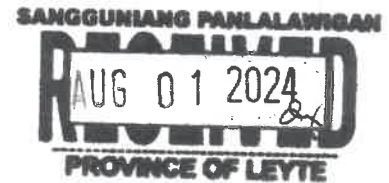




Republic of the Philippines  
Province of Leyte  
Office of Hon. Raissa J. Villasin

Item No. **25**  
Date: **01 2024 AUG**

July 30, 2024



**HON. LEONARDO M. JAVIER, JR.**  
Vice Governor  
Province of Leyte

Dear Honorable Vice Governor:

Warm greetings!

Respectfully endorsing to your good office, the following resolutions from the Provincial Health Board and to request that these be included in our agenda:

- A RESOLUTION APPROVING THE ADOPTION AND IMPLEMENTATION OF THE PROVINCIAL HEALTH FACILITY DEVELOPMENT PLAN PURSUANT TO THE OBJECTIVE OF RA 11223, OTHERWISE KNOWN AS UNIVERSAL HEALTH CARE ACT, TO PROVIDE THE FILIPINOS ACCESS TO QUALITY HEALTH SERVICES;
- A RESOLUTION APPROVING THE LOCAL INVESTMENT PLAN FOR HEALTH (LIPH) 2023-2025 AND THE ADOPTION OF THE ANNUAL OPERATION PLAN (AOP) 2023 AS THE STRATEGIC AND INVESTMENT PLAN FOR HEALTH OF THE PROVINCE-WIDE HEALTH SYSTEM (PWHS) IN THE PROVINCE OF LEYTE;
- **A RESOLUTION APPROVING THE ADOPTION OF THE 2024 ANNUAL OPERATION PLAN AS THE STRATEGIC AND INVESTMENT PLAN FOR HEALTH OF THE PROVINCE-WIDE HEALTH SYSTEMS (PWHS) IN THE PROVINCE OF LEYTE;**
- AN ORDINANCE EXPANDING THE COMPOSITION OF THE PROVINCIAL HEALTH BOARD OF THE PROVINCE OF LEYTE, THE CREATION AND STRENGTHENING OF ITS SUPPORT UNIT AND FOR OTHER PURPOSES.

Thank you very much and Best Regards!

Very Truly Yours,

  
**HON. RAISSA J. VILLASIN**  
Chairperson, Committee On Health

Cc: Atty. Carlo P. Loreto, Floor Leader



Republic of the Philippines  
PROVINCE OF LEYTE  
Leyte Provincial Capitol Building  
Palo, Leyte

Item No.: \_\_\_\_\_

Date: 05 2024 AUG

**EXCERPTS FROM THE MINUTES OF THE PROVINCIAL HEALTH BOARD  
MEETING HELD AT MULTI-PURPOSE HALL, LEYTE PROVINCIAL CAPITOL  
COMPLEX ON MAY 12, 2023**

**PRESENT:**

**HON. CARLOS JERICHO L. PETILLA**

**DR. RONALD E. FLORES**

**HON. RAISSA VILLASIN**

**DR. ANTONIO O. IDA**

**SR. ELOISA L. DAVID**

**ABSENT:**

**RESOLUTION NO. 2**

**Series of 2023**

**RESOLUTION APPROVING THE ADOPTION OF THE LOCAL INVESTMENT PLAN FOR HEALTH 2023 – 2025 AND ANNUAL OPERATION PLAN 2023 AS THE STRATEGIC AND INVESTMENT PLAN FOR HEALTH OF THE PROVINCE-WIDE HEALTH SYSTEM AND ENDORSING THE SAME TO SANGGUNIANG PANLALAWIGAN.**

**WHEREAS**, the Local Investment Plan for Health (LIPH) 2023 – 2025 and Annual Operation Plan (AOP) 2023 are a medium-term public investment plan for health that specifies the strategic direction of the Province/City-Wide Health System in terms of improving health service delivery, strengthening the health systems operations and addressing social determinants of health, and specifies actions and commitments of different local stakeholders;

**WHEREAS**, the LIPH and its Annual Operational Plans reflect the collaborative and collective efforts of the health sector and various stakeholders, including the private sector, and is the key instrument in forging the Department of Health (DOH) and the Province/City-wide Health System partnership to implement the Universal Health Care;

**WHEREAS**, the LIPH is translated into Annual Operational Plans;

**WHEREAS**, the LIPH and AOP, undergo a bottom-up planning procedure that allowed lower level units to have their plans incorporated in the province-wide/city-wide health plan;

**WHEREAS**, the LIPH and AOP, address the health needs of the majority of the local population and equally provide consideration to the health needs of the vulnerable population such as, but not limited to, population in Geographically Isolated and Disadvantaged Areas (GIDA), Indigenous Cultural Communities/ Indigenous Peoples (ICC/IP), indigents, senior citizens, Persons with Disabilities (PWD), women, and children;

**WHEREAS**, the P/CWHS, along with its component cities and municipalities, commits to deliver the commitments contained in the LIPH and its AOPs and use LIPH/AOP as the basis for health inputs to the Regional Development Plan, the Local Development Investment Program (LDIP)/Comprehensive Development Plan (CDP) and Annual Investment Program and other health-related LGU mandated plans.

**NOW, THEREFORE**, on motion of Dr. Ronald E. Flores, duly seconded by Dr. Antonio O. Ida, resolved as it is hereby resolved to adopt the Local Investment Plan for Health as the strategic and investment plan for health of the P/CWHS and the corresponding AOPs of the LIPH as the yearly operational and investment plan for health of the P/CWHS.

**Approved: May 12, 2023**

I **HEREBY CERTIFY** to that the foregoing was adopted and approved by the Local Health Board in a meeting held on a date and place given above.

Prepared by:

  
**FLORENCIO R. DILOY III**

PHO Staff

  
**DR. MA. IRMA D. LERIOS**

Secretariat

Approved:



**HON. CARLOS JERICHO L. PETILLA**  
Governor  
Chairman, Local Health Board

Concurred by:



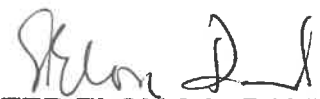
**DR. RONALD E. FLORES**  
Vice-Chairman, Local Health Board



**DR. ANTONIO O. IDA**  
Member



**HON. RAISSA VILLASIN**  
Member



**SISTER ELOISA L. DAVID**  
Member



Republic of the Philippines  
PROVINCE OF LEYTE  
Leyte Provincial Capitol Building  
Palo, Leyte

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EXCERPTS FROM THE MINUTES OF THE PROVINCIAL HEALTH BOARD  
MEETING HELD AT MULTI-PURPOSE HALL, LEYTE PROVINCIAL CAPITOL  
COMPLEX ON MAY 12, 2023

**PRESENT:**

**HON. CARLOS JERICHO L. PETILLA**

**DR. RONALD E. FLORES**

**HON. RAISSA VILLASIN**

**DR. ANTONIO O. IDA**

**SR. ELOISA L. DAVID**

**ABSENT:**

**RESOLUTION NO. 2**  
**Series of 2023**

**A RESOLUTION ADOPTING THE LOCAL INVESTMENT PLAN FOR HEALTH 2023 – 2025 AND ANNUAL OPERATION PLAN 2023, PROPOSING BUDGET AND ENDORSING THE SAME TO SANGGUNIANG PANLALAWIGAN FOR CONCURRENCE**

**WHEREAS**, the Local Investment Plan for Health (LIPH) 2023 – 2025 and Annual Operation Plan (AOP) 2023 are a medium-term public investment plan for health that specifies the strategic direction of the Province/City-Wide Health System in terms of improving health service delivery, strengthening the health systems operations and addressing social determinants of health, and specifies actions and commitments of different local stakeholders;

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**WHEREAS**, the LIPH is translated into Annual Operational Plans;

VERIFIED TRUE COPY  
BY: Ja DATE: 7/5/24

**WHEREAS**, the LIPH and AOP, undergo a bottom-up planning procedure that allowed lower level units to have their plans incorporated in the province-wide/city-wide health plan;

**WHEREAS**, the LIPH and AOP, address the health needs of the majority of the local population and equally provide consideration to the health needs of the vulnerable population such as, but not limited to, population in Geographically Isolated and Disadvantaged Areas (GIDA), Indigenous Cultural Communities/ Indigenous Peoples (ICC/IP), indigents, senior citizens, Persons with Disabilities (PWD), women, and children;


**WHEREAS**, the P/CWHS, along with its component cities and municipalities, commits to deliver the commitments contained in the LIPH and its AOPs and use LIPH/AOP as the basis for health inputs to the Regional Development Plan, the Local Development Investment Program (LDIP)/Comprehensive Development Plan (CDP) and Annual Investment Program and other health-related LGU mandated plans.

**NOW, THEREFORE**, on motion of Dr. Ronald E. Flores, duly seconded by Dr. Antonio O. Ida, resolved as it is hereby resolved to adopt the Local Investment Plan for Health as the strategic and investment plan for health of the P/CWHS and the corresponding AOPs of the LIPH as the yearly operational and investment plan for health of the P/CWHS.

Approved: May 12, 2023

I HEREBY CERTIFY to that the foregoing was adopted and approved by the Local Health Board in a meeting held on a date and place given above.

Prepared by:

  
FLORENCIO R. DILOY III  
PHO Staff

  
DR. MA. IRMA D. LERIOS  
Secretariat

VERIFIED TRUE COPY  
DATE 7/5/24<sup>2</sup>

Approved:



**HON. CARLOS JERICO L. PETILLA**  
Governor  
Chairman, Local Health Board

Concurred by:



**DR. RONALD E. FLORES**  
Vice-Chairman, Local Health Board



**DR. ANTONIO O. IDA**  
Member



**HON. RAISSA VILLASIN**  
Member



**SISTER ELOISA L. DAVID**  
Member



**LOCAL INVESTMENT PLAN FOR  
HEALTH 2023-2025  
ANNUAL OPERATIONAL PLAN 2023  
FOR NORTH LEYTE PROVINCE**



**UNIVERSAL HEALTH CARE**  
KALAKIPAN AT PANGALANG PANGALANG PANGALANG



**LOCAL INVESTMENT PLAN FOR  
HEALTH 2023-2025  
ANNUAL OPERATIONAL PLAN 2023  
FOR NORTH LEYTE PROVINCE**

**Prepared by:**

**Leyte Provincial Health Office**

Compiled by:

**RONALD E. FLORES, MD, DPPS, MMHOA**  
Acting Provincial Health Officer II

**AMELITA G. AVENIDO, MD**  
Chief of Hospital

**MA. IRMA D. LERIOS, DMD**  
Chief Technical

**FLORENCIO R. DILOY III**  
LIPH/AOP Coordinator

**PHO TECHNICAL STAFF**

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### **Mission**

“To provide every Leyteños the highest possible quality of healthcare that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public.”

### **Vision**

“A progressive Province of Leyte with empowered people, living in a sustainable environment with safer, adaptive and disaster-resilient communities and a developed agro-industry, anchored on entrepreneurship, a center and supplier of renewable energy, a leading information and Communication Technology (ICT) service provider, and a historic-cultural tourism zone”.

## I. EXECUTIVE SUMMARY

This Annual Operational Plan 2023 and Local Investment Plan for Health 2023-2025 are anchored in the implementation of Universal Health Care Act which is an integrated and comprehensive approach to ensure that all Leyteños are health literate, provided with healthy living conditions and protected from hazards and risks that could affect their health. This plan seeks to address the health needs and gaps in the six major building blocks of the Local Health Systems Maturity Level - Leadership and Governance, Financing, Health Workforce, Health Information System, Medical Supply Chain & Logistics Management and Health Regulation, and Service Delivery. The Table below shows the breakdown of the Investment as to the LIPH 2023-2025.

Strategic Pillar	AMOUNT (Peso)			TOTAL AMOUNT	%
	2023	2024	2025		
Health Service Delivery	2,731,503,043.64	1,778,423,345.59	1,817,618,837.56	6,327,545,226.79	45.65%
Health Workforce	908,888,341.84	940,367,093.70	936,674,138.58	2,785,929,574.12	20.10%
Health Information System	47,431,982.99	32,116,730.27	33,724,889.95	113,273,603.21	0.82%
Supply Chain & Logistics Management and Health Regulation	1,405,108,248.89	1,354,969,009.41	1,373,609,065.71	4,133,686,324.01	29.82%
Health Financing	155,024,912.55	125,112,763.55	121,616,206.55	401,753,882.65	2.90%
Leadership and Governance	30,345,240.90	33,582,972.90	33,856,149.90	97,784,363.70	0.71%
<b>TOTAL</b>	<b>5,278,301,770.81</b>	<b>4,264,571,915.42</b>	<b>4,317,099,288.25</b>	<b>13,859,972,974.48</b>	<b>100%</b>

Health service delivery is the most funded building block which comprises 45.65% or P6,327,545,226.79 for the total three-year investment plan. On the other hand, leadership and governance is the least funded among the six building blocks of LHSML. It contains 0.71% or P97,784,363.70 investment needs for the next three years. Investment cost varies from sources of funding. The Provincial LGU will provide 17.14% or P2,375,417,795.19, City and Municipal LGU will provide 29.86% or P4,138,433,984.42, while the Barangay LGU has 0.10% or P13,989,080.00 with a total of P6,527,840,859.61 overall LGU counterpart or 47.10% of the total three year investment needs for health. Additionally, the Department of Health comprises the 50.17% or P6,953,635,907.83, that is, P3,885,058,768.72 from Central Office and P3,068,577,139.12 from the Center for Health Development respectively. Moreover, the 1.09% or P150,911,350.36 will be funded from other sources - DPWH, DepEd, IMAP, PhilHealth, and MAIP. However, there is remaining 1.64% or P227,584,856.68 that is left unfunded, will be outsourced from other funds like MAIP, MALASAKIT, and other indigent funding agency. This fund is just based on the projected need of the province but can be revised and revisited as per the need arise. The overall budget was decreasing for the entire province from 2023 to 2025 due to the Devolution Transition Plan and the decreased internal revenue of the local government units. With these concerns, financial plans for the health human resource and health facility development plan were also reduced.

