2009

REGION 12
REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT

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

REGION 12

REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT

JUNE 2009

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

TABLE OF CONTENTS

ACRONYMS

ARMM	Autonomous Region of Muslim Mindanao
CCSPC	Cotabato City State Polytechnic College
CFCST	Cotabato Foundation College of Science and Technology
CMFCI	Cotabato Medical Foundation College, Inc.
COA	Commission on Audit
DOST	Department of Science and Technology
DOH	Department of Health
HRC	Health Research Consortium
MSU	Mindanao State University
NAST	National Academy of Science and Technology
NDU	Notre Dame University
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
SKPSC	Sultan Kudarat Polytechnic State College
SOME	Structure/Organization Monitoring and Evaluation

I. Introduction

Health research and development in Region 12 gained momentum when the Health Research Consortium was organized in 2007. The consortium was spearheaded by the Department of Science and Technology of Region 12 and counted among its members the leading academic institutions and government agencies in the region.

Since then, the consortium has undertaken a number of activities designed to promote health research and development in the region and respond to the regional health research agenda that was crafted in 2005. Some of the activities were the conduct of a training course on basic research methods that generated a number of research ideas and proposals and a workshop for the technical evaluation of the proposals that were submitted for review.

This assessment is conducted to strengthen research and development in Region 12. Specifically the assessment will identify critical issues and gaps in health research and development in Region 12 and recommend measures that the health research consortium can use to improve the management and implementation of health research and development programs and activities.

II. Methodology and Activities Undertaken

The assessment was carried out by the members of the Structure/Organization Monitoring and Evaluation (SOME) with administrative and logistical support from PCHRD. The assessment team utilized the assessment framework and instruments developed by the committee for this purpose (see Annex A).

Two meetings were held as part of the assessment process. The first meeting was conducted on June 3 with health researchers and the second meeting on June 4 with the members of the Governing Board in attendance. A list of participants is attached (Annex B).

III. Findings and Observations

Overall Findings and Recommendations

The Region 12 Health Research Consortium is among the newly developed health research consortia in Mindanao. It faces tough developmental challenges as a growing organization. Some of the outstanding problems and issues are:

1. Lack of awareness of the RUHRA among health researchers and inadequate utilization of the RUHRA for capacity building and resource mobilization purposes.
2. Delayed implementation of plans and low budget utilization
3. Lack of strategic direction and plan for long-term viability and sustainability

The consortium counts among its members some of the leading academic institutions in the region. These institutions possess significant human resources and facilities that can be tapped to support the developmental effort. Given such human potential, there is no doubt that with national support the regional health research consortium can overcome its early difficulties and assume its technical leadership role in the promotion of health research and development in Central Mindanao.

A. 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 and significance.

   In 2005, with assistance from PCHRD, a group of academic-based experts led the development of a health research agenda for region 12. The preparation process involved reviewing documents and data and stakeholder consultations. The identified priority areas included the following: healthy lifestyle such as substance abuse, health of schoolchildren, environmental risks posed by pesticides and other toxic substances, health policies and legislation, local health systems, traditional health practices and health-seeking behavior among tribal communities.

   Despite the existence of this reference document many health researchers who were present during the consultation meeting expressed their lack of awareness and familiarity with its content. Most of the researchers agreed that

the document was not well-disseminated. This sentiment was shared by the members of the members of the health research council.

2. Lack of evidence of adequate utilization of the health research agenda and expression of interest to have the RUHRA reviewed and updated.

   A review of the work plan of the consortium showed little evidence of utilizing the health research agenda and make it central to the consortium's activities. The description of the research agenda does not provide information about the epidemiological, sociological, economic and political dimensions that would facilitate its translation into research proposals.

   Both the group of researchers and the governing board suggested that a review of the research agenda is in order and that the document needs to have more useful applications.

B. Health Research Manpower, Facilities And Capacity-Building

1. Researchers and governing board claim that Region 12 has the capacity to undertake R and D activities

   Despite the absence of a systematic inventory of health researchers and facilities, the health researchers and the governing board agree that Region XII possesses the capacity to undertake health research to address the identified health research priorities.
2. Training of research manpower has been carried out but there is no long-term human resource development program and it is unclear if the training course was guided by the health research agenda.

   In 2008, the consortium through the Technical Working Group (TWG) conducted a training course on research design and protocol development among health researchers. The training activity was designed to generate health research proposals and focused on the technical aspects of research design and methodology. The region 12 research agenda was not included in the discussions.

   Members of the TWG and the governing board acknowledged that while the region has proposed a set of training activities for 2009 it does not have a capacity-building strategy in place. The health researchers and governing board (GB) members agreed that a capacity building strategy is necessary to

ensure that expertise and facilities are available to respond more effectively to the research priorities.

C. Funding and Logistical Support for Health Research

1. Health researchers and the GB claim that access to health research funds is difficult and expressed their appreciation of the support provided by PCHRD.

   While some institutions have established funds for research, these funds are open to all researchers and those interested in health research face stiff competition from other sectors.

   While some members of the council were unaware of the funding support provided by PCHRD, some of those present expressed their appreciation and interest to access those funds for research

2. The region does not have an estimate of its funding requirements based on its identified health research priorities

   One of the potential uses of the research agenda is its translation into an estimate of the overall funding requirements for health research and the development of a resource mobilization plan or strategy. In region 12 no such estimation was attempted and the budget proposal that the consortium submitted to PCHRD is only intended to support its annual operations.

3. Some forms of institutional support for health research exist

   Representatives of member institutions especially the leading colleges and universities in the region mentioned that some institutions support faculty members who are actively engaged in research. Examples of such support include the reduction in the teaching load and some travel expense support for faculty members who are invited to present their papers.

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

In 2008, the consortium was able to facilitate the development of 11 health research proposals. A consultant from manila was engaged by PCHRD to help review and assist the proponents refine the proponents. Presently, the proponents are still working on the proposals and awaiting approval. Funds to support the

proposals are expected to be provided through the regional research fund mechanism of PCHRD.

E. Organization, leadership and management

1. Governing board, TWG and Secretariat

   The Health research consortium of Region 12 has a governing board that is responsible for setting directions and approval of policies, plans and budgets. A Technical Working Group composed of DOST staff provides technical support to the board and a secretariat performs the required administrative support services. Four working sub-committees (please see Annex C) are responsible for carrying out the consortium's activities.

2. No provision in the organizational structure for day to day management responsibilities resulting in delays in plan implementation.

   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 Governing Board meets only two or three times a year and is unable to perform that function. The TWG only performs technical support when the Governing Board is in session and does not have the authority to make management decisions. The absence of a full-time manager is mainly responsible for the long periods of inactivity from the time the consortium was organized in 2007. Up to the present, the consortium has yet to be released its share of the regional research funds from PCHRD.

3. Consortium has a regional plan for r and d but the plan is only intended to access PCHRD support and does not address the overall requirements of Region 12.

   The regional plan prepared by region 12 does not provide adequate guidance on the long-term directions and of the consortium's goals and objectives. The planned activities are pegged to the level of funding support provided by PCHRD. The absence of strategic directions and clearly defined goals and objectives makes it impossible to tell if the proposed activities are the ones that would efficiently and effectively lead the consortium to address the research priorities.

4. The sub-committees as reflected in the organizational structure are not functional

The organizational structure of the consortium mentions the following sub-committees that are tasked with carrying out its research and related activities: research management, capacity building, information dissemination and utilization and ethics. According to the Governing Board, the sub-committees have not yet been activated. While the people to man the committees have already been identified, a special order to formalize the appointments has not yet been issued.

The lack of functional working sub-committees is a critical issue that the consortium needs to immediately address as these sub-committees are the main actors responsible for the implementation of the consortium's plans and programs.

