

HEALTH RESEARCH AGENDA SETTING IN REGION 2

**Center for Health Development for Cagayan Valley (CHD-CV)
Department of Science and Technology (DOST)
National Economic and Development Authority (NEDA)**

FOREWORD

The current thrust of the Department Of Health conceptualized by no less than the Hon. Secretary Himself, Dr. Francisco T. Duque, III, coined as FOURmulaONE aims to “undertake critical reforms with SPEED, PRECISION and EFFECTIVE COORDINATION directed at improving the efficiency, effectiveness and equity of the Philippine Health System in a manner that is felt and appreciated by the Filipinos, especially the poor”.

Now, more than ever, the health of the Filipino people should not be the sole responsibility of DOH through CHD-CV (as initial chair of the Regional R&D Coordinating Council of the consortium) rather the unified efforts of allied agencies/institutions, NGOs and most importantly, the individual himself.

Unfortunately, many areas in the country, Region 02 included, have little or no access to information that affect the environment and people’s health. As a consequence, people live their lives without the benefit of some precautions that they may observe in order to safeguard their well-being.

It is in this light that through the stewardship of PCHRD, through its Executive Director Jaime C. Montoya and DOST Regional office through Dir. Rustico B. Santos, DOH-CHD-CV through Dir. Purita S. Danga and her Asst. Dir., Dr. Tita N. Callueng; NEDA. Dir Milagros Rimando; other allied agencies/institution/academe, this Health Research and Dev’t. Agenda evolved.

ACKNOWLEDGMENT

“Great things start from small beginnings” This Health Research and Development Agenda has evolved through the perseverance and concerted efforts of the following persons who we owe gratitude:

- Executive Director Jaime C. Montoya, PCHRD for serving as an inspiration and role model from whom we draw strength to undertake bold steps towards the BIRT of the Cagayan Valley Health Research and Development Consortium;
- Director Rustico B. Santos, DOST, for his unrelentness zeal and persuasion to make this R & D Agenda a reality;
- Director Purita S. Danga, CHD-CV, for her wholehearted support towards research development;
- Asst. Director Tita N. Callueng, CHD-CV for her unwavering enthusiasm for pro-activeness in research initiatives/innovations;
- Director Milagros A. Rimando, NEDA for accommodating research undertakings and providing leadership in economic and development parlance;

Likewise, we also extend our thanks to the following:

- Retained hospitals (CVMC, VRH, SIGH, BGH)
- Allied agencies (DOLE, CHED, DENR, POPCOM, PHIC PHO-Cagayan)
- Academe (CCT, MCNP, La Salette University, SPUP, ISU, SMU, SLU, CSU)
- Private Associations (Association of Med. Representatives)
- Our very own CHD-CV family headed by Dr. Myriam Tabian, Chief, HOD & her staff; Dr Bambina Reyes, Head, HHRDU & her untiring staff; Dr Edward Albano, Chief, LHAD and his staff; Mr. Pedro Calsiyao his staff, other research enthusiasts of this office and the team of the secretariat

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EXECUTIVE SUMMARY

Region 02 is composed of 5 provinces, 3 cities, 90 municipalities and 2,311 barangays. There do exist 885 Barangay health stations and 97 Rural Health Units. A total population of 563, 781 is taken cared of by 9,192 active Barangay health workers and 1,949 traditional birth attendants. For manpower complement, a total of 322 doctors, 561 nurses, 90 dentists, 40 dental aides, 876 midwives, 41 nutritionists, 131 medical technologists and 125 rural sanitary inspectors are fielded and deployed in all government hospitals and RHUs.

Cagayan Valley as it is best strategically called, abounds with natural resources and development potentials that consist of rich agricultural areas, forestlands, grasslands, minerals and marine resources. With a total land area of 26,858 sq./cm, it is the 4th largest region of the country. The region is skirted by the Pacific Ocean on East Coast and Bashi Channel on the north. Inland, the enormous Cagayan Valley River- the longest river in the country crisscrosses it. It is located at the northeastern tip of the Philippines, making it close to potential export markets in East Asia.

In the year 2004, it sheltered 3,078,581 with a population density of 102.1 persons per square kilometer and an average annual population growth of 2.25 (NSCB 2004).

The top leading causes of mortality (for 2004 and 5-year average) are pneumonias, hypertensive vascular diseases, neoplasm, diseases of the heart and accidents/assaults. Whereas, the top leading causes of morbidity of the same year and 5-year average are influenzas, bronchitis, diarrheas, hypertensive vascular diseases and pneumonias (taken from the DOH Annual Accomplishment Report). For the other vital indices of the region, it has a birth rate of 20.48, a death rate of 3.87 (rates at 1,000 population); and a maternal mortality rate of .60 while an infant mortality of 6.80 (rates at 1,000 live births).

