


ISABELA PROVINCIAL HEALTH OFFICE
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	ISABELA PROVINCIAL HEALTH OFFICE	MAY
	Accomplishment Report	Month
		2022
		Year

FOCUS AREA

PROGRAM/PROJECT /ACTIVITY	PROJECT DESCRIPTION	STATUS/REMARKS/ ACCOMPLISHMENTS
<p><u>COVID – 19 Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR)</u></p> <p>One Isabela COVID-19 Command Center (OICCC)</p>	<p>The One Isabela COVID-19 Command Center aims to harmonize the admission and management of COVID-19 patients at the appropriate level of health facilities. In addition, ensuring the prioritization of decking and admission among COVID-19 confirmed, suspect, and probable cases. Also, to provide a proper and prompt referral to Provincial Department of Health Office (PDOHO) for severe and critical cases require admission to identified COVID-19 referral hospitals, namely SIMC and CVMC.</p>	<p>Cumulative data from May 1 - 31, 2022</p> <ul style="list-style-type: none"> • Total number of calls catered province wide: 1 • Total referrals catered : 1 • Total number of patients catered per COVID-19 classification: 1 <ul style="list-style-type: none"> Suspect – 1 Probable – 0 Confirmed – 0 • Total number of patients catered per COVID-19 severity: 1 <ul style="list-style-type: none"> Asymptomatic – 0 Mild – 0 Moderate – 1 Severe - 0 • Total number of patients referred per facility preference: 1 <ul style="list-style-type: none"> Government – 1 Private – 0

COVID-19 VACCINATION

The Integrated Provincial Health Office' vaccination team situated at IPHO compound inoculated a total of **340** individuals catering to eligible population on a daily schedule.

Table 1

CATEGORY	PRIMARY		BOOSTER	
	1 ST Dose	2 ND Dose	1 ST Dose	2 ND Dose
A1 (Frontline Health Care Workers)	0	1	9	14
A2 (Senior Citizens)	0	0	20	80
A3 (Immunocompromised, with Co-morbidities)	1	0	31	41
Expanded A3 (Pregnant Women)	5	0	0	0
A4 (Essential Frontline Workers)	3	3	91	0
A5 (Indigent Population)	0	0	10	0
ROAP (Rest of Adult Population)	4	4	21	0
PA3 5-11	0	0	0	0
ROPP 5- 11 (Rest of Pediatric Population)	0	0	0	0
PA3 12-17	0	0	0	0
ROPP 12-17	1	1	0	0
TOTAL	14	9	182	135

Source: Vaccine Operation and Reporting System (VORS)

COVID-19 DETECTION

The Provincial Epidemiology and Surveillance Unit (PESU) consolidated reports of COVID-19 cases detected from City/Municipal Epidemiology and Surveillance Units as a result of active contact tracing and immediate RT-PCR testing of identified individuals showing COVID-19 symptoms.

Table 2.

MUNICIPALITY/CITY	NO. OF POSITIVE CASES DETECTED
ALICIA	1
AURORA	4
BENITO SOLIVEN	1
BURGOS	1
CAUAYAN CITY	5
CITY OF ILAGAN	22
ECHAGUE	1
GAMU	4
MALLIG	3
NAGUILIAN	2
QUEZON	1
QUIRINO	3
RAMON	1
REINA MERCEDES	1

ROXAS	3
SAN MANUEL	2
SAN MARIANO	1
TOTAL	56

Source: Provincial/City/Municipal Epidemiology and Surveillance Units (P/C/MESU)

