

DOH-ARMM

2013 ANNUAL ACCOMPLISHMENT REPORT

The over-all goal of DOH-ARMM is to improve the final health outcome of its populace, especially the Marginalized, deprived, disadvantage. Underprivileged and poor in the following years and beyond in consonance with the Millennium Development Goals (MDG).

Last December 16, 2010, His Excellency, President Benigno Simeon C. Aquino III issued Administrative Order No. 0036 known as "The Aquino Health Agenda: Achieving Universal Health Care for all Filipinos". The Priority Direction of the Universal Health Care is to ensure that all Filipinos have equitable access to effective health care services. In order to achieve the UHC Goals; To Have better outcomes, more responsive health system and equitable health care financing , three (3) strategic thrusts are being considered ; 1) Improve Financial risk protection through improvement of in NHIP benefits delivery, 2) Achieve health-related Millennium Development Goal and 3) Improve access to quality health care facilities.

The Universal Health Care is popularly known as "Kalusugang Pangkalahatan" or the KP Program. This Program has six (6) components namely:

1. Health Financing
2. Health Service Delivery
3. Health Human Resources
4. Health Regulation
5. Health Information
6. Good Governance

Health Financing:

The Objective of Health Financing is to increase resources for health care that will be effectively allocated and utilized and will improve financial risk protection. Under this component, DOH –Manila /ARMM in accordance with PRO-ARMM and with the support of some LCEs was able to enrol 517,501 poor/indigent in Philhealth. We have twenty six (26) Government hospitals and eleven (11) private hospitals which out of 37 hospitals 34 are

Philhealth accredited. Out of 105 RHUs in ARMM, Ninety One (54) RHUs/BHS are Philhealth Accredited 3 in 1, (54) MCP, (94)PCB 1 and (75) TB-Dots accredited.

Health Service Delivery:

Health Service Delivery is composed of the four (4) Clusters namely: Family Health Cluster, Infectious Disease Cluster, Non-Communicable Cluster & Regulations, Licensing and Enforcement Cluster. It aims to transform the health service delivery structures to address variations in health services utilization and Health outcomes across socio-economic variables.

The existing health programs and available services in ARMM attain limited reach and coverage a big proportion of to population has a poor access to the available health service. There is a poor health seeking behaviour among target population due to low awareness, cultural beliefs and practices, geographical isolations, difficult transportations and extreme poverty. But despite the fact that out of 2,475 Barangays only 445 or have Barangay Health Station, the Department of health through the HFEP and TISF Project Constructed (Ongoing) 211 BHS, out of 211, 36 are completed and 8 was Renovated. 69 RHUs Constructed, 12 RHUs Renovated, our health workers were able to provide health services to remote barangays with the aide of MECA project, RHMPP,RN Heals/NDP Project and Doctors To The Barrios (DTTB).

I. FAMILY HEALTH CLUSTER

II. INTRODUCTION AND BACKGROUND:

- ❖ The Family Health Cluster particularly concerned on achieving the Millennium Development Goals (MDGs) 1, 2, 3, 4 and 5 and also popularly known as Maternal, Neonatal and Child Health Nutrition (MNCHN) strategy. The Family Health Cluster focused on several health programs such as Reproductive Health and Family planning, Gender and Development, Maternal Health, Newborn Screening Programs, Child Health, Expanded Immunization Program, Adolescents Health & Development Program, Dental and Nutrition. The Human Resources are one (1) Doctor, four (4) nurses, nutritionist and the Health Promotion officer (shared with the other division). This year is a challenging year for the division because of the conduct of FPCBT training for newly hired MECA

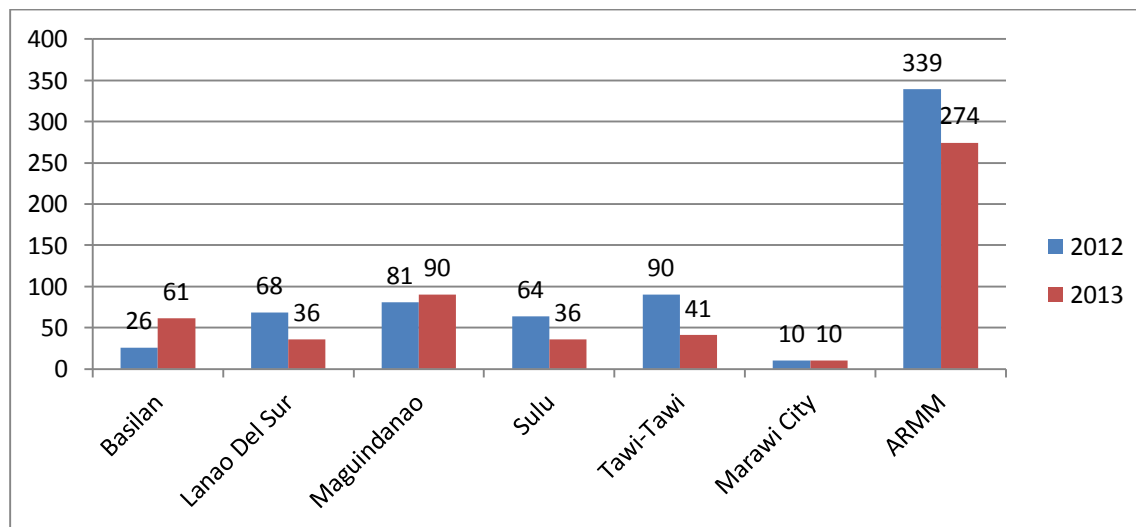
and deployment of newly hired Nurses under Nurse Deployment Program (NDP).

DOH ARMM recognizes and prioritizes:

1. Focus on demand side particularly on education and counseling of men and women of reproductive age on all aspects of Family Planning;
2. Investing in advocacy activities to encourage women to decide to deliver in health facilities;
3. Improve the quality of service delivery remains also a priority of the department.
4. Other priorities: NHTS/CCTs, FP commodities, Capacity building, Outreach, Culture friendly IEC campaign.

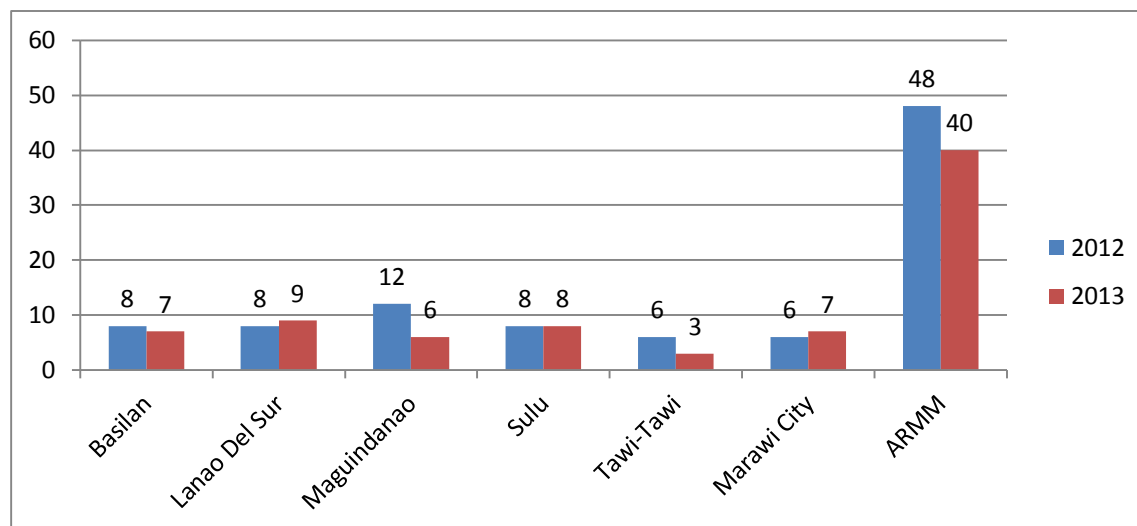
III. The 2013 Health Indicators:

a. Infant Death



The Figures shows above that there is a decrease of infant mortality from 339 (4.75%) in 2012 to 274 in 2013 (3.51%) or 3.55% lower. Maguindanao is the highest infant death (90 cases) and Marawi City is the lowest infant death (10 cases).

B. Maternal Death



The figure shows that there is a decrease of Maternal Mortality rate from 48 in 2012 to 40 in 2013 or a decrease of 0.16%. Lanao del sur has the highest MMR and Tawi-Tawi has the lowest MM

e. Maternal Care Program:

Program, Projects, and Activities	Physical Accomplishment				
	2011 Accom.	2012 Accom.	2013		
			Target	Acc. as of Dec. 31	%
Maternal Health					
1. Prenatal Visits w/4 or more Prenatal Visit	51%	52%	137,442	69,018	50.22%
2. 2 PP Visits	57%	50%	117,807	53,456	45.38%
3. SBA	55%	57%	Actual	46,309	59.3%
4. FBD	17%	24%	Actual	20,628	25.98%

In maternal care, **4 or more prenatal visits** means that at least one visit occur during the first trimester, one during the second trimester and at least 2 visits during the third trimester. If visits occurred outside the catchments RHU, that visit should be counted as part of the minimum requirements.

The figure above shows a decrease of 1.78 %. With regards to the provinces/city, Lanao del sur has a highest accomplishment 72.11% and Basilan has the lowest accomplishment for Pregnant Women w/4 or More PN visits. With regards to the Data on Pregnant Women given TT2 plus, again relatively shows a decrease of 24.62 % compared to 2012, the data presented is.

SBA had slightly increased due to availability of MECA in the area. Likewise the FBD had slight increase only. Most mothers still prefer to deliver in their home (39.8%). There is an increase no. of facilities accredited to Phil Health contributing to increase FBD but advocacy should be strengthened in the importance of FBD/SBA. Mobilization of CHT should be strengthened to increase the FBD/SBD. Funding support should be available (there was a MNCHN fund downloaded last 2010 w/c was never been followed up to this date)

f. Child Care

Infants are considered Fully Immunized Child when one received 1 dose of BCG, 3 doses each of OPV, DPT, Hepatitis B and 1 dose of anti-Measles vaccine before reaching one year old. **FIC** is an overall program indicator to assess the proportion of full complement of immunization during the first year of life.

In 2012, Fully Immunized Children in ARMM are 52.41%, 6% in 2010 & 60% in 2011.

Program, Projects, and Activities	Physical Accomplishment				
	2011 Accom.	2012 Accom.	2013		
			Target	Acc. as of Dec 31	%
Child Health					
1. FIC	60% (60,711)	53% (54,223)	95%	59,114	55.75%
2. NBS REFERRED NBS Screened	32% 15.30% (1,805)	34% 19.40 % (3,123)	95%	20,043 5,115	30% 31.78%
3. EBF	82% 50,788		85%		82%

Based on 2013 target for routine immunization, if we compare by Province by antigen, Sulu had the biggest number of children unimmunized on basic Immunization antigen. The decrease coverage in DPT123 and HepaB123 were due to introduction of Pentavalent vaccine. Provinces with high defaults rate on OPV are Basilan, Tawi-Tawi, Marawi City and Sulu. All of the provinces were not

able to reach the 45% Hepa birthdose coverage due to Cold chain capacity at BHS & RHU level were not enough due to electricity problem. Support from the local leaders is not enough to mobilized vaccinators to GIDAS. Security of health workers in conducting basic services especially immunization were hampered due to peace and order situation (Sulu & Basilan). No regular transportation in going to far flung barangays. It entails a lot of financial resources. The regular TEV of health workers ranges to 300 to 500 per month only. There was delayed submission of EPI report resulting to delayed intervention.

FOR NBS: there is a very low accomplishment .In 2011, the newborn screening coverage in ARMM is only 16% with 1,805 total no. of newborn screened out of 16,094 livebirths based on NSO 2008, then it increased to 20% in the year 2012 with 3,123 newborn screened. For 2013 NBS Referred for screening is 20,043 with an average of 30% and 5,115 NBS screened, the coverage is already 31.78%. Based on the 2011-2013 performance per province, Lanao del sur has the highest number of NBS samples while Basilan has the lowest number of NBS samples. Philhealth accreditation is affecting the accomplishment. In LDS the health facilities are almost Philhealth accredited.

EBF: The advocacy on exclusive breastfeeding has been strengthened from 2010 to present. The participation of Ulama's are very significant, they express the importance of breastfeeding as this is a divine act as well mentioned in the quran. Capability building on IYCF for nurses and midwives at the municipal level in 2012 is almost 100% for all the provinces thru fundings from national nutrition council. The implementation of CMNC (comprehensive maternal and newborn care) and EINC (essential intra-partum newborn care) also made a contribution promoting initiation of breastfeeding within 90 minutes and exclusive breastfeeding for 6 months.

Based on ARMM Return rate for elevated cases, G6PD deficiency is the most common case found in our region.

