Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 15, 2021

DEPARTMENT MEMORANDUM
No. 2021 - 0486

FOR : **MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH BARMM)**
ALL CENTERS FOR HEALTH DEVELOPMENT(CHD) DIRECTORS

SUBJECT: **Implementation of the 2021 Local Government Unit Health Scorecard (LGU HSC) Performance Results**

Relative to Administrative Order 2021-0002 entitled "Revised Guidelines on the Implementation of the Local Government Unit (LGU) Health Scorecard (HSC)", all CHDs and the MOH-BARMM are directed to refer to the list of 2021 LGU HSC indicators and their corresponding LGU and national targets (Table 1). For the indicators under Health Service Coverage, the excel file data submission by the CHDs/MOH-BARMM to the Epidemiology Bureau-Field Health Services Information System (EB-FHSIS) shall be regarded as the the official data and will be encoded in the LGU HSC Web-Based System. Furthermore, the implementation and management of the 2021 LGU HSC performance results shall follow the schedules/timelines specified in Department Memorandum 2020-0275 entitled "Dissemination of the LGU HSC Manual of Procedures (MOP)" and herein reflected in Table 2.

Table 1. 2021 LGU HSC Indicators and Targets

INDICATOR	MUN/ CC	HUC/ ICC	PROVINCE	NATIONAL TARGET
Indicator 1. Percentage of LGU budget allocated for health	For data collection. Target to be determined.			
Indicator 2. With complete Local Investment Plan for Health (LIPH)	With Municipal/ Component City 2022 Annual Operational Plan (AOP) endorsed by the Municipal Health Office (MHO)/ Component City Health Office (CHO) and/or Mayor to the Provincial Health Office (PHO)	With 2022 AOP concurred by the CHD Director/ MOH-BARMM	With 2022 AOP concurred by the CHD Director/ MOH-BARMM	LGUs have approved 2022 AOP

INDICATOR	MUN/ CC	HUC/ ICC	PROVINCE	NATIONAL TARGET
Indicator 3. Provision of FULL hazard pay, subsistence and laundry allowances to permanent public health workers under the Magna Carta for Public Health Workers	LGU provides full hazard pay, subsistence, and laundry allowances to its health workers (Physician, Public Health Nurse & Midwife) in accordance with Republic Act No. 7305 (Magna Carta of Public Health Workers)			LGUs provide full Magna Carta benefits to its public health workers
Indicator 4. Presence of an Integrated Health System	Will not be collected for 2021 LGU HSC implementation			
Indicator 5. Functional Local Health Board (LHB)	Will not be collected for 2021 LGU HSC implementation			
Indicator 6. Organized P/CHO (filled plantilla positions)	Will not be collected for 2021 LGU HSC implementation			
Indicator 7. Rural Health Unit (RHU)/ Health Center (HC) for every 20,000 population	At least 1 RHU/HC for every 20,000 population	At least 1 RHU/HC for every 20,000 population	At least 1 RHU/HC for every 20,000 population *count all RHU/HC of all component municipalities and cities	LGUs have at least 1 RHU/HC for every 20,000 population
Indicator 8. Percentage of national health policies translated into local policies/ ordinances by the LGUs	For baseline data collection			
Indicator 9. Percentage of LGU health budget utilized 9.1. Obligation Rate	95%	95%	95%	LGUs obligated at least 95% of their LGU health budget
9.2. Disbursement Rate:	100%	100%	100%	100%
Indicator 10. Health Service Coverage target met				
10.1. Modern Contraceptive Prevalence Rate (mCPR)	Will not be collected for 2021 LGU HSC implementation			
10.2. Percentage of Fully Immunized Child (FIC)	95%	95%	95%	95%
10.3. Percentage of adults 20 years old and above who were risk assessed using the PhilPEN protocol	20%	20%	20%	20%
10.4. TB Case Notification Rate	10% increase from 2020 accomplishment	10% increase from 2020 accomplish-ment	10% increase from 2020 accomplish-ment	10% increase from 2020 accomplish-ment
10.5. TB Treatment Success Rate	90% or higher	90% or higher	90% or higher	90% or higher

