LGU Scorecard on Health - DCF For NCR, HUCs and ICCs
LGU Name: (Butuan City) Profile Year: 2012
Region: (
Population data to be used: 2010 Census Data Projected to 2012
Population data to be used: 2010 Census Data From
The LGU Scorecard on Health is an annual survey being conducted by the Department of
Health for purpose of identifying reform interventions on health services provided by the
LGUs. The indicators are stratified based on the strategic thrusts and strategic instruments
of Universal Health Care (Kalusugang Pangkalahatan).
Instructions:
 Please fill-up the form by putting the required data for numerator, denominator and
computed value.
Encircle "Not Applicable" if the indicator is not applicable to the component city or
municipality, or "No Data" if applicable but data is not available.
Refer to the given formula per indicator to derive the computed value.
• Fill-up the remarks portion of each indicator when the computed value exceeds the
acceptable value. Only the computed value will be inputted on the online DCF, however, numerator and
denominator data still needs to be supplied in this manual DCF to facilitate data
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review.
review.
I. Financial Risk Protection
I. Financial Risk Protection
I. Financial Risk Protection Governance for Health Governance for Health
I. Financial Risk Protection Governance for Health A. Increase LGU Investment for Health
I. Financial Risk Protection Governance for Health Governance for Health
I. Financial Risk Protection Governance for Health A. Increase LGU Investment for Health 1) Percentage of City Budget Allocated to Health (A) Total city budget allocated for
I. Financial Risk Protection Governance for Health A. Increase LGU Investment for Health Percentage of City Budget Allocated to Health A. Total city budget allocated for health, nutrition & environment >
I. Financial Risk Protection Governance for Health A. Increase LGU Investment for Health 1) Percentage of City Budget Allocated to Health (A.) Total city budget allocated for health, nutrition & environment > 153,816,842 No No No No No No No N
I. Financial Risk Protection Governance for Health A. Increase LGU Investment for Health Percentage of City Budget Allocated to Health A. Total city budget allocated for health, nutrition & environment >
I. Financial Risk Protection Governance for Health A. Increase LGU Investment for Health 1) Percentage of City Budget Allocated to Health A. Total city budget allocated for health, nutrition & environment→ B. Total city budget → I/Al8,631,243
I. Financial Risk Protection Governance for Health A. Increase LGIJ Investment for Health 1) Percentage of City Budget Allocated to Health (A) Total city budget allocated for health, nutrition & environment -> B. Total city budget -> DCF for NCR, HUCs and ICCs - Page 1 of 15
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I. Financial Risk Protection Governance for Health A. Increase LGU Investment for Health 1) Percentage of City Budget Allocated to Health (A) Total city budget allocated for health, nutrition & environment >>

	Note: Formula: A/B x 100 City budget - PS, MOOE, and CO Target 2016: 22% Acceptable computed value: between 5% and 50%	
	Remarks:	
2)	Percentage of MOOE Allocated to Health	-
	A. Total MOOE* in city budget allocated to health, nutrition & 26,441,500 x 100 = 17 % B. Total city budget allocated to health, nutrition & environment -> 153,816,842	No Data
	Note: **Formula: A/B x 100 **MOOE for health from the regular funds (IRA + locally-generated source) **Target 2016: 45% **Acceptable computed value: between 5% and 80%	es)
	Remarks:	
3)	Percentage of City Health Expenditures	
	A. Total city expenditures on health, nutrition & environment \rightarrow B. Total city budget allocated to health, nutrition & environment \rightarrow 138,435,151.9 × 100 = 90 %	No Deta
	Note: Formula: A/B x 100 Target 2016: 100% Acceptable computed value: between 75% and 100%	
	Remarks:	

Brim'

ervice De	iverv		
	Carricos in Local Health Facilities		
Ration	ige Length of Stay (in days) in LGU-administere	ad Hospitals (Levels I, II and III)	
a) Aver	ge Length of Stay (in days) in LGU-administere	Ed (103press)	
4.1)	For Level I LGU-administered Hospitals:		
Α.	Total in-patient days of care of discharged patients in Level I LGU-	days No Not Applicable	е
В	Total number of discharges and deaths in Level I LGU-administered hospitals →		
			i.
* /	otes: Formula: A/B Target 2016: 3 days (Level I LGU-administere Acceptable computed value: between 1 and	red Hospitals) ! 7 days	
	emarks:		
8	1.2) For Level II LGU-administered Hospitals:		
	A. Total in-patient days of care of discharged patients in Level II LGU-administered hospitals-> B. Total number of discharges and	l days II no II	Not Nicable
	deaths in Level II LGU-administered hospitals →		
	Notes: • Formula: A/B • Target 2016: 5 days (Level II LGU-admini) • Acceptable computed value: between 1	and to days	
	Remarks:		

