



# PROVINCIAL HEALTH OFFICE

Services at Its BEST!

**ROSVILINDA M. OZAETA, MD.,MPH.**  
**Provincial Health Officer II**

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# Provincial Health Office

## VISION

**A socialized medicine for the Batangueños especially the underprivileged.**

## MISSION

**Development of health conscious and healthy families and communities thru partnership with the people by the provision of the four ACES : availability, accessibility, affordability, acceptability and omnipotently guided health care services.**

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# Provincial Health Office

## GOAL

Further uplift the health of the people particularly **BATANGUENOS** through promotive, curative, preventive and rehabilitative aspect of health care delivery.

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# Provincial Health Office Organizational Chart

**HERMILANDO I. MANDANAS**  
Governor

**ROSVILINDA M. OZAETA, MD.,MPH.FPSMSI**  
Provincial Health Officer II  
Department Head

**PUBLIC HEALTH SERVICE**

**MERCEDITA V. SALUD, MD.**  
*Provincial Health Officer I*

**TECHNICAL DIVISION**

**JOSEPHINE C. GUTIERREZ, MD.**  
*Medical Specialist IV*  
*Chief-Technical Service*

Medical Service  
**ROSALIE A. MASANGKAY, MD.** *Medical Officer IV*  
**VACANT**  
*Medical Officer III*

**ADMINISTRATIVE SERVICE**

**JOY V. GUTIERREZ**  
*Supervising Adm. Officer*

Human Resource & Support Service:

**ANACLETA C. DE TORRES** - *Adm. Officer V*  
**ARACELI A. GARCIA** - *Adm. Officer III*  
**MARIA M. CANTOS** - *Adm. Officer II*  
**RUSTICA M. ESPIRITU** - *Adm. Asst. II*  
**BELLA S. AMUL** - *Adm. Aide VI*  
**VACANT** - *Adm. Aide VI*  
**DIOSA T. A. GUSTO** - *Adm. Aide IV*

Finance:

**MARCELA DM MATIRA** - *Adm. Officer III*  
**GLORIA M. PARTO** - *Adm. Officer II*  
**SEVILLA G. PAULMINO** - *Adm. Asst. II*

**HOSPITAL SERVICE**

**MYRON S. DUQUE, MD.**  
*Provincial Health Officer I*

**DANILO L. AGUILERA, MD.**  
*Chief of Hospital I*  
Batangas Provincial Hospital

**MYRON S. DUQUE, MD.**  
*Chief of Hospital I*  
Lipa City District Hospital

**ANTONIO C. HERNANDEZ, MD.**  
*Chief of Hospital I*  
Don M. Lopez Mem. Dist.Hosp.

**JAIME L. BUTIONG, MD.**  
*OIC - COH I*  
Apacible Mem. Dist. Hospital



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*Provincial Health Officer I*

### TECHNICAL DIVISION

#### Dental Service

**DIONISIO C. BUROG, JR.** - *Dentist III*  
**FLORIAN B. BALMES** - *Dentist II*  
**ROMULO A. CRUZAT** - *Dentist II*  
19 – RHU Dentist II

#### Nursing Service

**ANA LIZA R. ABRENICA** - *Nurse VI*  
**VIVIAN B. HERNANDEZ** - *Nurse III*  
**DAISY B. DALISAY** - *Nurse III*  
**MINERVA T. PELAGIO** - *Nurse III*  
**NOEL L. PEREZ** - *Nurse III*  
**MYREEN J. VALENZUELA** - *Nurse III*  
**ROSANNA B. MACARAIG** - *Nurse III*  
**EMILIANA G. BARRION** - *Nurse III*  
**GIL A. BUROG** - *Nurse II*

## ADMINISTRATIVE SERVICE

**JOY V. GUTIERREZ**  
*Supervising Adm. Officer*

#### Pharmacy Service:

**LUZVIMINDA E. BAUTRO** - *Pharmacist II*  
**LORENA L. GARCIA** - *Pharmacist II*  
**VIOLA C. G. AREVALO** - *Pharmacist II*

#### Property & Supply:

**LAMBERTO I. ACOSTA JR.** - *Adm. Ofr. III*  
**BELLA B. BAYLE** - *Adm. Ofr. I*  
**ROBERTO M. GONITO** - *Adm. Aide III*

#### Records Keeping Service:

**ANGELICA C. PITARGUE** - *Adm. Officer I*

## HOSPITAL SERVICE

**MYRON S. DUQUE, MD.**  
*Provincial Health Officer I*

**REYNALDO C. OZAETA, MD.**  
*Chief of Hospital I*  
San Jose District Hospital

**DANILO T. RAMILO, MD.**  
*Chief of Hospital I*  
Laurel Memorial District Hospital

**DANILO M. DIMAUNAHAN, MD.**  
*Chief of Hospital I*  
San Juan District Hospital

**LUISITO D. BRIONES, MD.**  
*Chief of Hospital I*  
MVM Sto Rosario Hospital

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Department Head

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*Provincial Health Officer I*

### TECHNICAL DIVISION

#### Nursing Service

**EVELINA A. BACULO** - Midwife IV  
**ALICIA G. DE LA PEÑA** - Midwife II  
**EVELYN M. ARGÁ** - Midwife II  
**MARGARITA GUTIERREZ**-Midwife II  
**AMELIA A. GAINZA** - Midwife II  
**JOCELYN M. CAPUNO** - Midwife II  
**TERESITA I. PULIDO** - Midwife II  
**JUANITA B. FALTADO** - Midwife I  
**36 – RHU Midwife II**  
**1 - RHU Midwife I**

## ADMINISTRATIVE SERVICE

**JOY V. GUTIERREZ**  
*Supervising Adm. Officer*

### Data Bank:

**JHANICE O. CANTOS** - Asst. Statistician  
**MABETH R. DE CHAVEZ** - Adm. Asst. III  
**FELICIFINA M. MARANAN** - Adm. Aide VI  
**KIMSEY YVAN DZ. SULIT** - Adm. Aide VI

### Transport Service:

**HENRY A. MACARAIG** - Adm. Aide IV  
**RONALDO DC. PALBACAL** - Adm. Aide III  
**MANUELITO S. LONTOC** - Adm. Aide III  
**LUISITO M. DE TORRES** - Adm. Aide III  
**JOEY F. CUSTODIO** - Adm. Aide III

## HOSPITAL SERVICE

**MYRON S. DUQUE, MD.**  
*Provincial Health Officer I*

**EDNEL M. ADAJAR, MD.**  
*Chief of Hospital I*  
M. Marasigan Mem .Dist. Hosp

**V A C A N T**  
*Chief of Hospital*  
Calatagan Medicare Hospital

**PRISCILLA S. SULIT, MD.**  
*Chief of Hospital I*  
Lobo Municipal Hospital.

**VENUS P. DE GRANO, MD.**  
*Chief of Hospital I*  
Laurel Municipal Hospital

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Department Head

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**MERCEDITA V. SALUD, MD.**  
*Provincial Health Officer I*