## II. PLAN DEVELOPMENT PROCESS

### A. Members of the LIPH-AOP Planning Team

The LIPH-AOP planning team is headed by the Provincial Health Officer II and co-lead by the OIC PHO I and the DOH representative, DMO V. Other members of the team are non-health staff from the provincial government office and the PHO technical staff. Chief of the Technical Section and Technical Staff/Program Managers designated as ILHZ Coordinators are authorized members of the planning team through issuance of an Office Order: 08-2022.

The following are the core members of the LIPH-AOP Planning: (Office Order: 2022-03-02)

- Team Leader: PHO II  
 Co-Lead: PHO I and DMO V  
 Members: Chief of the Technical Department  
 Chiefs of Hospitals  
 Program Coordinators on Health for the Province  
 PHO LIPH-AOP Program Coordinator  
 City/Municipal Health Officers  
 Development Management Officers IV  
 Provincial Health Ad Hoc Committee  
 PHO Budget Officer
- Non-Health Staff:
1. Provincial Budget Officer
  2. Provincial Accountant
  3. Provincial Treasurer
  4. Provincial Planning and Development Coordinator
  5. Provincial General Services Officer (PBAC Chairperson)
  6. Provincial Community Relations Officer
  7. Provincial Health Consultant
  8. Provincial Engineer Office

Table 2. PHO Technical Staff with their ILHZ Assignment

ILHZ ASSIGNMENT	DESIGNATED COORDINATOR
<b>GOLDEN HARVEST</b>	Karena Cleofe De Veyra
<b>LEYTE GULF</b>	Karena Cleofe De Veyra
<b>GOODWILL</b>	Narciso Ragrag
<b>LEYTE PLAINS</b>	Francis Adam Albesa
<b>MABAHINHIL</b>	Jocelyn Cerro
<b>MAINBAY</b>	Melmar Marcos
<b>MAHARLIKA</b>	Laarni Lantajo
<b>CALESAN</b>	Catherine Costelo
<b>KAMMAO</b>	Dr. Irma Lerios
<b>LEYTE WEST COAST</b>	Aileen Fabi

**Table 3. Inter Local Health Zone (ILHZ) Technical Management Committee (TMC) Chairperson**

<b>ILHZ</b>	<b>TMC CHAIRPERSON</b>	<b>DESIGNATION</b>
<b>Maharlika</b>	Dr. Honorato Jervoso	Chief, Abuyog District Hospital
<b>Leyte Plains</b>	Dr. Hospicio Salvatierra*	Chief, Burauen District Hospital
<b>Golden Harvest (Joint ILHZ with Leyte Gulf)</b>	Dr. Amelita Avenido	Chief, Leyte Provincial Hospital
<b>Leyte Gulf (Joint ILHZ with Golden Harvest)</b>	Dr. Amelita Avenido	Chief, Leyte Provincial Hospital
<b>Goodwill</b>	Dr. Leda Alegata	OIC Chief, Carigara District Hospital
<b>MABAHINHIL</b>	Dr. Rodelio Pajuelas	OIC Chief, Hilongos District Hospital
<b>MAINBAY</b>	Dr. Ma. Irma D. Leros (Interim Chairperson)	OIC Chief Technical Department
<b>KAMMAO</b>	Dr. Lourdes Banquesio	Chief, Ormoc District Hospital
<b>Leyte West Coast</b>	Dr. Corazon Grace Fernandez	Chief, Manuel B. Veloso Memorial Hospital
<b>CALESAN</b>	Dr. Adrian Labanta	Chief, Northwestern Leyte Provincial Hospital

<b>Table 4. PDOHO Development Management Officers ILHZ Assignment</b>		
<b>ILHZ</b>	<b>MUNICIPALITY</b>	<b>PDOHO</b>
<b>GOLDEN HARVEST</b>	ALANGALANG	MS. ANITA MARGALLO
	STA. FE	MS. HELEN CABUGUANG
	PASTRANA	MS. ALMA BERNARDO
	BABATNGON	DR.ANTONIO IDA
<b>LEYTE GULF</b>	PALO	MR. MARVIN ALLEN GUY-JOCO
	TANAUAN	
	TOLOSA	
	DULAG	
<b>LEYTE PLAINS</b>	DAGAMI	MS. ALMA BERNARDO
	JULITA	MS. JOCELYN TINAYA
	BURAUEN	
	LA PAZ	
TABONTABON		
<b>GOODWILL</b>	CARIGARA	MS. MAE MARQUEZ
	BARUGO	MS. ANITA MARGALLO
	JARO	
	SAN MIGUEL	
	CAPOOCAN	MS. EMMA LAURON
	TUNGA	
<b>MAHARLIKA</b>	ABUYOG	MS. HELEN CABUGUANG
	MACARTHUR	
	JAVIER	
	MAYORGA	
<b>CALESAN</b>	LEYTE	MS. EMMA LAURON
	CALUBIAN	DR.ANTONIO IDA
	SAN ISIDRO	
<b>KAMMAO</b>	ALBUERA	MS. ELSIE JACA
	KANANGA	MS. EMMA LAURON
	MERIDA	MS. MAE MARQUEZ
	MATAG-OB	MS. PAPIA LAURENTE
TABANGO		
ISABEL		
<b>LEYTE WEST COAST</b>	PALOMPON	MS. MAE MARQUEZ
	VILLABA	
	MATALOM	
<b>MABAHINHIL</b>	HILONGOS	DR. MARIA VILMA ESTORBA
	HINDANG	
	BATO	
	MAHAPLAG	
<b>MAINBAY</b>	INOPACAN	MS. SUZETTE ARCILLAS
	BAYBAY	

## B. AOP 2023 and LIPH 2023-2025 Process

All 40 municipalities and 1 component city have crafted their City/Municipal Investment Plan for Health and approved by their local chief executive to be incorporated in the Provincial Investment Plan for Health. For these AOP 2023 and LIPH 2023-2025, these are what we have done:

1. The Plan is presented as a City/Municipal Investment Plan for Health by the 5 Districts and 8 Hospitals under the Province of Leyte, covering 40 municipalities and 1 component city with the 43 Rural Health Units, 1 City Health Office, 299 Barangay Health Stations, birthing clinics and the Temporary Treatment and Monitoring/Isolation Facilities focusing in all Health System Building Blocks of the Universal Health Care. These investment plans were presented and approved by the local chief executives.
2. The Disaster Risk Reduction Management Plan for Health (DRRM-H) were emphasized on the costing for the institutionalization of their respective LGUs and Hospitals.
3. If the plan investment cost centers on the facility development and water sanitation facilities, we see to it that the needed Health Facility Enhancement Project (HFEP) of the barangay, municipality or city will be addressed by the AOP 2023 and LIPH 2023-2025, since the province is fully devolved starting 2024 and 2025. Provincial, District and Community Hospitals of the province considered to be the LGU Province owned is likewise incorporated in this plan. In addition, the Health Facility Development Plan can be seen in **Annex B.1.1**.
4. Part of the plan for the Human Resource for Health are creation of new plantilla positions based on the minimum requirements set by the Universal Health Care Act, subject to the availability of fund.
5. Procurement of health commodities are guided by the program coordinators of the province based on partially and totally devolved programs.
6. LGUs plan in modernizing/upgrading their electronic medical record through the use of an updated version of the iClinicSys as part of the Information Communication Technology Development Plan. On the other hand, hospitals of the province are using the Health Information Management System (HIMS), that is owned and managed by the provincial government, used mainly for records, billing, and collection. The IMSANA baseline result will be the basis for the crafting of ICT Development Plan.
7. Part of this narrative is a summary on the Devolution Transition Plan that is incorporated in the Health Facility Development Plan, Procurement and Supply Chain Management, and Health Workforce Plan while Gender and Development Plan is also incorporated in different programs of the PHO.

The Province of Leyte has no Ancestral Domain Investment Plan for Health (ADIPH) or Ancestral Domain Sustainable Development and Protection Plan (ADSDP) since it has no ancestral domain, thus no Health Investment Plan for this.

PHO Office Order No. 08-2022 designate all PHO Technical Staff as Program and ILHZ Coordinators. This Plan spells out various Technical Assistance and sources. The Provincial Health office can also give Technical Assistance by providing of Resource Speakers/Facilitators, conduct of seminars and Augmentation of Health Service Delivery to the RHUs and City Health Office. All municipalities and city in the province have their own municipal/city health board team, comprising the mayor as chairman, municipal health officer as co-chairman, and the following member, SB on Health, ABC President-representing the barangays of the city/municipality, DoH Representative, NGO, IPs and some agencies concern.



In Consideration of Health Situation and Needs of Different Levels of the province, Field Data were gathered from 1,393 barangays consolidated from 40 Municipalities and 1 City Health Office to become the Annual FHSIS 2021. Hospital Accomplishments 2021 were also considered in the Health Situation for this AOP 2023 and LIPH 2023-2025. Data were validated and verified from existing government-recognized information gathering tools and system – FHSIS, LGU score card result, etc.

Each Barangay Health Station (BHS) of the Municipality/RHU or the District Health Centers (DHC) of the City/City Health Office Plans (Barangay and District Health Center Plans) were incorporated into the City/Municipal LIPH 2023-2025. The AOP 2023 at the Provincial level reflects the incorporation and consolidation from all Municipal, City, hospitals and birthing clinics AOP 2023 Plans. Data from all 10 Inter-local Health Zones (ILHZ) represents the Provincial Situation as presented in the approved Provincial LGU Score Card 2021 (presented in the Health Situation Chapter of this AOP 2023 and LIPH 2023-2025). The data is a reflection of the needs of all levels - Barangay, Municipal, City, District (ILHZ) and Provincial.

Series of consultations from the municipalities & city, with their local health board, were concluded in the planning. The Provincial Health Office started the orientation on the crafting of the AOP 2023 and LIPH 2023-2025 last January 2022 with the municipal/city health officers and chiefs of hospital. During this orientation, different annexes and forms were introduced and discussed. Additionally, the six (6) health building blocks of the UHC Local Health Systems Maturity Level, namely: Health Service Delivery, Health Workforce, Health Information System, Supply Chain & Logistic Management and Health Regulation, Health Finance and Leadership and Governance were discussed. The municipal/city health officers and chiefs of hospitals were then advised to facilitate the planning of the AOP 2023 and LIPH 2023-2025 in their respective areas.

A follow-up writeshop was concluded last February 2022. During this activity, program coordinators discussed each of their programs and emphasized on the devolution transition plan in line with the Universal Health Care implementation. The Health Building Blocks were the focus of this activity and the formulation of the AOP 2023 local investment needs. The activity was conducted in two batches - Waray group and Bisaya group, together with their respective DOH Representatives and Chief of Hospitals.

On April 6, 2022, the Provincial Health Office once again conducted a coordinative meeting for city/municipal health officers, chief of hospitals, DOH Representatives and program coordinators for the Health Facility Development Plan and Follow-up and Finalization for AOP 2023 and LIPH 2023-2025. On this activity, the head of the Health Facility Development Unit discussed on the devolution transition plan in correlation to the health facility development plan for municipality, hospital and provincial level.

Finalization of this LIPH was conducted last October 2022 and some of the city/municipal health officers were able to submit their final plan. In addition, during this activity, an orientation for the LIPH-IS was also completed. They were given an orientation and walk-thru of the system and were provided an account for the system wherein each municipalities and city will be encoding the AOP 2024 and the provincial health office will be monitoring their submission and encoding.

Finally on November 2022 to complete on the LIPH 2023-2025, a coordinative meeting to PHO II, city/municipal health officers, program coordinators, DoH representatives and chiefs of hospital and hospital administrators for the formulation of the Health Care Provider Network (HCPN). The said activity conducted by PDoH Leyte in co-facilitated by the PHO Leyte, to establish the province wide health care provider network through strengthened capability and commitment of all health facilities, developed functional mechanism on referral system, and established guidelines and clear role delineation among stakeholders.

Consultations with key stakeholders were conducted throughout the planning process. These involve meetings with the Technical Management Committee, SP on Health, ILHZ Board, represented by the Chairperson Committee on Health, Mayors, BHW/CHT Chairperson, and ABC President of the Municipality/City. In addition, monthly and quarterly meetings were conducted with the Leyte Association of BHW (LA-BHW) and with the municipal and city implementation teams for the Unmet Need Reduction Strategy for Modern Family Planning (UNRS-MFP).

Special Population Groups were also involved and consulted for the crafting of this LIPH and AOP. Pregnant teenagers were consulted during Program for Young Parents (PYP) sessions, Women of Reproductive Age (WRA) and non-teenage pregnant/post-partum mothers were

consulted during the conduct of Family Planning Day Outreach Activities in RHUs, BHS and City Health Office. While differently able persons (people with disabilities) were considered for provision of services and are among the Special population included in this health investment. Indigenous People in Bato and Isabel are likewise provided specialized services by the Rural Health Units, and along with this, geographically isolated and disadvantaged areas (GIDA) were considered in the discussion of health situation. Health of the Elderly and the vulnerable 0-5 year old children were likewise given emphasis in the Interventions and Cost in this AOP 2023 and LIPH 2023-2025.

