



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH  
OFFICE OF THE SECRETARY

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June 29, 1999

**ADMINISTRATIVE ORDER**

No. 21- A S., 1999

**SUBJECT : MANAGEMENT OF THE DOH LINGAP PARA SA MAHIHIRAP  
PROGRAM FUND UNDER R.A. 8745 OTHERWISE KNOWN AS  
GENERAL APPROPRIATIONS ACT OF 1999**

***I. PURPOSE AND RATIONALE***

Poverty continues to be a problem in the country. In 1998, Republic Act 8425, otherwise known as the Social Reform and Poverty Alleviation Act, was enacted to provide a multi-dimensional approach to poverty alleviation that consists of social, economic, ecological and governance reforms.

Under the present administration, efforts are geared towards poverty eradication by reducing the current poverty incidence of 32 % to 20 % by the year 2004. The Lingap Para sa Mahihirap Program, or simply the Lingap Program, serves as the vehicle in putting together efforts and resources of government and private sectors in order to solve the problem of poverty. The Lingap Program addresses the Minimum Basic Needs (MBN) of the poor communities and disadvantaged sectors focusing on food security, sustainable development, low cost housing, good governance and peace and order.

To support the implementation of the Lingap Program, the General Appropriations Act of 1999 provides for a Lingap fund to be released to and managed by government agencies with major roles in addressing the MBNs of the poor. Likewise, Executive Order No. 92 provides for the guidelines and institutional arrangements for the management of the Lingap fund.

The Department of Health (DOH), as one of the implementing agencies of the Lingap Program, hopes to contribute in the poverty eradication efforts of government through the Food, Nutrition and Medical Assistance Program (FNMAP). The Program aims to increase access of the poorest of the poor families to health services; to improve health status of these marginalized families through better delivery of health services; and to strengthen collaboration between and among stakeholders for health (DOH, LGUs, NGOs, POs and Basic Sectors).

In order to ensure systematic and efficient management of the Food, Nutrition and Medical Assistance Program of the Lingap Program, including the utilization of its allotted fund, the development of policies and guidelines, thus, becomes necessary.

## **II. DEFINITION OF TERMS**

1. **Convergence Areas** - for the purpose of this fund, refers to barangays, urban and rural, identified by LGUs and the National Security Council where the 100 poorest of the poor families reside and where deliberate synchronization and coordination of Lingap Para sa Mahihirap Program resources, services and interventions are currently focused.
2. **Minimum Basic Needs (MBN)** - refers to survival (food and nutrition, health, water and sanitation, clothing), security (shelter, peace and order/public safety, income and livelihood) and enabling needs (basic education and literacy, participation in community development, family care/psycho-social) of a Filipino family
3. **Basic Sectors** - refers to the 14 sectors of society represented in the National Anti-Poverty Commission (NAPC) namely: farmers and landless rural workers, fisherfolk, urban poor, indigenous people, workers in the formal sector and migrant workers, workers in the informal sector, children, youth and students, women, senior citizens, persons with disabilities, victims of disasters and calamities, cooperatives, and non-government organizations.

## **III. GENERAL PROGRAM POLICIES**

1. The basic unit of program intervention is the family. All efforts shall converge in the identified target families and benefits shall radiate from these families to the barangay, municipality, city and province.
2. In the spirit of people empowerment, the principle of participatory decision making shall be adopted in the various projects under the program.
3. The Lingap fund is an initial fund for the LGUs to implement the Lingap program after which the LGUs shall take over the responsibility of the program

## **IV. PROGRAM COVERAGE**

Program interventions shall be focused on, but not limited to, the following Convergence Areas:

1. Barangays where the 100 poorest of the poor families in each province and city reside
  - About 16,100 families or approximately 96,600 individuals nationwide as identified by LGUs based on MBN will be served
2. Barangays identified by the National Security Council

## ***V. PROGRAM COMPONENTS***

The Food, Nutrition and Medical Assistance Program under the Lingap Para sa Mahihirap Program is composed of the following components:

### ***A. MEDICAL ASSISTANCE***

This component is divided into 2 packages:

#### ***A.1. HEALTH INSURANCE***

- This package is specific for the 100 poorest of the poor families in each province and city as identified by the LGUs but a monitoring mechanism shall be done by the DOH and PhilHealth in coordination with the legislators concerned to ensure enrolment of the appropriate beneficiaries
- This falls under the jurisdiction of the Philippine Health Insurance Corporation (PhilHealth). As provided for by Rule VI, section 29.d of the Implementing Rules and Regulations of the National Health Insurance Act, premium subsidy for indigents shall be shared by the PhilHealth and the LGU, provided that premium sharing shall be based on the income classification of the province/city. The annual premium for one (1) indigent with dependents is P1,188. The share of the LGU shall be paid by DOH through the Lingap fund.
- With the above premium, beneficiaries shall have the following benefit packages:
  - a) In-patient care - includes Room and Board, drugs and medicines, x-ray and laboratory expenses, doctors fees, operating room/ surgical procedures
  - b) Special Programs - which may include Out-Patient Care for specific illnesses as may be determined by PhilHealth.
- The identified beneficiaries shall be provided with Health Passports and PhilHealth Insurance Cards to be able to avail of the benefit packages

#### ***A.2. MEDICAL ASSISTANCE FUND***

- This package provides for a P 500,000 Lingap fund to be allotted to each Congressman and Partylist Representative and P 1,000,000 to each senator as Medical Assistance Fund in their identified government hospital

- As much as possible, 50 % of the amount shall be given to a government hospital identified by the legislator within the district while the remaining 50 % shall be in a government hospital of the legislators' choice anywhere outside of the district. Otherwise, the allocation may be adjusted by the legislator to serve the requirements of his/her constituents
- Depending on the urgent and priority needs of indigent constituents, the fund shall be utilized for the following purposes:
  1. enrolment of additional indigents in the National Health Insurance Program (NHIP);
  2. purchase of drugs, medicines and medical supplies by the hospitals identified for patients referred by the legislator; and
  3. reimbursement of expenses by the recipient hospital of Lingap fund for the use of special equipment, special ambulance service, ancillary and other services not available in government hospitals
- Enrolment of additional indigents identified by the legislators shall be subject to NHIP rules on enrollment of indigent members through the Community-based Information - Minimum Basic Needs (MBN)
- Drugs and medicines to be procured by the hospital shall only be those listed under the Philippine National Drug Formulary (PNDF), 4<sup>th</sup> edition, series 1996 and from accredited DOH drug suppliers

#### ***B. ASSISTANCE TO RHUs AND BHS***

- This component is an assistance to Rural Health Units (RHUs) and Barangay Health Stations (BHS) in the form of drugs, medicines and medical supplies
- The recipient RHUs and BHS shall be identified by the legislators in coordination with the local chief executives (LGEs)
- The drugs and medicines to be procured shall be identified by the RHUs and BHS and shall only be the Basic Medicines listed under the PNDF, 4<sup>th</sup> edition, series 1996 and those purchased from accredited DOH suppliers

### ***C. PUBLIC HEALTH COMPONENT***

- This component is divided into 2 packages:
  - a) **Sustansiya Para sa Masa Matching Grants for Community-based Nutrition Projects**
- This Sustansiya Matching Grant shall be given to the following eligible project proponents:
  - 1. LGUs
  - 2. NGOs/POs
  - 3. Basic Sectors
  - 4. Religious and civic organizations
  - 5. Schools
  - 6. Business/industries
- The grants shall provide opportunities for the identified project proponents to plan and implement community-based nutrition projects based on the needs of their communities
- Priority areas shall be those with high prevalence of malnutrition and other nutritional deficiencies where the one hundred poorest of the poor families reside and those identified by the National Security Council.
- The Project Menu for the Sustansiya Matching Grants are the following:
  - a) ***Complementary Feeding for the malnourished children***

The community-based complementary feeding will ensure that malnourished children will have access to food supplements which will improve their nutritional status. This activity may also be used as a venue for other nutrition-related activities, such as: micronutrient supplementation for children, pregnant women, disabled and the elderly; weighing and growth monitoring of 0-24 months old children; cooking classes or demonstration for mothers; and emergency feeding during and after disasters (see attached food supplementation guidelines). Health and nutrition counseling and education may also form an integral part of this activity and health personnel may be tapped as resource persons.

