ZFF POLICY PAPER

Enhancing 1BSHB: Contributions to increased life expectancy in Bataan using a participatory barangay-based incentive approach

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Zuellig Family Foundation

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Executive Summary

Chronic non-communicable diseases (NCDs) disproportionately affect the economic, health, and general well-being of Filipino families, posing a threat to sustainable community development. In Bataaan, NCD cases have been consistently increasing since 2015 with essential hypertension has been one of the leading causes of death in Bataan. The 2020 Field Health Service Information System identified 2,096 new cases of hypertension and 373 new cases of diabetes. The figures represent only 4% of all high-risk adults aged 20 and older who were screened for NCDs. Preventing the spread of NCDs should be prioritized in order to free up resources for education, livelihood, and other forms of development. Early intervention can help prevent expensive treatments (WHO, 2019). Thus, interventions should bolster primary care in order to promote early detection and treatment of NCDs.

This policy brief discusses how Bataan's barangay-based incentive program can help reduce non-communicable disease costs and improve the province's Human Development Index (HDI). The provincial government must bolster the 1Bataan Seal of Healthy Barangay (1BSHB) program in order to increase investment in primary health care and NCD prevention. To assist in accomplishing this goal, the province must institutionalize a barangay leadership and management process that empowers barangay leaders to prioritize primary health care and support critical public health functions.

I. Statement of the issue

Diseases place a heavy economic burden on families and societies, and deaths leave families with significant financial loss from incurred medical expenditures (Ortiz & Abrigo, 2017). All the more so, if the affected individual is the breadwinner then the loss will affect the overall quality of life of the household. This burden is shared by the communities in general, as public health subsidies and social welfare costs account for a big chunk of the national budget. Reduced household income and decreased productivity rate affect poverty alleviation and development efforts. In 2019, the Philippines reported economic losses related to direct and indirect costs of non-communicable diseases (NCDs) amounting to PHP 756.5 billion or about 4.8% of the country's GDP (World Health Organization, 2019).

NCDs as top causes of diseases and deaths

Globally, NCDs account for 71% of the 41 million deaths annually, where about 77% occur in low- and middle-income countries (World Health Organization, 2021).

In the Philippines, NCDs are becoming a more complex public health and development challenge (World Health Organization, 2019). Increasingly between 2015 and 2020, deaths due to NCDs accounted for the leading causes of deaths in the Philippines based on the Philippine Statistics Authority. In 2020, the top three causes of deaths were ischemic heart diseases, cancer, and cerebrovascular disease (e.g., stroke, aneurysm).

The province of Bataaan has also seen rising NCD cases. Based on the government's health data[1], essential hypertension has been one of the leading causes of morbidity in Bataan since 2015. In the 2020 Field Health Service Information System, newly diagnosed hypertensive reached 2,096 while there were 373 newly diagnosed diabetics. The numbers represent just 4% of the total number of screened high-risk adults aged 20 and older and not the estimated adult population for NCD screening.

If the situation persists, then there will be significant economic and well-being costs to Bataeños' families and communities. Preventing the increase of NCD should therefore be prioritized so the province can have more resources to spend for education, livelihood, and other development opportunities.

Return of Investments in NCD prevention through primary care

NCDs are often associated with individual lifestyles and are often the result of a combination of genetic, physiological, environmental, and behavioral factors. Management and treatment of NCDs are costly and challenging for countries with limited resources like the Philippines (World Health Organization, 2019). Hence, interventions must focus on prevention and be approached via two fronts: individual and community health. This means community health promotions and literacy packages addressing tobacco control, harmful

1 Field Health Service Information System

use of alcohol, physical inactivity, and unhealthy diet must be done with NCD detection and screening, including treatment and palliative care.

Based on the 2019 WHO cost analysis study, intervention packages that address NCDs and the risk factors appeared to be cost-effective, which means that for every PHP 1.00 invested, a return of PHP 7.00 to PHP 29.9 can be seen over 15 years (World Health Organization, 2019).

