



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF BUDGET AND MANAGEMENT

**IN-DEPTH EVALUATION
OF THE DEVOLUTION TRANSITION PLAN (DTP) OF THE
DEPARTMENT OF HEALTH (DOH)**

INTRODUCTION

This document contains the DBM evaluation including highlights of the DOH DTP which was originally submitted on 1 October 2021 and resubmitted on 29 October 2021¹, up to its submission of a final DOH-National Nutrition Council (NNC) version on 28 January 2022, in compliance with Executive Order (EO) No. 138² dated 1 June 2021.

It may be noted that on 20 December 2021, the NNC, an attached agency of the DOH, submitted its DTP to the DBM for evaluation. However, in compliance with Section 5 of EO No. 138, wherein there shall be only one (1) DTP for each department which shall already cover the agencies attached to such department, it was referred to the DOH on 24 December 2021 for consolidation to its DTP.

Subsequent communications were made between the DOH and DBM-Systems and Productivity Improvement Bureau (SPIB) including provision by the latter of initial in-depth observations and recommendations, consultation meetings, and provision of DOH's feedback between December 2021 and February 2022.

One final possible change in the DTP was noted by the DOH in view of the assessment of the DOH-Disease Prevention and Control Bureau and USAID ReachHealth that concerns the procurement of commodities related to family planning. However, it was clarified by the DOH in an email on 16 February 2022 that they will no longer revise its DTP.

Accordingly, the DBM, per Section 14 of the Implementing Rules and Regulations of EO No. 138, shall evaluate and approve the National Government Agencies (NGAs) DTPs within one hundred twenty (120) days upon receipt of the **completed DTP**.

¹ In view of the initial evaluation of the DBM dated 15 October 2021.

² *Full Devolution of Certain Functions of the Executive Branch to Local Governments, Creation of a Committee on Devolution, and For Other Purposes*

1.0 ON THE STRATEGIC DIRECTIONS/SHIFTS

1.1 Highlights of the Strategic Directions/Shifts

It may be noted that the DOH sees the implementation of the Supreme Court ruling on the Mandanas-Garcia Cases as an opportunity for the local government units (LGUs) to continue with the assumption of the devolved functions under the Republic Act (RA) No. 7160 (*Local Government Code [LGC] of 1991*), hence, the **re-devolution**. For this purpose, the DOH has given operational definition on the phasing of program, activities, and projects (PAPs) to be devolved, to wit:

- a) *Fully Devolved*, which refers to re-devolution of the **entire function or responsibility** to the LGUs;
- b) *Partially Devolved*, which refers to functions that will be **shared between the national and LGUs**; and
- c) *Retained with DOH/NNC*, which refers to **maintaining the inherent DOH/NNC-retained functions**.

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

DOH

1.1.1 The formulation of the DOH DTP started as early as FY 2020. The DOH was able to give an overview of the general activities it had undertaken in the formulation of its DTP, such as the following:

- a) Consultation with the DBM and the units within the DOH on the programs that it could re-devolve;
- b) Inception workshop with LGU leagues; and
- c) Cascading to DOH Regional Offices (ROs)/Centers for Health Development (CHDs).

1.1.2 The DOH provided a comprehensive background of the department's functional shifts over the years.

1.1.2.1 The DOH has been in a devolved set-up since 1991. The LGC provided for the devolution of basic services and facilities to LGUs, which include, among others, health and social welfare services, such as the: (i) implementation of programs and projects on primary health care, maternal and child care, and communicable and non-communicable disease control service; (ii) access to secondary and tertiary health services; (iii) purchase of medicines, medical supplies, and equipment; and (iv) maintenance of Barangay Health Centers (BHC) and day-care centers.

1.1.2.2 Furthermore, EO No. 102³ dated 24 May 1999 provided for the roles of the DOH and redefined its mandate, powers and functions. Specifically, its mandate gave emphasis on the provision of assistance to LGUs, people's organizations (POs) and other members of the civil society in effectively implementing health programs, projects and services. Relative thereto, the DOH was directed to submit for approval by the DBM a Rationalization and Streamlining Plan (RSP) containing such functional and operational redirection.

1.1.3 The following considerations were used in identifying the PAPs which could be re-devolved:

- a) LGU income classification
- b) National allocation framework
- c) Capacity of LGUs
- d) Availability of services or commodities in the local market
- e) Implementation of RA No. 11223 dated 20 February 2019 or the Universal Health Care (UHC) Act

Moreover, the basis for re-devolving health functions is the **expenditure assignment of health functions** per Section 17 of the LGC, as follows:

Table 1: Expenditure Assignment

Province	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • All the services and facilities of the municipality and province, and in addition thereto, adequate communication and transportation facilities
Barangay	<ul style="list-style-type: none"> • Health services which include the maintenance of barangay health facilities

³ Redirecting the Functions and Operations of the Department of Health

1.1.4 Finally, the entities that will not be affected by the re-devolution are explicitly mentioned which are as follows:

- a) DOH hospitals and other national health facilities
- b) Philippine National AIDS Council
- c) PhilHealth
- d) National Kidney and Transplant Institute
- e) Lung Center of the Philippines
- f) Philippine Children's Medical Center
- g) Philippine Heart Center
- h) Philippine Institute for Traditional and Alternative Health Care

NNC

1.1.5 The NNC functions and services that are retained and re-devolved are guided primarily by the following:

- a) Presidential Decree (PD) No. 491⁴;
- b) Philippine Plan of Action for Nutrition (PPAN) 2017-2022;
- c) RA No. 11148⁵
 - Section 7 - Program Implementation
 - Section 10 - Other Program Components
 - Section 11 - Nutrition in the Aftermath of Natural Disasters and Calamities
 - Section 15 - Role of NNC Member Agencies, Other NGAs and LGUs
 - Section 17 - Monitoring, Review and Assessment of the Program
- d) Implementing Rules and Regulations (IRR) of RA No. 11148; and
- e) LGC of 1991.

1.1.6 The following PAPs will be affected by the re-devolution of functions performed by NGAs to the LGUs, in consideration of three (3) elements, i.e., (i) nutritionally-at-risk (NAR) areas; (ii) those with Provincial Nutrition Focal Points (PNFPs); and (iii) income classification of LGUs:

- a) *Tutok Kainan* Supplementation Program for Pregnant Women⁶, and
- b) Complementary Feeding Program or *Tutok Kainan* Supplementation Program for Children Six (6) to 23 Months Old

⁴ *Creating a National Nutrition Council and for Other Purposes*

⁵ *An Act Scaling Up the National and Local Health and Nutrition Programs Through A Strengthened Integrated Strategy for Maternal, Neonatal, Child Health and Nutrition in the First One Thousand (1000) Days of Life, Appropriating Funds Therefor and for Other Purposes; Also known as Kalusugan at Nutrisyon ng Mag-Nanay Act*

⁶ Which consists of five (5) components: i) Social Preparation, ii) Dietary Supplementation, iii) Nutrition Education, iv) Micronutrient Supplementation and the use of Lipid Nutrient Supplement Paste Small Quantity (LNS-SQ), and v) SMS reporting. Details could be found in pages 64-65 of the Joint DOH-NNC DTP dated 20 January 2022.

1.1.7 Similar with the DOH, the basis for the re-devolution of functions to the LGUs is the **expenditure assignment of health functions** based on section 17 of the LGC wherein **municipalities and cities are required to provide nutrition services** to their constituents.

Further, under Section 7 of RA No. 11148, the **program shall be implemented at the barangay level** through the Rural Health Units (RHU) and/or BHC in coordination with the Sangguniang Barangay.

1.1.8 Also, in the Joint DOH-NNC DTP, provided is a roadmap that shows the different activities that will have to be undertaken by NNC with support from all other stakeholders to achieve full devolution by 2024.

Goal	Institutionalization of <i>Tutok Kainan</i> Supplementation Program		
Targets	2022 154 selected 5 th and 6 th municipalities and 34 municipalities hit by Typhoon Odette in 27 selected provinces – retained/fully funded by NNC (food, commodities, administrative cost, nutritext) Full devolution among other municipalities	2023 2022 areas not ready for full devolution - 50% funded by NNC (food commodities, administrative cost, nutritexts)	2024 Full devolution of <i>Tutok Kainan</i> Supplementation Program among all municipalities
Activities	2021: <ul style="list-style-type: none"> • Implementation of <i>Tutok Kainan</i> Supplementation Program • Inclusion of <i>Tutok Kainan</i> Supplementation Program in DOH's DTP • Establishing baseline of LGUs with <i>Tutok Kainan</i> Supplementation Program for 6-23 months old and NAR • Advocacy for creation of 	2022: <ul style="list-style-type: none"> • Implementation of <i>Tutok Kainan</i> Supplementation Program • Updating of <i>Tutok Kainan</i> Guidelines • Costing of components (estimate of <i>Tutok Kainan</i> package) • Continuous advocacy for strengthening of LGU nutrition program (creation of Nutrition Offices 	2023 onwards: <ul style="list-style-type: none"> • Continuous advocacy for strengthening of LGU nutrition program (creation of nutrition offices and funding of <i>Tutok Kainan</i> Supplementation Program) through letters, webinars, dialogues, meetings with LCEs, etc. • Resource mobilization with private

	<p>nutrition offices /strengthening of LGU Nutrition Programs (<i>Nutrition office ensures an implementation unit for Tutok Kainan Supplementation Program</i>):</p> <p>proposed structure and functions prepared and disseminated; proposed bill prepared and submitted to legislators; conduct of webinars</p> <ul style="list-style-type: none"> Continuing advocacy with LGUs to fund <i>Tutok Kainan</i> Supplementation Program Revision of joint memorandum circular (JMC) on National Dietary Supplementation Program (NDSP) 	<p>and funding of <i>Tutok Kainan</i> Supplementation Program) through letters, webinars, dialogues, meetings with local chief executives (LCEs), etc.</p> <ul style="list-style-type: none"> Resource mobilization with private companies/non-governmental offices (NGOs) to support the implementation by the LGU of the <i>Tutok Kainan</i> Supplementation Program Monitoring of <i>Tutok Kainan</i> adoption by LGUs and compliance to standards Dissemination of the revised JMC on NDSP 	<p>companies/NGOs to support the implementation by the LGU of the <i>Tutok Kainan</i> Supplementation Program</p> <ul style="list-style-type: none"> Monitoring of <i>Tutok Kainan</i> adoption by LGUs and compliance to standards
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1.1.9 In the Joint DOH-NNC DTP, the functions that shall be preserved⁷ with the NNC are the following, wherein the general principles in the retention of functions with the NNC are based on PD No. 491, s. 1974, and RA No. 11148 and its IRR:

- National policy and standards development;
- Plan and program development;
- Coordination, health promotion and education;
- Food and nutrition surveillance;
- Provision of technical assistance and capacity building; and
- Monitoring and evaluation.

Further, it was highlighted that the NNC serves as the **National Nutrition Cluster Chair** which is responsible for the following, among others: (i) guaranteeing that the nutritional status of the affected populations will not worsen; and (ii) facilitate the strategic

⁷ Further details could be found on pages 67-68 of the Joint DOH-NNC DTP dated 20 January 2022.

collaboration and comprehensiveness of emergency management; and resource mobilization and integration of cross cutting nutrition concerns with other clusters.

1.1.10 Other subprograms under the budget line-item *Assistance to National, Local Nutrition and Related Programs* in NNC's General Appropriations Act (GAA) that shall be retained at NNC were highlighted in the Joint DOH-NNC DTP, to wit:

- Barangay Nutrition Scholars (BNS) program
- LGU mobilization
- Technical assistance to NGAs, NGOs and Local Nutrition Committees (LNCs)
- Support to national and regional associations
- Management of Regional Bantay ASIN Task Forces (RBATF)
- Local Nutrition Early Warning System (LNEWS)
- Support to policy formulation and coordination
- Capacity building for local nutrition workers
- Development of instructional videos related to PPAN
- Regional Plan of Action for Nutrition (RPAN) formulation
- Contribution to General Administration and Support Services expenses
- Maintenance of ROs
- Other subprograms of Early Childhood Care and Development (ECCD) in the First 1000 days

1.1.11 Per the recommendation of the DBM to include a discussion on health and nutrition-related bills which are pending in the Senate and House of the Representatives, and how will the DOH and NNC catch up should the said bills be approved, pending bills and proposed policies were provided by said agencies.

For **DOH**, it noted that in the event of the approval of the draft substitute bill "*Philippine Center for Disease Control (CDC) Act*" during the transition period, the bill is perceived to be in accordance with the DOH DTP given that there is no additional transfer of functions and services.

For **NNC**, the following were identified to help strengthen the implementation of the *Tutok Kainan Supplementation Program* and will eventually help achieve the goals of the PPAN 2017-2022 if passed:

- **Amendment of PD No. 1569** or the "*Strengthening the Barangay Nutrition Program by providing for a Barangay Nutrition Scholar in Every Barangay, Providing Funds Therefore, and for Other Purposes*" on the provision of additional incentives and benefits for the barangay nutrition scholar;

- **House Bill (HB) No. 1592** or "*Rationalizing the Powers and Functions of the NNC*" on the provision of five hundred million pesos (P500,000,000.00) as additional organization and operational funding for the NNC in view of its authority in ensuring the nutritional well-being of all Filipinos;
- **HB No. 2759** or "*Nutrition and Health Council Bill*" on the establishment of a Council on Nutrition and Health within the DOH that will assemble the existing information on the relationship between nutrition and human health; and
- **Senate Bill (SB) No. 86** or "*Accelerate Nutrition Improvement (ANI) Act of 2013*" mandating NGAs 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.

