Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

AUG 19 2020

ADMINISTRATIVE ORDER
No. 2020 – 0037

SUBJECT: Guidelines on Implementation of the Local Health Systems Maturity Levels (LHS ML)

I. RATIONALE

With the intent of harmonizing the Local Government Units' (LGUs) efforts toward efficient health service delivery and health systems operations, Section 19 of Republic Act No. 11223 or the Universal Health Care Act (UHC Act) provided that *"the Department of Health (DOH), Department of the Interior and Local Government (DILG), PhilHealth and the LGUs shall endeavor to integrate health systems into province-wide and city-wide health systems"*. Section 41.d of the said Act specified that the reform on integration shall be implemented among LGUs that expressed their commitment, with support from the National Government. This reform on local health systems integration shall be assessed through an independent study to be commissioned by the Joint Congressional Oversight Committee on Universal Health Care after six (6) years to evaluate the overall benefits of integration before its nationwide implementation. Part of the review is to assess for managerial and financial integration in these local health systems based on the characteristics specified under Sections 41.4.c and 41.4.d of the UHC Act Implementing Rules and Regulations (IRR).

Administrative Order (AO) No. 2020-0021 on the Guidelines on Integration of the Local Health Systems into Province-Wide and City-Wide Health Systems (P/CWHS) specified the general procedures and mechanisms by which LGUs, national government agencies, and key stakeholders can integrate local health systems into P/CWHS, and the scope and minimum level of functionality of an integrated local health system. This Order aims to supplement the abovementioned AO in guiding the LGUs on how to track its status of integration.

II. OBJECTIVES

The objectives of this Order are as follows:

A. To define the concept of maturity levels, its building blocks, characteristics, levels of progression and key result areas
B. To provide the mechanisms in the implementation of the maturity levels as one of the monitoring tools for the P/CWHS
C. To guide prioritization of resources and support to facilitate the integration of the local health systems

III. SCOPE OF APPLICATION

This Order shall apply to all offices and attached agencies under the DOH, all health care providers (public and private), other National Government Agencies (NGAs), Non-

Government Organizations (NGOs), LGUs, health partners and donors, and all others concerned. The use of the LHS ML in the Bangsamoro Autonomous Region for Muslim Mindanao (BARMM) shall be in accordance with Article IX, Section 22 of RA No. 11054, otherwise known as the *"Organic Law for the BARMM"*, and other subsequent laws and issuances.

IV. DEFINITION OF TERMS

For purposes of this Order, the following terms are defined as follows:

A. Annual Operational Plan (AOP) – refers to the yearly translation of the Local Investment Plan for Health, which details the programs, plans and activities, and systems interventions that are to be implemented in the Province-Wide/ City-Wide Health System in a particular year *(AO No. 2020-0022)*.

B. City-Wide Health System (CWHS) - refers to the Highly Urbanized City (HUC)- and Independent Component City (ICC)-wide health system. This includes the City Health Office, health facilities and services, human resources, and other operations relating to health under the administrative and technical supervision of the City Health Board (CHB).

C. Health Partners – refer to local and international health stakeholders providing technical and/ or financial support to any level of the government in order to contribute in the improvement of health outcomes and/or reduction of financial risks.

D. Health Systems Building Blocks – refer to the six (6) interrelated blocks that compose a health system as identified by the World Health Organization (WHO). This serves as basis in identifying the existing gaps and capacities, and defining priorities to strengthen the health system.

E. LGU Health Scorecard – a tool used to assess and monitor the performance of LGUs in the implementation of local health reforms and in meeting the national health targets based on the priority programs, projects and activities of the DOH *(AO No. 2019-0027)*.

F. Local Investment Plan for Health (LIPH) – refers to a medium-term public investment plan for health that specifies the strategic direction of the concerned LGU for the next three years in terms of improving health service delivery, strengthening the health systems operations and addressing social determinants of health, and specifies actions and commitments of different local stakeholders *(AO No. 2020-0022)*.

G. Province/ City DOH Office (P/CDOHO) – refers to DOH field office in the provinces and cities headed by the DOH Representative who performs roles, functions and responsibilities as specified in AO No. 2020-0029.

