



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JAN 08 2021

ADMINISTRATIVE ORDER

No. ~~2020-002~~ 2021-0002

SUBJECT: Revised Guidelines on the Implementation of the Local Government Unit (LGU) Health Scorecard (HSC)

I. RATIONALE

Monitoring of local health system performance (province-wide and city-wide) enables the tracking of national priorities towards responsive local health reforms, while evaluation of local health system performance identifies critical areas for improvement to achieve better health outcomes from the local to the national level.

The LGU Health Scorecard is a component of the FOURmula One (F1) Plus for Health Monitoring and Evaluation (M&E) for equity and effectiveness. Since 2008, it has been used as a primary tool to assess and monitor the performance of LGUs in the implementation of local health reforms within the province-wide/city-wide health system. It facilitates the reporting of LGU progress in meeting the national health targets based on the priority programs, projects and activities of the Department of Health (DOH).

With the enactment of Republic Act (RA) No. 11223 or the “Universal Health Care (UHC) Act”, the critical role of the LGU Health Scorecard as one of the performance measurement tool to monitor and evaluate the outcomes of health sector reforms in the province-wide and city-wide health systems was highlighted. The implementation of the LGU Health Scorecard is aligned with the provisions stipulated in Chapter VIII, Section 31(a) of the UHC Act on the Evidence-Informed Sectoral Policy and Planning for UHC. In addition, the data generated through the LGU Health Scorecard may be a useful reference for health policy development and systems research.

The LGU HSC policy is now being aligned with the UHC to support the progressive realization of its goals and objectives.

II. OBJECTIVES

To provide the guidelines on the implementation of the LGU Health Scorecard in support of the UHC Act.

III. SCOPE OF APPLICATION

This Order shall apply to offices and attached agencies under the DOH, LGUs, Non-Government Organizations (NGOs) Civil Society Organizations (CSOs), health partners and donors, and all others concerned. In the case of Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the adoption of the LGU Health Scorecard under the BARMM shall be in accordance with RA No. 11054 or the Organic Law for BARMM and subsequent laws and issuances.

IV. DEFINITION OF TERMS

- A. **Key Performance Indicators (KPIs)** – a metric used to quantify progress towards achievement of organizational objectives.
- B. **National Baseline** –initial measurements of data collected prior to program intervention. National baseline and national average are used interchangeably in the analysis of the LGU Health Scorecard performance results.
- C. **National Target** – health outcomes to be achieved.
- D. **Province Wide Health System** - composed of municipal and component city health systems; which includes the Provincial, Component City and Municipal Health Offices; Provincial, Component City, District and Municipal Hospitals; Rural Health Units/Health Centers, Barangay Health Stations; and, other LGU-managed health care providers under the administrative and technical supervision of the Provincial Health Board. (LIPH AO No. 2020-0022)
- E. **City Wide Health System** - refers to the Highly Urbanized City (HUC)- and Independent Component City (ICC)-wide health system. This includes the health offices, health centers or stations, hospitals and other city managed health care providers under the administrative and technical supervision of the City Health Board (CHB).
- F. **Local Health System** - refers to all health offices, facilities and services, human resources, and other operations relating to health under the management of the LGUs to promote, restore or maintain health. (RA No. 11223 Rule V Sec. 19.2)
- G. **Health Scorecard** - a tool for measuring and reporting the performance of stakeholders in the healthcare system in a manner that clients can easily comprehend.
- H. **Health System Performance** - the level of achievement of the health system relative to resources; the degree to which a health system carries out its functions including service provision, resource generation, financing and stewardship to achieve its goals.
- I. **External Performance Benchmark** - compares the Province/City-Wide Health System Performance to the national target and the national baseline.
- J. **Internal Performance Benchmark** - compares the Province/City-Wide Health Systems' current and previous year's performance.

