



*WELCOME!*

*REGION II*

*CAGAYAN VALLEY*

**A JOURNEY IN REACHING OUT  
FOR THE INDIGENOUS PEOPLE**

**AND**

**CHILDREN WITH SPECIAL NEEDS  
TOWARDS EMPOWERMENT**



# (REGION II) CAGAYAN VALLEY PROFILE:



- **CONSIDERED THE LAST FRONTIER OF THE PHILIPPINES OCCUPYING THE NORTHEASTERN SECTION OF LUZON**
- **BOUNDED BY 3 MOUNTAIN RANGES (SIERRA MADRE; CARABALLO CORDILLERA) , CAGAYAN RIVER, BALINTANG CHANNEL & PACIFIC OCEAN, SCATTERED ISLAND OF BATANES-BABUYAN GROUPS**
- **THIRD LARGEST REGION**
- **THE REGIONAL CENTER IS THE CITY OF TUGUEGARAO**
- **3.38% OF THE ENTIRE POPULATION OF THE PHILIPPINES**

# CAGAYAN VALLEY

## REGION II POPULATION



**3,685,744**  
(2021)

**5**

PROVINCES

**4**

CITIES

**89**

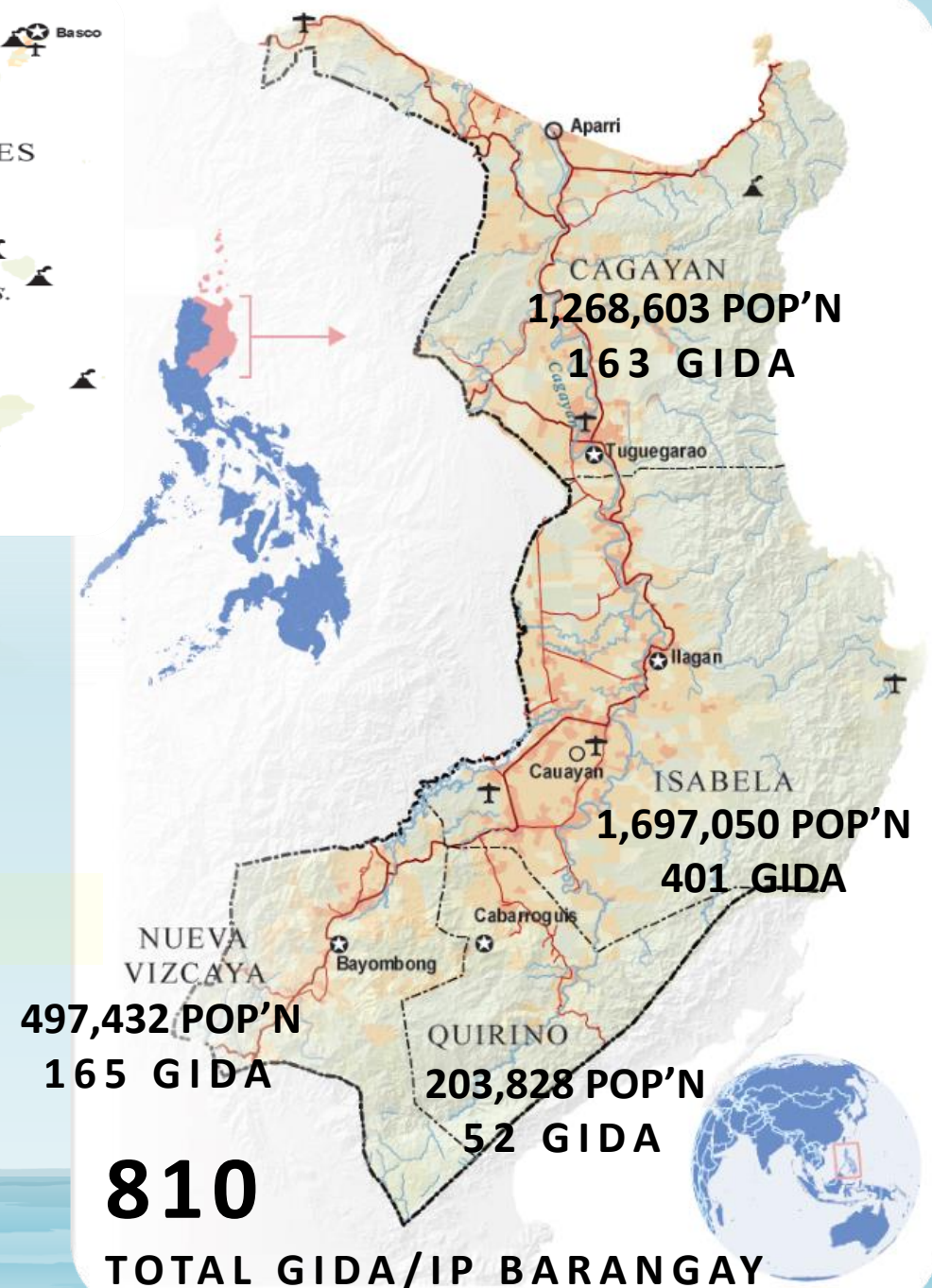
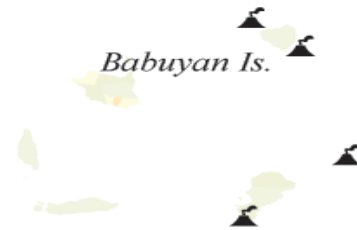
MUNICIPALITIES

