



# **INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.**

**Graduate School for Public Health**

Dedicated to provide appropriate training of relevant health manpower

## **STUDENT HANDBOOK School Year 2023-2024**

**Handbook Version: 07-2023**

**September 2023**

# DISCLAIMER

**THIS MANUAL IS SOLELY FOR ENROLLED STUDENTS OF THE INSTITUTE OF  
COMMUNITY AND FAMILY HEALTH, INC., UNDER  
THE MASTER OF PUBLIC HEALTH PROGRAM  
FOR THE SCHOOL YEAR 2023-2024**

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## SECTION 1: HISTORICAL BACKGROUND

The Institute of Community and Family Health, Inc. (ICFHI) started as a social arm of Children's Medical Center Philippines, Inc. in 1973. The institute became an independent foundation on September 2, 1993, when it was incorporated and registered with the Securities and Exchange Commission. It was registered as a Graduate School with the Commission on Higher Education in 1994.

The establishment of the Institute, in effect, is an implementation of the idea of Dr. Fe del Mundo of further contributing to the delivery of community-based/primary healthcare-oriented services and the appropriate training of relevant health manpower.

### INITIAL BOARD OF TRUSTEES

The ICFHI is governed by a Board of Trustees and managed by an Executive Director/Dean. The first Board of Trustees, who were also the incorporators, was composed of Dr. Fe del Mundo<sup>+</sup> as Chairperson and the following members: Dr. Trinidad A. Gomez, Dr. Luz Corpus<sup>+</sup>, Dr. Lucrecia Castillo, Dr. Regina Cailao<sup>+</sup>, Dr. Amparo Banzon Atty. Benigno Vivar, Jr.<sup>+</sup>, Dr. Elizabeth Porras<sup>+</sup> and Mr. Jose Abordo.

The Board of Trustees as of May 2004 was composed of the following: Dr. Fe del Mundo<sup>+</sup> as Honorary Chairperson, Dr. Antonio N. Acosta as Chairperson, Dr. Luz P. Corpus<sup>+</sup> as Vice-Chairperson and the following as members: Dr. Benito F. Arca, Dr. Regina C. Cailao<sup>+</sup>, Dr. Cristina F. Mencias, Dr. Teresa Nano<sup>+</sup>, Dr. Ester L. Vilar<sup>+</sup>, Mr. Felipe L. Fondevilla, Ms. Virginia S. Orais<sup>+</sup>, Dr. Elizabeth D. Porras<sup>+</sup>, Secretary-Treasurer and Dr. Remigio D. Mercado<sup>+</sup> (Executive Director and Dean).

Soon after its incorporation, ICFHI submitted to the Philippine Department of Health (DOH) two proposals for financial support: (1) to offer a Master of Public Health Degree to DOH and Local Government Units (LGU) health personnel, and (2) to conduct a community-based health development projects in three hundred underserved and hard to reach barangays. The current DOH dispensation approved both projects. Memoranda of Agreement (MOAs), one for each project, was signed in early 1994 between the ICFHI, represented by Dr. Amparo Banzon, and the DOH, represented by Dr. Jaime Galvez-Tan, then Undersecretary of Health.



The Memorandum of Agreement for the Community-Managed Health Development Project consisting of Training on primary health care of health personnel and financial support through the provision of seed funds to approved health-income generating projects was for one year (June 1994-July 1995), and the MOA for the Master of Public Health for health personnel was a five-year staggered program starting from School Year (SY) 1994-1995 to SY 1998-1999.

The first MOA of the five-year contract with the DOH for the course Master of Public Health was made possible during the opening on June 6, 1994, of the first class of 19 students in the ICFHI facility on the 4<sup>th</sup> floor of the Philippine Center for Population and Community Development (PCPCD) building (now the Medical Arts Building of Fe del Mundo Medical Center) in Quezon City. This was followed by yearly intake from then on up to the present. The enrollees came from national and local government health services and the private and non-governmental health sectors.

In 1998, the Institute started its staggered program, holding classes only on Saturdays for four semesters and two summers to accommodate those who wished to study but could not afford to be absent from work.

The officers and staff of the administration are shown on page five. It is noted that the first Dean was Dr. Amparo Banzon<sup>+</sup> (1994), and the second was Dr. Leonor Zamora<sup>+</sup> (1994-1999),. Dr. Trinidad Gomez served as the third Dean (1999-2001), followed by Dr. Remigio D. Mercado<sup>+</sup> as the Chief Executive Officer and Dean from the year 2002 up to 2011. Dr. Elizabeth D. Porras<sup>+</sup> became the Executive Director and the 5<sup>th</sup> Dean from 2011 to January 14, 2022.

The BOT has appointed Dr. Elsie Lynn Baronia-Locson as the 6<sup>th</sup> Dean of the Graduate School of Public Health from January 15, 2022, to the present.

## SECTION 2: BOARD OF TRUSTEES

### May 2004 – 2006

<i>Honorary Chairperson</i>	:	Dr. Fe del Mundo <sup>+</sup>
<i>Chairperson</i>	:	Dr. Antonio N. Acosta
<i>Vice-Chairperson</i>	:	Dr. Luz P. Corpus <sup>+</sup>
<i>Secretary-Treasurer</i>	:	Dr. Elizabeth D. Porras <sup>+</sup>
<i>Executive Director &amp; Dean</i>	:	Dr. Remigio D. Mercado <sup>+</sup>

<i>Members</i>	:	Dr. Benito F. Arca Dr. Regina C. Cailao <sup>+</sup> Mr. Felipe L. Fondevilla
<i>Honorary Member</i>	:	Atty. Benigno L. Vivar, Jr. <sup>+</sup>
<i>C/P Coordinators</i>	:	Dr. Cristina F. Mencias Dr. Teresa C. Nano <sup>+</sup> Ms. Virginia S. Orais <sup>+</sup> Dr. Ester L. Vilar <sup>+</sup> Dr. Jose Obordo Dr. Lucrecia Castillo <sup>+</sup>

### **May 2006 – 2008**

<i>Honorary Chairperson</i>	:	Dr. Fe del Mundo <sup>+</sup>
<i>Chairperson</i>	:	Dr. Antonio N. Acosta
<i>Secretary-Treasurer</i>	:	Dr. Elizabeth D. Porras <sup>+</sup>
<i>Executive Director &amp; Dean</i>	:	Dr. Remigio D. Mercado <sup>+</sup>
<i>Members</i>	:	Dr. Jocelyn Gomez Dr. Regina C. Cailao <sup>+</sup> Dr. Antonio Lopez Dr. Cristina Mencias Dr. Manuel Po

### **May 2009 – May 2018**

<i>Chairperson</i>	:	Dr. Manuel M. Po
<i>Vice Chairperson</i>	:	Dr. Cristina F. Mencias
<i>Secretary-Treasurer</i>	:	Dr. Emmalita Mañalac
<i>Executive Director &amp; Dean</i>	:	Dr. Elizabeth D. Porras <sup>+</sup>
<i>Members</i>	:	Dr. Regina C. Cailao <sup>+</sup> Dr. Jovencia D. Quintong Ms. Carmela Manza

*Honorary Adviser* : Dr. Remigio D. Mercado<sup>+</sup>

**May 2018 – May 2019**

*Chairperson* : Dr. Manuel M. Po  
*Vice Chairperson* : Dr. Renato R. Menrige, Jr.  
*Secretary* : Dr. Elizabeth D. Porras<sup>+</sup>  
*Treasurer* : Dr. Emmalita Mañalac  
*Executive Director & Dean* : Dr. Elizabeth D. Porras<sup>+</sup>  
*Members* : Dr. Regina C. Cailao<sup>+</sup>  
: Dr. Lyndon Lee Suy<sup>+</sup>  
: Dr. Dorie Lynn O. Balanoba  
: Dr. Elsie Lynn B. Locson  
*Honorary Adviser* : Dr. Remigio D. Mercado<sup>+</sup>

**June 2019 – January 2022**

*Chairperson* : Dr. Manuel M. Po  
*Vice Chairperson* : Dr. Renato R. Menrige, Jr.  
*Secretary* : Dr. Elsie Lynn Baronia-Locson  
*Treasurer* : Dr. Elizabeth D. Porras<sup>+</sup>  
*Executive Director & Dean* : Dr. Elizabeth D. Porras<sup>+</sup>  
*Member* : Dr. Dorie Lynn O. Balanoba  
*Honorary Adviser* : Dr. Remigio D. Mercado<sup>+</sup>

**January 2022 – March 2023**

*Chairperson* : Dr. Manuel M. Po  
*Vice Chairperson* : Dr. Renato R. Menrige, Jr.  
*Secretary/Treasurer* : Dr. Elizabeth D. Porras<sup>+</sup>  
*Executive Director & Dean* : Dr. Elsie Lynn Baronia-Locson  
*Member* : Dr. Dorie Lynn O. Balanoba

*Honorary Adviser* : Dr. Remigio D. Mercado<sup>+</sup>

**March 2023 – May 2023**

*Chairperson* : Dr. Manuel M. Po  
*Vice Chairperson* : Dr. Renato R. Menrige, Jr.  
*Secretary/Treasurer* : Dr. Cynthia C. Castrillo  
*Executive Director & Dean* : Dr. Elsie Lynn Baronia-Locson

