



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

**NOV 17 2016**

**DEPARTMENT ORDER**  
No. 2016 - 0273

**SUBJECT: Guidelines on the Rating and Ranking of Department of Health Units for the FY 2016 Performance-Based Bonus (PBB)**

**I. RATIONALE**

The Performance-Based Bonus, which was first implemented in 2012, is a scheme to reward exemplary performance in the government. The Department of Health issued Department Order 2016-0136 (Guidelines on the Rating and Ranking of Department of Health Units for the FY 2015 Performance-Based Bonus (PBB)) to set the guidelines for rating and ranking DOH delivery units for the FY 2015 PBB.

The Inter-Agency Task Force on the Harmonization of National Government Performance Monitoring, Information and Reporting Systems issued Memorandum Circular 2016-1 (Guidelines on the Grant of the Performance-Based Bonus for Fiscal Year 2016 under Executive Order (EO) No. 80 and EO No. 201) to include the new features and eligibility conditions of the 2016 PBB. Changes stipulated in MC 2016-1 along with the need to strengthen the performance-based system in the DOH require the Department to release a set of new guidelines that shall serve as basis for rating and ranking DOH offices for the 2016 PBB.

**II. OBJECTIVES**

1. Identify the categories of DOH units for ranking
2. Define the basis for rating and ranking DOH units

**III. SCOPE AND COVERAGE**

This Order is issued for the guidance of all units in the DOH Central Office including the Food and Drug Administration (FDA), Center for Device Regulation Radiation Health & Research (CDRRHR), and the Bureau of Quarantine (BOQ), DOH Regional Offices, retained hospitals, and treatment and rehabilitation centers (TRCs).

**IV. DEFINITION OF TERMS/ ACRONYMS**

1. **BAR 1** – Budget Accountability Report 1
2. **BED 2** – Budget Execution Document 2
3. **CSS** – Customer Satisfaction Survey
4. **NPMT** – National Performance Management Team
5. **OBUR** – Obligation Budget Utilization Rate
6. **OPCR** – Office Performance Commitment and Review

**V. GENERAL GUIDELINES**

**A. CATEGORIES OF DOH UNITS FOR RANKING**

1. DOH units shall be divided into eight (8) categories (Annex A). Offices per category shall vie with each other for best.
2. PBB-eligible offices shall be force ranked according to the following performance categories:

<b>Ranking</b>	<b>Performance Category</b>
Top 10%	Best Delivery Unit
Next 25%	Better Delivery Unit
Next 65%	Good Delivery Unit

**B. RANKING OF DOH UNITS PER CATEGORY**

The Department of Health shall implement a two-tier approach in ranking its delivery units. First, eligibility of offices shall be determined through a set of qualifying criteria. Second, PBB-eligible offices shall be rated and ranked based on the ranking criteria set forth in this issuance. The performance assessment period shall be from January 1 to December 31 of the current year unless otherwise specified.

The use of two-tier scheme in the implementation of the Performance-Based Bonus is aimed towards ensuring the attainment of the agency’s physical targets, and guaranteeing that offices with greater contribution to the accomplishments of the Department are given appropriate recognition.

**1. QUALIFYING CRITERIA**

DOH offices shall satisfy the following criteria to avail the 2016 PBB. The National Performance Management Team (NPMT), with the recommendation of the Technical Working Group, shall act as final arbiter in determining the eligibility of offices.

**1.1. Accomplishment of all Performance Targets**

DOH offices shall attain all 2016 BED 2 and PBB Form A targets in order to qualify for the PBB. The following reports shall serve as basis for computing the accomplishment rate of DOH offices:

<b>Office Category</b>	<b>Basis for Eligibility to the 2016 PBB</b>	
	<b>Accomplishment Rate</b>	<b>Required Report</b>
Central Office Support Offices	100% accomplishment rate of all targets	2016 Performance-Based Bonus Form A Targets and Accomplishments

Office Category	Basis for Eligibility to the 2016 PBB	
	Accomplishment Rate	Required Report
Office of the Secretary (including the Offices of Cluster Heads)	100% accomplishment rate of all 2016 BED 2 targets	Consolidated 2016 Budget Accountability Report (BAR) 1 of all the offices under each cluster
Central Office – Technical Offices	100% accomplishment rate of all 2016 BED 2 targets	2016 BAR 1 (1 <sup>st</sup> to 4 <sup>th</sup> Quarter)
Regional Offices		
DOH-retained Hospitals		
Treatment and Rehabilitation Centers		

