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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

CERTIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that at the regular session duly constituted of the Sangguniang Panlalawigan, Province of Pangasinan, held on August 12, 2024 at the Session Hall, Capitol Building, Lingayen, Pangasinan, the following provincial ordinance was approved:

Authored by SP Member Shiela Marie F. Baniqued

PROVINCIAL ORDINANCE NO. 329-2024

AN ORDINANCE INSTITUTIONALIZING THE NATIONAL IMMUNIZATION PROGRAM (NIP) REACHING EVERY PUROK (REP) STRATEGY IN THE PROVINCE OF PANGASINAN, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

WHEREAS, Article 1, Section 4 of the 1987 Constitution of the Republic of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, the Presidential Decree No. 996 recognizes that every child is an important asset of the nation and therefore every effort must be exerted to promote his/her welfare and enhance his/her opportunities for a useful and happy life;

WHEREAS, the Mandatory Infants and Children Health Immunization Act of 2011 (Republic Act No. 10152) mandates the state to take a proactive role in the preventive health care of infants and children by adopting a comprehensive, mandatory and sustainable immunization program for vaccine-preventable diseases for all infants and children;

WHEREAS, the Province of Pangasinan pursues a comprehensive healthcare approach with emphasis on preventive healthcare services by adhering to Republic Act 10152, otherwise known as the Mandatory Infants and Children Health Immunization Act of 2011, which mandates compulsory basic immunization services for infants and children 5 years old and below;

WHEREAS, the immunization coverage has been decreasing over the years, with the World Health Organization and the United Nations Children's Fund recognizing the Philippines as one of the countries with the greatest number of unimmunized children;

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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 2

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WHEREAS, to help accelerate these efforts globally, a "Big Catch-Up" initiative was launched in 2023 – a coordinated advocacy effort to support countries to plan and implement intensified efforts to bolster immunization programs with a three-pronged approach:

1. **Catch-up.** Reaching children who missed vaccination during 2020-2022, including the 2019 zero-dose and under-immunized children;
2. **Restore** immunization programs. Restore vaccination coverage in 2023 back to at least 2019 coverage levels; and
3. **Strengthen** immunization systems within primary health care, to improve program resilience and resume the trajectory of the IA2030 goals and targets.

WHEREAS, in line with the goals of the 8-Point Action Agenda, "Ligtas, Dekalidad, at Mapagkalingang Serbisyo" and "Pag-iwas sa Sakit"; and to attain the Primary Care Tracer Performance Indicators by 2028 of Fully Immunized Children to 95% from 69.83% in 2023, the province will be highly directing all Local Government Units to implement the Reaching Every Purok (REP) Strategy;

WHEREAS, immunization is a population-based health services which is one of the priorities of Universal Health Care Law (RA 11223) that seeks to improve local health system to ensure effective and efficient delivery of population-based and individual-based health services;

WHEREAS, the Province of Pangasinan is committed in the implementation of Universal Health Care (Republic Act 11223) which aims to establish a comprehensive and integrated health care system for all Filipinos, ensuring quality services and financial protection against risks.

WHEREAS, the province recognizes the need to institutionalize the Reaching Every Purok (REP) as a national strategy and foundational in achieving complete immunization of every child in every purok, block or sitio; preventing outbreak of vaccine preventable diseases; and achieving equity high coverage immunization in all communities;

NOW, THEREFORE, on motion of SP Member Shiela Marie F. Baniqued, duly seconded –

Be it ordained by Province of Pangasinan, in Regular Session assembled:



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 3

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ARTICLE 1

SECTION 1. TITLE. - This ordinance shall be known as the **ORDINANCE INSTITUTIONALIZING THE NATIONAL IMMUNIZATION PROGRAM (NIP) REACHING EVERY PUROK (REP) STRATEGY IN THE PROVINCE OF PANGASINAN, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES.**

