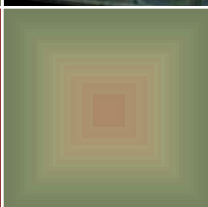
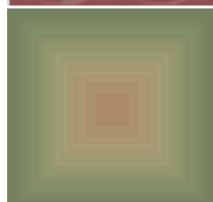
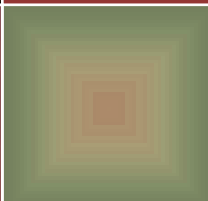
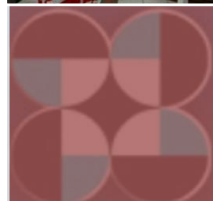


2009



CARAGA REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT

Philippine Council for Health Research and Development
6/22/2009



CARAGA

**REGIONAL HEALTH RESEARCH
CAPACITY ASSESSMENT REPORT**

JUNE 2009

PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT
VICAR INTERNATIONAL HEALTH AND RESEARCH GROUP, INC.

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ACRONYMS

| | |
|--------------|--|
| CHRDC | CARAGA Health Research Development Council |
| COA | Commission on Audit |
| DOST | Department of Science and Technology |
| DOH | Department of Health |
| HRC | Health Research Consortium |
| WMSU | Western Mindanao State University |
| NAST | National Academy of Science and Technology |
| NUHRA | National Unified Health Research Agenda |
| PCHRD | Philippine Council for Health Research and Development |
| PNHRS | Philippine National Health Research System |
| RHRDC | Regional Health Research Development Councils |
| RICUP | Research Information Communication Utilization Programme |
| RUHRA | Regional Unified Health Research Agenda |
| SOME | Structure/Organization Monitoring and Evaluation |

I. Introduction and Objectives

The CARAGA Health Research and Development Consortium (CHRDC) was organized in October 16, 2007. A total of 14 of the leading academic institutions and agencies in region 13 comprise the membership of the consortium.

Since then the consortium has undertaken a number of activities including the formulation of the CHRDC vision, mission and objectives and the conduct of a number of workshops and meetings designed to generate health research proposals to address the identified health research priorities.

This assessment is conducted to strengthen research and development in Region 13. Specifically the assessment will identify critical issues and gaps in health research and development in the CARAGA region and recommend measures that the health research consortium can use to improve the management and implementation of health research and development plans, programs and activities.

II. Methodology and Activities Undertaken

The assessment was carried out by the members of the SOME with administrative and logistical support from PCHRD. Two members of the sub-committee on research management joined the SOME in some of the assessment meetings and sessions. The assessment team utilized the assessment framework and instruments developed by the SOME sub-committee for this purpose (see Annex A).

Two meetings were held as part of the assessment process. The first meeting was conducted on the morning of May 5, 2009 with health researchers and a meeting later in the afternoon with the members of the CHRDC Board of Trustees in attendance. A list of participants is attached (Annex B).

III. Findings and Observations

A. Overall Findings and Observations

The CARAGA Consortium for Health Research and Development is one of the newly organized health research consortia in the country. As such, the CHRDC is experiencing many of the problems faced by developing research organizations. A major issue that

came out in the consultations is the lack of awareness of the health researchers with the RUHRA that was formulated in 2005. There was a growing consensus among those who participated in the consultation meeting to revisit and update the RUHRA.

The discussions also showed that despite the drafting of the consortium's vision, mission, goals and objectives, there was no concerted effort to conduct a comprehensive analysis of the problems and issues affecting health research and development and the formulation of a strategic plan to guide the CHRDC's growth and development.

A review of the organizational and management structure of CHRDC also showed some critical gaps particularly in the lack of a full-time person responsible for taking care of the day-to-day business of the organization. A number of the working sub-committees are not fully functional resulting in significant delays in the execution of planned activities and in the low utilization of funds from PCHRD.

Despite these shortcomings, the consortium possesses considerable resources in terms of manpower and facilities as some of the members are among the leading institutions of higher education in Mindanao. The researchers who participated in the consultation meetings were highly motivated and expressed a strong desire to make a contribution to health research and development in the region.

The challenge to the consortium is how to harness these considerable human potential to address its major health problems through health research.

B. Preparation and Utilization of Health Research Agenda

1. RUHRA (2006-2010) was developed in 2005 but many health researchers are not aware of its content, significance and application.

The health research agenda for CARAGA region was developed in 2005. The priority research areas included among others the following: endemic communicable diseases; maternal and child health; hospital services; governance in health; health care financing; and health regulation. Based on the feedback provided by the researchers and some members of the Board of Trustees, the RUHRA was not widely disseminated and utilized.

The researchers who participated in the consultations could not recall the priority areas mentioned in the RUHRA. No one could also recall having participated in its preparation.

The CARAGA RUHRA can easily be downloaded from the PCHRD website as part of the consolidated priority research areas for Mindanao. There is no separate downloadable RUHRA document for region 13.

2. The health research agenda does not include a systematic analysis of the identified priority needs

A quick review of the RUHRA document shows that the priority areas for research do not provide a comprehensive epidemiological, social, economic and policy-related description of the research issues involved. Such gap in the analysis of the research issues makes it difficult for interested institutions and researchers to position their role and contribution to the research and development effort. The lack of information also creates problems in designing research studies and in preparing research proposals.

The agenda also does not discuss how it can be utilized and how the information it provides can be translated into an instrument for capacity-building, systems development and resource generation

3. Strong interest to review the research agenda and transform it into an instrument that can be easily utilized and applied.

Both the group of researchers and the Board of Trustees agreed that a review of the research agenda is in order and that the document needs to have more applications.

C. Health Research Manpower, Facilities And Capacity-Building

1. Researchers and governing board are confident that region 13 has the capacity to undertake research activities.

The presence of leading academic institutions in the consortium strongly support the claim of the health researchers and the Advisory Council that region 9 possesses the capacity needed to undertake health research activities based on the identified health research priorities.

This confidence however needs to be further validated and confirmed after a more comprehensive assessment of the facility and manpower capacities of region 13 as compared to the requirements in the RUHRA

2. Region 13 has proposed training activities for 2009 but does not have a long-term capacity building plan.

The consortium conducted two workshops in 2008 designed to generate research proposals. It also proposed additional training courses on research design and proposal development for 2009. However, the consortium does not have a capacity building plan that would guide development of the region's manpower and facilities. There is also no assessment of its existing capacities that would serve as the basis for long term capacity building.

D. Funding and Logistical Support for Health Research

While some member institutions provide limited funds for their researchers, the consortium is totally dependent on PCHRD and a grant from Philip Morris for its operations and research activities

During the consultation, the health researchers cited instances where they were able to access research funds from their academic institutions. Based on the available records, the consortium is dependent solely on the regional research funds of PCHRD and a grant from Philip Morris to finance its operations and research activities.

The consortium does not have an estimate of the total amount of funds needed to finance research projects based on the RUHRA. Consequently it also does not have a resource mobilization plan to generate the necessary resources.

E. Development of Research Proposals and Conduct of health Research studies

Two workshops designed to generate research proposals in 2008 and early 2009 resulted in the submission of 4 research projects for funding. The proposals are designed to address the health needs of adolescents, solid waste management and tuberculosis prevention and control. The proposals are undergoing review by the consortium and PCHRD.

F. Organization, Leadership and Management

1. The organizational structure of CHRDC is composed of a Board of Trustees, a management committee, four working sub-committees and a secretariat.

The health research consortium of Region 13 has a Board of Trustees that is responsible for setting directions and approval of policies, plans and budgets. The board is chaired by the R and D Coordinator of the DOH-CHD. Management responsibilities and oversight is performed by the Management Committee with administrative support from a secretariat assigned by the regional office of DOST. Four working sub-committees (please see Annex C) are responsible for carrying out the consortium's plans, programs and activities.

2. No provision in the organizational structure for the day to day management tasks and responsibilities.

A review of the organizational structure shows that there is no one responsible for the day-to-day management of the activities of the consortium. The Management Committee does not meet often enough to carry out the required management tasks. To a certain extent the secretariat carries some of the management burden particularly in coordinating the work of the different working sub-committees. But there is danger of work overload as the staff assigned to the secretariat is also doing full-time work at the DOST.

3. The CHRDC has an operational plan for 2009 but the consortium does not have a strategic plan to guide its long-term growth and development.

