Data Planning and Governance Efforts of the Department of Health for the ICCs/IPs

Health Equity and Special Concerns Section
Bureau of Local Health Systems Development, DOH

doh.gov.ph

Presentation of Accomplishment

Focus Area:

1. Indigenous Peoples Health (IP Health)
2. Unserved and Underserved Areas (UUA)
3. PuroKalusugan

Legal Basis

Republic Act 11223 (UHC Act) - IRR

- strengthened the DOH's commitment to identify and prioritize unserved and underserved areas. This includes Indigenous Cultural Communities/ Indigenous Peoples (ICCs/IPs)

RA No. 8371 - IPRA *"The Indigenous Peoples Rights Act of 1997"*

- State shall recognize and promote all the rights of Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs) to government basic services.

Local Government Code

- Section 16: General welfare - within their respective territorial jurisdictions, local government units shall ensure and support, among other things, **the preservation and enrichment of culture, promote health and safety**.

Legal Basis

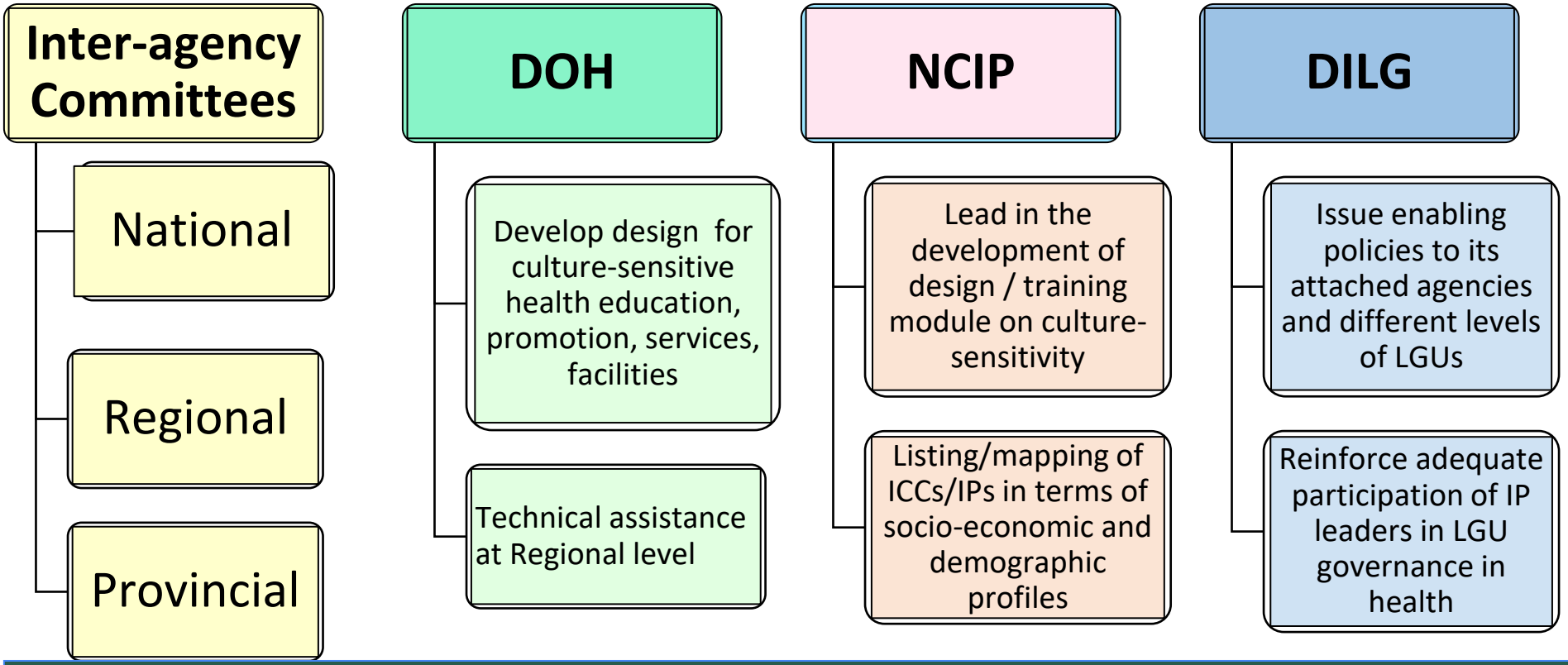
- **DOH-NCIP-DILG JMC No. 2013-01** "Guidelines on the Delivery of Basic Health Services for the ICCs/IPs"
  - Address access, utilization, coverage, and equity issues
  - Effective provision of basic health care services
  - Better health outcomes for ICCs/IPs

- **DOH-8-Point Action Agenda**
  - Medium term strategy for the health sector, aligned with the PDP 2023-2028

- **DOH AO No. 2020-0023**" Guidelines on the Identification of the GIDA and Strengthening their Health Systems

- **DM 2024-0508,** "Unserved and Underserved (UUA) Profiling, Validation, and Encoding Using the UUA 2025 Toolkit"

Implementing Arrangements / Roles and Responsibilities



Local Government Units: Primarily implement/deliver health services for ICCs/IPs; and provide the necessary funding and resources

Indigenous Peoples Strategic Plan for Health

- 2014-2016
- 2018-2022
- 2025-2028

Indigenous Peoples Strategic Plan for Health 2025-2028

Vision/Mission/Goal

Vision

- Empowered and self-reliant ICCs/IPs whose fundamental rights to quality health services and attaining optimum health outcomes are respected and provided through excellence in health governance

Mission

- Ensure equitable, sustainable, quality and culture-sensitive health care to all Indigenous Communities/ Indigenous Peoples

Goal

- Better and equitable health outcomes for ICCs/IPs

Key Result Areas

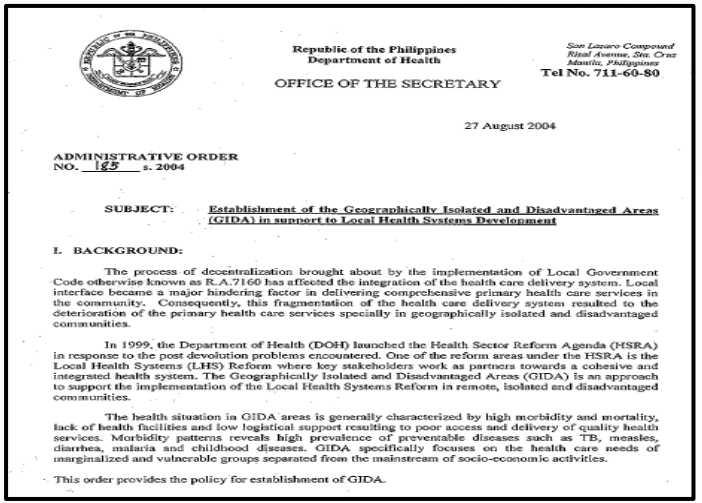
1. **Service Delivery**
   - Access to quality, affordability, and culture-sensitivity of primary care services for ICCs/IPs within the health/primary care provider network
2. **Governance and Management Systems**
   - Strengthened ICCs/IPs health leadership, workforce/ Human Resource for Health (HRH), health information system, and institutions
3. **Health Promotion**
   - Promote health and well-being and prevent diseases among Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs)

Geographically-Isolated and Disadvantaged Area (GIDA)
Or the Unserved and Underserved Areas (UUA)

Rationale

DOH AO 185 s. 2004

"Establishment of the GIDA in Support to Local Health Systems Development"



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila, Philippines
Tel No. 711-60-80