The process of setting the research agenda for region 02 consisted of 3 (three) phases. The 1st one was an informal in-depth interview of some local health officials, DOH reps and supervisors on how the health programs and projects are being implemented, reviewed and monitored. A form of feedback was taken and consolidated as valuable inputs in the next phase of the setting process.

The second phase was a formal consultative meeting of all stakeholders in health, both government, private and NGOs. This was done through interactive discussion and workshops with the discussion of important topics, issues and problems relating to the health situation in the region. The topics or agenda covered consisted of the following: Millennium Development Goals (MDGs), the Vital Health Indices, National Objectives for Health via the Health Sector Reform Agenda, the Regional Research Agenda (RRA), Regional Research and Development Committee (RRDC), PNHRs thrusts and the survey results of the Research and Development resources available in the region. A technical working group was tasked to facilitate and fine tune workshop outputs and research areas identified during the consultative workshop.

The last phase was the prioritization of health issues; concerns and research areas that would appropriately address research problems of the region.

The following are the identified priority areas for research in Region 02.

1. Schistosomiasis, an emerging disease in Region 02.
2. Rabies, KAP on the Rabies Control and Prevention Program.
3. TB, the Effectiveness of the PPMD Strategy.
4. Accidents, the Incidence of Vehicular Accidents to Substance Abuse and other related factors.
5. Healthy Lifestyle, the Effects of Stress and other related factors.
6. Reproductive Health, the Health Care Practices of Aetas and Indigenous Peoples in Region 02.
-Knowledge Attitudes & Behaviors of Husbands on Reproductive Health.
7. Training & Affiliation of Students in the Health Facilities, its Effectiveness to Students and Health Facilities.
8. Health Care Financing and Regulation, the Perceptions and Satisfaction Level of Stakeholders.
9. Quality of Drinking Water in Some Urban Municipalities of Region 02.¹
10. Financial Management of Government Hospitals
 - The Quality of Health Service Delivery in Government Hospitals.
 - Linkaging, its Effectiveness among Government Hospitals under the Devolved Set-up.

SOCIO-DEMOGRAPHIC PROFILE

Geographic and Demographic Characteristics

Region 02 has 5 provinces, 3 cities, 90 municipalities and 2,311 barangays. It is best known as the Cagayan Valley in the Northern Luzon part of the archipelago. Table 1 below represents the geographic and demographic profile of the region, to wit:

Table 1: Geographic and Demographic Profile of Region 02

Geographic Characteristics (2004)	Region 02
Land Area in square kilometers	30249
No. of cities	3
No. of municipalities	90
No. of barangays	2311
No. of Congressional District	10
Total Population	3078581
Population Density (persons/sq km)	102.11
Average annual population growth	2.25

Socio-economic Characteristics

The following shows the poverty rank, Poor Families and Poverty Thresholds of the 5 provinces in the region (according to poverty index by NEDA report), to wit:

Table 2: Poverty Index, Magnitude of Poor Families and Per Capita Thresholds of the Provinces in Region 02

Provinces	Rank/Class	Magnitude of Poor Families	Per Capita/ Poverty Thresholds
Batanes	Rich	249	12,976
Nueva Vizcaya	Rich	12,069	11,271
Cagayan	Rich	39,682	10,119
Isabela	Middle	79,001	11,662
Quirino	Middle	9,508	10,665

Overview of the Health Situation

The health status and the available health resources are presented in the portion where possible; the health situation is compared with the DOH targets and plans.

Health Status

Table 3: Selected Health Status Indicators, Region 02.

Indicators	Region 02
Crude Birth Rate/1,000 pop'n.	20.48
Crude Death Rate/1,000 pop'n	3.89
Infant Mortality Rate/1,000 live births	6.80
Maternal Mortality Rate/1,000 live births	.60
Moderately Underweight Children (6-59 mos.)	4.90

It can be gleaned that the CDR is below the national figures of 4.0 (2003). It follows with MMR, which is .7; the IMR of 10.2 while the CBR is very much comparable with the national figure of 20.7. It was observed that there was decreasing trend in the malnutrition rate using the Phil. Reference Standards (PRS) and still can't be compared yet with the International Reference Standards (IRS).

Table 4. Selected Health Indicators by Province, Region 02.