F. Information Dissemination and Utilization

The consortium does not have a database management system that can serve as a mechanism for sharing research information. Such a system has already been developed by PCHRD and can easily be introduced to Region 12. Without a clear system of sharing information and a strategy for ensuring the utility of completed research studies, the consortium may be unable to fully satisfy its mandate of promoting health research and development in the region.

G. Ethics

As mentioned under Section III. Item no.4, an ethics sub-committee has been identified but not yet activated. This is an important gap since there is no other ethics committee in the region that can perform the task of protecting patient's safety and rights in the course of conduct of health research.

IV. Recommendations

Recommendations to the HRC 12:

1. Revision of health research agenda and transforming it into a more usable document.

   The consortium needs to revisit the research agenda and update its content and make it more relevant. The revision should include a systematic analysis of the research priorities and describe them along epidemiological, social 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. Conduct an assessment of health manpower and facilities and development of a capacity building plan.

   One important application of the research agenda is its translation into an instrument for conducting an assessment of the research manpower and facilities of the region and in the crafting of a manpower development plan or strategy. This can be an independent activity or part of an overall activity to develop a strategic plan for the region.

3. Estimate funding requirements and development of a resource mobilization strategy.

   Another important activity for the consortium is the estimation of the funding requirements based on the identified research priorities. To facilitate this process, the region may need to develop or adopt costing or estimation models.

   Based on the estimates of the funding requirements, the consortium can then develop a resource mobilization plan or strategy.

4. Designation/Appointment of a manager or administrator who will be responsible for the day to day management of the activities of the consortium.

   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. The funding support from PCHRD can be initially utilized for this purpose. Ultimately however, the consortium needs to assume full responsibility for this item once it is able to generate its own resources.

5. Development of a strategic plan

   The consortium needs to develop a strategic plan in order to provide clear directions for its programs and activities. The strategic plan which ideally should be for a period of 5 years should reflect the consortium's vision and mission statements as well as a clear description of its goals, objectives, activities and targets. The strategic plan should also include indicators by which its performance can be measured.

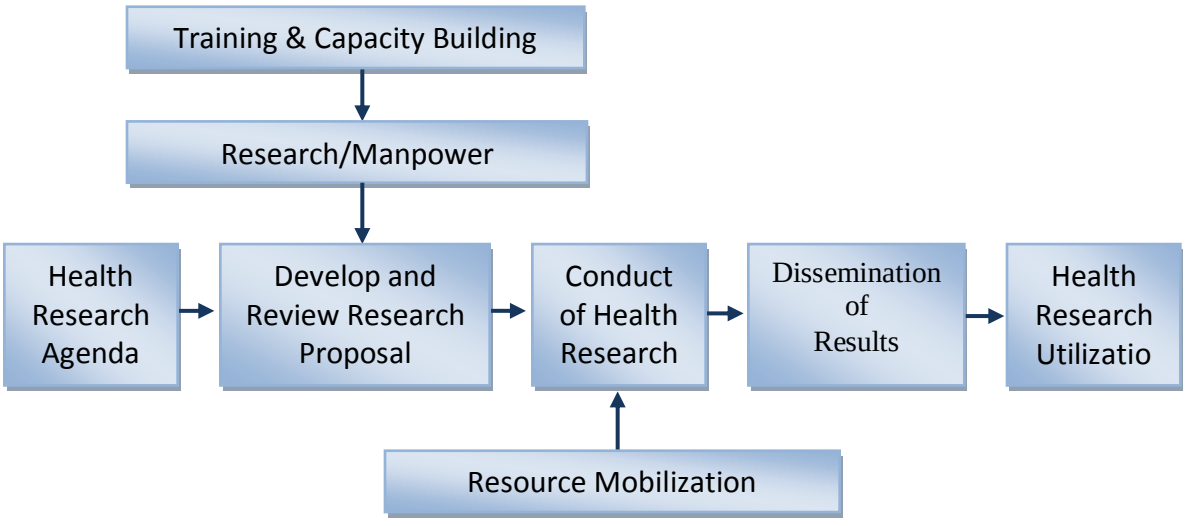
Annex A: Assessment Framework and Instruments

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 de3velopment 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?

Region 12 - Guide Questions for Review of Documents

1. Guidelines for Research Agenda

1.1. Is the research agenda evidenced based?

☐ Yes ☒ No

Remarks:

The epidemiological information to describe the priority areas adequately is not presented in the RHRDC-12 RUHRA

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:

_____

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:

The Technical Working Group and the RHRDC-12 Scretariat (DOST-12) perform some of the responsibilities for daily function.

Region 12 - 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:

There is an agenda done in 2005 but the document was part of the Mindanao Health Research Agenda. There is no specific or separate health research agenda for Region 12 alone.

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 is needed to strengthen the research manpower skills

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

☐ Yes ☒ No

Only short courses are conducted. There is no existing concrete capacity building program to train the health researchers. Further, training needs have not been identified.

3. Adequacy of Funding and Logistical Support for Health Research

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

Funding support is usually provided by independent institutions, usually from the academe.

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?

Region 12 has not yet received any funds form PCHRD.

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 of the funding support per proposal. Or proposals can be combined in effect the funding support are added cumulatively and shared between are among the research studies.

4. Preparation of Research Proposals and Conduct of Health Researches

4.1 How many research proposals have been **11** prepared?

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

0

Remarks:

There are still 11 research proposals undergoing review for funding by RRF.

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?

A) Dissemination mechanism is not part of the proposal submitted *b) There are no institutional support for the dissemination of the study results.*

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.

There is lack of skills among the researches to package the study results into a draft document that would facilitate the formulation of policies.

Region 12 - 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 assist the region in developing their research agenda. A series of consultative meetings were conducted to obtain the views of the stakeholders. Based on the data gathered during the meetings, a draft agenda was submitted to the council.

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:

There is no long-term human resource development plan.

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:

Short term trainings usually one week;
Mentoring;
Called on interested parties and trained them on proposal writing, research design and methodology

☐ 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:

Proposal development and research design

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 support

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

Assistance in developing strategic plan and resource mobilization strategy.

levels to develop regional capability to mobilize resources for health research?

4. Development, Approval and Conduct of Research Studies:

4.1 In 2008, how many proposals were produced by the consortium? **20**

4.2 In 2008, how many proposals were reviewed in terms of ethics, methodology, content and utilization? **11**

0

4.3 In 2008, how many research studies were funded?

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?

Delayed release of funds from PCHRD.

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?

Some institutions have their own internal mechanism for dissemination of research results. Notre Dame University has its own scientific publication.

5.7. What were the barriers to research dissemination?

Dissemination of research results were not budgeted because it was not included in the research proposals submitted.

Non functional subcommitte responsible for disseminating research results.

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

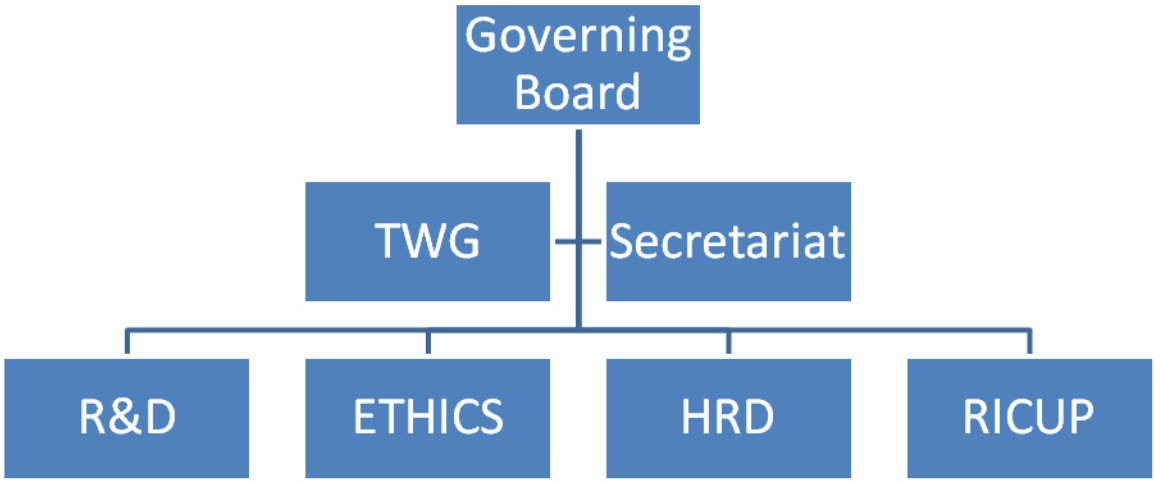
☐ Yes ☒ None ☐ Don't Know

Remarks:

There is an interest among the members of the council to be trained on database management system.

