



# *The DOH Devolution Transition Plan CY 2022-2024*



**ERIC PAUL M. YUMUL, RN, MPA**

Development Management Officer IV / DTP FOCAL PERSON  
DOH CENTRAL LUZON CENTER FOR HEALTH DEVELOPMENT



# Presentation Outline

1. Overview of the Initial DOH Devolution Transition Plan
2. Principles in Retention of DOH Functions
3. Expenditure Assignment on Health
4. Definition of Terms
5. Summary of Retained & Re-devolved Functions
6. Detailed Health Functions to be Re-Devolved
7. Unbundling of Functions to Each Level of Government
8. Capacity Building Initiatives for LGUs in the context of Full Devolution of Health Services
9. Recommended Structure and Staffing Complement for PHO, CHO & MHO
10. Update on the Cascade of DOH DTP 2022-2024





# Overview of the Initial DOH Devolution Transition Plan CY 2022-2024



Health System has a Devolved Set-up



Considerations:

- Income Class
- Poverty Incidence
- Local Capacity
- Availability of Services & Commodities in the Local Market
- UHC Act & Pertinent Laws



Re-devolution of functions, not necessarily downloading of funds



Not Affected by Re-devolution:

- DOH Hospitals & Other National Health Facilities
- Attached Agencies & Corporations





# Principles for Retention of Functions with DOH

*Mandate based on EO 102 s. 1999 & UHC Act*

Leader in Health

Enabler and Capacity  
Builder

Administrator of National  
Health Facilities, Attached  
Agencies & Corporations

Financier of  
Population-based  
Health Services





# Expenditure Assignment on Health

*Based on the Local Government Code*



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





# Definition of Terms

## Retained with DOH

Implementation of functions retained with DOH

## Partially Devolved

Shared responsibility between NG and LGUs (e.g. NG to retain buffer / augmentation for GIDA, etc.)

## Gradually Devolved

Re-devolution of functions in phases (CY 2022-2024)

## Fully Devolved

Entire function / responsibility re-devolved to LGUs



# Summary of DOH P/A/Ps for Re-Devolution CY 2022-2024

DOH Budget Line Items (P/A/Ps)	DOH Recommendation	LGU Role
<b>1. Health Facilities Enhancement Program (HFEP)</b>	Gradually and Partially Devolved	Procurement of Capital Outlay
<b>2. Epidemiology and Surveillance - Disease Surveillance Officers (DSOs)*</b>	Partially Devolved by CY 2023	Hiring of DSOs
<b>3. Human Resources for Health (HRH) Deployment</b>	Gradually and Partially Devolved by CY 2023	Hiring of nurses and midwives
<b>4. Public Health Commodities:</b>		
<input type="checkbox"/> Family Health, Immunization, Nutrition and Responsible Parenting	Gradually and Partially Devolved	Procurement, warehousing, storage, and distribution of Commodities to target recipients
<input type="checkbox"/> Prevention & Control of Communicable Diseases	Partially Devolved	
<input type="checkbox"/> Prevention & Control of Non-Communicable Diseases	Gradually and Partially Devolved	

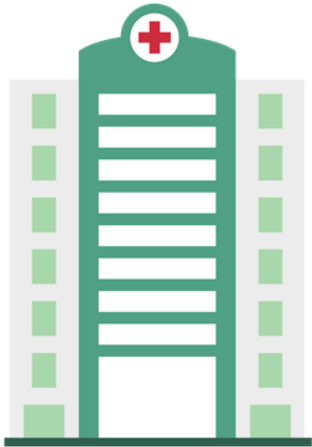


1

# Health Facilities Enhancement Program

## *Basis for Re-devolution: Poverty Incidence*

HFEP is mandated to support UHC through **allocation of capital outlay** and procurement of **health infrastructure, equipment, and medical transport**



Poverty Incidence*	Phasing of Gradual & Partial Devolution
Lowest (Richest)	Devolved beginning 2022 (Phase I)
	Devolved beginning 2023 (Phase II)
Middle	Devolved beginning 2024
Highest (Poorest)	Retained with DOH

*\*Poverty Incidence is defined by PSA as the proportion of families/individuals with per capita income/expenditure less than the per capita poverty threshold to the total number of families/individuals. (The data generated by the PSA will be used.)*







# HFEP - Unbundling of Functions

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

\*Beginning CY 2024, DOH will only provide funding support and procurement of infrastructure, equipment and motor vehicle to provinces, cities, municipalities belonging to the category with **highest poverty incidence**

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

\*\*\*Municipal/District/Provincial Hospitals are classified as LGU Hospitals

2

## Disease Surveillance Officers (DSO)\*

*Basis for Re-devolution: RA No. 11332*

*Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act*



- Each Epidemiology and Surveillance Unit (ESU) shall have **at least 1 DSO** duly trained on applied/field epidemiology, surveillance, and response
- The budget requirements for the operations of ESUs shall be drawn from the annual budget of their **respective mother offices**

*\*formerly known as Public Health Associates*





# DSOs - Unbundling of Functions

Functions	DOH + CHDs	Province	City	Municipality
<b>Establishment of ESUs</b>	✓ CHD RESU	✓ PESU	✓ CESU	✓ MESU
<b>Hiring of Disease Surveillance Officers</b> (beginning CY 2023 in order to prepare LGUs and DSOs for technical assistance/ capacity building)	✓ (2022 only; Budget allocation subject to DBM approval)	✓ (2023 onwards)	✓ (2023 onwards)	✓ (2023 onwards)
National policy and standards; Technical Assistance to PESU/CESU/MESU; Capacity Building; & Advocacy	✓ Epidemiology Bureau & CHD RESUs	✓ (TA to CESU, MESU)		



## *Basis for Re-devolution of Hiring HRH*



- Sec. 24 of UHC Act - To **augment health workforce** and secure positions to hire health workforce for deployment under the **National Health Workforce Support System (NHWSS)**
- Beginning CY 2023, the hiring of **nurses and midwives** in **1st to 4th income class municipalities** will be devolved to LGUs except in GIDAs, target areas for peace-building efforts, areas for poverty reduction, and with critical HRH gap
- **Low possibility of market failure**

# HRH Deployment - Unbundling of Functions

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

*\*Retained Cadres with DOH: Doctors, Nurses, Midwives, Dentists, Medical Techs, Pharmacist, Nutritionist Dietitian, Physical Therapist*



## 4

# Procurement of Public Health Commodities



## *Basis for Delineation of Functions*

Re-devolved functions to the LGUs include procurement, storage, distribution and monitoring.

