Secretary of Health Enrique T. Ona visits Ifugao Province
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**DOH-CHD-CAR**

**VISION:**
A global leader for attaining better health outcomes, competitive and responsive health care system, and equitable health financing.

**MISSION:**
To guarantee equitable, sustainable and quality health for all people in the Cordillera Region, especially the poor, and to lead the quest for excellence in health.

**DOH CORE COMPETENCIES**
- Organizational Commitment
- Integrity
- Quality Service Focus
- Teamwork
- Stewardship of Resources
- Self-Development
- Attention to Communication

**Cover page.**
Health Secretary Enrique T. Ona plants a commemorative tree during his recent visit in Ifugao Province to monitor the ongoing construction of Panopdopan District Hospital in Lamut, Ifugao.// Cover design by Patrick P. Pineda
MESSAGE

Meeting the Continuing Challenges of *Kalusugan Pangkalahatan* in Partnership with our LGU Officials

The year 2013, at the second year of the scale-up phase of implementing the three strategic thrusts of *Kalusugan Pangkalahatan* or Universal Health Care (KP/UHC), calls for reflection.

For financial risk protection, PhilHealth introduced the IGroup scheme to improve its enrollment procedures and offer new benefit packages for the poor sector of our society. PhilHealth is also on track in its deliverables to offer new outpatient benefit packages with no balance billing, including catastrophic care coverage through the Z Benefit Package. Our sponsored beneficiaries are challenged to learn and use these benefits.

In providing access to quality health care in CAR, our implementation of the Health Facility Enhancement Program (HFEP) is mostly within our targets. Kudos to our partner Local Government Units that provided counterpart, strictly monitored and supervised the project implementation, and committed to maintain and sustain the health services of their new health facilities. The inaugurations of the new Barangay Health Stations of Badeo and Tacandang, both geographically isolated and depressed barangays in Kibungan, Benguet, are proof of what responsible partnership, which comes from sharing the vision and commitment to give the people access to quality health services, can do.

Since the beginning of the year the Department of Health hired 1,071 RN Heals for CAR, representing the fourth batch of nurses to augment our health personnel in Rural Health Units and DOH-retained hospitals. Together with them are 141 rural Health Midwives whose services are invaluable in strengthening the Community Health Teams in the region. Acting as bridges between the people who need health services the most and our health facilities, the Community Health Teams (CHTs) are accomplishing the government’s desire to bring health closer to the people. The challenge is how to support the more than a thousand CHTs composed of health volunteers laboring hard to make this happen in the Cordillera.

Indeed, more needs to be done. The newly inaugurated health facilities should have the necessary equipment and personnel to become functional. We face continuing challenges to the third thrust of our *Kalusugan Pangkalahatan* to attain our Millennium Development Goals (MDG) 4, 5 and 6 to reduce child mortality, to improve maternal health, and to combat HIV/AIDS, malaria and other emerging or re-emerging diseases. In CAR leprosy, malaria, and measles aside from dengue still exist.

We hope that as our officials start a new term in July they continue to prioritize health. The health status of their localities can show them what to improve or sustain in their health delivery system. We have always believed in the capacity of Local Government Units, by their own efforts or through partnerships to pool resources for more effective strategies, to fulfill their part to attain *Kalusugan Pangkalahatan*. Their new term of office strengthens our belief.

VALERIANO JESUS V. LOPEZ, MD, MHA, MPH, CESO IV
OIC-Director IV

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Ms. Diana Palangchao
Mr. Patrick P. Pineda
Secretary of Health Enrique T. Ona Visits Ifugao Province

By Patrick P. Pineda

Secretary of Health Enrique T. Ona visited the Cordillera Administrative Region to better assess ongoing constructions under the Government’s Health Facilities Enhancement Program (HFEP).

In January 2013 Sec. Ona went to the Province of Ifugao together with Asec. Gerardo Bayugo, Asec. Roland Cortez, Dr. Jimmy Lagahid, Director General Juvencio Ordona, and CHD-CAR Regional Director Valeriano Lopez. Sec. Ona monitored the Ifugao General Hospital (IGH) located in the new site at Lagawe and the Panopdopan District Hospital (PDH) in Lamut.

Ifugao provincial officials met the Secretary’s party in Lamut then proceeded to Banaue Hotel for a short program where they watched cultural dance presentations.

The Secretary of Health and company were joined by Provincial Health Officer Mary Josephine Dulawan and Ifugao Governor Eugene Balitang for dinner and breakfast meetings to update the Secretary on the status of the IGH and PDH.

IGH was funded by the HFEP in 2011 costing P50 million for Phase I, however, it is only 16% complete as of March 31, 2013. Another budget of P100 million was allotted for Phase II. The Panopdopan District Hospital which costs P10,150,00.00 is 100% complete as of March 31, 2013.

Secretary Ona and his group noted the damages caused by the sinking area where IGH is located, and the impending danger resulting from landslides during typhoon. He ordered the immediate completion of the Ifugao General Hospital to avoid accidents. Through the visit the Secretary hopes for the immediate completion of IGH in 2013. //

Secretary of Health Enrique T. Ona inspects the work plan to a new site of the Ifugao General Hospital. With him are (L-R) Architect Sydney Sawikat, Regional Director Valeriano Lopez, Director Jimmy Lagahid, Asec. Gerardo Bayugo, Engr. Jonathan Bahigon, Dr. Joseph Bulayungan, and Governor Eugene Balitang. //Patrick Pineda
Lina (not her real name), 28 years old, felt safe and secured after she delivered her third baby an hour after the newly constructed Barangay Health Station (BHS) in Tacadang, Kibungan was inaugurated and turned over to the Local Government Unit.

Tacadang Proper BHS is the sixth among the nine barangay health stations and one Rural Health Unit turned over by the Department of Health to the municipality with a total fund amount of more or less 25 million from the 2011 Health Facility Enhancement Program (HFEP) of the Department of Health. One BHS in Batangan, Tacadang, however, is yet to be completed before the end of April this year.

Mayor Benito D. Siadto said that they are fortunate to have been considered for the program saying that the municipality is very much in need of infrastructure support and equipment for the delivery of essential healthcare services especially in the remote barangays of the municipality.

Thus, he said they doubled their efforts to comply with all the requirements and needed documents up to its implementation to ensure the success of the project emphasizing that ‘opportunity knocks only once.’