A. Total in-patient days of care of discharged patients in Level III LGU-administered hospitals → B. Total number of discharges and deaths in Level III LGU-administered hospitals → Notes: Formula: A/B Target 2016: 8 days (Level III LGU-administered Hospitals) Acceptable computed value: between 1 and 16 days Remarks: 5) Bed Occupancy Rate in All LGU-administered Hospitals A. Total in-patient days of care in all LGU-administered Hospitals for 1 year → B. Total bed days* in all LGU-administered Hospitals for 1 year → B. Total bed days* in all LGU-administered hospitals Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% Remarks: 6) Gross Death Rate in All LGU-administered Hospitals A. Total number of deaths (including newborn babies) in all LGU-administered hospitals → B. Total discharges and deaths in all LGU-administered hospitals → B. Total discharges and deaths in all LGU-administered hospitals → B. Total discharges and deaths in all LGU-administered hospitals → B. Total discharges and deaths in all LGU-administered hospitals →		4.3) For Level III LGU-administered hospitals.
 Formula: A/B Target 2016: 8 days (Level III LGU-administered Hospitals) Acceptable computed value: between 1 and 16 days Remarks: 5) Bed Occupancy Rate in All LGU-administered Hospitals A. Total in-patient days of care in all LGU-administered hospitals for 1 year → B. Total bed days* in all LGU-administered hospitals → Note: Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% Remarks: Gross Death Rate in All LGU-administered Hospitals A. Total number of deaths (including newborn babies) in all LGU-administered hospitals → B. Total discharges and deaths in 9 451 	5	discharged patients in Level III LGU- administered hospitals → B. Total number of discharges and deaths in Level III LGU-administered
 Formula: A/B Target 2016: 8 days (Level III LGU-administered Hospitals) Acceptable computed value: between 1 and 16 days Remarks: 5) Bed Occupancy Rate in All LGU-administered Hospitals A. Total in-patient days of care in all LGU-administered hospitals for 1 year → B. Total bed days* in all LGU-administered hospitals → Note: Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% Remarks: Gross Death Rate in All LGU-administered Hospitals A. Total number of deaths (including newborn babies) in all LGU-administered hospitals → B. Total discharges and deaths in 9 451 		Notes:
 Acceptable computed value: between 1 and 16 days Remarks: Remarks: 		» Formula: A/8
Bed Occupancy Rate in All LGU-administered Hospitals A. Total in-patient days of care in all LGU-administered hospitals for 1 year → B. Total bed days* in all LGU-administered hospitals → Note: Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% Remarks: 6) Gross Death Rate in All LGU-administered Hospitals A. Total number of deaths (including newborn babies) in all LGU-administered hospitals → B. Total discharges and deaths in 9 451 2.9 % Data		 Target 2016: 8 days (Level III LGU-administered Hospitals)
A. Total in-patient days of care in all LGU-administered Hospitals A. Total in-patient days of care in all LGU-administered hospitals for 1 year -> B. Total bed days* in all LGU-administered hospitals -> Note: Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% Remarks: 6) Gross Death Rate in All LGU-administered Hospitals A. Total number of deaths (including newborn babies) in all LGU-administered hospitals -> B. Total discharges and deaths in 9 451		 Acceptable computed value: between 1 and 16 ddys
A. Total in-patient days of care in all LGU-administered hospitals for 1 year -> B. Total bed days* in all LGU-administered hospitals -> Note: Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% Remarks: A. Total number of deaths (including newborn babies) in all LGU-administered hospitals -> B. Total discharges and deaths in		Remarks:
all LGU-administered hospitals for 1 year → B. Total bed days* in all LGU- administered hospitals → Note: Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% Remarks: A. Total number of deaths (including newborn babies) in all LGU-administered hospitals → B. Total discharges and deaths in A. Total discharges and deaths in	5)	Bed Occupancy Rate in All LGU-administered Hospitals
 Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% Remarks: Gross Death Rate in All LGU-administered Hospitals A. Total number of deaths (including newborn babies) in all LGU-administered hospitals -> B. Total discharges and deaths in 		A. Total in-patient days of care in all LGU-administered hospitals for 1 year -> B. Total bed days* in all LGU- TOTAL TOO 13 9 % Data
A. Total number of deaths (including newborn babies) in all LGU-administered hospitals B. Total discharges and deaths in		 Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days Target 2016: 80 - 85%
A. Total number of deaths (including newborn babies) in all LGU-administered hospitals B. Total discharges and deaths in		Remarks:
A. Total number of deaths (including newborn babies) in all LGU-administered hospitals → B. Total discharges and deaths in A. Total number of deaths 384 x 100 = 3.9 % Data		Normal No.
(including newborn babies) in all LGU-administered hospitals → × 100 = 3.9 % Data	6)	
9 / 6 6		(including newborn babies) in all LGU-administered hospitals -> x 100 = 3.9 % Data
		9 /46
·		

Note: • Formula: A/B x 100 • Target 2016: < 1% • Acceptable computed value: between	n 0% and 50%	ł	
Remarks:			
Human Resources for Health			
A. Adequate Human Resource for Health			
The Handar Physician to Population Rat	tio quu	· · · · · · · · · · · · · · · · · · ·	
A. Total population → 38,744] B. No. of health center physician →	1 Health Center Physician: 151,472 Population	No Data	No Rural Health Physician
Note: • Formula: A/B • Target 2016: 1 health center physic • Acceptable computed value: betwe population and 1 health center phy	en 1 health center physic sician: 75,000 population	ian: 1,000	
8) Health Center Midwife to Population Ra	ntio		
A. Total population → 38,944 _ B. No. of health center midwife → 24	1 Health Center Midwife: 13/29 Population	No Data	No Rural Health Midwife
Note: Formula: A/B Target 2016: 1 health center mide Acceptable computed value: between population and 1 health center mide	en 1 health center midwi	fe: 500	
Remarks:			
			186

