

# Republic of the Philippines Province of Romblon Municipality of Santa Fe

#### Santa Fe Rural Health Unit & Family Planning Center

#### **MUNICIPAL HEALTH OFFICE**

Santa Fe, Romblon 5508

#### **MISSION**

To ensure availability and accessibility of quality standard health care thru effective and efficient delivery of health services. To promote public health awareness and preventive health measures by advocating self-reliance and health consciousness in the community.

February 16, 2024

HON. ELSIE D. VISCA

Municipal Mayor Santa Fe LGU

Attn: ENGR. DERRICK E. MAYOR

MPDO

Madam:

Submitting herewith the Annual Accomplishment Report 2024 of the Municipal Health Office for your perusal.

**VISION** 

A productive health and
Oriented community
where effective and
efficient quality Health
care advocacy system is
made available and
accessible to all, thus
initiative, commitment,
cooperation, and
advocacy thus making
health in the hands of
the people.

Yours truly,

JANE FORTEZ# CAWALING, MD, RN, CFP

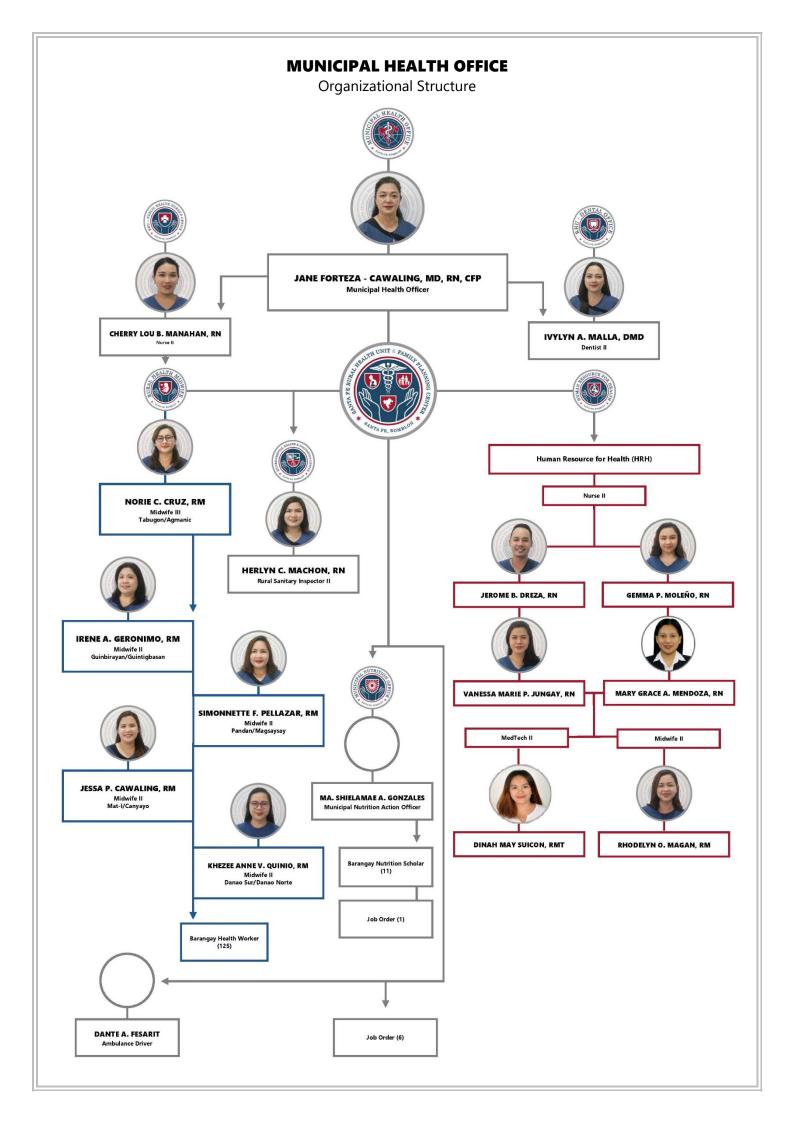
Municipal Health Officer

# **VISION**

A productive health and oriented community where effective and efficient quality health care advocacy system is made available and accessible to all, thus initiative, commitment, cooperation, and advocacy thus making health in the hands of the people.

# **MISSION**

To ensure availability and accessibility of quality standard health care thru effective and efficient delivery of health services. To promote public health awareness and preventive health measures by advocating self-reliance and health consciousness in the community.





#### **Annual Accomplishment Report**

### SANTA FE RURAL HEALTH UNIT & FAMILY PLANNING CENTER CY 2023

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## Santa Fe Rural Health Unit & Family Planning Center MUNICIPAL HEALTH OFFICE

Santa Fe, Romblon 5508

## **HEALTH PROGRAM**

The Municipal Health Office (MHO) is the public health arm of the Local Government Unit.

The health care services of the municipality is generally provided by the Rural Health Unit which is composed of the Main Health Center, ten (10) Barangay Health Stations.

The Main Health Center engages in a broad range of health services and programs covering mostly referrals from the BHS, preventive, promotive and curative aspects of health care. The Municipal Health Office also assists the Department of Health in the different vertical programs from the National Government. The Municipal Health Office is housed at the Main Health Center situated about 50 meters from the Municipal Building, The Municipal Health Officer is the overall manager, supervisor, trainer, epidemiologist, and medical and legal officer of the unit. She is the ultimate responsible person for all office and program activities.

The Main Goal of the Rural Health Unit and the Barangay Health Stations is to provide the community's health needs which includes the promotion and maintenance of health and health conditions. It caters to the community's needs for General consultation, emergency treatment, Family Planning counselling, Health Education, Maternal and New born care, treatment of minor medical and surgical cases, prevention and control of communicable and non-communicable diseases, Mental health, Nutrition, environmental sanitation, laboratory services and Oral Health. The Facility is also a Birthing facility that operates 24 hours on call (for deliveries only) and manned by BEmONC trained personnel.

The Barangay Health Station (BHS) is the primary unit situated in the different barangays which offers the basic health services. These are manned by the Rural Health Midwives assisted by DOH deployed Human Resource for Health.

Patients needing hospitalization or need higher level of health care are referred to the nearest co-referral hospital which is the Don Modesto Formilleza Sr. Memorial Hospital located in the neighboring town of Looc and /or to the Romblon Provincial Hospital located in Odiongan, Romblon.

The Municipal Health Office is composed of 10 regular staff headed by the Municipal Health Officer, one (1) Dentist II, one (1) Nurse II, one (1) Rural Sanitation Inspector, five (5) Rural Health Midwives who are each holding two barangays, and one (1) emergency transport service driver. Last year (2022), three of our regular staff retired, Ms. Erlyn F. Cawaling, (Nurse II), Cecilia O. Bandala, RHM III & Dorven Montojo, ambulance driver. The RHU is still waiting for the appointment of the Ambulance driver.

