



LGU HEALTH SCORECARD

Manual of Procedures



Produced by the Bureau of Local Health Systems Development

Department of Health

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FOREWORD

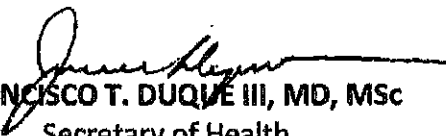
To realize our AmBisyon 2040 vision of a society where every Juan and Juana is assured of quality, affordable health care, the Universal Health Care Act was put into law. While the Department of Health holds the over-all technical authority on health, the overarching goal of Universal Health Care (UHC) can only be achieved through the collective efforts of all stakeholders in a whole-of-system, whole-of-government and whole-of-society approach. This realization guided the addition of Performance Accountability Pillar to complete the FOURmula One Plus (F1+) for Health Strategy, the medium term strategic plan of the health sector. Further to this, the F1+ for Health Monitoring and Evaluation System was created to ensure the attainment of health sector goals through the establishment of an accountability framework to guide the alignment of the contribution of the different stakeholders; link inputs, outputs, and processes, and outcomes; and institutionalize tools and systems to track performance.

The Local Government Unit (LGU) Health Scorecard, one of the components of the F1+ for Health Monitoring and Evaluation System, measures the contribution of the LGUs in delivering the commitments of the health sector. It seeks to cultivate better understanding of the local health systems' problems, address these problems through evidence-informed policies, and sustain positive gains. With the passage of the UHC Act, the LGU HSC takes on a bigger challenge of monitoring local health systems' performance towards the attainment of Universal Health Care.

This Manual of Procedures defines in detail the standard processes involved in the implementation of the LGU HSC starting from data collection and reporting flow, data validation, data analysis and interpretation to report dissemination and utilization. It also provides a step-by-step guide on how to use the LGU HSC Web-based System, a joint initiative of the Bureau of Local Health Systems Development (BLHSD) and Knowledge Management and Information Technology Service (KMITS) to automate the translation of encoded LGU data to scorecard reports.

By emphasizing the importance of understanding the needs of the local health system, UHC will truly be for every Juan and Juana.

ToDOH arangkada patungo sa UHCI


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

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Acronyms

AO	Administrative Order
AOP	Annual Operational Plan
BARMM	Bangsamoro Autonomous Region of Muslim Mindanao
BHS	Barangay Health Station
BLHSD	Bureau of Local Health Systems Development
CC	Component City
CHD	Center for Health Development
CHO	City Health Officer/City Health Office
CTD	Chief of Technical Division (BARMM-MOH)
CO	Central Office
DCF	Data Capture Form
DOH	Department of Health
DOH Rep	Department of Health Representatives in the LGUs
EB	Epidemiology Bureau
EXECOM	Executive Committee
F1Plus	FOURmula One Plus for Health
FHSIS	Field Health Services Information System
HSC	Health Scorecard
HUC	Highly Urbanized City
IAT	Implementation Assessment Tool
iClinicSys	Integrated Clinic Information System
ICC	Independent Component City
IPHO	Integrated Provincial Health Office
LCE	Local Chief Executive
LGU	Local Government Unit
LHO	Local Health Offices
LIPH	Local Investment Plan for Health
ME3	Monitoring and Evaluation for Equity and Effectiveness
M&E	Monitoring and Evaluation
MHC	Main Health Center
MHO	Municipal Health Officer/ Municipal Health Office
MIPH	Municipal Investment Plan for Health
MOH	Ministry of Health
MOP	Manual of Procedures
NNC	National Nutrition Council
PDOHO	Provincial DOH Office
PHN	Public Health Nurse
PHIC/PhilHealth	Philippine Health Insurance Corporation
PHO	Provincial Health Officer or Provincial Health Office
PTL	Provincial Health Team Leader
PIPH	Province-wide Investment Plan for Health
DQAT	Data Quality Assessment Tool
RA	Republic Act
RHM	Rural Health Midwife
RHU	Rural Health Unit
TB	Tuberculosis
TCL	Target Client List
TWG	Technical Working Group

Definition of Terms

Data Analysis and Interpretation – refers to the process of evaluating data using analytical (statistics) and logical reasoning to examine, describe/illustrate, summarize and evaluate.

Data Collection – refers to the process of gathering and measuring information on variables of interest.

Data Capture Form (DCF) – **tool used to record the LGU's accomplishment on each of the LGU HSC indicators.**

Data Validation – refers to the process of checking the accuracy and quality of data.

External Performance Benchmark – practice of comparing the Province/City-Wide Health System Performance with the national target and the national baseline.

Health Scorecard – tool for measuring and reporting the performance of stakeholders in the healthcare system in a manner that clients can easily comprehend.

Health System Performance – level of achievement of the health system relative to targets and benchmarks; the degree to which a health system carries out its functions including service provision, resource generation, financing and stewardship to achieve its goals.

Information Sheet – tool used to record the general information of an LGU, including name of current LCE and health officers, demographics, and leading causes of morbidity and mortality.

Internal Performance Benchmark – process of comparing the Province/City-Wide Health **Systems' current performance with previous year's performance.**

Key Performance Indicators (KPIs) – quantitative or qualitative variables that provides reliable means to measure a particular phenomenon or attribute.

Local Health System – health system at the sub-national level; refers to health offices, facilities and services, human resources, and other operations relating to health under the management of local government units. Local health system referred in this policy refers to either province-wide and city-wide health systems.

National Baseline –initial measurements of data collected prior to the program intervention. The LGU HSC uses the average performance of LGUs as the baseline for indicators not reported in the national context. ***National baseline and national average are used interchangeably in analyzing the LGU HSC performance.***

National Target – health outcomes to be achieved.

Province/City-Wide Health System – integrated local health systems and public-led health care provider networks in which health care providers deliver continuous and integrated health services to individuals and/or communities in a well-defined catchment area. The province-wide health system shall consist of the provincial, municipality and city health offices, provincial, district and municipal hospitals, health centers and other LGU-managed health facilities and services. The city-wide health system shall include the city health office, hospitals, health centers/ stations and other city-managed health facilities and services.

Political Process – process of formulating and implementing public policy usually by interaction between social groups and political institutions or between political leadership and public opinion.

Report Dissemination and Utilization – refers to the process of preparing and disseminating findings to the concerned stakeholders, and how these findings were used as evidence to policy decisions.

Validation Tools – standard template used to report the key findings of the validation processes.

- Data Quality Assessment Tool (DQAT) –used to document the conduct of data validation in the provincial/HUC/ICC level, including documentation of issues and proposed action points.
- Summary of the Proceedings Template – used to record any implementation issues, best practices, and policy recommendations.
- Implementation Assessment Tool – used to assess the overall implementation of the program including the effectiveness of its design, processes, and tools.

About this Manual

The Users of This Manual

This manual is intended to provide information to the CHD LGU Health Scorecard Coordinators and the DOH Representatives on the processes involved in the implementation of the LGU Health Scorecard. The Manual specifically discusses in detail the roles of DOH Representatives in the Municipalities, Cities, and Provinces; and the technical officers assigned to non-devolved LGUs in BARMM in each phase of the LGU Health Scorecard implementation. The LGU Health Scorecard coordinators and focal persons, local health officers, and other stakeholders are likewise encouraged to use this manual as a reference to understand the concepts, structures, and processes of the LGU Health Scorecard implementation.

Organization of This Manual

The Manual is organized into five chapters: chapter 1 situates the LGU Health Scorecard as a component of the FIPlus for Health M&E system and provides a summary of the LGU Health Scorecard Implementation as well as the roles of the DOH Representatives at the different levels/processes; Chapter 2 defines the LGU Health Scorecard, its objectives, and the internal and external scoring system; Chapter 3 discusses the implementation processes; Chapter 4 discusses the validation system and framework; and Chapter 5 discusses the uses of the standard reporting forms.

1. FOURmula One Plus M&E System

The FOURmula One Plus (F1 Plus) for Health is the roadmap of the health sector plans and commitments for the medium term (2017-2022). It serves as a guide in the development of policies, plans, and programs within the Department of Health (DOH) and its attached agencies, and all other institutions within the health system. It directs all stakeholders to move in unison and ensure synergy of efforts and initiatives to attain the goals of Better Health Outcomes, More Responsive Health System, and More Equitable Healthcare Financing by strengthening the strategic pillars of Financing, Regulation, Service Delivery, Governance, and the cross cutting initiative on Performance Accountability -all towards the realization of Universal Health Care. F1 Plus for Health is built upon the milestones and lessons learned from the implementation of previous health sector reforms. It is a response to the global **health community's call for action** towards sustainable development, and is anchored to the AmBisyon Natin 2040, the collective long-term vision and aspirations of the Filipino people for themselves and for the country in the next 25 years.

The F1 Plus for Health Monitoring and Evaluation (M&E) System forms part of the health sector

accountability framework (Figure 1). The accountability framework presents the link between the key M&E tools and systems used by the DOH and other stakeholders in health to account for their contribution to the success

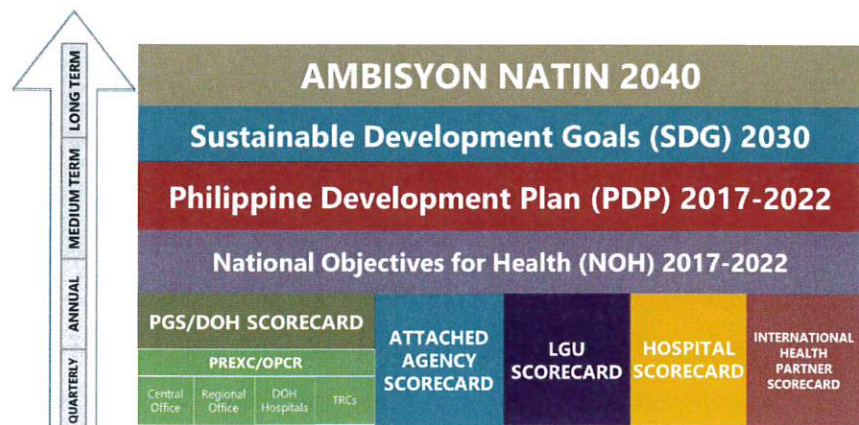


Figure 1. Health Sector Accountability Framework

or failure of attaining the sector and national health goals. It was institutionalized to ensure the attainment of health sector goals by establishing a framework on the contribution of the different stakeholders; linking inputs, processes, outputs, and outcomes; and institutionalizing tools and systems to track performance.

2. Local Government Unit Health Scorecard

The Local Government Unit Health Scorecard (LGU HSC) is a tool to track and evaluate **the LGU's performance in the implementation of** the health sector reforms. As a reporting tool, the LGU HSC aims to guide the local chief executives (LCEs) and health managers in identifying the gaps and action points in the implementation of major public health programs in the province and city-wide health systems.

The Bureau of Local Health Systems Development (BLHSD) has harmonized the LGU HSC with the other M&E Systems of the DOH. The harmonization aims to: (1) streamline the existing monitoring and evaluation systems, (2) eliminate inconsistencies on data results and interpretation, and (3) reduce redundant data collection occurring at the local level. It is likewise assumed that the harmonization will be instrumental in promoting efficient LGU investment on health data information system, which will in turn, support the institutionalization and implementation of iClinicSys at the local level; and ensure the use of accurate and reliable data as evidence in local planning and budgeting.

2.1. Objectives of the LGU Health Scorecard

The LGU HSC was developed for the following purposes:

1. **Report to Clients.** It is used to report outcomes valuable and relevant to the stakeholders and general public.
2. **Benchmark Performance.** It is used to compare the **local government's** performance against internal and external benchmarks.
3. **Basis for Prioritizing Actions.** Following the LGU HSC color-codes, the red rating should prompt the local governments to intensify its efforts and resources, **revise strategies, set a "Catch-up Plan"**, and seek assistance. A yellow rating means that the LGU needs to continue to progressively improve towards attainment of the national target. A green rating shows that the local governments can maintain the current level of performance, be a model site for other LGUs, and/or be a pilot site for innovative interventions.

2.2. LGU Health Scorecard Flow of Activities

Figure 2 provides the overall framework of the LGU HSC implementation. When read vertically, it illustrates the flow of activities in each of the implementation phase and the corresponding role of each stakeholders. Read horizontally, it provides the key roles of each of the stakeholders across the different phases of the implementation. Figure 3 provides the specific roles of the DOH Representatives.

2.3. LGU Health Scorecard Scoring System

External benchmark

The annual performance of LGUs are assessed against the national target. Assessment rating is represented with color codes (Table 1).




Table 1. LGU Health Scorecard External Benchmark

Color	Interpretation
Green	"Excellent" Performance - performance has reached the national targets
Yellow	"Fair" Performance - performance has reached the national average but not the national target
Red	"Poor" Performance - performance is below the national average

Internal benchmark

The annual performance of provinces, cities and municipalities are assessed against their previous year's performance. Assessment rating is represented with directional arrows (Table 2).

Table 2. LGU Health Scorecard Internal Benchmark

Directional Arrow	Interpretation
 (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 color codes and directional arrows are aimed at informing LCEs and local health managers on the presence of potential strategy or implementation gaps. It also identifies LGUs that are performing well and deserving of recognition and incentives.

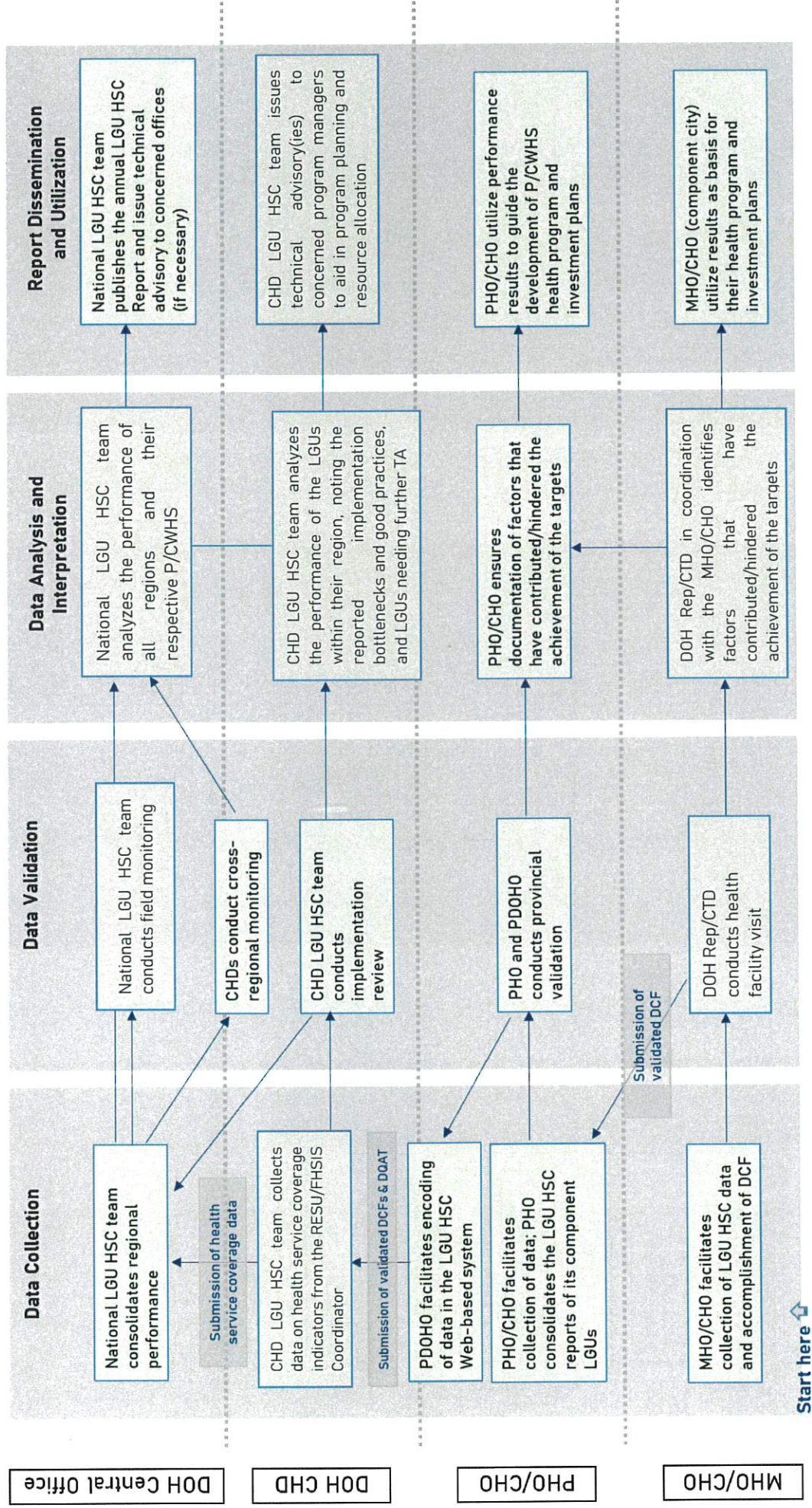


Figure 2. LGU Health Scorecard Flow of Activities

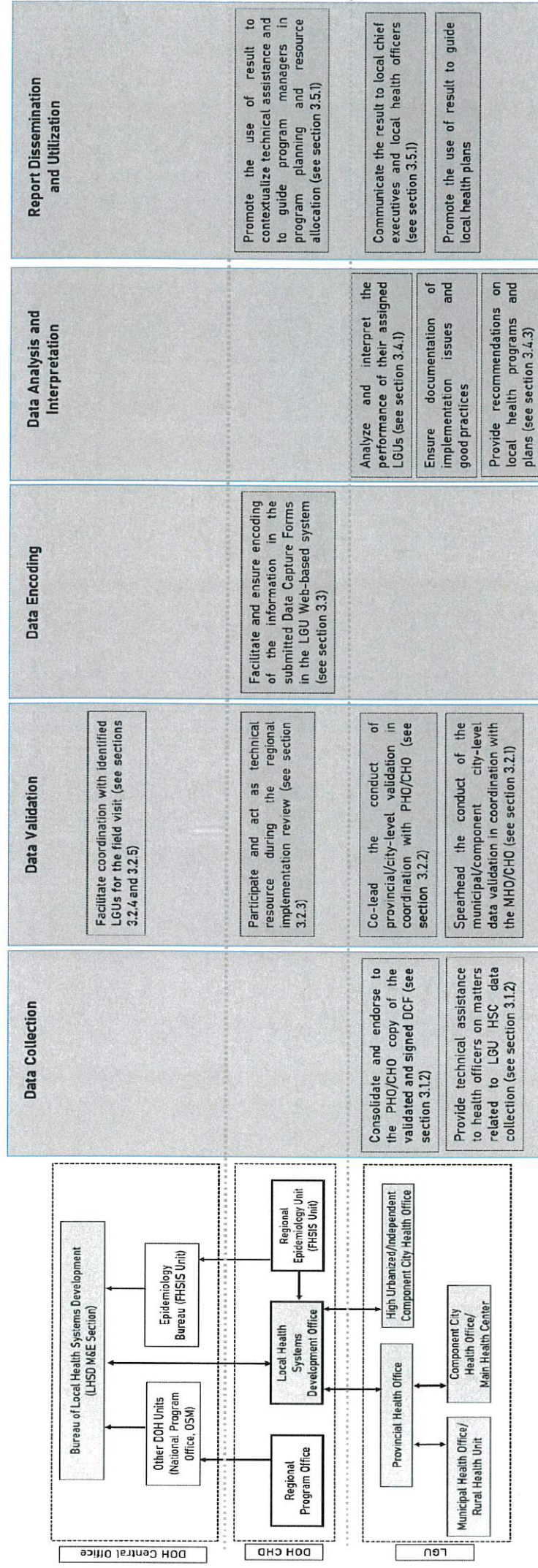


Figure 3. Roles of the DOH Representatives in the LGU HSC Implementation

2.4. Roles and Responsibilities

The different stakeholders at the national, regional and local levels shall have the following roles and responsibilities for the LGU HSC Implementation (AO 2019-0027):

2.4.1 DEPARTMENT OF HEALTH

Bureau of Local Health Systems Development

- a. Lead the over-all implementation of the LGU HSC;
- b. Develop policies on local health systems performance M&E;
- c. Provide technical assistance to CHDs in the implementation of the LGU HSC;
- d. Conduct capacity-building activities to CHD/MOH-BARMM coordinators and chief of technical services of Integrated Provincial Health Office (IPHO) in BARMM;
- e. Facilitate the conduct of internal and external evaluation of the program;
- f. Provide report analysis to the EXECOM; and
- g. Endorse the results for approval of release by the Secretary of Health.