		5
A. Total population \rightarrow 3/8/944 1 Health Center Nurse: 1/3/9	No Data	No Rural Health
nurse -> 28 Population		_l Nurse
Note:		
 Formula: A/B Target 2016: 1 health center nurse: 20,000 population 		
 Target 2018: Thealth center harse: 20,000 population Acceptable computed value: between 1 health center nurse: 	1.000	
population and 1 health center nurse: 75,000 population	. /	
paparation in the second secon		
Remarks:		
	1:	
III. Attainment of Health-Related MDG	S	
olicy, Standards and Regulations	22	
Disease Free Zone Initiatives		
10) Percentage Coverage of Target Population in Endemic Area(s) with	Mass Trea	tment for
mil de de		
Filariasis		
A No of parcent given		
A. No. of persons given mass drug 229,779		Not
A. No. of persons given mass drug administration -> 229,779	No	
A. No. of persons given mass drug administration -> x 100 = 25 %		Not Applicable
A. No. of persons given mass drug administration \rightarrow B. Total population (2 years old & above) in $271,100$ $\times 100 = 25\%$	No	Not Applicable (Non-
A. No. of persons given mass drug administration -> x 100 = \$\frac{229}{8}\$. Total population (2	No	Not Applicable (Non-
A. No. of persons given mass drug administration \rightarrow B. Total population (2 years old & above) in $271,100$ $\times 100 = 25\%$	No	Not Applicable (Non-
A. No. of persons given mass drug administration \rightarrow B. Total population (2 years old & above) in *endemic area \rightarrow $229,779$ $271,100$ $271,100$	No	Not Applicable (Non-
A. No. of persons given mass drug administration \rightarrow B. Total population (2 years old & above) in *endemic area \rightarrow Notes:	No	Not Applicable (Non-
A. No. of persons given mass drug administration \rightarrow B. Total population (2 years old & above) in *endemic area \rightarrow Notes: * Formula: A/B x 100	No	Not Applicable (Non-
A. No. of persons given mass drug administration -> B. Total population (2 years old & above) in *endemic area -> Notes: Formula: A/B x 100 Endemic area* is a city with a prevalence of 1% or higher.	No	Not Applicable (Non-
A. No. of persons given mass drug administration \rightarrow B. Total population (2 years old & above) in *endemic area \rightarrow Notes: Formula: A/B x 100 Endemic area* is a city with a prevalence of 1% or higher. Reference: FHSIS	No	Not Applicable (Non-
A. No. of persons given mass drug administration → B. Total population (2 years old & above) in *endemic area → Notes: Formula: A/B x 100 Endemic area* is a city with a prevalence of 1% or higher. Reference: FHSIS NOH Target 2016: 85% Acceptable computed value: between 40% and 100%	No	Not Applicable (Non-
A. No. of persons given mass drug administration → B. Total population (2 years old & above) in *endemic area → Notes: Formula: A/B x 100 Endemic area* is a city with a prevalence of 1% or higher. Reference: FHSIS NOH Target 2016: 85%	No	Not Applicable (Non-
A. No. of persons given mass drug administration → B. Total population (2 years old & above) in *endemic area → Notes: Formula: A/B x 100 Endemic area* is a city with a prevalence of 1% or higher. Reference: FHSIS NOH Target 2016: 85% Acceptable computed value: between 40% and 100%	No	Not Applicable (Non-
A. No. of persons given mass drug administration → B. Total population (2 years old & above) in *endemic area → Notes: Formula: A/B x 100 Endemic area* is a city with a prevalence of 1% or higher. Reference: FHSIS NOH Target 2016: 85% Acceptable computed value: between 40% and 100%	No	Net Applicable (Non-
A. No. of persons given mass drug administration → B. Total population (2 years old & above) in *endemic area → Notes: Formula: A/B x 100 Endemic area* is a city with a prevalence of 1% or higher. Reference: FHSIS NOH Target 2016: 85% Acceptable computed value: between 40% and 100%	No	Not Applicable (Non-

	No. of persons given mass treatment \rightarrow
0	a g
	marks:
2.) Ar	nual Parasite Incidence for Malaria
Α.	No. of Malaria cases in the population → O No Applicable (Non-
В	Total population in *endemic area → SOISO population Per 1000 population
No	otes:
	Formula: A/B x 1000
	- 1 . haranami bill or let the nonlitation of the
	Endemic area may be a barangay, HUC or ICC. Thus, the population of the implicated barangay, HUC or ICC should be used as denominator.
	implicated barangay, HUC or ICC should be used as denominator. • Reference: FHSIS
	implicated barangay, HUC or ICC should be used as denominator. • Reference: FHSIS • NOH Target 2016: < 0.8/1000
	implicated barangay, HUC or ICC should be used as denominator. • Reference: FHSIS