1.2 Observations and/or Recommendations, and Status of Implementation

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<i>On the strategic directions/shifts that should be properly laid out and considered the changes in the department/agency's work as a result of the implementation of the full devolution</i>	<p>The DOH and NNC DTPs are consistent with the tenets of EO No. 138 wherein the role of the NG is to set the national policy, development strategy and service delivery standards (SDS), and to assist, oversee and supervise the LGUs in the implementation of the devolved functions.</p> <p>They are likewise consistent with relevant provisions of the LGC specifically on the assignment of functions per LGU, as well as other relevant applicable laws.</p>	<p>It is recommended that the rationale for the retention of some functions, as well as how the agency would perform the retained functions, should be provided by the agency. Further, the role of the PPAN on the full devolution could be provided in the narrative.</p>	<p>Previous observations and recommendations have been addressed in the Joint DOH-NNC DTP resulting in the provision of the following rationale under the section titled "<i>Advantages of Retention of Functions under DOH</i>" for the retention of certain functions in the DOH <i>(could be found on page 18 of the Joint DOH-NNC DTP)</i>.</p> <p>Similarly, in the case of NNC, previous observations and recommendations on the following have been addressed in the Joint DOH-NNC DTP:</p> <ul style="list-style-type: none"> • Inclusion of PPAN 2017-2022 in the strategic directions/

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
			<p>shifts of the agency in view of the implementation of the full devolution; <i>(page 61 of Joint DOH-NNC DTP);</i></p> <ul style="list-style-type: none"> ● Inclusion of details on how the NNC will perform the aforesaid six (6) retained functions mentioned <i>(pages 67-68 of Joint DOH-NNC DTP);</i> and ● Inclusion of brief discussion/ overview on the visions and/or role/position of the NNC in addressing nutrition problems in the country <i>(page 68 of Joint DOH-NNC DTP).</i> <p>The Joint DOH-NNC DTP likewise highlighted that per Section 11 of RA No. 11148, areas that are affected by disasters and emergency situations, both natural and man-made must be prioritized in the delivery of nutrition services. Accordingly, the national government (NG) and LGUs are mandated to immediately provide emergency services, food supplies for proper nourishment of pregnant and lactating mothers, and children, specifically those from zero (0) to two (2) years old.</p>
<i>On the objectives, goals and expected outcome, as well as the</i>	The consultation by the DOH with its operating units and LGUs in the crafting of the DTP, as also mentioned under item 1.1.1 of the herein evaluation, is commendable	Consistent with EO No. 138 and DBM-DILG JMC No. 2021-2, the DOH and NNC DTPs shall be consolidated.	The DOH-NNC DTP is already consistent with item 5.3 of DBM-DILG JMC No. 2021-2.

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<p><i>strategies or approaches taken in the formulation of the DTP, including the coordination of efforts of the affected department, its bureaus, attached agencies, and GOCCs</i></p>	<p>as this is deemed proper to ensure commitment by said stakeholders on the various strategies that are being put in place for a smoother transition.</p> <p>However, it was noted that while EO No. 138 explicitly stated that there shall only be one (1) DTP for each Department which shall already cover the agencies and GOCCs attached to it, as reiterated under item 5.3 of DBM-Department of the Interior and Local Government (DILG) JMC No. 2021-2⁸ dated 11 August 2021, the DTP of the NNC, which is an attached agency of the DOH, was not included in the DTP of its mother agency.</p> <p>Nonetheless, it was explained in the submission of the NNC in an email dated 17 December 2021 that its DTP was formulated in consideration of the recommendation during Congressional Hearings, particularly the Senate Committee of Finance deliberation, that the feeding programs under the NNC should be re-devolved to LGUs inasmuch as they are the best implementers to undertake said activities. Hence, it submitted its DTP separately from the DOH.</p> <p>On the other hand, in said submitted DTP, it was noted that the target outcomes/goals especially for the institutionalization of the</p>	<p>Further, in the case of the NNC, the target outcomes/ goals especially for the Institutionalization of the <i>Tutok Kainan Supplementation Program</i> should be included.</p>	<p>This resulted in the consolidation of their DTPs, i.e., the Joint DOH-NNC DTP, as submitted to the DBM last 28 January 2022.</p> <p>Based on its Joint DOH-NNC DTP, it was noted that the NNC sought the guidance of the DOH in the preparation of the DTP and ensured that it was aligned with the roadmap for the Institutionalization of <i>Tutok Kainan Supplementation Program</i> (see page 5 of this document).</p> <p>Further, in the revised DTP, the NNC already included the target outcomes/ goals per year in its roadmap, especially for the Institutionalization of the <i>Tutok Kainan Supplementation Program</i>.</p>

⁸ *Guidelines on the Preparation of the Devolution Transition Plans of the National Government Agencies Concerned in Support of Full Devolution Under Executive Order (EO) No. 138, s. 2021*

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
	<i>Tutok Kainan</i> Supplementation Program was not included.		
<i>On the new thrusts and emerging challenges which the department/agency intends to address as part of the strengthening of its steering functions, and which should be in line with new laws enacted or emerging challenges stated in the updated Philippine Development Plan or in documents of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases Resolutions</i>	The new thrusts and emerging challenges of the DOH as part of the strengthening of its steering functions were discussed in the narrative. On the other hand, in the case of the NNC, no discussion on the same was provided.	The NNC could elucidate the emerging thrusts and recognize the possible challenges to better prioritize the steering functions that need to be strengthened. Further, may we note that nutrition problems are caused by hunger and poor health, which could subsequently contribute to/are further caused by poverty. Accordingly, the convergence of related programs on poverty and nutrition as a product of the optimization of the collaboration among NGAs, such as the NNC, National Anti-Poverty Commission and DOH are necessary to holistically address pressing concerns.	The observations and recommendations of the DBM per initial in-depth evaluation were sufficiently addressed by the DOH-NNC in the revised DTP. Specifically, in the case of the NNC, it was noted that the institutionalization or re-devolution of the <i>Tutok Kainan</i> 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. Further, while it was noted that the main challenge is the implementation by the LGUs of nutrition-related laws and ensuring that target beneficiaries gain from nutrition-related programs, a dedicated unit in the LGU, i.e., Nutrition Office, is proposed to be created to ensure the diligent implementation of nutrition-related laws. Moreover, it was noted that the agency, since the launching of the <i>Tutok Kainan</i> Supplementation Program, has been lobbying for the institutionalization of the program to ensure that

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
			<p>LGUs will adopt it as a regular program with adequate and sustained funding and staff complement.</p> <p>Moreover, it was highlighted that the NNC central and regional offices will continue to conduct various advocacy activities to encourage LGUs to adopt the program.</p> <p>Also, it could be noted that both the DOH and Department of Social Welfare and Development (DSWD) have feeding programs under their jurisdiction. Accordingly, there is a need for coordination between the NNC and DOH and DSWD to align their DTPs for a sectoral approach to this full devolution effort.</p>
<i>On the department's/ agency's functions/PAPs that will be strengthened, scaled down, phased out, and/or abolished, as well as the rationale behind the same</i>	<p>While the NNC identified the PAPs to be phased out and functions of the NG to be retained, it did not include a discussion on the PAPs that will be strengthened, scaled down and/or abolished.</p>	<p>The NNC could include in the narrative the PAPs that will be strengthened, scaled down and/or abolished as part of the unloading of functions from the NG, if there are any.</p>	<p>The observations and recommendations of the DBM per initial in-depth evaluation were considered by the agency inasmuch as per the feedback of the DOH, including that of the NNC, the latter has recognized that there is a need of strengthening of budget tracking of Governing Board member agencies (physical, financial).</p>

2.0 ASSIGNMENT OF FUNCTIONS, SERVICES AND FACILITIES TO EACH LEVEL OF GOVERNMENT

2.1 Highlights of the functions, services and facilities to each level of government

DOH

2.1.1 A comprehensive discussion and details of the assignment of functions, services and facilities, as well as the phasing of activities and implementation strategy for re-devolved functions are discussed under Annexes A and B, respectively. The DOH likewise included a summary of the same in the Narrative Report as follows:

Table 2. Summary of Phasing Implementation of Re-Devolved Functions

DOH Budget Line Item (P/A/Ps)	DOH Recommendation		LGU Role	Basis for Re-Devolution
	Transition Period (2022-2023)	End Result of Devolution (2024)		
a. HFEP	Gradually and partially devolved by CY 2022	Partially devolved	Procurement of Capital Outlay	National Allocation Framework in the PHFDP 2020-2040
b. Epidemiology and Surveillance (ESU)	Gradually and partially devolved by CY 2022	Partially devolved	Hiring of Disease Surveillance Officers (DSOs)	RA No. 11332 ⁹ : At least one (1) trained DSO per ESU
c. 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
d. 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 PhilHealth benefit development and financing, available in the local market,
Prevention and Control of Communicable Diseases	Gradually and Partially Devolved by CY 2022	Partially devolved		
Prevention and Control of Non-Communicable Diseases	Gradually and Partially Devolved by CY 2022	Partially devolved		

⁹ Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act dated 26 April 2019

				low cost, population-based services which LGU have the capacity to implement
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A. On HFEP

2.1.2 The HFEP supports the implementation of the UHC 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 PHPDP 2020-2040. The parameters in the developed allocation framework include poverty incidence, resources of local government, presence of geographically isolated and disadvantaged areas (GIDAs), and the current gap in health facilities to establish their Health Care Provider Networks.

With the foregoing parameters, the DOH formulated the following LGU categorization based on the LGU capacity and health gaps as basis for the gradual devolution of the HFEP:

Table 3. DOH National Allocation Framework

Gap/Capacity	Low Capacity	High Capacity
High Gap	Category 1	Category 3
Low Gap	Category 2	Category 4

Accordingly, the HFEP will be devolved to LGUs under Category 4 (High Capacity, Low Gap) starting 2022, while those under Category 3 (High Capacity, High Gap) and Category 2 (Low Capacity, Low Cap) will be devolved beginning 2024 and 2023, respectively. While those under Category 1 will be retained with the DOH.

The complete list of LGUs per category are indicated in this link: <https://tinyurl.com/LGUcategoriesNAF> summarized as follows:

Table 4. 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 (High Cap, Low Gap)	14	11	327	Devolved beginning 2022
Category 3 (High Cap, High Gap)	10	21	139	Devolved beginning 2024
Category 2 (Low Cap, Low Gap)	32	-	727	Devolved beginning 2023
Category 1 (Low Cap, High Gap)	25	2	295	Retained with DOH

2.1.3 In addition to the LGUs under Category 1, the DOH will continue to fund DOH hospitals and other health facilities like Drug Abuse Treatment and Rehabilitation Centers, National Reference Laboratories and Blood Centers.

2.1.4 The development of national policies on health and health facility standard and provisions of technical assistance will continuously be undertaken by the DOH. On the other hand, monitoring and evaluation of projects will be partially devolved since both the DOH and all levels of LGUs will handle the monitoring and evaluation of their respective projects.

B. On HRH Deployment

2.1.5 The DOH recognizes that the hiring of HRH is the responsibility of an LGU under a devolved set-up. However, as provided under 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 the local health system and ensure the availability of health practitioners under the National Health Workforce Support System (NHWSS).

Hence, the DOH identified positions which will be retained with the NG, and those which could already be undertaken by the LGUs.

Specifically, by CY 2023, the hiring of nurses and midwives will be fully devolved to 1st to 4th income municipalities. Said direction is being taken in view of the low possibility of market failure i.e., instability in supply and demand. Furthermore, said re-devolution

has been scheduled for implementation starting CY 2023 to provide the CHDs and LGUs ample time to prepare and plan their activities.

On the other hand, the hiring of doctors, dentists, medical technologists, pharmacists, nutritionist dietitians, and physical therapists will be retained with the DOH.

- 2.1.6 Pre-service scholarship for medical and midwifery, formulation of national policies and standards and technical assistance shall also be retained with the DOH.
- 2.1.7 On the other hand, training/capacity building are partially devolved such that the provinces shall also provide training and capacity building trainings to lower level LGUs under its jurisdiction.

C. On ESU

- 2.1.8 Both the DOH and the LGUs shall maintain their respective ESUs. In the case of the DOH, the surveillance units shall be retained in its Central Office (CO) and CHDs (i.e., Regional ESU [RESU]). The RESU shall serve as the link of the LGUs and the NG to facilitate the timely availability of reliable data which could serve as a basis for the government in determining measures and responses.

The budget requirements for the operations of ESUs shall be from the annual budget of their respective mother offices.

- 2.1.9 As required by the IRR of the UHC Act, DSOs shall be hired to undertake the functions of the ESU of LGUs. The minimum requirement for each ESU is to have at least one (1) DSO trained on applied/field epidemiology assistant of an allied health profession. The positions in the ESUs shall serve as human resource complement to support the implementation of population-based health services under Section 17 of the UHC Act.¹⁰
- 2.1.10 The partial devolution of said program shall be done in three (3) phases. During Phase I, the Epidemiology Bureau with the CHDs shall conduct baseline consultations with LGUs to level-off their expectations and inform them of the functions and services to be devolved to resolve concerns and issues on the assessment of LGUs and gap analysis through the ESU Integrated Monitoring and Evaluation Tool.

Capacity building and technical assistance shall also be provided to the LGUs by 2021 to enable them to provide appropriate and timely

¹⁰ As provided under said law, the DOH shall endeavor to contract province-wide and city-wide health systems for the delivery of population-based health services. Province-wide and city-wide health systems shall have the following minimum components: a) primary care provider network with patient records accessible throughout the health system; b) accurate, sensitive, and timely epidemiologic surveillance systems; and c) proactive and effective health promotion programs or campaigns.

epidemiologic response during outbreaks and other situations of public concern.