ARTICLE 2

SECTION 2. DECLARATION OF POLICY AND PRINCIPLES. - It is the policy of the Province of Pangasinan to ensure that the general health and well-being of all its constituents and communities are protected from vaccine-preventable diseases by increasing the immunization coverage through implementation of the Reaching Every Purok (REP) Strategy. The Province of Pangasinan shall contribute to the realization of this goal and shall adopt a proactive approach to strengthen immunization systems by improving the planning, managing available resources, service delivery and monitoring, in the context of primary healthcare based on community needs; to improve equitable and sustainable access to vaccines for every age-eligible person and reduce vaccine-preventable diseases (VPDs); and to respond to continued significant immunity gaps among disadvantaged puroks, blocks or sitios in a barangay.

ARTICLE 3

SECTION 3. OBJECTIVES. - This Ordinance seeks to:

1. Institutionalize the eight steps in Reaching Every Purok (REP) Strategy at all levels of health implementation – data disaggregation and analysis; conduct of rapid convenience monitoring; making and reviewing the LGU map; making a micro plan with local leaders; session planning and conduct of immunization outreach activities; working with community and tracking defaulters; and, monitoring and self-check.
2. Establish the bottoms-up process of formulating the Barangay and Municipal/City and Provincial microplans.
3. Ensure the funding and delivery of interventions and activities identified in the barangay and municipal/city/provincial microplans at the barangay and city/provincial levels through multilevel, multi-sectoral strategies and approaches.



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www.pangasinan.gov.ph

OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 4

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4. Strengthen and define the roles of the Provincial/City/Municipal Health Boards and the local National Immunization Program (NIP) structure including capacity building for local NIP staff and Barangay Health Workers.

5. Strengthen the coordination and monitoring mechanisms for the effective and efficient implementation of the Reaching Every Purok (REP) Strategy.

6. Ensure the active and meaningful participation of various groups of stakeholders from both the government, non-government agencies and the private sector.

7. Provide an enabling policy environment towards improved immunization coverage.

8. Define the roles and responsibilities of the barangays in the implementation of the REP strategy.

ARTICLE 4

SECTION 4. COVERAGE. - The Ordinance shall cover all the constituents of the Local Government Units (LGUs) with special focus on the 0-23 months old children. It will be implemented in all barangays, municipalities, cities in Pangasinan with priority accorded to those with presence of vaccine-preventable diseases, high number of zero-dose and unimmunized children, and other parameters.

ARTICLE 5

SECTION 5. DEFINITION OF TERMS. - For this Ordinance, the following terms are defined as follows:

- a. *Access* - refers to the timely administration or receipt of first dose of DPT vaccine based on the actual recommended age. The acceptable optimum access rate is 95% and above.
- b. *Catch-up Immunization* – refers to the action of vaccinating an individual who, for whatever reason, has missed a dose or doses or has not received a vaccine for which they are eligible, per the national immunization schedule.
- c. *Defaulted or Missed Children* – refers to children who started the routine EPI immunizations but failed to complete the series for any reason.



Republic of the Philippines
PROVINCE OF PANGASINAN
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www.pangasinan.gov.ph

OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 5

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- d. *Fully Immunized Children (FIC)* - an infant who received the following by 12 months old: 1 dose of BCG; 3 doses of OPV; 3 doses of DPT-HiB-HepB vaccines; and 2 doses of MCV (MCV1 at 9 months and MCV2 at 12 months old).
- e. *Reaching Every Purok (REP)* - a strategy first introduced in 2013 as the next step after the Reaching Every Barangay (REB) Strategy in responding to continued significant immunity gaps among disadvantaged puroks or sitios in a barangay.
- f. *Rapid Convenience Monitoring (RCM)* - process of validating the actual coverage of a catchment area by checking the doses of antigen given at a recommended age in the immunization card.
- g. *Supportive Supervision* - process of helping staff to improve their work performance continuously through respectful and non-authoritarian way with a focus on an opportunity to improve the knowledge and skills of health staff.
- h. *Target Client List (TCL)* - refers to an integrated recording tool for nutrition and immunization; it is a useful tool in tracking individual immunization status with regard to who is due for immunization and defaulters who need to be followed up; it does not only list those individuals who have obtained services from the health facility but all those targeted to receive said services.
- i. *Utilization* - refers to the completeness of administration of the recommended vaccine doses (up to MCV2) based on the actual recommended age. The acceptable optimum utilization rates are between -5% to 5% for urban areas and -5% to +10% for rural areas.
- j. *Zero-Dose Children* - children who did not receive their first dose of DPT-HiB-HepB vaccine.