Continued on Page 6
Aside from the six barangay health stations including that of Tacadang Proper, two barangay health stations in Barangay Badeo were also recently inaugurated and turned over to the local government unit. Badeo Proper can be reached by foot for about 4-5 hours by the residents and 5-8 hours by visitors depending on their pace.

DOH-CAR Assistant Regional Director Dr. Amelita M. Pangilinan, who served as guest of honor in Badeo, said that it was through the concerted efforts of the Municipal Health Office and Local Government Unit that Kibungan was fortunate to be covered by the 2011 Health Facility Enhancement Program (HFEP) of the Department of Health. She added that the 19.2 million includes not only infrastructure but also the provision of equipment to make these health facilities functional.

She said that this is in line with the Department of Health’s overarching goal of providing and bringing quality health services closer to the most vulnerable and far flung areas across the country towards Kalusugan Pangkalahatan or Universal Health Care.

Like Lina who decided to deliver her third baby in the health facility, Pangilinan emphasized and encouraged all pregnant mothers also to use the health facility as birthing homes reiterating that facility based delivery is the only way to ensure the safety of both the mother and her newborn.

Meanwhile, Mayor Siadto, expressed his sincerest appreciation to the DOH for considering the municipality as a major recipient of the 2011 HFEP. He assured that the Local Government Unit will continuously support social and health programs noting that the LGU had been allotting most of its budget for health services and medicine augmentation.

Municipal Health Officer Dr. Joann Fianza also assured that they will continuously monitor and ensure the sustainability of the health facilities including the equipment turned over to the municipality. She assured that they will closely monitor the implementation of the additional 3.5 million allotted for Kibungan from the 2013 HFEP to be implemented by the Department of Public Works and Highways.

Badeo and Tacadang are the remaining two depressed barangays of the municipality. Tacadang can roughly be reached by foot in about 7-8 hours through steep ravines and towering boulders of rocks. //
Roll-out Trainings in IPCC Held
By Rosella Camte-Bahni

Five provinces of the Cordillera Administrative Region held roll-out trainings in Interpersonal Communication and Counseling (IPCC) in various dates during the first quarter of 2013.

IPCC for health service providers is “a specially designed training course as a core strategy for facilitating behaviour change among health clients, leading to attainment of desired health behaviors.”

It is considered an “integral process in frontline service delivery directed towards achieving health related Millennium Development Goals and in ensuring that every Filipino will have access to quality health care as part of the Universal Health Care or Kalusugan Pangkalahatan.”

IPCC aims to increase a client’s timely visit to the health facility and avail of health services through health workers who must provide satisfactory health services including communication and counseling.

The training improves health workers’ competence to attract and satisfy clients, especially women or couples who want to plan their families by helping them to articulate their family planning needs or other health needs and enabling health workers to present options or offer other health services suitable to family needs.

With more couples satisfied with the health services even in the barangay level, people’s confidence will increase to continue visiting the health center not only for their family planning needs but also for maternal, child health and nutrition needs.

IPCC makes the health system responsive to people’s needs in the overall effort to lower cases of maternal deaths and neonatal mortality and attain Millennium Development Goals 4 and 5.

The National Center for Health Promotion (NCHP) in July 2012 conducted the training of trainers in CAR for provincial health workers who were tasked to conduct the roll-out in their provinces. With funding from NCHP in 2013 the roll-out of the IPCC trainings were conducted.

Abra held the first roll-out training for its 40 health workers in two batches at Cauayan, Ilocos Sur on February 7-8, 2013 and February 28-March 1, 2013. Kalinga held the training for 25 health workers from its municipalities on February 21-22, 2013, while Benguet held its training on March 7-8, 2013 for 30 health workers.

In April 18-19 Ifugao held the roll-out training for 15 health workers in Banaue. The last to conduct the training was Apayao on April 25-26, 2013 for 22 health workers. Baguio City earlier held its roll-out training on November 7-8, 2012, while Mt. Province is scheduled for the second quarter.

A total of 132 health personnel completed the training which consisted of Public Health Nurses and RNHeals (36), Rural Health Physicians (10) and Rural Health Midwives (86).

Through several role playing sessions participants practiced the processes of interpersonal communication and counseling, followed by discussions which highlighted the good practices applied and areas for improvement. Facilitators further gave technical inputs on family planning; and maternal, neonatal, child health and nutrition to deepen and update participants of developments in these areas.

“The seminar was very good!” says one of the participants who appreciated the important skills of building rapport and interpersonal communication for effective client counseling.

Reference: IPCC Manual, DOH
PhilHealth recently launched the membership package iGroup to enlist new members to the national health insurance agency. iGroup is an enhanced group enrollment package under the Individually Paying Program (IPP) of PhilHealth that promises to give better benefits, immediate access to expanded outpatient care, easier enrollment method, flexible payment scheme, mass enrollment and financial risk protection for many in times of health crisis.

Who can join iGroup?

Any organizations, associations or entities duly recognized by government regulatory bodies and groups that proactively promote social protection or social health insurance to its informal sector members can enlist through iGroup.

Interested organizations must accomplish the iGroup Program Registration Form or IPRF, and submit the requirements such as Letter of Intent indicating the number of enrollees, payment mode, and years of validity of the Group Policy Contract & Certificate of Good Standing issued by the BSP, CDA, SEC, DTI and LGU. Each Group should also sign a Memorandum of Agreement (MoA) with PhilHealth, specifying the enrollment validity of 1 to 3 years. The Agreement contains the amount of initial remittance, payment mode and group class.

Existing KASAPI partners can likewise join by accomplishing the IPRF, signing a Memorandum of Agreement (MoA) with PhilHealth, and signing a Group Policy Contract (GPC).

What are iGroup Classes?

iGroup classification is used to determine the benefits that each OG will be able to avail. Group classes are classified according to Bronze, Silver, and Gold based on the size of the organization: Bronze: 30 – 699 IPM enrollees; Silver: 700 – 2,449 IPM enrollees; and Gold: 2,450 and higher enrollment.

Benefits

Aside from the in- and out-patient hospitalization benefits, iGroup members are also eligible to avail of the Primary Care Benefit (PCB) 1 Package and the “No Balance Billing” to designated PhilHealth-engaged providers. PCB I offers free primary preventive services based on the patient’s health needs, such as: consultation, visual inspection with acetic acid, regular blood pressure measurements, breast feeding program education, periodic clinical breast examinations, counseling for lifestyle modification, counseling for smoking cessation, body measurements, and Digital Rectal Examination.