H. Province-Wide Health System (PWHS) - composed of municipal and component city health systems. This includes the Provincial, Component City and Municipal Health Offices, health facilities and services, human resources, and other operations

relating to health under the administrative and technical supervision of the Provincial Health Board (PHB).

I. Local Health Systems Maturity Levels (LHS ML) - refers to the framework used to monitor the progress of local health systems integration as provided by the UHC Act and its IRR.

V. GENERAL GUIDELINES

A. The LHS ML shall serve as the general framework in the monitoring and evaluation of the progress of the LGUs that committed to the integration, and shall provide the pathway to progressively realize the integration of local health systems into P/CWHS. It shall be used in complementation with the LGU Health Scorecard and other existing monitoring and evaluation systems that track LGU performance.

B. The LHS ML shall be composed of the following: a) building blocks; b) characteristics of an integrated local health system; and c) key result areas (KRAs) per level of progression. All KRAs under each level contribute to the attainment of the KRAs in the succeeding level/s.

C. The implementation of the LHS ML shall be a collaboration between the DOH, LGUs, and other health partners. The LGUs shall act as the lead implementers of the local health systems integration. The DOH and other health partners shall serve as the providers of the needed technical and financial support.

D. The LHS ML shall be the basis of all DOH units, attached agencies, development partners and other stakeholders in formulating and updating their respective programs, projects and activities in relation to the integration of the local health systems. It shall likewise serve as one of the instruments in determining the kind and level of assistance, incentives, and/ or recognition and awards to be provided to the LGUs in support of the integration.

E. The P/CWHS shall outline in their LIPH the strategies, interventions and investment needs based on the baseline assessment, situational analysis and status of integration.

F. The LHS ML shall be reviewed periodically by DOH to ensure its alignment with the UHC Act and other related laws, new policies and plans of concerned DOH Central Office (CO) Technical Bureaus, and directives of the Secretary of Health.

G. As deemed necessary, updating of the LHS ML shall be done by Bureau of Local Health Systems Development (BLHSD) in close coordination with the concerned DOH CO Technical Bureau/s, and shall consider the feedback of the Centers for Health Development (CHDs), Ministry of Health-BARMM (MOH-BARMM) and P/CHB as the implementing units. The LHS ML shall be updated through the issuance of a Department Memorandum (DM).

VI. SPECIFIC GUIDELINES

A. Components of the LHS ML

1. The LHS ML is a multi-tiered monitoring framework which has the following components:
    a. Building Blocks - based on the WHO health system building blocks framework which describes the health systems in terms of the following fundamental components: i) Leadership and Governance; ii) Financing; iii) Health Workforce; iv) Information; v) Medical Products, Vaccines and Technologies; and vi) Service Delivery
    b. Characteristic - based on Sections 41.4.c and 41.4.d of the UHC Act IRR which describe the features of P/CWHS that achieved managerial and financial integration
    c. Key Result Areas (KRAs) - refer to the minimum outputs expected to be delivered by the P/CWHS that can facilitate the achievement of integration
    d. Levels of Progress - indicates the performance levels and corresponding KRAs that should be present per characteristic
        i. Level I (Preparatory Level) - covers KRAs relating to preparatory works and other supporting mechanisms that are needed to facilitate the integration of local health systems
        ii. Level II (Organizational Level) – covers KRAs that are important for the organization and management of integrated local health systems. This also reflects other KRAs on reforms provided under the UHC Act that have effects on the success of the integration
        iii. Level III (Functional Level) – covers KRAs on the monitoring of functionality of the integrated management support systems

2. Assessment and monitoring shall be done for each characteristic based on the identified KRAs in the following Annexes:
    a. Annex A. Leadership and Governance
    b. Annex B. Financing
    c. Annex C. Health Workforce
    d. Annex D. Information
    e. Annex E. Medical Products, Vaccines and Technology
    f. Annex F. Service Delivery

3. The P/CWHS can have different levels for characteristics under the same Building Block. The P/CWHS is considered to have progressed to a particular level in a Building Block if all the KRAs for all the characteristics in that level have been undertaken or achieved. It shall likewise ensure that the KRAs for the lower levels are maintained or sustained.