Office for Strategy Management

- a. Collect the health scorecard reports from the respective scorecard managers for national and sub-national analysis including cross-referencing with other data sources specified in AO 2019-0003; and
- b. Together with the Epidemiology Bureau (EB), shall present a summary of its findings to the concerned program managers and to the DOH M&E and Data Governance Technical Working Group (TWG) (AO 2019-0003), and other concerned stakeholders.

Health Policy Development and Planning Bureau

- a. Ensure that data collected from the LGU HSC are utilized to guide the policy development of national health reforms.

Knowledge Management Information Technology Service

- a. Maintain and enhance the LGU HSC web-based system and assist in the training of identified users (LGU HSC Coordinators/ Development Management Officers/PHOs/CHOs/MHOs) of the said system.

Attached Agencies (PhilHealth and National Nutrition Council)

- a. Submit an official data disaggregated per municipality, component city, independent component city, highly urbanized city, province and region to BLHSD in a timely manner.

Centers for Health Development/Ministry of Health-BARMM

- a. Ensure efficient data collection, collation, validation and analysis prior to encoding in the LGU HSC Web-Based System and submission to the BLHSD;
- b. Utilize data from LGU HSC for efficient and effective local health planning including provision of adequate funding support;
- c. Provide timely feedback mechanism and technical assistance to the city/provincial health offices, LGU-managed and devolved hospitals through regular regional conferences in collaboration with the DOH-CO; and
- d. Provide technical assistance/capacity-building activities to LGUs on program and policy implementation.

2.4.2 LOCAL HEALTH OFFICES

(Province, Highly Urbanized Cities/Independent Component Cities and Municipality/Component Cities)

- a. Ensure the efficient and timely collection, validation and consolidation of data using the prescribed data capture forms prior to submission to the DOH-CHDs;
- b. Analyze and utilize LGU HSC data for decision-making, planning and formulation of Local Investment Plan for Health (LIPH) together with their respective municipalities and LGU-managed hospitals in collaboration with DOH-CHDs; and
- c. Regularly conduct LGU HSC reviews.

3. LGU Health Scorecard Implementation Process

3.1. Data Collection

The LGU HSC implementation process begins with local health officers spearheading the collection of health service, financing, and governance data in their respective LGUs. A standard Data Capture Form (DCF) (see section 4.2) is used to record the raw and computed values of LGU's performance in each of the indicators.

The DOH Representatives (DOH Reps) and the Chief of Technical Division (CTD), in the case of BARMM, shall be in-charge of providing technical assistance to the Municipal, City, and Provincial Health Officers, consolidating the report submission, and ensuring the accuracy and validity of the information recorded in the DCF (Figure 4).

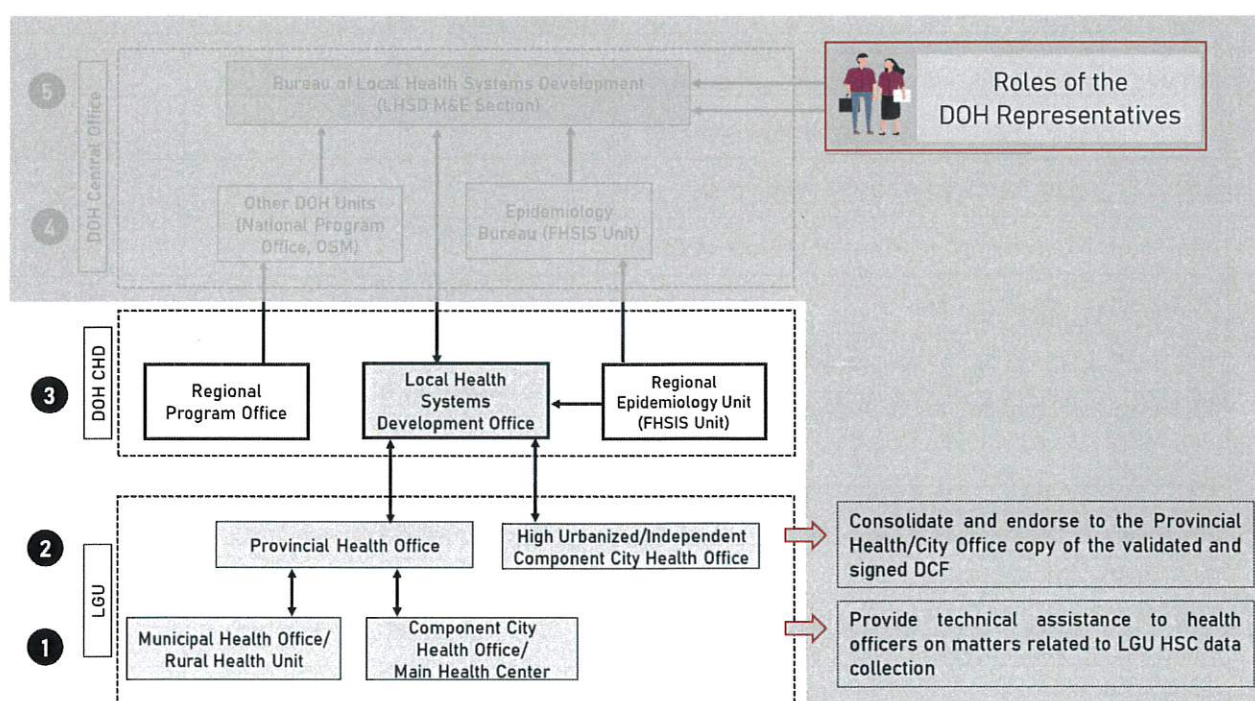


Figure 4. Roles of the DOH Representatives in Data Collection

3.1.1 Performance Indicators

Administrative Order 2019-0027 entitled "Guidelines on the Implementation of the Local Government Unit Health Scorecard," mandates the routine monitoring of input and intermediate outcome indicators in all provinces, cities, and municipalities. Each indicator represents a health program, project, or activity critical to the implementation of the F1 Plus for Health strategy. Table 3 provides the list of the 2019-2022 LGU HSC indicators that will be reported at each level, and the corresponding data source(s).

Table 3. List of Indicators that will be reported at each level

INDICATOR		MUN/CC	HUC/ICC	PROVINCE	Data Source
Indicator 1. Percentage of LGU budget allocated for health		✓	✓	✓	Budget/Accounting Office
Indicator 2. With complete Local Investment Plan for Health (LIPH) concurred/endorsed by the CHD		MIPH concurred/endorsed by PHO	✓	✓	LIPH Coordinator
Indicator 3. Provision of FULL hazard pay, subsistence and laundry allowances to permanent public health workers under the Magna Carta for Public Health Workers		✓	✓	✓	Budget/Accounting Office
Indicator 4. Presence of an Integrated Health System		-	✓	✓	LHSD Coordinator
Indicator 5. Functional Local Health Board		✓	✓	✓	MHO/PHO/CHO
Indicator 6. Organized P/CHO (filled plantilla positions)		-	✓	✓	PHO/CHO
Indicator 7. Rural Health Unit/ Health Center to population ratio		*RHU/HC to Population Ratio		✓	MHO/PHO/CHO
Indicator 8. Percentage of national health policies translated into local policies/ordinances by the LGUs		✓	✓	✓	LCE Office, SB Office
Indicator 9. Percentage of LGU health budget utilized		✓	✓	✓	Budget/Accounting Office
Indicator 10. Health Service Coverage target met					
10.1. Modern Contraceptive Prevalence Rate (mCPR)		✓	✓	✓	FHSIS*
10.2. Adolescent Birth Rate		✓	✓	✓	FHSIS*
10.3. Percentage of Fully Immunized Child (FIC)		✓	✓	✓	FHSIS*
10.4. Percentage of adults 20 years old and above who were risk assessed using the PhilPEN protocol		✓	✓	✓	FHSIS*
10.5. TB Case Notification Rate		✓	✓	✓	FHSIS*
10.6. TB Treatment Success Rate		✓	✓	✓	FHSIS*
10.7. Percentage of households using safely managed drinking-water services/sources		✓	✓	✓	FHSIS*
10.8. Prevalence of Stunting among under 5 children		✓	✓	✓	FHSIS*
Indicator 11. Percentage of facilities with no-stock out of the following commodities:(1) Family Planning Pill (COC);(2) DPT-HiB-HepB vaccine;(3) Losartan;(4) Metformin; (5) Cat I TB Drugs		✓	✓	✓	CHD Pharmaceutical Division/Supply Chain Unit
Indicator 12. With Organized Epidemiology Surveillance Unit		✓	✓	✓	CHD Epidemiology Surveillance Unit
Indicator 13. LGUs with institutionalized Disaster Risk Reduction and Management in Health (DRRM-H) System		✓	✓	✓	CHD Health Emergency Management Unit

* For LGU HSC indicators collected through the FHSIS, no separate data collection and reporting shall be required. Municipal, city, and provincial-level data shall be collected from the FHSIS unit in the CHDs.

3.1.2 LGU Health Scorecard Data Collection

The reporting flow prescribed in this Manual applies to LGU HSC indicators that are not routinely collected in the FHSIS. Figure 5 provides the illustration of the data reporting flow while Table 4 enumerates and provides discussion on each steps.

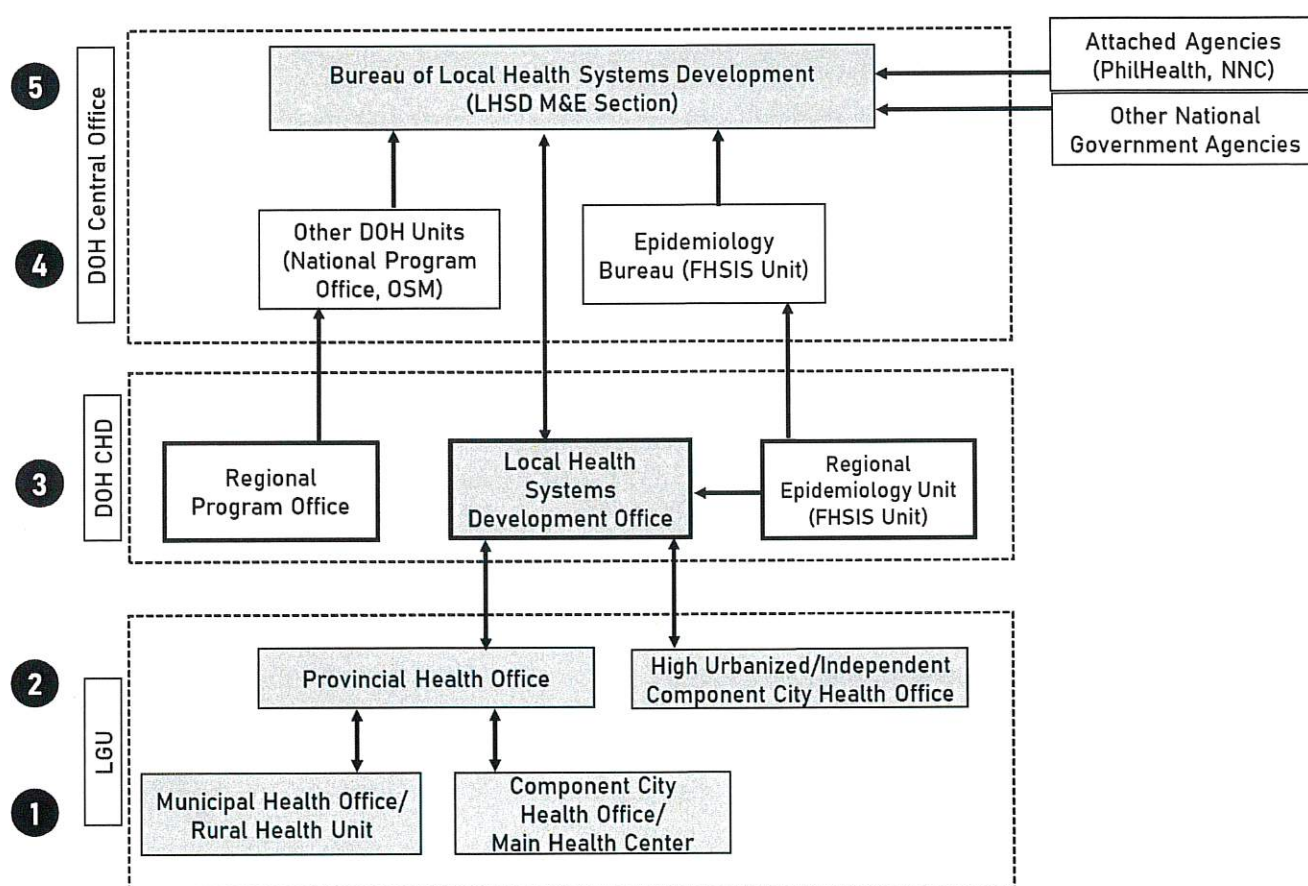


Figure 5. LGU HSC Data Reporting Flow

Table 4. LGU HSC Data Collection Process

STEPS IN THE LGU HSC DATA COLLECTION PROCESS	
1	<p>The DOH Reps shall assist, guide, and provide technical assistance to the MHO/CHO to ensure timely collection of accurate and complete data for all health systems indicators listed in their respective DCFs. The DOH Rep-validated DCF (in the case of BARMM, Chief of Technical Division-validated DCF) shall be submitted by the MHO/CHO to the Provincial Health Office (PHO) and Provincial DOH Office (PDOHO) on or before the 2nd Friday of March of the succeeding year</p> <p><i>Note: Only DCFs submitted with a signed certification page shall be considered official.</i></p>

2	<p>The DOH Rep of Highly Urbanized City (HUC), Independent Component City (ICC) and Province, in coordination with their respective CHOs and PHOs, shall facilitate and ensure encoding of the information reported in the DCFs in the LGU Web-based System and submission of the validated DCFs to the Regional LGU HSC Coordinator <i>on or before the 3rd Friday of April of the succeeding year.</i></p> <p>In the case of BARMM, the CHOs of HUC and ICC and the PHOs shall facilitate and ensure consolidation of the data submitted by their respective component local governments, encoding of the information reported in the DCFs in the LGU Web-based System, and submission of validated DCFs to the BARMM-MOH LGU HSC Coordinators <i>on or before the 1st Friday of May of the succeeding year for encoding.</i></p> <p>Note: The LGU HSC Coordinator in the DOH-CHDs shall submit scanned copy of the signed and validated DCFs and accomplished DQAT to the BLHSD-LGU HSC Team between the 1st and 2nd week of May of the succeeding year.</p>
3	<p>The LGU HSC Coordinator in the DOH-CHD shall coordinate with the Regional Epidemiology Surveillance Unit/FHSIS Point Person to request for the municipal, city, and provincial-disaggregated data on LGU HSC health service indicators reported in the FHSIS. They shall submit an excel file of the FHSIS data to the BLHSD-LGU HSC Team on or before the 1st Friday of May of the succeeding year.</p>
4	<p>Whenever necessary, DOH units and attached agencies shall be required to submit to the BLHSD vetted data on the LGU HSC indicators. Data from other DOH registries/information systems shall be migrated to the LGU HSC Web-based system as needed.</p> <p>The BLHSD shall coordinate with other national government agencies such as the Philippine Statistical Authority (PSA), Department of Education (DepEd), Department of Social Welfare and Development (DSWD), and National Economic Development Authority (NEDA) to request data on population demographics and other social determinants of health which may facilitate in-depth analysis of the LGU HSC performance results.</p>
5	<p>The national LGU HSC team shall endeavor to provide copy of the preliminary annual report to the LGU HSC coordinators on or before every 4th Monday of June of the succeeding year.</p>

3.2. LGU HSC Validation System

The system aims to standardize the existing LGU HSC validation mechanisms. It defines the processes and focus of the validation in each of the reporting levels, and provides **common definition for “vetted” data in each level. Standard validation and assessment tools** (see sections 4.3, 4.4 and 4.5) shall be used to report the findings from the validation activities.

The DOH Representatives and Chief of Technical Division, in the case of BARMM, shall take part in all levels of the validation process.