As most NCDs are preventable, early interventions can reduce the need for more expensive treatments (WHO, 2019). Thus, interventions should encourage early detection and timely treatment of NCDs through strengthened primary care. Furthermore, governments must improve health literacy by involving communities in developing and implementing health programs, particularly in addressing lifestyle and behavioral factors.

II. Background

The Universal Health Care (UHC) fosters a people-oriented approach that promotes health for all Filipinos and shifts the health care paradigm to primary care, which is also the core of all health reforms (Department of Health, 2019). Primary care refers to the first level of contact within a health care delivery system; thus, acting as navigator and coordinator to ensure the accessibility and availability of a range of services for all health conditions (Department of Health, 2020). Resilient primary care is seen as the foundation for effective response during public health emergencies and in institutionalizing Universal Health Care (United Nations, 2020).

Under the Local Government Code, local government units (LGUs) are mandated to deliver primary care services and operate health facilities in their jurisdictions. The DOH assumes authority in ensuring standards of quality health care are upheld and the LGUs follow UHC guidance. This condition makes the UHC reforms and local health system implementation heavily reliant on LGU resources and capacities.

Bataan Profile

Bataan is classified as a first class province based on income. It is divided into two congressional districts, with Balanga City as its capital and with eleven municipalities. The province has 237 barangays.

Catering to these barangays at the primary level are 213 barangay health stations and 19 rural health units. There are four district hospitals and an apex hospital which is the Bataan General Hospital and Medical Center (BGHMC), a DOH-retained facility. The primary care centers or rural health units are connected to BGHMC through the service delivery network.

Bataan has been guided by its provincial goal of attaining a top-level Human Development Index (HDI), where quality and long life expectancy are components. Decreasing the morbidity and mortality rates are used to measure progress. To help the province achieve this goal, the One Bataan Seal of Healthy Barangay (1BSHB) program was developed. It is an initiative that aims to increase disease prevention practices, particularly of non-communicable diseases and strengthen primary health care at the barangay level. There are eight health targets: (1) reduced premature mortality rate, (2) zero dengue cases, (3) reduced maternal mortality rate, (4) zero human rabies cases, (5) sufficient blood donations, (6) quota for measles immunization, (7) drug-free barangay, and (8) activities promoting preventions of diabetes and hypertension. As an incentive program, barangays that accomplish the eight targets will receive PHP 50,000 cash incentive from the provincial government (Roberton, 2019).

Since it started in 2019, 41 barangays of the 237 total barangays in the province have won incentives. Unfortunately, implementation of the program had to cease because provincial resources had to be channeled to COVID-19 response on top of the challenges that officials faced in introducing 1BSHB to the different communities.

III. Policy Goal

To address the direct and indirect costs of NCDs and help Bataan realize its vision of attaining a top-level HDI, the provincial government must strengthen the 1BSHB to serve as a vehicle to improve investments and efforts in strengthening primary health care system and NCD prevention packages. To further support the achievement of this goal, the provincial government must institutionalize a barangay leadership and management process that will provide equitable opportunities and capacitate barangay leaders to prioritize primary health care and foster support for essential public health functions.

IV. Policy Options

Option 1: Current provincial efforts and strategy in utilizing 1Bataan Seal of Healthy Barangays

This option recommends continuing current efforts in addressing provincial health gaps, complemented by the 1BSHB as a primary health care development strategy. Since no additional interventions to improve the quality of current local health services and status are required, no additional resources and effort can be expected.

- *The option maintains the current effectiveness and efficiency of the 1BSHB initiative. It aligns with the provincial goal of increasing life expectancy by addressing priority health issues and primary health care thrusts.*

Primary health care includes enhancing local health services, preventive initiatives, and community mobilization for health, all of which contribute to UHC. Based on the Municipality of Pilar's experience, the local chief executive and municipal health officer provide a forum for communication among various stakeholders and enable barangays' support to achieve the desired health objectives.

