

CHAPTER 6
CURRENT INITIATIVES AND FOREIGN FUNDED
PROJECTS.

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6. CURRENT INITIATIVES AND FOREIGN FUNDED PROJECTS

There are numerous projects going on in ARMM. Some are duplications, some are overlapping in terms of time frame and location. There are projects, however, which have significant impacts. These projects are either funded by JICA or done in collaboration with JICA, or such projects have a direct impact on the Health Sector Reform Agenda of the DOH.

The more current and long-standing project of JICA through the Asian Health Institute-Japan known as PCHAP (Participatory Comprehensive Health Administration Program) has been going on for the past five years. The project is implemented through the Davao Medical School Foundation-Institute of Primary Health Care (IPHC) in Davao City and Asian Health Institute (AHI) of Japan. AHI and IPHC have been partner –NGOs since 1983 and the partnership has had extensive experience on participatory community development. The project involves training middle-level managers of the health sector on participatory and comprehensive health administration. Currently the participants have formed a foundation and have acquired skills in project development and management. There is a need to nurture this group since they are in the frontline of health service delivery and are potential leaders of the future. Shown below are projects that are ongoing or have just been finished or winding up.

Table 6-1 Foreign-assisted Projects

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
A. USAID	<p>1. Enhanced and Rapid Improvement of Community Health (EnRICH)</p> <p>To fund viable family planning and health related projects in the communities Specifically to increase contraceptive prevalence rates, to improve maternal and child health and to improve diagnosis and treatment of tuberculosis</p>	<p>1. Save the Children Foundation</p> <p>2. Christian Children's Fund</p> <p>3. ACDI-VOCA</p> <p>4. Helen Keller Foundation</p>	<p>Sulu, Basilan, Lanao del Sur Tawi-Tawi</p>	2003-2004	USD 300,000-400,000 (approximate amount per grant)
	<p>2. Matching Grant Program (MGP)</p> <p>A financial and technical assistance package through grants which aims to improve coverage for Fully Immunized Child (FIC), Vitamin A capsule (VAC) supplementation, Tetanus Toxoid vaccination (TT2+) and Contraceptive Prevalence Rate (CPR)</p>	<p>1. DOH Manila</p> <p>2. Center for Health Development XII</p>	<p><i>Maguindanao</i></p> <ul style="list-style-type: none"> - North Upi - Shariff Aguak - Mamasapano - Sultan Kudarat - Ampatuan <p><i>Sulu</i></p> <ul style="list-style-type: none"> - Jolo - Talipao - Pangutaran - Lugus <p><i>Lanao del Sur</i></p> <ul style="list-style-type: none"> - Poona Bayabao - Wao - Bumbaran - Malabang - Kapai - Balabagan - Calanogas - Kapatagan 	2001-2003	<p>Php 150,000-300,000 (approximate amount per grant)</p> <p>2001 - P2.27 m</p> <p>2002 - P1.70 m</p> <p>2003 - P4.56 m</p>

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
			<i>Tawi-Tawi</i> - Panglima Sugala - Sapa-Sapa - Simunul - Bongao		
	3. Well-Family Midwife Clinic Establishment of clinics which will be manned by a trained midwife who will provide wide range of services, including family planning, for a fee. Income of the clinic shall serve as the revolving fund for its operation as well as for salary/honoraria of the midwife.	1. John Snow Inc. and various NGOs	- Sultan Kudarat, Maguindanao - Gen. SK Pendatun, Maguindanao - Datu Paglas, Maguindanao - Marawi City	1998 - 2004	
	4. Skills Training and Family Planning IEC Project Activities include inventory of trainings among the health workers, conduct of various skills trainings and provision of family planning IEC materials	1. John Snow Inc.	Nationwide including ARMM	1998 - 2004	
	5. Child Survival Project Community projects and activities to improve child health in Maguindanao province	1. Catholic Relief Services - Maguindanao	Maguindanao		
	6. Integrated Family Planning and Maternal Health Program for Maguindanao, Lanao del Sur, Sulu and Tawi-Tawi To expand the availability of reproductive health (RH) services in the public and private sector and to increase use of services by women in high risk groups and foster		Maguindanao, Lanao del Sur, Sulu Tawi-Tawi	1994 - 2003	

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
	continued provision of selected child health interventions at the LGU level.				
	7. Other assistance Provision of assorted medicines, medical supplies and equipment to the Sulu Provincial Hospital		Sulu	Completed	
UNFPA	1. 5 th Country Programme of Assistance The improvement of the quality of life in the Region through the provision of quality Reproductive Health and Family planning services.		Maguindanao	5 years	USD1.0 m
	2. Multi-Donor Program Phase 3 Program & project in support to the Peace Package between the GRP & MNLF It focuses on Reproductive Health (RH) among the Peace & Development Communities (PDCs)		Maguindanao		
	3. Arabian Gulf Fund (AGFund) Funding support to Reproductive Health (RH) particularly on capacity building and mobilizing the Muslim Religious leaders (MRLs) lead IEC / Advocacy It supported and send selected MRLs to other Muslim countries as part of Observation Study Tour (OST) on RH.				
UNICEF	Fifth Country Program for Children Support and facilitate the child-friendly Movement.				

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
	It is a goal oriented and multi-sectoral partnership with children.				
World Health Organization	Supported Polio Eradication Campaign Provided salary of AFP & EPI Surveillance Officer				
Medicine San Frontier (MSF)	Conduct relief operation thru provision of mobile clinic for the IDPs Conduct supplementation immunization of children in the evacuation centers Provision of cold chain equipment		Pagawan and Pagalungan, Maguindanao		
OXFAM	Provided water and sanitation facilities among IDP's		Maguindanao		
Accion Contra Hambre (ACH)	Relief operation and rehabilitation of Internally Displaced Population (IDPs) Provision of water and toilets facilities in the evacuation centers.		Maguindanao		
Community Family Services International (CFSI)	Conduct community organizing among IDPs Conduct psychosocial process and debriefing among IDPs Provision of health volunteers for the IDPs				
MOVIMONDO-MYOROI	Implementation of water and toilet sanitation for the IDPs Assessment and monitoring the IDPs in the camps Conduct relief operation to IDPs affected by flash flood in Pagalungan, Maguindanao Distribution of non-food items		Maguindanao		
Germany GTZ	It is designed to improve the basic health care facilities; upgrading capacity and capability of primary care workers; establishment of revolving fund for essential drugs and medical supplies; and institutionalizing the health	GTZ Health Team	Bumbaran, Lanao del Sur		

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
KFW	<p>services with the appropriate government entity that is tasked to manage the health facility.</p> <p>1. Family Planning and HIV /AIDS Prevention Project</p> <p>Addresses the need for both HIV/AIDS prevention and family planning by selling, distributing and promoting high-quality latex condoms and low oral contraceptive pills on a national basis at prices which target lower income segments of the population. The project will increase the knowledge and will positively impact on the targets group attitude, and eventual modification of behavior to more healthy alternatives through the use of both mass media and interpersonal communication materials. The project intends to fill the gap between the public sector which intends to provide free products and services to the poorest couples, and the private commercial sectors which targets the richer segment of the population. In the addition to the distribution and the promotion of contraceptive products, the Project will also engage in market research, training and NGO support activities</p>		Nationwide including ARMM		DM 33 m
	<p>2. Women's Health & Safe Motherhood Project</p> <p>Aims to improve the health status of women in the province, with particular focus on women of reproductive age, and thereby support the government's long term goal of reducing</p>				US\$ 4.2 m grant

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
	female morbidity and maternal mortality and the promotion of safe Motherhood. The project has four components: a) Service Delivery b) Institutional Strengthening c) Community Partnership d) Policy Operations and Research				
Canadian Government (Philippines Canada Development Fund (PCDF))	Upgrading of Hospitals in the Provinces of Sulu and Basilan Project (UPHSBP) Providing hospital equipment and instruments		1- Pangutaran District Hospital 2- Parang District Hospital 3- Siasi District Hospital 4- Luuk District Hospital 5- Lamitan District Hospital		CD\$1.0 m
Japan International Cooperation Agency	1. Malaria Control Program for Sulu and Tawi-Tawi Project activities includes the following: - Institutional capacity building - Community-Based Malaria Control Program - Applied Research 2 Participatory & Comprehensive Health Administration Promotion (PCHAP) A group training course held in Nagoya, Japan on Community organizing with focus on MCH services. 63 graduates are given a chance to avail of small scale project funded by JICA as support to Ex-		Sulu Tawi-Tawi	Completed in 2001	P159.6 m
			2002 Approved Follow up Support Grants: DOH-ARMM IPHO Lanao del Sur Pangutaran District Hospital – Sulu		