ARTICLE 6

SECTION 6. THE NATIONAL IMMUNIZATION PROGRAM (NIP) REACHING EVERY PUROK (REP) STRATEGY EIGHT STEPS TO IMPROVE IMMUNIZATION SERVICE DELIVERY. - The province will be highly advising all Local Government Units (LGUs) to implement the Reaching Every Purok (REP) strategy. The following are advised to be conducted:

1. Each barangay shall be dedicated a Target Client List (TCL).
2. Monthly disaggregation of data per city, municipality and health facility shall be accomplished.



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 6

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3. Monthly analysis of immunization data with the use of REP Table Analysis.

4. The Rural Health Midwives are required to submit the Reaching Every Purok (REP) Table Analysis reflecting their catchment area's access and utilization to the Public Health Nurses monthly. This will then be consolidated by the Municipal/ City National Immunization Program (NIP) Focal Person/ Program Manager to identify the high-risk areas that need immediate attention on the following prioritization criteria:

- Highest number of vaccine-preventable diseases (VPD)
- Highest number of Zero-Dose children
- Highest number of unvaccinated children based on MCV2
- Densely urbanized depressed areas
- Neonatal Tetanus Rate of $>1/1000$ live births
- Infant Mortality of $>50/100,000$ live births
- Maternal Mortality of $>300/100,000$ live births less than 70/ 100,000 live births

Consolidated report shall be submitted to the Provincial Health Office (PHO) through the District Nurse Supervisors (DNS).

5. The Provincial National Immunization Program (NIP) Focal Person/ Program Manager will make the REP Table Data Analysis using the validated NIP report from the Field Health Services Information System (FHSIS). These data will be used as basis for identifying high risk and priority areas for the succeeding year.

6. Monthly or quarterly conduct of Rapid Convenience Monitoring (RCM) to all identified high-risk puroks and selected puroks with high coverage to validate the accomplishments of health facilities.

- The provided RCM format by the DOH shall be used during the activity.
- Children from 0 months old to 23 months old shall be included.
- For rural areas, 20 random houses shall be checked.
- The following households shall be checked for urban areas:
 - 20 houses for well-organized/not densely populated areas
 - 50 houses for slum areas/pocket of urban poor
 - All children shall be checked for areas with mobile population.
- For children with immunization cards, write the number of children with complete immunization, partial immunization and zero-dose.
- For children without immunization cards, record the details of the child and the immunization record for TCL validation.



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 7

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- g. An area can be classified as low-risk if there are $\geq 90\%$ Fully Immunized Children, and high-risk if there are $< 90\%$ Fully Immunized Children.
 - h. Coordination shall be done in border areas, defined by two adjacent cities/barangays/catchment area, prior to the start of RCM to ensure that immunity gap of residents at the border are addressed.
 - i. Ensure that all required logistics such as immunization cards, vaccines, syringes and safety collector boxes are on hand when conducting RCM to immediately address missed/unimmunized children.
 - j. Obtain details from the immunization card of all identified children vaccinated in private health facilities and report in the TCL where it was administered for recording of coverage.
 - k. Review the immunization record of every child at all times, regardless of health complaints or reasons for visit to health facility. Children shall be immunized in every opportunity, unless children had previous hypersensitivity reaction to the antigen, to prevent missed opportunities.
7. Create or update of barangay maps for identifying strategic areas and planning of immunization sessions.
 8. Conduct of bottoms-up microplanning sessions. All Barangay Health Centers/Stations are required to develop microplans with local leaders based on each area's situational analysis and stakeholder mapping. Capturing the operational, technical and financial needs at the BHS level, all Rural Health Units/Municipal Health Centers, and City Health Centers will be submitting their municipal/city microplans every year on the 30th day of January.
 9. All developed municipal/city microplans shall be presented and vetted at the Local Health Board for political attention and prioritization.
 10. Monthly masterlisting of all eligible mothers and children in the catchment area using the Masterlisting Form.
 11. Monthly vaccination session planning in all health facilities providing immunization services. Fixed and mobile immunization sessions shall be conducted at least once a week. Additional routine immunization sessions will be added depending on the result of the vaccination session planning.