**May 2023 - present**

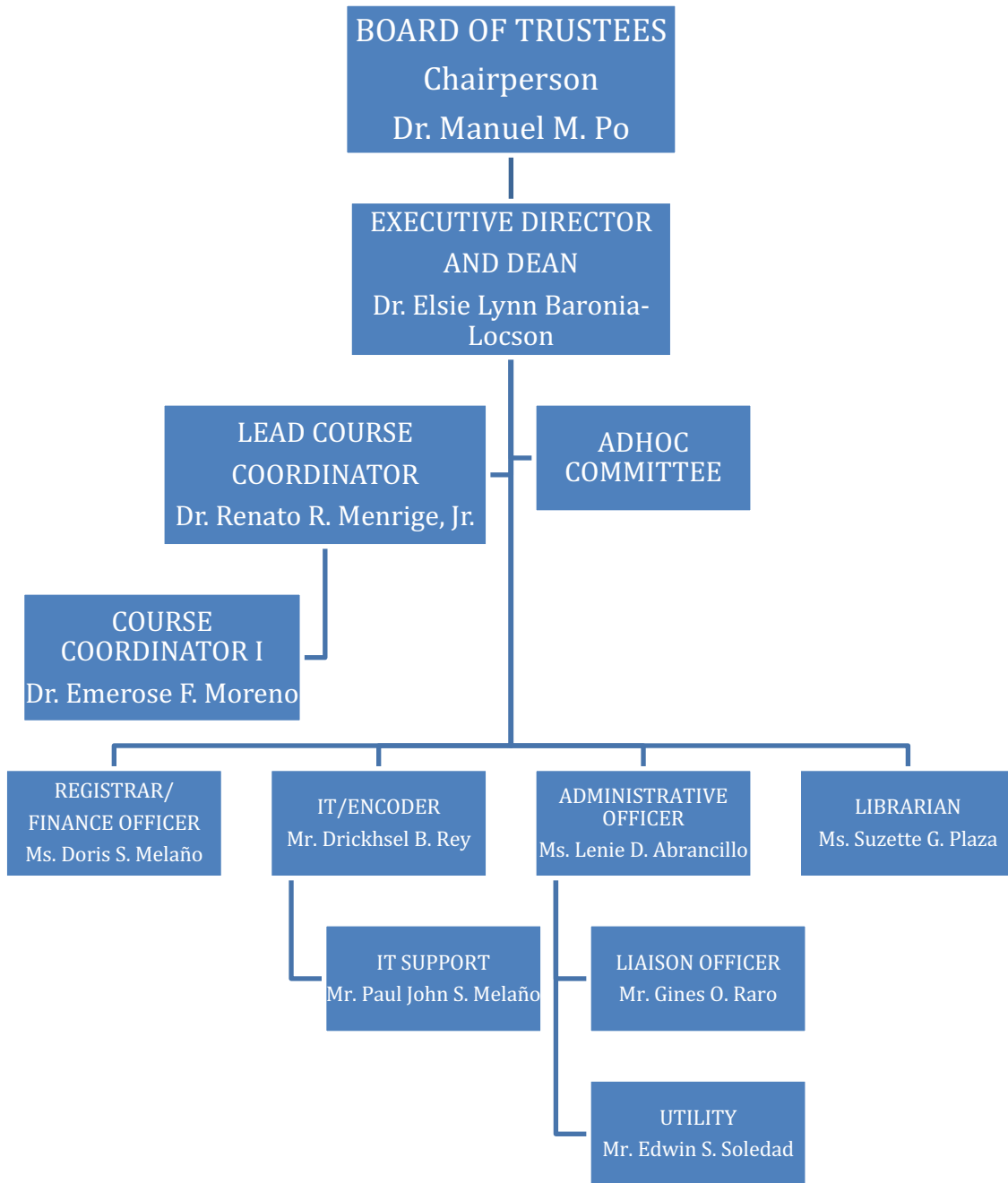
*Chairperson* : Dr. Manuel M. Po  
*Vice Chairperson* : Dr. Renato R. Menrige, Jr.  
*Secretary/Treasurer* : Dr. Cynthia Castrillo  
*Executive Director & Dean* : Dr. Elsie Lynn Baronia-Locson  
*Member* : Dr. Emma Mercado-Aguado

*\*Deceased*



# SECTION 3: FACULTY AND STAFF

## ORGANIZATIONAL CHART



## FACULTY

### **LEA NECITAS G. APOSTOL, RMT, MPH, PhD**

- Tropical and Infectious Diseases Specialist
- Research Institute of Tropical Medicine

### **DORIE LYNN O. BALANOBA, MD, MPH**

- Former Human Resource Training and Development Officer, DOH Office of the Secretary
- Zuellig Medical Officer

### **BENEDICTO C. BARONIA, MD, MSc (ip)**

- Pediatric Neurosurgeon
- Alumnus of the University of the East Ramon Magsaysay Memorial Medical Center

### **MA. CYNTHIA C. CASTRILLO, MD, MPH**

- Developmental Pediatrician
- Diplomate, Philippine Pediatrics Society

### **BETTY B. DUHAYLONGSOD, RPsy, RPm, PhD(c)**

- Psychologist/Psychometrician/UN Certified External Stress Counselor
- UN Certified External Stress Counselor/In-house Psychologist
- Psychological Association of the Philippines (PAP)
- International Society of Substance Abuse Professionals (ISSUP)

### **AGUEDO TROY D. GEPTE IV, MD, MPH**

- Asst. Professor of Epidemiology UPM-CPH
- Medical Specialist IV, DOH
- Formerly, Training Officer and Field Epidemiology Training Program
- Formerly, National Epidemiology Center, DOH Team Leader, PRIMEX

### **POLICARPIO B. JOVES, JR., MD, MPH, MOH**

- Medical Director, FEU-NRMF Hospital, West Fairview, Q.C.
- Formerly Chair, Department of Community & Family Medicine, FEU-NRMF<sup>(2)</sup> and Central Luzon Doctors' Hospital
- FEU-NRMF Quality Assurance Officer

### **JOSE RONILO JUANGCO, MD, MPH**

- Associate Professor, UERMMMCC<sup>(5)</sup> College of Medicine

**ELSIE LYNN BARONIA-LOCSON, MD, MPH, MSc (Oxford University), DrPH(ip), FPPS**

- Immediate Past Medical Director, Fe del Mundo Medical Center
- Medical Specialist/Women and Child Protection Unit Chairperson and Institutional Review Board Chairperson, National Children's Hospital
- Pediatric Environmental Health Specialist, Pediatric Environmental Health Leadership Institute of the International Pediatric Association
- Member, Research Committee, Philippine Pediatric Society, Inc.
- Co-chair, Tobacco Control Advocacy Group, Philippine Pediatric Society, Inc.

**EMMALITA M. MAÑALAC, MD, MPH**

- Freelance Technical Consultant, Child, and Adolescent Health
- Formerly WHO-WPR Medical Officer for Child and Adolescent Health
- Formerly Training Officer Jose Reyes Medical Center

**REDENTOR MENDOZA MD, MPH, DFM**

- Formerly Faculty Coordinator, FEU-NRMF Family Medicine
- Formerly, Residency Training Officer in Community Projects
- Lecturer, FEU College of Medicine, Department of Family Medicine

**RENATO R. MENRIGE, JR., MD, MPH**

- Municipal Health Officer, Calatrava, Romblon
- Former National President, Association of Municipal Health Officers of the Philippines (AMHOP)
- Fellow, International Academy of Medical Specialists
- Medical Officer, Sibuyan District Hospital

**EMEROSE F. MORENO, MD, MPH**

- Formerly HIV Team Lead, Project Management Specialist, USAID – Office of Health
- Formerly Head, Infectious Disease Cluster, DOH MIMAROPA
- Infectious Disease Subject Expert

**JASMIN T. PERALTA, MD, MPH**

- Chairman, Dangerous Drug Board, Cebu City

**MANUEL M. PO, MD, MPH**

- Past President, Catholic Physicians Guild of the Philippines
- Past President, Philippine Society of Allergy, Asthma, and Immunology

**ANA TRINIDAD RIVERA**

- Environmental Science Specialist

**ROLANDO I. SANTIAGO, MPA, MPH**

- Supervising Health Program Officer (Sanitary Engineer)
- Environmental and Occupational Health Office, DOH<sup>1</sup>

**NOEL SANTOS, MD, MPH, MBA**

- Head Dept. of Pathology, College of Medicine, Angeles University Foundation
- Department Head Clinical Laboratory, Rizal Medical Center

**MELISSA T. SENA, MD, MPH**

- Medical Specialist, DOH<sup>1</sup>, San Lazaro Compound, Sta. Cruz, Manila

**MANUEL V. VALLESTEROS, DMD**

- Director, Pediatric Dentistry Center, Fe del Mundo Medical Arts Building

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<sup>(1)</sup> DOH – Department of Health, Philippines

<sup>(2)</sup> FEU-NRMF – Far Eastern University – Nicanor Reyes Memorial Foundation

<sup>(3)</sup> UPM-CPH – the University of the Philippines Manila, College of Public Health

<sup>(4)</sup> FDMMCFI – Fe del Mundo Medical Center Foundation Incorporated

<sup>(5)</sup> UERMMMC – University of the East Ramon Magsaysay Memorial Med. Ctr.

<sup>(6)</sup> MAT – Master of Arts in Teaching

<sup>(7)</sup> MHPE – Master of Health Profession Education

## **OFFICERS AND ADMINISTRATION STAFF**

### **EXECUTIVE DIRECTOR AND DEAN**

ELSIE LYNN BARONIA-LOCSON, MD, MPH, MSc, FPPS, DrPH(ip)

### **LEAD COURSE COORDINATOR**

RENATO R. MENRIGE, JR., MD, MPH

### **COURSE COORDINATOR**

EMEROSE F. MORENO, MD, MPH

### **REGISTRAR AND FINANCE OFFICER**

MS. RHODORA S. MELAÑO

### **ADMINISTRATIVE OFFICER**

MS. LENIE D. ABRANCILLO

### **LIBRARIAN**

MS. SUZETTE G. PLAZA

### **IT ADMIN / ENCODER**

MR. DRICKHSEL B. REY

### **IT SUPPORT**

MR. PAUL JOHN S. MELAÑO

### **LIAISON OFFICER**

MR. GINES O. RARO

### **UTILITY**

MR. EDWIN A. SOLEDAD

## SECTION 4: PHILOSOPHY OF ICFHI

### MISSION / GOAL

The ICFHI was established to support national and local efforts at improving the healthcare delivery system to uplift the health status of the Filipino people, particularly those most in need --- the urban and rural poor and ethnic minorities. One way it can contribute is to train potential leaders, teaching the needed human values in tandem with developing their technical and managerial competence.

To achieve the above, the curricula of the different courses are periodically evaluated for their relevance and applicability. It is intended to have a balance of theoretical and practical teachings. Students are continuously challenged with learning situations from actual happenings. For this reason, the teaching force comprises experienced regular staff who serve as heads/coordinators of clusters and visiting lecturers of leading academicians and practitioners from non-governmental and governmental agencies.

### THE VISION AND VALUES

The ICFHI sees itself as an integral part of the health care delivery system of the country in a supporting role in the field of training, research, consultancy, and policy analysis and formulation. In these roles, the Institute's governance, faculty, and lecturers are guided by the following core values: pro-God, pro-country, pro-human being, pro-poor, and pro-environment. Attention is called to the need to carefully weigh the possible conflict in enhancing the accessibility to good quality public health and hospital services with the desire to achieve high efficiency in the operation.

The ICFHI believes that an individual, both in his capacity and as a member of society, has the right to make decisions relative to activities for his health development. It also believes that health human resource is one of the most critical assets of any health organization. For this reason, the Institute is channeling much of its efforts to offer a comprehensive and integrated human resource development program that is people-oriented, community based, and receptive to innovative approaches which respond to the needs for better health and related services.

## OBJECTIVES

The following is the more specific articulation of the goal of the Institute of Community and Family Health, Inc.:

1. To develop competencies and skills of leaders and practitioners in the field of public health through the regular offering of its master's degree programs and the conduct of special short courses on health system improvement as requested.
2. To research to develop practical, affordable, and acceptable approaches that will enhance access to quality health care by the general population and the depressed and underserved population.
3. To provide extension services per request to relevant agencies, government, and non-government that will contribute to health system development and to selected communities as part of its educational field activities.
4. To participate in health policy studies and development.

## PROGRAMS

The following describes the Academic and Non-Academic Programs of the Institute of Community and Family Health, Inc.

A) Degree program leading to:

Master of Public Health (MPH)

B) Short-term non-degree programs

These are short courses of one to four weeks, offered on demand. The subjects covered in the past include PHC, management of the health system, training of trainers, supervisors and managers, MCH/FP, community-based rehabilitation, among others.

## SECTION 5: THE MPH PROGRAM CURRICULUM

### DESCRIPTION

The course is designed to equip students with adequate knowledge, attitudes, and skills in public health practice, particularly on health promotion and disease prevention, utilizing the Primary Health Care (PHC) approach. It aims to develop the student's capability to assess and manage public health problems at the local, national, and international levels. It also provides opportunities to develop knowledge and skills related to the student's specialization, both in hospital and public health settings.

