

LGU Unit

Documentation of the Assessment Planning Workshop in Iloilo

Deliverable No. 9b

March 31, 2004

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

TABLE OF CONTENTS

Summary	1
Workshop Outputs	4
• Health situations current health programs/projects strengths and accomplishments, gaps and needs	
• Strategy formulation and technical assistance needs identification	
Annexes	
A. ANIHEAD Health Situation	51
B. LEAD for Health	65
C. List of Participants	71

SUMMARY

DAY ONE

The participants from different municipalities of Northern Iloilo comprising the ANIHEAD (Alliance of Northern Iloilo for Health Development, Inc.) registered at 8:00 in the morning. The plenary started with Dr. Helen B. Minguez, MHO of Concepcion, Iloilo as emcee of the program. Mayor Elizabeth Ferraris introduced the participants, facilitators, municipal mayors of different LGUs, representatives of DOH-CHD 6 and Save the Children Foundation, personnel and staff of Management Sciences for Health. She then expressed her gladness that these people were in Iloilo supporting health initiatives.

Honorable Raul N. Baniyas of Concepcion, Iloilo delivered the welcome remarks. He felt he was “campaigning illegally” with the gathering but expressed his delight since it will be an opportunity for such a geographically isolated and disadvantage areas (GIDA) to get a support from aiding agencies. He then gave a brief history of the ANIHEAD emphasizing on its aim which is improving the quality of life of the people.

Dr. Pauline Ubial, Assistant Director of DOH-CHD 6, gave an inspiring message and shared a story about a doctor from Tanjay, Negros Occidental who attended a seminar on newborn screening. She related that when a picture was flashed, the doctor reflected that it looked like her grandchild. Later it was found out that her *apo* had congenital disease and it was too late to save her from mental and physical retardation. The point of the story is that most affected children with congenital diseases were children of the doctors themselves who did not avail of a particular health intervention. The government with partnership from other agencies have been making initiatives toward prevention of diseases and saving life since a “healthy nation leads to a strong republic.” She emphasized on the government’s effort on accessibility, affordability, and availability of quality health care and also noted that this new project by LEAD is “not a new health program but an opportunity and additional support to do the job in health services even better. This is the time to look back at the interventions and see the impact on its people.” Dr. Pauline Ubial ended her message and posed a challenge to the participants to integrate and deliver better health programs in their respective areas.

Ms. Conchita M. Ragrario, LGU Advocacy Specialist, walked through the workshop objectives, expected outcomes or outputs, workshop process flow, different workshop methods, purpose of the different methods. She also presented some changes in the program schedule. A presentation of ANIHEAD health situation by Dr. Helen B. Minguez of Concepcion followed (See Annex A)

After the presentation of ANIHEAD health situation there was an argument in the open forum between Concepcion mayor and Ajuy’s municipal mayor as to why there is a low CPR in Ajuy despite being a "population health and environment champion." Mayor Jett Rojas simply replied that Ajuy has the highest population growth rate since there is a lot of opportunities and resources in the said municipality. Ajuy’s mayor then threw back a question to Concepcion’s mayor as to why there is a low FIC in Concepcion despite its

health facilities as Sentrong Sigla. Mayor Raul Banias rebutted that Concepcion was given a higher projected target population of 1,032 but they felt that they have a 100% improvement. It is then that Dr. Pauline Ubial interjected that people should not dwell much in FIC since the problem with it is the denominator to come-up with the percentage. It is thereby necessary to put-up a surveillance system in the area. Another is on the emphasis that accomplishment is different from FIC.

After the short discussion between the municipalities of Ajuy and Concepcion, Mr. William Goldman, Chief of Party, LEAD, first expressed his gratitude to the participants for their presence and devoted their time as he felt they were “evolution in action,” before proceeding with his presentation of what Local Enhancement and Development for Health (LEAD) is all about.

There is another open forum in which several issues were addressed:

- What kind of abortion are shown in the data? The different municipal health officers clarified that the data on abortion do not indicate specific kind since the data were taken as a whole.
- The prevalence of HIV/AIDS in the adult population (1%) was vague for one participant. The DOH representative explained on the matter. At present, they are using sentinels system and Iloilo is one of its site. The Department of Health can only determine if one has HIV/AIDS through volunteers screening and there is an organized support group to handle this case. There is a prevalent sentiment among the people that HIV/AIDS won't penetrate their community. She emphasized that HIV is a reality that people need to know and this is where LEAD can help in increasing the knowledge and capabilities of the health providers on HIV/AIDS.

After the issues were addressed, participants were divided into 4 groups for the afternoon workshops.

DAY TWO

At 11:30 in the morning, after the group workshop, the participants gathered in the plenary hall. Before the session started the facilitator conducted an ice breaker in which participants performed an action-song “I want to be with you” to shake their boredom.

A representative from each group presents their workshop outputs of Broad Course Action and Technical Assistance Needs in the Areas using “point-powered” and it was only the group from Sara and Lemery that used “power point.”

Group 1, comprised of Concepcion, Ajuy and San Dionisio, presented the group output headed by Dr. Aida Machitar. The second group, composed of ILHZs of Sara and Lemery, had Cecile Lumagpao as presenter for Lemery and Calisto Olivero as the representative for Sara. Group 3 comprising of Estancia and Batad presented their group output by Dr. Andrei Ravena. The last group to present is from Carles and Balasan represented by Dr. Betita.

The participants took a lunch break after the presentation and prepared for the afternoon session.

At 1:40 in the afternoon the last session started. Ms. Joan Littlefield, presented the LGU In-depth Situation Analysis (See Annex B) as this is necessary so that the service providers “won’t jump into conclusion or solution so as not to repeat the same problem.”

Dr. Sonny Magboo then explained the different Methods and Sources, emphasizing on the needs assessment tools and family profiling. He then asked the participants if they could conduct the LGU group orientation sometime in April, if the BHW can do the household profiling before and even during election without being identified as a partisan group. The participants eagerly replied that they can do all these things at the soonest time.

Dr. Eddie Dorotan told the participants that he would like to start the project with the performers and was even surprised in their eagerness and liking to begin ahead. He explained what LEAD stands for:

- L -lead
- E -nhancing inter local, sectoral corporation
- A -dvocacy for quality health care
- D -emand driven.

He then encouraged the participants for their trust and support in seeking creative solution.

Nazareno Dili, mayor of Balasan, deliver a brief message in behalf of all the participants. He is thankful that the activities came to an end and although it was energy and brain draining, he was hoping for a positive result in helping the constituents back in their respective areas.

To cap off the program, Dr. Cora Manoloto, representative of USAID, conveyed her support and thanked the LEAD and participants for the opportunity in working together to make health initiatives and programs effective.

GROUP 1 WORKSHOP OUTPUT

Inter-Local Health Zone Composed of the Municipalities of Concepcion, San Dionisio, Ajuy

Session 1: The ILHZ Health Situation

1. Output by Health Indicator, Management System, and Health Financing System

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • CPR – Decreased to 28% (FHSIS data) • Current user-decreased • New Acceptor • Drop-Out Rate • Average Family Size – Down to 5 • Population <p>Actual – 45,897 Projected – 49,109</p> <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Current users—increased • Average family size – decreased • New Acceptors- increased • Drop out-decreased • Population rate – increased <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • CPR – increased (66.87%) FHSIS For 2000-28% (Save the Children 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • Organization—Save the Children, PESCODEV • Development- Trainings – Basic/Comprehensive RHM/PHN; Counseling • 8 RHMs and 1 PHN needs to be trained and 1 physician • Lack of FP commodities • No NSV provider in the areas • FHSIS or Quarterly BHWs – report analysis <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Inadequate training of organizations (BHW/BNS) • Inadequate Counseling (PMC) • HRD (some RHU staff are trained, others are not) • Inadequate information system (IEC) for hard to reach areas 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • LGU Supplemental budget for FP supplies & commodities – P40,000 • Not yet PhilHealth accredited <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • PhilHealth for indigents, not yet accredited • Donations from patients • From 20% IRA • For the equipment, PHO/ counterpart from LGU <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • PhilHealth for indigents, not yet accredited • Donations from patients • From 20% IRA • For the equipment, PHO/ counterpart from LGU

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
	survey) <ul style="list-style-type: none"> • Current users increased • New acceptors increased • Average family size – 5-6 • Drop out-decreased • Population – increased 	<ul style="list-style-type: none"> • Inadequate record keeping • Insufficient supply of equipment e.g. pills, IUD, condoms, ligation for district hospital, DMPA • Laboratory pap smear not available <p><u>CONCEPCION*</u> WARMWARE</p> <ul style="list-style-type: none"> • Organization-RHUs, Pos, NGOs (well organized, good partnership) • Visions • Good motivation (highly motivated staff and volunteer workers (VW)) • Transformational leadership • Committed, competent, efficient, effective managers <p>SOFTWARE</p> <ul style="list-style-type: none"> • Systems and procedures(transparent canvassing and bidding) • Info system <ul style="list-style-type: none"> ○ Monthly FHSIS ○ BHWs/BNS reports ○ RH assessment tools (PESCODEV) ○ Updated record keeping (TCL) ○ MBN, IRA • Logbook for all programs and services • Report generation <ul style="list-style-type: none"> ○ Regular staff meeting and reporting ○ PIR 	

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
		<ul style="list-style-type: none"> ○ Executive meetings ○ Year End Accomplishment Review ● Inadequate computer program (lack of health management info system) ● KAAS HARDWARE ● Inadequate lab facilities ● Computer needs upgrading ● Limited RHU space ● No separate space for laboratory ● Limited space for storage of drugs and supplies MATERIALS ● Limited drugs and medical supplies especially DOTS drugs and FP supplies 	

