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### OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

RAMON V. GUICO III

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Vice Governor reading Officer

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(Presiding Office

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SALVADOR SACREZ JR., Sangguniang Panlalawigan Member

CAROLYN D. SISON rovincial Councilor League Representative

JOYCE D. FERNANDEZ Sangguniang Sabataan Representative

(On Official Business)
RAUL R. SABANGAN
Liga ng mga Barangay Interim Presiding Officer

**ESPERANCILLA B. ROMA**Assistant Secretary to the Sanggunian

# 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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**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:

RAMON V. GUICO III Governor

MARK RONALD DG. LAMBINO
Vice Governoe Presiding Officer

SHIELA MARILY. BANIQUED Sangguniang Panlalawigan Member (Presiding Officer by Toppore)

NAPOLEON CATONALEA BRAN, JR. Sangguniang Panlalawigan Samber (Floor Legaer)

NOEL C. BINCE Sangguniang Panlalawigan Member (Asykstant Floor Leader)

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NICHOLI JAN LOUIE Q. SISON Sangguniang Pantawinan Member

CAROLYN D. SISON
'rovincial Councilor League Representative

JOYEF FERNANDEZ Sangguniang Kabataan Representative

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Liea ne mea Baraneay Interim Presiding Officer



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## A

MARK ROSALD DG. LAMBINO
Vice Governor/Presiding Officer

RAMON V. GUICO III

Governor

SHIELA MANUE F. BANIQUED
Sangguniang Pankalawigan Member
(Presiding Officer for Jerupore)

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APOLONIA DG. BACAY Sangguniang Panlalawigan Member

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RAUL R. SABANGAN

Liga ng mga Barangay Interim Presiding Officer

ESPERANCILLA B. ROMA Assistant Secretary to the Sanggunian

#### 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 iimprove 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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- 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.

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DG. LAMBINO residing Officer

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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.

RAMON V. GUICO III
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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:
  - a. Highest number of vaccine-preventable diseases (VPD)
  - b. Highest number of Zero-Dose children
  - c. Highest number of unvaccinated children based on MCV2
  - d. Densely urbanized depressed areas
  - e. Neonatal Tetanus Rate of >1/1000 live births
  - f. Infant Mortality of >50/100,000 live births
  - g. 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.
  - a. The provided RCM format by the DOH shall be used during the activity.
  - b. Children from 0 months old to 23 months old shall be included.
  - c. For rural areas, 20 random houses shall be checked.
  - d. 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.
  - e. For children with immunization cards, write the number of children with complete immunization, partial immunization and zero-dose.
  - f. For children without immunization cards, record the details of the child and the immunization record for TCL validation.

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RAUL R. SABANGAN
Liga ng mga Barangay Interim Presiding Officer

- g. An area can be classified as low-risk if there are ≥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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- 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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SHIELA MARKEF, BANIQUED Sangguniang Panlah wigan Member (Presiding Officer Pro Toppore)

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ESPERANCILLA B. ROMA Assistant Secretary to the Sanggunian Provincial Ordinance No. 329-2024 Page 9

4. Harmonize support from partners for immunization program; and

 Conduct joint supportive supervision visits with PHO/CHO/MHO to priority LGUs to monitor and evaluate implementation of Reaching Every Purok (REP) Strategy.

**BOARD** (LHB). LOCAL HEALTH SECTION 8. THE primarily responsible for the shall be Provincial/City/Municipal LHB 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;

 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;

 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;