



**Department of Budget and Management
Department of Health**



**JOINT CIRCULAR NO. 2022 - 0001
February 10, 2022**

TO : Heads of Departments, Bureaus, Offices and Agencies of the National Government, and Government-Owned or Controlled Corporations, Local Government Units and All Others Concerned

SUBJECT : Guidelines on the Grant of One COVID-19 Allowance (OCA) to Public and Private Health care Workers (HCWs) and Non-HCWs in Health Facilities Involved in COVID-19 Response

I. BACKGROUND

Special Provisions (SP) No. 14 of the Department of Health (DOH) budget under the Fiscal Year (FY) 2022 General Appropriations Act (GAA) allocated PhP 7.919 billion for the payment of the COVID-19 benefits for public and private HCWs and non-HCWs, regardless of employment status, who are involved in COVID-19 response in all health facilities, including military hospitals, government-owned and controlled corporations (GOCCs), state university hospitals, and private-licensed health facilities.

Further, it stipulates that the amount of the COVID-19 benefits shall vary according to risk exposure of the HCW and non-HCW in particular setting: three thousand pesos (PhP 3,000) for low risk, six thousand pesos (PhP 6,000) for medium risk, and nine thousand pesos (PhP 9,000) for high risk.

In addition, the said COVID-19 benefits shall be granted in full if a HCW or non-HCW has physically rendered services for at least 96 hours in a month. Otherwise, the benefit shall be granted prorated.

On 14 January 2022, the DOH issued Administrative Order No. 2022-0001 or the Guidelines for COVID-19 Risk Exposure Classification of Healthcare Workers to provide the parameters in determining the COVID-19 exposure of medical, allied-medical, administrative, technical, and support personnel in health facilities involved in COVID-19 response.

II. OBJECTIVE

This Joint Circular is issued to prescribe the implementing guidelines on the grant of the OCA pursuant to SP No. 14 of the DOH Budget under the FY 2022 GAA.

III. DEFINITION OF TERMS

The following definitions are hereby adopted for the purpose of this Joint Circular:

- A. **Health care workers (HCWs) and non-HCWs** - shall refer to personnel assigned in all health facilities involved in COVID-19 response in line with the National Action Plan COVID-19 strategy of Prevention, Detection, Isolation, Treatment, Rehabilitation, and Vaccination (PDITR+) strategy. HCWs comprise medical and health allied personnel who provide direct health care, whereas, non-HCWs provide technical, administrative, and support care within the health facilities.
- B. **Health Facilities** - shall refer to any public and private institution with health care as their core service, function or business. Health care pertains to the maintenance or improvement of the health of individuals or populations through the prevention, diagnosis, treatment, rehabilitation, and chronic management of disease, illness, injury, and other physical and mental ailments or impairments. For purposes of this JC, health facilities shall refer to those duly licensed or designated by the DOH, including the DOH-Central Office, Centers for Health Development (CHDs), Provincial/City/Municipal Health Offices, and Local Government Health Offices, for COVID-19 response in accordance with the latest National Action Plan Against COVID-19.
- C. **Health-Related Establishment** - shall refer to a health service facility or unit which performs health service delivery functions within an agency whose legal mandate is not primarily the delivery of health services.

IV. GUIDELINES AND CONDITIONS ON THE GRANT OF THE OCA

The grant of the OCA to qualified public and private HCWs and non-HCWs in health facilities involved in COVID-19 response shall be subject to the following guidelines and conditions:

- A. The public HCWs and non-HCWs refer to:
 - 1. Employees occupying regular, contractual, or casual positions, whether full-time or part-time; or
 - 2. Workers engaged through a contract of service (COS) or job order (JO) basis, including duly accredited and registered barangay health workers (BHWs).

In the case of local government units (LGUs), the list of the public HCWs including BHWs, shall be determined by their respective local health boards.

- B. The public HCWs and non-HCWs assigned in health facilities involved in COVID-19 response in line with the National Action Plan COVID-19 strategy of PDITR+ strategy.

