



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

**ADMINISTRATIVE ORDER
NO. 2013 - _____**

SUBJECT: Implementing Guidelines on Integrated Tuberculosis Information System (ITIS)

I. RATIONALE

The National Tuberculosis Control Program (NTP) is the government's commitment to address the tuberculosis (TB) problem in the country. The NTP is being implemented nationwide in all government health centers, selected government hospitals and Public-Private Mix DOTS with the objective of detecting all forms of TB cases and curing them. Achieving the Millennium Development Goal (MDG) No. 6, in line with PhilPACT target, which is to reduce TB cases by fifty percent (50%) by 2016, is the prime motivation of the efforts of NTP and other TB partners in all their activities.

Recording and reporting are important in the implementation of a successful TB control program. Data generated from these reports serve as the basis for creating appropriate and effective implementation plans and strategies for the National TB Program. Thus there is a need for records to be complete, accurate and up to date.

There are existing information systems that cater to the varying needs of the TB program. 1.) The Electronic Tuberculosis Registry (ETR) which was implemented by the National Epidemiology Center of the Department of Health in 2007- 2011 in Regions III and NCR. ETR collects information for regular tuberculosis from the TB registry forms, and is being installed or used by the City Health Offices, Provincial Health Offices, and Center for Health Development Offices. 2.) The e-TB Manager is a web-based system developed by Management Sciences for Health in 2009. It was introduced to Treatment Centers, Culture Centers and Warehouses in 2nd Quarter of 2010 and collects information for Drug Resistant – TB from the TB Symptomatic Masterlist, Category IV Register, Laboratory Results, Order and Delivery List of first and second-line anti-TB drugs. 3.) The Electronic Field Health Services Information System (eFHSIS) routinely collects pertinent data on all DOH programs including NTP from Rural Health Units and Barangay Health Stations in the country. One of the NTP's aims is to strengthen the management, technical and/or operational aspects of the TB control services at all levels. The establishment of an efficient data management system for both public and private sectors and implementation of a standardized recording

and reporting system are identified strategies to attain the said objective which was defined in 2010-2016 Philippine Plan of Action to Control TB (PhilPACT) in consultation with stakeholders. It is mentioned in the 1st objective of the 2nd strategy which is to monitor health system performance with performance targets: (A) trend of TB burden tracked, (B) TB information generated on time, analyzed, and used and lastly, (C) TB information system integrated with national monitoring and evaluation (M&E) and Field Health Services Information System (FHSIS).

Further, health information is one of the strategic instruments to attain Universal Health Care (UHC), i.e. an instrument to establish a modern information system that shall provide evidence for policy and program development, and support for immediate and efficient provision of health care and management of province wide health systems.

The objectives of the NTP, current thrusts and instruments of the UHC, and the need to harmonize existing information systems in the DOH are key drivers towards the development of an integrated information system solution for tuberculosis to strengthen the health information aspect of attaining UHC. Thus, the National Center for Disease Prevention and Control (NCDPC), National Epidemiology Center (NEC), Information Management Service (IMS) with the funding support from the Global Fund through the Philippine Business for Social Progress and the Bureau of International Health Cooperation are committed to develop and implement an Integrated Tuberculosis Information System (ITIS). The ITIS incorporates the requirements of the DOH in the management and/or implementation of the National Tuberculosis Program.

II. OBJECTIVES

General Objective:

To provide clear guidelines and direction in the adoption, implementation, maintenance and monitoring of the ITIS.

Specific Objectives:

1. To strengthen the established guidelines of NTP on data validation, analysis, report generation, dissemination, monitoring and evaluation through ITIS.
2. To provide more coherent roles and responsibilities of the different agencies and stakeholders involved in the implementation of ITIS.

III. SCOPE

This Order applies to all DOH Central Office and attached agencies, Centers for Health Development, Provincial/District/City/Municipal Health Offices, Local Government Units with health facilities such as barangay health stations and rural

health units, PPMD Unites (Private Public Mixed DOTS), and other TB data collecting agency.

IV. DECLARATION OF POLICIES

This Order is guided by the following issuances:

1. **Executive Order No. 187, series of 2003** "Instituting a Comprehensive and Unified Policy for the Tuberculosis Control in the Philippines". This Order has adopted the standardized tuberculosis management protocols and guidelines to facilitate effective program implementation in all parts of the country.