INDICATOR	MUN/ CC	HUC/ ICC	PROVINCE	NATIONAL TARGET
10.6. Percentage of households using safely managed drinking-water services/sources	55%	55%	55%	55%
10.7. Prevalence of Stunting among under 5 children	Municipalities • 8.93% for 1st to 2nd income class • 10.31% for 3rd to 4th income class • 13.02% for 5th to 6th income class CCs • 1.97% for 1st to 2nd income class • 6.47% for 3rd to 4th income class • 7.06% for 5th to 6th income class	HUCs 3.32% for all income classes ICCs • 1.97% for 1st to 2nd income class • 10.2% for 3rd to 4th income class	Provinces • 6.13% for 1st to 2nd income class • 10.45% for 3rd to 4th income class • 13.6% for 5th to 6th income class	30.8%
Indicator 11. Percentage of facilities with no-stock out of the following commodities: (1) Family Planning Pill (COC); (2) DPT-HiB-HepB vaccine; (3) Losartan; (4) Metformin; and, (5) Regimen I TB Drugs	To be determined	To be determined	To be determined *count only health facilities under the supervision of the provincial government	To be determined
Indicator 12. With Functional Epidemiology Surveillance Unit (ESU) **5 ESU components** 1. *Policy/Issuance*- refers to an ordinance or an executive order creating the ESU. 2. *Dedicated Staff and Training*- The ESU shall have at least one Disease Surveillance Officer and one Epidemiology Assistant of an allied health profession trained on basic epidemiology, disease	Presence of 5/5 ESU components	Presence of 5/5 ESU components	Presence of 5/5 ESU components	LGUs have 5/5 ESU components

INDICATOR	MUN/ CC	HUC/ ICC	PROVINCE	NATIONAL TARGET
surveillance and events-based surveillance. 3. *Distinct Organogram*- To illustrate the reporting relationships and chains of command within the Unit for an organized organization. 4. *Dedicated budget/work and financial plan*- Annual Work and Financial Plan with allotment from the local budget. 5. *Processes and generates epidemiologic reports*- This includes a Disease and Event Surveillance Report submitted in the prescribed timeline and released at least on a monthly basis to the Local Health Board.				
Indicator 13. With institutionalized Disaster Risk Reduction and Management in Health (DRRM-H) System **4 DRRM-H Components** 1. Approved, updated, integrated, disseminated and tested DRRM-H Plan 2. Organized and trained Health Emergency Response Team on minimum required trainings: Basic Life Support and Standard First Aid 3. Available and accessible (24 hrs. post impact of emergency or disaster) essential health emergency commodities e.g. medicines such as cotrimoxazole, amoxicillin, mefenamic acid, paracetamol, oresol, lagundi, vitamin A, and skin ointment 4. Health/Emergency Operations Center with functional (1) Command and Control, (2) Coordination, (3) and, Communication	Presence of 4/4 DRRM-H components	Presence of 4/4 DRRM-H components	Presence of 4/4 DRRM- H components	LGUs have 4/4 DRRM-H components

Table 2. Timelines for the Implementation and Management of 2021 LGU HSC Performance Results

ACTIVITY	OFFICE/PERSON RESPONSIBLE	TIMELINE
Municipal/ Component City (CC) Level: 1. Data Validation through document review (ex. Target Client List) 2. Data Collection - filling up of the Municipal Data Capture Form (DCF) * ***Submission of accomplished and Development Management Officer (DMO)-validated Municipal and CC DCF to the PHO***	MHO and DOH Representatives	on or before the 2nd Friday of March 2022
Provincial Level 1. Data Validation either through: a. Health Facility Visit b. Data Reconciliation Meeting 2. Data Collection -filling up of the Provincial DCF 3. Filling up of excel matrix to be submitted to the LGU HSC Coordinator	PHO and PDOHO	on or before the 3rd Friday of April 2022
Highly Urbanized Cities (HUC)/ Independent Component Cities (ICC) Level: 1. Data Validation through document review (ex. Target Client List) 2. Data Collection - filling up of the DCF 3. Filling up of excel matrix to be submitted to the LGU HSC Coordinator * ***Provinces, HUCs, and ICCs shall submit a scanned copy of the signed and validated DCFs and accomplished Data Quality Assessment Tool (DQAT) to the CHDs.***	CHO and DMO	on or before the 3rd Friday of April 2022
Regional Level: 1. The LGU HSC Coordinators shall coordinate with the following: a. Regional ESU /FHSIS Point Person to request for the **EXCEL COPY** of the **OFFICIALLY SUBMITTED** municipal and component city disaggregated data of FHSIS indicators; and b. Regional program coordinators for indicators not included in FHSIS which shall then be encoded in the excel matrix provided by the national program. 2. The LGU HSC Coordinators shall monitor and ensure encoding of the validated data in the LGU HSC Web-Based System. 3. The LGU HSC Coordinator shall forward copies of the scanned, signed, and validated DCFs, accomplished DQAT submissions and copies of the filled up excel matrix to the BLHSD-LGU HSC Team. **FHSIS data to be submitted to the BLHSD-LGU HSC Team shall be the same data that was submitted and accepted within the set timelines of EB.*	LGU HSC Regional Coordinator	on or before the 1st Friday of May 2022

