 3. Coordination with other DOH offices or NGAs concerned 4. Pilot testing of training materials 5. Conduct of capacity building activities on procurement (c/o PS), quantification/forecasting/LGU investment calculator and national allocation framework, SC management (c/o SMCS) 6. PSCM reforms at the national level a. [Planning and Quantification] Development of a National Allocation Framework (NA and LGU calculator tool b. [Procurement] Establishment of a mechanism for pooled procurement and framework contracting	Q2-Q4 2021 Q3-Q4 2021 Q4 of 2022 (quantification, allocation and LGU investment calculator) Q2 2022, implementation thereafter Q2 2022, implementation thereafter Q1 2022, implementation thereafter		Pilot testing of training module done Capacity building activities on quantification done (DPCB) Note: the other components are under PS and SCMS/PD Q2 2022: Release of NAF and LGU calculator by DPCB 2022 - 2024: Percent of LGUs using LGU calculator Percent of LGUs (calculator user and/or NAF targeted) with stockouts and expirations above predetermined target threshold

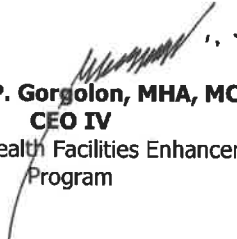
Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
		<p>c. [Distribution and Inventory Management] Optimization of distribution pathways and warehousing standards for commodities</p> <p>d. [Distribution and Inventory Management] Procurement of eLMIS and integration across the PSCM for end-to-end inventory visibility</p> <p>e. [Governance and Capacity] Conduct of necessary capacity building for commodities quantification, forecasting, and supply planning</p> <p>f. [Governance and Capacity] Standardization of personnel and capacities at the local level for procurement, supply chain, and management</p> <p>7. Coordination with PHIC for the development of a comprehensive outpatient benefit package</p>	<p>Q1 2022, implementation thereafter</p> <p>Q4 2021, implementation thereafter</p> <p>Q1 2022, implementation thereafter</p> <p>Q2-Q4 2021 until 2024</p> <p>Q4 2022, annually thereafter</p>		<p>Q1 2022: Release of issuance(s) and complementary units/SOPs for pooled procurement</p> <p>2022 - 2024: Percent of LGUs (participant to pooled procurement) with stockouts and expirations above predetermined target threshold</p> <p>Percent of LGUs experiencing bid failures</p> <p>Q1 2022: Release of issuance(s) on warehousing operations and standards and distribution pathways by SCMS</p> <p>2023: 100% of provinces and cities have access to at least one (1) warehouse compliant with warehouse operations manual</p> <p>2022 - 2024: Percent of warehouses compliant to warehouse</p>


Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
		<p>8. Monitoring & evaluation and consultations with CHDs and LGUs</p>			<p>operations manual (should be 100% by 2024)</p> <p>2022 - 2024: Percent of LGUs with stockouts and expirations above predetermined target threshold</p> <p>Q1 2022: Procurement of eLMIS</p> <p>2022 - 2024 Percent of LGUs penetrated by integrated eLMIS (end-to-end to facilities); should be 100% by 2024</p> <p>Trainings by DPCB and SCMS: Percent of CHDs trained Percent of Provincial LGU trained Percent of Municipal LGU trained Percent of City LGU trained</p> <p>Q1 2022: Release of issuance(s) on LGU staffing patterns by HHRDB and SCMS</p>


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Function/Service/ Facility/ Program/Project/ Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/ Timeline [4]	Responsible Agency/Office /Unit [5]	Success Indicator for Target LGUs [6]
					2022 - 2024: Percent of LGUs (provinces, municipalities, cities) compliant to staffing pattern; should be 100% by 2024

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DOH DTP Approved by DBM on March 24, 2022

DOH DTP Annexes
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

ANNEX F**Matrix on Monitoring and Performance Assessment of the LGUs in Undertaking the Devolved Functions****Department of Health – Office of the Secretary**

NOTE: The following attached agencies and corporations of the Department of Health (PNAC, PhilHealth, NKT, LCP, PCMC, PHC, PITAHC) will not be affected by the Re-devolution of functions from NGAs to LGUs.

Function/Service/Facility/Program/Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Government Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
Health Facilities Enhancement Program							
2022 Devolved Functions							
Health Facilities Enhancement Program	Percentage of implemented projects funded within the fiscal year in the LGU's included in the Category 4 of PHFDP Allocation Framework	No. of funded projects/facilities within the fiscal year	Monthly	P/C/M/LGU	Physical and Financial Real-time Reporting System	DOH-Health Facilities Enhancement Program-Management Office	Enhance existing M&E system (Physical & Financial Real-time Reporting System) to cover performance indicators for devolved services
	Percentage of completed projects funded within the fiscal year in the LGU's included in the Category 4 of PHFDP Allocation Framework						Complete the staffing complement or fill the vacant positions in CHD field offices to strengthen direct coordination with
	No. of Barangay Health Stations (BHS)	No. of Barangays	Yearly	P/C/M/LGU	DOH HFDB data, KMITS National	DOH HFDB, KMITS	

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	Constructed / BHS to Barangay Ratio				Health Facility Registry (NHFR)	National Health Facility Registry (NHFR)	and monitoring of LGUs
	No. of provinces/cities/ with PCF within 30 minutes	No. of PCF	Yearly	P/C/M/ LGU	DOH Geospatial Analysis	DOH HFDB, KMITS National Health Facility Registry (NHFR)	Close coordination with DOH HFDB, KMITS, HFSRB
	Percent of PCF established out of the total number of gaps	No. of PCF	Yearly	P/C/M/ LGU	DOH HFDB data, KMITS National Health Facility Registry (NHFR)	DOH HFDB, KMITS National Health Facility Registry (NHFR)	
	Bed to population Ratio	Current bed to population ratio	Yearly	P/C/M/ LGU	DOH HFDB data, HFEP, KMITS National Health Facility Registry (NHFR)	DOH HFDB, KMITS National Health Facility Registry (NHFR)	
	No. of Provinces/cities with hospitals accessible within 1 hour	No. of Hospitals	Yearly	P/C/M/ LGU	DOH Geospatial Analysis	DOH HFDB, KMITS National Health Facility Registry (NHFR)	

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	Percent of L1 Hospital Beds established	No. of L1 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
	Percent of L2 Hospital Beds established	No. of L2 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
	Percent of L3 Hospital Beds established	No. of L3 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
2023 Devolved Functions							
Health Facilities Enhancement Program	Percentage of implemented projects funded within the fiscal year in the LGU's included in the Category 4 & 2 of PHFDP Allocation Framework	No. of funded projects/ facilities within the fiscal year	Monthly	P/C/M/ LGU	Physical and Financial Real-time Reporting System	DOH-Health Facilities Enhancement Program-Management Office	Enhance existing M&E system (Physical & Financial Real-time Reporting System) to cover performance indicators for devolved services
	Percentage of completed projects funded within the fiscal year in the LGU's included in the Category 4 & 2 of PHFDP Allocation Framework						Complete the staffing complement or fill the vacant positions in CHD field offices to strengthen direct coordination with and monitoring of LGUs
	No. of Barangay Health Stations (BHS)	No. of Barangays	Yearly	P/C/M/ LGU	DOH HFDB data, KMITS National	DOH HFDB, KMITS	

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	Constructed / BHS to Barangay Ratio				Health Facility Registry (NHFR)	National Health Facility Registry (NHFR)	Close coordination with DOH HFDB, KMITS, HFSRB
	No. of provinces/cities/ with PCF within 30 minutes	No. of PCF	Yearly	P/C/M/ LGU	DOH Geospatial Analysis	DOH HFDB, KMITS National Health Facility Registry (NHFR)	
	Percent of PCF established out of the total number of gaps	No. of PCF	Yearly	P/C/M/ LGU	DOH HFDB data, KMITS National Health Facility Registry (NHFR)	DOH HFDB, KMITS National Health Facility Registry (NHFR)	
	Bed to population Ratio	Current bed to population ratio	Yearly	P/C/M/ LGU	DOH HFDB data, HFEP, KMITS National Health Facility Registry (NHFR)	DOH HFDB, KMITS National Health Facility Registry (NHFR)	
	No. of Provinces/cities with hospitals accessible within 1 hour	No. of Hospitals	Yearly	P/C/M/ LGU	DOH Geospatial Analysis	DOH HFDB, KMITS National Health Facility Registry (NHFR)	

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	Percent of L1 Hospital Beds established	No. of L1 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
	Percent of L2 Hospital Beds established	No. of L2 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
	Percent of L3 Hospital Beds established	No. of L3 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
2024 Devolved Functions							
Health Facilities Enhancement Program	Percentage of implemented projects funded within the fiscal year in the LGU's included in the Category 4, 3 & 2 of PHFDP Allocation Framework	No. of funded projects/ facilities within the fiscal year	Monthly	P/C/M/ LGU	Physical and Financial Real-time Reporting System	DOH-Health Facilities Enhancement Program-Management Office	Enhance existing M&E system (Physical & Financial Real-time Reporting System) to cover performance indicators for devolved services
	Percentage of completed projects funded within the fiscal year in the LGU's included in the Category 4, 3 & 2 of PHFDP Allocation Framework						Complete the staffing complement or fill the vacant positions in CHD field offices to strengthen direct coordination with and monitoring of LGUs
	No. of Barangay Health Stations (BHS)	No. of Barangays	Yearly	P/C/M/ LGU	DOH HFDB data, KMITS National	DOH HFDB, KMITS	

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	Constructed / BHS to Barangay Ratio				Health Facility Registry (NHFR)	National Health Facility Registry (NHFR)	Close coordination with DOH HFDB, KMITS, HFSRB
	No. of provinces/cities/ with PCF within 30 minutes	No. of PCF	Yearly	P/C/M/ LGU	DOH Geospatial Analysis	DOH HFDB, KMITS National Health Facility Registry (NHFR)	
	Percent of PCF established out of the total number of gaps	No. of PCF	Yearly	P/C/M/ LGU	DOH HFDB data, KMITS National Health Facility Registry (NHFR)	DOH HFDB, KMITS National Health Facility Registry (NHFR)	
	Bed to population Ratio	Current bed to population ratio	Yearly	P/C/M/ LGU	DOH HFDB data, HFEP, KMITS National Health Facility Registry (NHFR)	DOH HFDB, KMITS National Health Facility Registry (NHFR)	
	No. of Provinces/cities with hospitals accessible within 1 hour	No. of Hospitals	Yearly	P/C/M/ LGU	DOH Geospatial Analysis	DOH HFDB, KMITS National Health Facility Registry (NHFR)	

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	Percent of L1 Hospital Beds established	No. of L1 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
	Percent of L2 Hospital Beds established	No. of L2 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
	Percent of L3 Hospital Beds established	No. of L3 Hospital Beds	Yearly	P/C/M/ LGU	DOH HFDB, DOH HFSRB, NHFR data	DOH HFDB, DOH HFSRB, NHFR	
Human Resource Management & Development							
HRH Planning	HRH Plan integrated into LIPH, reflecting, among others, incremental creation of plantilla positions, supported by facility-based staffing requirement studies	Result of LHS ML baseline assessment on HWF	Annual	P/C/M HRMD Office	1. Local Health Systems Maturity Level Monitoring Tool	1. HHRDB 2. BLHSD 3. CHD	1. Establishment of baseline data assessment 2. Development of comprehensive assessment tool in data collection 3. Institutionalization of Monitoring and Performance Framework and guidelines through a policy instrument
Hiring of adequate HRH / creation of positions	1. HRH to population ratio based on LGU scorecard/staffing standards in Primary Care Facilities 2. No. of LGU (primary care and hospital) staff vs required staffing	FHSIS /iClinicsys data on HRH; CSC Inventory of Government Human Resource; LGU Health Scorecard	Annual	P/C/M HRMD Office	1. HRH Deployment Program Assessment Tool 2. National Health Facility Registry and Monitoring Tools in Licensing Health Facilities 3. FHSIS 4. LGU Scorecard	1. HHRDB 2. HFSRB 3. BLHSD 4. KMITS 5. CHDs 6. For other NGA - DILG and CSC	4. Designation of personnel/unit to conduct regular monitoring (e.g. HRMD office,

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	based on standards Hiring of adequate HRH / creation of positions Hiring of adequate HRH / creation of positions 3. No. of created positions through Local Resolution/ Ordinance 4. Inventory of the Filled and Unfilled positions vs. Authorized Plantilla Positions				5. CSC Inventory of Human Resource		Learning and development officers, etc)
Learning and Development Management System	1. No. of Trained staff/personnel on L&D Management 2. LGU Competency- based LD Plan developed for HRH	Competency- based Learning and development plan	Semi-annual	P/C/M HRMD Office	1. Level 1 to Level III evaluation	HRDUs/HRMOs	
Epidemiology and Surveillance - Hiring of Disease Surveillance Officers (DSO)							
Actual number of DSOs hired and engaged in the current and previous semester	Percent increase in the number of DSOs hired and engaged within the last semester	No. of DSOs hired and engaged within the previous semester	Bi-annual	P/C/M	Epidemiology Bureau Integrated M&E	DOH - Epidemiology Bureau & Regional Offices	Enhance existing M&E system to cover performance indicators for devolved services

