



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

11 October 2021

**DEPARTMENT MEMORANDUM**

No. 2021 - 0434

**FOR: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS AND SERVICES, DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, AND OTHERS CONCERNED**

**SUBJECT: Directions for the Development of 2023-2025 Local Investment Plans for Health and 2023 Annual Operational Plans**

The Year 2022 and the 2022 Annual Operational Plan (AOP) mark the end of the 2020-2022 Local Investment Planning for Health period. It is expected to be a milestone year as it ushers in a new era in health sector development, with the implementation of Executive Order No. 138 on full devolution. The EO particularly calls the Department of Health (DOH) and other national agencies to review their respective mandates and to develop and implement Devolution Transition Plans (DTPs) for the next 3 years, in pursuit of full devolution of functions to the LGU, as enshrined in Sections 3 and 17 of Republic Act 7160 or the Local Government Code (LGC) of 1991.

The implementation of the adjusted national tax allocations of LGUs also starts in Fiscal Year 2022, in the light of the Supreme Court Ruling on the Mandanas-Garcia ruling on the just share of LGUs in the national taxes. This increase will empower LGUs to provide and effectively discharge devolved duties and functions under RA 7160.

Alongside this are the continuing efforts on COVID-19 response and management, the many health policy changes with the RA11223 or the Universal Health Care (UHC) Act, and the initial progress of the UHC Integration Sites.

It is in the above context that LGUs, Provinces, Highly Urbanized Cities (HUC), Independent Component Cities (ICC), Municipalities and Component Cities (CC) will develop their respective Local Investment Plans for Health for 2023-2025.

Administrative Order (AO) 2020-0022 on Guidelines on the Development of Local Investment Plans for Health and AO 2020-0018 on Guidelines on Contracting Province-wide and City-wide Health Systems shall guide the LIPH and AOP processes. AO 2020-0022 prescribes that the LIPH serve as the Strategic Plan for the implementation of UHC Act and the integration of Province-wide and City-wide health systems. It calls for Provinces, HUCs, ICCs, Municipalities and CCs to formulate their respective investment plans for health. It also recommends that the LIPH, through the AOPs, shall be the basis of financial and non-financial grants from the DOH per Section 22 of the UHC Act. AO 2020-0018, on the other hand, gives guidance on the execution of Terms of Partnership to engage Local Government Units for UHC implementation.

**The directions for the development of LGU 2023-2025 LIPH and 2023 AOP shall adopt the guidelines, provisions, procedures and processes as outlined in AO 2020-0022 and AO 2020-**

0018, with this Department Memorandum providing additional details for specific processes and procedures.

**A. Directions for the development of the 2023-2025 LIPH**

Processes	Additional provisions to AO 2020-0022
1. Call to plan	<ul style="list-style-type: none"> <li>a. The Center for Health Development (CHD) shall initiate the call for LGUs to formulate their LIPH.</li> <li>b. The Provinces/HUCs/ICCs may initiate the call for their respective component LGUs to formulate their LIPHS before the CHD call.</li> <li>c. Starting with the 2023-2025 LIPH period, municipalities and CCs shall develop their respective Investment Plans for Health.</li> </ul>
2. Levels of health planning	<ul style="list-style-type: none"> <li>a. Barangay planning;               <ul style="list-style-type: none"> <li>▪ The significance of the role of Barangays in the local health system was highlighted during the COVID pandemic.</li> </ul> </li> <li>b. Municipalities and Component Cities planning;</li> <li>c. Health facility planning;</li> <li>d. Sub-provincial health system planning;</li> <li>e. Province/HUC/ICC- wide planning.</li> </ul>
3. Organization of LGU Planning Teams	<ul style="list-style-type: none"> <li>a. A Barangay Planning Team shall also be organized and be composed of, but not limited to:               <ul style="list-style-type: none"> <li>▪ Barangay Kagawad for Health, Barangay Health Worker; Barangay Nutrition Scholar, CSO/PO representative, Barangay Captain</li> <li>▪ Midwife, NDP (as applicable)</li> </ul> </li> <li>b. Prescribed composition of Province/HUC/ICC/Municipality/CC Planning Teams is in AO 2020-0022 (VI.A).</li> </ul>
4. Local health planning a. Consultations	<p>Participation in local consultations and planning workshops and consultation with key stakeholders shall be encouraged throughout the LIPH/AOP processes, in particular:</p> <ul style="list-style-type: none"> <li>i. DOH Representatives, CHD Program Managers, CHD and LGU Budget Officers and Accountants, Chiefs of LGU and DOH-retained hospitals, PhilHealth representatives, among others;</li> <li>ii. Representatives from other government agencies, representatives of legislators, IP Mandatory Representatives (IPMR)/IP CSOs, development partners, representative of the private sector, other champions in health development work</li> </ul>
b. Situational analysis	<p>The following shall be used as additional inputs to the Situational Analysis:</p> <ul style="list-style-type: none"> <li>i. AO 2020-0037: Guidelines on Implementation of the Local Health Systems Maturity Levels as reference document, among others;</li> <li>ii. Human Resource for Health (HRH) Plan, Information, Communication and Technology (ICT) Plan, Health Promotion Framework, Local Health Facility Development Plan (HFDP), Province Physical Framework Development Plan (PPFDP);</li> <li>iii. Program/disease-specific strategic plans;</li> <li>iv. Gender and Development (GAD) Plan.</li> <li>v. Description and analysis of health, and health-related threats and situations, and health systems problems/concerns, shall make use of the 6 building blocks of health systems;</li> </ul>

Processes	Additional provisions to AO 2020-0022
<p>c. Identification of gaps, LGU investment needs, strategies and cost requirements</p>	<p>vi. For UHC Integration Sites (UHC-IS), this shall include analysis of the results of the Local Health System Maturity Level (LHS ML) National Baseline Assessment or Monitoring Report.</p> <p>i. The DOH DTPs from the National Program Managers (NPMs) shall serve as the DOH Menu of Assistance to be used as key reference/basis for LGU planning.</p> <p>ii. NPMs shall provide these through their CHD counterparts prior to the start of the LGU planning. CHDs shall also provide their respective Menu of Assistance.</p> <p>iii. The LIPH shall list 3-year strategies instead of Programs, Projects and Activities (PPAs). These strategies are to be detailed into specific PPAs in the AOPs.</p> <p>iv. The process of costing identifies and estimates resource requirements needed to produce the expected output/outcome. These include infrastructure and equipment, personnel, technologies, training needs, medicines, supplies, among others.</p> <p>v. For UHC-IS, the LHS ML Technical Assistance Plan shall serve as an additional reference.</p> <p>vi. Tools developed/to be developed by other DOH offices for planning, calculation of needs and projections may be used, such as:</p> <ul style="list-style-type: none"> <li>▪ Commodities calculator of the Disease Prevention and Control Bureau;</li> <li>▪ Philippine Health Facility Development Plan (PHFDP)-LIPH calculator of the Health Facility Development Bureau;</li> <li>▪ Human Resource for Health (HRH) Masterplan;</li> <li>▪ Others</li> </ul> <p>vii. Barangays shall submit and endorse their health plans to the Mun/CC/HUC/ICC Health Office. Mun/CC Health Offices shall submit and endorse their LIPHS to the PHO.</p>
<p>5. Review and appraisal</p>	<p>a. Development Partners, working in the regions, may be invited to be members of the CHD Appraisal Committee.</p> <p>b. Review of Municipality/Component City (Mun/CC) Investment Plans for Health:</p> <ul style="list-style-type: none"> <li>▪ Review shall be done by the Mun/CC Health Office and the DOH Representative.</li> </ul> <p>i. Barangays shall submit Barangay Plans to Mun/CC Health Office. Barangays may opt to use other planning forms and not the LIPH Forms.</p> <p>ii. Mun/CC Health Office shall review the barangay health plans with the DOH Representative and identify strategies/PPAs from the barangay plans to incorporate in the Mun/CC IPH; the process of review is done during the consolidation and/or planning meetings. The Mun/CC may use the LIPH Appraisal Checklist as a guide in the review of the barangay plans.</p> <p>iii. Mun/CC shall use the LIPH Forms. The Mun/CC Health Officer shall endorse the Mun/CC IPH to the PHO.</p>

<b>Processes</b>	<b>Additional provisions to AO 2020-0022</b>
5. Review and appraisal	<ul style="list-style-type: none"> <li>iv. Province Planning Team shall review the Mun/CC IPHs with the PDOHO and identify strategies/PPAs, from the Mun/CC IPHs, which may be included in the Province-wide IPH. The process of review is done during the consolidation and/or planning activities. The Province Planning Team may use the LIPH Appraisal Checklist as a review tool for the Mun/CC IPHs.</li> <li>v. The Province Planning Team and Program Managers together with the PDOHO shall review the consolidated Province-wide plan.</li> <li>c. Review of HUC/ICC Barangay Plans: <ul style="list-style-type: none"> <li>i. Barangays shall submit Barangay Health Plans to the HUC/ICC Health Office. The Barangay may opt to use other planning forms and not the LIPH Forms.</li> <li>ii. HUC/ICC Team shall review the Barangay health plans with the CDOHO/DOH Representative and identify strategies/PPAs from the Barangay health plans to be included in the HUC/ICC-wide IPH. The process of review is done during the consolidation and/or planning activities. The HUC/ICC Planning Team may use the LIPH Appraisal Checklist as a guide to review barangay plans.</li> <li>iii. The HUC/ICC Planning Team and Program Managers together with the CDOHO shall review the consolidated city-wide plan.</li> </ul> </li> <li>d. P/CDOHOs shall submit to CHD the result of their review, together with the LIPHs of Provinces/HUCs/ICCs, which have reached the passing score for CHD appraisal.</li> <li>e. The review and appraisal process of Province/HUC/ICC-wide IPHs described in the AO 2020-0022 (VI.B.3) shall apply.</li> </ul>
6. Concurrence of the LIPH	<ul style="list-style-type: none"> <li>a. Following the process in AO 2020-0022 (VI.B.4), the Province/HUC/ICC incorporates the recommendations of the CHD Appraisal Team, finalizes the LIPH and submits to the Provincial/City Health Board (P/CHB) for approval.</li> <li>b. The P/CHB shall endorse the approved LIPH to the CHD for concurrence.</li> <li>c. The accomplished LIPH Appraisal Checklist with the CHD Director's signature shall be the key evidence/document for the concurrence of the LIPH.</li> <li>d. CHDs shall submit to BLHSD, through the Field Implementation and Coordination Team (FICT), a copy of the approved and concurred Province/HUC/ICC-wide LIPHs, consisting of the following: <ul style="list-style-type: none"> <li>i. Narrative section,</li> <li>ii. Cost matrices,</li> <li>iii. Annexes</li> <li>iv. Accomplished appraisal checklist duly signed by the CHD Director.</li> </ul> </li> </ul> <p>The LIPH Forms are contained in Annex B.</p>