In addressing NCDs, 1BSHB monitors the progress of barangays based on existing functional Hypertension/ Diabetes Club, baseline data of smokers, and barangay health stations initiated information and education campaigns (IECs). In determining the success of NCD interventions, the program has to identify indicators that will measure input, process, output, and outcome indicators.

The study by Roberton (2021) asserted that the 1BSHB contributed to one of the UHC's guiding principles of empowering citizens by motivating participation in preventive health programs. As a result, educated and engaged communities were beneficial to heighten the community's and local leaders' appreciation for health governance.

The program, however, lacked an equity approach because it assumes that all barangays have the same baseline resources and health leadership competencies to address health concerns. As more capable barangays get incentives, poor barangays will continue to fall behind.

The incentive must not replace intrinsic motivation, and some suggestions for sustaining intrinsic motivation include incorporating participant feedback and technical assistance. Furthermore, the validator must verbally provide feedback to barangays during the validation process. The current validation and feedback process could be more standardized to provide support and recommendations to barangays once the provincial health office confirms validation results. This recommendation is supported by a study conducted in the Philippines on physician incentives, which indicated that the feedback provided by the program aided in performance improvement (Roberton, 2021).

The 1BSHB as primary health care development strategy was adapted into the One Bataan Seal of COVID Free Barangay during the COVID-19 pandemic. Granular implementation of the provincial and municipal COVID-19 response (PDITR strategy) at the barangay's jurisdiction contributed to mitigating several cases. However, it also entailed additional tasks for the validators because of their other role as pandemic front-liners. Hence, emerging responsibilities were attended to and prioritized, putting the awarding on hold.

This policy alternative will not address the unintended inequity created by standardizing the 1BSHB program across all 237 barangays and failing to recognize that not all barangays have the same resources, competing priorities, and non-health challenges. Maximizing the benefits of 1BSHB initiatives can aid in the transition to UHC, where enhanced primary health care can significantly contribute to the provincial goal of achieving a high standard of living and a long life expectancy.

Option 2: Institutionalize the 1BSHB Plus as a strategy for strengthening primary health care by fostering the development of barangay-level health leadership and governance.

This option advocates for expanding the existing 1BSHB as a strategy for strengthening primary health care. This expanded strategy is defined as integrated health services that prioritize critical public health functions, multi-sectoral collaboration, and positive health-seeking behavior in the community. These characteristics will complement one another and serve as the foundation for high-performing primary care, as barangays will serve as the first point of contact for people seeking comprehensive and coordinated health services.

Additionally, this option proposes to transform the 1BSHB into "1BHSB Plus," a primary health care

strategy that will assist barangay key leaders in strengthening their health leadership and governance by applying the ZFF's Health Change Model of training, mentoring, and the provision of necessary technical assistance. As a result, the 1BSHB's structure and operation will need modifications.

Specifically, this option will enhance and expand 1BSHB as a mechanism for facilitating the process and ensuring that communities have equitable opportunities to attain their desired health outcomes. The proposal includes the following components:

A. Top barangays will improve their priority health targets, particularly on NCDs. These targets are translated into performance indicators that are monitored and evaluated using tools, such as a scorecard. The mechanism will encourage barangays to address more significant health disparities and social determinants in their communities; thus, improving development intervention planning and prioritization. The WHO Package of Essential Non-Communicable Disease Intervention (PEN) may serve as a reference for the NCD program's implementation and monitoring and evaluation systems. This approach was adopted in the Dinalupihan NCD Primary Health Care Program as proof of concept with ZFF.

B. NCD Indicators may include:

- **Lifestyle Related Diseases (Risk Assessment Using PhilPEN protocol):** % increase in proportion of 20 years old and above individuals newly risk-assessed using the PhilPEN protocol
- **Cardiovascular Disease Prevention:** Proportion of newly-identified hypertensive 20 years old and above adults
- **Diabetes Prevention and Control:** Proportion of newly-identified 20 years old and above adults with Type 2 diabetes mellitus

C. Increasing the number of incentive recipient-barangays by introducing categories based on the income class of the municipality and ranking the winners, e.g. bronze (PHP 50,000), silver (PHP 100,000), and gold categories of winners (PHP 150,000). Validation and awarding will occur quarterly to facilitate this, thereby balancing the inequity in participation among resource-limited barangays. As a result, barangays's efforts will be compared with their previous accomplishments.

