



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEC 16 2021

ADMINISTRATIVE ORDER

No. 2021- 0061

SUBJECT: Guidelines on the Identification, Documentation, and Replication of Local Government Unit Good Practices in Health

I. BACKGROUND/RATIONALE

Section 19.5, Rule V of the Republic Act (RA) 11223 or the Universal Health Care (UHC) Act Implementing Rules and Regulations (IRR) states that "the DOH shall provide an environment that promotes the exchange of knowledge and good practices among the levels of the health care delivery system." This affords the Department of Health (DOH) a strategic position to promote and guide the identification and documentation of replicable good practices among the stakeholders in health, particularly in Local Government Units (LGUs). The identification and documentation of good practices in health is a knowledge management strategy wherein the documented good practices may be referenced by the LGUs in the implementation of health sector strategies in contribution to the progressive realization of Universal Health Care.

Health programs launched by the Department are a product of evidence-based strategies that are effective in addressing the specific health issues in the community. However, on monitoring and evaluation, a number of interventions fail to achieve the desired outcomes when implemented at the community level due to adaptive and technical challenges in customizing and implementing interventions to effectively respond to the needs of the community.

This policy aims to provide guidance to help our local implementers in the health sector in localizing Health Programs in the context of their communities through the implementation and replication of documented good practices. Specifically, this policy aims to identify, document, replicate and contextualize evidence-based interventions in the community setting through combination of intervention, capability development, technical assistance provision, and other strategies aimed at sustainability of interventions through promoting buy-ins among local health managers, community and other key stakeholders.

II. OBJECTIVE

This Order provides guidelines on the identification, documentation and replication of LGU Good Practices in Health.

III. SCOPE OF APPLICATION

This Order shall apply to all Offices, Bureaus and Services of the DOH, including the Centers for Health Development (CHDs), attached agencies, LGUs, academe, and development partners. In the case of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the adoption of the policy shall be in accordance with Article IX, Section 22 of RA 11054 or the Organic Law for BARMM and subsequent laws and issuances.

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IV. DEFINITION OF TERMS

- A. **Good Practice in Health** refers to a mechanism, system, process, method, or set of procedures introduced by an LGU which has been proven to be an effective, efficient and relevant way of addressing a particular health issue/challenge including social determinants of health and which can be easily replicated by other local government units.¹
- B. **Knowledge Management** refers to the process of creating, sharing, using, and evaluating knowledge to enhance organizational performance.
- C. **Replicable Practice** refers to a practice that can be easily replicated among peers sharing common conditions, (available) resources and facing similar challenges.

V. GENERAL GUIDELINES

- A. The implementation of the good practice strategy shall be in alignment with health reforms in accordance with RA No. 11223 or the UHC Act, and the health policy directions of the Sustainable Development Goals, Ambisyon Natin 2040, and National Objectives for Health.
- B. A Technical Working Group (TWG) for the identification, documentation and replication of LGU good practices in health shall be established at the LGU and CHD/ BARMM-MOH levels.
- C. The identification, documentation and replication of good practices in health shall be a monitoring and knowledge management strategy and shall be one of the references on the development of Local Investment Planning for Health (LIPH)/ Annual Operation Plan (AOP)/ Annual Investment Plan (AIP) by the LGUs. Further, the documented good practices in health shall serve as reference for strategic and program planning, implementation research, program implementation reviews, capacity building activities, or as a criterion for recognition.
- D. The technical assistance required to facilitate the identification, documentation and replication of good practices in health shall be provided by the CHDs, through their respective DOH Representatives, and Bangsamoro Autonomous Region in Muslim Mindanao–Ministry of Health (BARMM-MOH), through their Technical Officers.
- E. A manual of procedures (MOP) shall be developed and issued through a separate policy to provide a more detailed guideline on the implementation process of good practice in health and replication. Supplementary policies shall also be issued as necessary.
- F. The call for submission of self-nomination forms shall be led by the DOH-CHDs/BARMM-MOH and shall be done at least on a bi-annual basis. The indicative implementation schedules/timelines shall be agreed upon among the CHDs/ BARMM-MOH TWG on Good Practices in Health and shall be issued as part of the MOP.