**B. Directions for the development of 2023 AOP**

<b>Processes</b>	<b>Particulars</b>
1. Translation of the LIPH into the AOP	<ul style="list-style-type: none"> <li>a. The 2023 AOP shall be formulated at the same time as the 2023-2025 LIPH and shall follow the same process of development.</li> <li>b. Strategies in the Year 1 of the LIPH are translated into specific PPAs in the 2023 AOP.</li> <li>c. LGUs are strongly enjoined to encode the 2023 AOP into the LIPH Information System (LIPH-IS) to facilitate the review and consolidation at the Province/HUC/ICC-wide level. Directions for the LIPH-IS shall be contained in a separate issuance.</li> </ul>
2. Aligning DOH plans and budgets to the AOPs <ul style="list-style-type: none"> <li>a. LGU submission of investment needs to CHDs</li> </ul>	<ul style="list-style-type: none"> <li>i. LGU AOPs shall be considered in the DOH and CHD budget proposals through the submission of advanced copies during DOH and CHD budget preparation. Advanced copies of AOPs are termed as LGU investment needs.</li> <li>ii. Timelines and details on submission of LGU investment needs are in Annex A.</li> <li>iii. LGU investment needs shall follow categories listed in AO 2020-0022 (VI.E.1) but may be revised/updated as deemed necessary.</li> <li>iv. Review process of LGU investment needs:               <ul style="list-style-type: none"> <li>▪ The LIPH-IS may be used for the review of LGU investment needs.</li> <li>▪ The PHO first reviews the investment needs of Mun/CC.</li> <li>▪ In the same manner, the HUC/ICC Health Office first reviews the investment needs of Barangays.</li> <li>▪ LGUs and health facilities concerned are notified by the system of comments received and are able to revise their respective investment needs accordingly.</li> </ul> </li> <li>v. Province/HUC/ICC Health Offices submit to CHDs the consolidated and validated Province/HUC/ICC-wide investment needs generated by the LIPH-IS.</li> <li>vi. Province/HUC/ICC Health Offices shall be responsible to submit and endorse the Province/HUC/ICC-wide investment needs, along with the AOP Situational and Gap Analysis Summary, to the CHD. (See Annex C.1)</li> </ul>
<ul style="list-style-type: none"> <li>b. CHD review of LGU investment needs</li> </ul>	<ul style="list-style-type: none"> <li>i. Timelines and details on the CHD review of LGU investment needs are in Annex A.</li> <li>ii. The CHD Program Managers shall review the LGU investment needs, validated by the Province/HUC/ICC Health Office, of their respective programs;</li> <li>iii. CHD PMs shall check the investment needs against the DTPs/DOH Menu of Assistance and note items which are not provided by the DOH and those with possible duplication of funding; CHD PMs are enjoined to coordinate with their NPMs for priority directions and updates on the DTPs/DOH Menu of Assistance.</li> <li>iv. CHD PMs shall incorporate prioritized and validated LGU investment needs in the CHD Budget Proposal, and present to the Regional Development Council.</li> <li>v. CHDs shall ensure that Regional Development Council (RDC)-endorsed proposal is consistent/aligned with LGU investment needs in LIPH/AOP.</li> </ul>

Processes	Particulars
	<ul style="list-style-type: none"> <li>vi. CHDs shall submit the validated LGU investment needs consisting of the following to BLHSD, through the FICT:               <ul style="list-style-type: none"> <li>a. Endorsement from CHD Director</li> <li>b. AOP Situational and Gap Analysis Summary</li> <li>c. Forms 3, 3.1, 3.2, 3.3 and 3.4 for all LGUs</li> <li>d. Regional Summary of LGU investment needs</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>b. Central Office review of LGU investment needs</li> </ul>	<ul style="list-style-type: none"> <li>i. Timelines and details on CO review of LGU investment needs are in Annex A.</li> <li>ii. BLHSD shall share the link to the submitted LGU investment needs and Regional Summaries to NPMs.</li> <li>iii. NPMs shall be given access to the LIPH-IS, and may give remarks on what it can/cannot cover. The LGU and CHD concerned are notified of NPM comments, and LGU or health facility concerned may revise accordingly.</li> <li>iv. The NPMs shall review the Regional Summaries of LGU investment needs submitted and validated by CHDs;</li> <li>v. NPMs shall consider the LGU investment needs as input to program planning and budgeting. NPMs shall incorporate prioritized and validated LGU investment needs in their respective Budget Proposals.</li> </ul>
<ul style="list-style-type: none"> <li>3. Feedback to Provinces/HUCs/ ICCs</li> </ul>	<ul style="list-style-type: none"> <li>a. Feedback for LGUs from CHD and NPMs shall be organized by the Planning Officer together with the CHD PMs.</li> <li>b. Feedback may be provided through the following means:               <ul style="list-style-type: none"> <li>i. Through the remarks feature of the LIPH-IS;</li> <li>ii. After the review of the LGU investment needs;</li> <li>iii. After the CHD appraisal.</li> </ul> </li> <li>c. It is recommended that feedback include:               <ul style="list-style-type: none"> <li>i. Appropriateness of interventions/PPAs based on the LGU's situational analysis/current situation;</li> <li>ii. LGU investment needs incorporated in the DOH budget proposal;</li> <li>iii. Dis-aggregation of assistance by LGU based on the approved NEP or GAA, which may be provided by the CHD PMs, if not furnished by the NPMs.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>4. Review and Appraisal</li> </ul>	<ul style="list-style-type: none"> <li>a. Submission of the 2023 AOP shall consist of the following:               <ul style="list-style-type: none"> <li>i. AOP Situational Gap Analysis Summary</li> <li>ii. AOP Cost matrices</li> <li>iii. The narrative section of the 2023-2025 LIPH shall likewise serve as the narrative section for the 2023 AOP. AOP Forms are contained in Annex C.</li> </ul> </li> <li>b. The AOP Cost matrices shall be generated from the LIPH IS.</li> <li>c. Appraisal of Year 1 AOP (2023) is carried with the appraisal of the LIPH.</li> <li>d. Separate narrative sections of the AOP shall be required for Year 2 AOP (2024) and Year 3 AOP (2025).</li> </ul>
<ul style="list-style-type: none"> <li>5. Concurrence of the AOP</li> </ul>	<ul style="list-style-type: none"> <li>a. Concurrence of the Year 1 AOP (2023) is carried with the concurrence of the LIPH.</li> <li>b. The accomplished AOP Appraisal Checklist with the CHD Director's signature shall be the key evidence/document for the concurrence of the AOP.</li> </ul>

<b>Processes</b>	<b>Particulars</b>
6. Execution of Terms of Partnership (TOP)	<ul style="list-style-type: none"> <li>a. The TOP shall be executed between the DOH and the Province/HUC/ICC only.</li> <li>b. Please refer to AO 2020-0018 for the details.</li> <li>c. A separate 2023 TOP template shall be issued.</li> </ul>
7. Monitoring <ul style="list-style-type: none"> <li>▪ Monitoring Teams</li> </ul>	<ul style="list-style-type: none"> <li>a. Regional Monitoring Team: <ul style="list-style-type: none"> <li>i. Role: Monitor the Province/HUC/ICC LIPH and AOP plan development process and plan implementation</li> <li>ii. Composition: <ul style="list-style-type: none"> <li>▪ LIPH Coordinator, Planning Office representative, CHD Program representative/s, CHD Finance representative, DOH Rep Coordinator, CHD Hospital Point-person, invite DPs working in the region and Other stakeholders; opt for inter-LGU monitoring;</li> </ul> </li> </ul> </li> <li>b. Province//HUC/ICC Monitoring Team: <ul style="list-style-type: none"> <li>i. Role: Monitor LIPH and AOP plan development process and plan implementation of the Province/HUC/ICC and component LGUs</li> <li>ii. Composition: <ul style="list-style-type: none"> <li>▪ Health Officer, PDOHO/CDOHO (DMO V), AMHOP Rep, Program Manager representative/s, LGU Planning Office representative, LGU Finance representative, LGU Hospital representative, invite DP and other stakeholders</li> </ul> </li> </ul> </li> <li>c. Monitoring shall follow AO 2020-0022 (VI.D).</li> </ul>

### C. Roles of key stakeholders

<b>Players</b>	<b>Additional Roles</b>
1. BLHSD	<ul style="list-style-type: none"> <li>a. Develop and update the LIPH-IS according to planning requirements of the DOH, CHD and Province/HUC/ICC</li> <li>b. Incorporate the use of the LIPH-IS in the LIPH/AOP process flow</li> <li>c. Provide access to LIPH-IS to key stakeholders</li> <li>d. Develop the LIPH Handbook as guide for the LGUs in LIPH development</li> </ul>
2. HPDPB	<ul style="list-style-type: none"> <li>a. Provide directions, updates and feedback to CHDs on the following: <ul style="list-style-type: none"> <li>i. Development, use and implementation of DTPs, further implementation of the EO 138 on full devolution, and health financing;</li> <li>ii. Budget proposal submitted to the DBM, NEP, budget allocation</li> </ul> </li> <li>b. Provide copy of the above and other relevant documents to CHDs in a timely manner.</li> </ul>
3. National Program Managers	<ul style="list-style-type: none"> <li>a. Provide program directions and DOH DTPs/Menu of Assistance to CHD PMs prior to the start of LGU planning for LGU guidance in plan development;</li> <li>b. Provide CHD/LGU allocation of assistance, as applicable;</li> <li>c. Access the LGU investment needs through the LIPH Information System to view, review and consider these as bases for allocation of assistance and preparation of their respective budget proposals</li> </ul>
4. CHD LIPH Coordinators	<ul style="list-style-type: none"> <li>a. Convene and coordinate LIPH activities in the region, under the direction of the Assistant CHD Director;</li> </ul>

Players	Additional Roles
	b. Orient CHD staff, LGUs and key partners in the region on updates on the LIPH and AOP processes, in particular, the LIPH-IS, DTPs, LIPH Handbook and new issuances
5. CHD Planning Officer	Work together with the LIPH Coordinator in the provision of technical assistance on planning and in the other LIPH and AOP processes to LGUs, other CHD staff and stakeholders.
6. CHD Program Managers	a. Provide technical guidance to LGUs in planning workshops and appraisal, including program directions, DOH DTPs/Menu of Assistance, and specific LGU allocation, if available, for LGU guidance in plan development, b. Access the LIPH Information System to view, review and validate the LGU Investment Needs and use as bases for allocation of assistance and preparation of their respective budget proposals c. Access the LIPH Information System and/or use generated forms from the system for the review and appraisal of LGU LIPHS/AOPs d. Coordinate with the LIPH Coordinator and Planning Officer for a harmonized plan development in the CHD e. Coordinate with NPMs for directions, specific technical assistance, CHD and LGU allocations, feedback on LGU investment needs
5. DOH Representatives	a. Provide TA to LGUs in the development of LIPHS, AOPs and LGU investment needs, with guidance from the LIPH Coordinator; b. Review and validate LIPHS, AOPs and LGU investment needs; c. Participate in appraisal activities; d. Access the LIPH Information System to view, review and validate the LGU Investment Needs; e. Assist the PCHB, through the P/CHO in ensuring the horizontal alignment of the LIPH/AOP with local development plans, such as Local Development Investment Program (LDIP)/ Comprehensive Development Plan (CDP)/Annual Investment Program (AIP), and others.
6. Development Partners	Selected Development Partners may be invited to participate in the appraisal of LIPHS and AOPs as a member of the CHD Appraisal Team.