For Phases II and III (2023 and 2024), the DOH shall conduct follow through consultations with the LGUs and further capacitate them.

D. On Public Health Commodities

2.1.11 The DOH noted the following considerations in the retention and re-devolution of public health commodities:

Table 5. Basis for Retention and Re-devolution of Public Health Commodities

Retained with DOH	Re-devolved to LGUs
<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

2.1.12 The DOH highlighted that while supply and logistics management of some commodities shall be retained at the CO, the implementation and distribution of the same shall be done by the LGUs.

2.1.13 For re-devolved commodities, the LGUs shall also be responsible not only with procurement, but as well as warehousing, storage, and distribution to its component LGUs and target population.

2.1.14 However, the procurement of commodities by the Health Emergency and Management Bureau as augmentation during disasters and outbreaks shall not be affected by the subject re-devolution.

2.1.15 The DOH also provided a summary of the key activities that it shall undertake from 2021 to 2024 as regards the re-devolution of the procurement of public health commodities, as follows:

Table 6. Phasing of the Re-Devolution of the Procurement of Public Health Commodities

Year	Strategy/Activities
2021	<ul style="list-style-type: none"> ▪ 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 training needs assessment.
2022	<ul style="list-style-type: none"> ▪ The DOH will stop the procurement of individual-based commodities with existing PhilHealth financing which are identified for re-devolution, provided that there are local markets and supply chain readiness. ▪ The procurement of individual-based commodities without PhilHealth financing, as well as those which are not available in the local markets

	and not supply chain-ready shall be procured by the DOH CO and its CHDs.
2023	<ul style="list-style-type: none"> ▪ LGUs shall procure commodities for both individual- and population-based health services for fully devolved functions. ▪ The DOH and CHDs shall continue to procure commodities with high cost or with economies of scale. ▪ The CHDs shall monitor and provide technical assistance to LGUs.
2024	<ul style="list-style-type: none"> ▪ LGUs shall procure individual- and population-health services for fully-devolved functions. ▪ DOH shall continue to monitor and provide technical assistance to LGUs.

2.1.16 In addition, the agency also provided a list of specific medicines¹¹ for corresponding commodities that will be procured by the LGUs per year, as well as those that will be continuously procured by the national government (NG).

2.1.17 Finally, the DOH shall continue the provision of support to the remaining public commodities with the DOH until 2024 until such time that they can be transitioned through expanded financing of PhilHealth, expansion of local markets, or pooled procurement mechanisms in accordance with the UHC Act. Retention does not mean the provision of the entire service but rather the provision of financial and non-financial assistance in support of the program implementation which still rests with the LGUs.

NNC

2.1.18 It was highlighted that in 2022-2023, the NNC shall be responsible for providing funding support for selected 5th-6th class municipalities in priority areas for the following:

- Funding support for the procurement of food commodities, administrative costs, and nutritexts;
- Social preparations;
- Monitoring and evaluation;
- Nutrition education; and
- Provision of contingency funds.

Furthermore, it was provided that by year 2022, 1st-4th class and 5th-6th class municipalities that are not included in the priority areas retained in NNC in 2022-2023 shall shoulder the entire funding support of all program components of the devolved PAPs.

The funding support shall include cooking, distribution of commodities to constituents, and preparation of monitoring reports; social preparations or orientation to LGUs, nutrition education, and monitoring and evaluation.

¹¹ Could be found on pages 34-36 of the Joint DOH-NNC DTP

It was also noted that all the mentioned functions shall be fully re-devolved and funded by the LGUs by 2024.

2.1.19 In summary, hereunder are the retained functions in NNC and devolved functions to the LGUs relative to the implementation of the *Tutok Kainan* Supplementation Program for i) Pregnant Women, and ii) Children Six (6) to 23 Months Old:

Retained in NNC	Fully devolved by 2022 <i>(1st to 4th municipalities and 5th to 6th municipalities not included in the priority areas)</i>	With Gradual devolution in 2022-2023 <i>(5th and 6th municipalities in priority areas)</i>	
		Retained in NG	Gradually devolved in LGUs
<ul style="list-style-type: none"> ➤ National policy, standards, plan ➤ Program development and coordination ➤ Health promotion/advocacy ➤ Food and nutrition surveillance ➤ Technical assistance and capacity building 	<ul style="list-style-type: none"> ➤ All levels of LGUs ➤ Funding support for program implementation (all component) ➤ Social Preparation (Orientations) 	<ul style="list-style-type: none"> ➤ Funding Support for program implementation, including: <ul style="list-style-type: none"> • procurement of food commodities <i>(for pregnant)</i> • procurement of food commodities, administrative costs, and nutritexts <i>(for children 6 to 23 months old)</i> ➤ Social preparations (Orientation, MOU signing with LGU and with Department of Agrarian Reform, marketing agreement with Agrarian Reform Beneficiaries Organizations)) 	<ul style="list-style-type: none"> ➤ All levels of LGUs ➤ Funding support for program implementation, including logistics (transportation, storage) ➤ Social Preparation (Orientations)
<ul style="list-style-type: none"> ➤ Monitoring and evaluation 	<ul style="list-style-type: none"> ➤ Nutrition education and evaluation ➤ <i>Barangay</i> <ul style="list-style-type: none"> ➤ Cooking of ➤ Distribution of commodities ➤ Preparation of monitoring reports 	<ul style="list-style-type: none"> ➤ Nutrition education ➤ Monitoring and evaluation ➤ Funding support for contingency 	<ul style="list-style-type: none"> ➤ Nutrition education and evaluation ➤ <i>Barangay</i> <ul style="list-style-type: none"> ➤ Cooking of ➤ Distribution of commodities ➤ Preparation of monitoring reports
<ul style="list-style-type: none"> ➤ All other sub-programs, except Tutok Kainan Supplementation Program, related to the assistance to national, local nutrition and related programs 		<p><i>(simply mentioned for partial and gradual devolution until 2023)</i> Assistance to national, local nutrition and related programs</p>	

2.1.20 The Annex B is consistent with the activities as mentioned in its Narrative Report which is focused on the *Tutok Kainan* Supplementation Program. Further, we find that the strategies and activities to be undertaken by the NNC CO, ROs, and LGUs, are very well-detailed and strategically arranged in column [2], which are targeted to be conducted from FYs 2021-2024.

2.1.21 The summary of the activities to be conducted in each phasing of devolution are as follows:

Phase 1	Phase 2	Phase 3
<p><i>Provision of capacity building/ technical assistance to 30 provinces with 5th to 6th class municipalities</i></p> <ol style="list-style-type: none"> 1. Costing of components (estimate of <i>Tutok Kainan</i> package) 2. Engaging private companies or NGOs in terms of funding, technical assistance or logistics 3. Conduct of training of trainers (ToT) on the operationalization of <i>Tutok Kainan</i> and its components 4. Conduct of rollout trainings on the operationalization of <i>Tutok Kainan</i> and its components 	<p><i>Provision of capacity building/ technical assistance to the areas that will receive funding from NNC for Tutok Kainan in 2023</i></p> <ol style="list-style-type: none"> 1. Conduct of learning exchange meeting with <i>Tutok Kainan</i> areas 2. Engaging private companies or NGOs in terms of funding, technical assistance or logistics 	<p><i>Provision of capacity building/ technical assistance to LGUs</i></p> <ol style="list-style-type: none"> 1. Conduct of learning exchange meeting with <i>Tutok Kainan</i> areas 2. Engaging private companies or NGOs in terms of funding, technical assistance or logistics
<p><i>Institutionalization of Tutok Kainan in 30 provinces with 5th to 6th class municipalities</i></p> <ol style="list-style-type: none"> 1. Advocacy campaigns to different levels of LGUs on the adoption/ institutionalization of <i>Tutok Kainan</i> 2. Lobbying of the ordinance in Sangguniang Panlalawigan (SP) or Sangguniang Bayan (SB) 3. Passing of the ordinance in the SP or SB 4. Monitoring of municipalities adopting <i>Tutok Kainan</i> 		

<p><i>Inclusion of Tutok Kainan in the Annual Investment Program (AIP)/Local Nutrition Action Plan (LNAP) of the 30 provinces with 5th to 6th class municipalities</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><i>Inclusion of Tutok Kainan in the AIP/LNAP of the areas that will receive funding from NNC for Tutok Kainan in 2023</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><i>Inclusion of Tutok Kainan in the AIP/LNAP</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><i>Evaluation of the implementation of Tutok Kainan</i></p> <ol style="list-style-type: none"> 1. Analysis of data and writing of reports 	<p><i>Evaluation of the implementation of Tutok Kainan</i></p> <ol style="list-style-type: none"> 1. Analysis of data and writing of reports 	<p><i>Evaluation of the implementation of Tutok Kainan</i></p> <ol style="list-style-type: none"> 1. Analysis of data and writing of reports 2. Evaluation of the program every 30 for 90 days and 180 days for pregnant women and 6-23 months old children, respectively.

2.1.22 Another strategy identified by NNC is the inclusion of *Tutok Kainan* Supplementation Program in the AIP/LNAP of the 30 provinces with 5th and 6th class municipalities. It is also recommended that the NNC collaborate with the Regional Development Councils (RDCs) for the inclusion of nutrition in the local development plans of the concerned/targeted LGUs, which can help to strengthen the sustained planning and implementation of the LNAP.

It may be noted that under Section 32 of the IRR of EO No. 138, the crucial role of the RDCs in facilitating alignment of national and local development plans is likewise identified.

2.2 Observations and/or Recommendations, and Status of Implementation

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<i>On the functions/PAPs of the department/agency which were identified to</i>	In general, the DOH was able to come-up with a detailed Annex A and it was able to address the comments of the DBM indicated in the initial evaluation to show a clearer delineation of functions and expenditure assignments	No recommendations/additional inputs	N/A

<p><i>have components involving devolved functions to LGUs</i></p>	<p>amongst the different levels of government.</p> <p>Likewise, the identified PAPs provided in the Narrative Report of the NNC, i.e., implementation of the <i>Tutok Kainan</i> Supplementation Program for i) Pregnant Women, and ii) Children Six (6) to 23 Months Old, were all reflected and accounted for in the Annex A matrix.</p>		
<p><i>On the functions/ PAPs of the department/ agency which were identified to have components involving devolved functions to LGUs</i></p>	<p>In general, the NNC was able to provide specific provisions on the PAPs that shall be retained with the NG in Annex A.</p> <p>However, the following are observed:</p> <ul style="list-style-type: none"> • All other sub-programs, except <i>Tutok Kainan</i> Supplementation Program, related to the assistance to national, local nutrition and related programs, will be retained in the NNC. However, no further information was provided. Said sub-programs are the following: <ol style="list-style-type: none"> 1. BNS Program 2. LGU mobilization 3. Technical assistance to NGAs, NGOs and LNCs 4. Support to national and regional associations 5. Management of RBATF 6. LNEWS 7. Support to policy formulation and coordination 8. Capacity building for local nutrition workers 9. Development of instructional videos related to PPN 10. RPN formulation 11. Contribution to GAS expenses 12. Maintenance of ROs. 13. Other subprograms of ECCD in the First 1000 days <p>Likewise, while the aforecited Section 10 of RA No. 11148 includes knowledge management</p>	<p>Relatedly, said sub-programs could be further expounded on the specific sub-programs, supported by legal bases or strong justification why this will be retained in the NNC.</p> <p>In the case of knowledge management and information, and research, these functions could be included in the DTP, if there is existing or proposed, for knowledge management and information, among others.</p> <p>May we note that knowledge management and information would expedite and/or support government transactions and activities, specifically in decision-making. With it in place, it could serve as an instrument in bridging the gap between supply and demand that concerns the implementation of the Program.</p>	<p>Previous observations and recommendations have been addressed in the case of NNC in the revised DOH-NNC DTP resulting in the following:</p> <ul style="list-style-type: none"> • Inclusion of the justifications and/or description on the subprograms to be retained to the NNC, and • Inclusion of the Nutrition Education as one of the PAPs to be fully re-devolved to LGUs by 2024. <p>Per the revised Annex, it will be retained with NNC for 2022-2023 but to be fully re-devolved to 1st to 4th class municipalities and 5th to 6th class municipalities beginning 2022 onwards and would be fully re-devolved by 2024 to LGUs including 5th to 6th class municipalities in priority areas with high prevalence and magnitude of NAR and with PNFPs.</p>

	and information, and research and development, there is no mention on Annex A.		
<i>On the clear assignment of functions/PAPs specific to each level of government, i.e., by level of LGU or NGA, in accordance with existing legal bases</i>	<p>The assignment of functions/PAPs from the NG to the LGUs is consistent with the EO No. 138 wherein the role of the NG is to set the national policy, development strategy and SDS, and to assist, oversee and supervise the LGUs.</p> <p>Moreover, it is also consistent with Section 17 of the LGC which provides that LGUs shall exercise such other powers and discharge such other functions and responsibilities as are necessary, appropriate, or incidental to efficient and effective provision of the basic services such as implementation of programs and projects on primary health care, maternal and child care, among others.</p>	N/A	

