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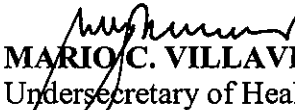
TO : UNDERSECRETARIES, ASSISTANT SECRETARIES, BUREAU AND SERVICE DIRECTORS, DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT AND ALL OTHERS CONCERNED

SUBJECT : Dissemination of the 2012 to 2018 Local Government Unit Health Scorecard Assessment Report

For the information of all concerned, attached is a copy of the LGU Health Scorecard Assessment Report. The report discusses the health scorecard performance results of local government units from 2012 to 2018. It may be used as a reference document on assessing the province-wide and city-wide health systems' operational capacity and health profile in support of the implementation of R.A. No. 11223 or the Universal Health Care Act.

The report was developed by the Bureau of Local Health Systems Development in partnership with the DOH-CHD/MOH-BARMM LGU Health Scorecard Coordinators, DOH Representatives, and Knowledge Management and Information Technology Service (KMITS) who developed the LGU HSC Web-based System.

By Authority of the Secretary of Health:


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2012-2018
LOCAL GOVERNMENT UNIT
HEALTH SCORECARD:
AN ASSESSMENT REPORT



Produced by the Bureau of Local Health Systems Development
Department of Health

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Foreword

FOURmula One Plus for Health, the medium-term strategic plan of the health sector, highlights the importance of instilling Performance Accountability as a cross-cutting initiative to ensure the attainment of Universal Health Care. Among its strategies is the use of management systems to drive better execution of policies and programs while ensuring the responsibility of all stakeholders. The Local Government Unit (LGU) Health Scorecard, one of the components of the Health Sector Accountability Framework, is designed to monitor and evaluate the performance of the LGUs in implementing and achieving the results of health reforms and in meeting the national targets on priority health programs, projects, and activities.

The Department of Health presents the 2012-2018 LGU Health Scorecard Assessment Report. This report provides a 7-year assessment of the local government's performance on representative indicators of Efficient Health Spending, Governance for Health, Scaling Up Public Health Interventions for MDGs, and Financial Risk Protection, which requires the convergence of DOH's and LGUs' efforts.

We are grateful for the hard work and contribution of the DOH-CHD/MOH-BARMM LGU Health Scorecard coordinators and staff, DOH Representatives, and local health officers to ensure complete, accurate, and timely reporting of the LGU performance.



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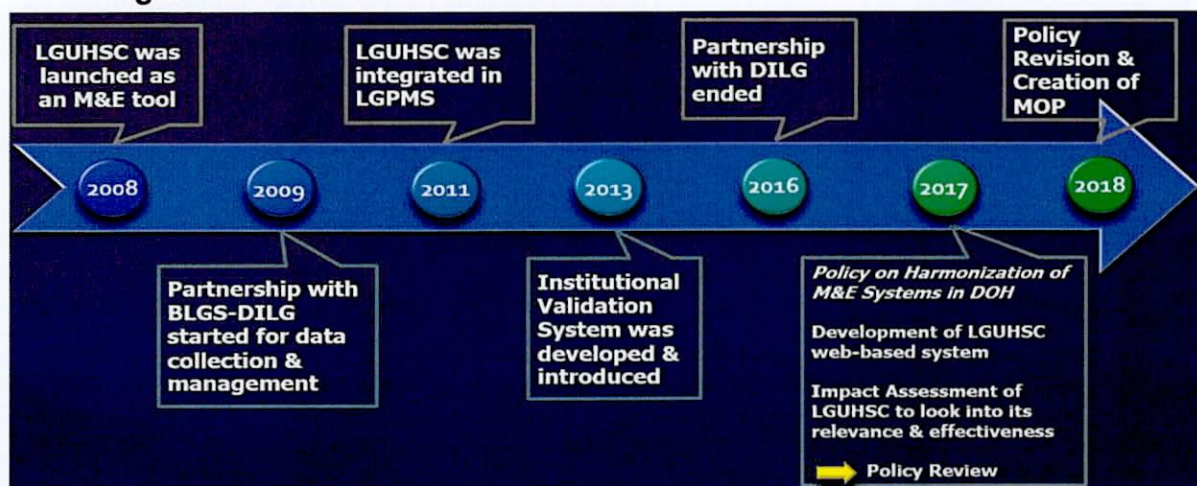
I. Local Government Unit Health Scorecard

In May 2008, the Monitoring and Evaluation Framework for Equity and Effectiveness (ME3) was launched to track the progress and establish evidence on how the Fourmula One (F1) strategy has contributed in attaining the goals that the health sector has set in terms of the responsiveness of the health system, equitable financing, and equity. ME3 institutionalized the use of health scorecards which are tools for measuring and reporting on comparative performance of key stakeholders in health: Local Government Unit Health Scorecard (LGU HSC) for the Province/City Wide Health System (P/CWHS) as stewards of the local health systems; Center for Health Development (CHD) Scorecard for the Department of Health (DOH) – CHDs as the DOH arm in carrying out its mandate and function of steering and leading the national health system; DOH Hospital Scorecard for DOH hospitals as direct providers of health services; DOH Central Office Scorecard for the DOH bureaus and offices as the central policy think-tank that directs the whole system towards the attainment of its goals; and Donor Scorecard for monitoring donor assistance on programs and resource pillars of the health system. The Scorecards consist of output and outcome indicators which represent the contribution of each stakeholder in the attainment of the goals of the health system. ME3 listed a total of 94 indicators to monitor the implementation of priority health programs, projects, and activities classified into the four building blocks of the health system - Health Service Delivery, Health Regulation, Health Financing, and Good Governance in Health.

The Local Government Unit Health Scorecard (LGU HSC), one of the scorecards defined in the ME3, is a benchmarking system that uses baseline and target values to measure the performance of a P/CWHS. The general implementation mechanism is that the baseline and corresponding target values are compared with the annual performance of the LGUs. Based on their level of performance, LGUs are given a rating using color codes and directional arrows to represent their efforts and innovations to implement and achieve the results desired of health reforms.

Ten years in its implementation, the LGU HSC has transformed from a monitoring tool used to assess the functionality of the P/CWHS to a management tool for prioritizing actions to improve the local health systems. It has been identified as an important public policy tool not just by the stakeholders within the health sector, but as well as other partner agencies.

Figure 1. Milestones of the LGU HSC



DOH Partnership with DILG

In 2009, the DOH forged a partnership with the Department of the Interior and Local Government – Bureau of Local Government Supervision (DILG-BLGS) for data collection and management. While the DOH, through the use of the LGU HSC, monitors the functionalities of the LGUs in localizing health sector reforms, the DILG manages the Local Governance Performance Monitoring System (LGPMS) to track local development through select governance and development indicators. The strong partnership between the agencies led to the integration of the LGU HSC into the DILG's LGPMS in 2011. The presence of local DILG coordinators helped the LGUs and other DOH partners in the collection, consolidation, and validation of data. The DILG, through its Information Technology experts, also provided technical assistance in processing the LGU HSC data and in ensuring its availability in time for LGU planning. The partnership, however, ended in 2014 due to management and technical issues. This paved the way to the birth of the LGU HSC Web-Based System.

Key Performance Indicators

The LGU HSC consists of representative intermediate outcome-level indicators collected in all provinces, cities, and municipalities on an annual basis. Indicators were classified into the major health sector strategies of Financial Risk Protection, Efficient Health Sector Spending, Health Facilities Enhancement Program, Governance for Health, and Scaling up Public Health Interventions. Each indicator represents a priority health program, project, or activities of the administration covering the period of implementation.

Scoring System




All provinces, cities and municipalities are assessed and given ratings following the assigned color codes (external benchmarks):

Table 1. LGU HSC External Benchmark Scoring System

<i>Color</i>	<i>Interpretation</i>
Green	“Excellent” Performance - performance has reached the national targets
Yellow	“Fair” Performance - performance has reached the national baseline but not the national target
Red	“Poor” Performance - performance is below the national baseline

In addition, the current annual performance of provinces, cities and municipalities are also assessed against their previous year's performance (internal benchmarks). Assessment rating is represented with directional arrows:

Table 2. LGU HSC Internal Benchmark Scoring System

<i>Directional Arrow</i>	<i>Interpretation</i>
 (Arrow oriented up)	current year's performance improved compared to previous year's performance
 (Equal Sign)	current year's performance is similar to previous year's performance
 (Arrow oriented down)	current year's performance declined compared to previous year's performance

The LGU HSC color codes and directional arrows signal Local Chief Executives (LCEs) and health managers on potential strategy or implementation gaps. It also facilitates identification of localities that are performing well and are deserving of recognition and incentives.

Over the years, the LGU HSC has been continuously refined to serve the following purposes:

1. **Report to Clients.** It reports outcomes valuable and relevant to the stakeholders and general public.
2. **Benchmark Performance.** It compares the P/CWHS performance through internal and external benchmarks. The LGU HSC uses a color-coded scale to present the performance in a way that is clearly understood by clients.
3. **Link to Financing.** The LGU HSC results are the basis for the annual financial allocation for the variable tranche given to the province.
4. **Basis for Prioritizing Actions.** Following the LGU HSC color-codes, red ratings should prompt the LGU to intensify its efforts, mobilize resources, revise strategies, set a “catch-up plan”, and seek assistance from partner agencies and organizations. Yellow ratings mean that the LGU needs to intensify its efforts and mobilize resources to further improve their health performance. Green ratings mean that the LGU should maintain its current level of performance, be a model site for other LGUs and/or be a pilot site for innovative interventions.

LGU HSC Reporting System

Data collection emanates from the barangay level and is consolidated at the municipal, city, and provincial level. The P/CWHS performance data are computed and consolidated at the regional level. The DOH processes the nationwide LGU Health Scorecard results. Thereafter, LGU report cards are published and disseminated through the conduct of an annual ME3 Conference or Provincial Health Summits.

II. The 2012-2018 Assessment Report

The 2012-2018 LGU Health Scorecard Assessment Report is the first official documentation, consolidation, and analysis of the LGU HSC reports since its implementation in 2012. The report was developed to provide a 7-year assessment of the local governments' health performance. It contains baseline information on the health status of local governments on select indicators included in the 2017-2022 National Objectives for Health. The report provides discussion on the local health systems' performance on representative indicators of Efficient Health Spending, Governance for Health, Scaling up Public Health Intervention for MDGs, and Financial Risk Protection, which requires the convergence of DOH's and LGUs' efforts.

Methodology

From 2012 to 2015, LGUs were required to submit processed data. The report contains the final performance value based on the prescribed formula for each of the indicators. Because of this limitation, the national performance results presented in this report were derived from the average performance of all provinces and highly urbanized city (HUC)/independent component city (ICC). The regional performance results, on the other hand, were derived from the average performance of the provinces and HUCs/ICCs of the region.

The tabular summaries present the 7-year trend of regional performances and the color-coded rating of their 2018 performance. The list of top performing provinces and HUCs/ICCs were identified based on the comparative numbers of green ratings for the specified reporting year.

The data used in this report was extracted from the LGU HSC Web-based system on October 2019 and was vetted by the respective DOH-CHD/MOH-BARMM LGU HSC teams.

Organization of the Report

The rest of the report is organized as follows: Section III discusses the national performance on select indicators; Section IV relates the performance results with socio-demographic factors; Section V summarizes the implementation challenges; Section VI presents the ways forward; and Section VII presents the 2012-2018 regional performance summary.

III. The 2012-2018 LGU HSC Performance Results National Report Card

Efficient Health Sector Spending

Taking from the 2010-2020 Philippine Healthcare Financing Strategy to *Increase the National and Local Government Spending on Health*; the 2005 Philippine National Health Accounts report that LGU health spending accounts for about 13% of the total health spending; and, the 2012 LGU HSC report that provinces and cities (HUC, ICC) allocate about 22% of their budget to health while municipalities and component cities about 12%, the DOH encouraged LGUs to continuously allocate a significant portion of their budget for health, nutrition, and environment (i.e., using the 2012 baseline as the benchmark for at least 15% of municipal/component city budget and at least 22% of province, HUC, and ICC budget). Budgetary commitment is regarded as a measure of political priority. Because of this, budget allocation for health was used as a proxy indicator of the LGUs' sense of ownership towards improving the overall health condition of their constituents. It also provides information on the capacity of local governments to eventually assume the full responsibility of providing for basic essential health services.

The average Provincial and City (HUC, ICC) budget allocation for health increased from 21.69% in 2012 to 24.90% in 2018; exceeding the 22% national target for years 2014, 2016, 2017, and 2018. In contrast, the average municipal and component city budget allocation for health decreased from 12.04% in 2012 to 11.72% in 2018.

Figure 2. Percentage of Provincial/City (HUCs, ICCs) Budget Allocated for Health

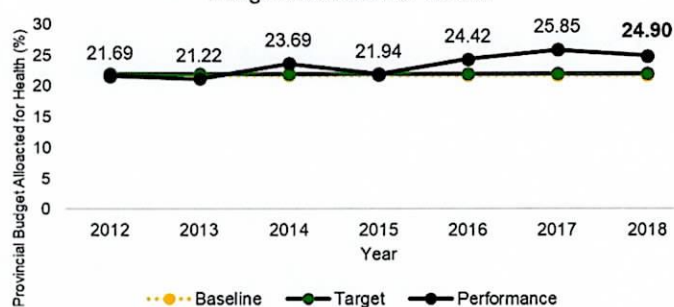
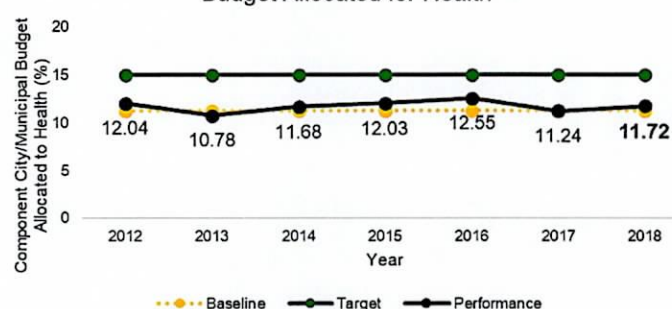


Figure 3. Percentage of Component City/Municipal Budget Allocated for Health



Despite generally improving budgetary allocation, the LGUs (provinces, cities, and municipalities) reported a consistently low budget utilization rate across years 2012 to 2018.

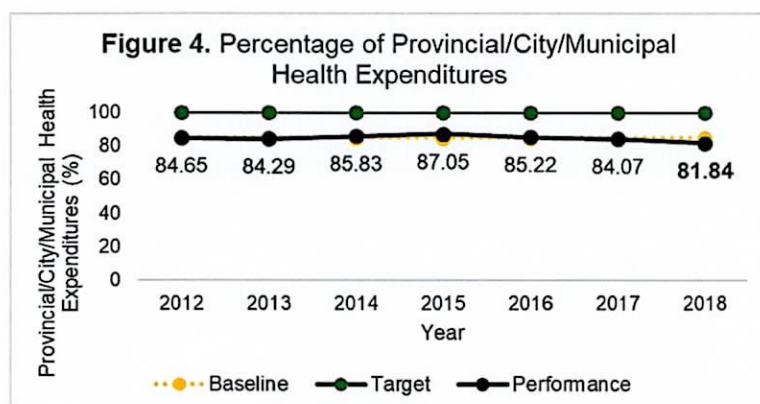


Table 3 summarizes the regional performance on indicators of Efficient Health Spending.

Table 3. LGU Budget Allocated and Spent on Health, 2012-2018

Indicators	Percentage of Provincial/City (HUCs, ICCs) Budget Allocated for health			Percentage of Component City/Municipal Budget Allocated to Health			Percentage of Provincial/City/Municipal Health Expenditures		
	Trend (2012-2018)	2018	Rating	Trend (2012-2018)	2018	Rating	Trend (2012-2018)	2018	Rating
National Baseline		21.71%			11.29%			85.12%	
National Target		22.00%			15.00%			100.00%	
NATIONAL PERFORMANCE	F	24.90		F	11.72		F	81.84	
NORTHERN LUZON									
CAR	F	22.19		F	11.59		F	74.06	
ILOCOS	F	26.96		F	13.00		F	82.52	
CAGAYAN VALLEY	F	21.46		F	11.28		F	81.68	
CENTRAL LUZON	F	28.03		F	14.77		F	87.01	
SOUTHERN LUZON									
CALABARZON	F	24.87		I	14.42		F	76.66	
MIMAROPA	F	28.72		F	10.36		F	82.81	
BICOL	F	26.65		F	15.31		F	86.32	
NCR	F	28.99		F	11.86		F	88.42	
VISAYAS									
WESTERN VISAYAS	F	31.82		F	12.50		F	76.49	
CENTRAL VISAYAS	F	22.01		F	13.31		F	74.11	
EASTERN VISAYAS	F	26.42		F	13.05		F	82.16	
MINDANAO									
ZAMBO PENINSULA	F	20.38		F	11.80		F	68.07	
NORTHERN MINDANAO	F	22.05		F	10.37		F	77.97	
DAVAO	F	22.10		F	9.71		F	85.35	
SOCCKSARGEN	F	19.28		F	11.64		F	81.09	
CARAGA	F	19.36		F	10.81		F	83.21	
ARMM	F	2.51		F	1.73		F	92.71	
Label: Green-marked: attained the national program target or higher Yellow-marked: reached the national baseline but not the national targets Red-marked: below the national baseline I – increased steadily D – decreased steadily F – fluctuated S – same level as baseline									

Governance for Health

Governance for Health indicators facilitate the assessment of LGUs' performance towards local health systems development. Good governance for health is one of the critical components of a functional local health system; it ensures an enabling environment for a more effective and efficient health program implementation.

Human Resources for Health (HRH)

The 2011-2016 National Objectives for Health reported that the distribution of health workers in the public sector is highly variable across regions. Health professionals cited unfavorable working conditions, lack of permanent employment opportunities, and disparities in wages and benefits across the country, as the reasons for choosing employment in metropolitan areas. The resulting inequities in healthcare access brought about by the uneven distribution of HRH across regions prompted the DOH to augment the local health workforce through the deployment of various cadres of health professionals including doctors, nurses, and midwives. The HRH deployment program was implemented to improve the population's access to primary health care services.

The 2012-2018 data shows that the health center physician, nurse, or midwife to population ratio remains below the national target.

Figure 5. Health Center Physician to Population Ratio

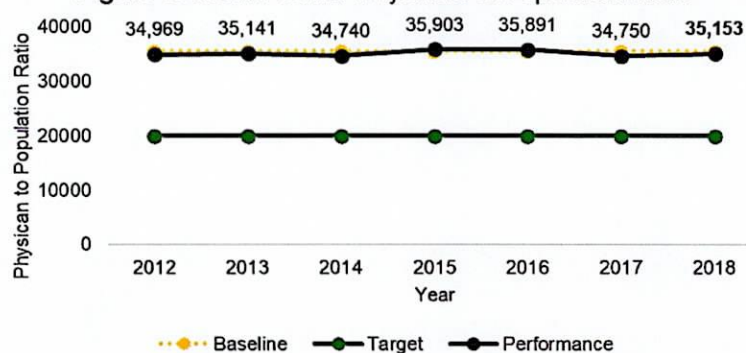


Figure 6. Health Center Nurse to Population Ratio

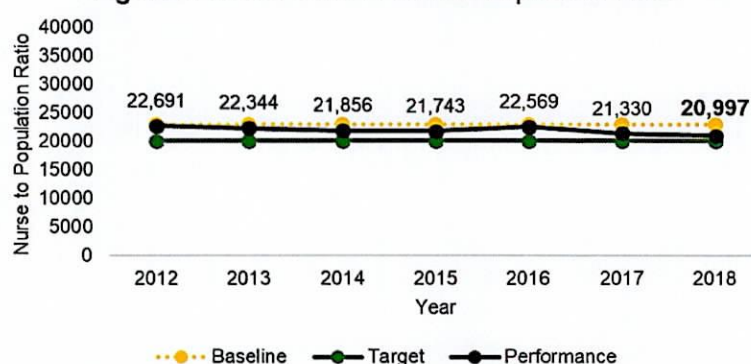
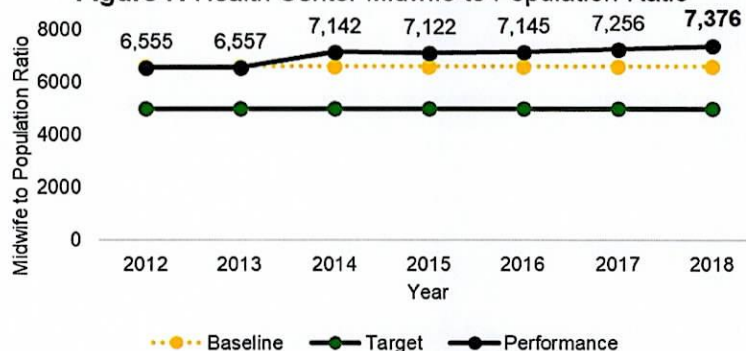
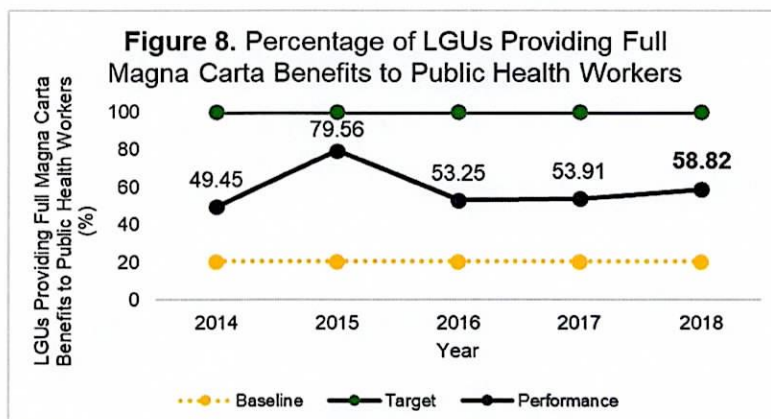


Figure 7. Health Center Midwife to Population Ratio



Republic Act No. 7305, otherwise known as the “Magna Carta for Public Health Workers”, was signed into law in 1992. The law provided for an additional compensation including hazard, subsistence, and laundry allowances to all public health workers. The proportion of LGUs able to provide all three incentives in full increased from 49.45% in 2014 to 58.82% in 2018 with the peak recorded in 2015 (79.56%), one year after its inclusion in the LGU HSC.



Client Satisfaction

To assess the quality of client experience, LGU-managed health facilities were encouraged to install a client satisfaction survey/ feedback mechanism. A steadily increasing trend of LGU-managed health facilities with installed feedback mechanism was reported across all regions - from 73.91% in 2014 it rose to 95.88% in 2018. With this groundwork in place, the challenge rests on how improve the sensitivity of these mechanisms to accurately report client satisfaction as well as measure the provider responsiveness.

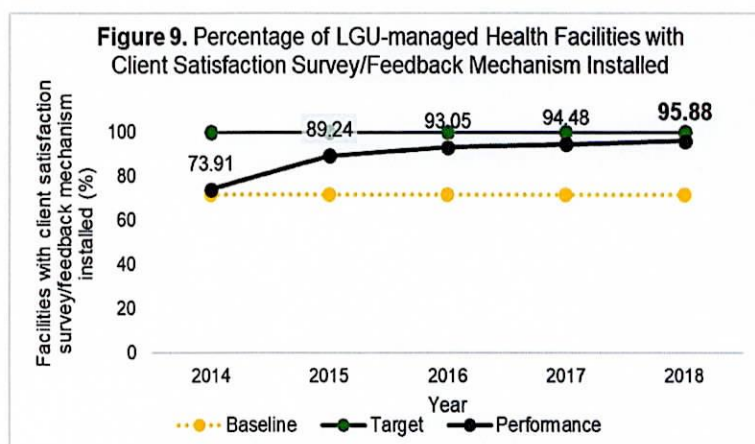


Table 4 shows the regional performance on attaining the targets for improved HRH distribution and providing full hazard pay for Public Health Workers.

**Table 4. Human Resources for Health, 2012-2018 and
Provision of Full Magna Carta Benefits for Public Health Workers, 2014-2018**

Indicators	Physician to Population Ratio			Nurse to Population Ratio			Midwife to Population Ratio			Provision of full hazard pay, subsistence & laundry allowances to health workers under the Magna Carta for Public Health Workers		
	Trend (2012-2018)	2018	Rating	Trend (2012-2018)	2018	Rating	Trend (2012-2018)	2018	Rating	Trend (2014-2018)	2018	Rating
National Baseline		35,497			22,947			6,591			20.66%	
National Target		20,000			20,000			5,000			100.00%	
NATIONAL PERFORMANCE	F	35,153		F	20,997		F	7,376		F	58.82	
NORTHERN LUZON												
CAR	F	17,073		F	12,365		F	4,114		F	28.57	
ILOCOS	F	27,474		F	15,676		F	5,503		F	20.00	
CAGAYAN VALLEY	F	24,068		F	17,738		F	4,123		F	33.33	
CENTRAL LUZON	F	36,568		F	27,581		F	7,427		F	55.56	
SOUTHERN LUZON												
CALABARZON	F	49,467		F	21,724		F	9,153		F	42.86	
MIMAROPA	F	32,830		F	21,544		F	5,477		F	83.33	
BICOL	F	37,673		F	24,498		F	6,356		F	57.14	
NCR	F	22,271		F	17,906		F	10,905		F	58.82	
VISAYAS												
WESTERN VISAYAS	F	29,280		F	17,661		F	4,669		F	50.00	
CENTRAL VISAYAS	F	47,229		F	20,904		F	8,148		F	100.00	
EASTERN VISAYAS	F	27,397		F	16,698		F	5,019		F	62.50	
MINDANAO												
ZAMBO PENINSULA	F	38,215		F	25,653		F	6,482		I	100.00	
NORTHERN MINDANAO	F	35,776		F	18,956		F	6,737		F	28.57	
DAVAO	F	56,882		F	33,801		F	8,264		F	100.00	
SOCCSKSARGEN	F	68,596		F	22,200		F	7,722		F	66.67	
CARAGA	F	41,407		F	20,284		F	5,947		F	66.67	
ARMM	F	30,690		F	21,271		F	9,010		F	66.67	
Label: Green-marked: attained the national program target or higher Yellow-marked: reached the national baseline but not the national targets Red-marked: below the national baseline												
I – increased steadily D – decreased steadily F – fluctuated S – same level as baseline												

Scaling Up Public Health Intervention for MDGs

In 2000, 189 UN Member States including the Philippines pledged their commitment to adopt the United Nations Millennium Declaration which committed nations to a new global partnership to reduce extreme poverty among the eight time-bound targets known as the Millennium Development Goals (MDGs). In response, the Philippines integrate the goals into its national development plans including the 2011-2016 National Objectives for Health, the medium-term strategic plan of the Philippine health sector¹.

Child Health

The prevalence of underweight and severely underweight under-five children improved from 7.23% in 2012 to 4.65% in 2018, marginally exceeding the national target of 5%. In contrast, the percentage of fully immunized child declined from 76.86% in 2012 to 66.21% in 2018. The program target is to immunize at least 95% of the children to attain herd immunity, yet, there was no single year from 2012 to 2018 when the national average was able to reach this target.

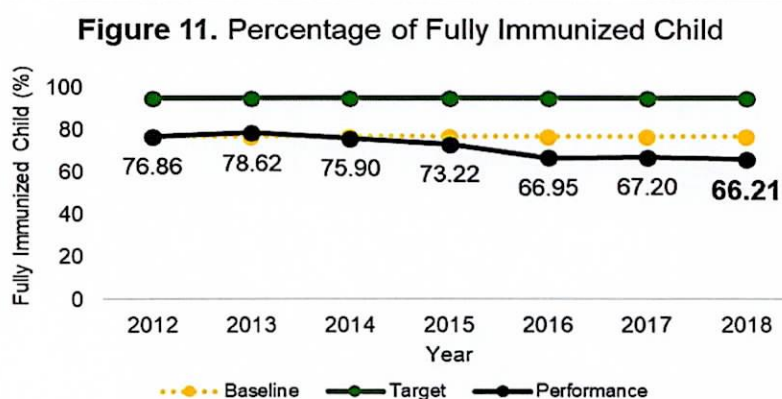
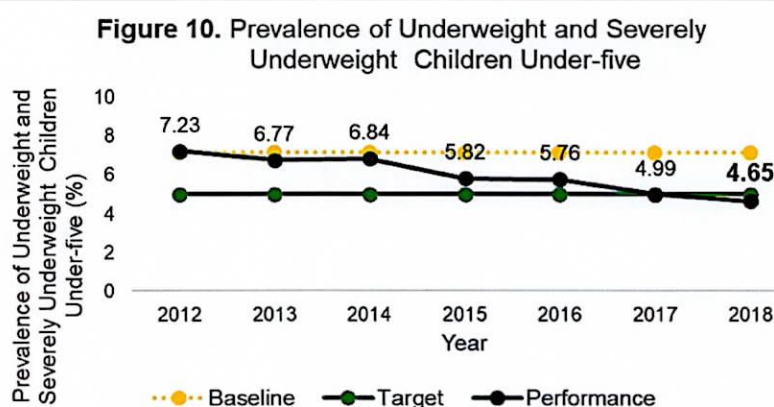


Table 5 summarizes the regional performance on attaining the target coverage for child immunization and nutrition.

¹ National Objectives for Health 2011-2016

Table 5. Access to Child Health Services by Region, 2012-2018

Indicators	Percentage of Fully Immunized Child			Prevalence of underweight and severely underweight 0-59 mos. old children		
	Trend (2012-2018)	2018	Rating	Trend (2012-2018)	2018	Rating
National Baseline		76.91%			7.15	
National Target		95.00%			5.00	
NATIONAL PERFORMANCE	F	66.21		F	4.65	
NORTHERN LUZON						
CAR	F	57.88		F	4.21	
ILOCOS	D	62.48		F	3.08	
CAGAYAN VALLEY	F	67.04		F	2.38	
CENTRAL LUZON	F	66.62		F	3.70	
SOUTHERN LUZON						
CALABARZON	F	58.47		F	5.51	
MIMAROPA	F	65.84		F	6.87	
BICOL	F	67.05		F	9.20	
NCR	F	70.04		D	1.36	
VISAYAS						
WESTERN VISAYAS	F	63.15		F	3.92	
CENTRAL VISAYAS	F	70.73		F	3.59	
EASTERN VISAYAS	F	61.26		F	8.37	
MINDANAO						
ZAMBO PENINSULA	F	71.48		F	6.06	
NORTHERN MINDANAO	F	73.51		F	4.66	
DAVAO	F	66.86		F	4.76	
SOCCSKSARGEN	F	67.65		D	5.22	
CARAGA	F	74.00		D	6.03	
ARMM	F	62.76		F	4.99	
Label:			I – increased steadily			
Green-marked: attained the national program target or higher			D- decreased steadily			
Yellow-marked: reached the national baseline but not the national targets			F – fluctuated			
Red-marked: below the national baseline			S – same level as baseline			

Maternal Health

Maternal health has always been one of the priority programs of the DOH. Maternal health services gauge how the health system, in general, takes care of its vulnerable population. The intensified maternal health program yielded a generally improving performance for all the three service coverage indicators. The percentage of facility-based deliveries increased from 69.43% in 2012 to 93.22% in 2018; the percentage of deliveries attended by skilled health professionals increased from 80.13% in 2012 to 92.08% in 2018; and, the contraceptive prevalence rate for modern family planning methods also increased from 39.37% in 2012 to 58.39% in 2018.

Figure 12. Percentage of Facility-based Deliveries

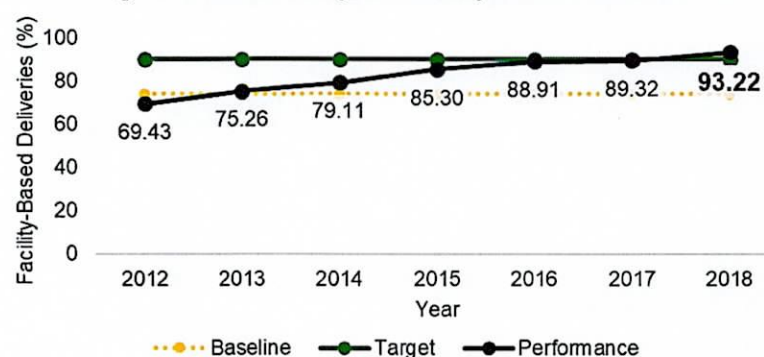


Figure 13. Percentage of Deliveries Attended by Skilled Health Professionals

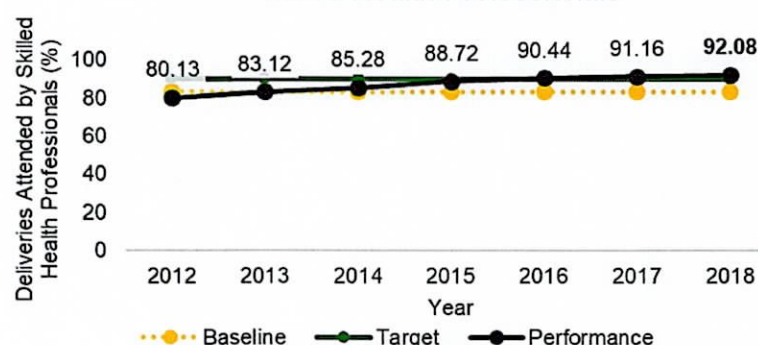


Figure 14. Contraceptive Prevalence Rate for Modern Family Planning Methods

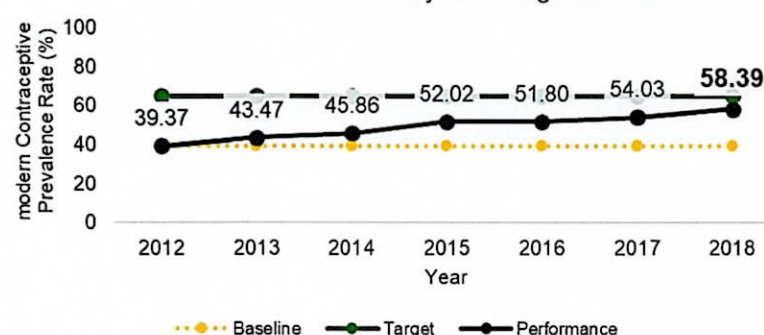


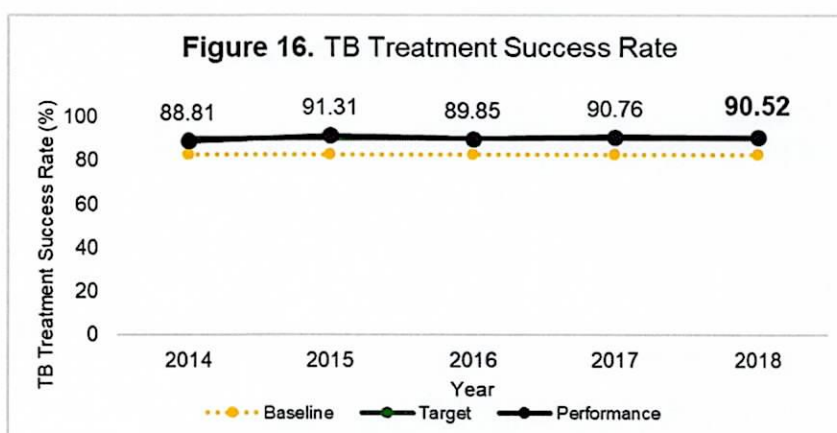
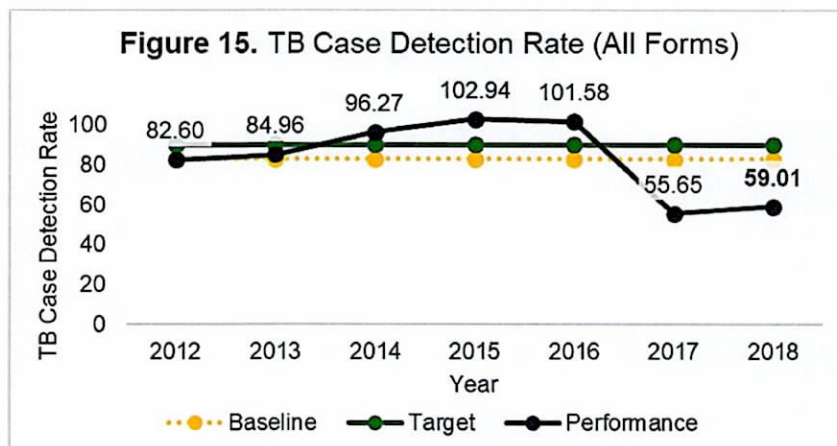
Table 6 shows the regional performance on attaining the target coverage for maternal health services.

Table 6. Access to Maternal Health Services by Region, 2012-2018

Indicators	Percentage of Facility-based Deliveries			Percentage of Deliveries Attended by Skilled Health Professionals			Contraceptive Prevalence Rate for Modern Family Planning Methods		
	Trend (2012-2018)	2018	Rating	Trend (2012-2018)	2018	Rating	2018	Trend (2012-2018)	Rating
National Baseline		73.87%			83.15%			39.31%	
National Target		90.00%			90.00%			65%	
NATIONAL PERFORMANCE	I	93.22		I	92.08		F	58.39	
NORTHERN LUZON									
CAR	F	95.48		F	93.41		I	62.08	
ILOCOS	I	99.11		I	99.39		F	67.63	
CAGAYAN VALLEY	I	96.85		F	97.72		I	67.41	
CENTRAL LUZON	I	96.33		F	94.36		F	51.91	
SOUTHERN LUZON									
CALABARZON	F	92.71		F	94.55		F	47.51	
MIMAROPA	I	88.81		F	83.60		F	60.55	
BICOL	I	95.11		F	89.32		I	62.11	
NCR	I	95.71		F	97.39		F	43.89	
VISAYAS									
WESTERN VISAYAS	F	93.12		I	94.02		I	57.54	
CENTRAL VISAYAS	F	96.54		F	95.02		F	50.64	
EASTERN VISAYAS	F	96.30		I	96.33		I	58.83	
MINDANAO									
ZAMBO PENINSULA	F	91.40		F	89.18		F	64.43	
NORTHERN MINDANAO	F	92.82		I	92.87		F	63.83	
DAVAO	I	90.29		I	91.25		I	77.24	
SOCCKSARGEN	F	89.54		I	90.35		F	76.99	
CARAGA	F	92.02		F	93.56		I	77.00	
ARMM	MIS	68.17		F	75.66		F	41.13	
Label:				I – increased steadily					
Green-marked: attained the national program target or higher				D- decreased steadily					
Yellow-marked: reached the national baseline but not the national targets				F – fluctuated					
Red-marked: below the national baseline				S – same level as baseline					
				MIS – missing data					

Communicable Diseases

The Tuberculosis (TB) Case Detection Rate (CDR) improved from 82.60 in 2012 to 101.58 in 2016. However, in 2017 the accomplishment rate dropped significantly. The sudden decline may be attributed to the change in the multiplier used in computing for the target (i.e., the estimated number of all forms of TB cases for the year) following the findings of the 2016 National TB Prevalence Survey² that there is an increase in the number of TB cases despite intensified efforts to find, cure, and protect TB



patients. The average TB treatment success rate, on the other hand, increased from 88.81% in 2014 to 90.52% in 2018, surpassing the national target of 90% on several periods.

Table 7 shows the regional performance on TB case detection and treatment success rate.

² Department Memorandum 2017-0466

Table 7. TB Case Detection and Treatment Success Rate by Region, 2012-2018

Indicators	TB Case Detection Rate (All Forms of TB)			TB Treatment Success Rate		
	Trend (2012-2018)	2018	Rating	Trend (2012-2018)	2018	Rating
National Baseline		82.78 per 100,000			82.53%	
National Target		90 per 100,000			90.00%	
NATIONAL PERFORMANCE	F	59.01		F	90.52	
NORTHERN LUZON						
CAR	F	34.75		I	93.45	
ILOCOS	F	54.84		F	92.44	
CAGAYAN VALLEY	F	53.20		F	90.75	
CENTRAL LUZON	F	78.64		I	91.69	
SOUTHERN LUZON						
CALABARZON	F	76.31		F	90.72	
MIMAROPA	F	58.43		F	86.18	
BICOL	F	78.52		F	92.13	
NCR	F	69.15		F	89.70	
VISAYAS						
WESTERN VISAYAS	F	68.13		F	94.02	
CENTRAL VISAYAS	F	56.87		F	82.40	
EASTERN VISAYAS	F	56.44		F	87.45	
MINDANAO						
ZAMBO PENINSULA	F	44.85		F	92.51	
NORTHERN MINDANAO	F	47.00		F	93.13	
DAVAO	F	41.85		F	91.69	
SOCCSKSARGEN	F	58.10		F	92.98	
CARAGA	F	58.00		F	93.00	
ARMM	F	35.65		F	90.00	
Label:			I – increased steadily			
Green-marked: attained the national program target or higher			D- decreased steadily			
Yellow-marked: reached the national baseline but not the national targets			F – fluctuated			
Red-marked: below the national baseline			S – same level as baseline			

Environmental Health

The percentage of households with access to safe water increased from 88.65% in 2012 to 90.22% in 2018. The same trend was reported for the percentage of households with sanitary toilet facilities which increased from 80.67% in 2012 to 87.72% in 2018.

Figure 17. Percentage of Households with Access to Safe Water

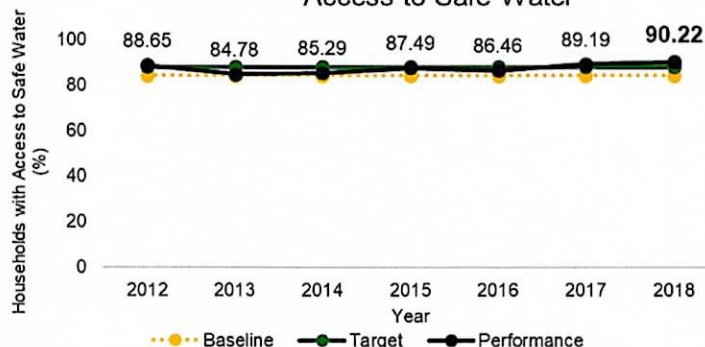


Figure 18. Percentage of Households with Sanitary Toilet Facilities

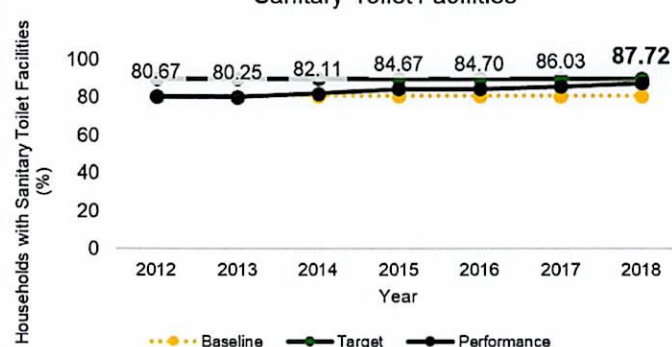


Table 8 shows the regional performance on attaining the target coverage for environmental health services.

Table 8. Access to Environmental Health Services by Region, 2012-2018

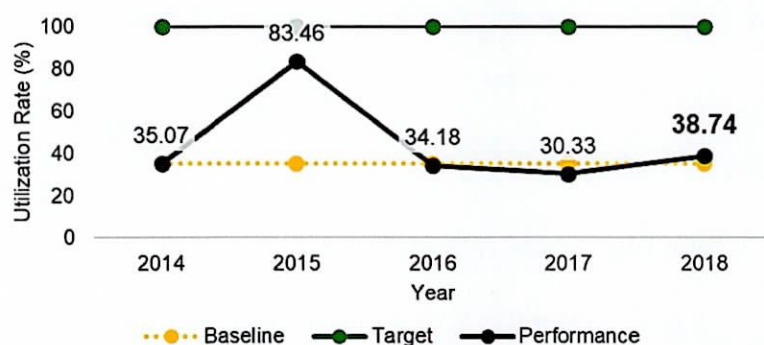
Indicators	Percentage of Households with Access to Safe Water			Percentage of Households with Sanitary Toilet Facilities		
	Trend (2012-2018)	2018	Rating	Trend (2012-2018)	2018	Rating
National Baseline		84.06%			80.90%	
National Target		88.00%			90.00%	
NATIONAL PERFORMANCE	F	90.22		F	87.72	
NORTHERN LUZON						
CAR	F	44.73		I	85.29	
ILOCOS	F	100.00		F	100.00	
CAGAYAN VALLEY	F	88.71		F	94.02	
CENTRAL LUZON	F	94.68		F	92.31	
SOUTHERN LUZON						
CALABARZON	F	91.23		F	88.41	
MIMAROPA	F	89.27		F	84.10	
BICOL	F	88.65		F	81.29	
NCR	F	98.73		F	95.38	
VISAYAS						
WESTERN VISAYAS	I	92.06		F	85.17	
CENTRAL VISAYAS	F	96.23		F	87.46	
EASTERN VISAYAS	F	92.58		F	84.18	
MINDANAO						
ZAMBO PENINSULA	F	89.75		F	85.86	
NORTHERN MINDANAO	F	94.89		F	87.65	
DAVAO	F	93.58		F	87.19	
SOCCSKSARGEN	F	94.10		F	85.20	
CARAGA	F	94.00		F	88.00	
ARMM	F	55.95		F	33.84	
Label:			I – increased steadily			
Green-marked:			D- decreased steadily			
Yellow-marked:			F – fluctuated			
Red-marked:			S – same level as baseline			

Financial Risk Protection

Financial Risk Protection reflects the ability of the health system to provide access to quality health care services without causing financial hardship. The health sector implemented two key strategies to attain this: (1) enrollment of the National Household Targeting System (NHTS) poor households in PhilHealth with entitlements on Primary Care Benefit Package (PCB) and (2) accreditation of health facilities that meet the PhilHealth accreditation requirements for essential services.

The utilization rate of PCB packages among enrolled NHTS families remains below the 40% target for all years except in 2015 when the Universal Health Care – High Impact Five (Hi-5) strategy was launched enjoining all CHDs to prioritize profiling of NHTS families and referring them for an annual check-up.

Figure 19. Utilization Rate of enrolled NHTS families of Primary Care Benefit package



Between 2014 and 2018, the percentage of Rural Health Units (RHU)/Health Centers (HC) engaged with PhilHealth on Primary Care Benefit (PCB) and Tuberculosis-Directly Observed Treatment, Short Course (TB-DOTS) package increased. In contrast, the percentage of RHUs/HCs engaged to provide Maternity Care Package (MCP), decreased from 50.73% in 2014 to 48.89% in 2018.

Figure 20. Percentage of RHU/HC engaged with PHIC on Primary Care Benefits (PCB)

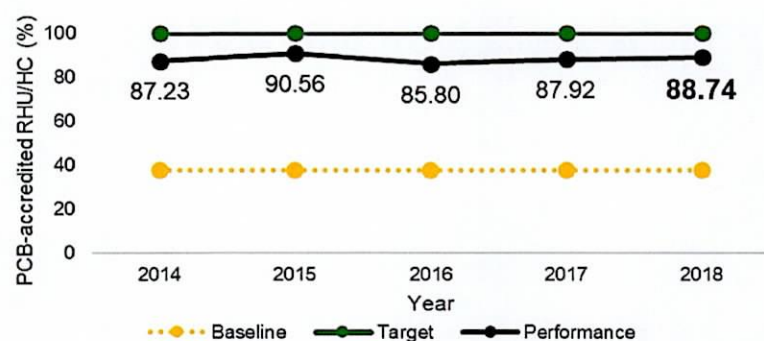


Figure 21. Percentage of RHU/HC engaged with PHIC on Maternity Care Package (MCP)

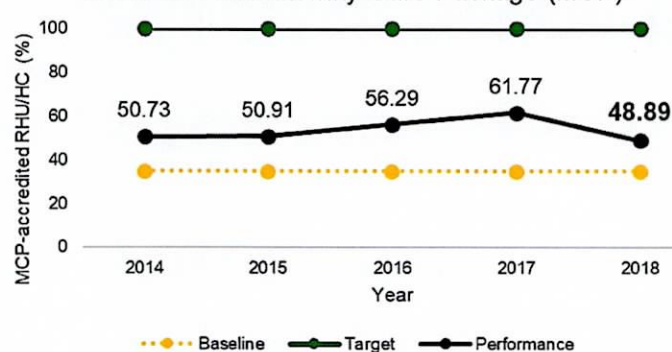


Figure 22. Percentage of Rural Health Units/Health Centers engaged with PHIC on TB-Directly Observed Treatment, Short Course (TB-DOTS)

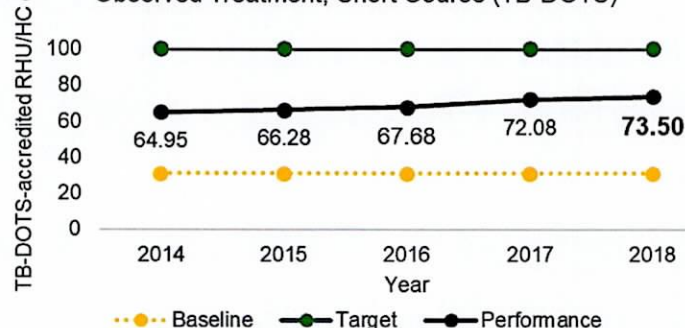


Table 9 shows the regional performance on indicators of Financial Risk Protection.

Table 9. PCB, MCP, and TB-DOTS Accreditation by PhilHealth, and Utilization Rate of Enrolled NHTS Families of PCB Package by Region, 2014-2018

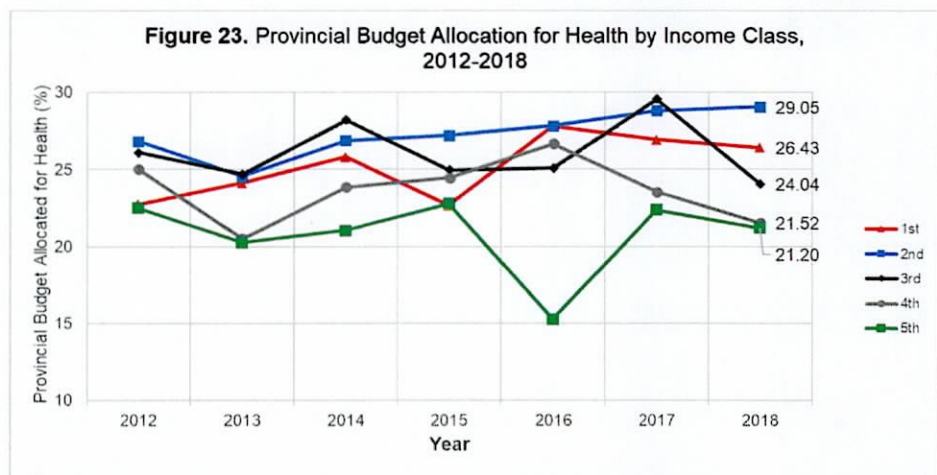
Indicators	Percentage of RHU/HC engaged with PHIC on TB-DOTS			Percentage of RHU/HC engaged with PHIC on MCP			Percentage of RHU/HC engaged with PHIC on PCB			Utilization Rate of enrolled NHTS families of PCB package		
	Trend (2014-2018)	2018	Rating	Trend (2014-2018)	2018	Rating	Trend (2014-2018)	2018	Rating	Trend (2014-2018)	2018	Rating
National Baseline		31.20%			34.93%			37.54%			35.07%	
National Target		100.00%			100.00%			100.00%			100%	
NATIONAL PERFORMANCE	I	73.50		F	48.89		F	88.74		F	38.74	
NORTHERN LUZON												
CAR	F	94.96		F	41.26		F	98.70		F	43.75	
ILOCOS	F	89.62		F	57.05		F	97.27		F	31.42	
CAGAYAN VALLEY	F	77.02		F	49.25		F	77.35		F	23.69	
CENTRAL LUZON	F	69.09		F	29.60		F	94.86		F	40.98	
SOUTHERN LUZON												
CALABARZON	F	53.19		F	52.14		F	74.07		F	44.91	
MIMAROPA	I	82.84		F	48.50		F	96.23		F	41.78	
BICOL	F	64.15		F	50.99		F	82.47		F	42.82	
NCR	F	61.68		F	4.44		F	91.01		F	45.69	
VISAYAS												
WESTERN VISAYAS	F	82.96		F	52.59		F	84.44		F	35.56	
CENTRAL VISAYAS	F	59.15		F	45.49		F	62.48		F	39.79	
EASTERN VISAYAS	F	77.21		F	67.23		F	85.29		F	12.81	
MINDANAO												
ZAMBO PENINSULA	F	87.17		F	87.83		F	91.88		F	52.26	
NORTHERN MINDANAO	F	69.99		F	69.50		F	84.36		F	63.86	
DAVAO	I	78.50		F	47.63		F	97.56		F	18.88	
SOCCKSARGEN	F	66.11		F	62.36		F	91.03		F	38.90	
CARAGA	F	67.15		F	58.84		F	98.08		F	38.61	
ARMM	F	100.00		F	84.49		F	94.95		F	47.16	
Label:							I – increased steadily D – decreased steadily F – fluctuated S – same level as baseline					
Green-marked: attained the national program target or higher												
Yellow-marked: reached the national baseline but not the national targets												
Red-marked: below the national baseline												

IV. The Role of Social Determinants of Health: Taking an Equity Lens

What sets the LGU Health Scorecard apart from other health sector M&E systems is its potential to see into the granularities of the national picture. The LGU HSC is recognized as a designated local health systems monitoring tool - and local governments from the provinces down to the municipalities embraced its implementation. This opportunity to analyze disaggregated data on LGU performance will help address the issue of failing to account for the healthcare inequalities among local governments. With the interplay of factors affecting the translation of resource inputs to health outcomes, the variation with respect to socio-demographic characteristics among the LGUs may also help explain their budgetary commitment and physical access to healthcare services.

Income Class

Across years, more provinces were able to allocate at least 22% of their budget for health. Disaggregation by income class shows that the health budget allocation (as percentage of total LGU budget) of richer provinces was generally higher.



The improvement on health budget allocation was seen across the different island regions (Figure 24)³. However, provinces reported a low average budget utilization rate across years (Figure 25).

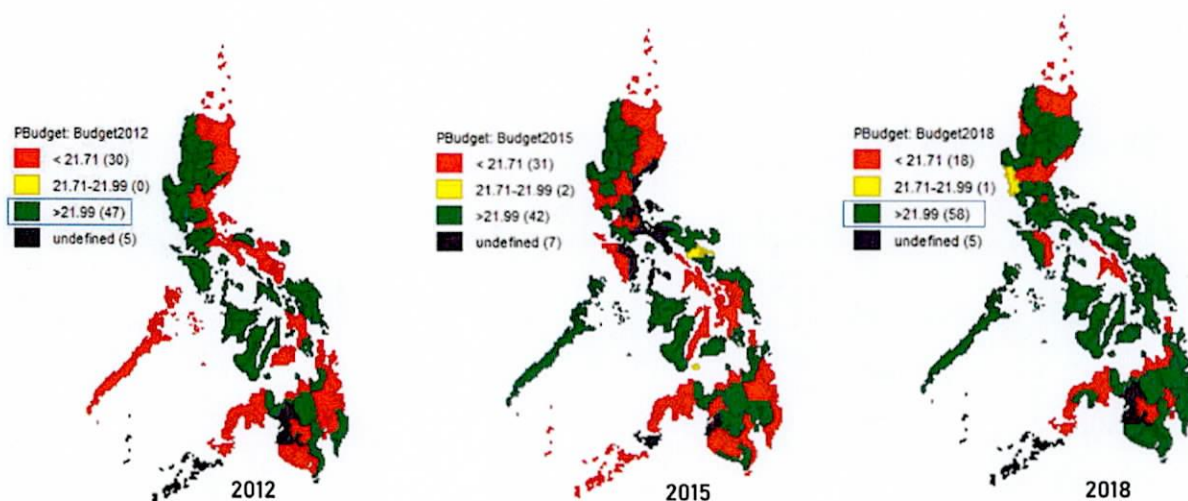


Figure 24. LGU Allocation for Health, 2012, 2015, 2018

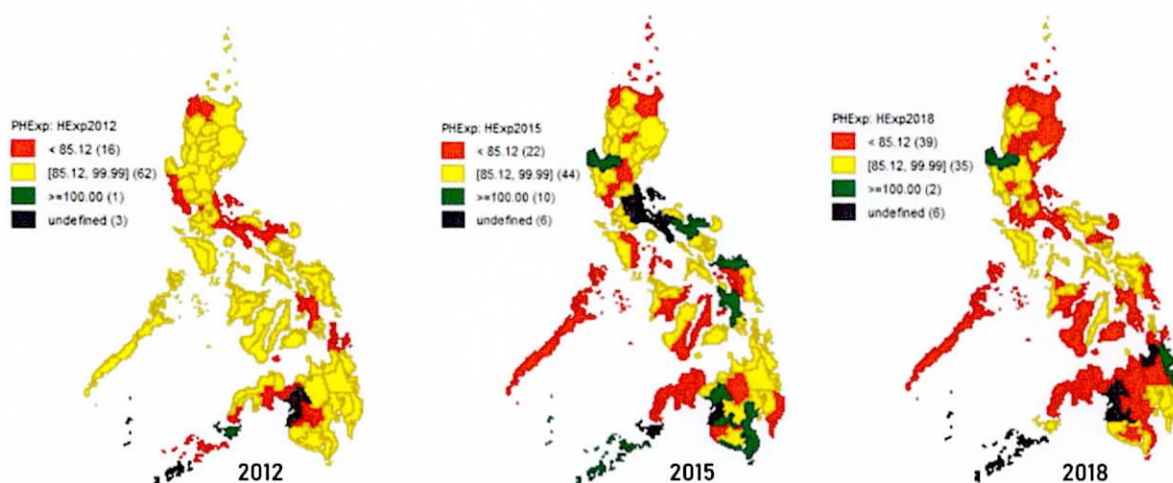
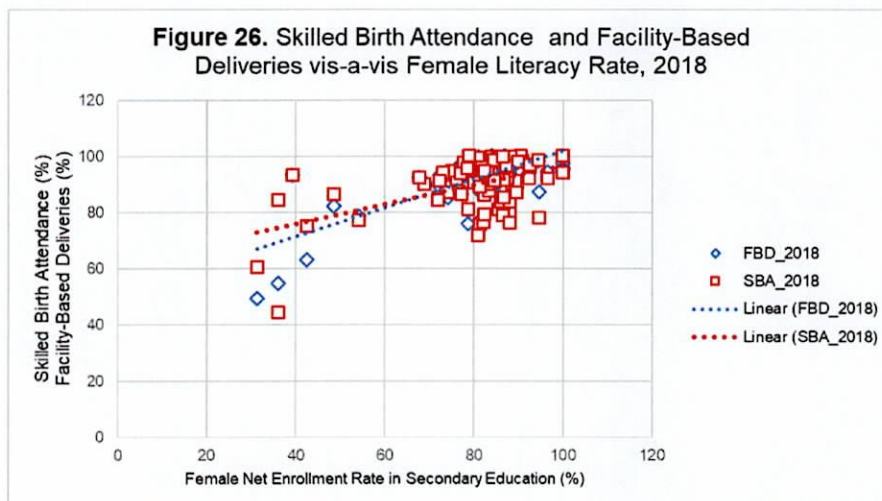


Figure 25. LGU Health Spending, 2012, 2015, 2018

³ Caution should be observed when analyzing provincial budget allocation as some of the provinces such as those in BARMM have centralized health planning and budgeting

Literacy Rate

Ideally, the actual consumption of health goods and services represents the demand. However, several factors outside the control of the health sector affect healthcare utilization independent of the need and are reflected in the differences among population groups. Consistent with literature⁴, a positive association was observed between maternal health care service utilization and educational achievement.



Geographical Disadvantage

Communities that differ in urbanization differ in their demographic, environmental, economic, and social characteristics, and those characteristics correlate with the magnitude and types of health problems that the communities face.

Table 10 shows that the proportion of Geographically Isolated and Disadvantage Area (GIDA) barangays within a province is associated with the utilization of maternal health services specifically antenatal care (ANC), postpartum care services (PPC), and deliveries attended by a skilled birth attendant (SBA). Results of the regression runs suggest that in provinces with more than 50% of the total number of barangays are GIDA, antenatal care coverage is about 34% lower and postnatal care coverage about 44% lower than in provinces with only 25% of barangays are GIDA. Further, in provinces with more than 75% of barangays are GIDA, antenatal care coverage is 67% lower, postnatal care service 43% lower, and skilled birth attendance about 27% lower than in provinces with only 25% of barangays are GIDA.

⁴ Girum, Tadele and Abebaw Wasie. 2017. "Correlates of maternal mortality in developing countries: an ecological study in 82 countries."; Alvarez, Jose Luis, Ruth Gil, Valentin Hernández, and Angel Gil. 2009. "Factors associated with maternal mortality in Sub-Saharan Africa: an ecological study."; Paredes, Karlo Paolo P. 2016. "Inequality in the use of maternal and child health services in the Philippines: do pro-poor health policies result in more equitable use of services?"

Table 10. Relationship between density of GIDA areas and Maternal Health Services Utilization in Philippine provinces, 2015-2018

<i>Independent variable:</i> % of GIDA barangays within a province	ANC	PPC	SBA
25.01 – 50.00%	-18.62 (0.001)	-7.79 (0.207)	-0.22 (0.937)
50.01 – 75.00%	-34.34 (0.003)***	-44.86 (0.000)***	-6.88 (0.226)
75.01 – 100.00%	-67.05 (0.000)***	-43.21 (0.000)***	-26.99 (0.000)***
<i>Values in parentheses are p-values</i> <i>Legend: *p<0.10; **p<0.05; ***p<0.01</i>			

V. Challenges and Recommendations

There are positive results in most governance and public health indicators with highlights on the increasing trend across maternal health services indicators. However, challenges still remain particularly in attaining the service coverage targets for child health programs and in addressing the increasing incidence of TB. Across LGUs, a common problem of low budget utilization rate was observed which may be suggestive of inefficiencies in health spending.

With the passage of R.A. 11223 or the Universal Health Care Act, the LGU HSC now takes on a bigger challenge of monitoring local health systems' performance towards the attainment of Universal Health Care. The use of the LGU HSC helps promote greater local government accountability and cultivates better understanding of local health system's issues.

Taking from a decade of LGU HSC implementation, the following key lessons may provide guidance for the next medium-term:

- (1) Critical role of timely and quality data to guide LGU plans for health.
- (2) Improving mechanisms that link local health system performance to incentives may help ensure local governments' buy-in. A policy on harmonized awarding that provides standards for identifying best performing LGUs may as well help establish performance benchmarks for all LGUs to follow.
- (3) Data on poor performance, especially on steadily decreasing service coverage, should be reviewed to assess the bottlenecks of local health managers and align the technical assistance provided to the LGUs.
- (4) Performance results should be made available to national and regional program managers as critical inputs for program implementation review, and in their periodic assessments of the alignment between national strategies and local health system operations.

VI. Looking Ahead

More than ten years into its implementation, the LGU HSC is now being upgraded to ensure its effective use in tracking the performance of the local health systems towards Universal Health Care. Its purpose goes beyond simply distinguishing the good from the bad performers. More importantly, it seeks to cultivate better understanding of the local health systems' problems, address these problems through evidence-informed policies, and sustain positive gains.

As a component of the Health Sector Monitoring and Evaluation (M&E) Accountability Framework, the LGU HSC is a complementary system that will measure the contribution of the LGUs in delivering the commitments of the health sector. Its structures, systems, and processes will continually evolve to accurately monitor the implementation of health sector reforms in the grassroots. It will take on the challenge to adapt to the growing demand for an accurate, reliable, and timely information to aid the development of evidence-informed policies and plans. And equally important, the LGU HSC will remain as an equity tool that guides national health planners and program managers in prioritizing their actions and ensuring the delivery of appropriate health care services to the right people at the right time, all towards the progressive realization of Universal Health Care.