Family Planning: there is an increasing accomplishment but only a minimal due to lack of FP logistics & supplies for the none downloading of MNCHN funds since 2011. For the unmet need cultural beliefs that having many children is a treasure to the family.

g. Family Planning

Program, Projects, and Activities	Physical Accomplishment				
	2011 Accom.	2012 Accom.	2013		
			Actual Target	Acc. as of Dec 15	%
4. Family Planning					
4.1. Current Users	94,206	101,235		91,473	
4.2. New Acceptors	56,820	62,458		13027	45%
4.3 CPR	20%	21%	60% 483,990	118,586	39%
4.4. Unmet Needs			50%	28,804	

IV. Highlights of the Program Implementation

Maternal , Neonatal and Child Nutrition Strategy

- ❖ **The Reproductive Health Care Act of 2012 for the ARMM, Muslim Mindanao Autonomy Act No. 292**
 - to protect the rights and welfare of women and children, to carry out programs on family planning/MNCHN and providing funds to carry out these programs.
- ❖ **The Free Birth Registration Act of 2012 for the ARMM, Muslim Mindanao Autonomy Act No. 293**
 - to have free registration of all births in ARMM.
- ❖ **Fatwa on Family Planning: Muftis and Alima as influential/champions in Behavioral Change Communication (BCC)**
- ❖ **Presence of development agencies (USAID, UNFPA, UNICEF, UNDP, UNHCR, OCHA, EU and other CA partners)**
- ❖ **ARMM policies AMSTL, LAPM, and the National policies A0 2010-2014 –life – saving drugs by midwives are useful to enhance effectiveness in the scaling-up geographically and intensity in the delivery of existing health services**
- ❖ **600 hired MECA (Midwife in Every Community of ARMM);**

- ❖ **Strengthening DOH ARMM in partnership with MindanaoHealth-USAID/JHPIEGO to provide TA for local MNCHN/FP operations in the context of KP**
 - Scaling up MNCHN-FP Service delivery
 - Improve demand generation through increased and improved messaging for MNCHN/FP
 - Removal of policy and system barriers in the local MNCHN / FP operations
- ❖ 769 new nurses under Nurse Deployment Program by DOH ARMM
- ❖ Training on Caring for Mothers and Newborn in the Community (CMNC) for MECA on AMTSL and ENC.
- ❖ 146 trained midwives out of 300 target (Basilan, Lanao Sur, Marawi and Maguindanao)
- ❖ 50 MECA trained on FPCBT1 (Maguindanao)
- ❖ Trained 12 HSP on PPIUD (BASulTa)
- ❖ LAPM by itinerant Team:
- ❖ 15 BTL in Maguindanao
- ❖ 12 BTL in Basilan
- ❖ Profiling of CHTs on going by DOH ARMM
- ❖ 52 CHT members trained on CMNC in Lamitan City
- ❖ Buntis Congress (CCTs)
- ❖ 320 pregnant mothers (CCTs) in Maguindanao
- ❖ 106 pregnant mothers (CCTs) in Basilan

NUTRITION PROGRAM:

- Nutrition in Emergencies
- Strategic Planning /PIR on Nutrition
- IYCF Training for Mun implementers (Maguindanao) c/o NNC ARMM
- IYCF Training Barangay Implementers c/o NNC ARMM

Highlights of Activities in 2013.



1. Title of Activity: Advocacy on Islamic Perspective of Exclusive Breastfeeding
Objective: Increase awareness on the importance of breastfeeding according to Islamic perspective.

Target beneficiaries: Around 600 Women of reproductive age, pregnant and lactating women in Maguindanao were gathered and engaged a forum with Udztazas to discussed issues and concern on breastfeeding the way or how it is being practiced in their culture and beliefs.

2. Regional Nutrition Strategic Planning Workshop conducted on April 22-24, 2014
3. Launching of 2013 Nutrition Month Celebration

EXPANDED PROGRAM ON IMMUNIZATION

What has been done by DOH-ARMM

- Integration of OPV during TT-SIA
 - Conduct an Area- Based Program Implementation Review in Basilan,Sulu ,Lanao Sur and Marawi City with funding assistance from UNICEF under MNTE Funds
 - Reproduction of EPI Immunization Schedule poster.
- Conduct 2 Batches of Reaching Every Barangay Training for Frontline Health

Challenges

HINDERING FACTOR OF LOW IMMUNIZATION COVERAGE

- The regional coverage of 95% for OPV were not met for so many years, at the provincial level only the province of Maguindanao were able to meet this coverage and able to sustain.
- Based on the data analysis utilizing the 2012 FHSIS data it shows that there were 3 provinces and City that is consistently achieved below 50% coverage namely Sulu, Basilan and Marawi city.
- The province of Sulu (47%) and Tawi-Tawi (16%) contributed to 63% of children unimmunized in OPV 1 and the provinces with high defaulter rate are Sulu (37%) and Lanao Sur (24%) contributed the 61% unimmunized in OPV3 in the region.
- Despite of the issuance of RA 10152 by the Pres. In 2011 still LGU commitment to extend financial help to health at all levels were very limited.
- Reasons of low coverage in Sulu province were the following:
 - a. The kidnapping incident that happened during the second quarter of 2011 brought some fear to all health workers in the field to report in their reporting unit.
 - b. The actual population of Sulu is lower than the NSO projected population.
 - c. Mobility of health workers was limited due to security issue.
- The highly mobile populace contributed to high defaulter rate in the island provinces.
- High transportation cost also another hindrance in reaching children in islet barangays.

- No Cold Room (Walk-in Freezer) at the provincial level thus regular vaccine request of the routine vaccine were affected when the Pneumococcal and rotavirus vaccine arrived
- Lack of EPI IEC to address low awareness of mothers on the importance of immunization and completing the doses needed to acquire immunity.
- Most of Municipality in ARMM have unstable source of electricity.
- Regular mobilization fund of RHM is not enough to reach far flung barangays.
- In Lanao Sur REDO (family feud clan war) still hindered the mobilization of vaccinator.

Recommendation

- Timely submission of EPI report to the region thus timely analysis of EPI data and appropriate interventions will be done .
- Availability of EPI operation funds at all levels (Region, Prov/City).
- Increase mobilization fund of RHM to conduct regular immunization session in GIDAs and established a regular immunization schedule in GIDAs at least 5x a year to insure quality immunization activity.
- Strict adherence of all LGU to RA 10152
(adoption of RLA or issuance of E.O by ARMM Regional Govt.)
- Provision of Coldchain equipment preferably solar chills refrigerators in areas with no coldchain facility.
- Regular conduct of EPI PIR at all levels (region/prov/city/municipality).
- LGU to ensure security of health worker during health service delivery.
- NCDPC Health promo to fast track development of EPI IEC
- To strengthen the Monitoring and Coaching at all levels.
- Funding allocation from local funds to:" *Conduct Reaching in Every Purok (REP) Orientation* "in areas with big number of unimmunized children against vaccine preventable diseases.
- No funds fund appropriated for EPI operation at regional and provincial level and only EPI vaccines were 100% appropriated in the GAA.
- All provinces must have "Walk-in freezer" to ensure availability of vaccines and maintain ideal vaccine stock level

Highlights of Activities in 2013:

Distribution of the donated Solar-Powered Refrigerators by USAID to the following ARMM provinces and Cities to improve the cold chain capacity at the

municipality level ensuring the potency of vaccine during immunization of children 0-11 months to ensure full protection against vaccine preventable diseases.

Provinces/Cities	No. of Units	Intended Recipient Facility
Basilan	5 Units	1.IPHO- Basilan 2.Sumisip RHU 3.Lantawan RHU 4.Tuburan RHU 5.Tabuan Lasa RHU
Lamitan City	4 Units	1.CHO-Lamitan Main Health Center 2.CHO Lamitan Main Health Center 3.Limook BHS 4.Sta. Clara BHS
Lanao Del Sur	10 Units	1.Dr. Serafio B. Montaner Memorial Hospital 2.Unayan District Hospital 3.Tamparan District Hospital 4.Taraka RHU 5.Balindong RHU 6.Balabagan RHU 7.Madalum RHU 8.Lumbaca Unayan RHU 9.Maguing RHU 10.Butig RHU
Marawi City	3 Units	1.Moncado Kadingilan BHS 2.Ulo Ambolong BHS 3.CHO Marawi Main Health Center
Maguindanao	6 units	1. Datu Blah Sinsuat RHU 2. Buldon RHU 3. Barira RHU 4. S. Aguak RHU 5. Guindulungan RHU 6. Kabuntalan RHU
Sulu	16 units	1.Pangutaran District Hospital 2.Tongkil Municipal Hospital 3.Siasi District Hospital 4.Tapul Municipal Hospital 5.Hadji PanglimaTahil RHU 6.Tapul RHU 7.Pangutaran RHU 8.Lugus Pandami RHU 9.Angilan BHS (OmarMun.) 10.Tulayan BHS (LuukMun.) 11.Tubig Nunu BHS (Pangutaran) 12Panamao RHU 13. Saldang BHS (ParangMun.) 15.Panglima Estino RHU 16.Kalingalan Caluang RHU
Tawi-Tawi	11 units	1. Tandubas RHU 2. Simunul RHU 3. Sibutu RHU

		4. Sitangkai RHU 5. Mapun RHU 6. Tonggusong BHS 7. ManukMangkaw BHS 8. Tandubanak BHS 9. Buan BHS 10. Tanduan BHS (MapunMun.) 11. Matabuan BHS
DOH-ARMM	2 Units	1.DOH-ARMM Cold Room 2. DOH-ARMM Cold Room
REGION TOTAL	54 units	



Title: Turn-over ceremony of Solar Vaccine Refrigerators to 11 RHUs in the province of Tawi-Tawi, with Vice Governor TatiAhaja representing the Provincial Government and Dr. Alvin Saplan of JHIPIEGO, Mindanao Health and Dr. Sukarno U. Asri and Asst. Secretary of Health Ms. Dayang Carlsum S. Jumaide representing DOH-ARMM. The Solar Vaccine Ref is a dream come true for our Municipal Health Officers since cold chain management of Vaccines has always been a challenge to public health. With this donation from USAID, maintenance of vaccine potency is partially resolved

NEWBORN SCREENING

- Onsite Training on Newborn Screening
- Intensive Training on NBS Program Implementation for the DOH-ARMM NBS Nurse
- Monitoring of Inactive Newborn Screening Facilities in Maguindanao
- Consultative Planning Workshop on Newborn Screening Program for ARMM Health Workers

- Dovetail of NBS Program Orientation during the conduct of orientation seminar on the new licensing standards for hospital, birthing homes and other health facilities(mainland)
- 2013 Newborn Screening Awarding Ceremony (Mindanao Cluster)
- NBS Orientation & Heel Prick Training (Mainland & Island provinces)
- Provision / Purchase of NBS Kits for performing & Inactive NSFs

Year 2013

Area	Population	Total Live Births	NBS Ref for Screening	% of NBS Referral	NBS Screened	% of NBS Screened
Basilan	324,391	4762	423			
Lanao del Sur	937,200	22446	6133			
Maguindanao	1,006,900	27288	6552			
Sulu	871,900	14054	1169			
Tawi-Tawi	472,400	7321	4579			
Marawi City	219,400	2205	456			
Lamitan City	94,709		511			
ARMM	3,923,900	78,076	19823	30%	5115	31.78%

DOH Central Office provides financial assistance (300,000,00), general directions & a guidance to utilize the funds allotted to every region and also provides technical assistance together with NSRC, NSCs in the implementation of NBS Activities.

Here is an overview of yearly Regional Statistics for Newborn Screening Program. Significantly, there is an increase in Regional Performance based on number of live births & Babies screened for five metabolic disorders that can lead to mental retardation and death through NEWBORN SCREENING.

In 2010, the newborn screening coverage in ARMM is 4% with 496 total no. of newborn screened out of 16,094 livebirths based on NSO 2008 then, it increases into 15.30% in the year 2011 with 1805 newborn screened. In 2012, it continues to increase the coverage into 19.40% with 3,123 newborn screened, then as 2013, the coverage is 31.78% with 5015 newborn screened.

Based on the 2010-2013 performance per province, Lanao del sur has the highest number of NBS samples while Basilan has the lowest number of NBS samples. On FHSIS data 2013, the percentage of Newborn referred for screening is increasing from 22 % to 30%. Based on ARMM Return rate for elevated cases, G6PD deficiency is the most common case found in our region.

Health Workers are becoming more and more aware of the importance of NBS through conduct of Orientation/Training with practicum (heel prick) to enhanced their skills like Dovetailing NBS to other program; Training of Trainers for ARMM health workers through the help of DOH-Central office, NSC – Mindanao.

With all this, an increase in number of Newborn Screening Facilities from 12 NSF's to 80 NSF's, ARMM Regional Coverage continually increase as year goes by hopefully to reach the National Target we have had and still encouraging all facilities like hospital (Government and Private) as a matter of fact it is one of the requirements in renewing their license to operate and also Rural Health Units and all birthing clinics to apply & be accredited.

As recommended strategies for further growth may include:

- Increase performance of existing health facilities particularly Sulu Provincial Hospital, district hospitals of Lanao and Maguindanao, PHIC accredited RHUs.
- Institutionalize NBS services in the facility by incorporating it in NCP or Maternal Package
- Discourage use of Refusal Form (Dissent Form) instead encourage health facilities to advocate NBS
- Monitor NSF's with single screening in a year, encouraged increased of screening activity
- Continue training and capability building of health workers
- Continue support by providing seed capital to health facilities so they can start offering NBS

Adolescents Health & Development Program (AHDP)

- The Orientation and Micro – Planning was witnessed by DOH – DepED ARMM Regional up to ground level.

- The pre – procedure of Immunization started on November 13, 2013 until specified date of completion.
 - Monitoring of Adverse Events following Immunization.
 - The Provincial Health Office will cover the insufficient syringes until further delivery of procurement by the National.
 - Program Implementation Review on Dec. 14, 2013. (Tentative)
 - Schools without nurses will be handled by Reproductive Health Provincial Care Group for monitoring.
 - Sanga – Sanga National High School of Sapa – Sapa will be taken cared of by Bonggao Rural Health Unit.
 - Mobilization Fund will be from sending agency.
- Notification Card will be taking cared of the DepEd Principals.
- As of 15 Dec. 2013, the School – Based Immunization of Public Secondary High School in Tawi – Tawi is on – going, yet no definite percentage of report covering 10, 848 enrolled students CY; 2013 -2014. Extending the pre – vaccination procedure is expected considering the delay delivery of some logistics to be used.
 - ARMM HELPS/ Convergence Cluster

In October 31, 2013, the signing of Memorandum of Understanding (MOU) is made and entered into by and between. Whereas, DOH & DepEd – ARMM have agreed and resolved to cooperate bilaterally in the effort to implement the School – Based Garantisadong Pambata Program, Adolescent Immunization and other health related interventions among school children targeted based on the guidelines issued by both Departments headed by Secretary of Health – ARMM, Kadil M. Sinolinding, Jr, Md, DPBO, and Secreatary of DepEd – ARMM, Atty. Jamal Kulayan.

Documents in signing of MOU
Conducted Symposium for the Women's Health last March 5, 2013



**Conducted Symposium for the 21st National Children's Month for the
Welfare of Children last October 31, 2013**



► **Pre – Immunization Phase:**

- Orientation conducted together with DepEd – ARMM up to ground level.
- Implementation on Nov. 13, 2013 until specified date of completion.
- Monitoring of Adverse Eventnsd Following Immunization.