4. The P/CWHS shall be classified based on the attainment of the KRAs of all the characteristics in all the six (6) building blocks as required for each level of progress. The P/CWHS shall be categorized as follows:

Level	Category	Description
Level 1	Readiness of the P/CWHS	All LGUs that committed to the integration were assessed on their readiness to managerially and financially integrate their local health systems.
Level 2	Organized P/CWHS	The P/CWHS has available network-wide guidelines, resources and management structures to facilitate and sustain the integration.
Level 3	Functional P/CWHS	The P/CWHS has operationalized the network-wide management support systems, and has ensured its institutionalization.

B. **Implementation Mechanism**

1. The CHD/ MOH-BARMM shall create a core group composed, at the minimum, of technical personnel from CHD/ MOH-BARMM units primarily responsible for the development, implementation and monitoring of the identified characteristics of P/CWHS. A copy of the Regional Personnel Order shall be submitted to the concerned Field Implementation and Coordination Team (FICT) Office and copy furnished the BLHSD.

2. The P/CHB, through the P/CHO, and assisted by the CHD/ MOH-BARMM core group and P/CDOHO/ Integrated Provincial Health Office (IPHO), shall conduct a baseline assessment of LGUs that committed to the integration using the LHS ML. Monitoring of status shall be performed annually. To facilitate the assessment and monitoring, a separate order shall be issued on the LHS ML Monitoring Tool/ Checklist.

3. The P/CHB shall oversee the monitoring of integration of the local health systems through annual self-assessment.

4. The CHD/ MOH-BARMM core group and P/CDOHO/ IPHO shall perform the validation and provide technical assistance, as necessary.

VII. ROLES AND RESPONSIBILITIES

A. **Department of Health**

1. The FICT, through the CHDs, and the MOH-BARMM shall oversee the integration of local health systems, including the assessment and monitoring of status of integration.

2. The CHDs and MOH-BARMM, through the core group and P/CDOHO/ IPHO shall:
   i. Assist the LGUs in the integration of their local health systems, including assessment and monitoring of the integration status;
   ii. Provide the overall data management and analysis for the LHS ML implementation within their respective regions; and

iii. Ensure that the needed investments and support for the integration of local health systems are reflected in the LIPH of the P/CWHS.

3. The Health Policy Development and Planning Bureau (HPDPB), in coordination with the BLHSD, shall ensure that DOH units use the LHS ML as one of the bases for their policy and plan formulation, and budget proposals.

4. The BLHSD shall:
   i. In close coordination with the CHDs, MOH-BARMM, concerned DOH CO Bureaus, and attached agencies, facilitate the review, revision and updating of the LHS ML and other related issuances;
   ii. Provide the overall data management and analysis for the LHS ML implementation; and
   iii. Develop guidelines on the identification and documentation of local health systems good practices.

5. The following DOH CO Bureaus and attached agency shall ensure that the corresponding guidelines, standards, technical assistance and capacity building activities, and other support mechanisms related to P/CWHS characteristics are available and updated as necessary, in close coordination with other DOH units:

P/CWHS Characteristics	Lead Bureau(s)
Unified Governance of the Local Health System	BLHSD
Strategic and Investment Planning	BLHSD
Financial Management	BLHSD and PhilHealth
Human Resource for Health Management and Development	Health Human Resource Development Bureau (HHRDB)
Information Management System	Knowledge Management and Information Technology Service (KMITS)
Epidemiology and Surveillance System	Epidemiology Bureau (EB)
Procurement and Supply Chain Management	Supply Chain Management Service (SCMS) Pharmaceutical Division (PD)
Referral System	Health Facilities Development Bureau (HFDB) Disease Prevention and Control Bureau (DPCB) PhilHealth
Disaster Risk Reduction Management for Health System	Health Emergency Management Bureau (HEMB)
Health Promotion Programs or Campaigns	Health Promotion and Communication Service (HPCS)

B. **Local Government Units**, through the P/CHB, shall:
   1. Lead in the organization of the P/CWHS, including the monitoring of integration of the local health systems using the LHS ML;
   2. Ensure the efficient collection, validation and submission of LHS ML data using the prescribed tool. They shall likewise make sure that supporting documents are made available to the CHD/ MOH-BARMM core group, P/CDOHO/ IPHO and other concerned stakeholders and health partners;

3. Ensure that both the integration status and KRAs are considered during the formulation of the LIPH/AOP; and
4. Provide needed resources, including funds, and support mechanisms for the implementation of the LHS ML.