27 August 2004

ADMINISTRATIVE ORDER
NO. 185 s. 2004

SUBJECT: Establishment of the Geographically Isolated and Disadvantaged Areas (GIDA) in support to Local Health Systems Development

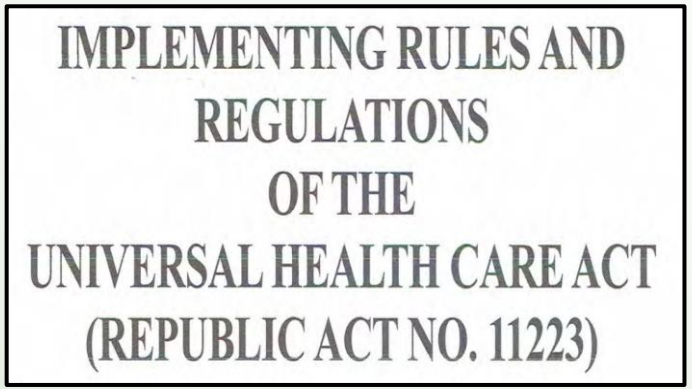
I. BACKGROUND:

The process of decentralization brought about by the implementation of Local Government Code otherwise known as R.A.7160 has affected the integration of the health care delivery system. Local interface became a major hindering factor in delivering comprehensive primary health care services in the community. Consequently, this fragmentation of the health care delivery system resulted to the deterioration of the primary health care services specially in geographically isolated and disadvantaged communities.

In 1999, the Department of Health (DOH) launched the Health Sector Reform Agenda (HSRA) in response to the post devolution problems encountered. One of the reform areas under the HSRA is the Local Health Systems (LHS) Reform where key stakeholders work as partners towards a cohesive and integrated health system. The Geographically Isolated and Disadvantaged Areas (GIDA) is an approach to support the implementation of the Local Health Systems Reform in remote, isolated and disadvantaged communities.

The health situation in GIDA areas is generally characterized by high morbidity and mortality, lack of health facilities and low logistical support resulting to poor access and delivery of quality health services. Morbidity patterns reveals high prevalence of preventable diseases such as TB, measles, diarrhea, malaria and childhood diseases. GIDA specifically focuses on the health care needs of marginalized and vulnerable groups separated from the mainstream of socio-economic activities.

This order provides the policy for establishment of GIDA.

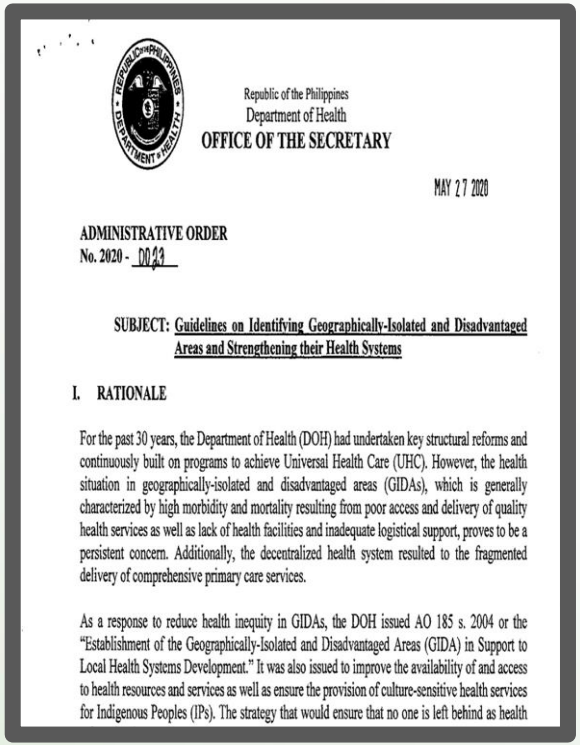


IMPLEMENTING RULES AND
REGULATIONS
OF THE
UNIVERSAL HEALTH CARE ACT
(REPUBLIC ACT NO. 11223)

Section 29.2, UHC Act IRR Rule VI

"The DOH shall develop guidelines for identifying GIDA barangays and ***update the list*** *of underserved and unserved areas* ***annually****"*

Rationale



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAY 27 2020

ADMINISTRATIVE ORDER
No. 2020 - 0023

SUBJECT: Guidelines on Identifying Geographically-Isolated and Disadvantaged Areas and Strengthening their Health Systems

I. RATIONALE

For the past 30 years, the Department of Health (DOH) had undertaken key structural reforms and continuously built on programs to achieve Universal Health Care (UHC). However, the health situation in geographically-isolated and disadvantaged areas (GIDAs), which is generally characterized by high morbidity and mortality resulting from poor access and delivery of quality health services as well as lack of health facilities and inadequate logistical support, proves to be a persistent concern. Additionally, the decentralized health system resulted to the fragmented delivery of comprehensive primary care services.

As a response to reduce health inequity in GIDAs, the DOH issued AO 185 s. 2004 or the "Establishment of the Geographically-Isolated and Disadvantaged Areas (GIDA) in Support to Local Health Systems Development." It was also issued to improve the availability of and access to health resources and services as well as ensure the provision of culture-sensitive health services for Indigenous Peoples (IPs). The strategy that would ensure that no one is left behind as health

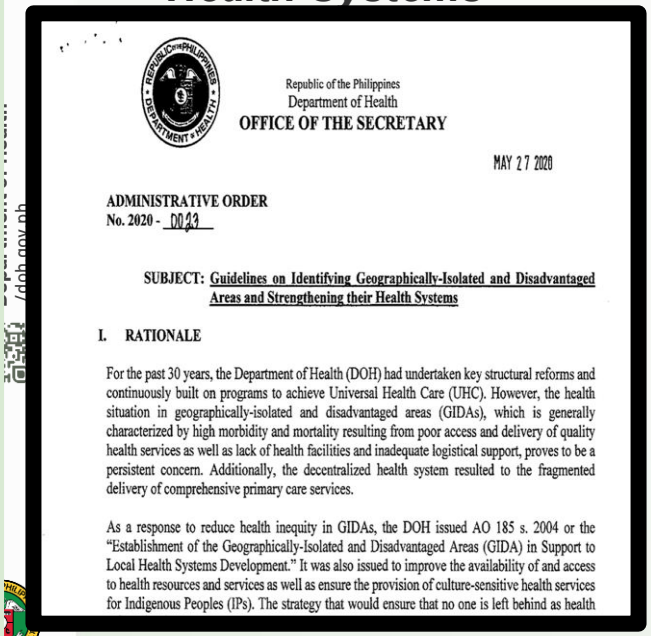
DOH AO No. 2020-0023

"Guidelines on **Identifying GIDA** and **Strengthening their Health Systems**"

- Mandatory GIDA profiling every 3 years
- Annual updating of the list

AO No. 2020-0023

"Guidelines on Identifying GIDA and Strengthening their Health Systems"



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAY 27 2020

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BAGONG PILIPINAS

Objective/s:

- To provide guidelines & directions for identifying GIDAs & Strengthening their health systems

Specifically:

  - To guide stakeholders in improving access to quality health care through PWHS/CWHS, & equitable & sustainable health financing in GIDAs