**Note:** Only CO – Support Offices are required to submit their duly accomplished PBB Form A.

Offices with accomplishment rates that are lower than 100% shall submit a justification letter using the template prescribed in **Annex B**. Delivery units that will fail to achieve 100% accomplishment rate due to controllable reasons shall automatically be disqualified to receive the grant. The following reasons are considered uncontrollable:

- i. Changes in the directives of the EXECOM or the Secretary of Health as evidenced by minutes of meetings or issuances
- ii. Decision of other oversight agencies such as NEDA, DBM, Supreme Court, COA, Congress, etc.
- iii. Force majeure events (e.g. calamities) that may affect delivery of outputs
- iv. Bid failure
- v. Demand-driven nature of indicators

## 1.2. Compliance with Transparency Seal Updating

All offices are required to update their respective Transparency Seal following the Inter-Agency Task Force (IATF) - prescribed guidelines (**Annex C**). The Knowledge Management and Information Technology Service (KMITS) shall take the lead in ensuring the compliance of the DOH Central Office, Regional Offices, DOH-retained hospitals and TRCs.

Offices may post their 3<sup>rd</sup> Quarter Annual Financial Reports if 4<sup>th</sup> Quarter reports are not available yet. These documents need to be updated once the year end reports are available. KMITS shall publish and post content in the website of the Central Office, and shall regularly monitor the compliance of all DOH offices with the updating of their Transparency Seal. The NPMT shall issue a memo to non-compliant offices about their Transparency Seal deficiencies. Offices that will fail to address deficiencies on or before the final assessment shall be disqualified to receive the grant.

Hospitals and TRCs are advised to seek the assistance of their respective Regional Offices in creating and/or hosting their websites. Offices without functional websites or with websites that are undergoing upgrading or repair shall submit a letter justifying their non-compliance. Justification letters shall be reviewed by the NPMT.

## 2. RANKING CRITERIA

Only the PBB-eligible offices shall be ranked based on the following criteria:

Office Category	Quantity		Quality	Timeliness	EXECOM Rating	SOH Rating	Total
	OPCR	OBUR					
Technical and Support Offices, Regional Offices, Hospitals and TRCs	35%	15%	10%	20%	10%	10%	100%
OSEC (including the Offices of Cluster Heads)	35%	15%	10%	20%	-	20%	100%

(see *Annex D* for sample computation)

### 2.1. Quantity

The Quantity score of offices shall be based on the following metrics:

#### a. Office Performance Commitment and Review (OPCR) Rating

OPCR ratings approved by the National Performance Management Team (NPMT) shall comprise 35% of the PBB score of all DOH offices. Overall OPCR rating must be within the range of 1 – 5, 1 being the lowest and 5 as the highest.

#### b. Obligation Budget Utilization Rate (OBUR)

Obligation Budget Utilization Rate shall comprise 15% of the PBB score of all offices. Data on OBUR, which refers to the total obligation over available allotments of FY 2016, shall be provided by the Financial and Management Service (FMS). Cut-off date is December 31, 2016.

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## 2.2. Quality

The Quality score of each office, which shall consist 10% of their PBB scores, shall be based on the office's Customer Satisfaction Survey (CSS) Rating. Quality scores shall be computed based on the matrix below:

Client Satisfaction Survey Rating	Equivalent 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

Report on CSS Rating must be submitted to the Quality Management Service Office (QMSO) at [integritydevelopmentcommittee@gmail.com](mailto:integritydevelopmentcommittee@gmail.com) and [hqmsso.doh@gmail.com](mailto:hqmsso.doh@gmail.com). Only CSS Reports submitted to QMSO shall be considered as the official source for the CSS rating.