C. **Health Partners** shall:
1. Align their programs, projects and activities with the integration of the local health systems; and
2. Provide necessary technical assistance and support to facilitate the organization and functionality of the P/CWHS.

VIII. SEPARABILITY CLAUSE

If any part or provision of this Order is rendered invalid, by any court of law or competent authority, the remaining parts or provisions not affected shall remain valid and effective.

IX. REPEALING CLAUSE

All Orders, rules, regulations, and other related issuances inconsistent with or contrary to this Order are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

X. EFFECTIVITY DATE

This Order shall take effect immediately.

FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

CERTIFIED TRUE COPY
AUG 20 2020
CORAZON S. DELA CRUZ
KMITS - RECORDS SECTION
Department of Health

Annex A. Leadership and Governance

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: LEADERSHIP AND GOVERNANCE			
CHARACTERISTICS	**LEVELS OF PROGRESS *(Key Result Areas)***		
	I **PREPARATORY**	**II** **ORGANIZATIONAL**	**III** **FUNCTIONAL**
Unified Governance of the Local Health System	1. Commitment to integrate local health systems into Province-Wide and City-Wide Health Systems, as expressed through: a. Sanggunian Panlalawigan/Panlungsod (SP) Resolution or Executive Order on integration of local health systems b. Memorandum of Understanding (MOU) between the Provincial/City Government and DOH specifying the commitment to implement integration of local health systems 2. Presence of technical working group/s (or similar group/s) to assist the P/CHB on matters relating to the integration of local health system through an Executive Order (EO)	1. Organized Province-/City-wide Health System (P/CWHS) through a Memorandum of Agreements (MOA), with the following minimum contents: a. Inter-LGU cooperation through the creation of PCPNs linked to a secondary or tertiary care b. Organizational and management structure: i. Provincial/City Health Board (P/CHB) ii. Technical Management Committee (TMC) *(if Sub-Provincial Health Systems will be created)* c. Resource sharing and coordination mechanisms d. Obligation and responsibilities of the province and component LGUs (municipalities and/or component cities) 2. Expanded P/CHB functions and members through an Executive Order (EO), with the following minimum contents: a. P/CHB having the mandate to fully manage the SHF, and exercise administrative and technical supervision over health facilities and health human resources within the P/CWHS b. Representative/s of municipalities and components cities c. ICC/IP representative, as applicable *(Remarks: No prescribed number for the representative/s of municipalities and component cities included in the PWHS)* 3. Strengthened Provincial/ City Health Office a. Creation of the Health Service Delivery Division and Health Systems Support Division, and corresponding functions through an ordinance b. Creation, through an ordinance, and filling up of plantilla positions for Assistant P/CHO and	1. Institutionalized P/CWHS through the issuance of local ordinances 2. P/CWHS, through the P/CHB, contracted by DOH for the delivery of population-based health services and by PhilHealth for the delivery of individual-based health services 3. P/CWHS Annual Accomplishment Report reflecting Health Service Delivery and Health Systems Performance, including health statistics, available health resources and yearly comparative performance analysis *(**Remarks:** Depending on the decision of the P/CHB, this may be provided as a separate document or incorporated in the LGU Annual Accomplishment Report, provided that the minimum contents are included.)*