6. Leadership and Management

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



Note:

1. Governing board meets only twice a year

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

No one.

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

R&D	☐ Functional	☒ NOT Functional
Ethics	☐ Functional	☒ NOT Functional
HRD	☐ Functional	☒ NOT Functional
RICUP	☐ Functional	☒ NOT Functional
_____	☐ Functional	☐ NOT Functional
_____	☐ Functional	☐ NOT Functional
_____	☐ Functional	☐ NOT Functional

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

1. *Provide central, leadership and coordination of all health R&D activities in the region*
2. *Establish policies ad guidelines, in consultation with stakeholders, in the identification of priority health R&D programs and projects in the region*
3. *Promote the development of research capacity and linkages on health R&D*
4. *Review and approve the sub-committees' programs, activities, including their attending proposals*
5. *Establish monitoring and evaluation mechanism to ensure long-term sustainability of the consortium*
6. *Oversee the overall implementation of ARMM-HRC programs and projects*
7. *Conduct periodic review of health research programs and projects*
8. *Serve as a clearinghouse of all health research proposals*
9. *Develop a databank on health research and resources including sources of funds and technical assistance*

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:

There is intent to formulate a five year strategic plan.

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

FLOWCHART OF ACTIVITIES

1) Meeting with Researchers from Region 12 - June 3, 2009

Overview of PNHRS to Region 12 researchers presented by Dr. Nanagas

Discussion with Region12 researchers facilitated by Dr. Rodriguez

2) Meeting with Members of RHRDC-12 Governing Board – June 4, 2009

Overview of PNHRS presented to RHRDC-12 Governing Board members by Dr. Nanagas

Metacards activity with RHRDC-12 Governing Board members facilitated by Dr. Rodriguez

Presentation of Organizational Structure and Action Plan (2009) of RHRDC-12 by Normina Pahm of DOST-12

FINDINGS FROM RESEARCHERS MEETING

Guide Questions for Health Researchers

1. Formulation of Health Research Agenda
   - Only a few participants are familiar with the NUHRA and the RUHRA of Region 12. Thus, the RURHA of Region 12 was not well-disseminated.
   - Not many researchers took part in the formulation of the RUHRA of Region12.
   - It was agreed upon that there is a need to revisit the RUHRA of Region 12 and disseminate it properly.

2. Adequacy of Skilled/Competent Health Researchers
   - Since the RUHRA of Region 12 is not well-defined, then it is difficult to relate the adequacy of regional health researchers to the requirements of the Region 12 RUHRA.
   - A consensus was made that an inventory of manpower and facilities should be done once the RUHRA is properly defined.

3. Adequacy of Funding and Logistical Support for Health Research
   - Health research projects done in Region 12 are funded either by a government institution, the World Health Organization or an academic institution.
   - The RHRDC funding of P100,000 may not be enough to cover expenses for a health research project.
   - There is a need to create a more flexible funding mechanism. It was suggested that collaboration may be done with regions facing common health issues requiring research.

4. Health Research Conduct, Dissemination and Utilization
   - There is a good number of health research projects done within Region 12
   - A "Basic Research Methods" course was organized by RHRDC-12 last October 2008 producing 20 health research proposals. Currently, 11 out of the 20 health research proposals have been submitted for review.
   - Process for research proposal screening:
     Technical Working Group → Governing Board → PCHRD
   - Output of health research projects are presented in local research forums and submitted for publication in journals. Notre Dame University has its own scientific journal.
   - A database for health research output of Region 12 is in the planning stages.

- RHRDC-12 should have a mechanism to enable health researchers in the region to relay research output to the target user such as policy makers.

5. Leadership and Management
   - The Governing Board of RHRDC-12 meets only once or twice a year.
   - Subcommittees are currently non-functional.

FINDINGS FROM COUNCIL MEETING

Metacards Activity

1) What is the authority/mandate of the RHRDC-12?
   - Act as a venue for health research advocacy
   - Act as a clearinghouse for health research projects in Region 12
   - ensure health research projects in Region 12 are in line with the NUHRA

2) What is my role in RHRDC-12?

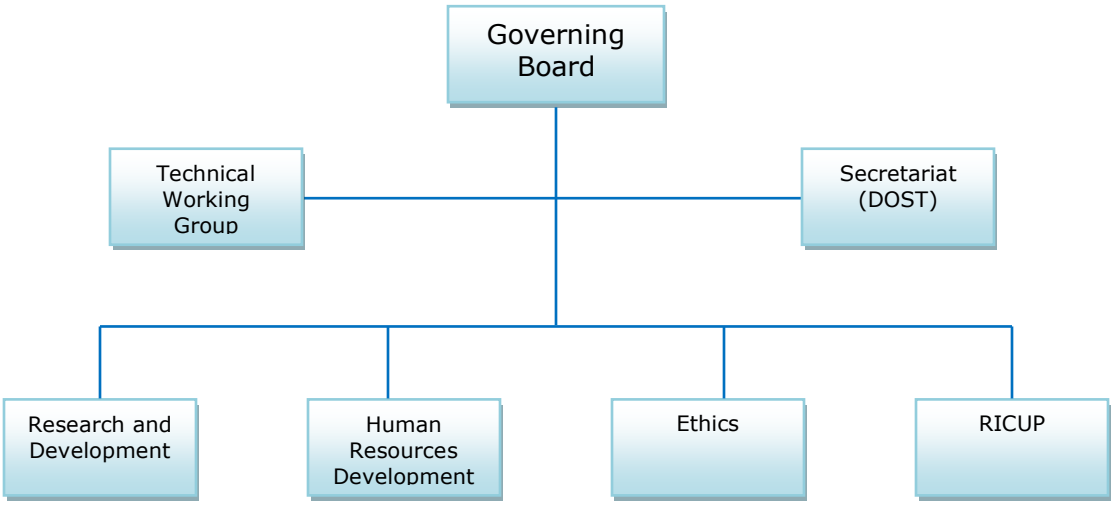
3) What is the role of RHRDC-12 in PNHRS?
   - provide regional data and information to PNHRS that may be used to improve the NUHRA

4) What does RHRDC-12 expect from PNHRS?
   - provide support to RHRDC-12 in terms of health research funding, policy advocacy and health research output utilization

5) Given these roles and expectations, how would RHRDC-12 like to be monitored and evaluated?

