

BP 201 - SCHEDULE D
PROGRAM EXPENDITURE PLAN
(in P'000)

1. KEY RESULT AREA CLUSTER							
Poverty Reduction and Empowerment of the Poor and Vulnerable							
2. PROGRAM NAME:							
Health Facilities Enhancement Program							
3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES:							
Department of Health DBM Local Government Units							
4. PROGRAM DESCRIPTION				OBJECTIVES:			
<ul style="list-style-type: none"> • DOH Administered • With specific budget line item which consists mainly of capital outlay • Focused on enhancement of GOVERNMENT health facilities 				1. Upgrading/development of government hospitals (LGUs, DOH and other national government agencies like the DND, DILG-PNP, UP system) 2. Support initiatives to improve access of the poor to health services - NHTS, PPPP/CCT, LPRAP			
5. FUNDING REQUIREMENT:							
Program Component:	<u>2011</u>	<u>2012</u>	<u>2013</u>		<u>2014</u>	<u>2015</u>	<u>2016</u>
Agencies		<u>GAA</u>	<u>Indicative</u>	<u>Total Proposal</u>			
DOH	7,100,000	5,100,000	5,078,000	13,558,065	10,600,000	10,200,000	10,700,000
Total	7,100,000	5,100,000	5,078,000	13,558,065	10,600,000	10,200,000	10,700,000
6. PHYSICAL TARGET AND ACCOMPLISHMENT							
Type of Gov't. Health Facility	Target (No.)					Accomplishment (%)	
	2012	2013	2014	2015	2016	2011	Slippage
BHS	81	331	1800	2200	2416		
RHU	296	832	260	250	249		
Level 1	198	351(**)	15	10	10		
Level 2	155		20	6	6	61.80%	37.60%
Level 3	25		6	3	3		
Level 4	2		12	3	3		
Special/Specialty	-		4	1	1		
						<i>*subject for review</i>	
(**) hospitals							
7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS							
<ul style="list-style-type: none"> • Multi-level procedures for screening and assessment of proposals • Area Cluster management of individual projects • Centralized procurement of infrastructure projects at the CHD level • Centralized procurement of equipment thru COBAC and selected hospitals • Regular monitoring of funding support 							
8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS							
<ul style="list-style-type: none"> • Establish predictable and measurable benchmarks of all work processes • Mechanism for close consultations between DOH and project recipients • Establish information management systems to ensure accountability • More regular assessment and validation 							
Prepared by:		Certified Correct by:			Approved by:		
MS. DONATILA ESPLANADA		MS. IMELDA LIM			DR. JUANITO D. TALEON		
PLANNING OFFICER		HFEP ACCOUNTANT			Director IV, NCHFD		
					DATE		

**BP 201 SCHEDULE D
PROGRAM EXPENDITURE PLAN**

(in P'000)

