

FY 2019 PHYSICAL PLAN

Department: Department of Health (DOH)  
 Agency: Office of the Secretary  
 Operating Unit: Schistosomiasis Hospital  
 Organization Code (UACS): 130011400050  
 Report Status: SUBMITTED

Particulars	UACS CODE	Current Year's Accomplishment			Physical Target (Budget Year)					Variance	Remarks
		Actual Jan.1-Sept.30	Estimate Oct.1-Dec.30	Total 5=3+4	Total 6=7+8+9+10	1st Quarter 7	2nd Quarter 8	3rd Quarter 9	4th Quarter 10		
1	2	3	4	5=3+4	6=7+8+9+10	7	8	9	10	11=6-5	12
Part A											
I. Organizational Outcome											
OO : Access to promotive and preventive health care services improved	3101000000000000										
HEALTH POLICY AND STANDARDS DEVELOPMENT PROGRAM											
Outcome Indicator											
1. Performance Governance Strategic Readiness						3					
Score											
Output Indicators											
1. Percentage of policy agenda items with issued policies that underwent the consultative participatory process						70%					
2. Percentage of research/ policy briefs rated as useful or adoptable						80%					
3. Number of research/ policy briefs completed and disseminated						24					
HEALTH SYSTEMS STRENGTHENING PROGRAM											
Outcome Indicators											
1. Percentage of public health facilities with no stock-outs						30%					
2. Human Resource for Health (HRH) to Population Ratio						17 HRH:10,000 Population					
Output Indicators											
1. Percentage of LGUs provided with technical assistance on local health systems development						100%					
2. Percentage of priority areas supplemented with Human Resource for Health from DOH Deployment Program						100%					
PUBLIC HEALTH PROGRAM											
Outcome Indicators											
1. Percentage of external clients who rated the technical assistance provided as satisfactory or						85%					



Particulars	UACS CODE	Current Year's Accomplishment			Physical Target (Budget Year)					Variance	Remarks
		Actual Jan.1-Sept.30	Estimate Oct.1-Dec.30	Total 5=3+4	Total 6=7+8+9+10	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter		
1	2	3	4	5=3+4	6=7+8+9+10	7	8	9	10	11=6-5	12
2. Percentage of drug dependents who completed the treatment program					80%						
Output Indicators											
1. Percentage of samples tested at NRLs					100%						
2. Number of blood units collected by Blood Service Facilities					65,000						
3. Number of in-patient and out-patient drug abuse cases managed					34,958						
OO : Access to safe and quality health commodities, devices and facilities ensured	3301000000000000										
HEALTH REGULATORY PROGRAM											
Outcome Indicators											
1. Percentage of health facilities and services compliant to regulatory policies					90%						
2. Percentage of establishments/ health products compliant to regulatory policies					75%						
3. Percentage of Public Health Emergencies of International Concern (PHEIC) and/or Public Health Risks (PHR) rapidly responded at point of entry					95%						
Output Indicators											
1. Percentage of authorization issued within Citizen Charter Timeline					84%						
2. Percentage (Number) of licensed health facilities and services monitored and evaluated for continuous compliance to regulatory policies					90% (369)						
3. Percentage (Number) of establishments and health products monitored and evaluated for continuous compliance to regulatory policies					60% (69,096)						
OO : Access to social health protection assured	3401000000000000										
SOCIAL HEALTH PROTECTION PROGRAM											
Outcome Indicator											
1. Percentage of excess net bill covered by Medical Assistance Program (MAP) incurred by poor in-patients admitted in basic accommodation or service ward					100%						
Output Indicator											
1. Number of patients provided with medical assistance					600,000						

Prepared By:

In coordination with:

Approved By:

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Date: 19/Nov/2018

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Financial Services Head / Budget Officer  
Date: 19/Nov/2018

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Agency Head / Department Secretary  
Date: 19/Nov/2018

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*BED Level: 01 - Agency Submission (NEP)*