VII. 2012-2018 REGIONAL PERFORMANCE

This section presents the 2012 to 2018 summary of regional performance derived from the average performance of all the provinces and cities in the region. The tabular summaries provide the 7-year trend of the regional performance for each of the indicator and the 2018 performance results with color-coded ratings. Trend charts were also provided to show the comparative annual performance of the region for each of the indicator.

Regional Performance: ILOCOS REGION (I)

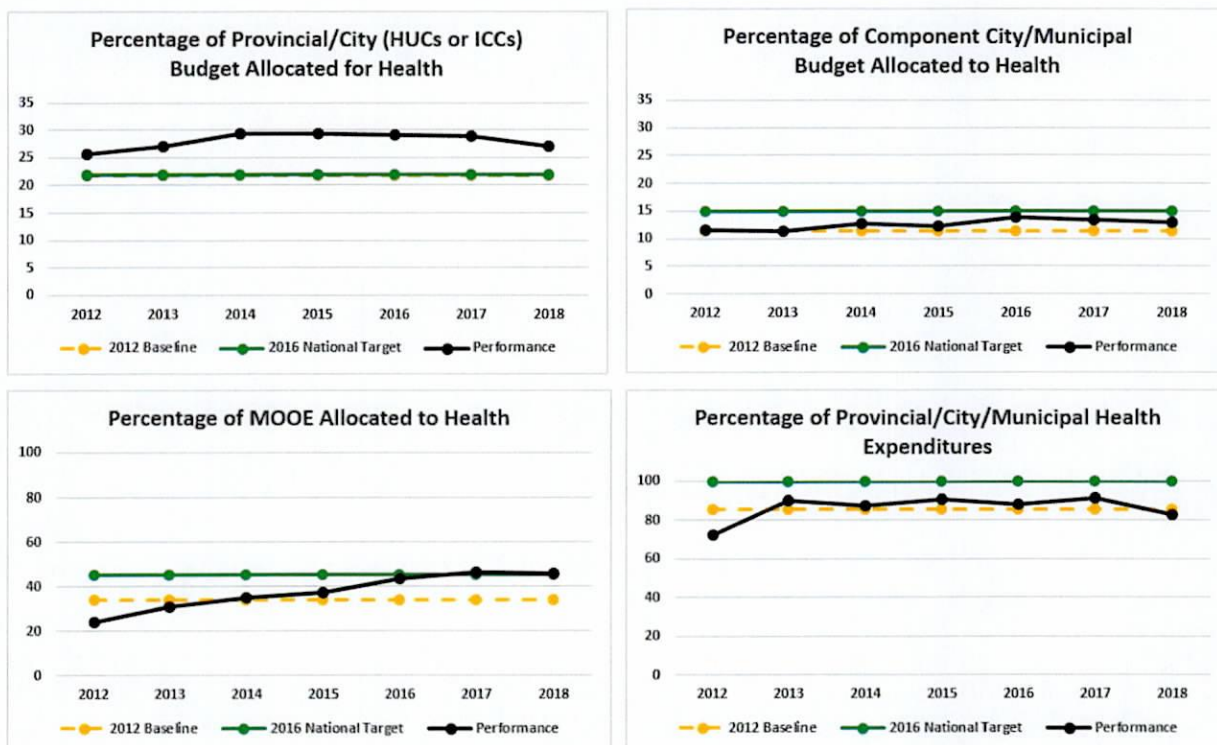
ILOCOS REGION reported an improved maternal and environmental health service coverage, surpassing the national targets for 2018. Challenges remain in fully utilizing their health budget, improving the public hospital services, and attaining the target for child immunization coverage.

Table 11. Summary of Regional Performance, Ilocos Region (I)

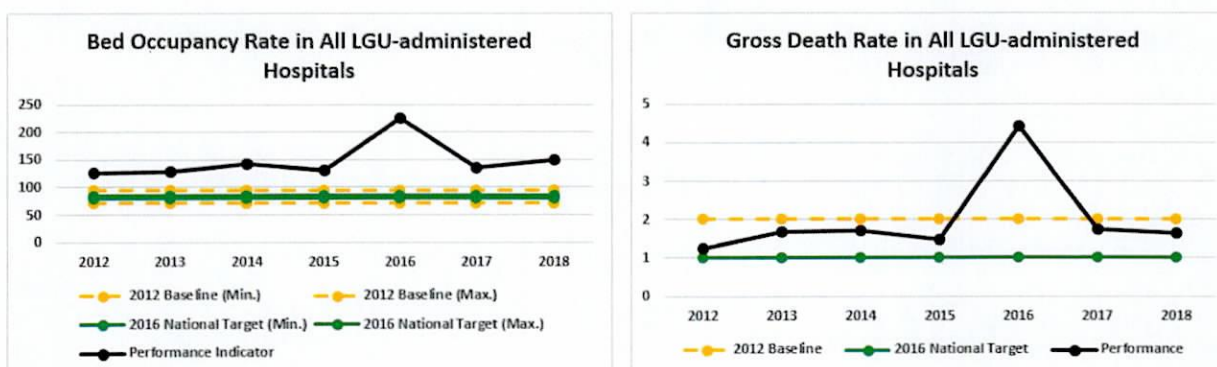
Indicator	Trend (2012-2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	26.96	
% Component City/Municipal Budget Allocated to Health	F	15.00	13.00	
% MOOE Allocated to Health	F	45.00	45.89	
% Provincial/City/ Municipal Health Expenditures	F	100.00	82.52	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	150.09	
Gross Death Rate in all LGU-administered hospitals	F	1.00	1.64	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	27,474.20	
Health Center Nurse to Population Ratio	F	20,000.00	15,675.60	
Health Center Midwife to Population Ratio	F	5,000.00	5,503.21	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	80.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	20.00	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	100.00	
Blood Donation Rate	F	1.00	1.17	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	N.A	N.A	N.A	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	54.84	
TB Treatment Success rate, all forms	F	90.00	92.44	
% Fully Immunized Child	D	95.00	62.48	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	55.60	
% Facility-based Deliveries	I	90.00	99.11	
% Deliveries Attended by Skilled Health Professionals	I	90.00	99.39	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	67.63	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	73.81	
% Households with Access to Safe Water	F	88.00	100.00	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	80.59	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	100.00	
Prevalence of Underweight and Severely Underweight, 0-59 mos.	F	5.00	3.08	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	97.27	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	57.05	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	89.62	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	31.42	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily F – fluctuated N.A – not applicable D- decreased steadily S – same level as baseline ND – no data		

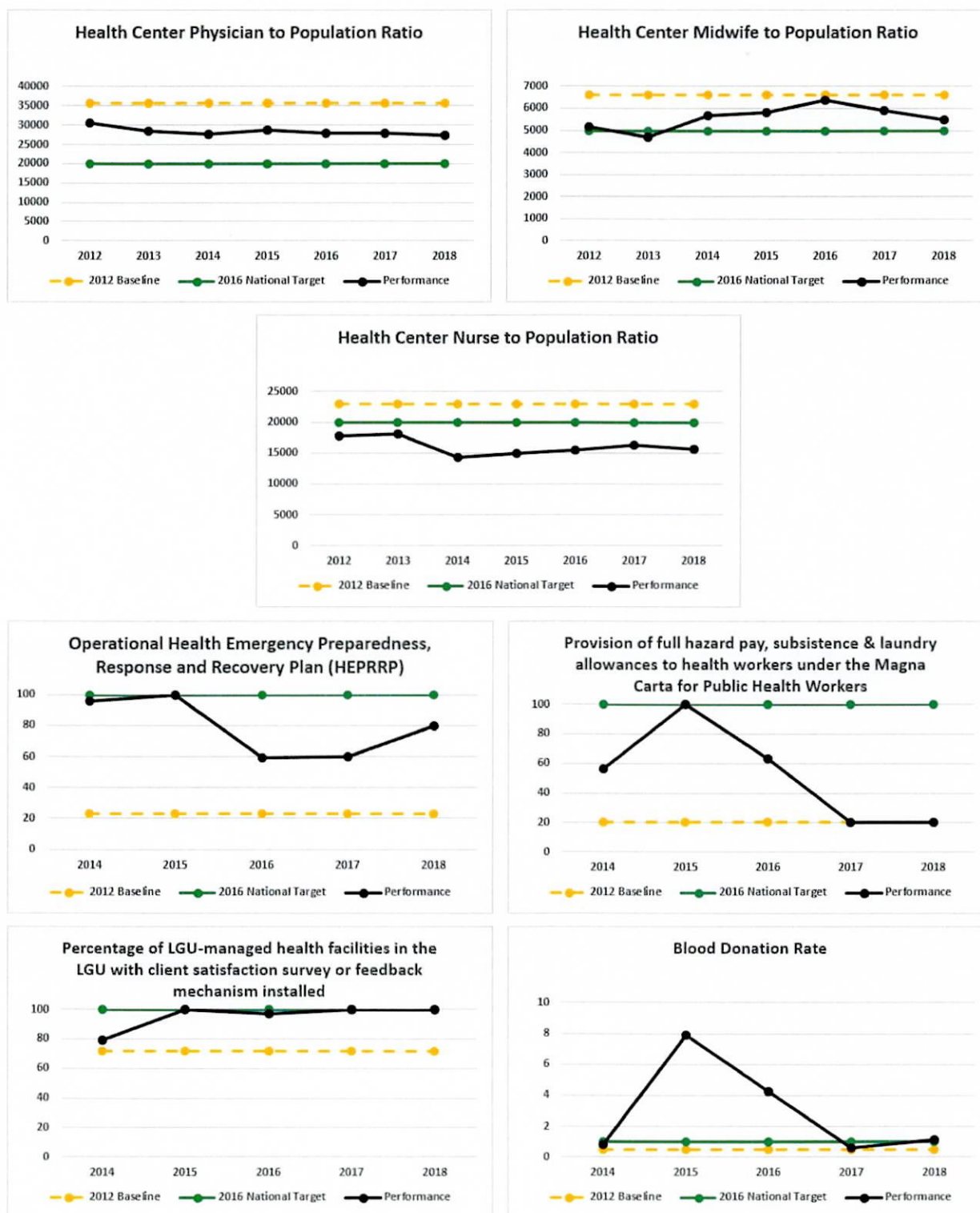
**EFFICIENT HEALTH SECTOR SPENDING
REGION I – ILOCOS REGION**



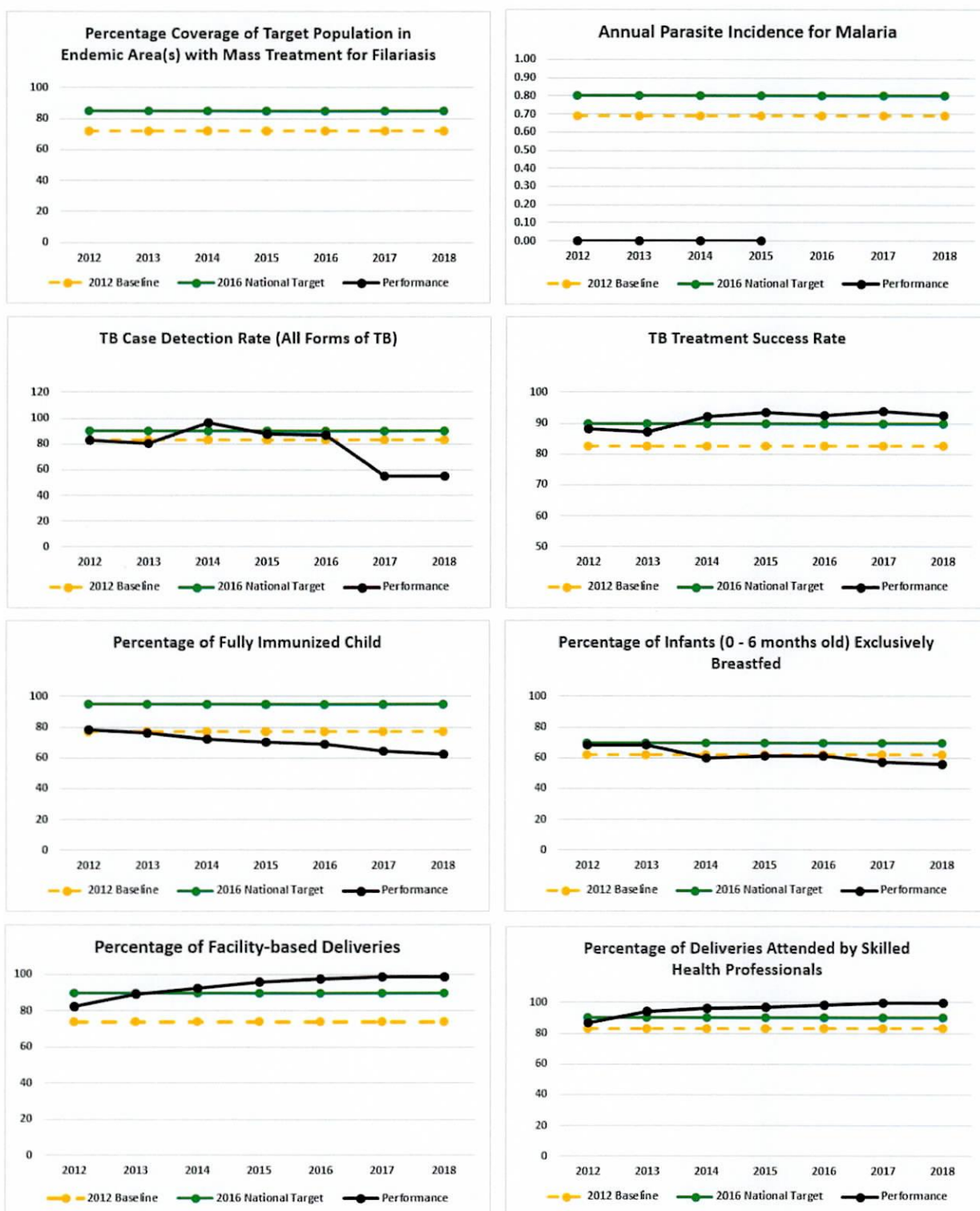
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION I – ILOCOS REGION**

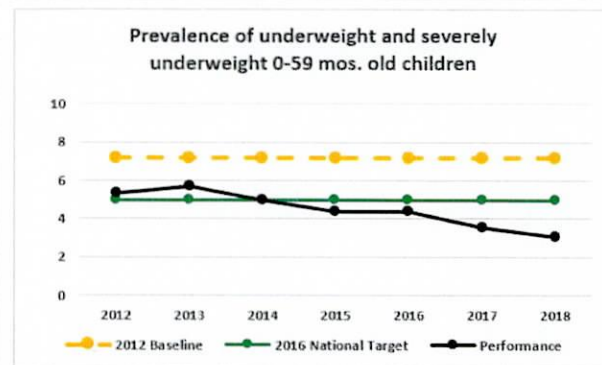
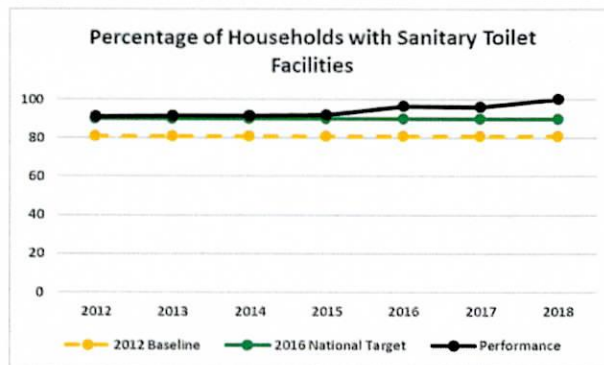
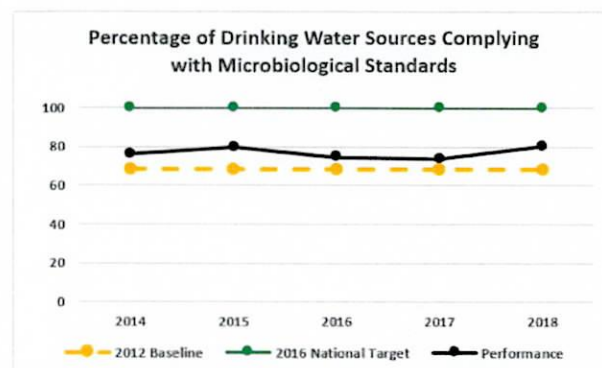
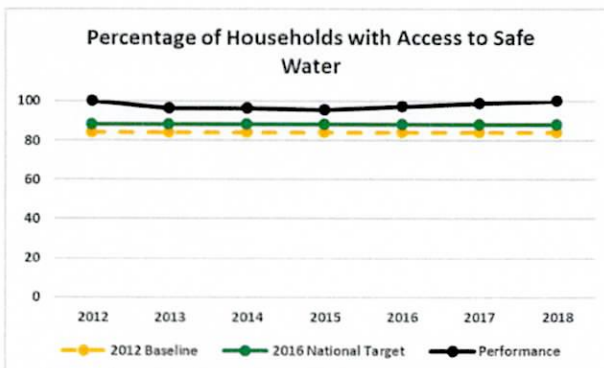
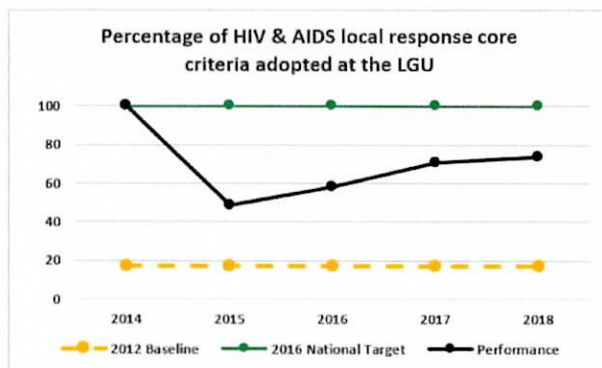
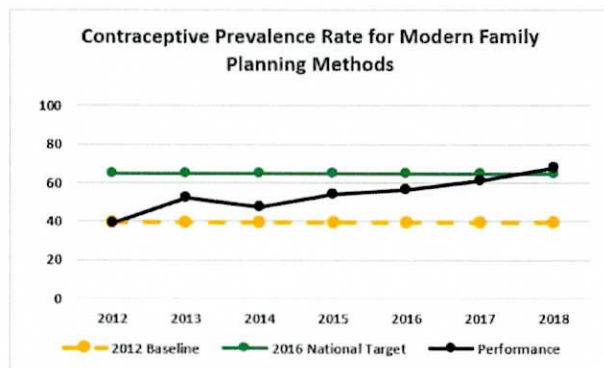


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION I – ILOCOS REGION**

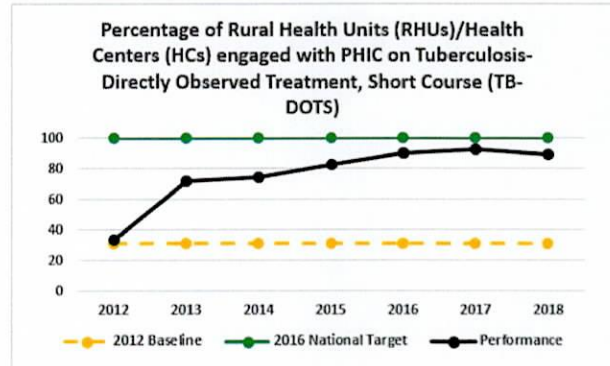
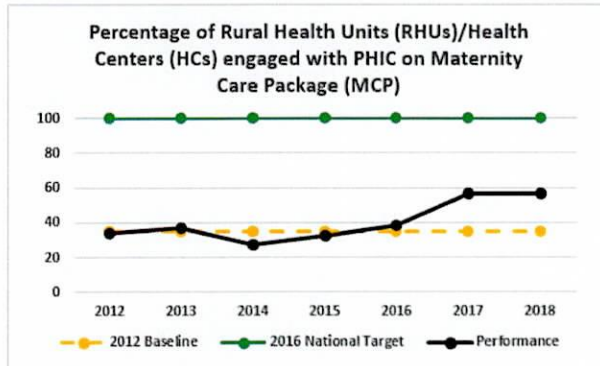
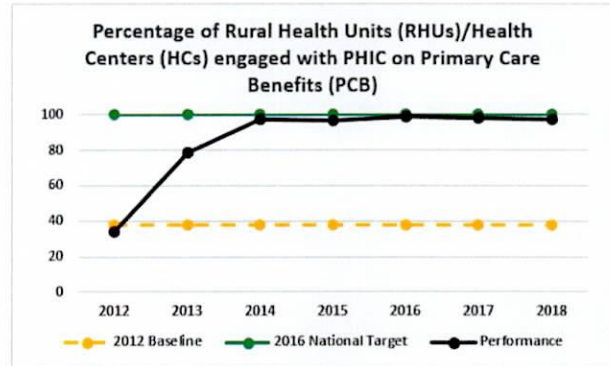
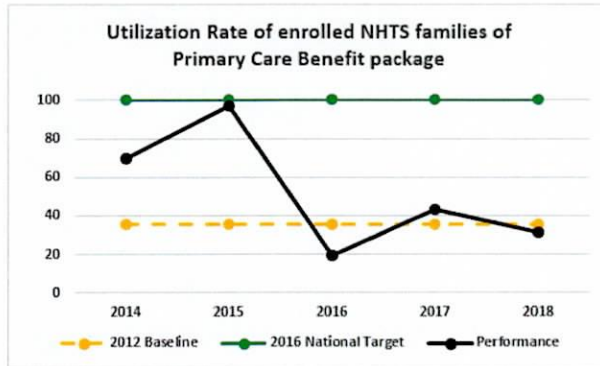


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGs
REGION I – ILOCOS REGION





**FINANCIAL RISK PROTECTION
REGION I – ILOCOS REGION**



Regional Performance: CAGAYAN VALLEY (II)

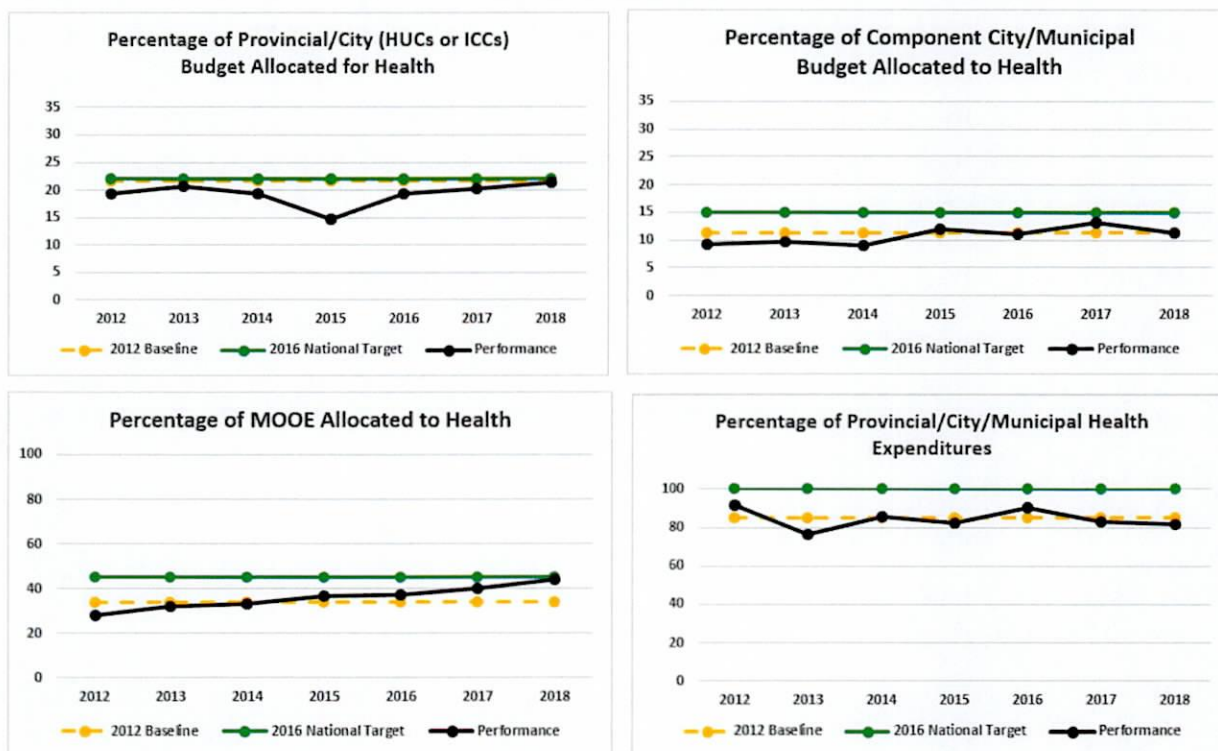
CAGAYAN VALLEY reported an excellent maternal health service coverage and reduced prevalence of undernutrition among children under-five. The region was also able to attain the recommended nurse, midwife to population ratio, and has installed mechanisms to monitor client satisfaction in all its LGU-managed health facilities. These gains were realized despite the challenges in terms of health budget allocation and spending.

Table 12. Summary of Regional Performance, Cagayan Valley (II)

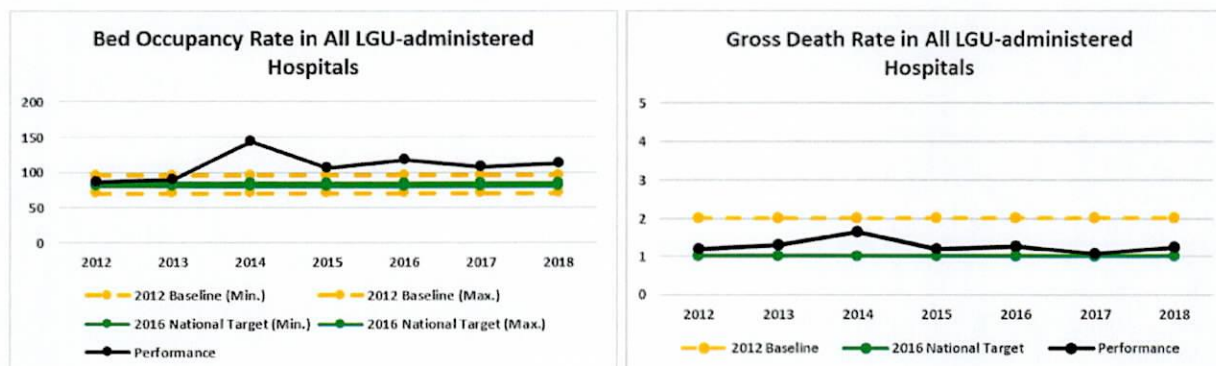
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	21.46	
% Component City/Municipal Budget Allocated to Health	F	15.00	11.28	
% MOOE Allocated to Health	I	45.00	44.24	
% Provincial/City/ Municipal Health Expenditures	F	100.00	81.68	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	113.14	
Gross Death Rate in all LGU-administered hospitals	F	1.00	1.25	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	24,067.50	
Health Center Nurse to Population Ratio	F	20,000.00	17,738.33	
Health Center Midwife to Population Ratio	F	5,000.00	4,123.17	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	83.33	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	33.33	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	100.00	
Blood Donation Rate	F	1.00	1.32	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	N.A	N.A	N.A	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	53.20	
TB Treatment Success rate, all forms	F	90.00	90.75	
% Fully Immunized Child	F	95.00	67.04	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	60.76	
% Facility-based Deliveries	I	90.00	96.85	
% Deliveries Attended by Skilled Health Professionals	F	90.00	97.72	
Contraceptive Prevalence Rate for Modern Family Planning Methods	I	65.00	67.41	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	55.49	
% Households with Access to Safe Water	F	88.00	88.71	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	58.94	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	94.02	
Prevalence of Underweight and Severely Underweight, 0-59 mos	F	5.00	2.38	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	77.35	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	49.25	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	77.02	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	23.69	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily D – decreased steadily		F – fluctuated S – same level as baseline N.A – not applicable ND – no data

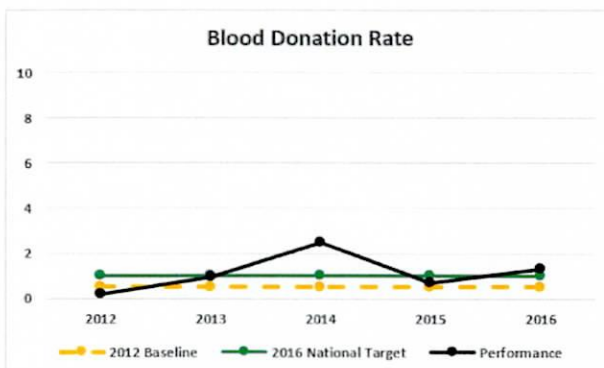
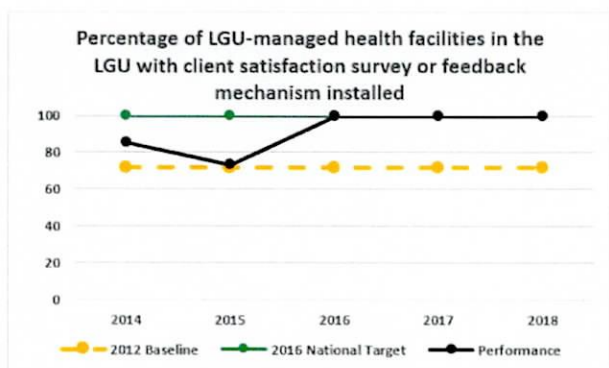
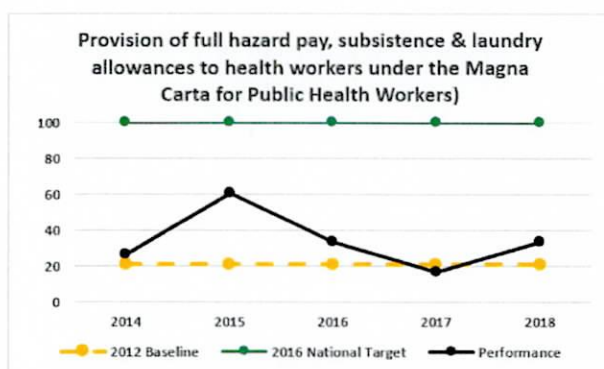
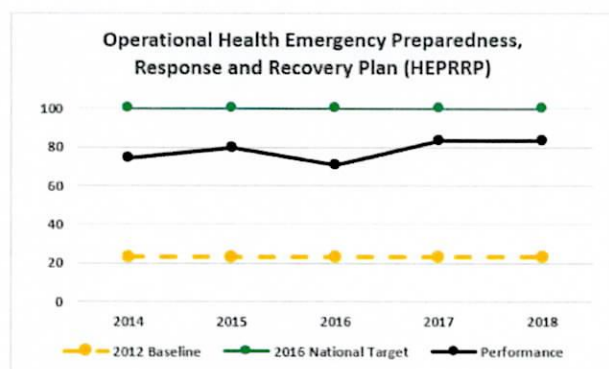
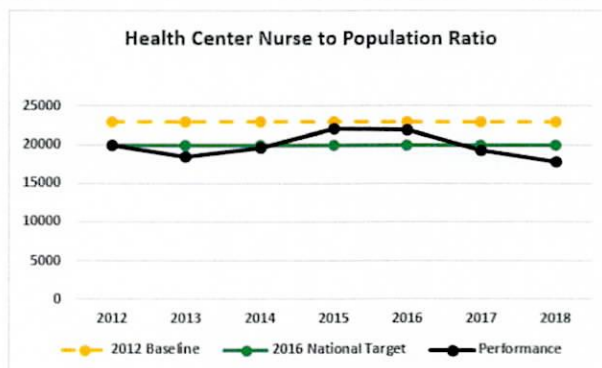
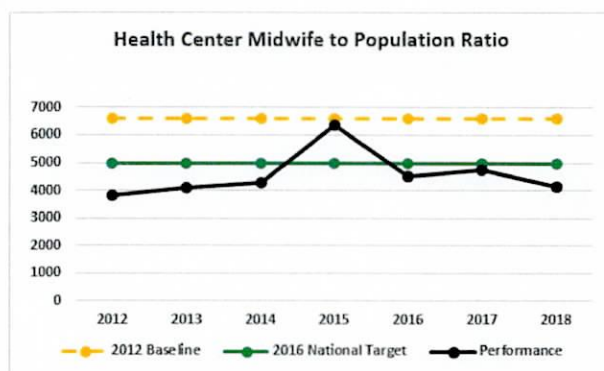
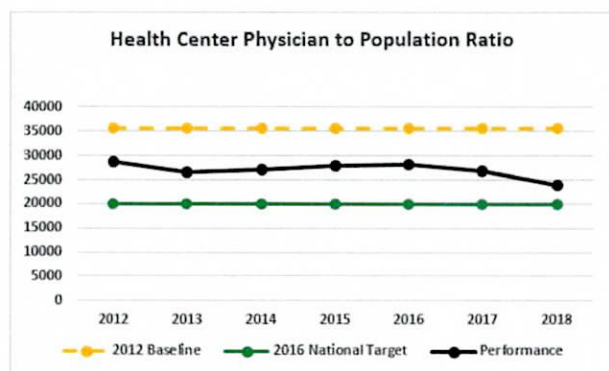
**EFFICIENT HEALTH SECTOR SPENDING
REGION II – CAGAYAN VALLEY**



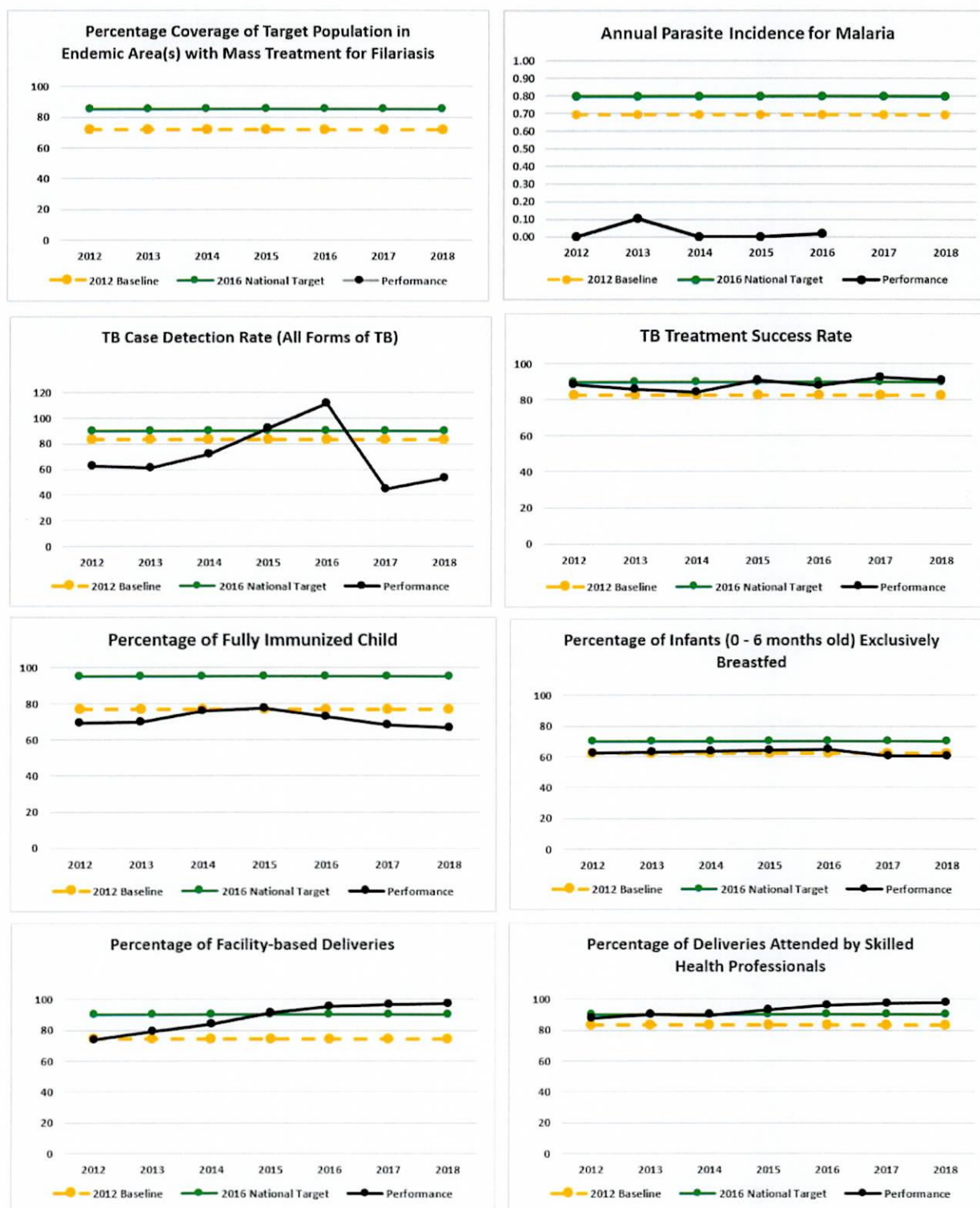
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION II – CAGAYAN VALLEY**

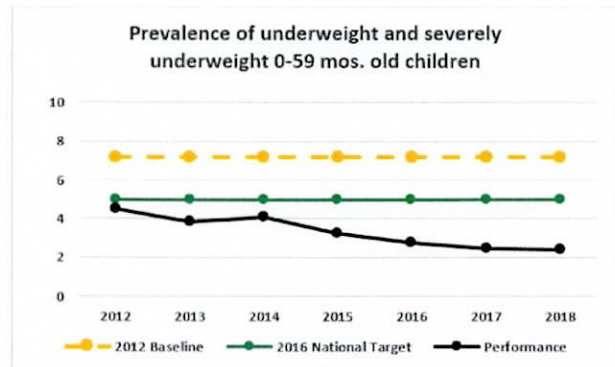
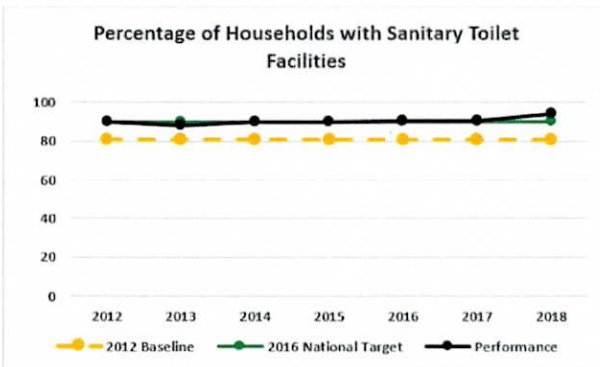
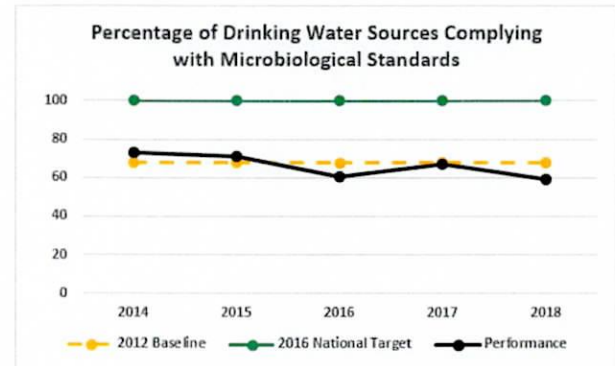
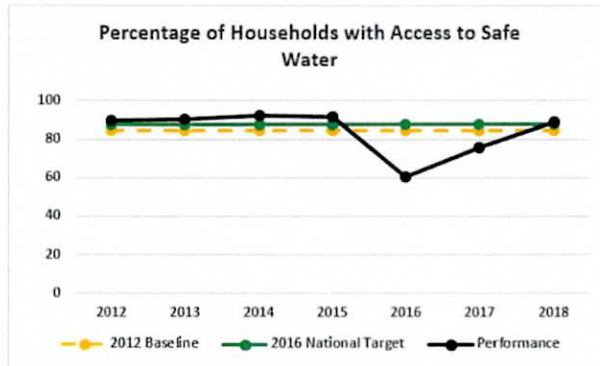
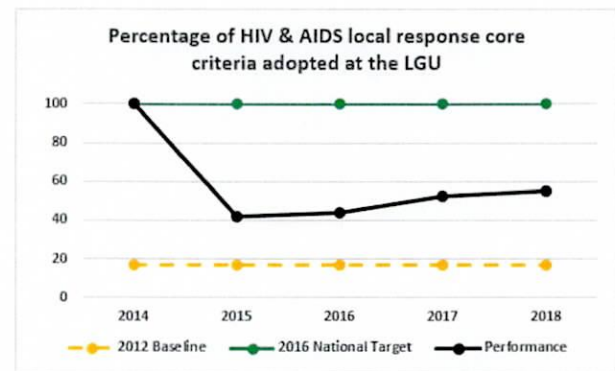
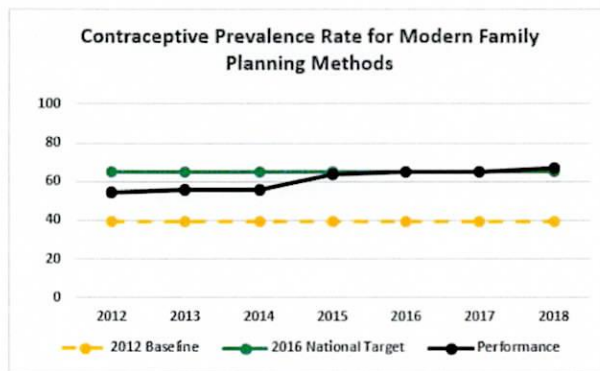


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION II – CAGAYAN VALLEY**

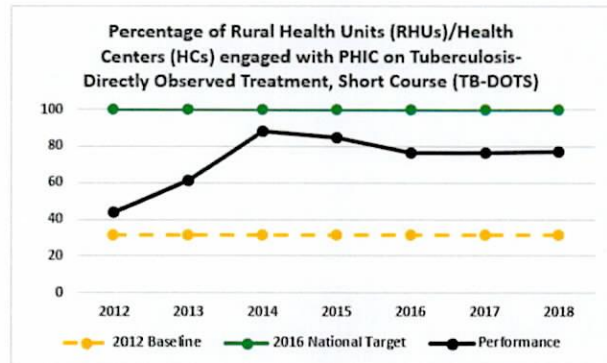
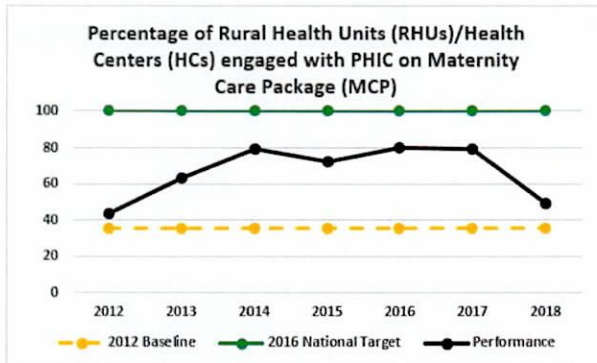
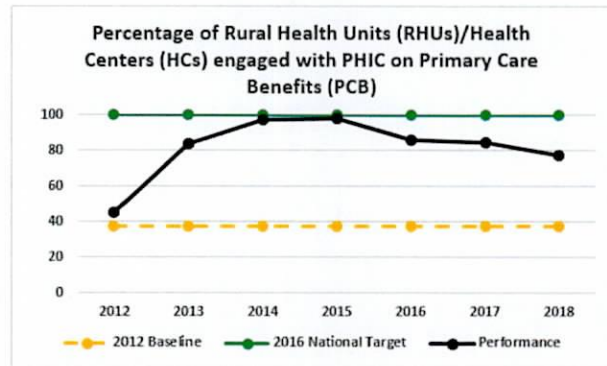
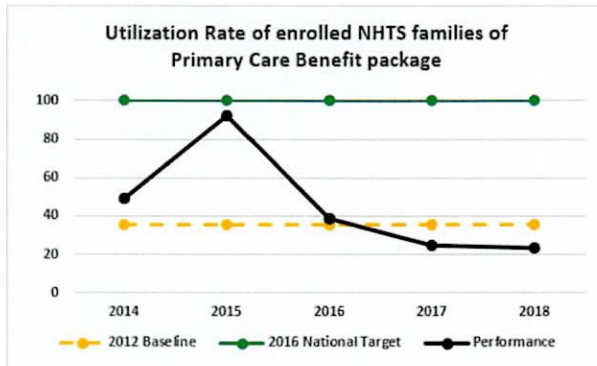


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION II – CAGAYAN VALLEY





**FINANCIAL RISK PROTECTION
REGION II – CAGAYAN VALLEY**



Regional Performance: CENTRAL LUZON (III)

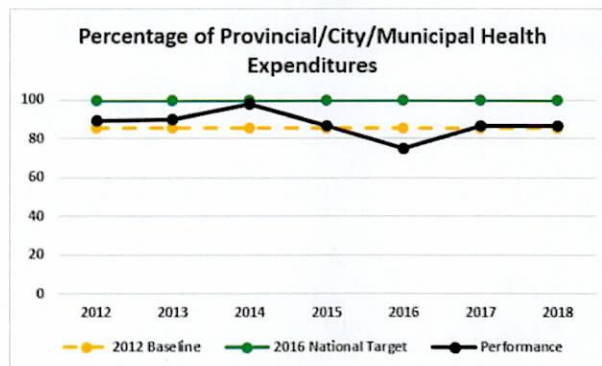
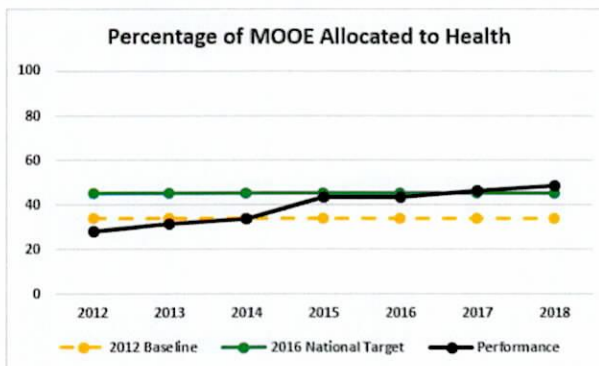
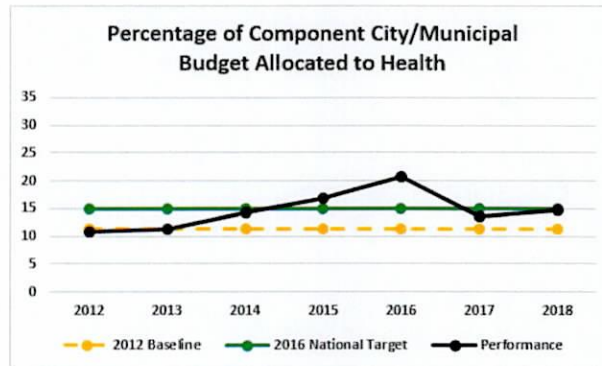
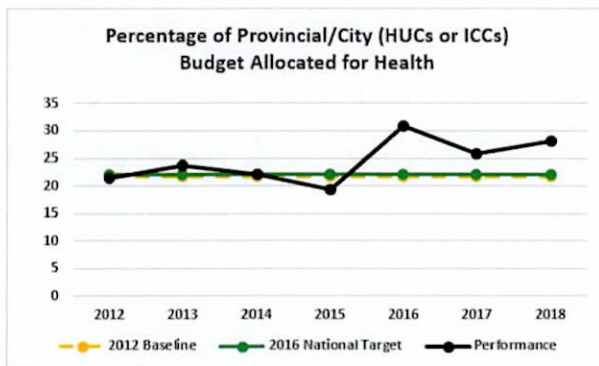
CENTRAL LUZON reported a steadily increasing TB treatment success rate and facility-based deliveries. The region excelled in meeting most of the maternal and environmental health targets, and curbed the prevalence of undernutrition among children under-five. Challenges remain in improving the primary care and public hospital services, employing the recommended number of HRH, and attaining the target for child immunization coverage.

Table 13. Summary of Regional Performance, Central Luzon (III)

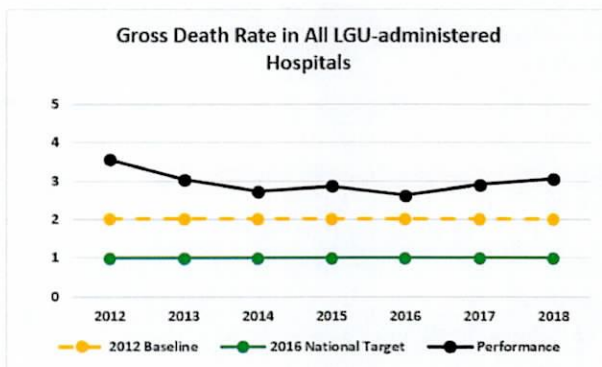
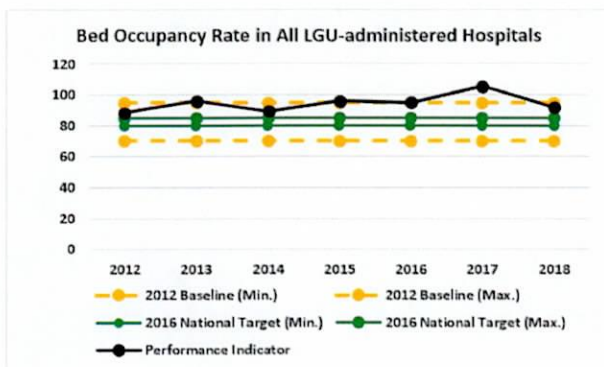
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	28.03	
% Component City/Municipal Budget Allocated to Health	F	15.00	14.77	
% MOOE Allocated to Health	F	45.00	48.68	
% Provincial/City/ Municipal Health Expenditures	F	100.00	87.01	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	92.02	
Gross Death Rate in all LGU-administered hospitals	F	1.00	3.06	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	36,567.56	
Health Center Nurse to Population Ratio	F	20,000.00	27,581.00	
Health Center Midwife to Population Ratio	F	5,000.00	7,426.56	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	66.67	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	55.56	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	I	100.00	99.26	
Blood Donation Rate	F	1.00	11.38	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	N.A	N.A	N.A	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	78.64	
TB Treatment Success rate, all forms	I	90.00	91.69	
% Fully Immunized Child	F	95.00	66.62	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	48.98	
% Facility-based Deliveries	I	90.00	96.33	
% Deliveries Attended by Skilled Health Professionals	F	90.00	94.36	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	51.91	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	81.00	
% Households with Access to Safe Water	F	88.00	94.68	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	88.79	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	92.31	
Prevalence of Underweight and Severely Underweight, 0-59 mos	F	5.00	3.70	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	94.86	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	29.60	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	69.09	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	40.98	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D- decreased steadily	S – same level as baseline	ND – no data

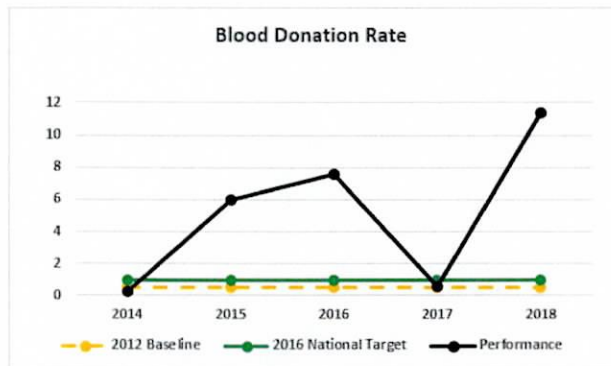
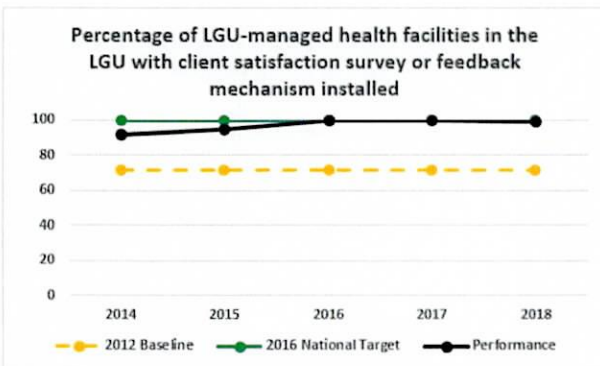
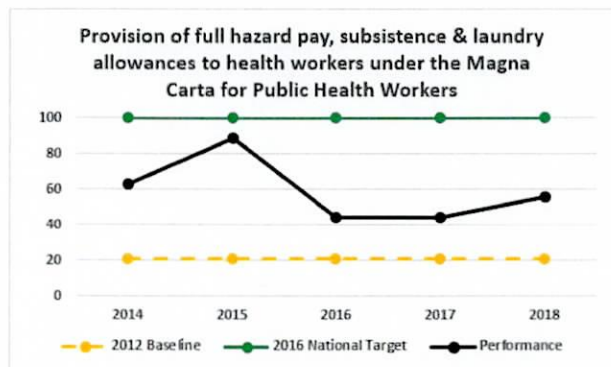
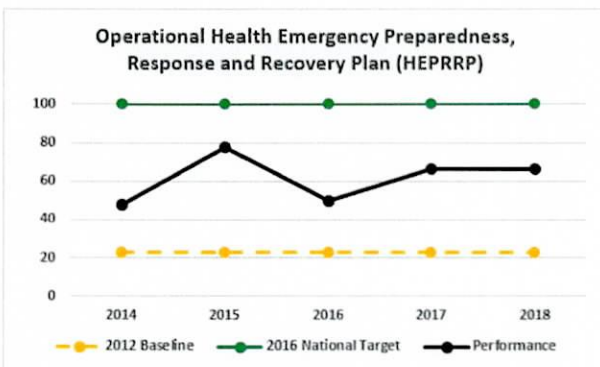
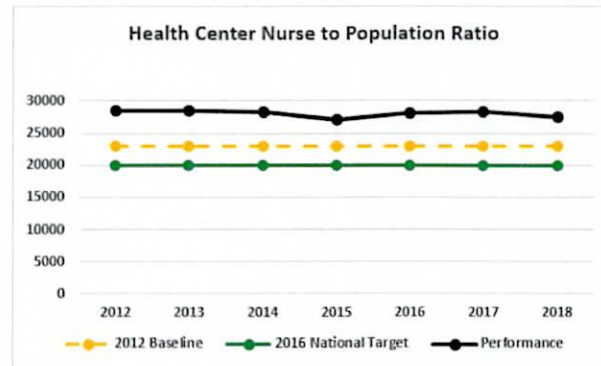
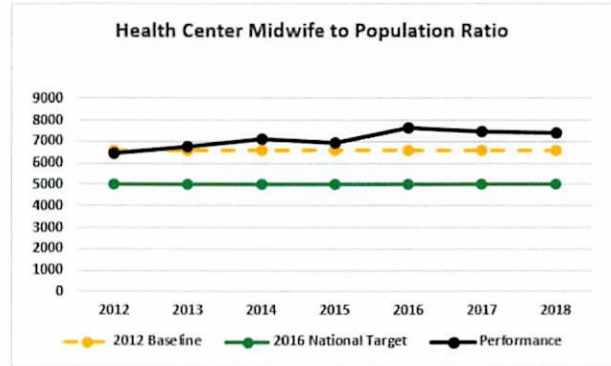
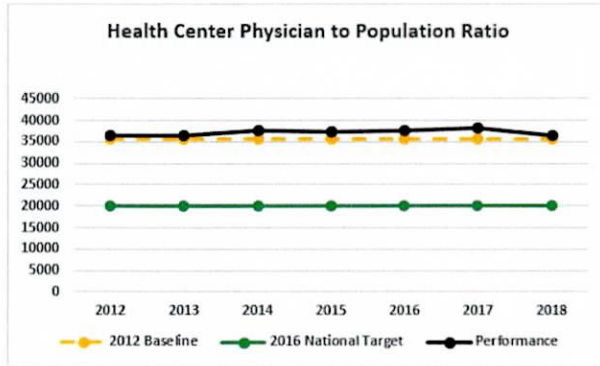
**EFFICIENT HEALTH SECTOR SPENDING
REGION III – CENTRAL LUZON**



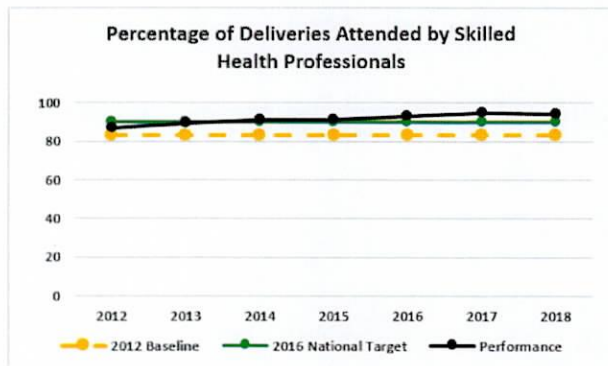
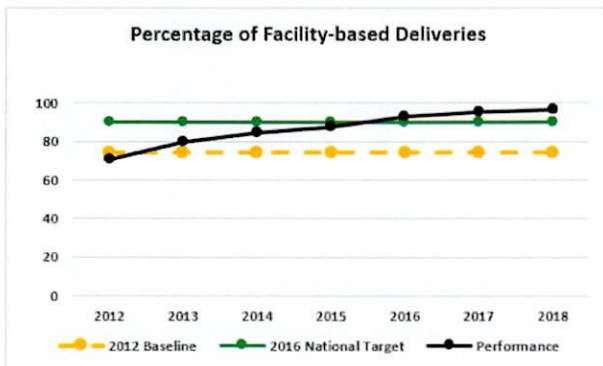
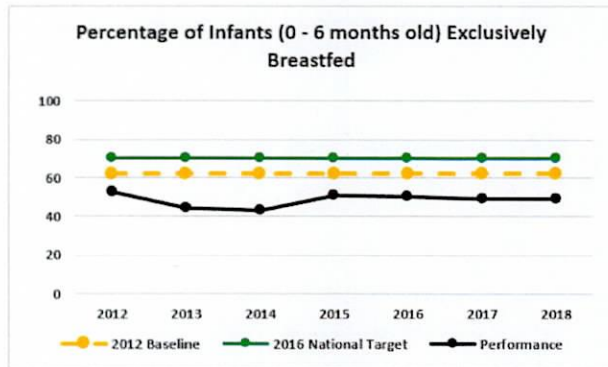
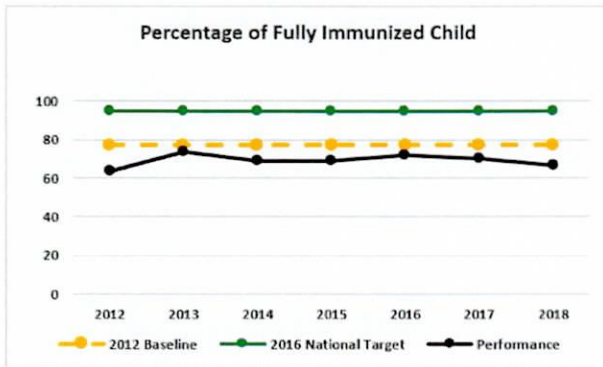
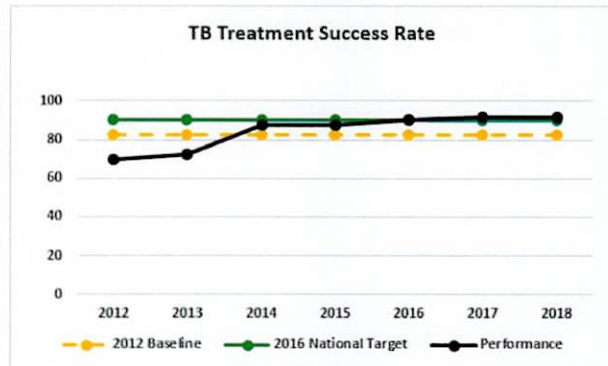
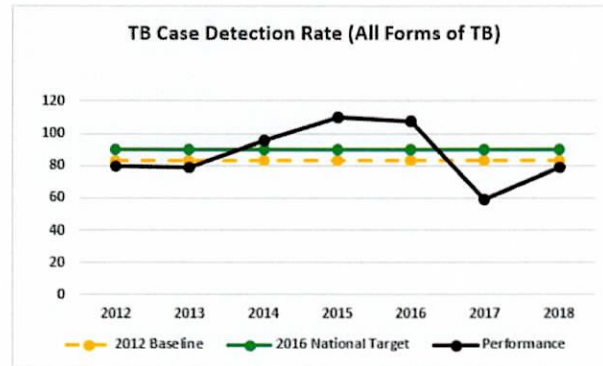
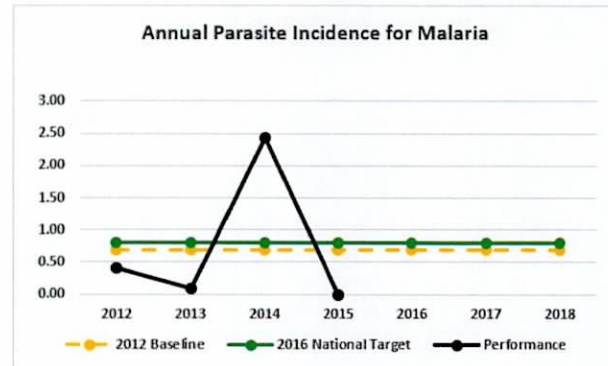
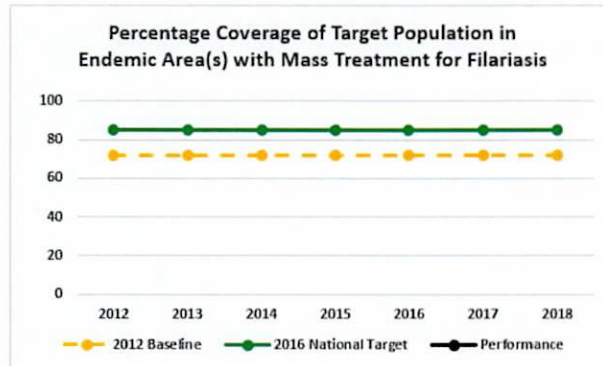
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION III – CENTRAL LUZON**

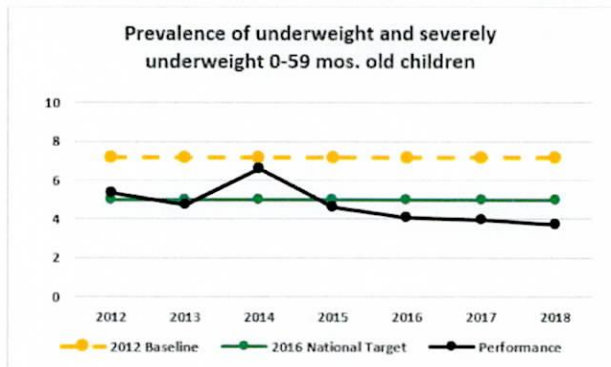
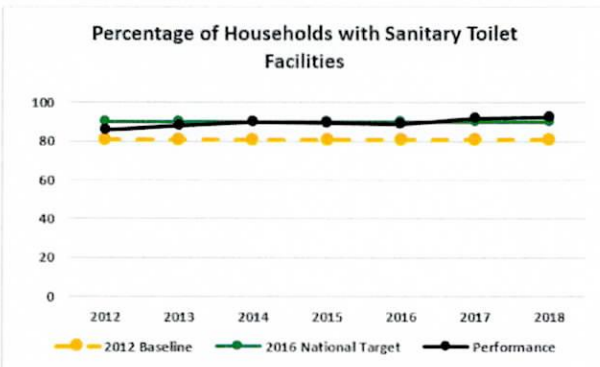
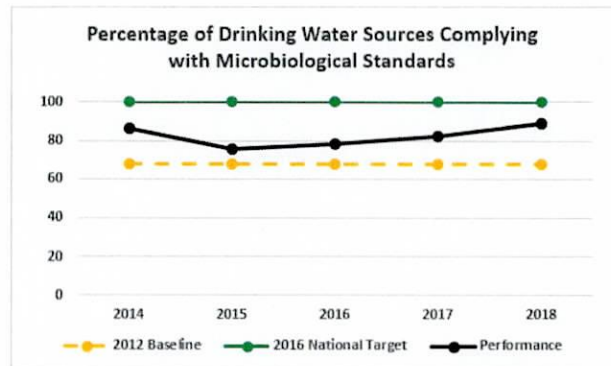
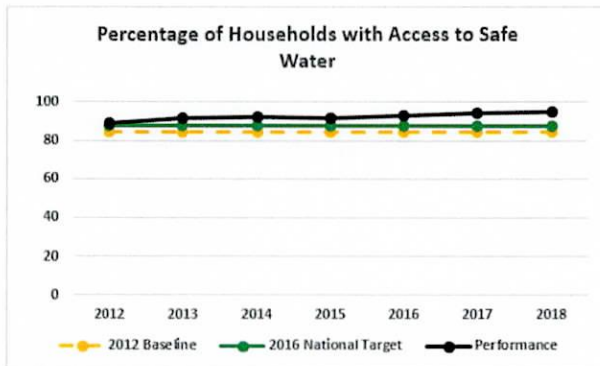
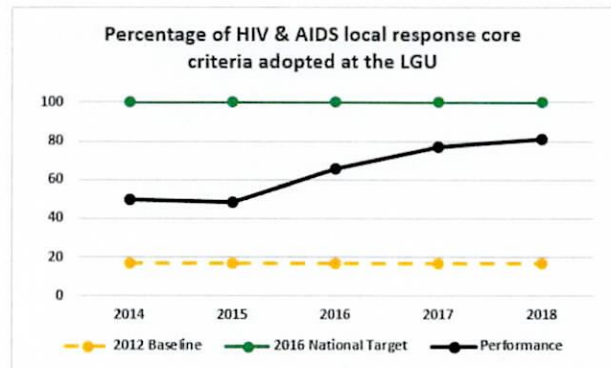
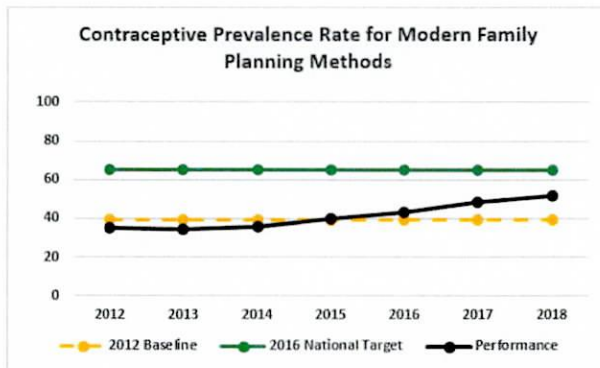


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION III – CENTRAL LUZON**

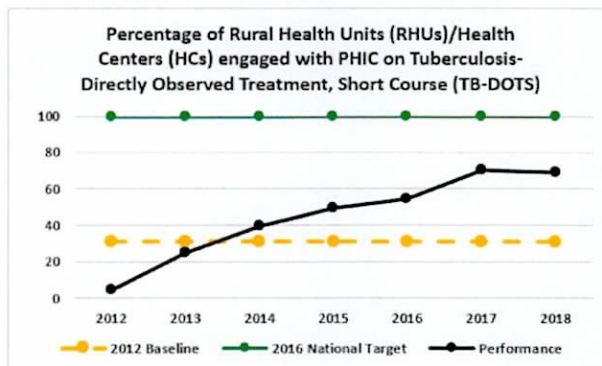
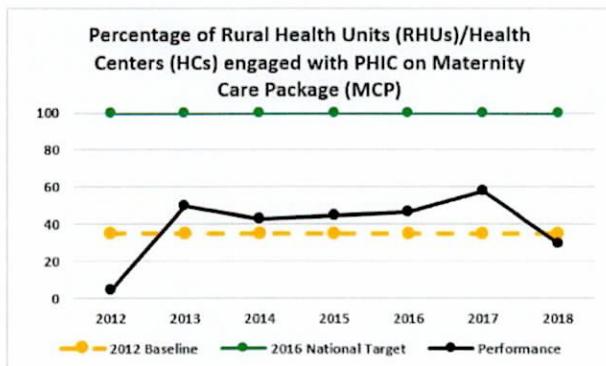
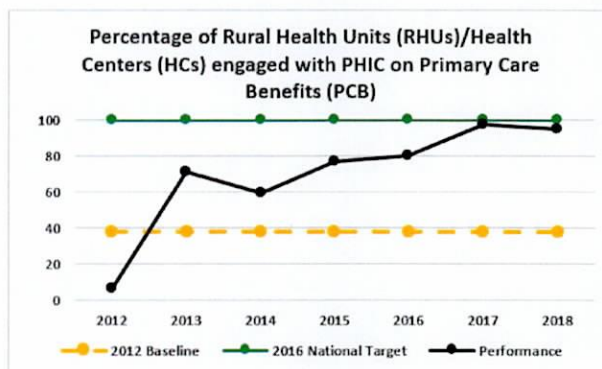
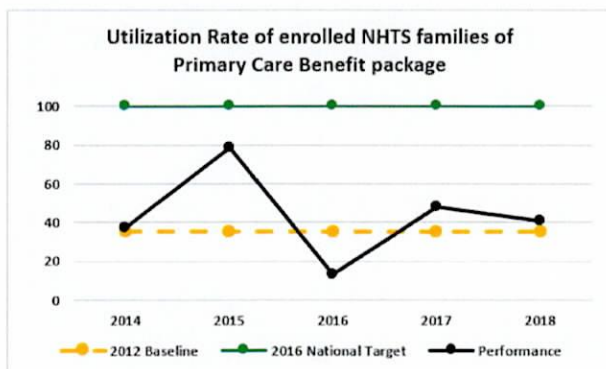


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION III – CENTRAL LUZON





**FINANCIAL RISK PROTECTION
REGION III – CENTRAL LUZON**



Regional Performance: CALABARZON (IV-A)

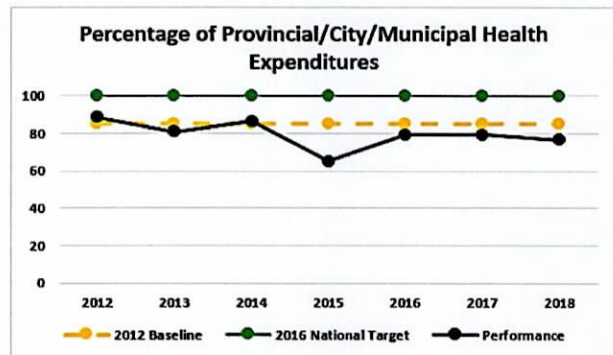
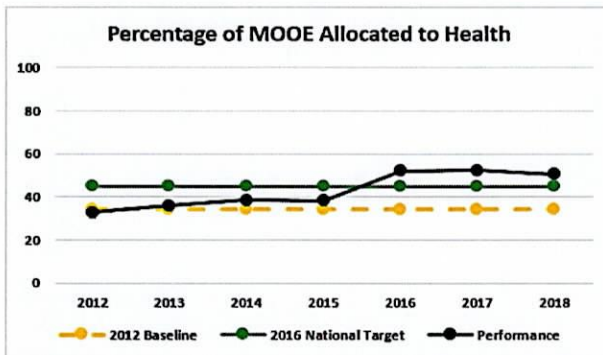
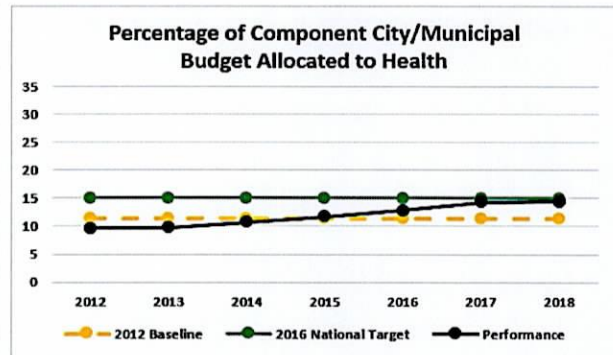
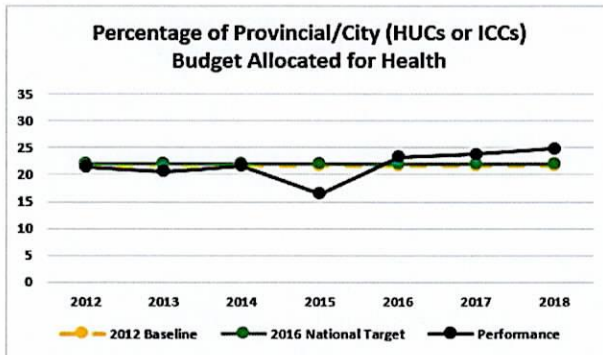
CALABARZON reported an improved LGU budget allocation for health. The region excelled in ensuring that all LGUs have an operational health emergency plan and reached the target for most maternal and environmental health indicators. Challenges remain in improving the primary care and public hospital services, employing the recommended number of HRH, and attaining the targets for child health service coverage.