## 2.3. Timeliness

20% of PBB scores for Timeliness shall be based on the submission of the following reports:

Office Category	Required Reports
All Central Office Units (Office of the Secretary including Offices of Cluster Heads, CO – Technical Offices and CO – Support Offices)	<ul style="list-style-type: none"> <li>• Monthly Report on Customer Feedback (Report on CSS Rating)</li> <li>• Office Milestones</li> <li>• OPCR Accomplishment Report</li> <li>• Report on PBB-eligible Personnel*</li> </ul>
Regional Offices	<ul style="list-style-type: none"> <li>• Monthly Report on Customer Feedback (Report on CSS Rating)</li> <li>• Report on Ageing of Cash Advance</li> <li>• Office Milestones</li> <li>• OPCR Accomplishment Report</li> <li>• Report on PBB-eligible Personnel*</li> </ul>
DOH-retained Hospitals	<ul style="list-style-type: none"> <li>• Monthly Report on Customer Feedback (Report on CSS Rating)</li> <li>• Report on Ageing of Cash Advance</li> <li>• Office Milestones</li> <li>• OPCR Accomplishment Report</li> <li>• Report on PBB-eligible Personnel*</li> </ul>

Office Category	Required Reports
Treatment and Rehabilitation Centers	<ul style="list-style-type: none"> <li>• Monthly Report on Customer Feedback (Report on CSS Rating)</li> <li>• Office Milestones</li> <li>• OPCR Accomplishment Report</li> <li>• Report on PBB-eligible Personnel*</li> </ul>

(see *Annex E* for the Calendar of Submissions)

\* Please refer to *Annex F* of this issuance for the template of the Report on PBB-eligible Personnel.

**Scoring System for Timeliness Indicators:**

1. Offices that are able to submit all required documents on or before the deadline shall automatically get a perfect score of 20% for timeliness.
2. Each report has a corresponding score of 100 points. 2 points shall be deducted for every day a report is submitted late. The average score for all the reports will be computed to arrive at the final timeliness score.
3. Offices that will fail to submit the required reports will be given a score of zero (0) for the timeliness of that report.

**2.4. EXECOM Rating**

EXECOM members shall convene, and rate the performance of all DOH offices based on milestones reported by each office. The following scores shall be applied:

Ranking	Equivalent Score
Best	10%
Better	7.5%
Good	5%

Report on office milestones must be submitted to the Health Policy Development and Planning Bureau at [dohpbb.secretariat@gmail.com](mailto:dohpbb.secretariat@gmail.com) on or before **December 15, 2016**. Template for office milestones is provided in *Annex G*. Offices are required to submit only three (3) milestones that they deem unique, contributory to the mandate of the DOH, and highly significant or extraordinary.

The average score given by all EXECOM members will be computed to arrive at the final EXECOM rating which shall comprise 10% of the PBB scores.

**Criteria for Rating Office Milestones**

The criteria below shall serve as basis for rating office milestones.

- a. **Excellence** – Degree to which the office performs beyond expectations, and implements policies effectively and efficiently to prevent, mitigate or resolve problems or issues.

- b. **Contribution to DOH Thrusts and Goals** – Extent to which the milestone contributes to the achievement of the thrusts and goals of the Department.
- c. **Impact to the public, clients or employees** – Extent to which the milestone positively affected the office’s clients, employees or the community as whole.
- d. **Good Governance** – Degree to which the office ensures accountability and transparency in all its activities, and makes decisions that are participatory, consensus – oriented, responsive, equitable and inclusive.
- e. **Innovation** – Degree to which the office implements new or unique methods, policies or initiatives, applies better solutions to address or prevent problems, and/ or conducts research for the improvement of health care services.

**2.5. Secretary of Health Rating**

The Secretary of Health shall rate the performance of all DOH Units. The SOH’s Rating shall comprise 20% of the PBB score of Cluster Heads, and 10% for Central Office – Technical and Support Units, Regional Offices, hospitals and TRCs.

**C. APPEAL FOR RECONSIDERATION OF ELIGIBILITY AND RANKING**

1. For any appeals on the result of the PBB eligibility and ranking, a letter of request for reconsideration addressed to the NPMT Chair shall be submitted. Offices must submit the written request to the PBB Secretariat at **dohpbb.secretariat@gmail.com** within **five (5) working days** from the release of the PBB rating and ranking result. Appeals sent beyond this timeframe will no longer be considered.
2. Final decision on the request shall be issued by the NPMT following the process/ timeline below:

<b>Days</b>	<b>Activity</b>	<b>Responsible Office</b>
Day 1	Release of issuance on PBB eligibility and ranking result	NPMT (DOH – CO)
Days 2 – 6	Submission of letter of request for appeal	Offices with appeal
Day 7	NPMT Deliberation	NPMT (DOH – CO)
Days 8 – 10	Issuance of final decision to concerned offices	NPMT (DOH – CO)

**Note:** Timeline is in working days.

**VI. REPEALING CLAUSE**

DO 2016-0136 (Guidelines on the Rating and Ranking of Department of Health Units for the FY 2015 Performance-Based Bonus (PBB) is hereby repealed/ rescinded.