1. KEY RESULT AREA CLUSTER: Poverty Reduction and Empowerment									
2. PROGRAM NAME: Human Resource for Health Deployment									
3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES: Health Human Resource Development Bureau-Department of Health for HRH deployment programs									
4. PROGRAM DESCRIPTION AND OBJECTIVES: HRH, such as physicians, nurses, and midwives are deployed in areas of needs. Areas of need are defined as 4th to 6th class municipalities or identified Conditional Cash Transfer (CCT) areas with lacking or with limited numbers of these priority HRH that can deliver health services. They are deployed in these areas so that health services can be more efficiently and effectively delivered, e.g. contribute better maternal and child health care and therefore attain the Millenium Development Goals (MDGs). The Pinoy MD Scholarship Program aims to produce produce physicians who will eventually be fielded as DTTB; while the Midwifery Schorlanship Programs of the Philippines (MSSP) aims to produce midwives who will be deployed in rural health units (RHUs) and are expected to be based in Basic Emergency and Maternal Obstetric Care (BEMOC) facilities.									
5. FUNDING REQUIREMENT									
Program Component:									
Agencies	2011	2012	2013		2014	2015	2016		
		GAA	Indicative	Total Proposal					
Doctors to the Barrios Program (DTTB) and Rural Health Practice Program (PS + MOOE)	95,158	110,657	1,744,064	2,799,383	193,665	176,371	205,564		
6. PHYSICAL TARGET AND ACCOMPLISHMENT									
	Target (No.)							Accomplishment (%)	
Performance Indicators	2011	2012	2013	2014	2015	2016	2011	Slippage	
Doctors to the Barrios Program (DTTB) (PS)	111	200	221	194	205	297	110	1%	
Pinoy MD Scholarship Program (current and for enrollment) (MOOE)	379	349	284	193	102	-	374	2%	
Pinoy MD Scholarship Program (board takers) (MOOE)	43	83	90	104	101	196	34	21%	
Midwifery Scholarship Program (current and for enrollment) (MOOE)	146	210	245	400	500	600	129	12%	
Midwifery Scholarship Program (board takers) (MOOE)	27	67	51	100	100	200	24	11%	
Rural Health Midwives Placement Program (PS)	175	171	16	16	0	0	171	2%	
Rural Health Midwives Placement Program (MOOE)	11	4,000	4,000	4,000	4,000	4,000	11	-	
Registered Nurses for Health Enhancement and Local Service (RNheals)	10,000	21,500	22,500	21,500	21,500	21,500	9,935	1%	
7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS: Increased number of DTTB to be deployed to absorb PINOY MD scholarship completing the medical course and passing the licensure examination and therefore can effectively and efficiently deliver health services. Midwives completing the scholarship programs are deployed and are expected to contribute to the attainment of the MDGs.									
8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS: Provide financial assistance and other development interventions, e.g. attend review classes, organize "review cell" (a group of scholars reviewing together and being mentored by an identified professionals) to increase the chances of graduates to pass the licensure examinations and therefore more HRH that can be fielded thru deployment programs. At present, there are only 80 plantilla items for DTTB, thus a proposal must be submitted to increase plantilla position to 200 in 2013, 300 in 2016 and 350 in 2016 because of new entrants as Pinoy MD scholars complete their study and pass the licensure exam.									

Note: The 2011 amount is for August-December 2011 when HHRDB's fund was utilized as PCSO suspended their support to the Program.

Prepared by

Approved by

GRACE T. FERNANDO
OIC-CHIEF, PLANNING DIVISION

KENNETH G. RONQUILLO, MD, MPH, CESO III
HEAD OF AGENCY

**BP 201 - SCHEDULE D
PROGRAM EXPENDITURE PLAN
(in P'000)**

1. KEY RESULT AREA CLUSTER: Poverty Reduction and Empowerment of the Poor and Vulnerable								
2. PROGRAM NAME: Water and Sanitation								
3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES: Environmental and Occupational Health Office-National Center for Disease Prevention and Control, Department of Health								
4. PROGRAM DESCRIPTION AND OBJECTIVES: The program aims to increase the progress towards meeting the MDG target for water and sanitation by "halving the populations without access to safe water and basic sanitation facilities by 2015".								
5. FUNDING REQUIREMENT:								
Program Component:	<u>2011</u>	<u>2012</u>	<u>2013</u>					
Agencies		<u>GAA</u>	<u>Indicative</u>	<u>Total Proposal</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	
1. Provision of potable water system to waterless municipalities	1,500,000	none	none	none	none	none	none	
2. Leveraging services to LGUs	5,100	5,100	5,100	5,100	5,100	5,100	5,100	
3. Capability building program for LGUs	3,000	3,000	8,500	8,500	8,500	8,500	8,500	
4. Sustainable sanitation	1,700	1,700	5,000	5,000	5,000	5,000	5,000	
5. Research and development	-	-	5,000	5,000	10,000	10,000	10,000	
TOTAL	1,509,800	9,800	23,600	23,600	28,600	28,600	28,600	
6. PHYSICAL TARGET AND ACCOMPLISHMENT								
Performance Indicator	Target (No.)						Accomplishment (%)	
	2011	2012	2013	2014	2015	2016	2011	Slippage
1. Number of LGUS provided with potable water system	252	none	none	none	none	none	construction still ongoing	
2. Number of LGUs provided with grants for water and sanitation initiatives	32	32	40	40	40	40	32	
3. Number of LGU health personnel trained	34	34	100	200	200	200	22	12
4. Research developed	-	-	1	1	1	1		
7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS								
<ul style="list-style-type: none"> a. Networking and partnership b. Performance-based grants c. Capability training 								
8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS								
<ul style="list-style-type: none"> a. Timely release of funds. b. Timely approval of implementing guidelines for the release and utilization of funds. 								
<i>Prepared by:</i>		Certified Correct by:			Approved by:			
<u>JOSELITO M. RIEGO DE DIOS</u>		<u>IRMA L. ASUNCION, MD, MHA, CESO IV</u>						
OIC - Chief - EOHO		BUDGET OFFICER			CHIEF ACCOUNTANT			
		OIC-Director IV, NCDPC			DATE			