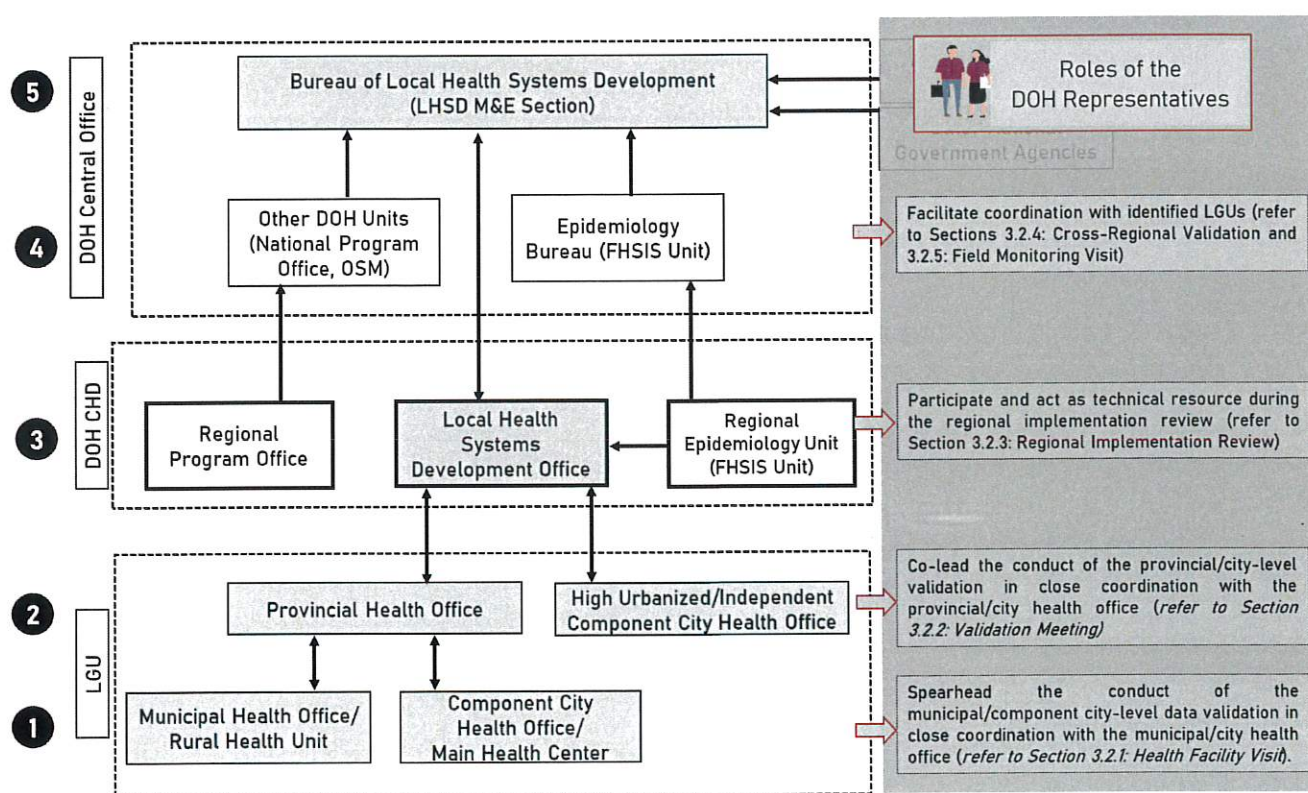


Figure 6. Roles of the DOH Representatives in Data Validation

Objectives of the Data Validation System

1. To continually improve the accuracy, correctness, reliability, and completeness of the health information reported in the LGU scorecard.
2. To create a learning environment for more effective health information management.
3. To foster closer coordination and cooperation among province-wide and city-wide health systems, and other health stakeholders.

Validation Process

The validation process shall consist of four (4) levels, namely: municipal/component city; provincial/highly urbanized city/independent component city; region; and national validation. To further improve the quality of the implementation processes, the LGU HSC system utilizes an additional initiative of cross-regional monitoring. Figure 7 illustrates the vetting process for the LGU HSC report and provides the focus of validation in each level. The key features and requirements for the validation process are defined in Table 5.

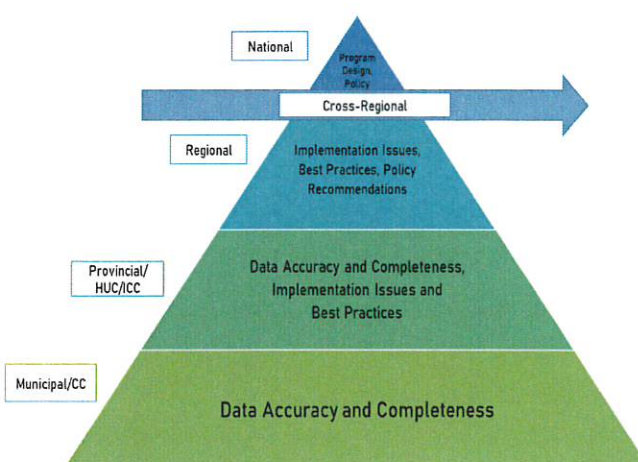


Figure 7. LGU HSC Validation Process

Table 5. Levels of LGU Health Scorecard Validation

Level	Validation Mechanism	Validation Team (minimum composition)	Frequency/ (Proposed Timeline)	Focus of Validation	Template
Municipality/ Component City	Health Facility Visit	DOH Rep, PHO/CHO representative/ LGU HSC Point Person	Annual (1 st week to 4 th week of February)	Data Accuracy and Completeness	DCF, Certification Page, Validation Checklist
Provincial/ HUC/ICC	Data Validation Meeting	DOH Rep, PHO/CHO representative, LGU HSC Point Person	Annual (3 rd week of March – 2 nd week of April)	Data Accuracy and Completeness, Implementation Issues and Best Practices	DQAT
Region	Implementation Review	Regional LGU HSC Team, PHO/CHO, LGU HSC Point Person, DOH Rep	Annual (1 st to 4 th week of April)	Implementation Issues, Best Practices, Policy Recommendations	Summary of the Proceedings
	Cross-regional monitoring	LHSD Chief, LGU HSC Coordinator, DMO Coordinator, Planning Officer	Annual (2 nd quarter)	Implementation Issues, Best Practices, Policy Recommendations	Implementation Assessment Tool
National	Field Monitoring Visit	National and Regional LGU HSC team, PHO/CHO, DOH Rep	Annual (2 nd quarter)	Implementation Design, Policy Recommendations	Implementation Assessment Tool

3.2.1 Health Facility Visit (Municipal, Component City)

The municipal/component city-level validation shall be spearheaded by the respective DOH Rep of the municipality/city or the Chief of Technical Division, in the case of BARMM, in coordination with the Municipal Health Officer (MHO)/City Health Officer (CHO). The primary focus of the validation is to ensure the accuracy and completeness of data reported in the data capture forms (DCF).

The steps in conducting the health facility visit is illustrated in Figure 8 and described in Table 6.

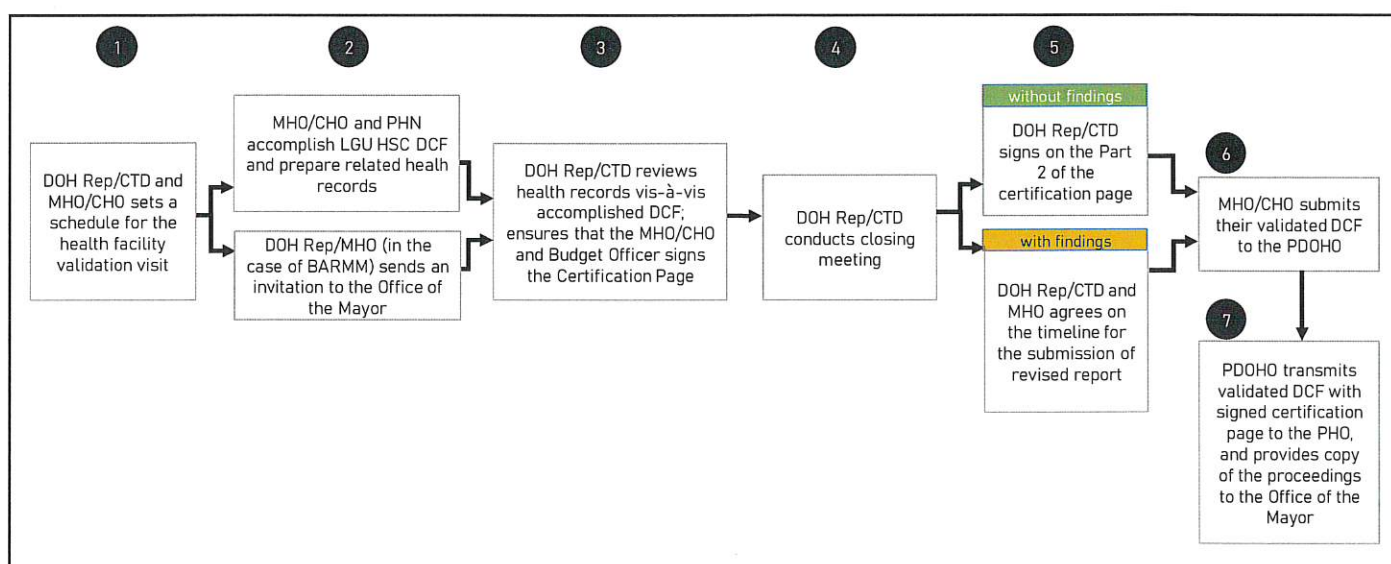


Figure 8. Process Flow for the Health Facility Visit

Table 6. Steps in Conducting the Health Facility Visit

1	The DOH Rep/Chief of Technical Division (in the case of BARMM) and MHO/CHO shall agree on the schedule of the validation visit. A representative from the PHO may be requested to join the facility visit.
2	Prior to the facility visit, the MHO/CHO, together with the PHN and/or LGU HSC Point Person, shall facilitate and ensure timely collection of data, accomplish the DCF, and prepare all related health records. The DOH Rep (and in the case of BARMM, the MHO), on the other hand, shall send a communication letter to the Office of the Mayor inviting him/her and the Budget/Accounting Officer to attend the closing meeting during the health facility visit.
3	On the day of the validation visit, the DOH Rep/Chief of Technical Division (in the case of BARMM) shall review the following: <ol style="list-style-type: none"> 1. Related health records supporting the data reported on the accomplished DCF 2. For extremely low or high value, documentation of the justification or innovation/good practice(s). 3. Signatures of the MHO/CHO and Budget Officer on Part I of the DCF certification page.
4	The DOH Rep/Chief of Technical Division (in the case of BARMM) shall facilitate the conduct of a closing meeting. Ideally, the meeting shall be attended by the RHU/HC Staff, Budget and/or Accounting Officer, and the Mayor. The DOH Rep/Chief of Technical Division (in the case of BARMM) shall report the summary of the accomplishment (i.e., how many indicators were rated

	green, yellow, or red) and any recommendation (e.g., green-sustain current level of performance; yellow- continue to progressively improve towards attainment of the national target, red-intensify efforts and resources). The meeting shall also serve as a venue for local health officers to raise any implementation issues that may aid the development of a policy to improve the overall implementation of the LGU HSC.
5	<p>If the DOH Rep/Chief of Technical Division (in the case of BARMM) deems that <u>no major</u> revision on the accomplished DCF is needed, he/she shall affix his/her signature on the Part II of the DCF Certification Page.</p> <p>If the DOH Rep/Chief of Technical Division (in the case of BARMM) deems that <u>major</u> revisions on the accomplished DCF is needed, the DOH Rep and MHO/CHO shall agree on the deadline for the submission of the revised DCF. Provided that upon submission of the revised DCF, the DOH Rep shall review the revised DCF to ensure that all revisions/comments/suggestions were reflected. The DOH Rep shall then affix his/her signature on the Part II of the certification page.</p>
6	The DOH Rep/Chief of Technical Division (in the case of BARMM) shall facilitate submission of the validated DCF with the signed certification page to the PDOHO. The DOH Rep of the Province/Chief of Technical Division (in the case of BARMM) shall affix his/her signatures in the Part II of the DCF Certification Page.
7	The PDOHO shall transmit the DCF to the Provincial Health Office. The DOH Rep or the Chief of Technical Division (in the case of BARMM) shall also provide the Office of the Mayor with the summary of the proceedings during the validation visit.

3.2.2 Data Validation Meeting (Province, Highly Urbanized and Independent Component City)

The provincial-level validation shall be spearheaded by the Provincial Health Office (PHO) in collaboration with the Provincial DOH Office (PDOHO). While the HUC/ICC-level validation shall be spearheaded by the City Health Office (CHO) in collaboration with their assigned DOH Reps. There are two validation models from which the provinces and cities may choose from depending on the time and resource feasibility, as shown in Table 7.

Table 7. Province/HUC/ICC Validation Models

Model 1	Model 2
Several validation teams shall be formed. The process shall focus on validating the completeness and accuracy of the report reflected in the DCF of randomly selected health facilities. The teams are also encouraged to document any implementation issues and good practices. The general steps are illustrated in Figure 9 and described in Table 8.	The PHO/CHO shall call for a meeting of all MHO/Rural Health Physicians (RHP) to discuss the performance of their municipalities/catchment areas, validate consistencies of the report with the submitted DCF, and document any implementation issues and good practices. The general steps are illustrated in Figure 10 and described in Table 9.

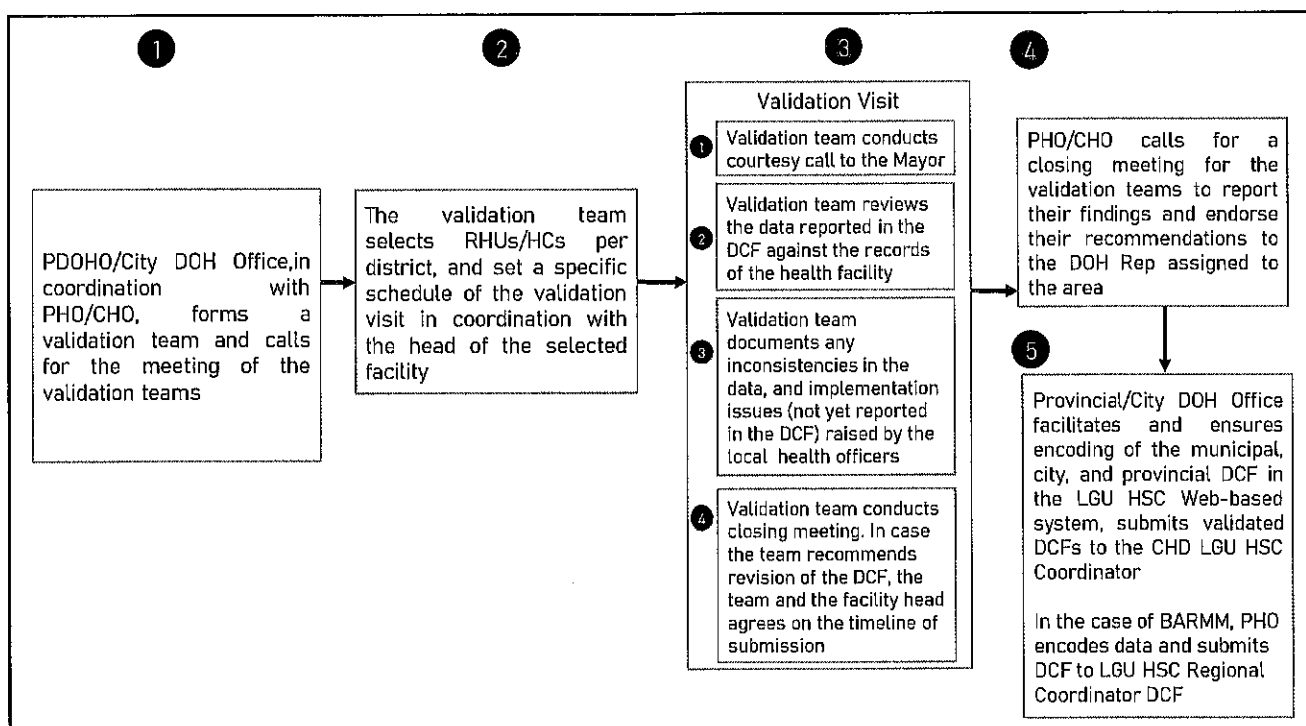


Figure 9. Process Flow for the Provincial/HUC/ICC Level Validation (Model 1)

Table 8. Steps in Conducting the Provincial Validation Meeting (Model 1)

1	<p>The Provincial/City DOH Office, in coordination with the PHO/CHO, shall form validation teams to be composed of DOH Reps, LGU HSC Point Person, and PHO/CHO representatives, at the least. Ideally, one validation team shall be formed for each of the congressional districts. Note that DOH Reps cannot be assigned on the congressional district of the LGU where he/she is presently assigned.</p> <p>The Provincial/City DOH Office and PHO/CHO shall call for the meeting of all validation teams. During which, the processes and organization of the validation visits including the timeline, standard templates (refer to Section 4.3), and schedule of the closing meeting shall be discussed and agreed upon.</p>
2	<p>During the data validation meeting, the validation teams shall be given time to organize and randomly select at least two (2) health facilities per congressional district. After which, the validation team, in coordination with the DOH Reps assigned to their selected facilities, shall coordinate with the head of the facility to schedule the visit. The Provincial/City DOH Office shall provide the validation team with the copy of the DCF of their selected facilities.</p>
3	<p>During the validation visit, the validation team shall:</p> <ol style="list-style-type: none"> 1. Conduct a courtesy call to the Mayor to explain the purpose of the validation visit and invite him/her and the budget/accounting officer to join the closing meeting.

	<p>2. Examine the DCF for completeness and accuracy of entries vis-à-vis the facility records used to capture and store health data. The validation process shall include review of the formula as well as the worksheets used to compute and generate the value of an indicator (refer to Section 4.3).</p> <p>3. Document all findings of the review including any inconsistencies with the values reported in the DCF, any implementation issues or good practices, and policy recommendations not initially reported in the DCF.</p> <p>4. At the end of the validation, facilitate the conduct of a closing meeting to discuss the summary of the process undertaken, findings of the review, and recommendations. In case of a recommendation to revise the DCF, the validation team and the facility head shall agree on the submission timeline.</p>
4	<p>All the validation teams shall meet for a closing meeting. Each teams shall be required to report and submit an accomplished DQAT signed by the members of the validation team. The team shall likewise endorse any findings/recommendations to the DOH Rep assigned to the concerned LGU including the agreed timeline for the submission of the revised DCF.</p>
5	<p>The Provincial/City DOH Office shall facilitate and ensure encoding of the municipal, city, and provincial DCF in the LGU HSC Web-based system, and submit copy of the DCFs and DQATs to the CHD LGU HSC Coordinator.</p> <p>In the case of BARMM, the PHO shall ensure encoding of the validated DCFs in the LGU HSC Web-based system and shall submit copy of the DCF to LGU HSC Regional Coordinator.</p> <p><i>Note: The submission of municipal, city, and provincial DCF to the CHD signifies concurrence of the PHO/CHO and the Provincial/City DOH.</i></p>

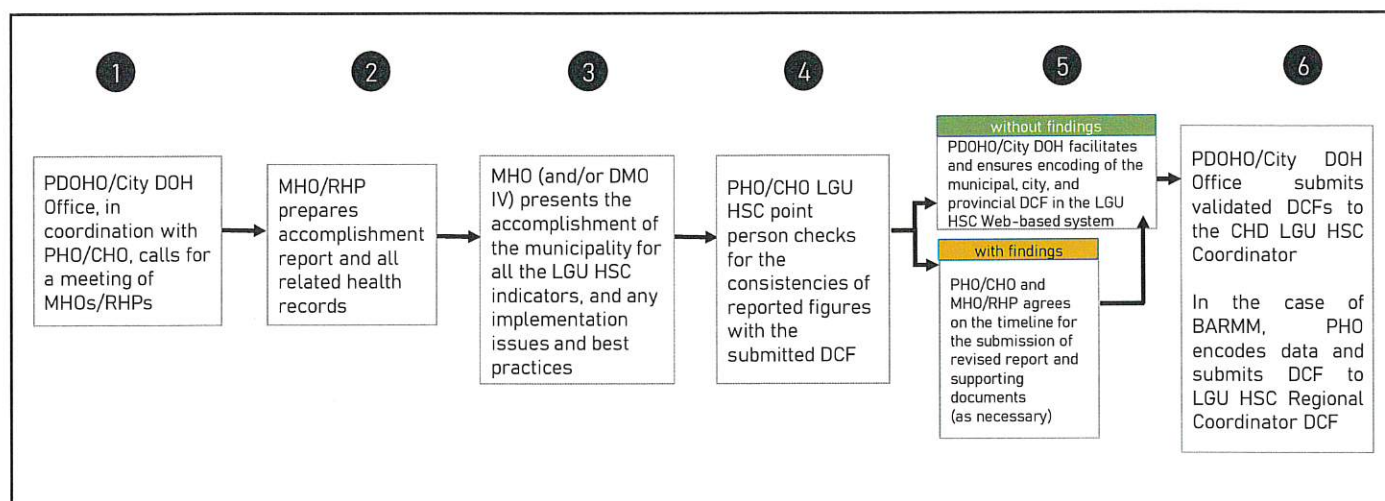


Figure 10. Process Flow for the Provincial/HUC/ICC Level Validation (Model 2)

