DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CORDILLERA ADMINISTRATIVE REGION

PROGRAM BRIEFER
2020

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH

Floreat Salubritas Populi

Plus Boosting Universal Health Care
Department of Health
Cordillera Administration Regional Office
HEALTH PROGRAM BRIEFER 2020
Amidst any pandemic or any public health emergency of international concern, the Department of Health continues to thrive to provide productive, resilient, equitable, and people-centered health system. With this commitment to the public, we continue to implement innovative strategies for our programs to be more effective in the name of public service.

This briefer aims to highlight the programs that the Department of Health-Center for Health Development-CAR offers. Through this briefer, we want to provide better understanding on the heart of each program: its background, objectives, accomplishment and future plans for better health services.

We, at the DOH-CHD-CAR, are more than grateful for all our healthcare workers from the hospitals up to the farthest barangays in the Cordilleras, innovative program managers, and supportive local leaders who have continued to show their support to us amidst the challenges at hand. May this program briefer be a reminder that all our labor will not be in vain as we produce accomplishments yearly with one mission- a healthier Cordillera in support to a healthier and more resilient nation!

Dr. RUBY C. CONSTANTINO, MPH, CESO IV
Regional Director
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VISION
Filipinos are among the healthiest people in Southeast Asia by 2022, and Asia by 2040.

MISSION
To lead the country in the development of a productive, resilient, equitable and people centered health system.

CORE COMPETENCIES
• Integrity
• Excellence
• Compassion and respect for human dignity
• Commitment
• Professionalism
• Teamwork
• Stewardship of the health of the people
NATIONAL AEDES-BORNE VIRAL DISEASES PREVENTION AND CONTROL PROGRAM
Mr. Alexander P. Baday - Entomologist III
(Program Coordinator)

A. Background
National Aedes-Borne Viral Diseases Prevention and Control Program (NAVDPCP) is the primary arm of the Department of Health (DOH) responsible for guiding the prevention and control of three Aedes mosquito-borne diseases in the Philippines: Dengue, Zika and Chikungunya. The NAVDPCP was established in 2018 integrating and streamlining all efforts to prevent and control dengue, zika and chikungunya, considering that they share the same vector and (to a huge extent) the same set of interventions, especially for vector control.

B. New Program Thrusts:
• Containment and prevention of Zika and Chikungunya

C. Objectives
• Reduce dengue morbidity rate by 25% by 2022 from 2016 data
• Reduce dengue mortality rate by 50% 2022 from 2016 data
• Dengue case fatality rate at <1% and reduced annually by 0.1%
• Reduce chikungunya and zika outbreaks by 50% annually

D. Program Strategies
• Enhance social mobilization and promote positive health-seeking behavior
• Strengthen capacity for management and implementation of Aedes-borne Viral disease prevention and control program at all levels
• Upgrade information and surveillance system and research for informed decision-making and evidence-based planning and operations
• Expand access to quality diagnostic, treatment and prevention and control services
• Strengthen early detection and prompt and complete containment of outbreaks
• Scale up implementation of Integrated Vector Management (IVM) approach

E. 2020 Activities
1. Logistic Augmentation
   • Procurement and allocation of:
     • Vector control commodities (Insecticides, insecticide-treated nets, drum net covers)
     • Dengue RDTs
     • Entomological surveillance supplies/ materials
     • NAVDPCP Manual of Procedure
     • Dengue algorithm tarpaulins
2. Health Promotion and Advocacy
   • Procurement and allocation of 4S leaflets
   • Funding of Mosquito-borne diseases awareness campaign
   • Radio plugging/ guesting for dengue prevention advocacy
3. Program Monitoring
   • Conduct Program Implementation Review (PIR)
   • Monitoring of priority areas

F. 2020 Accomplishments (as of December 10, 2020)
• Morbidity rate: 55/100,000 population
• Mortality rate: 0.27/100,000 population
• Case fatality rate: 0.50 %
A. Background
Malaria is a disease caused by one or more species of the protozoan parasite called Plasmodium which is usually transmitted through the infective bite of a female Anopheles mosquito and rarely through blood transfusion or the sharing of contaminated needles and syringes. As a disease, it may result to death if not promptly detected and properly treated. In areas with high malaria transmission, most severe malaria cases and deaths occur in young children. Pregnant women are also considered at increased risk of malaria. In those areas, malaria related anemia in the mother and the presence of parasites in the placenta result in low birth weight infants, contributing substantially to deaths among children.

Malaria had been a public health problem in the country but significant reduction in malaria morbidity and mortality has been attained in the past decades. Philippines has now accelerated the transition from control to elimination of malaria as a public health threat. Twenty-eight provinces have already been declared as malaria-free including Benguet and Abra in the Cordillera. In 2015, a total of 7,501 malaria cases were reported with 20 deaths. Seventy-five percent of the cases came from Palawan. CAR had 8 indigenous cases in 2014 from Apayao, the rest of the provinces had no cases.

At present, there are still three (3) provinces in elimination status in CAR, namely, Ifugao, Kalinga and Apayao. In 2008, CAR has already achieved the MDG Target to halt and reverse cases of malaria. In addition to 8 malaria cases reported in Apayao in 2014, 5 imported cases were seen in Benguet, Ifugao and Kalinga. Malaria cases had been reduced by 99.8% from 2002 and the Annual Parasite Incidence was down by 98% in 2014 based on 2006 data. In 2015, there were no more indigenous cases in the region; the 2 reported cases were imported. In 2016, three imported cases from international origin were Detected in Baguio City. Mt. Province was also declared as malaria-free by Technical Working Group of the DOH Central Office.

Ifugao and Kalinga were assessed, validated in 2017-2018 and both were officially declared as malaria-free in November, 2018 for not having indigenous malaria cases for 5 years. Apayao had not reported any indigenous case since 2015 up to present and will be the last province in CAR for assessment and validation. The probability that CAR will be declared as malaria-free within the next 5 years is high if the zero malaria case status will be sustained until 2020.

B. New Program Thrusts:
N/A

C. Program Objectives:
Vision: Malaria-free Philippines by 2030
Mission: Further accelerate malaria control and transition towards elimination
Goal: By 2022, to reduce malaria incidence in the Philippines by 90% relative to a 2016 baseline and to increase the number of malaria free provinces from 32 to 74

1. Objective 1 (Universal Access) – To ensure universal access to reliable diagnosis, highly effective and appropriate treatment and preventive measures.
   Strategy 1.1. Maintain focal interventions in municipalities and barangays with active foci
   Strategy 1.2. Ensure continuous access to malaria diagnosis, treatment and preventive measures in zero-indigenous malaria and malaria – free provinces
   Strategy 1.3. Implement responsive malaria interventions among identified vulnerable population groups
   Strategy 1.4. Increase demand for and support to effective anti-malaria interventions and services

2. Objective 2 (Governance and Human Resources)- To strengthen governance and human resources capacity at all levels to manage and implement malaria interventions
   Strategy 2.1. Establish functional organizational structures and malaria work force at all levels
   Strategy 2.2. Strengthen the policy environment, management systems and coordination mechanism in support of malaria elimination

3. Objective 3 (Health Financing) – To secure government and non-government financing to sustain malaria control and elimination efforts at all levels
   Strategy 3.1. Secure adequate government and non-government financial resources in support of malaria control and elimination

4. Objective 4 (Health Information and Regulation) – To ensure quality malaria services, timely detection of infection...
and immediate response, and information and evidence to guide malaria elimination

Strategy 4.1. Ensure high quality malaria diagnosis and treatment through effective quality assurance systems

Strategy 4.2. Maintain high quality and effective vector control measures

Strategy 4.3. Strengthen malaria case surveillance and response systems in support to malaria elimination according to the Malaria Surveillance and Response

Strategy 4.4. Maintain effective malaria program monitoring and evaluation systems

**Program Situation**

A. On Program Indicators

The target on overall goal of the Malaria Control and Elimination Program of CAR are on track in terms of achieving the Malaria Free Philippines by year 2020. Malaria cases had been reduced to 100% (Figure 1) in 2016 and zero indigenous cases started in 2013 up to 2016 (Table 1). No malaria deaths were reported from 2010 up to the later part of 2018. Kalinga and Ifugao were the latest provinces to be declared as malaria free in 2018 next to Benguet(2005), Abra and Mt. Province.

**Table 1. Malaria Elimination Status in Car, 2010 - 2018**

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Indicator</th>
<th>2016 Nat'l Target</th>
<th>CAR Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria cases are reduced</td>
<td>Malaria Morbidity Rate/100 T Pop.</td>
<td>6.6</td>
<td>10</td>
</tr>
<tr>
<td>Malaria deaths are reduced</td>
<td>Malaria Mortality Rate/100 T Pop.</td>
<td>&lt;0.03</td>
<td>0</td>
</tr>
<tr>
<td>Annual Parasite Incidence is reduced</td>
<td>API per 1,000 endemic pop</td>
<td>0.08</td>
<td>0.09</td>
</tr>
<tr>
<td>The No. of malaria-free prov. is increased</td>
<td>No. of malaria-free prov.</td>
<td>40</td>
<td>2</td>
</tr>
</tbody>
</table>

**Malaria Elimination Status in CAR from 2002 - 2018**

The data shows a 100 percent decrease in the number of malaria cases from 2002 to 2016 in all provinces of Cordillera region (Figure 1). Apayao is targeted to be declared by 2020.

**Figure 1** Malaria Indigenous cases by year

**Malaria-free provinces targeted for the years 2016-2020 were as follows.**
D. Program Strategies
1. Budget support to Pre-deployment Orientation meetings of Malaria Spraymen (March and September)
2. Support to World Malaria Celebration, March (tarpaulins, parades). Support to Malaria Awareness Month (November)
3. Fund support for Ifugao, Kalinga and Mt. Province for the conduct of Quality Assurance in Malaria Microscopy
4. Procurement of insecticides laboratory supplies as RDTs, Giemsa reagents, glass slides, Oil Immersion objectives, slide boxes and PPEs for spraymen
5. Hiring of Malaria Spraymen
6. Hiring of Malaria Surveillance Officer (Job Order)
7. Monitoring and supervision
8. Conduct of malaria microscopy and RDT refresher course

E. 2020 Activities
1. Regional Assessment of Apayao as malaria-free (Dec. 1-3, 2020)
2. Conduct of Malaria microscopy Refresher Course-not done due to COVID pandemic
3. Conduct of Orientation on New Malaria Manual of Procedures
4. Conduct of Roll-out Training on Online Malaria Information System to all provinces of CAR not done due to COVID pandemic
5. Procurement of Laboratory commodities (Giemsa stain, insecticides and Long Lasting insecticides)
6. Hiring of Malaria Spraymen assigned in Apayao from Central office sub allotment
7. Funding for Malaria Awareness Activities in March and November not done due to realignment of program budget

F. Recommendations/Plans
1. Continue provision of malaria logistic support to LGUs in their implementation of vector control activities in an integrated approach
2. Provision of technical assistance in Apayao the preparation for malaria-free validation
3. Strengthen disease surveillance and investigation of reported cases from CAR provinces thru 1-3-5 surveillance system

G. Program Logo
INTEGRATED HELMINTH CONTROL AND PREVENTION PROGRAM

Mr. Anthony Baigen - Medical Technologist II
(Program Coordinator)

A. Background
In all the provinces of the Philippines, intestinal parasitism, especially soil transmitted helminthiasis (STH) remains to be a public health concern that affects mainly pre- and school-aged children. In 2015, RITM conducted a National Survey on the Prevalence of Soil-Transmitted Helminths (STH), Schistosomiasis and other Intestinal Parasitic Infections among Public School Children (Daycare, Elementary, and High School) in the Philippines and the country has an STH cumulative prevalence of 28.4%.

The IHCP interventions consist primarily of chemotherapy following the WHO recommendation of conducting mass drug administration (MDA) in areas with STH prevalence of 20% and above. It also incorporates WASH (water, sanitation, hygiene) as a cornerstone in the prevention of worm infections since deworming+hygiene+safe water+basic sanitation yields more health impact than any of the factor alone.

B. Program Thrusts:
Vision: STH-free Philippines
Goal: To reduce the STH prevalence of moderate and heavy intensity infection

C. Objectives
1. To guarantee universal access to quality STH prevention and control services at all life stages
2. To guarantee a functional and responsive health delivery system for STH prevention and control services
3. To guarantee affordable STH prevention and control services

D. Program Strategies
On Objective #1:
Strategy 1.1. Expand and strengthen provision of quality STH preventive management and treatment services
Strategy 1.2. Increase the demand for appropriate STH prevention and control services
Strategy 1.3. Design and implement STH package interventions and services focused on the poor, marginalized and vulnerable groups

On Objective #2:
Strategy 2.1. Establish a supportive organizational and policy environment for the implementation of STHPCP at all levels of administration
Strategy 2.2. Streamline the supply chain for quality anti-helminthic drugs and medicines and other supplies
Strategy 2.3. Strengthen the monitoring and evaluation of STHPCP implementation status
Strategy 2.3. Harness the contribution and involvement of various groups of stakeholders from the different sectors

On Objective #3:
Strategy 3.1. Secure increased DOH budget allocation for STHPCP
Strategy 3.2. Intensify advocacy for funding support from LGUs and other sources

E. 2020 Activities
1. Logistics Allocation:
   • Allocation of deworming drugs for Harmonized Schedule and Combined Mass Drug Administration (HSCMDA)-Community and School-based Deworming
   • Procurement of commodities in support to deworming during COVID-19 pandemic

2. Health Promotion and Advocacy
   • Regional DepEd Advocacy Forum and Program Implementation Review
   • Reproduction and distribution of IEC materials
   • Collaboration with Environmental and Occupational Health Program for promotion of Zero Open Defecation (ZOD)

3. Program Monitoring and Mentoring
   • Monitoring of targeted priority areas

4. Policy Dissemination
   • Dissemination of new policies especially those released in view of the COVID-19 pandemic through Memorandum Circulars, online meeting, email, etc.
F. 2019 Accomplishments
1. Logistics Allocation:
   • Allocation of deworming drugs for Harmonized Schedule and Combined Mass Drug Administration (HSCMDA)-Community and School-based Deworming
   • Provision of IEC materials

2. Health Promotion and Advocacy
   • Regional DepEd Advocacy Forum and Program Implementation Review
   • Joint DepEd and LGU Provincial DepEd Advocacy Meetings on School-based Health Programs
   • Provincial/City Radio Plugging for the National Deworming Month Campaign on July

3. Integrated On-site Program Monitoring and Mentoring
   • Monitoring of targeted priority areas

G. Future Plans/Strategies
1. Health Promotion and Advocacy
   • Strengthen health literacy/information at municipal and barangay levels

2. Monitoring and Evaluation
   • Continue Joint stakeholders PIRs
   • Strengthen monitoring and evaluation through integrated monitoring approach

3. Strengthen WASH integration to the program
   • Reinforce measures for safe water, sanitation, hygiene, and education
   • Strengthen collaboration with other programs implementing WASH

4. Program reporting
   • Move towards paperless reporting of deworming accomplishments and other program data through the Neglected Tropical Disease Information System (NTDMIS)

H. Program Logo
A. Background
The NTP is one of the public health programs being managed and coordinated by the Infectious Diseases for prevention and Control Division of the Disease Prevention and Control Bureau of the DOH. The NTP has a mandate to develop TB control policies, standards and guidelines, formulate the national strategic plan, manage program logistics, provide leadership and technical assistance to the lower health offices/units, manage data, and monitor and evaluate the program.

The DOH-CHD-CAR through their Regional NTP Coordinator, manages TB at the regional level while the provincial health and city health offices, through their provincial/city teams are responsible for TB control efforts in provinces and cities.

TB diagnostic and treatment services that are in accordance with NTP protocol are provided by DOTS facilities which could be the public health facilities such as RHUs, Health Centers, Hospitals; other public private facilities such as private clinics, private hospitals, private laboratories, drug stores and others. Community groups such as the community health teams and barangay health workers participate in community-level activities.

- The Philippines is 7th among the 27 high burden countries in terms of MDRTB estimates (WHO Report, 2014)
- Ranks 8th worldwide among the 22 high TB burden countries
- Every untreated sputum positive TB patient will infect 10-15 individuals

B. New Program Thrusts
The program’s TB diagnostic and treatment protocols and strategies are in accordance with the global end TB strategy and the policies of WHO and International Standards for TB Care.

C. Objectives: (General and Specific)
To improve access and utilization of quality health care services, at least 66% Case Detection Rate and maintain 90% and above Treatment Success Rate towards the attainment of 90% CDR and 90% TSR by 2035.

D. Program Strategies
The overarching strategy of the NTP is the DOTS or directly observed treatment short course that was started in the country in 1996. It has five basic elements, (a) availability of quality assured sputum microscopy, (b) uninterrupted supply of anti-TB drugs, (c) supervised treatment, (d) patient and program monitoring, and (e) political will.

PhilSTEP Strategies
- Empower TB patients and communities to promptly access quality TB services
- Network with other agencies to reduce out-of-pocket expenses and expand social protection programs
- Galvanize national and local efforts to mobilize adequate and capable human resources for TB elimination
- Advance the generation of TB information and utilization for decision making
- Guarantee compliance to standards of TB Care and prevention and availability of quality TB products and services
- Expand the provision of Integrated patient centered TB services. Drum up support from the national and regional agencies, legislative branch and local government units on multi-sectoral implementation of TB elimination plan

E. 2020 Activities
- Sustained provision of free diagnostic services and treatment at the Baguio General Hospital and Medical Center PMDT, in the newly established Satellite Treatment Centers of Kalinga Provincial Hospital and Abra Provincial Hospital and the GeneXpert sites at Amma Jad sac District Hospital, Panandopan District Hospital, Bontoc General Hospital, Benguet PHO, Northern Benguet District Hospital and Luis Hora Memorial Regional Hospital
- Good partnership advocacy/ IEC to the LGUs and other stakeholders
- Monitoring and evaluation through field and non-onsite visits to the facilities with very low Case detection rate and integrated program implementation reviews with the Integrated Data Quality Check
- Address MDR-TB infection and co-infection and needs of vulnerable populations
- Certify and accredit TB care providers.

F. 2019 Accomplishments
- The Case Detection Rate of CAR for All Forms of TB started to increase from 38 % in 2010, 64% in 2014, 70% in 2015, 73 % in 2016 (using the 288/100,000 population), 32% in 2018 and 29% in 2019 (using the 554/100,000 population). It is still below the National target which is 90%.
The Treatment Success Rate of CAR for New Smear Positive Cases of TB started to increase from 83% in 2010, 92% in 2014, 90% in 2015, 92% in 2017 and 92% in 2018. The 90% National target was achieved.

G. Future Plans/Strategies (2020-2022)
- Sustained provision of logistic support (Anti TB drugs for adult and children, PPD solution, Tuberculin syringes, Vitamin B. Complex) to LGUs.
- Monitoring and evaluation through field visits and program implementation reviews.
- Issuance of program policies and guidelines from DOH-CO.
- Good partnership advocacy to the LGUs and other stakeholders.
- Engage both public and private TB care providers to adopt DOTS.
- Hiring of Mandatory Notification Officers to help in the notification of all TB cases from the private hospitals and clinics.
- Address MDR-TB infection and co-infection and needs of vulnerable populations.
- Certify and accredit TB care providers.

FOOD AND WATERBORNE DISEASES PREVENTION AND CONTROL PROGRAM
Mr. Anthony Baigen - Medical Technologist II
(Program Coordinator)

A. Background
Food and Waterborne Diseases (FWBD) are usually infectious or toxic in nature and caused by bacteria, viruses, parasites or chemical substances entering the body through contaminated food or water. FWBD pathogens can cause severe diarrhea or debilitating infections and even death.

Common sources of infection include uncooked foods of animal origin, fruits and vegetables contaminated with faeces, and raw shellfish containing marine biotoxins. Contamination of food and water is due to unprotected water sources, poor sanitation conditions, and lack of knowledge and awareness on proper hygiene and food safety.

Exposure to pathogens of FWBD can result to diarrhea, abdominal pain, fever, bleeding, dizziness and dehydration. Moreover, the growing number of food establishments may be a source of potential outbreak when sanitary standards are not complied with.

B. New Program Thrusts
Vision: A food and waterborne disease free Philippines
Mission: To reduce the burden of FWBDs and outbreaks through evidence-based program management, behavior change, policy support, standards, and guidelines development, efficient and well-trained program management and staff and resource mobilization initiatives
Goal: Reduced morbidity and mortality due to FWBDs including outbreaks

C. Objectives
Objective 1: Financing- To secure sustainable investments to improve FWBD health outcomes and ensure efficient and equitable use of health resources for addressing FWBDs
Objective 2: Service Delivery- To ensure the availability and accessibility of essential quality FWBD program health products and services at appropriate levels of care especially for priority population
Objective 3: Regulation- To ensure availability of safe and high quality FWBD program health products, devices, facilities and services
Objective 4: Governance- To ensure sustained supportive policy environment and functional structures for effective and participatory implementation and coordination of the FWBD program
Objective 5: Performance Accountability- To ensure accountability of different institutions, staff and health workers at all levels in the execution of FWBD policies and programs

D. Program Strategies
On Objective #1:
Strategy 1: Rationalize health spending for FWBD by delineating priorities among key actors including DOH Central Office, CHDs and LGUs
Strategy 2: Expand PhilHealth Benefit Package for clients suffering from FWBDs
Strategy 3: Mobilize funds from other sources
Strategy 4: Prepare and update of a multi-year budgetary requirement to support the implementation of the strategic plan for FWBD-PCP
On Objective #2:
Strategy 1: Expand and capacitate facilities and service providers to deliver quality FWBD-PCP interventions and services
Strategy 2: Intensify the generation of demand for appropriate WASH practices and health seeking behavior towards FWBD services
Strategy 3: Strengthen the delivery of FWBD services to vulnerable groups and identified high risk areas
Strategy 4: Strengthen FWBD surveillance and response, monitoring evaluation, and reporting
Strategy 5: Ensure uninterrupted provision of FWBD services during times of disasters and emergencies

On Objective #3:
Strategy 1: Monitor food, water and sanitation practices through enforcement of national policies and appropriate technical standards
Strategy 2: Regularly inform and educate the public and consumers on the safety, and quality of health goods and services
Strategy 3: Explore integration of FWBD sentinel indicators in licensing and accreditation standards e.g. functional ORT corners in health facilities

On Objective #4:
Strategy 1: Create supportive policy environment at various levels and within the context of existing SDN and Local Investment Plans for Health
Strategy 2: Streamline organizational support for FWBD-PCP including clearly delineating roles and responsibilities among DOH Central Office, CHDs and LGUs
Strategy 3: Improve systems for supply chain management of FWBD commodities
Strategy 4: Ensure conduct of research to generate and use evidence in policy development, decision making and program planning and implementation
Strategy 5: Harness participation and contributions of multi-sectoral partners

On Objective #5:
Strategy 1: Link financing, service delivery, regulation and governance of FWBD services to leverage LGU performance by using instruments such as Terms of Partnership, awards/ recognition and performance grants
Strategy 2: Conduct regular monitoring, performance monitoring review and assessment

E. 2020 Activities
1. Logistics Augmentation:
   • Typhoid test kit
   • Drugs and medicines
   • Water disinfectants

2. Health Promotion and Advocacy
   • Integration of FWBDPCP advocacies in other related programs

3. Integrated On-site Program Monitoring and Mentoring
   • Monitoring of targeted priority areas

4. Reproduction of Program References
   • Reproduction of Food and Waterborne Disease Program Manual of Procedures and Clinical Practice Guidelines

F. 2019 Accomplishments
1. Logistics Allocation:
   • Typhoid test kit
   • Augmentation drugs and medicines to hospitals and RHUs
   • IEC materials
   • Water disinfectants

2. Health Promotion and Advocacy
   • Global Handwashing Day Advocacy
   • Integration of FWBDPCP advocacies in other related programs

3. Program Monitoring and Mentoring
   • Monitoring of targeted priority areas
G. Future Plans/Strategies

1. Orientation and Advocacy Activity
   - Orientation on new FWBD policies including the Manual of Operations and Clinical Practice Guidelines
   - Collaboration with EOHP on Global Handwashing Day Celebration

2. Allocation of Resources
   - Typhoid test kit
   - Drugs and Medicines
   - Water disinfectants
   - IEC materials

3. Strengthen health literacy/information at municipal and barangay levels and Integrate Health Promotion Advocacy of Sanitation and Hygiene

4. Program Monitoring and Mentoring
   - Monitoring of targeted priority areas

EMERGING/ RE-EMERGING INFECTIOUS DISEASES (EREID) PROGRAM
Dr. Jennifer-Joyce R. Pira - Medical Officer IV
(Program Coordinator)

A. Background
Emerging and re-emerging infectious diseases (EREID) (e.g., SARS, meningococccemia, Avian Influenza or bird flu, A (H1N1) virus infection) threaten countries all over the world. Emerging infections is defined as newly diagnosed or previously unknown infections. This may include new or drug-resistant infections whose incidence in humans has increased within the past two decades or whose incidence threatens to increase in the near future. Re-emerging infections are defined as secondary to the reappearance of a previously eliminated infection or an unexpected increase in the number of a previously known infectious disease.