¹ This is patterned after the definition of an exemplary practice defined in AO 2008-0006 entitled "Integrating Replication Strategies on DOH Operations"

- G. To provide a platform for the exchange of knowledge, a virtual library of documented good practices shall be developed and made accessible to the public. A compendium of documented good practices in health shall also be published every three years.
- H. The implementation of the policy on good practices in health shall be linked to incentives. The documented good practices in health shall be included among the criteria under the Seal of Good Local Governance –Health Compliance and Responsiveness. Likewise, DOH Central Office programs and CHDs/ BARMM-MOH are enjoined to consider the good practices in health among the criteria for health recognition/awarding.
- I. The LGU may source the funding requirement for the implementation of this policy from their Special Health Fund or other LGU funds allotted to health.

VI. SPECIFIC GUIDELINES

A. Implementation Structure

- 1. The LGUs shall establish a TWG on Good Practices in Health which shall consist of the Local Health Officer and a representative/staff from the local health office of the LGU that nominated the good practice. The TWG shall identify and document the LGU good practices in health.
- 2. The implementation process of the identification and documentation of good practices in health shall be facilitated by the DOH Representatives in accordance with their roles and functions provided for in Administrative Order No. 2020-0029 entitled “Roles, Functions and Responsibilities of the Department of Health Representatives”.
- 3. The DOH-CHD/ BARMM-MOH shall establish a TWG on Good Practices in Health. The TWG shall be chaired by the CHD director/BARMM-Minister of Health and at a minimum, shall consist of the Local Health System Cluster Head or designated Good Practice Focal Person, Planning Officer, Health Education and Promotion Officer, and Knowledge Management Officer (if there is any). The TWG shall review and endorse to the CHD Director/BARMM-Minister of Health the nominated good practices that passed the technical merit requirements.

B. Implementation Process

- 1. Identification of Good Practices in Health
 - a. Health practice that proved to be beneficial to the health of the community and provided positive health outcomes as reflected in the LGU’s health statistics shall be considered a good practice in health, provided it complies with the following criteria:
 - i. LGU-initiated: the practice should be an LGU identified, instituted and implemented intervention in response to the problems encountered in developing local health system, implementing health reforms, or targeting the vulnerable and marginalized sectors;
 - ii. Technically Feasible: the practice is easy to learn and to implement. It needs minimal resources (financial, human resources for health (HRH), capital) to be diverted for implementing a practice without compromising the resources intended for other health programs;

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- iii. **Effective and Successful:** the practice has proven its strategic relevance in achieving a specific objective; it has positive impact on the communities; the practice leads to an improvement in the health system and/or health outcomes in line with the stated objectives of the practice;
 - iv. **Innovative:** the practice introduces new or reinvents existing tools or techniques so that policies or interventions continue to be responsive to current needs, and adjust to trends or changes;
 - v. **Responsive:** the practice considers the population's health needs and expectations including the underserved/vulnerable/disadvantaged groups in terms of the kind and amount of public health services that should be present in the locality;
 - vi. **Sustainable:** the practice responds to the current needs of the community, in particular their essential needs, without compromising their ability to meet the future needs of the community;
 - vii. **Culturally sensitive:** the practice is sensitive to the ways, values, and perceptions of the community on health. It recognizes and respects the distinct culture of the indigenous peoples, and consequently, establishes a trusting relationship and confidence to avail of the health services provided by the government; and,
 - viii. **Gender sensitive:** the practice shows how the individuals/population groups across the gender spectrum who were involved in the process were able to improve their health condition and well-being.
- b. The LGU shall submit a self-nomination of their good practice in health to their DOH Representative/Technical Officers using the template provided in the *Annex A* of this policy.
 - c. The DOH Representative/Technical Officer assigned to the LGU shall be responsible in validating the accuracy and completeness of the submitted nomination form and supporting documents. All nominated practices should have scored at least 60% on the good practice criteria checklist (*Annex A*) to qualify for submission to the CHD/MOH TWG on Good Practices in Health, through the CHD/BARMM-MOH Good Practice Focal Person.
2. **Initial Screening of the Identified Good Practices in Health**
 The CHD/BARMM-MOH TWG on Good Practices in Health shall review the nominated good practices in terms of its technical merit. It is the responsibility of the CHD/BARMM-MOH TWG to ensure that the nominated practice scored at least 60% on the criteria of a good health practice provided in *Annex A* of this policy. Nominated good practices that passed the screening shall be given certificates of recognition, signed by the CHD Director/BARMM-Minister of Health. The CHD/BARMM-MOH Good Practice Focal Person, through the DOH Representative/Technical Officer, shall inform the LGU of the result of the screening and the next steps for the documentation.