**VII. EFFECTIVITY**

This Order shall take effect immediately.

  
**PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II**  
Secretary of Health



## List of Delivery Units per PBB Category

Category	Description	Delivery Units Included
Central Office – Technical Units	Delivery units in the DOH Central Office that deliver the core functions of the DOH	<ol style="list-style-type: none"> <li>1. Health Policy Development and Planning Bureau (including Office of Strategic Management Unit)</li> <li>2. Health Human Resource Development Bureau (including DTTB)</li> <li>3. Bureau of Local Health Systems Development</li> <li>4. Bureau of International Health Cooperation</li> <li>5. Disease Prevention and Control Bureau (including FHO and PNAC)</li> <li>6. Epidemiology Bureau</li> <li>7. Health Facility Development Bureau (including NVBSP and HFEP-MO)</li> <li>8. Health Emergency Management Bureau</li> <li>9. Health Promotion and Communication Service (including MRU)</li> <li>10. Health Facilities and Services Regulatory Bureau</li> <li>11. Food and Drug Administration (including CDRRHR)</li> <li>12. Bureau of Quarantine</li> </ol>
Central Office – Support Units	Delivery units in the DOH Central Office that provide support services to technical units	<ol style="list-style-type: none"> <li>1. Administrative Service</li> <li>2. Financial and Management Service</li> <li>3. Internal Audit Service</li> <li>4. Legal Service</li> <li>5. Procurement Service</li> <li>6. Knowledge Management and Information Technology Service (including Logistics Management Division)</li> </ol>
Office of the Secretary and Cluster Offices <sup>1</sup>	Offices of the Secretary of Health, Undersecretaries, and Assistant Secretaries	<ol style="list-style-type: none"> <li>1. OSEC Proper (including PAU)</li> <li>2. Office for Policy and Health Systems<sup>2</sup></li> <li>3. Office for Technical Services<sup>3</sup></li> <li>4. Office for Administration, Finance, and Procurement<sup>4</sup></li> </ol>

<sup>1</sup>Cluster offices should include both the current and former undersecretaries and assistant secretaries who have served in said offices for 2016. Please refer to DPO 2016-2482-A for the assignments of the current undersecretaries and assistant secretaries to the cluster offices of the DOH.

<sup>2</sup> Includes OPHS I under Undersecretary Lilibeth David and OPHS II under Undersecretary Roger Tong-an

<sup>3</sup> Includes former Undersecretary Vicente Belizario, Jr., Undersecretary Gerardo Bayugo, and Assistant Secretary Maria Francia Laxamana.

<sup>4</sup> Includes former Undersecretary Nemesio Gako, Undersecretary Achilles Gerard Bravo, and OIC-Assistant Secretary Ma. Carolina Taiño.

Category	Description	Delivery Units Included
		5. Office for Health Regulation (including Pharmaceutical Division and Philippine Medical Tourism Program) <sup>5</sup> 6. Field Implementation Management Office <sup>6</sup> 7. Office for Special Concerns (including Dangerous Drugs Abuse Prevention and Treatment Program)
Regional Offices	DOH Regional Offices	1. Regional Office NCR 2. Regional Office I 3. Regional Office II 4. Regional Office III 5. Regional Office IV-A 6. Regional Office IV-B 7. Regional Office V 8. Regional Office VI 9. Regional Office VII 10. Regional Office VIII 11. Regional Office IX 12. Regional Office X 13. Regional Office XI 14. Regional Office XII 15. Regional Office XIII 16. Regional Office CAR
Level 1 Hospitals <sup>7</sup>	DOH-retained hospitals with Level 1 service capability or considered as other health facilities	1. Adela Serra Ty Memorial Medical Center 2. Basilan General Hospital 3. Batanes General Hospital 4. Bicol Sanitarium 5. Conner District Hospital 6. Cotabato Sanitarium 7. Culion Sanitarium and General Hospital 8. Don Emilio del Valle Memorial Hospital 9. Don Jose S. Monfort Medical Center 10. Dr. Jose Rizal Memorial Hospital 11. Dr. PJGMRMC Talavera Extension Hospital 12. Eversley Childs Sanitarium 13. Far North Luzon General Hospital and Training Center 14. Labuan Public Hospital 15. Margosatubig Regional Hospital 16. Mariveles Mental Hospital 17. Mindanao Central Sanitarium 18. Ospital ng Palawan 19. San Lorenzo Ruiz Women's Hospital

<sup>5</sup> Includes former Undersecretary Kenneth Hartigan-Go and Assistant Secretary Agnette Peralta.