Presentation of Organizational Structure and 2009 Action Plan

1) Organizational Structure of RHRDC-12



HRDC-12 Organizational Structure

- In this set-up, the RHRDC-12 Governing Board become "burdened" with the responsibility of managing the subcommittees
- The RHRDC-12 Governing Board's main duty is to act as a decision-making body, presiding over approval or disapproval of RHRDC matters.
- An issue was raised regarding the need for several subcommittees when the responsibilities of three subcommittees can be carried out by one.
- The Technical Working Group supervises the day-to-day activities of RHRDC-12

Regional Consultation Attendance

1) Meeting with Researchers from Region 12 – June 3, 2009

Profile

- Gender of Participants:
  - Male = 6
  - Female = 13

Name	Institution
1. Clarissa B. Reyes	HPDBP – DOH
2. Norma T. Gomez	NDU-RC
3. Dolores Daguino	NDU
4. Saniata B. Dalam	CFCST
5. Pendantun E. Dalam	CFCST
6. Gono T. Nasa	CFCST
7. Lina A. Mondejar	NDMU
8. Ruby S. Hechanova	SKPSC
9. Teng A. Alim	CCSPC
10. Pasigan U.Buisan	CCSPC
11. Myrten P. Bordilles	Brokenshire College Inc., SOCSARGEN
12. Inoray D. Osop	MSU-GSC
13. Domingo M. Non	MSU-GSC
14. Andrea V. Campado	MSU-GSC
15. Carmela Camila B. Urbano	MSU-GSC
16. Elma M. Neyra	SCC – Research and Extension
17. Mary Jane V. Jorolan	SCC – Research Dept
18. Alah Baby C. Vingno	CHD XII
19.Zohra N. Panawidan	CHED XII

2) Meeting with Members of RHRDC 12 Governing Board – June 4, 2009

Profile

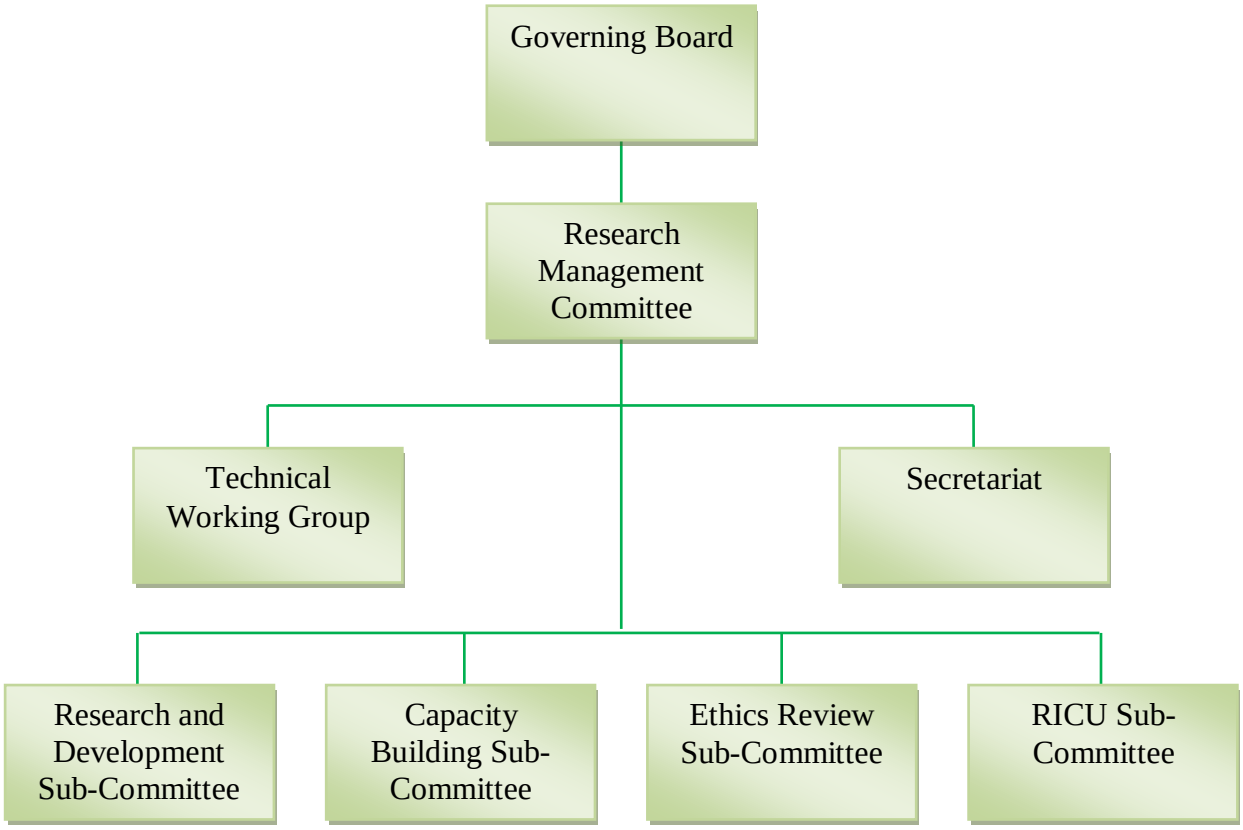
- Gender of Participants
  - Male = 8
  - Female = 4

Name	Institution
1. Dr. Dolores Daguino	NDU
2. Dr. Norma Gomez	NDU
3. Atty. A. Canacan	MSU-GSC
4. Pasigan U. Buisan	CCSPC
5. Teng A. Alim	CCSPC
6. Criselda C. Bangoy	USM
7. Teresita L. Cambel	SICPSC
8. Bro. Willy Lumbrico	NDMU
9. Arturo C. Sobong	CMFCI
10. Ernesto M. Frias	BCSI
11. Gono T. Nasa	CFCST
12. Pendantun E. Dalam	CFCST

ASSESSMENT TEAM AND TECHNICAL STAFF

Name	Institution
1) Dr. Johnny Nanagas	SOME Committee member
2) Dr. Joe Rodriguez	SOME Committee member
3) Merle Opena	PCHRD
4) Annie Catameo	PCHRD
5) Veronica de Leon	ARMM Project Officer/PCHRD
6) Mark Tano	PCHRD
7) Belle Intia	PCHRD
8) Christopher Santiago	Process Documentor
13. Ophelia L. Abo	RHRDC-12 Secretariat / DOST-12
14. Normina Pahm	RHRDC-12 Secretariat / DOST-12
1) Dr. Johnny Nanagas	SOME Committee member
2) Dr. Joe Rodriguez	SOME Committee member
3) Merle Opena	PCHRD
4) Annie Catameo	PCHRD

Annex C: Region 12 Organizational Structure



ORGANIZATIONAL FUNCTIONS (Region 12):

Governing Board

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 or programs;
5. Ensure resource generation and mobilization; and
6. Develop awards and incentives system.

Research 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 t=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 12;
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 Capacity Building

1. Assess the human resource requirements for health research of the institutions within Region 12;
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 Region 12 and ARMM Agenda

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

HEALTH RESEARCH AND DEVELOPMENT PRIORITY AGENDA SETTING CENTRAL MINDANAO AND THE AUTONOMOUS REGION IN MUSLIM MINDANAO OCTOBER 2005

Dr. Dolores Daguino
University Research Center
Notre Dame University
Cotabato City

1

Table of Contents

INTRODUCTION

Health is basic human right and is both a means and an end of development. In pursuit of health development, the status of the population, the health sector and the health-related sectors becomes crucial.

Relevant to the status of the population are the growth, fertility, age structure and distribution of populations in the region. With regards the public and private health sector, the status of the health services—promotive, preventive, curative and rehabilitative services, together with the provision of human resources, drugs and medical supplies are important. In addition, the socio-economic factors affecting and are affected by health such as trends in urbanization, industrialization, communication and transportation, environment and natural resources, education, science and technology, among others, are also crucial considerations.

The Philippine Council for Health Research and Development, in collaboration with the Philippine National Health Research System Assembly, launched several consultation fora in the different regions of the country to identify health research and development priority areas for the next five years (2005-2010).