### TECHNICAL DIVISION

#### Laboratory Service:

**ARLENE B. BRUCAL** - *Med. Tech II*  
**MA LOURDES SORIANO**- *Med. Tech. II*  
**VACANT** - *Med. Lab. Tech II*  
**LAUREANA BULANHAGUI**- *Lab. Aide II*

#### Radiology Service:

**BABY ELINOR T. IBON** - *Rad. Tech. I*

#### Nutrition/Dietary Service:

**DIGNA A. ILUSTRE** - *N. D. III*  
**MA. CORAZON G. MERCADO**- *N. D. II*  
**HELENGRACE V. MAUHAY** - *N. D. II.*  
**CARLOTA C. ABRATIGUE** - *N. D. II*

## ADMINISTRATIVE SERVICE

**JOY V. GUTIERREZ**  
*Supervising Adm. Officer*

### Housekeeping:

**BONIFACIO A. BAES** - *Adm. Aide I*  
**ARTHUR F. DATINGUINO** - *Adm. Aide I*  
**WILLIAM A. MACATANGAY**- *Adm. Aide I*

### Engineering & Sanitation Service:

**RENANDO T. CODIZAL** - *Engineer III*  
**MARCELINO A. MAGPANTAY** - *Engineer II*  
**SAMUEL DS. REYE** - *Sanitation Inspector IV*  
**VACANT** - *Sanitation Inspector II*  
**9** - *RHU San. Inspector I*

### Health Education Service:

**PERLA P. TAN** - *Health Educ. & Prom. Ofr.*  
**SEGUNDA M. CASAO**- *Pop. Prog. Worker II*  
**JAMES I. SEBOLINO** - *Pop. Prog. Worker II*

## HOSPITAL SERVICE

**MYRON S. DUQUE, MD.**  
*Provincial Health Officer I*





# Hospital Services

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# 12 Government Hospitals by District

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# District 1

## Batangas Provincial Hospital

Brgy. Palanas, Lemery

Bed Capacity : 100    Classification : Level 1    Lot Area: 9,681 sq.m.





# Don Manuel Lopez Memorial District Hospital

Brgy. Gumamela, Balayan

Bed Capacity : 50    Classification : Level 1    Lot Area: 10,055 sq.m.



# Apacible Memorial District Hospital

Brgy. Lumbangan, Sitio Sagbat, Nasugbu

Bed Capacity : 50    Classification : Level 1    Lot Area: 5,000 sq.m.





# Calatagan Medicare Hospital

Poblacion, Calatagan

Bed Capacity : 10 Classification : Infirmary Lot Area: 5,000 sq. m.





## District 2

### Lobo District Hospital

Brgy. Fabrica, Lobo

Bed Capacity : 14    Classification : Level 1    Lot Area: 10,000 sq. m.



## District 3

# Martin Marasigan Memorial Hospital

Malvar corner Mabini St., Cuenca

Bed Capacity : 25    Classification : Level 1    Lot Area: 2,560 sq.m.





# Laurel Memorial District Hospital

Brgy. Santor, Tanauan City

Bed Capacity : 25

Classification : Level 1

Lot Area: 7,151 sq.m.





# Laurel Municipal Hospital

Brgy. Yiab, Laurel

Bed Capacity : 10    Classification : Infirmary    Lot Area: 15,000 sq.m.





# District 4

## Lipa City District Hospital

Brgy. Granja, Lipa City

Bed Capacity : 120    Classification : Level 1    Lot Area: 14,400sq.m.





# Mahal Na Virgen Maria Sto. Rosario District Hospital

Brgy. Namunga, Rosario

Bed Capacity : 30

Classification : Level 1

Lot Area: 5,000 sq.m.



# San Jose District Hospital

Brgy. Banay-Banay, San Jose

Bed Capacity : 25      Classification : Level 1      Lot Area: 6,410 sq. m.






# San Juan District Hospital

Brgy. Laiya, San Juan

Bed Capacity : 25    Classification : Level 1    Lot Area: 10,000 sq. m.





**Proposal on Schemes to enhance the availability of Medicines, Supplies and Medical Services in Hospitals without entailing additional cost or additional fund from the Province**

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## **STATEMENT OF THE PROBLEM:**

**The improvement of our 12 hospitals has brought in more patients. This presented varied effects, one of the more important of which is our compounded inability to adequately provide drugs, medicines, medical supplies and diagnostic procedures to our patients. This despite the yearly increase in budget for drugs and medicines and medical supplies.**

**Being one of the principal functions of the Provincial Health Office is the provision of drugs medicines, medical supplies and enhancement of medical services, which has become an enduring problem and source of significant number of complaints, we are duty bound to search for, and proffer solutions.**

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## **Con't. Statement of the Problem**

**Moreover, we are committed to comply with PHIC requirements to provide health care services as indicated in our agreement/contract with them, foremost of which is the implementation of the No Balance Billing Program. This requires adequate and continuous supply of quality drugs, medicines and medical, laboratory and imaging supplies, among other things.**

**To adopt policies in terms of availability of drugs, medicines, supplies and medical procedures, especially for Philhealth members, and our Indigent patients, the following are some of our proposed schemes where spending for health can be managed to yield more health benefits.**

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## **PROPOSED SCHEMES: For Drugs, Medicines & Medical Supplies**

### **A. Maximizing Philhealth Reimbursement through Point of Care (POC) Program**

Reimbursements from Philhealth are possible major source of income. Maximization of Philhealth reimbursement would lead to sustainability, improvement and expansion of hospital services.

Under the POC, the medical social welfare officer will assist the patient become a sponsored member, with the hospital shouldering the annual premium contribution of P2,400 for Philhealth. A special fund for this purpose shall be maintained. The hospital-sponsored member is automatically granted Philhealth coverage starting on the first day of admission up to the end on the last day of the same year.