3. Documentation of Good Practices in Health

The documentation of good practice shall be initiated by the LGU with the technical assistance (TA) of the CHD/BARMM-MOH, through the assigned DOH Representative/Technical Officer. The general process of the documentation includes:

- i. Preliminary Activities to Documentation- includes the formulation of a plan for data collection, validation and actual documentation. The process involves forming a team at the LGU level that will take on the documentation. The local health officer, as the chair of the LGU TWG on Good Practices in Health, shall identify and designate the members of the documentation team;
- ii. Data Gathering and Validation- the documentation team shall gather and review all materials/documents related to the nominated good practice. The process may involve virtual meetings, field work, interviews, focus group discussions, and small surveys to validate gathered materials, get more information about the good practice, and document the community experience;
- iii. Actual Documentation- the documentation of good practice should be short and concisely written, and shall utilize the standard template provided in *Annex B* of this policy. The actual documentation activity shall involve the DOH Representative/Technical Officer who shall ensure that the technical contents of the documentation are in compliance with the requirements prescribed in this policy prior to endorsement to the CHD/BARMM-MOH TWG and approval of the TWG Chair;
- iv. Submission of Approved Documentation- the documented good practices approved/signed by the CHD Director/BARMM-Minister of Health shall be submitted to the BLHSD- Health Systems Monitoring and Evaluation Division (HSMED). The BLHSD-HSMED shall evaluate the completeness and accuracy of the documented good practices and its supporting documents; and,
- v. Approval and Dissemination- the documentation that passed the preliminary evaluation shall be endorsed by the BLHSD to the Health Policy and Systems Development Team (HPSDT) for approval prior to dissemination or publication. All approved documentations shall be consolidated, archived and digitally published in the official DOH website for easy access of stakeholders.

4. Replication of Good Practices in Health

The replication process shall be an LGU-driven activity. The BLHSD shall orient and capacitate the CHDs/BARMM-MOH while the CHDs/BARMM-MOH, through the DOH representatives/Technical Officers, shall provide technical assistance and capacity building for the replication of good practices in other LGUs, starting with UHC IS and GIDA. To monitor the implementation of good practices, BLHSD in partnership with KMITS shall set-up a system that CHDs/BARMM-MOH can utilize to track the progress of good practice adoption. The general framework and process of replicating health interventions are provided

in *Annex C* of this Policy. More detailed guidelines on the replication process shall be issued as a separate policy as part of the MOP.

- C. An annual review on the implementation of this policy shall be spearheaded by the BLHSD in partnership with the CHD/BARMM-MOH Good Practice Focal Persons. All CHDs and BARMM-MOH shall be required to conduct an assessment of the implementation of this policy using the template provided in *Annex D* and to present their findings, recommendations, and needed technical assistance during the annual implementation review. An evaluation of this policy shall be conducted every three (3) years from the effectivity of this Order.