DOH	LGUs (Fund source: IRA or PHIC)
<ul style="list-style-type: none"> <li>● Internationally procured or with high externality</li> <li>● Commodities with economies of scale</li> <li>● Population-based services that need to be consistently implemented</li> <li>● Individual-based services but without Philhealth package (interim)</li> </ul>	<ul style="list-style-type: none"> <li>● Services with Philhealth benefit packages</li> <li>● Individual-based services with no externality or available in the local market</li> <li>● Population-based services which LGUs have the capacity to implement (components with local markets)</li> </ul>

# Proposed Timeline of Transition Plan



Target Date	Key Activities
2021	<ul style="list-style-type: none"> <li>Mapping readiness: local suppliers, supply chain, staff competence (TNA)</li> <li>Capacity building</li> </ul>
2022	<ul style="list-style-type: none"> <li>DOH-CO to stop procurement of individual based commodities with PhilHealth financing, provided there are local markets and supply chain readiness</li> <li>DOH &amp; CHD to procure individual based commodities WITHOUT PhilHealth financing, provided there are local markets and supply chain readiness; else retain with DOH-CO</li> </ul>
2023	<ul style="list-style-type: none"> <li>LGU procurement of individual and population health services for fully devolved functions</li> <li>DOH &amp; CHD to procure some devolved functions esp if high cost or with economies of scale; CHD to monitor and provide technical assistance</li> </ul>
2024	<ul style="list-style-type: none"> <li>LGU procurement of individual and population health services for <u>most</u> devolved functions</li> <li>DOH and CHD to monitor and provide technical assistance</li> </ul>

# Family Health, Nutrition & Responsible Parenting Program - Unbundling of Functions (1)

Functions	DOH	Province	City	Municipality
Procurement, Warehousing, Storage & Distribution to Target Recipients				
<b>1) Integrated Management of Childhood Illness (IMCI):</b> Amoxicillin Drops & Suspension		✓ (2022 onwards)	✓ (2022 onwards)	✓ (Storage & distribution only)
<b>2a) Nutrition:</b> Ferrous Sulfate, Folate		✓ (2022 onwards)	✓ (2022 onwards)	✓ (Storage & distribution only)
<b>2b) Nutrition:</b> Ready-to-use Supplementary/ Therapeutic Food (RUSF & RUTF) F-75 & F-100 therapeutic milk, Lipid-based nutrient supplement, Vitamin A, Micronutrient Powder	✓			
<b>3) Safe Motherhood:</b> Calcium Carbonate		✓ (2023 onwards)	✓ (2023 onwards)	✓ (2023 onwards)



4A

## Family Health, Nutrition & Responsible Parenting Program - Unbundling of Functions (2)

Functions	DOH	Province	City	Municipality
Procurement, Warehousing, Storage & Distribution to Target Recipients				
<b>4a) Family Planning:</b> Combined Oral Contraceptives & Male Condoms		✓ (2024 onwards)	✓ (2024 onwards)	✓ (Storage and distribution only)
<b>4b) Family Planning:</b> Progestin Only Pill, IUDs, Progestin subdermal implant, Depo Medroxyprogesterone Acetate (DMPA)	✓			
<b>5) Oral Health:</b> Essential Health Care Package-1 (toothbrush for kids, toothpaste, germicidal soap), Fluoride, glass ionomer, pit and fissure sealant kit, etchant & sealant, composite restorative material, high speed handpiece, light cure unit, ultrasonic scaler		✓ (2024 onwards)	✓ (2024 onwards)	✓ (Storage and distribution only)
National policy & standards, Technical Assistance, Capacity Building, Advocacy	✓			
Monitoring & reporting of health indicators	✓	✓	✓	✓

## Prevention and Control of Communicable Diseases Program - Unbundling of Functions (1)





Functions	DOH	Province	City	Municipality
Procurement, Warehousing, Storage & Distribution to Target Recipients				
<b>1a) Food and Water-Borne Diseases:</b> Oral Rehydration Solutions (ORS), Zinc		✓ (2022 onwards)	✓ (2022 onwards)	✓ (Storage and distribution only)
<b>1b) Food and Water-Borne Diseases:</b> Diloxanide, Ciproflaxcin, Azithromycin, Cholera Rapid Diagnostic Test (RDT)	✓			
<b>2a) Leprosy Control:</b> Itraconazole, Vitamin B Complex, Prednisone, Ascorbic Acid, Betamethasone, Ferrous Salt & Folic Acid, Fusidate cream		✓ (2022 onwards)	✓ (2022 onwards)	✓ (Storage and distribution only)
<b>2b) Leprosy Control:</b> <i>*Multidrug therapy donated by WHO will still be provided</i>	✓			
<b>3) Integrated Helminth Control:</b> Albendazole		✓ (2023 onwards)	✓ (2023 onwards)	✓ (2023 onwards)

## Prevention and Control of Communicable Diseases Program - Unbundling of Functions (2)

Functions	DOH	Province	City	Municipality
<b>4a) National Aedes-borne viral diseases prevention &amp; control:</b> Dengue RDT (NS1) Kits		✓ (2023 onwards)	✓ (2023 onwards)	✓ (2023 onwards)
<b>4b) National Aedes-borne viral diseases prevention &amp; control:</b> Pyriproxifen, Deltamethrin 2% EW, Emulsion oil in H2O 1L/bottle, Insecticide treated screen, Bifenthrin, IRS spray cans and repair kits, Novaluron 10%, IgG/IgM Dengue test, Metofluthrin 0.1% 1L/bottle	✓			
<b>5a) Filariasis Elimination:</b> Mupirocin ointment and Ketoconazole cream		✓ (2023 onwards)	✓ (2023 onwards)	✓ (2023 onwards)
<b>5b) Filariasis Elimination:</b> Diethylcarbamazine Citrate, filariasis test strips, disease-free markers	✓			

4B

## Prevention and Control of Communicable Diseases Program - Unbundling of Functions (3)

Functions	DOH	Province	City	Municipality
<b>2a) HIV/AIDS, Sexually Transmitted Diseases &amp; Hepatitis:</b> Penicillin, Azithromycin, Cefixime, Hepa C & B surface antigen rapid diagnostic tests		 (2023 onwards)	 (2023 onwards)	 (2023 onwards)
<b>2b) HIV/AIDS, Sexually Transmitted Diseases &amp; Hepatitis:</b> Abacavir, Efavirenz, Lamivudine, Nevirapine, Zidovudine, Dolutegravir, Tenofovir, Lamivudine + Zidovudine, Lamivudine + Tenofovir, Lamivudine + Tenofovir + Dolutegravir, Lamivudine + Tenofovir + Efavirenz, Lopinavir + ritonavir, Syphilis Rapid Test Kit, Hepatitis B Viral Load Reagents, HIV Viral Load POC Test, HIV RDT-1 (Screening Test), HIV RDT-2 (For confirmation), HIV RDT-3, Fluconazole, Sofosbuvir, Daclatasvir				

## Prevention and Control of Non-Communicable Diseases Program - Unbundling of Functions

Functions	DOH	Province	City	Municipality
Procurement, Warehousing, Storage & Distribution to Target Recipients				
a) <b>Cardiovascular:</b> Hypertensive / Hypercholesterolemia Drugs (Losartan, Amlodipine, Simvastatin)		✓ (2022 onwards)	✓ (2022 onwards)	✓ (Storage & distribution only)
a) <b>Diabetes:</b> Gliclazide, Metformin, Insulin, Syringes		✓ (2022 onwards - Gliclazide & Metformin; 2023 onwards- Insulin & syringes)	✓ (2022 onwards - Gliclazide & Metformin; 2023 onwards- Insulin & syringes)	✓ (Storage & distribution only)

# Summary of Retained & Re-devolved Functions

## RETAINED



- Environmental & Occupational Health
- National Immunization
- Rabies Control
- Tuberculosis Control
- Soil-Transmitted Helminthiasis
- Mental Health
- Cancer
- Oral Health
- HIV
- Vector Control (Malaria, Dengue)
- Mass Drug Administration
- Medical Assistance for Indigent Patients

## PARTIALLY DEVOLVED



- HRH Deployment
- Health Facilities Enhancement Program
- Disease Surveillance Officers
- Family Health, Nutrition & Responsible Parenting
- Sexually Transmitted Diseases
- Food & Water-Borne Diseases
- Filariasis
- Dengue Rapid Test

## FULLY DEVOLVED



- Hypertension
- Hypercholesterolemia
- Leprosy
- Integrated Management of Childhood Illness (IMCI)
- Diabetes (beginning CY 2023)