The consortium was able to formulate an operational plan for the period October 1, 2008 to September 30, 2009. The plan includes among others workshops and short-term training courses on research design and proposal development. The proposal also includes a training course on ethics and ethical issues. This is intended to activate the region's ethics sub-committee. There is also a planned activity to train the consortium on the use an application of the HERDIN database system.

While these activities are needed and will undoubtedly help the capacity of the consortium to undertake health research projects, the absence of a strategic plan that will serve as its blueprint for long-term growth and development is a major shortcoming that the consortium needs to overcome.

4. Not all sub-committees are fully functional and there were significant delays in the implementation of the strategic and operational plans

While the research and development and capacity building sub-committees are actively involved in the generation and review of research proposals and in the

conduct of training workshops for health researchers, these activities are too far-in-between resulting in delays in plan execution and implementation.

G. Information Dissemination and Utilization

CHRDC does not have a research database management system. The consortium has included a planned activity in 2009 to organize a training course to have the HERDIN system in place. However, the activity has yet to be conducted.

The consortium also does not have a system in place to ensure wide dissemination and utilization of the results of research studies.

H. Ethics

The sub-committee on ethics is scheduled to undergo training on _____.

IV. Recommendations

Recommendations to the CHRDC:

1. Review and updating of the RUHRA

The consortium is encouraged to revisit the research agenda and update its content and render it more relevant. The revision should include a systematic analysis of the research priorities and describe them along epidemiological, social, political and economic lines.

The revision should also include very specific recommendations and guidelines on how the agenda can be applied and put to use.

2. Based on the updated RUHRA and a comprehensive assessment of the major issues and factors affecting health research and development, formulate a R and D strategic plan

The SOME recommends that the CHRDC formulate a 5-year strategic plan. It is also recommended that the plan be based on the updated RUHRA. An assessment of the research manpower and facilities of the region needs to be conducted and the results used to develop a capacity building component of the strategic plan. A resource

mobilization component also needs to be incorporated into the strategic plan based on the estimated costs of the priority research projects and the potential funding sources.

3. Strengthening of CHRDC organizational and management structure

In order to ensure that the decisions and approved programs and activities of the consortium are carried out, a full-time manager or administrator needs to be designated or appointed. Because it may take time to carry out this recommendation, it is suggested that a member of the Management Committee be designated as acting executive director or manager to fill-up and bridge this organizational gap.

The funding support from PCHRD can be initially utilized to support the cost of hiring this staff. Ultimately however, the consortium needs to assume full responsibility for this item particularly when it is able to generate its own resources.

Recommendations to the PNHRS Committees

1. Assistance to the consortium in the review of the agenda and in the application and utilization of the updated RUHRA

The different sub-committees of the PNHRS should support CHRDC in its efforts to update and enhance its RUHRA and strategic plan and in the streamlining of its operations. Specifically, the following recommendations are put forward:

- a. The Research Agenda Committee should provide guidance and support in the updating of the RUHRA.
- b. The Capacity Building Committee to assist the consortium in translating the agenda into an instrument to assess the manpower and facilities of the consortium and in the development of a capacity-building plan or strategy.
- c. The Resource Mobilization Committee to assist CHRDC to craft a resource mobilization strategy based on cost estimates of the priority research projects and a review of potential funding sources
- d. The SOME to assist the consortium in activating the different sub-committees and in the development of a monitoring and evaluation plan or strategy

- e. The Committee on Information Dissemination and Utilization to assist the consortium in the establishment of a research database and in setting-up a system to facilitate the dissemination and utilization of research studies.

Recommendations to PCHRD

In order to make the provision of funding and technical support to the Region 9 consortium more effective and efficient, the following changes to the current program of assistance are recommended:

1. Transform the assistance into a project-based mode wherein clear deliverables and outputs are defined. This could mean a multi-year agreement with the consortium based on the consortium's priorities and initiatives as described in its still-to-be-updated strategic plan. PCHRD should abandon the current practice of supporting short-term activities and proposals that are not anchored on the consortium's long-term plans and do not reflect clear outputs and results.
2. Introduction of clear terms of engagement and disengagement and performance-based mechanisms that would motivate the consortium to achieve the desired results.

A new agreement can be put in place that would position the program of assistance in accordance with the long-term goals and objectives of the consortium. Such agreement should be for a specific time period and should be geared towards more research-based activities and outputs rather than funding the operational activities of the organization.

The research-based project agreement should have capacity-building and resource generation components and should encourage institutional collaboration that emphasizes the institutional strengths and capacities. Fund releases could be structured in accordance with the consortium's ability to meet agreed upon benchmarks or development milestones.

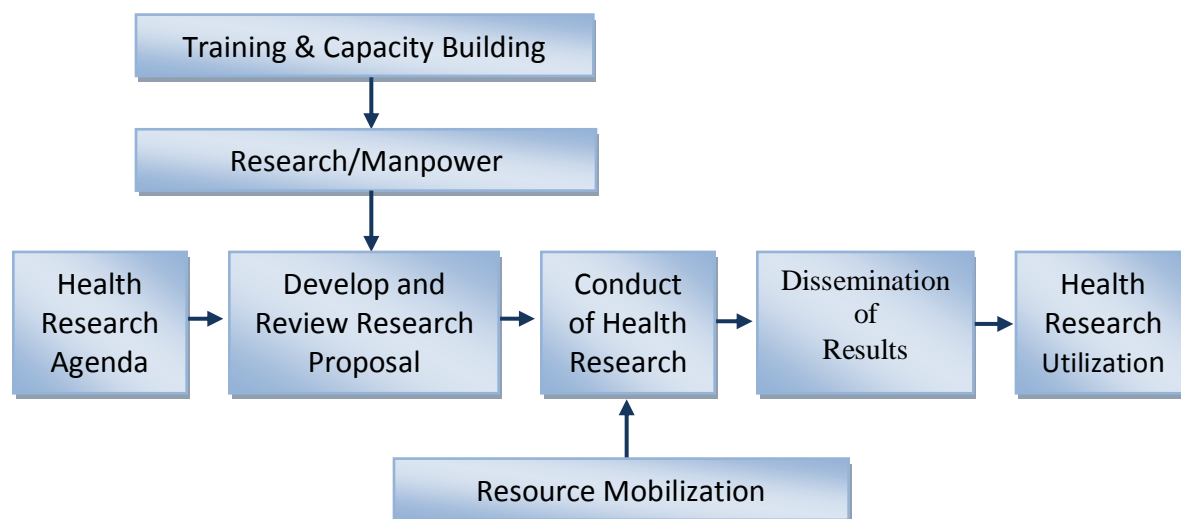
Annex A: Assessment Framework and Instruments

Framework for Developing Regional Capacity for Health Research

Under the PNHRS, the regions play an important role in undertaking health research activities to respond to the country's health needs and problems. Over the years, regional research activities were undertaken under the management and leadership of the Regional Health Research Development Councils (RHRDC). A recent evaluation of the RHRDC showed a wide variation in the performance of the 16 RHRDCs all over the country. The evaluation also recommended a number of strategies and approaches in order to improve the performance of regional capability to carry out and manage health research activities.

In line with this recommendation and in recognition of the strategic importance of the regions in supporting the PNHRS, the following framework is proposed to guide the PNHRS in strengthening regional capability to perform health research activities.

The framework consists of the different critical components of a research development program and a set of questions that identify key issues and problems as well as opportunities for strengthening the program.



Framework for Building Regional Health Research Capability

- I. *Preparation and Utilization Health Research Agenda:*** The health research agenda is a list of priority research areas in the region.

Some suggested principles and standards in the development of the regional research agenda:

- The research agenda should be based on local/national health problems
- There should be local evidence to support the research agenda
- The process of identifying the research priorities should be highly consultative and participative

A. Content

1. In 1998, was there a well-defined health research agenda for the region?
2. If yes, what was the basis for the identified research priorities? Is there evidence to support the priority research areas? Does the agenda respond to the health problems from a local as well as national perspective?
3. If no, what constrained the region from having one? What were the key problems and issues that prevented the region from developing an evidence-based regional agenda for health research?

B. Process

1. How was the research agenda developed? Who were involved in its development?
2. What were the problems and issues encountered in the formulation of the research agenda? What could have been done to make the process more effective?

- II. *Development of Research Manpower and Facilities:*** Refers to the availability of skilled manpower to conduct health research in the region.