VII. ROLES AND RESPONSIBILITIES

A. Department of Health

1. Bureau of Local Health Systems Development (BLHSD)
 - a. Develop policies, standards and tools for the implementation and monitoring of the policy on the identification, documentation and replication of good practices in health;
 - b. Evaluate the completeness of documents, consolidate, archive and disseminate documented good practices;
 - c. Provide capacity building to the LGUs, through the CHDs/BARMM-MOH, for the identification, documentation, and replication of good practices in health;
 - d. Coordinate with other bureaus and attached agencies with technical expertise on the health concerns that the identified good practices are addressing;
 - e. Consolidate documented good practices and issue a compendium; and,
 - f. Facilitate the integration of good practice strategy into evidence-based program planning.
2. Knowledge Management and Information Technology Service (KMITS)
 - a. Publish the documented good practices in health in the DOH website and intranet; and,
 - b. Provide technical assistance in the digital archiving of good practices including the development of the online repository system of the documented good practices in health.
3. Health Promotion Bureau (HPB)
 - a. Provide technical assistance in the development of advocacy materials for the promotion of good practices in health;
 - b. Integrate the documentation of good practices in the Health Promotion Playbook; and,
 - c. Provide an avenue to recognize LGU innovations/good practices in health.
4. Health Human Resource Development Bureau
 - a. Support capacity building and learning and development opportunities for CHD/BARMM-MOH Good Practice Focal Persons and DOH Representatives/Technical Officers.
5. Other DOH Offices/Bureaus and Attached Agencies
 - a. Ensure consistency of the good practice strategy with the policy directions of the health sector agenda;

- b. Through their respective program managers, ensure provision of technical assistance that may be required by their CHD/BARMM-MOH counterpart in the identification, documentation, and replication of good practices in health;
 - c. Provide technical inputs on identified good practices relevant to their programs; and,
 - d. Utilize the documentation on good practices as reference in program planning and implementation.
6. Centers for Health Development/BARMM-Ministry of Health
- a. Operationalize, provide direction, and monitor the implementation of the policy at the CHD/BARMM-MOH and LGU level;
 - b. Establish the CHD/BARMM-MOH TWG on good practices in health;
 - c. Provide, through the DOH Representatives/Technical Officers, technical assistance to LGUs on the identification, documentation and replication of good practices in health;
 - d. Through the Health Education and Promotion Officers in the CHDs/BARMM-MOH, market and assist in the advocacy and promotion for the adoption of good practices;
 - e. Through the Learning and Development Officers in the CHDs/BARMM-MOH, facilitate conduct of the learning development needs assessment and identify learning development interventions important in the implementation of the policy;
 - f. Submit the documentation of good practices along with supporting documents to BLHSD-HSMED;
 - g. Actively promote and advocate good practices to LGUs and other interested parties through recognition, information dissemination, and presentation during conferences/fora, among others;
 - h. Allocate resources for the operationalization of this policy in their region; and,
 - i. Facilitate the integration of good practice strategy in the local investment planning for health.

B. Local Government Units (LGUs)

- 1. Create a TWG on good practices in health;
- 2. Submit a self-nomination of good practices in health to the DOH Representative/Technical Officer using the prescribed template;
- 3. Lead the documentation of identified good practices in health
- 4. Allocate resources for the implementation of this policy;
- 5. Include/integrate the good practices strategies in the LIPH/AOP;
- 6. Work closely with the CHD/BARMM-MOH to ensure operationalization and institutionalization of the policy; and,
- 7. Establish partnership with academic institutions, local or international development partners for the implementation and sustainability of the policy.

VIII. REPEALING CLAUSE

Administrative Order No. 2008-006 entitled "Integrating Replication Strategies in DOH Operations" and other related issuances inconsistent or contrary to the provisions of this Administrative Order are hereby repealed, amended or modified accordingly.