► **Post – Immunization Phase:**

- Until further noticed.

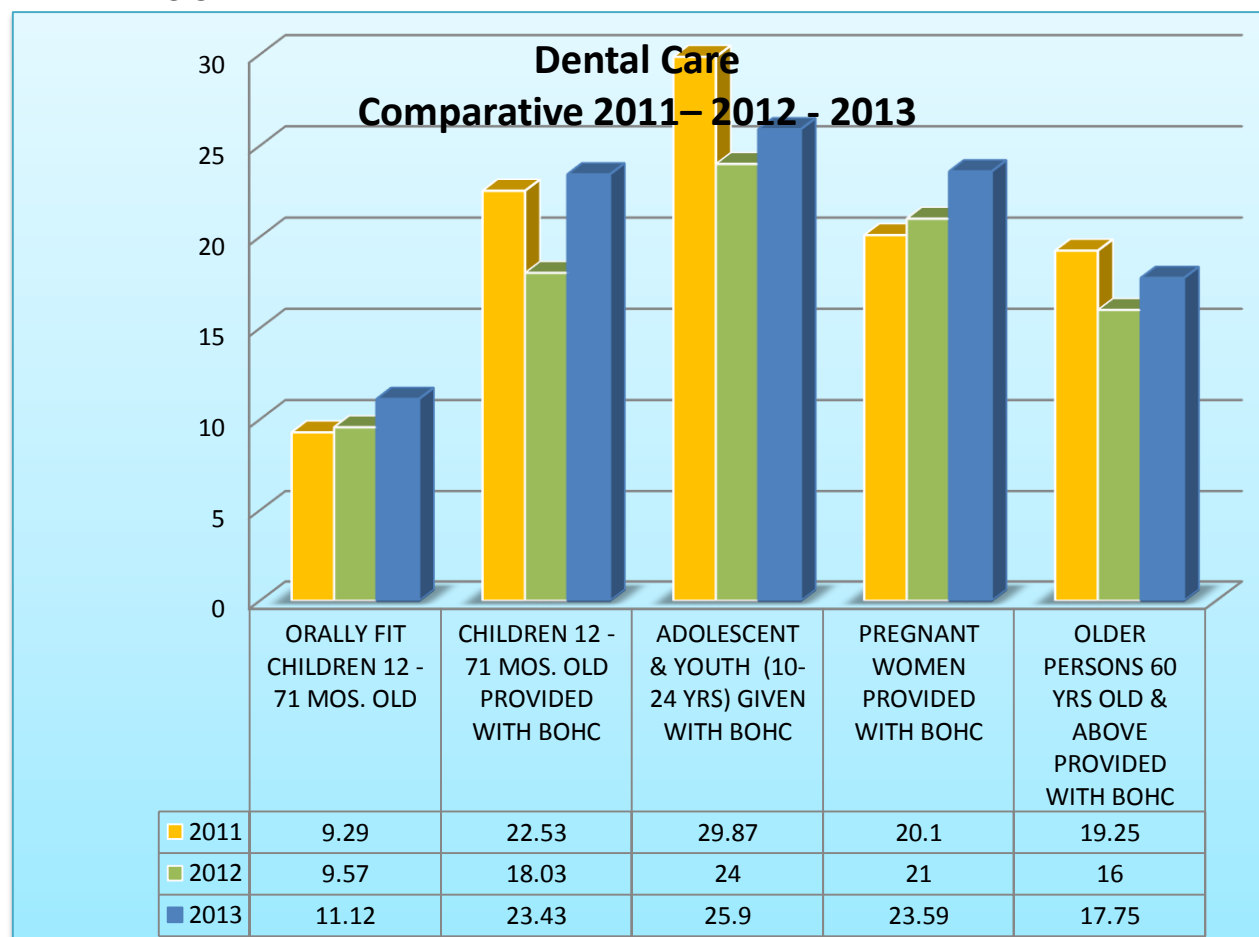
► **Capacity Buildings:**

- **Adolescent Job Aid (AJA) Manual** – This manual was designed to build the capabilities of frontline Health Workers to respond to their Adolescent effectively and with sensitivity, and to enable and motivate them to perform the best of their abilities and enhance their competency.
 - Training on Comprehensive Management of Adolescent Health using AJA Manual was not able to conduct due to No Funds' Transferred.
- **Peer Education** – This “**Usapang Barkadahan**” activity was not able to conduct due to the later.
- Lastly, establishing **Adolescent – Friendly Health Facilities Orientation** under Adolescent Health & Development Program, Administrative Order 2013 – 0013 was not able to conduct due to the same identified weaknesses.

► **Family Planning, Non – Communicable and Infectious Diseases in Adolescent?**

- Family Planning – No data in information System
- Non – Communicable – on farther survey and gathering of data Infectious – same with non – communicable diseases

DENTAL PROGRAM



- With Regards to **orally fit children 12-71 months old** increases 0.28% in 2012 but the rest indicators like **orally fit children age 12-71 months old provided w/ BOHC** decreases from 22.53% to 18.03% with a decrease of 5.40%.
- The **Adolescent & Youth given BOHC** also decreases from 29.87% to 24% with a decrease of 5.87%. **Pregnant women provided w/ BOHC** has increased from 20.1% to 21% in 2012 with a increase of 1.9%. With regards to **Older Persons 60 years & above provided with BOHC**, it also increase of 1.75 %.
- no activities has been conducted due to following reasons:
 - No LCE's support at all levels.
 - Limited man power (Dentists and Dental Aide); not all Municipalities has Dentist wherein every Dentist has 5 catchment areas in which the ideal ratio is 1 Dentist per Municipality.
 - 2012 & 2013 sub-allotment for DOH-ARMM Dental Health Program "was not downloaded".

II – INFECTIOUS DISEASE CLUSTER

Leprosy Control Program:

Leprosy cases in ARMM has achieved the program targets but there are still pockets of new cases reported in some areas of Basilan, Lamitan City, Sulu and Tawi-Taw. These cases are on-going treatment and new cases detected. Most of the cases are detected late that the lesions in the body of the patients spread already all over the body. The program is now integrated in the health system and day to day skin disease consultations in all health centers are being undertaken. For the past five years, the program has not been given a program fund allocation thus we just integrated and ride on the leprosy activities with the other programs. While these three (3) provinces and one city registers the most number of new cases, Marawi City reported zero case for the past five (5) years. The National Leprosy Control Program (NLCP) provides funding support to the Mindanao Central Sanitarium (MCS) in Zamboanga City for the production of skin ointments for Mindanao and that includes ARMM and these are used for skin consultation activities.

Generally, the region has attained the program targets and objectives

NATIONAL LEPROSY CONTROL PROGRAM

- Data Validation in Tawi-Tawi together with Culion foundation representative
July 17-19, 2013
- Proposed for Annual Budget to DOH-Manila for the conduct of Capability Building on NLCP.
- Monitoring & Evaluation in all areas visited for TB DOTS Certification in ARMM

National Tuberculosis Control Program (NTP)

The National Tuberculosis Control Program (NTP) in the region has yet a long way to go, do and accomplish in order to achieve its program target goals and objectives. The region has not attained both the target cure rate and case detection in TB for the past years. As program coordinators from the region down to the provinces and cities, municipalities and barangays efforts are being made which is geared towards the attainment of MDG goals.

Case Detection Rate for tuberculosis (TB) is still very low from 62% in 2010, 56% in 2011, 48% in 2012 and 47% in 2 quarters of 2013. The target CDR is at least 70%. Cure Rate is 75% in 2010, 68% in 2011, 64% in 2012, and 75% in 2 quarters of 2013. The target CR is at least 85%.

It was the first time that the Central office downloaded NTP funds to the region amounting to 14M on January 2013. Budget allocation to the different provinces and cities were given for them to do the different activities as planned to be able to improve TB performance.

NATIONAL TUBERCULOSIS CONTROL PROGRAM

- Conducted Regional Strategic Plan in National Tuberculosis Control Program (NTP) held at Davao city on January 19-20, 2013
Participants: Provincial & City NTP Core Team (3) (MD, Nurse, MT)
Partner: in coordination with IMPACT
- Fatwa Meeting for NTP
Held at Cotabato City on March 14, 2013
- 2nd Fatwa Meeting for NTP
Held at Cotabato City on April 7, 2013
- Program Implementation Review by Province & City
Lanaodel Sur: May 6-7, 2013
Maguindanao: September 23-24, 2013
Lamitan: December 12-13, 2013
Tawi-Tawi: June 17-18, 2013
Sulu, Marawi City; done
- Regional IDC PIR with NTP
Region: September 23-25, 2013
- Certified RHUs for TB DOTS Center PhilCATCertfication
10 RHUs (in all areas)
- Conducted Trainings in ARMM
Basilan: TB in Children, PMDT Orientation, Laboratory Network, & Infection Control Training
Lamitan: TB in Children, PMDT Training, Laboratory Network, & Infection Control Training
Lanao del Sur: TB in Children, PMDT Orientation, Laboratory Network & Infection Control Training
Maguindanao: TB in Children, PMDT Orientation, Laboratory Network & Infection Control Training

Marawi: TB in Children, PMDT Orientation, Laboratory Network & Infection Control Training

Sulu: TB in Children, PMDT Orientation, Laboratory Network & Infection Control Training

Tawi-Tawi: TB in Children, PMDT Orientation, Laboratory Network & Infection Control Training

- Celebration of World TB Day March 24, 2013 & Lung Month Celebration August 2013
- Conference with Ulama for Fatwa on TB
Participants: Provincial & City NTP Coordinators/Core Team
- Production & airing of TB Ads
Region: DXMS, DXMY
Sulu, Tawi-Tawi, Basilan, Lamitan, Lanao del sur, & Marawi City
- Sub allotment for NTP Program in Provinces & Cities:
- Monitoring & Evaluation , Data Validation on NTP
To Provinces & cities

DENGUE

Table 1. Distribution of Dengue Morbidity and Mortality by Province/City

Province	No. of Cases			Reported Deaths		
	2011	2012	2013	2011	2012	2013
Basilan	12	21	9	0	1	0
Lamitan	-	6	49	0	0	2
Sulu	39	261	223	1	10	6
Tawi-Tawi	93	92	24	2	1	1
Lanao Del Sur	54	51	227	0	1	0
Marawi	104	510	238	0	1	0
Maguindanao	44	59	96	0	3	1
Total	346	1000	866	3	17	10

Disclaimer: Morbidity and mortality data may differ from the data in PIDSR used by the RESU reports.

Source: RHU and PIDSR data submitted by the Provincial Coordinators

Activities

- Promotion of massive advocacy campaign to primary and elementary schools
- Continuous health education to increase community awareness
 - Search and destroy all mosquito breeding places
 - Self protection measures
 - Seek early consultation
 - Say NO to indiscriminate fogging
- Advocacy on Aksyon Barangay Kontra Dengue (ABKD) Approach
- Launch of the 4'o clock Habit paraSugpuinang Dengue

DENGUE

Summary of Fund Sources

- Since 2010 up to the present, the funds for the Dengue Prevention and Control Program **have not been downloaded** due to the **unliquidated funds issue of DOH-ARMM in general.**
- The budget allocated by the national government for the program amounts to **900,000 php** for **each year (2012 and 2013).**

CHALLENGES

Challenges	Interventions , Strategies Taken (PAPs)	Status as of December 15, 2013	Remarks
Lack of training of health personnel on disease management	Attended TOT on Dengue Clinical Management	No roll-out	No fund to conduct roll-out
Pending allocation of dengue logistics for the island provinces/city	Constant follow-up with Supply Office	Destroyed logistics	Supply Office was destroyed by fire
No fund for mobilization, monitoring, allocation of	Constant follow-up of budget at the Central Office	Funds still not downloaded	Cannot download funds to ARMM due to problem with unliquidated

dengue logistics, conduct of PIR for provincial/city dengue coordinators and roll-out of dengue trainings			funds for other programs Since 2010, no funds were downloaded
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FILARIASIS CONTROL and ELIMINATION PROGRAM

Three (3) Endemic Provinces

1. Basilan Province

- Sentinel sites: Municipality of Sumisip
Municipality of Tipo-Tipo
- Spot check site: Municipality of Lamitan

2. Sulu Province

- Sentinel sites: Municipality of Indanan
Municipality of Patikul
- Spot check site: Municipality of Talipao

3. Maguindanao Province

- Sentinel sites: Municipality of Datu Paglas
Municipality of Sultan Mastura
- Spot check site: Municipality of Shariff Aguak

Accomplishment

- PRE-TAS (Transmission Assessment Survey)
 - To be conducted six months after 5th effective MDA
 - To track program impact
 - Conducted in Sulu Province (Municipality of Indanan, Patikul and Talipao)
 - Conducted last Oct. 31 to Nov. 4, 2013
- NBE – Nocturnal Blood Examination Orientation for Service Providers/Medtech and BHWs
 - Participants from Municipality of Indanan, Patikul and Talipao
 - Conducted last Oct. 30, 2013

- **Midterm Assessment Survey**

- to be conducted six months after 3rd MDA coverage of 85%
- conducted in Maguindanao Province, Municipality of Datu Paglas, Shariff Aguak and Sultan Mastura
- activity to be conducted on Nov. 25-30, 2013
- NBE Orientation for Service Providers/Medtech and BHWs conducted last Nov. 21-23, 2013
- conducted in Basilan Province, Municipality of Sumisip, Tipo-Tipo and Lamitan activity to be conducted on Dec. 11-16, 2013
- NBE Orientation for Service Providers/Medtech and BHWs on Dec. 10, 2013

Rabies Program

- Program implementation review of Regional Infectious Cluster on January 2013
- Attendance to Rabies Month Celebration in March 2013
- Radio Plugging during Rabies Month (March)
- Attendance to Zonal Meeting and planning on April 2013

RABIES PHYSICAL AND FINANCIAL REPORT

Summary of Fund Sources

- No funds were allocated for Rabies Program
- Budget for the activities for Rabies Program were taken from MOOE

CHALLENGES

Challenges	Interventions , Strategies Taken (PAPs)	Status as of December 15, 2013	Remarks
Lack of training of health personnel on management of animal bites and treatment center	Conduct training on Management of animal bites and treatment center	No roll-out	The health personnel should be trained since its requirement for certification
No certified ABTC	To certify all Animal bite treatment centers	No trained staff yet	ABTC must be certified

No fund for allocation	Constant follow-up of budget at the Central Office	No fund allocated	Cannot download funds to ARMM
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HIGHLIGHTS of MALARIA 2013

- WORLD MALARIA CELEBRATION on April 24, 2013
- MALARIA AWARENESS MONTH CELEBRATION- NOV 2013



- Coordination meeting with NGO- PSFI for Island Provinces
- RADIO PLUGGING AND INTERVIEW in RADIO BIDA-DXMS
- Conducted malaria blood smearing survey – May 22-24, 2013, June 4-7, 2013 & Nov 5-8, 2013
- Malaria Outbreak Investigation in Maguindanao- April 10, 2013
- Indoor Spraying Activities in Maguindanao- April 30- May 3, 2013
- Conduct malaria Survey in North Upi, maguindanao- Sept 17-20, 2013

Non-Communicable Diseases (NCDs) Accomplishment

Introduction:

Non-Communicable Diseases (NCDs) such as heart disease, stroke, cancer, diabetes and chronic respiratory diseases are among the 10 leading causes of deaths locally, nationally and globally.