General Guidelines

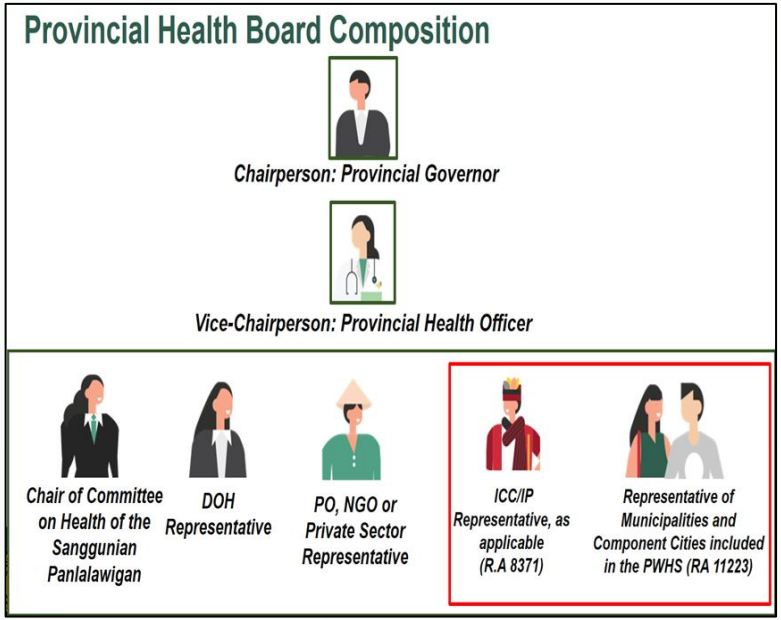
GIDA Barangay – priority in technical & financial assistance

- ❑ Setting – Barangay Level
- ❑ Objective Definition – Must have **BOTH** factors:

Isolated? (Physical)	Disadvantaged? (Socio-economic)	GIDA?
✗	✓	✗
✓	✓	✓

General Guidelines

- Health agenda of ICCs/IPs & GIDA residents are being prioritized.
  - **representation of ICCs/IPs** in Provincial, HUC/ICC Health Boards
    - •Integration of IP/GIDA initiatives in LIPH/AOP



(Chapter IV Section 16 of RA 8371 & Section 19.16 of UHC Act IRR)

General Guidelines

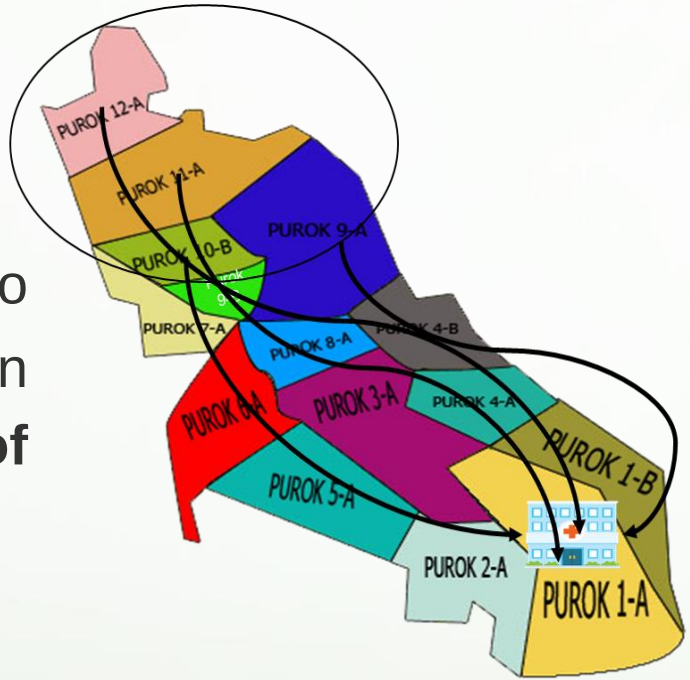
- Health systems strengthening in GIDA
  - ensured by the LGU
  - access to basic health services

Specific Guidelines & Implementing Mechanisms

Criteria for Classification of GIDA

1. Physical Factor

25% of **sitio/puroks** have no access to **RHU nor a hospital** within **60 minutes** of travel in **any form of transport, including walking**



Specific Guidelines & Implementing Mechanisms

2. Socio-economic Factors **(ONE** of the following conditions**)**

a)At least 10% of population are IPs

b)At least 10% of population are affected by armed conflict or internally-displaced or barangay is identified as CTG/LEG area by NICA

c)At Least 50% of population are enrolled in 4Ps/CCT

d) Performance of barangay, in at least (4) out of the ff indicators is less than their latest provincial data:

i.IMR

ii.UFMR

iii.FIC

iv.Adolescent (Age 10-19) Birth Rate

v.CPR

vi.Proportion of pregnant women with 4 or more pre-natal visits

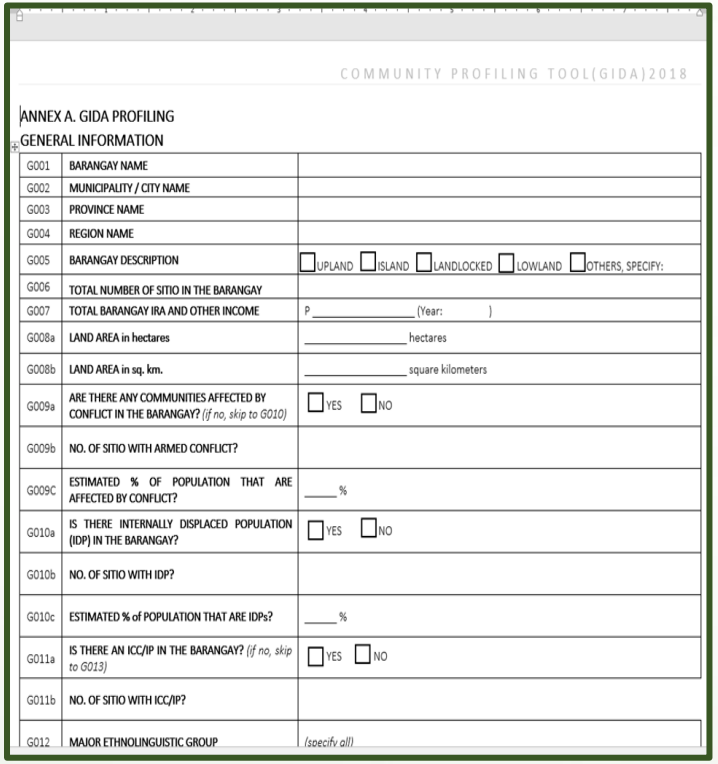
vii.Proportion of deliveries attended by SBA

viii.HH with access to improved water supply

Specific Guidelines & Implementing Mechanisms

GIDA Profiling

- Use of GIDA Profiling Tool
- Gaps Analysis
- Priority Interventions & Beneficiaries
- Done every 3 years
- Once a year updating of GIDA List
- Engagement of other stakeholders



