

ANNUAL PROGRESS REPORT

Program Name: Social Protection Program – Health and Medical

Reporting Period: F.Y. 2024

Prepared by: PCA – Health and Medical Division

I. Executive Summary

The CFITF Health and Medical Program for Coconut Farmers and Their Families is designed to bridge gaps in healthcare access and service provision for eligible NCFRS-registered coconut farmers. It complements existing government social protection programs, ensuring that eligible beneficiaries meeting the selection and prioritization criteria receive critical health and medical support. The program delivers benefits through two key components: Hospitalization and Medical Care Assistance and Mobile Health Services.

To establish a strong foundation for the program, the following preparatory activities were undertaken:

1. Medical Missions and Distribution of Medicines: Providing immediate health interventions to farmers.
2. Health Surveys: Gathering data to assess the health needs of coconut farmers
3. Capacity-Building Activities: Equipping stakeholders with knowledge and skills
4. Preparation of MOAs and Implementing Guidelines: Formalizing partnerships and processes
5. Database Cross-Matching: Aligning the NCFRS database with PhilHealth records for seamless beneficiary identification
6. Meetings and Consultations: Engaging stakeholders to align goals and strategies.

The program encountered significant challenges, including funding constraints resulting from the delayed approval of the CFIDP amendment, as well as complexities in coordination, database management, and beneficiary identification processes.

With optimism surrounding the approval of the CFIDP amendment this year, the NIATC has recommended prioritizing the implementation phase of the Health and Medical Program in the 2025 budget allocation. This strategic focus aims to deliver meaningful healthcare services to coconut farmers and their families effectively.

II. Program Background and Goals/ Objectives

The Coconut Farmers and Industry Development Plan (CFIDP) recognizes the critical need for improved healthcare access among coconut farmers and their families. In line with this, the Health and Medical Program of the Philippine Coconut Authority (PCA), in collaboration with PhilHealth, was designed to allocate annual subsidies for coconut farmers' monthly PhilHealth contributions, granting them access to standard health benefit packages.

However, with the enactment of the Universal Health Care Act, PhilHealth coverage now extends to all Filipinos regardless of their contribution status. In response to this development, the PCA initiated a specialized Health and Medical Program for Coconut Farmers and Their Families by Republic Act 11524, Article II, Section 4, Paragraph K, which mandates the PCA to implement a dedicated health and medical program beyond PhilHealth's standard provisions. Thus, the proposed amendment to CFIDP.

The Health and Medical Program for Coconut Farmers and Their Families aims to address gaps in healthcare access and delivery, complementing existing social protection programs. It ensures that qualified NCFRS-registered coconut farmers who meet the established selection and prioritization criteria can avail themselves of essential health and medical services, specifically through: Hospitalization and Medical Care Assistance and Mobile Health Services.

Specifically, the Health and Medical Program aims to:

1. Provide free medical and dental health consultation, medicines, and basic oral care services to coconut farmers who have limited or no access to healthcare services;
2. Address the healthcare needs of coconut farmers and their dependents during hospital confinement;
3. Provide support to reduce out-of-pocket (OOP) expenses before and after hospitalization, which include but are not limited to consultations, laboratory services, medical procedures, drugs, and medicines; and
4. Assist coconut farmers in accessing other medical and financial assistance provided by other government agencies and private entities at the local and national levels.

This initiative underscores PCA's commitment to enhancing the well-being of coconut farmers and their families by reducing financial barriers and bridging healthcare service gaps.

III. Key Achievements and Milestones

The preparatory activities for the Health and Medical Program under the Coconut Farmers and Industry Development Plan (CFIDP) have laid a strong foundation for its future implementation. These efforts have focused on delivering immediate assistance, building capacity, fostering partnerships, and developing systems and processes.

1. Medical Missions and Distribution of Medicines

Regions with remaining medicines and medical supplies from 2023 conducted medical missions and distribution of medicines to coconut farmers. These activities were carried out in conjunction with other regional initiatives, as the program's funds were on hold pending the approval of the CFIDP amendment.



Medicine dispensing and health consultation in Region V as part of their activity CFIDP On the Go and Road Show held on 05 December 2024 at BU Tabaco Gymnasium, Tayhi, Tabaco City.



Conduct of information caravan and medical mission in Region VI on 09 September 2024 at Heritage Hall, Sigma, Capiz.



Conduct of information caravan and medical mission on 19 August 2024 at Nabunturan Comprehensive High School, Nabunturan, Davao de Oro.