2.3 Specific Comments on the PAPs to be Devolved by the DOH

Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
1. On the HFEP		
<p>At the outset, the proposition of DOH to maintain the provision of funds for infrastructure, medical equipment, and motor vehicle funding for Barangay Health Stations, RHUs, LGU Hospitals, and completion of projects for polyclinics in Category 1 (Low Capacity, High Gap) is in order. Category 4 LGUs (High Capacity, Low Gap) shall assume the devolved functions starting CY 2022.</p> <p>However, Category 2 LGUs (Low Capacity, Low Gap) will start to assume the devolved functions starting CY 2023 while Category 3 LGUs (High Capacity, High Gap) will continue to receive financial support from the DOH in 2023 (despite having higher capacity compared to Category 2 LGUs) and will only start to assume the devolved functions starting CY 2024.</p> <p>As verified with the DOH¹², the agency is prioritizing the re-devolution of HFEP to LGUs with low gap. It was further clarified that the</p>	<p>The DOH could include in its DTP the rationale for devolving the HFEP to LGUs with low gap. Further, the agency could provide a discussion on how to encourage the LGUs, especially on categories 3 and 4, to align and prioritize health-related programs in the preparation of appropriation ordinance.</p>	<p>Previous observations and recommendations have been addressed in the Joint DOH-NNC DTP, to wit:</p> <ul style="list-style-type: none"> • In the revised DTP, the DOH highlighted that during initial consultation meetings and briefings with LGUs, it was stressed that the gaps in delivery of health services were given more weight in determining which LGUs will assume first the re-devolved function. • To encourage LGUs especially under Category 3 and 4 (High Capacity – Low Gap) to align and prioritize health-related programs in the preparation of appropriation ordinance within their territorial jurisdiction, it was stated in the revised DTP that the performance indicators are planned to be included in the enhancement of the existing

¹² Verification was made by Ms. Ariane Pedralvez of the SPIB-Management Systems Improvement Division (MSID) with Ms. Eileen Diane Cheng-Fernandez of the Health Policy and Planning Bureau via Viber app on 18 November 2021

<p style="text-align: center;">Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i></p>	<p style="text-align: center;">Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i></p>	<p style="text-align: center;">Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i></p>
<p>overall priority is closing the gap on the availability of health facilities, therefore, the NG could continue to provide support to LGUs categorized as Category 3 (High Capacity, High Gap) until 2024.</p>		<p>integrated monitoring and evaluation systems and integration of established incentive schemes like the Seal of Good Governance (SGLG).</p>
<p>The Basic Infrastructure Program (BIP), a convergence program by the Department of Public Works and Highways (DPWH) to integrate, facilitate and accelerate the provision of basic infrastructure projects nationwide is identified by the DBM for devolution.</p>	<p>It is recommended that in the implementation of the DTP, the DOH should reconcile its activities with BIP of DPWH to harmonize plans, identification of beneficiary LGUs, and avoid duplication of projects. This is also consistent with Section 11 of EO No. 138 on strengthening of vertical and horizontal linkages on planning, investment programming, and budgeting across different levels of government.</p>	<p>Previous observations and recommendations have been addressed as in the Joint DOH-NNC DTP, the HFEP-Management Office will coordinate with the DPWH and incorporate in the HFEP 2023 Project Availment Guidelines the harmonization of plans, identification of beneficiary LGUs, and prevention of duplication of projects. Further, CHDs will also be engaged in this initiative.</p>
<p>2. On HRH</p>		
<p>Starting FY 2023, hiring of Nurses and midwives under HRH Deployment Program will be gradually phased out from the budget of DOH¹³, and will be devolved to 1st to 4th income class municipalities, citing the rationale of low market failure (i.e., disequilibrium in market supply and demand) in said areas.</p> <p>However, it should be noted that the results on the Philippine Institute for Development Studies discussion paper¹⁴ on the process evaluation of HRH Program of DOH shows that the program has deviated from its original design to deploy HRH to the underserved areas. The program, as documented in the study, has been deploying even in areas with high</p>	<p>The DOH may propose different metrics applicable in determining which LGUs shall be given assistance in terms of augmentation of its health workers, such as ratio of population to health workers. The DOH could provide a categorization focusing on the ratio of population to health workers to systematically determine the LGUs that need assistance.</p> <p>It is also recommended that the DOH takes this opportunity to refocus</p>	<p>Previous observations and recommendations have been addressed in view of the following:</p> <ul style="list-style-type: none"> • The DOH highlighted in its feedback that the NHWSS shall continue the deployment to support local public health systems in addressing human resources needs. It shall continue to deploy HRH prioritizing the areas based on the criteria as stipulated under DOH Administrative Order (AO) No. 2020-0038 (<i>Guidelines on the Deployment of HRH under the NHWSS</i>) • It is likewise underscored that the Health Human Resource

¹³ Except in GIDAs, target areas for peace-building efforts, priority areas for poverty reduction, and those with critical health workers gap, shall be gradually removed

¹⁴ Abrigo, M. R., Opiniano, G. A., & Tam, Z. C. (2021). Process Evaluation of the Department of Health Human Resources for Health Deployment Program.

<p style="text-align: center;">Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i></p>	<p style="text-align: center;">Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i></p>	<p style="text-align: center;">Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i></p>
<p>income, with high HRH-to-population ratio, and with relatively low poverty incidence.</p>	<p>the program, not only for deployment of nurses and midwives, and return to its original intention of augmenting health care workers in underserved areas, allowing to concentrate the resources on areas where interventions are most needed.</p>	<p>Development Bureau (HHRDB) shall endeavor to calibrate the existing deployment criteria to consider local health labor dynamics and relationships to socioeconomic, environmental, political, technological, and legal dimensions of health systems and development with emphasis on health security.</p> <ul style="list-style-type: none"> • In the revised DTP, the DOH noted that 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.
<p>Per EO No. 102, s. 1999, it is the duty of the DOH to ensure quality training and human resource development at all levels of the healthcare system.</p> <p>Also, per Section 25 of the UHC Act, the DOH, along with the other agencies¹⁵, is mandated to develop and plan the expansion of existing and new allied and health-related degree and training programs including those for community-based health workers and regulate the number of enrollees in each program based on the health needs of the population especially those in underserved areas. Accordingly, the provision of said scholarships could still be undertaken by the NG.</p>	<p>We deem that the provision of said scholarships should not be done solely by the NG. The DOH could provide standards and guidelines on said programs that could be replicated in the local governments. To ensure that the local governments are directly benefited from said program, they could require certain valid scholarship conditions with the recipients such as rendering government service at the LGU for a certain period.</p>	<p>While it was initially recommended that the provision of said scholarships should not be done solely by the NG, it is clarified in the Joint DOH-NNC DTP that the management of pre-service scholarship for priority cadre of health professionals and in-service scholarship programs, among others, will still be retained with the DOH in accordance with 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.</p> <p>Moreover, the DOH has noted in its feedback that the HHRDB and other DOH Bureaus have existing policies and standards which can be shared to the LGUs as reference in creating their own standards and guidelines, e.g., Administrative Order (AO) No. 2021-0007 (<i>Integrated Learning and Development System of the Department of Health</i>) developed by the HHRDB.</p>

¹⁵ Commission on Higher Education, Technical Education and Skills Development Authority, and Professional Regulation Commission
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<p style="text-align: center;">Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i></p>	<p style="text-align: center;">Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i></p>	<p style="text-align: center;">Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i></p>
<p>The retention in the DOH of the PAP on deployment of HRH in some LGUs, as well as the enrollment of the deployed HRH to Government Service Insurance System Group/ Modified Personal Accident Insurance and conduct of HRH deployment consultative meetings is consistent with RA No. 11223. Specifically, Section 23 provides that the DOH, together with other stakeholders, shall ensure the formulation and implementation of a National Health Human Resource Master Plan that will provide policies and strategies for the appropriate generation, recruitment, retraining, regulation, retention and reassessment of health workforce based on population health needs. Further, this direction is in accordance with the overall goal of UHC or <i>Kalusugan Pangkalahatan</i> which is to improve health outcomes, provide financial risk protection and provide quality access to health services especially to the poor.</p>	<p>No recommendations</p>	<p>N/A</p>
<p>In FY 2022 National Expenditure Program (NEP), it is noted that the HRH deployment program has an appropriation of ₱17.005 billion as opposed to ₱16.58 billion in 2021. Hence, the retained programs of DOH under HRH for 2022 such as hiring of doctors, nurses, midwives, and dentists as well as the offering of scholarships programs to the different cadre of health workers must be proportionate to the appropriated budget, otherwise, it is certainly to be included in the agency's planned but unfunded projects.</p>	<p>In the phasing of the HRH Program, the DOH may also consider the proposed waiving of Personnel Services (PS) limitation in FY 2022, as proposed in the FY 2022 NEP. The waiving of PS cap for positions necessary for the implementation of the devolved services, will provide additional fiscal space for LGUs in funding their PS requirements, thereby addressing issues related on supply of health professionals in the LGUs.</p> <p>Moreover, long term plans in phasing out of other cadres and policies</p>	<p>Previous observations and recommendations were addressed resulting in the following:</p> <ul style="list-style-type: none"> • The DOH-HHRDB shall advocate gradual absorption of deployed HRH to the recipient LGUs through dialogues. <p>Accordingly, in the revised DTP, it was provided that 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</p>

<p align="center">Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i></p>	<p align="center">Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i></p>	<p align="center">Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i></p>
	<p>for the eventual absorption of deployed HRH by LGUs built into the program may be considered in the phasing of activities for HRH.</p>	<p>other laws such as the Magna Carta of Public Health Workers.</p> <p>Furthermore, the partial devolution of the same cadres and conduct of monitoring activities shall be continuously implemented in CY 2024.</p> <p>Also, the waiver of PS limitation in FY 2022 has been discussed with the DOH during the 6 January 2022 meeting.</p>
<p><i>3. On the Epidemiology and Surveillance</i></p>		
<p>The distribution of functions is consistent with the role of the NG to develop strategy and strengthen the capacity of the LGUs to fully assume the devolved functions, and the LGU to implement said functions, as envisioned in the draft DTP.</p> <p>Also, we find proper the retention with the DOH of PAPs on 1) Environmental and Occupational Health; and; 2) Elimination of Diseases such as Malaria and Schistosomiasis consistently implemented pursuant to the UHC Act.</p> <p>However, the hiring of DSOs for all levels of LGUs shall be fully devolved starting FY 2022. The DOH will retain its ESU under the DOH Central Office, CHDs, and Provincial DOH Offices.</p>	<p>Clarification/better communication should be done on “full devolution of Epidemiology and Surveillance” as only referring to the phasing out of hiring of DSOs at the local level, to avoid misinterpretation as removal of national support at the height of pandemic.</p> <p>Accordingly, it should be emphasized that the functions on ESU are partially devolved, with the full devolution on the hiring of DSOs.</p>	<p>Previous observations and recommendations have been addressed as the Joint DOH-NNC DTP noted that due to the approval of funding in the 2022 GAA, the DOH shall continue to support the hiring of DSOs to all LGUs until 2023 only. This continued support remains critical given their roles at the height of the COVID-19 pandemic. By 2024, the DOH will no longer fund the hiring of the DSOs at the LGU level. The hiring of the DSOs will only be continued in DOH, CHD-RESUs and Provincial DOH Offices.</p>
<p><i>4. On Public Health Commodities</i></p>		
<p>Commodities with limited or absent local markets and supply chain, without PhilHealth benefit package in the interim, and with economies of scale are retained with DOH. The specific public health commodities to be gradually phased-out from the budget of DOH and to be procured by LGUs are clearly identified in the Annex A of DOH DTP.</p>	<p>No recommendations</p>	<p>N/A</p>

<p style="text-align: center;">Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i></p>	<p style="text-align: center;">Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i></p>	<p style="text-align: center;">Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i></p>
<p>On the other hand, may we note that all PAPs in the indicative list of devolved local PAPs funded in the FY 2021 GAA and FY 2022 NEP are identified in the DTP of DOH.</p> <p>Also, we have no objection to the procurement of various drugs and medicines as well as other health commodities as long as the mandates of the UHC that population-based commodities should be financed by the DOH as per UHC Act.</p> <p>Likewise, may we highlight the findings of the Commission on Audit (COA) in the released 2020 Annual Audit Report in which a total value of ₱95.67 million drugs, medicines, and other types of inventories was found to be nearly expired and/or have expired due to deficient procurement planning, poor distribution, and monitoring systems, and identified weakness in internal control.</p> <p>Accordingly, with the re-devolution of functions, coupled with the appropriate mechanisms such as on logistics management, the distribution of commodities at the grassroots level is expected to become more efficient since it will be done by the LGUs.</p>		
<p>5. On HRH Deployment, ESU and Public Health Commodities</p>		
<p>It is observed that the National Allocation Framework is only used in the HFEP.</p>	<p>It is recommended to consider the application of the National Allocation Framework (with health gap criterion) used in HFEP to HRH deployment, ESU and public health commodities.</p>	<p>Per the DOH's feedback, for other PAPs, it may be difficult to adopt the HFEP criteria given that its basis for gaps identification are more complex.</p> <p>For the Epidemiology Bureau (EB), the Bureau is amenable with said suggestion but to adapt the framework and decide on the most appropriate criteria for prioritization. While the main objective of the EB-CO is to capacitate the RESUs in terms of ESU functionality, support in enabling the lower ESUs will also be provided as needed based on our</p>

Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021 and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
		<p>analysis of the gaps vis-a-vis capacity (RESU Functionality Assessment 2021). For the HHRDB, the Bureau is set to develop tools in assessing gaps and needs of HRH and also develop staffing pattern and structure of province, municipalities and cities.</p> <p>Meanwhile the Disease Prevention and Control Bureau (DPCB) is currently in the process of operationalizing and institutionalizing the use of a National Allocation Framework to aid in the quantification, planning and distribution of public health commodities retained by the DOH.</p>