. Intensifi	ed Disease Prevention and Control
13.) TB C	ase Detection Rate (All Forms of TB*)
	No. of all forms of TB cases identified \rightarrow No
1	Estimated no. of all forms of TB cases for the year* \rightarrow
59 E	es: Formula: A/B x 100 *Al Forms of TB refer to new smear positive, new smear negative, relapse, and extra pulmonary TB To compute for "Estimated number of all forms of TB cases for the year": Total population x 0.00275 Reference: Quarterly Reports; NTP Registry NOH Target 2016: 85% Acceptable computed value: between 30% and 100%
Ren	narks:
14.) TB (Cure Rate
В.	No. of new smear-positive pulmonary TB cases registered in a specified period that were cured \rightarrow Total no. of new smear-positive pulmonary TB cases registered in the same period-
Ø 9	Formula: A/B x 100 Reference: Quarterly Reports; NTP Registry NOH Target 2016: 90%
	Acceptable computed value: between 30% and 100%
Ren	narks:
	Dry Dry

Chile	d Health				
15)	Percentage of Fully Immunized Child	leasics = 11	MC M (45)	= 1427	
	OPV3, DPT3/Penta 3, Hep B3 and Measles vaccine before 12 months of age →	C = MINC 1 IMFC 1 8156	M (±18)=1293 N = 122 ; E = 1 x 100 =	94.7%	No Data
	B. Total population x 2.7% →	8612			
	- + 0				
	Notes:		=		
	» Formula: A/B x 100				
	 NOH. Target 2016: 95% Acceptable computed value: between 	ween 30% an	nd 100%		
	« Acceptable computed value: Bet-				
~	Remarks:				
	Nemario.				
16)	Percentage of Infants (0 - 6 months of	old) Exclusiv	ely Breastfec	Ĭ .	
	 A. No. of infants (0 - 6 months old) exclusively breastfed -> 	6,145		~	No
	B. Total population x 2.7% →	8612	x 100 =	'// %	Data .
	Notes:				
	• Formula: A/B x 100				
	 NOH Target 2016: 54.75% 		1.4000/		
	 Acceptable computed value: bet 	ween 5% an	d 100%		
	Remarks:		·		
		*			

D. Maternal Health	
17) Percentage of Facility-based Deliveries	*
Number of mothers giving birth at:	
A1. Health centers & public lying in clinics →	3,678
A2. City hospitals (Level I, . II, III) →	4,188
B1. Home	262
82. Other places*	
Percentage of Facility-based Deliveries A. Total number of facility-based deliveries* (A1 + A2) → B. Total number of maternal deliveries (A1 + A2 + B1 + B2)→	7.816 = 2587 No No Data
Notes: Formula: A/B x 100 Must be in a health facility with bi "Other places" is defined as non-he etc.) and outside of the dwelling p Reference: Local civil registry as re NOH Target 2016: 90 % Acceptable computed value: between	ealth facility places like vehicles (tricycle, tax lace eported in FHSIS
Remarks:	

	A. Total number of deliveries attended by skilled health 7,951
	professionals \rightarrow \times 100 = 96% Data
3.77	B. Total number of maternal 8018
	Cediveries in the 200 journs
	indicator # 17 denominator) → .
	Notes:
	Formula: A/B x 100
	*Skilled health professionals - are medical doctors, nurses and midwives
	• Reference: FHSIS
	• NOH Target 2016: 90 %
	 Acceptable computed value: between 5% and 100%
	Remarks:
	Contraceptive Prevalence Rate for Modern Family Planning Methods*
)	Contraceptive Prevalence Rate for Modern Failing Training Methods
	A. No. of women of reproductive age who are using (or whose partner is using) modern family planning 24,405
	who are using (or whose partner is using) modern family planning
	method ->
	nethod 2 Data
	B. No. of women of reproductive age
	(42.3% of total population) \rightarrow $39,231$
	Notes:
	• Formula: A/B x 100
	* Modern family planning methods*: pills, IUD, condom, injectables, NFP(cervica
	mucus, basal body temperature, symptothermal, standard days method/cycle
	beads, lactation amenorrhea method) , bilateral tubal ligation, and
	vasectomy.
	* NOH Target 2016: 65%
	 Acceptable computed value: between 0% and 100%
	Remarks:
	Transfer and the second

20) Percentage of Functional Community Health Teams
A. No. of functional Community Health Teams in the LGU* →
B. No. of targeted Community Health Teams in CCT NHTS - PR areas in the LGU →
Notes: • Formula: A/B x 100 • *Please refer to the attached Consolidation Template (see page 15) • *Please refer to the attached Consolidation Template (see page 15) • Conditional Cash Transfer National Household Targeting System for Poverty Reduction (CCT NHTS - PR) • NOH Target 2016: 100% • Acceptable computed value: between 0% and 100%
Remarks:
Environmental Health 21) Percentage of Households with Access to Safe Water A. Total no. of households with access to safe water (Level I, II, III) → B. Total no. of households → B. Total no. of households → B. Total no. of households →
Notes: Formula: A/B x 100 Reference: FHSIS NOH Target 2016: 88% (NOH) Acceptable computed value: between 20% and 100%
Remarks:

Α	. Total no. of households with sanitary toilet facilities →	45/17 × 100 =	84.90%	No Data
В	. Total no. of households →	53,138		
N	lotës: « Formula: A/B x 100			
	• Reference: FHSIS			
	» NOH Target 2016: 90%			
	* Acceptable computed value: be	tween 20% and 100%		

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Gertification Page (for NCR, HUCs & ICCs)

Part I. On Accomplishing the DCF (for City Health Officers & Financial Officers) Date Accomplished: April 17, 2012 LGU Name: Butuan City This is to certify that the data provided in the LGU Scorecard Data Capture Form are final and correct to the best of our knowledge. We understand that the data we provided in the LGU Scorecard Data Capture Form will be the bases in producing the LGU Report Card. Note: Affix your signature above printed name. Indicate your office & position opposite your name. Part II. On Review of DCF (For the DOH-Representative) This is to certify that the undersigned have reviewed the data provided in the LGU Scorecard Data Capture Form. Remarks: , periented & conformed data with FHSKI
npoit. OK! SIGNED: Note: Affix your signature above printed name. Indicate your office & position opposite your name. Office & Position THO PAGARAN CHO-CARAGA (Planning Officer-111)

DCF for NCR, HUCs and ICCs - Page 14 of 15

LGU Name: Butuan City

Profile Year: 2012

Instructions:

1. Put a (\slash) check mark across each criteria on the functionality of a Community Health Team (CHT) that is met by each CHT in the LGU.

 Count the total number of fully-functional CHTs (those which have met all the criteria listed below) and supply it as numerator of Indicator 20 "Percentage of Functional Community Health Teams".

Criteria of a Functional Community Health	CHT 1-181
Teams 1. Organized and trained	√ .
Deployed in CCT-NHTS areas in the	J
LGU	
3. Visited the CCT-NHTS families at least	J "
twice in the reporting year	
4. Submitted the following reports: 4.A Health Risk Assessment Report 4.B Health Use Plan 4.C Report of a follow-up of identified pregnant women (at least 2 follow-ups) 4.D Birth Plan and referral to health	
facilities	
No. of Fully-functional CHTS	181
Total No. of Fully-functional CHTS	1.81

^{*}note: the 181 teams have met all the criteria for a functional Community Health Team

CBO

LGU Scorecard on Health - DCF For NCR, HUCs and ICCs			
LGU Name: (Butuan City) Profile Year: 2012	G.		
Region: (CAKAGA)			
Population data to be used: 2010 Census Data Projected to 2012			
The LGU Scorecard on Health is an annual survey being conducted by the Department of			
Health for purpose of identifying reform interventions on health services provided by the			
LGUs. The indicators are stratified based on the strategic thrusts and strategic instruments			
of Universal Health Care (Kalusugang Pangkalahatan).			
Instructions:			
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• Encircle "Not Applicable" if the indicator is not applicable to the component city or			
municipality, or "No Data" if applicable but data is not available.			
 Refer to the given formula per indicator to derive the computed value. 			
 Fill-up the remarks portion of each indicator when the computed value exceeds the 			
acceptable value.			
Only the computed value will be inputted on the online DCF, however, numerator and			
denominator data still needs to be supplied in this manual DCF to facilitate data			
review.			
I. Financial Risk Protection			
Governance for Health GENERAL FUND -	1,465 419,118		
7 Economic From .	N3.220.00		
Governance for Health A. Increase LGU Investment for Health 1) Percentage of City Budget Allocated to Health	618,629 242		
1) Percentage of City Budget Allocated to Health	2777270		
A. Total city budget allocated for health, putrition & environment > 153,816,842			
$ \frac{\text{health, nutrition & environment}}{\text{B. Total city budget}} \Rightarrow \frac{100 = 100}{\text{Data}} \times 100 = \frac{100}{100} \times 100 = \frac{100}{1$			
1,618,639,243	*		
<u> </u>			
A Crown			
DCF for NCR, HUCs and ICCs - Page 1 of 15			
PS MODE CO LUMPSUM TO	792		
CHO -36,637.702 3,500000 - 20,170,000 110, BMC -66,938.997 22,769.600 1,000.000 - 20,170,000 110,	18.650		
BMC -66,938,997 22,769.600 1,000,000 - 20,170,000 110	676.007		
- 1683,900 1	683,900		
CITY POPCOM - 6.938.687 127.000 - 1.683.900 1. C.ENRO - 19,442.697 1.224.400 - 20.6 TOTAL 123.958.139 27.671,900 1,000,000 21,853,900 174,	65.687		
[C.ENNO - 19,442,694 124,480 20,6	62,0-17		
TOTAL (23,958,139 27,671,900 1,000,000 21,853,900 (74,	483,939		

Note: • Formula: A/B x 100	
 City budget - PS, MOOE, and CO 	
 Target 2016: 22% Acceptable computed value: between 5% and 50% 	
Remarks:	
2) Percentage of MOOE Allocated to Health	
A. Total MOOE* in city budget allocated to health, nutrition & 24,447,500 B. Total city budget allocated to health, nutrition & environment > 153,816,842 153,816,842	No Data
Note: • Formula: A/B x 100 • *MOOE for health from the regular funds (IRA + locally-generated source) • Target 2016: 45% • Acceptable computed value: between 5% and 80% Remarks:	s)
Nemarks.	
3) Percentage of City Health Expenditures	
A. Total city expenditures on health, nutrition & environment → B. Total city budget allocated to health, nutrition & environment → 138,435,157.8 x 100 = 90 %	No Data
health, nutrition & environment →	l
Note: • Formula: A/B x 100 • Target 2016: 100%	
 Acceptable computed value: between 75% and 100% 	
Remarks:	
	and a