Table 14. Summary of Regional Performance, CALABARZON (IV-A)

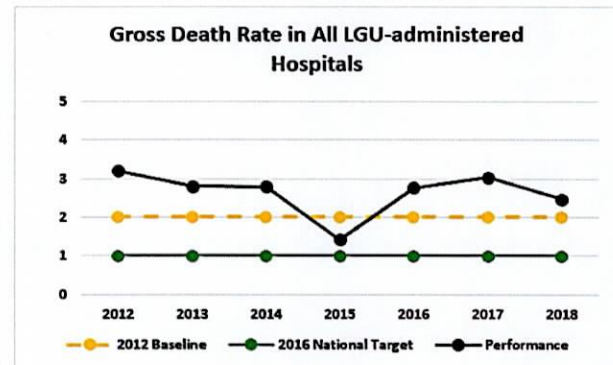
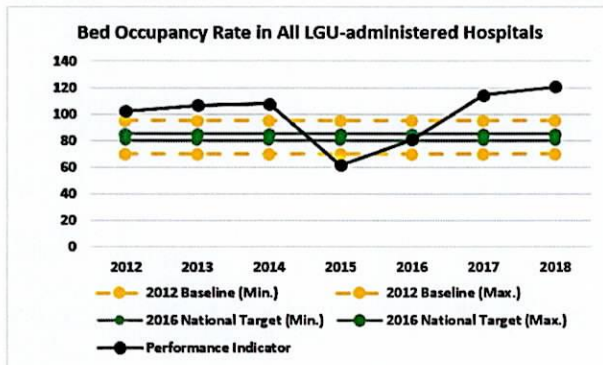
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	24.87	
% Component City/Municipal Budget Allocated to Health	I	15.00	14.42	
% MOOE Allocated to Health	F	45.00	50.56	
% Provincial/City/ Municipal Health Expenditures	F	100.00	76.66	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	120.72	
Gross Death Rate in all LGU-administered hospitals	F	1.00	2.48	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	49,467.00	
Health Center Nurse to Population Ratio	F	20,000.00	21,724.00	
Health Center Midwife to Population Ratio	F	5,000.00	9,153.00	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	100.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	42.86	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	99.92	
Blood Donation Rate	F	1.00	1.20	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	N.A	N.A	N.A	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	76.31	
TB Treatment Success rate, all forms	F	90.00	90.72	
% Fully Immunized Child	F	95.00	58.47	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	37.13	
% Facility-based Deliveries	F	90.00	92.71	
% Deliveries Attended by Skilled Health Professionals	F	90.00	94.55	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	47.51	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	59.07	
% Households with Access to Safe Water	F	88.00	91.23	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	89.75	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	88.41	
Prevalence of Underweight and Severely Underweight, 0-59 mos	F	5.00	5.51	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	74.07	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	52.14	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	53.19	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	44.91	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D – decreased steadily	S – same level as baseline	ND – no data

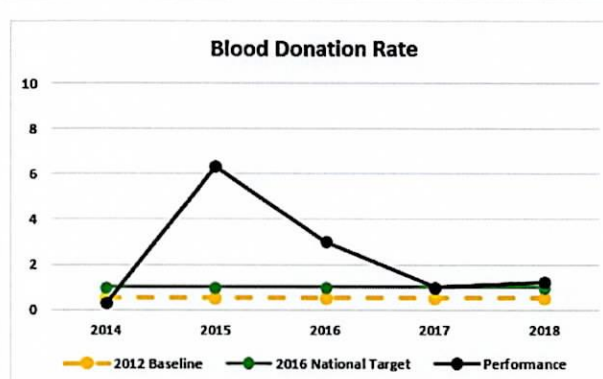
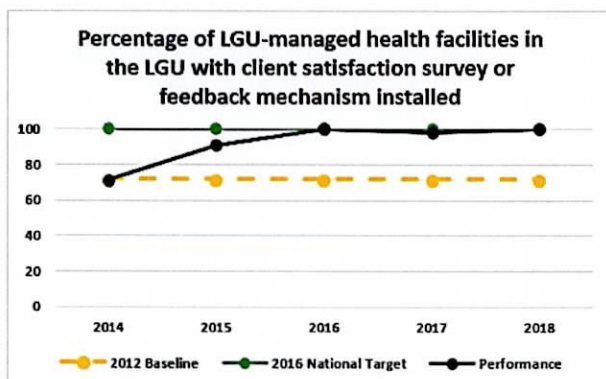
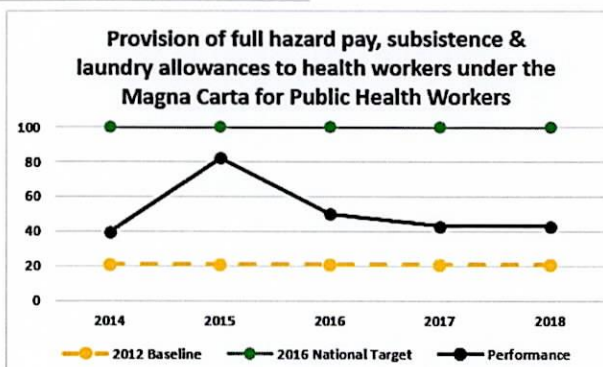
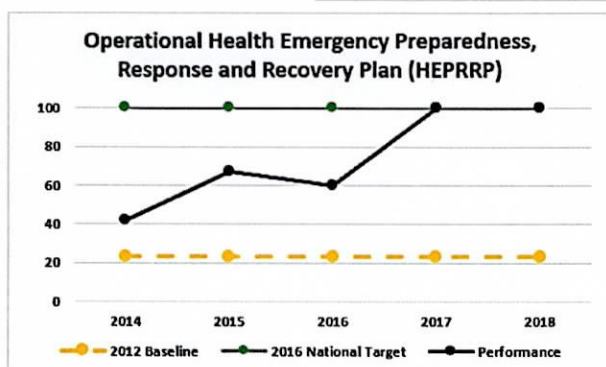
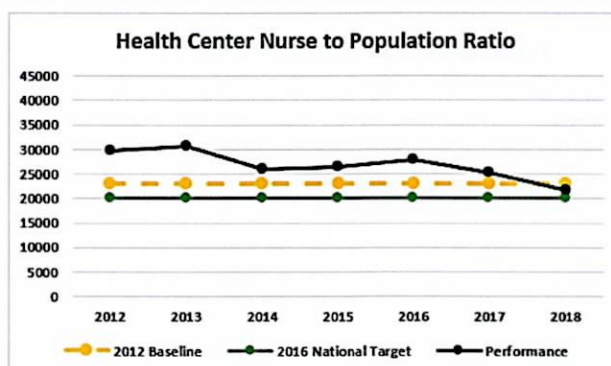
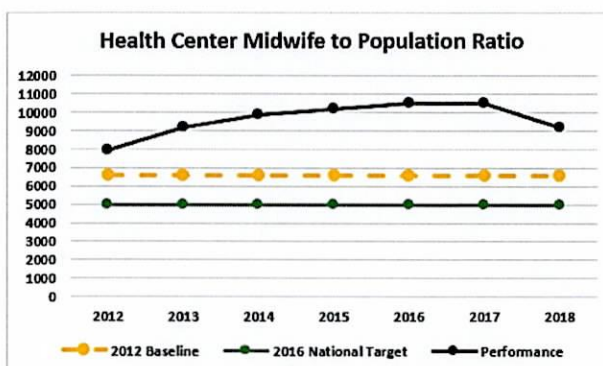
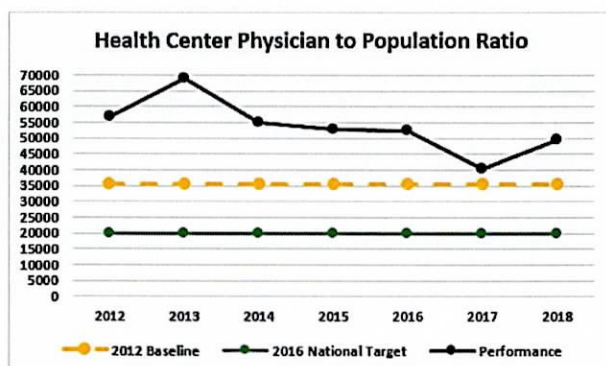
**EFFICIENT HEALTH SECTOR SPENDING
REGION IV-A – CALABARZON**



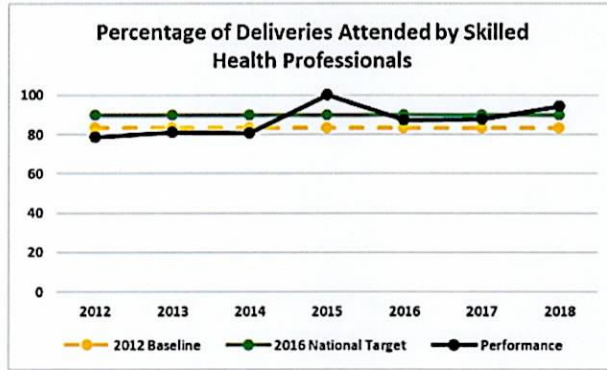
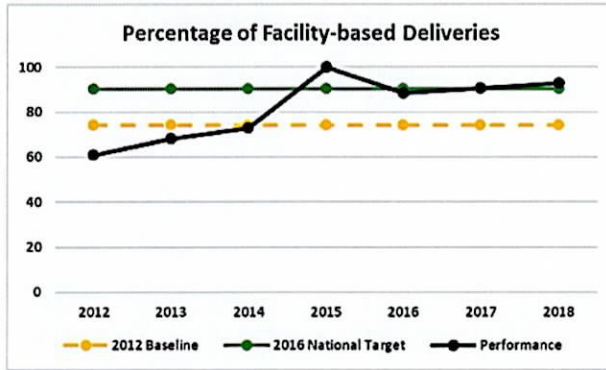
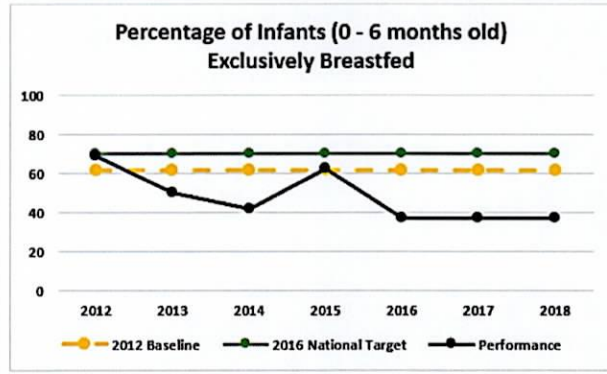
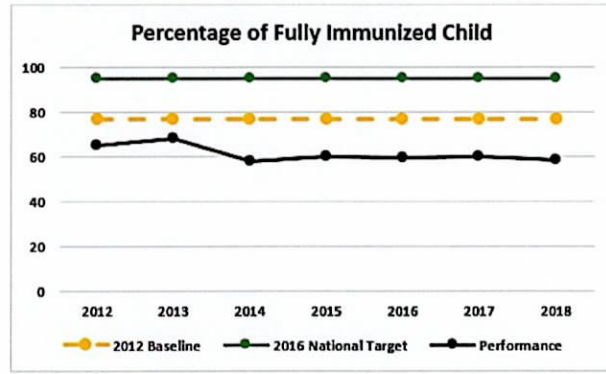
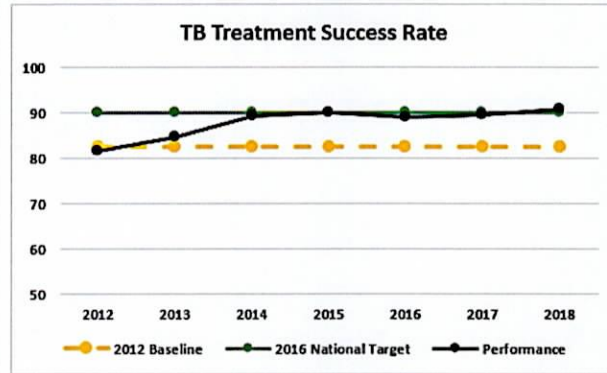
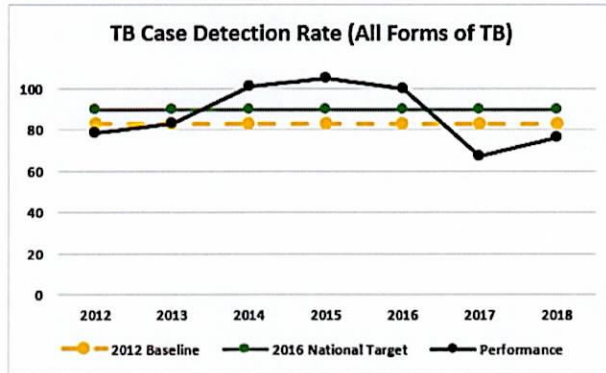
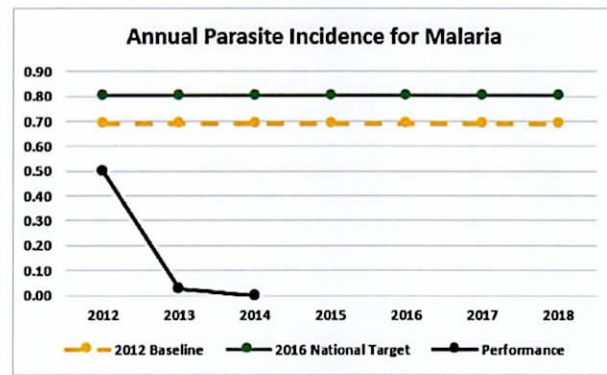
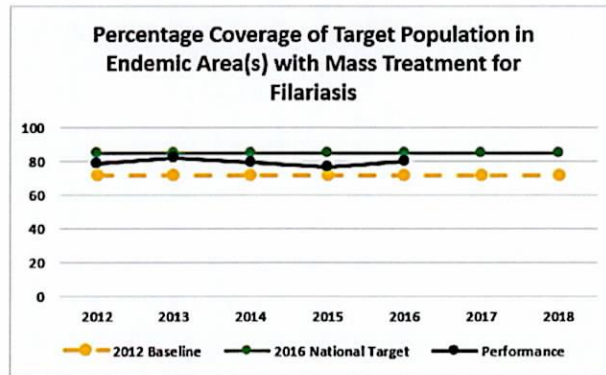
**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION IV-A – CALABARZON**

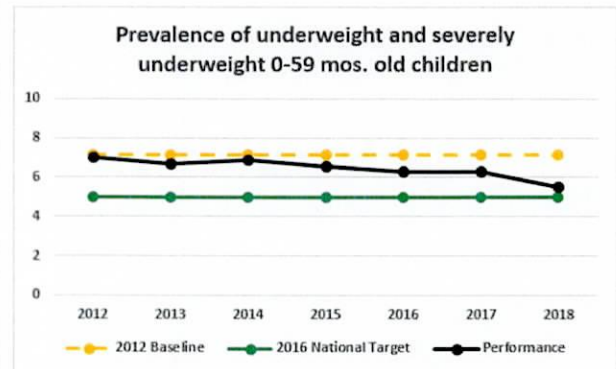
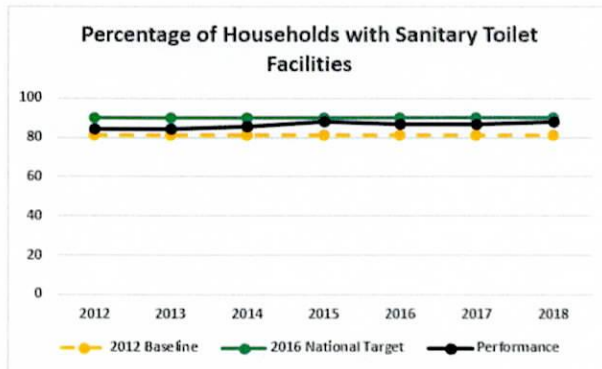
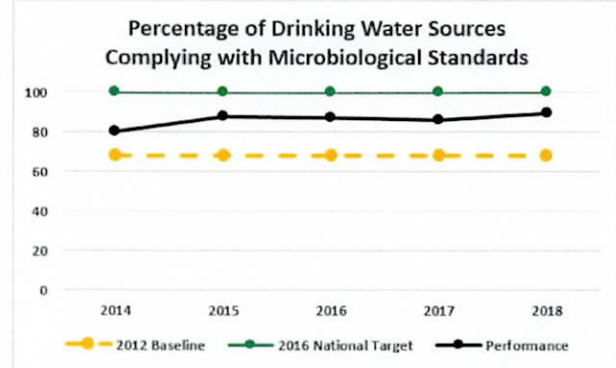
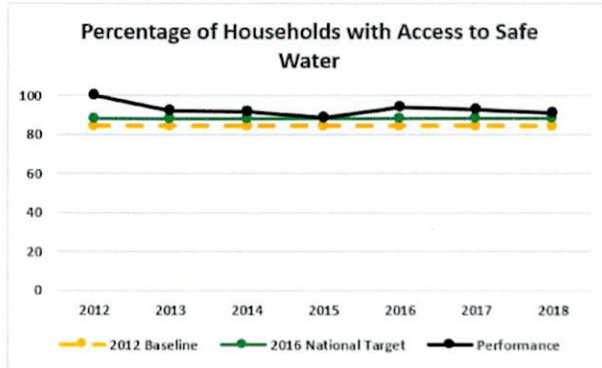
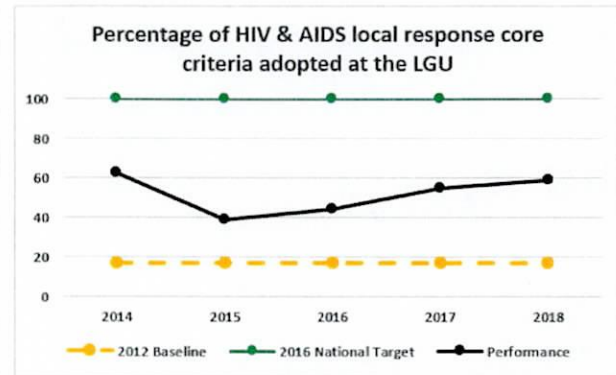
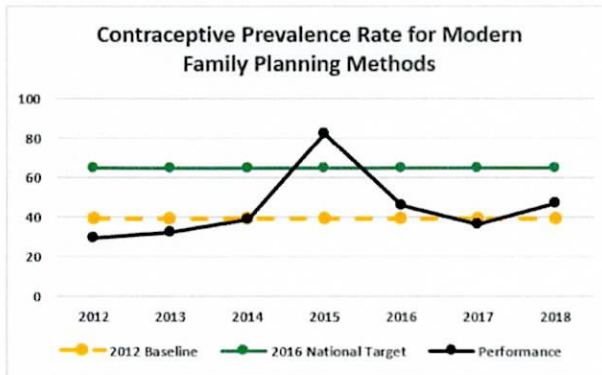


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION IV-A – CALABARZON**

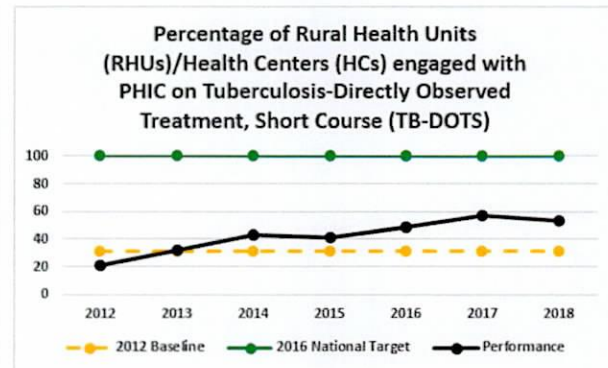
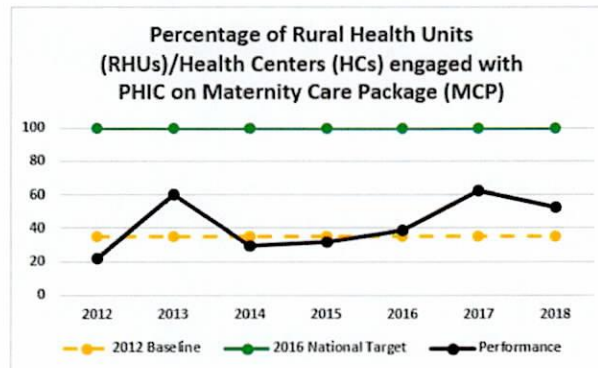
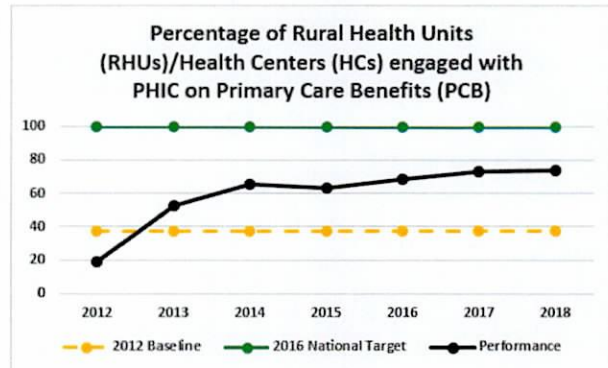
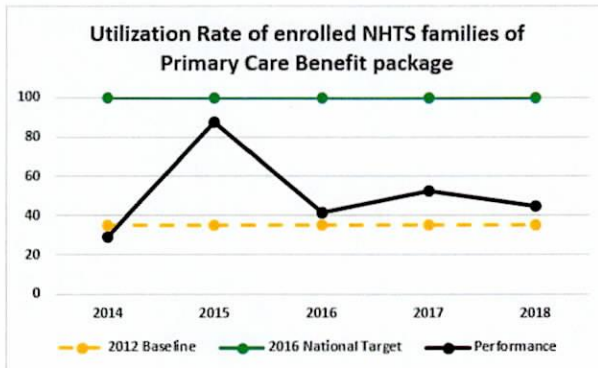


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION IV-A – CALABARZON





**FINANCIAL RISK PROTECTION
REGION IV-A – CALABARZON**



Regional Performance: MIMAROPA (IV-B)

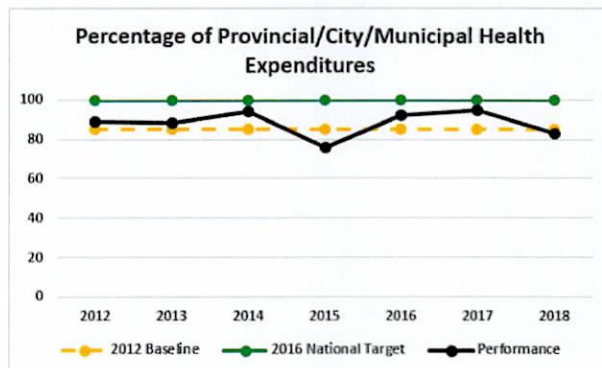
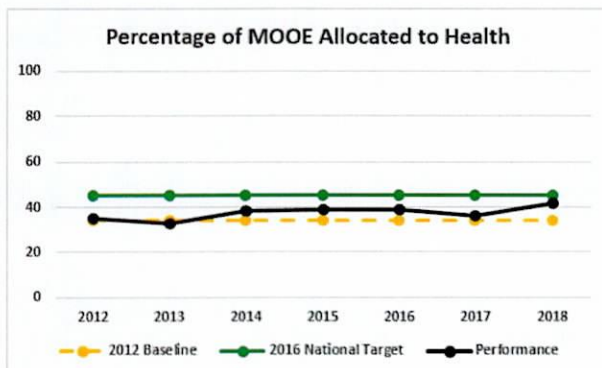
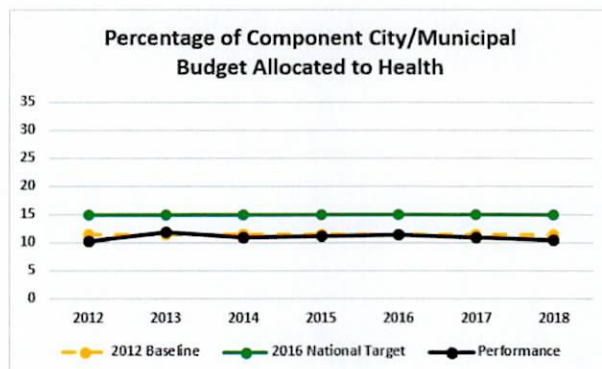
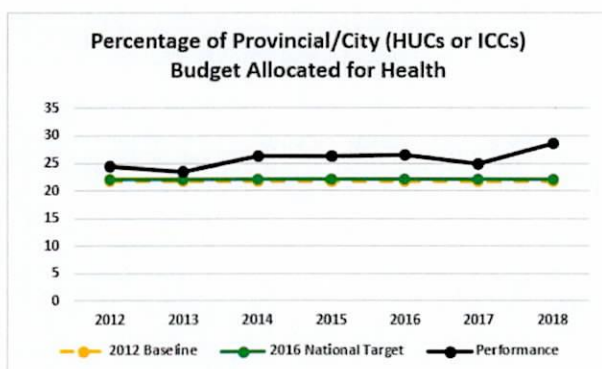
MIMAROPA reported an improved budget allocation for health among its provinces, HUCs, and ICCs. The region also has installed mechanisms to monitor client satisfaction in all its LGU-managed health facilities. Challenges remain in utilizing the budget allocation for health, improving the primary care and public hospital services, and attaining the target for child immunization coverage.

Table 15. Summary of Regional Performance, MIMAROPA (IV-B)

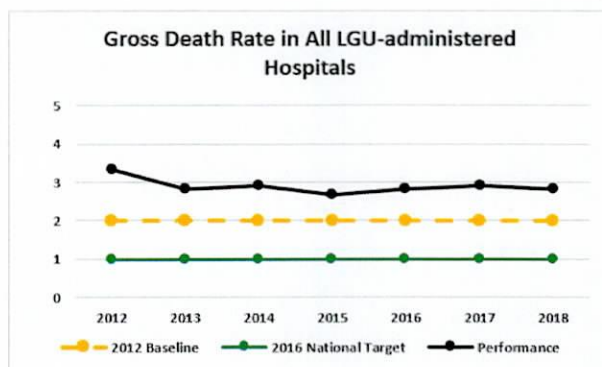
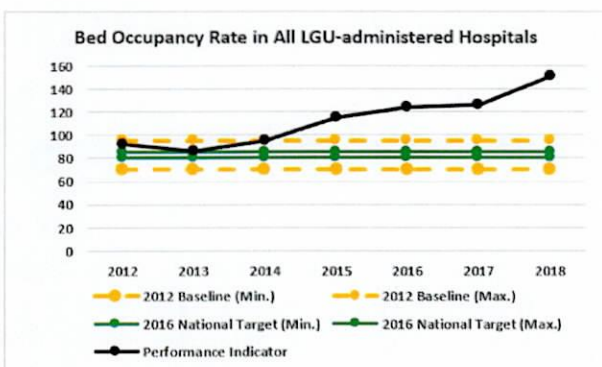
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	28.72	
% Component City/Municipal Budget Allocated for Health	F	15.00	10.36	
% MOOE Allocated to Health	F	45.00	41.99	
% Provincial/City/ Municipal Health Expenditures	F	100.00	82.81	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	151.07	
Gross Death Rate in all LGU-administered hospitals	F	1.00	2.83	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	32,829.83	
Health Center Nurse to Population Ratio	F	20,000.00	21,543.50	
Health Center Midwife to Population Ratio	F	5,000.00	5,476.50	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	50.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	83.33	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	I	100.00	100.00	
Blood Donation Rate	F	1.00	1.06	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	F	85.00	25.70	
Annual Parasite Incidence for Malaria	F	0.80	1.67	
TB Case Detection Rate, all forms	F	90.00	58.43	
TB Treatment Success rate, all forms	F	90.00	86.18	
% Fully Immunized Child	F	95.00	65.84	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	51.13	
% Facility-based Deliveries	I	90.00	88.81	
% Deliveries Attended by Skilled Health Professionals	F	90.00	83.60	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	60.55	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	48.13	
% Households with Access to Safe Water	F	88.00	89.27	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	67.60	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	84.10	
Prevalence of Underweight and Severely Underweight, 0-59 mos	F	5.00	6.87	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	96.23	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	48.50	
% RHUs/HCs engaged with PHIC on TB-DOTS	I	100.00	82.84	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	41.78	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D- decreased steadily	S – same level as baseline	ND – no data

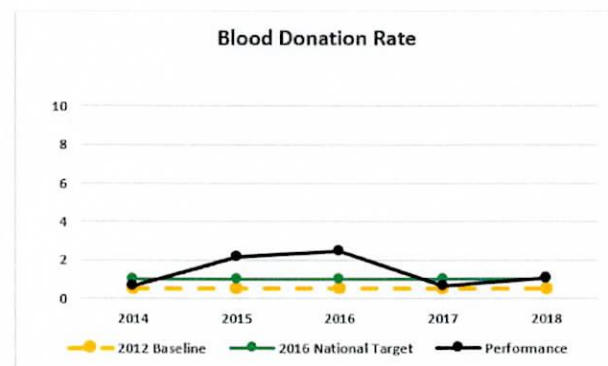
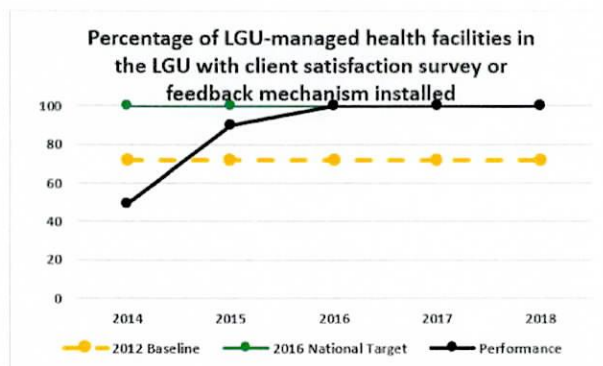
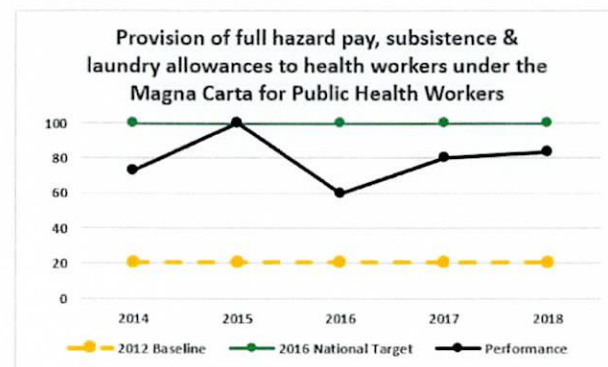
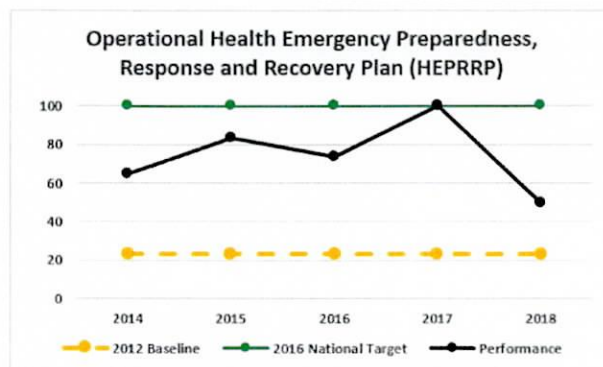
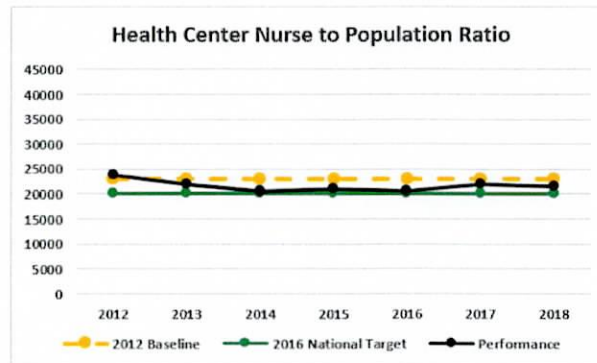
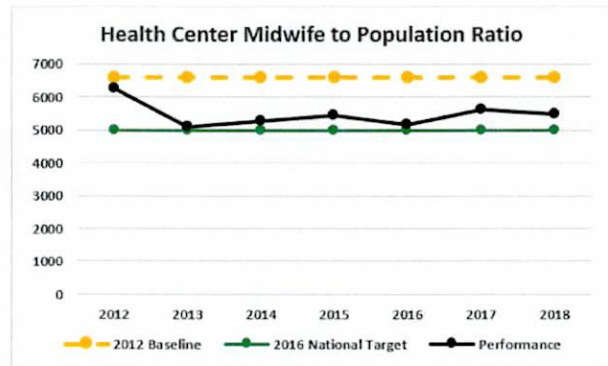
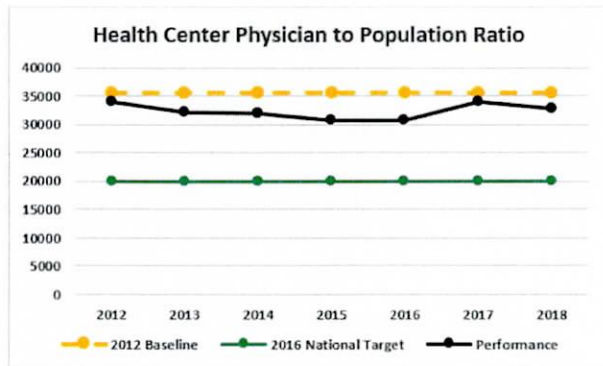
**EFFICIENT HEALTH SECTOR SPENDING
REGION 4B – MIMAROPA**



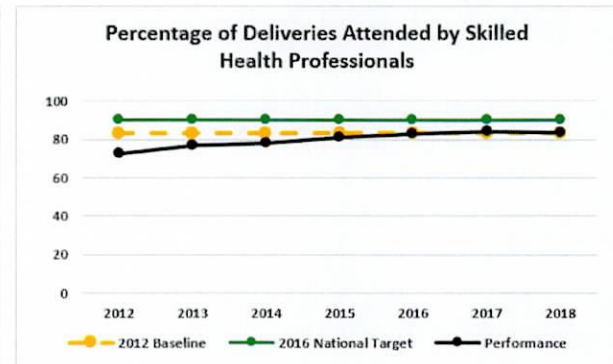
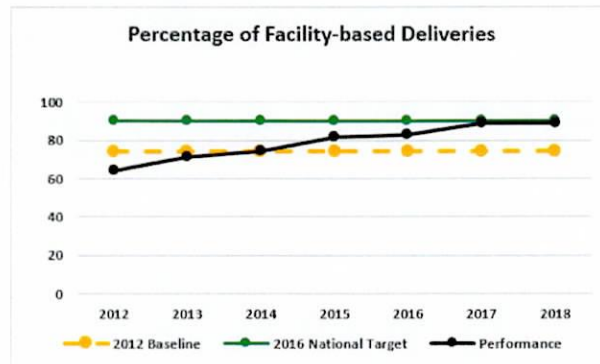
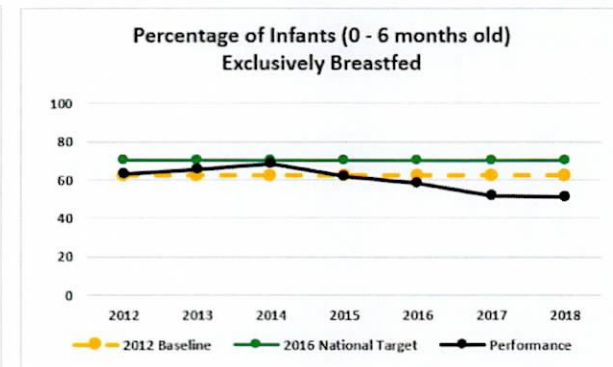
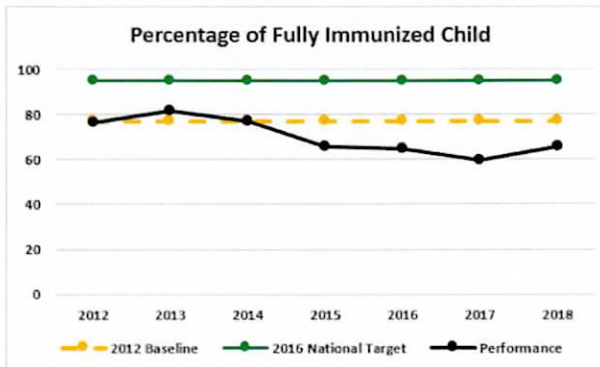
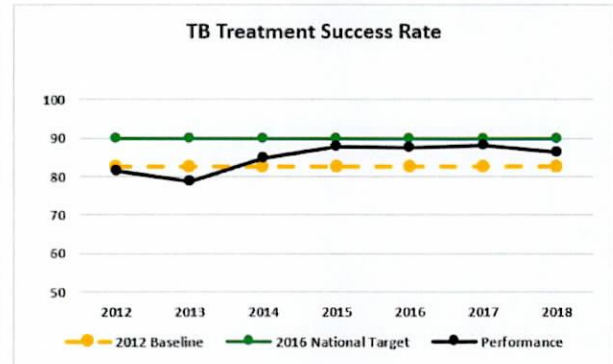
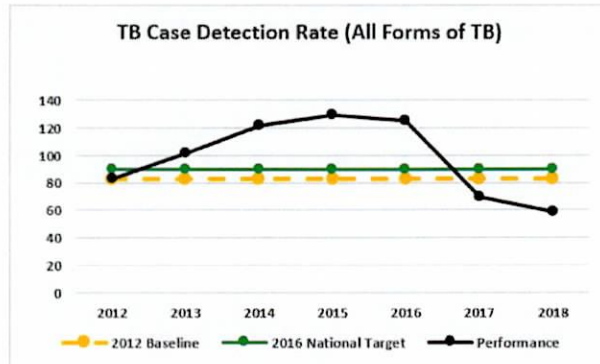
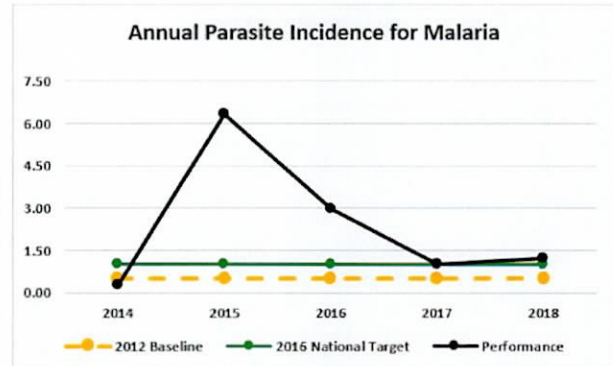
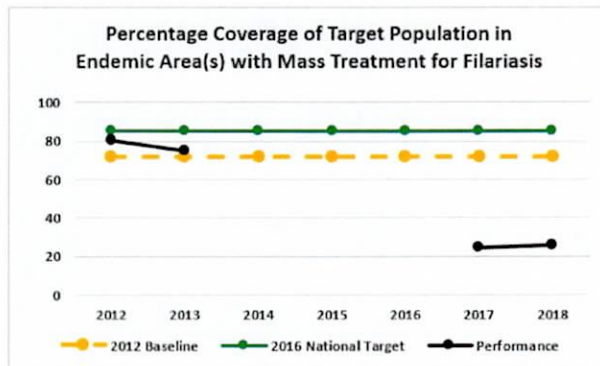
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION 4B – MIMAROPA**

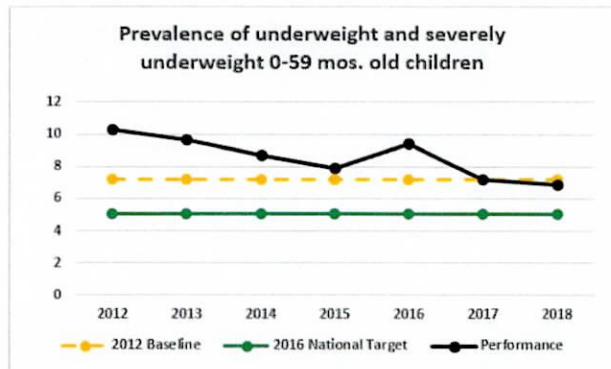
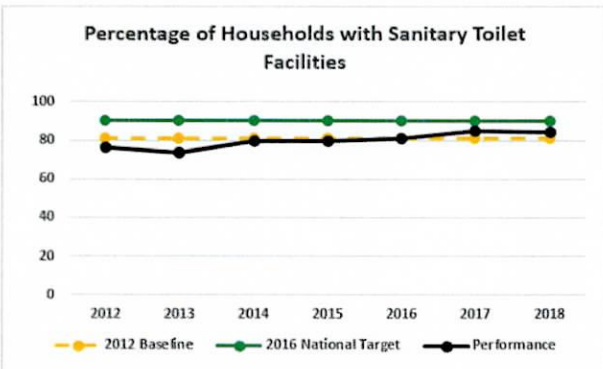
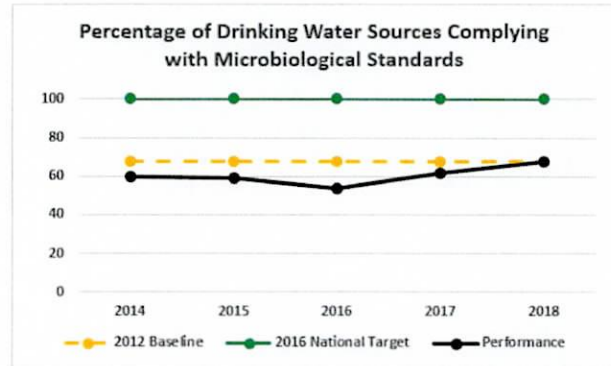
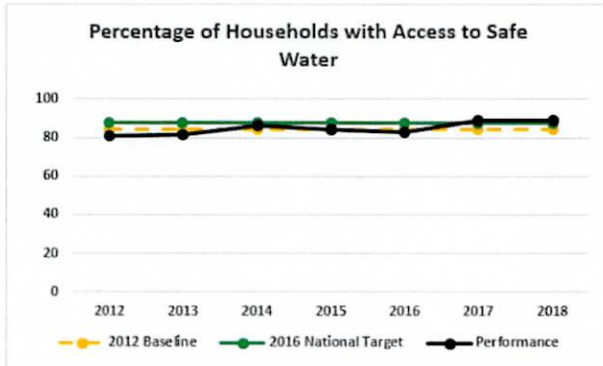
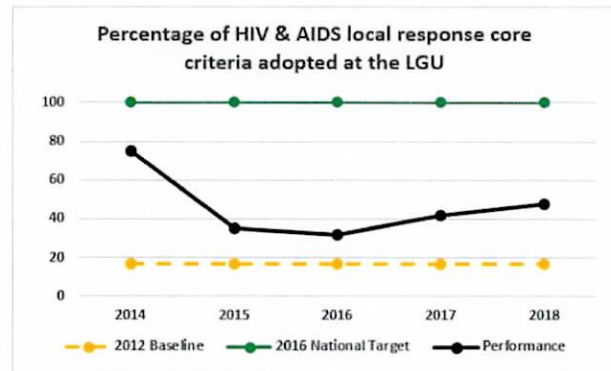
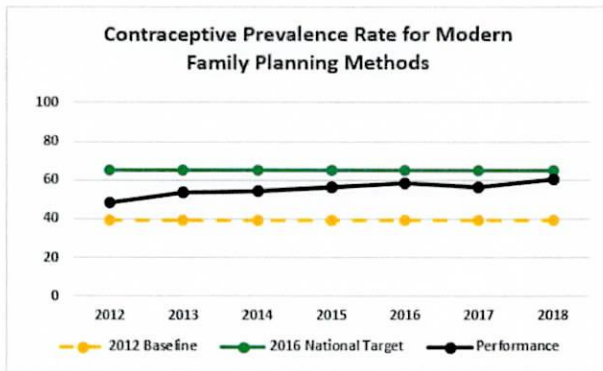


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION 4B – MIMAROPA**

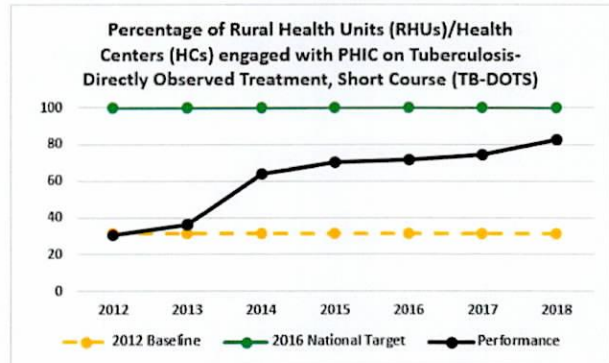
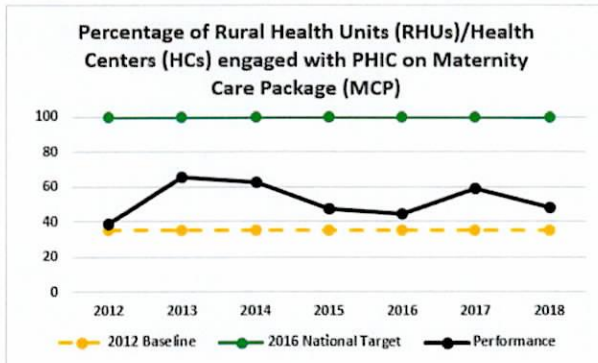
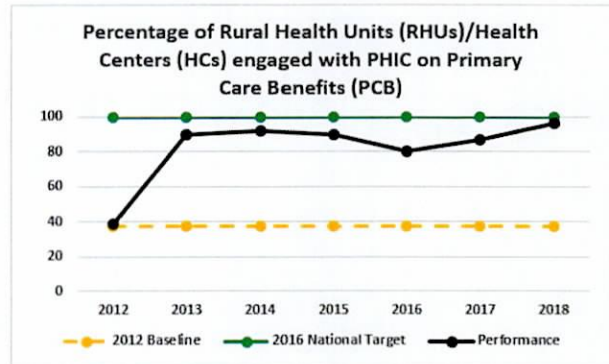
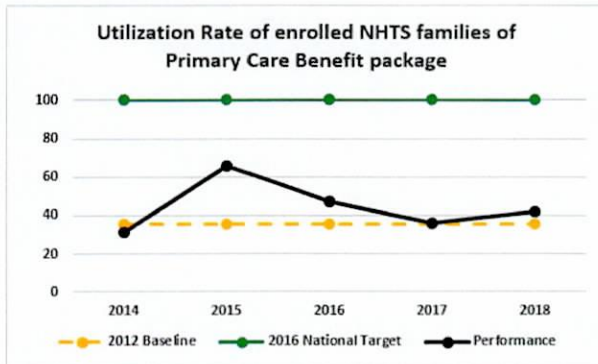


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION 4B – MIMAROPA





FINANCIAL RISK PROTECTION
REGION 4B – MIMAROPA



Regional Performance: BICOL REGION (V)

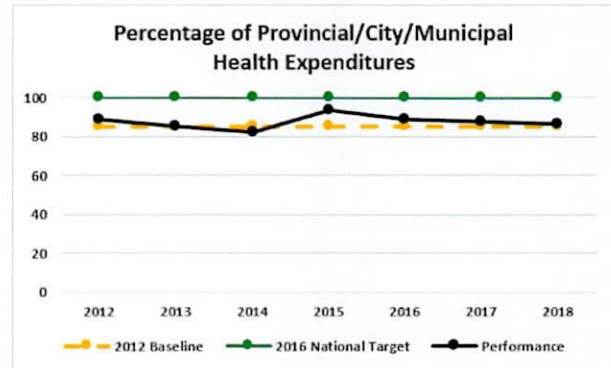
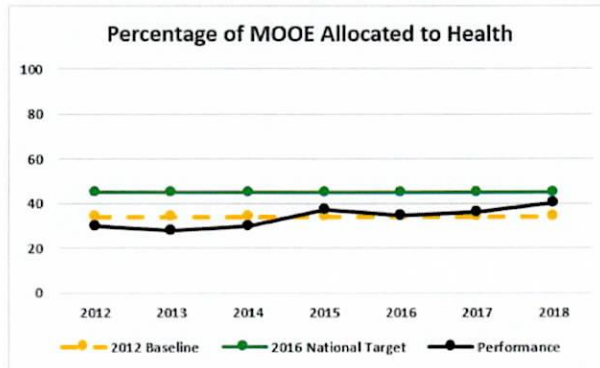
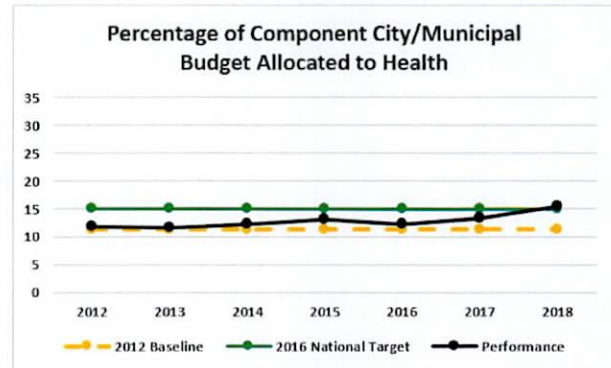
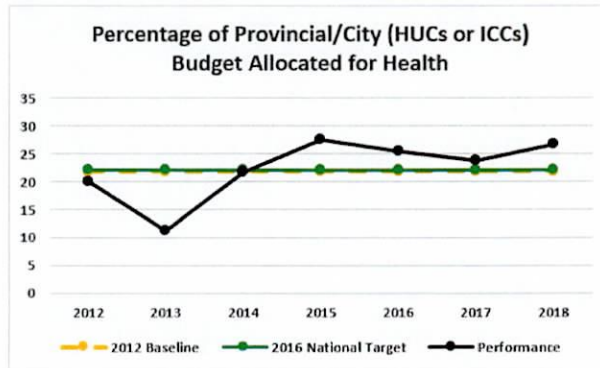
BICOL REGION reported an improved LGU budget allocation for health. The region also increased their maternal and environmental health service coverage and installed mechanisms to monitor client satisfaction in all its LGU-managed health facilities. Challenges remain in improving the primary care and public hospital services, employing the recommended number of HRH, and attaining the targets for child health service coverage.