D. Special recognition for the efficient and excellent implementation of barangay health programs may be included as an award category (e.g. Red Orchid Barangay, Barangay with the highest number of NCD screenings via Konsulta Package), and other specific criteria shall be determined in consultation with the province.

- Existing operational strategy for specific behavioral risk factors: healthy diet, tobacco use cessation, physical activity
- Existing population-based data for NCDs in the primary level reporting system

E. It is necessary to expand the criteria to support the agenda-setting function by establishing barangay performance indicators. These criteria could leverage the key result areas identified in the UHC primary care standards and place a greater emphasis on community engagement through mobilization, involvement, and inclusive practices.

F. Improve the program structure and process to include:

- A multi-sectoral committee, composed of representatives from sectors, community organizations, religious, and indigenous cultural communities in the municipality, will assess the 1BSHB activities and outcomes in the barangays.
- Put in place a monitoring and evaluation (M&E) system with defined structure and timeline, established tools, and transparent processes to:
  - review existing procedures and provide adequate time for crucial monitoring processes to take place and be internalized before the assessment
  - have feedback mechanism for continuous development

- conduct an annual evaluation of the program to measure its success, identify lessons, and acknowledge good practices

- Presentation of 1BSHB results during Provincial Health Board meetings

G. This intervention will be successful if the following conditions are in place:

- Improving competencies of barangay and community health leaders to sustain improvements in systems and processes (BLMP)
  - Training on leadership and barangay planning and project implementation (e.g. ZFF's Barangay Leadership Management Program; modules from Local Government Academy)
  - Technical training for health workers
- A barangay health systems roadmap to support planned primary care reforms and as part of the M&E tools
- DOH-DILG technical assistance
- Executive Order to amend the 1BSHB program

Option 3: Rationalize utilization of 1BSHB incentive to address identified health and development gaps in the barangays' local development plan.

This option proposes the details for the barangay incentives utilization and the measures to start sustaining the 1BSHB program. It also attempts to focus the efforts of barangays on building the primary care provider networks that will directly affect the health services for NCDs.

The option will require the following components:

A. General evaluation of 1BSHB and tracking the use of incentives. This option proposes making minimum changes in the 1BSHB process by providing a menu of projects that can be funded by the cash incentive, modifying the assessment and awarding from monthly to quarterly, and increasing the cash incentive from Php 50,000 to PHP 150,000.

B. Modifying 1BSHB program process and terms

- This strategy may adopt the Performance Challenge Fund process that provides financial subsidies to LGUs awarded the Seal of Good Local Governance (SGLG) (DILG MC No. 2017-160). The committee will assess barangays whether they can perform their roles on primary health care based on the LGU Code and UHC. These include maintenance of barangay health station, availability of BHWs for every household, and presence of a functional barangay health board.
- The 1BSHB committee may assess if the approved barangay plans align with the provincial government priorities in terms of advancing the implementation of the UHC, promotive and preventive programs in support of the 1BSHB performance indicators, and pandemic response, etc.

C. While the program's successes are evident with the increasing number of participating and winning barangays, there are several caveats to consider for sustainability. Pre-determined strategies for transitioning away from the incentive to long-term implementation have to be in place. The province can use as model the Del Carmen, Surigao del Norte's experience with its Seal of Health Governance, which rewarded barangays for improving health indicators. Local health issues were translated into performance indicators that were progressively scored, with each achievement also tied to better health indicators and outcomes.