**2,311**

BARANGAYS

**12 CONGRESSIONAL  
DISTRICTS**

**18,831 POP'N**  
**29 GIDA**  
BATANES



# (REGION II) CAGAYAN VALLEY HEALTH PROFILE:

## CY 2020 RATIO OF HEALTH SERVICE PROVIDER TO POPULATION

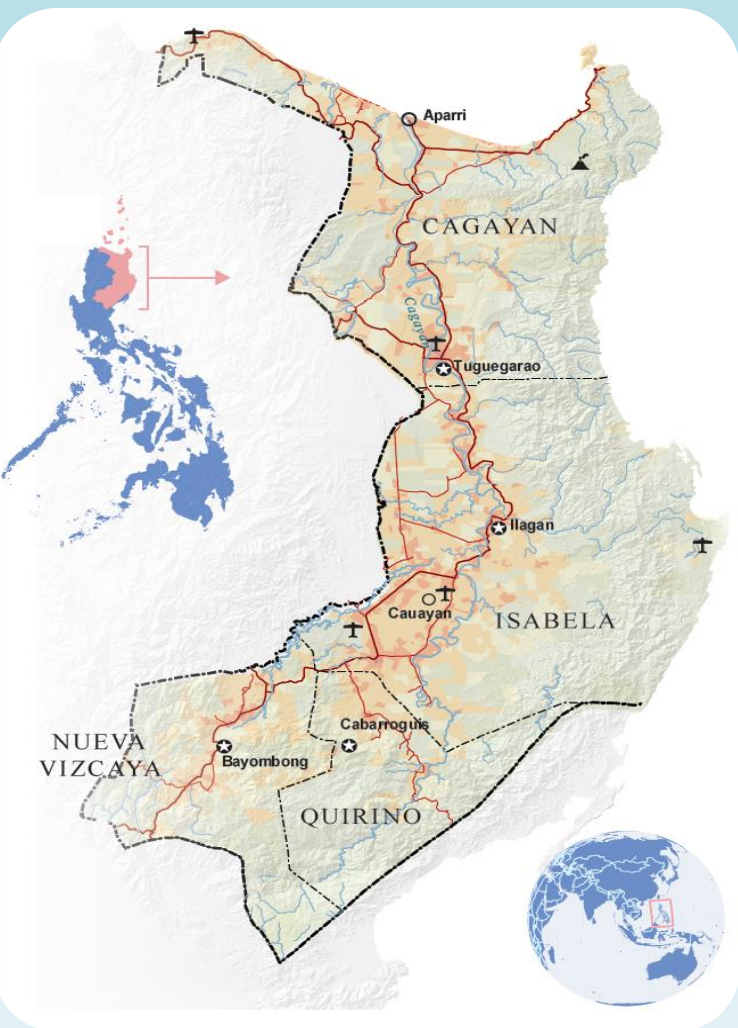
Health Service Provider (HSP)	HSP to Population Ratio
PHYSICIAN	1: 27,710
DENTIST	1:51,517
PUBLIC HEALTH NURSE	1:3,0131
RURAL HEALTH MIDWIFE	1:3,137
MEDICAL TECHNOLOGIES	1:22,168