UN Secretary General Ban Ki-Moon states, "Cancer, diabetes, heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest population even more than infectious diseases. This represents a public health emergency in slow motion."

However, cost-effective interventions, both population-wide and high-risk approaches, exist and have worked in many countries using the causation and intervention pathways.

Overall Goal:

Morbidity and mortality from lifestyle-related diseases are reduced and the quality of life those who are suffering from such diseases is improved.

Interventions:

Non-Communicable Diseases (NCDs) such as stroke, heart disease, cancer, diabetes and chronic lung diseases are the precursors of intermediate risk factors such as high blood pressure, high blood glucose, high blood cholesterol and overweight or obesity. These intermediate risk factors are rooted from unhealthy lifestyle like tobacco use, physical inactivity, unhealthy diet and alcohol use. And these intermediate risk factors and root causes are affected and influence by environment to include urbanization, globalization and social determinants.

Population-Wide Interventions:

In ARMM, as a low-resource setting, issue several policies to mitigate the rising prevalence of NCDs.

Under the public-private partnership, DOH-ARMM engaged with the Islamic Jurists of Darulifta (House of fatwa) to issue Islamic Jurisprudence regarding the use of tobacco. As a result, the Supreme Council of darulifta of the Philippines issued fatwa that cultivating, selling and smoking cigarette are haram (unlawful). Likewise, the Deputy Mufti of Darulifta of western Mindanao issued similar fatwa prohibiting or declaring cigarette smoking as haram (unlawful). These Islamic Jurisprudence became the advocacy bases of campaigning against tobacco use at the macro and micro levels.

Under the ARMM line agencies collaboration, the DOH-ARMM and DILG-ARMM had issued jointly aMemorandum to all local government units (LGUs) in ARMM to issue ordinance to regulate tobacco use. As such, the Islamic City of Marawi issued City Ordinance regulating the use of tobacco in this city.

Similarly, DOH-ARMM helped the passage of Sin Tax Bill by writing all ARMM LGUs especially those in law making bodies to support the passage of said bill.

Likewise, DOH-ARMM issued manifestation of support by launching signature campaign for the passage also of said bill.

Likewise, DOH-ARMM issued Department Memorandum to all health offices at the provincial and district levels to ban smoking cigarette and cigarette vending within 100 meters radius of the health facility.

Additionally, DOH-ARMM issued memorandum to all ARMM hospital canteen to serve only healthy diet to in-patients and their respective hospital canteens.

Moreover, the DOH-ARMM enriched the Civil Service Commission (CSC) Form 211 (medical certification for employment) by integrating the tests on blood glucose to screen diabetic clients, total cholesterol to detect hypercholesterolemia, and dipstick urinalysis to detect kidney damage in its earliest stage before becoming a full blown kidney failure that necessitates lifetime dialysis or kidney transplant.

High-Risk population Interventions:

Under the capability buildings, DOH-ARMM conducted series of trainings on Phil **PEN** (Philippine Package of Non-Communicable Diseases interventions for Primary care in Low-Resource Setting) which were conducted for healthcare workforce of Basilan (including Lamitan City), Sulu, Lanao del Sur (including Marawi City) and Maguindanao. These trainings focused on the major diseases such as stroke, heart disease, cancer, diabetes and chronic lung diseases. Integrated in these trainings were the issuances of portable medical gadgets for the screening and early detection of said major NCDs such as Glucometers, Cholesterol Meters, Uric Acid Meters, and chemical supplies to detect earliest stage of cervical cancers using acetic acid wash or visual inspection of acetic acid wash (VIA) among reproductive women.

In screening cervical cancers, we piloted the said VIA as compared to the conventional test using Pap smear in Basilan. As a result, VIA yields positive cases compared to Pap smear which yield negative results.

In screening diabetes, we conducted several mass screening ARMM-Wide and revealed that diabetes is common in ARMM.

In preventing stroke, blood pressure (BP) measurements are regularly done at the health facilities to determine whether the clients or patients are above

normal BP levels so that corresponding interventions of life style modifications with or without medications are instituted.

In preventing heart disease, cholesterol screenings were done in selected health facilities to determine if the client or patient is suffering from hypercholesterolemia. However, only those overweight and obese were prioritized using BMI (Body Mass Index), Waist Circumference, Waist-Hip Ratio (WHR).

In preventing the progression of kidney damage, mass urinalysis using dipstick strips tests were done to detect proteinuria (urine protein) as the earliest indicator of kidney damaged that may progress to kidney failure. The said tests were more cost-effective compare to measuring serum creatinine or blood uria nitrogen (BUN) because creatinine and BUN levels are only elevated when the 50% of kidney damage has reached.

Among elderly or senior citizens, DOH-ARMM conducted ARMM-wide series of mass immunization on Flu vaccines and Pneumococcal vaccines to protect them from common respiratory diseases to include those suffering from chronic respiratory diseases (CRDs).

Moreover, DOH-ARMM launched the “Bigesst Losers are the Winners” or the Belly Gud Campaign. This was participated by line agencies and non-government employees.

Health Promotions:

ARMM Go4 Health! This is the new communication handle of DOH-ARMM to address NCDs with 4 strategies: Go Sustansiya (Health Diet), Go Smoke-free, Go Alcohol-Free and Go Sigla (Physical Activity).

MASS IMMUNIZATION



"THE ECHOES" OF PHILJAFI-ARMM entitled **"AWARENESS FORUM ON TOBACCO FREE ENVIRONMENT"**. This was attended by Ms. *Lilian P. Macadupang*, Regional Nurse Coordinator of DOH-ARMM Regional Office as the Resource Speaker @ Estosan Garden Hotel, Cotabato City on February 6, 2014.

Regulations, Licensing and Enforcement Cluster (RLEC)

ARMM is one of Regional Office in Cotabato City, Five (5) Provincial Health Offices and Two (2) City Health Office located in the corresponding Province/Cities of ARMM.

There are 26 Licensed Government Hospital in ARMM and 11 private Licensed Hospitals catering its Constituents. Twenty three (23) of the government hospitals are under the administrative control and supervision of DOH-ARMM. The other three (3) are military hospital (Camp Siongco Military Hospital), PNP Hospital (Camp SK Salipada Hospital) and LGU Operated Hospital (Ediborah P. Yap Memorial Hospital). The Licensed Private Hospital in ARMM are located in Marawi City (4), Lanao del Sur (1), Maguindanao (2), Tawi-Tawi (2), Sulu (1) and Lamitan City (1). The Total Licensed Hospital capacity of ARMM is 936 giving the ratio of one (1) hospital bed is to 4195.

In Terms of classification, Three (3) government hospital are provincial, Namely Maguindanao Provincial Hospital in Maguindanao, Sulu Provincial Hospital in Sulu Province and Datu Halun Sakillan Memorial Hospital in Tawi-Tawi, the other hospitals are classified as District (14), Municipal (7) , Military (1) and PNP (1). It should be noted that the classified refers to the catchment area of the hospital rather than the service capability.

In terms of category, 29 of the 37 hospitals are level 1(old classification), that is equivalent to 78 %. It means that the capability is limited to non departmentalized service in general Medicine, Pediatrics, Obstetrics and Minor surgery with basic ancillary nursing administrative service. Only 8 Government are level 2(old classification) or 22%. Notably there is no medical Center in ARMM.

Patients requiring higher level of care are usually referred to tertiary or medical centers located in their respective provinces and cities outside ARMM. The referral centers depends on where the province/city is nearer. For instance, patients from Sulu, Tawi-Tawi and Basilan are being brought to Zamboanga City, Patients from Maguindanao are being brought to Cotabato City or Davao City, Patients from Marawi City and Lanao Province brought to Iligan City and Cagayan de oro city.

There are 4 under surveillance Government Hospitals (26/30) that is equivalent to 13%. 13 Private Hospital under Surveillance (11/24) that is equivalent to 46% unlicensed Private Hospital.

Table 1. Distribution of Licensed Hospital by Province/City in ARMM

Health Facilities	2013	Philhealth Accredited	REMARKS
Hospital	37	34	3- is on process
Clinical Laboratory Institution Based	32		
Hospital Pharmacy	31		
X-Ray	11		
Blood Bank/station	1		
DTL	2		
Clinical laboratory	4		
X-Ray	1		
Blood bank	1		
DTL	3		
Drug Establishment	96		
Cosmetic manufacturer	1		
Food Manufacturer	7		
Drug Distributor	1		
BnB	198		

The DOH-ARMM has a total of 36 licensed hospitals in 2011. For the year 2012 we have a total of 36/37 Licensed hospital only 93 % of those licenses hospital for the past year have renewed their license and the remaining 3% are still Completing /on process. For 2013 we have a total of 37/38 Licensed Hospital only 93% of those licensed have renewed their LTO and the remaining 3 is still on process.

Table 2. Distribution of Accredited Philhealth Licensed RHU's by Province/City in ARMM

Province	Total # Municipalities	Total # RHU's	3 in 1	PCB1	MCP	TB DOTS
Basilan	11	6	0	0	0	0
Sulu	19	18	5	13	6	6
Lanao del Sur	39	34	24	37	24	31
Maguindanao	36	33	16	30	16	27
Marawi City	1	1	0	1	0	1
Lamitan	1	2	1	2	2	1
Tawi-Tawi	11	11	7	9	9	7
Total	118	105	53	92	57	73
Sulu		BHS	0	1	1	1
Lanao del Sur		BHS	1	1	1	1
			54	94	59	75

ACTIVITIES

- Orientation and Updates on the New Issuances for All Hospital and other health facilities
- Monitoring of Licensed Health Facilities (hospital, Clinical Lab, Drug Test center, X-ray) once a year by Team (RLEC Team)
 - Surveillance of all unlicensed health facilities
- Provision of Technical Assistance to stake holders (Licensing requirements)
 - Investigation of complaints from facilities
 - Weekly/monthly meeting of RLEC staff .
- Feedbacking of training updated to all RLEC staff.
- Close Coordination/networking with Philhealth ARMM
 - Supportive DOH-ARMM Administration
- Increased facility with License to operate and philhealth accreditation

Summary of Fund Sources

- Ever Since up to the present, No funds allotted to **RLEC of DOH-ARMM** all expenses of Licensing are charge to MOOE.

CHALLENGES

Challenges	Interventions , Strategies Taken (PAPs)	Status as of December 15, 2013	Remarks
* Creation of Licensing Regulations and Enforcement Division (LRED) with Plantilla position (Doctor, Nurse, Dentist, Physicist, Medtech, Licensing Officer, Engineer, Psychologist ,Pharmacist and etc)			
* Regular Funds for RLEC activities			
* To monitor all health facilities in ARMM as a Team			
* Capability Buildings for RLEC Teams			
* Provision of IT equipments			
* Provision of Vehicle			
*Provision of Testing equipments			

* all 37 hospital to be philhealth accredited			
* Issuance of License To Operate (LTO) to 37 Hospitals			
* Upgraded 8 Hospitals to Level 1 under the new hospital category be licensed and then PhilHealth Accredited			
* Issuance of License To Operate (LTO) to 56 MCP Operators			

HEALTH EMERGENCY MANAGEMENT STAFF (HEMS)

FLASHFLOOD IN MONTAWAL

On February 20, 2013, the whole municipality of Montawal was flooded by water. A total of 27,116 individuals were affected by the flashflood caused by the “Bagyong Crising”. The HEMS department of DOH sent a medical team to aid the Rural Health Unit which is also flooded by water. The DOH ARMM also augmented medicines and logistics for the affected municipalities.

THE LAHAD DATU STANDOFF

The standoff started February 12, 2013, where 200-300 of the Royal ARMY of the Sultanate of Sulu landed at Sabah Malaysia and claimed the rights over the land. The claim over Sabah resulted in a firefight. The skirmish started on March 1, 2013 3 days after Malaysia’s extended deadline for the group to leave Lahad Datu and left casualties on both sides then lasted on June 29, 2013. Nearly 5,000 Filipinos in Sabah fled to the Philippines to sought refuge in Mindanao specifically in the Island provinces of Tawi – Tawi, Sulu and Basilan. Tabang Basulta was created and the task force helped the Filipinos in Sabah to return to the Philippines and given medical, social services. The IPHO Tawi – Tawi headed the medical team receiving the returnees from Sabah.

FLOODING IN 5 MUNICIPALITIES IN MAGUINDANAO

Mindanao experienced continues rain which started morning of June 14, 2013. Following the incident, rainwater from the mountain of Bukidnon started to flow down towards the areas ARMM mainly in Maguindanao. The continues rain caused overflowing of waterways namely Pulangi River, Buluan River and Rio Grande de Mindanao in general. The overflowing of the rivers caused flooding in 5 municipalities of Maguindanao namely Sultan sa Barongis, Pagalungan, Datu Montawal, Raja Buayan and Datu Paglas with a total of 12,389 affected families. The flooding affected the livelihood, agriculture, and economic activities of the municipalities.