Indicators	Batanes	Cagayan	Isabela	N. Vizcaya	Quirino
Crude Birth Rate/1,000 population	22.1	18.10	20.93	22.86	21.18
Crude Death Rate/1,000 population	6.86	3.90	3.74	3.96	2.65
Infant Mortality Rate/1,000 lb.	14.20	6.43	7.28	4.62	5.40
Maternal Mortality Rate/1,000 lb.	0	.35	.74	.88	0
% Malnourished Children Moderately Underweight (6-59 mos.)	No Report	6.87	3.85	No Report	.02

It can be noticed in the report that the provinces of Batanes and Nueva Vizcaya have the highest in CBR (22.1 & 22.86 respectively) while in CDR, almost all the provinces have comparability except in Batanes with a high rate of 6.86. It is notable that Batanes and Quirino have no cases of maternal deaths with almost comparable degrees in the rest of the provinces. In the percentage of malnutrition, Cagayan has the highest number (6.87) of 2nd degree malnourished children.

The leading causes of mortality in the region are shown in table 5 with Pneumonia as the topnotcher, followed by Hypertensive Vascular Diseases, Neoplasm, Heart Diseases and Accidents/Assaults. Pulmonary related diseases are also found in the top level of the list.

Table 5: Leading Causes of Mortality, Region 02

Causes	Rate/100,000 population
Pneumonia	69.8
Hypertensive Vascular Disease	45.2
Neo -plasms	36.8
Disease of the Heart	31.1
Accident/Assault	30.1
Coronary Artery Disease	26.2
Cerebro Vascular Disease	20.0
TB	15.1
Chronic Obstructive Pul. Disease	10.9
Peptic Ulcer Disease	10.1

Table 6: Leading Cause of Mortality by Province/City, Region 02 – 2004

Causes	Bat.	Cag.	Isa	N. V.	Qui.	Cau.	Sant	Tug.	Reg.
Pneumonia	1	1	1	2	1	1	4	1	1
Hypertensive Vas. Dis.		2	2		2	2	2		2
Neoplasm	3	3	4	3	3	3	3	2	3
Disease of the heart		4	3					6	4
Accidents/Assaults		5	6	4	4	5	5	3	5
Coronary Disease		6	5		7	4	1		6
Cerebro- Vas. Disease	2		10	1					7
TB (all forms)	5	7	7	6	6	6	5		8
COPD		9	9	5	5	7	5	5	9
Peptic Ulcers	4	8	8	7	5		6	4	10

It is noted that among the provinces compared, Pneumonias topped first except in Santiago and Nueva Vizcaya, which ranked 4th and 2nd respectively. While, Hypertensive Vascular Diseases ranked 2nd in most of the provinces except Batanes, Nueva Vizcaya and Tuguegarao City and Neoplasm as 3rd rank except Isabela and in Tuguegarao City.

The leading causes of Morbidity in the region are shown in Table 7. The first 5 leading causes are the following: Influenza, Bronchitis, Diarrheas, Hypertensive Vascular Disease and Pneumonias. Accidents and TB (of all forms) are also in the top list just like in the causes of mortality.

Table 7: Leading Causes of Morbidity, Region 02

Causes	Rate/100,000 population
Influenza	1484.06
Bronchitis	1421.75
Diarrheas	811.15
Hypertensive Vascular Disease	624.76
Pneumonias	499.67
Skin Disorders	451.80
Genito-Urinary Disease	327.03
Accidents/Assaults	233.19
Peptic Ulcer Disease	215.1
TB (all forms)	144.8

Table 8: Leading Causes of Morbidity by Province/Cities, Reg. 02 - 2004

Causes	Bat.	Cag.	Isa.	N. V.	Qui	Ca u	Sant	Tu g	Tot	Reg
Influenza	2	1	1	2	7	5	3	6	27	1
Bronchitis	1	3	2	1	5	2	5	4	23	2
Diarrhea	3	2	3	3	2	1	1	3	18	3
Hpn. Vascular Disease	5	5	5	4	3	3	2	2	29	4
Pneumonia	4	4	8	5	4	4	6	1	36	5
Skin Disorders		6	4	6	6				22	6
Disease of GUS		7	9	7	1				24	7
Accidents/Assaults		8	6						14	8
Aritaminosis & other natural deficiencies		9	7	8					24	9
TB all forms	6	10	10	9		6	4	5	50	10

Health Resources

Tables 9 & 10 represent the manpower resources and available health facilities or units in the region.