<sup>6</sup> Includes Undersecretary Herminigildo Valle and Assistant Secretary Nestor Santiago, Jr. All Cluster-level Assistant Secretaries will be counted in their respective Regional Offices.

<sup>7</sup> Hospital classification is based on AO 2012-0012 and AO 2012-0012-A.

Category	Description	Delivery Units Included
		20. Schistosomiasis Control and Research Hospital 21. St. Anthony Mother and Child Hospital 22. Sulu Sanitarium 23. Talisay District Hospital 24. Western Visayas Sanitarium
Level 2 Hospitals	DOH-retained hospitals with Level 2 service capability	1. Amai Pakpak Medical Center 2. Bataan Provincial Hospital 3. Caraga Regional Hospital 4. Dr. Jose N. Rodriguez Memorial Hospital 5. Eastern Visayas Regional Medical Center 6. Gov. Celestino Gallares Memorial Hospital 7. Las Piñas General Hospital and Satellite Trauma Center 8. Luis Hora Memorial Regional Hospital 9. Mayor Hilarion A. Ramiro, Sr. Regional Training and Teaching Hospital 10. Southern Isabela General Hospital 11. Veterans Regional Hospital
Level 3 Hospitals	DOH-retained hospitals with Level 3 service capability	1. Amang Rodriguez Medical Center 2. Baguio General Hospital and Medical Center 3. Batangas Medical Center 4. Bicol Medical Center 5. Bicol Regional Training and Teaching Hospital 6. Cagayan Valley Medical Center 7. Corazon Locsin Montelibano Memorial Regional Hospital 8. Cotabato Regional and Medical Center 9. Davao Regional Hospital 10. Dr. Jose Fabella Memorial Hospital 11. Dr. Paulino J. Garcia Memorial Research and Medical Center 12. East Avenue Medical Center 13. Ilocos Training and Regional Medical Center 14. Jose B. Lingad Memorial General Hospital 15. Jose R. Reyes Memorial Medical Center 16. Mariano Marcos Memorial and Medical Center 17. National Center for Mental Health 18. National Children's Hospital 19. Northern Mindanao Medical Center 20. Philippine Orthopedic Center 21. Quirino Memorial Medical Center 22. Region I Medical Center 23. Research Institute for Tropical Medicine 24. Rizal Medical Center 25. San Lazaro Hospital 26. Southern Philippines Medical Center

Category	Description	Delivery Units Included
		27. Tondo Medical Center 28. Valenzuela Medical Center 29. Vicente Sotto Sr. Memorial Medical Center 30. Western Visayas Medical Center 31. Zamboanga City Medical Center
Treatment and Rehabilitation Centers	Residential drug abuse treatment and rehabilitation centers run by the DOH	1. Bicutan Rehabilitation Center 2. Dagupan Rehabilitation Center 3. Ilagan, Isabela Rehabilitation Center 4. Bataan Rehabilitation Center 5. Tagaytay Rehabilitation Center 6. Camarines Rehabilitation Center 7. Malinao, Albay Rehabilitation Center 8. Pototan, Iloilo Rehabilitation Center 9. Argao, Cebu Rehabilitation Center 10. Cebu City Rehabilitation Center 11. Dulag, Leyte Rehabilitation Center 12. Cagayan de Oro Rehabilitation Center 13. Caraga Rehabilitation Center

**Template for Justification Letter  
(for offices with accomplishment rates < 100%)**

Date

**KENNETH G. RONQUILLO, MD, MPH, CESO III**  
Director IV, Health Policy Development and Planning Bureau  
Chair, National Performance Management Team

Dear **Dir. Ronquillo**,

The following are the justifications of **(Name of Office)** for not achieving the targets for the FY 2016 Major Final Outputs:

<b>Indicator</b>	<b>FY 2016 Target</b>	<b>2016 Actual Accomplishment</b>	<b>Accomplishment Rate</b>	<b>Justification/ Reason</b>

We hope that this will merit our eligibility for the 2016 Performance-Based Bonus. Thank you.