*Note: These are some examples of key programs and not an exhaustive list. Subject for further discussion and may be subject to changes.*





# Service Delivery Standards for Re-devolved Health Functions



Download the compilation from this link:  
<https://www.tinyurl.com/DOHDevolutionStandards>





### VISION

Filipinos are among the healthiest people in Southeast Asia by 2022 and in Asia by 2040

### STRATEGY MAP 2022

Department of Health

Impact  
Strategic Focus  
Core Process  
Support Process

# More Responsive Health Systems

## Catalyze the transformation of Local Health Systems to Province-wide and City-wide Health Systems

DOH's Inherent Functions in the Devolution Transition  
**Policy, Standards, and Regulation**

DOH's support to LGUs in the Devolution Transition  
**Capacity Building and Technical Assistance**

DOH's Inherent Functions in the Devolution Transition  
**Sectoral and Local Engagements**

Human Resources Management and Development  
DOH's Support for Equity/Augmentation

Infrastructure, Equipment, and Information Technology Management

Procurement and Supply Chain Management

Performance Management and Accountability  
DOH's Inherent Functions

Budget Planning and Execution

**MISSION**  
To lead the country in the development of a Productive, Resilient, Equitable and People-Centered health system for Universal Health care

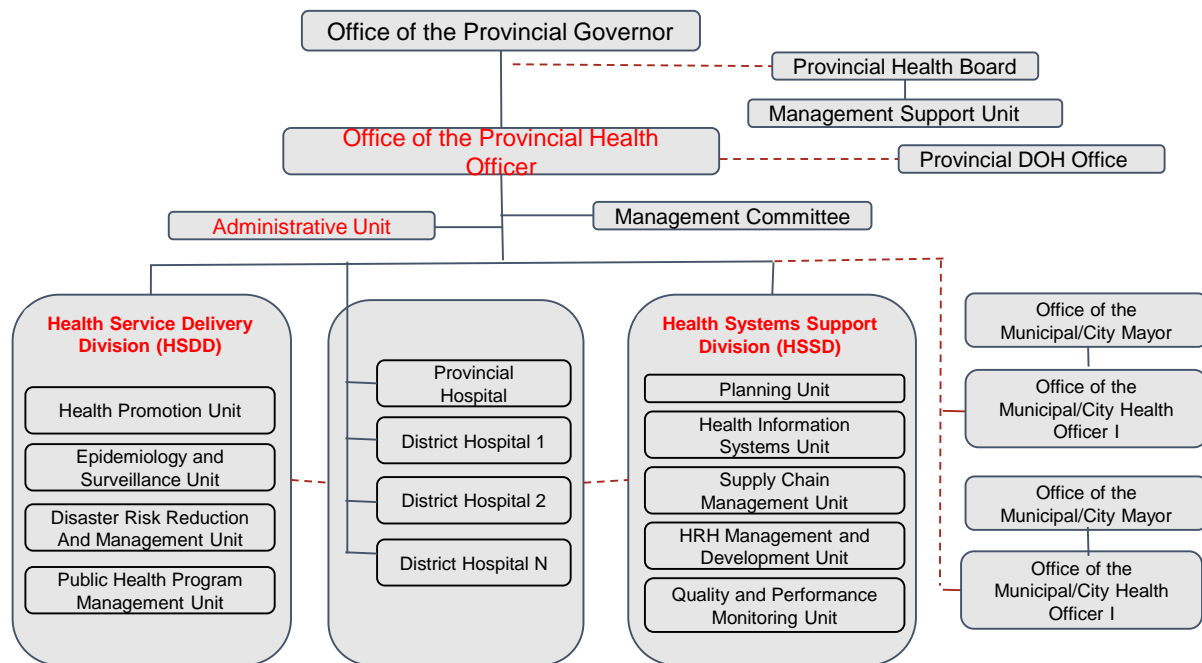
**CORE VALUES**  
Professionalism | Responsiveness  
Integrity | Compassion | Excellence



# Office of the Provincial Health Officer



# Office of the Provincial Health Officer



## Health Service Delivery Division

- Manage the coordination of health service delivery operations of PCPNs, hospitals and other health facilities
- Oversee the overall integration of the health systems and implementation of public health programs, including referral system, health promotion, epidemiology and surveillance, and disaster risk reduction and management for health.

## Health System Support Division

- Manages:
  - health financing (planning and budgeting)
  - health information system
  - procurement and supply chain for health products and services
  - local health regulation
  - health human resource development
  - performance monitoring, among others. (AO 2020-0021)

## Administrative Unit

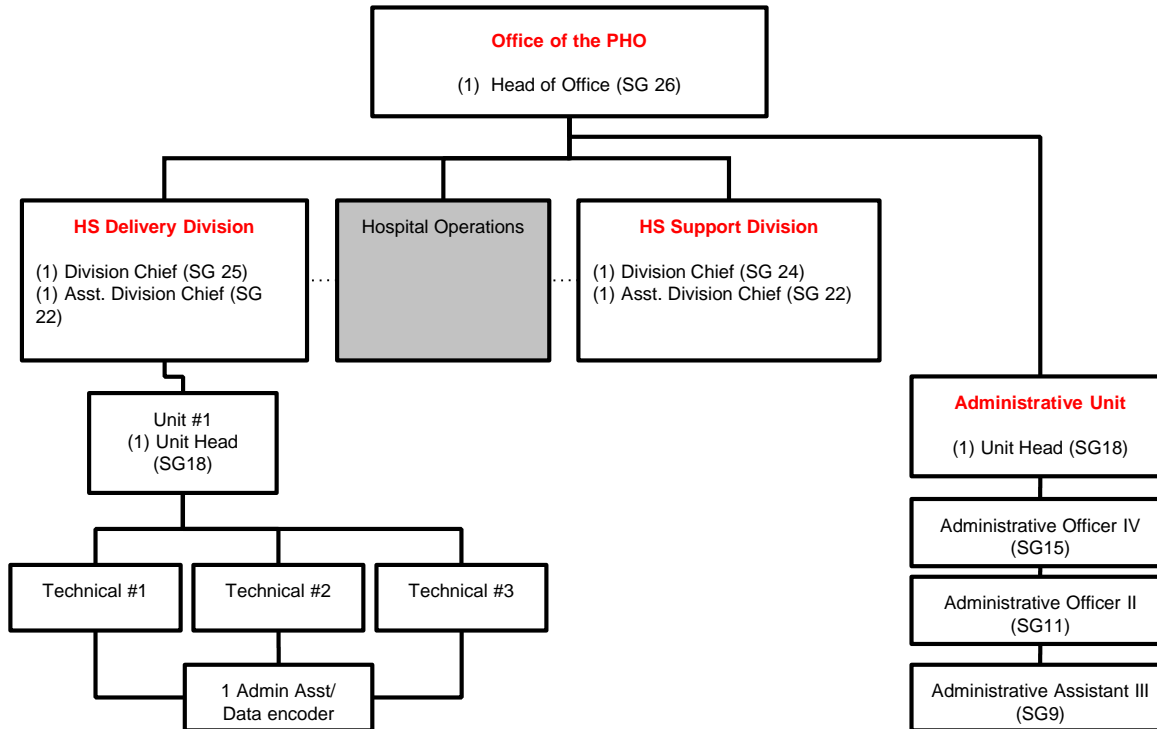
- Render administrative and logistics assistance to the other units within the PHO.
- Coordinates with other offices within the Provincial Government and its component local government units;
- Manages internal logistics and property management;
- Manages facility, equipment and motor vehicle maintenance, among others.