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
Field Health Services Information System (FHSIS)	Percent increase in the number of LGUs reporting thru EMRs reflected in oFHSIS Percent increase in the number of LGUs with timely and complete data reports	No. of LGUs reporting FHSIS through EMRs reflected in FHSIS No. of LGUs submitting timely and complete data reports to FHSIS through EMRs	Monthly Monthly/ Quarterly	P/C/M P/C/M	Performance Governance System (PGS) 2016 Performance Governance System (PGS) 2016	DOH - Epidemiology Bureau & Regional Offices	Integrate M&E system/ performance indicators in established incentive schemes (e.g., SGLG) Enhance existing M&E system to cover performance indicators for reporting mechanisms through EMRs
Philippine Integrated Disease Surveillance and Response (PIDSRS) - Case- based Surveillance	Percent increase in the number of ESUs reporting through the Case-based Surveillance Online Software Percent increase in the number of ESUs with timely and complete data reports	No. of ESUs reporting to Case- based Surveillance No. of ESUs reporting EDCS with timely and complete data reports	Monthly Monthly	P/C/M (P/C/M/HESU) P/C/M (P/C/M/HESU)	Epidemiology Bureau Integrated M&E (ongoing revision)	DOH - Epidemiology Bureau & Regional Offices	Review the results of M&E conducted and identify actions to be undertaken a. Enhance existing M&E system/s to cover performance indicators for devolved services b. Complete the staffing complement or fill the vacant positions in DOH-EB and RESUs to strengthen direct coordination and monitoring in all ESUs

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
Philippine Integrated Disease Surveillance and Response (PIDSAR) - Event- based Surveillance and Response	Percent increase in the number of ESUs capturing and reporting health events	No. of ESUs capturing and reporting health events	Monthly	P/C/M (P/C/M/HESU)	Epidemiology Bureau Integrated M&E (ongoing revision)	DOH - Epidemiology Bureau & Regional Office	Program Implementation Review
	Percent increase in the number of health events timely captured, verified, and reported to higher ESU and concerned stakeholders	No. of health events timely captured, verified, and reported to higher ESU and concerned stakeholders	Monthly	P/C/M (P/C/M/HESU)			
	Percent increase in the number of health events monitored and closed	No. of health events monitored and closed	Quarterly	P/C/M (P/C/M/HESU)			
Field Epidemiology Training Program (FETP)	Percent of P/C/M with DSOs who completed basic and intermediate epi courses	No. of P/C/M with DSOs who completed basic & intermediate epi courses	Annually	P/C/M	FETP Monitoring Tool to be developed	DOH - Epidemiology Bureau	
Public Health Commodities							
Component # 1 Family Health Subgroup							
Procurement of Modern Contraceptives	Percent of Demand for Family Planning (FP)	2019 FHSIS 61% ¹	Annually	P/M/C	Field Health Services Information System (FHSIS)	Epidemiology Bureau/ Disease	Integrate M&E system/ performance indicators in

¹ Computed using 2019 FHSIS Current Users Ending data divided by the Estimated Total Demand for Modern FP (12,576,700 women)


Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	Served with Modern Methods					Prevention and Control Bureau	established incentive schemes (e.g., SGLG, LGU HSC)
Procurement of micronutrient supplements	Proportion of infants 6-11 months and children 12-23 months old who completed Micronutrient Powder (MNP) supplementation Proportion of pregnant women given complete Iron + Folic Acid Proportion of pregnant women who completed doses of calcium carbonate supplementation	2019 FHSIS: 36.36% 6-11 months old; 26.96% 12-23 months 57.75% pregnant women given complete Iron + Folic Acid 17.25% pregnant women who completed doses of calcium carbonate supplementation	Annually	P/M/C	FHSIS	Epidemiology Bureau	Integrate M&E system/ performance indicators in established incentive schemes (e.g., SGLG)
Procurement of Amoxicillin Drops and Suspension	Proportion of pneumonia cases among children 0-59 months old who received treatment	FHSIS 2019: 95.98% of pneumonia cases among children 0-59	Annually	P/M/C	FHSIS	Epidemiology Bureau	Integrate M&E system/ performance indicators in established incentive schemes (e.g., SGLG)

Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
		months old who received treatment					
Component #2 Infections Diseases							
Procurement of drugs for STI and Hepatitis test kits (Penicillin G, Benzathine 1.2M units, Azithromycin 500mg tablet, Cefixime 400mg capsule, Hepatitis C and Hepatitis B surface antigen rapid diagnostic tests) Procurement and distribution of HIV RDT-1 Screening test	Increase the no. of patients provided with treatment for STI Increase the no. of at- risk population tested for Hepatitis B and C infections Increase the no. of at- risk population screened for HIV	No. of patients with STI provided with treatment No. of at-risk population screened for Hepatitis B and C infections No. of at-risk population tested for HIV	Quarterly	C/M	Laboratory and Blood Bank Surveillance (LaBBS), STI Etiologic Surveillance System (SESS), HIV/AIDS & ART Registry of the Philippines (HARP)	Epidemiology Bureau	Continuously enhance and integrate existing M&E system to the implementing units to cover performance indicators for the devolved procurement
Procurement of Albendazole	Proportion of population who completed 2 doses of deworming tablet (disaggregated per age group: PSAC, SAC, adolescent and WRA)	2020 FHSIS: PSAC - SAC- WRA - 2020 FHSIS	Annually	P/C	FHSIS	Epidemiology Bureau	Continuously enhance and integrate existing M&E system to the implementing units to cover performance indicators for the devolved procurement


Function/Service/ Facility/Program/ Project/ Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Governme nt Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization / Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	Proportion of pregnant women who completed one dose of deworming tablet	Pregnant Women					
Component #3 Non-Communicable Diseases							
Procurement and Provision of commodities for Non-Communicable diseases	Proportion of hypertensive patients provided with anti-hypertensive drugs Proportion of diabetic patients provided with diabetes medications	PMIS 2021 1st Quarter 93.5% of hypertensive patients provided with anti-hypertensive drugs 52.5% of diabetic patients provided with diabetes medications	Quarterly	P/M/C	Pharmaceutical Management Information System (PMIS)	Pharmaceutica l Division (PD)	Integrate M&E system/performance indicators in established incentive schemes (eg SGLG)

As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

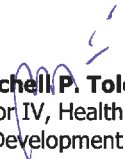
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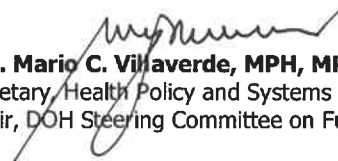
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DOH DTP Approved by DBM on March 24, 2022


Organizational Effectiveness Proposal


Department of Health - Office of the Secretary


Summary of Offices/Units to be Abolished, Merged/Consolidated, Transferred, and/or Created


- ❖ None will be affected since the existing permanent positions in DOH will still execute the retained functions and services
- ❖ The DOH will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions

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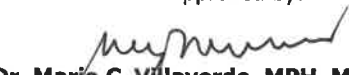

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DOH DTP Annexes
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

ANNEX G-2


Organizational Effectiveness Proposal
Department of Health - Office of the Secretary

Summary of Positions to be Transferred, Reclassified, Converted, Retitled, Abolished, and/or Created


- ❖ None will be affected since the existing permanent positions in DOH will still execute the retained functions and services
- ❖ The DOH will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions

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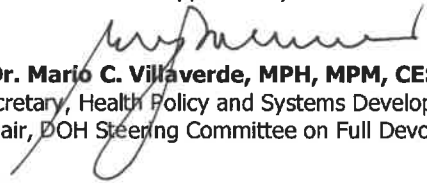

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DOH DTP Annexes
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021


ANNEX G-3


Organizational Effectiveness Proposal
Department of Health - Office of the Secretary


Summary of Affected Personnel for Deployment to Other Departments/Agencies/GOCCs, Who Opted to Retire/Separate from the Service, and Apply to Vacant Positions in the LGUs


- A. None will be affected since the existing permanent positions in DOH will still execute the retained functions and services
- B. The DOH will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions

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ANNEX G-4

Organizational Effectiveness Proposal
Department Of Health - Office of the Secretary

NOTE: The following attached agencies and corporations of the Department of Health (PNAC, PhilHealth, NKT, LCP, PCMC, PHC, PITAHC) will not be affected by the re-devolution of functions from NGAs to LGUs.

Summary of Modifications in Resource Allocation

Program/Project/Activity	Allotment Class	FY 2021 GAA Budget (in thousand Php)	FY 2022 GAA (Amount or Percentage Increase/Decrease)	Remarks
Health Facility Enhancement Program	Personnel Services	-	-	
	Maintenance and Other Operating Expenses	82,000	72,000	
	Capital Outlay	7,757,298	22,994,567	Note: Additional PhP 4,040,918,000 is lodged under Unprogrammed Appropriations
Human Resource for Health Deployment Program	Personnel Services	15,741,266	16,293,728	Note: Additional PhP 3,269,598,000 is lodged under Miscellaneous Personnel Benefit Fund
	Maintenance and Other Operating Expenses	841,654	721,516	
	Capital Outlay	-	-	
Epidemiology & Surveillance	Personnel Services	15,154	15,592	
	Maintenance and Other Operating Expenses	143,477	815,246	Note: Additional PhP 1,250,000,000 is lodged under Unprogrammed Appropriations
	Capital Outlay	-	42,793	
Prevention and Control of Communicable Diseases	Personnel Services	-	-	
	Maintenance and Other Operating Expenses	8,220,953	10,013,488	
	Capital Outlay	-	-	
Non Communicable Diseases	Personnel Services	-	-	
	Maintenance and Other Operating Expenses	1,182,443	1,906,645	Notes: <ul style="list-style-type: none"> 2021 GAA budget is inclusive of funding for National Integrated Cancer Control Program, including Cancer Medicines for Children and

As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

Program/Project/Activity	Allotment Class	FY 2021 GAA Budget (in thousand Php)	FY 2022 GAA (Amount or Percentage Increase/Decrease)	Remarks
				Cancer Assistance Fund since these 2 line items will be lodged under Prevention and Control of Non Communicable Diseases <ul style="list-style-type: none"> • 2022 GAA budget is inclusive of Cancer Assistance Fund • Additional Php 400,000,000 for Cancer Assistance Fund under Unprogrammed Funds in 2022 GAA
	Capital Outlay	-	-	
Family Health, Immunization, Nutrition and Responsible Parenting	Personnel Services	-		
	Maintenance and Other Operating Expenses	12,205,012	7,120,058	Notes: <ul style="list-style-type: none"> • 2021 is inclusive of Php 2,500,000,000 for procurement of COVID-19 Vaccines • In 2022 GAA, there is a separate line item for Locally Funded Project (LFP): Procurement of COVID-19 Vaccines Booster Shots amounting to Php 2,792,970,000
	Capital Outlay	-	-	

Prepared by:

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Dr. Maria Socorro Santos


OIC-Chief, Health Policy Development and Planning Bureau - Health Planning Division

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 Chair, DOH Steering Committee on Full Devolution

DOH DTP Approved by DBM on March 24, 2022

DOH DEVOLUTION TRANSITION PLAN ANNEXES

Part II: National Nutrition Council

**(as of January 20, 2022 based on the In-Depth
Evaluation of DBM dated December 24, 2021)**

NNC DTP Annexes

As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

Function / Service / Facility / Program / Project / Activity [1]	Assignment per Level of Government [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
	NG	P	C	M	B			
2. 0. Assistance to National, Local Nutrition and Related Programs <i>(Budget Line Item in the GAA)</i>						287.25 (MOOE)	RA 11148	Budget line item for partial and gradual devolution until 2023; Full devolution of Item 2.2 by 2024
2. 1. Barangay Nutrition Scholar Program	x					37,458.17	RA 11148	<p>Section 15 (Role of NNC Member Agencies, Other NGAS and LGUs) of RA 11148 states that member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs.</p> <p>Section 5 (Functions and Powers) of PD 491 states that the National Nutrition Council shall have the following functions and powers:</p> <p>(a) To formulate an integrated national program on nutrition.</p> <p>(b) To supervise, coordinate and evaluate the implementation of the integrated Philippine Food and Nutrition Program to be implemented by all agencies and instrumentalities of both the government and the private sector concerned with improving the nutrition of our people.</p> <p>(c) To coordinate and integrate policies and programs of all agencies and instrumentalities of the government charged with the prosecution of existing law, policies, rules and regulations concerning nutrition.</p> <p>(d) To coordinate the release of public funds for nutrition purposes in accordance with the approved projects and programs.</p> <p>(e) To coordinate all requests for loans and grants by the government agencies involved in the nutrition program.</p> <p>(f) To call on any department, bureau, office, agency and other instrumentalities of the government for assistance in the form of personnel, facilities and resources as the need arises.</p> <p>Section 13 of PD 491 states the National Nutrition Council shall formulate rules and regulations, and plans and progress within the limits set forth in his decree for the successful implementation of this program.</p>
2. 2. Regional LGU Mobilization activities	x					8,500.00	PD 491	
2. 3. Technical Assistance to NGAs, NGOs, LNCs	x						PD 1569	
2. 4. Updated Nutrition M&E System	x					11,165.50		
2. 5. Support to national and regional associations	x					2,255.6		
2. 6. Management of Regional Bantay ASIN Task Forces (RBATF)	x					435.0		
2. 7. Early Warning System	x					642.75		
2. 8. Support to Policy Formulation and coordination	x					2,204.4		
2. 9. Capacity building for local nutrition workers	x					18,450.0		
2. 10. Development of Instructional videos related to PPN	x					1,006.0		
2. 11. RPAN Formulation	x					850.0		
2. 12. Contribution to GAS Expenses	x					2,693.0		

