

JAPAN INTERNATIONAL COOPERATION AGENCY(JICA)

NO.

DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES

**BASELINE, PROJECT FINDING AND PREPARATION STUDY
FOR
JICA'S ASSISTANCE IN HEALTH SECTOR IN THE PHILIPPINES**

**FINAL REPORT
SUMMARY**

DECEMBER 2004

SYSTEM SCIENCE CONSULTANTS INC.

1R

JR

04-17

This Report contains the recommendation of projects,
which the Study Team has identified and prepared,
based on its own analysis of data and information.

The recommendation is therefore
strictly of the consultants' opinion and not of JICA's.

PREFACE

The government of Japan formulated the “Country Assistance Plan (CAP) for the Philippines (2000)” and set directions of its assistance in accordance with the “Medium-Term Philippine Development Plan” formulated by the government of the Philippines. The CAP focused on four priority areas including “Mitigation of disparities (alleviate poverty and mitigate regional disparities), as one of the priority issues of which, “Improvement of health care services” was selected to be solved.

The health sector working team of the Japanese ODA Task Force has discussed structures of programs and prepared “Japan’s ODA Basic Policy to the Philippines Health Sector “ in July 2004. In line with the policy, Japan International Cooperation Agency (JICA) has conducted this study in order to promote formulation of projects..

JICA selected and dispatched the study team headed by Mr. Shuji Noguchi of System Science Consultants Inc. from September 2004 to December 2004. The team held discussions and interviews with the officials and organizations concerned of the Philippines and Japan, and made a comprehensive analysis of data including statistics and indicators, current situations and issues extracted through workshops and the result of field surveys. Upon returning to Japan, the team conducted further studies and prepared this final report.

I hope that this report will be a useful basis for JICA’s assistance in Health Sector of the Philippines. Finally, I wish to express my sincere appreciation to the officials concerned of the Government of the Republic of the Philippines for their close cooperation extended to the team.

December, 2004

Eiryō SUMIDA
Vice-President
Japan International Cooperation Agency

Letter of Transmittal

We have completed and are very much pleased to submit herewith the Report of Baseline, Project Finding and Preparation Study (the Study) for JICA's Assistance in Health Sector in the Philippines.

This Report has been prepared by the consultants' team (the Study Team) of System Science Consultants, Inc., based on the contract with the Japan International Cooperation Agency (JICA), for the Baseline, Project Finding and Preparation Study (the Study) for JICA's Assistance in Health Sector in the Philippines.

This Report gives first the overview of health sector in the Philippines including current health status, health sector development policies, achievement of sector reforms and donor's assistance along with the government policy, and next describes the health situation specifically in 3 Regions of Cordillera Administration Region (CAR), Bicol (Region V) and Eastern Visayas (Region VIII). Finally, the Report presents the outline of projects which were identified and designed for the JICA's assistance in the health sector of 3 Regions, based on the analysis of information obtained through the field visits and baseline data.

During the course of data and information collection, the Study Team was given full support and guidance from the offices of Department of Health (DOH), at central, Regional and Provincial levels, as well as the other government offices inclusive of LGUs, NEDA, DOF NSCB, PHIC, and the health facilities of hospitals, RHUs and BHSs in 3 Regions. The Team was also provided by actively supporting donors with valuable information of their activities and advices based on their learning. The Team would like to express firstly, its sincere gratitude and appreciation to Honorable Undersecretary Atty. Alexander A. Padilla, and all the officers of LGU, DOH, NEDA, DOF NSCB, PHIC, and also special thanks to the representatives and friends of international and bilateral donors assisting the Philippines in the health sector.

This Report contains the recommendation of projects, which the Study Team has identified and prepared, based on its own analysis of data and information. The recommendation is therefore strictly of the consultants' opinion and not of JICA's.

Again we thank to all parties supporting our Study, and expect that the outputs of the Study would be of assistance to the further promotion of the Philippines health sector reform and the future development assistance of JICA.

December 2004

System Science Consultants Inc.
Study Team
Team Leader

List of Figures

Figure 3-1	Reported Diarrhea and pneumonia cases in CAR (1998 – 2002)(per 100,000 population).....	ES-4
Figure 3-2	Reported TB incidence in CAR (1998 – 2002) (per 100,000 population).....	ES-5
Figure 3-3	Reported malaria incidence in CAR (1998 – 2002) (per 100,000 persons)	ES-6
Figure 3-4	Reported measles incidence in CAR (1998 – 2002) (per 100,000 population)	ES-6
Figure 3-5	Reported maternal mortality rate in CAR (1998 – 2002) (per 1,000 live births)	ES-7
Figure 3-6	Deliveries attended by skilled health personnel in CAR (1998 – 2002)	ES-8
Figure 3-7	Reported infant mortality rate in CAR (1998 – 2002) (per 1,000 live births)...	ES-9
Figure 3-8	Percentage of underweight 0-5 year-old children in CAR	ES-10
Figure 3-9	Summarized problem tree of health sector in CAR.....	ES-21
Figure 3-10	Reported incidence of diarrhea and pneumonia cases in Region V (1998 – 2002) (per 100,000 population).....	ES-24
Figure 3-11	Reported TB incidence in region V (1998 – 2002) (per 100,000 population)	ES-25
Figure 3-12	Reported dengue incidence in Region V (1998 – 2002) (per 100,000 population)	ES-26
Figure 3-13	Reported measles incidence in Region V (1998 – 2002) (per 100,000 population)	ES-26
Figure 3-14	Reported maternal death rate in Region V (1998 – 2002) (per 1,000 live births)	ES-27
Figure 3-15	Deliveries attended by skilled health personnel in Region V (1998 – 2002) ..	ES-28
Figure 3-16	Reported infant mortality rate in Region V (1998 – 2002) (per 1,000 live births)	ES-29
Figure 3-17	Percentage of underweight 0-5 year-old children in Region V	ES-30
Figure 3-18	Summarized problem tree of health sector in Region V.....	ES-41
Figure 3-19	Reported incidence of diarrhea and pneumonia in Region VIII (1998 – 2002)	ES-43
Figure 3-20	Reported incidence of TB in Region VIII (1998 – 2002) (per 100,000 population)	ES-44
Figure 3-21	Reported incidence of dengue in Region VIII (1998 – 2002) (per 100,000 population)	ES-45
Figure 3-22	Reported incidence of measles in Region VIII (1998 – 2002) (per 100,000 population)	ES-45

Figure 3-23	Reported maternal mortality rate in Region VIII (1998 – 2002) (per 1,000 live births)	ES-46
Figure 3-24	Deliveries attended by skilled health personnel in Region VIII (1998 – 2002)	ES-47
Figure 3-25	Reported infant mortality rate in Region VIII (1998 – 2002) (per 1,000 live births)	ES-48
Figure 3-26	Percentage of underweight 0-5 year-old children in Region VIII	ES-49
Figure 3-27	Organization of Sogod Bay Inter-Local Health Zone.....	ES-58
Figure 3-28	Organization for ILHD implementation support.....	ES-60
Figure 3-29	Summarized problem tree of health sector in Region VIII.....	ES-62

List of Table

Table 3-1	Demography of each province/ city in CAR	ES-3
Table 3-2	Health Facilities by Province/City in CAR	ES-13
Table 3-3	ILHZ and health facilities in CAR	ES-14
Table 3-4	Health related maintenance and other operating expenses in each province in CAR (2003).....	ES-14
Table 3-5	Number of PHIC member households and coverage in each province /city - CAR (as of September 2004)	ES-15
Table 3-6	Premium collection and claims paid status in CAR (2001 – Sep. 2004).....	ES-16
Table 3-7	Situation of Inter-Local Health Zones (ILHZs) in CAR (as of October 2004).....	ES-17
Table 3-8	Donor’s current activities and future plans in CAR (as of October 2004)	ES-20
Table 3-9	Demography of each province/ city in Region V	ES-23
Table 3-10	Health Facilities by Province in Region V	ES-32
Table 3-11	ILHZ and health facilities in Region V	ES-33
Table 3-12	Health related maintenance and other operating expenses in each province in Region V (2003).....	ES-33
Table 3-13	Number of PHIC member households and coverage in each province in Region V (as of September 2004).....	ES-34
Table 3-14	Premium collection and claims paid status in Region V (2001 – Jun. 2004).....	ES-34
Table 3-15	Situation of Inter-Local Health Zones (ILHZs) in Region VIII (as of October 2004).....	ES-36
Table 3-16	Donor’s current activities and future plans in Region V (as of October 2004).....	ES-40
Table 3-17	Demography of each province/ city in Region VIII	ES-42
Table 3-18	Health Facilities by Province in Region VIII	ES-51
Table 3-19	ILHZ and health facilities in Region VIII	ES-52
Table 3-20	Health related maintenance and other operating expenses in each province in Region VIII (2003).....	ES-52

LIST OF ACRONYMS

2WHSMP	-	2 nd Women's Health and Safe Motherhood Project
ADB	-	Asian Development Bank
AusAID	-	Australian Agency for International Development
BFAD	-	Bureau of Food and Drugs
BHDT	-	Bureau of Health Devices and Technology
BIHC	-	Bureau of International Health Cooperation
BHS(s)	-	Barangay Health Station
BHWs	-	Barangay Health Workers
BLHD	-	Bureau of Local Health and Development
BPH	-	Bukidnon Provincial Hospital
CAR	-	Cordillera Autonomous Region
CBHP	-	Community Based Health Program
CBMIS	-	Community Based Monitoring and Information System
CBR	-	Crude Birth Rate
CDF	-	Countrywide Development Fund
CDR	-	Crude Death Rate
CFEH	-	Center for Family and Environmental Health
CHD	-	Center of Health and Development
CHO	-	City Health Office
CHW	-	Community Health Worker
CIDA	-	Canadian International Development Agency
CIDD	-	Center for Infectious and Degenerative Diseases
CO	-	Central Office (Department of Health)
COA	-	Commission on Audit
CPG	-	Clinical Practice Guidelines
CPH	-	Community Primary Hospitals
CS	-	Convergence Site
CVD	-	Cardio Vascular Disease
DA	-	Department of Agriculture
DBM	-	Department of Budget and Management
DENR	-	Department of Environment and Natural Resources
DH	-	District Hospital
DHB	-	District Health Board
DHS	-	District Health System
DOH	-	Department of Health
DSWD	-	Department of Social Welfare and Development
EBMC	-	Eastern Bicol Medical Center
EU	-	European Union
FIES	-	Family Income and Expenditure Survey
FHSIS	-	Field Health Service Information System
FP	-	Family Planning
GAA	-	Governor's Appropriations Act
GIDA	-	Geographically Isolated and Disadvantage Areas
GOP	-	Government of the Philippines
GTZ	-	Gesellschaft für Technische Zusammenarbeit(German Technical Cooperation)
HCF	-	Health Care Financing
HDI	-	Human Development Index

HDB	-	Health District Board
HH	-	House Hold
HP	-	Health Passport
HPDPB	-	Health Policy Development and Planning Bureau
HR	-	Hospital Reform
HRP	-	Health Reform Program
HSDP	-	Health Sector Development Project
HMIS	-	Health Management Information System
HSRA	-	Health Sector Reform Agenda
HSRP	-	Health Sector Reform Project
HSRP-MU	-	Health Sector Reform Project Management Unit
HSRTAP	-	Health Sector Reform Technical Assistance Project
ICHSP	-	Integrated Community Health Service Project
IEC	-	Information Education Campaign
IHIS	-	Integrated Hospital Information System
IMR	-	Infant Mortality Rate
ILHD	-	Inter Local Health District
ILHZ	-	Inter Local Health Zone
IPH	-	Ifugao Provincial Hospital
IPHO	-	Integrated Provincial Health Office
IPP	-	Individual Paying Program
IRA	-	Inter Reveenue Appropriations
JICA	-	Japan International Cooperation Agency
KfW	-	Kreditanstalt fur Wiederaufbau
LCE	-	Local Chief Executive
LGAMS	-	Local Government Assistance and Management Service
LGC	-	Local Government Code
LGUs	-	Local Government Units
LHAD	-	Local Health Assistance Division
LHS	-	Local Health System
MCH	-	Maternal and Child Health
MHO	-	Municipal Health Office
MMR	-	Maternal Mortality Rate
MPDC	-	Municipal Planning and Development Council
MOA	-	Memorandum of Agreement
MOOE	-	Maintenance and Other Operatin Expenses
NCDPC	-	National Center for Diseases Prevention and Control
NCHFD	-	National Center for Health Facility Development
NCR	-	National Capital Region
NEDA	-	National Economic Development Authority
NGO(s)	-	Non-Governmental Organizations
NHIP	-	National Health Insulance Program
NHO	-	National Health Office
NSCB	-	National Statistical Coordination Board
NSO	-	National Statistics Office
OPD	-	Out-patient Department
OSEC	-	Office of the (Health) Secretary
OWWA	-	Overseas Worker's Welfare Agency
PDI	-	Parallel Drug Information
PH	-	Provincial Hospital
PHC	-	Primary Health Care

PHIC/PhilHealth	-	Philippine Health Insurance Corporation
PHN	-	Public Health Nurse
PHO	-	Provincial Health Office
PHR	-	Public Health Reform
PHS	-	Provincial Health Station
PHTL	-	Provincial Health Team Leaders
PMO	-	Program Management Office
PO	-	People's Organization
POGI	-	Philhealth Organized Group Interface
PNHA	-	Philippine National Health Accounts
PPHP	-	Priority Public Health Program
PS	-	Personal Services
PQ Drugs	-	Competitively-Priced Quality Drugs
PRB	-	Population Reference Bureau
QA	-	Quality Assurance
QARPDG	-	Quality Assurance and Research Policy Development Group
RD	-	Regional Director
RHC	-	Rural Health Clinic
RHM	-	Rural Health Midwife
RHUs	-	Rural Health Units
RR	-	Regulatory Reform
RSI	-	Rural Sanitary Inspectors
RVU	-	Relative Unit Value
SB	-	Sangguniang Bayan
SP	-	Sangguniang Panlalawigan
SS	-	Sentrong Sigla
STD/AIDS	-	Sexually Transmitted Diseases/Acquired Immune Deficiency Syndrome
TB	-	Tuberculosis
TBDOTS	-	Tuberculosis Daily Observation Treatment, Short-course
TBA	-	Trained Birth Attendant
TH	-	Trained Hilot (Traditional Healers)
TMC	-	Technical Management Committee
TSG	-	Technical Coordination Group
UNDP	-	United Nations Development Programme
UNFPA	-	United Nations Population Fund
USAID	-	United States Agency for International Development
WB	-	World Bank
WHO	-	World Health Organization

Baseline, Project Finding and Preparation Study
for
JICA's Assistance in Health Sector in the Philippines

Final Report
Summary

Table of Contents

Preface

Letter of Transmittal

List of Figures

List of Tables

List of Acronyms

1. PURPOSE AND PROCESS OF THE STUDY	ES-1
1.1 PURPOSE AND PROCESS OF THE STUDY.....	ES-1
1.2 PROCESS OF THE STUDY	ES-1
2. HEALTH SECTOR IN THE PHILIPPINES	ES-1
3. BASELINE AND FINDINGS OF FIELD SURVEY IN 3 REGIONS	ES-3
3.1 CORDILLERA ADMINISTRATIVE REGION (CAR)	ES-3
3.1.1 Demography	ES-3
3.1.2 Health Status	ES-3
3.1.3 Health Services and Facilities	ES-10
3.1.4 Health Financing.....	ES-14
3.1.5 Local Health Systems.....	ES-16
3.1.6 Donor's Activities	ES-20
3.1.7 Findings from the Regional Workshop	ES-20
3.2 REGION V (BICOL)	ES-23
3.2.1 Demography	ES-23
3.2.2 Health Status	ES-23
3.2.3 Health Services and Facilities	ES-30
3.2.4 Health Financing.....	ES-33
3.2.5 Local Health Systems.....	ES-35

3.2.6	Donor's Activities	ES-39
3.2.7	Findings from theRegional Workshop	ES-40
3.3	REGION VIII (Eastern Visayas).....	ES-42
3.3.1	Demography	ES-42
3.3.2	Health Status	ES-42
3.3.3	Health Services and Facilities	ES-49
3.3.4	Health Financing.....	ES-52
3.3.5	Local Health Systems	ES-54
3.3.6	Donor's Activities	ES-59
3.3.7	Findings from theRegional Workshop	ES-61
4.	PROJECT IDENTIFICATION AND FORMULATION	ES-61
4.1	Basic frameword for project formulation.....	ES-63
4.2	PROJECT OUTLINE	ES-65
4.3	PROJECT SITE SELECTION.....	ES-69

Annexes

- Annex A: Consulting Team Member and Study Methodology
- Annex B: Study Schedule
- Annex C: List of Major Interviewees
- Annex D: List of Convergence Sites for Health Sector Reform Agenda (HSRA) in Administrative Order No.37, 2001
- Annex E: Vital Health Indicators in CAR, Region V and Region VIII
- Annex F: List of Public Hospitals and Rural Health Units (RHUs) in CAR, Region V and Region VIII
- Annex G: List of Basic Instruments, Equipment and Supplies for RHUs/HCs necessary for SS certification (Level 1)
- Annex H: Quality Standard List and List of Basic Instruments, Equipment, & Supplies for Baranguay Health Station (BHS)
- Annex I: List of Basic Equipment Required for PHIC Accreditation
- Annex J: Questionnaire for Health Facilities
- Annex K: Current Status of ILHZs in CAR, Region V and Region VIII
- Annex L: Record of PCM Workshops in CAR, Region V and Region VIII
- Annex M: TOR for Proposed Projects

Executive Summary

1. Purpose and process of the Study

1.1 Purpose of the Study

- (1) To have baseline data, and
- (2) To facilitate identification and formulation of technical assistance projects, in line with the “Japan’s ODA Basic Policy” prepared in July 2004, which states the following priority areas.
 - Strengthening of infectious diseases control
 - Improvement of maternal and child health
 - Reducing of risk factors for life-style related diseases
 - Capacity building of local health systems

The target sites are the areas with relatively poorer indicators of poverty and health, and the Study focused on CAR, Regions V and VIII accordingly.

1.2 Process of the Study

- (1) Collection and analysis of baseline data on health status and health services, nationwide, and public health facilities and ILHZ organization and operation in 3 Regions
- (2) Collection and analysis of information on public health service in 3 Regions and donor activities through field survey, interview and Project Cycle Management Workshops in 3 Regions
- (3) Identification and formulation of possible technical assistance project(s) for recommendation to JICA

2. Health sector in the Philippines

In the Philippines, the epidemiologic transition is rapidly underway. The chronic diseases and life-style related diseases are being major diseases burden, instead of infectious diseases and malnutrition as normally seen in the developing countries. This “Double burden of diseases” is provoking additional expenditure on the health services.

Under this situation of epidemiologic transition, the authority to provide public health care services has been devolved since 1991 to the local government units (LGUs), with transfer of

personnel, records, assets, equipment, drugs, supplies and materials for the health facilities, to local health offices and health facilities,. However, the devolution of authority to LGU(s), which is generally small in the administration size, has obliged LGU(s) to make more efficient use of limited resources and to look for an additional funding source, as the government funding is rather limited. One of the systems to finance the health expenditure is a health insurance of Philippine Health Insurance Cooperation (PHIC), which was established in 1995 as the government corporation. The PHIC has been expanding health insurance coverage to the households in the country, and the coverage has reached 77% nationwide, as of today. While, the health facilities accredited by PHIC are entitled to claim for benefit payment for the services that they provide, and the number of accredited health facilities are gradually increasing.

The health infrastructure and health workers in the districts are also serious issues and bottlenecks for the delivery of quality services. A number of equipment and facilities are dilapidated and need immediate repair or replacement. Lack of health workers, especially doctors, is creating obstacles to provide the timely required services for the patients. Still, doctors and nurses tend to go abroad for better income, which is becoming the critical concern in the country.

In an effort of LGU(s) and health service providers under financial, personnel and facilities constraints, DOH is implementing the sector reform in the name of Health Sector Reform Agenda (HSRA). Reform areas in HSRA are hospital reform, local health system development, public health program reform, health regulation, and social health insurance reform. Among 5 reform areas, DOH is strongly promoting the local health system development, by encouraging LGUs to organize Inter-Local Health Zone(s) (ILHZ) among the LGUs. ILHZ is one of the district health care systems, in which individuals, communities, LGUs and all health care providers in a well-defined geographical area participate together, in line with the decentralization policy of the Government, for making common use of available resources of finance, personnel and facilities and for providing quality, equitable and accessible health care with inter-LGUs partnership. Within the framework of inter-LGUs partnership, it is expected to develop and operate the common system of health referral, health finance including health insurance and drug procurement, and of health personnel, with the maximum use of available resources of participating LGUs, so that the quality and equitable health services can be provided.

Viewing the epidemiologic transition over the country and the efforts of Government, LGU(s) and health service providers to improve district health services, Japanese ODA Task Force prepared “Japan’s ODA Basic Policy to the Philippines Health Sector” in July 2004. In line with the ODA Basic Policy, JICA conducted “Baseline, Project Finding and Preparation Study for JICA’s Assistance in Health Sector of the Philippines”.

3. Baseline and findings of field survey in 3 Regions

3.1 Cordillera Administrative Region (CAR)

3.1.1 Demography

The Cordillera Administrative Region (CAR) is located in northern part of Luzon Island with the land area of 18,293km². The region is composed of the Provinces of Abra, Apayao, Benguet, Ifugao, Kalinga, Mountain Province and the highly urbanized City of Baguio. The region's topography is dominated by mountains, a third of which are 1,000 meters above sea level. Road network within the region is not well developed. As the large part of inter provincial roads is unpaved mountainous roads, people has to take detours through other regions to go neighbor provinces/ city.

The basic demographic data in each province/ city is shown in the following table.

Table 3-1 Demography of each province/ city in CAR

	No. of Cities ^{*1}	No. of Municipalities ^{*1}	No. of Baran-gays ^{*1}	Total Population ^{*3}	No. of House-holds ^{*3}	Annual Pop. Growth rate ^{*2}	Poverty Incidence Rate in Population ^{*4}	Income class ^{*5}
Year	2004	2004	2004	2002	2002	2001-02	2000	
Abra	0	27	303	215,441	40,237	1.27	58.6	4
Apayao	0	7	133	96,659	61,558	2.79	19.2	4
Benguet	0	13	269	353,752	17,528	1.83	45.1	3
Baguio City	-	0	*a)	302,104	61,142	n.a.	n.a.	1
Ifugao	0	11	175	173,975	30,858	1.27	58.6	4
Kalinga	0	8	152	177,065	27,192	2.79	19.2	3
Mt. Province	0	10	144	147,471	30,296	1.83	45.1	5
Total in CAR	1	76	1,176	1,466,467	268,811	2.19	38.0	

Note: a) Data is included to Benguet.

Source: *1- 2004 Philippine Statistical Yearbook, NSCB, 2004

*2- 1995 Census-Based Population Projection, Vol II, NSO,1997

*3- Field Health Service Information System, National Epidemiology Center - DOH,2002

*4- Provincial Poverty Statistics, 2000, NSCB

*5- Questionnaire Survey on Provincial Health Offices

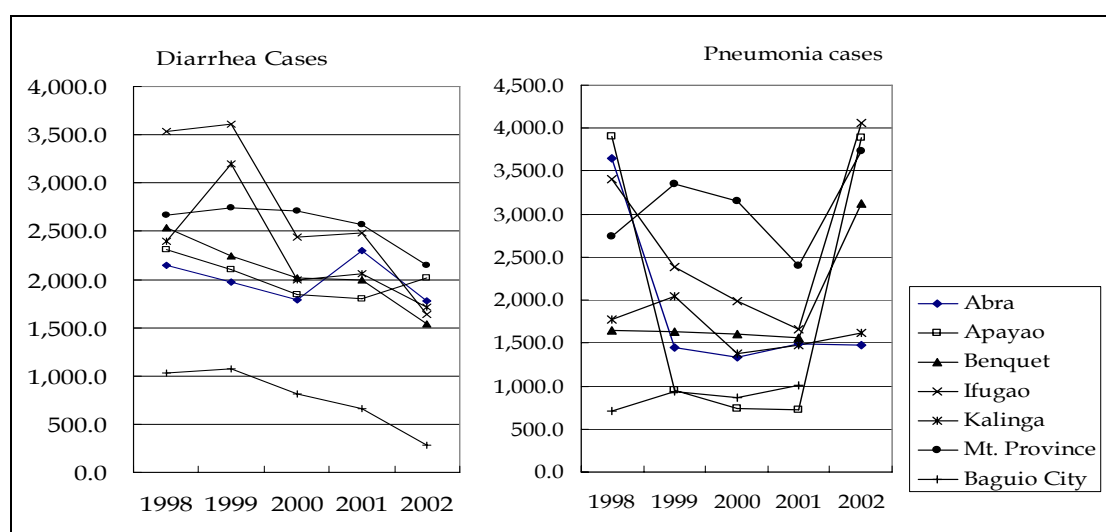
3.1.2 Health Status

(1) General

Life expectancy in CAR is projected at 64.19 for men and 69.18 for women in 2002. In Benguet, those are the longest (66.40 for men and 71.85 for women) and approaching toward the national average (66.93 for men and 72.18 for women), while those in Ifugao (60.66 for men and 67.24 for women) are the shortest. There is a difference of 5 years between them.

As shown in Table E-1.1 in Annex E, major causes of morbidity in 2003 are infectious diseases or water and/or food born diseases, such as respiratory infectious diseases, diarrhea and parasitism. Major causes of mortality in over the provinces include life-style related diseases, such as vascular diseases and cancer. However, pneumonia is still major causes of mortality, especially among the children and elderly people. And tuberculosis is also common in these provinces. Therefore, causes of mortality shows that double burden of diseases might be affecting to the health status in the region.

The following figures show reported incidence of diarrhea and pneumonia per 100,000 populations in the recent 5 years (1998 – 2002). The reported incidence of diarrhea has decreased since 1998 as shown in Table E-2 in Annex E, and the average of the 5 years is 1,947 per 100,000 populations, however this is higher than the national average (1,119 per 100,000 populations). It is the highest in Ifugao (2,742 per 100,000 populations) and the lowest in Abra (1,993 per 100,000 populations) among the provinces. According to the result of National Demographic and Health Survey 2003 (NSO, 2004: NDHS03), among the children under five years, diarrhea prevalence¹ was 20.4%. Only 33.1% of those children were taken to a health facility to seek care.



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-1 Reported Diarrhea and pneumonia cases in CAR (1998 – 2002) (per 100,000 population)

Reported incidence of pneumonia per 100,000 populations in CAR has increased since 1999 as shown in Table E-3 in Annex E, and the average of the recent 5 years (1998 – 2002) is 1,856 per 100,000 populations and it is twice of the national average (874 per 100,000 populations). It is the highest in Mountain Province (3,076 per 100,000 populations) and the lowest in Kalinga (1,655 per

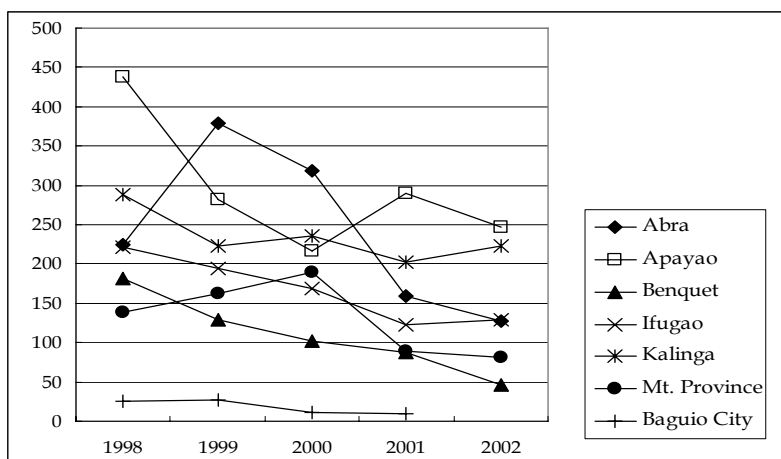
¹ The percentage of the children with diarrhea in the two weeks preceding the survey period of NDHS03 (from June 16 to September 3, 2003).

100,000 populations). According to the results of NDHS03, among the children under five years, prevalence of acute respiratory infection (ARI) and fever² were 16.9% and 23.9% respectively and only 50.2% of those children received the treatment.

One of the major causes of diarrhea and respiratory infection are environmental conditions such as lack of safe water and sanitary toilet (Table E-4 and 5 in Annex E). In CAR, 93.8% of household have access to safe water supply and the rates are nearly 100% in Mountain Province, however, households with access to safe water supply in Apayao are 67.0% in 2002. Households with sanitary toilet represent 73.2% of total households in CAR in 2002. On the provincial level, it is the highest in Apayao (80.1%), and the lowest in Kalinga (49.6%) in 2002.

(2) Infectious diseases

As described in the previous section, tuberculosis is one of major causes of mortality in CAR. Reported incidence of tuberculosis per 100,000 populations in CAR has decreased since 1998 as shown in Table E-6 in Annex E. The following figure shows tuberculosis reported incidence in provinces for the 5 years (1998 – 2002). The average of the 5 years is 147 per 100,000 populations and it is lower than the national average (177 per 100,000 populations). In Apayao, it is the highest in CAR (295 per 100,000 populations) and the 3rd cause of mortality in the province in 2003. In Kalinga, the situation had not improved for five years of 1998 – 2002 and the average is 235 per 100,000 populations.



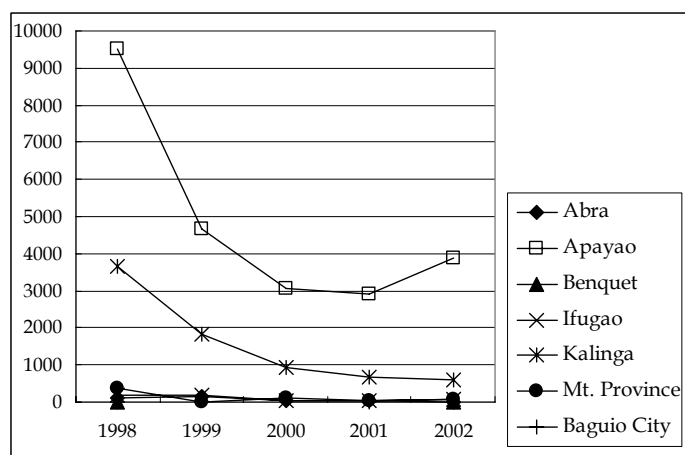
Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-2 Reported TB incidence in CAR (1998 – 2002) (per 100,000 population)

Malaria is endemic in five provinces except Benguet and Baguio City, especially in Abra and Apayao. The average of reported incidence of Malaria per 100,000 populations in CAR is 545.1

² The percentage of the children with symptoms of ARI and fever in the two weeks preceding the survey period of NDHS03 (from June 16 to September 3, 2003).

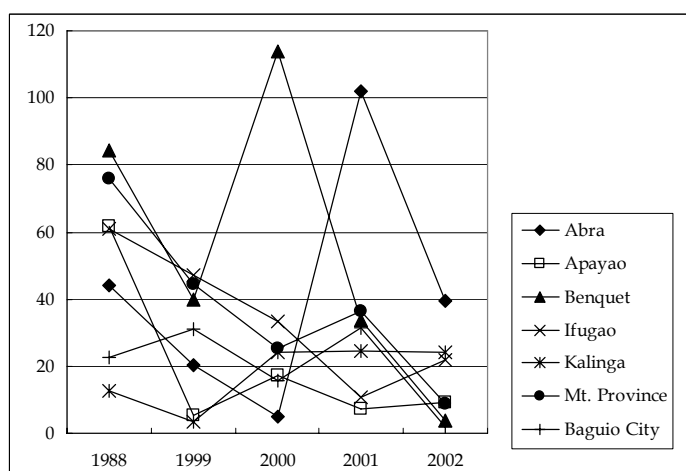
per 100,000 populations and much higher than the national average (71.4 per 100,000 populations) for the recent 5 years (1998 – 2002). As shown in the following figure, malaria reported incidence in Apayao sharply decreased from 1998 to 2001 though having increased in 2002. (Table E-7 in Annex E) The average of the recent 5 years is the highest in Apayao (4,800 per 100,000 populations).



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-3 Reported malaria incidence in CAR (1998 – 2002) (per 100,000 population)

The average of reported incidence of Measles is 35 per 100,000 populations for the recent 5 years in CAR. It is higher than the national average (28 per 100,000 populations). As shown in the following figure, the changes in each province are not stable for the 5 years. In Benguet, it is the highest (55 per 100,000 populations) and it is the lowest in Kalinga (18 per 100,000 populations). (Table E-8 in Annex E)



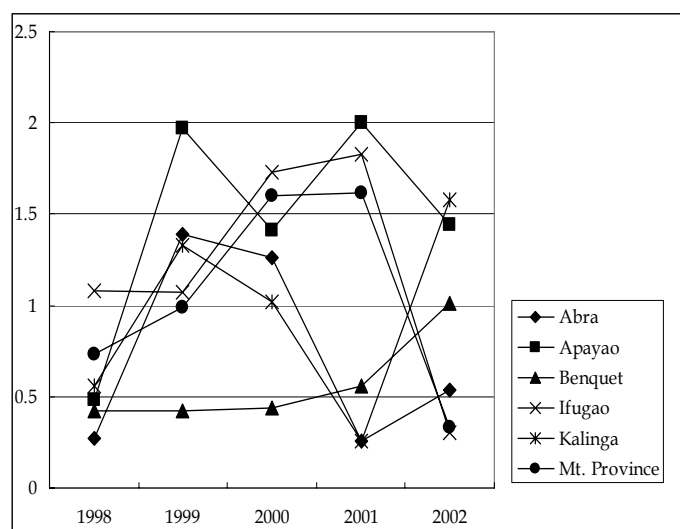
Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-4 Reported measles incidence in CAR (1998 – 2002) (per 100,000 population)

(3) Women's health

1) Health status

Total number of reported maternal death in CAR is 22 in 2002 as shown in Table E-10 in Annex E. Changes of the maternal mortality rates per 1,000 live births are shown in the following figure. The average of maternal mortality rate for the recent 5 years (1998 – 2002) is 0.80 per populations in CAR and it is higher than the national average (0.65 per 1,000 live births). In Apayao, it is the highest (1.46 per 1,000 live births) and also high in Ifugao, it is 1.2 per 1,000 live births.



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-5 Reported maternal mortality rate in CAR (1998 – 2002) (per 1,000 live births)

According to “Philippine Nutrition Facts & Figures 2001³” (Food and Nutrition Research Institute, Department of Science and Technology (DOST-FNRI), 2001), prevalence of vitamin A deficiency is 6.3% among pregnant women and 1.2% in lactating women in CAR. (Table E-11 in Annex E) However, the prevalence varies among provinces. Abra and Kalinga have high prevalence among pregnant women, 11.9% and 21.5%, respectively. Prevalence of anemia among pregnant women in CAR is 39.8%, especially, Kalinga, Apayao and Mountain Province have high rate of around 45%. Around 55% of lactating women in Ifugao and Kalinga are anemia. (Table E-12 in Annex E) Total Fertility Rate (TFR) in CAR is estimated at 3.8 and it is higher than the national average (3.5), however, wanted fertility rate is estimated at 2.7 (NSO, 2004, NDHS03). On the average, women in CAR have one more child than their desired number of children in their lifetimes.

2) Health services

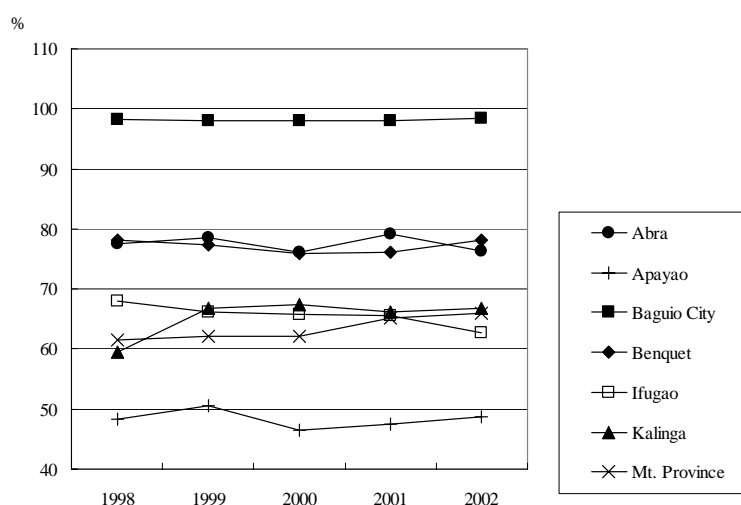
In CAR, 54.5% among the women who had a live birth for the last 5 years had antenatal care by

³ The report based on 1993 and 1998 national nutrition surveys.

doctors during the pregnancy for the most recent birth, 31.5% of them had it by nurses/ midwives, and 2.9% by Traditional Birth Attendant. Percentage of antenatal care by doctor is higher than the national average (38.1%). About 30% of pregnant women had tetanus toxoid injections twice during their pregnancy, however 35.6% of them never had the injection. (NSO, 2004, NDHS03)

The most popular place of delivery in CAR is home. Fifty five percent of women delivered their children in home and 38.6% of women delivered in government hospitals, and 6.2% in private hospitals or clinics. Regarding delivery in government hospital, the percentage is higher than the national average. (NSO, 2004, NDHS03)

According to the result of NDHS03, 40.7% of the most recent deliveries for the last 5 years were attended by doctor and 18.9% by nurses and/or midwives in the 5 years. And 24.4% of deliveries were attended by relatives and/or friends in CAR. Comparing to the national average (2.4%), percentage of delivery attended by such neither skilled nor trained personnel is much higher. The following figure shows the percentage of deliveries attended by skilled health personnel including doctor, midwife and nurse in each province for the recent 5 years (1998 – 2002) according to Field Health Services Information Systems (FHSIS) by DOH. The average of percentage of the recent 5 years is the highest in Abra (78%) and the lowest in Apayao (48%) among the provinces. (Data is presented in Table E-13, 14 and 15 in Annex E.)



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-6 Deliveries attended by skilled health personnel in CAR (1998 – 2002)

Seven percent of the most recent deliveries for the last five years were caesarean section in accordance with the data in NDHS03. It is almost the same as the national average (7.3%). On the delivery, 33.8% of babies were not weighed their birth weight. The data in NDHS03 also shows 16.7% of babies were born with low birth weight (under 2.5kg).

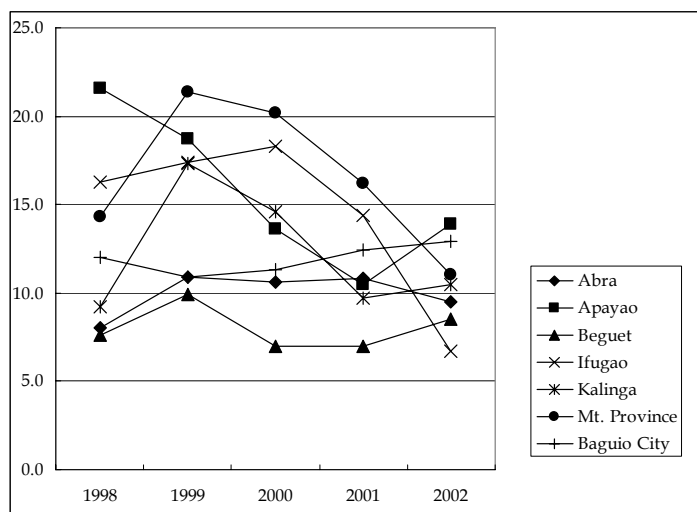
Regarding family planning, 40% of married women used modern contraceptive method in 2002

and condom users were only 4%. Pill and female sterilization were popular among modern method users. (Table E-16 in Annex E)

(4) Children’s health

1) Health status

Child mortality rates are estimated at 6 for neonatal mortality, 14 for infant mortality and 34 for under 5 mortality in CAR (per 1,000 live births) (NSO, 2004, NDHS03). Those are lower than the national average (neonatal mortality rate; 13, infant mortality rate; 30 and under five mortality rate; 42). According to DOH, total reported number of infant death in CAR is 307 and infant mortality rate is 10.3 per 1,000 live births in 2002 as shown in Table E-17 in Annex E. The average of the recent 5 years (1998 – 2002) is 11.88 per 1,000 live births. Changes of the infant mortality rates per 1,000 live births are shown in the following figure. The average of the recent 5 years is higher in Mountain Province (16.6 per 1,000 live births), Apayao (15.7 per 1,000 live births) and Kalinga (12.3 per 1,000 live births). The rates have been generally decreasing except Apayao and Benguet.

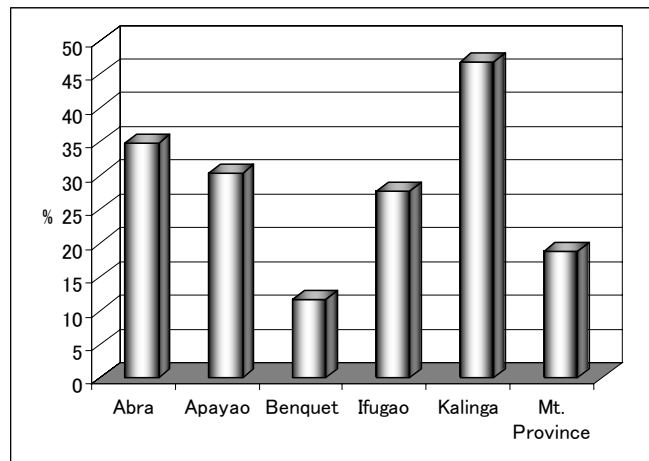


Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-7 Reported infant mortality rate in CAR (1998 – 2002) (per 1,000 live births)

The following figure shows the percentage of underweight children by the weight-for-age classification of NCHS (USA’s National Center for Health Statistics)/ WHO⁴ (Table -21 in Annex E). It is 26.7% in CAR and is lower than the national average. It is higher in Kalinga (46.9%) and Abra (34.8%).

⁴ Cut-off point of NCHS (USA’s National Center for Health Statistics)/ WHO standards for weight-for-age are;
Underweight: Less than - 2SD, Normal: - 2SD to +2SD, and Overweight: more than +2SD



Source: Philippine Nutrition Facts & Figures 2001, DOST, 2001

Figure 3-8 Percentage of underweight 0-5 year-old children in CAR

Prevalence of vitamin A deficiency among 6 months to 5 years old children in CAR is 6.3%. It is the highest in Abra (14.0%) and the lowest in Benguet (0.7%) (Table E-19 in Annex E). Prevalence of anemia among 6 months to 5 years old children in CAR is 25.4%. It is the highest in Kalinga (36.4%) and the lowest in Mountain Province (12.3%) (Table E-20 in Annex E).

2) Health services

Percentage of fully immunized children among 12-23 months old⁵ is 67.4% in CAR in 2003. (NSO, 2004, NDHS03). According to DOH, the percentage of reported fully immunized children among 9-11 months old have decreased since 1999 as shown in Table E-21 in Annex E and the average of the period of 1998 to 2002 is 79.7% and the average of the recent 5 years (1998 – 2002) is 83.9%. It is the lowest in Mountain Province (68.7%) among the provinces.

(5) Life-style related diseases

Cancer is one of major causes of mortality in CAR (Table E-1.1 in Annex E). However, only 54 cases are reported in “Field Health Service Information System, 2002” although more than 200 cases are reported in previous years as shown in Table E-22 in Annex E. Reported incidence of hypertension is high in Benguet (1,767.9 per 100,000), Mountain Province (1,227.4 per 100,000) and Abra (1,052.7 per 100,000). (Table E-23 in Annex E)

3.1.3 Health Services and Facilities

According to the data of Field Health Services Information System (FHSIS) attached in Annex F-1-1, F-1-2 and F-1-3, there is a total of 60 hospitals in CAR. Out of 60 hospitals, DOH operates

⁵ Percentage of children age 12-23 months received BCG, DTPx3, Poliox3 and Measles.

5 hospitals: Baguio General Hospital and Medical Center in Baguio City, Fort Del Pilar Station Hospitals in Baguio City, Luis Hora Memorial Regional Hospital in Bauko, Mountain Province, Far North Luzon General Hospital and Training Center in Luna, Apayao, and Conner District Hospital in Conner, Apayao.

In addition, there are 4 provincial hospitals, 29 district, municipal or community hospitals and 22 private hospitals. There are 88 rural health units and 551 barangay health stations with their own buildings.

Through the field survey in CAR, later in Region V and VIII, the common problems and bottlenecks in connection with the facilities were identified as follows,

- (1) Poor road condition, unavailability of public transportation for patient, far distance between health facilities and resident area
- (2) Dilapidated facilities and equipment: Need to repair or replace at some health facilities.
- (3) Poor water supply and drainage: Especially BHS.
- (4) Poor hygiene condition at some health facilities: Comfort room, patient wards
- (5) Shortage of equipment: Shortage in minimal equipment for getting Sentrong Sigla Certification and PHIC Accreditation (Details are attached in Annex G.1, G.2, H.1, H.2, and I)
- (6) Poor maintenance system for facilities and equipment
- (7) Shortage of staff and income for expansion/improvement of facilities and equipment

Following problems are identified in the present situation of health facilities in CAR.

(1) Excess number of primary level hospitals

There are many primary local hospitals in the region. The patients who are receiving the primary health care service at RHU/BHS should be referred to the secondary hospital in the same area, whenever necessary. This situation, however, will make it difficult to function ILHZ referral system according to the health care needs. Such small hospitals don't have medical specialists are often under-utilized, due to unavailability of required services. The main reasons why such hospitals remain on the primary level are dilapidated equipment and lack of health personnel. One of the options to improve the situation is to rationalize the hospitals to maintain only one second level hospital in the ILHZ, considering the road condition and accessibility to the hospital.

(2) Limited number of PHIC accredited RHUs

Besides the financial support of municipal office, benefit payment by PHIC is another possible financial income to RHU. However, RHUs, which are certified by Sentrong Sigla and PHIC accredited for benefit payment, are still 22% of all RHUs. It is encouraged to

improve RHUs to get PHIC accreditation to be able to claim benefit payment. Among the provinces in CAR, 9 RHUs in Ifugao are PHIC accredited and, less than 3 RHUs in the other provinces.

(3)Regional Gap

There are observed regional gap in the Region. Viewing the status of SS certification of RHUs, for example, Ifgao, Benguet, Baguio City have large number of RHUs having SS certification compared with others including Abra, Apayao, Kalinga and Mt. Province.

Table 3-2 Health Facilities by Province/City in CAR

Province/City	Abra	Apayao	Benguet	Ifugao	Kalinga	Mt. Province	Buagiuo City	TOTAL	Rate
Non-LGU Hospitals	Accredited by PHIC (Tertiary)	0	0	0	0	0	1	1	20.0%
	Accredited by PHIC (Secondary)	0	0	0	0	1	1	2	40.0%
	Accredited by PHIC (Primary)	0	0	0	0	0	0	0	0.0%
	Non accredited	0	2	0	0	0	0	2	40.0%
	Total	0	2	0	0	0	1	2	5
LGU Hospitals	Accredited by PHIC (Tertiary)	0	0	0	0	0	0	0	0.0%
	Accredited by PHIC (Secondary)	1	0	2	1	1	2	7	21.2%
	Accredited by PHIC (Primary)	4	5	4	5	4	3	25	75.8%
	Non accredited	0	0	0	1	0	0	1	3.0%
	Total	5	5	6	7	5	5	33	
Private Hospital	Accredited by PHIC	5	0	3	1	4	1	18	81.8%
	Non accredited	0	1	0	0	1	2	4	18.2%
	Total	5	1	3	1	5	6	22	
RHUs*	Accredited by PHIC	1	1	1	9	3	3	19	21.6%
	SS Certified	9	4	11	9	4	7	52	59.1%
	Non SS certified	18	3	2	2	8	3	36	40.9%
	Total	27	7	13	11	12	10	88	
Municipality	27	7	13	11	8	10	-	76	
BHSs	SS Certified	1	0	0	0	0	0	1	0.2%
	Non certified	87	48	140	94	87	86	550	99.8%
	Total	88	48	140	94	87	86	551	
	Barangay/BHS	3.48	2.77	1.92	1.86	2.01	1.67	-	2.13
	BHWs/BHS	15.7	10.7	8.7	6.7	8.8	10	10	

* Total = (SS Certified) + (Non SS Certified)

BOLD: Convergence Site

Source: Licensing, Regulations and Enforcement Division, CHD-CAR, PHIC

And regarding the referral system inside of functioning ILHZ, health facilities are as follows.

Table 3-3 ILHZ and health facilities in CAR

Province	Name of core referral hospital	No. of LGUs	No. of Hospitals	No. of RHUs
Abra	La Paz DH	4	1	4
	Bukay DH	4	1	4
Apayao	Amma Jabsac DH & Far North DH	2	2	2
	Flora DH	2	2	2
Benguet	Dennis Molintas MH	2	1	2
	Atok DH	4	2	4
	Kapangan Medicare CH	2	1	2
Ifugao	Ifugao PH	5	2	5
	Potia DH	2	2	2
	Mayoyao DH	2	2	2
	Hungduan DH	1	1	3
Kalinga	Western Kalinga DH	1	1	1
Mt. Province	Paracelis DH	1	1	1
	Bontoc GH	3	1	3
	Barling DH	2	2	2
	Besao DH	2	1	2
	Luis Hora Memorial PH	3	1	3

Source: Licensing, Regulations and Enforcement Division, CHD-CAR, PHIC

3.1.4 Health Financing

(1) Expenditure on health services in provincial government

The share of health sector expenses in total MOOE in each provincial government in 2003 are shown in the following table.

Table 3-4 Health related maintenance and other operating expenses in each province in CAR (2003)

Unit: pesos

	Total of Personal Services Expenses	Maintenance and Other Operating Expenses (MOOE)				Total Expenses
		Total of MOOE	Medical, Dental & Lab. Supplies Expense	Hospitals & Health Center Maintenance	Others	
Abra	144,459,028	132,140,146 (100.00%)	32,285,835 (24.43%)	105,228 (0.08%)	99,749,083 (75.49%)	276,599,174
Apayao	111,687,713	104,472,236 (100.00%)	7,012,564 (6.71%)	536,391 (0.51%)	96,923,281 (92.78%)	216,159,949
Benguet	197,540,194	153,812,275 (100.00%)	8,335,824 (5.42%)	495,892 (0.32%)	144,980,559 (94.26%)	351,352,470
Ifugao	139,046,481	48,872,877 (100.00%)	4,790,342 (9.80%)	90,745 (0.19%)	43,991,791 (90.01%)	187,919,358
Kalinga	164,097,793	56,674,740 (100.00%)	8,231,779 (14.52%)	Not Available	48,442,961 (85.48%)	220,772,533
Mountain Province	156,072,898	18,520,613 (100.00%)	342,321 (1.85%)	51,298 (0.28%)	18,126,994 (97.87%)	174,593,510

Source: Commission on Audit (COA)

Expenses spent on the maintenance of health facilities is generally below 1% of total MOOE in each province. Regarding medical, dental and laboratory supplies, expenses spent on them varies

among the provinces. Abra and Kalinga spend around 15~25% of MOOE, while other provinces allocated less than 10%.

According to provincial and municipal health officers and health facility staff, they have difficulties to maintain necessary equipment and facilities and to hire required number of necessary health workers to meet the standard, especially doctors, because of budget constraint. In one of RHUs in Abra, the construction works have not been completed because municipal government did not allocate the budget, and financial assistance from DOH was neither provided.

Some district hospitals in Apayao Province cannot maintain facilities and equipment installed in other donor's supported project due to lack of operational fund. According to the provincial health officer, budget constraint is caused also by many patients who do not want to pay the charges because of their perception that the public hospital's service is free.

(2) Health insurance

The following table shows the number of PHIC member households in each province/ city. Coverage in CAR is 89.75% in 2004. Because coverage is estimated based on the population in 2000 census as a denominator, the figures in Baguio City and Mountain Province exceed 100%. However, in Apayao, it was the lowest (65.87%) and enrollment of individual member is also the least in the region. However, the actual coverage ratios might be lower if it is estimated based on the latest population.

Table 3-5 Number of PHIC member households and coverage in each province/ city - CAR (as of September 2004)

	Employed	Individual	Non-paying	Sponsored	Total	Coverage*
Abra	6,535	5,290	292	26,624	38,741	93.92%
Apayao	2,669	171	17	9,876	12,733	65.87%
Benguet	17,983	6,963	607	23,408	48,961	75.13%
Baguio City	33,628	14,604	1,530	10,395	60,157	112.78%
Ifugao	4,543	912	137	20,334	25,926	80.43%
Kalinga	4,716	1,831	99	21,842	28,488	84.26%
Mt. Province	5,264	3,136	290	20,065	28,755	102.05%
Total in CAR	75,338	32,907	2,972	132,544	243,761	89.75%

*Coverage= Number of members x Average household size/ population in 2000 census

(Average household size: for Employed and individual-paying programs = estimated 2000 NSO figures by province, for non-paying program=1.7 and for sponsored program=5)

Source: PHIC CAR office

According to PHIC CAR office, as LGU portions for the sponsored program for year 2004 in many of the municipalities in CAR are supported by congress men and/or governors, it is one of the major concerns how those LGUs could find founding source for the next year. According to PHIC CAR office, 60% of LGUs will face financial constrains after financial support from those politicians is phased out.

The premium collection status for each program and claims status for benefit payment are shown in the table below. As members can select either central or regional offices to pay their premiums, the regional offices cannot monitor all the premiums paid by members in the region. Even for the members paying their premium to the regional office, PHIC CAR office has not been monitoring premium collection rate against the target, because they have no reliable membership database and target calculation system.

Table 3-6 Premium collection and claims paid status in CAR (2001 – Sep. 2004)

	2001		2002		2003		Jan-Sep 2004	
	Collected	Paid	Collected	Paid	Collected	Paid	Collected	Paid
Employed (Gov)	32,100	82,765	33,781	85,790	60,595	76,750	45,612	48,439
Employed (Priv)	50,572	70,120	59,410	72,102	63,163	70,005	54,332	62,671
Individually paying	7,220	6,836	13,942	9,712	15,512	24,563	12,959	45,072
Sponsored	*	*	*	*	10,790	3,036	10,581	10,526
Total	89,892	159,721	107,133	167,604	150,060	174,354	123,484	166,708

(Thousand pesos)

*No data available on collected and paid amount for sponsored program for 2001 and 2002

Source: PHIC CAR office

The paid amount for the period from January to September 2004 is already reaching the total amount of the last year. Especially for the sponsored program, paid amount for the period from January to September is 10,526 thousand pesos, which is three times as high as the total amount of 2003 (3,036 thousand pesos). Membership in the sponsored program increased rapidly because of the national campaign for enhancement of enrolment of sponsored program held in several months before the latest election (May 2004). Service utilization by the member of the program has therefore rapidly increased accordingly. As for the individual paying program also, paid amount for the above period is almost twice as high as the total amount paid in 2003 (24,563 thousand pesos).

3.1.5 Local Health Systems

CHD –CAR has been providing technical assistance such as orientation and facilitation for stakeholders including governors, mayors, local health officers and health service providers to organize and to operate ILHZs. Financial support is also provided from 1999 to 2002, but it has been terminated since 2003 due to lack of budget.

As mentioned in Chapter2, conditions of “functioning” ILHZs vary among the regions, LHAD of CAR-CHD uses following criteria for defining functional ILHZs.

- Having regular meeting in accordance with their plan and submit the record of discussion to CHD.
- Integrated health plan has been established.

Three conditions defined by DOH (integrated health planning, integrated referral system and integrated information management system) to judge “functioning” ILHZ in their guidebook have

not been applied yet. However, CHD-CAR is considering applying them in the near future in accordance with progress of organization and functioning of ILHZs.

The following table presents the situation of ILHZs in each province. Detailed data on the organized ILHZs, such as population, number of health facilities and functioning systems are presented in Annex K-1.

Table 3-7 Situation of Inter-Local Health Zones (ILHZs) in CAR (as of October 2004)

Legend: figure= year of MOA signed
name of core-referral hospital
 - name of municipality

Province	No.	Under planning	No.	Organized but not functioning	No.	Functioning
Total in CAR	1		5		17	
Abra (Total No. of municipalities: 27)	1	<u>no core-referral hospital^a</u> - San Quintin - Pidigan - Langiden	1	2001 <u>Villacisosa Medicare Hospital^b</u> - Pilar - San Isidro - Villaviciosa	2	1999 <u>La Paz DH (District Hospital)^{b, c}</u> - La Paz - Danglas - Lagayan 2000 <u>Bucay DH^{b, c}</u> - Bucay - Daguioman - Bucloc - Sallapadan
No. of LGUs		3 (11%)		3 (11%)		7 (26%)
Remarks	a: DOH-reps are having orientation to mayors but PHO seems not agree to the ILHZ concept. b: Motivation of members is low, because budget allocation for health sector by provincial government is not appropriate. c: Integrated planning, referral and information management systems are functioning.					
Apayao (Total No. of municipalities: 7)	0		1	2000 <u>Apayao PH^d</u> - Kabugao	2	1999 <u>Amma Jabsac DH & Far North Hospital^e</u> - Luna - Pudtol 2001 <u>Flora DH^f</u> - Flora - Sta. Marcela
No. of LGUs		0 (0%)		1 (14%)		4 (57%)
Remarks	d: 75% of residents live in mountainous areas and do not utilize health facilities frequently. e: Integrated planning system is well functioning. Although Far North Hospital is DOH retained hospital, it provides technical assistance and commodities for public health activities in ILHZ. f: Although integrated planning system is functioning, it is not so active according to CHD.					

Province	No. Under planning	No. Organized but not functioning	No. Functioning
Benguet (CS ^{*l}) (Total No. of municipalities: 13)	0	1 2003 <u>Benguet GH (General Hospital)</u> - La Trinidad - Itogon - Sablan - Tuba - Tublay	3 1999 <u>Dennis Molintas MH</u> ^g - Bokod - Kabayan 2000 <u>Atok DH</u> ^g - Atok - Bakun - Buguias - Mankayan 2001 <u>Kapangan Medicare Community Hospital (CH)</u> ^g - Kapangan - Kibungan:
No. of LGUs	0 (0%)	5 (38%)	8 (30%)
Remarks	g: Integrated planning system is functioning.		
Ifugao (CS ^{*l}) (Total No. of municipalities: 11)	0	0	4 2000 <u>Ifugao PH (Provincial Hospital)</u> ^h - Asipulo - Banawe - Hingyon - Kiangan - Lagawe 1999 <u>Potia DH</u> ⁱ - Alfonso Lista - Aguineldo* 2001 <u>Mayoyao DH</u> ⁱ - Aguineldo*(same as the above) - Mayoyao 2003 <u>Hungduan DH</u> ^j - Hunguan
No. of LGUs	0 (0%)	0 (0%)	9 (82%)
Remarks	h: Integrated referral and planning systems are functioning. i: The 2 ILHZs will be integrated in year 2004. Referral, planning and information management system are functioning. j: Referral system is functioning.		
Kalinga (Total No. of municipalities: 8)	0	2 1999 <u>Kalinga PH</u> ^k - Tabuk - Rizal - Tanudan 2001 <u>Pinukpuk DH</u> - Pinukpuk	1 2000 <u>Western Kalinga DH</u> ^l - Balbalan * Tinglayan is involved in ILHZ in Mt. Province.
No. of LGUs	0 (0%)	4 (50%)	2 (25%)
Remarks	k: No secretariat and common fund for necessary activities such as meeting. l: Mayor is providing hospital operation fund. Referral, planning and information management systems are well functioning		

Province	No. Under planning	No. Organized but not functioning	No. Functioning
Mt. Province (Total No. of municipalities: 10)	0	0	5 1999 <u>Paracelis DH</u> - Paracelis 2000 <u>Bontoc GH^m</u> - Bontoc - Sadanga - Tinglayan (in Kalinga) 2001 <u>Barlig DHⁿ</u> - Barlig - Natonin 2002 <u>Besao DHⁿ</u> - Besao - Sagada 2002 <u>Luis Hora Memorial Regional Hospitalⁿ</u> - Bauko - Sabangan - Tadian
No. of LGUs	0 (0%)	0 (0%)	10 (100%)
Remarks	m: Tinglayan in Kalinga province joins to the ILHZ because of geographical condition. Referral and planning systems are functioning n: Referral, planning and information management systems are well functioning - ILHZs are generally well functioning with limited support from CHD because of good understanding of mayors and health service providers.		

*1: CS= Convergence Site

Source: interview and questionnaire survey to PHOs, and DOH-reps and LHAD of CHD-CAR

In terms of progress of ILHZ organization, there are no differences between convergence sites and no-convergence sites, because CHD have been facilitating and monitoring all the provinces simultaneously in almost the same manner. However, political influence seems to have affected on organizing and/or functioning of some ILHZs. The major reasons why ILHZs are not functioning are, Local Chief Executive (LCE)'s little support including late fulfillment of commitment, inappropriate budget allocation, non-attendance by governor and/or mayors to regular meetings, low utilization of health facilities, insufficient logistic coordination among the participating LGUs, and tribal conflict. Some LGUs have to organize ILHZs alone because those are geographically isolated and/or are not accessible to neighboring LGUs.

According to CHD-CAR, key factors for successful operation of ILHZs are LCE's commitments and political will, based on the perception of importance of health sector, the capability of person in charge for health planning in municipalities and the capability to persuade stakeholders, especially LCEs, from the technical point of view of DOH representatives and CHD staff to the stakeholders, especially to LCEs. However, even after an ILHZ has been organized, CHD has sometimes to start from the orientation again in case that governor or mayor is changed after the election.

3.1.6 Donor's Activities

The following table shows on-going and future donor's activities in CAR.

In hard to reach provinces such as Apayao, Abra and Kalinga, it seems to be also difficult for donors' assistance programs to reach.

Table 3-8 Donor's current activities and future plans in CAR (as of October 2004)

	Assistance for public health programs	Assistance for HSRA Implementation
Abra		
Apayao	Global fund: Malaria	
Benguet	Spanish Gov.: TB USAID: LEAD (Local Enhancement and Development) for Health ^{*1} (2004~: 3 municipalities) (2005~: all municipalities)	
Baguio City	WHO: HIV/STI prevention EU: HIV/AIDS (NGO support) USAID: LEAD for Health ^{*1}	
Ifugao	UNFPA: Community empowerment and capability building of service providers for maternal health, family planning, STI and VAW ^{*2} (Lagawe, Asipulo and Tinoc) Spanish Gov.: TB	ADB: HSDP (Health Sector Development Project) (loan)
Kalinga	Global fund: Malaria	<i>EU: Health Sector Reform</i> ^{*4}
Mountain Province	Spanish Gov.: TB UNICEF: Child-friendly movement ^{*3} UNFPA: Community empowerment and capability building of service providers for maternal health, family planning, STI and VAW ^{*2} (Paracelis, Sagada and Bontoc)	<i>EU: Health Sector Reform</i> ^{*4}

*1: Capability building for procurement and distribution of health commodity for municipal/ city governments.

*2: Community empowerment and capability building of health workers for selected 3 municipalities.

*3: Under 6th country program (2005~2009). Major activities include maternal health, child health nutrition of women and children.

*4: *It is under study and not committed.*

Source: hearing from DOH, donors and CHD-CAR

Even in the public health program support, donors provide necessary capability building and/or institutional strengthening support related to the subject programs.

Regarding target areas, some donors provide support directly to the municipal governments including field health workers and/or communities. And some provide integrated support from central (DOH) to Barangay levels including LGUs, local health officers and field health service providers.