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
TB-DOTS	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • Case finding - increased • Smear (+) discovered increased • Smear (+) treated increased • Cure rate 93% • Smear results – 2nd day <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Case detection rate – decreased (34%) • Conversion rate – increased 95.5% • Cure rate – increased <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Case detection rate –low (82%) • Conversion rate – high (100%) • Cure rate – low (72%) • Success rate -steady 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • World Vision-CIDA Microscope Medicine for Category I and II • Training DOTS BHW trained as training partner • Med tech hiring • Main health center for SS certified (old & small) <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • World Vision (Org) monitoring the progress of the project • Incentives (free medicine, t-shirt)—lack of supply at present • Record keeping is ok • Trainings & seminars (need more training) • Labs (sputum exam) result is 1 to 2 days. 	<p><u>AJUY</u> LGU Budget –P150,000 for Cat. III</p> <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Grant by World Vision • Category III medicine provided by LGU • Funded by World Vision <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Grant by World Vision • Category III medicine provided by LGU • Funded by World Vision
Vit. A Supplementation	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • Coverage-5years • GP • Routine supplements for pneumonia • Pneumonia and diarrheal cases • 1 month old population given vitamin A <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Inadequate supplementation to sick children & pregnant women • Routine supplementation (EPI) 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • Lack of Vit A. supplies • Hard to reach areas <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Inadequate supplies • Inadequate iron supply • Not enough vitamin A and deworming medicine 	<p><u>AJUY</u> No entry</p> <p><u>SAN DIONISIO</u> From PHO/CHD 6</p> <p><u>CONCEPCION</u> From PHO/CHD 6</p>

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
	<ul style="list-style-type: none"> •GP <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Coverage under 5 yrs. • GP (100% coverage) • Routine supp (inadequate) • Supplement for sick children (adequate) • Pregnant (no current supplies from DOH, 100% no supply) • PP/lactating (adequate supplies) 86% 		
HIV/AIDS	<p><u>AJUY</u> No entry</p> <p><u>SAN DIONISIO</u> No entry</p> <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Zero prevalence rate prevalence/incidence of most common STI cases 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> •HIV/AIDS suspects are referred to Sara District Hospital or Social Hygiene Clinic in Iloilo <p><u>SAN DIONISIO</u> No entry</p>	<p><u>AJUY</u> No entry</p> <p><u>SAN DIONISIO</u> No entry</p>

***Note: The Management System of Concepcion cuts across 4 areas of concerns**

2. Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
Family Planning	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • COPE <ul style="list-style-type: none"> • 17 mo. Program which aims to eradicate poverty in 3 pilot barangays • Trainings-ARSH,RH • PESCODEV-SAVE <ul style="list-style-type: none"> • 1 year expansion • RH • ANIHEAD <ul style="list-style-type: none"> ○ Free tubal ligation for catchment municipalities ○ 100T/yr/municipality (20T goes to BTL) <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • COPE <p>-(construction of counseling room) -Dec. 2003-May 2005</p> <ul style="list-style-type: none"> • -RH Program <p>-regular program(ongoing)</p> <ul style="list-style-type: none"> • -PESCODEV <p>-3 years</p> <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> ○ PESCODEV (3m/Yr-ANIHEAD) ○ FP, ARSH, CRM (covers all 14 mainland barangays) ○ Proj. COPE (PCDF. 10.5M x 	<p><u>AJUY</u></p> <p>-Foreign funded for the whole ANIHEAD</p> <ul style="list-style-type: none"> -PCDF-10.5M -LGU-3.3 M <p>-428,000</p> <p>-ANIHEAD</p> <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> ○ PCDF (ANIHEAD) ○ 10.5M ○ 3.3M-LGU ○ DOH,PHO,LGU ○ Save the Children <p>3M for ANIHEAD</p> <p><u>CONCEPCION</u></p> <p>-S.C., USA Packard Foundation</p>	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • COPE <ul style="list-style-type: none"> • 17 mo. Program which aims to eradicate poverty in 3 pilot barangays • Trainings-ARSH,RH • PESCODEV-SAVE <ul style="list-style-type: none"> • 1 year expansion • RH • ANIHEAD <ul style="list-style-type: none"> ○ Free tubal ligation for catchment municipalities ○ 100T/yr/municipality (20T goes to BTL)

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
	<p>17 months; LGU 3.3M-ANIHEAD)</p> <ul style="list-style-type: none"> ○ Improved programming and delivery of integrated and comprehensive health care programs and services ○ Contraceptive SRI ○ BTL (20,000/yr-LGU) ○ FP supplies (30,000-LGU) ○ Regular of RH Program (ON-GOING) 	<p>-LGU/ANIHEAD -LGU, PCDF -DOH/LGU</p>	
TB-DOTS	<p><u>AJUY</u> -program implementation review (semi-annual) -trainings -NTP</p> <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> ● TB-DOTS ○ 1 year & 6 mos.(Oct. '02-March-04 ● NTP <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> ○ Case finding ○ Sputum microscopy (30,000.00-microscope) ○ NTP drugs ○ DOTS Drugs ○ Cat 1 & 2 (Oct.02-04) 	<p><u>AJUY</u> -DOH,World Vision/CIDA -DOH,CIDA,LGU</p> <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> ○ World Vision/CIDA/PHO ○ TB Drugs, Reagents, microscope ○ DOH,PHO,LGU ○ TB Drugs <p><u>CONCEPCION</u> -WORLD VISION, CIDA, DOH, LGU</p> <p>-WV/DOH/LGU --LGU</p>	<p><u>AJUY</u> -program implementation review (semi-annual) -trainings -NTP</p>

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
	<ul style="list-style-type: none"> • Cat III (50,000.00) 		
Vit. A Supplementation	<p><u>AJUY</u></p> <ul style="list-style-type: none"> -GP -routine for sick children -PMEC -PP -VAD <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • EPI/MCH <ul style="list-style-type: none"> ○ Regular program(ongoing) • Micronutrients/GP <ul style="list-style-type: none"> ○ Regular program(April & Oct.) • Ligtas Tigdas 2004 <ul style="list-style-type: none"> ○ February 2004 • Family Health Program <ul style="list-style-type: none"> ○ Regular program (ongoing) <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • MCH/EPI <ul style="list-style-type: none"> ○ GP 6 to 71 mons. (Oct/April; ON-GOING) ○ Regular program -sick children (pneumonia & diarrhea) • PMEC (Feb. 2004) 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> -DOH-CHD6-PHO <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> ○ DOH, PHO (Vitamin A capsules) ○ DOH, PHO (Vitamin A capsules, iron tablets/drops) ○ DOH, PHO (medicines) <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> -ECD/DOH 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> -GP -routine for sick children -PMEC -PP -VAD
HIV/AIDS	<p><u>AJUY, SAN DIONISIO,</u> No entry</p> <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> ○ Family health program (Reg. Program; On-going) 	<p><u>AJUY, SAN DIONISIO,</u> No entry</p> <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> -LGU,DOH 	

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
	A. Advocacy <ul style="list-style-type: none"> ○ IEC MAT ○ Orientation on HIV/AIDS/STI B. Training HSPS on STI/AIDS/HIV C. Treatment of STI (syndromic management)	-DOH, S.C. -DOH, LGU	

3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<u>AJUY</u> <ul style="list-style-type: none"> • Supportive LGU • Political will • Committed/dedicated personnel • Active NGO/PO • Purchase FP commodities and equipments • On-going trainings on 3 pilot barangays (COPE) • 13 mothers availed of ANIHEAD's BTL program <u>SAN DIONISIO</u> <ul style="list-style-type: none"> • Good support from NGO/LCE ○ New acceptors (increase) ○ Current users (increase) ○ Average family (increase) ○ Drop-out rate (decrease) 	<u>AJUY</u> <ul style="list-style-type: none"> • Inadequate FP commodities/supplies • Some barangays are hard to reach (no regular transportation) • No specific budget for FP especially on BTL • 3 out of 11 RHUs were trained on Compre. and 1 out of 11 was trained in counseling • No NSV services <u>SAN DIONISIO</u> <ul style="list-style-type: none"> • Inaccessibility to implement FP to far flung areas (additional health personnel) <ul style="list-style-type: none"> ○ Inadequate health personnel ○ Lack of transportation facility ○ Lack of facilities in the counseling room (budget allocation)

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
	<p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Available LGU budget for FP commodities, existing policies supporting RH programs • Started CRSI-FP users' willingness to buy FP supplies • Active NGO partner (SC) and Health service providers • Trained FP volunteers in some barangays • Supportive municipal and barangay officials • Regular capacity building on FP • RHU staff trained on FP <p>Foreign funded projects-i.e. PESCODEV/COPE</p>	<p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Some HSP lack KAAS on FP counseling and delivery of FP facilities • Difficulty on monitoring drop-outs • Inadequate supplies and delayed delivery of supplies from DOH <p>Existence of myths and misconceptions about different FP methods among men and women in coastal barangays and far flung areas</p>
TB-DOTS	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • Good motivation of RHU staff to patients • Hiring of medical technologists and putting up of laboratory facilities • Incentives were given to patients who completed treatment with negative results • Increase case finding/cure rate <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Good partnership of between LGU and World Vision (conversion rate-95.5%, case detection rate-34%) • Good monitoring and supervision from CHD <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Trained medtechs and RHU staff, BHWs, Barangay officials on DOH • Availability of equipments for sputum microscopy • Support from WVCIDA • LGU has budget for TB drugs 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • No funds for CAT III • Inadequate health personnel especially in hard to reach areas • Existing HC is not enough to accommodate patients <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Lack of support from barangay officials (advocacy) • Lack of awareness within the community (advocacy) • No permanent medical technologist (budget allocation) <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Inadequate drug supplies • Late submission of sputum follow-ups especially for patients of GIDA barangays • Low self-esteem prevents some people from seeking medical attention