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government [2]					Appropriation In FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
2.	13.	Maintenance of regional offices	x					59,714.86		It shall allocate the funds for this project to the various provinces and/or agencies, for disbursement in accordance with the financial plan of the Barangay Nutrition Scholars Project.
2.	14.	ECCD in the First 1000 Days Program								
2.	14.1	Personnel Support to ECCD Areas	x					19,070.74		
2.	14.2	Regional TAME	x					538.20		
2.	14.3	Monitoring of Tutok Kainan Areas	x					500		
2.	14.4	National ECCD TWG Meetings	x					98.0		
2.	14.5	Tutok Kainan Supplementation Program for Pregnant Women (c/o NNC GAA)						116.0 = Total of items 2.2.a. to 2.2.d.	RA 11148	Refer below for the retained and devolved functions/services:
Retained with NNC for 2022-2023 Only										
2.	2.a.	Funding Support for Program Implementation , including procurement of food commodities (refer to cycle menu via www.tinyurl.com/TKcyclemenu) and administrative cost and nutritexts for 5 th to 6 th municipalities in priority areas with high prevalence and magnitude of Nutritionally-at-Risk (NAR) and with Provincial Nutrition Focal Points (PNFPs) as well as selected areas hit by Typhoon Odette	x					106.0	RA 11148	Section 15 (Role of NNC Member Agencies, Other NGAS and LGUs) of RA 11148 states that member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs. Refer to the list of Pre-identified LGU for 2022-2023 via https://tinyurl.com/TKareas2022-2023

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
2.	2.b.	Social Preparations (Orientations, MOU signing with LGU, MOU signing with DAR, marketing agreement with ARBOs, local health and nutrition investment planning) for 5 th to 6 th municipalities in priority areas with high prevalence and magnitude of NAR and with PNFPs as well as selected areas hit by Typhoon Odette	x					No funding required	RA 11148	Section 14 of RA 11148 states that one of the roles of the NNC is to call upon any government agency and instrumentality for such assistance as may be required to implement the provisions of the Act. The NNC shall also coordinate, monitor and evaluate nutrition programs and projects of the public and private sectors and LGUs to ensure their integration with national policies.
2.	2.c.	Nutrition Education, Monitoring and Evaluation	x					8.9	RA 11148	Section 10 (Other Program Components) states that the LGUs, NGAs, concerned CSOs, and other stakeholders shall include Health and nutrition promotion and education, social mobilization and community organization, including advocacy in the implementation of the program. Section 17 (Monitoring, Review and Assessment of the Program) of RA11148 states that the NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectiveness of the program in consultation with their stakeholders.
2.	2.d.	Funding support for Contingency , i.e. nutrition emergencies, disasters, buffer, and inflation	x					1.1	RA 11148	Section 11 (Nutrition in the Aftermath of Natural Disasters and Calamities) states that areas that are affected by disasters and emergency situations must be prioritized in the delivery of health and nutrition services and should immediately be provided with emergency services, food supplies for proper nourishment of pregnant and lactating mothers, and children, specifically those from zero to two years old. Thus, contingency funds will be allotted. These contingency funds shall also be allotted to consider possible inflation of prices as well as possible additional beneficiaries.
Fully Re-Devoled to LGUs Beginning 2022 Onwards										
2.	2.e.	Funding Support for Program Implementation (all components), Social Preparations (Orientations),		x				N/A (cost c/o LGUs)	RA 11148	Section 15 (Role of NNC Member Agencies, Other NGAs and LGUs) states that Member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive,

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
		Nutrition Education, and Monitoring & Evaluation for 1 st to 4 th municipalities and 5 th to 6 th municipalities not included in the priority areas retained with NNC							preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs.
2.	2.f.	Funding Support for Program Implementation (all components), Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 1 st to 4 th municipalities and 5 th to 6 th municipalities not included in the priority areas retained with NNC					N/A (cost c/o LGUs)		Food commodities for the wet feeding are readily available in the local market. Dry food commodities are available in many areas but should these not be available, they may opt for wet feeding throughout the duration of implementation. Section 10 (Other Program Components) states that the LGUs, NGAs, concerned CSOs, and other stakeholders shall include Health and nutrition promotion and education, social mobilization and community organization, including advocacy in the implementation of the program.
2.	2.g.	Funding Support for Program Implementation (all components), Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 1 st to 4 th municipalities and 5 th to 6 th municipalities not included in the priority areas retained with NNC					N/A (cost c/o LGUs)		Section 17 (Monitoring, Review and Assessment of the Program) of RA11148 states that the NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectiveness of the program in consultation with their stakeholders.
2.	2.h.	Funding Support for Program Implementation (all components), Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 1 st to 4 th municipalities and 5 th to 6 th					N/A (cost c/o LGUs)		

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]	
		NG	P	C	M	B				
		municipalities not included in the priority areas retained with NNC								
2.	2.i.	Cooking, distribution of commodities to constituents, and preparation of monitoring reports					x	N/A (cost c/o LGUs)	RA 11148	Section 7 (Program Implementation) of RA 11148 states that the program shall be implemented at the barangay level through the rural health units and/or barangay health centers, in coordination with the Sangguniang Barangay.
Gradually & Partially Re-devolved to LGUs Beginning 2022 (as LGU Counterpart Funding to the Retained Subsidy from NNC in Item no. 2.2.a. until 2023 only); To be Fully Re-devolved to LGUs by 2024										
2.	2.j.	Funding Support for Program Implementation, including logistics (transportation, storage), other commodities, Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 5 th -6 th municipalities in priority areas with high prevalence and magnitude of NAR and with PNFPs as well as selected areas hit by Typhoon Odette		x				N/A (cost c/o LGUs)		The NNC will still fund 5 th -6 th municipalities in priority areas including food commodities, administrative cost and nutrition education. Provinces, cities, municipalities and barangays are expected to provide counterpart funding for transportation and storage facilities as indicated in the MOU between NNC and LGU. The selected municipalities have lower income and have existing Provincial Nutrition Focal Points (PNFPs) who can monitor the implementation of the program. Section 17 of the Local Government Code specifies the roles of LGUs as follows: For Barangay: (ii) Health and social welfare services which include maintenance of barangay health center and day-care center For Municipality: (iv) Social welfare services which include programs and projects on child and youth welfare, family and community welfare, women's welfare, welfare of the elderly and disabled persons; community-based rehabilitation programs for vagrants, beggars, street children, scavengers, juvenile delinquents, and victims of drug abuse; livelihood
2.	2.k.	Funding Support for Program Implementation, including logistics (transportation, storage), other commodities, Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 5 th -6 th municipalities in priority areas with high prevalence and magnitude of NAR			x			N/A (cost c/o LGUs)		

Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
		and with PNFPs as well as selected areas hit by Typhoon Odette							and other pro-poor projects; nutrition services; and family planning services	
2.	2.i.	Funding Support for Program Implementation, including logistics (transportation, storage), other commodities, Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 5 th -6 th municipalities in priority areas with high prevalence and magnitude of NAR and with PNFPs as well as selected areas hit by Typhoon Odette				x	N/A (cost c/o LGUs)		For Province and Cities: (v) Social welfare services which include programs and projects on rebel returnees and evacuees; relief operations; and population development services Section 10 (Other Program Components) states that the LGUs, NGAs, concerned CSOs, and other stakeholders shall include Health and nutrition promotion and education, social mobilization and community organization, including advocacy in the implementation of the program. Section 15. Role of NNC Member Agencies, Other NGAS and LGUs. - Member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs. Section 17 (Monitoring, Review and Assessment of the Program) of RA11148 states that the NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectiveness of the program in consultation with their stakeholders.	
2.	2.m.	Funding Support for Program Implementation, including logistics (transportation, storage), other commodities, Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 5 th -6 th municipalities in priority areas with high prevalence and magnitude of NAR and with PNFPs as well as selected areas hit by Typhoon Odette					x N/A (cost c/o LGUs)		Section 17 (Monitoring, Review and Assessment of the Program) of RA11148 states that the NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectiveness of the program in consultation with their stakeholders.	
2.	2.n.	Cooking, distribution of commodities to constituents, and preparation of monitoring reports					x N/A (cost c/o LGUs)	RA 11148	Section 7 (Program Implementation) of RA 11148 states that the program shall be implemented at the barangay level through the rural health units and/or barangay health centers, in coordination with the Sangguniang Barangay.	

Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government [2]					Appropriation in FY 2021 GAA (In PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
3.	0.	<p>Tutok Kainan Supplementation Program for Children 6-23 months old subsumed under the Complementary Feeding Program of the Department of Health</p> <p>Fund Source: DOH-OSEC GAA</p> <p>Implementing Agency for 2020-2021 for Complementary Feeding: NNC per Memorandum of Agreement with DOH</p>					100 (c/o 2021 DOH-OSEC GAA; for fund transfer to NNC thru MOA)	RA 11148	<p>Note: Implementation arrangements for 2022 will be executed; No funding in the 2022 DOH OSEC GAA but with 2021 CONAP amounting to PhP 100 million for implementation in 2022</p> <p>Refer below for the retained and devolved functions/services:</p>
Retained with NNC for 2022-2023									
3.	1.	<p>Funding Support for Program Implementation, including procurement of food commodities (refer to cycle menu via www.tinyurl.com/TKcyclemenu) and administrative cost and nutritexts for 5th to 6th municipalities in priority areas with high prevalence of wasting and stunting among children 6-23 months old and with PNFPs</p>					100 (c/o 2021 DOH-OSEC GAA; for fund transfer to NNC per MOA)	RA 11148	<p>Section 15 (Role of NNC Member Agencies, Other NGAS and LGUs) of RA 11148 states that member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs.</p> <p>Refer to the list of Pre-identified LGU for 2022-2023 via https://tinyurl.com/TKareas2022-2023</p>
3.	2.	<p>Social Preparations (Orientations, MOU signing with LGU, MOU signing with DAR, marketing agreement with ARBOs) for 5th to 6th municipalities in priority areas with high prevalence of wasting and stunting among children 6-23 months old and with PNFPs</p>					No funding required	RA 11148	<p>Section 14 of RA 11148 states that one of the roles of the NNC is to call upon any government agency and instrumentality for such assistance as may be required to implement the provisions of the Act. The NNC shall also coordinate, monitor and evaluate nutrition programs and projects of the public and private sectors and LGUs to ensure their integration with national policies.</p>


Function /Service/Facility/ Program/Project/Activity [1]			Assignment per Level of Government [2]					Appropriation In FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
			NG	P	C	M	B			
3.	3.	Nutrition Education, Monitoring and Evaluation	x					Covered under item 3.1	RA 11148	<p>Section 10 (Other Program Components) states that the LGUs, NGAs, concerned CSOs, and other stakeholders shall include Health and nutrition promotion and education, social mobilization and community organization, including advocacy in the implementation of the program.</p> <p>Section 17 (Monitoring, Review and Assessment of the Program) of RA11148 states that the NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectiveness of the program in consultation with their stakeholders.</p>
Fully Re-Devised to LGUs Beginning 2022 Onwards										
3.	4.	Funding Support for Program Implementation (all components), Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 1 st to 4 th municipalities and 5 th to 6 th municipalities not included in the priority areas retained with NNC		x				N/A (cost c/o LGUs)	RA 11148	<p>Section 15 (Role of NNC Member Agencies, Other NGAs and LGUs) states that member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs.</p> <p>Food commodities for the wet feeding are readily available in the local market. Dry food commodities are available in many areas but should these not be available, they may opt for wet feeding throughout the duration of implementation.</p>
3.	5.	Funding Support for Program Implementation (all components), Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 1 st to 4 th municipalities and 5 th to 6 th municipalities not included in the priority areas retained with NNC			x			N/A (cost c/o LGUs)	RA 11148	<p>Section 10 (Other Program Components) states that the LGUs, NGAs, concerned CSOs, and other stakeholders shall include Health and nutrition promotion and education, social mobilization and community organization, including advocacy in the implementation of the program.</p>
3.	6.	Funding Support for Program Implementation (all components), Social Preparations (Orientations), Nutrition Education, and				x		N/A (cost c/o LGUs)	RA 11148	<p>Section 17 (Monitoring, Review and Assessment of the Program) states that the NGAs and LGUs concerned shall regularly monitor, review and</p>


Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
								assess the impact and the effectiveness of the program in consultation with their stakeholders.	
3.	7.					x	N/A (cost c/o LGUs)		RA 11148
3.	8.					x	N/A (cost c/o LGUs)		RA 11148
Gradually & Partially Re-devolved to LGUs Beginning 2022 (as LGU Counterpart Funding to the Retained Subsidy from DOH GAA in Item no. 3.1. until 2023 only) To be Fully Re-devolved to LGUs by 2024									
3.	9.		x				N/A (cost c/o LGUs)	RA 11148	<p>The NNC will still fund 5th-6th municipalities in priority areas including food commodities, administrative cost and nutrition education. Provinces, cities, municipalities and barangays are expected to provide counterpart funding for transportation and storage facilities as indicated in the MOU between NNC and LGU. The selected municipalities have lower income and have existing Provincial Nutrition Focal Points who can monitor the implementation of the program.</p> <p>Section 17 of the Local Government Code specifies the roles of LGUs as follows:</p>


Function /Service/Facility/ Program/Project/Activity [1]		Assignment per Level of Government [2]					Appropriation in FY 2021 GAA (in PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
		NG	P	C	M	B			
3.	10.	old and with PNFPs as well as selected areas hit by Typhoon Odette							
		old and with PNFPs as well as selected areas hit by Typhoon Odette							
3.	10.	Funding Support for Program Implementation, including logistics (transportation, storage), other commodities, Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 5 th -6 th municipalities in priority areas with high prevalence of wasting and stunting among children 6-23 months old and with PNFPs as well as selected areas hit by Typhoon Odette			x		N/A (cost c/o LGUs)	RA 11148	<p>For Barangay: (ii) Health and social welfare services which include maintenance of barangay health center and day-care center</p> <p>For Municipality: (iv) Social welfare services which include programs and projects on child and youth welfare, family and community welfare, women's welfare, welfare of the elderly and disabled persons; community-based rehabilitation programs for vagrants, beggars, street children, scavengers, juvenile delinquents, and victims of drug abuse; livelihood and other pro-poor projects; nutrition services; and family planning services</p> <p>For Province and Cities: (v) Social welfare services which include programs and projects on rebel returnees and evacuees; relief operations; and population development services</p>
3.	11.	Funding Support for Program Implementation, including logistics (transportation, storage), other commodities, Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 5 th -6 th municipalities in priority areas with high prevalence and magnitude of NAR and with PNFPs as well as selected areas hit by Typhoon Odette				x	N/A (cost c/o LGUs)	RA 11148	<p>Section 10 (Other Program Components) states that the LGUs, NGAs, concerned CSOs, and other stakeholders shall include Health and nutrition promotion and education, social mobilization and community organization, including advocacy in the implementation of the program.</p> <p>Section 15. Role of NNC Member Agencies, Other NGAs and LGUs. - Member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs.</p>
3.	12.	Funding Support for Program Implementation, including logistics (transportation, storage),					x	N/A (cost c/o LGUs)	RA 11148

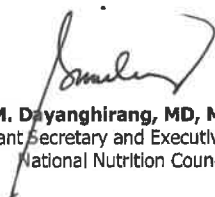
Function /Service/Facility/ Program/Project/Activity [1]	Assignment per Level of Government [2]					Appropriation In FY 2021 GAA (In PhP M) [3]	Legal Basis [4]	Decentralization Principle and Other Remarks to Delineate the PPAs to be Assigned to Each Level of LGU [5]
	NG	P	C	M	B			
other commodities, Social Preparations (Orientations), Nutrition Education, and Monitoring & Evaluation for 5 th -6 th municipalities in priority areas with high prevalence and magnitude of NAR and with PNFPs as well as selected areas hit by Typhoon Odette								Section 17 (Monitoring, Review and Assessment of the Program) of RA11148 states that the NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectiveness of the program in consultation with their stakeholders.
3. 13. Cooking, distribution of commodities to constituents, and preparation of monitoring reports					x	N/A (cost c/o LGUs)	RA 11148	Section 7 (Program Implementation) of RA 11148 states that the program shall be implemented at the barangay level through the rural health units and/or barangay health centers, in coordination with the Sangguniang Barangay.

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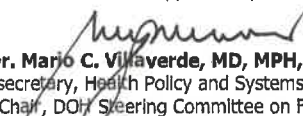

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DOH DTP Approved by DBM on March 24, 2022

NNC DTP Annexes
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

ANNEX B**Implementation Strategy and Phasing of Devolution Transition Activities****National Nutrition Council**

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
PHASE I (FY 2022)						
Assistance to National, Local Nutrition and Related Programs						
<i>Tutok Kainan</i> Supplementation Program	<p>Strategy # 1</p> <p>Provision of capacity building/ technical assistance to 29 provinces with 5th to 6th class municipalities as well as selected areas hit by Typhoon Odette</p> <p>To build the capacity of the LGUs to undertake the devolved functions</p> <p>Activities</p> <ol style="list-style-type: none"> 1. Costing of components (estimate of <i>Tutok Kainan</i> package) 2. Engaging private companies or non-government organizations in terms of funding, technical assistance or logistics 	<p>Q1, 2022</p> <p>Q1 to Q2, 2022</p>	<p>NGA</p> <p>P/C/M</p>	<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Strengthened relationship and trust between the NGA and the LGUs 2. Increased capacity of LGUs to take on the devolved functions <p><u>Outputs</u></p> <ol style="list-style-type: none"> 1. Costing of <i>Tutok Kainan</i> Package 2. LGU workers capacitated on operationalization of <i>Tutok Kainan</i> 	<p>NNC CO and ROs</p> <p>NNC CO</p> <p>NNC CO and ROs, LGUs</p>	<p>Client satisfaction rating obtained</p> <p>Number or percent of target LGUs capacitated</p> <p>No. of LGUs adopting NGA recommended systems and structures</p>

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timellne/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	<p>3. Conduct of training of trainers (TOT) on the operationalization of <i>Tutok Kainan</i> and its components</p> <p>4. Conduct of rollout trainings on the operationalization of <i>Tutok Kainan</i> and its components</p>	<p>Q1, 2022</p> <p>Q1, 2022</p>	<p>P/C/M</p> <p>C/M/B</p>		<p>NNC CO and ROs</p> <p>NNC ROs</p>	
	<p>Strategy # 2</p> <p>Institutionalization of <i>Tutok Kainan</i> in 29 provinces with 5th to 6th class municipalities as well as selected areas hit by Typhoon Odette</p> <p>To sustain funding for <i>Tutok Kainan</i></p> <p>Activities</p> <p>1. Advocacy campaigns to different levels of LGUs on the adoption/institutionalization of <i>Tutok Kainan</i></p> <p>2. Lobbying of the ordinance in the Sangguniang Panlalawigan (SP) or Sangguniang Bayan (SB)</p>	<p>Q1, 2022</p> <p>Q1, 2022 to Q2, 2022</p> <p>Q1, 2022 to Q2, 2022</p>	<p>P/C/M/B</p> <p>P/C/M</p> <p>P/C/M</p>	<p><u>Outcome</u></p> <p>1. Sustained funding for <i>Tutok Kainan</i></p> <p><u>Outputs</u></p> <p>1. Provincial/City/Municipal ordinance on the institutionalization of <i>Tutok Kainan</i></p> <p>2. Annual report on ordinances passed and municipalities adopting <i>Tutok Kainan</i></p>	<p>NNC CO and ROs, LGU</p> <p>NNC CO and ROs</p> <p>NNC ROs</p> <p>Provincial/City/Municipal LGU</p>	<p>No. of target provinces/cities/municipalities with passed ordinance on the institutionalization of <i>Tutok Kainan</i></p>

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	3. Passing of the ordinance in the Sangguniang Panlalawigan (SP) or Sangguniang Bayan (SB) 4. Monitoring of municipalities adopting <i>Tutok Kainan</i>	2022	P/C/M/B		NNC RO, Provincial LGU	
	<p>Strategy #3</p> <p>Inclusion of <i>Tutok Kainan</i> in the AIP/LNAP of the 29 provinces with 5th to 6th class municipalities as well as selected areas hit by Typhoon Odette</p> <p>To appropriate and sustain funds for <i>Tutok Kainan</i></p> <p>Activities</p> <p>1. Provision of technical assistance to LGUs in integrating <i>Tutok Kainan</i> in their local plans</p> <p>2. Lobbying of funding for <i>Tutok Kainan</i></p> <p>3. Conduct of AIP/LNAP workshops</p>	<p>Q1, 2022 to Q2, 2022</p> <p>Q1, 2022 to Q2, 2022</p> <p>Q3, 2022 to Q4, 2022</p>	<p>P/C/M/B</p> <p>P/C/M/B</p> <p>P/C/M/B</p>	<p><u>Outcome</u></p> <p>1. Sustained funding for <i>Tutok Kainan</i> with percentage increase per annum</p> <p><u>Outputs</u></p> <p>1. Local plans with appropriated funds for <i>Tutok Kainan</i></p>	<p>NNC ROs</p> <p>NNC ROs</p> <p>NNC ROs</p> <p>NNC ROs</p>	<p>No. of target provinces/cities/municipalities with sustained funding for <i>Tutok Kainan</i></p>
	<p>Strategy #4</p> <p>Evaluation of the implementation of <i>Tutok Kainan</i></p>			<p><u>Outcome</u></p> <p>1. Data-driven evaluation of program</p>	<p>NNC CO and ROs, LGUs</p>	<p>No. of target provinces/cities/municipalities with sustained funding for <i>Tutok Kainan</i></p>

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	<p>To determine effectiveness of the program and adherence to guidelines of the program as well as to determine areas that will still be funded by the NNC in Phase II based on the checklist of readiness of LGUs to independently implement the program (refer to this checklist via https://tinyurl.com/NNCDTPChecklistCriteria)</p> <p>Activities</p> <ol style="list-style-type: none"> 1. Analysis of data and writing of reports 	Q4, 2022	P/C/M/B	<ol style="list-style-type: none"> 2. Sustained funding for areas that will not be needing funding support form NNC <p><i>Outputs</i></p> <ol style="list-style-type: none"> 1. Evaluation report for <i>Tutok Kainan</i> 	NNC CO and ROs, LGUs	No. of target provinces/cities/municipalities with written report for <i>Tutok Kainan</i>
PHASE II (FY 2023)						
	<p>Strategy # 1</p> <p>Provision of capacity building/ technical assistance to the areas that will receive funding from NNC for <i>Tutok Kainan</i> in 2023</p> <p>To build the capacity of the LGUs to undertake the devolved functions</p> <p>Activities</p> <ol style="list-style-type: none"> 1. Conduct of learning exchange meeting with <i>Tutok Kainan</i> areas 2. Engaging private companies or non-government organizations in 	<p>Q1, 2023</p> <p>Q1, 2023</p>	<p>P/C/M</p> <p>P/C/M</p>	<p><i>Outcome</i></p> <ol style="list-style-type: none"> 1. Strengthened relationship and trust between the NGA and the LGUs 2. Increased capacity of LGUs to take on the devolved functions <p><i>Outputs</i></p> <ol style="list-style-type: none"> 1. Learning exchange/advocacy meetings with <i>Tutok</i> 	<p>NNC CO, ROs, LGUs</p> <p>NNC CO and ROs</p> <p>NNC CO, ROs, LGUs</p>	<p>Client satisfaction rating obtained</p> <p>Number or percent of target LGUs capacitated</p> <p>No. of LGUs adopting NGA recommended systems and structures</p>


Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	terms of funding, technical assistance or logistics			<i>Kainan</i> areas, private companies or non-government organizations conducted		
	<p>Strategy #2</p> <p>Inclusion of <i>Tutok Kainan</i> in the AIP/LNAP of the areas that will receive funding from NNC for <i>Tutok Kainan</i> in 2023</p> <p>To appropriate and sustain funds for <i>Tutok Kainan</i></p> <ol style="list-style-type: none"> 1. Provision of technical assistance to LGUs in integrating <i>Tutok Kainan</i> to their local plans 2. Lobbying of funding for <i>Tutok Kainan</i> 3. Conduct of AIP/LNAP workshops 	<p>Q1, 2023 to Q2, 2023</p> <p>Q1, 2023 to Q2, 2023</p> <p>Q3, 2023 to Q4, 2023</p>	<p>P/C/M/B</p> <p>P/C/M/B</p> <p>P/C/M/B</p>	<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Sustained funding for <i>Tutok Kainan</i> with percentage increase per annum <p><u>Outputs</u></p> <ol style="list-style-type: none"> 1. Local plans with appropriated funds for <i>Tutok Kainan</i> 	<p>NNC ROs</p> <p>NNC ROs</p> <p>NNC ROs</p> <p>NNC ROs</p>	<p>No. of target provinces/cities/municipalities with sustained funding for <i>Tutok Kainan</i></p>
	<p>Strategy #3</p> <p>Evaluation of the implementation of <i>Tutok Kainan</i></p>			<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Data-driven evaluation of program 2. Sustained funding for areas that will not be 	<p>NNC CO and ROs, LGUs</p>	<p>No. of target provinces/cities/municipalities with sustained funding for <i>Tutok Kainan</i></p>


Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	<p>To determine effectiveness of the program and adherence to guidelines of the program</p> <p>Activities</p> <p>2. Analysis of data and writing of reports</p>	Q4, 2022	P/C/M/B	<p>needing funding support form NNC</p> <p><i>Outputs</i></p> <p>2. Evaluation report for <i>Tutok Kainan</i></p>	NNC CO and ROs, LGUs	No. of target provinces/cities/municipalities with written report for <i>Tutok Kainan</i>
PHASE III (FY 2024 onwards)						
	<p>Strategy # 1</p> <p>Provision of capacity building/ technical assistance to LGUs</p> <p>To build the capacity of the LGUs to undertake the devolved functions</p> <p>Activities</p> <p>1. Conduct of learning exchange meeting with <i>Tutok Kainan</i> areas</p> <p>2. Engaging private companies or non-government organizations in terms of funding, technical assistance or logistics</p>	<p>Q1, 2024</p> <p>Q1, 2024</p>	<p>P/C/M</p> <p>P/C/M</p>	<p><i>Outcome</i></p> <p>1. Strengthened relationship and trust between the NGA and the LGUs</p> <p>2. Increased capacity of LGUs to take on the devolved functions</p> <p><i>Outputs</i></p> <p>1. Learning exchange/advocacy meetings with <i>Tutok Kainan</i> areas, private companies or non-government organizations conducted</p>	<p>NNC CO and ROs, LGUs</p> <p>NNC CO and ROs</p> <p>NNC CO and ROs, LGUs</p>	<p>Client satisfaction rating obtained</p> <p>Number or percent of target LGUs capacitated</p> <p>No. of LGUs adopting NGA recommended systems and structures</p>


Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timeline/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	<p>Strategy #2</p> <p>Inclusion of <i>Tutok Kainan</i> in the AIP/LNAP</p> <p>To appropriate and sustain funds for <i>Tutok Kainan</i></p> <p>Activities</p> <ol style="list-style-type: none"> 1. Provision of technical assistance to LGUs in integrating <i>Tutok Kainan</i> to their local plans 2. Lobbying of funding for <i>Tutok Kainan</i> 3. Conduct of AIP/LNAP workshops 	<p>Q1, 2024 to Q2, 2024</p> <p>Q1, 2024 to Q2, 2024</p> <p>Q3, 2024 to Q4, 2024</p>	<p>P/C/M/B</p> <p>P/C/M/B</p> <p>P/C/M/B</p>	<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Sustained funding for <i>Tutok Kainan</i> with percentage increase per annum <p><u>Outputs</u></p> <ol style="list-style-type: none"> 1. Local plans with appropriated funds for <i>Tutok Kainan</i> 	<p>NNC CO and ROs</p> <p>NNC CO and ROs</p> <p>NNC ROs</p> <p>NNC ROs</p>	<p>No. of target provinces/cities/municipalities with sustained funding for <i>Tutok Kainan</i></p>
	<p>Strategy #3</p> <p>Evaluation of the Implementation of <i>Tutok Kainan</i></p> <p>To determine effectiveness of the program and compliance to guidelines of the program</p> <p>Activities</p>			<p><u>Outcome</u></p> <ol style="list-style-type: none"> 1. Data-driven evaluation of program 2. Decreased magnitude/prevalence of nutritionally-at-risk pregnant women 3. Decreased magnitude/prevalence of low-birth-weight infants 	<p>NNC CO and ROs, LGUs</p>	<p>No. of Nutritionally-at-risk pregnant women with normal nutritional status at the 30th, 60th, and 90th day of feeding.</p> <p>No. of low-birth-weight babies born by <i>Tutok Kainan</i> beneficiaries</p>

As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

Function/Service/Facility/ Program/Project/Activity [1]	Strategies and Activities [2]	Timelne/Schedule [3]	Level of Local Government Unit (LGU) [4]	Expected Output/Outcome [5]	Responsible Organization/Unit [6]	Success Indicator for Target LGUs [7]
	1. Analysis of data and writing of reports	Q4, 2022	P/C/M/B	4. Decreased magnitude/prevalence of stunted/wasted 6-to-23-months old children	NNC CO and ROs, LGUs	No. of 6-23-month-old children with normal nutritional status every 30 days for 180 feeding days.
	2. Evaluation of the program every 30 days for 90 days and 180 days for pregnant women and 6-to-23-months old children, respectively.	Q2-Q4, 2022	P/C/M/B	<u>Outputs</u> 3. Documentation report for <i>Tutok Kainan</i> 4. LGUs compliant to <i>Tutok Kainan</i> guidelines	LGUs	No. of LGUs compliant to <i>Tutok Kainan</i> guidelines No. of target provinces/cities/municipalities with documentation for <i>Tutok Kainan</i>


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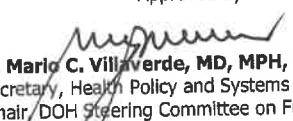

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DOH DTP Approved by DBM on March 24, 2022

As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

NNC DTP Annexes

ANNEX C-1

Registry of Service Standards for the Delivery of Devolved Functions, Services and Facilities

National Nutrition Council

Service Delivery Standards [4]

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Governme nt Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avail Service (if any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
Tutok Kainan Supplementation Program													
Social preparation activities	P/C/M/B LGU	Pregnant and Lactating Women/LGU	Conduct of activities that will prepare both stakeholders and beneficiaries on the implementation of the program.	<ul style="list-style-type: none"> - Number of LCEs, implementers, beneficiaries, guardians, oriented on <i>Tutok Kainan</i> - Number of LGUs with local health and nutrition investment plans - Number of LGUs with funding for Tutok Kainan - Number of masterlists filled out - Number of beneficiaries/guardians who signed 	<ul style="list-style-type: none"> - Orientation to LCEs, implementers, and beneficiaries - Local health nutrition investment planning - Masterlisting - Signing of consent forms of beneficiaries - Forging of MOU with LGUs - Forging of MOU with DAR - Forging of MA with ARBOs/ Cooperatives 	<ul style="list-style-type: none"> - Masterlist template - Consent form templates - MOU template - MA template 	Not applicable	<u>Templates</u>	Not applicable	Not applicable	Not applicable	<i>Tutok Kainan</i> Guidelines	Last Updated in Q1, 2021

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Governme nt Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT				Fee to Avail Service (if any) [4.8]	Other Standards [4.9]		
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]				
				the consent forms - Number of MOU with LGUs signed - Number of MOU with DAR signed - Number of Marketing Agreement (MA) with ARBOs signed									
Dietary Supplementation	P/C/M/B LGU	Pregnant and Lactating Women/LGU	Provision of supplemental food for pregnant or lactating women and 6-23 months old children	- Number of pregnant or lactating women and 6-23 months old children receiving supplemental food for 90/180 days - Number of pregnant or lactating women and 6-23 months old children with improved	- Procurement of commodities - delivery and storage of commodities - distribution of commodities	- Food commodities for the target beneficiaries - Vehicle for transport of commodities - Storage area for commodities	Pregnant/ Lactating Women: Food cost at Php 4,950 per pregnant/ lactating woman; Admin cost at Php 450 per Pregnant/ Lactating Woman for 90 days 6 to 23 months old children: Food cost at Php 5,760 per	<u>List of Specifications of Possible TK Commodities</u>	Not applicable	Not applicable	Not applicable	<i>Tutok Kainan</i> Guidelines	Last Updated in Q1, 2021

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Governme nt Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT				Fee to Avall Service (If any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Dellver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]					
				nutritional status				child and admin cost at Php 540 per child for 180 days						
Nutrition Education	P/C/M/B LGU	Pregnant and Lactating Women/LGU	Provision of nutrition education through SMS Messaging or Nutritexts, Idol Ko Si Nanay, and other IEC materials	<ul style="list-style-type: none"> - Number of pregnant women/ parents or guardians of 6-23 mos old children who directly received nutritexts daily for 90/180 days - Number of pregnant women/ parents or guardians of 6-23 mos old children who received Nutritexts - Number of pregnant women/ parents or guardians of 6-23 mos old children 	<ul style="list-style-type: none"> - Sending of daily nutritexts to SMS - Conduct of Idol ko Si Nanay sessions 	<ul style="list-style-type: none"> - Nutritexts following the recommended messages of NNC - Idol Ko Si Nanay kits, supplies, meals and snacks 	Nutritexts- Php 55.8 per pregnant woman for 93 days; Php 109.8 per child for 183 days Idol Ko Si Nanay- Php 5,000.00 for Kits, Php 5,000.00 for supplies and materials for 24 sessions, meals and snacks at Php 50/pax for 20 sessions, Php 10,000.00 for cooking materials for participatory food demonstration, Php 6,000.00	<ul style="list-style-type: none"> - <u>Nutritexts</u> - <u>Specifications of Idol Ko Si Nanay Kits</u> 	Trained on the conduct of Idol Ko Si Nanay sessions	Not applicable	Not applicable	<u>Idol Ko Si Nanay Manual</u>	2018	

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Governme nt Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]
			OUTPUT		PROCESS	INPUT			Fee to Avall Service (If any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]			Qualification/ Competency of Service Provider [4.7]		
				who received IEC messages through other means (non-text, printed or face to face) - Number of pregnant women/parents or guardians of 6-23 mos old children who participated in Idol Ko Si Nanay Sessions			for ingredients good for 3 sessions						
Monitoring and Evaluation	P/C/M/B LGU	Pregnant and Lactating Women/LGU	- Reporting of receipt and consumption of commodities through the TKRS - Assessment of the nutritional status of beneficiaries	- Number of beneficiaries with assessed nutritional status	- Assessment of nutritional status of pregnant/lactating women and 6-to-23-months old children every 30 days for 90 days or 180 days	- Load allowance for local nutrition workers - Monitoring tools - CGS tables - ECCD growth chart	- Php 300 per implementer per month for 3 implementers per barangay for 3 or 6 months - Php 300 per implementer per month for 2 implementers	- Load allowance depending on the network used by implementer - Monitoring tools calibrated regularly	Trained on the use of monitoring tools and standards	Not applicable	Not applicable	<u>WHO Child Growth Standards, Methods and Development</u> <u>Weight-for-Height as a Measure of Nutritional Status in Filipino</u>	2006 1988

Function/ Program/ Project/ Activity and Corresponding Service* [1]	Local Governme nt Unit (LGU) Level and Office/Unit to Use the Standard [2]	Beneficiary/ User [3]	Service Delivery Standards [4]									Title of References [5]	Updating Status [6]	
			OUTPUT		PROCESS	INPUT				Fee to Avall Service (If any) [4.8]	Other Standards [4.9]			
			Specifications of Service [4.1]	Quality of Service [4.2]	Procedural Standards [4.3]	Resource Inputs [4.4]	Standard Cost to Deliver the Service [4.5]	Technical Specifications of Input [4.6]	Qualification/ Competency of Service Provider [4.7]					
								per municipality/ city for 3 or 6 months - Php 300 per implementer per month for 1 implementer per province for 3 or 6 months - Laminated CGS tables at Php 175 per set per barangay - ECCD growth chart at Php 9 per child					<u>Pregnant Women</u>	

* **Service** pertains to the tangible or non-tangible byproduct of the performance of government functions delivered to the people, which involves transaction between the user/beneficiary and the service provider.

Prepared by:



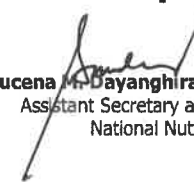
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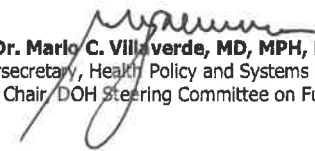
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As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

NNC DTP Annexes

ANNEX C-2

Summary of Recommended Organizational Structure and Staffing Complement for the LGUs

National Nutrition Council

NOTE: The recommended Nutrition Office will be overseeing not only the Tutok Kainan Supplementation Program for Pregnant Women and Children 6-23 months old (Complementary Feeding Program) but also other nutrition programs that are not implemented by the DOH.