3.1.7 Findings from the Regional Workshop

The regional workshop was held as follows;

Date: 19 October 2004 8:00~16:00

Place: CHD-CAR

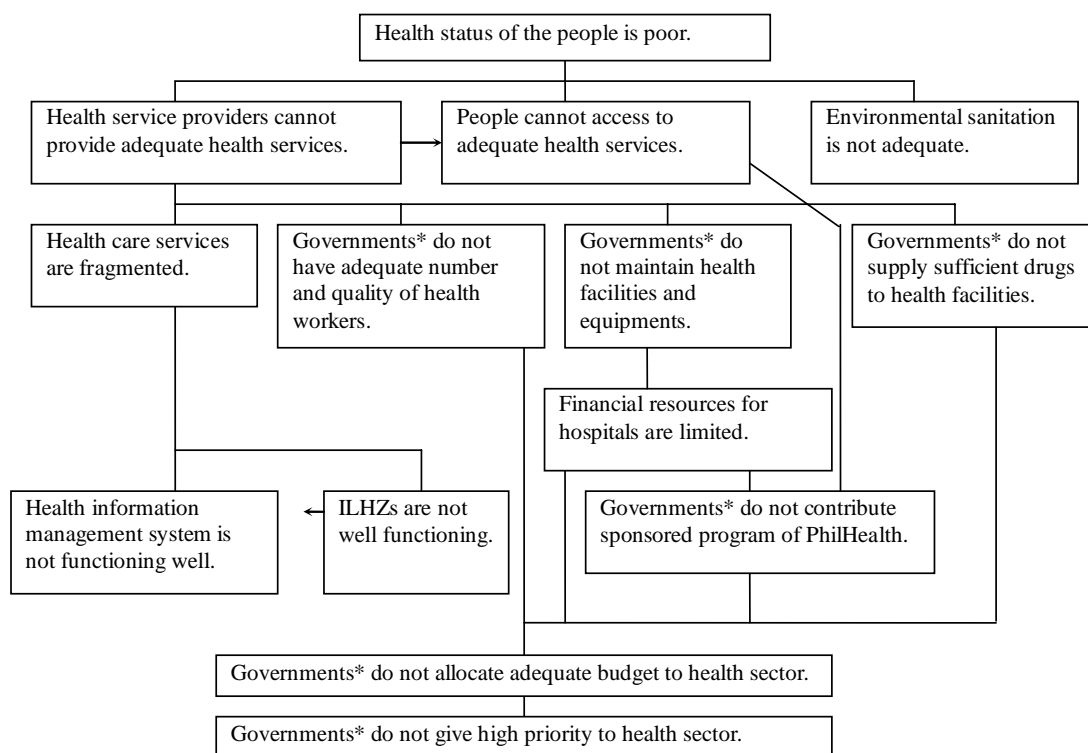
Participants: representatives from CHD-CAR, provincial health offices, hospital, PHIC regional office and NEDA regional office

Participants were divided into 4 groups, i.e., CHD, Provincial Health Office, hospital and PHIC. Problem and alternative solution identifications in each group are shown in the Annex L, which are summarized as follows.

(1) Problems

The following figure presents integrated summary of identified problem tree.

Most of groups set “poor health status” as a core problem and “availability of the health services” as major direct courses. And then, what they identified as the roots causes are lower priority of health in LGUs and fragmentation of health service providing system.



*="Governments" include provincial and municipal governments in this context.

Figure 3-9 Summarized problem tree of health sector in CAR

(2) Alternative solution

The alternative solutions identified by the participants to improve the above situation are summarized in the following strategies. Direct and indirect linkage was found among alternative solutions identified in each group. Generally, they suggested to review and to analyze the current situation for establishing and strengthening health service delivery system to be accessible.

- 1) Improvement of quality of health services
 - Reviewing condition and situation of existing facilities, manpower and ILHZ.
 - Identifying priority for upgrading and procurement of health facilities and equipments, and health human resources development.
 - Improving regulatory function for medicines and health facilities.
 - Strengthening activities to organize ILHZs and to install necessary systems to be functioning well.
 - Enhancing monitoring and evaluation function of CHD.
- 2) Improvement of accessibility to the health services
 - Enhancing the activities of PHIC to facilitate LGUs, maintain reliable membership database system and increase enrolment especially of individually paying members.
 - Reviewing and strengthening of referral system

3.2 Region V (Bicol)

3.2.1 Demography

Region V or Bicol Region is located at the southeast tip of Luzon Island with the land area of 17,622km². The region is composed of 6 provinces namely Albay, Camarines Norte, Camarines Sur, Catanduanes, Masbate and Sorsogon. It has three independent component cities namely Naga and Iriga cities in Camarines Sur and Legaspi city in Albay. Two thirds of the region's land area is made up of the island provinces of Masbate and Catanduanes. The region is generally mountainous and hilly with a few stretches of plains and numerous bay and gulfs characterize the coastal areas.

The basic demographic data in each province is shown in the following table.

Table 3-9 Demography of each province/ city in Region V

Year	No. of Cities ^{*1}	No. of Municipalities ^{*1}	No. of Barangays ^{*1}	Total Population ^{*2}	No. of Households ^{*3}	Annual Pop. Growth rate ^{*1}	Poverty Incidence Rate in Population ^{*4}	Income class ^{*5}
	2004	2004	2004	2002	2002	2001-02	2000	
Albay	3	15	720	1,150,057	198,446	1.86	47.8	1
Camarines Norte	0	12	282	524,811	92,093	2.49	57.3	3
Camarines Sur	2	35	1,063	1,663,619	307,381	1.95	48.7	1
Catanduanes	0	11	315	231,652	36,984	1.87	53.2	3
Masbate	1	20	550	702,940	131,660	0.76	70.9	2
Sorsogon	1	14	541	644,300	84,716	0.95	51.4	2
Total in Region V	7	107	3,471	4,917,361	775,728	1.68	56.2	

Source: *1- 2004 Philippine Statistical Yearbook, NSCB, 2004

*2- 1995 Census-Based Population Projection, Vol II, NSO, 1997

*3- Field Health Service Information System, National Epidemiology Center - DOH, 2002

*4- Provincial Poverty Statistics, 2000, NSCB

*5- Questionnaire Survey on Provincial Health Offices

3.2.2 Health Status

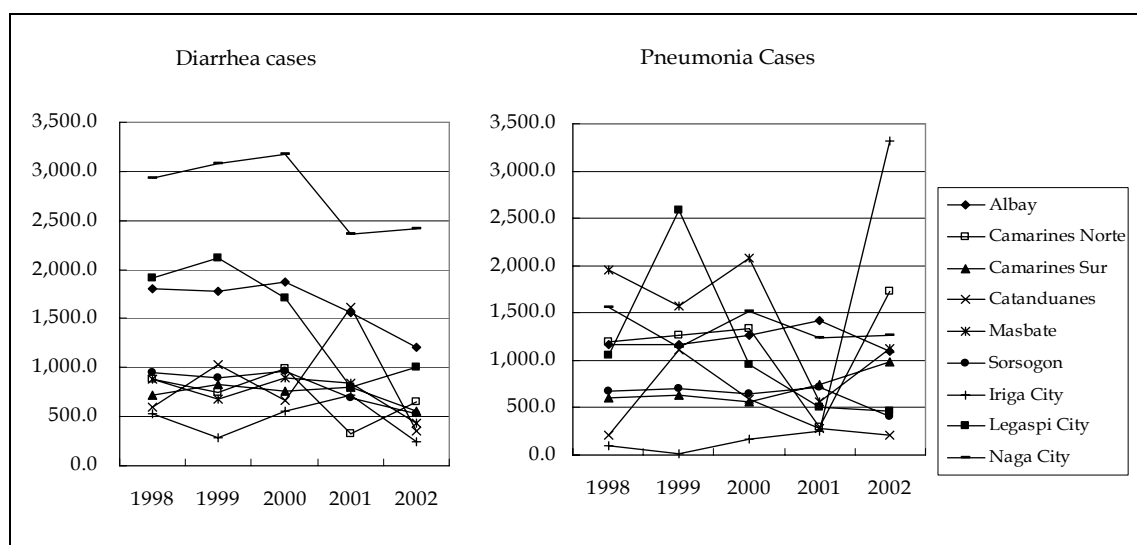
(1) General

Life expectancy in Region V is projected at 66.38 for men and 71.53 for women in 2002, which are lower than the national average (66.93 for men and 72.18 for women). The difference between the province of the longest life expectancy (Camarines Sur: 68.23 for men and 73.27 for women) and the one of the shortest (Camarines Norte: 64.44 for men and 68.83 for women) is about 4 years.

As shown in Table E-1.2 in Annex E, major causes of morbidity are infectious diseases and food and/or water born diseases, such as respiratory infections, diarrhea and parasitism. Major causes of mortality over the provinces in 2003 are vascular diseases, tuberculosis, wound and respiratory diseases including pneumonia and asthma. However, life style related diseases or chronic diseases are also included in major causes of mortality in some provinces, therefore, double burden of

diseases might be affecting to the health status in the Region V.

The following figure shows reported incidence of diarrhea and pneumonia in the recent 5 years (1998 – 2002). Reported incidence of diarrhea per 100,000 populations in Region V has decreased since 1999 (Table E-2 in Annex E). Although diarrhea cases have decreased in each province, the average of reported incidence of the 5 years in Albay is the highest among the provinces (1,645 per 100,000). According to the result of National Demographic and Health Survey 2003 (NSO, 2004: NDHS03), among the children under five years, diarrhea prevalence⁶ was 11.4%. Only 25.9% of those children were taken to a health facility to seek care.



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-10 Reported incidence of diarrhea and pneumonia cases in Region V (1998 – 2002) (per 100,000 population)

The average of reported incidence of pneumonia of the recent 5 years (1998 – 2002) in Region V is 981 per 100,000 populations (Table E-3 in Annex E). It is the highest in Masbate (1,460 per 100,000 populations) and the lowest in Catanduanes (480 per 100,000 populations). According to the results of NDHS03, among the children under five years, prevalence of acute respiratory infection (ARI) and fever⁷ were 9.6% and 25.6% respectively and only 38.2% of those children received the treatment.

One of the major causes of diarrhea and respiratory infection are environmental conditions such as lack of safe water and sanitary toilet (Table E-4 and 5 in Annex E). In Region V, 81.6% of household have access to safe water supply, however in Masbate, households with access to safe

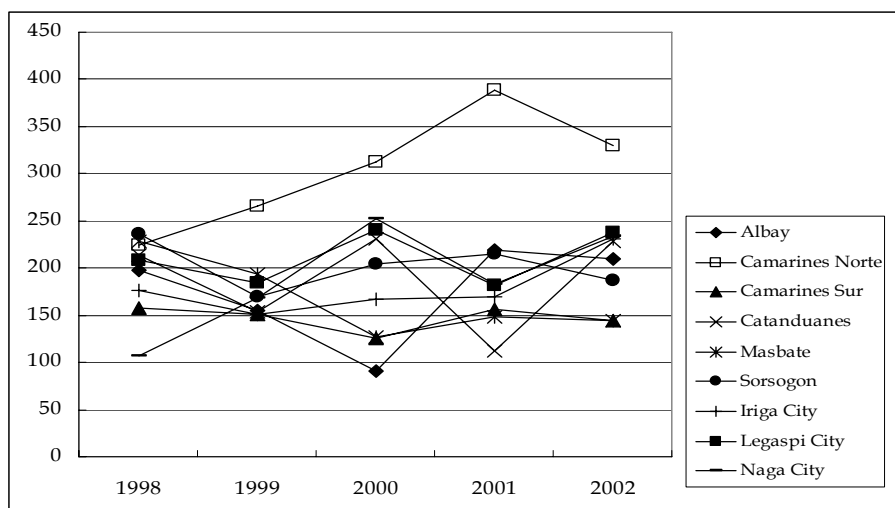
⁶ The percentage of the children with diarrhea in the two weeks preceding the survey period of NDHS03 (from June 16 to September 3, 2003).

⁷ The percentage of the children with symptoms of ARI and fever in the two weeks preceding the survey period of NDHS03 (from June 16 to September 3, 2003).

water supply represent 50.0%, while almost 100% coverage in Sorsogon and Catanduanes in 2002. Households with sanitary toilet represent 49.3% of total households in Region V in 2002. Those are 92.6% in Sorsogon, while only 39.7% in Masbate in 2002.

(2) Infectious diseases

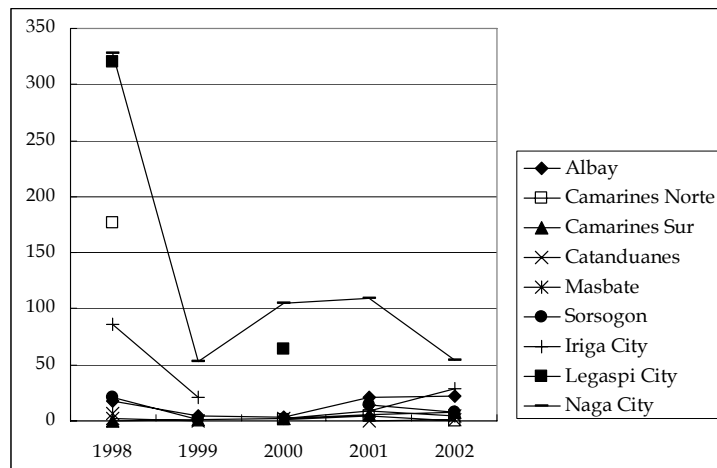
As described in the previous section, tuberculosis is one of major causes of mortality in Region V. The following figure shows reported incidence of tuberculosis per 100,000 populations. The average of reported incidence for the recent 5 years (1998 – 2002) in Camarines Norte is the highest (304 per 100,000 populations) and it is also high in Sorsogon (203 per 100,000 populations). In other provinces, the situations have not improved for five years of 1998 – 2002. (Table E-6 in Annex E)



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-11 Reported TB incidence in region V (1998 – 2002) (per 100,000 population)

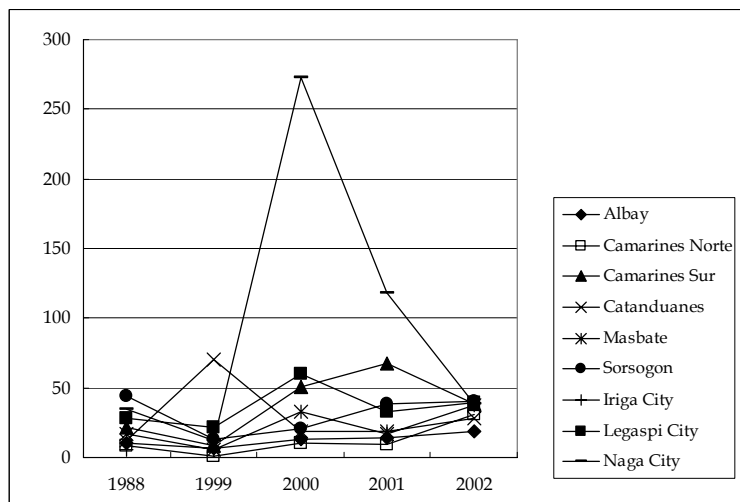
The average of reported incidence of dengue cases of the recent 5 years (1998 – 2002) in Region V is 17 per 100,000 populations (Table E-9 in Annex E). It has been on the high level in Legaspi and Naga Cities for five years (the average of reported incidence is 192 and 130 per 100,000 populations, respectively). The figures in Camarines Sur, Catanduanes and Masbate are less than 10.



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-12 Reported dengue incidence in Region V (1998 – 2002) (per 100,000 population)

Reported incidence of Measles in Region V has increased since 1998 as shown in Table E-7 in Annex E and the average of the recent 5 years (1998 – 2002) is 28 per 100,000 populations. It is the highest in Naga City (95 per 100,000 populations). Among provinces, it is the highest in Sorsogon (31 per 100,000 populations).



Source: Field Health Services Information System, DOH, 1998 - 2002

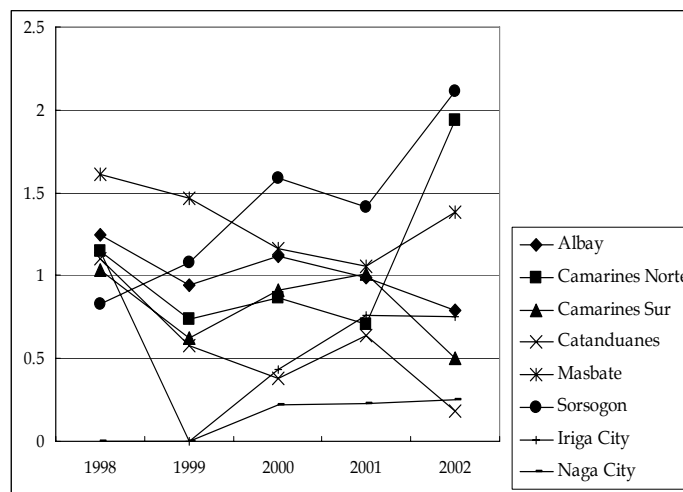
Figure 3-13 Reported measles incidence in Region V (1998 – 2002) (per 100,000 population)

(3) Women's health

1) Health status

Total number of reported maternal death in Region V is 116 in 2002 (1.1 per 1,000 live births) as shown in Table E-10 in Annex E. Changes of the maternal mortality rate per 1,000 live births are shown in the following figure. The average of maternal mortality rate for the recent 5 years (1998 – 2002) is 1.00 per populations in Region V and it is higher than the national average (0.65 per 1,000 live births). In Sorsogon, it is the highest (1.41 per 1,000 live births) and also high in Masbate, it is

1.34 per 1,000 live births.



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-14 Reported maternal death rate in Region V (1998 – 2002) (per 1,000 live births)

According to “Philippine Nutrition Facts & Figures 2001⁸” (Food and Nutrition Research Institute, Department of Science and Technology (DOST-FNRI), 2001), prevalence of vitamin A deficiency is 4.9% among pregnant women and 2.6% in lactating women in Region V. (Table E-11 in Annex E) Camarines Norte, Catanduanes and Sorsogon have high prevalence among pregnant women, around 12%.

Prevalence of anemia among pregnant women in Region V is 64.4%, especially, Catanduanes had 73.5% and Camarines Sur, Masbate and Sorsogon have the rates around 60%. More than 60% of lactating women in Camarines Norte and Masbate has anemia. (Table E-12 in Annex E)

Total Fertility Rate (TFR) in Region V is estimated at 4.3 and it is higher than the national average (3.5), however, wanted fertility rate is estimated at 2.6 (NSO, 2004, NDHS03). On the average, women in Region V have almost 2 more child than their desired number of children in their lifetimes.

2) Health services

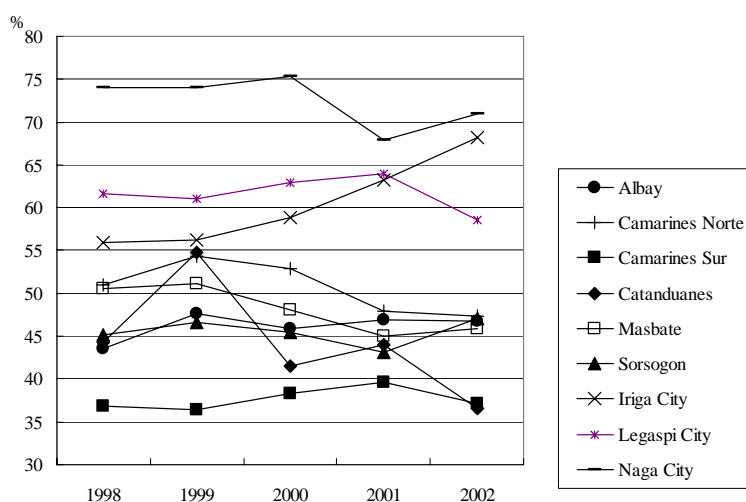
In Region V, 30.0% among the women who had a live birth for the last 5 years had antenatal care by doctors during the pregnancy for the most recent birth, 55.6% of them had it by nurses/ midwives, and 8.6% by Traditional Birth Attendant. Percentage of antenatal care by nurses/ midwives is higher than the national average (49.5%). About 29.1% of pregnant women had tetanus toxoid injections twice during their pregnancy, however 34.6% of them never had the

⁸ The report based on 1993 and 1998 national nutrition surveys.

injection. (NSO, 2004, NDHS03)

The most popular place of delivery in Region V is home. Seventy six percent of women delivered their children in home and only 15.7% of women delivered in government hospitals, and 5.5% in private hospitals or clinics. (NSO, 2004, NDHS03)

According to the result of NDHS03, 19.5% of the most recent deliveries for the last 5 years were attended by doctor and 28.3% by nurses and/or midwives in the 5 years. And 50.2% of deliveries were attended by Traditional Birth Attendant (TBA). It means that 1 out of 2 deliveries attended by TBA. Comparing to the national average (37.1%), it is higher. The following figure shows the percentage of deliveries attended by skilled health personnel including doctor, midwife and nurse in each province for the recent 5 years (1998 – 2002) according to Field Health Services Information Systems (FHSIS) by DOH. The average of percentage of the recent 5 years is the lowest in Camarines Sur (38%) and those are around 45% in other provinces. (Data is presented in Table E-13, 14 and 15 in Annex E.)



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-15 Deliveries attended by skilled health personnel in Region V (1998 – 2002)

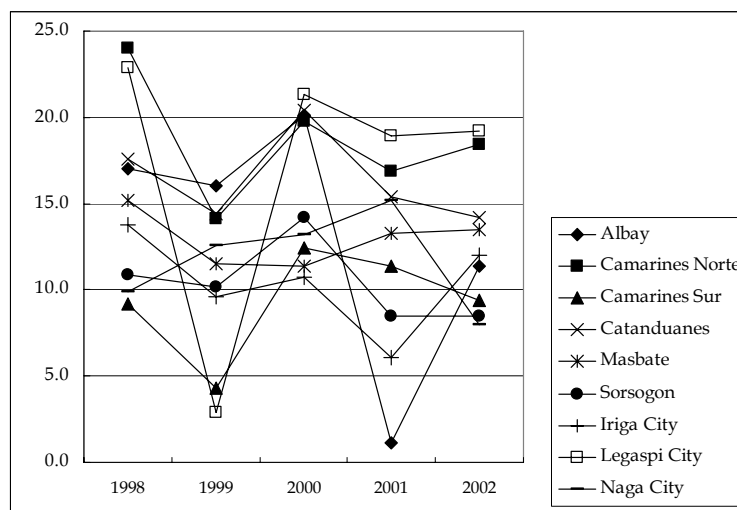
Six percent of the most recent deliveries for the last five years were caesarean section in accordance with the data in NDHS03. On the delivery, 42.5% of babies were not weighed their birth weight. The data in NDHS03 also shows 11.1% of babies were born with low birth weight (under 2.5kg).

Regarding family planning, less than 30% of married women used modern contraceptive method in 2002 and condom users were less than 1%. Pill and female sterilization were popular among modern method users. (Table E-16 in Annex E)

(4)Children's health

1) Health status

Child mortality rates are estimated at 19 for neonatal mortality, 28 for infant mortality and 43 for under 5 mortality in Region V in 2003 (per 1,000 live births) (NSO, 2004, NDHS03). Those are almost same as the national average (neonatal mortality rate; 13, infant mortality rate; 30 and under five mortality rate; 42). According to DOH, total reported number of infant death in Region V is 1,280 and infant mortality rate is 11.7 per 1,000 live births in 2002 as shown in Table E-17 in Annex E. The average of the recent 5 years (1998 – 2002) is 12.3 per 1,000 live births. Changes of the infant death rates per 1,000 live births are shown in the following figure. The average of the recent 5 years is higher in Camarines Norte (18.6 per 1,000 live births) and Catanduanes (16.4 per 1,000 live births).

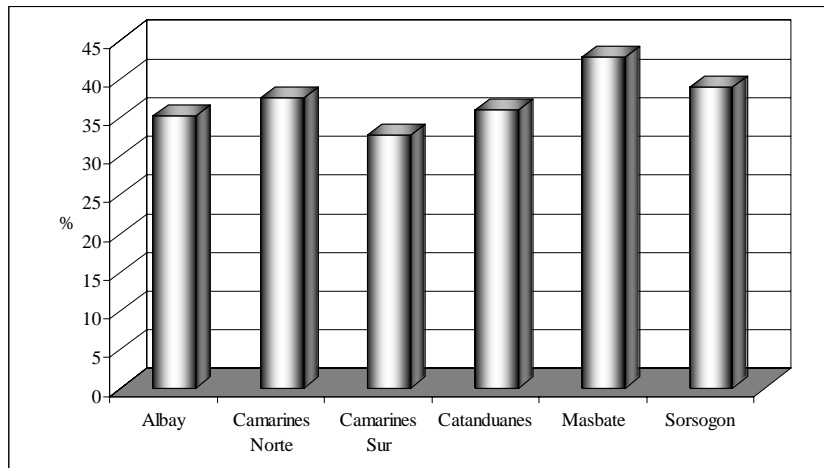


Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-16 Reported infant mortality rate in Region V (1998 – 2002) (per 1,000 live births)

The following figure shows the percentage of underweight children by the weight-for-age classification of NCHS (USA's National Center for Health Statistics)/ WHO⁹ (Table E - 18 in Annex E). Thirty six percent (36%) of 0-5 year-old children in Region V are underweight. It is the highest in Masbate (43%).

⁹ Cut-off point of NCHS (USA's National Center for Health Statistics)/ WHO standards for weight-for-age are;
Underweight: Less than - 2SD, Normal: - 2SD to +2SD, and Overweight: more than +2SD



Source: Philippine Nutrition Facts & Figures 2001, DOST, 2001

Figure 3-17 Percentage of underweight 0-5 year-old children in Region V

In Region V, prevalence of vitamin A deficiency among 6 months to 5 years old children is 7.5 (Table E-19 in Annex E), and for anemia, it is 34.3%. Those are the highest in Masbate; vitamin A deficiency is 19.0% and anemia is 56.2% (Table E-20 in Annex E).

2) Health services

Percentage of fully immunized children among 12-23 months old¹⁰ is 64.7% in Region V in 2003. (NSO, 2004, NDHS03). According to DOH, the percentage of reported fully immunized children among 9-11 months old children decreased from 87.0% in 2000 to 74.4% in 2002 as shown in Table E-21 in Annex E and the average of the period of 1998 to 2002 is 81.3%. It is the highest in Albay (88.7%) and the lowest in Catanduanes (70.4%) in provinces.

(5) Life-style related diseases

Diabetes Mellitus is one of top causes of mortality in Legaspi, Naga and Iriga Cities as shown in Table E-1.2 in Annex E. Cancer or neoplasm is also the major causes of mortality in all the provinces except Masbate. Reported incidence of hypertension is high in Albay (952 per 100,000), Catanduanes (766 per 100,000) and Sorsogon (617 per 100,000) as shown in table E-23 in Annex E.

3.2.3 Health Services and Facilities

According to the data of Field Health Services Information System (FHSIS), as shown in the Annex F-2-1, F-2-2 and F-2-3, there is a total of 136 hospitals in Region V. Out of 134 hospitals, 3 are DOH operated hospitals; namely Bicol Regional Training and Teaching Hospital in Legaspi City, Albay, Bicol Sanitarium in Cabuso, Camarines Sur, and Bicol Medical Center in Naga City, Camarines Sur. In addition to DOH hospitals, there are 3

¹⁰ Percentage of children age 12-23 months received BCG, DTPx3, Poliox3 and Meales.

provincial hospitals and 47 district, municipal or community hospitals, and 81 private hospitals. The total number of RHU and BHS is 127 and 1,007 respectively.

The specific problems in connection with the health facilities in this Region are as follows.

(1) Excess number of primary level hospitals

In this Region also, there are number of hospital of primary level, which makes it difficult for ILHZ to function the referral system according to the patient's needs. Besides, Region V has comparatively more hospitals than in the other 2 Regions. It is recommendable therefore to review the need of each hospital services, and to study the rationalization of hospitals to have one secondary level hospital.

(2) Limited number of PHIC accredited RHUs

PHIC benefit payment is another possible income to RHU, in addition to the financial support of municipal office. However, RHUs, which are certified by Sentrong Sigla and accredited by PHIC for benefit payment, are still 43% of all RHUs. It is encouraged to improve RHUs to get PHIC accreditation to be able to claim for benefit payment of PHIC. Among the provinces in this Region, almost all of RHUs in Sorsogon are PHIC accredited, while only 3 out of 21 RHUs are accredited.

(3) Many private hospitals

In this region, there are many private hospitals. Rationalization of hospitals is considered necessary.

Table 3-10 Health Facilities by Province in Region V

Province/City	Albay	Camarines Norte	Camarines Sur	Catanduanes	Masbate	Sorogon	TOTAL	Rate	
Non-LGU Hospitals	Accredited by PHIC (Tertiary)	1	0	1	0	0	0	2	66.7%
	Accredited by PHIC (Secondary)	0	0	0	0	0	0	0	0.0%
	Accredited by PHIC (Primary)	0	0	1	0	0	0	1	33.3%
	Non accredited	0	0	0	0	0	0	0	0.0%
	Total	1	0	2	0	0	0	3	
LGU Hospitals	Accredited by PHIC (Tertiary)	0	1	1	1	1	0	4	8.0%
	Accredited by PHIC (Secondary)	2	1	1	1	0	1	6	12.0%
	Accredited by PHIC (Primary)	5	0	6	5	5	7	28	56.0%
	Non accredited	1	1	5	0	3	2	12	24.0%
	Total	8	3	13	7	9	10	50	
Private Hospital	Accredited by PHIC	27	9	13	2	7	6	64	79.0%
	Non accredited	6	0	7	0	4	0	17	21.0%
	Total	33	9	20	2	11	6	81	
RHUs*	Accredited by PHIC	9	11	10	7	3	14	54	42.5%
	SS Certified	11	14	19	10	11	16	81	63.8%
	Non SS certified	10	2	23	1	10	0	46	36.2%
	Total	21	16	42	11	21	16	127	
Municipality	15	12	35	11	20	14	107		
BHSs	SS Certified	0	0	0	0	0	4	4	0.4%
	Non certified	181	111	323	49	173	166	1003	99.6%
	Total	181	111	323	49	173	170	1007	
	Barangay/BHS	3.98	2.54	3.29	6.43	3.18	3.18	3.45	
	BHWs/BHS	15.7	8.6	11.2	40	10.4	8.9		

* Total = (SS Certified) + (Non SS Certified)

BOLD: Convergence Site

Source: Licensing, Regulations and Enforcement Division, CHD-Region V, PHIC

And regarding the referral system inside of functioning ILHZ, health facilities are as follows.

Table 3-11 ILHZ and health facilities in Region V

Province	Name of ILHZ	No. of LGUs	No. of Hospitals	No. of RHUs
Camarines Norte	Labo DH	5	2	7
	Camarines Norte PH	7	1	9
Camarines Sur	Ragay DH	3	1	3
Sorsogon	Bulan DH	4	3	4
	Gubat DH	4	2	4
	Donsol DH	2	1	2
	Sorsogon DH	5	3	5

Source: Licensing, Regulations and Enforcement Division, CHD-Region V, PHIC

3.2.4 Health Financing

(1) Expenditure on health service in provincial government

The maintenance and other operating expenses for health sector in each provincial government in 2003 are shown in the following table.

Table 3-12 Health related maintenance and other operating expenses in each province in Region V (2003)

	Total of Personal Services Expenses	Maintenance and Other Operating Expenses (MOOE)				Total Expenses
		Total of MOOE	Medical, Dental & Lab. Supplies Expense	Hospitals & Health Center Maintenance	Others	
Albay	213,994,145	159,659,840 (100.00%)	38,256 (0.02%)	1,336,941 (0.84%)	158,284,643 (99.14%)	373,653,985
Camarines Norte	149,122,114	115,554,061 (100.00%)	2,303,405 (1.99%)	852,028 (0.74%)	112,398,628 (97.27%)	264,676,175
Camarines Sur	305,391,161	164,979,394 (100.00%)	8,111,903 (4.92%)	494,859 (0.30%)	156,372,632 (94.78%)	470,370,554
Sorsogon	196,300,175	129,178,427 (100.01%)	15,547,815 (12.04%)	1,377,923 (1.07%)	112,252,688 (86.90%)	325,478,601
Masbate	198,453,245	63,959,644 (100.00%)	15,507,815 (24.25%)	3,447,395 (5.39%)	45,004,434 (70.36%)	262,412,889
Catanduanes	149,473,145	88,876,485 (100.00%)	2,173,423 (2.45%)	Not available	86,703,063 (97.55%)	238,349,631

Source: Commission on Audit (COA)

Expenses spent on the maintenance of health facilities are generally under 1% in each province, except Masbate. Regarding medical, dental and laboratory supplies, Expenses spent on them varies among the provinces. Sorsogon and Masbate spend around 10~25% of MOOE, while, other provinces spend less than 5%, especially, Albay spend only 0.02%.

Provincial and municipal health officers and health facility staff says that they have difficulties to maintain necessary equipment and facilities and to hire appropriate health workers, especially doctors, as the budget is not enough.

According to NEDA Regional Office, however, LGUs, generally, put low priority to health sector after devolution and decrease budget allocation. For example, according to representative

from Catanduanes, the provincial government has not allocated enough budgets to improve provincial government hospitals to be core referral in ILHZs.

(2) Health insurance

The following table shows the number of PHIC member households in each province. Coverage ratio is 82.5% in the Region V and it is the highest in Camarines Norte, more than 100%, and the lowest in Sorsogon (65.2%). However, the coverage ratios are estimated based on the population in 2000 census as a denominator, therefore the actual coverage ratios might be lower if it is estimated based on the latest population.

Table 3-13 Number of PHIC member households and coverage in each province in Region V (as of September 2004)

	Employed	Individual	Non-paying	Sponsored	Total	Coverage
Albay	51,077	18,273	2,067	128,424	199,841	92.37%
Camarines Norte	14,796	7,650	739	72,775	95,960	104.62%
Camarines Sur	52,506	17,730	1,286	181,140	252,662	82.82%
Catanduanes	8,381	1,534	479	28,444	38,838	90.51%
Masbate	14,096	2,358	355	76,658	93,467	66.08%
Sorsogon	20,541	6,626	485	56,442	84,094	65.18%
Total in Region V	161,397	54,171	5,411	543,883	764,862	82.53%

*Coverage= Number of members x Average household size/ population in 2000 census
(Average household size: for Employed and individual-paying programs = estimated 2000 NSO figures by province, for non-paying program=1.7 and for sponsored program=5)

Source: PHIC Region V office

PHIC Region V office started to negotiate with mayors for contribution to sponsored program for the next year, i.e., financial support after phasing out of special program mentioned in 3.1.4. According to the office, all the municipalities in Camarines Norte, Catanduanes and Sorsogon have already agreed to continue contribution. It depends on the perception of mayors rather than on financial status of LGUs, as LGUs of high income class tend to be passive.

The premium collection status for each program and claims status for benefit payment are shown in the table below.

Table 3-14 Premium collection and claims paid status in Region V (2001 – Jun. 2004)
(Thousand pesos)

	2001	2002	2003		Jan-Jun 2004	
	Collected	Collected	Collected	Paid	Collected	Paid
Employed (Gov)	93,049	109,961	106,748	168,095	60,589	94,391
Employed (Priv)	64,855	71,573	76,474	138,912	44,842	82,969
Individually paying	16,646	15,785	17,309	*2	11,207	*2
Sponsored	*1	*1	*1	44,155	*1	39,446
Total	174,550	197,319	200,531	351,162	116,638	216,806

*1: No data available on collected amount for sponsored program.

*2: No data available on paid amount for individually paying program.

Source: PHIC Region V office

The paid amount for the sponsored program during the period from January to June 2004 is 10,526 thousand pesos, which is almost 90% of the total amount of 2003. Membership in the sponsored program increased rapidly because of the national campaign for enhancement of enrolment of sponsored program held in several months before the latest election (May 2004). Utilization of PHIC members in health facilities therefore has been rapidly increased. As they found that total paid amount for employed program exceeded the amount of premium collected in 2003, PHIC Region V office began to monitor collection rate, from 2004, against estimated target. According to them, government sector shows the worst collection rate as of June 2004.

Although private hospitals and clinics pushed up the claim amount recently, PHIC office does not have enough staff to investigate and verify these claims.

3.2.5 Local Health Systems

CHD Region V has been providing technical assistance such as orientation and facilitation to stakeholders including governors, mayors, local health officers and health service providers to form the consensus among them and to organize ILHZs. After the consensus of LCEs, approval of Local Legislative Board is also necessary to regulate the ILHZ. In spite of continuous effort of CHD, DOH-rep (DOH representatives) and PHO (Provincial Health Officer), it has been difficult to organize ILHZs in most of the cases, because of LCEs' unconcern to and low priority of implementation of HSRA.

As mentioned in Chapter 2, the quality and the level of "functioning" vary among the regions or even among the provinces. According to Local Health Assistance Division (LHAD) of CHD Region V, conditions of "functioning" Inter-Local Health Zone (ILHZ) are as follows.

- Integrated health plan has been established.
- Integrated referral system is functioning
- Integrated management of health information system is functioning

The following table presents the situation of ILHZs in each province. Detailed data on the organized ILHZs, such as population, number of health facilities and functioning systems are presented in Annex K-2.

Table 3-15 Situation of Inter-Local Health Zones (ILHZs) in Region V (as of October 2004)

Legend: figure= year of MOA signed
(for planning ILHZ, year of planned)
name of core-referral hospital
- name of municipality

	No. Under planning	No. Organized but not functioning	No. Functioning
Total in Region V	7	2	6
Albay (Total No. of municipalities: 15 cities: 3)	0	2 2000 <u>Josefina Belmonte Memorial DH^a</u> - Jovellar - Oas - Ligao City - Libon - Polangui - Guinobatan 2002 <u>Ziga Memorial DH^a</u> - Tiwi - Malinao - Tabaco City - Bacacay - Malilipot - Sto. Dmingo	0
No. of LGUs	0 (0%)	10 municipalities and 2 cities (67%)	0 (0%)
Remarks	a: Chief of hospital (chairperson of TMC) was changed and it has been difficult for him/her to call all the mayors to the meeting since then. Integrated planning system is functioning.		
Camarines Norte (Total No. of municipalities: 12)	0	0	2 2000 <u>Labo DH^b</u> - Sta.Elena - Jose Panganiban - Panacale - Labo - Capalonga 2004 <u>Camarines Norte PH^c</u> - Basud - Mercedes - Daet - San Lorenzo - San Vicente - Talisay - Vizons
No. of LGUs	0 (0%)	0 (0%)	12 (100%)
Remarks	b: Two-way referral system, planning and integrated information management systems have been functioning. But it's not reported to CHD. c: Orientation for LGU officials & health personnel has been given. MOA is under review. Two-way referral, planning and information management systems are generally functioning. - Generally, LCEs agree on the concept of ILHZ and are supportive. Both two ILHZs have regular meeting.		

	No. Under planning	No. Organized but not functioning	No. Functioning
Camarines Sur (Total No. of municipalities: 35 cities: 2)	0	0	2 2000 <u>Ragay DH</u> - Lupi - Ragay - Del Gallego 2003 <u>Dr. Niloo Roa Memorial Foundation Hospital (Private)</u> ^d - Naga City - Calabanga - Magarao - Canaman - Bombon - Milaor - Gainza - Pamplona - Pasacao - San Fernando - Ocampo - Bula - Pili - Camaligan - Minalabac
No. of LGUs	0 (0%)	0 (0%)	17 municipalities and 1 city (49%)
Remarks	<p>d: Orientation for MHOs and municipal planning officer has been conducted. Some of municipalities are reviewing to participate. Negotiation is being done to affirm core-referral hospital.</p> <p>- For all ILHZs: MOA isn't signed by the governor because he does not agree to the concept of ILHZ. However, planning, referral and information management systems are functioning.</p>		
Catanduanes (CS ^{*1}) (Total No. of municipalities: 11)	0	4 2000 <u>Pandan DH</u> ^e - Pandan - Caramoran 2001 <u>Viga DH</u> ^f - Pangabinan - Viga - Bagamanoc 2001 <u>Eastern Vicol Medical Center</u> ^e - Virac - San Andres - San Miguel 2001 <u>Bato Maternity and Childrens Hospital</u> - Bato - Baras - Gigmoto	0
No. of LGUs	0 (0%)	11 (100%)	0 (0%)
Remarks	<p>e: It will be functioning near future.</p> <p>f: No meeting has been held after election because 1 new mayor does not agree to the concept of ILHZ.</p> <p>- For all ILHZs; Training on integrated planning and orientation on referral systems conducted and finalizing referral manual.</p> <p>- Core-referral hospitals have not been improved because LGU has not allocated enough budgets.</p>		

	No. Under planning	No. Organized but not functioning	No. Functioning
Masbate (Total No. of municipalities: 20 city: 1)	2 2004 <u>Ticao DH^g</u> - San Fernando - San Jacinto - Batuan - Monreal 2004 <u>Masbate PH^h</u> - Masbate City - Mobo - Uson - Cawayan - Balud - Mandaon - Milagros - Arory - Baleno - Dimasalang	1 2000 <u>Cataingan DHⁱ</u> - Cataingan - Palanas - Placer - Espelanza	0
No. of LGUs	13 municipalities and 1 city (67%)	4 (19%)	0 (0%)
Remarks	g: Orientation for LGU officials was given. MOA is under review. h: Orientation for health personnel has been given. i: New chief of hospital is not much cooperative. Mayors are passive to contribute to common fund. Integrated planning system is functioning.		
Sorsogon (CS ^{*1}) (Total No. of municipalities: 14 City: 1)	0	0	4 2000 <u>Bulan MH</u> - Bulan - Irosin - Matnog - Sta. Magdalena 2000 <u>Gubat DHⁱ</u> - Gubat - Prieto Diaz - Bulusan - Barcelona 2000 <u>Donsol DH</u> - Donsol - Pilar 2000 <u>Sorsogon PH</u> - Sorsogon City - Castilla - Casiguran - Magallanes - Juban
No. of LGUs	0 (0%)	0 (0%)	14 municipalities and 1 city (100%)
Remarks	j: Training on Local Health Information Management System (LHIMS) has been given. Common drug management system between 2 municipalities is functioning. - All ILHZs: planning, referral and information management systems are functioning. - Although all mayors involved in ILHZs have committed to contribute to common fund, some of Local Health Board did not approve. - TMCs have been organized in all ILHZs and have meetings. They have established strategic plan.		

*1: CS= Convergence Site

Source: hearing from and questionnaire survey on PHOs, and hearing from DOH-reps and LHAD of CHD-Region V

According to CHD Region V, key factors for successful operation of ILHZs are capability of

Technical Management Committee (TMC), especially leadership and capability to persuade stakeholders from the technical point of view of the chairperson (it is usually chief of core referral hospital.). However, even after an ILHZ has been organized, CHD has sometimes to start from the orientation again, in case governor or mayor is changed after the election.

Common drug procurement system is functioning at only one (1) ILHZ (among 2 municipalities) in Sorsogon. However, according to CHD, it is generally difficult to integrate drug procurement system, because each LGU has already established their own system and they have close connection sometime with drug suppliers.

3.2.6 Donor's Activities

The following table shows on-going and future donor's activities in Region V.

Even in the public health program support, donors provide necessary capability building and/or institutional strengthening support related to the subject programs. However, no support focusing on institutional /capability development for HSRA has been given or planned yet.

Regarding target areas, some donors provide support directly to municipal governments including field health workers and/or communities. UNICEF provides integrated support from central (DOH) to Barangay levels including LGUs, local health officers and field health service providers.

According to NEDA Regional Office, some municipal governments could not receive foreign assistance program, because they could not provide counterpart fund and staff for the health sector.

Table 3-16 Donor's current activities and future plans in Region V (as of October 2004)

	Assistance for public health programs	Assistance for HSRA Implementation
Albay	USAID: LEAD (Local Enhancement and Development) for Health ^{*1} (2005~) (all municipalities) EU: HIV/AIDS (NGO support)	
Camarines Norte	UNICEF: Child-friendly movement ^{*2}	
Camarines Sur		
Catanduanes	USAID: LEAD for Health ^{*1} (2005~) (all municipalities)	
Masbate	UNICEF: Child-friendly movement ^{*2} UNFPA: Community empowerment and capability building of service providers for maternal health, family planning, STI and VAW ^{*3} (Dimasalang, Palanas and Placer)	
Sorsogon	World Bank: Women's Health and Safe Motherhood Project Phase 2 (WHSMP2) USAID: LEAD for Health ^{*1} (2004~) (all municipalities) EU: HIV/AIDS (NGO support)	
Legaspi City	WHO: Public-private DOTS strategy	
Iriga City		
Naga City		

*1: Capability building for procurement and distribution of health commodity for municipal/ city governments.

*2: Under 6th country program (2005~2009). Major activities include maternal health, child health nutrition of women and children.

*3: Community empowerment and capability building of health workers for selected 3 municipalities.

*4: *It is under study and not committed.*

Source: hearing from DOH, donors and CHD-Region V

3.2.7 Findings from the Regional Workshop

The regional workshop was held as follows;

Date: 26 October 2004 8:00~16:00

Place: CHD-Region V

Participants: representatives from CHD-Region V, provincial, city and municipal health offices, hospital, PHIC regional office and NEDA regional office

Participants were divided into 4 groups, i.e., CHD, Provincial, City and Municipal Health Offices, DOH retained hospital and LGU hospital. Problem and alternative solutions identifications in each group are shown in the Annex L, which are summarized as follows.

(1) Problems

CHD group identified core problem in the public health services and other three (3) groups identified it in the hospital problems. The participants, especially CHD and provincial health staff, analyzed that; fragmentation of health services after devolution and political intention affected the quality of health services and then, as the quality of district hospital services is not maintained, people does not believe in the public hospitals.

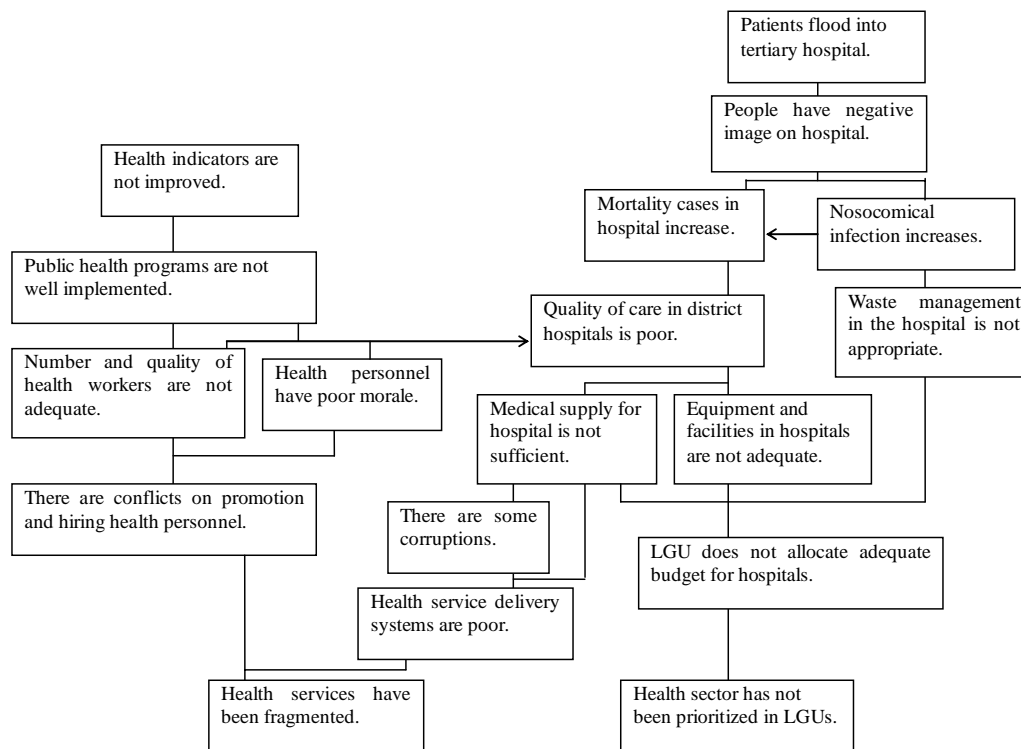


Figure 3-18 Summarized problem tree of health sector in Region V

(2) Alternative solutions

The alternative solutions identified by the participants to improve the above situation are summarized in the following strategies. The participants suggested beginning with ensuring support for health sector from LGUs to allocate adequate budget to improve health facilities and equipment and to maintain health care service providers. They also thought of external financial support to construct new facilities. However, it was difficult for them to consider practical strategies to utilize and maintain the new and upgraded facilities and equipment.

1) Ensuring support from LGUs, especially provincial government

- To have constant dialogue with Local Chief Executives (LCEs), DOH and related organizations.

2) Improvement of health facilities and equipment

- To improve income generating capability of health facilities.
- To construct new health centers and/or to upgrade equipment in health facilities to increase income from PHIC and from the patient for pay ward.

3) Improvement of capability for public health program implementation

- To integrate and improve health service delivery system in ILHZ by constructing new research and training center, mobilizing community in health service planning and implementation, and modifying procurement system.
- To maintain adequate health manpower.
- To functionalize referral system by improving quality of services in RHU

3.3 Region VIII (Eastern Visayas)

3.3.1 Demography

Region VIII is located in the easternmost border of the Philippine Archipelago. Its two main islands, Leyte and Samar are connected by San Juanico Bridge. The region consists of six provinces, i.e., Northern Leyte, Biliran, Southern Leyte, Western Samar, Eastern Samar and Northern Samar. Its land area is 21,435km² and relatively flat terrain. There are Tacloban city and Ormoc city in Northern Leyte Province, and Calbayog city in Western Samar Province.

The basic demographic data in each province/ city is shown in the following table.

Table 3-17 Demography of each province in Region VIII

	No. of Cities ^{*1}	No. of Municipalities ^{*1}	No. of Barangays ^{*1}	Total Population ^{*2}	No. of Households ^{*3}	Annual Pop. Growth rate ^{*2}	Poverty Prevalence Rate in Population ^{*4}	Income class ^{*5}
Year	2004	2004	2004	2002	2002	2001-02	2000	
Biliran	0	8	132	154,022	28,161	2.14	45.1	4
Eastern Samar	0	23	597	410,544	73,242	1.70	57.1	2
Northern Samar	0	24	569	1,771,024	90,188	1.74	50.4	2
Western Samar	1	25	951	519,455	123,258	2.01	48.0	2
Northern Leyte	2	41	1,641	678,827	325,668	2.21	41.9	1
Southern Leyte	1	18	500	368,552	72,734	2.08	37.7	3
Total in Region VIII	4	139	4,390	3,902,407	713,251	2.04	45.4	

Source: *1- 2004 Philippine Statistical Yearbook, NSCB, 2004

*2- 1995 Census-Based Population Projection, Vol II, NSO,1997

*3- Field Health Service Information System, National Epidemiology Center - DOH, 2002

*4- Provincial Poverty Statistics, 2000, NSCB

*5- Questionnaire Survey on Provincial Health Offices

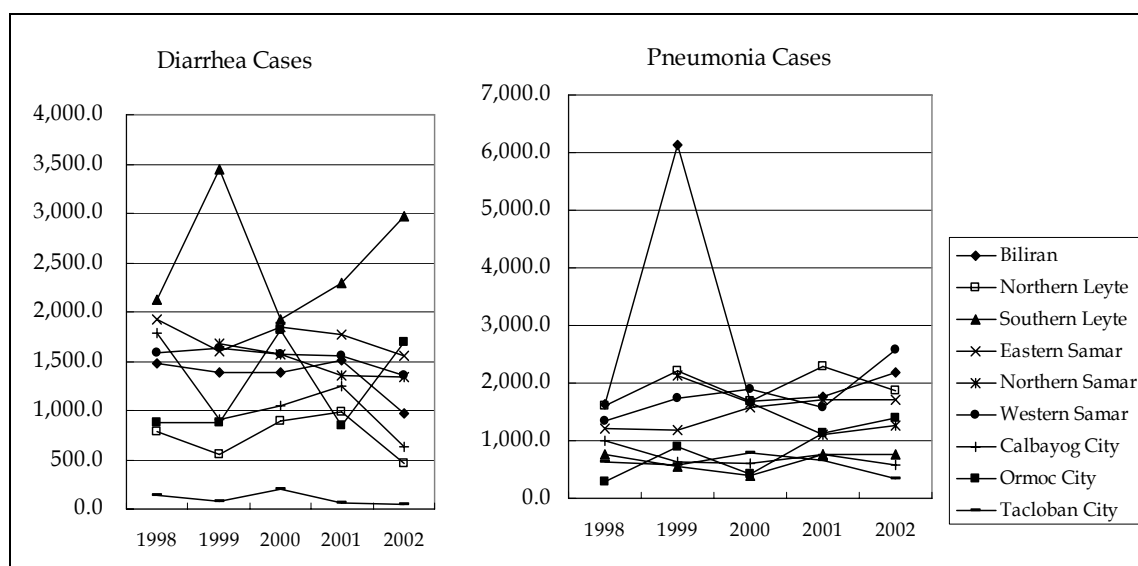
3.3.2 Health Status

(1) General

Life expectancy in Region VIII was projected at 64.45 for men and 68.50 for women in 2002. The difference between the province of the longest life expectancy (Biliran and Northern Leyte: 66.03 for men and 70.61 for women) and the one of the shortest (Western Samar: 62.10 for men and 65.22 for women) is about 5 years.

As shown in Table E-1.3 in Annex E, major causes of morbidity in 2003 are respiratory diseases, especially pneumonia, tuberculosis, diarrhea and parasitism. Major causes of mortality in each province are pneumonia and other respiratory diseases, vascular diseases and tuberculosis. However, life style related diseases or chronic diseases such as diabetes mellitus and cancer are also included in major causes of mortality in some provinces, therefore, double burden of diseases might be affecting to the health status in the Region V.

The following figure shows reported incidence of diarrhea and pneumonia in the recent 5 years (1998 – 2002). Reported incidence of diarrhea per 100,000 populations in Region VIII has decreased since 1998 (Table E-2 in Annex E) and the average of the 5 years is 1,240 per 100,000 population. In Southern Leyte, it is the highest among the provinces (2,552 per 100,000). According to the result of National Demographic and Health Survey 2003 (NSO, 2004: NDHS03), among the children under five years, diarrhea prevalence¹¹ was 9.8% and it is under the national average (10.6%). However, only 43.5% of those children were taken to a health facility to seek care.



Source: Field Health Services Information System, DOH, 1998 - 2002
Figure 3-19 Reported incidence of diarrhea and pneumonia in Region VIII (1998 – 2002) (per 100,000 populations)

Reported incidence of pneumonia per 100,000 populations has increased since 1998 (Table E-4 in Annex E). The average of the recent 5 years (1998 – 2002) in Region VIII is 1,553 per 100,000 populations. It is the highest in Biliran (2,683 per 100,000 populations) and the lowest in Southern Leyte (648 per 100,000 populations). According to the results of NDHS03, among the children under five years, prevalence of acute respiratory infection (ARI) and fever¹² were 15.6% and 27.4% respectively and 51.9% of those children received the treatment.

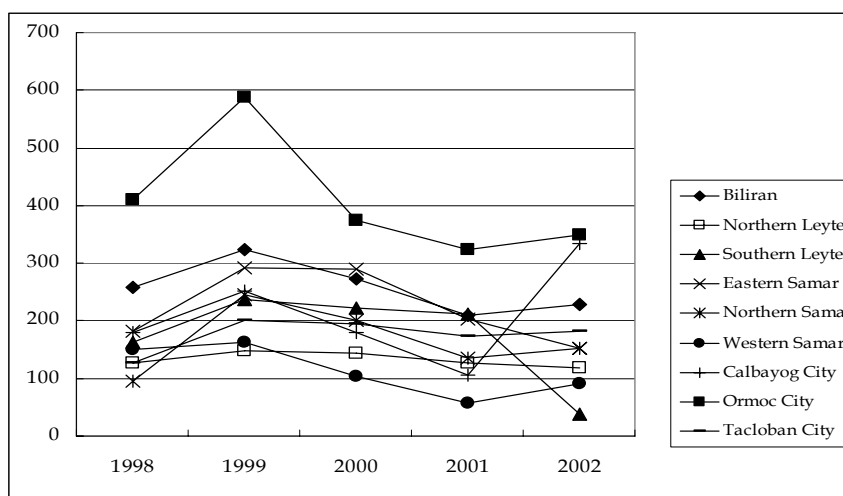
Most of diarrhea and respiratory infection cases are caused by environmental conditions such as safe water and sanitary toilet (Table E-4 and 5 in Annex E). In Region VIII, 88.2% of household have access to safe water supply. It is more than 100% in Southern Leyte and the lowest in Northern Leyte (82.0%) Households with sanitary toilet represent 66.3% of total households in

¹¹ The percentage of the children with diarrhea in the two weeks preceding the survey period of NDHS03 (from June 16 to September 3, 2003).
¹² The percentage of the children with symptoms of ARI and fever in the two weeks preceding the survey period of NDHS03 (from June 16 to September 3, 2003).

Region VIII. It is 83.5% in Southern Leyte, while 44.4% in Western Samar in 2002.

(2) Infectious diseases

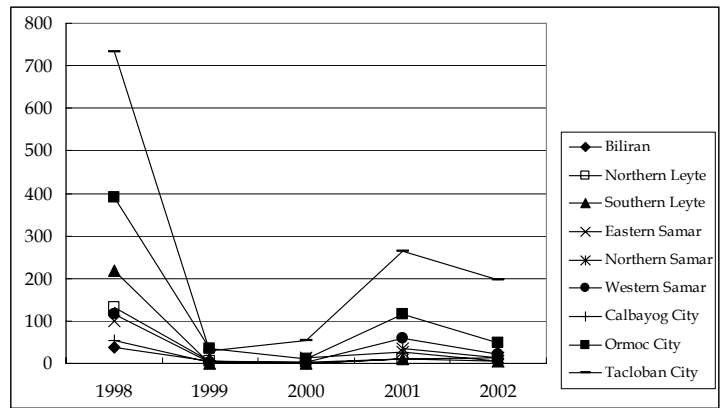
As described in the previous section, tuberculosis is one of the major causes of morbidity and mortality in Region VIII. Reported tuberculosis incidence per 100,000 populations in Region VIII increased since 1999 as shown in Table E-6 in Annex E, and the average of the recent 5 years (1998 – 2002) is 170 per 100,000 populations. This is lower than the national average (177 per 100,000 populations). It is higher in Biliran (258 per 100,000 populations) and in Eastern Samar (223 per 100,000 populations).



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-20 Reported incidence of TB in Region VIII (1998 – 2002) (per 100,000 population)

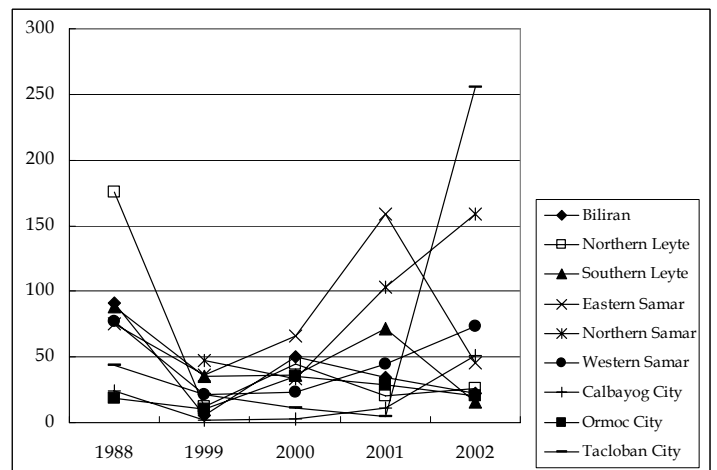
The average of reported incidence of dengue cases of the recent 5 years (1998 – 2002) in Region VIII is 51 per 100,000 populations (Table E-9 in Annex E), and it is twice as high as the national average (26 per 100,000 populations). Among the provinces, the range of the average of the recent 5 years is 13 (in Biliran) to 47 (in Southern Leyte). However, those are considerably high in Ormoc and Tacloban cities, 120 and 256 per 100,000 populations, respectively.



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-21 Reported incidence of dengue in Region VIII (1998 – 2002) (per 100,000 population)

Reported incidence of Measles in Region VIII has decreased since 1998 as shown in Table E-7 in Annex E and the average of the recent 5 years (1998 – 2002) is 58 per 100,000 populations. This is higher than the national average (28 per 100,000 populations). It is higher in Northern Samar (86 per 100,000 populations) and in Eastern Samar (76 per 100,000 populations) among the provinces.



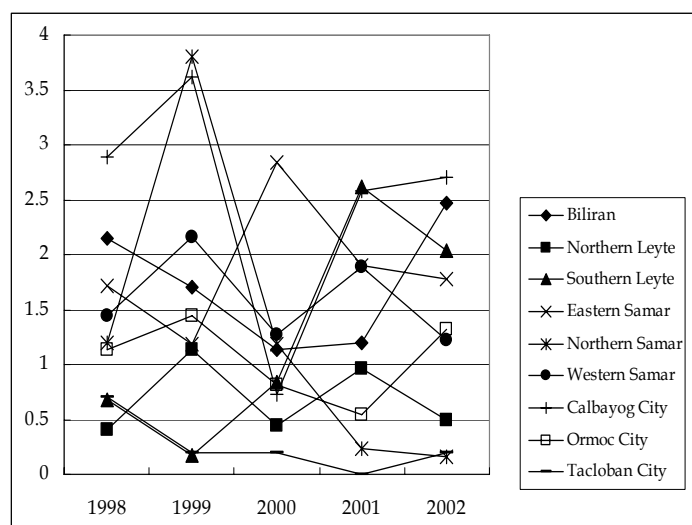
Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-22 Reported incidence of measles in Region VIII (1998 – 2002) (per 100,000 population)

(3) Women’s health

1) Health status

Total number of reported maternal death in Region VIII is 83 (1.0 per 1,000 live births) in 2002 as shown in Table E-10 in Annex E. Changes of the maternal mortality rate per 1,000 live births are shown in the following figure. The average of maternal mortality rate for the recent 5 years (1998 – 2002) is 1.10 per populations in Region VIII and it is higher than the national average (0.65 per 1,000 live births). In Biliran and Eastern Samar, those are higher (1.7 and 1.9 per 1,000 live births, respectively).



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-23 Reported maternal mortality rate in Region VIII (1998 – 2002) (per 1,000 live births)

According to “Philippine Nutrition Facts & Figures 2001¹³” (Food and Nutrition Research Institute, Department of Science and Technology (DOST-FNRI), 2001), prevalence of vitamin A deficiency is 9.2% among pregnant women and 4.3% in lactating women in Region VIII. (Table E-11 in Annex E) Western Samar has high prevalence among pregnant and lactating women, 25.1% and 13.9% respectively.

Prevalence of anemia among pregnant women in Region VIII is 61.7%, especially, Eastern Samar shows 84.2% and Southern Leyte and Western Samar show more than 60%. (Table E-12 in Annex E) According to rural health midwives working in City Health Centers in Tacloban City, they have not been able to provide iron tablet to pregnant women due to insufficient supply from LGU. They advise pregnant women to buy it in private pharmacies.

Total Fertility Rate (TFR) in Region VIII is estimated at 4.6 and it is higher than the national average (3.5), however, wanted fertility rate is estimated at 2.9 (NSO, 2004, NDHS03). On the average, Women in Region VIII have almost 2 more child than their desired number of children in their lifetimes.