2.4 Observations and/or Recommendations, and Status of Implementation

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<p><i>On the consistency of the devolution strategies and phasing with the functions/PAPs which were assigned to the LGUs</i></p>	<p>Generally, the identified devolution strategies and phasing are consistent with the functions/PAPs in Annex A.</p> <p>Also, the Annex B of the NNC is comprehensive and includes every detailed activity to be undertaken during the transition years.</p>	<p>In the case of the DOH, it is noted that some capacity development interventions are identified to be conducted this year.</p> <p>Likewise, for NNC, it is noted that the Phase I starts in the Q4 of 2021. Given that we are already in the first semester of FY 2022, both agencies may need to assess the feasibility of the activities which are dependent on the interventions this year.</p>	<p>Previous observations and recommendations have been addressed in view of the following:</p> <ul style="list-style-type: none"> Per the DOH's feedback, the DOH will conduct reassessment of the capacity of LGUs in view of the adjustment of the intervention schedule by the DOH. The NNC clarified in the Joint DOH-NNC DTP the relationship of the strategies and phasing of devolution

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>										
		<p>Said agencies could also assess how the upcoming elections' hiring ban will affect the phasing of activities.</p> <p>In the case of the NNC, the responsible organization/unit as indicated in Column [6] of the same Annex may be indicated per strategy and activity as possible so that there will be a clearer delineation of tasks/responsibilities.</p>	<p>with the proposed full devolution, and activities not affected by the upcoming election, among others.</p>										
<p><i>On the inclusion of a checklist of criteria and conditions necessary to determine the readiness of the LGUs to take on and manage the delivery of devolved services</i></p>	<p>A perusal of the document shows that while the DOH did not present any checklist as stipulated in DILG JMC No. 2021-2 dated August 12, 2021, they have established and adopted a general national allocation framework in their DTP which categorizes the LGUs according to their respective capacity/ies and gaps, as follows:</p> <table border="1" data-bbox="432 1424 778 2011"> <thead> <tr> <th data-bbox="432 1424 600 1541">National Allocation Framework</th> <th data-bbox="600 1424 778 1541">Phasing of Gradual & Partial Devolution</th> </tr> </thead> <tbody> <tr> <td data-bbox="432 1541 600 1657">Category 4 (High Capacity, Low Gap)</td> <td data-bbox="600 1541 778 1657">Devolved beginning 2022</td> </tr> <tr> <td data-bbox="432 1657 600 1774">Category 3 (High Capacity, High Gap)</td> <td data-bbox="600 1657 778 1774">Devolved beginning 2024</td> </tr> <tr> <td data-bbox="432 1774 600 1890">Category 2 (Low Capacity, Low Gap)</td> <td data-bbox="600 1774 778 1890">Devolved beginning 2023</td> </tr> <tr> <td data-bbox="432 1890 600 2011">Category 1 (Low Capacity, High Gap)</td> <td data-bbox="600 1890 778 2011">Retained with DOH</td> </tr> </tbody> </table>	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	<p>The NNC should provide a checklist of criteria and conditions necessary to determine the readiness of the LGUs in performing the functions to be devolved to them starting FY 2022.</p>	<p>Previous observations and recommendations have been addressed as in the Joint DOH-NNC DTP, the NNC was able to provide a checklist of criteria and conditions necessary to determine the readiness of the LGUs to take on and manage the delivery of the devolved services. It noted that the absence of one of the criteria will indicate non-readiness of LGUs.</p>
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												

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
	On the other hand, no checklist was provided by the NNC.		
<p><i>Additional data:</i></p> <p><i>On the list of priority or pilot LGUs which shall be assuming the devolved PAPs that will be scaled down/phased out per devolution phase and rationale for the same</i></p>	<p>On the sequencing of capacity building and turning over of activities to LGUs by the DOH, the same were divided into three phases - in FY 2021 to FY 2022 (Phase 1), FY 2023 (Phase II), and FY 2024 (Phase III), and categorized per devolved service/function as follows:</p> <ul style="list-style-type: none"> ▪ HFEP; ▪ Human Resources for Development; ▪ Epidemiology and Surveillance; and ▪ Disease Prevention and Control <p>In general, each implementation strategy and phasing identify the level of LGU to which the PAPs shall be given. However, it is to be noted that there is no specific list of priority or pilot LGUs for each devolved PAP.</p> <p>In the case of NNC, the DTP instead identified the following based on the Narrative Report and Annex A:</p> <ul style="list-style-type: none"> • <i>Gradual devolution</i> - 5th and 6th municipalities in priority areas • <i>Full devolution</i> - 1st to 4th municipalities and 5th to 6th municipalities not included in the priority areas 	<p>The DOH could include in its DTP the conduct of reassessment of the capacity of the LGUs, especially those which will be supported by the DOH such as the Category 1 LGUs under the HFEP, to determine if they have improved their capacities and could already assume the devolved functions. On the other hand, the phasing of activities could be done per level of LGU considering the different absorptive capacity of each level of LGU.</p>	<p>The observations and recommendations of the DBM per initial in-depth evaluation were addressed.</p> <ul style="list-style-type: none"> • Per the DOH's feedback, the agency shall prepare the list of priority or pilot LGUs for other re-devolved functions, similar to the list of HFEP, throughout the implementation and transition period. • In the case of NNC, a link to the list of LGUs (www.tinyurl.com/TK2022-2023areas) has been provided in the DTP, wherein the phasing of activities will be done by level of LGU with great consideration to the aforementioned readiness checklist.

3.0 SERVICE DELIVERY STANDARDS (SDS)

3.1 Highlights of SDS

DOH

- 3.1.1 The DOH highlighted that the formulation of SDS is one of the Department's inherent functions. Said SDS provides for the expected level of performance that end users expect on the delivery of service to ensure uniformity and consistency of results.

The SDS for the HFEP includes standards and specifications for capital outlay investments such as infrastructure, equipment and medical transport vehicles, as well as the process of compliance with regulatory requirements, among others.

The DOH likewise provided the assumptions in determining the number of health facilities and equipment and bed capacity of hospitals.

The policies for the ongoing requirements for the ongoing pandemic were also included by the DOH.

In addition to the guidelines on the specification of health facilities, the DOH also highlighted the compliance with the standard costing in constructing the same.

- 3.1.2 On HRH deployment, in addition to the policies attached in the DTP, it also highlighted the ideal distribution ratios of health professionals with the population, i.e., 1:5,000 for midwives and 1:10,000 for nurses, but with consideration of the availability of the same in the private sector.

Among the policies included by the DOH are laws and issuances concerning the administration and management of HRH and the standard salaries and benefits of health professionals, especially for nurses and midwives which are re-devolved.

- 3.1.3 On epidemiology and surveillance, the DOH highlighted the requirements for the hiring of a DSO, which includes the salaries, benefits and minimum qualifications for the same.

- 3.1.4 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.

The DOH likewise noted that the medicines to be procured and distributed are only those that are found in the Philippine National Drug Formulary and shall not exceed the mandated ceiling price for government entities based on the Drug Price Reference Index.

- 3.1.5 Aside from the SDS per program, the DOH has likewise included the recommended minimum staffing complement and organizational structure of public health facilities and health offices to serve as reference of the LGUs in implementing the incremental creation of permanent positions as provided in the UHC Act.
- 3.1.6 The recommended organizational structures of LGU health facilities were guided by DOH AO No. 2021-0021 (Guidelines on the Integration of Local Health Systems into Province-wide and City-wide Health Systems). On the other hand, the functions are based on the health facility standards and core functions and services indicated under the agency's Department Circular No. 2020-0176 (Circulation of the Manual of Standards for Primary Care Facilities). Furthermore, the staffing proposal was guided by the DBM and Civil Service Commission Government Rationalization Program Organization and Staffing Standards and Guidelines.

NNC

- 3.1.7 The SDS for the Implementation of *Tutok Kainan* Supplementation Program is directed on the provision of supplemental food for pregnant or lactating women and six (6)-23 months old children, and complementary ECCD in the first 1,000 days services such as nutrition education, micronutrient supplementation, and community/home food production.
- 3.1.8 Highlighted was the creation of a **Nutrition Office** which shall perform both coordination and implementation functions. Said office shall oversee not only the *Tutok Kainan* Supplementation Program but also other nutrition programs that are not implemented by the DOH. Accordingly, the establishment of nutrition offices can be incremental based on the LGU capacity.
- 3.1.9 With regards to the proposed staffing of the NNC for Provincial, Special City, Highly-Urbanized City, Component City and Municipal Nutrition Offices, the NNC identified the following positions to be established therein: 1) Nutrition Officer, 2) Nutrition Program Coordinator, 3) Nutrition-Dietitian, 4) Administrative Assistant, and 5) Administrative Aide. The specific position titles and salary grades for each position may be found in page 76 (Table 17) of the Joint DOH-NNC DTP.

It was noted in the revised DTP that the proposed salary grades can be adjusted based on the standard leveling of positions based on the

level and income class of LGU as indicated in DBM Circular Letter (CL) No. 2007-6.

There are BNS in city and municipality governments who are volunteer workers in the city government to be in-charge in barangay-related concerns such as assisting in formulating the Barangay Nutrition Action Plan and monitoring the progress, among others.

3.2 Observations and/or Recommendations, and Status of Implementation

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<i>On the Registry of Service Standards for the Delivery of Devolved Functions, Services and Facilities</i>			
<i>On the identification/provision of an inventory of service standards covering the minimum cost, scope, specification, and quality of the services to be delivered by the LGU, whether existing or new/to be developed</i>	<p>It is noted in the DOH's Annex C-1 that except for the HRH deployment which uses the NHWSS as reference for its SDS, the other PAPs refers to various issuances, e.g., separate issuance for buildings, equipment.</p> <p>In the case of the NNC, the minimum requirements of SDS were provided.</p> <p>Per the annex template, this annex shall contain the registry/inventory of existing and new (to be developed) standards for the delivery of devolved services to be disseminated to the LGUs.</p> <p>Shared in a Gdrive are the following existing SDS:</p> <ul style="list-style-type: none"> • PD No. 491, • RA 11148 and its IRR, • PPAN 2017-2022, and • NNC Memorandum No. 2020-__, s. 2020¹⁶. <p>Said NNC Memorandum serves as the existing guidelines on the implementation of early childhood care and</p>	<p>In the case of the DOH, draft guidelines consolidating the applicable laws and issuances, and those made especially on health-related activities, could be better absorbed by the agencies, such as a manual on the procurement of commodities, which includes specification standards and terms of references unique to health commodities, selection and hiring, among others.</p> <p>In the case of the NNC, the <i>Tutok Kainan</i> Guidelines could be updated to incorporate the full devolution by 2022 and gradual devolution in 2022-2023.</p>	<p>Per its feedback, the DOH is amenable to have omnibus guidelines per PAP. Further, it was noted that some offices already have ongoing efforts on the same.</p> <p>In the case of NNC, previous observations and recommendations were addressed resulting in the following:</p> <ul style="list-style-type: none"> • Identification of SDS per PAP: social preparation activities, dietary supplementation, nutrition education, and monitoring and evaluation, • Inclusion of other requirements of SDS such as the Nutritexts and Specifications of <i>Idol Ko si Nanay</i> Kits, and • Updating of the guidelines to incorporate the

¹⁶ *Early Childhood Care and Development in the First 1000 Day (ECCF F1K) Program in the Context of COVID 19 Pandemic and Related Emergencies*; The document code number is incomplete, albeit signed.

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
	development in the context of the <i>Tutok Kainan</i> Supplementation Program.		full devolution by 2022 and gradual devolution in 2022-2023 As the <i>Tutok Kainan</i> Guidelines is yet to be added in the subject Gdrive, the NNC shall ensure that said guidelines will be prepared in time for the devolution of the Program to serve as guide to the LGUs in its implementation.
<i>On the inclusion or availability and accessibility of copies existing pertinent issuances, guidelines, and manuals containing the standards/ guidelines on the delivery of devolved services</i>	The NNC has identified and provided the inventory of service standards for the implementation of the <i>Tutok Kainan</i> Supplementation Program for Pregnant/Lactating Women and Children 6 to 23 months old. Moreover, the aforecited copies of existing pertinent laws, issuances, and guidelines were shared in a Google Drive.		N/A
<i>On the of Summary of Recommended Organizational Structure and Staffing Complement for the LGUs</i>			
<i>On the consistency of the positions recommended in the LGUs with the pertinent provisions of RA No. 7160 and other applicable rules and regulations, such as the updated Index of Occupational Services, Position Titles, and Salary Grades in the</i>	The DOH DTP is comprehensive such that it included a rubrics system which can aid in the prioritization of the filling-up of the positions in the LGU health offices according to their strategic relevance to the UHC Act, policy support/legal basis and ease of recruitment. In the case of NNC, may we note that there is no specific position for the provision of nutrition services as prescribed by the LGC. Since the LGC recognized nutrition services as part of social	As noted earlier, the proposed waiving of PS limitation, as proposed in the FY 2022 NEP may be noted by the DOH-NNC as it will provide additional fiscal space for LGUs in funding their PS requirements. In the case of NNC, to better address the undernutrition/ malnutrition in the country, the delivery of nutrition service could be strengthened through the creation of the Nutrition Office.	The proposed waiving of PS limitation in FY 2022 has been discussed with the DOH and NNC on 6 January 2022. Further, in the Joint DOH-NNC DTP, the NNC has considered the standard levelling of positions based on the level and income class of LGU as indicated in the items 9.2.1.5 and 9.2.1.7 of DBM CL No. 2007-6. However, it is recommended by the

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<i>Local Government (CY 2021 Edition) provided under DBM Local Budget Circular No. 137, and the standard leveling of positions prescribed for the LGUs under DBM Circular Letter No. 2007-6 (Manual on Position Classification and Compensation)</i>	welfare services, it might be covered by the functions of the provincial/city/municipal social welfare and development officer prescribed by the LGC. Following the <i>Index of Occupational Services (IOS), Position Titles and Salary Grade in the Local Government</i> under DBM LBC No. 137, the proposed nutritionist-dietician and nutrition officer positions are under the medical and health services, particularly under the dietetics group. The administrative positions are likewise consistent with the IOS.	The standard levelling of positions based on the level and income class of LGU as indicated in the items 9.2.1.5 and 9.2.1.7 of DBM CL No. 2007-6 must be followed.	NNC that the Nutrition Office be headed by at least an assistant department head. The Summary of Proposed Staffing for Provincial, Special City, HUC, Component City, and Municipal Nutrition Offices matrix was also revised in accordance with item 9.2.1.5 of said DBM CL.