Province/City/Municipality/Barangay^{a,b}

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
Provinces					
Provincial Nutrition Office	Nutrition Officer V	24	<ul style="list-style-type: none"> - Master's degree or Certificate in Leadership and Management from the CSC - 40 hours of supervisory/management learning and development intervention - 4 years of supervisory/ management experience - CS Professional - 2nd level / RA 1080 	1	<ol style="list-style-type: none"> 1. Schedules quarterly meetings of the local nutrition committee (LNC) with corresponding communications/ letters and agenda; 2. Provides overall management of the of the provincial nutrition program and supervises and the day-to-day operations of the provincial nutrition office; 3. Ensures orientation/updating of the LNC members on the PPAN and nutrition-related laws, policies and programs and facilitates passage and monitoring of policies on nutrition; 4. Initiates the organization of the nutrition planning team and ensures the conduct of multi-sectoral preparation of the PNAP, ensures integration of PNAP in the PDPPF 5. Coordinates the planning and implementation of local initiatives to address malnutrition based on the analysis of the local nutrition situation; 6. Coordinates with other agencies/departments in the planning of nutrition-related PPAs and link to existing PPAs to desired nutrition outcomes by making programs nutrition sensitive;

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					<ul style="list-style-type: none"> 7. Ensures the periodic assessment of the LNAP implementation through paper evaluation and field visits and prepares quarterly and annual reports and presents the report to the LNC and facilitates its submission to the Department of Interior and Local Government (DILG) and facilitates the recognition and awarding mechanism for deserving municipalities 8. Provides technical assistance to municipalities as requested and based on results of monitoring activities; 9. Mobilizes nutrition cluster during disasters and emergencies; 10. Reviews and approves the consolidated Operation Timbang (OPT) Plus results of the LGU and present to the LNC and facilitates its submission to higher level and providing copy to the rural health unit (RHU); 11. Conducts nutrition promotion/advocacy activities; and 12. Conducts resource generation activities for nutrition.
	Nutrition Officer IV	22	<ul style="list-style-type: none"> - Bachelor's degree relevant to the job - 8 hours of relevant training - 2 years of relevant experience - CS Professional - 2nd level/ RA 1080 	1	<p>Assists the PNAO on the following:</p> <ul style="list-style-type: none"> 1. Conduct and documentation of PNC meetings; 2. Multi-sectoral preparation of the PNAP, assistance to municipalities (if province) in the preparation of MNAPs and integration of nutrition activities in the PDPFP 3. Provision of technical assistance/capacity building for municipal nutrition office staff including BNSs; 4. Preparation of periodic accomplishment reports and documentation of nutrition PPAs; 5. Enhancement/strengthening of existing nutrition PPAs of PNC members to become more nutrition sensitive; 6. Planning and implementation of local initiatives/innovations to address malnutrition; 7. Consolidation of OPT results and other reports from MLGUs; 8. Monitoring of nutrition situation through the OPT Plus results and dissemination/utilization of data for policy, planning, and program formulation;

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					<ul style="list-style-type: none"> 9. Information Management during emergencies and disasters; 10. Nutrition promotion/advocacy activities; and 11. Resource generation activities.
	Nutritionist-Dietitian II	15	<ul style="list-style-type: none"> - Bachelor's Degree Major in Nutrition, Dietetics or Community Nutrition - 4 hours of relevant training - 1 year of relevant experience - RA 1080 	1	<p>Assist the Nutrition Coordinator by providing technical support on the following:</p> <ul style="list-style-type: none"> 1. Design and conduct of capacity building activities for municipal nutrition offices and MNCs ; 2. Implementation, monitoring and evaluation of province/city-initiated nutrition-related PPAs including dietary supplementation program; 3. Monitoring and evaluation of the nutrition programs of municipalities and functionality of MNCs through the MELLPI Pro and functionality checklist; 4. Review and preparation of LGU accomplishment reports vis plan targets in coordination with PNC members; 5. Management of interventions for nutrition in emergencies; 6. Conduct of nutrition promotion/advocacy activities; 7. Implementation and monitoring or locally-initiated nutrition interventions; 8. Documentation of nutrition program implementation activities; 9. Information management for nutrition in emergencies (collection and submission of reports); and 10. Implementation of resource mobilization activities.
	Nutrition Officer II	14	<ul style="list-style-type: none"> - Bachelor's degree relevant to the job - 4 hours of relevant training - 1 year of relevant experience - CS Professional - 2nd level/ RA 1080 	1	<p>Assist the Nutrition Coordinator by providing technical support on the following:</p> <ul style="list-style-type: none"> 1. Provision of secretariat support during meeting of the LNC and local nutrition cluster, as needed; 2. Multi-sectoral preparation of PNAPs, assistance to MNCs in the preparation of MNAPs and integration of nutrition in the PDPPF; 3. Development and implementation of locally-initiated nutrition interventions;

As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					<ul style="list-style-type: none"> 4. Management the BNS Program including facilitating provision of benefits, and capacity building; 5. Technical assistance to municipalities to ensure functionality of MNCs in coordination with Local Government Operations Officer (LGOO); 6. Conduct of periodic monitoring and evaluation of LNAPs; 7. Linking of existing development programs to nutrition outcomes by making them nutrition sensitive; 8. Review/validation, consolidation and analysis of OPT Plus results; 9. Documentation and records management for the nutrition program; and 10. Implementation of resource generation activities.
	Administrative Assistant II	8	<ul style="list-style-type: none"> - Completion of two (2) years in college - One (1) year of relevant experience - Four (4) hours of relevant training - Career Service Subprofessional / First Level Eligibility 	1	<ul style="list-style-type: none"> 1. Provides staff support during conduct of meetings and activities of the PNC including documentation; 2. Assist in the following up and consolidation of reports from PNC members and municipalities; 3. Coordinates procurement of goods and services for the nutrition; 4. Ensures proper documentation of financial transactions related to the implementation of nutrition activities; 5. Does encoding services and provide other administrative support to the staff of the nutrition office. 6. Assists in the record keeping and management;
	Administrative Aide III (Driver)	3	<ul style="list-style-type: none"> - High School graduate or completion of vocational course - 1 year demonstrated ability in driving, maintenance and troubleshooting of motor vehicle - Valid professional license restrictions 1.5 (MCII, s. 1996 Category IV) 	1	<ul style="list-style-type: none"> 1. Provides transportation support to the PNAO and staff of the nutrition office; 2. Provides messenger related services for the nutrition office; and 3. Provides transportation of good/supplies.
Total				6	
<i>Cities</i>					

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
City Nutrition Office	Special Cities: Nutrition Officer V HUCs: Nutrition Officer IV Component Cities: Nutrition Officer IV	Special Cities: 25 HUCs: 24 Component Cities: 23	<ul style="list-style-type: none"> - Master's degree or Certificate in Leadership and Management from the CSC - 40 hours of supervisory/management learning and development intervention - 4 years of supervisory/ management experience - CS Professional - 2nd level / RA 1080 	1	<ol style="list-style-type: none"> 1. Schedules quarterly meetings of the local nutrition committee (LNC) with corresponding communications/ letters and agenda; 2. Provides overall management of the of the city nutrition program and supervises and the day-to-day operations of the city nutrition office; 3. Ensures orientation/updating of the LNC members on the PPAN and nutrition-related laws, policies and programs and facilitates passage and monitoring of policies on nutrition; 4. Initiates the organization of the nutrition planning team and ensures the conduct of multi-sectoral preparation of the CNAP, ensures integration of CNAP in the CDP, LDIP and AIP; 5. Coordinates the planning and implementation of local initiatives to address malnutrition based on the analysis of the local nutrition situation; 6. Coordinates with other agencies/departments in the planning of nutrition-related PPAs and link to existing PPAs to desired nutrition outcomes by making programs nutrition sensitive; 7. Ensures the periodic assessment of the LNAP implementation through paper evaluation and field visits and prepares quarterly and annual reports and presents the report to the LNC and facilitates its submission to the Department of Interior and Local Government (DILG) and facilitates the recognition and awarding mechanism for deserving barangays; 8. Provides technical assistance to barangays as requested and based on results of monitoring activities; 9. Mobilizes nutrition cluster during disasters and emergencies; 10. Reviews and approves the consolidated Operation Timbang (OPT) Plus results of the LGU and present to the

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					LNC and facilitates its submission to higher level and providing copy to the rural health unit (RHU); 11. Conducts nutrition promotion/advocacy activities; and Conducts resource generation activities for nutrition.
	Special Cities: Nutrition Officer V HUCs: Nutrition Officer IV Component Cities: Nutrition Officer IV	Special Cities: 24 HUCs: 22 Component Cities: 22	- Bachelor's degree relevant to the job - 8 hours of relevant training - 2 years of relevant experience - CS Professional - 2nd level/ RA 1080	1	Assists the CNAO on the following: 1. Conduct and documentation of CNC meetings; 2. Multi-sectoral preparation of the CNAP, assistance to barangays in the preparation of BNAPs and integration of nutrition activities in the CDP, LDIP and AIP; 3. Provision of technical assistance/capacity building for BNS and other nutrition workers; 4. Preparation of periodic accomplishment reports and documentation of nutrition PPAs; 5. Enhancement/strengthening of existing nutrition PPAs of CNC members to become more nutrition sensitive; 6. Planning and implementation of local initiatives/innovations to address malnutrition; 7. Consolidation of OPT results and other reports from barangays; 8. Monitoring of nutrition situation through the OPT Plus results and dissemination/utilization of data for policy, planning, and program formulation; 9. Information Management during emergencies and disasters; 10. Nutrition promotion/advocacy activities; and Resource generation activities.
	Nutritionist-Dietitian II	15	- Bachelor's Degree Major in Nutrition, Dietetics or Community Nutrition - 4 hours of relevant training - 1 year of relevant experience - RA 1080	1	Assist the Nutrition Coordinator by providing technical support on the following: 1. Design and conduct of capacity building activities for or BNCs; 2. Implementation, monitoring and evaluation of province/city-initiated nutrition-related PPAs including dietary supplementation program;

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					<ol style="list-style-type: none"> 3. Monitoring and evaluation of the nutrition programs of barangays and functionality of BNCs through the MELLPI Pro and functionality checklist; 4. Review and preparation of LGU accomplishment reports vis plan targets in coordination with CNC members; 5. Management of interventions for nutrition in emergencies; 6. Conduct of nutrition promotion/advocacy activities; 7. Implementation and monitoring or locally-initiated nutrition interventions; 8. Documentation of nutrition program implementation activities; 9. Information management for nutrition in emergencies (collection and submission of reports); and 10. Implementation of resource mobilization activities.
	Nutrition Officer II	14	<ul style="list-style-type: none"> - Bachelor's degree relevant to the job - 4 hours of relevant training - 1 year of relevant experience - CS Professional - 2nd level/ RA 1080 	1	<p>Assist the Nutrition Coordinator by providing technical support on the following:</p> <ol style="list-style-type: none"> 1. Provision of secretariat support during meeting of the LNC and local nutrition cluster, as needed; 2. Multi-sectoral preparation of CNAPs, assistance to BNCs in the preparation of BNAPs and integration of nutrition in the CDP, LDIP and AIP (if city); 3. Development and implementation of locally-initiated nutrition interventions; 4. Management the BNS Program including facilitating provision of benefits, and capacity building; 5. Technical assistance to barangays to ensure functionality of M/BNCs in coordination with Local Government Operations Officer (LGOO); 6. Conduct of periodic monitoring and evaluation of LNAPs; 7. Linking of existing development programs to nutrition outcomes by making them nutrition sensitive; 8. Review/validation, consolidation and analysis of OPT Plus results;

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					9. Documentation and records management for the nutrition program; and 10. Implementation of resource generation activities.
	Administrative Assistant II	8	<ul style="list-style-type: none"> - Completion of two (2) years in college - One (1) year of relevant experience - Four (4) hours of relevant training - Career Service Subprofessional / First Level Eligibility 	1	<ol style="list-style-type: none"> 1. Provides staff support during conduct of meetings and activities of the CNC including documentation; 2. Assist in the following up and consolidation of reports from CNC members and municipalities; 3. Coordinates procurement of goods and services for the nutrition; 4. Ensures proper documentation of financial transactions related to the implementation of nutrition activities; 5. Does encoding services and provide other administrative support to the staff of the nutrition office. 6. Assists in the record keeping and management;
	Administrative Aide III (Driver)	3	<ul style="list-style-type: none"> - High School graduate or completion of vocational course - 1 year demonstrated ability in driving, maintenance and troubleshooting of motor vehicle - Valid professional license restrictions 1.5 (MCII, s. 1996 Category IV) 	1	<ol style="list-style-type: none"> 1. Provides transportation support to the CNAO and staff of the nutrition office; 2. Provides messenger related services for the nutrition office; and 3. Provides transportation of good/supplies.
	Barangay Nutrition Scholars (BNS)	N/A BNS are volunteer workers	<ul style="list-style-type: none"> - Bonafide residence in the barangay for at least four (4) years, with ability to speak the dialect - Possession of leadership potentials and the initiative and willingness to serve the barangay for at least one (1) year - Willingness to learn, and to teach what he has learned to the barangay people - At least primary school graduate - Physical and mental fitness - At least eighteen (18) years old but not more than sixty (60) years old. 	At least one (1) per barangay	<ol style="list-style-type: none"> 1. Assists in organizing and revitalizing the BNC and keeps, assist barangay secretary in preparing minutes of meetings; 2. Assists in formulating the BNAP and monitoring its progress; 3. Identifies and locates the nutrition vulnerable population through: <ol style="list-style-type: none"> a. Conduct of OPT plus for under-five children; and b. Weighing and measuring height of pregnant women; 4. Prepares and updates the master list of beneficiaries to various nutrition programs, projects, activities/interventions;