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## **Con't. .Maximizing Philhealth..**

**The POC enrolment program targets non-members belonging to Class C-3 or D confined in government or LGU-owned hospitals but are either non-members but lacking qualifying contributions. Qualified patients and their qualified dependents shall be provided with PhilHealth coverage under the program.**

**To ensure continuity of health insurance coverage, PhilHealth shall provide the list to Department of Social Welfare and Development (DSWD) for validation and possible inclusion in the National Household Targeting System (NHTS).**

**Beneficiaries shall be entitled to PhilHealth and the No Balance Billing policy where patients shall no longer pay the balance of hospital charges, if any.**

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## **B. Establishment of Revolving Fund for Medicines**

**Revolving fund is a fund established to finance a cycle of operations in which reimbursements and collections are returned to the fund for reuse in a manner such as to maintain the principal of the funds. One of the methods for financing medicines is a Revolving Drug Fund (RDF) in which, after an initial capital investment, drug supplies are replenished with monies collected from the sales of drugs.**

### **Benefits of a Revolving Drug and Supplies Fund**

- 1. Availability of the needed supplies.**
  - 2. Guarantee cost recovery**
-

## **Aspects relating to Establishment of Revolving Fund:**

- 1. Local issuance to allow the revolving fund to have a separate account so that the revenues generated from sales shall be kept in the trust fund and entirely excluded from the general fund of the local government unit.**
  - 2. Staff in charge should have training in finance and accountancy and a private sector experience. This will enable the fund to establish a profit and loss account on a commercial basis.**
  - 3. Reliable source of quality medicines must be identified.**
-



**Con't. Aspects relating to Establishment of Revolving Fund:**

- 4. Medicines purchased from the revolving funds must be dispensed with cash payment only with no exemption allowed.**
  - 5. Separate book of accounts and inventory records. A monthly trial balance of the RF shall be prepared and submitted to the Provincial Accountant copy furnished the Commission on Audit.**
  - 6. Patient education, community acceptance of this system will increase the sales and consequently, the ability of the fund to replenish used stocks and to meet its operating expenses**
-

## **C. Income Retention and Utilization from Philhealth Reimbursements**

**This provides financial Independence for hospitals to purchase medicines and medical supplies, to include Philhealth reimbursements from drugs, medicines and supplies (medical, laboratory and imaging), and income retention and purchasing, in compliance with government accounting and auditing procedures.**

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## **Con't. Income Retention and Utilization from Philhealth Reimbursements**

**To make this possible, a legislative measure will be necessary. The appropriate Sanggunian resolution or legislation could also specify that the hospital revenues be used for the maintenance and improvement of hospital facilities, equipment or services.**

**As the hospital generates and utilizes its income, the Province' subsidy to the hospital may be reduced. Savings from subsidy to hospitals may be realigned to preventive health programs and/or to subsidize other poor non-PhilHealth patients (Point of Care).**

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## **D. Outsourcing of Pharmacy services via partnership with private entity**

**The Provincial Government enters into an agreement/contract agreement with a private pharmacy, which can provide the drugs, medicines, and supplies for patients.**

- The private pharmacy is paid by the hospital with the Philhealth reimbursements for drugs, medicines and supplies, as well as with payments for drugs medicines and supplies from paying patients.**
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## **E. Consignment System**

**Consignment refers to the arrangement where the following requisites are present:**

- 1. Delivery of goods by the owner (consignor) without sale to a government agency (consignee)**
  - 2. Consignee must try to sell the goods and remit the price of the sold goods to the consignor;**
  - 3. Consignee accepts without any liability except failure to reasonably protect them from damage.**
  - 4. No disbursement of government funds is involved and**
  - 5. At terms advantageous to the government.**
-

## **Benefits of Consignment:**

- 1. Enhance the availability of low-cost, high quality drugs and medicines without entailing additional cost or investment on the part of the hospital.**
  - 2. Income may be earned from direct sales may be used for the improvement of hospital operations, thereby improving healthcare services.**
  - 3. Fund allotted for the procurement of supplies and medicines will be freed up and may be utilized for other equally important needs of the hospital.**
-



## **Benefits of Consignment:**

- 4. No budgetary allotment and notification of cash allocation is required in these transactions since payment will be based on actual drug sales of the hospital pharmacy.**
  - 5. Optimum waste and inventory management as a result of the mechanism to return unused medicines within the agreed period or as a consequence of the available shelf-life.**
-

## **Aspects relating to Consignment:**

- 1. Local issuance to allow the hospital to enter into a consignment contract and to maintain separate books for this account. The income generated from sales shall be kept in trust fund and only the net income shall be used for other expenses as approved by the Sanggunian.**
  - 2. Consignment contract shall have a validity of six (6) months, unless extended with reasonable cause as justified by the Chief of Hospital.**
  - 3. The validity of the price offers shall be at least seven (7) months from the time the Consignment Agreement has been signed.**
-



**Con't. Aspects relating to Consignment:**

- 4. Clear criteria in choosing the drugs for consignment and the supplier of drugs and supplies.**
  - 5. Well defined procedures for handling and monitoring of drugs under consignment.**
  - 6. The contract should provide a clear provision on the following:**
    - a. Quantity of initial stocks**
    - b. Payment period.**
    - c. Who handles responsibility for damage or loss while in the possession of the customer?**
    - d. Who will pay for the insurance?**
    - e. What is the return policy?**
-

## **For Medical & Diagnostic Equipment**

### **A. Supplies tie-up**

**Supplies tie-up is a system whereby the supplier shall provide the medical equipment provided that the hospital buys the supplies from the supplier. The scheme is usually applicable for laboratory, imaging and dialysis equipment, where reagents, consumables and supplies are purchased by the hospital and the supplier provides the equipment to run the test.**

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## **Benefits of supplies tie-up**

- 1. The hospital will be able to provide the necessary diagnostic and medical test/procedure for proper patient management.**
  - 2. Availability of state of the art diagnostic and medical equipment without entailing additional cost or investment on the part of the hospital.**
  - 3. Efficient maintenance of the diagnostic and medical equipment since maintenance of the machine is the responsibility of the supplier.**
-

## **Con't. Benefits of supplies tie-up**

- 4. Price freeze of supplies during the duration of the contract. Usually the contract covers three years.**
- 5. Fund allotted for the procurement of equipment and preventive maintenance will be freed up and may be utilized for other equally important needs of the hospital.**

## **The contract must provide provision for the following:**

- Up time of the machine**
- Provision of back-up in case of equipment breakdown**
- Liability of supplier in case the provision for machine up time were not met**
- Cases when the contract can be terminated for poor performance by the supplier**



## **B. Outsourcing of Services**

**Due to limited budget our hospitals are not able to provide the needed services to purchase diagnostic and medical equipment and supplies. One option that can be adopted is to outsource some of these services. The hospital may outsource diagnostic and laboratory procedures which are costly for the hospital to set-up or for which it does not have the personnel with the technical expertise. This includes procedures not available in our 12 hospitals like MRI, CT-Scan, Dialysis, 2D-echo, etc.**

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**In an outsourcing agreement there are at least two parties involve:**

- 1. Client – the company that decides to have an external party perform one or more of its business process.**
  - 2. Provider- the company that manages and/or executes the business process on behalf of the client.**
-



## **Benefits of outsourcing:**

- 1. Availability of medical procedure allow the hospital both to provide quality care and to enhance its capacity to generate additional revenue.**
  - 2. Cost Savings is always the primary outsourcing advantage. The operating expenses of a hospital are usually higher than that of a diagnostic clinic. The cost difference is usually in salaries, benefits and other operating expense.**
  - 3. Provides a channel through which business can find readily available highlevel expertise at affordable rates.**
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# Plans