2) Health services

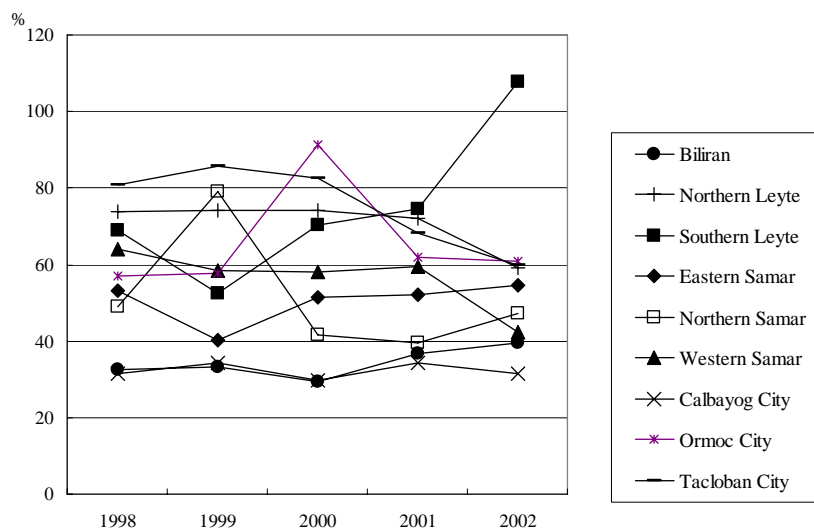
In Region VIII, 19.1% among the women who had a live birth for the last 5 years had antenatal care by doctors during the pregnancy for the most recent birth, 60.0% of them had it by nurses/midwives, and 17.9% by Traditional Birth Attendant (TBA). Percentage of antenatal care by TBA is considerably higher than the national average (6.5%). About 35.1% of pregnant women had

¹³ The report based on 1993 and 1998 national nutrition surveys.

tetanus toxoid injections twice during their pregnancy, however 33.9% of them never had the injection. (NSO, 2004, NDHS03)

The most popular place of delivery in Region VIII is home. Seventy nine percent of women delivered their children in home and only 14.7% of women delivered in government hospitals, and 5.3% in private hospitals or clinics. (NSO, 2004, NDHS03)

According to the result of NDHS03, 16.4% of the most recent deliveries for the last 5 years were attended by doctor and 19.6% by nurses and/or midwives in the 5 years. And 62.3% of deliveries were attended by Traditional Birth Attendant (TBA). It means that more than 1 out of 2 deliveries attended by TBA. Comparing to the national average (37.1%), it is higher. The following figure shows the change of the percentage of deliveries attended by skilled health personnel including doctor, midwife and nurse in each province for the recent 5 years (1998 – 2002) according to Field Health Services Information Systems (FHSIS) by DOH. The average of percentage of the recent 5 years is the lowest in Biliran (34%) among the provinces. Those are more than 70% in Southern Leyte and Northern Leyte, and around 50% in other provinces. (Data is presented in Table E-13, 14 and 15 in Annex E.)



Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-24 Deliveries attended by skilled health personnel in Region VIII (1998 – 2002)

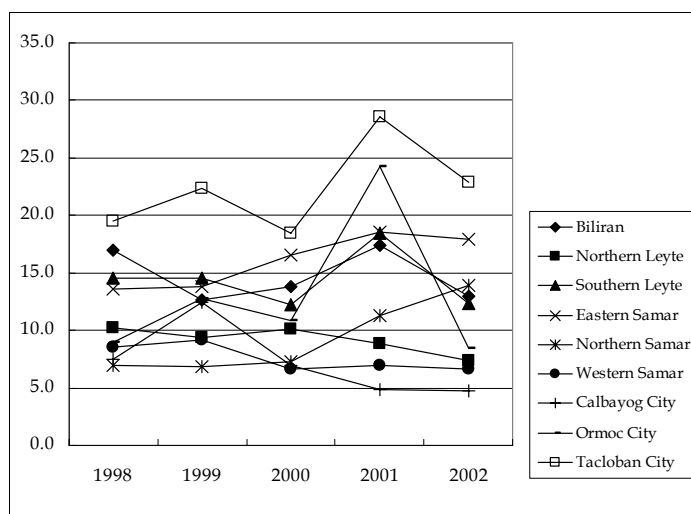
Regarding family planning, less than 30% of married women used modern contraceptive method in 2002 and condom users were 1.7%. Pill and female sterilization were popular among modern method users. (Table E-16 in Annex E)

(4) Children’s health

1) Health status

Child mortality rates are estimated at 24 for neonatal mortality, 36 for infant mortality and 57 for

under 5 mortality in Region VIII (per 1,000 live births) (NSO, 2004, NDHS03). Those are higher than the national average (neonatal mortality rate; 13, infant mortality rate; 30 and under five mortality rate; 42). According to DOH, total reported number of infant death in Region VIII is 915 and infant mortality rate is 11.0 per 1,000 live births in 2002 as shown in Table E-17 in Annex E. The average of the recent 5 years (1998 – 2002) is 11.3 per 1,000 live births. Changes of the infant death rates per 1,000 live births are shown in the following figure. The average of the recent 5 years is the highest in Southern Leyte (24.8 per 1,000 live births) and lower in Northern Leyte and Western Samar (6.3 and 7.6 per 1,000 live births, respectively).

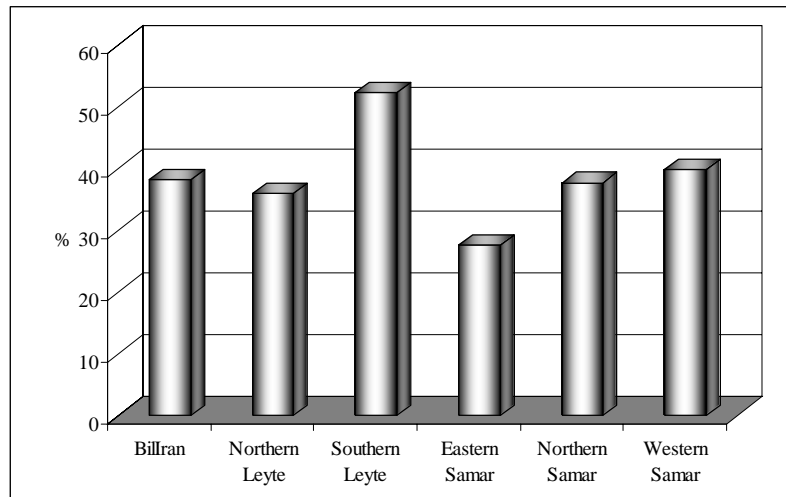


Source: Field Health Services Information System, DOH, 1998 - 2002

Figure 3-25 Reported infant mortality rate in Region VIII (1998 – 2002) (per 1,000 live births)

The following figure shows the percentage of underweight children by the weight-for-age classification of NCHS (USA’s National Center for Health Statistics)/ WHO¹⁴ (Table E - 18 in Annex E). Thirty eight percent of 0-5 year-old children in Region VIII are underweight. The percentage is the highest in Southern Leyte (52.3%) and the lowest in Eastern Samar (27.5%).

¹⁴ Cut-off point of NCHS (USA’s National Center for Health Statistics)/ WHO standards for weight-for-age are; Underweight: Less than - 2SD, Normal: - 2SD to +2SD, and Overweight: more than +2SD



Source: Philippine Nutrition Facts & Figures 2001, DOST, 2001

Figure 3-26 Percentage of underweight 0-5 year-old children in Region VIII

Prevalence of vitamin A deficiency and anemia among 6 month-old to 5year-old children in Region VIII is 10.4% and 47.3%, respectively. It is the highest in Western Samar (27.3% and 59.1%). Prevalence of vitamin A deficiency is the lowest in Northern Samar (2.2%). Prevalence of anemia is the lowest in Biliran (36.4%) (Table E-19 and 20 in Annex E).

2) Health services

Percentage of fully immunized children among 12-23 months old¹⁵ is 70.3% in Region VIII in 2003. (NSO, 2004, NDHS03). According to DOH, the percentage of reported fully immunized children among 9-11 month-old ones has decreased from 88.3% in 1998 to 67.8% in 2002 as shown in Table E-21 in Annex E and the average of the period of 1998 to 2002 is 78.6%. It is the highest in Eastern Samar (89.4%) and the lowest in Western Samar (68.7%) among the provinces.

(5) Life-style related diseases

Cancer is one of top ten causes of mortality in all the provinces as described in previous section, except Western Samar¹⁶ in 2003. However, only 96 cancer cases were reported in 2002 (Table E-22), so there are problems about diagnosis for causes of mortality and information system for outbreak of diseases. Reported incidence of hypertension is the highest in Southern Leyte (2,231 per 100,000) (Table E-23).

3.3.3 Health Services and Facilities

According to the data of Field Health Services Information System (FHSIS), as shown in the Annex F-3-1, F-3-2 and F-3-3, there is a total of 76 hospitals in Region VIII. Out of 76 hospitals, 2 are DOH operated hospitals; namely Schistosomiasis Hospital in Palo City, Eastern

¹⁵ Percentage of children age 12-23 months received BCG, DTPx3, Poliox3 and Meales.

¹⁶ No data was provided by provincial health office.

Visayas Regional Medical Center in Tacloban City. In addition to DOH hospitals, there are 4 provincial hospitals and 42 district, municipal or community hospitals, and 28 private hospitals. The total number of RHU and BHS is 155 and 789 respectively.

The specific problems in connection with the health facilities in this Region are as follows.

(1) Most conspicuous feature of this region is that accreditation and certification of health facilities are completed in Biliran and Southern Leyte. This is caused by support to health sector by GTZ.

(2) Provincial difference

The rationalization of health facilities is not outstripped in the other provinces as compared Biliran and Southern Leyte,.

Table 3-18 Health Facilities by Province in Region VIII

Province/City	Biliran	Eastern Samar	Northern Samar	Western Samar	Northern Leyte	Southern Leyte	TOTAL	Rate
Non-LGU Hospitals	Accredited by PHIC (Tertiary)	0	0	0	0	1	1	50.0%
	Accredited by PHIC (Secobdary)	0	0	0	0	0	0	0.0%
	Accredited by PHIC (Primary)	0	0	0	0	1	1	50.0%
	Non accredited	0	0	0	0	0	0	0.0%
	Total	0	0	0	0	2	2	
LGU Hospitals	Accredited by PHIC (Tertiary)	0	0	0	0	0	1	2.2%
	Accredited by PHIC (Secobdary)	1	2	2	2	5	13	28.3%
	Accredited by PHIC (Primary)	0	10	6	2	5	28	60.9%
	Non accredited	0	0	0	2	2	4	8.7%
	Total	1	12	8	6	12	46	
Private Hospital	Accredited by PHIC	0	6	1	2	9	19	67.9%
	Non accredited	0	0	2	1	3	9	32.1%
	Total	0	6	3	3	12	4	28
RHUs*	Accredited by PHIC	8	11	7	2	10	57	36.8%
	SS Certified	8	13	8	7	22	77	49.7%
	Non SS certified	0	13	16	20	29	78	50.3%
	Total	8	26	24	27	51	155	
Municipality	8	23	24	25	41	18	139	
BHSs	SS Certified	1	0	0	0	0	4	0.6%
	Non certified	34	106	129	122	289	784	99.4%
	Total	35	106	129	122	289	108	789
	Barangay/BHS	3.77	5.63	4.41	7.80	5.68	4.63	5.56
	BHWs/BHS	32	20.4	18.2	23.40	18.3	16	

* Total = (SS Certified) + (Non SS Certified)

BOLD: Convergence Site

Source: Licensing, Regulations and Enforcement Division, CHD-Region V, PHIC

And regarding the referral system inside of functioning ILHZ, health facilities are as follows.

Table 3-19 ILHZ and health facilities in Region VIII

Province	Name of core referral hospital	No. of LGUs	No. of Hospitals	No. of RHUs
Biliran	Nacal PH	8	1	8
Eastern Samar	Borongan PH	5	1	6
	Balngiga PH	4	2	4
	Taft DH	4	3	4
	Guiuan DH	5	1	6
Southern Leyte	Sogod DH	5	2	5
	Maasin PH	5	2	6
	Pacific DH	6	2	6
	Panaon DH	3	1	3

Source: Licensing, Regulations and Enforcement Division, CHD-Region V, PHIC

3.3.4 Health Financing

(1) Expenditure on health service in provincial government

The maintenance and other operating expenses for health sector in each provincial government in 2003 are shown in the following table.

Table 3-20 Health related maintenance and other operating expenses in each province in Region VIII (2003)

Unit: pesos

	Total of Personal Services Expenses	Maintenance and Other Operating Expenses (MOOE)				Total Expenses
		Total of MOOE	Medical, Dental & Lab. Supplies Expense	Hospitals & Health Center Maintenance	Others	
Biliran	75,683,788	40,258,168 (100.00%)	8,094,708 (20.11%)	656,364 (1.63%)	31,507,096 (78.26%)	115,941,956
Eastern Samar	219,471,384	49,809,304 (100.00%)	10,364,928 (20.81%)	272,519 (0.55%)	39,171,858 (78.64%)	269,280,689
Northern Leyte	423,176,718	199,612,054 (100.00%)	Not Available	626,691 (0.31%)	198,985,362 (99.69%)	622,788,772
Northern Samar	254,099,006	86,343,674 (100.00%)	Not Available	126,221 (0.15%)	86,217,454 (99.85%)	340,442,680
Western Samar	Not Available					
Southern Leyte	169,666,253	72,227,116 (100.00%)	10,102,387 (13.99%)	36,503 (0.05%)	62,088,226 (85.96%)	241,893,369

Source: Commission on Audit (COA)

Expenses spent on the maintenance of health facilities are generally under 1% in each province except Biliran. Regarding medical, dental and laboratory supplies, although data of 3 out of 6 provinces is not available, Biliran, Eastern Samar and Southern Leyte spent around 10~25% of MOOE.

Provincial and municipal health officers and health facility staff revealed, however, that the budget does not cover the payment of necessary expenses for maintaining necessary equipment and facilities and for hiring appropriate health workers, especially doctors.

Budget allocation is affected by priority setting by LGUs and commitment of LCEs. According

to CHD and provincial health officers, provincial governments of Biliran, Eastern Samar and Southern Leyte have given high priority to health sector, while health facilities in Western Samar have not been well maintained because of low priority set by governor for health sector. Therefore, patients from Western Samar are flowing into Eastern Visayas Regional Medical Center. Provincial government of Northern Leyte expects to transfer Ormoc District Hospital to Ormoc City due to lack of budget, while Ormoc City does not accept it.

(2) Health insurance

The following table shows the membership status of PHIC in each province. Coverage ratio in Region VIII is 75.3%. It is the highest in Biliran (86.7%) and the lowest in Northern Samar (68.7%) as of September 2004. However, the coverage ratios are estimated based on the population in 2000 census as a denominator, therefore the actual coverage ratios might be lower if it is estimated based on the latest population.

Table 3-21 PHIC membership status in each province in Region VIII (as of September 2004)

	Employed	Individual	Non-paying	Sponsored	Total	Coverage
Biliran	3,856	2,144	235	18,210	24,445	86.67%
Eastern Samar	10,523	3,182	900	49,471	64,076	84.97%
Northern Samar	9,656	2,350	403	56,003	68,412	68.78%
Western Samar	14,361	4,050	607	69,728	88,746	69.33%
Northern Leyte	63,289	19,957	3,747	158,857	245,850	76.00%
Southern Leyte	12,217	2,691	784	40,201	55,893	76.63%
Total in Region VIII	113,632	34,374	6,676	392,470	547,422	75.33%

Coverage= Number of members x Average household size/ population in 2000 census

(Average household size: for Employed and individual-paying programs = estimated 2000 NSO figures by province, for non-paying program=1.7 and for sponsored program=5)

Source: PHIC Region VIII office

According to PHIC Regional Office, LGUs contribute to sponsored program without large amount of external financial supports such as congress men or private funds, and all provincial governments, except Western Samar give financial support to municipal governments. The PHIC Regional Office has given orientation on LGUs' contribution to sponsored program for the next year to PHO, MHO and LCEs. Both provincial and municipal governments in the region, especially Biliran and Southern Leyte are cooperative to sponsored program.

The premium collection status for each program and claims status for benefit payment are shown in the table below.

Table 3-22 Premium collection and claims paid status in Region VIII (2001 – Sep. 2004)

(Thousand pesos)

	2001		2002		2003		Jan-Sep 2004	
	Collected	Paid	Collected	Paid	Collected	Paid	Collected	Paid
Employed (Gov)	96,795	120,773	126,098	114,662	136,368	116,705	116,551	109,505
Employed (Priv)	39,323	60,715	45,962	59,999	54,939	66,072	45,626	67,079
Individually paying	7,246	*1	9,352	*1	11,264	*1	12,027	*1
Sponsored	3,007	5,311	9,577	6,737	17,646	10,664	15,859	31,792
Total	146,370	186,800	190,989	181,398	220,217	193,442	190,064	208,376

*1: Paid amount for individual paying program is included to private employed program.

Source: PHIC Region VIII office

The paid amount for the sponsored program during the period from January to September 2004 for is 31,792 thousand pesos, which is almost 3 times of total amount of 2003 (10,664 thousand pesos). Membership of the sponsored program increased rapidly, because of the national campaign for enhancement of enrolment of sponsored program held in several months before the latest election (May 2004). Utilization of membership in health facilities has rapidly increased accordingly. Also total paid amount during the period of Jan. – Sep. 2004 exceeded the amount of collected premium.

PHIC Region VIII office has been monitoring collection rate against the estimated target since 2002. According to them, total collection rate has been decreasing; 154% in 2002, 91% in 2003 and 83% as of September 2004 due to decreasing of collection rate in employment program. The latest collection rate in employment programs (both government and private) is 78%, while 171% in the sponsored program.

3.3.5 Local Health Systems

(1) Overall ILHZ Situation

CHD Region VIII has been assisted by GTZ for HSRA implementation including organizing and operating of ILHZs for 3 years as described in later section (3.4). Both CHD and GTZ concentrated their support to convergence sites, i.e., Southern Leyte, Biliran and Eastern Samar, and then they are going to expand to the other area. CHD's support include facilitating the stakeholders such as local chief executives, PHOs and MHOs to organize ILHZ, to establish the necessary systems the support, providing technical assistance to prepare the manuals and supervising the implementation of their activities. However, CHD's support for non-convergence sites has not been progressed because of the budget constraints, according to Local Health Assistance Division (LHAD).

Regarding the activities for ILHZs, the CHD started from a pilot site, Sogod ILHZ in Southern Leyte, and they are going to expand their support to the other ILHZs of the province, simultaneously initializing the activities in Biliran and Eastern Samar.

As mentioned in Chapter 2, conditions of “functioning” ILHZs vary among the regions, and according to Local Health Assistance Division (LHAD) of CHD Region VIII, conditions of “functioning” Inter-Local Health Zone (ILHZ) are as follows.

For all ILHZs;

- Integrated health plan has been established.
- Integrated referral system is functioning
- Integrated management of health information system is functioning

In addition to the above conditions, following are also required for ILHZs in convergence sites;

- Integrated drug management system based on “Revolving Drug Insurance Fund (RDIF)¹⁷” has been established
- Common human resources management system has been established.
- Integrated health care financing has been established.

The following table presents the situation of ILHZs in each province and data on population and health facilities included and functioning systems in ILHZs which MoA have been signed are presented in Annex K-3.

Table 3-23 Situation of Inter-Local Health Zones (ILHZs) in Region VIII (as of October 2004)

Legend: figure= year of MOA signed
name of core-referral hospital
 - name of municipality

	No.	Under planning	No.	Organized but not functioning	No.	Functioning
Total in Region VIII	4		0		9	
Biliran (CS*) (Total No. of municipalities: 8)	0		0		1	2003 <u>Biliran PH</u> ^a - Biliran - Naval - Almeria - Lulaba - Cabncagayan - Kawayang - Caibiran - Maripipi
No. of LGUs		0 (0%)		0 (0%)		8 (100%)
Remarks	a: Referral , integrated health planning and information management systems are functioning.					

¹⁷ RDIF is a drug management system involving accredited private pharmacies, and is operated with the financial support of LGUs. It aims to provide appropriate medicines to sponsored program members of PHIC. LGUs contribute P200/family/year from total capitation fund of PHIC (total is P300/family/year) to the drug fund. RHU/ hospitals issue drug coupon to sponsored program members to get medicines in accredited pharmacies. Pharmacies must agree to uniform pricing of essential drugs for sponsored program patients defined by the RDIF committee.

	No. Under planning	No. Organized but not functioning	No. Functioning
Eastern Samar (CS*) (Total No. of municipalities: 23)	2 <u>Oras DH^b</u> - Oras - Maslog - San Policarpio - Jipapad <u>Arteche DH^b</u> - Arteche	0	4 2004 <u>Eastern Samar PH^c</u> - Borongan - San Julian - Maydolong - Balangkayan - Llorente 2004 <u>Albino Duran Memorial Hospital^c</u> - Balanginga - Lawa-an - Giporlos - Quinapundan 2004 <u>Taft DH^c</u> - Taft - Sulat - Can-avid - Dolores 2004 <u>Shouthern Samar DH^c</u> - Guiuan - Mercedes - Hernani - Salcedo - Gen. Mcarthur
No. of LGUs	5 (22%)	0 (0%)	18 (78%)
Remarks	b: Orientation for LCEs has held in October 2004. c: Referral, integrated health planning and information management systems have been introduced.		
Northern Samar (Total No. of municipalities: 24)	3 <u>(core-referral is not identified)</u> - Gamay - Mapanas - Lapinig <u>Capul DH</u> - Capul - San Vicente <u>Biri DH</u> - Biri	0	0
No. of LGUs	6 (25%)	0 (0%)	0 (0%)
Remarks	- Orientation for to all the municipalities was given in October 2004; but, only 6 municipalities listed above sent their representatives.		
Western Samar (Total No. of municipalities: 25 City: 1)	2 <u>Calbayog DH</u> - Calbayog City - Sta. Margarita - Sto. Nino - Almagro - Tagapul-an <u>Gandara DH</u> - Gandara - Matuguinao - San Jorge - Pansanghan	0	0
No. of LGUs	8 municipalities and 1 city (35%)	0 (0%)	0 (0%)
Remarks	- Orientation for LCEs was held in October 2004.		

	No. Under planning	No. Organized but not functioning	No. Functioning
Northern Leyte (Total No. of municipalities: 41 Cities: 2)	1 <u>Leyte PH</u> - Tacloban City - Palo - Tolosa - Dulag - Tanauan - Pastrana - Santa Fe - Alangalang - Babatangon	0	0
No. of LGUs	8 municipalities and 1 city (21%)	0 (0%)	0 (0%)
Remarks	- Orientation for LCEs has been completed.		
Southern Leyte (CS*) (Total No. of municipalities: 18 City: 1)	0	0	4 2003 <u>Sogod DH</u> ^d - Sogod City - Bontoc - Libagon - Liloan - Ceppun 2003 <u>Southern Leyte PH</u> ^e - Maasin City - Macrohon - Padre Burgos - Malitbog - Limasawa 2003 <u>Abahawan DH</u> ^f - Silago - Hinunangan - Hinundayan - Anahawan - San Juan - St. Bernard 2003 <u>Pintuyan DH</u> ^g - San Francisco - Pintuyan - San Ricardo
No. of LGUs	0 (0%)	0 (0%)	17 municipalities and 2 cities (100%)
Remarks	d: Planning (both strategic and annual operational), information and drug management (for 3 municipalities) are functioning and referral manual is under finalization and training. e: Integrated planning, referral and information management systems are functioning. f: Integrated planning and referral systems, and common financing among some LGUs are functioning. g: Integrated planning, referral and information management systems, and common financing among some LGUs are functioning		

*1: CS= Convergence Site

Source: hearing from and questionnaire survey on PHOs, and hearing from DOH-reps and LHAD of CHD-Region VIII

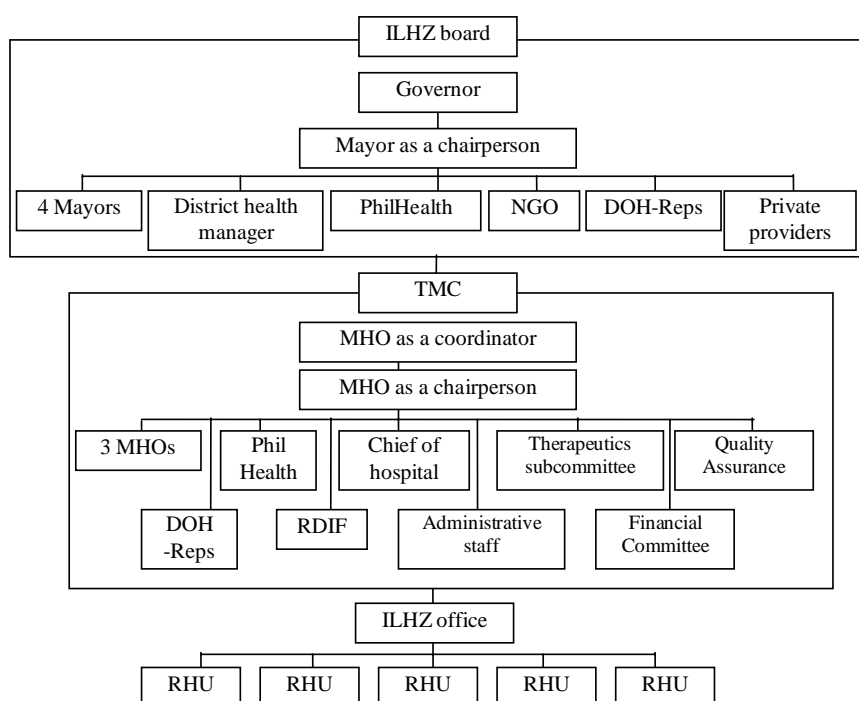
According to CHD Region VIII, ideal number of municipalities in ILHZ is 5 to 6, because it is easy to manage. Based on their experiences, if more than 7 LGUs are involved in one ILHZ, it would be difficult to arrange meeting, to form consensus and to operate the activities. CHD staff have been attending meeting of ILHZs since the initial stage. They keep close communication with

the stakeholders such as mayors, governors, local health officers and DOH-Reps.

(2) Sogod Bay ILHZ

Memorandum of Agreement among 5 LGUs and provincial government was signed in December 2003. Integrated strategic health plan has been established and annual operational plan for 2005 is being finalized. Integrated management of health information system focusing on baseline and monitoring is also functioning. Manual on integrated referral system is being finalized through the training seminar. Drug management system with RDIF is being operated in pilot sites consisting of 3 municipalities.

Overall organization of the ILHZ is shown below.



Source: Sogod Bay ILHZ Office

Figure 3-27 Organization of Sogod Bay Inter-Local Health Zone

Major products developed for the ILHZ are as follows;

- Improving hospital performance/ reform
- Quality management of hospital and RHUs
- Baseline and monitoring system
- Referral system
- Revolving drug insurance fund
- Making drug accessible/ health plus outlets and pooled procurement
- Family/ reproductive health package
- Implementation of PHIC indigent package

- Social Health Insurance/ Social Marketing Scheme to increase informal sector enrollment
- Developing modules of cooperation with PHIC and organized groups for informal sector

CHD and provincial health office initiated organizing the ILHZ in 2001 supported by GTZ. They spent almost one year to facilitate and persuade local chief executives such as mayors although the governor of Southern Leyte has been very supportive and expressing strong commitment to the health sector reform.

CHD and the provincial health office are going to expand their support to organize ILHZs in other areas in Southern Leyte based on these experiences.

3.3.6 Donor's Activities

The following table shows on-going and future donor's activities in Region VIII.

Even in the public health program support, donors provide necessary capability building and/or institutional strengthening support related to the subject programs.

Regarding target areas, some donors provide support directly to municipal governments including field health workers and/or communities. Some provide integrated support from central (DOH) to Baranguay levels including LGUs, local health officers and field health service providers.

Table 3-24 Donor's current activities and future plans in Region VIII (as of October 2004)

	Assistance for public health programs	Assistance for HSRA Implementation
Biliran	USAID: LEAD (Local Enhancement and Development) for Health ^{*1} (all municipalities)	GTZ: Local Health System Development (LHSD) (2004~) KfW: LHSD (infrastructure) ^{*2} EU: HSRA ^{*2}
Eastern Samar	USAID: LEAD for Health ^{*1} (2005~: 12 municipalities) (2006~: all municipalities) UNICEF: Child-friendly movement ^{*3} UNFPA: Community empowerment and capability building of service providers for maternal health, family planning, STI and VAW ^{*4} (Maydolong, Sulat and Liorente)	GTZ: LHSD (2005~) KfW: LHSD (infrastructure) ^{*2} EU: HSRA ^{*2}
Northern Samar	UNICEF: Child-friendly movement ^{*3}	
Western Samar		
Northern Leyte	USAID: LEAD for Health ^{*1} (2005~: 15 municipalities and Tacloban and Ormoc) (2006~: all municipalities)	
Southern Leyte	USAID: LEAD for Health ^{*1} (2005~: 11 municipalities) (2006~: all municipalities)	GTZ: LHSD (2001~) KfW: LHSD (infrastructure) ^{*2} EU: HSRA ^{*2}

*1: Capability building for procurement and distribution of health commodity for municipal/ city governments.

*2: *It is under study and not committed.*

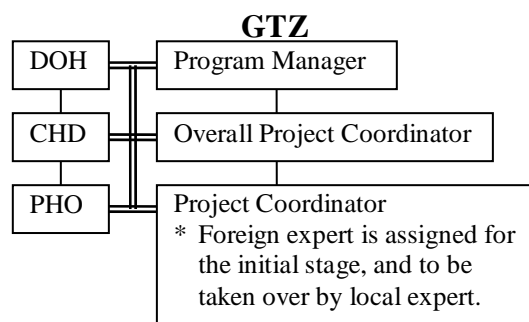
*3: Under 6th country program (2005~2009). Major activities include adolescent maternal health, under nutrition and micronutrient deficiency elimination and child health and sanitation.

*4: Community empowerment and capability building of health workers for selected 3 municipalities.

Source: hearing from DOH, donors and CHD-Region VIII

(1) Local Health System Development (LHSD) by German Technical Cooperation (GTZ)

In Region VIII, GTZ has been providing integrated support for implementation of Health Sector Reform Agenda (HSRA) since 2001. As presented in the following figure, GTZ dispatched their experts from central to provincial level to enhance close coordination among central, regional and provincial stakeholders.



Source: Hearing from GTZ and CHD VIII

Figure 3-28 Organization for ILHD implementation support

Initially, GTZ provided technical assistance for capability building of DOH to strengthen

planning and implementation of policy/programs, to be implemented by CHD on the components below;

- Implementing of local health system reform
- Hospital reform
- Training for health workers in RHU for curative care
- Laboratory services and pharmacy
- Baseline monitoring system

Then, GTZ initiated activities in the selected pilot site, Sogod Bay ILHZ in Southern Leyte. In selection of the pilot site, commitment and attitude of governors are primary considered as well as other factors for project feasibility. GTZ's program is expanding to Biliran from 2003 and Eastern Samar from 2005.

3.3.7 Findings from the Regional Workshop

The regional workshop was held as follows;

Date: 3 November 2004 8:00~16:00

Place: CHD-Region VIII

Participants: representatives from CHD-Region VIII, provincial, city and municipal health offices, hospitals, PHIC regional office and NEDA regional office, and mayors

Participants were divided into 4 groups, i.e., provincial group including provincial health officers and DOH-Reps, regional group including CHD, PHIC and NEDA, mayors group from convergence sites and mayors group from non-convergence sites. Problem and alternative solutions identifications in each group are shown in the Annex L, which are summarized as follows.

(1) Problems

Convergence site mayors group was expected to identify different problems from non-convergence site mayors group because the processes of health sector reform are advanced. However, no specific differences were found between the groups.

The participants identified that environmental sanitation and accessibility to health services are affecting on health status in the region. Accessibility to health services depends on availability of health service providers, those are; health facilities, medicines, health workers and systems. And such availability is strongly affected by financial limitation.

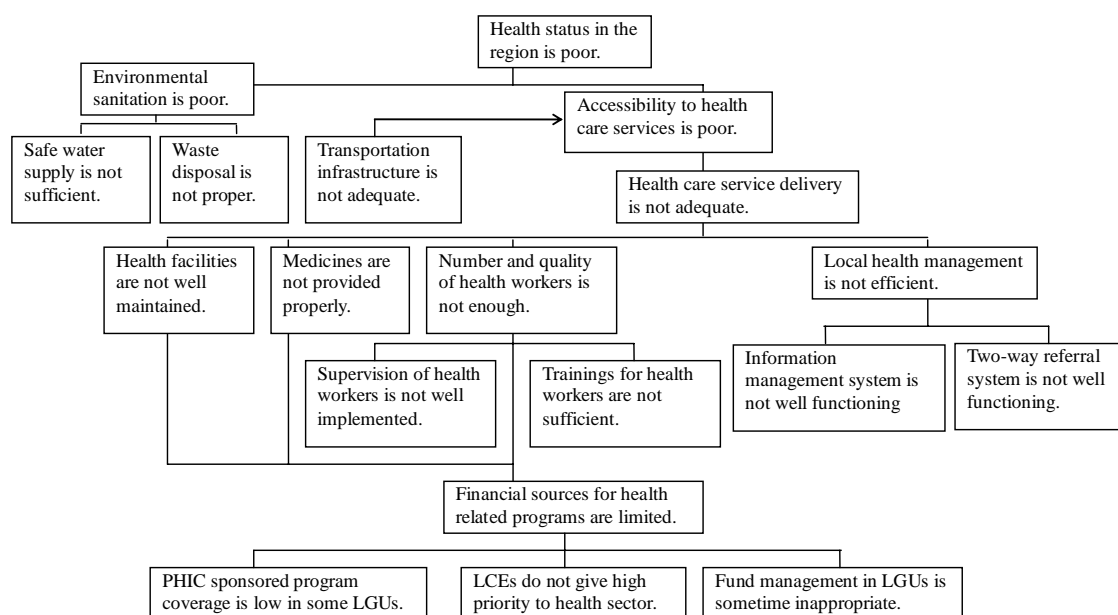


Figure 3-29 Summarized problem tree of health sector in Region VIII

(2) Alternative solutions

The alternative solutions identified by participants to improve the above situation are summarized in the following strategies.

1) Enhancing health care financing

- Maximizing existing local resources in communities, government and non-government organizations.
- Establishing cost sharing system in ILHZ.
- Encouraging RHUs and hospitals to be accredited by PHIC and to maintain the accreditation.
- Encouraging people to enroll PHIC programs with introducing possible premium discount options.
- Encouraging LGUs and private donors to contribute sponsored program of PHIC.

2) Enhancing local health service delivery system

- Organizing and functionalizing ILHZs.
- Developing and utilizing referral system.
- Designing and implementing integrated health information system.
- Encouraging community to participate in health planning and implementation process.
- Establishing cost effective drug procurement system.
- Developing and utilizing training, monitoring and supervising system for health human resources development.

4. Project identification and formulation

4.1 Basic framework for project formulation

As having been explained in the pervious section, the needs for health service lies in mother and child health and various infectious diseases, as well as in life style related diseases. It is important therefore that the technical assistance with appropriate approaches be focused to these areas. MOH as well raises mother and child health, infectious disease control and activities for life stele related diseases as the core programs for the quality control of RHU/BHS level services(Sentrong Sigla).

Particularly, the data of health status and health service featured by MMR, IMR, ratio of delivery attended by trained health personnel and ratio of fully immunized children show that there are comparatively larger needs in the mother and child health care in 3 Regions. In addition, various infectious diseases are prevailing over the country. Although prevailing infectious disease varies from area to area, a country-wide standard approach to efficiently and effectively control each infectious disease should be introduced depending on the local needs. As to the life style related diseases, it will be one of the important approaches to implement the preventive measures such as IEC and campaign for improving the life style including smoking and eating habit, possibly giving negative effect to the health, as well as to study the variations of risk factors in the poverty and the positive effects of preventive measures.

When the assistance is provided in the fields of mother and child health, various infectious disease control and life style related disease, which are listed as priority areas for Japan's ODA Basic Policy in the health sector, it is important to concentrate the program inputs in the standardized and cost effective approach, so as to obtain the maximum impact with the limited resources. To be specifically speaking, technical guidelines for the various programs should be prepared on the national level, and health service should be improved at each level by utilizing the standard module, so that the program imputes and activities will be provided equally throughout the country. In other words, the assistance should be extended in the direction of "vertical integration" of various programs.

While, the major public health service providers are Municipalities administrating RHU and BHS, and District and Provincial governments administrating district hospital, provincial hospital and city general hospital, as a result of devolution progress since 1991. Sustainable improvement of public health services and programs therefore need health system strengthening at each level of LGU, and various programs should be easily integrated into such district health systems. This district health systems development may be called a sort of "horizontal integration".

In reality, municipalities having RHU and BHS in general allocate more than 10% of their total

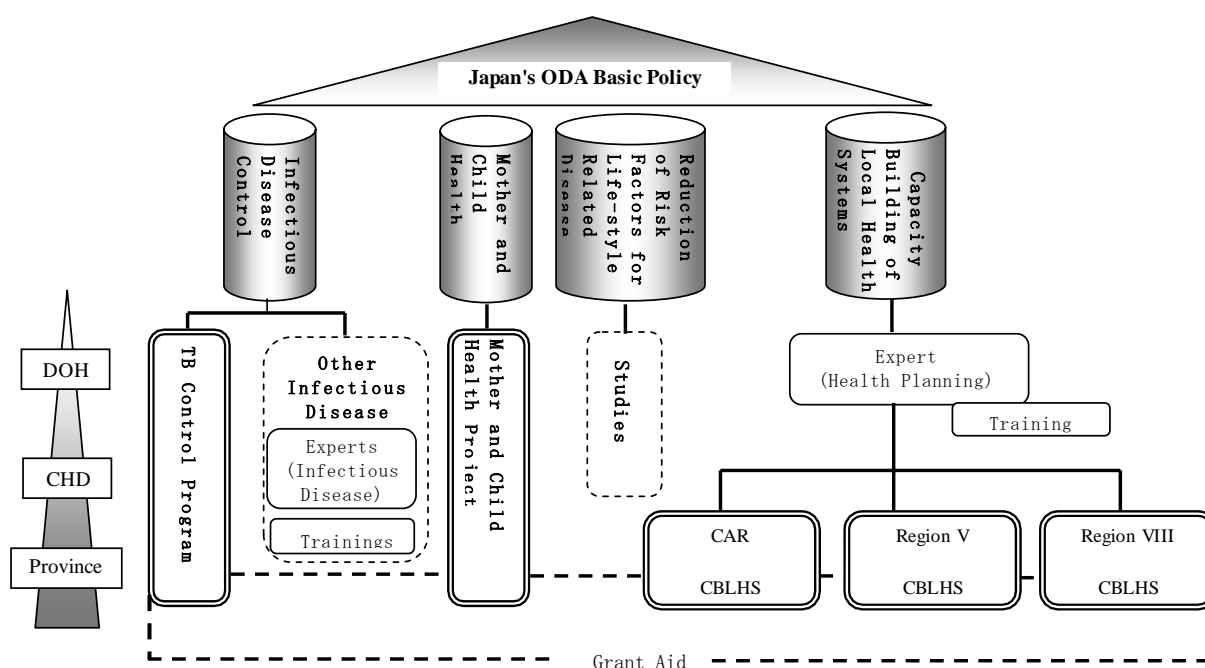
budget to the health sector, and 80% to 90% out of such health budget is spent for the salaries for the health workers. Only less than Pesos1,000,000 annually is allocated for purchasing drugs, maintenance of facilities, service outreach and service improvement such as training and education of the staff. While, most of the Provincial government having district and provincial hospital allocate the budget of approximately 30% of their total budget to the health sector, and around 90% of its budget spent for the hospital medical service. Therefore only several millions of Pesos annually can be allocated to the public health service.

In these situation, it is necessary that the efforts be made for maximizing the available resource by making use of alternative resources and for effectively utilizing the limited resources by cooperating and sharing the resources among LGUs, for the quality improvement of public health services. Specifically, it is important to secure additional financial resources for the public health services on the municipal and provincial levels by expanding the health insurance coverage and by improving hospital management by financial autonomy, and to improve the efficiency of health service by sharing the limited resources (sharing the human resources, common drug procurement, etc.) through the establishment and operation of ILHZ. Namely, this implies the actual implementation of HSLA on the district level of the country.

Through this combination approach of continuing the assistance of “vertical integration” which has been extended in the public health including tuberculosis control, mother and child health, and of starting the assistance of “horizontal integration” including the Local Health System Capacity Strengthening Project, JICA would be able to extend their assistance more comprehensively with better balance in the health sector of the Philippines.

It is considered reasonable and recommended therefore that technical assistance to support specific programs, expert advisory service and/or training should be provided to the need of mother and child health, infectious disease control and reduction of life style related disease, and system development technical support (HSRA System Development Support Technical Assistance) be provided simultaneously to the need of various systems development required to function ILHZs.

For the technical assistance for mother and child health, JICA expert is studying the project at present based on the request of Philippine Government, and the project which is considered to be matured should be implemented in the form of Public Health Program Support Technical Assistance to be mentioned later. For various infectious disease control and reduction of life style related disease risks should be implemented in the forms of JICA Expert and/or training service based on the specific needs.



(NOTE) CBLHS:Capacity Building Project for Local Health Systems

Framework of Recommended Assistance in line with Japan's ODA Basic Policy

4.2 Project outline

(1) Typical TOR for Program Support Technical Assistance to mother and child health care

Typical TOR for the Program Support Technical Assistance to mother and childhood is as follows, and the project is temporarily titled "Strengthening the Delivery of Quality Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC) in Selected Health Zones (ILHZ)".

1	Project Title	Strengthening the Delivery of Quality Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC) in Selected Inter-Local Health Zones (ILHZ)
2	Type of Assistance	Technical Assistance
3	Implementing Agency	NCDPC/DOH, together with selected provincial/municipal governments
4	Overall Goal	To reduce maternal and infant(particularly neonatal) mortality in target ILHZs
5	Project Purpose	To strengthen capacity of selected inter-local health zones in two (or three?) regions to provide quality pregnancy, childbirth, postnatal and newborn care in a sustainable manner, with supportive technical and policy guidance from DOH.
6	Objectives	<ol style="list-style-type: none"> 1. To strengthen DOH capacity for technical guidance and program monitoring for quality PCPNC. <ol style="list-style-type: none"> 1-1. To consolidate technical and policy guidelines on quality PCPNC. 1-2. To establish effective training system for quality PCPNC. 1-3. To improve progress monitoring and supervision for quality PCPNC. 2. To strengthen service delivery capacity of selected ILHZs (provincial and

	<p>municipal governments) for quality PCPNC.</p> <p>2-1. To create baseline data for PCPNC planning in selected ILHZs.</p> <p>2-2. To ensure commitment from local chief executives (LCEs) and health care providers for quality PCPNC in selected ILHZs.</p> <p>2-3. To formulate rational development plan for quality PCPNC as integral part of provincial health development plan in selected ILHZs.</p> <p>2-4. To improve health care provider skills to ensure quality PCPNC delivery in selected ILHZs.</p> <p>3. To strengthen supportive environment in communities in selected ILHZs for quality PCPNC.</p> <p>3-1. To create awareness among communities about the need for quality PCPNC in selected ILHZs.</p> <p>3-2. To create community support for quality PCPNC in selected ILHZs.</p>
7 Activities	<hr/> <p>1-1. To consolidate technical and policy guidelines on quality PCPNC.</p> <p>(1) Review and revision of existing technical guidelines</p> <p>(2) Review and revision of existing policy guidelines</p> <p>1-2. To establish effective training system for quality PCPNC</p> <p>(1) Selection of candidate institutions for BEmOC training</p> <p>(2) Training of trainers (TOT) for selected institutions</p> <p>(3) Provision of essential training equipment for selected institutions</p> <p>(4) Facilitation of regular implementation of BEmOC training</p> <p>(5) Review and revision of existing training modules and materials</p> <p>1-3. To improve progress monitoring, supervision and dissemination of quality PCPNC</p> <p>(1) Development of standardized monitoring indicators</p> <p>(2) Periodical data collection and dissemination of lessons learned</p> <p>(3) Development of supervisory manuals for PHOs</p> <p>2-1. To create baseline data for PCPNC planning in selected ILHZs</p> <p>(1) Situation analysis using EmOC assessment tool</p> <p>(2) Travel distance, accessibility and catchment analysis of health facilities</p> <p>(3) Maternal death review</p> <p>2-2. To ensure commitment from local chief executives (LCEs) and health care providers for PCPNC in selected ILHZs</p> <p>(1) LCEs orientation and advocacy</p> <p>(2) Advocacy for PhilHealth maternity package accreditation of hospitals and RHUs</p> <p>(3) Study tours and other exchange programs among ILHZs</p> <p>2-3. To formulate rational development plan for quality PCPNC as integral part of provincial health development plan in selected ILHZs</p> <p>(1) Review of integrated provincial health development plan (or HSRA implementation plan) and ILHZs formulation plan</p> <p>(2) Identification of potential CEmOC and BEmOC facilities</p> <p>(3) Formulation of training plan, according to the level of facilities</p> <p>(4) Identification of non-emergency obstetric care training institutions/trainors in the area</p> <p>2-4. To improve health care provider skills to ensure quality PCPNC delivery in selected ILHZs</p> <p>(1) BEmOC training for selected referral facility staff</p> <p>(2) Non-emergency obstetric care training for first-line facility staff</p> <p>(3) Periodical monitoring visits to service delivery points and on-site supervision, including management support</p> <p>3-1. To create awareness among communities about the need for quality</p>

	PCPNC in selected ILHZs (in partnership with NGOs or JOCV)
	(1) Community diagnosis using participatory methodologies
	(2) Community IEC campaign
	3-2. To create community support for quality PCPNC in selected ILHZs
	(1) Community mobilization (eg., organized support for mothers, community financing and resource sharing for emergency transportation, etc.)
	(2) Involvement of BHWs and TBAs in the delivery of non-emergency obstetric care and community referral

(2) Typical TOR for HSRA System Development Support Technical Assistance

Typical TOR for the project of HSRA System Development Support Technical Assistance is as follows, and the project is temporarily titled “Local Health System Capacity Strengthening Project”.

“Activities” listed in the TOR covers the entire activities normally required for the establishment of district health service system, and should be selected for implementation depending on the local specific needs. The core component in the “Activities” is the improvement of local health system institutions, where the specific systems to be improved should also be selected.

1	Project Title	Local Health System Capacity Strengthening Project
2	Type of Assistance	Technical Assistance
3	Implementing Agency	CHDs/DOH, together with selected provincial/municipal governments
4	Overall Goal	People, who are most in need, can access good quality of affordable health services
5	Project Purpose	To strengthen local health system for effective, efficient, equitable and sustainable health service delivery through the HSRA implementation.
6	Objectives	(1) To create baseline data for rational decision making. (2) To ensure commitment from LCEs and other all stakeholders including health workers on the HSRA and the Project itself (3) To formulate integrated provincial health development plan. (4) To improve local health system institutions. (5) To improve local health system infrastructure. (6) To improve priority public health service quality and coverage. (7) To improve progress monitoring and on-site supervision. (8) To ensure sustainability of good practices
7	Activities	1. To create baseline data for rational decision making (1) Facility (SS certification, PhilHealth accreditation, DOH license, staff, travel time and catchment population, census reports including level of utilization, etc.) (2) Skills level (training needs assessment) (3) Financial capacity (direct subsidy, PhilHealth, community health insurance etc.) (4) Procurement system (index drug price, etc.) (5) Health services outside facilities such as Botica Binhi, drug stores, TBAs, community health activities (6) Demographic, economic and socio-cultural profiles (7) Mortality and morbidity reports (Epidemiology) (8) Political affiliation of LGUs (9) Rapid assessment in communities to identify their needs

-
2. To ensure commitment from LCEs and other all stakeholders including health workers on the HSRA
 - (1) Orientation and advocacy targeting LCEs
 - (2) Study tours and other exchange programs with advanced convergence sites
 - (3) Health summit
 - (4) Promotion of supportive local legal mandates
 - (5) MOA signed by LCEs
 - (6) Community mobilization
 3. To formulate integrated provincial health development plan.
 - (1) Convergence workshop
 - (2) Special planning of ILHZs and health facilities, rational identification of strategic facilities for upgrading
 - (3) HRD planning
 - (4) Development of integrated health planning system
 4. To improve local health system institutions.
 - (1) ILHZ development, with functioning ILHZ board and technical management board, resource sharing, clear financial mechanism and private sector involvement through MOA and issuance of an Executive Order or Resolution on the organization of the ILHZ
 - (2) Health insurance coverage expansion (eg. enrollment by organized groups, social marketing, IEC activities for beneficiaries) and promotion of PhilHealth accreditation (OP, maternity and DOTs center) of health facilities
 - (3) Hospital and RHU management improvement through training and fiscal autonomy promotion through user fees, income retention, improvement of billing and collection system and patient classification, invitation of private doctors etc.
 - (4) Health facility quality improvement through functioning quality assurance committee, 5S activities etc.
 - (5) Drug management and procurement improvement through establishment of therapeutic committee and development of provincial drug formulary, PDI, bulk procurement, cooperative pharmacy, Revolving Drug Insurance Funds (RDIF), Health Plus, revolving funds, Botica Binhi
 - (6) Development and establishment of two-way referral system from communities to hospitals and referral manual, and training on the referral system
 - (7) ILHZ management information system through simplification of recording and reporting system
 5. To improve local health system infrastructure for Sentrong Sigla and PhilHealth accreditations.
 - (1) Development of unified inventory and provision of essential equipment
 - (2) Repair and renovation of facilities
 6. To improve priority public health service quality and coverage, such as follows.
 - (1) EPI & cold-chain management
 - (2) ECCD including growth/development monitoring and counseling
 - (3) Micronutrient supplementation
 - (4) IMCI
 - (5) IMPAC (PCPNC)
 - (6) FP
 - (7) DOTS
 - (8) Environmental and sanitation program
 - (9) Others (Control measures for endemic diseases such as malaria, filariasis,
-

rabies, STHs, HIV/STIs, IEC for health promotion, etc.)
 (10)Development of integrated manuals for health workers in RHUs and BHSs by using the current manuals²⁾

7. To improve progress monitoring and on-site supervision
- (1) Development of monitoring indicators
 - (2) Improvement of periodical data collection by using the current system²⁾ and dissemination and feedback, including lessons learned
 - (3) Periodical monitoring visits to service delivery points and on-site supervision

8. To ensure sustainability of good practices
- (1) Legal mandate through Executive Orders and Resolutions
 - (2)Establishment/development of momentum through proper and timely implementation of the above activities, which cannot be reversed
-

Note:

- (1) When JICA provides technical assistance mentioned above, JICA should provide a technical support simultaneously to DOH Central Office on project monitoring, supervision, evaluation and feed back the result to the policy implementation.
- (2) Assistance for equipment procurement and/or building construction should be considered only in the areas, where technical assistance is provided for ILHZ(s) system development.

4.3 Project site selection

The identified projects, which are Public Health Program Support Technical Assistance, JICA Expert, training service, and HSRA System Development Support Technical Assistance to support the development of various systems for functional ILHZs, should be implemented at the site(s) which should be selected as follows.

The project site(s) should be the Province(s) in each Region of CAR, V, and VIII, and be finally decided upon consultation between JICA and DOH, with due consideration on the following criteria for project site selection.

PROJECT TYPES	CRITERIA
Program Support Technical Assistance (Vertical Integration)	<p>1. Needs must be larger than the other area on the following respects;</p> <ul style="list-style-type: none"> ① Comparatively poorer health status (By indicators of MMR, IMR, and others) ② Comparatively lower level of service(By indicators of percentage of delivery attended by skilled health personnel, percentage of fully immunized children and others) <p>2. The efforts must have been made to improve the health service on the following respects ;</p>

	<ul style="list-style-type: none"> ① Comparatively higher coverage ratio of PHIC insurance and higher expenditure ratio on health in total MOOE ② Comparatively more PHIC accredited health facilities, higher bed occupancy rates, and better ratio of health workers against population ③ Having ILHZ(s) organized with MOA <p>3. There must be donor coordination;</p> <ul style="list-style-type: none"> ① Other donor is not providing assistance in the subject program
<p>HSRA System Development Support Technical Assistance (Horizontal Integration)</p>	<p>1.① to 2.③:Same as above</p> <p>2. There must be donor coordination;</p> <ul style="list-style-type: none"> ① Other donor is not providing assistance for HSRA support and possibly in program support(Other donor is providing assistance in specific program)

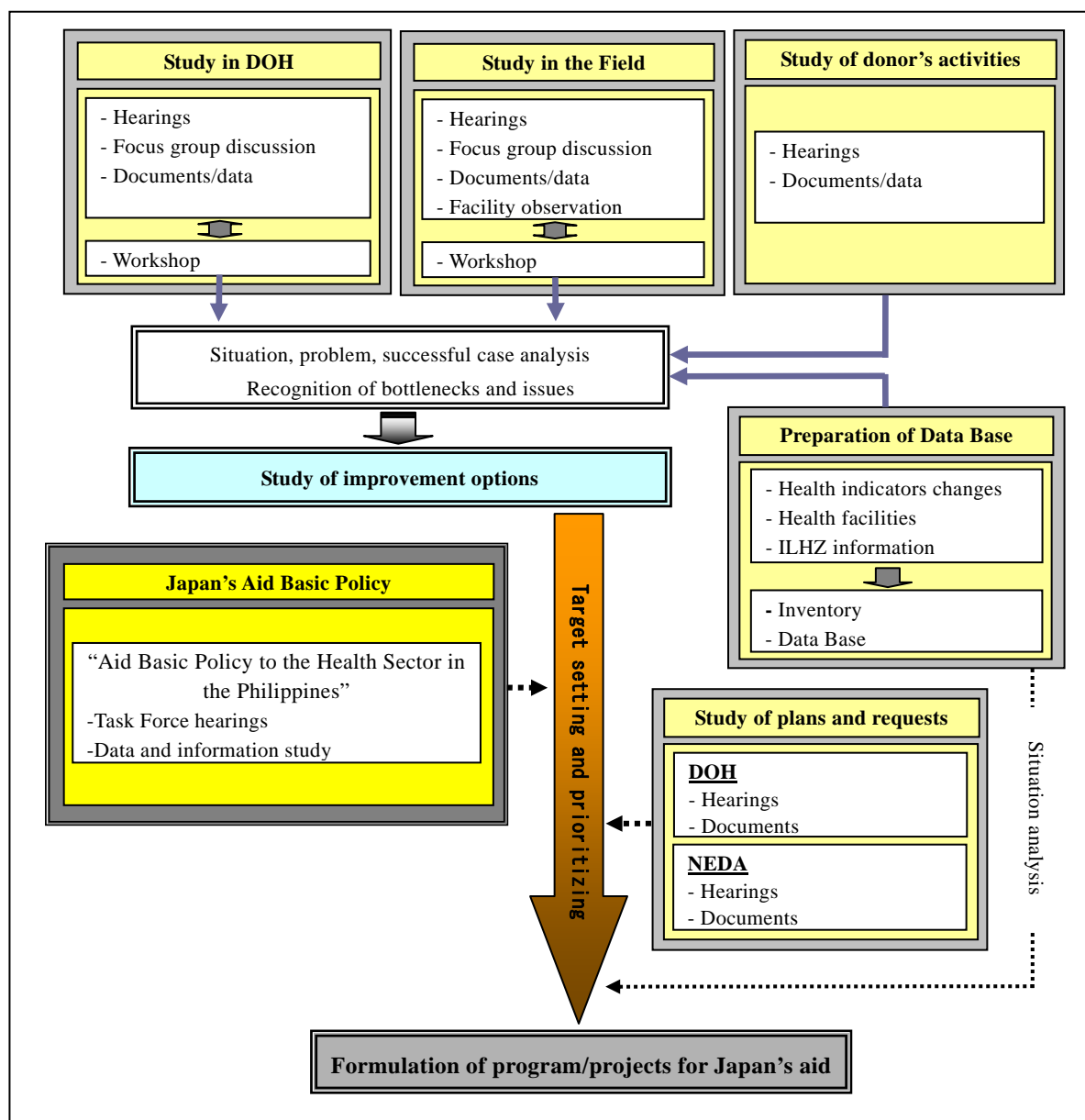
**Annex A: Consulting Team Member and Study
Methodology**

Annex A Consulting Team Member and Study Methodology

Consultants Team Member

Mr. Shuji Noguchi	Team leader
Ms. Keiko Nagai	Epidemiologist, Statistics Analysis
Mr. Kenji Okada	Medical Facility and Equipment Planning

Study Methodology



Annex B: Study Schedule

Annex B Study Schedule

Oct. 1	Fri	
Oct. 2	Sat	
Oct. 3	Sun	Arv. Manila
Oct. 4	Mon	JICA, Embassy
Oct. 5	Tue	Data and information collection from DOH, NEDA, PHIC, donor, international agency
Oct. 6	Wed	
Oct. 7	Thu	
Oct. 8	Fri	
Oct. 9	Sat	
Oct. 10	Sun	
Oct. 11	Mon	
Oct. 12	Tue	
Oct. 13	Wed	
Oct. 14	Thu	
Oct. 15	Fri	Workshop
Oct. 16	Sat	
Oct. 17	Sun	Move to Baguio
Oct. 18	Mon	CHD, NEDA, etc.
Oct. 19	Tue	Workshop
Oct. 20	Wed	Field survey at
Oct. 21	Thu	Apayao, Abra and
Oct. 22	Fri	Benguet
Oct. 23	Sat	Move to Manila
Oct. 24	Sun	Move to Legaspi
Oct. 25	Mon	CHD, NEDA, etc.
Oct. 26	Tue	Workshop
Oct. 27	Wed	Field survey at
Oct. 28	Thu	Albay, Camarines
Oct. 29	Fri	Sur, Masbate
Oct. 30	Sat	
Oct. 31	Sun	Move to Tacloban
Nov 1	Mon	CHD, NEDA, etc.
Nov 2	Tue	Workshop
Nov 3	Wed	Field survey at Leyte, Birilan, Eastern Samar, Ssouthern Leyte
Nov 4	Thu	
Nov 5	Fri	
Nov 6	Sat	Move to Manila
Nov 7	Sun	Data and information collection from donor, international information analysis
Nov 8	Mon	
Nov 9	Tue	
Nov 10	Wed	
Nov 11	Thu	
Nov 12	Fri	
Nov 13	Sat	
Nov 14	Sun	
Nov 15	Mon	
Nov 16	Tue	
Nov 17	Wed	
Nov 18	Thu	
Nov 19	Fri	Baseline com.
Nov 20	Sat	Information analysis and report writing
Nov 21	Sun	
Nov 22	Mon	
Nov 23	Tue	
Nov 24	Wed	
Nov 25	Thu	
Nov 26	Fri	
Nov 27	Sat	
Nov 28	Sun	
Nov 29	Mon	
Nov 30	Tue	
Dec 1	Wed	Information analysis and report writing
Dec 2	Thu	
Dec 3	Fri	
Dec 4	Sat	
Dec 5	Sun	
Dec 6	Mon	
Dec 7	Tue	
Dec 8	Wed	
Dec 9	Thu	
Dec 10	Fri	
Dec 11	Sat	
Dec 12	Sun	
Dec 13	Mon	
Dec 14	Tue	
Dec 15	Wed	Workshop
Dec 16	Thu	Report rev.
Dec 17	Fri	JICA, Embassy
Dec 18	Sat	
Dec 19	Sun	Lv. To Tokyo
Dec 20	Mon	
Dec 21	Tue	
Dec 22	Wed	
Dec 23	Thu	
Dec 24	Fri	
Dec 25	Sat	
Dec 26	Sun	
Dec 27	Mon	
Dec 28	Tue	
Dec 29	Wed	
Dec 30	Thu	
Dec 31	Fri	

Annex C: List of Major Interviewees

Annex C: List of Major Interviewees

Organization	Name and Title
Department of Health	
Bureau of International Health Cooperation	- Ms. Remedios V.S. Paulino, Director III - Dr. Eileen A. Cardona, Chief Health Program Officer - Ms. Cecilia V.G. De Luna, Supervising Health Program Officer
Health Policy Development and Planning Bureau	- Mr. Mario, Health Policy Development and Planning Bureau - Dr. Ferdinando S. Salcedo, Division Chief, Health Planning Division - Dr. Mar Wynn C. Bello, Medical Officer V - Ms. Alma Lou Dela Cruz, Planning Officer IV - Me. Joel Dl. Atienza, Project Evaluation Officer III - Ms. Mitos S. Gonzares, Planning Officer III - Ms. Ligaya V. Catadman, Supervising Health Program Officer - Mr. Benjamin B. Engenio Jr., Legislative Liaison Specialist
Bureau of Local Health Development	- Dr. Juanito D. Taleon, Director III, Officer in charge
National Center for Disease Prevention and Control	- Dr. Loundes S. Paulino, Medicine Specialist IV, Officer-in-charge, Women's Health Division (Child Health) - Dr. Ma. Elizabeth I. Caluag, Medical Specialist IV (Women's Health) - Ms. Carole A. Bandanala, Chief Health Program Officer (HRSA) - Dr. Honorata L. Catibog, Director III, National Family Planning Coordination, Family Health Office (FP) - Dr. Malio (Infectious Diseases)
Information Management Service Office	- Ms. Crispinita A. Valdez, Director
Health Human Resources Development Bureau	- Ms. Virginia A. Gaylan, Officer V, Human Resources Management
Philippine Health Insurance Corporation (PHIC)	
Foreign Assistance Coordinating Office, Office of the President	- Dr. Maria Ofelia O. Alcantara
National Economic Development Authority (NEDA)	
Social Development Division	- Michael A.U. Provido, Sr. Economist
National Statistics Coordination Board (NSCB)	
Social Sector A Division	- Ms. Fe Dy-Liacco, Officer in Charge
National Statistics Office (NSO)	
Office of Administrator	- Ms. Carmelita N. Ericta, Administrator, Civil Registrar General
Department of Finance (DOF)	
Municipal Development Fund Office	- Mr. Rhoel Bernardo, Project Coordinator for Local Government Finance and Development Project (LOGOFIND)

Organization	Name and Title
Donors	
World Health Organization Office of the representative for the Philippines	- Dr. Jealn-Mark Olive, Representative in the Philippines - Dr. Ma. Nerissan N. Dominguez, Program Officer, HIV/AIDS/STI & Emerging Infectious/ Emergency Disaster - Ms. Lucille Nievera, Program Officer, Local Health Development & Gender - Dr. Raman Velayudhan, Scientist (Malaria, Vectorbone & Parasitic diseases & drug safety - Dr. Howard Sobel, Medical Officer, Expanded Programme on Immunization, MCH - Dr. Michael N. Voniatis, Medical Officer, Stop TB for the Philippines, Tobacco
The World Bank	- Ms. Teresa J. Ho, Lead Human Development Specialist - Dr. Florence Tienzo, Health Specialist
European Union (EU) Delegation of the European Commission to the Philippines	- Dr. Fabrice Sergent, Health Expert - Mr. Fabian Seiderer, Cooperation Advisor - Ms. Ma. Rita R. Bustamante, Project Officer
United Nations Population Fund (UNFPA)	- Dr. Zahidul A. Huque, Country representative
German Technical Cooperation (GTZ)	- Claude Bodart, Program Manager for German Support to the Philippines Health Sector
Asian Development Bank Social Sectors Division, Southeast Asia Department	- Mr. Yukihiro Shiroishi, Health Specialist
U.S. Agency for International Development (USAID) Office of Population, Health and Nutrition	- Dr. Aye Aye Thwin, Deputy Chief - Ephraim E. Despabiladeras - Cecilia L. Manuel, LGU Program Performance Specialist, Local Enhancement and Development (LEAD) for Health/ Management Science for Health (MSH)
United Nations Children's Fund (UNICEF)	- Dr. Ma. Narisa M. Ricardo, Immunization Project Officer - Dr. Martha B. Cayad-an, Maternal Health and Nutrition Officer
Coldillera Administrative Region	
NEDA CAR office	- Mr. Juan B. Ngalob, Regional Director - Ms. Ligaya Marie L Sengrano, Economic Development Specialist III - Ariston Della Jr, Sr. Economic Development Specialist - Apollo Pagano, Sr. Economic Development Specialist
PHIC, CAR Regional Office	- Dr. Errol D. Ciano, Accreditation & Quality Assurance Offiicer - Mr. Marah B. Alagon, Market Specialist II/ Planning Officer III - Dr. Dominga A. Gadgad, Medical Officer VI (Benefit payment) - Ms. Martha B. Romasoc, Development Management Officer IV

Organization	Name and Title
Center for Health Development for CAR	- Dr. Teresia M. Bonoan, Director IV - Ms. Francisca Liclic, Planning Officer III - Mr. Richie Rhey R. Dirige, Engineer III - Judith Ionase A. Dusas, Planning Officer - Ms. Susan B. Cabalida, Administrative Officer. V, Local Health Assistance Division
Bicol Region (Region V)	
Center for Health Development for Region V	- Dr. John Ferchito L. Avelino, Medical Specialist III/ Assistant Director - Ma. Lucia S. Agripa, Local Health Development Assistant Division - Human Resources Development Division - Planning Division
PHIC, Region V Office	- David Escandar, Development Management Officer IV - June Reuilla, BO III, Planning
NEDA Region V	- Marlene Catalina P. Rodriguez, Vice chairperson RDC V & Regional Director NEDA V
Eastern Visayas Region (Region VIII)	
Center for Health Development for Region VIII	- Dr. Benita Navares-Pastor, Director III - Dr. Paula Paz M. Sydiongco, Local Health Assistance Division - Dr. Exuh B. Sabalberino, Medical Specialist II, Local Health Assistance Division
Philippine Health Insurance Corporation (PHIC) Region VIII Office	- Reynaldo A. Capangpangan, Assistant Vice President - Luz Santiago, Officer in charge for Enrollment
NEDA Region VIII Office	- Engineer Ernesto Octaviano, Chief, Infrastructure Development Division
Japanese Organizations	
Embassy of Japan	- Dr. Koji Sasaki, Health Attache
Japan Bank for International Cooperation Representative Office in Manila	- Dr. Izuru Kimura, Representative
Japan International Cooperation Agency Philippine Office	- Mr. Shozo Matsuura, Resident Representative - Mr. Hirohiko Takada, Deputy Resident Representative - Mr. Ikuo Takizawa, Assistant Resident Representative, Human Development Group

**Annex D: List of Convergence Sites for Health Sector
Reform Agenda (HSRA) in Administrative
Order No.37, 2001**

Annex D: List of Convergence Sites for Health Sector Reform Agenda (HSRA) in Administrative Order No.37, 2001

Region	1st Semester 2001	2nd Semester 2002	1st Semester 2002	2nd Semester 2002	1st Semester 2003
1	Pangasinan (including Dagupan)	Ilocos Norte	San Fernando		
2	Nueva Vizcaya	Cagayan			
3	Bulacan	Pampanga including Angeles and San Fernando	San Tarlac including Tarlac City	Zambales including Olongapo	Bataan, Nueva Ecija
4	Palawan (including Puerto Princesa)	Laguna	Lucena City	Calapan City	
NCR	Pasay City	Marikina	Las Piñas		
5	Catanduanes	Sorsogon	Naga City	Legazpi City	
6	Capiz	Ilo-ilo City	Ilo-ilo		
7	Negros Oriental	Mandaue City	Siquijor	Bohol	
8	Southern Leyte	Maasin City	Ormoc	Biliran	Calbayog
9	Zamboanga Del Sur	Pagadian	Zamboanga del Norte	Dipolog City	
10	Misamis Occidental (including Tangub)	Misamis Oriental with Cagayan de Oro	Bukidnon	Oroquetta City	Camiguin
11	South Cotabato	Davao City	General Santos City	Davao del Norte	Davao del Sur
12	North Cotabato	Cotabato City	Kidapawan	Sultan Kudarat	
CGA	Agusan del Sur	Butuan	Surigao	Surigao City	
CAR	Baguio City	Benguet	Kalinga		

Source: Implementing the Health Sector Reform Agenda in the Philippines, March 2003.