Several emerging and re-emerging infections have penetrated the Cordillera Region. From 2004 up to 2008, meningococcal disease has affected the region. Followed by the influenza A (H1N1) virus in 2009 wherein in June 11, 2009, the World Health Organization has declared it as a global epidemic or otherwise known as pandemic. In 2010, two outbreaks emerged, the measles-rubella and the anthrax outbreaks. Starting in 2012 until present, leptospirosis continues to affect some of the region’s exposed population. Vaccine preventable infections also continued to re-emerge, such as, rubella in 2011, 2016 to 2017 and 2019; measles outbreaks in 2015 and 2018 to 2019; diphtheria and pertussis from 2017 to 2018; and Japanese Encephalitis from 2018 to 2019. Anthrax outbreaks were then observed in 2017 and again in 2020.

The latest pandemic was SARS COV-2 infection or otherwise known as COVID-19. It emerged from Wuhan, China in December 2019 and has spread all over the globe in early 2020. Its entry into the Philippines was first detected on January 30, 2020. From then on, transmission went widespread all over the country, then within regions, and then within cities and municipalities. CAR was not spared from this event wherein enhanced community quarantines were implemented restricting possible means of disease spread.

The community is the source of outbreaks and is only determined when cases are admitted in health facilities. Policies have been disseminated to the rural and urban health units for their preparedness for upcoming outbreaks because it is a fact that emergence or re-emergence of an outbreak is inevitable.

Some local health offices from provinces were not able to respond effectively and rapidly to these EREID events due to the lack of strong linkages and coordinating mechanisms. However, the Department of Health (DOH) hopes to further improve the functionality and effectiveness of local response systems in order to prepare for emerging and re-emerging infections that have the potential to cause high morbidity and mortality. Efforts are done by the EREID program by providing necessary technical assistance and capability enhancement activities. Applicable prevention and control measures are being integrated while the existing systems and organizational structures are further strengthened.

The National Objectives for Health (NOH) 2017-2022 contains the strategic plan that the health sector plans to achieve. Activities are integrated with those of the Regional Epidemiology Surveillance Unit (RESU), Health Emergency Management Section (HEMS), and Health Education and Promotions Office (HEPO). This is still carried over to the following year’s strategic plan.
B. New Program Thrust
N/A

C. Objectives
Vision: A health system that is resilient, capable to prevent, detect and respond to the public health threats caused by emerging and re-emerging infectious diseases.
Mission: Provide and strengthen an integrated, responsive, and collaborative health system on emerging and re-emerging infectious diseases towards a healthy and bio-secure country.
Overall Goal: Prevention and control of emerging and re-emerging infectious disease from becoming public health problems, as indicated by EREID case fatality rate of less than one percent.

Specific objective:
1. To enhance capacities of health facilities to enhance case detection and response;
2. To conduct visits by monitoring, coaching and mentoring prioritized health facilities;
3. To enhance capacities of health facilities and local health units to prepare for emerging and re-emerging infectious diseases (EREID);
4. To inform the community to take action for health, through tri media campaigns and issuances of health advisories.

D. Program Strategies:
1. Policy Development: Development of systems, policies, standards, and guidelines for preparedness and response to emerging diseases.
   - Establish updated, relevant, and implementable policies on EREID providing the overall direction in implementing the different Program components for all the network of health providers and facilities.
2. Resource Management and Mobilization: Effectively manage and mobilize available resources from the DOH and partners needed in EREID detection, preparedness, and response.
3. Coordinated Networks of Facilities: Organize adequate and efficient system of coordination among network of facilities needed in EREID detection, preparedness, and response within the context of integrated health service delivery system at national and sub-national levels.
4. Building Health Human Resource Capacity: Health care professionals skilled and competent in detection and management of EREID cases, and providing psychosocial support supervision and risk communication at the national and sub-national levels.
5. Establishment of Logistics Management System: Manage the procurement and distribution of logistics for EREID detection, preparedness and response under each mode of disease transmission.
6. Managing Information to Enhance Disease Surveillance: Improve case detection and surveillance of EREID to prevent and or minimize its entry and spread and to mitigate the possible effects of widespread community transmission.
7. Improving Risk Communication and Advocacy: Institute a risk communication and advocacy system that is factual, timely and localized is established at the national and sub-national level.

E. Accomplishments for 2019:
1. Conducted Surveillance and HEMS trainings.
2. Conducted regular inventory updating and augmentation of EREID commodities, such as, Test kits (Hepatitis B), drugs and medicines, Hepa B vaccine, and PPEs.
3. Conducted advocacy campaigns, such as, distribution of various developed IEC materials c/o HEPO and development of Risk Communication Plans.
5. Continued surveillance activities c/o RESU.

F. Accomplishments for 2020:
1. Conducted policy/guideline dissemination campaigns through IPC and WASH orientations, cascading of prevention messages such as the BIDA Solusyon, and online dissemination via emails and social media.
2. Conducted regular logistics inventory and EREID commodities augmentation to P/MLGUs and healthcare facilities.
3. Conduct of advocacy campaigns in the form of distribution of various developed IEC materials in coordination with HEPO and updated the Risk Communication Plans in coordination with HEPO
4. Conduct of onsite and off-site monitoring, mentoring/ coaching to LGUs and healthcare facilities via face-to-face or virtual platforms.
5. Continued surveillance activities in coordination with RESU
DISEASE PREVENTION AND CONTROL CLUSTER

G. General Recommendations/Plans in 2021:
1. Policy/guideline dissemination campaigns:
   a. IPC orientations
   b. WASH orientations
   c. Cascading of BIDA Solusyon
   d. Online dissemination of various EREID policies, guidelines, protocols
2. Inventory and Augmentation of Resources (EREID, HEMS, and Logistics Management Support Unit)
   2.1. Allocation of commodities for various EREID events
       a. Test kits (Hepatitis B)
       b. Drugs and medicines for meningococcemia, anthrax, etc.
       c. Meningococcal Vaccine
       d. PPEs for COVID-19 (provided by Central Office or procured by CHD-CAR)
   2.2. Regular updating of inventory of EREID related supplies
   2.3. Hiring of 4 technical staff to manage the CHD-CAR One Hospital Command Center
   2.4. Hiring of 1 DMO II for COVID/EREID Program
3. Capacity building Activities:
   a. Workshop on Drafting the Regional EREID Preparedness and Response Plan
4. Advocacy Campaigns
   a. Distribution of various developed IEC materials in coordination with HEPO
   b. Updating of the Risk Communication Plans in coordination with HEPO (ride-on activity with the Regional EREID Preparedness and Response Plan Writeshop)
5. Monitoring and onsite mentoring/coaching
   a. Virtual or face-to-face monitoring of LGUs and health care facilities
   b. Virtual or face-to-face monitoring of requesting health partners
   c. Conduct of regular monthly IMT meetings
6. Continue surveillance activities in coordination with RESU

ENVIRONMENTAL AND OCCUPATIONAL HEALTH PROGRAM

Mr. Anthony Baigen - Medical Technologist II
(Program Coordinator)

A. Background

Environmental Health
The year 1975 marked the passage of the Sanitation Code of the Philippines (PD 856) which serves even to date as the overarching reference of sanitation matters in the country inclusive of water supply, food sanitation, excreta and sewage disposal, solid waste management, insect and vermin control, public place sanitation and others.

On September of 2015, the Philippines, as a member of the United Nations (UN), has committed to achieve the 17 Sustainable Development Goals (SDGs) by 2030 in order to attain the long-term vision as articulated in AmBisyon Natin 2040. In support to the country’s commitment, the Department of Health through its Environmental & Occupational Health (EOH) Program strongly supports the enforcement of the SDG 6 which is to Ensure availability and sustainable management of water and sanitation for all.

Safe water and sanitation services go hand in hand as lack of one compromise the other. Without safe water, a person cannot observe proper sanitation, while poor sanitation services can greatly affect our access to safe water as human excreta is one of the leading causes of water source contamination, even at a small amount.

Occupational Health
The occupational health aspect of the program focuses on providing technical assistance on occupational diseases and work-related diseases and injuries among selected workplace. It initially focuses on public health workers’ access to basic occupational health services at the local level with its vision “Healthy Filipino Workforce”. The three (3) missions of the occupational health program are (1) direct, harmonize, and converge all efforts in occupational disease prevention and control; (2) ensure equitable, accessible and efficient health services to workers; and (3) establish dynamic partnership, shared advocacy, responsibility and accountability.
With the limited resources and manpower, the program will be focusing mainly on the environmental health aspect of the program for 2020. The environmental health program aims to improve the coverage of households with access to safe water and sanitation facilities within the region. This will benefit the community in more than one aspect—food and water borne diseases will be lessened as well as parasitism and malnutrition. Properly managed sanitation facilities will also contribute greatly in the reduction of environmental population.

B. Program Thrusts:
Vision: Environmental sanitation-related diseases are prevented and no longer a public health problem in the Philippines
Goal: To guarantee sustainable environmental sanitation services in every community

C. Objectives
1. Expand and strengthen delivery of quality environmental sanitation services
2. Institute supportive organizational, policy and management system
3. Increase financing investment in environmental sanitation
4. Enforce regulation policy and standards
5. Establish performance accountability mechanism at all levels

D. Program Strategies
On Objective #1:
Strategy 1.1. Design, promote and implement customized ES package of interventions and approaches for varying situations and needs
Strategy 1.2. Generate demand for quality ES among targeted providers and intended beneficiaries

On Objective #2:
Strategy 2.1. Harmonize and localize national policies and plans
Strategy 2.2. Enhance organizational support structure at all levels for ES management and implementation
Strategy 2.3. Establish and sustain strategic multi-sectoral alliances

On Objective #3:
Strategy 3.1. Secure DOH and LGUs budget support for ES implementation
Strategy 3.2. Harness funding support from other sectors and development partners

On Objective #4:
Strategy 4.1. Strengthen DOH (CO and ROs) regulatory capacity and coordination with regulatory bodies
Strategy 4.2. Improve capacity LGUs in enforcing compliance to ES laws and guidelines

On Objective #5:
Strategy 5.1. Establish and maintain functional monitoring and evaluation system
Strategy 5.2. Expand/Integrate recognition and incentives provision for good performance

E. 2020 Activities
1. Logistics Augmentation to LGUs:
   • Procurement and augmentation of plastic toilet bowls and water disinfectants (chlorine granules, sodium dichloroisocyanurate/ aquatabs) for LGUs

2. Health Promotion and Advocacy
   Collaboration with HEPO for the development of:
   • IEC materials on Water, Sanitation, and Hygiene
   • Proper use of face masks
   • Preparation of disinfecting solutions
   • Conducted lectures on Infection Prevention and Control (IPC) and WASH-related activities
   • Spearheaded the Global Handwashing Day online dissemination through the use of Facebook Profile Frame, Moments of Handwashing Challenge, and Tamang Paghugas ng Kamay Dance Challenge

3. Program Monitoring and Policy Dissemination
   • Conduct of Program Implementation Review for all Provincial/ Rural Sanitation Inspectors to tackle the new environmental health indicators under the FHSIS v.2018 and the latest guidelines including the DOH Administrative Order 2019-0054 “Guidelines on the Implementation of the Philippine Approach to Sustainable Sanitation (PhATSS)”
   • Development of simplified excel form per province for environmental health FHSIS indicators
DISEASE PREVENTION AND CONTROL CLUSTER

- Initiated masterlisting of barangays in the region self-declared with Zero Open Defecation (ZOD) status
- Monitoring of targeted priority areas

4. Meeting with Partner Agencies
- Conducted consultative meeting with Department of Natural Resources - CAR regarding DENR issuances related to Environmental Health Certification
- Participated in the online activities of the World Health Organization:
  - Component 1: Capacity Building for Drinking Water Quality Surveillance
    - Consultation Workshop on the Operational Manual for Local Drinking Water Quality Monitoring Committee
    - Consultation for the Water Safety Plan (WSP) Policy on Certification of WSP Trainors and Accreditation of Training Institutions
    - Training on WSP Review, Monitoring, and Auditing
  - Component 2: Capacity Building for WASH in Health Care Facilities
    - Consultation-Orientation on the Development of the Operational Manual for WASH FIT
    - Consultation on the WASH in Health Care Facilities Country Plan
    - Training on WASH FIT applied to Health Care Facilities
    - Health Care Waste Management Training

5. Case Investigation
- Joined in case investigation of environmental-related diseases such as polio together with the Regional Surveillance and Epidemiology Unit (RESU)

F. 2019 Accomplishments

1. Logistics Augmentation:
   - Procurement and allocation of program commodities such as water testing reagents, water testing bottles, toilet bowls, and water disinfectants
   - Reproduction of program references (e.g. PD 856)

2. Health Promotion and Advocacy
   - Conducted lectures related to environmental health and WASH

3. Integrated On-site Program Monitoring and Mentoring
   - Monitoring of targeted priority areas/health care facilities
   - Evaluation of barangays for ZOD status
   - Monitoring of selected water refilling stations

4. Capability Building
   - WASH Training for Benguet

5. Meeting with Partner Agencies
   - Conduct of Regional Interagency Committee for Environmental Health (RIACEH)

G. Future Plans/Strategies

1. Health Promotion and Advocacy
   - Strengthen health literacy/information at municipal and barangay levels both for environmental and occupational health
   - Utilize quad media for promotion of WASH and occupational health

2. Monitoring, Evaluation, and Mentoring
   - Continue Joint stakeholders meetings such as Data Quality Check for the program reports, PhATSS Workshop for self-declared municipal-wide zero open defecation status
   - Mentoring to LGUs in achieving Zero Open Defecation Status (G1), Basic Sanitation (G2), and Sustainable Sanitation (G3) in barangay and municipal level
   - Strengthen monitoring and evaluation through integrated program monitoring approach

3. Logistics Augmentation
   - Procurement and allocation of program commodities including toilet bowls, water disinfectant, water testing reagents, and portable water testing equipment
4. Strengthen WASH
   • Reinforce measures for safe water, sanitation, hygiene, and education
   • Strengthen collaboration with other programs implementing WASH

**RABIES PREVENTION AND CONTROL PROGRAM**

**Mr. Roy Fiaching - Medical Technologist IV**

(Program Coordinator)

**A. Background**

Rabies remains to be a public health problem in the Philippines. It is the most acutely fatal infectious disease responsible for the death of 200-250 Filipinos every year. At least one-third of human rabies deaths are among children less than 15 years of age. Two thirds of human rabies cases are males. Dogs are the sources of the vast majority of human rabies deaths. The high cost of anti-rabies vaccine and immunoglobulin, expenditure for medical consultations and the loss of income are an additional burden to a regular Filipino family confronted with a potential rabies exposure.

**B. New Program Thrusts:**

N/A

**C. Program Objectives/ Targets:**

**Vision:** Rabies Free Philippines by 2030

**Vision for CAR:** Rabies-free Cordillera before 2030

**Goal:** The goal of the program is to eliminate rabies in the Philippines and declare a Rabies-free Philippines by year 2030.

**Goal for Region CAR:** To declare at least two municipalities and 1 barangay as rabies-free by 2021

The National Rabies Prevention and Control Program has the following objectives:

1. Reducing the Mortality Rate to <1.5 per million population
2. >90% Post-Exposure Prophylaxis (PEP) Completion Rate
3. At least 40% Rabies Immunoglobulin (RIG) Coverage
4. At least 90% of bite victims washed with soap and water

**D. Program Strategies:**

1. Support to dog mass vaccination program of DA
2. Advocacy campaign on Rabies (Rabies Awareness Month in March and World Rabies Day in September)
3. Provision of pre-exposure prophylaxis treatment to high risk personnel and post exposure prophylaxis to animal bite victims thru Animal Bite Treatment Centers
4. Capacity building and technical support in the establishment of ABTCs
5. Establishment of a central base system for registered and vaccinated dogs in partnership with D.A.

**Program Situation:**

**A. Program Indicators**

**Mortality Rate**

The number of deaths due to human rabies has decreased from three in 2010 to zero in 2012 but has increased to six in 2016 and five in 2017 (Fig. 1).

In 2016, there were six(6) reported suspected cases of human rabies, four(4) deaths from Bangued and one death from Tayum, Abra. The sixth human rabies case from Mankayan was bitten in 2011 at Betag, La Trinidad, Benguet and died at Baguio General Hospital in October, 2016. One 68 y/o, male, alleged suspected rabies case was reported from Baguio General Hospital, but patient was ruled out as a rabies case since he has no animal bite exposures.

In 2017, there were 5 Human Rabies cases, 4 males and 1 female reported from Abra (Bangued-1, Lapaz-1, Sallapadan-2, Manabo-1). Two patients were bitten in September and December, 2016, three were bitten in January and May, 2017 and one cannot remember the date of bite. With the 40% augmentation from DOH of Immunoglobulin for CAT III bites (ERIG), more effort should be done to assist the Department of Agriculture, Livestock Office, up to the municipal level to
implement strict mass dog vaccination strategy to cover at least 70% of dog population at the barangay level.

In 2018, 4 human rabies cases were reported in Apayao, 3 in Conner (a policeman and 2 children) and 1 in Pudtol. One human rabies case who consulted at FarNorth Luna Regional Hospital came from Cagayan.

In 2019, 6 human rabies cases indigenous to CAR (5-Tabuk City, Kalinga and 1- Conner, Apayao) while 4 imported cases (from Cagayan, Isabela and Pangasinan provinces) were reported.

In 2020, one (1) human rabies case was reported in February from Kabugao, Apayao as of 3rd week of December, 2020.

**Animal Bite Cases**

The number of animal bite cases has been steadily increasing since 2010 (Fig.2). With this situation the risk of rabies exposure is also increased. Diagnosis and Treatment

There were now 30 certified Animal Bite Treatment Centers established in 2020(Table 2) with that have to be maintained to meet the needs of the increasing number of animal bite cases.
The supplies being provided to ABTCs to help meet the needs of the animal bite patients are limited like the Equine Rabies Immunoglobulin (RIG) and anti-rabies vaccines (PVRV). These are allocated as augmentations to ABTCs for their Post exposure Prophylaxis (PEP) and Pre-Exposure prophylaxis (PreP) management. Further, rabies registries, PEP cards, IEC materials, treatment algorithm and syringes are augmented to Animal Bite Centers.

### Table 2. Animal Bite Treatment Centers

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of ABTCs</th>
<th>Name of ABTCs (29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABRA</td>
<td>5</td>
<td>Abra Provincial Hospital, Bangued, Tubo RHU, Tayum RHU, Bangued RHU, Dolores ABTC</td>
</tr>
<tr>
<td>APAYAO</td>
<td>6</td>
<td>Sta. Marcela DH, Conner DH, Apayao Prov’l Hospital, Kabugao Pudtol RHU, Apayao District Hospital, Calanasan, Luna RHU</td>
</tr>
<tr>
<td>BAGUIO CITY</td>
<td>3</td>
<td>Health Services Office, Baguio General Hospital and Medical Center and Saint Louis University-Hospital of the Sacred Heart, Baguio City</td>
</tr>
<tr>
<td>BENGUET</td>
<td>7</td>
<td>Northern Benguet District Hospital, Dennis Molintas District Hospital (Bokod), Kapangan District Hospital, La Trinidad RHU, Benguet General Hospital and Ucab, Ilogon and Buguias ABTC, Benguet</td>
</tr>
<tr>
<td>IFUGAO</td>
<td>3</td>
<td>Ifugao Clinic, Lagawe, Potia District Hospital, A. Lista &amp; Tinoc DH</td>
</tr>
<tr>
<td>Kalinga</td>
<td>3</td>
<td>Kalinga Prov’l Hospital (Bulanao), Tabuk City Health Office (Dagupan) and Tabuk RHU</td>
</tr>
<tr>
<td>Mountain Province</td>
<td>3</td>
<td>Bontoc General Hospital, Luis Hora Regional Memorial Hospital (Bagko) &amp; Paracelis District Hospital</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>ANIMAL BITE TREATMENT CENTERS</td>
</tr>
</tbody>
</table>

### Table 3. Total Bite Cases/Province 2015-2019

<table>
<thead>
<tr>
<th>Province/ City</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baguio city</td>
<td>6,883</td>
<td>6,944</td>
<td>6,953</td>
<td>10,310</td>
<td>9,219</td>
</tr>
<tr>
<td>Kalinga</td>
<td>2,809</td>
<td>2,990</td>
<td>4,848</td>
<td>3,181</td>
<td>4,547</td>
</tr>
<tr>
<td>Abra</td>
<td>953</td>
<td>2,834</td>
<td>4,662</td>
<td>3,182</td>
<td>3,323</td>
</tr>
<tr>
<td>Mt. Province</td>
<td>1,602</td>
<td>2,272</td>
<td>3,116</td>
<td>3,130</td>
<td>2,726</td>
</tr>
<tr>
<td>Ifugao</td>
<td>1,781</td>
<td>2,160</td>
<td>2,951</td>
<td>2,740</td>
<td>1,963</td>
</tr>
<tr>
<td>Benguet</td>
<td>1,146</td>
<td>1,984</td>
<td>2,972</td>
<td>2,876</td>
<td>1,659</td>
</tr>
<tr>
<td>Apayao</td>
<td>1,550</td>
<td>1,542</td>
<td>2,786</td>
<td>3,677</td>
<td>1,601</td>
</tr>
<tr>
<td>Total</td>
<td>16,724</td>
<td>20,726</td>
<td>28,288</td>
<td>29,105</td>
<td>25,038</td>
</tr>
</tbody>
</table>

**Post-exposure Prophylaxis (PEP) Completion Rate (Cohort report)**

The National Objectives for Health 2011-2016 has targeted 90% post-exposure completion rate. As per DOH AOs 2007-0029, 2009-0027 and 2011-002, of the total Rabies exposures, only those under categories II and III require anti-rabies vaccination. However, as seen in figure 3, not all of the patients needing anti-rabies vaccine (ARV) have been vaccinated.
For the year 2015, out of 16,147 categories II & III registered cases that were given ARVs, 13,046 (81%) completed Day 0, 3 and 7. Out of 5,203 Cat III bites, 2,456 (47%) received ERIG and 315 (2.41%) have not received any ARV.

In 2016, out of 19,946 categories II & III registered cases, 19,808 (99%) have availed ARVs, 17,171 (86%) completed Days 0, 3 and 7. Out of 2,637 (13.2%) did not complete vaccination. For Cat III bites, 3,386 out of 7,182 (47%) received ERIG and 3,796 (53%) did not receive any ERIG.

In 2017, out of 24,760 categories II & III registered cases, 23,184 (93%) have availed ARVs, 21,487 (93%) completed Days 0, 3 and 7. For Cat III bites, 4,298 out of 5,908 (73%) received ERIG.

In 2018, out of 29,105 animal bite patients who consulted, 28,513 (97.9%) were categories II and III and 26,278 (92%) availed of anti-rabies vaccine. For CAT II, out of 15,197 who were registered cases, 12,061 (79%) completed the days 0, 3 and 7 post exposure prophylaxis and 144 (0.9%) were not able to avail any anti-rabies vaccination. For CAT III, 8,062 were registered cases and 5,149 (63.8%) received Rabies Immunoglobulin (RIG). 7,059 (87.5%) completed days 0, 3 and 7 visits, while 52 (0.64%) did not avail of anti-rabies vaccination.

In 2019, out of 25,038 animal bite victims who consulted, 23,211 (92.7%) were registered categories II and III who availed of anti-rabies vaccine while 19,562 (84.8%) completed vaccination from days 0, 3 and 7 while 201 (0.86%) did not avail of anti-rabies vaccine.