4.0 NGA CAPACITY DEVELOPMENT STRATEGY

4.1 Highlights of NGA Capacity Development Strategy

DOH

4.1.1 On the **HFEP**, the DOH noted the need to develop the capacity of the DOH CO on policy research and evaluation, development of SDS, systems thinking, strategic communications and stakeholder management. While training and competency profiling are being undertaken, the DOH noted that there are gaps in policy evaluation and cascading of SDS.

On the other hand, for the CHDs, the identified required capacity is on training management, monitoring and evaluation, risk management and stakeholder management. It has likewise been identified that there are gaps in database management and designing of training.

The DOH noted that the aforesaid requirements and gaps could be addressed through the conduct of training, and coaching and mentoring by Q3 and Q4 of 2021. The DOH Human Resource,

Development Academy of the Philippines and other service providers will be tapped to meet said requirements.

4.1.2 On the capability building on **HRH**, the DOH noted that there is a gap in the technical competency of the DOH in policy development, management of people, organizational awareness and commitment, program/project planning and management and effective interpersonal skills. The agency plans to undertake learning and development interventions, both formal and informal. Accordingly, the agency highlighted its use of an online UHC Implementer's.

4.1.3 On **epidemiology and surveillance**, the DOH highlighted the need of its personnel to be capacitated in training of trainers such as case-based surveillance and completion of Field Epidemiology Training Program, training management, monitoring and evaluation, database management, data analysis and statistical report generation.

Gaps on said program were identified by the DOH from the DOH CO, ROs and Provincial Offices and the corresponding actions are identified.

4.1.4 On **public health commodities**, the required capacity for the DOH to be able to perform its functions in providing evidence-based guidelines and standards, as well as on monitoring and evaluation. Accordingly, to be able to undertake this, the DOH noted the requirement for its personnel to have the needed capacities on quantification/forecasting of commodities, planning, logistics and inventory management, as well as on training management, monitoring and evaluation risk management and stakeholder management.

The identified gaps in logistics management would be addressed by the DOH through the conduct of training, coaching and mentoring.

4.1.5 In general, the capacity development interventions noted by the DOH which could contribute to the overall performance of its functions are trainings on 1) policy evaluation, standards integration, and health systems thinking; 2) strategic communication and stakeholder management; 3) database management and analytics; 4) capacity development and design; 5) planning, monitoring and evaluation; 6) technical assistance provision, negotiation, contract management and program management; 7) Public Financial Management and Public Expenditure Management; 8) impact evaluation of program interventions; and 9) futures thinking and scenario building.

4.1.6 The identified capacity development activities of the DOH are expected to be undertaken between 2021 to 2022. However, there are also activities which are intended to be conducted year-round or on a regular basis.

NNC

4.1.7 To perform their inherent steering functions, the following are the capacity development strategies and interventions of the NNC starting 2022:

Division	Nutrition Policy and Planning Division	Nutritional Surveillance Division	Nutrition Information and Education Division	ROs
Capacities Required	<ul style="list-style-type: none"> • Policy research and evaluation • Development of SDS • Systems Thinking • Strategic communication • Stakeholder management 	<ul style="list-style-type: none"> • Monitoring and evaluation systems and software 	<ul style="list-style-type: none"> • Strategic communication and training management 	<ul style="list-style-type: none"> • Training Management • Monitoring and Evaluation • Risk Management • Stakeholder Management
Capacity Development Actions/ Activities	<ul style="list-style-type: none"> • Trainings, coaching and mentoring • Development of Dietary Supplementation Program (DSP) orientation/ training guide for LGUs, and conduct of ToT among NNC ROs 	<ul style="list-style-type: none"> • Trainings, coaching and mentoring 		<ul style="list-style-type: none"> • Trainings, coaching and mentoring • Participation in the Development of DSP training/ orientation materials for LGUs • Attendance to ToT

Aside from the NNC, the Development Academy of the Philippines, other agencies and service providers will be tapped.

4.2 Observations and/or Recommendations, and Status of Implementation

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<i>On the consistency of the capacity development strategies of the department/agency with the strengthening of its steering functions on policy and standards setting,</i>	In general, the DOH and NNC was able to provide capacity building strategies that would strengthen the relevant units and personnel of the NGA to be able to effectively and efficiently perform	In the case of the DOH, status updates on the trainings, and coaching and mentoring planned in Q3 and Q4 of 2021 could be included. In the case of the NNC, other forms of IEC could	Previous observations and recommendations were addressed resulting in the following: <ul style="list-style-type: none"> • Inclusion of status updates on the trainings, and coaching and

<i>monitoring, evaluation and performance assessment, and capacity building of the LGUs</i>	<p>their steering, as well as monitoring and evaluation functions.</p> <p>In the case of the NNC, it is highlighted that the information, education and communications (IEC) to be strengthened is text blasting.</p>	<p>be considered to ensure awareness of the citizens, especially to reach those in the rural areas.</p>	<p>mentoring planned in Q3 and Q4 of 2021, and</p> <ul style="list-style-type: none"> • Determination of other strategies to strengthen IEC, e.g., not only text blasting in the case of NNC but also the transformation of the same into social media cards.
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5.0 LGU CAPACITY DEVELOPMENT STRATEGY

5.1 Highlights of LGU Capacity Development Strategy

DOH

5.1.1 During the transition period, to enable the LGUs to fully absorb and manage the devolved functions by 2024 are being targeted by the DOH, as summarized hereunder:

Table 7. Capacity Building Initiatives for LGUs in the Context of Full Devolution of Health Services

Target Participants	Programs/Courses	Timeline
UHC Implementers at the LGU level: Provincial Health Officers, City Health Officer and Municipal Health Officers	<ul style="list-style-type: none"> ▪ Online UHC Implementers' Course 	<ul style="list-style-type: none"> ▪ Concluded on January 5, 2022
Local chief executives (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 Local Government Academy (LGA)
Health Service Delivery: Primary Care Team (Doctors, Nurses, Midwives)	<ul style="list-style-type: none"> ▪ Online Primary Care Workers' Orientation 	<ul style="list-style-type: none"> ▪ Uploaded in the DOH Academy platform (www.learn.doh.gov.ph)
	<ul style="list-style-type: none"> ▪ Integrated Primary Care Courses (Blended Learning) 	<ul style="list-style-type: none"> ▪ For pilot testing in Q1 2022
	<ul style="list-style-type: none"> ▪ Primary Care Clinical Practice Guidelines (Standards of Care) ▪ Practice-based Family and Community Medicine Residency Training Program 	<ul style="list-style-type: none"> ▪ Q4 2022

Health System Managers: PHO/CHO/MHO staff	▪ Masters in Public Management – Health Systems Development	▪ Batch 4 is ongoing; Batch 5 will commence in March 2022
	▪ Leadership Development for Public Health Nurses	▪ Batch 5 in 2022
Hospital Managers (including Post-Residency Deployment Program physicians)	▪ Masters in Public Management – Health System Development (for Hospital Administrators)	▪ Will commence in 2022
LCEs and PHO/CHO/MHO	▪ Masters in Public Management – Health Governance Track	▪ Batch 2021 C is ongoing

5.1.2 The DOH will conduct orientation with LGUs on the guidelines for the implementation of projects funded under the HFEP. The targeting of LGUs will be based on the schedule of re-devolution such that for Category 4 LGUs which are expected to assume the re-devolved functions in 2022, the orientation is being conducted in the last two (2) quarter of FY 2021.

5.1.3 On HRH deployment, various orientations will be conducted for the LGUs such as registering their HRH to the National Health Workforce Registry; development of facility-based staffing requirement; competency-based learning and development management system; and localizing HRH Master Plan activities; integrating the same to their respective Local Investment Plan for Health (LIPH); and primary care certification, depending on the level of LGU.

5.1.4 On epidemiology and surveillance, the DOH noted that LGUs will undertake various training on various standards and systems and on training of trainers on case-based surveillance training modules.

5.1.5 The DOH has conducted an assessment on the readiness of LGUs to procurement and supply chain management. Accordingly, for the LGUs to be able to perform their functions on procurement, storage, distribution and monitoring of public health commodities, the DOH shall develop its own training programs on quantification or forecasting of public health commodities.

Procurement and supply chain management shall be implemented to ensure sustainability, such as the establishment of pooled procurement mechanism and framework contracting, issuance of standards for distribution pathways and warehousing of commodities and procurement of electronic Logistics Management Information System.

NNC

5.1.6 The capacity development strategy for LGUs, which is targeted to be conducted from Q1 of FY 2022 until FY 2024, was provided by the NNC in detail, especially the mode of technical assistance to be given to them.

5.2 Observations and/or Recommendations, and Status of Implementation

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<p><i>On the provision of further details on the modes of technical assistance by the NGA for the LGUs, consistent with the identified strategies proposed to be implemented by the NGAs concerned to capacitate and enable the LGUs to absorb and manage the functions and services to be devolved starting FY 2022 as part of their devolution strategy and activities</i></p>	<p>Generally, the DOH and NNC identified and listed all the modes of technical assistance for each devolved function/ service consistent with the strategies proposed to be implemented to capacitate and enable the LGUs to perform the functions and services to be devolved.</p> <p>A perusal of the several forms of technical assistance (i.e., orientations and capacity building of LGUs on guidelines, development and pilot testing of training materials, coordination with NGAs concerned) shows that these are feasible.</p>	<p>The success indicators (SIs) could be harmonized with Annex B for a more holistic and a shorter, more systematic M&E on the progress of capacity development efforts for devolution (e.g., the provision of capacity development interventions to LGUs must be done prior the conduct of activities under Annex B).</p> <p>In the case of NNC, the arrangement in terms of provision of technical assistance could be considered to avoid confusion in the schedule/timeline inasmuch as provinces and cities will be first provided a technical assistance before they cascade the same to the municipalities and barangays.</p>	<p>Previous observations and recommendations have been addressed as both the DOH and NNC, based on their feedback, will review the SIs for harmonization with those in Annex B for a more holistic and a shorter, more systematic M&E on the progress of capacity development efforts for devolution.</p> <p>Per its feedback, it would arrange the provision of technical assistance as recommended.</p> <p>Further, the separate training/capacity enhancement for Pregnant Women and Children 6 to 23 months old could be considered by the NNC in the implementation of its DTP.</p>
<p><i>On the coverage of all devolved functions/PAPs to the LGUs of the capacity development strategy, especially on those that need more assistance/ intervention from the national government</i></p>	<p>The capacity development strategy identified by the DOH and NNC covers all the core processes to be devolved to the LGUs.</p> <p>However, it should be noted that the Pregnant Women and Children 6 to 23 months old have different needs and require a different set of training/ capacity enhancement, especially for their dietary supplementation.</p>	<p>On the other hand, it is recommended for NNC to separate the training/ capacity enhancement for the Pregnant Women and Children 6 to 23 months old.</p>	

5.3 **Other Observations and/or Recommendations, and Status of Implementation**

In terms of capacity development, the NNC mentioned the absence of a survey/study on the different feeding systems/practices of LGUs. This may provide an opportunity for collaboration with the DILG-LGA which maintains/develops competency profiles of LGUs as part of their overall assessment of the capacity development needs of LGUs.

It is recommended, however, that NNC should also conduct the following modes of technical assistance/capacity development strategies to ensure that there is knowledge transfer to the LGUs:

- Database creation, management, and maintenance;
- Coaching and mentoring;
- Adoption of LGU Capacity Development Framework;
- Capacity-Performance Profiling of LGUs; and
- Partnerships with Local Government Capacity Development providers such as the National Government Agencies, DILG, LGA, and other partners.

6.0 PERFORMANCE MONITORING AND ASSESSMENT FRAMEWORK

6.1 **Highlights of Performance Monitoring and Assessment Framework**

DOH

6.1.1 Consistent with one of the inherent functions of the DOH on monitoring and evaluation, to monitor the performance of the LGU, the DOH will utilize the existing **LGU Scorecard for Health**. Also, it developed a monitoring and assessment framework to assess the performance of the LGUs in the delivery of their services.

6.1.2 For the HFEP, the target LGUs will be monitored and evaluated once a month based on two (2) performance indicators: (i) percentage of implemented projects within the fiscal year; and (ii) percentage of completed projects funded within the fiscal year. The results of this monitoring shall serve as basis for the DOH in determining which LGU still needs support.

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 DOH is targeting to develop a comprehensive assessment tool in data collection, institutionalization of a Monitoring and Performance Framework and designation of personnel/unit to conduct regular monitoring.

6.1.3 On 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.

6.1.4 The monitoring and assessment framework for public health commodities contain the detailed information on the assessed services that will serve as the baseline data for the LGUs in determining which services need improvements.

NNC

6.1.5 The following are the existing performance evaluation system/mechanism identified by the NNC as reflected in the Annex F: i) *Tutok Kainan* Reporting System (TKRS), and ii) Survey of LGUs with existing dietary supplementation program in the First 1,000 days.