The Secretary of Health ARMM ordered the Health Emergency Management Staff of the DOH ARMM to augment supplies and medicines to IPHO Maguindanao for the affected populace. Activation of SPEED was also advised.

ARMED CONFLICT BETWEEN BIFF AND AFP IN MAGUNDANAO

On July 6, 2013 a firefight commenced between the BIFF and the AFP at around 8:00 in the morning which cause a displacement from different barangays in the municipalities of Shariff Aguak, Shariff Saydona Mustapha and Mamasapano. 661 families were affected in Shariff Aguak, 450 families in Shariff Saidona Mustapha and 189 families in Mamasapano. Eight (8) residents of Barangay Ganta were injured during the firefight. They were brought to the Cotabato Regional Medical Center (CRMC).

The HEMS DOH ARMM continued monitoring of the event as well as coordinating with DSWD Maguindanao for data needed. Rapid Health Assessment was also done by the HEMS Coordinator and informed the Secretary of Health ARMM.

BANGSAMORO ISLAMIC FREEDOM FIGHTERS (BIFF) ATTACK ON AFP IN MAGUINDANAO

On July 13, 2013 a BIFF renewed attack on AFP target this morning in Guindulungan, Maguindanao, where 2 KIAs and 4 other soldiers wounded. As it nationally known that the MILF forged an “unholy” alliance with the BIFF, its former comrade-in-arms, and with relation to the just concluded GPH-MILF 38th Exploratory Talks in Malaysia, wherein the “wealth-sharing” Annex of the Bangsamoro Framework Agreement (BFA) is still a contentious issue and could be a crucial TRIGGER POINT just as the MOA-AD in 2008, this OCDRC along with relevant partners are constantly on tabs re ENHANCED MONITORING and some contingency measures should there be an AFP-MILF/BIFF major armed conflict. In addition to this report, a total of 240 families currently displaced due to on and off internal MILF conflict (involving their 105th and

106th Base Commands) over “land ownership” with the latest occurrence at 4:45AM yesterday (12 July 2013) at Barangays Kulambog and Gadungan, both in Sultan Sa Barongis (SSB), Maguindanao. The MDRRMC concerned are taking care of the immediate needs of these IDP families now staying at the SSB Municipal gymnasium. Note that these 240 families are from Barangay Kulambog only as the IDPs from Barangay Gadungan are still being assessed by the DSWD. The HEMS DOH ARMM monitored the event alongside the RDRRMC.

FLOODING IN 18 MUNICIPALITIES IN MAGUINDANAO

July 29, 2013, floodwaters spawned by incessant rains inundated 18 towns in the province overnight, dislocating 45,594 villagers and damaging more than P50-million worth of rice and corn crops.

There were number of evacuees due to the continuing rains in surrounding hinterlands where rivers flow downstream into the 220,000-hectare Liguasan Delta which spreads through low-lying areas in Maguindanao. The affected municipalities were Sultan Kudarat, Datu Salibo, Shariff Saydona Mustapha, Ampatuan, Shariff Aguak, Mamasapano, Datu Abdullah Sangki, Raja Buayan, Sultan sa Barongis, Datu Montawal, Datu Paglas, Pagalungan, Northern Kabuntalan, GSKP, Mother Kabuntalan, Buluan, Pandag, and Mangudadatu.

Classes were suspended in all affected schools. Hon. Gov. Mujiv Hataman led the distribution of 10 tons of relief supplies to the flooded towns of Sultan Kudarat and Kabuntalan, both in the first district of Maguindanao. And the Secretary of Health - ARMM KadilSinolinding, Jr. helped distribute mosquito nets, waterines and bayabas soap to the affected victims of the flood. The Honorable Governor also asked the ARMM police and the Army's 6th Infantry Division to help monitor the water level of big rivers in Maguindanao and help evacuate people in riverside villages if they overflow.

The HEMS DOH ARMM conducted rapid health assessment with the RDRRMC and augmented mosquito nets, water solutions and bayabas herbal soap for the flood affected community. HEMS also activated the cluster.

BASILAN ARMED CONFLICT BETWEEN BIFF AND AFP

A gunfight erupted between government forces and suspected Moro National Liberation Front (MNLF) fighters and Abu Sayyaf bandits in Lamitan, Basilan morning of September 12, 2013. Army Scout Rangers, policemen and elements of the 18th Infantry Battalion clashed with the combined elements of the Abu Sayyaf and MNLF in Barangay

Colonia. The gunfight occurred as members of the Misuari-led faction of the MNLF are engaged in a standoff with government forces in Zamboanga City. The standoff began about a month after Misuari declared independence for Mindanao, Palawan and parts of Malaysia. The declaration of independence was triggered by what the group believes is the government's abandonment of tripartite review of the 1996 final peace agreement in favor of holding peace talks with an MNLF breakaway group, the Moro Islamic Liberation Front (MILF). At least 13,000 Zamboanga residents have already fled their homes as the fighting continued.

September 16, 2013 - LAMITAN CITY

HEALTH EMERGENCY RESPONSE AND ASSESSMENT

- Conducted HEALTH EMERGENCY RESPONSE and ASSESSMENT to Lamitan EVACUEES
- The HEALTH EMERGENCY ACTION and RESPONSE TEAM (HEART) organized by the ARMM Regional Governor provided relief goods and medical services to the EVACUEES in DATU DIZAL CULTURAL CENTER and COLONIA EVACUATION CENTER.
- The Group was spearheaded by the ASST. REGIONAL HEALTH SECRETARY DAYANG JUMAIDE and DSWD ASST SECRETARY
- Ceremonial Distribution of relief goods by ASEC RAHIMA D. ALBA –ASEC for operation DSWD ARMM and ASEC DAYANG JUMAIDED to the Local Government Unit represented by the Vice Mayor Hon . Roderick Furigay.
- Ceremonial Turning Over of Assorted Medicines and Supplies to Dr. Vicente Yu III, CHO Lamitan City.
- Provincial Health Office, together with Mindanao Health project assisted the DOH-ARMM and CHO Lamitan during the Medical outreach to different evacuation Sites.
- In the Morning, Conducted Medical services in 2 Evacuation sites (Datu Dizal Cultural Center and Colonia Barangay

Total served at Datu Dizal Cultural Center =

Medical Services: (BP, provision of Basic Medicines) provided to 121 individuals

20 under five children

101 Adult

Weighing = 0-71 months =43

Colonia Evacuation Center

Medical Services: (BP, provision of Basic Medicines) provided to 96 individuals

30 under five children

66 Adult

Weighing = 0-71 months =58

- In the afternoon, provided medical services to evacuees in Purok 4 Colonia

Colonia Multipurpose Hall, Purok 4

Medical Services: (BP, provision of Basic Medicines) provided to 230 individuals

46 under five children

184 Adult

Weighing = 0-71 months =53 (3 moderate undernourished provided with iron and Zinc syrup)

- MEDICAL SERVICES = TOTAL SERVED = 447 individuals

Under five = 96

ADULT = 351

WEIGHING/MUAC TOTAL 0-71 children =154

Total number of Patients served in Lamitan City:

447 individuals

ADULT = 351

Pedia = 96

THE ZAMBOANGA STANDOFF

At around 1:45 AM, 9 September 2013, fighting broke out in coastal villages of Zamboanga City between a splinter group of the Moro National Liberation Front (MNLF) and the Armed Forces of the Philippines (AFP). According to local authorities, the clashes initially displaced at least 4,000 people, and more than two hundred fifty (250) civilians were taken hostage and used as human shields including children. Cancellation of commercial flights coming in and out of Zamboanga City, as well as closure of banks and other establishment were enforced. Curfew from 8:00pm to 5:00 am was strictly imposed. Zamboanga City was placed under Level 4 Crisis Management with the President managing the crisis situation.

September 19, 2013 ZAMBOANGA CITY

The Crisis Management Committee Headed by Asec Juni Rasheid Ilimin coordinated with the Zamboanga Crisis Management Committee regarding the ARMM HEART Mission. The ZCMC granted the ARMM CMC's request by giving the Home-based evacuees as our target. The Office of Civil Defense assisted the team in going to Talon – Talon Grande, Zamboanga City for the

relief distribution and Medical Mission. The DOH team was headed by Asec Dayang Jumaide alongside IPHO Lanao Del Sur who was headed by Dr. Alinader Minalang.

The Joint Medical Team conducted 448 consultations from 9:00AM to 12:00PM wherein 350 of the patients were adults and 98 were pediatric patients. There were 38 individuals who were vaccinated with Influenza vaccine and the team conducted health education sessions.

The 5 leading cases were as follows:

1. Acute Respiratory Infection
2. Tension Headache
3. Hypertension
4. Prenatal
5. Skin Diseases

All symptoms and cases were carefully assessed and cared for. Essential drugs and supplies were given to the patients based on their corresponding cases.

In addition, the DOH ARMM and IPHO Lanao Del Sur medical team also provided 120 mosquito nets and distributed it to the families affected by the crisis in Zamboanga.

During the afternoon, the joint team of DOH ARMM, IPHO Lanao Del Sur, OCD, UNYPHIL, BPI and TMS proceed to Bgry. Guisao, Zamboanga City, and rendered same health services. There were a total of 60 patients given medical consultation, 39 of them were adult and 21 of them were pediatric patients. One patient was injected with Tetanus Toxoid due to a wound.

The 5 leading cases were as follows:

1. Acute Respiratory Infection
2. Musculoskeletal Pain
3. Fever
4. Hypertension
5. Acute Watery Diarrhea

Neither the ongoing firing of guns nor the number of explosions hindered the Humanitarian Emergency Action Response Team of ARMM in rendering service to the Zamboangenos in Talon – Talon. The team showed courage, dedication and determination during the mission.

September 20, 2013

The ARMM HEART continued the Solidarity mission in Zamboanga City. Based from the re-assessment made by the DSWD ARMM, there are 3 areas for relief operation and medical mission namely Upper Calarian, Lunzuran and Tumaga Porcentro.

At Barangay Upper Calarian, the medical team conducted medical consultations to 355 home-based evacuees, 293 were adults and 62 were pediatric patients. 11 of the evacuees received flu vaccination and 2 were injected with Tetanus Toxoid vaccine..

The 5 leading cases were as follows:

1. Acute Respiratory Infection
2. Hypertension
3. Headache
4. Skin Diseases
5. Musculoskeletal pain

After the mission in Upper Calarian, the team had their lunch in the Barangay Hall then proceeds to the next location at Brgy. Luzuran. Half of the team of DSWD ARMM headed to Tumaga for re-assessment while the half of the team distributed relief goods to the affected home-based individuals in Luzuran. Simultaneously, two representatives of DOH ARMM, Ron Aray and Dr. Pancho Cruz went to CHD 9 HEMS office to deliver the SPEED Form 1 for reporting as well as visit the HEMS Coordinator CHD 9 for courtesy. The medical team continued giving medical consultations and services to the home-based evacuees of Luzuran and had a total of 153 patients served. 124 were adults and 29 were pediatric patients, 8 were vaccinated.

The 5 leading cases were as follows:

1. Acute Respiratory Infection
2. Musculoskeletal Pain
3. Tension Headache
4. Skin Diseases
5. Hypertension

The assessment team of the DSWD ARMM found out that there are evacuees in Tumaga staying at the Mosque. Upon the assessment, the team decided to proceed in Tumaga Porcentro to give aid to those home-based evacuees staying in the Mosque. A total of 37 patients served, 27 were adults and 10 were pediatrics patients.

The 5 leading cases were as follows:

1. Acute Respiratory Infection
2. Fever
3. Hypertension
4. Peptic Ulcer Disease
5. Tension Headache

Total number of Patients served in Zamboanga City:

1,053 individuals

Adult = 833

Pedia = 220

Vaccinated with Anti-Flu and Pneumonia = 60

After a long day's work, we went to the City Hall to visit the City Mayor for courtesy and exit conference. And during the night, debriefing session was done to all the ARMM response team.

2013 BARANGAY ELECTION ARMM

(Oct. 28, 2013)

- | | |
|----------------|--|
| 7:00 AM | -Brgy. Gadong,Barira
-Tension between two parties
- Gunfire heard
- No casualties reported |
| 8:00 - 9:00 AM | - Tuburan, Basilan
- 1 dead, Ambushed
- Victim is identified as the brother in law of Brgy. Captain Cuevas of
Barangay Buhi, Libong, Tuburan Basilan
-PNP responded |
| 9:00 AM | - Ballot snatching at Buldon, Parang, Maguindanao (ANC)
- Armed men stopped the ballots from entering the area
- Gunfire heard, No casualties reported
- Amirol Elemenary School
- Tension between voters
- Situation pacified by the marines |

- 10:00 AM - Mauling (HEMS Sulu)
- Latif Jamdani 39 y.o. (lacerated wound fronto-occipital & manibular area)
- 1:07 PM - Datu Salibo
- Mauling

(Oct. 27, 2013)

- 4:00 AM - Brgy. Dinangin, Buldon, Maguindanao
- 1 unit of school building with 7 classrooms were burned
- Election-related was cited motive
- Perpetrators are still unknown
- No casualties reported

TYPHOON YOLANDA

ARMM HEART Response at Tolosa, Leyte after the Super Typhoon Yolanda/Haiyan with volunteer Doctors, Nurses and staff. SPEED activation, Disease surveillance and active surveillance; WASH program, Nutrition, MHPSS, and health education. The Clusters were activated and joined the second and third deployment in Tolosa headed by the DOH ARMM HEMS under the leadership of Sec. Kadil M. Sinolinding, Jr.