**D. MOH-BARMM**

LIPH and AOP development	1. The LIPH/AOP development shall be led by the MOH-BARMM Assistant Secretary. 2. The LIPH/AOP of BARMM LGUs shall support the 10-point Priority Agenda of the BARMM Government. 3. In the light of their devolved set-up, BARMM LGUs may follow a different process on plan development and review and appraisal of plans, as the MOH-BARMM see fit, in consultation with the LGUs. 4. Technically, program plan development and review shall be done in coordination with NPMs to ensure aligned with national directions and priority thrusts.
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	<p>5. The MOH-BARMM Appraisal Team shall consist of the Chief of Technical Services, Planning Officer, LIPH Coordinator, Cluster Heads</p> <p>6. The accomplished LIPH Appraisal Checklist with the signature of the MOH-BARMM Minister, or his authorized representative, shall be the key evidence/document for the concurrence of the LIPH.</p> <p>7. MOH-BARMM shall submit to BLHSD, through the Field Implementation and Coordination Team (FICT), a copy of the approved and concurred Province/HUC/ICC-wide LIPs, consisting of the following:</p> <ol style="list-style-type: none"> <li>a. Narrative section,</li> <li>b. Cost matrices,</li> <li>c. Annexes</li> <li>d. Accomplished appraisal checklist duly signed by the MOH-BARMM Minister or his authorized representative.</li> </ol>
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**E. Priorities and other directions**

<b>Priorities</b>	<b>Directions</b>
1. Orientation and planning workshops	In light of the continuing COVID-19 pandemic and under the new normal, activities may be conducted through online platforms. Face-to-face orientation and planning workshops may be conducted, depending on the existing quarantine status/alert levels of the LGUs/Region, and with strict adherence to minimum public health standards.
2. Executive Order No. 138	<ol style="list-style-type: none"> <li>a. The LIPH and the AOP shall outline the strategies and activities of the LGU to be undertaken to fully support the objectives and goals of EO 138, particularly on full devolution of health services and functions.</li> <li>b. The LGUs shall use the DOH DTP as a key guide in local health planning and advocacy for full devolution of health services and functions.</li> </ol>
3. COVID-19 and EREID	Inclusion of COVID-19 and Emerging and Re-emerging Infectious Diseases (EREID) response/control/interventions
4. LIPH Information System (LIPH IS)	<ol style="list-style-type: none"> <li>a. The LIPH IS was launched in June 2021 to support LGUs in the development, consolidation, review and appraisal and analysis of LGU LIPs and AOPs. Encoding of the 2022 AOP of Provinces, HUCs, ICCs and health units and facilities into the system was initiated soon after.</li> <li>b. LGUs are strongly enjoined to use the LIPH IS for the development, encoding, integration and consolidation, review and appraisal of LIPs and AOPs: <ol style="list-style-type: none"> <li>i. LIPH 2023-2025, AOP 2023 and LGU investment needs; and</li> <li>ii. Succeeding LIPs and AOPs</li> </ol> </li> <li>c. CHDs in coordination with LGUs shall agree with the level of users/levels of encoding: (CHD-level; Province/HUC/ICC level; Municipality/Component City level; Facility level; Others)</li> <li>a. Review and vetting/validation in the IS shall follow the LIPH/AOP process. CHDs in coordination with LGUs shall agree on how the review and appraisal will be conducted, and</li> </ol>

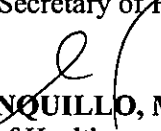
Priorities	Directions
	<p>dates/schedules, provided these are within the prescribed LIPH/AOP process and timelines;</p> <p>b. Generally, the review process follows the process below:</p> <ol style="list-style-type: none"> <li>i. The PHO reviews the investment needs/plans of Mun/CC;</li> <li>ii. In the same manner, the HUC/ICC Health Office reviews the investment needs/plans of its Barangays;</li> <li>iii. The CHD review and validate investment needs/plans reviewed by P/HUC/ICC HO;</li> <li>iv. In the same manner, NPMs review investment needs/plans have been reviewed and vetted by CHDs.</li> <li>v. LGUs and health facilities concerned are notified by the system of comments received and are able to revise their respective investment needs/plans accordingly;</li> </ol> <p>c. The LIPH IS is a tool to support the LIPH and AOP processes; it is not designed to replace the key planning activities and key LIPH principles/ guidelines (consultation, participation, inclusivity, prioritization, analysis, others);</p> <p>d. Guidelines on the LIPH IS will be issued separately.</p>
<p>5. Seal of Good Local Governance (SGLG) of the Department of Interior and Local Government (DILG)</p>	<p>a. "Complete and concurred LIPH and AOP" is included as one of the indicators in the DILG's SGLG. "Complete" means that all LIPH sections as indicated in the LIPH Content Outline are present. "Concurred" means the LIPH has passed through the CHD appraisal process, has been enhanced and finalized, and endorsed by the P/CHB to the CHD. The accomplished LIPH/AOP Appraisal Checklist with the CHD Director's signature shall be the key evidence/document for the concurrence of the LIPH/AOP.</p> <p>b. For 2021 SGLG, the results of the 2019 LGU Health Scorecard shall be used. Hence, all declared concurred plans (with the corresponding MOV as above) for those years as per LGU Health Scorecard Results shall be subject to validation of the DILG SGLG Team.</p>
<p>6. LIPH Handbook edition 2021</p>	<p>a. The LIPH Handbook edition 2021 shall update the LIPH Handbook issued in 2015.</p> <p>b. The handbook, along with this DM and the AO 2020-0022 on development of LIPH, and the AO 2020-0018 on Contracting, will be the toolkits and guides for the CHDs and LGUs in the development of LIPHs and AOPs.</p> <p>c. The Handbook is generic, i.e. will not apply for a specific LIPH period but is designed to provide general directions on LGU strategic investment and operational planning for health.</p> <p>d. The handbook is not designed as an instruction manual/textbook on basic planning, as these are available through other means.</p>
<p>7. Directions for UHC-IS</p>	<p>a. The LIPHs and AOPs of UHC-IS shall reflect the provision of TA according to the needs and gaps identified in the LHS ML Assessment.</p> <p>b. The LIPH and AOP shall be used as a reference by the UHC-IS in the preparation of Work and Financial Plans for the Special Health Fund.</p> <p>c. Specific directions for UHC-IS are to be issued separately.</p>

Priorities	Directions
8. Policy on plan-sharing	<ul style="list-style-type: none"> <li>a. In the light of the LIPH as basis/reference for technical assistance from the DOH, development partners and other stakeholders, copies of LIPHs and AOPs may be shared, upon request.</li> <li>b. Requests shall specify the reason and the specific use for the plans.</li> <li>c. Requesting parties shall be advised that plans are to be used for the specific purpose and may not be shared or forwarded to other partners.</li> <li>d. Specific data requests shall be referred to the concerned CHDs and LGUs.</li> </ul>

CHDs and all other concerned offices are directed to provide technical assistance to Provinces/ HUCs, ICCs, Municipalities and Component Cities in the development and submission of their 2023-2025 LIPHs, 2023 AOPs and 2023 LGU investment needs in the prescribed forms and timelines. (Please see Annexes.)

For compliance.

By Authority of the Secretary of Health:

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

## **LIST OF ANNEXES:**

**Annex A** LIPH and AOP Development Timelines, Roles and Responsibilities

**Annex B** LIPH Forms

1. LIPH Content Outline
2. LIPH Form 1: 2023-2025 LIPH summary of investment cost by building block, fund source and year
3. LIPH Form 2: Cost assumptions by building block, strategies, resource requirements and fund source (LIPH Mother Plan)
4. LIPH Appraisal Checklist
5. List of Strategies

**Annex C** AOP Forms for Year 1 (2023)

1. AOP Situational and Gap Analysis Summary
2. AOP Form 1: Summary of Investment Cost by Health Systems Building Block and Fund Source
3. AOP Form 2: Cost Assumptions by HS Building Block, PPAs, Quarter and Fund Source (Mother Plan)
4. AOP Form 3: Summary of LGU Investment Needs
5. AOP Form 3.1: LGU Investment Needs for Health Facility Development. Information Communication and Technology and Operations Cost
6. AOP Form 3.2: LGU Investment Needs for Human Resources for Health
7. AOP Form 3.3: LGU Investment Needs for Commodities
8. AOP Form 3.4: LGU Investment Needs for Other Technical Assistance
9. AOP Form 4: Regional Summary of LGU Investment Needs
10. LGU Investment Needs Categories

**ANNEX A**

**LIPH 2023-2025 and 2023 AOP Development Process, Timelines and Responsibilities**

<b>Timeline</b>	<b>Reference to AO 2020-0022</b>	<b>Activity</b>	<b>Documents/ Materials needed</b>	<b>Output</b>	<b>Responsible Office/Person</b>
October 2021		Orientation of CHD/MOH-BARMM LIPH Coordinators and Planning Team	Department Memorandum Other relevant documents	Orientation and Planning Workshop Schedules	Bureau of Local Health Systems Development (BLHSD)
October 2021	VI.B.1.	Call to plan: LGU Orientation on 2023-2025 LIPH and 2023 AOP development	Department Memorandum Other relevant documents	Orientation and Planning Workshop Schedules	<ul style="list-style-type: none"> <li>▪ CHD Director/MOH-BARMM Minister or Rep</li> <li>▪ CHD/MOH-BARMM LIPH Coordinator</li> <li>▪ CHD/MOH-BARMM Planning Officer</li> <li>▪ DOH Representatives</li> </ul> Province/HUC/ICC/Municipal/ CC Health Officers
October – December 2021	VI.B.2.	Local Health Planning (at different levels): a. Situational Analysis b. Identification of gaps, LGU investment needs, strategies and cost requirements vs. DOH DTP, DOH menu and program standards, directions (VI.E.1) i. Invitation to representatives of legislators, other champions in health development works in local consultation/planning activities LIPH-IS: Start of encoding of AOP Cost Matrices in into the system	Previous LIPH, AOPs, Other health-related local plans LGU Health Scorecard, FHSIS, other program and health facility statistics and updates Devolution Transition Plans (DTP)/DOH Menu of Assistance Other relevant documents	Draft 2023-2025 LIPH Draft 2023 LGU investment needs & Situational and Gap Analysis Summary of Province/HUC/ICC/Municipal/ Component City/Health Units and Facilities	<ul style="list-style-type: none"> <li>▪ Province/HUC/ICC/Municipal/ CC Health Officers/Chiefs of Hospital</li> <li>▪ DOH Representatives</li> <li>▪ CHD/MOH-BARMM LIPH Coordinator</li> <li>▪ CHD/MOH-BARMM Program Managers</li> <li>▪ CHD/MOH-BARMM Planning Officer</li> </ul>
	VI.E.1.	Province/HUC/ICC Planning Team consolidation of 2023 LGU investment needs	Barangay/ Mun/CC LGU investment needs DTPs/DOH Menu of Assistance	2023 Consolidated Province/HUC/ ICC-wide Investment Needs (AOP Forms 3, 3.1, 3.2, 3.3, 3.4) & Situational and Gap Analysis Summary	<ul style="list-style-type: none"> <li>▪ Province/HUC/ICC/Municipal/ CC Health Officers</li> <li>▪ Province/HUC/ICC Planning Team</li> <li>▪ DOH Representatives</li> </ul>