6.2 Observations and/or Recommendations, and Status of Implementation

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
<i>On the plan and systems indicated to be set up or improved in the department/agency for monitoring and assessing the performance of the LGUs in undertaking the devolved programs and functions</i>	The DOH indicated various plans and systems (i.e., enhance existing and institutionalization of monitoring and evaluation guidelines and systems, the establishment of baseline data, development of assessment tools, filling and complementing organizational vacancies and requirements, and close coordination with bureaus and agencies concerned) to set up or improve for the monitoring and assessment of the performance of the LGUs in undertaking the devolved programs, functions, and services.	The establishment of an LGU incentive scheme for a monitoring and evaluation system could be elucidated. In addition to mentioning the assessment and performance tools which are cited by the DOH as basis in the prioritization or for the establishment of baseline data, the extent of compliance of the LGUs with said tools could be discussed to determine the limitations and exemptions, as necessary, from its results. In the case of NNC, it could further discuss the systems to be used for monitoring and evaluation to provide	Previous observations and recommendations have been addressed as the DOH already noted that the LGU Scorecard is for updating by 4th quarter of 2022, and has plans for the formulation of a harmonized recognition system for LGUs through the operationalization of the DOH-DILG Administrative Order on Healthy Communities. In the case of the NNC, In the revised Annex, the NNC provided information on the following performance

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
	<p>It is to be noted that seeking regular information from the LGUs is not explicitly stated as one of the plans/strategies of the DOH. Nevertheless, among the plans of the DOH is to establish a baseline data assessment, complete the staffing requirement of the units which will directly coordinate and regularly monitor the LGUs, and integrate incentives-based monitoring and evaluation systems such as the SGLG of the DILG.</p> <p>In the case of NNC, it has identified specific and measurable performance indicators to determine the progress of the LGUs in terms of achieving the functions identified. However, may we note that there were no feedback mechanisms, such as consultation with LGUs, stated in Annex F.</p>	<p>information on the objectives being targeted in each PAP.</p>	<p>evaluation system/mechanism:</p> <ul style="list-style-type: none"> • TKRS, which would be done through SMS, aims to send real-time reports on receipt and consumption of commodities. • Survey of LGUs with existing DSP in the first 1,000 days, which would be conducted through a <i>Google Survey</i> to be disseminated to LGUs through the ROs, would collect data on which LGUs are implementing DSP in the first 1,000 days and how they conduct it. <p>Furthermore, included as a performance evaluation system/mechanism to be developed is the RFPF Online system with access to local data.</p> <p>Moreover, with regards the observation of the DBM that there were no feedback mechanisms, as cleared by the agency on 16 March 2022¹⁷, there will be efforts/avenues to consult the LGUs such as conduct of surveys, and through learning exchange meeting and capacity building of LGUs, which are all stated in its Annex B.</p>

¹⁷ Per coordination by Ms. Karen Sunshine D. Quesa of the SPIB-MSID with Ms. May Ann Liwanag of DOH

Guide Question	Observations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Recommendations <i>(based on the DOH DTP as submitted on 29 October 2021, and NNC DTP submitted on 20 December 2021)</i>	Status of Implementation <i>(based on the Joint DOH-NNC DTP as submitted on 28 January 2022)</i>
			The NNC further noted that the funding for the <i>Tutok Kainan</i> Supplementation Program is complementing such that there is a need for a counterpart funding from both the agency and LGU, hence, dialogues could be made between the NG and LGU during said phase.
<i>Additional data:</i> <i>On the inclusion of imposition of sanctions provided by pertinent laws in the department's/a gency's monitoring system</i>	Annex F of DBM-DILG JMC No. 2021-2 provides that the NGA Monitoring and Performance Evaluation Strategy or column 8 of said Annex may include the imposition of sanctions in the monitoring system. However, the DOH opted not to include sanction under the narrative and column 8 of the Annex. In the case of the NNC, it has identified that monitoring and evaluation system /performance indicators will be established in existing incentive schemes (e.g., SGLG).	In the case of the DOH, inasmuch as this is optional, there are no recommendations. On the other hand, the NNC should ensure that the non-duplication of incentives. It could also explore the possibility of including it as one of the indicators in the LGU Scorecard as planned by the DOH which is for updating by 4th quarter of 2022.	In the case of the NNC, in the Joint DOH-NNC DTP Annex, under the <i>Tutok Kainan</i> Supplementation Program, the <i>Tutok Kainan</i> Special Award would be awarded for best performing LGUs. Likewise, the imposition of sanctions for non-compliant LGUs through cutting of assistance and the evaluation of the LGUs to determine reason/s for non-compliance were included.

7.0 ON ORGANIZATIONAL EFFECTIVENESS PROPOSALS

7.1 Highlights of Organizational Effectiveness Proposals

DOH

7.1.1 As earlier noted, the DOH represented that it has been in a devolved set-up since 1991. As such, existing permanent positions in the department will not be affected in the re-devolution efforts. Hence, the DOH noted that Annexes G-1 to G-3 are not applicable to them.

7.1.2 Modifications in the resource allocation of affected PAPs for CY 2022 are reflected in Annex G-4. The budget of the DOH has not been affected by the devolution, i.e., no significant decrease. This is the case since while some PAPs has been re-devolved, the DOH has beefed up the resources for other PAPs retained in the DOH. 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, such as activities related to COVID-19 initiatives, health system resilience, and provision of assistance to the LGUs on devolution, among other PAPs.

NNC

7.1.3 There is no proposal on organizational effectiveness since the existing permanent positions in NNC will still execute the retained functions and services.

7.2 Observations and/or Recommendations, and Status of Implementation

The detailed observations and recommendations on the submitted Annexes on Organizational Effectiveness Proposals are herein attached as **Annex A**.

8.0 SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS FOR IMPLEMENTATION

- 8.1 As the *Tutok Kainan* Guidelines is yet to be added in the Gdrive, the NNC shall ensure that said guidelines will be prepared in time for the devolution of the Program to serve as guide to the LGUs in its implementation.
- 8.2 The separate training/capacity enhancement for Pregnant Women and Children 6 to 23 months old could be considered by the NNC in the implementation of its DTP.¹⁸
- 8.3 In terms of capacity development, the NNC mentioned the absence of a survey/study on the different feeding systems/practices of LGUs. This may provide an opportunity for collaboration with the Local Government Academy which maintains/ develops competency profiles of LGUs as part of their overall assessment of the capacity development needs of LGUs. It is recommended, however, that NNC should also conduct the following modes of technical assistance/capacity development strategies to ensure that there is knowledge transfer to the LGUs:
- Database creation, management, and maintenance;
 - Coaching and mentoring;
 - Adoption of LGU Capacity Development Framework;

¹⁸ On item 5.2

- Capacity-Performance Profiling of LGUs; and
- Partnerships with Local Government Capacity Development providers such as the National Government Agencies, DILG, Local Government Academy (LGA), and other partners.¹⁹

8.4 The NNC should ensure that the incentives to be given have no duplication with other incentives. It could also explore the possibility of including it as one of the indicators in the LGU Scorecard as planned by the DOH which is for updating by 4th quarter of 2022.²⁰

9.0 CONCLUSION

The foregoing observations and recommendations by the DBM have been taken into consideration by the DOH and NNC in the further enhancement of its DTP.

Thus, the Joint DOH-NNC DTP is found generally in order and considered **approved**.

-End-

[DOH DTP Approved by DBM on March 24, 2022](#)

¹⁹ On item 5.3

²⁰ On item 6.2

Department of Health (DOH)

**Findings and Recommendations on the Organizational Effectiveness Proposal (OEP)
(Annexes G-1 to G-4)**

General Observations on the OEP of the DOH

- The DOH averred that it has been in a devolved set-up since CY 1991. Thus, its existing organizational structure and staffing complement will not be affected by the re-devolution efforts of the Department. Accordingly, the DOH did not include specific organizational and staffing plans in its OEP.

Corollary, there will no significant decrease in the DOH budget since the allotment for the different Programs/Activities/Projects (PAPs) that will be re-devolved shall be transferred to the other PAPs that will be retained by the Department, i.e., COVID-19 initiatives, health system resilience and provision of assistance to local government units (LGUs).

- The DOH likewise provided a comprehensive discussion of the functions, services and facilities of its four (4) major programs to be partially or full devolved within the period FY 2022 to FY 2024.

Said functional shifts, although done in phases, would have an impact on the organization and staffing pattern of the Department, as summarized below:

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
Health Facilities Enhancement Program (HFEP) - Refers to the allocation of funds for the construction of health infrastructure and	HFEP Management Office (MO)	➤ Provision of funds for infrastructure, medical equipment, and motor vehicle funding for Barangay Health Stations, Rural Health Units, LGU Hospitals, and	➤ Provision of funds for infrastructure, medical equipment, and motor vehicle funding for Category 2 (CY 2023), Category 3 (CY 2024), Category 4 (CY 2022).	➤ Per coordination with the DOH, the HFEP MO is internally created by the Department to manage the implementation of the HFEP, i.e., development of policies and guidelines in the allocation, availment, and implementation of

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
procurement of medical equipment and transport vehicles.		completion of projects for polyclinics in Category 1		<p>investment to fulfill the Philippine Health Facility Development Plan.</p> <p>Currently, the HPEF MO is manned by 19 personnel who are on detail from the Infrastructure and Equipment Standards Development Division of the Health Facilities Development Bureau (HFDB).</p> <ul style="list-style-type: none"> ➤ It is suggested that the DOH review its existing organizational structure and/or staffing pattern in relation to the implementation of HFEP and similar programs, with due regard to the functions to be retained by DOH, as well as the functions devolved to LGUs. ➤ It bears stressing that the creation of ad hoc HFEP MO, which are currently staffed entirely by personnel on detail from the HFDB, will have a ripple effect on delivery of services of the latter.

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
<p>Human Resources for Health Deployment (HRHD)</p> <p>- Provide assistance by deploying and augmenting health workforce needs of the local health system and ensure the availability of health practitioners under the National Health Workforce Support System (NHWSS).</p>	<p>Health Human Resource Development Bureau (HHRDB)</p>	<ul style="list-style-type: none"> ➤ Hiring of dentists, medical technologists, pharmacists, nutritionist dietitians ➤ Ensure the formulation and implementation of a National Health Human Resource Master Plan (NHRMP) that will provide policies and strategies for the appropriate generation, recruitment, retraining, regulation, retention and assessment of health workforce based on population health needs. 	<ul style="list-style-type: none"> ➤ Hiring of Nurses and Midwives starting FY 2023 except geographically isolated and disadvantaged areas, target areas for peace-building efforts, priority areas for poverty reduction, and those with critical health workers gap ➤ Partially devolving scholarship programs and allied and health-related degree and training programs 	<ul style="list-style-type: none"> ➤ May we note that the HHRDB is responsible for the organization of all human resource-related functions of health-related personnel such as policy formulation, standards setting, monitoring and evaluation, development of Career Development and Management System, and competency-based learning and training programs. <p>Currently, the said Bureau is composed of four (4) divisions and 48 authorized regular positions, of which, 41 items or 85.42% are filled.</p> <ul style="list-style-type: none"> ➤ We find the current organizational and staffing arrangement of the HRHD sufficient to manage both the NHRMP and the NHWSS.
<p>Epidemiology and Surveillance (ES)</p> <p>- Disease surveillance and ensuring timely availability of reliable date which could serve</p>	<p>Epidemiology Bureau (EB)</p>	<ul style="list-style-type: none"> ➤ Develop strategy and strengthen the capacity of the LGUs to fully assume the devolved functions 	<ul style="list-style-type: none"> ➤ Hiring of Disease Surveillance Officers starting FY 2022 	<ul style="list-style-type: none"> ➤ It is noted that the EB is responsible for the development, operation, and evaluation of disease surveillance and other vital health information systems and investigation of outbreaks and

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
as basis for the government in determining measures and responses		<ul style="list-style-type: none"> ➤ Retention of functions on (i) environmental and Occupational Health, (ii) elimination of diseases such as Malaria and Schistosomiasis that commodities are population-based services 	<ul style="list-style-type: none"> ➤ Undertake the functions of an Epidemiology Surveillance Units 	<p>other threats to public health of national and global interest.</p> <p>Further, the Bureau also develops and maintains field epidemiology training programs for public health workers.</p> <p>At present, it has three (3) divisions and 30 authorized regular positions, of which, 29 items or 96.67% are filled.</p> <ul style="list-style-type: none"> ➤ We find the current organization and staff arrangements of the EB in order to effectively and efficiently lead the epidemiology surveillance in the country. ➤ Per verification with the DOH, the surveillance and epidemiology functions in the regions are lodged under the Regional Epidemiology Surveillance Units (RESU). However, these RESUs are ad-hoc units, internally created by DOH in the different Centers for Health Development (CHDs).