PCB I also includes diagnostic examinations, such as Complete Blood Count (CBC), Urinalysis, Fecalysis, Sputum Microscopy, Fasting Blood Sugar, Lipid profile, and Chest x-ray. Other benefits are obligated services as shown in Table 1, and drugs and medicines for asthma including nebulisation services, acute gastroenteritis (AGE) with no or mild dehydration, upper respiratory tract infection (URTI)/pneumonia (minimal and low risk), and urinary tract infection (UTI).

The “No Balance Billing” (NBB) benefit ensures Zero Out-of-pocket expenses during a member’s hospitalization in any government facility. This means that the patient shall no longer pay any remaining amount that is left after applying all other PhilHealth benefits. NBB is initially made available to Sponsored Program members, overseas workers and iGroup Gold Members.

The iGroup class determines the benefits that members can avail. Table 2 shows the benefits that each iGroup class can avail.

Table 1: Obligated Services of PCB 1

<table>
<thead>
<tr>
<th>Benefits/Services</th>
<th>Target Clients</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP Measurement</td>
<td>Non-hypertensive (18 years old and above)</td>
<td>Once a year</td>
</tr>
<tr>
<td></td>
<td>Hypertensive (with BP&gt;=140/90 mmHg)</td>
<td>Once a month</td>
</tr>
<tr>
<td>Periodic Clinical Breast Examination</td>
<td>Female, 25 years old and above</td>
<td>Once a year</td>
</tr>
<tr>
<td>Visual with Acetic Acid</td>
<td>Female, 25 – 55 years old with intact uterus</td>
<td>Once a year</td>
</tr>
</tbody>
</table>
Benefit availment

Compared with the regular Individually Paying Members who need to wait for three months to avail of their PhilHealth benefits, iGroup members can automatically avail of their PhilHealth benefits within the period of membership upon signing of their Group Policy Contract (GPC). To avail of the benefits, Group members only need to present to the health care facility the enhanced Member Data Record (MDR) issued through their organization.

Registration and Payment

Registration of members with PhilHealth under iGroup was also made easier. Once the organized group has signed the Group Policy Contract with PhilHealth, it shall facilitate the enrollment of its members without the members waiting in line at PhilHealth offices.

Table 2: Benefits per iGroup

<table>
<thead>
<tr>
<th>Benefits</th>
<th>BRONZE</th>
<th>SILVER</th>
<th>GOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium Incentive</td>
<td>X</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>In-Patient Incentive</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Out-Patient Incentive</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Automatic Availment</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Primary care Benefit</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>“No Balance Billing”</td>
<td>X</td>
<td>X</td>
<td>/</td>
</tr>
</tbody>
</table>

Leprosy Still Continues in CAR

An average of 21 leprosy cases in CAR is discovered annually in the past five years. The highest number of 27 new cases was recorded in 2010, followed by 25 new cases in 2008 and 24 new cases in 2009. Fifteen new cases were recorded in 2011 while the first three quarters of 2012 recorded nine new cases.

Leprosy as a public health concern in CAR was eliminated in 2004. “Technically we have reached the program goal of less than 1 case per 10,000 population in all the provinces and Baguio City,” said Helen Tiwaken, Nurse V and Program Coordinator of the Leprosy Control and Prevention Program, CHD-CAR. “However there are still cases being discovered so we need to search for possible new cases,” she said further.

Except for Flora in Apayao and Lagayan in Abra all municipalities have maintained the elimination status since 2004. Based on reported cases of the first three quarters of 2012 the municipality of Flora, Apayao and Alfonso Lista, Ifugao have prevalence rates of more than 1 case per 10,000 population.

Leprosy or ketong in the local dialect is caused by a bacterium called *Mycobacterium leprae*. It is transmitted through the inhalation of droplets from coughing and sneezing of untreated leprosy patients. The signs and symptoms of leprosy are long standing skin lesions that do not disappear with ordinary treatment; loss of feeling or numbness on the skin; loss of sweating and hair growth over the skin lesions; and thickened and/or painful nerves in the neck, forearm, near elbow joint and the back of knees.

A person showing signs and symptoms of leprosy should go to the nearest health center for free consultation and treatment if found positive with leprosy. “As long as there are new cases being found we encourage everyone to consult a health worker at their Rural Health Units when they show signs and symptoms of leprosy,” said Ms. Tiwaken.

Treatment medication for leprosy consists of three drugs called Multi-Drug therapy (MDT) which are taken every day from six to 12 months depending on the leprosy type. MDT is given free to leprosy patients at the health centers. “Leprosy patients should adhere strictly to their 12-month treatment period for complete healing and prevent complications,” Ms. Tiwaken said further.
Philhealth-DOH 2013 Nationwide Run for Mother and Child Protection: Baguio leg draws 4,000 plus runners

Diana Domes - Palangchao

Proceeds of the Philhealth-DOH Nationwide Run 2013 was turned over to Helping Hand Healing Hearts Ministries-Childrens Recovery Unit in Camp 7, Baguio City as the sole regional beneficiary of the Baguio foot race. Shown in photo are PhilHealth-CAR Regional Vice President Elvira Ver, DOH-CAR Assistant Regional Director Dr. Amelita M. Pangilinan and Landbank of the Philippines. //Diana D. Palangchao

As early as 4 o’clock in the morning of February 17, 2013, participants including children to the PhilHealth-DOH Run 2013 converged at the Burnham Lake Drive for a 30-minute stretching exercise led by the DOH-CAR hataw core group before the race started in the different categories.

After a short opening program and pre-run orientation, DOH-CAR Regional Director Dr. Valeriano Jesus Lopez, did the gun start at exactly 5:00 AM for the 18 kilometer category. Start and finish line of all race categories was at Burnham Lake Drive passing along Kisad Road to Kubong Sawali for the 3K, Camp John Hay Gate for 5K, Voice of America for 10K and at PMA gate, Loakan for the 18K.

More than 100 percent of projected participants registered for the run-for-a-cause event generating an amount of of more or less P1.2 Million.

A total of Five Hundred Seven Four Thousand Seven Hundred Sixty Two (P574,762) pesos in check was handed to Helping Hand Healing Hearts Ministries-Children’s Recovery Unit, a Christian non-government organization and a licensed institution serving sick indigent children who cannot afford expensive and long term hospitalization expenses.