Table 9: Manpower Resources, Region 02

Health Workers		Ratio (2004)	
Doctors	95	1:	32,406
Dentists	61	1:	50,468
Nurses	167	1:	18,434
Midwives	795	1:	3,872
Nutritionists	14	1:	219,898
Medical Technologists	74	1:	41,602
RSIs	125	1:	24,628
Active BHWs	9,192	1:	334.9
TBAs	1,949	1:	1,599.5

Table 10: Health Facilities/Units, Region

Health Facilities	Number
1. BHS	885
2. RHUs	97
3. Retained Hospitals	4
4. Birthing Centers	2
5. Sentinel Sites (PESUs)	32
6. Accredited PHIC Gov't. Hospitals	31
7. RHUs Visited/Accredited PHIC/QA	33
8. Botica Ng Barangays	212

9. Hospitals	Gov't. Hospitals		Private Hospitals	
	W/ LTO	W/o LTO	W/ LTO	W/o LTO
Infirmary	20	7	21	16
Primary	13	2	15	1
1 st Level Referral	1	0	2	0
2 nd Level Referral	1	0	0	0
Hosp.				
3 rd Level Referral				
Hosp.				

Health Care Utilization

Table 11: Health Service Utilization and Practices, Region 02

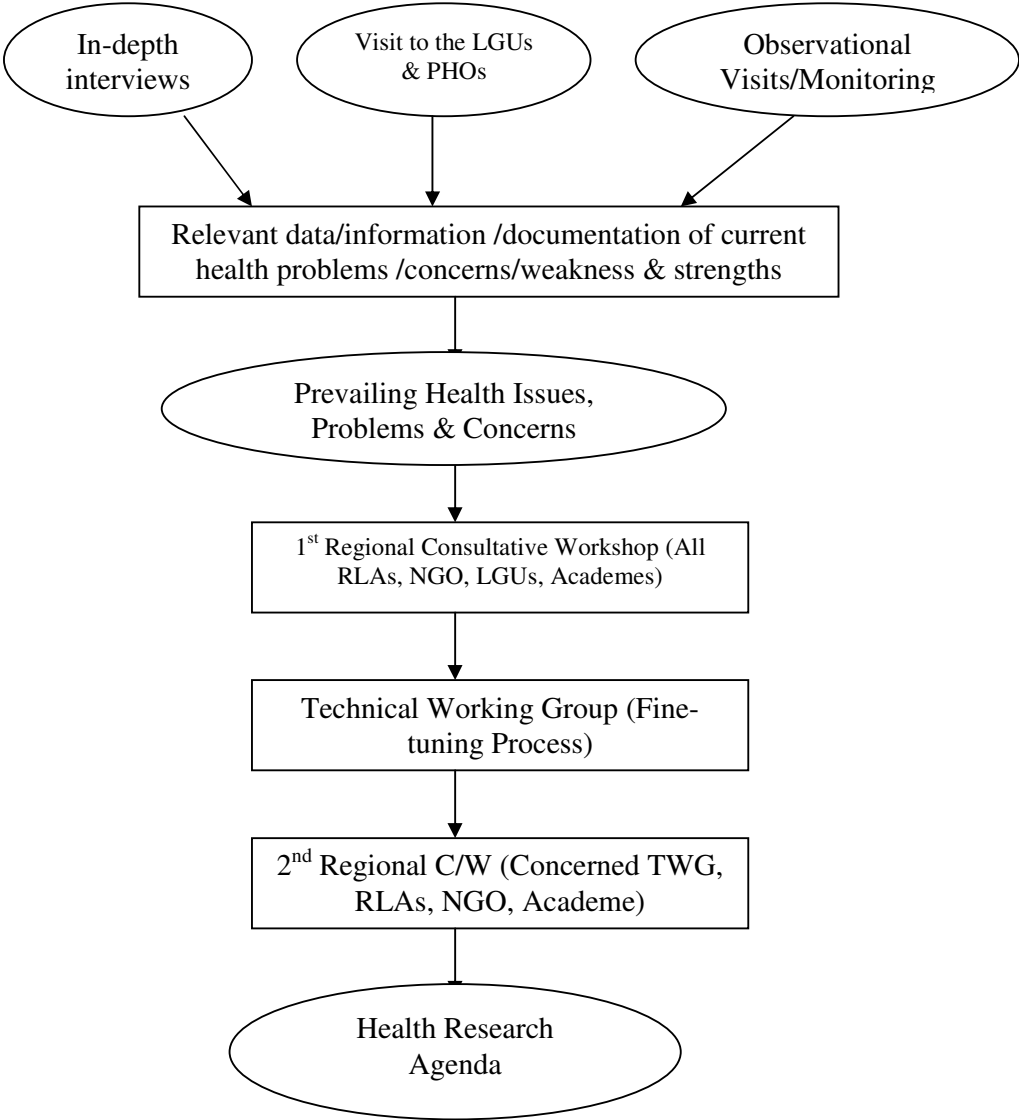
Health Services	% Accomplishment
>Prenatal Care	
-% of APs w/ TT2 plus	67.65
-% of APs provided w/ 300 more visits	63.61
>Post Partum Care	
-% of PPs with at least 1 visit	
-% of PPs initiated w/ Breastfeeding	70.66
>Expanded Program on Immunization	68.90
-% of FIC (Fully Immunized Children)	
>Deliveries	82.07
-% of Deliveries attended by MDs, Nurses, and Midwives	
-% of Exclusive Breastfeeding	75.0
	91.21