Conduct of information caravan and medical mission on 12 September 2024 at Municipal Gymnasium, Datu Hoffer Ampatuan, Maguindanao del Sur

2. Health Surveys

Health surveys were conducted in Geographically Isolated and Disadvantaged Areas (GIDAs) to assess the current health status and needs of coconut farmers. These surveys will help align program activities and resources with the specific needs of beneficiaries, ensuring a targeted and effective approach to healthcare delivery.



Conduct of health survey to coconut farmers in Region IV-A.



Conduct of health survey to coconut farmers in Region VI.



Conduct of health survey to coconut farmers in Region VII.



Conduct of health survey to coconut farmers in Region XII.



Conduct of health survey to coconut farmers in BARMM.

3. Capacity-Building Activities

a) Capacity Building Activity for PCA Social Workers in the Implementation of the Health and Medical Program for Coconut Farmers and Their Families (Batch 1 and 2)

The Health and Medical Division (HMD) conducted the Capacity Building Activity for PCA Social Workers in the Implementation of the Health and Medical Program for Coconut Farmers and Their Families which serves as a platform to enhance the knowledge and skills of the social workers and administrative officers assigned in the regions.

It is designed to familiarize them with the revised operational guidelines and help them identify eligible beneficiaries while coordinating with healthcare providers and other stakeholders. Through workshops, hands-on training, and expert-led discussions, the participants develop the ability to implement the program efficiently and effectively, ensuring that coconut farmers and their families receive the healthcare benefits they are entitled to under the new framework.



Capacity Building Activity for PCA Social Workers in the Implementation of the Health and Medical Program for Coconut Farmers and Their Families Batch 1.



Capacity Building Activity for PCA Social Workers in the Implementation of the Health and Medical Program for Coconut Farmers and Their Families Batch 2.



Basic Life Support Training conducted by Mr. Rodino Senen T. Cruz, AEMT from Philippine Red Cross – Quezon City Chapter.



The HMD together with April R. Capco, RMT, MD from the Department of Health who discussed about the Overview of Medical and Hospital Care.

b) Health and Medical Year-End Assessment and Planning

The Health and Medical Year-End Assessment and Planning is an important step in preparing for the forthcoming implementation of the Health and Medical Program under the Coconut Farmers and Industry Development Plan (CFIDP), which is awaiting approval from the President. Although the program has not started yet, this activity allows the HMD to assess regional health surveys conducted, identifying strengths, challenges, and areas for improvement. Additionally, it provides an opportunity to align regional activities, ensuring a cohesive and unified approach to program implementation once the program officially begins.



The HMD together with the Regional Social Workers and Administrative Officers who attended the Health and Medical Year-End Assessment and Planning.



Ms. Joyce Camille Dominguez, Head, Service-Learning Center for Faculty Advancement, De La Salle – College of Saint Benilde conducting lecture on Gender and Development.



The HMD together with Ms. Ma. Consuelo Gonzales, MSW, PGD-CP, RSW conducted a lecture on Caring for the Carers.

c) Attendance at DOH Online Academy

To ensure readiness for program implementation, existing Health and Medical Program personnel underwent self-paced courses via the Department of Health (DOH) Online Academy covering essential topics such as Universal Health Care, Primary Care Competencies, patient management, and health promotion skills, which will also be taken up by the social workers which will be recruited by PCA.

This will enhance the skills and knowledge of personnel on the standards of practice and knowledge across the healthcare sector in preparation for the full implementation of the health program. The table below shows the available courses taken by the HMD personnel.

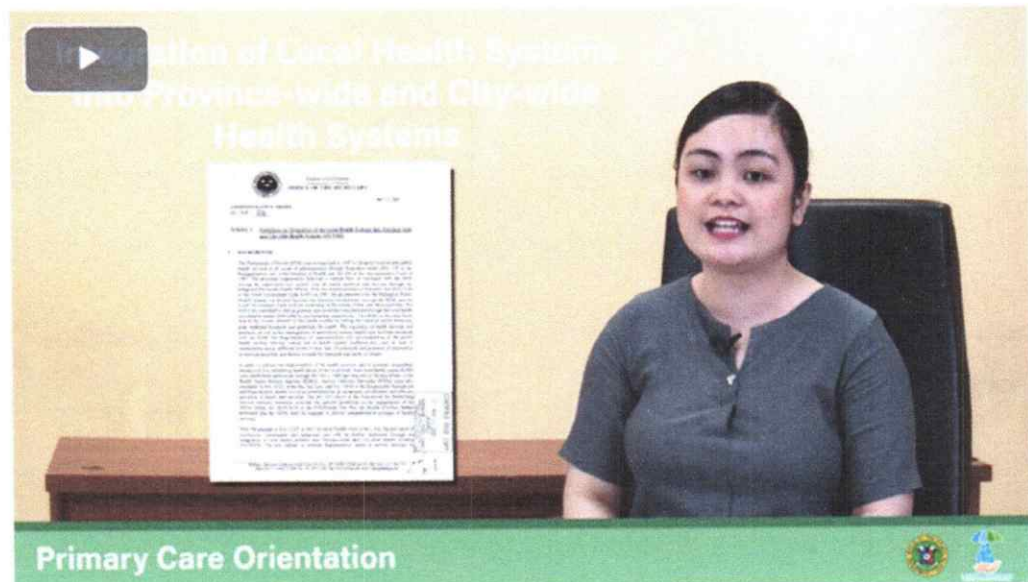
Title	Objectives
DOH Primary Care Worker Online Orientation	<ul style="list-style-type: none"> Equip participants with essential knowledge and skills for effective primary care delivery; Familiarize participants with the principles and goals of primary care, understanding the roles and responsibilities of primary care workers, and enhancing their capacity to provide comprehensive and patient-centered services; and Educate participants on health promotion, disease prevention, and the management of common health conditions, while also emphasizing the importance of collaboration with other healthcare providers and community stakeholders