There are eight (8) non-Health staff hired as Casual/Job Order employees hired to assist in the delivery of health services one nursing assistant, one Janitress, two encoders, two administrative aides and two ambulance drivers working in shifts. Moreover, there are a total of seven (7) Human Resource for Health deployed in the Municipal Health Office from the Department of Health: four (4) NDPs, two (2) RHMPPs and one (1) Medical Technologist.

As of December 2023, we have a total of 115 accredited/registered Barangay Health Workers and 5 volunteer BHWs and 11 Barangay Nutrition Scholars that complements the Barangay in the delivery of the different Health programs.

The Municipal Health Office were able to attend to 3,972 medical and dental consultations. Of these, Hypertension still ranked first, followed by Upper Respiratory Tract Infections and the third was wounds, all types. There are a total of 68 registered deaths , 36 of which are males and 32 are females. These are those patients whose place of death is Santa Fe. Hypertension remained as the number one cause of deaths with a total number of 18 of which 7 were males and 11 were females followed by Cancer all types, Chronic Obstructive Pulmonary Disease and Bronchial Asthma. We have zero infant and maternal death reported for the year 2023.

## **10 Leading Causes of Morbidity**

| Diseases   | Number |          |       | Rate per<br>100,000<br>Population |
|--|--------|----------|-------|-----------------------------------|
|  | Male ♂ | Female ♀ | Total | 16,807                            |
| 1. Hypertension                                    | 554    | 731      | 1285  | 7,646                             |
| 2. Upper Respiratory Tract Infection               | 183    | 141      | 324   | 1,928                             |
| 3. Wounds all types                                | 149    | 69       | 218   | 1,297                             |
| 4. Dental Problems                                 | 99     | 113      | 212   | 1,261                             |
| 5. GIT Disorders (Dyspepsia, Peptic Ulcer Disease) | 32     | 94       | 126   | 750                               |
| 6. Animal Bites                                    | 53     | 71       | 124   | 738                               |
| 7. Urinary Tract Infection                         | 47     | 53       | 100   | 595                               |
| 8. Skin Problems /Allergies                        | 33     | 48       | 81    | 482                               |
| 9. Diabetes mellitus II                            | 39     | 26       | 65    | 387                               |
| 10. Dengue Haemorrhagic Fever                      | 14     | 9        | 23    | 137                               |

## 10 Leading Causes of Mortality

| Diseases                           |        | Number   |       |         |
|------------------------------------|--------|----------|-------|---------|
|                                    | Male ♂ | Female ♀ | Total | 16, 807 |
| 1. Hypertension                    | 7      | 11       | 18    | 107     |
| 2. Cancer all kinds                | 5      | 6        | 11    | 65      |
| 3. COPD                            | 4      |          | 4     | 24      |
| 4. Bronchial Asthma                | 2      | 2        | 4     | 24      |
| 5. Diabetes mellitus II            | 1      | 2        | 3     | 18      |
| 6. Peptic Ulcer Disease            | 3      |          | 3     | 18      |
| 7. Degenerative Osteoarthropathies |        | 3        | 3     | 18      |
| 8. Alcoholic Liver Disease         | `3     |          | 3     | 18      |
| 9. Coronary artery Disease         | 2      |          | 2     | 12      |
| 10. Accidents                      | 2      |          | 2     | 12      |
| 11. Pulmonary Tuberculosis         | 2      |          | 2     | 12      |

#### **Leading Causes of Infant Mortality**

| Diseases |      | Number |          |       | Rate per<br>1,000 |
|----------|------|--------|----------|-------|-------------------|
|          |      |        |          |       | LiveBirths        |
|          |      | Male ♂ | Female ♀ | Total |                   |
| 1.       | NONE |        |          |       |                   |
| 2.       |      |        |          |       |                   |

The Rural Health Unit also manages the Tuberculosis Control Program and is a TB DOTS accredited Facility. Direct delivery of NTP services to the clients is the responsibility of the Local Government Units- RHU. The main goal of the program is to ensure that the diagnosis, treatment, and health education services are made available and accessible to the community. This is also to ensure uninterrupted supply of TB medicines to clients and detection of TB infection in children. Case detection rate is still low at 44.0% with the Treatment Success Rate decreasing from 98% in 2022 to 90.0% in 2023 with two (2) patient undergoing treatment died.

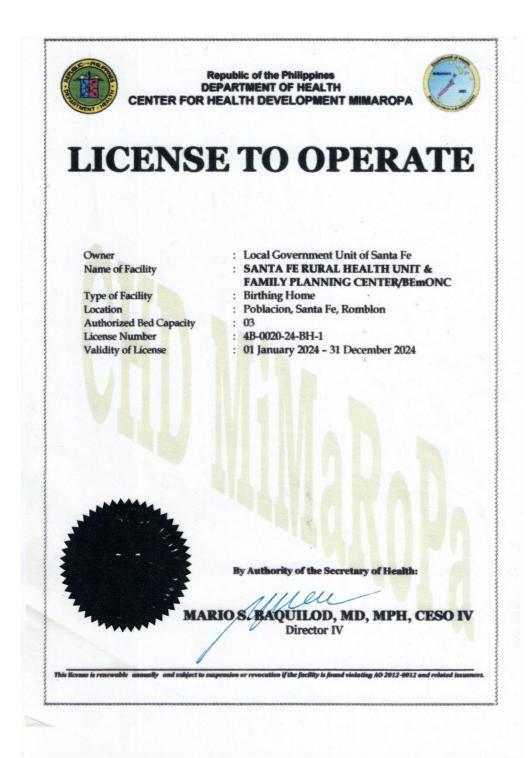
During the past years Santa Fe had low immunization coverage computed based on the PSA population. This year's computed immunization coverage based on the target population slightly increased from 55% in 2022 to 57.2.0% in 2023. Based on the actual target population the % Fully Immunized child for 2022 is 104.4 % and 100% for 2023. The projected population from the PSA is very high. Continuous advocacy and health education is still given much importance to improve the EPI program.

#### **Fully Immunized Child**

| No. of Infants given complete Immunization before 12 months of age Total population (PSA) x 2.06% |         |          |        |  |
|---|---------|----------|--------|--|
| 2019  | 323/339 |          | 95.2%  |  |
| 2020  | 336/341 |          | 98.5%  |  |
| 2021  | 290/343 | 100      | 84.5%  |  |
| 2022  | 189/343 | <b>×</b> | 55.0 % |  |
| 2023  | 198/346 |          | 57.2%  |  |

#### Santa Fe RHU as an upgraded/enhanced Birthing Facility

#### BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE (BEMONC)



The License to Operate as a Birthing facility for the following year 2024 was processed prior to the present year 2023 Validity expiration.

#### **Vision**

To prevent maternal and neonatal deaths through effective and efficient provision of available core packages for antenatal, natal, and post-natal stages.

#### Mission

To provide effective and efficient highest level of care to mothers and newborns in a BEmONC capable birthing facility by competent, dedicated, and compassionate health professionals.