**ANNEX A**

**LIPH 2023-2025 and 2023 AOP Development Process, Timelines and Responsibilities**

Timeline	Reference to AO 2020-0022	Activity	Documents/ Materials needed	Output	Responsible Office/Person
January 2022	VI.E.1.	<p><i>Dissemination of guidelines for 2023 Budget Proposal, BD Forms, and DBM BP Forms based on DBM National Budget Call (NOTE: Calendar may vary depending on the DBM Budget Call)</i></p> <p>a. Submission of 2023 Province/HUC/ICC-wide Investment Needs to the Province/HUC/ICC DOH Representative</p> <p>b. Review and validation by Province/HUC/ICC DOH Representative</p> <p>c. Submission to CHD/MOH-BARMM LIPH-IS: System-generated forms</p>	2023 Consolidated Province/HUC/ICC-wide Investment Needs & Situational and Gap Analysis Summary	DOH Rep reviewed and validated 2023 Consolidated Province/HUC/ICC-wide Investment Needs	<ul style="list-style-type: none"> <li>▪ HPDPB</li> <li>▪ Province/HUC/ICC/Municipal/ CC Health Officers</li> <li>▪ Province/HUC/ICC DOH Representative</li> </ul>
February 2022	VI.E.2.	<p>CHD/MOH-BARMM review of 2023 Province/HUC/ICC-wide LGU investment needs:</p> <p>a. Distribution to CHD/MOH-BARMM Program Managers</p> <p>b. Review, inclusion/consideration in CHD/MOH-BARMM Budget Proposal</p> <p>c. Regional consolidation and submission to Central Office (BLHSD) <b>(February 14)</b></p> <p>d. <i>Regional Development Council (RDC) Consultation of CHD/MOH-BARMMs per DBM Calendar (on CHD/MOH-BARMM Budget Proposal with incorporated LGU needs)</i></p>	DOH Rep reviewed and validated 2023 Consolidated Province/HUC/ICC-wide Investment Needs DTPs/DOH Menu of Assistance NPM directions and updates	<p>2023 Province/HUC/ICC-wide LGU investment needs (System-generated forms)</p> <p>Draft CHD/MOH-BARMM Budget Proposal incorporating LGU investment needs</p> <p>CHD Director/MOH-BARMM Minister or Rep endorsement of 2023 Province/HUC/ICC-wide investment needs &amp; Regional Summary (AOP Form 4)</p>	<ul style="list-style-type: none"> <li>▪ CHD/MOH-BARMM LIPH Coordinator</li> <li>▪ CHD/MOH-BARMM Program Managers</li> <li>▪ CHD/MOH-BARMM Planning Officer</li> <li>▪ CHD/MOH-BARMM LIPH Coordinator</li> <li>▪ CHD/MOH-BARMM Planning Officer</li> <li>▪ CHD/MOH-BARMM Program Managers</li> <li>▪ CHD Director/MOH-BARMM Minister or Rep</li> </ul>

**ANNEX A**

**LIPH 2023-2025 and 2023 AOP Development Process, Timelines and Responsibilities**

Timeline	Reference to AO 2020-0022	Activity	Documents/ Materials needed	Output	Responsible Office/Person
February 2022	VI.E.3.	Central Office review of 2023 Province/HUC/ICC-wide investment needs: a. Distribution to National Program Managers (NPM) of LGU investment needs and Regional Summaries (AOP Form 4) b. NPMs review and inclusion/consideration of LGU investment needs in the Office/Program Budget Proposal c. <i>Endorsement of the Regional Development Council of the CHD/MOH-BARMM Budget Proposal (incorporating LGU Investment Needs) to DOH thru HPDPB (Note: Timely submission of RDC-endorsed Budget Proposals is essential for consideration in the Central Office Budget Proposal timelines and deadline to DBM)</i>	Regional Summaries of 2023 Province/HUC/IC C-wide LGU investment needs (System-generated forms)	Draft Budget Proposals  <i>(RDC-endorsed CHD/MOH-BARMM budget proposals)</i>	<ul style="list-style-type: none"> <li>▪ Bureau of Local Health Systems Development</li> <li>▪ National Program Managers</li> <li>▪ Health Policy Development and Planning Bureau</li> </ul>
February		d. CHD/MOH-BARMM to incorporate LGU investment needs in the BD Forms and submit to HPDPB and concerned offices (following the Guidelines on Budget Proposal Preparation)		<i>DOH Budget Deliberation (BD) Forms</i>	<ul style="list-style-type: none"> <li>▪ CHD/MOH-BARMM Program Managers</li> <li>▪ CHD/MOH-BARMM Planning Officer</li> <li>▪ CHD/MOH-BARMM LIPH Coordinator</li> </ul>
March		e. HPDPB to forward RDC-endorsed CHD/MOH-BARMM budget proposals and BD Forms to National Program Managers for consideration in the Office/Program Budget Proposal			<ul style="list-style-type: none"> <li>▪ Health Policy Development and Planning Bureau</li> </ul>
March		f. NPM review of RDC-endorsed CHD/MOH-BARMM budget proposals and BD Forms vis-à-vis Office/Program Budget Proposal that incorporated the LGU Investment Needs <i>(as per letter b above)</i>			<ul style="list-style-type: none"> <li>▪ National Program Managers</li> </ul>

**ANNEX A**

**LIPH 2023-2025 and 2023 AOP Development Process, Timelines and Responsibilities**

<b>Timeline</b>	<b>Reference to AO 2020-0022</b>	<b>Activity</b>	<b>Documents/ Materials needed</b>	<b>Output</b>	<b>Responsible Office/Person</b>
June-July 2022	VI. E.3.	<ul style="list-style-type: none"> <li>g. Feedback of National Program Managers                             <ul style="list-style-type: none"> <li>i. To HPDPB of specific items included in the Program Budget Proposal thru accomplishment of BP Form C (Feedback on RDC-endorsed proposals)</li> <li>ii. To CHD/MOH-BARMM of the LGU Investment Needs included of the Program Budget Proposal</li> </ul> </li> <li>h. National Program Managers to submit BP Form C to HPDPB, HPDPB to consolidate and submit to DBM</li> </ul>		<p><i>BP Form C (DBM Budget Preparation Form C: Summary of RDC Inputs and Recommendations on Agency New and Expanded Programs and Projects)</i></p>	<ul style="list-style-type: none"> <li>▪ National Program Managers</li> <li>▪ National Program Managers</li> <li>▪ Health Policy Development and Planning Bureau</li> </ul>
June – July 2022	VI.E.3.  VI.E.4.	<p>Feedback to LGUs:</p> <ul style="list-style-type: none"> <li>▪ Feedback to CHD/MOH-BARMM Program Managers of items included in Office/Program Budget Proposal thru the final consolidated BP Form C along with comparative of original proposal to DBM and 2023 NEP (NOTE: Upon release of 2023 NEP)</li> <li>▪ Consolidation of feedback from National and CHD/MOH-BARMM Program Managers</li> </ul>		<p><i>Signed Consolidated BP Form C &amp; comparative</i></p> <p>LGU-dis-aggregated consolidated feedback from NPMs and CHD/MOH-BARMM PMs to LGUs</p>	<ul style="list-style-type: none"> <li>▪ Health Policy Development and Planning Bureau</li> <li>▪ CHD/MOH-BARMM LIPH Coordinator</li> <li>▪ CHD/MOH-BARMM Program Managers</li> <li>▪ CHD/MOH-BARMM Planning Officer</li> </ul>
July 2022		<p><i>Provision of copy of DOH-endorsed 2023 Budget Proposal and Approved NEP to CHDs/MOH-BARMM (NOTE: Upon release of 2023 NEP)</i></p>			<ul style="list-style-type: none"> <li>▪ HPDPB</li> </ul>
June-July 2022	VI.E.4.	<p>LGU revision and updating of 2023-2025 LIPH and 2023 AOPs based on review of CHD/MOH-BARMM and NPMs, and approved 2023 NEP</p>	Review/feedback NEP	Revised 2023 AOP (ALL forms)	<ul style="list-style-type: none"> <li>▪ Local Government Units</li> <li>▪ CHD/MOH-BARMM LIPH Coordinator</li> <li>▪ DOH Representatives (all levels)</li> </ul>



**ANNEX A**

**LIPH 2023-2025 and 2023 AOP Development Process, Timelines and Responsibilities**

<b>Timeline</b>	<b>Reference to AO 2020-0022</b>	<b>Activity</b>	<b>Documents/ Materials needed</b>	<b>Output</b>	<b>Responsible Office/Person</b>
July-September 2022	VI.B.3	Review and Appraisal of 2023-2025 LIPH (and 2023 AOP) a. Review by the Province/HUC/ICC Planning Team and Provincial/City DOH Representatives  b. CHD/MOH-BARMM appraisal NOTE: AOP appraisal is carried with the LIPH appraisal	Revised 2023 AOP (ALL forms)	Accomplished 2023-2025 LIPH Appraisal Checklist	<ul style="list-style-type: none"> <li>▪ LGU Planning Team</li> <li>▪ LGU Program Managers</li> <li>▪ Province/HUC/ICC DOH Representatives</li> <li>▪ CHD/MOH-BARMM Appraisal Team</li> </ul>
October – December 2022	VI.B.4.	Enhancement and finalization of 2023-2025 LIPH and 2023 AOP  Concurrence of 2023-2025 LIPH with the 2023AOP  Submission of concurred copy of 2023-2025 LIPH, Appraisal Checklist and 2023 AOP to BLHSD ( <b>December 15</b> )	Accomplished 2023-2025 LIPH Appraisal Checklist	<ul style="list-style-type: none"> <li>▪ 2023-2025 LIPH Final Enhanced version</li> <li>▪ LIPH Appraisal Checklist signed by the CHD Director/MOH-BARMM Minister or Rep</li> <li>▪ 2023 AOP Final Enhanced version</li> </ul>	<ul style="list-style-type: none"> <li>▪ Province/HUC/ICC Health Officer</li> <li>▪ Province/HUC/ICC DOH Representative</li> <li>▪ CHD Director/MOH-BARMM Minister or Rep</li> <li>▪ LIPH Coordinator</li> </ul>
October 2022- January 2023	VI.C.2.	Execution of 2023 TOP between CHD/MOH-BARMM and Province/HUC/ICC	TOP Template 2023 AOP Final Enhanced version	Signed 2023 Terms of Partnership (TOP)	<ul style="list-style-type: none"> <li>▪ CHD/MOH-BARMM LIPH Coordinator, Legal Officer, CHD Director/MOH-BARMM Minister or Rep</li> <li>▪ Province/HUC/ICC Local Chief Executive, Health Officer</li> </ul>
October 2022 - January 2023	VI.B.1.	<b>Call to plan for 2024 AOP</b> Orientation Local Health Planning	Department Memorandum LGU Planning documents as above		<ul style="list-style-type: none"> <li>▪ Bureau of Local Health Systems Development</li> <li>▪ Centers for Health Development</li> <li>▪ Local Government Units</li> <li>▪ Stakeholders</li> </ul>
2023	VI.C. VI.D.	2023 AOP Implementation Monitoring of Plan Implementation	Concurred 2023 AOP Evidences of implementation	AOP Monitoring Report Fund Utilization Report	