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 8

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12. All children up to 23 months of age who missed any of their primary immunization series during their scheduled vaccination shall be listed in defaulter tracking list at Barangay Health Centers/Stations and are targets for catch-up immunization. Identification of these missed children shall be done by the Barangay Health Workers through (1) monthly active masterlisting per purok, (2) review of Target Client List (TCL), and (3) review of immunization cards.

13. To ensure regularity of the conduct of catch-up immunization activities, a "catch-up week" dedicated every month shall be implemented by all local human resources for health, including those deployed by DOH. It shall be strictly implemented especially for areas which have the highest number of unimmunized children.

14. Regular supportive supervision shall be conducted at least every month or as needed by the provincial, city and municipal supervisors. Corresponding reports and properly filled-out results and findings shall be written in the supervisory logbook of the health centers as evidence of visits in the health facility. In addition, RCM can be conducted by the provincial, city and municipal supervisors to verify existing data and proactively prevent outbreaks.

15. The Child Survival Monitoring Checklist or also known as Reaching Every Purok Monitoring Tool shall be used during supportive supervision to practice integrated monitoring and capture other pertinent details important to children's health.

ARTICLE 7
ROLES AND RESPONSIBILITIES

SECTION 7. THE CENTER FOR HEALTH DEVELOPMENT (CHD) AND PROVINCIAL DOH OFFICE (PDOHO). -The CHD/PDOHO shall be responsible as the primary technical assistance provider in the institutionalization and scale-up of Reaching Every Purok (REP) Strategy in all Local Government Units (LGUs).

1. Conduct orientation for concerned stakeholders regarding the policy and advocate for its adoption and implementation by the LGUs;
2. Provide technical assistance and capacity building to the LGUs and other partners on the institutionalization and scale-up of Reaching Every Purok (REP) Strategy;
3. Provide support to LGUs in the engagement of concerned government and private hospitals, professional medical and allied medical associations, academic institutions in planning, implementation, reporting of data and program review;



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 9

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4. Harmonize support from partners for immunization program; and
5. Conduct joint supportive supervision visits with PHO/CHO/MHO to priority LGUs to monitor and evaluate implementation of Reaching Every Purok (REP) Strategy.

SECTION 8. THE LOCAL HEALTH BOARD (LHB). - The Provincial/City/Municipal LHB shall be primarily responsible for the institutionalization of the Reaching Every Purok (REP) Strategy at the provincial, city and municipal levels and for this purpose, shall:

1. Ensure all health facilities are staffed with adequate technical personnel including appointment of permanent NIP Medical and Nurse Coordinators in P/C/MLGUs who shall be responsible for the managerial oversight;
2. Formulate appropriate and sustainable immunization policies, guidelines, strategies and approaches related to immunization;
3. Ensure coordination and participation of all government agencies and hospitals in the province;
4. Ensure full support of all Barangay Captains and officials to City/Rural Health Midwives and barangay Health Workers for efficient implementation of eight steps of REP strategy to improve service delivery, and take necessary actions as needed;
5. Review developed annual microplans and recommend appropriation of funds;
6. Report monthly accomplishments, discuss the status of monthly implementation of National Immunization Program (NIP), and formulate recommendations;
7. Monitor for the preparedness of PHO/CHO/MHO/RHU in the prevention of any vaccine-preventable diseases (policies, systems, logistics, manpower, transport vehicles).
8. Monitor the progress of implementation of NIP and activities in the city/municipal microplan and address the gaps and bottlenecks in the implementation; and
9. Support advocacy activities concerning importance of immunization.