#### ***b) Dietary Diversification/Backyard Gardening***

To ensure availability of nutritious food in the local areas, community-based food diversification and backyard gardening may be proposed. Enhancing community resources accessible to local households and managed by the community themselves will be an effective strategy to address lack of nutritious food among the poorest families. The municipal agriculturist may be tapped to provide technical assistance among the local proponents.

- The Matching Grants shall range from P50,000 to P100,000/area following an 80-20 % cost-sharing from the Lingap Fund and the Project Proponent. The 20% counterpart of the Project proponent may include budgetary allocation in kind (goods such as food supplement, feeding equipment, etc.), services and staff time.
- The LGUs shall be encouraged to generate additional resources to sustain the projects
- The accompanying benchmarks under the Sustansya Matching Grant are as follows:
  1. Increase proportion of 6-24 months old underweight whose nutritional status was improved by 50 %
  2. Increase proportion of pregnant women who avail of health services and delivered well-nourished babies by 80 %
  3. Minimum of 90 % coverage of Vitamin A supplementation among 6-59 months old
  4. Increase in exclusive breastfeeding rates by 50 %
  5. Increase in households consuming iodized salt by 80 %
- Sustansya Matching Grants can be sustained through the following:
  1. Integration of Sustansya activities in the barangay/municipal/provincial health and nutrition action plan and LGU development plan
  2. Creation of Sustansya Task Force at different levels
- The LGUs shall be encouraged to generate additional resources to sustain the projects

#### **b) Garantisadong Pambata (GP)**

- Intestinal helminthiasis is among the top ten infectious disease killer causing 165,000 deaths worldwide. The infection has profound effect on children. It causes a decrease in physical activity, poor physical development manifested as stunted growth, impaired mental development and reduced performance in school. Thus, in order not to waste our limited resources and to succeed in our nutrition and feeding program, deworming of children is a must. Target clients are children aged 4-7 years old because they suffer the greatest morbidity from the infection.
- A Masterlist of children 4-7 y/o in every Barangay and municipality shall be prepared
- Deworming is done 5 times at 6 months interval per dose but the Lingap fund shall subsidize only the first dose. Funds for the succeeding doses shall be sourced out from other sources

#### **VI. FUND ALLOCATION**

- The total Lingap fund for the Food, Nutrition and Medical Assistance Program is P500,000,000. Allocation per program component is as follows:
  1. Medical Assistance
    - a. Medical Insurance for target families ----- P 10 M
    - b. Medical Assistance Fund for legislators  
(P500,000 x 221 Congressmen & Partylist Reps.)----- P 110.5 M  
(P1,000,000 x 23 Senators)----- P 23 M
  2. Assistance to RHUs and BHS  
(P500,000 x 221 Congressmen & Partylist Reps.)----- P 110.5 M  
(P1,000,000 x 23 Senators)----- P 23 M
  3. Public Health Package
    - a. Sustansya Para sa Masa Matching Grant ----- P 143 M
    - b. Garantisadong Pambata (Deworming Program) ----- P 70 M
  4. Administrative Fund (2 %) ----- P 10 M  
Total ---- P500 M
- Budget allocation by program component by region is presented in Table No. 1

## ***VII. GENERAL FUND MANAGEMENT***

### ***A. ASSISTANCE FUND***

- Lingap fund for the Food, Nutrition and Medical Assistance Program shall be released by Department of Budget and Management (DBM) to the DOH Central Office which shall in turn sub-allot to the Regional Health Offices (RHO) the amount as stated in Table 1.
- RHO shall transfer funds to implementing LGUs, hospitals and NGOs/POs through a Memorandum of Agreement with the concurrence of the concerned legislator
- Utilization and liquidation of funds transferred to implementing agencies/groups shall be in accordance to COA Circular No. 94-013 and other pertinent government accounting and auditing rules and regulations
- A separate Book of Accounts for the Lingap fund shall be maintained by all recipients of the Lingap fund
- A quarterly fund utilization report shall be submitted by all recipients of the Lingap fund to the RHO concerned through the Regional Lingap TWG. The RHOs shall likewise submit reports to the DOH Lingap TWG copy furnished the DOH Finance Service
- Any unutilized fund shall be returned by the RHOs to the DOH Finance Service except for the Health Insurance in which case any excess shall be used to enroll additional indigents