Some suggested principles/standards:

- Number should be adequate to carry out the planned research activities
- There should be expertise in research methods and in the technical areas based on the priority list

1. Is there adequate research manpower (experts in research design and methodology and experts in specific content areas as defined by the health research agenda) in the region to carry out the region's health research plan?
2. If no, what is being done to address the lack of manpower? Is there a training program in place? Does the region possess the capacity to develop the skills of local researchers? What constraints are being encountered in the area of training and capacity-building?
3. Are there opportunities (institutions or individuals) that can be tapped to strengthen existing health research manpower?
4. What kind of support does the region expect from the national level to help develop the skills of local researchers?

III. *Resource Mobilization:* Refers to the capacity of the region to mobilize funds and other resources for health research.

1. Are there enough funds to carry out the planned research activities?
2. If no, what are the constraints in mobilizing resources for research?
3. Are there potential funding sources within the region that can be tapped for health research?
4. What kind of support the region will need from the national level to develop regional capability to mobilize resources for health research?

IV. *Development and Review of Research Proposals:* Refers to the capacity of the region to appraise submitted research proposals for content, design, and methodology

1. In 2008, what is the quality of research proposals submitted in terms of content, design, and methodology?
2. Are the specific content areas as defined by the health research agenda?
3. If no, what were the reasons why?

V. *Conduct of Research Studies:* Refers to the research output of the region both in terms of quantity and quality.

1. In 2008, were the planned research studies conducted?
2. If no, what were the reasons why?

3. Were the researches that were conducted of good quality?
4. If no, why? What can be done to improve the quality of health research in the region?
What kind of support the region will need from national levels to make this happen?

VI. *Research Dissemination*

1. Were the researches that were conducted in 2008 disseminated? How?
2. If no proper dissemination was done, what were the constraints? Were the completed researches published?
3. Are there opportunities that can improve research dissemination in the future?

VII. *Research Utilization*

1. Were the research results utilized? How
2. If no, why? What were the constraints? What can be done to help improve the utilization of the research results?

VIII. *Leadership and Management*

1. Is the current composition of the governing council in the region adequate?
2. If no, what are the reasons why?
3. Is there a strategic plan in place for health research and development in the region? If none, why? What kind of assistance will the region need to make this happen?

CARAGA - Guide Questions for Review of Documents

1. Guidelines for Research Agenda

1.1. Is the research agenda evidenced based?

☐ Yes ☒ No

Remarks:

1.2. Does the research agenda cover the following?

1.2.1. Epidemiological ☐ Yes ☒ No

1.2.2. Sociological ☐ Yes ☒ No

1.2.3. Economic ☐ Yes ☒ No

1.2.4. Policy ☐ Yes ☒ No

Remarks:

1.3. Does the agenda contain the recommendations and steps to ensure its utilization?

☐ Yes ☒ No

Remarks:

2. Plan

2.1 What kind of plan do they have?

☐ Strategic Plan ☒ Operational Plan

Remarks:

2.2 Does plan clearly contains the following?

2.2.1 Objectives and Goals ☐ Yes ☒ No

2.2.2 Indicators ☐ Yes ☒ No

2.2.3 Strategies ☐ Yes ☒ No

2.2.4 Activities ☒ Yes ☐ No

2.2.5 Budget ☒ Yes ☐ No

Remarks:

2.3 Are the activities conducted as scheduled? ☐ Yes ☒ No

Remarks:

Some activities were not conducted.

2.4 What is the percentage of fund utilization?

Remarks:

3. Organizational Structure

3.1 Does the organizational structure reflect the need for day-today management and oversight?

☐ Yes ☒ No

Remarks:

CARAGA - Guide Questions for Health Researchers

1. Formulation of Health Research Agenda

1.1. Are you aware of the existence of a regional and national health research agenda?

☐ Yes ☒ No

1.2. Have you seen or do you have a copy of these documents?

☐ Yes ☒ No

Remarks:

1.3. Were you able to participate in the discussions leading to the formulation of the NUHRA/ RUHRA?

☐ Yes ☒ No

1.4. Were you able to participate in a forum where the Regional Health Research Agenda was discussed?

☐ Yes ☒ No

1.5. Are you aware whether or not the Regional Health Research Agenda was used in the following?

1.5.1. Capacity building plan ☐ Yes ☒ No

1.5.2. Resource mobilization plan ☐ Yes ☒ No

1.5.3. Advocacy tool ☐ Yes ☒ No

2. Adequacy of Health Researchers, Research Facilities and Existence of Capacity Building Plan

2.1 Are there enough skilled researchers in the region to undertake health research based on the identified health research priorities?

☒ Yes ☐ No

2.1.1 If No, why?

2.2 Are there health research facilities in the region where research are conducted based on the identified health research priorities?

☒ Yes ☐ No

2.2.1 If No, why?

2.3 What needs to be done to strengthen health research manpower in terms of number and skills?

[More training on research development](#)

2.4 Is there a long term capacity building program to continue to train health researchers in the region?

☐ Yes ☒ No

3. Adequacy of Funding and Logistical Support for Health Research

3.1 Where do you get funding support for your research activities?

Regional Research Fund, Institutional funding, Philippine Band of Mercy

3.2 Are these funds sufficient given what you need? ☐ Yes ☒ No

Remarks:

3.3 Have you received funding support from the RHRDC through the RRF? ☒ Yes
☐ No

3.3.1 If no, why?

3.4 Under PCHRD fund, there is a ceiling of PhP 100,000 per proposal. Do you think this is adequate?

☐ Yes ☒ No

3.4.1 If not, do you have any recommendations to make this funding mechanism more effective?

Increase the ceiling amount for RHRDC funding beyond P100,000

4. Preparation of Research Proposals and Conduct of Health Researches

4.1 How many research proposals have been

4

 prepared?

4.2 How many health researches have you completed in the past two years (2007 and 2008)?

Remarks:

5. Health Research Dissemination and Utilization

5.1 Is there an existing system to disseminate the results of the research study?

☐ Yes ☒ No

5.1.1 If yes, how do you disseminate the results of the study?

5.2 What are the usual problems in the dissemination of your research findings?

5.3 Did any of your researches contribute to the formulation of policies or helped health managers or health workers make informed decisions?

☒ Yes ☐ No ☐ Do not know

5.3.1 Please elaborate.

A study was conducted in a university (about quaility of tap water in the campus) wheren the results were channeled to proper authorities.

CARAGA - Guide Questions for Council Members

1. Health Research Agenda:

1.1. Is there a well-defined health research agenda for the region? ☒ Yes ☐ No

1.2. How was the research agenda developed?

A group was commissioned to lead the development of the CHRDC agenda. Consultations with stakeholders were conducted.

1.3. Was the research agenda utilized? ☐ Yes ☒ No

1.3.1. How was it utilized?

2. Manpower, Facilities and Capacity Building Plan

2.1 Do you have an inventory of health research manpower and research facilities based on your identified research needs?

☐ Yes ☒ No ☐ Don't Know

2.2 Is there adequate research human resource in the region to carry out the region's health research plan?

☒ Yes ☐ No ☐ Don't Know

2.2.1 In research design and methodology? ☒ Yes ☐ No ☐ Don't Know

2.2.2 In specific content areas as defined by the health research agenda?

☐ Yes ☐ No ☒ Don't Know

2.2.3 If no, what was the region's response to the lack of human resource?

2.3 Do you have a plan to develop your health research manpower based on the needs of the region?

☒ Yes ☐ No ☐ Don't Know

Remarks:

Through a 1 year plan containing proposals for training on research proposal development and research methods.

2.4 Based on your requirement, does the region possess the capacity to develop skills of local researchers?

☒ Yes ☐ No ☐ Don't Know

2.4.1 If yes, please cite the training programs [consider also offerings at member institutions]

☐ Formal:

☒ Informal:

Training on Basic Health Research Methods, Writeshop on Proposal Development, Training in Health Research Ethics, Training on Statistical Analysis

☐ Scholarship Grants:

☐ Study Tour:

2.5 Are there mentors who can be tapped for capacity building in research?

☒ Yes ☐ No ☐ Don't Know

2.5.1 If YES, please specify in what areas:

Basic Health Research Methods, Proposal Development, Health Research Ethics, Statistical Analysis

2.6 What kind of support does the region expect from national, regional and international levels to help develop the skills of local researchers?

Technical assistance and funding

3. Resource Mobilization:

Refers to the capacity of the region to mobilize funds and other resources for health research

3.1 Do you know how much is your funding requirement for your priority research needs?

☐ Yes ☒ No

3.2 Are there enough funds to carry out the planned research activities? ☐ Yes ☒ No

3.3 Has an annual work plan and budget been proposed?

☒ Yes, when was it prepared? 2008

☐ No

3.4 What kind of support does the region expect from the national, regional, and international levels to develop regional capability to mobilize resources for health research?