Table 9. Steps in Conducting the Provincial Validation Meeting (Model 2)

1	The Provincial/City DOH Office, in coordination with the PHO/CHO, shall call for a meeting of all MHOs/RHPs.
2	The MHO/RHP shall prepare and bring with them copy of the accomplishment report and all related health records
3	During the data validation meeting, the MHO and/or DOH Rep shall present the accomplishment report of their respective municipalities/catchment areas including any implementation issues and good practices.
4	The PHO/CHO LGU HSC point person (and technical staff from the PDOHO/City DOH Office) shall check for the consistencies of the reported figures with the submitted DCF. The staff, after each presentation, shall raise to the group any data inconsistencies. In case of inconsistencies, the PHO/CHO (or the highest official in attendance) shall decide on the resolution or any next step.
5	<p>If the group deems that <u>NO MAJOR</u> revision on the accomplished DCF is needed, the Provincial/City DOH Office shall submit the validated DCFs to the CHD LGU HSC Coordinator. The DOH Reps of the Province/City shall likewise facilitate and ensure encoding of the validated DCFs in the LGU HSC Web-based system.</p> <p>If the group deems that <u>MAJOR</u> revisions on the accomplished DCF is needed, the PHO/CHO and MHO/RHP shall agree on the deadline for the submission of the revised DCF. Provided that, the PHO/CHO LGU HSC Coordinator, in coordination with the Provincial/City DOH Office, shall review the revised DCF to ensure that all revisions/comments/suggestions were reflected, and supporting documents were submitted (based on the agreement during the validation meeting). The DOH Reps of the Province/City shall then facilitate and ensure encoding of the validated DCFs in the LGU HSC Web-based system.</p>

6	<p>The Provincial/City DOH Office shall submit copy of the DCFs and DQATs to the CHD LGU HSC Coordinator.</p> <p>In the case of BARMM, the PHO shall ensure encoding of the validated DCFs in the LGU HSC Web-based system and shall submit copy of the DCF to LGU HSC Regional Coordinator.</p> <p><i>Note: The submission of municipal, city, and provincial DCF to the CHD signifies concurrence of the PHO/CHO and the Provincial/City DOH.</i></p>
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3.2.3 Implementation Review (Regional)

The CHD LGU HSC team shall spearhead the conduct of the implementation review. CHDs are encouraged to conduct the implementation review in conjunction with the CHD Performance and Budget Utilization Review. The review shall focus on the discussion of the provincial accomplishment for all the LGU HSC indicators (e.g., how many of the LGUs in each province were rated green, yellow, or red). The discussion shall also highlight any implementation issues and good practices that may aid in the development of regional/national policy to improve the program implementation. The general steps are illustrated in Figure 11 and described in Table 10.

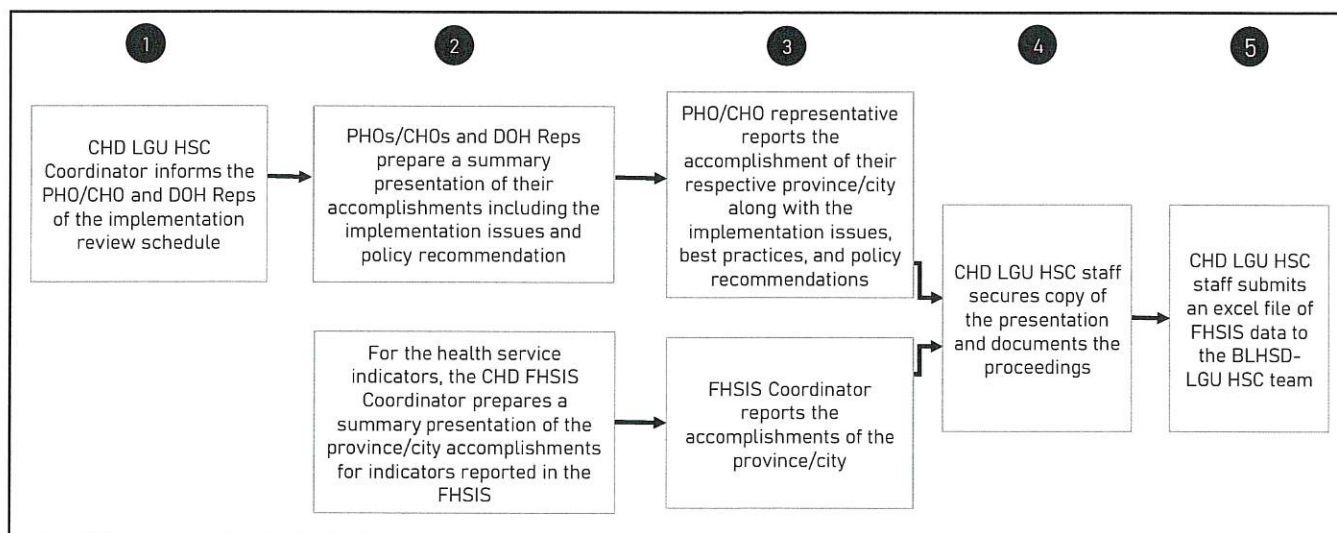


Figure 11. Process Flow for the Regional Implementation Review

Table 10. Steps in Conducting the Regional Implementation Review

1	The CHD LGU HSC Coordinator shall inform the PHOs/CHOs and DOH Reps of the schedule of the implementation review. They shall likewise inform the CHD FHSIS coordinators of the schedule and request them to prepare a summary presentation of the provincial/city accomplishments for the health service indicators reported in the FHSIS
2	<p>The PHOs/CHOs and DOH Reps shall prepare a summary presentation of their accomplishments including the implementation issues, good practices, and policy recommendations raised during the provincial data validation meeting.</p> <p>For the health service indicators, the CHD FHSIS Coordinator shall prepare a summary presentation of the provincial/city accomplishments for the health service indicators reported in the FHSIS</p>
3	During the implementation review, the PHO/CHO shall present the summary of the accomplishment of his/her respective province/city (e.g., how many of the LGUs in each province were rated green, yellow, or red) along with the implementation issues, good practices, and policy recommendations. The CHD FHSIS Coordinator, on the other hand, shall present the accomplishments of the province/city on the LGU HSC indicators reported in the FHSIS.
4	The CHD LGU HSC team shall assign a staff to secure copies of all the presentations and to document highlights of the proceedings.
5	The CHD LGU HSC team shall submit to the BLHSD-LGU HSC team an excel file of the municipal, city, and provincial disaggregated data on LGU HSC health service indicators reported in the FHSIS

3.2.4 Cross-Regional Monitoring

Every year, the National LGU HSC team shall randomly match regions to their assigned validation area. The cross-regional validation aims to assess the actual data collection and validation processes implemented in the provinces and cities. The activity shall also serve as a venue for regions to share their good practices and equally important, learn from the good practices of other regions. At the minimum, the validation team shall be composed of the LHSD Chief, LGU HSC Coordinator, DMO Coordinator, Planning Officer. The team shall designate a team leader among themselves. The general steps are illustrated in Figure 12 and described in Table 11.

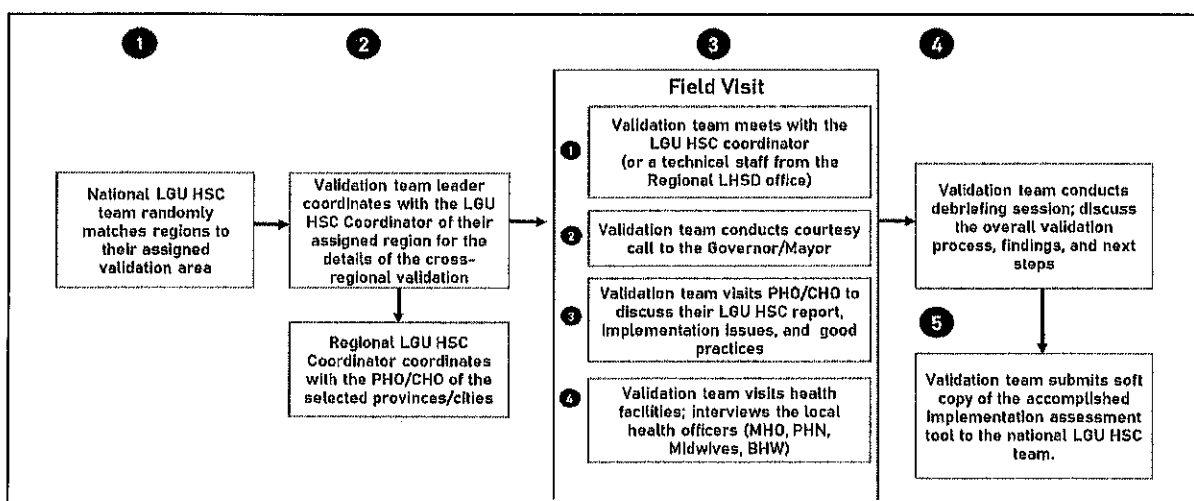


Figure 12. Process Flow for the Cross-regional Monitoring

Table 11. Steps in Conducting the Cross-Regional Monitoring

1	The National LGU HSC team shall randomly match regions, and inform CHD LGU HSC team of their assigned validation area.						
2	<p>The validation team shall coordinate with the LGU HSC coordinator of their assigned region for the details of the cross-regional validation (including administrative and logistics preparation). Discussion shall include agreement on which provinces/cities to be visited. Sampling of the Provinces/Cities/Municipalities shall be based on the following criteria:</p> <table border="1"> <thead> <tr> <th>Province/HUC/ICC</th><th>Municipalities</th></tr> </thead> <tbody> <tr> <td>At least one (1) Highest performing/Lowest performing province</td><td>At least one (1) 1st class municipality At least one (1) 5th class municipality</td></tr> <tr> <td>At least one (1) Highest performing/Lowest performing HUC/ICC</td><td></td></tr> </tbody> </table> <p>Note: The validation team may opt to visit contiguous area in the interest of time</p> <p>Based on their agreement, the CHD LGU HSC coordinator shall ensure that the details were coordinated with the identified provinces, cities, and/or municipalities.</p>	Province/HUC/ICC	Municipalities	At least one (1) Highest performing/Lowest performing province	At least one (1) 1 st class municipality At least one (1) 5 th class municipality	At least one (1) Highest performing/Lowest performing HUC/ICC	
Province/HUC/ICC	Municipalities						
At least one (1) Highest performing/Lowest performing province	At least one (1) 1 st class municipality At least one (1) 5 th class municipality						
At least one (1) Highest performing/Lowest performing HUC/ICC							
3	<p>During the field visit, the validation team shall:</p> <ol style="list-style-type: none"> 1. Meet with the regional LGU HSC coordinator (or a technical staff from the CHD LHSD office) 2. Conduct courtesy call to the Provincial Governor/City Mayor 3. Visit the provincial/city health office to discuss their LGU HSC performance results, implementation issues, and good practices. Representative(s) of the PHO/CHO and the DOH Rep assigned to the province/city shall join the validation team on their field visit 4. Visits health facilities and interviews the local health officers (MHO, PHN, Midwives, BHW, etc.) 						
4	The validation team, together with the CHD LGU HSC coordinator (or representative technical staff), PHO/CHO representative(s), and DOH Reps, shall conduct a debriefing session to discuss the overall validation process, findings, and next steps.						
5	The validation team shall submit soft copy of the accomplished implementation assessment tool (<i>refer to section 4.5</i>) to the national LGU HSC team.						

3.2.5 Field Monitoring Visits (National)

The National LGU HSC team shall conduct field monitoring visits on select regions, provinces, and cities. The monitoring visits shall assess whether the actual implementation of the LGU HSC conforms to the program design, and that good practices and lessons learned from previous years of implementation were properly documented. The general steps are illustrated in Figure 13 and described in Table 12.

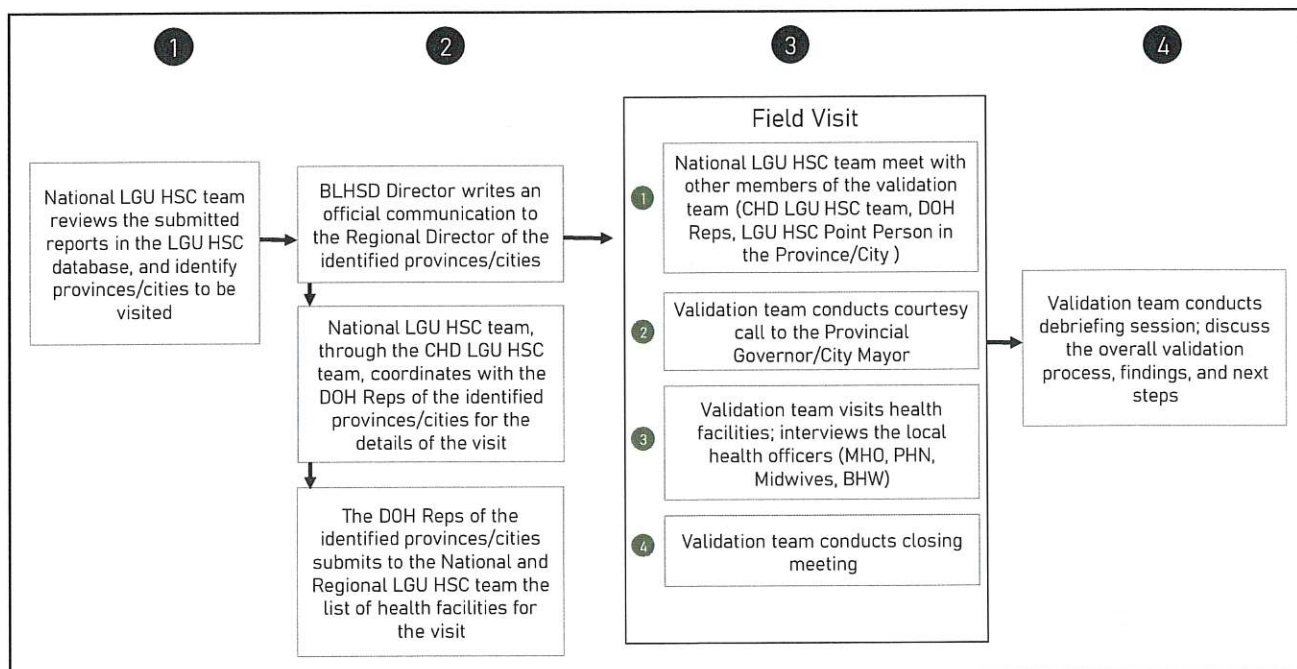


Figure 13. Process Flow for the Field Monitoring Visits

Table 12. Steps in Conducting the Field Monitoring Visits

1	<p>The National LGU HSC team shall review the submitted reports in the LGU HSC database. Sample provinces/cities shall be selected based on the following criteria:</p> <table border="1"> <thead> <tr> <th>Regions</th><th>Provinces/Cities</th></tr> </thead> <tbody> <tr> <td colspan="2">A. Using the external benchmark</td></tr> <tr> <td>One(1) region among the top five (5) highest performing regions in terms of the number of green ratings</td><td> <ol style="list-style-type: none"> Province/Cities with the most number of green ratings Province/Cities with the most number of red ratings </td></tr> <tr> <td>One (1) region among the least performing regions in terms of the number of red ratings</td><td> <ol style="list-style-type: none"> Province/Cities with the most number of green ratings Province/Cities with the most number of red ratings </td></tr> <tr> <td colspan="2">B. Using the internal benchmark</td></tr> <tr> <td>One (1) region among the top five (5) most improved regions in terms of the number of upward-oriented arrows</td><td> <ol style="list-style-type: none"> Province/Cities with the most number of upward-oriented arrows Province/Cities with the most number of downward-oriented arrows </td></tr> <tr> <td>One (1) region among the least improved regions in terms of the number of downward-oriented arrows</td><td> <ol style="list-style-type: none"> Province/Cities with the most number of upward-oriented arrows Province/Cities with the most number of downward-oriented arrows </td></tr> </tbody> </table>	Regions	Provinces/Cities	A. Using the external benchmark		One(1) region among the top five (5) highest performing regions in terms of the number of green ratings	<ol style="list-style-type: none"> Province/Cities with the most number of green ratings Province/Cities with the most number of red ratings 	One (1) region among the least performing regions in terms of the number of red ratings	<ol style="list-style-type: none"> Province/Cities with the most number of green ratings Province/Cities with the most number of red ratings 	B. Using the internal benchmark		One (1) region among the top five (5) most improved regions in terms of the number of upward-oriented arrows	<ol style="list-style-type: none"> Province/Cities with the most number of upward-oriented arrows Province/Cities with the most number of downward-oriented arrows 	One (1) region among the least improved regions in terms of the number of downward-oriented arrows	<ol style="list-style-type: none"> Province/Cities with the most number of upward-oriented arrows Province/Cities with the most number of downward-oriented arrows
Regions	Provinces/Cities														
A. Using the external benchmark															
One(1) region among the top five (5) highest performing regions in terms of the number of green ratings	<ol style="list-style-type: none"> Province/Cities with the most number of green ratings Province/Cities with the most number of red ratings 														
One (1) region among the least performing regions in terms of the number of red ratings	<ol style="list-style-type: none"> Province/Cities with the most number of green ratings Province/Cities with the most number of red ratings 														
B. Using the internal benchmark															
One (1) region among the top five (5) most improved regions in terms of the number of upward-oriented arrows	<ol style="list-style-type: none"> Province/Cities with the most number of upward-oriented arrows Province/Cities with the most number of downward-oriented arrows 														
One (1) region among the least improved regions in terms of the number of downward-oriented arrows	<ol style="list-style-type: none"> Province/Cities with the most number of upward-oriented arrows Province/Cities with the most number of downward-oriented arrows 														
2	<p>2.a. The BLHSD Director shall send an official communication to the CHD Director of the identified provinces/cities.</p> <p>2.b. The National LGU HSC team, through the CHD LGU HSC team, shall coordinate with the DOH Reps of the identified provinces/cities for the details of the visit</p> <p>2.c. The DOH Rep(s) of the identified provinces/cities shall submit to the National and Regional LGU HSC team the list of recommended health facilities for the visit. The National and Regional LGU HSC team, in turn, shall prepare the necessary materials and documents for the visit.</p>														
3	<p>The National LGU HSC team shall meet with other members of the validation team (CHD LGU HSC team, DOH Reps, LGU HSC Point Person in the Province/City) to discuss the process of the validation.</p> <p>During the field visit, the validation team shall:</p> <ol style="list-style-type: none"> Conducts courtesy call to the Provincial Governor/City Mayor Visit the identified health facilities and interview local health officers (MHO, PHN, Midwives, BHW) Facilitate conduct of a closing meeting 														
4	<p>The validation team shall allot 2 days for each of the provinces/cities. After which, the team shall move to the next province/city. After the field visit, the validation team shall conduct a debriefing session to discuss the overall validation process, findings, and next steps.</p>														

3.3. Encoding in the Local Government Unit Health Scorecard Web-Based System (WBS)

The LGU HSC Web-Based System is an online platform where LGU HSC stakeholders can encode the information collected using their DCFs, generate report cards, create graphs, and access the metadata of the LGU HSC indicators. The system also automates the consolidation of regional and national performance results.