The course is open to physicians and other health professionals with a bachelor's degree and employed in government service (health centers, clinics, and hospitals, etc.); private practitioners and qualified members of health teams from government organizations (GOs) and non-government organizations (NGOs) and staff from the academe with a particular interest in the practice of public health.

The course is a non-thesis program as approved by CHED in 1995.

### COURSE DURATION

- Saturday classes for four semesters and two summers, excluding the six-week field practicum. The latter is credited with three units of community immersion (PH 250)

### MODE OF LEARNING

The COVID-19 pandemic ran havoc not only in the Philippines economy but also put a strain on the educational system in the country, and ICFH is no exception. Arriving in January 2020, the original virus strain - SARS-CoV-2, which later evolved into several mutations (Delta, Omicron), remarkably put a heavy toll on the conduct of classes nationwide with the sudden resurgence of flu-like symptoms (fever, cough, sore throat, runny or stuffy nose muscle or body aches, headache, and fatigue) in March 2020, which mimic COVID 19 symptoms posed as a challenge for the school.



With the government's imposition of lockdowns as a response to Proclamation #929, classes have been converted into online (virtual) classes with the same schedule via Zoom. The Learning Management System being used is google classroom. The institute is currently preparing for hybrid/face-to-face classes (Schedule to be announced but possibly for the second semester, SY 2022-2023).

## CURRICULUM

### FIRST-YEAR

1 <sup>ST</sup> SEMESTER		2 <sup>ND</sup> SEMESTER		SUMMER	
Subjects	Units	Subjects	Units	Subjects	Units
BIO 200	3	EPI 200	3	HSM 202	2
PHC 200	3	HSM 201	3	SEM 200	1
BHO 200	2	HEN 200	3		
<b>Total Units</b>	<b>8</b>	<b>Total Units</b>	<b>9</b>	<b>Total Units</b>	<b>3</b>

**1<sup>ST</sup> Year Total Units = 20 Units**

### SECOND YEAR

1 <sup>ST</sup> SEMESTER		2 <sup>ND</sup> SEMESTER		SUMMER	
Subjects	Units	Subjects	Units	Subjects	Units
MCH 200	3	EH 200	2	PH 200	2
HSM 203	2	HSM 204	2	SEM 201	2
RES 200	2	TLP 200	2	PH 250	3
		EPI 201	2		
<b>Total Units</b>	<b>7</b>	<b>Total Units</b>	<b>8</b>	<b>Total Units</b>	<b>7</b>

**2<sup>ND</sup> Year Total Units = 22 Units**

**Total Course Units = 42 Units**

## COURSE DESCRIPTION

***BIO 200*** – Biostatistics. The principles and application of statistics to the health system as a guide in decision-making are covered in this course (3 units).

***PHC 200*** – Primary Health Care. This subject deals with the concepts and application of primary health care and the community's education in health matters (3 units).

***BHO 200*** – Behavior in Health Organization. Concepts, theories, and principles of human behavior in the work situation are dealt with, including how the internal and external environment influence such behavior (2 units).

***EPI 200*** – The Epidemiologic Approach. This covers basic principles and applications of epidemiology to the management of health problems (3 units).

***HSM 201*** – Health System Management 1 – Principles of Health Administration. This subject deals with the theories and concepts of administration/management, including economic principles, as they are applied to managing the health system (public health and hospitals) (3 units).

***HEN 200*** – Health, Environment, and Nutrition. This course deals with the ecology of health and disease (3 units).

***HSM 202*** – Health System Management 2 – Practice of Health Administration. It covers diagnosing the health situation and formulating, implementing, and evaluating health policies, programs & projects (2 units).

***SEM 200*** – Seminar on Health Trends and Issues. Students identify the most salient issues of the time and invite guest speakers to the seminar (1 unit).

***MCH 200*** – Maternal and Child Health. This covers the management of comprehensive MCH programs. Focus is on maternity care, childcare, safety & protection, nutrition, and reproductive health preservation/family planning (3 units).

***HSM 203*** – Health System Management 3 – Principles of Hospital Administration and Management. This covers general principles as applied to the hospital, including information system, admissions and discharges quality assurance, legal aspects, financing, and cost containment. (2 units).

***RES 200*** – Research Methods. The course covers the whole gamut of research methodology, enabling students to evaluate research and prepare research protocol/research proposal (2 units).

***EH 200*** – Environmental Health. Promoting an environment conducive to good health is the focus (2 units).

***HSM 204*** – Health System Management 4 – Managerial Tools. Topics include strategic planning, management by objective, project planning (ZOPP, PERT-CPM), supply management, health systems research techniques, cost analysis, rate setting, economic order quantity, and report writing (2 units).

***TLP 200*** – Teaching-Learning Process. All graduates are potential teachers. Hence, they must study learning principles and formulate and implement training programs (2 units).

***EPI 201*** – Epidemiological Interventions in Specific Disease Problems. Different experts deal with priority disease problems. The discussions center on the natural history of the disease and specific control programs (2 units).

***PH 200*** – Health Care of the Elderly. The course focuses on the health care of the 60 years and above population as one of the emerging issues of the time (2 units).

***SEM 201*** – Seminar on Research Presentation. This is an extension of RES 200, whereby students present their research proposals (2 units) in the seminar.

***PH 250*** – Field Practicum. This consists of 6-weeks immersion in the field, attaching students to a selected health agency to allow them to validate and apply the classroom learning to actual field situations. Modifications are made to suit the time constraints of part-time students without suffering in attaining the course objectives (3 units).

## PUBLIC HEALTH CORE COURSES

1. Health System Management 1 (HSM 201) – Principles of Health Administration
2. Biostatistics 200 (BIO 200)
3. Epidemiology 200 (EPI 200) – The Epidemiologic Approach
4. Primary Health Care 200 (PHC 200)
5. Health Environment and Nutrition (HEN 200) and Maternal and Child Health (MCH 200)

## PUBLIC HEALTH APPLIED COURSES

***BHO 200***    Behavior in Health Organization

***HSM 202***    Health System Management 2

***SEM 200***    Seminar on Health Trends and Issues.

***MCH 200***    Maternal and Child Health

***HSM 203***    Health System Management 3, Principles of Hospital Administration & Management.

***RES 200***    Research Methods.

***EH 200***    Environmental Health.

***HSM 204***    Health System Management 4, Managerial Tools.

***TLP 200***    Teaching-Learning Process. =

***EPI 201***    Epidemiological Interventions in Specific Disease Problems.

***PH 200***    Health Care of the Elderly.

***SEM 201***    Seminar on Research Presentation.

***PH 250***    Field Practicum.

## SECTION 6: ADMISSION REQUIREMENTS

*The course is open to all who are:*

1. Graduates of approved medical schools OR
2. Graduates with a bachelor's degree in any approved professional field, such as Nursing, Dentistry, Pharmacy, Health Education, Nutrition, Medical Technology, Sanitary Engineering, and other relevant courses.

*Applicants for admission must submit the following documents or requirements (hard copy and e-copy):*

### 1. FOR FILIPINO NATIONALS:

- a. Student Profile (ICFHI Form 1, get it from the Registrar or download it from the school website)
- b. Official Transcript of Records (certified true copy)
- c. Diploma (photocopy): bring the original for authentication.
- d. Two recent photographs within the last six months, size 2" X 2", and two 1"x1" colored.
- e. Birth Certificate
- f. Marriage Certificate (for females).
- g. For government-supported employees:
  - Training agreement with their respective office financing their study.
  - Endorsement from Local Executive or Regional Health Director Head of Office.
- h. Financial declaration and supporting documents.
- i. COVID-19 vaccination certificate (updated with boosters)
- l. Proof of updated Phil health contribution or medical insurance (CHED Memo 05 Series of 2022)

### 2. FOR FOREIGN APPLICANTS:

- a. Student Profile (ICFH Form 1, get it from the Registrar)
- b. Official Transcript of Records (certified true copy) with authentication by the Philippine Embassy for further validation by the ICFHI, Inc. (undergraduate/college transcript)
- c. Diploma (photocopy); bring the original for authentication.
- d. Character References:

- i) Written certification by a Senior Personnel of the student's country/Embassy in the Philippines.
  - ii) Written certification by a responsible official of the student's school that the applicant last attended.
- e. Certification of passing (TOEFEL) Testing on English as a Foreign Language or its equivalent.
- f. If working in the Philippines, work certification from his employer or a permit from the Bureau of Immigration and Deportation.
- g. Alien Certificate of Registration (ACR) / Renewal of Registration with a permit to study in the Philippines.
- h. Requirement by Government: (as per CHED)  
(Submit six copies)
- i. Letter of intent to study in the Institute, brief personal biodata, and affidavit of support.
- j. Financial declaration and supporting documents.
- k. COVID-19 vaccination certificate (updated with boosters)
- l. Proof of updated Phil health contribution or medical insurance (CHED Memo 05 Series of 2022)

## **REGISTRATION REQUIREMENTS**

A student must be officially registered to receive credit for coursework. The student should submit all requirements on or before the deadline. The official registration form, a record of classes for which the student has enrolled, is filled in the Office of the Administration/Registrar.

No student shall be registered in any subject after six percent of the regular class meetings have been held unless the Dean, based on the student's scholastics records, permits his registration.

## SECTION 7: POLICIES

### CLASS ATTENDANCE

Any student who, for unavoidable causes, is unable to attend class must obtain an excuse slip from the Dean to be presented to the instructor concerned no later than the second-class session following the student's return. In addition, if the absence is due to illness, a medical certificate duly signed by the attending Physician must be presented. ICFHI *Form 4* will be used for filing excuse slips.

### TRANSFER OF CREDITS

No more than nine units earned in another institution may be credited for coursework for a master's degree subject to the approval of the Executive Committee.

### DROPPING OF SUBJECTS / CHANGE /

### CANCELLATION OF REGISTRATION

With his instructor's and the Dean's consent, a student may drop the subject by filling out the prescribed form (Form 5) before three-fourths of the hours specified for the semester/quarter term have elapsed, and not later. Students who drop a course without the approval of the Dean shall have registration privileges curtailed or entirely withdrawn. Suppose a subject is lowered after the middle of the term. In that case, the faculty member concerned shall indicate the student's date and class standing at the time of dropping as either "PASS" or "FAILURE" solely for administration guidance. ICFHI *Form 5* will be used for dropping subjects/changing or canceling registration.

All transfers to other classes shall be made only for valid reasons. No change of matriculation involving taking a new subject shall be allowed after six percent of regular class meetings have been held.

Excuses are for time missed only. All works covered by the class during the absence shall be made up to the instructor's satisfaction within a reasonable time from the date of the absence.

When the number of hours lost by a student's absence reaches 20% of the hours of the scheduled work in one subject, he shall be dropped from the subject. However, a faculty member may prescribe a more extended attendance requirement to meet needs.

If most absences are excused, the student shall not be given a grade of 5.00 upon being thus dropped; otherwise, he shall be given a grade of 5.00. Time lost by late enrollment shall be considered as time lost by absence.

## LEAVE OF ABSENCE

Prolonged leave of absence should be requested in a written petition to the Dean (ICFHI *Form 9*). The petition should state the reason for which the leave is desired and specify the leave period, which must not exceed one academic year. The Dean or his duly authorized representative shall inform (1) the Registrar and (2) the parents/guardian of every student granted leave of absence of such leave, indicating the reasons for the same and the amount of money refunded to the student.