The check was received by the Head of Baguio Team Marissa Dela Peña who in return expressed her heartfelt appreciation for making the organization as sole regional beneficiary of the event.

The remaining amount will be given to Philippine Children’s Medical Center (PCMC) and Jose Fabella Memorial Hospital as the national beneficiary. PCMC is a national referral hospital for patients with diseases needing subspecialty care. Jose Fabella Memorial Hospital is also a maternal and newborn tertiary hospital.

Meanwhile, 40 inmates of the Baguio City Jail also ran 50 laps around the prison’s basketball court to complete an equivalent of 3 kilometer course making them part of the Philhealth-DOH Run 2013, the second largest foot race in Baguio City next to the Annual Milo Marathon.

The 40 inmates were sponsored by the Germany-based Shoshin Foundation.
The Philhealth-DOH Run 2013 highlighted PhilHealth’s 18th founding anniversary and years of service to the Filipino people with the theme "Synergy for Universal Health Care". This aims to rally the entire nation to run towards Universal Health Care and support the country’s effort towards achieving the Millennium Developments Goal of reducing child mortality and improving maternal health.

The foot race took place across 18 sites in the country that includes Manila, Baguio, Dagupan, Tuguegarao, Clark, Malolos, Laguna, Batangas, Legazpi, Iloilo, Cebu, Tacloban, Zamboanga, Cagayan de Oro, Davao, Koronadal, Marawi, Butuan and Tubod, Lanao del Norte.

Winners of the different categories were given cash prizes and other special gift packs from sponsors. Winning runners in the 18K were also given cash prizes and medals. List of winners can be seen at http://run2013.philhealth.gov.ph.

The success of Philhealth-DOH Run 2013 in Baguio City was marred by the death of William Pel-ey, 54 years old who suddenly collapsed upon arriving at the finish line. He collapsed due to possible cardiac arrest as reported by the Baguio City Emergency Medical Services (BCEMS), who responded to the incident. Pel-ey died while being taken to Baguio General and Hospital Medical Center. He registered in the 5K category. DOH-CAR and Philhealth CAR would like to extend its deepest condolences to the family of Mr. Pel-ey. //
HFEP Monitoring in the Cordillera

AbAtAn EmErgEncY hospitAl

ifugAo gEnErAl hospitAl (nEw sitE)

PAnopdopAn district hospitAl

bontoc gEnErAl hospitAl

Atok district hospitAl

luis horA mEmoriAl rEgionAl hospitAl
AMMADJADAC DISTRICT HOSPITAL

FLORA DISTRICT HOSPITAL

PINUKUK DISTRICT HOSPITAL

FLORA DISTRICT HOSPITAL

CONNER RURAL HEALTH UNIT

STAMARCELA DISTRICT HOSPITAL

KALINGA PROVINCIAL HOSPITAL

IFUGAO GEN.HOSPITAL (OLD SITE)
The Center for Health Development – Cordillera Administrative Region deployed the fourth batch of Registered Nurses for Health Enhancement and Local Service Project, also known as RN Heals who were assigned in the four DOH retained hospitals and health centers for additional learning and development opportunities and give them better chances for future employment.

According to Health Secretary Enrique Ona the deployment of RNHeals “aims to improve access of the country’s poor to quality healthcare with social services by creating a pool of registered nurses with enhanced clinical and preventive health management competencies that will eventually increase the nurses’ employability.”

An initial group of six hundred forty four (644) RNHeals were assigned in the health centers of the six provinces comprising of 84 municipalities and the two cities in the region. Their term of deployment started in January 2013 and ends in December 2013.

In compliance with Department Memorandum No. 2013-0082 dated March 18, 2013, an additional group of eighteen RNHeals were taken to fill-up vacant slots in Abra (14) and Kalinga (4) adding up a total of 662 RNHeals distributed in all the health centers in the region. The latter were deployed on April 1, 2013, ending their training on December 31, 2013.

The Memorandum also assigned RNHeals nurses to night shift to further broaden their exposure “as long as nurse supervisors/head nurses/staff nurses are adequate for the supervised training.”

Another set of 418 RNHeals were deployed in the four DOH retained hospitals in the region, namely: Baguio General Hospital and Medical Center; Conner District Hospital; Far North Luzon General Hospital and Training Center; and Luis Hora Memorial Hospital. Meanwhile, 141 Rural Health Midwives were likewise deployed in selected health centers in the region. Table I shows the distribution of RNHeals and RH Midwives deployed in the Rural Health Units.

Table 1: RNHeals and RH Midwives (Batch IV)

<table>
<thead>
<tr>
<th>Province/City</th>
<th>No. of Municipalities Assigned</th>
<th>RNHeals (Jan-Dec. 2013)</th>
<th>Additional Slots (April-Dec. 2013)</th>
<th>No. of Municipalities Assigned</th>
<th>RH Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abra</td>
<td>27</td>
<td>189</td>
<td>14</td>
<td>’16</td>
<td>22</td>
</tr>
<tr>
<td>Apayao</td>
<td>7</td>
<td>40</td>
<td>2</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Baguio City</td>
<td>7</td>
<td>27</td>
<td>1</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Benguet</td>
<td>13</td>
<td>121</td>
<td>4</td>
<td>13</td>
<td>31</td>
</tr>
<tr>
<td>Ifugao</td>
<td>11</td>
<td>100</td>
<td>1</td>
<td>11</td>
<td>38</td>
</tr>
<tr>
<td>Kalinga</td>
<td>7</td>
<td>46</td>
<td>4</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Tabuk City</td>
<td>13</td>
<td>13</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Mt. Province</td>
<td>10</td>
<td>100</td>
<td>1</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>TOTAL</td>
<td>636</td>
<td>27</td>
<td></td>
<td>141</td>
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</tr>
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</table>
In 2012 Ifugao Province won the First Year CROWN Maintenance Award for the efficient and effective management of the Provincial Nutrition Program which resulted to the improvement of the nutritional status of its people particularly the children. Ifugao was adjudged by the Inter-agency Regional Nutrition Evaluation Team as the 2010 outstanding Province in the Cordillera Administrative Region for implementing nutrition action plans that curbed malnutrition for three consecutive years.