**Annex E: Vital Health Indicators in CAR, Region V
and Region VIII**

Table E-1.1 Major Cause of Morbidity and Mortality in CAR**Top Ten Causes of Morbidity in Provinces (2003)**

No	Abra	Apayao	Baguio City	Benguet	Ifugao	Kalinga	Mountain Province
1	Acute Upper Respiratory Infection (AURI)	Bronchitis	Upper Respiratory Tract Infection (RTI)	Bronchitis	Acute URTI& Pneumonia	Bronchitis	Bronchitis
2	Influenza	Acute Respiratory Infection (ARI)	Pneumonia	Pneumonia	Bronchitis	AURI	Pneumonia
3	bronchitis	Influenza	Bronchitis	Influenza	Acute Watery Diarrhea	Influenza	Influenza
4	Acute Gastroenteritis (AGE)	Malaria	Dog bite	Hypertension (HPN)	HPN/ Cerebrovascular Diseases (CVD)/ Cardiovascular Accident (CVA)	Pneumonia	HPN/ CVD/CVA
5	Lower RTI	Diarrhea	Diarrhea	Watery diarrhea	Influenza	AGE/ Diarrhea	Myocardial Infarction
6	HPN	Goiter	Vascular Disease	Tonsillitis	Parasitism	Bronchitis. Asthma	Wounds/ Injury
7	Bronchial Asthma	Parasitism	Typhoid Fever	Sepsis	Dengue fever	Parasitic Diseases	Parasitism
8	Anemia	Iron Deficiency Anemia	Heart Diseases	Asthma	Asthma	Diseases of the Heart/ HPN	Diarrhea
9	Parasitism	Injuries, all forms	Asthma	Iron deficiency Anemia	Typhoid Suspect	Malaria	Dental Causes
10	Tonsillitis/ Phangitis	Tonsillitis	Dengue Fever	Acute Febrile Illness	Scabies	Tonsillitis	Cough/ Colds

Source: Provincial Health Officers

Top Ten Causes of Mortality in Provinces (2003)

No	Abra	Apayao	Baguio City	Benguet	Ifugao	Kalinga	Mountain Province
1	Pneumonia	Pneumonia	Heart Diseases	Cardiovascular Disease	ALRTI & Pneumonia	CVD/ CVA	HPN/ CVD/ CVA
2	CVA	Heart Disease	CVD	Cancer	HPN/ CVD/ CVA	Pneumonia	Pneumonia
3	Cancer	Pulmonary TB	Cancer	Pneumonia	Peptic Ulcer Diseases	Cancer (all forms)	Cancer
4	CVD	Accidents all forms	Pneumonia	CVD	Accident all forms	Peptic Ulcer	Accidents
5	Gun Shot Wound	Cancer, all type	Diabetes Mellitus	Accidents	Cancer, all forms	Accidents (all kinds)	Senility
6	Pulmonary TB	Peptic Ulcer Diseases	Homicide	Diabetes mellitus	Pulmonary TB	Pulmonary TB	Peptic Ulcer Diseases
7	Bronchopneumonia	Prematurely	Pulmonary TB	Renal Disease	Sepsis/ Septicemia	Assault	Kidney Dis/ Renal Failure
8	Chronic Obstructive Pulmonary Diseases (COPD)	COPD	Kidney Disease	Peptic Ulcer Disease	Unknown	Old Age	COPD
9	Peptic Ulcer Diseases	HPN	Prematurely	Liver disease	Senility	Bronchial Asthma	Bronchial Asthma
10	Myocardial Infraction	Gun Shot Wound	Accidents	Pulmonary TB	Volume Depletion	Renal failure	Liver Cirrhosis

Source: Provincial Health Officers

Table E-1.2 Major Cause of Morbidity and Mortality in Region V

Top Ten Causes of Morbidity in Provinces (2003)

No	Albay	Camarines Sur	Camarines Norte	Catanduanes	Sorsogon	Masbate	Legazpi City	Naga City	Iriga City	Sorsogon City	Masbate City
1	Acute Respiratory Infection (ARI)	Upper Respiratory Tract Infection (RTI)	Influenza	ARI	ARI	Bronchitis	Upper RTI	Diarrhea	Upper RTI	ARI	ARI
2	Pneumonia	Pneumonia	Diarrhea	Bronchitis	Influenza	Pneumonia	Diarrhea	Pneumonia	Influenza	HPN	Cardiovascular Diseases
3	Bronchitis	HPN	Bronchitis	Parasitism	Parasitism	Diarrhea	Infected Wounds	TB All Forms	Bronchopneumonia	Parasitism	Acute Gastroenteritis (AGE)
4	Diarrhea	Influenza	Pneumonia	Diarrhea	Pneumonia	TB Respiratory	Skin Disease	Bronchitis	HPN	Wounds	Wounds
5	HPN	Bronchitis	TB Respiratory	Dermatitis	Pneumonia	Influenza	HPN	Dengue Fever	Anemia	Allergy	Dengue Fever
6	Influenza	Diarrhea	Disease of the Heart	Influenza	Diarrhea	Disease of the Heart	Intestinal Parasitism	Measles	Diarrhea	Fever	Myocardial Infarction
7	Malnutrition	Parasitism	HPN	Pneumonia	Bronchitis	Measles	TB All Forms	Chicken Pox	Skin Disease	Gastro Enteritis	Skin Diseases
8	Animal Bites	TB	Anemia	Heart Disease	Wounds	Sepsis	Anemia	Influenza	Parasitism	Nutritional Deficiency	Measles
9	Parasitism	Chicken Pox	AGE	Pulmonary TB	Skin Disease	Chicken Pox	Pneumonia	Mumps	Avitaminosis	Diarrhea	Liver Dis.
10	TB All Forms	Disease of the Heart	Wounds	HPN	Asthma	Viral Hepatitis	Dengue Fever	Typhoid Fever	Pulmonary TB All Forms	Influenza	Typhoid Fever

Source: Provincial Health Officers

Female Sterilization

No	Albay	Camarines Sur	Camarines Norte	Catanduanes	Sorsogon	Masbate	Legazpi City	Naga City	Iriga City	Sorsogon City	Masbate City
1	Respiratory Disease	Cardio Vascular Disease	Disease of the Heart	Cardio Vascular Accident (CVA)	Pneumonia	Pneumonia	Cardio Vascular Disease	Respiratory Diseases	HPN	Pneumonia	Cardio Vascular Disease
2	Disease of the Heart	Pneumonia	Respiratory Infection	Pneumonia	CVA	TB Respiratory	Pneumonia	Diseases of the Vascular	CVA	CVA	Senility
3	Cardio Vascular Disease	TB All Forms	HPN	Senility	Myocardial Infarction	Heart Disease	TB All Forms	Pneumonia	Myocardial Infraction	Myocardial Infraction	Pneumonia
4	TB All Forms	Accidents	Degenerative Disease	Cerebrovascular Diseases (CVD)	Pulmonary TB	Cardio Vascular Disease	Neoplasm	Disease of the Heart	Bronchopneumonia	Cancer	Sepsis
5	Neoplasm	Malignant Neoplasm	TB	Cancer	Cancer	Gun Shot Wound	Accidents	Malignant Neoplasm	Cancer	Asthma	Wounds
6	Trauma	COPD - Asthma	Trauma Injuries	HPN	Inanition	Diarrhea	Chronic Obstructive Pulmonary Diseases (COPD)	Accidents	Diabetes Mellitus	TB	Pulmonary TB
7	Kidney Disease	Renal Failure	Cancer	Bronchial Asthma	Inanition	Acute Myocardial Infraction	Renal Disease	Diabetes Mellitus	Accident	Congestive Heart Failure	Cancer
8	Septicemia	Diarrhea	Acid Peptic Disease	Septicemia	Accidents	Senility	Diabetes Mellitus	Renal Disease	Pulmonary TB	Congestive Heart Failure	B. Asthma
9	Diabetes Mellitus	Septicemia	Central Nervous System Infection	Accidents	Liver Cirrhosis	Accidents	Septicemia	Septicemia	Sepsis	Liver Cirrhosis	AGE
10	Diarrhea Disease	Malnutrition	Septicemia	AGE	Renal failure	Liver Cirrhosis	Blood Dyscrasia	Measles	Bronchitis	Accidents	Kidney Disease

Source: Provincial Health Officers

Table E-1.3 Major Cause of Morbidity and Mortality in Region VIII

Top Ten Causes of Morbidity in Provinces (2003)

No	Biliran	Eastern Samar	Northern Leyte	Northern Samar	Western Samar	Southern Leyte	Tacloban City	Ormoc City	Maasin City	Calbayog City
1	Acute respiratory infection (ARI)	Pneumonia	Pneumonia	Pneumonia		Hypertension (HPN)	Upper respiratory tract infection (URTI)	Pneumonia	Bronchitis	URTI
2	Pneumonia	Diarrhea	Bronchitis	Bronchitis		Bronchitis	Pneumonia	Diarrhea	HPN	Diarrhea
3	Wounds	Bronchitis	URTI/ARI	Diarrhea		Diarrhea	Diarrhea	HPN	Diarrhea	Pneumonia
4	Gastro Diarrhea	Influenza	Diarrhea	URTI		ARI	Animal Bite	Bronchitis	Pneumonia	HPN
5	Skin Disease	Disease of the Heart	HPN	HPN		URTI	Whooping Cough	Pulmonary TB	URTI	Parasitism
6	HPN	URTI	Skin Problems	Influenza		Pneumonia	Dengue Fever	Goiter	Chicken Pox	Asthma
7	Influenza	Skin Disease	Influenza	Asthma		Influenza	TB	Dengue Fever	Pulmonary TB	Bronchitis
8	TB Respiratory	Pulmonary TB	Wounds All Types	Measles		Cough & Colds	Typhoid	URTI	Influenza	Measles
9	Parasitism	Chicken Pox	Bronchial Asthma	Pulmonary TB		Pulmonary TB	Bronchitis	Measles	COPD	URTI
10	Anemia	Cough & Colds	TB Respiratory	Wounds all types		Bronchial Asthma	Measles	Bronchial Asthma	Diabetes	URTI

Source: Provincial Health Officers

Top Ten Causes of Mortality in Provinces (2003)

No	Biliran	Eastern Samar	Northern Leyte	Northern Samar	Western Samar	Southern Leyte	Tacloban City	Ormoc City	Maasin City	Calbayog City
1	Pneumonia	Cardio Vascular Disease	Pneumonia	Pneumonia		Pneumonia	COPD	Pneumonia	Pneumonia	HPN
2	Hypertensive Vascular Disease	Pneumonia	Malignant Neoplasm	Heart Disease		Cancer all forms	Cardio Vascular Disease	Heart Disease	Heart Disease	Pneumonia
3	Cancer All Forms	Accident	Hypertensive Vascular Disease	CVA		Disease of the Heart	Stab Wound	Pulmonary TB	HPN	Cardio Vascular Disease
4	Renal Disease	Cancer	Pulmonary TB	Pulmonary TB		Pulmonary TB	Sepsis	Myocardial Infarction	Senility	Pulmonary TB
5	Pulmonary TB	Coronary Artery Disease	Cardio Vascular Disease	Cancer		CVA	Cerebro Vascular Accident	Cancer	Septicemia	Cancer
6	Heart Disease	Pulmonary TB	Myocardial Infarction	HPN		HPN	Pneumonia	Wounds	COPD	Assault
7	Chronic Obstructive Pulmonary Diseases (COPD)	Birth Injury	Bleeding Peptic Ulcer	Asthma		Bleeding Peptic Ulcer	Hepatic Phalopathy	CVA Hemorrhage	Pulmonary TB	Bronchial Asthma
8	Sepsis	Diabetes Mellitus	Diabetes Mellitus	COPD		COPD	Multiple Organ Failure	Diabetes Mellitus	Diabetes	Accidents
9	Diabetes Mellitus	Asthma	Kidney Disease	Peptic Ulcer diseases (PUD)		Diabetes Mellitus	Metabolic Encephalitis	Vehicular Accidents	Hemorrhage	Bleeding Peptic Ulcer Diseases
10	Diabetes Mellitus	Bronchial Asthma	Chronic Obst. Pulmonary Dis.	Sepsis		Cardio Respiratory Arrest	Drowning	Bleeding Peptic Ulcer	Kidney Disease	Sepsis

Source: Provincial Health Officers

Table E-2
Notifiable Diseases : Diarrhea Cases
By Health Region, Province and City
Philippines, 1998-2002

Area	1998			1999			2000			2001			2002		
	Population	Number	rate	Population	Number	rate	Population	Number	rate	Population	Number	rate	Population	Number	rate
PHILIPPINES	73,186,525	931,655	1,273.0	74,881,578	908,454	1,213.2	76,402,271	866,411	1,134.0	77,982,112	824,640	1,057.5	79,300,522	726,310	915.9
CAR	1,322,950	30,135	2,277.9	1,372,676	31,446	2,290.9	1,403,580	25,940	1,848.1	1,435,031	26,987	1,880.6	1,466,467	21,079	1,437.4
Abra	202,562	4,342	2,143.5	207,023	4,074	1,967.9	210,017	3,751	1,786.0	212,730	4,882	2,294.9	215,441	3,819	1,772.6
Apayao	89,147	2,055	2,305.2	91,134	1,917	2,103.5	93,081	1,720	1,847.9	94,870	1,704	1,796.1	96,659	1,950	2,017.4
Benquet	320,279	8,110	2,532.2	335,040	7,505	2,240.0	340,718	6,876	2,018.1	347,240	6,944	1,999.8	353,752	5,435	1,536.4
Iligao	150,903	5,338	3,537.4	163,350	5,898	3,610.7	166,927	4,076	2,441.8	170,449	4,224	2,478.2	173,975	2,852	1,639.3
Kalinga	164,689	3,938	2,391.2	167,272	5,341	3,193.0	170,683	3,397	1,990.2	173,877	3,579	2,058.4	177,065	3,024	1,707.8
Mt. Province	139,494	3,716	2,663.9	140,085	3,839	2,740.5	142,583	3,861	2,707.9	145,028	3,733	2,574.0	147,471	3,158	2,141.4
Baguio City	255,876	2,636	1,030.2	268,772	2,872	1,068.6	279,571	2,259	808.0	290,837	1,921	660.5	302,104	841	278.4
Region V	4,583,179	50,604	1,104.1	4,665,830	51,677	1,107.6	4,761,088	54,709	1,149.1	4,842,237	47,188	974.5	4,923,385	36,152	734.3
Albay	916,790	16,542	1,804.3	928,638	16,551	1,782.3	945,765	17,667	1,868.0	962,411	15,027	1,561.4	979,057	11,852	1,210.6
Camarines Norte	468,777	4,124	879.7	486,919	3,655	750.6	499,300	4,917	984.8	512,055	1,635	319.3	524,811	3,423	652.2
Camarines Sur	1,288,489	9,197	713.8	1,339,404	11,095	828.4	1,371,637	10,445	761.5	1,399,515	11,144	796.3	1,427,389	8,035	562.9
Catanduanes	211,712	1,264	597.0	218,828	2,262	1,033.7	225,134	1,509	670.3	229,393	3,714	1,619.1	233,654	819	350.5
Masbate	686,552	6,080	885.6	684,241	4,605	673.0	692,366	6,180	892.6	697,652	5,827	835.2	702,940	3,021	429.8
Sorsogon	634,646	6,049	953.1	623,671	5,599	897.7	634,157	6,150	969.8	640,231	4,405	688.0	646,302	3,455	534.6
Iriga City	87,479	465	531.6	85,838	242	281.9	86,756	486	560.2	87,408	634	725.3	88,061	214	243.0
Legaspi City	154,702	2,950	1,906.9	158,015	3,350	2,120.1	162,250	2,784	1,715.9	166,625	1,326	795.8	171,000	1,716	1,003.5
Naga City	134,032	3,933	2,934.4	140,276	4,318	3,078.2	143,723	4,571	3,180.4	146,947	3,476	2,365.5	150,171	3,617	2,408.6
Region VIII	3,074,476	37,909	1,233.0	3,668,243	46,501	1,267.7	3,750,255	48,734	1,299.5	3,828,342	49,480	1,292.5	3,906,428	43,281	1,107.9
Biliran	140,921	2,082	1,477.4	144,410	2,008	1,390.5	147,563	2,050	1,389.2	150,793	2,282	1,513.3	154,022	1,503	975.8
Northern Leyte	1,269,268	9,977	786.0	1,300,706	7,122	547.5	1,328,878	11,811	888.8	1,354,830	13,375	987.2	1,380,781	6,305	456.6
Southern Leyte	317,565	6,719	2,115.8	346,154	11,937	3,448.5	353,533	6,792	1,921.2	361,041	8,302	2,299.5	368,552	10,964	2,974.9
Eastern Samar	382,244	7,331	1,917.9	389,725	6,208	1,592.9	396,854	7,343	1,850.3	403,701	7,135	1,767.4	410,544	6,379	1,553.8
Northern Samar	*	*	*	491,927	8,268	1,680.7	501,739	7,848	1,564.2	510,595	6,935	1,358.2	519,455	6,960	1,339.9
Western Samar	486,601	7,718	1,586.1	498,027	8,089	1,624.2	509,845	8,014	1,571.9	520,005	8,041	1,546.3	530,162	7,161	1,350.7
Calbayog City	137,690	2,464	1,789.5	141,192	1,291	914.4	144,284	1,500	1,039.6	147,475	1,835	1,244.3	150,667	957	635.2
Ormoc City	152,907	1,350	882.9	160,501	1,416	882.2	164,744	2,984	1,811.3	169,118	1,444	853.8	173,491	2,941	1,695.2
Tacloban City	187,280	268	143.1	195,601	162	82.8	202,815	392	193.3	210,784	131	62.1	218,754	111	50.7

Legend : * no report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-3
Notifiable Diseases : Pneumonia Cases
By Health Region, Province and City
Philippines, 1998-2002

Area	1998			1999			2000			2001			2002		
	Population	Number	rate	Population	Number	rate	Population	Number	rate	Population	Number	rate	Population	Number	rate
PHILIPPINES	73,186,525	646,789	883.8	74,881,578	693,334	925.9	76,402,271	632,930	828.4	77,982,112	627,958	805.3	79,300,522	734,581	926.3
CAR	1,322,950	29,845	2,255.9	1,372,676	23,888	1,740.3	1,403,580	21,537	1,534.4	1,435,031	21,100	1,470.4	1,466,467	33,399	2,277.5
Abra	202,562	7,400	3,653.2	207,023	2,997	1,447.7	210,017	2,804	1,335.1	212,730	3,167	1,488.7	215,441	3,178	1,475.1
Apayao	89,147	3,484	3,908.2	91,134	869	953.5	93,081	687	738.1	94,870	689	726.3	96,659	3,764	3,894.1
Benquet	320,279	5,262	1,642.9	335,040	5,483	1,636.5	340,718	5,449	1,599.3	347,240	5,426	1,562.6	353,752	11,033	3,118.9
Iligao	150,903	5,134	3,402.2	163,350	3,895	2,384.5	166,927	3,326	1,992.5	170,449	2,829	1,659.7	173,975	7,059	4,057.5
Kalinga	164,689	2,916	1,770.6	167,272	3,421	2,045.2	170,683	2,340	1,371.0	173,877	2,566	1,475.8	177,065	2,860	1,615.2
Mt. Province	139,494	3,828	2,744.2	140,085	4,695	3,351.5	142,583	4,498	3,154.7	145,028	3,479	2,398.8	147,471	5,505	3,732.9
Baguio City	255,876	1,821	711.7	268,772	2,528	940.6	279,571	2,433	870.3	290,837	2,944	1,012.3	302,104	-	-
Region V	4,583,179	45,938	1,002.3	4,665,830	48,831	1,046.6	4,761,088	50,133	1,053.0	4,842,237	37,695	778.5	4,923,385	50,528	1,026.3
Albay	916,790	10,669	1,163.7	928,638	10,858	1,169.2	945,765	12,005	1,269.3	962,411	13,664	1,419.8	979,057	10,801	1,103.2
Camarines Norte	468,777	5,583	1,191.0	486,919	6,155	1,264.1	499,300	6,675	1,336.9	512,055	1,476	288.3	524,811	9,049	1,724.2
Camarines Sur	1,288,489	7,799	605.3	1,339,404	8,506	635.1	1,371,637	7,750	565.0	1,399,515	10,486	749.3	1,427,389	14,001	980.9
Catanduanes	211,712	441	208.3	218,828	2,426	1,108.6	225,134	1,328	589.9	229,393	653	284.7	233,654	485	207.6
Masbate	686,552	13,372	1,947.7	684,241	10,768	1,573.7	692,366	14,374	2,076.1	697,652	3,969	568.9	702,940	7,953	1,131.4
Sorsogon	634,646	4,264	671.9	623,671	4,411	707.3	634,157	4,121	649.8	640,231	4,566	713.2	646,302	2,631	407.1
Iriga City	87,479	85	97.2	85,838	13	15.1	86,756	151	174.1	87,408	218	249.4	88,061	2,925	3,321.6
Legaspi City	154,702	1,628	1,052.3	158,015	4,092	2,589.6	162,250	1,550	955.3	166,625	843	505.9	171,000	782	457.3
Naga City	134,032	2,097	1,564.6	140,276	1,602	1,142.0	143,723	2,179	1,516.1	146,947	1,820	1,238.5	150,171	1,901	1,265.9
Region VIII	3,074,476	39,294	1,278.1	3,668,243	66,912	1,824.1	3,750,255	53,641	1,430.3	3,828,342	61,661	1,610.6	3,906,428	63,313	1,620.7
Biliran	140,921	2,312	1,640.6	144,410	8,851	6,129.1	147,563	2,496	1,691.5	150,793	2,666	1,768.0	154,022	3,368	2,186.7
Northern Leyte	1,269,268	20,403	1,607.5	1,300,706	28,886	2,220.8	1,328,878	22,282	1,676.8	1,354,830	31,068	2,293.1	1,380,781	25,901	1,875.8
Southern Leyte	317,565	2,428	764.6	346,154	1,926	556.4	353,533	1,435	405.9	361,041	2,750	761.7	368,552	2,776	753.2
Eastern Samar	382,244	4,593	1,201.6	389,725	4,567	1,171.9	396,854	6,309	1,589.8	403,701	6,928	1,716.1	410,544	6,978	1,699.7
Northern Samar	*	*	*	491,927	10,508	2,136.1	501,739	8,274	1,649.1	510,595	5,577	1,092.3	519,455	6,567	1,264.2
Western Samar	486,601	6,573	1,350.8	498,027	8,703	1,747.5	509,845	9,674	1,897.4	520,005	8,275	1,591.3	530,162	13,724	2,588.6
Calbayog City	137,690	1,372	996.4	141,192	888	628.9	144,284	875	606.4	147,475	1,107	750.6	15		

Table E-4
Environmental Health Report - Household with Access to Safe Water Supply
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Number of Household	Number	%	Number of Household	Number	%	Number of Household	Number	%	Number of Household	Number	%	Number of Household	Number	%
PHILIPPINES	12,381,780	9,546,502	77.1	13,386,449	10,060,234	75.2	13,923,264	10,617,911	76.3	14,399,035	11,377,256	79.0	14,962,172	12,432,605	83.1
CAR	246,916	211,656	85.7	254,276	227,192	89.3	261,275	237,748	91.0	267,051	238,999	89.5	268,811	252,158	93.8
Abra	36,465	34,076	93.4	38,898	37,095	95.4	39,770	37,440	94.1	39,954	37,437	93.7	40,237	38,784	96.4
Apayao	15,488	9,861	63.7	16,668	10,783	64.7	17,458	13,368	76.6	17,205	13,139	76.4	17,528	11,747	67.0
Benquet	57,710	55,338	95.9	58,169	51,933	89.3	60,379	54,081	89.6	62,583	58,657	93.7	61,558	59,680	96.9
Iligao	29,930	24,225	80.9	29,822	23,225	77.9	30,187	26,372	87.4	30,006	27,429	91.4	30,858	26,664	86.4
Kalinga	27,378	17,751	64.8	28,398	22,052	77.7	27,878	20,994	75.3	28,926	22,582	78.1	30,296	27,448	90.6
Mt. Province	25,717	25,144	97.8	25,870	25,653	99.2	26,838	26,728	99.6	29,612	27,462	92.7	27,192	27,027	99.4
Baguio City	54,228	45,261	83.5	56,451	56,451	100.0	58,765	58,765	100.0	58,765	52,293	89.0	61,142	60,808	99.5
Region V	659,076	567,066	86.0	812,974	628,551	77.3	821,554	617,254	75.1	816,078	658,266	80.7	851,280	694,917	81.6
Albay	149,305	131,286	87.9	156,525	137,840	88.1	163,124	137,934	84.6	164,496	155,415	94.5	167,243	158,970	95.1
Camarines Norte	83,109	60,243	72.5	81,421	58,098	71.4	81,214	62,640	77.1	76,800	50,436	65.7	92,093	68,466	74.3
Camarines Sur	226,270	158,604	70.1	243,611	175,383	72.0	249,053	181,412	72.8	257,646	198,983	77.2	263,032	207,909	79.0
Catanduanes	30,611	22,405	73.2	36,451	32,431	89.0	35,502	29,635	83.5	24,667	19,119	77.5	36,984	36,171	97.8
Masbate	104,835	35,444	33.8	117,569	51,940	44.2	116,065	40,510	34.9	117,046	64,685	55.3	131,660	65,818	50.0
Sorsogon	*	96,168	*	106,446	105,837	99.4	100,821	97,056	96.3	103,029	103,029	100.0	84,716	84,213	99.4
Iriga City	14,232	12,502	87.8	14,353	13,795	96.1	14,495	13,594	93.8	14,632	13,659	93.4	14,860	13,246	89.1
Legaspi City	29,933	29,633	99.0	30,329	29,867	98.5	32,916	30,837	93.7	28,835	28,835	100.0	31,203	30,635	98.2
Naga City	20,781	20,781	100.0	26,269	23,360	88.9	28,364	23,636	83.3	28,927	24,105	83.3	29,489	29,489	100.0
Region VIII	591,478	490,566	82.9	643,690	490,924	76.3	685,808	523,445	76.3	705,570	535,412	75.9	713,251	629,304	88.2
Biliran	26,251	26,251	100.0	26,908	23,027	85.6	27,130	23,891	88.1	27,328	18,976	69.4	28,161	26,248	93.2
Northern Leyte	211,658	174,083	82.2	215,387	153,352	71.2	258,599	186,423	72.1	261,251	210,255	80.5	261,651	214,466	82.0
Southern Leyte	59,040	53,755	91.0	59,040	53,755	91.0	68,600	64,414	93.9	69,882	65,023	93.0	72,734	81,382	111.9
Eastern Samar	67,120	46,533	69.3	68,305	56,478	82.7	68,411	57,699	84.3	66,541	57,699	86.7	73,242	64,552	88.1
Northern Samar	85,815	80,379	93.7	87,369	71,637	82.0	90,689	51,485	56.8	92,472	55,697	60.2	90,188	81,891	90.8
Western Samar	58,988	34,663	58.8	82,691	53,989	65.3	83,937	58,394	69.6	95,343	59,405	62.3	97,343	96,140	98.8
Calbayog City	22,151	20,912	94.4	42,749	23,981	56.1	26,453	25,019	94.6	26,453	10,360	39.2	25,915	6,287	24.3
Ormoc City	25,657	23,035	89.8	26,235	23,445	89.4	26,825	23,990	89.4	31,542	26,836	85.1	29,259	26,831	91.7
Tacloban City	34,798	30,955	89.0	35,006	31,260	89.3	35,164	32,130	91.4	34,758	31,161	89.7	34,758	31,507	90.6

Legend : * - Incomplete report

Source : Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-5
Environmental Health Report - Household with Sanitary Toilet
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Number of Household	Number	%	Number of Household	Number	%	Number of Household	Number	%	Number of Household	Number	%	Number of Household	Number	%
PHILIPPINES	12,381,780	8,692,500	70.2	13,386,449	9,358,212	69.9	13,923,264	9,649,470	69.3	14,399,035	10,262,572	71.3	14,962,172	10,265,040	68.6
CAR	246,916	154,747	62.7	254,276	169,694	66.7	261,275	182,770	70.0	267,051	180,548	67.6	268,811	196,748	73.2
Abra	36,465	22,981	63.0	38,898	23,692	60.9	39,770	25,944	65.2	39,954	26,445	66.2	40,237	28,752	71.5
Apayao	15,488	10,976	70.9	16,668	13,201	79.2	17,458	14,793	84.7	17,205	14,676	85.3	17,528	14,032	80.1
Benquet	57,710	37,317	64.7	58,169	39,001	67.0	60,379	38,944	64.5	62,583	40,351	64.5	61,558	42,542	69.1
Iligao	29,930	15,737	52.6	29,822	16,491	55.3	30,187	17,554	58.2	30,006	17,111	57.0	30,858	17,846	57.8
Kalinga	27,378	8,656	31.6	28,398	10,972	38.6	27,878	12,449	44.7	28,926	12,440	43.0	30,296	15,031	49.6
Mt. Province	25,717	14,463	56.2	25,870	15,531	60.0	26,838	16,672	62.1	29,612	18,327	61.9	27,192	18,644	68.6
Baguio City	54,228	44,617	82.3	56,451	50,806	90.0	58,765	56,414	96.0	58,765	51,198	87.1	61,142	59,901	98.0
Region V	659,076	461,560	70.0	812,974	514,806	63.3	821,554	538,408	65.5	816,078	565,408	69.3	851,280	419,999	49.3
Albay	149,305	80,563	54.0	156,525	87,190	55.7	163,124	117,092	71.8	164,496	120,041	73.0	167,243	120,299	71.9
Camarines Norte	83,109	53,465	64.3	81,421	55,253	67.9	81,214	57,822	71.2	76,800	54,845	71.4	92,093	63,813	69.3
Camarines Sur	226,270	155,570	68.8	243,611	169,097	69.4	249,053	173,878	69.8	257,646	180,295	70.0	263,032	180,526	68.6
Catanduanes	30,611	19,415	63.4	36,451	25,250	69.3	35,502	23,997	67.6	24,667	15,604	63.3	36,984	25,437	68.8
Masbate	104,835	37,470	35.7	117,569	48,334	41.1	116,065	38,658	33.3	117,046	49,963	42.7	131,660	52,218	39.7
Sorsogon	*	63,886	-	106,446	76,959	72.3	100,821	73,262	72.7	103,029	88,655	86.0	84,716	78,431	92.6
Iriga City	14,232	10,906	76.6	14,353	11,076	77.2	14,495	11,274	77.8	14,632	11,626	79.5	14,860	11,944	80.4
Ormoc City	29,933	19,504	65.2	30,329	20,071	66.2	32,916	20,351	61.8	28,835	20,743	71.9	31,203	21,246	68.1
Naga City	20,781	20,781	100.0	26,269	21,576	82.1	28,364	22,074	77.8	28,927	23,636	81.7	29,489	28,085	95.2
Region VIII	591,478	408,145	69.0	643,690	432,564	67.2	685,808	455,045	66.4	705,570	459,835	65.2	713,251	473,083	66.3
Biliran	26,251	18,623	70.9	26,908	16,865	62.7	27,130	17,615	64.9	27,328	19,115	69.9	28,161	15,116	53.7
Northern Leyte	211,658	173,883	82.2	215,387	179,917	83.5	258,599	185,460	71.7	261,251	194,859	74.6	261,651	196,342	75.0
Southern Leyte	59,040	50,621	85.7	59,040	50,621	85.7	68,600	58,387	85.1	69,882	57,859	82.8	72,734	60,741	83.5
Eastern Samar	67,120	36,255	54.0	68,305	41,047	60.1	68,411	46,024	67.3	66,541	46,024	69.2	73,242	48,842	66.7
Northern Samar	85,815	50,952	59.4	87,369	51,660	59.1	90,689	52,436	57.8	92,472	48,926	52.9	90,188	54,300	60.2
Western Samar	58,988	25,170	42.7	82,691	38,316	46.3	83,937	40,253	48.0	95,343	40,001	42.0	97,343	43,180	44.4
Calbayog City	22,151	8,611	38.9	42,749	9,231	21.6	26,453	9,303	35.2	26,453	9,690	36.6	25,915	10,781	41.6
Ormoc City	25,657	21,608	84.2	26,235	22,466	85.6	26,825	22,818	85.1	31,542	20,705	65.6	29,259	20,840	71.2
Tacloban City	34,798	22,422	64.4	35,006	22,441	64.1	35,164	22,749	64.7	34,758	22,656	65.2	34,758	22,941	66.0

Legend : * - Incomplete report

Source : Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-6
National Tuberculosis Program Report : Total TB Cases
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate
PHILIPPINES	73,717,220	157,871	214.2	74,881,578	144,379	192.8	76,402,271	129,740	169.8	77,982,112	119,800	153.6	79,949,180	123,208	154.1
CAR	1,322,950	2,495	188.6	1,372,676	2,462	179.4	1,403,580	2,205	157.1	1,435,031	1,640	114.3	1,466,467	1,415	96.5
Abra	202,562	455	224.6	207,023	783	378.2	210,017	669	318.5	212,730	339	159.4	215,441	274	127.2
Apayao	89,147	391	438.6	91,134	257	282.0	93,081	201	215.9	94,870	275	289.9	96,659	238	246.2
Benquet	320,279	580	181.1	335,040	432	128.9	340,718	347	101.8	347,240	305	87.8	353,752	165	46.6
Ifugao	150,903	335	222.0	163,350	318	194.7	166,927	283	169.5	170,449	210	123.2	173,975	224	128.8
Kalinga	164,689	476	289.0	167,272	374	223.6	170,683	402	235.5	173,877	351	201.9	177,065	395	223.1
Mt. Province	139,494	194	139.1	140,085	227	162.0	142,583	270	189.4	145,028	130	89.6	147,471	119	80.7
Baguio City	255,876	64	25.0	268,772	71	26.4	279,571	33	11.8	290,837	30	10.3	302,104	@	@
Region V	4,583,179	9,026	196.9	4,665,830	8,138	174.4	4,761,088	7,743	162.6	4,842,237	9,666	199.6	4,923,385	9,546	193.9
Albay	916,790	1,810	197.4	928,638	1,439	155.0	945,765	859	90.8	962,411	2,104	218.6	979,057	2,052	209.6
Camarines Norte	468,777	1,052	224.4	486,919	1,293	265.5	499,300	1,558	312.0	512,055	1,992	389.0	524,811	1,729	329.5
Camarines Sur	1,288,489	2,026	157.2	1,339,404	2,029	151.5	1,371,637	1,726	125.8	1,399,515	2,182	155.9	1,427,389	2,053	143.8
Catanduanes	211,712	452	213.5	218,828	337	154.0	225,134	521	231.4	229,393	258	112.5	233,654	534	228.5
Masbate	686,552	1,564	227.8	684,241	1,325	193.6	692,366	882	127.4	697,652	1,037	148.6	702,940	1,011	143.8
Sorsogon	634,646	1,502	236.7	623,671	1,058	169.6	634,157	1,299	204.8	640,231	1,374	214.6	646,302	1,208	186.9
Iriga City	87,479	154	176.0	85,838	129	150.3	86,756	145	167.1	87,408	148	169.3	88,061	203	230.5
Legaspi City	154,702	323	208.8	158,015	292	184.8	162,250	391	241.0	166,625	303	181.8	171,000	406	237.4
Naga City	134,032	143	106.7	140,276	236	168.2	143,723	362	251.9	146,947	268	182.4	150,171	350	233.1
Region VIII	3,573,829	5,517	154.4	3,668,243	8,059	219.7	3,750,255	7,054	188.1	3,828,342	5,657	147.8	3,906,428	5,516	141.2
Biliran	140,921	363	257.6	144,410	466	322.7	147,563	404	273.8	150,793	315	208.9	154,022	352	228.5
Northern Leyte	1,269,268	1,622	127.8	1,300,706	1,931	148.5	1,328,878	1,915	144.1	1,354,830	1,711	126.3	1,380,781	1,627	117.8
Southern Leyte	317,565	520	163.7	346,154	818	236.3	353,533	784	221.8	361,041	763	211.3	368,552	139	37.7
Eastern Samar	382,244	695	181.8	389,725	1,138	292.0	396,854	1,146	288.8	403,701	818	202.6	410,544	624	152.0
Northern Samar	499,353	479	95.9	491,927	1,207	245.4	501,739	1,003	199.9	510,595	691	135.3	519,455	793	152.7
Western Samar	486,601	726	149.2	498,027	806	161.8	509,845	529	103.8	520,005	293	56.3	530,162	477	90.0
Calbayog City	137,690	247	179.4	141,192	355	251.4	144,284	260	180.2	147,475	155	105.1	150,667	502	333.2
Ormoc City	152,907	627	410.1	160,501	945	588.8	164,744	617	374.5	169,118	547	323.4	173,491	606	349.3
Tacloban City	187,280	238	127.1	195,601	393	200.9	202,815	396	195.3	210,784	364	172.7	218,754	396	181.0

Legend: @ no data due to DFHSIS implementation

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-7
Notifiable Diseases : Malaria Cases
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate
PHILIPPINES	73,186,525	70,859	96.8	74,881,578	68,155	91.0	76,402,271	50,869	66.6	77,926,565	40,543	52.0	79,073,450	39,994	50.6
CAR	1,322,950	15,564	1,176.5	1,372,676	7,924	577.3	1,403,580	4,772	340.0	1,435,031	4,147	289.0	1,466,467	5,027	342.8
Abra	202,562	196	96.8	207,023	325	157.0	210,017	112	53.3	212,730	79	37.1	215,441	16	7.4
Apayao	89,147	8,477	9,509.0	91,134	4,237	4,649.2	93,081	2,852	3,064.0	94,870	2,745	2,893.4	96,659	3,743	3,872.4
Benquet	320,279	0	-	335,040	-	-	340,718	-	-	347,240	-	-	353,752	3	0.8
Ifugao	150,903	309	204.8	163,350	311	190.4	166,927	79	47.3	170,449	83	48.7	173,975	132	75.9
Kalinga	164,689	6,051	3,674.2	167,272	3,049	1,822.8	170,683	1,578	924.5	173,877	1,157	665.4	177,065	1,049	592.4
Mt. Province	139,494	531	380.7	140,085	2	1.4	142,583	151	105.9	145,028	78	53.8	147,471	84	57.0
Baguio City	255,876	0	-	268,772	-	-	279,571	-	-	290,837	5	1.7	302,104	-	-
Region V	4,583,179	417	9.1	4,665,830	18	0.4	4,761,088	76	1.6	4,842,237	94	1.9	4,923,385	16	0.3
Albay	916,790	4	0.4	928,638	1	0.1	945,765	-	-	962,411	-	-	979,057	-	-
Camarines Norte	468,777	403	86.0	486,919	15	3.1	499,300	75	15.0	512,055	90	17.6	524,811	12	2.3
Camarines Sur	1,288,489	9	0.7	1,339,404	2	0.1	1,371,637	-	-	1,399,515	-	-	1,427,389	2	0.1
Catanduanes	211,712	0	-	218,828	-	-	225,134	-	-	229,393	4	1.7	233,654	-	-
Masbate	686,552	0	-	684,241	-	-	692,366	-	-	697,652	-	-	702,940	-	-
Sorsogon	634,646	1	0.2	623,671	-	-	634,157	1	0.2	640,231	-	-	646,302	2	0.3
Iriga City	87,479	0	-	85,838	-	-	86,756	-	-	87,408	-	-	88,061	-	-
Legaspi City	154,702	0	-	158,015	-	-	162,250	-	-	166,625	-	-	171,000	-	-
Naga City	134,032	0	-	140,276	-	-	143,723	-	-	146,947	-	-	150,171	-	-
Region VIII	3,074,476	0	-	3,668,243	2	0.1	3,750,255	0	-	3,828,342	19	0.5	3,906,428	8	0.2
Biliran	140,921	0	-	144,410	-	-	147,563	-	-	150,793	-	-	154,022	-	-
Northern Leyte	1,269,268	0	-	1,300,706	1	0.1	1,328,878	-	-	1,354,830	-	-	1,380,781	-	-
Southern Leyte	317,565	0	-	346,154	-	-	353,533	-	-	361,041	-	-	368,552	-	-
Eastern Samar	382,244	0	-	389,725	-	-	396,854	-	-	403,701	-	-	410,544	-	-
Northern Samar	499,353	0	-	491,927	1	0.2	501,739	-	-	510,595	-	-	519,455	-	-
Western Samar	486,601	0	-	498,027	-	-	509,845	-	-	520,005	19	3.7	530,162	5	0.9
Calbayog City	137,690	0	-	141,192	-	-	144,284	-	-	147,475	-	-	150,667	-	-
Ormoc City	152,907	0	-	160,501	-	-	164,744	-	-	169,118	-	-	173,491	-	-
Tacloban City	187,280	0	-	195,601	-	-	202,815	-	-	210,784	-	-	218,754	3	1.4

Legend: * no report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-8
Notifiable Diseases : Measles Cases
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate
PHILIPPINES	73,186,525	23,591	32.2	74,881,578	12,713	17.0	76,402,271	23,287	30.5	77,982,112	24,494	31.4	79,949,180	24,639	30.8
CAR	1,322,950	691	52.2	1,372,676	409	29.8	1,403,580	591	42.1	1,435,031	547	38.1	1,466,467	208	14.2
Abra	202,562	89	43.9	207,023	42	20.3	210,017	10	4.8	212,730	217	102.0	215,441	85	39.5
Apayao	89,147	55	61.7	91,134	5	5.5	93,081	16	17.2	94,870	7	7.4	96,659	9	9.3
Benquet	320,279	270	84.3	335,040	134	40.0	340,718	388	113.9	347,240	117	33.7	353,752	14	4.0
Ifugao	150,903	92	61.0	163,350	77	47.1	166,927	56	33.5	170,449	18	10.6	173,975	38	21.8
Kalinga	164,689	21	12.8	167,272	6	3.6	170,683	41	24.0	173,877	43	24.7	177,065	43	24.3
Mt. Province	139,494	106	76.0	140,085	62	44.3	142,583	36	25.2	145,028	53	36.5	147,471	13	8.8
Baguio City	255,876	58	22.7	268,772	83	30.9	279,571	44	15.7	290,837	92	31.6	302,104	6	2.0
Region V	4,583,179	928	20.2	4,665,830	511	11.0	4,761,088	1,772	37.2	4,842,237	1,785	36.9	4,923,385	1,613	32.8
Albay	916,790	98	10.7	928,638	64	6.9	945,765	125	13.2	962,411	140	14.5	979,057	185	18.9
Camarines Norte	468,777	41	8.7	486,919	7	1.4	499,300	52	10.4	512,055	50	9.8	524,811	163	31.1
Camarines Sur	1,288,489	276	21.4	1,339,404	112	8.4	1,371,637	699	51.0	1,399,515	948	67.7	1,427,389	553	38.7
Catanduanes	211,712	25	11.8	218,828	154	70.4	225,134	43	19.1	229,393	43	18.7	233,654	65	27.8
Masbate	686,552	115	16.8	684,241	39	5.7	692,366	230	33.2	697,652	117	16.8	702,940	264	37.6
Sorsogon	634,646	278	43.8	623,671	84	13.5	634,157	133	21.0	640,231	244	38.1	646,302	258	39.9
Iriga City	87,479	5	5.7	85,838			86,756			87,408	16	18.3	88,061		
Legaspi City	154,702	44	28.4	158,015	34	21.5	162,250	98	60.4	166,625	54	32.4	171,000	68	39.8
Naga City	134,032	46	34.3	140,276	17	12.1	143,723	392	272.7	146,947	173	117.7	150,171	57	38.0
Region VIII	3,074,476	3,439	111.9	3,668,243	823	22.4	3,750,255	1,433	38.2	3,828,342	2,062	53.9	3,906,428	2,529	64.7
Biliran	140,921	128	90.8	144,410	8	5.5	147,563	74	50.1	150,793	52	34.5	154,022	34	22.1
Northern Leyte	1,269,268	2,228	175.5	1,300,706	152	11.7	1,328,878	596	44.8	1,354,830	281	20.7	1,380,781	363	26.3
Southern Leyte	317,565	280	88.2	346,154	122	35.2	353,533	128	36.2	361,041	259	71.7	368,552	59	16.0
Eastern Samar	382,244	286	74.8	389,725	141	36.2	396,854	261	65.8	403,701	640	158.5	410,544	188	45.8
Northern Samar	*	*		491,927	232	47.2	501,739	170	33.9	510,595	526	103.0	519,455	827	159.2
Western Samar	486,601	375	77.1	498,027	107	21.5	509,845	119	23.3	520,005	230	44.2	530,162	388	73.2
Calbayog City	137,690	33	24.0	141,192	3	2.1	144,284	4	2.8	147,475	17	11.5	150,667	77	51.1
Ormoc City	152,907	28	18.3	160,501	17	10.6	164,744	58	35.2	169,118	48	28.4	173,491	35	20.2
Tacloban City	187,280	81	43.3	195,601	41	21.0	202,815	23	11.3	210,784	9	4.3	218,754	558	255.1

Legend : * no report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-9
Notifiable Diseases : Dengue Cases
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate
PHILIPPINES	73,186,525	44,307	60.5	74,881,578	9,121	12.2	76,402,271	6,614	8.7	77,982,112	23,235	29.8	79,300,185	13,187	16.6
CAR	1,322,950	1,741	131.6	1,372,676	204	14.9	1,403,580	125	8.9	1,435,031	1,555	108.4	1,466,467	104	7.1
Abra	202,562	10	4.9	207,023	5	2.4	210,017	3	1.4	212,730	91	42.8	215,441	-	-
Apayao	89,147	1	1.1	91,134	1	1.1	93,081	-	-	94,870	-	-	96,659	-	-
Benquet	320,279	507	158.3	335,040	10	3.0	340,718	1	0.3	347,240	695	200.1	353,752	4	1.1
Ifugao	150,903	257	170.3	163,350	20	12.2	166,927	68	40.7	170,449	243	142.6	173,975	36	20.7
Kalinga	164,689	82	49.8	167,272	37	22.1	170,683	-	-	173,877	48	27.6	177,065	-	-
Mt. Province	139,494	687	492.5	140,085	9	6.4	142,583	3	2.1	145,028	277	191.0	147,471	63	42.7
Baguio City	255,876	197	77.0	268,772	122	45.4	279,571	50	17.9	290,837	201	69.1	302,104	1	0.3
Region V	4,583,179	2,177	47.5	4,665,830	154	3.3	4,761,088	335	7.0	4,842,237	614	12.7	4,923,385	521	12.6
Albay	916,790	158	17.2	928,638	39	4.2	945,765	34	3.6	962,411	197	20.5	979,057	221	22.6
Camarines Norte	468,777	828	176.6	486,919	-	-	499,300	7	1.4	512,055	20	3.9	524,811	1	0.2
Camarines Sur	1,288,489	0	-	1,339,404	11	0.8	1,371,637	28	2.0	1,399,515	71	5.1	1,427,389	112	7.8
Catanduanes	211,712	5	2.4	218,828	1	0.5	225,134	-	-	229,393	1	0.4	233,654	3	1.3
Masbate	686,552	46	6.7	684,241	-	-	692,366	12	1.7	697,652	61	8.7	702,940	31	4.4
Sorsogon	634,646	131	20.6	623,671	10	1.6	634,157	-	-	640,231	95	14.8	646,302	47	7.3
Iriga City	87,479	75	85.7	85,838	18	21.0	86,756	-	-	87,408	8	9.2	88,061	25	28.4
Legaspi City	154,702	495	320.0	158,015	-	-	162,250	104	64.1	166,625	-	-	171,000	-	-
Naga City	134,032	439	327.5	140,276	75	53.5	143,723	150	104.4	146,947	161	109.6	150,171	81	53.9
Region VIII	3,074,476	5,434	176.7	3,668,243	297	8.1	3,750,255	242	6.5	3,828,342	1,558	40.7	3,906,428	922	23.6
Biliran	140,921	52	36.9	144,410	6	4.2	147,563	1	0.7	150,793	-	-	154,022	16	10.4
Northern Leyte	1,269,268	1,691	133.2	1,300,706	72	5.5	1,328,878	43	3.2	1,354,830	159	11.7	1,380,781	177	12.8
Southern Leyte	317,565	692	217.9	346,154	4	1.2	353,533	3	0.8	361,041	35	9.7	368,552	15	4.1
Eastern Samar	382,244	386	101.0	389,725	-	-	396,854	57	14.4	403,701	114	28.2	410,544	25	6.1
Northern Samar	*	*		491,927	89	18.1	501,739	-	-	510,595	172	33.7	519,455	64	12.3
Western Samar	486,601	567	116.5	498,027	8	1.6	509,845	7	1.4	520,005	311	59.8	530,162	113	21.3
Calbayog City	137,690	75	54.5	141,192	3	2.1	144,284	1	0.7	147,475	17	11.5	150,667	-	-
Ormoc City	152,907	599	391.7	160,501	56	34.9	164,744	19	11.5	169,118	194	114.7	173,491	83	47.8
Tacloban City	187,280	1,372	732.6	195,601	59	30.2	202,815	111	54.7	210,784	556	263.8	218,754	429	196.1

Legend : * no report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-10
Mortality Report : Maternal Deaths
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Livebirths	Maternal Deaths	rate	Total Livebirths	Maternal Deaths	rate	Total Livebirths	Maternal Deaths	rate	Total Livebirths	Maternal Deaths	rate	Total Livebirths	Maternal Deaths	rate
PHILIPPINES	1,595,257	1,018	0.6	1,628,345	1,043	0.6	1,705,287	1,087	0.6	1,684,093	1,086	0.6	1,640,698	1,165	0.7
CAR	29,436	14	0.5	30,396	24	0.8	31,094	34	1.1	30,413	27	0.9	29,764	22	0.7
Abra	3,729	1	0.3	3,589	5	1.4	3,957	5	1.3	3,805	1	0.3	3,683	2	0.5
Apayao	2,086	1	0.5	2,033	4	2.0	2,126	3	1.4	2,001	4	2.0	2,084	3	1.4
Benquet	7,095	3	0.4	7,075	3	0.4	6,862	3	0.4	7,103	4	0.6	6,965	7	1.0
Ifugao	3,688	4	1.1	3,738	4	1.1	4,038	7	1.7	3,824	7	1.8	3,302	1	0.3
Kalinga	3,590	2	0.6	3,749	5	1.3	3,908	4	1.0	3,803	1	0.3	3,804	6	1.6
Mt. Province	2,727	2	0.7	3,043	3	1.0	3,126	5	1.6	3,080	5	1.6	3,004	1	0.3
Baguio City	6,521	1	0.2	7,169	0	-	7,077	7	1.0	6,797	5	0.7	6,922	2	0.3
Region V	104,029	111	1.1	108,827	93	0.9	109,969	115	1.0	108,876	108	1.0	109,658	116	1.1
Albay	21,529	27	1.3	22,365	21	0.9	20,492	23	1.1	23,350	23	1.0	22,676	18	0.8
Camarines Norte	9,591	11	1.1	10,802	8	0.7	11,492	10	0.9	9,841	7	0.7	9,800	19	1.9
Camarines Sur	28,219	29	1.0	27,496	17	0.6	26,403	24	0.9	25,733	26	1.0	28,059	14	0.5
Catanduanes	4,556	5	1.1	5,153	3	0.6	5,206	2	0.4	4,668	3	0.6	5,635	1	0.2
Masbate	11,781	19	1.6	15,692	23	1.5	18,139	21	1.2	16,091	17	1.1	17,358	24	1.4
Sorsogon	18,002	15	0.8	17,584	19	1.1	18,218	29	1.6	19,187	27	1.4	16,084	34	2.1
Iriga City	2,601	3	1.2	2,188	0	-	2,347	1	0.4	2,641	2	0.8	2,664	2	0.8
Legaspi City	3,017	2	0.7	3,101	2	0.6	3,142	4	1.3	3,023	2	0.7	3,379	3	0.9
Naga City	4,733	0	-	4,446	0	-	4,530	1	0.2	4,342	1	0.2	4,003	1	0.2
Region VIII	83,924	87	1.0	86,554	107	1.2	91,759	92	1.0	81,635	101	1.2	83,545	83	1.0
Billiran	3,714	8	2.2	3,531	6	1.7	3,538	4	1.1	3,324	4	1.2	3,234	8	2.5
Northern Leyte	29,434	12	0.4	29,837	11	0.4	30,919	14	0.5	29,180	28	1.0	28,528	14	0.5
Southern Leyte	7,364	5	0.7	9,678	5	0.5	8,300	7	0.8	7,621	20	2.6	7,826	16	2.0
Eastern Samar	9,284	16	1.7	13,454	16	1.2	10,203	29	2.8	8,938	17	1.9	9,006	16	1.8
Northern Samar	13,345	16	1.2	7,364	28	3.8	13,425	16	1.2	12,429	3	0.2	12,481	2	0.2
Western Samar	8,273	12	1.5	10,643	23	2.2	11,826	15	1.3	10,077	19	1.9	10,647	13	1.2
Calbayog City	3,464	10	2.9	3,313	12	3.6	4,114	3	0.7	3,097	8	2.6	2,967	8	2.7
Ormoc City	3,554	4	1.1	3,440	5	1.5	3,672	3	0.8	3,683	2	0.5	3,789	5	1.3
Tacloban City	5,492	4	0.7	5,294	1	0.2	5,762	1	0.2	3,286	0	-	5,067	1	0.2

Legend : * No report ;

Incomplete report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-11
Prevalence of Vitamin A Deficiency (VAD) Among Pregnant and Lactating Women
By Region/Province/City in 1998

Area	Pregnant Women		Lactating Women	
	% Deficient	% Deficient and Low	% Deficient	% Deficient and Low
PHILIPPINES	7.1	22.2	3.9	16.5
CAR	6.3	19.4	1.2	20.6
Abra	11.0	41.3	1.0	43.6
Apayao	0.0	25.9	0.0	0.0
Benquet	0.0	1.8	0.0	0.0
Ifugao	0.0	4.3	0.0	0.0
Kalinga	21.5	41.6	0.0	29.9
Mt. Province	2.3	2.3	13.8	17.3
Baguio City	10.5	10.5	0.0	19.5
Region V	4.9	14.6	2.6	15.4
Albay	4.2	15.1	0.5	15.3
Camarines Norte	12.6	27.2	0.0	11.6
Camarines Sur	2.5	9.8	0.4	6.5
Catanduanes	12.5	27.1	16.1	20.6
Masbate	13.9	21.7	8.0	28.7
Sorsogon	1.7	21.1	0.0	16.4
Iriga City	-	-	-	-
Legaspi City	-	-	-	-
Naga City	-	-	-	-
Region VIII	9.2	21.1	4.3	20.8
Billiran	8.2	40.6	5.2	16.6
Northern Leyte	5.2	12.6	0.5	9.5
Southern Leyte	5.3	38.9	0.0	33.2
Eastern Samar	1.8	6.2	0.8	13.0
Northern Samar	10.3	13.6	9.9	13.6
Western Samar	25.1	39.9	13.9	48.0
Calbayog City	-	-	-	-
Ormoc City	-	-	-	-
Tacloban City	-	-	-	-

WHO, UNICEF, HKI, IVACG, 1992 Guidelines

Deficient <10ug/dL

Deficient and Low <20ug/dL

Source: Philippine Nutrition Facts & Figures, April 2001, Food and Nutrition Research Institute - DOST

Table E-12
Prevalence of Anemia Among Pregnant and Lactating Women
By Region/Province/City in 1998

Area	Pregnant Women	Lactating Women
PHILIPPINES	50.7	45.7
CAR	39.8	44.4
Abra	42.8	29.7
Apayao	45.2	41.4
Benquet	17.5	33.0
Ifugao	46.6	55.9
Kalinga	42.8	56.2
Mt. Province	45.1	39.6
Baguio City	28.6	20.0
Region V	64.4	47.8
Albay	39.9	28.1
Camarines Norte	36.5	64.1
Camarines Sur	73.5	47.4
Catanduanes	59.4	42.4
Masbate	66.9	62.5
Sorsogon	57.2	44.7
Iriga City	-	-
Legaspi City	-	-
Naga City	-	-
Region VIII	61.7	59.9
Billiran	45.0	36.5
Northern Leyte	48.7	47.2
Southern Leyte	69.2	71.9
Eastern Samar	84.2	88.0
Northern Samar	56.3	43.5
Western Samar	63.9	73.8
Calbayog City	-	-
Ormoc City	-	-
Tacloban City	-	-

Note : WHO 1972 Criteria

Adult females, non-pregnant - 12.0g/dL

Adult females, pregnant - 11.0g/dL

Source: Philippine Nutrition Facts & Figures, April 2001, Food and Nutrition Research Institute - DOST

Table E-13
Nativity Report : Deliveries Attended by Doctors
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate
PHILIPPINES	1,589,113	410,091	25.8	1,627,732	431,736	26.5	1,704,966	456,178	26.8	1,682,737	454,291	27.0	1,641,430	441,421	26.9
CAR	29,436	11,694	39.7	30,396	13,102	43.1	31,094	13,016	41.9	30,412	13,286	43.7	29,764	13,316	44.7
Abra	3,729	658	17.6	3,589	640	17.8	3,957	707	17.9	3,805	685	18.0	3,683	743	20.2
Apayao	2,086	171	8.2	2,033	235	11.6	2,126	240	11.3	2,001	292	14.6	2,084	372	17.9
Benquet	7,095	2,456	34.6	7,075	2,746	38.8	6,862	2,518	36.7	7,103	2,896	40.8	6,965	3,033	43.5
Iligao	3,688	899	24.4	3,738	1,192	31.9	4,038	1,134	28.1	3,824	1,170	30.6	3,302	747	22.6
Kalinga	3,590	481	13.4	3,749	528	14.1	3,908	572	14.6	3,803	582	15.3	3,804	584	15.4
Mt. Province	2,727	698	25.6	3,043	907	29.8	3,126	1,020	32.6	3,079	1,083	35.2	3,004	1,125	37.5
Baguio City	6,521	6,331	97.1	7,169	6,854	95.6	7,077	6,825	96.4	6,797	6,578	96.8	6,922	6,712	97.0
Region V	104,029	13,036	12.5	108,827	14,544	13.4	109,969	14,166	12.9	108,876	14,869	13.7	109,658	15,085	13.8
Albay	21,529	2,211	10.3	22,365	2,435	10.9	20,492	1,726	8.4	23,350	2,792	12.0	22,676	2,793	12.3
Camarines Norte	9,591	608	6.3	10,802	844	7.8	11,492	887	7.7	9,841	852	8.7	9,800	996	10.2
Camarines Sur	28,219	1,226	4.3	27,496	1,632	5.9	26,403	1,689	6.3	25,733	1,700	6.6	28,059	1,604	5.7
Catanduanes	4,556	1,129	24.8	5,153	1,339	26.0	5,206	1,287	24.7	4,668	1,288	27.6	5,635	1,255	22.3
Masbate	11,781	907	7.7	15,692	1,479	9.4	18,139	1,353	7.5	16,091	1,167	7.3	17,358	1,372	7.9
Sorsogon	18,002	3,416	19.0	17,584	3,586	20.4	18,218	3,768	20.7	19,187	3,703	19.3	16,084	3,648	22.7
Iriga City	2,601	233	9.0	2,188	191	8.7	2,347	286	12.2	2,641	402	15.2	2,664	457	17.2
Legaspi City	3,017	944	31.3	3,101	967	31.2	3,142	1,024	32.6	3,023	977	32.3	3,379	1,006	29.8
Naga City	4,733	2,362	49.9	4,446	2,071	46.6	4,530	2,166	47.8	4,342	1,988	45.8	4,003	1,954	48.8
Region VIII	83,924	16,051	19.1	86,554	15,737	18.2	91,759	17,758	19.4	81,635	14,683	18.0	83,545	16,233	19.4
Biliran	3,714	366	9.9	3,531	365	10.3	3,538	375	10.6	3,324	496	14.9	3,234	486	15.0
Northern Leyte	29,434	4,700	16.0	29,837	4,443	14.9	30,919	5,330	17.2	29,180	4,831	16.6	28,528	1,021	3.6
Southern Leyte	7,364	1,758	23.9	9,678	1,758	18.2	8,300	2,272	27.4	7,621	2,353	30.9	7,826	5,408	69.1
Eastern Samar	9,284	589	6.3	13,454	595	4.4	10,203	743	7.3	8,938	612	6.8	9,006	1,311	14.6
Northern Samar	13,345	1,354	10.1	7,364	1,171	15.9	13,425	1,197	8.9	12,429	1,094	8.8	12,481	2,566	20.6
Western Samar	8,273	1,013	12.2	10,643	848	8.0	11,826	1,052	8.9	10,077	954	9.5	10,647	807	7.6
Calbayog City	3,464	452	13.0	3,313	551	16.6	4,114	662	16.1	3,097	570	18.4	2,967	545	18.4
Ormoc City	3,554	1,596	44.9	3,440	1,614	46.9	3,672	1,753	47.7	3,683	1,860	50.5	3,789	1,818	48.0
Tacloban City	5,492	4,223	76.9	5,294	4,392	83.0	5,762	4,374	75.9	3,286	1,913	58.2	5,067	2,271	44.8