**BP 201 - SCHEDULE D
PROGRAM EXPENDITURE PLAN
(in P'000)**

1. KEY RESULT AREA CLUSTER:
Poverty Reduction and Empowerment of the Poor and Vulnerable

2. PROGRAM NAME:
Micronutrient Malnutrition Program

3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES:
Family Health Office - National Center for Disease Prevention & Control - Department of Health

4. PROGRAM DESCRIPTION AND OBJECTIVES:
Micronutrient Supplementation as an intervention is crucial to improving and sustaining the health and nutrition of infants, children, pregnant and lactating women and all other women of reproductive age. It provides them with better defense against infection and other high risk health conditions that could lead to death or disabilities. The objectives of this program are the following: 1.) to contribute to the reduction of disparities related to nutrition through a focus on population groups and areas highly affected or at-risk to malnutrition and micronutrient deficiencies. 2.) To provide vitamin A, iron & iodine supplements to treat or prevent specific micronutrient deficiencies.

5. FUNDING REQUIREMENT:

Program Component: Agencies	2011	2012	2013		2014	2015	2016
		GAA	Indicative	Total Proposal			
Micronutrient Supplementation as an intervention is crucial to improving and sustaining the health and nutrition of infants, children, pregnant and lactating women and all other women of reproductive age. It provides them with better defense against infections.							
TOTAL	189,800	87,987	163,292	194,333	197,834	217,618	250,000

6. PHYSICAL TARGET AND ACCOMPLISHMENT

Performance Indicator	Target (No.)						Accomplishment (%)	
	2011	2012	2013	2014	2015	2016	2011	Slippage
Vitamin A supplement given to 6-11 mos	1,293,217	1,317,396	1,341,561	1,365,732	1,502,305	1,600,000	1,107,519 (86%)	
Vitamin a A supplement given to 12-59 mos children	10,345,730	10,539,169	10,732,489	10,925,852	12,018,439	12,200,000	9,390,651 (91%)	

7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS

- a. Micronutrient Supplementation
- b. Food Fortification
- c. Dietary Diversification
- d. Growth Monitoring & Promotion

8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS

- a. Focus on population groups and areas affected or at-risk to micronutrient malnutrition.
- b. Scale up key interventions such as micronutrient supplementation, food fortification and other nutrition activities.
- c. Strengthen food based approach
- d. Strengthen system on monitoring & evaluation
- e. Advocacy to Local Government Units specifically to support procurement of micronutrients.

Prepared by: _____ Certified Correct by: _____ Approved by: _____

LIBERTY V. IMPORTA
Supervising Health Program Officer _____ **IRMA L. ASUNCION, MD, MHA, CESO IV**
PLANNING OFFICER BUDGET OFFICER CHIEF ACCOUNTANT OIC-Director IV, NCDPC _____ DATE

**BP 201 - SCHEDULE D
PROGRAM EXPENDITURE PLAN
(in P'000)**

1. KEY RESULT AREA CLUSTER: Poverty Reduction and Empowerment of the Poor and Vulnerable								
2. PROGRAM NAME: EXPANDED PROGRAM ON IMMUNIZATION (EPI)								
3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES: Department of Health (DOH)								
4. PROGRAM DESCRIPTION AND OBJECTIVES: Overall Goal: To reduce mortality and morbidity among children 0-11 months against the vaccine preventable diseases. Specific goals include the following: (1) Sustain the polio-free status of the country; (2) eliminate measles; (3) eliminate maternal and neonatal tetanus and (3) control hepatitis b infections, diphtheria, pertussis, extrapulmonary tuberculosis, meningitis/ invasive bacterial diseases and severe diarrhea caused by the rotavirus.								
5. FUNDING REQUIREMENT:								
Program Component:	<u>2011</u>	<u>2012</u>	<u>2013</u>					
Agencies		<u>GAA</u>	<u>Indicative</u>	<u>Total Proposal</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	
Expanded Program on Immunization	1,800,000	1,800,000	1,949,783	1,949,783	16,000,000	17,000,000	19,000,000	
TOTAL	1,800,000	1,800,000	1,949,783	1,949,783	16,000,000	17,000,000	19,000,000	
6. PHYSICAL TARGET AND ACCOMPLISHMENT								
Performance Indicator	Target (No.)						Accomplishment (%)	
	2011	2012	2013	2014	2015	2016	2011	Slippage
Fully Immunized Children	2,586,433	2,635,039	2,683,380	2,731,722	2,783,722	2,791,155	78% partial	
7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS <ul style="list-style-type: none"> > Increase Population Immunity through (1) routine vaccination of all infants ages 0-11 months adopting the Reaching Every Barangay and (2) supplemental immunization activity either small scale or large scale immunization. > Enhance surveillance including the laboratory surveillance to detect and confirm the reported cases. 								
8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS								
<i>Prepared by:</i>				<i>Certified Correct by:</i>		<i>Approved by:</i>		
DR. JOYCE DUCUSIN Program Manager				IRMA L. ASUNCION, MD, MHA, CESO IV CHIEF ACCOUNTANT		DATE		
_____				_____		_____		
BUDGET OFFICER				OIC-Director IV, NCDPC				