The successful implementation of the Provincial Nutrition Program came from three best practices it adopted, namely convergence, master listing of underweight cases, and proper program management.

I. Convergence Strategy

Through convergence partners and stakeholders pooled their efforts in the various nutrition councils of the province, municipal and barangays. The Nutrition Action Officers and Technical Working Groups at the Barangay Health Stations worked with community volunteers and Barangay Nutrition Scholars and other community partners, such as non-government organizations, government agencies, and Faith groups. Some convergent activities implemented were home and community food production; micronutrient supplementation and food fortification; food assistance; and nutrition information and education.

A. Home and Community Food Production Project

The Home and Community Food Production project helped attain food self-sufficiency and upgraded nutrition status of family members through the cultivation of nutritious food and raising of domestic animals for family consumption. The project promoted home yard and bio-intensive gardening among families with malnourished members. The recipient families received vegetable seeds, subsidized palay and corn seeds, fruit seedlings and fertilizers. Protein sources were derived from chicken, ducks, tilapia fingerlings, goat and swine dispersal schemes.

B. Micronutrient Supplementation and Food Fortification Project

The Micronutrient Supplementation and Food Fortification project sustained the provision of Vitamin A, Iron with folic tablets, iodized salt for Todok-ahin of school children and the promotion of fortified foods.

C. Food Assistance Project

The Food Assistance Project sustained and enhanced the supplemental feeding of identified underweight preschool and school children using the updated master list of cases. The source of food supplements came from regular funds, augmented by the National Feeding program of the Department of Education and non-government organizations like Bethesda Ministries.

D. Nutrition Information and Education

The Nutrition Information and Education project intensified and sustained the promotion of nutrition focusing on the theme “Wastong Nutrition Palaganapin….One Nation …

Continued on Page 20
Anthrax is endemic in the Philippines which poses a great problem in the veterinary community. It is a deadly bacterial disease that affects farm animals such as goats, sheep, cattle and mostly carabaos including wild life.

The *Bacillus anthracis* spores is the pathogen that causes anthrax infection among farm animals and even humans. These spores are highly resistant to drought, heat, cold and disinfectant and other unfavourable surroundings because of its hard, thick-walled bodies allowing them to lie dormant for hundreds of years.

Once taken up, the spores will begin to transform back into active bacteria and begins to multiply and spread through the creature's body developing toxins, thus resulting in the host's death, and the reformation of the bacteria into spores.

Humans can be infected with anthrax through direct contact with an infected animal either through the skin or an open wound, gastro-intestinal or when one consumes an anthrax-contaminated food and through respiratory route or when one inhales the anthrax spores in the air but rarely through person-to-person transmission.

In 2001, the anthrax scare through the use of *Bacillus anthracis* spores, as biological weapon in the United States, through mailed letters/package laden with powdery substance suspected as contaminated with anthrax spread like a wild fire and had created panic and hysteria around the globe including the Philippines. Foreign packages and even domestic ones were then subjected to isolation and investigation, with the growing rumours of alleged anthrax infection among the PhilPost Personnel.

In 2010, one victim died and around 400 were confirmed infected with anthrax in Cagayan. In the same year, health officials declared an outbreak of anthrax in the Municipality of Villavicosa in Abra after 38 cases were confirmed positive. All patients were said to have eaten meat of butchered carabaos that died of unknown causes. No death however was recorded.

Towards the end of December 2012, 23 suspected anthrax cases were also reported in the barangays of Cayapa, Bacooc, and Paganao in Lagangilang, also in Abra after consuming meat of a dead carabao.

Reports revealed that majority of these cases were males including three children with age range of 2 years old to 57 years old. Two were admitted in Abra Provincial hospital but were discharged after four days.

The patients were seen to have exhibited the signs and symptoms similar to that of anthrax. They were seen to have skin lesion, muscle pain and itchy skin, headache, fatigue, stomach pain, difficulty in breathing, sore throat and dry cough.

Appropriate measures were already conducted by the Provincial Epidemiology Surveillance Unit of Abra in coordination with the Department of Agriculture. Information drive in the province and concerned barangays was also conducted. The case however was laboratory confirmed negative for anthrax.

In communities where animals die unexpectedly or of unknown causes, proper handling of carcass with personal protective equipment is important and these animals should always be reported to proper authorities.

Those who develop skin lesions 2-5 days after handling deceased animals or contaminated flesh should also seek immediate medical advice. Vaccination of animals against anthrax is also strongly recommended.

Though anthrax infection in humans is treatable when detected early, the public is advised to refrain from eating contaminated meat especially meat of dead animals that died of unknown causes. Likewise, the public is also advised to report to proper authorities suspected anthrax cases, if any.//

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**DID YOU KNOW THAT...**

- The air released from a sneeze can exceed the speed of 100 mph?
- It takes about 20 seconds for a red blood cell to circle the whole body?
- The strongest bone in the body, the thigh bone, is hollow. Ounce for ounce, it has a greater pressure tolerance and bearing strength than a rod of equivalent size in cast steel.
- The skin of the armpits can harbor up to 516,000 bacteria per square inch, while drier areas, such as the forearm, have only about 13,000 bacteria per square inch?

Source: Medical Trivia - Welcome to EZ Website
[www.ezwebsite.org](http://www.ezwebsite.org)
“I expect to pass through this world but once. Any good thing, therefore, that I can do or any kindness I can show to any fellow human being let me do it now. Let me not defer nor neglect it, for I shall not pass this way again.”

Dr. Manuel V. Factora quoted the poem of Stephen Grellet during an interview he gave three days before his retirement on March 7, 2012. The poem resonates Dr. Factora’s driving force “to work for the institution (I) have learned to love” guiding him as the Chief of Hospital of Baguio General Hospital and Medical Center (BGHMC) since 1997 until his retirement.

When Dr. Factora took over the helm of BGH his first challenge was “How can Baguio General Hospital give quality services?”

As the new Chief of Hospital he was in the best position to raise the question and to find the answers. Having started as Medical Intern at BGH in 1972, he had 25 years of experience that prepared him to steer BGHMC in becoming a health facility capable of providing quality services to its clients.

He recalled that when he started as Chief the “divisions were not seeing eye-to-eye” and the hospital had poor services due to lack or inadequate facilities and equipment.