It is shown in the figures above that comparing with the national accomplishment of 2003, FIC result is almost the same, 82% vs. 84%; AP TT2 plus reflects higher, 67.65 vs. 59.6%; AP provided w/ 3 or more visits have comparable results, while in the PP performance, PP w/ 1 visit has a little higher result. Regarding Breastfeeding performance, there is a high accomplishment of Exclusive Breastfeeding of 91.21% compared to those initiated or counseled for BF, which is 68.90%. It is very surprising that our performance to deliveries has much higher result, 75% than the national of 67.8%.

METHODOLOGY

The process of setting the research agenda for region 02 comprised of three (3) phases: 1. The analysis of the health situation/ health programs 2. Identification of relevant issues and problems relating to the need for health research 3. Discussion and prioritization of health issues/concerns/research areas that would best address the priority research problems of the region.

Fig. 1: The Health Research Agenda Setting Process in Region 02.



The analysis of the health situation was a process to determine the extent of the attainment of the 2004 targets and which are found in the document on the National Objectives for Health (NOH) through the Health Sector Reform Agenda (FourmulaOne) of the new secretary of Health. The feedback and reports of concerned health staff and officials provided valuable inputs in the next phase of the cycle. The health data or the situationer served as relevant reference in the discussion in identifying related problems and issues in health.

After the consolidation of all these data and information, a multi sectoral meeting was held to consult and discuss (1st group for the list of participants) relevant issues and problems in the health sector. A technical working group was organized to follow up /fine tune workshop outputs as a result of the general consultation. A facilitator was assigned in each of the reform agenda in health so that extensive discussion and refinement should be made. It took more than two (2) weeks to settle all of these activities.

The final process came with another consultative meeting by the same or similar group of participants (2nd group- list of participants). This was a time to finalize and prioritize researchable areas previously discussed. With a given matrix or format, the group came out with a list of researchable areas in health for region 02. This was presented by no less than the *ARD, Dr. Tita N. Callueng* on a meeting held on October 5, at the RRDC, RDC, NEDA Conference Hall, Carig, Tuguegarao City. Some comments were raised and discussed for the improvement of the said document which was later presented to the Zonal Meeting held on November 2005, Baguio City.

Below is the summary of activities undertaken in arriving at the research priorities in the region.

Summary of Activities Undertaken for the Research Priority Setting

Activities	Date	Respondents/ Participants	# of Respondents
1. Floating of Research & Development Questionnaire/Interview of Key Officials/Staff	July – August 2005	Representatives of RLAs, Academes and other Units/Municipal/ Provincial Key Officials/ DOH-Reps.	22 agency representatives 12 key officials/ staff for the interview/visits
2. Data Processing and Analysis of data/documents/information gathered	Before August 30, 2005	Key Staff, Officials & Documenters	10 research staff
3. *Regional Consultative for all RLAs, NGOs, Academe, LGUs.	August 30, 2005	Key Officials & Staff	32 participating staff
4. @Consultative Meeting for the TWG members & other key officials or members	September 15, 2005	TWG Members and some involved officials	15 staff

* Topics included in the discussion & consultation are as follows: Millennium Development Goals, 10 Point Agenda of the Arroyo Administration, Regional Research Agenda, PCHRD-PNHRS thrusts, R&D Profiles. An intensive workshop on health research areas/priorities in health and fine-tuning/refinement of research outputs were done making use of the two required matrices suggested by the PCHRD, DOST. Workshop session included the assignment of key facilitators by health sector reform to guide every one in the current directions of health.

Topics included the presentation and critiquing of enhanced/fine-tuned researchable areas/priorities through comprehensive exchange of views, ideas and deliberation, they eventually came up with the final list of prioritized research areas in health.

