



Republic of the Philippines
OFFICE OF THE PRESIDENT
COMMISSION ON HIGHER EDUCATION



MEMORANDUM FROM THE OFFICE OF THE EXECUTIVE DIRECTOR
No. 143, series of 2022

TO : CHED CENTRAL AND REGIONAL DIRECTORS, OFFICIALS, AND STAFF

SUBJECT : DOH ADMINISTRATIVE ORDER NO. 2021-0065 OR GUIDELINES ON THE IMPLEMENTATION OF PARTICIPATORY ACTION RESEARCH FOR HEALTH PROMOTION AND SOCIAL MOBILIZATION PURSUANT TO REPUBLIC ACT NO. 11223

DATE : 8 FEBRUARY 2022

In view of Republic Act No. 11223 or the Universal Health Care Act, the Department of Health - Health Promotion Bureau has released the attached DOH Administrative Order No. 2021-0065 or the "Guidelines on the Implementation of Participatory Action Research for Health Promotion and Social Mobilization Pursuant to Republic Act No. 11223."

Section 31 of the Universal Health Care Act mandates the implementation of Participatory Action Researches (PAR) on cost-effective and high-impact interventions for health promotion social mobilization. Further, the UHC Act also provides that the conduct of PAR shall form part of the national health research agenda of the Philippine National Health Research System (PNHRS) to ensure adequate funding and support for the conduct of these researches.

Should there be queries, the designated staff may directly coordinate with DOH-HPB through their email at policy.hpb@gmail.com or via phone call to (02) 8651 - 7800, local 2832.

For your information and reference.

Thank you.

ATTY. LILY FREIDA C. MACABANGUN-MILLA, CESO IV
Officer-in-Charge, Office of the Deputy Executive Director
Contact us: executivedirector@ched.gov.ph / (+63) 998-592-1880
Give us Feedback: <https://bit.ly/OEDCCSS> *cw*



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEC 16 2021

ADMINISTRATIVE ORDER

No. 2021 - 0065

SUBJECT: Guidelines on the Implementation of Participatory Action Research for Health Promotion and Social Mobilization Pursuant to Republic Act No. 11223

I. RATIONALE

Section 31 of the Universal Health Care Act (RA No. 11223) mandates the implementation of Participatory Action Research (PAR) on cost-effective and high- impact interventions for health promotion and social mobilization in support of evidence- informed sectoral policy and planning in the Philippines. PAR shall also form part of the national health research agenda of the Philippine National Health Research System (PNHRS) to ensure adequate funding support. In line with this, the Department of Health (DOH), in collaboration with other PNHRS agencies, shall develop the necessary guidelines and mechanisms to operationalize PAR for health promotion and social mobilization.

The Ottawa Charter for Health Promotion states that health services shall expand its mandate to support the needs of individuals and communities and reorientation shall involve stronger attention to health research. To this end, PAR as an approach to research emphasizes the active involvement and participation of partner communities in planning, design, and implementation of interventions that directly address the health and health-related needs and concerns of the communities. Within the field of public health, PAR contributes to health policy and system by: (1) understanding the determinants of health that are important and relevant to the communities, (2) investigating the relationship between social roles and responsibilities and health system performance, and (3) bridging the gap between knowledge and practice.

To support the implementation of PAR for health promotion and social mobilization, the DOH issues these guidelines to provide technical and financial assistance to the conduct of local research and development of local policies and programs based on the Health Promotion Framework Strategy (HPFS) and Local Investment Plans for Health.

II. OBJECTIVES

This Order shall provide the overall framework and guidelines for the operationalization of PAR for health promotion and social mobilization. Specifically, this Order intends to:

1. Set guidelines on providing assistance to the implementation of PAR projects, including prioritization, mechanisms for funding, implementation, monitoring and evaluation, and utilization of PAR project findings;
2. Build a cadre of health practitioners specially trained on PAR;

N 2

3. Establish a network of researchers and research institutions with capacity to implement PAR; and
4. To delineate roles among key stakeholders in the implementation of PAR projects for health promotion.