<p><u>Family Cluster</u></p> <p><u>Nutrition Program</u></p> <p>Conduct of 2023-2025 Local Nutrition Action Plan Formulation Workshop (May 24-25, 2022)</p>	<p>The activity was initiated by the Provincial Nutrition Council (PNC) Secretariat headed by the Provincial Nutrition Action Officer (PNAO) with the goal to guide the PNC in drafting a robust and more comprehensive, inclusive, and multifaceted 2023-2025 Isabela Provincial Nutrition Action Plan (PNAP).</p>	<p>Attended by PNC-TWG composed of representatives from DepEd, DILG, PPDO, OPA, PVET, PBO, IPHO, PSWD, and NNC R02.</p> <ul style="list-style-type: none"> Accomplished four (4) worksheets; Worksheet 2 (Problem Tree Analysis); Worksheet 3 (Priority Development Challenges); Worksheet 5 (PPAN Projects to integrate); and Worksheet 6 (Costing Workbook) Coastal towns of Divilacan, Palanan, and Maconacon were among the municipalities with the highest malnutrition prevalence based on indicators.
<p><u>Mental Health Program</u></p> <p>Comprehensive Training-Workshop on Mental health and Psychosocial Support at Maconacon, Isabela (May 23-27, 2022)</p>	<p>A 5-day face-to-face training workshop facilitated by CVCHD – Mental Health Unit along with IPHO’s Mental Health Program Coordinators aims to capacitate the community on coping with the impact current situation during pandemic and adapting to the new normal.</p>	<p>Attended by 41 front liners from Municipal Health Office, Municipal Social Welfare and Development Office, POPCOM, and HRH of CVCHD. Salient topics discussed were:</p> <ul style="list-style-type: none"> Introduction to Therapeutic Communication Mental Health and Disasters MHPSS Issues of at-risk Groups in Emergencies Mental Health and Psychosocial Support and Well-being Self-care and Caring for Carers

		<p>Participants were able to understand the value of Mental Health and Psychosocial Support and demonstrated the basic skills in rendering such through role-playing. 29 out of the 41 participants were able to finish the 4-day Training-Workshop.</p>																		
<p><u>Maternal and Newborn Health Program</u></p> <p>Conduct of <i>Bantay Buntis sa bawat Barangay (BBB)</i> (May 13, 18, 25, 26, 27, 2022)</p>	<p>In partnership with National Commission on Indigenous People (NCIP) the BBB aims to equip mothers belonging to indigenous group with proper knowledge on how to care for themselves and during and post-pregnancy. This face-to-face activity further aims to shed light to myths in newborn and post-partum mother care without compromising the culture of the group.</p>	<p>Attended by pregnant women, women of reproductive age, mothers with babies – all members of the IP community conducted in the following venues:</p> <table border="1" data-bbox="1002 878 1476 1886"> <thead> <tr> <th data-bbox="1002 878 1161 1048">Date</th> <th data-bbox="1161 878 1321 1048">Place of Activity</th> <th data-bbox="1321 878 1476 1048">Total Number of Participants</th> </tr> </thead> <tbody> <tr> <td data-bbox="1002 1048 1161 1227">May 13, 2022</td> <td data-bbox="1161 1048 1321 1227">Brgy. Dalig Kalinga, Aurora, Isabela</td> <td data-bbox="1321 1048 1476 1227">72</td> </tr> <tr> <td data-bbox="1002 1227 1161 1361">May 18, 2022</td> <td data-bbox="1161 1227 1321 1361">Brgy. Dibulo, Dinapigue, Isabela</td> <td data-bbox="1321 1227 1476 1361">72</td> </tr> <tr> <td data-bbox="1002 1361 1161 1541">May 25, 2022</td> <td data-bbox="1161 1361 1321 1541">Brgy. Rogus, Cauayan City, Isabela</td> <td data-bbox="1321 1361 1476 1541">67</td> </tr> <tr> <td data-bbox="1002 1541 1161 1742">May 26, 2022</td> <td data-bbox="1161 1541 1321 1742">Cab.10 San Antonio, City of Ilagan, Isabela</td> <td data-bbox="1321 1541 1476 1742">66</td> </tr> <tr> <td data-bbox="1002 1742 1161 1886">May 27, 2022</td> <td data-bbox="1161 1742 1321 1886">Brgy. Wigan, Cordon, Isabela</td> <td data-bbox="1321 1742 1476 1886">63</td> </tr> </tbody> </table>	Date	Place of Activity	Total Number of Participants	May 13, 2022	Brgy. Dalig Kalinga, Aurora, Isabela	72	May 18, 2022	Brgy. Dibulo, Dinapigue, Isabela	72	May 25, 2022	Brgy. Rogus, Cauayan City, Isabela	67	May 26, 2022	Cab.10 San Antonio, City of Ilagan, Isabela	66	May 27, 2022	Brgy. Wigan, Cordon, Isabela	63
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<p>Conduct of Maternal Death Surveillance and Response Orientation (<i>May 31, 2022 to June 1, 2022</i>)</p>	<p>A 2-day face-to-face orientation facilitated by IPHO to review and explore the circumstances leading to maternal death and evaluates the interventions initiated and executed by the LGUs.</p>	<ul style="list-style-type: none"> • Information on maternal care and the danger signs of pregnancy was introduced thru short video presentation. • Actual demonstration and return demonstration on newborn bathing, proper breastfeeding positions, and complimentary feeding preparation. • Discussion on the importance of routine immunization in infants as well as COVID-19 vaccination among unvaccinated individuals belonging to their tribes • Tokens (hygiene kits) were also given as gesture of thanks for their active participation <p>Attended by Municipal Health Officers and Public Health Nurses province-wide. Agreements made during the orientation were:</p> <ul style="list-style-type: none"> • Immediate notification to IPHO thru Maternal and Newborn Health Program Coordinator should be made by C/MHO in SMS (Name, Age, OB Hx, Facility, Date of Death, Initial Diagnosis) within one (1) week • Completion and submission of official report and its attachments (of forms A, B, & C) within 20 working days from the date of death. • Private practitioners should be involved in the review of medical records of maternal deaths • Health facilities (government and private) where the maternal death occurred must be present during the review for a clear presentation of management/course in the ward
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		<ul style="list-style-type: none"> • Maternal Death is reported based on occurrence that is reflected in the Field Health Service Information System (FHSIS), MDSR report should be accomplished and reviewed by the facility where Ante-Natal Check-up was made.
<p><u>Family Planning Program</u></p> <p>Mapping and Monitoring of available Family Planning Services at the Local and Hospital Level (May 6-25, 2022)</p>	<p>To ensure the continuing availability of Family Planning services and commodities at the local level, particularly in the full devolution of family planning program. This activity will also serve as a means to generate information that can be used by the Department of Health, POPCOM, PHO, and LGUs in identifying needed interventions to ensure the sustainability of FP program within the context of devolution.</p>	<p>Initial findings for Hospitals were noted as:</p> <ul style="list-style-type: none"> • FP supplies of District Hospitals come from CVCHD. They do not have budget allocation for FP commodities; • Most FP services offered by public and private are Intrauterine Device (IUD) and Bilateral Tubal Ligation (BTL). Other FP services are referred to RHUs and private clinics; • FP service providers in private hospitals are consultants. There are no available trained staff on FP; • Most Private hospitals are willing to be trained on FP and they signified intention to provide other FP services and set up a separate FP clinic. <p>Initial findings for Rural Health Units (RHUs):</p> <ul style="list-style-type: none"> • On available Natural Family Planning (NFP) services, Standard Days Method (SDM) and Lactation Amenorrhea Method (LAM) are the only methods with (few) acceptors; • Most of the RHUs have stock out of Combined Oral Contraceptives (COCs) – with pending request for resupply from CVCHD; • Only few acceptors of condom, myths and