In the same manner, a draft of the Regional Health Research and Development Consortium was presented and discussed among the participating members through the spearheading of Dr. Rustico Santos, Chair, RRDC and Zonal Facilitator.

HEALTH RESEARCH PRIORITIES

On Annex D, is the list of 10 prioritized researchable areas in region 02 (See attached Annex D for the Regional Priorities Making Use of the Standard Matrix.)

References

Center for Health Development Cagayan Valley, Annual Report, 2004

Field Health Services Information System Annual Report, Annual Report, 2003

Official Estimates as of January 15, 2003, NEDA Report, Region 02

National Objectives for Health, DOH, Central Office, 1999 and 1998-20004

Making your Local System Work, Dorotan and Mogyrosy, 2004

ANNEXES

ANNEX A

List of Participants in the In-depth Interview on Health Programs and Projects among MHOs, DOH-Representatives, and Other Health Staff

- | | |
|---------------------------|--------------------------------|
| 1. Dr. Eugenio Dayag | CHO, Tuguegarao City |
| 2. Dr. Ma. Gracelyn Delim | PHTL, Cagayan |
| 3. Dr. Venus Cezar | PHTL, Quirino |
| 4. Dr. Antonio Parong | PHTL, Nueva Vizcaya |
| 5. Dr. Lani F. Coloma | PHTL, Isabela |
| 6. Dr. Corazon Flor | MHO, Sta. Teresita |
| 7. Dr. Marcos Mallillin | MHO, Sta. Ana |
| 8. Ms. Amelia Cudal | Nurse, Sta. Praxedes |
| 9. Dr. Louie Sunico | MHO, Gonzaga |
| 10. Dr. Lionel Donato | COH, Gonzaga District Hospital |
| 11. Dr. Edgardo Baguinon | PHO, Cagayan |
| 12. Dr. Joseph Rasalan | MHO, Burgos, Isabela |

ANNEX B

List of Participants
Regional Consultative Workshop on the Regional Health Research Agenda
August 30, 2005
RHTC Conference Hall, CHD-CV, DOH, Carig, Tuguegarao City

<u>Name</u>	<u>Participating Agencies</u>	<u>Position</u>
1. Ms. Elvira L. Alan	NEDA, RO 2	Chief, EDS
2. Mr. Eliseo P. Corsino	NEDA, RO 2	Supervising EDS
3. Ms. Laura Diciano	DOLE, RO 2	LEO III
4. Mr. Pedro Calsiyao	DOH-CHD-CV, RO 2	AO V
5. Dr. Ramelo Ramirez, Jr.	CCT, Tuguegarao City	Professor & Research Coordinator
6. Mr. Santiago Barasi, Jr.	POPCOM, RO 2	Project Evaluation Officer
7. Dr. Jose Cardenas	MCNP, Tuguegarao City	Research Coordinator
8. Dr. Tita Callueng	DOH-CHD-CV	Director III
9. Dr. Roberto Macatuggal	University of La Salette	Professor & Research Director
10. Dr. Nelia Z. Cauilan	CSU, Tuguegarao City	Research Director
11. Dr. Regina Abraham	CSU, Tuguegarao City	Dean, College of Medicine
12. Mr. Josefina G. Orro	PHO, Cagayan	Nurse IV
13. Dr. William Panganiban	VRH, Bayombong, N. V	Chief Training Officer
14. Ms. Josephine D. Lorica	SPUP, Tuguegarao City	Research Coordinator
15. Ms. Lina Arao	DOH-CHD-CV	AO V
16. Dr. Rhoderick Ian G. Reyes	CVMC, Tug. City	Medical Specialist
17. Ms. Ma. Victoria Lingan	DENR, RO 2	SRS/ERDS
18. Ms. Anthony A. Ong	Isabela State University	Dean of Nursing
19. Dr. Baldomero Z. Lasam	DOH-CHD-CV	Medical Specialist II
20. Dr. Jesus B. Pizarro	SPUP, Tuguegarao City	Research Coordinator
21. Ms. Ma. Angelita Crisostomo	PhilHealth, Tug. City	Information Officer
22. Mr. Ryan Mangupag	PhilHealth, Tug. City	Marketing Specialist