This LIPH 2023-2025 underwent Harmonization, integration and Synchronization with the different LGU's through their City and Municipal Investment Plans for Health (C/MIPH) and Hospitals (Provincial, District and Community ) 2023-2025. For PHO and DOH-RO 8 it is through the Coordinative Meetings we had with our PDOHO where priority programs are harmonized. Likewise since IMAP, USIAD and KOICA had engaged with the Province through its Community Maternal and Child Health Scale Up 2 (CMSU2) Project, we also harmonize our Activities with them. Among the Priority Programs is the Supervision of the Private Birthing Facilities and the Mentoring and Monitoring for Midwives (3M's).

The LIPH 2023-2025 of the Province is synchronized and harmonized with the PHTO and DOH CHD-EV Menu of Programs, Projects and Activities in the Fourmula One Plus Directions and Universal Health Care Act implementation.

To harmonize the previous LIPH period with the LIPH 2023 we deemed important the following considerations:

1. To use the FHSIS 2020 & 2021 Indicators using the Metadata and Multipliers of specific population group.
2. Use of indicator of the National Objectives for Health 2022
3. Embrace interventions as UHC-IS Province and the Fourmula One Plus Directions.
4. Ensure the implementation of the UHC Act, and shall be anchored on the following guiding principles, which reflect the corresponding priority shifts and critical mindsets:
  1. Whole-of-Government and Whole-of-Society Approach
  2. Investments in Health
  3. Efficiency and Responsiveness
  4. Institutional Strengthening
  5. Protection and Well-being of Health Care Workers

### III. HEALTH SITUATION

#### A. Demographic Profile and Process of Data Collection

Leyte Province is a 1st class province and is one of the six provinces of Eastern Visayas Region located in Central Philippines adjacent to Cebu which ranks eight in size among larger islands in the Philippine Archipelago. It lies adjacent to the island of Samar, connected by the San Juanico Strait, and east of the islands of Cebu and Bohol. It is bounded in the North by the Carigara Bay and in the East by the Leyte Gulf. To the West is the Camotes Sea, while the province of Southern Leyte lies South. It is the largest and the oldest province in the Eastern Visayas region comprising approximately 27% or 571,276 hectares of the region's total land area of 2,143,169 hectare (DENR RFO VIII, 2016). There is a total of 1,682,729 population in the whole province for the year 2022.

Leyte has two types of climate. The eastern part has Type II climate characterized by very pronounced rainfall from November to January. The western portion has Type IV climate with rainfall that is more or less distributed throughout the year. Leyte Gulf is affected by both the SE and NE monsoons. As a result, there are no pronounced wet and dry seasons. The NE monsoons nevertheless have a greater effect bringing slightly more rainfall during the months of November, December and January which then possess a threat to flooding and landslide.

It is composed of forty (40) municipalities and one city, Baybay, which serve as its commercial center. It has five (5) congressional districts and has a total of 1,393 Barangays. Each municipality has a Rural Health Unit headed by either LGU-hired or DOH-hired Municipal Health Officer or Doctors-to-the-Barrio. In 2022, there are 299 Barangay Health Stations with 336,546 number of households.

Table 5 below shows the projected population per municipality for the years 2023, 2024, and 2025. This projected population was used to gauge future demand for healthcare services in the province as well as to compute the demand for human resource for health.

MUNICIPALITY	2023	2024	2025
ABUYOG	67,455	68,528	69,615
ALANG ALANG	62,545	63,540	64,548
ALBUERA	52,464	53,298	54,144
BABATNGON	31,476	31,976	32,484
BARUGO	37,078	37,668	38,266
BATO	43,432	44,123	44,823
BAYBAY City	123,914	125,886	127,883
BURAUEN	59,711	60,661	61,623
CALUBIAN	35,361	35,923	36,493
CAPOOCAN	38,066	38,672	39,285
CARIGARA	58,140	59,065	60,002
DAGAMI	39,798	40,432	41,073
DULAG	53,560	54,412	55,275
HILONGOS	71,825	72,968	74,126
HINDANG	23,693	24,070	24,452
INOPACAN	23,270	23,640	24,015
ISABEL	53,124	53,969	54,825
JARO	48,916	49,694	50,482

<b>MUNICIPALITY</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
JAVIER	28,738	29,195	29,658
JULITA	17,114	17,387	17,662
KANANGA	64,062	65,081	66,114
LAPAZ	22,645	23,005	23,370
LEYTE	46,017	46,749	47,491
MACARTHUR	24,018	24,400	24,787
MAHAPLAG	31,505	32,006	32,514
MATAG-OB	20,804	21,136	21,471
MATALOM	37,504	38,101	38,705
MAYORGA	19,432	19,741	20,054
MERIDA	33,815	34,353	34,898
PALO	79,323	80,585	81,863
PALOMPON	65,798	66,845	67,905
PASTRANA	20,384	20,709	21,037
SAN ISIDRO	35,828	36,398	36,976
SAN MIGUEL	21,990	22,340	22,694
STA.FE	23,144	23,512	23,885
TABANGO	38,720	39,336	39,960
TABON TABON	12,687	12,889	13,093
TANAUAN	62,303	63,294	64,298
TOLOSA	23,754	24,132	24,515
TUNGA	8,588	8,724	8,863
VILLABA	47,435	48,190	48,954

The process of Data Collection is through the 2021 FHSIS Quarter and Annual Reports submitted by the 40 Municipalities and City of Baybay to the Provincial Health Office which is consolidated to become Provincial Health Data. The Annual Reports of the Hospital for 2021 likewise is the collected data for Hospital Accomplishment. Both FHSIS and Annual Hospital Accomplishments are data sources.

The Provincial LGU Score Card 2021 was utilized as health data and was compared with 2020 LGU Score Card results. The Hospital 2021 Accomplishments were used as baseline for health data of hospitals. Surveillance Reports and the PHO and ILHZ best practices are highlighted in this Chapter on Health Situation.

The Provincial data and information are clearly and logically presented. Comparative years from 2020 and 2021 were used to see the progress of accomplishment and compare trends of current year 2021 with that of the past year 2020. In the next presentation, the Provincial LGU Score Card 2021 and was used as basis for the planning of LIPH 2023-2025 and AOP 2023. Form 2 spells out the relationship between the Goals, objectives and PPAs in order to achieve the benchmark performance indicator.

B. Provincial LGU Score Card for Health

Figure 1. PWHs Report Card 2021 (DOH-EVCHD)

26/09/2022, 14:08 LGU Health Scorecard

**PWHS REPORT CARD 2021** **LEYTE**

Performance Indicator	Performance Level		Reference Table			
	External Benchmark	Internal Benchmark	Health Data 2021	Health Data 2020	Nat'l Ave. 2019	Nat'l Target 2022
<b>I. ENSURE EQUITABLE HEALTH FINANCING</b>						
1. Percentage of LGU Budget Allocated for Health (Provincial)	○	↓	21.11	30.17	NA	NA
2. Provision of FULL Hazard Pay, subsistence and laundry allowances to permanent public health workers under the Magna Carta for Public Health Workers	●	≡	0	0	0	100
3. With Local Investment Plan for Health endorsed/concurred by the CHD	○	≡	100	100	0	100
<b>II. LOCAL HEALTH SYSTEMS INTEGRATED INTO PROVINCE-WIDE AND CITY-WIDE HEALTH SYSTEMS</b>						
4. Functional Local Health Board (Will not be collected for 2021)	●	●	NA	NA	TBD	TBD
5. Organized P/CHO (filled plantilla positions) (Will not be collected for 2021)	●	●	NA	NA	TBD	TBD
6. Presence of Integrated Health System (Will not be collected for 2021)	●	●	NA	NA	TBD	TBD
<b>III. IMPLEMENT COMPREHENSIVE DEVELOPMENT PLAN FOR SERVICE DELIVERY NETWORK</b>						
7. Percentage of Component LGUs with Adequate Rural Health Unit (RHU)/ Health Center (HC) to population ratio	●	↓	12.2	12.2	12	25
<b>IV. LOCALIZE HIGH IMPACT HEALTH POLICY REFORMS</b>						
8. Percentage of National Health Policies Translated into Local Policies by the LGUs (Will not be collected for 2021)	●	●	NA	NA	TBD	TBD
<b>V. IMPROVE PERFORMANCE OF THE LGUS</b>						
9. Percentage of Facilities with no-stock out of the following commodities	○	↓	34.88	93.18	59.84	TBD
10. Percentage of LGU Health Budget Utilized - Disbursement Rate	●	↓	88.34	91.68	95.11	100
11. Percentage of LGU Health Budget Utilized - Obligation Rate	●	↓	80.94	81.21	83.71	95
12. With Institutionalized Disaster Risk Reduction and Management in Health (DRRM-H)	●	≡	0	0	0	100
13. With Organized Epidemiology Surveillance Unit (ESU)	●	≡	0	0	0	100
14. Percentage of adults 20 years old and above who were risk assessed using the PhiPEN Protocol	●	↑	3.47	0	2.63	20
15. Percentage of Fully Immunized Child (FIC)	●	↓	54.78	64.23	89.08	95
16. Percentage of households using safely managed drinking-water services/sources	●	↓	58.5	59.6	39.18	55
17. Prevalence of Stunting among under 5 children	●	↑	15.24	16.3	Per Income Class	Per Income Class
18. TB Case Notification Rate (per 100,000 population)	○	●	ND	148.92	20%	10% increase
19. TB Treatment Success Rate	●	↑	86.7	84	87.22	90

<https://lguhealthscorecard.doh.gov.ph/reports/reportcard>

1/2



<https://lguhealthscorecard.doh.gov.ph/reports/reportcard>

3/2

As gleaned from our PWHS LGU Health Report Card 2021, we were able to achieve in ensuring equitable health financing when the budget for the province was evaluated and compared from 2020 to 2021. However, there was a decrease in LGU budget for health from 30.17% in 2020 to 21.11% in 2021.

The Executive Order for the expansion of the Provincial Health Board has already been signed by the provincial Governor Carlos Jericho L. Petilla, with EO No. 12-2022-15 E. In the implementation of comprehensive development plan for service delivery, only three municipalities out of 41 municipality/city of the province where able to meet the ratio of number of RHU/CHO 1:20,000 population, thus a yellow performance rating.

Last November 28, 2022, the Provincial Health Office has been DRMM-H institutionalized. Furthermore, there are 15 municipalities and 1 city of the province that have been institutionalized for this year alone. Moreover, there is now a functional Provincial Epidemiology and Surveillance Unit with an Executive Order signed by the governor, with EO No. 12-2022-15C, while the Office Order No. 08-2022 has been signed by the PHO II for disease surveillance officer and its members.

For the Fully Immunized Child (FIC) program, there was a decreased accomplishment in 2021 due to the COVID-19 pandemic wherein face to face classes were halted and some mothers limit their visits to health centers thereby decreasing their access to other health programs. Meanwhile, determining the percentage of households using safely managed water was also affected by the limitations brought about by the pandemic causing less collection and test of water sample.

On the other hand, there is an improvement, a decrease on the number of Prevalence of Stunting in the province for the under 5 children from 16.3% to 15.24%. Lastly, TB Case Notification Rate had no data due to the pandemic while the treatment success rate continued to increase.

### C. Provincial Health Indices and Vital Events

<b>INDEX</b>	<b>2020</b>	<b>2021</b>
Crude Birth Rate (per 1,000 pop)	12.09	8.65
Crude Death Rate (per 1,000 pop)	3.39	3.35
Neonatal Death Rate (per 1,000 LB) Benchmark: 15/1,000 LB	1.57	0.83
Infant Death Rate (per 1,000 LB) Benchmark: 17/1,000 LB	1.92	1.39
Maternal Mortality Ratio (per 100,000 LB) Benchmark: 70/100,000 LB (SDG)	45.9	20.91
Total Neonatal Deaths (0-28 days old NB)	31	12
Total Births	19,713	14,342
Total Infant Deaths (9- 11 months)	38	20
Total Maternal Deaths	9	3
Total Deaths (All Ages)	5,536	5,548

For the year 2021 there had been a decrease in the total number of live births as compared to 2020. From 19,713 LB with a CBR of 12.09/1,000 LB in 2020 to 14,342 live births (LB) with a Crude Birth Rate (CBR) of 8.65 /1,000 LB in 2021. There was a decrease by 27.24% (5,371 LB). This means fewer babies were born in the current year. The trend in the Province is decreasing live births since 2016 up to the present.

There was a total of 5,548 deaths (all ages) in 2021 with a Crude Death Rate (CDR) of 3.35/1,000 population while in 2020 we had 5,536 with a CDR of 2.39/1,000 population. There was an increase of 0.2% meaning more deaths in 2021 compared to 2020.

The total Maternal Deaths for 2021 was 3 with a Maternal Mortality Ratio (MMR) of 20.91/100,000 LB while in 2020 there were 9 Maternal Deaths with MMR of 45.9/100,000. There was a decrease in the current year compared to 2020. For this LIPH we will be using the MMR set by the Sustainable Development Goal (SDG) of 70/100,000 LB which means Leyte MMR still within the benchmark goal. The sustained facilitating intervention was the conduct of Provincial and ILHZ Maternal and Neonatal Death Review and the continuing Supportive Supervision (SSV) for Public Birthing Facilities (RHU, CHO, and BHS) that has expanded to Private Birthing Facilities since 2018. However, the prevention of maternal and neonatal death is eminent.