1st Deployment

MEDICAL HEALTH SERVICES	Total Served	TOP 10 LEADING CAUSES OF MORBIDITY
Medical Consultation w/ free medicines	2168	
Immunization (Tetanus Toxoid)	1289	1. Acute Respiratory Infection
Vitamin A Supplementation	50	2. Punctured/Lacerated Wound
For Admission	6	3. Systemic Viral Infection
For referral	4	4. Musculo Skeletal Pain
Minor Surgeries	29	5. Acute Gastro Enteritis
GRAND - TOTAL :	3457	6. Hypertension
		7. Tension/Stress Headache
		8. Skin diseases
		9. Bronchial Asthma
		10. Acid Peptic Disease

2nd Deployment

MEDICAL HEALTH SERVICES	TOTAL NO. SERVED	LEADING CAUSES OF MORBIDITY
Medical Consultation w/ medicines	172	1. Acute Respiratory Infection
Normal Delivery	2	2. Musculoskeletal Pain
Referrals	1	3. Systemic Viral Infection
	175	4. Wound
		5. Skin diseases

ACTIONS TAKEN:

1. HEALTH CLUSTER

- Installed a makeshift hospital facilities at the Municipal Hall of Tolosa, Leyte to admit patients, perform minor surgeries, deliveries and out-patient services
- Validation and conducted Rapid Health Assessment of the affected population
- Established ICS with a medical outpost
- Done Massive Tetanus Toxoid
- Perform minor surgeries such as debridement/suturing of wounds
- Conducted Medical Mission to the selected barangays of Tolosa and adjacent municipalities of Leyte
- Health Education done
- Advocated health seeking behaviour
- Doxycycline Prophylaxis against Leptospirosis for flood victim
- Top 10 Identified Morbidity Cases

2. WASH CLUSTER

- Done Wash Assessment
- Distributed Aquatable for water treatment
- Advocate Hygiene and Environmental Sanitation
- Residents of Tolosa have good practice in their hygiene

3. NUTRITION CLUSTER

- Assessment of Nutritional Status of children
- Food security as priority issue
- Relief goods from ARMM HEART will be provided
- There is one case of Malnutrition in Municipality of Dagami

4. MHPSS CLUSTER

- Done Counselling
- Provided Psychosocial First Aide to the affected communities
- Peoples resilience more evident
- Play Therapy done

5. PROTECTION CLUSTER

- No reported cases of violence and other in human treatments.
- Police visibility are present along with the armed forces of the Philippines
- People of Tolosa are respectful and they help each other

6. OTHER ACTIVITIES:

- Courtesy call with the Local Government Officials of Municipality of Tolosa, Palo and Dagami.
- Courtesy call and coordinated on updates of the health situation of Municipality of Tolosa at Eastern Visayas Regional Medical Center, Tacloban Leyte considerably the Municipality's Operation Center (OPCEN).
- Courtesy call and coordinated with CHD - 9
- Updates on CMC Operation, Security Status and Situation Analysis;
- 15 boxes of assorted medicines and medical supplies allotted by DOH-ARMM to Municipality of Tolosa, Leyte.
- Active Disease Epidemiologic Surveillance
- Post Activity Conference with DOH and IPHO Lanao Medical Team
- Welcomed the arrival of Regional Governor for ARMM in Tolosa, Leyte

HIGHLIGHTS AND DOCUMENTATIONS

FLASHFLOOD IN MONTAWAL



THE LAHAD DATU STANDOFF



**FLOODING IN 5 MUNICIPALITIES IN
MAGUINDANAFLOODING IN 18**



FLOOD IN 18 MUNICIPALITIES IN

MAGUINDANAO



BASILAN ARMED CONFLICT BETWEEN BIFF AND AFP



TYPHOON YOLANDA



RESU- DOH ARMM ACCOMPLISHMENT 2012-2013

In 2012, RESU was downloaded with 1.2 million PHP as operational fund by NEC Central Office utilizing the 2011 fund support after which no subsequent releases were made to date.

This Fund Allocation was utilized with the aim to enhance the functionality of PESUs and Reporting Hospitals in order to ensure timely and quality disease surveillance activities. The activities included First, Philippine Integrated Disease Surveillance and Response (PIDSR) Orientation to all PESUs, CHOs except Maguindanao Province due to time constraint and budgetary shortage. The PIDSR Orientation was conducted to the following from March to July, 2012:

- 1.)RHU / Hospital DSO, Basilan
- 2.)RHU / Hospital DSO, Tawi-Tawi
- 3.)RHU / Hospital DSO, Sulu
- 4.)RHU / Hospital DSO, Lamitan
- 5.)Wao District Hospital, Lanao Del Sur
- 6.)Balindong District Hospital, LDS
- 7.)Unayan District Hospital, LDS
- 8.)Tamparan District Hospital,LDS
- 9.)CHO,Marawi City.

A total of One Hundred Eighteen (118) Disease Surveillance Officers and Disease Surveillance Coordinators for PESU were trained in order to address the issue of MDB files submission on weekly bases and report submission / analysis on regular time. Secondly, performed PIDSR Software Installation to all PESUs/ CHOs to facilitate MDB file and PIDSR Reporting System. Thirdly, conducted Disease Outbreak Investigation/Response and Community Service. Fourthly, conducted Monitoring/Evaluation and Provide Technical assistance, conduct of records review to RHUs, PHOs, CHOs and Reporting Hospitals and also conduct monitoring of Silent DRUS. Fifth, attendance to National Consultative Meetings, Updates and Workshops on Vaccine Preventable Diseases (VPD)/ Adverse Effects Following Immunization (AEFI)/PIDSR modification. Sixth, conducted Active Case Finding and follow-up of Acute Flaccid Paralysis cases in order to meet the 2 AFP cases per One Hundred Thousand (100,000) Population Target per year to maintain a Polio free community. To date, one (1) case of AFP was reported. Furthermore, PIDSR Software was also installed to all PESUs in order to fast track reporting system at all levels.

In November 2012, DOH-ARMM RESU conducted Malaria Outbreak Investigation, Response and Community Service at the coastal area of Barangay Nalkan, Datu Blah Sinsuat, Maguindanao. Activities conducted were Outbreak Case Investigation, Malaria Blood Smear Examination, Mass Treatment with Anti- Malarial drugs to affected barangays, Health education and Distribution of chemically treated mosquito nets.

There were two (2) reported deaths due to Malaria however this did not constitute an Outbreak because both cases were spread apart as to time and location. Of the One Hundred Sixteen (116) Blood Smear performed Fourteen (14) cases were found positive for **P. Vivax** and **P. Falciparum** due to **Endemicity** of Malaria in the area. Follow-up of cases were done by IPHO Maguindanao health workers.

In January 2013, a joint Cholera Outbreak Investigation, Response and Community Service was conducted by RESU/HEMS, DOH-ARMM and IPHO Tawi-Tawi at Taganak, Turtle Islands, Tawi-Tawi, Philippines in coordination with Philippine Navy who provided seacraft for the Medical Team. There were two **(2) deaths** reported due to Severe Dehydration by Malaysian Hospital where both cases were brought. The team conducted Water Analysis, Health Education on Hygiene and Sanitation and Latrines distributions. **Six (6)** cases of the total Stool Culture done turned out to be positive for **E.Coli**. Prompt and appropriate interventions thwarted the spread of diarrheal cases in the affected and nearby island barangays.

In April 2013, RESU DOH- ARMM with Epidemiologist from NEC CO, conducted Cholera Outbreak Investigation in Barangay Tucamaror, Bongo Island, ParangMaguinadanao. Total of Seventy Six **(76)** patients were admitted at CRMC due to diarrhea and dehydration. Stool Culture for some patients revealed **CholeraVibrio and E. Coli**. One (1) case of death at CRMC was reported due to Severe Dehydration with Acute Kidney Failure. Eventual containment and control of cholera outbreak in the affected barangay was obtained following appropriate health intervention.

Other RESU activities included attendance to National Consultative Meeting for Updates, Reporting, Planning, Issues and Concerns and Guidelines for Program Implementations.

Despite the meager Fund Allocation in 2011 and the non-existent budget for CY 2012 and 2013, RESU was able to perform its tasks but perhaps with adequate budget, the cluster can even do better in terms of Program Implementation. What we need to accomplish for 2014 and onwards are Disease Surveillance Preparedness and Response Enhancement, Intensify Active Case Finding to meet every target on every diseases, Equipments for data recording/ analysis and Submission of MDB files, Hire DSO for every PESU and CESU designated solely for PIDSR to make all PESU and CESU fully functional.

SPECIAL PROGRAMS:

KASAMA MO SI SEC (KMS) SPECIAL PROGRAM

With the advent of the new leadership for DOH – ARMM, came the creation of KMS, a brainchild and headed by the esteemed DOH – ARMM Secretary Dr. Kadil M. Sinolinding, Jr.,

which aims to reach out the underserved population of ARMM of their long neglected health services. The services included, to wit:

- a. OPHTHALMOLOGY (Eye Screening, Cataract / Pterygium Extraction, Eye Glasses Distribution)**
- b. MINOR SURGERIES (Circumcision, Cyst Removal)**
- c. DENTAL SERVICES (Extraction and Tooth Paste/Toothbrush Distribution)**
- d. MEDICAL CONSULTATION with free medicines**
- e. VACCINATIONS (Flu and Influenza)**
- f. NUTRITION SERVICES for Children and Pregnant Women**
- g. HEALTH ADVOCACY**
- h. OTHERS (Distributions of Mosquito nets, etc.)**

Since the existence of KMS Project in January 19, 2011 to date, this activity reaped unprecedented success and overwhelming reactions hence, the pouring in of more invitations and requests from various sectors hoping said activity will also benefit their constituents.

The intervention indeed served as a catalyst of health reform and in trying to close the gaps in health services among the destitutes and remote areas of ARMM.

The launching of the health project gained headway and currently a total of **150,974** beneficiaries had been served.

Table below shows the summary of the KMS Report from CY January 2011 – December 2013.

S U M M A R Y

No.	ACTIVITIES	Y E A R			
		2011	2012	2013	TOTAL NO. OF BENEFICIARIES
1	A. Oplan Pangalawan Paningin				
	A. Eye Screening	1,791	3,216	1,016	6,023
	B. Cataract	1,777	340	292	2,409
	C. Pterygium	355	262	112	729
	D. Eye glasses distributed	163	287		450
2	MINOR SURGERIES				
	A. Operation Tuli	2,570	2,113	365	5,048
	B. Cyst Removal	50	167	85	302

3	DENTAL SERVICES	2,475	2,574	1,996	7,045
	A. Distribution of Toothbrush			352	
	B. Tooth Extraction			1,644	
4	MEDICAL SERVICES				
	A. Medical Consultation with free medicines	16,874	14,788	8,991	40,653
5	B. Nutrition services for :				
	A. Children (6mos.- 5 years old)	0	172	781	953
	B. Pregnant Women	0	103	150	253
6	VACCINES Immunizations for Senior Citizen				
	A. Influenza		50,535	1,660	52,195
	B. Pneumococcal		26,467	12,035	38,502
7	OTHERS :				
	A. Distributions of Mosquito Nets			920	920
	TOTAL NO. BENEFECIARIES SERVED	23,760	100,135	27,999	150,974

National Voluntary Blood Services Program (NVBSP)

National Voluntary blood Services Program in ARMM is among the least prioritized program of the Department Of Health, with its equally importance with the other programs ,that is to save lives, it's not given the necessary funding for implementation. Blood needs in ARMM is very high with the annual target of **39,269 units** to cater the immediate blood needs of the region. The program have a proposed budget of P1,593,000.00 for the past three(3) years but very frustrating to note that none was released. Blood is equally important as with any other life saving treatment, but yet not given importance.

For 2013, the annual target collection is **39,269 units (1% of total Population)** of safe blood for ARMM and the total collection is **2,410 units which is only 6%** of the actual needs which is 2% lower than 2012 collections. At any rate, of the 2,410 collections for 2013, **82% was voluntary non-renumerated donors** as compared with 2012 accomplishment of 70% voluntary non renumerated donors. **Replacement blood donors have increased from 15%in 2012 to 17% in 2013.**A remarkable reduction of was noted,from**15% in 2012 to as low as 1% in 2013.**This

implies that the campaign on importance of voluntarism is beginning to be accepted by the populace but still needs strengthening of Information, Education Campaign.(See attached Table below).

Comparative Performance of the Blood Collection

Target Collection Performance By Year(1% of Pop) for the past 3 years	2010 Pop:35,551	2011 Pop:37,340	2012 Pop:38,301	2013 Pop:39,269 Jan-Oct.
TOTAL COLLECTION PERFORMANCE % Collection	2,587 7%	2,462 7%	3,118 8%	2,410 6.2%
VOLUNTARY Non Remunerated Donors %	1,813	1,096 44%	2,183 70%	1,971 82%
Replacement/Patient Directed %	687 26%	935 37%	482 15%	416 17%
Paid Donors%	87 3%	431 17%	453 15%	103 1%
Name of Provinces	Total Blood Collection	Donation per 1000 population	Voluntary Blood Donations	Donor ratio for VNRBD (VNRBD/ Total Collection)

Responsible Parenting Movement +4Ps (RPM+4Ps)

Responsible Parenting Movement+4Ps is a program under the Hunger Mitigation Program of the Office of the President being implemented jointly by the Population Commission (POPCOM) and the Department of Health. In ARMM, the program is jointly implemented by the POPCOM XII as the funding agency and the DOH ARMM as the implementor in coordination with the Department of Social Welfare at the community level for the conduct of Family Development Sessions (FDS) as part of the Pantawid Pamilyang Pilipino Program. The objective is to integrate Promotion of Responsible Parenting and Family Planning (FP/RP) per Module 2 of the FDS sessions to all 4Ps beneficiaries.

POPCOM XII have approved the plan submitted for the implementation of RPM classes in ARMM. Orientation of service providers to conduct RPM classes per barangay for BASULTA was conducted **2/2 batches(100%)** with the total budget of P750,000.00.The program have targeted 1,000 classes to be conducted for 2013 and a total of **1,608 was conducted that**

represents 160% accomplishment.100% of the target on the reproduction of RPM flip charts was done,**100%** of the scheduled and planned monitoring visits was conducted. RPM implementation in ARMM is fastly coping up with other regions in performance.

RNHEALS/RHMPP 2013

The Registered Nurses for Health Enhancement and Local Service was conceptualized in response to the country's constitutional mandate to make essential health goods and social services available to all Filipinos especially the poor.