V. DEFINITION OF TERMS

For purposes of this Order, the following terms are defined as follows:

1	Culture Center (CC)	Refers to a TB laboratory specializing in performing Direct Sputum Smear Microscopy (DSSM) and TB Culture.
2	Data Validation	Refers to the process of checking the correctness, accuracy and completeness of data.
3	Data Uploading	Refers to the transfer of data to a server or host computer.
4	Drug Susceptibility Testing Center (DSTC)	Refers to the highest level of TB laboratory that specializes in Drug Susceptibility Testing for culture positive sample.
5	Enterprise Architecture (EA)	Refers to the conceptual blueprint that defines the structure and operations of the organization.
6	Integrated TB Information System (ITIS)	Refers to an electronic information system that will be used to collect, consolidate and report TB data coming from all health facilities managing TB cases under NTP.
7	Local Government Unit (LGU)	Refers to a territorial and political subdivision of the Republic of the Philippines as defined in the Local Government Code.
8	Lung Center of the	Refers to a non-stock and non-profit corporation

	Philippines (LCP)	established to provide health care that specifically target lung and pulmonary disease. This agency spearheads the implementation of the Programmatic Management of Drug-Resistant TB (PMDT).
9	Municipal Health Office (MHO) / City Health Office (CHO)	Refers to a local government office that has direct health care and oversees effective administration to the Rural Health Units/Health Centers.
10	National Center for Disease Prevention and Control - Infectious Disease Office (NCDPC-IDO)	Refers to the office within DOH that is responsible in implementing and formulation of policies related to the National Tuberculosis Program.
11	National Tuberculosis Program (NTP)	Refers to the program of the government that addresses the TB problem of the country by ensuring that TB diagnostic, treatment and information services are available and accessible to the communities in collaboration with the LGUs and other partners.
12	National TB Reference Laboratory (NTRL)	Refers to the central laboratory arm of the NTP that takes the lead of TB laboratory operations.
13	Philippine Business for Social Progress (PBSP)	Refers to a non-government organization that supports the Integrated Tuberculosis Information System Project in coordination with the Information Management Service and Infectious Disease Office.
14	Private-Public Mixed DOTS (PPMD)	Refers to the strategy of NTP designed to increase case detection and to synchronize the management of TB both in the public and private sectors.
15	Provincial Health Office (PHO)	Refers to a local government office that is responsible in promotion and implementation of national health program.
16	Rural Health Unit (RHU) / Health Center (HF)	Refers to the primary government health care facility at the municipal/city level wherein health services are delivered.

17	Treatment Center (TC) / Satellite Treatment Center (STC)	Refers to a DOTS facility, public or private providing comprehensive management of more than ten (10) MDR-TB patients and coordinating with MDR-TB treatment sites for the supervision and management of patients endorsed for supervised treatment.
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VI. GUIDING PRINCIPLES

The guiding principles in the creation of this Order are as follows:

1. Development and modification in ITIS shall be developed in an inclusive and consultative manner in coordination with the National Tuberculosis Control Program and shall build upon and integrate with the existing TB information systems; It shall also be designed to be compatible and integrated with the current DOH information systems.
2. The ITIS will be the official information system to collect, consolidate, TB information under the National TB Control Program.
3. All public and private health facilities must adapt and participate in the implementation of ITIS.
4. The ITIS should make broader efforts to improve generation and reporting of data for program utilization.
5. The ITIS shall be implemented in a stepwise approach.

VII. GENERAL GUIDELINES

1. A Consultative Meeting to discuss the implementation plan of PHO, CHO, and CHD offices and PMDT Facilities per region shall be conducted.
2. A Memorandum of Agreement shall be created and signed by the implementing partners.
3. Attendance to the ITIS Training of Trainers conducted by IMS or by trained CHD, PHP or CHO trainers shall be required prior to software utilization.
4. Those with existing TB Information System other than the system developed by IMS shall provide data sets based on the Enterprise Architecture of the Department of Health.
5. IMS in coordination with NTP shall define the users who are authorized to use the system, define access level and permission rights, review and approve requests to access the system and/or data.
6. On-site readiness assessment of workstations (logistics and internet connectivity) shall be conducted by IMS staff. Desktop computers shall be distributed by IMS in coordination with PBSP to selected site that do not have such equipment to implement ITIS. While for other RHUs, FHSIS computers provided by DOH/CHD

shall be used for ITIS. Offline version shall be temporarily installed to workstations that do not have internet connection.