IX. SEPARABILITY CLAUSE

In the event that any section, paragraph, sentence, clause or word of this Order is declared invalid, other provisions not affected thereby shall remain in effect. Annexes of this Order maybe amended through the issuance of a Department Circular.

X. EFFECTIVITY

This Order shall take effect fifteen (15) days after publication in a newspaper of general circulation and after filing three (3) certified copies at the Office of the National Administrative Register – University of the Philippines Law Center.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

Annex A. Criteria on Identifying a Good Health Practice

Instruction: This form shall be accomplished by the LGU, in coordination with their DOH Representative/Technical Officer, to assess the identified good practices in health. Assessed practices that have scored at least 60% qualify for submission to the CHD/BARMM-MOH TWG on Good Practices in Health.

Name of Region:	
Name of LGU:	
Name of Local Health Officer:	

Criteria	Operational Definition	Means of Verification (LGU to present ANY of the following MOVs)	Scoring		
			0	1	2
LGU-initiated * A score of zero in this criteria would mean automatic disqualification	The practice should be an LGU-initiated solution to problems encountered in developing local health system, implementing health reforms, or targeting the vulnerable and marginalized sectors.	MOA, Financial Report, AOP/LIPH, Accomplishment Report Majority of required resources are from the LGU's own resources as opposed to having been implemented with heavy assistance from NGAs or external agents. In the case of BARMM, the practice should be an MOH and LGU collaboration.	Not LGU initiated (less than 10% of resource requirement for the project/ intervention was sourced from the LGU money)	Co-initiated with other stakeholders (10% to 50% of resource requirement for the project/ intervention was sourced from the LGU money)	LGU-initiated (more than 50% of resource requirement for the project/ intervention was sourced from the LGU money)
Technically Feasible	The practice is easy to learn and to implement. It needs minimum resources (financial, HRH, capital) to implement the practice without compromising the resources intended for other health programs.	Work instructions, feasibility study, Project Proposal, Program Monitoring, LIPH/AOP, AIP, WFP, FUR	Required complex technical assistance (engagement of a project consultant) and re-aligned some of the budget previously allocated to other health programs.	Does not require complex technical assistance (did not engage a project consultant) but re-aligned some of the budget from other health programs. or Required complex technical assistance (engagement of a project	Does not require complex technical assistance (did not engage a project consultant) and no budget for other health program was re-aligned.

Criteria	Operational Definition	Means of Verification (LGU to present ANY of the following MOVs)	Scoring		
			0	1	2
				consultant) but no budget for other health program was re-aligned.	
Effective and Successful	The practice has proven its strategic relevance in achieving a specific objective; it has positive impact on the communities; the practice leads to an improvement in the health system and/or health outcomes in line with its objectives.	Health Impact Assessment, CSS, FHSIS, LGU Health Scorecard performance report; technical reports on other health and health-related indices.	There was no evidence on the improvement of the target health output/ outcome within 3 years of implementation	NA	With evidence of improvement of the target health output/ outcome within 3 years of implementation
Innovative	The practice introduces new or reinvents existing tools or techniques so that policies or interventions continue to be responsive to current needs, and adjust to trends or changes.	The practice has never been implemented in the LGU before. Work Instruction/ Manual, Documentation of the Innovation	The practice has been implemented in the LGU in the past.	The practice has been implemented before but some of the project components were modified to respond to trends and changes.	The practice has never been previously implemented by the LGU.
Responsive	The practice considers the population's health needs and expectations including the underserved/vulnerable/ disadvantaged groups in terms of the kind and amount of public health services that should be present in the locality.	The health problem addressed by the practice is among the priority health problems in the locality as reported in the LIPH situational analysis; CSS results, FHSIS, LGU HSC, GIDA Information System.	It cannot be clearly established whether the project/ intervention is aimed at addressing a priority health problem identified in the LIPH situational analysis and there is no evidence of an improvement in the utilization of health services among GIDA,	The project/ intervention is aimed at addressing a priority health problem identified in the LIPH situational analysis but there is no evidence of an improvement in the utilization of health services among GIDA, marginalized/ vulnerable population,	The project/ intervention is aimed at addressing a priority health problem identified in the LIPH situational analysis and led to improvement in the utilization of health services among GIDA, marginalized/ vulnerable population

