



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

Bldg. # 1, San Lazaro Compound, Rizal Avenue
Sta. Cruz, Manila, Philippines
Tel. # (632)- 743-8301 locals 1107/1125; 711-9502; 711-9503



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ADMINISTRATIVE ORDER
No. 2007-_____

Subject: Guidelines for Coordinating Technical Assistance (TA) for Health

I. BACKGROUND/RATIONALE

The Department of Health (DOH) launched the *FOURmula One* (F1) for Health in 2005 as the operational framework for health sector reforms. F1 operationalizes key flagship programs on financing, service delivery, regulation, and governance in both national and local levels. It is envisioned that F1 will bring about improvement in health outcomes, make health financing more equitable, and increase public satisfaction with health care services

With the end-in-view of strengthening its capacity to lead the implementation of health reforms under F1, DOH needs to work closely with various technical assistance providers (TAP) in carrying out its core mandate: policy development, program planning, provision of technical assistance, leveraging performance among its partners and monitoring and evaluation. As such, the Technical Assistance Coordination Team (TACT) was created per Administrative Order 2007-2964 to ensure that the different TAP are responsive to the needs of the health sector and to further guarantee work harmonization between and among all the TAP as they engage with the various offices/bureaus.

II. SCOPE

The guidelines shall apply to all DOH offices/bureaus requesting for technical assistance (TA) and/or for TA to be provided by local, foreign or developmental partners upon request of offices, bureaus and/or Local Government Units (LGUs) in the health sector as well as encouraging TAP to observe and follow the order.

III. OBJECTIVE

A. General Objective

This administrative order shall guide the coordination of TA taking into consideration the program/project management cycle.

B. Specific objectives:

1. To provide guidelines and standard tools and templates in the development of TOR, selection of TA provider, formulation of inception report and work plan, review and approval of progress and final reports.
2. To ensure that the outputs and deliverables submitted by the TAP are responsive to the needs of the health sector and meet the standards set in this order.

IV. DEFINITION OF TERMS

A. Technical Assistances (TA) are activities/ programs or projects which are needed and/or requested by the recipient agency in the health sector or DOH offices/bureaus. The TAs can be classified into: 1) technical outputs (e.g. reports, papers, documentation, substantive participation in meetings or conferences, teaching or facilitation in training activities, advise or replies to inquiries or decision makers, proposals or recommendations to decision-making activities), 2) funding source (e.g. GOP source, Loan source, Grant source which can either be Multilateral such as ADB, WB, UNICEF, WHO, and Bilateral such as USAID), and 3) logistics support (e.g. covering the cost of participants, equipment, venues, supplies, materials and others).

B. Technical Assistance Providers (TAP) are suppliers of Technical assistance that can either be: 1) composite TAP (e.g. firm or consortium), 2) direct TAP (e.g. a firm or an individual)

C. TA Recipients or Clients are those in the health sector requesting and/or needing or receiving TA and classified into: 1) DOH Central Office or any of the DOH Bureau/units (e.g. PhilHealth, BFAD, NCDPC, BLHD), 2) CHD or any regional-level office of the DOH and 3) LGU or other implementation partners (e.g. NGOs, private sector, etc.)

D. Coordination is a process of bringing together or making arrangement to create suitable and functional relationships, harmonious results and active collaboration.

V. GUIDING PRINCIPLES

A. General Guidelines:

1. The coordination and engagement of TAs shall be guided by the following principles:
 - a. Alignment to the priority thrusts of the health sector and shall facilitate the achievement of the National Objectives for Health (NOH), the Medium-Term Philippine Development Plan (MTPDP), Millennium Development Goals (MDG) and other national and international commitments for health.

- b. Complementation with the implementation of health sector reform strategies as contained in the National Investment Plan for Health (NIPH) and the Province-wide Investment Plan for Health (PIPH).
 - c. Consonance to the Sector Development Approach for (SDAH) framework.
- 2. Requests for TA shall be based on needs and which should be vital for the implementation of identified flagship programs.
- 3. The government rules and regulations specifically the Procurement Law (RA 9184) and other relevant laws and guidelines relating to TA engagement shall be followed as appropriate.
- 4. Concerned offices/ bureaus shall be consulted and be fully engaged.
- 5. The approved Inception Report and work plan shall be the reference document for monitoring the progress of work of the TA.