**BP 201 - SCHEDULE D
PROGRAM EXPENDITURE PLAN
(in P'000)**

1. KEY RESULT AREA CLUSTER: Poverty Reduction and Empowerment of the Poor and Vulnerable								
2. PROGRAM NAME: NATIONAL TB CONTROL PROGRAM								
3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES: DOH-NCDDPC, Other DOH Offices, CHDs in 17 Regions, DOH Hospitals, Prov'l/City/ Municipal LGUs, Other Gov't Agencies (CUPs), Private Organizations								
4. PROGRAM DESCRIPTION AND OBJECTIVES: <ul style="list-style-type: none"> a. Reduce local variation in TB Control Program performance b. Scale-up and sustain coverage of DOTS implementation (Service Delivery) c. Ensure provision of quality TB Services (Regulation) d. Reduce out-of-pocket expenses related to TB care (Financing) 								
5. FUNDING REQUIREMENT:								
Program Component:	<u>2011</u>	<u>2012</u>	<u>2013</u>					
Agencies		<u>GAA</u>	<u>Indicative</u>	<u>Total Proposal</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	
TOTAL	1,021,000	1,021,000	1,061,023	1,061,023	1,253,979	1,279,059	1,304,640	
6. PHYSICAL TARGET AND ACCOMPLISHMENT								
	Target (No.)						Accomplishment (%)	
Performance Indicator	2011	2012	2013	2014	2015	2016	2011	Slippage
No. of TB Symptomatics examined	2,874,108	2,927,821	2,987,821	3,035,246	3,088,959	3,150,738		
No. of Adult TB Cases detected	168,205	174,198	180,010	184,587	189,158	192,941		
No. of Childhood TB Cases detected	42,051	43,549	45,003	46,147	47,289	48,235		
No. of Childhood TB Cases given IPT treatment	44,421	45,591	46,694	47,242	47,801	48,757		
7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS <ul style="list-style-type: none"> a. Localize TB implementation of TB Control b. Monitor health system performance c. Engage both public and private health care providers d. Promote and strengthen positive behavior of communities e. Address MDR-TB, TB/HIV, needs of vulnerable populations f. Regulate and make available quality TB diagnostic tests and drugs g. Certify and accredit TB care providers h. Secure adequate funding and improve allocation and efficiency of fund utilization 								
8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS <ul style="list-style-type: none"> a. Need to actively engage both public and private stakeholders including hospitals to support its implementation b. Need to develop localized strategies to properly implement the TB program within the provincial/municipal/city setting c. Need to address vulnerable groups/high-risk groups through intensified casefinding strategies. 								
Prepared by:			Certified Correct by:			Approved by:		
DR. ROSALIND VIANZON PROGRAM MANAGER			BUDGET OFFICER			IRMA L. ASUNCION, MD, MHA, CESO IV CHIEF ACCOUNTANT OIC-Director IV, NCDDPC DATE		