The DOH Representatives and Chief of Technical Division (in the case of BARMM) shall take on the main role of ensuring that the LGU information and LGU HSC performance results are encoded in the LGU HSC Web-based system in a timely manner.

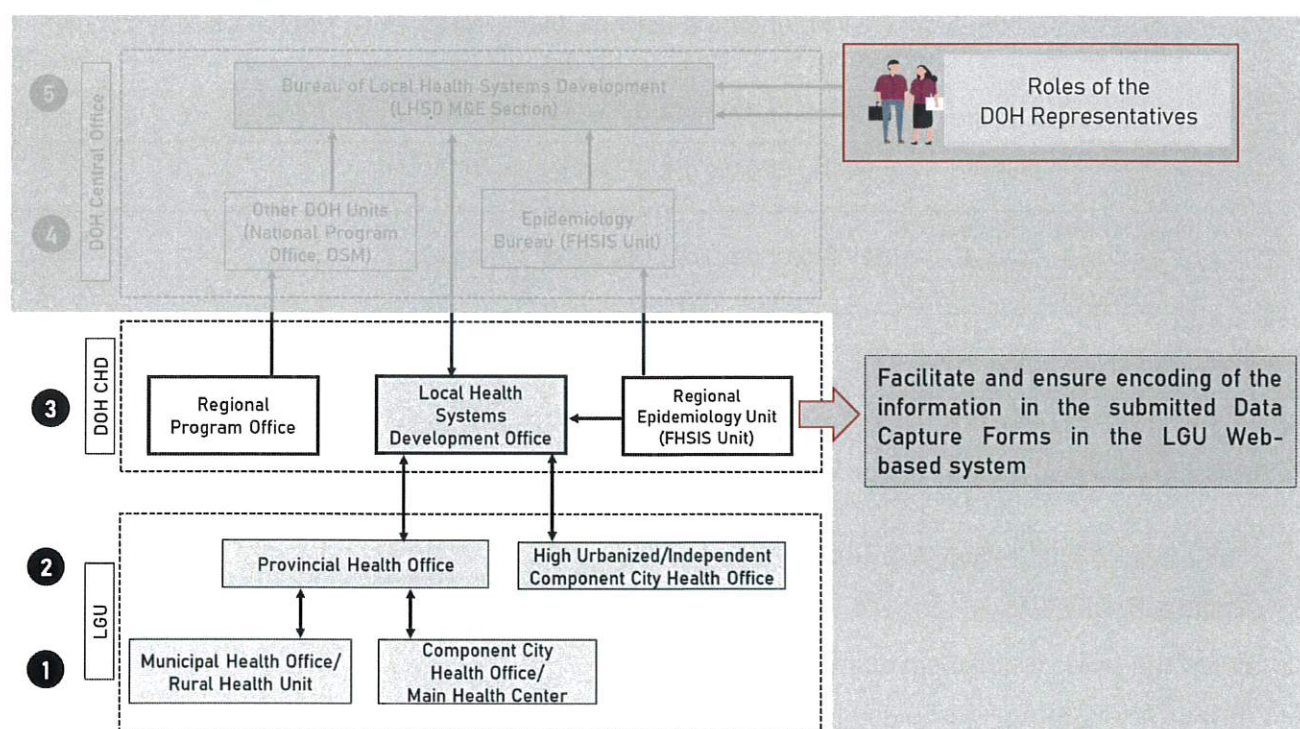


Figure 14. Roles of the DOH Representatives in Data Encoding

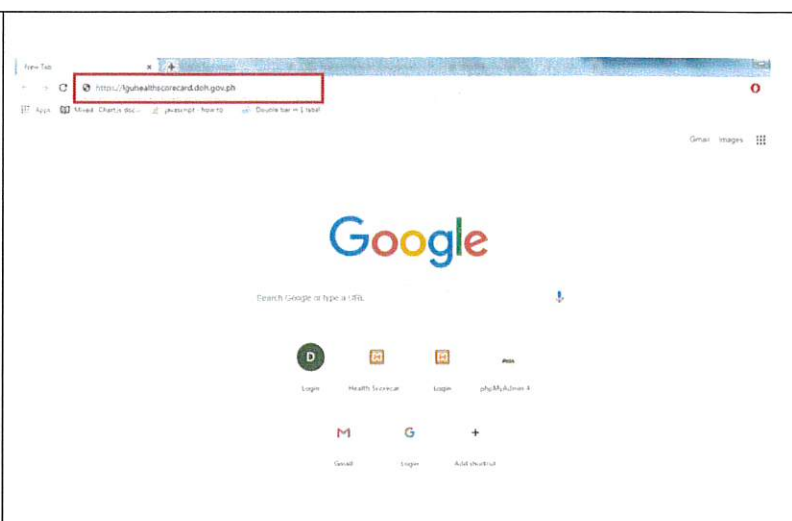
The LGU HSC Web-Based System is programmed to assign predefined access level for each user account. Table 13 summarizes the access level of each user.

Table 13. LGU HSC Web-based System User Accounts and Access Level

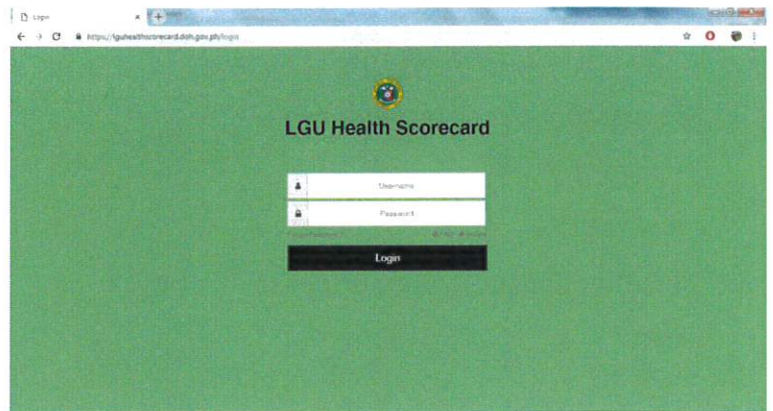
User Account	Access Level
LGU HSC Coordinator (Region)	1. Encoding of FHSIS Data (Province, City and Municipal); and 2. Viewing of data (Province, City and Municipality under the Region)
DOH Representatives	1. Encoding of LGU HSC Accomplishment (Province, City Municipality); 2. Encoding of Information Sheet- Morbidity and Mortality Data (Province/City/Municipality assigned to the DOH Rep); and, 3. Viewing of data (Province/City and Municipality under the DMO)
Provincial Health Office	Viewing of data (Province, Municipality, and Component Cities under the PHO)
City Health Office	Viewing of data of LGU under the CHO
Municipal Health Office	Viewing of data of LGU under the MHO
Other DOH Offices and Government Agencies	Viewing of data of LGU under the MHO

3.3.1 Getting Started

1. Open any web browser, e.g. Chrome, Mozilla, Opera, Etc.
2. Enter the LGU Health Scorecard URL (<https://lguhealthscorecard.doh.gov.ph>) in the address bar



3. Press "Enter" to access the LGU Health Scorecard website

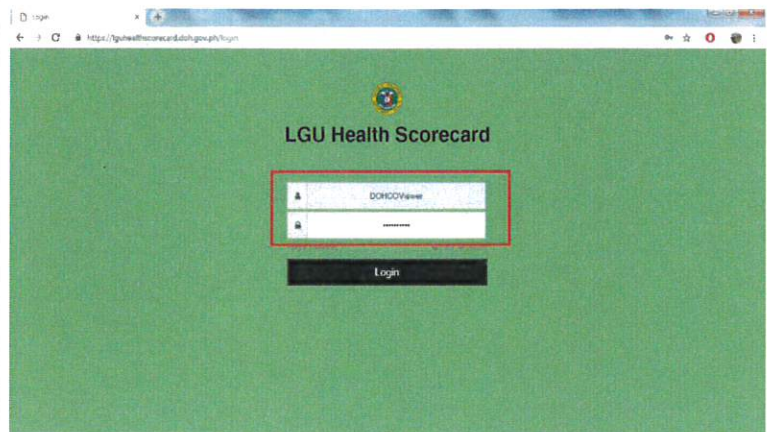


3.3.2 Creation of an LGU HSC WBS Account

1. Submit an email request to the system administrator(s) on any of the following email address:
 - mcnbsales.doh@gmail.com
 - dinsarne@yahoo.com
 - acorachea.blhsd@gmail.com
2. Use the subject: "Account Request for LGU Health Scorecard".
3. Include basic information such as:
 - a. Full name
 - b. E-Mail Address
 - c. Office, Position/Designation
 - d. Birthday

3.3.3 Logging-in

1. In the LGU Health Scorecard Log-in page, enter your username and password
2. Click the “Log-in” button or Press Enter.



3. A successful log-in will redirect you to the LGU Health Scorecard home page



3.3.4 Encoding the Health Scorecard Performance Results

The Health Scorecard tab contains the module where health scorecard performance results (reported in the respective LGU Data Capture Forms) may be encoded and submitted. The homepage displays the number of LGUs that have encoded their DCF performance result.

The screenshot shows the LGU Health Scorecard homepage. The 'Health Scorecard' tab is highlighted in the top navigation bar. The main content area shows a 'New Scorecard' button and a table with columns: Province, HUC / ICC, Municipality / Component City, and a 'New Scorecard' button. Below this is a 'PROFILE YEAR: 2019' section with a search bar and a table of results.

Province	HUC / ICC	Municipality / Component City
0	0	1

PROFILE YEAR: 2019

Province	HUC / ICC	Municipality / Component City
0	0	1

1. Click the “New Scorecard” button

The screenshot shows the LGU Health Scorecard homepage. The 'New Scorecard' button is highlighted by a red arrow. The main content area shows a 'New Scorecard' button and a table with columns: Province, HUC / ICC, Municipality / Component City, and a 'New Scorecard' button. Below this is a 'PROFILE YEAR: 2019' section with a search bar and a table of results.

Province	HUC / ICC	Municipality / Component City
0	0	1

PROFILE YEAR: 2019

Province	HUC / ICC	Municipality / Component City
0	0	1

2. Select the preferred scorecard form from the drop-down menu.

The screenshot shows the LGU Health Scorecard homepage. A dropdown menu is open, showing 'Please Select Level' and 'Please Select Level' options. The main content area shows a 'New Scorecard' button and a table with columns: Province, HUC / ICC, Municipality / Component City, and a 'New Scorecard' button. Below this is a 'PROFILE YEAR: 2019' section with a search bar and a table of results.

Province	HUC / ICC	Municipality / Component City
0	0	1

PROFILE YEAR: 2019

Province	HUC / ICC	Municipality / Component City
0	0	1

3. Click "Continue".

4. The system will display an electronic version of the DCF. It allows the encoder to select the name of the LGU in the drop-down menu, and requires that all information on applicable indicators be filled up before submitting the form.

Note: The system will not accept an incomplete scorecard form. A dialog box will display to inform the encoder that there is/are missing information in the submitted scorecard form.

5. Once all the required information has been encoded, click **"Submit"**. A dialog box will confirm the submission of the form.

6. Click **"Yes"** to proceed with the submission.

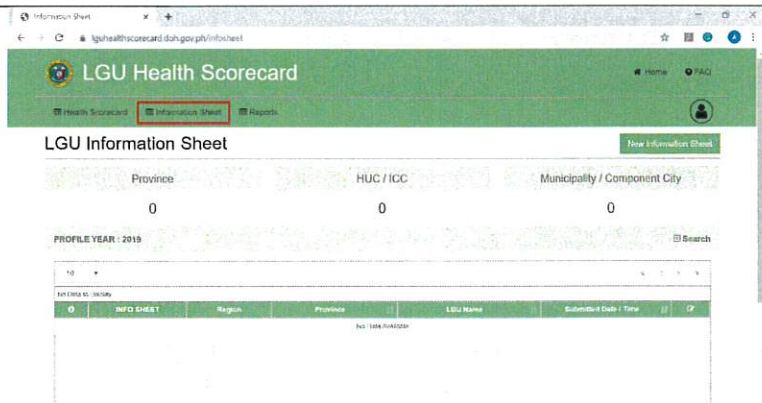
A dialog box will confirm a successful submission

An alternative way to check whether the scorecard form was received by the system is to check the list of encoded scorecard forms in the Health Scorecard tab homepage.

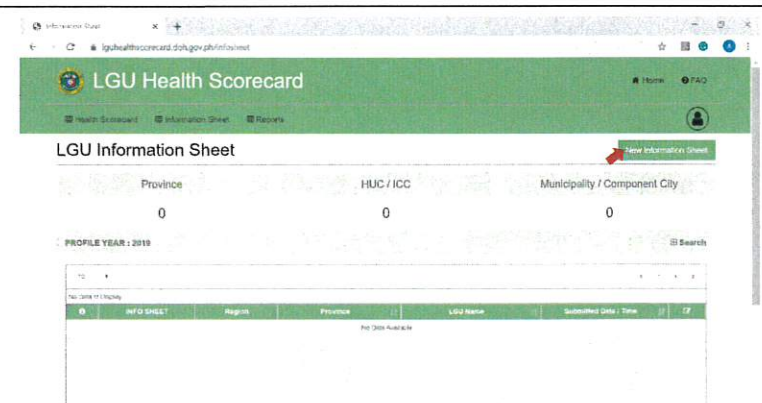
ID	DCF	Region	Province	LGU Name	Submitted Date - Time	
1	Province	Region VI	Aklan	Aklan	Mar 18, 2020 10:59:58 AM	<input checked="" type="checkbox"/>
2	Municipality - Component City	Region VI	La Union	San Juan	Mar 18, 2020 10:59:58 AM	<input type="checkbox"/>

3.3.5 Encoding the LGU Profile

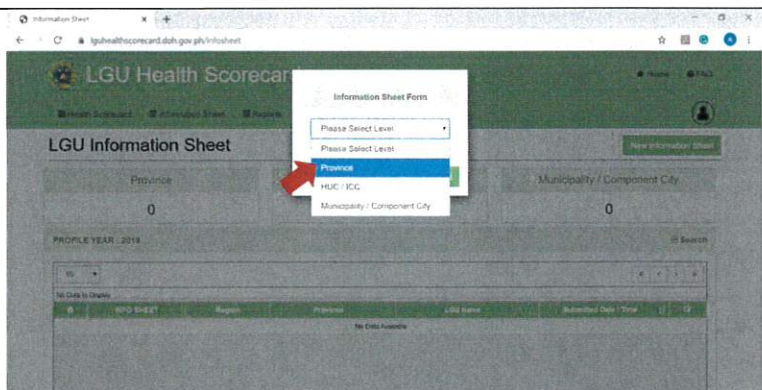
The Information Sheet tab contains the module where key governance, socio-demographic, morbidity, and mortality information of an LGU (reported in the respective LGU Information Sheet) may be encoded and submitted. The homepage displays the number of LGUs that have encoded their information.



1. Click the “New Information Sheet” button.



2. Select the preferred information sheet form from the drop-down menu.



3. Click "Continue".

4. The system will display an electronic version of the LGU Information Sheet. It allows the encoder to select the name of the LGU in the drop-down menu, and requires that all required information on the LGU be filled up before submitting the form.

Note: The system will not accept an incomplete form. A dialog box will inform the encoder of the missing information.

5. Once all the required information was encoded, click **"Submit"**. A dialog box will confirm the submission of the form.
6. Click **"Yes"** to proceed with the submission.

The screenshot shows the 'New LGU Information Sheet' form. A modal dialog box is displayed in the center with the title 'New LGU Information Sheet Form' and the message 'LGU Information Sheet for Aklan Successfully Submitted!'. Below the message is a red 'Close' button. In the background, the form is visible, showing a table with columns for Province Name, HUC / ICC, and Municipality / Component City. The 'Province Name' column has a dropdown menu open, showing options like 'A23', 'A24', 'A25', 'A26', 'A27', 'A28', 'A29', 'A30', 'A31', 'A32', 'A33', 'A34', 'A35', 'A36', 'A37', 'A38', 'A39', 'A40', 'A41', 'A42', 'A43', 'A44', 'A45', 'A46', 'A47', 'A48', 'A49', 'A50', 'A51', 'A52', 'A53', 'A54', 'A55', 'A56', 'A57', 'A58', 'A59', 'A60', 'A61', 'A62', 'A63', 'A64', 'A65', 'A66', 'A67', 'A68', 'A69', 'A70', 'A71', 'A72', 'A73', 'A74', 'A75', 'A76', 'A77', 'A78', 'A79', 'A80', 'A81', 'A82', 'A83', 'A84', 'A85', 'A86', 'A87', 'A88', 'A89', 'A90', 'A91', 'A92', 'A93', 'A94', 'A95', 'A96', 'A97', 'A98', 'A99', 'A100'. The 'HUC / ICC' column has a dropdown menu open, showing options like '1', '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '21', '22', '23', '24', '25', '26', '27', '28', '29', '30', '31', '32', '33', '34', '35', '36', '37', '38', '39', '40', '41', '42', '43', '44', '45', '46', '47', '48', '49', '50', '51', '52', '53', '54', '55', '56', '57', '58', '59', '60', '61', '62', '63', '64', '65', '66', '67', '68', '69', '70', '71', '72', '73', '74', '75', '76', '77', '78', '79', '80', '81', '82', '83', '84', '85', '86', '87', '88', '89', '90', '91', '92', '93', '94', '95', '96', '97', '98', '99', '100'. The 'Municipality / Component City' column has a dropdown menu open, showing options like '1', '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '21', '22', '23', '24', '25', '26', '27', '28', '29', '30', '31', '32', '33', '34', '35', '36', '37', '38', '39', '40', '41', '42', '43', '44', '45', '46', '47', '48', '49', '50', '51', '52', '53', '54', '55', '56', '57', '58', '59', '60', '61', '62', '63', '64', '65', '66', '67', '68', '69', '70', '71', '72', '73', '74', '75', '76', '77', '78', '79', '80', '81', '82', '83', '84', '85', '86', '87', '88', '89', '90', '91', '92', '93', '94', '95', '96', '97', '98', '99', '100'. The 'Validated By' field is set to 'C' and the 'Noted By' field is set to 'D'. The 'Date Validated' field is set to '03/20/2020'. The 'Submit' button is highlighted with a red arrow.

A dialog box will confirm a successful submission

The screenshot shows the 'New LGU Information Sheet Form' dialog box. The dialog box has a title bar that says 'New LGU Information Sheet Form'. The main content area says 'LGU Information Sheet for Aklan Successfully Submitted!'. There is a red 'Close' button at the bottom right of the dialog box.