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
	Participants in their areas of assignments		Tawi-Tawi		
	3. In-Country Training Program (ICTP) Promotion of an Integrated Community Management Health Program for ARMM funded by JICA through NGO-IPHC based in Davao City	NGO-IPHC, Davao City	ARMM	2001 - 2004	
Japan	Rehabilitation and improvement of Municipal Upgrading of hospital in Tawi-Tawi		Dinaig Municipal Hospital, Maguindanao		P2.5 m
Japan/Asian Health Institute	Provided funds for the relief services among Internally Displaced Population (IDPs) in Maguindanao and feeding of malnourished children in Lanao del Sur. Provided seed money for the Participatory Health Development Foundation (PHDF), an NGO component of PCHIAP organized by JICA alumni in ARMM	Partipatory Health Development Foundation (PHDF)	Maguindanao Lanao del Sur		P0.3 m
Austria	Hospital Development Project The objective of the project is to improve the quality of lives by providing hospital health services that shall be equitable, efficient, affordable, as well as technologically appropriate	DOH-Manila	Tawi-Tawi		

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
EU	<p>Women's Health & Safe Motherhood Project</p> <p>The project aims to improve the health status of women, with particular focus on women of reproductive age, and thereby support the government's long term goal of reducing female morbidity and maternal mortality and the promotion of safe Motherhood. The project has four components:</p> <ul style="list-style-type: none"> a) Service delivery b) Institutional strengthening c) Community Partnership d) Policy Operations and Research 				
AusAID	<p>Women's Health & Safe Motherhood Project</p> <p>The project aims to improve the health status of women, with particular focus on women of reproductive age, and thereby support the government's long term goal of reducing female morbidity and maternal mortality and the promotion of safe Motherhood. The project has four components:</p> <ul style="list-style-type: none"> e) Service delivery f) Institutional strengthening g) Community Partnership <p>Policy Operations and Research</p>			Completed in 2001	
ADB	<p>1. Rural Water Supply and Sanitation Sector Project (RW3SP)</p> <p>The project will provide capacity building for LGUs to enhance the delivery of social services Improve social infrastructure for basic needs as</p>	DILG	Sulu Tawi-Tawi		US\$6.23 m

Donor/Countries	Name and Description of Project	Implementing Agency/NGO	Target Beneficiaries	Time Frame	Estimated Cost
	<p>water supply and sanitation</p> <p>2. ADB-Women's Health & Safe Motherhood Project</p> <p>The project aims to improve the health status of women, with particular focus on women of reproductive age, and thereby support the government's longterm goal of reducing female morbidity and maternal mortality and the promotion of safe Motherhood. The project has four components:</p> <ul style="list-style-type: none"> - Service delivery - Institutional strengthening - Community Partnership - Policy Operations and Research 	DOH			US\$ 40 m
World Bank	<p>World Bank-Women's Health & Safe Motherhood Project</p> <p>The project aims to improve the health status of women in the province, with particular focus on women of reproductive age, and thereby support the government's long term goal of reducing female morbidity and maternal mortality and the promotion of safe Motherhood. The project has four components:</p> <ul style="list-style-type: none"> - Service delivery - Institutional strengthening - Community Partnership - Policy Operations and Research 	DOH			US\$13.7 m

Source: DOH-ARMM

CHAPTER 7
SOME ISSUES AND CONCERNS

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7. SOME ISSUES AND CONCERNS

- ◆ Safety and security concerns during field work
- ◆ Data coming from the health facilities do not come early enough to allow for in-depth analysis due to time constraints
- ◆ There are some variations in the data coming from the RHU, Province, DOH-ARMM and the national DOH. Some data do not conform to ICD 10.
- ◆ There is a need to improve health information system not only for easy access but also for reliability and accuracy of data. Necessarily it follows that people involved in data handling should be trained adequately.
- ◆ Continue a human resource development not only in medical matters but also in administrative management.
- ◆ A need to look more closely into a referral system that will allow a 2-way system. Corollary to this is the need for an inter-LGU networking to ensure that there is maximization of scant resources.
- ◆ There are so many studies, surveys, and projects going in ARMM that there is a need for a closer coordination among donors and within ARMM itself. Some personnel are “tired” answering questions and participating in discussions.
- ◆ Sustain effort started in some JICA-assisted projects like Participatory Comprehensive Health Administration Program (PCHAP), malaria Program and upgrading of health facilities. There really is a need to upgrade health facilities in terms of equipment and human resource development
- ◆ Interventions to improve the quality of life of the ARMM is indeed a real challenge and it takes more effort and hard work to bring the health condition of ARMM into the mainstream. Such interventions should also be culture and gender sensitive.



CHAPTER 8
CONCLUSION AND RECOMMENDATIONS

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8. CONCLUSION AND RECOMMENDATIONS

Given the limitations of the study considering the time frame and security concerns, one can not make sweeping conclusions, nevertheless there are observations/findings which come out strongly. The major health indices show that ARMM has a long way to go to catch up even with the over-all national performance. Utilities like power, water, communications which are assumed to be in present are not consistently nor reliably in place and are therefore found wanting in several areas.

In terms of burden of disease, the leading causes are infectious in nature with diarrhea being consistently number one through the years. Such an illness is not truly a medical issue but more of a public health concern. Its incidence can be dramatically reduced if not eradicated through a good water supply system, good sanitation and health education. Among the notifiable diseases, TB and malaria consistently remain on top of the list.

Maternal and child health are also areas of concern given that that the maternal mortality rate of ARMM is almost double the national average and the infant mortality rate is about 63 % higher than the national average based on NSCB projections. While it appears that there is a high coverage of fully immunized children, there are still pockets of outbreaks of measles.

Family planning is a real challenge. The contraceptive prevalence rate is almost 3 times lower than the national figure. Unmet needs of married women in terms of family planning is also almost double than the national average.

Health facilities notably Rural Health Units (RHU) and District Hospitals are ill-equipped. There are 76 RHU's out of 88 municipalities/cities or 86% have RHU's. Of the 2,148 barangays only 359 have Barangay Health Stations (or 16 %). There are 24 hospitals, 3 of which are secondary (12.5 %) while the rest are Primary Hospitals (87.5 %). Three tertiary care hospitals serve ARMM but are not within its administrative control, the 4th non-ARMM hospital is secondary but is being upgraded to tertiary level (Basilan General Hospital). The location of health facilities like RHU's and hospitals and the catchment areas they serve is an area where relevance can only be known after a more in-depth study is done because of other considerations like political issues.

While it appears that there is adequate manpower in the health sector, the gap is in the availability and distribution of trained health workers especially doctors and nurses. There is a need to continue human resource development at all levels (like PCHAP) including programs for administrative staffs.

There is also a need to look more closely into the referral system so as to rationalize scant resources. An efficient and effective referral system will unburden tertiary and secondary care hospitals which are admitting even cases that would have been handled adequately at the primary levels.

There is indeed a window of opportunity to improve the quality of lives in ARMM. Broadly the areas of intervention include human resource development, health facility improvement, provision of basic utilities (like safe water), and other development interventions within a cultural and religious context that will empower the communities economically, socially and wholistically.

SOME RECOMMENDATIONS

A serious strategic planning on the part of the organization may be necessary for them to identify priority concerns for urgent intervention. Possible areas for cooperation can be categorized into the following broad areas of concern: This by the way is in no way exclusive nor exhaustive. (see Table 8-1 below)

1. **Human Resource Development or Capacity Building:**

A strategic approach towards a comprehensive human resource development should be looked into taking into consideration the current global movement of health professionals in the Philippines especially doctors and nurses who are in demand worldwide. It is estimated that the demand for nurses in the USA alone will continue until the next 20 years or so. Even doctors are taking up nursing! Perhaps one can consider looking at midwives as the core health care providers that need to be strengthened and enhanced in terms of clinical and management skills. They are by the way the current frontliners in the delivery of health services. Training programs should address:

- a. Clinical and Health Skills Development
 - i. Training of Traditional; Birth Attendants to help lower incidence of MMR and IMR
 - ii. Clinical Skills development for MDs, nurses and midwives
 - b. Management skills development- Along this line the program of JICA on PCHAP should be sustained, nurtured and even expanded using those already trained to cascade their skills to the rest of the DOH-ARMM organization especially to the rank and file (See page 6-1)
2. **Infrastructure Support/ Upgrading of Health Facilities:** this mainly involves the renovation/repair/construction of health facilities where appropriate to ensure that the services delivered are done in a facility that is safe and functional (See Table 4-4, page 4-4). This will likewise involve the upgrading of medical and diagnostic equipments necessary to ensure quality care. (Note: Ten percent (10%) of those surveyed do not have a stethoscope and thirty-seven percent (37%) do not have a microscope. See page 4-14.). In areas where the presence of a higher referral center is not available such as the island provinces, a sea ambulance may be more appropriate instead of the usual ambulance. Likewise an appropriate transport and communication system for health personnel should take into consideration the geographic terrain of the area. The proposal coming from MHDO concerning upgrading of facilities is a good starting point.
3. **Hospital Development Plan:** JICA may consider to take a closer and more in-depth study on the hospital system looking at its over-all development plan as a basis for a more rational hospital master development plan. Such a plan will necessarily include a referral system within the concept of a District Health System as envisioned by WHO. (p. 5-25). From a long term perspective JICA may assist ARMM in the establishment of tertiary hospitals in strategic places.
4. **Referral System-** within the context of improving the quality of health services, an honest assessment of a system of referral should be looked into. A District Health System as defined by WHO can be used as a framework of integration so as to optimize scant resources within the region