III. SCOPE OF APPLICATION

This Order shall apply to the following:

1. All DOH bureaus and services, Centers for Health Development (CHDs), and attached agencies, the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA No. 11054 or the "Bangsamoro Organic Act" and subsequent rules and policies issued by the Bangsamoro government, national government agencies, local government units, and all other concerned in the development and implementation of development policies and programs;
2. All partner communities, civil society organizations (CSOs), people's organizations (POs), and groups that shall be engaged with for the conduct of PAR;
3. Other national government agencies, non-government organizations (NGOs), development partners, local government units, academic or research institutions and professionals from the public and private sector involved in the operationalization of PAR as mandated by the UHC Act; and,
4. All others concerned in the development, design, and implementation of public health research or projects conducted in a participatory and collaborative approach.

IV. DEFINITION OF TERMS

- A. **Health Promotion Framework Strategy (HPFS)** refers to the 10-year national roadmap on health promotion developed and issued by the DOH, which shall be the basis of implementation of health promotion in the country, nationwide and locally.
- B. **Implementing Organizations** refer to recognized academic institutions, research-centered organizations, local government units, organized community organizations, people's organizations, civil society organizations or sectoral organizations with relevant mission and vision, that the DOH will commission or engage to conduct PAR projects for the purpose of promoting health and/or improving the health status of identified population groups.
- C. **Participatory Action Research (PAR)** refers to an approach to research that constitutes a collaboration between the researcher and partner communities in the knowledge production and development of interventions, programs, and strategies for social change.
- D. **PAR Projects** refer to projects that use and highlight the participatory methodology to determine and address urgent health needs of specific communities or population groups. Specifically, it shall refer to projects intended for health promotion activities and social mobilization.

- E. **Partner Communities** refer to population groups living in the same defined area, or those sharing the same characteristics engaged by the DOH or its commissioned implementing organization, as partners in the co-production of knowledge and co-creation of health promotion interventions in a particular PAR project.

V. GENERAL GUIDELINES

- A. The following principles shall be observed in operationalization of PAR projects for health promotion and social mobilization for health:
1. **Participation and Inclusivity:** All relevant stakeholders regardless of age, gender, ability, socio-economic class, health care needs, etc. shall be included and enjoined to actively participate in the conduct of any PAR activities.
 2. **Equity and rights-based approach:** All activities shall be cognizant of equity considerations and implications of the processes and activities involved in the conduct of PAR. Research or program design and interventions shall ensure the protection of human rights.
 3. **Empowerment:** PAR differs from other approaches to research as it not only aims to understand and provide solutions to a given problem, but must also enable individuals and communities involved to take charge and have increased control over the factors that affect their health status.
 4. **Sustainability:** All PAR investments shall yield the most benefit without compromising the ability of future generations to meet their own health needs.
- B. The DOH, in collaboration with other PNHRS Agencies, shall provide assistance in the conduct of PAR through the following three (3) general components: support to local research and development, capacity development, and strengthening networks and community of practice. Findings, outputs, and recommendations from the PAR projects shall be utilized to address specific health issues, and used to inform relevant policy and program reforms to improve health and its determinants. Furthermore, suggested reforms from PAR projects shall be integrated in existing systems and aligned with the strategic directions for the health sector and the Philippine Development Plan.
- C. PAR projects shall form part of the National Unified Health Research Agenda (NUHRA) of the PNHRS, the Regional Unified Health Research Agenda (RUHRA) of their respective localities, and the Medium-Term Research Agenda (MTRA) of the DOH. Local PAR projects that are aligned with the priority areas set by the DOH's HPFS shall be supported, following the mechanisms set forth in this Order.
- D. A capacity development program shall be established to build a cadre of multi-disciplinary PAR practitioners who will utilize PAR for health promotion and social mobilization, and for evidence generation to influence national and local

decision-making for health.