B. Specific Guidelines:

1. Preparation of Terms of Reference (TOR)

- a. The Offices/Bureaus requiring the TA shall spearhead the preparation of the Terms of Reference (TOR) in coordination with concerned technical offices and clusters. The TOR content shall follow the format in Annex 1-TOR format.
- b. The Offices/Bureaus that developed the TOR or the originating office/bureau shall endorse said TOR to the TACT for validation.

2. Validation and Verification of TOR

- a. TACT shall validate the TOR based on the criteria in Annex 2 and shall endorse the result of the review to the originating office/bureau, for appropriate action.
- b. For TOR where recipient offices are more than one or for Composite TA, the TOR shall be conformed by the offices concerned in a document prepared by TACT (Annex 3-TOR Conforme Form). Such document shall be returned back to TACT.
- c. Any variation in the validated TOR shall only be entertained in extreme and justifiable cases

3. Selection and procurement of Services of TAs

- a. The TACT shall notify the offices/bureaus concerned to proceed with the hiring of TA provider if all of the general guidelines are complied with specifically on its support to policy for reforms, NIPH and PIPH implementation and non-duplication with other TAs. (Annex 4-Selection of TAP)
- b. The offices/bureaus concerned shall primarily be responsible for identifying, searching and evaluating TAs in accordance to appropriate

existing laws and regulations. TACT may also provide list of available TAs from its database, which can be tapped by the offices/bureaus.

- c. The offices/bureaus concerned shall submit the validated TOR to Bids and Awards Committee (BAC) or to appropriate procuring entity together with the Annual Procurement Plan (APP), Certificate of Availability of Funds (CAF) and No Objection Letter (NOL).
- d. The Bids and Awards Committee or appropriate procuring entity shall provide TACT and the offices/bureaus concerned of the evaluation process and result with Annex 5- Evaluation Criteria as guide.
- e. For direct and composite TAP, once the TOR is verified/approved by the TACT, the appropriate procuring entity shall proceed with the bidding or procurement.

4. Management of TA services

- a. The offices/bureaus shall be responsible for overseeing, monitoring and evaluation of the outputs and work of the TAs and shall ensure that the reports/documents are submitted per approved engagement provisions such as a) Inception Report, b) Work Plan and c) Deliverables per TOR.
- b. For Composite TAP, a composite team may be created with the Director of the principal office/bureau or his/her designated representative as the lead and with concerned offices/bureaus as members, to perform item D.a above.
- c. The above engagement provisions and deliverables shall be presented to TACT in coordination with the concerned offices/bureaus.
- d. For TOR revision or contract revision during the TA implementation, the TACT shall be consulted, and with BIHC and the funding agency if the TA is foreign funded. The TOR/Contract Revision Form in Annex 6 should be filled up by the concerned office/bureau and submitted to TACT, copy furnished BIHC and the funding agency where appropriate.

5. Evaluation of Reports/Outputs/Deliverables

- a. The offices/bureaus shall initially evaluate all progress reports, final reports / deliverables of the TAP
- b. The offices/bureaus shall provide the TACT all progress reports, final reports and evaluation report of the final deliverables of the TAP in 6 copies.
- c. The TACT shall refer back to the concerned office/bureau if appropriate revision of the final deliverables is necessary, or the validation/concurrence for all progress reports, final reports / deliverables.

- d. The TAP shall present the reports/outputs and deliverables with the representative of the office/bureau concerned to TACT for discussion/deliberation and approval as necessary.
- e. Evaluation process involves the following steps:
 - i. TACT will convene a group of at least 3 of its members to evaluate the TA deliverables and shall invite the concerned technical office or other technical staff/experts in the area of review.
 - ii. The evaluation of the deliverables shall last for 15 working days.
 - iii. During the evaluation, the objectively verifiable indicators (OVIs) shall be identified based on the approved TOR of the consultants for the TA.
 - iv. The evaluation criteria, adjectival score and corresponding recommendation specified in this administrative order shall be used during the evaluation.
 - v. TACT shall submit the report on the results of the evaluation to the Sectoral Management and Coordination Office (SMCO) head who shall endorse to BIHC to transmit the results of evaluation to the funding agency for their appropriate action.
 - vi. Hard and CD copies of the final deliverables are given to TACT, DOH Resource Learning Center for the Health Sector, DOH library and final report shall be posted at the DOH website.
 - vii. The TA shall be given adequate time to comply with all the comments of the concerned DOH Units/Bureaus prior to acceptance of the report. The maximum duration of compliance shall be 3 weeks or as shall agreed upon by the DOH concerned Units/Bureaus and the TA provider.