5. **Specific Health Interventions:** This involves the urgent need to address specific health problems that continue to dissipate the quality of life of the population. These are mainly public health concerns:
- a. **Tuberculosis-** its being on top of the list of notifiable diseases indicates its importance (See table 2-11B, 2-11C p. 2-13). This may involve the actual provision of drugs through the DOTS (Directly Observed Treatment of Tuberculosis) strategy. There seems to be a problem with the current system of the provision of drugs since medicines don't sometime arrive in time for the completion of the cycle of treatment and if they do, these are usually short of the required number. Since TB treatment is a national program, the medicines are procured centrally in Manila and perhaps this is where the bottleneck is. Corollary to the provision of drugs is also the need to strengthen the diagnostic capability of the facility through the provision of diagnostic equipment especially microscopes which will help in the accurate and reliable diagnosis of TB (See table 4-7 page 4-11). It also follows that a training program for microscopists should be intensified. This is a very inexpensive but effective way of confirming and validating the diagnosis of TB compared to the use of X-ray which is more expensive and will require more highly skilled personnel such as a radiologist and an x-ray technician. Towards this end a validating center for the microscopic diagnosis should also be setup to ensure a consistent and reliable diagnosis of TB (Validating Center for TB Microscopy).
 - b. **Malaria-** ARMM has a lot of areas endemic to malaria especially TawiTawi and Sulu. Toward this end initiatives have already been started by JICA. What is needed is to continue it. Perhaps JICA can also facilitate the setting up of a research laboratory in Malaria in partnership with either the academe or research institute in Japan. This may also be done in partnership with a local institution which is already involved in such endeavors. There are medical schools in Mindanao located in strategic areas like Zamboanga Medical School Foundation, Xavier University in Cagayan de Oro and Davao Medical School Foundation in Davao where JICA has a current partnership program. In the future a Malaria Research Center not only for ARMM but for the rest of Mindanao could be a long-term prospect.

- c. **Diarrhea-** by itself diarrhea is not primarily a medical problem but is indicative of other deficiencies like a poor or inadequate water system, poor sanitary and waste disposal system and even failure in the educational sector. A comprehensive approach to this problem will go a long way towards eradicating or alleviating this situation. (See Table 2-10- Leading causes of Illnesses p. 2-11). Patients should not be dying of diarrhea when you consider that the use of oral rehydration is simple and effective (See causes of Death Table 2-9, page 2-10 and Fig. 2-3, page 2-11).
- d. **Maternal and Child Health including Malnutrition:** This is a huge area of concern but focus can be made along the lines of:
- i. Providing access to safe and culture-sensitive family planning methods. (See CPR and Unmet needs Table 2-5 and Fig. 2-2, pp. 2-7 & 2-8). Provision of commodities for family planning can also be looked into considering that USAID has expressed the intention not to provide anymore any contraceptive commodity.
 - ii. Training of midwives and traditional birth attendants (TBA). Close to 40% of deliveries in 2001 were done by TBAs and about 12% by untrained TBAs (see table 2 -14B). Skills training to this group of health workers will go a long way towards helping reduce MMR and IMR.
 - iii. Provision of vitamins and minerals: Malnutrition, iron, iodine and Vit. A deficiency continue to plagued 0-5 year-old children. Iodine deficiency is particularly disturbing since iodination of salt is now mandated by law (See page 2-14)

6. **Health Information System:**

Planning, implementing, monitoring, evaluating and decision-making are management activities that require a good, accurate, reliable, accessible and on-time information system. A database management system should be strengthened to ensure that the decision making process is evidenced-based. This requires both hardware and software (people) development. Such an information project will require a system-wide

participation of people involved in data gathering and handling all the way from the BHS to the regional office of DOH-ARMM.

7. Organizational Development:

Finally a system-wide review of the organizational/governance structure, management system and strategic directions of DOH-ARMM may help prepare itself for the challenges of decades to come in order to achieve its Vision and Mission within the cultural and religious context of the region.

Table 8-1 Action Programs for Health Sector Development in ARMM

Purpose/Course of Action	Time frame	Ease of Delivery	Potential Impact	Resources Needed	Lead Agency
1.0 Human Resource Development or Capacity Building:					
1.1 Training Of TBA	anytime	Very doable	Reduce MMR, IMR	Staff, funds	ARMM with JICA support
1.2 Clinical skills training- MDs, Nurses, Midwives, Health Workers	anytime	Doable	Improve clinical skills	Staff, funds	ARMM with JICA support
2.0 Upgrading of Facilities/ Infrastructure support/ RHUs & BHS (Goal- Sentrong Sigla Accreditation)					
2.1 Repair/renovation of facilities	Soon as funds are available	Funds dependent	Improve health care delivery	ARMM funds	ARMM, donor agencies
2.2 Upgrading of equipment/ facilities	Soon as funds are available	Funds dependent	Improve health care delivery	Various equipment	ARMM, donor agencies; see proposal from MHDO
3.0 Hospital Development Plan					
3.1 Upgrading of facilities	Soon as funds are available	Funds dependent	Improve hospital patient care	Various equipment	Various donor agencies; see proposal from MHDO
3.2 Hospital Strategic Planning	Dependent on Staff schedule "long-term"	Doable;	Improve hospital management system	Consultant on Hospital Strategic Planning	ARMM, some support by JICA, use "PCHAP"
4.0. Referral System					
4.1 Referral Systems Development	soon	Very doable	Improve health services	DOH-ARMM, Consultants	JICA support
5.0 Specific Health Interventions					
5.1 Integrated TB Program	soon	Very doable	Reduce TB incidence	Consultants	JICA support
5.1.1 Drug procurement review; supply drugs	soon	Doable	Improve availability of drugs	Anti-TB drugs	ARMM; possible JICA support-systems development

Purpose/Course of Action	Time frame	Ease of Delivery	Potential Impact	Resources Needed	Lead Agency
5.1.2. Training of microscopists	soon	Doable	Skills improvement	Staff, funds	ARMM
5.1.3. Establish TB Validating Center for TB Microscopy	Not urgent	Doable	Improve lab skills	Lab equipment, microscopes	JICA
5.2. Malaria Program	Not urgent	Doable	Reduce incidence of malaria	Funds	JICA has started programs. Need to continue. "Establish Malaria Research Center"
5.3. Control of Diarrhea	urgent	Difficult; needs multi-sectoral involvement	Reduce incidence of diarrhea	Funds (need to coordinate with "water sector")	ARMM, JICA, other agencies; Water District
5.4. Maternal & Child Health, Nutrition Program	urgent	Doable	Reduce MMR, IMR, Malnutrition	Funds	ARMM, JICA, other agencies
5.4.1 Provision of vitamins, vaccines	urgent	Doable	Reduce MMR, IMR, Malnutrition	Drug supplies	ARMM, JICA, other agencies
6.0 Health Information System					
6.1 Training on Medical Records Management	urgent	Doable	Improve data reporting	Staff, ICD-X manual	ARMM, JICA
6.2 Establish a Health Information System	Semi-urgent	Doable	Improve data management	Computers and other hardwares	ARMM, JICA
7.0 Organizational Development					
7.1 Organizational Development	Important, not urgent	Needs a lot of planning.	Improve governance	Consultants, PCHAP	ARMM, some support from JICA
7.2 Organizational/Management skills development of staff	Important, not urgent	Needs a lot of planning.	Improve governance	Consultants, PCHAP	ARMM, some support from JICA

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ANNEX 1
FHSIS 2000, 2001

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Annex 1
FHSIS 2000

JICA **Comprehensive Basic Survey of the
Autonomous Region in Muslim Mindanao**



ESTIMATED POPULATION
Philippines 2000

AREA	NO.
ARMM	2,186,943

Source: NSO

Table 2-A: LIVEBIRTHS BY GENDER & WEIGHT, Philippines 2000

AREA	Total Livebirths	By Gender		By Weight		
		Male	Female	2500 gms & greater	Less than 2500 grams	Not Known
ARMM	52,542	25,621	26,921	48,033	2,307	2,202

* Incomplete Report

Table 2-B: DELIVERIES BY ATTENDANCE, Philippines, 2000

AREA	Total	Doctors		Nurses		Midwives		Trnd Hillot		Untrnd Hillot		Others	
	Deliveries	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
ARMM	52,600	1,513	2.9	681	1.3	25,784	49.0	18,752	35.7	5,472	10.4	398	0.8