For the details on the component LGUs, please refer to the proposed structure for the Municipal and Component City Health Offices

Source: DOH AO 2020-0021, AO 2019-0060, DC 2020-0176



# Office of the Provincial Health Officer (Minimum Staffing Recommendation)



Office of the PHO		SG
1	PHO II	26
1	Administrative Assistant III (sec.)	9
1	Admin Aide IV (Driver/Mechanic)	4

Per Division (HSDD, HSSD)		SG
1	PHO I (Asst. PHO) for HSDD Chief HPO for HSSD	25/ 24
1	Supervising HPO	22
1	Unit head	18
2-4	Technical (per unit)	11-20
1-2	Administrative Assistant III/ Data encoder (for each unit)	9

Administrative Unit		SG
1	Administrative Officer V	18
1	Administrative Officer IV	15
1	Administrative Officer II	11
1	Administrative Assistant III	9



# PHO-HSDD

Office of the PHO

**HS Delivery Division**  
PHO I (SG 25)  
SvHPO (SG22)

Health Promotion Unit

- implement health promotion-related programs, projects and activities
- facilitate coordination among partners, such as but not limited to local government and hospital Health Promotion and Education officers (HEPOs) and Barangay Health Workers as barangay level health promotion officers.

(Provincial) Epidemiology and Surveillance Unit

- conduct epidemic/ outbreak and epidemiologic investigations, case investigations, patient interviews, review of medical records, contact tracing, collection, storage and transport of samples and specimen, risk assessments, laboratory investigation, population surveys and environmental investigation.
- data management, analysis and mandatory reporting of notifiable diseases and health events of public health concern.

Disaster Risk Reduction and Management Unit

- timely, effective and efficient preparedness and response to public health emergencies and disasters.
- establish and maintain an emergency operation center with an early warning system, communication mechanism and technology, and equipment;
- organize and mobilize health emergency response teams that are equipped with adequate and appropriate tools and supplies.

Public Health Program Mgt Unit

- overall implementation of public health programs, local health policies, plans and standards, including the coordination of the delivery of public health services.

1  
HEPO III (SG 18)

1  
HEPO II (SG 14)

1  
HEPO II (SG 14)

1  
ADAS III (SG 9)

1  
SHPO (SG 18)

1  
HPO II (SG 15)  
(Surveillance)

1  
HPO II (SG 15)  
(Statistician)

1  
ADAS III (SG 9)

1  
Data Encoder (SG 8)

1  
SHPO (SG 18)

1  
HPO II (SG 15)

1  
HPO II (SG 15)

1  
HPO I (SG 11)

1  
ADAS III (SG 9)

1  
SHPO (SG 18)

1  
HPO II (SG 15)

1  
HPO II (SG 15)

1  
HPO II (SG 15)

1  
HPO I (SG 11)

1  
ADAS III (SG 9)



# PHO-HSSD

Office of the PHO

**HS Support Division**  
CHPO (SG 24)  
SvHPO (SG22)

**Planning Unit**

- formulation of the provincial health goals, objectives and overall plans, including the local investment plan for health (LIPH), and other investment and budget plans for health.
- manage the health planning process of the Provincial Health Office.

**Quality and Performance Monitoring Unit**

- Ensure that provided health services and operations of the health systems meet the minimum quality standards set by the DOH, PhilHealth and other stakeholders, and satisfy the needs and expectations of the clients.
- Ensure that performance standards are consistent across health facilities and services within the province.

**Health Information Systems Unit**

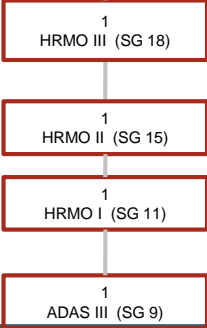
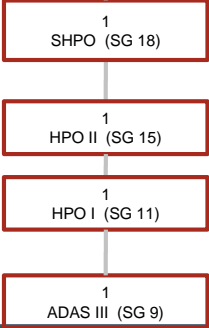
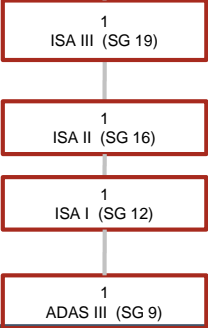
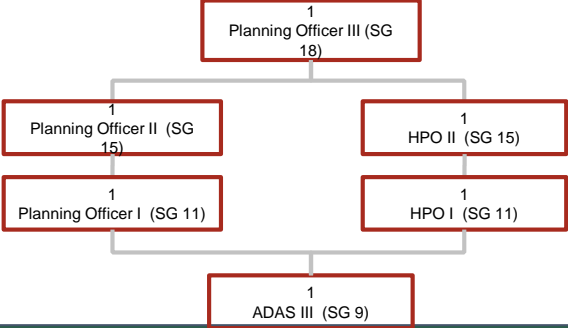
- information and communication technology development, management and interoperability of information systems and infrastructure, and health information resources.

**Supply Chain Management Unit**

- demand planning and forecasting
- inventory management
- formulation of transportation and warehousing strategies
- monitoring of proper storage and disposal of medicines, health commodities and other health products

**HRH Management and Development Unit**

- develop strategies on HRH generation, recruitment, retraining and retention, including HRH sharing and performance assessment mechanisms within the province.
- Formulate HRH plan
- Conduct learning development needs assessments and interventions, and career development and management system.

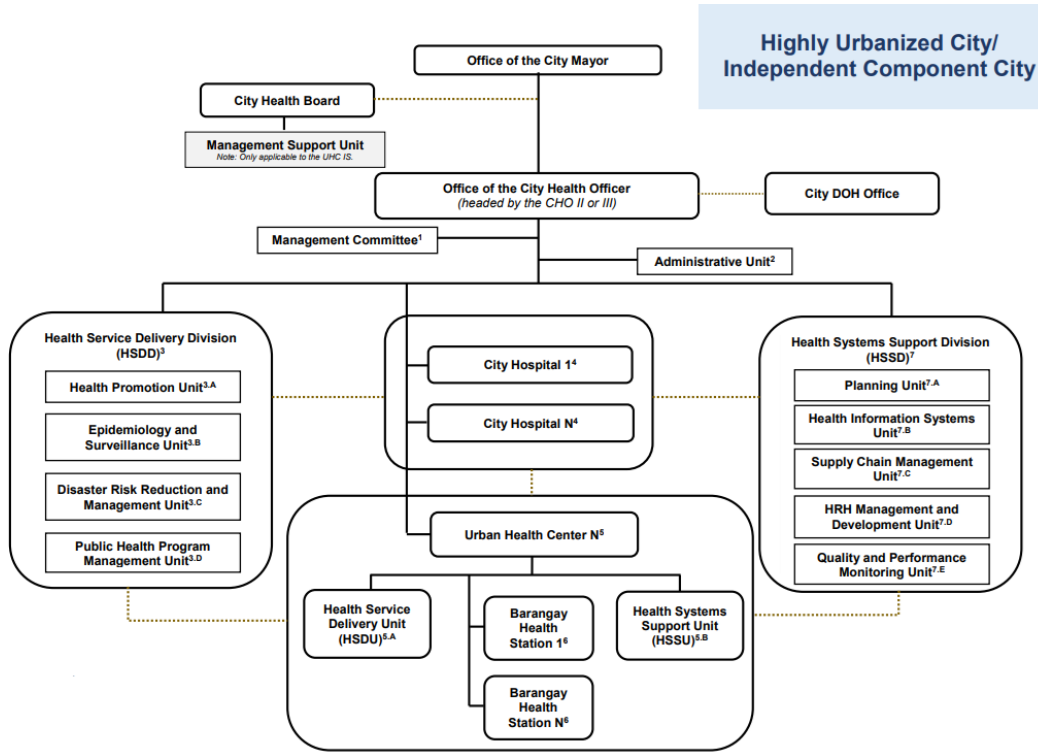


# Office of the City Health Officer

in Highly Urbanized Cities (HUC) or Independent Component Cities (ICC)