National Level: Encoding of Data from other registries/information systems of the DOH and other NGAs.	BLHSD LGU HSC Team	on or before the 2nd Friday of May 2022
Closing of Online Data Entry followed by opening of LGU HSC website for review of encoded 2021 performance results in the website specifically for the correctness of external and internal benchmark ratings. (http://lguhealthscorecard.doh.gov.ph/login) *(Closing of online data entry means encoding and/or editing of data entered in the system will no longer be allowed. After which, only viewing is permitted in the website.)*	LGU HSC Regional Coordinators and BLHSD LGU HSC Team	May 18, 2022
Submission of corrections (color rating only) on the encoded 2021 performance results by the LGU HSC Regional Coordinators ***Submission of corrections beyond the set deadline will no longer be accommodated.***	LGU HSC Regional Coordinators	May 19-27, 2022
Opening of Online Reports and Results Utilization **By this time, the CHDs may print their respective report cards for dissemination and utilization.*	BLHSD LGU HSC Team	June 1, 2022 – onwards
Submission of scanned and signed DCFs to BLHSD through the following email addresses: mcbsales@doh.gov.ph acorachea@doh.gov.ph ddsarne@doh.gov.ph dacsepe@doh.gov.ph	LGU HSC Regional Coordinators	May 2, 2022 – onwards
Regional LGU HSC Conferences/ Health Summit	CHD	July – December 2022

Attached is the LGU HSC Metadata for reference.

Should you have any inquiries and clarifications, please contact Dr. Miriam Cecilia Sales, Ms. Andrea Corachea, Ms. Dina Sarne or Ms. Demi Sepe through (02) 8651-7800 local 1307 or at email addresses mcbsales@doh.gov.ph, acorachea@doh.gov.ph, ddsarne@doh.gov.ph or dacsepe@doh.gov.ph, respectively.

For your information and guidance.

By Authority of the Secretary of Health:

KENNETH G. RONQUILLO, MD, MPHM, CESO III
Assistant Secretary of Health
Health Policy and Systems Development Team

2021 LGU Health Scorecard Metadata

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
OBJECTIVE 1: ENSURE EQUITABLE HEALTH FINANCING: Sustainable investments to improve health, and the efficient and equitable use of resources							
Indicator 1. Percentage of LGU budget allocated for health	Refers to the proportion of LGU budget (Personnel Services, Maintenance & Other Operating Expense (MOOE), and Capital Outlay) earmarked to health, nutrition & environment, expressed in percentage	**Numerator**: Total LGU budget allocated to health, nutrition & environment **Denominator**: Total LGU budget **Multiplier**: 100	**Province/ HUC/ICC:** 24.24% **Muni/CC:** 14.75% (LGU HSC, 2019)	For data collection. Target to be determined.			Budget/ Accounting Office
Indicator 2. With complete Local Investment Plan for Health (LIPH)	The Annual Operational Plan (AOP) 2022 of province/HUC/ICC has passed through the DOH-CHD/MOH-BARMM appraisal process and has been concurred by the CHD Director/MOH-BARMM **not later than December 15, 2021** (per DM No. 2020-0443) Municipal/Component City AOP 2022 endorsed by the M/CHO and/or Mayor to the PHO	**MOV**: ▪ For province/HUC/ ICC: Accomplished appraisal checklist for 2022 AOP concurred by the CHD Director/MOH-BARMM Minister; ▪ For Mun/CC: Copy of 2022 AOP endorsed by the M/CCHO and/or Mayor to the PHO	**Province/ HUC/ICC:** 90.76% **Muni/CC:** 82.14% (LGU HSC, 2019)	With Municipal /CC 2022 AOP endorsed by the M/CCHO and/or Mayor to the PHO	With 2022 AOP concurred by the CHD Director/ MOH-BARMM	With 2022 AOP concurred by the CHD Director/ MOH-BARMM	CHD LHSD, PHO, CHO
Indicator 3. Provision of FULL hazard pay, subsistence and laundry allowances to permanent public health workers under the Magna Carta for Public Health Workers	The salary of the Physician, Public Health Nurse & Midwife complies with the Salary Standardization Law and below Magna Carta benefits are fully given to ALL the permanent LGU-hired health workers: 1. Hazard Allowance 2. Laundry Allowance 3. Subsistence Allowance	**MOV**: copy of Statement of Allotment, Obligation and Balances (SAOB)	**Province:** 54.32% **HUC/ICC:** 71.05% **Muni/CC:** 55.89%	LGU provides full hazard pay, subsistence, and laundry allowances to its health workers (Physician, Public Health Nurse & Midwife) in accordance with RA No. 7305 (Magna Carta of Public Health Workers)			Budget/ Accounting Office