In this context, the health research priorities are classified into two types-- the biomedical concerns and the operational/ service delivery/ policy concerns. The biomedical concerns include the areas of a) natural products development, b) development of pharmaceutical products, c) development of other technologies and processes, and d) development of telehealth. The operational/ service delivery/ policy concerns focuses on a) health care financing, b) local health systems development, c) public health issues/ programs, d) standards and regulations, e) hospital management and f) research ethics.

Cast against the backdrop of this orientation, the consultation forum aimed to obtain relevant information on the following:

A. health situation in the region
B. health gaps, problems and emerging concerns and
C. regional priority health research and development areas.

Several strategies and research techniques were employed in the process. The assessment of health situation was through desk review of existing documents and reports of relevant institutions like the DOH, DSWD, NEDA, etc., as well as key informant interviews of key personnel of the institutions. The identification of gaps, problems and the identification of priority research and development areas were conducted through consultative workshop with various public and private stakeholders on health development.

REGIONAL REPORT: REGION XII

Socio-Economic Profile

Region XII is composed of four provinces (South Cotabato, Cotabato, Sultan Kudarat and Sarangani) and five cities (General Santos City, Cotabato City, Kidapawan City, Koronadal City, and Tacurong City). It has a total land area of 20,566.26 sq.km., and with a total population of 3, 222,169 (as of 2000, NSO). Majority of its population are consisted of Ilonggo, Cebuano, Ilocano, and Magindanao. Some indigenous peoples such as T'boli, B'laan, Kalagan, Tiruray, Manobo, Iranon, Ubo, and Tagakaolo are found in the region. Most of them occupied the mountainous/hilly part of the area.

The region's population registered an average annual growth rate of 2.68% within the period of 1995 to 2000 which is a bit higher than Mindanao population growth of 2.44%. About 42% of the population are below 15 years old. The dependency ratio is 84

dependents per 100 persons of productive age group. This means that the very young population and high dependency ratio require bigger resources for basic services such as education, health, food, housing, and the like.

The simple literacy rate of the region's population 10 years and over in 2000 was 87.4% while the functional literacy was 77.1%.

The region is basically dependent on agriculture. Its major crops include rice, corn, coconut, pineapple, asparagus, cassava, sugarcane, and rubber. The region's export earnings contribute 27% of the total Mindanao earnings. About 35% of palay and corn production of Mindanao come from the area. Fish production also contributes 15% of the overall Mindanao production.

The Regional Development Plan for 2004 indicates that the poverty incidence rate of the region was estimated at 45 % in 2000. This figure was 11% higher compared to the national poverty incidence rate of 34%. Of the four provinces, Sultan Kudarat has the highest poverty incidence rate with 54.3% while the lowest was South Cotabato with 37.3%. The annual per capita poverty threshold of the four provinces in year 2000 ranged between Ph10, 338 to Ph11, 368.

The Health Situation/Resources

Out of the total barangays of 1,190 in the region, about 899 or 75.5% have barangay health stations. Based on the 2004 Annual Report, the region has 114 doctors, 190 nurses, 14 nutritionists, 58 medical technologies, 39 dental aids, 53 dentists, 802 midwives, 1 sanitary engineer, 95 sanitary inspectors, 6,760 active barangay health workers (BHWs), and 2,714 trained birth attendants. In terms of health office and facilities, the region has four (4) Provincial Health Offices, 27 government hospitals, 76 private hospitals, 3,237 hospital beds, 47 main health centers, and 899 barangay health stations. (Source: Region XII Annual Health Status Report 2003).

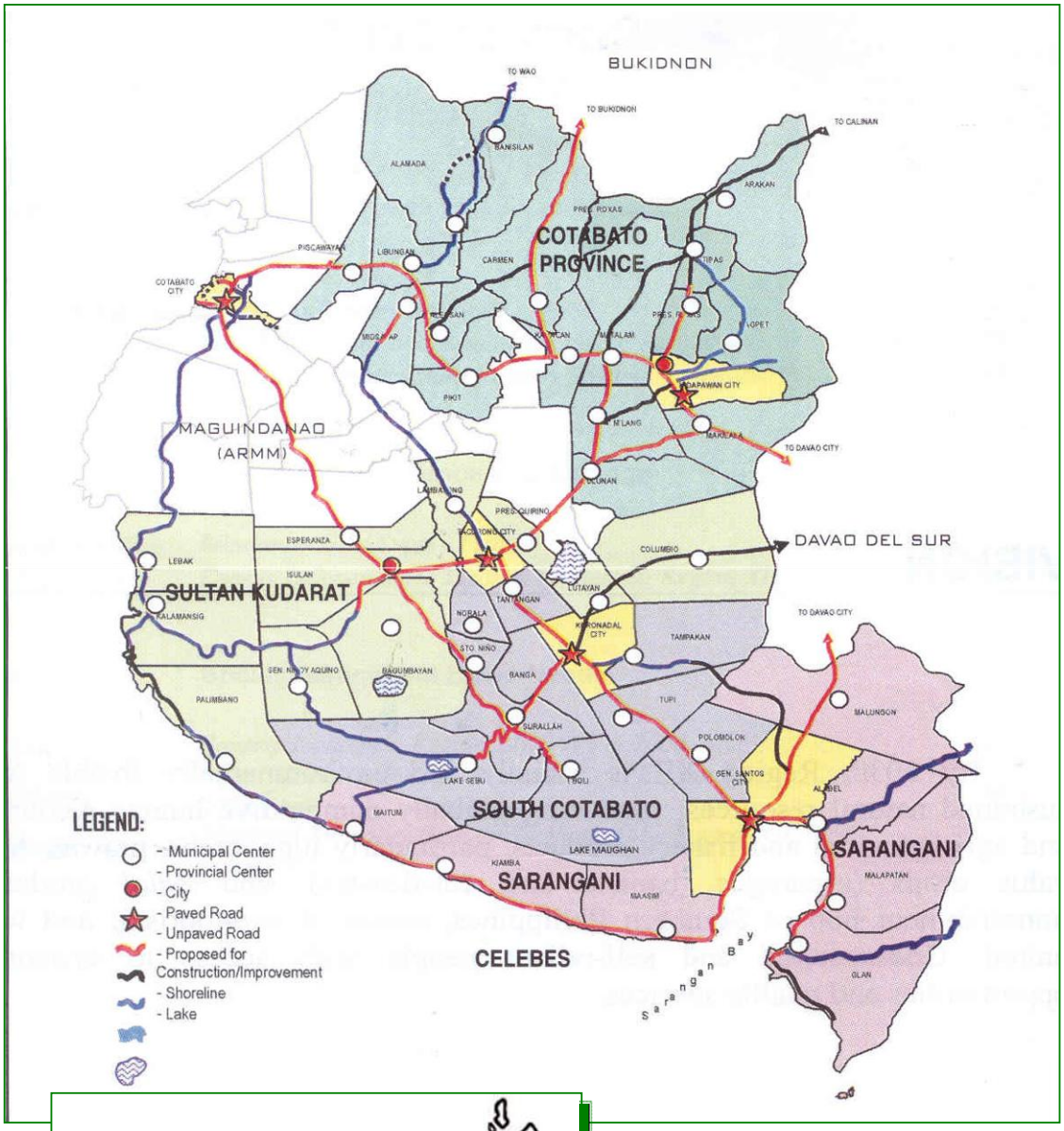
The health status of the region in 2003 showed the following information:

A. 81,977 or 76.82% of 12 months old children were fully immunized
B. 19.26/100,000 population died due to tuberculosis
C. 2.70/100,000 population died due to diarrhoea
D. 1.07/100,000 population died due to malnutrition
E. 18,310 or 4.22 of children 6-59 months old were moderately underweight
F. 2,170 or0.50% of children 6-59 months old were severely underweight
G. 479,752 or 74.99 households have sanitary toilets
H. 552,498 or 86.36% households have access to potable water supply

Crude Birth Rate

Region XII has a total of 70,562 live births in 2004. Compared to 2003 report, crude birth rate at 19.32 per 1,000 populations reported a decrease of 0.59 rate points. Approximately 8% of the total live births belong to low birth weight. Births attended by trained and untrained hilots accounted for 45.31% and 7.21% respectively.