# City Health Office in HUCs/ICCs



## HS Delivery Division

- Manage the health service delivery operations of PCPNs, hospitals and other health facilities
- Oversee the overall integration of the health systems and implementation of public health programs (referral system, health promotion, epidemiology and surveillance, and disaster risk reduction and management for health)

## HS Support Division

- Manages health financing (planning and budgeting, health information system, procurement and supply chain for health products and services, local health regulation, health human resource development, and performance monitoring, among others)

## Administrative Unit

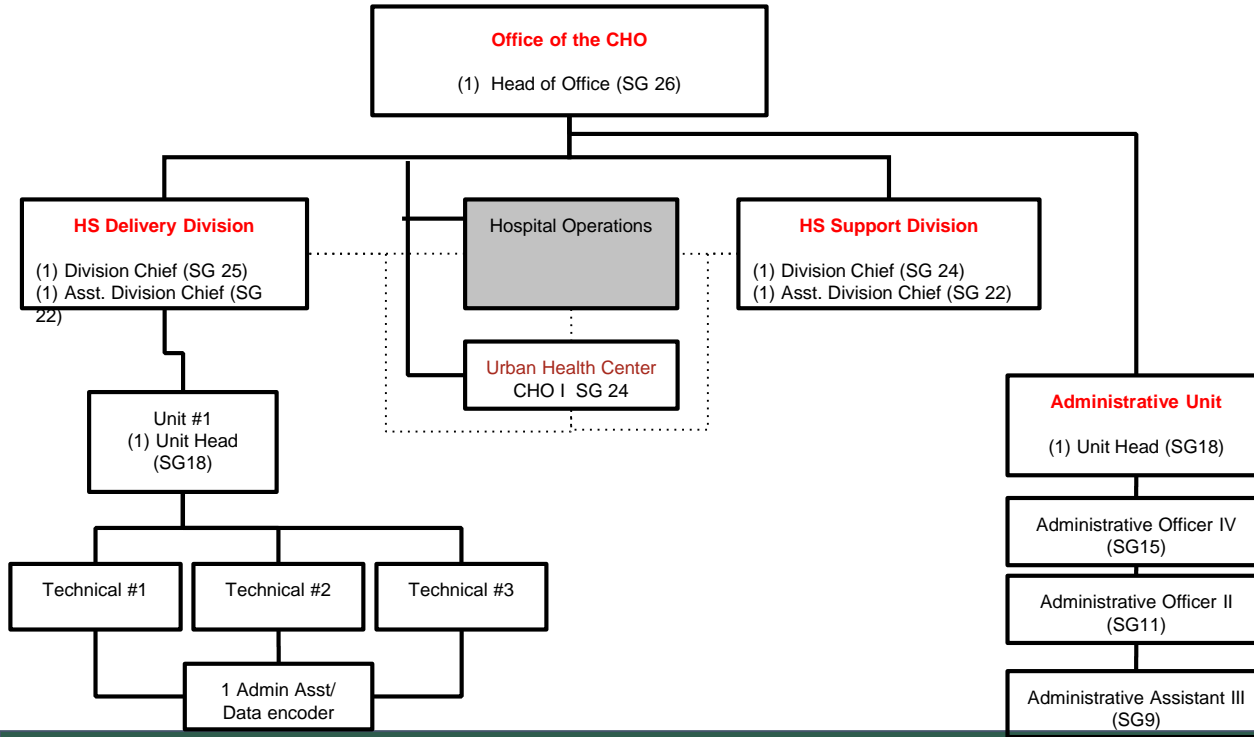
- Render administrative and logistics assistance to the other units within the CHO
- Coordination with other offices within the City Government
- Manages internal logistics and property management; and facility, equipment and motor vehicle maintenance, among others

## Urban Health Center

- Serve as the first contact of primary care services in the city delivering health promotion, disease prevention, health maintenance, counselling, patient education, diagnosis and management & treatment of acute and chronic illnesses and referrals.
- Ensure a follow-through course of treatment of a person as whole and shall provide both population and individual-based health services
- Provide leadership in patient navigation and coordination in a network and follows the standards set by the DOH



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



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





# CHO-HSDD

Office of the CHO

**HS Delivery Division**  
**CHO II (SG 25)**  
**SvHPO (SG22)**

Health Promotion Unit

- implement health promotion-related programs, projects and activities
- facilitate coordination among partners, such as but not limited to local government and hospital Health Promotion and Education officers (HEPOs) and Barangay Health Workers as barangay level health promotion officers.

(City) Epidemiology and Surveillance Unit

- conduct epidemic/ outbreak and epidemiologic investigations, case investigations, patient interviews, review of medical records, contact tracing, collection, storage and transport of samples and specimen, risk assessments, laboratory investigation, population surveys and environmental investigation.
- data management, analysis and mandatory reporting of notifiable diseases and health events of public health concern.

Disaster Risk Reduction and Management Unit

- timely, effective and efficient preparedness and response to public health emergencies and disasters.
- establish and maintain an emergency operation center with an early warning system, communication mechanism and technology, and equipment;
- organize and mobilize health emergency response teams that are equipped with adequate and appropriate tools and supplies.

Public Health Program Mgt Unit

- overall implementation of public health programs, local health policies, plans and standards, including the coordination of the delivery of public health services.

1  
HEPO III (SG 18)

1  
HEPO II (SG 14)

1  
HEPO II (SG 14)

1  
ADAS III (SG 9)

1  
SHPO (SG 18)

1  
HPO II (SG 15)  
(Surveillance)

1  
HPO II (SG 15)  
(Statistician)

1  
ADAS III (SG 9)

1  
Data Encoder (SG 8)

1  
SHPO (SG 18)

1  
HPO II (SG 15)

1  
HPO II (SG 15)

1  
HPO I (SG 11)

1  
ADAS III (SG 9)

1  
SHPO (SG 18)

1  
HPO II (SG 15)

1  
HPO II (SG 15)

1  
HPO II (SG 15)

1  
HPO I (SG 11)

1  
ADAS III (SG 9)



# CHO-HSSD

Office of the CHO

**HS Support Division**  
CHPO (SG 24)  
SvHPO (SG22)

**Planning Unit**

- formulation of the provincial health goals, objectives and overall plans, including the local investment plan for health (LIPH), and other investment and budget plans for health.
- manage the health planning process of the Provincial Health Office.

**Quality and Performance Monitoring Unit**

- Ensure that provided health services and operations of the health systems meet the minimum quality standards set by the DOH, PhilHealth and other stakeholders, and satisfy the needs and expectations of the clients.
- Ensure that performance standards are consistent across health facilities and services within the province.

**Health Information Systems Unit**

- information and communication technology development, management and interoperability of information systems and infrastructure, and health information resources.

**Supply Chain Management Unit**

- demand planning and forecasting
- inventory management
- formulation of transportation and warehousing strategies
- monitoring of proper storage and disposal of medicines, health commodities and other health products

**HRH Management and Development Unit**

- develop strategies on HRH generation, recruitment, retraining and retention, including HRH sharing and performance assessment mechanisms within the province.
- Formulate HRH plan
- Conduct learning development needs assessments and interventions, and career development and management system.