**ANNEX B.1**  
**2023-2025 LIPH CONTENT OUTLINE**

**Executive Summary**

**I. Plan development**

- a. Membership of the LIPH Planning Team (AO 2020-0022 VI.A)
- b. Plan development process (AO 2020-0022 VI.B.)
  - Consideration and consolidation of health situation and needs of different levels, and different population groups; incorporation of Barangay Health Plans into Municipal and Component City Investment Plan for Health; incorporation of Municipal and Component City IPH into the Province-wide IPH; OR barangay health plans into the HUC/ICC-wide IPH
  - Where available, consideration of health needs/activities in Ancestral Domain Sustainable Development and Protection Plan (ADSDPP)/Ancestral Domain Investment Plan for Health (ADIPH)
  - Consideration of other plans such as but not limited to: DRRM-H Plan, Health Facility Development Plan, Human Resources for Health Plan, ICT Development Plan, Devolution Transition Plan, GAD Plan
  - Consultation with/involvement of key stakeholders, Civil Society Organizations (CSOs)/Non-Government Organizations (NGOs), IP Mandatory Representatives, representatives of legislators, special population groups, others
  - Review of the LIPH/previous AOPs including monitoring reports; program strategic plans; and other LGU health or health-related plans

**II. Health situation of the Province/City (AO 2020-0022 VI.B.2.a)**

- a. Description and analysis of health, and health-related threats and situations, and health systems problems/concerns, according to the WHO building blocks of health systems, namely: Leadership and Governance; Financing; Health Workforce; Information; Supply Chain and Logistics Management and Health Regulation; and Service Delivery
  1. Brief discussion on health status of IPs/ICCs, GIDA, Urban Poor and other vulnerable populations, as applicable
  2. Comparison against standards such as NOH, F1plus for Health and LGU Health Scorecard
  3. Gaps/Status of:
    - Human resources for health, infrastructure and equipment, service capabilities of health facilities and services, status of licensing (DOH) and accreditation (PhilHealth) of health facilities and services, and management support systems such as human resources for health management and development, information management, procurement and supply chain management, quality assurance/improvement, referral system, DRRM-H system, epidemiologic surveillance system, and proactive and effective health promotion programs
  4. Status of P/CWHS integration

**III. Local priorities/Major thrusts of the LIPH**

- a. Consistency with gaps/problems/needs identified, and aligned with the UHC Act, F1 Plus for Health, NOH
- b. Readiness/Achievement of Province/City-wide integration of the local health systems
- c. Recovery and resilience plans

**IV. Monitoring & Evaluation (AO 2020-0022 VI. D.)**

- a. LIPH/AOP Monitoring Team and other stakeholders involved
- b. M&E process/activities
  - Systems or program-based Program Implementation Review (PIR), Program and Budget Utilization Review (PBUR), LGU Scorecard, progress monitoring report, others
  - Tracking of physical accomplishment of PPAs; DOH assistance received; and LGU counterpart
  - Submission of Fund Utilization Reports for transferred funds

**V. Cost Matrices**

Cost matrices shall contain strategies that will address gaps/problems/concerns and priorities based on Situational analysis, Baseline Assessments, DOH Menu of Assistance, Devolution Transition Plan and GAD plan related to health

LIPH Form 1: Summary of Investment Cost by Health Systems Building Block And Fund Source

LIPH Form 2: Cost Assumptions by HS Building Block, Strategies, and Fund Source

**VI. Other Attachments (As applicable)**

ANNEX B.2  
LPH Form 1  
2023-2025 LPH SUMMARY OF INVESTMENT COST BY BUILDING BLOCK, FUND SOURCE AND YEAR

REGION: \_\_\_\_\_  
PROVINCE/MUC/CC: \_\_\_\_\_  
MUNICIPALITY/COMPONENT CITY: \_\_\_\_\_  
LPH CT: 2023-2025

BUILDING BLOCKS (1)	FUND SOURCES (PHP) (2)																											UNFUNDED (PHP) (3)	Total per Building Block (PHP) (4)			% of Building Block to Grand Total (5)	REMARKS (6)
	LOCAL GOVERNMENT UNIT (LGU)																		DEPARTMENT OF HEALTH (DOH)						OTHERS								
	PROVINCE/MUC/CC LGU									MUNICIPALITY/COMPONENT CITY LGU									BARANGAY LGU			CENTRAL OFFICE			CHD								
	2023			2024			2025			2023			2024			2025			2023	2024	2025	2023	2024	2025	2023	2024	2025						
General Fund	Trust Fund for Health/SHF	Unfunded	General Fund	Trust Fund for Health/SHF	Unfunded	General Fund	Trust Fund for Health/SHF	Unfunded	General Fund	Trust Fund for Health/SHF	Unfunded	General Fund	Trust Fund for Health/SHF	Unfunded	General Fund	Trust Fund for Health/SHF	Unfunded	2023	2024	2025	2023	2024	2025	2023	2024	2025	2023	2024	2025				
1 HEALTH SERVICE DELIVERY																																	
2 HEALTH WORKFORCE																																	
3 HEALTH INFORMATION SYSTEM																																	
4 SUPPLY CHAIN & LOGISTICS MANAGEMENT AND HEALTH REGULATION																																	
5 FINANCING																																	
6 LEADERSHIP AND GOVERNANCE																																	
Total per Year (PHP)																																	
Fund Source as a Percentage of Grand Total																																	
NOT FUNDED SOURCES																																	
Including Unfunded:																																	
Total for Year 1 (PHP)																																	
Total for Year 2 (PHP)																																	
Total for Year 3 (PHP)																																	
GRAND TOTAL per FUND SOURCE (PHP)																																	
Fund Source as a Percentage of Grand Total																																	

- NOTES:
- Total per Building Block to include the Unfunded
  - (1) Health Systems Building Blocks:
    - § Health Service Delivery; Health Workforce; Health Information System; Supply Chain & Logistics Mgt and Health Regulation (Medical products, vaccines and technology); Financing; Leadership and Governance
  - (2) Fund Sources - Which/what office will be able to fund the investment:
    - § LGU - Local Government Units: Province/MUC/CC LGU (General Fund and Trust Fund for Health/Special Health Fund); Municipality/Component City LGU (General Fund and Trust Fund for Health); Barangay LGU
    - § DOH - Central Office or Centers for Health Development
    - § Others - Other Fund Sources, such as Official Development Assistance (eg. UN Agencies, development partners), other national agencies; NGOs/CSOs; private and other sectors
  - § Unfunded - No funding source has been identified
  - (3) Total per Building Block - Sum of all funding sources for a particular Building Block
  - (4) % of Building Block to the Grand Total
  - (5) Remarks - Notes or comments; may specify other fund sources

ANNEX B.2  
LIPH Form 1  
2023-2025 LIPH SUMMARY OF INVESTMENT COST BY BUILDING BLOCK, FUND SOURCE AND YEAR

REGION: \_\_\_\_\_  
PROVINCE/MUC/CC: \_\_\_\_\_  
MUNICIPALITY/COMPONENT CITY: \_\_\_\_\_  
LIPH CY: 2023-2025

BUILDING BLOCKS (1)	FUND SOURCES (PHP) (2)																					UNFUNDED (PHP) (3)			Total per Building Block (PHP) (4)			% of Building Block to Grand Total (5)	REMARKS (6)			
	LOCAL GOVERNMENT UNIT (LGU)															DEPARTMENT OF HEALTH (DOH)						OTHERS										
	PROVINCE/MUC/CC LGU						MUNICIPALITY/COMPONENT CITY LGU						BARANGAY LGU			CENTRAL OFFICE			CHD													
	2023		2024		2025		2023		2024		2025		2023	2024	2025	2023	2024	2025	2023	2024	2025		2023	2024	2025							
General Fund	Trust Fund for Health/SHF	General Fund	Trust Fund for Health/SHF	General Fund	Trust Fund for Health/SHF	General Fund	Trust Fund for Health	General Fund	Trust Fund for Health	General Fund	Trust Fund for Health	2023	2024	2025	2023	2024	2025	2023	2024	2025	2023	2024	2025									
1 HEALTH SERVICE DELIVERY																																
2 HEALTH WORKFORCE																																
3 HEALTH INFORMATION SYSTEM																																
4 SUPPLY CHAIN & LOGISTICS MANAGEMENT AND HEALTH REGULATION																																
5 FINANCING																																
6 LEADERSHIP AND GOVERNANCE																																
Total per Year (PHP)																																
Fund Source as a Percentage of Grand Total																																
All Fund Sources Including Unfunded:																																
Total for Year 1 (PHP)																																
Total for Year 2 (PHP)																																
Total for Year 3 (PHP)																																
GRAND TOTAL per FUND SOURCE (PHP)																																
Fund Source as a Percentage of Grand Total																																

- NOTES:
- Total per Building Block to include the Unfunded
  - (1) Health Systems Building Blocks
    - 1 Health Service Delivery; Health Workforce; Health Information System; Supply Chain & Logistics Mgt and Health Regulation (Medical products, vaccines and technology); Financing; Leadership and Governance
  - (2) Fund Sources - Where/What office will be able to fund the investment.
    - 1 LGU - Local Government Units: Province/MUC/CC LGU (General Fund and Trust Fund for Health/Special Health Fund); Municipality/Component City LGU (General Fund and Trust Fund for Health); Barangay LGU
    - 1 DOH - Central Office or Centers for Health Development;
    - 1 Others - Other Fund Sources, such as Official Development Assistance (eg. UN Agencies, development partners), other national agencies, NGOs/CDOs, private and other sectors
  - 3 Unfunded - No funding source has been identified
  - (3) Total per Building Block - Sum of all funding sources for a particular Building Block
  - (4) % of Building Block to the Grand Total
  - (5) Remarks - Notes or comments, may specify other fund sources

ANNEX B.3

LIPH Form 2

COST ASSUMPTIONS BY BUILDING BLOCK, STRATEGIES, RESOURCE REQUIREMENTS AND FUND SOURCE (LIPH MOTHER PLAN)