For leave of absence availed of during the second half of the semester, the faculty members shall be required to indicate the student's class standing (passing or failing) at the time of the application for the leave. No application for leave of absence shall be approved without indicating the student's class standing by the instructor concerned. This, however, should not be entered in the official Report of Grades.

If a student withdraws after  $\frac{3}{4}$  of the total number of hours prescribed for the course has already elapsed, his instructor may give him a grade of 5.00 if his class standing up to the time of his withdrawal was below 3.00.

No leave of absence shall be granted less than two weeks before the last day of classes during the semester. If the student's inability to continue with his classes is due to illness or similar justifiable causes, his absence during this period shall be considered excused. In such a case, the student must present an excuse slip to the faculty members concerned. A student who withdraws from the college without a formal leave of absence shall have his registration privileges curtailed or entirely withdrawn. ICFHI *Form 9* will be used for filing a leave of absence.

## CLASS ATTENDANCE

When the number of hours lost by a student's absence reaches 20% (CHED requirement) of the hours of the scheduled class hours in one subject, he/she shall be dropped from the subject. However, a faculty member may prescribe specific make-up for deficiency.

## LATERAL ENTRY POLICY

The course is given for two years. It will cover four semesters and two summers; students can enter the course in any semester except summer.

## COVID-19 RESTRICTIONS

The school complies with the DOH and IATF restriction policies. All students must have completed COVID-19 vaccination (with boosters up to 2<sup>nd</sup>) and should have updated Phil health contributions (CHED Memo No. 05 Series of 2022). Classes are online until further notice.

With the easing down of the COVID-19 pandemic restrictions, classes are back to face to face and may revert to hybrid or online as the case may be.

## GRADING SYSTEM

The performance of students shall be rated at the end of each semester/quarter/term in accordance with the following grading system:

<b>1.00</b>	Excellent	<b>4.00</b>	Conditional
<b>1.25</b>	Very Good	<b>5.00</b>	Failed
<b>1.50</b>	Good	<b>DRP</b>	Dropped
<b>1.75</b>	Satisfactory	<b>INC</b>	Incomplete
<b>2.00</b>	Passed		

To be of good standing, a student must maintain a grade of **2.00** or better to qualify for a master's degree.



A grade below **2.00** in each subject means conditional failure. It may be made up for by successfully repeating the course or bypassing the re-examination. If the student passes the re-examination, he is given a grade of **2.00**, but if he fails, he gets a **5.00**. Only one re-examination is allowed, which must be taken within the prescribed time. If a student does not complete this requirement within the prescribed time, he may earn credit for the course only by repeating and passing it.

The grade of **INCOMPLETE** is given if a student whose class standing throughout the semester is **PASSING** fails to take the final examination or fails to complete other requirements for the course, due to illness or for other valid reasons. If the class standing is not passing, and the student fails to take the final examination for any reason, a grade of **5.00** is given. Removal of the incomplete grade must be done within the prescribed time by passing an examination or meeting all the requirements for the course, after which the student shall be given a final grade based on his overall performance.

## SUBMISSION OF REQUIREMENTS

The deadline for submission will depend on the instructor who assigned the paperwork/project. Students should submit requirements on time. Failure to submit will entail five points deduction from the grade for every late hour. Submission is through google classroom or to the instructor's email address if indicated. Paperwork should be in Word, Excel, and PowerPoint, not PDF.

## POLICY ON COMPREHENSIVE EXAMINATION

### QUALIFICATION REQUIREMENTS FOR WRITTEN COMPREHENSIVE EXAMINATIONS

To qualify for the written comprehensive examination, the following requirements must be satisfied:

- a. All accounts paid.
- b. Must have a General Weighted Average of 2.00
- c. Submitted two copies of the hardbound Project Report (PH 250)
- d. Submitted Research study paper.
- e. Attendance not less than 20% of the required hours for each subject
- f. PHC term paper or reflection paper

### CORE SUBJECTS FOR WRITTEN COMPREHENSIVE EXAMINATION

**The following are the major subjects:**

30% Health System Management 1 (HSM 201)

20% Biostatistics 200 (BIO 200)

20% Epidemiology 200 (EPI 200)

15% Primary Health Care 200 (PHC 200)

15% Health Environment & Nutrition (HEN 200) and Maternal & Child Health (MCH 200)

In case of failure to pass the retake, a certificate of attendance will be issued.

Special exams should have a different set of questions.

Second Year students who have satisfied all academic and residency requirements prescribed for graduation are qualified to take the comprehensive examination. This means the completion of 39 academic units and three units of community immersion (field practicum) for a total of 42 credit units.

The comprehensive examination is a pass or fails examination administered after completing the Field Practicum (PH 250) and submitting a community project report (hardbound) addressed to an identified health problem in a chosen area. **A grade of 2.00 and up is passing.** The examination date is given the second week after the field practicum completion.

Those who do not pass are given a retake; if they fail, a certificate of attendance is issued to the student. The student's chance for a retake is given only once, and if failed will have to repeat the subject.

## RETAKE EXAMINATION

Students who fail three or four subjects out of the five core subjects' coverage of the exam will not be allowed to have a retake exam. They must repeat all subjects with failures.

Students who fail one or two subjects out of the five core subjects' coverage of the exam will be allowed to have a retake exam; however, if they fail, they must repeat all subjects with failures.

Students who will have a retake examination should fill up *Form 8* (Comprehensive Examination).

## RESIDENCY REQUIREMENTS

The student shall have been in residence at the ICFHI for at least one year immediately before awarding the master's degree.

A student following a program that requires a comprehensive examination and a thesis and who already passed the comprehensive examination, but has exceeded the five-year time limit, may be given an extension of one year only for the completion of all requirements after passing the comprehensive examination for the second time.

To apply the above rules, counting the period of residence shall start from the time the student is admitted into and enrolled in the graduate program.

Graduate students must finish all the requirements in at most five calendar years. Actual residence shall be counted from the first enrollment in the Institute and shall include leaves taken after mid-semester, whether officially approved or not. A student may, in exceptional cases, be given an extension of residence to at most one calendar year.

## HONORABLE DISCHARGE

A student in good standing who desires to sever his connection with the Institute shall present a written petition to this effect to the Registrar, signed by his parent or guardian. If the petition is granted, the student shall be given honorable dismissal.

Generally, honorable dismissal means voluntary withdrawal from the Institute with the Registrar's or his representative's consent. All indebtedness to the Institute must be settled before a statement of honorable dismissal will be issued. The statement indicates that the student has been dropped from the rolls because of poor scholarship; a statement to that effect may be added to the honorable dismissal.

A student who leaves the institute for reasons of suspension, dropping, or expulsion due to disciplinary action shall not be entitled to honorable dismissal. Should he be permitted to receive his transcript of record or the certification of his academic status in the Institute, it shall contain a statement of the disciplinary action rendered against him.

## ACADEMIC AWARDS

The following award categories are given to deserving candidates for the degree of Master of Public Health at the end of each year:

### Honors based on General Weighted Average

- |                     |   |
|---------------------|---|
| 1. Summa Cum Laude  | 1.000-1.200 with no grade lower than 1.25     |
| 2. Magna Cum Laude  | 1.201-1.400 with no grade lower than 1.50     |
| 3. Cum Laude        | 1.400-1.600 with no grade lower than 1.50     |
| 4. With Distinction | 1.600 or higher with no grade lower than 1.75 |

(Award is given when no one qualifies for Latin honors.)

### Candidates for honors:

1. Must have no failing grades or unremoved Incomplete grades in any course, including the comprehensive examination; transferees with failure are not eligible to graduate with honors.

2. Must have completed in the Institute at least 80% of the total number of academic units for graduation; in the case of transferees, credited courses taken from another school are excluded in the computation of the general weighted average.
3. Aside from the academic requirements, the awardee must have demonstrated the following traits:
  - Honest, helpful, personable, and friendly
  - Innovative and resourceful
  - Leadership qualities, as vouched for by classmates and faculty.
4. Must have never committed major or grave offenses.

## **STUDENT AWARD**

### **REMIGIO MERCADO AWARD**

#### **For Outstanding Performance**

This award bears the name of Dr. Remigio D. Mercado, the “Father of the Institute of Community and Family Health, Inc.” This award is conferred to students who have shown excellence in academics, research, public health involvement, and the comprehensive examination (with no grades below 1.75 per subject in the comprehensive examination).

### **ELIZABETH PORRAS AWARD**

This award is named after Dr. Elizabeth D. Porras, the “Mother of the Institute of Community and Family Health Inc.” This award stands for the school’s recognition of a group of students’ most relevant public health involvement. The top three groups are given the gold, silver, and bronze awards.

### **DEAN’S CITATION AWARD**

The award is granted to students who show academic excellence in research. Gold, Silver, and bronze awards highlight the top three students.

## GRADUATION GUIDELINES

This is a non-thesis program; graduation requirement includes completing 42 units of academic work and field practicum and passing the written comprehensive examination.

No student shall be recommended for graduation unless he has satisfied all academic and residency requirements prescribed for graduation. That is:

1. Residency for at least one full academic year before the awarding of the degree or completion of two academic years (four semesters plus two summers)
2. Completion of **42** units and passing the comprehensive examination.
3. Candidates for graduation who began their studies under a curriculum more than ten years old shall be governed by the following rules.
  - 3.1 Those who had completed all the curriculum requirements but did not apply for, nor were granted, the corresponding degree or title shall have their graduation approved as of the date they should initially graduate.
  - 3.2 Those who have completed all, but two or three subjects required by a curriculum shall be made to follow any of the curricula enforced from the time they first attended the Institute to the present.
  - 3.3. All candidates for graduation must have their deficiencies made up and their records cleared not later than five weeks before the end of their last semester.
4. No student shall be graduated unless he has completed at least one year of residence work which may, however, be extended to a longer period by the proper faculty. The residence work referred to must be done immediately before graduation.
5. No student who fails to pay the required graduation fee within the specified period set by the Registrar shall be conferred any title or degree. However, upon his request and payment of the necessary fees, such a student may be given a certified copy of his credentials without specifying his completion of the requirements toward any title or degree.

Students must file formal applications as candidates for graduation in the office of the Dean within the prescribed time. Upon confirmation of graduation, the student should pay the



required graduation fee and submit a duly accomplished clearance form. ICFHI SF05 will be used to file a formal application as a candidate for graduation.

## GENERAL GUIDELINES

### 1. INSTRUCTIONAL POLICIES

Each faculty member should oversee the following student absences. To be given credit for the subject(s), the student should not exceed the

20% limit of absences from the total number of meetings as per CHED regulation (for subjects held once a week, a maximum of three absences). For summer: three to five absences for 3–6-unit subjects and two absences for 2-unit subjects.

### 2. EXAMINATIONS

All tests/examinations should be given during the scheduled dates and specified venue. The test shall be conducted within the scheduled dates and the specified venue with prior approval from the Dean.

A student will be allowed to take the examination with an examination permit issued by the Finance department and signed by the Program Coordinator or the Dean. A student without a permit for the Final examinations may be allowed to take them, but the college will only issue his grades once he has settled his accounts.