There was a decrease in neonatal deaths from 31 in 2020 to 12 ND in 2021 with a Neonatal Death Rate (NDR) of 0.83/1,000 LB. Newborns were dying from prematurity ending in asphyxia, sepsis neonatorum and aspiration as the top 3 causes. With this data, training on Newborn Resuscitation will be included in the skills in Essential Newborn Care and will be the focus for Child Care (Neonates, Infants and Under Five Children) in this LIPH 2023-2025.

In 2021, there was a total of 20 Infant deaths with a death rate of 1.39/1,000 LB which is significantly lower compared to 2020 with 38 infant deaths with a rate of 1.92/1,000 LB.

**D. Morbidity/Mortality in RHUs**

**Table 7. Top 10 Morbidity 2020 per 100,000 Population**

No	Disease	Number	Rate
1	Upper Respiratory Tract Infection	29,193	1,790
2	Hypertension	16,516	1,013
3	Wound (All Forms)	7,236	444
4	Urinary Tract Infection	6,613	406
5	Pneumonia	5,930	364
6	Acute Gastroenteritis	5,374	330
7	Acute Respiratory Infection	5,277	324
8	Lower Respiratory Tract Infection	4,547	279
9	Hypertensive Cardiovascular Disease (HCVD)	4,294	263
10	Skin Disorder	4,171	256
	<b>TOTAL</b>	<b>113,574</b>	<b>6,965</b>

No	Disease	Number	Rate
1	Upper Respiratory Tract Infection	16,334	986.10
2	Hypertension	12,509	755.18
3	Urinary Tract Infection	3,667	221.38
4	Wound (all forms)	3,409	205.80
5	Animal Bite	2,696	162.76
6	Bronchitis	2,372	143.20
7	Skin Disease	1,861	112.35
8	Pneumonia	1,674	101.06
9	ARI in below 5	1,325	79.99
10	Cough and colds	1,295	78.18
	<b>TOTAL</b>	<b>70,796</b>	<b>4,274.03</b>

No	Disease	Number	Rate
1	Pneumonia	784	48
2	Hypertensive Cardiovascular Disease	667	41
3	Carcinoma (All Forms)	521	32
4	Acute Myocardial Infarction	377	23
5	Hypertension	328	20
6	Heart Disease	321	20
7	Diabetes Mellitus Type 2	320	20
8	Cerebrovascular Accident	203	12
9	Kidney Disease	155	10
10	Sepsis	151	9
	<b>TOTAL</b>	<b>5,536</b>	<b>340</b>

No	Disease	Number	Rate
1	Pneumonia	613	37.01
2	Stroke	537	32.42
3	Cardiovascular Disease Hemorrhage	497	30.00
4	Myocardial Infarction	416	25.11
5	Diabetes Mellitus	271	16.36
6	Cancer (all forms)	236	14.25
7	Kidney Disease	222	13.40
8	Hypertensive Cardiovascular Disease	159	9.60
9	Status Asthmaticus	158	9.54
10	Sepsis	135	8.15
	<b>TOTAL</b>	<b>5,548</b>	<b>334.94</b>



Tables 7 & 8 show the ten leading causes of morbidity among all age group in 2020 and 2021 respectively, while Tables 9 & 10 show the ten leading causes of mortality in all ages in the same years. These data were generated from the rural health units of each municipalities in Leyte. The data illustrates that Upper Respiratory Tract Infection (URTI) has been the leading cause of morbidity or illness in the province from 2020 and 2021. Likewise, the leading cause of death, which is Pneumonia, did not change from these two consecutive years in the Province of Leyte. This data signifies that currently, the leading cause of illnesses and death in the Province falls under infectious diseases. Therefore, barangay health stations, rural health units, city health office, and hospitals must enhance the management of these cases.

In addition, hypertension ranks second in the leading causes of morbidity in the same years. Heart Disease such as Hypertension (2) in morbidity, Cardiovascular Hemorrhage (3), Myocardial Infarction (4) and Hypertensive Cardiovascular Disease (8) in mortality are the most common illnesses that leads to mortality or death. This data suggests to intensify the campaign on healthy lifestyle, diet modification and exercise.

### E. Morbidity/Mortality in Hospitals

*Disclaimer: Data generated from 6 out of 9 hospitals under province: LPH, ODH, ADH, HDH, CDH, and NWLDH.*

Rank	Disease	Case	Rate
1	Pregnancy Uterine/illness/injury	1,538	94
2	Pneumonia	1,501	92
3	Urinary Tract Infection	1,489	91
4	Acute Gastroenteritis	1,177	72
5	Dengue	793	49
6	Hypertension	368	23
7	Bronchial Asthma	318	19
8	Acid Peptic Disease	293	18
9	Hypertensive Cardiovascular Disease	240	15
10	Acute Pyelonephritis	209	13
<b>TOTAL</b>		<b>7,926</b>	<b>486</b>

Rank	Disease	Case	Rate
1	Pneumonia	2,038	123.04
2	Urinary Tract Infection	1,208	72.93
3	Pregnancy Uterine/illness/injury	1,147	69.25
4	Acute Gastroenteritis	707	42.68
5	COVID-19	426	25.72
6	Hypertensive Cardiovascular Disease	400	24.15
7	Acid Peptic Disease	322	19.44
8	Bronchial Asthma	197	11.89
9	Dengue	192	11.59
10	Hypertension	160	9.66
<b>TOTAL</b>		<b>6,797</b>	<b>410.34</b>

Rank	Disease	Case	Rate
1	Pneumonia	78	5
2	Cerebrovascular Disease	34	2
3	Acute Myocardial Infarction	22	1
4	Hypertension	20	1
5	Cerebrovascular Accident	15	1
6	Pulmonary Tuberculosis	14	1
7	DM Type II	12	1
8	Ischemic Heart Disease	11	1
9	Acute Respiratory Failure Secondary to Hepatic Encephalopathy	10	1
10	Sepsis	10	1
	<b>TOTAL</b>	<b>226</b>	<b>14</b>

Rank	Disease	Case	Rate
1	Pneumonia	146	8.81
2	Cerebrovascular Disease	37	2.23
3	Acute Myocardial Infarction	25	1.51
4	Cerebrovascular Accident	25	1.51
5	Chronic Kidney Disease	24	1.45
6	COVID19	23	1.39
7	Congestive Heart Failure	20	1.21
8	DM	20	1.21
9	Prematurity	17	1.03
10	Pulmonary Tuberculosis	17	1.03
	<b>TOTAL</b>	<b>354</b>	<b>21.37</b>

Tables 11 & 12 show the ten leading causes of morbidity among all age group in 2020 and 2021 in the hospital census, while Tables 13 & 14 show the ten leading causes of mortality in all ages in the same years in hospitals. Pregnancy Uterine/illness/injury and Pneumonia were among the leading causes of hospital admissions in Leyte for the years 2020 and 2021. In addition, Pneumonia was still the leading cause of death among hospitalized individuals from 2020 and 2021. Subsequently, urinary tract infection and acute gastroenteritis were among the most common illnesses in all age group that cause hospital admission. While cerebrovascular disease and acute myocardial infarction were the next most common cause of death in all age group in Leyte from 2020 and 2021.

The burden of non-communicable and Lifestyle related diseases showed the following situation illustrated in 2021: Heart Conditions such as Hypertensive Cardiovascular Disease (6) and Hypertension (10) were the most common diseases in morbidity while Acute Myocardial Infarction (3) and Congestive Heart Failure (7) were among the leading cause of death. Lifestyle related diseases caused by cigarette smoking, drinking alcoholic beverages and uncontrolled diet may lead to Cerebrovascular Disease (2) and Cerebrovascular Accident (4) which eventually leads to death of an individual.

## **F. Other Considerations on the use of Verifiable and Validated Data**

### **A. Non-Health Sector**

#### **1. Philippine Health Insurance Inc.**

1. Coverage of the poorest of the poor
  2. Premium subsidies and sharing schemes among LGUs
  3. Utilization of Revenues from reimbursements and Capitation Funds for Quality Improvement
  4. Benefit Payment for Rural Health Units and Facilities
  5. Utilization Rate of our Provincial, District and Community Hospitals
2. **Provincial Population Office (Leyte)** generates Demand among those Women of Reproductive Age (WRA) – the 15-49 years considered to have Unmet Needs for Modern Family Planning. Demand Generation Activities are done up to the Barangay level.
  3. **Department of Education** Division of Leyte for data on Water, Sanitation and Hygiene (WASH) Implementation in the so called WASH in Schools (WinS).
  4. **Provincial Nutrition Council (PNC)** for the nutritional status of 2021 as gleaned in the LGU Score Card
  5. **Provincial Planning Development Office** provides the Demographic Profile, Geographic Profile (Province Physical Environment), Socio-Economic, Education and Literacy, Peace and Order, etc. The Province Profile which is a Booklet Briefer is maintained at the PPDO.

### **B. Special Population Group**

1. **Philippine Drug Enforcement Agency (PDEA)** with DOH-8 show Data on Persons who use Drugs - from 13,637 total number of Persons Who Use Drugs (PWUD) in 2019, these number have decreased to 7,068 in 2021. In addition, as of 2020 there are 33 out of 40 municipalities who were declared as Drug Cleared Municipality by PDEA.
2. **Data for Special Population Groups. Our Vulnerable Populations include the Urban Poor.** They need more Health Care attention and provision of services, thus a priority in our LIPH 2023-2025 simply translated also a priority for AOP 2023.
3. **Marginalized or Special Population Groups** – those living in our 88 GIDA Barangays located in 19 Municipalities and Baybay City are likewise deemed priority in the provision of Health Services. Our **Person with Disabilities (PWD)** we re given crutches, walkers and wheelchairs.
4. Provincial, districts and community hospitals of the province are providing **Program for Young Parents (PYP)**, seeks to expand access to high quality integrated MNCHN/FP services to help reduce unmet need for family planning, especially among the poor and women below age 19.
5. **Indigenous People (IP) or Indigenous Cultural Communities (ICC)** in the Municipalities of Burauen, Bato, and Isabel are also being included in the provision of Health Services. In the recent pandemic of COVID-19, the community were given primary and booster dose of vaccines. In addition, most **GIDA** areas do not have access to any Barangay Health Station for this reason, the LIPH major thrust is also focused on the construction of health facilities in GIDA areas.

## **G. Description and Analysis of Health and Health Related Threats and Situations, and Health Systems, Problems/Concerns:**

Maternal, Neonatal, Child Health and Nutrition Status showed a low ANC or PNV. PNV4 (Quality Prenatal Visit) in 2021 was 96.24%, in which the national benchmark of 95%. The province achieved more than the national target, this means that the health facilities were able to track every pregnant women in their areas. In the same year, there was 14,342 live births which was 39.57% lower than the expected 36,242 births. Pregnancy Tracking was institutionalized, therefore every pregnant woman is tracked from pregnancy, during labor, during delivery and 42 days post-partum. Rate of Pregnancies among teenagers 10-19 years old in 2021 was 10.09%. (1,430 deliveries out of 14,160) which was significantly lower from the previous year with 1,942 reported teenage pregnancies. These pregnancies are considered to be High Risk pregnancies, therefore it is deemed important to strictly follow Quality Prenatal and hospital based deliveries. They must be tracked and followed up by the health worker. For this LIPH 2023-2025 there is a need for all Provincial, District and Community Hospitals to sustain the Program for Young Parents (PYP).

The Facility Base Delivery (FBD) for 2021 was 93.79% while in 2020 98.32%, slightly lower than the previous year. This was due to the effect of the COVID-19 pandemic as reported during meetings and implementation reviews with the midwives and municipal health officers. For the last 3 years (2019-2021) the province was able to sustain more than 90% FBD of the national target since Facility Based Deliveries had been institutionalized.

The Contraceptive Prevalence Rate (CPR) in 2021 was 30.40% slightly higher than the national benchmark of 30%. The trend of the provincial CPR for the last 3 years is increasing which can be linked to the increasing demand through Usapan Series and Available Services in Rural Health Units, City Health Office, Barangay Health Stations, Hospitals and Private Midwife Clinics. In addition, the Unmet Need Reduction Strategy for Modern Family Planning (UNRS-MFP) was implemented in the province since 2017.

Cancers or Malignant Neoplasm have decreased from being the third leading cause of death in 2020 to being the sixth among the death toll in 2021. The death rate was 14.25/100,000 with 236 deaths of various sites of cancer in the body in the RHU census. Cancer is not seen as a top cause for consultation, therefore patients are seen late with fatal complications like metastasis. For this reason, importance of Early Screening and Management should be emphasized.

As of 2021, 309 individuals were reported with mental health illnesses in the province as reported by few Municipalities. There was a decreased number of reported mental illnesses compared to 357 from 2018. This answers the focus under the Strategy on Diseases or Illnesses Arising from Rapid Urbanization and Development.

In 2021, the province was not able to achieve the national target of 94%, having only 90.4% of households with access to safe water as compared to 2020 of 93.06%. This decreased accomplishment might be linked to the limited monitoring activities done by sanitation inspectors in the municipalities and they were assigned in the TTMF due to COVID-19 pandemic. Households with Sanitary Toilets have also decline from 88.26% in 2020 to 86.24% in 2021. The province is 3% shy to the benchmark of 91%.

In addition, the province declared fourteen (14) Zero-Open Defecation (ZOD) Municipalities in 2021 out 40 municipalities and 1 city namely: San Isidro (19 barangays), Alang-Alang (54 barangays), Pastrana (29 barangays), Santa Fe (20 barangays), Barugo (37 barangays), Carigara (49 barangays), Tunga (8 barangays), Julita (26 barangays), La Paz (35 barangays), Tabon Tabon (16 barangays), Dulag (45 barangays), Isabel (24 barangays), Javier (28 barangays), MacArthur (31 barangays), and Mayorga (16 barangays) with a 14/41 or 35% ZOD provincial rate.