Santa Fe Rural Health Unit and Family Planning Center/BEmONC has been operating since 2015. Basic Emergency Obstetric and Newborn Care (BEmONC) Facility is an upgraded or enhanced Rural Health Unit (RHU) that are required to provide the following services: Pre-pregnancy Package, Complete Pre-Natal Package, Complete Childbirth Package, Complete Post-Partum and Post-Natal Package and Provision of other support services. RHU Santa Fe BEMONC facility operates 24 hours a day on call, manned by trained professionals composed of Doctor and Midwives. Facility based deliveries remain high in the area, because of the continuous advocacy & counselling among pregnant women on the importance of giving birth in a licensed birthing facility is reinforced.

However, we still have to strengthen our advocacies to be able to achieve our goals that all deliveries should be facility based and to reduce the number of teenage & unplanned pregnancies. Santa Fe LGU have been conducting Buntis Congress for the past years where lectures/presentations on pregnancy, delivery, lactation, pre/post-partum care and infant & child care are provided. For this year's Buntis Congress the participants were 30 pregnant women on their first to second pregnancies and those high risk with their husbands or partners. It was a one (1) day activity that featured presentation of the current situation of the municipality with

regards to maternal and child health, lectures, and IEC campaign on MCH activities. The activities were participated by the couples highlighting the roles and responsibilities of would be parents.

In addition, RHU in partnership with the Commission on Population conducted Youth Development Sessions in Tranquilino Cawaling, Sr. National High School Located at Barangay Tabugon. This aims to to empower youths equipping them with knowledge and information to prevent unplanned & untimed pregnancies. The objective of the lectures is to prevent or reduced the no. of teenage pregnancies in the area.

"Breastfeeding has distinct advantages which benefit the infant and the mother, including the hospital and the country that adopt its practice. It is the first preventive health measures that can be given to the child at birth. It also enhances mother-infant relationship. Furthermore, the practice of breastfeeding could save the country valuable foreign exchange that may otherwise be used for milk importation. Breastmilk is the best food since it contains essential nutrients completely suitable for the infant's needs. It is also nature's first immunization, enabling the infant to fight potential serious infection. It contains growth factors that enhance the maturation of an infants' organ system." as stated on the excerpt of Section 2 of the Republic Act of 10028.

Breastfeeding is strongly promoted in every Health Facility and in the community. Pregnant women are given counselling about pregnancy and lactation, proper hygiene, and neonatal care during their prenatal visits. There are still mothers who cannot sustain breastfeed their babies for 6 months. Most issues or concerns observed of those who are unable to breastfeed their babies are mothers working and returning to school after giving birth and those with medical complications who opt to bottle feed their babies.

#### **Exclusive Breastfeeding**

| No. of Infants (0 – 6 months) exclusively breastfed Total population (PSA) $\times$ 2.70% |         |            |       |  |  |
|---|---------|------------|-------|--|--|
| 2019  | 300/339 |            | 88.4% |  |  |
| 2020  | 316/341 | 6          | 92.6% |  |  |
| 2021  | 330/343 | 100        | 96.2% |  |  |
| 2022  | 331/343 | <b>  ×</b> | 96.5% |  |  |
| 2023  | 170/197 |            | 86%   |  |  |

There is a slight increase in the use of Family Planning method among women of reproductive age in 2023 however it is still is not at par to the National and Provincial Target CPR. There is still the need to increase advocacy campaign on Responsible parenthood and Family Planning to meet the needs of the couples or individuals to sustain and increase the number of users

#### **Contraceptive Prevalence Rate**

| No. of Women Reproductive Age (WRA)<br>Total population (PSA) x 25.854% |           |          |       |  |
|---|-----------|----------|-------|--|
| 2019  | 1373/2029 |          | 68.0% |  |
| 2020  | 2098/4283 | 0        | 49.0% |  |
| 2021  | 1125/4308 | ( 100    | 26.1% |  |
| 2022  | 1439/4310 | <b>×</b> | 33.3% |  |
| 2023  | 1509/4345 |          | 34.7% |  |

With the deployment of Medical Technologist from DOH to the different RHUs Routine Laboratory services have been made available and accessible and because of this, the LCE and other stakeholders were convinced to prioritize the upgrading of our Laboratory Facility, thus the GAD funded Phase II of the Operationalization of the RHU Laboratory was completed. Procurement of additional laboratory equipment which enable us to screen patients for thyroid disease and prostate.

#### **Laboratory Accomplishment**

| Services                          | Number |
|-----------------------------------|--------|
| No. of Urinalysis done            |        |
| No. of Sputum Exam done           |        |
| No. of Fecalysis done             |        |
| No. of FBS done                   |        |
| No. of COVID-19 Antigen test done |        |
| No. of RT-PCR test done           |        |

#### **GENDER – RESPONSIVE PROJECT ACCOMPLISHMENT**

#### **2023 GAD Funded Projects**

- 1. Screening & Management of Lifestyle Related Disease
- 2. Operationalization of RHU Laboratory Phase II
- 3. Oral Health Month Celebration
- 4. Buntis Congress
- 5. Maternal Health Care and Nutrition Services
- 6. General Services for Maternal Health Care Program
- 7. Nutrition Month Celebration c/o Office of the MNAO
- 8. General services for Barangay Nutrition Scholars



#### Santa Fe Rural Health Unit & Family Planning Center

#### **DENTAL OFFICE**

Santa Fe, Romblon 5508

### ORAL HEALTH PROGRAM

Santa Fe Rural Health Unit and Family Planning Center in the Municipality of Santa Fe comprises of different sections, of which the Oral Health Program is included. Different services and activities are provided to the different target age groups, including infants, school children, adolescents, adult, senior citizens and pregnant women. With the support of the Local Government Unit, Provincial and Regional Health Offices, supplies and materials are augmented and given to ensure the sustainability of oral health programs in the municipality. Trainings, seminars and meetings were also provided for the health professionals for updates and continuing education.

Aside from the usual preventive and curative services given in the dental and field offices, the celebration of the National Oral Health Month during the month of February is one of the highlights in this office. One of the main objectives of this activity is to inform and educate the community of the importance of oral health to the over all health of an individual.













To ensure the importance of preventive dentistry, day care children are also being well taken cared of. Daily toothbrushing is done during regular school days and fluoride application every six (6) months had been a practice for years on all child development centers.













During Buntis Congress, oral health care services is available by giving oral prophylaxis to pregnant women inside the dental bus. This year, husbands and living-in partners that attended the congress availed of the services also. They were also given lectures and oral health kits.