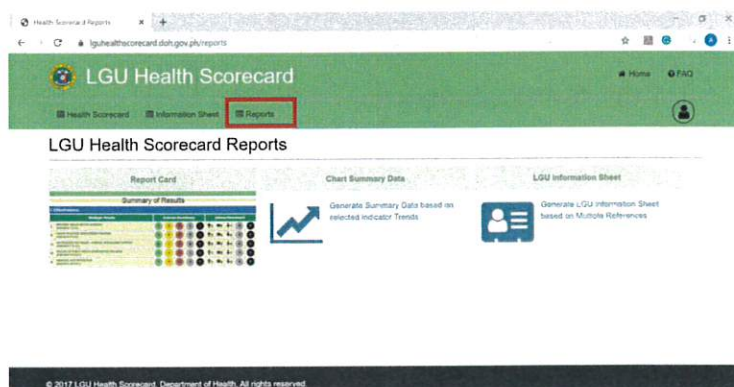
An alternative way to check whether the scorecard form was received by the system is to check the list of encoded LGU profiles in the Information Sheet tab homepage.

The screenshot shows the 'LGU Information Sheet' homepage. The page has a green header with the 'LGU Health Scorecard' logo and navigation links for 'Home' and 'FAQ'. Below the header, there is a section titled 'LGU Information Sheet' with a 'New Information Sheet' button. The main content area shows a table with columns for 'Province', 'HUC / ICC', and 'Municipality / Component City'. The table is filtered for 'PROFILE YEAR : 2019'. The table has a search bar and a 'Page 1 of 1' indicator. The table contains one row with the following data: Province: REGION VI, HUC / ICC: Aklan, Municipality / Component City: Aklan, Submitted Date / Time: March 20, 2020 11:10:59 PM. The row is highlighted with a red border.

3.3.6 Generating Reports

The Report tab allows users to generate their report card on a specific profile year, chart summaries, and LGU information sheet.

Note: The generation of the Chart Summary and LGU information sheet will be available beginning June 1, 2020.

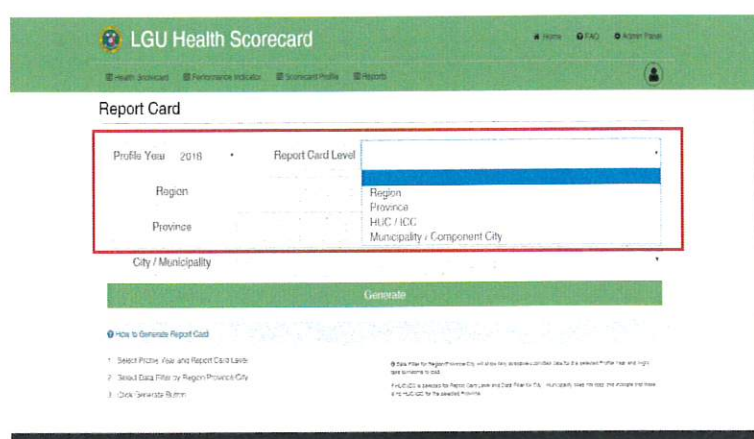


A. Report Card

1. Click on the "Report Card"



2. Select Profile Year and Report Card Level (i.e., region, province, HUC/ICC, municipality/component city)



3. Select the Region, Province, and City/Municipality.

4. Click the “Generate” button.

***Note:** You can only generate report cards for LGUs with submissions on the selected profile year.

A. Account Management

7.a. Change Password

1. On the LGU Health Scorecard home page, click the “human” icon.

2. Click the “change password”.

3. Input your Old Password, and New Password. You are required to re-input your new password on the Confirm Password bar.

4. Click the “Change Password” button

7.b. Account Security

For account security, the system only allows for a maximum of five (5) failed log-in attempts. Failure to input a correct username and password for five consecutive times will prompt the system to automatically lock your account. This will prevent you from accessing the system within 24 hours.

Should you need immediate assistance in accessing the system, you may contact the system administrators on any of the following email address:

- mcnbsales.doh@gmail.com
- dinsarne@yahoo.com
- acorachea.blhsd@gmail.com

3.4. Data Analysis and Interpretation

Once validated, the LGU HSC performance results should be analyzed to create a deeper understanding of the local health **systems' situation**. The process of analysis and interpretation allows local health officers and national and sub-national policy makers to assess the overall implementation of health reforms, and whether the reforms helped improve the local health conditions.

The DOH Representatives or Chief of Technical Division (in the case of BARMM), as the DOH/BARMM-MOH representative in the LGUs, shall be responsible in analyzing the LGU HSC performance results of their assigned LGUs and providing evidence-based recommendations on local health programs and plans.

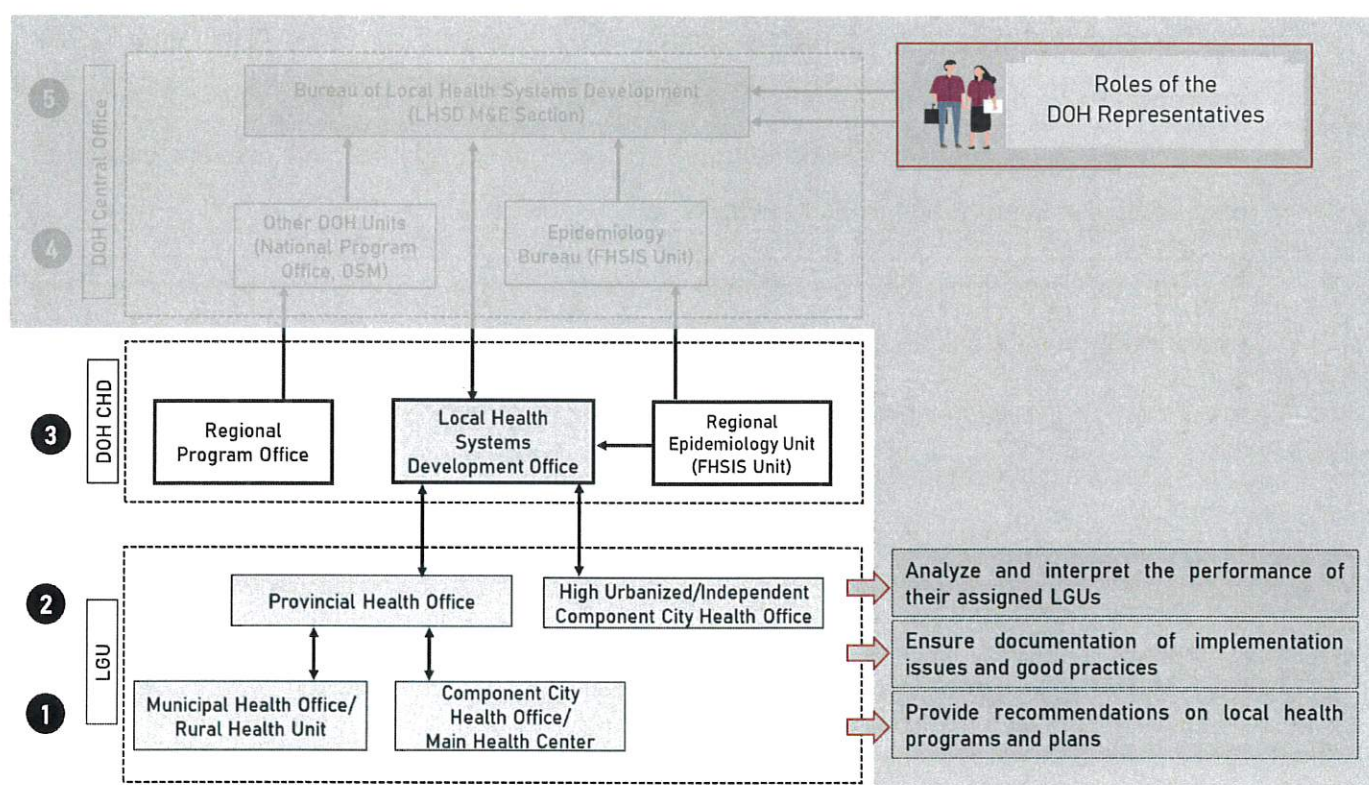


Figure 15. Roles of the DOH Representatives in Data Analysis and Interpretation

3.4.1 Analysis of the Performance Result

The following approaches may be used to analyze the LGU HSC performance results:

A. Analyze data against the goal or target

Comparison against the goal/target allows one to infer whether the desired performance level for each of the indicators was met or not. Desired levels are reflected as program goals or objectives, and are provided in the LGU HSC metadata and DCF. As an example, the desired coverage for child immunization program is set at 95% to ensure herd immunity. Table 14 provides an example of data analysis by comparing performance data with national target.

Table 14. Percentage of Fully Immunized Child by Region, 2018

Indicators	Percentage of Fully Immunized Child		
	2018	Rating	
		External benchmark	Internal benchmark
Baseline (2012)		76.86	
National Target		95.00	
National Baseline	66.21		↓
NORTHERN LUZON			
CAR	57.88		↑
ILOCOS	62.48		↓
CAGAYAN VALLEY	67.04		↓
CENTRAL LUZON	66.62		↓
SOUTHERN LUZON			
CALABARZON	58.47		↓
MIMAROPA	65.84		↑
BICOL	67.05		↑
NCR	70.04		↓
VISAYAS			
WESTERN VISAYAS	63.15		↓
CENTRAL VISAYAS	70.73		↓
EASTERN VISAYAS	61.26		↓
MINDANAO			
ZAMBO PENINSULA	71.48		↓
NORTHERN MINDANAO	73.51		↓
DAVAO	66.86		↓
SOCCSKSARGEN	67.65		↑
CARAGA	74.00		↑
ARMM	62.76		↑

B. Analyze data over time

Analysis over time allows tracking the progress of performance over a certain period. Below are some of the guide questions to facilitate analysis:

- Is the trend of performance improving over time? What could have been the factors that contributed to improved performance level?

- Is there a decreasing trend of performance over time? What are the factors that may have worsened the performance?
- Are the results fluctuating? What are the factors that may have influenced performance per period being compared?

Figure 16 provides an example of data analysis over time.

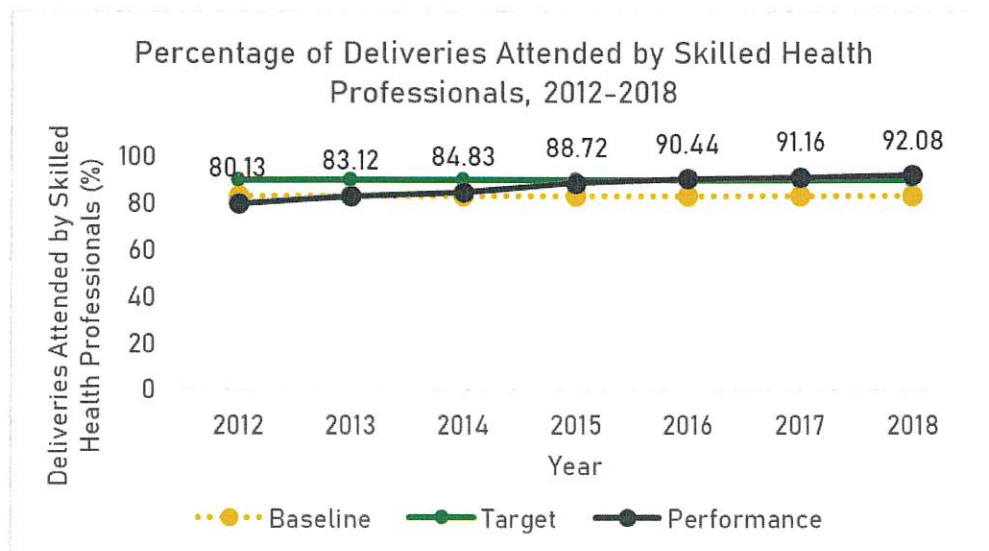


Figure 16. Percentage of Deliveries Attended by Skilled Health Professional, 2012-2018

C. Analyze data by geographical division

Analysis by geographic distribution allows identification of areas which are not performing well, and therefore may need further assistance. Below are some of the guide questions to facilitate analysis:

- Which area/s has achieved the desired performance level? What possible common characteristics explain their achievements?
- Which area/s are pulling down the national average. What could be the reasons for inability to reach the desired targets?
- How many area/s of the total areas reached the targeted performance level? Could there be factors related to the program/intervention that were not properly implemented?

D. Analyze equity in local government performance

Analysis of equity in local government performance helps facilitate basic interpretation on whether underlying issues are related to the program implementation or program strategy. Equity requires that individuals with the same need have access to the same resources (horizontal equity) and that individuals with greater need have access to more resources (vertical equity).

E. Correlate results with related indicators or with social determinants of health

Correlations made among related and supported indicators allows deeper understanding of the achievements and opportunities for improvement in the health sector. Correlations made between the health sector performance and social determinants of health may further enrich the understanding of the overall situation of the localities. Following are the examples of the information that may be analyzed and correlated:

- Provincial budget for health vis-à-vis income class
- LGU budget for health vis-à-vis utilization of health services
- Health policy compliance vis-à-vis service coverage levels
- Service access vis-à-vis health outcome

Figure 17 provides an example of analysis by assessing the relationship between health outcomes facility-based deliveries and skilled birth attendance, and female literacy rate as a social determinant of health

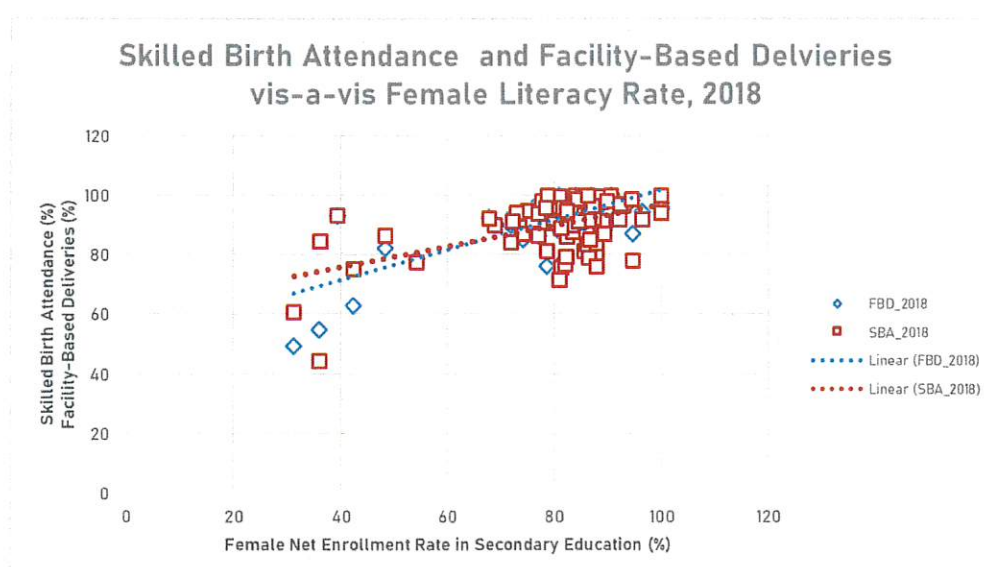


Figure 17. Skilled Birth Attendance (SBA) and Facility-based Deliveries vis-à-vis Female Literacy Rate, 2018

3.4.2 Interpretation of Data

Given the findings of the analysis, it is equally important to understand the underlying causes behind the data. Identification of the factors that may have contributed to or have limited the achievement of the targets provides insights on how to address the identified problems or bottlenecks, or how the benefits may be sustained.

The use of color-coded rating system allows greater ease of interpretation of the LGU HSC performance results, and may already provide a general picture of the status of the local health system.

Table 15. Interpretation of the LGU Health Scorecard Color-Code Rating

Color Rating	Interpretation
Green	Attained the national program target or higher
Yellow	Above the national baseline but did not attain the national target
Red	Below the national baseline

3.4.3 Providing Recommendations

Understanding the underlying the reason(s) behind the performance results also guides development of sensible recommendations. The LGU HSC rating system allows one to link the results with the appropriate (general) recommendation. It is important to recognize that solutions may vary depending on the individual characteristics of the locality and can benefit from exchanges of ideas and experiences among local governments, and between implementers and program coordinators

Table 16. General Recommendation for the LGU Health Scorecard Color-Code Rating

Color Rating	Recommendation
Green	Sustain current level of performance
Yellow	Need to continue to progressively improve towards attainment of the national target
Red	Intensify efforts and resources

3.5. Report Dissemination and Utilization

The translation of the LGU HSC performance results into information relevant for decision-making requires packaging, and communication and dissemination of statistics in a format and language appropriate to the intended users of the information.

The DOH Representatives and Chief of Technical Division (in the case of BARMM), as the DOH/MOH representative in the LGUs, shall communicate the performance results and findings from the implementation of the LGU HSC and promote the use of results to guide local health plans.

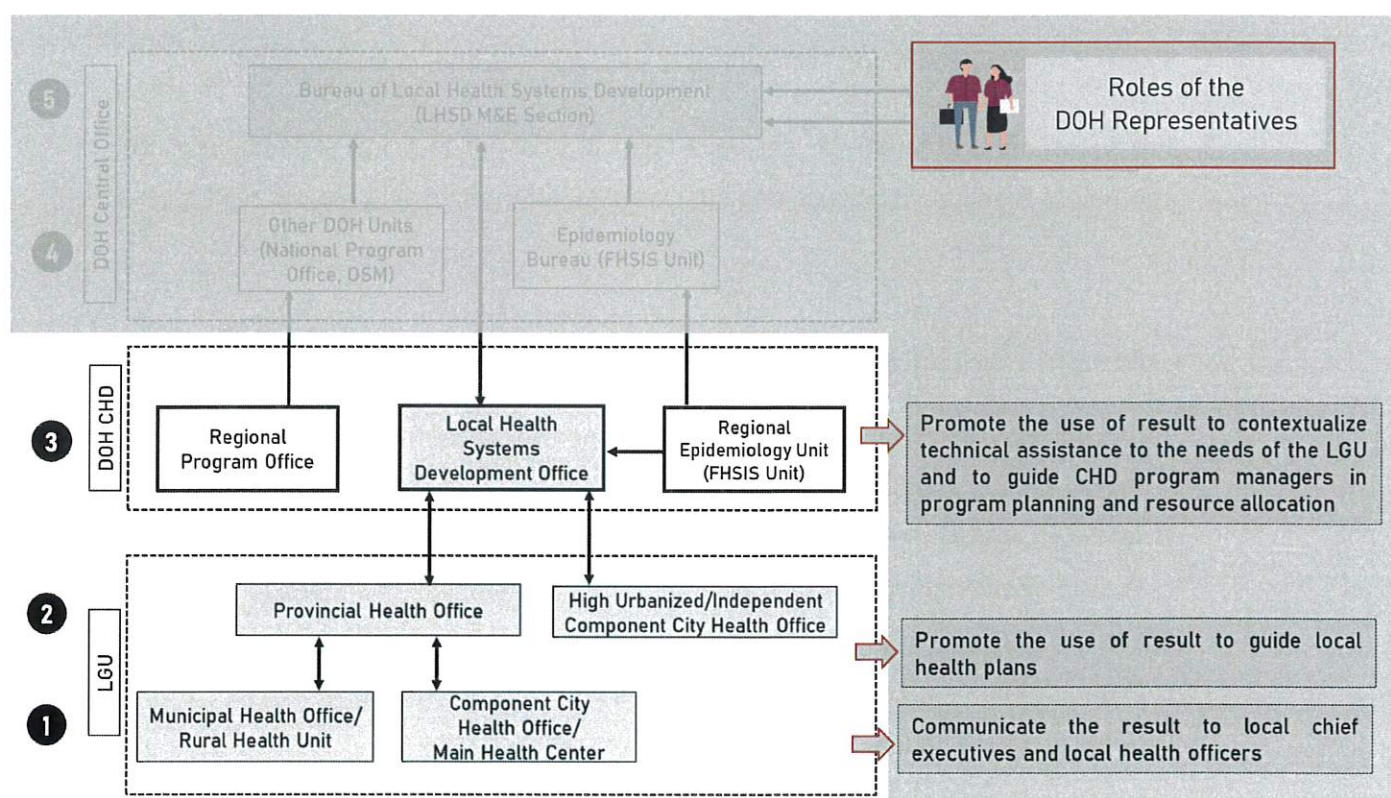


Figure 18. Roles of the DOH Representatives in Report Dissemination and Utilization

3.5.1 Guides in Dissemination

1. Know the target audience/s and decide on the appropriate information and preferred communication medium by taking into account their interests, and expectations. If there are multiple audiences (e.g. those involved at the project, program, and policy levels), the data may have to be packaged and formatted differently according to their main interests and preferences.