**BP 201 - SCHEDULE D
PROGRAM EXPENDITURE PLAN
(in P'000)**

1. KEY RESULT AREA CLUSTER: Poverty Reduction and Empowerment of the Poor and Vulnerable								
2. PROGRAM NAME: National HIV, AIDS and STI Prevention and Control Program-Infectious Disease Office (NASPCP-IDO)								
3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES:								
NASPCP - IDO:		Central technical coordination, program/project/standards development, resource mobilization, evaluation, capability-building						
National Epidemiology Center		Disease surveillance, mapping of risks and vulnerabilities, evaluation						
Philippine National AIDS Council Secretariat		Multi-sectoral coordination of members						
National Voluntary Blood Services Program		Ensure blood supply is safe from HIV and other infectious agents						
4. PROGRAM DESCRIPTION AND OBJECTIVES:								
To contribute to the country goal that by 2016, HIV prevalence is less than 66 HIV cases per 100,000 population by preventing the further spread of HIV infection and reducing the impact of the disease on individuals, families, sectors and communities with the following strategic objectives: a) To improve the coverage and quality of prevention programs for persons at most risk, vulnerable and living with HIV ; b) To improve the coverage and quality of TCS programs for people living with HIV (including those who remain at risk and vulnerable) and their families ; c) To enhance policies for scaling up implementation, effective management and coordination of HIV programs at all levels ; d) To strengthen capacities of the PNAC and its members to oversee the implementation of the 5th AMTP ; e) To strengthen partnerships and develop capacities for the 5th AMTP implementation of LGUs, private sector, civil society, including communities of at-risk, vulnerable, and living with HIV.								
5. FUNDING REQUIREMENT:								
Program Component:	<u>2011</u>	<u>2012</u>	<u>2013</u>					
Agencies		<u>GAA</u>	<u>Indicative</u>	<u>Total Proposal</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	
NASPCP - IDO:	63,000	65,000	101,000	356,000	700,000	880,000	980,000	
TOTAL	63,000	65,000	101,000	356,000	700,000	880,000	980,000	
6. PHYSICAL TARGET AND ACCOMPLISHMENT								
Performance Indicator	Target (No.)						Accomplishment (%)	
	2011	2012	2013	2014	2015	2016	2011	Slippage
Number of HIV infected people on ARV treatment : Adult Children	2,080	4,506	6,056	8,056	10,339		90	
% condom use rate during last high risk sex	56%		65%		80%	80%		
HIV prevalence among gen. pop'n 15 yo and above	<1%		<1%		<1%		0.02%	
Knowledge on HIV among 15-49 at risk population (UNGASS indicator)	39%		60%		80%	80%	39%	
7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS								
Community Health Team Strategy HIV Counseling and Testing (both client and provider-initiated) Provision of Treatment including ARV STI Diagnosis and Treatment 100% Condom Use Program								
8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS								
Resource Mobilization Advocacy, Communication and Social Mobilization Participatory Program Process Policy Review								
<i>Prepared by:</i>		<i>Certified Correct by:</i>		<i>Approved by:</i>				
DR. GERARD BELIMAC	_____	IRMA L. ASUNCION, MD, MHA, CES	_____	_____	_____	_____	_____	
PLANNING OFFICER	BUDGET OFFICER	CHIEF ACCOUNTANT	OIC-Director IV, NCDPC	DATE				