Dr. Factora cited the Psychiatry Ward as an example of the hospital’s poor facilities to which an Undersecretary of the Department of Health once said, “Something must be done for this area.” Dr. Factora answered, “Ma’am, bago ka aalis mapapalitan iyan.” He fulfilled his promise.

So how did he do it? We share with you the insights of an accomplished administrator who renewed and revitalized a hundred-year old health facility that gives excellent hospital services.

Initiating a Strategic Planning Workshop

Dr. Factora could have gone ahead to prepare his plans for the hospital but he believed that the best results are accomplished through the personnel’s participation.

So together with his personnel Dr. Factora held a strategic planning workshop where they defined the hospital’s vision as provider of quality health services through “an improved bureaucracy or (organizational) structure, and facilities that would cater to the increasing clientele of the hospital.”

They planned the “improvement of processes and the restructuring of personnel” aimed to have “more coordination among the administrative, managerial, nursing and the medical division” so they can work together for an improved medical center.

Improvement of Inter-personal relationships among personnels and between personnels and patients

Dr. Factora prioritized the interpersonal relationship among the personnels, intent at bridging the gaps that divided the different divisions. “When you have the joint commitment to improve, then there is the greater chance for the fulfillment of the strategic plan,” he said.

To get the personnels’ cooperation he employed his unique approach which he calls the “MBWA mindset” or “Management by Walking Around.” He explains, “If they see you going and talking to people, making people realize that they are important in whatever they do, then they themselves will work and join in your quest for quality services.”

Continued on Page 18
His empowering approach necessitated that he constantly interacted with his personnel: “Being there, talking to people, asking people, getting to people, asking them straightforward and making them first hand the decision makers.”

Because of his people-centered approach Dr. Factora is confident that he left BGHMC to a group of “personnel who can function because the different divisions are now working together.” He said, “The leader would now just be deciding on the strategic directions that should be done, but day-to-day activities should be managed by the section or division chiefs as they are able to work together harmoniously.”

Aside from ensuring that personnels have good interpersonal relationships among themselves, Dr. Factora also emphasized having good relationships between hospital personnel and their patients.

He expected hospital personnel to work closely with people especially their patients, expecting them to make the patient their priority at all times. “What matters most is people, people, people,” said Dr. Factora, reiterating that “It is not the numbers of bed but the number of people using those beds, not the patient in bed number 1, 2 or 3.”

He said that BGHMC is unlike medical school where they ask, “What is the case of my patient in bed number 1 or 2?” or deal with patients like they were subjects. He believed that when personnels think of patients as people “they would be caring; they would be compassionate.”

Emphasis in attaining excellence

Every Mondays after flag ceremony Dr. Factora never fails to stress the need to attain and sustain excellence in the hospitals’ service delivery.

“There is a need to continue reminding people to give excellent services. It cannot be overemphasized,” he said. His conviction to excellence is life long, saying “I will not change that position even if I would no longer Chief of Hospital.”

Dr. Factora believed that encouraging personnels to become people-centered is an important element of excellent services. In addition he believed that growth or “wanting to change should be the trait of every personnel in the hospital in order to give excellent services.”

The hospital focused in improving the skills of the personnels and residents, which Dr. Factora attributed for the improved quality of training given by the different departments.

An excellent service is wholistic, which according to Dr. Factora should include making people feel comfortable during their stay in the hospital.

Patients once shunned BGH because of the “impression that it smells” and “only those who cannot afford a private hospital go to BGH.” It was the need to improve hospital facilities which Dr. Factora also prioritized to gain client satisfaction.

Dr. Factora improved the hospital’s infrastructures, such as the extension building and the construction of the Flavier Building. As a result he said, “Now our wards are full,” citing how they
Tabuk City---With its intention to synchronize efforts through an inter-provincial partnership, the Province of Kalinga joined the Provinces of Mountain Province and Ifugao through a Memorandum of Agreement to further strengthen collaboration in the fight towards malaria elimination in the Cordillera region.

This inter-provincial partnership named as Gawis Haggiyo Lin-awa Partnership for Malaria Elimination was made possible after positive gains of the Gawis Haggiyo Partnership between the Provinces of Mountain Province and Ifugao were noted since 2008.

Kalinga Provincial Governor Jocel Baac said that the establishment of inter-provincial initiative for malaria elimination is one of the thrusts of the provincial government in line with its aim to deliver quality health services to its constituents.

“We will use our resources judiciously so that our investment for health development and services will bear fruit to a healthy society,” Governor Baac stressed.

Though malaria cases had declined since 2010 from 24 cases to 3 cases in 2011, the Department of Health Cordillera still recorded seven indigenous cases of malaria in the region last year. Of this seven cases, three were from Luna in Apayao, two in Pinukpok, one each in Tabuk and Balbalan in Kalinga. These cases are mostly found near the borders of the provinces.

Abra is set to be evaluated as malaria-free province in 2014 for having no cases and malaria deaths in the past 7 years.

DOH CAR Regional Director Dr. Valeriano Jesus Lopez said that though cases of malaria in the region had gradually decreased over the years, there is still a need to concentrate efforts in areas with cases of malaria. He solicited the active participation of the local government units for the success of the inter-regional and inter-provincial cooperation for the elimination of malaria in the region.

He also lauded the efforts of Pilipinas Shell Foundation Inc. (PSFI) through the Global Fund for Malaria for the continued assistance in the Malaria Control Program in the region.

“We should be thankful for the presence of external assistance but we should not depend on them, the job of managing the program is in our hands, let us make the most of what they can offer and more importantly we have to work now,” Dr. Lopez stressed. He also stressed that the Department of Health Cordillera is now shifting its focus from malaria control to malaria elimination, in a bid to attain zero malaria case.

“Let us aim for a zero malaria case, malaria-free Cordillera and malaria-free Philippines,” Dr. Lopez added.

Meanwhile, DOH CAR Regional Malaria Program Coordinator Dr. Alexei Marrero said that the inter-provincial cooperation among the three provinces will serve to further reduce malaria transmission noting that regular and synchronized malaria border operations with neighboring provinces is more effective.

The border operations include vector surveillance activities such as Indoor Residual Spraying (IRS), distribution and utilization of Long-Lasting Insecticide-treated mosquito nets, health promotion and mass blood survey among others.

Along with the three provinces, PSFI Deputy Program Manager Dr. Antonio Bautista also committed that PSFI will always be of assistance until the Cordillera region will attain zero malaria case and be declared malaria-free.