2. Ensure that everyone concerned is informed of the progress and findings even during the process of monitoring and evaluation.
 - a. Informal communication means: phone, e-mail, fax, personal conversations, etc.
 - b. Formal communication means: briefings, presentations, written reports
3. Present the performance results in a short and concise manner. Know what the decision makers want and provide them with the necessary information in the format with which they are most comfortable.
4. Present recommendations in response to data findings and its implications.
5. For follow-up and feedback, set up a political process to bring stakeholders and evaluators together to discuss findings, insights, alternative actions, and next steps.

3.5.2 Guides in Presenting Performance Data

1. Present data in a simple, clear and easily understandable format.
2. Present only the most important data.
3. Avoid acronyms and jargon.
4. Provide a minimum of background information to establish the context.
5. State major points up front.
6. Organize findings and recommendations around key outcomes.
7. Use a separate appendix or report to convey detailed data.

Table 17. Dimensions of Performance Reporting

Report Summary	A written summary should contain, in minimum, highlights of the year being reported, major findings/issues, and proposed ways forward (refer to Annex D for the template of written summary)
Oral Presentations	Oral Presentations is one of the interactive ways on how the presenter could get the message across the intended audience. Presentations should consider the profile of the audience (e.g., level of knowledge prior to presentation, preference for consuming information) and the purpose of the presentation.
Visual Presentations	Visual presentations are helpful in highlighting key points and performance findings. These can stimulate visual interest, encourage audience acceptance and memory retention, and show the big picture (refer to Annex E for the guide on choosing the correct visuals)

3.5.3 Uses of the LGU Health Scorecard Performance Report



Results of the LGU HSC can be used primarily for the following purposes:

1. Demonstrate accountability: delivering on political promises made to citizenry and other stakeholders
2. Convince: using evidence from findings
3. Educate: reporting findings to help organizational learning
4. Explore and investigate: seeing what works, what does not, and why
5. Document: recording and creating an institutional memory
6. Involve: engaging stakeholders through a participatory process
7. Gain support: demonstrating results to help gain support among stakeholders
8. Promote understanding: reporting results to enhance understanding of projects, programs, and policies.
9. Benchmark performance: comparing performance results against national target and against performance of other LGUs.
10. Research/Study: using performance results to trigger in-depth study of program implementation
11. Recognition, Incentives, Awards: rewarding LGUs with excellent performance
12. Guide in Planning and Budget Allocation: ensuring evidence-informed plans
13. Policy formulation: developing policies in consideration of actual implementation
14. Resource Mapping/Mobilization: developing strategies to mobilize LGU resources towards priority programs

4. Tools

4.1 Information Sheet

There are three types of LGU Information Sheet: (1) for Provinces, (2) for Highly Urbanized/Independent Component Cities, and (3) for Municipalities/Component Cities. The types of the Information Sheets differ only on the required information under the general information section.

	LGU HEALTH SCORECARD INFORMATION SHEET	
(Region)	(Name of Local Government Unit)	

GENERAL INFORMATION				
Name of LCE : _____ Years in Position: _____				
Health Governance Training: Yes () No () If Yes, specify _____				
Name of PHO/Designate: _____ Years in Position: _____				
Health Governance Training: Yes () No () If Yes, specify _____				
LGU Income Class: _____				

TOP TEN (10) CAUSES OF MORTALITY				
Total Number of Mortalities from All Causes:		(Previous Year)	(Current Year)	
No.	(Previous Year)		(Current Year)	
	Diseases	Actual Count	Diseases	Actual Count
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

TOP TEN (10) CAUSES OF MORBIDITY				
Total Number of Morbidities from All Causes:		(Previous Year)	(Current Year)	
No.	(Previous Year)		(Current Year)	
	Diseases	Actual Count	Diseases	Actual Count
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note: Affix your signature above printed name.

Validated by:

Noted by:

DMO IV

DMO V

Date Validated: _____

A. General Information

This section requires information on the profile of the local chief executive and health officer including their cumulative years in the position and health governance training, and the income class of the LGU. These variables shall be used for in-depth analysis of the LGU HSC performance results by taking into account the political and socio-economic characteristics of the LGU.

GENERAL INFORMATION	
Name of LCE : _____	Years in Position: _____
Health Governance Training: Yes () No () If Yes, specify _____	
Name of PHO/Designate: _____	Years in Position: _____
Health Governance Training: Yes () No () If Yes, specify _____	
LGU Income Class: _____	

B. Mortality Information

This section requires information on the Top 10 leading causes of mortality which will be used to compute for the mortality rate and cause-specific death rate in the LGU.

TOP TEN (10) CAUSES OF MORTALITY				
Total Number of Mortalities from All Causes:		(Previous Year)	(Current Year)	
No.	Diseases	Actual Count	Diseases	Actual Count
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

C. Morbidity Information

This section requires information on the Top 10 leading causes of morbidity which will be used to compute for the morbidity rate of a disease in the LGU

TOP TEN (10) CAUSES OF MORBIDITY				
Total Number of Morbidities from All Causes:		(Previous Year)		(Current Year)
No.	(Previous Year)		(Current Year)	
	Diseases	Actual Count	Diseases	Actual Count
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

D. Encoder and Validator's Information

This section requires the complete name and signature of the DMO IV or DOH Representatives of the Municipalities and Component Cities who validated the information submitted by his/her assigned LGU, the complete name and signature of the DMO V or the DOH Representatives of the Provinces and HUCs/ICCs who noted and endorsed the submission of the report to the DOH-CHD, and the date when the information was encoded in the DOH-BLHSD LGU Web-Based System.

Note: Affix your signature above printed name.

Validated by:

Noted by:

DMO IV

DMO V

Date Validated: _____

4.2 Data Capture Form

The Data Capture Forms are used to record the accomplishment on each of the LGU Health Scorecard indicators applicable to the LGU. There are three types of Data Capture Forms: (1) for Provinces, (2) for Highly Urbanized/Independent Component Cities, and (3) for Municipalities/Component Cities.

LGU HEALTH SCORECARD DATA CAPTURE FORM for Municipalities and Component Cities																			
<div style="text-align: right;">Date Accomplished: _____</div> <div> Region: _____ LGU Name: _____ </div>																			
Instructions: <ol style="list-style-type: none"> Fill-up the form with the required data (e.g., numerator, denominator). Round-off the final values into two decimal points (e.g., xx.xx). In case an indicator is not applicable to the LGU, please put N.A and write a brief explanation in the remarks portion. Countersign any erasures on the DCF For all indicators with accomplishment rate of at least 20% higher than the target, or at least 20% lower than the baseline values, write a corresponding explanation on the remarks section including the sources of initiative/efforts, whether from DOH or LGU, or both, as applicable. <i>The information shall be used to aid data analysis, and as evidence for national and local planning.</i> LGU report will be deemed official ONLY when submitted together with a signed certification page. This is to establish accountability in the submission and review of LGU data reflected in this DCF. 																			
ENSURE EQUITABLE HEALTH FINANCING Sustainable investments to improve health, and the efficient and equitable use of resources																			
Indicator 1. Percentage of LGU budget allocated for health *refers to the proportion of LGU budget earmarked to health, nutrition & environment, expressed in percentage																			
A. Total LGU budget allocated for health, nutrition & environment B. Total LGU budget	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 10px;"></div> <div style="margin: 0 10px;"> \div 100 = </div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 10px;"> No Data </div> </div>																		
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th style="text-align: left;">Expense Class</th> <th>LGU Budget for Health</th> <th>Total LGU Budget</th> </tr> <tr style="background-color: #d9ead3;"> <th></th> <th colspan="2">Amount (in PhP)</th> </tr> </thead> <tbody> <tr> <td>Personnel Service (PS)</td> <td></td> <td></td> </tr> <tr> <td>Maintenance and Other Operating Expenses (MOOE)</td> <td></td> <td></td> </tr> <tr> <td>Capital Outlay (CO)</td> <td></td> <td></td> </tr> <tr> <td>TOTAL:</td> <td></td> <td></td> </tr> </tbody> </table>		Expense Class	LGU Budget for Health	Total LGU Budget		Amount (in PhP)		Personnel Service (PS)			Maintenance and Other Operating Expenses (MOOE)			Capital Outlay (CO)			TOTAL:		
Expense Class	LGU Budget for Health	Total LGU Budget																	
	Amount (in PhP)																		
Personnel Service (PS)																			
Maintenance and Other Operating Expenses (MOOE)																			
Capital Outlay (CO)																			
TOTAL:																			
Notes: <ul style="list-style-type: none"> LGU budget - refers to a financial plan embodying the estimates of income including IRA and other locally-generated sources, and expenditures for Personnel Services, Maintenance & Other Operating Expense (MOOE), and Capital Outlay for a given fiscal year LGU income includes Philhealth payments Include the LGU budget allocated for health, nutrition & environment programs, activities, and projects (PAPs) whose <u>primary</u> purpose is to improve the health status of the population. Refer to the list of PAPs in the Local Health Account (LHA) manual. 																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Benchmark: <ul style="list-style-type: none"> 2018 National Baseline: 11.72% 2019 National Target: 15% or higher </td> <td style="width: 50%; padding: 5px;"> Scoring System (external benchmark): <ul style="list-style-type: none"> Green: 15.00% and above Yellow: 11.72 - 14.99% Red: 11.71% and below </td> </tr> </table>		Benchmark: <ul style="list-style-type: none"> 2018 National Baseline: 11.72% 2019 National Target: 15% or higher 	Scoring System (external benchmark): <ul style="list-style-type: none"> Green: 15.00% and above Yellow: 11.72 - 14.99% Red: 11.71% and below 																
Benchmark: <ul style="list-style-type: none"> 2018 National Baseline: 11.72% 2019 National Target: 15% or higher 	Scoring System (external benchmark): <ul style="list-style-type: none"> Green: 15.00% and above Yellow: 11.72 - 14.99% Red: 11.71% and below 																		
Remarks (include a short explanation for accomplishments 20% or higher than the target, or 20% or lower than the baseline values, or any implementation issue encountered). 																			

A. LGU Information

This section requires the name of the LGU and the date when the form was accomplished.

LGU HEALTH SCORECARD DATA CAPTURE FORM <i>for Municipalities and Component Cities</i>	
Date Accomplished: _____	
Region: _____	
LGU Name: _____	

B. Instruction

This section provides the instructions on how the form should be accomplished.

<p>Instructions:</p> <ol style="list-style-type: none">1. Fill-up the form with the required data (e.g., numerator, denominator). Round-off the final values into two decimal points (e.g., xx.xx). In case an indicator is not applicable to the LGU, please put N.A and write a brief explanation in the remarks portion.2. Countersign any erasures on the DCF3. For all indicators with accomplishment rate of at least 20% higher than the target, or at least 20% lower than the baseline values, write a corresponding explanation on the remarks section including the sources of initiative/efforts, whether from DOH or LGU, or both, as applicable. <i>The information shall be used to aid data analysis, and as evidence for national and local planning.</i>4. LGU report will be deemed official ONLY when submitted together with a signed certification page. This is to establish accountability in the submission and review of LGU data reflected in this DCF.
--

C. LGU HSC Indicator

This section provides the key information on the LGU HSC indicator including its definition, formula, and scoring system. The template includes boxes where the required information on each of the indicators shall be recorded, and a remarks portion to document any implementation issues or good practices.

ENSURE EQUITABLE HEALTH FINANCING

Sustainable investments to improve health, and the efficient and equitable use of resources

Indicator 1. Percentage of LGU budget allocated for health

*refers to the proportion of LGU budget earmarked to health, nutrition & environment, expressed in percentage

A. Total LGU budget allocated for health, nutrition & environment

B. Total LGU budget

$\times 100 =$

[No Data]

Expense Class	LGU Budget for Health	Total LGU Budget
	Amount (in PhP)	
Personnel Service (PS)		
Maintenance and Other Operating Expenses (MOOE)		
Capital Outlay (CO)		
TOTAL:		

Notes:

- LGU budget - refers to a financial plan embodying the estimates of income including IRA and other locally-generated sources, and expenditures for Personnel Services, Maintenance & Other Operating Expense (MOOE), and Capital Outlay for a given fiscal year
- LGU income includes Philhealth payments
- Include the LGU budget allocated for health, nutrition & environment programs, activities, and projects (PAPs) whose primary purpose is to improve the health status of the population.
- Refer to the list of PAPs in the Local Health Account (LHA) manual.

Benchmark:

- 2018 National Baseline: 11.72%
- 2019 National Target: 15% or higher

Scoring System (external benchmark):

- Green: 15.00% and above
- Yellow: 11.72 - 14.99%
- Red: 11.71% and below

Remarks (include a short explanation for accomplishments 20% or higher than the target, or 20% or lower than the baseline values, or any implementation issue encountered).

4.3 Data Quality Assessment Tool

The Data Quality Assessment Tool shall be used to document the findings of data validation in the provincial/HUC/ICC level, including documentation of any implementation issues and good practices, and proposed action points. The tool consists of three (3) main parts: the general information sheet, the summary matrix, and the indicator assessment template.

A. General Information Sheet

This section provides the objective of the validation and the general instructions for conducting a provincial/city-level validation. It requires the general information of the LGU that will be validated, the date of the validation, and the name, signature and designation of validation team members.

LGU HEALTH SCORECARD DATA QUALITY ASSESSMENT TOOL (DQAT)		
Objectives of the Validation Assessment: <ol style="list-style-type: none">1. To continually improve the accuracy, correctness, reliability, and completeness of the health information reported in the LGU Health Scorecard.2. To create a learning environment that will prevent committing the same mistakes in managing health information in the future.3. To foster closer coordination and cooperation between province-wide and city-wide health systems, and other health stakeholders.		
		Date: _____
Region: _____		
Province: _____		
Municipality: _____		
Validation Team:		
	Name and Signature	Designation
Team Leader:		
Members:	1.	
	2.	
	3.	
	4.	
	5.	
Instructions: <ol style="list-style-type: none">1. Fill-up the form with the required data (e.g., numerator, denominator). Countersign any erasures on the DQAT.2. For all indicators with accomplishment rate of at least 20% higher than the target, or at least 20% lower than the baseline values, ensure that the corresponding explanation were recorded on the remarks section of the DQAT3. Record any implementation issues or best practices not initially reported in the DCF4. Ensure that both the MHO and the Budget/Accounting Officer affixed their signature on the submitted DCF		

B. Summary Matrix

This section provides a tabular matrix where the validation team can record the summary of their findings, any agreements during the validation meeting such as in the case where the LGU needs to re-submit their DCF or any related documents, good

SUMMARY MATRIX

Instruction:

Check the appropriate column for each indicator.

	No data	Incomplete data	Error in computation	Values reported in the DCF is inconsistent with the records
Indicator 1. Percentage of LGU budget allocated for health				
Indicator 2. With LIPH concurred/endorsed by the CHD				
Indicator 3. Provision of FULL hazard pay, subsistence and laundry allowances to permanent public health workers under the Magna Carta for Public Health Workers				
Indicator 4. Presence of an Integrated Health System (Province/ HUC/ ICC)	N/A			
Indicator 5. Functional Local Health Board	N/A			
Indicator 6. Organized P/CHO	N/A			
Indicator 7. Adequate Rural Health Unit (RHU)/Health Center to Population Ratio				
Indicator 8. Percentage of national health policies translated into local policies/ordinances by the LGUs	N/A			
Indicator 9. Percentage of LGU health budget utilized				
Indicator 10. Percentage of facilities with no-stock out of the following commodities				
Indicator 11. With Organized Epidemiology Surveillance Unit (ESU)				
Indicator 12. With institutionalized Disaster Risk Reduction and Management in Health (DRRM-H) System				
TOTAL:	/8	/8	/8	/8

Remarks (include key agreements during the validation meeting):

Good Practices

1.	<short narrative ~300 words >
2.	<short narrative ~300 words >
3.	<short narrative ~300 words >

Implementation Issues

1.	<policy recommendation(s) >
2.	<policy recommendation(s) >
3.	<policy recommendation(s) >

practices on LGU HSC implementation, implementation issues, and policy recommendations.

C. Indicator Assessment Template

This section lists the documents that the validation team should review along with the guide questions they should ask to assess whether the LGU was able to report the correct information in their DCFs. It also provides a remarks section where the validator can document any implementation issue or good practices that were not reported in the DCF.

ENSURE EQUITABLE HEALTH FINANCING		
Sustainable investments to improve health, and the efficient and equitable use of resources		
Indicator 1. Percentage of LGU budget allocated for health		
	What to Assess	Result
Request for the copy of the Annual Investment Plan (AIP)/ Annual Operations Plan (AOP)/ Work and Financial Plan (WFP) and Supplemental plans (if applicable)	1. Is the AIP/AOP/WFP signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Were all health-related budgets included? (Personnel Services, Maintenance & Other Operating Expense (MOOE), and Capital Outlay?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. How much of the total LGU budget was allocated to health?	<u>< total LGU budget allocated for health ></u> < total LGU budget >
	4. Is the value similar to what was reflected in the DCF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks (Write a short explanation for items answered "No"; Record any implementation issues or best practices not initially reported in the DCF): <hr/> <hr/> <hr/> <hr/>		

4.4 Summary of the Proceedings Template

The Summary of the Proceedings Template shall be used to record any implementation issues, best practices, and policy recommendations raised during the regional implementation review. The same template shall be used for cross-regional validation. The form consists of two parts: the first part on the Discussion Area provides a tabular matrix of the key issues/observations noted by the validation team, and their corresponding suggestions, the second part on Good Practices requires the team to document the good practice (s) on how the LGU implements the LGU HSC.

Discussion Areas		
Topic	Issue(s)/Observation(s)	Suggestion(s)
Data Collection	1. 2. 3.	1. 2. 3.
Data Validation	1. 2. 3.	1. 2. 3.
Data Analysis and Interpretation	1. 2. 3.	1. 2. 3.
Report Utilization and Dissemination	1. 2. 3.	1. 2. 3.
Overall Implementation Process	1. 2. 3.	1. 2. 3.
LGU HSC Tools	1. 2. 3.	1. 2. 3.
LGU HSC Web-Based System	1. 2. 3.	1. 2. 3.