Late or special examinations may be given to students who fail to take a test on the scheduled date. A different set of examinations will be given, and there will be a corresponding deduction of points from the actual number of correct points in the examination.

It is the responsibility of every faculty member to administer his examination/s, and every effort should be exerted to prevent cheating during examination. To help prevent cheating, no student shall be allowed to leave after the test questions have been distributed except in extreme cases.

For retake examinations, students should fill up and submit the necessary forms (ICFHI *Form 7* for Final Examination retake and ICFHI *Form 8* for Comprehensive Examination retake).

### 3. GRADES

A student's grade is the weighted average of the sum of all course requirements, such as recitations, quizzes, examinations, homework, seatwork, reports, and research papers. Grade computation of grades is mainly based on the academic performance and achievement of a student and follows the College's grading system follows:

1.00	Excellent
1.25	Very Good
1.50	Good
1.75	Satisfactory
2.00	Passed
4.00	Conditional
5.00	Failed
INC.	Incomplete

In case of excessive absences beyond the maximum number allowed by the CHED (20%) of total required hours, a mark **FA** (failure due to absence) is given to the student concerned.

**Midterm Grades:** Each faculty member shall inform their students of their midterm grades so appropriate remedial measures can be taken by students to improve their academic standing.

**Submission of Midterm and Final Grades:** Each faculty member must submit midterm and final grades at the Dean's office five working days after the scheduled examinations. Final grades submitted by the faculty members are final.

**Request for change of final grades already submitted:** This will be allowed only if there is an error in the computation of students' grades and an error in inputting students' grades and incomplete grades. The request for a change of grade must be made within two semesters from the issuance of the final grade, except when the student dropped from the college five days from the issuance of grades.



#### 4. FACULTY EVALUATION

Faculty members are evaluated by their students every semester. Results of such evaluation may be used for supervision, lifting of probation, promotion, input to faculty development planning, and basis for separation and termination.

### CODE OF CONDUCT

The school adheres to the code of discipline, and students are subjected to sanctions depending on the type of offenses committed in the school.

The following are considered **minor offenses**:

1. Publishing or circulating false information about the school, a teacher, school staff or student.
2. Frequent unexcused tardiness
3. Non-observance of deadlines for submission of official communications

The school has the right to give the following sanctions:

1st-time offense: Written warning

2nd-time offense: Suspension

The following are considered **serious offenses**:

1. Cheating, plagiarism\* (all the student's work will be subjected to plagiarism checker), forgery, malpractice.
2. Theft/Misappropriation of property
3. Gambling (includes possession of gambling cards)
4. Using profane or offensive language
5. All forms of bullying
6. Act of mischief (vandalism)
7. Abuse of technology
8. Open/silent defiance and rudeness to instructors/school staff
9. Smoking/possession of cigarettes, tobacco, e-vape, e-cigarettes.

10. Pornography
11. Possession/consumption of narcotic drugs/alcohol/substances of any form within the premises of the school
12. Arson
13. Assault and fighting; rioting/unlawful assembly
14. Extortion
15. Other criminal offenses and police cases and activities in public that tarnish school image (including inappropriate behavior)

The school has the right to carry out the following consequences on a case-to-case basis and involve the police whenever necessary:

- Verbal/written apology (private/public)
- Counseling
- Suspension
- Referral to other agencies
- Expulsion
- Non-readmission
- Non-marching (for graduating students)

**\*Plagiarism:** Students shall ensure they submit only original materials and documents. To ensure credibility, their work will be subjected to a plagiarism checker. If asked, the student must submit the plagiarism checker report with their assignment/exam/thesis/other paperwork.

## POLICY AND PROGRAM ON MENTAL HEALTH

### I. OBJECTIVE

Promote and enhance students and staff well-being to have healthy and productive lives through the following:

- a. Increasing mental health awareness.

- b. Supporting students and staff at risk.
- c. Providing treatment for students and staff with mental health problems; and
- d. Integrating mental health protection into the school culture.

## II. RATIONALE

The World Health Organization states that “with good mental health, people feel well, and can tolerate reasonable amounts of pressure, adapt to changing circumstances, enjoy rewarding personal relationships and work according to their abilities.”

The ICFHI policy and program conform with Republic Act No. 11036 or the Mental Health Act and its Implementing Rules and Regulations, as well as with Republic Act No. 11058 or an Act Strengthening Compliance with Occupational Safety and Health Standards.

## III. COVERAGE

This policy shall apply to the ICFHI. This may be revised depending on the school’s needs and requirements, subject to alignment with CHED, DOLE, and DOH guidelines.

## IV. DEFINITION OF TERMS

### A. Definitions:

- 1) Advance directive – a student or a staff with a mental health condition may set out his/her preferences in relation to treatment through a signed, dated, and notarized document executed for the purpose.
- 2) Confidentiality – refers to ensuring that all relevant information related to persons with psychiatric, neurologic, and psychosocial health needs is kept safe from access or use by, or disclosure to, persons or entities who are not authorized to access, use, or possess such information.
- 3) Constructive dismissal – refers to a situation when continued enrolment of a student or employment of a staff becomes impossible, unreasonable, or unlikely.
- 4) Health and Safety Committee – shall be composed of the Dean, Registrar/Finance Officer, and Human Resources Officer/Administrative Officer.
- 5) Mental Health Facility – refers to the unit of the school which has, as its primary function, the provision of mental health services.

- 6) Mental Health Professionals – refers to a medical doctor, psychologist, or any other appropriately-trained and qualified person with specific skills and relevant to the provision of mental health services.
- 7) Mental Health Services – refers to psychosocial, psychiatric, or neurologic activities and programs along the whole range of the mental health support services including promotion, prevention, treatment, and aftercare which are provided by mental health facilities and mental health professionals.
- 8) Mental Health Service Provider – refers to an entity or individual providing mental health services, whether public or private, including, but not limited to mental health professionals and employees, psychologists, social employees and counselors, peer counselors, informal community caregivers, mental health advocates, and their organizations, and person or entities offering non-medical alternative therapies.
- 9) Occupational Health Physician – refers to the company physician with the required training in Occupational Safety and Health who shall issue the “fitness to school or work” certification of a patient/student/staff.
- 10) Reasonable Arrangement – refers to changes in school or work arrangements which can be made and agreed upon to enable a student or a staff to perform more effectively in the school through flexible arrangements subject to final approval by the Dean.

### **B. What is Mental Health?**

- 1) Mental Health Condition – disorders affecting mood, thinking, and behavior. A neurologic or psychiatric condition is characterized by a recognizable, clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior that reflects a generic or acquired dysfunction in the neurobiological, psychosocial, or developmental processes underlying mental functioning. Determining neurologic and psychiatric conditions shall be based on scientifically accepted medical nomenclature and the best available scientific and medical evidence.
- 2) Mental Health includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. A state of well-being in which the individual realizes one’s abilities and potential, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community. Mental

health is important at every stage of life, from childhood and adolescence to adulthood.

### **C. What are the warning signs?**

- 1) Apathy - loss of initiative or desire to participate in any activity.
- 2) Drop in functioning – an unusual drop in functioning, at work or social activities.
- 3) Feeling disconnected – a vague feeling of being disconnected from oneself or one’s surroundings, a sense of unreality.
- 4) Illogical thinking – unusual or exaggerated beliefs about personal powers to understand meanings or influence events.
- 5) Increased sensitivity – heightened sensitivity to sights, sounds, smells or touch, avoidance of over-stimulating situations
- 6) Mood changes – rapid or dramatic shifts in emotions or depressed feelings.
- 7) Problems thinking – problems with concentration, memory, or logical thought and speech that are hard to explain.
- 8) Sleep or appetite changes – dramatic sleep and appetite changes or decline in personal care
- 9) Withdrawal – recent social withdrawal and loss of interest in activities previously enjoyed.

## **V. POLICY**

There is no specific cure for mental illness, although there are many effective treatments. People with the said disorder can recover and live long and healthy lives. Lifestyle changes, support groups, medications, and therapy are some of the treatments for mental illnesses. Everyone is different, so there is a need to find a combination that works best for a particular individual.

### **A. Preventive**

The HR Unit shall conduct mental health education to all employees. The mental health education will be conducted through awareness seminars in the school, posting of information, education, and communication materials (posters/infographics and short articles), and counselling.

The school shall promote and enhance the students and staff well-being through:

- 1) Capacity building of Human Resources personnel and Occupational Health personnel in the identification and management of students and staff with mental health problems.
- 2) Establishing mental health programs to support students and staff.
- 3) Identification and management of school or work-related stress and stressors.
- 4) Increasing students and staff' awareness of mental health.
- 5) Promotion of healthy lifestyle and school/work-life balance.
- 6) Psychosocial support in management of disaster and extreme life events.
- 7) Other programs and activities that may be recommended by school Psychologist in coordination with the Occupational Safety and Health Committee.

## **B. Non-Discriminatory**

- 1) A student shall not be expelled/a staff shall not be dismissed from work based on actual, perceived, or suspected mental health condition unless the condition progresses to such severity that it affects his own safety or safety of fellow students or co-employees and performance and productivity upon the certification issued by a competent public health authority with expertise on mental health.
- 2) A student or a staff may resume work while undergoing treatment, provided that an Occupational Health Physician has certified that he is fit for school or work and that current treatment shall not cause unsafe conditions for the student while in school or the staff while at work.

To monitor and assist the student or staff in managing his/her condition, coordination shall be made between the Occupational Health personnel or Human Resources and school Psychologist/mental health professional.

- 3) A student or a staff who has undergone psychosocial interventions and is evaluated by an Occupational Health Physician to be fit shall not be prevented from returning to school or subjected to actions that may be construed as expulsion or constructive dismissal from service.

4) There shall be no discrimination of any form against students/staff who are at risk of developing or who are found to have mental health condition. Students/Staff shall not be discriminated because of their mental health condition.

5) The fitness of students/staff found to have a mental health condition shall be determined by an Occupational Health Physician, after appropriate medical evaluation, considering the clearance provided by the school Psychologist/a mental health professional.

### **C. Non-Disclosure and Confidentiality**

1) Access to any information or personal data relating to a student or a staff's mental health condition shall be governed by the Data Privacy Act of 2012.

2) Students/staff are encouraged to disclose their medical or mental health condition to the school Psychologist or Occupational Health Physician for proper monitoring.

3) Results of any psychological test must be treated with utmost confidentiality.

4) The mental health condition of a student or a staff shall not be revealed by the school to any third-party except in any of the following conditions:

- Unless required by law or by a Court order.
- With consent from the student or staff with mental health condition.
- Life threatening emergency cases where such disclosure is necessary to prevent harm or injury to himself/herself or to other persons; and
- Disclosure is required in connection with an administrative, civil, or criminal case against a mental health professional.

5) The advance directive prepared by the student or staff with a mental health condition shall form part of his/her record which should be treated with utmost confidentiality.

### **D. Treatment, Rehabilitation and Referral**

1) A student or a staff well-being program is in place to provide free "tele counseling" secured by the school for students and staff to access a helpline and for scheduling of high-quality clinical counseling.

- 2) Students or staff with a mental health condition may be referred to an accredited clinic or specialists whenever applicable. Students or staff can also opt to be referred to a Department of Health-accredited mental health facility or mental health service providers for appropriate management.
- 3) The absence of students undergoing treatment and rehabilitation shall be considered authorized leave or, for staff, may be charged against their leave credits. If the employee has exhausted all leave credits, the medical leave incurred shall be “leave without pay.”