Technical assistance and funding

4. Development, Approval and Conduct of Research Studies:

4.1 In 2008, how many proposals were produced by the consortium?

4

4.2 In 2008, how many proposals were reviewed in terms of ethics, methodology, content and utilization?

4

4.3 In 2008, how many research studies were funded?

0

4.4 In 2008, how many research studies were completed?

0

4.5 Were the proposals parts of the NUHRA/RUHRA? ☒ Yes ☐ No ☐ Don't Know

4.6 If the researches were not implemented or not part of NUHRA/RUHRA, what were the reasons?

5. Research Dissemination and Utilization

5.1. Does the consortium have an established system for dissemination of research results?

☐ Yes ☒ No ☐ Don't Know

5.2. Were the researches that were conducted/completed in 2008 disseminated?

☐ Yes ☐ No ☐ Don't Know ☒ Not applicable

5.3. Were the research results disseminated to the relevant stakeholders?

☐ Yes ☐ No ☐ Don't Know ☒ Not applicable

5.4. How were the results disseminated?

☐ Published in peer-reviewed journals:

☐ Policy Briefs:

☐ Public Presentations:

☐ Web-based media:

5.5. Do member institutions integrate in their research forums dissemination of the results of researches in the region?

☐ Yes ☐ No ☐ Don't Know

5.6. What were the facilitating factors to research dissemination?

5.7. What were the barriers to research dissemination?

5.8. Is there an existing database of research studies conducted in the region?

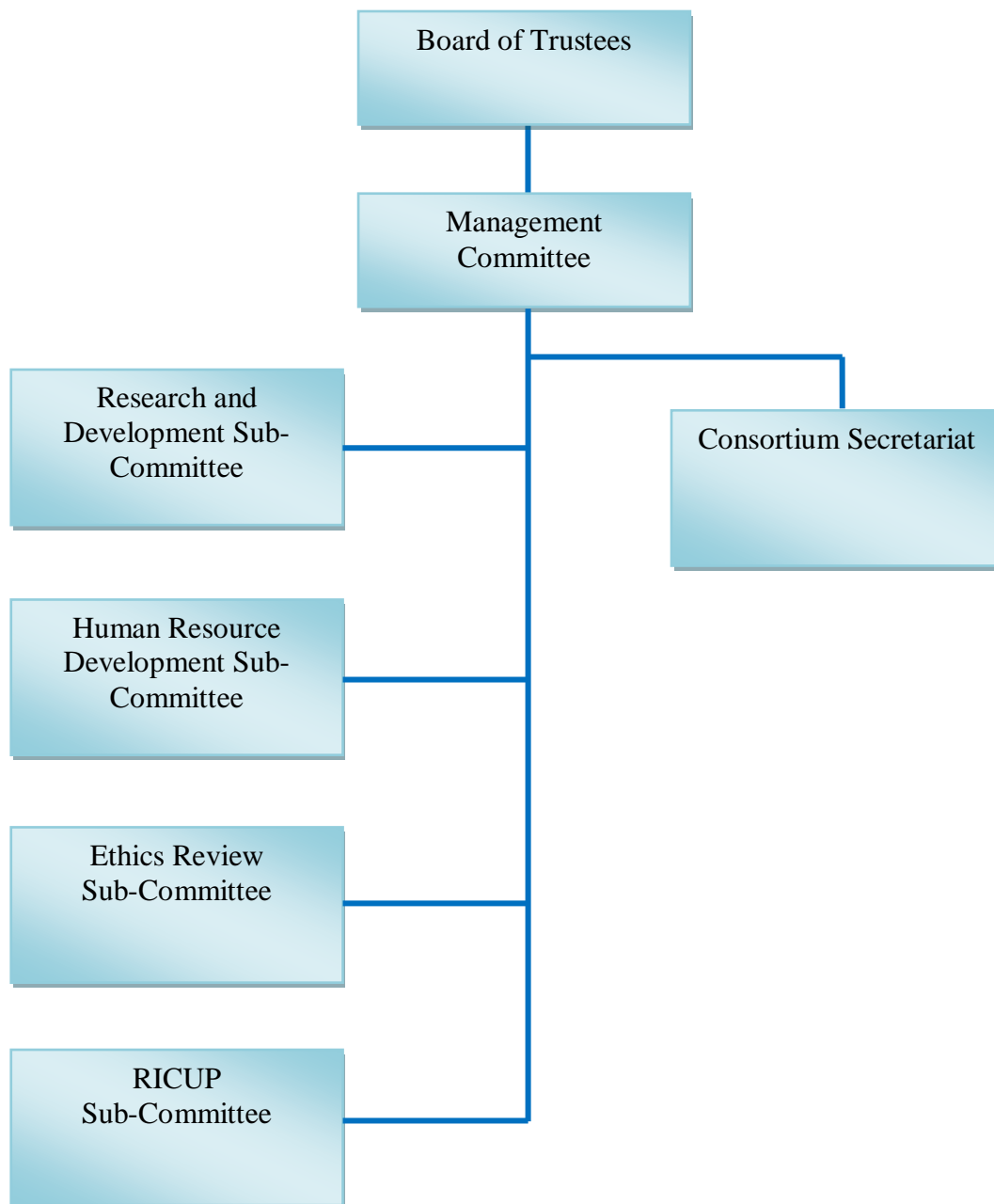
☐ Yes ☒ None ☐ Don't Know

Remarks:

Database for health researches from CARAGA is currently in the planning stages

6. Leadership and Management

6.1. Describe/draw the organizational structure of the governing council:



6.2. Who is responsible for the daily operations of the consortium?

None. No manager is taking care of the day-to-day operational concerns of CCHRD. A secretariat from DOST-CARAGA performs some of the administrative responsibilities.

6.3. Which of the following subcommittees are functional? Check appropriate boxes.

| | | |
|-------------------|--|--|
| R&D | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| Ethics | <input type="checkbox"/> Functional | <input checked="" type="checkbox"/> NOT Functional |
| HRD | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| RICUP | <input type="checkbox"/> Functional | <input checked="" type="checkbox"/> NOT Functional |
| <u>Management</u> | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| _____ | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| _____ | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |

6.4. Define the roles and responsibilities of the members of the governing council:

See Annex C i.e. Organizational Structure

6.5. Is there an existing Manual of Operations? ☐ Yes ☒ No ☐ Don't Know

Remarks:

6.6. Do you have a five-year strategic plan? (Get a copy of the document)

☐ Yes ☒ No ☐ Don't Know

Remarks:

Only an Annual operational plan was made

6.7. Do you have an operational plan for 2009? (Get a copy of the document)

☒ Yes ☐ No ☐ Don't Know

Remarks:

Annex B: Conference Proceedings and List of Participants

DOCUMENTATION: SOME REGIONAL CONSULTATION

CARAGA CONSORTIUM FOR HEALTH RESEARCH AND DEVELOPMENT (CCHRD)

I. SOME ASSESSMENT TEAM AND TECHNICAL STAFF

| Name | Designation/Institution |
|----------------------------------|--------------------------------|
| 1) Dr. Johnny Nanagas | SOME Committee member |
| 2) Dr. Joe Rodriguez | SOME Committee member |
| 3) Prof. Nina Castillo-Carandang | SOME Committee member |
| 4) Dr. Mila Viacrusis | SOME Committee member |
| 5) Dr. Noel Juban | SOME Committee member |
| 6) Merle Opena | PCHRD |
| 7) Annie Catameo | PCHRD |
| 8) Lina Aquino | PCHRD / CARAGA Project Officer |
| 9) Mark Tano | PCHRD |
| 10) Belle Intia | PCHRD |
| 11) Christopher Santiago | SOME Documentor |

II. MEMBERSHIP OF CCHRD

1. CHD-CARAGA
2. DOST-CARAGA
3. CHED-CARAGA
4. DepEd CARAGA
5. NEDA-CARAGA
6. Northern Mindanao State Institute of Science and Technology
7. Butuan Medical Center
8. Butuan City Health Office
9. Provincial Health Office-Agusan del Norte
10. Manuel J. Santos Hospital
11. Butuan Doctors College
12. Father Saturnino Urios University
13. St. Joseph Institute of Technology
14. Bombo Radyo Philippines

III. MEETING WITH RESEARCHERS FROM CARAGA – May 5, 2009**A. ATTENDANCE****Profile of Participants**

- Gender of Participants
 - Male = 3
 - Female = 8
- Institutions Represented by the Participants
 - Government Agency = 4
 - Academic Institution = 2
 - Hospital = 1
 - Media = 1

| Name | Designation/Institution |
|------------------------|--------------------------------------|
| 1. Mary Grace Wang | Provincial Health Office |
| 2. Loreta Ventura | Provincial Health Office |
| 3. Arlene Cubillas | City Health Office |
| 4. Niel Nituda | DOH-Caraga |
| 5. Juliet Baguio | DOH-Caraga |
| 6. Belle Joy Robles | DepEd Caraga |
| 7. Amelia Avila | DepEd Caraga |
| 8. Fernando Herrera | Saint Joseph Institute of Technology |
| 9. Carmenchu Vicente | Butuan Doctor's College |
| 10. Ma. Corazon Castro | Butuan Medical Center |
| 11. Rey Brangan | Bombo Radyo Butuan City |

B. FLOWCHART OF ACTIVITIES: MEETING WITH RESEARCHERS FROM CARAGA

PNHRS
overview to
CARAGA
researchers
presented by Dr.