D. Inclusion of UHC key indicators in the following criteria: NCD screening, profiling, and matching of households

E. Amendment of 1BSHB Executive order to institutionalize the modifications

V. Discussion

Each policy alternative was evaluated based on four criteria to determine the most feasible policy option that will help Bataan realize health care for all through primary care enhancement. The parameters have assigned weights and corresponding components. An evaluation criteria matrix was developed based on literature and was revised to consider the provincial context in assessing each policy option.

The evaluation of the policy options was based on W. Savedoff's (2011) Governance for Health Sector:

1. Governance: The policy is consistent with health stewardship, in which the allocation of roles and responsibilities among societal actors shapes their interactions.

a.) **Authority** refers to how policy can expand the role of barangay leaders on health investments and local health system improvements, mobilize the community, and foster strong multi-stakeholder engagement.

b.) **Information** refers to how policy communicates health information, progress of the program, and transparency of results.

c.) **Motivation** refers to how the policy may extrinsically (e.g., financial incentives) and intrinsically (e.g., social status) motivate key health leaders to support primary health care development

2. Approach to Equity refers to how policy rationalizes the disproportionate impact on the vulnerable by providing equal chances to join, and additional support for poor barangays and high-risk communities

a.) **Welfare** - policy supports improving access, availability, and acceptability of health services

b.) **Growth opportunities** (leadership skills/ competencies) - policy fosters more accountable health leaders in the implementation of responsive health plans and programs people in the health sector planning

3. Efficiency: Ability to accomplish tasks with minimum time and resources

a.) **Technical Feasibility** is defined as provincial capacity to develop and implement the policy option

b.) **Financial Feasibility** refers to the least cost to province and its long-term financial sustainability

c.) **Political Feasibility** refers to how policy option increases acceptability for full integration of LGUs and alignment with Bataan vision

4. Effectiveness refers to the degree by which the policy addresses the realization of primary health care for all, contributes to long life expectancy and decrease of NCD cases, and increased percentage of screened high-risk population of NCDs.

Policy options were initially scored against the components of the specified criteria. The average scores were then multiplied by the weights assigned. The final score was calculated as the sum of the values for each criterion. The determinants above were rated on a three-point scale based on the "likelihood" that the policy option will achieve policy goals: 1 indicates a low likelihood, 2 indicates a moderate likelihood, and 3 indicates a high likelihood. The weights assigned were an attempt to quantify each criterion's contribution to the achievement of policy objectives: governance (0.20), approach to equity (0.40), efficiency (0.20), and effectiveness (0.20). Table 1 shows the evaluation of policy alternatives in terms of governance, equity approach, efficiency, and effectiveness. Table 2 summarizes the results per policy option.

Table 1. Matrix analysis of policy options

Criteria	Determinant	Score		
		Option 1. Current 1BSHB Implementation *Status Quo*	Option 2 Institutionalize 1BSHB Plus Model *Ideal*	Option 3. Rationalize Utilization of 1BSHB *Compromise*
Governance **(weight: 0.20)**	Authority	1	3	2
	Information	2	3	2
	Motivation	2	2	2
	Total	**5**	**8**	**6**
	Average	**1.67**	**2.67**	**2**
Equity **(weight: 0.40)**	Welfare	2	3	2
	Growth Opportunities	1	3	2
	Total	**3**	**6**	**4**
	Average	**1.5**	**3**	**2**
Efficiency **(weight:0.20)**	Technical	3	2	3
	Financial	2	2	2
	Political	1	3	1
	Total	**6**	**7**	**6**
	Average	**2**	**2.33**	**2**
Effectiveness **(weight:0.20)**		2	3	1
	Total	2	3	1

Table 2. Summary of results

Criteria	Policy Alternatives		
	Option 1. Current 1BSHB Implementation *Status Quo*	Option 2 Institutionalize 1BSHB Plus Model *Ideal*	Option 3. Rationalize Utilization of 1BSHB *Compromise*
Governance (weight: 0.20)	0.33	0.53	0.4
Equity (weight: 0.40)	0.6	1.2	0.8
Efficiency (weight:0.20)	0.40	0.47	0.40
Effectiveness (weight:0.20)	0.4	0.6	0.2
Score	1.73	2.8	1.8