SECTION 9. THE LOCAL HEALTH OFFICE (PHO/CHO/MHO/RHU). - The PHO/CHO/MHO/RHU shall be responsible for the managerial oversight of the implementation of Reaching Every Purok (REP) Strategy. Responsibilities shall include, but not limited to:

1. Ensure that technical guidance for all immunization program are communicated to all local health personnel and properly implemented;
2. Spearhead the planning, implementation and monitoring of the National Immunization Program including the eight steps of Reaching Every Purok (REP) Strategy in all LGUs, barangays and purok/block/sitio;



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024
Page 10

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3. Identify innovative strategies and interventions including advocacy and demand generation activities and capturing and reporting data from private hospitals;
4. Ensure the supply of vaccines by continuously monitoring vaccines supply;
5. Design, fund and conduct REP and other NIP-related trainings for local health personnel, Barangay Officials and Barangay Health Workers in all barangays.
6. Prepare an annual report on the implementation of the immunization program including the plans, programs and activities, which shall be submitted to the Local Health Board for integration into the Local Health Plan;
7. Conduct monthly supportive supervision visits to priority LGUs and barangays and ensure regular data quality check sessions are done; and
8. Submit timely reports to the higher level (PHO/CHD) for monitoring and tracking of progress of implementation.

SECTION 10. THE BARANGAY COUNCIL. - The Barangay Captains and Officials shall serve the best interests of barangays as a whole by promoting the Reaching Every Purok (REP) Strategy.

1. Support the Local Health Office through Barangay Health Stations in educating, communicating with, influencing behavior, mobilizing communities, delivering and monitoring immunization services so that they can easily access immunization services;
2. Spearhead the annual microplanning exercises with the assigned City/Rural Health Midwife and recommend appropriation of funds;
3. Formulate/Adopt relevant local immunization policies, guidelines, strategies and approaches related to immunization;
4. Work closely with the assigned City/Rural Health Midwife and the communities in tracking defaulters and provide logistics and transport support as necessary;
5. Recruit and deploy of Barangay Health Workers and ensure all puroks have assigned adequate number of BHWs;
6. Discuss the status of monthly implementation of National Immunization Program (NIP) with the assigned City/Rural Health Midwife, and formulate recommendations; and
7. Provide support in the coordination with relevant stakeholders in improving engagement and demand for immunization.

ARTICLE 8

SECTION 11: BUDGETARY APPROPRIATIONS. - Initial funding to finance the expenses necessary for or incidental to the implementation of this Ordinance in the amount of **P2,000,000.00** shall be sourced from the Provincial/City/Municipal Government and is hereby allocated. Every year thereafter, any available fund shall



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 11

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automatically be included in the Annual Budget of the province/city/municipality for the implementation and enforcement of this Ordinance.

The above expenses may include, but are not limited to, the following:

1. Cost of printing copies of this Ordinance, information, education and communication materials on promoting the Reaching Every Purok (REP) Strategy;
2. Appointment or hiring of permanent NIP Medical and/or Nurse Coordinators in P/C/MLGUs who shall be responsible for the managerial oversight;
3. Cost of participation of P/C/MHO personnel in any NIP capacity building activities organized by DOH-Center for Health Development and Provincial Health Office outside the duty station including meals and travel allowances;
4. Cost of orientation on Reaching Every Purok (REP) Strategy for new Barangay Health Workers;
5. Cost of transportation for P/C/MHO personnel in conducting routine and catch-up immunization sessions in all barangays;
6. Cost of provincial/city/municipal advocacy and demand generation activities;
7. Cost of periodic program review meetings of the PHO/CHO/MHO/RHU; and
8. Cost of transportation for P/C/MHO personnel in conducting quarterly supportive supervision visits to priority barangay and puroks.

