



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JUL 31 2015

DEPARTMENT ORDER

No. 2015- 0148

SUBJECT: Guidelines for Rating and Ranking Department of Health Units for the Performance Based-Bonus (PBB)

I. RATIONALE

The Department of Health has issued DO 2014-0192 "Guidelines on the Implementation of Performance-Based Bonus for FY 2014". It comprises the eligibility criteria for DOH Units for PBB, the categories and scheme for ranking units as well as their personnel. However, the said guideline does not include the basis for the rating and ranking of DOH Units. Therefore, this Department Order is being issued to define the basis of ranking per category as well as the qualifying criteria and scoring system for the PBB beginning 2014.

II. OBJECTIVES

1. Define the basis for ranking DOH units per category.
2. Identify the qualifying criteria and the scoring system for additional indicators.

III. SCOPE AND COVERAGE

This Order is issued for the guidance of all units in the DOH Central Office, Regional Offices, DOH Hospitals, and Treatment and Rehabilitation Centers.

IV. DEFINITION OF TERMS/ ACRONYMS

1. **BAR** – Budget Accountability Report
2. **CAS** – Cabinet Assistance System
3. **FAR**- Financial Accountability Report
4. **GASS** – General Administrative Support Services
5. **MFO** – Major Final Outputs
6. **OPCR**- Office Performance Commitment Report
7. **PMT** – Performance Management Team. It is composed of the DOH Executive Committee, Directors of the Health Policy Development and Planning Bureau (HPDPB) and Health Human Resource Development Bureau (HHRDB), and President of Unyon ng mga Kawani ng Kagawaran ng Kalusugan Sentral (UKKKS) with the Planning Division of HPDPB and Personnel Administration Division of HHRDB as secretariat
8. **PPMP**- Project Procurement Management Plan
9. **STO** – Support to Operations

V. QUALIFYING CRITERIA

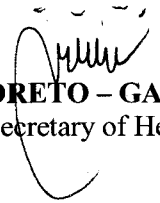
Performance Indicators of MFO (quantity indicators only) and STO (timeliness indicators only), as applicable to their category shall be the qualifying criteria. Details in **Annex A**.

VI. BASIS FOR RANKING DOH UNITS PER CATEGORY

1. The basis in ranking DOH units per category shall be the following (details in **Annex B**):
 - a. Accomplishments on the OPCR of the Strategic Performance Management System (SPMS) for all units, CAS (for central offices and regional offices), Hospital Scorecard (for hospitals only) and Budget Accountability Reports (for treatment and rehabilitation centers only).
 - b. Timely submission of the following reports: PBB Form A- Accomplishment (for central office-support units, regional offices, hospitals and TRCs), BAR 1 (for central office-technical units, regional offices, hospitals and TRCs), annual PPMP (for central offices only), FAR 1 (for regional offices and hospitals only) and CAS (for OSEC)
 - c. EXECOM rating of Offices
 - d. Client Satisfaction Survey Rating
2. The target and formula for computing accomplishments set by the DOH for each indicator shall be uniformly applied to all units. See **Annex C** for sample computation.

VII. EFFECTIVITY

This Order shall take effect immediately.


JANETTE LORETO – GARIN, MD, MBA-H
Secretary of Health

Annex A

Qualifying Criteria for PBB

1. Achieved at least 90% of the targets for each of the indicators under MFO indicators as reflected in the Performance Informed Budget (General Appropriations Act) and the STO and GASS indicators and targets

CRITERIA	APPLICABLE OFFICES
MFO indicators	Central Office- Technical Units Regional Offices Hospitals Treatment and Rehabilitation Centers NNC and POPCOM OSEC (MFO cluster average)
STO indicators	Central Office- Support Units, NNC and POPCOM
GASS indicators	Financial Management Service* (for DOH Proper), NNC and POPCOM

* FDA, BOQ, Regional Offices, Hospitals and TRCs shall report their accomplishments on GASS performance indicators to Financial and Management Service for consolidation.

2. 100% complied with good governance conditions, if applicable.