* Incomplete Report

TEN LEADING CAUSES OF MORTALITY*

No. & Rate/100,000 Population
PHILIPPINES, 1998

CAUSE	NO.	RATE
1. Diseases of the Heart	55,830	76.3
2. Diseases of the Vascular System	41,380	56.6
3. Pneumonias	33,709	46.1
4. Malignant Neoplasms	32,090	43.9
5. Accidents	29,874	40.8
6. Tuberculosis, All Forms	28,041	38.3
7. Chronic Obstructive Pulmonary Diseases & Allied Condition	14,228	19.5
8. Diabetes Mellitus	8,819	12.1
9. Other Disease of the Respiratory System	7,516	10.3
10. Nephritis, Nephrotic Syndrome and Nephrosis	7,453	10.2

*Source: Phil. Health Statistics

Table 2-C: MORTALITY REPORT, Philippines

AREA	Deaths				Maternal Deaths		Infant Deaths		Stillbirths		Deaths due to Neonatal Tetanus	
	Male	Female	Total		No.	Rate	No.	Rate	No.	Rate	No.	Rate
			No.	Rate								
ARMM	2,115	1,499	3,614	1.7	58	1.1	415	7.9	99	1.9	18	0.3

Table 2-D: TEN LEADING CAUSES OF MORBIDITY
No. & Rate/100,000 Population
PHILIPPINES, 2000

CASE	NO.	RATE
1. Diarrheas	866,411	1134.8
2. Bronchitis/Bronchiolitis	700,105	917.0
3. Pneumonias	632,930	829.0
4. Influenza	502,718	658.5
5. Hypertension	279,992	366.7
6. TB Respiratory	126,489	165.7
7. Diseases of the Heart	52,957	69.4
8. Malaria	50,869	66.6
9. Chickenpox	35,306	46.2
10. Measles	23,287	30.5

Table 3: NOTIFIABLE DISEASES, Philippines, 2000

AREA	Diarrheas		Pneumonias		Bronchitis/ Bronchiolitis		Influenza		Influenza	
	NO.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
ARMM	43,816	2003.5	21,965	1004.4	16,339	747.1	36,249	1657.5	1,230	56.2

Table 3: NOTIFIABLE DISEASES, Philippines, 2000

AREA	TB Respiratory		TB Meningitis		TB Other Forms		Diseases of the Heart		Hypertension	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
ARMM	2,871	131.3	15	0.7	607	27.8	854	39	7,557	345.6

Table 3: NOTIFIABLE DISEASES, Philippines, 2000

AREA	Malignant Neoplasms		Chickenpox		Dengue Fever		Malaria		Cholera	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
ARMM	3	0.1	1,512	69.1	17	0.8	13,307	608.5	-	-

Table 3: NOTIFIABLE DISEASES, Philippines, 2000

AREA	Typhoid and Paratyphoid Fever		Viral Hepatitis		Rabies (Human)		Diphtheria		Tetanus Neonatorum	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
ARMM	486	22.2	17	0.8	3	0.1	-	-	8	0.4

Table 3: NOTIFIABLE DISEASES, Philippines, 2000

AREA	Non-neonatal Tetanus		Poliomyelitis		Whooping Cough		Gonorrhoea		Syphilis	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
ARMM	10	0.5	-	-	54	2.5	6	0.3	1	0.05

Table 3: NOTIFIABLE DISEASES, Philippines, 2000

AREA	AIDS/HIV Infection		Leprosy		Schistosomiasis		Filariasis		Meningitis/Encephalitis	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
ARMM	-	-	69	3.2	200	9.1	-	-	-	-

Table 3: NOTIFIABLE DISEASES, Philippines, 2000

AREA	Leptospirosis		Poisoning		Meningococccemia	
	No.	Rate	No.	Rate	No.	Rate
ARMM	-	-	11	0.5	-	-

Table 4: DEMOGRAPHIC REPORT, Philippines, 2000

AREA	No. of Health Workers in LGU										
	Doctors	Dentist	Nurses	Midwives	Nutritionist	Engr/SI	Med Tech.	Active BHWs	Dental Aides	Trnd BA	Non Tech
ARMM	73	22	109	381	11	107	38	1,965	18	761	-

Table 5-A: MATERNAL CARE, Philippine, 2000

AREA	Preg. W/3 or more PNV		Preg. Given TT2 plus		Postpartum women w/1 PP visit		Lactating given Vitamin A		Women 15-49 yrs. Given iodized oil cap.	
	No.	%	No.	%	No.	%	No.	%	No.	%
ARMM	55,288	72.2	56,210	73.4	53,234	81.1	47,552	72.5	40,074	7.3

* Incomplete Report

Table 5-B: CHILD CARE, Philippine, 2000

AREA	Fully Immunized Child (9-11 mos.)		Infant given 3 rd does of Hepa B		Diarrhea cases given ORS		Pneumonia cases given Tx		Children 9-11 mos. Given Vitamin A		Children 12-59 mos. Given Vitamin A.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
ARMM	56,855	86.7	1,279	1.9	32,211	36.3	20,174	104.0	63,526	96.8	244,708	99.9

Table 5-C: FAMILY PLANNING-NEW ACCEPTORS

AREA	TOTAL NEW ACCEPTORS	Condom		Injectable		IUD		LAM	
		No.	%	No.	%	No.	%	No.	%
ARMM	32,256	3,482	10.8	5,353	16.6	772	2.4	14,865	46.1

Table 5-C: FAMILY PLANNING-NEW ACCEPTORS, Philippines, 2000

AREA	NFP		Pills		Male Sterilization		Female Sterilization	
	No.	%	No.	%	No.	%	No.	%
ARMM	924	2.9	6,770	21.0	-	-	90	0.3

Table 5-C: FAMILY PLANNING-CURRENT USERS, Philippines, 2000

AREA	TOTAL NEW ACCEPTORS	Condom		Injectable		IUD		LAM	
		No.	%	No.	%	No.	%	No.	%
ARMM	72,164	12,006	16.6	16,336	22.6	4,410	6.1	10,723	14.9

Table 5-D: FAMILY PLANNING-CURRENT USERS, Philippines, 2000

AREA	NFP		Pills		Male Sterilization		Female Sterilization	
	No.	%	No.	%	No.	%	No.	%
ARMM	394	0.5	27,897	38.7	2	0.003	396	0.5

Table 5-E: DENTAL, Philippines

AREA	Preschoolers given curative Treatment		Schoolers given curative Treatment		Pregnant given curative Treatment		Other Adults given curative Treatment	
	No.	%	No.	%	No.	%	No.	%
ARMM	14,757	24.7	14,687	2.3	5,644	21.5	25,773	21.1

Annex 1
FHSIS 2001

JICA **Comprehensive Basic Survey of the
Autonomous Region in Muslim Mindanao**



ESTIMATED POPULATION
Philippines 2001

AREA	NO.
PHILIPPINES	77,925,894
NCR	10,573,733
CAR	1,435,013
Region 1	4,215,590
Region 2	2,853,617
Region 3	7,847,167
Region 4	11,631,562
Region 5	4,836,216
Region 6	6,440,957
Region 7	5,650,625
Region 8	3,824,326
Region 9	3,228,409
Region 10	2,834,485
Region 11	5,371,390
Region 12	2,723,455
ARMM	2,222,781
CARAGA	2,236,601

Source: NSO

Table 2-A: LIVEBIRTHS BY GENDER & WEIGHT, Philippines 2001

AREA	Total Livebirths	By Gender		By Weight		
		Male	Female	2500 gms & greater	Less than 2500 grams	Not Known
PHILIPPINES	1,684,093	859,842	824,251	1,449,892	174,488	59,713
Region 12**	48,412	25,101	23,311	40,244	4,863	3,305
ARMM	53,260	26,137	27,123	46,651	3,572	3,037

**Incomplete Report

Table 2-B: DELIVERIES BY ATTENDANCE, Philippines, 2001

AREA	Total	Doctors		Nurses		Midwives		Trnd Hillot		Unlrnd Hillot		Others	
	Deliveries	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
PHILIPPINES	1,682,737	454,291	27.0	22,138	1.3	685,915	40.8	448,048	26.6	60,521	26.65	11,824	0.7
Region 12**	48,412	8,409	17.4	266	0.5	17,416	36.0	18,694	38.6	3,282	6.8	345	0.7
ARMM	52,064	2,147	4.1	1,002	1.9	22,677	43.6	18,630	35.8	6,284	12.1	1,324	2.5

**Incomplete report

TEN LEADING CAUSES OF MORBIDITY

No. & Rate/100,000 Population
PHILIPPINES, 2001

CAUSE	NO.	RATE
1. Diarrheas	845,526	1085.0
2. Bronchitis/Bronchiolitis	694,836	891.7
3. Pneumonias	652,585	837.4
4. Influenza	499,887	641.5
5. Hypertension	318,521	408.7
6. TB Respiratory	110,841	142.2
7. Diseases of the Heart	47,040	60.4
8. Malaria	40,543	52.0
9. Measles	24,494	31.4
10. Chickenpox	24,359	31.3