7. PHOs, CHOs, CHDs, RHUs and PMDT Facilities shall regularly submit reports on a quarterly and annual basis and as needed by the National TB Control Program.
8. PHOs, CHOs, CHDs, LCP and NTRL shall undertake cross-verification and validation to check the quality of data (e.g. reliability, completeness, accuracy and timeliness) being encoded by the Rural Health Unit and PMDT staff.
9. For the effective implementation of ITIS, a monitoring team composed of personnel from IDO and IMS shall be organized and authorized to conduct monitoring visits to PHOs, CHOs, CHDs, RHUs and PMDT Facilities to assess compliance of the workstations and the performance of the system.

VIII. SPECIFIC GUIDELINES

1. A Consultative Meeting with PHO, CHO, CHD offices and PMDT Facilities per region shall be conducted prior to ITIS implementation.
 - a. The IMS shall communicate with the CHDs on the conduct of the Consultative Meeting.
 - b. Agenda to be discussed during the Consultative Meeting shall be as follows:
 - i. Overview of the ITIS System
 - ii. Implementation plan of ITIS
 - iii. Roles and Responsibilities of the User
 - iv. Other relevant issues and concerns
2. A Memorandum of Agreement shall be created and signed by the implementing partners. Such MOA will stipulate the manpower, logistic support and resources deemed necessary in the implementation of the information system as agreed upon during the consultative meeting per region.
3. Attendance of implementing site personnel to training conducted by IMS or by trained CHD, PHO or CHO personnel shall be required prior to use of ITIS to ensure proper utilization of the system.
 - a. User accounts will be given during the training and access level of the user shall be determined according to NTP guidelines.
 - b. Once staff/personnel of PHO/CHO/CHD/PMDT Facilities has been trained and given access, the said personnel shall regularly encode and update data in the system.
 - c. Trained Staff/Personnel of PHO/CHO/CHD shall conduct training to their respective RHUs with the guidance and supervision of IMS and NTP Staff and the training shall be funded by PBSP.

4. As part of standardization of DOH information systems, workstations or sites that are using other system can still use their existing information system; however, they must provide the data sets based on the Enterprise Architecture of the Department of Health such that migration of data can be made possible and software sustainability can be addressed.
5. The IMS shall review and approve the requests of other agencies, offices, units, departments, and other organizations to have access to the system upon consultation with NTP. The IMS in consultation with NTP-IDO shall assign and issue the appropriate access level and rights.
6. On-site readiness assessment of workstations (logistics and internet connectivity) shall be conducted by IMS staff. Desktop computers shall be distributed by IMS in coordination with PBSP to sites that do not have such equipment to implement ITIS. For workstations that do not have an internet connection, IMS shall temporarily install an offline version of the system to the workstation. Staff of the workstation shall be responsible in encoding and updating and uploading of the data to temporary folder in the server on a monthly basis. IMS shall be responsible in appending the uploaded data to the production database.
7. PHOs, CHOs, CHDs, LCP and NTRL shall undertake validation to check the quality of data according to factors such as reliability, completeness, accuracy and timeliness being encoded at their respective RHUs and PMDT facilities prior to reporting deadline of the official release of report set by NTP. Likewise, the NTP shall generate the reports for data analysis and officially release the validated NTP reports.
 - a. The PHO, CHO, CHD, LCP and NTRL shall be given access level and rights to view and validate the data of rural health units/facilities within their region. As such, the PHO, CHO, CHD, LCP and NTRL head of units shall assign or designate person(s) to check or verify the quality of data that has been encoded.
 - b. The PHO, CHO, CHD, LCP and NTRL shall be given five (5) working days to check and verify the data prior to the official release of NTP report. If problems were found the PHO/CHO shall immediately call the attention of concerned RHU/BHC to review and revise their reports for resubmission within five (5) working days.
 - c. All issues, concerns and/or problems in the validation of data shall be properly elevated to the NTP, and the NTP shall address these accordingly.
8. The NTP shall generate, evaluate and officially release the reports only after the PHO, CHO, CHD, LCP and NTRL have validated the data.