Good Governance Conditions*	Central Office	Regional Offices	Hospitals & TRCs
Compliance with submission and review of SALN (Statements of Assets, Liabilities and Net Worth) of all employees and officials as stated in RA 6713 and Section 5 of the Civil Service Commission MC No. 3 (s. 2015)	c/o Personnel Services Division (PSD)-HHRDB	All	All
PhilGEPS posting (Revised IRR of RA 9184)	c/o Procurement Service	All	All
Maintain/Update Agency Transparency Seal (Sec. 93 of GAA 2013 or RA 10352)	Certification is no longer necessary but random validation will be conducted		
Liquidation of all Cash Advances granted to officials and employees, covering transactions of the fiscal year covered by the PBB (COA Rule)	Aging of cash advance is no longer a good governance condition starting 2014 PBB but is among the common indicators for GASS. Hence, offices should still submit.		
Update Citizen's Charter or its equivalent, Service Charter (RA 9485)	Updating c/o HFSRB, BOQ, BHDT, FDA, Regional Offices, and Hospitals. Certification is no longer necessary but random validation will be conducted.		

*NNC and POPCOM are also required to comply with all good governance conditions.

3. Achieved at least 90% for each of the targets agreed with the President under the five Key Results Areas (KRAs) of EO 43, if applicable.

President KRAs Indicators (Form B)	Responsible Offices
National Health Insurance Program (NHIP)	
No. of enrolled members	PhilHealth
Health Facilities Enhancement Program (HFEP)	
No. of upgraded health facilities (BHS, RHUs, Hospitals)	HFDB

Registered Nurses for Health Enhancement and Local Service (RN Heals) or Nurse Deployment Program (NDP)	
No. of RNHeals/Nurses deployed	HHRDB
Doctors to the Barrios (DTTB)	
No. of DTTBs deployed	HHRDB
Rural Health Midwives Placement Program (RHMPP)	
No. of Midwives deployed	HHRDB
Community Health Teams	
No. of teams trained and deployed	HHRDB
Dengue Control Program	
Case fatality rate	DPCB

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Annex B

Internal Criteria for Ranking DOH Units

Category	Quantity (50%)		Timeliness (PBB, BAR, PPMP)	EXECOM Rating	Quality (CSS)	Total
	(CAS, Hospital Scorecard or BAR 1)	OPCR				
Central Office Technical Units	20%	30%	20%	20%	10%	100%
Central Office Support Units	20%	30%	20%	20%	10%	100%
OSEC	20%	30%	20%	20%	10%	100%
Regional Offices	20%	30%	20%	20%	10%	100%
Hospitals/TRCs	20%	30%	20%	20%	10%	100%

1. Quantity (50%)

- Quantitative criteria shall be based on the % of accomplishments obtained in the following reports:

Category	Reports to be evaluated
Central Office Technical Units, Central Office Support Units, OSEC, Regional Offices	CAS
	OPCR
Hospital	Hospital Scorecard
	OPCR
TRCs	OPCR
	BAR 1

- Based on the submissions of the said reports, accomplishments per Office shall be provided by the following:
 - BAR1 and CAS – HPDPB
 - OPCR – HHRDB
 - Hospital Scorecard – Office for Policy and Health System

2. Timeliness (20%)

- Timely submission of the following reports based on the following deadlines:

Reports submitted	Deadlines
BAR 1	10 working days after the end of each quarter ¹
PBB Form A Accomplishments*	10 working days after the end of the 4 th quarter ²
PPMP	Every last working day of October of the preceding year ³ (ex. October 2014 for the PPMP for FY 2015)
FAR 1	10 working days after the end of each quarter
CAS**	Targets: Every last working day of February of the current year ⁴ Accomplishments (1 st -4 th Q): Every last working day of January of the next fiscal year

*Starting PBB 2015, PBB Form A will only contain accomplishments on STO and GASS indicators. Accomplishments for MFO indicators will be lifted from the BAR submissions of units.

**For PBB 2014, only timeliness in submission of targets will be scored. For PBB 2015, only timeliness in submission of accomplishments will be scored. For PBB 2016 onwards, timeliness in submission of both targets and accomplishments will be scored.