**Figure 3- Categories II and III Cases and Anti-rabies Vaccine Use, CAR, 2009-2017(Cohort)**

*Rabies Immunoglobulin Coverage(Cohort)*

Figure 4. According to DOH AO 2009-0027, Rabies Immunoglobulin should be given immediately to Category III rabies exposures. Due to the limited supplies, the 40% target coverage for RIG was not attained in CAR from 2010 to 2014 (Fig. 4). In 2015 however, there were 5,203 Cat III bites and 2,456 (47%) were given ERIG due to the increase in allocation from DOH Central Office, while for 2016 out of 7,182 Cat III cases, 3,386 (47%), the same in 2015 were given ERIG.

In 2017, 4,298 animal bite cases received ERIG out of 5,902 CAT III (73%). The unexpected rise of human rabies cases in Abra that caused panic to the community and eventually categorized as Cat III by Abra Provincial Hospital increased utilization of ERIG although with same percentage in 2015. One reason for not completing the ARV is maybe due to the policy that dogs should be observed for 14 days following a bite to evaluate if rabid or not and is a prerequisite for completion of immunization.

In 2018, 5,149 (63.8%) out of 8,062 were given ERIG.

In 2019, 4,731 (61%) out of 7,780 category III bites were given rabies immunoglobulin.
Washing of Wounds with soap and water

Wound care is part of rabies exposure management wherein the bite wound should be washed immediately with soap and water preferably for 10-15 minutes.

Table 2 shows the percentage of bite victims who washed their bite wounds with soap and water per province/city in the region. Awareness on first aid to possible infection were high in those provinces.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Abra</td>
<td>90%</td>
<td>Not indicated in old reporting form</td>
<td>90</td>
<td>87</td>
<td>86</td>
<td>95</td>
<td>97</td>
<td>92</td>
</tr>
<tr>
<td>Apayao</td>
<td></td>
<td></td>
<td>69</td>
<td>94</td>
<td>90</td>
<td>93</td>
<td>94</td>
<td>99</td>
</tr>
<tr>
<td>Baguio City</td>
<td></td>
<td></td>
<td>89</td>
<td>98</td>
<td>99</td>
<td>98</td>
<td>95</td>
<td>98</td>
</tr>
<tr>
<td>Benguet</td>
<td></td>
<td></td>
<td>74</td>
<td>88</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>96</td>
</tr>
<tr>
<td>Ifugao</td>
<td></td>
<td></td>
<td>92</td>
<td>96</td>
<td>95</td>
<td>95</td>
<td>93</td>
<td>91</td>
</tr>
</tbody>
</table>

E. On activities that were done, 2019

1. Provision of Pre-exposure and Post-exposure Prophylaxis through Animal Bite Treatment Centers (Table 7)
2. Assessment of ABTCs for renewal of Certificates
3. Training of staff on Animal Bite Treatment Centers (1 batch)
4. Conduct of Rabies meetings (February and August)
5. Fund support for Rabies Awareness Month (March) and World Rabies Day Activities (September) to Apayao, Abra, Kalinga, Mt. Province, Benguet and Ifugao
6. Attendance to Rabies Task Force meetings of Department of Agriculture
7. Participation and news add to Rabies Awareness month (March), World Rabies Day (September)
8. Monitoring and supervision of ABTCs
9. Participation in the “Gawad Kalusugan Award” in recognition for Rabies-Free Municipality

Priority Areas

1. Abra (additional ABTCs & intensified dog vaccination and advocacy)
2. Baguio City and Benguet (candidate for Rabies-free provinces by 2020)
3. Kalinga (intensified advocacy and dog vaccination)

F. Recommendations/Plans

1. Concentrate on responsible pet ownership and health promotion
2. Ensure quality of ABTC services thru certification and logistic augmentation
3. Establishment of additional ABTCs in strategic areas (Baguio City and Rizal, Kalinga)
4. Support DA in their dog vaccination and master listing activities.
5. Monitoring and supervision and timely reporting
A. Background
The National Leprosy Control Program (NLCP) is a multi-agency effort to control Leprosy in the country with private and public partnership in achieving its goals to lessen the burden of the disease and its mission to have a leprosy-free country.

The status of leprosy in the Philippines, has been considered to be not a public threat anymore at the National level prompting the public health sector to successfully declare leprosy not a burden in the majority of our communities, but still an area of concern at the sub-national level. The NLCP envisions the prevention of disabilities among newly diagnosed cases and practical models on attaining program targets in a devolved set-up, among others, by working around the principles of the FOURmula One Plus for Health Framework or F1plus which focuses on service delivery by ensuring the accessibility of essential quality health services at all levels, thereby, preventing the spread of leprosy through the treatment of existing cases.

The National Leprosy Control Program in coordination with the Research Institute for Tropical Medicine (RITM) has started the National Leprosy Baseline Survey this year (2018) and expected to be completed in 2019. This will help the program in prioritizing augmentation in areas with high prevalence rate. This will also give a real picture of the country’s status in maintaining the elimination level of leprosy cases.

Continuous support has been given to all new MB and PB cases through provision of supportive drugs from the NLCP and Multidrug Therapy (MDT) from World Health Organization (WHO).

B. New Program Thrusts
To scale up participation in the WHOs call for working towards common goal of reducing the disease burden due to leprosy and its detrimental physical, social and economic consequences in order to move closer to achieving the common dream of ‘world without leprosy’.

C. Objectives: (General and Specific)
- To improve access and utilization of quality health care services and maintain the Prevalence Rate to at least less than 1/10,000 population until 2022.
- To further reduce the disease burden and sustain provision of high-quality leprosy services for all affected communities ensuring that the principle of equity and social justice are followed.
- To decrease by 50% the identified hyper endemic cities and municipalities.

D. Program Strategies
- Strengthen local government ownership, coordination and partnership.
  - Ensuring political commitment and adequate resources for leprosy programs at all levels.
  - Contributing to UHC with a special focus on children, women and underserved populations including migrants and displaced people.
  - Promoting partnerships with state and non-state actors and promote inter-sectoral collaboration and partnerships at the international, national and sub-national level.
  - Facilitating and conducting basic and operational research in all aspects of leprosy and maximize the evidence base to inform policies, strategies and activities.
  - Strengthening surveillance and health information systems for program monitoring and evaluation (including geographical information systems).
- Stop leprosy and its complications
  - Strengthening patient education and community awareness on leprosy.
  - Promoting early case detection through active case-finding (e.g. campaigns) in areas of higher endemicity and contact management.
  - Ensuring prompt start and adherence to treatment, including working towards improved treatment regimens.
  - Improving and management of disabilities.
  - Strengthening surveillance for antimicrobial resistance including laboratory network.
  - Promoting innovative approaches for training, referrals and sustaining expertise in leprosy such e-Health (LEARNS).
  - Promoting interventions for the prevention of infection and disease - Chemoprophylaxis.
• Stop discrimination and promote inclusion
  - Promoting societal inclusion through addressing all forms of discrimination and stigma
  - Empowering persons affected by leprosy and strengthening their capacity to participate actively in leprosy services. - CLAP
  - Involving communities in actions for improvement of leprosy services
  - Promoting coalition-building among persons affected by leprosy and encourage the integration of these coalitions and or their members with other CBOs
  - Promoting access to social and financial support services, e.g. to facilitate income generation, for persons affected by leprosy and their families
  - Supporting community-based rehabilitation for people with leprosy related disabilities
• Monitoring
  - Monitoring of data is needed
• Capability Building
  - The Department of Health provides trainings to health personnel involved in the implementation of the program

E.2020 Activities
• Sustained provision of logistic support (Anti Leprosy drugs, Ointments, Herbal Soaps) for Kilatis Kutis/ Leprosy elimination campaigns activities in the different LGUs with focus on male Cordilleran’s in the 7 provinces/city
• Improve case detection
• Strengthen collaboration and Good partnership with LGUs and other stakeholders especially in endemic areas
• Sustained IEC/Advocacy activities with focus on male Cordilleran’s in the 7 provinces/city
• Monitoring and evaluation through non-onsite visits and program implementation reviews
• Functionalize a post-elimination surveillance system

F. 2019 Accomplishments
• For the past six years, 2008 – 2013, CAR has achieved the Program goal of eliminating Leprosy as a public health problem both at the regional and provincial levels by sustaining a Prevalence Rate of less than one case per 10,000 populations
• One or two municipalities have a PR of more than 1/10,000 population
• An average of 19 cases is being discovered yearly
• Abra has five cases, four for Apayao, one case for Benguet, five for Baguio City, totaling to fourteen for 2019. Kalinga and Mountain Province have zero case
• The 2019 regional leprosy prevalence rate is .08/10,000 population, 0.66 case detection rate and 90% treatment completion rate

G. Future Plans/Strategies (2020-2022)
• Sustained provision of logistic support (Anti Leprosy drugs, Ointments, Herbal Soaps) for 2 rounds of Kilatis Kutis/ Modified Leprosy elimination campaigns activities in the different LGUs
• Issuance of program policies and guidelines from DOH-CO
• Improve case detection and post-elimination surveillance system
• Strengthen collaboration and good partnership advocacy/IEC to the LGUs and other stakeholders especially in endemic areas
• Capability building for health workers
• Monitoring and evaluation through field visits and integrated program implementation reviews
A. Overview and Objectives of the Program:
According to the World Health Organization (WHO), nearly a million people currently acquire Sexually Transmitted Infections (STIs) which includes the Human Immunodeficiency Virus (HIV) globally. In the Philippines, HIV epidemic has been described by national experts as rapidly expanding from 1 diagnosed HIV case/day in 2008 to 34 HIV cases as of September 2020. In 2020, the decrease in diagnosed HIV cases per day may have been attributed to the restrictions caused by the COVID-19 Pandemic causing limited demand for testing/screening. Nonetheless, through the years it is continuously evolving and it has been predominantly seen in Males who have Sex with Males (MSMs) and People Who Inject Drugs (PWIDs). Despite the health sector’s efforts to mitigate this, it seems that the HIV epidemic has outpaced current interventions in the country.

The Philippines is one of the countries with rapidly increasing HIV/AIDS cases. In the Cordillera, 34 HIV cases (622/1,807,738) are diagnosed per 100,000 population. The national target as the HIV Strategic Framework is to maintain a prevalence of 66 HIV cases per 100,000. Hence, the Cordillera currently has low HIV prevalence although the cases as the years go by are steadily increasing as per Epidemiology Bureau data. As per incidence, CAR is one of the lowest HIV incidence among the regions according to the 2020 HIV/AIDS Registry of the Philippines (HARP). Most of the diagnosed HIV cases are from Baguio City (62%), Benguet (14%) and Abra (11%). Furthermore, the most affected age groups belong to the 25-34 y/o with 46% (309/659), 15-24 y/o with 28% (184/659) and 35-49 y/o with 21% (140/659) respectively. Hence, adolescents and young adults are the target age group. HIV is mostly transmitted by Males having Sex with Males (MSM) (523/659, 79%). MSMs are the primary drivers of HIV in the Cordillera. For CAR, the top three priority areas include Baguio City, Benguet and Abra respectively since they have the most HIV prevalence. With these data, it implies the areas of concentration for service implementation of individual-based (advocacy) and population-based related program services (STI and HIV testing, counselling, treatment with Antiretrovirals, prevention logistics such as provision of condoms etc).

B. New Program Thrusts:
Goal: By 2020, the country will have maintained a prevalence of less than 66 HIV cases per 100,000 population by preventing the further spread of HIV infection and providing treatment care and support to reduce the impact of the disease on individuals, families, sectors and communities.

C. Objectives:
Purpose (Outcome): To contain and prevent the further spread of HIV among key populations with four (4) strategies that enabled strengthened delivery of essential services (prevention, treatment and care interventions).

D. Program Strategies
1. Continuum of HIV/STI prevention, diagnosis, treatment and care services to key populations.
2. Health promotion and Communication on HIV and STI Prevention and Care Services.
3. Enhanced strategic information systems.
4. Strengthened health system platform for broader health outcomes.

E. 2020 Accomplishments:
• Dissemination of Program related Policies for continuance of service provision during the COVID-19 Pandemic
• Increasing demand generation amidst the COVID-19 Pandemic:
  - Mostly done online (HIV advocacy and HIV counselling c/o Regional HIV Counsellor/ manpower through Official FB page “HIV-AIDS Move”)
    - Daily “Facebook Live” lectures conducted
    - Coordination with Mental Health Program to discuss related topics
  - Online Lectures (via teleconference) conducted in coordination with other agencies: e.g. DepEd, TESDA
  - Face to face lectures while adhering to minimal health standards done for the academe (e.g BCU)
• Augmented Commodities:
  - Continuous allocation of any Antiretrovirals and viral load reagents donated by DOH-Central Office to treatment hubs.
  - Continuous allocation of medicines for STI management as well as laboratory supplies including some PPEs.
*Regional Office only augments logistics requested to treatment hubs or LGU service facilities.
Service Delivery:
- Continuous service provision care of Social Hygiene Clinics, Treatment Hubs and Rural Health Units (RHUs)
- Regional Office through the HIV Program’s HIV Counsellor/s continuously caters to walk-in clients/ referrals and scheduled clients from online applications.
  - Services include:
    a. Provision of initial or additional HIV Counselling
    b. HIV Screening at the HIV room (Monday-Friday)
    c. Provision of condoms and lubricants especially to Most-at-Risk Populations such as Men Having Sex with Men (MSM).
    d. Referral to treatment hubs available for HIV reactive clients
- Strengthening social media/ online daily advocacies.
- Coordination with DOH-Central Office in conducting workshops/ trainings (e.g. Orientation on TDL as an alternative Antiretroviral c/o treatment hubs)
- Ensuring that operational Safe Places are provided with the essential logistics (e.g. condoms and lubricants) to make protective measures against HIV available to key populations.
- Disseminated information to all Provincial Health Offices regarding the operationalization and referral process of specimen for HIV confirmatory testing care of the established rhiva facility in CAR (BGHMC).
- Conduct of Regional AIDS Assistance Team (RAAT) Meetings involving various related agencies.

F. 2019 Accomplishments:
- Conduct of a Training of Trainors for STI HIV/ AIDS Behavior Change Motivation. Regionwide participants
- Establishment of a DOH-CAR HIV Screening Clinic (RTC, DOH-CAR Office)
- Operating Hours: 9AM-4PM, Monday-Friday
- Expanding Treatment Hubs:
  Existing facility: 1 (BGHMC)
  Additional facility: Notre dame de Chartres
- Launching of “Safe Places Project” in Priority sites (Baguio City and Benguet)
  Goal: Increase accessibility and utilization of condoms among Most-At-Risk Populations especially MSMs
  Concept: Partnership with private establishments in distributing key prevention logistics (condom) for STI and HIV prevention
  Initiated in May, 2019
  Services Provided: Free condom distribution, referral of HIV testing to facilities or DOH-CAR clinic
  Key Locations:
  A. BAGUIO CITY (9)
     1. Sab-atan Inn
     2. Diamond Inn
     3. Theas Salon
     4. Dap-ay Massage and Bar
     5. TP Extension
     6. Bitter Snack Bar
     7. Chill Restobar
     8. Yanganots Bar
     9. Twinkle Star Salon
  B. BENGUET (4)
     1. Glitz and Gab Salon
     2. Khaira Unwind and Wind Bar
     3. Tons Tavern Bar
     4. Old West Acoustic Music Bar
- Development of an Interactive Radio Show since 2018 for BC and Benguet audience
  2018: Monthly (January-Dec)
  2019: May (AIDS Candlelight Commemoration) and November (in Celebration of the World AIDS Day in Dec)
- Strengthening Community HIV Prevention Mobilization
  Clients Reached for HIV Awareness:
  
  \[
  \begin{array}{|l|c|}
  \hline
  \text{Year} & \text{Accomplishment} \\
  \hline
  2017 (baseline) & 14,259 \\
  2018 & 24,384 \\
  \hline
  \end{array}
  \]
G. FUTURE PLANS/ STRATEGIES (2021 onwards)

- Continuum of HIV/STI prevention, diagnostic, treatment and care services to key populations: (Training- e.g HIV counseling and testing)
- Expand the platform for publicizing STI services
- The health services in our trained facilities has to be promoted to increase consultations, enrollment to support and care services, thereby decreasing the further spread of STIs and HIV; the key population will be informed through their peers, hence the training for Peer educators. Other avenues for information dissemination must also be explored such as local celebrations, strategically setting-up mobile service ports, hospital or school events, mobile testing at establishments (call centers, bars, jails, caravans etc).

- Enhance strategic information
  For the LGU to continuously conduct the following:
  - Monitor and prevent the spread of STI case in their areas, and to conduct mapping of key affected population in coordination with HIV Surveillance
  - Organize, analyze and use their own data to intensify and customize strategies
  - Launch mobile application of testing and referral sites

- Strengthen health system platform for broader health outcomes
  - This is to institutionalize and sustain local responses not only in the LGUs but also at the regional level.
  - Examples are the sustenance of the Regional AIDS Assistance Team (RAAT), celebration of calendar activities (AIDS Candlelight Memorial Celebration and the World AIDS Day) and initiation of the local AIDS councils at the LGU level
  - Lobby for facility support to renewal of licenses of HIV Proficient Medical Technologists to maintain facilities providing HIV testing

- Expansion of STI HIV/ AIDS service delivery spots through the following:
  - Support operations of the STI HIV/ AIDS mobile numbers and online HIV counselling
  - Support to provincial/ city mobile testing initiatives
  - Increase collaboration with LGUs and NGOs in the conduct of community HIV screening (community or facility based) with emphasis to proper counseling and referral to prevent loss to care
  - Promotion of initiatives for the creation of sundown clinics.
  - Support to operations of Rapid HIV Diagnostic (rHIVda) sites (BGHMC)

- Augmentation of logistics to health facilities providing STI and HIV services upon submission of utilization reports.
  - For treatment hubs, ensure that monthly inventories are up-to-date and submitted to the DOH Central Office on time

- Expand tri-media advocacy campaigns on STI HIV/ AIDS prevention and management (radio shows, newsprint, social media, videos, awarding of best practices)

- Expand “Safe Places” Project to increase condom availability and utilization in key populations

- Improve networking and mapping of key populations to improve diagnosis coverage

- Explore measures to improve ART adherence among PLHIVs in Treatment hubs

H. THE PROGRAM’S OFFICIAL LOGO
MENTAL HEALTH PROGRAM
Dr. Shelly M. Aral, MCHD - Medical Officer IV
(Program Coordinator)

A. Background
Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO, 1999). Mental health and well-being is a concern of all because its promotion not only contributes to the attainment of the Sustainable Development Goals (SDGs) but also the attainment of a better quality of life. The Philippines has long been confronted with a volatile socio-economic condition compounded by natural and man-made disasters, garbage crisis, drug menace and lately, the COVID-19 pandemic. However, the provision of mental health services in the country has remained illness-oriented, institution based, fragmented, inadequate, inequitable, inaccessible, prohibitive, and neglected.

At present, the direction is to upgrade the facilities and to have a concept of community based Mental Health program in order to address concerns related to Mental, Neurological and Substance use (MNS) disorders. Through a comprehensive mental health program that includes a wide range of promotive, preventive, treatment and rehabilitative services; that is for all individuals across the life course especially those at risk of and suffering from MNS disorders; integrated in various treatment settings from community to facility that is implemented from the national to the barangay level; and backed with institutional support mechanisms from different government agencies and CSOs, we hope to attain the highest possible level of health for the nation because there is no Universal Health Care without mental health.

Vision: A society that promotes the well-being of all Filipinos, supported by transformative multi-sectoral partnerships, comprehensive mental health policies and programs, and a responsive service delivery network

Mission: To promote overall wellness of all Filipinos, prevent mental, psychosocial, and neurologic disorders, substance abuse and other forms of addiction, and reduce burden of disease by improving access to quality care and recovery in order to attain the highest possible level of health to participate fully in society.

B. New Program Thrusts: N/A

C. Objectives
1. To promote participatory governance and leadership in mental health
2. To strengthen coverage of mental health services through multi-sectoral partnership to provide high quality service aiming at best patient experience in a responsive service delivery network
3. To harness capacities of LGUs and organized groups to implement promotive and preventive interventions on mental health

D. Program Strategies
1. Capacity building of all health stakeholders and partners
2. Provision of drugs and medicines to augment the needs of the LGUs
3. Monitoring and evaluation
4. Strengthen mental health awareness and campaigns through advocacy and IEC
5. Coordination with partner agencies/institutions
6. Establishment of Mental Health Operations Team

Program Statistics
Mental, neurological and substance use (MNS) disorders account for 10.4% of the global disability-adjusted life years (DALYs) and 2.3% of global Years Life Lost (YLL). Based on the 2015 Global Burden of Disease Study, they are the leading cause of Years Lived with Disability (YLD) with 28.5% of YLDs. The World Health Organization (WHO) estimates that 154 million people suffer from depression and 25 million from schizophrenia. Around 877,000 people die from suicide every year. The global burden of disease attributable to alcohol and illicit drug use amounts to 5.4% of the total burden of disease with at least 15.3 million persons with drug use disorders.

Results of the 2000 census of population and housing showed that mental illness rank 3rd among the types of disabilities in the country and in a 2004 WHO study, up to 60% of people attending primary care clinics daily in the Philippines are estimated to have one or more MNS disorders. Further, the 2011 WHO Global School-Based Health Survey has shown...
that in the Philippines, 16% of students between 13-15 years old have ever seriously considered attempting suicide while 13% have actually attempted suicide one or more times during the past year.

In the Cordillera Administrative region, data gathered from the different provinces/city show that the new cases of said conditions have increased from 2018 to 2019, with 623 and 1,150 cases respectively. It is also noteworthy that in both years, males were more affected than females with 59% (370) and 67% (773) males and 41% (253) and 33% (377) females, respectively. As per age disaggregation for both years, data revealed that people who are 20 years old and above were more affected than those 19 year-old and below with 83% (516) >20 year-old and 17% (107) < 19 year-old in 2018; and 86% (986) >20 year-old and 14% (164) < 19 year-old in 2019.

Legal Bases

The following policies/laws are the legal bases for the Mental Health program:

- DOH Administrative Order No. 8 series of 2001 The National Mental Health Policy
- DOH Administrative Order No. 2016-0039 Revised Operational Framework for a Comprehensive National Mental Health Program
- Republic Act No. 11036 Mental Health Act

In June 20, 2018, President Rodrigo Roa Duterte signed RA 11036 otherwise known as the Mental Health Act , An Act Establishing A National Mental Health Policy For The Purpose Of Enhancing The Delivery Of Integrated Mental Health Services, Promoting And Protecting The Rights Of Persons Utilizing Psychiatric, Neurologic And Psychosocial Health Services, Appropriating Funds Therefor, And For Other Purposes.” This Act affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services.

Accomplishments

Capability Building. Starting in 2018, several batches of Training on Early Detection and Identification of Mental Illnesses Using the mhGAP Intervention Guide were conducted. The purpose of which is to scale up services for MNS in areas where there are low resources because with proper care, psychosocial assistance and medication, it is believed that millions could be treated and prevented from suicide and begin to live normal lives. Trained were physicians in the RHUs and hospitals and other allied health practitioners in the Rural Health Units, Hospitals, DepEd and BJMP.

Setting up of Access Sites. After the conduct of training for all the six (6) provinces and city, Access Sites were set-up except in the LGUs of Apayao and Baguio City. The Baguio General Hospital and Medical Center is the Access Site in Baguio City. Since there is no Access Site in Apayao, the different municipalities give their requests for logistics directly to the DOH-CHD-CAR.

Provision of Logistics/Technical Assistance. To assist the trained participants, medicines for Mental Health-related conditions were provided to the LGUs through their Access Sites and directly to the different municipalities of Apayao. Other Technical Assistance were provided through the Group Chat created by DOH CHD CAR with the Access Sites in the different provinces/city. During the COVID-19 pandemic, webinars were conducted to assist different stakeholders in the management of Mental Health concerns in their offices and to their clients.

Service Delivery. When the COVID-19 pandemic struck us, a helpline was set up by the DOH CHD CAR to provide assistance to those needing counseling. Coordination and participation was made also with Project Mirasol, a project composed of volunteer licensed psychologists and guidance counselors from St. Louis University (SLU), DSWD and DepEd Benguet that initially aimed at providing free mental health psychosocial support thru telepsychology/e-counseling services for COVID-19 health care and frontline workers that later on expanded to serve families and friends of COVID-19 patients and the general population seeking psychological services.