VI. Recommendations

Based on the decision matrix analysis, policy option 2 is the most viable policy direction for the province to maximize 1BSHB as a primary health care development tool in addressing NCDs. It is a comprehensive approach that will develop a (1BSHB) mechanism that facilitates active community participation, multi-sectoral engagement, and institutionalize the barangay leadership and management process of the incentive program *(see tables 1 and 2).* Option 2 contributes to enhancing policy structure and harmonization in terms of planning, coordination, and monitoring processes. It also tries to eliminate inequities by recognizing the limitations of barangays and complementing them with upskilling and the development of leadership competencies. However, no matter how comprehensive, inclusive, and participative this option may be, system changes and supportive health leadership and governance have to be in place to realize the provincial goal of improving or increasing life expectancy.

Table 3. Advantages and Disadvantages of Policy Option 2 Institutionalize the 1BSHB Plus Model (Ideal)

Policy Option	Advantage	Disadvantage
Option 2: Institutionalize the 1BSHB as a strategy for strengthening primary health care by fostering the development of barangay-level health leadership and governance.	The policy will help: • Interventions to directly address NCDs to curve the rising cases • Institutionalize and sustain a quality, inclusive, and accessible primary health care focusing on NCDs • Applies the health change model: training, coaching, and practicum of barangay leaders in the implementation of NCD program • Monitoring and evaluation system in place • Provision of technical assistance • Systematic validation process and selection of winners	• Additional resources will be needed for: — process improvement (criteria, roadmap — mobilizing for community participation — re-training of 1BSHB program TWG (multi-sectoral with well-defined roles and functions) • The timeframe will require 6 months to pilot the new structure and process; two years to institutionalize the process

Policy Option 1 is highly relevant in streamlining current health programs to address NCDs and other priority health indicators, while the barangay-incentive program may be maximized as a tool for primary health care development strategy. However, this option may overlook some gains that can be capitalized to fast-track accessibility and availability of primary care services. Likewise, the unintentional inequity brought by the barangay incentive program may prevent communities from participating, while consistent awardees may lose interest in non-progressive criteria. Assessing primary health care developments can become misaligned with efforts to improve unless an effective feedback mechanism and appropriate support are guaranteed *(see table 4)*.

Table 4. Advantages and Disadvantages of Policy Option 1 Current 1BSHB Implementation (Status Quo)

Policy Option	Advantage	Disadvantage
Option 1: Current provincial efforts and strategy in utilizing 1Bataan Seal of Healthy Barangays	• Fosters innovation among barangays to implement streamlined programs • Mobilizing barangays and community to practice NCD promotive and preventive health activities • Heightened awareness of barangays leaders on their role in the primary health care • Flexible criteria to include top health problem in the province (COVID Free Barangay)	• No significant change in the system or approach that will support improvement from NCD indicators • Target indicators do not directly address NCDs • Overburden secretariat and monitoring committee that function as health service providers during the pandemic • Current policy does not prescribe the utilization of cash incentives; subject to Barangay officials' priorities, e.g. can be used for BHW honorarium, food during health promotions campaigns, etc. • No set plans for the transition away from the incentive or for long-term implementation and this is important so that it is a well-thought transition • Disadvantaged barangays will remain disadvantaged: Creates unintentional inequity where resource-limited barangays may not recognize health as a priority and may not have the means to actively innovate health program reforms or skills to document and track their health programs

Lastly, policy option 3 is a suitable mechanism for the province to address the unintentional inequity while supporting the alignment of priorities of the barangays with approved plans. This can be accomplished with minimum modification and still anchors firmly on mobilizing the barangays to streamline provincial health plans on NCDs. This option allows flexibility for both province and barangays, with barangays enjoying the financial incentive to implement strategies and accomplish some UHC implementation deliverables such as profiling and master listing of households and primary facilities *(see table 5)*.