Discussion with
researchers from
CARAGA
facilitated by
Dr. Rodriguez

C. FINDINGS FROM MEETING WITH CARAGA RESEARCHERS

Summary of Responses to “Guide Questions for Health Researchers”

1. Formulation of Health Research Agenda.
 - Member researchers claim to be were not well-informed and adequately aware of the RUHRA content. This was due to recent reorganization of the consortium
2. Adequacy of Skilled/Competent Health Researchers
 - The participants claim that CARAGA has an adequate number of researchers both from health and various sectors outside health.
 - Most of the CCHRD plans for HR development are short-term; mostly in the form of trainings and seminars (i.e. writeshop, data analysis, methodology)
3. Adequacy of Funding and Logistical Support for Health Research
 - The researchers cited PCHRD as the main source of health research funding for CCHRD.
 - It was brought up by the participants that pharmaceutical companies within the region are willing to supply funding to the consortium.
 - The group agreed on the need for a long-term Strategic Plan for CCHRD.
4. Health Research Conduct, Dissemination and Utilization
 - In 2008, only one research project was conducted under the jurisdiction of CCHRD. Despite this, it was mentioned that health researches are regularly conducted within the individual member institutions.
 - Many participants cited several factors explaining the lack of health research output of CCHRD: 1) difficulty in procuring funding, 2) the relative newness of the consortium and 3) the heavy main workload of the consortium members.
 - The participants realize a need for a mechanism for research dissemination and utilization such as a database for research output (currently in planning phase).
 - The inclusion of a research dissemination and utilization plan among criteria for approval of research funding was discussed among the participants.
5. Leadership and Management
 - The CCHRD Ethics Subcommittee is currently minimally functional because of lack of research proposals submitted to CCHRD.

- Organizational structure includes a Board of Trustees, under which a Management Committee steers the subcommittees such as R&D, Ethics, etc.
- The participants expressed the consortium's need for guidance from central office (PNHRS) for proper management of its operations.
- The CCHRD secretariat was found to be in-charge of the activities of CCHRD.
- Many members of the CCHRD Board of Trustees are also health researchers themselves.

6. Consortium Membership

- The membership of CCHRD includes a broadcast media provider: "Bombo Radyo".
- Institutions with CCHRD membership are geographically concentrated within Butuan City.

IV. MEETING WITH MEMBERS OF THE CCHRD BOARD OF TRUSTEES – May 6, 2009

A. ATTENDANCE

Profile of Participants

- Gender of Participants
 - Male = 3
 - Female = 6
- Institutions Represented by the Participants
 - Government Agency = 3
 - Academic Institution = 4
 - Hospital = 2

| Name | Designation/Institution |
|-----------------------|--------------------------------------|
| 1. Arlene Cubillas | City Health Office |
| 2. Amelia Avila | DepEd Caraga |
| 3. Ramil Sanchez | CHED Caraga |
| 4. Fernando Herrera | Saint Joseph Institute of Technology |
| 5. Rowena Varela | NorMinSIST |
| 6. Alma Eleazor | FSUU |
| 7. Carmenchu Vicente | Butuan Doctor's College |
| 8. Terence Vesagas | MJ Santos Hospital |
| 9. Ma. Corazon Castro | Butuan Medical Center |

B. FLOWCHART OF ACTIVITIES: MEETING WITH CCHRD BOARD OF TRUSTEES

Audio-visual presentation on PNHRS



Overview of PNHRS to researches from CARAGA presented by Dr. Nanagas



Summary of Findings from meeting with CARAGA



Metacards activity with CCHRD Advisory Council members facilitated by Prof Carandang



C. FINDINGS FROM MEETING WITH CCHRD BOARD OF TRUSTEES

Summary of Responses to “Metacards Activity”

1) What is the authority/mandate of the CCHRD?

- Address health issues in CARAGA by undertaking health research projects
- CCHRD should provide assistance to health researchers in terms of funding and capacity building
- CCHRD must promote health research collaboration among institutions within CARAGA

- The consortium is mandated to address the issues on public health in CARAGA through Research and Development
- CHRDC shall be the forum and funding agency for Health R&D for health in CARAGA.
- Invest in Research
- To create or form a collaborative participation of all important agencies, institutions, etc. in developing and strengthening health researches specific in CARAGA region.
- To provide trainings/assistance to the researchers
- Health research linkages with the various government institutions
- To conduct research/investigation about the pandemic health problems of the region with the collaborative effort of the members and disseminate it to the public.
- To promote and undertake health research activities
- Establish research formulation, prioritize the research agenda and monitor and evaluate.
- To link with other line agencies which focus is to establish a group of researcher in CARAGA to address health issues
- To strengthen health research and development in the region.
- A consortium for health research in CARAGA in order to address/find solutions to health problems through research.
- The establishment of the CHRDC is based on the Philippine Health Research and Development Council
- To act as leaders/managers in the implementation of research progress.

2) What is my role in CCHRD?

- Representative of a CCHRD member institution/agency
- Conduct health research activities
- Share resources to other members institutions particularly in terms of expertise

- As a representative from the SUCs, my role in the CHRDC is to help in designing the regional health research and development agenda as well as conduct Research and Development in consonance with the agenda.
- (1) Facilitator of health R&D among HEIs and (2) Assist in promoting NUHRA among HEIs by incorporating them in the research agenda.
- (1) Representative of my agency; (2) Member; (3) Researcher
- Researcher
- Research Contribution / Utilization
- Perform health research activities in collaboration with other members of the consortium
- I / We at DOST CARAGA coordinate all the activities of CHRDC from planning to activity implementation and acting as head secretariat.
- As researcher
- undertake health research activities in accordance with the RUHRA
- Provide continuing advocacy to CHRDC's vision and mission.
- A representative/focal person from any office; a researcher / member of CHRDC
- My role is to impart my knowledge base on the information that I got in the community about the health problems we've been investigated and to disseminate the information as well to the public about what we discovered in the research that we conducted.
- To contribute/share my opinions and experiences related to the research agenda.
- Health Researcher
- As a member, my role is to participate in any activities conducted. Contribute and give some vital data relevant to the study to be conducted.
- Conduct research; (2) Analyze findings; (3) disseminate
- Undertake health research activities in accordance with the RUHRA
- Provide continuing advocacy to CHRDC's vision and mission
- (1) A representative / focal person from my office; (2) A researcher / member of CHRDC

3) What is the role of CCHRD in PNHRS?

- Promote structured and organized health research responsive to the health needs of CARAGA region and the entire country
- Lead the integration and strengthening of health research initiatives among institutions within CARAGA

- Serve as a vehicle or venue wherein health research is conducted to national concerns.
- Undertake health research activities as response to the country's health needs and problems.
- coordinate, collaborate, linkage
- to be able to come up with a research activities in relation to the health needs and problems
- facilitator of local research initiatives
- to strengthen the research system of the country
- to have result of the invested research
- Structure and organize health researches that would contribute to more informed health policies.
- The role of CHRDC in PNHRS is to serve as an agent in the region by giving information if what are the different health problems and how it is being solved.
- Since CHRDC serves a representative of the region itself in undertaking health researches, its role in PNHRS is that it supports the PNHRS aim in promoting cooperation and integration of all health research efforts in the country.
- Establish strong linkage within CARAGA stakeholders for them to be active in the whole PNHRS.
- Undertake health research activities in the region
- CHRDC is a regional arm of the overall system (PNHRS). As an integral part of the system, it shall share information, technology and other resources with the system as provided for its implementing guidelines.