		<p>misconceptions about condom use still prevail. Condom users mostly members of the LGBTB + community. Stocks are near expiry;</p> <ul style="list-style-type: none"> • In most LGUs, the personnel trained on Family Planning Competency-Based Training (FPCBT) 2 already are already retired or about retire; • In all LGUs, untrained FP service providers who are providing FP counselling and services. <p>Initial findings for Birthing Homes (BHs):</p> <ul style="list-style-type: none"> • All FP methods are provided at BHs except for Non-Scalpel Vasectomy (NSV) and BTL; • LAM is the most prominent NFP method accepted by clients after giving birth then they shift to modern artificial methods; • Integrated Midwives Association of the Philippines (IMAP) members are willing for the updates in the renewal of MoA with POPCOM for the provision of FP services.
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Non-Communicable Disease Cluster

Lifestyle-Related Diseases

Table 4

	Adults Assessed	Current Smoker	Alcohol Binge Drinkers	Overweight/Obese
Male:	4,912	1,558	1,466	633
Female:	6,459	315	343	885
Total:	11, 371	1,873	1,809	1,518

Source: Non-communicable Disease – Field Health Service Information System

Eligible Population (PhilPen): 11,371	Newly-identified Hypertensive	Newly-identified with Diabetes Mellitus
Male:	270	34
Female:	306	47
Total:	576	81