COMMUNITY PROFILING TOOL(GIDA)2018

ANNEX A. GIDA PROFILING

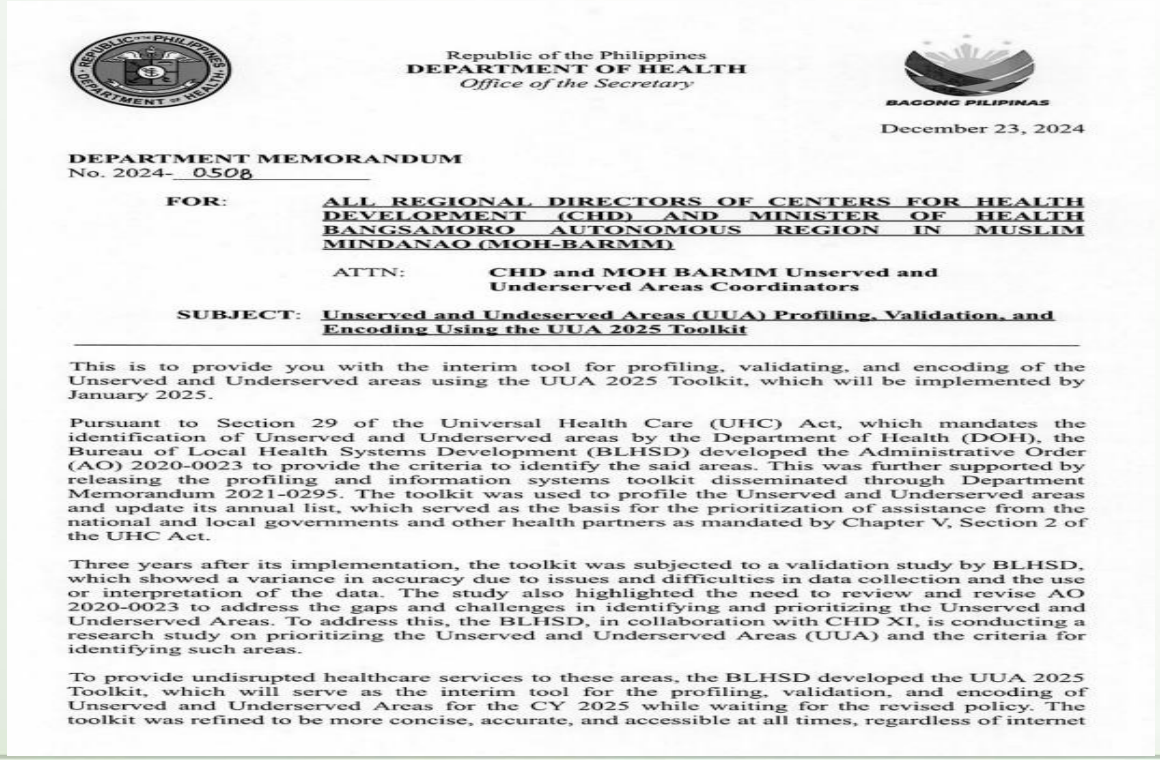
GENERAL INFORMATION

G001	BARANGAY NAME	
G002	MUNICIPALITY / CITY NAME	
G003	PROVINCE NAME	
G004	REGION NAME	
G005	BARANGAY DESCRIPTION	☐ UPLAND ☐ ISLAND ☐ LANDLOCKED ☐ LOWLAND ☐ OTHERS, SPECIFY:
G006	TOTAL NUMBER OF SITIO IN THE BARANGAY	
G007	TOTAL BARANGAY IRA AND OTHER INCOME	P _____ (Year:)
G008a	LAND AREA in hectares	_____ hectares
G008b	LAND AREA in sq. km.	_____ square kilometers
G009a	ARE THERE ANY COMMUNITIES AFFECTED BY CONFLICT IN THE BARANGAY? *(if no, skip to G010)*	☐ YES ☐ NO
G009b	NO. OF SITIO WITH ARMED CONFLICT?	
G009C	ESTIMATED % OF POPULATION THAT ARE AFFECTED BY CONFLICT?	____ %
G010a	IS THERE INTERNALLY DISPLACED POPULATION (IDP) IN THE BARANGAY?	☐ YES ☐ NO
G010b	NO. OF SITIO WITH IDP?	
G010c	ESTIMATED % of POPULATION THAT ARE IDPs?	____ %
G011a	IS THERE AN ICC/IP IN THE BARANGAY? *(if no, skip to G013)*	☐ YES ☐ NO
G011b	NO. OF SITIO WITH ICC/IP?	
G012	MAJOR ETHNOLINGUISTIC GROUP	*(specify all)*

Specific Guidelines & Implementing Mechanisms: **Health Systems Strengthening**

Building Block	Strategy
1. Health Service Delivery	Establishment of PCPN
2. Human Resources for Health	Prioritization in Health Worker Deployment
3. Financing and Resource Allocation	Fund allocation based on identified need
4. Medical Products, Vaccines, Technologies	GIDA as priority in the distribution of medicines
5. Regulations of Health Facilities	BHS/Birthing facility in GIDAs providing culture-sensitive health services
6. Leadership and Governance	•ICC/IP/GIDA representation in Local Health Board •Integration & prioritization of GIDA initiatives in LGU plans & policies
7. Health Information System	GIDA Information System/Profiling

DM 2024-0508, “Unserved and Underserved (UUA) Profiling, Validation, and Encoding Using the UUA 2025 Toolkit”



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

December 23, 2024

DEPARTMENT MEMORANDUM
No. 2024-0508

FOR: **ALL REGIONAL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD) AND MINISTER OF HEALTH BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM)**

ATTN: **CHD and MOH BARMM Unserved and Underserved Areas Coordinators**

SUBJECT: **Unserved and Undeserved Areas (UUA) Profiling, Validation, and Encoding Using the UUA 2025 Toolkit**

This is to provide you with the interim tool for profiling, validating, and encoding of the Unserved and Underserved areas using the UUA 2025 Toolkit, which will be implemented by January 2025.

Pursuant to Section 29 of the Universal Health Care (UHC) Act, which mandates the identification of Unserved and Underserved areas by the Department of Health (DOH), the Bureau of Local Health Systems Development (BLHSD) developed the Administrative Order (AO) 2020-0023 to provide the criteria to identify the said areas. This was further supported by releasing the profiling and information systems toolkit disseminated through Department Memorandum 2021-0295. The toolkit was used to profile the Unserved and Underserved areas and update its annual list, which served as the basis for the prioritization of assistance from the national and local governments and other health partners as mandated by Chapter V, Section 2 of the UHC Act.

Three years after its implementation, the toolkit was subjected to a validation study by BLHSD, which showed a variance in accuracy due to issues and difficulties in data collection and the use or interpretation of the data. The study also highlighted the need to review and revise AO 2020-0023 to address the gaps and challenges in identifying and prioritizing the Unserved and Underserved Areas. To address this, the BLHSD, in collaboration with CHD XI, is conducting a research study on prioritizing the Unserved and Underserved Areas (UUA) and the criteria for identifying such areas.

To provide undisrupted healthcare services to these areas, the BLHSD developed the UUA 2025 Toolkit, which will serve as the interim tool for the profiling, validation, and encoding of Unserved and Underserved Areas for the CY 2025 while waiting for the revised policy. The toolkit was refined to be more concise, accurate, and accessible at all times, regardless of internet

Interim tool for PVE

BACKGROUND

"Beyond the Label: A Critical Look at Data Accuracy in Identifying GIDA Barangays in the Philippines, 2023"

INDICATORS	RESULTS
Total Level of Accuracy *(all indicators)*	**54.91%**
Physical Indicator *(% of puroks more than 1 hour away from RHU/Hospital)*	**50.41%**
Socio-Economic Indicators *(IPs, Pop. affected by armed conflict, and families enrolled in 4Ps)*	**84.29% to 34.71%**
Health Indicators	**75.20% to 22.31%**

Reference: Cu et al., A Critical Look at Data Accuracy in Identifying GIDA Barangays in the Philippines, 2023, online

2025 Unserved and Underserved Areas Profiling Tool

Characteristics	OLD	NEW
Province Profile	NO	**YES**
Means of Verification	NO	**YES**
No. of indicators	38	**14**
No. of Pages	6 Pages	**1 Page**
No. of Questions	80 questions	**23 questions**
No. of Fields	123 fields	**43 fields**