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
		Decrease in level of awareness despite of advocacy
Vit. A Supplementation	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • Regular weekly staff meeting • Committed CVHW/BNS <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Good implementation of RH program (PMEC-94%) • Full support of RHU staff and LGU/community • Masterlisting of targets (98% of listed children were vaccinated and given Vitamin A capsules during PFMEC) • GP done <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Availability of supplies • Availability of master list of beneficiaries • Increase awareness of the community on GP program • BHWs and BNS are trained on Vitamin A supplementation • Over 100% accomplishment on GP • 98% accomplishment on Vitamin A/PMEC 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • Inadequate supply • Inadequate transportation facilities • Hard to reach areas <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • Poor attitude among parents (campaign, strengthen participation of BHWs) <p><u>CONCEPCION</u></p> <p>No supply of Vitamin A from DOH for AP</p>
HIV/AIDS	<p><u>AJUY</u></p> <p>No entry</p> <p><u>SAN DIONISIO</u></p> <p>No entry</p> <p><u>CONCEPCION</u></p> <ul style="list-style-type: none"> • Some HSP are` trained on syndromic treatment of 	<p><u>AJUY</u></p> <ul style="list-style-type: none"> • Service providers are not trained <p><u>SAN DIONISIO</u></p> <ul style="list-style-type: none"> • not given priority (integration with other information activity) <p><u>CONCEPCION</u></p>

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
	STI/HIV/AIDS <ul style="list-style-type: none"> • Availability of drugs from DOH (though limited) • Active NGO partners on advocacy (Save the Children) Increase awareness by the community of the services	<ul style="list-style-type: none"> • Decrease in level of awareness of the community DOH training on syndromic treatment has limited participants
Management of health services delivery	<u>AJUY</u> No entry <u>SAN DIONISIO</u> No entry <u>CONCEPCION</u> No entry	<u>AJUY</u> <ul style="list-style-type: none"> • No funds for CAT III <u>SAN DIONISIO</u> No entry <u>CONCEPCION</u> <ul style="list-style-type: none"> •

Session 2: ILHZ Strategy Formulation and TA Needs Identification

1. Health Strategy Formulation

STRATEGIES/ACTION ITEMS (for Ajuy, San Dionisio and Concepcion)
Human Resource Assessment <ul style="list-style-type: none"> • Capability Building of HSPs on FP counseling and STI/HIV/AIDS • Strengthening capabilities of staff by trainings and seminars on DOTS • Enhance KAAS of BSOPs, BHWs on FP • Strengtening KAAS to HP and CVHW
Legislative Action for Equitable Budget Allocation for Health Services <ul style="list-style-type: none"> • Provision of budget for medical technologists • Lobby for additional budget

STRATEGIES/ACTION ITEMS (for Ajuy, San Dionisio and Concepcion)
<ul style="list-style-type: none"> • Encourage LGU to increase budget allocation for health program and services • Increase NHIP enrollees (lobby for additional budget)
<p>Enhancement of Systems and Procedures on Monitoring and Evaluation of Health Programs</p> <ul style="list-style-type: none"> • Formulate monitoring tools for FP drop-outs • Conduct PIR
<p>Advocacy for Health Programs</p> <ul style="list-style-type: none"> • Strengthen advocacy efforts • Intensify advocacy thru community orientation on ECD/FP • Encourage community participation on all health programs • Mobilize HP, CVHW, BNS • Orient LCE/LO with the health status and programs
<p>Construction and Upgrading of Health Facilities and Services</p> <ul style="list-style-type: none"> • Construction of health facility (MCH) • Purchase supplies of FP and CAT III • Provision of equipments to HC/BHs • Provide additional HP for hard to reach areas •
<p>Multi-Sectoral Networking (POs, GOs, NGOs, Civil Society)</p> <ul style="list-style-type: none"> • Increase collaboration with private sector for FP supplies, TB-DOTS drugs and Vit. A • Strengthening relationship with PO, LGU, NGO • Enhance networking with DOH and NGOs for FP, TB-DOTS and Vit. A supplies

2. Priority Areas for LEAD Technical Assistance

<p><u>Family Planning</u></p> <p>Ajuy</p> <ul style="list-style-type: none"> • Refresher course on IUD/NSV for MHO, RHM and nurses • FP updates on new guidelines • BHW competency based training on FP • Establishment of referral links between private/public sectors <p>San Dionisio</p> <ul style="list-style-type: none"> • BHW competency- based training in FP

- IUD insertion refresher and confidence support for RHM and PHN

Concepcion

- BSPOs, BHWs competency based training in FP
- IUD insertion training refresher course for MW
- Link services to strategies for CSR
- NSV training (MHO)
- FP updates in new guidelines and in client education for improved continuation

TB DOTS

Ajuy

- Procurement of CAT III
- Intensify case finding
- Training of workers on STI/ HIV/AIDS on education and counseling

San Dionisio

- Improving case finding
- Expanding implementation of community based DOTS support

Concepcion

- Improving case finding

HIV/AIDS

Ajuy

Refresher/updates of staff on skills on STI/HIV/AIDS

San Dionisio

- Improving case finding
- Expanding implementation of community based DOTS support

Concepcion

- Training on syndromic management of STI/HIV-AIDS on HSPs
- Design intervention strategies for specific high risk group

VIT. A

Ajuy

Procurement of VIT A

Management

Ajuy

Construction/upgrading of health facilities

San Dionisio

Provide program for computer (software) on monitoring and evaluation of health services

Concepcion

- Management in public health
- Strengthen technical support role of PHN, RHMs
- Implement CBMIS on monitoring and evaluation

Policy and Governance

San Dionisio

Provide training on LGU leadership in using local legislation to promote health goals

Support for local policy and ordinance to be supportive of these health areas

Concepcion

Support strategies for increase LGU financing for HP

Advocacy

Concepcion

- Develop IEC materials in local dialect
- Train local officials and advocates for health programs

GROUP 2 WORKSHOP OUTPUT

Inter-Local Health Zone Composed of the Municipalities of Lemery and Sara

Session 1: The ILHZ Health Situation

1. Output by Health Indicator, Management System, and Health Financing System

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Low CPR of 19% • Decrease in current users • Decrease in new acceptors • Increase in drop-out <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Decrease in new acceptors • Increase drop-out • Failure usage of FP contraceptives 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • No supply • Low follow-up • No Sentrong Sigla facility <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Limited supply of contraceptives • Lack of information dissemination on the shortage of contraceptive • Harmful tri-media influence especially bold movies and advertisement • Not Sentrong Sigla accredited • Limited information system on status of FP • Unstable delivery of supplies 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • No TEV given • Inadequate fund allocation; only 9% of the municipal budget <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • No funds • Not Phil Health accredited

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
TB-DOTS	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Low conversion rate of 68% in 2 months • Low cure rate of below 85%; many finished treatment but were unable to undergo the last sputum examination <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Conversion rate of 100% • Increase in TB case findings 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Low follow-up • Inadequate medicine for CAT-1 and CAT-2 from DOH • Lack of incentives of BHW who are TB partners <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Lack of supply • Unstable source of drugs and delivery of supplies • Not Sentrong Sigla accredited 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Inadequate fund allocation • The new budget allocation is only for CAT-3 medicines <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Minimal budget • Not Phil Health accredited
Vit. A Supplementation	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Increase coverage under 5 <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Target population covered 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Sufficient supply of Vit. A <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Proper identification and master listing of target clients • Not Sentrong Sigla accredited • Unstable delivery of supplies 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • DOH Supply <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Assistance from DOH is enough • Not Phil Health accredited
HIV/AIDS	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Rapid growth of the number of beerhouses and KTVs • No training of screening enforcer <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Decrease in awareness of the community and the HW • Prevalence rate not established 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • No training of organic personnel involved in screening • No task force <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • No existing STI clinics • No training of personnel • Not Sentrong Sigla accredited • Unstable delivery of supplies 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Revenue generation in screening tests but money generated is not kept in a trust fund but goes straight to the LGU common fund <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • TEV allowance for training given • Not Phil Health accredited

2. Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
Family Planning	<p><u>SARA</u></p> <ul style="list-style-type: none"> • COPE Project for RH (upgrading of health facilities, capability building and supplies of contraceptives) • Pre-Marriage Counseling • Save the Children Capability Building on RH for pilot areas of COPE • FP Program (Contraceptives and Training on FP) <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Regular pre-marriage counseling • COPE (Counseling Room) 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • 10.8M for 9 municipalities (3 barangays per municipality) until Dec 2004 <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • 210,000.00 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • PCDF <p>DOH</p> <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • PCDF
TB-DOTS	<p><u>SARA</u></p> <ul style="list-style-type: none"> • DOTS – Kusug Baga (microscope, capability building and supplies) • RNTP <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Kusog Baga Project <ol style="list-style-type: none"> a. microscope, capability building for HW, laboratory reagents and supplies, and logistics 	<p><u>SARA</u></p> <p>Until March 2004</p> <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • No entry 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • CIDA • DOH • World Vision <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • World Vision • CHD6

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
	b. CAT-1 & -2 <ul style="list-style-type: none"> CAT-3 (lab reagents and slides) 		<ul style="list-style-type: none"> DOH
Vit. A Supplementation	<u>SARA</u> <ul style="list-style-type: none"> EPI/Nutrition Program PMEC Garantisadong Pambata <u>LEMERY</u> <ul style="list-style-type: none"> Garantisadong Pambata -Micronutrient Supplementation 	<u>SARA</u> No entry <u>LEMERY</u> No entry •	<u>SARA</u> <ul style="list-style-type: none"> CIDA DOH World Vision <u>LEMERY</u> <ul style="list-style-type: none"> DOH
HIV/AIDS	<u>SARA</u> <ul style="list-style-type: none"> STI/HIV/AIDS Program <u>LEMERY</u> <ul style="list-style-type: none"> STI 	<u>SARA</u> No entry <u>LEMERY</u> No entry	<u>SARA</u> DOH <u>LEMERY</u> DOH

3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<u>SARA</u> <ul style="list-style-type: none"> Sufficient trained health personnel Functional BHWs in terms of motivation follow-up of default and re-supply of pill BHWs trained on IPS on FP and RH ANIHEAD in implementing FP programs 	<u>SARA</u> <ul style="list-style-type: none"> No supply since the last quarter of 2003 of commodities because FP is not included in CDS Need to upgrade RHU facility for Sentrong Sigla accreditation Limited incentives to BHWs Inadequate fund allocated for TEVs and Phil