4) What does CCHRD expect from PNHRS?

- PNHRS is expected to be a source of technical assistance and financial support
- Moreover, PNHRS is seen as the body responsible for monitoring and evaluating CCHRD

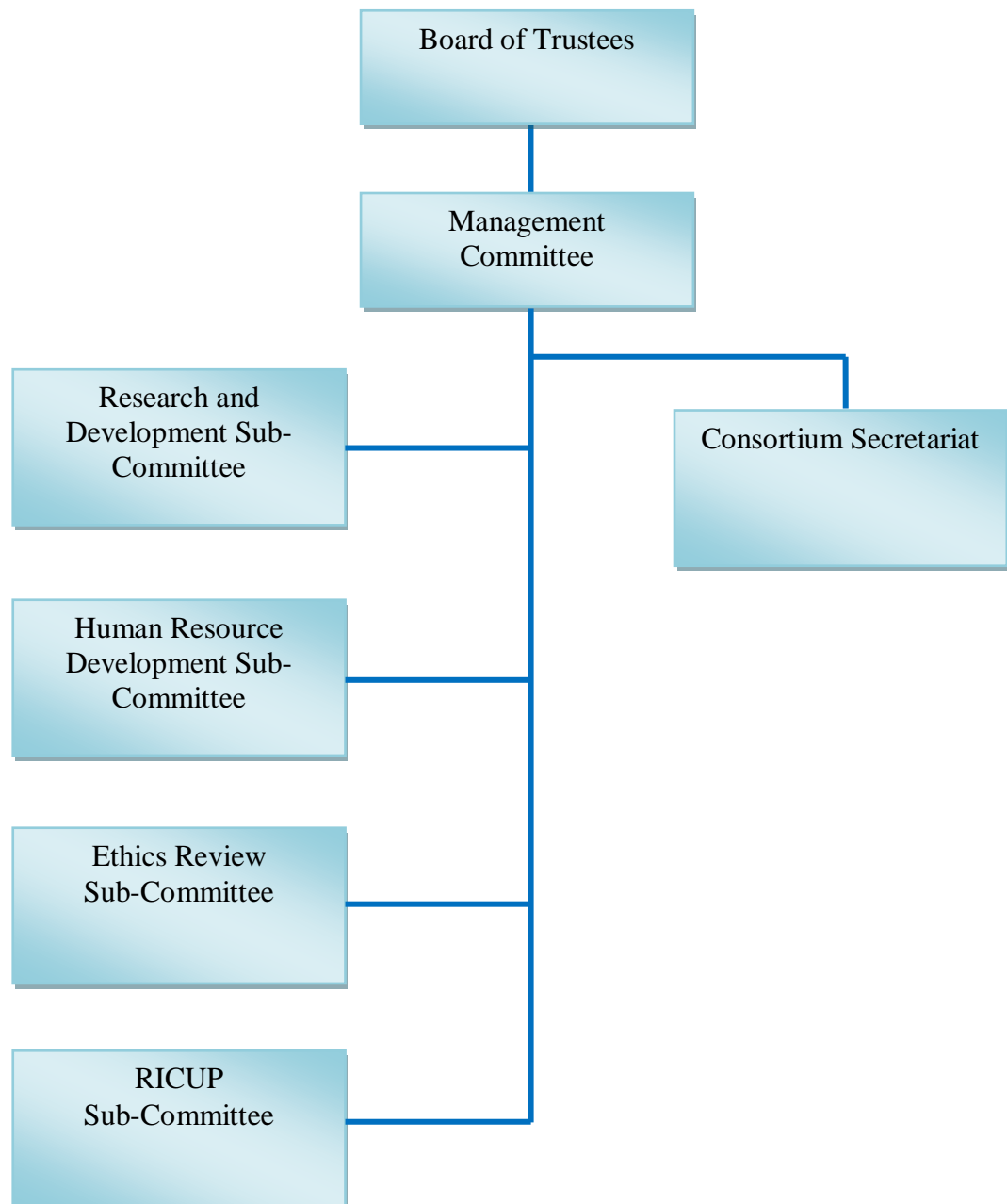
- Funding for manpower development of research proposals that require bigger amount.
- Monitor and evaluate health research and development activities of the consortium
- Maybe they can sustain health related actions and trainings
- Give encouragement and support to the probable researches which could solve the problem of the community.
- Technical support and (2) Funds for Research
- Assistance especially in terms of financing, management and monitoring and evaluation
- Technical assistance in terms of policies in structure – management, monitoring and evaluation procedures in the conduct of research.
- Technical assistance and financial support
- Research Methodology / formulation assistance. (2) The CHRDC personality to be reorganized nationwide for any financial assistance as well as sharing the research products.
- To give its full – support about the health research conducted by CHRDC in the region. Not only financially, but also providing the technical know – how to conduct research
- Support [in terms of research retooling, funds and other resources] to realize the research agenda of CHRDC focusing on research collaboration among member institutions. (2) Commitment to help CHRDC grow and develop into a dynamic research consortium in the region.
- Provision of an environment which moved sustains the health research activities in the region. Monitor and evaluate health research activities in the region.
- Technical and resource generation support. (2) PCHRD to provide 1 contractual to help in the evaluation. (3) Provide benchmarking activity for the MANCOM members to motivate them more.
- CHRDC expects a lot of help from PNHRS in terms of:
 - → Capacity Building
 - → Funding
 - → Technical Evaluation of Research and Development proposals and implementation
 - → Being new, CHRDC needs monitoring

5) Given these roles and expectations, how would CCHRD like to be monitored and evaluated?

- CCHRD wants to be monitored and evaluated based on regional consultations and accomplishments (as stated in reports)
- M&E at regular intervals

- Quarterly Reports
- Monitoring should be done twice a year
- Annual monitoring and evaluation through external audit on management system and processes.
- Thru regional consultations; to submit reports and accomplishments to PNHRs
- Thru regional consultative meetings; thru write violations of research conducted
- Quarterly report to the PCHRD; visit by PNHRs / PCHRD at least once a year; invite CHRDC members to PNHRs assessment / evaluation forum
- We need an annual monitoring like regional consultation such as what we have now so we can really discuss issues regarding research activities. Evaluate our CHRDC system of conducting research activities
- Conduct of periodic assessment. Submission of standard reporting mechanism
- Quarterly
- Through another meeting, and have the result of what we have also done for the research
- Regular meetings, discussions and consultations. With members / researchers
- Through its performance and cooperation of the member
- YEAR 2 – 5 : Closer monitoring and evaluation to help mentor the CHRDC secretariat and field implementors
- YEAR 6 – 10: CHRDC can walk on its own, Monitoring and Evaluation may be a bit lighter.

Annex C: CARAGA Organizational Structure



ORGANIZATIONAL FUNCTIONS (CARAGA):

Board of Trustees

1. Provides central direction, leadership, and coordination of all health R & D activities in the region;
2. Establish policies and guidelines, in consultation with stakeholders in the identification of priority health R &D programs and projects in the region;
3. Review and approve health research programs and related activities of the consortium;
4. Oversee the overall implementation, monitoring and evaluation of programs;
5. Ensure resource generation and mobilization; and
6. Develop awards and incentives system.

Management Committee

1. Assist the Board of Trustees in the conceptualization, planning, and implementation of the various programs/projects and related activities of the CHRDC;
2. Promote the development of research capacity and linkages on health R & D
3. Establish monitoring and evaluation mechanism to ensure long-term sustainability of the Consortium; and
4. Conduct periodic review of health research and development programs and recommends the same to the Board of Trustees.

Sub-Committee on Research and Development

1. Identify research programs and projects in accordance with the National Unified Health Research Agenda (NUHRA) and regional health agenda;
2. Evaluate research proposals and provide technical assistance in the development and actual implementation of health research and development projects; and
3. Monitor and evaluate the implementation of approved health research projects

Sub-Committee on Ethics

1. Develop consortium's guidelines on ethical standards and practices in health research;
2. Facilitate the institutionalization of ethics review committees in health research organizations in Region 10;

3. Provide training and advocacy activities on bio-ethics for members of institutional ethics review bodies;
4. Review proposals as to compliance of ethical standards; and
5. Monitor compliance to ethical and other standards of on-going projects.