#### **2023 Oral Health Services Accomplishment**

| Services                           | Total |
|------------------------------------|-------|
| Number of Persons Attended         | 2,259 |
| Number of Persons Examined         | 2,090 |
| Number given OP/Scaling            | 107   |
| Number given Tooth Extractions     | 551   |
| Number given Fluoride Theraphy     | 1,239 |
| Number Referred                    | 23    |
| Number given Counselling/Education | 2,066 |
| Number of Orally Fit Children      | 174   |

## **Summary of Target Groups Given Basic Oral Health Care Services in 2023**

| Target Age Group                       | Male | Female | Total |
|--|------|--------|-------|
| Children 12-59 mos old who are OFC     | 81   | 93     | 174   |
| Infants 0-11 mos who received BOHC     | 72   | 59     | 131   |
| Children 1-4 yo who received BOHC      | 323  | 343    | 666   |
| Children 5-9 yo who received BOHC      | 321  | 278    | 599   |
| Adolescents 10-19 yo who received BOHC | 132  | 174    | 306   |
| Adults 20-59 yo who received BOHC      | 65   | 123    | 188   |
| Senior Citizen who received BOHC       | 18   | 35     | 53    |
| Pregnant women who received BOHC       |      | 147    | 147   |



# Santa Fe Rural Health Unit & Family Planning Center ENVIRONMENTAL HEALTH & SANITATION OFFICE

Santa Fe, Romblon 5508

### SANITATION PROGRAM

The Sustainable Sanitation Program in the Municipality is still one of the priority programs with the goal of reducing cases of water borne, food borne and vector borne diseases to provide every community member access to safe food consumption, safe water, and access to sanitary toilet facilities for maintenance of proper hygiene and good sanitation practices thus, improving health outcomes.

Every year, the LGU procures good quality toilet bowls and jetmatic pumps to be distributed to indigent families who still does not have sanitary toilets and no access to safe water. Chlorine and disinfectant tablets were also made available at the health facilities and distributed to every household for the disinfection of their water sources and public reservoirs.

To ensure that food borne diseases, infections and intoxications is prevented in the food service establishments and markets in the municipality, food service establishments were regularly inspected and evaluated on their sanitary practices and food handling. Monthly and quarterly water collection for its bacteriological and physical/chemical properties is done by the sanitation inspector to ensure the safety and quality of drinking water for commercial purposes.

A crucial element in reducing the burden and prevention of vector-borne diseases is behavioral change. With this, the Sanitary Inspectors' office together with the BHWs conducted a house-to-house information dissemination regarding the 4 o'clock habit, enhancing visibility of EIC materials in schools & public places, 5 S in fighting dengue campaign, distribution of Sumilarv powders to provide long lasting reduction in mosquito populations and distribution of mosquito nets. This aims to increase the awareness of the community on the practices and measures to always avoid water stagnation, thus destroying the breeding places of dengue carrying mosquitos.

## **Household with Access to Safe Water**

| Total Number of Households with access to safe water Total No. of Households |           |     |       |  |
|--|-----------|-----|-------|--|
| 2019   | 3990/4026 |     | 99.1% |  |
| 2020   | 4185/4218 | 100 | 99.2% |  |
| 2021   | 4190/4218 | ×   | 99.3% |  |
| 2022   | 4233/4233 |     | 100%  |  |
| 2023   | 4506/4506 |     | 100%  |  |

## **Household with Access to Sanitary Toilet Facilities**

| Total Num | Total Number of Households with access to sanitary toilet facilities Total No. of Households |     |       |  |  |
|-----------|--|-----|-------|--|--|
| 2019      | 3947/4026  |     | 98.0% |  |  |
| 2020      | 4155/4218  | 100 | 98.5% |  |  |
| 2021      | 4155/4218  | × - | 98.5% |  |  |
| 2022      | 3962/4233  |     | 93.6% |  |  |
| 2023      | 4247/4506  |     | 94.6% |  |  |

















## Santa Fe Rural Health Unit & Family Planning Center

#### **MUNICIPAL NUTRITION OFFICE**

Santa Fe, Romblon 5508

## **NUTRITION PROGRAM**

Nutrition Services is one of the program under the Municipal Health Office. Nutrition program and services are rendered to 0-59 months Pre-School Children (PSC), adolescents, pregnant women and lactating mothers.

In order to determine the nutritional status of this municipality, The Municipal Nutrition Office with the help of the Barangay Nutrition Scholars (BNS) conducted the yearly Operation Timbang Plus (OPT) activities in eleven (11) barangays from January to March. The total number of PSC weighed and scaled were 1,391.

#### Weight for Age

|                      | 0-59 Months |       |       |  |
|----------------------|-------------|-------|-------|--|
|                      | Male ♂      | Total |       |  |
| Normal               | 632         | 605   | 1,237 |  |
| Overweight           | 9           | 12    | 21    |  |
| Underweight          | 57          | 51    | 108   |  |
| Severely Underweight | 12          | 13    | 25    |  |

#### **Height for Age**

|                  | <b>0-59 Months</b> Male ♂ Female ♀ Total |     |       |  |  |
|------------------|--|-----|-------|--|--|
|                  |  |     |       |  |  |
| Normal           | 549                                      | 545 | 1,094 |  |  |
| Tall             | 11                                       | 7   | 18    |  |  |
| Stunted          | 113                                      | 90  | 203   |  |  |
| Severely Stunted | 37                                       | 39  | 76    |  |  |

#### Weight for Length/Height

|                 | <b>0-59 Months</b> Male ♂ Female ♀ Total |     |       |  |  |
|-----------------|--|-----|-------|--|--|
|                 |  |     |       |  |  |
| Normal          | 651                                      | 632 | 1,283 |  |  |
| Overweight      | 16                                       | 13  | 29    |  |  |
| Obese           | 9  | 7   | 16    |  |  |
| Wasted          | 24                                       | 22  | 46    |  |  |
| Severely Wasted | 10                                       | 7   | 17    |  |  |

Base on the 2022 OPT results, stunting is still the prevailing malnutrition problem in our PSC. In order to help prevent and improved the nutritional status of the undernourished PSC, the following programs had been accomplished by the Municipal Nutrition Office:

#### a. Conduct of Nutrition Month Celebration

The celebration was a one-day event that encouraged every individual to participate in the event to have additional knowledge and idea on how to resolve problem on malnutrition in the barangay. The mothers/caregivers were provided with awareness on the proper child health care and provided with knowledge on household food security through backyard gardening to generate income from the production of the family.

This year's theme was "New Normal na Nutrisyon, Sama-Samang Gawan ng Solusyon". Every barangay participated in the event. There were barangay competitions on Tianggehan sa Barangay and Cooking Contest. There were also Zumba Competition and Slogan and Poster making for School Children of every barangay. On the Tianggehan sa Barangay, every barangay has their own stall to present the different Nutritious food harvested/produced from their barangay. The Cooking Contest was participated by the mother's/caregivers, and they make and show how to prepare nutritious food for their families. Zumba competition also participated by the school children, they show their talents and ideas on how to appreciate nutrition by dancing. And the last was the Slogan and Poster making, the participants were elementary pupils with their coach/advisers. They were advised to make a slogan and poster which relays the theme.