Monitoring of facilities was done through face to face during the first quarter of the year. However, due to travel limitations, monitoring was done off site during the COVID-19 pandemic.

Advocacy. Mental Health-related advocacies/messages were done through social media during the pandemic.

E. 2020 Activities

- Monitoring of facilities
- Provision of drugs and Medicines to augment needs of facilities
- Advocacy in coordination with other programs and BGHMC, Psychiatry Department
HEALTH AND WELLNESS FOR PERSONS WITH DISABILITIES (HWPWD)
Ms. Mary Lee L. Piluden - Midwife VI
(Program Coordinator)

A. Background
- Persons with Disabilities (PWDs) according to the UN Convention on the Rights of Persons with Disabilities (UNCRPD), include those who have long term physical, mental, intellectual or sensory impairments which in interaction with
various barriers may hinder their full and effective participation in society on an equal basis with others
- Globally, over 1 billion people, or approximately 15% of the world’s population have some form of disability
- 80% of the world’s PWDs live in low-income countries, wherein majority are poor and cannot access basic services.
- In the Philippines, the 2010 Census of Population and Housing show that of the household population of 92.1M, 1.443 million Filipinos or 1.57% have disability.
- CAR has the lowest number, with 26,000 PWDs

Vision: A country where all persons with disabilities, including their children and their families have full access to inclusive health and rehabilitation services.

Mission: A program designed to promote the highest attainable standards of health and wellness for PWDs by fostering a multi-sectoral approach towards a disability inclusive health agenda.

B. New Program Thrusts:
N/A

C. Objectives:
- To address barriers and improve access and reasonable accommodation of PWDs to health care services and programs
- To ensure the accessibility, availability, appropriateness and affordability of habilitation and rehabilitation services for PWDs including children with disabilities
- To ensure development and implementation of policies and guidelines, health service packages, including financing and provider payment schemes for health services of PWDs
- To strengthen collaboration and synergy with and among stakeholders and sectors of society to improve response to a disability inclusive health agenda through regular dialogues and interactions
- To provide the mechanism in facilitating the collection, analysis and dissemination of reliable, timely and complete data and researches on health related

D. Program Strategies
- Intensify advocacy
- Strengthening PRPWD system

E. 2020 Activities
- Virtual Technical Assistance to some LGUs re PRPWD version 3
- Distribution of PWD Health kits (soap, bleach, face mask, multivitamins, alcohol)
- Allocation of Assistive Device (walker, crutches, canes and wheelchairs)
- Attended meetings (PDAO consultation per department)

F. 2019 Accomplishments
1. Health Promotion/ Advocacy
   • Celebration of the 41st NDPR Week
2. Monitoring and Evaluation
   • Quarterly On-site visits/monitoring to health facilities for assessment of the implementation of the program
   • Semi-annual Consultative Meeting with the PWD Federation
3. Capability Building
   • Orientation on PRPWD for MSWDO
G. Future Plans/Strategies: (2021-2022)

- Operationalization of the Philippine Registry for PWDs version 3 (municipal level)
- Orientation on PRPWD (MSWDO)
- On-site monitoring and visit to health facilities
- Capability building

**PREVENTION OF BLINDNESS PROGRAM (PBP)**

Ms. Aiden D. Bermisa - Pharmacist III
(Program Coordinator)

A. Background

- Blindness as a health problem leads to enormous human suffering, due to the loss of functional ability and self-esteem, and contributes to significant reduction of quality of life and shortened life span. It has considerable economic implications manifesting in loss of productivity and income, and can lead to social dependency.
- The 3rd Philippine National Survey of Blindness conducted in 2002 showed that about 3,500,000 (4.62%) Filipinos are visually impaired in one or both eyes.
- In the Philippines the top three main causes of bilateral blindness are cataract (62.1%), error of refraction (10.3%) and glaucoma (8.0%). The main causes of low vision are refractive errors (53%), cataract (40.8%) and maculopathy (2.2%)
- A comprehensive eye and visual health program is envisioned through effective disease control for avoidable blindness, capacity enhancement of government health facilities, provision of capable public health oriented eye care professionals and strategic partnerships.

**Vision:** All Filipinos enjoy the right to sight by 2020

**Mission:** The DOH, Local Health Units, partners and stakeholders commit to:

1. Provide access to quality eye care services for all
2. Strengthen partnerships among and with stakeholders to eliminate avoidable blindness in the Philippines
3. Empower communities to take proactive roles in the promotion of eye health and prevention of blindness
4. Work towards the preservation, restoration and rehabilitation of sight of indigent Filipinos as a strategy in poverty alleviation.

**Goal:** Reduce the prevalence of avoidable blindness in the Philippines through the provision of quality eye care.

B. New Program Thrusts

N/A

C. Objectives:

**General objective:**
- To reduce current prevalence of bilateral blindness due to all causes to less than 0.5%

**Specific Objectives:**
- To reduce the prevalence of cataract blindness by 50% (by year 2016)
- To reduce blindness and visual impairment due to refractive errors by 10% per year (by 2016)
- To reduce the prevalence of blindness and visual impairment by 50% (by year 2016)

D. Program Strategies

- Scale up of the Community Eye Health Project in the other provinces in each region to establish community eye health teams
- Empower communities to take proactive roles in the promotion of eye health and prevention of blindness

E. 2020 Activities

- Allocation of Snellen Charts to LGUs
- Sight Saving Month Infomercial (posted to social media in coordination with HEPO)
- Virtual Eye Health Team Meeting
- Provision of Eyeglasses to PWDs, Senior Citizens and Children
- Baguio Eye Health Team Eye Screening

F. 2019 Accomplishments

- Conducted Quarterly meeting of the Baguio Eye Health Team
- Celebration of the Sight Saving Month (August)
DISEASE PREVENTION AND CONTROL CLUSTER

• On-site Visit and monitoring of Health Facilities on the implementation of the PBP
• Conducted Orientation on Primary Eye Care for the Prevention of Blindness for MHOs and PHNs (6 provinces and 1 city)

G. Future Plans (2021-2022)
• Strengthen partnerships among and with stakeholders to eliminate avoidable blindness in the Philippines.
• Provide access to quality eye care services for all.

MEDICINE ACCESS PROGRAMS (PHARMACEUTICALS)
Ms. Aiden D. Bermisa, Pharmacist III
(Program Coordinator)

A. Background
The Pharmaceutical Division has been created pursuant to RA 9502 otherwise known as the “Cheaper Medicines Act of 2008” with the goal to contribute in improving access to quality essential medicines.

To implement the goals, the Center has been assigned a line item in the DOH General Appropriations Act (GAA) “National Pharmaceutical Policy Development including Provision of Drugs and Medicines, Medical and Dental Supplies to make affordable quality drugs available”. The above line item is designed to support the implementation of the Cheaper Medicines Act of 2008. The said Policy Framework to Improve Medicines Access includes:
1. Safety, Efficacy and Quality
2. Availability and Affordability
3. Rational Use of Medicines
4. Accountability, Transparency & Good Governance
5. Health System Support

According to the World Health Organization in 2009, Philippines is experiencing an epidemiological shift wherein both communicable and non-communicable diseases (NCDs), with a predominance of NCDs, were the top leading causes of morbidity and mortality in the country, moreover based on the health facility survey conducted by the DOH and WHO, there was a poor availability of affordable maintenance medicines for diseases like hypertension, diabetes, asthma, and COPD in the public sector.

Several issues contribute to this emerging problem such as lack of national and local financing for medicines, inefficient pharmaceutical procurement practices, poor management and lack of human resources to prescribe and dispense medicines at the point of service delivery. So as to reach the poorest segments of the population, the medicines are given for free to all patients in the access sites (RHUs/Health Centers and selected government hospitals).

• Pharmaceutical Supply Chain Management System (Inventory)
  - DOH Maintenance Medicines for hypertension and Diabetes
  - Stroke medicine
  - Childhood Cancer medicines
  - Insulin Medicine
  - Breast Cancer Medicine
  - Mental Health medicine
  - Botika ng Bayan and Botika ng Bayani

Others:
• Philippine National Formulary (PNF)
• Electronic Drug Price Monitoring System (EDPMS)
• Pharmaceutical Supply Chain Management (PSCM)
• Pharmacovigilance Information Management System (PVIMS)
• Pharmaceutical Management Information System (PMIS)

B. Objectives:
General objective:
• To achieve universal access to quality essential medicines by addressing the needs of the population especially the poorest of the poor for essential medicines as a part of primary and secondary prevention especially for non-communicable disease
Specific Objectives:
• To improve supply side access to quality essential medicines
• To ensure rational use of medicines by prescribers, dispensers and patients
• To institutionalize transparency and good governance in the pricing and procurement of medicines

C. Program Strategies
• Conduct widespread public awareness and education campaigns in coordination with partners/stakeholders emphasizing the following:
  - safety, efficacy and quality of medicines
  - Rational use of medicine (RUM) including antimicrobial resistance (AMR)
  - access to and appropriate prices of medicines
  - cascade health and medicine information to the general public (DOH updates, regulations and standards)
• Strengthen implementation of generic policy
  - Conduct public education activities to promote knowledge of generic medicine
• Strengthen the implementation of cheaper medicine act of 2008
  - monitor compliance of stakeholders to electronic drug price monitoring system (edpms) and drug price reference index (dpri)
• Develop an efficient pharmaceutical supply chain management (PSCM)
  - capacitate personnel involved in pscm (selection of medicines, procurement process, good storage practices, inventory, distribution and use)
  - monitor consumption of medicines (public health programs) to be used as basis for selection and quantification through existing human resource for health.
  - Regular monitoring and inventory of public health pharmacists to ensure availability of medicines
• Intensify local government support
  - provide technical support for improving efficiency and instituting good practices in the medicine supply chain management

D. 2020 Activities
• Pharmaceutical Management Information System (PMIS) validation and encoding of DOH procured and LGU procured medicines to Health Facilities
• Virtual MAP meetings
• Allocation of BNB medicines and opening of new BNB (Luba, Balbalan and Asin)
• Virtual Celebration of Generics Awareness and Philippine Antibiotic Awareness week
• Price Freeze Monitoring, Suggested Retail Price Monitoring and Maximum Retail Price Monitoring (on-site) to drugstores, hospital pharmacy and stores
• Onsite Monitoring on IEC of MRP
• EDPMS onsite monitoring, virtual monitoring, validation and creation of accounts of drugstores.

E. 2019 Accomplishments
• Conduct of Advocacy on Generic medicines (Celebration of Generics Awareness Month on September)
• Celebration of Philippine Antibiotic Awareness Week
• Conduct of Advocacy on Rational Use of Medicines
• Conduct of the Quarterly meeting
• Provision of IEC materials

F. Future Plans (2021-2022)
• Strengthen the implementation of Pharmacy law, Cheaper Medicine Act and Pharmaceutical Supply Chain Management in LGUs.
A. Background:
Tobacco use is a major preventable cause of premature death and disease worldwide. Globally, approximately 6 million people die each year from tobacco-related illnesses, and if these current trends continue, this number is expected to increase to more than 8 million a year by 2030 (GATS PCR 2015).

As Tobacco Control Interventions in the Philippines, there have been several tobacco control initiatives at the national and subnational levels which involve government and non-government organizations. These include Republic Act 9211, or the Tobacco Regulation Act of 2003 that included landmark legislation with provisions on effective tobacco control in the country; Republic Act 10351, or the Sin Tax Reform that is primarily a health measure with revenue implications, but more fundamentally, it is a good governance measure that helps finance the Universal Health Care program; Republic Act 10643, or The Graphic Health Warnings Law that effectively warn of the devastating effects of tobacco use and exposure to second-hand smoke; Civil Service Commission (CSC) Memorandum Circular No. 17 s 2009 Smoking Prohibition Based on 100% Smoke-free Environment Policy prohibiting smoking in all areas of government premises, buildings and grounds, except for open spaces designated as smoking areas; Food and Drug Administration Administrative Order No. 2014-0008 Rules and Regulations on Electronic Nicotine Delivery System (ENDS) or Electronic Cigarettes that ensures the safety, efficacy and quality of electronic cigarettes or ENDS as a health product or consumer product.

With the abovementioned initiatives and interventions, the Philippines was successful in reducing smoking prevalence over the last decade. A decline of tobacco use prevalence among adults between 2009 and 2015 was seen from 29.7% to 23.8%, respectively. However, the Philippines is still one of the countries with the world’s largest smoking population. Hence, the National Tobacco Control Strategy (NTCS) 2017-2022 came about. This strategy outlines nine (9) priority areas for action that includes protecting public health policies from tobacco industry interference; eliminating remaining tobacco advertising, promotion, and sponsorship; reducing affordability and accessibility of tobacco products; implementing stronger measures to protect the public from exposure to tobacco smoke; strengthening surveillance data; leveling up the DOH Red Orchid Award; strengthening mass media campaign and other communication strategies to sustain public awareness; institutionalizing tobacco control; and regulating tobacco products and strengthening cessation of tobacco use and management of tobacco dependence. With these, it is hoped that the following targets of the NTCS will be reached by 2022: reduction in tobacco use prevalence to 18% to a maximum of 15% over the 2009 baseline and increase the protection from second-hand smoke to 85% or higher.

Vision: Reduced prevalence of smoking and minimizing smoking-related health risks

Statistics:
In the 2015 Philippines Global Adult Tobacco Survey, 23.8% of all adults reported current tobacco use in any form [41.9% among men and 5.8% among women]. The prevalence of current tobacco use among all adults in urban areas was 22.1% and 25.3% in rural areas. Overall, 22.7% (15.9 million) of adults currently smoke tobacco [40.3% among men and 5.1% among women].

Further, 18.7% (13.1 million) of adults currently smoke tobacco daily [33.9% among men and 3.6% among women] and 7 in 10 (76.7%) current cigarette smokers were interested or planned to quit smoking tobacco. The study also revealed that in the past month, an estimated 21.5% of adults (3.6 million adults) were exposed to tobacco smoke in enclosed areas at the workplace and 34.7% of adults (24.0 million adults) were exposed to tobacco smoke at home. Among daily cigarette smokers, average monthly cigarette expenditures were PhP 678.4 [PhP 696.1 among men and PhP 515.8 among women].

Among all adults, 95.0% believed that smoking causes serious illnesses: lung cancer (96.4%), tuberculosis (95.4%), heart attack (85.7%), and stroke (79.6%). Similarly, 93.5% of all adults believed that breathing other people’s smoke causes serious illness in non-smokers [90.3% among smokers and 94.5% among non-smokers]. Among current cigarette smokers, 44.6% thought about quitting smoking because of warning labels on cigarette packages.

In the Cordilleras, the GATS conducted in Baguio City in 2019 revealed that 30.0% of men, 7.3% of women, and 17.6% overall currently smoke tobacco; 6.6% of men, 0.9% of women, and 3.2% overall currently use smokeless tobacco; 2.0% of men, 1.1% of women and 1.5% overall currently use smokeless tobacco; Close to 8 in 10 current smokers plan to or are thinking about quitting; 99.1% of adults believe smoking causes serious illness.
B. New Program Thrusts
N/A

C. Objectives:
• To Intensify knowledge, attitude and practices (KAP) of the public on healthy lifestyle
• To promote and advocate smoking cessation
• To provide smoking cessation services to current smokers interested in quitting the habit.

D. Program Strategies:
• Intensify health education on healthy lifestyle
• Strengthen health promotion on smoking cessation
• Ensure collaboration and partnership among stakeholders in the prevention and control of tobacco smoking
• Provision of training on MPOWER, Smoking Cessation and Brief Tobacco Intervention to health care providers

E. 2020 Accomplishments:
• Organization and establishment of the Regional Tobacco Control Network (RTCN)
• Quarterly RTCN meeting
• Facilitated Online Training on MPOWER
• Advocacy for a smoke-free environment
• Health education on healthy lifestyle (Pilipinas Go4Health- “go smoke-free,” go sustansya,” “go sigla” and “go slow sa tagay”)

F. Program logo (if any):
N/A

DANGEROUS DRUG ABUSE PREVENTION AND TREATMENT PROGRAM (DDAPTP)
Dr. Shelly M. Aral, MCHD - Medical Officer IV
(Program Coordinator)

Background/Rationale for the program
The problem of illegal drugs was described as worldwide going beyond borders (Calulut, 2016). Further, transnational drug syndicates have linked up with each other posing an even greater danger to law enforcers globally. In the United Nation Office on Drugs and Crimes (UNODC) World Drug Report 2016, it was estimated that 1 in 20 adults aged 15-64 years used at least one drug in 2014. Of these, an estimated 29 million suffer from drug use disorder.

In Asia, many countries were significantly affected by illegal drugs because half of the world’s opiate users live in the region. The marker for amphetamine-type stimulants in the area is also the largest in the world. It has been noted also that the dominant approach of management in Asia to address this is detention and coercive treatment (Tanguay, et al, 2015).

In the Philippines, the drug problem reached an alarming level because of the thousands of drug surrenderers that surfaced and the unearthed evidences that point to the continuous supply of drugs through manufacturing and/or smuggling. Even worse is the discovery that the Mexican drug group has started to market drugs in the country and are lining with the Filipino-Chinese drug trafficking organizations (DTO) that have been dominating the drug business in the country for two decades already (Calulut, 2016). When President Rodrigo R. Duterte assumed office, he declared war on corruption and drugs. With this, Oplan Tokhang came about that resulted to thousands of drug surrenderers nationwide.

In CAR, a total of 11,440 drug surrenderers were recorded from July 1, 2016 to January 30, 2017. Kalinga province had the highest number with 2,552 (22.3%) drug surrenderers followed by Benguet with 2,539 (22.2%), then Baguio City with 2,116 (18.5%) (PRO-COR, 2017). A contributory factor to the problem is the increasing number of plantation sites for shabu and marijuana in Luzon included Benguet, Mountain Province, Kalinga, Ifugao.

Diez (2017) said that of all the drug surrenderers, 95% needs to undergo Community-based Rehabilitation (CBR). The concept of CBR was introduced by WHO in the early 1980s to enhance the quality of life for people with disabilities (PWDs) through community initiatives. The guideline developed placed health, education, livelihood, social and empowerment as its five major components (Motsch, 2013).
However, CBR evolved along the years and it is now, as WHO (2002) describes it, a multidisciplinary community development program that addresses all areas for the improvement of the quality of life of PWDs. It has come to include special populations like the drug users.

Evidence from across the world has shown that CBR has helped improve the life situation of patients. They have a significant decrease in the number of hospital stays and criminality. This ensures community participation and linkages to ongoing drug use prevention and services in the community (UNODC, 2014)

**Vision:** The leading platform in Southeast Asia that sets standards on substance use prevention, treatment and rehabilitation that contributes to an empowerment and drug-free Filipino community

**Mission:** Lead in the implementation of a unified and rational health response in the fight against drug abuse, through a more effective drug abuse promotion, treatment and rehabilitation.

**Legal Bases:**
- **RA 1965** – “Comprehensive Dangerous Drugs Act of 2002”
- **E.O No. 15** - Creation of an Inter-agency Committee on Anti-Ilegal Drugs (ICAD) and Anti-Ilegal Task Force to suppress the drug problem in the country
- **Board Regulation No.3** - Strengthening the Implementation of Barangay Drug Clearing program
- **AO 2017-0018** – Guidelines for Community-Based Treatment and support services for Persons Who Use Drugs (PWUD) in Primary Health Care Setting
- **Board Regulation No. 2** - Balay Silangan-Guidelines for Community involvement in Reforming drug offenders into self-sufficient and law abiding members of society

**Statistics/Current Status:**

The Cordillera Administrative Region has identified hotspots pertaining to marijuana plantation sites which are:
2. Kalinga: Municipality of Tinglayan: barangays Luccong, Tulgao, Buscalan & Butbut
3. Mountain Province- remains a critical area of concern due to the possible resurgence of marijuana plantation sites

As to Persons Who Use Drugs (PWUDs), data from the different provinces/city show that the number is increasing as seen in Table 1 where data shows of the increasing trend from 2016 to 2019 of drug surrenderers. From 2016 to 2019, a total of 42,964 drug surrenderers were noted.

<table>
<thead>
<tr>
<th>Year</th>
<th>Drug Surrenderers per year (2016-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>9,595</td>
</tr>
<tr>
<td>2017</td>
<td>10,956</td>
</tr>
<tr>
<td>2018</td>
<td>11,128</td>
</tr>
<tr>
<td>2019</td>
<td>12,277</td>
</tr>
</tbody>
</table>

As of February 2020, there are 24 facilities in the Cordilleras that are accredited to conduct Drug Testing. Although most are in Baguio City, all the provinces have at least one accredited Drug Testing Laboratory. As of 2020, there are 10 DOH Accredited Drug Dependency Examination (DDE) Physicians who are able to cater to the different provinces/city in the Cordilleras. This is an improvement from the three DOH Accredited DDE Physicians in 2016. These physicians are the ones who conduct/provide screening, assessment, brief intervention, treatment and referral for further treatment to PWUDs.

The Dangerous Drug Board (DDB) through Board Regulation No.4s.2016 called “Oplan Sagip” established clear guidelines and specific procedures that are being followed by National Government Agencies, Anti Drug Abuse Councils (ADACs) of Local Government Units and Non-Goverment Organizations (NGOs) in assessing, handling and monitoring
drug personalities who voluntarily surrender to authorities.

Under the said guideline, prescribed interventions are made for PWUDs who needed treatment. Hence, in 2016 to 2019, several trainings on Community-Based Drug (CBRD) program were conducted to address the needs of recovering drug dependents for them to go back to the community and become productive individuals. In CAR, the trained LGU partners include the following: MHOs-79, PHNs-64, PNP-84, MSWO-78, C/MLGGOO-65, RHM-163 and Religious sector representatives-11. These conducted CBRD program in their areas of responsibility and as a result, there were PWUDs who underwent and completed the CBRD program. Table 3 shows the number of PWUDs who underwent and graduated from the said program in the year 2019. The said table also reveals that Baguio City has the lowest number of PWUDs who completed the program followed by Abra. Despite the hardship of convincing PWUDs to undergo and complete the program, the LGUs are exerting effort to enroll the remaining PWUDs.

Table 3: PWUDs who Completed CBDR program, CAR, 2016-2019

<table>
<thead>
<tr>
<th>Program Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Capability Building:</td>
</tr>
<tr>
<td>- Several trainings on Community-Based Drug (CBRD) program were conducted from 2016</td>
</tr>
<tr>
<td>- Due to the trained partners, CBDR programs are being implemented as of December</td>
</tr>
<tr>
<td>- The Ifugao Reflection Camp (IRC) caters to all the 11 municipalities of Ifugao.</td>
</tr>
<tr>
<td>2. Provision of Technical Assistance to LGUs (Logistic Augmentation, TA during Monitoring, resource speaker)</td>
</tr>
<tr>
<td>3. Advocacy and Health Education in partnership with HEPO and BGHMC Outpatient-Drug Treatment and Rehabilitation Unit (ODTRU)</td>
</tr>
<tr>
<td>4. Monitoring of LGUs</td>
</tr>
<tr>
<td>5. Participation in the Barangay Drug Clearing Deliberation Meetings</td>
</tr>
<tr>
<td>6. Attendance to the:</td>
</tr>
<tr>
<td>a. Regional Inter-Agency Committee on Anti-Illlegal Drugs (ICAD) Meeting</td>
</tr>
<tr>
<td>b. Regional Oversight Committee on Barangay Drug Clearing (ROCBDC)</td>
</tr>
</tbody>
</table>

2020 Activities
- Monitoring of facilities (First Quarter)
- Augmentation of logistics to LGUs
- Advocacy in coordination with HEPO and BGHMC Out-patient Drug Treatment and Rehabilitation Unit (ODTRU)
- Provision of Technical Assistance through Group Chat
- Participation in the Barangay Drug Clearing Deliberation Meetings
A. BACKGROUND

Brief History

In April 2000, the Department of Health (DOH) Administrative Order 34-A, s. 2000 created the Adolescent and Youth Health Sub-program under the Children’s Health Cluster of the Family Health Office. It was followed in 2006 by the creation of a Technical Committee composed of government and non-government organizations who was tasked to revitalize the program.