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
	<p><u>LEMERY</u></p> <ul style="list-style-type: none"> • 5 HWs trained on basic comprehensive FP • LGU support • Regular monitoring and reporting • BHWs support STI 	<p>Health premiums</p> <ul style="list-style-type: none"> • Hard to reach far-flung barangays (5 out of 14) • No trained personnel on vasectomy at SDH <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • No refresher course for those who have been trained on modern methods and counseling • 6 out of 11 HWs not trained in FP • Limited funds for purchase of FP supplies • No FP room in the RHU • RHU is not Sentrong Sigla certified • No RHU nurse
TB-DOTS	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Full-time medical technologist • Trained HP including BHWs on DOTS • Existing laboratory facilities for TB detection • Support of World Vision in monitoring and implementation and in DOTS <p><u>LEMERY</u></p> <ul style="list-style-type: none"> • Recipient of TB-DOTS program • Regular monitoring and reporting • Newly-hired medical technologists • Increase in community acceptance • LGU support • Recognition of treated and cured patients in ceremonies 	<p><u>SARA</u></p> <ul style="list-style-type: none"> • Limited incentives to BHWs and TEVs for health personnel to reach far-flung areas resulting in failure to collect sputum • Slow processing referrals to Diagnostic Committee • Private doctors and hospital doctors not practicing DOTS protocol on diagnosis and referral cases • Inadequate allocation of funds for augmentation of CAT-1, -2 and -3 drugs • No quality assurance for sputum smear • Need to upgrade RHU facility for Sentrong Sigla accreditation • No orientation/training of hospital personnel on DOTS

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
		<u>LEMERY</u> <ul style="list-style-type: none"> • No refresher course for HWs on updates • District hospital not implementing DOTS • Incomplete lab facilities, equipment and supplies • No regular distribution and supply of medicines from CHD6 • World Vision support is only until 2003.
Vit. A Supplementation	<u>SARA</u> <ul style="list-style-type: none"> • Trained personnel • Adequate supply <u>LEMERY</u> <ul style="list-style-type: none"> • Adequate supply • Increase in committed health workers • Drug supply from PHO 	<u>SARA</u> <ul style="list-style-type: none"> • Sustainability of supply from DOH <u>LEMERY</u> <ul style="list-style-type: none"> • Sustainability of VAC supply
HIV/AIDS	<u>SARA</u> <ul style="list-style-type: none"> • Trained on syndromic approach on STI management (MHO and PHN) • Available IEC materials <u>LEMERY</u> <ul style="list-style-type: none"> • 2 HWs (MHO-DOH representatives) trained on STI 	<u>SARA</u> <ul style="list-style-type: none"> • RHM medical technologists not trained on syndromic STI approach and STI management • Inadequate medicine, i.e. condoms • No data on high risk group • No task force that will monitor high risk group <u>LEMERY</u> <ul style="list-style-type: none"> • Lack of IEC materials • No refresher course for those who have been trained • No training of HWs • No continuous supply of STI medicine

Session 2: ILHZ Strategy Formulation and TA Needs Identification

1. Health Strategy Formulation

STRATEGIES/ACTION ITEMS

SARA

- Allocate local funds for :
 - a. TEVs, incentives of BHW and health personnel
 - b. Augmentation of CAT-1, CAT-2 and CAT-3 TB drugs
 - c. Procurement of FP supplies
 - d. Procurement of STI medicines and supplies

- Capacity building on:
 - a. No scalpel vasectomy for SDH physician
 - b. DOTS protocol for private practitioner and SDH medical staff
 - c. Syndromic approach of STI management to RHM and medical technologists
 - d. Sputum Smear Quality Assurance function to medical technologists

- Solicit assistance for FP supplies from:
 - a. PHO, CHD6 and private donors
 - b. ANIHEAD allocation

- Accelerate upgrading of RHU facilities to secure Sentrong Sigla accreditation
 - a. Set aside local funds for the purpose
 - b. Solicit financial assistance from PHO, congressional and senatorial CDF
 - c. Solicit assistance from private donors of health equipment and facilities

- Coordinate with diagnostic committee to expedite processing of referrals
- Update payment of Phil Health premium to restore Phil Health coverage to indigent families
- Organize effective time management of midwives assigned in 5 barangays to ensure full coverage of the area
- Secure DOH commitment on sustainable supply of Vit. A
- LCE to create municipal task force that will enforce regulation and monitoring of high risk group
- Establish data bank on STI base on monitoring reports and recommendation of the task force

STRATEGIES/ACTION ITEMS

LEMERY

- Propose training in FP, TB and HIV
- To request barangay counterpart to Municipal Fund for supplies and training
- To set-up municipal fund for training and facilities upgrading
- To clarify with CHD6 about the delivery of supplies
- To identify lists of accredited suppliers of medicines and contraceptives
- Conduct comprehensive data gathering

2. Priority Areas for LEAD Technical Assistance

SARA

- Link services to strategies for contraceptive self-reliance, e.g. encouraging private sector for supply and LGU support for commodities
- Expanding implementation of community-based DOTS support
- IUD insertion refresher and confidence support for PHN and RHMs
- NSV Training
- BHW competency-based training in FP
- Improving case findings
- CBMIS Survey
- Management training in public health for MHOs and other key personnel
- Train additional HWs in HIV education and counseling for prevention and STI management
- Disease surveillance
- List accredited drug suppliers
- Training for quality assurance on sputum smear
- Presentation/Facilitation techniques
- Inventory management
- Leadership management training for LGU and department heads

LEMERY

- Competency-based training of BHWs and HWs
- Support strategies for increased LGU financing of FP, TB-DOTS, Vit. A Supplementation and STI/HIV/AIDS
- Expanding implementation of community-based DOTS support
- CSR Plan design and implementation
- Establish referral links between public and private sector providers
- Implement CBMIS
- Management in Public Health, including FP management, for MHO and other key personnel
- Support to LGU leadership in using local legislation to promote health goals

GROUP 3 WORKSHOP OUTPUT

Inter-Local Health Zone Composed of the Municipalities of Batad and Estancia

Session 1: The ILHZ Health Situation

1. Output by Health Indicator, Management System, and Health Financing System

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Current users decreasing by 30% - Pills most widely used by 80% - Condom – second by 13% - DEPO – 5% - IUD – 2% • New acceptor decreasing 169 – 2002 68 – 2003 • Average family size 7-8; desired family size – 3 • Increasing population due to lack of free supply <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • NA = 210 = 53% Relative to target or projected population • CU = 1,644 = 101% CPR Methods: condom, pills, DMPA, IUD • DO = 389 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Stock out of supplies except IUD • client/users buy their own OCP • Health Services Capability A. pills dispensing/condom B. IUD insertion C. DMPA • Clinic not ready for Sentrong Sigla • Piloted COPE Survey instrument (Save the Children) for adoption in all barangays <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Stock out of FP supplies • Increase in no. of drop outs • Needs procurement of FP supplies • Refresher course to 60 new BHWs out of 197 for FP 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Health budget not increasing, programs and project increasing • COPE/PESCODEV • RH Program (3/24 barangays only) <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • No funds from LGU for FP supplies • Expenditures for procurement of FP supplies and refresher course for 60 new BHWs for FP to be shouldered by LGU • Supplies paid for by clients • Health personnel as intermediaries

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
	<ul style="list-style-type: none"> • CPR = 19% • $CPR = \frac{CU}{MWRA} \times 100$ • MWRAs = 8,640 based on 2003 survey of Barangay Nutrition Scholars 	<ul style="list-style-type: none"> • Lack of information on CPR • Piloted COPE survey tool in 3 barangays 	
TB-DOTS	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Increase in detection rate • 92% increase in cure rate • 90+% success and conversion rate • No drop out • No stigma among clients <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Case detection = 127 • Cure rate = 70% (July-December 2003) • Conversion rate = 67% 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • No entry <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Needs procurement of TB medicines • Stock out of ethambutol tablets 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Funded by World Vision • LGU purchased 10,000 worth of cat. 3 (still inadequate, good for only 10 patients) • Sputum cups supplied by PHO – exploring alternatives to sputum cups e.g. gravy cups used by Jollibee <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Assistance from World Vision until March 2004 • Budgeted for 10 patients only under cat. 3 c/o LGU • some TB medicines c/o CHD6
Vit. A Supplementation	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Target 9 months – 4 years 11/12 • Given at 6 months GP • Routinely given during immunization at 9 -11 months • 85% percent of Vitamin A supplementation 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Adequate supply given by PHO/CHD6 • Does not target/cover sick children 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • From PHO/CHP6 • LGU no budget

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
	<p>accomplishment for 1- 6 years old (PMEC). Date is based on target population formula.</p> <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • GP = 4,220 = 99% • Routine = 65% 9 -11 months • Does not target sick children 	<p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • high projected (actual population not used) target for Vitamin A (routine) • adequate supply 	<p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Assistance from CHD6 and PHO
HIV/AIDS	<p><u>BATAD</u> No Entry</p> <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • STI incidence = 40 GROs (2003) with gonorrhea and simple infections • Total population of GROs registered around 70, unregistered more than 70 • Other population, mostly gonorrhea are served by private clinics 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • No services offered • Medical Technologist not trained • No reagents purchased or given (PHO, CHD6) <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Lack of medicines, gram-staining and gloves; will be available in 1st quarter 2004 	<p><u>BATAD</u> No Entry</p> <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Assistance from CHD6 (World Vision until March 2004) • c/o LGU health budget • PHO supplies

2. Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
Family Planning	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • RH PRO6 <ul style="list-style-type: none"> • Population Health and Environment Program <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Establishment of Counseling Room for 3 barangays and 1 RHU • Survey instrument for cope Project 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • RH started October 2003-December 2004. Piloted in 3 barangays • 1 barangay <p>COPE covers all coastal barangays and 1 RHU.</p> <ul style="list-style-type: none"> • Includes FP and adolescent reproductive sexual health (ARSH). Started October 2003-December 2004. Same coverage with COPE barangays. <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • <u>Until December 2004</u> <ul style="list-style-type: none"> • DONE • On going 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • COPE/ANIHEAD <ul style="list-style-type: none"> • LGU <p>Health budget adequacy is only 1.5 in a range of 1-5.</p> <ul style="list-style-type: none"> • Save the Children PESCODEV <p><u>ESTANCIA</u></p>
TB-DOTS	<p><u>BATAD</u></p> <p>No entry</p> <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Purchasing of TB medicines for 10 patients for CAT III 	<p><u>BATAD</u></p> <p>On going and will end on March 2004</p> <p><u>ESTANCIA</u></p> <p>On going</p>	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • World Vision (buffer stocks) • PHO/CHD6 (regular stocks)