Table 5

Source: Non-communicable Disease – Field Health Service Information System

Infectious Disease Cluster

Sexually Transmitted Infection (STI) – HIV/AIDS Prevention and Control Program

Table 6

Indicator/s	Accomplishment
No. of Screened for HIV	1,480
No. of Reactive	8

Table 7

Indicator/s	Accomplishment
No. of Screened for Syphilis	2,654
No. of Reactive	30

Table 8

Indicator/s	Accomplishment
No. of Screened for HEPA B	3,843
No. of Reactive	71

Source: STI-HIV/AIDS Field Health Service Information System

• Dengue Prevention and Control Program

Suspected Dengue Cases as of May 2022
Isabela: 476 cases

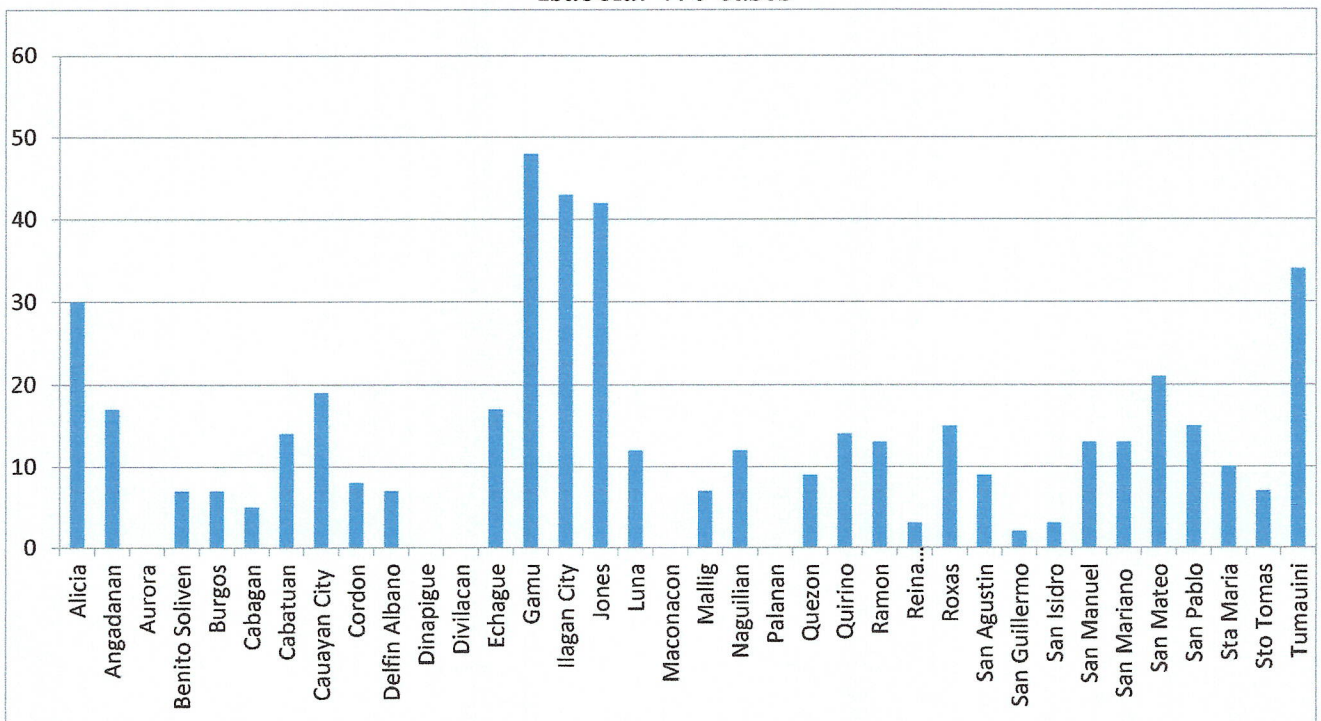


Figure 1.

Top Ten (10) Cities/Municipalities with most number of cases in the province namely, Gamu – 48, City of Ilagan – 43, Jones – 42, Tumauini – 34, Alicia – 30, San Mateo – 21, Cauayan City – 19, Angadanan & Echague – 17, Roxas & San Pablo – 15, Cabatuan & Quirino– 14. Meanwhile, there are five (5) municipalities with zero (0) reported case of dengue - Aurora, Divilacan, Dinapigue, Maconacon, and Palanan.

Source: *Philippine Integrated Disease Surveillance and Response (PIDS)*

National Tuberculosis Program

Conducted Tuberculosis Preventive Treatment (TPT) Orientation for health workers in CHO II Ilagan, Tumauini, and Cabagan

This activity aims to provide orientation and to review the guidelines set by the WHO on the identification of eligible contacts for TPT; to equip them with the necessary knowledge in conducting case finding and case investigation.