## CY 2020 Number of Health Center and Barangay Health Station

PROVINCE	MUN.	CITY	HOSPITAL		Health Unit		BARANGAY	Barangay Health Station	BHW's
			GOV.	PRI.	RHU	CHO			
BATANES	6	0	2	0	6	0	29	5	134
CAGAYAN	28	1	16	12	30	1	820	427	4505
ISABELA	34	3	16	34	34	5	1055	758	5736
NUEVA VIZCAYA	15	0	6	4	15	0	275	233	1299
QUIRINO	6	0	4	0	6	0	132	120	747
TOTAL:	89	4	44	50	91	6	2,311	1,435	12,421

# (REGION II) CAGAYAN VALLEY HEALTH PROFILE:

## Human Resources For Health



	DTTB	MO IV	DDP	NDP	RHMP	MTDP	PDP	ND	PT	PHA	TOTAL
<b>OVERALL:</b>	<b>28</b>	<b>12</b>	<b>8</b>	<b>1188</b>	<b>259</b>	<b>31</b>	<b>16</b>	<b>3</b>	<b>3</b>	<b>189</b>	<b>1736</b>
BATANES	5	0	0	34	5	1	0	0	0	3	48
CAGAYAN	11	8	2	395	88	16	7	1	1	64	593
ISABELA	10	4	3	508	105	9	6	0	0	70	715
NUEVA VICAYA	2	0	1	183	45	5	2	0	1	34	273
QUIRINO	0	0	1	68	16	0	1	2	1	18	107







# ***CHALLENGES ENCOUNTERED:***

## **A. Geographically inaccessible to health care services**

- ❖ Due to distance or physical terrain
- ❖ Lack of transportation
- ❖ Presence of crisis and /or conflict

## **B. Inadequate/shortage and maldistribution of human resources**

- ❖ The ratio of population to primary health care provider  
(1 Physician, 1 Nurse and 2 Midwives per 10,000 population)
- ❖ Fast turn-over of health workers due to Retirement
- ❖ Migration to Urban Areas or even to other countries
- ❖ Prevalence of Specialist than Generalists/Primary Health Care Providers
- ❖ PS Cap. Of LGU to limit/hire health care worker



## **C. Skill deficits**

- ❖ Orientation and training, capacities posed and expected functions in the areas are not clear
- ❖ Access to healthcare training and education programs are limited in rural areas
- ❖ Financial constraint
- ❖ Training or skills are not in congruence with the community's culture and religion

## **D. Inadequate resource management**

- ❖ Lack of a strong Human Resource Management in “Rationalizing” recruitment, retention and deployment, development and training of health professionals through a Personnel Workforce Plan
- ❖ Poor Work Environment and Conditions
- ❖ Low compensation, limited job opportunities

The need to  
***“INNOVATE STRATEGY”***  
to facilitate service delivery  
for the benefit of the people



# ***INNOVATIONS:***

- **Enhanced capacity of health care providers**
- **empowering every individual, family, and community to advocate policies for health**
- **Co-develop services for health ,social needs, and to take care of one's self and others**
- **Brought quality services closer to the community thru responsive health system**
- **Scholarship for IP's and return service**

# ***INNOVATIONS:***

- **Ability to coordinate referrals to other health care providers in the health care delivery system when necessary**
- **Ensure that local officials be adequately oriented/ informed/ knowledgeable on the advocacies of health care and to allocate sufficient resources such trainings for health workers**
- **Prioritizing assistance and support to Geographically Isolated and Disadvantage Area and Children with Special Needs**
- **Reaching beyond the parameters of geographic, sociocultural, political, economic, and physical barriers in service delivery**



# ***Leadership and Governance***

**STRENGTHENED PUBLIC - PRIVATE PARTNERSHIP: A Factor in the Development of Health-Seeking Behavior**



**July 29, 2015 – National Disability Prevention and Rehabilitation Week (NDPR) sponsored by the CSWD Office with our guest Mr. Alejandro Cabason Jr. PWD Director of the Presidential Commission for the Urban Poor in cooperation with the Department of Health (DOH) with Mrs. Evelyn Acluba and DepEd Division Office Dr. Estela S. Cabaro, the former SPED CSN Division Coordinator**

# Creation of Family Support Group for Children with Special Needs



## *Movement for Individuals with Neurodevelopmental Disabilities (M.I.N.D.)*

M.I.N.D., Incorporated is a Non-Profit Organization that advocates for persons with neurodevelopmental disabilities. We support families through outreach activities and to mold individuals capable of working independently and living sustainable lives. We are SEC registered with SEC Registration No. 201604480 and City Accredited as partner Civil Society Organization (CSO) and member of the Tuguegarao City Development Council (CDC).