- **Computerization of Billing and Patient's Records**
  - **WIFI connection inside hospital**
  - **CCTV Installation**
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# Public Health

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# Nutrition Program

**Nutrition plays a vital role in an individual growth and development which are the fundamental features of children aged 0-71 months. Thus the Provincial Government of Batangas continuously implements program & projects that reduces Malnutrition Prevalence Rate (MPR) & ensure optimal growth of children. Among these, are Micronutrient Supplementation, Infant & Young Child Feeding, Supplementary Feeding, Salt Iodization Program and other Nutrition related projects which protect and promote the health of the people.**

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# Program s / Projects / Activities

## A. Provincial Funded Activities

### 1. Growth Monitoring

- Reduction of Malnutrition Prevalence Rate from 4.33% in 2010 to 2.96% in 2015

### 2. Garantisadong Pambata

- An average of 87.05% children aged 6-59 months given Vitamin A from 2010- 2015
  - An Average of 80.75% children aged 12-71 months given deworming tablets twice a year from 2010- 2015
  - **AWARDS:**
    - ❖ First National GP Champs Regional Level- 2009
    - ❖ Awardees for National Search for GP Champ- 2013
    - ❖ Awardees For Regional Search for GP Champ- 2014
-

### **3. Infant & Young Child Feeding**

- **Awardees for IYCF Certificate of Commitment & Plaque of Recognition for Sustaining a Functional Lactation Station for:**
    - **7 District Hospitals**
    - **Provincial Lactation & Health Kiosk**
  - **Awardees for IYCF Certificate of Commitment for:**
    - **31 Private Companies (FPIP)**
    - **3 Central Schools**
    - **2 Gov't Hospitals (Lobo & Nasugbu)**
    - **1 RHU (Calaca)**
  - **425 or 66% BHS had established and maintained Breastfeeding Corners**
  - **Approval of the Resolution No. 074**
    - **A resolution providing for the Enactment of Provincial Ordinance #002, Year 2016 Governing Infant Breastfeeding and Young Child Feeding and Providing Penalty for violation thereof.**
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#### **4. Salt Iodization Program**

- **Approval of Provincial Ordinance #006 year 2014**
    - **Ammending Provincial Ordinance #002, year 2001 entitled “An Ordinance Mandating Salt Iodization, Providing Penalties, therefor and for other purposes.” By providing for the creation of Bantay Asin Task Force and designating the PHO as the head agency for its implementation.**
  - **Only Province with functional Provincial Bantay Asin Task Force (PBATF) in Calabarzon areas**
  - **Conducted Bagoong fermentation trials using iodized salt in 4 Bagoong makers.**
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# **Tuberculosis**

## **Prevention and Control**

**Tuberculosis (TB) ) being one of the major public health problem is the 8<sup>th</sup> leading cause of morbidity and 6<sup>th</sup> leading cause of mortality (DOH 2010) among Filipino. In the Province of Batangas it is the 18<sup>th</sup> leading cause of morbidity and 12<sup>th</sup> leading cause of mortality (EFHSIS 2015).**

**The effort to control TB reflect a continuous struggle to limit the spread of a curable but highly infectious disease with great implications on the nation's productivity.**

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# Programs / Projects / Activities

Through the years DOH & RO4A implemented different strategies & partnership to organization who has common goal to strengthen the fight against TB

## 1. **Philippine Coalition Against Tuberculosis (PhilCAT) 2010-2012**

### Activities:

1. **Advocacy Symposium**
  2. **DOTS Training for NON- NTP Referring Provider**
  3. **Launching of PCC & MOU Signing between Provincial Government & different agencies to fight TB**
  4. **Program Implementation Review**
  5. **DATA collection & analysis**
-

## **2. Linking Initiatives & Networking to Control TB (TB LINC) 2011-2013**

### **Activities:**

- 1. Monitoring Supervision & Evaluation Training (TOT)**
  - 2. Program Presentation & Planning**
  - 3. Provincial Multi Sectoral Alliance Orientation Bridging the Gaps & Setting of Goals**
  - 4. Certification, Accreditation & Policy Development Workshop**
  - 5. Barangay TB Management Council Training of Trainers**
  - 6. World TB Day Celebration , Awarding of Best Performer on TB Program & MOU Signing Provincial Multi Sectoral Alliance**
  - 7. TB in the Workplace Training of Trainers**
  - 8. TB Educators Training Hotel Ponte Fino**
  - 9. Inter-Personal Communication & Counseling Training ( 2batches) Hotel Ponte Fino.**
-



### **3. Culion Foundation Inc. 2013**

- **Trained Community Based Organization as TB advocate Parent Leaders, BHW, Cured TB patients**
  - **Created of TB Task Force in Culion Areas (San Pascual, Ibaan, Rosario, Agoncillo, Nasugbu & Bauan)**
  - **Facilitated the Barangay TB Resolution including budget allocation for TB activity of the areas**
-

## **4. Innovation & MultiSectoral Partnership to Achieve Control of TB (IMPACT) 2013 to present**

- 1. Training of Informal Laboratory Workers (ILW) in Remote Smearing Station & highly populated Municipalities & Cities (Tingloy, Mabini, Lemery, Agoncillo, Nasugbu, Lian, Calatagan, Balayan, San Juan, Sto. Tomas, San Jose, Lipa City, Tanauan City, Batangas City, Lobo, Rosario)**
  - 2. Training of DOTS Staff in Drug & Supply Management (DSM) through Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program**
  - 3. Capacitated the Local Government Unit in Crafting Policy Development**
  - 4. Facilitated Partnerships between Workplace, Pharmacies, Public & Private Hospitals**
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## **5. Department Of Health RO 4A CaLaBaRZon**

- 1. Programmatic Management of Drug Resistant TB (PMDT) – managing all Drug Resistant Patient in BATMC Treatment Center of 4A & 4B**
  - 2. GeneXpert Sites (BATMC, San Juan, Lipa City, Taal, Nasugbu ongoing)**
  - 3. LED Fluorescence Microscope Pilot areas (Balayan, Batangas City & Lipa City**
  - 4. External Quality Assessment**
  - 5. Integrated TB Information System (ITIS)- encoding all registered patient in a national system. Hiring of ITIS encoder for the Province ( Ms. Jhoy Maglinte**
  - 6. Integrated DOTS (IDOTS) -catering Both Regular TB patient & Multi Drug Resistant Patient in DOTS Facilities**
-