Integrated Course on Primary Care	<ul style="list-style-type: none"> ▪ Equip participants with the requisite knowledge and skills to administer patient-centered care, emphasizing preventive medicine and health promotion principles; and ▪ Develop proficiency in diagnosing and managing prevalent medical conditions encountered in primary care, alongside fostering effective communication with patients, families, and healthcare teams.
Health Promotion Framework Strategy	The following separate courses aim to raise awareness, provide education, and empower individuals and communities to adopt healthier lifestyles and practices. It seeks to improve overall public health outcomes and enhance the well-being of individuals and communities.
a. Active Transport	<ul style="list-style-type: none"> ▪ Promote and encourage the adoption of active modes of transportation, such as walking, cycling, or using non-motorized vehicles, as a means to enhance physical activity levels and improve overall health outcomes within the community; and ▪ Address sedentary lifestyles and related health concerns by advocating for infrastructure development, policies, and educational initiatives that support and prioritize active transportation options.
b. Bakuna Champion	<ul style="list-style-type: none"> ▪ Establish and empower a network of individuals who are knowledgeable, influential, and passionate about vaccination advocacy; and ▪ Combat vaccine hesitancy and misinformation by equipping these champions with the necessary education, communication skills, and resources to promote the importance, safety, and efficacy of vaccines within their communities.
c. Behavioral Nudges for Hand Hygiene	<ul style="list-style-type: none"> ▪ Promote and reinforce consistent hand hygiene practices among individuals within the community; and ▪ Mitigate the spread of infectious diseases, including respiratory illnesses and gastrointestinal infections, by employing behavioral science principles to subtly guide and encourage desired hand hygiene behaviors.
d. Karinderya Para sa Healthy Pilipinas	<ul style="list-style-type: none"> ▪ Promote and facilitate the provision of nutritious and balanced meals in local food establishments, particularly in karinderyas (small eateries) across the Philippines; and ▪ Address nutrition-related health concerns and combat the prevalence of non-communicable diseases by advocating for healthier food options and cooking practices within these establishments.
e. Peer Support Groups for the Youth	<ul style="list-style-type: none"> ▪ Create a supportive and empowering environment where young individuals can receive guidance, encouragement, and assistance from their peers in addressing various health-related challenges and concerns; and ▪ Empower youth to make informed decisions, build healthy habits, and navigate the complexities of adolescence more effectively, ultimately contributing to their overall health and development.