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
Vit. A Supplementation	<u>BATAD</u> No entry <u>ESTANCIA</u> Micronutrients supplementation for GP and routine immunization	<u>BATAD</u> P MEC/GP <u>ESTANCIA</u> On going	<u>BATAD</u> PHO, CHD6 <u>ESTANCIA</u> CHD6, PHO adequate budget
HIV/AIDS	<u>BATAD</u> No entry <u>ESTANCIA</u> <ul style="list-style-type: none"> • ICODE/PROCESS Foundation • Formation of Local Aids Council 	<u>BATAD</u> No entry <u>ESTANCIA</u> Since 2003 up to the present	<u>BATAD</u> No entry <u>ESTANCIA</u> <ul style="list-style-type: none"> • ICODE/PROCESS Foundation (NGO) • LGU

3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Health facility assessment conducted in 3 barangays • PHN trained on FP Program (basic FP, Counseling, IUD insertion) • 1 RHM trained on IUD insertion • 4 RHMs trained on basic FP • Master listing of couples with unmet needs in 3 barangays only • Purchased P18,000.00 worth of OCP as response by LGU in 2003 when stock out was experienced <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • RHU personnel are trained to provide FP services except for 2 RHMs 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • To increase TEV for trainings offsite, echo-trainings limit impact • 1 MHO, 1 RHM for training on FP • 1 PHN, 4 RHM and newly hired/untrained personnel for Refresher course on FP • FP services is not available in at least 5 barangays • No vasectomy services • Inadequate FP logistics • Inadequate budget • Adaptation of COPE tool survey on population profiling for 21 barangays • RHU not SS and PhilHealth accredited <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • In need of FP supplies • Refresher course to 60 new and untrained BHWs, since BHWs are co-terminus with LCE • CU covers only condom, pills, IUD, DMPA missing out on other and traditional methods • Religious campaign
TB-DOTS	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Availability of Medical Technologist • Laboratory facilities • Staff and BHWs trained on DOTS • High accomplishment on cure rate/conversion 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Inadequate supply of medicines and supplies, and reagents • World Vision will end by March 2004

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
	<p>rate</p> <ul style="list-style-type: none"> • Purchased P10,000.00 worth of cat. III drugs <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Populace well informed and aware of importance of sputum examination • Increase in case detection rate of 127% in 2003 	<p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • In need of TB medicines • Success rate not followed up in most cases • District hospital not implementing DOTS and 5 physicians not trained • Delayed treatment
Vit. A Supplementation	<p><u>BATAD</u> adequate supply</p> <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Sustainability of Vitamin A supplementation • High accomplishment on Vitamin A supplementation 	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Sustainability of supplies of Vitamin A by PHO and CHD6. Less among the areas of concern <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Sometimes sick children were not given Vitamin A • Actual population not used (projected only)
HIV/AIDS	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Newly detected 2 cases of STI instilled an emerging awareness in area of concern <p><u>ESTANCIA</u></p> <ul style="list-style-type: none"> • Establishment of Local Aids Council • Diminished STIs among sex workers due to regular smearing, check up of 1-2 months, and counseling. <p>60 – 2001 40 – 2003</p>	<p><u>BATAD</u></p> <ul style="list-style-type: none"> • Diagnostic services not available <ul style="list-style-type: none"> - No Laboratory reagents - Medical Technologist needs to be trained - MHO needs to be updated together with 5 RHMs and PHN • Lack of IEC materials for community • Note: Current programs only target high risk areas.

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
		<u>ESTANCIA</u> <ul style="list-style-type: none"> • Free-lance sex workers cannot be controlled. To follow up on ordinance creating/implementing task force. • MHO, PHN, RHMs and Medical Technologist need updating
Health financing	<u>BATAD</u> No entry <u>ESTANCIA</u> No entry	<u>BATAD</u> <ul style="list-style-type: none"> • To increase TEV for trainings offsite, echo-trainings limit impact • 1 MHO, 1 RHM for training on FP • 1 PHN, 4 RHM and newly hired/untrained personnel for Refresher course on FP • FP services is not available in at least 5 barangays • No vasectomy services • Inadequate FP logistics • Inadequate budget • Adaptation of COPE tool survey on population profiling for 21 barangays • RHU not SS and PhilHealth accredited <u>ESTANCIA</u>
Management of health services delivery	<u>BATAD</u> No entry <u>ESTANCIA</u> No entry	<u>BATAD</u> No entry <u>ESTANCIA</u> No entry

Session 2: ILHZ Strategy Formulation and TA Needs Identification

1. Health Strategy Formulation

STRATEGIES/ACTION ITEMS
<p><u>BATAD</u></p> <p>1. To increase local budget for health services/commodities. (6 Votes)</p> <ul style="list-style-type: none">• Create resolutions on FP programs and logistics (pills)• Increase health budget <p>2.a To make available, sustainable, and attainable supply of drugs. (5 Votes)</p> <ul style="list-style-type: none">• To purchase TB drugs by LGU• Provide routine Vitamin A supplementation <p>2.b To provide sustained quality health services to targeted clients. (5 Votes)</p> <ul style="list-style-type: none">• Implement FP services to 5 barangays• Attend training on no scalpel vasectomy• Reduce drop outs among pill and DMPA users• Strengthen services and improving quality FPHS adopted/implemented. <p>3.a To know actual/accurate number of clients for health services. (1 Vote)</p> <ul style="list-style-type: none">• Increased enrollment of indigents to NHIP• Conduct profiling survey to 21 barangays <p>3.b Implementation of sustained services in STD/HIV/AIDS. (1 Vote)</p> <ul style="list-style-type: none">▪ Provide STI diagnostic services <p><u>ESTANCIA</u></p> <p>1. To increase local budget for health services/commodities. (6 Votes)</p> <ul style="list-style-type: none">• Request regular budget for FP• To make RHU SS and PhilHealth accredited

STRATEGIES/ACTION ITEMS

2.a To make available, sustainable, attainable supply of drugs. (5 Votes)

- All HTB patients to be financed by LGU (1 barangay)
- To provide Vitamin A to all sick children
- To clarify with CHD6, PHO about delivery of supplies for Vitamin A, STI, TB medicines

2.b To provide sustained quality health services to targeted clients. (5 Votes)

- Propose to LGU training of BHWs on FP
- Follow-up all TB graduates intensively for success rate

3.a To know actual/accurate number of clients for health services. (1 Vote)

- To conduct HH survey as data gathering for indigents

3.b Implementation of sustained services in STD/HIV/AIDS. (1 Vote)

- Follow up ordinance creating and implementing task force

2. Priority Areas for LEAD Technical Assistance

BATAD

- To increase local budget for health services/commodities
- To make RHU SS and PhilHealth accredited
- To make available, sustainable, attainable supply of drugs
- To purchase TB drugs by LGU
- To provide sustained quality health services to targeted clients
- Attend training on no scalpel vasectomy
- Strengthen services and improve quality FPHS adopted/implemented.
- To know actual/accurate number of clients for health services
- Increase enrollment of indigents to NHIP
- Conduct population profiling survey to 21 barangays
- Provide STI diagnostic services

ESTANCIA

- To increase local budget for health services/commodities
- To make RHU SS and PhilHealth accredited
- To make available, sustainable, attainable supply of drugs
- To purchase TB drugs by LGU
- To provide Vitamin A to all sick children
- Strengthen services and improve quality FPHS adopted/implemented
- To know actual/accurate number of clients for health services
- To conduct HH survey as data gathering for indigents
- Implementation of sustained services in STD/HIV/AIDS
- Follow up on ordinance creating and implementing task force
- Provide STI diagnostic services.

GROUP 4 WORKSHOP OUTPUT

Inter-Local Health Zone Composed of the Municipalities of Carles and Balasan

Session 1: The ILHZ Health Situation

1. Output by Health Indicator, Management System, and Health Financing System

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • CPR – 18% (lack of contraceptive supply) • Decrease number of Current users • Decrease number of new acceptors • Average family planning size-4 • Population is 56,707 • No contraceptive supplies/drugs <p><u>BALASAN</u></p> <ul style="list-style-type: none"> • Unrealistic projection of population • Decrease number of NA and CU, increase number of FP drop outs, increase growth rates and birth rates 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • Poor motivation of BHWs themselves <ul style="list-style-type: none"> ▪ Poor training, need capability building of BHW ▪ Poor information system, Manual recording ▪ Lack of equipment supplies and other logistics ▪ Not Sentrong Sigla ▪ Lack of trained personnel to cater services <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Lack of FP supplies/drugs ▪ Health personnel are good FP motivators ▪ Health personnel need refresher course and training on FP ▪ Unavailability of equipments like computer to store health data 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • No appropriation from LGU • LGUs are not prepared for self-reliance for FPP • No client segmentation • No PhilHealth for indigents <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ LGU not yet prepared to procure FP supplies or commodities ▪ Small health budget but LGU provides supplementary budget as need arises ▪ All BHWs, BSPOs, DCW and some indigents are covered by Philhealth (430) ▪ RHU are not yet Philhealth accredited (on the process) ▪ Increase in NHIP members and budget for Philhealth