Very truly yours,

\_\_\_\_\_  
**Name and Signature of Head of Office**

## Guidelines on Transparency Seal Posting

### I. COVERAGE

The Knowledge Management and Information Technology Service (KMITS) shall take the lead in ensuring the timely updating of the Department's Transparency Seal. Regional Offices, DOH-retained Hospitals and Treatment and Rehabilitation Centers (TRCs) shall also update their respective websites to reflect the required documents specified in the succeeding table.

### II. REQUIRED DOCUMENTS

The following documents must be posted in the Department's Transparency Seal (TS) using the prescribed order and format for easier validation and checking.

Item/ Document Required	Concerned Office(s)
1. Agency's Mandate, Vision, Mission and List of Officials	<ul style="list-style-type: none"> <li>• For Central Office: KMITS</li> <li>• FDA</li> <li>• BOQ</li> <li>• Regional Offices</li> <li>• Hospitals</li> <li>• TRCs</li> </ul>
2. Annual Financial Reports (whole year/as of December end of the year/4th Quarter. Incomplete or non-cumulative will not be counted) <ul style="list-style-type: none"> <li>• 2013-2016 FAR No. 1: SAAOBDB (Statement of Appropriations, Allotments, Obligations, Disbursements and Balances as of December YEAR)</li> <li>• 2013-2016 Summary Report on Disbursements</li> <li>• 2013-2016 BAR NO. 1 - Quarterly Physical Report of Operations/Physical Plan</li> <li>• 2013-2016 FAR No. 5- Quarterly Report on Revenue and Other Receipts</li> <li>• 2013-2016 Financial Plan (Detailed Statement of Current Year's Obligations, Disbursements and Unpaid Obligations)</li> </ul> <p>Offices may post their 3<sup>rd</sup> Quarter Annual Financial Reports if 4<sup>th</sup> Quarter reports are not available yet. These documents need to be updated once the year end reports are available.</p>	<ul style="list-style-type: none"> <li>• For Central Office: FMS (FARs) and HPDPB (BAR 1)</li> <li>• FDA</li> <li>• BOQ</li> <li>• Regional Offices</li> <li>• Hospitals</li> <li>• TRCs</li> </ul>

Item/ Document Required	Concerned Office(s)
<p>3. DBM Approved Budget and Targets (only for current year)</p> <ul style="list-style-type: none"> <li>• 2016 Budget</li> <li>• 2016 Targets/ MFOs/ GAA targets (Offices may post their approved 2016 BED)</li> </ul>	<ul style="list-style-type: none"> <li>• For Central Office: FMS (2016 Budget) and HPDPB (2016 Targets/ MFOs/ GAA targets)</li> <li>• FDA</li> <li>• BOQ</li> <li>• Regional Offices</li> <li>• Hospitals</li> <li>• TRCs</li> </ul>
<p>4. Projects, Programs and Activities, Beneficiaries, and Status of Implementation</p> <ul style="list-style-type: none"> <li>• Only for current year - indicate if not applicable or else zero rating will be given</li> <li>• 2016 Projects, Programs</li> <li>• 2016 Status of Implementation</li> <li>• 2016 Beneficiaries</li> </ul> <p><b>Note:</b> Offices shall comply with the provisions of the Data Privacy Act of 2012, and shall ensure that no names and other personal information of data subjects are posted without the subjects' consent. It is recommended that offices specify on their respective websites if posting of this report is <b>not applicable</b> to their office due to possible violation of this act.</p> <p>Programs referred to are as follows:  <b>For Regional Offices:</b> PhilHealth Membership and Coverage, HFEP, HRH Deployment Program, and other major programs</p> <p><b>For Hospitals:</b> Point of Care Enrollment Program, Medical Assistance Program, and Status of HFEP Implementation, if applicable</p> <p><b>For TRCs:</b> NA</p> <p>Offices are advised to post only the summary of their accomplishments for the said programs and projects.</p>	<ul style="list-style-type: none"> <li>• For Central Office: HPDPB</li> <li>• FDA</li> <li>• BOQ</li> <li>• Regional Offices</li> <li>• Hospitals</li> <li>• TRCs</li> </ul>
<p>5. 2016 Annual Procurement Plan (current year only)</p>	<ul style="list-style-type: none"> <li>• For Central Office: PS</li> <li>• FDA</li> <li>• BOQ</li> <li>• Regional Offices</li> <li>• Hospitals</li> <li>• TRCs</li> </ul>