1  
Planning Officer III (SG 18)

1  
Planning Officer II (SG 15)

1  
HPO II (SG 15)

1  
Planning Officer I (SG 11)

1  
HPO I (SG 11)

1  
ADAS III (SG 9)

1  
ISA III (SG 19)

1  
ISA II (SG 16)

1  
ISA I (SG 12)

1  
ADAS III (SG 9)

1  
SHPO (SG 18)

1  
HPO II (SG 15)

1  
HPO I (SG 11)

1  
ADAS III (SG 9)

1  
HRMO III (SG 18)

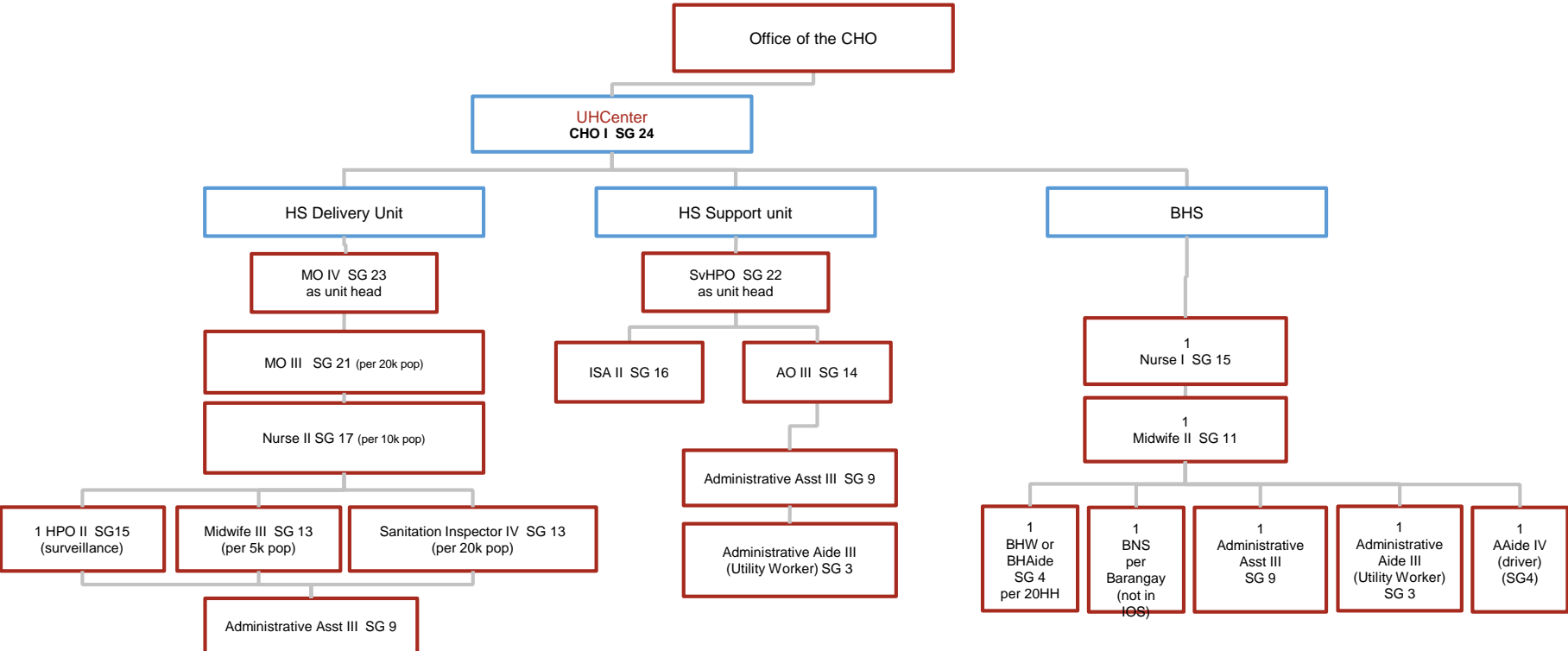
1  
HRMO II (SG 15)

1  
HRMO I (SG 11)

1  
ADAS III (SG 9)



# CHO-Urban Health Center



# Office of the Municipal/City Health Officer

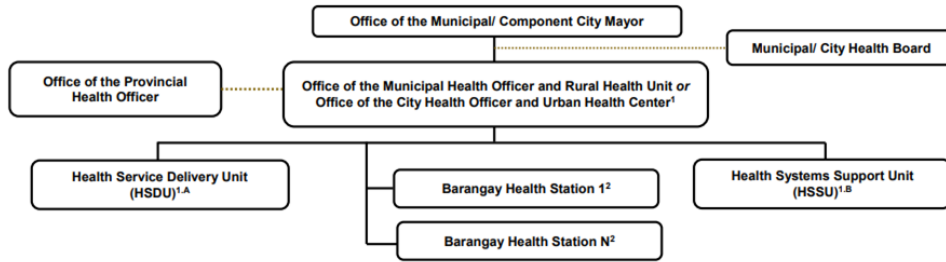
in a Municipality/Component City



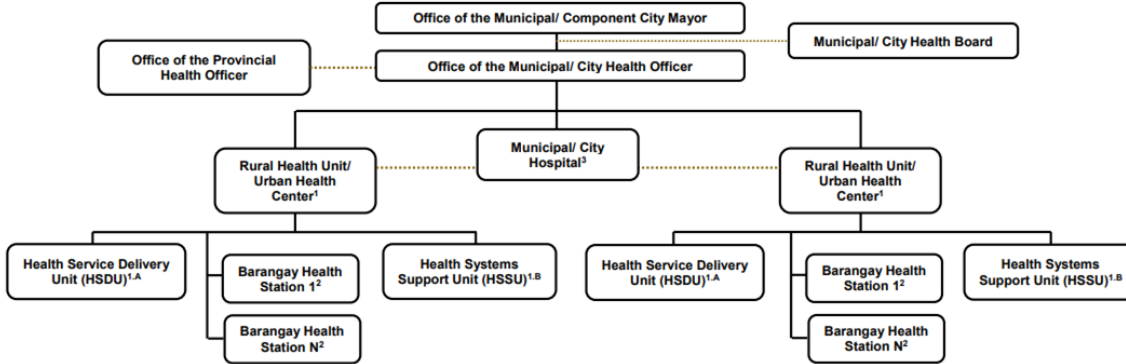
# MHO/RHU or CHO/Urban Health Center in a Municipality/Component City

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

## Municipality/ Component City



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



### MHO/RHU or CHO/UHC

- First contact of Primary Care service in municipality or city
- Provide services on:
  - Health promotion
  - Disease prevention
  - Health maintenance
  - Counselling
  - Patient education
  - Diagnosis and management
  - Treatment of acute and chronic illnesses
  - Referrals
- Ensure follow-through course of treatment of a person as a whole
- Provide population-and individual-based health services
- Provide leadership in patient navigation and coordination in a network
- Follows standards set by DOH

### HS Delivery Unit

- Provide population-and individual-based health services of the RHU/UHC
- Navigate an coordinate referrals to other service providers within the HCPN

### HS Support Unit

- Render administrative services such as:
  - Management of logistics, equipment, and facilities
  - Management of health data and records
- Coordinate with and submit reports to PHO or respective HCPN