Attended by nurses, midwives, and BHWs from the identified facilities.

Status of the Province of Isabela on TB detection and notification

- No. of Screened by Chest X-ray: 2,765
- No. of Notified TB Cases: 560

Source: *Integrated Tuberculosis Information System*

<p><u>Disaster Risk Reduction and Management in Health (DRRM-H) Program</u></p> <p>Conducted Standard First Aid Training (SFAT) Training of Trainers (ToT) (May 12-13, 2022 & May 23-27, 2022)</p>	<p>A blended learning facilitated by the DOH CVCHD through the Health Emergency Management Section (HEMS) for the purpose of increasing the pool of trainers who will facilitate and support implementation, monitoring and evaluation, and certification of SFA Training course in the region as compliance to Department of Health Administrative Order 2020-0036 Institutionalization of Disaster Risk Reduction for Health (DRRM-H) in Province wide/ City wide Health systems.</p>	<ul style="list-style-type: none"> • Attended by six (6) staff from PDRRMO, two (2) staff from IPHO, and one (1) staff from GFNDSMH • Didactic conduct via virtual platform • Face-to-face discussion, demonstration, and return demonstration on: <ol style="list-style-type: none"> 1. Principles of First Aid 2. Medical, Environmental, and Trauma injuries that require first aid 3. Proper Bandaging & Splinting 4. Carrying and Moving of patients technique • Pre and Post-examinations • All participants were able to pass both skills return demonstration and paper and pen examinations.
<p>Conducted Video Documentation Online Course for Managerial Integration for UHC Integration Sites - City of Ilagan, Luna, and Jones (May 24-26, 2022)</p>	<p>The video documentation from DOH-Central Office led by Dr. Pretchel Tolentino, OIC - Director IV of Health Human Resource Development Bureau (HHRDB) aims to present best practices in achieving Key Result Areas in DRRM-H System as well as bottlenecks encountered which will serve as benchmark of other LGUs nationwide during the Online Course for Managerial Integration scheduled on August 2022.</p>	<p>Accompanied by personnel from IPHO, CVCHD DRRM-H Unit during the day-to-day schedule as follows:</p> <p>May 24, 2022</p> <ul style="list-style-type: none"> • Mayor's Office - City of Ilagan • CDRRMO - City of Ilagan • CIMC- City of Ilagan • IPHO <p>May 25, 2022</p> <ul style="list-style-type: none"> • Luna - Mayor's Office • RHU, CIU, MDRRMO - Luna

		<ul style="list-style-type: none"> • Mayor’s Office – San Guillermo • MDRRMO – San Guillermo <p>May 26, 2022</p> <ul style="list-style-type: none"> • Mayor’s Office – Jones • MDRRMO – Jones • PDRRMO – City of Ilagan <p>During the exit conference, with the presence of PHO II Dr. Nelson Paguirigan, Dr. Arlene M. Lazaro, Dr. Imelda M. Guillermo, UHC DRRM-H Team (DRRM-H and Health Workforce), DMOs, and DOH- Central Office agreed that all electronic copies of MOVs must be scanned for better presentation and initial copies of video documentations of the LCEs will be sent to the province for comments prior to final editing.</p>
<p><u>Epidemiology and Surveillance</u></p> <p>Conduct of Field Investigation</p>	<p>This method aims to validate and verify the event and to give recommendations to prevent the spread of reported cases</p>	<p>Investigation on the following cases:</p> <ul style="list-style-type: none"> • H5N1 (Bird Flu) at Alicia • Dengue at Gamu • COVID-19 vaccine AEFI at San Pablo, Isabela. <ul style="list-style-type: none"> ➤ A case of 7-year old female, who experienced fever and pain at injection site, hours after receiving 0.2 ml of Pfizer vaccine and persistent diarrhea accompanied by vomiting episodes (24 hours after receiving the vaccine). ➤ After the conduct of verification and initial investigation, face-to-face interview to key