Sarangani has the highest CBR among the provinces at 20.51 per 1,000 populations while North Cotabato has the lowest at 17.36 per 1,000 population. Among the cities, Gen. Santos City has the highest at 24.60 per 1,000 populations while Cotabato City has the lowest at 14.26 per 1,000 populations.



Map of Region XII

Crude Death Rate

The total deaths of 10,814 in 2004 resulted to a rate of 2.96 deaths per 1,000 populations, registering a very slight decrease of 0.03 rate points compared to 2003. Of the total deaths, 62% are males. Male mortality rate was 3.58 per 1,000 male population while that for females was 2.32 per 1,000 female population.

Infant Mortality Rate (IMR)

With a rate of 5.82 per 1,000 livebirths, infant deaths accounted for 3.8% of the total deaths of the region in 2004. This registered 0.53 rate points compared to 2003. South Cotabato has the highest IMR of 6.96 per 1,000 livebirths while North Cotabato has the lowest with 3.20 per 1,000 livebirths. On the other hand, Gen. Santos City has the highest rate with 11.32 per 1,000 livebirth while Kidapawan City has the lowest rate with 2.54 per 1,000 livebirths.

The leading causes of IMR were acute lower respiratory infection (rate is 1.05), septicaemia (0.94), prematurity (0.79), congenital anomaly (0.51), diarrhea (0.30). The others include bacterial sepsis of newborth, birth asphyxia, sudden infant death syndrome, malnutrition, tetanus neonatorum, and respiratory condition of newborn.

Maternal Mortality Rate (MMR)

Maternal deaths accounted for 0.54% of the total deaths in 2004, with a rate f 0.82 per 1,000 livebirths. An increase of 0.17 rate points compared to 2003. Sarangani has the highest MMR of 1.30 per 1,000 livebirths and Sultan Kudarat has the lowest with 0.48 per 1,000 livebirths. Kidapawan City has the highest rate of 1.02 per 1,000 livebirths while Cotabato City has the lowest with no maternal death reported.

The leading causes of MMR are post partum haemorrhage (0.38), eclampsia in pregnancy (0.07), injury of the uterus (0.06), amniotic fluid embolism (0.04) and congestive heart failure (0.04) and retained placenta (0.04). The other causes include congenital malformation, eclampsia in the puerperium, pre-eclampsia and puerperal septicaemia.

Leading Causes of Morbidity

The top five leading causes of morbidity in the region in 2004 were acute lower respiratory infection (rate is 2,653.52), influenza (965.87), diarrhoea (814.23), acute upper respirator infection (761.43), and bronchitis (355.91).Among the other leading causes are primary hypertension, accident/violence/wounds, anaemia, skin disorders, and tuberculosis.

Leading Causes of Mortality

The top five leading causes of mortality were pneumonia (rate is 29.22), cancer—all forms (27.58), accident/violence/wounds (26.81), atherosclerotic heart disease (22.68) and cardiovascular diseases (18.81). The other leading causes include respiratory tuberculosis NOS, hypertensive heart diseases NOS, diabetes mellitus, end-stage renal disease and septicaemia.

Health Issues and Emerging Concerns

1. Quality of Health Education

The incidence of children morbidity due to infectious diseases presents a concern for promoting quality health education among the school children. The cases of dengue, diarrhea, tuberculosis, substance abuse, smoking and others are among the health issues among the young populations. The dental health conditions of school children also showed that almost 70% of the children in schools have dental problems. These conditions indicate the need to promote general health awareness and knowledge and the need to integrate health education into the school curricula particularly in Science, Social Studies, etc. in the elementary, high school and even in tertiary level curricula.

2. Health Policies/Legislations

There are national and local health legislations and policies that are meant to promote health development. The health sectors need the knowledge on the different health policies already in place in the local government units. There are also concerns on the poor implementation of these health policies that place constraints in promoting health. Such examples are the nutrition policy, early child care development and others. There are health programs needing health legislations and health policy support to generally pursue health development.

3. Public Health Issues

In the region, the emerging public health issues include the acute respiratory infection, tuberculosis, diarrhea, dengue, and others.

There is a high incidence of acute respiratory infection among the poor and indigent children. The cases of TB among the school children and even among schoolteachers as reported in the department of education. There is the problem of inadequate supply of medicines. There is also the failure to submit to sputum test for proper diagnosis. The incidence of diarrhoea is primarily due to improper food handling and water handling in the households.

Dengue, as a communal disease, had been an endemic disease in the region and in the major cities. The prevalence demands continuous vigilance by the community and rigid campaign for environmental sanitation. The department of health discouraged the practice of fogging because of its adverse effects in simply driving the mosquitoes to other areas, in addition to the high cost of fogging operations. The problem is also complicated by the inadequate supply of available blood from the blood bank to respond to the requirements of dengue cases.

4. Health Care Delivery System/ Field Care Service

There is poor health care delivery system in the region due to the lack of medical personnel to provide the services to the people. The poor in need of health services cannot afford to avail of professional health providers like private doctors and health services so they depend so much on the public health services. The barangay midwives need to be fully trained and must be made permanent health workers to provide access to local health services.

5. Advance Local Health System (RHU giving augmentation/ assistance

The capability of the local health system in providing health services generally depends on the financial augmentation of the local government units. In most instances, the issue really is on augmentation although the Regional Office is trying to help the LGUs. The local health systems are encouraged to promote referrals to the regional hospital for health services since about 75% of the patients in the CRMC come from Cotabato City.

6. Hospital System

The Cotabato Regional Medical Center derives hospital funds from the national DOH. Currently, with its present fund constraints, it gets inadequate in providing quality care to its clients.

7. Environment Health Risks/ Disaster Management

Two emerging issues of environmental risks in the region are the avian flu and the exposure to hazardous agricultural chemicals in plantations. There is a need to strengthen our environmental disaster management system, particularly to strictly implement the quarantine rules and to intensify agency coordinations and advocacy campaign through the use of trimedia to prevent the bird flu from getting into the country.

Likewise, the health risks of communities exposed agricultural chemicals and pesticides in plantations Polomolok and North Cotabato include RFI, cancer, skin diseases, etc.

The personnel from the DOH and DA need to undergo training in Subic for environment and disaster management.

8. Rabies

In South Cotabato, the alarming cases of dog bites calls for massive education about rabies and rabies management. There are three stages of rabies infection—licking, scratch and bite. The dogbite presents greater seriousness. In the new rabies management, it is also important for the owner of the dog to be vaccinated. The DOH has established bite center throughout the country at CRMC and the CHO.

9. Healthy Lifestyle

The leading causes of mortality in the region are attributed to unhealthy lifestyles. The major diseases are hypertension, diabetes, kidney and lung diseases. There is a need for individual education and advocacy for healthy lifestyles.

10. Herbal Processing

In Region XII, the herbal processing plant has closed down due to the decreasing quality standards of its products, mainly lagundi and sambong. This presents the general lack of herbal medicines in circulation for the health needs of the people. The DOH is intensifying campaign on backyard planting of herbal plants.

11. Waste Disposal

The problem of garbage and disposal present a serious threat to the health of the people in the region, particularly in urban centers. The inadequate garbage collection services, in addition to the improper waste disposal practices of most households, contribute to this waste disposal problem.