### **E. Work Arrangement**

- 1) The school shall implement measures to provide reasonable arrangements in the workplace for staff with mental health conditions to enable them to be productive members of the school.
- 2) Whenever a staff needs reasonable arrangements about his/her mental health condition, the staff shall communicate this need to the Dean at the soonest possible time.
- 3) The Human Resources Unit shall request medical documentation to confirm and support the request for work arrangement.
- 5) The school shall maintain confidentiality under this Policy and the Data Privacy Act 2012.

### **F. Compensation and Benefits**

The school shall ensure that the staff has access to health benefits provided by the Social Security System (SSS), Philippine Health Insurance Corporation (PHIC), or Employees’ Compensation Commission (ECC), whichever is applicable.

### **G. Record Keeping and Reporting Requirements**

- 1) The medical records shall be maintained in the school clinic or Occupational Health facility.
- 2) Retention Period will be determined.



3) Cases are reported to CHED or DOLE Regional Office using the Annual Medical Report.

## **VI. RESPONSIBILITY**

The Dean, school Psychologist, and the other school officials shall ensure observance of this policy as it is based on the Core Values of the School.

The Human Resources Unit and Occupational Safety and Health Committee shall be responsible in the interpretation, overall implementation, and revision of this policy, should it become necessary.

## **VII. EFFECTIVITY**

This policy will take effect immediately upon approval and signature of the school Dean and Board of Directors and any policy issued in the past that is contrary to any of the provisions is hereby superseded and revoked.

## **MENTAL HEALTH PROGRAM**

### **Description**

Mental health and well-being are both a national and global concern. Through a comprehensive mental health program that includes a wide range of promotive, preventive, treatment, and rehabilitative services, we hope to attain the highest possible level of health for the school because there is no Health Care without mental health.

### **Vision**

A school that promotes the well-being of all its students and staff, supported by transformative partnerships, comprehensive mental health policies and programs, and a responsive service delivery network.

### **Mission**

To promote over-all wellness of all students and staff, prevent mental, psychosocial, and neurologic disorders, substance abuse and other forms of addiction, and reduce burden of disease by improving access to quality care and recovery to attain the highest possible level of health to participate fully in school, and society, in general.

## Objectives

1. To promote the mental health and wellbeing of students and staff
2. To strengthen coverage of mental health services
3. To implement promotive and preventive interventions on mental health
4. To leverage quality data and research evidence for mental health
5. To set standards for compliance in different aspects of services

## Program Components

### 1. Day-to-day Wellness

- Promotion of Healthy Lifestyle, Prevention and Control of Diseases, Wellness programs, and others
- School and workplace health and wellness programs

### 2. Extreme Life Experience

- Provision of mental health and psychosocial support (MHPSS) during personal and community wide disasters and emergencies

### 3. Mental Disorder, Neurologic Disorders, and Substance Abuse and other Forms of Addiction

- Provision of mental health services at the primary level from assessment, treatment, and management to referral.
- Enhancement of mental health facilities

## Policies and Laws

Republic Act No. 11036 or the Mental Health Act and its Implementing Rules and Regulations  
 Republic Act No. 11058 or an Act Strengthening Compliance with Occupational Safety and Health Standards.

## Strategies, Action Points and Timeline

- Service coverage
- Advocacy
- Compliance

## Calendar of Activities

Mental Health Awareness - Every start of the school term

September 10 - World Suicide Prevention Day

October 10 - World Mental Health Day

2nd Week of October - National Mental Week

## Programs

### Free counseling

The school psychologist offers individual and group counseling. She can be reached through Zoom or Google Meet, email, call, or SMS. The group counseling is offered to students where they can voice out their concerns.

### Annual physical examination and mental health evaluation

All students are examined physically and evaluated mentally during the start of the academic year. They are asked to fill out a periodic exam form and submit to the school clinic.

### Online Mental Health Survey

The school assesses the emotional state and resiliency of students and staff. Through surveys, the school will be able to gather data to know the mental health state of the students and staff as well as their ability to recuperate from these conditions.

### Tele-Health and Wellness Program

Organized to help the faculty, administrative staff, and students get on the move towards an active lifestyle, participants will engage in tailored one-on-one exercise sessions to improve their health, physical fitness, and wellbeing through enjoyable exercises and helpful health education.

## Mental Health Team and Contact Information

The Dean: Dr. Elsie Lynn B. Locson (+639176270086)

The Psychologist: Dr. Betty B. Duhaylongsod (+639098970667)

**Attachments:**

Republic Act No. 11036 or the Mental Health Act and its Implementing Rules and Regulations  
[https://lawphil.net/statutes/repacts/ra2018/ra\\_11036\\_2018.html](https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html)

Republic Act No. 11058 or an Act Strengthening Compliance with Occupational Safety and Health Standards.

[http://legacy.senate.gov.ph/republic\\_acts/ra%2011058.pdf](http://legacy.senate.gov.ph/republic_acts/ra%2011058.pdf)

## RESEARCH AGENDA FRAMEWORK OF ICFHI

“According to Republic Act No. 7722, known as the ‘Higher Education Act of 1994,’ mandates the Commission on Higher Education to perform the following research (Section 8, RA 7722):

"b) formulate and recommend development plans, policies, priorities, and programs on research;" (“Commission on Higher Education i - UNESCO”)

e). Recommend to the executive and legislative branches, priorities and grants on higher education and research.

i.) develop criteria for allocating additional resources such as research and program development grants, scholarships, and other similar programs that shall stay within the fiscal autonomy already enjoyed by colleges and universities.

j.) direct or indirect purposive research by institutions of higher learning to meet the needs of agro-industrialization and development;" (“Republic Act No. 7722 - Official Gazette of the Republic of the Philippines”)

National Higher Education Research Agenda (NHERA)-1 (1998-2008) initially had nine priority clusters and 17 priority disciplines. NHERA-1 emphasizes research that is multidisciplinary, technology-oriented, and policy-oriented as well.

“NEHRA-2 restates the general policies that should guide higher education research, presents strategies and initiatives to develop research capacity and enhance research productivity in higher education institutions, and identifies priority areas for research and research-related programs in the next ten years. The agenda is directed at three primary audiences, each vital in shaping Philippine higher education – state policymakers, institutional leaders, and researchers.”

NEHRA-2 has the following agenda:

1. AGENDUM 1: Improving the research capability of Higher Education Institutions (HEIs) toward international competitiveness
2. AGENDUM 2: Enhance research productivity of HEIs in distinctive areas of competence
3. AGENDUM 3: General knowledge/technologies needed for international, national, and regional HE development, policy/plan formulation, developing innovative programs, and advancing the frontiers of knowledge in the disciplines
4. AGENDUM 4: Promote and facilitate dissemination and utilization of research outputs

The following are all taken from Strengthening Philippine Academe-Industry Collaboration Through CHED Research and Extension Programs by Dr. Custer C. Deocaris, Chief, Research Management Division, CHED Central Office.

National Higher Education Research Agenda III (NEHRA-III) 2019-2028 has the following characteristics:

- 1.) Unity of research with teaching and extension
- 2.) Concept of the 21st-century Humboldtian education
- 3.) Cultivate the networks of research excellence and research agenda
- 4.) Data-driven (the science of research policy) and comparative policy analysis
- 5.) Global competitiveness and international scholarly standards
- 6.) Enabler of the evolution of bona fide research and innovation universities

## 7.) Revival of the culture of curiosity and creativity

Principles in re-defining higher education extensions as a tool for social innovation include the following:

1. Inclusive and should cut across or link different sectors or disciplines; interdisciplinary undertaking.
2. Beyond corporate social responsibility, it should be a social innovation and transformation tool.
3. Beyond the land grant concepts, it must embrace the 21<sup>st</sup> century tools, structures, and challenges.
4. There must be a methodology that will measure the impact of extension depending on the timeframe.

The following are all taken from the National Unified Health Research Agenda (NUHRA) 2017-2022.

NUHRA 2017-2022 is envisioned as inclusive, realistic, and collaborative.

**INCLUSIVE** – Comprehensive discussions and materials on regional and national health issues, needs, and policies were considered.

A widened scope of regional and national stakeholder mapping was ensured to include typically underrepresented sectors, such as marginalized populations, NGOs, and private businesses.

**REALISTIC** – Evidence-based resources were used to promote informed decision-making.

Consultations were designed around an acute recognition of the diversity of interests among stakeholders.

Political directions and implications were outlined to assure strong alignment with national policies.

COLLABORATIVE – Partnerships among academics, government agencies, NGOs, the private sector, and other actors were formed to advance health research.

Transparent and highly participatory processes were applied to engender ownership among stakeholders.

## RESEARCH PRIORITIES:

Six themes:

**1.). RESPONSIVE HEALTH SYSTEMS:** To produce evidence towards efficient, quality, safe and affordable healthcare.

- ⇒ **Health governance:** Studies to strengthen evidence-based health policy formulation, enforcement, and evaluation in the context of changing sociopolitical paradigms (decentralization, federalism, globalization, and market economy), which include health governance in terms of leadership, health enterprise models, management, partnership, and regulations in all levels (national to local) and within institutions, hospitals, organizations, and facilities for both public and private sector.
- ⇒ **Health financing:** Research on national and local health financing mechanisms, including PhilHealth (case rates definition, utilization, primary care benefit package evaluation, etc.), alternative provider payment schemes (design of payment schemes, global budget, private health insurance, and health maintenance organizations), new sources of healthcare revenue and the creation of standards for cost estimation of cases and health facilities, resource allocation and risk adjustment guided by health technology assessment)
- ⇒ **Access to essential medical products, vaccines, and technologies:** Studies on access to essential drugs, vaccines, and other medical products; creation of efficient systems for logistics, allocation, and distribution, and for price regulation; increasing awareness, implementation of, and compliance with the Generics Law; strengthening local manufacturing of medications, vaccines, and other medical products; lowering antimicrobial resistance; and addressing issues on safety and quality (potency of generic medicines, the proliferation of counterfeit pharmaceuticals, adverse drug reaction reporting and drug information for patients)
- ⇒ **Health information systems:** Research on translating health data to information and knowledge – standardization, harmonization, utilization, management, and communication for effective health service delivery; also includes innovative health information systems to support service delivery.

- ⇒ **Health service delivery:** Research on how to make quality health services more accessible, effective, efficient, available, and more sustainable through strengthening and identifying factors affecting health service delivery networks and referral systems and evaluating the impact of the Health Facility Enhancement Program. This includes service delivery networks, service delivery packages at all levels, and public-private partnership mechanisms for health services and management.
- ⇒ **Health human resources:** Research on human resources for health development (quality of life, supply quantification, competency, effectiveness, prospects, gaps), knowledge and practices affecting health outcomes, utilization of benefits and incentives (impact of professional fee and professional education) and strengthening the role of allied health professionals (e.g., nutritionists and physical therapists) to deliver primary care.
- ⇒ **Health economics:** Studies aimed at supporting evidence and efficiency of health interventions include the conduct of cost-benefit analysis studies directed towards disease and health programs, setting of standards, processes (health economic index), and application of health assessment models (local and health technology assessment) in achieving financial risk protection.
- ⇒ **Health research management:** Research to improve the health research policy environment, human resource, and institutional capacity, procurement mechanisms including payment of intellectual capital, translation of research into products of public value and utilization, and practical application of ethics in health research.