The Gawis Haggiyo Lin-awa Partnership For Malaria Elimination is composed of the Inter-local Health Zones of Paracelis and Natolin (ParaNa ILHZ) in Mountain Province, municipalities of Aguinaldo, Mayoyao and Alfonso Lista (AMADHS ILHZ) in Ifugao and Rizal, Tabuk and Tanudan (Lin-awa ILHZ) in Kalinga.

With the theme “Invest in the Future: Defeat Malaria,” the event which is in line with the observance of World Malaria Day kicked-off with a motorcade around Tabuk’s nearby municipality.
Dr. Manuel Factora ...Page 18

opened additional wards to accommodate the continuing influx of patients going to BGH.

Dr. Factora had also improved the building of the Psychiatry Department. According to him the building is now known as the best in structure amongst hospitals having psychiatrist patients North of Manila.

Believing that a wholistic approach to healing patients includes having a conducive environment, Dr. Factora had improved the garden fronting the hospital to give personnel, patients and their families a good place for rest and recreation.

Networking to augment limited hospital resources

“What we have today is the realization of our strategic plan,” said Dr. Factora. But he declined to take sole credit, preferring instead to acknowledge everyone.

“I will not say that the credit is solely my leadership, I believe (it is the result of) the joint commitment of the medical, the nursing and the administrative services to manage the hospital with excellence,” he added.

In addition Dr. Factora credits external help which he accessed from having a “political mind.” He explains, “Working with politicians: talking with them and looking for persons who could help source out the needed equipment, the needed facilities, construction and the purchase of equipment, is very necessary.”

Dr. Factora built a network of supporters from non-government organizations and government officials. He maintained contact with graduates of the Baguio General Hospital School of Nursing and the other graduates of the Baguio General Hospital Medical Residency Training Program.

“One way or another, they helped us answer the needs of the institution whether it is small or big, at least they were able to put up or source out requirements that would answer the needs of the hospital. They are part of the institution in our quest for quality care,” he said.

Retiring but still around

Looking back on the eve of his retirement, Dr. Factora recounted his term of service and some of his accomplishments as Chief of Hospital for seventeen years.

His narratives revealed his unique leadership style that allowed him to introduce changes and remarkably transformed BGHMC into its present esteemed status. BGHMC today shows the results of Dr. Factora’s people-centered approach and constant emphasis on excellence.

Dr. Factora’s involvement with BGHMC does not end upon retirement as he will sit in the Advisory Board of the hospital. There he will continue his unfinished projects, such as the renovation of the old emergency building where plans are underway to access funding of the project. For Dr. Factora the institution which he learned to love will always remain in his heart forever.//

Best Practices...Page 15

One Nutrition ....” The Nutriskuela Radio at Lagawe and Alfonso Lista exemplified the contribution of media to nutrition promotion. Print materials were distributed, while the People’s Theater, and interpersonal counselling activities integrated nutrition messages.

E. Other Local Initiatives

The Integrated Area Development Assistance Program (IADAP) is a convergence flagship program since 2002 for nutrition and health. It includes livelihood support, institutional development, civil works and payment of PhilHealth premiums to the most needy households of the eleven poorest barangays in the Province.

Other local initiatives which the Province sustained are “Adopt a Malnourished Kid,” “Barya mo para sa Kalusugan Ko”, “Bantay Malnutrisyon Adopt a Barangay,” Search for Nutrition Friendly School Canteen, Mortuary Aid project of the Barangay Nutrition Scholars (BNSs), and provision of monthly stipend to the 190 BNS covering all the barangays and special economic zones.

Through public-private mix the Province launched the “Malnutrition Alert Ifugao” project to give special assistance to the severely underweight who may have some congenital or acquired physical defects.

II. Master listing of Underweight Cases

The Province prepared a master list of malnourished children to guide program planners. Good master listing is critical so annually the list is reviewed to rank the barangays after re-computing and re-assessing the malnourished children. The master list becomes the working document or tool for all service providers as bases for putting all possible resources and services for the malnourished children and nutritionally depressed barangays.

III. Program Management

Insuring the functionality of the various Nutritional Councils in the Province, Municipal and Barangays is the key in institutionalizing the nutrition programs in the province. The leadership and passion of the Councils with the full support from political leaders had pushed local initiatives for nutrition promotion.

The good documentation and the reduction of malnutrition contributed to the recognitions and awards that the province, municipalities and Barangay
In line with the observance of Oral Health Month, the Department of Health-Cordillera spearheaded the first regional dental health congress in a bid to strengthen bonds with partner line agencies and the private sector towards an improved dental service delivery network in the region.

Oral health problems continue to be a serious public health concern in the Philippines as it affects the overall health and well-being especially of school children. A recent survey revealed that more or less 97% of school children in the country have suffered tooth decay which had greatly affected their school performance and attendance in school.

In the Cordillera, the percentage of Orally Fit Child (OFC) 1 year to below 6 years old is very low at 27 and 32 percent in 2010 and 2011, respectively. This percentage is far below the national target to increase the proportion of OFC to 80 percent by 2015.

DOH-CAR Nutrition Program Coordinator, Dr. Flora Pelingen, said that the low accomplishment is a reflection of the poor dental health program implementation in the region, noting the lack of dentist in some municipalities and limited training of public health dentists.

"This also reflects the inadequate government resources for dental logistics, equipment and upgrading of dental units and poor collaboration and networking among implementing partners both public and private," she added.

"Oral health problems are preventable when it is properly cared at the starting stage," she noted. Thus, she said that in partnership with the local government units, line agencies and the private sectors, day care children 3 to 4 years old will be the focus for the Orally Fit Child Program as a strategy to reduce the incidence of early childhood tooth caries as well as increase the level of tooth brushing habit of children.

An orally fit child means a child who is caries-free or carious tooth/teeth filled either with temporary or permanent filling materials, has healthy gums, has no oral debris and no dento-facial anomaly that would limit the normal function of the oral cavity.

Pelingen said that among the strategies to be adopted for the OFC program is the provision of Essential Oral Health Package (EOHP) for children under 6 years old which includes activities Continued on Page 22
such as supervised tooth brushing drills, removal of unsavable teeth and dental check-up at least once in every six months among others.

Other strategies also include the integration of oral health messages in nutrition education programs, fostering private sector participation and inter-sectoral networking and linkages for the promotion of oral health, capability building and continuous education for public health dentist.

