



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

July 5, 2013

No. 2013 - 0016

SUBJECT: Establishment of System for Monitoring and Evaluation of Kalusugan Pangkalahatan (KP)

I.- RATIONALE

The Kalusugan Pangkalahatan or Universal Health Care (KP/UHC) is the GOP's medium-term health sector reform program. KPfUHC is a focused approach to health reform implementation ensuring that all Filipinos especially the poor receive the benefits of health reform."

KP/UHC has three strategic thrusts: (i) Financial Risk Protection through Expansion in NHIP enrollment and benefits delivery - the poor are to be protected from the financial impacts of health care use by effective health insurance coverage (enrollment, utilization and financial protection) of the NHIP; (ii) Improved Access to Quality Hospitals and Health Care Facilities — Government— owned and operated hospitals and health facilities will be upgraded to expand capacity and provide quality services, _ especially to underserved households; and (iii) Attainment of the health- related MDGs ~— public health programs shall be focused on reducing maternal and child mortality, morbidity and mortality from TB and malaria and reducing the prevalence of HIV/AIDS, in addition to being prepared for emerging disease trends and prevention and control of non-communicable diseases (NCDs).

A KP- Monitoring and Evaluation Will ensure that progress and performance against" KP goals and objectives are clearly defined on the basis of valid and reliable data.

II. OBJECTIVE OF THE ADMINISTRATIVE ORDER

A. General objective

This Administrative Order is issued to provide the implementing guidelines fOr monitoring and evaluation of Kalusugan Pangkalahatan.

B. Specific Objectives

1. Assess and report on program progress, effectiveness, and impact;
2. Improve program management and decision-making;
3. Plan or refine ongoing and future resource needs;
4. Communicate and advocate for KP/UHC;
5. Ensure accountability and transparency in relation to stakeholders, including funders.

III. SCOPE This Order applies to all stakeholders of the health sector.

IV. GENERAL GUIDELINES

A. The KP Monitoring and Evaluation system shall harmonize concepts, elements and activities among the different ongoing M&E systems and their data sources in the Department of Health, attached agencies, LGUs and. minimize duplication. These include, but are not limited to, the following:

1. Philippine Development Plan (PDP)
2. National Objectives for Health 2005 -2010 and 2011-2016
3. Operational Indicator Framework
4. Physical and Financial Reports to the Department of Budget and Management (DBM)
5. Performance Based— Bonus (PBB)
6. Performance Reports to Presidential Management Staff (PMS), SONA Reports and reports to the National Economic and Development Authority (NEDA)
7. Separate Performance Reports Required by various Official Development Assistance (ODA) loans and grants such as World Bank (WB) and European Union (EU) among others
8. Annual Performance Assessments
9. Performance Governance System (PGS)
10. Scorecards (LGU Scorecard, Centers for Health Development, Hospitals, DOH Central Office, Development Partners)
11. Various external evaluations

12. Various impact evaluations

13. Policy studies

B. The KP Monitoring and Evaluation shall also harmonize and streamline the use of major data sources, reporting on health system performance, including but not limited to the following:

1. Routine surveillance and tracking systems (FHSIS)

2. PhilHealth—based data systems

3. Population-based surveys

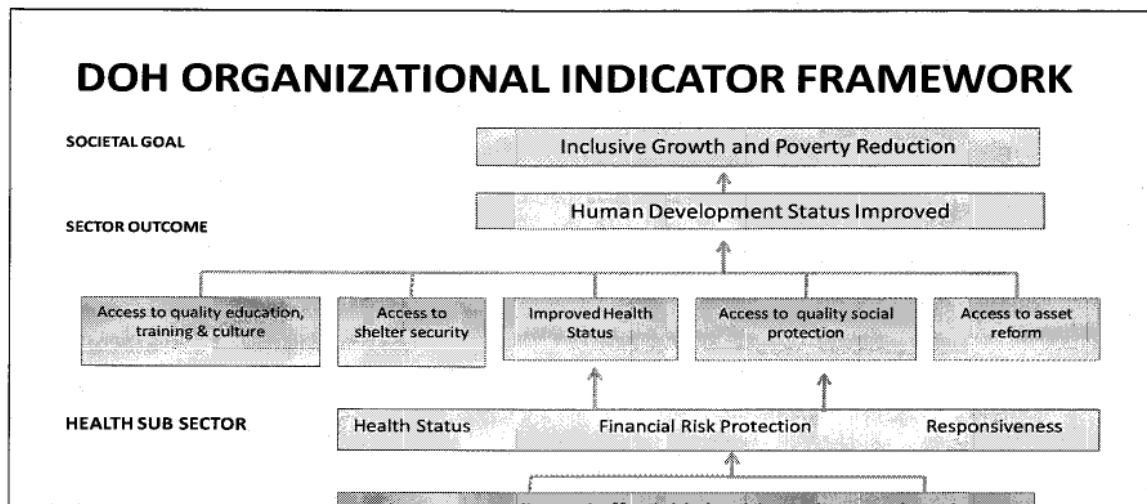
4. Operational research, implementation research, and special studies

C. The KP Monitoring and evaluation system shall use information and communication technologies available to the Department of Health.