TEN LEADING CAUSES OF MORTALITY*

No. & Rate/100,000 Population
PHILIPPINES, 1998

CAUSE	NO.	RATE
1. Diseases of the Heart	55,830	76.3
2. Diseases of the Vascular System	41,380	56.6
3. Pneumonias	33,709	46.1
4. Malignant Neoplasms	32,090	43.9
5. Accidents	29,874	40.8
6. Tuberculosis	28,041	38.3
7. Chronic Obstructive Pulmonary Diseases & Allied Condition	14,228	19.5
8. Diabetes Mellitus	8,819	12.1
9. Other Diseases of the Respiratory	7,516	10.3
10. Nephritis, Nephrotic Syndrome and Nephrosi	7,453	10.2

*Source: Phil. Health Statistics

Table 2-C: MORTALITY REPORT, Philippines

AREA	Deaths				Maternal Deaths		Infant Deaths		Stillbirths		Deaths due to Neonatal Tetanus	
	Male	Female	Total		No.	Rate	No.	Rate	No.	Rate	No.	Rate
			No.	Rate								
PHILS	188,880	134,736	323,616	4.2	1,086	0.6	18,940	11.3	5,169	3.1	479	0.3
Region 12**	4,221	2,744	6,965	2.6	56	1.2	331	6.8	177	3.7	8	0.2
ARMM	1,999	1,320	3,319	1.5	70	1.3	332	6.2	105	2.0	22	0.4

**Incomplete report

Table 2-D: TEN LEADING CAUSES OF MORBIDITY
No. & Rate/100,000 Population
PHILIPPINES, 1998

CASE	NO.	RATE
1. Diarrheas	55,830	76.3
2. Bronchitis/Bronchiolitis	41,380	56.6
3. Pnuemonias	33,709	46.1
4. Influenza	32,090	43.9
5. Hypertension	29,874	40.8
6. TB Respiratory	28,041	38.3
7. Diseases of the Heart	14,228	19.5
8. Malaria	8,819	12.1
9. Chickenpox	7,516	10.3
10. Measles	7,453	10.2

Table 3: NOTIFIABLE DISEASES, Philippines, 2001

AREA	Diarrheas		Pneumonias		Bronchitis/ Bronchiolitis		Influenza		Measles	
	NO.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
PHILS	845,526	1,085.0	652,585	837.4	694,836	891.7	499,887	641.5	24,494	31.4
Region 12**	19,808	727.3	24,405	896.1	20,987	770.6	29,593	1,086.6	600	22.0
ARMM	60,939	2,41.6	44,900.00	2020.0	15,654	704.3	34,382	1,546.8	776	34.9

**Incomplete report

Table 3: NOTIFIABLE DISEASES, Philippines, 2001

AREA	TB Respiratory		TB Meningitis		TB Other Forms		Diseases of the Heart		Hypertension	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
PHILS	110,841	142.2	466	0.6	11,494	14.7	47,040	60.4	318,521	408.7
Region 12**	4,474	164.3	1	0.04	115	4.2	1,570	57.6	7,215	264.9
ARMM	4,509	202.9	4	0.2	196	8.8	312	14.0	11,945	537.4

**Incomplete report

Table 3: NOTIFIABLE DISEASES, Philippines, 2001

AREA	Malignant Neoplasms		Chickenpox		Dengue Fever		Malaria		Cholera	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
PHILS	8,235	10.6	24,359	31.3	23,235	29.8	40,543	52.0	333	0.4
Region 12**					767	28.2	1,055	38.7	-	-
ARMM					70	3.1	10,071	453.1	-	-

**Incomplete report

Table 3: NOTIFIABLE DISEASES, Philippines, 2001

AREA	Typhoid and Paratyphoid Fever		Viral Hepatitis		Rabies (Human)		Diphtheria		Tetanus Neonatorum	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
PHILS	15,757	20.2	6,736	8.6	3,437	4.4	19	0.02	113	0.1
Region 12**	869	31.9	91	3.3	14	0.5	-	-	12	0.4
ARMM	404	18.2	22	1.0	-	-	-	-	5	0.2

**Incomplete report

Table 3: NOTIFIABLE DISEASES, Philippines, 2001

AREA	Non-neonatal Tetanus		Poliomyelitis		Whooping Cough		Gonorrhoea		Syphilis	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
PHILS	312	0.4	-	-	739	0.9	1,628	2.1	149	0.2
Region 12**	20	0.7	-	-	16	0.6	8	0.3	2	0.1
ARMM	46	2.1	-	-	23	1.0	5	0.2	10	0.4

**Incomplete Report

Table 3: NOTIFIABLE DISEASES, Philippines, 2001

AREA	AIDS/HIV Infection		Leprosy		Schistosomiasis		Filariasis		Meningitis/Encephalitis	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
PHILS	15	0.02	888	1.1	5,881	7.5	1,922	2.5	207	0.3
Region 12**	-	-	39	1.4	287	10.5	6	0.2	7	0.3
ARMM	-	-	67	3.0	175	7.9	-	-	-	-

**Incomplete Report

Table 3: NOTIFIABLE DISEASES, Philippines, 2001

AREA	Leptospirosis		Poisoning		Meningococccemia	
	No.	Rate	No.	Rate	No.	Rate
PHILS	187	0.2	735	0.9	57	0.1
Region 12**	-	-	7	0.3	-	-
ARMM	-	-	12	0.5	-	-

**Incomplete report

Table 4: DEMOGRAPHIC REPORT, Philippines, 2001

AREA	No. of Health Workers in LGU										
	Doctors	Dentist	Nurses	Midwives	Nutritionist	Engr/SI	Med Tech.	Active BHWs	Dental Aides	Trnd BA	Non Tech
PHILS											
Region 12**											
ARMM											

Table 5-A: MATERNAL CARE, Philippines 2001

AREA	Preg. W/3 or more PNV		Preg. Given TT2 plus		Postpartum women w/1 PP visit		Lactating given Vitamin A		Women 15-49 yrs. Given iodized oil cap.	
	No.	%	No.	%	No.	%	No.	%	No.	%
PHILS	1,714,903	62.9	1,477,216	54.2	1,640,048	70.2	1,293,567	55.3	2,777,684	14.3
Region 12	51,575	54.1	49,956	52.4	48,643	59.5	44,536	54.5	75,619	11.1
ARMM	50,561	65.0	43,165	55.5	52,862	79.3	47,563	71.3	63,967	11.5

Table 5-B: CHILD CARE- CDD, ARI & NUTRITION, Philippines, 2001

AREA	Fully Immunized Child (9-11 mos.)		Infant given 3 rd does of Hepa B		Diarrhea cases given ORS		Pneumonia cases given Tx		Children 9-11 mos. Given Vitamin A		Children 12-59 mos. Given Vitamin A.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
PHILS	1,910,561	81.7	978,845	41.9	707,253	22.4	541,175	94.2	1,744,466	74.6	8,299,825	95.1
Region 12	60,139	73.6	37,459	45.8	19,493	17.6	22,263	93.8	59,310	72.6	291,364	95.5
ARMM	51,258	76.9	*	*	31,252	34.6	16,797	91.7	62,376	93.5	88,872	35.7

Table 5-C: FAMILY PLANNING-NEW ACCEPTORS

AREA	TOTAL NEW ACCEPTORS	Condom		Injectable		IUD		LAM	
		No.	%	No.	%	No.	%	No.	%
PHILS	1,391,234	112,714	8.1	207,599	14.9	66,596	4.8	551,349	39.6
Region 12	58,814	4,845	8.2	9,171	15.6	3,805	6.5	22,668	38.5
ARMM	33,712	3,393	10.1	5,747	17.0	820	2.4	16,010	47.5

Table 5-C: FAMILY PLANNING-NEW ACCEPTORS, Philippines, 2001

AREA	NFP		Pills		Male Sterilization		Female Sterilization	
	No.	%	No.	%	No.	%	No.	%
PHILS	57,268	4.1	373,403	26.8	1,252	0.1	21,053	1.5
Region 12	3,289	5.6	14,633	24.9	41	0.1	362	0.6
ARMM	884	2.6	6,789	20.1	-	-	69	0.2

Table 5-C: FAMILY PLANNING-CURRENT USERS, Philippines, 2001

AREA	TOTAL NEW ACCEPTORS	Condom		Injectable		IUD		LAM	
		No.	%	No.	%	No.	%	No.	%
PHILS	4,230,359	417,624	9.9	679,011	16.1	451,078	10.7	477,323	11.3
Region 12	153,698	11,294	7.3	26,475	17.2	26,805	17.4	19,112	12.4
ARMM	55,692	9,295	16.7	12,341	22.2	3,948	7.1	10,687	19.2