II. Improved Access to Quality Hospitals & Health Care Facilities
Service Delivery
A. Rationalize Services in Local Health Facilities
4) Average Length of Stay (in days) in LGU-administered Hospitals (Levels I, II and III)
4.1) For Level LGU-administered Hospitals:
A. Total in-patient days of care of discharged patients in Level LGU- administered hospitals → B. Total number of discharges and Applicable
deaths in Level I LGU-administered hospitals →
Notes:
 Formula: A/B Target 2016: 3 days (Level I LGU-administered Hospitals) Acceptable computed value: between 1 and 7 days
Remarks:
4.2) For Level II LGU-administered Hospitals:
A. Total in-patient days of care of discharged patients in Level II LGU- administered hospitals→
B. Total number of discharges and deaths in Level II LGU-administered hospitals →
Notes: • Formula: A/B • Target 2016: 5 days (Level II LGU-administered Hospitals)
 Acceptable computed value: between 1 and 10 days
Remarks:

	4.3) For Level III LGU-administered Hospitals:	
	A. Total in-patient days of care of discharged patients in Level III LGU-administered hospitals → B. Total number of discharges and deaths in Level III LGU-administered hospitals →	9
	Notes: • Formula: A/B • Target 2016: 8 days (Level III LGU-administered Hospitals) • Acceptable computed value: between 1 and 16 days Remarks:	
5)	led Occupancy Rate in All LGU-administered Hospitals	
	A. Total in-patient days of care in all LGU-administered hospitals for 1 year -> P. Total bod days* in all LGU. No Data	
	B. Total bed days* in all LGU- administered hospitals \rightarrow	
	Note:	
	 Formula: A/B x 100 To compute for total bed days*: Authorized bed capacity x 365 days 	
	 Target 2016: 80 - 85% Acceptable computed value: between 20% and 150% 	
	Remarks:	
6)	ross Death Rate in All LGU-administered Hospitals	
	A. Total number of deaths (including newborn babies) in all	1
	LGU-administered hospitals \rightarrow $\times 100 = 3.9\%$ No	
	B. Total discharges and deaths in all LGU-administered hospitals \rightarrow	
	*	

Note: • Formula: A/B x 100 • Target 2016: < 1% • Acceptable computed value: between 0% and 50% Remarks:	
Human Resources for Health	
A. Adequate Human Resource for Health	
7) Health Center Physician to Population Ratio	
A. Total population \rightarrow 318,948 B. No. of health center physician \rightarrow 2 1 Health Center Physician: 159,474 Population No Data	No Rural Health Physician
 Note: Formula: A/B Target 2016: 1 health center physician:20,000 population Acceptable computed value: between 1 health center physician: 1,000 population and 1 health center physician: 75,000 population Remarks:	
8) Health Center Midwife to Population Ratio	
A. Total population \rightarrow 318,948 B. No. of health center midwife \rightarrow 24	No Rural Health Midwife
 Note: Formula: A/B Target 2016: 1 health center midwife: 5,000 population Acceptable computed value: between 1 health center midwife: 500 population and 1 health center midwife: 75,000 population Remarks:	
	-4.º v °

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9)	Health Center Nurse to Population Ratio		
	A. Total population \rightarrow 38,948 1 Health Center Nurse: 11,291 Population	No Data	No Rural Health Nurse
	Note: Formula: A/B Target 2016: 1 health center nurse: 20,000 population Acceptable computed value: between 1 health center nurse: population and 1 health center nurse: 75,000 population Remarks:	1,000	
	III. Attainment of Health-Related MDG	ıs	
A. Dise 10) P	A. No. of persons given mass drug administration \Rightarrow B. Total population (2 years old & above) in *endemic area \Rightarrow	n Mass Trea No Data	Not Applicable (Non- endemic)
	Notes: Formula: A/B x 100 Endemic area* is a city with a prevalence of 1% or higher. Reference: FHSIS NOH Target 2016: 85% Acceptable computed value: between 40% and 100% Remarks:		
			uto .