Table 5. Advantages and Disadvantages of Policy Option 3 Rationalize Utilization of 1BSHB (Compromise)

Policy Option	Advantage	Disadvantage
Option 3: Rationalize utilization of 1BSHB	• This option gives short term solutions in assisting the barangays address NCDs and efforts may not be translated to prompt decrease in NCD cases • It is implementable in 3 months • Will prioritize profiling and matching • Cost-effective allocation on NCDs • Build on primary care provider network deliverables	• The impact will be superficial and unsustainable • The setting of non-progressive criteria may lose the motivation for participation • Modifications will not result in significant changes and results

While the provincial government may prioritize Option 3: Rationalize Utilization of 1BSHB as an immediate option, it would be prudent to consider an ideal option (Option 2) first. Once necessary conditions are met to adopt Option 2, other options can be considered. Investing in NCD prevention policies can significantly reduce NCD cases over time. Enhancing 1BHSB as a participatory barangay-based incentive is a cost-effective strategy for increasing Bataan's life expectancy. There is a need to collect additional data on NCDs to forecast the effect of participatory barangay-based incentive programs on life expectancy.

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Annex I. List of Winners of 1BSHB

** The program was launched on July 18, 2019, with implementation beginning in August 2019. The barangays were assessed monthly, but the validation team was not able to award 1BSHB on a monthly basis.*

Date Awarded and Covered Period of Assessment	Municipality	Barangay
1st Awarding: September 2, 2019 (August)	Samal (4th income class, 14 barangays)	Palili
		East Daan Bago
	Pilar (3rd economic class, 19 barangays)	Wakas South
		Panilao
2nd Awarding: November 6, 2019 (September)	Balanga City (4th income class-component city, 25 barangays)	Cupang West
	Dinalupihan (1st income class, 46 barangays)	Colo
	Samal	West Calaguiman
		West Daan Bago
	Orion (2nd income class, 23 barangays)	Lati
	Orani (2nd income class, 23 barangays)	Ma. Fe
		Palihan
	Pilar	Panilao
		Wakas South (won in 3 consecutive awarding)

Date Awarded and Covered Period of Assessment	Municipality	Barangay
3rd Awarding: March 2, 2020 (October, November, December)	Balanga	Cupang West
	Morong (3rd income class, 5 barangays)	Sabang
	Dinalupihan	Pader Dandan
		Zamora
		San Simon
	Mariveles (1st income class, 18 barangays)	Batangas II
		Alasasin
	Orani	Tenejero
		Silahis
		Apollo
		Centro I
		Puksuan
	Orion	Lati
		Daan Bilolo
		Bantan
		Villa Angeles
	Pilar	Panilao
		Alauli
		Bagumbayan
		Balut II
		Del Rosario
		Sta. Rosa
		Burgos
		Diwa
		Nagwaling
		Landing
		Pantingan
		Poblacion
		Rizal
		Wakas South
		Wakas North
		Wawa
		Balut I
		Liyang
		Batntan Munti
		Palili
	Samal	Calaguiman
		East Daan Bago
	Bagac (3rd economic class, 13 barangays)	Tabing Ilog
	Hermosa (1st economic class, 23 barangays)	San Pedro
		Sacrifice Valley

Source: Bataan Provincial Health Office Facebook Page

Abbreviations

1BSHB	1 Bataan Seal of Healthy Barangay
BGHMC	Bataan General Hospital and Medical Center
BHW	Barangay Health Worker
BLMP	Barangay Leadership and Management Program
COVID	Corona Virus Disease
DILG	Department of the Interior and Local Government
DOH	Department of Health
GDP	Gross Domestic Product
HDI	Human Development Index
IEC	Information and Education Campaign
IPHSDP,	Integrated Provincial Health Systems and Development Program
LGU	Local Government Unit
NCD	Non-communicable Disease
PDITR	Prevent, Detect, Isolate, Treat, Re-integrate
PEN	Package of Essential Non-Communicable Disease Intervention
SGLG	Seal of Good Local Governance
TWG	Technical Working Group
UHC	Universal Health Care
WHO	World Health Organization
ZFF	Zuellig Family Foundation