### BHS

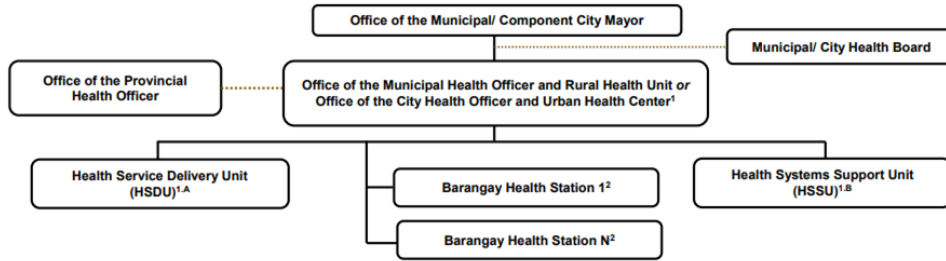
- Provide primary care services at the barangay level
- Focus on preventive and promotive population-based health services
- Assist in patient navigation as a satellite health facility of RHU/UHU
- Follow standards set by DOH



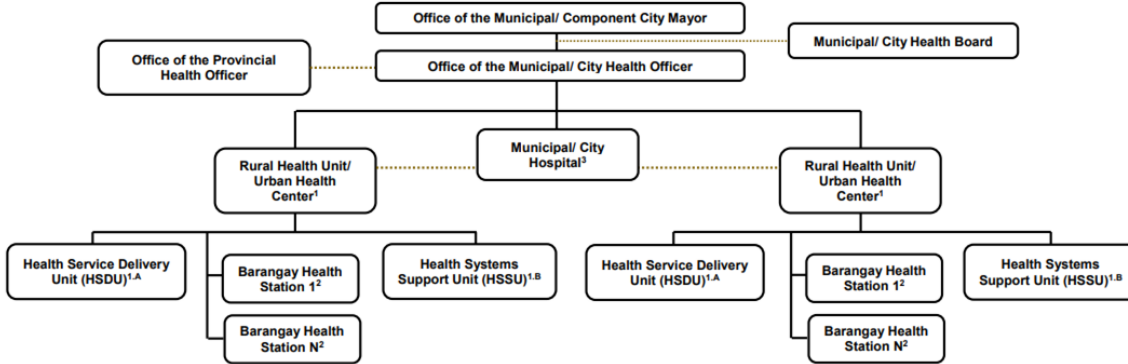
# MHO/RHU or CHO/Urban Health Center in a Municipality/Component City (Minimum Staffing Recommendation)

## Municipality/ Component City

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



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



Office of the CHO		SG
1	MO V or CHO II	25
1	Administrative Assistant III (sec.)	9
1	Admin Aide IV (Driver/Mechanic)	4

Per RHU/Urban Health Center (based on PCF Standards)		SG
1	RHP for RHU or CHO I for Urban Health Centers	25 24
1	HSDU Head	23
4	Technical Staff	13-21
1	HSSU Head	22
2	Technical Staff	14-16
1	Administrative Asst. III	9
1	Administrative Aide III	3

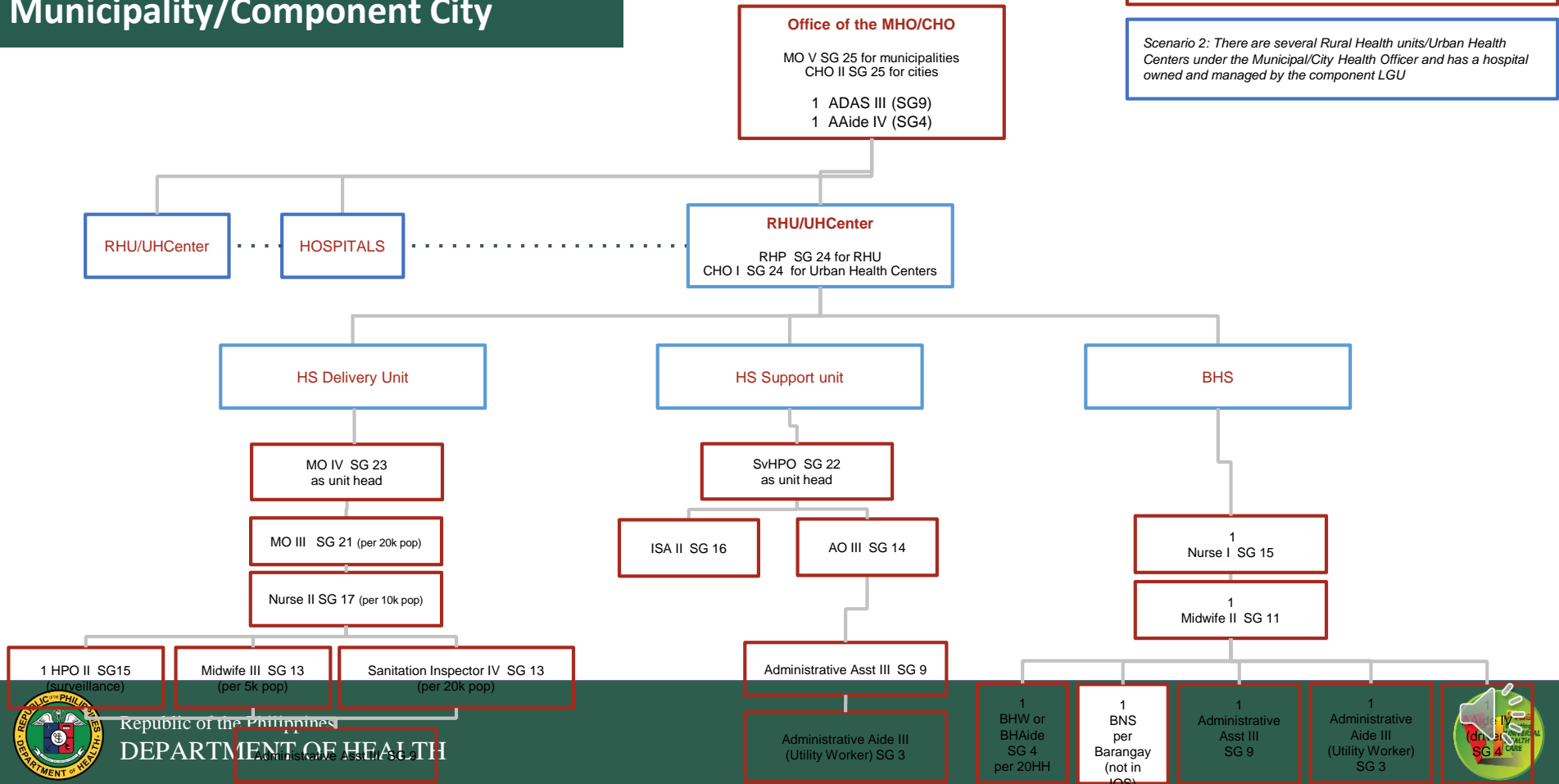
BHS (based on PCF Standards)		SG
1	Nurse I	15
1	Midwife II	11
1	ADAS III	9
#	Barangay Health Aide	4
1	AAide IV	4
1	AAide III	3



# MHO/RHU or CHO/UHC in a Municipality/Component City

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

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





# Recommended Structure and Staffing Complement for PHO, CHO and MHO

- **Basis**
  - Core vs. Non-Core functions
  - Skills / competencies required to perform the functions
  - Position titles that are more generic than specific and matched with Index of Occupational Services Standards (IOS)
  - Hierarchy of positions (1 head of office/unit, 1 senior level position, 1 entry level position)
- **Main Consideration:** Existing structure/HR complement in the different levels of LGUs does not follow a prescribed organizational structure and staffing
- **LGUs may add more positions**, depending on the needs of their LGU and local health system as provided for in the LGC





# DOH Central Luzon CHD Devolution Transition Plan Team



Republic of the Philippines  
DEPARTMENT OF HEALTH  
CENTRAL LUZON CENTER FOR HEALTH DEVELOPMENT

August 18, 2021

**REGIONAL PERSONNEL ORDER**  
No. 2021- 0389

*Vision:*  
A dependable  
LEADER in  
health.