- a. The NTP shall generate the Quarterly NTP report every 15th day of the following quarter. Likewise, the NTP shall generate the Annual NTP report every 15th day of the following year.
9. For the effective implementation of this Order, monitoring activities to assess compliance of reporting facilities and the performance of the system shall be conducted. The NTP, IMS, CHD, LCP and NTRL are hereby authorized to conduct monitoring activities which shall be done quarterly or as the need arises.
 - a. The NTP in coordination with IMS shall develop, maintain and utilize a standard monitoring and assessment tools to be used during monitoring and assessment of the workstations.
 - b. A conduct of interview and cross-verification between the paper-based and the electronic records shall be the scope of the monitoring and evaluation activity.

IX. ROLES AND RESPONSIBILITIES

1. The **NCDPC**, as the system owner and over-all lead office in managing the implementation of the ITIS, shall:
 - a. Establish policies, procedures and guideline in data collection, reporting, processing, analysis and dissemination of information.
 - b. Issue appropriate orders requiring all government and private health facilities to use the ITIS software in reporting NTP data to the DOH.
 - c. Provide direction and guidance in the implementation of the ITIS.
 - d. Review reports or information, and provide analysis and interpretation.
 - e. Address program issues, concerns and other problems accordingly.
 - f. Provide assistance and orientation on matters related to software modification.
 - g. Perform other tasks or activities as may be necessary in the implementation of this Order.
2. The **IMS** shall:
 - a. Provide technical support in software maintenance, implementation, deployment and operations, such as but not limited to the following software enhancement, system troubleshooting, debugging, database backup and recovery, network administration, database administration, and others.
 - b. Train the trainers from CHDs, LCP, NTRL, MMD, PHOs, and CHOs and/or users on how to operate the software.

- c. Train the System Administrators on the mechanics of technical assistance, database administration, and other relevant technical support. (for clarification)
 - d. Monitor and evaluate the operations and performance of the system.
3. The **LCP** shall:
 - a. Provide assistance on the implementation of the system.
 - b. Validate the data being encoded in the system.
4. The **NTRL** shall:
 - a. Oversee the laboratory activities of all TB laboratories.
 - b. Monitor and validate accuracy of TB laboratory results that are being encoded to the system.
 - c. Coordinate with NTP and IMS all laboratory data requirements for the enhancement of ITIS laboratory module.
 - d. Attend training on ITIS Software.
 - e. Encode Laboratory results.
5. The **Area Cluster Head** shall:
 - a. Develop appropriate mechanism to ensure that all relevant policies and plans are implemented by the CHDs.
 - b. Resolve issues that may be elevated to the Cluster.
 - c. Support the technical assistance packages necessary to enhance capacity of the CHDs and the regional partners in providing assistance to the local government units, and as necessary, in coordination with concerned clusters/technical units.
6. The **CHD** shall:
 - a. Provide assistance on the implementation of the system including training of RHU personnel and PPMD units.
 - b. Include/incorporate ITIS in their annual NTP workplan.
 - c. Validate the data being encoded in the system.
 - d. Monitor and evaluate the implementation of the system.
7. The **LGU** shall:
 - a. Adopt the Administrative Order for the effective use of ITIS implementation in their area from PHO/CHO down to the RHU level.
 - b. Provide administrative and operational support to PHO/CHO and to its RHUs.

8. The **PHO** and **CHO of highly urbanized city** shall:
 - a. Advocate the use of ITIS software to the municipality, rural health units and other health facilities in their area.
 - b. Attend training of trainers and conduct training for its RHUs on ITIS software.
 - c. Monitor and evaluate the implementation of the system.
 - d. Analyze report and validate based on the encoded data of RHU and other health facilities.

9. The **RHU/component CHO** shall:
 - a. Attend training on ITIS software conducted by their respective PHO/CHO.
 - b. Use the system as the recording and reporting tool of DS-TB data.
 - c. Encode TB data on day to day basis.
 - d. For offline version user, upload data to the temporary folder in the server in monthly basis.
 - e. Request to IMS the updated data stored in the central database as necessary.
 - f. Participate to M & E activities of NTP-IDO and IMS.