Good Practices	
1.	<short narrative ~300 words >
2.	<short narrative ~300 words >
3.	<short narrative ~300 words >

4.5 Implementation Assessment Tool

The Implementation Assessment Tool shall be used during the field monitoring visit of the National LGU HSC team to assess the overall implementation of the program including the effectiveness of its design, processes, and tools.

The tool consists of three (3) main parts: the general information sheet, the minutes of the key agreements, and the guide questions.

A. General Information Sheet

This section requires the general information of the LGU that will be validated, the date of the validation, and the name, signature and designation of validation team members.

LGU HEALTH SCORECARD <i>LGU HSC Implementation Assessment Tool</i>																																	
<div style="text-align: right; margin-bottom: 10px;">Date: _____</div> <div>Region: _____</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%; text-align: center; padding: 5px;">Name of Province/HUC/ICC</th><th style="width: 50%; text-align: center; padding: 5px;">Name of Facilities to be Visited</th></tr></thead><tbody><tr><td style="height: 20px;"></td><td style="padding: 5px;">1.</td></tr><tr><td style="height: 20px;"></td><td style="padding: 5px;">2.</td></tr><tr><td style="height: 20px;"></td><td style="padding: 5px;">1.</td></tr><tr><td style="height: 20px;"></td><td style="padding: 5px;">2.</td></tr></tbody></table> <div style="margin-top: 10px;">Validation Team:</div> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 60%; text-align: center; padding: 5px;">Name and Signature</th><th style="width: 40%; text-align: center; padding: 5px;">Designation</th></tr></thead><tbody><tr><td style="padding: 5px;">1.</td><td></td></tr><tr><td style="padding: 5px;">2.</td><td></td></tr><tr><td style="padding: 5px;">3.</td><td></td></tr><tr><td style="padding: 5px;">4.</td><td></td></tr><tr><td style="padding: 5px;">5.</td><td></td></tr><tr><td style="padding: 5px;">6.</td><td></td></tr><tr><td style="padding: 5px;">7.</td><td></td></tr><tr><td style="padding: 5px;">8.</td><td></td></tr><tr><td style="padding: 5px;">9.</td><td></td></tr><tr><td style="padding: 5px;">10.</td><td></td></tr></tbody></table>		Name of Province/HUC/ICC	Name of Facilities to be Visited		1.		2.		1.		2.	Name and Signature	Designation	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.	
Name of Province/HUC/ICC	Name of Facilities to be Visited																																
	1.																																
	2.																																
	1.																																
	2.																																
Name and Signature	Designation																																
1.																																	
2.																																	
3.																																	
4.																																	
5.																																	
6.																																	
7.																																	
8.																																	
9.																																	
10.																																	

B. Minutes of the Key Agreements

This section shall be used to record key agreements during the preparatory meeting between the national LGU HSC team and the CHD LGU HSC team.

Minutes of the Meeting (DOH CO and CHD LGU HSC Team)

Key Agreements:

- 1.
- 2.
- 3.
- 4.
- 5.

C. Guide Questions

This section provides the list of guide questions that the validators should ask the local health officers on specific topics of data collection, data validation, and data analysis, report utilization and dissemination.

(General) Guide Questions for Local Health Officers:

- Data Collection

1. Please provide us with your general comments on the data collection process for the LGU HSC report.

2. Are there any issue/difficulties experienced concerning the Data Capture Form (DCF)?

3. Do you have any suggestion on how we could improve the current data capture form to ease how the data collection and recording is done at your level?

SUMMARIZE the discussion on this topic and ASK if you missed something or if they want to add more into the discussion

References

Field Health Service Information System Manual of Procedures, 2019

HSPMU Manual of Procedures, 2017

Department of Budget and Management. 2017. Guide to the Two Tier Budget Approach (2TBA): A tool for Agencies. Retrieved from <https://www.dbm.gov.ph/index.php/budget-documents/2017/guide-to-the-two-tier-budget-approach-2tba> on August 19, 2019

LGU Health Scorecard Validation Manual, 2013

DOH Issuances

Administrative Order 2019-0027” Guidelines on the Implementation of the Local Government Unit Health Scorecard”

Department Memorandum 2019-0108 “Guidelines for the CY 2020 DOH Budget Proposal”

Administrative Order 2008-0006 “Integrating Replication Strategies in DOH Operations”

Annexes

- A. LGU Health Scorecard Implementation Timelines
- B. Rules to Ensure Quality of Data Reported in the LGU HSC
- C. Criteria for Identifying Good Practice
- D. Template for Writing a Summary Report
- E. Guide on Choosing Correct Presentation Visuals

A. LGU Health Scorecard Implementation Timelines

The implementation and management of the scorecard performance results shall adhere with the following prescribed schedules/timelines:

Activity	Office or Person Responsible	Schedule/Timeline
Municipal/ Component City (CC) Level: 1. Data Validation (<i>Refer to Chapter 3 of this Manual</i>) through document review 2. Data Collection (<i>Refer to Chapter 2 of this Manual</i>) (Filling up of the Municipal Data Capture Form)	MHO and DOH Representative	on or before the 2 nd Friday of March
Provincial Level 1. Data Validation (<i>Refer to Chapter 3 of this Manual</i>) either through: a. Health Facility Visit b. Data Reconciliation Meeting 2. Data Collection (<i>Refer to Chapter 2 of this Manual</i>) (Filling up of the Provincial Data Capture Form) 3. Online Data Entry	PHO and PDOHO	on or before the 3 rd Friday of April
Highly Urbanized Cities (HUC)/ Independent Component Cities (ICC) Level: 1. Data Validation (<i>Refer to Chapter 3 of this Manual</i>) through document review 2. Data Collection (<i>Refer to Chapter 2 of this Manual</i>) (Filling up of the Data Capture Form) <i>* Provinces, HUCs, and ICCs shall submit a scanned copy of the signed and validated DCFs and accomplished DQAT to the CHDs.</i>	CHO and DOH Representative	on or before the 3 rd Friday of April
Regional Level: 1. The LGU HSC Coordinators shall coordinate with the Regional Epidemiology Surveillance Unit/FHSIS Point Person to request for municipal and component city disaggregated data of FHSIS indicators, and with regional program coordinators for indicators not included in FHSIS. The LGU HSC coordinators shall likewise facilitate and ensure encoding of the validated data in the LGU HSC Web-Based System (<i>Refer to Chapter 3 of this Manual</i>) 2. The LGU HSC Coordinators shall submit an excel file of the FHSIS data to the BLHSD-LGU HSC Team using the prescribed template 2. The CHDs shall forward soft copy of the signed and validated DCFs and accomplished DQAT submissions to the BLHSD-LGU HSC Team	LGU HSC Regional Coordinator	on or before the 1 st Friday of May

Activity	Office or Person Responsible	Schedule/Timeline
National Level: 1. Encoding of Data from other registries/information systems of the DOH and NGA sourced data by BLHSD	BLHSD LGUHSC Team	on or before the 2 nd Friday of May
Closing of Online Data Entry followed by opening of LGUHS website for review of encoded 2019 performance results in the website specifically for the correctness of external and internal benchmark ratings (http://lguhealthscorecard.doh.gov.ph/login) <i>(Closing of online data entry means encoding and/or editing of data entered in the system will no longer be allowed. After which, only viewing is permitted in the website.)</i>	BLHSD LGUHSC Team	3 rd Monday of May
Submission of corrections (color rating only) on the encoded performance results by the Regional Coordinators <i>* Submission of corrections beyond the set deadline will no longer be accommodated.</i>	LGUHSC Regional Coordinators	on or before the 4 th Wednesday of May
Submission of soft copy of the signed and validated DCFs and accomplished DQAT submissions to the BLHSD-LGU HSC Team through email addresses: <ul style="list-style-type: none"> ▪ mcnbsales.doh@gmail.com ▪ acorachea.blhsd@gmail.com ▪ dinsarne@yahoo.com 	LGUHSC Regional Coordinators	1st week to 2nd week of May
Opening of Online Reports and Results Utilization <i>* By this time, the CHDs may print their respective report cards for dissemination and utilization.</i>	BLHSD LGUHSC Team	June 1 – onwards
Regional LGU Health Scorecard Conferences/ Health Summit	CHDs	July – December

Calendar of Activities

NO.	ACTIVITY	JAN				FEB				MAR				APR				MAY				JUN				JUL				AUG				SEPT				OCT				NOV				DEC			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4												
1	Issuance of a policy on the list of LGU HSC indicators, timelines, and monitoring tools																																																
2	Data Collection																																																
	•Municipal/ Component Cities																																																
	•Provinces/Highly Urbanized Cities/Independent Component Cities																																																
	•Region																																																
3	Data Validation																																																
	•Municipal/ Component Cities																																																
	•Provinces/Highly Urbanized Cities/Independent Component Cities																																																
	•Region																																																
	•National																																																
4	Report Dissemination																																																
	•Preliminary LGU HSC Annual Report																																																
	•Printing of LGU HSC Report (c/o CHD)																																																
	•Publication of Annual Report																																																
	•Regional LGU Health Scorecard Conferences/Health Summit																																																

✗ Deadline for the submission of the report to the next reporting level

Annex B. Rules to Ensure Quality of Data Reported in the LGU HSC

Rule 1: Health service data should be recorded at the point of service	<ul style="list-style-type: none"> - Although different localities have different living conditions, recording of services provided must be done before the client leaves the health center or barangay health station.
Rule 2: Avoid unnecessary transfer of data from one record to another	<ul style="list-style-type: none"> - When services provided are recorded in pieces of loose paper, notebooks, etc. before transferring them to the Target Client Lists and other official forms, these may diminish the quality of data recorded.
Rule 3: Always use official recording forms provided by DOH as is and as instructed	<ul style="list-style-type: none"> - It is strongly advised not to deface and tear pages of the Target Client Lists or other bounded official forms for reasons of being "practical".
Rule 4: Write clearly and legibly on all recording forms and maintain them clean and with minimum erasures	<ul style="list-style-type: none"> - Even if the data recorded are accurate, difficulty of reading them by others may result in misunderstanding of what are recorded. - Countersign any erasures on the DCF
Rule 5: Target client lists and other official records should be securely kept together and filed systematically	<ul style="list-style-type: none"> - Avoiding loss or destruction of records is of primary importance in ensuring quality information. A single record lost may result to grossly inaccurate value of an indicator.
Rule 6: Avoid piling up of records to process by doing more frequent periodic generation of summary information	<ul style="list-style-type: none"> - In localities with dense population and high number of daily clients, generating monthly summary health service statistics directly from individual service records will more likely result to errors in counting because of too much data to count.
Rule 7: Always mark your records when making summary reports in order to avoid double counting	<ul style="list-style-type: none"> - Double counting often results from lack of systematic method of marking records that have already been counted.
Rule 8: Use MS Excel or any other spreadsheet programs for processing data and never as your primary storage of health data	<ul style="list-style-type: none"> - Records stored in a spreadsheet programs can easily be changed, tampered and corrupted. Entire files can be lost during unexpected electrical interruptions.
Rule 9: When generating reports using templates in Excel, never change the format provided by this template	<ul style="list-style-type: none"> - Changing the format as provided by a template will render consolidation of periodic summary tables difficult, if not impossible.
Rule 10: Standard operating procedures may change but rules must not	<ul style="list-style-type: none"> - Rules are guiding principles that directs activities to be taken to attain a specific objective. Different localities have different conditions that may need varying courses of action to attain a single objective.

Annex C. Criteria for Identifying Good Practice (AO 2008-0006)

1. LGU-initiated

The practice should be an LGU-initiated solution to problems encountered in developing local health system/implementing health reforms, targeting the vulnerable and marginalized sectors. This may also include practices that are LGU-adopted or implemented in coordination with other partners and/or stakeholders. What is important is that there is ownership by the LGU on the practice and it can be shown that the practice was initiated to address one or more health issues or concerns.

This criterion emphasizes that **LGUs should be the leaders and “owners”** of the practice having been implemented primarily with own resources and initiative as opposed to having been implemented with heavy assistance from NGAs or external agents. This is simply to ensure that an LGU or other local stakeholder wanting to replicate it is likely to share the conditions for its implementation and will not need to rely on difficultly accessible external programs, technical assistance and resources to implement it.

2. Simple and doable within one year and a half.

The practice should be simple and doable such that it can be replicated in 1 ½ years or less. Complex practices that take a longer period to replicate, i.e. 3 years, may also be considered but these may require additional support or other approaches to be applied. A component of a complex practice may also be replicated.

The use of replication methodologies among peers is best used for practices which are not too complex and can therefore be replicated relatively easily by peers sharing similar conditions.

3. High level of sustainability

The practice should demonstrate a high level of sustainability. The following indicators may help determine the level of sustainability of a practice

- ✓ consistent with existing health policies
- ✓ supported by local governance/ resolutions/integrated in LGU investment plan
- ✓ had been in place for more than three years
- ✓ widely participated and supported by the communities, the legislative and the executives are involved and supportive of it

- ✓ has been adopted as a permanent structure or program with regular budgetary support
- ✓ there is community representation in decision making bodies and committees

4. Cost-effective and cost-efficient

The good practice does not require huge amounts of resources to replicate. It is a “**common sense**” idea, as opposed to a **capital**-intensive project. Some examples that illustrate cost effectiveness and efficiency are

- ✓ mobilization and utilization of indigenous resources
- ✓ minimal support from external sources

5. Positive results on the beneficiaries and communities









The good practice has proven to be an effective response to the identified needs of its target beneficiaries. It has also significantly contributed to improving the health conditions of the beneficiaries. Beneficiaries should be the vulnerable, disadvantaged, and marginalized sectors.

Examples of results

- ✓ improved health service coverage (Maternal and Child Health, prevention & control of infectious diseases, Healthy Lifestyle, etc.)
- ✓ improved client satisfaction
- ✓ more accessible quality medical care to beneficiaries and communities

Other factors important to consider in identifying good practices

- ✓ Does the practice help achieve FIPlus for health objectives? Is it in line with thrusts or priorities of the DOH?
- ✓ Is the LGU willing to share its practice to others?
- ✓ Is there a demand for this practice? Will many LGUs want/need to replicate this practice?

Financing			
<p>1.1 Expanding social health insurance coverage</p> 	<ul style="list-style-type: none"> * Including PhilHealth enrollment of employees members as a requirement for securing business permits * Tie-up with PhilHealth for the establishment of PhilHealth Desk in ILHZs or hospitals * Social marketing and other arrangements with the business sector or NGOs/POs for enrollment of the informal or indigent sector * Means test * Premium contributions from private donors * Interface of community-based health financing scheme with PHIC 	<p>1.2 Mobilizing resources from extra-budgetary sources</p> 	<ul style="list-style-type: none"> * Fee/price setting for hospital/ RHU services and commodities, RHU/Hospital socialized users' fees * Billing and collection system in the hospitals * Patient classification system * Economic enterprises and/or hospital corporatization including safety nets for the poor, RHU/Hospital income retention * Engaging the private sector to support health
Regulation			
<p>2.1 Availability of low-priced quality drugs</p> 	<ul style="list-style-type: none"> * Drug procurement systems (e.g., pooled procurement among different LGUs; bulk procurement by the province) * Tie-ups with drug distributors/suppliers (e.g., consignments, pharmacy within the hospital pharmacy, Botika ng Barangay, Revolving Drug Insurance Fund) * Revolving drug fund * Drug price monitoring * Identifying counterfeit drugs * Mini-laboratory (BFAD in a suit case) 	<p>2.2 Rational use of medicines</p> <p>2.3 Health policy/ regulation and enforcement</p> 	<ul style="list-style-type: none"> * Monitoring prescription behavior of doctors * Therapeutic Committee Functionality * Enforcement mechanisms for national laws, local ordinances * Ecological Solid waste Management
Governance			
<p>3.1 Improved governance and coordination in/ among local health systems</p> 	<ul style="list-style-type: none"> * Establishment and functionality of Inter-local health zones - coordination among local governments, NGOs, NGAs, donor agencies and other sectors involved in health * Resource sharing: financial, equipment, manpower, logistics * Local Health Boards functionality * Participation of the public/consumers/patient in health system governance 	<p>3.2 Improved capacities to manage local health systems</p> 	<ul style="list-style-type: none"> * Financial autonomy for hospitals * Information system, providing health workers with quality information, making LCEs use/appreciate data and making it accessible to the public and integration of existing health information system * Provincial/District Local Health Accounts * Staff/Patient satisfaction * PHIC Service Availment Survey * Monitoring, research and knowledge management systems * Hospital Medical Library * Human resource management systems including manpower sharing; provision incentives, staff satisfaction surveys
<p>3.3 Public-Private Partnership</p> 		<ul style="list-style-type: none"> * Sharing of equipment, manpower, use of facilities * Partnership with the private sector in the referral system, medical audits, maternal death reviews * Partnership with the private sector for TB-DOTS and other diseases * Partnership with private hospital 	
Service Delivery			
<p>4.1 Rationalized health facilities</p> <p>4.2 Making basic and essential services available</p> 	<ul style="list-style-type: none"> * Rationalization of health facilities: hospitals, Bemoc, Cemoc, birthing homes, TB-DOTS center, etc. * Cold chain management * Technologies in making available sanitary facilities and potable water * Disaster preparedness and response * Adolescent youth health services * Systems for ensuring that deliveries are attended by trained personnel * Contraceptive self-reliance * Maternal and child care: BeMoc, Cemoc 	<p>4.3 Community Empowerment</p> <p>4.4 Reduction of Public health threats</p> <p>4.5 Continuity of care</p> <p>4.6 Quality of care</p>	<ul style="list-style-type: none"> * Functional Literacy Classes * IP leaders as health advocates * Disease free zones * Disease prevention and control strategies * Intensified Health promotion and surveillance * Risk reduction initiatives * Referral system including community-based * Basic curative care services at the 'Us * Quality management system

Annex D. Template for Writing a Summary Report

- a. Executive Summary- a brief discussion of the content of the report presenting the highlights of the year being reported, major findings/issues with proposed ways forward and accomplishments
- b. Introduction- including purpose of report, monitoring questions, program background, program goals and objectives
- c. Body
 - c.1. A description of the monitoring methodology including limitations, who performed the monitoring/evaluation, and when the monitoring/ evaluation was performed.
 - c.2. Present data on findings selectively and in an understandable manner; organize data around study questions, major themes or program components; and use charts and tables.
 - c.3. Documentation of Good Practices
- d. Conclusion and Recommendations - should be clearly connected to evidence on performance. Evidence should be presented to support recommendations.
- e. Documentation of Activities- photos of activities conducted as well as corresponding brief description

Annex E. Guide on Choosing Correct Presentation Visuals

- a. Bar chart- appropriate when comparing across categories
- b. Line graph- appropriate when viewing time trends
- c. Pie charts – a type of graph in which a circle is divided into sectors that each represent a proportion of the whole.
- d. Maps- appropriate when showing geocoded data
- e. Scatterplot- appropriate when comparing two continuous variables. It provides visual illustration of the suggestive relationship between the two variables of interest.