#### b. BNS Training on Nutrition for Maternal and Health Care

There is one (1) BNS assigned to each of the 11 barangays. The BNS and MNAO need trainings/seminars yearly, to update their capabilities in gaining range of information and understanding, to use effectively and competently in the execution of their performance. The health and nutritional needs of our malnourished children were among the top priorities of the Local Government Unit. The commitment to this program was to sustain the services of one trained Barangay Nutrition Scholar (BNS) in every barangay.

The National Nutrition Council (NNC), thru the Provincial Nutrition Office (PNO), releases yearly updated guidelines and protocols regarding the nutrition interventions to reduce the prevalence of malnourished PSC. The said standards are for compliance by the BNS and MNAO because it is necessary in planning, budgeting, and monitoring purposes.

#### c. Rehabilitation of Malnourished Children

Under nutrition among children 0-59 month's Preschool Children (PSC) remains a major problem in the municipality of Santa Fe. The malnutrition of stunting among 0-59 months in 2022 OPT was 20.05% compared to 2020 OPT which was 10.5%, the prevalence of underweight was 5.7% (based on 2020 OPT) compared to 9.56% (based on 2022 OPT), and the prevalence of wasting was 2.6% (based on 2020 OPT) compared 4.53% prevalence rate (base on 2022 OPT). The data shows the increase of prevalence rate of malnutrition in our municipality. One of the interventions being proposed for 2022 GAD Budget was the Rehabilitation of Malnourished Children which is the allocation of fund for the procurement of Multivitamins. The vitamin supplementation was distributed to the target malnourished children to help improve their nutritional status.

#### d. RUSF and RUTF Supplementation

The Provincial Health Office (PHO) monitors the total number of MAM and SAM of every municipality. In order to help in the progress of wasting in our municipality, the PHO allocated RUSF to 43 identified moderately wasted 6-59 months old PSC and RUTF to 16 severely wasted 6-59 months old PSC. RUSF and RUTF was a 60-day dietary supplementation to the identified MAM and SAM.

#### e. Nutrigold Supplementation

The Provincial Nutrition Office (PNO) yearly allocates Nutrigold Powder to the undernourished 6-23 months PSC. It was a 112 days Complementary Feeding for the targeted 6-23 months of Underweight, Severely Underweight, Stunted and Severely Stunted pre-schoolers.

#### f. Seeds Distribution

Food security is one of the solutions to resolve malnutrition. The intervention of our municipality in this program is the distribution of seeds. With the help of the Municipal Agriculture Office allocation of seeds to the families/households with malnourished children has been materialized.

We can see in the data that stunting is the prevailing malnutrition problem in our PSC. In order to help prevent stunting to the next generation, the Municipal Nutrition Office conducted Pabasa sa Nutrisyon to educate mothers and caregivers, pregnant women, and lactating mothers on the proper nutrition to be given to the children specially on the first 1000 days of life. Despite the pandemic, we conducted the Promotion in Good Nutrition in 11 barangays following the health protocols implemented by this municipality.

The Municipal Nutrition Office also distributed Nutrigold and Seeds to the identified malnourished children in all barangays. The Nutrigold Powder was from the Provincial Nutrition Office. The Nutrigold is for 6-23 months PSC for supplemental feeding. The mothers and caregivers were given menu on how to prepare the Nutrigold powder. The seeds were given to the families with malnourished 24-29 months PSC. The seeds were claimed from the Office of Provincial Agriculture (OPAg) and Municipal Agriculture Office of this municipality.



#### **Annual Accomplishment Report**

# SANTA FE RURAL HEALTH UNIT & FAMILY PLANNING CENTER

CY 2023 ~000~

## **ANNEX**

- Vital Statistics Report
- Annual Reports
- RHU LGU Scorecard
- Photo Documentation



#### Municipality of Santa Fe

#### Santa Fe Rural Health Unit & Family Planning Center

## **FHSIS RHU ANNUAL Report 2023**

Santa Fe, Romblon 5508



## **VITAL STATISTICS REPORT**

|                                    | DEMOGRAPHIC INFORMATION |               |        |                 |          |     |  |  |
|------------------------------------|-------------------------|---------------|--------|-----------------|----------|-----|--|--|
| Total Population                   | PSA: <b>16,807</b>      |               |        | Actual:         |          |     |  |  |
| No. of                             |                         | Number of     | Health | Workers in th   | e LGU    |     |  |  |
| Barangays                          | Doctor                  |               | 1      | Dentist         |          | 1   |  |  |
| 11                                 |                         | Permanen<br>t | 1      |                 | Permanen |     |  |  |
| No. of                             | Nurses                  | NDP           | 4      | _ Midwives      | t        | 4   |  |  |
|                                    |                         | FHA           | 0      |                 |          |     |  |  |
| Barangay Health<br>Stations (BHSs) |                         | PHA           | 0      |                 | RHMPP    |     |  |  |
|                                    |                         | UHCI          | 0      |                 |          | 2   |  |  |
| 11                                 |                         | Vaccinator    | 0      |                 |          |     |  |  |
|                                    | Nutritionist            |               | 0      | Sanitary Insp   | ectors   | 1   |  |  |
| No. of<br>Households (HH)          | MedTech Dep             | oloyed        | 1      | DSO             | 0        |     |  |  |
|                                    | Health Aides            |               | 0      | Data Controller |          | 0   |  |  |
| 4,477                              | Driver                  |               | 1      | Active BHWs     |          | 120 |  |  |

| ENVIRONMENTAL                           |       |                              |     |  |  |  |  |
|---|-------|------------------------------|-----|--|--|--|--|
| HH with access to:                      |       | Food Hondlow (FII)           | 126 |  |  |  |  |
| improved or safe water facilities       | 4,506 | Food Handlers (FH)           | 126 |  |  |  |  |
| • Level I                               | 263   |                              | 126 |  |  |  |  |
| Level II                                | 2,931 | FH w/ health certificates    | 126 |  |  |  |  |
| Level III                               | 1,312 |                              |     |  |  |  |  |
| sanitary toilet facilities              | 4247  | Salt samples tested          | 0   |  |  |  |  |
| sanitary disposal of solid waste        | 4247  |                              |     |  |  |  |  |
| complete basic sanitation facilities    | 4247  |                              |     |  |  |  |  |
| food Establishments                     | 90    | Salt samples tested POSITIVE | 0   |  |  |  |  |
| food establishments w/ sanitary permits | 90    | for IODINE                   |     |  |  |  |  |