V. GENERAL GUIDELINES

- A. The LGU HSC shall be implemented in all province/city-wide health system of the country to monitor and evaluate local health system performance;
- B. It shall be representative of performance, where performance criteria and scoring are linked to health system outcomes desired with the best evidence possible;
- C. It shall be jointly developed, harmonized and implemented with the other monitoring and evaluation systems of the department, such as the Local Health Systems Maturity Level Model and the Health Promotion Bureau's Healthy Communities criteria among others;
- D. It shall be technically sound, where performance criteria and scoring have a logical and statistical coherence;
- E. It shall be presented in a way that can easily be understood by clients through the use of color codes and directional arrows;
- F. It shall be operationally viable, where processes to generate and publish the performance tools operates within institutional mechanisms;
- G. It shall be collected and reported annually;

2
J
K-a

- H. The annual LGU Health Scorecard performance results shall be one of the bases of performance-based financing, health resource allocations, technical assistance, awards, recognition and other grants.

VI. SPECIFIC GUIDELINES

A. Performance Indicators

1. KPIs shall be utilized for monitoring and evaluating LGU performance in carrying out priority health projects, programs and activities appropriate to the Local Health Systems Maturity Level, as specified in AO 2020-0037;
2. The LGU HSC shall consist of input, output and intermediate outcome indicators that are representative measures of the local health systems' commitment and initiatives to address health issues among other priorities. These indicators shall be periodically reviewed in terms of their alignment with the national health agenda defined through the national objectives for health, UHC implementation, the directives of the Secretary of Health and upon consultation with concerned program managers. The identified KPIs shall be issued through a Department Circular.
3. The health service coverage indicators monitored at the national level shall use the Field Health Service Information System (FHSIS) as its official data source or other information systems of the DOH as defined in Section VII.3 of AO 2019-0003 dated April 24, 2019 entitled "The FOURmula One (F1) Plus for Health Monitoring and Evaluation (M&E) System".
4. The LGU Health Scorecard shall use the average performance of LGUs for a specific year as the baseline for indicators not reported in the national context (e.g., percentage of municipal/component city budget allocated to health).
5. Official data reports issued by the DOH- attached agencies including PhilHealth and NNC may be designated as an official data source for the reporting of the accomplishment on select LGU Health Scorecard indicators.

B. Report Dissemination and Utilization

1. Nationwide publication and dissemination of results shall be done yearly through the Centers for Health Development (CHDs) after the official release by the DOH Central Office;
2. Local Investment Plan for Health including budgetary allocations shall be guided by the LGU's performance results;
3. Shall be one of the bases for awarding and recognition of the Department and the Seal of Good Local Governance;
4. Adequate feedback mechanism on the implementation of this policy such as the conduct of consultative meetings and program implementation reviews, and dissemination of performance results through health summits, health managers' meetings, and other similar activities shall be conducted annually;
5. An evaluation of the implementation processes and the impact of LGU Health Scorecard implementation (at the different LGU levels) shall be conducted every three to five (3-5) years and shall be spearheaded by the BLHSD;
6. A manual of procedure on the implementation of the LGU Health Scorecard shall be regularly updated (every 3-5 years) following the findings of the process and impact evaluation. This shall guide the CHD LGU Health Scorecard Coordinators, DOH Representatives, and Local Health Officers, among others on the concepts, structures, and processes of the LGU Health Scorecard implementation.

7. The nationwide publication and dissemination of the official evaluation/annual report released by the DOH to the CHDs shall be done within the second semester of the succeeding year through a Department Circular.
8. All LGUs are encouraged to disseminate the LGU Health Scorecard results to the general public for transparency.

C. Scoring System

Scoring and assessment of performance done at the DOH Central Office shall be based on external and internal performance benchmarks and shall use the following color-coding scheme and signs:

1. **External Performance Benchmark-** shall compare the Province/City-Wide Health System performance to the National Baseline and Target
 - a. **Red color-** the Province/City-Wide Health System performance is lower than the national baseline. There is comparative weakness in performance and the need for substantial efforts for improvement.
 - b. **Yellow color** - the Province/City-Wide Health System performance is higher than the national baseline but lower than the national target. There is comparatively good performance that must be maintained and optimized to reach target goals.
 - c. **Green color** - the Province/City-Wide Health System performance is equal to or higher than the national target. There is comparatively excellent performance that merits sustenance, or incentives for its contribution to the health system.
 - d. **Gray color** – the Province/City-Wide Health System has no data on the specific indicator.
 - e. **Black color** - the indicator is not applicable or non-endemic to the LGU.
2. **Internal Performance Benchmark-** shall compare the Province/City-Wide Health System performance with its past performance.
 - a. **Arrow Up sign** – the current Province/City-Wide Health System performance has improved when compared to the previous year.
 - b. **Equal sign** - there is no change in current Province/City-Wide Health System performance when compared to the previous year. There is comparatively good performance that must be maintained and optimized to reach target goals.
 - c. **Arrow Down sign** - the current Province/City-Wide Health System performance has worsened when compared to the previous year. There is comparative weakness in performance and the need for substantial efforts for improvement.