Legend : * No report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-14
Nativity Report : Deliveries Attended by Midwives
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate
PHILIPPINES	1,589,113	667,652	42.0	1,628,379	676,962	41.6	1,704,966	694,340	40.7	1,682,737	685,915	40.8	1,641,430	645,024	39.3
CAR	29,436	9,643	32.8	30,396	9,369	30.8	31,094	9,383	30.2	30,412	8,941	29.4	29,764	8,612	28.9
Abra	3,729	1,905	51.1	3,589	1,894	52.8	3,957	2,023	51.1	3,805	2,047	53.8	3,683	1,828	49.6
Apayao	2,086	817	39.2	2,033	776	38.2	2,126	740	34.8	2,001	635	31.7	2,084	621	29.8
Benquet	7,095	2,859	40.3	7,075	2,537	35.9	6,862	2,316	33.8	7,103	2,273	32.0	6,965	2,254	32.4
Iligao	3,688	1,522	41.3	3,738	1,218	32.6	4,038	1,405	34.8	3,824	1,234	32.3	3,302	1,247	37.8
Kalinga	3,590	1,558	43.4	3,749	1,869	49.9	3,908	1,923	49.2	3,803	1,796	47.2	3,804	1,766	46.4
Mt. Province	2,727	904	33.1	3,043	901	29.6	3,126	864	27.6	3,079	867	28.2	3,004	800	26.6
Baguio City	6,521	78	1.2	7,169	174	2.4	7,077	112	1.6	6,797	89	1.3	6,922	96	1.4
Region V	104,029	33,342	32.1	108,827	36,170	33.2	109,969	36,318	33.0	108,876	33,933	31.2	109,658	33,656	30.7
Albay	21,529	7,063	32.8	22,365	8,118	36.3	20,492	7,615	37.2	23,350	8,105	34.7	22,676	7,718	34.0
Camarines Norte	9,591	3,878	40.4	10,802	4,632	42.9	11,492	4,741	41.3	9,841	3,400	34.5	9,800	3,207	32.7
Camarines Sur	28,219	8,938	31.7	27,496	8,085	29.4	26,403	8,174	31.0	25,733	8,233	32.0	28,059	8,470	30.2
Catanduanes	4,556	877	19.2	5,153	1,430	27.8	5,206	844	16.2	4,668	741	15.9	5,635	790	14.0
Masbate	11,781	4,859	41.2	15,692	6,424	40.9	18,139	7,298	40.2	16,091	5,893	36.6	17,358	6,497	37.4
Sorsogon	18,002	4,630	25.7	17,584	4,512	25.7	18,218	4,436	24.3	19,187	4,438	23.1	16,084	3,858	24.0
Iriga City	2,601	1,197	46.0	2,188	993	45.4	2,347	1,084	46.2	2,641	1,261	47.7	2,664	1,333	50.0
Legaspi City	3,017	888	29.4	3,101	889	28.7	3,142	934	29.7	3,023	946	31.3	3,379	966	28.6
Naga City	4,733	1,012	21.4	4,446	1,087	24.4	4,530	1,192	26.3	4,342	916	21.1	4,003	817	20.4
Region VIII	83,924	35,253	42.0	86,554	36,907	42.6	91,759	37,992	41.4	81,635	33,281	40.8	83,545	31,144	37.3
Biliran	3,714	784	21.1	3,531	767	21.7	3,538	646	18.3	3,324	706	21.2	3,234	780	24.1
Northern Leyte	29,434	16,690	56.7	29,837	17,502	58.7	30,919	17,368	56.2	29,180	15,943	54.6	28,528	15,651	54.9
Southern Leyte	7,364	3,215	43.7	9,678	3,215	33.2	8,300	3,453	41.6	7,621	3,154	41.4	7,826	2,910	37.2
Eastern Samar	9,284	4,272	46.0	13,454	4,654	34.6	10,203	4,341	42.5	8,938	3,892	43.5	9,006	3,460	38.4
Northern Samar	13,345	5,076	38.0	7,364	4,619	62.7	13,425	4,277	31.9	12,429	3,757	30.2	12,481	3,297	26.4
Western Samar	8,273	4,013	48.5	10,643	5,111	48.0	11,826	5,468	46.2	10,077	4,678	46.4	10,647	3,503	32.9
Calbayog City	3,464	639	18.4	3,313	587	17.7	4,114	562	13.7	3,097	491	15.9	2,967	389	13.1
Ormoc City	3,554	354	10.0	3,440	306	8.9	3,672	1,502	40.9	3,683	347	9.4	3,789	422	11.1
Tacloban City	5,492	210	3.8	5,294	146	2.8	5,762	375	6.5	3,286	313	9.5	5,067	732	14.4

Legend : * No report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-15
Nativity Report : Deliveries Attended by Nurses
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate	Total Deliveries	Number	rate
PHILIPPINES	1,589,113	22,314	1.4	1,627,732	23,052	1.4	1,704,966	24,851	1.5	1,682,737	22,138	1.3	1,641,430	19,535	1.2
CAR	29,436	843	2.9	30,396	746	2.5	31,094	998	3.2	30,412	844	2.8	29,764	752	2.5
Abra	3,729	327	8.8	3,589	284	7.9	3,957	281	7.1	3,805	282	7.4	3,683	240	6.5
Apayao	2,086	20	1.0	2,033	17	0.8	2,126	9	0.4	2,001	23	1.1	2,084	21	1.0
Benquet	7,095	236	3.3	7,075	187	2.6	6,862	384	5.6	7,103	241	3.4	6,965	152	2.2
Iligao	3,688	86	2.3	3,738	64	1.7	4,038	120	3.0	3,824	101	2.6	3,302	80	2.4
Kalinga	3,590	94	2.6	3,749	107	2.9	3,908	138	3.5	3,803	137	3.6	3,804	189	5.0
Mt. Province	2,727	79	2.9	3,043	82	2.7	3,126	57	1.8	3,079	56	1.8	3,004	59	2.0
Baguio City	6,521	1	0.0	7,169	5	0.1	7,077	9	0.1	6,797	4	0.1	6,922	11	0.2
Region V	104,029	1,219	1.2	108,827	1,247	1.1	109,969	1,019	0.9	108,876	1,169	1.1	109,658	1,112	1.0
Albay	21,529	93	0.4	22,365	85	0.4	20,492	58	0.3	23,350	62	0.3	22,676	80	0.4
Camarines Norte	9,591	408	4.3	10,802	387	3.6	11,492	447	3.9	9,841	462	4.7	9,800	432	4.4
Camarines Sur	28,219	249	0.9	27,496	298	1.1	26,403	263	1.0	25,733	256	1.0	28,059	329	1.2
Catanduanes	4,556	11	0.2	5,153	55	1.1	5,206	32	0.6	4,668	23	0.5	5,635	19	0.3
Masbate	11,781	186	1.6	15,692	115	0.7	18,139	66	0.4	16,091	182	1.1	17,358	94	0.5
Sorsogon	18,002	92	0.5	17,584	93	0.5	18,218	65	0.4	19,187	121	0.6	16,084	55	0.3
Iriga City	2,601	27	1.0	2,188	48	2.2	2,347	13	0.6	2,641	7	0.3	2,664	26	1.0
Legaspi City	3,017	26	0.9	3,101	35	1.1	3,142	21	0.7	3,023	10	0.3	3,379	6	0.2
Naga City	4,733	127	2.7	4,446	131	2.9	4,530	54	1.2	4,342	46	1.1	4,003	71	1.8
Region VIII	83,924	1,046	1.2	86,554	888	1.0	91,759	1,055	1.1	81,635	1,084	1.3	83,545	762	0.9
Biliran	3,714	65	1.8	3,531	39	1.1	3,538	20	0.6	3,324	15	0.5	3,234	16	0.5
Northern Leyte	29,434	324	1.1	29,837	216	0.7	30,919	227	0.7	29,180	220	0.8	28,528	174	0.6
Southern Leyte	7,364	104	1.4	9,678	104	1.1	8,300	101	1.2	7,621	172	2.3	7,826	116	1.5
Eastern Samar	9,284	87	0.9	13,454	146	1.1	10,203	155	1.5	8,938	145	1.6	9,006	147	1.6
Northern Samar	13,345	116	0.9	7,364	39	0.5	13,425	96	0.7	12,429	73	0.6	12,481	35	0.3
Western Samar	8,273	276	3.3	10,643	272	2.6	11,826	353	3.0	10,077	368	3.7	10,647	181	1.7
Calbayog City	3,464	0	-	3,313	0	-	4,114	1	0.02	3,097	1	0.03	2,967	3	0.1
Ormoc City	3,554	74	2.1	3,440	72	2.1	3,672	102	2.8	3,683	74	2.0	3,789	65	1.7
Tacloban City	5,492	0	-	5,294	0	-	5,762	0	-	3,286	16	0.5	5,067	25	0.5

Legend : * No report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-16

Modern Contraceptive Methods Currently Used by Married Women (2002)

	CAR	Bicol	E. Visayas
Condom	3,418 (4.3%)	1,430 (0.8%)	2,366 (1.7%)
Injection	5,962 (7.5%)	5,542 (3.1%)	2,366 (1.7%)
Pill	8,505 (10.7%)	21,812 (12.2%)	14,889 (10.7%)
Female Sterilization	10,969 (13.8%)	13,945 (7.8%)	10,436 (7.5%)
Others	2,544 (3.2%)	7,151 (4.0%)	9,323 (6.7%)
not use	48,090 (60.5%)	128,904 (72.1%)	99,771 (71.7%)
Total Married Women	79,488	178,785	139,150

Source: Family Planning Survey, NSO, 2002

Table E-17

Mortality Report : Infant Deaths
By Health Region, Province and City
Philippines, 1998 - 2002

AREA	1998			1999			2000			2001			2002		
	Total Livebirths	Infant Deaths	Rate	Total Livebirths	Infant Deaths	Rate	Total Livebirths	Infant Deaths	Rate	Total Livebirths	Infant Deaths	Rate	Total Livebirths	Infant Deaths	Rate
PHILIPPINES	1,595,257	20,435	12.8	1,628,345	19,997	12.3	1,705,287	20,928	12.3	1,684,093	18,940	11.2	1,640,698	17,896	10.9
CAR	29,436	339	11.5	30,396	420	13.8	31,094	393	12.6	30,413	338	11.1	29,764	307	10.3
Abra	3,729	30	8.0	3,589	39	10.9	3,957	42	10.6	3,805	41	10.8	3,683	35	9.5
Apayao	2,086	45	21.6	2,033	38	18.7	2,126	29	13.6	2,001	21	10.5	2,084	29	13.9
Benquet	7,095	54	7.6	7,075	70	9.9	6,862	48	7.0	7,103	50	7.0	6,965	59	8.5
Iligao	3,688	60	16.3	3,738	65	17.4	4,038	74	18.3	3,824	55	14.4	3,302	22	6.7
Kalinga	3,590	33	9.2	3,749	65	17.3	3,908	57	14.6	3,803	37	9.7	3,804	40	10.5
Mt. Province	2,727	39	14.3	3,043	65	21.4	3,126	63	20.2	3,080	50	16.2	3,004	33	11.0
Baguio City	6,521	78	12.0	7,169	78	10.9	7,077	80	11.3	6,797	84	12.4	6,922	89	12.9
Region V	104,029	1,462	14.1	108,827	1,146	10.5	109,969	1,691	15.4	108,876	1,072	9.8	109,658	1,280	11.7
Albay	21,529	366	17.0	22,365	357	16.0	20,492	412	20.1	23,350	25	1.1	22,676	258	11.4
Camarines Norte	9,591	230	24.0	10,802	152	14.1	11,492	228	19.8	9,841	166	16.9	9,800	180	18.4
Camarines Sur	28,219	259	9.2	27,496	117	4.3	26,403	328	12.4	25,733	293	11.4	28,059	263	9.4
Catanduanes	4,566	80	17.6	5,153	74	14.4	5,206	106	20.4	4,668	72	15.4	5,635	80	14.2
Masbate	11,781	179	15.2	15,692	181	11.5	18,139	207	11.4	16,091	214	13.3	17,358	234	13.5
Sorsogon	18,002	196	10.9	17,584	179	10.2	18,218	258	14.2	19,187	163	8.5	16,084	136	8.5
Iriga City	2,601	36	13.8	2,188	21	9.6	2,347	25	10.7	2,641	16	6.1	2,664	32	12.0
Legaspi City	3,017	69	22.9	3,101	9	2.9	3,142	67	21.3	3,023	57	18.9	3,379	65	19.2
Naga City	4,733	47	9.9	4,446	56	12.6	4,530	60	13.2	4,342	66	15.2	4,003	32	8.0
Region VIII	83,924	926	11.0	86,554	961	11.1	91,759	982	10.7	81,635	1,033	12.7	83,545	915	11.0
Biliran	3,714	63	17.0	3,531	45	12.7	3,538	49	13.8	3,324	58	17.4	3,234	42	13.0
Northern Leyte	29,434	301	10.2	29,837	134	4.5	30,919	169	5.5	29,180	166	5.7	28,528	161	5.6
Southern Leyte	7,364	107	14.5	9,678	107	11.1	8,300	312	37.6	7,621	259	34.0	7,826	211	27.0
Eastern Samar	9,284	126	13.6	13,454	93	6.9	10,203	98	9.6	8,938	140	15.7	9,006	173	19.2
Northern Samar	13,345	94	7.0	7,364	281	38.2	13,425	101	7.5	12,429	141	11.3	12,481	96	7.7
Western Samar	8,273	70	8.5	10,643	98	9.2	11,826	78	6.6	10,077	71	7.0	10,647	70	6.6
Calbayog City	3,464	26	7.5	3,313	41	12.4	4,114	29	7.0	3,097	15	4.8	2,967	14	4.7
Ormoc City	3,554	32	9.0	3,440	44	12.8	3,672	40	10.9	3,683	89	24.2	3,789	32	8.4
Tacloban City	5,492	107	19.5	5,294	118	22.3	5,762	106	18.4	3,286	94	28.6	5,067	116	22.9

Legend: * No report

Incomplete Report

Source: Field Health Service Information System, 1998 to 2002. National Epidemiology Center - DOH

Table E-18
Percentage Distribution of 0-5 Year-Old Children, by NCHS/WHO Weight-for-Age Classification
By Region/Province/City* in 1998

Area	Underweight	Overweight
PHILIPPINES	32.0	0.4
CAR	26.7	0.3
Abra	34.8	0.0
Apayao	30.3	0.5
Benquet	11.6	0.4
Ifugao	27.7	0.2
Kalinga	46.9	0.7
Mt. Province	18.8	0.0
Baguio City	-	-
Region V	36.5	0.1
Albay	35.2	0.2
Camarines Norte	37.5	0.0
Camarines Sur	32.7	0.0
Catanduanes	35.9	0.4
Masbate	42.8	0.0
Sorsogon	38.9	0.0
Iriga City	-	-
Legaspi City	-	-
Naga City	-	-
Region VIII	37.8	0.3
Billiran	38.2	0.0
Northern Leyte	35.9	0.6
Southern Leyte	52.3	0.5
Eastern Samar	27.5	0.0
Northern Samar	37.7	0.4
Western Samar	39.8	0.0
Calbayog City	-	-
Ormoc City	-	-
Tacloban City	-	-

NCHS (USA's National Center for Health Statistics)

WHO (World Health Organization)

Cut-off point of NCHS (USA's National Center for Health Statistics)/ WHO standards for weight-for-age are;

Underweight: Less than - 2SD

Normal: - 2SD to +2SD

Overweight: more than +2SD

* Numbers may not add up to 100.0 due to rounding off.

Source: Philippine Nutrition Facts & Figures, April 2001, Food and Nutrition Research Institute - DOST

Table E-19
Prevalence of Vitamin A Deficiency (VAD) Among Children
By Region/Province/City in 1998

Region/Province/City	6 mos - 5 yrs old Children	
	% Deficient	% Deficient and Low
PHILIPPINES	8.2	38.0
CAR	6.3	30.4
Abra	14.0	55.4
Apayao	1.2	36.9
Benquet	0.7	6.2
Ifugao	1.1	17.7
Kalinga	12.7	47.7
Mt. Province	6.2	15.6
Baguio City	4.5	34.9
Region V	7.5	34.5
Albay	0.5	33.5
Camarines Norte	5.7	27.0
Camarines Sur	10.7	28.9
Catanduanes	9.6	35.8
Masbate	19.0	56.0
Sorsogon	0.9	27.8
Iriga City	-	-
Legaspi City	-	-
Naga City	-	-
Region VIII	10.4	36.5
Billiran	9.3	55.1
Northern Leyte	8.0	32.4
Southern Leyte	10.5	54.9
Eastern Samar	2.9	22.4
Northern Samar	2.2	16.9
Western Samar	27.3	55.7
Calbayog City	-	-
Ormoc City	-	-
Tacloban City	-	-

WHO, UNICEF, HKI, IVACG, 1982 Guidelines

Deficient <10ug/dL Deficient and Low <20ug/dL

Source: Philippine Nutrition Facts & Figures, April 2001, Food and Nutrition Research Institute - DOST

Table E-20
Prevalence of Anemia Among Children
By Region/Province/City in 1998

Region/Province/City	Children		
	6 mos - <1 yr	1-5 yrs	6 mos-5 yrs
PHILIPPINES	56.5	29.6	31.8
CAR	61.8	22.3	25.4
Abra	73.4	24.6	29.1
Apayao	62.0	30.0	31.9
Benquet	66.4	26.0	29.8
Ifugao	45.1	16.9	18.6
Kalinga	51.6	35.0	36.4
Mt. Province	55.9	7.9	12.3
Baguio City	56.8	15.3	18.5
Region V	62.6	31.9	34.3
Albay	52.0	15.0	18.2
Camarines Norte	62.7	40.1	41.7
Camarines Sur	70.2	26.3	29.6
Catanduanes	63.2	32.5	34.7
Masbate	74.1	54.5	56.2
Sorsogon	53.4	33.5	34.8
Iriga City	-	-	-
Legaspi City	-	-	-
Naga City	-	-	-
Region VIII	84.8	43.8	47.3
Billiran	68.6	33.9	36.4
Northern Leyte	80.7	36.3	39.5
Southern Leyte	76.4	46.3	49.0
Eastern Samar	93.0	47.5	51.0
Northern Samar	89.7	46.8	51.5
Western Samar	87.9	56.3	59.1
Calbayog City	-	-	-
Ormoc City	-	-	-
Tacloban City	-	-	-

WHO 1972 Criteria

6 mos to 6 yrs old children - 11.0g/dL

Source: Philippine Nutrition Facts & Figures, April 2001, Food and Nutrition Research Institute - DOST

Table E-21
Expanded Program on Immunization (EPI) Report : Fully Immunized Children (9-11 months)
By Health Region, Province and City
Philippines, 1998-2002

Area	1998			1999			2000			2001			2002		
	Eligible Population (TP x 3%)	Number	%	Eligible Population (TP x 3%)	Number	%	Eligible Population (TP x 3%)	Number	%	Eligible Population (TP x 3%)	Number	%	Eligible Population (TP x 3%)	Number	%
PHILIPPINES	2,211,510	1,876,157	84.8	2,246,830	1,970,360	87.7	2,290,037	1,980,140	86.5	2,339,403	1,910,561	81.7	2,380,369	1,830,325	76.9
CAR	39,688	34,840	87.8	41,181	33,651	81.7	42,107	34,746	82.5	43,050	33,031	76.7	43,994	30,769	69.9
Abra	6,077	5,252	86.4	6,211	4,888	78.7	6,301	5,674	90.0	6,382	4,997	78.3	6,483	5,107	79.0
Apayao	9,608	9,346	97.3	2,734	2,300	84.1	2,792	2,377	85.1	2,846	2,338	82.2	2,900	2,529	87.2
Benquet	4,527	4,087	90.3	10,051	8,902	88.6	10,222	8,645	84.6	10,417	7,584	72.8	10,613	8,812	83.0
Iligao	4,941	3,481	70.5	4,901	4,236	86.4	5,008	4,245	84.8	5,113	4,147	81.1	5,219	3,838	73.5
Kalinga	2,674	2,501	93.5	5,018	3,972	79.2	5,120	3,867	75.5	5,216	3,572	68.5	5,312	3,516	66.2
Mt. Province	4,185	3,064	73.2	4,203	2,810	66.9	4,277	2,968	69.4	4,351	3,004	69.0	4,424	2,871	64.9
Baguio City	7,676	7,109	92.6	8,063	6,543	81.1	8,387	6,970	83.1	8,725	7,389	84.7	9,063	4,096	45.2
Region V	137,495	108,238	78.7	140,334	119,938	85.5	142,834	124,226	87.0	145,267	117,795	81.1	147,702	109,916	74.4
Albay	27,504	24,830	90.3	27,859	26,127	93.8	28,373	24,874	87.7	28,872	25,364	87.8	29,372	24,626	83.8
Camarines Norte	14,063	8,909	63.4	14,968	11,681	78.0	14,979	12,195	81.4	15,362	10,275	66.9	15,744	10,391	66.0
Camarines Sur	38,655	24,272	62.8	40,182	28,547	71.0	41,149	33,455	81.3	41,985	36,625	87.2	42,822	29,059	67.9
Catanduanes	6,351	4,568	71.9	6,565	5,243	79.9	6,754	5,088	75.3	6,882	5,482	79.7	7,010	3,166	45.2
Masbate	20,597	16,821	81.7	20,527	20,153	98.2	20,771	19,434	93.6	20,930	11,224	53.6	21,088	17,351	82.3
Sorsogon	19,039	20,701	108.7	18,710	18,048	96.5	19,025	18,093	95.1	19,207	18,047	94.0	19,389	14,044	72.4
Iniga City	2,624	1,516	57.8	2,575	1,986	77.1	2,603	2,063	79.3	2,622	2,505	95.5	2,642	2,115	80.1
Legaspi City	4,641	4,238	91.3	4,740	4,362	92.0	4,868	4,516	92.8	4,999	4,327	86.6	5,130	4,594	89.6
Naga City	4,021	2,383	59.3	4,208	3,791	90.1	4,312	4,508	104.5	4,408	3,946	89.5	4,505	4,570	101.4
Region VIII	107,215	94,655	88.3	110,048	91,578	83.2	113,512	93,154	82.1	114,851	82,419	71.8	117,194	79,453	67.8
Biliran	4,228	3,921	92.7	4,332	3,589	82.8	4,427	3,652	82.5	4,524	4,104	90.7	4,621	3,452	74.7
Northern Leyte	38,078	32,204	84.6	39,021	31,683	81.2	39,866	33,026	82.8	40,645	28,891	71.1	41,423	28,593	69.0
Southern Leyte	9,527	8,283	86.9	10,385	9,067	87.3	10,606	9,112	85.9	10,831	9,241	85.3	11,057	8,721	78.9
Eastern Samar	11,467	10,465	91.3	11,692	10,472	89.6	11,906	11,296	94.9	12,111	10,792	89.1	12,316	10,148	82.4
Northern Samar	14,981	13,805	92.2	14,758	12,710	86.1	15,052	13,213	87.8	15,318	10,113	66.0	15,584	10,488	67.3
Western Samar	14,598	13,367	91.6	14,941	11,515	77.1	15,235	10,730	70.4	15,600	7,900	50.6	15,905	8,536	53.7
Calbayog City	4,131	2,398	58.0	4,236	2,668	63.0	4,329	2,961	68.4	4,424	2,483	56.1	4,520	1,519	33.6
Ormoc City	4,587	4,645	101.3	4,815	4,283	89.0	6,007	4,278	71.2	5,074	4,394	86.6	5,205	3,401	65.3
Tacloban City	5,618	5,567	99.1	5,868	5,591	95.3	6,084	4,886	80.3	6,324	4,501	71.2	6,563	4,595	70.0

Legend : * No report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-22
Notifiable Diseases : Malignant Neoplasms Cases
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate
PHILIPPINES	73,186,525	6,595	9.0	74,881,578	5,710	7.6	76,402,271	6,827	8.9	77,982,112	8,235	10.6	79,300,521	13,334	16.8
CAR	1,322,950	471	35.6	1,372,676	304	22.1	1,403,580	243	17.3	1,435,031	232	16.2	1,466,467	54	3.7
Abra	202,562	85	42.0	207,023	17	8.2	210,017	7	3.3	212,730	125	58.8	215,441	12	5.6
Apayao	89,147	0	-	91,134	55	60.4	93,081	2	2.1	94,870	9	9.5	96,659	-	-
Benquet	320,279	0	-	335,040	-	-	340,718	1	0.3	347,240	12	3.5	353,752	-	-
Iligao	150,903	37	24.5	163,350	26	15.9	166,927	-	-	170,449	4	2.3	173,975	-	-
Kalinga	164,689	114	69.2	167,272	-	-	170,683	-	-	173,877	1	0.6	177,065	1	0.6
Mt. Province	139,494	0	-	140,085	-	-	142,583	-	-	145,028	-	-	147,471	41	27.8
Baguio City	255,876	235	91.8	268,772	206	76.6	279,571	233	83.3	290,837	81	27.9	302,104	-	-
Region V	4,583,179	31	0.7	4,665,830	78	1.7	4,761,088	61	1.3	4,842,237	262	5.4	4,923,385	32	0.6
Albay	916,790	0	-	928,638	16	1.7	945,765	-	-	962,411	4	0.4	979,057	14	1.4
Camarines Norte	468,777	4	0.9	486,919	-	-	499,300	44	8.8	512,055	253	49.4	524,811	-	-
Camarines Sur	1,288,489	16	1.2	1,339,404	24	1.8	1,371,637	10	0.7	1,399,515	-	-	1,427,389	-	-
Catanduanes	211,712	0	-	218,828	3	1.4	225,134	1	0.4	229,393	-	-	233,654	2	0.9
Masbate	686,552	6	0.9	684,241	8	1.2	692,366	1	0.1	697,652	3	0.4	702,940	-	-
Sorsogon	634,646	4	0.6	623,671	9	1.4	634,157	-	-	640,231	1	0.2	646,302	1	0.2
Iniga City	87,479	0	-	85,838	-	-	86,756	-	-	87,408	-	-	88,061	-	-
Legaspi City	154,702	0	-	158,015	3	1.9	162,250	5	3.1	166,625	1	0.6	171,000	15	8.8
Naga City	134,032	1	0.7	140,276	15	10.7	143,723	-	-	146,947	-	-	150,171	-	-
Region VIII	3,074,476	298	9.7	3,668,243	494	13.5	3,750,255	945	25.2	3,828,342	345	9.0	3,906,428	96	2.5
Biliran	140,921	1	0.7	144,410	4	2.8	147,563	8	5.4	150,793	1	0.7	154,022	2	1.3
Northern Leyte	1,269,268	42	3.3	1,300,706	97	7.5	1,328,878	105	7.9	1,354,830	151	11.1	1,380,781	28	2.0
Southern Leyte	317,565	189	59.5	346,154	11	3.2	353,533	807	228.3	361,041	12	3.3	368,552	24	6.5
Eastern Samar	382,244	46	12.0	389,725	356	91.3	396,854	-	-	403,701	-	-	410,544	-	-
Northern Samar	#	-	-	491,927	24	4.9	501,739	22	4.4	510,595	181	35.4	519,455	3	0.6
Western Samar	486,601	20	4.1	498,027	-	-	509,845	3	0.6	520,005	-	-	530,162	39	7.4
Calbayog City	137,690	0	-	141,192	-	-	144,284	-	-	147,475	-	-	150,667	-	-
Ormoc City	152,907	0	-	160,501	2	1.2	164,744	-	-	169,118	-	-	173,491	-	-
Tacloban City	187,280	0	-	195,601	-	-	202,815	-	-	210,784	-	-	218,754	-	-

Legend : * no report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

Table E-23
Notifiable Diseases : Hypertension Cases
By Health Region, Province and City
Philippines, 1998-2002

AREA	1998			1999			2000			2001			2002		
	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate	Total Population	Number	rate
PHILIPPINES	73,186,525	158,992	217.2	74,881,578	208,248	278.1	76,402,271	279,992	366.5	77,982,112	318,521	408.5	79,300,521	304,690	384.2
CAR	1,322,950	10,069	761.1	1,372,676	13,594	990.3	1,403,580	14,040	1,000.3	1,435,031	15,090	1,051.5	1,466,467	13,151	896.8
Abra	202,562	1,518	749.4	207,023	2,934	1,417.2	210,017	3,140	1,495.1	212,730	3,484	1,637.8	215,441	2,268	1,052.7
Apayao	89,147	212	237.8	91,134	429	470.7	93,081	409	439.4	94,870	598	630.3	96,659	599	619.7
Benquet	320,279	4,919	1,535.8	335,040	5,276	1,574.7	340,718	5,511	1,617.5	347,240	5,892	1,696.8	353,752	6,254	1,767.9
Iligao	150,903	859	569.2	163,350	1,278	782.4	166,927	1,017	609.2	170,449	1,338	785.0	173,975	952	547.2
Kalinga	164,689	439	266.6	167,272	679	405.9	170,683	636	372.6	173,877	938	539.5	177,065	662	373.9
Mt. Province	139,494	483	346.3	140,085	1,112	793.8	142,583	1,320	925.8	145,028	2,146	1,479.7	147,471	1,810	1,227.4
Baguio City	255,876	1,639	640.5	268,772	1,886	701.7	279,571	2,007	717.9	290,837	694	238.6	302,104	606	200.6
Region V	4,583,179	12,777	278.8	4,665,830	18,628	399.2	4,761,088	31,139	654.0	4,842,237	30,123	622.1	4,923,385	26,790	544.1
Albay	916,790	1,335	145.6	928,638	6,301	678.5	945,765	6,985	738.6	962,411	7,695	799.6	979,057	9,317	951.6
Camarines Norte	468,777	0	-	486,919	-	-	499,300	3,044	609.7	512,055	1,401	273.6	524,811	1,346	256.5
Camarines Sur	1,288,489	8,148	632.4	1,339,404	7,104	530.4	1,371,637	11,382	829.8	1,399,515	13,392	956.9	1,427,389	10,926	765.5
Catanduanes	211,712	0	-	218,828	-	-	225,134	254	112.8	229,393	642	279.9	233,654	535	229.0
Masbate	686,552	0	-	684,241	-	-	692,366	-	-	697,652	-	-	702,940	-	-
Sorsogon	634,646	2,852	449.4	623,671	3,693	592.1	634,157	5,286	833.5	640,231	6,447	1,007.0	646,302	3,985	616.6
Iriga City	87,479	0	-	85,838	-	-	86,756	-	-	87,408	-	-	88,061	-	-
Legaspi City	154,702	442	285.7	158,015	-	-	162,250	531	327.3	166,625	546	327.7	171,000	681	398.2
Naga City	134,032	0	-	140,276	1,530	1,090.7	143,723	3,657	2,544.5	146,947	-	-	150,171	-	-
Region VIII	3,074,476	5,877	191.2	3,668,243	10,219	278.6	3,750,255	13,070	348.5	3,828,342	18,662	487.5	3,906,428	17,979	460.2
Biliran	140,921	931	660.7	144,410	823	569.9	147,563	386	261.6	150,793	639	423.8	154,022	542	351.9
Northern Leyte	1,269,268	2,971	234.1	1,300,706	4,535	348.7	1,328,878	4,320	325.1	1,354,830	5,442	401.7	1,380,781	4,398	318.5
Southern Leyte	317,565	0	-	346,154	-	-	353,533	2,223	628.8	361,041	5,079	1,406.8	368,552	8,223	2,231.2
Eastern Samar	382,244	0	-	389,725	-	-	396,854	-	-	403,701	-	-	410,544	-	-
Northern Samar	*	*	-	491,927	2,092	425.3	501,739	3,847	766.7	510,595	3,213	629.3	519,455	2,123	408.7
Western Samar	486,601	1,364	280.3	498,027	2,152	432.1	509,845	1,838	360.5	520,005	2,796	537.7	530,162	1,796	338.8
Calbayog City	137,690	611	443.8	141,192	345	244.3	144,284	250	173.3	147,475	457	309.9	150,667	264	175.2
Ormoc City	152,907	0	-	160,501	-	-	164,744	-	-	169,118	1,029	608.5	173,491	597	344.1
Tacloban City	187,280	0	-	195,601	272	139.1	202,815	206	101.6	210,784	7	3.3	218,754	36	16.5

Legend : * no report

Source: Field Health Service Information System, 1998 to 2002, National Epidemiology Center - DOH

**Annex F: List of Public Hospitals and Rural Health
Units (RHUs) in CAR, Region V and
Region VIII**

Annex F-1-1 List of Public Hospitals in CAR

Name of Hospital (Bold: DOH retained hospital)	Location		ABC	Bed Occupancy Rate	No. of Medical Staffs	Expense	Category	Accreditation by PHIC
	Province/City	Municipality						
Bucay Municipal Hospital	Abra	Bucay	10	15%	7	-	Primary	○
La Paz District Hospital	Abra	La Paz	25	17%	15	-	Primary	○
Dolores Medicare & Community Hospital	Abra	Dolores	10	7%	6	1,396,030	Primary	○
Villaviciosa Medicare	Abra	Villaviciosa	15	64%	8	-	Primary	○
Abra Provincial Hospital	Abra	Bengued	100	105%	83	-	Secondary	○
Apayao Disyriact Hospital	Apayao	Calanasan	10				Primary	○
Apayao Provincial Hospital	Apayao	Kabugao	25	10-15%	16	6,030,753	Primary	○
Amma Jadsac District Hospital	Apayao	Pudtol	25	26%	11	-	Primary	○
Santa Marcela Medicare & Community Hospital	Apayao	Sta. Marcela	15	52%	13	5,085,224	Primary	○
Flora District Hospital	Apayao	Flora	25	23%	15	7,338,319	Primary	○
Far North Luzon General Hospital and Training Center	Apayao	Luna	100	82%	45		Primary	X
Conner District Hospital	Apayao	Conner					Primary	X
Abtan Emergency Hospital	Benguet	Abatan, Buguias	10	126%	10	4,986,227	Primary	○
Dennis Molintas Municipal Hospital	Benguet	Bokod	10				Primary	○
Kapangan Medicare and Community Hospital	Benguet	Kapangan	15	35%	11	4,392,199	Primary	○
Itogon Municipal Hospital	Benguet	Tinogdan, Itogon	10				Primary	○
Atok District Hospital	Benguet	Sayangan, Atok	25	83%	6	3,409,100	Secondary	○
Benguet General Hospital	Benguet	La Trinidad	100	135%	128	55,493,526	Secondary	○
Potia District Hospital	Ifugao	Alfonso Potia	25	37%	12	-	Primary	○
Mayoyao District Hospital	Ifugao	Mayoyao	30	77%	17	7,329,676	Primary	○
Panopdopan District Hospital	Ifugao	Lamut	25				Primary	○
Aguinaldo People's Hospital	Ifugao	Aguinaldo	10	50-60%	13	3,136,730	Primary	X

Name of Hospital (Bold: DOH retained hospital)	Location		ABC	Bed Occupancy Rate	No. of Medical Staffs	Expense	Category	Accreditation by PHIC
	Province/City	Municipality						
Tinoc District Hospital	Ifugao	Tinoc	25				Primary	○
Hungduan Municipal Hospital	Ifugao	Hungduan	10				Primary	○
Ifugao General Hospital	Ifugao	Lagawe	75	92%	39	31,403,397	Secondary	○
Western Kalinga District Hospital	Kalinga	Balbalan	25	23%	15	6,819,580	Primary	○
Pinukupuk District Hospital	Kalinga	Pinukupuk	25	38%	14	6,806,560	Primary	○
Juan M. Duyan District Hospital	Kalinga	Rizal	25	30%	13	8,443,316	Primary	○
Kalinga District Hospital	Kalinga	Lubuagan	50	56	29	11,932,931	Primary	○
Kalinga Provincial Hospital	Kalinga	Tabuk	100	72	72	37,588,158	Secondary	○
Barling District Hospital	Mt. Province	Barlig	25	19%	16	6,537,838	Primary	○
Natomin Community Hospital	Mt. Province	Natonin	15	40-50%	9	1,800,000	Primary	○
Paracelis District Hospital	Mt. Province	Paracells	8	41%	13	-	Primary	○
Bessao District Hospital	Mt. Province	Bessao	25	40%	16	7,668,096	Secondary	○
Bontok General Hospital	Mt. Province	Bontoc	100	100%	46	-	Secondary	○
Luis Hora Memorial Regional Hospital	Mt. Province	Bauko	75	75%	43	-	Secondary	○
Fort Del Pilar Station Hospital	Baguio City		50				Secondary	○
Baguio General Hospital and Medical Center	Baguio City		350				Tertiary	○

Annex F-1-2 List of RHUs/HCs in CAR

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
Abra	Baay-Licuan RHU		
	Bangued RHU	○	○
	Boliney RHU		
	Bucay RHU	○	
	Bucloc RHU		
	Daguioman RHU		
	Danglas RHU		
	Dolores RHU		
	La Paz RHU	○	
	Lacub RHU		
	Lagangilang RHU	○	
	Lagayan RHU		
	Langiden RHU		
	Luba RHU	○	
	Malibcong RHU		
	Manabo RHU		
	Penarrubia RHU	○	
	Pidigan RHU	○	
	Pilar RHU		
	Sal-lapadan RHU	○	
	San Isidro RHU		
	San Juan RHU	○	
	San Quintin RHU		
	Tayum RHU		
	Tineg Municipal Health Center		
Tubeo RHU			
Villaviciosa RHU			
Apayao	Calanasan RHU		
	Conner RHU	○	
	Flora RHU	○	○
	Kabugao RHU		
	Luna RHU	○	
	Pudtol RHU	○	
Sta. Marcela RHU			
Benguet & Baguio City	Atok RHU	○	
	Aurora Hill District Health Center	○	
	Bakun RHU	○	
	Bokod RHU	○	
	Buguias RHU	○	
	Campo Filipino District Health Center	○	
	City Camp District Health Center	○	
	Engineer's Hill District Health Center	○	
	Itogon RHU		
	Kabayan RHU	○	
	Kapangan RHU	○	
	Kibungan RHU	○	
	La Trinidad RHU	○	
	Loakan District Health Center	○	
	Lucban District Health Center	○	○
Mankayan RHU	○		

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
	Pacdal District Health Center	○	
	Sablan RHU	○	
	Scout Barrio District Health Center	○	
	Tuba RHU	○	○
	Tublay RHU		
Ifugao	Aguinaldo RHU	○	○
	Asipulo RHU	○	○
	Banaue RHU	○	○
	Hingyon RHU		
	Hungduan RHU		
	Kiangan RHU	○	○
	Lagawe RHU	○	○
	Lamut Municipal Health Center	○	○
	Mayoyao RHU	○	○
	Potia RHU	○	○
	Tinoc RHU	○	○
Kalinga	Balbalan RHU		
	Lubuagan RHU		
	Pasil RHU		
	Pinukpuk RHU I		
	Pinukpuk RHU II		
	Pinukpuk RHU III		
	Rizal RHU	○	
	Tabuk RHU I	○	○
	Tabuk RHU II	○	○
	Tabuk RHU III	○	○
	Tanudan RHU		
	Tinglayan RHU		
Mt. Province	Barlig RHU	○	
	Bauko RHU	○	
	Besao RHU		
	Bontoc RHU		
	Natonin RHU	○	
	Paracelis RHU	○	○
	Sabangan RHU	○	
	Sadanga RHU		
	Sagada RHU	○	○
	Tadian RHU	○	○

Annex F-1-3 PHIC Accredited Parivate Hospital in CAR

Province	Name of Hospitals	ABC	Category
Abra	Saint Jude Medical Clinic	12	Primary
Abra	St. Theresa Wellness Center	6	Primary
Abra	Valera Medical Hospital	15	Primary
Abra	Bangued Christian Hospital	17	Secondary
Abra	Dr. Petronilo V. Seares, Sr. Memorial Hospital	35	Secondary
Benguet/Baguio City	Sto Nino Hospital of Philex Mining Corp.	20	Primary
Benguet/Baguio City	Baguio Medical Center	40	Secondary
Benguet/Baguio City	Lepanto Consolidated Mining Hospital	20	Secondary
Benguet/Baguio City	Lutheran Hospital	15	Secondary
Benguet/Baguio City	Pines City Doctor's Hospital	35	Secondary
Benguet/Baguio City	Sto Nino Jesus Medical Center	45	Secondary
Benguet/Baguio City	Slu Hospital of the Sacred Heart	160	Tertiary
Ifugao	Good News Clinic	5	Primary
Kalinga	Holy Trinity Medical Clinic	10	Primary
Kalinga	Saint Luke's Emergency Hospital	22	Primary
Kalinga	Tabuk Family Clinic	20	Primary
Kalinga	Almora General Hospital	15	Secondary
Mt. Province	St. Theodore's Hospital	10	Primary

Annex F-2-1 List of Public Hospitals in Region V

Name of Hospital (Bold: DOH retained hospital)	Location		ABC	Bed Occupancy Rate	No. of Medical Staffs	Expense	Category	Accreditation by PHIC
	Province/City	Municipality						
Cagraray District Hospital	Albay	Bacacay	25				Primary	○
Manito Municipal Hospital	Albay	Manito	10				Primary	○
Pantao District Hospital	Albay	Pantao, Libon	25				Primary	○
Pio Duran Memorial District Hospital	Albay	Pio Duran	25	100%	14	7,103,536	Primary	○
Rapu-Rapu District Hospital	Albay	Rapu-Rapu	25				Primary	○
Villahermosa Municipal Hospital	Albay	Villahermosa	10				Primary	X
Ziga Memorial District Hospital	Albay	(Tabaco City)	50	87%	27	2,113,888	Secondary	○
Josefina Belmonte Duran Memorial District Hospital	Albay	(Ligao City)	25	100%	21	9,752,858	Secondary	○
Bicol Regional Training & Teaching Hospital	Albay	(Lrgazpi City)	250				Tertiary	○
Capalonga Medicare Community Hospital	Camarines Norte	Capalonga	15				Primary	X
Labo District Hospital	Camarines Norte	Labo	25	100	15	9,346,703	Secondary	○
Camarines Norte Provincial Hospital	Camarines Norte	Daet	100	115	83	65,583,902	Tertiary	○
Bicol Sanitarium	Camarines Sur	Cabuso	450				Primary	○
Caramoan Municipal Hospital	Camarines Sur	Caramoan	10				Primary	X
Garchitorena Medicare and Community Hospital	Camarines Sur	Garchitorena	15				Primary	○
Libmanan District Hospital	Camarines Sur	Libmanan	50	8	21	7,112,343	Primary	○
Ocampo Municipal Hospital	Camarines Sur	Ocampo	10				Primary	X
San Jose Medicare Community Hospital	Camarines Sur	San Jose	15				Primary	○

Name of Hospital (Bold: DOH retained hospital)	Location		ABC	Bed Occupancy Rate	No. of Medical Staffs	Expense	Category	Accreditation by PHIC
	Province/City	Municipality						
Siruma Municipal Hospital	Camarines Sur	Siruma					Primary	X
Sipocot District Hospital	Camarines Sur	Sipocot	25				Primary	○
Tinambac Medicare Community Hospital	Camarines Sur	Tinambac	15				Primary	X
San Ramon Municipal Hospital	Camarines Sur	(Iriga City)	10				Primary	X
Naga City Hospital	Camarines Sur	(Naga City)	16	22%	40	14,739,842	Primary	○
Ragay District Hospital	Camarines Sur	Ragay	25	6%	16	7,253,930	Secondary	○
Bicol Medical Center	Camarines Sur	(Naga City)	450				Tertiary	○
Bato Maternity and Children's Hospital	Catanduanes	Bato	25	57%	17	617,572	Primary	○
Caramoran Municipal Hospital	Catanduanes	Caramoran	10				Primary	○
Gigmoto District Hospital	Catanduanes	Gigmoto	25	28%	11	5,500,000	Primary	○
Juan M. Alberto Memorial Hospital	Catanduanes	San Andres	25				Primary	○
Viga District Hospital	Catanduanes	Viga	25	25%	18	6,951,000	Primary	○
Pandan District Hospital	Catanduanes	Pandan	25				Secondary	○
Eastern Bicol Medical Center	Catanduanes	Virac	100	87%	54	36,787,39	Tertiary	○
Aroroy Municipal Hospital	Masbate	Aroroy	10				Primary	○
Balud Municipal Hospital	Masbate	Balud	10				Primary	X
Cataingan District Hospital	Masbate	Cataingan	25	76%	25	10,467,519	Primary	○
Cawayan Municipal Hospital	Masbate	Cawayan	10				Primary	X
Claveria District Hospital	Masbate	Claveria	25				Primary	○
Moises Espinosa Sr. Memorial Hospital	Masbate	Dimasalang	10				Primary	X
Mandaon Medicare Community Hospital	Masbate	Mandaon	15	15%	9	4,075,734	Primary	○
Ticao District Hospital	Masbate	San Jacinto	205				Primary	○

Name of Hospital (Bold: DOH retained hospital)	Location		ABC	Bed Occupancy Rate	No. of Medical Staffs	Expense	Category	Accreditation by PHIC
	Province/City	Municipality						
Masbate Provincial Hospital	Masbate	Masbate	100	97%	64	34,915,590	Tertiary	○
Bulan Municipal Hospital	Sorsogon	Bulan	10				Primary	○
Vicente Peralta Memorial District Hospital	Sorsogon	Cumadcad Castilla	25	100%	13	8,619,425	Primary	○
Donsol District Hospital	Sorsogon	Donsol	25	4%	16	9,220,375	Primary	○
Irosin District Hospital	Sorsogon	Irosin	25	85%	40	4,500,000	Primary	○
Magallanes Medicare Community Hospital	Sorsogon	Magallanes	15	35%	11	3,400,000	Primary	○
Matnog Medicare Community Hospital	Sorsogon	Matnog	15	58%	12	4,490,398	Primary	○
Prieto Diaz Municipal Hospital	Sorsogon	Prieto Diaz	10	12%	11	2,500,000	Primary	○
Sorsogon Amberg Municipal Hospital	Sorsogon	Sorsogon	100				Primary	X
Gubat District Hospital	Sorsogon	Gubat	25	25%	14	6,598	Secondary	○
Sorsogon Provincial Hospital	Sorsogon	Macabog	100	100%	83	43,839,084	Tertiary	X

Annex F-2-2 List of RHUs/HCs in Region V

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
Albay	Albay District Health Office		
	Bacacay RHU	○	○
	Camalig RHU	○	
	Daraga RHU	○	○
	Guinobatan RHU	○	
	Jovellar RHU		
	Legaspi Port District Health Unit	○	○
	Libon RHU		
	Ligao City Health Office	○	○
	Ligao RHU		
	Malilipot RHU	○	○
	Malinao RHU	○	○
	Manito RHU		
	Oas RHU	○	○
	Pio Duran RHU		
	Polangui RHU		
	Rapu-rapu RHU		
	Sto. Domingo RHU	○	○
	Tabaco City Health Office	○	○
	Tiwi RHU		
Albay District Health Center			
Camarines Norte	Basud Municipal Health Office	○	○
	Capalonga Municipal Health Office	○	○
	Daet RHU	○	
	Daet RHU I		
	Daet RHU II		
	Imelda RHU	○	
	Jose Panganiban RHU	○	○
	Labo RHU I	○	○
	Labo RHU II	○	○
	Labo RHU III	○	○
	Mercedes Municipal Health Office	○	○
	Paracale RHU	○	
	San Vicente RHU	○	○
	Santa Elena RHU	○	○
	Talisay Municipal Health Office	○	○
Vinzons RHU	○	○	
Camarines Sur	Baao RHU		○
	Balatan RHU		
	Bato RHU		
	Bombon RHU	○	○
	Buhi RHU I	○	
	Buhi RHU II		
	Bula RHU		
	Cabusao RHU	○	
	Calabanga RHU		
	Camaligan RHU	○	
	Canaman RHU	○	
	Caramoan RHU		
Del Gallego RHU			

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
	Gainza RHU	○	○
	Garchitorena RHU		
	Goa RHU I	○	
	Goa RHU II		
	Lagonoy RHU	○	
	Libmanan RHU I		
	Libmanan RHU II	○	
	Lupi RHU		
	Magarao RHU		
	Milaor RHU	○	
	Minalabac RHU	○	○
	Nabua RHU I		
	Nabua RHU II		
	Naga City Health Office	○	○
	Ocampo RHU	○	
	Pamplona RHU		
	Pasacao RHU	○	○
	Pili RHU I		
	Pili RHU II		
	Presentacion RHU		
	Ragay RHU	○	○
	Sagnay RHU	○	○
	San Fernando RHU		
	San Francisco Municipal Health Center		
	San Jose RHU		○
	Sipocot RHU	○	
	Siruma RHU		
	Tigaon RHU		
	Tinambac RHU I	○	○
	Tinambac RHU II		
Catanduanes	Bagamanoc RHU	○	○
	Baras RHU	○	
	Bato RHU	○	○
	Caramoran RHU		
	Gigmoto RHU	○	
	Pandan RHU	○	○
	Panganiban RHU	○	○
	San Andres RHU	○	
	San Miguel RHU	○	○
	Viga Municipal Health Office	○	○
	Virac RHU	○	○
Masbate	Aroroy RHU	○	
	Baleno RHU		
	Balud RHU		
	Batuan RHU		
	Cataingan RHU	○	
	Cawayan RHU	○	
	Claveria RHU		
	Dimasalang RHU	○	
	Esperanza RHU		
	Mandaon RHU		

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
	Masbate Municipal Health Center	○	○
	Milagros RHU	○	
	Mobo RHU	○	○
	Monreal RHU	○	
	Palanas RHU		
	Pio V. Corpus RHU	○	
	Placer RHU	○	
	San Fernando RHU		
	San Jacinto RHU	○	○
	San Pascual RHU		
	Uson RHU		
Sorsogon	Bacon RHU	○	○
	Barcelona RHU	○	○
	Bulan RHU	○	
	Bulusan RHU	○	○
	Casiguran RHU	○	○
	Castilla RHU	○	○
	Donsol RHU	○	○
	Gubat RHU	○	○
	Irosin RHU	○	
	Juban RHU	○	○
	Magallanes RHU	○	○
	Matnog RHU	○	○
	Pilar RHU	○	○
	Prieto Diaz RHU	○	○
	Sorsogon District Health Office	○	○
	Sta. Magdalena Municipal Health Office	○	○

Annex F-2-3 PHIC Accredited Parivate Hospital in Region V

Province	Name of Hospitals	ABC	Category
Albay	Casimiro General Hospital	10	Primary
Albay	Dr. Manuel R. Rebueno Memorial Hospital	8	Primary
Albay	Dr. Sofronio B. Garcia Memorial Hospital	30	Primary
Albay	Estanislao Clinic	15	Primary
Albay	G. Gonzales Medical Clinic	18	Primary
Albay	Gata General Hospital	12	Primary
Albay	Isip General Hospital	9	Primary
Albay	Lianko's Medical Clinic	25	Primary
Albay	Navera's Clinic	13	Primary
Albay	Perillo General Hospital	9	Primary
Albay	Perpetual Help Clinic	14	Primary
Albay	Retuerma General Hospital	15	Primary
Albay	Rico's Hospital	17	Primary
Albay	Sacred Heart Clinic & General Hospital	22	Primary
Albay	St. Claire Medical Clinic	17	Primary
Albay	St. Michael General Hospital	10	Primary
Albay	Zapanta General Hospital	24	Primary
Albay	Cabredo General Hospital	25	Secondary
Albay	Dr. Ammando D. Cope Memorial Hospital	26	Secondary
Albay	Dr. Esteban V. Ante Memorial Hospital	25	Secondary
Albay	Jaime Berces B. Memorial Hospital	25	Secondary
Albay	Ludovice General Hospital	24	Secondary
Albay	Lumbis – Rances General Hospital	20	Secondary
Albay	Ago General Hospital	100	Tertiary
Albay	Aquinas University Hospital	40	Tertiary
Albay	Estevez Memorial hospital, Inc.	35	Tertiary
Albay	Tanchuking Hospital	50	Tertiary
Camarines Norte	Dr. Miguel V. Alegre Hospital	10	Primary
Camarines Norte	Jose Panganiban Primary Service Coop. Hospital	15	Primary
Camarines Norte	Rosary of Virgin Mary Hospital	12	Primary
Camarines Norte	St. John The Apostle Hospital	10	Primary
Camarines Norte	St. Jude Hospital of Labo	10	Primary
Camarines Norte	Leon D. Hernandez Memorial Hospital	35	Secondary
Camarines Norte	Santissima Trinidad Hospital of Daet	25	Secondary
Camarines Norte	Sto. Nino Hospital	40	Secondary
Camarines Norte	Our Lady of Lourdes Hospital	50	Tertiary
Camarines Sur	Clinica Elgar	10	Primary
Camarines Sur	Salvacion Clinic	10	Primary
Camarines Sur	St. Jude Clinic and Hospital	15	Primary
Camarines Sur	St. Raphael Hospital	16	Primary
Camarines Sur	Dr. Nilo O. Roa Memorial Foundation Hospital	30	Secondary
Camarines Sur	Dr. Robosa Hospital	30	Secondary
Camarines Sur	Lourdes Hospital	25	Secondary
Camarines Sur	Our Lady of Mediatrix Hospital	50	Secondary
Camarines Sur	St. John Hospital	60	Secondary
Camarines Sur	Sta. Maria Josefa Foundation Hospital	50	Secondary
Camarines Sur	Ago Foundation Hospital	60	Tertiary
Camarines Sur	Mother Section Hospital	100	Tertiary
Camarines Sur	St. John Hospital, Inc.	60	Tertiary
Catanduanes	Our Lady of Fatima Hospital	10	Primary
Catanduanes	Zantua General Hospital	15	Primary

Province	Name of Hospitals	ABC	Category
Masbate	De Castro Hospital Foundation, Inc.	10	Primary
Masbate	Hingca Hao Memorial Hospital	6	Primary
Masbate	Our Lady of Lourdes Hospital	10	Primary
Masbate	St. John Medical Clinic	10	Primary
Masbate	St. Joseph Medical Clinic	10	Primary
Masbate	St. Vincent Clinic and Hospital	10	Primary
Masbate	Masbate Colleges Hospital	20	Secondary
Sorsogon	Bulusan Family Clinic	12	Primary
Sorsogon	Guysayko General Hospital	12	Primary
Sorsogon	St. Jude Medical Clinic	10	Primary
Sorsogon	Vincente Dorotan Sr. Memorial Hospital	10	Secondary
Sorsogon	Sorsogon Med. Mission Grp. Hospital & Service Coop.	18	Secondary
Sorsogon	Sts. Peter and Paul Hospital	17	Secondary

Annex F-3-1 List of Public Hospitals in Region VIII

Name of Hospital (Bold: DOH retained hospital)	Location		ABC	Bed Occupancy Rate	No. of Medical Staffs	Expense	Category	Accreditation by PHIC
	Province/City	Municipality						
Biliran Provincial Hospital	Biliran	Naval	25	89%	11	41,247,082	Secondary	○
Arteche District Hospital	Eastern Samar	Arteche	25	17	3	1,402,264	Primary	○
Albino Duran Memorial Hospital	Eastern Samar	Balangiga	25	43%	15	9,687,376	Primary	○
Can-Avid Duran Memorial Hospital	Eastern Samar	Can-Avid	10	19%	7	3,505,258	Primary	○
Dolores Municipal Hospitals	Eastern Samar	Dolores	10	28%		2,616,659	Primary	○
Gen. MacArthur Municipal Hospital	Eastern Samar	Gen. MacArthur	15	29%	6	1,469,916	Primary	○
Homonhon Island Community Hospital	Eastern Samar	Homonhon	10				Primary	○
LLorente Municipal Hospital	Eastern Samar	Llorente	10	13%	5	3,587,370	Primary	○
Oras District Hospital	Eastern Samar	Oras	25	29%	13	7,122,730	Primary	○
Quinapondan Community Hospital	Eastern Samar	Quinapondan	10				Primary	○
Taft District Hospital	Eastern Samar	Taft	25	-	14	8,545,184	Primary	○
Eastern Samar Provincial Hospital	Eastern Samar	Borongan	100	62%	49	31,027,287	Secondary	○
Southern Samar District Hospital	Eastern Samar	Guiuan	50				Secondary	○
Biri District Hospital	Northern Samar	Biri	25				Primary	○
Capul District Hospital	Northern Samar	Capul	25				Primary	○
Catubig District Hospital	Northern Samar	Catubig	25	100%	13	1,449,187	Primary	○
Gamay District Hospital	Northern Samar	Gamay	25				Primary	○

Name of Hospital (Bold: DOH retained hospital)	Location		ABC	Bed Occupancy Rate	No. of Medical Staffs	Expense	Category	Accreditation by PHIC
	Province/City	Municipality						
Dr. Gregorio B. Tan Memorial Hospital	Northern Samar	Laoang	50				Primary	○
San Antonio District Hospital	Northern Samar	San Antonio	25				Primary	○
Allen District Hospital	Northern Samar	Allen					Secondary	○
Northern Samar Provincial Hospital	Northern Samar	Cataman	100				Secondary	○
Basey District Hospital	Western Samar	Basey	25	60%	15	5,892,305	Primary	○
Camp Lukban Station Hospital	Western Samar	Catbalogan	25				Primary	○
Samar Provincial Hospital	Western Samar	Catbalogan	100				Secondary	○
Gandara District Hospital	Western Samar	Gandara	25				Primary	X
Tarangnan Community Hospital	Western Samar	Tarangnan	25				Primary	X
Calbayog District Hospital	Western Samar	(Calbayog City)	75	87%	36	20,595,794	Secondary	○
Visca Infirmary Hospital	Northern Leyte	Baybay	10				Primary	X
Western Leyte Provincial Hospital	Northern Leyte	Baybay					Primary	○
DR. Manuel B. Veloso Memorial Hospital	Northern Leyte	Palompon	75	100%	18	20,796,325	Primary	○
Northwestern Leyte District Hospital	Northern Leyte	Calubian	75				Primary	○
Leyte Provincial Hospital	Northern Leyte	(Palo City)	25	86%	152	43,236,397	Primary	○
Carigara District Hospital	Northern Leyte	Carigara	25	47%	33	12,741,392	Primary	○
Schistosomiasis Hospital	Northern Leyte	(Palo City)	25				Primary	○

Name of Hospital (Bold: DOH retained hospital)	Location		ABC	Bed Occupancy Rate	No. of Medical Staffs	Expense	Category	Accreditation by PHIC
	Province/City	Municipality						
Kananga Community Hospital	Northern Leyte	Kananga	10				Primary	X
Abyog District Hospital	Northern Leyte	Abyog	75	93%	11	20,593,624	Secondary	○
Hilongos District Hospital	Northern Leyte	Hilongos	25	44%	41		Secondary	○
Ormoc District Hospital	Northern Leyte	(Ormoc City)	125	100	31	38,000,000	Secondary	○
Burauen District Hospital	Northern Leyte	Burauen	75	72%	51	-	Secondary	○
Tacloban City Hospital	Northern Leyte	(Tacloban City)	37	65%	7	-	Secondary	○
Eastern Visayas Regional Medical Center	Northern Leyte	(Tacloban City)	250	99%	133	136,553,285	Tertiary	○
Anahawan District Hospital	Southern Leyte	Anahawan	50	47%	20	-	Primary	○
Hinunangan Community Hospital	Southern Leyte	Hinunangan	10				Primary	○
Liloan Community Hospital	Southern Leyte	Liloan	10	38%	11	3,386,346	Primary	○
Padre Burgos Community Hospital	Southern Leyte	Padre Burgos	10	48%	30	245,536	Primary	○
Pintuyan District Hospital	Southern Leyte	Pintuyan	25	100%	10	9,393,859	Primary	○
Sogod District Hospital	Southern Leyte	Sogod	50	47%	18	16,126,893	Secondary	○
Southern Leyte Provincial Hospital	Southern Leyte	Maasin	100	80%	108	-	Tertiary	○

Annex F-3-2 List of RHUs/HCs in Region VIII

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
Biliran	Almeria RHU	○	○
	Biliran RHU	○	○
	Cabucgayan RHU	○	○
	Caibiran RHU	○	○
	Culaba RHU	○	○
	Kawayan RHU	○	○
	Maripipi RHU	○	○
	Naval RHU	○	○
Eastern Samar	Arteche RHU		
	Balangiga RHU	○	○
	Balangkayan RHU		
	Borongan RHU I	○	○
	Borongan RHU II	○	○
	Can-avid RHU	○	○
	Dolores RHU	○	○
	Gen. Macarthur RHU	○	○
	Giporlos RHU		
	Guiuan RHU I	○	○
	Guiuan RHU II		
	Hernani RHU		
	Jipapad RHU		
	Lawaan Municipal Health Office	○	○
	Llorente RHU	○	○
	Maslog RHU		
	Maydolong RHU	○	
	Mercedes RHU	○	○
	Oras RHU I	○	○
	Oras RHU II		
	Quinapundan RHU		
	Salcedo RHU		
	San Julian RHU		
San Policarpio RHU			
Sulat RHU	○		
Taft RHU			
Northern Samar	Allen RHU		
	Biri RHU		
	Bobon RHU		
	Capul RHU		
	Catarman RHU	○	○
	Catubig RHU	○	○
	Gamay RHU		
	Laoang RHU		
	Lapinig RHU		
	Las Navas RHU	○	○
	Lavezares RHU	○	○
	Lope de Vega RHU		
	Mapanas RHU		
	Mondragon RHU		
	Palapag RHU	○	○
	Pambujan RHU	○	○

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
	Rosario RHU		
	San Antonio Municipal Health Center		
	San Isidro RHU		
	San Jose RHU	○	
	San Roque RHU	○	○
	San Vicente RHU		
	Silvino Lobos RHU		
	Victoria RHU		
Western Samar	Almagro RHU		
	Basey RHU		
	Calbayog City RHU		
	Calbiga RHU	○	
	Catbalogan RHU		
	Daram RHU		
	Gandara RHU		
	Hinabangan RHU		
	Jiabong RHU		
	Marabut RHU		
	Matuguinao RHU		
	Motiong RHU	○	○
	Pagsanghan RHU		
	Pinabacdao RHU		
	San Jorge RHU		
	San Jose de Buan RHU		
	San Sebastian RHU		
	Sta. Margarita Municipal Health Office	○	○
	Sta. Rita RHU	○	
	Sto. Nino RHU		
	Tagapul-an RHU		
	Talalora RHU		
	Tarangan RHU	○	
	Tarangan Community Hospital		
	Villareal RHU	○	
	Wright RHU	○	
	Zumarraga RHU		
Northern Leyte	Abuyog RHU I		
	Abuyog RHU II		
	Alangalang RHU	○	○
	Albuera RHU	○	
	Babatngon RHU		
	Barugo RHU		
	Bato RHU	○	○
	Baybay RHU I	○	○
	Baybay RHU II		
	Burauen Municipal Health Center I	○	○
	Burauen Municipal Health Center II		
	Calubian RHU		
	Capoocan RHU		
	Carigara Municipal Health Center I	○	○
	Carigara Municipal Health Center II		
	Dagami RHU	○	

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
	Dulag RHU	○	
	Hilongos RHU I	○	
	Hilongos RHU II	○	
	Hindang RHU	○	
	Inopacan RHU		
	Isabel RHU	○	
	Jaro Municipal Health Office	○	○
	Javier RHU		
	Julita RHU		
	Kananga RHU		
	La Paz RHU		
	Leyte RHU	○	○
	Mac Arthur RHU		
	Mahaplag RHU		
	Matag-ob RHU		
	Matalom RHU		
	Mayorga RHU	○	
	Merida RHU	○	
	Ormoc City Health Office	○	
	Palo RHU I		
	Palo RHU II		
	Palompon RHU I		
	Palompon RHU II	○	
	Pastrana RHU	○	
	San Isidro RHU		
	San Miguel RHU		
	Sta. Fe RHU		
	Tabango RHU		
	Tabango Community Hospital		
	Tabon-Tabon RHU		
	Tacloban City RHU	○	○
	Tanauan RHU	○	○
	Tolosa RHU	○	○
	Tunga RHU		
	Villaba RHU		
Southern Leyte	Anahawan RHU	○	○
	Bontoc RHU	○	○
	Hinunangan RHU	○	○
	Hinundayan RHU	○	○
	Libangon RHU	○	○
	Liloan RHU	○	○
	Limasawa RHU	○	○
	Maasin RHU	○	○
	Macrohon RHU	○	○
	Malitbog RHU	○	○
	Padre Burgos RHU	○	○
	Pintuyan RHU	○	○
	San Francisco RHU	○	○
	San Juan RHU	○	○
	San Ricardo RHU	○	○
	Silago RHU	○	○

Province	Name of RHUs/HCs	Sentrong Sigla certified	Accreditation by PHIC
	Sogod RHU	<input type="radio"/>	<input type="radio"/>
	St. Bernard RHU	<input type="radio"/>	<input type="radio"/>
	Tomas Oppus RHU	<input type="radio"/>	<input type="radio"/>

Annex F-3-3 PHIC Accredited Parivate Hospital in Region VIII

Province	Name of Hospitals	ABC	Category
Eastern Samar	Agpalo Hospital	10	Primary
Eastern Samar	Baconawa Hospital	10	Primary
Eastern Samar	Domingo Casano Hospital	10	Primary
Eastern Samar	Jimlyn Hospital	9	Primary
Eastern Samar	Borongan Doctors Hospital	20	Secondary
Eastern Samar	Immaculate Conception Clinic and Hospital	15	Secondary
Northern Samar	Leoncio UY Memorial Hospital	17	Primary
Western Samar	Calbayog Sanitarium & Hospital	15	Secondary
Western Samar	St. Camillus Hospital	25	Secondary
Northern Leyte	Ormoc Maternity & Children's Hospital	14	Primary
Northern Leyte	Villaflor's Clinic	10	Primary
Northern Leyte	Clinica Gatchalian and Hospital	25	Secondary
Northern Leyte	Leyte Baptist Hospital, Incorporated	16	Secondary
Northern Leyte	Lide Pasar Hospital	15	Secondary
Northern Leyte	Ospa Farmers Medical Center	50	Secondary
Northern Leyte	Remedios Trinidad Romualdez Hospital	50	Secondary
Northern Leyte	Bethany Hospital	125	Tertiary
Northern Leyte	Divine Word Hospital	100	Tertiary
Sothern Leyte	Consuelo K. Tan Memorial Medical Center	30	Secondary

**Annex G: List of Basic Instruments, Equipment and
Supplies for RHUs/HCs necessary for SS
certification (Level 1)**

Annex G: List of Basic Instruments, Equipment and Supplies for RHUs/HCs necessary for SS certification (Level 1)

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 equivalent	bottle	1
Cotton	pack/roll	1
D5 Lacted Ringer's or Normal Saline, 1 liter	bottle	1
Disposal needle, Gauge 21	piece	10
Disposal needle, Gauge 22	piece	10
Disposal syringes, 10mL	piece	10
Disposal syringes, 2.5mL	piece	10
Disposal syringes, 5.0mL	piece	10
Isopropyl alcohol (70% solution), 250 ml	bottle	1
IV needle, Gauge 19	piece	2
IV needle, 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. Laboratory Supplies		
A.2.a. General Use		
In microscopy centers:		
Staining Kit:	set	1
Acid Alcohol		
Carbolfuschin solution (7 gm/L)		
Methylene blue (4.2 g/L)		
Alcohol-based hairspray or ethyl alcohol	Bottle/can	1
Applicator sticks for specimen collection (Pap smear, AFB)	stick	10
Glass slides	piece	10
Microscopic immersion oil, 30 cc	bottle	1

Items	Unit	Minimum Quantity
Methanol, 120 ml or Xylene, 60 ml	bottle	1
Staining trough	piece	1
Sputum cups with lid	set	60
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 sterilize 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, 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 infants	piece	1

**Annex H: Quality Standard List and List of Basic
Instruments, Equipment, & Supplies for
Baranguay Health Station (BHS)**

Annex H-1 Quality Standard List for Barangay Health Station (BHS)

1. General Infrastructures/Conditions/amenities

- Generally clean and orderly environment
- Sufficient seating space for patients
- Sign board listing facility hours and available services
- Adequate lighting and ventilation
- Covered water supply – sufficient for hand-washing and for comfort rooms or latrines
- Hand washing area with water, soap and towels
- Functioning and clean comfort rooms or latrines (for health staff and clients) with adequate water supply
- Covered garbage containers (waste segregation and sharp objects)
- Cleaning/sterilizing supplies for clinical instruments
- Storage space/room for supplies, drugs and medicines
- A treatment area/examination area with visual and auditory privacy

2. Practice

- Clinic hours, services and whereabouts of staff posted in a strategic area readable by all clients and service providers.
- Client waiting time must be as brief as possible. Clients should be seen by health staff within 15 minutes of registration.
- During clinic hours, direct client care should take precedence over all other tasks. Clients should not be made to wait merely because the BHS midwife or CHVW is writing or transferring notes, doing reports or performing other tasks not directly related to client care.
- The BHS should maintain occasional hours during evenings and weekends to accommodate clients who are unable to consult or visit during regular clinical hours. The BHS should provide services during non-traditional hours at least once a week, considering clients who may not be available during regular office or work hours.