Annex A. Leadership and Governance

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: LEADERSHIP AND GOVERNANCE			
CHARACTERISTICS	**LEVELS OF PROGRESS *(Key Result Areas)***		
	I PREPARATORY	**II ORGANIZATIONAL**	**III FUNCTIONAL**
		another official of equivalent rank, if not yet existing, and other personnel for the created division c. New organizational structure of the P/CHO *(Remarks: In addition to the two (2) divisions, an Epidemiology and Surveillance Unit (ESU) and Health Promotion Unit (HPU) shall be created within the P/CHO. These are reflected under the Information Block and Service Delivery Block, respectively.)* 4. Established Management Support Unit (MSU), including personnel composition, and roles and functions through an Executive Order (EO)	
Strategic and Investment Planning	1. Baseline assessment of LGU's health systems capacity and corresponding investment needs for the integration of the local health systems: a. Human resources for health, infrastructure and equipment b. Service capabilities of health facilities and services c. Status of licensing (DOH) and accreditation (PhilHealth) of health facilities and services d. Management support systems such as human resources for health management and development, information management, procurement and supply chain management, quality assurance/ improvement, referral system, DRRM-H system, epidemiologic surveillance system, and proactive and effective health promotion programs/ campaigns *(Remarks: Other specific areas for gaps analysis and investment needs assessment were reflected in the concerned building block.)*	1. Local Investment Plan for Health (LIPH) as the strategic and investment plan of the P/CWHS through a resolution 2. LIPH/AOP concurred by concerned Center for Health Development (CHD) as reflected in the concurred appraisal checklist	1. Summary of investment needs as reflected in the AOP vis a vis actual expenditures (by fund source)

Annex B. Financing

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: FINANCING			
CHARACTERISTICS	**LEVELS OF PROGRESS *(Key Result Areas)***		
	I **PREPARATORY**	**II** **ORGANIZATIONAL**	**III** **FUNCTIONAL**
Financial Management		1. P/CHB Resolution on the opening of an SHF Bank Account in an authorized depository bank 2. Sanggunian Panlalawigan/ Panlungsod Resolution to endorse the P/CHB Resolution on the opening of an SHF Bank Account 3. SHF Bank account, including its authorized signatories, as reflected in a certification from the authorized government depository bank 4. Separate book of account for SHF, including subsidiary ledgers for each fund source, as reflected in a certification from the Provincial/ City Accountant 5. Subsidiary ledger for SHF in the Trust Fund of component LGUs as reflected in a certification from the concerned LGU's Accountant 6. With the following personnel in the MSU to assist the Board in the management of the SHF: a. Accountant b. Administrative Officer c. Liaison Officer *(Remarks: The personnel identified above, including the other personnel that shall comprise the MSU, should be included in the Executive Order that shall be issued based on Item 4, Organizational Level, Unified Governance of the LHS under the Leadership and Governance Block.)*	1. Exclusive use of the SHF budget for health programs, projects and activities within the P/CWHS, as reflected in: a. P/CHB Resolution b. Approved Work and Financial Plan (WFP) 2. SHF budget utilization, as reflected in the quarterly Report of Utilization

Annex C. Health Workforce

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: HEALTH WORKFORCE			
CHARACTERISTICS	**LEVELS OF PROGRESS *(Key Result Areas)***		
	I PREPARATORY	**II ORGANIZATIONAL**	**III FUNCTIONAL**
Human Resources for Health Management and Development	1. Baseline assessment, gaps analysis and identification of corresponding investment needs *(based on P/CWHS needs, and standards of DOH and other agencies)*: a. Distribution and staffing pattern (filled and unfilled positions) within the P/CWHS *(disaggregated by hiring authority)* b. Learning and development needs based on competency standards *(Remarks:* *1.Disaggregation by hiring authority = LGU-hired plantilla, LGU-hired contract of services, DOH deployed, rotating HRH)*	1. With available HRH plan, integrated in the Local Investment Plan for Health (LIPH), for the whole P/CWHS reflecting the following minimum contents: a. Filling-up of vacant plantilla positions b. Mechanism on HRH sharing within the health care provider network c. Incremental creation of plantilla positions for HRH d. Learning and development plan/ intervention 2. Updated National Health Workforce Registry *(NHWR)* 3. Harmonized competency-based HRH management and development system, and HRH performance assessment system, including grievance redress mechanisms, through an Executive Order (EO) or Provincial/City Health Board Resolution 4. Presence of health workers competent on providing primary care services, as certified by the DOH and PRC	1. Permanent plantilla positions for HRH created through an ordinance, based on gaps/ needs identified 2. Reports on: a. HRH to population ratios b. Trained HRH based on required competencies per cadre c. HRH attrition rate d. Patient satisfaction on HRH performance e. HRH satisfaction on HRH support provided by P/CWHS