VI. TRANSITORY PROVISIONS

All ongoing consultancy projects/programs and technical assistance with due deliverables/reports to DOH upon the effectivity of this order shall be subjected to the management and evaluation process as mentioned herewith.

VII. SEPARABILITY CLAUSE

In the event that any rule, section, paragraph, sentence, clause or words of these rules and regulations is declared invalid for any reason, the other provisions thereof shall not be affected thereby.

VIII. REPEALING CLAUSE

All administrative orders, rules and regulations and administrative issuances or parts thereof inconsistent with the provisions of this guideline are hereby repealed or amended accordingly.

IX. EFFECTIVITY

This Order shall take effect immediately.

Annex 1

Terms of Reference Format

<p style="text-align: right;">Ref. No. _____</p> <p style="text-align: center;">TOR Form No. 1 Terms of Reference</p>	
i. Title of TA _____	
ii. Type of TA Service or Product _____	
iii. TA Client _____	
iv. Background and Rationale	
<p><i>This portion should give reasons why external assistance is necessary for the particular work.</i></p>	
v. Objectives _____	
vi. Scope of Work _____	
vii. Implementing Arrangement _____	
viii. Sustainability Factor _____	
ix. Deliverables/Output	
<p><i>For any type of TA service or product, one deliverable should be an inception report containing the TA provider's inputs on the direction of the TA and any suggested adjustments in the original TOR, based on the developments during the inception period.</i></p>	
x. Desired Qualifications of the TA Provider	
<p>Type: (check one) Firm _____</p> <p style="padding-left: 150px;">Individual _____</p>	
<p>Desired Qualifications:</p> <p style="padding-left: 20px;">✓ Academic</p> <p style="padding-left: 20px;">✓ Training</p> <p style="padding-left: 20px;">✓ Experience</p>	
xi. Duration of engagement, timeline and level of effort _____	
xiii. Estimated Cost (optional) _____	
ix. Suggested TA providers, if any	
<p><i>if available, provide CVs (if individuals) or profiles (if firms)</i></p>	
<p>Prepared by: _____</p> <p>Date: _____</p> <p>Noted by: _____</p> <p>Head of TA Client Unit Date _____</p> <p>Date Received by TACT: _____</p> <p>Received by: _____</p>	<p>TACT Verification:</p> <p>___ Ok to proceed</p> <p>___ Please make adjustments on the following: _____</p> <p>Reviewed by: _____</p> <p>_____</p> <p>TACT Technical Secretariat Member</p> <p>Noted: _____</p> <p>TACT Head _____</p>

Annex 2
Criteria to Validate Terms of Reference

- A. The Technical Office/TACT shall review the TOR on the following points:
 - 1. Congruence of the TOR congruent with the current efforts on health sector reforms
 - 2. Relationship with other TAs
 - No duplication
 - Related areas that can be incorporated in the proposed TOR
 - Timing is synchronized with related TAs
 - No conflict of interest for the proposed TA providers
- B. As a result of the review, the DOH shall mark either an approval to proceed or indicate comments or adjustments that need to be made based on the above points.
- C. The DOH should take no more than two weeks to mark its approval or indicate its comments
- D. Once the TOR is marked approved to proceed, the concerned DOH office shall endorse the TOR to the proposed or possible contractors, with a copy furnished to the TACT. The contractor can either be a composite TA or the DOH itself, or other contracting entities.
- E. If there are major adjustments in the original TOR, the TA client will review and if amenable to the major adjustments, the TA client with approval from the Cluster head shall endorse the adjusted TOR to the TACT.