Through DOH AO 2013-0013 or the National Policy and Strategic Framework on Adolescent Health and Development Administrative Order, the Adolescent Health and Development Program (AHDP) was created. While the Republic Act (RA) 10354, the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 uses the term adolescents for people aged 10-19 years. This distinguishes the term from youth for those aged 15–24 years and young people for that aged 10-24 years.

The AHDP is meant for adolescents, aged 10-19 years, who are presently experiencing health problems that are preventable or treatable but are often neglected. Some of these health problems are adolescent or teenage pregnancy, sexually transmitted infections including HIV and AIDS, alcohol intake, smoking, drug use and suicide attempts, drowning and transport accidents.

The Department of Health with the support from World Health Organization, developed the Manual of Operation (MO) for Adolescent Health and Development Program (AHDP) in 2017 to guide program managers on the implementation of the National Policy and Strategic Framework on Adolescent Health Development.

The program also collaborates with other programs of the DOH that are essential to the health and development of adolescents. These programs include in their strategic plans key indicators and strategies dedicated to adolescent health and development. These programs are the following:

1. Nutrition Program (Nutrition)
2. Oral Health program (Oral Health)
3. Expanded Program on Immunization (Vaccine Preventable Disease)
4. Injury Prevention Program (Injuries)
5. Women and Children Protection Program (Violence)
6. National Mental Health Program (Mental Health)
7. National Family Planning Program (Family Planning)
8. National Safe Motherhood Program (Safe Motherhood)
9. Human Immunodeficiency Virus (HIV)/Sexually Transmitted Infection (STI) Prevention Program (HIV/STI)
10. Dangerous Drugs Abuse Prevention and Treatment Program (Drugs)
11. Harmful Use of Alcohol (Alcohol)
12. Tobacco Control (Tobacco Use)

B. OBJECTIVE

AHDP-Cordillera Administrative Region (Vision, Mission, Goal)

Vision: A region with well informed, empowered, responsible and healthy adolescents who contribute meaningfully to their communities

Mission: To ensure that adolescents have equitable access to quality comprehensive health care and culturally-responsive services in an adolescent-friendly environment

Goal: To empower adolescents for informed decision-making to improve their health and wellbeing

Behavioral Objectives

- Increased Service Utilization
- Healthy Behaviors
- Participation in Community Development

Regional Program Targets

1. To increase the number of trained health and non health personnel in AJA, ADEPT, and HYO.
2. To increase the number of adolescent participation with the capacity to provide health information, certain life skills
3. To increase the percentage of adolescent friendly health facilities with service delivery networks.
4. To institutionalize the recording and regular reporting of Adolescent Services in health facilities.
5. To strengthen data base collection, and improve sex and age disaggregated data of adolescents for component program analyzing and planning.
6. To maintain the low 15-19 years old Adolescent Birth rate in the Region.

Program Target of National Objectives for Health Philippines 2017-2022
To decrease adolescent birth rate by 37 per 1,000 females aged 15-19 years old.

C. PROGRAM STRATEGIES
- Provision of Capability Building Activities to frontline health workers and other health partners
  - Training on Adolescent Health Care for Primary Health Service Providers (foundation course)
  - Training on use of Adolescent Job Aid
  - Training on Healthy Young Ones
  - Adolescent Health Education and Practical Training (ADEPT)
  - Workshop on the localization of the AHDP
  - Bridging Leadership Program for Adolescent Health and Development (BLP4AHD) - Locally known as Training on Leadership for Adolescent and Youth Health and Development Program (LAYHAD)
- Demand Generation Activities
  - Regional and Provincial Adolescent Health Forum
- Provision of Information and Education Campaign Materials
- Certification for Level 1, Level II, and Level III Adolescent-Friendly Health Facility (AFHF) Standards
- Logistics Augmentation
- Coaching and Mentoring
- Research and Development
- Monitoring and Evaluation

D. PROGRAM ACCOMPLISHMENTS
2020 ACTIVITIES
- Conduct of Modified Training on Adolescent Job Aid and Adolescent Health Education and Practical Training for selected Health Care Providers of BGHMC
- Conduct of Webinar with POPCOM entitled: Understanding Adolescents: How to communicate with your teens regarding issues and threats of today
- Participation to the conduct of RIT and AHDP TWG meeting for better partnership in program implementation.
- Policy dissemination on the following:
  a. Interim Guidelines on continuous provision of adolescent health services during Covid-19 Pandemic
  b. Regional Advisory re: Interim guidelines in the Implementation of HPV Vaccination amidst COVI-19 Pandemic
  c. Regional Advisory re: DepEd support to DOH and Health Programs (NIP, Nutrition, Nutrition, Adolescent Health, Psycho social Assessment)
- Support and assistance to National Immunization Program on HPV and MR OPV SIA implementation
- Conduct of Monitoring of Adolescent Friendly Health Facilities

2019 ACCOMPLISHMENTS
- Conduct of Workshop to Develop a Local Adolescent Health and Development Program of Benguet
- Conduct of Training on Adolescent Job Aid Manual for Adolescent Health Service Providers to improve access to quality adolescent friendly services
- Conduct of Training of Trainers on the Healthy Young Ones for Frontline Service Providers
- Conduct of Workshop on Strategy Development and localization of the Adolescent Health and Development Program for RIT and AHDP TWG
- Conduct of "Usapang Pangkalusugan ng mga Kabataan"
- Quarterly conduct of RIT and AHDP TWG meeting for better partnership in program implementation.
- Conduct of Monitoring of Adolescent Friendly Health Facilities
- Reproduction/distribution of IEC materials on the prevention of teen pregnancy

2018 ACCOMPLISHMENTS
- Training on the use of Adolescent Job Aid Manual
- Training of Trainors on Healthy Young Ones
• Certification of Health Facilities for Adolescent-Friendly Health Facility Level 3 (9 Health Centers ongoing deliberation for certification)
• Quarterly AHDP TWG Meeting and merging to Regional Implementation Team (RIT)
• School-based Immunization was implemented in collaboration with DepEd and LGUS
• Health Promotion and Advocacy
  a. Provincial Teen Mom’s Congress in Abra, Baguio City and Kalinga
  b. Provincial Adolescent Health Forum in Ifugao and Mountain Province
  c. Rollout training on AHDP Manual of Operations
  d. Regional Adolescent Health Forum

E. FUTURE PLANS/ STRATEGICS (2021-2022)
1. Pilot testing of the Leadership for Adolescent and Youth Health and Development (LAYHAD) Module 1 and 2 Training Program in priority municipalities in CAR
2. Self paced Training on ADEPT of the Primary Health Care Providers to increase use of HEEEADSSSSS assessment tool
3. Adaptive blended capacity building training for health workers
4. Continued demand generation and forums on Adolescent Friendly Health Facility Advocacy
5. Development of AHDP with 12 component programs related IEC materials and its dissemination via multi platform media
6. Continued Consultative Meeting and Program Implementation Review in the Implementation of AHDP in Primary Care Facilities
7. Integrated onsite and off-site program monitoring with DOH Programs
8. Attendance to Regional Implementation and Adolescent Health and Development Program Technical Working Group meeting, and other committees to harmonize goals and evaluate program accomplishment

F. PROGRAM LOGO for Adolescent Friendly Health Facility
A. Rationale:
The Expanded Program on Immunization (EPI) was established in 1976 to ensure that infants/children and mothers have access to routinely recommended infant/childhood vaccines. Six vaccine-preventable diseases were initially included in the EPI: tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles. Vaccines under the EPI are BCG birth dose, Hepatitis B birth dose, Oral Poliovirus Vaccine, Pentavalent Vaccine, Measles Containing Vaccines (Anti measles Vaccine, Measles, Mumps, Rubella) and Tetanus Toxoid. Moreover, Republic Act no. 10152 “Mandatory Infants and Children Health Immunization Act of 2011” signed by President Benigno Aquino III in July 26, 2010, the mandatory includes basic immunization for children under five (5) including other types that will be determined by the Secretary of Health. In 2014, Pneumococcal Conjugate Vaccine 13 was included in the routine immunization of EPI.

The Expanded Program on Immunization, School-based Immunization and Senior Citizen Immunization comprise the National Immunization Program. It includes the immunizations of infants, senior citizens, school-age and adolescents.

B. Program Goals:
Over-all Goal: To reduce the morbidity and mortality among children, adolescents & senior citizens against the most common vaccine-preventable diseases.
Specific Goal:
1. To immunize all infants/children/adolescents/ against the most common vaccine-preventable diseases.
2. To sustain polio-free status of the Philippines.
3. To eliminate measles infection.
4. To eliminate maternal and neonatal tetanus.
5. To control diphtheria, pertussis, hepatitis b and German Measles.
6. To prevent extra pulmonary tuberculosis among children.
7. To prevent influenza and pneumonia among NHTS-senior citizens.

C. Program Target:
A. Children
• To increase Fully Immunized Child coverage from 66.74% to 75% by end of 2021 to sustain Infant and under five health status in the Region.

B. School Based Immunization
• To increase immunization coverage of Measles Rubella (MR) and Tetanus Diphtheria (Td) among Grade 1 public school entrants from 70% to 85% by the end of 2021.
• To increase immunization coverage of Measles Rubella (MR) and Tetanus Diphtheria (Td) among Grade 7 public school entrants from 75% to 80% by the end of 2021.

C. Senior citizens
To increase immunization coverage for Pneumonia of Indigent Senior Citizens from 60% to 65% by the end of 2021.

D. Program Strategies:
   - The Reaching Every Child Strategy is an innovation of the Reaching every Barangay.

2. Supplemental immunization Activities (SIA)
   A. Supplemental immunization activities are conducted to reach children who have not been vaccinated or have not developed enough immunity after previous vaccinations.
   B. School-Based Immunization activities are conducted where the combination Measles Rubella (MR) and Tetanus-diphtheria (Td) were introduced as integral immunization strategy toward the elimination of measles and tetanus and the control of mumps, rubella and diphtheria.

3. Senior Citizen Immunization
   • Pneumococcal and influenza vaccines to be administered for free to indigent senior citizens in communities who are recipients of the Department of Social Welfare and Development’s National Household Targeting System for
4. Vaccine-Preventable Disease Surveillance
   - Surveillance is conducted for all vaccine-preventable diseases most especially for measles cases and indigenous wild poliovirus.

**PROGRAM SITUATION:**

<table>
<thead>
<tr>
<th>Table 1. Fully Immunized Child Coverage in CAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------</td>
</tr>
<tr>
<td>Abra</td>
</tr>
<tr>
<td>Apayao</td>
</tr>
<tr>
<td>Benguet</td>
</tr>
<tr>
<td>Ifugao</td>
</tr>
<tr>
<td>Kalinga</td>
</tr>
<tr>
<td>Mt. Prov</td>
</tr>
<tr>
<td>Baguio</td>
</tr>
<tr>
<td>CAR</td>
</tr>
</tbody>
</table>

**FIC: CAR - 2020 (as of September 2020)**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,801</td>
<td>8,291</td>
<td>17,092</td>
</tr>
<tr>
<td>51.49%</td>
<td>48.51%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**FIC per province on CAR – 2020 (as of September 2020)**

<table>
<thead>
<tr>
<th>Province</th>
<th>Male</th>
<th>Percentage</th>
<th>Female</th>
<th>Percentage</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abra</td>
<td>1,261</td>
<td>51.11%</td>
<td>1,206</td>
<td>48.89%</td>
<td>2,467</td>
<td>100%</td>
</tr>
<tr>
<td>Apayao</td>
<td>652</td>
<td>51.54%</td>
<td>613</td>
<td>48.46%</td>
<td>1,265</td>
<td>100%</td>
</tr>
<tr>
<td>Benguet</td>
<td>2,250</td>
<td>51.33%</td>
<td>2,133</td>
<td>48.67%</td>
<td>4,383</td>
<td>100%</td>
</tr>
<tr>
<td>Ifugao</td>
<td>1,219</td>
<td>51.43%</td>
<td>1,151</td>
<td>48.57%</td>
<td>2,370</td>
<td>100%</td>
</tr>
<tr>
<td>Kalinga</td>
<td>1,594</td>
<td>52.54%</td>
<td>1,440</td>
<td>47.46%</td>
<td>3,034</td>
<td>100%</td>
</tr>
<tr>
<td>Mountain Province</td>
<td>806</td>
<td>53.31%</td>
<td>706</td>
<td>46.69%</td>
<td>1,512</td>
<td>100%</td>
</tr>
<tr>
<td>Baguio City</td>
<td>1,019</td>
<td>49.44%</td>
<td>1,042</td>
<td>50.56%</td>
<td>2,061</td>
<td>100%</td>
</tr>
</tbody>
</table>
The above table shows that CAR is still far in achieving the 95% Fully Immunized Child (FIC) national program target. From year 2011 up to 2018, the trend was decreasing in all areas of the region. For the year 2018, Kalinga had the highest FIC with 78.38% and the lowest was Baguio City with 56.41%. The partial report for the year 2020 shows that Kalinga has the highest FIC rate with 65.71% while Baguio City has the lowest FIC rate of 28.97%.

Source:FHSIS:

<table>
<thead>
<tr>
<th>Table 3. Senior Citizen Immunization Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Table Image" /></td>
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<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020 (as of September 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Influenza</td>
<td>Pneumococcal</td>
<td>Influenza</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>CAR</td>
<td>1,193</td>
<td>5.6</td>
<td>3,307</td>
</tr>
<tr>
<td>ABRA</td>
<td>109</td>
<td>3.7</td>
<td>308</td>
</tr>
<tr>
<td>APAYAO</td>
<td>6</td>
<td>0.4</td>
<td>452</td>
</tr>
<tr>
<td>BENGUET</td>
<td>137</td>
<td>2.5</td>
<td>531</td>
</tr>
<tr>
<td>BAGUIO CITY</td>
<td>636</td>
<td>14.7</td>
<td>943</td>
</tr>
<tr>
<td>IFUGAO</td>
<td>183</td>
<td>7.3</td>
<td>390</td>
</tr>
<tr>
<td>KALINGA</td>
<td>78</td>
<td>3.0</td>
<td>195</td>
</tr>
<tr>
<td>MT. PROVINCE</td>
<td>44</td>
<td>2.4</td>
<td>488</td>
</tr>
</tbody>
</table>

Senior Citizen: 2020 (as of September 2020)

<table>
<thead>
<tr>
<th></th>
<th>FLU</th>
<th>PPV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FEMALE %</td>
<td>MALE</td>
</tr>
<tr>
<td>CAR</td>
<td>7,393</td>
<td>61.94</td>
</tr>
<tr>
<td>ABRA</td>
<td>2319</td>
<td>63.22</td>
</tr>
<tr>
<td>APAYAO</td>
<td>260</td>
<td>63.57</td>
</tr>
<tr>
<td>BENGUET</td>
<td>1020</td>
<td>64.27</td>
</tr>
<tr>
<td>IFUGAO</td>
<td>305</td>
<td>55.25</td>
</tr>
<tr>
<td>KALINGA</td>
<td>424</td>
<td>62.63</td>
</tr>
<tr>
<td>MT. PROVINCE</td>
<td>717</td>
<td>70.99</td>
</tr>
<tr>
<td>BAGUIO</td>
<td>2348</td>
<td>58.22</td>
</tr>
</tbody>
</table>

In 2012, RA 994 or “Expanded Senior Citizens Act” mandated the provision of pneumococcal and influenza vaccines to indigent senior citizens of DSWD’s NHTS-PR households and of government-run residential homes. The nationwide implementation of annual influenza vaccine and 2 doses of pneumococcal vaccine to all senior citizens is underway beginning 2016. Table shows Pneumococcal and influenza coverage of target indigent senior citizens for year 2017-2019. The region’s accomplishment was only 5.6% for influenza and 15.6 for Pneumococcal vaccine in the year 2018 because of inadequate supply from the Central Office. On the other hand, 2019 accomplishment shows an increase from 5.6% to 72.3% for Influenza Vaccine and from 15.6% to 37.6% for Pneumococcal Vaccine. In the year 2020, partial report shows that the regional accomplishment for Pneumococcal Vaccine is 31.80% and 38.06% for Influenza Vaccine because of mobilization problems caused by the Covid-19 pandemic.
PROGRAM ACCOMPLISHMENT:

1. Training Support
The following trainings were conducted to enhance the capabilities of health service providers:
   - Web Based Vaccination Supplies Stock Management Tool.

2. Provision of Logistics
   - Vaccines and vaccination supplies such as auto-disable syringes, safety boxes, mixing syringes, cotton, alcohol, vaccine carriers, indoor/outdoor thermometer with hygrometer, paracetamol, AEFI and survival kits were provided to the different provinces and city.

3. Orientation on Reaching Every Child during National Immunization Program Review per Province and City.
   - Orientation on the use of data and prioritization of areas to improve immunization coverage. Reiterated on the Reaching Every Child (REC) strategy to increase immunization coverage and to decrease refusals and deferrals.

4. Adolescent Immunization in the new normal Human Papilloma Virus (HPV) Vaccine Orientation.
   - Orientation / advocacy on Human Papilloma Virus (HPV) Vaccination, providing awareness on the Cervical Cancer, reduction of occurrence and mortality in CAR.

5. Regional Orientation and Micro planning for Measles, Rubella and Polio Supplemental Immunization Activity (MR Polio SIA)
   - Orientation and presentation of the signed memorandum and guidelines for the implementation of MR Polio SIA. Regional discussion, both private and public stakeholders were oriented about the current situation of Measles and Rubella in the Philippines and strategies for the implementation of the campaign.

6. MR Polio SIA Launching October 26, 2020 at Baguio City Convention Center
   - Synchronized Regional Launching and ceremonial vaccination with a total of 230 participants attended by local leaders; Hon. Mark O. Go (Congressman-Baguio), Hon. Mayor Benjamin B. Magalong (Baguio City Mayor), Councilor Joel A. Allangsab (Committee on Health and Sanitation), representatives from agencies like DOH-CHD-CAR staff, HSO, Philippine Pediatric Society Northern Luzon Chapter, Rotary International, Lions Club Philippines, Different Provincial Health Offices (via zoom), Media and parents with their children who joined the ceremonial vaccination which has an objective of providing intensive advocacy on Measles, Rubella and Polio Vaccination to the citizens of CAR region, to address the misconceptions and to promote immunization services to the target population.

7. Regional Measles Rubella and Polio Supplemental Immunization Activity Campaign in the Cordillera Region
   - In view of ongoing Covid-19 pandemic, all Centers for Health Development, DILG, Philippine Pediatric Society, BGHMC Under Five Clinic, and LGUs conducted Mass Measles and Polio Supplemental Immunization Activity Campaign. Providing MR vaccines to 9-59 months old children and OPV vaccine to 0-59 months old.

   - Post Evaluation meeting for was conducted last December 3-4, 2020 to present the final report / issues and concern and accomplishment on the Measles, Rubella and Polio Supplemental Immunization Activity in CAR. In Addition,

<table>
<thead>
<tr>
<th>Trainings</th>
<th>Female Participant</th>
<th>%</th>
<th>Male Participant</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web-Based Vaccination Supplies Stock Management Training (Feb 24-28, 2020)</td>
<td>7</td>
<td>35.00%</td>
<td>13</td>
<td>65.00%</td>
<td>20</td>
</tr>
</tbody>
</table>
the purpose of the activity is also to acknowledge stakeholders, partners, LGU and identities who contributed and helped in the implementation of the campaign.

9. Monitoring & Evaluation

10. Reproduction & Distribution of NIP advocacy materials to LGUs and during the Measles Rubella and Oral Polio Supplemental Immunization Activity.

11. Coordination with other religious leaders and gaining trust to advocate immunization program.
- To maximize advocacy throughout the region and areas where immunization campaign is having challenges. To acquire the HERD Immunity wherein the 95% of the population should be immunized for the prevention of outbreaks.

12. Supporting other government agencies with their request to various vaccines from the DOH-CHD-CAR.

13. Partnership with the Philippine Pediatric Society Northern Luzon Chapter to encourage their patient to let their children get vaccinated to achieve 95% Herd Immunity and to actively participate in the implementation of the MR Polio SIA campaign.

14. Readiness Assessment and Monitoring prior to the implementation of the MR Polio SIA in the whole Region.
- To make sure that micro planning, vaccine and other logistics, PESU/ CESU and AEFI committees are active and complete before the campaign.

15. Regional meeting and updates on MR Polio SIA are being done on a daily basis from 5:00 pm to 8:00 pm with consultants Dr. SweetC Alipon (WHO), Ms. Kimberly Bernardo (UNICEF), Provincial and City NIP coordinators and DOH-CHD-CAR.

16. Active participation in the weekly REOC on MR Polio SIA with consultants Dr. SweetC Alipon (WHO), Ms, Kimberly Bernardo (UNICEF), PDOHO/ CDOHO, Provincial and City NIP coordinators provide updates, ways forward and recommendation to focus on areas with high number of unvaccinated children, high number of refusals and deferrals.

17. Weekly provision of reports and presentation regarding updates in the implementation of MR Polio SIA in the NEOC. Inputs like best practices, challenges and issues that were encountered are being shared as well.

18. Rapid Convenience Monitoring (RCM) and Mop-up vaccination activities were implemented in the whole region of CAR to support Provinces/Cities and Municipalities to monitor the effectiveness of the campaign and to assist in achieving the goal “No Children Should be Left Behind”.

19. Technical Assistance provision for the DOH-CO personnel. DOH-CO visited Provinces/ Cities in CAR for the conduct of RCM. DOH-CHD CAR assisted and coordinate with Provinces/Cities and Municipalities on their itinerary. Also, CHD-CAR assisted in making their schedule of activities and itinerary.

E. Program Logo:
SAFE MOTHERHOOD PROGRAM
Ms. Mary Lee L. Piluden - Midwife VI
(Program Coordinator)

A. Background
The Millennium Development Goals (MDGs) era has ended and shifts to Sustainable Development Goals which are the blueprint to address the global challenges for a sustainable future for all Filipinos. The Safe Motherhood Program shall continue to aim its focus on the health and welfare of women throughout the course of pregnancy and delivery in order to contribute to achieving SDG three (3) on “Good Health and wellbeing for all Filipinos.” It’s objective shall be towards translating good maternal health outcomes into maternal and infant mortality reduction.

The Universal Health Care Law (RA No. 11223) asserts that “All Filipinos are able to access quality and affordable health services they need without exposure to financial hardship. The thrusts of Universal Health Care are, (1) Financial Risk Protection, (1) Achieve Health Related Millenium Development Goals and (3) Improve access to Health Care Facilities.

Safe motherhood is the concept or initiatives to ensure that women receive high quality care in order to achieve the optimum level of health of mother and infant. The Safe Motherhood Program envisions that all Filipino women have full access to health services towards making their pregnancy and delivery safe without financial risk. Further, it aims to provide sound and responsive policy direction to the local government partners in the delivery of quality maternal and newborn health services with integrity and accountability using proven and innovative approaches guided by the Formula One Plus and the Universal Health Care framework.

B. Objectives:
The overall goal of the program is to improve maternal health and ensure the survival, health and well-being of mothers, vulnerable groups and their unborn baby
1. Collaborating with Local Government Units in establishing sustainable, cost-effective approach of delivering health services that ensure access of disadvantaged women to acceptable and high quality maternal and newborn health services and enable them to safely give birth in health facilities near their homes; and
2. Establishing core knowledge base and support systems that facilitate the delivery of quality maternal and newborn health services in the region.

C. Program Strategies
1. Strategic change in the design of Safe Motherhood Services
   • A shift in emphasis from the risk approach that identified high risk pregnancies during the prenatal period to an approach that prepares all pregnant for the complications at childbirth – this change brought about the establishment of the BEmONC – CEmONC network which is now part of the service delivery network;
   • Improved quality of FP counselling and expanded service availability of post-partum family planning in hospitals and primary birthing centers; and
   • The integration of cervical cancer, syphilis, hepatitis B and HIV screening among others unto antenatal care protocols.

2. An integrated package of women’s health and safe motherhood services
   • The above changes in service delivery also involved a shift from centrally controlled national programs operating separately and governed independently at various levels of health systems to an LGU governed system that delivers an integrated women’s health and safe motherhood service package. This service delivery strategy is focused on maximizing synergies among key services that influence maternal and newborn health and on ensuring a continuum of care across levels of the referral system. At the ground level, this implies that a woman, whatever her age and especially if she is disadvantaged, who seeks care from the public health provider for reproductive health concerns, should be given a comprehensive array of services that addresses her most critical reproductive health needs.