Item/ Document Required	Concerned Office(s)
<p>6. ISO certification for Quality Management System (QMS) for at least one core process (Must be certified by international certifying body approved by the Inter-Agency Task Force (IATF) or ISO-aligned documentation of QMS for one core process as evidenced by the presence of the following in the Transparency Seal: (a) Approved Quality Manual, and (b) Approved Procedures and Work Instructions Manual including Forms.</p> <p>Offices may refer to the Philippine Accreditation Bureau's website for the list of IATF-approved certifying bodies: <a href="http://pabaccreditation.dti.gov.ph/public/public_mscb.php">http://pabaccreditation.dti.gov.ph/public/public_mscb.php</a>.)</p>	<ul style="list-style-type: none"> <li>• For Central Office: QMSO</li> <li>• FDA</li> <li>• BOQ</li> <li>• Regional Offices</li> <li>• Hospitals TRCs</li> </ul>
<p>7. System of Ranking Delivery Units and Individuals (to be posted by <b>October 30, 2016</b>)</p>	<p>HPDPB only; offices may post the link to the guidelines once posted in the DOH – Central Office Transparency Seal</p>

### III. PRESCRIBED FORMAT

1. All agencies shall maintain a Transparency Seal page, accessible by clicking the TS logo on the Home page.
2. The following are the prescribed file formats:

Section/ Item	File Format
Item 1 (Mandate, directory)	<ul style="list-style-type: none"> <li>• New page/section in the website (no pdfs, xls, jpgs etc.)</li> </ul>
Items 2, 3, 4 and 5	<ul style="list-style-type: none"> <li>• XLS. or PDF</li> <li>• Open in new tab for preview</li> <li>• No automatic downloading of files</li> <li>• May use Google drive, Dropbox or any other file hosting software to preview the file when clicked</li> </ul>

3. Links to documents must be viewed in a new tab/ page with an option for downloading. Auto-downloading of files is not allowed.
4. Use of nesting folders is discouraged as it may cause validators to overlook documents. Links to the documents must be posted in a single webpage reserved for the Transparency Seal.



**Sample Computation of the Final Score  
(for Ranking of PBB-eligible Delivery Units)**

**1. Quantity (50%)****a. Office Performance Commitment and Review Rating (35%)**

Office	PMT-approved OPCR Rating (a)	OPCR Rating in % (a ÷ 5) x 100 (b)	OPCR Score for PBB b x 35% (c)
Office 1	3.88	$(3.88 \div 5) \times 100 = 77.6\%$	$77.6 \times 35\% = 27.16\%$

**b. Obligation Budget Utilization Rate (15%)**

Office	Office's OBUR (a)	OBUR Score for PBB (b) = a x 15%
Office 1	87%	$87 \times 15\% = 13.05\%$

**2. Quality (10%)**

Office	Annual CSS Rating (a)	Quality Score* (b)
Office 1	88%	8%

\* Based on equivalent Quality Score of CSS Rating

**3. Timeliness (20%)**

Reports Required	No. of days past the deadline (a)	Score per Report (b)
Office Milestones	8	$100 - 16 = 84$
Report on PBB-eligible Personnel	11	$100 - 22 = 78$
Report on Ageing of Cash Advance Liquidation	0	100
Monthly Report on Customer Feedback	28	$100 - 56 = 44$
OPCR Accomplishment Report	36	$100 - 72 = 28$
<b>Average</b>		$334 \div 5 = 66.8\%$
<b>Final Timeliness Score</b>		$66.8 \times 20\% = 13.36\%$

**4. EXECOM Rating (10%)**

<b>Element</b>	<b>Score</b>
EXECOM Member 1	10
EXECOM Member 2	7
EXECOM Member 3	8
EXECOM Member 4	6
EXECOM Member 5	9
<b>Average (Final EXECOM Rating)</b>	<b>8%</b>

**5. Secretary of Health (SOH) Rating (10%)**

<b>Office</b>	<b>Score</b>
Office 1	8%
<b>SOH Rating Score</b>	<b>8%</b>

**Final Score:**

<b>Criteria</b>	<b>Score (%)</b>
1. Quantity	
a. OPCR Rating	27.16%
b. OBUR	13.05%
2. Quality	8%
3. Timeliness	13.36%
4. EXECOM Rating	8%
5. SOH Rating	8%
<b>Total</b>	<b>77.57%</b>

### Calendar of Submissions

Timeliness score of PBB-eligible offices shall be based on their compliance with the deadlines below. Timelines may change depending on the directives of the repository offices. Only submissions sent to the offices cited below shall be used as basis for timeliness scores.