## **6. Provincial Funded Activities for TB**

- 1. TB Diagnostic Committee (TBDC) meeting- 2 Tuesdays a month.**
- 2. Provincial MultiSectoral Alliance (PMSA) Quarterly meeting.**
- 3. MedTech Microscopist Quarterly meeting.**
- 4. World TB Day Commemoration every March 24.**
- 5. TB in Prison – hired 1 Jail Nurse (Ms. Klariza Toreja) for DOTS everyday & Jail Mission every twice a month.**
- 6. Purchase of TB drugs (Streptomycin 1g & Ethambutol) for Category 2 patient & PPD for TB in Children Tuberculin Skin Testing (TST).**
- 7. Monitoring, Supervision & Evaluation of DOTS facilities**



## **DOTS Certification & Accreditation**

- **28 DOTS Certified**
  - **17 PhilHealth Accredited**
  - **TB HIV Providers Initiated Counselling & Testing – all patient in category A&B areas will undergo PICT (Batangas City & Lipa City only)**
  - **Regular Data Quality Collection & Review**
-

# Rabies

## Prevention and Control

**Rabies remains to be the most acutely fatal infectious disease affecting 200-250 lives of Filipino every year. With the increasing number of animal bites cases in the province from 680 in 2008 to 14,945 in 2015 ,the collaborative efforts to fight the disease through post exposure prophylaxis was made into a reality. To intensify the goal to eliminate human rabies by the year 2020 provision of full course of post exposure prophylaxis are given to all patients who sought consultation due to animal bite.**

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# Programs / Projects / Activities:

## A. Provincial Funded Activities

- Rabies Awareness Month – (under Executive Order No. 84, March is Rabies Awareness Month )
- World Rabies Day Celebration – (September 28 has been declared as World Rabies Day )
- Animal Bite Treatment Center (ABTC) coordinators and Technical Working Group Committee quarterly meetings.
- Traditional healers (tandok/albulario) yearly meeting.
- Provision of post exposure prophylaxis vaccines.
- Adopt Anti Rabies Act 2007 to Provincial Rabies Ordinance 2012-001
- Monitoring, Supervision & Evaluation of ABTC
- Health promotion and community assemblies
- Human rabies case investigation

## **B. Department Of Health RO 4A CaLaBaRZon**

- **Training of Traditional Healers on Animal Bite Management(2014-2015).**
  - **Training of doctors and nurses on Animal Bite and Human Rabies treatment and management( 2009 to present).**
  - **Dog vaccinators training (2015).**
  - **Orientation and planning workshop among barangay captain on RA 9482.**
  - **Integration of Rabies Program into the School Curriculum (2013).**
  - **Provision of post exposure prophylaxis and dog vaccines.**
  - **Animal Bite Treatment Center accreditation.**
  - **Declaration of Rabies Free Zone- (Municipality of Tingloy) 2015.**
-



# Leprosy

## Prevention and Control

Leprosy is considered as a dreaded disease because of its chronic course of incurable disfigurement and physical disabilities. With the introduction of specific Multi Drug Therapy (MDT), there has been a tremendous decline in the prevalence of leprosy. In 1998, the Philippines achieved elimination goal by attaining of PR of 0.9/10,000 population. Batangas province has achieved the national target for prevalence rate and case detection rate which is less than 1/10,000 population and less than 1 /100,000 population respectively.

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# Programs / Projects / Activities:

## **A. Provincial Funded Activities**

- **Orientation to local program partner implementers**
- **Kilatis Kutis Activity (2013)**
- **Case finding Investigation**
- **Slit Skin Smear**
- **Monitoring and evaluation of clients through home visits**
- **Provision of medicines for treatment of related skin diseases**

## **B. Department Of Health RO 4A CaLaBaRZon**

- **Provision of MDT drugs, dermatological ointments**
  - **Orientation /training on doctors/nurses/midwives on leprosy prevention and control**
-



# **Vector Program**

## **Prevention and Control**

**Vector control program monitors environmental conditions that increase risks for vector - borne diseases like dengue, chikungunya, malaria. In the province various strategies were done to eliminate and control mosquitoes in an effort to reduce its incidence.**

**Mortality on dengue was reduced from 10 in 2010 to 6 in 2015.**

---

# Programs / Projects / Activities:

## **A. Provincial Funded Activities**

- 1. Orientation on vector borne disease (RSI)**
  - 2. Provision of Larvicides and insecticides**
  - 3. Provision of Larvivorous Fish to dengue/malaria prone areas**
  - 4. Provision of Anti Of Malarial supplies and equipment**
  - 5. Semi Annual meeting of Sanitary Inspector**
  - 6. Health Education and information Dissemination thru:**
    - a) Community assemblies**
    - b) Monitoring and Evaluation**
    - c) Radio guesting**
-



## **B. Department Of Health RO 4A CaLaBaRZon**

- **Training on Vector Surveillance in support for Vector management (2016)**
  - **Provision of insecticide treated screen and Ovi – larvicidal trap - OL tray**
  - **Declaration as Malaria – Free Province (November 2010)**
  - **Launching ABKD (Aksyon Barangay Kontra Dengue) April 4,2011**
-

# Renal Disease Control Program

**Kidney Disease, especially End Stage Renal Disease (ESRD) or kidney failure is one of the leading cause of death in the Philippines and is an alarming disorder among our populace today. Million of people worldwide received dialysis or have had kidney transplant because of this. In CALABARZON areas, the incidence of ESRD is escalating in numbers affecting the children and adults.**

**In Batangas ESRD ranked as the 10<sup>th</sup> leading causes of mortality and morbidity for the past 5 years. The Provincial Health Office continue its efforts to prevent and reduce if not totally control the increasing number of cases of renal failure through early detection and proper management .**



# Programs / Projects / Activities:

## A. Provincial Funded Activities

- **Urinalysis and management of cases in different schools , government employees and inmates.**
- **Health promotion/Pep talk conducted to communities/schools/company / different government & non-government organization.**
- **Orientation on related renal diseases.**
- **Radio guesting/ plugging.**
- **Provision of medicines for management of cases.**

## B. Department Of Health RO 4A CaLaBaRZon

- **Training/ updates on renal disease control program**
-

# Dental Program

**Oral Health is Fundamental to a child health and well-being. One of the most common chronic childhood diseases is childhood caries thus the Provincial Government of Batangas implement a project to promote integrated hygiene, health and nutrition. Hand washing and Tooth brushing, distribution of Essential Health Package and pits and fissure sealant are the basic services that is being implemented in entire province and improve quality of life through promotion of oral health and quality oral health care.**

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# **Programs / Projects / Activities:**

## **A. Provincial Funded Activities**

- **Orally Fit Child**
- **100% children given Essential Health Package and Tooth Brushing and Hand Washing Drill to Day Care Pupils**
- **Provision of Dental chairs to 12 District Hospital**

## **B. Department Of Health RO 4A CaLaBaRZon**

- **Provision of Dental Bus**
  - **Hi5 dental caravan**
-

# **Voluntary Blood Service Program**

**The demand and supply of live saving blood among the constituents of batangas remains to be the one of the most important concern in the health program. To provide an adequate supply of safe blood a target of 1% of the total population is needed which means a 25,000 units of blood collected. Hence, the voluntary blood program advocates approaches that establish and maintain the safety and sustainability of blood to meet the needs of all our constituents requiring blood transfusion.**