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
		<ul style="list-style-type: none"> ▪ Lack of computer literate personnel ▪ Health personnel needs training in performing surgical FP method ▪ Presence of active and organized BHWs but untrained of FP programs 	
TB-DOTS	<p><u>CARLES</u></p> <ol style="list-style-type: none"> 1. Poor cases detection (due to geographic situation) 2. 75% cure rate 3. Good conversion rate (from positive to negative) 4. Success rate (no data)(not completed) 5. Incomplete number of drop out <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Increase number of sputum and X-ray (+) Cases ▪ High case detection rate ▪ 90% cure rate 	<p><u>CARLES</u></p> <p>Passive case finding</p> <ul style="list-style-type: none"> • 18 barangays, island (geographic): isolated areas • Inadequate and delayed TB medicine supplies • Lack of health personnel to cater 33 barangays. • Manual, recording, no computer/typewriter • Contractual medical technologist • Dilapidated ambulance • No floating ambulance for the island barangays. <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Irregular supplies of TB drugs ▪ Availability of mini-lab and DOTS trained health personnel ▪ Only one diagnostic committee exist in the whole province • Main health center and 5 BHS are all SS Health Centers • Points go to the RHU for TB treatment but treatment has already started by the private doctors 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • Provincial aides • WORLD Vision (CIDA) • Inadequate LGU counterpart • AICS <p><u>BALASAN</u></p> <p>No entry</p>

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Vit. A Supplementation	<p>2. <u>CARLES</u></p> <ul style="list-style-type: none"> • Coverage under 5 =Fare • GP = Fare • Routine supplementation = Fair <p><u>BALASAN</u></p> <ul style="list-style-type: none"> • The supplies do not come on time during especial program • Inadequate supply of Vit. A for routine supplementation 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • Irregular/inadequate supplies <p><u>BALASAN</u> No Entry</p>	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • No LGU counterpart • Provincial aid • P MEC (DOH) <p><u>BALASAN</u> No entry</p>
HIV/AIDS	<ul style="list-style-type: none"> ▪ <u>CARLES</u> • Very low incidence/prevalence STI • No cases of HIV <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Only STI cases are found in the municipality in Sporadic cases (gonorrhoea) 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • No adequate facilities for examinations (Pop smear, urethral smear) • No pathologist to read/diagnose result <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ No facilities for detecting STI case at RHU ▪ Untrained RHU med techs on STI case detection 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • LGU supplies needs for STIs <p><u>BALASAN</u> No entry</p>

2. Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
Family Planning	<p><u>CARLES</u> <u>Save the Children Foundation</u> COPE, PESCO DEV., KALAHI CIDDS</p> <ul style="list-style-type: none"> ▪ 15 mos. Duration ○ Training and volunteers ○ Equipments for FP and 		

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
	<p>counseling room</p> <ul style="list-style-type: none"> ▪ Training of BHWA and midwives ▪ Three years duration, construction of BHs <p><u>BALASAN</u> <u>PESCODEV, COPE</u></p> <ul style="list-style-type: none"> • RH programs (provision of RH/FP equipments/supplies, provision of counseling room to three target brgys (Oct 2- Dec. 4) 		<p>DSWD</p> <p>Save the Children/CIDA</p>
TB-DOTS	<p><u>CARLES</u> <u>WORLD VISION (CIDA)</u></p> <ul style="list-style-type: none"> ▪ Three years duration (2000, 2003,2004) ○ Detection and treatment of PTB ○ Trainings, lab equipments ○ TB drug augmentation <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Provision of TB drugs, trainings, and other supplies (Oct 02 – March 04) ▪ ECD Program – provision of meds, trainings, BHs and DCC (2004) 		<p>CIDA</p> <p>World Vision/CIDA</p> <p>DSWD/LGU</p>

3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<p><u>CARLES</u></p> <ul style="list-style-type: none"> ▪ Aid from SAVE THE CHILDREN FOUNDATION ▪ Recipients of WHSMP and COPE projects ▪ Improved Delivery Room and adequate equipments ▪ Additional training of health personnel and HILOTS ▪ Resolutions, EO in support/acceptance of program <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Resolution/E.O. accepting project COPE/PESCODEV ▪ E.O. creating TWG on Project COPE/PESCODEV ▪ Counseling room for construction this month 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> ▪ Inadequate supplies of contraceptives/TB medicines ▪ Training and seminars for MW, RHP, PHN on FP ▪ LGU counterpart (funding) ▪ Additional RHP and MW ▪ Ambulance/floating ambulance ▪ Additional equipments and logistic supply ▪ Improvement of medical lab/ extension • Identification of the clients • Management information system • Need for preparation for contraceptive pull out <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Training for skills sand counseling to all RHU Health personnel ▪ Lack of FP (contraceptives) supplies, logistics and instruments ▪ Lack of equipments for purposes of documentation and storing of data like camera, personal computer, laptop and projectors ▪ Lack of computer literate personnel ▪ Training of middle –level health managers ▪ Need to prepare for contraceptive self-reliance ▪ Additional funding

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
TB-DOTS	<p><u>CARLES</u></p> <ul style="list-style-type: none"> • Acquisition of microscope, hiring of med techs • Activation of laboratory services • Training of health personnel • Creation of municipal technical group <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Hiring of Med Techs ▪ Provision of mini-lab and some equipments at the RHU (US made) ▪ All RHU personnel, most BHWs, Brgy Captains and Kagawads on Health are DOTS trained 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> ▪ Active TB case finding and follow up <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Lack of TB meds, lab supplies, equipments and reagents ▪ Creation of diagnostic committee per congressional district ▪ Lack of IEC materials on TB programs
Vit. A Supplementation	<p><u>CARLES</u></p> <ul style="list-style-type: none"> ▪ 96% Vit. A supplementation accomplishment <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Full cooperation of RHU personnel, BHWs, Municipal and barangay officials and other concerned agencies in the implementation of Ligtas Tirdas 2004 ▪ Use of ambulance in getting supplies from the PHO, CHD6 to the municipality 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> ▪ Regular/adequate Vit. A supplies <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Lack of Vit. A for routine supplementation and social programs
HIV/AIDS	<p><u>CARLES</u> (NO ENTRY)</p> <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Regulating the putting up of beerhouses in the municipalities 	<p><u>CARLES</u></p> <ul style="list-style-type: none"> ▪ Hiring of regular med technicians <p><u>BALASAN</u></p> <ul style="list-style-type: none"> ▪ Identification of the clients

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Health financing	<u>CARLES</u> <u>BALASAN</u> OTHERS: <ul style="list-style-type: none"> ▪ Recipient most outstanding BHW, Province of Iloilo, Oct 2003 • SS Health Centers and BHs 	<u>CARLES</u> (NO ENTRY) <u>BALASAN</u>
Management of health services delivery	<u>CARLES</u> (NO ENTRY) <u>BALASAN</u>	<u>CARLES</u> (NO ENTRY) <u>BALASAN</u>

Session 2 ILHZ Strategy Formulation and TA Needs Identification

1. Health Strategy Formulation

STRATEGIES/ACTION ITEMS
<u>CARLES</u>
1. Obtain LGU financial support for various health programs (3 votes) <ul style="list-style-type: none">○ Lobby to LGU for additional budget for medicines○ Additional manpower
2. Strengthen LGU capability to prioritize and manage health (3 votes) <ul style="list-style-type: none">○ Reactivate the local health board○ Create systematic health plan/program to address existing situation○ Strengthen the capability of LGU in supporting the health program of the locality
3. Active linkage and network with NGOs and other private groups for sustained funding (2 votes)
4. Establish an updated information (management) system for client identification and service delivery <ul style="list-style-type: none">○ Utilize BHW on client identification
5. Upgrade knowledge and skills of health personnel (1 vote) <ul style="list-style-type: none">○ Training on FP of health personnel
6. Continuous information, education and advocacy campaign <ul style="list-style-type: none">○ Conduct continuous advocacy of FP/TB
7. Creation of TB diagnostic committee at the congressional district level
8. Organize, train and seek active participation of LBHWS
<u>BALASAN</u>
1. Obtain LGU financial support for various health programs (4votes) <ul style="list-style-type: none">○ Lobby for funding for the LGU○ Lobby for LGU more budget needs on the different RHM programs○ Formulate program proposals to LCE○ Lobby SB session for request of computer/laptop

STRATEGIES/ACTION ITEMS

- Advocacy with the LGU the importance of program documentation and record keeping
- Information campaign for LGUs on FP situations

2. Strengthen LGU capability to prioritize and manage health (4 votes)

3. Active linkage and network with NGOs and other private groups for sustained funding (3 votes)

- Solicit funds/aids from different NGOs/foundations
- Tapping and advocacy with NGOs for possible sustainability of FP and DOTS programs
- Looking for other funding sources for budget augmentation

4. Establish an updated information (management) system for client identification and service delivery

- Updated data bank thru active survey
- Meeting with BHWs on client identification

5. Upgrade knowledge and skills of health personnel

- Training of health personnel

6. Continuous information, education and advocacy campaign (1 vote)

- **Creation of TB diagnostic committee at the congressional district level**
- Advocacy on the importance of the diagnostic committee per district on dots program

7. Organize, train and seek active participation of LBHWS

2. Priority Areas for LEAD Technical Assistance

CARLES

- Procurement system
- Competency-based training in FP (BHWs)
- Strategies for increased LGU financing
- IUD insertion refresher and confidence support for MW and nurses
- Improving case finding
- Strategies for CSR
- Support implementation of local strategy to cope with commodity decrease
- Support for local policy and ordinances
- DOH approved, updated refresher materials
- FP updates

BALASAN

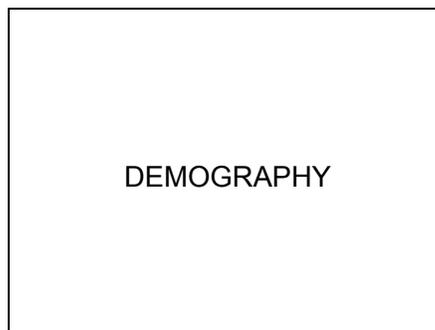
- Support for local policy and ordinance to be supportive of the health areas
- Support strategies for increased LGU financing of FP
- Advocacy support for integration of health initiatives in development program
- Management in public HLT, including FP services management for MHOs and other key personnel
- Inventory management
- On-going distribution system for drugs and FP supplies
- Procurement system
- BHW competency-based training on FP
- FP updates in new guidelines and client education
- Support to LGU leadership in using local legislation to promote HLT goal
- Implement CBMIS
- CSR plan design and implementation
- Health indicator and disease surveillance
- IUD insertion refresher for MW and nurses
- Link services to strategies for CSR