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
				<p>May we further note that each CHD is comprised of the following units:</p> <ul style="list-style-type: none"> • Provincial Health Teams which serves as a direct link to the LGUs and assume the role of technical advisers and liaison officers; and • Training Section under its Management Support Division and Local Health Support Division that is responsible for the provision of technical assistance to LGUs in facilitating their local health programs and projects. <p>➤ Thus, it is recommended that the DOH revisit the existing organizational structure and staffing pattern of the CHDs to strengthen the provision of technical assistance to the different LGUs, subject, however, to the "<i>scrap and build</i>" policy.</p>

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
<p>Public Health Commodities (PHC) - Procurement, supply, logistic management of health commodities</p>	<p>Procurement Service (PS)</p>	<ul style="list-style-type: none"> ➤ Procurement of public health commodities of (i) internationally-procured or with limited local market, (ii) commodities with economies of scale, (iii) individual-based services but without PhilHealth package in the interim, and (iv) population-based services that need to be consistently implemented ➤ Supply and logistics management of some commodities ➤ Procurement of commodities by the Health Emergency and Management Bureau as augmentation during disasters and outbreaks ➤ Provision of a list of specific medicines 	<ul style="list-style-type: none"> ➤ Procurement of services or commodities that are readily available in the local market ➤ Services with existing or to be developed PhilHealth benefit packages ➤ Population-based services that the LGUs have the capacity to implement ➤ Warehousing, storage, and distribution to its component LGUs and target population 	<ul style="list-style-type: none"> ➤ To highlight, the PS is in charge of: (i) procurement planning, (ii) purchasing, (iii) contract management, and (iv) procurement monitoring. <p>Currently, the PS is composed of two (2) divisions, with 49 authorized regular positions, of which, 42 items or 85.71% are filled.</p> <ul style="list-style-type: none"> ➤ Thus, the retention of the PS of the DOH is in order to continue the procurement of medicines and health commodities that will still be procured by the Department after the re-devolution of basic services and facilities to LGUs under EO No. 138. <p>The current staffing complement is likewise adequate to undertake the retained functions, as well as to efficiently and effectively manage the procurement activities of the Department.</p>

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
	Supply Chain Management Service (SCMS)			<p>➤ The SCMS is responsible for the effective and efficient provision of quality, safe, and adequate medicines that will be distributed and made available in all health facilities under the Department, especially in the rural health stations/units in far-flung and disadvantaged areas.</p> <p>At present, it has two (2) divisions and six (6) warehouses across the country to control the efficient flow of commodities, and ensure the timely delivery and distribution of procured and donated medicines and health commodities to the different health facilities under the Department.</p> <p>Moreover, the Service currently has 44 authorized regular positions, of which, 20 items or 45.45% are filled.</p> <p>➤ The Service is necessary to ensure that the medicines and health commodities are properly</p>

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
	<p>Pharmaceutical Division (PD), Health Policy Development and Planning Bureau (HPDPB)</p>			<p>distributed and readily available at all DOH health facilities, and there are no unused or expired medicines in storage.</p> <p>Relatedly, may we encourage DOH to expedite its recruitment process to fill the remaining vacancies to ensure the unhampered delivery of service.</p> <p>➤ The PD of the HPDPB is responsible for formulating, implementing, and updating the National Strategy/ Comprehensive Plan for efficient sourcing of essential medicines in the public sector and the rational use of medicines.</p> <p>The PD also determines priority disease areas where market failures exist in terms of availability and affordability of essential medicines, and pursue the necessary government interventions, such as price negotiation, price regulation, bulk procurement, and compulsory</p>

PAPs	Unit Responsible	Functions to be Retained in the DOH	Functions to be Devolved to the LGUs	Remarks/Recommendations
				<p>licensing for single-source or innovator.</p> <p>At present, the Division is composed of 15 regular positions, of which, 13 items or 86.67% are filled.</p> <p>➤ We find the current arrangement in the PD in order for the Division to continuously provide the overall framework and policies for sourcing of medicines, as well as monitoring of drug prices pursuant to Cheaper Medicine Act.</p>

On the Summary of Offices/Units to be Abolished, Merged/Consolidated, Transferred, and/or Created (Annex G-1)

- The DOH **did not indicate** any office/unit to be abolished, merged, transferred and/or created on the premise that the existing units will continue to perform the functions and services retained in the Department.
- However, we suggest that the DOH revisit its existing organizational and staffing arrangements given the above observations/findings.

On the Summary of Positions to be Transferred, Reclassified, Converted, Retitled, Abolished, and/or Created (Annex G-2)

- The DOH **did not indicate** any positions in its Department that will be transferred, reclassified, converted, retitled, abolished and/or created on the premise that the existing staff complement will continue to perform the functions and services retained in the Department.

- However, it is recommended that the Department review the staffing pattern of the bureaus/services/offices/CHDs mentioned above to ensure that these units can effectively perform its steering functions in view of the functions to be devolved, partly or wholly, to the LGUs beginning FY 2022.

On the 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 (Annex G-3)

- The DOH **did not list/indicate** any affected personnel for deployment to other units, or who will opt for retirement and separation from the service and/or apply to vacant positions in the LGUs consistent with the Department's position that no existing regular position will be affected by the re-devolution of basic services and facilities to LGUs.

It is worth mentioning that Section 12 of Executive Order (EO) No. 138 and Section 21, Rule VII of Implementing Rules and Regulations (IRR) provide that personnel hired on a permanent basis, who may be affected by the full devolution of functions and services to the LGUs, shall have the option to (i) apply for transfer to other units/offices within the department/agency/GOCCs concerned without reduction in pay; or (ii) avail the retirement benefits and separation incentives as provided under Section 13 of said EO and apply to vacant positions in LGUs.

As emphasized in the EO and its IRR, the option to avail of the retirement benefits under existing laws and additional separation incentives shall be given to the "affected personnel with permanent appointments who would opt to retire or separate from the service". Thus, they **must be identified or listed** in this Annex to be considered as such and **could only avail** the retirement/separation benefits specified under Section 13 of EO No. 138.

On the Summary of Modifications in Resource Allocation (Annex G-4)

- Under the submitted Annex G-4, the DOH indicated that its attached agencies, i.e., Philippine National AIDS Council and National Nutrition Council (NNC), and corporations, i.e., Philippine Institute for Traditional and Alternative Health Care, Philippine Health Insurance Corporation, National Kidney and Transplant Institute, Lung Center of the Philippines, Philippine Children's Medical Center, and the Philippine Heart Center, **will not be affected** by the re-devolution of functions from the national government agencies to the LGUs.

However, since the DOH indicated (through its transmittal letter dated October 27, 2021) that the feeding programs under the NNC be devolved to the LGUs in view of their inherent mandates, the DOH should reflect in Annex G-4 the details of such undertaking.

DOH DTP Approved by DBM on March 24, 2022

Annex A

**Department of Health
National Nutrition Council (NNC)**

**Findings and Recommendations on the Organizational Effectiveness Proposal (OEP)
(Annexes G-1 to G-4)**

General Observations

- The NNC averred that the agency has been operating in a devolved set-up since 1991. Thus, its existing organizational structure and staffing complement will **not** be affected by the re-devolution efforts of the agency.

Further, the NNC represented that there will be **no** significant decrease in its budget since the agency will continually provide funding support to priority areas in the 5th to 6th class local government units (LGUs).

- The NNC likewise provided a comprehensive discussion of the functions, services, and facilities of its **two (2) programs that will be fully devolved** within the period FYs 2022 to 2024.

Our comments/recommendations on the possible impact on the organization and staffing pattern of the NNC are summarized below:

Program/Activities/Projects	Functions to be Devolved to the LGUs	Unit Responsible	Functions to be Retained in the NNC	Comments/Recommendations
Tutok Kainan Supplementation Program for Pregnant Women (TKSPPW) - Provision of funding support for the procurement of food commodities, administrative costs and nutrients for Pregnant Women	FY 2022-2023 - Gradual and Partial Devolution for "Priority" 5 th to 6 th Class Municipalities FY 2022 - Full Devolution for 1 st to 4 th Class Municipalities and other LGUs FY 2024 - Full Devolution for the remaining identified Municipalities	Nutrition Policy and Planning Division (NPPD) Nutrition Surveillance Division (NSD)	➤ Formulation and development of national policies, standards, plans, and programs ➤ Conduct of food and nutrition surveillance ➤ Monitoring and evaluation of national-level nutrition programs and projects	Per coordination with the NNC, three (3) Divisions of the agency are involved in the joint implementation of nutrition-related programs to be devolved to the LGUs, as follows: ➤ NPPD – responsible for the formulation of comprehensive short and long range plans on national food and nutrition;

Program/Activities/Projects	Functions to be Devolved to the LGUs	Unit Responsible	Functions to be Retained in the NNC	Comments/Recommendations																		
<p>Complementary Feeding Program of the Tutok Kainan Supplementation Program for Children 6 to 23 Months Old (TKSPC)</p> <ul style="list-style-type: none"> - Provision of funding support for the procurement of food commodities, administrative costs and nutrients for children of 6 months to 23 months old. 	<ul style="list-style-type: none"> - Provision of funding support - Program implementation, including logistics, other commodities, cooking, distribution, monitoring reports - Social preparations¹ - Conduct of Nutrition Education - Monitoring and evaluation of grassroots programs and projects 	<p>Nutrition Information and Education Division (NIED)</p>	<ul style="list-style-type: none"> ➤ Provision of capacity building and technical assistance to LGUs 	<ul style="list-style-type: none"> ➤ NSD – in-charge of the monitoring of nutrition situation and the implementation of the nutrition programs in the country; and ➤ NIED – oversee the dissemination of information on nutrition policies and programs to implementors and the general public. <p>Currently, said Divisions are provided with the following number of authorized positions:</p> <table border="1" data-bbox="1535 635 1978 794"> <thead> <tr> <th rowspan="2">Unit</th> <th colspan="2">No. of Positions</th> <th rowspan="2">%</th> </tr> <tr> <th>Authorized</th> <th>Filled</th> </tr> </thead> <tbody> <tr> <td>NPPD</td> <td>11</td> <td>8</td> <td>72.7</td> </tr> <tr> <td>NSD</td> <td>14</td> <td>10</td> <td>71.4</td> </tr> <tr> <td>NIED</td> <td>11</td> <td>7</td> <td>63.6</td> </tr> </tbody> </table> <p>After considering the scope the retained functions of each Division, we find that the current organizational and staffing arrangements of the same are sufficient in order for them to continue their respective functions relating to policy and plan formulation, monitoring and evaluation of programs, and the provision of technical assistance and capacity building to LGUs.</p> <p>Further, the NNC highlighted that the job order (JO) workers who were engaged by the Council are the ones aiding the implementation of the existing nutrition programs of the agency.</p>	Unit	No. of Positions		%	Authorized	Filled	NPPD	11	8	72.7	NSD	14	10	71.4	NIED	11	7	63.6
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¹ Securing the master list of beneficiaries, signing of Memorandum of Understanding with other LGUs, signing of MOU and marketing agreement with regional and other offices/units of DAR for the “wet feeding”

Program/Activities/Projects	Functions to be Devolved to the LGUs	Unit Responsible	Functions to be Retained in the NNC	Comments/Recommendations
				With the imminent full devolution of the functions and services to the LGUs, we concur with the NNC that the engagement of JO workers would only be until FY 2023.

On the Summary of Offices/Units to be Abolished, Merged/Consolidated, Transferred, and/or Created (Annex G-1)

- The NNC did **not** indicate any office/unit to be abolished, merged, transferred and/or created on the premise that the agency's existing organizational units will continue to perform the functions and services retained in the Council.
- Considering that the existing organizational units will perform the retained functions, we concur with the NNC that there is **no** further need for organizational modifications in the agency.

On the Summary of Positions to be Transferred, Reclassified, Converted, Retitled, Abolished, and/or Created (Annex G-2)

- The NNC did **not** identify any position(s) to be transferred, reclassified, converted, retitled, abolished and/or created on the premise that the existing staffing complement will continue to perform the functions and services retained in the agency.
- Per coordination with the NNC, most of the activities are performed by **JO workers**, under the supervision of the Divisions concerned. Thus, we concur with the position of the NNC that **no** additional staffing modifications are necessary.
- May we further highlight that the NNC still has a number of vacancies, i.e., three (3) vacancies in the NPPD and four (4) vacant positions each in the NSD and NIED.

Pursuant to **Item 11.3 of Commission on Audit-Department of Budget and Management Joint Circular No. 2², series of 2020**, *"existing qualified contract of service (COS)/JO workers shall be considered for appointment by the government agencies to their vacant positions subject to existing civil service laws, rules, and regulations, as well as the CSC-approved Merit Selection Plan of the agency.*

² Updated Rules and Regulations Governing Contract of Service (COS) and Job Order (JO) Workers in the Government

In view of this, the NNC may consider the qualified JO workers of the agency to occupy its vacant technical positions in order to augment its existing staff in the performance of their functions and the implementation of vital programs and projects.

On the 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 (Annex G-3)

- The NNC did **not** list/indicate any affected personnel for deployment to other units, or who will opt for retirement and separation from the service and/or to vacant positions in the LGUs consistent with the Council's position that **no** existing regular position will be affected by the re-devolution of basic services and facilities to LGUs.

It is worth mentioning that **Section 12 of Executive Order (EO) No. 138³ and Section 21, Rule VII of Implementing Rules and Regulations⁴ (IRR)** provide that personnel hired on a permanent basis, who may be affected by the full devolution of functions and services to the LGUs, shall have the option to (i) apply for transfer to other units/offices within the department/agency/GOCCs concerned without reduction in pay; or (ii) avail the retirement benefits and separation incentives as provided under Section 13 of said EO and apply to vacant positions in LGUs.

As emphasized in the EO and its IRR, the option to avail of the retirement benefits under existing laws and additional separation incentives shall be **extended only** to the affected personnel with permanent appointments who would opt to retire or separate from the service. Thus, **only the personnel listed under Annex G-3 could avail of the retirement/separation benefits specified under Section 13 of EO No. 138.**

On the Summary of Modifications in Resource Allocation (Annex G-4)

- The NNC emphasized that re-devolution efforts of the National Government do **not** necessarily mean downloading of funds from national government agencies to LGUs but a re-devolution of functions based on the Local Government Code. Thus, the Council posits that there is **no** significant decrease in the total budget of NNC from FYs 2022 to 2023 since the NNC will still provide funding support to priority areas in 5th to 6th class LGUs for equity purposes.

DOH DTP Approved by DBM on March 24, 2022

³ Full Devolution of Certain Functions of the Executive Branch to Local Governments, Creation of a Committee on Devolution, and For Other Purposes (June 1, 2021)

⁴ Dated July 2, 2021