| NATALITY            |           |                        |       |              |            |             |       |  |  |
|---------------------|-----------|------------------------|-------|--------------|------------|-------------|-------|--|--|
|                     |           |                        |       | Birthweight  |            |             |       |  |  |
| No. of Livebi       | rths      | 213                    |       |              | Male ♂     | Female<br>♀ | Total |  |  |
| Male ♂              |           | 122                    |       | > 2500 grams | 112        | 77          | 100   |  |  |
| Female ♀            |           | 91                     |       | ≥ 2500 grams | 113        | //          | 190   |  |  |
| Attendance at Birth |           |                        |       |              |            |             |       |  |  |
|                     | Male<br>♂ | Female $_{\mathbb{Q}}$ | Total | < 2500 grams | 9          | 14          | 23    |  |  |
| Doctors             | 81        | 59                     | 140   | Not Known    | 0          | 0           | 0     |  |  |
| Nurses              | 7         | 3                      | 10    | Ту           | pe of Preg | jnancy      |       |  |  |
| Midwives            | 34        | 28 62                  |       |              | Male ♂     | Female<br>♀ | Total |  |  |
| Hilot/TBA           | 0         | 0 0                    |       | Normal       | 66         | 48          | 114   |  |  |
| Others              |           | 1 1                    |       | Risk         | 56         | 43          | 99    |  |  |

|        | Deliveries by Type and Place |    |     |       |         |    |        |   |       |    |
|--------|------------------------------|----|-----|-------|---------|----|--------|---|-------|----|
| T      | Ho                           | me | Hos | pital | RHU/BHS |    | Others |   | Total |    |
| Type   | М                            | F  | М   | M F   |         | F  | М      | F | М     | F  |
| Normal | 0                            | 2  | 79  | 49    | 40      | 30 | 3      | 2 | 122   | 87 |
| Risk   |                              |    |     | 4     |         |    |        |   |       | 4  |
| Total  | 2                            |    | 13  | 36    | 70      |    | 5      |   | 213   |    |

| MORTALITY              |    |                           |   |                         |   |  |  |
|------------------------|----|---------------------------|---|-------------------------|---|--|--|
| Total No. of<br>Deaths | 68 | No of                     |   | No of                   |   |  |  |
| Male ♂                 | 36 | No. of<br>Maternal Deaths | 0 | No. of<br>Infant Deaths | 0 |  |  |
| Female ♀               | 32 |                           |   |                         |   |  |  |

## **VITAL STATISTICS DATA**

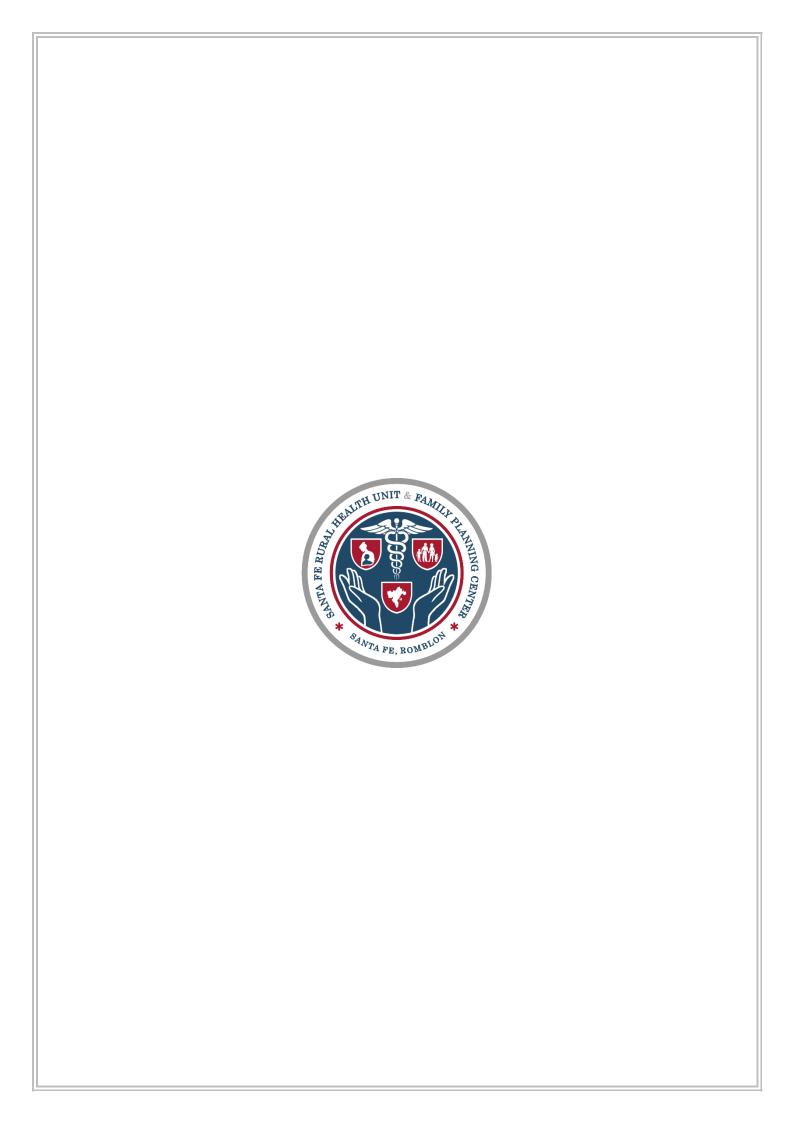
Municipality of Santa Fe (PSA: 16,807)

| Indicator                       | Acc. 2023       |                  | % | Remarks |
|---------------------------------|-----------------|------------------|---|---------|
|                                 | М               | F                |   |         |
| Total Births (213)              | 122             | 91               |   |         |
| Crude Birth Rate                |                 | /1,000<br>lation |   |         |
| T                               | М               | F                |   |         |
| Total Deaths (65)               | 36              | 32               |   |         |
| Crude Death Rate                | 404.6/1<br>popn | 100,000          |   |         |
| Infant Mortality (All Causes)   | 0               |                  |   |         |
| Infant Mortality Rate           |                 | )                |   |         |
|                                 | М               | F                |   |         |
|                                 | 0               | 0                |   |         |
| Maternal Mortality (All Causes) |                 |                  |   |         |
| Causes: N/A                     |                 | )                |   |         |
| Neonatal Mortality Rate         | N/A             |                  |   |         |
| Late Foetal death               |                 |                  |   |         |
|                                 | 0               |                  |   |         |
|                                 |                 |                  |   |         |