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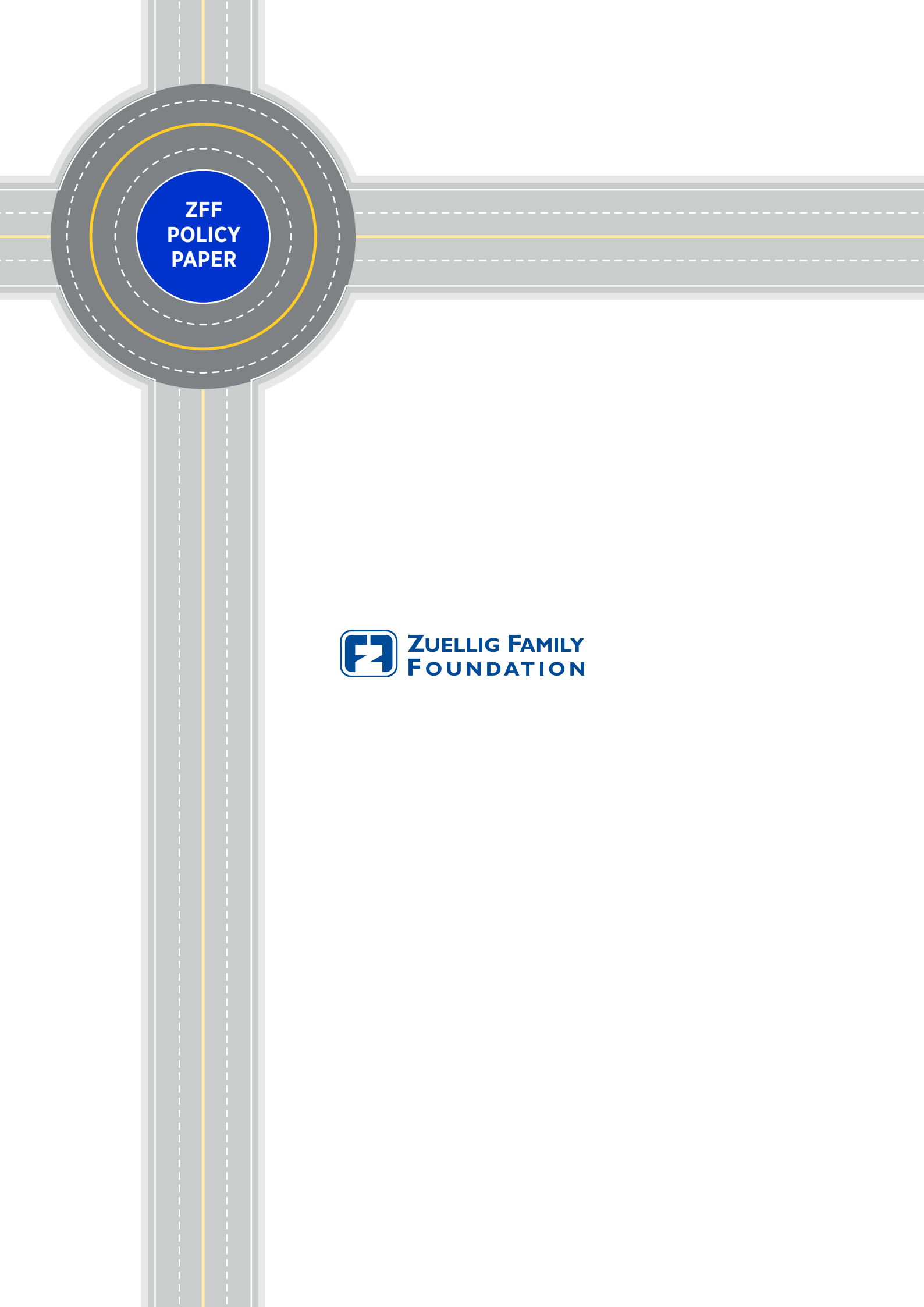

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