10. The **PMDT TC / STC** shall:
 - a. Attend training on ITIS software.
 - b. Use the system as the recording and reporting tool of DR-TB data.
 - c. Encode DR-TB data on day to day basis.
 - d. For offline version user, upload data to the temporary folder in the server in monthly basis.
 - e. Request to IMS the updated data stored in the central database as necessary.
 - f. Participate to M & E activities of NTP-IDO and IMS.

11. The **other Health Facilities and Agency** shall:
 - a. Coordinate to DOH-IMS for the data requirement related to ITIS for those facilities with existing information system.
 - b. Adapt the DOH-IMS enterprise architecture in case they want to develop their own TB system or system that needs to be linked to ITIS.

X. SEPARABILITY CLAUSE

If any provision of this Order is declared invalid by any court of law or any competent authority, those provisions not affected thereby shall remain valid and effective.

XI. EFFECTIVITY

This order shall take effect fifteen (15) days after the publication on the gazette or a newspaper of general circulation.

ENRIQUE T. ONA, MD
Secretary of Health

DRAFT

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of **Agreement** hereinafter referred to as **MOA**, made and entered into this **(Type the day of the month here)** day of **(Type the month here)** 2013 at **(Type the complete address here)** by and between:

The **DEPARTMENT OF HEALTH, CENTER FOR HEALTH DEVELOPMENT (DOH-CHD)-(REGION)**, a government agency created and existing under the laws of the Republic of the Philippines with principal office address at **(ADDRESS)**, herein represented by **NAME OF REGIONAL DIRECTOR**, as the Regional Director of Region **(NAME OF REGION)**, and hereinafter referred to as the **DOH-CHD**;

and

The **Provincial/City/Municipal Government of _____**, a Local Government Unit established and existing under the laws and regulations of the Republic of the Philippines, with principal office address at _____, represented by **HONORABLE _____**, as Provincial Governor/City Mayor/Municipal Mayor, hereinafter referred to as the LGU;

WITNESSETH

WHEREAS, the Philippine Constitution of 1987 mandates the State to adopt an integrated and comprehensive approach to health development, which shall endeavor to make essential goods, health and social services available to all people at affordable cost;

WHEREAS, Republic Act 7160 otherwise known as the 1991 Local Government Code mandated the devolution of the delivery of health services and facilities as one of the basic functions and responsibilities of all Local Government Units or LGUs at all levels;

WHEREAS, the DOH's Administrative Order No. 2010-0036 entitled, "The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos" provide three (3) strategic thrusts to achieve universal health care or Kalusugan Pangkahalatan (KP);

WHEREAS, said Administrative Order also defines Health Information as one of the six (6) strategic instruments to achieve the Aquino Health Agenda strategic thrusts, and shall serve as an instrument to establish a modern information system that shall provide evidence for policy and program development and support for immediate and efficient provision of health care and management of province-wide health systems;

WHEREAS, the **DOH** in its mandate to provide KP has developed several computer-based health information systems like Electronic Field Health Services Information System (EFHSIS), Clinic Information System (CLINICSys) which is formerly the Rural Health Unit Management Information System, Philippine Integrated Disease Surveillance and Response (PIDSRS), Philippine Malaria Information System (PHILMIS), Integrated Tuberculosis Information System (ITIS), Hospital Operations and Management Information System (HOMIS), Schistosomiasis Information System (SIS), Filariasis Information System (FIS), Integrated Chronic Non-Communicable Disease Registry System (ICNCDRS), Online National Electronic Injury Surveillance System (ONEISS), and other DOH developed and/or maintained health information systems;

WHEREAS, the DOH has started the development and implementation of the Unified Health Management Information System (UHMIS) that will integrate or harmonize data collection, processing, reporting, and use of information which is necessary for improving health service efficiency and effectiveness; assist in the management and planning of health programs; and put in place standards related to data collection, transmission, data analysis, presentation, reporting, and utilization;

NTP COORDINATOR

CITY HEALTH OFFICER

<NAME OF GOVERNOR/ MAYOR>
Governor/City or Municipal Mayor

<NAME OF CHD DIRECTOR>
DOH-CHD

PHTL/FHSIS COORDINATOR

WHEREAS, the DOH has created and developed the Integrated Tuberculosis Information System (ITIS) that will integrate all TB initiatives such as Drug Susceptible TB, Drug Resistant TB, TB in children, TB in prison and TB-HIV. Among the systems objectives are: harmonization of data collection in health facilities, processing, reporting, and use of information which is necessary for improving health service efficiency and effectiveness; assist in the management and planning of health programs; and put in place standards related to data collection, transmission, data analysis, presentation, reporting, and utilization;