**MONTHLY DISBURSEMENT PROGRAM  
FY 2019**

**BED NO. 3**

DEPARTMENT: DEPARTMENT OF HEALTH  
AGENCY/OU : SCHISTOSOMIASIS HOSPITAL  
Fund : 101

PARTICULARS	TOTAL PROGRAM	TRA	NET AMOUNT OF TRA	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	REMARKS
<b>I. NOTICE OF CASH ALLOCATION</b>																
<b>A. Current Year (CY) Budget</b>	<b>101,492</b>	<b>4,783</b>	<b>95,753</b>	<b>5,066</b>	<b>5,066</b>	<b>5,066</b>	<b>5,905</b>	<b>8,500</b>	<b>5,113</b>	<b>5,113</b>	<b>5,113</b>	<b>5,113</b>	<b>30,763</b>	<b>9,157</b>	<b>5,778</b>	
<b>Agency Specific Budget</b>																
Not Needing Clearance																
PS	60,848	3,042	57,806	4,059	4,059	4,059	4,875	7,470	4,083	4,083	4,083	4,083	4,083	8,126	4,743	
MOOE	7,810	391	7,420	618	618	618	618	618	618	618	618	618	618	618	622	
CO	27,000	1,350	25,650										25,650			
Needing Clearance																
PS																
MOOE																
CO																
<b>Automatic Appropriation</b>																
RLIP (PS)	4,877	-	4,877	389	389	389	412	412	412	412	412	412	412	413	413	
<b>TOTAL RLIP</b>	<b>4,877</b>	<b>-</b>	<b>4,877</b>	<b>389</b>	<b>389</b>	<b>389</b>	<b>412</b>	<b>412</b>	<b>412</b>	<b>412</b>	<b>412</b>	<b>412</b>	<b>412</b>	<b>413</b>	<b>413</b>	
<b>Special Account in the General Fund (PGF)</b>																
PS	957	-	957	48			909	-								
RLIP	-															
<b>TOTAL - PS</b>	<b>957</b>	<b>-</b>	<b>957</b>	<b>48</b>	<b>-</b>	<b>-</b>	<b>909</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL PROGRAM, CY BUDGET</b>	<b>101,492</b>	<b>4,783</b>	<b>95,753</b>	<b>5,066</b>	<b>5,066</b>	<b>5,066</b>	<b>5,905</b>	<b>8,500</b>	<b>5,113</b>	<b>5,113</b>	<b>5,113</b>	<b>5,113</b>	<b>30,763</b>	<b>9,157</b>	<b>5,778</b>	
PS	66,682	3,042	62,683	4,448	4,448	4,448	5,287	7,882	4,495	4,495	4,495	4,495	4,495	8,539	5,156	
MOOE	7,810	391	7,420	618	618	618	618	618	618	618	618	618	618	618	622	
CO	27,000	1,350	25,650	-	-	-	-	-	-	-	-	-	25,650	-	-	
<b>B. PRIOR YEAR (PY) BUDGET</b>																
<b>Prior Year Accounts Payable</b>	<b>77,106</b>	<b>3,855</b>	<b>73,251</b>	<b>-</b>	<b>11,214</b>	<b>5,750</b>	<b>-</b>	<b>6,771</b>	<b>-</b>	<b>22,479</b>	<b>-</b>	<b>-</b>	<b>28,070</b>	<b>-</b>	<b>-</b>	
Prior Year Accounts Payable	23,897	1,195	22,702	-	11,214	5,750	-	6,771	-	22,479	-	-	28,070	-	-	
PS	-															
MOOE	2,545	127	2,418	-	1,756	662		1,033								
CO	21,352	1,068	20,284	-	9,458	5,088		5,738								
<b>Not Yet Due and Demanable Obligations</b>	<b>53,209</b>	<b>2,660</b>	<b>50,549</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>22,479</b>	<b>-</b>	<b>-</b>	<b>28,070</b>	<b>-</b>	<b>-</b>	
PS										22,479			28,070			
MOOE	8,253	413	7,840							3,305			4,535			
CO	44,957	2,248	42,709							19,174			23,535			
<b>Continuing Appro. - Unreleased Appropriation</b>																
MOOE																
CO																
<b>Continuing Appro. - Unobligated Allotment</b>	<b>2,005</b>	<b>100</b>	<b>1,905</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,905</b>	<b>-</b>	<b>-</b>	
MOOE	5	-	5										5			
CO	2,000	100	1,900										1,900			

PARTICULARS	TOTAL PROGRAM	TRA	NET AMOUNT OF TRA	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	REMARKS
TOTAL PROGRAM, CY BUDGET																
PS																
MOOE																
CO																
C. TOTAL NCA PROGRAM																
PS																
MOOE																
CO																
II. CASH DISBURSEMENT CEILING																
PS																
MOOE																
CO																
III. NON-CASH AVAILMENT AUTHORITY (TRA)																
PS																
MOOE																
CO																
IV. TOTAL CASH PROGRAM	180,603	8,738	171,942	5,066	16,280	10,816	5,905	15,271	5,113	27,592	5,113	5,113	60,738	9,157	5,778	-

Prepared by:

Verified Correct:

Approved by:

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