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# Programs / Projects / Activities:

## A. Provincial Funded Activities

- **Pep talk conducted to Communities/schools/companies and different government /& non-government organization**
  - **Radio guesting/ plugging**
  - **Re Activation of Batangas Blood Council ( 2010 )**
  - **Batangas Blood Council quarterly meeting**
  - **Provincial Sandugo Awards ( 2010- 2014 )**
  - **Blood Olympics ( Lipa City, Bats. City, Tanauan City, San Jose, Mataas na Kahoy, Cuenca, Mabini, Sta, Teresita, San Luis, Taysan )**
  - **Mass Blood Donation (Municipalities, Provincial Capitol, Schools, Companies & different organization )**
-

## **B. Department Of Health RO 4A CaLaBaRZon**

### **Trainings on :**

- **Blood Recruitment (PHN & BHW's)**
  - **Proper Blood Handling ( Blood facility Med. Tech.)**
  - **Phlebotomy Training**
-



# **Philippine Integrated Disease Surveillance & Response**

**The Philippine Integrated Disease Surveillance and Response (PIDSR) System was established to improve the current disease surveillance systems in the Philippines and to comply with the 2005 IHR call for an urgent need to adopt an integrated approach for strengthening the epidemiologic surveillance and response system of each member nation. PIDSR envisions the integration of all surveillance and response activities at all levels to provide a more rational basis for decision making and implementing public health interventions that effectively respond to priority diseases and events. The focus of PIDSR is to strengthen the capacity of local government units for early detection and response to epidemics.**

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# Programs / Projects / Activities:

## A. Provincial Funded Activities

- Conducted Epidemiologic Investigation & response of epidemics, suspected & confirmed cases
- Records review
- Collection of specimen & transported to RITM
- Installment PIDSR database
- Program Implementation Review for DSO's / DSC's, Government / Private Hospitals & RHU's
- Semi-annual meeting (DSC's and DSO's of District Hospitals, 31 RHUs and 3 cities)

## B. Department Of Health RO 4A CaLaBaRZon

- Trainings on Philippine Integrated Disease Surveillance and Response for DSO / DSC.
-



# Immunization Program

**The program on Immunization has successfully vaccinated and protected millions of children from vaccine preventable diseases. Over the years, being one of the priority health program, it focused on achievement of high immunization coverage. The current thrust now is to sustain this high coverage and focus on the control, elimination and eradication of major childhood vaccine preventable diseases. There is a need to update the policies, standards and guidelines to concur with the current goals and immunization practices.**

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## **Programs / Projects / Activities:**

- **Immunization program data analysis and validation through DQC**
  - **Province wide allocation of childhood vaccines provided by department of health**
  - **Advocacy campaign to intensify immunization program**
-



# **Environmental & Health Sanitation Program**

**A program thrust of the Provincial Health Office concern in safeguarding the public health, particularly in the prevention and control of environmental health related-diseases. It encompass several concerns & issues related to health and environment like water supply, food sanitation, excreta disposal, solid, toxic and hazardous wastes.**

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# Programs / Projects / Activities:

## **A. Provincial Funded Activities**

**2012**

- Hazardous wastes of Government Hospitals were collected by private waste treater and collector
- Construction of Sewage Treatment Facilities (STF) of Government Hospitals were started.

**2015**

- Construction of Eleven (11) Sewage Treatment facilities (STF)
-



# Health Education Program

**Health Education and Promotion is one of the most basic and important in the implementation of every program. The success of each program depends on the success of health education activities. It is the responsibility of all health workers to impart knowledge for community awareness on different health program activities for their participation & change.**

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# Programs / Projects / Activities:

<b>Activities</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>Community Assembly</b>	18250 participants	15000 participants	19000 participants	2200 participants	2600 participants	2890 participants
<b>Networking</b>	30 people	45 people	50 people	40 people	60 people	55 people
<b>Reproduction/ Distribution of IEC Materials</b>	Rabies - 2000 TB - 1000 Dengue- 4000	Nutrition- 1000 TB - 1000 Dengue- 5000 Rabies - 3000 Breast Feeding- 1000 Leprosy - 500	Dengue- 6000 TB - 2000 Rabies - 3000 Breast Feeding- 1000 Nutrition- 1500 Leprosy - 500	Rabies - 2500 Dengue- 4000 Nutrition- 1500 Leprosy - 500	Dengue- 5000 Chikungunya - 2000 Rabies - 2000 Leprosy - 500 TB - 1000 Nutrition - 1000 Dental - 500	Rabies - 3500 Dengue- 4000 Chikungunya - 2000 Leprosy - 1000 TB - 2000 Nutrition- 1000
<b>Monitoring and Follow up</b>	10 RHUs 6 Hospitals	15 RHUs 10 Hospitals	20 RHUs 12 Hospitals	24 RHUs 12 Hospitals	30 RHUs 12 Hospitals	31 RHUs 12 Hospitals



# Healthy Lifestyle Program

The program aims to inform and encourage Filipinos from all walks of life to practice healthy lifestyle by making a personal commitment to physical activity, proper nutrition, and the prevention or cessation of smoking and alcohol consumption. It promotes sustainable environment for healthy living. With the increasing rate of obesity, diabetes, alcoholism and other lifestyle-related diseases, there is a need to encourage the public to embrace vital health habits like exercise, eating nutritious food and avoidance of unhealthy habits such as smoking and drinking alcohol.

To promote the overall wellness of the public, the Provincial Government of Batangas is committed to uphold healthy living to possibly reduce the cases of lifestyle-related diseases.

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## **Programs / Projects / Activities:**

- **Inauguration of Health and Wellness Gym on March 14, 2012.**
  - **Approval of Provincial Ordinance No. 005 dated May 26, 2014 (which regulates smoking in public places including public conveyances, advertisement, promotions and sponsorships of tobacco products, and providing penalties thereof, which are in accordance with the Tobacco Regulation Act 2003.)**
  - **Intensify advocacy campaign through:**
  - **Commitment of LGU in establishing healthy lifestyle activities through fitness exercises.**
  - **Inform the public, especially the students, of the effects of tobacco smoking and inhalation of second-hand smoke.**
  - **Enforce restrictions on smoking in public places based on Tobacco Regulations Act**
  - **Radio guesting**
  - **Province wide distribution of IEC materials**
-



# **Maternal, Neonatal, Child Health & Nutrition (MNCHN)**

**The Maternal, Neonatal, Child Health and Nutrition Core Package of Services consists of interventions that will be delivered for each life stage: pre-pregnancy, pregnancy, delivery, and the post-partum and newborn periods. Most of these services require minimal cost and can be delivered by health workers as part of their routine functions with some that may require additional training and minimal investments in facilities.**