**2.) RESEARCH TO ENHANCE AND EXTEND HEALTHY LIVES:** To produce evidence towards disease prevention, restoration of well-being, and reduction of disease burden.

- ⇒ **Adolescent Health:** Research on crucial health issues concerning adolescents – teenage pregnancy, mortality from teenage pregnancy, high-risk behaviors, mental health, HIV/AIDS, and their corresponding policies and services.
- ⇒ **Infectious diseases:** Research on diagnosis, treatment, and prevention of dengue, diarrhea, HIV/AIDS and other STIs, tuberculosis, rabies, neglected tropical diseases and soil-transmitted helminthiasis and other infectious diseases.
- ⇒ **Environmental Health:** Research on exposure, toxicity, and other effects of poor environmental conditions in health, including water quality and management; clean ambient and indoor air; solid and healthcare waste management, sanitation, and hygiene; and integration of health in environmental and urban planning.
- ⇒ **Maternal, newborn and child health:** Studies on factors influencing compliance, service utilization, management and effectiveness of interventions directed towards the improvement of maternal, newborn and child health.



- ⇒ **Mental health:** Research on access, delivery and effectiveness of mental health programs across various age groups and conditions, such as depression, suicide, post-traumatic stress disorder and addiction
- ⇒ **Non-communicable diseases:** Research on early detection, prevention and control of non-communicable diseases
- ⇒ **Nutrition:** Research on nutrition across all life stages: nutritional assessment and monitoring the development of interventions; evaluation of nutrition programs and interventions; and promotion of food security, quality and safety.
- ⇒ **Oral health:** Research on prevention, treatment of oral diseases and evaluation of related programs
- ⇒ **Reproductive health:** Studies on the acceptability and effectiveness of family planning commodities and other interventions for family planning and STI prevention.

**3.) HOLISTIC APPROACHES TO HEALTH AND WELLNESS:** To produce evidence geared towards the application and recognition of traditional, sociocultural, and alternative approaches to health in addressing health systems gaps.

- ⇒ **Filipino traditional and complementary medicine:** Exploratory studies on the effectiveness, acceptability, and safety of utilizing and interfacing alternative and Filipino healing modalities, remedies and traditional healers (e.g., traditional birth attendants and hilot) with modern health practices, including their translation into products and services of public value.
- ⇒ **Halal in health:** Studies on developing halal-guided pharmaceuticals, food, and non-food products and describing the effects of the halal way of life on health, including hygiene, sanitation, and wellness.
- ⇒ **Health behaviors:** Studies on factors (e.g., risky behavior, preferences, perception, and health literacy) affecting health service provision, health status, health service utilization, and support for health reform initiatives (e.g., No Balance Billing)

**4.). HEALTH RESILIENCY:** To improve the ability of the country's health system to be resilient concerning emerging global and domestic threats.

- ⇒ **Accidents and injuries:** Research to provide public health solutions for road safety and injury prevention.

- ⇒ **Climate change:** Research to understand, assess, and intervene in the health impacts of climate change, and to design sustainable health infrastructure.
- ⇒ **Disaster risk reduction and health emergencies:** Research on assessment, management, and evaluation of emergency health interventions across the disaster cycle (preparedness, response, recovery, mitigation) with emphasis on mental health and psychosocial services, food security and nutrition, risk communications, infrastructure, and capacity; this area includes studies to improve the health of internally displaced persons because of emergencies.
- ⇒ **Emerging and re-emerging diseases: Research** on illnesses that can spread through outbreaks and pandemics, including but not limited to Zika, SARS, Malaria, MERS-CoV, etc., to include the evaluation of the effectiveness and interventions,
- ⇒ **Environmental threats to health:** Research on the impact of coal, mining, chemical pesticides, and other pollutants and toxins, including research on interventions to address these health risks.
- ⇒ **Occupational health and migration:** Research on compliance to occupational safety and standards and interventions; health consequences surrounding documented and undocumented migrant workers and their families; and research on the health impacts of urbanization, industrialization, and globalization.

**5.) GLOBAL COMPETITIVENESS AND INNOVATION IN HEALTH:** To promote research as a tool for creating novel solutions to existing and emerging health problems through technology development and innovation in fields of rapid advancement.

- ⇒ **Diagnostics:** Development of diagnostic tests and devices for early detection and monitoring of premorbid conditions and diseases
- ⇒ **Drug discovery and development:** Research on the identification and standardization of natural products and the development of drugs and vaccines for specific conditions (e.g., cancer, skin diseases, dengue and Zika) and multidrug-resistant infections, for production, local use and international marketability
- ⇒ **Functional foods:** Research on food supplements and practical food development, and on commercialization, safety, regulation, and impact assessment of functional foods and food supplements
- ⇒ **Information and communication technologies for health:** Research on data science and E-health solutions for integrating health information in recording and utilizing patient information, mapping health risks and health resources, telemedicine, and health promotion.

- ⇒ Biomedical products and engineering: Research on improvisation and local development of reliable, safe, and affordable biomedical devices for supportive and therapeutic care, for local health service provision and international markets
- ⇒ “OMIC” technologies: Generation of new knowledge about health and disease using genomics, proteomics, transcriptomics, and metabolomics.

**6.) RESEARCH IN EQUITY AND HEALTH:** To produce evidence to enable the health system to respond to health needs and develop new solutions for vulnerable populations and marginalized sectors of society.

- ⇒ **Disability:** Research on specific public health, clinical care, rehabilitation, and community interventions and preventive measures for people and children with different disabilities, including developmental, physical, mental, and other forms
- ⇒ **Gender:** Research to understand health risks among men and women for the provision of gender-responsive health services across life stages
- ⇒ **Geographically isolated and disadvantaged areas: Research** on factors affecting disease prevalence, nutrition, and access to health and water, sanitation, and hygiene services in geographically remote and underprivileged areas.
- ⇒ **Geriatric care:** Research to map the health needs and appropriate health programs, policies, and services for the aging population.
- ⇒ **HIV/AIDS and other STIs:** Socio-behavioral studies to address stigma, discrimination, and other barriers to HIV and STI screening and control.
- ⇒ **Indigenous peoples:** Research to document indigenous populations' knowledge, skills, and practices to empower and create accessible and culturally sensitive health policies and services.
- ⇒ **Substance abuse:** Research on the effectiveness of existing and alternative community—based and institutional models, as well as profiling of facilities and services for addressing substance abuse, including drug and alcohol abuse, and their associated health risks (e.g., CVD and stroke)
- ⇒ **Violence:** Research on the health, especially psychosocial consequences, of populations subjected to violence
- ⇒ **Other vulnerable populations:** Studies that will assess and develop new solutions for group-specific health needs of other vulnerable populations.

The Master's in Public Health program of the Institute of Community and Family Health, Inc. (ICFHI) is designed to equip students with adequate knowledge, attitudes, and skills in the practice of public health, particularly in health promotion and disease prevention, utilizing the Primary Health Care (PHC) approach. It is aimed to develop the student's capability to assess and manage public health problems at the local, national, and international levels. It also provides opportunities to build knowledge and skills related to the student's specialization in hospital and public health settings.

Part of the course's educational objectives is to undertake research projects on the social and educational aspects of individual, family, and community health. RES 200 (Research Methods) covers the whole gamut of research methodology, enabling the students to evaluate and prepare research protocol/research proposal. In SEM 201 (Seminar on Research Presentation), the students present in the seminar their research proposals.

In the field of public health, many studies have been completed. They are ongoing on preventing and curing many physical and psycho-social problems to improve the health of this generation and future generations.

The following are subjects for study in health services research which the students can select from:

1. Health care financing
  - 1.1. Allocation of funding
  - 1.2. Cost containment
  - 1.3. Alternative sources of funds
  
2. Organization and management
  - 2.1. Healthcare delivery system
  - 2.2. Extent of coverage

- 2.3. Accessibility and Acceptability
- 2.4. Cost-effectiveness
- 2.5. Planning
- 2.6. Management information system

### 3. Legislation and Policy Making

### 4. Inter and Intrasectoral coordination

- 4.1. Health and medical laws, regulations
- 4.2. Public, private, and voluntary agency coordination
- 4.3. Coordinating arrangements between health and health-related agencies
- 4.4. Coordination between and among the different levels of health care

### 5. Manpower

- 5.1. Utilization
- 5.2. Training
- 5.3. Educational technology
- 5.4. Distribution, migration

### 6. Design and health care delivery

- 6.1. Primary
- 6.2. Secondary
- 6.3. Emerging problems

## 7. Community participation

### 7.1. Decision-making

### 7.2. Service delivery

Research funding is offered to student/s or teaching staff who would like to avail of support from the school, provided the Board of Trustees approves the research protocol. Php50,000 per year will be granted to an individual researcher or a group who should be a student or an instructor of ICFHI.

Research colloquium will start this year for graduating students. Eventually, this will also be opened to alumni of ICFHI.

This year, the school is forming its own Research Ethics Committee (REC) so that the students may have their research protocols approved if their institution does not have a research ethics committee.

## **ICFHI-FE DEL MUNDO SCHOLARSHIP PROGRAM**

### **Scholarship Program Criteria**

The ICFHI has previously offered scholarships sponsored by other agencies; however, we will offer the ICFHI-FE DEL MUNDO scholarship to eligible candidates this year for the first time. An individual can apply for the scholarship for the entire duration of the master's in public health, which is two years. The scholarship will include the tuition fees, all other fees excluded.

## Eligibility Requirements

- Graduate of any related course
- Filipino citizen and must be a permanent resident of the Philippines.
- No failing grades in college
- Has at least two years of background/experience in public health or any related field.
- Demonstrates leadership abilities through participation in community service, extracurricular or other volunteer activities.

## Instructions for Completing Scholarship Application

Please complete the application by typing or printing legibly. Only completed and signed applications will be considered. Please submit the following items with this completed application form. Deadline is on or before July 31 every year.

1. Copy of most recent transcript of grades from current or last school attended. An official transcript of records from the school is required on or before one month before the start of the semester.
2. Three original letters of recommendation from individuals unrelated to the applicant. (faculty/current immediate head/and one who should reflect the applicant's interest in Public Health). All must be in original form, signed, and addressed to the Scholarship Selection Committee and/or Board of Trustees.
3. On a separate sheet of paper, the applicant must prepare a personal statement, not to exceed 1,500 words, indicating interest in and commitment to Public Health, examples of involvement in the community, career goals, and any other information on significant financial difficulties the applicant is experiencing, and why he/she feels that he/she should be selected to receive the scholarship.
4. Provide proof of citizenship

## Mandatory return of service to ICFHI

Each student awarded the scholarship will render the number of years of service to the Institute equivalent to the duration of the scholarship. The nature of service will depend on the decision of the Board of Trustees.

## Acceptance

The Board of Trustees (BOT) decides acceptance based on the qualifications of the applicants. One scholar per year will be accepted, but the BOT may decide the total number.