Criteria	Operational Definition	Means of Verification (LGU to present ANY of the following MOVs)	Scoring		
			0	1	2
			marginalized/ vulnerable population.		
Sustainable	The practice responds to the current needs of the community, in particular their essential needs, without compromising their ability to meet the future needs of the community.	<p>Presence of enabling policy (ies), funding mechanisms and monitoring and evaluation tools.</p> <p>Local policies (EO, ordinance, resolution); LIPH, AOP, AIP, WFP; monitoring and evaluation tool, Work Instructions, MOP, Strategic Plan, Accomplishment Report (LGU IPCR/PES)</p>	No evidence on the presence of sustaining mechanisms	At least one of the sustaining mechanisms (policies, funding, and M&E) is in place.	All three of the sustaining mechanisms are in place (policies, funding, and M&E).
Culturally Sensitive	The practice is sensitive to the ways, values, and perceptions of the community on health. It recognizes and respects the distinct culture of the indigenous peoples, and consequently, establishes a trusting relationship and confidence to avail of the health services provided by the government.	<p>Work Instruction and documentation of the program to assess whether it was able to consider the guiding principles of culture sensitivity.</p> <p>1. Documentation on the adequate access to quality and safe health services appropriate to ICCs/IPs and increase of its utilization; (inclusion of Information system in place, health financing implemented, etc)</p> <p>2. GIDA information System (Decrease in MMR, IMR)</p> <p>3. Researches on Indigenous Knowledge Systems and Practices on Health (IKSP);</p>	No evidence of culture sensitivity implementation in the practice/ intervention	-	With evidence of culture sensitivity implementation in the practice/ intervention

Criteria	Operational Definition	Means of Verification (LGU to present ANY of the following MOVs)	Scoring		
			0	1	2
		advocacy on the use on safe IKSP; culture sensitive policies on health, conduct of culture sensitivity orientation/ training; culturally appropriate health facilities; culturally sensitive HRH 4. Formulation, incorporation into the LIPH, AIP/AOP and implementation of participatory health investment plans for IPs (ADIPH); trainings / capacity building for traditional health workers			
Gender Sensitive	The practice shows how individuals/ population groups across the gender spectrum who were involved in the process were able to improve their health condition and well-being.	GAD accomplishment report, Gender Mainstreaming Evaluation Framework (GMEF)	There was no evidence that the practice was assessed through gender lens nor project consultation involve individuals/ population groups across the gender spectrum	The practice was either assessed through the gender lens, or its target population are women and children, or project consultation involves individuals/ population groups across the gender spectrum	Project was reported among LGU GAD accomplishment
TOTAL SCORE:			(/ 16) = ____%		

Noted by:

Reviewed by:

< name and signature of
Local Health Officer>

<name and signature of assigned
DOH Representative/Technical Officer>

Annex B. Template for the Documentation of Good Practice

[Title] [What is the name that best describes the good practice?]	
<ul style="list-style-type: none"> - Must contain keywords that clearly define the good practice - The activity or project, mechanism, process or strategy should be identified in the title - Should capture the message of the story 	
[Date]	[Name and Designation of the members of the Documentation Team]
Element	Guide Questions
Objective/s	- What is the aim/objective of the practice?
Location	- What is the geographical range where the good practice has been used? Please specify when possible, the province, district and municipality. If possible, add a map to show where the practice was implemented.
Introduction	<ul style="list-style-type: none"> - Introductory part describing the health situation and other circumstances (political, socio-economic, financial, etc.) related to health from which the practice was developed - Mention the segment of the population affected by the current situation. Describe how they were affected. - Link the health situation that needs to be addressed with the good practice - What is the context (initial situation) and challenge being addressed? Provide a short description of the health situation being addressed and specify the period during which the practice has been carried out (timeframe)? - Explain how gender and culture was taken into account in both the challenge being addressed and the good practice itself. - In disaster prone situations, explain how the good practice is contributing to risk reduction and crisis management for resilience.
Stakeholders and Partners	Who are the beneficiaries or the target group of the good practice? Who are the users of the good practice? Who are the institutions, partners, implementing agencies, and donors involved in the good practice, and what is the nature of their involvement? Explain the different roles of individuals/population groups across the gender spectrum play as they benefit from the good practice and their degree of vulnerability to different types of threats.
Methodological Approach	<ul style="list-style-type: none"> - What methodology has been used in order to address the initial issue and lead to a successful outcome and finally to the good practice? Any Work Instruction? - What was the process? (enumerate the steps) - How long did it take to learn lessons and identify key success factors? Please include gender aspects addressed in the description of the methodological approach.
Validation	- Confirmation by the beneficiaries that the practice addresses the needs properly. Has the good practice been validated with the stakeholders/final users? Provide a brief description of the good practice validation process.
Impact	<ul style="list-style-type: none"> - What has been the impact (positive or negative) of the good practice on the beneficiaries' - individual/population groups across the gender spectrum - livelihoods? Please explain how the impact may differ between individual/population groups across the gender spectrum. Have these beneficiaries' livelihoods been environmentally, financially, and/or economically improved (and if applicable, become more resilient), and if yes how? - Discuss the importance and significance of the project/activities relative to the context it was implemented in - For UHC Integration, did the good practice resulted into integrated care, financial protection through the Special Health Fund, and better health care

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	and health system management? Please explain or provide data reflecting improvement in terms of health status, increase accessibility of health care services and/or satisfaction of health care provider and health service consumer.
Innovation	- In what way has the good practice introduced or reinvented tools or techniques so that policies or interventions continue to be responsive to current needs, and adjust to trends or changes?
Success Factors	- What are the enabling factors that contributed to the success of the program/project?
Constraints	- What are the challenges encountered in applying the good practice? How have they been addressed? In a disaster context, in which way do crises/shocks affect the livelihoods of groups at risk?
Lessons Learned	- What are the key messages and lessons learned to take away from the good practice experience, for men, women, marginalized/vulnerable group?
Sustainability	- What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable? - If applicable, indicate the total costs incurred for the implementation of the practice.
Replicability and/or up scaling	- What are the possibilities of extending the good practice more widely? If you were giving advice to another geographic area, what are the conditions that should be met/respected to ensure that the good practice is replicated, but adapted to the new context?
Conclusion	- Conclude by specifying/explaining the impact and usefulness of the good practice. When possible, use anecdotal evidence such as a storytelling or testimony of a man or a woman or group showing the benefit of the good practice.
Contact Details	- What are the contact details (phone number and email address) of the people to contact if you want more information on the good practice?
Related Website(s) *Optional	- What are the Web sites of the projects under which the good practice was identified and reproduced?
Related resources that have been developed	- What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been created and developed as a result of identifying the good practice?

Prepared by:

Noted and Endorsed by:

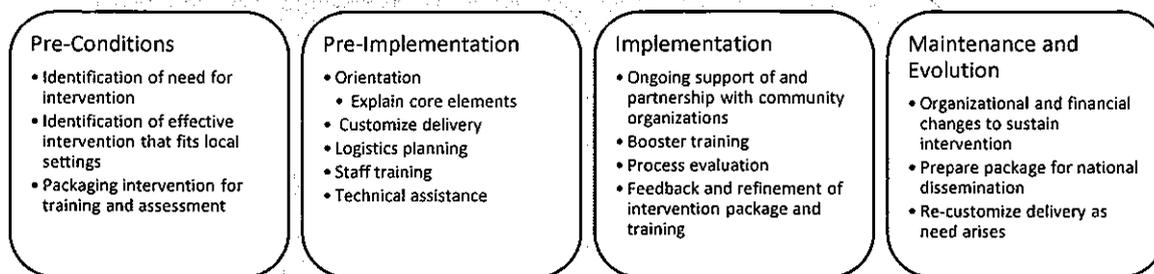
<name and signature of LCE>

< name and signature of Health Officer>

For CHD/BARMM-MOH:

<p>Reviewed by:</p> <p><name and signature of the CHD/BARMM-MOH Good Practice Focal Person></p>
<p>Endorsed by:</p> <p><name and signature of the CHD/BARMM-MOH Regional Director></p>

Annex C. General Framework and Processes for Replication



Phase	Activity	Process	Person/Group Responsible
Pre-conditions	Identify need	- identify high-burden condition	LGU, DOH Representative/ Technical Officer
	Identify effective interventions	- identify intervention tested and proven to address the health problem	LGU, DOH Representative/ Technical Officer
	Identify barriers	- conduct organizational needs assessment - identify barriers to implementation	LGU, DOH Representative/ Technical Officer
	Decide on the intervention/ package of intervention	- decide among the alternative interventions; distinguish core elements, menu options	LGU
Pre-implementation	Technical Working Group	- create a Technical Working Group to review and refine the intervention or package of intervention, core elements and menu options - define training needs, identify technical assistance requirement based on the TWG input	CHD/BARMM-MOH, LGU Technical Working Group
	Orientation and Pilot testing	- identify eligible organizations - assess logistics requirement for full scale implementation - conduct kick-off meeting	CHD/BARMM-MOH, LGU TWG

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Phase	Activity	Process	Person/Group Responsible
Implementation	Training	- conduct organization/staff training	LGU, CHD/BARMM-MOH
	Technical assistance	- provide technical support	CHD/BARMM-MOH
	Monitoring and Formative Evaluation	- monitor/Assess the following: community health outcomes, return on investment - continue site visits to monitor progress and provide support - conduct Formative Evaluation	LGU, CHD/BARMM-MOH
	Feedback and refinement	- analyze data, assess sustainability - refine the intervention	LGU, CHD/BARMM-MOH
Maintenance	Organizational, financial changes	- provide advise on sustainability strategies - develop operational/work instructions for intervention and replication process	LGU, CHD/BARMM-MOH
	National dissemination	- refine case study report: return on investment - reproduce good practice briefer	CHD, BLHSD/BARMM-MOH, HPB
	Re-customize delivery as need arises	- continue to refine the intervention	CHD/BARMM-MOH

Annex D. Monitoring Tool for Good Practice Implementation

General Instruction: This form shall be accomplished by the members of the LGU documentation team for every identified and documented good practice. The accomplished form shall be submitted to the CHD/BARMM-MOH Good Practice Focal Person, through the DOH Representative/ Technical Officer. This tool aims to collect inputs, comments and recommendations on how to further improve the overall policy implementation.

Name of Region:	
Name of LGU:	
Title of Good Practice:	

A. Implementation Rating

- Please put (✓) in the box that best describe your observation and experience on the identification and documentation of good practice.
- There is no right or wrong answer. If you either Disagree or Strongly Disagree with the statement, please include a short explanation in the remarks so we can better improve how we implement this policy (you may utilize additional sheet if needed).

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. The documentation/work instruction on the good practice was available at the point of service.					
2. The recording forms/template to be used was explained.					
3. The CHD/BARMM-MOH provided technical assistance to the LGU in the identification and documentation of the good health practices.					
4. The documentation is a useful reference for local planning.					

Remarks:

B. List down the top five (5) bottlenecks/challenges/issues encountered during the identification and documentation of good practices and how this was addressed.

1.

2.

3.

4.

5.