f. Smoke and Vape Free Communities	<ul style="list-style-type: none"> ▪ Create environments that are free from tobacco and electronic cigarette (e-cigarette) use, thereby reducing exposure to harmful secondhand smoke and mitigating the prevalence of tobacco-related diseases; and ▪ Raise awareness about the health risks associated with tobacco and e-cigarette use, encourage behavior change, and foster social norms that prioritize smoke and vape-free environments.
g. Key Assistance for Developing Adolescent	<ul style="list-style-type: none"> ▪ Provide targeted support and resources to adolescents during a critical period of physical, emotional, and social development; ▪ Address the unique health needs and challenges faced by adolescents by offering comprehensive assistance that promotes their overall well-being and empowerment; and ▪ Deliver age-appropriate education, counseling, and services that address various aspects of adolescent health, including sexual and reproductive health, mental health, substance abuse prevention, nutrition, and physical activity.
h. Communicating Violence and Injury Prevention	<ul style="list-style-type: none"> ▪ Raise awareness, educate, and engage individuals and communities in efforts to prevent and reduce violence and injuries; and ▪ Empower individuals and communities to recognize the signs of violence, understand the underlying risk factors, and take proactive measures to prevent incidents and mitigate harm.
Primary Care Competency Courses	The Primary Care Competency Courses offered by the Department of Health (DOH) typically refer to a series of online training modules designed to enhance the skills and knowledge of participants in primary care. These courses aim to ensure that participants possess the necessary competencies to deliver effective primary healthcare services.
a. Establishing Good Patient Communication	<ul style="list-style-type: none"> ▪ Improve ability to communicate effectively, clearly, and empathetically with patients; ▪ Foster positive relationships and trust with patients; and ▪ Emphasize patient-centered care by helping participants understand and address patients' unique needs, concerns, and expectations.
b. Assessing and Managing Patients Primary Care	<ul style="list-style-type: none"> ▪ Improve participant's ability to conduct thorough and accurate assessments of patients in primary care settings; ▪ Provide training in the effective management of common acute and chronic conditions encountered in primary care; and ▪ Emphasize the importance of evidence-based decision-making in primary care.
c. Administering Initial Treatment in Primary Care	<ul style="list-style-type: none"> ▪ Equip participants with the knowledge and skills to manage common medical emergencies that may present in primary care settings; ▪ Provide training in the rapid assessment and treatment of urgent but non-emergent conditions commonly encountered in primary care; and ▪ Emphasize patient safety principles in the administration of initial treatment.

d. Recognizing Red Flags and Danger Signs in Primary Care	<ul style="list-style-type: none"> ▪ Enhance participant's ability to recognize subtle and overt signs and symptoms that indicate potential serious or life-threatening conditions in primary care patients; ▪ Provide training to promptly identify red flags and danger signs that warrant urgent medical attention or specialist referral; and ▪ Promote critical thinking and evidence-based decision-making in primary care settings.
e. Incorporating Biopsychosocial Approach in Planning for Care Management	<ul style="list-style-type: none"> ▪ Equip participants with the knowledge and skills to conduct comprehensive assessments that consider biological, psychological, and social factors influencing patients' health and well-being; ▪ Emphasize the importance of patient-centered care planning that addresses not only the physical aspects of illness but also the psychological and social dimensions; and ▪ Promote collaboration among healthcare professionals from diverse disciplines to optimize care management.
f. Providing Individual, Family, and Community HealthCare	<ul style="list-style-type: none"> ▪ Equip participants with the skills and knowledge to provide comprehensive healthcare that considers the needs of individuals within the context of their families; ▪ Empower healthcare providers to engage with communities to assess health needs, promote preventive measures, and address health disparities; and ▪ Promote collaboration among healthcare professionals, social workers, educators, and community leaders to address the complex healthcare needs of individuals, families, and communities.
g. Counseling Services on General Disease Prevention and Health Promotion including Household Remedies	<ul style="list-style-type: none"> ▪ Educate participants on effective strategies for preventing common diseases; ▪ Teach participants about various health promotion techniques; and ▪ Empower participants with knowledge of household remedies and natural treatments that can supplement conventional healthcare.
h. Sustaining Primary Care worker-patient Relationship	<ul style="list-style-type: none"> ▪ Enhance communication skills between primary care workers and patients; ▪ Promote patient-centered care within primary care settings; and ▪ Teach participants on how to build and sustain long-term relationships between primary care workers and patients.
i. Planning for Continuing Care	<ul style="list-style-type: none"> ▪ Educate participants on the importance of continuity of care for patients; ▪ Develop skills in care coordination among healthcare professionals; and ▪ Teach participants how to assess patient needs, involve patients in care planning decisions, and develop personalized care plans that promote patient autonomy and well-being.
j. Referring to specialty care and higher level of care	<ul style="list-style-type: none"> ▪ Equip participants with the knowledge and skills needed to navigate the referral process effectively; ▪ Improve participant's ability to make appropriate and timely referrals to specialty care and higher levels of care; and ▪ Teach effective referral processes, clear communication of patient information, and establishing collaborative