- E. Networks of PAR practitioners shall be fostered at the regional and local levels to ensure that PAR activities and interventions remain responsive to the specific health needs of the communities or community partners.

VI. SPECIFIC GUIDELINES

A. Providing Support to Local Research and Development

1. Agenda-Setting and Prioritization

- a. PAR projects that promote health, improve the health status, and/or address urgent health needs that are specific to any of the priority areas of the HPFS below, shall be prioritized for funding and implementation by the DOH:
 - i. *Diet and Physical Activity* - Nutrition shall be improved through healthy diets, and physical activity shall be increased, to reduce all forms of malnutrition and prevent development of non-communicable diseases;
 - ii. *Environmental Health* - Sustainable lifestyles and resilient communities shall be fostered to minimize environmental risks and climate impacts on health;
 - iii. *Immunization* - Vaccine use shall be promoted to reduce the incidence of vaccine-preventable diseases, disabilities, and deaths;
 - iv. *Substance Use* - Tobacco use, illicit drug use, and harmful use of alcohol shall be prevented to reduce or eliminate ill effects or associated health conditions;
 - v. *Mental Health* - Psychosocial and mental well-being shall be increased and protected to reduce the burden of mental health disorders and incidence of suicide;
 - vi. *Sexual and Reproductive Health* - Positive sexual and reproductive behavior shall be promoted to reduce early and unwanted pregnancies, incidence of HIV infection, and sexually-transmitted diseases; and
 - vii. *Violence and Injury Prevention* - Safe and inclusive communities shall be fostered to eliminate the various forms of violence and injuries, including interpersonal violence or gender-based violence, as well as road traffic, fireworks, and occupational related injuries.
- b. PAR projects in communities of interest or population groups with special or exceptional health needs, albeit not within the priority areas of HPFS, shall likewise be prioritized for funding and implementation based on the selection criteria indicated in Section VI (A.2d).

2. Operationalizing Support for PAR Projects

- a. Resource Mobilization and Allocation
 - i. Funding for the conduct of PAR projects shall be charged against the funds of the Health Promotion Bureau, subject to the availability of funds;

- ii. Other PNHRS member agencies and DOH Bureaus or Services that shall utilize PAR in support of their respective policy or program development and decision-making are enjoined to include in their respective Budget Line Items and/or Work and Financial Plans the needed resources to fund the PAR implementation; and,
- iii. Funding for PAR projects may also be mobilized and allocated by the LGUs for the health promotion interventions within their jurisdiction, in coordination with their respective regional health research consortia as described in Section VI (C) of this Order.

b. Grants Management

- i. Proposed PAR projects shall undergo an application and review process and only those evaluated as satisfactory by the technical panel shall receive grants, subject to the availability of funds.
- ii. PAR projects proposed for funding within the DOH shall be managed in accordance with the relevant DOH guidelines on research and grants management.

c. Review Process

- i. Proposed PAR projects shall be reviewed by a technical panel which shall include representatives from concerned DOH units and external PAR experts; and,
- ii. Following the technical panel's evaluation, HPB shall screen for the final approval of the PAR projects for possible funding support.

d. Selection Criteria

Approval of funding support for proposed PAR projects shall be based on the following criteria:

- i. *Impact* - Alignment with the disease burden-informed priority areas/agenda for health promotion as set out in Section VI (A.1) of this Order;
- ii. *Significance* - Potential contribution of project outputs on improving the health status of the partner community, literature or evidence base, and building healthy public policy;
- iii. *Clarity and feasibility of proposal* - Clarity of problem statement, goals and objectives, and feasibility of proposed financial and implementation plans for the conduct of the PAR project;
- iv. *Quality of methodology* - Proposed methods and activities on relevant phases of the PAR project (i.e. problem identification/conceptualization, data collection, analysis) are acceptable for the community, inclusive, and participatory;
- v. *Capacity of proponent* - Project proponent or implementing organization exhibits research capacity, and is a duly-registered and/or a recognized organization (i.e. DOST certification for science and technology-oriented foundations), to conduct the proposed PAR project; and,
- vi. *Sustainability/scaling up efforts* - Necessary mechanisms and activities that increase the potential of the PAR project to be continued or adapted, expanded, and or replicated are present.