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
	(Republic Act No. 7305 "The Magna Carta of Public Health Workers")		(LGU HSC, 2019, % of LGUs that provided full magna carta benefits)				
OBJECTIVE 2: LOCAL HEALTH SYSTEMS INTEGRATED INTO PROVINCE-WIDE AND CITY-WIDE HEALTH SYSTEMS: Accessible essential health services for all at the right place and time							
Indicator 4. Integrated Health System (Province-/ City-wide)	To be determined	To be determined	To be determined	Will not be collected for the 2021 LGU HSC			To be determined
Indicator 5. Functional Local Health Board (LHB)	To be determined	To be determined	To be determined	Will not be collected for the 2021 LGU HSC			To be determined
Indicator 6. Organized P/CHO (filled plantilla positions)	To be determined	To be determined	To be determined	Will not be collected for the 2021 LGU HSC			To be determined
OBJECTIVE 3: IMPLEMENT COMPREHENSIVE DEVELOPMENT PLAN FOR SERVICE DELIVERY NETWORK: Accessible essential health services for all at the right place and time							
Indicator 7. Rural Health Unit (RHU)/ Health Center (HC) for every 20,000 population	Refers to the number of RHU/HC for every 20,000 Population Municipal/City HC /RHU – types of primary care facilities that provide population-based and individual-based primary care health services that are accessible at the time of need, continuous, comprehensive and coordinated for all presenting conditions. It serves as the initial point of contact of the community to a health facility through its ability to navigate and coordinate referrals to other health	**Numerator:** Number of RHU/HC in the LGU **Denominator:** 2021 Projected Population of the LGU **Multiplier: 20,000**	1 RHU/HC for every 31,358 population (LGU HSC, 2019)	At least 1 RHU/HC for every 20,000 population	At least 1 RHU/HC for every 20,000 population	At least 1 RHU/HC for every 20,000 population *count all RHU/HC of all component municipalities and cities	LGU Health Office/ FHSIS for the number of RHU/HC EB for 2021

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
	care providers and facilities within the health care provider network, when necessary. (Source: HFDB)						projected population
OBJECTIVE 4: LOCALIZE HIGH IMPACT HEALTH POLICY REFORMS							
Indicator 8. Percentage of national health policies translated into local policies/ordinances by the LGUs	Refers to the number of local health policies/ordinances issued by the LGUs among the total number of national health policies identified by the DOH as needing local policies/ordinances adaptation, expressed in percentage	**Numerator:** Number of local health policies/ordinances issued **Denominator:** Total number of national health policies identified by the DOH as needing local policies/ordinance **Multiplier:** 100	To be determined	For baseline data collection			SB Office/ Office of LCE
OBJECTIVE 5: IMPROVE PERFORMANCE OF THE LGUs							
Indicator 9. Percentage of LGU health budget utilized	Refers to the proportion of budget allocated for health that was actually utilized for health, expressed in percentage						
	9.1. Obligation Rate refers to the proportion of the budget that was earmarked/committed out of the total budget allocated for health, expressed in percentage	**Numerator**: Total health budget obligated **Denominator**: Total LGU budget allocated for health **Multiplier**: 100	83.71% (LGU HSC, 2019)	95%	95%	95%	Budget/ Accounting Office