PROVINCE OF LEYTE COVID-19 CASES YR 2020 & 2021													
Year	Total No. Cases	Asymptomatic	Rate	Mild	Rate	Moderate	Rate	Severe	Rate	Critical	Rate	Deaths	Rate
2020	3,308	2,824	85.37	447	13.51		-	23	0.70	14	0.42	27	0.82
2021	15,696	12,504	79.66	2,218	14.13	733	4.67	130	0.83	23	0.15	127	0.81
<b>Total</b>	<b>19,004</b>	<b>15,328</b>	<b>165.03</b>	<b>2,665</b>	<b>27.64</b>	<b>733</b>	<b>4.67</b>	<b>153</b>	<b>1.52</b>	<b>37</b>	<b>0.57</b>	<b>154</b>	<b>1.63</b>

#### H. Emerging and Re-emerging Infectious Diseases

In 2019, the whole world was affected due to the novel human corona virus, also known as COVID-19. In the province of Leyte, the initial meeting to combat this emerging disease was conducted last March 6, 2020 and the first Provincial Interagency Task Force (PIATF) meeting was concluded last March 13, 2020 before the complete lockdown happened in March 15, 2020. The first reported COVID-19 positive case in Leyte Province was in Burauen, a Balik-Bayan last April 16, 2020. The total number of reported cases on 2020 reached 3,308 and 85% of whom were asymptomatic and was quarantined in TTMF and quarantine facilities together with mild cases. Moderate to severe cases were brought to the hospitals for treatment. 27 or less than 1% of deaths were reported due to the disease. During these period, the Department of Health and the provincial government collaborated with the “Bida Solusyon” to combat the emerging COVID-19 pandemic. In addition, the province launched “MIC-P” health promotion campaign which stands for wear proper **M**ask, boost up the **I**mmune system, **C**lean your hands, and observe **P**ersonal hygiene.

Rapid increase of cases were reported in 2021 due to the different strains of virus which reached up to 15,696 and 79.66% or 12,504 of whom were asymptomatic, 2,218 or 14.13% had mild cases and there were a total of 127 deaths, still with less than 1% rate of all cases.

#### **IV. STATUS OF PROVINCE-WIDE HEALTH SYSTEMS INTEGRATION**

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In linking our Health System towards achieving Universal Health Care, the following are the status as well as the gaps to be addressed in this AOP 2023 and LIPH 2023-2025.

##### **A. Preparatory Level**

As of November 23, 2022, Leyte has achieved 75% of the preparatory level key results areas of the Local Health Systems Maturity Level.

Under Leadership and Governance, there is a signed commitment by the Provincial Government to integrate local health systems into province-wide health systems as evidenced by an existing SP Resolution No. 2019-771 and signed and notarized Memorandum of Understanding between PLGU, DOH, and PhilHealth as represented by, then, Gov. Leopoldo Dominico L. Petilla for the Province of Leyte, Dr. Francisco T. Duque III, Secretary of Health, and the President and Chief Executive Officer of PhilHealth, Atty. Dante A. Gierran.

Baseline Assessment and Situational Analysis were already completed under Health Workforce, Medical Products, Vaccines, and Technology, Information and Service Delivery Building Blocks. The updated IMSANA inventory under Information 2 building block was recently completed. In addition, the lacking Executive Orders for the creation of Technical Working Group (TWG) with EO No. 12-2022-15 F, Pharmacy and Therapeutics Committee (PTC) with EO No. 12-2022-15 A, and Health Promotion Committee (HPC) with EO No. 12-2022-15 B, were all signed by Governor Carlos Jericho L. Petilla last December 15, 2022.

Moreover, the SP Resolutions on strengthened role of Barangay Health Workers as Barangay-level health education and promotion officers and the Resolution adopting the Joint Memorandum Circular No. 2018-01 of the Department of Interior and Local Government (DILG) and Dangerous Drug Board (DDB) that covers the necessary steps to combat drug abuse problem in the Province as part of the health promotion, have been approved by the Sanggunian Panlalawigan during their session last December 15, 2022, with the Resolution No. 2022-569 and Resolution No. 2022-568 respectively.

##### **B. Organizational Level**

The Province has started some of the key results areas under the organizational level. Among the KRAs that were achieved under Health Workforce are the presence of HRH plan through the Health Facility Development Plan and learning and development intervention through DOH-PRC Certified Primary Care Provider Certification and updated National Health Workforce Registry.

Under Information building block, presence of dedicated PESU with training certificates were organized and the Executive Order for the creation of the Provincial Epidemiology Surveillance Unit has been signed by the Provincial Governor Carlos Jericho L. Petilla with EO No. 12-2022-15C. In addition, there is dedicated provincial ICT personnel with and Office Order 08-2022. The completed IMSANA assessment tool will be the basis for the creation of the Provincial ICT Development Plan.

Under MPVT, presence of procurement plan was included in the approved AOP 2022 and is also reflected in this Aop 2023 and LIPH 2023-2025. The list of pharmacists, pharmacy assistants and dedicated trained personnel on Supply Chain Management have also been identified and included in the reporting of LHSML 2022.

Finally, under Service Delivery, there is presence of office order for DRRM-H manager, an approved DRRM-H plan signed by the Governor, organized Provincial Health Emergency Response Teams backed with Office Order No. 08-2022, and the conduct of drills and BLS and SFA training were completed.

The following KRAs were recently signed by the Governor last December 15, 2022:

1. EO on Expanded Membership and Functions of the Provincial Health Board (EO No. 12-2022-15 E)
2. EO on Strengthened Provincial Health Office (EO No. 12-2022-15 E)
3. EO on Established Management Support Unit (EO No. 12-2022-15 E)
4. EO for the creation of Provincial Epidemiology and Surveillance Unit (EO No. 12-2022-15 C)
5. EO for the creation of Health Promotion Unit (EO No. 12-2022-15 B)

### **C. Functional Level**

Most of the Functional Level KRAs have also been started. Out of 20 KRAs, 4 have been achieved, 7 are still on going, and 9 have not been started.

## V. SITUATIONAL & GAP ANALYSIS PER LHSML CHARACTERISTIC

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### A. Unified Governance of the Local Health System

The Province of Leyte has already signified its commitment to integrate local health systems into Province-Wide Health Systems through the signing of the Memorandum Tripartite with the DOH and PhilHealth last March 23, 2022 and was represented by, then, Gov. Leopoldo Dominico L. Petilla for the Province of Leyte, Dr. Francisco T. Duque III, Secretary of Health, and the President and Chief Executive Officer of PhilHealth, Atty. Dante A. Gierran. Currently, the Executive Order for the creation of the Technical Working Groups with their functions relating to the LHS integration was duly signed by Governor Carlos Jericho L. Petilla.

Before this had been finalized, series of consultations were done among different stakeholders from the provincial government down to the municipal government. All of the Municipal Health Officers from the Rural Health Units and Chiefs of Hospitals were oriented to Universal Health Care Act and its Implementing Rules and Regulations by the Project Development Officer of the Provincial DOH, while some of the newly elected officials were oriented to UHC by the DOH Representatives.

The Provincial Health Office crafted the Executive Orders for expanded membership and functions of the Provincial Health Board, creation of Health Service Delivery Division and Management of Support Unit that was then sent to the Provincial Legal Officer for review and approval and finally signed by the Provincial Governor.

The Terms of Partnership (TOP) between the Province and DOH-Center for Health Development was also signed by the Governor for the implementation of population-based health services. Meanwhile, PHO is waiting for the template of contract between the Province and PhilHealth for the implementation of individual-based health services.

### B. Strategic and Investment Planning

This LIPH 2023-2025 and AOP 2023 is part of the health strategic investment plan of the Province. There is a crafted Executive Order for the adoption of the LIPH to be reviewed by the Provincial Legal Officer once this LIPH and AOP are concurred by the DOH-Center for Health Development.

As Regulatory Mechanism for the province, Ordinances in MNCHN – FBD, CHT, User Fees, among others, will be reviewed to monitor status of implementation. Provincial Ordinance, City and Municipal Ordinances on Covid 19 from April 2020 to present will be compiled and used for COVID 19 PIDTR Strategies. For our ILHZs, an approved WFP by the ILHZ Board will be required as the document needed to disburse/use the ILHZ CHTF funds. There is a signed and notarized Terms of Partnership (TOP) between the Province and DOH-Center for Health Development (DOH-CHD) for the implementation of population-based health services (**Annex B1.1.2**). A WFP for Fix Tranche (yearly) will be prepared by the head of PHO and approved by the Governor/Provincial Administrator. This document will be needed for any Activity/Project proposal for funds to be disbursed and for payments – PR/PO and Disbursement Voucher.



### C. Financial Management

The current financial scheme for health systems in the Province is mainly through PhilHealth reimbursements from the hospitals using the Health Information Management System (HIMS) that was developed by the provincial government for easier and faster billing and collection from PhilHealth. Some Primary Care Facilities are already eKonsulta accredited by PhilHealth with reimbursement scheme for every consultation done. Regarding Special Health Fund, Gov. Petilla suggested to have a detailed discussion on the proper utilization, disbursement, monitoring and evaluation of the fund with the different government agencies involved - DOH, PhilHealth, DBM, COA and BIR before opening a Special Health Fund depository bank account.

### D. Health Workforce

A Baseline Assessment and Situational Analysis was conducted for HRH Management and Development last May - June 2022. Based on the completed assessment tool, the Province of Leyte has a total demand of 1,900 for all human resource for health, of which, a total of 1,447 are needed for health cadres such as, physician, nurse, and midwife for primary care facilities and other health cadres as minimum requirements for hospitals such as dentist, medical technologist, nutritionist-dietitian, occupational therapist, optometrist, pharmacist, physical therapist, radiologic technologist/x-ray technologist or technician, and speech therapist. There are also 453 other health cadres needed to be employed as health support staff to primary care facilities.

There is a total supply of 1,045 HRH as of June 2022, but only 475 or 45% of which is supplied or employed by the local government unit and the rest is augmented by the Department of Health through its Human Resource for Health Deployment Program. There is a huge gap of 972 needed HRH if the Deployment Program of DOH will be discontinued and even with the DOH deployment, there is still 421 remaining HRH gap throughout the province.

Demand for primary care physicians, dentists, nurses, and midwives are discussed in detail under the Health Facility Development Plan (**Annex B1.1.1**) and BASA report on HRH Management Development (**Annex B1.1.3**)

To enable a Province-Wide Health Systems integration and as part of the Learning and Development Plan for HRH, the Provincial Health Office encouraged all physicians, nurses, and midwives at the primary care facilities to apply as Primary Care Workers. They enrolled in the DOH Learning Academy and have completed the PCW and Universal Health Care Act orientation and were able to apply for the provisional certification of PCWs. As of November 24, 2022, 317 doctors, nurses, and midwives were certified by the DOH as PCW and have received their provisional certificates. Another 512 HRH are still waiting for their application to be processed.

Hospitals in the province also lack human resource for health, Leyte Provincial Hospital alone needs 13 nurses, at least 2 radiologist with specialty of reading CT SCAN and 2 radiology technician with training on the CT scan operation so as to qualify with the standards set by the DOH CHD RLED. In addition, Tabango Community Hospital needs 4 additional nurses while North Western Leyte District Hospital has 4 plantilla positions for nurses but are detailed to another facility and needs 2 additional nurses as a minimum requirement for RLED licensing. Similarly, other district hospitals also need to hire additional nurses to meet the minimum requirement of RLED, namely, Abuyog District Hospital needs 22 additional nurses, Burauen District Hospital needs 24, Carigara District Hospital needs 12, Hilongos District Hospital needs 9, Ormoc District Hospital needs 10, and Manuel B. Veloso Memorial Hospital needs 13 additional nurses respectively.

## **E. Information Management System**

There is a designated Information Communication Officer at the Provincial Health Office with the Office Order No. 08-2022 and conducted the Information Management System Assessment and Needs Analysis among health facilities within the network from October to December 2022 (**Annex B1.1.4**)

Primary Care Facilities or the Rural Health Units have iClinicSys that is used from registration to consultation and is connected to the different barangay health centers and is mainly used for PhilHealth claims. All hospitals under the province are using Hospital Information Management System (HIMS) that is owned and managed by the Provincial Government and is mainly used for records, billing, and collection of claims from PhilHealth. The system works from admission to discharge of client and follow up consultations at the Out Patient Department. However, medical records are only shared within the facility but not to other facilities within the network.

79% of health facilities within the network have access to internet but most of them claim to have an unreliable internet connectivity. Most primary care facilities do not have a dedicated staff for ICT management, while hospitals share an IT developer or computer maintenance that is hired by the province. Moreover, all facilities expressed the need for training on PHP programming language, data privacy, cybersecurity, and an additional training and updating of existing health information system. Detailed plan for Information System per facility is seen in **Annex B.3 of LIPH Form 2.**

## **F. Epidemiology and Surveillance System**

The Epidemiology and Surveillance Program in the Province of Leyte is now functional and headed by a designated Disease Surveillance Officer with four (4) member staff. Recently, the Executive Order No. 12-2022-15 C, Series of 2022, creating the Provincial Epidemiology and Surveillance Unit (PESU) has been signed by the Provincial Governor.

In Correlation with the provincial level, the Rural Health Units (RHUs) are already in the process of creating their Municipal Epidemiology and Surveillance Unit (MESU). Ten (10) LGUs have issued an Executive Order for the establishment of their MESUs and all of the forty-one (41) LGUs in Leyte have already designated their respective Disease Surveillance Officers (DSOs). They are situated at the RHUs and City Health Office (CHO) which are either Public Health Nurses (PHNs) or the Sanitation Inspectors.