e. Conflicts of Interests

- i. The selection of the panel and PAR projects shall be implemented in accordance with the goals and objectives of the public health sector. Conflicts of interests (COI) in relation to the conduct of the PAR projects shall be effectively managed and avoided to prevent any potential risks and undue influences towards the DOH, implementing organizations, and partner communities in accordance with Section 35 of the UHC Act and other relevant policies and guidelines.
- ii. All engagements, projects, and other related activities with organizations and/or entities whose interests, goals, and objectives contradict those of the DOH or the public health sector shall not be permitted. This includes but is not limited to tobacco and alcohol industries or milk industries within the scope of prohibition of EO No. 51 or the Milk Code.

3. Conducting PAR Projects

- a. PAR projects approved for funding by DOH must be ethically conducted. All proponents or implementing organizations shall secure ethics clearance from any Research Ethics Committee accredited by the Philippine Health Research Ethics Board, in accordance with existing national ethical guidelines for health and health-related research.
- b. Community participation in PAR project implementation shall be manifested primarily through:
 - i. *Co-Ownership of PAR Project* - Implementing organizations and partner communities shall jointly identify and define the health issue/concern to be addressed, and shall jointly conduct the planning and development, implementation, monitoring and evaluation of identified intervention/s;
 - ii. *Grounded Data Collection and Analysis* - Development of interventions to address pertinent health issues in the partner community shall be informed by evidence or data from both technical experts and the community's knowledge and lived experience, generated using appropriate, established participatory methodologies; and,
 - iii. *Capacity Development* - Activities and opportunities for capacity development of partner communities shall be a critical component of the DOH-funded PAR projects. This includes capacity building sessions, workshops, consultations, etc. relevant to ensure improvement in health-related knowledge and skills, creation of supportive environments, and continuity of interventions.
- c. Completion of PAR project implementation must be directed towards immediate use and rollout of intervention/s co-created and co-planned with partner communities to address urgent needs, health concerns or situations initially identified.
- d. Monitoring and evaluation (M&E) of individual PAR projects shall be guided by the following:

- i. Monitoring of PAR projects shall be a joint undertaking between the partner community and the implementing organization, guided by the principles of Participatory Monitoring and Evaluation.
- ii. Evaluation of outcomes and impact of PAR projects shall be conducted by an external institution in accordance with relevant policies and guidelines on planning, monitoring, and evaluation of programs, activities, and projects in the DOH, and shall be properly coordinated with the partner community, implementing organization, and the DOH.
- iii. All PAR Projects shall conduct quarterly or mid-project assessments to monitor the progress of the research project and be able to modify any aspect of the implementation as necessary. An end-project assessment shall be included in the final report with a proposed M&E plan for continuity.

e. Upon attainment of system maturity, authority shall be delegated to the CHDs to manage and implement PAR projects within their administrative jurisdiction.

4. Utilizing PAR Project Outputs for Health Promotion

- a. Partner communities and implementing organizations, in collaboration with relevant local or national stakeholders, shall jointly determine how to utilize the PAR project outputs.
- b. Findings and recommendations for further research or for policy or program reforms shall be elevated or disseminated to relevant governing bodies at the local, regional, or national levels for corresponding appropriate action.
- c. The DOH shall routinely scope and assess completed PAR projects and interventions for further development into health promotion initiatives for larger-scale implementation.