Table 5-D: FAMILY PLANNING-CURRENT USERS, Philippines, 2001

AREA	NFP		Pills		Male Sterilization		Female Sterilization	
	No.	%	No.	%	No.	%	No.	%
PHILS	147,939	3.5	1,815,578	42.9	8,742	0.2	233,064	5.5
Region 12	10,715	7.0	55,787	36.3	76	0.05	3,434	2.2
ARMM	370	0.7	18,634	33.5	21	0.04	396	0.7

Table 5-E: DENTAL, Philippines

AREA	Preschoolers given curative Treatment		Schoolers given curative Treatment		Pregnant given curative Treatment		Other Adults given curative Treatment	
	No.	%	No.	%	No.	%	No.	%
PHILS	620,109	29.1	1,101,786	4.9	400,770	42.8	2,305,185	52.9
Region 12	9,543	128.8	15,311	2.0	6,927	21.2	47,175	31.0
ARMM	16,821	27.7	14,636	2.3	*	*	*	*

* No report

ANNEX 2

RECOMMENDED LIST OF EQUIPMENT FOR RHU

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Annex 2

List of Basic Instruments, Equipment, & Supplies for Sentrong Sigla Certification -RHU

Items	Unit	Minimum Quantity
A. SUPPLIES AND MATERIALS		
A.1. General Use		
Adhesive tape	roll	1
Chlorine 0.05% solution, for disinfection of instruments, 1 liter or its equivalent	bottle	1
Cotton	pack / roll	1
D5 Lactated Ringer's or Normal Saline, 1 liter	bottle	1
Disposable needles, Gauge 21	piece	10
Disposable needles, Gauge 22	piece	10
Disposable syringes, 10 ml	piece	10
Disposable syringes, 2.5 ml	piece	10
Disposable syringes, 5.0 ml	piece	10
Isopropyl alcohol (70 % solution), 250 ml	bottle	1
IV needles, Gauge 19	piece	2
IV needles, Gauge 23	piece	2
IV tubing (macro drip)	piece	2
Kelly pad/clean linen	piece	1
Plain Lactated Ringer's Solution, 500 ml	bottle	1
Povidone Iodine (10% solution), 60 ml	bottle	2
Sodium Hypochlorite, for water disinfection (60-75% available chlorine)	3 kg pack	1
Gauze, sterile - any size	pack	5
Gloves, surgical, sterile- any size	pair	2
Thermometer, clinical, oral	piece	3
Tongue depressors	piece	10
PHC bottles with media	bottles	10
A.2. Program-Specific		
A.2.a. Expanded Program on Immunization		
Ice packs	piece	8
Syringe (for mixing), 5 ml. with Gauge 20 needle	piece	10
Puncture-proof container for sharps - any kind	unit	1
Syringe, 2.-3.0 ml, w/ Gauge 23 x 3/8 inch needle; or autodisable	piece	100
Syringe, tuberculin w/ Gauge 25 or 26 needle	piece	50
Vaccine carrier	unit	2
Vaccine thermometer	piece	1
A.2.b. Family Planning		
Condom	piece	10
Intrauterine device (IUD)	piece	1



Items	Unit	Minimum Quantity
A.2.c. Control of Diarrhea! Diseases		
Glasses or cups	piece	2
Ladle	piece	1
Measuring Container, 1 -liter	piece	1
Pitcher	piece	1
Spoons	piece	2
A.3. Laboratory Supplies		
A.3.a. General Use		
Applicator sticks for specimen collection (Pap smear)	stick	10
Glass slides	piece	10
Alcohol-based hairspray or ethyl alcohol	bottle/can	1
Sputum cups with lid	set	60
In microscopy centers:		
Staining Kit: Acid alcohol Carbol-fuchsin solution (7 gm/L) Methylene blue (4.2 g/L)	set	1
Applicator sticks for specimen collection (AFB)	stick	10
Microscopic immersion oil, 30 cc	bottle	1
Methanol, 120 ml or Xylene, 60 ml	bottle	1
Staining trough	piece	1
A.3.b. Program-Specific		
A.3.b.i. Facilities doing malarial smear		
Beaker	piece	1
Lancet, disposable	piece	10
Distilled water for staining, 500 ml	bottle	1
Drying Rack	piece	1
Giemsa stain, 250 ml	bottle	1
Graduated cylinder	piece	1
A.3.b.ii. Facilities doing Kato Katz smear		
Kato Katz kit (parts are listed hereafter)		
Absorbable paper	piece	10
Eosine solution, 60 ml	bottle	1
Glass slides	piece	10
Plastic Spatula or applicator stick with rectangular extremity	piece	10
Rectangular card or plastic template (3 X 1 .37 cm) w/ a central hole 6 mm in diameter	piece	10
Wettable cellophane paper	piece	10
Wire screen (#120 mesh warp and woof, 0.09)	piece	10
A.3.b.iii. Facilities doing snail examination		
Dissecting pin/needle	piece	2
Glass slides	piece	20
Petri dish	piece	1
Stereoscope	1 unit	1

B. EQUIPMENT AND INSTRUMENTS		
B.1. General Use		
BP apparatus, mercurial, desk type with adult and pediatric (or at least child) cuff,	unit	1
Electric sterilizer or stove with covered pan	piece	1
Examining table with clean linen/paper/ plastic lining	piece	1
Forceps, sponge	piece	1
Height scale	unit	1
Minor Surgical Kit (individual parts enumerated below)	set	1
Forceps, mosquito	piece	2
Forceps, pick up, non-toothed	piece	1
Needle holder	piece	1
Needle, cutting, atraumatic with silk or chromic 3-0 suture	pack	2
Needle, cutting, without sutures (only in the absence of atraumatic needle with suture)	piece	2
Scalpel blade holder	piece	1
Scalpel blade	piece	1
Scissors, surgical	piece	1
Sutures, silk 3-0 or chromic 3-0 (only in the absence of atraumatic needle with suture)	pack	2
Nebulizer	unit	1
Penlight or flashlight	piece	1
Stethoscope with bell and diaphragm	piece	1
Timer or watch with seconds hand	piece	1
Vaccine refrigerator	unit	1
Weighing scale for adults, non bathroom type	piece	1
Weighing scale for infants	Piece	1
B.2. Program-Specific		
B.2.a. Safe Motherhood & Family Planning		
Forceps, Ovum	piece	1
Forceps, Pick-up (any kind)	piece	1
Forceps, Tenaculum	piece	1
Goose neck lamp or flashlight	piece	1
Hysterometer	piece	1
Instrument Tray	piece	1
Scissors, Mayo, curved	piece	1
Vaginal speculum (medium)	piece	1
B.3. Laboratory Use (in microscopy centers)		
Microscope, binocular	unit	1

Source: *Sentrong Sigla Certification*

ANNEX 3
RECOMMENDED LIST OF DRUGS FOR RHU

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Annex 3

Recommended List of Drugs & Medicines for RHU

Introduction:

The re-ordering scheme for each program determines levels of supply that are required to ensure continuity of service and early replenishment of supplies way before stock-out levels are reached. The items and quantities listed herein are those that have been required for the purpose of Sentrong Sigla certification. They have been determined to indicate minimum quantities necessary to prevent stock-outs in the health facility. Minimum quantities of drugs have been calculated based on a predetermined number of patients to be given complete treatment regimen. For tuberculosis and leprosy, the minimum quantity is equivalent to the requirements of all patients undergoing treatment. For items without number of clients specified only the minimum quantities are indicated because the treatment regimen varies according to the case.

Items	Number of clients	Unit	Minimum Quantity
Child Care			
Amoxicillin, 125 mg/5 ml or 250 mg/5 ml suspension, 60 ml.	10	bottle	20
Chloramphenicol (1 gm)	2	vial	2
Cotrimoxazole (400 mg sulfamethoxazole + 80 mg trimethoprim) tablet	20	tablet	100
Tetracycline ophthalmic ointment, 1%	1	3.5 gram tube	1
Paracetamol, 500 mg or 250 mg	30	tablet	150
Paracetamol, 120 mg/5 ml or 125 mg/5 ml or 250 mg/5ml syrup or suspension	30	bottle	30
Epinephrine (for AEFI- Adverse Event Following Immunization)	2	ampule	2
Vitamin K (phytomenadione) 10 mg/ml, 1 ml	1	ampule	1
Iron, 30 mg elemental iron/5ml, syrup, 60 ml	10	bottle	20
Iron, 15 mg elemental iron/0.6ml, drops, 15 ml or 30 ml	5	bottle	5
Mebendazole 500 mg or 100 mg tablet	-	Bottle/ foil pack	1
or Albendazole 400 mg tablet			
Vitamin A gel capsule (200,000 IU)	100	capsule	100
Gentian Violet	-	bottle	1
Oral Rehydrating Solution (ORS) packets	10	packet	20
Vaccines:			
• BCG	60	Ampule, multiple dose	5
• DPT	100	Vial, multiple dose	10