Items	Unit	Minimum Quantity
A. SUPPLIES AND MATERIALS		
A.1. General Use		
Stethoscope		
Weighing scales-adult and infant (beam or Ming scale)		
Sphygmomanometer with adult and pediatric cuff		
Vaccine Carrier with ice packs		
Sterilizer or covered pan and stove		
Inventory of equipment and supplies		
Examination table with clean linen/paper		
Bench or stool for examination table		
Kelly pad/clean linen/plastic lining		
Light source for examination like goose neck lamp with bulb and flashlight with batteries		
Speculums-large and small		

**Annex I: List of Basic Equipment Required for
PHIC Accreditation**

Annex I List of Basic Equipment Required for PHIC Accreditation

1. Microscope
2. Centrifuge
3. Reagents
4. Glass Slides and cover slips
5. Test tubes
6. Test strips for qualitative analysis for urine
7. Application stick
8. Heparinized test tube
9. Capillete
10. Blood lancet
11. Counting chamber
12. WBC diluting pipette
13. Sucking tube
14. Thermometer
15. Stethoscope
16. Sphygmomanometer
17. Tape measure
18. Weighing scale
19. Disposable gloves in examining rooms
20. Speculums, large and small
21. Lubrication jelly
22. Disposable needle and syringes
23. Sharp containers
24. Sterile cotton and swabs
25. Covered pan and stove
26. Patient record forms
27. Inventory logbooks
28. Decontamination solutions

Annex J: Questionnaire for Health Facilities

Annex J Questionnaire for Health Facilities

**THE JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)
JICA STUDY TEAM
In coordination with the
DEPARTMENT OF HEALTH**

**Baseline Project Finding and Preparation Study
For JICA's Assistance to the Health Sector of the Philippines**

QUESTIONNAIRE FOR HOSPITALS

The Japan International Cooperation Agency (JICA) has commissioned the conduct of the Baseline Project Finding and Preparation Study For JICA's Assistance to the Health Sector of the Philippines to determine the needs of the Health Sector in Regions V, VIII, and CAR for possible inclusion in the assistance program of the Japanese Government. Your cooperation through your answers in this questionnaire will be highly appreciated.

DATE OF INTERVIEW: _____

1 BASIC DATA

1.1	NAME OF HOSPITAL/RHU:		
1.2	TYPE OF HOSPITAL	[] PUBLIC - LGU [] PUBLIC - NATIONAL [] PRIVATE	
	DESCRIPTION:		
1.3	ADDRESS	_____	
		<i>City/Municipality</i>	<i>Province</i>
1.4	YEAR ESTABLISHED	1.5	POPULATION COVERED:
1.6	AVERAGE NUMBER OF OUTPATIENTS	1.7	BED OCCUPATION RATE
1.8	AVERAGE LENGTH OF STAY OF PATIENTS (Days)	1.9	YEAR FACILITY WAS COMPLETED:

1.10 Number of hours Hospital/RHU operates in a day: [] 8 [] 12 [] 16 [] 20 [] 24
(Please check appropriate box)

1.11 Does the Hospital/RHU operate during holidays? [] YES [] NO

1.12 Does the Hospital/RHU provide emergency consultation? [] YES [] NO

1.13 To what Hospitals are patients referred to if beyond the capacity of the Hospital/RHU to treat?

a. _____
Name of Hospital *City/Municipality* *Province*

b. _____
Name of Hospital *City/Municipality* *Province*

c. _____
Name of Hospital *City/Municipality* *Province*

2. FACILITIES AND UTILITIES AVAILABLE IN THE HOSPITAL/RHU

2.1 Operating Room? [] YES [] NO. If "YES", how many? _____

2.2 Intensive Care Unit (ICU)? [] YES [] NO. If "YES", how many? _____

2.3 Dispensary/Pharmacy? [] YES [] NO. If "YES", how many? _____

2.4 X-ray Room? [] YES [] NO. If "YES", how many? _____

- 2.5 Patients' Rooms? [] YES [] NO. If "YES", how many? _____
- 2.5.1 Number of Beds? _____
- 2.6 Special Ward for Communicable Diseases? [] YES [] NO. If "YES", how many? _____
- 2.7 Laboratory? [] YES [] NO.
- 2.8 Electric Power Supply? [] YES [] NO.
- 2.9 Emergency Generator? [] YES [] NO. If "YES", how many? _____
- 2.10 Potable Water Supply? [] YES [] NO.
- 2.10.1 Source of Potable Water? [] Water District [] Deep Well [] Others, _____
- 2.11 Drainage? [] YES [] NO.
- 2.12 Waste Disposal Facility? [] YES [] NO. If "YES", please indicate type: _____
- 2.13 Ambulance? [] YES [] NO. If "YES", how many? _____
Number Operational: _____
- 2.14 Other facilities/utilities?
- a. _____ How many? _____
- b. _____ How many? _____
- c. _____ How many? _____
- d. _____ How many? _____
- e. _____ How many? _____
- 2.15 Does the Hospital/RHU maintain a record of facility maintenance? [] YES [] NO.
- 2.15.1 If "NO", does it intend to implement a plan for the maintenance of facilities? [] YES [] NO.
- 2.16 Number of maintenance staff for facilities? _____

3. FINANCIAL CONDITION

3.1 Sources and amount of incomes

Sources of Income	1999	2000	2001	2002	2003
3.1.1 Total Income					
3.1.2 Contribution of Local Government Unit					
3.1.3 Contribution of National Government					
3.1.4 Payment of Health Insurance Providers					
3.1.5 Payment of PhilHealth					
3.1.6 Donation					
3.1.7 Revenues from Patients					
3.1.8 Others					

3.2 Expenses

Expense Items	1999	2000	2001	2002	2003
3.1.1 Total Expenses					
3.1.2 Labor Cost					
3.1.3 Maintenance and Other Operating Expenses					
3.1.4 Others					
a. _____					
b. _____					
c. _____					
d. _____					

4. HEALTH SITUATION

4.1 Top ten (10) causes of morbidity [indicate numbers in parenthesis]

	1999	2000	2001	2002	2003
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

4.2 Top ten (10) causes of mortality [indicate numbers in parenthesis]

	1999	2000	2001	2002	2003
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

5. QUALITY LEVEL OF HOSPITAL (LICENSE/ACCREDITATION)

5.1 Is the hospital licensed by the DOH? [] YES [] NO
 If "YES", type of license: _____ Date Granted: _____

If "NO", is application already being processed? [] YES [] NO

5.2 Is hospital certified/recognized by Health Insurance Companies/Providers? [] YES [] NO

If "YES", please indicate companies and date of recognition:

- a. PHILHEALTH Date certified: _____
- b. _____ Date certified: _____
- c. _____ Date certified: _____

5.3 Does the hospital have "SENTRONG SIGLA" Certification? [] YES [] NO

If "YES", Date Certification Granted: _____

If "NO", is certification under process? [] YES [] NO

If Certification has been processed but not granted, what were the deficient areas? [] Don't Know

If you know, please fill in the table below:

	AREAS	Deficient or Not Deficient
I	FACILITY AND SYSTEMS	
A	Basic Infrastructure, Personnel, Logistics and General Procedures	[] Deficient [] Not Deficient
B	Planning System	[] Deficient [] Not Deficient
C	Health Information System/Management Information System	[] Deficient [] Not Deficient
D	Human Resource Development	[] Deficient [] Not Deficient
E	Logistics System	[] Deficient [] Not Deficient
F	Supervisory System	[] Deficient [] Not Deficient
G	Quality Assurance	[] Deficient [] Not Deficient
H	Community Support System	[] Deficient [] Not Deficient
I	Referral System	[] Deficient [] Not Deficient
II	INTEGRATED PUBLIC HEALTH FUNCTIONS	[] Deficient [] Not Deficient
A	Safe Motherhood and Family Planning	[] Deficient [] Not Deficient
B	Child Care	[] Deficient [] Not Deficient
C	Prevention and Control of Infectious Diseases	[] Deficient [] Not Deficient
D	Promotion of Healthy Lifestyle	[] Deficient [] Not Deficient
III	BASIC CURATIVE SERVICES FUNCTION	[] Deficient [] Not Deficient
IV	REGULATORY FUNCTIONS	[] Deficient [] Not Deficient

6. STAFFING

6.1 Positions and Number

	POSITION	Number		
		Licensed	Unlicensed	TOTAL
1	DOCTORS			
	Specialization:			
1.1	_____			
1.2	_____			
1.3	_____			
1.4	_____			
1.5	_____			
1.6	_____			
2	NURSES			
3	PHARMACISTS			
4	X-RAY TECHNICIANS			
5	PHYSICAL THERAPISTS			
6	OCCUPATIONAL THERAPISTS			

7	OTHERS			
7.1	Dentist			
7.2	Midwife			
7.3	Others (please indicate below)			

6.2 Does the staff attend trainings? YES NO. If "YES", please give examples:

Title of Training	Conducted by:	Type of Staff who attended	Year

7. EQUIPMENT AVAILABILITY AND REQUIREMENT

7.1 Existing available equipment

	Type of Equipment	Quantity	Condition	Year Acquired	Frequency of Use
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		
			<input type="checkbox"/> Operational <input type="checkbox"/> Needs Repair <input type="checkbox"/> No longer repairable		

- 7.2 Are spare parts and consumables for equipment easily procured? YES NO
- 7.3 Are spare parts and consumables for equipment always available? YES NO
- 7.4 Is the hospital system for maintaining the equipment Good Adequate Bad.
- 7.5 How would you consider the maintenance performance of the equipment manufacturers/agents?
 Good Adequate Bad.

Why? _____

7.6 Equipment required/needed by the Hospital/RHU?

Number	Type of Equipment	Quantity	Purpose/Use of Equipment
1			
2			
3			
4			
5			
6			
7			
8			
9			

8. OTHERS

8.1 Have you been a recipient of assistance/donation from foreign countries? YES NO.
 If "YES", please fill in the table below.

Year	Type of Assistance Provided	Source Country	Amount/Value of Assistance

8.2 Is there a pending request/ plan/expected assistance from foreign donors? [] YES [] NO.
 If "YES", please fill in the table below.

Year Expected	Type of Assistance to be Provided	Source Country	Expected Amount/ Value of Assistance

8.3 Is there an existing referral system of patients to higher ranked hospitals? [] YES [] NO
 If "YES", please describe briefly below.

NOTE: PLEASE ATTACH THE ORGANIZATIONAL AND FUNCTIONAL CHART OF THE HOSPITAL/RHU.

Name of Respondent: _____ Position: _____
Please Print Name and Sign Above

Name of Interviewer: _____
Please Print Name and Sign Above

THANK YOU FOR YOUR COOPERATION

**Annex K: Current Status of ILHZs in CAR, Region V
and Region VIII**

Annex K-1 Current Status of ILHZs with MOA (Memorandum of Agreement) and LGUs not included in ILHZs in CAR (as of October 2004)

Province	Name	LGUs	income class	Date of MOA signed	Population	No. of hospitals ¹	No. of RHUs	Systems					
								Referral	Planning	Information Management	Common budget	Common staff	
Abra	LADALAGA ILHZ	La Paz Lagayan Danglas	5th 5th 5th	Nov. 1999	22,194	Primary	1	3	O	O	O	O	O
Abra	BUDABUSA ILHZ	Bucay Daguioyman Bucloc Sallapadan	5th 5th 5th 5th	Oct. 2000	25,662	Primary	1	4	O	O	O	O	O
Abra		Pilar San Isidro Villaviciosa		2001	18,503	Primary	1	3					
Abra	Not included in organized nor under planning ILHZs	Bangued, Boliney, Dolores, Lacub, Lagangilang, Licuan-Baay, Luba, Malibcong, Manabo, Peñarrubia, Sn Juan, Tubo, Tayum, Tineg											
Apayao		Kabugao		2000	13,985	Primary	1	1					
Apayao		Luna Pudtol		1999	25,193	Primary (DOH) Primary	1 1	2		O			
Apayao		Flora Sta. Marcela		2000	24,676	Primary	2	4		O			
Apayao	Not included in organized nor under planning ILHZs	Calanasan, Conner, Flora											
Benguet		La Trinidad Itogon Sablan Tuba Tublay		2003	183,003	Primary Secondary	1 1	5					
Benguet		Bokod Kabayan		1999	24,955	Primary	1	2		O			

¹ No mark=provincial government hospital; (DOH)= DOH retained hospital

Province	Name	LGUs	income class	Date of MOA signed	Population	No. of hospitals ¹	No. of RHUs	Systems					
								Referral	Planning	Information Management	Common budget	Common staff	
Benguet		Atok Bakun Buguias Mankayan		2000	100,186	Secondary	1	4		O			
Benguet		Kapangan Kibungan:		2001	34,424	Primary	1	2		O			
Ifugao	Terraces District Health System	Asipulo Banaue Hingyon Kiangon Lagawe	5th 4th 5th 4th 4th	May, 2000	71,984	Secondary	1	5	O	O			
Ifugao	Mayoyao - Aguineldo DHS ²	Mayoyao Aguinaldo	4th 4th	Sept. 20, 2001	30,568	Primary	2	2	O	O	O	O	O
Ifugao	Alfonso Lista - Aguineldo DHS ²	Alfonso Lista Aguinaldo	4th 4th	28-Oct-99	37,544	Primary	2	2	O	O	O		O
Ifugao	Hungduan DHS			21-Jul-03	9,380	Primary	1	3	O				O
Ifugao	Not included in organized nor under planning ILHZs	Lamut, Tinoc											
Kalinga/ Mountain Province	Chico River District Health Zone	Bontoc Tinglayan Sandaga	4th 5 th	2000	14,640	Secondary	1	3	O	O			
Kalinga	Bunilgan Health Zone	Balbalan		2000	12,090	Primary	1	1	O	O	O		
Kalinga		Tabuk Rizal Tanudan		1999	118,590	Primary Secondary	1 1	5					
Kalinga		Pinukpuk		2001	23,188	Primary	1	2					
Kalinga	Not included in organized nor under planning ILHZs	Pasil, Lubuagan											
Mountain Province	BESAG	Besao Sagada	5th 5th	2002	21,447	Secondary	1	2	O	O	O		

² Mayoyao-Aguinaldo ILHZ and Alfonso Lista-Aguinaldo ILHZ are going to be integrated in 2004.

Province	Name	LGUs	income class	Date of MOA signed	Population	No. of hospitals ¹	No. of RHUs	Systems					
								Referral	Planning	Information Management	Common budget	Common staff	
Mountain Province	SABATA	Sabangan Bauko Tadian	5th 4th 4th	2002	59,951	Secondary (DOH)	1	3	O	O	O		
Mountain Province	Barlig-Natonin District Health	Barlig Natonin	5th 5th	2000	6,798	Primary	2	2	O	O	O		
Mountain Province	Paracelis	Paracelis	4th	1999	22,159	Primary	1	1					
Mountain Province	Under planning	-	San Quintin, Pidigan, Langiden										

Source: Provincial Health Officers, DOH-Reps and Local Health Assistance Division in CHD-CAR

Annex K-2 Current Status of ILHZs with MOA (Memorandum of Agreement) and LGUs not included in ILHZs in Region V (as of October 2004)

Province	Name	LGUs	income class	Date of MOA signed	Population	No. of hospitals ³	No. of RHUs	Systems					
								Referral	Planning	Information Management	Common budget	Common staff	
Albay	First Aid Albay	Sto. Domingo	5th	27-Dec-02	319,303	Primary	1	6	0		0		
		Malilipot	5th			Secondary	1						
		Bacacay	4th										
		Tabaco	1st										
		Malinao	4th										
Albay	Jolli Poqui Albay	Tiwi	1st	19-v-99	396,715	Primary	1	6	0		0		
		Jovellar	5th			Secondary	1						
		Libon	3rd										
		Ligao	2nd										
		Polangui	2nd										
		Oas	3rd										
Albay	Not included in organized nor under planning ILHZs	Camalig, Daraga, Manito ,Pio Duran ,Rapu- rapu ,Legaspi City											
Camarines Norte	DISTRICT I	Daet	1st	2004	187,051	Tertiary	1	9	0	0	0	0	0
		Mercedez	4th										
		Basud	4th										
		San Lorenzo	5th										
		San Vicente	5th										
		Talisay	5th										
		Vinzon	4th										
Camarines Norte	DISTRICT II	Labo	1st	2004	240,183	Primary	1	7	0	0	0	0	0
		Panacale	3rd			Secondary	1						
		Jose Panganiban	3 rd										
		Sta. Elena	4 th										
		Capalonga	4th										
Camarines Norte	Not included in organized nor under planning ILHZs	Cabusao, Libmanan, Sipocot, Caramban, Garchitorea, Gao, Lagonoy, Presentacion, Sagnay, San Jose, Siruma, Tigaon, Tinambac, Baao, Balatan, Bato, Buhi, Nabua, Iriga City											

³ No mark=provincial government hospital; (DOH)= DOH retained hospital

Province	Name	LGUs	income class	Date of MOA signed	Population	No. of hospitals ³	No. of RHUs	Systems					
								Referral	Planning	Information Management	Common budget	Common staff	
Camarines Sur	LURADEL	Ragay Lupi Del Gallego	3rd 4th 4th	Jan-00	104,501	Secondary	1	3	0	0	0	0	0
Camarines Sur	Metro-Naga ILHZ	Naga City Bombon Bula Calabanga Camaligan Canaman Gainza Magarao Milaon Minalabac Ocampo Pamplona Paracao Pili San Fernando	1st 3rd 3rd 2nd 5th 4th 5th 5th 4th 4th 4th 4th 4th 2nd 4 th	4-Jun-03	666,231	Primary Tertiary (DOH) Secondary (Private) ⁴	2	17	0	0	0	0	0
Catanduanes	PAVIBA Catanduanes	Panganiban Viga Bagamac	5th 5th 5th	16-Jul-01	36,666	Primary	1	3					
Catanduanes	CAPA Catanduanes	Caramoran Pandan	4th 5th	Jul-01	41,486	Primary Secondary	1 1	2					0
Catanduanes	VISAM Catanduanes	Virac San Andres San Miguel	2nd 4th 5th	Jul-01	100,735	Primary Tertiary	1 1	3					0
Catanduanes	BGB Catanduanes	Bato Gigmoto Baras	5th 5th 5th	16-Jul-01	36,469	Primary	2	3					0
Masbate	Cataingan	Cataingan Palanas Placer Esperanza	4th 5th 4th 5th	Dec-01	138,068	Primary	1	4		0		0	

⁴ This private hospital is considered as core referral.

Province	Name	LGUs	income class	Date of MOA signed	Population	No. of hospitals ³	No. of RHUs	Systems					
								Referral	Planning	Information Management	Common budget	Common staff	
Masbate	Under planning	- San Fernando, San Jacinto, Batuan, Monreal - Masbate City, Mobo, Uson, Cawayan, Balud, Mandaon, Milagros, Arory, Baleno, Dimasalang											
Masbate	Not included in organized nor under planning ILHZs	Claveria, Pio V. Corpuz ,San Pascual											
Sorsogon	Solar	Donsol Pilar	5th 5th	Dec-00	104,019	Primary	1	2	0	0	0	0	0
Sorsogon	JOCASOR	Juban Casiguran Castilla Sorsogon Magallanes	5th 5th 5th 5th 5th	Dec-00	249,338	Primary	3	5	0	0	0	0	0
Sorsogon	Gupri Bibar	Gubat Prieto Diaz Barcelona Bulusan	5th 5th 5th 5th	Dec-00	118,096	Primary	2	4	0	0	0	0	0
Sorsogon	BIMS	Bulan Irosin Matnog Sta. Magdalena	5th 5th 5th 5th	Dec-02	186,514	Primary	2	4	0	0	0	0	0

Source: Provincial Health Officers, DOH-Reps and Local Health Assistance Division in CHD-Region V

Annex K-3 Current Status of ILHZs with MOA (Memorandum of Agreement) and LGUs not included in ILHZs in Region VIII (as of October 2004)

Province	Name	LGUs	income class	Date of MOA signed	Population	No. of hospitals	No. of RHUs	Systems				
								Referral	Planning	Information Management	Common budget	Common staff
Biliran	Biliran -ILHZ	Almeria	5th	Dec-03	154,022	Secondary 1	10	0	0	0	0	
		Biliran	5th									
		Cabucgayan	5th									
		Caibiran	5th									
		Culaba	5th									
		Kawayan	5th									
		Naval	4th									
Maripipi	5th											
Eastern Samar	Borongon- ILHZ	Borongon		2004		Primary 1	6	0	0	0		
		San Julian				Secondary 1						
		Maydolong										
		Balangkayan										
Eastern Samar	Guiuan -ILHZ	Guiuan		2004	82,047	Primary 1	6	0	0	0		
		Mercedez				Secondary 1						
		Salcedo										
		Mac Arthur										
		Hernani										
Eastern Samar	Balangiga -ILHZ	Balangiga		2004	41,705	Primary 2	4	0	0	0		
		Giporlos										
		Quinapundan										
		Lawa-an										
Eastern Samar	Taft -ILHZ	Taft		2004	80,842	Primary 3	4	0	0	0		
		Sulat										
		Can-avid										
		Dolores										
Eastern Samar	Anteche ILHZ	Anteche		To be signed	13,456	Primary 1	1	0	0	0		
Eastern Samar	Oras ILHZ	Oras		To be signed	51,232	Primary 1	3	0	0	0		
Eastern Samar	Under planning	-	Oeas, Snaslog, San Palicayso, Jipapad, Daloes									
		-	Anteche									

Province	Name	LGUs	income class	Date of MOA signed	Population	No. of hospitals	No. of RHUs	Systems				
								Referral	Planning	Information Management	Common budget	Common staff
Southern Leyte	Maasin ILHZ	Maasin City Macrohan P. Burgos Limasawa Malitbog		2003	70,106	Primary 1 Tertiary 1	6	O	O	O		
Southern Leyte	Sogod ILHZ	Tomas Oppus Bontoc Sogod Libagon Liloan		2003	139,417	Primary 1 Secondary 1	4	O	O			
Southern Leyte	Pacific ILHZ	St. Bernard Anahawan San Juan Hinundayan Hinunangan G. Silago		2003	129,719	Primary 2	6	O	O			
Southern Leyte	Panaon ILHZ	Pintuyan San Francisco San Ricardo		2003	98,646	Primary 1	3	O	O	O		
Western Samar	Under planning	- Calbayog City, Santa Margarita, Sto. Niño, Almagro, Tagapul-an - Gandara, Matuguinao, San Jorge, Pagsanhan										
Western Samar	Not included in organized nor under planning ILHZs	San Jose De Buan, Tarangnan, Catbalogan, Motiong, Paranas (Wright), Hinabangan, Jiabong, Daram, Zumarraga, San Sebastian, Pinabacdao, Calbiga, Villareal, Talalora, Santa Rita, Basey, Marabut,										
Northern Leyte	Under planning	- Tacloban City, Palo, Tolosa, Duulag, Tanauan, Pastrana, Santa Fe, Alangalang, Babatangon										
Northern Leyte	Not included in organized nor under planning ILHZs	Abuyog, Albura, Dangon , Bato, Baybay , Burauen, Calubian, Capoocan , Carigara, Dagami, Hilongos, Hindang, Inucan, Isabel, Jaro, Javier, Julifa, Kananga, Lapaz, Leyte, Mac Arthur, Mahaplag, Matag-og, Matalong, Mayorga, Merida, Palompon, San Isidro, San Miguel, Sta. Fe, Tabango, Tabon Tabon, Tunga, Villaba										
Northern Samar	Under planning	- Gamay, Mapanas, Lapinig,, Capul, San Vicente - Biri										
Northern Samar	Not included in organized nor under planning ILHZs	Allen, Catarman, Catubig, Laoang, Mondragon, Pambutan, San Antonio, San Isidro, Silvino Lobos, Lope de Vega, San Jose, La Vezares, Victoria, Bobon, Rosario, Palapag, Las Navas, San Roque										

Source: Provincial Health Officers, DOH-Reps and Local Health Assistance Division in CHD-Region VIII,

**Annex L: Record of PCM Workshops in CAR,
Region V and Region VIII**

Proceedings of the Project Cycle Management Workshop for the Baseline Project Formulating and Preparation Study for JICA's Assistance in Health Sector in CAR

Held at the Training Room, 2F Mezzanine, Center for Health Development
Department of Health, Baguio City, Philippines
on 19 October 2004
8:00 a.m to 4:00 p.m.

The Baguio City Project Cycle Management (PCM) Workshop held 19 October 2004 was the first workshop for the Baseline Project formulating and Preparation Study for JICA's Assistance in Health Sector commissioned by the Japan International Cooperation Agency (JICA). The workshop highlights the following four important activities in PCM:

- a) Stakeholder Analysis; Included to ice breaking
- b) Problem Analysis;
- c) Objective Analysis

Chapter 1 PROBLEM TREE ANALYSIS

The participants were organized into cluster groups according to their stakeholders' groups: 1) PHOs, 2) PhilHealth, 3) CHD, and 4) COHs. This grouping was maintained throughout the workshop from problem analysis to alternative analysis.

1.1 Problem Identification

A ten-minute contest for listing down the most valid and most points- problems currently being experienced at their levels was conducted, after the moderator had given examples on how to state problems (Lecture notes are shown in Appendix E).

The following criteria were suggested for identifying the core problem in each cluster:

- 1. Seriousness
- 2. Urgency
- 3. Growth

An overall RATE was thought off for each problem in order to contextualize the intensity of problems and facilitate decision-making for identifying the core problem: A rating scheme was used, as shown below:

Low= 1
Med = 2
High = 3

The group that has generated the most points win the game. The CHD won the brainstorming contest and the facilitator joked that their prize is they will definitely be the most helped, eliciting laughter throughout the hall.

1.2 Problem Tree Analysis

Stream diagnosis was lectured before participants. Upstream and downstream problems have been shown in a flow like in a river. Major problems are problems with the most incoming flows and root problems are those with the most outgoing flows.

1.2.1 PHO Problem Tree Analysis

Core Problem Statement: High infant and maternal mortality rates in all provinces of CAR for the past 10 years.

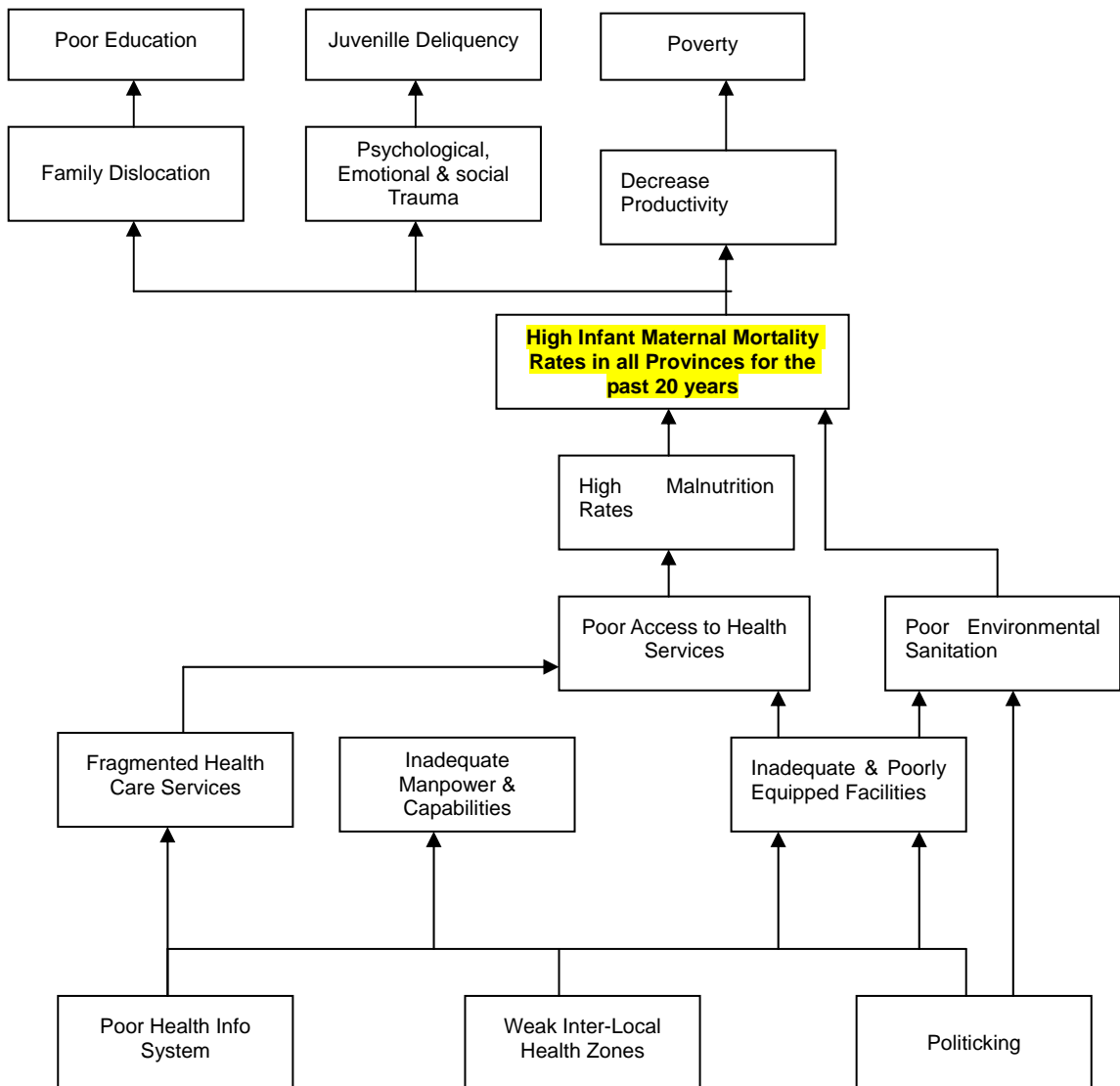


Figure 1 Problem Tree Analysis - PHO

From the problem identification phase, the PHO group changed the problem statement timing from 10 years to 20 years: **High Infant Maternal Mortality Rates in all Provinces for the past 20 years.**

1.2.2 PHILHEALTH Problem Tree Analysis

Core Problem Statement: Four out of the six (6) provinces in CAR are not yet universally covered by the National Health Insurance Program at present.

PHIC PHILHEALTH CAR

1. Out of six provinces in CAR at present -3
2. Absence of accredited collecting banks/ agencies outside the capital towns in 5 out of 6 provinces – 2
3. 60% of municipal LGU’s with MOA’S relative to sponsored program faces financial constraints in sustaining their premium counterpart.
4. Lack of Reliable membership database system in the PRO.

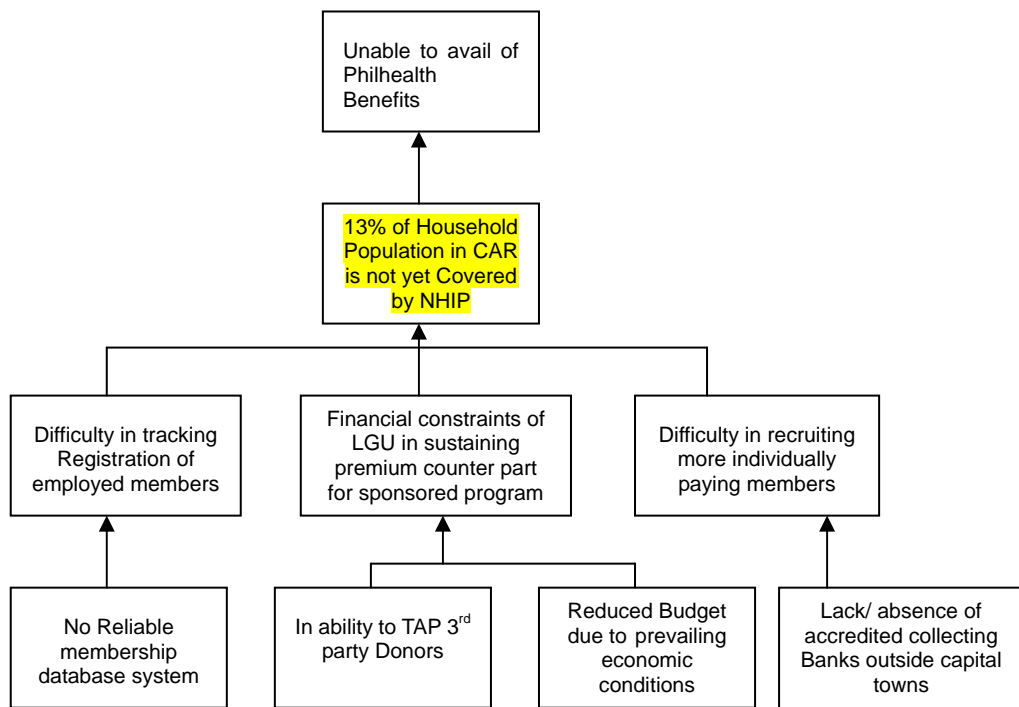


Figure 2 Problem Tree Analysis - Philhealth - CAR

1.2.3 CHD Problem Tree Analysis

Core Problem Statement: Slow reduction of communicable diseases and rapidly increasing – lifestyle – related diseases/preventable diseases.

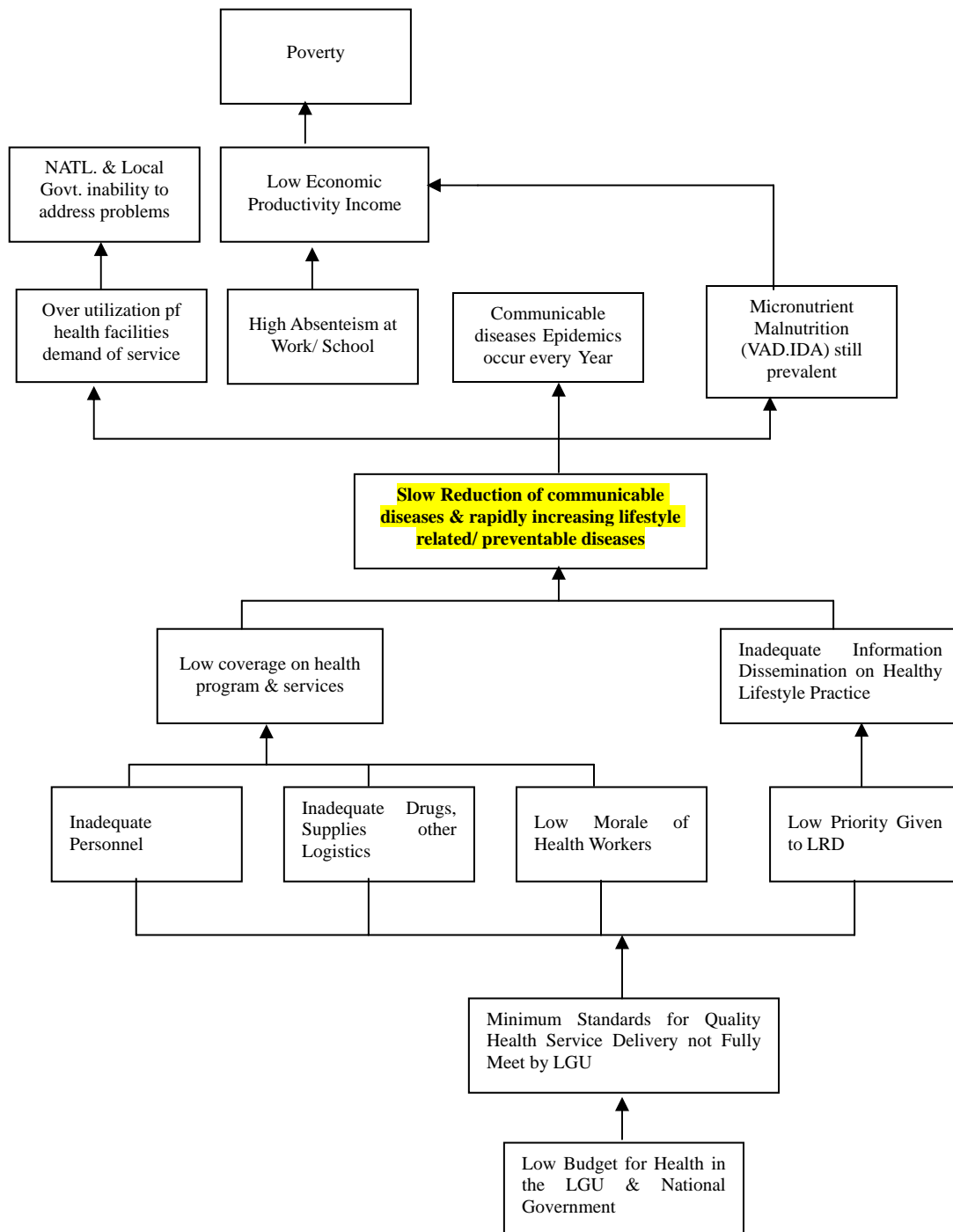


Figure 3 Problem Tree Analysis -CHD-CAR

The problems identified in the CAR are classified into 3: regulation, health and administration problems.

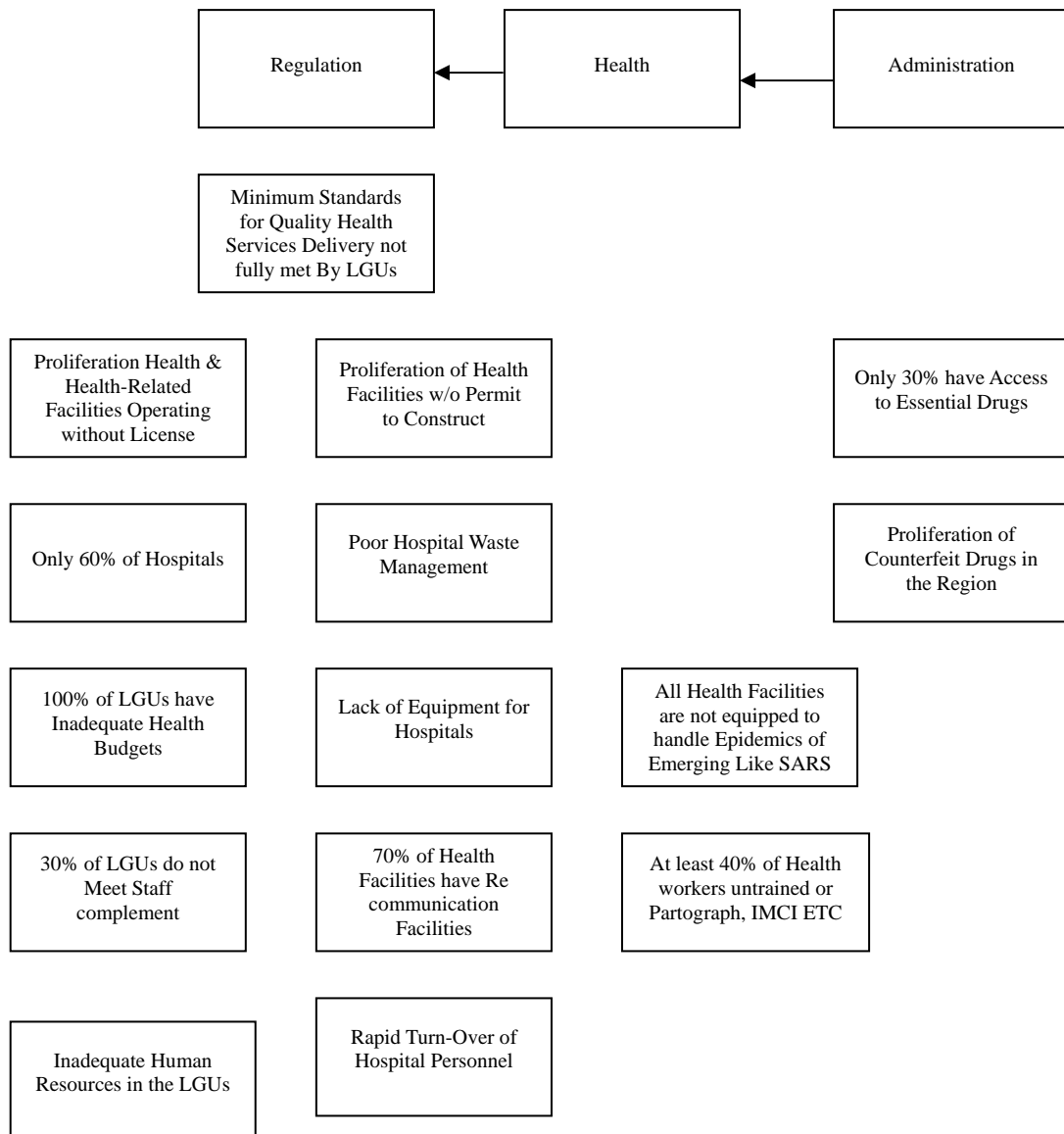


Figure 4 Problems Identification CHD CAR

Only the CHD had multiple classifications of problems. This can be attributed to the presence of many participants, thus different perspectives were represented in the brainstorming process.

1.2.4 Hospitals Problem Tree Analysis

Core Problem Statement: Poor Level of Service Availability due to lack of financial Resources to Construct hospital facility; Procure necessary equipment/ medical supplies and materials and acquire/ avail telecommunications facility (50% of clientele)

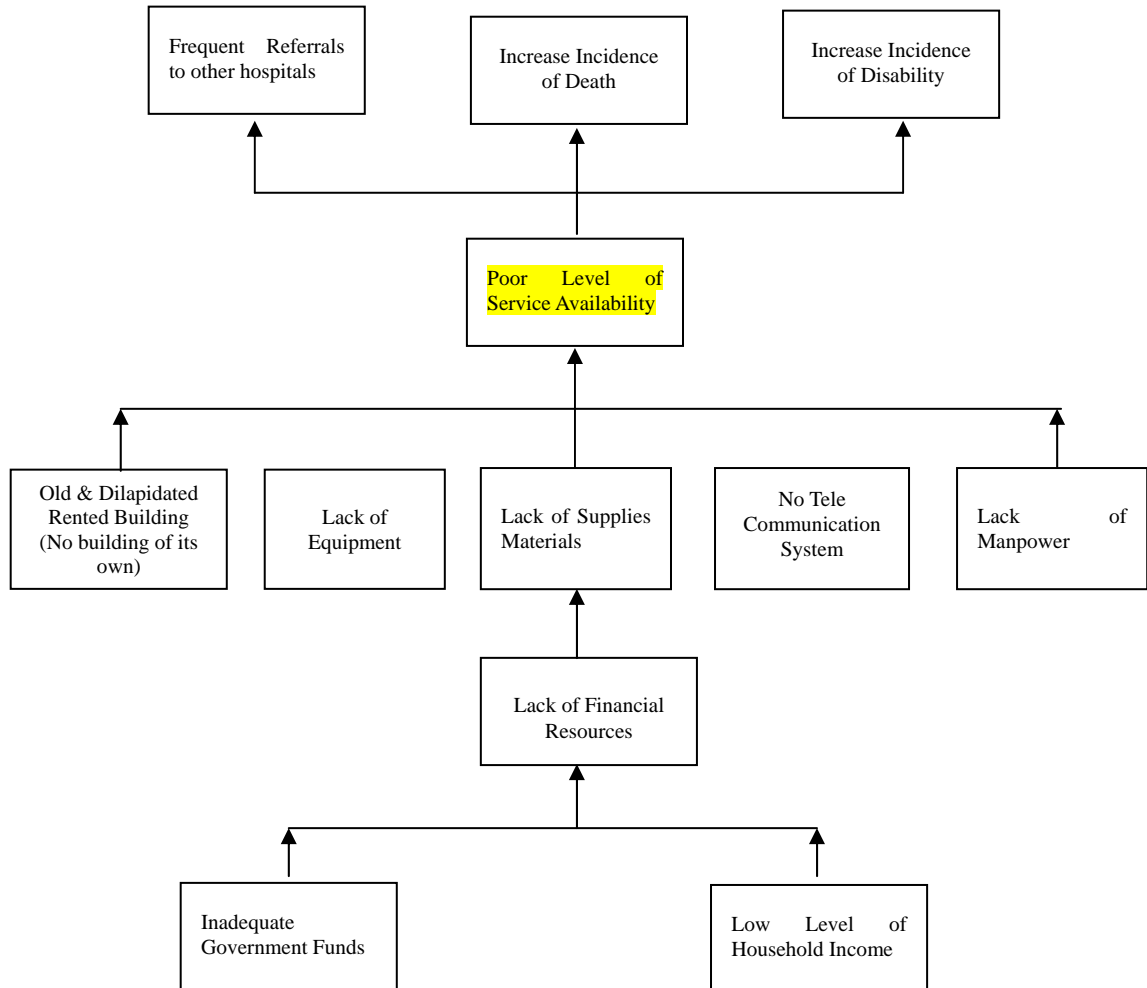


Figure 5 Problem Tree Analysis - Hospitals

Chapter 2 OBJECTIVE ANALYSIS

The negative problem statements were transformed into positive statements in order to derive the Objectives Tree.

2.1 Objective Analysis- PHO

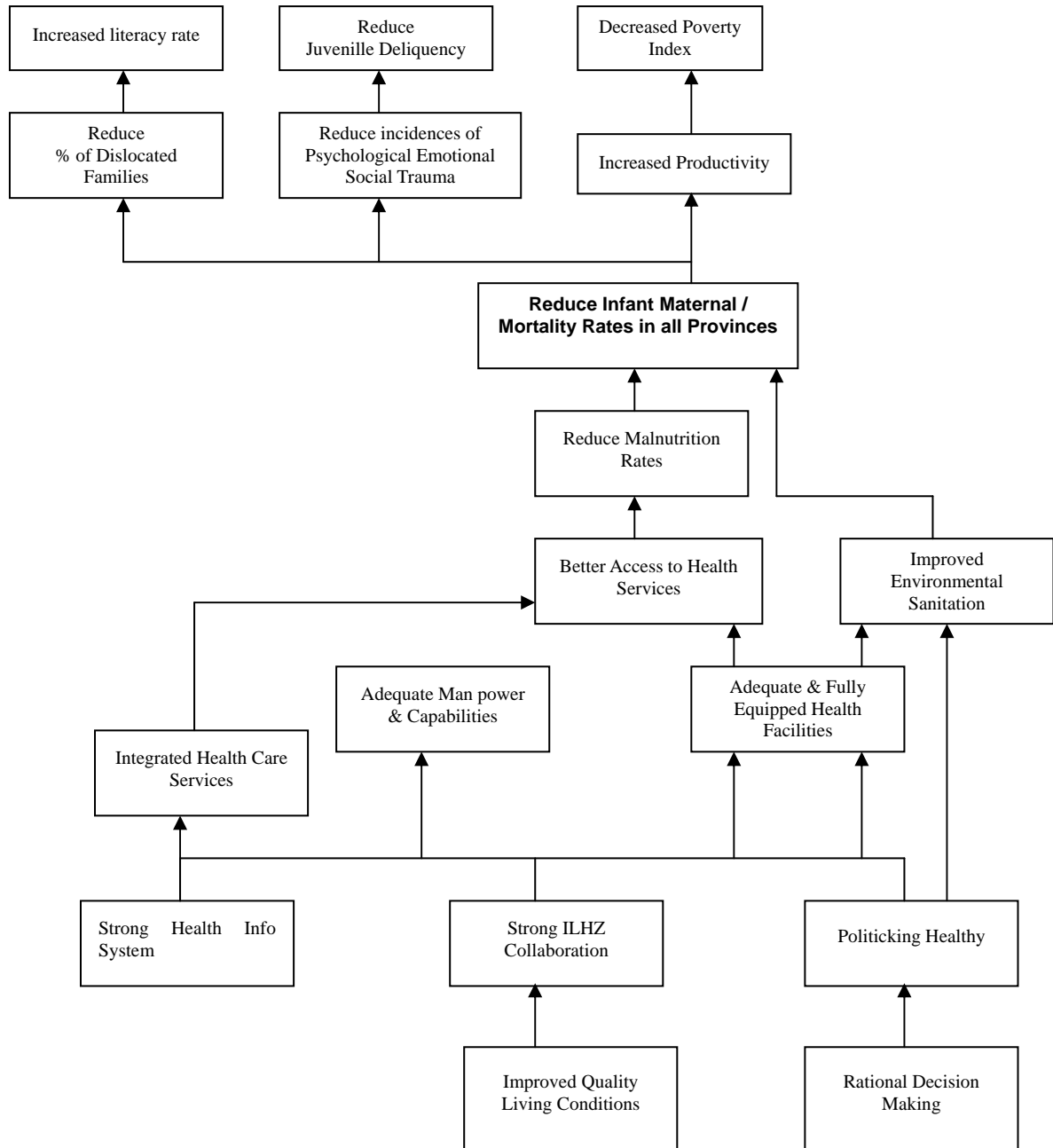


Figure 6 Objective Tree Analysis - PHO CAR

2.2 Objective Tree Analysis - Philhealth

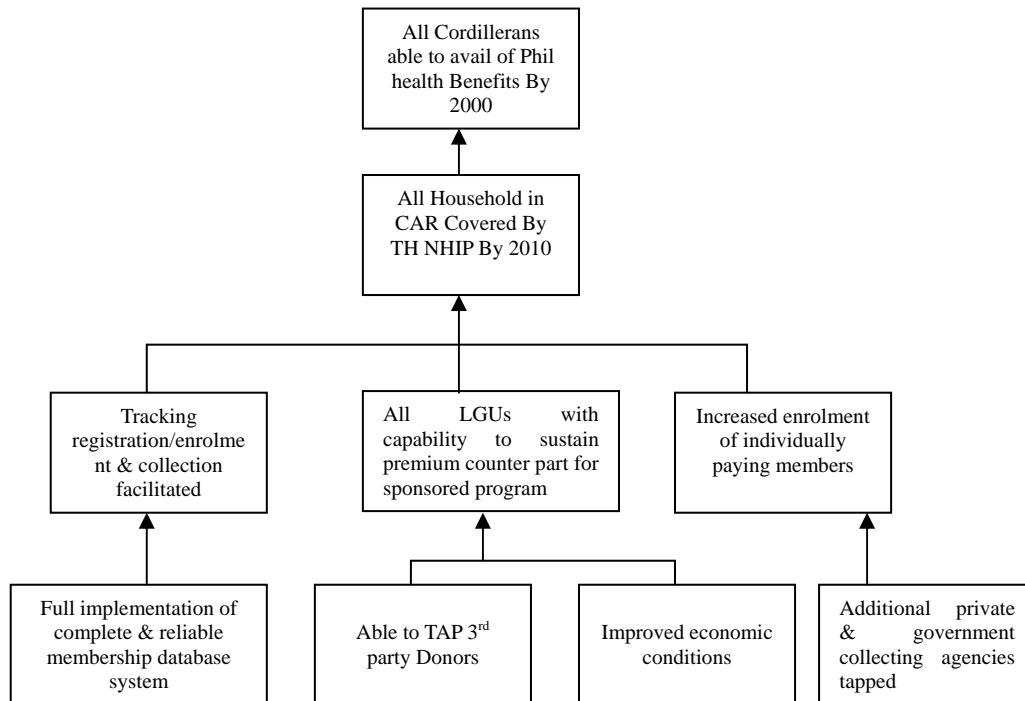


Figure 7 Objective Tree Analysis - Philhealth - CAR

2.3 Objective Tree Analysis – CHD CAR

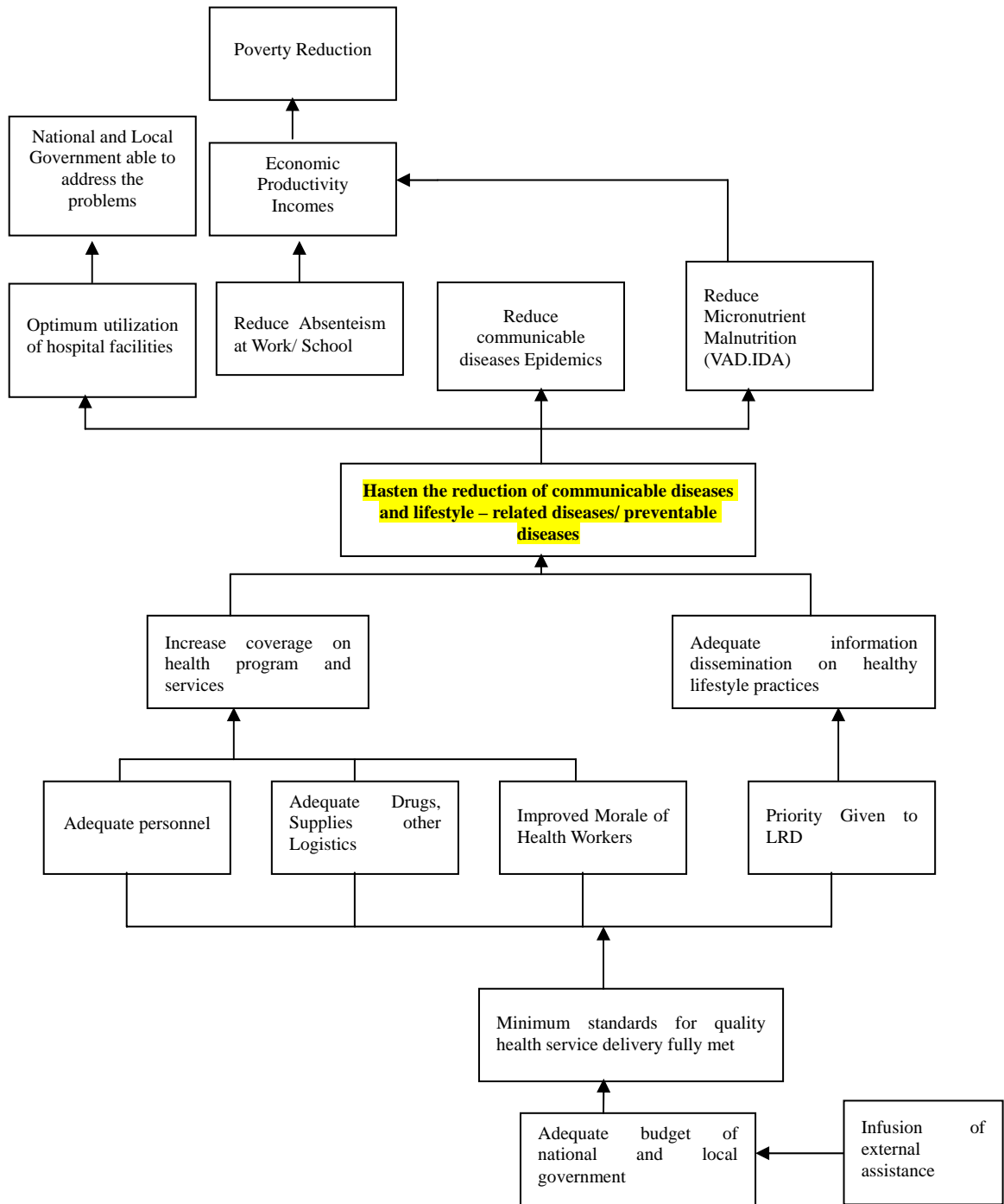


Figure 8 Objective Tree Analysis – CHD CAR

2.4 Objective Tree Analysis - Hospitals

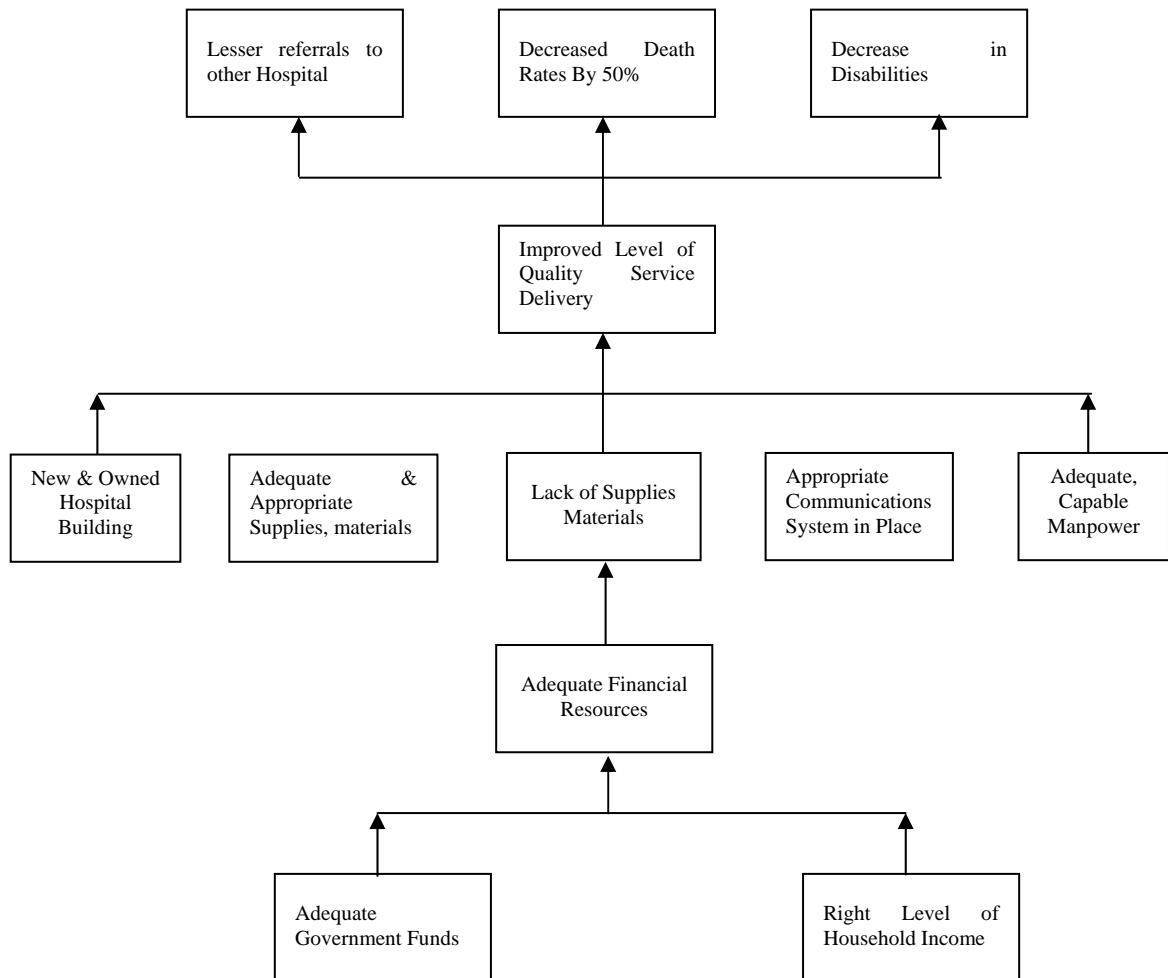


Figure 9 Objective Tree Analysis Hospitals in CAR

Chapter 3 ALTERNATIVE ANALYSIS

The participants were reminded by the Team Leader Mr. Shuji Noguchi to focus their alternatives for this session on to the four major thrusts initially identified. The team members went around the groups to give feedback on their alternatives charts.