### ***B. ADMINISTRATIVE FUND***

- The Administrative fund shall be used by the DOH, Regional and Provincial Lingap TWGs/Secretariat for the general administration and management of the program. Of the total Administrative Fund, 57 % shall be sub-allotted to the RHOs for support to the Regional LGAMs Unit and Provincial Health Team (PHT) operations for the Lingap Program.



- At the DOH Central Office, the 43 % of the total Administrative Fund shall be used for the following purposes:
  - 02 - Traveling expenses for field monitoring, assessment/evaluation and other activities
  - 03 - Communication expenses
  - 04 - Repair of government facility as Operation Center for the Persons with Disabilities (PWDs) assigned to DOH
  - 07 - Supplies and materials (ex. Health Passports, office supplies, etc.)
  - 08 - Rental of equipment for the Operation Center of the PWDs
  - 17 - Trainings / Orientation Seminars for the implementors (RHOs, LGUs, NGOs, Basic Sectors, etc)
  - 18 - Extraordinary expenses for the PAB and TWG
  - 29 - Other services ( ex. networking, social mobilization, IBC, etc)
- At the Regional Health Office, the 57 % of the total Administrative Fund shall be used mainly for expenditures under Object Classes 02, 03, 07, 17, 23 and 29
- A Work and Financial Plan for the Administrative Fund shall be prepared by the DOH Lingap TWG/Secretariat and Regional Lingap TWG in consultation with the Provincial TWG to support allocation of expenditures

## ***VIII. SPECIFIC PROCEDURES FOR MANAGING FUNDS***

### ***A. Medical Assistance***

#### ***1. Health Insurance***

- The DOH-CO shall transfer the Lingap funds to the Philippine Health Insurance Corporation in the amount of P10 M. It shall be treated as Cash Advance in the DOH Books (8-70-684) and Trust Liability (8-84-100) in the PhilHealth Books (COA Circular No. 94-013). This will be covered by a Memorandum of Agreement (MOA) between the DOH and the PhilHealth. Transfer of funds can be done in one tranche only. Liquidation report shall be submitted by PhilHealth to the Finance Service, Office for Management Services copy furnished DOH Lingap TWG.

### ***C. Public Health Package***

#### **a. Sustansya Para sa Masa Matching Grants**

- In availing of the Matching Grant Funds, the following procedures shall be followed:
  1. The Regional Lingap TWG through the Regional Sustansiya Task Force (RSTF) sends an invitation for Sustansya Project Proposals or Plan of Actions to eligible proponents through the Provincial Lingap TWG, specifically the Provincial Sustansiya Task Force (PSTF)
  2. Interested Project Proponents shall submit proposals to the Municipal Sustansiya Task Force (MSTF)
  3. MSTF reviews and approves the proposal for endorsement to the PSTF
  4. PSTF reviews and approves the proposal for endorsement to the RSTF
  5. Signing of MOA between RHO and Project proponent
  6. Project Proponent opens a separate Trust Fund account
  7. RHO issues the grant to Project proponent according to accounting rules and regulations
  8. Upon receipt of the grant, the proponent shall utilize funds in accordance with the terms and conditions provided for in the MOA
- Grants to be given to NGOs and other private organizations shall be in accordance to COA Circular No. 96-003

#### **b. Garantisadong Pambata (GP)**

- The funds for the activity shall be sub-allotted to the RHOs for the procurement of deworming tablets which shall be distributed to hospitals, RHUs and BHS.
- Allocation of the deworming tablets shall be based on the masterlist of 4-7 y/o children
- Deworming of the 4-7 years old children nationwide shall be initially done during the National Deworming Day on November 30, 1999

### ***IX. IMPLEMENTING MECHANISMS/STRUCTURES***

- The implementing mechanisms/structures are defined in Department Order No. 175 s. 1999 dated May 7, 1999 which created the DOH Lingap Para sa Mahihirap Program Institutional Bodies at the National, Regional and Provincial *Health* Offices.