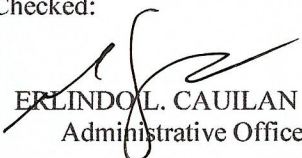

		informants, and environmental survey, the case was then referred to Regional Epidemiology and surveillance Unit (RESU).
<p><u>Health Promotion</u></p> <p>Conducted advocacy drive during the <i>Bantay Buntis sa Bawat Barangay</i> (May 13, 18, 25, 26, 27, 2022)</p> <p>Monitored the status of WFP Resbakuna Fund 2021</p>	<p>This face-to-face activity further aims to shed light to myths in newborn and post-partum mother care without compromising the culture of the group. The advocacy drive focuses on the holistic welfare of our pregnant women and women of reproductive age during the course of their pregnancy. This face-to-face activity further aims to shed light to myths in newborn and post-partum mother care without compromising the culture of the group.</p> <p>Provision of fund for the implementation of Resbakuna activities.</p>	<p>Participants were able to:</p> <ul style="list-style-type: none"> • recognize and demonstrate acceptable behaviors relating to their pregnancy and on ways on proper newborn care during the discussion and return demonstration; • verbalize and identify myths during the open forum • As of May 2022, fund balance is approximately Php 130, 000 per forwarded vouchers
<p><u>Population Development Program</u></p> <p>Attended Special Regional Implementation Team on Responsible Parenthood and Reproductive Health (RPRH) Meeting (May 5, 2022)</p>	<p>This aims to determine rapid appraisal of LGUs capacity to provide comprehensive Family Planning services and procure commodities through mapping of FP services in all health facilities including private hospitals and birthing centers.</p>	<ul style="list-style-type: none"> • Attended by all Family Planning Coordinators in the P/C/MLGUs, PDOHO team, RIT members, Provincial Population Officers, Chief Nurses of hospitals and owners of birthing centers; • Proper filling-up of forms discussed by the FP Regional Program Manager and POPCOM focal person; • Presented schedule of field visit for the validation of

		<p>the submitted tool from health facilities;</p> <ul style="list-style-type: none"> • MOVs during the validation include PR/PO for the procured commodities, Devolution Transition Plan, and training certificates of FP CBT 1&2; • PHOs are in-charge to conduct mapping in provincially maintained hospitals – schedule was presented and approved.
<p><u>Universal Health Care Updates</u></p> <p><i>Health Workforce</i></p> <p>Validation and consolidation of Health Workforce Baseline Assessment and Situational Analysis (HW BASA)</p>	<p>One of the targeted indicators in the achievement of the Health Workforce Baseline Assessment and Situational Analysis (BASA) Report, which encompasses data from Municipal/City Health Office, and Municipal/District Hospitals. These data reflect the updated accomplishments found during their submission of Matrix 2 and BASA C (list of certified and non-certified Primary Care Workers) to fulfil the KRA 1.1.</p>	<ul style="list-style-type: none"> • Initial provincial BASA report was submitted to CVCHD on May 17, 2022 (with Matrix 2 and BASA C); final BASA report already endorsed for the review and signature of Dr. Nelson O. Pguirigan, PHO II, and Dr. Elsie A. Pintucan, DMO V of PDOHO. • A total of 55 health facilities completed and submitted their P/CWHS Baseline Assessment <ol style="list-style-type: none"> 1. Matrix 2 <ul style="list-style-type: none"> ➤ 34 RHUs ➤ 5 CHOs

		<ul style="list-style-type: none"> ➤ 7 PGI Hospitals ➤ 9 PLGU Hospitals <p>2. BASA C (List of certified and non-certified PCWs)</p> <ul style="list-style-type: none"> ➤ 139 Certified PCWs ➤ 992 Non-certified PCWs <ul style="list-style-type: none"> • Message of transmittal dated May 23, 2022 was already cascaded thru electronic mail in C/MHOs, PGI and Municipal hospitals regarding the registration of Public and Private Facilities to the National Database of Human Resources for Health Information System (NDHRHIS).
<p><i>Info 2: Epidemiology and Surveillance System</i></p> <ul style="list-style-type: none"> • Drafted Manual of Procedure of Info 2 • Drafted Organizational Structure of Hospital Epidemiology and Surveillance Unit (HESU) 	<p>To track the status of Preparatory and Organizational KRAs and to monitor the sustainability of timely submission of reports under Functional KRAs</p>	<ul style="list-style-type: none"> • On-going enhancement of the drafted MOP as an MOV for KRA 2.2.1 • Submitted to Dr. Arlene M. Lazaro for review and approval (KRA2.1.4)
<p><i>Supply Chain and Logistics Management and Health Regulation</i></p>	<p>To assess LGUs' and government hospitals' warehouse/stockroom in the province using Electronic</p>	<ul style="list-style-type: none"> • All LGUs already completed and submitted the ELMIS tool except for