**Officials and Guests from the Philippine Council for Health Research & Development
(PCHRD)**

Ms. Teresita O. Laguimun

Officer-Incharge, Health Human Resources and Institution Dev't. Division
PCHRD

Ms. Lucila Roja

Science Research Specialist II
PCHRD

Workshop Facilitators

Dr. Myriam Tabian, MO VII, DOH-CHD-CV
Dr. Marian Lynn de Laza, MS III, DOH-CHD-CV
Dr. Leonora Palattao, MS III, DOH-CHD-CV
Dr. Bambina Reyes, MS II, DOH-CHD-CV
Ms. Sandra Sangab, Nurse V, DOH-CHD-CV

Secretariat

Ms. Visitacion Derada, AA VII, DOH-CHD-CV
Ms. Remedios Tunque, AA III, DOH-CHD-CV

Regional Facilitator for Region 02

Dr. Rustico Santos
Regional Director, DOST, RO 2

ANNEX C

Research and Development September 15, 2005

1. Dr. Jose Cardenas	MCNP, Asst. to the President
2. Josephine Joy Lorica	SPUP, Research Coordinator
3. Dr. Ramelo Ramirez	CCT, Researcher
4. Visitacion Adarme	NEDA, Senior EDS
5. Rolyn Regualos	PHILHEALTH
6. Santiago Barasi	POPCOM
7. Anthony Ong	ISU
8. Rustico Santos	Director, DOST
9. Marian Lynn de Laza	MS III, CHD-CV
10. Leonora Palattao	-do-
11. Sandra M. Sangab	Nurse V, CHD-CV
12. Elsie de Yro	Nurse IV, CHD-CV
13. Dr. Tita Callueng	Director III, CHD-CV
14. Eleazar Abalos	AA III
15. Anthony Barizo	AA III

ANNEX D

RESEARCH PRIORITIES IN REGION 2

Broad R & D Area	Specific Topic	Rationale	Objective/s	Responsible Agency	Funding Agency
Schistosomiasis #1	Emerging disease in Region 02	<ul style="list-style-type: none"> • Health Worker not capable to handle disease because of lack of training • Animals can be source of disease 	<ul style="list-style-type: none"> • conduct explorative study on parasitic, animal, environmental problems and socio-cultural practices of the 6 municipalities of northeastern Cagayan in relation to Schistosomiasis 	DOH,LGU Partner Agency	Foreign/ Local
Rabies #1A	KAP on Rabies Assessment of the New on Rabies	<ul style="list-style-type: none"> • The incidence of Rabies in the region is high despite the presence of municipal ordinance on Responsible Pet Ownership • Reports submitted by animal bite treatment centers, reveal that there were 24 human rabies cases in 2004, majority of which are caused by dog bite • CV ranks 3rd in terms of cases next to Bicol & Western Visayas 	<ul style="list-style-type: none"> • Determine the Knowledge, Practice & Attitudes of households on Rabies Control & Prevention. • Assess the implementation of the ordinance on Responsible Pet Ownership thru multi-sectoral approach. 	DOH,LGU Partner Agency	Foreign/ Local

Broad R & D Area	Specific Topic	Rationale	Objective/s	Responsible Agency	Funding Agency
TB #1B	Effectiveness of PPMD Strategy	<ul style="list-style-type: none"> • Cagayan province has been consistently on top with a 5-year (1999-2003) due incidence of 16 deaths/year. • The National TB program has adopted the DOTS strategy which when effectively applied, results to 95% cure rate, prevents new infectious among children/adults & prevents resistance & is cost effective • However, a number of TB cases still need medical care from the private sector. Hence, the need to reach out to these patients & private physicians. • with this, the NTP adopted the PPMD strategy and was implemented in 4 pilot areas in Region 02. 	<ul style="list-style-type: none"> • To determine the effectiveness of the PPMD strategy of the NTP in Reg. 02 	DOH, LGU Partner	Foreign/ Local
Accidents #1C	Incidence of vehicular accidents to substance abuse	<ul style="list-style-type: none"> • No program to address the public health problems. • negligence by caregivers • substance abuse, poor observance of traffic rules, poor road signs condition. 	<ul style="list-style-type: none"> • To determine the incidence of vehicular accidents. 	DOH, LGU Partner	Foreign/ Local