Sub-Committee on Research Information, Communication, and Utilization

1. Develop mechanism to facilitate dissemination and utilization of research information to various target clients;
2. Collect and package research information for database development; and
3. Collaborate with government, private sector, and non-government organizations for the use of health research results into policies, actions, products, and services.

Sub-Committee on Human Resource Development

1. Assess the human resource requirements for health research of the institutions within Region 10;
2. Develop a comprehensive health research human resource development plan and monitor its implementation; and
3. Establish a sustainable mechanism for sharing of resources and exchange of expertise and information.

Annex D: NUHRA CARAGA Agenda

(Downloaded from <http://www.pchrd.dost.gov.ph/downloads/category/5-nuhra.html>)

RESEARCH PRIORITY AREAS/TOPICS – CARAGA

| HEALTH SERVICES | | | | | |
|-------------------------|--|---|---|---------------------|------------------|
| Broad R&D Area | Specific Topic | Rationale | Objective (s) | Responsible Agency | Funding Source |
| <u>Endemic Diseases</u> | | | | | |
| Schistosomiasis | > Attitude and practice of people in schisto endemic areas | Absence of baseline information/ data on attitudes and practices | To formulate better/ appropriate strategy to control schisto | DOH | PCHRD/ NIH |
| | > Sanitary Toilet Model for schisto – its impact in the reduction of schistosomiasis cases in ADS | No effective sanitary toilet- type specially in flooded areas | To determine the extent/impact of the said model in schisto flooded endemic areas | DOH-PHO | PCHRD/ NIH |
| | > Elimination of Schistosomiasis in Surigao Del Norte | In 2004 there were 452 reported cases of schistosomiasis, 260 were males and 192 females, ages 15-65 y.o. | To conduct a study on how to eliminate the parasite | DOH, PHO, DepEd, DA | PCHRD/ NIH |
| Malaria | > An evaluation on the Malaria Early Warning System in ADS | No present evaluation-study yet | To determine the sensitivity and acceptability of the specific surveillance system | DOH-PHO | PCHRD/ NIH |
| Filaria | > Incidence of Filariasis in Caraga region | Post assessment of mass treatment | To determine the impact of mass treatment program in the reduction of filarial cases | DOH- Stakeholders | -- |
| Dengue | > Tawa-Tawa Plant as an alternative approach in managing dengue confirmed cases > * Ecology vectors relative to existing environmental condition > * Assessment in the efficacy of preventive measures applied | Testimonial study | To distinguish the beneficial health effect of the plant among dengue confirmed cases | DOH / LGUs | RITM Global Fund |

| HEALTH SERVICES | | | | | |
|-------------------------------|---|--|--|-----------------------|----------------|
| Broad R&D Area | Specific Topic | Rationale | Objective (s) | Responsible Agency | Funding Source |
| <u>EndemicDiseases</u> | | | | | |
| Parasites | > Baseline survey of Fasciolae and other parasites emerging disease in Caraga > Prevalence of soil transmitted Helminthiasis among school children | No evidenced-based data to establish endemic mapping and lack of diagnostic capability No baseline data | Investigate Fasciolae incidence in Caraga STH burden among school children | DOH – PHO, A DN | -- |
| <u>MaternalandChildHealth</u> | | | | | |
| Dental | > Prevalence survey of dental carries among pre-school and pregnant women > * Effectiveness of rolling dental clinic in preventing dental carries among pregnant women | No baseline data Impact in the prevention of dental carries | Establish baseline data Determine the impact of rolling dental clinic in the prevention of dental carries among APs | LGU DOH LGU | -- |

Regional Health Research Capacity Assessment Report

| HEALTH SERVICES | | | | | |
|---|--|---|---|----------------------------|---------------------|
| Broad R&D Area | Specific Topic | Rationale | Objective (s) | Responsible Agency | Funding Source |
| <u>Maternal and Child Health</u> | | | | | |
| * Contraceptive Self-Reliance Plus (AO 158) | > LEAD for health project implementation in the pilot areas in Caraga region | Empowering LGU toward self-reliance in securing their own contraceptive supply lies in the effective interplay of local initiative and organization/allocation/mobilization of their limited resources vis-à-vis external support | Conduct a process documentation on the implementation, monitoring and evaluation of the LEAD for health project in the pilot areas in Caraga region | LGUs | DOH LEAD for Health |
| Family Planning contraceptives | > Private sector participation in the implementation of CSR+ | Public service delivery of family planning needs complementation in the private sector. It would be worthwhile to explore the viability of expanding FP service delivery in the private sector | Determine the existing levels of readiness or absorptive capacity concerning the expansion of FP service delivery in the private sector, particularly among 3 sub-sectors namely: <ul style="list-style-type: none"> > Private practice doctors and nurses > Industries/workplace > Clinics/pharmacies/private distributors | POPCOM 13 | USAID or AUSAID |
| * Malnutrition | > Nutritional status of pre-schoolers and school children 1995-2005 | Identification of number of cases by type and location | To determine the extent of malnutrition in the region | POPCOM 13 | USAID |
| Cancer | > Fiber rich foods / vegetable consumption study among Caraganons | Cancer is the fourth leading cause of mortality especially among women | To determine the consumption of fiber rich foods/vegetables among Caraganons Establish data on food-related causes of cancer | DOH and Other Stakeholders | DOH PCHRD NIH |

| HEALTH SERVICES | | | | | |
|--|---|--|--|-----------------------|----------------|
| Broad R&D Area | Specific Topic | Rationale | Objective (s) | Responsible Agency | Funding Source |
| <u>Hospital Services</u> | | | | | |
| Public Health Component | >* Baseline data on the incidence of different cancers in Caraga > Quality of public health services among government hospitals > Perception of Caraganons towards govt. hospital vs. private hospitals | Identification of the number of cases by type and location Govt. hospitals must deliver public health service There's no efficient referral mechanism and utilization of care and services | To determine the extent of cancer related diseases in the region To determine/identify extent of hospitals implementing quality public health service component in Caraga Assess strong and weak areas in both govt. and private hospitals | DOH and Private Hosp. | DOH and LGU |
| OTHER PRIORITY TOPICS (Based on Key Informant Interview, FGD and Round Table Discussions) | | | | | |
| ALTERDEV (NGO) – Based at Butuan City | | | | | |
| Violence Against Women and Their Children | Factors affecting the high risk and incidence of rape / sexual harassment/assault | No reports No baseline data / information | To establish baseline information | LGU NGOs DOH | -- |
| Video Games/ Computer technology | Effects of computer games in the school performance of students Study on emotional health risk/effect among the family members, with member working abroad | Health risk of radiation obtained from computers among users | | | |

Regional Health Research Capacity Assessment Report

| Loving Presence Foundation – Based at Bislig City (Surigao del Sur) | | | | | |
|---|--|---|--|--|---|
| Primary ear care and hearing health care | Hearing impairment | Although sensory (hearing & sight) impairment is not or not directly immediate/life threatening, it interferes with the quality of life. It has negative impacts in communication abilities, socio-economic status, learning skills; cognitive & psychosocial functions | > To Identify updated risk factors, consequences, and its preventive aspects > To create appropriate referral system > To identify suitable projects and community awareness mechanism | DOH, DepEd, Loving Presence Foundation | LGU, Christian Blind Mission (CBM), DOH |
| Violence Against Children | Effect of child battery to the learning capacity of Pupils | Emergence of many “special children” in Special Schools | To determine the effects of child battery to the learning ability of pupils | DOH Dep Ed | PCHRD/ External |
| NEDA – Regional Office Caraga | | | | | |
| Public Health Service Delivery | Referral system | Effect of devolution on public health services delivery system | To determine the effect of devolution on public health services delivery in the region. | DOH and private hospitals | DOH & LGU |
| | Budgetary considerations | | | | |
| Pollution –caused diseases (Areas along Cabad-baran Fruits, Pacific Cement and Mercury/ heavy metals contamination of Agusan River) | Incidence of morbidity and mortality | Identification of the number of cases by type and location | To determine the extent of pollution caused diseases in the region | DOH and EMB | DOH & EMB |
| Water- Borne Diseases | Incidence of morbidity and mortality | Identification of the number of cases by type and location | To determine the extent of water – borne diseases in the region | DOH & EMB | |
| Violence Against Women and Children/Among Adolescents | Factors affecting the incidence in the region | No reports / baseline data | To determine some factors predisposing VAWC | LGU and DOH | LGU and DOH |
| Occupational Hazards | Effects of mining to health conditions people living around it | | | DOH & EMB | DOH & EMB |
| Reproductive Health | Degree or baseline data in the incidence of reproductive cancers and other reproductive tract infections among women | | | DOH LGUs NGOs | CPC VI MSH - LEAD |