Annex D. Information

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: INFORMATION			
CHARACTERISTICS	**LEVELS OF PROGRESS *(Key Result Areas)***		
	I PREPARATORY	**II ORGANIZATIONAL**	**III FUNCTIONAL**
Information Management System	1. Baseline assessment, gaps analysis and identification of corresponding investment needs on *(based on P/CWHS needs, and standards of DOH and other agencies)*: a. State of ICT governance in the P/CWHS, including strategic and investment planning for health information management/ICT b. Inventory of health facilities with service and ICT capabilities, which include implemented systems/applications, ICT equipment, internet connectivity, availability of dedicated ICT personnel and other cross-cutting ICT issues such as standards compliance, privacy and data protection, etc.	1. Health information management/ ICT development plan for the whole P/CWHS 2. Functional EMR system among health facilities within the P/CWHS as evidenced by capacity to submit reports to DOH and PhilHealth 3. Memorandum of Agreement (MOA)/ Service Level Agreements (SLA) on engagements with medical specialists for the provision of telemedicine services 4. Presence of dedicated ICT personnel	1. Validated EMR system that links the members of the PCPN to secondary and tertiary care providers within the P/CWHS as evidenced by capacity to coordinate referrals from: a. PCPN to referral facilities (secondary/ tertiary) b. Referral facilities (secondary/ tertiary) to Apex hospital/s c. Referral facilities or Apex hospital/s to PCPN 2. Reports on: a. Percent of security incidents and personal data breaches detected and responded to in a timely manner b. Percent of health facilities providing telemedicine services *(Remarks:* *1. Telemedicine service will be integrated as a functional module in the EMR system.* *2. All security incidents and personal data breaches shall be acted upon following the breach incident reporting and management protocol of the National Privacy Commission as guided by existing laws, rules and guidelines.)*
Epidemiologic Surveillance System	1. Baseline assessment, gaps analysis and identification of corresponding investment needs on *(based on P/CWHS needs, and standards of DOH and other agencies)*: a. Presence of epidemiology and surveillance unit b. Availability of trained personnel on epidemiology and public health surveillance c. Referral and coordination system among the Epidemiology and Surveillance Units (ESUs) within the P/CWHS, including availability of ICT equipment, transportation and communication facilities	1. Epidemiology and Surveillance Units (ESUs) with dedicated personnel competent on basic epidemiology, disease surveillance and event-based surveillance created through ordinance/s: a. Provincial/ City ESUs (P/CESUs) within the P/CHO b. Hospital Epidemiology and Surveillance Unit (HESU) 2. Technical guidelines/manual of operations on epidemiology and surveillance system reflecting the following minimum contents: a. Case detection, notification and investigation	1. Epidemiology and Surveillance System technical guidelines/manual of operations fully implemented within the P/CWHS through an ordinance 2. Timely submission of reports through the following systems: a. Field Health Services Information System (FHSIS) b. Case-Based Surveillance Report through Philippine Integrated Disease Surveillance and Response (PIDSR) 3. Epidemiologic Surveillance Report 4. Event-Based Surveillance Report, as needed

Annex D. Information

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: INFORMATION			
CHARACTERISTICS	**LEVELS OF PROGRESS** *(Key Result Areas)*		
	I **PREPARATORY**	**II** **ORGANIZATIONAL**	**III** **FUNCTIONAL**
	d. Compliance to reporting requirements	b. Flow of case reporting and information feedback c. Data management d. Response to health event of public health concern either a public health emergency or a public health threat e. Monitoring and supportive supervision over component LGUs' ESU f. Resources/ Logistics provision strategy	