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Items	Number of clients	Unit	Minimum Quantity
• OPV	100	Vial, multiple dose	10
• AMV	60	Vial, multiple dose	5
Safe Motherhood & Family Planning			
Ferrous sulfate with folate (60 mg iron + 400 meg folate)	5	tablet/ capsule/ film-coated tablet	150 (for one month supply at 30 tabs/patient)
Vitamin A gel capsule 10,000 ID	5	capsule	40 (for one month supply)
Vitamin A gel capsule 200,000 ID	5	capsule	5 (for one month supply, 10 if 100,000 ID cap)
Depo-provera	5	vial	5
Pills	5	Blister pack	5 (for one month supply)
Magnesium sulfate 250 mg/2 ml (for postpartum hemorrhage)	1	ampule/ vial	10
Methylergometrine maleate 0.2 mg or Oxytocin 10,000 IU	5	ampule/ vial	5
Tetanus toxoid vaccine	5	Vial (20 dose)	1
Infection Prevention & Control			
Tuberculosis:			
Type I Blister Pack: (1 tablet Isoniazid 300mg., 1 capsule Rifampicin 450 mg., 2 tablets Pyrazinamide 500 mg)	Number of clients Registered		100% of drugs for all registered patients
Type II Blister Pack: (1 tablet Isoniazid 500mg, 1 capsule Rifampicin 450 mg.) Full course per patient: Reaimen I			The quantity should match with the no. of blister packs/tablets for the remaining duration of treatment x no. of patients being treated at the RHU
Type I Blister Pack - 8 packs Type II Blister Pack- 16 packs Ethambutol Tablet - 112 tablets Reaimen II			
Type I Blister Pack- 12packs Type II Blister Pack - 20 packs Ethambutol Tablet - 448 tablets Streptomycin vial - 56 vials Reaimen III			

Items	Number of clients	Unit	Minimum Quantity
Type 1 Blister Pack - 8 packs Type II Blister Pack- 16 packs`			
STI			
Cefixime 200 mg	2	capsule/ tablet	4
Doxycycline 100 mg	2	capsule	28
Metronidazole 500 mg	2	tablet	8
Clotrimazole 200 mg	2	Vaginal tablet/suppository	2
Metronidazole 500 mg	2	tablet	8
Clotrimazole 200 mg	2	Vaginal tablet/suppository	2
Leprosy			
MDT drugs Multibacillary (Pedia and adult): in Blister Packs containing Dapsone , Clofazimine and Rifampicin 12 Blister Packs/patient Paucibacillary ((Pedia and adult): in Blister Packs containing Dapsone and Rifampicin 6 Blister Packs/patient	Number of clients Registered	Blister pack	100% of drugs for all registered patients The quantity should match with the no. of blister packs/tablets for the remaining duration of treatment x no. of patients
For Malaria-endemic areas			
Chloroquine 150 mg base (250 mg diphosphate)	10	tablet	100
Primaquine 15 mg base	10	tablet	30
Sulfadoxin, 500 mg. + Pyrimethamine, 25 mg.	10	tablet	30
Quinine (SOOmg)	1	tablet	40 (20 if 600 mg preparation)
For Filariasis-endemic areas			
Diethylcarbamazine citrate 50 mg	10	tablet	50
For Schistosomiasis- endemic areas			
Praziquantel 600 mg	10	tablet	50
Basic Curative Services (For non-program diseases)			
Amoxicillin 250 or 500 mg capsules	-	capsule	100
Amoxicillin 125 mg/5 ml. or 250mg/5ml. suspension, 60 ml		bottle	12
Cotrimoxazole (400 mg Sulfamethoxazole + 80 mg Trimethoprim)		tablet/ capsule	100
Epinephrine 0.1%	2	ampule	2
Salbutamol 2.5 mg/2.5 ml or Terbutaline 2.5 mg/2 ml (pedia) or 5 mg/2ml (adult)	2	nebule	6
Nifedepine 5 mg	5	gel capsule	10

Source: Sentrong Sigla Certification

ANNEX 4

A.O. 70-HOSPITAL LICENSING REQUIREMENTS

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Annex 4

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



January 3, 2002

ADMINISTRATIVE ORDER NO.
AO-A s. 2002

SUBJECT: Revised Rules And Regulations Governing The Registration, Licensure And Operation Of Hospitals And Other Health Facilities In The Philippines

Section 1. **TITLE:** These rules shall be known as the "Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and Other Health Facilities in the Philippines."

Section 2. **AUTHORITY:** These rules are issued to implement the provisions of R. A. 4226: Hospital Licensure Act consistent with E.O. 102: Redirecting the Functions and Operations of the Department of Health.

Section 3. **PURPOSE:** These rules are promulgated to protect and promote the health of the people by ensuring the rights to quality health service appropriate to the level of care through the regulation of hospitals and other health facilities.

Section 4. **SCOPE:** The rules and regulations embodied herein shall apply to all government and private hospitals and other health facilities.

Section 5. **REGULATORY AGENCY:** The Department of Health through the Bureau of Health Facilities and Services in the Office for Health Regulation shall exercise the regulatory functions.

Section 6. **DEFINITION:** A hospital is a health facility for the diagnosis, treatment and care of individuals suffering from deformity, disease, illness or injury, or in need of surgical, obstetrical, medical or nursing care. It is an institution where there are installed bassinets or beds for 24-hour use or longer by patients in the management of deformities, diseases, injuries, abnormal physical and mental conditions, maternity cases.

Section 7. **CLASSIFICATION OF HOSPITALS AND OTHER HEALTH FACILITIES:** Hospitals and other health facilities shall be classified as follows:



7.1 Government or Private

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Section on

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7.1.1 Government - operated and maintained partially or wholly by the national, provincial, city or municipal government, or other political unit; or by any department, division, board or agency thereof.

7.1.2 Private - privately owned, established and operated with funds through donation, principal, investment, or other means, by any individual, corporation, association, or organization.

7.2 General or Special

7.2.1 General - provides services for all types of deformity, disease, illness or injury.

7.2.2 Special - primarily engaged in the provision of specific clinical care and management. A first level referral hospital, second level referral hospital, third level referral hospital, or infirmary, may provide special clinical service(s).

7.3 Service Capability

7.3.1 First Level Referral Hospital -

7.3.1.1 Non-departmentalized hospital that provides clinical care and management on the prevalent diseases in the locality

7.3.1.2 Clinical services include general medicine, pediatrics, obstetrics and gynecology, surgery and anesthesia

7.3.1.3 Provides appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy)

7.3.1.4 Provides nursing care for patients who require intermediate, moderate and partial category of supervised care for 24 hours or longer

7.3.2 Second Level Referral Hospital -

7.3.2.1 Departmentalized hospital that provides clinical care and management on the prevalent diseases in the locality, as well as particular forms of treatment, surgical procedure and intensive care

7.3.2.2 Clinical services provided in the First Level Referral Hospital, as well as specialty clinical care

7.3.2.3 Provides appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy)

- 7.3.2.4 Nursing care provided in the First Level Referral Hospital, as well as total and intensive skilled care
- 7.3.3 Third Level Referral Hospital -
- 7.3.3.1 Teaching and training hospital that provides clinical care and management on the prevalent diseases in the locality, as well as specialized and sub-specialized forms of treatment, surgical procedure and intensive care
- 7.3.3.2 Clinical services provided in the Second Level Referral Hospital, as well as sub-specialty clinical care
- 7.3.3.3 Provides appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy)
- 7.3.3.4 Nursing care provided in the Second Level Referral Hospital, as well as continuous and highly specialized critical care
- 7.3.4 Infirmary - a health facility that provides emergency treatment and care to the sick and injured, as well as clinical care and management to mothers and newborn babies.
- 7.3.5 Birthing Home - a health facility that provides maternity service on pre-natal and post-natal care, normal spontaneous delivery, and care of newborn babies.
- 7.3.6 Acute-Chronic Psychiatric Care Facility - a health facility that provides medical service, nursing care, pharmacological treatment and psychosocial intervention for mentally ill patients.
- 7.3.7 Custodial Psychiatric Care Facility - a health facility that provides long-term care, including basic human services such as food and shelter, to chronic mentally ill patients.