With these strategies and with the participation of all stakeholders and the local government units, Pelingen hopes that the Cordillera region will be able to achieve the 80 percent target of orally fit children by the end of 2015.

Meanwhile, Banaao Day Care Center in Tadian, Mt. Province and the Local Government Unit of La Trinidad, Benguet took home the crown as Orally Fit Child Champions during the 2nd National Garantisadong Pambata Champs and Orally Fit Child Awards held at the Philippine International Convention Center (PICC) in Manila on February 19, 2013.

The awardees were recognized for exemplary and outstanding performance in the orally fit child program.

The 1st regional dental congress was participated in by private and public health dentists in the region, Philippine Dental Association-Baguio-Benguet Dental Chapter, Department of Education, Department of Social Welfare and Development and other partner line agencies.//

The Philippine Dental Association - Baguio-Benguet Chapter.// Diana D. Palangchao

Did You Know That...
Dentists have recommended that a toothbrush be kept at least 6 feet away from a toilet to avoid airborne particles resulting from the flush?

Letter from a grateful RHMPP graduate

TO DOH-CHD CAR

First, I want to thank God for giving me this awesome and great experience... (Likewise) I sincerely thank all concerned individuals behind RNHeals and Rural Health Midwives Placement Program (RHMPP). We had such a very fulfilling job. We learned great experiences that we will treasure forever.

One year is not enough for us but we are so thankful because in our hearts we want to serve the people in the community. I promise to continue advising pregnant mothers regarding their health and encourage them to give birth in health facilities.

Saying “thank you” is not enough for the one year experience we had. The journey was priceless and we felt immense happiness. Sometimes we were exhausted from hiking through rocky rivers, rugged roads, and steep paths to reach our assigned areas. Our bodies felt like collapsing, but our hike up the mountains were nothing compared to what we saw. Who would think that a few sacrifices on our part would mean the world to someone else? It became clear to me that making a difference does not have to involve big things. Making a difference is as simple as making people smile.

(Our experience) is only the beginning of our journey. Sana po maging matagumpay lahat ng program ng DOH. More power, po and may God bless you always. Thank you!

Sincerely yours,

Maika Pearl Reyle Blanche, RHMPP-3

The Philippine Dental Association - Baguio-Benguet Chapter.// Diana D. Palangchao

Sana po maging matagumpay lahat ng program ng DOH. More power, po and may God bless you always. Thank you!

Sincerely yours,

Maika Pearl Reyle Blanche, RHMPP-3
1 dies of measles in CAR, 15 confirmed positive with measles

Diana Domes, Palangchao

The Department of Health Cordillera recorded 15 laboratory confirmed measles cases in the region resulting to the death of a 17 year old boy from South Sanitary Camp in Baguio City.

Reports revealed that the 17 year old boy had no measles vaccination and history of travel.

Between January 1-May 11, 2013, DOH-CAR has recorded 69 suspected measles cases in the region, 15 of which were laboratory confirmed for measles.

Benguet had the highest laboratory confirmed measles cases of ten with nine coming from Virac, Itogon and one in Pico, La Trinidad. Four were from barangays Dominican Hill, Aurora Hill, South Sanitary Camp and New Lucban in Baguio City and one in Lamut, Ifugao.

Regional Expanded Program on Immunization (EPI) Coordinator Dr. Alexei Marrero emphasized that most of the measles cases belong to the adolescent age-group saying they may have been vaccinated against measles but they may not have developed enough immunity against the disease or they may not have been vaccinated at all.

In 2010, DOH-CAR recorded a total of 86 laboratory confirmed measles cases in the region with Baguio City having the highest measles cases of 45 with 1 death followed by Benguet with 29 cases, Ifugao with 9 cases, 2 in Abra and 1 in Mountain Province.

These cases rose to 99 in 2011 with Benguet having the highest measles cases of 42, Baguio City with 27, Ifugao with 13, 10 in Abra, 6 in Mountain Province and 1 in Kalinga. No deaths recorded.

These increasing measles cases prompted the DOH to conduct the massive door-to-door Measles, Mumps and Rubella Immunization of children 9 to 95 months in 2011 resulting to only one laboratory confirmed measles case in Abra in 2012.

Marrero said to curb the spread or possible outbreak of the disease, the DOH-CAR is closely coordinating with the local government units for the conduct of rapid coverage assessment and immunization of all children 6-59 months old who were not immunized against measles.

DOH is also strengthening its monitoring and surveillance for measles cases to include coordination with government/private hospital through the Philippine Integrated Disease Surveillance and Response (PIDSR).

Measles is a highly contagious disease capable of producing large scale outbreaks. Death from measles is usually due to complications like pneumonia and diarrhea.

It is transmitted through infected droplets by sneezing, coughing and close personal contact with persons having measles. Signs and symptoms of measles are skin rashes, cough, runny nose, red eyes and fever.

DOH advises parents to have their children immunized against measles as one of the best ways to prevent measles and its complications. Parents are also advised to immediately bring their children showing the signs and symptoms of measles to the nearest health facility in their concerned areas.//

MEASLES: WHAT YOU NEED TO KNOW

MEASLES is a highly contagious disease caused by a virus. 

TRANSMITTED through infected droplets by sneezing, coughing and close personal contact.

SIGNS AND SYMPTOMS

√ Skin Rashes
√ Cough
√ High Fever
√ Red Eyes

COMPLICATIONS/EFFECTS OF MEASLES

Measles can kill children by causing brain infection and severe pneumonia. 

Other complications result to:

- Severe undernutrition
- Severe skin infection
- Vit.A deficiency leading to blindness
- Diarrhea and dehydration
- Encephalitis

PREVENTION

- Immunization with measles vaccine
- Vitamin A Supplementation during routine measles vaccination

DOH-CHD-CAR, BGHMC Compound, Baguio City
Tel.nos (074) 442-8096 (074) 444-5255
SUGPUIN ANG DENGUE!

MAG 4 O'CLOCK HABIT ARAW-ARAW

STOP

at 4 pm

LOOK

sa loob at labas ng bahay para mag-“Search and Destroy” ng mga posiblene ng mga lamok

LISTEN

sa barangay officials para sa tamang paraan ng pagsugpo ng dengue sa inyong lugar

Aksyon Barangay Kontra Dengue

PAGTIBAYIN!