Profiling, Validation, and Encoding Process using the 2025 Unserved and Underserved Areas (UUA) Toolkit

doh.gov.ph

Roles of Stakeholders for the 2025 UUA Profiling Process

Stakeholders	Roles and Responsibilities
Bureau of Local Health Systems Development (BLHSD)	● Disseminate Department Memorandum (DM) 2024-0508 entitled *"Unserved and Underserved (UUA) Profiling, Validation, and Encoding Using the UUA 2025 Toolkit"* ● Orient Centers for Health Development (CHDs) and Minister of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) on the profiling process ● Provide technical assistance (as requested) on the profiling process ● Consolidate submitted data (from the CHDs) and request for concurrence ● Issuance of the concurred 2025 UUA List
CHDs/MOH-BARMM	● Orient focals and Local Government Units (LGU) counterparts on the 2025 UUA profiling process and encoding system ● Provide technical assistance on the profiling process and encoding system ● Consolidate submitted data (from LGUs) and submit to BLHSD ● Validate and concur consolidated data from BLHSD
LGUs	● Orient personnel/encoders on the 2025 profiling process and encoding system ● Identify areas for profiling ● Conduct of profiling, validation and encoding (with CHDs/MOH-BARMM)

2025 UUA Profiling Tool (Barangay)

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

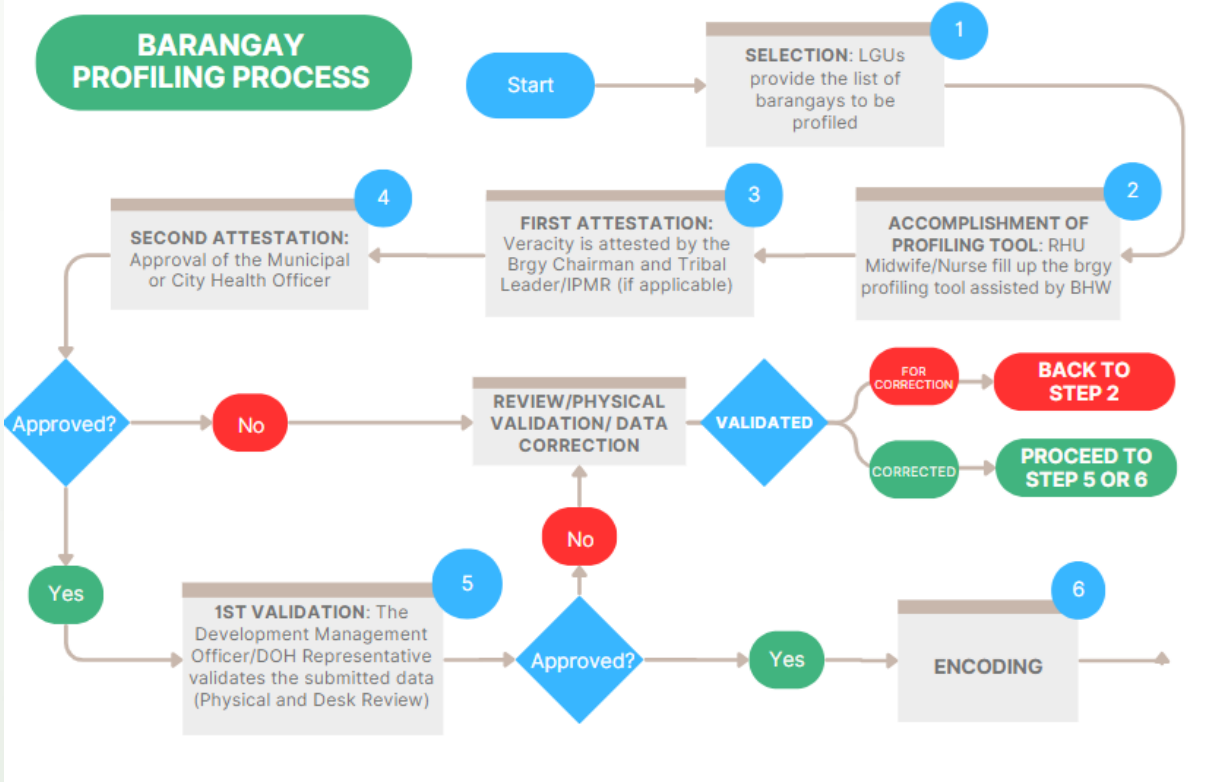
2025 UNSERVED AND UNDERSERVED AREAS PROFILING TOOL

Barangay Profiling Tool			Reference Year: 2024	
	Question	Answer	Validation (To be accomplished by DMO/DOH Representative)	
G1	Name of Region			
G2	Name of Province			
G3	Name of Municipality		With MOVs	W/o MOVs
G4	Name of Barangay		☐	☐
G5	Number of puroks/sitios/zone in brgy		☐	☐
G6	Total number. of households		☐	☐
G7	Total Actual Population of brgy		☐	☐
S1	Number of puroks/sitios that are >1 hour away from the nearest RHU or hospital (by any means of travel)		☐	☐
S2	Does the barangay have any indigenous inhabitants?		If NONE, write N/A	
S2a	If yes to S2, insert number of IP Population.		☐	☐
S3	Does the barangay have any pop affected by armed conflict?		If NONE, write N/A	
S3a	If yes to S3, insert number of pop affected by armed conflict.		☐	☐
S4	Does the barangay have an Internally Displaced population?		If NONE, write N/A	
S4a	If yes to S4, insert number of Internally Displaced Population		☐	☐
S5	Number of households enrolled in 4PS/CCT/MCCT		☐	☐
H1	Infant Mortality Rate (IMR)		☐	☐
H2	Under Five Mortality Rate (UFMR)		☐	☐
H3	Fully Immunized Child (FIC) %		☐	☐
H4	Adolescent Birth Rate (ABR) %		☐	☐
H5	Current Prevalence Rate (CU)		☐	☐
H6	Proportion or Pregnant women with four or more prenatal visits/check-up (PNCU) %		☐	☐
H7	Proportion of deliveries attended by skilled birth attendant (SBA) %		☐	☐
H8	Proportion of households with access to improved water supply %		☐	☐

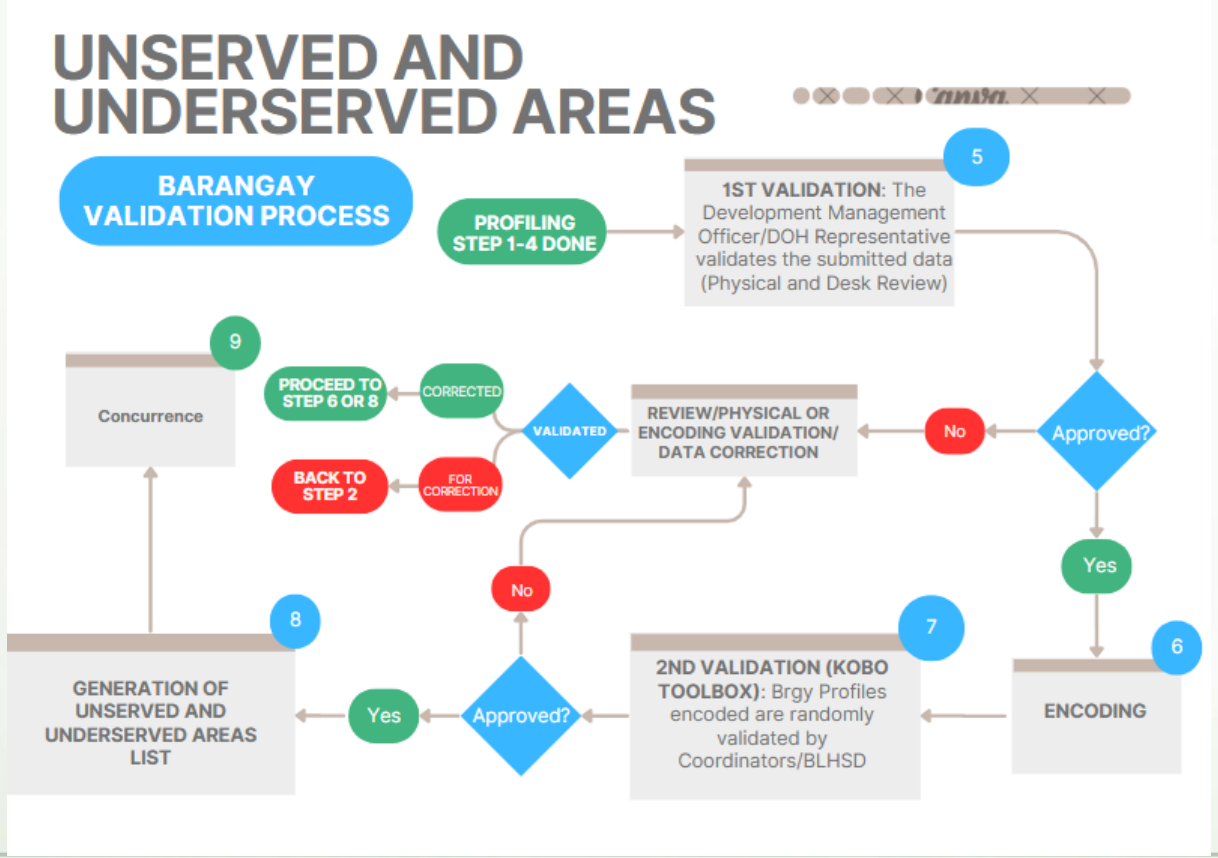
MOVs: Accomplished Profiling Tool, Barangay/Municipal/Provincial Certification / Barangay FHSIS
Link to list of MOVs and Metadata (See **Profiling Tool**): https://bit.ly/4htrKbn