REGION: \_\_\_\_\_

Date: \_\_\_\_\_

PROVINCE/HUC/ICC: \_\_\_\_\_

MUNICIPALITY/COMPONENT CITY: \_\_\_\_\_

LIPH CY: 2023-2025

Building Block: Health Service Delivery	Performance Indicator	District	Municipality/ Component City/Barangay	Name of Health Facility	Target (6)			Resource Requirements (PhP) (7)			Fund Sources (PhP) (8)							Unfunded (PhP) (9)	REMARKS (10)
								Particulars	Expense Category	Total ESTIMATED Cost	Local Government Units (LGU)						DOH		
					Province/HUC/ICC LGU						Mun/CC LGU			Barangay	CO	CHD			
					General Fund	Trust Fund for Health/SHF	Other				General Fund	Trust Fund for Health	Other						
<b>MAJOR/SUB-PROGRAM 1: _____</b>																			
Objective: _____																			
<b>STRATEGY 1: Procurement of _____</b>																			
1. Procurement for Year 1																			
2. Procurement for Year 2																			
3. Procurement for Year 3																			
<b>Sub-total Strategy 1</b>																			
<b>STRATEGY 2: Capacity Building/Development</b>																			
1. Trainings for Year 1																			
2. Trainings for Year 2																			
3. Trainings for Year 3																			
<b>Sub-total Strategy 2</b>																			
<b>STRATEGY 3: I. Advocacy/Awareness/ Health Promotion Campaigns</b>																			
1. Advocacy and Health Promotion Year 1																			
2. Advocacy and Health Promotion Year 2																			
3. Advocacy and Health Promotion Year 3																			
<b>Sub-total Strategy 3</b>																			
<b>Major/Sub-Program 1 Sub-Total Year 1 (PhP)</b>																			
<b>Major/Sub-Program 1 Sub-Total Year 2 (PhP)</b>																			
<b>Major/Sub-Program 1 Sub-Total Year 3 (PhP)</b>																			
<b>3-year Total for Major/Sub-Program 1 (PhP)</b>																			
<b>MAJOR/SUB-PROGRAM 2: _____</b>																			
Objective: _____																			
<b>STRATEGY 1: Procurement of _____</b>																			
1. Procurement for Year 1																			
2. Procurement for Year 2																			
3. Procurement for Year 3																			
<b>Sub-total Strategy 1</b>																			



Program/Project/ Activities (PPA) (Building Block)	Performance Indicator	District	Municipality/ Component City/ Barangay	Name of Health Facility	Target					Resource Requirements (Php)					Fund Source (Php)										Unfunded	Remarks
					Q1	Q2	Q3	Q4	Total Target	Items Description	Expense Category	Unit Cost	Quantity	Total Cost (Unit Cost x Quantity) (Php)	Province/HUC/ICC LGU			Mun/CC LGU			BLGU	CO	CHD	Others		
															General Fund	Trust Fund for Health/SHF	Total	General Fund	Trust Fund for Health	Total						

(1) Health Systems Building Block: Service Delivery; Health Workforce; Health Information Systems; Supply Chain & Logistics Mgt and Health Regulation (Medical products, vaccines and technology); Financing; Leadership & Governance

• Strategies - Identified priority interventions that address health needs and health inequities, such as:

• Construction; Repair/renovation/expansion of health facilities; Procurement/repair of equipment; Hiring of health workforce; Retention of health workforce; Capacity building/development; Procurement/provision of commodities, medical supplies;

• Establishing systems; Monitoring; Policy development; Sectoral collaboration/partnerships; Advocacy/awareness/health promotion campaigns; Research and development; Others

• Objective - Desired outcome in 3 years for the Strategy

(2) Performance Indicator for the Strategy - Measurable value/performance measurement to evaluate the success of a strategy/intervention

(3) District - The legislative district where the Strategy will be applied/conducted. In a province, this excludes the legislative districts covered by the HUC/ICC which will be reflected in the HUC/ICC's respective plans

(4) Municipality/Component City/Barangay - Specific area where the Strategy will be applied/conducted, indicate if area covers GIDA/IP/Urban poor and other vulnerable population

(5) Name of Health Facility - The exact name of the facility where the Strategy will be applied/conducted

(6) Target - Quantifiable physical target/goal/objective in relation to the performance indicator of a particular strategy

(7) Resource Requirement - Inputs needed to conduct/produce the PPA

§ Items Description - specific description of the items/units to be costed (eg. Capsules, tablets, meals, activity cost etc)

§ Expense Category: PS, MOOE, CO (Infrastructure, Equipment, Motor Vehicle, Others)

§ Unit Cost - Estimated Cost to produce/conduct the PPIA

§ Quantity - Total Number of the Units to be costed

(8) Fund Source - Which/what office will be able to fund the Strategy output:

§ LGU - Local Government Units: Province/HUC/ICC LGU (General Fund and Trust Fund for Health/Special Health Fund), Municipality/Component City LGU (General Fund and Trust Fund for Health); Barangay LGU

Trust Fund - Fund which accounts for the receipts by any agency of government or by a public officer acting as a trustee, agent, or administrator for the fulfillment of some obligations

General Fund - Fund which is available for any purpose and is composed of all receipts and revenues which are not otherwise accruing to other funds

Special Health Fund - pool of financial resources at the P/CWHS intended to finance population-based and individual health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers

§ DOH - Central Office or Centers for Health Development;

§ Others - Other Fund, Sources such as Official Development Assistance (eg. UN Agencies, development partners); other national agencies; NGOs/CSOs; private and other sectors

(9) Unfunded - No funding source has been identified

(10) Remarks - Notes or comments; may specify Other fund sources



ANNEX B.4  
**LIPH APPRAISAL CHECKLIST**  
 Review of LIPH 2023-2025  
 Province/City: \_\_\_\_\_

**INSTRUCTIONS:**

1. Only plans with COMPLETE contents/ parts shall be reviewed. The Completeness of the Document parameter has no score points. These are pre-requisites before proceeding to the other parameters.
2. If required data/ information is found in the expected section/ part of the LIPH, put the score under the Actual Score column based on the maximum score indicated under the Points column.
3. Indicate comments/ revisions needed in the Remarks/ Recommendations column. Shaded areas are not to be filled-up.
4. Indicate the total Score and compute for the Percentage. Check the appropriate Over-all Result at the end of the checklist.
5. The LGU and PDOHO review result/document is to be used for the next round/ level of review/ appraisal.
6. The Appraisal Checklist provides the minimum criteria. Additional criteria/documents/evidences may be required by the Appraisal Team, as deemed necessary.

PARAMETERS FOR EVALUATION	DETAILS	MEANS OF VERIFICATION	Points	LGU AND P/CDOHO REVIEW		CHD APPRAISAL	
				Actual Score	Remarks/ Recommendation	Actual Score	Remarks/ Recommendations
<b>I. COMPLETENESS OF THE DOCUMENT</b>				<b>NO SCORE</b>		<b>NO SCORE</b>	
	<i>Indicate the presence of:</i>			Indicate (✓)		Indicate (✓)	
A. Content/Parts	Executive Summary	Executive Summary Section					
	I. Plan development	Plan Development Section					
	II. Health situation of the Province/City	Health Situation Section					
	III. Local priorities/Major thrusts of the LIPH	Local Priorities Section					
	IV. Monitoring & Evaluation	M&E Section					
	V. Cost Matrices						
	a. LIPH Form 1: Summary of Investment Cost by Health Systems Building Block and Fund Source	Accomplished Form					
b. LIPH Form 2: Cost Assumptions by Health Systems Building Block, Strategies and Fund Source	Accomplished Form						
	VI. Other attachments, specify:	Documents Attached					
B. Properly Filled-up Forms	1. Data are entered in the appropriate columns	Accomplished Form					
	2. Entries correspond to the appropriate data required (eg. If the column requires funds, amount in PhP should be entered; if column requires quantity, numbers are entered etc)	Accomplished Form					
	3. Columns and rows which need data entries are filled up (No empty column/rows unless filling-up is not applicable)	Accomplished Form					
C. Endorsement of Reviewed LIPH from LGU Planning Team to CHD	1. Endorsement Letter/Email from PHO/CHO	Letter or email					
D. LIPH Information System	Encoded LIPH in the LIPH-IS	Generated Forms from the System					

PARAMETERS FOR EVALUATION	DETAILS	MEANS OF VERIFICATION	Points	LGU AND P/CDOHO REVIEW		CHD APPRAISAL	
				Actual Score	Remarks/ Recommendation	Actual Score	Remarks/ Recommendations
<b>II. PLAN DEVELOPMENT PROCESS</b>				<b>30</b>			
A. Organization of Planning Team	1. Organized LGU Planning Team as per AO 2020-0022	EO/ Personnel Order/SO	2				
B. Consideration of health situation and needs of different levels	1. Incorporation of lower level plans For the province: a. Incorporation of Barangay Health Plans into the Municipal/ Component City LIPH b. Incorporation of Municipal and Component City Health Plans into the Province-wide LIPH;  For the HUC/ICC: Incorporation of Barangay Health Plans into the HUC/ICC City-wide AOP	a. Consultation/workshop/meetings documentation  b. Elements of lower level plans reflected/ included in the Prov/HUC/ICC plan  c. Actual Mun/CC IPH, Brgy. Health Plans and other Plans as bases <b>NOTE: These plans do not need to be submitted to DOH BLHSD.</b>	8				
	Consideration of other plans such as but not limited to: a) DRRM-H Plan b) Health Facility Development Plan c) Human Resources for Health Plan d) ICT Development Plan e) Devolution Transition Plan f) GAD plan	Elements of these plans reflected/included in the Prov/HUC/ICC plan	6				
	2. When available, consideration of health needs contained in the Ancestral Domain Investment Plan for Health (ADIPH) / Ancestral Domain Sustainable Development and Protection Plan (ADSDPP) <b>NOTE: If not available, item should not be part of the denominator.</b>	Elements of these plans reflected/included in the Prov/HUC/ICC plan	2				
C. Consultation with/ involvement of key stakeholders	1. Non-health sector, specify: _____	Consultation/workshop/meetings documentation	2				
	2. Special population groups, eg. GIDA, Indigenous Peoples, Urban Poor, PWDs, seniors, other vulnerable/marginalized groups, specify: _____	Consultation/workshop/meetings documentation	2				
	3. Plan harmonization, integration, and synchronization by LGU, DOH-CHD and other partners	Consultation/workshop/meetings documentation	2				
	4. Office of the District Representative/Legislator/s	Consultation/workshop/meetings documentation	1				
D. Review of previous LIPH/AOP period and other LGU plans	1. Revisit/Review of processes, outputs and outcomes of the previous LIPH/AOP period	a. Planning workshops, PIR documentation b. AOP monitoring Report	4				
	2. Other LGU plans reviewed, specify: _____	Planning workshops, PIR documentation	2				