11.) Percentage Coverage of Target Population in Endemic Area(s) with Mass Treatment for Schistosomiasis
A. No. of persons given mass treatment \rightarrow B. Total population (5 years old and above) in *endemic area \rightarrow $7,724$ $7,724$ $8,704$ $1,704$
 Notes: Formula: A/B x 100 Endemic area is a barangay, HUC or ICC with a prevalence of 10% or higher. Reference: FHSIS Target 2016; 85% Acceptable computed value: between 40% and 100%
Remarks:
12.) Annual Parasite Incidence for Malaria
A. No. of Malaria cases in the population →
B. Total population in *endemic area →
 Notes: Formula: A/B x 1000 Endemic area may be a barangay, HUC or ICC. Thus, the population of the implicated barangay, HUC or ICC should be used as denominator. Reference: FHSIS NOH Target 2016: < 0.8/1000 Acceptable computed value: between 0 and 20 per 1,000 population
Remarks:
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B. In	tensified Disease Prevention and Control
13	3.) TB Case Detection Rate (All Forms of TB*)
	A. No. of all forms of TB cases identified → 960 No Data
	B. Estimated no. of all forms of TB cases for the year* →
	 Notes: Formula: A/B x 100 *Al Forms of TB refer to new smear positive, new smear negative, relapse, and extra pulmonary TB To compute for "Estimated number of all forms of TB cases for the year": Total population x 0.00275
	 Reference: Quarterly Reports; NTP Registry
	 NOH Target 2016: 85% Acceptable computed value: between 30% and 100%
	Remarks:
14	A. No. of new smear-positive pulmonary TB cases registered in a specified period that were cured B. Total no. of new smear- B. Total no. of new smear-
	registered in the same period→
	Notes: • Formula: A/B x 100 • Reference: Quarterly Reports; NTP Registry • NOH Target 2016: 90% • Acceptable computed value: between 30% and 100%
	Remarks:
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	ld Health
15)	Percentage of Fully Immunized Child
	A. No. of infants given BCG, OPV3, DPT3/Penta 3, Hep B3 and Measles vaccine before 12 months of age → B. Total population x 2.7% → 84/2 x 100 = 94.7% No Data
	Notes:
	• Formula: A/B x 100
	• NOH Target 2016: 95%
	 Acceptable computed value: between 30% and 100%
	Remarks:
	- च
16)) Percentage of Infants (0 - 6 months old) Exclusively Breastfed
	A. No. of infants (0 - 6 months old) exclusively breastfed →
	Old) exclusively breasted /
	B. Total population x 2.7% \rightarrow 86/2 x 100 = 7/ % Data
	B. Total population x 2.7% \rightarrow \rightarrow \rightarrow x 100 $=$ $7/$ %
	B. Total population x 2.7% \rightarrow 86/2 x 100 = 7/ % Data Notes: • Formula: A/B x 100
	B. Total population x 2.7% → 86/2 x 100 = 7/ % Data Notes: • Formula: A/B x 100 • NOH Target 2016: 54.75%
	B. Total population x 2.7% \rightarrow 86/2 x 100 = 7/ % Data Notes: • Formula: A/B x 100
	B. Total population x 2.7% → 86/2 x 100 = 7/ % Data Notes: • Formula: A/B x 100 • NOH Target 2016: 54.75%
	B. Total population x 2.7% \rightarrow 86/2 x 100 = 7/ % Data Notes: • Formula: A/B x 100 • NOH Target 2016: 54.75% • Acceptable computed value: between 5% and 100%
	B. Total population x 2.7% \rightarrow 86/2 x 100 = 7/ % Data Notes: • Formula: A/B x 100 • NOH Target 2016: 54.75% • Acceptable computed value: between 5% and 100%
	B. Total population x 2.7% \rightarrow 86/2 x 100 = 7/ % Data Notes: • Formula: A/B x 100 • NOH Target 2016: 54.75% • Acceptable computed value: between 5% and 100%

D. Maternal Health	
17) Percentage of Facility-based Deliveries	5*
Number of mothers giving birth at:	
A1. Health centers & public lying in clinics →	1,105
A2. City hospitals (Level I, II, III) \rightarrow	1,394
B1. Home	26 2
B2. Other places*	
Percentage of Facility-based Deliveries	
A. Total number of facility-based deliveries* (A1 + A2) → B. Total number of maternal deliveries (A1 + A2 + B1 + B2)→	2,763 x 100 = 91 % No Data
Notes: Formula: A/B x 100 Must be in a health facility with bi "Other places" is defined as non-hetc.) and outside of the dwelling p Reference: Local civil registry as re NOH Target 2016: 90 % Acceptable computed value: between	ealth facility places like vehicles (tricycle, taxi, place eported in FHSIS

18) F	Percentage of Deliveries Attended by Skilled Health Professionals*
	A. Total number of deliveries attended by skilled health professionals → B. Total number of maternal 2,50 x 100 = 9 % Data
	deliveries in the LGU (same as indicator # 17 denominator) →
	Notes: • Formula: A/B x 100
	 *Skilled health professionals - are medical doctors, nurses and midwives
	Reference: FHSISNOH Target 2016: 90 %
	Acceptable computed value: between 5% and 100%
	Remarks:
19)	Contraceptive Prevalence Rate for Modern Family Planning Methods*
	A. No. of women of reproductive age who are using (or whose partner is using) modern family planning method \rightarrow 100 = 48 % No. of women of reproductive age (9 %) No Data
	B. No. of women of reproductive age (12.3% of total population) → 39,231
	Notes:
	 Formula: A/B x 100 Modern family planning methods*: pills, IUD, condom, injectables, NFP(cervical mucus, basal body temperature, symptothermal, standard days method/cycle beads, lactation amenorrhea method), bilateral tubal ligation, and vasectomy. NOH Target 2016: 65% Acceptable computed value: between 0% and 100%
	Remarks:
	e see a
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20)	Percentage of Functional Community Health Teams				
	A. No. of functional Community Health Teams in the LGU* → x 100	= W% No			
	B. No. of targeted Community Health Teams in CCT NHTS - PR areas in the LGU →	Jata			
	Notes: Formula: A/B x 100 *Please refer to the attached Consolidation Template (see Conditional Cash Transfer National Household Targeting S Reduction (CCT NHTS - PR) NOH Target 2016: 100% Acceptable computed value: between 0% and 100%				
	Remarks:				
E. Env	ironmental Health				
21) P	Percentage of Households with Access to Safe Water				
-	A. Total no. of households with access to safe water (Level I, II, III) X 100 =	No No Pata			
	B. Total no. of households →	Data			
	Notes: • Formula: A/B x 100 • Reference: FHSIS • NOH Target 2016: 88% (NOH) • Acceptable computed value: between 20% and 100%				
	Remarks:	·			
		· iledii , ii			
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A	A. Total no. of households with sanitary toilet facilities \Rightarrow $45 / 17$ $\times 100 = 84 / 2\%$ No
Ē	B. Total no. of households → 53,788 Data
t	Notes:
	• Formula: A/B x 100
	Reference: FHSIS
	• NOH Target 2016: 90%
	 Acceptable computed value: between 20% and 100%