ANNEXES

Slide 2



Slide 3



Slide 4



Slide 5



Slide 6

DEMOGRAPHIC PROFILE

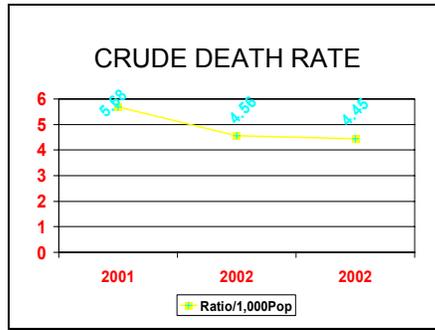
■ Total Area	94,990 Ha.
■ No. of municipalities	9
■ Total no. of barangays	266
■ Total population	305,772*
■ Annual Growth Rate	2.83%*
■ Fertility Rate	No data

*Source: NSO 2000

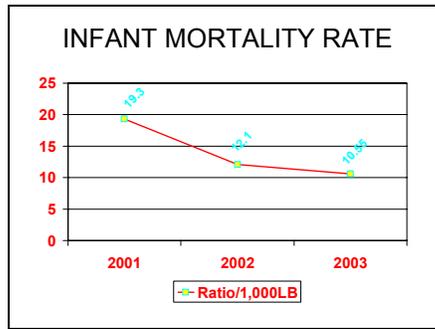
Slide 7

HEALTH STATISTICS

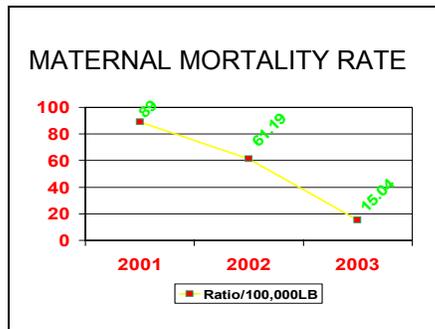
Slide 9



Slide 10



Slide 11



Slide 13

LEADING CAUSES OF MORBIDITY

1. URTI
2. Pneumonia
3. Bronchitis
4. Hypertension
5. Wounds
6. Influenza
7. Diarrhea
8. Parasitism

Slide 14

LEADING CAUSES OF INFANT DEATHS

- Prematurity
- Sepsis
- Congenital anomalies
- Pneumonia
- Acute Respiratory Distress Syndrome

Slide 15

LEADING CAUSES OF CHILD'S DEATH

- Pneumonia
- Severe Dehydration
- Sepsis
- Drowning

Slide 16

LEADING CAUSES OF MATERNAL DEATHS

- Eclampsia
- Postpartum Hemorrhage
- Placental Retention
- Abruptio Placenta

Slide 17

ABORTION CASES IN HOSPITALS

HOSPITAL	2001	2002	2003
SARA DISTRICT HOSPITAL	54	59	74
J. COLMENARES DIST. HOSPITAL	65	43	31
TOTAL	119	102	105

Slide 18

HEALTH RESOURCES

Slide 19

HEALTH FACILITIES	
FACILITIES	NUMBER
HOSPITAL	2
Rural Health Units	9
Barangay Health Stations	71

Slide 20

PHILHEALTH ACCREDITED FACILITIES	
<ul style="list-style-type: none">■ Sara District Hospital■ Jesus M. Colmenares District Hospital■ Concepcion Rural Health Unit (OPB)	

Slide 21

SS & PHILHEALTH ACCREDITED FACILITIES	
FACILITIES	NUMBER
HOSPITALS	2 (Philhealth accredited only)
RURAL HEALTH UNITS	3 SS, 1 OPB
BARANGAY HEALTH STATIONS	13

Slide 22

HEALTH PERSONNEL	
Municipal Health Officer	10
Public Health Nurse	11
Rural Health Midwives	68
Rural Sanitary Inspectors	12
Medical Technologists	9

Slide 23

VOLUNTEER HEALTH WORKERS	
BARANGAY HEALTH WORKERS	1,302
BARANGAY NUTRITION SCHOLARS	126
BARANGAY DENTAL AUXILIARIES	40
COMMUNITY-BASED REHABILITATION SUPERVISORS	16
TRAINED HILOTS	404

Slide 24

HEALTH FINANCING SCHEME	
--------------------------------	--

Slide 25

PHILHEALTH SPONSORSHIP PROGRAM		
ILHZ	NO. OF ENROLLED INDIGENTS	SOURCE OF PREMIUM
ANIHEAD I	4,048	LGU, GOP, Philhealth
ANIHEAD II	*1,585	LGU, GOP Philhealth

Slide 26

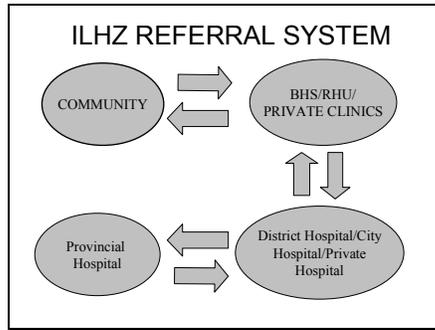
HEALTH SYSTEMS

Slide 27

ANIHEAD ILHZ

- ZONE I - Ajuy, Concepcion, Lemery
Sara, San Dionisio
Referral Hospital – Sara District Hospital
- ZONE II - Balasan, Batad, Carles,
Estancia
Referral Hospital - Jesus M. Colmenares
District Hospital

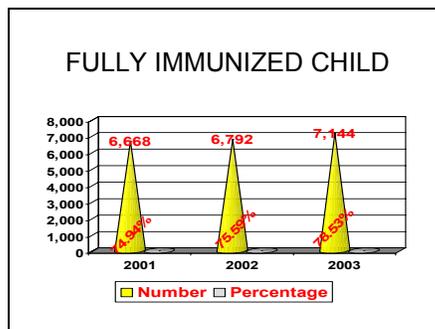
Slide 28



Slide 29

HEALTH PROGRAM COVERAGE

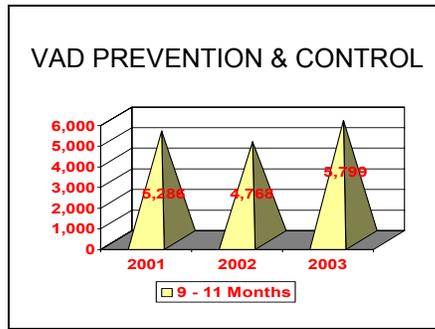
Slide 30



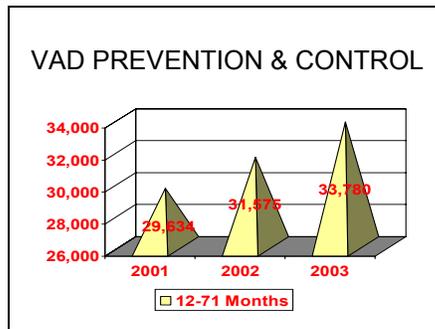
Slide 31

FIC 2003		
MUNICIPALITY	ACCOMPLISHMENT	PERCENTAGE
AJUY	1174	81.75%
BATAD	648	79.20%
BALASAN	438	80.66%
CARLES	1182	69.48%
CONCEPCION	722	68%
ESTANCIA	1012	88%
LEMERY	454	60.37%
SARA	648	60.90%
SAN DIONISIO	868	96%

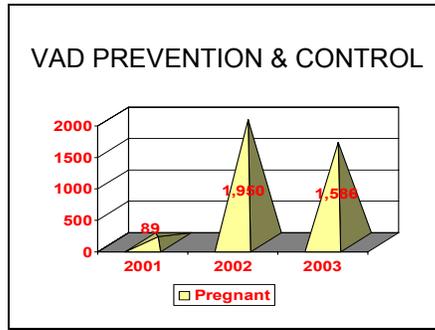
Slide 32



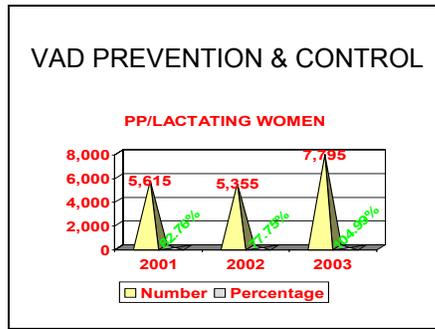
Slide 33



Slide 34



Slide 35

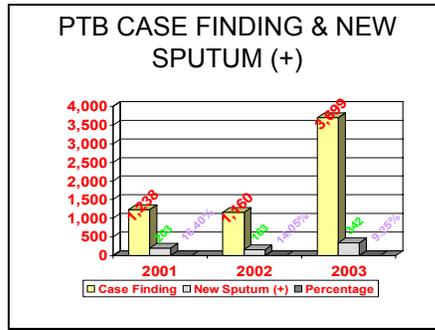


Slide 36

VITAMIN A COVERAGE 2003

MUNICIPALITY	9-11 MOS.	12-71 MOS.	PREGNANT	PP/L
AJUY	146	1552	326	253
BALSAN	648	2561	376	604
BATAD	413	1861	150	325
CARLES	1137	6072		1030
CONCEPCION	723	3581	684	851
ESTANCIA	479	4220	50	627
LEMERY	470	2012		384
SAN DIONISIO	689	3539		731
SARA	824	8382		778

Slide 37



Slide 38

CASE DETECTION RATE

MUNICIPALITY	CDR
AJUY	109%
BALASAN	155%
BATAD	28%
CARLES	50%
CONCEPCION	82%
ESTANCIA	128%
LEMERY	117%
SAN DIONISIO	95%
SARA	139%

Slide 39

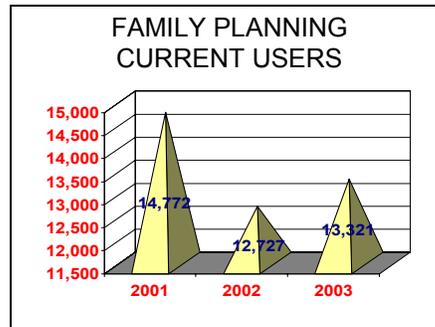
TB CURE RATE

MUNICIPALITY	CURE RATE
AJUY	93%
BALASAN	71.43%
BATAD	92%
CARLES	75%
CONCEPCION	72%
ESTANCIA	70%
LEMERY	50%
SAN DIONISIO	
SARA	