3.1 Alternatives Analysis - PHO

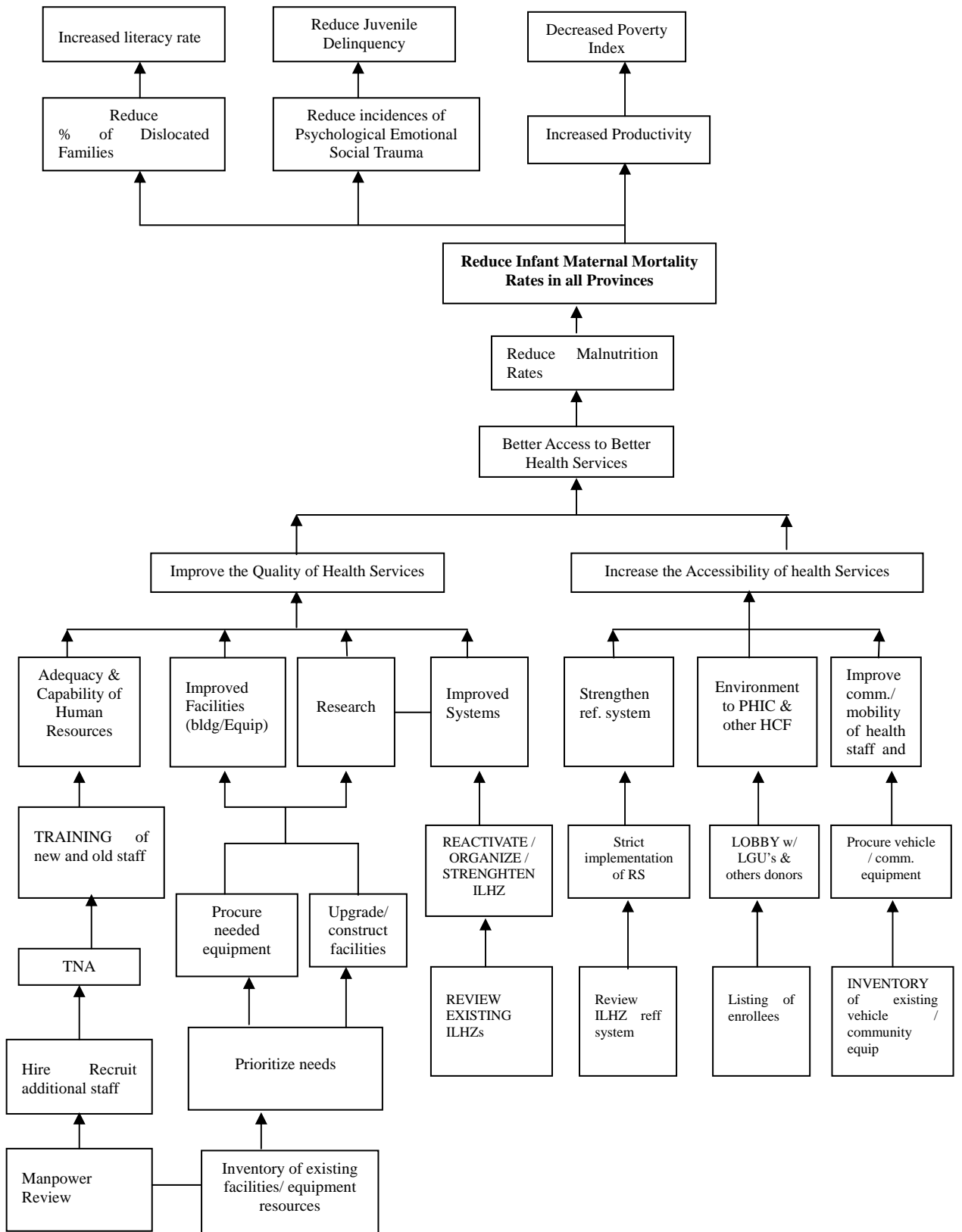


Figure 10 Alternative Tree Analysis - PHO CAR

3.2 Alternatives Analysis - Philhealth

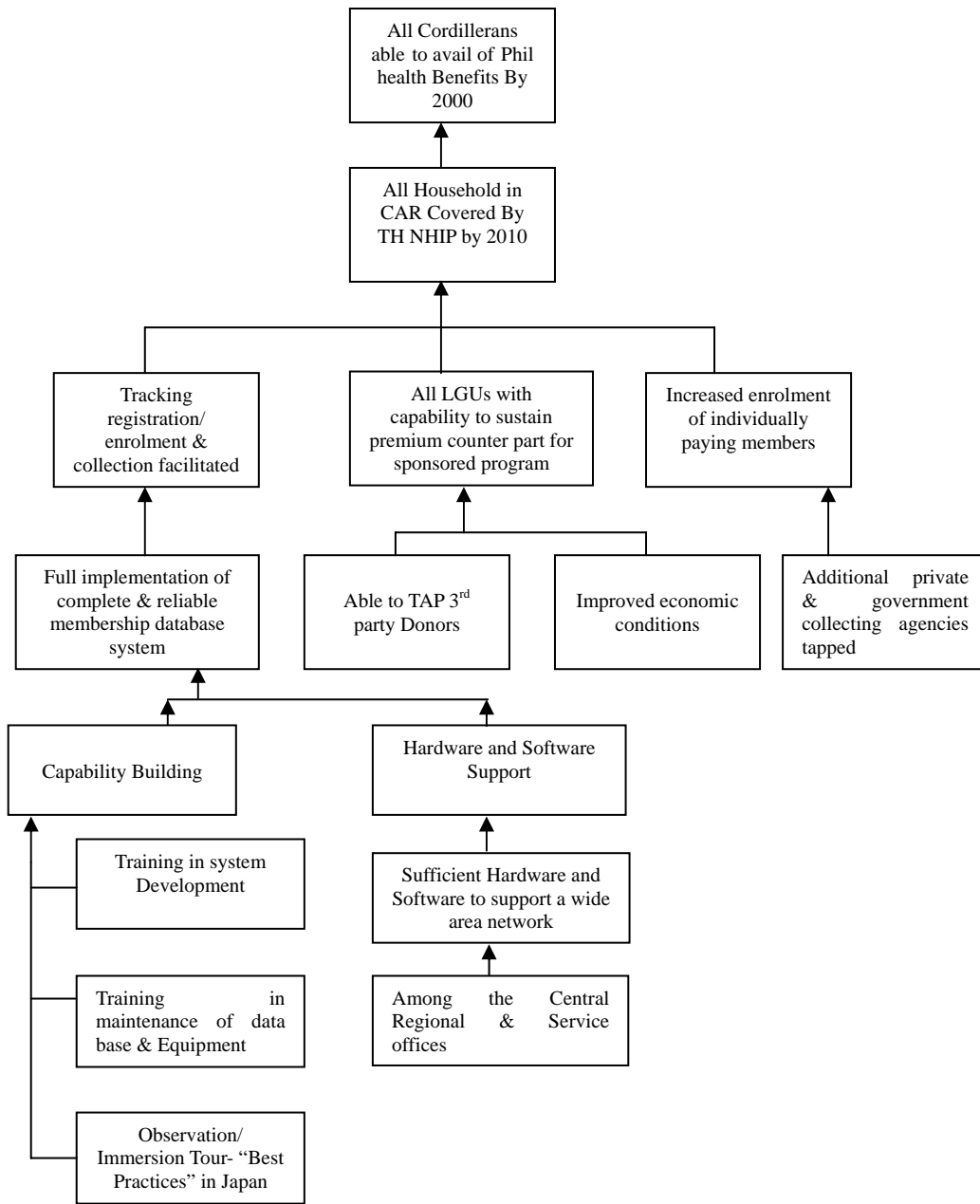


Figure 11 Alternative Tree Analysis - Philhealth

3.3 Alternatives Analysis – CHD

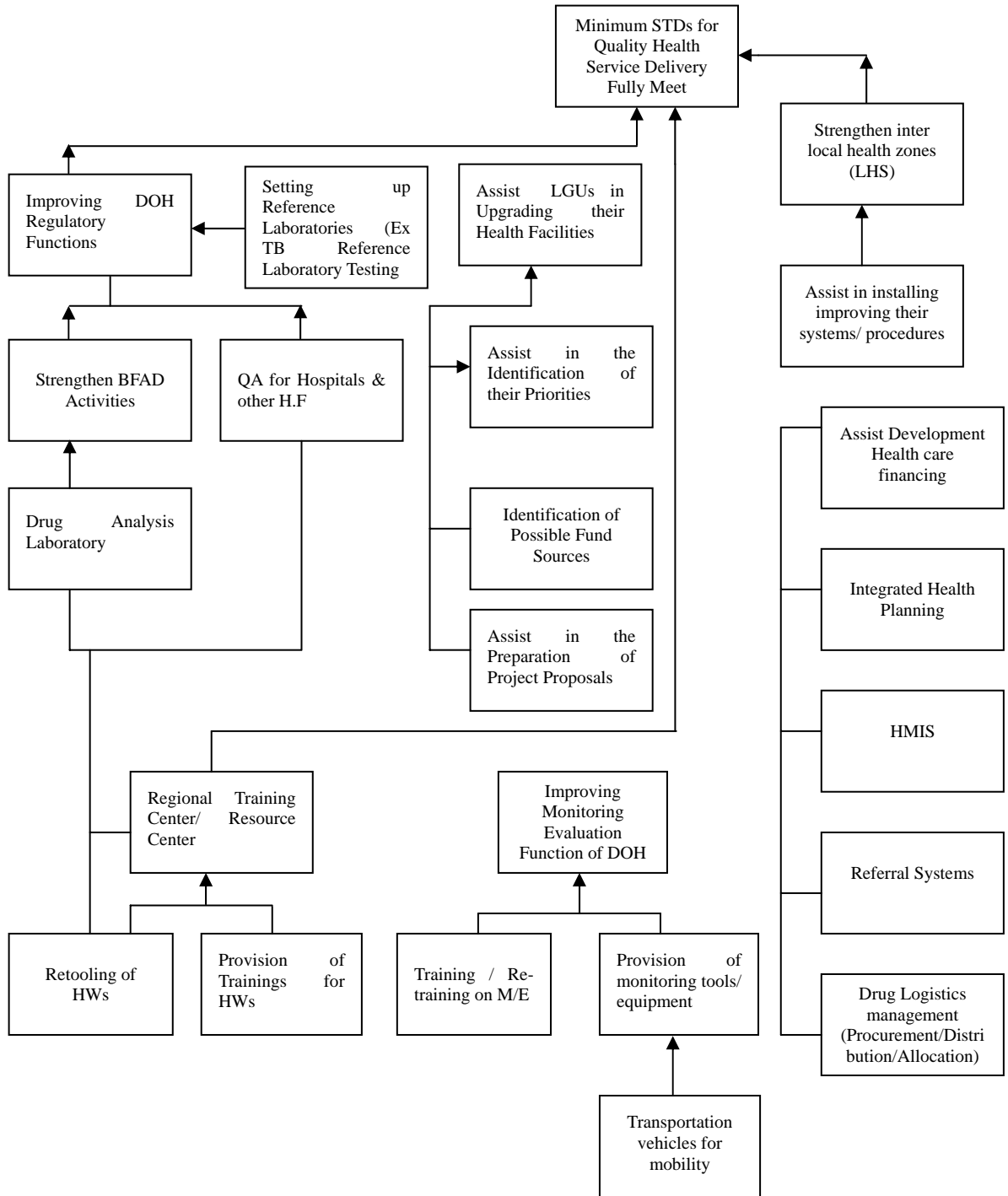


Figure 12 Alternatives Tree Analysis - CHD

3.4 Alternatives Analysis - Hospitals

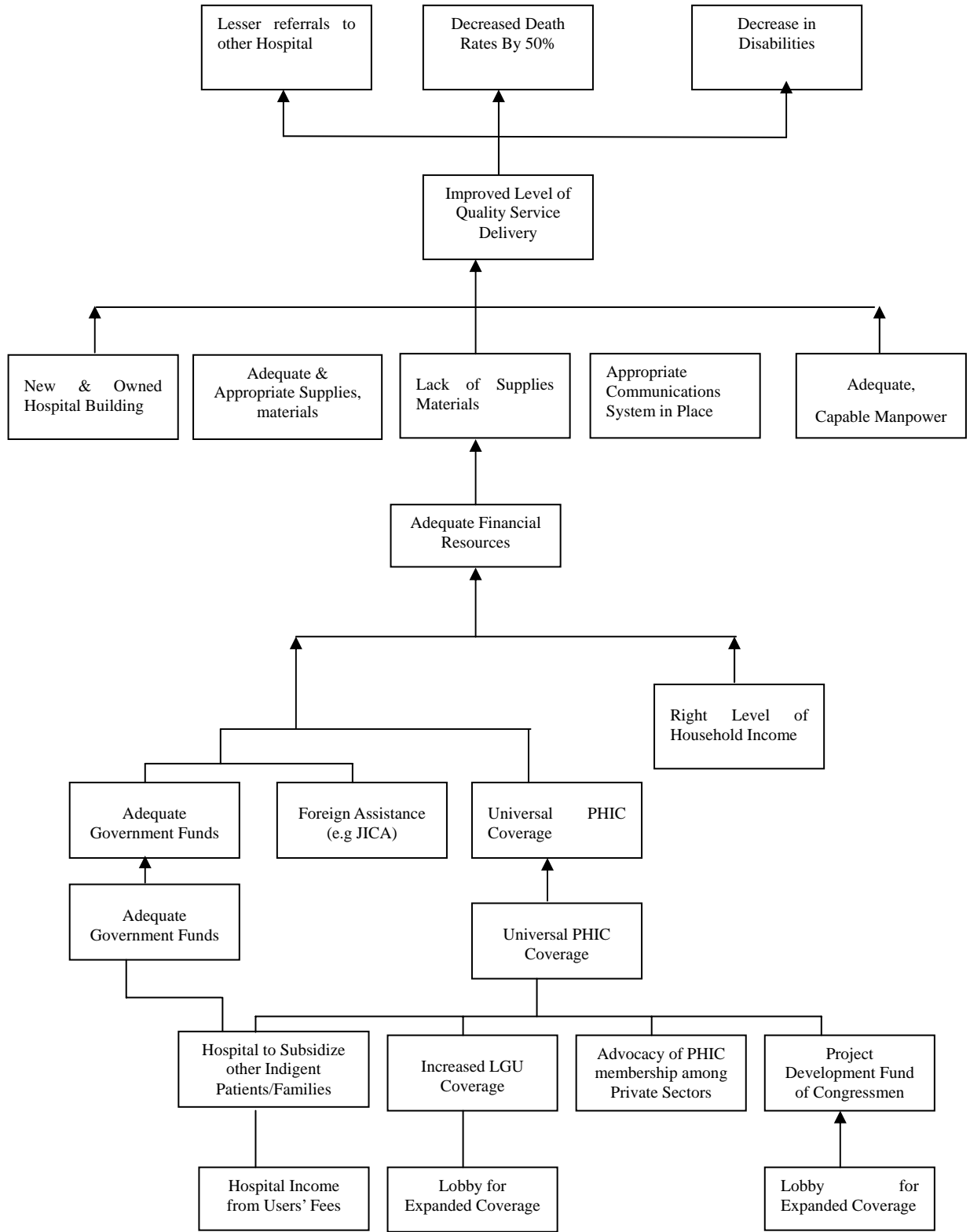


Figure 13 Alternatives Tree Analysis - Hospitals

Chapter 4 SUMMARY AND CONCLUSIONS

- There was a generally warm and positive ambience and appreciation amongst the JICA team members and the participants. The group felt that they were able to integrate the health sectors' needs for the region through the workshop.
- In closing, appreciative remarks were given by the Director as an expression of support for the baselining project for the Health Sector. Director Bonoan, intimated that they used to have a hard time with PCM and would usually take 5 days to finish what the team finished in a day. They were also very appreciative of the process or methodology of workshop techniques used.
- The workshop concluded at 4:30 P.M. on a high note as the facilitator narrated a story of perseverance which inspired most of the participants.

**Proceedings of the
Project Cycle Management Workshop for the
Baseline Project Formulating and Preparation Study for JICA's
Assistance in Health Sector in Bicol**

Held at the Training Room, 2F Bicol Regional Training & Teaching Center (BRTTH)
Legazpi City, Philippines
on 26 October 2004
8:00 a.m to 4:00 p.m.

The Region V Health Sector Project Cycle Management (PCM) Workshop held on 26 October 2004 was the second workshop for the Baseline Project Formulating and Preparation Study for JICA's Assistance in Health Sector commissioned by the Japan International Cooperation Agency (JICA). The workshop accomplished the following four important activities in PCM which shall serve as inputs for **Project Identification**:

- d) Stakeholder Analysis; included to icebreaking
- e) Problem Analysis;
- f) Objective Analysis
- g) Project Identification.

Chapter 1 PROBLEM TREE ANALYSIS

The participants were organized into 3 cluster groups according to their stakeholders' groups, but in the actual workshops, they were 4 groups that emerged due to the different nature of interactions among the units: 1) Provincial Health Offices (PHOs), City Health Offices and Rural Health Units (RHUs), 2) Center for Health Development (CHD), 3) DOH-retained Hospitals, and 4) Chiefs of Hospitals (COHs). This manner of grouping was maintained throughout the workshop from problem analysis to alternative analysis.

1.1 Problem Identification

A ten-minute contest for listing down the most valid and most points- problems currently being experienced at their levels was conducted, after the moderator had given examples on how to state problems (Lecture notes are shown in Appendix E).

The following criteria were suggested for identifying the core problem in each cluster:

- 1. Seriousness
- 2. Urgency
- 3. Growth

An overall RATE was thought off for each problem in order to contextualize the intensity of problems and facilitate decision-making for identifying the core problem: A rating scheme was used, as shown below:

Low= 1
Med = 2
High = 3

The group that has generated the most points won the game. The CHD group won the brainstorming contest and the facilitator joked that their prize is they will definitely be the most helped, eliciting laughter throughout the hall.

1.2 Problem Tree Analysis

Stream diagnosis was lectured before participants. Upstream and downstream problems have been shown in a flow, like in a river. Major problems are problems with the most incoming flows and root problems are those with the most outgoing flows.

1.2.1 Problem Tree Analysis - Provincial Health Offices (PHOs), City Health Offices (CHOs) and Rural Health Units (RHUs)

Core Problem Statement: DECREASING HOSPITAL SERVICES

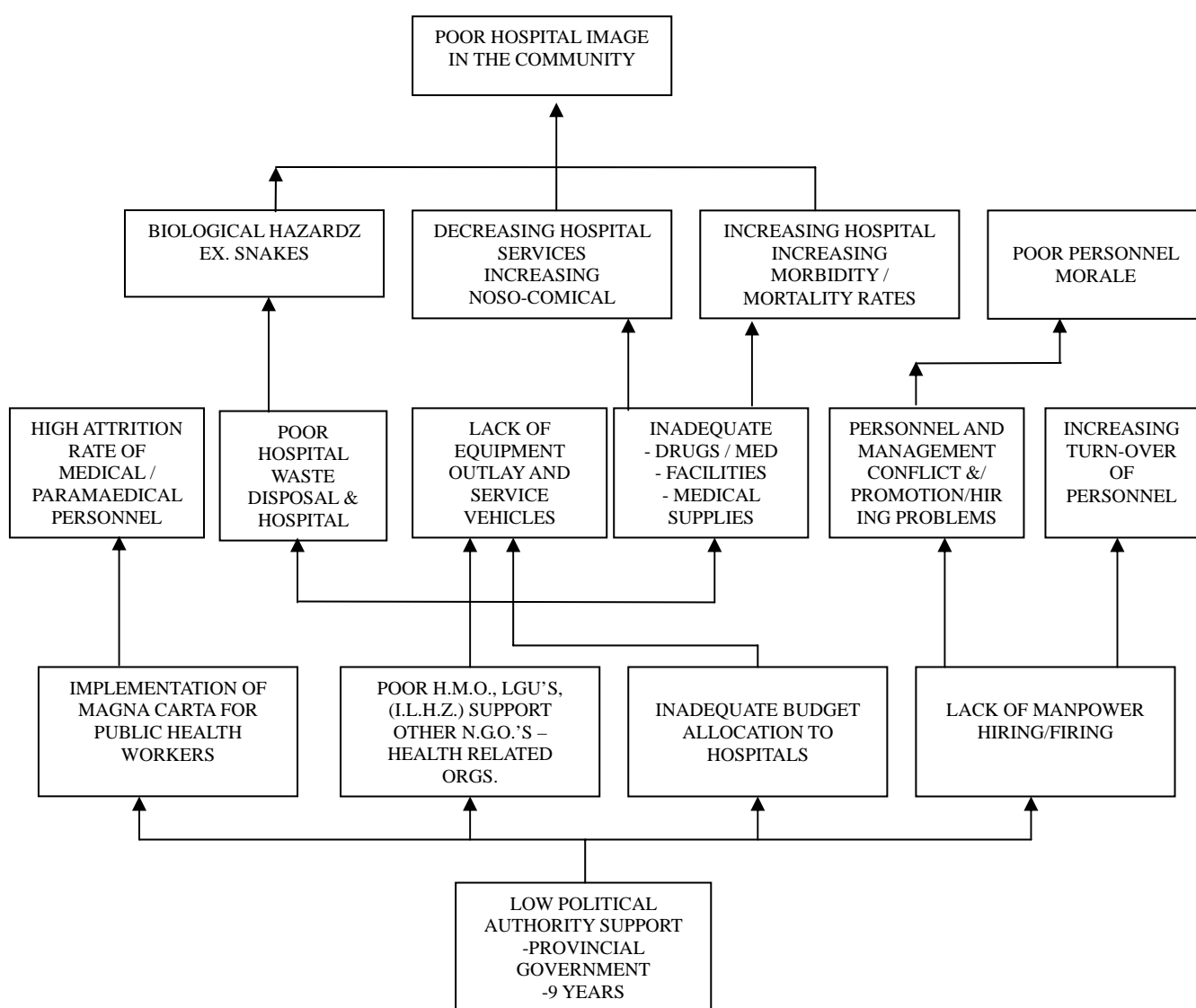


Figure 14

Problem Tree Analysis – PHO, CHO & RHUs

1.2.2 Problem Tree Analysis - Center for Health Development
Core Problem Statement: POOR PROGRAM IMPLEMENTATION

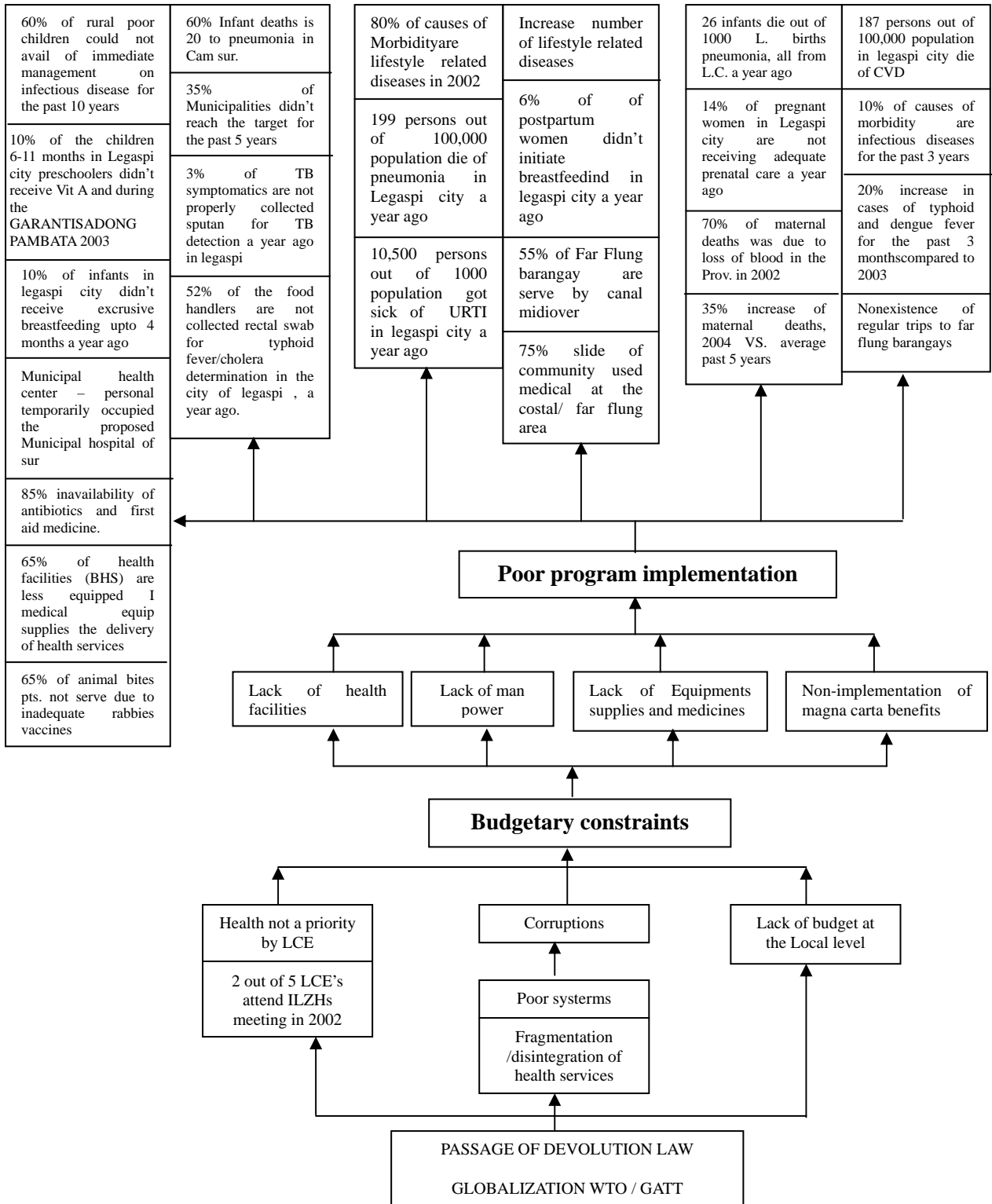


Figure 15 Problem Tree Analysis - CHD

1.2.3 Problem Tree Analysis - - DOH Retained Hospitals
Core Problem Statement: POOR QUALITY OF SERVICE AT DOH

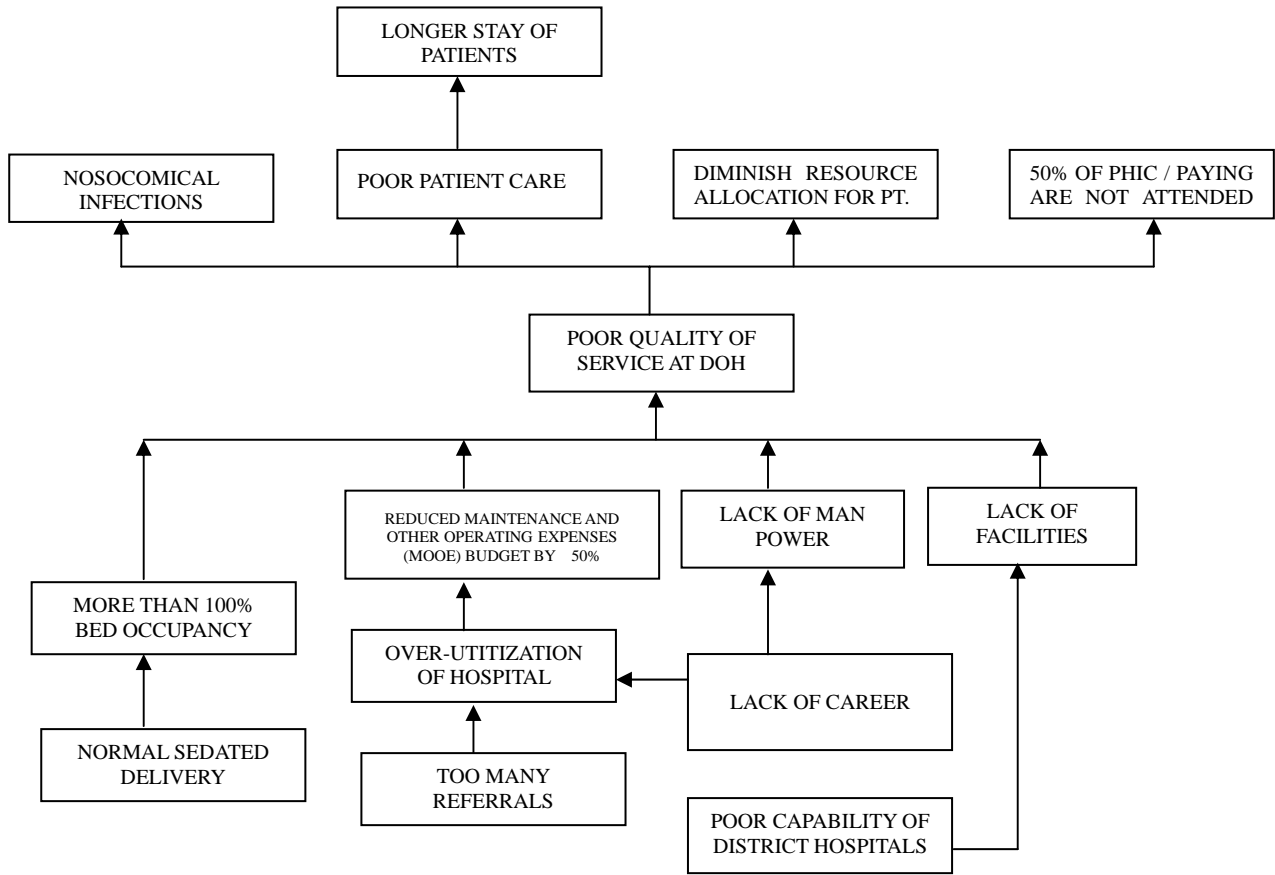


Figure 16 Problem Tree Analysis - DOH Retained Hospitals

1.2.4 Problem Tree Analysis - Hospitals

Core Problem Statement: INADEQUATE BUDGET ALLOCATION TO HOSPITALS FROM LGU

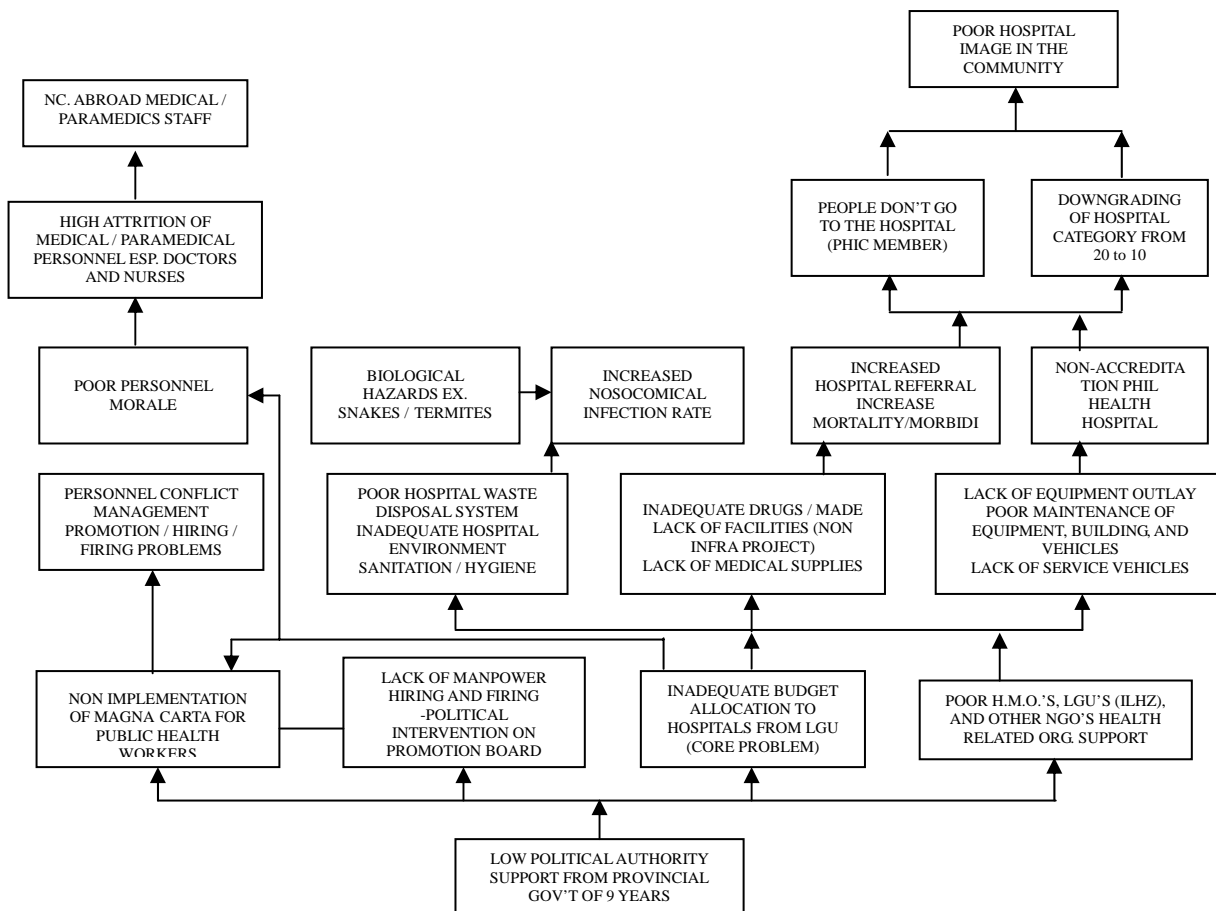


Figure 17 Problem Tree Analysis – Hospitals

The facilitator was faced with the difficult of elaborating on politics and its impact to the whole sector and subtly and ably settled the restless groups by reassuring them that these shall be addressed in the objective and alternative analysis as well.

Furthermore, the groups were dissuaded by Mr. Noguchi from focusing on political concerns and issues as these can not be addressed within the workshop. Politicking, though critical and may even be a driver to the system is outside the decision-making discretion of the people present in the workshop.

The team leader acknowledged to the facilitator that this region’s stakeholders are much more critically inclined to analyze through the macro concerns of the system in consideration, due to their need to act on these issues and concerns. A deep passion for solutions for their agency’s problems is evident amongst Dr. Ludi and Dr. Rivera of BRTTH.

Chapter 2 OBJECTIVE ANALYSIS

The negative problem statements were transformed into positive statements in order to derive the Objective Tree Analysis.

2.1 Objective Analysis- Provincial Health Offices (PHOs), City Health Offices (CHOs) and Rural Health Units (RHUs)

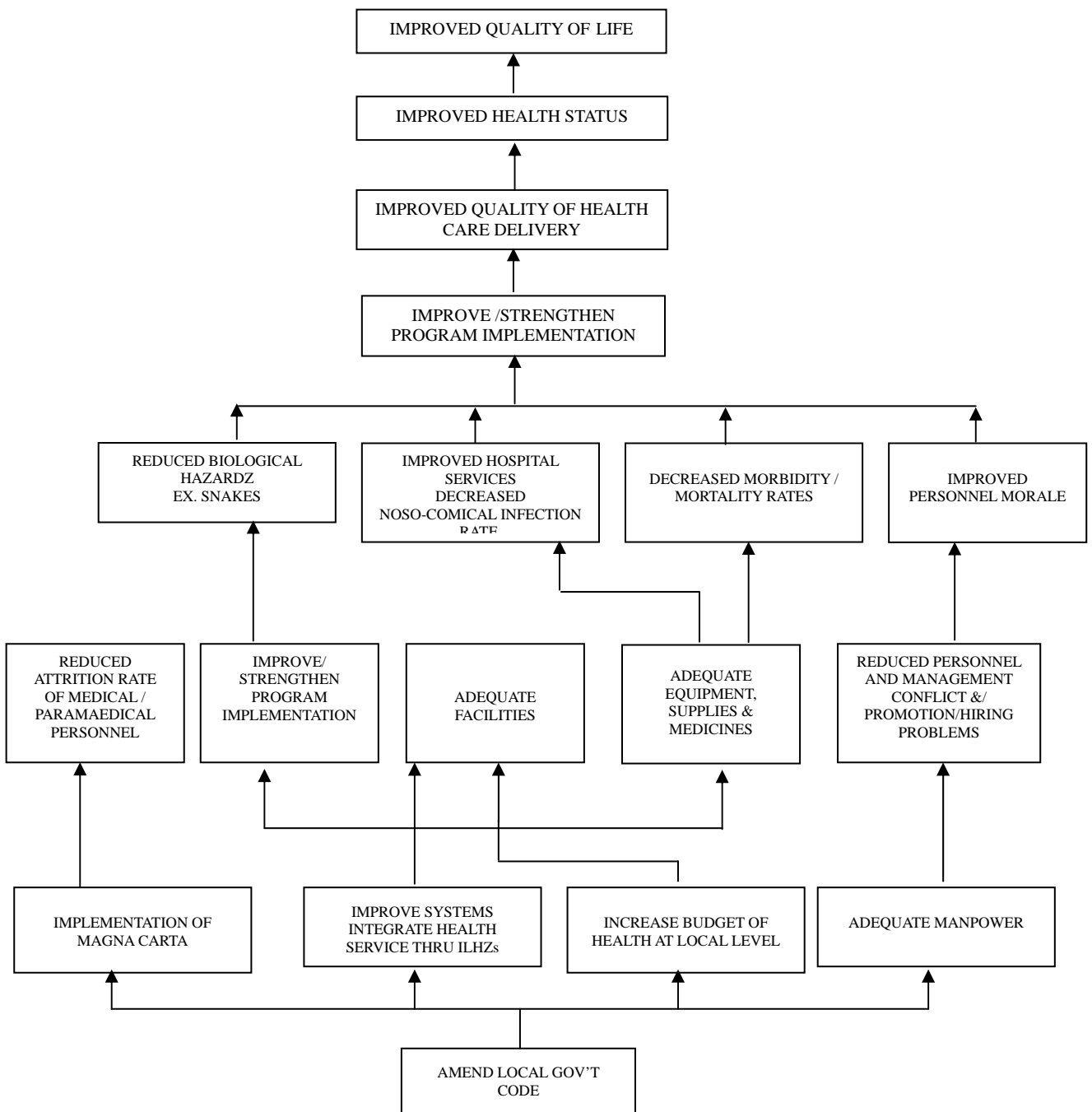


Figure 18 Objective Tree Analysis - PHO, CHO & RHU

2.2 Objective Tree Analysis - Center for Health Development

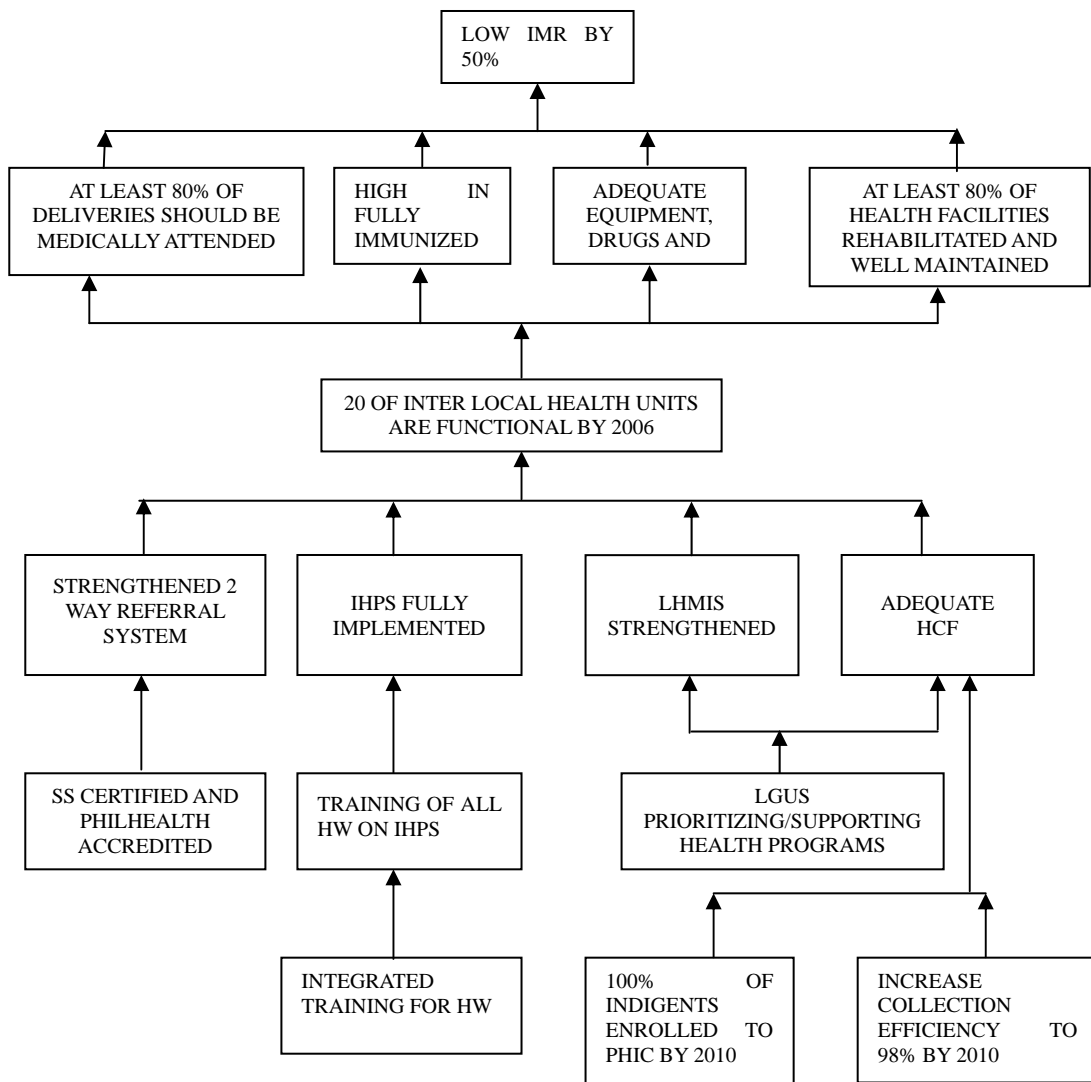


Figure 19 Objective Tree Analysis - CHD

2.3 Objective Tree Analysis – DOH-retained Hospitals

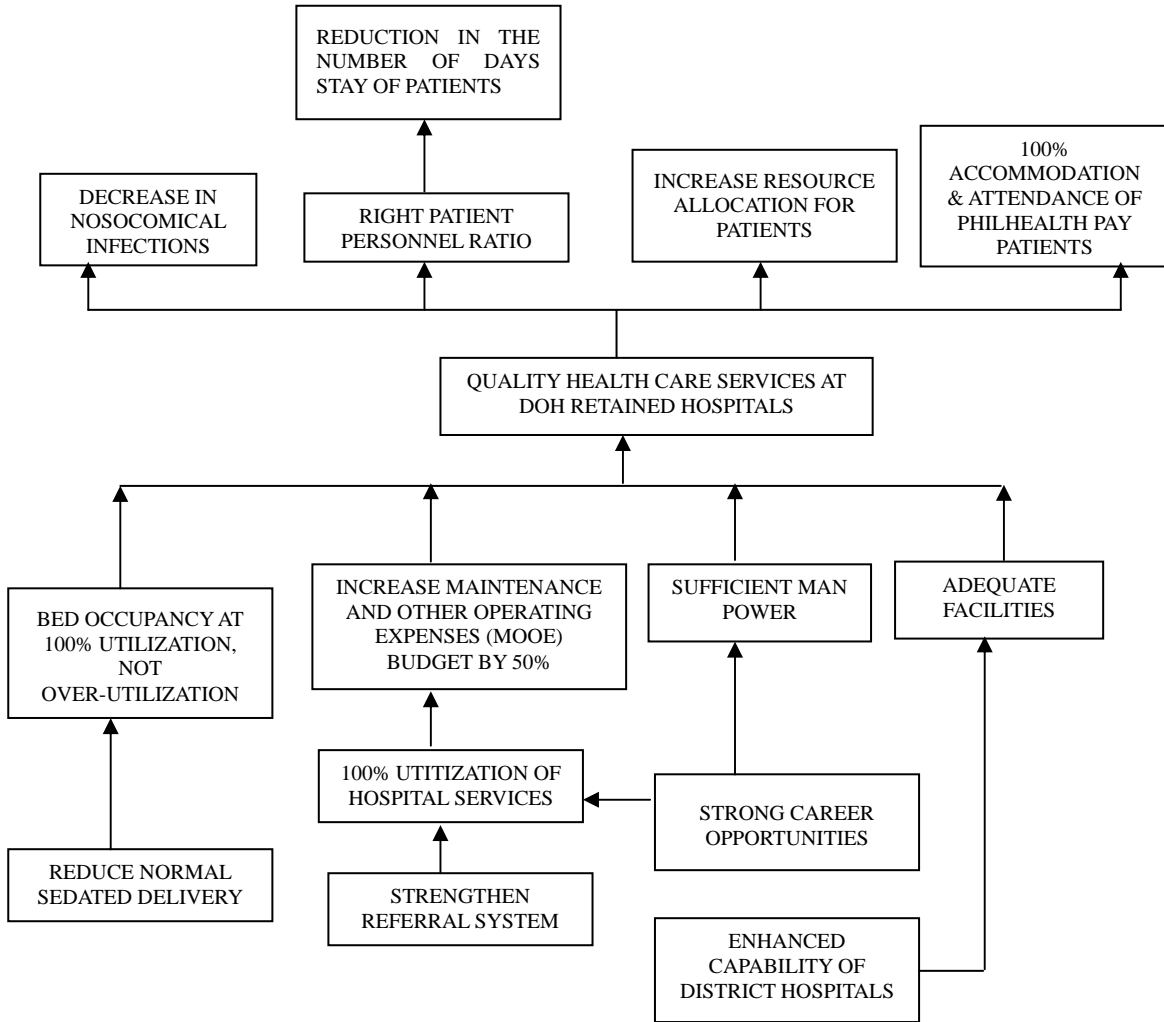


Figure 20 Objective Tree Analysis- DOH Retained Hospitals

2.4 Objective Tree Analysis - Hospitals

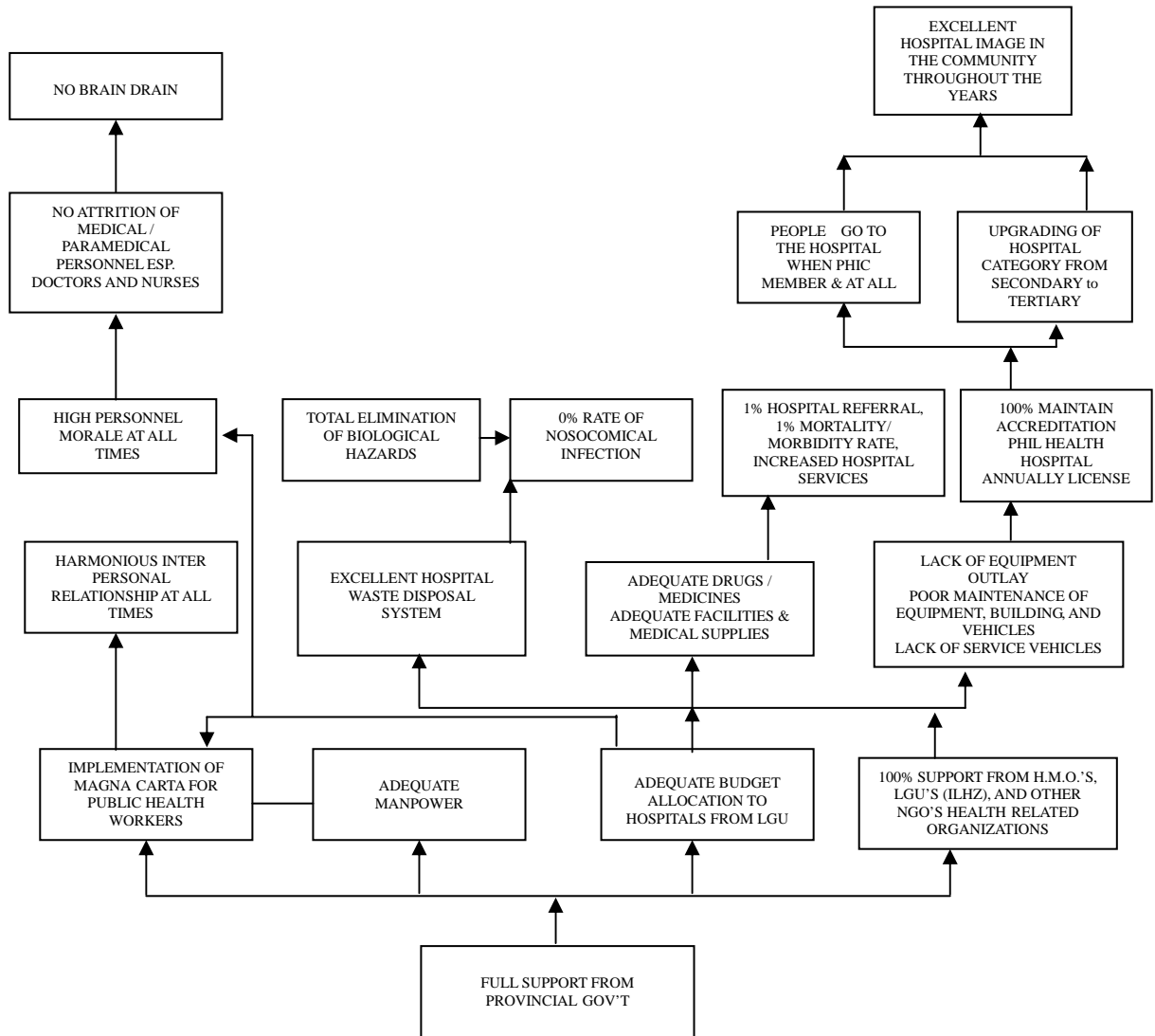


Figure 21 Objective Tree Analysis - Hospitals

Chapter 3 ALTERNATIVE ANALYSIS

The facilitator discussed the direct means-end relationships of objectives and projects in order to derive creatively the Alternative Tree Analysis.

The participants were reminded to focus their alternatives for this session on to the four major thrusts initially identified. The JICA team members went around the groups to give feedback on their alternatives charts.

3.1 Alternatives Analysis - PHO/CHO/RHU

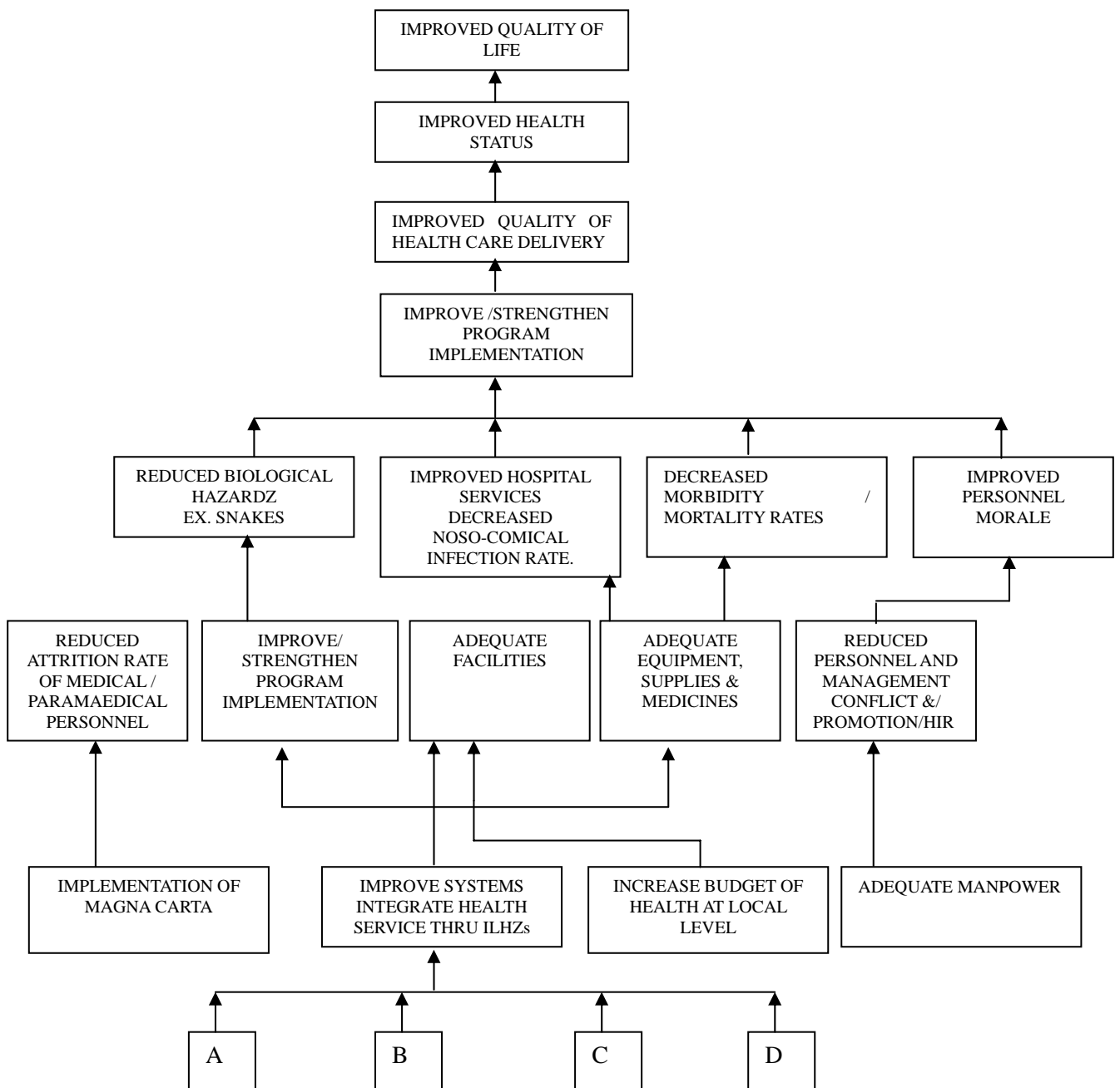


Figure 22

Alternative Tree Analysis - PHO, CHO & RHU Region V Part 1

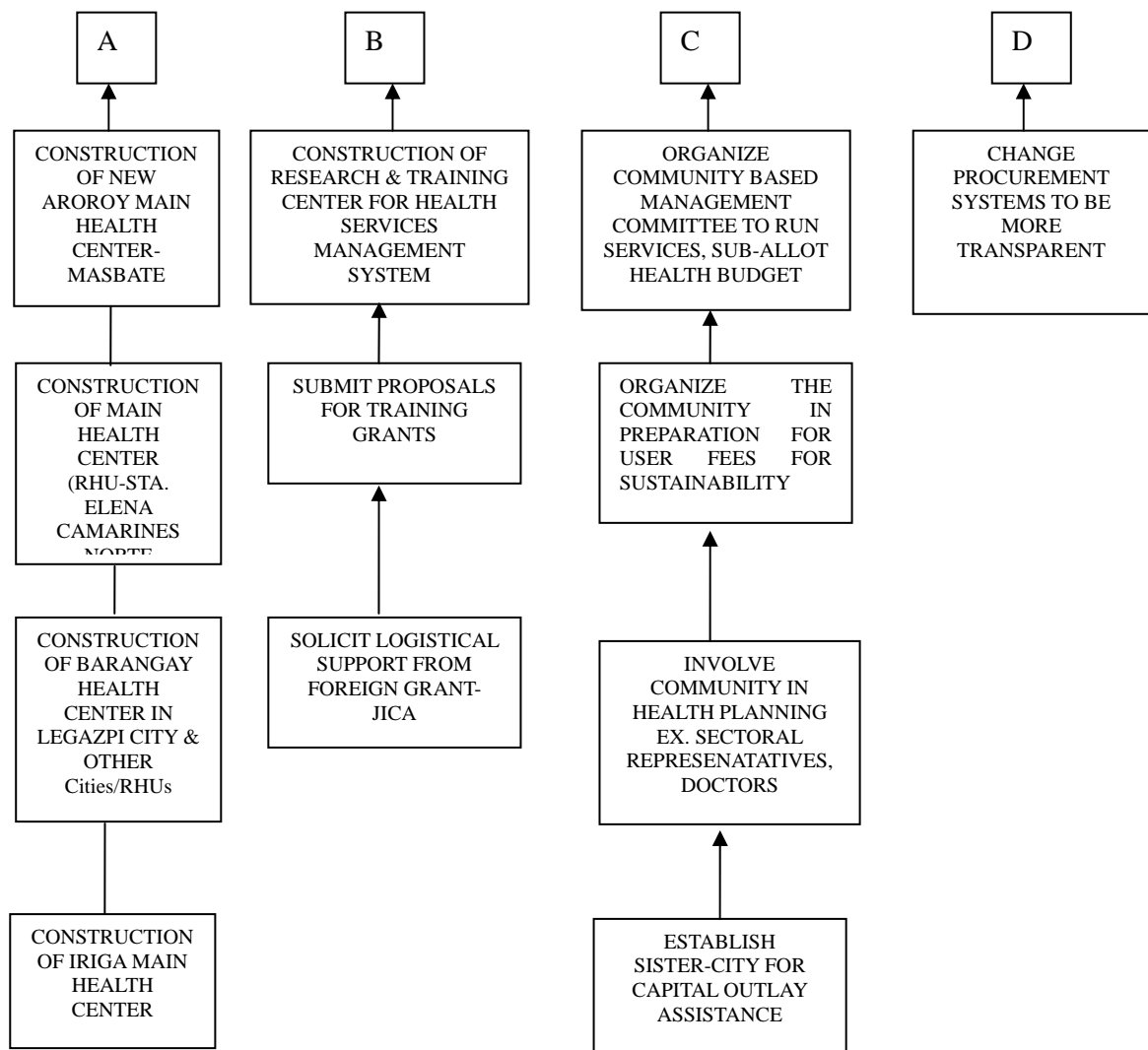


Figure 23 Alternative Tree Analysis - PHO, CHO & RHU Region V Part 2

3.2 Alternatives Analysis - CHD

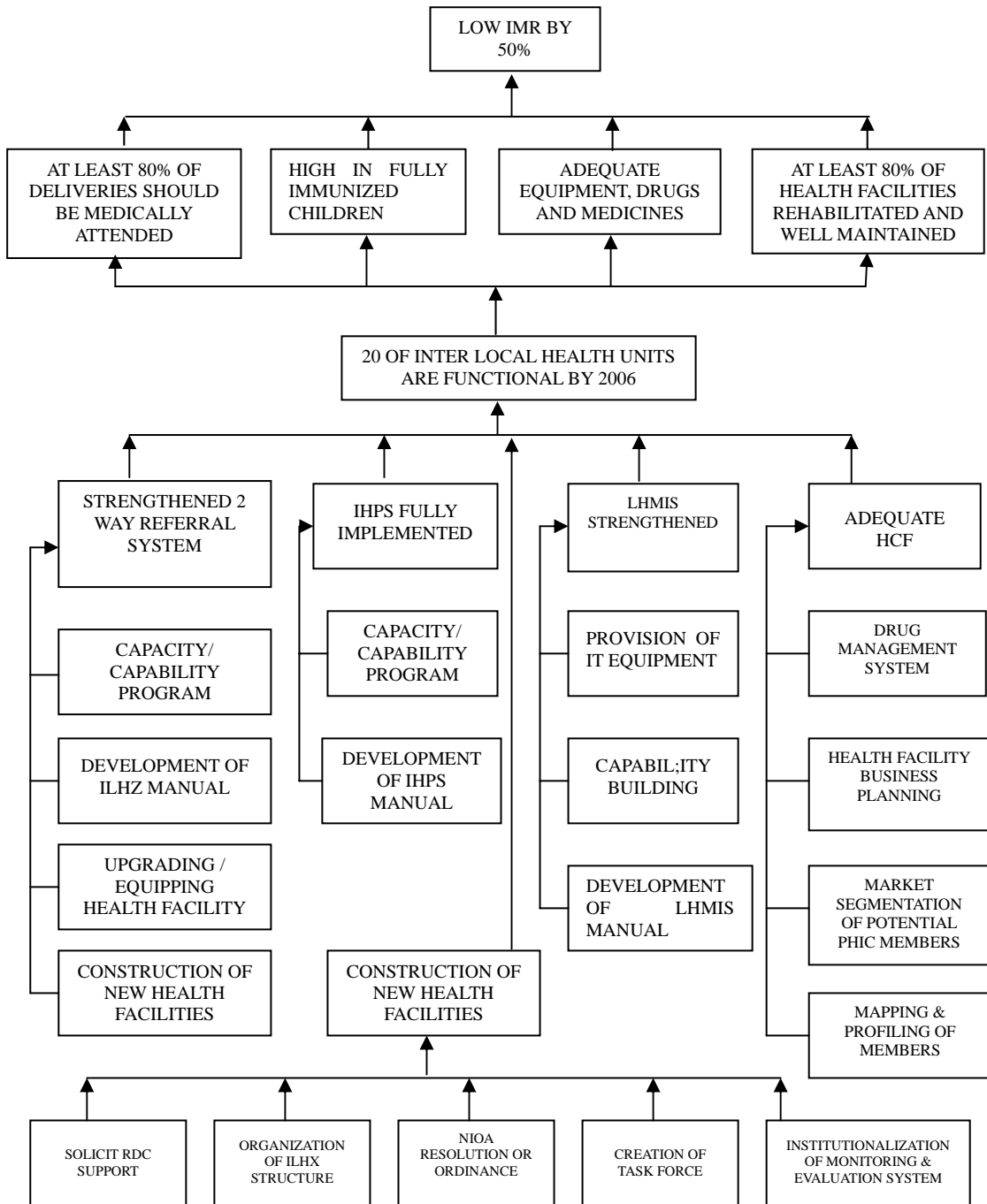


Figure 24 Alternatives Tree Analysis - CHD

3.3 Alternatives Analysis – DOH RETAINED HOSPITALS

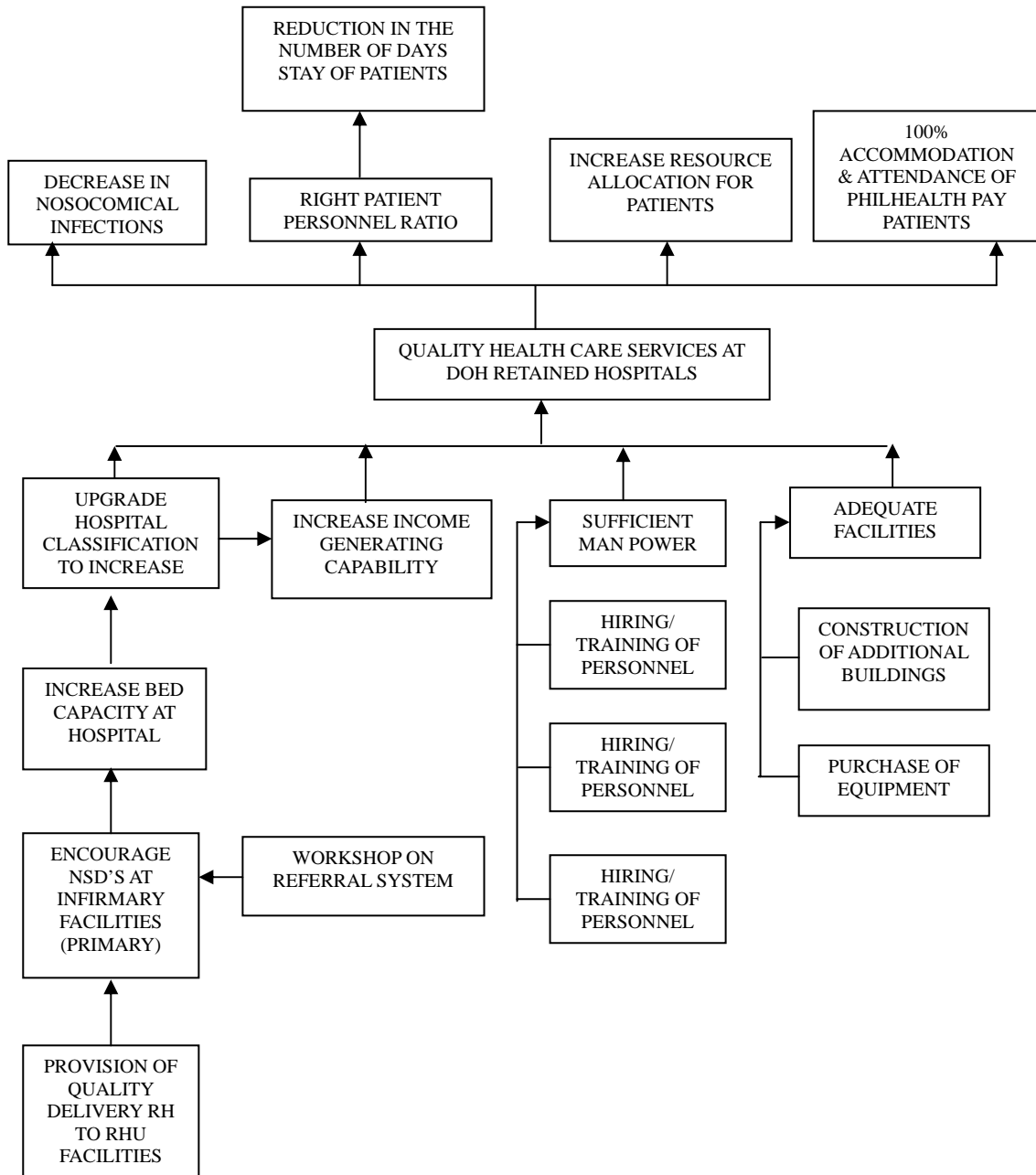


Figure 25 Alternative Tree Analysis - DOH RETAINED HOSPITALS

3.4 Alternatives Analysis - Hospitals

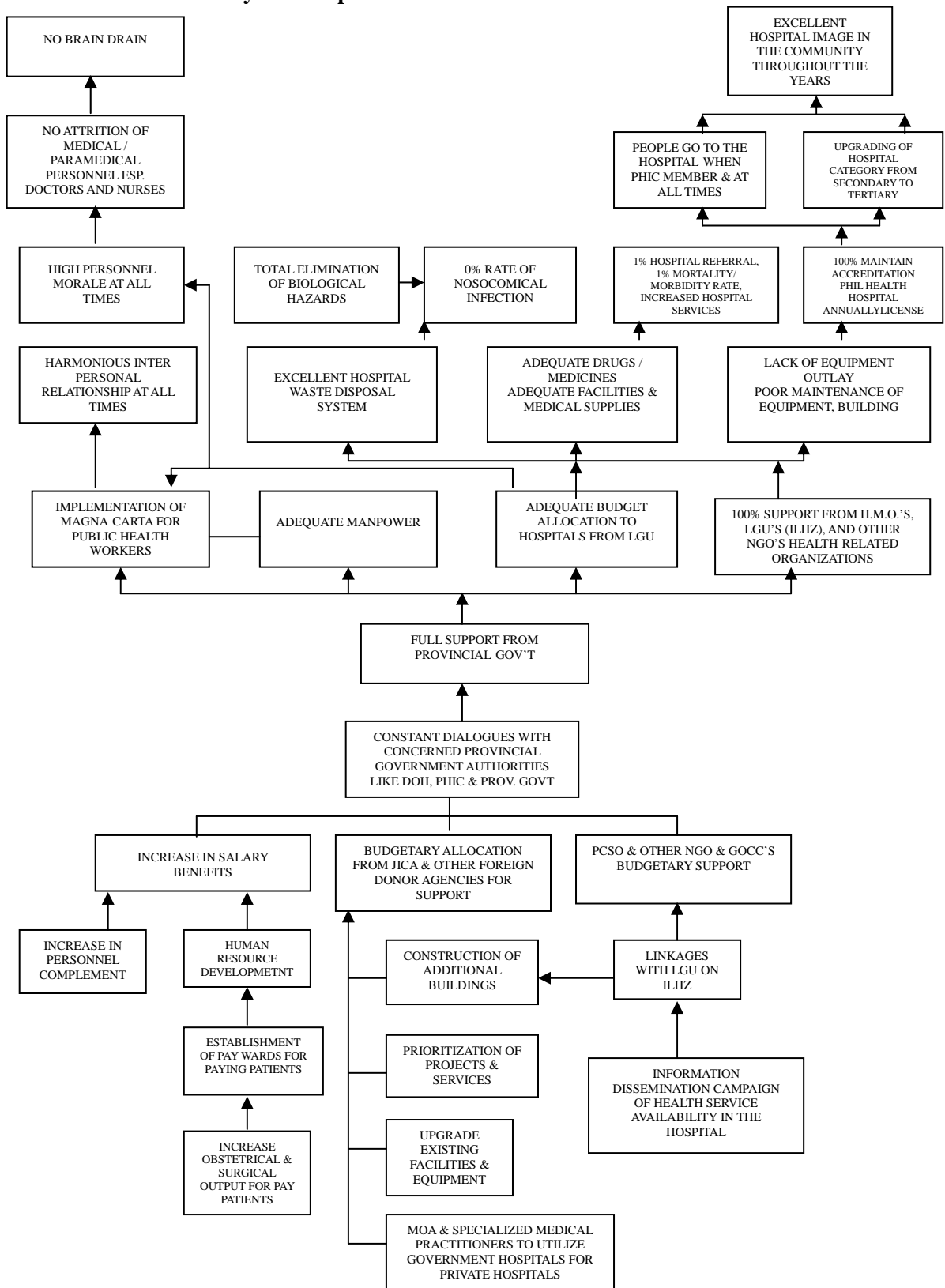


Figure 26

Alternatives Tree Analysis - Hospitals

Chapter 4 SUMMARY AND CONCLUSIONS

- There was a generally highly enthusiastic action-focused stance amongst the JICA team members and the participants. The group felt that they were able to integrate the health sectors' needs for the region through the workshop.
- In closing, appreciative remarks were given by the Director as an expression of support for the baselining project for the Health Sector. Director Bonoan, intimated that they used to have a hard time with PCM and would usually take five (5) days to finish what the team finished in a day. They were also very appreciative of the process or methodology of workshop techniques used.
- The workshop concluded at 4:30 P.M. on a high note as the facilitator narrated a story of perseverance, which inspired most of the participants.