3. Reliable sustainable support system
   • Support systems for maternal-newborn service delivery are anchored on PHILHEALTH accreditation of birthing centers and individual membership or enrolment into the sponsored program. This mechanism ensures sustainable financing of quality maternal-newborn services efficiently eliminating out of pocket expenditures for antenatal, facility delivery and post-natal care. The system likewise includes systems for safe blood supply and stakeholder behavior change, through a combination of advocacy and interpersonal communication during clinic visits.
4. Stronger stewardship and guidance through (1) evidence based guidelines and protocols on maternal-newborn services; (2) a system recognizing providers of emergency obstetrics and newborn care (BEmONC) training program; and (3) monitoring, evaluation and research on the new maternal-newborn strategies.

D. 2020 Accomplishment
   A. Activities/Strategies conducted in CAR
      1. Training Support
         • Maternal Death Surveillance and Response Training (Virtual)
      2. Provision of Logistics
         • Provision of Ferrous Sulfate with folic acid for Pregnant Women
         • Provision of calcium carbonate for pregnant women
         • Provision of Vitamin A for Post-Partum Women
         • Provision of Maternal Kits for Buntis Congress
         • Provision of Basic Emergency Obstetric and Newborn Care (BEmONC) Drugs (IV Fluids, Oxytocin)
         • Provision of Family Health Diary and Mother and Child Book
         • Provision of PPEs to birthing facilities
         • Provision of Birthing and Newborn Kits for use during disasters
      3. Monitoring and evaluation
         • On site monitoring (Benguet)
         • Off site monitoring (Benguet)

E. Future Plans/Strategies
   1. Strength implementation of pregnancy tracking;
   2. Increase awareness on key health messages on maternal care services and UHC;
   3. Ensure availability of logistics;
   4. Sustain functionality of birthing centers and provide technical assistance to birthing facilities with non-renewal of license;
   5. Continue capability building for health workers through BEmONC training initiatives;
   6. Continuous monitoring of health facilities in the provision of quality antenatal care services through the implementation of Administrative Order 2016-0035;
   7. Conduct Maternal Death Surveillance and Response in all provinces/city in the region;
   8. Functionality of referral system;
   9. Sustainability of BEmONC monitoring and supportive supervision system;
   10. Forge partnership with private practitioners and other professional organizations like Integrated Midwives association of the Philippines (IMAP);

WOMEN AND CHILDREN PROTECTION PROGRAM (WCPP)
Ms. Glenda J. Dacanay - Senior Health Program Officer
(Program Coordinator)

A. Background
In 1997, Administrative Order 1-B or the “Establishment of a Women and Children Protection Unit (WCPU) in All Department of Health (DOH) Hospitals” was promulgated in response to the increasing number of women and children who consult due to violence, rape, incest, and other related cases. From 2004 to 2010, more than 59% were cases of sexual abuse; more than 37% were cases of physical abuse and the rest, neglect, combined sexual and physical abuse, and minor perpetrators. Figures show there is a need to continue to raise awareness on domestic violence in order to properly address the issues relating thereto.

For the past years, there have been attempts to increase the number of WCPUs especially in DOH-retained hospitals but they have been unsuccessful for many reasons. Hence the issuance of Administrative Order no. 2013 – 0011 or the “Revised policy on the establishment of Women and Their Children Protection Units in All Government Hospitals” which aims to expand the scope of establishing WCPUs to the entire health sector, including DOH health care facilities, LGU-supported health facilities, private health care facilities, other DOH attached agencies, development partners and other relevant stakeholders involved.

B. New Program Thrusts
- None

C. Objectives
**Goal:** Institutionalize and standardize the quality of health service delivery in all Women and Children Protection Units in support of the strategic thrust to achieve Universal Health Care as described in the Kalusugan Pangkalahatan Execution Plan.

**Target:** To establish at least one Women and Children Protection Unit in every province or chartered city.

D. Program Strategies
- To strengthen and streamline the existing practices of established WCPUs in CAR and enhance their human and material resources in order to scale up the Level of services they can offer.
- Provide the minimum requirements needed by health facilities in order to establish a Women and Children Protection Unit/Desk
- Strengthen the referral system between relevant agencies, composed of the multi-disciplinary team, concerned with addressing the various needs of victim survivors of gender-based violence.

E. 2020 Activities
- Sustained monitoring and evaluation thru the WCPP integrated on-site and off-site monitoring
- All six provinces and 1 city have at least 1 functional WCPU.
- Provision of logistics support for WCPUs based on deficiencies observed during on-site and off-site monitoring

F. 2018 Accomplishments
- All the six provinces and one city have at least 1 functional WCPU.
- Expand the establishment of Women and Children Protection Desk in the community thru the conduct of the Multi-Disciplinary Team (MDT) Training
- Improve data gathering of gender-based violence cases thru the conduct of the VAWC Registry System Training
- Intensified advocacy on the awareness eliminating VAW thru the conduct of the 18-Day Campaign to end VAW.
- Sustained monitoring, evaluation and provision of technical assistance to existing Women and Children Protection Units thru the conduct of the annual program implementation review and integrated on-site monitoring.
- Facilitated the training of the BGHMC WCPU team towards establishing it as a training hospital for Child Protection Specialists.

G. Future Plans/Strategies
- Institutionalize the conduct of peer review of cases and case conferences in the WCPUs.
- Improve on the provision of logistics support for WCPUs based on deficiencies observed during on-site monitoring.
- Include the services of the WCPUs in the Health Care Provider Network by providing coordinated quality service to clients by establishing a one-stop shop system in managing VAWC cases.
- Venture into partnerships with NGOs for support in management of cases.
ORAL HEALTH PROGRAM
Dr. Anabelle Anod- Bawang - Dentist III
(Program Coordinator)

A. Background:
“Oral Health is fundamental to overall health, well-being and quality of life. A healthy mouth enables people to eat, speak and socialize without discomfort or embarrassment.” (WHO)

The health of the teeth, the mouth, and the surrounding craniofacial (skull and face) structure is central to overall health and well-being. Good oral health improves a person’s ability to speak, smile, smell, touch, chew, swallow and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause significant pain and disability for many. Oral and craniofacial diseases and conditions include dental caries (tooth decay) periodontal diseases (gum diseases) cleft lip and palate, oral and facial pain, oral and pharyngeal (mouth and throat) cancers, and xerostomia (dry mouth).

Based on data from the World Health Organization (WHO), 60-90% children and almost 100% adults have dental cavities and 15- 20% of middle aged adults worldwide have severe periodontal disease which may result to tooth loss. Based on the 2011 National Monitoring and Evaluation Dental Survey, Dental caries (tooth decay) and Periodontal diseases (gum diseases) are the two most common oral health diseases affecting the Filipinos. 87.4% Filipinos are suffering from dental caries while 48.3% has gum diseases. Oral disease in children and adult is higher among the poor and disadvantaged population groups. The risk factors of oral diseases include an unhealthy diet, tobacco use, chewing of momma, harmful consumption of alcohol, poor oral hygiene and social determinants.

Oral disease continues to be a serious public health problem in the Philippines yet not given too much attention. Pain from untreated dental diseases can lead to eating, sleeping, speaking and learning problems in children and adolescents, which affects social interactions, school achievement, general health, and quality of life. Rampant dental caries in children adversely affect the overall nutrition necessary for the growth of the body specifically body weight and height. Periodontal infection increases the risk of premature labor and premature low birth weight delivery. Although preventable, these diseases affect almost every Filipino at one point or another in his or her lifetime and the impact can be tremendous.

The Oral Health Program cuts across all-life cycle programs: child, maternal, adolescent, pregnant women, older persons and others of the Department of Health. Primarily tasked to develop policies and guidelines for the Local Government Units to ensure quality, affordable, accessible, and available oral health care delivery, in 2007, the Department of Health formulated the Guidelines in the implementation of Oral Health Program for Public Health Services (AO 2007-0007).

B. New Program Thrusts:
• Oral Health Program promotion anchored to the UHC Law Section 30.

C. Objectives: (General and Specific)
Vision: Empowered and responsible Filipino citizens taking care of their own personal oral health for an enhanced quality of life
Mission: The state shall ensure quality, affordable, accessible and available oral health care delivery
Goal: Attainment of improved quality of life through promotion of oral health and quality oral health care

Objectives:
General: Contribute to the reduction on the prevalence of dental caries and periodontal diseases from 92% in 1998 to 85% and from 78% in 1998 to 60%.

Specific:
1. To contribute to the increase of the proportion of Orally Fit Children (OFC) under six years old through introduction of Orally Fit Child Center/ facilities to at least 20% OFC in 2020.
2. To help control oral health risks among the young people through the inclusion of education and counselling on good oral hygiene, diet and adverse effects of tobacco/ momma or betel but chewing/ smoking, alcohol and sweetened beverage and food including unhealthy behavior in the Basic Oral Health Care Package and during health promotional activities
3. To motivate pregnant women and senior citizens to improve their Oral Health conditions through health promotion e.g. Information Education Campaigns/ Advocacy Activities.
D. Program Strategies:
• Formulate policy and regulations to ensure the full implementation of OHP
  - Establishment of effective networking system though signing of Memorandum of Agreement (MOA) between DOH and P/LGU/Academe/ PDA Affiliates/Other Oral Health Advocates
  - Development of guidelines/ clinical protocols i.e. proper tooth brushing, fluoride varnish application
  - Dissemination of the Guideline on the Use of the Mobile Dental Vehicle (MDV)
• Ensure financial access to essential public and personal oral health services
  - Restoration of oral health budget line item in the GAA of the DOH Central Office.
• Provide relevant, timely, and accurate information management system for oral health
  - Integrate Oral Health in family health information tools, update OHP records
• Ensure access and delivery of quality oral health care services
  - Establishment of all- life stage package of Basic Oral Health Services.
  - Build up highly motivated health professionals and trained auxiliaries to manage and provide quality oral health care.
  - Provision of Technical Assistance e.g. Capability Training

E. 2019- 2020 Activities
• ENHANCED CAPABILITY BUILDING/ WORKSHOPS /ORIENTATIONS
  - Training on Simplified and Modified Atraumatic Restorative Treatment (SMART) for Public Health Dentists and Ride-on Program Implementation Review
    - Orientation of HRH Dentists/ DTTBs/ other partners (based on request)
    - Meetings with Public Health Dentists
• ENHANCED LOGISTIC SUPPORT/AUGMENTATION
  - Kiddie Dental Kits
  - Adult Dental Kits
  - Glass Ionomer Cement for Pediatrics and Persons with Disability
  - Fluoride Varnish
  - Pit and Fissure Sealant
• STRENGTHENED MONITORING AND EVALUATION
  - On-site Monitoring Visits
  - Non- Onsite Monitoring/ Program Implementation Review
• INTENSIFIED HEALTH PROMOTION/ACTIVITY
  - Oral Health Month Celebration
    : Happy Teeth, Happy Feet Eco Walk and Forest Bathing
    : Search for the Orally Fit Child
    : OH IEC Video Ad Contest
  - Reproduction and distribution of IEC materials in coordination with HEPO
    : Oral Health Brochure
    : OHP Tarpaulins during promotional activities
    : OHP Flipchart “Happy Smile, Happy Child”
  - Kapihan in coordination with HEPO
  - Advocacy Campaigns/ Activities
    : Oral Health and Momma Cessation Campaign in selected municipalities/ city
    : Advocacy Campaign on Orally Fit Child Center
  - Ngiting- Galing Dance Competition among adolescents
  - Promotional activities during program guesting as invited by health partners/ health
  - Advocates from other offices/ agencies

F. 2018 Accomplishments:
• ENHANCED CAPABILITY BUILDING/ WORKSHOPS /ORIENTATIONS
  - Provincial/ City Consultative Workshop for Public Health Dentists in Apayao
  - Orientation of Child Development Workers on Basic Oral Health Care in Provinces with low OH accomplishments: Abra, Apayao, Ifugao
  - Ride- on Orientation of Child Development Workers on Basic Oral Health Care in municipalities during on- site program monitoring
  - Selected Child Development Workers Training of Trainers on Basic Oral Health Care
  - Barangay Health Workers and Selected RHU Staff Training on Basic Oral Health Care in Abra
  - Barangay Health Workers and Selected RHU Staff Training on Basic Oral Health Care in Kalinga
FAMILY HEALTH CLUSTER

- **ENHANCED LOGISTICS PROVISION/AUGMENTATION**
  - Allocation of logistics: Kiddie Dental kits, adult dental kits, Glass Ionomer Cement, Pit and Fissure Sealants, Sodium Fluoride Varnishes, Restorative Fillings, Essential Health Care Package 1, Essential Health Care Package 2

- **STRENGTHENED MONITORING AND EVALUATION**
  - Conduct of On-site program monitoring

- **INTENSIFIED HEALTH PROMOTION/ACTIVITY**
  - Oral Health Month Celebration
  - Launching Activities for Simultaneous Mass Toothbrushing Alongside Fluoride Varnish Applications
  - Search for the Orally Fit Child/Regional Search for the Orally Fit Child
  - Regional Advocacy Meeting on the Establishment on the Development of Selection Criteria for a Functional Child and Adolescent Orally Fit Center
  - Regional Advocacy Meeting on Oral Health/Public Private Partnership Advocacy Meeting with Philippine Dental Association/Chapter Affiliates
  - Anti-cavity Campaigns/Mobile Dental Clinics/Caravans
  - PPP linkages/Inter-office or Inter-agency Collaborative Activities on Oral Health e.g. RSCWC collaborative activities during monitoring of LCPC functionality in municipalities, CFLGA

**G. Future Plans/Strategies: (2020-2022)**
- Formulate policy and regulations including reorganization of the program to ensure the full implementation of OHP (Just and rightful staffing pattern)
- Ensure financial access to essential public and personal oral health services
- Provide relevant, timely, and accurate information management system for oral health
- Ensure access and delivery of quality oral health care services
- Build up highly motivated health professionals and trained auxiliaries to manage and provide quality oral health care

**H. Program logo:**

![DOH Logo]

**NUTRITION PROGRAM**

Ms. Candice C. Salingbay, RND, MPH – Nutritionist Dietitian IV (Program Coordinator)

**A. Background:**
Good nutrition is a basic need, a human right and is fundamental to health and well-being. The universal health coverage cannot be achieved without ensuring everyone has access to quality nutrition services. To date, malnutrition in all its form increases the risk of disease and death. However, many nutrition interventions are highly cost-effective to prevent disease and reduce mortality and should be a central part of all comprehensive health systems. Essential nutrition actions benefit the poorest, most vulnerable and marginalized populations and are therefore, critical to fulfilling the promise of the 17 sustainable development goals, leaving no one behind.

In the Department of Health, the Nutrition Program encompasses the following sub-programs: Micronutrient Supplementation Program, Integrated Management of Acute Malnutrition, Infant and Young Child Feeding Program, Dietary Supplementation Program, Food Fortification, Nutrition in Emergencies, Nutrition Promotion for Behavior Change, Nutrition for Adolescent Health and Development and Overweight and Obesity Management and Prevention.

The program cuts across all life stages, both sexes, from pregnancy, infancy to older adults. Together with the other
health programs such as newborns screening, integrated helminth control program, adolescent health, safe motherhood, family planning, oral health and non-communicable disease program are all inter-related when it comes to their ultimate goal that is to reduce mortality and morbidity due to nutrition-related diseases.

Based on the DOH-National Objectives for Health 2017-2022, the following selected indicators serve as proxy measure for determining if the strategies and interventions implemented by the health sector and other stakeholders led to overall improvements in health outcomes. However, these nutrition-related results using the selected indicators such as life expectancy, maternal mortality ratio, infant mortality ratio, under-five mortality rate, prevalence of stunting among under-five children and TB prevalence showed mixed results.

B. Objectives
1. To reduce under nutrition prevalence among under-five children from 2016 to 2022 as follows:
   a. Underweight prevalence from 3.63% to 2.58%
   b. Stunting prevalence from 13.82% to 10.36%
   c. Wasting prevalence from 2.60% to 2.30%
   d. Wasting prevalence among elementary pupils from 4.34% in 2016 to 1.58% in 2022 and among high school students from 3.37% in 2016 to 0.97% in 2022.
2. To reduce micronutrient deficiencies to levels below public health significance

C. Program Strategies:
• Focus on the first 1000 days of life
• Complementation of nutrition-specific and nutrition-sensitive programs
• Intensified mobilization of local government units
• Reaching geographically isolated and disadvantaged areas and communities of indigenous people
• Complementation of actions of national, sub-national and local governments

D. 2019 Activities
• Conduct of Service Provider’s Course Training for the Integrated Management of Acute Malnutrition for the province of Kalinga and Mountain Province.
• Conduct 2 batches of Orientation of World Health Organization Child Growth Standards among newly hired/appointed healthworkers in Abra.
• Provision of micronutrient supplements for children, pregnant women, women of reproductive age, post partum women.
• Orientation and consultation with stakeholders for the implementation of Dietary Supplementation Program in Paracelis, Mt. Province.
• Provision of food commodities for the implementation of dietary supplementation program for pregnant and 6-23 months in Paracelis, Mt. Province.
• Augmentation of growth monitoring logistics (height/length boards, WHO-CGS table of reference standards) to GIDA areas.
• Augmentation of salt testing solutions for the implementation of salt monitoring in compliance with ASIN Law.
• Organize and conduct nutrition and healthy lifestyle promotion for school learners for behavior modification in areas with increasing prevalence of overweight and obesity in Tabuk, Kalinga and Bontoc, Mt. Province.
• Celebration of nutrition month
• Funding for the mass calibration of weighing scales in local government hospitals and rural health units.
• Provision of technical assistance to LGUs during MELLPI, regular program monitoring
• Conduct annual Meeting for HRH-Nutritionists deployed in the provinces/municipality.

E. 2018 Accomplishments
1. Organized and conducted training for Integrated Management of Acute Malnutrition in the Province of Apayao and in Baguio City (hospitals).
2. Organized training for provincial nutritionist dietitians and sanitary inspectors for the verification of weighing scales.
3. Provided food commodities for the implementation of Dietary Supplementation Program in five nutritionally-depressed municipalities of Abra.
4. Augmented 120 height/length boards to GIDA areas in CAR
5. Distributed iodized salt during advocacy campaigns
6. Conducted two batches of orientation on nutrition services and interventions for Baguio City and province of Ifugao.
7. Organized and facilitated BNS Congress in Abra and Apayao
8. Monitored and evaluated LGUs for nutrition program implementation
9. Organized regional nutrition month celebration through cooking contest attended by male employees, jingle making
FAMILY HEALTH CLUSTER

contest by C/PDOHO employees and nutri-quiz bee by barangay nutrition scholars
10. Assessed health facilities for MBFHI certification and accreditation
11. Conducted Garantisadong Pambata Program Implementation Review

F. Future Plans/Strategies (2020-2022)
1. Ensure UHC plans integrate nutrition-related actions into health services as part of national health system and UHC roadmap.
2. Ensure health and nutrition workers are properly trained and oriented on the integrated delivery of nutrition interventions across the life-course.
3. Ensure health and nutrition workers receive integrated supportive supervision and mentoring that builds their capacity to deliver nutrition interventions.
4. Increase the effective coverage of essential nutrition actions through the health system, with a focus on reaching those most left behind.
5. Ensure essential, quality-assured nutrition-related health products such as micronutrient supplements, growth monitoring tools, food packs are available, accessible and properly administered or utilized through the health system.
6. Ensure health information system include indicators to track the coverage and quality of essential nutrition actions.
7. Advocacy for and compliance monitoring of RA 8976 and 8172 and nutrition and healthy lifestyle promotion for school learners for behavior modification.
9. Assessment and provision of technical assistance for Mother-Baby Friendly facilities and workplaces.
10. Breastmilk donation campaigns
11. Coordination with other stakeholders for the advocacy on creating a healthy food environment that enables people to adopt and maintain healthy dietary practices.

NATIONAL VOLUNTARY BLOOD SERVICES PROGRAM (NVBSP)
Mr. Vincent D. Ingen, RN, DTM, MCHD - Senior Health Program Officer
(Program Coordinator)

A. Background
The National policy is embodied in the RA 7719, National Blood Services Act of 1994, which promotes and encourages a voluntary blood donation by the citizenry and instill public consciousness of the principle that blood donation is a humanitarian act. The law also states that in order to promote public health, there should be provision for an adequate supply of safe blood and regulating blood banks.

Further, RA 7719 stats that all sectors shall be mobilized to participate in the mechanisms for voluntary, non-profit collection of blood. In support of the National Blood Services Act of 1994 the following are some policies and guidelines to carry out provisions of the said Act:

a. AO 2005-0002: Rules and Regulations for the Establishment of the Philippine Blood Services which defined the new functions and/or service capabilities of the different blood service facilities including hospital blood banks and blood centers as well as those of the end-user hospitals and other health facilities.
b. AO 2008-0008: Rules and Regulations Governing the Regulation of Blood Services Facilities. This policy ensures access to quality and affordable health products, devices, facilities and services especially those common to the poor.
c. AO 2010-0002: Policies and Guidelines to the Establishment and Operation of Local Blood Councils to Support the Implementation of the NVBSP for Blood Safety and Adequacy, Quality Care and Patient Safety
e. AO 2018-0406: Provision of Blood and Blood Products to Patients of Health facilities
f. DC 2018 – 0324: Towards 100% Voluntary Blood Donation by 2020 for Blood Safety, Patient Safety and Quality Care
g. DC 2018 – 0348: Reiteration of the No Re-testing Policy of Blood Units and the Set Maximum Allowable Service Fees for Whole and Blood Components in Blood Service Facilities
B. New Program Thrusts
• N/A

C. Objectives (general and Specific)
**Vision:** Safe Blood for All
**Mission:** Ensure adequate, safe and accessible blood by:
- Promoting voluntary blood donation as a way of life for every qualified Filipino
- Establishing new blood service facilities and upgrading existing ones
- Organizing association of blood donors and training medical practitioners (nurse, doctor) on national blood use

**Program Goals:**
The Regional Voluntary Blood Services Program (NVBSP) aims to achieve the following:

**Goal 1:** Attainment of 100% Voluntary Non-Remunerated Blood Donation (VNRBD) nationwide by 2022.
- Objective 1- To increase VNRBD by increments of 7% annually.
- Objective 2- To sustain donor retention rate of at least 30% annually.
- Objective 3- To decrease number of deferral.
- Objective 4- To convert family/replacement donors to VNRBD.

**Goal 2:** Institutionalized Blood Center Model

**Goal 3:** An adequate and sustainable financing for National Voluntary Blood Services Program and Operation of Blood Service Facilities (BSF)

**Goal 4:** A quality management system for the NVBSP and BSF

**Goal 5:** Robust, operational and universally accessible information management system

**Goal 6:** Rational Use of blood/blood products in all transfusing healthcare facilities

D. Program Strategies
- Institutionalize a donor recruitment program, strengthen community based voluntary blood donations, phase-out family/replacement and paid donors
- Strengthening of Blood Service Network at all levels to increase efficiency through high volume testing and processing of blood; implement an effective and efficient blood distribution scheme.
- Implement a monitoring and evaluation system
- Implement an integrated blood bank information system in all BSFs.
- Ensure Blood Safety and Adequacy

E. 2020 Activities
- “Dugo mo Sundo Ko” Program
- World Blood Donor Day Celebration
- National Blood Donors Month Celebration Activities in all provinces
- Sangguniang Kabataan (SK) Blood Olympics
- Conduct of Community-based Blood Donation Activities in Government offices and Barangays in response to Coronavirus Disease 2019
- Reproduction of NVBSP-IEC Materials
- Augmentation of blood logistics to Blood Service Facilities in CAR
- Semi-annual Regional Blood Service Facilities Network Meetings
- Online Webinar Series on Blood-related topics
- Monitoring of Blood Stocks Inventory in response to Coronavirus Disease 2019
- Monitoring of compliance to NVBSP-related policies

F. 2019 Accomplishments
- Capability Building/Training
  - Orientation of Barangay Captains in the Institutionalization of the NVBSP
  - Donor Recruitment, Retention and Care Training for selected Health Workers
  - Orientation and Workshop for Trained Donor Recruitment Officers
- Health Promotion/Advocacy
  - Conduct of the Youth Blood Olympics in celebration of the World Blood Donor Day Celebration
  - Conduct of the National Blood Donor’s Month in all provinces
  - Year-round mobile blood donation activities in partner agencies, barangays, Academe
  - Reproduction of NVBSP-IEC materials
FAMILY HEALTH CLUSTER

- Monitoring and Evaluation
  - Semi-annual Regional Blood Service Facilities Network Meetings
  - Quarterly conduct of on-site visits/monitoring to blood service facilities
- Provision of Logistics
  - Augmentation of logistics to blood service facilities (blood bags, typing sera, glass slides, gloves, lancets, hemoglobinometer) - done

G. Future Plans/strategies (2020-2022)
- Establishment of a Regional Blood Center
- Develop Philhealth accreditation standards for participation of non-hospital based BSFs
- Establishment and Implementation of a COVID-19 Convalescent Donation Program

H. Program Logo:

HEALTH AND WELLNESS PROGRAM FOR SENIOR CITIZENS
Dr. Anabelle Anod- Bawang - Dentist III
(Program Coordinator)

A. Background:

“Aging is not lost youth but a new stage of opportunity and strength.”
-Betty Friedan

Senior Citizens or elderly refer to any resident citizen, at least 60 years old. According to the World Health Organization (2014), the world population is rapidly aging. Between 2000 and 2050, the proportion of the world’s population over 60 years will double from about 11% to 22%. The absolute number of people aged 60 years and over is expected to increase from 605 million to 2 billion over the same period.