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
	9.2. Disbursement Rate refers to the proportion of budget that was spent out of the total budget obligated for health, expressed in percentage	**Numerator**: Total health budget disbursed **Denominator**: Total LGU budget obligated for health **Multiplier**: 100	95.11% (LGU HSC, 2019)	100%			Budget/ Accounting Office
Indicator 10. Health Service Coverage target met							
Indicator 10.1. Modern Contraceptive Prevalence Rate (mCPR)	Refers to the proportion of women of reproductive age (15-49 years old) who are using any modern FP method at a given point in time.			Will not be collected for the 2021 LGU HSC (as per memo received from DPCB-FHO)			
Indicator 10.2. Percentage of Fully Immunized Child (FIC)	Refers to the proportion of infants and children who are fully immunized among the total estimated infants and children in the population, expressed in percentage FIC is an infant who received 1 dose of BCG, 3 doses of OPV, 3 doses of DPT-HiB, HepB vaccines, and 2 doses of measles containing vaccine by 12 months	**Numerator:** No. of Fully Immunized Children **Denominator**: Total Population x LGU multiplier (children 12 months and below) **Multiplier:** 100	69.08% (FHSIS, 2019)	95%	95%	95%	FHSIS
Indicator 10.3. Percentage of adults 20 years old and above who were risk assessed using the Philippine Package of Essential NCD Interventions (PhilPEN) protocol	Refers to the number of adults age 20 years old and above who were risk assessed using the PhilPEN protocol among the total number of adults 20 years old and above in the total population expressed in percentage	**Numerator:** Number of adults (20 years old and above) who were risk assessed using PhilPEN **Denominator:** Total population X LGU multiplier (adults age 20 years old and above) **Multiplier:** 100	2.63% (LGU HSC 2019 – based on FHSIS submitted data)	20%	20%	20%	FHSIS

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
Indicator 10.4. TB Case Notification Rate	Number of notified TB, all forms for every 100,000 population	**Numerator**: Total number of notified TB cases, all forms **Denominator:** Total Population of the LGU **Multiplier:** 100,000	LGU TB Case Notification Rate based on 2018 ITIS report	10% increase from 2020 Accomplishment	10% increase from 2020 Accomplishment	10% increase from 2020 Accomplishment	LGU TB Case Notification Report in ITIS
Indicator 10.5. TB Treatment Success Rate	Number of all forms of Drug Sensitive-TB (DS-TB) cases that were cured or completed treatment among all notified DS-TB cases	**Numerator:** Number of all forms of DS-TB that were cured or completed treatment **Denominator:** All notified DS-TB cases **Multiplier:** 100	87.22% (LGU HSC 2019)	90% or higher	90% or higher	90% or higher	LGU TB Case Outcome Report in ITIS
Indicator 10.6. Percentage of households using safely managed drinking-water services/sources	Refers to the proportion of households using improved water sources/services, meeting the required criteria among the total projected number of households for the given year expressed in percentage Criteria for safely-managed drinking-water services: 1. located inside the household or within its premises; 2. available at least 12 hours per day; and, 3. water supplied should be free of fecal contamination	**Numerator:** Number of households using safely managed drinking-water services **Denominator**: Projected number of households for the given year **Multiplier:** 100	39.18% (FHSIS, 2019)	55%	55%	55%	FHSIS
Indicator 10.7. Prevalence of Stunting among under 5 children	The percentage of children under-five categorized with height-for-age more than two or three standard deviations below the median of the WHO Child Growth Standards).	**Numerator:** Number of children under 5 years old identified as stunted and severely stunted	Based on PPAN 2017-2022: 33.4 (2015 NNS)	30.8 (National) Municipalities	30.8 (National) HUCs	30.8 (National) Provinces • 6.13% for 1st to 2nd	NNC Operation Timbang (OPT) Plus Result