Table 16. Summary of Regional Performance, Bicol Region (V)

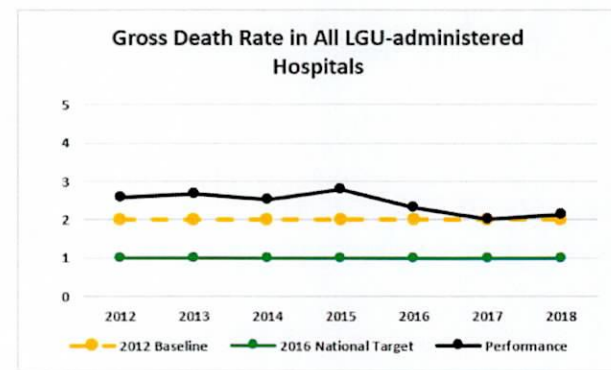
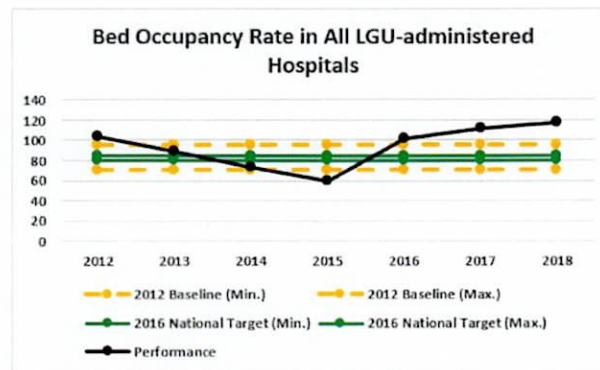
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	26.65	
% Component City/Municipal Budget Allocated to Health	F	15.00	15.31	
% MOOE Allocated to Health	F	45.00	40.26	
% Provincial/City/ Municipal Health Expenditures	F	100.00	86.32	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	117.96	
Gross Death Rate in all LGU-administered hospitals	F	1.00	2.13	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	37,673.14	
Health Center Nurse to Population Ratio	F	20,000.00	24,497.86	
Health Center Midwife to Population Ratio	F	5,000.00	6,355.71	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	71.43	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	57.14	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	100.00	
Blood Donation Rate	F	1.00	2.19	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	N.A	N.A	N.A	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	78.52	
TB Treatment Success rate, all forms	F	90.00	92.13	
% Fully Immunized Child	F	95.00	67.05	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	62.07	
% Facility-based Deliveries	I	90.00	95.11	
% Deliveries Attended by Skilled Health Professionals	F	90.00	89.32	
Contraceptive Prevalence Rate for Modern Family Planning Methods	I	65.00	62.11	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	58.64	
% Households with Access to Safe Water	F	88.00	88.65	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	75.36	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	81.29	
Prevalence of Underweight and Severely Underweight, 0-59 mos children	F	5.00	9.20	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	82.47	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	50.99	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	64.15	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	42.82	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily D – decreased steadily	F – fluctuated S – same level as baseline	N.A – not applicable ND – no data

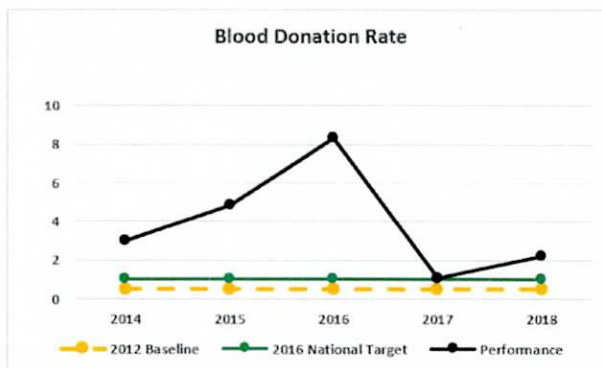
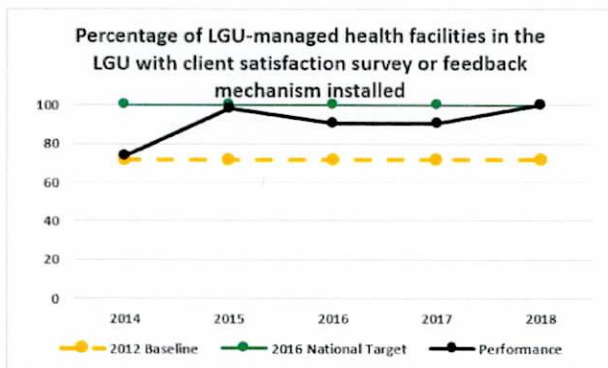
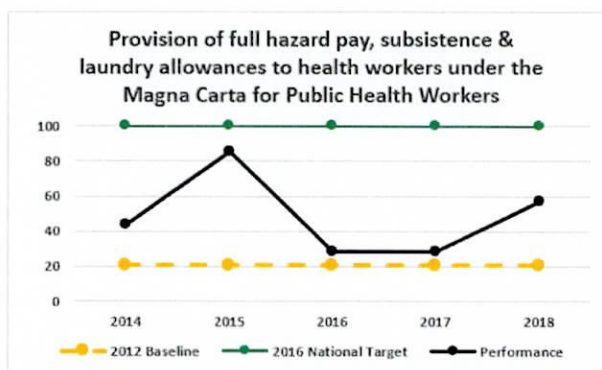
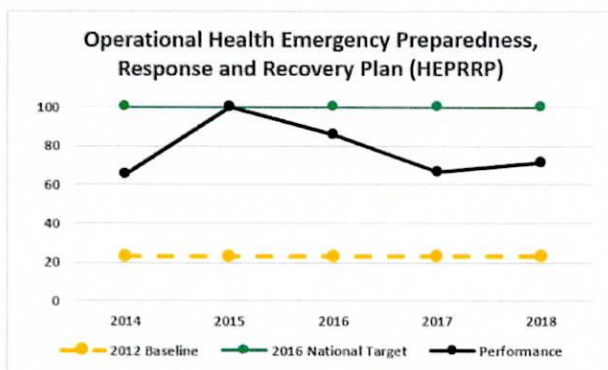
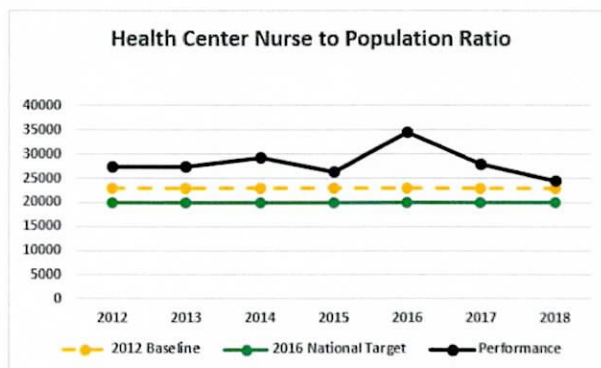
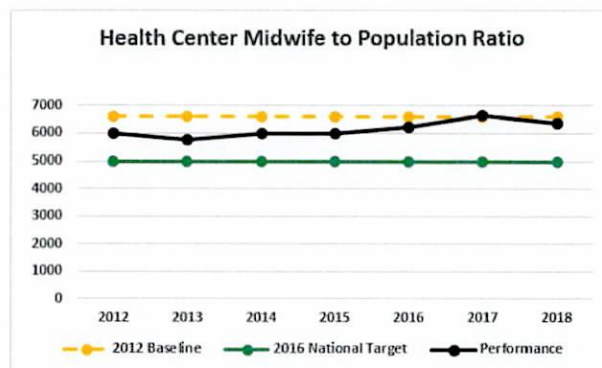
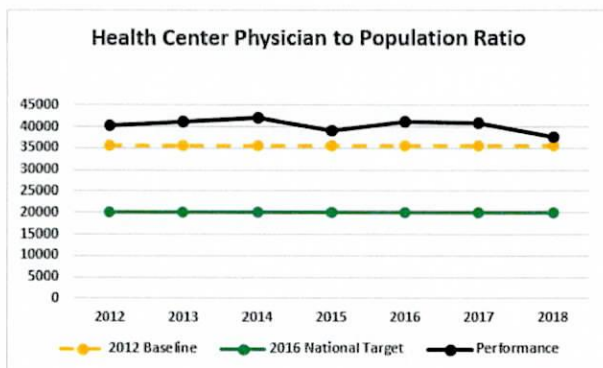
**EFFICIENT HEALTH SECTOR SPENDING
REGION V – BICOL REGION**



**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION V – BICOL REGION**

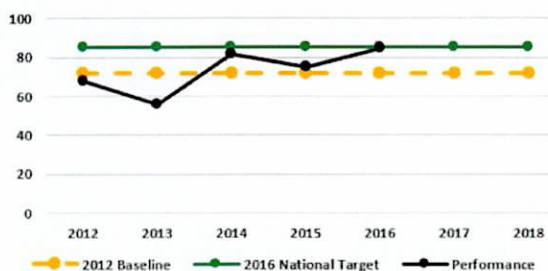


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION V – BICOL REGION**

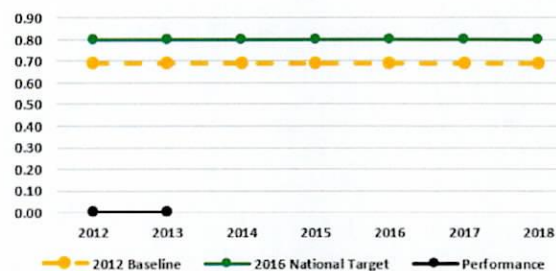


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION V – BICOL REGION

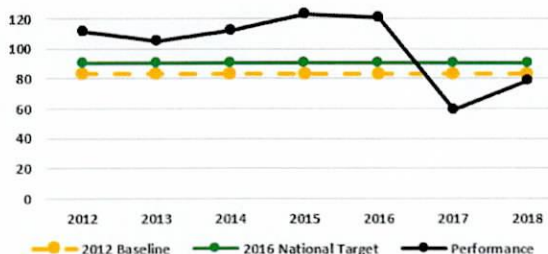
Percentage Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis



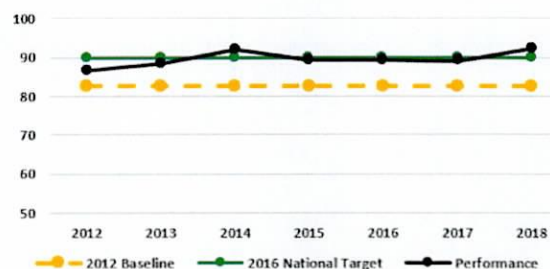
Annual Parasite Incidence for Malaria



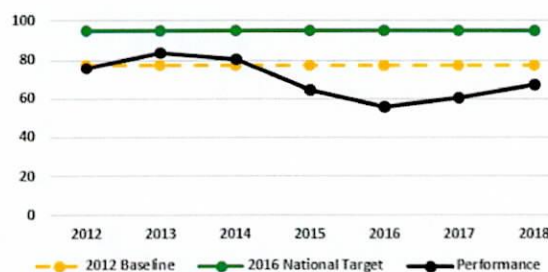
TB Case Detection Rate (All Forms of TB)



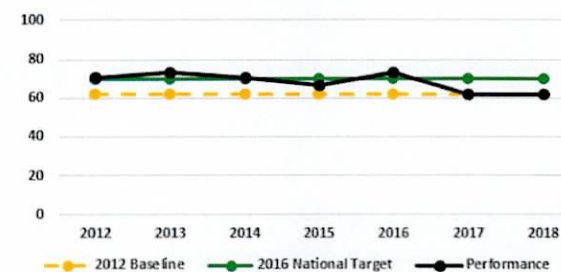
TB Treatment Success Rate



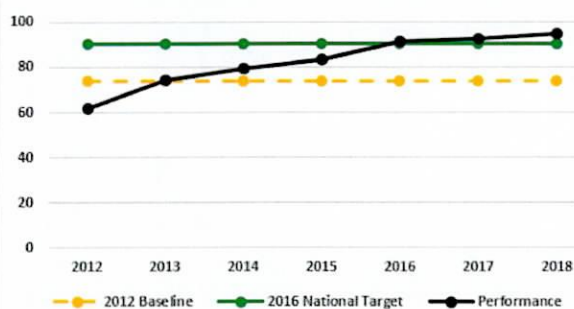
Percentage of Fully Immunized Child



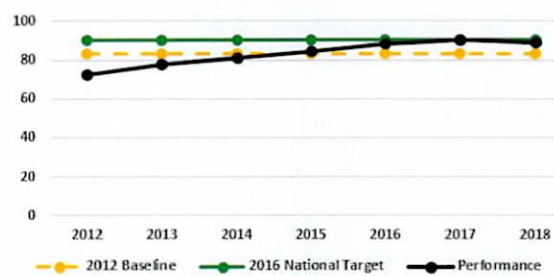
Percentage of Infants (0 - 6 months old) Exclusively Breastfed

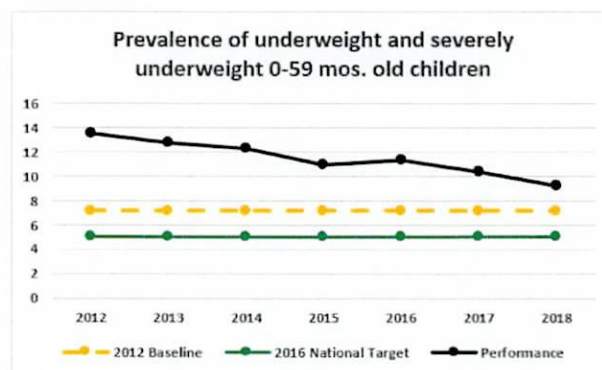
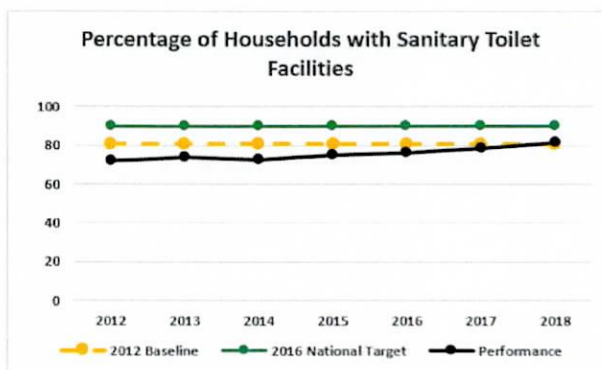
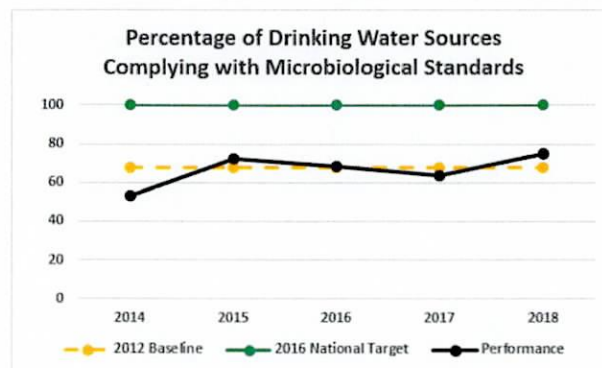
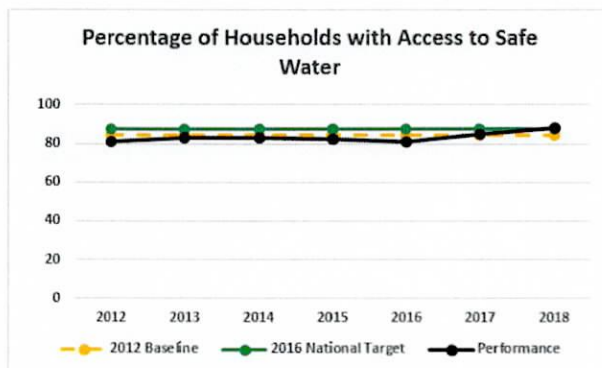
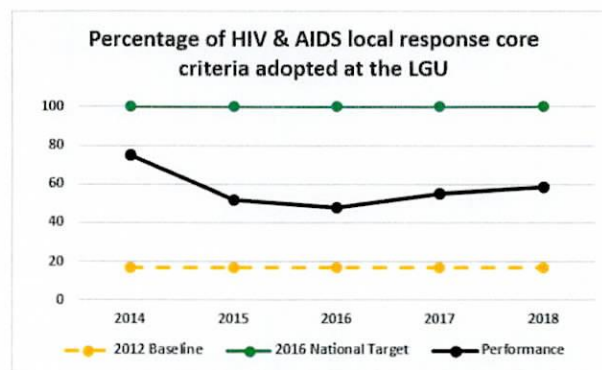
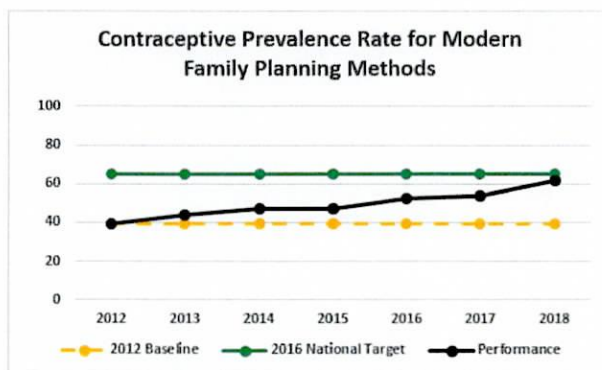


Percentage of Facility-based Deliveries

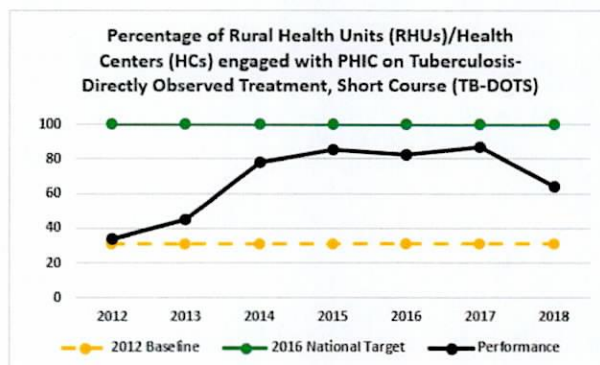
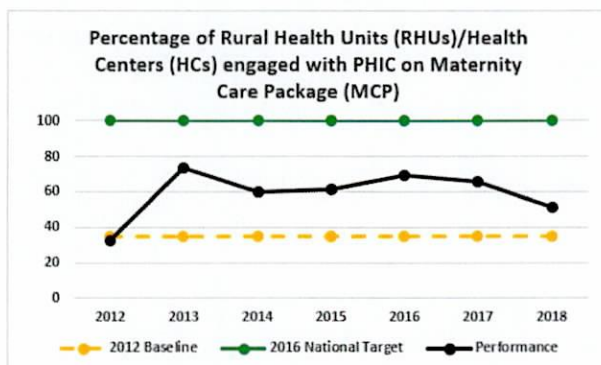
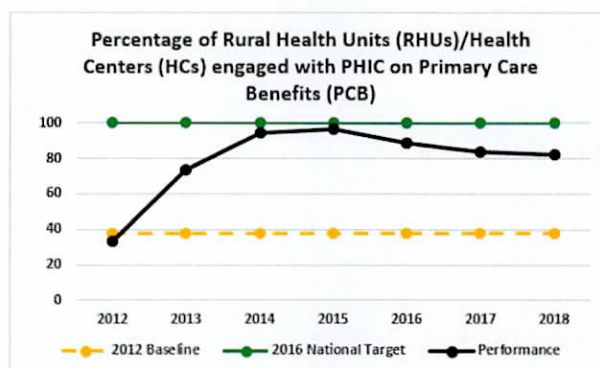
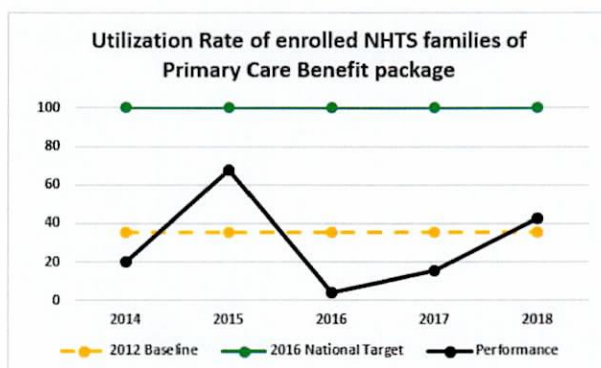


Percentage of Deliveries Attended by Skilled Health Professionals





FINANCIAL RISK PROTECTION
REGION V – BICOL REGION



Regional Performance: WESTERN VISAYAS (VI)

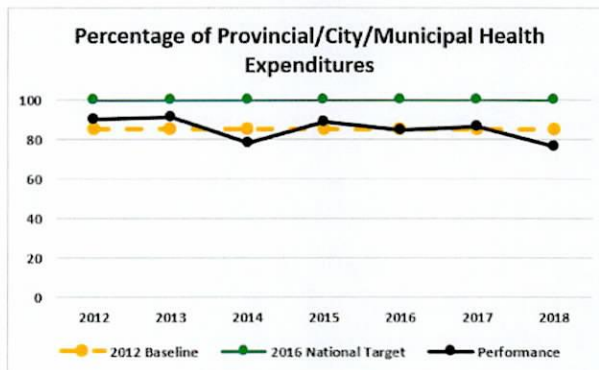
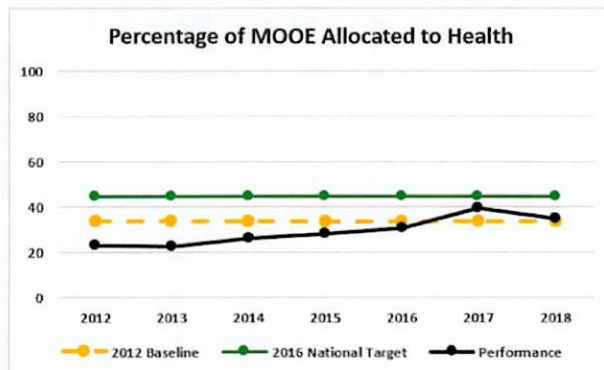
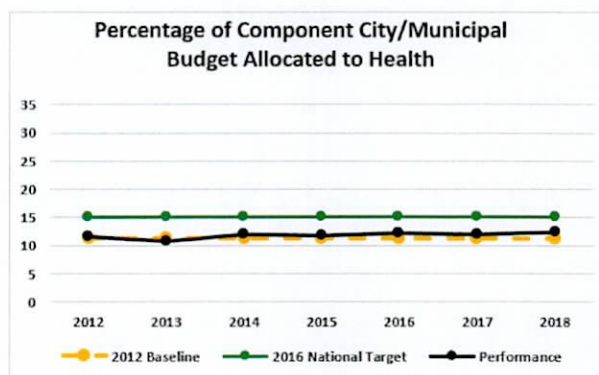
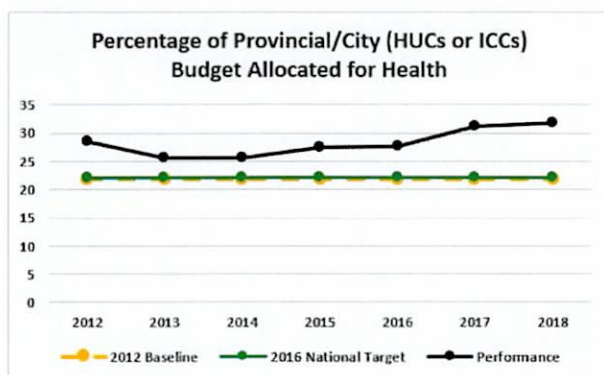
WESTERN VISAYAS reported an improved budget allocation for health among its provinces, HUCs, and ICCs. The region excelled in increasing its maternal and environmental health service coverage and in curbing the prevalence of undernutrition among children under-five. Challenges remain in utilizing the budget allocation for health, improving the primary care and public hospital services, and attaining the target for child immunization coverage.

Table 17. Summary of Regional Performance, Western Visayas (VI)

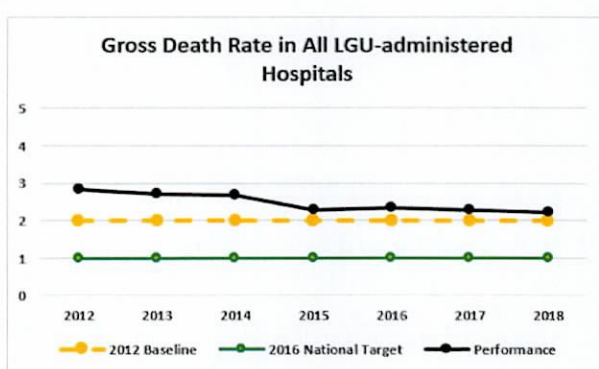
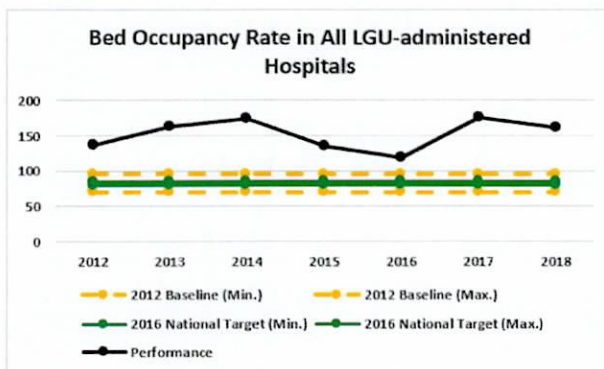
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	31.82	
% Component City/Municipal Budget Allocated to Health	F	15.00	12.50	
% MOOE Allocated to Health	F	45.00	34.87	
% Provincial/City/ Municipal Health Expenditures	F	100.00	76.49	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	161.34	
Gross Death Rate in all LGU-administered hospitals	F	1.00	2.21	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	29,280	
Health Center Nurse to Population Ratio	F	20,000.00	17,661	
Health Center Midwife to Population Ratio	F	5,000.00	4,669	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	62.50	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	50.00	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	I	100.00	100.00	
Blood Donation Rate	F	1.00	0.93	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	F	85.00	76.45	
Annual Parasite Incidence for Malaria	S	0.80	0	
TB Case Detection Rate, all forms	F	90.00	68.13	
TB Treatment Success rate, all forms	F	90.00	94.02	
% Fully Immunized Child	F	95.00	63.15	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	47.09	
% Facility-based Deliveries	F	90.00	93.12	
% Deliveries Attended by Skilled Health Professionals	I	90.00	94.02	
Contraceptive Prevalence Rate for Modern Family Planning Methods	I	65.00	57.54	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	74.41	
% Households with Access to Safe Water	I	88.00	92.06	
% Drinking Water Sources Complying with Microbiological Standards	I	100.00	78.58	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	85.17	
Prevalence of Underweight and Severely Underweight, 0-59 mos children	F	5.00	3.92	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	84.44	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	52.59	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	82.96	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	35.56	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D- decreased steadily	S – same level as baseline	ND – no data

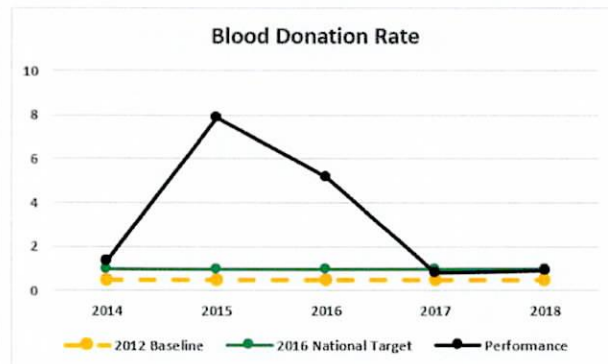
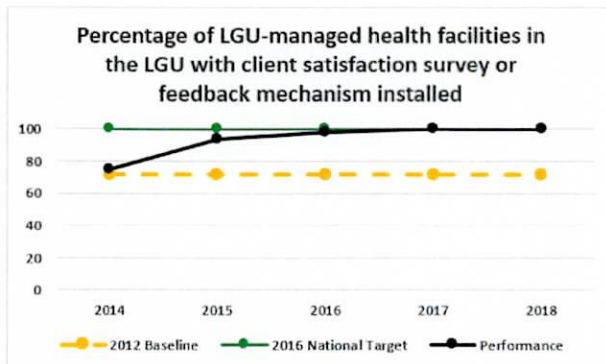
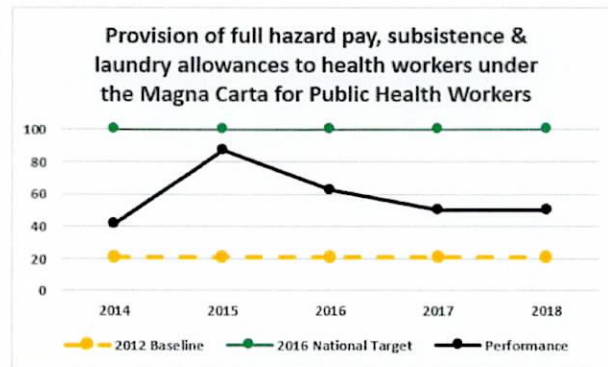
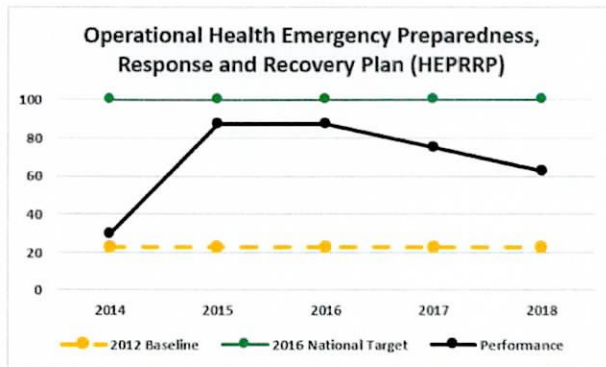
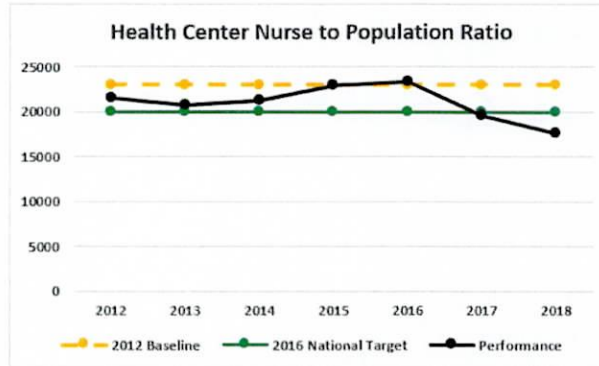
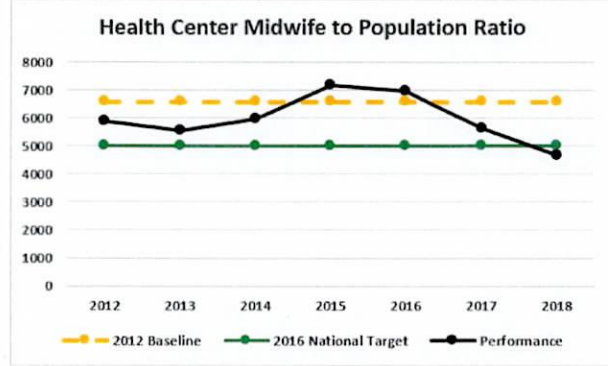
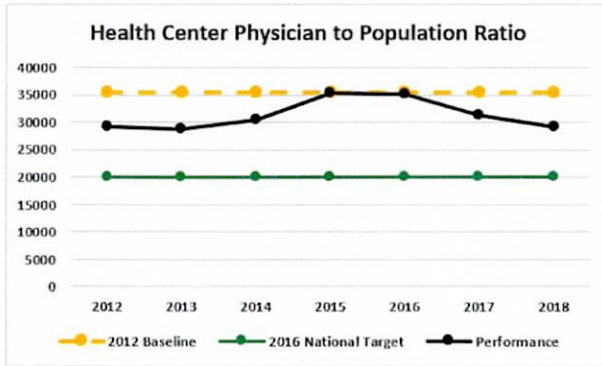
**EFFICIENT HEALTH SECTOR SPENDING
REGION VI – WESTERN VISAYAS**



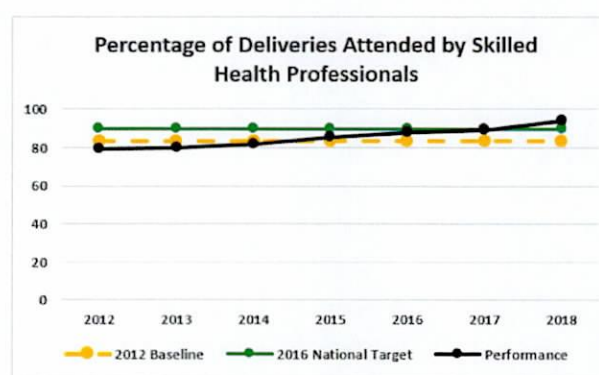
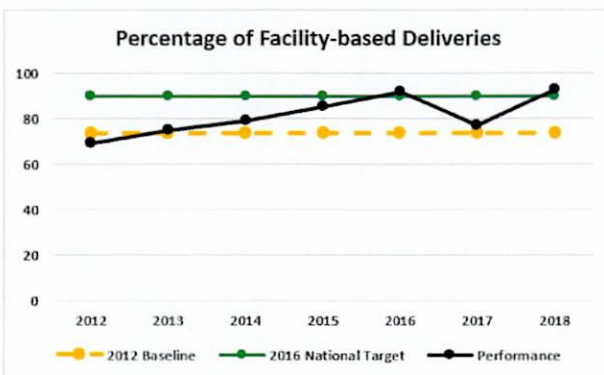
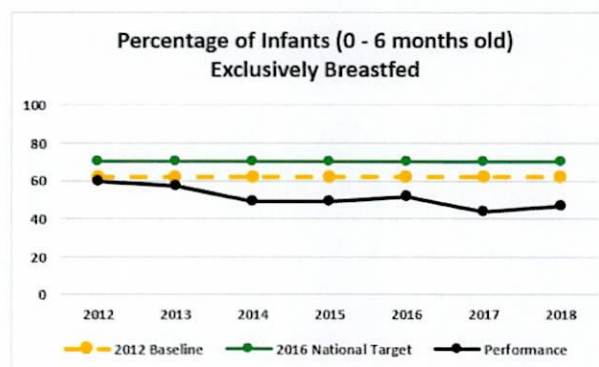
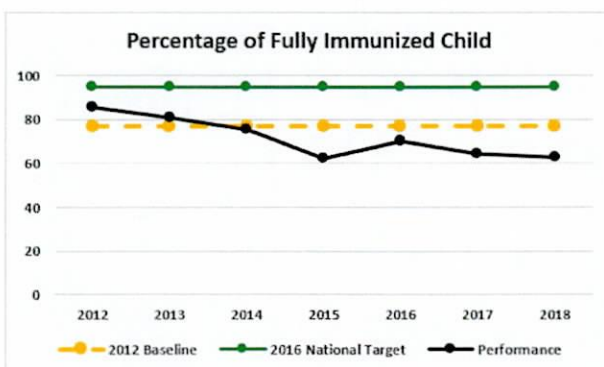
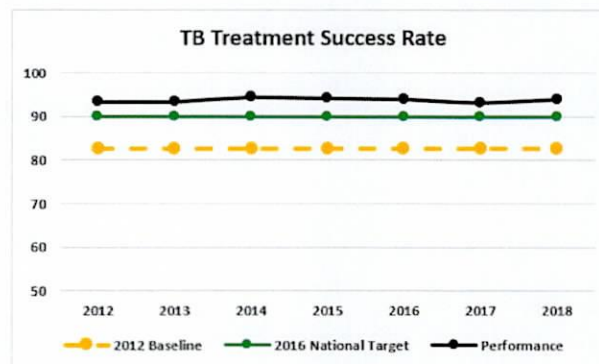
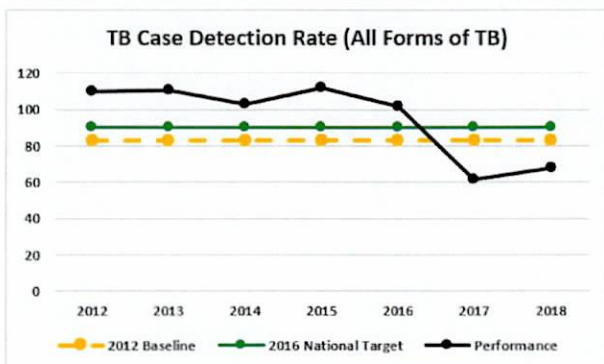
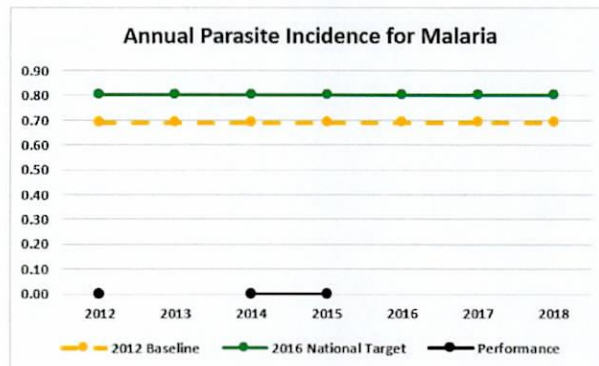
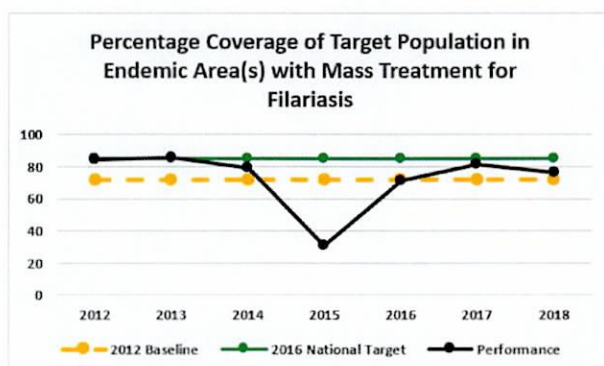
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION VI – WESTERN VISAYAS**

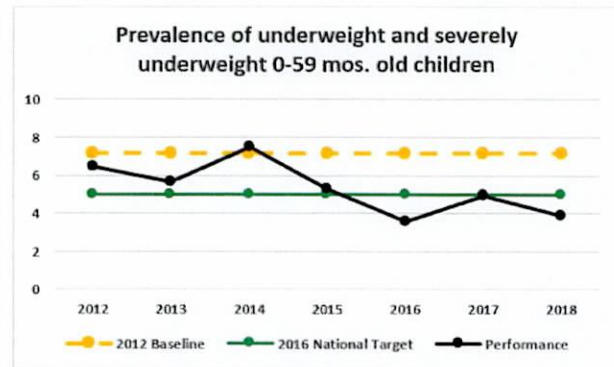
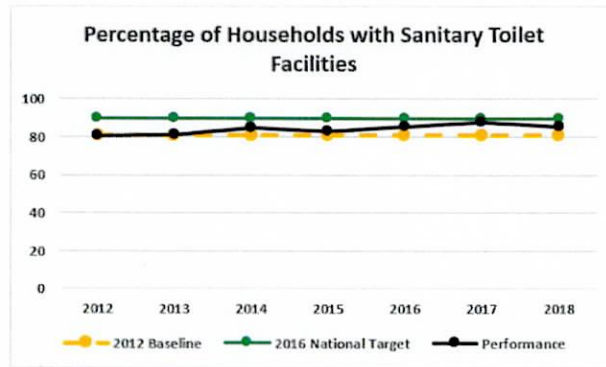
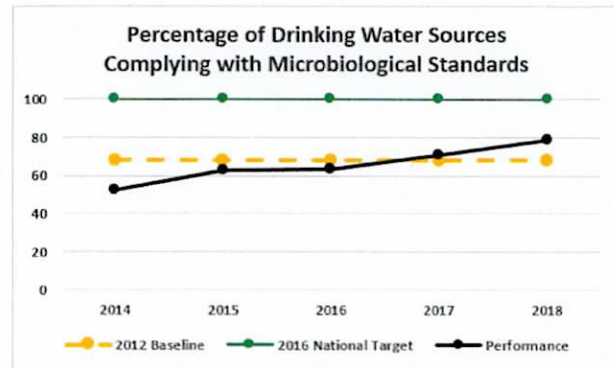
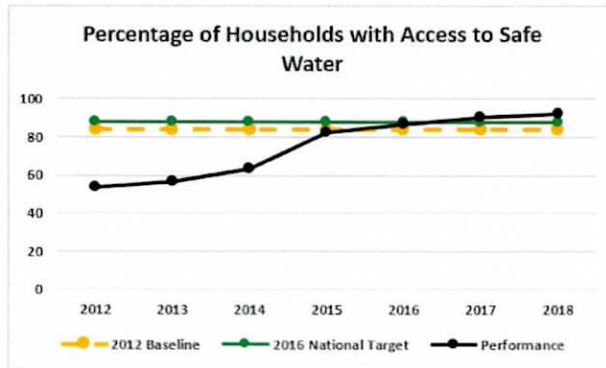
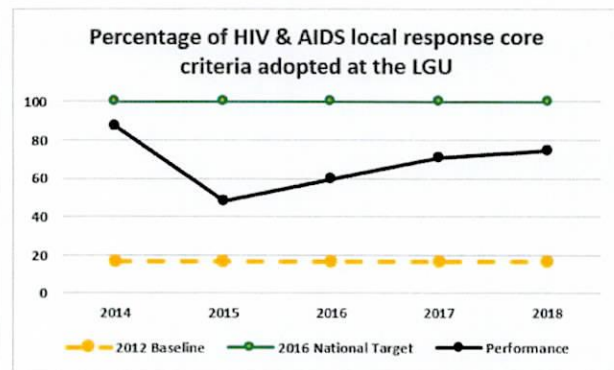
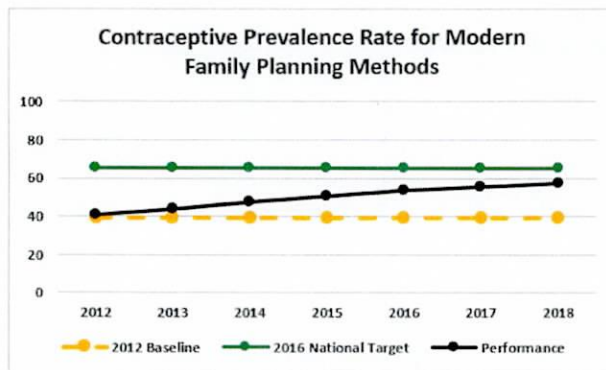


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION VI – WESTERN VISAYAS**

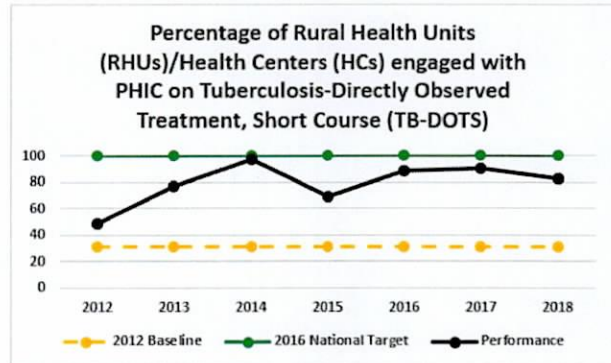
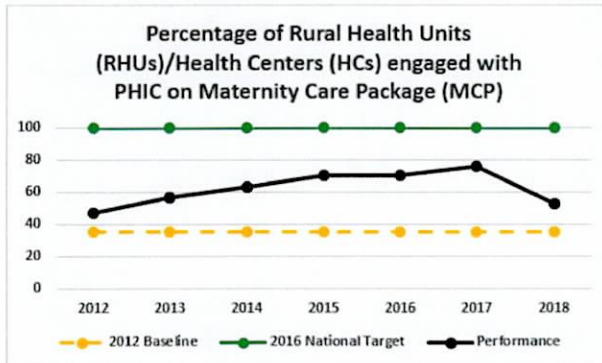
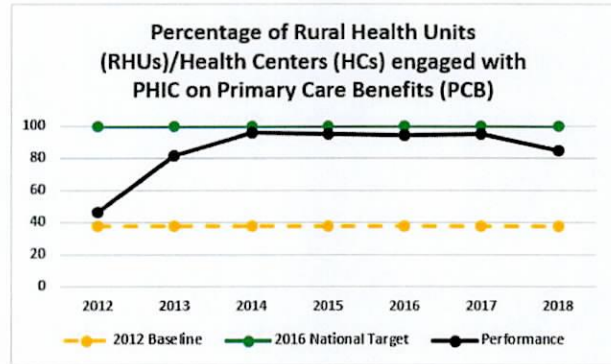
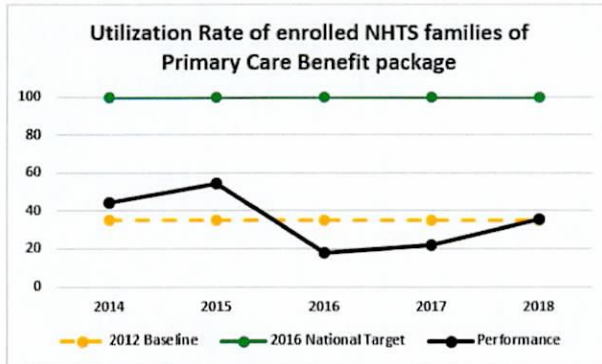


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION VI – WESTERN VISAYAS





**FINANCIAL RISK PROTECTION
REGION VI – WESTERN VISAYAS**



Regional Performance: CENTRAL VISAYAS (VII)

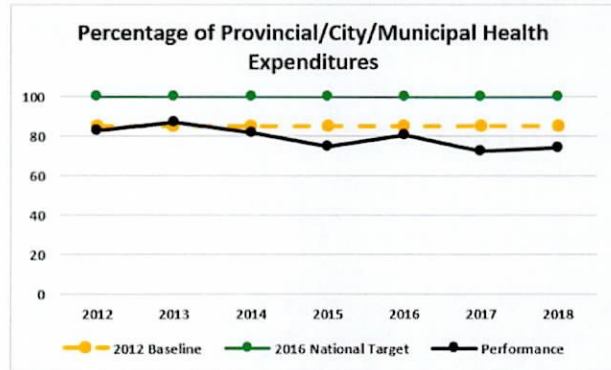
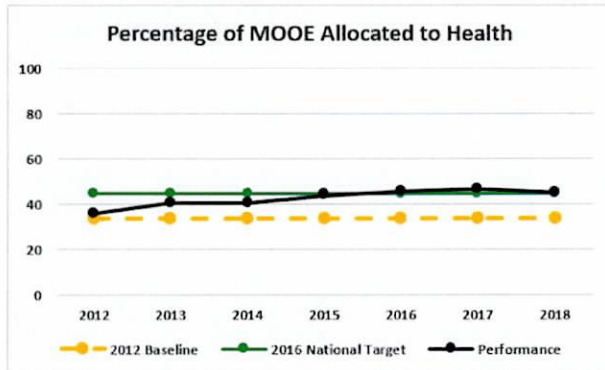
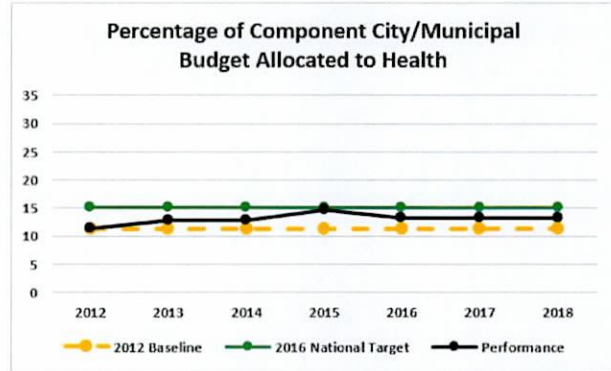
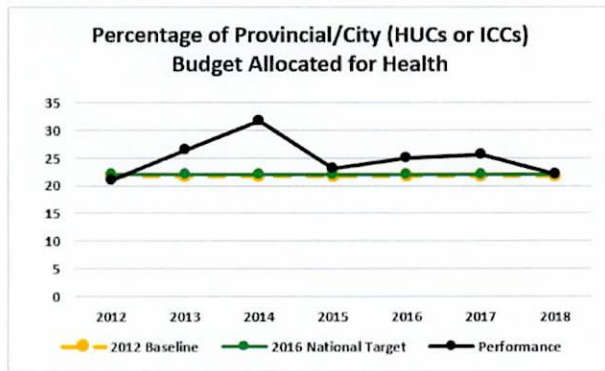
CENTRAL VISAYAS provided full Magna Carta benefits to all Public Health Workers, improved its maternal health service coverage, and curbed the prevalence of undernutrition among children under-five. Challenges remain in improving the public hospital services, employing the recommended number of HRH, and reaching the targets for TB control and child immunization coverage.

Table 18. Summary of Regional Performance, Central Visayas (VII)

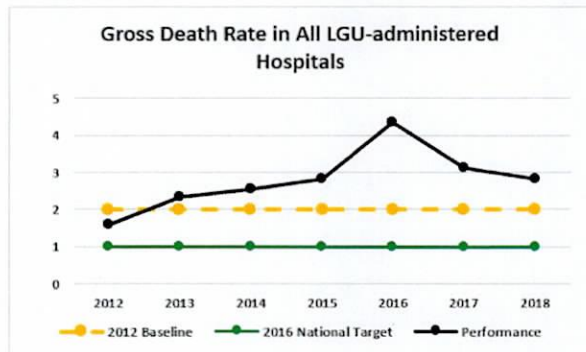
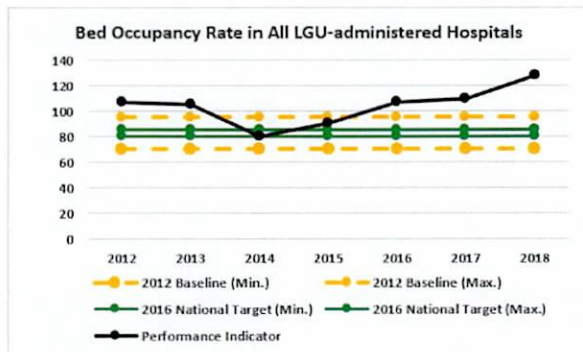
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	22.01	
% Component City/Municipal Budget Allocated to Health	F	15.00	13.31	
% MOOE Allocated to Health	F	45.00	45.05	
% Provincial/City/ Municipal Health Expenditures	F	100.00	74.11	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	127.88	
Gross Death Rate in all LGU-administered hospitals	F	1.00	2.82	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	47,229.00	
Health Center Nurse to Population Ratio	F	20,000.00	20,903.71	
Health Center Midwife to Population Ratio	F	5,000.00	8,148.14	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	100.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	100.00	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	83.98	
Blood Donation Rate	F	1.00	0.44	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	S	N.A	N.A	
Annual Parasite Incidence for Malaria	S	0.80	0	
TB Case Detection Rate, all forms	F	90.00	56.87	
TB Treatment Success rate, all forms	F	90.00	82.40	
% Fully Immunized Child	F	95.00	70.73	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	55.08	
% Facility-based Deliveries	F	90.00	96.54	
% Deliveries Attended by Skilled Health Professionals	F	90.00	95.02	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	50.64	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	60.46	
% Households with Access to Safe Water	F	88.00	96.23	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	75.79	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	87.46	
Prevalence of Underweight and Severely Underweight, 0-59 mos children	F	5.00	3.59	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	62.48	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	45.49	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	59.15	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	39.79	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily D – decreased steadily	F – fluctuated S – same level as baseline	N.A – not applicable ND – no data

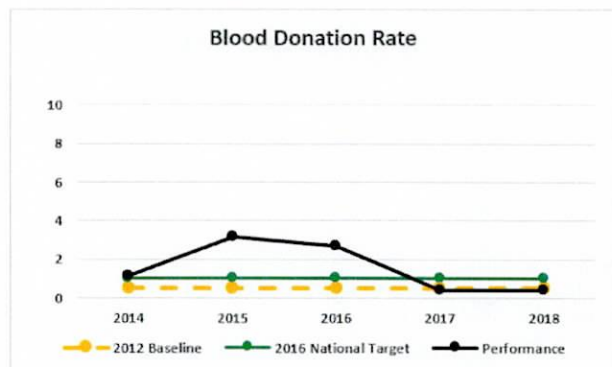
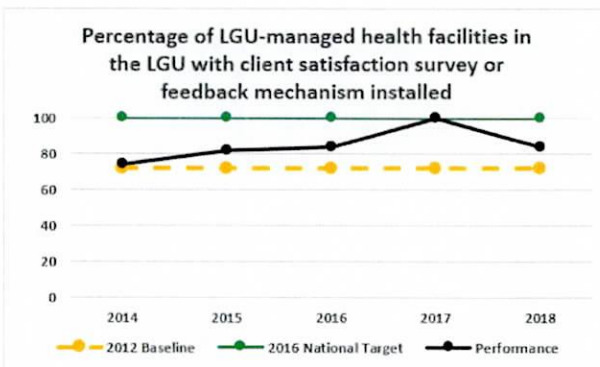
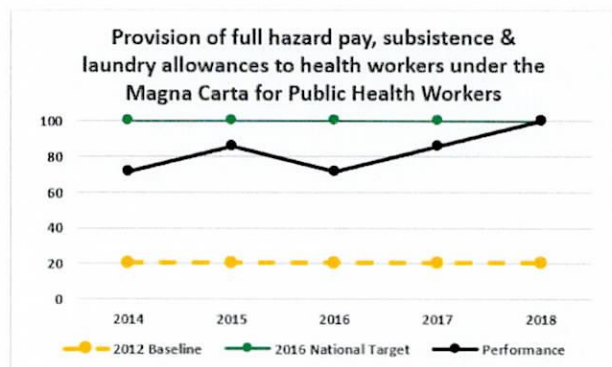
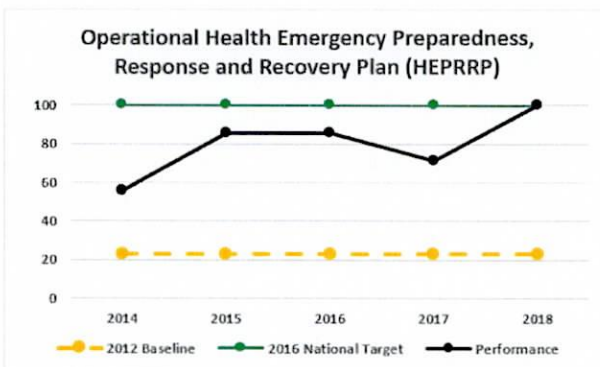
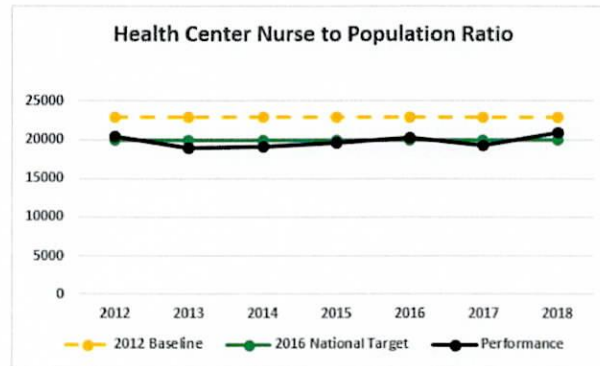
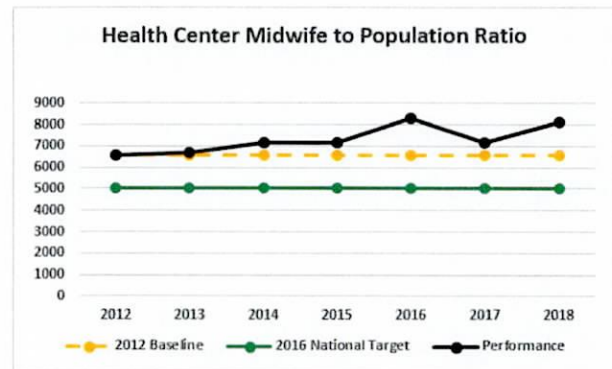
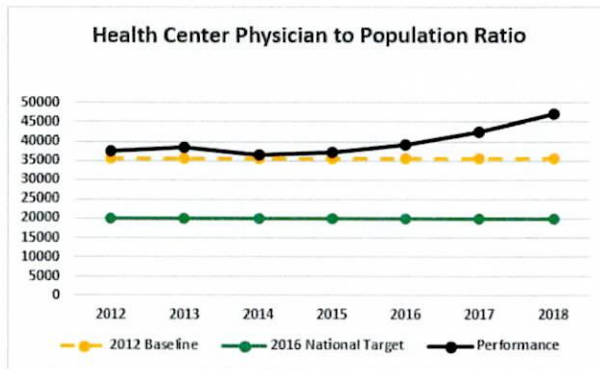
**EFFICIENT HEALTH SECTOR SPENDING
REGION VII – CENTRAL VISAYAS**



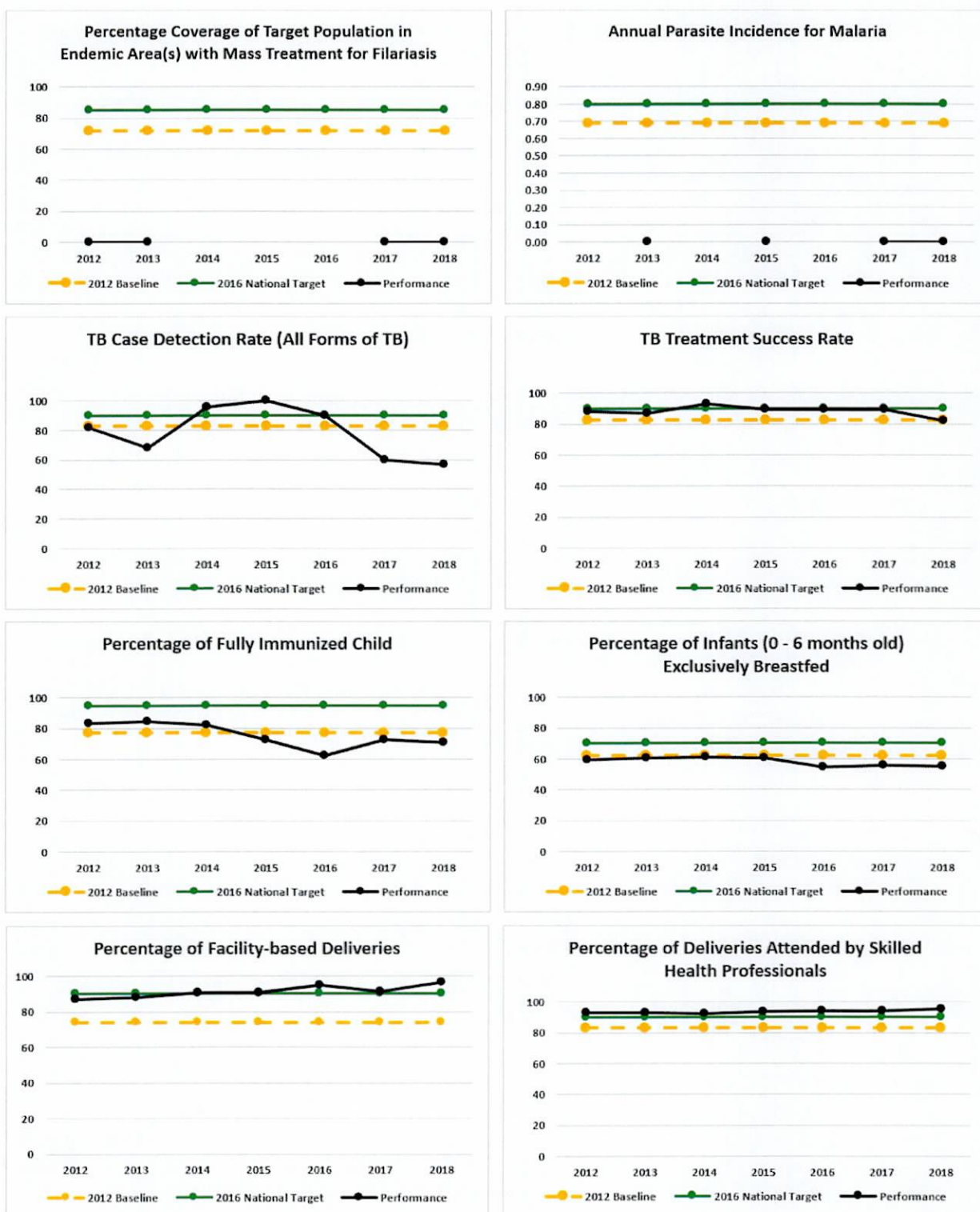
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION VII – CENTRAL VISAYAS**

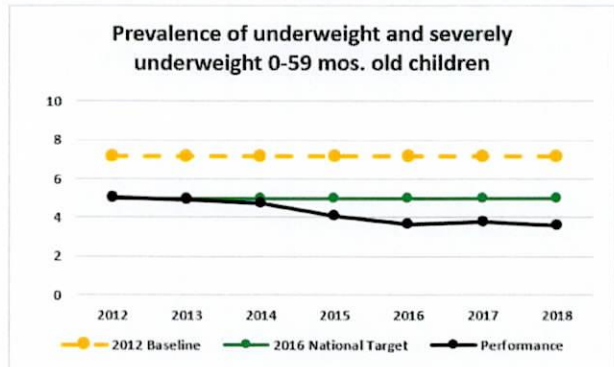
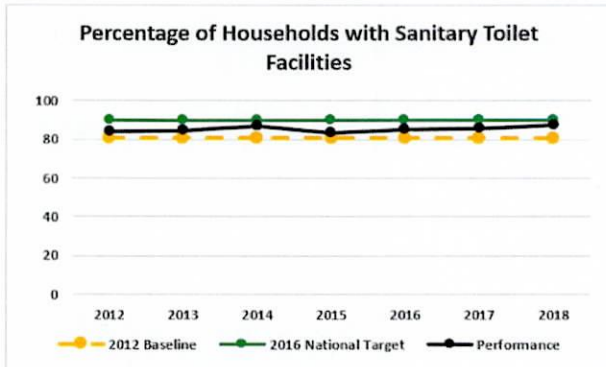
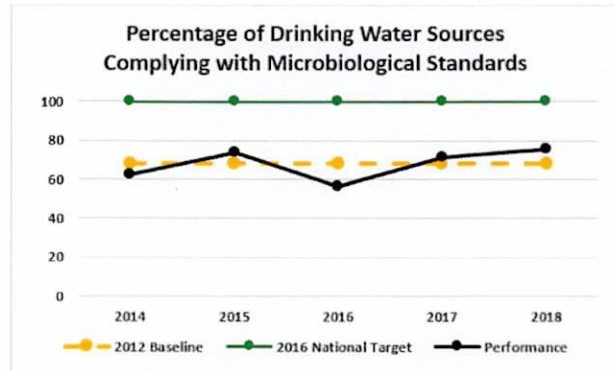
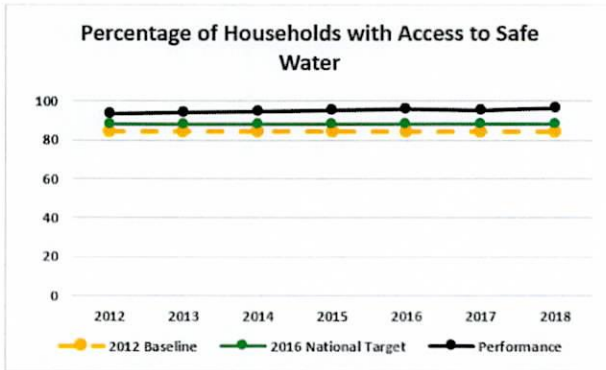
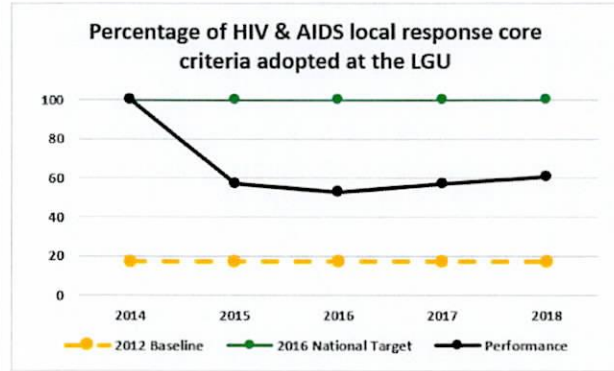
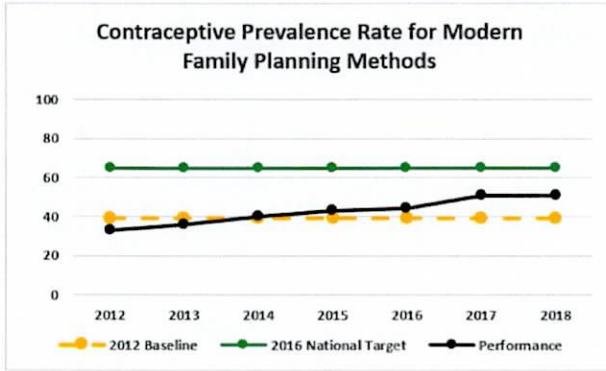


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION VII – CENTRAL VISAYAS**

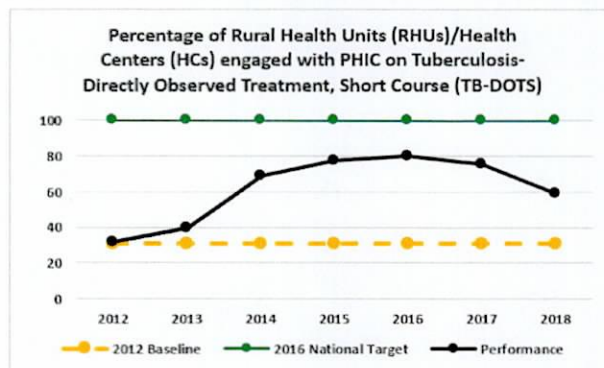
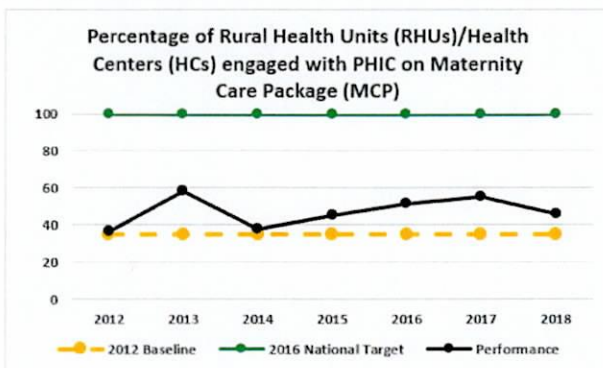
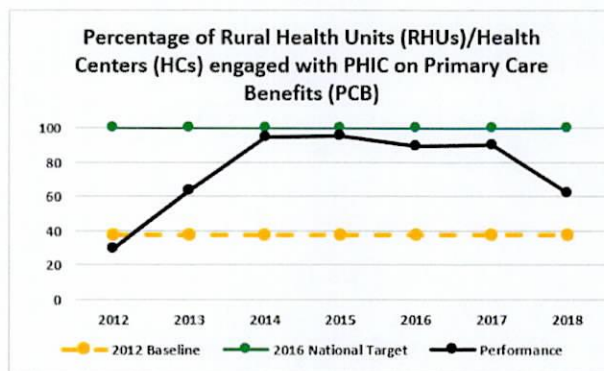
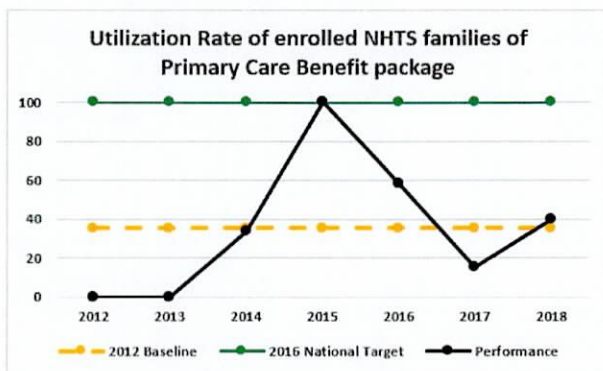


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION VII – CENTRAL VISAYAS





FINANCIAL RISK PROTECTION
REGION VII – CENTRAL VISAYAS



Regional Performance: EASTERN VISAYAS (VIII)

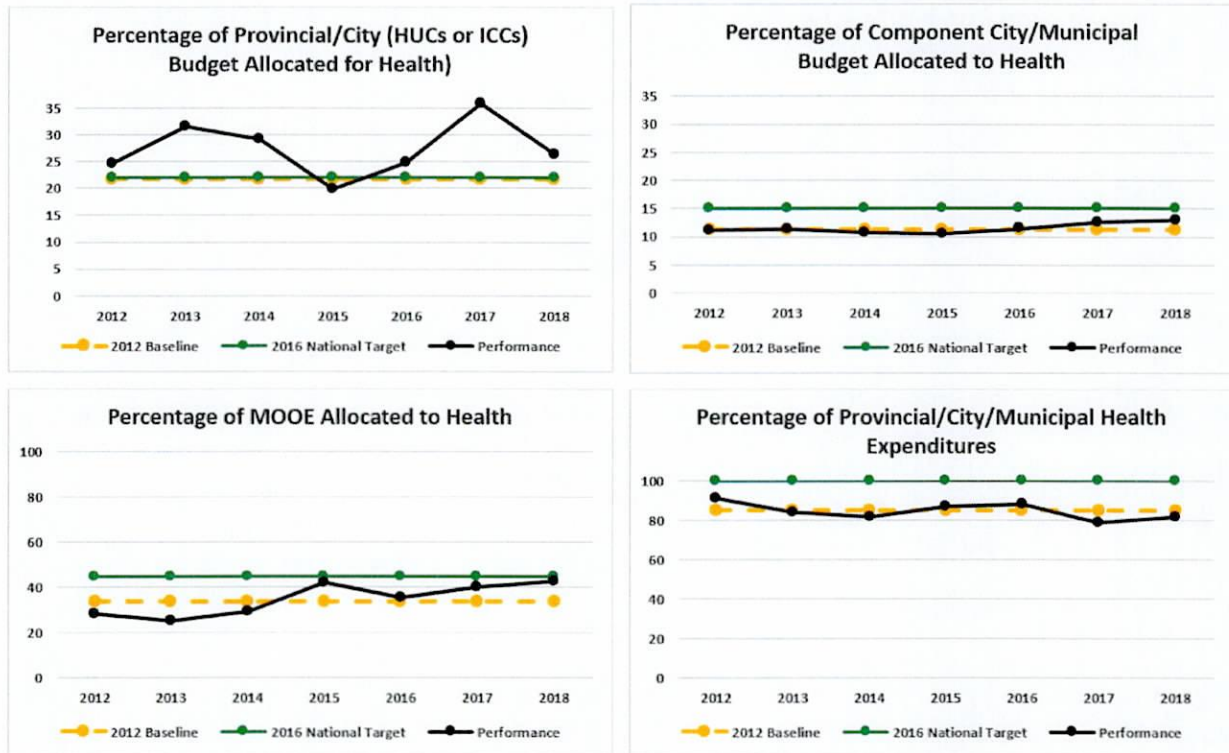
EASTERN VISAYAS reported an improved maternal and environmental health service coverage. In 2018, its provinces and cities (HUC, ICC) allocated about 26% of their budget for health. The region was also able to employ the recommended number of nurses. Challenges remain in utilizing the budget allocation for health and reaching the targets for TB control and child immunization coverage.