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## **Programs / Projects / Activities:**

- **Institutionalized the National Safe Motherhood Program Form**
  - **BEmONC Facility**
    - **Training of health personnel to man BEmONC Facilities**
      - **12 BEmONC Team Trained - 1 per District Hospital**
      - **19 BEmONC Team Trained - 1 per Municipality**
      - **3 BEmONC Team Trained - 1 per City**
  - **Maternal Death Review**
    - **Reviewed and Reported Maternal Deaths**
-



## **Programs / Projects / Activities:**

- **Supportive Supervisory Team Institutionalized**
  - **Supportive Supervisory Visit conducted at the RHU level**
  - **Provision of initial stocks of medicines and supplies for Philhealth accreditation**
  - **Facilitates PhilHealth, MCP/NCP and NBS accreditation**
  - **Capability Building on:**
    1. **Essential Newborn and Intrapartum Care**
    2. **Monitoring and Mentoring of Midwives**
    3. **BeMONC for Midwives**
    4. **Lactation management training**
-

## **Programs / Projects / Activities:**

- **Clinical Case Studies for Midwives**
  - **Buntis Congress**
  - **Buntis Forum**
  - **Coordination with Private Partners for program implementation**
  - **Provision of OB Kit for BeMONC Capable facility**
  - **Institutionalization of MNCHN SDN**
-



# **SDN NETWORK OF FACILITIES IN BATANGAS CITY**

## **CEmONC/ CEmONC-Capable**

- **Public (DOH-retained/ training hospital)**
  - **Batangas Medical Center (BatMC)**
- **Private**
  - **Batangas Health Care Hospital - Jesus of Nazareth**
  - **Golden Gate General Hospital**
  - **St Patrick's Hospital Medical Center**

## **BEmONC/ BEmONC-Capable**

- **Public**
  - **San Isidro Main Health Center**
  - **Ilijan Main Health Center**
- **Private**
  - **All PHIC MCP accredited birthing homes/ facilities**

## **CHPs**

**CHTs; University/ School Clinics; Coop Clinic; Outpatient Clinics**

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# **Family Planning / Reproductive Health Program**

**The FP Program addresses the need to help couples and individuals achieve their desired family size within the context of responsible parenthood and improve their reproductive health to attain sustainable development. It aims to ensure that quality FP services are available in DOH-retained hospitals, LGU-managed health facilities, NGOs and the private sectors.**

**Reproductive Health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.**

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## **Programs / Projects / Activities:**

- **Family Planning Competency Based Training Level 1 (FPCBT 1-6 batches)**
  - **PP IUD Insertion Training for Nurses and Midwives (2 batches)**
  - **Progestin Sub-Dermal Implant (PSI) or Implanon Skill Training.**
  - **SMRS-NOSIERS Training (2 batches)**
  - **PPFP/ Post-Partum Intra-Uterine Divice (PPIUD) Training for MDs.**
  - **Orientation on Implano and FDS**
  - **FDS Project Review, Evaluation and Planning Workshop**
-

## **Programs / Projects / Activities:**

- **Family Planning in Hospitals**
  - **Informed Choice and Voluntarism Activity**
  - **Mentoring and Coaching for Midwives**
  - **Family Planning in the Workplace**
  - **Usapang SERYE Series**
  - **Orientation on Men's Reproductive Health**
  - **Quarterly Regional Population Management Committee (RPMC) meeting**
  - **Coordination with Private and Development Partners for program implementation**
  - **Institutionalization of FP SDN**
-



# Adolescent Health Development Program

## **GOAL :**

**Strengthening health services for Human Capital Development**

## **OBJECTIVES:**

- 1. Raise adolescents and youth access to reproductive and other health services.**
  - 2. Train peer educators in schools/ universities.**
  - 3. Set-up adolescent-friendly health facilities.**
-

## **Programs / Projects / Activities:**

- **Initial assessment of AYH Landscape with Interns from Middlebury College, VT, USA.**
  - **Youth dialogue to understand the Landscape of Adolescent/Youth Health (AYH) in Batangas.**
  - **Stakeholder's Forum on AYH.**
  - **Series of AYH Technical Working Group (TWG) Meeting.**
  - **AYH Caucus of Parents of Students in Batangas National High School**
  - **Orientation of Out-of-School Youth (OYS) Parents on Responsible Parenting and Family Planning.**
-



## **Programs / Projects / Activities:**

- **Focus Group Discussion (FGD) with health service providers on AYH and setting-up of AYH Friendly Health Facilities.**
  - **Training of Peer Educators from 3 cities.**
  - **Write shop on Creation of AYH Council.**
  - **AYH Forum at Batangas City.**
  - **Forum on “Sex Education” in BSU.**
  - **“Sex Education and Me: An Information Campaign on Responsible Sexuality among College of Arts and Sciences (CAS) Students”.**
  - **Institutionalization of AHDP SDN**
-

## **Programs / Projects / Activities:**

- **Launching of AHDP Tri-City Model.**
  - **AJA Orientation for 35 Guidance Counsellors of Lipa City**
  - **Population and Development Education (POPDEVED) Training**
  - **Adolescent Job Aid (AJA) Training**
  - **Forum on “Understanding Sexuality” among 254 Grade 6 Students of De La Salle Lipa.**
  - **Adolescent Job Aid**
  - **Strategic Planning Workshop on AHDP**
-



# Newborn Screening

**Newborn Screening (NBS) is an essential public health strategy that enables the early detection and management of several congenital metabolic disorders, which if left untreated, may lead to mental retardation and even death.**

**NBS is done by collecting a few drops of blood from the baby's heel at least 24 hours from birth to 72 hours of life. Collected blood samples are tested for five disorders.**

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## **Programs / Projects / Activities:**

- **Provision of FREE – NBS (20 babies per municipality per month)**
  - **Orientation on Expanded Newborn Screening**
  - **Conduct of training on Heel prick at RHU level**
  - **Facilitates training at the Hospital level**
  - **Newborn Screening Activities**
  - **Contact tracing of Positive Cases**
  - **Referral of positive cases to the next level facility**
  - **Assistance on referral system**
  - **Provision of Vehicle during transport**
  - **Facilitate provision of Financial Assistance**
  - **Awardee – Best Practice of Newborn Screening Implementation**
-



# HIV and AIDS

**Our Community Leaders and LGU play an important role in HIV/AIDS prevention and in minimizing its impact in our communities, as well as in creating an environment that is not discriminatory to PLWHAs.**

**We also have the responsibility of shaping the attitudes of people towards AIDS and PLWHAs. Thus, we have created a system that makes information sources readily available and linked with and mobilized different sectors in the community to help prevent HIV/AIDS.**