ANNEX 5
PARTIAL LIST OF HOSPITAL EQUIPMENT

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**ANNEX 5
Hospital Equipment**

Office/Hospital	OPD/ER	OR	RR	DR	CSR	Nursery
Maguindanao						
HAS ADEQUATE EQUIPMENT IN ALL AREAS except its X-ray machine which is already very old (donated by JICA 12 years ago)						
Maguindanao Provincial Hospital	ECG, Ambu bag, O ₂ , Laryngoscope, Sphygmomanometer	OR table, OR light, Anesthesia machine, Suction, BP apparatus		OR table, OR light	Autoclave machine, Gloves, cotton, Catheter, loading sheet	Incubators, Suction, spot lights, crib
Buluan District Hospital						
South Upi Municipal Hospital						
Dinaig Municipal Hospital						
Datu Blah Sinsuat District Hospital						
Ambu bag, O ₂ , Sphygmomanometer, Emergency medicines		OR table, OR light	-	OR table, OR light	Autoclave machine	-
Lanao del Sur						
Dr. Ali Agama / Kapatagan Hospital						
Dr. Serapio Montaner Memorial Hospital	ECG, Ambu bag, O ₂ , Laryngoscope, Sphygmomanometer	Or table, Or light, Monitors, Anesthesia machine	+	OR table, OR light, Monitors, Anesthesia machine Request: additional equipment for DR	Autoclave machine	
Balindong Municipal Hospital	ECG, Ambu bag, O ₂ , Laryngoscope, Sphygmomanometer, Emergency medicines	Or table, OR light, Anesthesia machine		OR table, Anesthesia machine		
Tamparan District Hospital	ECG, Ambu bag, O ₂ , Laryngoscope, Sphygmomanometer, Emergency medicines	OR table, OR light	-	OR table, OR light, Anesthesia machine, Fetal Monitor	Autoclave machine	Incubators, Oxygen

Office/Hospital	OPD/ER	OR	RR	DR	CSR	Nursery
Unayan Munnicipal Hospital	-	needed	-	-	needed	
Wao District Hospital	O ₂ , Sphygmomanometer, Emergency medicines	OR table, OR light	-	OR table, OR light	Autoclave machine	Incubators
Tongkil Municipal Hospital						
Basilan						
Basilan General Hospital- HAS ADEQUATE HOSPITAL EQUIPMENTS IN MOST AREAS						
Lamitan District Hospital	ECG, Ambu bag, O ₂ , Laryngoscope, Sphygmomanometer	OR table, OR light, Monitors, Anesthesia machine	-	OR table, OR light, monitors, Anesthesia machine	Autoclave machine	Incubators
Sulu						
Sulu Provincial Hospital HAS ADEQUATE HOSPITAL EQUIPMENTS IN ALL AREAS						
Lunk District Hospital	ECG, Ambu bag, O ₂ , Laryngoscope, Sphygmomanometer	OR table (needs replacement), OR light	-	-	Autoclave machine	-
Parang District Hospital	ECG, Ambu bag, O ₂ , Laryngoscope, Sphygmomanometer	OR light (Non-functional)	-	-	Autoclave machine	-
Siasi District Hospital						
Tapul Municipal Hospital						
Tawi-Tawi						
Datu Halun Sakilan Memorial Hospital	ECG, Ambu bag, O ₂ , Laryngoscope, Sphygmomanometer, Emergency Medicines					
Languyan Municipal Hospital	Ambubag, O ₂ , ECG, Sphygmomanometer					

Office/Hospital	OPD/ER	OR	RR	DR	CSR	Nursery
Datu Alawaddin Bandon Municipal Hospital						
Tuan Liggadung Lipae Municipal Hospital	Ambu bag, O ₂ , Sphygmomanometer	OR table, OR light, monitors, anesthesia machine		OR table, OR light		Ambu bag,
Cagayan de Tawi-Tawi District Hospital						

Office/Hospital	X-RAY / Ultrasound	Laboratory Diagnosis	Pharmacy	Medical Record	Admin. Office	Others
IPHO Maguindanao						
Maguindanao Provincial Hospital						
Butuan District Hospital	+	Machines, Reagents, Microscope, blood ref., water bath, centrifuge machine, oven, autoclave, Monitoring blood sugar, FBS, hot plate	Refrigerator	Duplicating machine	Computer, Duplicating machine	
South Upi Municipal Hospital						
Dinaig Municipal Hospital						
Datu Blah Sinsuat District Hospital	-		-	-	Computer	-
IPHO Lanao del Sur						
Dr. Ali Agama / Kapatagan Hospital	-	-	-	-	-	
Dr. Serapio Montaner Memorial Hospital	+ no record		Refrigerator	Computers, Printers, Duplicating machines	Computers, Printers, Duplicating machines	Request for computer system

Office/Hospital	X-RAY / Ultrasound	Laboratory Diagnosis	Pharmacy	Medical Record	Admin. Office	Others
Balindong Municipal Hospital			Refrigerator			
Tamparan District Hospital	-	-	-	-	-	-
Unayan Municipal Hospital						
Wao District Hospital	+	Machines: microscope, reagents	refrigerator	-	Computers, printers, duplicating machines	
IPHO Sulu						
Sulu Provincial Hospital	+	Machines, reagents	refrigerator	Computers, Printers, Duplicating machines	Computers, Printers, Duplicating machines, fax machine	-
Luuk District Hospital						LCD Projector
Pangutaran District Hospital	-	-	refrigerator	-	-	
Parang District Hospital	-	-	-	Computers Printers	Shares with computers of med. records	-
Siasi District Hospital						
Tapul Municipal Hospital						
Tongkil Municipal Hospital						
IPHO Tawi-Tawi						
Datu Halun Sakilan Memorial Hospital	+	machines	refrigerator	-	Computers, printers, duplicating machines, fax machine	
Languyan Municipal Hospital						
Datu Alawaddin Bandon Municipal Hospital						
Tuan Ligadung Lipae Municipal Hospital						
Cagayan de Tawi-Tawi District Hospital						

ANNEX 6

SITES VISITED AND PERSONS INTERVIEWED

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ANNEX 6
Sites Visited and Persons Interviewed

Date	Site Visited	Persons Interviewed
August 20, 2003	ARMM, Makati Office	<ul style="list-style-type: none"> • Dr. Elias Sama Undersecretary DOH- ARMM
September 3-6, 2003	Cotabato City	<ul style="list-style-type: none"> • Dr. Ariadne Silongan Chief Cotabato Regional Medical Center • Ms. Jeanette Romanes Personnel Officer Cotabato Regional Medical Center • Dr. Tato Usman Officer-in-Charge Technical Division , DOH-ARMM
September 6-9, 2003	Tawi-Tawi	<ul style="list-style-type: none"> • Dr. Sukarno Asri Integrated Provincial Health Officer and Chief - Datu Halun Sakilan Memorial Hospital Bongao, Tawi-Tawi, • Ms. Rachel Halipa Chief Nurse, DHSMH • Dr. Mabini Camas Medical Specialist II, DHSMH • George G. Malbun Administrative Officer, DHSMH • Dr. Alwadjer Himpon, Municipal Health Officer - Bongao
September 8, 2003	Zamboanga City	<ul style="list-style-type: none"> • Dr. Montono Officer-in-Charge Zamboanga Medical Center (ZMC) • Dr. Fortunato Cristobal Chair, Department of Pediatrics (ZMC)
September 10, 2003	Basilan	<ul style="list-style-type: none"> • Ana Turabin Municipal Health Nurse, Lantawan • Susana C. Lopez Nurse, Basilan General Hospital • Eleanor B. delos Santos Administrative Officer-Designate Basilan General Hospital • Ananio T. Siason Senior Bookkeeper-BGH • Harrybert Hadjala Officer-in-Charge Provincial Health Office, Basilan • Estelita C. Banez Accountant, BGH • Dr. Nilo Barandino Medical Officer, BGH
September 10, 2003	Zamboanga City	<ul style="list-style-type: none"> • Undersecretary Mila Fernandez DOH
September 11-12, 2003	Jolo	<ul style="list-style-type: none"> • Dr. Felipa H. Abubakar

Date	Site Visited	Persons Interviewed
		<p>Municipal Health Officer, Jolo</p> <ul style="list-style-type: none"> • Jane T. Bajhin Public Health Nurse • Josephine T. Elcamil Administrative Officer Pangutaran District Hospital • Dr. Emelyn B. Jalani Chief, Pangutaran District Hospital • Dr. Fahra T. Omar Provincial Health Officer, Sulu • Nayda Nour U. Julkarnain Nurse IV, Sulu
September 17, 2003	Lanao del Sur	<ul style="list-style-type: none"> • Dr. Mangoda A. Dima, Jr. PHO (LGU), Lanao del Sur • Dr. Aida M. Abaton Municipal Health Officer, Balindong Chief, Balindong District Hospital • Dr. Ali Dalidig City Health Officer, Marawi City • Dr. Amer A. Saber Chief of Hospital, Amai Pakpak Medical Center • Dr. Potri Disomimba Ali Chief of Hospital, Tamparan District Hospital
September 23, 2003	Cotabato City	<ul style="list-style-type: none"> • Dr. Tato Usman Officer-in-Charge, Technical Division DOH-ARMM • Dr. Sylvia Delosa Technical Division, DOH-ARMM • Dr. Tahir B. Sulaik Provincial Health Officer, Maguindanao Province Chief of Hospital, Maguindanao Provincial Hospital • Dr. Ariadne Silongan Chief, Cotabato Regional Medical Center • Dr. Lampa Pandi DOH Secretary, ARMM • Dr. Dibagulun B. Mamainte Technical Division, DOH-ARMM