Table 19. Summary of Regional Performance, Eastern Visayas (VIII)

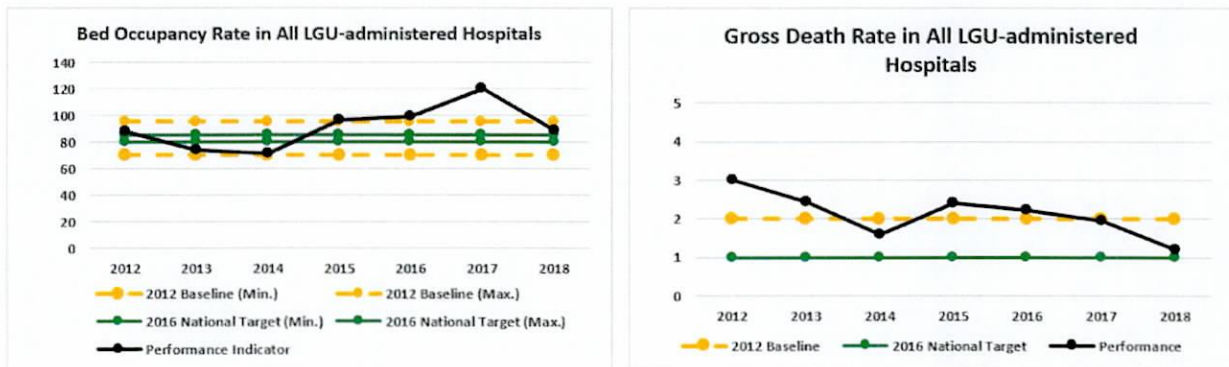
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	26.42	
% Component City/Municipal Budget Allocated to Health	F	15.00	13.05	
% MOOE Allocated to Health	F	45.00	42.86	
% Provincial/City/ Municipal Health Expenditures	F	100.00	82.16	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	88.40	
Gross Death Rate in all LGU-administered hospitals	F	1.00	1.18	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	27,396.50	
Health Center Nurse to Population Ratio	F	20,000.00	16,698.38	
Health Center Midwife to Population Ratio	F	5,000.00	5,019.00	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	50.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	62.50	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	90.55	
Blood Donation Rate	F	1.00	1.54	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	N.A	N.A	N.A	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	56.44	
TB Treatment Success rate, all forms	F	90.00	87.45	
% Fully Immunized Child	F	95.00	61.26	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	53.31	
% Facility-based Deliveries	F	90.00	96.30	
% Deliveries Attended by Skilled Health Professionals	I	90.00	96.33	
Contraceptive Prevalence Rate for Modern Family Planning Methods	I	65.00	58.83	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	57.48	
% Households with Access to Safe Water	F	88.00	92.58	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	68.80	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	84.18	
Prevalence of Underweight and Severely Underweight, 0-59 mos children	F	5.00	8.37	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	85.29	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	67.23	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	77.21	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	12.81	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D- decreased steadily	S – same level as baseline	MIS – missing data
		ND – no data

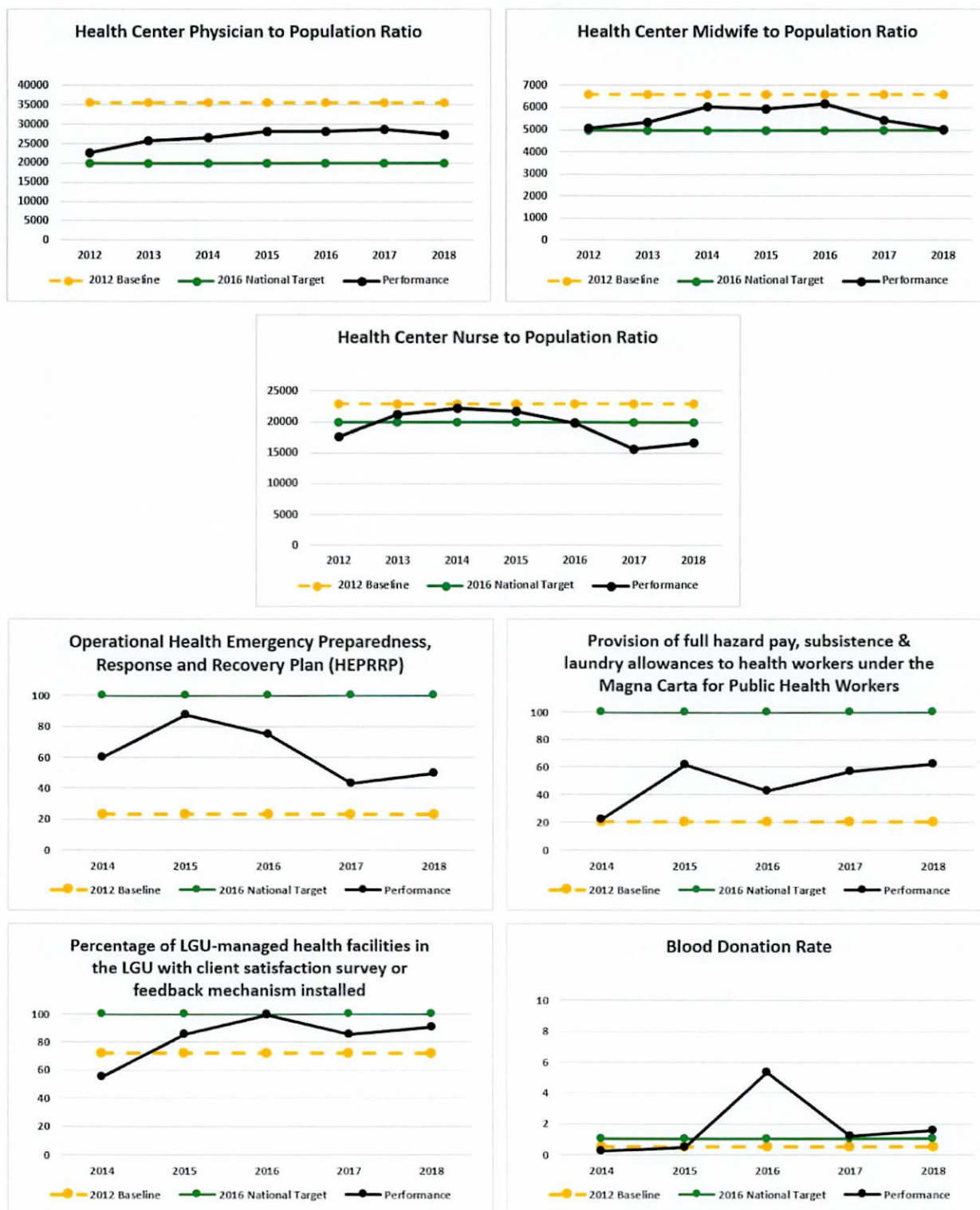
**EFFICIENT HEALTH SECTOR SPENDING
REGION VIII – EASTERN VISAYAS**



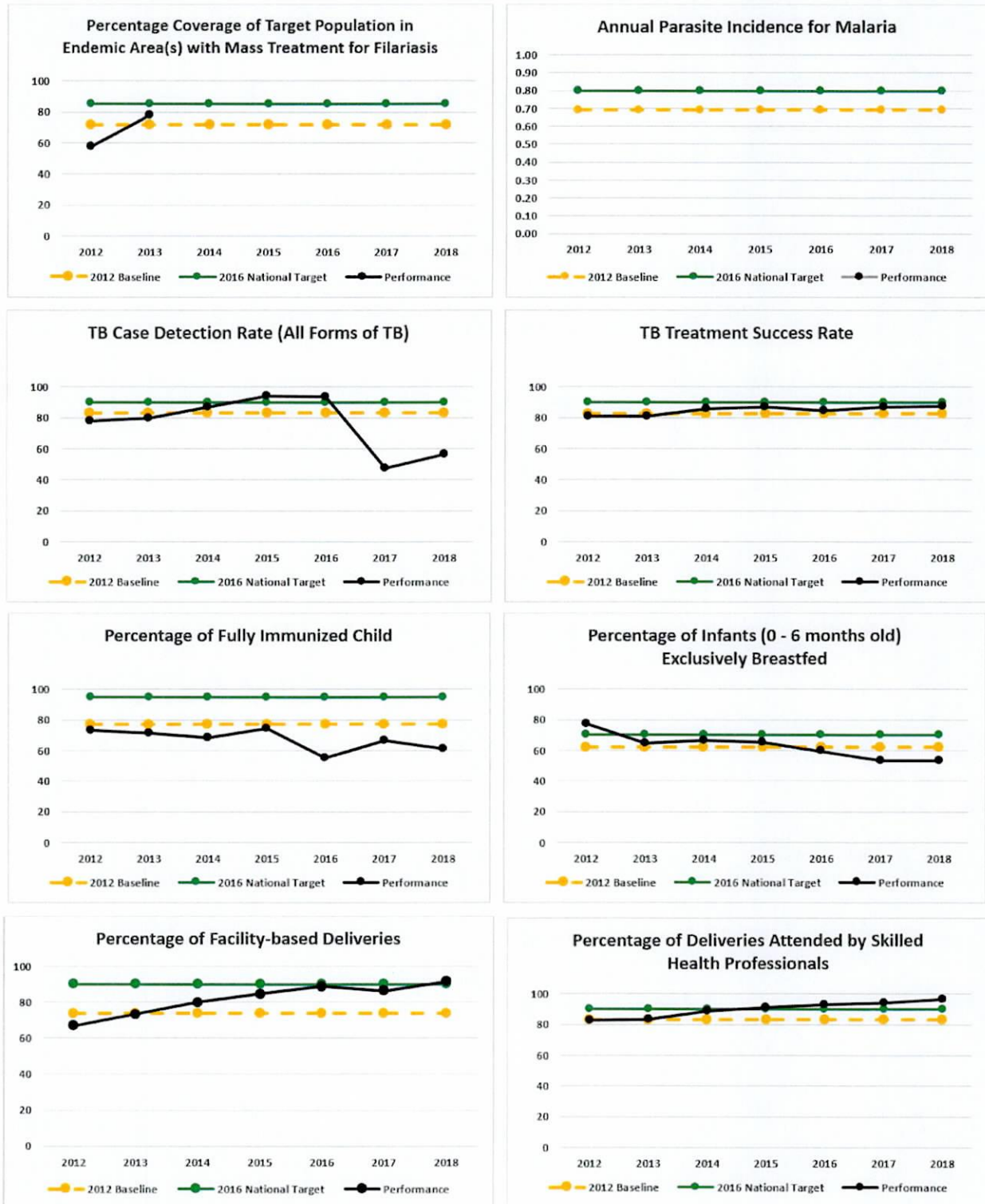
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION VIII – EASTERN VISAYAS**

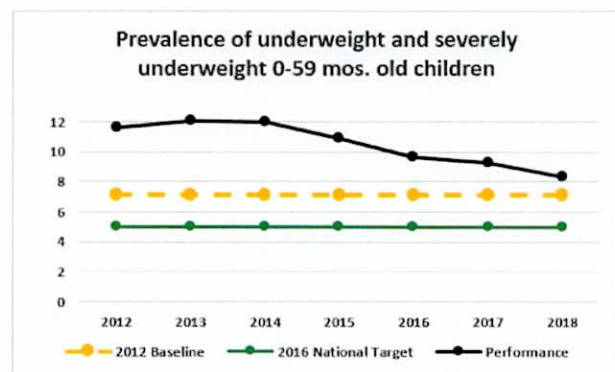
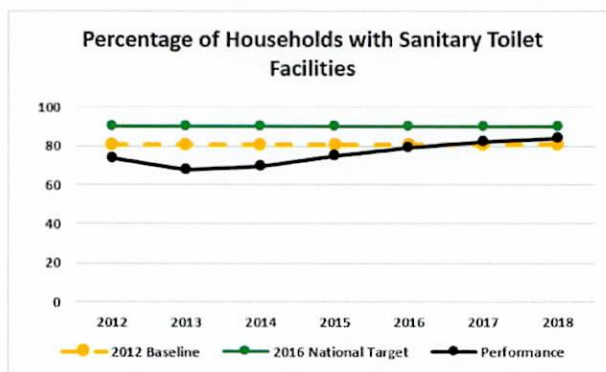
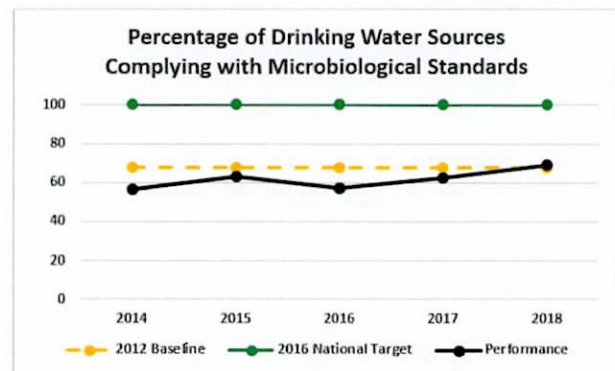
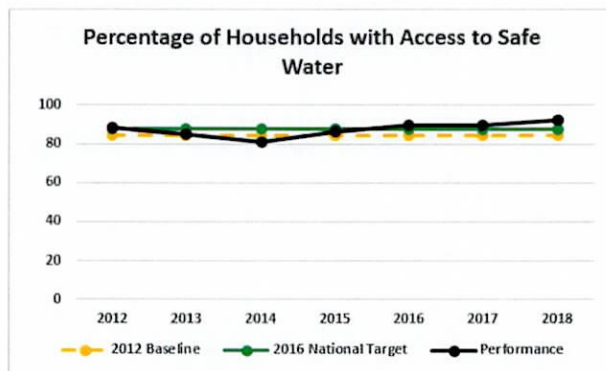
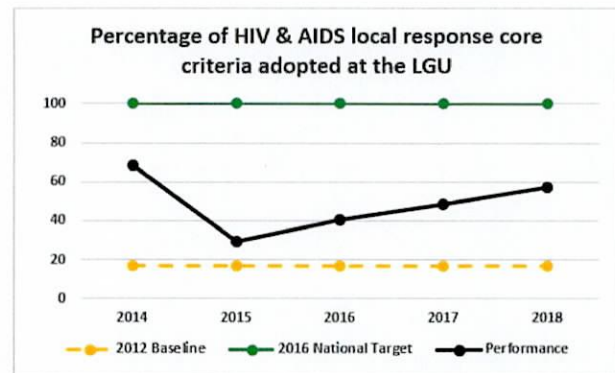
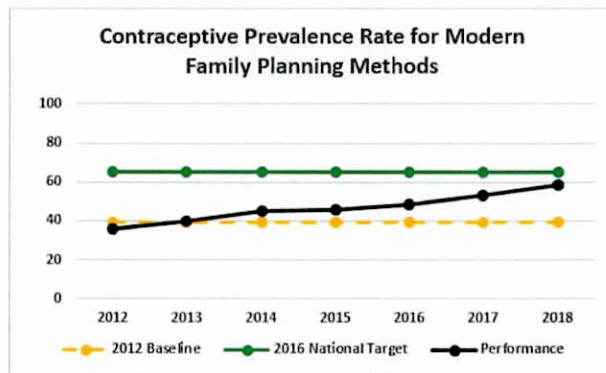


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION VIII – EASTERN VISAYAS**

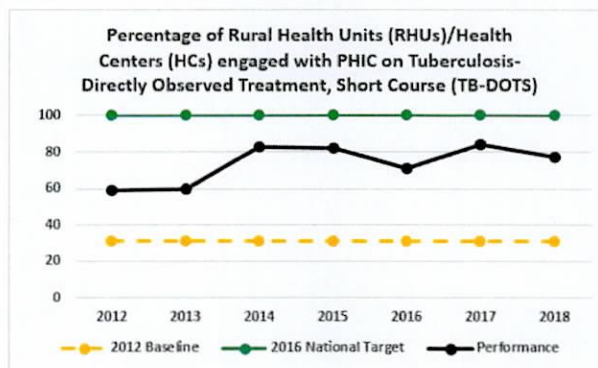
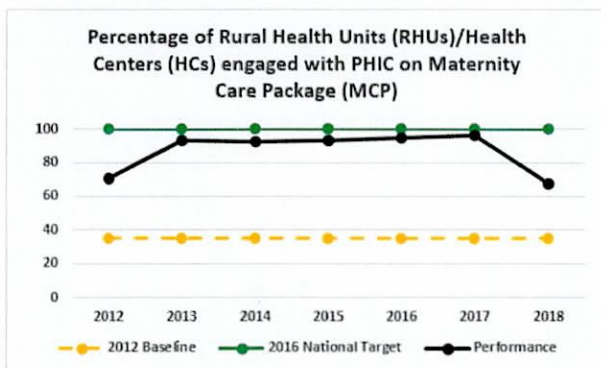
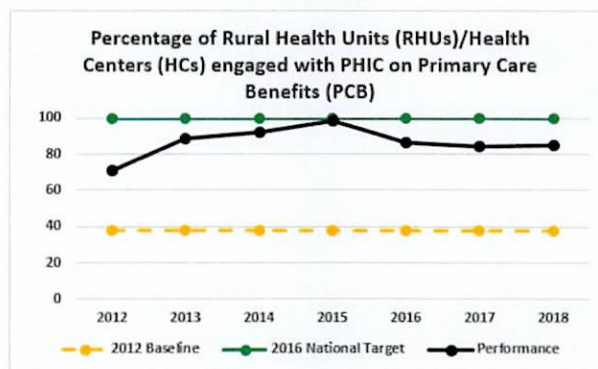
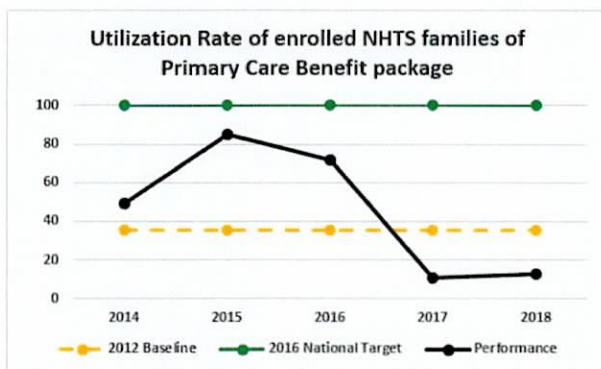


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION VIII – EASTERN VISAYAS





FINANCIAL RISK PROTECTION
REGION VIII – EASTERN VISAYAS



Regional Performance: ZAMBOANGA PENINSULA (IX)

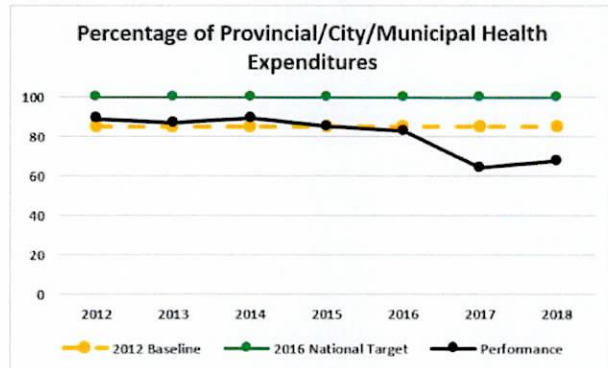
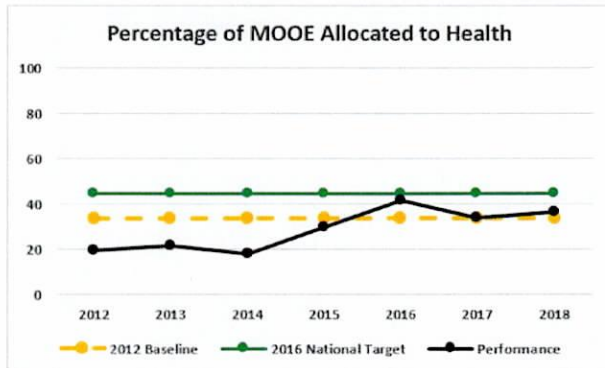
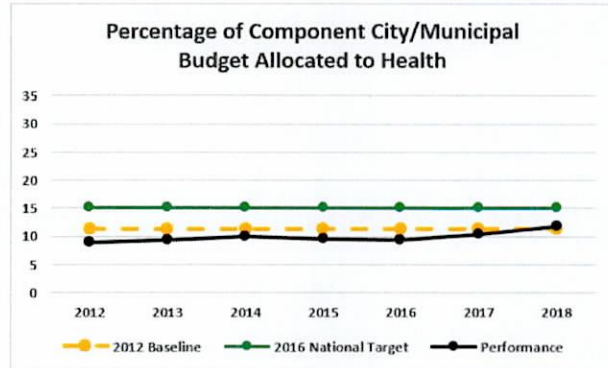
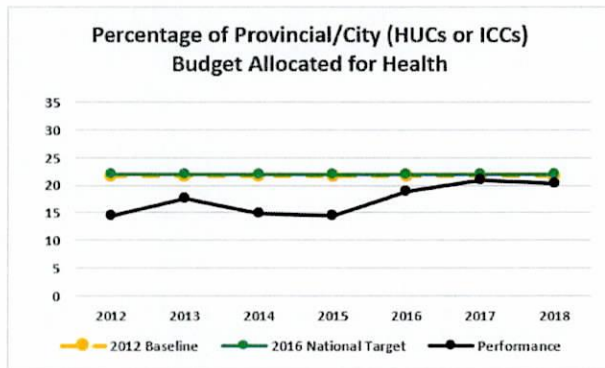
ZAMBOANGA PENINSULA excelled in ensuring that all LGUs have an operational health emergency plan and all Public Health Workers are provided with full Magna Carta benefits. Challenges remain in improving health budget allocation and spending, and reaching the targets for child health service coverage.

Table 20. Summary of Regional Performance, Zamboanga Peninsula (IX)

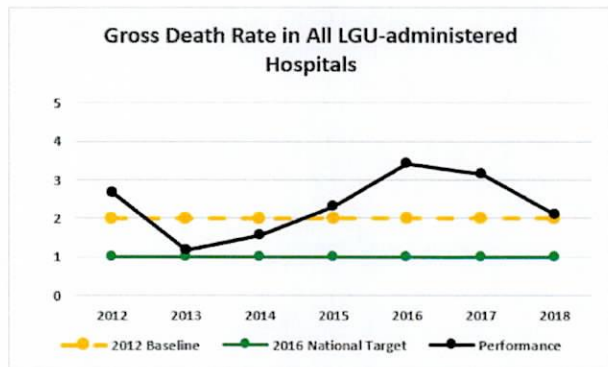
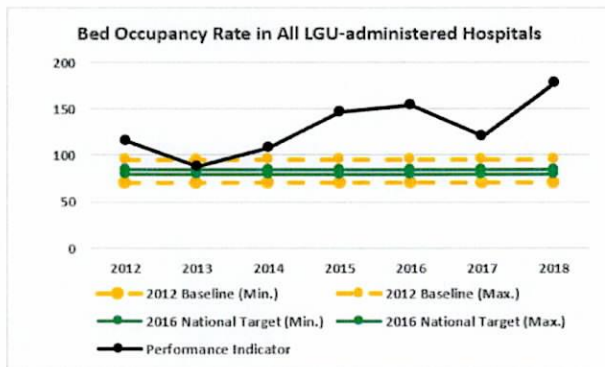
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	20.38	
% Component City/Municipal Budget Allocated to Health	F	15.00	11.80	
% MOOE Allocated to Health	F	45.00	36.52	
% Provincial/City/ Municipal Health Expenditures	F	100.00	68.07	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	178.19	
Gross Death Rate in all LGU-administered hospitals	F	1.00	2.08	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	38,214.75	
Health Center Nurse to Population Ratio	F	20,000.00	25,652.50	
Health Center Midwife to Population Ratio	F	5,000.00	6,482.25	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	100.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	I	100.00	100.00	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	68.47	
Blood Donation Rate	F	1.00	1.28	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	F	85.00	54.75	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	44.85	
TB Treatment Success rate, all forms	F	90.00	92.51	
% Fully Immunized Child	F	95.00	71.48	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	61.03	
% Facility-based Deliveries	F	90.00	91.40	
% Deliveries Attended by Skilled Health Professionals	F	90.00	89.18	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	64.43	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	70.78	
% Households with Access to Safe Water	F	88.00	89.75	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	60.43	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	85.86	
Prevalence of Underweight and Severely Underweight, 0-59 mos children	F	5.00	6.06	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	91.88	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	87.83	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	87.17	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	52.26	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D- decreased steadily	S – same level as baseline	ND – no data

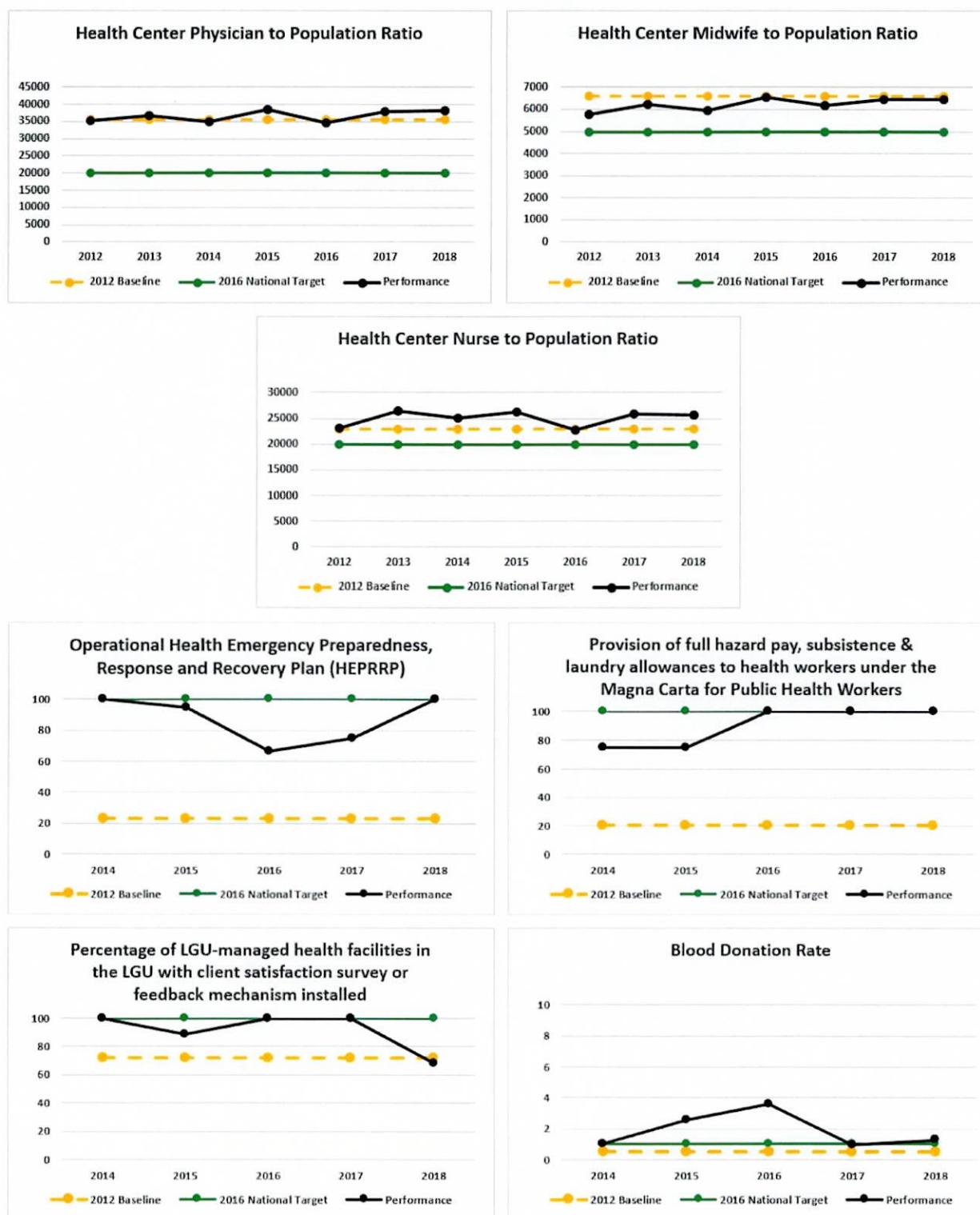
**EFFICIENT HEALTH SECTOR SPENDING
REGION IX – ZAMBOANGA PENINSULA**



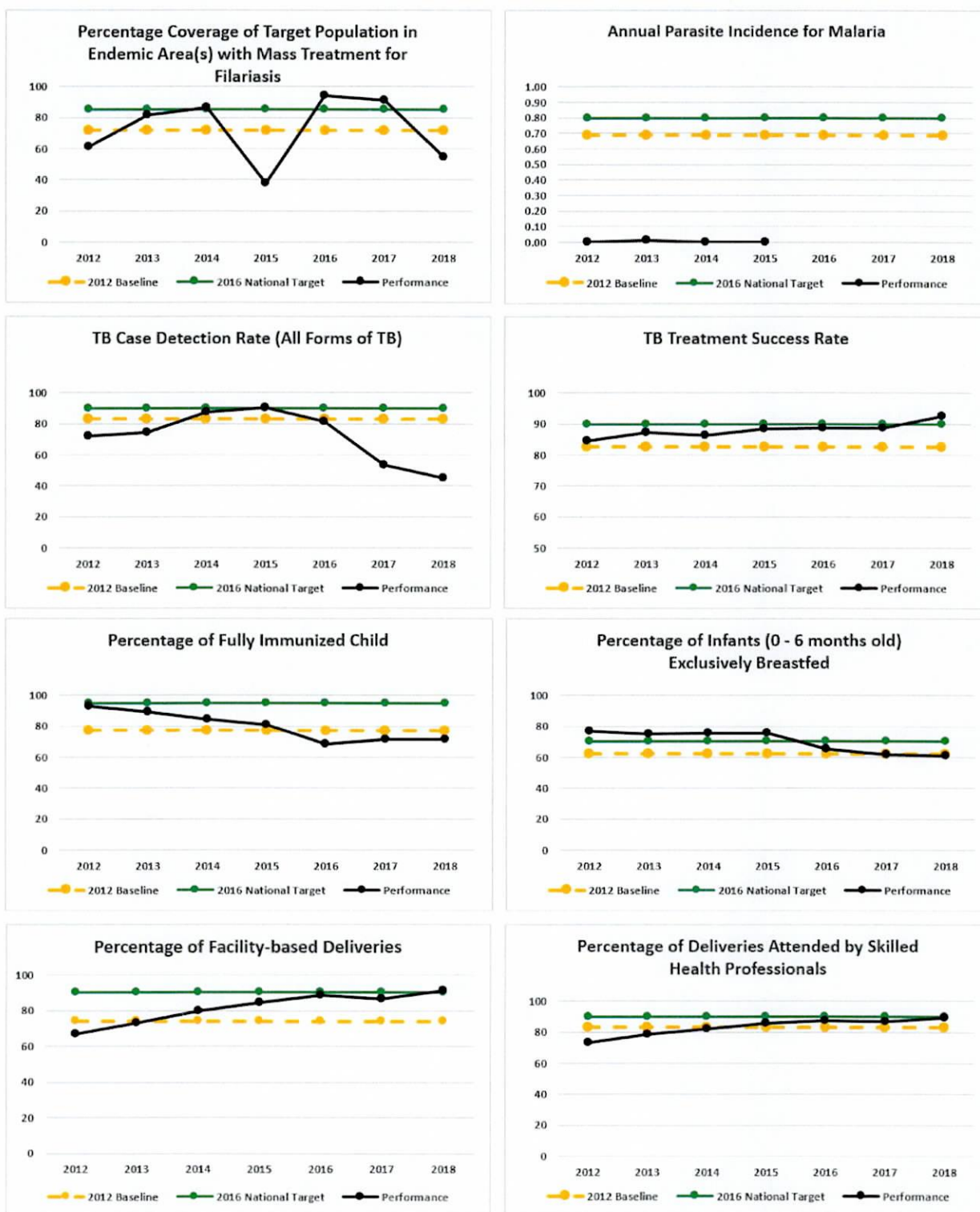
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION IX – ZAMBOANGA PENINSULA**

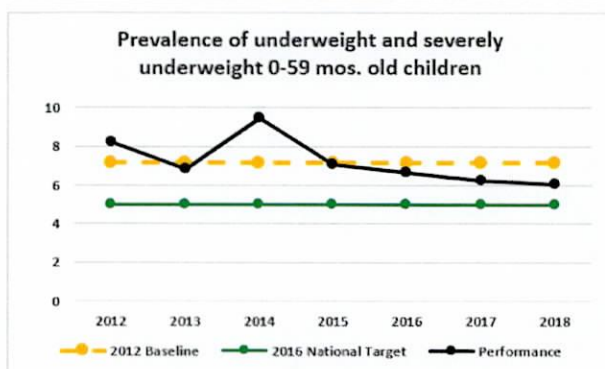
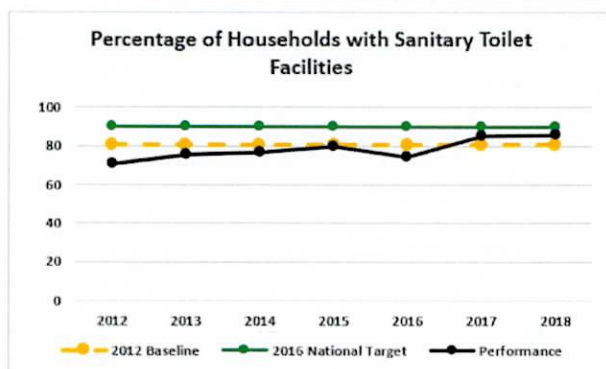
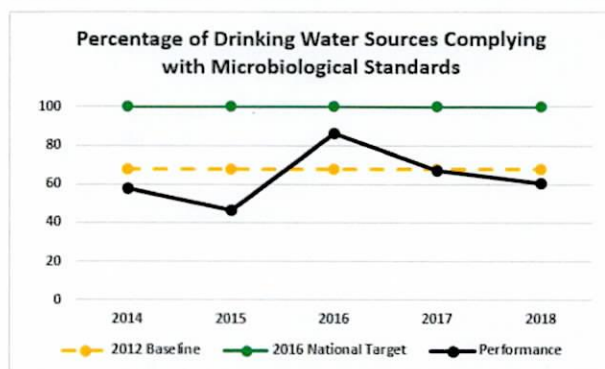
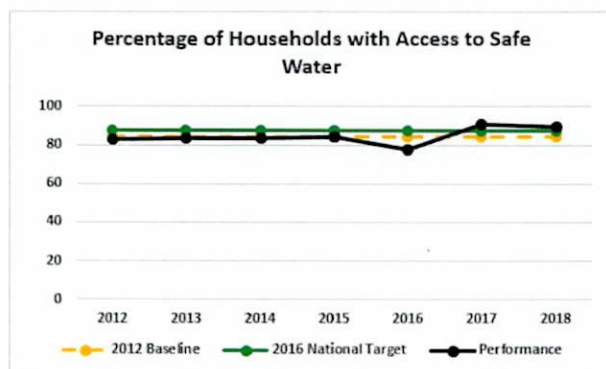
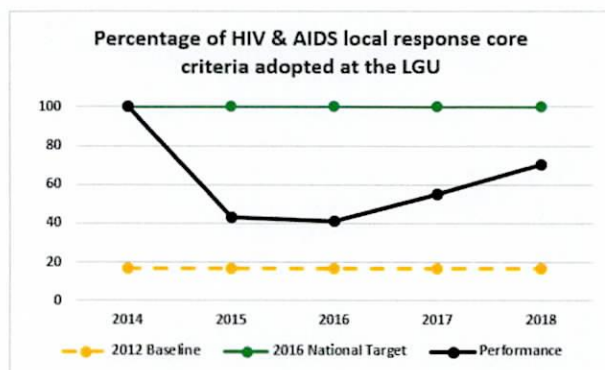
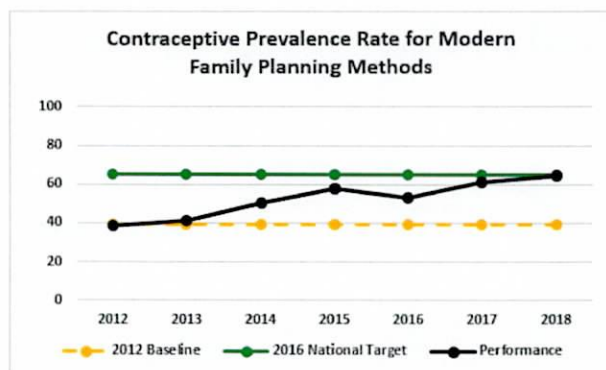


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION IX – ZAMBOANGA PENINSULA**

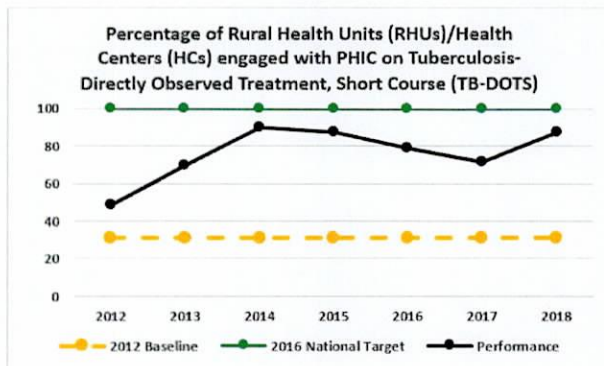
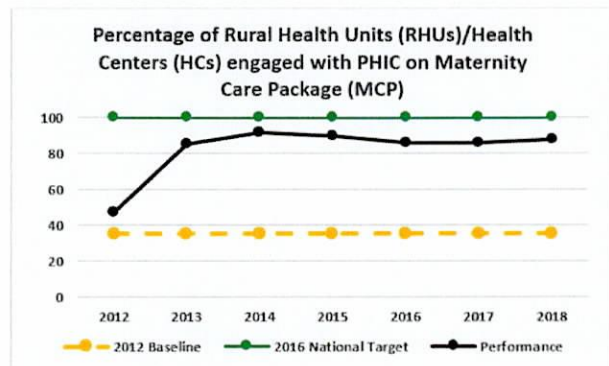
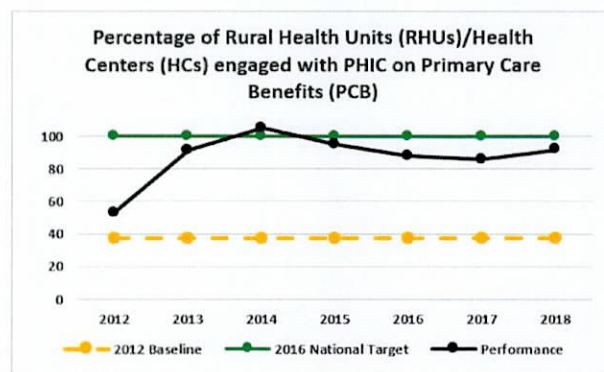
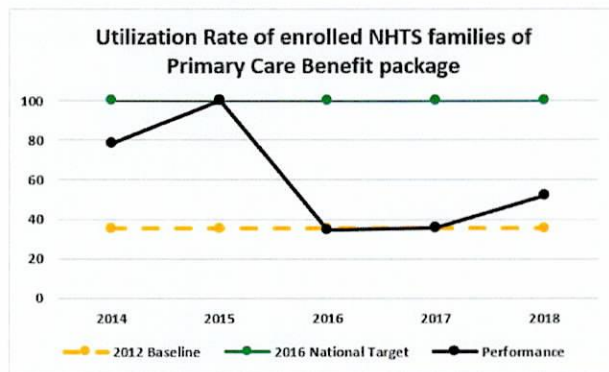


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION IX – ZAMBOANGA PENINSULA





**FINANCIAL RISK PROTECTION
REGION IX – ZAMBOANGA PENINSULA**



Regional Performance: NORTHERN MINDANAO (X)

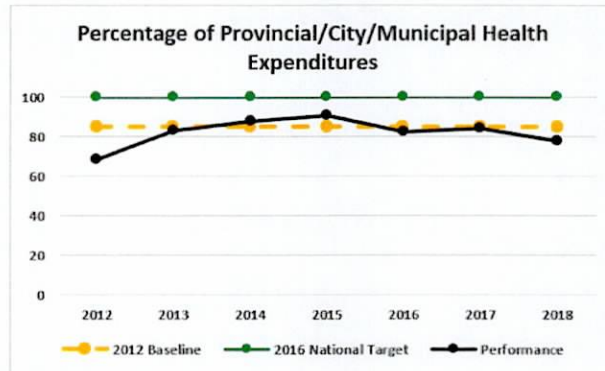
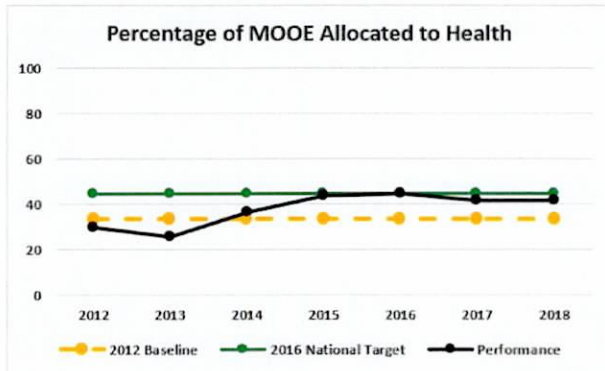
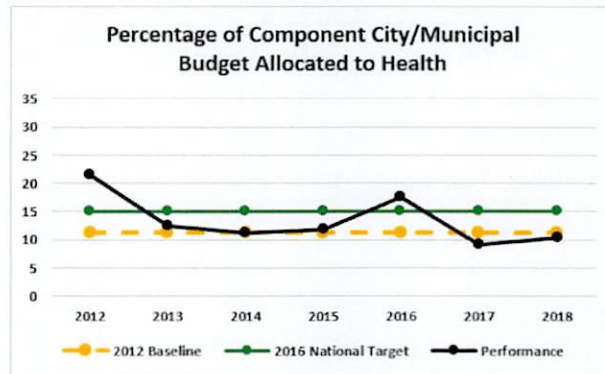
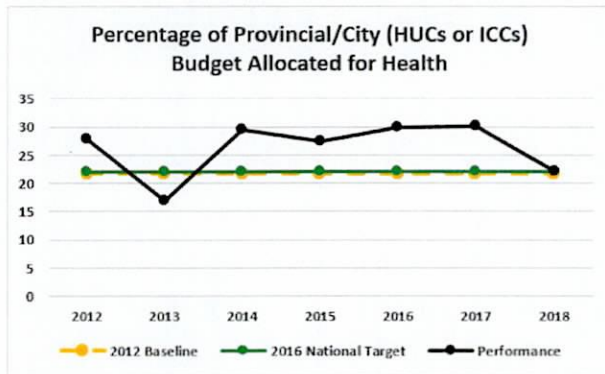
NORTHERN MINDANAO reported excellent performance in most maternal and environmental health indicators. In 2018, its provinces and cities (HUC, ICC) allocated about 22% of their budget for health. Challenges remain in utilizing the budget allocation for health, improving the public hospital services, and attaining the target for child immunization coverage.

Table 21. Summary of Regional Performance, Northern Mindanao (X)

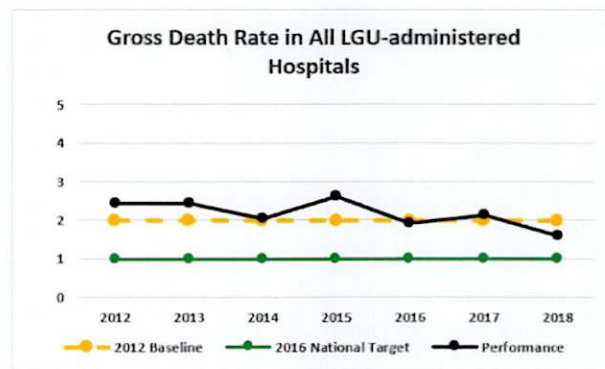
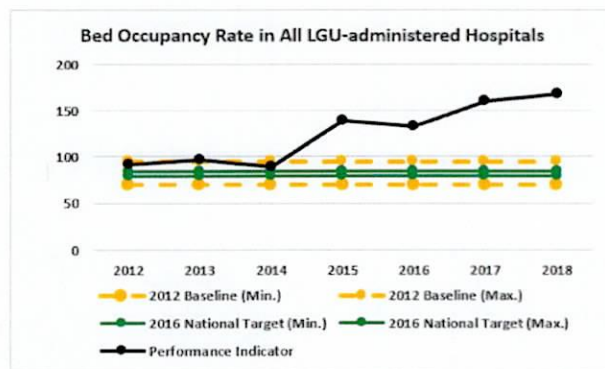
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	22.05	
% Component City/Municipal Budget Allocated to Health	F	15.00	10.37	
% MOOE Allocated to Health	F	45.00	41.80	
% Provincial/City/ Municipal Health Expenditures	F	100.00	77.97	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	167.96	
Gross Death Rate in all LGU-administered hospitals	F	1.00	1.59	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	35,776.43	
Health Center Nurse to Population Ratio	F	20,000.00	18,956.00	
Health Center Midwife to Population Ratio	F	5,000.00	6,737.29	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	I	100.00	71.43	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	28.57	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	92.86	
Blood Donation Rate	F	1.00	6.77	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	F	85.00	92.85	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	47.00	
TB Treatment Success rate, all forms	F	90.00	93.13	
% Fully Immunized Child	F	95.00	73.51	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	64.57	
% Facility-based Deliveries	F	90.00	92.82	
% Deliveries Attended by Skilled Health Professionals	I	90.00	92.87	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	63.83	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	67.57	
% Households with Access to Safe Water	F	88.00	94.89	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	75.58	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	87.65	
Prevalence of Underweight and Severely Underweight, 0-59 mos children	F	5.00	4.66	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	84.36	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	69.50	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	69.99	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	63.86	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D- decreased steadily	S – same level as baseline	ND – no data

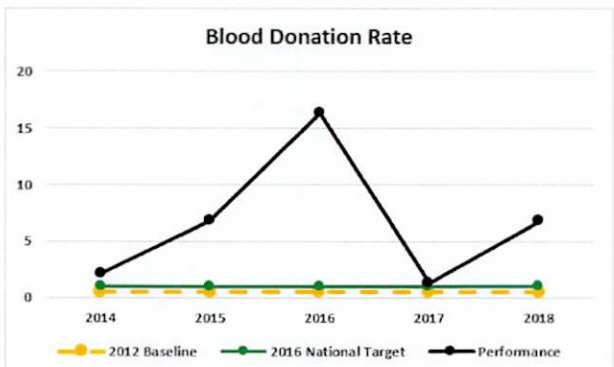
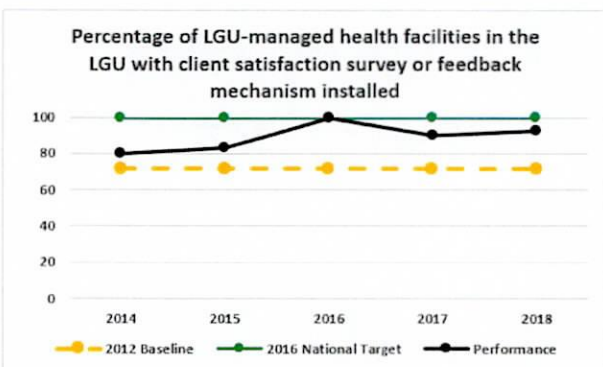
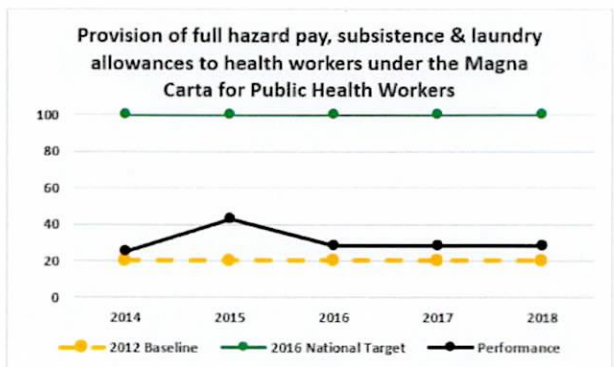
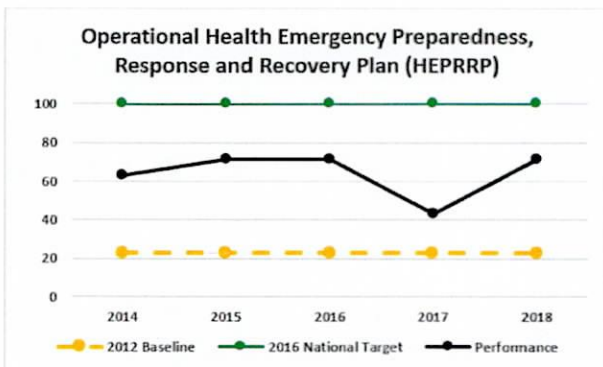
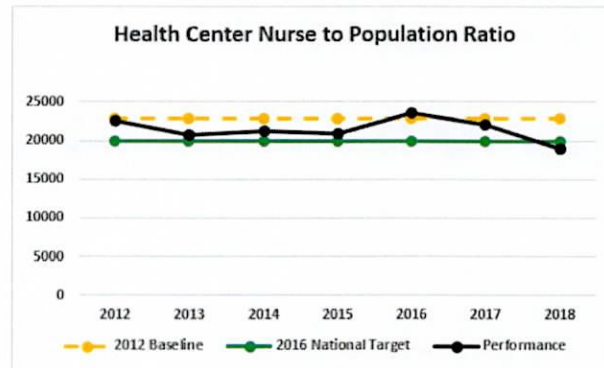
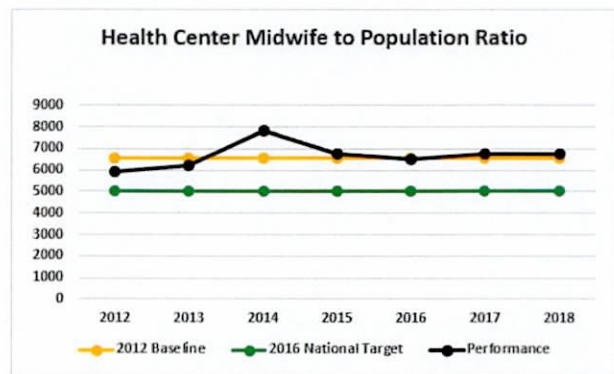
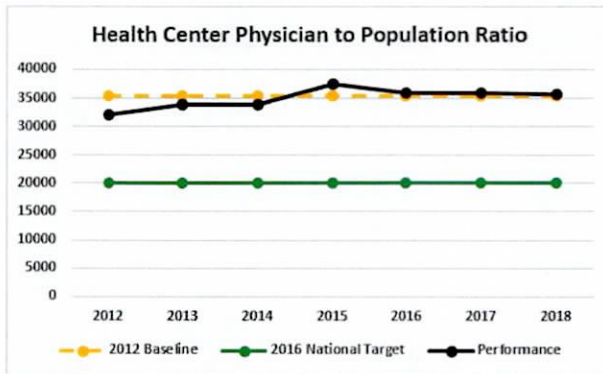
**EFFICIENT HEALTH SECTOR SPENDING
REGION X – NORTHERN MINDANAO**



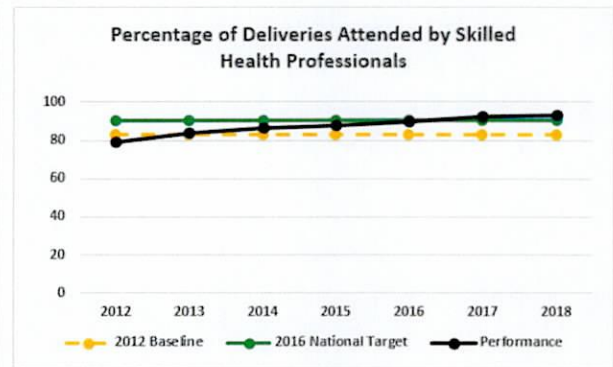
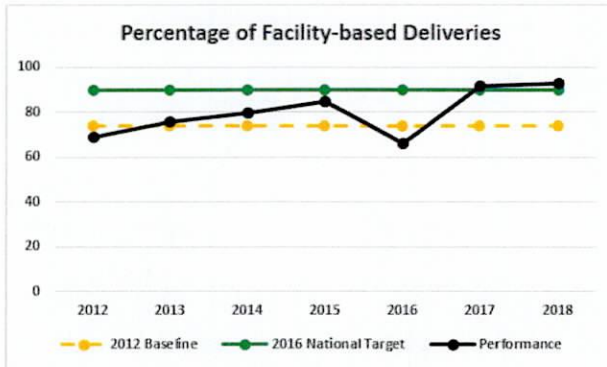
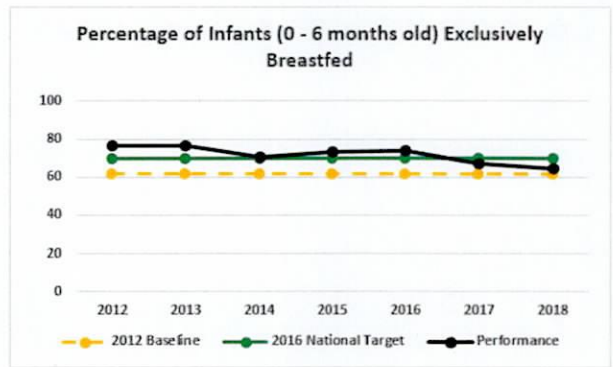
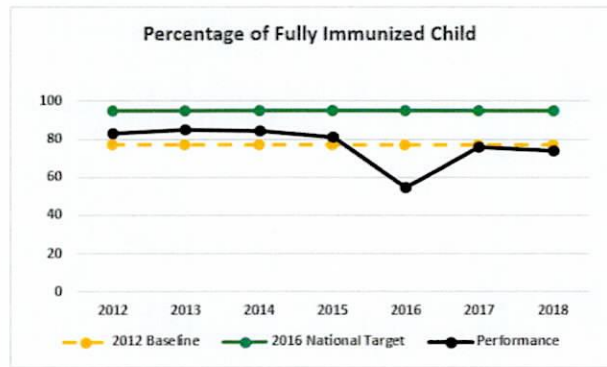
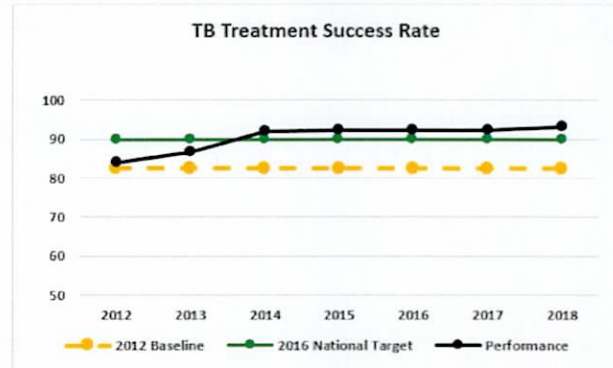
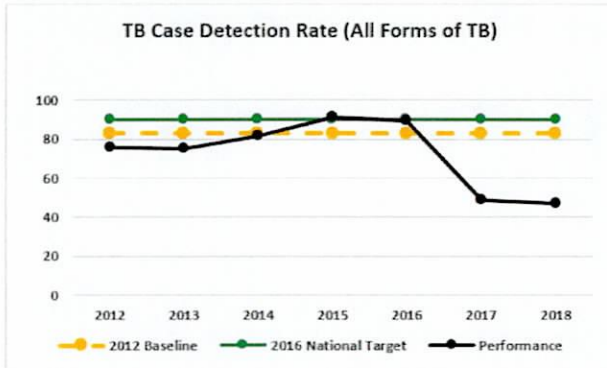
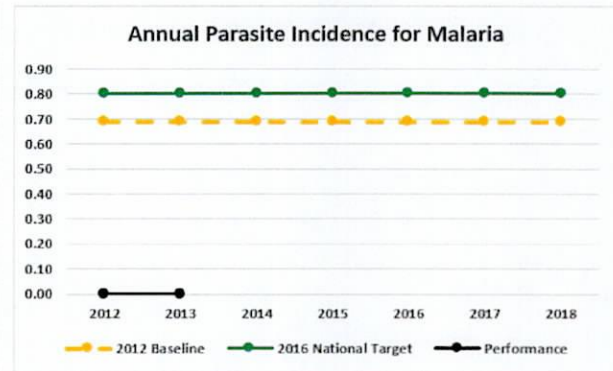
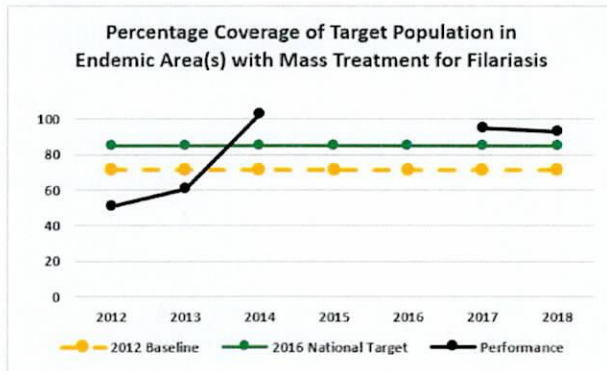
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION X – NORTHERN MINDANAO**

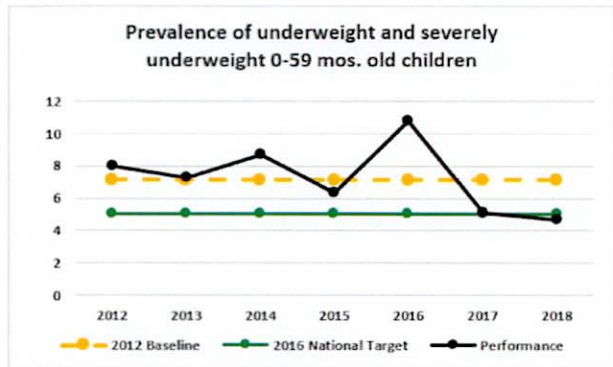
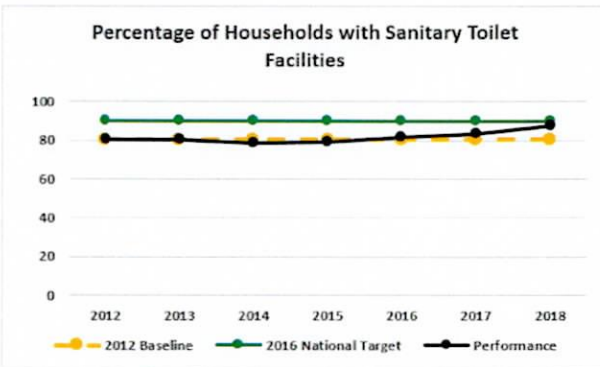
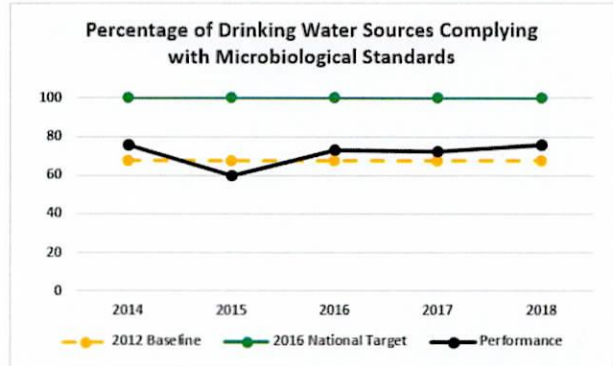
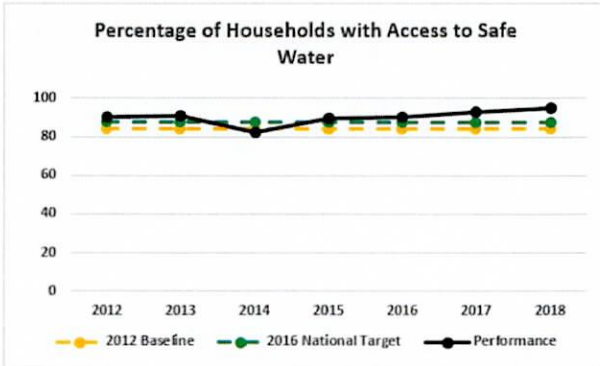
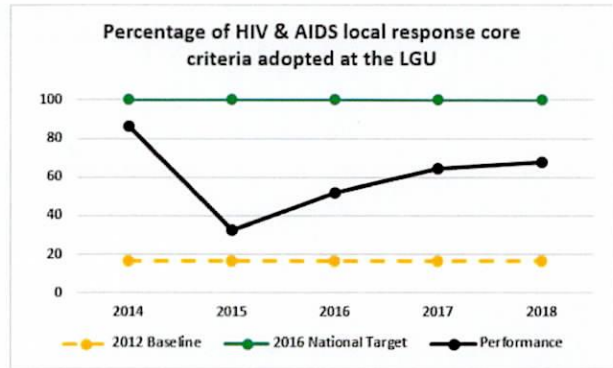
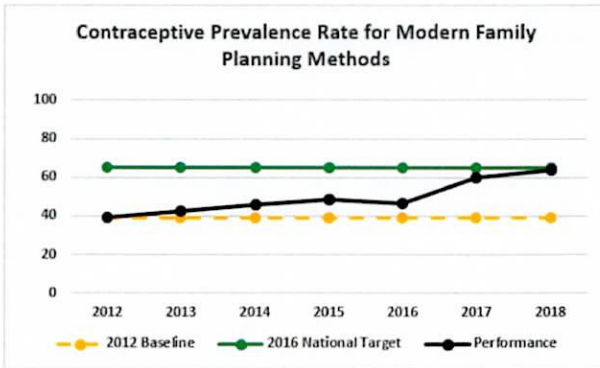


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION X – NORTHERN MINDANAO**

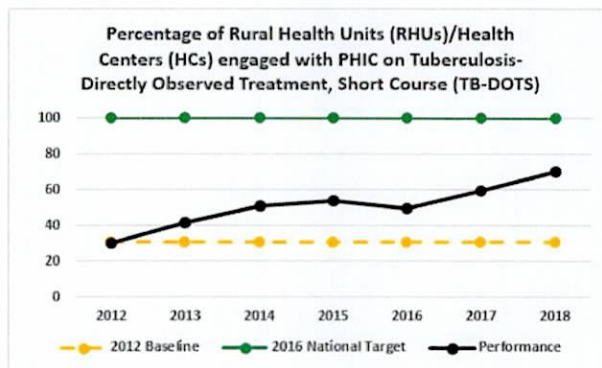
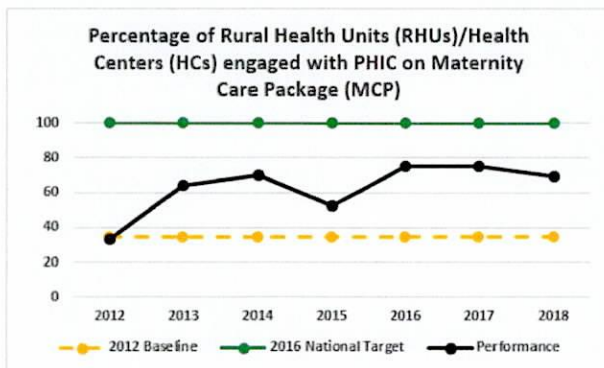
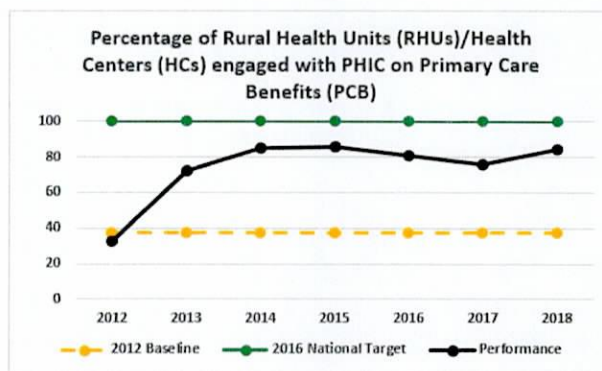
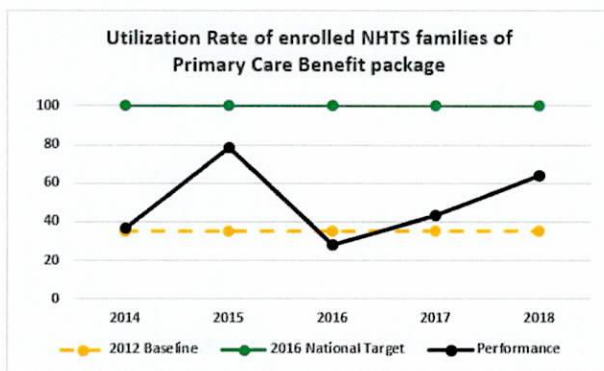


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION X – NORTHERN MINDANAO





**FINANCIAL RISK PROTECTION
REGION X – NORTHERN MINDANAO**



Regional Performance: DAVAO REGION (XI)

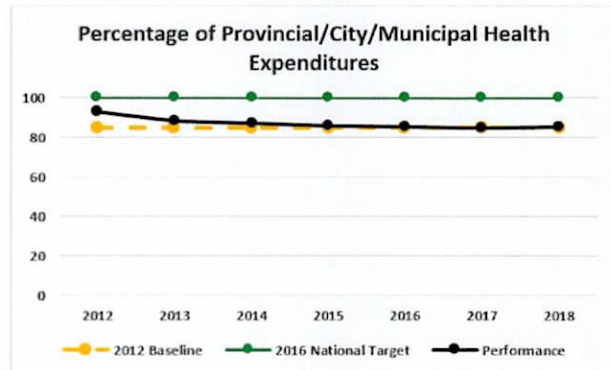
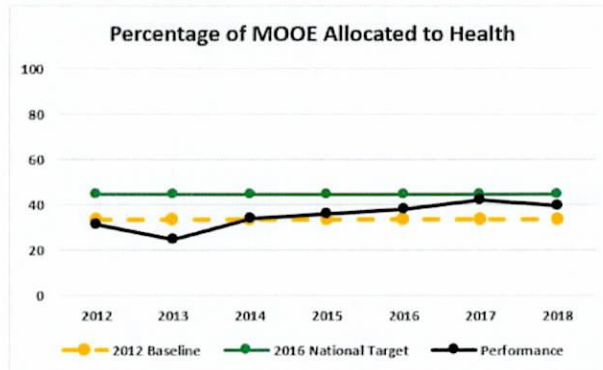
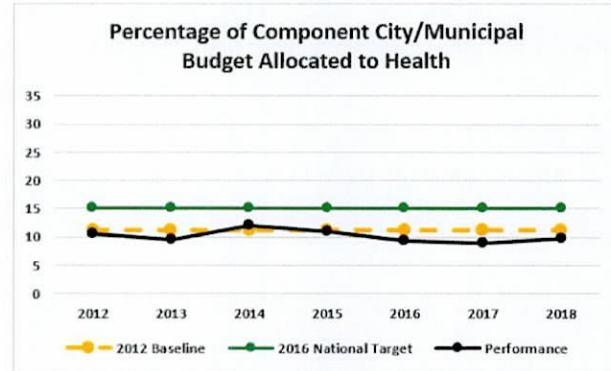
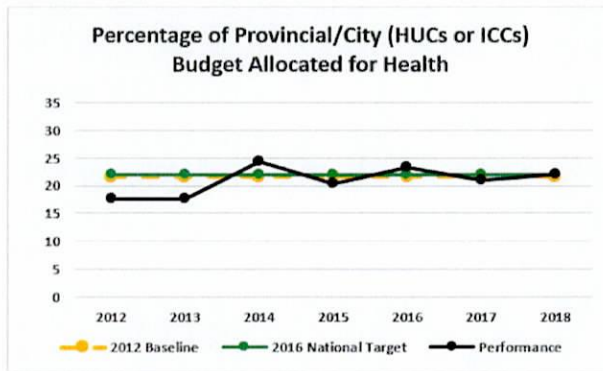
DAVAO REGION reported a steadily increasing maternal health service coverage and an improved budget allocation for health among its provinces, HUCs, and ICCs. The region was also able to curbed the prevalence of undernutrition among children under-five. Challenges remain in utilizing the budget allocation for health, improving the public hospital services, employing the recommended number of HRH, and attaining the target for child immunization coverage.