The picture of the 8 government hospitals is no difference from that of the RHUs. While all have their DSOs, only five of eight government hospitals have Hospital Orders creating their Hospital Epidemiology and Surveillance Unit (HESU).

Aside from the establishment, the reporting flow is one of the most important aspect of epidemiology and surveillance. When cases are identified, the reporting starts with the Barangay Healthcare Worker that reports to their respected MESUs. Once they received and validate it, they report it to the PESU and RESU, same goes with the HESUs. After confirming and validating, the RESU will feedback to PESU which will be the one to feed back to the MESUs.

The challenges faced by the RHUs as well as the Hospitals is that: a.) They do not have computer units dedicated for surveillance databank. b.) Access to internet connection is mostly by personal account. c.) Although most of the RHUs and Hospital uses email in submitting their reports, there are still some that uses paper-based submission.

Therefore, much is still to be desired for the Epidemiology and Surveillance Program of the Province of Leyte. For it to be fully functional these things must be taken into account:

1. Executive Order creating the Municipal Epidemiology and Surveillance Unit;
2. Municipal Ordinance creating the Municipal Epidemiology and Surveillance Unit;
3. Hospital Order creating Hospital Epidemiology and Surveillance Unit; and lastly,
4. Allocation of funds for their operationalization of the unit.

#### **G. Procurement and Supply Chain Management**

The Province of Leyte has one unified Procurement and Supply Management. Each District Hospital will give the lists to the Hospital Committee for the supplies, equipment, instruments needed in the Operating Room, reagents needed in the Laboratory, office supplies for the Administrative Offices, and supplies for the Housekeeping Unit. Few of the equipment and supplies are taken from the central depot at the Leyte Academic Center, in Candahug, Palo, Leyte. For the public health commodities, few items are purchased by the facility, provided that cash advance fund is available. Most of these commodities are supplied by the DOH-EVCHD and are received by the program coordinators at the PHO and distributed to various health facilities in the province in accordance to their target population along with other supplies and equipment for hospitals using a designated transport vehicle for supplies and vaccines. The province has a supply officer that is in charge of the purchase requisition and manages the in and out of stocks and is now trained on procurement and supply chain management.

However, with this set up, some delays are encountered during delivery of goods to all District Hospitals and primary care facilities. In addition, the province has no specific software system for any type of management (HR, Finance, Procurement and Logistics) that could be interoperable within the network of facilities to generate a timely report through an electronic-based supply chain and logistics management software.

Additionally, vaccines that are stored in a designated cold room at the PHO managed by the EPI coordinator. Request Inventory Slips are kept and filed accordingly for easy inventory. Inventory is done regularly to check expiration dates and quality of drugs and vaccines. All drugs are stored in the pharmacy and labeled accordingly in the shelves and cabinets provided. Once vaccines are taken out from the PHO, it is then stored in TCW with temperature monitoring device located at the pharmacy, ER, and OPD. To ensure the security and temperature of the vaccine, the room is locked and regular checking of temperature is done by the nurse on duty. Available vaccines at the OPD are anti-rabies, anti-tetanus, tetanus toxoid, COVID-19 vaccines (Pfizer, Janssen and Janssen, Sinovac and Moderna). They are stored according to its guidelines provided.

LPH has functional generator set that is shared with the Provincial Health Office to ensure electrical power supply in case of power outage. The list of LGU hired licensed pharmacists and pharmacy assistants with their designated health facilities is seen in **Annex B1.1.5**.

#### **H. Referral System**

All Provincial, District and Community Hospitals as well as all rural health units and city health office in the Province of Leyte are PhilHealth Accredited. It is in the Licensing, especially in the hospitals, that is still experiencing some challenges that needs to be addressed.

The hospitals in Leyte were not downgraded or upgraded but three (3) hospitals were downsized. Currently, this is the status level of each Province-Owned Hospitals:

1. Leyte Provincial Hospital – Level 1 – still with 50 authorized bed capacity.
2. Abuyog District Hospital – Level 1 – downsized from 75 to 30 authorized bed capacity.
3. Manuel Veloso Memorial Hospital – Level 1 – downsized from 45 to 12 authorized bed capacity.
4. Carigara District Hospital – Level 1 – still with 25 authorized bed capacity
5. Burauen District Hospital – Level 1 – downsized from 75 to 30 authorized bed capacity
6. Hilongos District Hospital – Level 1 – still with 25 authorized bed capacity
7. Ormoc District Hospital – Level 1 – still with 100 authorized bed capacity
8. Northwestern Leyte District Hospital – Infirmary – 25 authorized bed capacity
9. Tabango Community Hospital – Infirmary – 10 authorized bed capacity

There is one (1) devolved Hospital to Baybay City – Western Leyte Provincial Hospital that has 50 authorized bed capacity.

**Table 15. List of needed Nurses according to DOH Licensing Findings for Leyte LGU owned Hospitals**

Name of Hospital	Actual No. of JO Nurses	1 year est. Salary	Licensing Deficiency	1 YR. Budget est. for JO Nurses @ 15K/MO	1 YEAR est. Salary of other Jos	Approved Budget	Balance/ Deficit
ADH	6	720,000.00	22	5,040,000.00	4,192,800.00	2,400,000.00	-6,832,800.00
BDH	4	480,000.00	24	5,040,000.00	2,263,200.00	1,200,000.00	-6,103,200.00
CDH	2	240,000.00	12	2,520,000.00	1,917,600.00	1,500,000.00	-2,937,600.00
NWLDH	2	240,000.00	2	720,000.00	925,200.00	455,000.00	1,190,200.00
HDH	5	600,000.00	9	2,520,000.00	1,903,200.00	1,700,000.00	-2,723,200.00
LPH	4	480,000.00	13	3,060,000.00	2,494,800.00	5,000,000.00	-554,800.00
ODH	8	960,000.00	10	3,240,000.00	5,062,800.00	3,800,000.00	-4,502,800.00
MBVMH	0	0	13	2,340,000.00	1,480,800.00	1,000,000.00	-2,820,800.00

In the province, Health Care Provider Network (HCPN) has been implemented several years back through the Inter-Local Health Zone (ILHZ) referral system where in the province is divided by 10 ILHZ namely (1) Leyte Gulf, (2) Golden Harvest, (3) Goodwill, (4) Leyte Plains, (5) Maharlika, (6) CALESAN, (7) KAMMA-O, (8) Leyte West Coast, (9) MAINBAY and (10) MABAHINHIL. However, this referral network is only composed of province-owned hospitals excluding primary care facilities and other stand alone facilities within the whole province.

Since the implementation of Universal Health Care, the fragmented system of healthcare is slowly coming to an end through enhancement and institutionalization of the HCPN that starts from Primary Care Provider Network which is composed of Primary Care Facilities such as: Barangay Health Stations, Rural Health Units, Birthing Clinics and other stand-alone facilities like laboratories, diagnostic clinics and pharmacies. They will serve as the patient's initial contact and navigator for proper coordination and service delivery across the PCPN. The secondary referral pathway is composed of Level 1, Level 2, and Level 3 hospitals, wherein, patients that can no longer be managed by PCF are referred to the district, provincial, or other hospital of choice by the patient. Finally, if patients need to be transferred to a higher level of care, the tertiary referral pathway or the end referral hospital will accept these patients. The identified apex hospital by the DOH for the whole Province of Leyte is Eastern Visayas Medical Center located at Cabalawan, Tacloban City.

In line with this, the province is following a referral guidelines. Upon referring a patient to a facility, the referring physician will fill-up a referral form. Prior to the referral a call is done from a referring facility to the receiving facility to determine whether the services needed are available or not. With the help of the Onc Hospital Command Center (OHCC) of the DOH-EVCHD the referral is facilitated. The Health Care Provider Network Manual has been crafted and consultation was done with the different levels of referral pathways and is waiting to be finalized and endorsed to the Provincial Health Board for approval. **(Annex B1.1.6)**

There are some challenges experienced by the different facilities in referring patients, however, institutionalizing HCPN will be given a priority by the province and will be in consonance with the Information Management System for the interoperability of the electronic medical record system for easy patient navigation.

#### **I. Disaster Risk Reduction and Management in Health (DRRM-H)**

In consonance with the institutionalization of the Disaster Risk Reduction and Management in Health (DRRM-H) System and enhancement of the capacities of the health system in managing health risks and attaining resilience, the Provincial Health Office organized and designated its technical personnel and staff as Public Health Emergency Response Team including the health clusters and its members such as Public and Medical Health, Sexual Reproductive Health, Nutrition in Emergencies, Water, Sanitation, and Hygiene in Emergencies, and Mental Health and Psychosocial Support with the Office Order No. 24, Series of 2022. Additionally, the approved provincial DRRM-H plan was recently signed by the Governor which was then becomes the bases for planning of DRRM-H priority activities in this LIPH 2023-2025.

Several consultations and meetings were concluded for the finalization of the DRRM-H plans of the LGUs and PHO. After that, training on Basic Life Support and Standard First Aid were conducted for both primary care facilities and hospital personnel. Drills were also organized at the LGUs as well as in PHO to test the crafted DRRM-H plans. With these activities, 15 municipalities, the City of Baybay, and the Provincial Health Office were institutionalized and validated by DOH-EVCHD.

There had been some limitations regarding training of all HERT teams in all municipalities and hospitals because of the pandemic. Hence, there is a minimal number of participants in every training to adhere to the specific minimum guidelines set by the IATF.

#### **J. Health Promotion**

Pursuant to the Universal Health Care Act and its Implementing Rules and Regulations, the Provincial Health Office is currently institutionalizing the Health Promotion Unit to ensure appropriate and strategic actions on health public policy, reorienting health systems to prioritize health promotion and prevention and increasing health literacy of the people in Leyte.

Community-Based Drug Rehabilitation Program was the priority program of Health Promotion since the province believe that effective drug education is important for drug users, dependents, and even to young people since they are faced with many influences to use both licit and illicit drugs. Education can play a counterbalancing role in shaping a normative culture of safety, moderation, and informed decision-making. Furthermore, these activities assist them to make healthy and safe choices, identify risky situations, and developing strategies to prepare them for challenging situations.

The implementation of one of the priority areas of the Health Promotion Framework Strategy (HPFS), PA7: Violence and Injury Prevention, is a priority program to protect communities from violence and injury. HEPO personnel were able to complete the online course orientation on Health Promotion and PA7 playbook in the DOH Learning Academy.



## VI. LOCAL PRIORITIES AND MAJOR THRUSTS

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### **Health Mission**

“Quality, Accessible and Responsive Health Care Provided by the Health Facilities in Collaboration with the Community and other Stakeholders”

### **Health Vision**

“Healthy, Resilient and Empowered Leyteños”

With the above mentioned situational analysis on health and health related data, the province summarizes these priorities and major thrusts:

1. Local health system integration to Province Wide Health System - ensuring a 100% achievement in all preparatory levels and achieving organizational level of the LHSML.
2. Reorganization of the Provincial Health Office organizational structure and activating the Provincial Health Board to perform its functions mandated in the Implementing Rules and Regulations (IRR) of the UHC Law.
3. Improve health program accomplishments with the new normal mechanism, thereby closing the gap from the national target. Improving health and nutrition services through the Philippine Multi-sectoral Nutrition Program.
4. Health facility improvement and closing the gap of human resource for health magnified by the Provincial Health Facility Development Plan 2023-2025 for hospitals and RHUs
5. Upgrading of Information Management System towards an interoperable electronic medical records system and electronic supply chain and logistics management system.
6. Institutionalization of Health Care Provider Network in all facilities to ensure the integration, effective, and efficient delivery of population-based and individual-based health services and smooth referrals.
7. Improving advocacy campaigns for various health programs
8. Learning and development program for all categories of personnel

## **Specific FOURMULA ONE PLUS Directions**

### **F1 PLUS GOAL 1: BETTER HEALTH OUTCOMES.**

General Objective 2- Accessibility of Essential Quality health Products and Services ensured at appropriate levels of care.

#### **I. Non Communicable Disease Prevention Cluster**

##### **A. Lifestyle Related Diseases**

- Achieve average life expectancy to 72 years old and to decrease premature mortality attributed to lifestyle related diseases.
- Sustain 100% NHTS Members with Chronic Hypertension and Type II Diabetes Mellitus (DMII) given antihypertensive and anti-diabetic drugs listed in the DOH Complete Treatment Pack (Com Pack) Program.
- Sustain 100% of adults 25 years old and above managed for Hypertension and Type II Diabetes
- Achieve 100% assessment and screening among the 25 years old and above

##### **Gaps and challenges:**

- Poor health seeking behavior of target population in spite of advocacies
- Activities were affected due to COVID-19 pandemic restrictions
- Low compliance on intake of maintenance medication due to financial restrictions

##### **Menu of Intervention/PPA's:**

1. Training on PHILPEN
2. Organizing Community-based hypertensive and diabetic clubs
3. Provincial/City/Municipal Red Orchids Orientation
4. DOH 8 Training on MPOWER and BTI
5. Training for Diabetes Educators
6. Attend DOH 8 Training on Morbidity and Disability Screening and Management.
7. Training of Trainers (TOT) for Health Providers Visual Inspection with Acetic Acid
8. Attend Training on Thyroid Prevention Program.
9. Blood Donation Day

##### **A) Tobacco Control Program**

- Protect present and future generations from devastating health, social and environmental consequences of tobacco use and exposure.