PARAMETERS FOR EVALUATION	DETAILS	MEANS OF VERIFICATION	Points	LGU AND P/CDOHO REVIEW		CHD APPRAISAL	
				Actual Score	Remarks/ Recommendation	Actual Score	Remarks/ Recommendations
<b>III. TECHNICAL CONTENT</b>							
<b>With reference to LIPH Content Outline</b>							
<b>Part II. Health Situation of the Province/City</b> <i>Cited/indicated:</i>							
A. Description and analysis of health and health-related threats and situations, and health	1. Health, health systems and health-related threats/concerns and situations backed up by appropriate data/evidence	Citation of latest status, reports, records, sex-disaggregated data with verifiable & validated sources such as FHSIS, LGU scorecard, surveillance unit reports, annual statistical reports, AOP monitoring report, health indices, emerging and re-emerging diseases (if any), hospital reports, equity statistics, best practices, non-health sources, others	6				
	2. Health status of IPs/ICCs, GIDA, Urban Poor and other vulnerable populations, as applicable	Citation of latest status, reports, records, sex-disaggregated data with verifiable & validated data sources such as FHSIS, LGU scorecard, surveillance unit reports, annual statistical reports, AOP monitoring report, health indices, emerging and re-emerging diseases (if any), hospital reports, equity statistics, best practices, non-health sources, others	4				
	3. Status/Gaps on: a. Human resources for health b. Infrastructure and equipment c. Service capabilities (status of DOH licensing and PhilHealth accreditation) of health facilities and services d. Management support systems: 1. Human resources for health management and 2. Information management/EMR 3. Procurement and supply chain management 4. Referral system 5. DRRM-II system 6. Epidemiologic surveillance system 7. Proactive and effective health promotion programs/	a. Citation of latest status, reports, records, sex-disaggregated data with verifiable & validated data sources, if any, such as LHS ML Monitoring results (if applicable), annual statistical reports, health indices, non-health sources, others b. Brief narrative on the status of each management system	2				
			2				
			2				
			2				
			2				
			2				
			2				
			2				
	4. Status of P/CWHS integration (as applicable)	a. Citation of latest report, if any b. Brief narrative on P/CWHS integration	5				
	5. Levels of analysis:						
	a. Clear and logical description of data/information	a. Citation of latest statistics	3				
	b. Comparison against standards, trends, benchmarks, targets 1. National Objectives for Health 2 LGU Health Scorecard	Citation of latest NOH, F1 plus and LGU HSC targets vis-a-vis latest health situation	3				
			3				
c. Causes and contributing factors identified	Causes/factors for the high/low/equal trend compared to standards/benchmarks	3					
d. Linking of related gaps with health outcomes and indicators	Narrative on how the gaps identified will affect the health outcomes and indicators	3					
<b>Part III. Local Priorities/Major Thrusts of the LIPH</b> <i>Cited/indicated:</i>							
A. Goals and objectives, priorities/thrusts, targets and indicators for the three year period	1. Local Priorities/Major Thrusts consistent with gaps problems/concerns identified in the Health Situation Section	List of Local Priorities/Major Thrusts	7				
	2. Integration of Health Systems as priority (as applicable)		4				
	3. Aligned with/contribute to Universal Health Care Act, Fourmula One Plus for Health, National Objectives for Health, Sustainable Development Goals, Ambisyon Natin 2040	a. Specific contributions cited b. Specific provisions of UHC Act, F1 Plus, etc that the priorities/thrusts are aligned with	7				

PARAMETERS FOR EVALUATION	DETAILS	MEANS OF VERIFICATION	Points	LGU AND P/CDOHO REVIEW		CHD APPRAISAL	
				Actual Score	Remarks/ Recommendation	Actual Score	Remarks/ Recommendations
<b>Part IV Monitoring &amp; Evaluation</b>		<i>Cited/indicated:</i>	10				
A. M&E Process	1.a. Organization of LIPH/AOP Monitoring Team	EO, Personnel Order, other issuance	3				
	1.b. Participation of other stakeholders (non-PHO/CHO staff) in M&E activities, specify:	List of other stakeholders not included in the Monitoring team that the LGU plans to invite	2				
	2.a. M&E process/activities (eg. systems or program-based, PIR, PBUR, quarterly or semi-annual AOP monitoring, progress monitoring report), specify:	List of M&E activities and coverage to be conducted with target timelines	2				
	2.b. Coverage of Monitoring activities include: i. Status of physical accomplishment ii. LGU counterpart in the AIP iii. DOH assistance iv. Other areas, specify:		3				
<b>Part V. Cost Matrices</b>		<i>Cited/indicated:</i>	52				
A. Strategies	1. Address gaps/problems/concerns and priorities based on situational analysis and Baseline Assessments	Forms reflecting: Strategies addressing gaps/problems/concerns identified from the Situational Analysis are reflected in the Forms	6				
	2. Strategies listed realistic, reasonable and implementable in time frame given	Forms reflecting strategies that are -based on SA -doable within three years -appropriate to the area	6				
	3. Strategies are aligned with the Devolution Transition Plan/DOH Menu of Assistance	Accomplished Forms	5				
B. Costing of interventions	1. Strategies are costed	Forms indicating that all strategies have corresponding costs	4				
	2. Costing of strategies are realistic, reasonable, and appropriate to locality	Forms indicating strategies costed based on Menu of Assistance, population projection, previous year's allocation, site of PPA	4				
	3. Fund sourcing of activities realistic, reasonable and appropriate	Forms indicating that all strategies have corresponding fund source as follows: -DOH fund source based on menu -Outside the menu to be funded by LGU or other sources -Strategies with no specific source will fall under Unfunded	4				
	4. Strategies/activities for GIDA barangays costed <b>NOTE: If not applicable, item should not be part of the denominator.</b>	Forms reflecting strategies for GIDA	2				
C. Costing of interventions (con't)	Strategies/activities from ADIPH/ADSDPP costed <b>NOTE: If not available, item should not be part of the denominator.</b>	Forms reflecting strategies/activities from ADIPH/ADSDPP	2				

PARAMETERS FOR EVALUATION	DETAILS	MEANS OF VERIFICATION	Points	LGU AND P/CDOHO REVIEW		CHD APPRAISAL	
				Actual Score	Remarks/ Recommendation	Actual Score	Remarks/ Recommendations
D. LGU ownership of and accountability for health operations and reforms	1. Specified LGU counterpart are reflected in the LGU (Province/HUC/ICC) Comprehensive Development Plan/ ELA/ LDIP/ AIP	Copy of the CDP/ ELA/ LDIP/ AIP reflecting the counterpart fund of LGU on AOP Year 1	5				
	2. Health budget for Year 1 is higher than the previous year's AOP	Accomplished Forms (LGU Counterpart) vs. LGU share in 2022 AOP	5				
E. Special Health Fund (SHF), if applicable	Strategies to be funded through SHF	Accomplished Forms	3				
F. M&E component	1. M&E strategies costed are consistent with the planned M&E	Forms reflecting the M&E activities as per Part IV of the Content Outline	2				
	2. Budget allocation		2				
	3. Timelines/schedule		2				
<b>TOTAL</b>			<b>160</b>				
<b>Percentage</b>			<b>100%</b>			<b>100%</b>	
<b>I. RESULT OF LGU AND PROVINCE/CITY DOH OFFICE REVIEW</b> <input type="checkbox"/> 85% or Better PASSED <input type="checkbox"/> For CHD Appraisal <input type="checkbox"/> 75-84% PASSED with minor correction, For Enhancement <input type="checkbox"/> 75% and Below LIPH For Revision, PDOHO/CHD to provide special Technical Assistance Other Comments: _____							
<b>REVIEW TEAM:</b> _____ <b>Date of Review:</b> _____ PHO/CHO name, signature _____ DOH Representative name, signature _____ Name, signature, position _____ _____ Name, signature, position _____ Name, signature, position _____							
<b>II. RESULT OF CHD APPRAISAL</b> <input type="checkbox"/> 85% or Better PASSED <input type="checkbox"/> For CHD Concurrence <input type="checkbox"/> 75-84% PASSED with minor correction, For Enhancement <input type="checkbox"/> 75% and Below LIPH For Revision, PDOHO/CHD to provide special Technical Assistance Other Comments: _____							
<b>CHD APPRAISAL TEAM:</b> _____ <b>Date of Appraisal:</b> _____ Asst. CHD Director name, signature _____ LHS Division Chief name, signature _____ LIPH Coordinator name, signature _____ Program Manager name, signature _____ Program Manager name, signature _____ DOH Representative name, signature _____ _____ Name, signature, position _____ Name, signature, position _____ Name, signature, position _____							
<b>III. CHD CONCURRENCE</b> _____ _____ Name and Signature of Director IV _____ Date _____							

## **ANNEX B.5**

### **List of Key/Major Generic Strategies to Implement Programs**

1. Construction
2. Repair/ renovation/ expansion of Health Facilities
3. Procurement/repair of equipment
4. Hiring of HRH
5. Retention of HRH (Existing)
6. Capacity Building/ Development
7. Procurement/provision (commodities, medical supplies)
8. Establishment and Maintenance of knowledge management/data/information systems
9. Establishment and Functionality of Management Systems
10. Monitoring
11. Policy Development
12. Sectoral Collaboration/ Partnerships
13. Advocacy/Awareness/ Health Promotion Campaigns
14. Research and development
15. Others, specify

**ANNEX C.1  
AOP SITUATIONAL AND GAP ANALYSIS SUMMARY**

**AOP Year:** \_\_\_\_\_  
**Region:** \_\_\_\_\_  
**Province/HUC/ICC:** \_\_\_\_\_  
**Municipality/Component City:** \_\_\_\_\_

#	<b>Identified PRIORITY Health Problems/Issues/Concerns</b> From LGU Performance (LGU HSC, FHSIS), causes of Morbidity and Mortality, gaps in addressing health problems of vulnerable groups (GIDA, Indigenous Cultural Communities/Indigenous Peoples and Urban Poor), and Other priority gaps/concerns which have a major impact on health systems	<b>Contributing Factor/s</b> (Underlying direct or indirect factor/s influencing/affecting a particular health problem that need to be addressed to solve the problem)	<b>Reference Forms</b> (Cite where PPAs that will address the identified gaps/problems/issues/concerns WILL be found: AOP Form 2, 3.1, 3.2, 3.3, 3.4)

**NOTE:**

The Situational and Gap Analysis presents the whole picture of the LGU (Province/Highly Urbanized City/Independent Component City/Component City/Municipality) health and health system situation. It summarizes the narrative of the Health Situationer, according to the WHO building blocks of health systems, namely: Leadership and Governance; Financing; Health Workforce; Information; Medical Products, Vaccines and Technology; and Service Delivery.

The purpose of this table is to link the identified **PRIORITY** gaps/problems/issues/concerns and contributing factors with the appropriate strategies and corresponding investment needs, strategies/interventions/activities found in AOP Forms 2, 3.1, 3.2, 3.3, 3.4. **Per AO 2020-0022, strategies/interventions/activities shall be identified based on gaps and priorities.** Thus, using a health systems approach, investment needs, strategies/interventions/activities will be more targeted and responsive.