- C. The private HCWs and non-HCWs assigned in health facilities that are involved in COVID-19 response in line with the National Action Plan COVID-19 strategy of PDITR+ strategy.
- D. The public and private HCWs and non-HCWs who physically report for work at their assigned work stations in health facilities on the prescribed official working hours, as authorized by the head of agency/office.
- E. The grant of the OCA shall be based on the number of hours that the public and private HCWs and non-HCWs physically report for work in a month, as certified by the head of the health facility, or his/her authorized representative, reckoned starting January 1, 2022.
- F. The grant of the OCA shall be based on risk classification to high, moderate or low risk of the eligible public and private HCWs and non-HCWs as guided by the DOH Administrative Order No. 2022-0001.
- G. The rate of the OCA per COVID-19 Risk Exposure Classification of HCWs and non-HCWs shall be as follows:

COVID-19 Risk Exposure Classification	Rate
High	PhP 9,000.00
Moderate	PhP 6,000.00
Low	PhP 3,000.00

- H. The computation of the actual OCA shall be based on the number of hours physically reporting for work during the month.

The full rate based on the health care work risk classification shall be granted to those who physically rendered their service in a month for 96 hours. Otherwise, in case of less than 96 hours physically reporting for work, the formula below for pro-rated benefits shall be applied:

$$\text{Pro-rated Allowance} = \frac{\text{actual hours physically reported for work}}{96 \text{ hours}} \times \text{Full Amount}$$

Further, the hours rendered during work-from-home arrangements shall not be included in the total number of hours rendered in the computations.

- I. The OCA of personnel hired on a part-time basis in one or more health facilities involved in COVID-19 response shall be in direct proportion to the services rendered, provided that the total OCA received from all sources shall not exceed PhP 9,000.00 for high risk, PhP 6,000 for medium risk, and PhP 3,000 for low risk. In the case of different risk classifications, the highest compensation shall serve as the maximum limit.

- J. The OCA of an eligible public or private HCW or non-HCW detailed to another government agency shall be granted by the parent agency.
- K. An eligible public or private HCW or non-HCWs who are compulsory retiree, or service extension, may be granted the OCA, subject to the pertinent conditions and guidelines under this Joint Circular.

V. EXCLUSION FROM THE GRANT OF OCA TO HEALTH CARE WORKERS

The following HCWs and non-HCWs who are engaged without employer-employee relationship and funded through non-Personnel Services appropriations/budgets are excluded from the grant of the OCA, specifically:

- A. Consultants and experts engaged for a limited period to perform specific activities or services with expected outputs;
- B. Laborers engaged through job contracts (*pakyaw*) and those paid on piecework basis;
- C. Volunteers, student workers, and apprentices;
- D. Individuals and groups of individuals whose services are engaged through COS or JO, including BHWs, who are **NOT** assigned in health facilities involved in COVID-19 response;
- E. HCWs and non-HCWs assigned in health-related establishments as defined in Section 3;
- F. Those personnel who are in work-from-home arrangements for the entire month;
- G. Those who are under quarantine and/or treatment due to COVID-19 and have not rendered actual physical services in health facilities for the entire month; and
- H. Institutional contract of service workers or outsourced personnel.

VI. ROLES AND RESPONSIBILITIES

- A. The **DOH-Administration and Financial Management Team (AFMT)** shall execute the following:
 - 1. Prepare and release the guidelines for the sub-allotment or transfer of funds for the OCA to CHDs, Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), DOH hospitals, and the Philippine General Hospital (PGH);

2. Facilitate the payment of the OCA to eligible HCWs and non-HCWs involved in COVID-19 response in line with the National Action Plan COVID-19 strategy of PDITR+ strategy;
3. Monitor the timely release of OCA to eligible HCWs and non-HCWs assigned in health facilities engaged in COVID-19 response; and
4. Consolidate the reports received from CHDs, MOH-BARMM, DOH hospitals, Treatment and Rehabilitation Centers (TRCs), and the PGH.

B. The DOH-CHDs shall:

1. Coordinate with LGUs, other government health facilities, and private health facilities involved in COVID-19 response within their jurisdiction;
2. Enter into a Memorandum of Agreement (MOA) with LGUs and other health facilities for the transfer of funds and the payment of the OCA to eligible HCWs and non-HCWs assigned in health facilities involved in COVID-19 response;
3. Alternatively, the CHDs may directly process claims for the grant of the OCA to eligible public and private HCWs and non-HCWs in instances where MOA with the LGU or private health facility cannot be executed or delayed subject to budgeting and auditing rules and regulations. *Provided*, that the risk classification of the HCWs and the computation of the appropriate OCA for each HCW along with other requirements certifications and consent for data sharing shall be signed and submitted by the head of human resource or personnel division (if such division is in the structure) and the head of health facility, clearly indicating his/her designation or position;
4. Evaluate, validate and certify the submitted claims for the grant of the OCA to eligible HCWs and non-HCWs assigned in health facilities involved in COVID-19 response;
5. Submit monthly reports to the DOH-AFMT for consolidation and monitoring, as prescribed by the DOH. For this purpose, the reports shall entail the list of eligible HCWs and non-HCWs, respective positions, COVID-19 exposure risk classification, number of hours physically present for work and the total amount of OCA they are entitled to receive. For completion, Annex A is hereby provided for the template of the report.