Along with the RNHeals Project is the Rural Health Midwife Placement Program (RHMPP).

This is a training cum deployment project for currently unemployed nurses/midwives for the improvement of the local health systems and support the country's attainment of the Millennium Development Goal. More specifically, the project shall contribute to the eradication of poverty and hunger, promotion of gender equality, reduction of child mortality and improvement of maternal health. Likewise, the project (RNHeals) shall also be in line with the human requirements of the DSWD's Pantawid Pamilyang Pilipino Program (4P's).

The Tables below show the distribution of nurses and midwives per province:

Province	RNHeals				RHMPP	
	Batch I	Batch II	Batch III	Batch IV	II	III
Lanao del Sur	301	18	297	129	35	2
Maguindanao	213	38	213	206	22	18
Sulu	91	60	87	122	17	12
Tawi-Tawi	68	8	58	76	8	8
Basilan	50	14	68	65	3	8
Total	723	138	723	598	85	48

DOH-ARMM has a total allocation 1,009 nurses for RNHeals IV and 54 for RHMPP III, but only 598 nurses and 48 midwives were accepted. Some applicants were either very late in applying or have not met the requirements.

DOH-ARMM has a total of 248 plantilla nurses and 279 plantilla midwives. The normal ratio of nurses to the population is 1: 20,000 and 1: 5,000 for the midwives. ARMM region has an approximate population of 3, 617,000 which means that the estimated ratio of nurses and midwives to population is 1: 15,000 and 1: 13,000, respectively. But with the additional health manpower, the ratio of nurses has improved even better to 1: 5,000 and 1: 11,000 for the midwives.

Indeed, with this additional health personnel, the health indices for MMR (Maternal Mortality Rate) and IMR (Infant Mortality Rate) has improved from 0.66 to 0.65 (2012) and from 5.22 to 4.63 (2012) respectively (No 2013 report).

DOCTORS to the BARRIOS (DTTB) PROGRAM

The Doctors to the Barrios (DTTB) Program aims to provide opportunities for continuing capacity enhancement to physicians to become quality care providers and to provide physicians to the doctorless municipalities.

As health managers, they must be equipped with basic skills, leadership and management, among others, that will facilitate the execution of their functions. They must be cognizant of the economic situation in their areas as well as the strategies to be employed in such situation. They must also be equipped with basic knowledge on local governance, problem-based learning, career development and management and the procurement process.

DOH-ARMM has a total of 183 plantilla doctors. The province of Maguindanao has 13 DTTB Physicians, Lanao Sur has 8 and Tawi-Tawi has 3. A total of 24 DTTB physicians are now deployed in ARMM. Sulu and Basilan has no takers for security reasons as claimed by those physician applicants.

With the deployment of physicians of in the doctorless municipalities, health service delivery has significantly improved. More patients are medically attended thus, improving the health indices of the region.

National Nutrition Council – ARMM in coordination with DOH-ARMM

Highlights of Activities in 2013

1. Regional Nutrition Strategic Planning Workshop – April 2013, Lantaka Hotel, Zamboanga City

- The specific objective is to assess the nutrition situation in the region in terms of prevailing nutritional problems and adequacy of ongoing nutrition action. Formulation of Vision, Mission and Core Values in Nutrition. Attended by all ARMM Provincial Health Officers, Nutritionist-Dietitians, Chiefs of Technical, Regional Representatives headed by the Health Secretary, Dr. Kadil M. Sinolinding, Jr., and Resource Speaker from NNC National Office.



2. Creation of Regional Nutrition Committee – June 2013, RPDO, ORG Compound

- To have Regional Technical Working Group duly designated by different line agencies. To help guide regional nutrition and strategic and action planning to address the nutrition situation of the region. Finalization of the Vision, Mission and Core Values that was formulated during the Regional Nutrition Strategic Planning Workshop held in Zamboanga City. Attended by different line agencies, and DOH-NNC – ARMM as the leading agency headed by the Secretary of Health.



3. Nutrition Month – July 2013, ORG Compound

- With the theme: "Gutom at malnutrisyon, sama-sama nating wakasan!" Launched on the first Wednesday of July 2013. Started with a parade and was followed by a short program and Hataw. Pledge to End-Hunger was also done during the program. Participated by different line agencies and their respective Secretaries. Executive Secretary Atty. Alamia represented the Governor of ARMM, Hon. Mujiv S. Hataman.





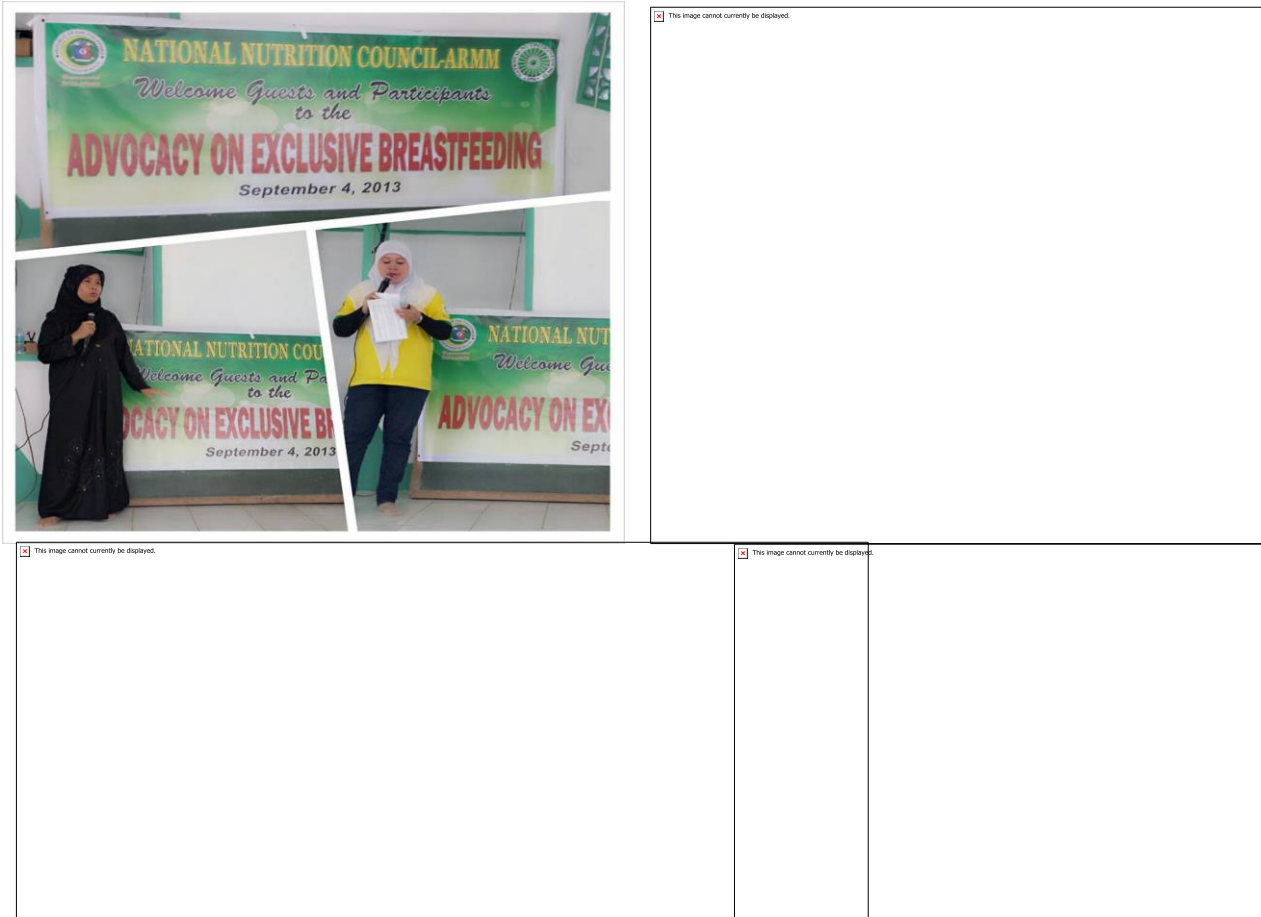
4. Team Building – July 2013, Alibaba Restaurant, Cotabato City

- A two (2) day activity with the objective to know more on leadership in Islamic Perspective and shared by two (2) Islamic Scholars. The Secretary of Health / OIC-Nutrition Program Coordinator, discussed on Leadership Management.



5. Advocacy on Islamic Perspective of Exclusive Breastfeeding – September-October 2013

- To increase awareness on the Islamic Ruling on Breastfeeding in the areas of Maguindanao. To promote the benefits of Exclusive breastfeeding from 0-6 months and timely initiation of complementary feeding from 6 months to 2 years old. To provide venue for mothers to raise questions, share myths and beliefs regarding breastfeeding practices in their respective culture in their areas.



6. Promote Good Nutrition – Infant and Young Child Feeding and Pabasa sa Nutrisyon (Barangay Implementers) – October-December 2013

- Describe the Global Strategy for Infant and Young Child Feeding and be able to list the operational targets of the Global Strategy and state the current recommendations for feeding children from 0-24 months of age. And also conducted Pabasa sa Nutrisyon to empower families in reducing their vulnerability to malnutrition through the adoption of proper nutrition practices and live a healthy lifestyle. The participants were Rural Health Midwives, BHW, Parent Leaders, MECA and Barangay Nutrition Scholar. Already conducted 21 batches with 763 participants in 226 barangays in different provinces of ARMM.



BARANGAY HEALTH WORKERS (BHW)

- Despite the changing environment and priorities in the health sector, the roles of the BHWs in the attainment of health reform goals cannot be denied.
- The DOH recognizes the noble role of BHWs as front liners in supporting the delivery of Primary Health care services to the community.
- The BHWs coupled with their unique wisdom and skills from the experiences they gained, complemented with training, ensures that all, especially the marginalized will have equal access to and enjoy the benefits of the health care system thus achieving the goals of “Kalusugan Pangkalahatan”.
- The DOH cognizant of the new role of BHWs as significant team players of the Community Health Teams
- As a response to the evolving roles of the BHWs, the DOH shall strengthen and institutionalize support to their continuous capacity development through:
 - Provision of performance- based incentives
 - RA 7883 provides for their entitlement for incentives such as hazard and subsistence allowance, however, this was not fully realized to majority of LGUs
 - Thus, the DOH, in view of augmenting the inability of some LGUs to provide incentives to BHWs, shall ensure provision of performance-based incentives to them annually in accordance with the Department Order No. 2011-0165
 - Distribution of IDs for accredited BHWs
 - Relative to the Department Order Issued in 2011 (DO No. 2011-0218), as DOH’ support to the continuing development of BHWs, shall issue Identification cards
 - Issuance of IDs shall ensure that only accredited BHWs will be recognized and thus will be instrumental to assure access to incentives that are duly provided to them

ACCREDITED BHWs

PROVINCE	ACCREDITED BHW
MAGUINDANAO	280
LANAO DEL SUR	770
MARAWI CITY	105

SULU	529
TAWI-TAWI	352
BASILAN	497
LAMITAN City	115
DOH-ARMM	2648

ACCOMPLISHMENT:

Finalization of BHW Masterlist

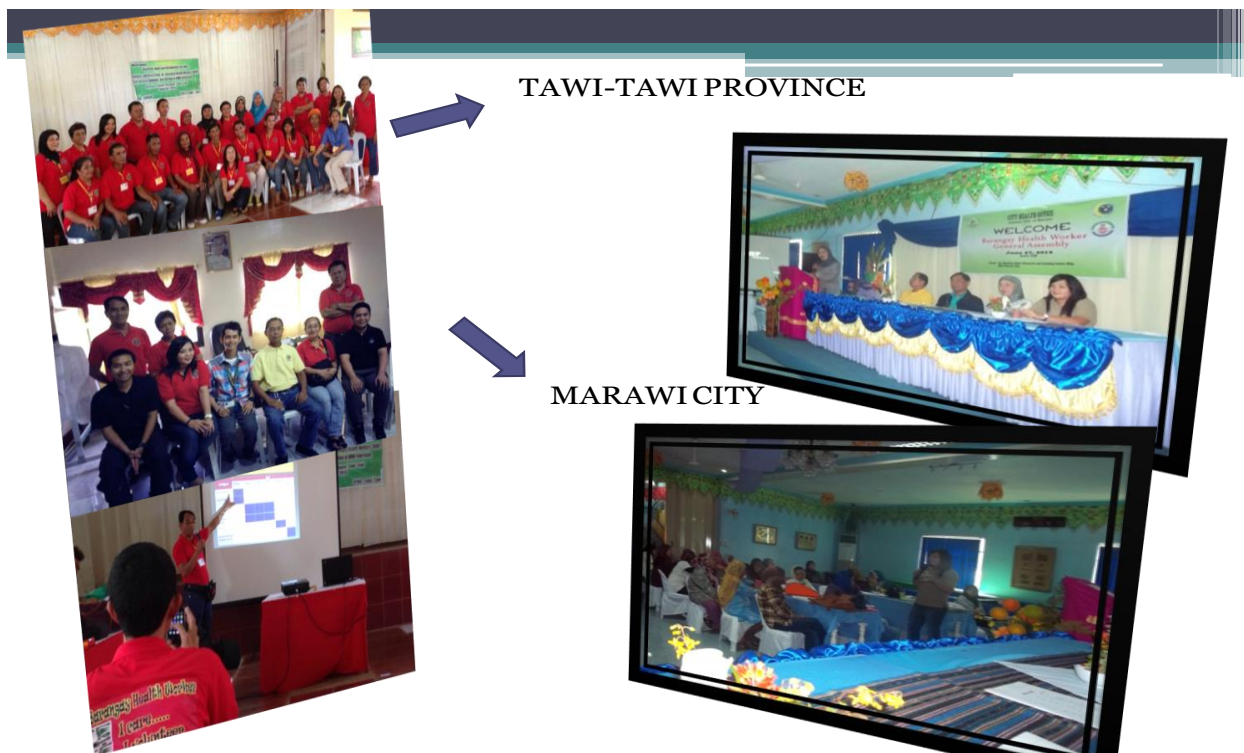
- All Provinces except Basilan Province and Lamitan City.(No Accreditation No.)
- Submitted to CSC and DOH-Manila.