Accomplished by:	*Attested by:*	*Attested by (if applicable)*	*Approved by:*	*Validated by:*
Rural Health Midwife	Barangay Chairman	IP Tribal Leader/IPMR	Municipal/City Health Officer	DMO
Date:	Date:	Date:	Date:	Date:

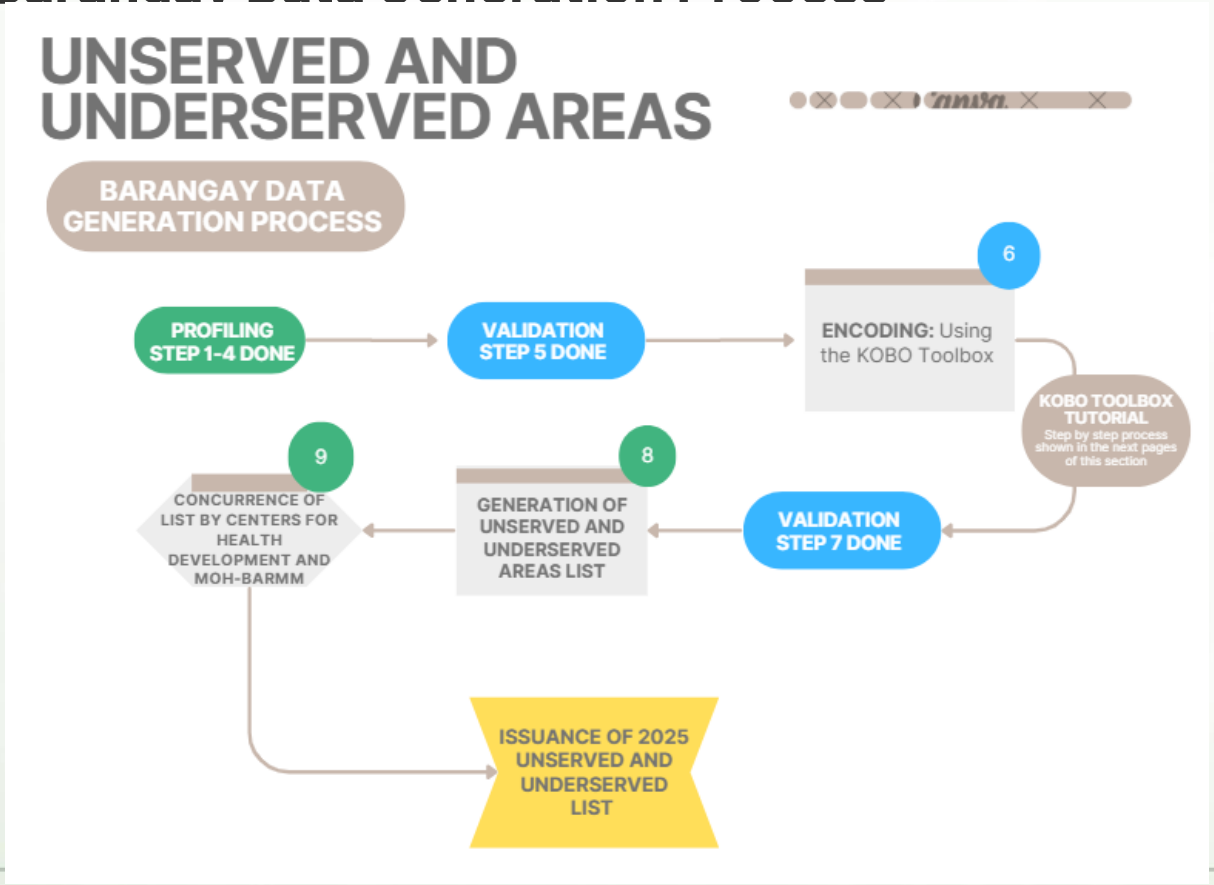
2025 UUA Barangay Profiling Process



2025 UUA Barangay Validation Process



2025 UUA Barangay Data Generation Process



2025 UUA Provincial Profiling Tool

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

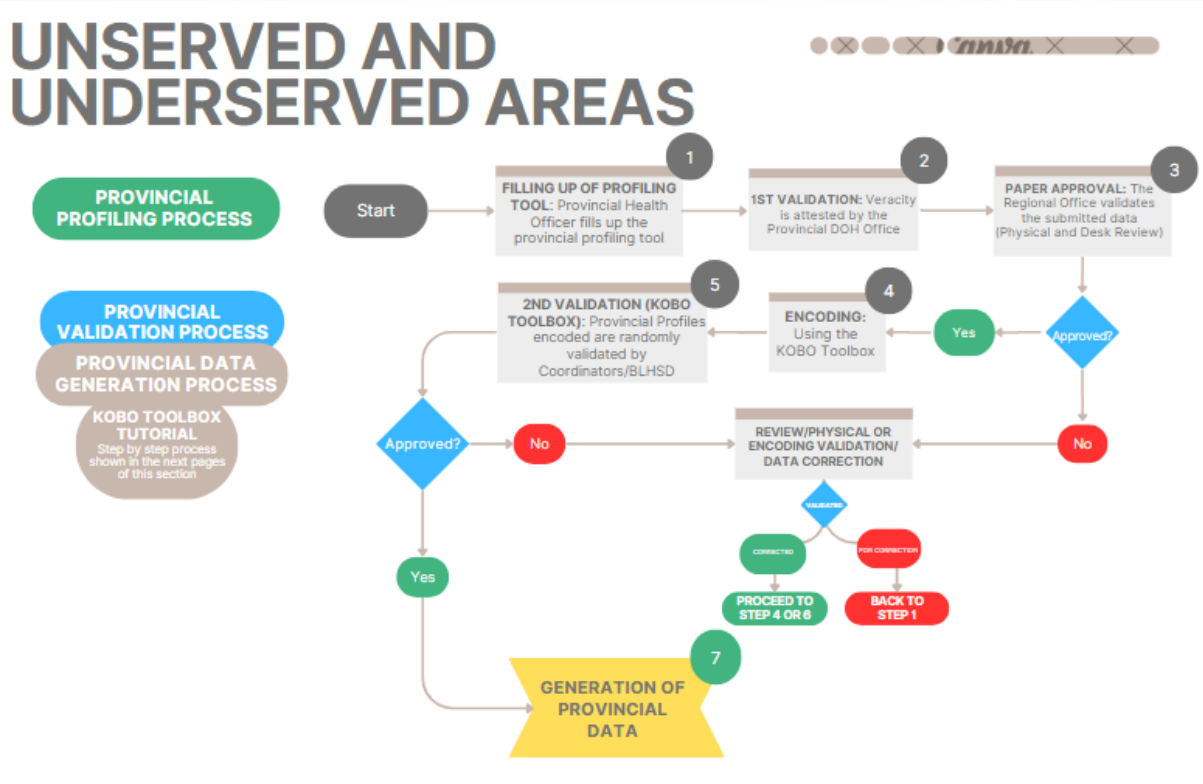
2025 UNSERVED AND UNDERSERVED AREAS PROFILING TOOL

Provincial Profiling Tool			Reference Year: 2024	
	Question	Answer	Validation *(To be accomplished by PDoHO)*	
G1	Name of Region			
G2	Name of Province		With MOVs	W/o MOVs
H1	Infant Mortality Rate (IMR)		☐	☐
H2	Under Five Mortality Rate (UFMR)		☐	☐
H3	Fully Immunized Child (FIC)		☐	☐
H4	Adolescent Birth Rate (ABR)		☐	☐
H5	Current Prevalence Rate (CU)		☐	☐
H6	Proportion or Pregnant women with four or more prenatal visits/check-up (PNCU)		☐	☐
H7	Proportion of deliveries attended by skilled birth attendant (SBA)		☐	☐
H8	Proportion of households with access to improved water supply		☐	☐

MOVs: Accomplished Profiling Tool, Provincial FHSIS
Link to list of MOVs and Metadata (See **Profiling Tool**): https://bit.ly/4htrKbn

Accomplished by:	***Validated by:***	***Approved by:***
Provincial Health Officer	PDoHO	Regional Director
Date:	Date:	Date:

2025 UUA Provincial Profiling and Validation Process



Sample Accomplished Profiling Tool

SAMPLE ONLY

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

2025 UNSERVED AND UNDERSERVED AREAS PROFILING TOOL

Barangay Profiling Tool			Reference Year: 2024	
	Question	Answer	Validation (To be accomplished by DMO/DOH Representative)	
G1	Name of Region	2		
G2	Name of Province	Leyte		
G3	Name of Municipality	Burauen	With MOVs	W/o MOVs
G4	Name of Barangay	Bantigue	☑	☐
G5	Number of puroks/sitios/zone in brgy	7	☑	☐
G6	Total number. of households	70	☑	☐
G7	Total Actual Population of brgy	332	☑	☐
S1	Number of puroks/sitios that are >1 hour away from the nearest RHU or hospital (by any means of travel)	1	☑	☐
S2	Does the barangay have any indigenous inhabitants?	N/A	If NONE, write N/A	
S2a	If yes to S2, insert number of IP Population.	N/A	☐ N/A	☐
S3	Does the barangay have any pop affected by armed conflict?	YES	If NONE, write N/A	
S3a	If yes to S3, insert number of pop affected by armed conflict.	70	☑	☐
S4	Does the barangay have an Internally Displaced population?	N/A	If NONE, write N/A	
S4a	If yes to S4, insert number of Internally Displaced Population	N/A	☐ N/A	☐
S5	Number of households enrolled in 4PS/CCT/MCCT	5	☐	☑
H1	Infant Mortality Rate (IMR)	1	☑	☐