Table 22. Summary of Regional Performance, Davao Region (XI)

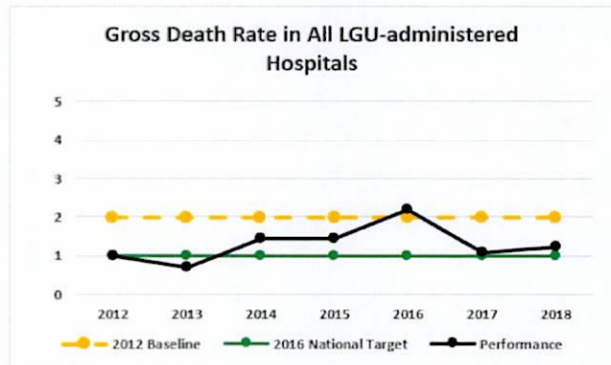
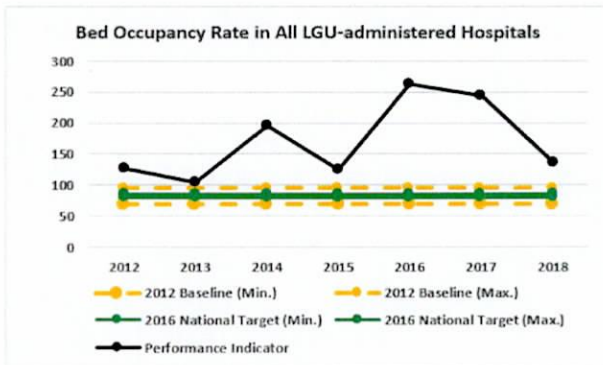
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	22.10	
% Component City/Municipal Budget Allocated to Health	F	15.00	9.71	
% MOOE Allocated to Health	F	45.00	39.78	
% Provincial/City/ Municipal Health Expenditures	F	100.00	85.35	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	136.36	
Gross Death Rate in all LGU-administered hospitals	F	1.00	1.22	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	56,881.67	
Health Center Nurse to Population Ratio	F	20,000.00	33,801.17	
Health Center Midwife to Population Ratio	F	5,000.00	8,264.17	
Operational Health Emergency Preparedness, Response and Recovery Plan/ Disaster Risk Reduction and Management for Health Plan	F	100.00	83.33	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	100.00	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	93.21	
Blood Donation Rate	F	1.00	1.05	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	F	85.00	76.14	
Annual Parasite Incidence for Malaria	F	0.80	0	
TB Case Detection Rate, all forms	F	90.00	41.85	
TB Treatment Success rate, all forms	F	90.00	91.69	
% Fully Immunized Child	F	95.00	66.86	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	56.01	
% Facility-based Deliveries	I	90.00	90.29	
% Deliveries Attended by Skilled Health Professionals	I	90.00	91.25	
Contraceptive Prevalence Rate for Modern Family Planning Methods	I	65.00	77.24	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	51.11	
% Households with Access to Safe Water	F	88.00	93.58	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	59.85	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	87.19	
Prevalence of Underweight and Severely Underweight, 0-59 mos	F	5.00	4.76	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	97.56	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	47.63	
% RHUs/HCs engaged with PHIC on TB-DOTS	I	100.00	78.50	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	18.88	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D- decreased steadily	S – same level as baseline	ND – no data

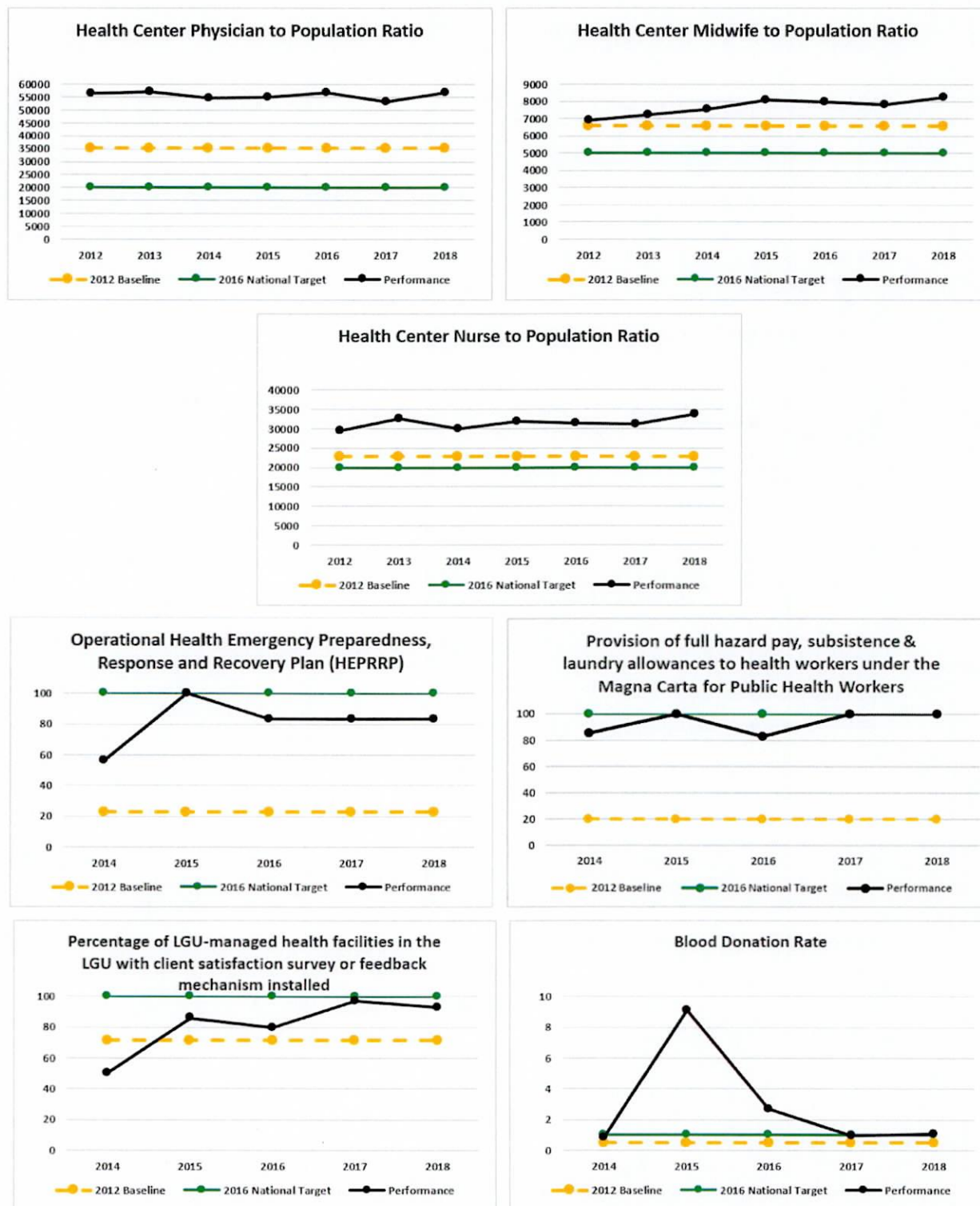
**EFFICIENT HEALTH SECTOR SPENDING
REGION XI – DAVAO REGION**



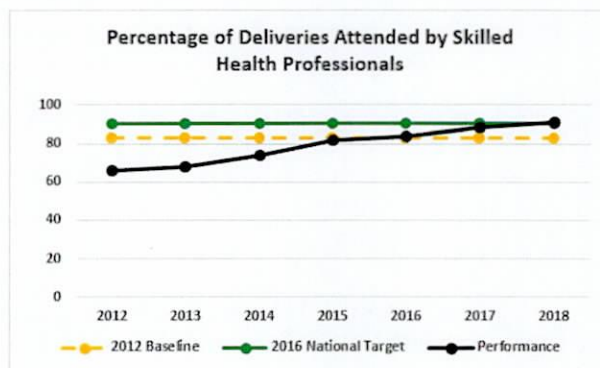
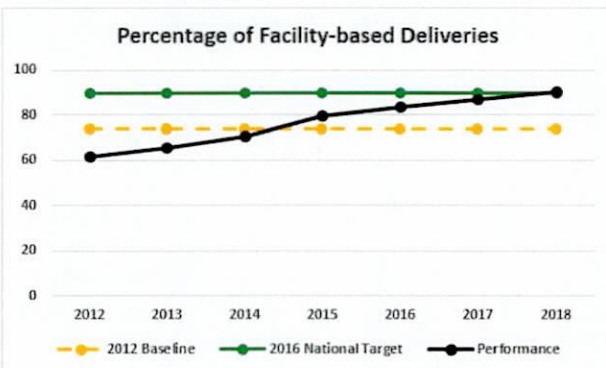
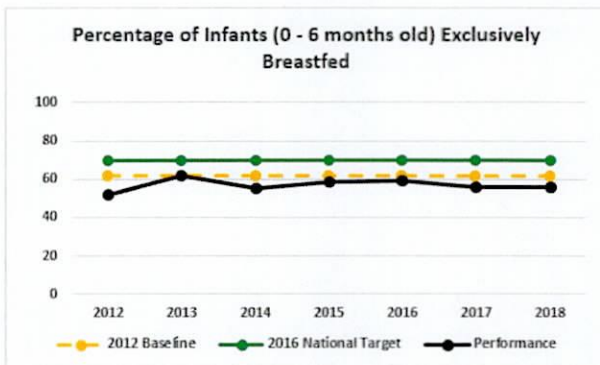
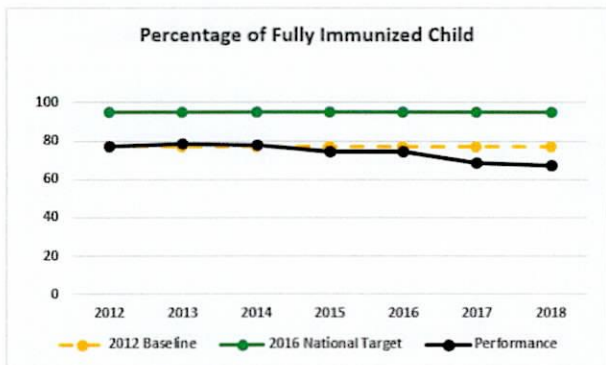
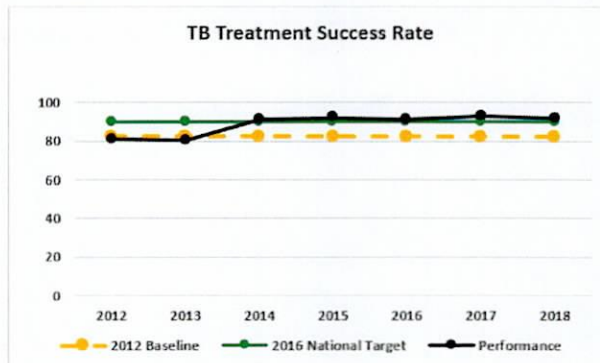
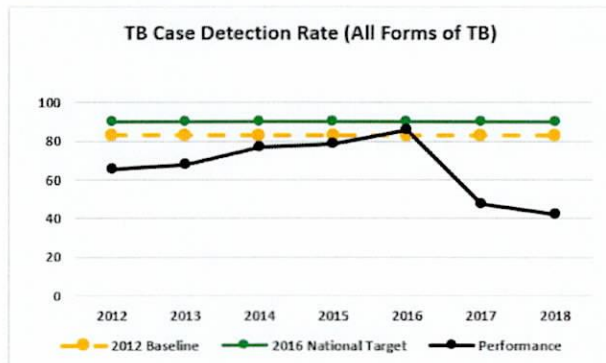
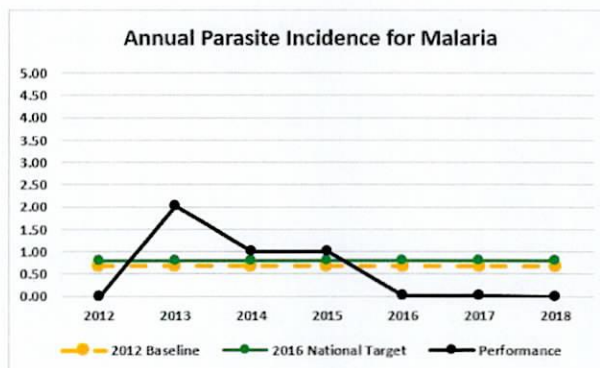
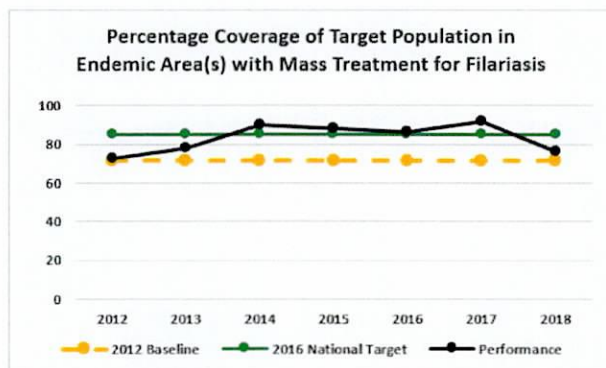
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION XI – DAVAO REGION**

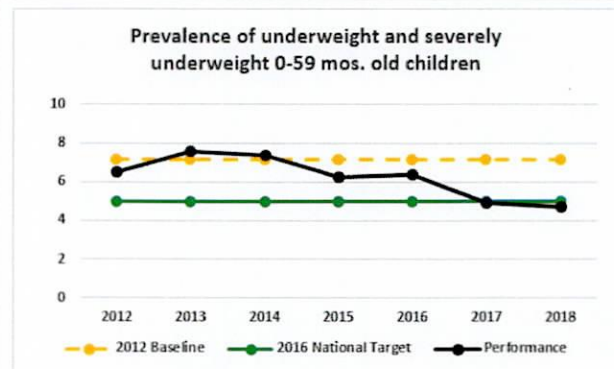
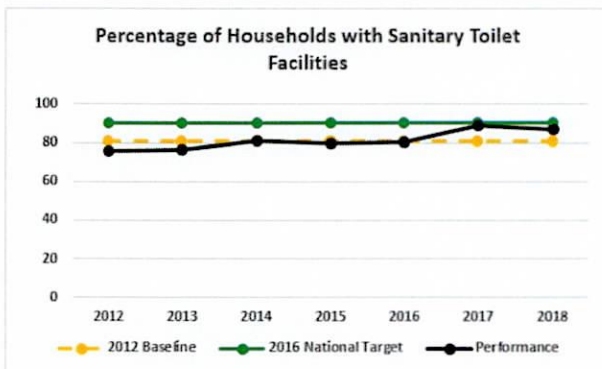
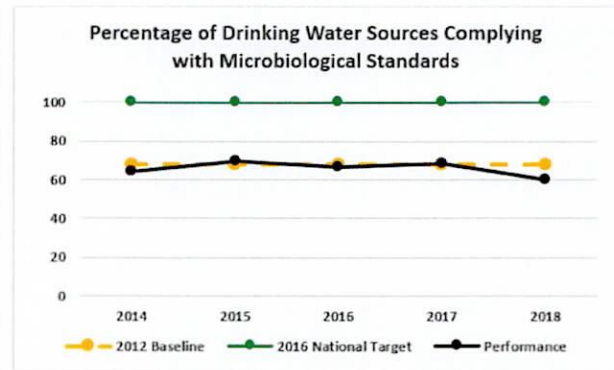
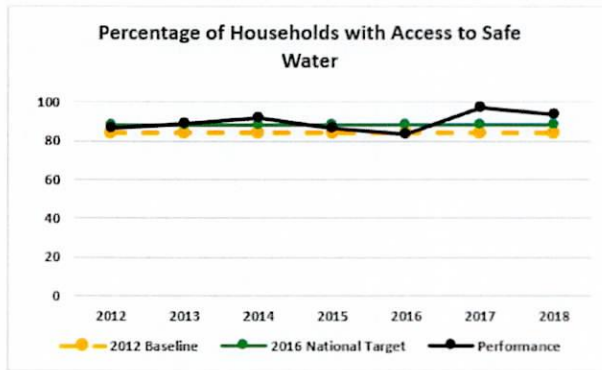
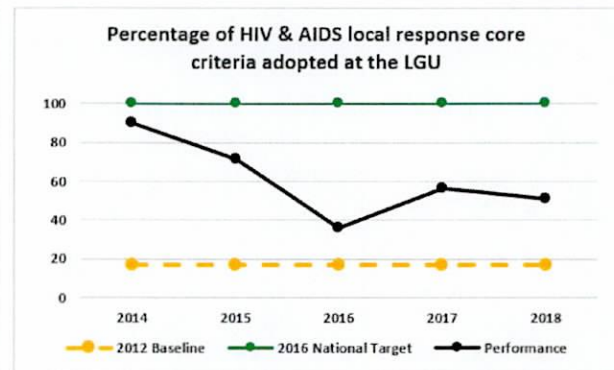
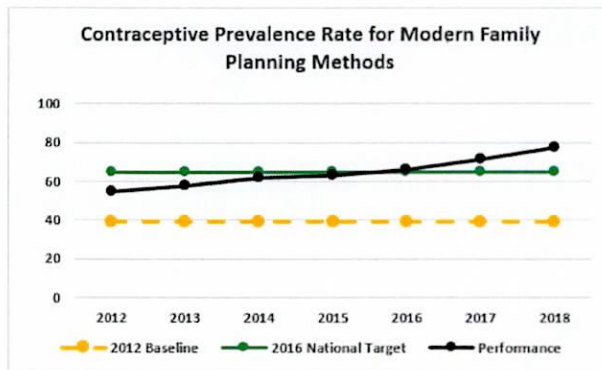


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION XI – DAVAO REGION**

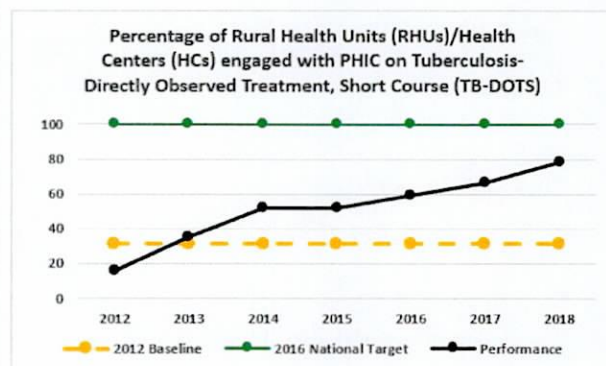
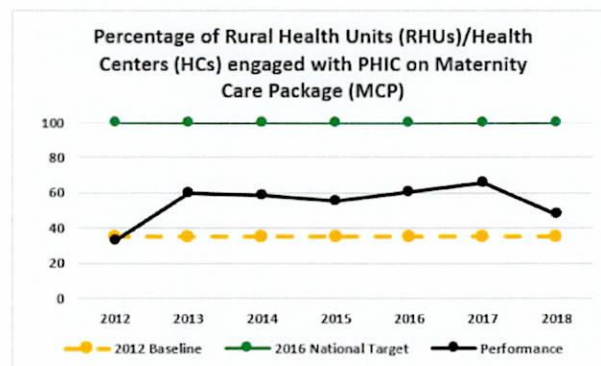
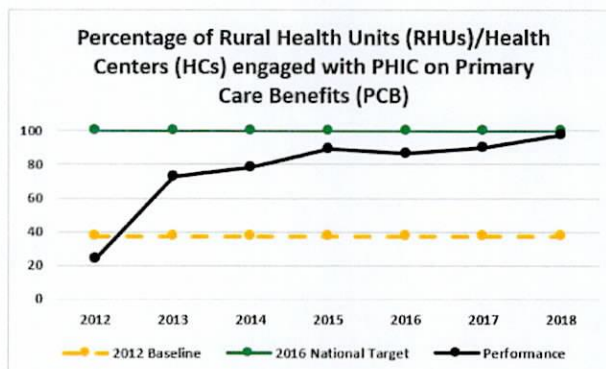
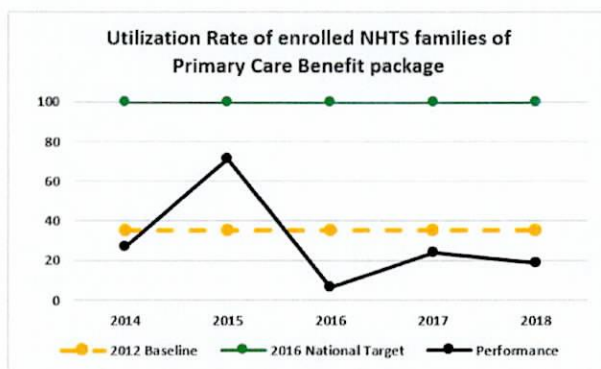


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION XI – DAVAO REGION





**FINANCIAL RISK PROTECTION
REGION XI – DAVAO REGION**



Regional Performance: SOCCSKSARGEN (XII)

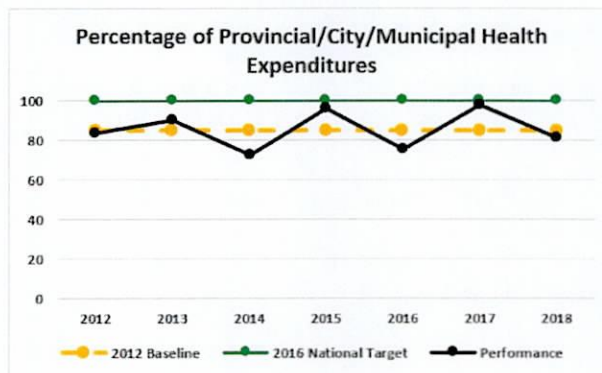
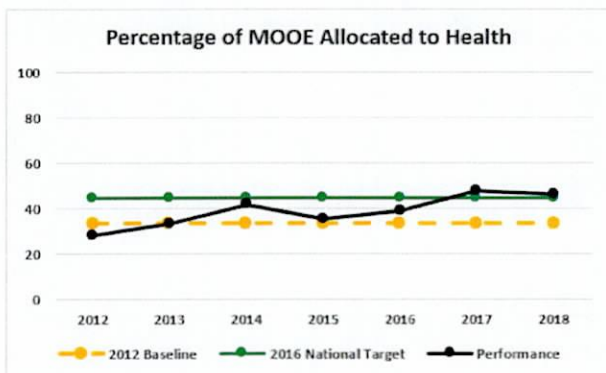
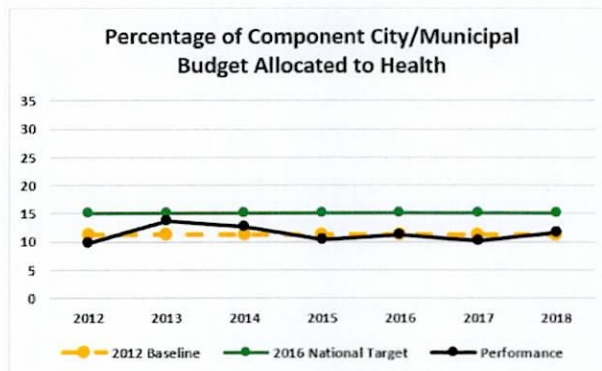
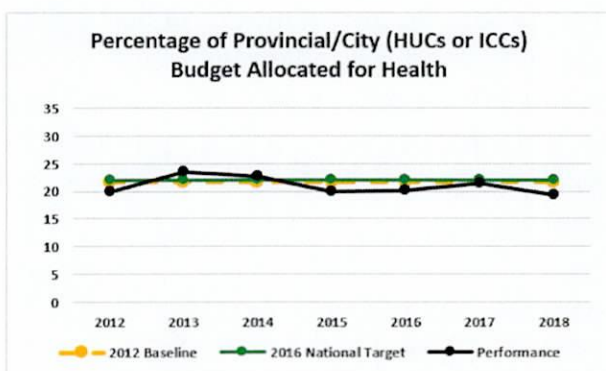
SOCCSKSARGEN reported a steadily decreasing prevalence of undernutrition among children under-five. The region also improved its maternal health service coverage and has installed mechanisms to monitor client satisfaction in all its LGU-managed health facilities. Challenges remain in increasing the health budget allocation and spending, improving the public hospital services, employing the recommended number of HRH, and attaining the target for child immunization coverage.

Table 23. Summary of Regional Performance, SOCCSKSARGEN (XII)

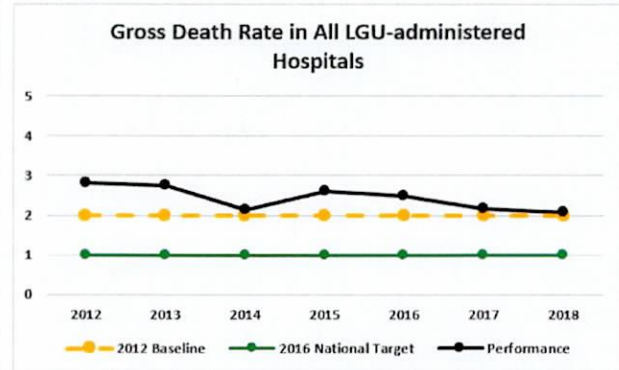
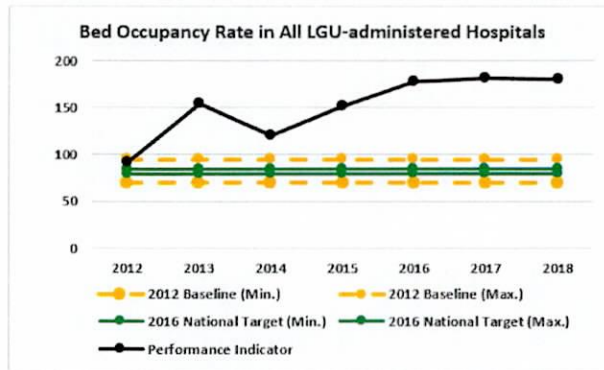
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	19.28	
% Component City/Municipal Budget Allocated to Health	F	15.00	11.64	
% MOOE Allocated to Health	F	45.00	46.08	
% Provincial/City/ Municipal Health Expenditures	F	100.00	81.09	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	179.77	
Gross Death Rate in all LGU-administered hospitals	F	1.00	2.08	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	68,596.33	
Health Center Nurse to Population Ratio	F	20,000.00	22,199.50	
Health Center Midwife to Population Ratio	F	5,000.00	7,721.67	
Operational Health Emergency Preparedness, Response and Recovery Plan/Disaster Risk Reduction and Management for Health Plan	F	100.00	50.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	66.67	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	100.00	
Blood Donation Rate	F	1.00	3.09	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	F	85.00	90.80	
Annual Parasite Incidence for Malaria	F	0.80	0.58	
TB Case Detection Rate, all forms	F	90.00	58.10	
TB Treatment Success rate, all forms	F	90.00	92.89	
% Fully Immunized Child	F	95.00	67.65	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	65.22	
% Facility-based Deliveries	F	90.00	89.54	
% Deliveries Attended by Skilled Health Professionals	I	90.00	90.35	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	76.99	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	60.86	
% Households with Access to Safe Water	F	88.00	94.10	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	89.04	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	85.20	
Prevalence of Underweight and Severely Underweight, 0-59 mos children	D	5.00	5.22	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	91.03	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	62.36	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	66.11	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	38.90	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D- decreased steadily	S – same level as baseline	ND – no data

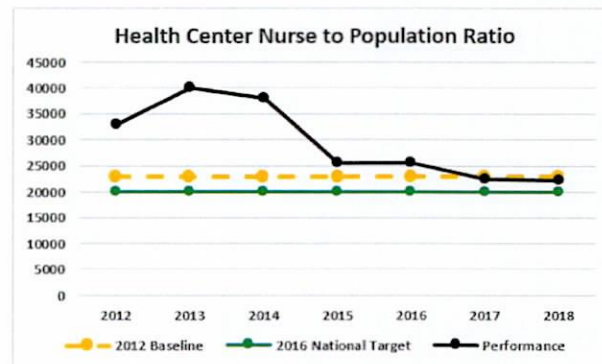
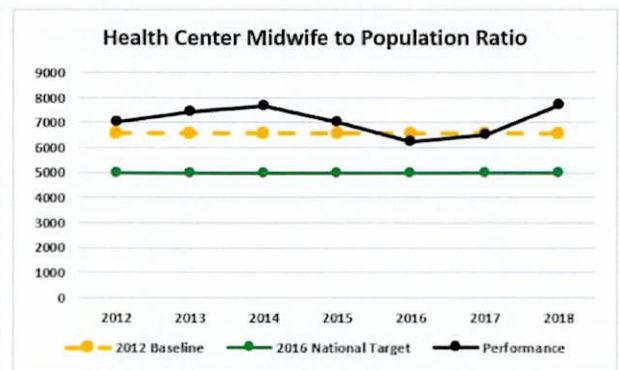
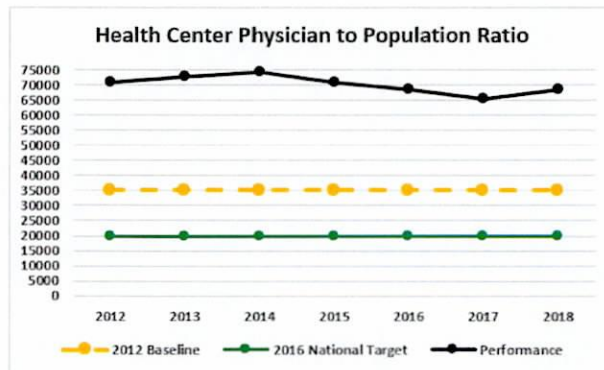
**EFFICIENT HEALTH SECTOR SPENDING
REGION XII – SOCCSKSARGEN**

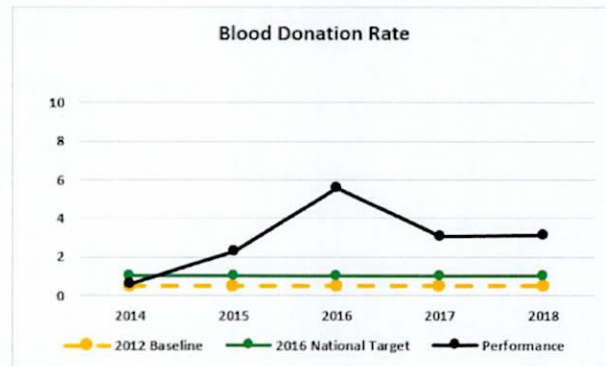
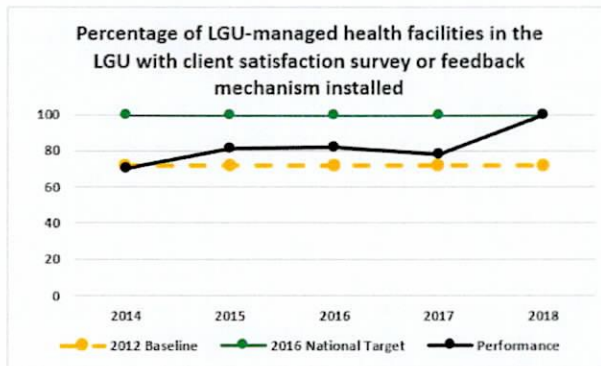
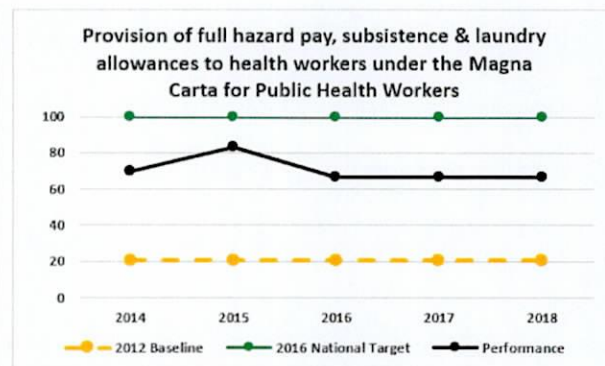
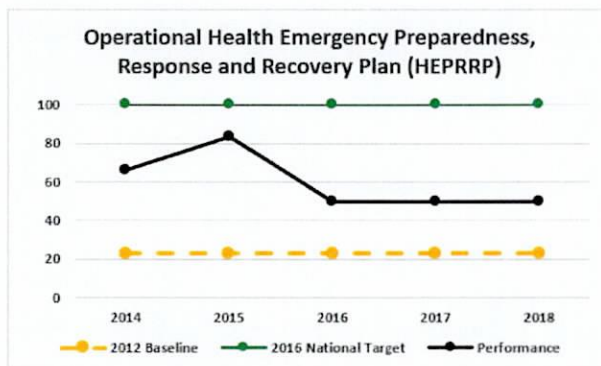


**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION XII – SOCCSKSARGEN**

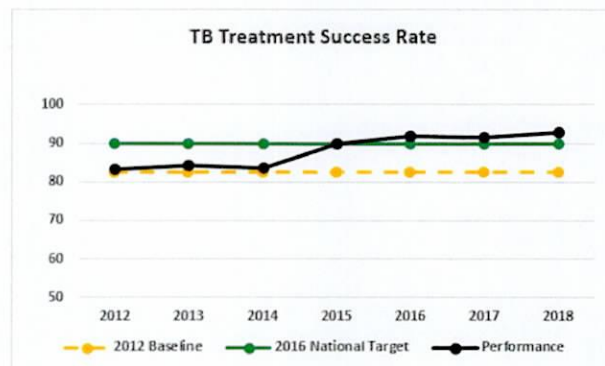
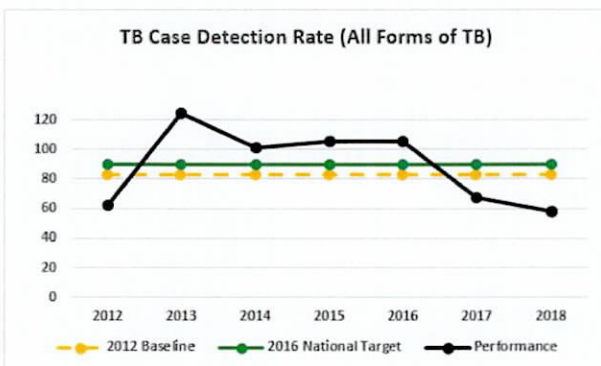
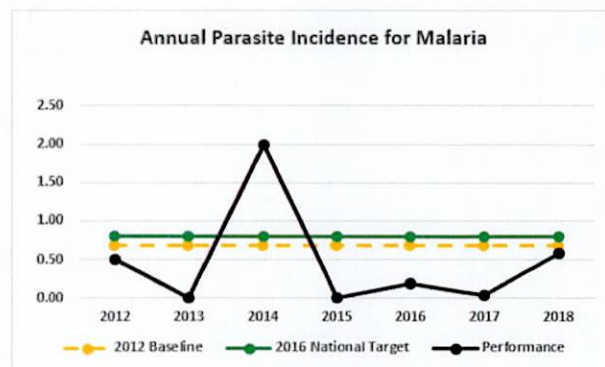
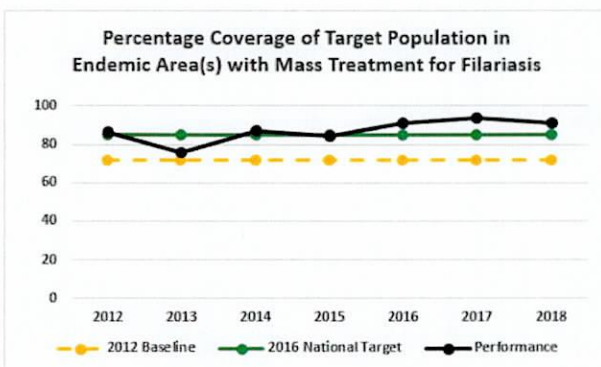


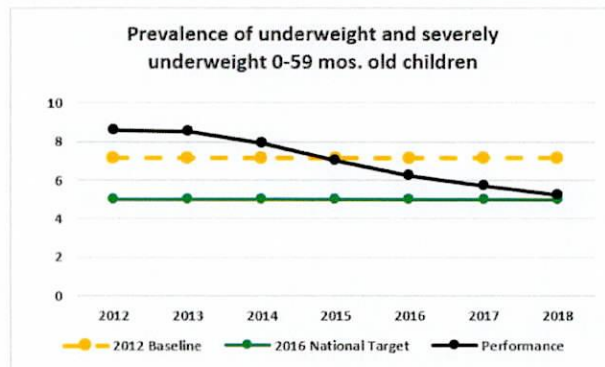
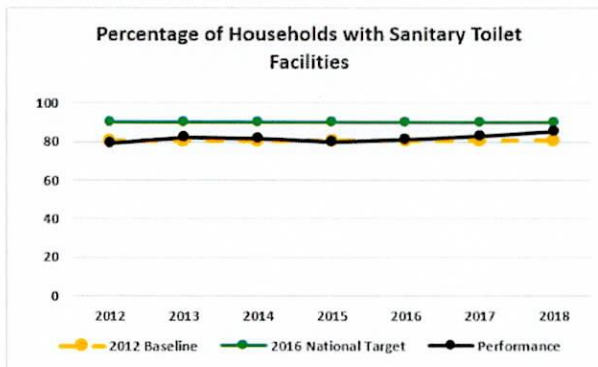
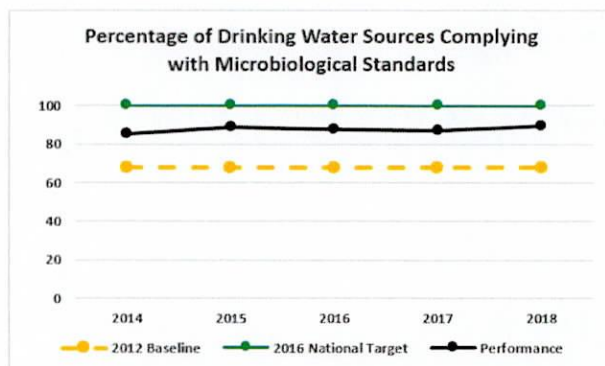
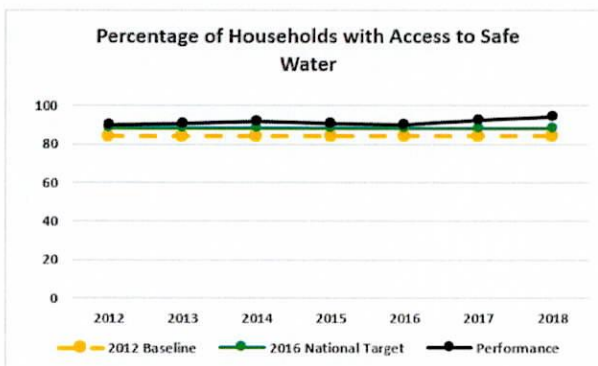
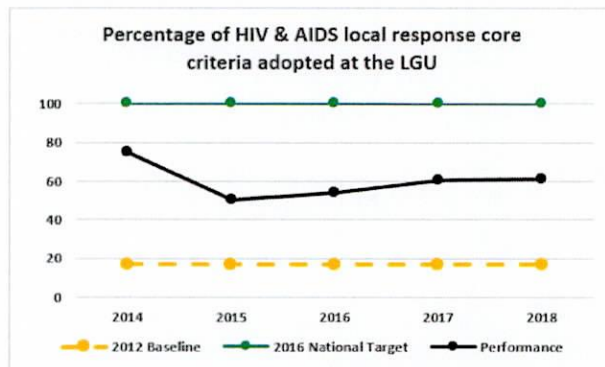
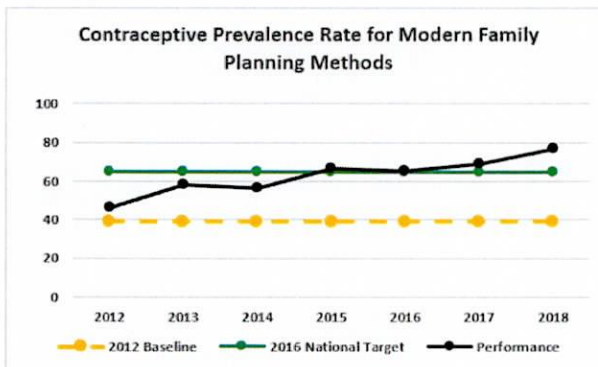
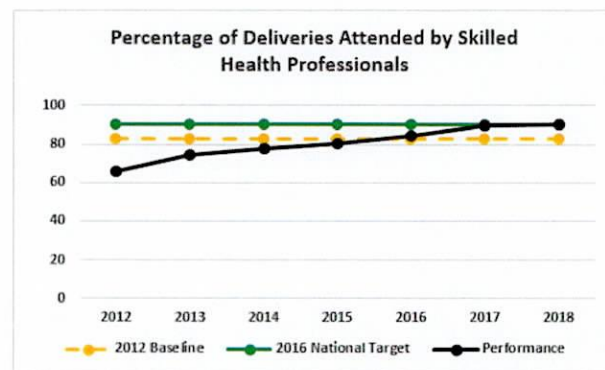
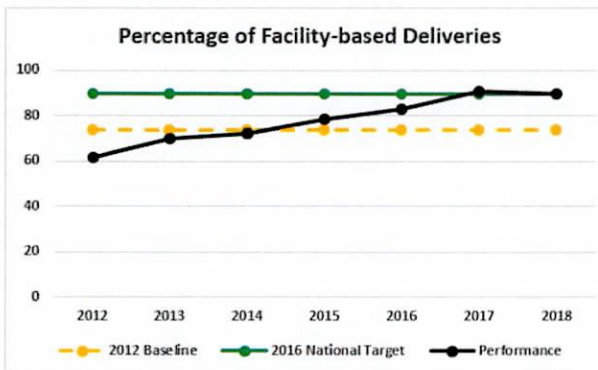
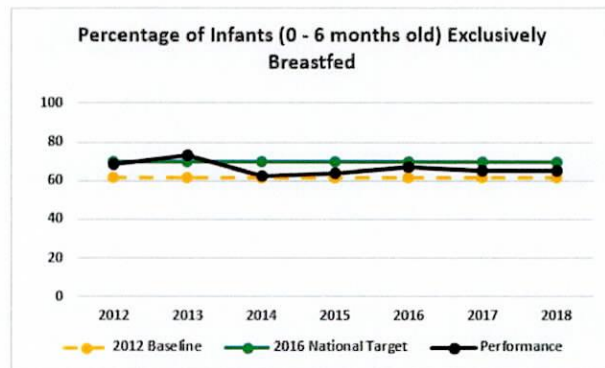
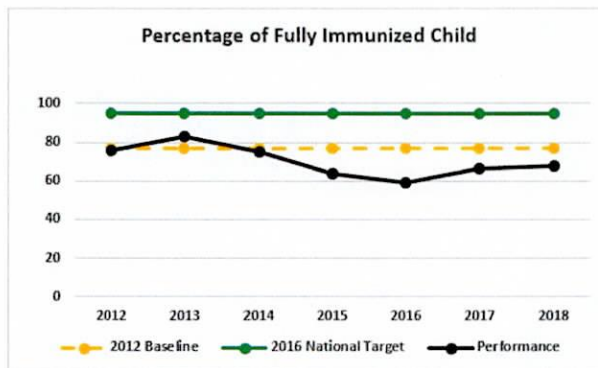
**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION XII – SOCCSKSARGEN**



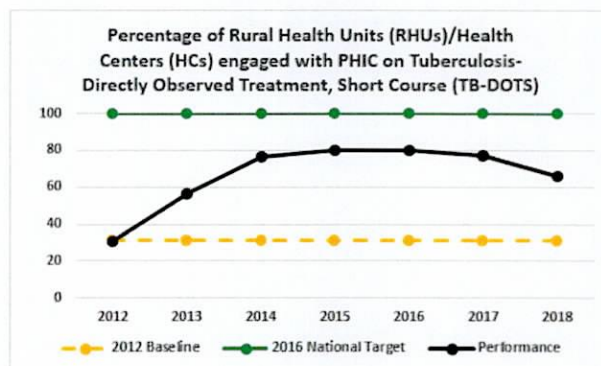
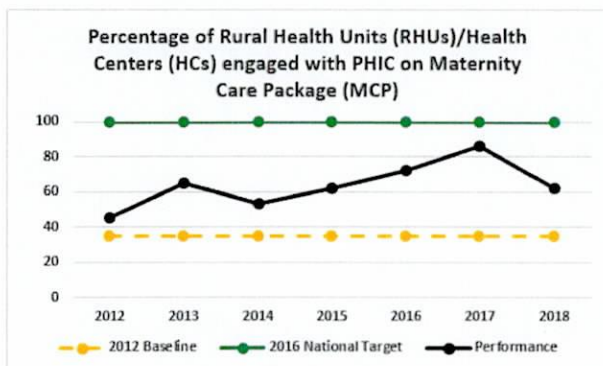
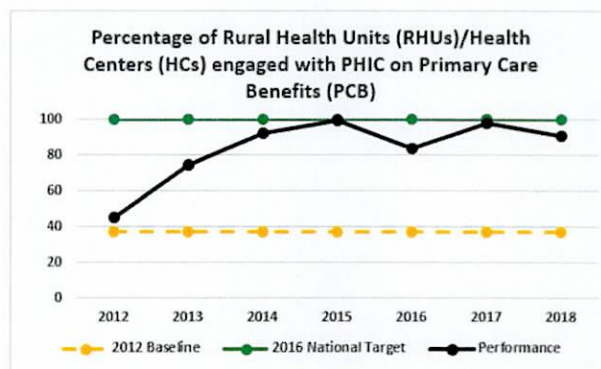
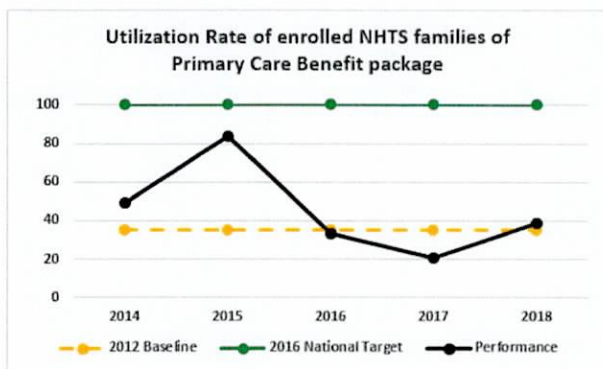


**SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION XII – SOCCSKSARGEN**





**FINANCIAL RISK PROTECTION
REGION XII – SOCCSKSARGEN**



Regional Performance: CARAGA (XIII)

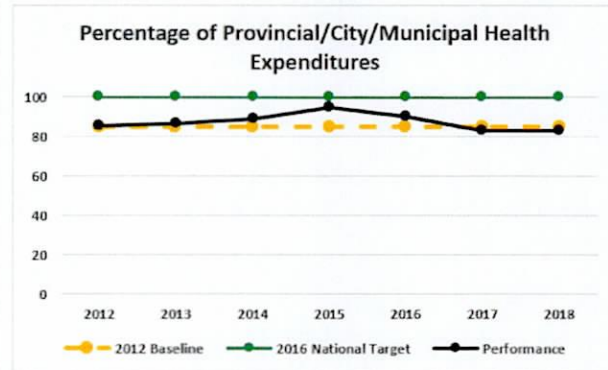
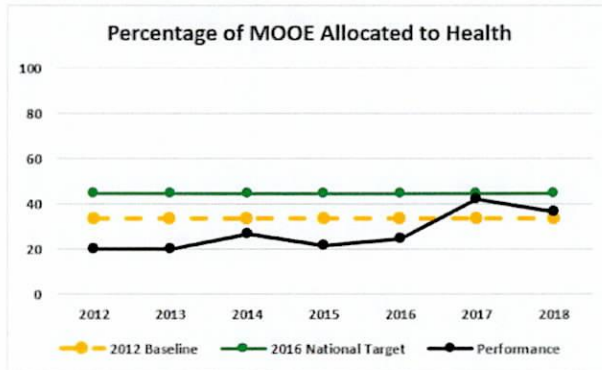
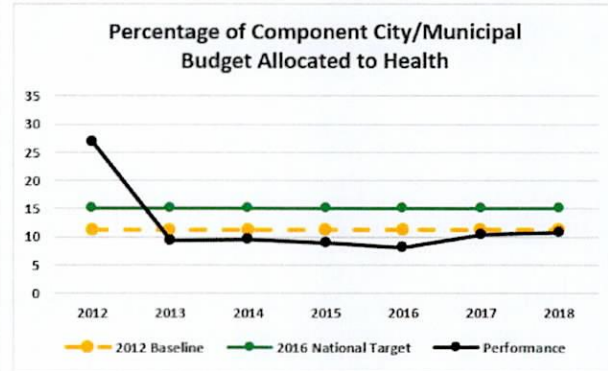
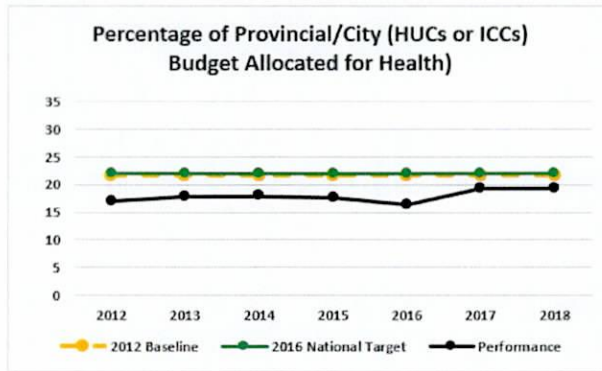
CARAGA reported an excellent performance in all maternal health service indicators. The region has also steadily decreased the prevalence of undernutrition among children under-five. Challenges remain in increasing the health budget allocation and spending, improving the public hospital services, employing the recommended number of HRH, and attaining the target for child immunization coverage.