	relationships to ensure seamless transitions and continuity of care for patients.
k. Assisting Patient During Referrals	<ul style="list-style-type: none"> ▪ Educate participants on how to empower patients during the referral process; ▪ Teach participants to involve patients in the referral decision-making process, address their concerns or preferences, and ensure they understand the implications and benefits of the referral; and ▪ Teach participants how to coordinate referrals effectively, communicate patient information accurately and securely, and ensure continuity of care throughout the referral process.
l. Participating Multidisciplinary care and inter professional care teams	<ul style="list-style-type: none"> ▪ Educate participants on the roles and responsibilities within multidisciplinary and interprofessional care teams; ▪ Enhance communication and collaboration skills among participants; and ▪ Teach participants how to prioritize patient needs and preferences, involve patients in care planning and decision-making, and deliver coordinated and holistic care that addresses all aspects of patient well-being.
m. Communicating Effectively with the members of the Health Care Team	<ul style="list-style-type: none"> ▪ Enhance participant's ability to communicate effectively with members of the healthcare team; ▪ Teach strategies for engaging in discussions, exchanging ideas, and resolving conflicts constructively to reach consensus on patient care plans and treatment strategies; and ▪ Educate participants on the importance of teamwork in preventing medical errors, promoting continuity of care, and ensuring seamless transitions between healthcare settings.
n. Assisting patient in Navigating Through other agencies and resources in the community	<ul style="list-style-type: none"> ▪ Educate participants on available community agencies and resources.; ▪ Develop skills in referring patients to appropriate community resources; and ▪ Educate participants on how to educate and guide patients in navigating through available resources, advocating for their needs, and promoting self-management and resilience in accessing community support.
o. Managing Patients Record	<ul style="list-style-type: none"> ▪ Educate participants on best practices for managing patients' records with a focus on accuracy and compliance; ▪ Teach participants effective strategies for organizing, updating, and retrieving patient records in a timely manner, utilizing electronic health record (EHR) systems or other digital platforms effectively; and ▪ Educate participants on the importance of documenting comprehensive patient information, facilitating seamless information sharing among healthcare team members, and promoting coordinated care transitions for improved patient outcomes.



Sample video of online courses offered in the DOH Online Academy.

4. Preparation of MOAs and Implementing Guidelines

The HMD developed a draft implementing guidelines for the program's Hospitalization Medical Care Assistance and Mobile Health Services. These documents outline objectives, beneficiary criteria, scope of assistance, application procedures, and the roles of PCA and partner entities.

Additionally, a template Memorandum of Agreement (MOA) with the DOH and partner hospitals was drafted, detailing roles, responsibilities, benefit access processes, and payment procedures.

All of these drafts have been reviewed by the PCA Legal Department.

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Agreement (MOA) is made and entered into this ____ day of ____ 2024 in ____ by and between:

The **PHILIPPINE COCONUT AUTHORITY (PCA)**, a government-owned and controlled corporation attached to the Department of Agriculture, duly organized and existing under and by virtue of the provisions of Presidential Decree No. 1468, located at Elliptical Road, Diliman, Quezon City 1100, Philippines, represented by its Administrator and CEO, **DEXTER R. BUTED**, and hereinafter referred to as the PCA.

And

The **DEPARTMENT OF HEALTH (DOH)**, an executive department of the government of the Philippines mandated as the overall technical authority on health, located at San Lazaro Compound, Tayuman, Sta. Cruz, Manila 1003, Philippines, represented by its Secretary, **DR. TEODORO J. HERBOSA**, and hereinafter referred to as the DOH.

The term "PARTIES" when used in this Agreement shall collectively refer to all the agencies above - the PCA and DOH.

WITNESSETH that:

WHEREAS, the PCA is the primary government agency mandated by law to promote the rapid integrated development and growth of the coconut and other oil palm industry in all aspects and ensure that the coconut farmers become direct participants in, and beneficiaries of, such development and growth;

WHEREAS, former President, Rodrigo R. Duterte signed into law Republic Act No. 11524 (R.A. 11524) or the "Coconut Farmers and Industry Trust Fund (CFITF) Act" which aims to consolidate the benefits due to coconut farmers, especially the poor and marginalized, under various statutes and to expedite the delivery of said benefits thereof to attain increased incomes for coconut farmers, alleviate poverty, and achieve social equality;

WHEREAS, Article II Sec. 4 paragraph k of R.A. 11524 mandated the PCA to implement a health and medical program for farmers and their families and create a special unit within the agency for the purpose,

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Draft MOA with DOH

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Agreement (MOA) is made and entered into this ____ day of ____ 2024 in ____ by and between:

The **PHILIPPINE COCONUT AUTHORITY**, a government-owned and controlled corporation attached to the Department of Agriculture, duly organized and existing under and by virtue of the provisions of Presidential Decree No. 1468, located at Elliptical Road, Diliman, Quezon City, represented by its Administrator, **DEXTER R. BUTED**, and hereinafter referred to as the PCA.

And

The **ZAMBOANGA CITY MEDICAL CENTER**, a government hospital established under Republic Act No. 7272, located at Evangelista St., Sta. Catalina, Zamboanga City, Zamboanga del Sur, represented by its Medical Center Chief II, **DR. AFDAL B. KUNTING, MPH, FPCP**, hereinafter referred to as the ZCMC.