**Deep Dive Activity.** Leadership and Governance played a very essential role in the implementation of Health Programs and Projects for the community.



**Barangay Health Leadership and Management Workshop**



Recognition of “Model GIDA/IP Community” and “Performing Local Government Unit” to the 3<sup>rd</sup> Local Health System Awards Rite dated January 31, 2020 awarded to 8 municipalities.



**RHU SANTA TERESITA**

**RHU SANCHEZ MIRA**

**RHU LUNA**



# LHS AWARDS 2019 MODEL GIDA/ IP AWARDEES

**RHU CALAYAN**



**RHU CAMALANIUGAN**



**RHU LAL-LO**



**CHO ILAGAN**



**RHU CLAVERIA**



**RHU PALANAN**





**Engagement of member of IP's as link and good example in using Family Methods . Unusual of IP practice, the daughter of IP leader become BHW and advocate being a user of modern family planning method**



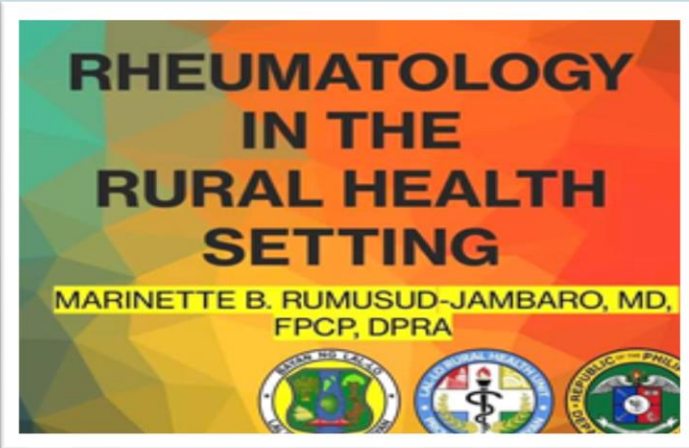
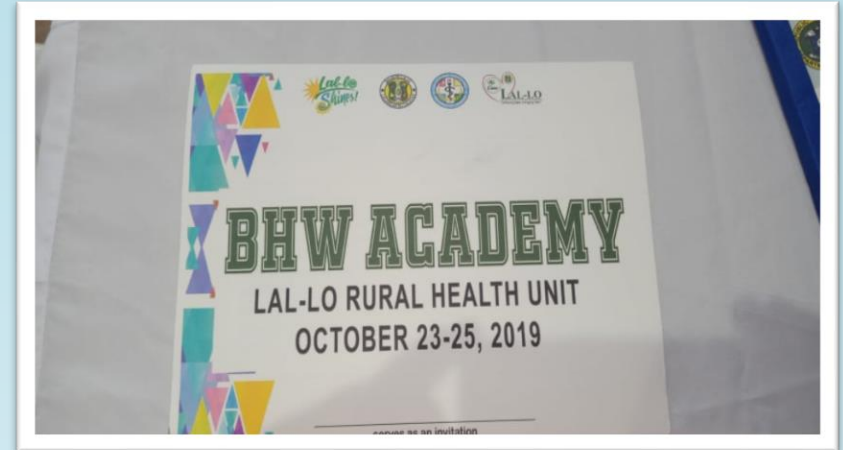
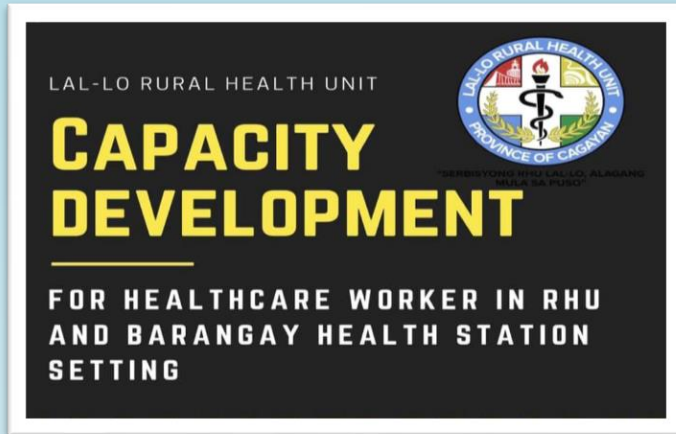
## ***OTHER ACTIVITIES:***