According to Philippines Statistics Authority’s 2010 Census- based Population Projections in coordination with Inter-agency Working Group on Philippine Projections, the 2018 Year- end Population Pyramid consisted 8,013,059 or 8.2% of Senior Citizens where 3,541,096 are males or 44.2% and 4,476,063 or 55.8% are females. It was also projected that by 2040, approximately 19.6 million Filipinos are senior citizens. A decadal average annual growth rate of 3.64% of the population 60 years old and above makes the older population growth rate faster than the total population, meaning the doubling time of the older population is shorter than the total population.

The Population Institute of the University of the Philippines (UP) conducted a local study looking at the Active Life Expectancy and Functional Health Transitions among Filipino Older Persons which showed that as we anticipate future expansions in the size of older population, a corresponding increase in the number in disability is expected, more for females than males. The expected declines in functional health (specifically the ability to perform normal everyday activities of daily living) due to the presence of chronic degenerative diseases/ailments, modification in recreational and leisure activities, social isolation, poor nutrition, depression and overall decrease quality of life.

Future policies should thus be able to respond to such eventualities with appropriate mechanisms for prevention of severe declines in functional health, with wellness programs as well as health services particularly long term care services for the increased number of inactive older people needing support.

It is on this that the following Administrative Orders were developed:


Both administrative orders were formulated in response to the Philippine Plan of Action for Senior Citizens 2012-2016 and 2017-2022 and to the RA 9994, The Expanded Senior Citizen’s Act of 2010. These shall guide national and local actions towards the implementation of the Health and Wellness Program for Senior Citizen and institutionalization of the health program throughout the country to provide integrated health services for senior citizens.

The following data reveals the life expectancy per province in the region:

<table>
<thead>
<tr>
<th>Province</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>NOH indicator (by 2016)</td>
<td>73</td>
</tr>
<tr>
<td>Projected Life Expectancy (CAR) 2016-2020</td>
<td>74.58</td>
</tr>
<tr>
<td>Abra</td>
<td>74.22</td>
</tr>
<tr>
<td>Kalinga and Apayao</td>
<td>73.17</td>
</tr>
<tr>
<td>Benguet (includes Baguio City)</td>
<td>75.90</td>
</tr>
<tr>
<td>Ifugao</td>
<td>73.27</td>
</tr>
<tr>
<td>Mountain Province</td>
<td>73.54</td>
</tr>
</tbody>
</table>

(Source: NSO)

All provinces except Benguet have life expectancy lower than the regional life expectancy both for male and female. The women of Benguet can outlive all other women in other parts of the region and even all men in the region. The men in Benguet can live longest among all other men in CAR. The women in Kalinga and Apayao have the lowest life expectancy among all women in the region.

B. New Program Thrusts: (if any)
- UHC Law Section 22; UHC IRR Section 22.3

C. Objectives: (General and Specific)
The Health and Wellness Program for Senior Citizen (HWPSC) shall have the following:

**Vision:** A country where all Filipino senior citizens are able to live an improved quality of life through a healthy and productive aging.

**Mission:** Implementation of a well designed program shall promote the health and wellness of senior citizens and improve their quality of life in partnership with other stakeholders and sectors.

**Goal:** Quality of Life Among older persons is promoted and contributes to the nation building.

**Program Objectives:**
- a. To ensure better health for senior citizen through the provision of focused service delivery packages and integrated continuum of quality health care in various settings.
- b. To develop patient-centered and environment standards to ensure safety and accessibility of all health facilities for the senior citizen.
- c. To achieve equitable health financing to develop, implement, sustain, monitor and continuously improve quality health programs accessible to senior citizens.
- d. To enhance capacity of health providers and other stakeholders including senior citizens group in the implementation of health programs for senior citizens.
- e. To establish and maintain a database management system and conduct researches in the development of evidence-based policies for senior citizens.
- f. To strengthen coordination and collaboration among government agencies, non-government organizations, partner agencies and other stakeholders involved in the implementation of programs for senior citizens.

D. Program Strategies:
Regional Framework on Aging and Health. Four (4) Pillars or Action Areas:
- a. Fostering age-friendly environments through action, engagement and collaboration across sectors and stakeholders, including communities, families and older people.
- b. Promoting healthy aging across the life course and prevent functional decline and disease among senior citizens.
- c. Reorienting and strengthening health systems to make them responsive to the needs of senior citizens through the provision of acceptable, accessible and health services across the continuum of care.
- d. Strengthening the evidence-based policy and decision making on aging and health.
<table>
<thead>
<tr>
<th>Framework</th>
<th>Strategy</th>
<th>Issues and Concerns</th>
<th>What have been done/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fostering age-friendly environments through action, engagement and collaboration across sectors and stakeholders, including communities, families and older people.</td>
<td>Integrate into current licensing and accreditation requirements, building, facilities, equipment and personnel standards appropriate for care of older persons.</td>
<td>Not all health facilities are physically accessible. (no ramps, no handrails, no waiting area, small prints on IEC materials)</td>
<td>Monitoring of Health Facilities in terms of compliance to BP 344; Technical assistance given to non-compliant facilities. In collaboration with DILG, presence of ramps for all facilities was already included as one of the indicators in the Seal of Local Good Governance.</td>
</tr>
<tr>
<td>Reorienting and strengthening health systems to make them responsive to the needs of senior citizens through the provision of acceptable, accessible and health services across the continuum of care.</td>
<td>Pursue the implementation of laws and policies for the protection and improvement of the quality of life of the older persons such as the RA 9994 or The Expanded Senior Citizens’ Act of 2010.</td>
<td></td>
<td>Provision of the free DOH medicines at the RHUs; strengthened service delivery networks from primary to secondary to tertiary care. Monitoring of the 20% discount and exemption from the value added tax on the sale of medicines, medical and dental services, diagnostic and laboratory fees in all private hospitals, medical facilities, outpatient clinics and home health care. Automatic enrolment of Senior Citizens to PHIC.</td>
</tr>
</tbody>
</table>
E. 2018-2020 Accomplishments based on 4 Pillars of Action Areas

Activities implemented for CY 2018-2020

1. Orientation on Active Ageing
2. Purchase/receipt and augmentation of drugs/medicines:
   2.1. Multivitamins
   2.2. Calcium carbonate + cholecalciferol
   2.3. Alcohol
4. Celebration of Elderly Filipino Week
5. NCD Risk Assessment for SC
   5.1. Glucose Test Strip
   5.2. Cholesterol Test Strip
   5.3. Uric Acid Test Strip
6. Sustained adoption of SCOFAD in the city and provincial health offices
7. On Site and Non-Onsite Monitoring (Compliance on the provisions of the Accessibility Law or BP 344)
8. Attendance to trainings/workshops, meetings

F. Plans for 2021

1. Policy dissemination campaigns/activities
2. Capability Building
   • Training of Primary Care Providers on the Geriatric Assessment and Dementia Tool Kit
3. Logistics Support
   • Augmentation for NCD maintenance medications for the elderly indigents and elderly residents in GIDA (Losartan and Metformin)
   • Reproduction of Updated Elderly Handbook
   • Reproduction of Geriatric Assessment Tool Kit
   • Provision of Mobility Support for Elderly with Physical Disability/ies (wheelchair, walker, walking cane)
4. Program Monitoring and Technical Input
   • Supportive supervision and assistance
   • On-line program monitoring
5. Health Promotion
   • Support for development of audio-visual information material on active and healthy aging
   • Ride-on campaign for eye health for the elderly
A. Background
The Philippine Family Planning Program (PFPP) has evolved since it started forty-seven (47) years ago. The almost five (5) decades of the FPP in the Philippines has gone through changes from the National Population Program to the present Philippine Family Planning Program. The changes were in response to the health needs at given periods of time.

Some of the most highlighted changes in the Philippine Family Planning Program are the following:

1970 to 1985  Started as a FP service delivery component with the aim to achieve population control through a contraceptive-oriented approach

1986 to 1993  Reorientation of the program from mere population control to health intervention for the improvement of the health of mothers and children

1994 to 1999  The FPP emphasized integration with other Reproductive Health (RH) programs; Commitment to ensure universal access to reproductive health services, including FP, and equality for men and women DOH developed the Reproductive Health (RH) Policy. FP as the core element of RH and integration of FP with other RH services

2000 to 2010  AO No. 50-A, series of 2001: The National FP Policy: This prescribes the key policies of FP services focused on modern FP methods, including natural family planning

The Philippines is a signatory to the commitment of the Millennium Development Goals (MDGs)

2011 to 2018  Maternal, Newborn, Child Health and Nutrition (MNCHN) strategy was introduced to address the need to reduce both maternal and infant mortality.

AO No. 005, series of 2011: Guidelines in Ensuring Quality Standards in the Delivery of Family Planning Services through Compliance to Informed Choice and Voluntarism (ICV)

Responsible Parenthood and Reproductive Health Act of 2012 also known as Republic Act No. 10354, its implementing rules and regulations -- the state recognizes and guarantees the human rights of all persons including their right to equality and nondiscrimination of these rights, the rights to sustainable human development, the right to health which includes reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood.

2019 to present The Universal Health Care (UHC) Act also known as Republic Act No. 11223: The state guarantees universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies which do not prevent the implantation of a fertilized ovum as determined by the Food and Drug Administration (FDA) and relevant information and education thereon according to the priority needs of women, children and other underprivileged sectors, giving preferential access to those identified through the National Household Targeting System for Poverty Reduction (NHTS-PR) and other government measures of identifying marginalization, who shall be voluntary beneficiaries of reproductive health care, services and supplies for free.

B. New Program Thrusts
• Department Circular No. 2020-0167 on the Continuous Provision of Health Services during the COVID-19 Epidemic
• Department Memorandum No. 2020-0222 on the Guidelines on the Continuous Provision of Family Planning Services during Enhanced Community Quarantine following the COVID-19 Pandemic.
• Department Circular No. 2020-0297 on the Annual Targets for Modern Contraceptive Prevalence Rate (mCPR) Among ALL Women in the National Objectives for Health (NOH) 2017-2022
• Department Memorandum No. 2020-0336 on the Adoption of the Family Planning Estimation Tool (FPET) to Produce the Annual Estimate of Modern Contraceptive Prevalence rate (mCPR) for the National and Regional Level
• Other Program Thrusts in place:
  • Executive Order No. 12, series of 2017 on Attaining and Sustaining “Zero unmet need for Modern Family Planning” through the strict Implementation of the Responsible Parenthood and Reproductive Health Act”
  • DOH Administrative Order 2017-0005 on the “Guidelines in Achieving Desired Family Size through Accelerated and Sustained Reduction in Unmet Need for Modern Family Planning Methods”.
C. Objectives

**Vision:** For Filipino women and men achieve their desired family size and fulfill the reproductive health and rights for all through universal access to quality family planning information and services.

**Mission:** In line with the Department of Health FOURmula One Plus strategy and Universal Health Care framework, the National Family Planning Program is committed to provide responsive policy direction and ensure access of Filipinos to medically safe, legal, non-abortifacient, effective, and culturally acceptable modern family planning (FP) methods.

**Goal:** To provide universal access to FP information and services whenever and wherever these are needed.

D. 2020 Program Strategies

a. Continuous provision of FP Services adopting appropriate, contemporary and acceptable measures ensuring health and safety of both client and health service provider

b. FP service providers shall observe the strategies of the COVID-19 mitigation objectives issued under the DOH Administrative Order No. 2020-0015: (1) Increase physical and mental resilience; (2) Reduce transmission; (3) Reduce contact; and (4) Reduce duration of infection.

c. Series of Webinars regarding targets for Modern Contraceptive Prevalence Rate (mCPR) and Family Planning Estimation Tool (FPET)

d. Modify Family Planning strategies on capability building, strengthened and coordinated advocacy and demand generation strategies

e. Continuous logistics augmentation of FP commodities, instruments and supplies and Family Planning Information Education and Communication (IEC) materials

f. Barcode Track and Trace implementation for improved logistics management

g. Sustained monitoring and provision of appropriate technical assistance of FP implementation during the conduct of meetings

E. 2020 Activities

- **Policy Dissemination**
  - Online Policy Dissemination Forum on the Family Planning Program (FPP) Targets and Outcome Indicators

- **Capability Building**
  - Hiring of technical consultants and web developer consultants thru bidding process
  - Development of e-Learning Module for Family Planning Competency- Based Training (FPCBT) Level 1 for Skilled Health Professionals
  - Reproduction and printing of manuals of FPCBT 1 and 2 Training Modules
  - Training of Trainers for the Contraceptive Logistics Management Information System

- **Logistics Augmentation**
  - Procurement and allocation of family planning commodities, PPEs for frontline workers providing maternal health and family planning services in support of the national policies to address the COVID-19 health crisis
  - Procurement of FP instruments and supplies necessary long-acting and permanent family planning methods and FP training models
  - The Barcode Track and Trace Initiative for contraceptive logistics management
  - Provision of android support for the Barcode Track and Trace recipients

- **Health Promotion and Advocacy**
  - Regional Celebration of Family Planning Month
  - Reproduction, printing and distribution of Family Planning Information Education and Communication (IEC) materials
  - The Responsible Parenthood and Family Planning Webinar
  - Launching of the Barcode Track and Trace System

- **Monitoring**
  - Rapid Assessment on the provision of FP Services during the COVID 19 Pandemic
  - Conduct of regular Regional Implementing Team (RIT) Meeting thru videoconference
  - Support for creation/strengthening of City/ Provincial Implementing Teams (CIT/PIT)
  - Provision of relevant technical assistance thru audio/video conference
CSO Engagement
- Assist in appropriate Capability Building activities
- Intensified and integrated FP advocacy activities
- FP service provision

F. 2019 Accomplishments
- Successful FPCBT Level 1 and Progestin Subdermal Implant Insertion and Removal Training
- Conduct of "Adopt a Hospital Training Workshop: FP in Hospitals" and Data Quality Check for hospitals
- Family Planning Month Celebration 2019
- Sustained FP logistics augmentation to all health facilities (CSOs, hospitals and RHUs)
- Intensified demand generation activities thru the regional rollout of Usapan Sessions in hospitals.
- Strengthened functionality of the Regional Implementation Team and the City/ Provincial Implementation Team.

G. Future Plans/Strategies (2021)
- Continuous procurement, provision and augmentation of FP commodities to P/C/MLGUs
- To give focus on men's needs and male contraceptive responsibility and involvement in Maternal and Child Health
- To disseminate a stand-alone mandate to be issued by the central office that addresses Man's needs
- Sustained FP services towards achievement of target Modern Contraceptive Prevalence Rate
- Sustained monitoring and evaluation and provision of technical assistance thru videoconferences and face-to-face interview when possible.
- Strengthened institutionalization and improvement of FP services in hospitals including recording and reporting
- Establish DOH retained hospitals as FP Training Institutions
- To introduce a High Impact Practice (HIP) that can address the problem on maldistribution in contraceptive logistics in the region
- Conduct of pilot testing of FPCBT 1e-Learning Module for FP service providers
- Conduct of post training evaluation for FPCBT 1 e-Learning Module
A. Background
LGU Health Scorecard is one of the scorecards in the Monitoring and Evaluation for Equity and Effectiveness (ME3). It is a performance assessment of the combined efforts of stakeholders within the province – wide health system (PWHS), which includes the clients and public private providers within the municipalities, cities and provinces. The performance indicators measure basic intermediate outcomes and major outputs of the health reform programs, projects and activities. It is a tool institutionalized by the DOH to track and assess the outcome of implementing health reforms. It specifically measures intermediate outcomes and major reform outputs based on the Programs, Projects and Activities (PPAs) of the DOH, which are reflective of the PWHS.

LGU Health Scorecard started on 2008 with selected outcome and output indicators to monitor and has evolved throughout the years based on the priority health programs of the government. It was initially a partnership between the DOH and the DILG in which the data was collected by DILG and encoded in their system – LGPMS until 2014. On 2015, DOH took over the whole process.

LGU Health Scorecard implementation includes data collection using the Data Capture Forms, institutional data validation in the provincial and regional level, encoding of the data in the web – based system and submission of DCFs to DOH – BLHSD.

Scoring and assessment of performance are based on external and internal performance benchmark. External Performance Benchmarks compare the PWHS performance to the set national target and national average. Internal Performance benchmark compare PWHS with its own past performance. It utilizes color coding scheme to show level of performance in external benchmark that can easily be understood by clients. Red color is used to tag PWHS performance that is lower than the national average level for a specific indicator. Yellow color is used to tag PWHS performance that is higher than the national average level but lower than the national target. Green color is used to tag PWHS performance that is equal to or higher than the set national target.

B. Objectives
The LGU Health Scorecard (LGU HSC) was developed for the following purposes:
1. Report to Clients. It is used to report outcomes valuable and relevant to the stakeholders.
2. Benchmark Performance. It is used to compare the local government’s performance against internal and external benchmarks.
3. Basis for Prioritizing Actions. Following the LGU HSC color-codes, the red rating should prompt the local governments to intensify its efforts and resources, revise strategies and seek assistance. A yellow rating means that the LGU needs to continue progressively improve towards attainment of the national target. A green rating shows that the local governments can maintain the current level of performance, be a model site for other LGUs and/ or be a pilot site for innovative interventions.

C. 2020 Program Strategies
a. Provision of technical assistance to ensure the timeliness, completeness and accuracy of reports through data reconciliation activities and conduct of orientation on the indicators needed to be collected for the year.
b. Continuous provision of LGU Health Scorecard Report Card to the LGUs.

D. 2020 Activities
• Conduct of LGU Health Scorecard Orientation
• Collection and validation of the Municipal/ Provincial Data Capture Forms (DCFs)
• Encoding of data from the Municipal/ Provincial DCFs and selected FHSIS data in the LGU HSC web-based system.
• Reproduction of the LGU HSC MOP and 2019 Report Card
• Attendance to national LGU HSC activities

E. 2019 Accomplishments
• Collected and validated Municipal/ Provincial/ City Data Capture Forms.
• Timely encoding of LGU Health Scorecard data in the LGU HSC web-based system.
• Conducted and attended LGU HSC Manual of Operations Workshop.
A. Background
Field Health Services Information System (FHSIS) is a nationwide facility-based recording and reporting system that provides information to the Local Government Units (LGUs) and the Department of Health (DOH) as basis for decision-making relative to the management and implementation of public health programs throughout the country. As stipulated in Executive Order No. 352 – Annex 1, the FHSIS is one of the statistical activities designated by the then National Statistical and Coordination Board (NSCB) that will generate critical data for decision-making by administration, planners and policy makers in the government and private sector.

FHSIS started on 1987 in response to the need to streamline the initial DOH reporting system which was found by midwives to be burdensome and time consuming, and which prevented them from performing their primary task of delivering services. It was on 1989 that FHSIS was launched and implemented nationwide. This tasked all health facilities nationwide from the Barangay Health Stations (BHSs) and Rural Health Units (RHUs) to record data, generate and submit reports to the next level of administration until these reach the national level. Revisions were made in the system throughout the next years to cope with the changes in the health system including its data needs.

The latest version of the FHSIS MOP was the 2018 version which was implemented in 2019. The 2018 FHSIS MOP serves as the over-all reference in the establishment and operationalization of the FHSIS at various levels of operations. It guides the local health managers and staffs to collect and generate information useful to the LGUs in improving access to quality services and in managing more efficiently and effectively the various public health programs in their respective localities. Moreover, the MOP also provides the DOH at the regional and national level with a clearly established set of public health program indicators to be tracked and monitored nationwide. The results of which are expected to guide policy formulation, resource allocation and prioritization, and other essential decision-making processes.

B. Objectives
Field Health Services Information System to provide quality health statistics for program managers and other stakeholders as basis for decision making towards attaining better health outcomes in CAR.

C. 2020 Program Strategies
a. Provision of technical assistance to ensure the validity, timeliness, completeness and accuracy of reports through monthly giving of feedback on their submitted reports, conduct of monitoring activities and data reconciliation activities.
b. Continuous provision of FHSIS recording and reporting tools to all health facilities in CAR.

D. 2020 Activities
• Provision of technical assistance
  - Conduct of Annual FHSIS Data Reconciliation and Program Implementation Review
  - Conduct of monitoring visits to targeted health facilities
  - Giving of monthly feedback on their submitted report

• Logistics Augmentation
  - Procurement, allocation and distribution of FHSIS recording and reporting tools.
E. 2019 Accomplishments
• Timely submission of quarterly and annual FHSIS reports to DOH – Epidemiology Bureau.
• Strengthened the FHSIS implementation of the provinces and city of CAR.
• Trained Public Health Associates on the 2018 FHSIS MOP.

F. Future Plans/Strategies (2021)
• Continuous provision of FHSIS recording and reporting tools.
• Continuous provision of technical assistance through conducts of data reconciliation and monitoring activities and giving of monthly feedback to the provinces and city.

G. Program Logo
N/A

HEALTH PROMOTION UNIT
Mr. Patrick P. Pineda - HEPO III
Program Briefer 2020

A. Background:
Health Promotion is a process of enabling people to take action to improve health. The traditional view of promoting health through the one-on-one communication between a doctor or a health worker and a patient has already been found to be inadequate. A socio-ecological approach to health promotion is now more appropriate. This takes into consideration the complex environment affecting a person’s well-being, to include lifestyle, behavior patterns, as well as present and emerging technologies.

In the Cordillera, the health situation still shows a high prevalence of infectious diseases. There is an increasing trend in degenerative and lifestyle related diseases like CVD, diabetes, cancer, substance abuse, accidents, mental disorders and the emerging and re-emerging diseases. These are factors that may influence health, health situation is compounded by determinants. These determinants thus require a secure foundation as basic pre-requisite for health thus health promotion, communication and advocacy are needed to address issues on health and achieve behavioral change among target audiences.

The presence of AO 58 s. 2001 National Policy on Health Promotion serves as the guide for the Regional Offices, Retained hospitals, LGUs, and other partners on health to conduct and sustain health promotion, communication and advocacy activities.

B. Program Thrust:
The Universal Health Care Law or Republic Act 11223, emphasizes the role of the state to protect and promote the right to health of all Filipinos and instill health consciousness among them. Furthermore, the state shall adopt an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health.

In doing so, it is thereby imperative, as stipulated in one of its provisions, to push for interventions that will promote population health and disease prevention.

The law stresses the importance of scaling up health promotion and preventive care and the delineation of roles within and partners outside of the organization. Prioritization of policies that will push for interventions for health promotion and disease prevention have been overlooked in the past years.