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					5. Facilitates/assists in the delivery of nutrition and related services especially those related to the first 1000 days of life; 6. Refers families with malnourished under-five children, pregnant and lactating women to program implementers or service partners; 7. Advocates for increased investment in nutrition PPAs and conduct resource mobilization activities; 8. Prepares and submits BNS reports and assists in the preparation of documents and reports related to BNAP and accomplishments of the BNC; and 9. Attends trainings to upgrade one's knowledge, skills and values.
			Total	6	
Municipalities					
Municipal Nutrition Office	Within Metropolitan Manila: Nutrition Officer V Outside Metropolitan Manila: 1st to 3rd Class: Nutrition Officer IV 4th to 6th Class: Nutrition Officer IV	Within Metropolitan Manila: 23 Outside Metropolitan Manila: 1st to 3rd Class: 22 4th to 6th Class: 22	<ul style="list-style-type: none"> - Master's degree or Certificate in Leadership and Management from the CSC - 40 hours of supervisory/management learning and development intervention - 4 years of supervisory/ management experience - CS Professional - 2nd level / RA 1080 	1	<ol style="list-style-type: none"> 1. Schedules regular quarterly meetings of the MNC with corresponding communications/letters and agenda; 2. Provides overall management of the of the municipal nutrition program provide supervision and the day-to-day operations of the municipal nutrition office; 3. Ensures orientation/updating of the LNC members on the PPAN and nutrition-related laws, policies and programs and facilitates passage and monitoring of policies on nutrition; 4. Initiates the organization of the nutrition planning team and ensures the conduct of multi-sectoral preparation of the MNAP, ensures integration of MNAP in the CDP, LDIP and AIP of the municipality; 5. Coordinates planning and implementation of LGU local innovative programs to address malnutrition based on the analysis of the local nutrition situation; 6. Coordinates with other agencies/departments in the planning of nutrition-related PPAs and link to existing PPAs to desired nutrition outcomes by making programs nutrition sensitive;

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					<ul style="list-style-type: none"> 7. Ensures the periodic assessment of the LNAP implementation through paper evaluation and field visits and prepares quarterly and annual reports and presents the report to the LNC and facilitates its submission to the DILG; 8. Provides technical assistance to barangays as requested and based on results of monitoring activities; 9. Reviews and approves the consolidated OPT Plus results of the LGU and present to the LNC and facilitates its submission to higher level and providing copy to the RHU; 10. Mobilizes nutrition cluster during disasters and emergencies; 11. Conducts nutrition promotion/advocacy activities; and 12. Facilitates resource mobilization activities to generate support for nutrition.
	<p>Within Metropolitan Manila: Nutrition Officer III</p> <p>Outside Metropolitan Manila:</p> <p>1st to 3rd Class: Nutrition Officer III</p> <p>4th to 6th Class: Nutrition Officer II</p>	<p>Within Metropolitan Manila: 18</p> <p>Outside Metropolitan Manila:</p> <p>1st to 3rd Class: 18</p> <p>4th to 6th Class: 14</p>	<ul style="list-style-type: none"> - Bachelor's degree relevant to the job - 8 hours of relevant training - 2 years of relevant experience - CS Professional - 2nd level/ RA 1080 	<p>1</p>	<p>Assists the MNAO on the following:</p> <ul style="list-style-type: none"> 1. Conduct and documentation of MNC meetings; 2. Multi-sectoral preparation of the MNAP, assistance to barangays in the preparation of BNAPs and integration of nutrition in the CDP, LDIP and AIP of municipality; 3. Provision of technical assistance/capacity building for BNC members and BNSs; 4. Periodic assessment of nutrition accomplishments and documentation of nutrition programs/activities; 5. Enhancement/strengthening of existing nutrition programs to become more nutrition sensitive; 6. Planning and implementation of local initiatives/innovations to address malnutrition; 7. Validation and consolidation of OPT results and other reports from barangays; 8. Monitoring of nutrition situation through the OPT Plus results and dissemination/utilization of data for policy, planning, and program formulation;

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					<ul style="list-style-type: none"> 9. Information Management during emergencies and disasters; 10. Nutrition promotion/advocacy activities; 11. Resource generation activities.
	Nutritionist-Dietitian I	11	<ul style="list-style-type: none"> - Bachelor's Degree Major in Nutrition, Dietetics or Community Nutrition - RA 1080 	1	<p>Assist the Municipal Nutrition Coordinator by providing technical support on the following:</p> <ul style="list-style-type: none"> 1. Design and conduct of capacity building activities for BNCs and BNSs; 2. Implementation, monitoring and evaluation of province initiated nutrition programs including dietary supplementation program; 3. Monitoring and evaluation of the nutrition programs of barangays and functionality of BNCs through the MELLPI Pro and functionality checklist; 4. Management of interventions for nutrition in emergencies; 5. Conduct of nutrition education/promotion/advocacy activities; 6. Development of nutrition education materials; 7. Implementation and monitoring or locally-initiated nutrition interventions; 8. Documentation of nutrition program implementation activities; 9. Information management for nutrition in emergencies (collection and submission of reports); and 10. Implementation of resource mobilization activities.
	Nutrition Officer I	10	<ul style="list-style-type: none"> - Bachelor's degree relevant to the job - 4 hours of relevant training - CS Professional - 2nd level/ RA 1080 	1	<p>Assist the Municipal Nutrition Coordinator on the following:</p> <ul style="list-style-type: none"> 1. Conduct and documentation of MNC meetings; 2. Multi-sectoral preparation of the MNAP and integration of nutrition in the CDP, LDIP and AIP of the municipality; 3. Review and preparation of LGU accomplishment reports vis plan targets in coordination with MNC members; 4. Enhancement/strengthening of existing nutrition programs of MNC members to become more nutrition sensitive;

Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					<ul style="list-style-type: none"> 5. Planning and implementation of local initiatives/innovations to address malnutrition; 6. Technical assistance to barangays to ensure preparation and implementation of BNAPs; 7. Conduct of periodic monitoring and evaluation of LNAPs through review of reports and field visits; 8. Resource generation activities; 9. Nutrition promotion/advocacy activities; and 10. Documentation of nutrition programs/activities.
	Administrative Aide VI	6	<ul style="list-style-type: none"> - Completion of two (2) years in college - Career Service Subprofessional / First Level Eligibility 	1	<ul style="list-style-type: none"> 1. Provides staff support during conduct of meetings and activities of the MNC including documentation; 2. Assists in the follow up and consolidation of reports from MNC members and barangays; 3. Coordinates procurement of goods and services for the nutrition; 4. Ensures proper documentation of financial transactions related to the implementation of nutrition activities; and 5. Does encoding services and provide other administrative support to the staff of the nutrition office.
	Barangay Nutrition Scholars	N/A BNS are volunteer workers	<ul style="list-style-type: none"> - Bonafide residence in the barangay for at least four (4) years, with ability to speak the dialect - Possession of leadership potentials and the initiative and willingness to serve the barangay for at least one (1) year - Willingness to learn, and to teach what he has learned to the barangay people - At least primary school graduate - Physical and mental fitness - At least eighteen (18) years old but not more than sixty (60) years old. 	At least one (1) per barangay	<ul style="list-style-type: none"> 1. Assists in organizing and revitalizing the BNC and keeps, assist barangay secretary in preparing minutes of meetings; 2. Assists in formulating the BNAP and monitoring its progress; 3. Identifies and locates the nutrition vulnerable population through: <ul style="list-style-type: none"> a. Conduct of OPT plus for under-five children; and b. Weighing and measuring height of pregnant women; 4. Prepares and updates the master list of beneficiaries to various nutrition programs, projects, activities/interventions; 5. Facilitates/assists in the delivery of nutrition and related services especially those related to the first 1000 days of life;


As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021


Organizational Unit [1]	Position Title [2]	Salary Grade [3]	Minimum Qualifications and Competencies [4]	No. of Positions [5]	Description [6]
					6. Refers families with malnourished under-five children, pregnant and lactating women to program implementers or service partners; 7. Advocates for increased investment in nutrition PPAs and conduct resource mobilization activities; 8. Prepares and submits BNS reports and assists in the preparation of documents and reports related to BNAP and accomplishments of the BNC; and 9. Attends trainings to upgrade one's knowledge, skills and values.
				Total	5

/a Each level of LGU shall have its own organizational structure, unless deemed unnecessary, and may be further disaggregated per LGU class


/b The proposed salary grades can be adjusted based on the standard levelling of positions based on the level and income class of LGU as indicated in DBM CL No. 2007-6.

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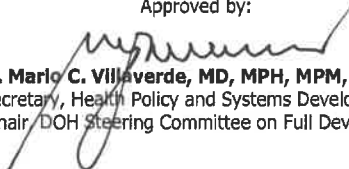

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Matrix on the Capacity Development Strategy for the National Government Agencies (NGAs)**National Nutrition Council**


Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/Activities [5]	Target Period of Implementation for Capacity Development Actions/Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
Nutrition Policy and Planning Division	Policy research and evaluation, development of service delivery standards, systems thinking, strategic communication, stakeholder management	<p>Trainings, competency profiling</p> <p>Some LGUs conduct their own feeding system (there is no survey/study on the different feeding systems/practices adopted by LGUs doing DSP for pregnant and 6-23 months)</p> <p>There is DSP guideline developed for dissemination</p>	<p>Policy evaluation, cascading of service delivery standards</p> <p>Instead of the above,</p> <p>Absence of DSP orientation/training guide for LGUs based on the approved guidelines</p>	<p>Trainings</p> <p>Coaching and mentoring</p> <p>Development of DSP orientation/training guide for LGUs</p> <p>And conduct of TOT among NNC regional offices</p>	Q1-Q2 2022	<p>% of personnel concerned capacitated (measurement tool: improvement rate – pre-test vs. post-test)</p> <p>No. of policies drafted and endorsed to sponsors</p> <p>No. of policies passed</p> <p>Instead of above: DSP orientation/training guide for LGUs</p> <p>No of NNC regional staff trained on DSP orientation/training guide</p>	<p>HR, DAP, other agencies, and service providers</p> <p>NNC Secretariat (NPPD) TechCom</p>
Nutrition Surveillance Division	M&E Systems, M&E Software	Trainings, competency profiling	Monitoring through text messaging System for LGUs	Trainings Coaching and mentoring	Q3, 2022	% of personnel concerned capacitated (measurement tool: improvement rate –	HR, DAP, other agencies, and service providers


Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/Activities [5]	Target Period of Implementation for Capacity Development Actions/Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
						pre-test vs. post-test) No. of M&E system improved or developed No. of M&E system cascaded to users No. of M&E system M and E system using SMS for LGUs developed M and E training included in DSP training/orientation for LGUs	NNC- NSD
NIED	strategic communication, training management	Trainings, competency profiling	System and guidelines for conduct of IEC through text blasting and social media cards	Trainings Coaching and mentoring	Q1-Q2, 2022	% of personnel concerned capacitated (measurement tool: improvement rate – pre-test vs. post-test) Ready list of messages for text blasting for LGUs Text blasting system developed and included as part of the DSP	HR, DAP, other agencies, and service providers NNC-NIED

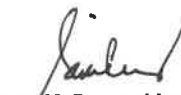
Office/Unit [1]	Capacities Required [2]	Current Practices, Systems, or Structures [3]	Capacity Gaps [4]	Capacity Development Actions/Activities [5]	Target Period of Implementation for Capacity Development Actions/Activities [6]	Progress Indicators and Measurement Tools [7]	Responsible Organization [8]
						training/orientation guide for LGUs	
Regional Office	Training management, monitoring and evaluation, risk management, stakeholder management	Trainings, competency profiling, M&E systems	Database management, designing of trainings Need for regional NNC staff to orient/train LGUs on DSP for pregnant and 6-23 months	Trainings Coaching and mentoring Participate in the development of DSP training/orientation materials for LGUs Attendance to a TOT to be conducted by NNC-CO	Q1-Q2, 2022 Q1-2 Q3	% of personnel concerned capacitated (measurement tool: improvement rate – pre-test vs. post-test) DSP training/orientation guide with regional inputs 100% of regions with trainers ready to cascade training to LGUs	HR, DAP, other agencies, and service providers NNC CO and Regional Offices