Priority Health Research and Development Areas

Central Mindanao, Region XII

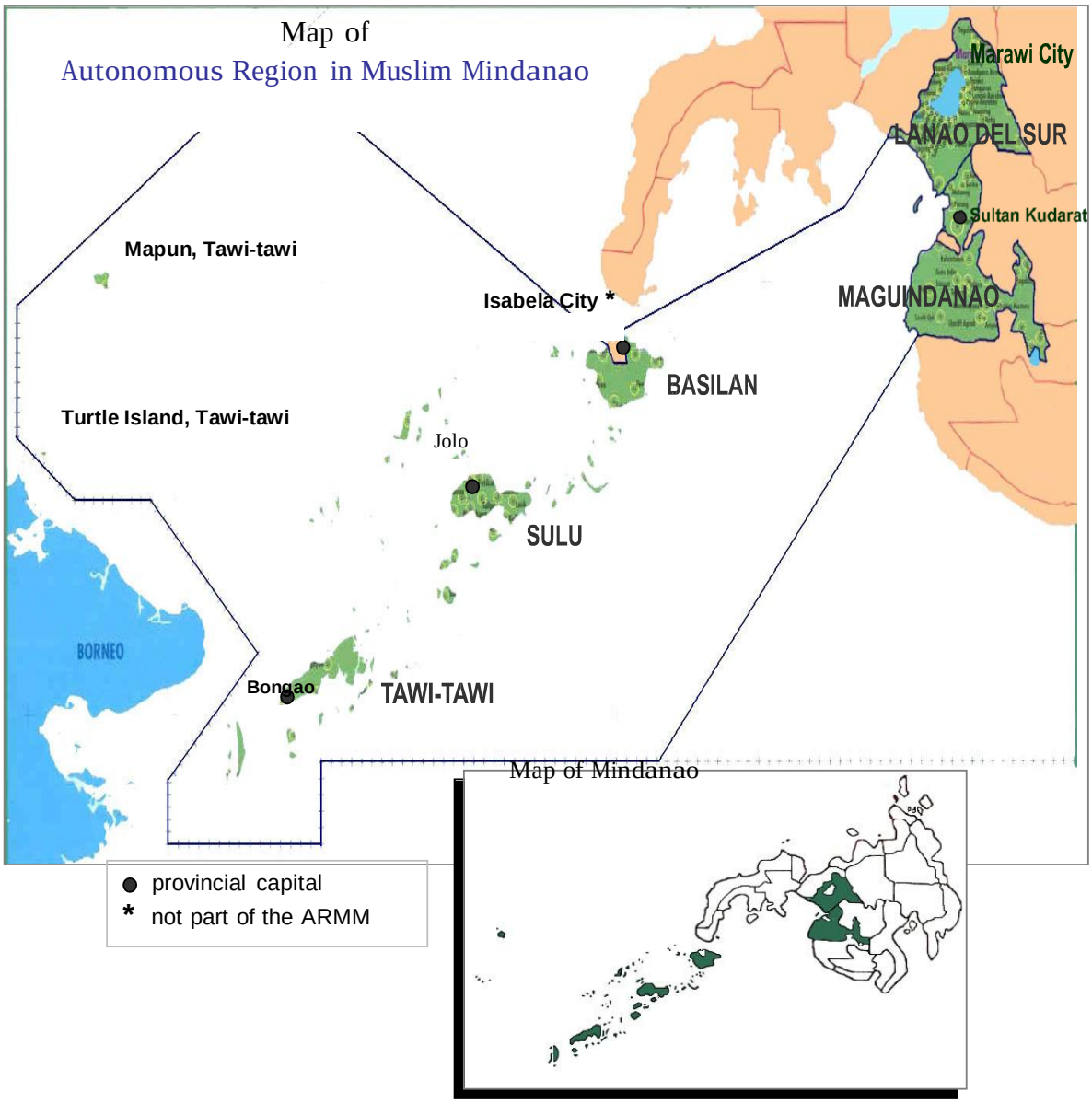
Health Research & Development Area	Research Specific Topic	Rationale	Specific Objectives	Agency
1. Healthy Lifestyle Concern - Substance Abuse	Factors Affecting Substance Abuse In Central Mindanao	- increasing incidence of criminality attributed to drugs - lack of Mental Health Facilities and Drug Rehab Centers in Cities of Region XII	- determine the extent of substance abuse and use of illegal drugs - Incidence of drug-related criminality - Causes and factors affecting drug addiction - Profiling users (PDEA, DSWD, NARCOM)	NGO
2. Quality Health Education	Extent of Integration of Health Education in School Curriculum in Region XII	- increasing incidences of children diseases - improve diseases prevention among children through increased health education for school children	- determine the nature, level and extent of subject integration of health education in the Elementary/ High School/ College - determine the teachers capability/ preparation for subject integration of health education	DepEd CHED DOH
3. Healthy Lifestyle Concern – Environmental Health Risks	Impact on Community Health of Chemical Exposures in Agricultural Plantations in Sarangani & Cotabato Provinces	- rising incidence of chemical exposure – related diseases in different plantation areas, especially in major agricultural communities	- determine the nature and effect on health of communities exposed to hazardous chemicals in agricultural plantations: (types of diseases assoc with chemical exposures, types of hazardous chemical used that is hazardous to health, profiling of affected communities/ plantations using chemicals, safety preventive measures of communities/ plantations)	DOH DENR DA- BAR NGO
4. Health Policies/ Legislations	Nature of Health Policies and Its Implementation in the Local Government Units	- improve the quality of health care delivery systems in the local governments	- determine and classify local health policies 1999-2004 of the national and local LGUs - identify its implementation issues and recommendations for strengthening health legislations role in health development of the region	DOH NEDA DILG

5. Local Health System	Functionality and Effectiveness of Local Health Boards in Health Promotion & Development	- strengthen and empower local health bodies for effective regional health development and delivery systems	- determine the funding, priority issues, collaboration mechanisms, board capacities/ needs, etc. - determine the functionality, effectiveness, efficiency of the local health boards for health development - - identify best practices of functionality	DOH DILG
6. Traditional Health Care Practices/ Norms	Health Practices, Alternative Medicines and Health Seeking Behaviors among Indigenous and Cultural Communities in Region XII	- inadequate information for health promotion and service delivery for the indigenous communities	- determine the health problems, health practices, alternative medicine, health seeking behaviors of indigenous and cultural communities in the region—Teduray, Bilaan, Tboli, Maguindanao, Maranao, etc.	NCIP DOH
7. Public Health Issues - Infectious Diseases a. Dengue	Dengue Immunization and Cure	- no vaccine/ medication cure for dengue	- Identify alternative sources of herbal/ chemical cure for dengue disease	RITM DOH
8. Family Health and Health of Special Populations – Mother and the newborn	Factors affecting Incidence of Neonatal Tetanus in Region XII	- high prevalence of neonatal tetanus	- Identify perceptions and practices of mothers and hilots leading to neonatal tetanus	DOH CRMC

REGIONAL REPORT: AUTONOMOUS REGION OF MUSLIM MINDANAO (ARMM)

Socio-economic Profile

The region has five provinces (Basilan, Lanao del Sur, Maguindanao, Sulu, and Tawi-Tawi) and one city (Marawi City). It has a total land area 13,451.5 sq.km. The total number of municipalities is 94 with 2,148 barangays.



As of 2000 NSO data, ARMM has 2,837,532 total population, with an average annual population growth rate of 2.44 percent. Majority of the 13 Filipino Muslim groups are found in the region. These are the Magindanao, Maranao, Tausug, Iranuns, Samal, Jama Mapun and the Badjao.

The regional economy is largely dependent on agriculture, fishery, and forestry sectors, which accounted for more than 50% of the region's gross domestic products. Palay, corn and coconuts (copra) are the major crops of the farmers in the area. Fishing industry thrives in the coastal areas of Maguindanao, Lanao del Sur, Sulu and Tawi-Tawi. Majority of its labor force derive income from agriculture.