The term "PARTIES" when used in this Agreement shall collectively refer to all the agencies above - the PCA and ZCMC.

WITNESSETH that:

WHEREAS, Republic Act (R.A.) No. 11524 or the "Coconut Farmers and Industry Trust Fund Act" was signed into law which aims to consolidate the benefits due to coconut farmers, especially the poor and marginalized, under various statutes and to expedite the delivery of said benefits thereof to attain increased incomes for coconut farmers, alleviate poverty, and achieve social equality;

WHEREAS, the PCA through the Article II Sec. 4 paragraph k of R.A. 11524 was mandated to implement a health and medical program for farmers and their families and create a special unit within the agency for the purpose;

WHEREAS, R.A. 11223, also known as the Universal Health Care (UHC) Law, states that "every Filipino citizen shall be automatically included into the National Health Insurance Program (NHIP)", which provides "access to preventive, promotive, curative, rehabilitative, and palliative care for medical, dental, mental and emergency

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Draft MOA with Partner Hospital

IMPLEMENTING GUIDELINES

CFITF Health and Medical Program
Hospitalization and Medical Care Assistance Program Sub-Component

SECTION I: RATIONALE

The health challenges faced by coconut farmers are multifaceted, stemming from limited access to healthcare, inadequate medical resources, and challenging socioeconomic conditions. Addressing these issues through a dedicated health and medical program tailored to the specific needs of coconut farmers and their families is crucial. Such an initiative not only safeguards their well-being but also enhances productivity and bolsters the growth of the coconut industry.

Republic Act No. 11524, otherwise known as the Coconut Farmers and Industry Trust Fund (CFITF) Act mandates the Philippine Coconut Authority (PCA) to establish a Health and Medical Program aimed at improving healthcare access for farmers and their families. This legislative directive led to the creation of a Health and Medical Division within the PCA's Program Management Office (PMO). This unit is responsible for designing, proposing, implementing, and monitoring healthcare initiatives outlined in the Coconut Farmers and Industry Development Plan (CFIDP).

The CFITF Social Protection component, particularly the Health and Medical Program for Coconut Farmers and their Families, administered by the PCA, seeks to fulfill the healthcare needs of coconut farmers. It encompasses provisions for hospitalization, medical care assistance, and essential medical services.

This rationale underscores the imperative of providing comprehensive healthcare support for coconut farmers in the Philippines. By addressing the systemic factors contributing to their health vulnerabilities, targeted interventions can mitigate their hardships, foster inclusive development, and advance the cause of universal healthcare coverage and social justice.

SECTION II: OBJECTIVES

The overarching goal of the Hospitalization and Medical Care Assistance Program sub-component is to enhance health and medical support for coconut farmers and their dependents, emphasizing their well-being and access to essential medical services. This initiative is especially critical for coconut farmers and their families requiring medical attention, aiming to broaden their access to comprehensive healthcare services.

Specifically, it aims:

- To fill the gaps in healthcare benefits under the Universal Health Care Law for coconut farmers and their families by providing hospitalization and medical care assistance to ensure that all coconut farmers have access to necessary medical care.

Draft Implementing Guidelines on Hospitalization and Medical Care Assistance

IMPLEMENTING GUIDELINES

CFITF Health and Medical Program
Mobile Health Services

SECTION I: RATIONALE

The coconut farmers are most vulnerable to diverse risks such as sickness and disability because they lack the resources to prevent or mitigate the effects of any health or social shocks. Currently, most of them have limited access to social protection programs such as health and medical services that will enable them to deal with health risks.

Republic Act No. 11524, otherwise known as the Coconut Farmers and Industry Trust Fund (CFITF) Act mandates the Philippine Coconut Authority (PCA) to establish a Health and Medical Program aimed at improving healthcare access for farmers and their families. This legislative directive led to the creation of a Health and Medical Division within the PCA's Program Management Office (PMO). This unit is responsible for designing, proposing, implementing, and monitoring healthcare initiatives outlined in the Coconut Farmers and Industry Development Plan (CFIDP).

The CFITF Social Protection component, particularly the Health and Medical Program for Coconut Farmers and their Families, administered by the PCA, places a strong emphasis on the health and well-being of coconut farmers. The Program aims to provide access to healthcare services and create a supportive and inclusive environment where these coconut farmers can receive the necessary medical care they require regardless of their location.

Further, the PCA recognizes the challenges faced by coconut farmers and their families, particularly those situated in the Geographically Isolated and Disadvantaged Areas (GIDA) where limited or no access to medical care is a concern, making it difficult for coconut farmers to seek the necessary healthcare services they need.