WHEREAS, the Province/City/Municipality of _____ has been chosen as one of the implementing sites for its capacity to absorb investments and sustain health reforms, among others. Said LGU will be given computer, free software, and continuous training and technical support in implementing ITIS;

WHEREAS, the distribution of computers to the LGU is intended to achieve the following objectives to: (1) Improve health record organization and management, (2) Optimize processes in submitting the required data to the DOH, (3) Generate the required LGU NTP indicators and TB data, (4) Improve searching of patients' data or record; and (5) Facilitate monitoring and evaluation of patients ensuring health data confidentiality and security;

WHEREAS, to achieve the benefits of the ITIS, the LGU of _____ commits and supports the continuing operations of the ITIS to ensure data availability and facilitate access and use of more quality, timely and complete data to support planning, improving service delivery and policy development, resource management and augmentation,

WHEREAS, the LGU and the DOH commit to undertake their defined Responsibilities in Sections 2 and 3 respectively of this MOA;

WHEREAS, Resolution No. _____ was passed by the Sangguniang Panglalawigan/Panglungsod of _____ authorizing the Honorable _____ to enter into a contract with the DOH-CHD for the development and implementation of the Unified Health Management Information System;

NOW THEREFORE, in consideration of the foregoing premises, and by way of formalizing and confirming the commitment of the Provincial/City/Municipal Government and the DOH-CHD, the parties hereby mutually agree to enter into agreement to implement the ITIS in accordance with the terms and conditions hereunder set forth.

1. GENERAL PRINCIPLES

- 1.1 This MOA defines the roles and responsibilities of both the DOH-CHD and the LGU in implementing the ITIS. Further, this agreement aims to ensure and strengthen collaborative linkages with Local Government Units through the allocation of available resources towards achieving Kalusugan Pangkahalatan and other thrusts of the DOH;
- 1.2 The UHMIS for health centers or clinics (UHMIS-LGU) will include the implementation of Integrated Tuberculosis Information System (ITIS) and other information systems in the future. These systems can be implemented in health facilities like barangay health stations and rural health units/center where the needed data are valuable and useful to the reporting facilities and the DOH. These systems are free software that integrates or harmonizes the features of an electronic health record, appointment system, referral system, and responds to the data requirements of the health sector like injury reporting, chronic non-communicable and communicable diseases reporting, public health programs, among others;
- 1.3 The Parties shall at all times take all necessary actions to cooperate with each other and perform their respective duties and obligations in order to, among others:
 - 1.3.1 Improve the efficiency and effectiveness of the processes and reporting systems involved in health care delivery through the implementation of ITIS at the local level.

<NAME OF GOVERNOR/MAYOR>
Governor/City or Municipal Mayor

<NAME OF CHD DIRECTOR>
DOH-CHD

PHO/

NTP COORDINATOR

1.3.2 Improve the capacities of those who are involved in the implementation of ITIS to increase success rate.

1.3.3 Provide policy direction and technical support to LGUs in planning and implementing the ITIS.

1.4 Make available the necessary resources to carry out activities related to the implementation of the ITIS.

1.5 Carry out periodic system monitoring and evaluation, and execute measures or activities to address issues, concerns, gaps, and/or problems in implementing the ITIS.

2. RESPONSIBILITIES OF THE LGU

2.1 Lead in implementing the ITIS through the Provincial/City/Municipal Health Offices;

2.2 Issue the necessary administrative and technical instructions on the manner and scope governing the proper implementation of the ITIS;

2.3 Mobilize participation and involvement of all concerned within the LGUs in carrying out local initiatives and activities relevant to the implementation of the ITIS.

2.4 Provide the necessary resources or budget to support the implementation of the ITIS, to include, but not limited to following:

2.4.1 LGU human resource(s) to operate the system

2.4.2 Office space including table, chair and electric fan or cooling system

2.4.3 Annual Internet subscription/connection after one year support of the project

2.4.4 Transportation and per diem/allowances for staff training and workshop

2.4.5 Other operational and administrative expenses such as printer, ink/toner, anti-virus etc.

2.4.6 Annual maintenance of computers after the warranty period

2.4.7 Hardware replacement in cases of loss, damage or theft

2.5 Include the required budget, as specified in Item 2.4, in the Provincial/City Investment Plan for Health (PIPH/CIPH) and Annual Operational Plan (AOP) for the sustainability of ITIS.