| Santa Fe Rural Health Unit & Family Plan                                  | ning Cente                 | er          |                           |                          |                           |                           |                          | LGU SCC                    | RECARD |
|---|----------------------------|-------------|---------------------------|--------------------------|---------------------------|---------------------------|--------------------------|----------------------------|--------|
| INDICATORS/PPA's  | 2012<br>National<br>Target | 2016<br>NOH | 2017                      | 2018                     | 2019                      | 2020                      | 2021                     | 2022                       | 2023   |
|   | •                          |             | 1. 9                      | SERVICE DELIVE           | RY                        |                           |                          |                            |        |
| TB Case Detection Rate  | 82.78%                     | 85%         | 37/100 = <b>37.0%</b>     | 46/101=<br><b>45.5%</b>  | 28/90 = <b>31.1%</b>      | 35/92 = <b>38.0%</b>      | 34/92 = <b>32.6%</b>     | 41/92=<br><b>44.5%</b>     |        |
| TB Cure Rate  | 82.53%                     | 90%         | 9/18 = <b>50.0%</b>       | 33/46 = <b>71.7%</b>     | 28/42 = <b>67.0%</b>      | 29/36 = <b>80.5%</b>      | 28/39 = <b>71.79%</b>    | 41/49=<br><b>83.7%</b>     |        |
| Success Rate  | 82.53%                     | 90%         | 29/36 = <b>81.0%</b>      | 33/36 = <b>91.6%</b>     | 41/41 = <b>100%</b>       | 28/29 = <b>96.5%</b>      | 37/39 = <b>94.8%</b>     | 43/44=<br><b>98.0%</b>     |        |
| 0/ (F.H.) : 1GH   | 76.040/                    | 050/        | 318/485 = <b>66.0%</b>    | 321/494 = <b>64.4%</b>   | 323/339 = <b>95.2%</b>    | 336/341 = <b>98.5%</b>    | 290/343 = <b>84.55%</b>  | 189/343 = <b>55.0%</b>     |        |
| % of Fully Immunized Child  | 76.91%                     | 6.91% 95%   | 263/318 = <b>103.0%</b>   | 321/319 = <b>100.6%</b>  | 323/312 = <b>103.5%</b>   | 336/336 = <b>100%</b>     | 290/276 = <b>105.0%</b>  | 189/181=<br><b>104.4%</b>  |        |
| % of Infants exclusively Breastfed 0-6 months                             | 61.81%                     | 55%         | 263/318 = <b>82.7%</b>    | 250/319 = <b>78.3%</b>   | 300/339 = <b>88.4%</b>    | 316/341 = <b>92.6%</b>    | 330/343 = <b>96.2%</b>   | 331/343=<br><b>96.5%</b>   |        |
| % of Underweight and severely underweight 0-59 months                     | 7.15%                      | 5%          | 230/1720 = <b>13.4%</b>   | 102/1651 = <b>6.1%</b>   | 76/1645 = <b>4.6%</b>     | 91/1591 = <b>5.7%</b>     | 76/1645 = <b>4.6%</b>    | 133/1391 = <b>9.6%</b>     |        |
| % of Facility Based Deliveries  | 73.87%                     | 90%         | 316/320 = <b>98.7%</b>    | 309/315 = <b>98.0%</b>   | 295/296 = <b>99.7%</b>    | 273/276 = <b>98.9%</b>    | 200/206 = <b>97.0%</b>   | 181/181=<br>100.0%         |        |
| % of Deliveries attended by Skilled Health<br>Professionals (MD, RN, RHM) | 83.15%                     | 90%         | 315/320 = <b>98.4%</b>    | 313/319 = <b>98.1%</b>   | 295/296 = <b>99.7%</b>    | 273/276 = <b>98.9%</b>    | 200/206 = <b>97.0%</b>   | 181/181=<br><b>100%</b>    |        |
| CU/No. of WRA (TP x 25.854%)<br>Contraceptive Prevalence Rate             | 39.31%                     | 65%         | 1022/2214 = <b>46.0</b> % | 1117/2254 = <b>49.6%</b> | 1373/2029 = <b>68.0</b> % | 2098/4283 = <b>49.0</b> % | 1125/4308 = <b>26.1%</b> | 1439/4310=<br><b>33.3%</b> |        |
| % of HHs with access to Safe Water  | 84.6%                      | 88.0%       | 3911/3948 = <b>99.6%</b>  | 3989/4026 = <b>99.8%</b> | 3990/4026 = <b>99.1%</b>  | 4185/4218 = <b>99.2%</b>  | 4190/4218 = <b>99.3%</b> | 4233/4233=<br><b>100%</b>  |        |
| % of Households with Sanitary Toilets                                     | 80.90%                     | 90%         | 3810/3948 = <b>96.5%</b>  | 3944/4026 = <b>98.0%</b> | 3947/4026 = <b>98.0%</b>  | 4155/4218 = <b>98.5</b> % | 4155/4218 = <b>98.5%</b> | 3962/4233=<br><b>93.6%</b> |        |

|  |   |        | I          | I. REGULATIONS | 5          |           |           |           |  |
|--|---|--------|------------|----------------|------------|-----------|-----------|-----------|--|
| A. Compliance to National Health Legisla               | A. Compliance to National Health Legislation and Standards for: |        |            |                |            |           |           |           |  |
| % of RHUs w/ signed Performance<br>Commitment Contract | 37.54%  | 100%   | 100%       | 100%           | 100%       | 100%      | 100%      | 100%      |  |
| % of RHUs accredited by PHIC for MCP                   | 34.93%  | 100%   | 100%       | 100%           | 100%       | 100%      | 100%      | 100%      |  |
|  |   |        |            | III. FINANCING |            |           |           |           |  |
| % of Municipal Budget Allocated to HEALTH SERVICES     | 11.29   | 15%    | 16.44%     | 13.43%         | 15.50%     | 10.00%    | 10.52%    | 10.32%    |  |
| % of Municipal MOOE allocated to HEALTH SERVICES       | 33.94   | 45%    | 22.29%     | 35.30%         | 40.60%     | 27.00%    | 18.79%    | 37.78%    |  |
| % OF Municipal Health Expenditure                      | 85.12   | 100%   | 88.00%     | 90.37%         | 91.80%     | 95.00%    | 95.23%    | 95.18%    |  |
|  |   |        | IV         | v. GOVERNANC   | E          |           |           |           |  |
| RHU/Health Center Physician to<br>Population Ratio     | 35,497  | 20,000 | 1 : 17,962 | 1: 18,292      | 1 : 16,470 | 1: 16,664 | 1: 16,664 | 1: 16,672 |  |
| RHU/Health Center Midwife to Population<br>Ratio       | 6,591   | 5,000  | 1 : 4,488  | 1 : 4,573      | 1: 3,294   | 1: 3,332  | 1: 3,332  | 1: 3,334  |  |
| RHU/Health Center Nurse to Population<br>Ratio         | 22,957  | 20,000 | 1 : 17,962 | 1: 18,292      | 1: 16,470  | 1: 16,664 | 1: 16,664 | 1: 16,672 |  |





#### **Annual Accomplishment Report**

## SANTA FE RURAL HEALTH UNIT & FAMILY PLANNING CENTER

CY 2023 ~000~

## **PHOTO DOCUMENTATION**

- Family Planning Services
- Supplemental Immunization Activities
- Oral Health Activities
- Environmental Sanitation Activities
- Nutrition Activities
- Local Health Board Meeting





























