

## INSIGHT FROM A DBM JUNIOR LEADER

### 2TBA: Curing the Health Budget

“What you do today can improve all your tomorrows,” according to Ralph Marston<sup>2</sup>. The Department of Health (DOH) seemed to have adopted this motto in implementing the 2TBA in preparing its 2016 budget.

The textbook definition of the 2TBA tells us that it is a budgeting approach used in the Budget Preparation Phase. It provides separate discussions and deliberations between ongoing programs or projects and entirely new spending measures and proposals as well as the expansion of the existing ones.

When the 2TBA was first used in crafting the DOH’s budget, we were constrained to use the DOH’s actual obligation in 2014 as the baseline budget. At 64 percent, the agency’s obligation for the year was indicative of “low absorptive capacity,” with unmet targets and therefore heavily affecting its beneficiaries. One particular program that the agency had been struggling to implement was the Health Facilities Enhancement Program (HFEP).

The HFEP aims to upgrade the health facilities all over the country in order to address their inaccessibility especially in the barangays. Since the program’s implementation, the DOH had been using a needs-based approach, in which the LGUs and their legislative counterparts requested projects to be funded under the program. The DOH was challenged in this particular case because the agency lacked information on the actual needs of the LGUs. The lack of a master plan and a way to monitor the status of the projects contributed to the challenge. As a result, many of the projects were not finished, while some were finished but did not have the personnel complement—no nurses or midwives to look over the patients—and some had no equipment to use.

Accordingly, the DBM Secretary instructed our regional offices to inspect the health facilities in their areas and report their findings to the DBM Central Office. The DOH also conducted a nationwide assessment of the HFEP projects

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to identify the bottlenecks of the program. The results of the inspection only validated the poor planning and implementation of the program. The DOH was then obliged to look for gaps and bottlenecks in their processes that contribute to poor planning and implementation.

The DOH, together with the other agencies, created a Full-Time Delivery Unit (FDU). Headed by the DOH Secretary, the FDU and its DBM counterpart, was tasked to monitor the projects, through releases, obligations, and disbursements and report on a monthly basis the status of project implementation, including its bottlenecks and issues. The DOH committed then that they would address the issues that concerned its absorptive capacity, and likewise created a catch-up plan, which we as the DBM counterparts monitored closely.

The DOH since then has improved their financial and physical performance. For one, in 2015, the DOH’s absorptive capacity rose to 87 percent and most of the health indicator targets were being met.

I can now confidently say that the DOH is ready to apply the 2TBA for the 2017 budget preparation. In fact, the DOH already has a roadmap of the HFEP, in which the health agency determined the actual needs of the LGUs and up to the barangay level.

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