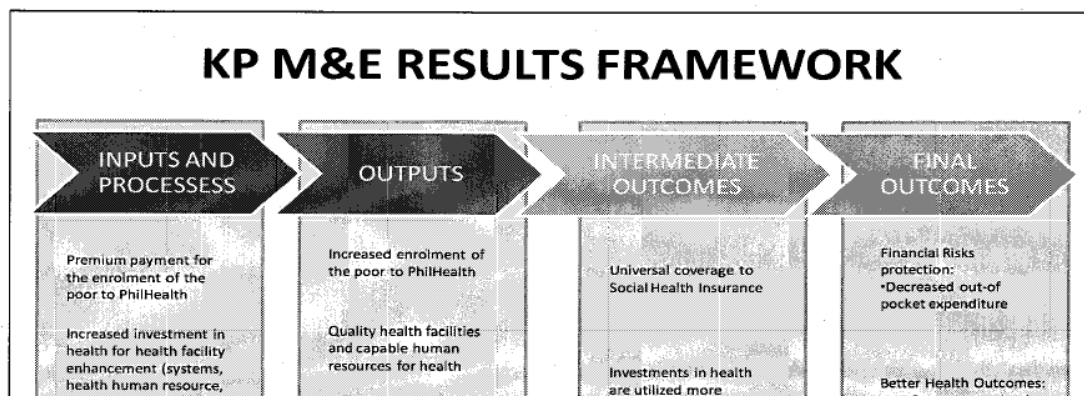
V. ELEMENTS OF KP MONITORING AND EVALUATION

A. KP M&E Results Chain or Framework

The KP M&E Framework supports the DO Organizational Indicator Framework as indicated below:



The KP-M&E Results Framework encompasses the inputs/processes, outputs, intermediate and final outcomes and impacts which is desired to be accomplished and achieved at the end of the medium term 2011-2016 as illustrated below.



B. Data Sources

1. Population Surveys - to include the National Demographic and Health Survey (NDHS), Annual poverty Indicator Survey (APIS), Family Income and Expenditure Survey (FIES), "Family Health Survey (FHS), Social Weather Station (SWS) and Pulse Asia surveys among others
2. Facility Surveys — to include hospitals surveys and health provider surveys among others
3. Routine Reports — Field Health Service Information System (FHSIS), Unified Health Management Information System (UHMIS) and other routine information systems
4. Periodic prevalence and sector surveys- TB prevalence survey, Young Adult Fertility and Sexuality Survey (YAFSS) and Global Adult Tobacco Survey (GATS) among others
5. Operational researches, implementation research and special studies

C. KP Monitoring Systems

The KP M&E shall have Monitoring Systems in place to track inputs, process and outputs based on plans and budgets and to guide management interventions needed. These include the list below.

1. KP Dashboard data to track progress of implementation and guide management on decisions.
2. Physical and Financial Quarterly Report based on DBMS requirements: monitor performance based on Work and Financial Plans (WFP) using Budget Execution Document (BED) and Budget Accountability Report (BAR), DBM report forms
3. Performance Based Bonus (PBB) Quarterly Report to monitor performance commitment for PBB
4. ISO Quality System report to monitor performance on commitment for ISO Quality System
5. Monthly reports to PMS KP Portal
6. Local Government Unit Monitoring

D. Annual Performance Assessment

The KP M& E shall include assessment of annual performance to guide plans and budget for succeeding year and inform stakeholders. These include the list below.

1. Report to oversight agencies: NEDA, PMS, SONA reports grants

2. ODA performance reports Reports linked to conditionalities of loans and New
3. Report to the general public: DOH AnnUal Report
4. Report of program implementers: Program Implementation Reviews (PIR)
5. Scorecards: LGU Scorecards, CHD scorecard, Donor SCorecard

E. KP Impact Evaluation

The KP impact evaluation shall measure the result of KP in improving the lives of the Filipino population in terms of the attainment of the desired final outcomes of better health outcomes, financial risk protection, and health system responsiveness. This shall be conducted in 2014, 2016, and 2020. The impact evaluation will assess the results on both the general population and on the poor population. Result will direct strategy adjustments for the medium term period.