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
		Denominator: Total number of children under 5 years old measured (height or length) **Multiplier:** 100	Based on 2019 OPT Plus result <u>Provinces</u> • 9.0% for 1st to 2nd income class • 14.0% for 3rd to 4th income class • 9.7% for 5th to 6th income class <u>Municipalities</u> • 11.4% for 1st to 2nd income class • 12.6% for 3rd to 4th income class • 15.0% for 5th to 6th income class	• 8.93% for 1st to 2nd income class • 10.31% for 3rd to 4th income class • 13.02% for 5th to 6th income class <u>CCs</u> • 1.97% for 1st to 2nd income class • 6.47% for 3rd to 4th income class • 7.06% for 5th to 6th income class	3.32% for all income classes <u>ICCs</u> • 1.97% for 1st to 2nd income class • 10.2% for 3rd to 4th income class	income class • 10.45% for 3rd to 4th income class • 13.6% for 5th to 6th income class	

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
			CCs • 6.8% for 1st to 2nd income class • 7.3% for 3rd to 4th income class • 15.0% for 5th to 6th income class HUCs • 5.8% for all income classes ICCs • 8.5% for 1st to 2nd income class • 10.2% for 3rd to 4th income class				

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
Indicator 11. Percentage of facilities with no-stock out of the following commodities: (1) Family Planning Pill (COC); (2) DPT-HiB-HepB vaccine; (3) Losartan; (4) Metformin; and, (5) Regimen I TB Drugs	No stock-out means that the facility has an available one (1) month buffer stock of the tracer commodities during the reporting year; *including both LGU-procured and DOH-procured commodities*	**Numerator:** Number of recipient public health facilities (e.g., RHU, MHC, HC) within the LGU with no report of stock-outs of any of the specified tracer commodities **Denominator:** Total number of recipient public health facilities within the same LGU **Multiplier**: 100	59.84% (LGU HSC, 2019)	To be deter-mined	To be deter-mined	To be determined *count only health facilities under the super-vision of the provincial govern-ment	CHD-Pharmaceutical Division/ Supply Chain Management Office
Indicator 12. With Functional Epidemiology Surveillance Unit (ESU)	Refers to the presence of the five (5) ESU components 1. *Policy/Issuance* 2. *Dedicated Staff and Training* 3. *Distinct Organogram* 4. *Dedicated budget/work and financial plan* 5. *Processes and generates epidemiologic reports*	**MOV for the ESU components** 1. *Policy/Issuance*- refers to an ordinance or an executive order creating the ESU . 2. *Dedicated Staff and Training*- The ESU shall have at least one Disease Surveillance Officer and one Epidemiology Assistant of an allied health profession trained on basic epidemiology, disease surveillance and events-based surveillance.	**National Baseline:** 22.80% (LGU HSC, 2019, % of LGUs with 5/5 ESU components)	Presence of 5/5 ESU componen ts	Presence of 5/5 ESU componen ts	Presence of 5/5 ESU component s	Local Health Office, CHD RESU

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
		3. *Distinct Organogram*- To illustrate the reporting relationships and chains of command within the Unit for an organized organization. 4. *Dedicated budget/work and financial plan*- Annual Work and Financial Plan with allotment from the local budget. 5. *Processes and generates epidemiologic reports*- This includes a Disease and Event Surveillance Report submitted in the prescribed timeline and released at least on a monthly basis to the Local Health Board					
Indicator 13. With institutionalized Disaster Risk Reduction and Management in Health (DRRM-H) System	Refers to the presence of the four (4) components of an institutionalized DRMM-H System: 1. DRRM-H Plan 2. Health Emergency Response Teams 3. Health Emergency Commodities 4. Health Operations Center or Emergency Operations Center	**MOVs for the DRRM-H Components** 1. Approved, updated, integrated, disseminated and tested DRRM-H Plan 2. Organized and trained Health Emergency Response Team on minimum required trainings: Basic Life	**National Baseline:** 45.31% (LGU HSC, 2019, % of LGUs with 4/4 DRRM-H components)	Presence of 4/4 DRRM-H compo-nents	Presence of 4/4 DRRM-H compo-nents	Presence of 4/4 DRRM-H compo-nents	CHD Emergency Manageme nt Unit

Indicator	Definition	Formula/ Means of Verification	Baseline (Year)	LGU TARGET			Official Data Source
				Muni, CC	HUC, ICC	Prov	
		Support and Standard First Aid 3. Available and accessible (24 hrs. post impact of emergency or disaster) essential health emergency commodities e.g. medicines such as cotrimoxazole, amoxicillin, mefenamic acid, paracetamol, oresol, lagundi, vitamin A, and skin ointment 4. Health/Emergency Operations Center with functional (1) Command and Control, (2) Coordination, (3) and, Communication					