Table 24. Summary of Regional Performance, CARAGA (XIII)

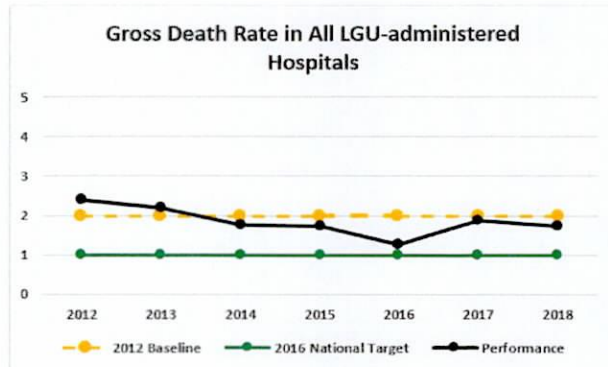
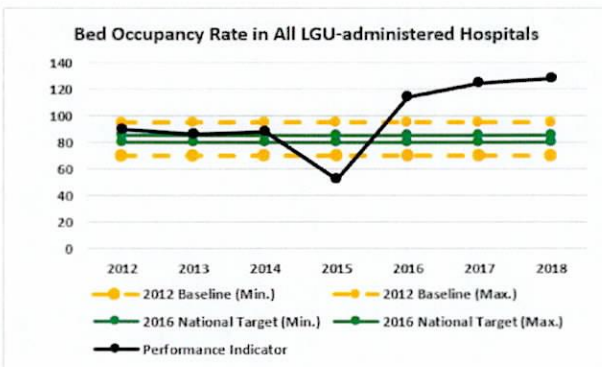
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	19.36	
% Component City/Municipal Budget Allocated to Health	F	15.00	10.81	
% MOOE Allocated to Health	F	45.00	36.52	
% Provincial/City/ Municipal Health Expenditures	F	100.00	83.21	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	128.20	
Gross Death Rate in all LGU-administered hospitals	F	1.00	1.71	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	41,406.83	
Health Center Nurse to Population Ratio	F	20,000.00	20,284.33	
Health Center Midwife to Population Ratio	F	5,000.00	5,946.50	
Operational Health Emergency Preparedness, Response and Recovery Plan (HEPRRP)/ Disaster Risk Reduction and Management for Health (DRMM-H) Plan	F	100.00	50.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	66.67	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	87.50	
Blood Donation Rate	F	1.00	4.57	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	F	85.00	78.11	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	58.00	
TB Treatment Success rate, all forms	F	90.00	93.00	
% Fully Immunized Child	F	95.00	74.00	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	61.70	
% Facility-based Deliveries	F	90.00	92.02	
% Deliveries Attended by Skilled Health Professionals	F	90.00	93.56	
Contraceptive Prevalence Rate for Modern Family Planning Methods	I	65.00	77.00	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	53.51	
% Households with Access to Safe Water	F	88.00	94.00	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	64.82	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	88.00	
Prevalence of Underweight and Severely Underweight, 0-59 mos	D	5.00	6.03	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	98.08	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	58.84	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	67.15	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	38.61	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D – decreased steadily	S – same level as baseline	ND – no data

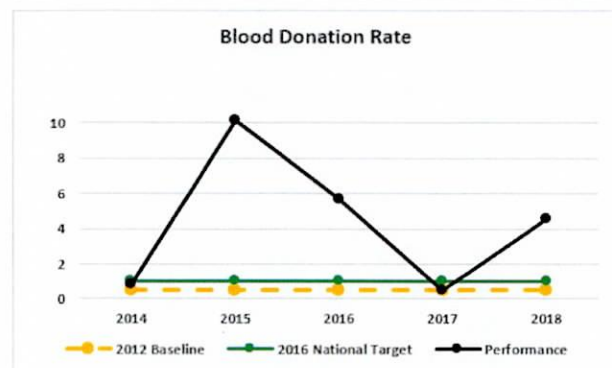
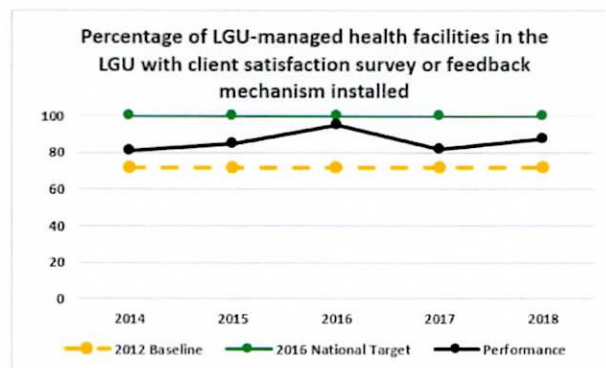
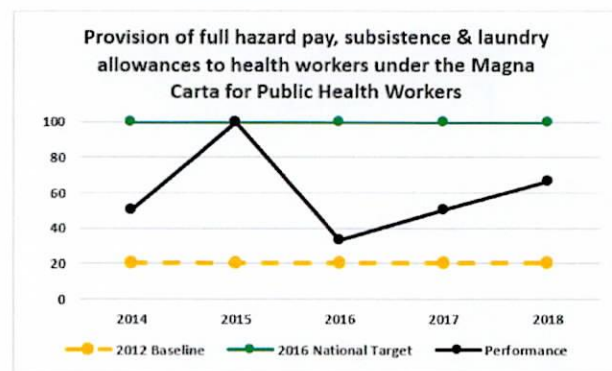
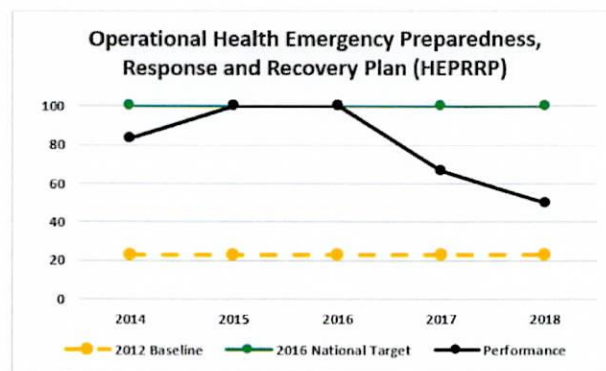
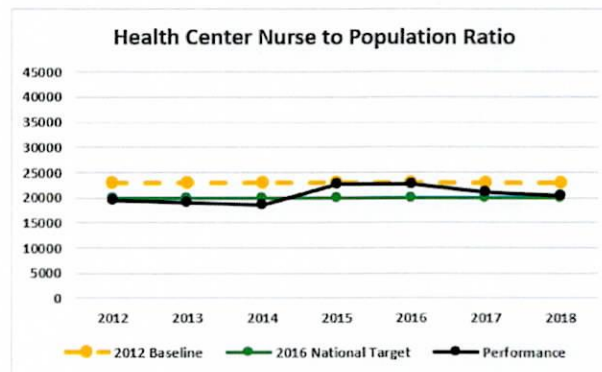
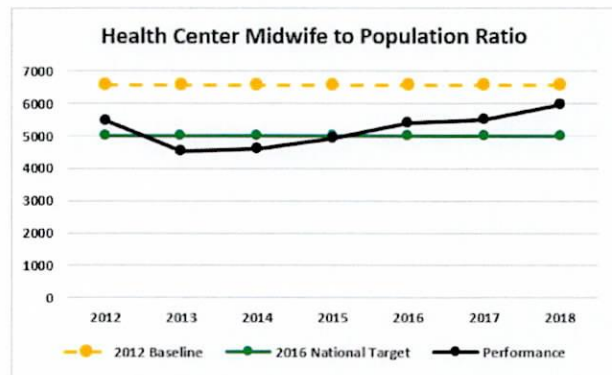
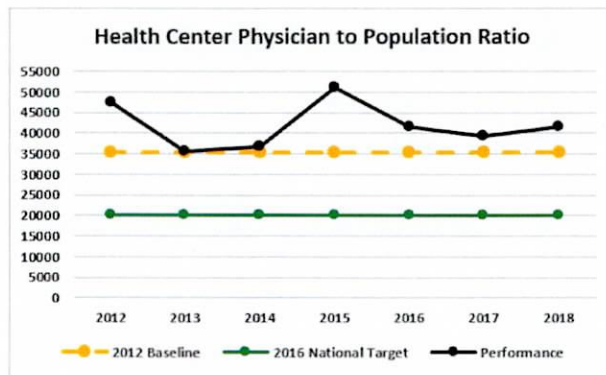
**EFFICIENT HEALTH SECTOR SPENDING
REGION XIII – CARAGA**



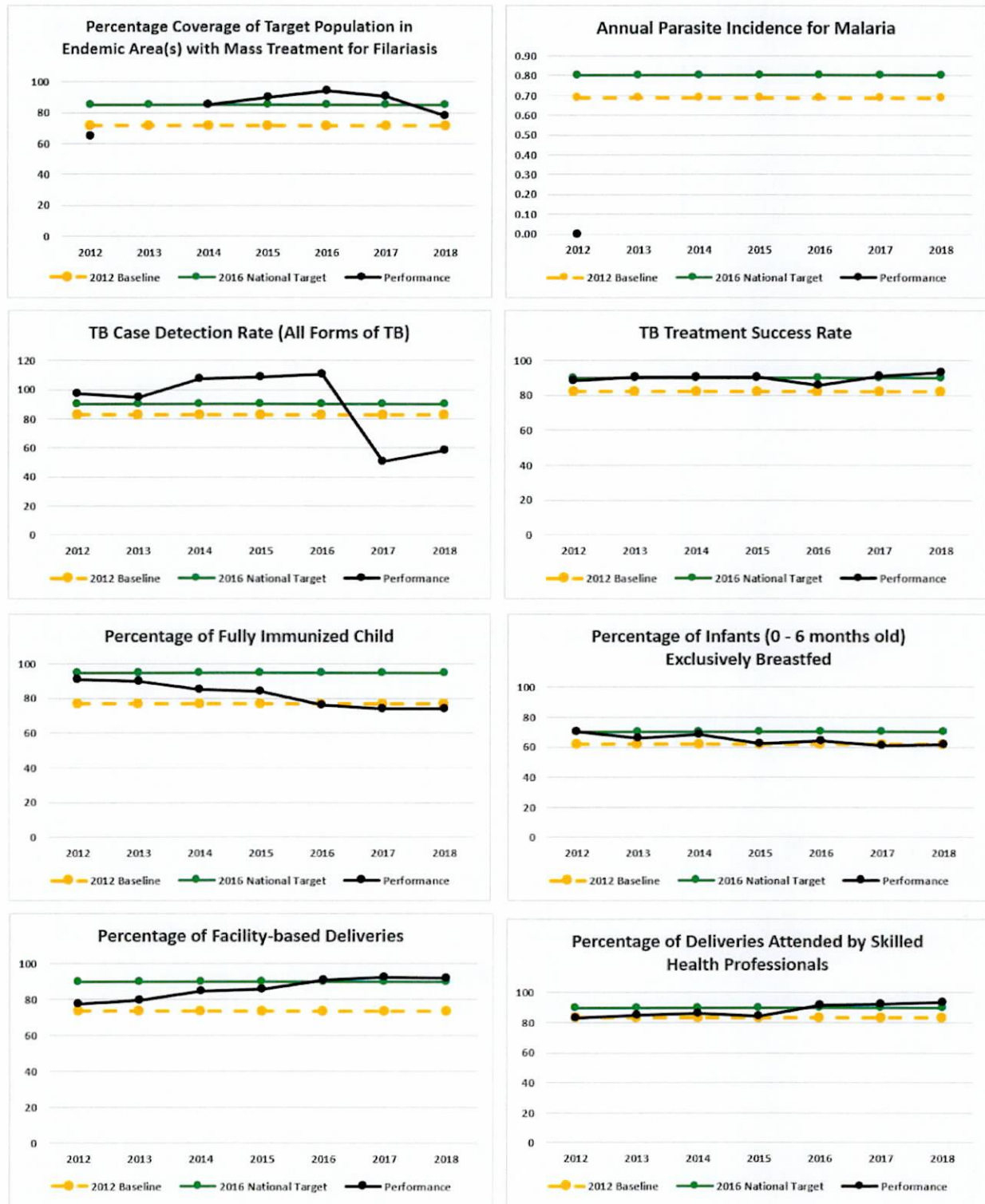
**HEALTH FACILITIES ENHANCEMENT PROGRAM
REGION XIII – CARAGA**

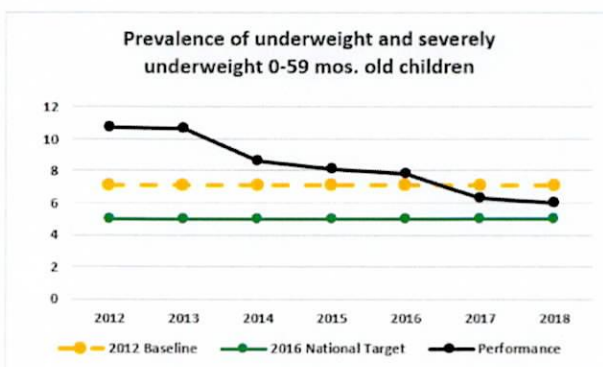
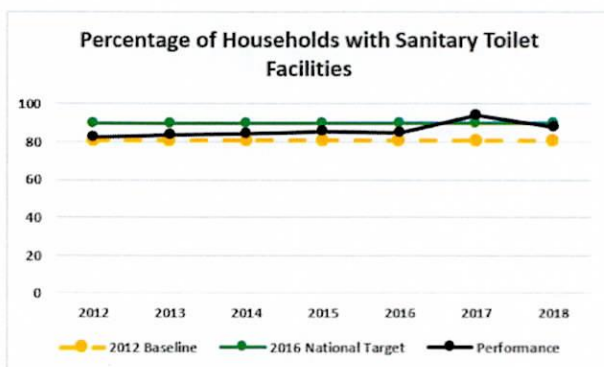
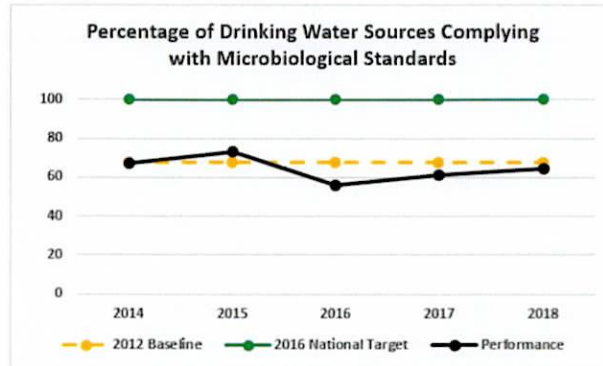
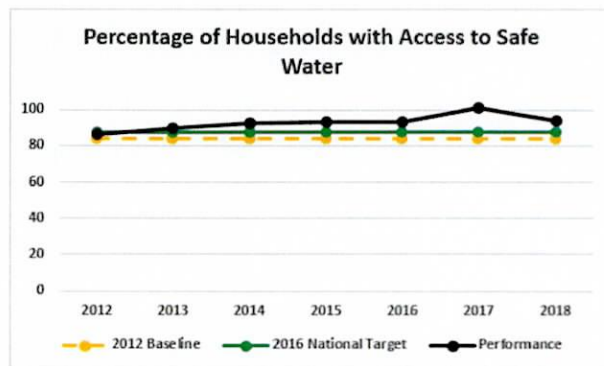
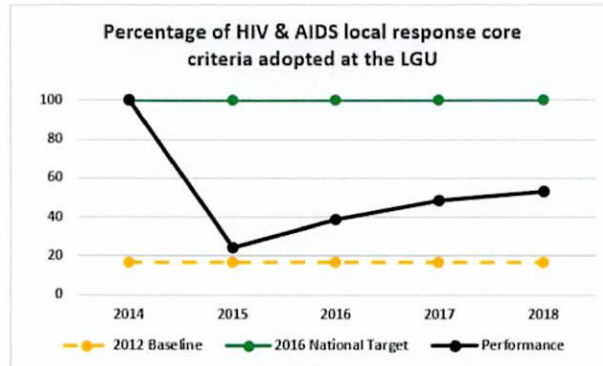
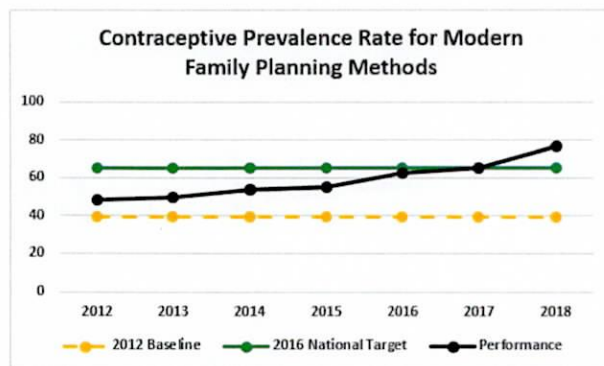


**GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
REGION XIII – CARAGA**

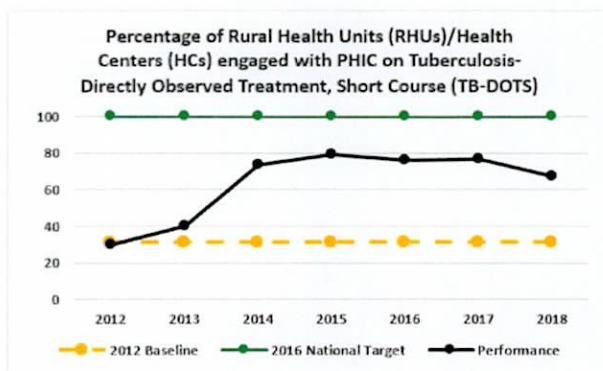
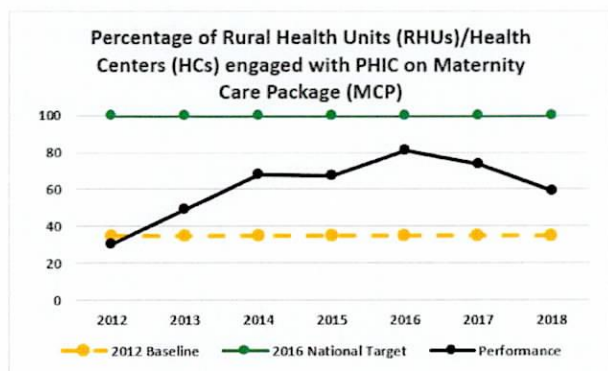
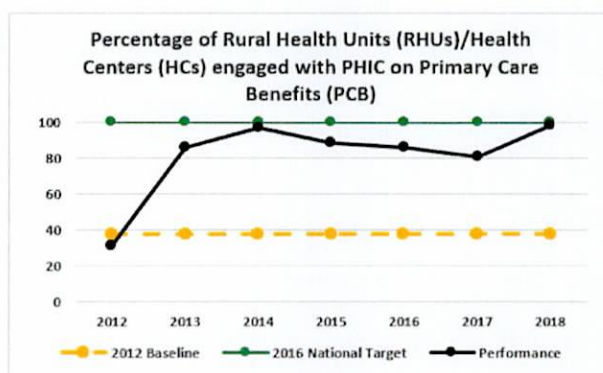
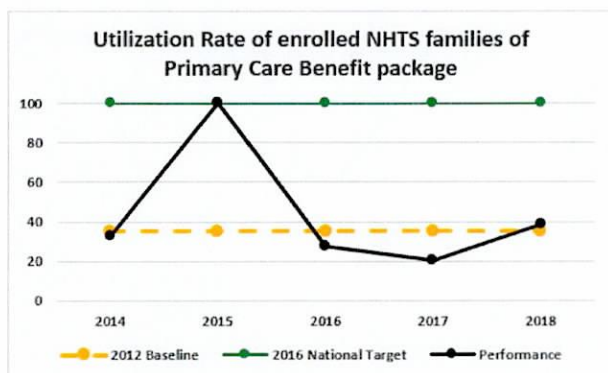


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
REGION XIII – CARAGA





FINANCIAL RISK PROTECTION
REGION XIII – CARAGA



Regional Performance: NATIONAL CAPITAL REGION (NCR)

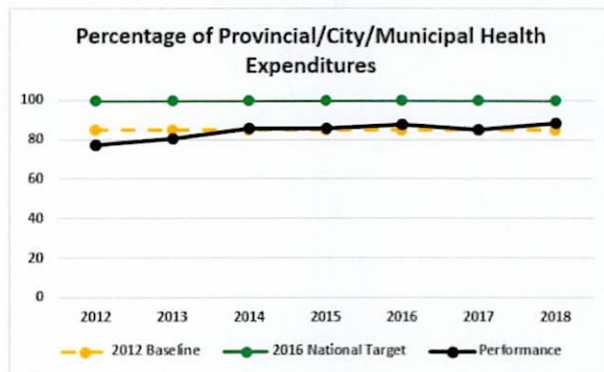
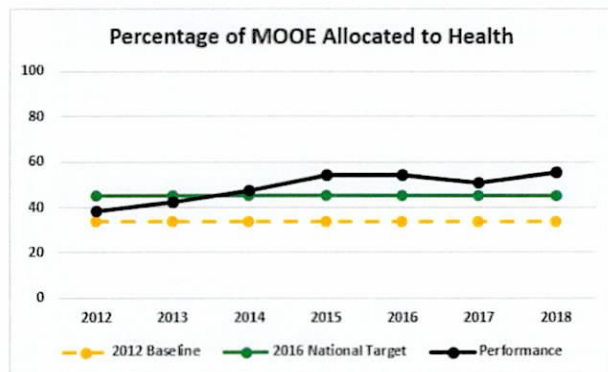
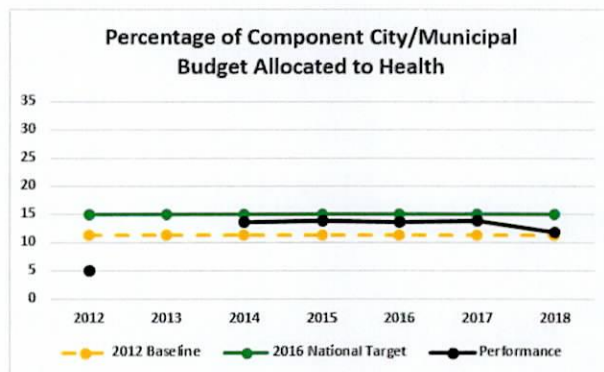
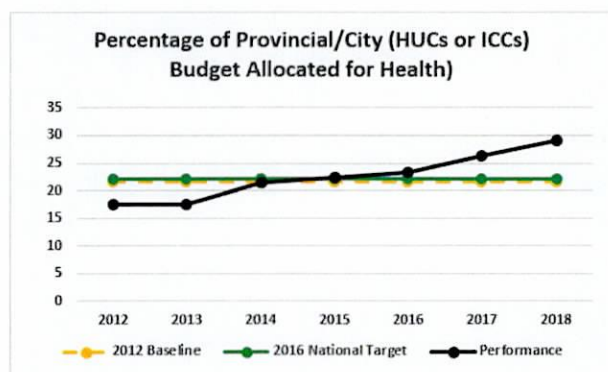
NATIONAL CAPITAL REGION reported an improved health budget allocation among its HUCs. The region has also steadily decreased the prevalence of undernutrition among children under-five, and reached the targets for most maternal and environmental health indicators. Challenges remain in improving the public hospital services, employing the recommended number of HRH, and attaining the target for child immunization coverage.

Table 25. Summary of Regional Performance, NCR

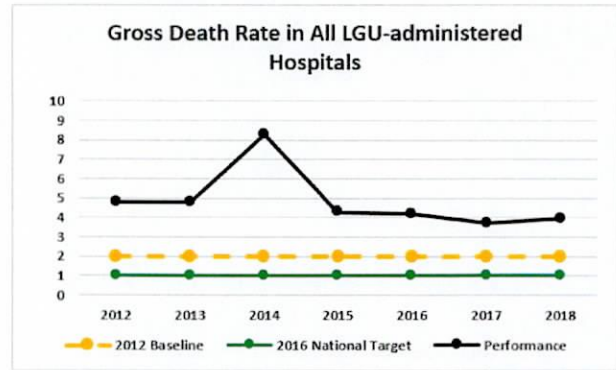
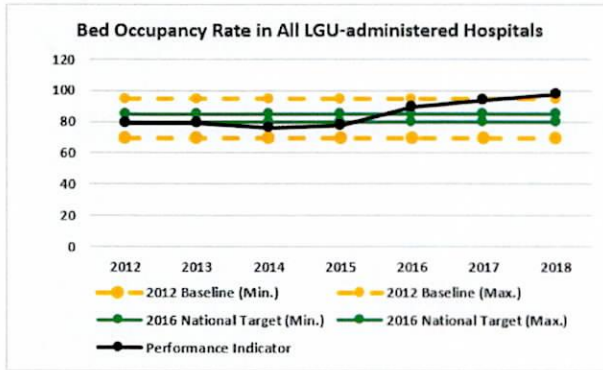
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	28.99	
% Component City/Municipal Budget Allocated to Health	F	15.00	11.86	
% MOOE Allocated to Health	F	45.00	55.10	
% Provincial/City/ Municipal Health Expenditures	F	100.00	88.42	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	97.46	
Gross Death Rate in all LGU-administered hospitals	F	1.00	3.97	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	22,271.47	
Health Center Nurse to Population Ratio	F	20,000.00	17,905.82	
Health Center Midwife to Population Ratio	F	5,000.00	10,905.41	
Operational Health Emergency Preparedness, Response and Recovery Plan/Disaster Risk Reduction and Management for Health Plan	F	100.00	82.35	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	58.82	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	I	100.00	100.00	
Blood Donation Rate	F	1.00	1.07	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	N.A	N.A	N.A	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	69.15	
TB Treatment Success rate, all forms	F	90.00	89.70	
% Fully Immunized Child	F	95.00	70.04	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	46.38	
% Facility-based Deliveries	I	90.00	95.71	
% Deliveries Attended by Skilled Health Professionals	F	90.00	97.39	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	43.89	
% HIV and AIDS local response core criteria adopted at the LGU	I	100.00	100.00	
% Households with Access to Safe Water	F	88.00	98.73	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	99.37	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	95.38	
Prevalence of Underweight and Severely Underweight 0-59 mos.	D	5.00	1.36	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	91.01	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	4.44	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	61.68	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	45.69	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily D – decreased steadily	F – fluctuated S – same level as baseline	N.A – not applicable ND – no data

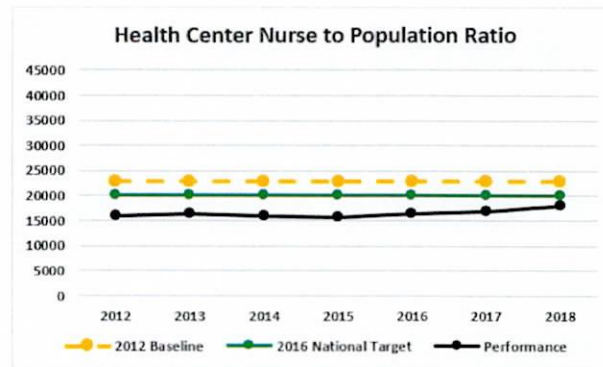
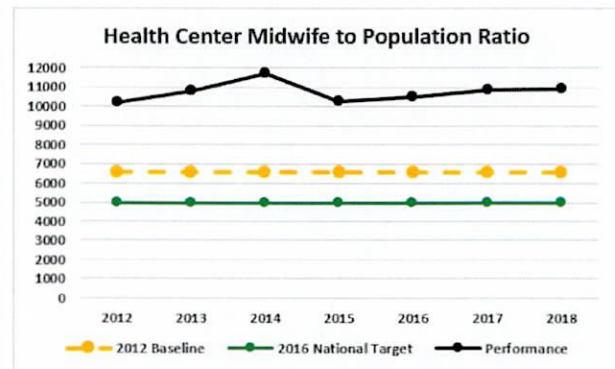
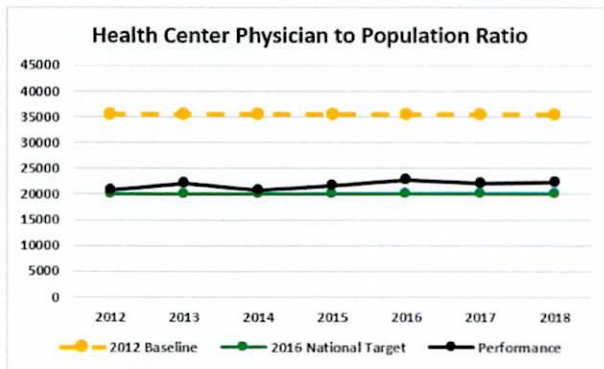
**EFFICIENT HEALTH SECTOR SPENDING
NATIONAL CAPITAL REGION**

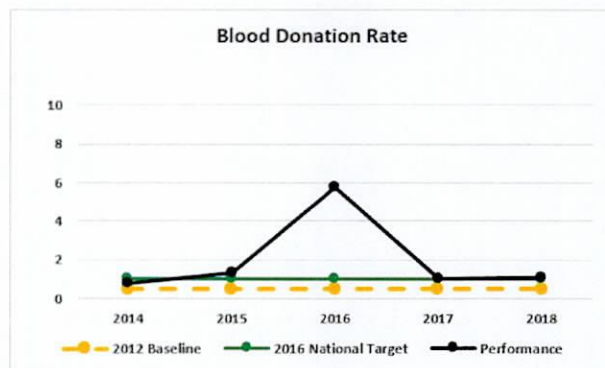
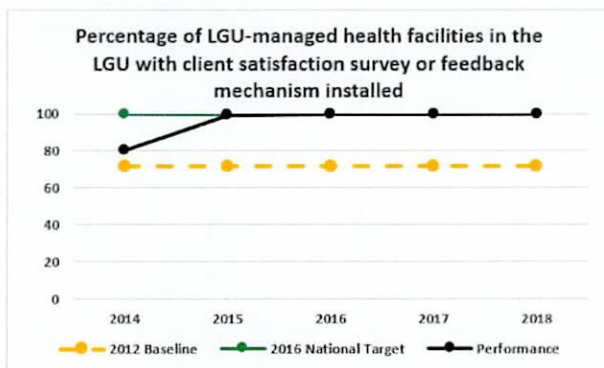
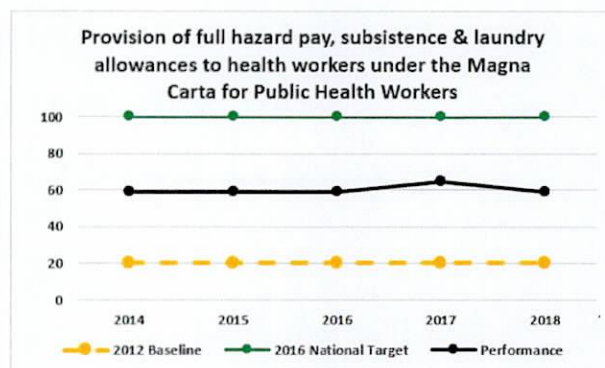
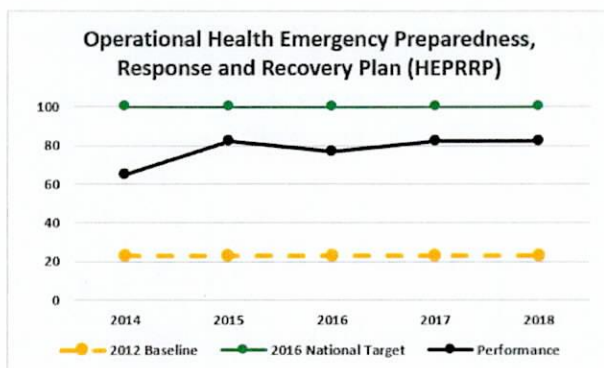


HEALTH FACILITIES ENHANCEMENT PROGRAM NATIONAL CAPITAL REGION

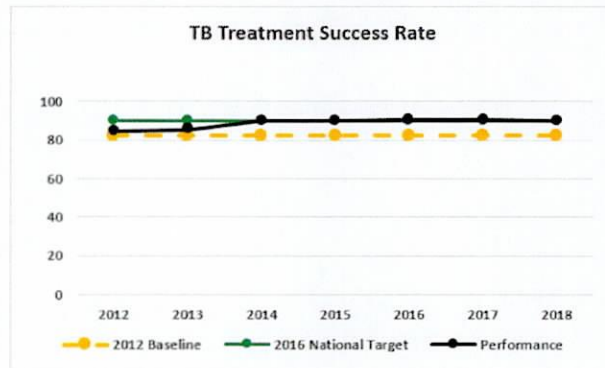
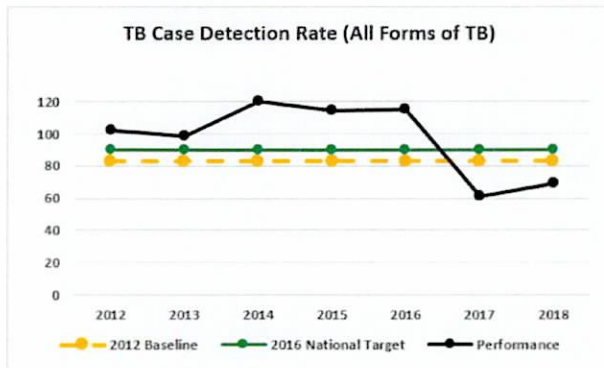
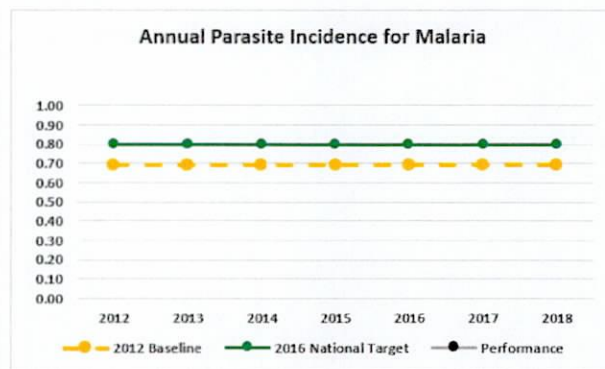
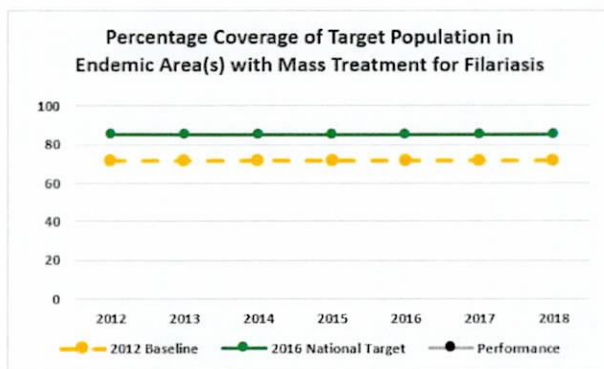


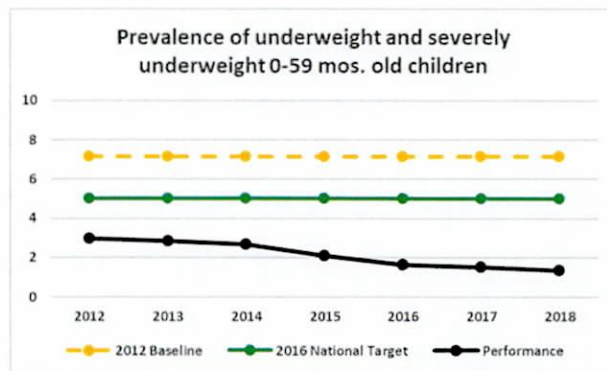
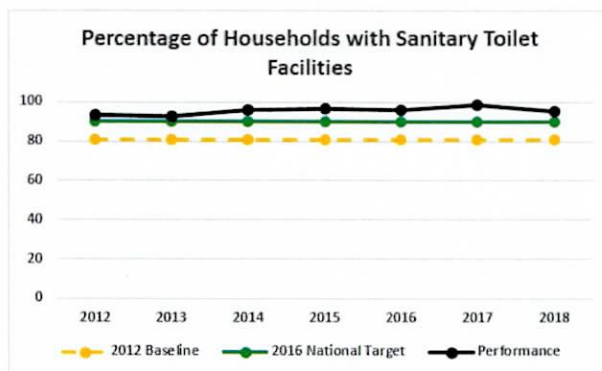
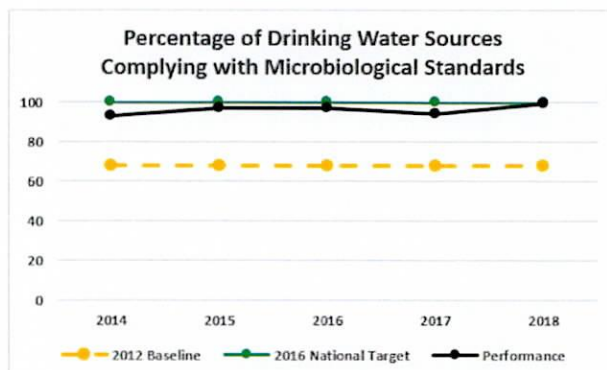
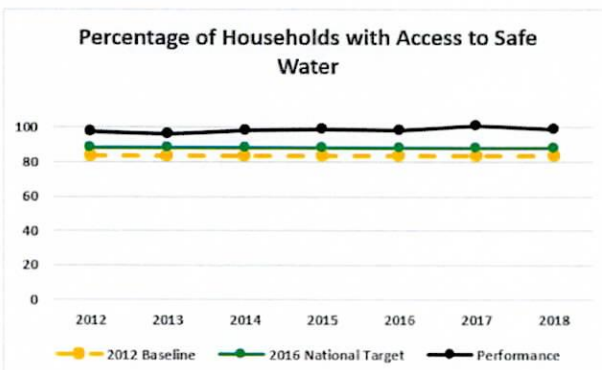
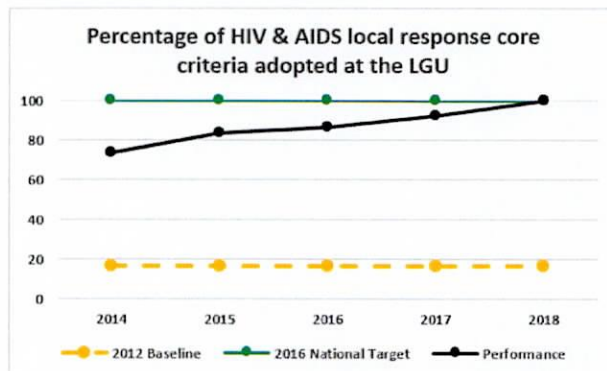
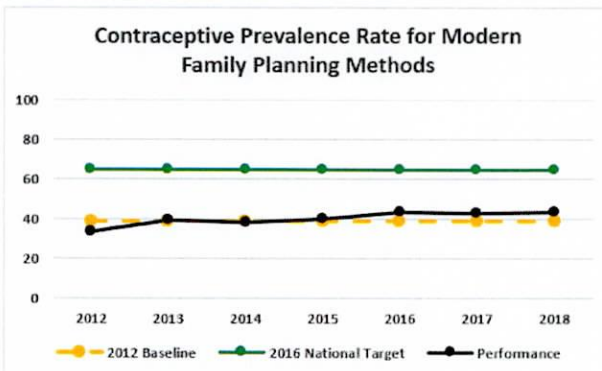
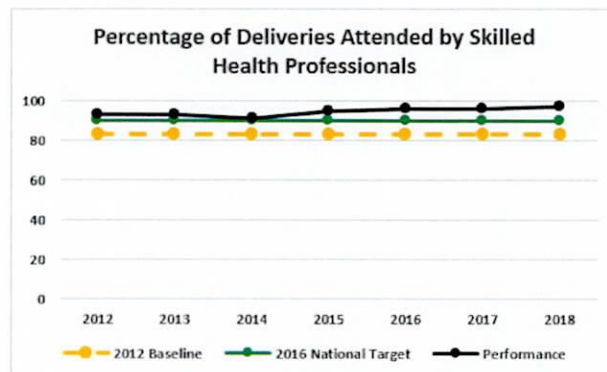
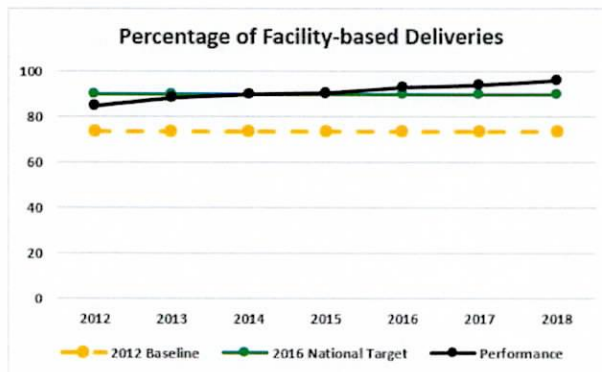
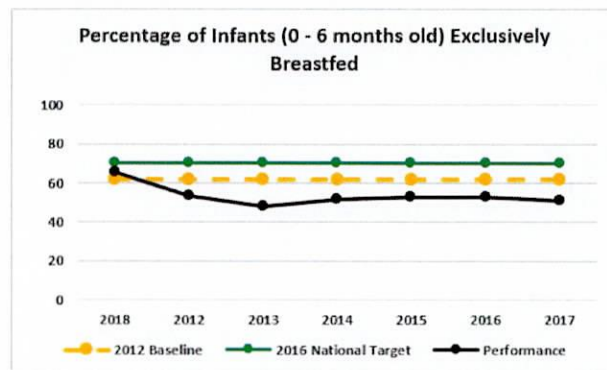
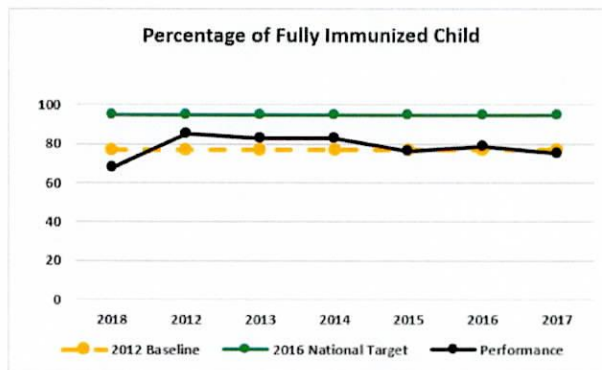
GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT NATIONAL CAPITAL REGION



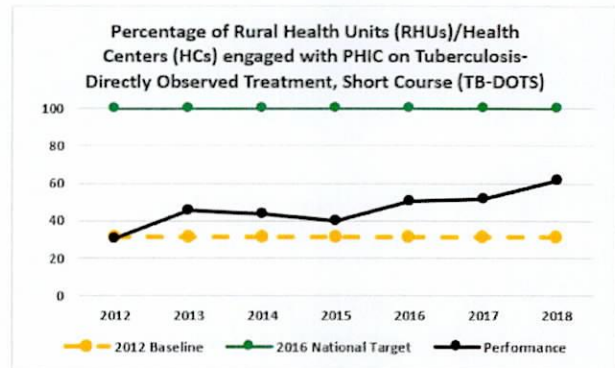
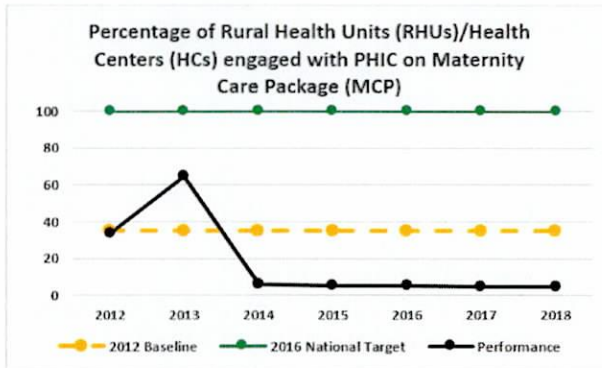
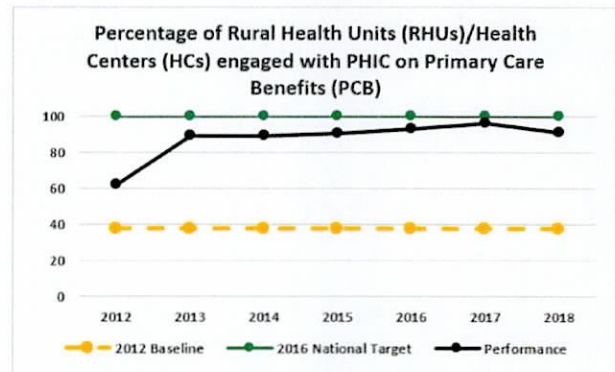
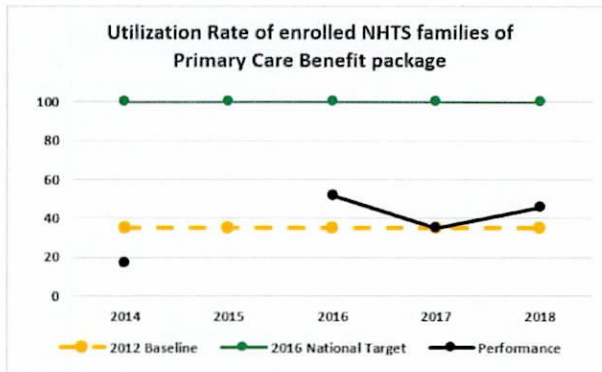


**SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
NATIONAL CAPITAL REGION**





FINANCIAL RISK PROTECTION
NATIONAL CAPITAL REGION



Regional Performance: CORDILLERA ADMINISTRATIVE REGION (CAR)

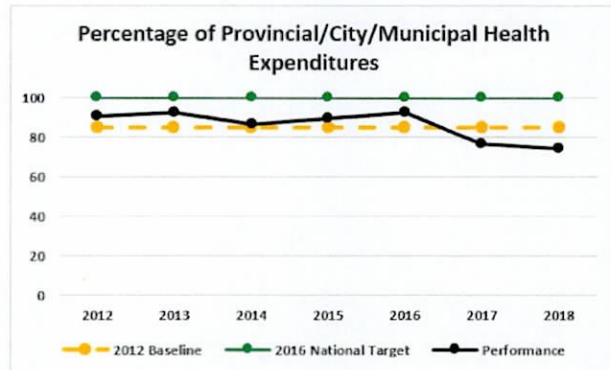
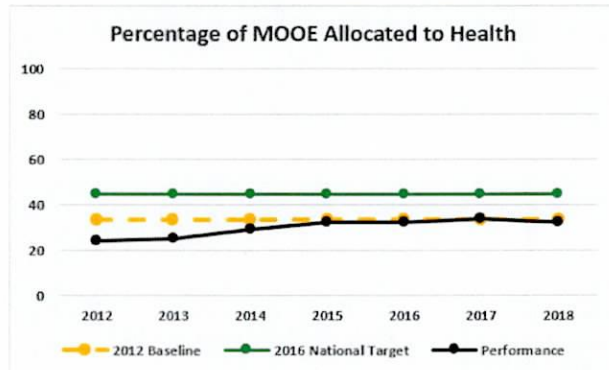
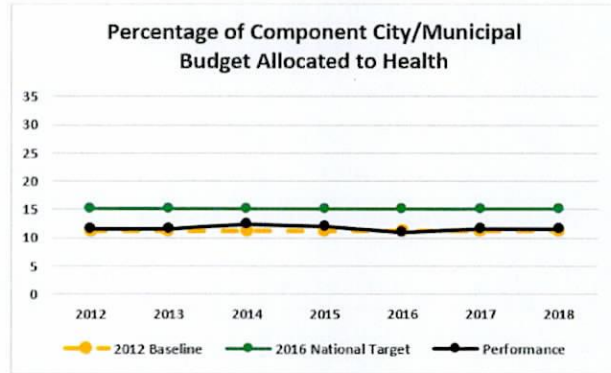
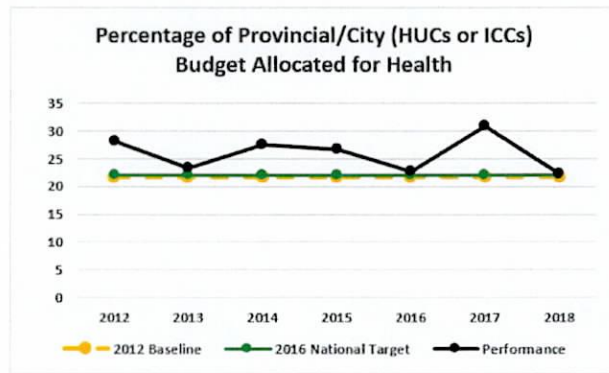
CORDILLERA ADMINISTRATIVE REGION reported a steadily increasing TB treatment success rate, modern contraceptive prevalence rate, and access to safe water. The region excelled in meeting the targets for bed occupancy rate and gross death rate in LGU hospitals and employing the recommended number of HRH. Challenges remain in utilizing the budget allocation for health and attaining the target for child immunization coverage.

Table 26. Summary of Regional Performance, CAR

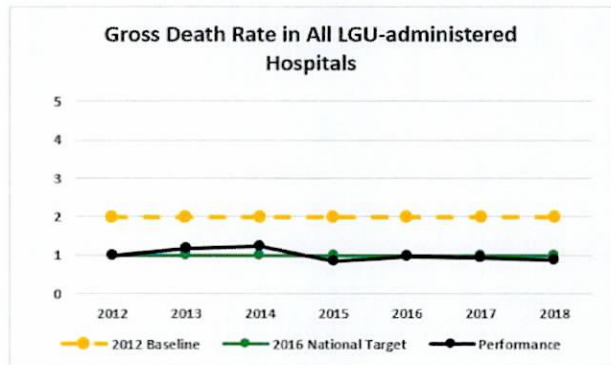
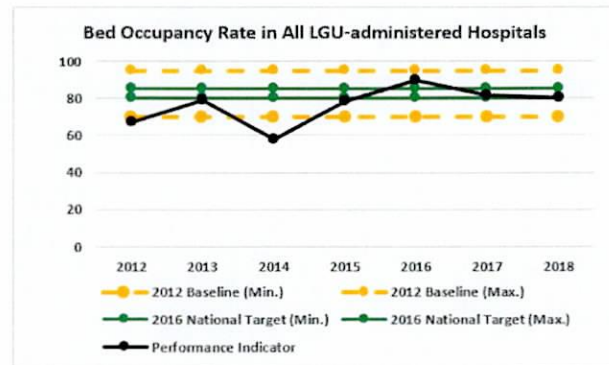
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	22.19	
% Component City/Municipal Budget Allocated to Health	F	15.00	11.59	
% MOOE Allocated to Health	F	45.00	32.28	
% Provincial/City/ Municipal Health Expenditures	F	100.00	74.06	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	80.15	
Gross Death Rate in all LGU-administered hospitals	F	1.00	0.87	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	17,073.00	
Health Center Nurse to Population Ratio	F	20,000.00	12,365.29	
Health Center Midwife to Population Ratio	F	5,000.00	4,114.00	
Operational Health Emergency Preparedness, Response and Recovery Plan/Disaster Risk Reduction and Management for Health Plan	F	100.00	42.86	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	28.57	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	100.00	
Blood Donation Rate	F	1.00	0.51	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	N.A	N.A	N.A	
Annual Parasite Incidence for Malaria	N.A	N.A	N.A	
TB Case Detection Rate, all forms	F	90.00	34.75	
TB Treatment Success rate, all forms	I	90.00	93.45	
% Fully Immunized Child	F	95.00	57.88	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	43.91	
% Facility-based Deliveries	F	90.00	95.48	
% Deliveries Attended by Skilled Health Professionals	F	90.00	93.41	
Contraceptive Prevalence Rate for Modern Family Planning Methods	I	65.00	62.08	
% HIV and AIDS local response core criteria adopted at the LGU	F	100.00	46.39	
% Households with Access to Safe Water	F	88.00	44.73	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	42.71	
Percentage of Households with Sanitary Toilet Facilities	I	90.00	85.29	
Prevalence of Underweight and Severely Underweight, 0-59 mos	F	5.00	4.21	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	98.70	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	41.26	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	94.96	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	43.75	

Interpretation		Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D – decreased steadily	S – same level as baseline	ND – no data

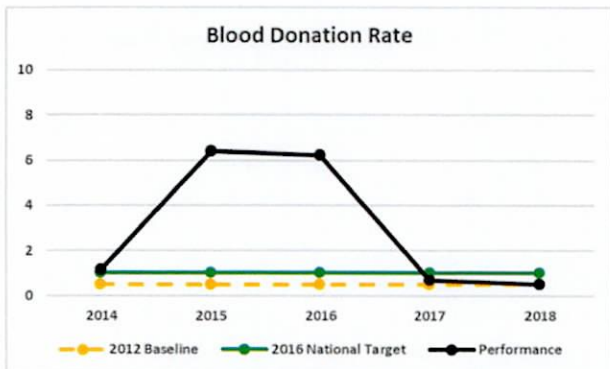
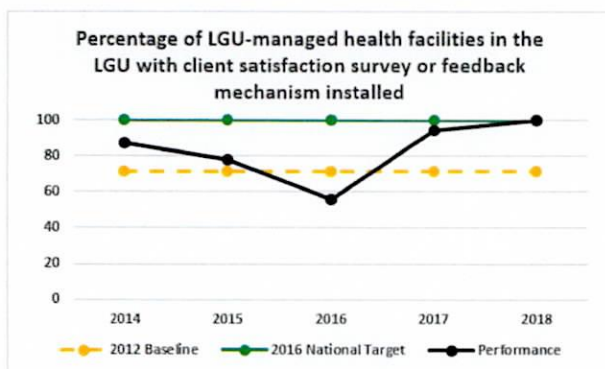
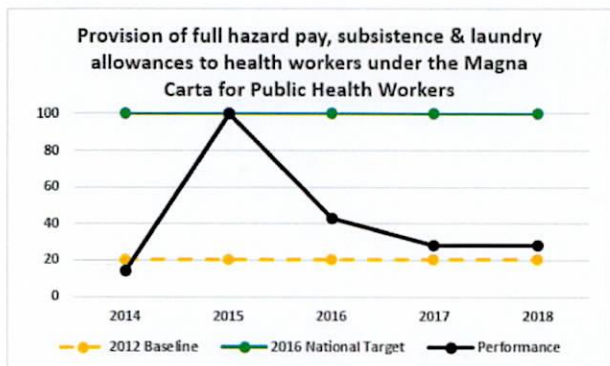
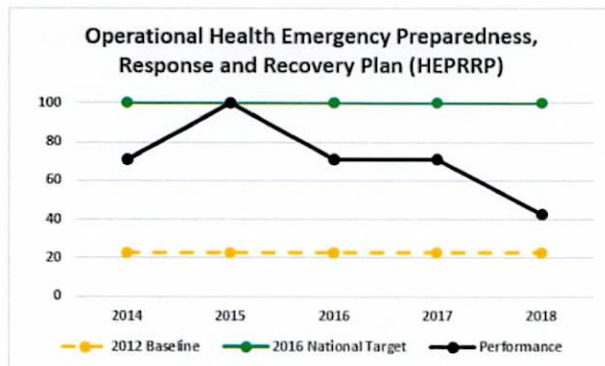
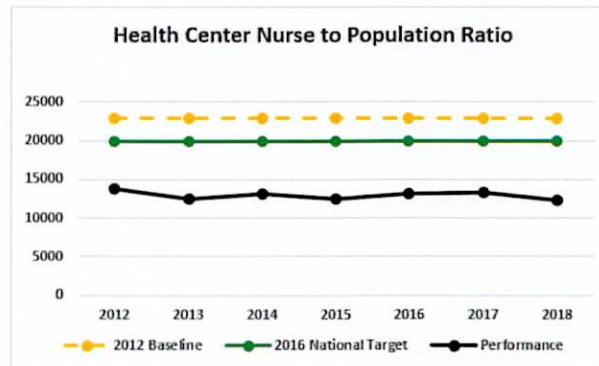
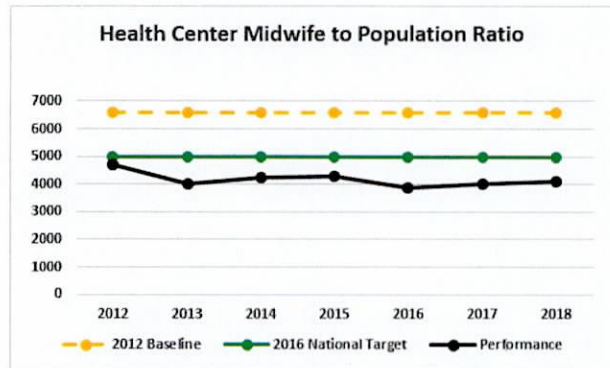
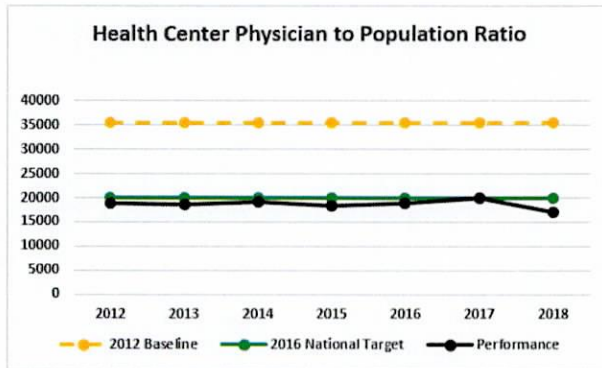
EFFICIENT HEALTH SECTOR SPENDING
CAR – Cordillera Administrative Region



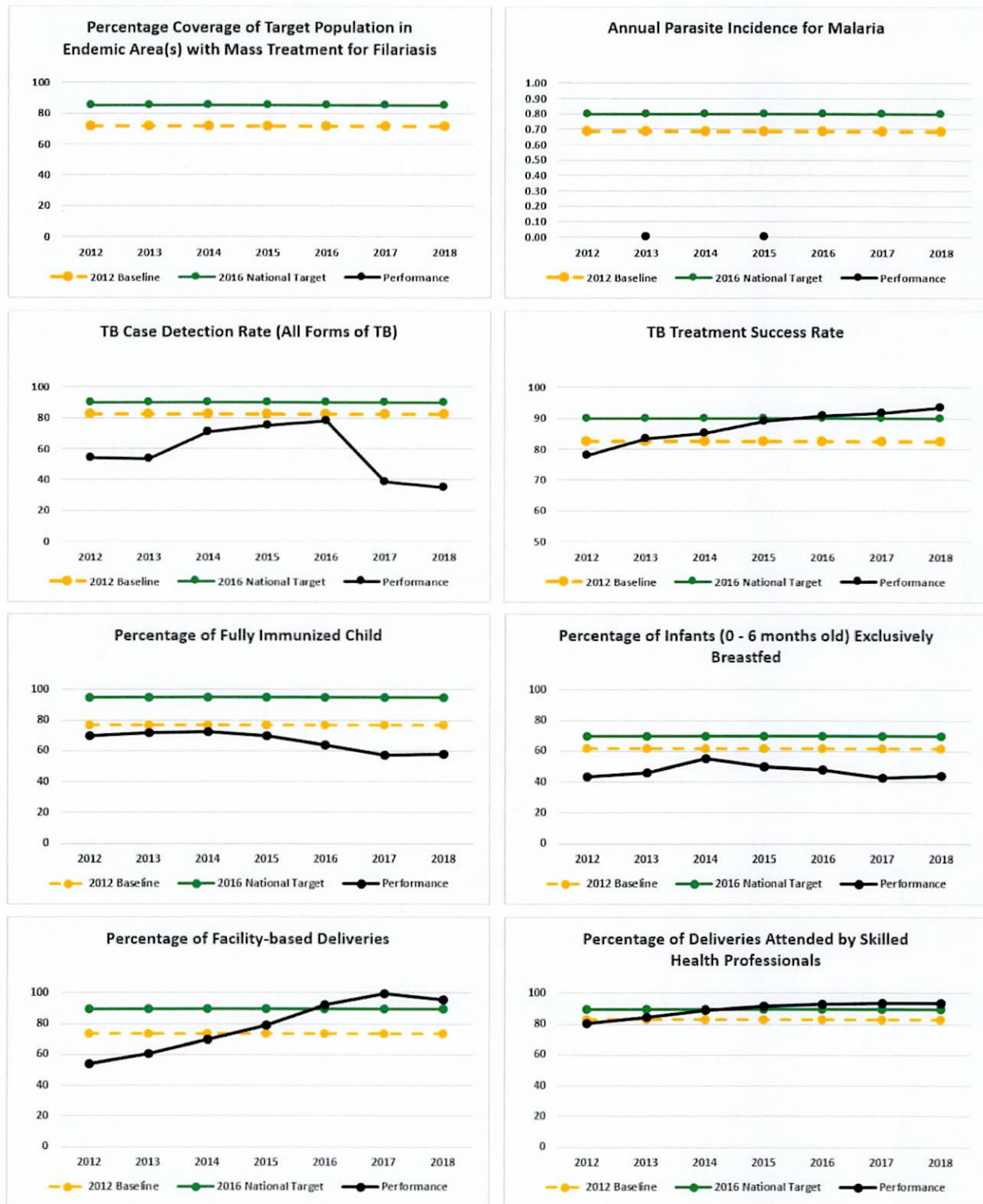
HEALTH FACILITIES ENHANCEMENT PROGRAM
CAR – Cordillera Administrative Region

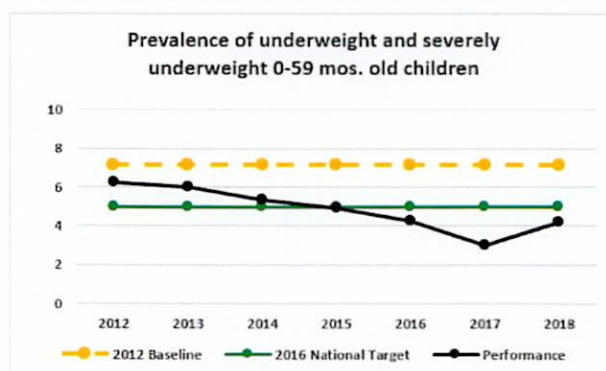
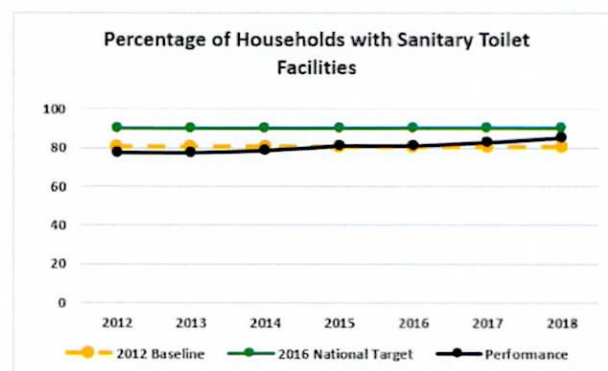
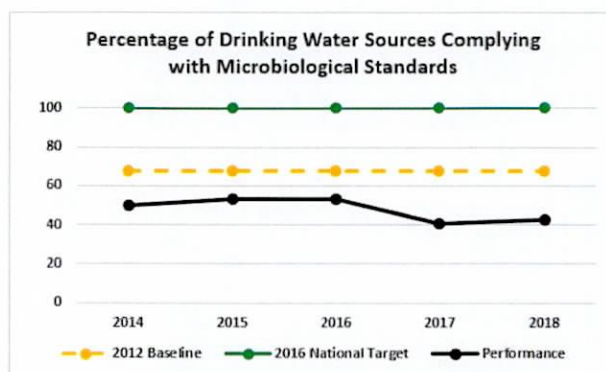
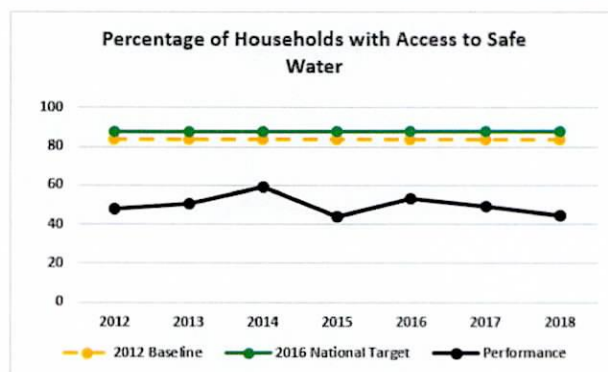
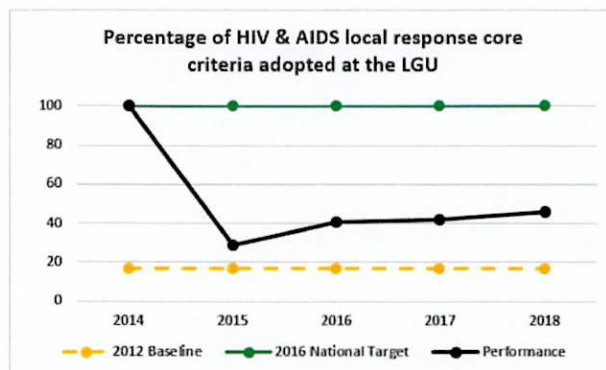
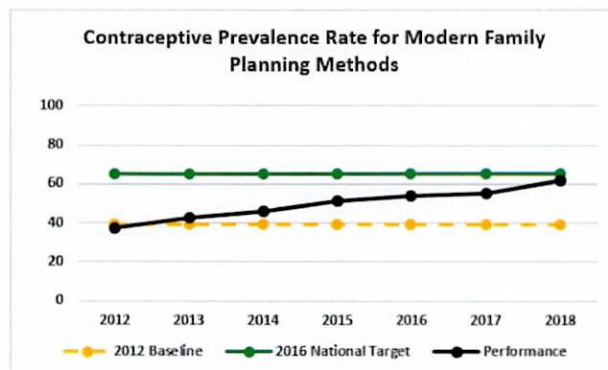


GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
CAR – Cordillera Administrative Region

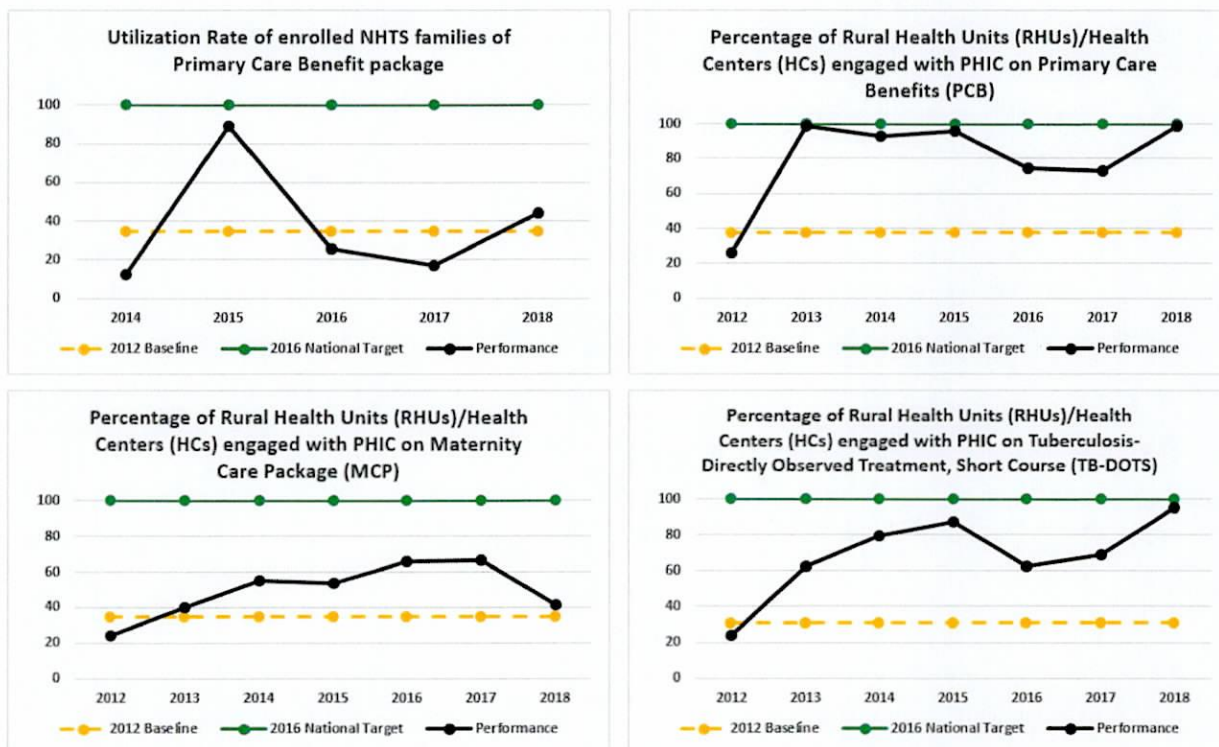


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
CAR – Cordillera Administrative Region





FINANCIAL RISK PROTECTION
CAR – Cordillera Administrative Region



Regional Performance: AUTONOMOUS REGION IN MUSLIM MINDANAO (ARMM)

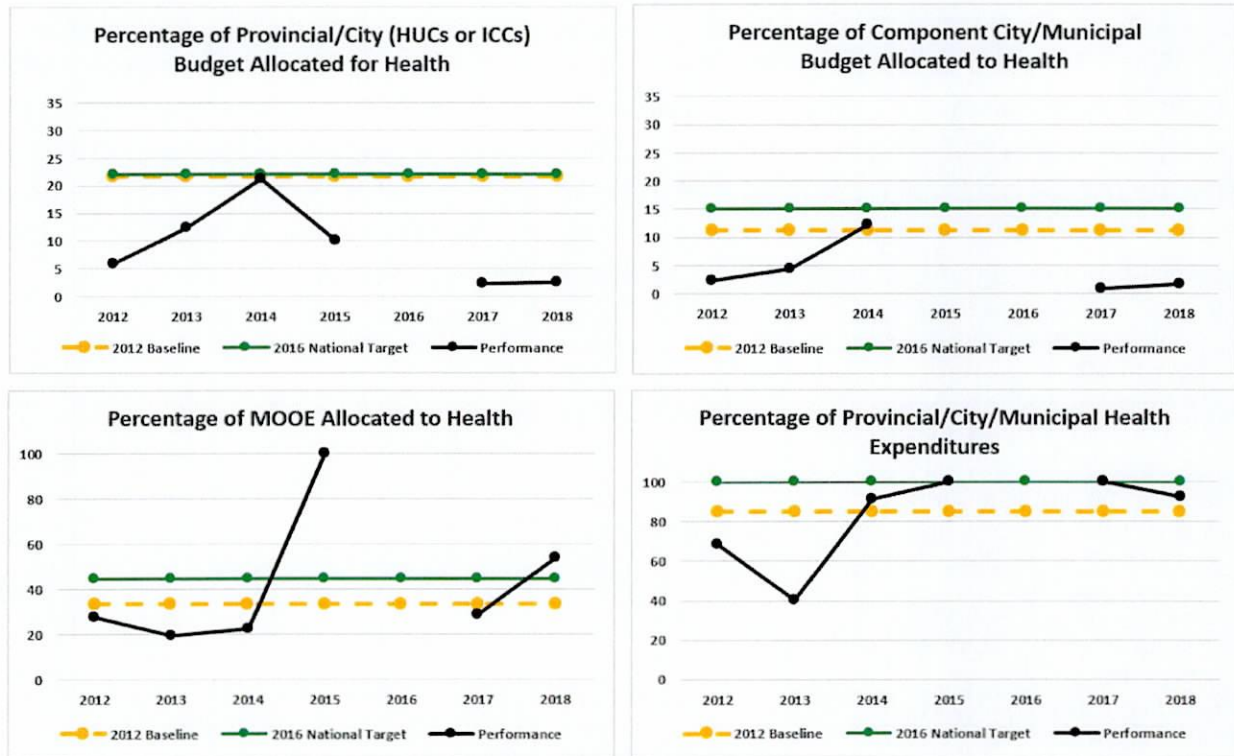
ARMM excelled in ensuring that all LGUs have an operational health emergency plan and an installed mechanism to monitor client satisfaction in all its LGU-managed health facilities. The red ratings on health financing indicators may be attributed to the non-devolved set-up of the region, leaving the overall health planning and budgeting to the regional government. Challenges remain in improving the public hospital services, employing the recommended number of HRH, and improving the coverage for maternal, child, and environmental health services.