2.6 Ensure that computer units given by the DOH shall be secured, maintained and used exclusively for the ITIS and other DOH information systems.

2.7 Coordinate with the respective CHD – IT personnel if the computer is malfunctioning or defective within the warranty period.

2.8 Contribute to and facilitate regular monitoring, evaluation and audit activities.

2.9 Conduct social preparation and advocacy for local health facilities which will be implementing the ITIS.

2.10 Use the ITIS data for evidence-based local health decision-making, monitoring and evaluation to improve delivery of health services; and

2.11 Submit the required ITIS data to the DOH regularly based on required timelines.

2.12 Return back the computer unit to the DOH-CHD when this is not being used for ITIS and non-compliance to the submission of reports as required by the DOH.

CITY HEALTH OFFICER

<NAME OF GOVERNOR/ MAYOR>
Governor/City or Municipal Mayor

<NAME OF CHD DIRECTOR>
DOH-CHD

3. RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH THROUGH THE CENTERS FOR HEALTH DEVELOPMENT

- 3.1 Provide directions and updated policies to sustain implementation of ITIS.
- 3.2 Provide appropriate systems and software development, technical support/assistance and training to build and sustain LGU capacity to implement the ITIS.
- 3.3 Establish and implement in collaboration with the LGU of _____ and DOH concerned offices annual benchmark and performance assessments.
- 3.4 Provide the software and initial hardware to rural health units/ health centers/health offices to implement the ITIS. The CHD Supply Officer in coordination with the CHD NTP Program Manager/Coordinator and CHD Lead Information Systems Administrator (LITA) and/or the Assistant ISA (AISA) shall be in-charge of the distribution of computer units. (See Annex 1.0 – Distribution List of Computers)
- 3.5 Conduct quarterly review and evaluation of utilization of the computers, usefulness of the system at the LGU level, quality of data being submitted and submit data to the DOH-National Center for Disease Prevention and Control – Infectious Disease Office within the first month of the succeeding quarter.
- 3.6 Ensure that technical, management, and other issues which are directly or indirectly affecting the implementation of the ITIS are documented, reviewed, and analyzed for appropriate action.
- 3.7 Issue Asset Accountability Receipt to be signed by the LGU authorized representative. The computer units distributed to selected PHOs, CHOs and RHUs are Global Fund property until such time that the units will be donated by the end of the project. (See Annex 1.0 – Distribution List of Computers)
- 3.8 Redistribute the computer unit to another LGU in the event that the LGU concerned is not implementing the ITIS and not submitting report as required.

4. EFFECTIVITY AND AMENDMENTS TO THIS UNDERSTANDING

- 4.1 This **understanding** shall take effect upon signing of both parties and shall remain in full force unless otherwise revoked by any of the parties.
- 4.2 Any modification of this **understanding** will not be valid unless there is a written concurrence of ALL PARTIES.

IN WITNESS HEREOF, the Parties hereto have caused this **Understanding** to be signed in their respective names in **(Enter the address here)**, Republic of the Philippines, as of the day and year written above.

For the Department of Health (DOH)

For the Provincial/City/Municipal Government

NAME OF REGIONAL DIRECTOR

Regional Director

Provincial Governor/City or Municipal Mayor

Signed in the Presence of:

ACKNOWLEDGEMENT

Republic of the Philippines
Province/City or Municipality of _____

Before me, this _____ day of _____, 2012 in the Province/ City or Municipality of _____, Philippines, personally appeared;

MYRNA C. CABOTAJE
Director III

Any valid government ID

Issued At : _____

Issued On: _____

Governor/City or Municipal Mayor

Any valid government ID

Issued At : _____

Issued On: _____

Known to me to be the same person who executed this foregoing instrument, and they acknowledge that the same is their free and voluntary act and deed.

This instrument consisting of 5 pages on which the acknowledgement is writes has been signed on each and every page thereof by the parties and their instrument witness.

WITNESS MY HAND AND SEAL, at the place on the date first written above.

DOC. : _____
Page No. _____
Book No. _____
Series of 2012