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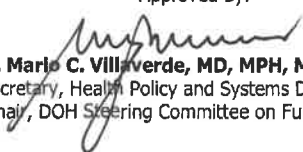

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NNC DTP Annexes
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

ANNEX E

Matrix on the Capacity Development Strategy for the Local Government Units (LGUs)

National Nutrition Council


Technical Assistance Plan for the Devolution of Functions/Services


Function/Service/ Facility/ Program/Project/Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/Timeline [4]	Responsible Agency/Office/Unit [5]	Success Indicator for Target LGUs [6]
Tutok Kainan Supplementation Program					
Social Preparation Activities	P/C/M/B	1. Orientation of P/C/MNAO on TK 2. Orientation of LCEs on TK 3. Orientation of BNS/BHW on TK 4. Orientation of beneficiaries on TK	Q1, 2022-2024 Q1-Q2, 2022-2024 Q1, 2022-2024 Q2, 2022-2024	NNC CO and RO Provincial/City/Municipal Nutrition Office City/Municipal Nutrition Office BNS/BHW/HRH	<ul style="list-style-type: none"> - Number/percent of P/C/MNAO oriented on TK - Number/percent of LGUs with LCEs oriented on TK - Number/percent of BNS/BHW oriented on TK - Number/percent of beneficiaries oriented on TK - Number/percent of beneficiaries consented to join TK


Function/Service/ Facility/ Program/Project/Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/Timeline [4]	Responsible Agency/Office/Unit [5]	Success Indicator for Target LGUs [6]
<p>Dietary Supplementation</p> <p>Negotiated Procurement- Community Participation</p>	<p>P/C/M</p>	<p>1. Training of procurement staff on the negotiated procurement-community participation</p>	<p>Q1, 2022-2024</p>	<p>Government Procurement Policy Board (GPPB)</p>	<ul style="list-style-type: none"> - Number/percent of P/C/M LGUs with trained procurement officer on the Negotiated Procurement-Community Participation - Number/percent of LGUs using Negotiated Procurement- Community Participation as mode of procurement of commodities during wet feeding
<p>Nutrition Education</p> <p>Idol Ko Si Nanay/Tatay</p>	<p>P/C/M/B</p>	<p>1. Conduct of training of trainers on Idol Ko Si Nanay/Tatay</p> <p>2. Conduct of rollout trainings to city/municipal and barangay level</p>	<p>Q1, 2022-2024</p> <p>Q1, 2022-2024</p>	<p>NNC CO and RO</p> <p>Provincial/City/Municipal Nutrition Office</p>	<ul style="list-style-type: none"> - Number/percent of target LGUs with trainer on Idol Ko Si Nanay/Tatay - Number/percent of target LGUs with trained barangay level implementer of IDKSN/T - Number/percent of LGUs conducting IDKSN - Number/percent of PW/guardians completed at least __ sessions of IDKSN/T


Function/Service/ Facility/ Program/Project/Activity [1]	Level and Office of Target Local Government Unit (LGU) [2]	Mode of Technical Assistance [3]	Schedule/Timeline [4]	Responsible Agency/Office/Unit [5]	Success Indicator for Target LGUs [6]
Monitoring and Evaluation Tutok Kainan Reporting System	P/C/M/B	<ol style="list-style-type: none"> 1. Conduct of training of trainers on the Tutok Kainan Reporting System 2. Conduct of rollout trainings to city/municipal and barangay level 	<p>Q1, 2022-2024</p> <p>Q1, 2022-2024</p>	<p>NNC CO and RO</p> <p>Provincial/City/Municipal Nutrition Office</p>	<ul style="list-style-type: none"> - Number/percent of target LGUs with trainer on TKRS - Number/percent of target LGUs with trained barangay level reporter - Number/percent of LGUs utilizing the TKRS

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As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

NNC DTP Annexes

ANNEX F

Matrix on Monitoring and Performance Assessment of the LGUs in Undertaking the Devolved Functions

National Nutrition Council

Function/Service/Facility/Program/Project/Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Government Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization/Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]	
PPA # 1 Tutok Kainan Supplementation Program Dietary Supplementation	No. of LGUs (C/M) covered with funding support from NNC in 2022 a. Pregnant b. 6-23 months	146 Muns/Cities	Annual	P/C/M/B	TKRS Tutok Kainan Reporting System (TKRS)-reporting system for Tutok Kainan which utilizes SMS. Local health workers send real-time reports on receipt and consumption of commodities through SMS. The TKRS receives and consolidates data which is visible to all levels of implementers. Survey of LGUs with existing Dietary Supplementation Program	NSD/NPPD NNC ROs	Integrate M&E system/ performance indicators in established incentive schemes (e.g., SGLG) Complete the staffing complement in the LGU nutrition offices to strengthen direct coordination with and monitoring of Through DSP monitoring system involving regional offices for Pilot areas.	
	No. of LGUs with sustained DSP program after 2022 a. Pregnant b. 6-23 months	146 Muns/Cities	Annual	P/C/M/B				NSD/NPPD NNC ROs
	No. of LGUs implementing DSP without funding support from NNC		Annual	P/C/M/B				NSD/NPPD NNC ROs

Function/Service/Facility/ Program/Project/Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Government Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization/ Unit In the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	a. Pregnant b. 6-23 months No of Pregnant mothers provided DSP No of 6-23 provided DSP No of mothers provided DSP with improved nutritional status after 90 days Number of 6-23 months old children beneficiaries with improved nutritional status after 180 days of supplemental feeding Number of LGUs compliant to <i>Tutok Kainan</i> guidelines		Annual Annual Every 90 days of feeding Every 180 days of feeding Annual	P/C/M/B P/C/M/B P/C/M/B P/C/M/B P/C/M/B	in the First 1,000 days- the NNC will collect data on which LGUs are implementing dietary supplementation program in the first 1000 days and how they conduct it. This is conducted through a simple google survey that was disseminated to the LGUs through the ROs.	NSD/NPPD NNC ROs NSD/NPPD NNC ROs NSD/NPPD NNC ROs NSD/NPPD NNC ROs	Through google sheet survey to be conducted in every region/province for non-pilot areas. Provision of Special Awards during awarding ceremonies, the Tutok Kainan Special award, for best performing LGUs. Imposition of sanctions for non-compliant LGUs through cutting of assistance and evaluation of the LGUs to determine reason/s for non- compliance.
Nutrition Education	Number of pregnant women/parents or guardians of 6-23 mos old children who		Every 90/180 days	P/C/M/B	TKRS	NSD/NIED/NPPD, NNC ROs	Improve the TKRS to include the monitoring of performance indicators

Function/Service/Facility/ Program/Project/Activity [1]	Performance Indicator [2]	Baseline [3]	Frequency of Monitoring [4]	Local Government Unit (LGU) Level and Office/Unit Concerned [5]	Existing Performance Evaluation System/Mechanism and Updating Status [6]	Responsible Organization/ Unit in the NGA [7]	NGA Monitoring and Performance Evaluation Strategy [8]
	<p>directly received nutritexts daily for 90/180 days</p> <p>Number of pregnant women/parents or guardians of 6-23 mos old children who received Nutritexts</p> <p>Number of pregnant women/parents or guardians of 6-23 mos old children who received IEC messages through other means (non- text, printed or face to face)</p>		<p>Every 90/180 days</p> <p>Every 90/180 days</p>	<p>P/C/M/B</p> <p>P/C/M/B</p>			<p>Integrate M&E system/ performance indicators in established incentive schemes (e.g., SGLG)</p> <p>Complete the staffing complement in the LGU nutrition offices to strengthen direct coordination with and monitoring of LGUs</p>

Prepared by:



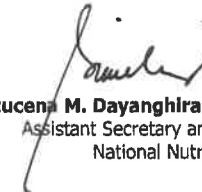
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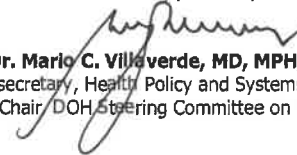
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DOH DTP Approved by DBM on March 24, 2022

NNC DTP Annexes
As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

ANNEX G-1

**Organizational Effectiveness Proposal
National Nutrition Council**

Summary of Offices/Units to be Abolished, Merged/Consolidated, Transferred, and/or Created

A. For Abolition

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

B. For Merger and/or Consolidation

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

C. For Transfer

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

D. For Creation

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

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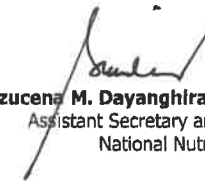
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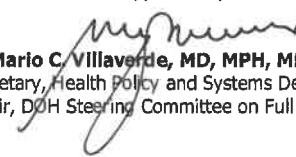
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DOH DTP Approved by DBM on March 24, 2022

Organizational Effectiveness Proposal
National Nutrition Council

Summary of Positions to be Transferred, Reclassified, Converted, Retitled, Abolished, and/or Created

A. Personnel and Their Positions for Transfer to Other Units Within the Department/Agency/GOCC

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

B. Positions for Reclassification

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

C. Positions for Conversion

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

D. Positions for Retitling

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

E. Positions for Abolition

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

F. Positions for Creation

- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

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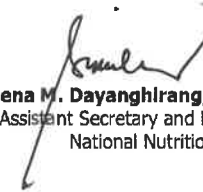
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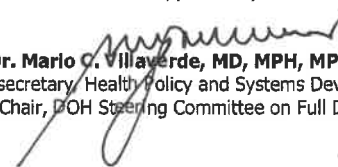
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DOH DTP Approved by DBM on March 24, 2022

Organizational Effectiveness Proposal
National Nutrition Council

Summary of Affected Personnel for Deployment to Other Departments/Agencies/GOCCs, Who Opted to Retire/Separate from the Service, and Apply to Vacant Positions in the LGUs


A. List of Affected Personnel for Redeployment to Other Departments/Agencies/GOCCs


- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2


i. List of Affected Personnel Who Opted to Retire/Separate from the Service and Options Availed of by Said Personnel

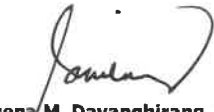
- None will be affected since the existing permanent positions in NNC will still execute the retained functions and services
- NNC will propose to DBM a recommended organizational structure and counterpart staffing complement for LGUs in light of the re-devolved functions under Annex C-2

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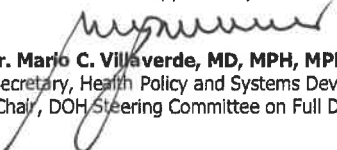

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As of January 20, 2022 based on DBM In-Depth Evaluation dated December 24, 2021

NNC DTP Annexes

ANNEX G-4

**Organizational Effectiveness Proposal
National Nutrition Council**

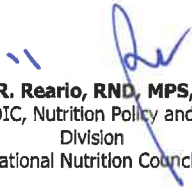
Summary of Modifications in Resource Allocation

Program/Project/Activity	Allotment Class	FY 2021 GAA Budget (In thousand Php)	FY 2022 GAA (Amount or Percentage Increase/Decrease)	Remarks
Nutrition Policy, Standards, Plan and Program Development and Coordination	PS	6,685	4,823	Retained with NNC
	MOOE	884	584	
	CO	0	0	
Philippine Food and Nutrition Surveillance	PS	5,268	7,244	Retained with NNC
	MOOE	16,331	15,220	
	CO	20,714	4,784	
Promotion of Good Nutrition	PS	5,574	5,244	Retained with NNC
	MOOE	80,842	80,842	
	CO	0	0	
Assistance to National, Local Nutrition and Related Programs	PS	29,198	36,823	Tutok Kainan Supplementation Program for Pregnant Women for Partial and Graduation Devolution to LGUs
	MOOE	287,254	287,524	
	CO	0	0	
Complementary Feeding <i>(for Tutok Kainan Supplementary Feeding Program for Children 6-23 months old)</i>	PS	0	0	Fund Source: Line item for Complementary Feeding in the 2021 DOH OSEC GAA; No funding in the 2022 DOH OSEC GAA but with 2021 CONAP amounting to PhP 100 million. Implementing Agency for 2020-2021 for Complementary Feeding: NNC per Memorandum of Agreement with DOH
	MOOE	100,000	0	
	CO	0	0	

Prepared by:



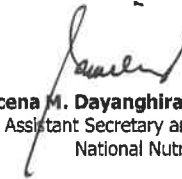
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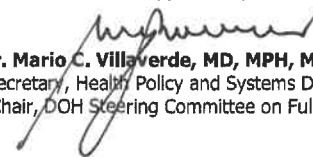
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