D. Tools

1. The LGU Health Scorecard Performance Report of an LGU shall be issued to the concerned PWHS/CWHS annually by the DOH – CO through its CHDs. The Performance Report shall contain a brief description of the LGU, its previous year's performance results, and graphical representations of performance for each KPI.

f⁴ 2
g-a

2. The BLHSD shall issue standard reporting forms and tools to be utilized by the DOH CHDs in recording, consolidating, and validating the performance of the PWHS/CWHS within their region.

VII. ROLES AND RESPONSIBILITIES

A. NATIONAL LEVEL

1. Bureau of Local Health Systems Development shall:

- a. Develop policies on local health systems performance M&E and performance-based incentives;
- b. Lead the development and regular updating of the LGU HSC policy and its tools;
- c. Provide capacity-building activities and technical assistance to CHD/MOH-BARMM coordinators and chief of technical services of Integrated Provincial Health Office (IPHO) in BARMM in the implementation of the LGU HSC;
- d. Ensure the integrity of results through the conduct of data validation;
- e. Endorse the results for approval of release by the Secretary of Health;
- f. Facilitate the conduct of internal and external evaluation of the program;
- g. Publish LGU HSC annual report.

2. Office for Strategy Management/Performance Monitoring and Strategy Division shall:

- a. Collect updates from BLHSD with regard to the implementation of the LGU HSC;
- b. Coordinate with BLHSD for alignment of LGU HSC with the monitoring and evaluation framework of organizational and sectoral strategy.

3. Health Policy Development and Planning Bureau shall:

- a. Ensure that data collected from the LGU HSC shall be utilized as a guide for policy development on national health reforms.

4. Knowledge Management and Information Technology Service shall:

- a. Maintain and enhance the LGU HSC web-based system and assist in the training of identified users of the said system.

5. DOH Attached Agencies (including PhilHealth and National Nutrition Council) shall:

- a. Submit official data disaggregated per municipality, component city, independent component city, highly urbanized city, province and region to BLHSD within the agreed timeline, as may be necessary.

B. CENTERS FOR HEALTH DEVELOPMENT / MOH-BARMM shall:

1. Ensure the efficient data collection, collation, validation, and analysis of the data prior to its encoding in the LGU HSC Web-Based System and submission to the BLHSD;
2. Utilize data from LGU HSC for the efficient and effective implementation of local health reforms which includes ensuring adequate funding in support of the implementation of priority health programs;

↑ 5
p-a

3. Provide timely feedback and technical assistance to the city/provincial health offices and LGU-managed health facilities through regular regional conferences in collaboration with the DOH-CO;
4. Provide technical assistance and capacity-building activities to LGUs on program and policy implementation.

C. LOCAL HEALTH OFFICE (Province, Highly Urbanized Cities/Independent Component Cities and Municipality/Component Cities)

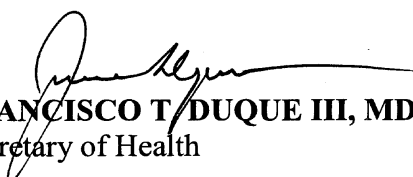
1. Undertake the collection, validation and consolidation of data using the prescribed reporting forms and tools and the submission of reports to the DOH-CHDs;
2. Analyze and utilize the LGU HSC data for decision-making, planning and formulation of Local Investment Plan for Health (LIPH) together with their LGU-managed health facilities in collaboration with DOH-CHDs;
3. Regularly conduct review of LGU HSC policy, its tools and implementation process.

VIII. REPEALING CLAUSE

All other issuances, including Administrative Order No. 2019-0027, or parts thereof which are inconsistent with the provisions of this Order are hereby repealed or modified accordingly.

IX. EFFECTIVITY

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


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