Broad R & D Area	Specific Topic	Rationale	Objective/s	Responsible Agency	Funding Agency
Healthy Lifestyle #3	Effects of stress on the lifestyle diseases	<ul style="list-style-type: none"> Increasing trend of lifestyle diseases Effects of poverty 	<ul style="list-style-type: none"> To determine the relationship of stress to lifestyle diseases. 	DOH/LGU Partners	Foreign/Local
Reproductive Health #4A Health Care Practices among IPs in Region 02	Child rearing, personal hygiene & illnesses or ailments practiced by the Aetas and IPs	<ul style="list-style-type: none"> Health care & practices have been found to be at its lowest among Aetas. The use of herbal medicines & other practices is ideal avenue to gain insights 	<ul style="list-style-type: none"> to gain insights on the health care & practices among Aetas in terms of: <ul style="list-style-type: none"> Child rearing Personal Hygiene Illness or ailments. To determine the current health status/practices of the Aetas. 	DOH/LGU Partners	Foreign/Local
#4B Knowledge, Attitudes & Behavior (KAB) of Husbands on RH	KAB of husbands about RH on the ff: <ul style="list-style-type: none"> symptoms & complications of pregnancy; STD STIs & other related concerns 	<ul style="list-style-type: none"> the need to study due to low participation of males in RH Seeming disparity in terms of practice relative to RH Low level of knowledge of males in RH 	<ul style="list-style-type: none"> to determine husbands knowledge, attitudes & behavior about RH. to determine sexual attitudes & behavior of husbands outside of marriage. 	DOH/LGU Partners	Foreign/Local

Broad R & D Area	Specific Topic	Rationale	Objective/s	Responsible Agency	Funding Agency
Training & Affiliation of Students in Gov't Hospitals/Units #5	<p>Effectiveness of affiliating units & training hospital in catering to the needs as affiliating schools</p> <p>Effectiveness of service delivery of hospitals with affiliating schools</p>	<ul style="list-style-type: none"> • Increase in number of Nursing Schools who are assigned in the hospital as base • Not clear guidelines of CHED & DOH regarding the Affiliation of Students/base • Many schools have failed in pass board exams • Loose monitoring activities feedback 	<ul style="list-style-type: none"> • To determine the effect of the presence of affiliates in the health care delivery • To determine the effectiveness of affiliating units & hospitals in catering to the needs of affiliating schools • To recommend appropriate guideline in improving hospital/ched & other governing units. 	DOH/LGU Partner Agencies	Foreign and local
Health Care Financing & Regulation # 6	Perception and satisfaction of stakeholders towards health regulation for sustainable health care financing.	<ul style="list-style-type: none"> • Poor compliance of stakeholders to set standards in the different category of hospitals. • Fragmented quality of hospital services • Lack of information on availability/accessibility/device/technologies of this units • Problems on PHIC benefits requirements 	<ul style="list-style-type: none"> • To determine the level of compliance of stakeholders based on standards • To determine the level of satisfaction of hospitals/members to reimbursements provided by PHIC • To identify issues & concerns affecting health care regulation & financing 	PHIC DOH CVHRDC	Local & Foreign

Broad R & D Area	Specific Topic	Rationale	Objective/s	Responsible Agency	Funding Agency
Water Quality of drinking or water in Metro Tuguegarao & Ilagan Isabela =2	Quality of drinking water from the pipe & deep well (NAWASA/LUWA)	<ul style="list-style-type: none"> • People complain of the presence of impurities from the existing water supply. • Buying mineral water is an additional strain to the budget • Diarrhea has been one of the top ten leading cause of morbidity for the past five years 	<ul style="list-style-type: none"> • To determine the physical, chemical, & biological quality of the water supply. • To produce a baseline information on water quality of drinking water for decision makers. 	ISU DENR DOH/LGU	NESWM
Financial Management #7	Utilization of income generated by hospitals	<ul style="list-style-type: none"> • income of devolved hospitals are treated as general funds of the province making the hospitals in adequate or in sufficient of their resources 	<ul style="list-style-type: none"> • income of devolved hospitals are treated as general funds of the province making the hospitals in adequate or in sufficient of their resources 	DOH LGU partners	Local & Foreign
Hospital Service Delivery #8	Quality of Health Service Delivery of a Government Hospital	<ul style="list-style-type: none"> • Management problems that affect the service delivery (All QA components) • Fragmented service delivery in the LGU hospitals • loose funds appropriated for basic health services of the hospital. 	<ul style="list-style-type: none"> • Determine extent of Quality of Health Service Delivery in the government/LGU hospitals 	Partner Agencies	DOH-National WHO JICA GTZ

Broad R & D Area	Specific Topic	Rationale	Objective/s	Responsible Agency	Funding Agency
Linkaging	Effectiveness of networking among the Government Hospital (20-30) bed hospital	<ul style="list-style-type: none"> • No system of referral networking among government hospital unit • Patients are not properly referred/documentated resulting to poor continuity of service 	<ul style="list-style-type: none"> • to determine the effectiveness of activity among LGU hospitals/units 	Partner Agencies	Local/Foreign Funding