F. Publication and Accountability Reports

1. DOH Annual Report
2. State of the Nation Report (annual)
3. NEDA Socio—economic Report (every 2 years)
4. Health-Sector Report to Development Partners
5. Annual Program Reports
6. External Validation Reports (as needed)
7. Impact evaluation reports (every 3—5 years)

VI. MANAGEMENT AND ORGANIZATION OF KP MONITORING AND EVALUATION

The following defines the roles of the different stakeholders in KP M&E:

A. Department Of Health

1. DOH Executive Committee (EXECOM) shall set the policies, oversee, and give overall directions for KP Monitoring and Evaluation.
2. Operations Cluster Heads shall ensure timeliness, efficiency and quality of data submitted by CHDs and Hospitals

3. Centers for Health Development shall:

- a. ensure capacity of LGUs and hospitals to generate and report on I performance data in a timely and accurate manner a
- b. analyze regional performance and submit timely report
- c. develop interventions based on performance reports of regional health system -

4. Health Policy Finance and Research Development Cluster (HPFRDC)

a. Health Policy Development and Planning Bureau (HPDPB) shall:

- i. manage and coordinate the KP M&E as part of their regular tasks and duties in the DOH. The HPDPB shall set and update the standards, rules, and principles for KP M&E implementation
- ii. define KP M&E system, performance indicators, frequency of reporting and data sources;
- iii. generate performance reports as required using data available;
- iv. coordinate with all DOH units, development partners, national a goveMent agencies for harmonized/streamlined M&E System; and
- v. set-up external validation systems for internal reports as a part of DOH accountability mechanism (e. g. NAC, External Validation Reports).

b. Research Reference Hub shall establish a performance measurement unit specializing in performance assessment functions. The Research Reference Hub shall ensure the capacity for continuous generation and utilization of quality and timely performance data and that all the research-related components of KP M&E shall be part of the National Health Research Agenda.

5. Information Management Service (IMS) shall develop and maintain IT platforms for efficient data collection, analysis, sharing and reporting.

6. National Epidemiology Center shall:

- a. generate timely and quality data collection and reporting from routine data systems and population surveys and
- b. harmonize data sources and collection methods.

7. Program Managers/Directors shall.

- a. develop data systems for their program in coordination with National Epidemiology Center(N

EC) and Information Management Service "(IMS),

- b. analyze data on national. performance and performance on the poor and
- c. submit reports on program performance as part of DOH reporting requirements.

8. Other DOH Offices and DOH Attached Agencies

Other DOH offices that will be identified as data sources shall provide the data according to the data collection mechanisms to be set by the ExeCom. These include DOH-attached agencies such as the Philippine Health Insurance Corporation, the National Nutrition Council, and the Population Commission. These offices and attached agencies shall also share their approaches for data verification and other special studies related to the KP indicators.

8. Other Agencies and InStitutions The DOH shall also work with the following agencies and agencies for KP. M&E:

1. The Department of the Interior and Local Government (DILG) for harmonization of the LGU Scorecard with the KP M&E
2. The National Economic Development Authority and the National Statistics Office (NSO) for systematic inclusion of KP M&E needs in national surveys. '
3. The academe, development and research institutes, health professional societies, and consulting firms may be tapped for external evaluations, data verification studies, operational research, policy and econometric analyses, modeling and forecasts, and/or capacity building for KP M&E human resources.

C. Development Partners shall ensure alignment and harmonization of their data needs and monitoring and evaluation activities with KP.

VII. IMPLEMENTATION MECHANISM

- A. HPDP designs the KP M&E system and ensures implementation
- B. Technical Program Managers develops data collection tools for efficient data gathering as may be required by the program and shall serve as input into the KP M&E reporting system
- C. IMS develops IT platforms for efficient data storage and analysis
- D. CHDs collects/consolidates/analyzes/reports on data within their areas of responsibility which shall be submitted for consolidation at the existing administrative reporting systems at the DOH national level

E. Operational Cluster Heads review and validate data and ensure timely submission of reports

F. Technical Program Managers analyze national data and data on poOr and utilize them for the improvement of program implementation

G. Technical Cluster Heads validate data and report for inclusion in DOH official reports

H. HPDPB formulates overall KP M&E Reports for submission to oversight agencies and dissemination to other stakeholders

VIII. REPEALING CLAUSE

All administrative orders, rules or regulations inconsistent with this Order are hereby repealed, amended, or modified accordingly.

IX. EFFECTIVITY DATE

This Order shall take effect immediately.

ENRIQUE T. ONA, MD
Secretary of Health