##### **B) Cancer Prevention and Control Program**

- To Reduce Morbidity, Mortality and Disability due to common preventable cancers

##### **C) Prevention of Blindness Program**

- To diagnose and manage early onset of cataracts and glaucoma which are causes of blindness



## **B. Essential Non-Communicable Disease Prevention**

- To promote general public awareness particularly on substance abuse.
- To empower and develop capabilities of the BADAC members specifically the BHWs.
- To educate low risk PWUDs on the debilitating effects of substance abuse and to promote behavioral changes.

### **Gaps and challenges:**

- Some LGUs do not feel the need to prioritize the implementation of the program
- A portion of drug surrenderers were not able to complete the program since they left the premise or transferred to another residence, while others were not able to attend activities since they have their work and cannot afford to be leave from work

### **Menu of Intervention/PPA's:**

1. Conduct Orientation on Community-based rehabilitation program for Local Government Officials.
2. Attend DOH 8 Training on ASSIST-BI for Social and Health Workers.
3. Attend DOH8 Capacity Building to all Providers and Institutions on Dangerous Drug Abuse Prevention and Treatment.
4. Conduct of Drug Advocacy Campaign (School Based and Barangay Level)
5. Conduct of Community Based Drug Rehabilitation Program and General Intervention Training for BHWs.
6. Conduct of General Intervention for Low Risk Person Who Use Drugs (PWUDs).

## **C. Women And Men's Health**

### **1. Safe Motherhood**

- Decrease Maternal Mortality Ratio (MMR)
- Increase prenatal visits (PNV4)
- Increase Skilled Birth Attendance (SBA)
- Increase Facility Based Deliveries (FBD)
- Increase Postpartum Visits (PPV2)

### **Gaps and challenges:**

- Poor health-seeking behavior
- Activities were affected due to COVID-19 pandemic restrictions

### **Menu of Intervention/PPA's:**

1. Conduct Buntis Congress – by Municipal, City, ILHZ or Province
2. Sustain Conduct of MNDR every Quarter – ILHZ and Province – both Service Delivery And Governance.
3. Sustain Conduct of Provincial Clinical Case Conference (CCC) for Midwives
4. Conduct Consultative Meeting with Private Birthing Home Owners/Head
5. Sustain Supportive Supervision for Public and Private Birthing Facilities and Health Workers – both Service Delivery and Regulation.
6. Provision of Emergency Birthing Kits, Buntis Kits, Mother and Child Book

## **2. Adolescent Health Development Program (AHDP)**

- To decrease Adolescent Birth Rate among 15-19 years old from 57 to 37/1,000 females 15-19 years old

### **Menu of Intervention/PPA's:**

1. Attend DOH 8 training on Adolescent Sexual Reproductive Health.
2. Sustain Provincial Conduct of ADEPT, AJA and attend DOH8 Healthy Young Ones (HYO) Training.
3. Attend DOH8 Roll Out Training for RHU Staff and Selected DOH-HRH.
4. Attend DOH8 TOT on Comprehensive Adolescent Health Development for Health Personnel.
5. Attend Training U for U.
6. Attend DOH8 AHDP Integrated Program Implementation Review and Planning Workshop.
7. Conduct Provincial ADEPT for Health Service Providers in Leyte.
8. Conduct Symposium on Adolescent Reproductive Health
9. Conduct Program for Young Pregnant per Barangay

## **3. Family Planning**

- To increase Modern Contraceptive Prevalence rate(MCPR)

### **Menu of Intervention/PPA's:**

1. FP Month Celebration (August) – Provincial, City and Municipal
2. Conduct Trainings – FPCBT Level 1 and 2 (PPIUD), PSI
3. Conduct Consultative Meeting for RHU, CHO, and hospitals' FP Service Providers
4. Sustain FP Data Checks and Consultative Planning
5. Provide condoms and other family planning commodities

## **D. Children's Health And Development**

### **1. Essential Intrapartum and Newborn Care**

- Increase access to quality essential health products and services
- Decreased Infant Mortality rate
- Increase NBS Providing RHUs/CHO
- Increased Fully Immunized Children
- Sustain 100% hospitals, private birthing clinics and lying-in as Newborn Screening providers
- Sustain 100% hospitals are Expanded Newborn Screening (NBS) Providers

### **Menu of Intervention/PPA's:**

1. Training on Vaccine Preventable Disease
2. National Immunization Program Caravan (Provincial/City/Municipal)

3. training on Cold Chain management
4. Refresher Course on Reaching Every Purok Strategy
5. Conduct Newborn Screening Training to Health Service Providers
6. Provision of Expanded Newborn Screening Kits (NBS)
7. Training on Category A Newborn Hearing Screening
8. NBS Advocacy to Pregnant Women
9. G6PD LayForum

- **To decrease incidence of Low Birth weight among newborns**

**Menu of Intervention/PPA's:**

1. Advocacy on RA 1148 (Kalusugan at Nutrisyon ng Mag-ina Act or First 1,000 Days)
2. MNIYCYF Training for Service Providers
3. MNIYCF Training for Peer Counselors
4. Conduct Breastfeeding Forum – Provincial, City, Municipal

**2. Breastfeeding Program**

- Increase percentage of infants exclusively breastfed 0-6 months
- Sustain Mother Baby Friendly Hospitals

**Menu of Intervention/PPA's:**

1. Conduct Breastfeeding Celebration Month
2. Ensure 100% of provincial, district, and municipal hospitals are following the rooming-in and breastfeeding act of 1992 or the Republic Act No. 7600

**3. Oral Health**

- To increase the proportion of Orally Fit Children (OFC) 12-59 months
- To increase the proportion of pregnant women provided BOHC

**Menu of Intervention/PPA's:**

1. Orientation on policies and guidelines in the implementation of oral health programs for public health services
2. Conduct Provincial/City/Municipal Oral Health Month Celebration
3. Implement Orally Fit Child Campaign in the Province.
4. Sustain the Implementation among OFC municipalities
5. Provision of Oral Hygiene kits for Children and Mothers
6. Procurement of basic oral health instruments

**E. National Voluntary Blood Donation Program**

- Increase percentage of blood donors from 0.55% to 1% by 2023
- Increase accessibility of essential quality health products and services ensured at appropriate level of care
- Achieve 100% provincial and district Hospitals as blood collecting units/blood stations

**Menu of Intervention/PPA's:**

1. Advocacy campaigns
2. Conduct regular blood donation activities
3. Establish Provincial, City and Municipal Blood Councils
4. Establish a functional Blood Service Network

#### **F. Mental Health and Autism**

- To ensure a Community of Filipinos who are mentally healthy, able to contribute to health development and attain better quality of life through an integrated health care system.
- Objective: To reduce the risk and prevalence of Mental disorder and improve the quality of life of those who are suffering from such condition.

##### **Menu of Intervention/PPA's:**

1. Conduct of advocacy campaigns on mental health
2. Training on MHGAP
3. Provision of Mental Health Medicine

#### **D. Health and Wellness Program for Senior Citizens**

- Quality of Life among older persons is promoted and contributes to the nation building.

##### **Menu of Intervention/PPA's:**

1. Continue primary, secondary, and booster doses immunization for COVID-19 on target senior citizens
2. Provide primary care consultations on senior citizens
3. Provide essential medicines for senior citizens

#### **D. Diseases or Conditions secondary to Urbanization and Industrialization Development**

##### **1. Violence and Injury Prevention Program**

- 1.1. Road Traffic Injury
- 1.2. Interpersonal Violence (bullying, torture, VAWC)
- 1.3. Fall
- 1.4. Burns and Fireworks Related-Injuries
- 1.5. Drowning
- 1.6. Poisoning
- 1.7. Animal Bites and Stings
- 1.8. Self-harm/Suicide
- 1.9. Sports and Recreation Injury

- To reduce the number of deaths from violence and injuries.
- To reduce disability caused by violence and injury.
- To enhance capacity of Municipality/City and other stakeholders in the prevention of violence and injury.
- To develop and implement evidence-based policies, standards and guidelines in the prevention of violence and injury.
- To strengthen collaboration with stakeholders in the prevention of violence and injury.
- To ensure reliable, timely and complete data and reports on violence and injury.
- To advocate health financing schemes for trauma care.

**Menu of Intervention/PPA's:**

1. Conduct advocacy campaigns on violence against women and children
2. Attend DOH8 training for WCPU physicians
3. Attend DOH8 training for Hospitals, Police Officers, and WCPU Personnel
4. Conduct Standard First Aid training

**I. Nutrition program**

- Decrease Prevalence of Stunting among Under-Five Children
- Decrease Provincial Prevalence of Severe Stunting
- Decrease Severe Underweight Prevalence
- Decrease Severe Wasting
- Increase Vitamin A Coverage among 6-59 months old children

**Menu of Intervention/PPA's:**

1. PIMAM & SAM Training for Service Providers
2. PIMAM Training for Barangay Nutrition Scholars
3. Supplemental Training for Enhanced MOP for Micronutrient Supplementation Program
4. Training on WHO-CGS
5. Training on Nutrition in Emergency
6. Lactation Management Training
7. BHW Training on IMCI with SAM/MAM Management
8. Roll out IMCI Training
9. Provision of Height Boards and weighing scales
10. Reproduction of PIMAM Algorithm
11. Monitoring of the 22 municipalities under Philippine Multi-sectoral Nutrition Program

**J. National Immunization Program (NIP)**

- To provide accessible health services and promote the importance of Routine Immunization to babies.

**Menu of Intervention/PPA's:**

1. Conduct Health Advocacy Campaign on National Immunization Program.
2. Procurement of vaccines and other commodities for NIP implementation
3. Conduct

**II. Communicable Disease Prevention Cluster**

**A. Infectious Diseases for Elimination**

**1. Vector-Borne Diseases**

To sustain as Malaria Free and Filariasis Free Province.

**Menu of Intervention/PPA's:**

1. Conduct Orientation to Municipal/City Health Officers and Hospital medical Officers on Malaria
2. Case finding and Treatment.
3. Basic Entomology Course
4. Basic Malaria Microscopy Training
5. Orientation for Online Malaria Information System (OLMIS) for 3 days
6. Integrated Disability Training on Leprosy and Filaria
7. Conduct of Vector Mapping through Carabao-Baited Trap

## **2. Soil Transmitted Helminthiasis**

### **Menu of Intervention/PPA's:**

1. Regular Schisto Surveillance of Human Cases and Snail Vector through environment mapping areas with positive snail colonies
2. Schisto Coordinative Meeting with DEPED, MHO's/PHNs and other stakeholders for the schedule of MDA in endemic barangays
3. Schisto Sentinel Survey among school children in endemic municipalities.
4. Malacological Training for non endemic municipalities
5. Integrated Microscopy Training on Soil Transmitted Helminths and other
6. Parasites for non endemic

## **3. Rabies**

- Decrease rabies cases by 10% annually

### **Menu of Intervention/PPA's:**

1. Animal Bite Management Training
2. Strong coordination with Department of Agriculture on vaccination of dogs and cats
3. Encourage all LGUs to allocate funds for the control rabies cases, training and orientation for implementers.
4. Encourage LGUs to enact ordinances regarding stray animals
5. Authorize humane destruction of stray rabid dogs

## **4. Leprosy**

### **Menu of Intervention/PPA's:**

1. Orientation on Leprosy Manual of Procedures
2. Training on Slit Skin Smear (SSS)
3. BHW Training on Kilatis Kutis
4. Consultative Meeting on National Leprosy Elimination Program and Data quality check
5. Leprosy Week Celebration

## **B. Infectious Disease for Prevention and Control**

### **1. National Tuberculosis Program (NTP)**

To increase detection of TB cases and maintain the low Tuberculosis Incidence of 295/100,000 population as compared to the 539/100,000 population set by the Sustainable Development Goal (SDG).

### **Menu of Intervention/PPA's**

1. Purchase of Drugs and Medicines
2. Conduct of NTP Manual of Procedure 6th Edition Training
3. Conduct of TB Preventive Treatment
4. Conduct of TB 101 through awareness and advocacy to patients
5. Conduct of Active Case Finding on all RHUs and Congregate settings like jails
6. NTP XPERT Training
7. NTP EQA Validators Training
8. Training on NTP Laboratory Information System for 3 days

### **2. HIV/AIDS and STIs**

- Increase percent of Antiretroviral Therapy (ART) Coverage
- To decrease the prevalence rate of Sexually Transmitted Infections at 5% reduction per year

- Organize LGU multi sectoral coordinating body on HIV & AIDS with representation of Key Affected Populations by 3rd quarter
- Reduce the risk of HIV transmission through the proper use of condoms available at health facilities

**Menu of Intervention/PPA's:**

1. Convene Local Health Board and Pass Resolution to Legislative Ordinance on the Creation of the Municipal Local AIDS council
2. Organization of Support Groups for PLHIV (Governance)
3. Province of Leyte Establishment of HIV Center
4. Provision at RHU/CHO and Hospitals Reproductive Health Services, STI Prevention and Treatment
5. Training on HIV Peer Counselors and Community Testing Teams
6. Integration of Family Based STI/HIV prevention services in AHDP and Reproductive Programs
7. STI/HIV/AIDS Advocacy Campaigns among LGU Officials, Schools and Communities
8. AIDS Candlelight Memorial Ceremony
9. Creation of Local AIDS Council (Province/City/Municipal) - Governance
10. HIV/AIDS Program Planning, Monitoring and Evaluation
11. Establishment of Multi-sectoral Partnerships and Linkages - Governance
12. Conduct of HIV Counseling and Facility Based Screening among Healthcare Workers.
13. Purchase of Drugs, Medicines and Test Kits.
14. Conduct of Primary HIV Care Training for Health Service Providers (To have more facilities to become Treatment Hubs)
15. Provision of condoms at health facilities accessible to male

**3. Emerging and Re-Emerging**

**Menu of Intervention/PPA's:**

1. Dengue Medical Chart Review
2. Training on Diagnosis of Parasite of Medical Importance
3. Continue vaccination for COVID-19

**IV. Environmental Health Services**

- Ensure enactment of Barangay, Municipal, and Provincial Ordinances regarding institutionalization of Zero Open Defecation Implementation.