**Annex 3
TOR Conforme form 2**

TOR Conforme Form 2	
i. Title of TA	
ii. Type of TA Service or Product	
iii. TA Client	
iv. TA Provider	
ix. Deliverables/Output	
<p><i>For any type of TA service or product, one deliverable should be an inception report containing the TA provider's inputs on the direction of the TA and any suggested adjustments in the original TOR, based on the developments during the inception period.</i></p>	
<p>Conforme:</p> <p>_____ Head, Technical Office Date</p> <p>_____ Head, Technical Office Date</p> <p>_____ Head, Technical Office Date</p> <p>_____ Head, Technical Office Date</p> <p>Date Received by TACT: _____</p> <p>Received by: _____</p>	<p>TACT Verification:</p> <p>___ Ok to proceed</p> <p>___ Remarks</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reviewed by:</p> <p>_____ TACT Technical Secretariat Member</p> <p>Noted:</p> <p>_____ TACT Head</p>

Annex 4

Selection of TA Providers

A. Pre-Registration of TA providers

1. The TACT shall maintain a database of TA providers, classified according to areas of expertise to be submitted by Units/Bureaus. The purpose of this database is to obtain a pool of individual or firm experts for efficient selection when a TA is needed, and not to rate the TA providers. The database shall include all previous and current engagement of the TA provider in and out of the health sector.
2. TA providers, whether individuals or firms, may pre-register (or update information) with the TACT using the form in Annex 1, to be included in the pool of experts. A TA contractor may also register any new prospective TA provider at any time prior to selection of experts/provider for any TA (i.e. there is no prescribed period to be in the roster of pre-registered TA providers)

B. Selection of TA providers

1. During the crafting of the Terms of Reference of a composite TA, the TACT and the prospective contractor shall mutually agree on the positions or specific direct TA providers for which the TACT (through the TA client) shall be involved in the selection process (e.g. rating, interviews). These will generally be TA for areas which are relatively new in the reform process and would need close DOH guidance.
2. For TA in which the DOH is not involved in the selection process, the contractor shall formally inform the TACT and the TA client the TA provider that has been selected and describe the selection process that was carried out.
3. The TA client may reserves the right to object to the selected TA provider due to valid reasons. The objection shall be expressed to the contractor through the TACT, and resolved accordingly.

Annex 5

The Evaluation Criteria, Adjectival Score and Implications

1. Evaluation Criteria

a. **Quality** – acceptable quality should have a score of at least **85 percent** in the scoring system and shall consist of the ff:

1) Content

- **Coherence and consistency** – with logic, unity of thought, consistent with DOH reform efforts and harmonized with TA team goal
- **Sustainability** - can be implemented and institutionalized even after the TA work because it only requires minimal resources
- **Soundness** – relevant, factual, realistic and evidence-based

2) Presentation / Documentation

- **Clarity** – precise (idea) and accurate (action)
- **User/reader-friendly** – easy to understand with appropriate visuals

b. **Quantity** – the number and volume delivered over target as stated in the TOR and inception report; acceptable quantity is **100 percent**.

2. Categories of Adjectival Score

a. **With distinction** – The deliverable meets the **Acceptable** adjectival score standards plus the following:

- 1) Delivered outputs beyond the scope of TOR that are vital to DOH reform efforts
- 2) With innovations

b. **Acceptable** – completely meets TOR requirements (at least 85 percent in quality and 100 percent in quantity)

- 1) The expert's behavior is within the code of conduct
- 2) The deliverable is acceptable to the client because the objectives were met

c. **Referred** – incompletely meets TOR requirements (quality and quantity)

- 1) If the quality of all deliverables are acceptable, but quantitatively more than 50% (referred if quality score is $\geq 85\%$; quantity score is $> 50\%$)
- 2) If the quantity of all deliverables are completed but qualitatively equal or more than 60% (referred if quality score is $\geq 60\%$; quantity score is 100%)

d. **Not acceptable**

- 1) Quality is 40% or less regardless of quantity
- 2) Quantity is 50% or less regardless of quality

3. The Implications of the Evaluation Results

- a. Deliverables rated as **With distinction** and **Acceptable** shall be recommended for payment.
- b. Deliverables rated as **Referred** shall be referred back for completion within 22 working days.
- c. Deliverables rated **Not acceptable** shall not be recommended for payment.

Annex 6
TOR/Contract Variations Form 3

TOR Variations Form 3	
TOR Form No. 1 Ref No. _____	
TOR Title _____	
Major Adjustments from Original TOR	
1.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
2.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
Attachments:	
1. Proposed New TOR	
2. Original TOR	
TACT Verification:	
<input type="checkbox"/> Ok to proceed	
<input type="checkbox"/> REMARKS	
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	
Reviewed by:	
_____ TACT Technical Secretariat Member	
Noted:	
_____ TACT Head	