Further, the electronic submissions of reports will be implemented once the electronic reporting system has been developed. A DOH circular shall be issued once the said system is available and operational.

6. Submit to the DOH-AFMT a certification attesting (Annex B) to the truthfulness of the contents of the report and consent for sharing of data has been obtained from the personnel involved. The certification must be signed by the head of human resource or personnel division (if such division is in the structure) and the head of health facility, clearly indicating his/her designation of position; and

7. Submit to the DOH-AFMT the physical and financial accomplishment reports for monitoring, in accordance with pertinent accounting and auditing rules and regulations.

C. The MOH-BARMM shall:

1. Coordinate with LGUs, other government health facilities, and private health facilities within its jurisdiction;
2. Enter into a MOA with LGUs and other health facilities for the transfer of funds and the payment of the OCA to eligible HCWs and non-HCWs assigned in health facilities involved in COVID-19 response;
3. Alternatively, the MOH-BARMM, may directly process claims for the grant of the OCA to eligible public and private HCWs and non-HCWs in instances where MOA with the LGU or private health facility cannot be executed or delayed subject to budgeting and auditing rules and regulations. *Provided*, that the risk classification of the health care and the computation of the appropriate OCA for each HCW along with other requirements certifications and consent for data sharing shall be signed and submitted by the head of human resource or personnel division (if such division is in the structure) and the head of health facility, clearly indicating his/her designation or position;
4. Evaluate, validate and certify claims for the grant of the OCA to eligible public and private HCWs and non-HCWs in instances where MOA with the LGU or private health facility cannot be executed or delayed;
5. Submit monthly reports to the DOH-AFMT for consolidation and monitoring, as prescribed by the DOH. For this purpose, the reports shall entail the list of eligible HCWs and non-HCWs, respective positions, COVID-19 exposure risk classification, number of hours physically present for work and the total amount of OCA they are entitled to receive. For completion, Annex A is hereby provided for the template of the report.

Further, the electronic submissions of reports will be implemented once the electronic reporting system has been developed. A DOH circular shall be issued once the said system is available and operational.

6. Submit to the DOH-AFMT a certification attesting (Annex B) to the truthfulness of the contents of the report and consent for sharing of data has been obtained from the personnel involved. The certification must be signed by the head of human resource or personnel division (if such division is in the structure) and the head of health facility, clearly indicating his/her designation of position; and
7. Submit to the DOH-AFMT the physical and financial accomplishment reports for monitoring, in accordance with pertinent accounting and auditing rules and regulations.

D. The DOH Hospitals, Drug Treatment and Rehabilitation Centers, and the PGH shall:

1. Facilitate the payment of the OCA to eligible HCWs and non-HCWs involved in COVID-19 response;
2. Submit monthly reports to the DOH-AFMT for consolidation and monitoring, as prescribed by the DOH. For this purpose, the reports shall entail the list of eligible HCWs and non-HCWs, respective positions, COVID-19 exposure risk classification, number of hours physically present for work and the total amount of OCA they are entitled to receive. For completion, Annex A is hereby provided for the template of the report.

Further, the electronic submissions of reports will be implemented once the electronic reporting system has been developed. A DOH circular shall be issued once the said system is available and operational.

3. Submit to the DOH-AFMT a certification attesting (Annex B) to the truthfulness of the contents of the report and consent for sharing of data has been obtained from the personnel involved. The certification must be signed by the head of human resource or personnel division (if such division is in the structure) and the head of agencies/operations, clearly indicating his/her designation or position; and
4. Submit to the DOH-AFMT the physical and financial accomplishment reports for monitoring, in accordance with pertinent accounting and auditing rules and regulations.