- Acts as critic/ Facilitator on research Proposal/Concept Note on the Implementation of Primary Health Care of the GIDA/ IP communities by an academe proponent by University of Saint Louis
- Provision of technical assistance to NCIP-RO2 for IP Strat Plan for Health Mid Term Assessment of RIAC.
- Panelist to the IPAMANA(IP Yaman ng Nasyon) Search for Model IP Community 2020 by DSWD-RO2



# Capability Building

“AKAY Project”  
LAL-LO, CAGAYAN



Conduct of Training on  
Acupressure/ Tuina  
Massage for BHW of  
Identified GIDA







# Capability Building for Children with Special Needs



BAKING CLASS  
PARENTS & SPED  
CSN CHILD







# ***Health Service Delivery***

**Ensure on-time access on quality health services of the economically disadvantaged families.**

**Bring awareness among the people on their community responsibilities that would affect their health.**

**Strengthen responsibility of the Barangay Officials to monitor health situation in the community.**



Municipal Health Officer  
In Action



# Bringing Health Services closer to Children with Special Needs







Conducted Free Dev Ped  
Assessment on on May 16  
2018 at STAC

# **CLINIKA AT SERBISYO SA BAWAT SITIO NG BARANGAY**

- To establish a Leading Health System thru reorganization and consolidation of services to facilitate the delivery of quality health services for all constituents especially the poor.
- To promote Health Promotion by enabling people to increase control over, and to improve their health and finally become partners in health service delivery.
- To promote the Bridging Leadership Approach in addressing the different health inequities thru leading collaborative action to bring out social change in the island municipality.

## **Municipality of Calayan, Cagayan**



**“Clinik Under the Tree”**



**“Lampitaw”  
Sea Transport  
Vessels for Health  
Workers**



# Health Status of IP's In Sitio Pureg, Callungan, Sanchez Mira

**MHO HEALTH TEAM REACH SITIO PUREG IN ONE STOP SHOP CATERING ALL SICK INDIVIDUAL,  
GIVING ALL HEALTH SERVICES AVAILABLE IN THE HEALTH CENTER ONCE A MONTH.**



**Municipality of SANCHEZ MIRA**



## **‘KULOT PROGRAM’**

The KULOT Program is a routine activity of the City Health Office in delivering health care and services to the IP's. The CHO bring to their doorstep with a “one-stop-shop” activity medical, dental service and health education.



City of ILAGAN, Isabela

“THE PLANET DOES NOT NEED MORE SUCCESSFUL PEOPLE  
BUT IT DOES DESPERATELY NEED MORE PEACEMAKERS, HEALERS,  
RESTORERS, AND LOVERS OF EVERY KIND.”



# Suggestions & Recommendations in Addressing Challenges for Policy Makers

- Ensure the sustainability of healthcare resources for guaranteeing continuity of care by improving finance schemes and monitoring health workforce performance and performance management at all levels.
- Promoting health care will help Filipinos become more health-seeking and more evidence-informed in making health decisions. Provide care for those who experience poverty, geographic isolation, and socio-cultural barriers to access to health care. Provide continuous, adequate funding for assessments and evaluations to guide policymakers and practitioners in evaluating short- and long-term interventions.

# Suggestions & Recommendations in Addressing Challenges for Policy Makers

- Integrate the functions and mandates of government agencies in a cross-agency approach. A strategic framework for action could be established through legislation of significant participation by CHED, PRC, and DOH, among others.
- Incorporate social responsibility into the curriculum as one of the outcomes for medical and allied health students. Graduates should be able to serve in underserved areas while receiving a salary that is commensurate with their experience.



# LESSON LEARNED

*You don't lead by pointing and telling some things to do  
or some place to go.*

*You lead by doing things with them and by going to  
that place and make a case.*

*And that brings us to the end...*

*Thank  
you*