Proceedings of the Project Cycle Management Workshop for the Baseline Project Formulating and Preparation Study for JICA's Assistance in Health Sector in Eastern Visayas

Held at the Conference Room of Center for Health Development,
Government Center Candahug, Palo Leyte, Philippines
on 03 November 2004
9:30 a.m to 4:00 p.m.

The Region VIII Health Sector Project Cycle Management (PCM) Workshop held 03 November 2004 was the third workshop for the Baseline Project formulating and Preparation Study for JICA's Assistance in Health Sector commissioned by the Japan International Cooperation Agency (JICA). The workshop accomplished the following four important activities in PCM which shall serve as inputs for Project Identification:

- h) Stakeholder Analysis; included to icebreaking
- i) Problem Analysis;
- j) Objective Analysis
- k) Project Identification.

Chapter 1 PROBLEM TREE ANALYSIS

1.1 Problem Identification

A ten-minute contest for listing down the most valid and most points- problems currently being experienced at their levels was conducted, after the moderator had given examples on how to state problems (Lecture notes are shown in Appendix E).

The following criteria were suggested for identifying the core problem in each cluster:

1. Seriousness
2. Urgency
3. Growth

An overall RATE was thought off for each problem in order to contextualize the intensity of problems and facilitate decision-making for identifying the core problem: A rating scheme was used, as shown below:

Low= 1
Med = 2
High = 3

The group that has generated the most points win the game. The won the brainstorming contest and the facilitator joked that their prize is they will definitely be the most helped, eliciting laughter throughout the hall.

1.2 Problem Tree Analysis

Stream diagnosis was lectured before participants. Upstream and downstream problems have been shown in a flow like in a river. Major problems are problems with the most incoming flows and root problems are those with the most outgoing flows.

1.2.1 Problem Tree Analysis – Convergence Site

PROBLEM ANALYSIS GROUP 1 - CONVERGENCE SITE

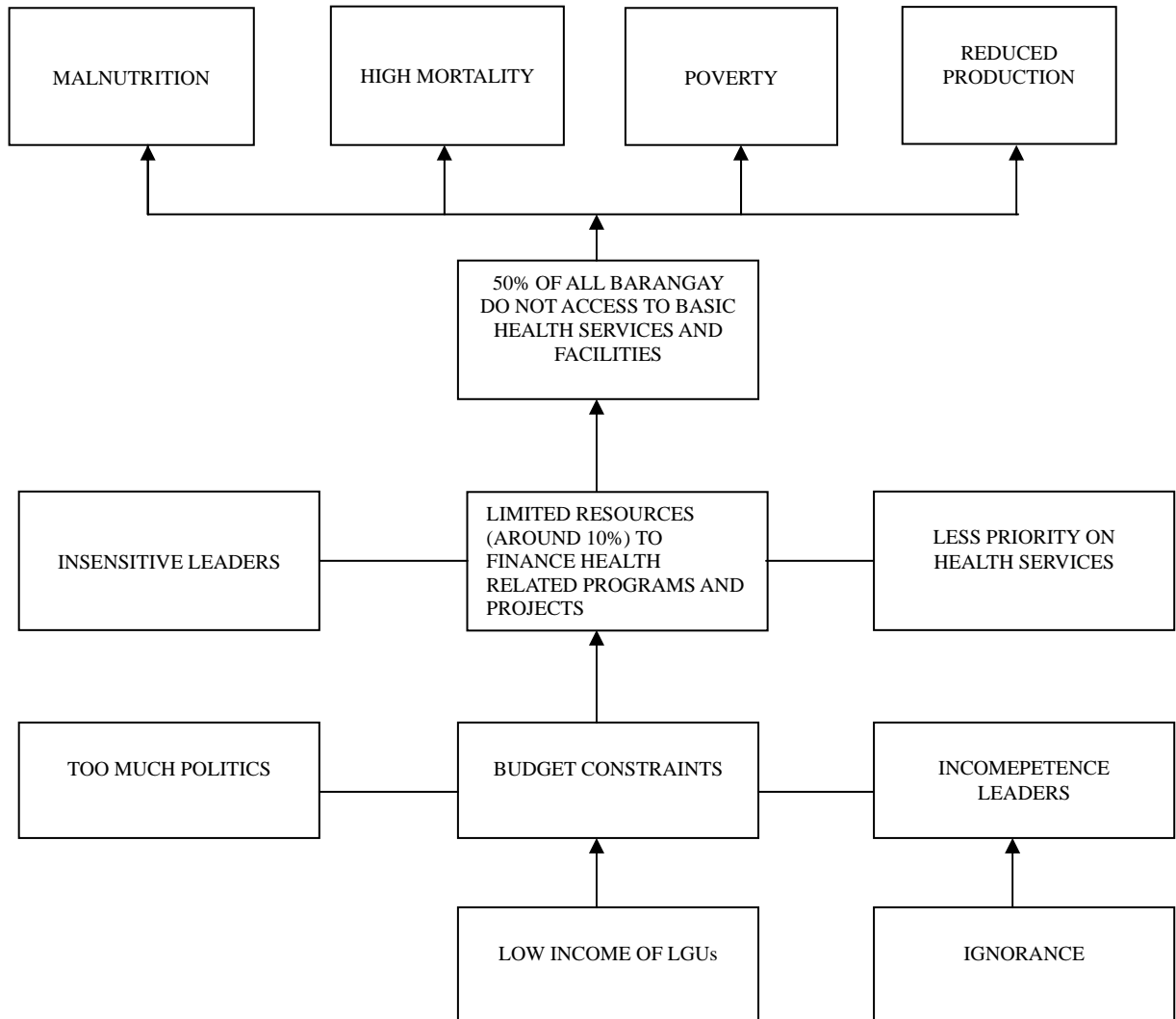


Figure 27

Problem Tree Analysis – Convergence Site

1.2.2 Problem Tree Analysis – Non-Convergence Site

PROBLEM ANALYSIS GROUP 2 - NON CONVERGENCE

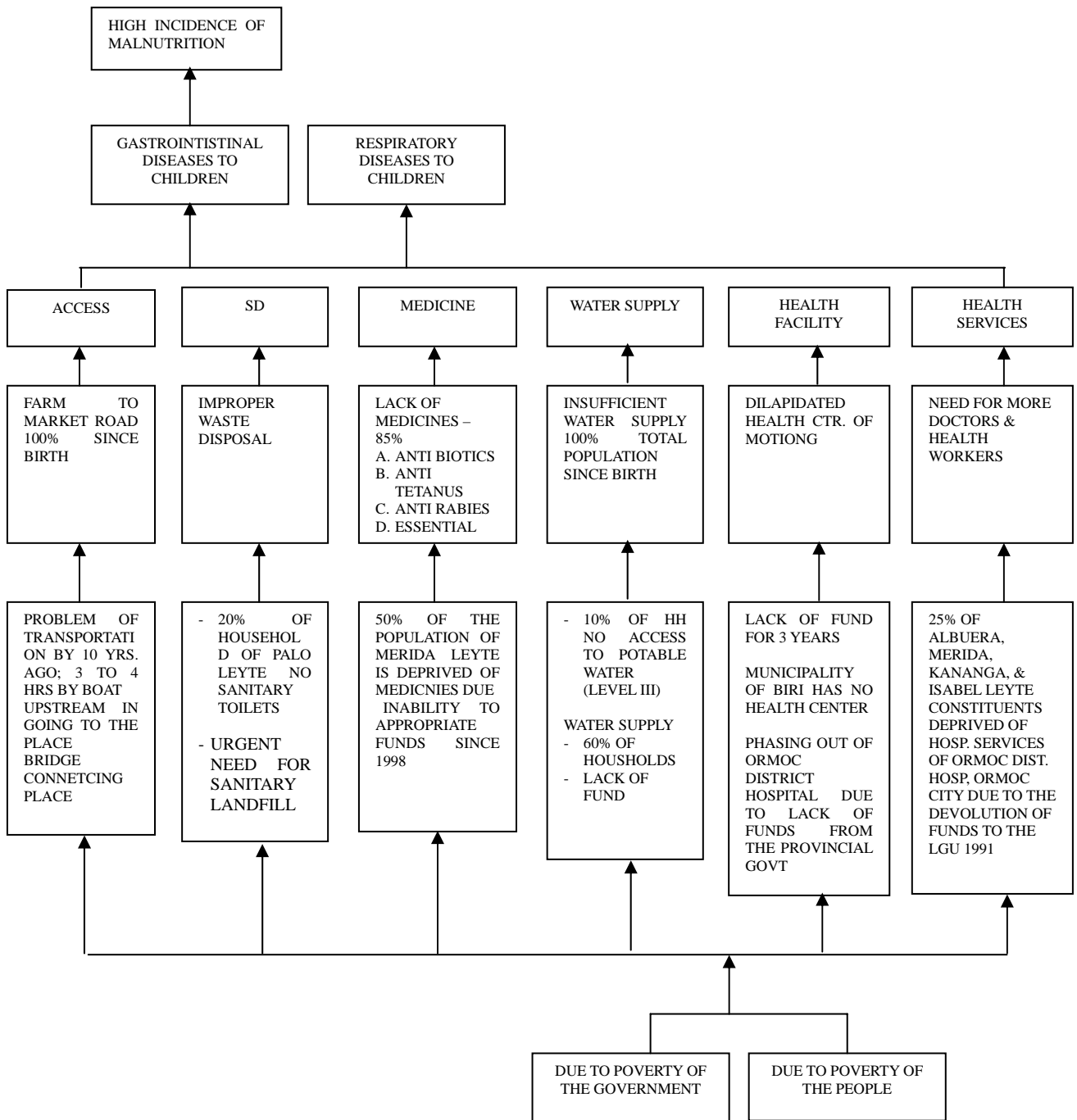


Figure 28

Problem Tree Analysis – Non-Convergence Site

1.2.3 Problem Tree Analysis - PHO/DOH REP/MHO
 PROBLEM ANALYSIS GROUP 3: PHO – DOH REP. / MHO

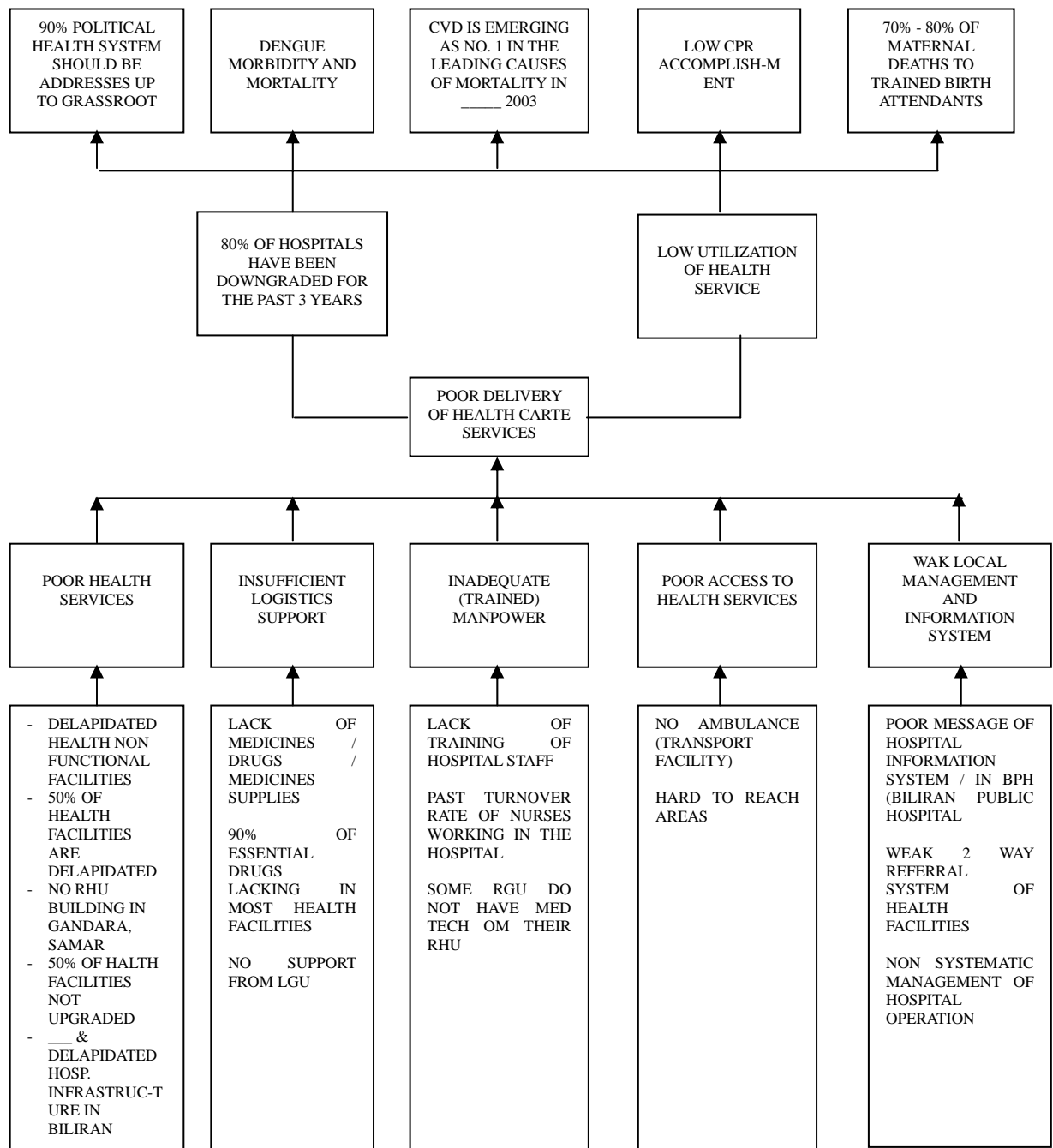


Figure 29 Problem Tree Analysis – PHO/ DOH REP / MHO

1.2.4 Problem Tree Analysis - CHD/PHIC/NEDA

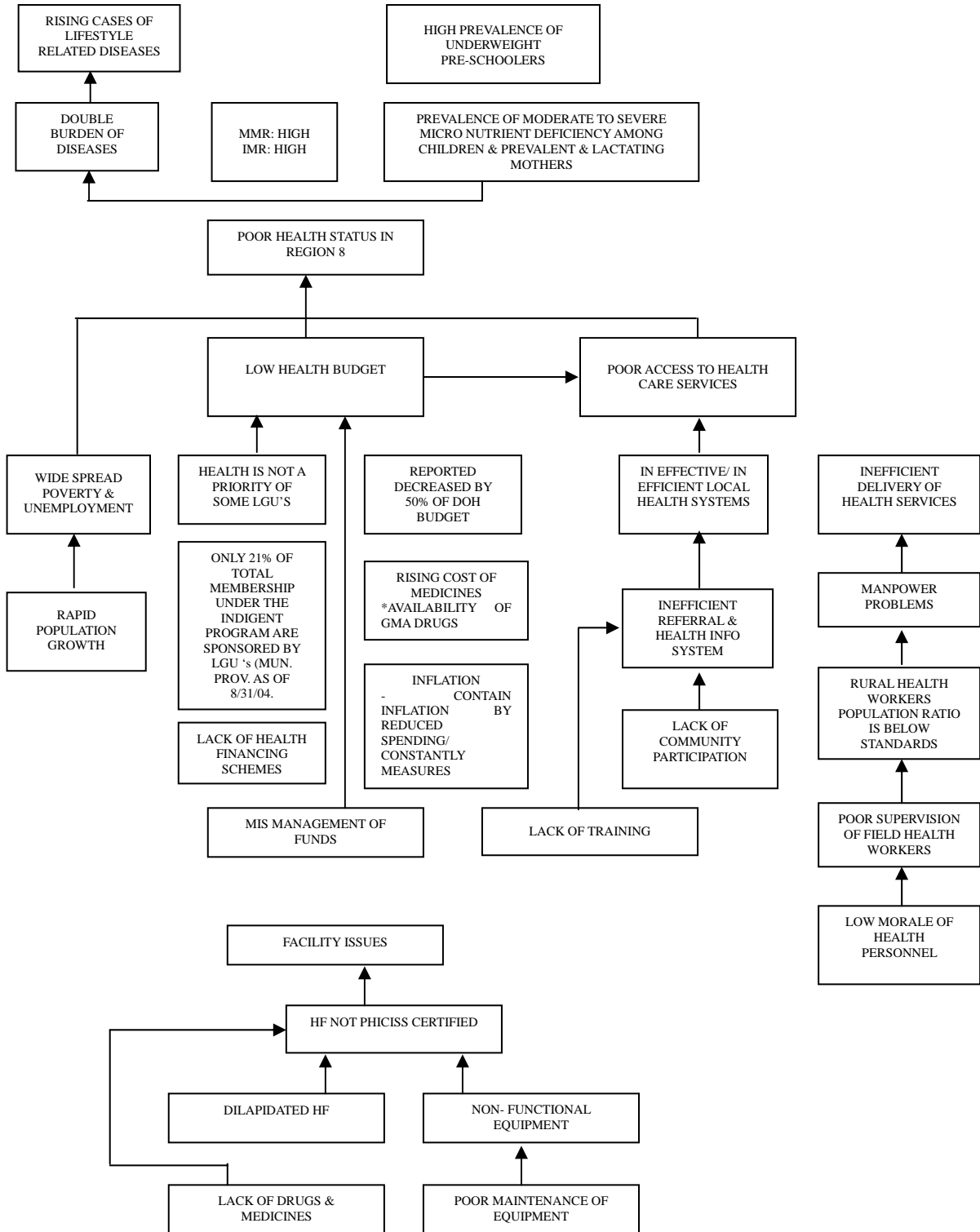


Figure 30 Problem Tree Analysis - CHD/PHIC/NEDA

Chapter 2 OBJECTIVE ANALYSIS

The negative problem statements were transformed into positive statements in order to derive the Objectives Tree.

2.1 Objective Analysis- Convergence Site

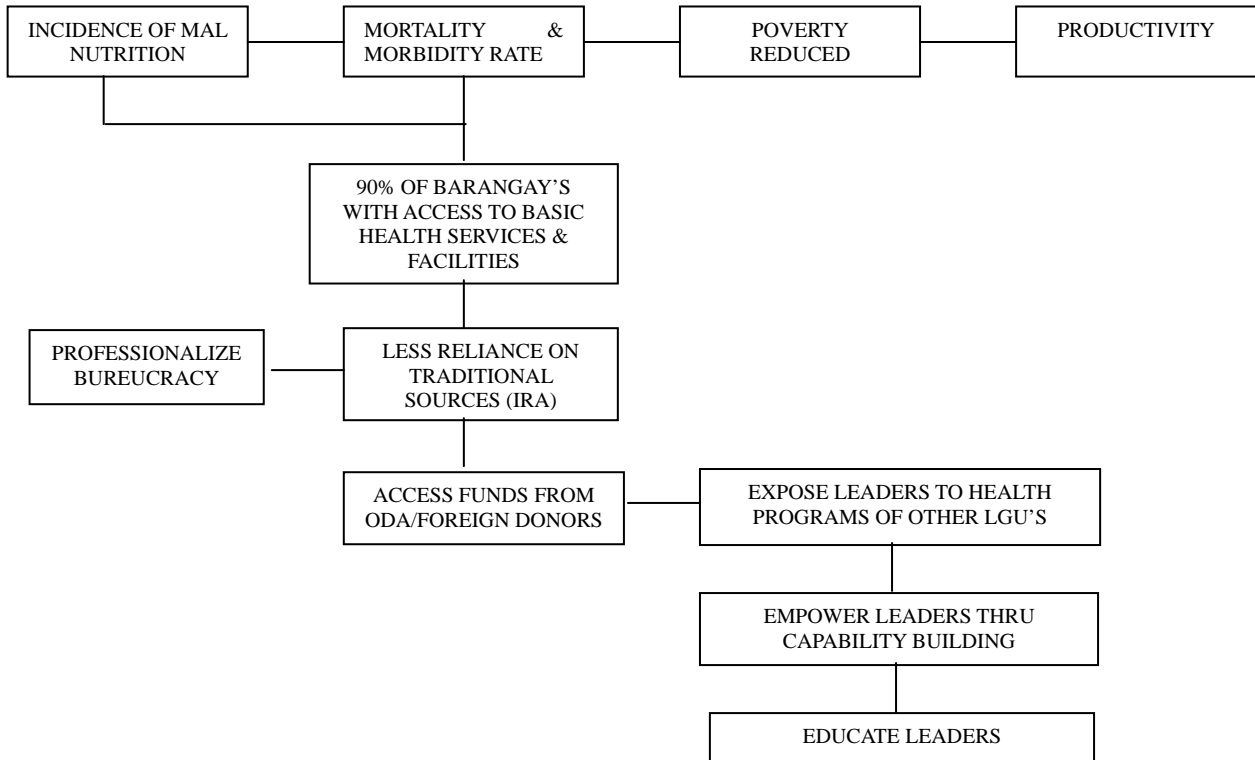


Figure 31 Objective Tree Analysis- Convergence Site

2.2 Objective Tree Analysis – Non-Convergence Site

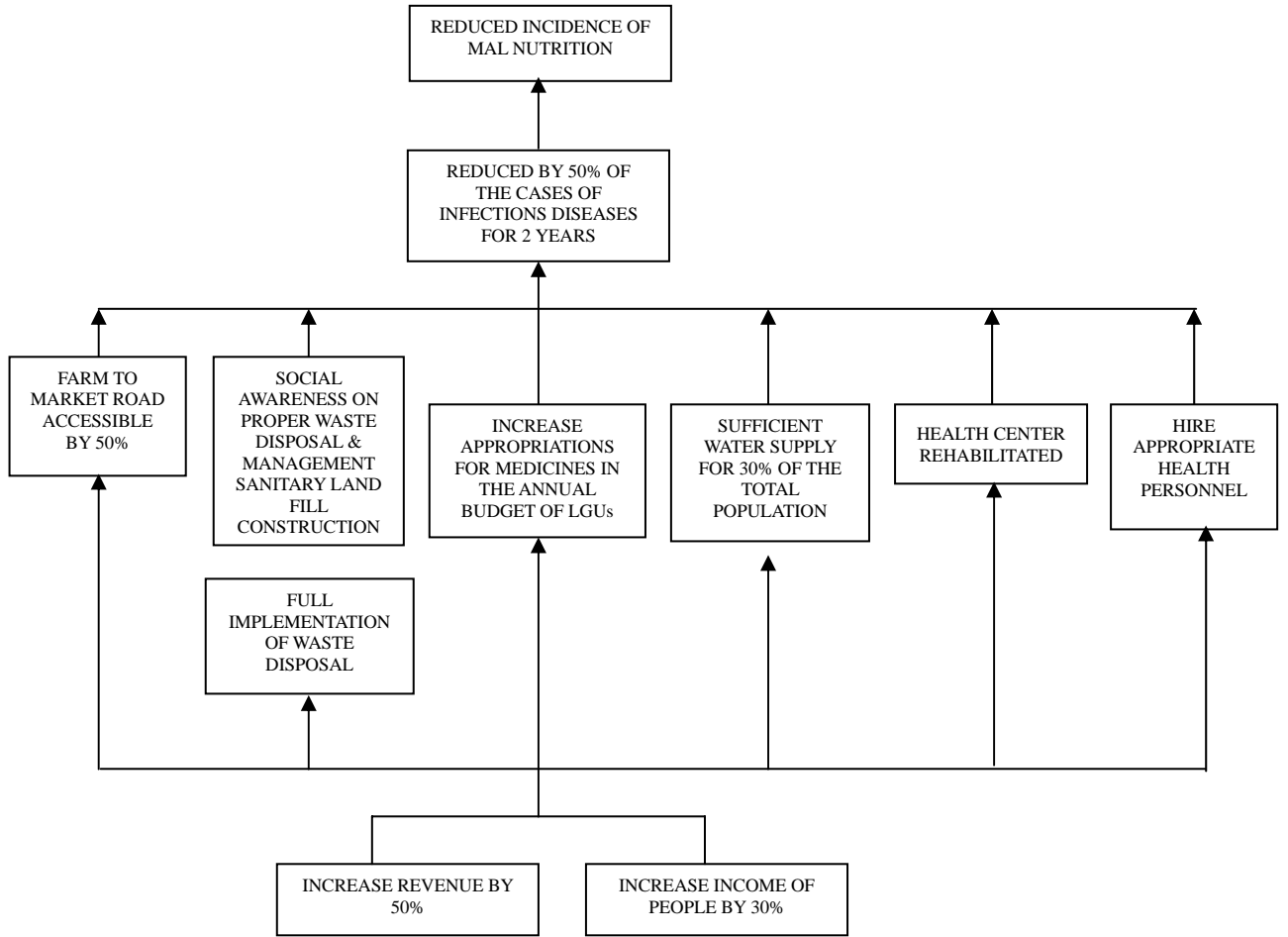


Figure 32 Objective Tree Analysis – Non-Convergence Site

2.3 Objective Tree Analysis – PHO / DOH – REP / MHO

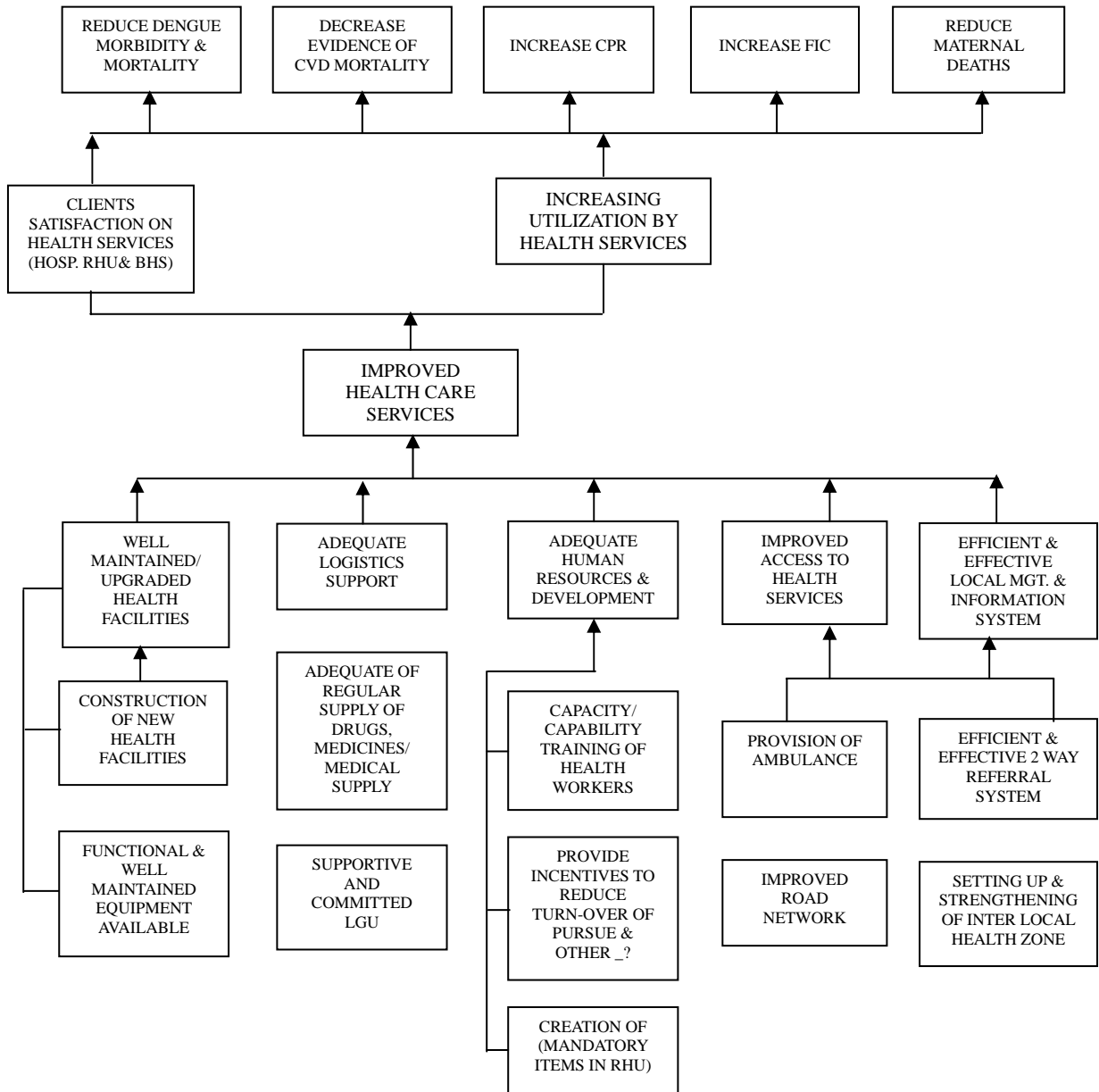


Figure 33

Objective Tree Analysis – PHO / DOH REP / MHO

2.4 Objective Tree Analysis - CHO / PHIC / NEDA

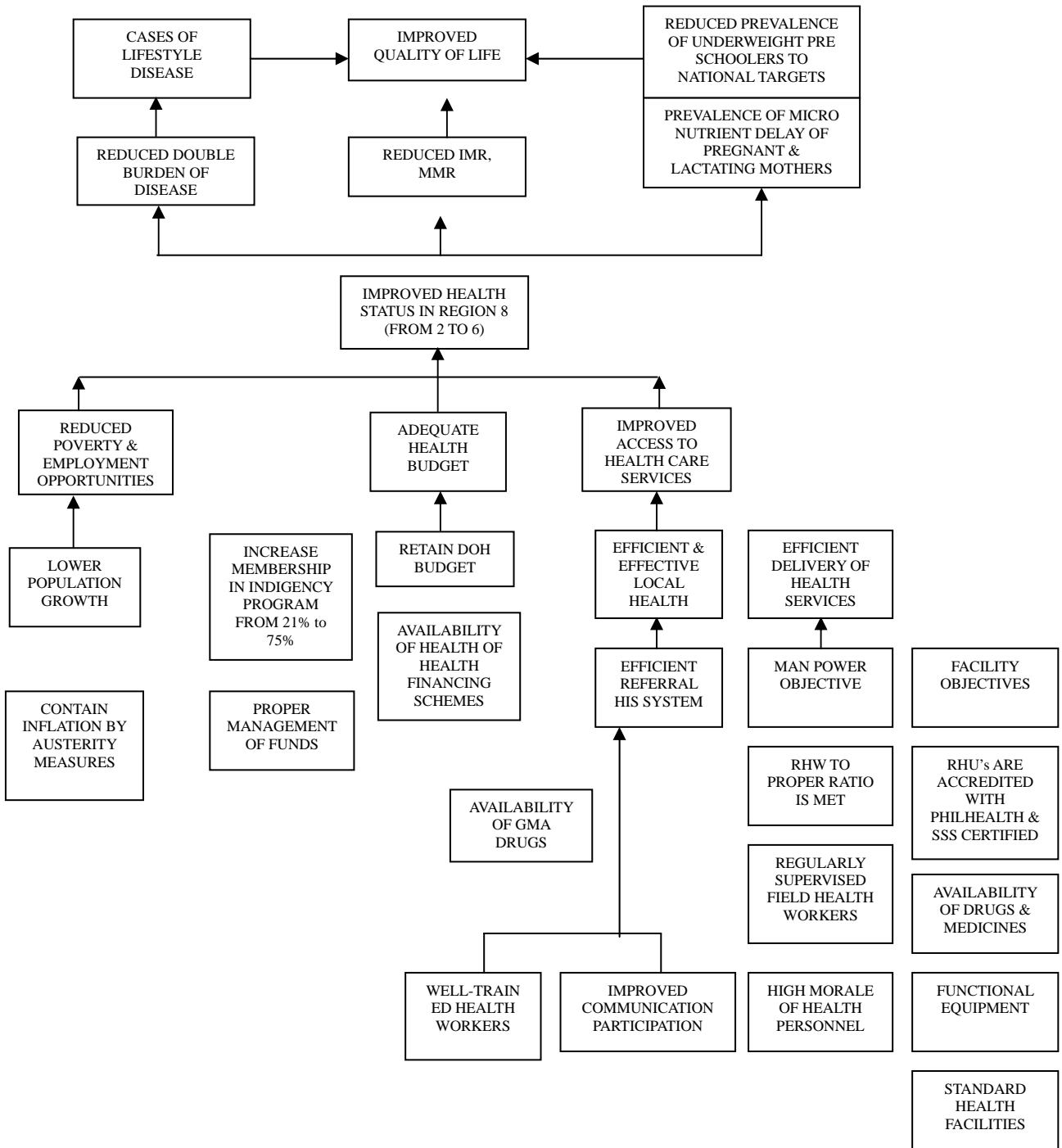


Figure 34 Objective Tree Analysis - CHO / PHIC / NEDA

Chapter 3 ALTERNATIVE ANALYSIS

The participants were reminded by the Team Leader Mr. Shuji Noguchi to focus their alternatives for this session on to the four major thrusts initially identified. The team members went around the groups to give feedback on their alternatives charts.

3.1 Alternatives Analysis – Convergence Site

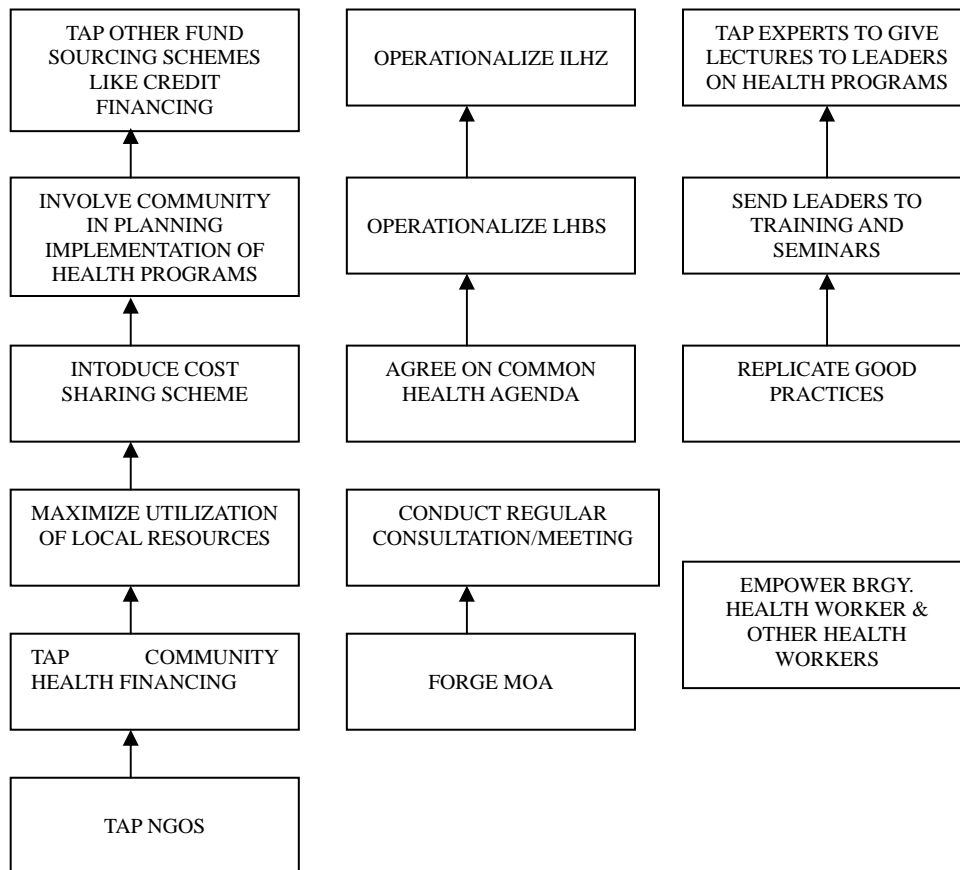


Figure 35

Alternatives Tree Analysis – Convergence Site

3.2 Alternatives Analysis – Non-Convergence Site

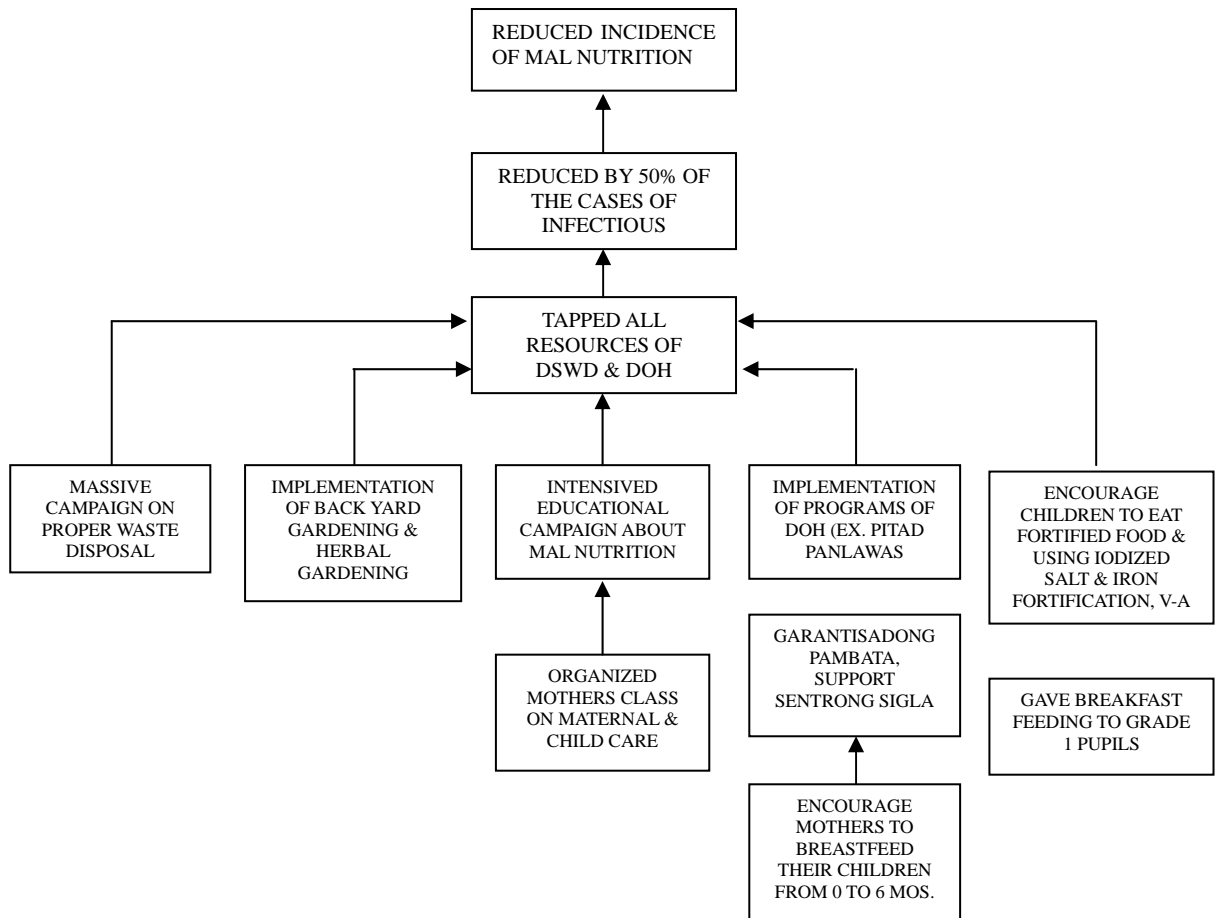


Figure 36 Alternatives Tree Analysis - Non-Convergence Site

3.3 Alternatives Analysis – PHO / DOH REP / MHO

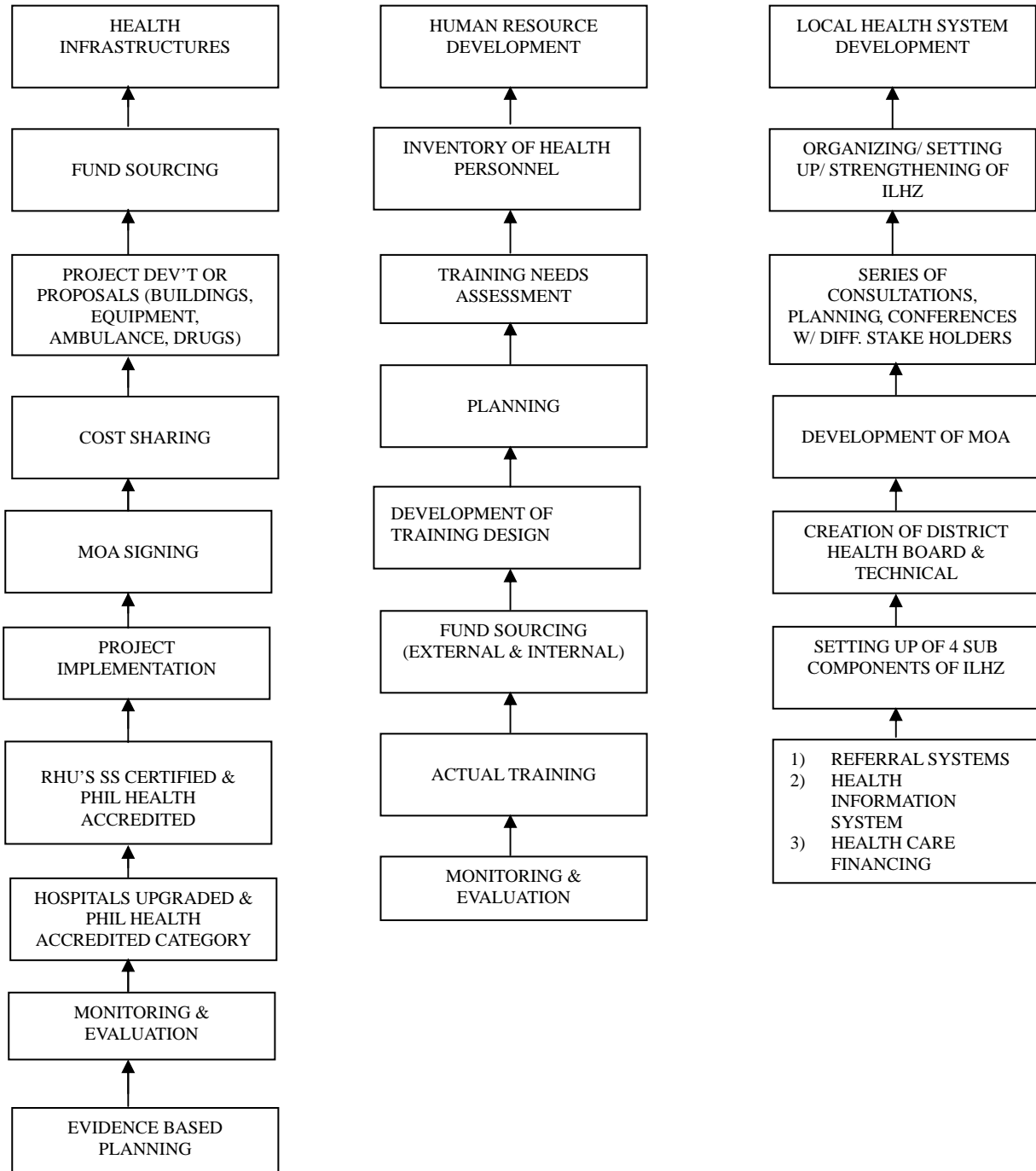


Figure 37

Alternatives Tree Analysis - PHO / DOH REP / MHO

3.4 Alternatives Analysis - CHD / PHIC/ NEDA

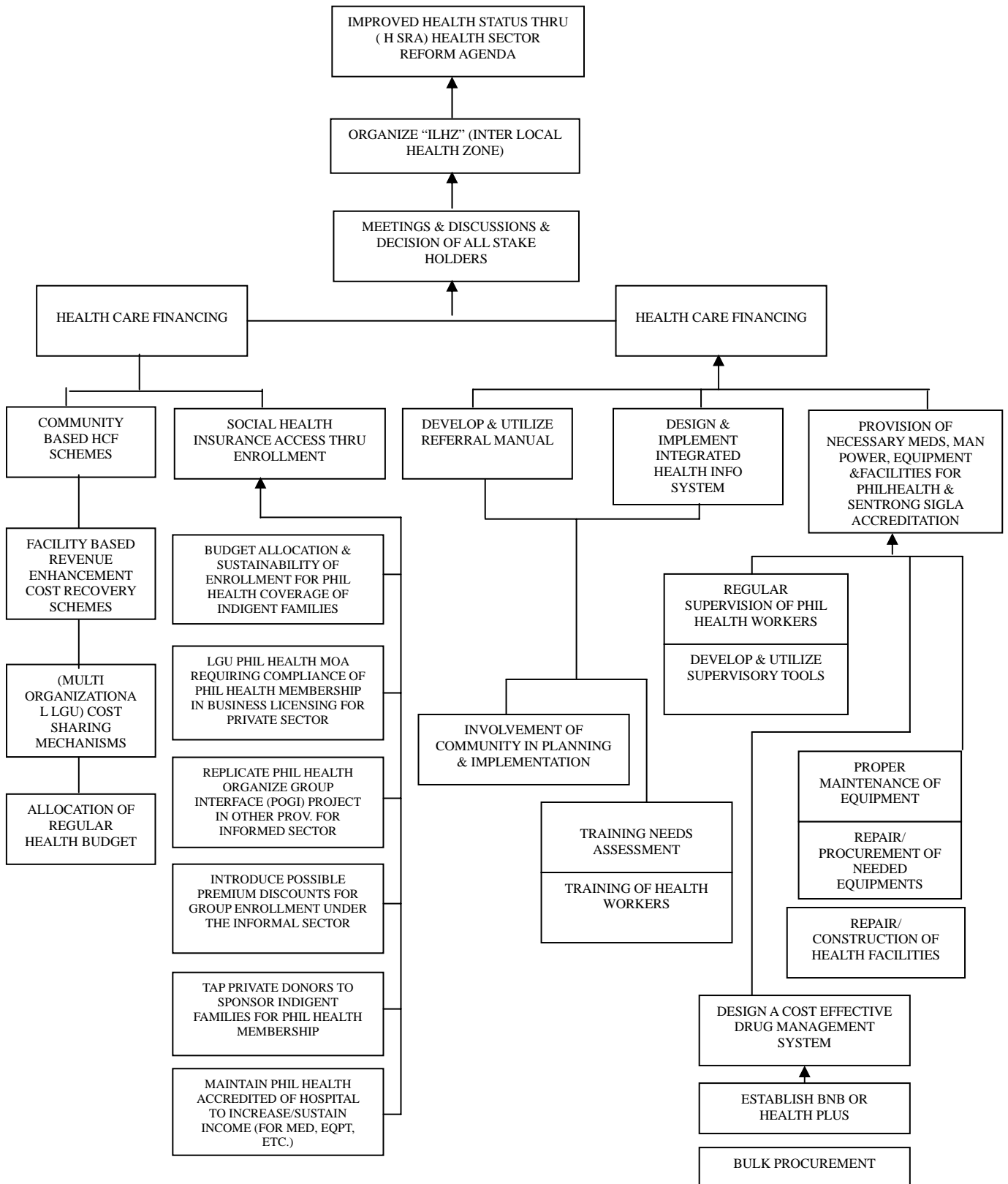


Figure 38 Alternatives Tree Analysis - CHD / PHIC/ NEDA

Chapter 4 SUMMARY AND CONCLUSIONS

- There was a generally warm and positive ambience and appreciation amongst the JICA team members and the participants. The group felt that they were able to integrate the health sectors' needs for the region through the workshop.
- In closing, appreciative remarks were given by the Director as an expression of support for the baselining project for the Health Sector. Director Bonoan, intimated that they used to have a hard time with PCM and would usually take 5 days to finish what the team finished in a day. They were also very appreciative of the process or methodology of workshop techniques used.
- The workshop concluded at 4:30 P.M. on a high note as the facilitator narrated a story of perseverance which inspired most of the participants.

Annex M: TOR for Proposed Projects

Annex M: TOR for Proposed Projects

1	Project Title	Local Health System Capacity Strengthening Project
2	Type of Assistance	Technical Assistance
3	Implementing Agency	CHDs/DOH, together with selected provincial/municipal governments
4	Goal	People, who are most in need, can access good quality of affordable health services
45	PurposeObjective	To strengthen local health system for effective, efficient, equitable and sustainable health service delivery through the HSRA implementation.
56	StrategiesObjectives	<ol style="list-style-type: none"> 1. To create baseline data for rational decision making. 2. To ensure commitment from LCEs and other all stakeholders including health workers on the HSRA and the Project itself for health reform 3. To formulate integrated provincial health development plan. 4. To improve priority public health service quality and coverage. 5.4. To improve local health system institutions. 6.5. To improve local health system infrastructure. 6. To improve priority public health service quality and coverage. 7. To improve progress monitoring and on-site supervision. 8. To ensure sustainability of good practices
76	Activities	<ol style="list-style-type: none"> 1. To create baseline data for rational decision making <ol style="list-style-type: none"> (1) Facility (SS certification, PhilHealth accreditation, DOH license, staff, travel time and catchment population, census reports including level of utilization, etc.) (2) Skills level (training needs assessment) (3) Financial capacity (direct subsidy, PhilHealth, community health insurance etc.) (4) Procurement system (index drug price, etc.) (5) Health services outside facilities such as Botica Binhi, drug stores, TBAs, community health activities (6) Demographic, economic and socio-cultural profiles (7) Mortality and morbidity reports (Epidemiology) (8) Political affiliation of LGUs (9) Rapid assessment in communities to identify their needs 2. To ensure commitment from LCEs and other all stakeholders including health workers on the HSRA for health reform <ol style="list-style-type: none"> (1) Orientation and advocacy targeting LCEs (2) Promotion of supportive local ordinances(2) (3) Study tours and other exchange programs with advanced convergence sites (3) Health summit (4) Promotion of supportive local legal mandates (5) MOA signed by LCEs (6) Community mobilization 3. To formulate integrated provincial health development plan. 3. Rational local health system planning <ol style="list-style-type: none"> (1) Convergence workshop (2) Special planning of ILHZs and health facilities, rational identification of strategic facilities for upgrading (3) HRD planning (4) Development of integrated health planning system

		<p>(1) EPI & cold-chain management (2) ECCD including growth/development monitoring and counseling (3) Micronutrient supplementation (4) IMCI (5) IMPAC (PCPNC) (6) FP (7) DOTS (8) Others (Control measures for endemic diseases such as malaria, filariasis, rabies, STHs, HIV/STIs, IEC for health promotion, etc.) (9) Development of integrated manuals for health workers in RHUs and BHSs</p> <p>45. To improve local health system institutions. Institutional development</p> <p>(1) ILHZ development, with functioning ILHZ board and technical management board, and resource sharing, clear financial mechanism and private sector involvement through MOA and issuance of an Executive Order or Resolution on the organization of the ILHZ (2) Health insurance coverage expansion (eg. enrollment by organized groups, social marketing, IEC activities for beneficiaries) and promotion of PhilHealth accreditation (OP, maternity and DOTS center) of health facilities (3) Hospital and RHU management improvement through training and fiscal autonomy promotion through user fees, income retention, improvement of billing and collection system and patient classification, invitation of private doctors etc. (4) Health facility quality improvement through functioning quality assurance committee, 5S activities etc. (5) Drug management and procurement improvement through establishment of therapeutic committee and development of provincial drug formulary, PDI, bulk procurement, cooperative pharmacy, Revolving Drug Insurance Funds(RDIF), Health Plus, revolving funds, Botica Binhi (65) Development and establishment of two-way referral system from communities to hospitals and referral manual, and training on the referral system Promotion of use of properly fortified food (eg. iodized salt) (76) ILHZ management information system through simplification of recording and reporting system</p> <p>65. To improve local health system infrastructure for Sentrong Sigla and PhilHealth accreditations. (1) Development of unified inventory and Pprovision of essential equipment (2) Repair and renovation of facilities</p> <p>6. To improve priority public health service quality and coverage, such as follows. (1) EPI & cold-chain management (2) ECCD including growth/development monitoring and counseling (3) Micronutrient supplementation (4) IMCI</p>
--	--	---

		<p>(5) IMPAC (PCPNC)</p> <p>(6) FP</p> <p>(7) DOTS</p> <p>(8) Environmental and sanitation program</p> <p>(9) Others (Control measures for endemic diseases such as malaria, filariasis, rabies, STHs, HIV/STIs, IEC for health promotion, etc.)</p> <p>(10) Development of integrated manuals for health workers in RHUs and BHSs by using the current manuals²⁾</p> <p>7. To improve progress monitoring and on-site supervision Monitoring and supervision</p> <p>(1) Development of monitoring indicators</p> <p>(2) Improvement of Pperiodical data collection by using the current system²⁾ and dissemination and feedback, including lessons learned</p> <p>(3) Periodical monitoring visits to service delivery points and on-site supervision</p> <p>8. To ensure sustainability of good practices</p> <p>(1) Legal mandate through Executive Orders and Resolutions</p> <p>(2) Establishment/development of momentum through proper and timely implementation of the above activities, which cannot be reversed</p>
--	--	---

1	Project Title	Strengthening the Delivery of Quality Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC) in Selected Inter-Local Health Zones (ILHZ)
2	Type of Assistance	Technical Assistance
3	Implementing Agency	NCDPC/DOH, together with selected provincial/municipal governments
4	Purpose	To strengthen capacity of selected inter-local health zones in two (or three?) regions to provide quality pregnancy, childbirth, postnatal and newborn care in a sustainable manner, with supportive technical and policy guidance from DOH.
5	Objectives	<p>9. To strengthen DOH capacity for technical guidance and program monitoring for quality PCPNC.</p> <p>1-1. To consolidate technical and policy guidelines on quality PCPNC.</p> <p>1-2. To establish effective training system for quality PCPNC.</p> <p>1-3. To improve progress monitoring and supervision for quality PCPNC.</p> <p>10. To strengthen service delivery capacity of selected ILHZs (provincial and municipal governments) for quality PCPNC.</p> <p>2-1. To create baseline data for PCPNC planning in selected ILHZs.</p> <p>2-2. To ensure commitment from local chief executives (LCEs) and health care providers for quality PCPNC in selected ILHZs.</p> <p>2-3. To formulate rational development plan for quality PCPNC as integral part of provincial health development plan in selected ILHZs.</p> <p>2-4. To improve health care provider skills to ensure quality PCPNC delivery in selected ILHZs.</p> <p>11. To strengthen supportive environment in communities in selected ILHZs for quality PCPNC.</p> <p>3-1. To create awareness among communities about the need for quality PCPNC in selected ILHZs.</p> <p>3-2. To create community support for quality PCPNC in selected ILHZs.</p>
6	Activities	<p>1-1. To consolidate technical and policy guidelines on quality PCPNC.</p> <p>(1) Review and revision of existing technical guidelines</p> <p>(2) Review and revision of existing policy guidelines</p> <p>1-2. To establish effective training system for quality PCPNC</p> <p>(1) Selection of candidate institutions for BEmOC training in Luzon, Visayas and Mindanao regions</p> <p>(2) Training of trainers (TOT) for selected institutions</p> <p>(3) Provision of essential training equipment for selected institutions</p> <p>(4) Facilitation of regular implementation of BEmOC training</p> <p>(5) Review and revision of existing training modules and materials</p> <p>1-3. To improve progress monitoring, supervision and dissemination of quality PCPNC</p> <p>(1) Development of standardized monitoring indicators</p> <p>(2) Periodical data collection and dissemination of lessons learned</p>

		<p>(3) Development of supervisory manuals for PHOs</p> <p>2-1. To create baseline data for PCPNC planning in selected ILHZs</p> <ul style="list-style-type: none"> (1) Situation analysis using EmOC assessment tool (2) Travel distance, accessibility and catchment analysis of health facilities (3) Maternal death review <p>2-2. To ensure commitment from local chief executives (LCEs) and health care providers for PCPNC in selected ILHZs</p> <ul style="list-style-type: none"> (1) LCEs orientation and advocacy (2) Advocacy for PhilHealth maternity package accreditation of hospitals and RHUs (3) Study tours and other exchange programs among ILHZs <p>2-3. To formulate rational development plan for quality PCPNC as integral part of provincial health development plan in selected ILHZs</p> <ul style="list-style-type: none"> (1) Review of integrated provincial health development plan (or HSRA implementation plan) and ILHZs formulation plan (2) Identification of potential CEmOC and BEmOC facilities (3) Formulation of training plan, according to the level of facilities (4) Identification of non-emergency obstetric care training institutions/trainors in the area <p>2-4. To improve health care provider skills to ensure quality PCPNC delivery in selected ILHZs</p> <ul style="list-style-type: none"> (1) BEmOC training for selected referral facility staff (2) Non-emergency obstetric care training for first-line facility staff (3) Periodical monitoring visits to service delivery points and on-site supervision, including management support <p>3-1. To create awareness among communities about the need for quality PCPNC in selected ILHZs (in partnership with NGOs or JOCV)</p> <ul style="list-style-type: none"> (1) Community diagnosis using participatory methodologies (2) Community IEC campaign <p>3-2. To create community support for quality PCPNC in selected ILHZs</p> <ul style="list-style-type: none"> (1) Community mobilization (eg., organized support for mothers, community financing and resource sharing for emergency transportation, etc.) (2) Involvement of BHWs and TBAs in the delivery of non-emergency obstetric care and community referral
--	--	--