For PBB 2014, deadlines for the reports were as follows:

¹ BAR 1: October 6, 2014 (3rd Q), January 23, 2015 (4th Q)

² PBB Form A Accomplishments: January 15, 2015

³ PPMP: November 11, 2013

⁴ CAS (targets): Feb.28, 2014 (Central Offices)

Category	Reports submitted
Central Office Technical Units	BAR 1 PPMP*
Central Office Support Units	PBB Form A Accomplishments PPMP
OSEC	PPMP CAS
Regional Offices	BAR 1 PBB Form A Accomplishments FAR 1
Hospitals/TRCs	BAR 1 PBB Form A Accomplishments FAR 1 (hospitals only)

*For BOQ and FDA (including BHDT), PBB Form A Accomplishment report will be used in lieu of PPMP as one of the timeliness indicator.

- Scoring System for Timeliness Indicators

On or before deadline = Perfect score of 100 points for every report
<ul style="list-style-type: none"> • BAR 1 • PBB Form A Accomplishment • PPMP • FAR 1 • CAS
Minus 1 point for each working day late; up to a maximum of 50 points deduction. Average score for all timeliness indicators will be computed to arrive with the final score for timeliness

3. EXECOM Rating (20%)

The EXECOM through a panel review shall rate all DOH units including the offices of Undersecretaries and Assistant Secretaries. Basis for rating will be based on, but not limited to the following reports:

- a. Budget utilization rate (Obligation)
 - b. Milestone of activities conducted by the Office (3 major activities)
- Report on obligation budget utilization rate per Office shall be provided by the Finance Service.
 - Milestones of activities shall be provided by all Offices to their cluster heads based on their Work and Financial Plan.

Clusters	Units
Office for Administration, Finance and Procurement Cluster Head	Financial Management Service Procurement Service Administrative Service
Office for Technical Services Cluster Head	Disease Prevention and Control Bureau Epidemiology Bureau Health Facility Development Bureau Health Emergency Management Bureau Health Promotion and Communication Service
Office for Policy and Health System Cluster Head	Bureau of Local Health Systems Development Health Policy Development and Planning Bureau

	Bureau of International Health Cooperation Knowledge Management and Information Technology Service Health Human Resource Development Bureau
Office for Health Regulation Cluster Head	Health Facilities and Services Regulatory Bureau Bureau of Quarantine Food and Drug Administration Bureau of Health Devices and Technology Pharmaceutical Division Dangerous Drugs Abuse Prevention and Treatment Program (DDAPTP)*
OSEC – Head Executive Assistant	Philippine National AIDS Council Internal Audit Service Legal Service
Office for Health Operations Cluster Head	12 Metro Manila Hospitals Regional Offices DOH Retained Hospitals and Sanitaria Treatment and Rehabilitation Centers

*For PBB 2014, DDAPTP is categorized under the Office of Health Regulation.

4. Quality (10%)

- Client satisfaction survey using ISO or other satisfaction survey tool.
- Client Satisfactory Rating Mechanics: Specific question pertaining to the overall satisfaction on the services provided shall be the basis for computation.

Client Satisfaction Survey Rating	Quality Score
≥95%	10%
90-94%	9%
85%-89%	8%
80%-84%	7%
75%-79%	6%
70%-74%	5%
65%-69%	4%
60%-64%	3%
55%-59%	2%
54% below	1%
No survey conducted	0%

Annex C

Sample Computation of the Final Score

1. Quantity (50%)

Office	CAS Score (a)	OPCR Final Average Rating (b)	Quantity Score (Average of CAS and OPCR score) (c)
Office 1	85%	95%	90%
Weighted Quantity Score (50%)			45%

Sample computation for DOH-CO and ROs

2. Timeliness (20%)

Timely submission of complete and signed:	Target (a)	Score (After point deduction due to late submission) (b)	Timeliness Score (c)
BAR 1	100	100	100%
PPMP	100	70	70%
Average Timeliness Score (Column C average)			85%
Weighted Timeliness Score (20%)			17%

Sample computation for DOH-CO Technical Units

3. EXECOM Rating (20%)

Office	Score
Office 1	17%
EXECOM Rating Score	17%

4. Quality (10%)

Office	Total no. of CSS filled up forms for the year (a)	Total no. of clients who answered they are satisfied with the services provided (b)	CSS Score (b/a) x 100 (c)
Office 1	50	40	80%
Weighted CSS Score (10%)			8%

Final Score:

Criteria	Scores
1. Quantity	45%
2. Timeliness	17%
3. EXECOM Rating	17%
4. Quality	8%
Total	87%