- Excess funds after enrolment of the 100 poorest of the poor families shall be used to enroll additional indigents identified by the legislators and the Basic Sectors subject to NHIP rules on enrollment of indigent members.

## ***2. Medical Assistance Fund***

- As much as possible and desirable, the 50 % fund for the recipient government hospital/s within the district shall be sub-allotted to the concerned Regional Health Offices and then transferred to said hospital/s identified by each legislator through a Memorandum of Agreement (MOA). The other funds for specialty hospitals identified outside of the district but in Metro Manila shall be released directly by the DOH Central Office to said hospitals, also through a MOA. The MOA shall specify the purposes for which the fund shall be used.
- Funds transferred shall not be used for any other purpose other than what is stated in the MOA
- Identified beneficiaries shall be given PhilHealth Insurance Cards to avail of the medical assistance.
- Recipient hospitals must ensure submission of quarterly fund liquidation reports to their respective Regional Health Offices.

## ***B. Assistance to RHUs and BHS***

- Funds for this component shall be transferred from the RHO through a MOA to the recipient RHUs and BHS in any of the following manner as may be agreed by the legislator and concerned LGE:
  - a. From the RHO to the Provincial government who shall purchase the drugs/medicines then distribute in kind to the municipality
  - b. From the RHO direct to the municipal government who shall purchase the drugs/medicines
  - c. RHO to purchase the needed drugs/medicines and distribute to the provinces or direct to the municipalities

## ***X. COORDINATING MECHANISMS***

- The DOH Central Office shall regularly coordinate with the National Anti-Poverty Commission (NAPC), the Project Advisory Board, other legislators concerned and the Regional Lingap TWG in the formulation of policies and guidelines, program implementation, monitoring and evaluation.
- The Regional Health Office (RHO) through its Regional Lingap TWG is the main Office responsible for the management of the Lingap Program. It shall coordinate with concerned legislators for the identification of project sites and beneficiaries and with the LGUs and various project proponents for the implementation of the program
- The RHO shall likewise coordinate with the Regional Office of the Philippine Health Insurance Corporation for the implementation and monitoring of the Health Insurance and Medical Assistance Fund packages

## ***XI. MONITORING AND EVALUATION***

- The DOH Lingap TWG shall conduct semestral field monitoring of implementation of all program components while the Regional and Provincial TWGs shall conduct the same activity quarterly and monthly, respectively.
- For the Sustansiya Matching Grants, project proponents with outstanding performance based on mutually agreed criteria shall be given due recognition at the regional and national levels through sharing of success stories during the Nutrition Summit. Likewise, succeeding grants shall be based on the proponent's compliance to the terms and conditions set in the MOA
- An evaluation of program implementation shall be conducted semi-annually by the Regional and Provincial Lingap TWGs while at the end of the year by DOH Lingap TWG
- Monitoring and evaluation shall be based on individual program component indicators and program accomplishments vis-a-vis fund utilization.

## ***XII. REPORTING***

- Accomplishment and Fund Utilization Reports shall be submitted according to the following schedule:

<b><i>FROM</i></b>	<b><i>TO</i></b>	<b><i>SCHEDULE</i></b>	<b><i>TYPE OF REPORT</i></b>
Direct Program implementors (LGUs, Hospitals, NGOs, etc.)	Prov'l. Lingap TWG	every end of the month of each quarter	Individual reports by program implementors
Provincial Lingap TWG	Reg'l. Lingap TWG	every 7 <sup>th</sup> day of the month following each quarter	Disaggregated Reports by Municipality by Province
Regional Lingap TWG	DOH Lingap TWG	every 15 <sup>th</sup> day of the month following each quarter	Disaggregated Reports by Province by Region
DOH Lingap TWG	1. DOH Finance Service 2. Project Advisory Board 3. National Lingap TWG	every 30 <sup>th</sup> day of the month following each quarter	Disaggregated Reports by Province by Region

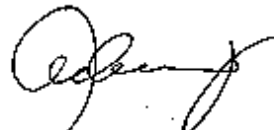
- A standard format for reporting program accomplishments and budget utilization shall be developed by the DOH Lingap TWG in consultation with the Regional and Provincial Lingap TWGs and in coordination with the National Lingap TWG

## ***XIII. REVIEW AND REVISION OF THE GUIDELINES***

This guideline shall be reviewed and revised annually following the same mechanism used in its formulation.