delim

Certification Page (for NCR, HUCs & ICCs)

Part I. On Accomplishing the DCF (for City Health Officers & Financial Officers)

LGU Name: Butuan C	ity	Date Accomplished	April 17, 2012
This is to certify t	that the data pr	ovided in the LGU S	Scorecard Data Capture
Form are final and correc	·		•
		-	
we provided in the LGU S	scorecard Data C	apture Form will be	the bases in producing
the LGU Report Card.		91	
		NED:	
Note: Affix your signature ab	ove printed name.	Indicate your office & p	position opposite your
name.	\supset	· ·	Davittan
TRUMPA B.	MILLORIA	Nus	Position
2 Chlita	_	Nux	2 1/1
WY CONCETA			<i>,</i> 1((
		<u> </u>	
D / II O D I - / DC			
Part II. On Review of DCF	(For the DOH-R	epresentative)	
This is to certify th	at the undersign	ed have reviewed th	ne data provided in this
LGU Scorecard Data Captu	ıre Form.		
Remarks:			
	***************************************		West Committee C
	311.000 p		
-	78 18 78 18 18 18 18 18 18 18 18 18 18 18 18 18		
		NED:	
Note: Affix your signature a name.	bove printed nam	e. Indicate your office	& position opposite your
Nam	e	Of	fice & Position
		0,	ALL OF CONTROLL
All		-	
D	OCF for NCR, HUCs ar	nd ICCs - Page 14 of 15	Schron

LGU Name: Butuan City Region: CARAGA

Profile Year: 2012

Instructions:

1. Put a (/) check mark across each criteria on the functionality of a Community Health Team (CHT) that is met by each CHT in the LGU.

2. Count the total number of fully-functional CHTs (those which have met all the criteria listed below) and supply it as numerator of Indicator 20 "Percentage of Functional Community Health Teams".

Criteria of a Functional Community Health	CHT 1-181
Teams	
 Organized and trained 	J
Deployed in CCT-NHTS areas in the	1
LGU	V
3. Visited the CCT-NHTS families at least	J
twice in the reporting year	V
4. Submitted the following reports:	
4.A Health Risk Assessment Report	\checkmark
4.B Health Use Plan	\checkmark
4.C Report of a follow-up of identified	$\sqrt{}$
pregnant women (at least 2 follow-ups)	
4.D Birth Plan and referral to health	J
facilities	
No. of Fully-functional CHTS	181
Total No. of Fully-functional CHTS	181

^{*}note: the 181 teams have met all the criteria for a functional Community Health Team

Consolidation Template for Indicator No.20 Percentage of Functional Community Health Teams

LGU Name: (BUTUAN CITY) Region: (KEGION 13)							
Profile Year: 2012							
Instructions:							
 Put a (✓) check mark across each criteria on the functionality of a Community Health Team (CHT) that is met by each CHT in the LGU. Count the total number of fully-functional CHTs (those which have met all the criteria listed below) and supply it as numerator of Indicator No. 20 "Percentage of Functional Community Health Teams". 							
Criteria of a Functional	CHT 1	CHT 2	CHT 3	CHT 4	CHT 5		
Community Health Team	(example)	(example)	(example)	(example)	(example)		
1. Organized and trained	✓	√ ~	√	✓			
2. Deployed in CCT-NHTS areas in	/	\	~	\	✓		
the LGU							
3. Visited the CCT-NHTS families	/		✓	~			
at least twice in the reporting							
year				1			
4. Submitted the following							
reports:							
4.A Health Risk Assessment	/		/	. ,	/		
Report	·	100	1.00	·	v		
4.B Health Use Plan	✓	✓	✓	✓	✓		
4.C Report of a follow-up of							
identified pregnant women	~	✓	✓	✓	✓		
(at least 2 follow-ups)							
4.D Birth Plan and referral to	,						
health facilities	✓	✓	✓	✓	✓		
No. of Fully-functional CHTs	1	0	1	1	0		

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Total No. of

Fully-functional CHTs

3