C. Objectives:
• To provide support to the Regional Director, Program coordinators and other stakeholders on matters pertaining to media relations, health promotion and communication strategies
• To communicate the work and performance of the DOH in order to gain public support of its programs and policies especially pertaining to Universal Health Care
• To advocate for the inclusion of health in all aspects of government and provide the platform for the multi-stakeholder partnerships and engagement.
D. Program Strategies:
• Information dissemination through all available platform
• Program and policy advocacy
• Health communication planning
• Risk communication and community engagement
• Media relations
• Capability building through trainings and orientations
• Monitoring and evaluation

E. 2020 Activities:
• Conduct policy/ program dissemination campaigns/ activities in all provinces/ HUCs, ICCs/ through kapihan forum, quad media ads and activities such as Print ad, Radio ad, TV ad, LED billboard display ad, social media card posting
• Provide Technical Assistance in public health program through Health Promotion monitoring and evaluation in LGUs
• Develop and produce gender and culture sensitive IEC materials such as posters, flyers, leaflets, brochure, stickers for allocation to LGUs
• Develop Risk communication and Health communication plan on program, campaigns and for public health emergencies

F. 2019 Accomplishments
• Policy/ program dissemination campaigns/ activities conducted in all provinces/ HUCs, ICCs/ municipalities through kapihan forum, quad media ads and activities such as Print ad, Radio ad, TV ad, LED billboard display ad, social media card posting
• DOH-CHD-CAR staff trained on Communication Planning and Materials Development
• LGU staff trained on IEC Development
• LGU HEPOs and DMOs updated on National Health Events and Programs through advocacy meeting
• DOH-CHD-CAR staff oriented on News and Feature writing
• LGUs consulted on the contents, design of selected IEC materials developed through pre-testing
• IEC materials, collaterals, Infomercials and AVPs are developed
• DOH and Men and Women PHO coordinators of Benguet and Mt. Province trained on Risk Communication in the context of HCPN
• Red Orchid Awardees assessed, validated and provided with TA

G. Future Plans/Strategies
• Hiring of two additional men and women Job Contractor (Artist Illustrator III and HEPO II) for Health Promotion Unit of CHD-CAR.
• Conduct of monthly policy / program dissemination using quad media ads and activities such as Print ad, Radio ad, TV ad, LED billboard display ad, social media card posting
• Conduct once or twice a month press conference or kapihan forum
• Hiring of 7 Job Order HEPO I to be assigned at the PDOHOs / CDOHO to assist in the implementation of UHC in the context of Health Promotion in UHC integration sites
• Capacitate the DOH Representatives in the conduct of Health Promotion monitoring and evaluation
• To conduct training on IEC Development, Communication Planning, Risk Communication strategy, Orientation on UHC Maturity Level and Advocacy and Community Engagement for LGU/P/CWHS, DMOs and Program managers (2 sets of training, 4 batches each, conducted quarterly
• Develop and produce gender and culture sensitive IEC materials such as posters – 6 kinds (6,000 pcs.), Flyers – 6 kinds (6,000 pcs.), Leaflets – 6 kinds (6,000 pcs), Brochure – 6 kinds (6,000 pcs.), Stickers – 6 kinds (6,000 pcs.)
• Request to DOH HPB for a training on IEC development with culture and GAD perspective
• Allot funds for Risk Communication and community engagement during public health emergencies

H. Program Logo:
Epidemiology and Surveillance Unit

Philippine Integrated Disease Surveillance and Response
Ms. Geeny Anne I. Austria, RN - Nurse V RESU Head

A. Background
The World Health Organization under the Revised Health Regulations (IHR) of 2005 requires all member states to strengthen core surveillance activities. Being a member state of the Asia Pacific Region, guided by the Asia Pacific Strategy for Emerging Diseases, the National Epidemiology Center of the Department of Health, which is the focal point of the IHR in the country created the Philippine Integrated Disease Surveillance and Response (PIDSR) to strengthen the surveillance system in the country; this begun with the issuance of the Administrative Order no. 2007-0036, “Guidelines in the Philippine Integrated Disease Surveillance and Response Framework”.

B. New program thrusts
N/A

C. Objectives
The goal of the PIDSR is to strengthen the capacity of local government units (LGUs) for early detection and response to epidemics in a struggle to decrease the morbidity and mortality rates in the country. Through PIDSR, there are fifteen epidemic-prone diseases, three diseases targeted for eradication or elimination and five other diseases or conditions of public health importance are prioritized for surveillance.

Event-Based Surveillance and Response
Ms. Karen B. Lonogan, RN - Senior Health Program Officer

A. Background
Event-Based Surveillance and Response (ESR) shall complement the existing indicator-based disease surveillance in detecting IHR events with the added advantage of rapid reporting because it does not support data aggregation by morbidity week, with a wider scope (since PIDSR is limited to a set number of reportable diseases and syndromes), greater geographic spread (as reports will not be coming from predetermined sentinel sites although PIDSR was envisioned to have a universal coverage) and most importantly, initially at a relatively low cost. In line with the IHR and Asia Pacific Strategy for Emerging Diseases (APSED), the EB shall be primarily responsible for immediately communicating with the World Health Organization those events that may be strongly considered public health emergency of international concern (PHEIC). This requires early detection, assessment, notification and reporting of such events on a 24/7 basis. The ESR has unique characteristics that will define its purpose. ESR is the organized, unstructured capture of information on new events that are not included in indicator-based surveillance, events that occur in populations which do not access health care through formal channels, rare, unusual or unexpected events to distinguish it from indicator-based surveillance, which employs a systematic collection of variables to characterize specific illnesses.

B. New program thrusts
N/A

C. Objectives
To complement the indicator-based surveillance of the Philippine Integrated Disease Surveillance and Response (PIDSR), the Event-based Surveillance and Responses was established. This aimed to contribute in the prevention and control of communicable diseases through early detection, reporting and response for emerging and re-emerging diseases.
A. Background
One of the existing disease surveillances of Epidemiology Bureau is the STI/HIV Denominator Surveillance System (SDSS). Pursuant to Administrative Order No. 55-A, “Each HIV testing laboratory (Private or Government) shall report and submit monthly the number of tests performed, results and referrals of sero-reactive samples and confirmed sero-active samples as required by RA 3573 (Law on Reporting Communicable Diseases). Further, as provided in DOH Administrative Order 2005-0027, reporting should include Syphilis, Hepatitis B, Hepatitis C, and Gonorrhea.

B. New program thrusts
N/A

C. Objectives
It used for determining and monitoring the magnitude and progression of HIV infection and Sexually Transmitted infections in the Philippines. Its objectives are:

1. To determine the denominators or the number of tested population for HIV and STI
2. To provide current and available data on positivity rate, sex distribution, and frequency of infections from public and private HIV and STI testing facilities in the country
3. To monitor HIV and STI trends and projections
4. To utilize data for program designing and implementation that will aid in developing HIV and STI management

<table>
<thead>
<tr>
<th>Province/ City</th>
<th>Hospitals and Infirmaries</th>
<th>RHUs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Government</td>
<td>Private</td>
</tr>
<tr>
<td>Abra</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Apayao</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Baguio City</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Benguet</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Ifugao</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Kalinga</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Mountain Province</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>
All PESUs have computers and printers dedicated for surveillance activities. Table 2 summarizes the source and IT equipment present at the regional and provincial level.

### Table 2. Number of Computers, printers and type of communication devices in regional and provincial DRUs

<table>
<thead>
<tr>
<th>DRU</th>
<th>No. of computers</th>
<th>No. of Printers</th>
<th>Source/ Donating agency</th>
<th>Broadband provided by RESU DOH CAR Office</th>
<th>Communication Device Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESU</td>
<td>6</td>
<td>2</td>
<td>DOH CAR Office- RESU</td>
<td>Globe</td>
<td>Telefax, Cellphone</td>
</tr>
<tr>
<td>Abra PESU</td>
<td>1</td>
<td>1</td>
<td>DOH CAR Office- RESU</td>
<td>Globe</td>
<td>Cellphone</td>
</tr>
<tr>
<td>Apayao PESU</td>
<td>1</td>
<td>1</td>
<td>DOH CAR Office- RESU</td>
<td>Globe</td>
<td>Cellphone</td>
</tr>
<tr>
<td>Benguet PESU</td>
<td>1</td>
<td>1</td>
<td>LGU, DOH CAR Office-RESU</td>
<td>Smart</td>
<td>Telefax</td>
</tr>
<tr>
<td>Baguio CESU</td>
<td>1</td>
<td>1</td>
<td>LGU</td>
<td>Globe</td>
<td>Telephone, Cellphone</td>
</tr>
<tr>
<td>IIfugao PESU</td>
<td>1</td>
<td>1</td>
<td>LGU</td>
<td>Smart</td>
<td>Cellphone</td>
</tr>
<tr>
<td>Kalinga PESU</td>
<td>1</td>
<td>1</td>
<td>DOH CAR Office- RESU</td>
<td>Smart</td>
<td>Cellphone</td>
</tr>
<tr>
<td>Mt. Province PESU</td>
<td>1</td>
<td>1</td>
<td>LGU</td>
<td>Smart</td>
<td>Cellphone</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>10</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 1. Prioritized Municipalities and Health facilities, CAR

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Priority Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of technical Assistance</td>
<td>Regional level, including Baguio City</td>
</tr>
<tr>
<td>a. Capability building</td>
<td>Provincial/ City Health Offices through the Epidemiology and Surveillance Units (ESUs)</td>
</tr>
<tr>
<td>b. Logistic augmentation</td>
<td>(ESUs), DOH retained Hospitals, Provincial Hospitals and RHUs (Bangued, La Trinidad, Ilogon, Mankayan, Lagawe and Bontoc, Luna, Tabuk)</td>
</tr>
<tr>
<td>c. Conduct of meetings and updates</td>
<td>Provincial/ City Health Offices: Epidemiology and Surveillance Units (ESUs)</td>
</tr>
<tr>
<td>Monitoring, coaching and mentoring</td>
<td></td>
</tr>
<tr>
<td>Inter-sectoral collaborations</td>
<td></td>
</tr>
</tbody>
</table>

### Recommendations/ Plans:
1. Capability building and Advocacy Activity
   a. Basic Epidemiology training
   b. LaBBS consultative Meeting
   c. Regional AEFI committee meetings
2. Allocation of Resources
   a. Test kits, Reagents and disinfectants
   b. Personal Protective Equipment
3. Monitoring and onsite mentoring
4. Conduct of Surveillance activities
   a. Hiring of RESU disease surveillance officers
   b. Weekly morbidity report preparation and dissemination
   c. Monthly morbidity report preparation for media partners
   d. Active and passive surveillance
      i. Cable TV subscription
      ii. WIFI subscription
      iii. Outbreak and field case investigations
      iv. Laboratory testing fees
      v. Specimen freight
      vi. TEV and gasoline expenses
      vii. Communication expenses
A. Background
The Health Facilities Enhancement Program, serves as the national government’s major strategy to provide assistance to government-owned healthcare facilities for construction and improvement of infrastructure, equipment upgrades, and medical transport such as mobile dental vans and ambulances.

B. Program Thrust
N/A

C. Objectives:
• Improve primary health care facilities (RHUs, BHS) to gatekeep and deliver preventive health services
• Improve quality of LGU hospitals to comply with DOH licensing and PhilHealth accreditation requirements as referral centers
• Decongesting DOH hospitals to be able to provide affordable quality tertiary care and specialized treatment.

D. Program Strategies:
• Receipt of Proposed HFEP Projects thru the LIPH
• Initial Screening of Submitted Project Proposals
• Project Site Inspection, Assessment, and Validation
• Finalization & Submission of Regional List of Proposed HFEP Projects
• Receipt of Approved List of HFEP Projects
• Preparation of DAED / POW
• Approval of DAED / POW
• Procurement of HFEP Projects
• Awarding of Project
• Start of Implementation of Project
• Project Implementation
• Progress monitoring and inspection
• Final Inspection and Turn-Over to End Users

E. 2020 Activities:
• Institutionalization of HCPN in all provinces/ HUCs/ ICCs
• Relevant policies and guidelines are cascaded to provinces/HUCs/ICCs
• Provision of Technical assistance to LGUs and other health partners towards the achievement of Universal Health Care (UHC)
• Timely and accurate data and reports provided as requested
• Equitable access to quality health
• Efficient utilization of DOH funds ensured
• Compliance with cross-cutting requirements based on standard procedures and timelines in accordance to ARTA and other relevant laws
• Participation and performance of functions to committees and other activities

F. 2019 Accomplishments
Financial Status: 98.84% Obligation Rate for Infrastructure, Equipment and Ambulance
Physical Status: 95 Infrastructure projects completed, 8 ambulances delivered to end-users

G. Future Plans/Strategies
• Prioritize HFEP Projects that were started during the previous years but were not completed due to inadequate funding.
• Ensure functionality of the completed and delivered HFEP projects and equipment
• Sustainability of HFEP Projects through the years
A. Background

Health Emergency Management Unit is a health unit that primarily acts as the DOH Coordination Unit and Operation Center for all health emergencies and disasters with the potential of becoming an emergency.

B. Vision, Mission, and Goals

**Vision:** Health disaster safety in the hands of the community a.k.a “Kaligtasang Pangkalusugan sa Kalamidad sa Kamay ng Komunidad”

**Mission:** To support community health resilience building

**Goals:**
1) Guarantee uninterrupted health service delivery during emergencies and Disasters;  
2) Avert preventable morbidities, mortalities and other health effects secondary to Emergencies and disasters; and  
3) Ensure no outbreaks resulting from emergencies and disasters.

C. Objectives

**General:** Establish DOH’s role in emergency and disaster response management and present a comprehensive perspective of the components of a well-organized and effective response in health and health-related emergency or disaster.

**Specific:**
1. Appreciate the overall mandate of DOH and its instrumentalities in managing response to any emergency or disaster.  
2. Identify the basic principles of an effective and efficient response.  
3. Describe the key components constituting a well-organized response and the elements required for each response component.

Source: HEMB Strategic Plan 2017-2022

D. Functions

1. Provides communication linkage among DOH Central Office and other concerned agencies, including the hospitals and the regions, during emergencies and disasters.  
2. Maintains an Operation Center to serve as an alert system to monitor health and health-related emergencies & provides leadership in the mobilization and deployment of health teams in anticipation of or in response to health emergencies.  
3. Provides technical assistance in the development of programs and planning activities for HEM for other government and non-government organizations.  
4. Leads advocacy activities, including simulation exercises.  
E. Program Strategies
1. Capability Building
   • Provision of Technical Assistance to health workforce on the different Public Health Programs and creation of an environment conducive for public health policy-making to improve health of the community
2. Logistics augmentation
   • Ensure effective and efficient logistics management needed for preparedness and response to decrease morbidity and mortality in emergencies and disasters
3. Monitoring, Verifying and Reporting of Occurrence of Health Emergencies and disaster events with emergency potential
   • Ensure responsive evidence-based decision making process to all forms of emergencies and disasters
4. Monitoring and evaluation of DRRM-H Systems Institutionalization
   • Provision of Technical assistance to LGUs and Hospitals for DRRMH System institutionalization
   • Increase awareness on the DRRM-H Program through conduct of various activities (simulations and drills)
   • Capability Building for Health Emergency Response Teams
   • Strengthened institutionalization of the DRRM-H Program in target LGUs
   • Deployment of Response Teams for the provision of quad cluster services (Public Health, WASH, MHPSS, Nutrition in Emergencies)

Source: DOH-HEMB MOP

F. New Program Thrust
- Institutionalization of the Disaster Risk reduction and management in Health (DRRM-H) System

- DISASTER RISK REDUCTION MANAGEMENT IN HEALTH (DRRM-H)
  - Is an integrated, systems-based, multisectoral process that utilizes policies, plans, programs, and strategies to reduce health risks due to disasters and emergencies, improve preparedness for adverse effects and lessen adverse impacts of hazards to address needs of affected population with emphasis on the vulnerable groups.

- The Philippine Health Agenda ensures the health services delivered through Service Delivery Networks (SDNs) are available 24/7 even during disasters. This warrants uninterrupted health services to avert preventable morbidities and mortalities as well as ensure that no outbreaks occur secondary to disasters. In the delivery of these services, gender-sensitive, culturally appropriate and inclusive approaches are considered. These goals will be achieved by institutionalizing DRRM-H in the health system through the 5K approach or Kaligtasang Pangkalusugan sa Kalamidad sa Kamay ng Komunidad (Health disaster safety in the hands of the community). This will guide planners at all levels of governance to formulate disaster risk reduction measures for each thematic area in relation to priorities.

Source: HEMB Strategic Plan 2017-2022
**G. 2019 Accomplishments**
- Creation of DOH-CHD CAR Health Emergency Response Team composed of the quad cluster teams (Public Health, Water Sanitation and Hygiene, Mental Health and Psychosocial Services and Nutrition in Emergencies).
- Conducted basic life Support (BLS) Training for DOH-CHD CAR
- Conducted basic life Support (BLS) Training for Ambulance Drivers/Hospital Staffs
- Conducted Emergency Responders Course (ERC)
- Conducted Incident Command System Training (ICS)
- Conducted Mental Health and Psychosocial Services Training (MHPSS)
- Conducted Water, Sanitation and Hygiene (WASH) Training
- Conducted workshop on the development of IEC materials for disaster and emergencies.
- Conducted review and workshop on Disaster Risk Reduction and Management in Health Institutionalization.

**H. 2020 Accomplishments**
- Spearheaded DOH CHD-CAR response team to Taal Volcano Eruption Incident in the Province of Batangas and the COVID 19 Pandemic investigation team in the Province of Abra
- Conducted Incident Command System Level 1 & Level IV Training to DOH CHD CAR Personnel and target LGU’s
- Conducted three (3) batches of Basic Life support training to DOH CHD-CAR personnel
- Activation of the DOH CHD-CAR Incident Management Team in response to COVID – 19 pandemic and HEM unit as the Operation Center
- Creation of the Cordillera One Hospital Command Center (COHCC) in response to COVID-19 pandemic and Health Emergency Management Unit as its Operation Center (OPCEN)
- Non-on-site monitoring and provision of technical assistance on DRRM-H institutionalization

"Together let us build “a disaster resilient community”"
A. Background:
Health regulation is a line function of the Department of Health (DOH). The Regulations, Licensing and Enforcement Division (RLED) of the DOH Cordillera Administrative Regional Office is the regulatory body that aims to provide safe and quality health services by public and private health facilities in the Cordillera Region. The division ensures that regulatory policies and standards of licensing, accreditation and monitoring of health facilities are in place to safeguard quality health care. Regulation takes into account services capabilities and compliance with standards for manpower, equipment/instruments, physical facilities and documentation. This is accomplished by the four core processes which are licensing, monitoring, surveillance and handling of complaints. The division is composed of the Division Chief (Licensing Officer V), one Medical Officer IV, one Medical Officer III, four Licensing Officer III, four Licensing Officer II, one Nurse V, one Engineer III, one Administrative Assistant III, two Licensing Officer II (JC), one Sanitary Engineer II (JC), one Administrative Aide IV (JC) and one Data Encoder (JC until December 2020). One Licensing Officer III position is vacant due to transfer.

The Citizen’s Charter also indicates the functions of the division as follows: (a) disseminates regulatory policies and standards for information and compliance, (b) issues permits, licenses and authorizations, (c) ensures sustainability of health facility’s compliance with regulatory standards and (d) provides consultation and advisory services to stakeholders regarding health facility regulation.

B. New Program Thrusts
- Issuance of a License to Operate (LTO) Primary Care Facilities (PCF) including clinical laboratories within the Health Units (urban/ rural)
- Assessment for program certification in PCF for TB-DOTS, ABTC and MBFHI certification
- Monitoring of regulated health facilities on strict implementation of Infection Prevention and Control program and hospital preparedness on emerging and re-emerging diseases
- Processing of Licenses for Water-Refilling Stations, Massage Therapists, Embalmers and other Environmental and Occupational Health Operational Permits

C. Objectives:
General: To enforce and implement regulatory standards and requirements to ensure access to quality and safe health facilities and services.
Specific:
- To conduct monitoring and evaluation of licensed health facilities and services for continuous compliance to regulatory policies
- To process and issue authorizations within the Citizen Charter timeline
- To act on complaints received in a timely manner
- To conduct surveillance of unlicensed health facilities operating without license
- To ensure timely submission of accurate data inputs in DOH Data Collect application (DDC App)

D. Program Strategies:
- Processing of application for issuance of Certificate of Need, Permit to Construct, License to Operate, Authority to Operate and Certificate of Accreditation of health facilities
- Ocular inspection of health facilities
- Monitoring of licensed health facilities for continuous compliance to licensing standards and requirements
- Surveillance of health facilities operating without valid LTO/COA/ATO
- Handling of specific complaints lodged against health facilities
- Assessment of health facilities for program certification/recertification (ABTC, MBFHI, TB-DOTS)

E. 2020 Activities:
- Issuance of authorizations (License to Operate/ Authority to Operate/ Certificate of Accreditation/ Permit to Construct/ Certificate of Need/ Remote Collection Permit/ TTMF Certification)
- Monitoring of gender-responsive regulated health facilities through onsite and/ or table review
- Tracking of compliance to monitoring findings
- Surveillance of unlicensed health facilities
- Enforcement of regulatory functions through issuance of notice of violation/ or cease and desist order
• Handling of complaints
• Assessment of health facilities for accreditation on MBFHI, TB-DOTS and ABTC
• Policy cascading/ dissemination
• Hiring of job contractuals (2 LO II - Engineer & Medical technologist/ Administrative Assistant)
• Vehicle rental for monitoring/ assessment/ inspection
• Attendance to meetings/ conventions/ trainings/ orientations (onsite/ webinars/ VTC)
• Ensure timely submission of DDC App data and validation of entries in the DDC App
• Processing and issuance of Environmental and Occupational Health Operational (EOH) Permits

Strategic Functions
• To catalyze the transformation of Local Health Systems to Province-wide and City-wide Health Systems

Core Functions
• To harmonize and streamline regulatory systems and processes
• To ensure quality and safety of health facilities and services
• To ensure that unlicensed health facilities comply to regulatory policies
• To ensure that all complaints are acted upon in a timely manner
• To ensure that relevant policies, guidelines and programs are cascaded to LGUs and other health partners

E. 2019 Accomplishments:
• 100% (413/413) of authorizations (LTO/ PTC/ ATAU/ COA & RCP) issued within Citizen Charter timeline
• 90.2% (322/357) monitored health facilities are compliant to regulatory policies
• 94.4% (337/357) licensed health facilities monitored and evaluated for continuous compliance
• 100% (Q2= 230/230 and 84.21% (Q1=16/19) assessed/ evaluated for issuance of program certification on MBFHI/ TB-DOTS and ABTC
• 100% (27/27) monitored health facilities are issued Notices of Violation (NOV)
• 100% (35/35) identified health facilities operating without license were surveilled
• 100% (8/8) surveilled health facilities operating without license issued with Notices of Violation (NOV)
• 100% (5/5) received complaints acted upon within 5 days upon receipt
• 100% (6/6) LGUs provided feedback on monitoring/ licensing findings
• Conducted one (1) RLED Chief’s Bi-monthly Meeting
• One (1) policy/ program dissemination campaign/ activity conducted to all regulated health facilities/ stakeholders
• 100% (3/3) of unmet target in the WFP DPC responded with Request for Action (RFA)
• 100% targeted meetings/ conventions/ trainings attended by RLED chief & staff
• 100% (4/4) Division Management Review conducted
• 100% (3/3) job contractuals hired
• 100% vehicles hired for monitoring, surveillance and inspection

F. Future Plans/Strategies (2021-2022):
• Processing of application for issuance of Certificate of Need, Permit to Construct, License to Operate, Authority to Operate, Certificate of Accreditation and other certifications (TTMF)
• Processing of applications for issuance of a License to Operate Primary Care Facilities (PCF)
• Assessment of health facilities for program certification/recertification (MBFHI, TB-DOTS, ABTC)
• Monitoring of gender-responsive regulated health facilities for continuous compliance to licensing standards and requirements through onsite or table review
• Surveillance of health facilities operating without valid LTO/COA/ATAU
• Strengthening enforcement of regulatory function through issuance of Notices of Violation (NOV)/ Cease and Desist Order (CDO)
• Handling of specific complaints in a timely manner
• Strict monitoring of health facilities’ Infection Prevention and Control Program implementation
• Strengthen coordination with HFDEU and other program coordinators (EOH, LHSS, Family Health Cluster) to assist health facilities in responding to deficiencies
• Strengthen collaboration with other agencies to help in the compliance of health facilities e.g. DENR
• Sustain feedback to Local Chief Executives to address major findings in physical plant and manpower
• Establishment of regional EOH database

H. Program Logo:
“Pag Lisensyado...ProtektadOH”