The incidence of poverty in the region in 2000 was 62.9% while the average household income was Php 81,519.

The functional literacy rate of the region in 2003 was 62.9% as indicated by the Functional Literacy, Education and Mass Media Survey (NSO-FLEMMS, 2003). According to the World Bank Report (November 2003) ARMM trails behind all regions with respect to basic indicators of educational development. This condition is further aggravated by the disruption of education among school age children due to sporadic armed conflict in the area. This armed conflict has resulted directly in the destruction or abandonment of school buildings, used as evacuation centers, or served as headquarters for military troops.

Health Situation/Resources

The DOH ARMM Regional Annual Report in 2004 showed that of the 1,872 barangays about 238 or 12.7% have barangay health centers. In terms of health personnel the following figures were gathered from the report – 53 doctors, 83 nurses, 4 nutritionists, 19 medical technologists, 14 dentists, 299 midwives, 98 sanitary inspectors, 1,622 active barangay health workers, and 862 trained birth attendants.

In 2004, about 255,024 or 59.8% households have access to safe water and 165, 108 or 38.7% households have sanitary toilets. A total of 120,670 or 28.3% households were reported having satisfactory garbage disposal.

The data on the nutritional status of 6-59 months old children in 2003 showed that 20,236 or 5.4% were reported moderately underweight. Of this number, about 2,342 or 11.57% were rehabilitated. About 3,815 or 1.03% 6-59 months old children were reported severely underweight. Of this number, 344 or 9.02% were rehabilitated.

The region's crude birth rate (CBR) in the same year (2003) was 19.13 per 1,000 populations while the crude death rate (CDR) was 1.54 per 1,000 populations. These data were based only on the reported cases of births and deaths in the area.

The maternal mortality rate (MMR) was 1.57 per 1,000 populations while the infant mortality rate (IMR) was 5.91 per 1,000 populations in 2003.

The ten (10) leading causes of mortality in the region (per 10,000 populations) in 2003 as reported by the DOH – ARMM included the following:

A.	Accident/GSW	2.24
B.	Cardio-vascular diseases	1.72
C.	Unknown	1.58
D.	Pneumonia	1.42
E.	TB Respiratory	0.99
F.	Diarrhoea	0.97
G.	Hypertension	0.81
H.	Cancer, all forms	0.79
I.	Measles	0.67
J.	Old age/senility	0.67
K.	Myocardial Infection	0.19

The ten (10) leading causes of morbidity in the ARMM (per 1,000) in 2003 were:

- Influenza 12.86
- Diarrhea 11.14
- Skin Diseases 9.02
- Pneumonia 7.28
- Bronchitis 4.91
- Hypertension 3.78
- URTI 3.53
- Malaria 3.28
- Parasitism 2.05
- Schistosomiasis 0.83

The ten (10) leading causes of maternal mortality per 1,000 live births in 2003 were:

- Postpartum Hemorrhage 0.82
- Hypertension in Pregnancy 0.37
- Retained Placenta 0.09
- Postpartum Sipsis 0.05
- PP HPN 0.02
- Raptured Uterus 0.02
- Hemorrhage due to uterine atomy 0.02
- Epilepsy 0.02
- Toximia in Pregnancy 0.02
- Fatal Malpresentation with manipulation 0.02

The ten (10) leading causes of infant mortality per 1,000 live births in 2003 were:

A. Pneumonia 1.80
B. Diarrhoea 0.82
C. Unknown 0.50
D. Measles 0.32
E. Neonatal Tetanus 0.25
F. Prematurity 0.23
G. Malnutrition 0.14
H. Congenital Anomaly 0.12
I. Septecemia 0.09
J. Cord Bleeding 0.05

The 2001 data on the health system capacity of the ARMM indicate that the number of government hospitals per 100,000 populations was 0.46 while the private hospitals was 0.58 (World Bank Report, November 2003).

Health Issues and Emerging Concerns

1. Public Health Issue – Infectious Diseases

The most prevalent diseases affecting communities in the ARMM are hepatitis, scabies, diarrhea, food poisoning and dengue. The health sector has inadequate program management and delivery of health services of these diseases, in addition to the lack of awareness proper education of the vulnerable groups of the disease.

2. Violence against Women and Children

There is general low level of awareness of personal, maternal and child care among the mothers in the region.

3. Internally Displaced Persons Health

Due to the intermittent armed encounters in many communities in the region, the internal displacements that happen pose serious havoc on the health of children, women and elderlies in the communities. The conditions in the evacuation centers, both crowded and unsanitary, results to many incidences of health problems for children and women.

4. Health Policies/ Legislations

There is a need to conduct a documentation of health policies/ legislations in the region and determine the extent of its implementation to support the health development program of the government.

5. Postnatal and Health Services for the Indigenous Peoples

The Indigenous Peoples in the region are the sector with the lowest access to the health services of the government. They are also the sector with high incidence of maternal and child health problems, particularly postnatal health problems.

Priority Health Research and Development Areas

Research & Development Area	Research Specific Topic	Rationale	Specific Objectives	Responsible Agency
1. Public Health Issues – Infectious Diseases a. Hepatitis b. Scabies c. Diarrhea d. Water-borne diseases e. Food poisoning f. Dengue	Prevalence, Causes, Practices and Management of Infectious Diseases in the ARMM	- inadequate program management and delivery of basic health services - high prevalence of infectious diseases in the region - enhance the knowledge, attitudes and practice of disease management among vulnerable groups - improve the capacity of health service providers in the management of infectious diseases	- determine the prevalence of infectious diseases in the region - determine the knowledge, attitudes, practice (KAPs) among vulnerable groups to infectious diseases - assess the capacity of health service providers in the management of infectious diseases	DOH LGUs DILG DepEd DOST
2. Family Health and Health of Special Populations - Violence Against Women and Children (VAWC)	Prevalence, Degree of Occurrence & Effects, and Advocacy Situation on VAWC in the ARMM	- low level of awareness and knowledge of personal, maternal, and child care - need for advocacy through multimedia on RA 9262 - need to strengthen interfaith collaboration - need to intensify implementation of RA 9262	- conduct situational analysis of programs/services/ interventions on the prevention/ elimination of VAWC in the region - determine prevalence, types, degree of occurrence, effects of VAWC - determine the extent and	CHED DSWD RCBW (Regional Commission on Bangsa-moro Women) DILG
3. Family Health & Health of Special Populations - a. Internally Displaced Persons (IDPs)	Health Needs and Access to Health Care Services of the Internally Displaced Communities in the ARMM	- poor access, quality, practices on health promotion among IDPs - low level of health education/ awareness and their rights - inadequate mechanisms on disaster management	- determine the health diseases/ issues/ problems affecting the internally displaced communities - determine their access to quality health services - determine their health and sanitation practices and problems	DSWD DOH LGUs CFSI
4. Health Policies/ Legislations	Situational Analysis of Advocacy and Implementation of Health Policies/ Legislations in the ARMM	- need for advocacy and lobbying for more laws/ legislations on health promotion and development	- determine the nature and extent of implementation of the health laws in the region - determine the problems in the implementation of health policies - determine the health issues and concerns needing legislative aid in the regional and local levels	DOH DILG RLA LGUs
5. Family Health and Health of Special Populations - Indigenous Peoples	Maternal Health Practices & Diseases and Health Services for the Indigenous Peoples in the ARMM	- high incidence of maternal and infant deaths among the IPs - high prevalence of health diseases among the IPs - poor access to health services among the IPs	- determine health diseases/ issues among the IPs - identify IPs health practices and health seeking behaviors especially on the mother and newborn health - identify postnatal and health practices among IPs	DOH CFSI LGUs

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