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## **Programs / Projects / Activities:**

- **AWARDEE –Most improved Social Hygiene Clinic**
  - **HIV and AIDS Program Manager certified as one of the 48 HIV Counselling and Testing Trainer in the Philippines**
  - **Free HIV Counselling and Testing rendered year round as need of potential client arises**
  - **Referral to the next higher level facility done with strict compliance to privacy and confidentiality**
  - **Provision of post HIV counselling for client confirmed of HIV**
  - **Monitoring of client during their course of ARV treatment**
-



## **Programs / Projects / Activities:**

- **Provision of free available laboratory examinations for confirmed HIV cases**
  - **Provision of free antibiotics for client undergoing medical treatment related to HIV due mainly of opportunistic infection**
  - **World AIDS Day Celebration**
  - **Candle lighting ceremony**
  - **Mass counselling among male having sex with male**
  - **Lectures done among adolescents**
-

## **Programs / Projects / Activities:**

- **Orientation of Nursing affiliates from different schools**
  - **Radio guesting**
  - **TV appearances**
  - **Health personnel from proposed Social Hygiene Clinic and private Hospital trained on HIV Counselling and Testing ( Lipa City, Nasugbu, San Juan, Batangas City, Mary Mediatrix Medical Center)**
  - **Medical Technologist trained on HIV proficiency (PHO Social Hygiene Clinic and Apacible Memorial District Hospital)**
-



# Cancer Prevention

**This program aims to establish and maintain that integrated scientific progress and application of strategies / approach that will reduce cancer morbidity/mortality in the Province of Batangas**

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## **Programs / Projects / Activities:**

- **FREE Pap smearing activities**
  - **Training on Cervical Cancer Prevention**
  - **Training on visual inspection with acetic acid (VIAA)**
  - **Counselling of client**
  - **Referral to the next higher level facility**
  - **Lectures and bench conferences**
-



# Barangay Health Workers

**The roles and contribution of BHWs in the attainment of the DOH thrusts under the Kalusugang Pangkalahatan (KP) framework cannot be overlooked. They are mandated to perform different tasks, depending on the need of members of their household (HH) catchment areas, and the existing health demand of the entire community as well. It is very important that they clearly understand their respective roles and responsibilities.**

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## **Programs / Projects / Activities:**

- **Institutionalization of Electronic BHW registry**
  - **Accreditation of qualified BHWs**
  - **Technical assistance to qualified BHWs for Civil Service Accreditation**
  - **Training on Hi-5 and Tsismis Strategy**
  - **Training on the New BHW Reference Manual**
  - **Provision of BP Apparatus to ALL BHW**
  - **Provision of First Aid Kit**
-



# **LGU Scorecards Health Information System**

- **To improve quality of locally generated data**
  - **To improve planning, policy and decision making at all levels (national, regional, provincial, municipal/city, barangay)**
  - **To have an evidence-based interventions made to improve health service delivery performance**
  - **To have better health outcomes, more equitable financing and more responsive health systems**
-

# Programs / Projects / Activities:

- **LGU Scorecard Validation**
  - **Data Quality Check**
  - **Monitoring and Evaluation for equity and effectiveness**
  - **Harmonization of data with eFHSIS system**
-



# Community Health Team

**The Department of Health, with the Departments of the Interior and Local Government, Social Welfare and Development and Education, launched the Community Health Team (CHT) Mobilization campaign to guarantee that every family in the community is periodically visited and attended by health providers as part of the government's efforts to achieve Kalusugan Pangkalahatan or Universal Health Care.**

**The CHT Team will be the front liners in their respective communities in giving information and guidance to those who want to access health services.**

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# Community Health Team

**The CHT Mobilization teams (CHTs) will do a door to door visit to reach all families, especially the poorest Filipino households, identified through the DSWD's National Household Targeting System (NHTS). The CHT Mobilization aims to link these families to social service providers, provide critical social services when needed, and deliver key health messages.**

**Aside from providing information, the CHTs shall also distribute complete treatment packages or medicines, provide immunizations for children and senior citizens and other health services as the need arises.**

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# Programs / Projects / Activities:

- **CHT Meeting**
  - **Technical Training and Enhancement and Strengthening of Community Health Teams**
  - **CHT Monitoring**
  - **CHT Summit**
  - **NDP – CHT Orientation**
-



# AWARDS

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**❖ Malaria Free Batangas**

**- Declared in 2010 by DOH and WHO**

**❖ Rabies Free Zone – Municipality of Tingloy**

**- Declared in 2015 by DOH**

**❖ National Awardee - Garantisadong Pambata Champ 2009  
(Provincial Level – Batangas Province)**

**❖ National Awardee - Garantisadong Pambata Champ 2012  
(Municipal Level – Taysan)**

**❖ Regional SANDUGO Award**

**- Most Outstanding Local Chief Executive –  
Gov. Vilma Santos-Recto**

**- KABALIKAT Award - Provincial Health Office**

**❖ National Nominee for Best Practice on Newborn Screening**

# Special Award Newborn Screening

2011





# Certificate of Accreditation Center of Excellence

May 2012

Accreditation No.  
**H42000962**

  
*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

**CERTIFICATE OF ACCREDITATION**

The Philippine Health Insurance Corporation  
by virtue of the powers and authority vested in it  
by the National Health Insurance Act of 1995  
hereby grants accreditation to

**SAN JOSE DISTRICT HOSPITAL**

SAN JOSE, BATANGAS

as

**CENTER OF EXCELLENCE**  
(Level 2 Hospital with 25 beds)

This accreditation shall be valid from May 01, 2012 to April 30, 2015  
unless otherwise suspended or revoked earlier after due process.

Granted this 8th day of June 2012, at Pasig City, Philippines

  
**DR. EDUARDO P. BANZON**  
President and CEO

# Philippine Integrated Disease Surveillance & Response Provincial Epidemiology & Surveillance Unit (Bronze Award )

2012



2013





# Plaque of Recognition

January 2014

Lactation and Health  
Kiosk



# Best Effort Award

January 2014

1st Regional Community Health Team  
Best Effort Award





# Recent AWARDS (February 2015)



Based on 2014  
Accomplishment:

Outstanding  
Provincial Health  
Office

# Recent AWARDS



TB PROGRAM:  
Province with Highest  
Case Detection Rate



# Recent AWARDS



HIGHEST BLOOD  
DONATION RATE

# Recent AWARDS



**MOST IMPROVED  
SOCIAL HYGIENE  
CLINIC**



# Recent AWARDS



**MALARIA FREE  
PROVINCE FOR 5  
YEARS**

# Recent AWARDS



**BEST PERFORMING  
LOCAL BLOOD  
COUNCIL**



**P. H. O.**

**P**ursuing our **H**ealth **O**bjectives...

**P**roductive **H**ealth **O**rganization



*THANK YOU*