**SUBJECT: CREATION OF REGIONAL TEAM FOR THE CASCADE AND ORIENTATION ON DEPARTMENT OF HEALTH'S INITIAL DEVOLUTION TRANSITION PLAN C.Y. 2022-2024 IN CENTRAL LUZON**

*Mission:*

With the imminent enforcement of the Supreme Court Ruling on the Mandanas-Garcia cases by C.Y. 2022, the necessity of a whole-of-government approach in responding to the health needs of the Filipinos has been more pronounced.

*Guarantee access to quality health care in Central Luzon that is responsive, equitable and resilient.*

The proposed measure of the Department of Budget and Management (DBM) to mitigate impact of the Mandanas Ruling is to gradually "re-devolve" services performed by National Government Agencies (NGAs) to Local Government Units (LGUs) beginning CY 2022 based on the Local Government Code of 1991. To implement re-devolution, Executive Order 138 was signed by the President last June 1, 2021. The EO intends to delineate functions between National Government and LGUs, prepare for a three-year further Devolution Transition Plan phasing, capacity building program for LGUs and launching of a communication plan among others.

*Core Values:*

*Compassion  
Sensitive to the  
needs and  
feelings of others*

The Central Luzon Center for Health Development will be conducting a regional and provincial orientation of the DOH Initial Devolution Transition Plan. In this regard, the following personnel are hereby authorized to become members of the CL CHD Devolution Transition Plan Team:

*Integrity  
Exhibits honesty,  
accountability  
and consistency  
in performing our  
duties.*

Personnel	Roles and Responsibility
<b>Over-all in-charge</b>	
Dir. Corazon I. Flores Dr. Lailani P. Mangalabnan Dr. Maria Eloisa C. Vidar	- Oversee the cascade of the DOH Devolution Transition Plan in Central Luzon - Provide over all directions on the cascade of DOH DTP in Central Luzon
<b>Focal Person:</b>	
Mr. Eric Paul M. Yumul	- Spearhead the regional cascade of DOH Initial Devolution Plan in Central Luzon - Provide directions and coordinate with the team members for issues or concerns that may arise during the regional cascade.
<b>Alternate:</b>	
Ms. Yedda Marie Vicente Dr. Nenita Sta Ines	- Present the overview of the DOH Initial Devolution Transition Plan CY 2022-2024
<b>Members:</b>	
Dr. Madison Dominguez	- Present and provide the detailed transition plan of programs under Health Facility Development Cluster (HFDC) and answer questions and clarification which may arise.

*Teamwork,  
Working in  
harmony.*

*Excellence  
Striving for the  
best.*



Republic of the Philippines  
DEPARTMENT OF HEALTH  
CENTRAL LUZON CENTER FOR HEALTH DEVELOPMENT

*Vision:*  
A dependable  
LEADER in  
health.

Dr. Ida Gloria Felix	- Present and provide the detailed transition plan for Disease Surveillance and Response under the Regional Epidemiology and Surveillance Unit (RESU) and answer questions and clarification which may arise.
Dr. Maria Eloisa C. Vidar	- Present and provide the detailed transition plan for Procurement System on Standards, Policy Directions and Capacity Building Plan and answer questions and clarification which may arise.
Mr. Joseph Michael Manlutac	- Present and provide the detailed transition plan for of public Health Commodities Transition Plan by Sub-Group: <ol style="list-style-type: none"> <li>Family Health, Nutrition, Responsible Parenting</li> <li>Communicable Diseases</li> <li>Non-communicable Diseases</li> </ol>
Ms. Leala Buan	- Present and provide the detailed transition plan for Supply Chain management System on Standards, Policy Directions and Capacity Building Plan and answer questions and clarification which may arise.
Ms. Jenerica M. Gomez	- Present and provide the detailed transition plan for HRH Deployment Devolution Transition Plan and answer questions and clarification which may arise.
Dr. Lilia Pascua (Aurora) Dr. Francisco Hermoso III (Bataan) Dr. Emily Paulino (Bulacan) Dr. Edwin Santiago (Nueva Ecija) Dr. Amelito Nicolas (Pampanga) Ms. Maria Noel Lim (Tarlac) Dr. Jessie Fantone (Zambales) DMO IV focal person for UHC and LIPH	- Spearhead the provincial cascade and implementation of DOH Devolution Transition Plan - Coordinate, raise and document issues and concerns that PDOs and LGUs may encounter in the redevolution of functions and services. - Provide insights on the action points and strategies in responding to the issues and concerns raised, if any.
<b>Secretariat:</b> Ms. Charmaine Rhez-Lie Guzon	- Responsible for documentation and communication of the activities of the team. - Serves as administration officer of the team and provides links between the members. - Ensure accurate and sufficient documentation of proceedings.

*Guarantee access to quality health care in Central Luzon that is responsive, equitable and resilient.*

*Core Values:*

*Compassion  
Sensitive to the  
needs and  
feelings of others*

*Integrity  
Exhibits honesty,  
accountability  
and consistency  
in performing our  
duties.*

*Teamwork,  
Working in  
harmony.*

*Excellence  
Striving for the  
best.*

Under this Order, attendance of personnel to the cascade and orientations shall be conducted virtually and on official time. Moreover, payment for the internet provision shall be charged to the funds of CL CHD. All expenses incurred are subject to the usual government accounting rules and regulations.

**CORAZON I. FLORES, MD, MPH, CESO IV**  
OIC- Director IV



Repu  
DE



# SCHEDULE OF CASCADE (August 23-27, 2021)

August 23, 2021 Monday	August 24, 2021 Tuesday	August 25, 2021 Wednesday	August 26, 2021 Thursday	August 27, 2021 Friday
Province: Aurora Zambales	Province: Tarlac Bataan	Province: Bulacan	Province: Nueva Ecija	Province: Pampanga

Provincial Level	Municipal / City Level
PHO, PPDO, LIPH, UHC, Finance Officer, HR, PLGOO, Provincial Administrator, Procurement Head, SP on Health	C/MHO, Finance Officer, HR, MLGOO, SB on Health



# Agreements

Office	Ways forward
Local Health Offices (PHO, CHO, MHOs)	<ul style="list-style-type: none"><li>- Attend and participate in Local Planning and prioritize needs based on the redevolve functions presented during orientation.</li><li>- Coordination with DILG Officer and P/M/CPDO for guidance in local planning</li></ul>
Provincial DOH Office	<ul style="list-style-type: none"><li>- Spearhead the cascade of DOH Devolution Transition Plan in the Province</li><li>- Provide TA to area of jurisdiction on the DOH Devolution Transition Plan</li></ul>
DOH	<ul style="list-style-type: none"><li>- To continue the provision of TA to LGUs and partners on the DOH Devolution Transition Plan CY 2022-2024</li></ul>



# Issues and Concerns from LGUs

- Involvement of Local Health Officers in Local Planning
- Orientation on FORMS for DTP Formulation (filling up of forms)
- PS CAP Budget concerns





*Maraming salamat po!*