Slide 40



Slide 41



Slide 42

CONTRACEPTIVE PREVALENCE RATE (CPR)

MUNICIPALITY	CPR 2003
AJUY	28.31%
BALASAN	20.47
BATAD	
CARLES	18.31%
CONCEPCION	66.87%
ESTANCIA	
LEMERY	
SAN DIONISIO	77.05%
SARA	19.90%

Slide 43

CONCLUSION

1. Strengths

- Active & supportive LGU, GOs, NGOs
- Commitment of LGUs towards development
- Common vision – poverty reduction
- Good networking/ Partnering

Slide 44

CONCLUSION

2. Weaknesses

- Limited budget
- Limited manpower
- Most health facilities not yet SS certified

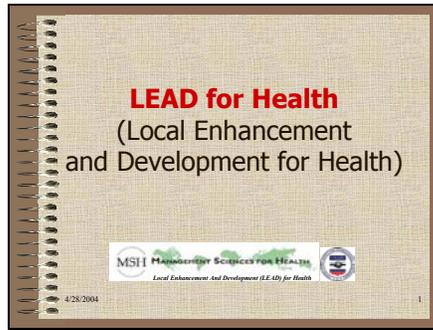
Slide 45

CONCLUSION

3. Future directions of the health delivery system

- All health facilities Sentrong Sigla and Philhealth accredited
- Universal social protection coverage
- Quality health and reproductive health services
- Effective Referral System
- HOMIS installed and operational at two district hospitals

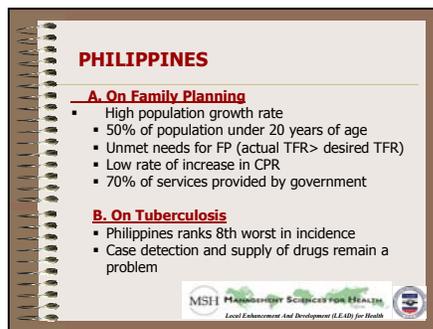
Slide 1



Slide 2



Slide 3



Slide 4

PHILIPPINES

C. On HIV/AIDS

- Possible epidemic if high-risk behaviors not drastically reduced
- Prevalence in high risk population <3%
- Prevalence in adult population < 1%

D. On Maternal and Child Health/ Vitamin A

- Vitamin-A deficiency: a widespread child nutrition problem
- Lack of alternative means of financing, distributing & administering capsules

MSH **MANAGEMENT SCIENCES FOR HEALTH**
Local Enhancement And Development (LEAD) for Health

Slide 5

Challenges in Managing Local Health Services

- Reaching more people in need of basic health services
- Improving the quality of these health services
- Ensuring that the delivery of these services is financially viable and sustainable.

MSH **MANAGEMENT SCIENCES FOR HEALTH**
Local Enhancement And Development (LEAD) for Health

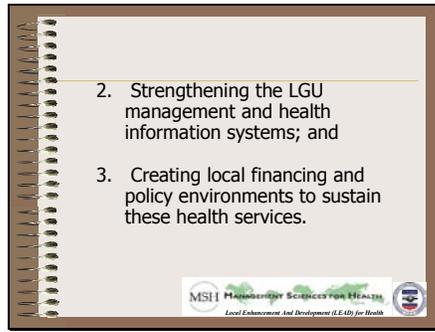
Slide 6

LEAD for Health is a three-year project that supports local governments in the following areas:

1. Increasing the coverage of high-quality health services in FP, Vitamin A Supplementation, TB, and HIV/AIDS.

MSH **MANAGEMENT SCIENCES FOR HEALTH**
Local Enhancement And Development (LEAD) for Health

Slide 7

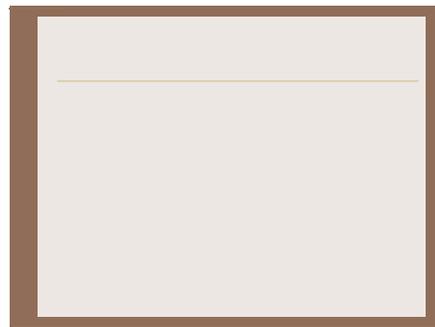
A slide with a brown border and a spiral binding on the left. It contains two numbered points: 2. Strengthening the LGU management and health information systems; and 3. Creating local financing and policy environments to sustain these health services. At the bottom, there are logos for MSH (Management Sciences for Health) and a local government seal.

2. Strengthening the LGU management and health information systems; and

3. Creating local financing and policy environments to sustain these health services.

MSH Management Sciences for Health
Local Enhancement and Development (L.E.D.) for Health

Slide 8

A slide with a brown border and a horizontal line near the top. The rest of the slide is blank.

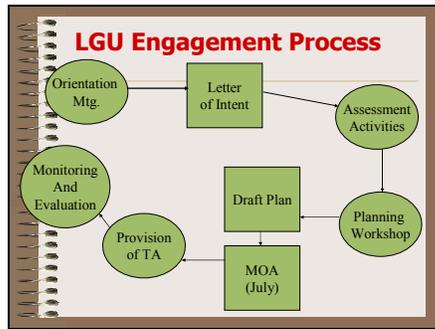
Slide 10

LEAD for Health Project
Phasing of
Project Implementation

Start-up Phase:	Oct. 03 – Jan. 04	LGUs covered
Test Phase:	Jan. – July 04	20
Initial Roll-out Phase:	Aug. – Dec. 04	90
Peak Performance Phase:	Jan. – Dec.05	375
Assessment Phase:	Jan. – Sept.06	45

MSH **MANAGEMENT SCIENCES FOR HEALTH**
Local Enhancement And Development (LEAD) for Health

Slide 11



Slide 12

How are we going to do it?

- Client-LGUs
- Close collaboration with:
 - Department of Health (central and regional)
 - Leagues
 - Philhealth
- Clustering Approach
- MOA for Technical Assistance (TA)
- Local Service Institutions and Organizations (SIOs)
- Possible selected direct funding for LGUs

MSH **MANAGEMENT SCIENCES FOR HEALTH**
Local Enhancement And Development (LEAD) for Health

Slide 13

Special Strategy:
Contraceptive Self Reliance (CSR)

- No more donor funding for contraceptives
- LGU-specific CSR Strategy: integral part of the assistance package to be provided to LGUs



Slide 14

By the end of the project period, we expect to achieve the following:

- **A. Governance:**
 - a. Share of FP/TB/HIV-AIDS/MCH in LGU budget increased
 - b. Ordinances supporting enacted financing for FP/ other health services
 - c. Local CSR+ plan formulated and adopted
 - d. Enrollment of indigents under the National Health Insurance Program (NHIP) increased
 - e. LGU plan for strengthening services & improving quality FPHS adopted/implemented



Slide 15

By the end of the project period, we expect to achieve the following:

- **B. Family Planning and Health Systems:**
 - a. Health information system functional
 - b. Access to quality modern contraceptive supplies and services increased
 - c. Rate of drop-outs among pill & DMPA users reduced
 - d. All HIV/AIDS sites implementing interventions and improved surveillance activities



Slide 16

By the end of the project period, we expect to achieve the following:

- e. Improved treatment and diagnosis of TB
- f. Health volunteer network expanded
- g. Collaboration with private sector increased
- h. RHU-Sentrong Sigla certified and Philhealth accredited
- i. RHU providing routine Vitamin A Supplementation



Slide 17

Maraming Salamat po!



LIST OF PARTICIPANTS

Name	Position/Designation
Alexander Rendon	Municipal Health Officer, Lemery
Arleen Balleza	DOH-CHD6-DOH Rep-Ajuy
Bayot, Rosynee T.	PHN 1, Balasan
Ben, Mary Hazel	PHN, Carles
Betita, Arnold	Vice Mayor, Carles
Betita, Ronald	MHO, Carles
Calixto P. Oliveros	Municipal Planning & Development Officer, Sara
Cecilia Lumampao	SB on Health, Lemery
Danilo Alimoot	Assistant Municipal Treasurer, Lemery
Delia P. Puerto	Public Health Nurse, Sara
Deverdi, Ma. Lourdes	DOH Rep., Carles
Diaz, Eduardo	COH I, Balasan
Dile, Nazareno	RHP, Balasan
Dr. Aida Machitar	LGU-Ajuy
Dr. Diego Estampador	MHO-San Dionisio
Dr. Helen B. Minguez	DOH/MHO-Concepcion
Dr. Joy Baniás	DOH-CHD6
Eduardo R. Elegino 1	Vice Mayor, Lemery
Ganzon, Simeon	Mayor, Balasan
Generoso A. Chin	LGU San Dionisio-MPDC
Gloria G. Abisado	DOH-Representative/Public Health Nurse, Lemery
Isidro A. Parcia	Municipal Budget Officer, Lemery
Jeremiah E. Obanana	Chief of Hospital, Sara District Hospital
Locañes, Florentino	MPDO staff, Carles
Lucy Abat	DOH/PHN-Concepcion
Ma. Lea Gonzales	LGU San Dionisio-PHN
Mary Ann M. Dignadice	PHN-Ajuy
Mayor Raul Baniás	Mayor-Concepcion
Salvador B. Mallo, Jr.	Municipal Health Officer, Sara
SB Jose Val Bracamonte	Legislative/SB member-Concepcion
Wilma Comoro	DOH-CHD6

Name	Position/Designation
Althea D. Zaldarriaga2	SB on Health, Sara
Andre D. Ravena	MHO – Batad
Doc Virgilio Sales	Northern Iloilo Cluster , DOH-Representative
Erminela Galo	PHN/ Batad
Evangeline H. Palmares	SB on Health - Batad
Louella C. Saromines	Barangay Health Worker, Municipal Federation President, Lemery
Pedro A. Alarcon	Mayor – LGU Batad
Raffy Delgado	SB on Health – Estancia
Rene S. Cordero	Mayor – LGU Estancia
Rosalinda B. Sumile	MHO – Estancia
Rowena Grace G. Bensurto	PHN – Estancia