**Menu of Interventions and PPA's:**

1. Orient all barangay, municipal, Sanguniang Bayan on the ZOD program
2. Provide proforma of ordinances
3. Visit and request Sanguniang Bayan members on ZOD program ordinance
4. Monitor implementation of ZOD program

- To increase in proportion of households using safely managed drinking water services.

**Menu of Interventions and PPA's:**

1. Establishment of Local Quality Drinking Water Monitoring Committee
2. Provision of Water Testing Services
3. Conduct training of Sanitation Inspectors on Water Sanitation

- To increase in proportion of households using safely managed sanitation services.

#### **Menu of Interventions and PPA's:**

1. Intensify ZOD Advocacy Campaigns
2. Provide Technical Assistance in ZOD verification of declared Barangays and Municipalities
3. Sustain ZOD status of ZOD certified Barangays and Municipalities
4. Provide additional sanitary toilets to ZOD certified Barangays and Municipalities to achieve G2 verification/certification
5. Institutionalize WASH Cluster intervention in municipal/city and province

#### **IV. Responsive Health Systems**

##### **A. Local Health Systems Development (Governance)**

- Strengthened management capacities for functional and people-centered health systems. Strengthened Sectoral leadership and Management and approved LIPH 2023-2025

##### **Menu of Interventions/PPA's:**

1. Orientation on AOP 2024 and 2025 Guidelines and Action Planning Workshop
  2. AOP 2024-2025 Consultation Write shop with Health Personnel, Local Government Official
- Improved Organizational Development and Performance.

##### **Menu of Interventions/PPA's:**

1. Activation of Provincial Health Board
2. Health Sector Performance Review and Consultative Action Planning
3. Orientation on the Revised LGU Scorecard 2022 Implementation and Validation
4. Training on Health Leadership Management Program Module 1 and 2 – PHLGP/A/MHLGP
5. Municipal Health System Strengthening Program Module 2 Workshop for Local Health Board members

##### **B. Equitable Health Financing**

- Ensure sustainable investments for health that is efficiently used and equitably allocated for improved health
- Decreased out of pocket health spending as percentage of total health expenditure,
- Increased percentage of Municipal/City Health Budget to total LGU Budget
- Sustained Provincial Health Budget (PHO and Province Hospitals)
- Implement 100% Magna Carta Benefits (laundry, subsistence, hazard allowances) for Provincial, City and Municipal Health Workers
- Increase enrollment of indigents to PHIC and NHTS-PR
- Ensure annual LGU share to ILHZ CHTF - Provincial, City and Municipal Counterparts

##### **Menu of Interventions/PPA's:**

1. Conduct meetings and close coordination with different stakeholders - Department of Health, PhilHealth, DBM, and BIR for the detailed discussion on technical guidelines of Special Health Fund.
2. Upgrading of electronic medical records to sustain on-time submission of eClaims of RHUs and hospitals.
3. 100% enrollment of indigents to PHIC and NHTS-PR



### **C. Human Resources For Health Management And Development**

- Ensure equitable distribution of Human Resources for Health (HRH).

#### **Menu of Interventions/PPA's:**

1. Create new plantilla position to ensure adequate physician, nurse, and midwife to population ratio (disaggregated by locality/area) as suggested on Manual of Standards for Primary Care Facilities and hospitals, and will be based on the availability of funds.
2. Create Learning and Development Plan for human resources for health based on competency standards.
3. Ensure annual updating of all health facilities in the National Health Workforce Registry
4. Secure signed Executive Order (EO) or PHB Resolution on harmonized competency-based HRH management and development system, and HRH performance assessment system, including grievance redress mechanism.
5. Conduct monitoring of PWHS performance on HRH management and development
6. To achieve 100% of Permanent Health Workers in the Province/City/Municipality who receive Full Hazard Pay, Subsistence and Laundry Allowances under the Magna Carta for Public Health Workers

### **D. Information Management System**

- To increase investment plan for health information management, enhance electronic medical records management and ICT capabilities of health facilities

#### **Menu of Interventions/PPA's:**

1. Annual updating of Information Management System Assessment and Needs Analysis of all health facilities
2. Create PWHS Health Information Management or Information, Communication, and Technology Development Plan
3. Ensure functional EMR system among health facilities within the PWHS
4. Engagement with Medical Specialists/Facilities for the provision of telemedicine services
5. Conduct annual reports on validated EMR system that links the members of the PCPN to secondary and tertiary providers within the PWHS
6. Monitor PWHS performance on information management
7. Installation of internet connectivity and procurement of additional laptops, desktops, and other ICT equipment
8. Enhance the following Information System:
  - a. iClinicSys
  - b. Field Health Service Information System (FHSIS)
  - c. National Rabies Information System (NARIS)
  - d. Integrated Leprosy Information System (ILIS),
  - e. Neglected Tropical Disease Information System (NTDIS)

### **D. Epidemiology And Surveillance System**

- To intensify surveillance activities in all hospitals and municipalities.
- To detect and identify cases for early management and prevention of the diseases.
- Sustain Philippine Integrated Disease Surveillance Reporting System

#### **Menu of Interventions/PPA's:**

1. Conduct of Basic Epidemiology Training for Barangay Health Stations (2 days)
2. Conduct of Basic Epidemiology Training for RHUs and District Hospitals (2 days)

3. Conduct of Semi-Annual Data Reconciliation and Program Implementation Review (2days)
4. Monitoring and Evaluation of LGUs and facilities
5. Ensure updated PIDSR reports

#### **F. Procurement And Supply Chain Management**

- Improved processes for procurement and supply chain management in order to ensure availability of health commodities. To increase percent of health facilities with no stock out of essential drugs and vaccines (disaggregated by type of facilities to classify essential drugs per level.

##### **Menu of Interventions/PPA's:**

1. Pharmaceutical Supply Chain Antimicrobial Stewardship and Pharmacovigilance Training for health Facilities - Regulation
2. Botika ng Bayan Launching
3. Generics Month celebration
4. Philippine Antibiotic Awareness Week
5. Create PWHS procurement plan
6. Create Technical Guidelines/Manual on Harmonized Supply Chain Management System based on the national standards
7. Ensure a functional interoperable electronic supply chain and logistics management system within the PWHS
8. Monitor PWHS performance on procurement and supply chain management

#### **F. Referral System**

##### **1. Health Care Provider Network**

- Functional Service Delivery Networks (SDNs) organized and engaged as evidenced by an established Province-Wide Health System Health Care Provider Network.

##### **Menu of Interventions/PPA's:**

1. Finalization of HCPN manual of procedure to be approved by the Provincial Health Board
2. Adoption and Implementation of Clinical Practices Guidelines (CPGs) and other Case Management Protocols in the P/CWHS
3. Presence of functional Public Health Units in all hospitals for patient navigation and referral
4. Signed and notarized Memorandum of Agreement with apex hospital
5. Registration of indigents and all constituents to a primary care provider within the Province-Wide Health System

##### **2. Health Facility Enhancement**

- Ensure equitable access to quality health facilities especially in GIDA and tourist areas.

##### **Menu of Interventions/PPA's:**

1. Enhance adequate RHU/CHO/Health Center to population ratio through construction of new rural health units and barangay health stations, as stated in the Health Facility Development Plan 2023-2025
2. Ensure hospitals with adequate hospital bed to population ratio, based on the availability of funds
  - a. Construction Of Or/Dr Complex

- b. Construction Of Laboratoty Building With Level 3 Certification
  - c. Construction Of Morgue Building
  - d. Construction Of Medical Record Building
  - e. Construction Of Warehaus/Supply Area
  - f. Dietary Building Rehabilitation
  - g. Construction Of Material Recovery Facility
  - h. Construction Of Amphi Theatre/Conference Room
  - i. Upgrading Of The Water Waste Treatment Facility
  - j. Upgrading Of Ward Building
3. Construction of new barangay health centers, new additional rural health units and super health centers
  4. Improvement of Water System in rural health units and barangay health stations

### 3. Regulation

- Harmonized and streamlined regulatory processes of all health facilities
- Innovative Regulatory Mechanisms developed for equitable distribution of quality and affordable health goods and services.
- Ensure Quality Health Care in the Hospitals, City Health Office and the Rural Health Units through

#### Menu of Interventions/PPA's:

1. 100% of applications for permits, licenses and or accreditation
2. 100% of Epidemiology Surveillance Units (ESU) that can detect and respond to public health emergencies in the Municipality/City/Province.
3. 100% Provincial/Municipal/City Private and Public Health Facilities continuously sustaining compliance to Licensing standards
4. 100% compliance to DOH License to Operate and Phil Health Accreditation
5. Conduct ILHZ Core Referral Hospital Meeting to review License accreditation Requirements Annually
6. Conduct Hospital Planning for Service Quality Improvements

### 4. Feedback Mechanism

- Increase client satisfaction rate

#### Menu of Interventions/PPA's:

1. Attend orientation on client satisfaction and feed backing mechanism to be conducted by DOH-EVCHD
2. Client Satisfaction tool in every health facility to monitor satisfaction of clients.
3. Inclusion of customer feedback mechanism, including standard forms and data utilization mechanisms in the Health Care Provider Manual
4. Ensure all clients provide satisfaction rating on the service delivery with the use of standard client survey form
5. Conduct a patient satisfaction rating review on service delivery

### G. HEMS-DRRMH Institutionalization

- Increase access to quality and essential health products and services as evidenced by increased Provider Responsiveness Score and decreased percent of disaster-affected area with no reported outbreaks (disaggregated by locus, e.g. within/outside evacuation centers).

**Menu of Interventions/PPA's:**

1. Create Provincial Health Board Resolution on the organization of DRRM-H System
2. Disseminate DRRM-H plan to all health facilities
3. Conduct basic training on BLS/SFA
4. Logistics Management Training for prepositioning of Anti-Venom
5. Conduct training on Nutrition in Emergency, MHPSS, WASH, MISP-SRH
6. Attend training on HERO, PHEMA, and MCIM
7. Ensure functional emergency operations center is the need arise
8. Conduct program implementation review on performance of DRRM-H system
9. Update and test DRRM-H plan
10. Sustain HERT teams for public health and hospitals

**H. Health Promotion Programs and Campaigns**

- Comprehensive and coordinated approach to health development with emphasis on scaling up health promotion and preventive care.
- To strengthen Province, Municipalities, and City in addressing social determinants to health, create supportive environments, and implement health promotion programs

**Menu of Interventions/PPA's:**

1. Implement and capacitate PADAC and MADAC core teams
2. Program implementation review on tobacco prevention
3. Conduct orientation on Red Orchid Award
4. Conduct review of awareness program of health care providers in the delivery of culture-sensitive basic health services and update IP leaders in their cultural belief

## VII. MONITORING AND EVALUATION

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The proposed provincial LIPH/AOP monitoring team shall be composed of:

Team Leader:	PHO II
Co-Lead:	PHO I and DMO V
Members:	Chief of the Technical Department Chiefs of Hospitals Program Coordinators on Health for the Province PHO LIPH-AOP Program Coordinator City/Municipal Health Officers Development Management Officers IV Provincial Health Ad Hoc Committee PHO Budget Officer Provincial Planning and Development Officer

1. Semi-annual or quarterly monitoring will be done to ensure performance accountability and attainment of better health service delivery through transparent, responsive, and responsible health sector management.
2. Annual conduct of Program Implementation Reviews (PIR) to assess whether the accomplishments for the year were achieved with focus on the major thrusts of the LIPH.
3. Conduct assessment with the use of LGU Score Card to be answered by the PHO, City, and Municipal LGU's as well as the use of Hospital Cards.
4. Implement Office Strategic Performance Management System (SPMS) with the Office OPCR and the Program Managers IPCR.
5. Regular monitoring of Fund Utilization with the use of a FUR/BUR forms to serve as means of verification.
6. Conduct Supportive Supervision, Maternal and Neonatal Death Reviews, Provincial Health Summit
7. Conduct consultative meetings with different stakeholders to evaluate service delivery and program implementation, identify gaps and challenges, and provide recommendations.
8. Monthly Meetings with the Chief of Hospitals to discuss implementation status and agree on measures to enhance service delivery.
9. ILHZ will sustain Monthly or Bimonthly TMC and Quarterly ILHZ Board meetings to discuss the implementation of AOP.
10. PHO II or PHO1 LIPH Provincial Focal Person will be in charge to give feedback to the ILHZ Board and the Governor regarding progress of the implementation, gaps and challenges and recommendations established from an evidence-based practice.

Participation of other stakeholders in the Monitoring and Evaluation of the AOP 2023 include Visayas Health (UNRS-MFP and Zero Unmet Need) and Leyte IMAP President (for the Monitoring and Mentoring of Midwives), the Provincial Implementation Team for UNRS-MFP, Provincial Technical Working Group on WASH, among others.

### **LIPH 2023-2025 FORMS USE FOR INVESTMENT COSTS:**

**LIPH FORM 1:** Summary of Investment Cost by Instrument/Pillar and Source of Financing

**LIPH FORM 2:** Costing by Health Building Blocks (Health Service Delivery, Health Information, Communication and Technology System, Supply Logistics Management and Regulation, Health Finance, Leadership and Governance for Health)