Note:

- Eroneous Names in the Masterlist (ommitted ,Mispelled names, wrong Accreditation No. And etc.)

UPDATES AND ORIENTATION/RE-ORIENTATION ON RA 7883 ARMM WIDE





Updates on CSC 2nd Grade Eligibility for BHW

COMMON REASONS WHY SOME APPLICATIONS WERE DISAPPROVED:

1. Employed in the government/private during his service requirement.
2. Short of the 5-year service requirement.
3. Failed to file within 1 year after he discontinued serving as BHW.
4. Age
5. Wrong Accreditation/Certificate Number.
6. Discrepancy on Age as appearing in the ML and Application Form.
7. Misspelled Name
8. Lacking Requirements



ORGANIZATION OF REGIONAL BHW FEDERATION

REGIONAL BHW FEDERATION	
PRESIDENT	MS. MARGARETH GUTHLADERA
VICE-PRES.	MS. BAYOL B. SOLAIMAN
SECRETARY	MS. SITTIE SAHAYA S. SAMPORNA
TRASURER	MS. JUDY DELLOSA
PRO	MS. UNDUSIYAAMILON MR. DONATO TAN

INDUCTION OFFICER: **MR. SIMPLICIO DASMARIÑAS**
CSC –ARMM Chief Examination Division

WITNESS : **ATTY. MIEMIE ENRIQUEZ**
CSC Legal Officer

MS. REBECCA ABDULKADIL
CSC Administrative Division
ALL DOH-ARMM BHW COORDINATORS



Productivity Based Incentives (PBI) for BHW's

- 2010 PBI Awarded to the winning Provinces/City
- 2011 PBI Awarded to the winning Provinces and Cities
- 2012 PBI to be awarded

Partnership between DOH ARMM and Mahardika Institute of Technology on BHW Training for the Province of Tawi-Tawi.



MEMORANDUM OF UNDERSTANDING KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Understanding is made and entered into by and between:

THE DEPARTMENT OF HEALTH,
Autonomous Region in Muslim Mindanao with
office address at CDRS Compound, Cotabato
City, represented herein by Secretary Raul M.
Bunaditang, Jr. MD, DPH, herein referred to
as the DOH-ARMM;

and:

**THE MAHARDIKA INSTITUTE OF
TECHNOLOGY,** Inc., an educational
institution duly registered with the Securities
and Exchange Commission (SEC), and
recognized by Commission on Higher
Education (CHED), Autonomous Region in
Muslim Mindanao with office address at Bantay
St., Bantayag, Lumban, Tawi-Tawi,
represented herein by **SABER R. HASSAN,**
School President, herein referred to as the MIT;

WITNESSETH:

WHEREAS, DOH-ARMM serves as a catalyst of
improving all the human resources under the Department
in terms of upgrading their skills and knowledge so as to
achieve better health outcomes;

WHEREAS, DOH-ARMM seeks to deliver Basic
Training on Barangay Health Workers and Orientation on
DOH Impact Programs to all Barangay Health Workers
and the Community Health Teams in all priority
provinces and cities in the Autonomous Region in Muslim
Mindanao (ARMM);

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Attendance to National Consultative Meeting

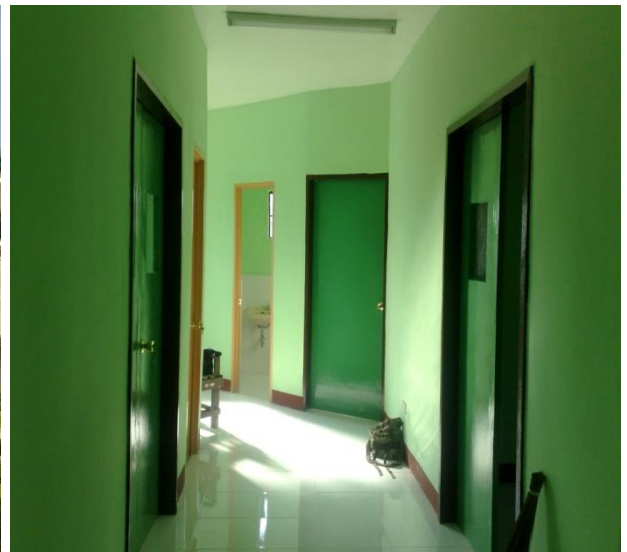


CHALLENGES

Challenges	Interventions , Strategies Taken (PAPs)	Status as of December 15, 2013	Remarks
1. Established BHW Federation per Province	Fee for Registration of SEC will be charge to BHW Fund	To be process as soon as the fund is available	2012 PBI Fund was downloaded December of 2013
2. Establishment of Regional BHW Federation	Fee for Registration of SEC will be charge to BHW Fund	To be process as soon as the fund is available	Additional fund request worth 1,900,000 still to be approved in manila.
3. Benefits and Incentives for BHW will be given	Lobby to LGU		
4. Continuous PBI for BHw			
5. Permanent Fund Source for BHW programs	Request Funding for the BHW programs		
6. Production of BHW ID (Hard)	Request Funding for the ID		
7. Conduct Training for BHW's on the new Manual for BHW	Request Funding for the training		
8. DOH-ARMM Health Summit	Request funding for BHW health summit		
9. Provision of Kits (BP pparatus, T-Shirt, Jackey, Bag, Umbrella, Shoes)	Request funding and lobby to LGU		

Number of HFEP per province

		TISP 2011		HFEP 2011			Remarks
		NEW CONST.	REPAIR/ RENOVATION	NEW CONST.	REPAIR/ RENOVATION	TOTAL	
BASILAN							
	RHU			6		6	5 completed, 1 on going
	BHS	48				48	45 on going, 3 unstarted (for MOA)
LAMITAN							
	BHS	7				7	7 for completion
MARAWI							
	HOSP	1			1 (AUGMENT)	1	1 on going, almost complete
	RHU			5		5	4 completed, 1 on going
	BHS	4		7		11	6 completed, 5 on going
LANAO							
	HOSP		1		2	3	1 on going, 2 waived
	RHU			15		15	12 completed, 3 on going
	BHS	40		1		41	7 completed, 34 on going
MAGUIND							
	HOSP				5	5	2 completed, 3 on going
	RHU	3	5	17		25	12 completed, 13 on going
	BHS	20	8			28	20 on going, 8 fund transfer to IPHO
SULU							
	HOSP	1	2	3	7	13	3 completed, 10 for completion
	RHU			15	2	17	14 completed, 3 on going
	BHS	39		8		47	12 completed, 35 on going,
TAWI							
	HOSP				5	5	5 on going
	RHU			11	5	16	10 completed, 6 on going
	BHS	36		1		37	6 completed, 31 on going



HELPS / Convergence

Date of Activity	Province	Municipality	Barangay
February 18, 2013	Tawi-Tawi	Simunul	Tubig Indangan
February 19, 2013	Tawi-Tawi	Bongao	Tubig Tanah
February 19, 2013	Tawi-Tawi	Panglima Sugala	Magsaggao

COMMITMENT (S) (activities / project committed by the agencies if applicable)	REMARKS
<ol style="list-style-type: none"> 1. Construction of Barangay Health Station 2. Provision of Medical Equipment 3. Provision of Health Medical, Surgical and Dental Care Services 4. Provision of Health Manpower (2 Midwives) 5. Provision of Health Program Training 6. Supplemental feeding and Nutritional Assessment 7. PhilHealth Orientation and Distribution of IDs 8. Quarterly Medical Outreach 	<p>In Barangay Tubig Indangan, Simunul, a total of 90 patients were able to avail of the Medical services, 24 of the Dental check up including tooth extraction and 18 children aged 6 months to 5 years were assessed of their nutritional status (weighing, height / length measuring and Mid-upper arm circumference measurement) and 50 pregnant women received the mosquito net / kit.</p> <p>In Barangay Tubig Tanah, Bongao, 63 availed of medical services, 23 of dental services and 50 pregnant women received the mosquito net / kit.</p> <p>In Barangay Magsaggao, Panglima Sugala, 48 availed of medical services, 28 of dental services, and 50 pregnant women received the mosquito net / kit.</p> <p>In all of the covered barangays of three municipalities, PhilHealth membership forms and IDs were distributed to the residence of the locality.</p> <p>All barangays are recepient of one MECA midwife.</p>

A. HELPS / Convergence



Date of Activity	Province	Municipality	Barangay
February 20-21, 2013	Sulu	Maimbung	

COMMITMENT (S) (activities / project committed by the agencies if applicable)	REMARKS
<ol style="list-style-type: none"> 1. Construction of Barangay Health Station 2. Provision of Medical Equipment 3. Provision of Health Medical, Surgical and Dental Care Services 4. Provision of Health Manpower (2 Midwives) 5. Provision of Health Program Training 6. Supplemental feeding and Nutritional Assessment 	<p>Medical and Dental Health Care Services conducted Assessment of Nutritional Status of children aged 6 months to 5 years old done PhilHealth forms and IDs distributed to visited barangays</p>

7. PhilHealth Orientation and Distribution of IDs	
8. Quarterly Medical Outreach	

Date of Activity	Province	Municipality	Barangay
January 29-31, 2013	Basilan	Tabuan Lasa	Sulloh and Lanawan
February 6, 2013	Lamitan City		Bulanting
February 7, 2013	Basilan	Al Barka	Cambug

COMMITMENT (S) (activities / project committed by the agencies if applicable)	REMARKS
1. Construction of Barangay Health Station	<p>In Municipality of Tabuan Lasa, a total of 738 patients were able to avail of the Medical services, 70 of the Dental check up including tooth extraction and 216 children aged 6 months to 5 years were assessed of their nutritional status (weighing, height / length measuring and Mid-upper arm circumference measurement).</p> <p>In Lamitan City, 511 availed of medical services, 74 of dental services, 114 were assessed of their nutritional status and 230 were immunized of the Pneumo23 vaccine.</p> <p>In Municipality of Al Barka, 189 availed of medical services, 24 of dental services and 32 were assessed of their nutritional status.</p> <p>In all of the covered barangays of two municipalities and a city, PhilHealth membership forms were distributed targeting indigent residence of the locality.</p> <p>All barangays are recipient of one MECA midwife.</p>
2. Provision of Medical Equipment	
3. Provision of Health Medical, Surgical and Dental Care Services	
4. Provision of Health Manpower (2 Midwives)	
5. Provision of Health Program Training	
6. Supplemental feeding and Nutritional Assessment	
7. PhilHealth Orientation and Distribution of IDs	
8. Quarterly Medical Outreach	

Date of Activity	Province	Municipality	Barangay
February 13, 2013	Marawi City		Cabingan
February 14, 2013	Lanao del sur	Ramain	Ratian
February 15, 2013	Lanao del sur	Ganassi	Taliongan
February 16, 2013	Lanao del sur	Taraka	Dilabayan

COMMITMENT (S) (activities / project committed by the agencies if applicable)	REMARKS
<ol style="list-style-type: none"> 1. Construction of Barangay Health Station 2. Provision of Medical Equipment 3. Provision of Health Medical, Surgical and Dental Care Services 4. Provision of Health Manpower (2 Midwives) 5. Provision of Health Program Training 6. Supplemental feeding and Nutritional Assessment 7. PhilHealth Orientation and Distribution of IDs 8. Quarterly Medical Outreach 	<p>Medical and Dental Health Care Services conducted</p> <p>Assessment of Nutritional Status of children aged 6 months to 5 years old done</p> <p>PhilHealth forms and IDs distributed to visited barangays</p>

Date of Activity	Province	Municipality	Barangay
February 13, 2013	Marawi City		Cabingan
February 14, 2013	Lanao del sur	Ramain	Ratian
February 15, 2013	Lanao del sur	Ganassi	Taliongan
February 16, 2013	Lanao del sur	Taraka	Dilabayan

COMMITMENT (S) (activities / project committed by the agencies if applicable)	REMARKS
<ol style="list-style-type: none"> 1. Construction of Barangay Health Station 2. Provision of Medical Equipment 3. Provision of Health Medical, Surgical and Dental Care Services 4. Provision of Health Manpower (2 Midwives) 5. Provision of Health Program Training 6. Supplemental feeding and Nutritional Assessment 7. PhilHealth Orientation and Distribution of IDs 8. Quarterly Medical Outreach 	<p>Medical and Dental Health Care Services conducted</p> <p>Assessment of Nutritional Status of children aged 6 months to 5 years old done</p> <p>PhilHealth forms and IDs distributed to visited barangays</p> <p>Conducted</p>

ARMM HEART Medical Component

- Sabah Crisis Medical Surgical Team
- Maguindanao flooding
- Zamboanga Siege Medical Emergency Response
- Taviran Conflagration Medical Assistance
- “Yolanda “ Tolosa Leyte Solidarity Medical Contingent



More Services on Health - Kasama Mo si Sec Project ACCOMPLISHMENT REPORT

January 01, 2011 - October 21, 2013

ACTIVITIES	Y E A R			
	2011	2012	2013	TOTAL NO. OF BENEFICIARIES
A. Oplan Pangalawan Paningin				
A. Eye Screening	1,791	3,216	1016	6,023
B. Cataract	1,777	340	292	2,409
C. Pterygium	355	262	112	729
D. Eye glasses distributed	163	287		450
MINOR SURGERIES				
A. Operation Tuli	2,570	2,113	365	5,048
B. Cyst Removal	50	167	85	302
DENTAL SERVICES	2,475	2,574	1,828	6,877
A. Distribution of Toothbrush			352	
B. Tooth Extraction			1,584	
MEDICAL SERVICES				
A. Medical Consultation with free medicines	16,874	14,788	8,991	40,653
B. Nutrition services for :				
A. Children (6mos.- 5 years old)	0	172	781	953
B. Pregnant Women	0	103	150	253
VACCINES Immunizations for Senior Citizen				
A. Influenza		50,535	1,660	52,195
B. Pneumococcal		26,467	12,035	38,502
OTHERS :				
A. Distributions of Mosquito Nets			920	920