ARTICLE 9

MONITORING, REVIEW, AND ASSESSMENT OF THE NATIONAL IMMUNIZATION PROGRAM REACHING EVERY PUROK (REP) STRATEGY

SECTION 12. SETTING UP THE MONITORING AND EVALUATION MECHANISM. - The local government, through the PHO/CHO/MHO/RHU, shall regularly monitor, review and assess the implementation of the National Immunization Program Reaching Every Purok (REP) Strategy. The PHO/CHO/MHO/RHU shall ensure that a monitoring and evaluation mechanism in place to determine the impact and effectiveness of the REP Strategy as well as in assessing the extent to which the NIP goals and targets particularly in Fully Immunized Child (FIC) and first dose of DPT-HiB-HepB vaccine/Pentavalent 1 set by the DOH are being achieved. The Quarterly management meetings and reporting by the PHO/CHO/MHO/RHU will be used as the platform for regular monitoring and reporting of agency program accomplishments and resolution of issues arising from the implementation of the Program.



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

Provincial Ordinance No. 329-2024

Page 12

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SECTION 13. ANNUAL PROGRAM IMPLEMENTATION REVIEW (PIR).
- The PHO/CHO/MHO/RHU shall lead the conduct of the annual PIR every year as a means to undertake a rigorous and reflective analysis of NIP implementation in the current year. The annual PIR exercise will enable the PHO/CHO/MHO/RHU to effect remedial measures and innovations in the following year through a microplan.

SECTION 14. REPORTORIAL REQUIREMENTS. - The PHO/CHO/MHO/RHU units shall closely coordinate with all concerned offices of the city/municipality in order to streamline collection, consolidation, and processing of data for reports required by this Ordinance. Existing information systems shall be updated and harmonized to ensure availability of electronic and real-time generation of reports.

- a. Monthly and Quarterly Reports – Field Health Services Information System (FHSIS) reports shall be consolidated every month and quarter and shall be reported during the quarterly meetings of the PHO/CHO/MHO/RHU.
- b. Annual NIP Report – Before end of fiscal year, an Annual NIP Report prepared by the PHO/CHO/MHO/RHU shall be submitted to the Local Health Board, Sanggunian, and other relevant offices and stakeholders. The report may be integrated into existing Annual Health reports by the PHO/CHO/MHO/RHU. It shall also provide the comprehensive assessment of the NIP as a result of the annual PIR conducted including accomplishments and lessons learned.
- c. Incentive and Awards System – The PHO/CHO/MHO/RHU in coordination with key offices of the local government and other stakeholders shall develop an incentive and awards system to recognize performing barangays, program implementers, personnel and private groups or individuals for compliance to set standards in these Rules, achievement of targets and innovative practices.

ARTICLE 10
FINAL PROVISIONS

SECTION 15. REPEALING CLAUSE. - All ordinances, rules and regulations, or parts thereof, found to be in conflict with or inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.



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RAMON V. GUICO III
Governor

Provincial Ordinance No. 329-2024
Page 13

SECTION 16. EFFECTIVITY CLAUSE. - This Ordinance shall take effect three (3) consecutive weeks after its publication in a newspaper of local or general circulation or posting in at least two (2) conspicuous places within the province/city/municipality.

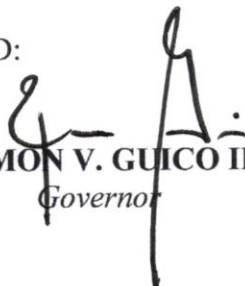
CERTIFIED BY:


ESPERANCILLA B. ROMA
Assistant Secretary to the Sanggunian

ATTESTED:


MARK RONALD DG. LAMBINO
Vice Governor
(Presiding Officer)

APPROVED:


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