H2	Under Five Mortality Rate (UFMR)	1	☑	☐
H3	Fully Immunized Child (FIC) %	100%	☑	☐
H4	Adolescent Birth Rate (ABR) %	10%	☑	☐
H5	Current Prevalence Rate (CU)	5	☑	☐
H6	Proportion or Pregnant women with four or more prenatal visits/check-up (PNCU) %	85%	☑	☐
H7	Proportion of deliveries attended by skilled birth attendant (SBA) %	79%	☑	☐
H8	Proportion of households with access to improved water supply %	89%	☑	☐

MOVs: Accomplished Profiling Tool, Barangay/Municipal/Provincial Certification / Barangay FHSIS
Link to list of MOVs and Metadata (See **Profiling Tool**): https://bit.ly/4hlrKbn

Accomplished by:	*Attested by:*	*Attested by (if applicable)*	*Approved by:*	*Validated by:*
Rural Health Midwife	Barangay Chairman	IP Tribal Leader/IPMR	Municipal/City Health Officer	DMO
Date: 11/21/25	Date: 11/9/25	Date: N/A	Date: 3/15/26	Date: 3/17/26

SAMPLE ONLY

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

2025 UNSERVED AND UNDERSERVED AREAS PROFILING TOOL

Provincial Profiling Tool			Reference Year: 2024	
	Question	Answer	Validation (To be accomplished by PDoHO)	
G1	Name of Region	12		
G2	Name of Province	Northern Samar	With MOVs	W/o MOVs
H1	Infant Mortality Rate (IMR)	8	☑	☐
H2	Under Five Mortality Rate (UFMR)	4	☐	☐
H3	Fully Immunized Child (FIC) %	80%	☑	☐
H4	Adolescent Birth Rate (ABR) %	80	☑	☐
H5	Current Prevalence Rate (CU)	8	☑	☐
H6	Proportion or Pregnant women with four or more prenatal visits/check-up (PNCU) %	90%	☐	☐
H7	Proportion of deliveries attended by skilled birth attendant (SBA) %	85%	☐	☐
H8	Proportion of households with access to improved water supply %	90%	☐	☐

MOVs: Accomplished Profiling Tool, Provincial FHSIS
Link to list of MOVs and Metadata (See **Profiling Tool**): https://bit.ly/4hlrKbn

Accomplished by:	*Validated by:*	*Approved by:*
Provincial Health Officer	PDoHO	Regional Director
Date:	Date:	Date:

Sample Means of Verification

Republic of the Philippines
Province of Marinduque
Municipality of Boac

BARANGAY TUGOS

November 4, 2024

TO WHOM IT MAY CONCERN:

This is to certify that all of the seven (7) sitios of this barangay reflected in the **Indicator R011** *(Proportion of Sitios > 60 minutes (by walking) away from RHU)* of the 2021 Geographically Isolated and Disadvantaged Areas (GIDA) Barangay Profiling Tool is true and correct. The same result in the above-mentioned indicator is also true with regards to the distance and travel time by walking from the stated seven (7) sitios to the nearest hospital (i.e., Marinduque Provincial Hospital) located in Barangay Santol, this municipality.

Given this 5th day of November, 2024 in support to the updating of data for the GIDA certification process.

Thank you.