| | | | | | |
|--|---|--|---|-----------------------|-------------|
| EDCADS Inc. (NGO)- Butuan City Based | | | | | |
| Barangay – based Advocacy and Education (BABAE) Team development and strengthening VAWC | > Community-based monitoring (CBM) > Monthly inflow and outflow of information > Functional | The BABAE teams are responsible in the education, information, communication and advocacy activities of the community. Given the limited period of intervention and resources, these newly formed committees have been underutilized and potentials underestimated. This component seek to develop and ensure the functionality of the community information system (CIS) | To set-up and sustained community driven and community- led information, communication and health advocacy mechanism | BABAE teams, LGU, DOH | LGU and DOH |
| St. Paul University – Based at Surigao City | | | | | |
| Common Schools Ailments | Respiratory Tract Infections among students and high prevalence of hypertension among the faculty | Some would just take these for granted thus worsening the situation. It is then proposed to have a study more on this. | > Expose detrimental effects of these diseases > Determine measures in managing these conditions thus ensuring good health | Dep Ed DOH | PCHRD NIH |
| Provincial Health Office of Agusan del Norte | | | | | |
| Leprosy | > Treatment Compliant of Leprosy Patient on MDT | The activity will determine factors affecting patients under MDT treatment | To establish compliance factors that will improve treatment strategies for MDT patients | LGU DOH | Global Fund |
| Northern Mindanao State Institute for Science and Technology – Butuan City | | | | | |
| IKS on health related matters | > Survey of IKS (health) in rural areas > Assessment of IKS applicability to community. | | Establish realistic / reliable IKS data | LGU DOH NGO | -- |
| Environment | Environmental risks of industrial gaseous emissions | | Effect/impact of agricultural and industrial chemicals to workers | DENR – EMB DOLE | |

Regional Health Research Capacity Assessment Report

| Tribal Chieftains / Leaders of Lawan-Lawan, Las Nieves, Agusan del Norte | | | | | |
|--|--|--|--|---------------------|----------------------|
| Health Insurance Program | > Perceptions Among Tribal Communities Concerning Health Insurance /Health Care Financing | No existing HCF/ Insurance Program among Tribal Groups | Determine the Perceptions of Tribal Group on HCF/Insurance | PHIC DOH NCIP | PCHRD NCIP DOH |
| Traditional Medicine | Alternative medicine in the Treatment of Common Illnesses Using Indigenous materials/resources | Far flung area with abundant herbal plants | Establish scientific evidence of indigenous herbs growing in tribal communities for common illnesses | | |
| Common Illnesses | A study on the Common Illnesses among Tribal Communities | No baseline data Hard to reach area | Identify common illnesses among tribal people | | |

| HEALTH CARE FINANCING | | | | | |
|-----------------------|--|---|---|---------------------|----------------------|
| Broad R&D Area | Specific Topic | Rationale | Objective (s) | Responsible Agency | Funding Source |
| Health Care Insurance | > Market research: Development of user's fee standardization | No standard user's fee at present | To establish standard user's fee for health services | PHIC DOH | PCHRD NIH |
| | > Support value of Philhealth Reimbursements to Hospital Operations: Determinant of Quality Improvement Programs | Less budget for health services/ non-priority for budget allocation of health services | To identify hindering factors in budget allocation among LGUs | PHIC LGU / Hosp | |
| | > Profile of Utilization of PCF by enrolled PHIC Members | | | | |
| | > Factors Affecting the Non-Sustainability of CBHCF Initiatives | | | | |
| | > Perceptions Among Tribal Communities Concerning Health Insurance /Health Care Financing | Non-enrolment to PHIC No existing HCF/ Insurance Program among Tribal Groups | To determine the perceptions of Tribal Group on HCF/Insurance as basis planning | DOH LGUs | |
| | > Survey of Health Maintenance Organizations and their Viability in the Region | | | PHIC DOH NCIP | PCHRD NCIP DOH |
| | > Feasibility of Corporitization in Public Hospitals of Caraga | | | | |

Regional Health Research Capacity Assessment Report

| GOOD GOVERNANCE IN HEALTH | | | | | |
|-------------------------------|--|---|---|--------------------|----------------|
| Broad R&D Area | Specific Topic | Rationale | Objective (s) | Responsible Agency | Funding Source |
| LGU performance in health | Local health account and factors affecting the allocation and expenditures for health | Health is not considered a priority Poor appreciation in the deficiencies of health service delivery | To identify the perception/factors affecting budget allocation | LGU DOH | PCHRD NIH |
| | Effectiveness of tools/systems used in monitoring and evaluation in implementing health services/programs | Several tools being used Not integrated –like a tool Poor utilization of M & E results | To identify tools on M&E (from different agencies) | | |
| | Utilization of health data/information for local legislation/policy development | Lack of health service related ordinances/ resolutions | To profile existing ordinances/ resolutions and extent of implementations | | |
| | Appraisal study on the functionality of health management systems including its local health bodies/committees | Non-functionality of some inter-local health zones (ILHZ) | To identify functioning / non- functioning ILHZ and its aspects concerning functionality | | |
| | Hospital services: Cash deposits prior to admission | No deposit no admission/ services policy of hospital | | | |
| Resource mobilization in LGUs | Extent in networking and linkages Human resource development programs | LGU unable to maximize skills in the utilization partners/stakeholders | To establish and strengthen linkage and partnership To maximize human resource | LGU DOH | PCHRD NIH |
| Health Information System | Data banking and utilization Technology assessment | Unsystematic consolidation, banking and utilization | To establish organized data banking To determine capacity of LGU in information and communication technology | DOH LGU | |
| Service capability | KSA assessment on health service among officials Review of policies and procedures | | To determine existing competencies of local officials on Health Service Delivery | DOH DILG | PCHRD NIH |

| HEALTH REGULATION | | | | | |
|---|--|---|--|--------------------------------|------------------|
| Broad R&D Area | Specific Topic | Rationale | Objective (s) | Responsible Agency | Funding Source |
| Pharmaco-economics | Factors affecting the preference of private physicians to drugs and medicines not included in the PNDF and PhilHealth positive list | Many underlying issues/facts concerning the non-use of medicines by private physicians that are reimbursable to PHIC | To determine the benefits and other reasons of patronizing non-reimbursable drugs | PMA, DOH, LGU, PHIC Pharmacies | PCHRD/ External |
| Health economics | Determinants in costing professional fees: A basis for standardization | Identify the common/existing preference among private physicians in the valuation of prof. fees | To determine the basis of physicians in quoting the professional fees | | |
| Contraceptive Self-Reliance Plus (CSR+) /AO 158 | Private sector participation in the implementation of CSR | Public service delivery of family planning (FP) needs complementation in the private sector. It would be worthwhile to explore the viability of expanding FP service delivery the private sector. | To determine the existing levels of readiness or absorptive capacity concerning the expansion of FP service delivery in the private sector | POPCOM / USAID | MSH - LEAD |
| Health information and management | Electronic networking and database management: health service regulation; RH; disease incidence/prevalence; lifestyle; food safety. | Inaccessibility/ non-utilization of information and data of some level | To provide fast, updated and correct information to the population To link Caraga health services to world wide web | DOH | PCHRD MSH - LEAD |
| | TNA on Information technology and management for health workers Baseline data on the regulation compliance and monitoring of food providers, restaurants and water refilling stations | | | DOH BFAD | PCHRD/ External |

| HEALTH REGULATION (cont'd) | | | | | |
|---|--|---|--|--------------------|-----------------|
| Broad R&D Area | Specific Topic | Rationale | Objective (s) | Responsible Agency | Funding Source |
| Garbage disposal | Study on social orientation/pre-disposition, roles and the extent of implementing rules and regulations | Malignant problem of improper disposal affecting all sectors of society | To determine the role of culture, perception and level of education in combating the problem of garbage disposal | DepEd, DOH | PCHRD/ External |
| Health Care Waste Mgt. | Impact of health care waste on public and the environment | | | DOH LGU | PCHRD/ External |
| Hospital regulation / Accreditation and student's affiliation | Comparison between nursing students affiliated with DOH accredited health facilities vs. non-DOH accredited facilities | | To develop standards | DOH | |
| Food and Drugs | Baseline survey – monitoring on good practice/ compliance in food prep., processing, manufacturing | Non-compliance on good practices | To encourage proper compliance | DOH BFAD | |