Annex C.2

AOP Form 1. Summary of Investment Cost by Health Systems Building Block and Fund Source

Region: REGION A  
 Province/HUC/CC: PROVINCE Y  
 Municipality/Component City: \_\_\_\_\_  
 AOP CY: 2023

Health Systems Building Blocks	Fund Sources (PhP)										Unfunded (PhP)	Total per Building Block (including Unfunded) (PhP)	% of Building Block to Grand Total	Remarks
	LOCAL GOVERNMENT UNITS (LGU)						DOH							
	Province/HUC/CC LGU			Mun/CC LGU			BLGU	Central Office	CHD	Others				
General Fund	Trust Fund for Health/SHF	Total	General Fund	Trust Fund for Health	Total									
1. Health Service Delivery														
2. Health Workforce														
3. Health Information System														
4. Supply Chain & Logistics Management and Health Regulation														
5. Financing														
6. Leadership and Governance														
<b>Total per Fund Source (including Unfunded) (PhP)</b>														
<b>As a Percentage of Total</b>														

{1} Health Systems Building Blocks:

§ Health Service Delivery; Health Workforce; Health Information System; Supply Chain & Logistics Mgt and Health Regulation (Medical products, vaccines and technology); Financing; Leadership and Governance

{2} Fund Sources – Which/what office will be able to fund the investment:

§ LGU – Local Government Units: Province/HUC/CC LGU (General Fund and Trust Fund for Health/Special Health Fund); Municipality/Component City LGU (General Fund and Trust Fund for Health); Barangay LGU

Trust Fund - Fund which accounts for the receipts by any agency of government or by a public officer acting as a trustee, agent, or administrator for the fulfillment of some obligations

General Fund - Fund which is available for any purpose and is composed of all receipts and revenues which are not otherwise accruing to other funds

Special Health Fund - pool of financial resources at the P/CWHS intended to finance population-based and individual health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers

§ DOH – Central Office or Centers for Health Development;

§ Others - Other Fund Sources, such as Official Development Assistance (eg. UN Agencies, development partners); other national agencies; NGOs/CSOs; private and other sectors

{3} Unfunded - No funding source has been identified

{4} Total per Building Block - Sum of all funding sources for a particular Building Block including Unfunded

{5} % of Building Block to the Grand Total

{6} Remarks - Notes or comments; may specify Other fund sources





Program/Project/ Activities (PPA) (Building Block)	Performance Indicator	District	Municipality/ Component City/ Barangay	Name of Health Facility	Target					Resource Requirements (Php)					Fund Source (Php)							Unfunded	Remarks			
					Q1	Q2	Q3	Q4	Total Target	Items Description	Expense Category	Unit Cost	Quantity	Total Cost (Unit Cost x Quantity) (Php)	Province/HUC/CC LGU			Mun/CC LGU			BLGU			CO	CHD	Others
															General Fund	Trust Fund for Health/SHF	Total	General Fund	Trust Fund for Health	Total						

(1) Health Systems Building Block: Service Delivery; Health Workforce; Health Information Systems; Supply Chain & Logistics Mgt and Health Regulation (Medical products, vaccines and technology); Financing; Leadership & Governance

• Strategies - Identified priority interventions that address health needs and health inequities, such as:

• Construction; Repair/renovation/expansion of health facilities; Procurement/repair of equipment; Hiring of health workforce; Retention of health workforce; Capacity building/development; Procurement/provision of commodities, medical supplies;

• Establishing systems; Monitoring; Policy development; Sectoral collaboration/partnerships; Advocacy/awareness/health promotion campaigns; Research and development; Others

• Objective – Desired outcome in 3 years for the Strategy

(2) Performance Indicator for the Strategy - Measurable value/performance measurement to evaluate the success of a strategy/intervention

(3) District - The legislative district where the Strategy will be applied/conducted. In a province, this excludes the legislative districts covered by the HUC/CC which will be reflected in the HUC/CC's respective plans

(4) Municipality/Component City/Barangay - Specific area where the Strategy will be applied/conducted, indicate if area covers GIDA/IP/Urban poor and other vulnerable population

(5) Name of Health Facility - The exact name of the facility where the Strategy will be applied/conducted

(6) Target - Quantifiable physical target/goal/objective in relation to the performance indicator of a particular strategy

(7) Resource Requirement – Inputs needed to conduct/produce the PPA

§ Items Description - specific description of the items/units to be costed (eg. Capsules, tablets, meals, activity cost etc)

§ Expense Category: PS, MOOE, CO (Infrastructure, Equipment, Motor Vehicle, Others)

§ Unit Cost - Estimated Cost to produce/conduct the P/PA

§ Quantity - Total Number of the Units to be costed

(8) Fund Source – Which/what office will be able to fund the Strategy output:

§ LGU – Local Government Units: Province/HUC/CC LGU (General Fund and Trust Fund for Health/Special Health Fund), Municipality/Component City LGU (General Fund and Trust Fund for Health); Barangay LGU

Trust Fund - Fund which accounts for the receipts by any agency of government or by a public officer acting as a trustee, agent, or administrator for the fulfillment of some obligations

General Fund - Fund which is available for any purpose and is composed of all receipts and revenues which are not otherwise accruing to other funds

Special Health Fund - pool of financial resources at the P/CWHS intended to finance population-based and individual health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers

§ DOH – Central Office or Centers for Health Development;

§ Others - Other Fund, Sources such as Official Development Assistance (eg. UN Agencies, development partners); other national agencies; NGOs/CSOs; private and other sectors

(9) Unfunded - No funding source has been identified

(10) Remarks - Notes or comments; may specify Other fund sources









Categories of Investment Needs	Cost per Fund Source (Php)										Unfunded	Total	Remarks
	LOCAL GOVERNMENT UNITS (LGU)						DOH			Others			
	Province/HUC/ICC LGU			Mun/CC LGU			Barangay	Central Office	CHD				
	General Fund	Trust Fund for Health/SHF	Total	General Fund	Trust Fund for Health	Total							
<b>5. Other Technical Assistance</b>													
<b>A. Leadership and Governance</b>													
Local Health Systems integration activities													
LIPHI/AOP development and monitoring													
GIDA, ICC/IPS, Urban Poor activities/projects													
LGU Health Scorecard activities including advocacy and recognition of those with exemplary practices													
Leadership and Governance strengthening activities													
Data collection for health equity assessment, measurement and intervention for HUCs/ICCs													
Barangay Health Workers (BHWs) activities													
Documentation of best practices													
Others													
<b>B. Financing</b>													
<b>C. Health Workforce</b>													
<b>D. Information</b>													
<b>E. Supply Chain and Logistics Management &amp; Health Regulation</b>													
<b>F. Service Delivery (Programs indicated are not exhaustive)</b>													
Family Health, Nutrition and Responsible Parenting													
National Immunization													
Elimination of Infectious Diseases													
Rabies Prevention and Control													
Prevention and control of Infectious Diseases													







AOP Form 3.2. LGU Investment Need for Human Resource for Health

Region: REGION A  
 Province/HUC/I: PROVINCE Y  
 Municipality/                       
 AOP CY: 2023

District	Municipality/ Component City/ Barangay	Name of Health Facility	HRH/ Cadre	Number	Salary Grade	Total Salaries and Benefits	Cost per Fund Source (PhP)										Unfunded (PhP)	Remarks
							LOCAL GOVERNMENT UNITS (LGU)						DOH					
							Province/HUC/CC LGU			Mun/CC LGU			Barangay	CO	CHD	Others		
							General Fund	Trust Fund for Health/ SHF	Total	General Fund	Trust Fund for Health	Total						
<b>I. HRH Deployment</b>																		
a. Physician (specify)																		
b. Nurse																		
c. Midwife																		
d. Medical Technologist																		
e. Dentist																		
f. Pharmacist																		
g. Nutritionist- Dietician																		
h. Physical Therapist																		
i. Other HRH, please specify																		
<b>Sub-total</b>																		
<b>II. LGU Employment</b>																		
<b>a. Need for New Plantilla Items* (summary per facility)</b>																		
<b>b. Existing Plantilla Items</b>																		
<b>c. Request for New Job Order/Casual</b>																		
<b>d. Existing Job Order/Casual</b>																		
<b>Sub-total</b>																		
<b>Total</b>																		

NOTES  
 Column S to include Unfunded



Annex C.8

AOP Form 3.4. LGU Investment Need for Other Technical Assistance

Region: REGION A  
 Province/HUC/CC: PROVINCE Y  
 Municipality/Component City: \_\_\_\_\_  
 AOP CY: 2023

Activities	Municipality/ Component City/ Barangay	Target					Resource Requirements (PhP)				Fund Source (PhP)							Unfunded (PhP)	Remarks
							Items Description	Unit Cost	Quantity	Total Cost (Unit Cost x Quantity) (PhP)	LOCAL GOVERNMENT UNITS (LGU)						DOH		
		Province/HUC/CC LGU			Mun/CC LGU						Barangay	Central Office	CHD						
		General Fund	Trust Fund for Health/SHF	Total	General Fund	Trust Fund for Health								Total					
<b>A. Leadership and Governance</b>																			
Major Program 1																			
Sub-Program 1																			
Activity 1																			
Activity 2																			
Sub-Program 2																			
Activity 1																			
Activity 2																			
<b>Sub-total Leadership and Governance</b>																			
<b>B. Financing</b>																			
Major Program 1																			
Sub-Program 1																			
Activity 1																			
Activity 2																			
<b>Sub-total Financing</b>																			
<b>C. Health Workforce</b>																			
Major Program 1																			
Sub-Program 1																			
Activity 1																			
Activity 2																			
Sub-Program 2																			
Activity 1																			
Activity 2																			
<b>Sub-total Health Workforce</b>																			
<b>D. Information</b>																			
Major Program 1																			
Sub-Program 1																			
Activity 1																			
Activity 2																			
Sub-Program 2																			
Activity 1																			
Activity 2																			
<b>Sub-total Information</b>																			













Categories of Investment Needs	Cost per Fund Source (PhP)										Unfunded (PhP)	GRAND TOTAL (PhP)	REMARKS
	LOCAL GOVERNMENT UNITS (LGU)							DOH					
	Provinces/HUCs/ICCs LGU			Mun/CC LGU			Barangay	Central Office	CHD	Others			
	General Fund	Trust Fund for Health/SHF	Total	General Fund	Trust Fund for Health	Total							
Data collection for health equity assessment, measurement and intervention for HUCs/ICCs													
Barangay Health Workers (BHWs) activities													
Documentation of best practices													
Others													
<b>B. Financing</b>													
<b>C. Health Workforce</b>													
<b>D. Information</b>													
<b>E. Supply Chain and Logistics Management &amp; Health Regulation</b>													
<b>F. Service Delivery</b>													
Family Health, Nutrition and Responsible Parenting													
National Immunization													
Elimination of Infectious Diseases													
Rabies Prevention and Control													
Prevention and control of Infectious Diseases													
TB													
Dengue Prevention and Control													
HIV/STI Prevention and Control													
Other Infectious Diseases													
Non-communicable Diseases													
Environmental and Occupational Health													
Health Emergency Management													
Others (specify)													
<b>Sub-Total</b>													
<b>Total</b>													

**NOTES**

Column M to include Unfunded

## ANNEX C.10

### LGU Investment Needs Categories

<b>LGU Investment Needs Categories</b>	<b>Definition/Inclusion</b>
<i>3.1 Health Facility Development &amp; ICT</i>	Needs/requirements for <ul style="list-style-type: none"><li>▪ Infrastructure — construction, repair, rehab, upgrading of facilities</li><li>▪ Medical Equipment —specific equipment needed for the facility</li><li>▪ Motor Vehicle — ambulance, patient transport</li><li>▪ Information and Communications Technology – hardware and software</li></ul>
<i>3.2 Human Resource for Health (HRH)</i>	Specific HRH cadre needed/requested and existing
<i>3.3 Commodities</i>	Various commodities such as drugs, vaccines and their corresponding medical supplies
<i>3.4 Other Technical Assistance</i>	Capacity-building, advocacy and health promotion, workshops, consultations, monitoring and evaluation, creating and implementing systems and tools