B. Capacity Development Activities for PAR Practitioners

1. The DOH, in collaboration with other PNHRs agencies, shall develop a pool of health policy and systems researchers, technical experts, and health system managers on the conduct of PAR projects through various activities such as but not limited to fellowship programs.
2. The DOH shall endeavor to establish a cadre of PAR practitioners who will help produce or generate evidence to influence national and local policy-making and program planning and implementation for health pursuant to Section 31 of the UHC Act.
3. The selection process of PAR practitioners shall likewise be managed in accordance with Section 35 of the UHC Act and other relevant policies and guidelines on COI Management.

C. Strengthening Network and Community of Practice

1. The DOH as part of the PNHRs Network and its Regional Health Research Systems shall adopt and implement the provisions of this Order, and endeavor to integrate the conduct of PAR projects for health promotion in the activities and priorities of the regional research consortia and its stakeholders.
2. A network of PAR practitioners across all regions, including Health Education and Promotion Officers from the regional and local Health Promotion Units, movers and advocates, organizations, and individual researchers and academic institutions shall be developed and sustained.
3. The above-mentioned network of current and new or potential PAR practitioners shall be engaged for the conduct and dissemination of PAR projects and for the generation of local data or evidence that may be necessary to support critical health promotion policies, legislations, programs and activities.

D. Monitoring and Evaluation

The operationalization of PAR as envisioned by the UHC Act shall be routinely monitored and evaluated by the DOH.

VII. ROLES AND RESPONSIBILITIES

A. The Health Promotion Bureau shall:

1. Lead in the review and approval of the PAR projects proposed for funding;
2. Supervise the implementation of PAR, including formulation of relevant policies, standards, and guidelines;
3. Provide technical assistance in the monitoring and evaluation of outputs and deliverables; and,
4. Facilitate the translation of PAR outputs into national health policies, plans, and programs for health promotion and social mobilization.

B. The Health Policy Development and Planning Bureau shall:

1. Provide technical assistance on the conduct of PAR for health promotion and social mobilization, where applicable; and,
2. Provide support in the adoption and/or translation of research outputs into national policies, plans, and programs.

C. All other DOH Bureaus and Services shall:

1. Provide technical assistance in the planning, implementation, and monitoring of PAR projects for health promotion and social mobilization, where applicable; and,
2. Provide support in the adoption and/or translation of research outputs into national policies, plans, and programs.

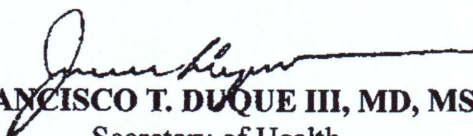
- D. The **Department of Science and Technology**, through the **Philippine Council for Health Research and Development**, is enjoined to:
1. Develop and supervise the grants-in-aid guidelines on the implementation of PAR projects in accordance with existing financial and audit guidelines;
 2. Supervise and manage the provision of funding of the PAR projects; and,
 3. Provide technical and administrative support to the implementation of the program, where applicable.
- E. Other **PNHRS Member Agencies** are strongly enjoined to:
1. Develop counterpart policies or mechanisms and/or mobilize resources to support the operationalization of PAR; and,
 2. Provide technical, financial, and administrative support to the implementation of PAR projects, where applicable.
- F. **Local Government Units** are strongly enjoined to:
1. Develop counterpart policies or mechanisms to implement and monitor the implementation of PAR projects;
 2. Provide support in building the local capacity to conduct PAR and strengthening regional and local networks by allocating financial and technical resources to support PAR projects conducted within their jurisdiction;
 3. Coordinate with relevant stakeholders for implementation of PAR projects; and,
 4. Adopt and/or translate research outputs into local policies, plans, and programs.

VIII. SEPARABILITY CLAUSE

Should any provision of this Order or any part thereof be declared invalid, the other provisions, insofar as they are separable from the invalid ones, shall remain in full force and effect.

IX. EFFECTIVITY

This Order shall take effect fifteen (15) days following its publication in a newspaper of general circulation and upon filing three (3) certified copies to the University of the Philippines Law Center.


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