# Republic of the Philippines DEPARTMENT OF HEALTH CENTER FOR HEALTH DEVELOPMENT MIMAROPA



## LICENSE TO OPERATE

Owner

Name of Facility

Type of Facility

Location

**Authorized Bed Capacity** 

License Number

Validity of License

: Local Government Unit of Santa Fe

: SANTA FE RURAL HEALTH UNIT &

FAMILY PLANNING CENTER/BEMONC

: Birthing Home

: Poblacion, Santa Fe, Romblon

: 03

: 4B-0020-24-BH-1

: 01 January 2024 - 31 December 2024



By Authority of the Secretary of Health:

MARIO S. BAQUILOD, MD, MPH, CESO IV

This license is renewable annually and subject to suspension or revocation if the facility is found violating AO 2012-0012 and related issuances



#### Municipality of Santa Fe

#### Santa Fe Rural Health Unit & Family Planning Center

## **FHSIS RHU ANNUAL Report 2022**

Santa Fe, Romblon 5508



## **VITAL STATISTICS REPORT**

|   | DEN                | MOGRAPHIC I | NFORM                        | ATION                 |                       |     |  |
|---|--------------------|-------------|------------------------------|-----------------------|-----------------------|-----|--|
| Total Population                        | PSA: <b>16,672</b> |             |                              | Actual: <b>19,6</b> 1 | Actual: <b>19,614</b> |     |  |
| No. of                                  |                    | Number o    | of Health Workers in the LGU |                       |                       |     |  |
| Barangays                               | Doctor             |             | 1                            | Dentist               |                       | 1   |  |
| 11                                      |                    | Permanent   | 1                            |                       |                       |     |  |
|   |                    | NDP         | 6                            |                       | Permanent             | 5   |  |
| No. of  Barangay Health Stations (BHSs) |                    | FHA         | 0                            |                       |                       |     |  |
|   | Nurses             | РНА         | 0                            | Midwives              |                       |     |  |
| Stations (BH38)                         |                    | UHCI        | 0                            |                       | RHMPP                 | 2   |  |
| 11                                      | _                  | Vaccinator  | 2                            |                       |                       |     |  |
|   | Nutritionist       |             | 0                            | Sanitary Insp         | ectors                | 1   |  |
| No. of                                  | MedTech Depl       | oyed        | 1                            | DSO                   |                       | 1   |  |
| Households (HH)                         | Health Aides       |             | 4                            | Data Control          | ler                   | 1   |  |
| 4,528                                   | Driver             |             | 1                            | Active BHWs           |                       | 121 |  |

| ENVIRONMENTAL                     |       |                           |     |  |  |  |  |
|-----------------------------------|-------|---------------------------|-----|--|--|--|--|
| HH with access to:                |       | Food Handlers (FH)        | 133 |  |  |  |  |
| improved or safe water facilities | 4,233 | Toda Hamalets (111)       | .55 |  |  |  |  |
| • Level I                         | 2,790 | FH w/ health certificates | 133 |  |  |  |  |
| Level II                          | 392   |                           |     |  |  |  |  |
| Level III                         | 1,051 |                           |     |  |  |  |  |
| sanitary toilet facilities        | 4,257 | Salt samples tested       | 0   |  |  |  |  |
| sanitary disposal of solid waste  | 4,257 |                           |     |  |  |  |  |

| complete basic sanitation facilities    | 4,257 |   |   |
|---|-------|---|---|
| food Establishments                     | 40    | Salt samples tested POSITIVE for IODINE | 0 |
| food establishments w/ sanitary permits | 40    |   |   |

|                       |         |                  | N  | ATALITY           |        |          |       |
|-----------------------|---------|------------------|----|-------------------|--------|----------|-------|
| No. of Livebirths 181 |         | Birthweight      |    |                   |        |          |       |
| TVO. OT LIVE          | Sirtins |                  |    |                   | Male ♂ | Female 9 | Total |
| Male ♂                |         | 99<br>82         |    | ≥ 2500 grams      | 98     | 80       | 178   |
| Female ♀              |         |                  |    |                   |        |          |       |
| Attendance at Birth   |         | < 2500 grams     | 1  | 2                 | 3      |          |       |
|                       | Male ਟ  | ਤ Female ♀ Total |    |                   |        |          |       |
| Doctors               | 52      | 40               | 92 | Not Known         | 0      | 0        | 0     |
| Nurses                | 16      | 9                | 25 | Type of Pregnancy |        | ınancy   |       |
| Midwives              | 31      | 33               | 64 |                   | Male ♂ | Female ♀ | Total |
| Hilot/TBA             | 0       | 0                | 0  | Normal            | 69     | 51       | 120   |
| Others                | 0       | 0                | 0  | Risk              | 22     | 31       | 61    |

| Deliveries by Type and Place |      |   |          |    |         |    |        |   |       |    |
|------------------------------|------|---|----------|----|---------|----|--------|---|-------|----|
| Туре                         | Home |   | Hospital |    | RHU/BHS |    | Others |   | Total |    |
| Туре                         | М    | F | М        | F  | М       | F  | М      | F | М     | F  |
| Normal                       | 0    | 0 | 11       | 18 | 37      | 34 | 0      | 0 | 48    | 52 |
| Risk                         | 0    | 0 | 41       | 22 | 10      | 8  | 0      | 0 | 51    | 30 |
| Total                        | 0    |   | 9        | 2  | 8       | 9  | (      | 0 | 1     | 81 |

| MORTALITY           |    |                 |   |               |   |  |  |
|---------------------|----|-----------------|---|---------------|---|--|--|
| Total No. of Deaths | 85 | No. of          |   | No. of        |   |  |  |
| Male ਰ              | 36 | Maternal Deaths | 0 | Infant Deaths | 1 |  |  |
| Female ♀            | 49 |                 |   |               |   |  |  |

## **VITAL STATISTICS DATA**

Municipality of Santa Fe (PSA: 16,672)

| Indicator   | Acc. 2022                    |    | %       | Remarks    |
|---|------------------------------|----|---------|------------|
| Total Births (181)  | М                            | F  |         |            |
|   | 99 82                        |    | 1.09 %  |            |
| Crude Birth Rate  | 10.85/1,000<br>population    |    |         |            |
| Total Deaths (85)   | М                            | F  |         |            |
| Total Deaths (63)   | 36                           | 49 | 0.51 %  |            |
| Crude Death Rate  | 509.83/100,000<br>population |    |         |            |
| Infant Mortality (All Causes)                                     | 1                            |    |         |            |
| Infant Mortality Rate   | 5.52/1,000<br>population     |    | 0.006 % | 1 year old |
| Causes:   | M F                          |    |         | i year olu |
| <ul> <li>Bronchial Asthma, Acute</li> <li>Exacerbation</li> </ul> | 1                            | 0  |         |            |
| Maternal Mortality (All Causes)                                   | 0                            |    |         |            |
| Causes: N/A   |                              | -  |         |            |
| Neonatal Mortality Rate   | N/A                          |    |         |            |

| Late Foetal death   |   |  |
|---|---|--|
| Causes:   | 1 |  |
| <ul><li>Congenital Anomaly</li><li>Prematurity 35 weeks</li></ul> |   |  |