Certified True and Correct:

Barangay Captain

A1

FHSIS REPORT for the year: _____
Name of Health Facility: _____
Name of Barangay: _____
Name of Municipality/City: _____
Name of Province: _____
Projected Population of the Year: _____

For submission to the next administrative level

Section A. Child Care

Indicators (Col. 1)	Eligible Population (Col. 2)	Male (Col. 3)	Female (Col. 4)	Total (Col. 5)	Rate (Col. 6)	Interpretation (Col. 7)	Recommendations or Actions to be Taken (Col. 8)
1. Nutritional Status Assessment of Children 0-59 mos. old							
a.) Children 0-59 months old seen during the reporting period at health facilities							
b.) 0-59 months old with Normal Nutritional Status							
c.) 0-59 months old with Overweight/Obese Nutritional Status							
d.) 0-59 months old with Stunted Nutritional Status							
e.) 0-59 months old with Wasted Nutritional Status - Total							
ea.) Wasted-MAM Nutritional Status							
eb.) Wasted-SAM Nutritional Status							

Section B. Infectious Diseases

Indicators (Col. 1)	Denominator (Col. 2)	Male (Col. 3)	Female (Col. 4)	Total (Col. 5)	Rate (Col. 6)	Interpretation (Col. 7)	Recommendations or Actions to be Taken (Col. 8)
1. Filariasis Prevention and Control							
a.) No. of individuals examined for lymphatic filariasis							
b.) No. of individuals examined found positive for lymphatic filariasis							
c.) No. of lymphatic filariasis cases examined with manifestations							

Section C. Demographic Data

Indicators (Col. 1)	LGU-hired (Col. 2)	DOH-hired (Col. 3)	Total (Col. 4)	Ratio to Population (Col. 5)	Interpretation (Col. 6)	Recommendations or Actions to be Taken (Col. 7)
a.) Number of Barangays						
b.) Number of Health Centers - Total						

Template for Barangay and 4Ps Certification

Logos here

Republic of the Philippines
Province of [name of province]
Municipality of [name of municipality]
Barangay [name of barangay]

CERTIFICATION

This is to certify that the following indicators have been validated for Barangay [name of barangay] within [Municipality, Province] as of [inclusive date].

Indicator	N
Total Number of Puroks/Sitios/Zones	Total number
Total Number of Households	Total number
Total Actual Population	Total number
Total Number of Puroks/Sitios/Zones more than 1 hour away from the nearest RHU or hospital (regardless of means of travel)	Total number
Total Number of Puroks/Sitios/Zones with Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs)	Total number
Total Number of Puroks/Sitios/Zones affected by Armed Conflict	Total number, write "Not applicable" if there are none
Total Number of Internally Displaced Persons in the Barangay	Total number, write "Not applicable" if there are none

This certification is issued for use in the 2025 Unserved and Underserved Areas Profiling.

Issued on [date] at [location].

[Name]
Barangay Chairman

[Name]
IPMR/IP Tribal Leader

Logos here

Republic of the Philippines
Province of [name of province]
Municipality of [name of municipality]

CERTIFICATION

This is to certify that the following barangays in [Municipality, Province] have been validated as having active [4Ps, CCT, MCCT] partner beneficiaries as of [inclusive date].

Barangay	No. of partner beneficiaries
Name of barangay	Total number
Name of barangay	Total number

**add more rows if needed*

This certification is issued for use in the 2025 Unserved and Underserved Areas Profiling.

Issued on [date] at [location].

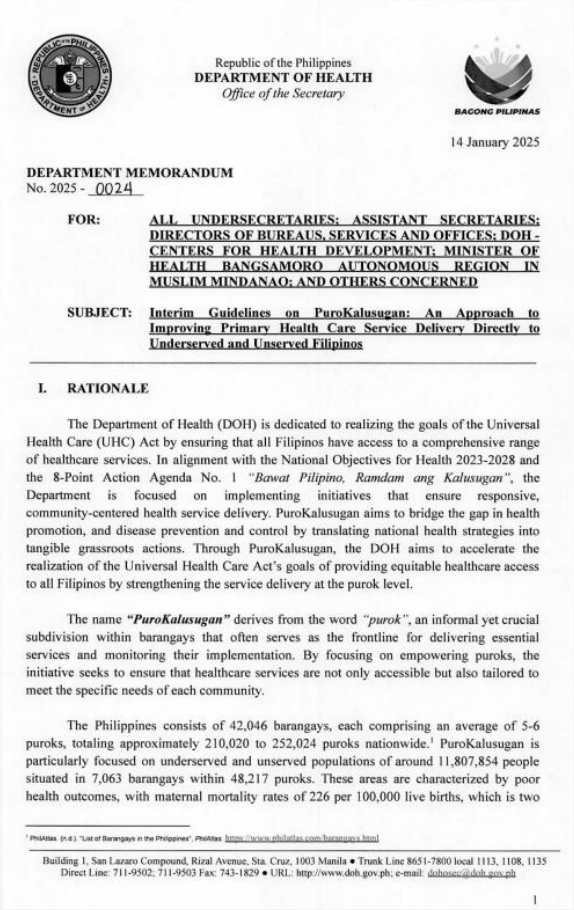
[Name of authorized personnel]
[Designation]

PuroKalusugan

doh.gov.ph

Department Memorandum No. 2025-0024

The PuroKalusugan is designed to complement, not replace, existing health measures implemented by Local Government Units (LGU). LGUs are key partners in this initiative, and PuroKalusugan seeks to enhance these partnerships by strengthening collaborations and building the capacity of the local health workforce. The Centers for Health Development (CHDs), in close coordination with LGUs, will act as catalysts for a transformative approach to primary health care.



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

14 January 2025

DEPARTMENT MEMORANDUM
No. 2025 - 0024

FOR: ALL UNDERSECRETARIES; ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES AND OFFICES; DOH - CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; AND OTHERS CONCERNED

SUBJECT: Interim Guidelines on PuroKalusugan: An Approach to Improving Primary Health Care Service Delivery Directly to Underserved and Unserved Filipinos

I. RATIONALE

The Department of Health (DOH) is dedicated to realizing the goals of the Universal Health Care (UHC) Act by ensuring that all Filipinos have access to a comprehensive range of healthcare services. In alignment with the National Objectives for Health 2023-2028 and the 8-Point Action Agenda No. 1 *"Bawat Pilipino, Ramdam ang Kalusugan"*, the Department is focused on implementing initiatives that ensure responsive, community-centered health service delivery. PuroKalusugan aims to bridge the gap in health promotion, and disease prevention and control by translating national health strategies into tangible grassroots actions. Through PuroKalusugan, the DOH aims to accelerate the realization of the Universal Health Care Act's goals of providing equitable healthcare access to all Filipinos by strengthening the service delivery at the purok level.

The name ***"PuroKalusugan"*** derives from the word *"purok"*, an informal yet crucial subdivision within barangays that often serves as the frontline for delivering essential services and monitoring their implementation. By focusing on empowering puroks, the initiative seeks to ensure that healthcare services are not only accessible but also tailored to meet the specific needs of each community.

The Philippines consists of 42,046 barangays, each comprising an average of 5-6 puroks, totaling approximately 210,020 to 252,024 puroks nationwide.[1] PuroKalusugan is particularly focused on underserved and unserved populations of around 11,807,854 people situated in 7,063 barangays within 48,217 puroks. These areas are characterized by poor health outcomes, with maternal mortality rates of 226 per 100,000 live births, which is two

[1] PhilAtlas. (n.d.). "List of Barangays in the Philippines". *PhilAtlas*. https://www.philatlas.com/barangays.html

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Direct Line: 711-9502; 711-9503 Fax: 743-1829 ● URL: http://www.doh.gov.ph; e-mail: dohosec@doh.gov.ph

1

Objective

Provide **strategic approaches** necessary for the effective operationalization of PuroKalusugan, with the primary aim of **enhancing healthcare service delivery at the Barangay and Purok level**.

Key Strategies for PuroKalusugan (PK)

A. Establishment of PuroKalusugan
B. Responsive Health Service Delivery
C. Enhanced Digital Information Systems
D. Financing Strategies
E. Leadership and Governance
F. Monitoring and Evaluation

Maraming salamat po!

healthequity@doh.gov.ph