Annex E. Medical Products, Vaccines and Technology

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: MEDICAL PRODUCTS, VACCINES AND TECHNOLOGY			
CHARACTERISTICS	**LEVELS OF PROGRESS *(Key Result Areas)***		
	I PREPARATORY	**II ORGANIZATIONAL**	**III FUNCTIONAL**
Procurement and Supply Chain Management	1. Baseline assessment, gaps analysis and corresponding investment needs on *(based on P/CWHS needs, and standards of DOH and other agencies)*: a. Supply of medicines, vaccines and other health commodities b. Availability of health equipment and other technologies c. Availability of designated area for proper storage of supplies, such warehouses d. Trained personnel on procurement and supply chain management e. LGU-hired licensed pharmacist/pharmacy assistant vis-à-vis list of health facilities f. Availability of Transport Network Vehicle Service (TNVS) 2. Pharmacy and Therapeutic Committee (PTC) with clearly defined functions relating to procurement and supply chain management created through an Executive Order (EO).	1. Procurement plan for the whole P/CWHS *(Remarks: Individual LGUs shall still develop their own procurement plan.)* 2. Technical guidelines/manual on the implementation of the harmonized procurement and supply chain management with the following minimum contents: a. Delineation of functions and accountabilities among member LGUs b. Demand planning and forecasting c. Warehousing, distribution centers and consumption monitoring d. Inventory management e. Transportation strategies f. Proper storage and disposal of medicines and health commodities *(including expired products)* *(Remarks: The technical guidelines/ manual shall specify if the P/CWHS will utilize the BAC of the Province/City, among others, or will it create its own BAC.)* 3. Presence of pharmacist/ pharmacy assistant among LGUs 4. Presence of dedicated trained personnel on procurement and supply chain management in the P/CHO	1. Interoperable electronic supply chain/ logistics management system 2. Reports on: a. Availability of essential medicines in all public health facilities (% of public health facilities with no stock-outs) b. Near-expiry medicines, vaccines and health commodities, including the batch number/ lot number, and name of manufacturer and distributor/ supplier *(Remarks:* *1) Public health facilities = RHUs/Health Centers, infirmaries and hospitals;* *2) Essential medicines = as determined by DOH and as decided by the P/CHB based on latest epidemiological data* *3) No stock-outs = facility did not experience having less than one month buffer stock of identified essential medicines (definition was based on AO 2019-0027 – LGU Health Scorecard))*

Annex F. Service Delivery

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: SERVICE DELIVERY			
CHARACTERISTICS	**LEVELS OF PROGRESS** *(Key Result Areas)*		
	I **PREPARATORY**	**II** **ORGANIZATIONAL**	**III** **FUNCTIONAL**
Referral System	1. Results of review of existing referral system which include, but not limited to: a. Service capabilities and available health services of health facilities within the P/CWHS b. Communication and transportation arrangements c. Availability of referral guidelines and case management protocols 2. Groupings/ clustering of health care providers and facilities (RHUs/ Health Centers and their referral hospitals) 3. With identified potential Apex Hospital/s	1. Updated technical guidelines/manual on referral systems specifying the following minimum contents: a. Directory of health facilities, including service capabilities, available services and corresponding prices, operating hours and contact details b. Roles and responsibilities of the referring and referral facilities, and other identified stakeholders c. Communication and transportation arrangements d. Standard referral forms to be used 2. Clinical practice guidelines and other case management protocols adopted and implemented in the P/CWHS 3. P/CWHS health facility development plan 4. Public Health Units in LGU Hospitals created through an Executive Order 5. Partnership with Apex Hospital/s through a Memorandum of Agreement 6. Registration of indigents to a primary care provider within their territorial jurisdiction 7. Technical guidelines on customer feedback mechanism, including standard form and data utilization mechanisms	1. Reports on the following: a. Rate (%) of coordinated referrals: i. PCPN to referral facilities (secondary/ tertiary) ii. Referral facilities (secondary/ tertiary) to other referral facilities (secondary/ tertiary) or Apex hospital/s iii. Referral facilities or Apex hospital/s to PCPN b. Leading causes of referrals c. Top reasons for declined referrals d. Patient satisfaction rating on service delivery 2. Registration of all constituents to a primary care provider within their territorial jurisdiction