Required Reports	Repository Office & Email Address	Deadline
Monthly Report on Customer Feedback (Customer Satisfaction Survey Report)	QMSO integritydevelopmentcommittee@gmail.com hqmsso.doh@gmail.com	5 <sup>th</sup> day of the succeeding month
Report on Ageing of Cash Advance Liquidation (Cut-off Date: November 15, 2016)	FMS – Accounting Division Email address: dohco.engas@gmail.com ynnacv@yahoo.com	November 20, 2016
Office Milestones	HPDPB – Planning Division Email address: dohpbb.secretariat@gmail.com	December 15, 2016
2016 OPCR Accomplishment Report	HPDPB – Planning Division Email address: dohpbb.secretariat@gmail.com	December 20, 2016
Report on PBB-eligible Personnel	HHRDB – Personnel Administration Division Email address: To be announced	January 7, 2017

**2016 Performance-Based Bonus  
PBB Form 1.0  
Report on Rating and Eligibility of DOH Employees**

**Instructions:**

Please provide the list of PBB-eligible employees in PBB Form 1.1. Names of employees who did not qualify for the 2016 PBB must be listed in PBB Form 1.2. An employee may be disqualified to receive the 2016 PBB for the following reasons:

1. Poor performance (average OPCR/ DPCR/ IPCR score of less than 3)
2. Less than 3 months of service in 2016
3. Failure to submit 2015 SALN
4. Failure to liquidate cash advances within reglementary period
5. Failure to submit complete 2016 OPCR/ DPCR/ IPCR

All fields in each form must be filled out.

Name of Office: \_\_\_\_\_

**Summary:**

Particulars	Quantity
<b>1. Total number of filled positions as of November 30, 2016:</b>	
<b>2. Total number of employees*:</b>	
<b>3. Total number of PBB-eligible employees:</b>	
Total number of employees with full grant (rendered at least 9 months of service):	
Total number of employees who rendered 8 months of service	
Total number of employees who rendered 7 months of service	
Total number of employees who rendered 6 months of service	
Total number of employees who rendered 5 months of service	
Total number of employees who rendered 4 months of service	
Total number of employees who rendered 3 months of service	
<b>4. Total number of non-PBB eligible employees:</b>	
Total number of employees with poor performance	
Total number of employees who rendered less than 3 months of service in 2016	
Total number of employees who failed to submit 2015 SALN	
Total number of employees who failed to liquidate cash advances within reglementary period (Cut-off Date: November 15, 2016)	
Total number of employees who failed to submit complete 2016 OPCR/ DPCR/ IPCR	

\* The sum of the number of PBB eligible and non-eligible employees must be equal to the total number of employees.





### Template for the Office Milestones

#### General Instructions:

1. Offices are required to submit only three (3) milestones, major activities, initiatives or accomplishments that the unit deemed unique, contributory to the mandate of the Department, and highly significant or extraordinary. Please be guided by the rating criteria found in this DO.
2. Accomplishments already reported in existing monitoring and evaluation systems such as but not limited to the Budget Accountability Report (BAR) I and Office and Performance Commitment and Review (OPCR) Report shall not be included in the milestones.
3. Please limit the milestone to only one (1) page. Use the following format: (a) Times New Roman, (b) Font size 12.
4. Submit a scanned signed copy and an editable version (preferably in Microsoft Word) of the report to HPDPB – Planning Division at [dohpbb.secretariat@gmail.com](mailto:dohpbb.secretariat@gmail.com) on or before **December 20, 2016**.

#### FY 2016 Office Milestones

In reference to the 2016 Performance Based-Bonus, the undersigned respectfully submits the following milestones of activities/ accomplishments of (Name of Office) for FY 2016:

	Milestone	Brief Description of the Milestone (Maximum of 50 words for each milestone)
1.		
2.		
3.		

Prepared by:

Approved by:

\_\_\_\_\_  
(Name and Signature)

\_\_\_\_\_  
(Name and Signature of Head of Office)