E. The LGUs and Other Health Facilities concerned shall:

1. Facilitate the payment of the OCA to eligible HCWs and non-HCWs assigned in health facilities involved in COVID-19 response in line with the National Action Plan COVID-19 strategy of PDITR+ strategy;
2. Submit to respective DOH-CHDs a certification attesting (Annex B) to the truthfulness of the contents of the report and consent for sharing of data has been obtained from the personnel involved. The certification must be signed by the head of human resource or personnel division (if such division is in the structure) and the head of agencies/operations, clearly indicating his/her designation or position;
3. Regularly update the COVID-19 risk exposure classification of their personnel to enable proper monthly computation of OCA; and
4. Submit to the DOH-CHD the physical and financial accomplishment reports for monitoring, in accordance with pertinent accounting and auditing rules and regulations.

F. The Department of Budget and Management shall:

Upon request, the DBM shall process and issue the corresponding budget-related action documents to implement the grant of OCA to public and private HCWs and non-HCWs assigned in health facilities involved in COVID-19 response, pursuant to RA No. 11639 or the FY 2022 GAA, in accordance with the existing government budgeting, accounting and auditing rules and regulations.

VII. FUNDING SOURCE

The funds necessary for the implementation of this JC shall be sourced from the current and continuing available appropriations of the DOH and any sources available as may be identified by the DBM, subject to the existing budgeting, accounting, and auditing rules and regulations.

VIII. REPORTING

The DOH, in coordination with the DBM, shall submit periodic reports to the Office of the President on the implementation of this Joint Circular, including, but not limited to, the number of HCWs and non-HCWs assigned in health facilities involved in COVID-19 response provided with OCA and the amounts utilized for this purpose.

IX. RESPONSIBILITIES OF AGENCIES AND OPERATING UNITS

Agencies and operating units shall be responsible for the proper implementation of the provisions in this Joint Circular. The concerned responsible officers shall be held liable for any payment not in accordance with the provisions hereof without prejudice to the refund by the employees concerned of any excess or unauthorized payments.

X. RESOLUTION OF CASES

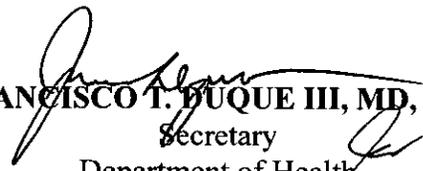
Cases not covered by the provisions of this Joint Circular shall be referred to the DBM and/or the DOH, as appropriate, for resolution.

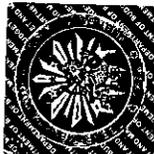
Conversely, all issues arising from the grant of OCA to public and private HCWs and non-HCWs assigned in health facilities involved in COVID-19 response shall be resolved exclusively by the DOH.

XI. EFFECTIVITY

This Joint Circular shall take effect immediately.


TINA ROSE MARIE L. CANDIA
Officer-in-Charge
Department of Budget and Management


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



**subject to changes*

ATTESTATION FORM

I, _____ [Full Name], _____ [Position], a duly authorized representative of _____, [Health Facility/MOH/CHO/PHO/CHD/MOH] do hereby declare and attest the following:

1. That all individuals listed are part of this facility/institution of _____ [Region]; are among the list of eligible health care workers to receive One COVID-19 Allowance (OCA) as prescribed in the General Appropriation Act of 2022 and DOH 2022-0001: "Guidelines for COVID-19 Risk Exposure Classification of Healthcare Workers" and other related laws and policies;
2. That this submission had been executed strictly in accordance with the provisions indicated in the General Appropriation Act of 2022 and DOH 2022-0001: "Guidelines for COVID-19 Risk Exposure Classification of Healthcare Workers";
3. That all individuals listed in the Annex A have provided the information indicated therein with full knowledge that the processing thereof is necessary for the COVID-19 Risk Exposure Classification and for the processing of OCA, in accordance with the Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012;
4. That all individuals listed and encoded have provided the information indicated therein with expectation that the relevant government agencies will uphold the rights of the data subjects, implement the appropriate security measures, and will remain adherent to the general data privacy principles of transparency, legitimate purpose, and proportionality, in processing their personal information; and,
5. That all matters set forth listed or encoded to the *OCAIS* have been made in good faith, duly verified by me and to the best of my knowledge and belief are true and correct.

Done this ___ day of _____, 2022 in _____

By:

.....

[SIGNATURE OVER FULL NAME]

[Head of Facility/Local Government
Unit/Regional Director]