The PCA aims to overcome geographical barriers and improve healthcare access for its target coconut farmer beneficiaries by conducting a more comprehensive and proactive medical services in partnership with the Department of Health (DOH), with support from the local government units (LGUs), Philippine Charity Sweepstakes Office (PCSO), non-government organizations (NGOs), civil society groups and/or other entities from the public and private sector.

These partnerships will enable the PCA to tap into available technological advances in healthcare, including additional resources and support, to enhance the reach and impact of the healthcare services it intends for the coconut farmers.

SECTION II: OBJECTIVES

The overarching goal of the Mobile Health Services is to increase the access of the coconut farmers and their qualified dependents on health and medical services, especially those living in GIDA.

Draft Implementing Guidelines on Mobile Health Services

5. Database Cross-Matching

Following the Data Sharing Agreement between PCA and PhilHealth dated 30 June 2022, a copy of the NCFRS database was shared with PhilHealth on October 21, 2024. The crossmatching results are expected by January 2025.

In addition, a series of meetings have been conducted to facilitate MOA signing to cover both the crossmatching and the group registration of unregistered indigent and senior citizen coconut farmers. Currently, both parties are in the process of finalizing the MOA.

6. Meetings and Consultations

a) PhilHealth

Series of meetings with PhilHealth includes topics on crossmatching of NCFRS database with the PhilHealth database and signing of MOA for group registration of identified unregistered indigent and senior citizen coconut farmers to avail PhilHealth benefits.



One of the meetings was conducted between PCA and PhilHealth at the PhilHealth Central Office.

b) Department of Health

Consultations included finalizing an overarching MOA for partnerships with DOH-retained hospitals and exploring other collaborative opportunities.



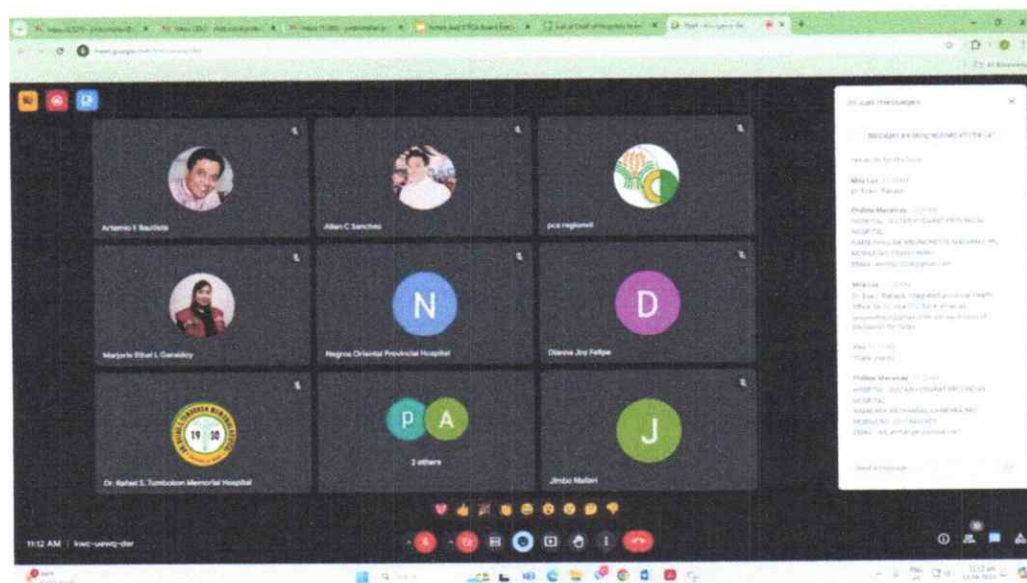
c) Private sector

Meetings with private sector entities explored partnerships for mobile health services to enhance healthcare outreach.



d) Proposed Partner Hospitals

Orientation sessions with 25 potential partner hospitals provided an overview of the program's objectives, implementation process, and partnership opportunities.



These achievements demonstrate significant progress in the groundwork necessary for implementing a comprehensive healthcare program for coconut farmers and their families. The PCA's proactive approach ensures readiness to deliver essential services once the CFIDP amendment is approved.

A. Physical Accomplishment

Summary of Physical Accomplishments

PPA/ Key Performance Indicators	Target	Actual Accomplishment	% Accomplishment
No. of coconut farmers surveyed	6,500	4,037	62.11%
No. of mobile health services conducted	13	4	30.77%
No. of coconut farmers and dependents provided with medical services	6500	1,638	25.20%

PPA/ Key Performance Indicators	Target	Actual Accomplishment	No. Farmers Served		
			Male	Female	Total
No. of coconut farmers surveyed	6,500	4,048	1,937	2,111	4,048
No. of coconut farmers and dependents provided with medical services	6500	1,638	710	928	1,638

IV. Challenges and Lessons Learned

The implementation of the Health and Medical Program faced several obstacles, underscoring areas that require focused attention for future improvements. Some challenges identified are:

1. Funding Delays

The delayed approval of the CFIDP amendment posed a significant challenge, limiting the availability of dedicated funds for program activities. This constraint forced regions to rely upon and integrate health and medical activities with other initiatives of the regions.