**BP 201 - SCHEDULE D
PROGRAM EXPENDITURE PLAN
(in P'000)**

1. KEY RESULT AREA CLUSTER: Poverty Reduction and Empowerment of the Poor and Vulnerable								
2. PROGRAM NAME: Community Health Teams								
3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES: Family Health Office - National Center for Disease Prevention & Control - Department of Health								
4. PROGRAM DESCRIPTION AND OBJECTIVES: Community Health Team (CHT) is a breakthrough strategy of visiting targeted poor households under the Conditional Cash Transfer (CCT) Program of the National Household Targeting System (NHTS) of the Department of Social Welfare and Development. Barangay shall organize Community Health Teams that will bring together the barangay health workers, community volunteers, barangay officials and health providers who will communicate directly with the poor families to ensure early identification of health problems of family members, effective access to accredited health providers and facilities, and timely utilization of needed health services to improve health outcomes. The National Training of Trainers on CHT mobilization was conducted on the last quarter of 2011. Objectives: > To provide key health messages to families and inform them of their benefits and entitlements as enrolled members under the National Health Insurance Program > To facilitate access of NHTS households to accredited health facilities in their locality > Provide critical health and social services when needed by the households								
Program Component:	<u>2011</u>	<u>2012</u>	<u>2013</u>					
Agencies		<u>GAA</u>	<u>Indicative</u>	<u>Total Proposal</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	
TOTAL	244,321,665	868,343,702	868,343,702	1,059,837,812	1,423,387,600	1,804,192,746	1,804,192,746	
6. PHYSICAL TARGET AND ACCOMPLISHMENT								
	Target (No.)						Accomplishment (%)	
Performance Indicator	2011	2012	2013	2014	2015	2016	2011	Slippage
No. of CHT members trained	17,000	91,088	210,744	434,392	434,392	434,392	18,152	
No. of CHTs deployed		22,772	52,686	108,598	108,598	108,598		
No. of CCT households visited		2,277,287	2,277,287	3,000,000	3,000,000	3,000,000	2,338	
No. of NHTS-PR HHs visited		5,268,631	5,268,631	8,068,531	10,859,845	10,859,845		
7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS								
<ol style="list-style-type: none"> 1. Organizing and training of CHTs 2. Deployment of CHTs to conduct household visits to CCT families initially then all Quintile 1 NHTS-PR and later to include Quintile 2 NHTS-PR HHs 3. CHT is expected to visit the households at least three times or as the need arises 								
8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS								
<ol style="list-style-type: none"> 1. Strengthen inter-agency coordination at the national and local level. Mainstream CHT efforts in the Family Development Sessions of 4Ps and other community based programs of other agencies. 2. Advocacy to local government units to support and sustain in the CHT mobilization 								
<i>Prepared by:</i>			<i>Certified Correct by:</i>			<i>Approved by:</i>		
<u>Dr. Rosalie Paje, MD</u>	_____	_____	_____	_____	_____	<u>Dir. Irma L. Asuncion, MD</u>	_____	_____
PLANNING OFFICER	BUDGET OFFICER		CHIEF ACCOUNTANT			HEAD OF AGENCY		DATE

**BP 201 - SCHEDULE D
PROGRAM EXPENDITURE PLAN
(in P'000)**

1. KEY RESULT AREA CLUSTER: Poverty Reduction and Empowerment of the Poor and Vulnerable								
2. PROGRAM NAME: DOH Complete Treatment Pack (ComPack) Program								
3. IMPLEMENTING AGENCIES AND COMPONENT ACTIVITIES: National Center for Pharmaceutical Access and Management-Department of Health (NCPAM-DOH)								
4. PROGRAM DESCRIPTION AND OBJECTIVES: A medicines access program designed to reach the poorest of the poor with complete treatment regimens for the top most common diseases in the country. Objectives: 1. To increase patients access to quality essential medicines, taking into consideration rational drug use & availability up to the grassroots level. 2. To improve primary health care in the poorest communities by addressing the needs of the population for essential medicines as part of primary & secondary prevention especially for chronic non-communicable diseases. 3. To provide complete treatment regimens to poor patients as maybe identified by Philhealth & other targeting systems.								
5. FUNDING REQUIREMENT:								
Program Component:	<u>2011</u>	<u>2012</u>	<u>2013</u>					
Agencies		<u>GAA</u>	<u>Indicative</u>	<u>Total Proposal</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	
DOH Complete Treatment Pack	P249,315	680,000	600,000	680,000	400,000	400,000	400,000	
TOTAL	P249,315	680,000	600,000	680,000	400,000	400,000	400,000	
6. PHYSICAL TARGET AND ACCOMPLISHMENT								
Performance Indicator	Target (No.)						Accomplishment (%)	
	2011	2012	2013	2014	2015	2016	2011	Slippage
Number of CCT municipalities served	1,020	1,377	1,377 mun/160 district hospitals	1,377 mun/160 district hospitals	1,377 mun/160 district hospitals	1,377 mun/160 district hospitals	100%	
Number of molecules delivered	24	26	26	26	26	26	96%	4%
7. STRATEGIES AND ACTIVITIES/PROJECTS TO ACHIEVE TARGETS 1. On-time and complete delivery of medicines to the RHUs 2. Provision & procurement of medicines in the ComPack list								
8. PROPOSED MEASURES TO ADDRESS IMPLEMENTING ISSUES/GAPS 1. Early procurement of medicines to avoid delays in the delivery 2. Use the RIS submitted by the RHUs as basis in the quantification of meds in each specific CCT RHU 3. Train and orient the MHOs on the DOH ComPack program for effective and efficient implementation of the program								
<i>Prepared by:</i>			<i>Certified Correct by:</i>			<i>Approved by:</i>		
<u>MS. GISELLE ANNE NAVARRO</u> DIVISION CHIEF			<u>DR. MA. VIRGINIA G. ALA</u> DIRECTOR IV, NCPAM			_____ DATE		