Table 27. Summary of Regional Performance, ARMM

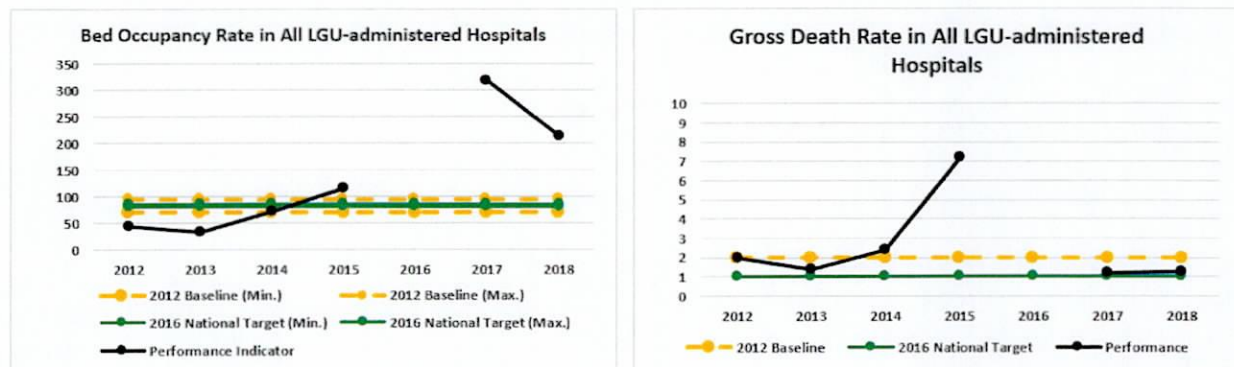
Indicator	Trend (2012- 2018)	2018		Rating
		Target	Accomplishment	
EFFICIENT HEALTH SECTOR SPENDING				
% Provincial/City (HUCs or ICCs) Budget Allocated for health	F	22.00	2.51	
% Component City/Municipal Budget Allocated to Health	F	15.00	1.73	
% MOOE Allocated to Health	F	45.00	53.92	
% Provincial/City/ Municipal Health Expenditures	F	100.00	92.71	
HEALTH FACILITIES ENHANCEMENT PROGRAM				
Bed occupancy rate	F	80-85	213.04	
Gross Death Rate in all LGU-administered hospitals	F	1.00	1.28	
GOVERNANCE FOR HEALTH				
Health Center Physician to Population Ratio	F	20,000.00	30,690.40	
Health Center Nurse to Population Ratio	F	20,000.00	21,271.20	
Health Center Midwife to Population Ratio	F	5,000.00	9,010.20	
Operational Health Emergency Preparedness, Response and Recovery Plan / Disaster Risk Reduction and Management for Health Plan	F	100.00	100.00	
Provision of full hazard pay, subsistence, and laundry allowances to health workers under the Magna Carta for Public Health Workers	F	100.00	66.67	
% LGU-managed health facilities in the LGU with client satisfaction survey or feedback mechanism installed	F	100.00	100.00	
Blood Donation Rate	F	1.00	0.33	
SCALING UP PUBLIC HEALTH INTERVENTIONS				
% Coverage of Target Population in Endemic Area(s) with Mass Treatment for Filariasis	F	85.00	85.00	
Annual Parasite Incidence for Malaria	F	0.80	0	
TB Case Detection Rate, all forms	F	90.00	35.65	
TB Treatment Success rate, all forms	F	90.00	90.00	
% Fully Immunized Child	F	95.00	62.76	
% Infants (0-6 months old) Exclusively Breastfed	F	70.00	54.71	
% Facility-based Deliveries	MIS	90.00	68.17	
% Deliveries Attended by Skilled Health Professionals	F	90.00	75.66	
Contraceptive Prevalence Rate for Modern Family Planning Methods	F	65.00	41.13	
% HIV and AIDS local response core criteria adopted at the LGU	MIS	100.00	2.38	
% Households with Access to Safe Water	F	88.00	55.95	
% Drinking Water Sources Complying with Microbiological Standards	F	100.00	24.68	
Percentage of Households with Sanitary Toilet Facilities	F	90.00	33.84	
Prevalence of Underweight and Severely Underweight 0-59 mos children	F	5.00	4.99	
FINANCIAL RISK PROTECTION				
% RHUs/HCs engaged with PHIC on Primary Care Benefits	F	100.00	94.95	
% RHUs/HCs engaged with PHIC on Maternity Care Package	F	100.00	84.49	
% RHUs/HCs engaged with PHIC on TB-DOTS	F	100.00	100.00	
Utilization Rate of Enrolled NHTS Families of PCB Package	F	100.00	47.16	

	Interpretation	Recommendation
Green	attained the national target or higher	Sustain current level of performance
Yellow	performance has reached the national baseline but not the national target	Intensify efforts and resources
Red	performance is below the national baseline	Intensify efforts and resources; Adopt innovation
Black	Indicator is not applicable for the region	
I – increased steadily	F – fluctuated	N.A – not applicable
D – decreased steadily	S – same level as baseline	MIS – missing data
		ND – no data

EFFICIENT HEALTH SECTOR SPENDING
ARMM – Autonomous Region in Muslim Mindanao



HEALTH FACILITIES ENHANCEMENT PROGRAM
ARMM – Autonomous Region in Muslim Mindanao

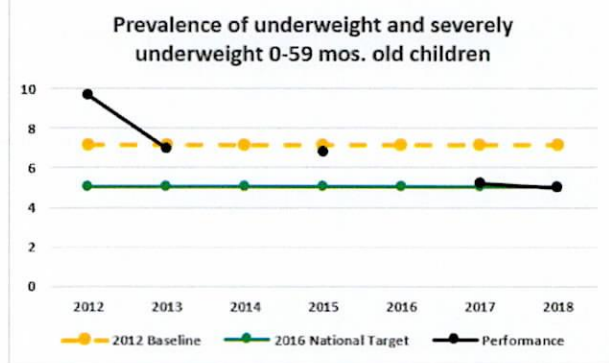
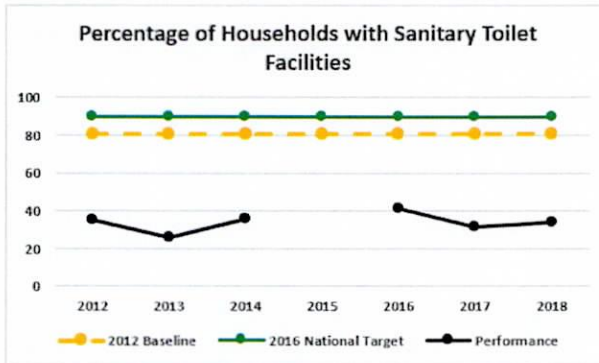
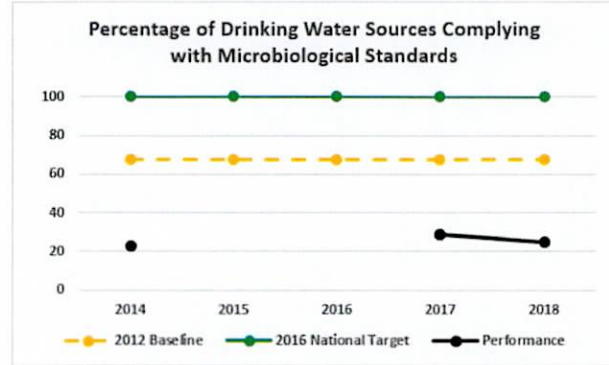
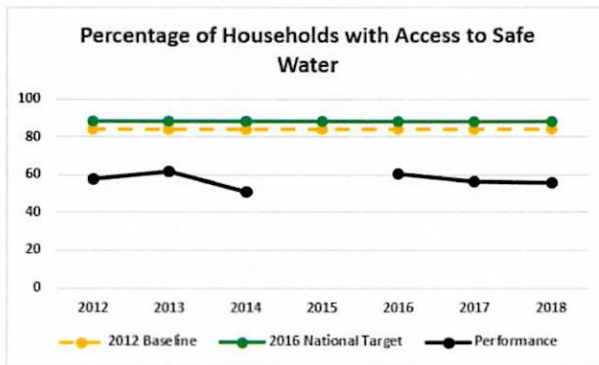
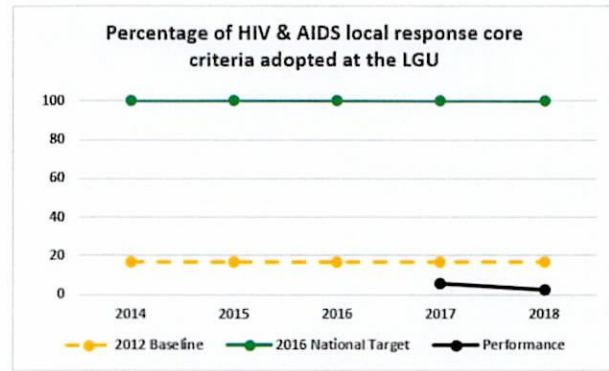
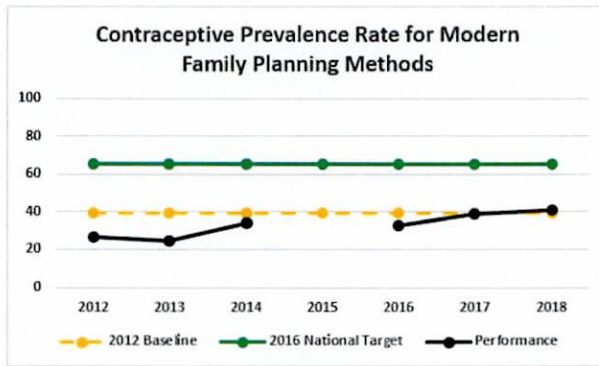


GOVERNANCE FOR HEALTH - INTERNAL MANAGEMENT SUPPORT
ARMM – Autonomous Region in Muslim Mindanao

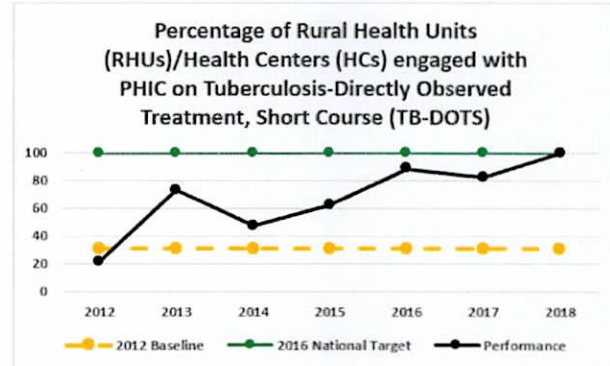
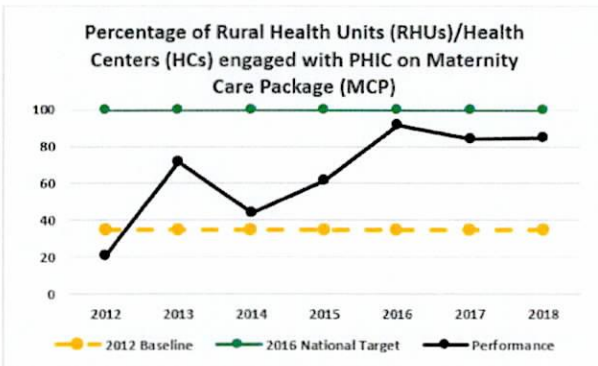
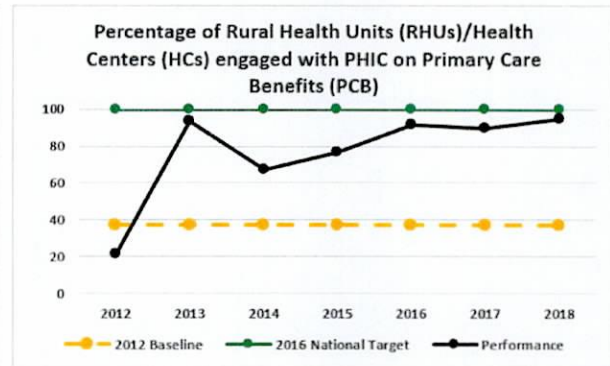
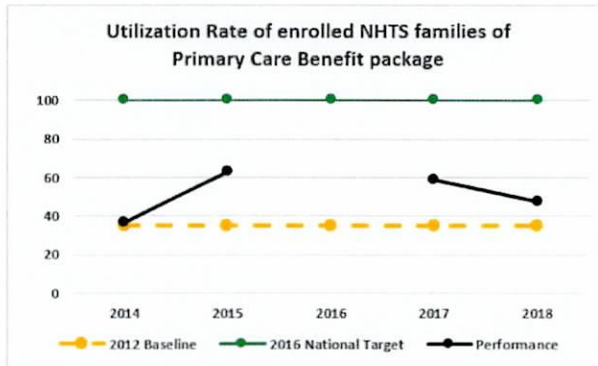


SCALING-UP PUBLIC HEALTH INTERVENTION FOR MDGS
ARMM – Autonomous Region in Muslim Mindanao





FINANCIAL RISK PROTECTION
ARMM – Autonomous Region in Muslim Mindanao



VIII. 2012-2018 Top Performing LGUs

This section presents the top twenty (20) performing provinces and cities (HUCs, ICCs) for years 2012 to 2018. The top performing provinces/cities were identified by computing for the percentage of LGU HSC targets attained. In case of ties, the percentage of performance results equal or above the national baseline (yellow rating) were used to assign the rank. For each year, a summary table showing the percentage of top performing provinces/cities per region is presented.

From 2012-2018, provinces that were consistently in the top 20 are the following: Ilocos Sur, South Cotabato, South Leyte, and La Union. For the cities, Santiago City, Lapu-Lapu (Opon), and Cagayan de Oro were consistently in the top 20 from 2012-2018.

2012-2018 Top Performing Provinces

In 2012, the top performing province reached the target for more than 30% of the indicators. The highest number of top performing provinces were from Regions I and VIII.

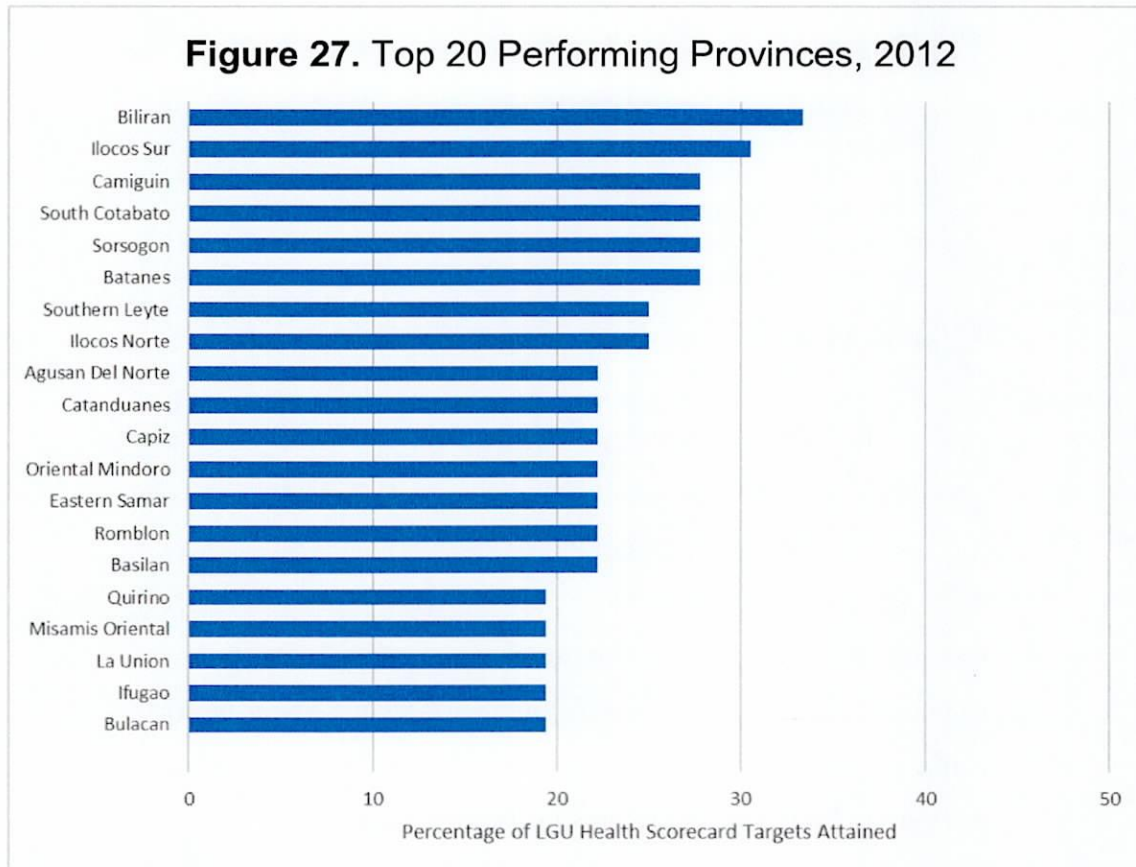
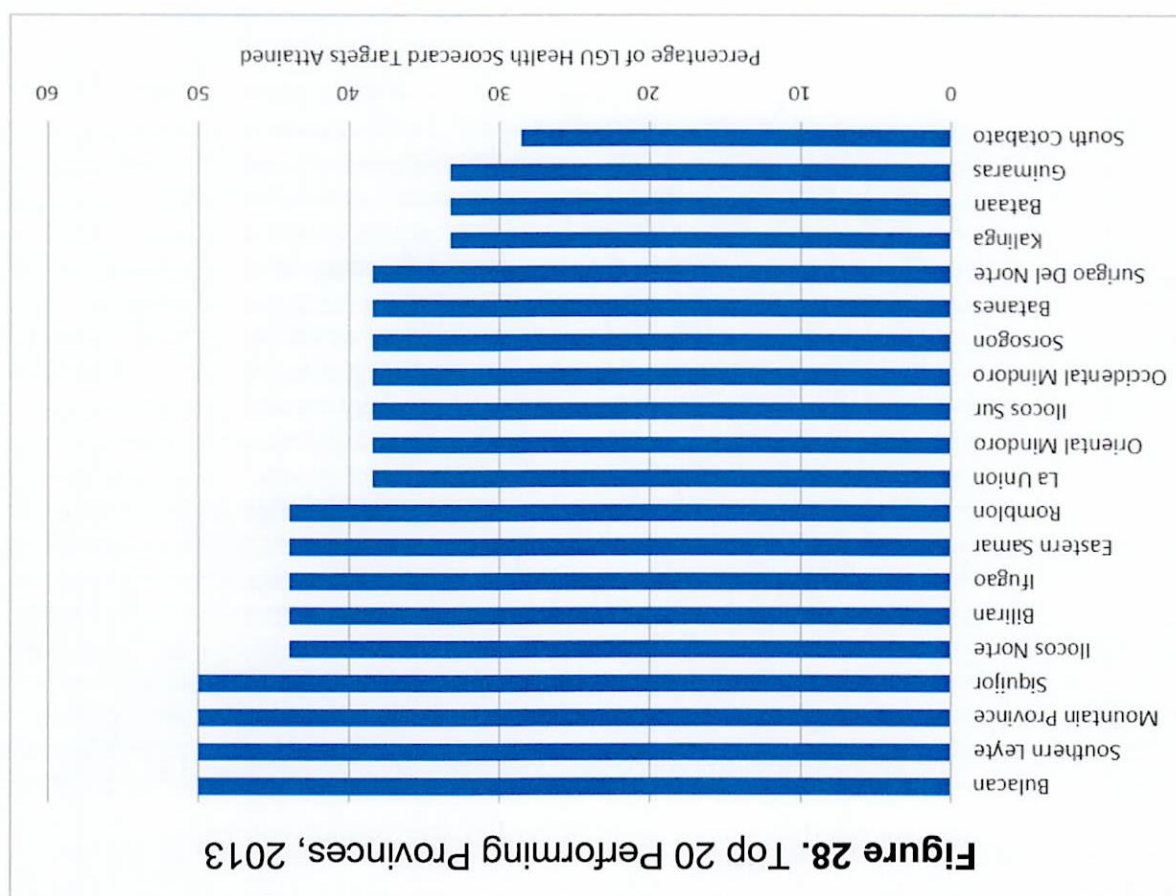


Table 28. Summary of 2012 Top Performing Provinces by Region

Region	Percent	Region	Percent	Region	Percent
I	15%	VI	5%	XII	0%
II	10%	VII	0%	XIII	5%
III	5%	VIII	15%	CAR	5%
IV-A	0%	IX	0%	ARMM	5%
MIMAROPA	10%	X	10%		
V	10%	XI	5%		

In 2013, the top performing provinces reached the target for 50% of the indicators. The highest number of top performing provinces were from Regions I, MIMAROPA, VIII, and CAR.



Region	Percent	Region	Percent	Region	Percent
I	15%	VI	5%	XII	5%
II	5%	VII	5%	XIII	5%
III	10%	VIII	15%	CAR	15%
IV-A	0%	IX	0%	ARMM	0%
MIMAROPA	15%	X	0%		
V	5%	XI	0%		

Table 29. Summary of 2013 Top Performing Provinces by Region

In 2014, the top performing province reached the target for more than 40% of the indicators. The highest number of top performing provinces were from Regions I and CAR.

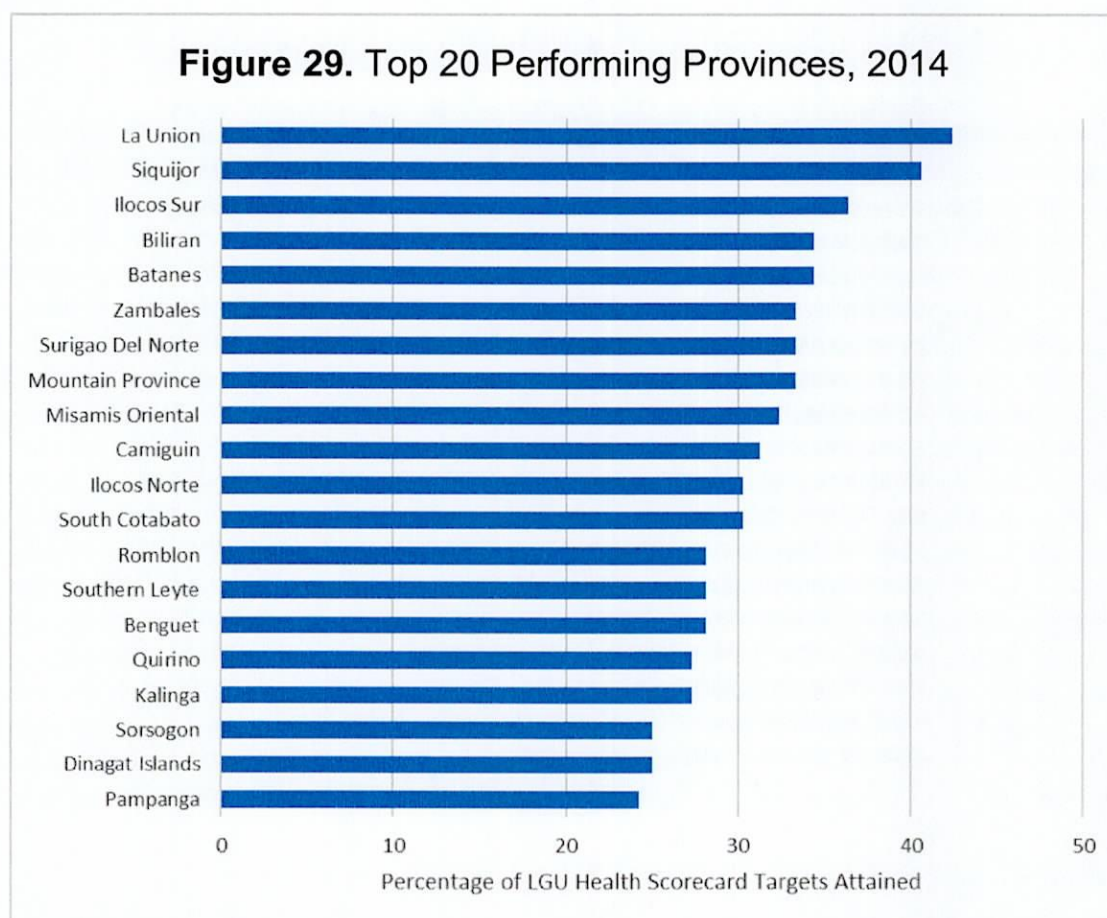


Table 30. Summary of 2014 Top Performing Provinces by Region

Region	Percent	Region	Percent	Region	Percent
I	15%	VI	0%	XII	5%
II	10%	VII	5%	XIII	10%
III	10%	VIII	10%	CAR	15%
IV-A	0%	IX	0%	ARMM	0%
MIMAROPA	5%	X	10%		
V	5%	XI	0%		

In 2015, the top performing province reached the target for about 60% of the indicators. The highest number of top performing provinces were from CAR.

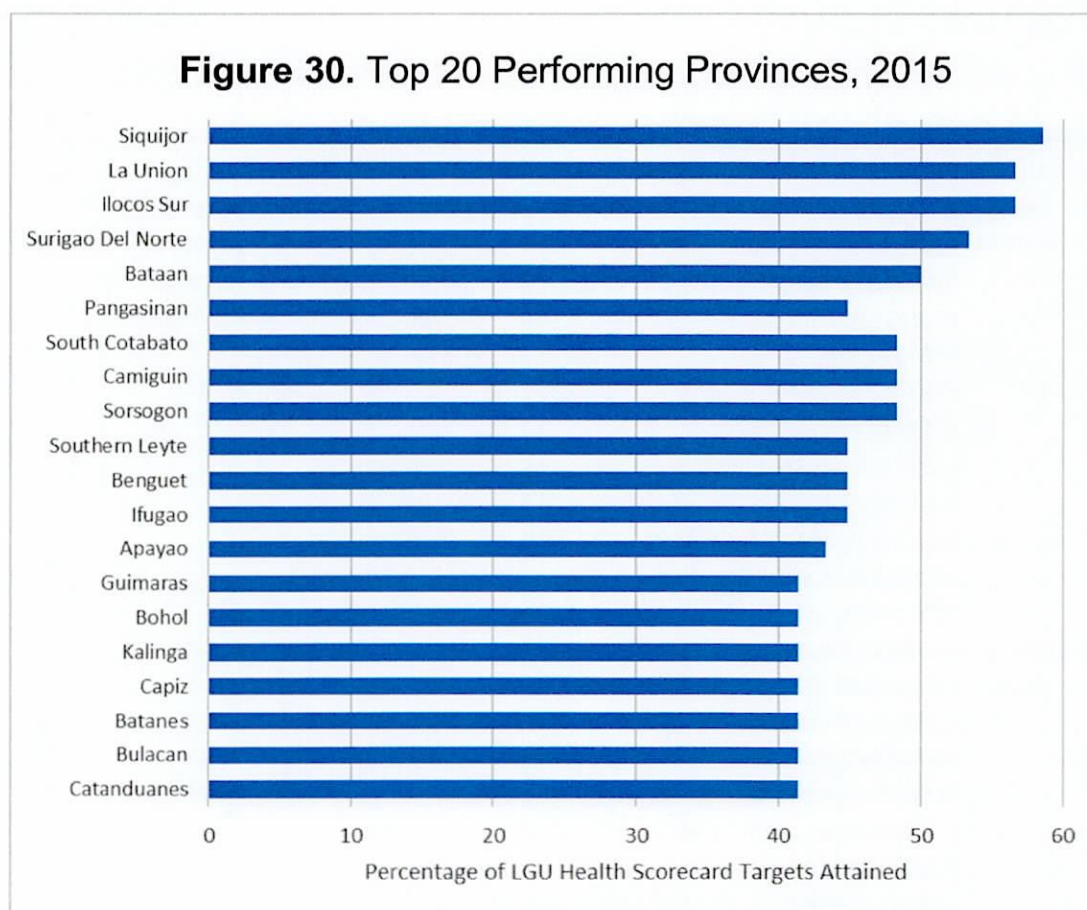


Table 31. Summary of 2015 Top Performing Provinces by Region

Region	Percent	Region	Percent	Region	Percent
I	15%	VI	10%	XII	5%
II	5%	VII	10%	XIII	5%
III	10%	VIII	5%	CAR	20%
IV-A	0%	IX	0%	ARMM	0%
MIMAROPA	0%	X	5%		
V	10%	XI	0%		

In 2016, the top performing province reached the target for about 60% of the indicators. The highest number of top performing provinces were from Regions I and III.

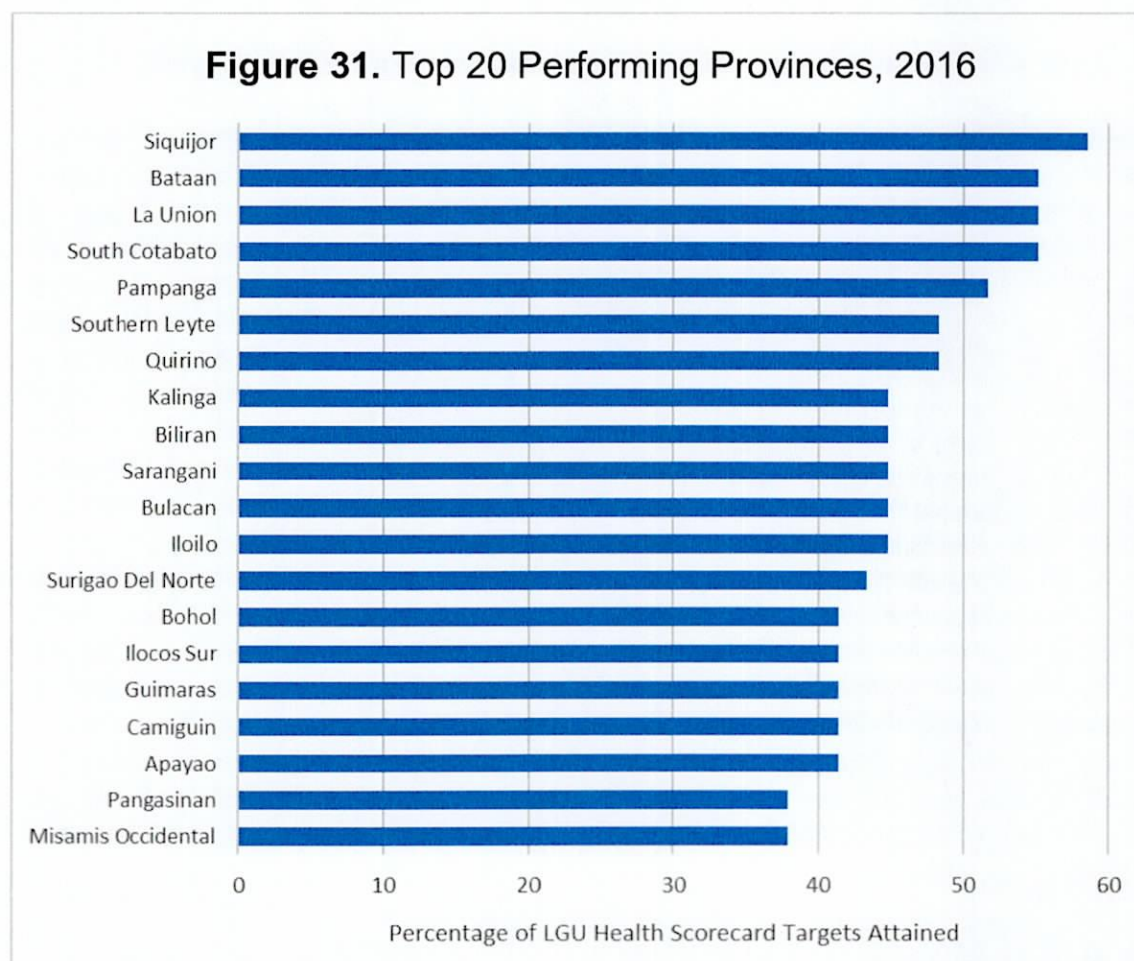
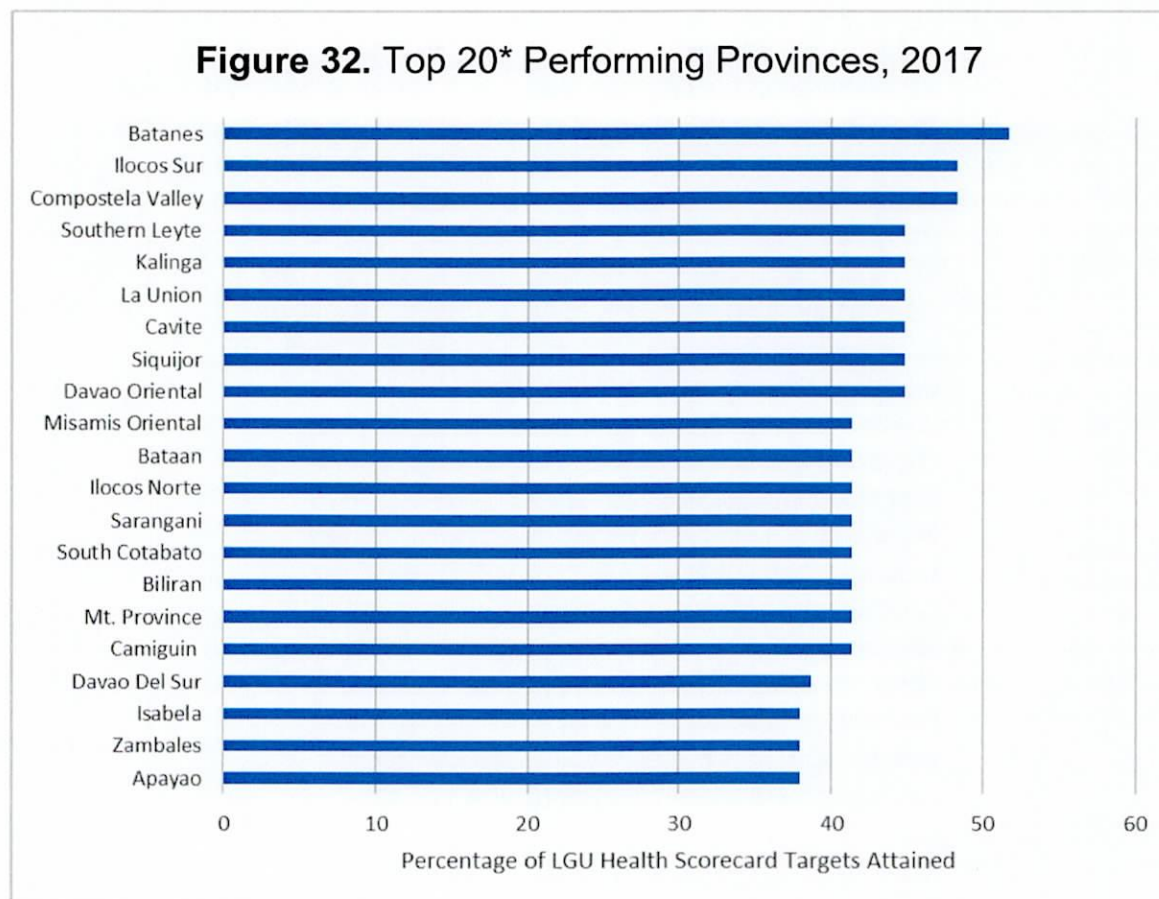


Table 32. Summary of 2016 Top Performing Provinces by Region

Region	Percent	Region	Percent	Region	Percent
I	15%	VI	10%	XII	10%
II	5%	VII	10%	XIII	5%
III	15%	VIII	10%	CAR	10%
IV-A	0%	IX	0%	ARMM	0%
MIMAROPA	0%	X	10%		
V	0%	XI	0%		

In 2017, the top performing province reached the target for more than 50% of the indicators. The highest number of top performing provinces were from Regions I, XI, and CAR.



*Zambales and Apayao tied in the 20th place

Table 33. Summary of 2017 Top Performing Provinces by Region

Region	Percent	Region	Percent	Region	Percent
I	14%	VI	0%	XII	10%
II	10%	VII	5%	XIII	0%
III	10%	VIII	10%	CAR	14%
IV-A	5%	IX	0%	ARMM	0%
MIMAROPA	0%	X	10%		
V	0%	XI	14%		

In 2018, the top performing provinces reached the target for about 60% of the indicators. The highest number of top performing provinces were from Region 1.

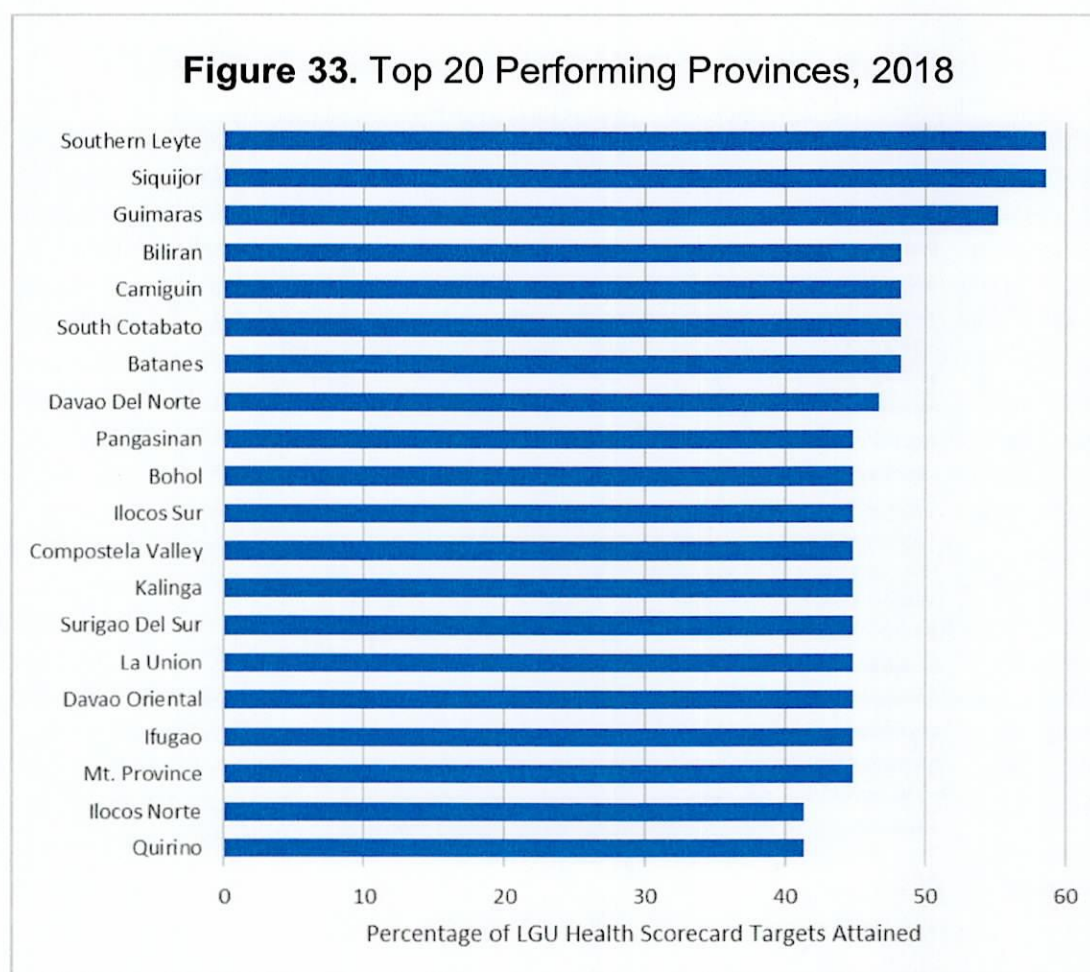


Table 34. Summary of 2018 Top Performing Provinces by Region

Region	Percent	Region	Percent	Region	Percent
I	20%	VI	5%	XII	5%
II	10%	VII	10%	XIII	5%
III	0%	VIII	10%	CAR	15%
IV-A	0%	IX	0%	ARMM	0%
MIMAROPA	0%	X	5%		
V	0%	XI	15%		

2012-2018 Top Performing Cities (HUC, ICC)

In 2012, the top performing cities reached the target for about 40% of the indicators. The highest number of top performing cities were from NCR.

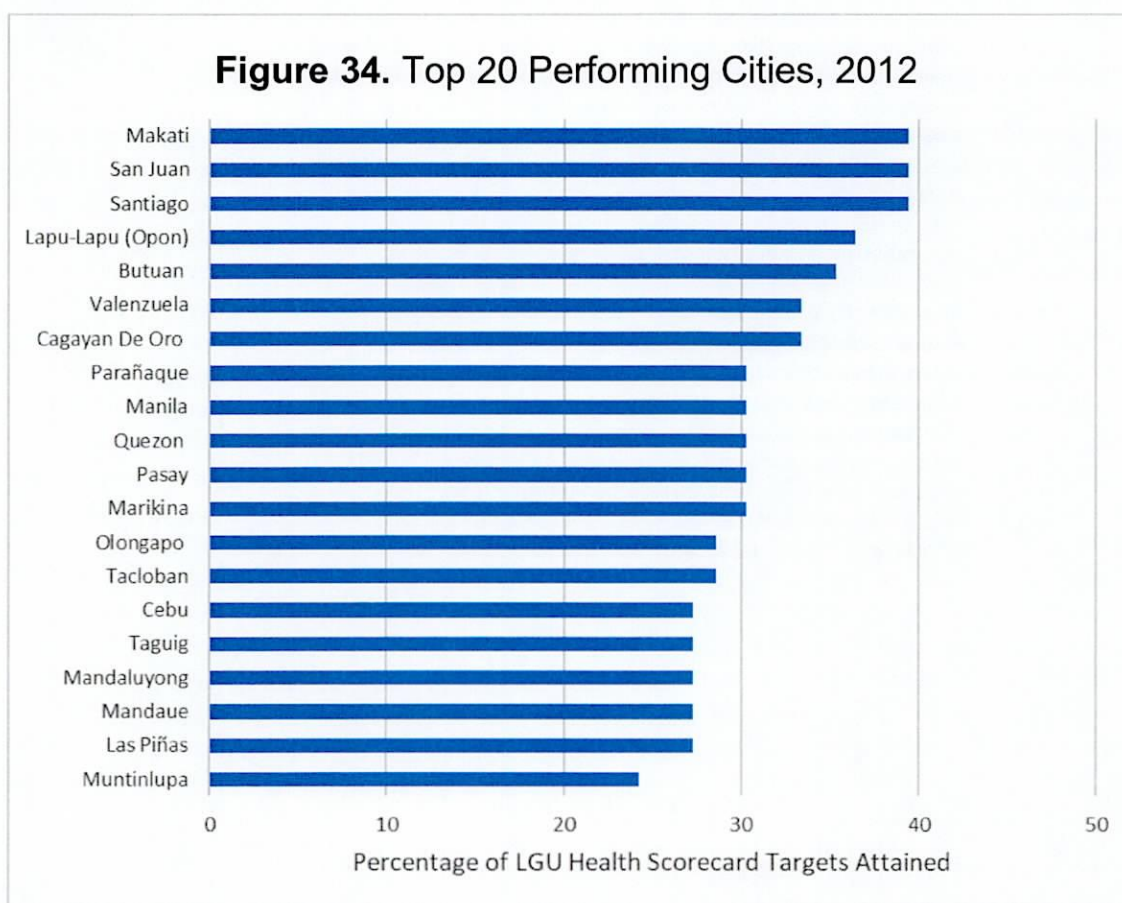


Table 35. Summary of 2012 Top Performing Cities by Region

Region	Percent	Region	Percent	Region	Percent
I	0%	VI	0%	XII	0%
II	5%	VII	15%	XIII	5%
III	5%	VIII	5%	NCR	60%
IV-A	0%	IX	0%	CAR	0%
MIMAROPA	0%	X	5%	ARMM	0%
V	0%	XI	0%		

In 2013, the top performing city reached the target for about 45% of the indicators. The highest number of top performing cities were from NCR.

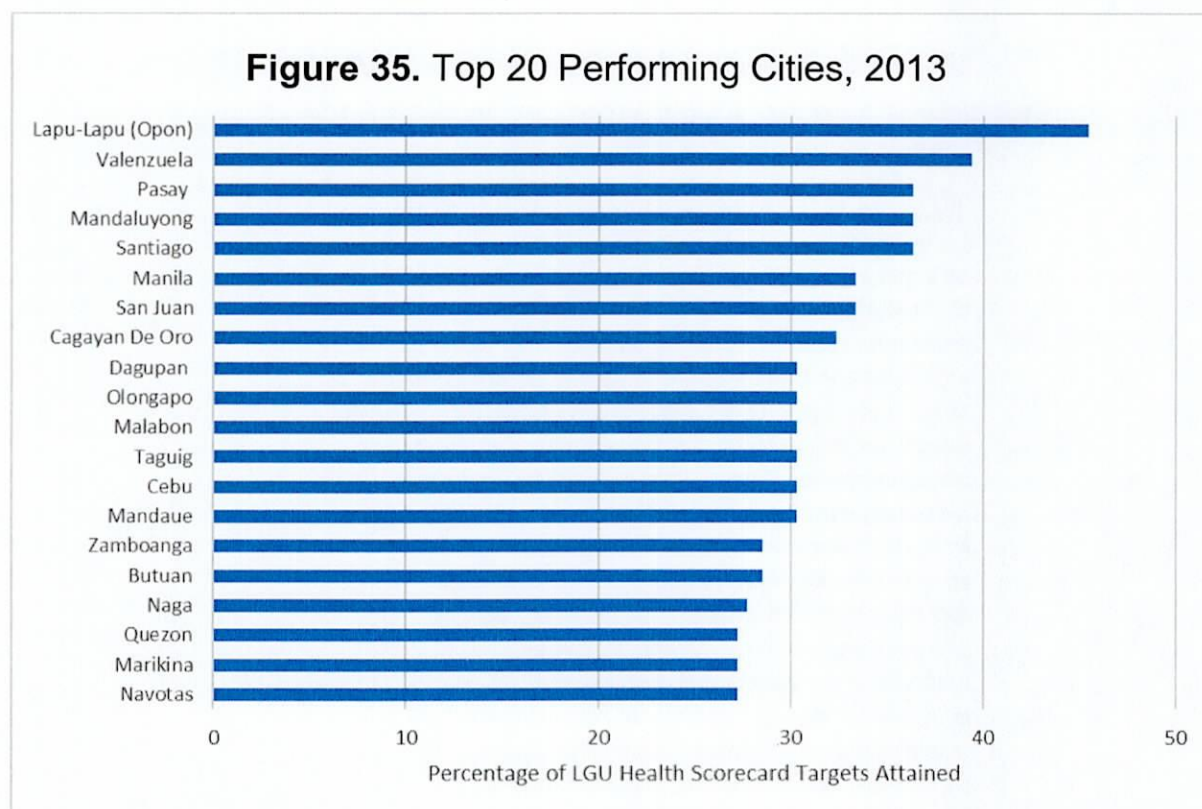


Table 36. Summary of 2013 Top Performing Cities by Region

Region	Percent	Region	Percent	Region	Percent
I	5%	VI	0%	XII	0%
II	5%	VII	15%	XIII	5%
III	5%	VIII	0%	NCR	50%
IV-A	0%	IX	5%	CAR	0%
MIMAROPA	0%	X	5%	ARMM	0%
V	5%	XI	0%		

In 2014, the top performing city reached the target for more than 60% of the indicators. The highest number of top performing cities were from NCR.

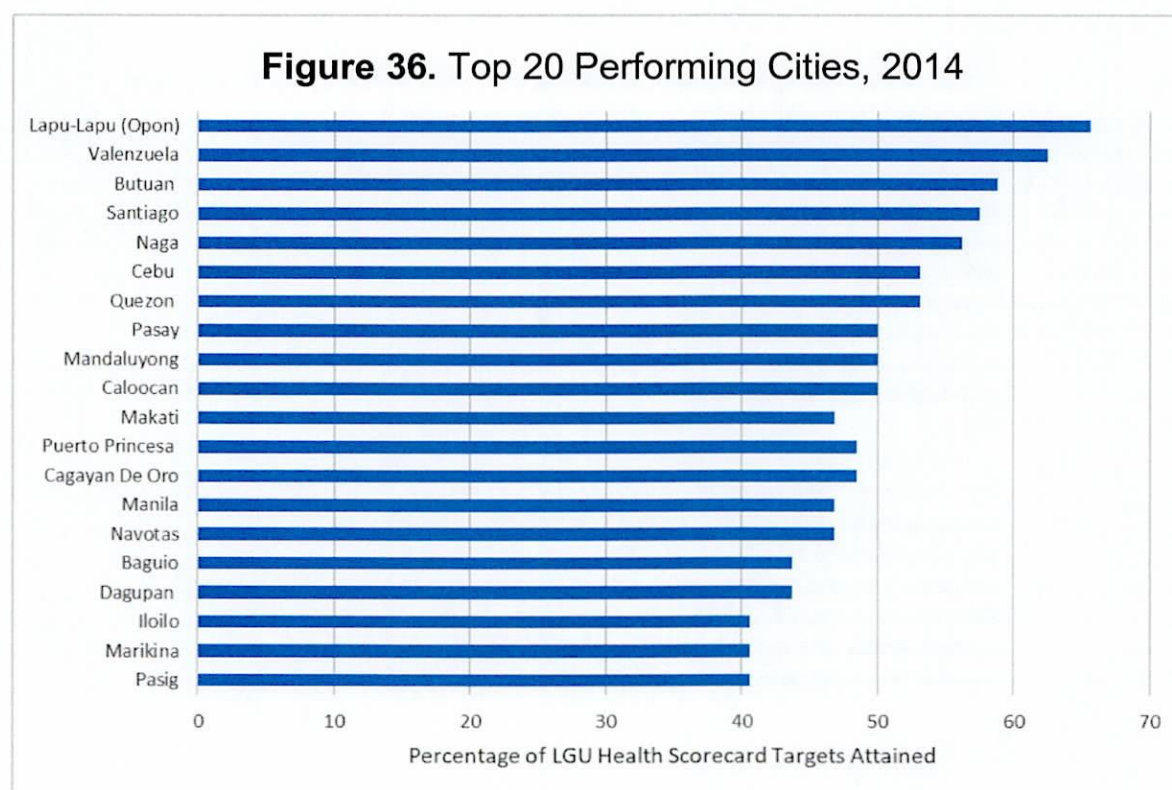


Table 37. Summary of 2014 Top Performing Cities by Region

Region	Percent	Region	Percent	Region	Percent
I	5%	VI	5%	XII	0%
II	5%	VII	10%	XIII	5%
III	0%	VIII	0%	NCR	50%
IV-A	0%	IX	0%	CAR	5%
MIMAROPA	5%	X	5%	ARMM	0%
V	5%	XI	0%		

In 2015, the top performing city reached the target for more than 60% of the indicators. The highest number of top performing cities were from NCR.

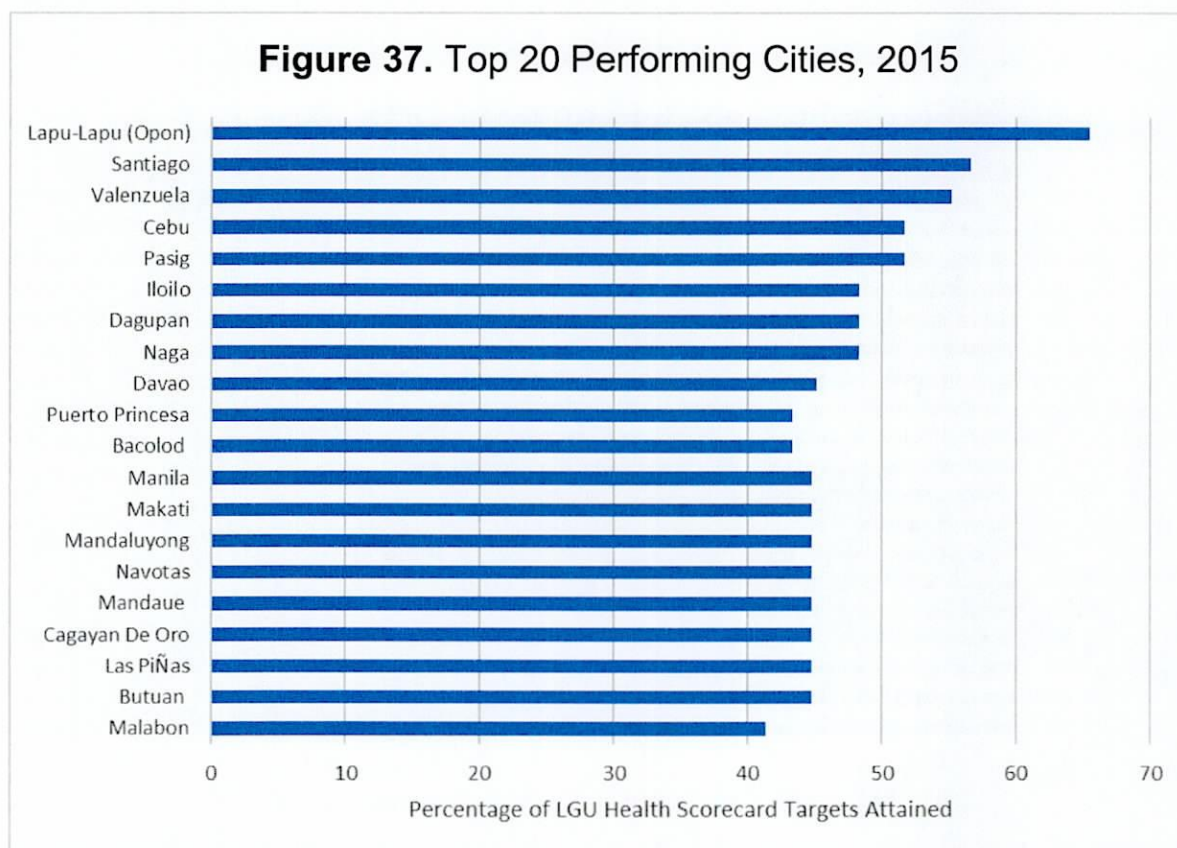


Table 38. Summary of 2015 Top Performing Cities by Region

Region	Percent	Region	Percent	Region	Percent
I	5%	VI	10%	XII	0%
II	5%	VII	15%	XIII	5%
III	0%	VIII	0%	NCR	40%
IV-A	0%	IX	0%	CAR	0%
MIMAROPA	5%	X	5%	ARMM	0%
V	5%	XI	5%		

In 2016, the top performing city reached the target for about 70% of the indicators. The highest number of top performing cities were from Region VII.

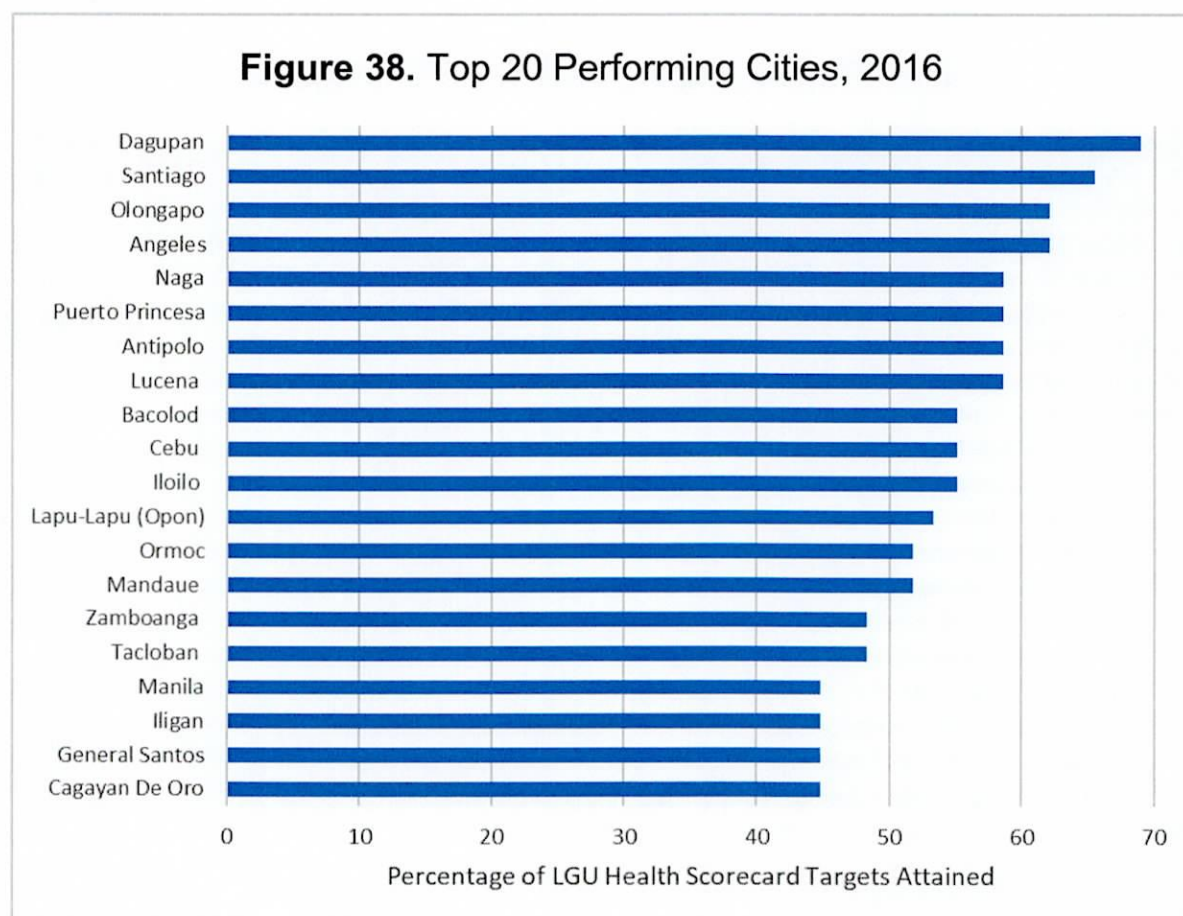


Table 39. Summary of 2016 Top Performing Cities by Region

Region	Percent	Region	Percent	Region	Percent
I	5%	VI	10%	XII	5%
II	5%	VII	15%	XIII	0%
III	10%	VIII	10%	NCR	5%
IV-A	10%	IX	5%	CAR	0%
MIMAROPA	5%	X	10%	ARMM	0%
V	5%	XI	0%		

In 2017, the top performing cities reached the target for more than 60% of the indicators. The highest number of top performing cities were from NCR.



Table 40. Summary of 2017 Top Performing Cities by Region

Region	Percent	Region	Percent	Region	Percent
I	0%	VI	5%	XII	5%
II	5%	VII	10%	XIII	0%
III	5%	VIII	0%	NCR	45%
IV-A	0%	IX	5%	CAR	0%
MIMAROPA	5%	X	5%	ARMM	0%
V	5%	XI	5%		

In 2018, the top performing cities reached the target for more than 60% of the indicators. The highest number of top performing cities were from NCR.

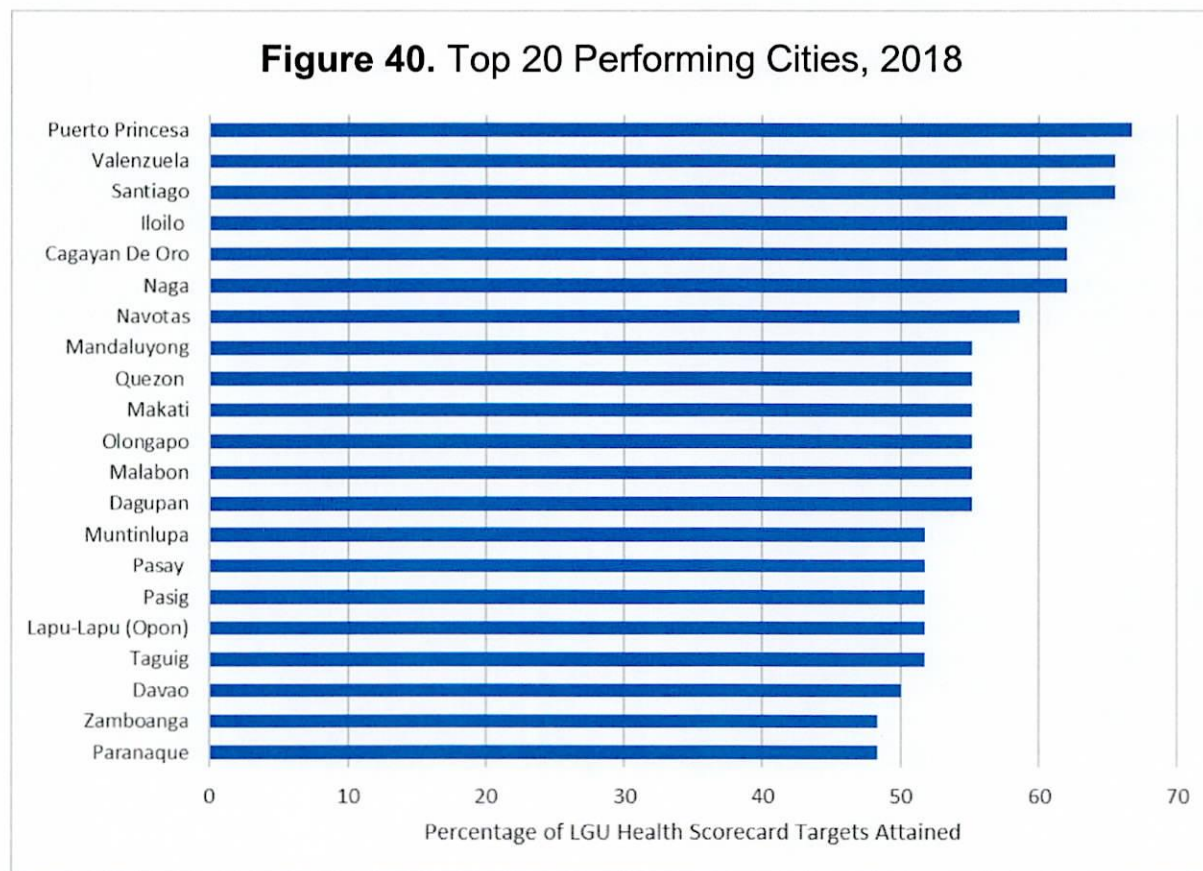


Table 41. Summary of 2018 Top Performing Cities by Region

Region	Percent	Region	Percent	Region	Percent
I	5%	VI	5%	XII	0%
II	5%	VII	5%	XIII	0%
III	5%	VIII	0%	NCR	52%
IV-A	0%	IX	5%	CAR	0%
MIMAROPA	5%	X	5%	ARMM	0%
V	5%	XI	5%		