2. Complex Coordination

The program's multi-stakeholder nature required extensive coordination with national agencies (e.g., PhilHealth, DOH), private sector partners, and hospitals. Finalizing MOAs and aligning roles among various stakeholders proved time-consuming.

3. Database and Beneficiary Identification Issues

Crossmatching the NCFRS database with PhilHealth data was a resource-intensive process, delayed by data-sharing and procedural bottlenecks. Thus, results were also delayed.

Despite the challenges encountered, the program's preparatory phase offered valuable lessons, demonstrating the importance of adaptability, stakeholder engagement, capacity building, and tailored approaches to ensure successful implementation and greater impact.

1. Adaptability in Resource Utilization

Regions demonstrated resilience by conducting health surveys, medical missions, and distribution of medicines in conjunction with the other activities of the regions while waiting for funding. This highlights the importance of leveraging available resources to maintain service continuity.

2. Early Stakeholder Engagement

Early involvement of key stakeholders such as PhilHealth, DOH, and partner hospitals can expedite processes like MOA finalization and database crossmatching, ensuring smoother implementation.

3. Proactive Planning and Monitoring

Activities such as year-end assessments and planning enabled the identification of strengths and gaps, fostering a proactive approach to addressing challenges and aligning future activities with program goals.

By addressing these challenges and incorporating these lessons, the program can enhance its efficiency and impact, ultimately improving healthcare access and outcomes for coconut farmers and their families.

V. Way Forward / Strategies and Action Plan for Next Year

Since the PCA is hopeful that the CFIDP amendment will be approved this year, the National Inter-Agency Technical Committee (NIATC) has recommended that the Health and Medical Division prioritize its 2025 budget allocation for the full implementation phase of the program. To ensure a smooth and impactful rollout, the following strategies, as outlined in the approved Annual Operations Plan (AOP) for the Health and Medical Program, are proposed:

1. Ensure efficient and effective program implementation
2. Assess current health issues of coconut farmers and their access to health care services
3. Establish partnerships with concerned government agencies, LGUs, government hospitals, and other local stakeholders on the provision of healthcare services and medical assistance
4. Provide free medical consultation, including laboratory and diagnostic tests and medicines to coconut farmers who have limited or no access to healthcare services
5. Provide coverage for confinement bills and out-of-pocket expenses
6. Monitor and evaluate the program

By adopting these strategies, the Health and Medical Division aims to deliver equitable, accessible, and sustainable healthcare services to coconut farmers and their families, fostering improved health outcomes and overall well-being.

VI. Annexes

- A. List of Beneficiaries
- B. Regional Breakdown of Accomplishments

Prepared by:


DIANNE JOY D. FELIPE
PDO III, HMD

Reviewed by:


KING ARRVIL B. GASPAR, RSW MSW
Acting Division Chief, HMD

Approved by:


DEXTER R. BUTED
Administrator & Chief Executive Officer



Annex B: Regional Breakdown of Accomplishments

KPI 1: No. of coconut farmers surveyed

Region	Targets	Accomplishments	% Accomplishment
I, II & CAR	500		
III & IV-B	500		
IVA	500	236	47.20%
V	500		
VI	500	373	74.60%
VII	500	2,019	403.80%
VIII	500		
IX	500		
X	500		
XI	500		
XII	500	526	105.20%
XIII	500		
BARMM	500	894	178.80%
Total	6,500	4,048	62.28%

KPI 2: No. of mobile health services conducted

Region	Targets	Accomplishments	% Accomplishment
I, II & CAR	1		
III & IV-B	1		
IVA	1		
V	1	1	100.00%
VI	1	1	100.00%
VII	1		
VIII	1		
IX	1		
X	1		
XI	1	1	100.00%
XII	1		
XIII	1		
BARMM	1	1	100.00%
Total	13	4	30.77%

KPI 3: No. of coconut farmers and dependents provided with medical services

Region	Targets	Accomplishments	% Accomplishment
I, II & CAR	500		
III & IV-B	500		
IVA	500		
V	500	465	93.00%
VI	500	162	32.40%
VII	500		
VIII	500		
IX	500		
X	500		
XI	500	479	95.80%
XII	500		
XIII	500		
BARMM	500	532	106.40%
Total	6,500	1,638	25.20%