<p>Conducted On-site facility visit</p> <p><i>Service Delivery 3: Health Promotion</i></p> <p>Received the Manual of Procedures for the Operationalization of Health Promotion Framework Strategy (HPFS) in Province and City-wide Health System (P/CWHS) (May 17, 2022)</p> <p>Monitoring visit conducted by CVCHD-HEPU (May 27, 2022)</p> <p>Submitted Work and Financial Plan (WFP) for the 2022 Health Promotion Playbook implementation and Certification on the existing DOH Trust Fund Account. (May 23, 2022)</p> <p>Furnished application requirements for pilot implementation of Healthy Learning Institutions (HLI)</p>	<p>Logistic and Management Information System (ELMIS) tool.</p> <p>The HPFS aims to provide guidance in the design and implementation of strategic policies, plans, and programs for Health Promotion in P/CWHS.</p> <p>Provision of technical assistance on accomplishing the KRAs under organizational phase.</p> <p>A fundamental prerequisite for the downloading of Health Promotion Playbook Fund.</p> <p>The 2022 Healthy Learning Institutions pilot aims to help the country take the first step in fulfilling this obligation as well as</p>	<p>Quezon Community Hospital, San Antonio City of Ilagan Hospital, and Gov. Faustino N. Dy Sr Memorial Hospital which still remain for validation.</p> <ul style="list-style-type: none"> • MOP already cascaded to LGUs thru electronic mail; • To set schedule for an orientation on the HPFS MOP courtesy of CVCHD-Health Promotion Unit • Technical Assistance was given in accomplishing the Self-Appraisal Checklist • Discussion on requirements needed in accomplishing KRAs under Organizational Phase • Adoption of HPFS in P/CWHS through SP Resolution • Approved WFP and Certification of DOH Trust Fund Account already submitted to CV CHD – awaiting for the download of Health Promotion Playbook Fund. • Submitted application requirements (Letter of Intent, Summary of P/CWHS characteristics
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	<p>other responsibilities in the soon-to-be-signed Joint Administrative Order providing guidelines on Healthy Settings Framework in Learning Institutions.</p>	<p>and Budget Proposal) to DOH – HPB last March 25, 2022.</p> <ul style="list-style-type: none"> • According to CVCHD, the cut-off of submission was on March 23, 2022 hence the application was not accepted. • Dr. Nelson O. Paguirigan and Dr. Arlene M. Lazaro were informed about the status and a communication for consideration was sent to CVCHD. Per CVCHD’s feedback, those who were not able to submit their application will be given priority for the next funding.
OTHER PROGAM/PROJECT/ACTIVITY		
<p>Conducted Orientation of C/MLGU Encoders on Annual Operational Plan/Local Investment for Health Information System (AOP/LIPH IS) <i>(May 5, 2022)</i></p>	<p>A face-to-face orientation facilitated by IPHO for the designated AOP/LIPH encoders (CVCHD, PHN, & MHO are also in attendance via virtual platform) of C/MLGUs and on public investment plan for health that specifies the strategic direction of the concerned Local Government Unit for the next three years 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. This shall serve as the basis for the grants from the National Government.</p>	<p>Salient features of the AOP/LIPH IS include:</p> <ul style="list-style-type: none"> • it has a data entry and encoding can be done at all levels (National, Regional, Provincial, HUC/ICC, City/Municipal, and Health facilities) • it can generates different AOP forms output (Form 1 – 3.4) • it can perform comparative analyses (in terms of year, by commodity, and by program) • graphical outputs • dynamic dashboard • geospatial analysis of the Investment Plan for Health <p>Agreements made are as follows:</p> <ul style="list-style-type: none"> • IPHO will input the AOP

		<p>2022 data of cities/municipalities</p> <ul style="list-style-type: none"> • For LIPH 2023-2025, cities/municipalities will be authorized to input and edit data after registering their C/LGUs in the system • IPHO is authorized to input supplemental data on behalf of C/LGUs • P/C/MLGUs are not allowed to delete any duplicated data • Only one (1) dedicated encoder is assigned per C/MLGU
<p>Prepared:</p>  <p>HANILON S. ALABON JR, RN HEPO II</p>	<p>Checked:</p>  <p>ERLINDO L. CAUILAN JR, RN Administrative Officer V</p>	<p>Certified Correct:</p>  <p>NELSON O. PAGUIRIGAN, MD Provincial Health Officer II</p>