## ***XIV. EFFECTIVITY***

This Order shall take effect immediately.



**ALBERTO G. ROMUALDEZ, Jr. MD.**  
Secretary of Health

**Lingap Budget Allocation by  
Program Component**

Region	No. of Districts	No. of Provinces	PROGRAM COMPONENTS					TOTAL	
			For the 100 poorest of the poor families	For Legislators		For LGUs & NGOs/POs	For 4-7 y/o children		For Reg'l & Central Off.
			Health Insurance	*Medical Assistance Fund (P500,000/District)	Assistance to RHUs & BHS (P500,000/District)	Sustansiya Matching Grant (50,000-100,000 grant)	Garantisadong Pambata (based on eligible population)		Administrative Fund
1	12	4		6,000,000.00	6,000,000.00	5,000,000.00	3,587,820.00	280,000.00	20,847,820.00
2	9	4		4,500,000.00	4,500,000.00	5,000,000.00	2,537,360.00	280,000.00	16,817,360.00
3	19	6		9,500,000.00	9,500,000.00	7,000,000.00	6,728,780.00	420,000.00	33,148,780.00
4	28	11		13,000,000.00	13,000,000.00	14,000,000.00	10,442,420.00	770,000.00	51,212,420.00
5	15	6		7,500,000.00	7,500,000.00	7,000,000.00	4,792,250.00	420,000.00	27,212,250.00
6	18	6		9,000,000.00	9,000,000.00	7,000,000.00	5,592,870.00	420,000.00	31,012,870.00
7	15	4		7,500,000.00	7,500,000.00	5,000,000.00	5,022,270.00	280,000.00	25,302,270.00
8	12	6		6,000,000.00	6,000,000.00	7,000,000.00	3,720,210.00	420,000.00	23,140,210.00
9	8	3		4,000,000.00	4,000,000.00	4,000,000.00	3,052,360.00	210,000.00	15,262,360.00
10	9	4		4,500,000.00	4,500,000.00	5,000,000.00	2,643,560.00	280,000.00	16,923,560.00
11	14	6		7,000,000.00	7,000,000.00	7,000,000.00	5,318,240.00	420,000.00	26,736,240.00
12	5	3		2,500,000.00	2,500,000.00	4,000,000.00	2,340,650.00	210,000.00	11,550,650.00
NCR	25	5		12,500,000.00	12,500,000.00	2,000,000.00	8,783,300.00	350,000.00	36,143,300.00
CAR	7	6		3,500,000.00	3,500,000.00	7,000,000.00	1,255,780.00	420,000.00	15,875,780.00
ARMM	7	4		3,500,000.00	3,500,000.00	5,000,000.00	2,082,520.00	280,000.00	14,362,520.00
CARAGA	7	4		3,500,000.00	3,500,000.00	6,000,000.00	2,111,610.00	280,000.00	15,391,610.00
SUB TOTAL	208	82		104,000,000.00	104,000,000.00	97,000,000.00	70,000,000.00	5,740,000.00	380,740,000.00
CENTRAL OFFICE								4,260,000.00	4,260,000.00
Nationwide Impl. (23 Senators)				23,000,000.00	23,000,000.00	40,000,000.00			92,000,000.00
13 Partylist				6,500,000.00	6,500,000.00				13,000,000.00
PHIC			10,000,000.00						10,000,000.00
GRAND TOTAL	208	82	10,000,000.00	133,500,000.00	133,500,000.00	143,000,000.00	70,000,000.00	10,000,000.00	500,000,000.00

\* Allocation is yet to be determined by the legislator concerned in coordination with LGUs and the RHO