Annex F. Service Delivery

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: SERVICE DELIVERY			
CHARACTERISTICS	**LEVELS OF PROGRESS *(Key Result Areas)***		
	I PREPARATORY	**II ORGANIZATIONAL**	**III FUNCTIONAL**
Disaster Risk Reduction Management for Health (DRRM-H) System	1. Baseline assessment, gaps analysis and identification of corresponding investment needs *(based on actual P/CWHS needs, and standards of DOH and other agencies)* 2. DRRM-H Program adopted through P/CHB Resolution	1. Province/City-wide DRRM-H System have the following minimum requirements: a. Unified, comprehensive and coherent DRRM-H Plan that is approved, updated, disseminated and tested b. Organized Public Health and Hospital Health Emergency Response Team (HERT) with minimum required trainings c. Available and accessible health emergency commodities (HEC) *(i.e. medicines)*, and presence of an equipped, servicing ambulance or patient transport vehicle d. Functional Emergency Operations Center (OC) (under the management and supervision of the P/CHO in coordination with DRRMO OC) 2. With dedicated P/CWHS DRRM-H Manager 3. Reports on: a. Program Accomplishment and Management Reports b. Field Health Emergency Alerting Report System (HEARS) Reports c. Rapid Health Assessment (RHA) Reports, as needed d. Post Incident Evaluations in public health emergencies/ disasters, as needed e. Performance Indicator for Operations Monitoring Reports, as needed	1. Province/City-wide DRRM-H System have the following additional characteristics: a. Self-sufficient Public Health and Hospital HERT with extensive trainings b. Available and accessible HEC as per DM 2018-0430 or the *"Guidelines on the List of Minimum Basic Logistics to be Procured/ Maintained"* and its revisions, and with arrangement for a field implementation facility (either owned or through MOU/MOA with partners) c. Health Operations Center under the management and supervision of the P/CHO 2. Additional reports on: a. Program Implementation Review b. Health Situation Update, as needed
Health Promotion Programs or Campaigns	1. Baseline assessment on functional health literacy of the catchment population 2. Health Promotion Committee (HPC) created through an Executive Order	1. Health Promotion Unit (HPU) with dedicated trained personnel within the P/CHO created through an ordinance 2. P/CWHS Health Promotion Framework Strategy	1. Additional reports/ portfolio on: a. Consolidated inputs and recommendations to Health Impact Assessment Reports vetted and signed off by appropriate local health

Annex F. Service Delivery

MATURITY LEVEL: Defining the Pathway to Progressively Realize the Integration of Local Health Systems			
BUILDING BLOCK: SERVICE DELIVERY			
CHARACTERISTICS	**LEVELS OF PROGRESS *(Key Result Areas)***		
	I **PREPARATORY**	**II** **ORGANIZATIONAL**	**III** **FUNCTIONAL**
	3. Barangay Health Workers (BHWs) declared as on-the-ground health promotion officers with clearly defined Terms of Reference or Scope of Work 4. At least one (1) module from the Local Health System Health Promotion Playbook implemented	3. At least three (3) modules from the Local Health System Health Promotion Playbook implemented 4. Reports/ Portfolio on: a. Annual accomplishments on health promotion program submitted to DILG and DOH b. Policies, programs and campaigns implemented, including documentation of community action and social mobilization initiatives within the P/CWHS *(Remarks:* *Item a: In compliance with Section 30.13 of UHC Act IRR.* *Item b: Based on Section 30.12 of UHC Act IRR, priority shall be given to health promotion policies and programs related to reduction of alcohol and tobacco use, reduction of incidence of communicable diseases and prevalence of non-communicable diseases, addressing mental health issues and improvement of health indicators)*	authorities and duly submitted to the Centers for Health Development, as part of their participation in the HIA Review Process. *(Remarks: In compliance with Section 33.1 of the UHC Act IRR, the DOH in coordination with the NEDA, DILG, DENR, relevant LGUs and other executive agencies shall ensure that Health Impact Assessment is conducted public health mitigation and management plans are implemented for all development initiatives, and members of potentially affected communities are well-represented in the process.)* 2. At least seven (7) modules from the Local Health System Health Promotion Playbook implemented