## ICFHI – FE DEL MUNDO SCHOLARSHIP PROGRAM

### APPLICANT'S PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Sex:  Male  Female Date of birth: \_\_\_\_\_



Classification: \_\_\_ 1<sup>st</sup> year 1<sup>st</sup> semester \_\_\_ 1<sup>st</sup> year 2<sup>nd</sup> semester  
 \_\_\_ 2<sup>nd</sup> year 1<sup>st</sup> semester \_\_\_ 2<sup>nd</sup> year 2<sup>nd</sup> semester

**PERMANENT HOME ADDRESS:**

\_\_\_\_\_

Email address: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Are you receiving other financial aid or support for the upcoming academic year?

Have you applied for other scholarships? \_\_\_ Yes \_\_\_ No

Are you currently employed? \_\_\_ Yes \_\_\_ No Full or part-time? \_\_\_\_\_

If employed, where:

\_\_\_\_\_

**ACADEMIC INFORMATION:**

List all schools, colleges, and universities attended, including current:

NAME OF SCHOOL	LOCATION	DATES ATTENDED

**AGREEMENT AND TERMS OF ICFHI – FE DEL MUNDO SCHOLARSHIP PROGRAM:**

The ICFHI-Fe del Mundo Scholarship Program may request additional information, including a personal interview, to decide on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award.

If I am selected for this scholarship, I agree to provide a copy of my official transcript at the end of each semester.



I understand that scholarship funds may only be applied to offset financial obligations that I have incurred or reasonably expect to incur for tuition. I further understand that if I receive a scholarship and accept the award, a check for my education will be paid directly to the school. I know that I must submit documentation of other educational expenses, which, upon approval, will be reimbursed directly to me. I understand that I am responsible for any tax liability incurred because of this award.

As part of my gratitude, I am willing to render a return of service to the Institute corresponding to the number of years of scholarship availed after graduation. The nature of service will depend on the decision of the Board of Trustees. Failure to render such service shall entail payment of fees equivalent to the two years' educational expenses for a Master's in Public Health.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining the scholarship. I authorize you to verify the statements herein and understand that the committee will confidently hold all personal information in this application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions or additional information, please contact Dr. Elsie Lynn Baronia-Locson at [dean@icfhi.com](mailto:dean@icfhi.com)**

ICFHI Form 13/v. 2023

## SECTION 8: OTHERS

**The Institute/School has four areas/rooms:**

1. Dean's Office/Faculty Office (Room 402)
2. Registrar/Administrative Office (Room 403)



3. Library/Small Classroom (Room 405)
4. Big Classroom (Room 404)

Before the pandemic, the big classroom could accommodate all students, and the small classroom/library was used for workshops. In preparation for the hybrid/face-to-face classes, the big classroom can accommodate 50 to 60 students, and the small classroom can accommodate 20 to 25 students.

According to CDC guidelines, rooms with windows and HEPA filters will be sanitized regularly. Students will be informed of the schedule of the hybrid/online classes if warranted.

We have updated our website (ICFHI.com and ICFHI FB site), where we will regularly upload announcements. There are downloadable forms that will include:

1. Application/Student profile form (*Form 1*)
2. Financial declaration form (*Form 2* for 1<sup>st</sup> year and *Form 3* for 2<sup>nd</sup> year)
3. Excuse slip (*Form 4*)
4. Dropping of the subject form (*Form 5*)
5. Request form (for TOR, diploma, etc.) (*Form 6*)
6. Retake of Final Examination form (*Form 7*)
7. Retake of Comprehensive Examination form (*Form 8*)
8. Leave of Absence form (*Form 9*)
9. Registration form (*Form 10*)
10. Graduation Application for master's in public health form (**Form 11**)
11. Plagiarism Agreement form (**Form 12**)

*Note: All students are required to have stable internet during the entire session of classes and examinations and shall have a Gmail address. Students must turn on their video for the first 15 minutes and the last 15 minutes of the class. This will serve as the attendance. ICFHI Form 6 (Request Form) shall be used for all requests, such as TOR.*

*For the thesis/research paper, the school uses the APA 7 format, Times New Roman, Font 12, double space.*

## PLAGIARISM AGREEMENT FORM

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_ **Year level:** \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup>

Plagiarism is copying another's work intentionally or unintentionally and is considered a serious offense. The first offense involves a written warning, and the subsequent offense is subject to suspension. The school has the right to carry out the following consequences on a case-to-case basis and involve the police whenever necessary:



- Verbal/written apology (private/public)
- Counseling
- Suspension
- Referral to other agencies
- Expulsion
- Non-readmission
- Non-marching (for graduating students)

Plagiarism may include “copying” without properly quoting the source, “close paraphrasing” by changing words or statements, or sentences without proper referencing.

The instructor or student will subject all papers to a plagiarism checker (e.g., Grammarly). The student has to submit the checker report together with his paper.

---

As a graduate student in Public Health at ICFHI, I acknowledge the implications of plagiarism. I will abide by the school policies and avoid plagiarism to ensure the credibility of my school papers.

I will comply with all the school's requirements and be honest in all my dealings with ICFHI.

---

**Printed Name and Signature of Student**

---

**Date Signed**

ICFHI Form 12/v. 2023

## **CONFORME:**

**I have read and understood the contents of this student handbook and acknowledge the importance of full compliance with school policies.**

---

**Printed Name and Signature of the Student**

**Year Level:** \_\_\_\_\_ 1<sup>st</sup>      \_\_\_\_\_ 2<sup>nd</sup>

**The date signed:** \_\_\_\_\_

(Please send a copy of this page to the school email address at [admin@icfhi.com](mailto:admin@icfhi.com) after signing.)

## APPENDIX: FORMS

### ICFHI FORM 1: STUDENT PROFILE

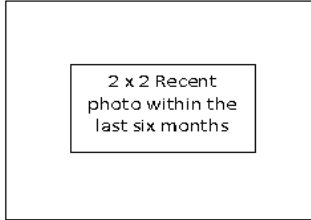




**INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.**

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center  
 11 Barawa corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113  
 Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>  
 Cellphone number: +639059454511 / Landline number: +63284206770

**APPLICATION/STUDENT PROFILE FORM**



Name (Print) \_\_\_\_\_ Sex \_\_\_\_\_  
 (Surname) (First Name) (Middle Name)  
 Date of Birth \_\_\_\_\_  
 Email address \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Designation \_\_\_\_\_ Marital Status \_\_\_\_\_

Office Name & Address \_\_\_\_\_  
 Tel. No. \_\_\_\_\_  
 Home Address \_\_\_\_\_

Single \_\_\_\_\_  
 Married \_\_\_\_\_  
 Widower \_\_\_\_\_  
 Separated \_\_\_\_\_  
 Single Parent \_\_\_\_\_

Tel. No. \_\_\_\_\_  
 Cellphone No. \_\_\_\_\_

**NEAREST RELATIVE RESIDING IN MANILA**  
 Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Tel. no. : \_\_\_\_\_  
 Address during the school year \_\_\_\_\_  
 Tel. no. \_\_\_\_\_

Name of Spouse \_\_\_\_\_ No. of Children \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. no. \_\_\_\_\_  
 No. of years in present position \_\_\_\_\_

**WORKING EXPERIENCE:**

Position/Title of Work from Present to Past Position	Inclusive dates	Salary	Reasons for Leaving Position

**EDUCATIONAL BACKGROUND:**

School Attended	Year Attended	Certificate / degree earned

**TRAINING PROGRAMS ATTENDED (LAST 5 YEARS)**

Course Title	Dates	Organization	Place

\_\_\_\_\_  
 Signature of Applicant

ICFHI FORM 1/v. 2023

**ICFHI FORM 2: FINANCIAL DECLARATION FORM (1<sup>ST</sup> YEAR)**





**INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.**  
 4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center  
 11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113  
 Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>  
 Cellphone number: +639059454511 / Landline number: +63284206770

## GRADUATE STUDENT'S FINANCIAL DECLARATION (1<sup>ST</sup> YEAR) FORM

### **PURPOSE OF THE FINANCIAL DECLARATION:**

The financial declaration shall ensure full knowledge of the student regarding expected fees with Master of Public Health. This aims for your full financial commitment and take responsibility once you enroll in this course. By signing this form, you are assuring the Institute of Community and Family Health, Inc. of your ability and intention to meet all your fees for the course duration. If you cannot pay your fees, you will not usually be able to continue your studies. This is a necessary step in your enrolment as an Institute of Community and Family Health, Inc. student.

Name:	
Course:	Master of Public Health

### **COURSE FEES:**

(The fees have been estimated exclusive of possible annual increase.)

What you need to pay for your course fee for Year 1: Php \_\_\_\_\_  
 Please provide supporting documentation to show that you can meet these fees.

What you need to pay for your course fee for Year 2: Php \_\_\_\_\_  
 Total Estimated course fees for the duration of the course: Php \_\_\_\_\_

### **SOURCES OF FUNDING FOR COURSE FEES:**

Type of funding (scholarship, loan, savings)	Supporting documentation		Amount
Amount already paid to the school as a deposit for	1 <sup>st</sup>	2 <sup>nd</sup> Semester	
	Total		

### **SUPPORTING DOCUMENTATION:**

You must submit copies of documentation supporting your type of funding, including the amount of funding. If funding is from multiple sources, you must provide relevant supporting documents for each source. All supporting documents should be provided in written English.

- Scholarship or award or grant: An official communication is required from the sponsor confirming the specific amount that will be provided towards your entire course
- Funding from family, private sponsors, and self-funding: a letter from family or other persons accepting responsibility for meeting your Year 1 and Year 2 costs confirming the specific amount and duration of funding. If self-financing, include supporting documents like current bank statements showing a consistent level of available funding and employment contracts indicating the monthly salary.

### **SCHOOL TERMS AND CONDITIONS:**

By accepting the offer of a graduate course placed at the Institute of Community and Family Health, Inc. under Master in Public Health, you are entering into a contract with the graduate school, including a legal obligation to pay the fees due from you to the school. Failure to pay of fees when due may lead to the imposition of disciplinary measures (suspension or expulsion, etc.).

ICFHI FORM 2/v. 2023





**INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.**

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>

Cellfone number: +639059454511 / Landline number: +63284206770

**STUDENT CONTRACT:**

You will have a contract with the school and a legal obligation to pay the fees due from you to the school. Failure to pay fees/charges when due may be subject to disciplinary measures as stipulated in the School Terms and Conditions above.

**DATA PRIVACY:**

The Institute of Community and Family Health, Inc. will use the information you have provided on this form per RA 10173 of the Philippines Data Privacy Act of 2012.

**FINANCIAL DECLARATION:**

I have read and understood everything written in the financial declaration. By signing this financial declaration, I give my assurance to the Institute of Community and Family Health, Inc. that I have provided true and correct information about the payment of my course fees and that I am able and willing to ensure that all of my fees are paid for the duration of my course (Master in Public Health) at the Institute of Community and Family Health, Inc.

Signed

Date:

\_\_\_\_\_

\_\_\_\_\_

Once completed and signed, please send the form to Ms. Doris S. Melaño at [registrar@icfhi.com](mailto:registrar@icfhi.com) and the relevant supporting financial documents.

Office Use Only – ICFHI Approval

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



## ICFHI FORM 3: FINANCIAL DECLARATION – 2<sup>ND</sup> YEAR



**INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.**  
 4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center  
 11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113  
 Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>  
 Cellphone number: +639059454511 / Landline number: +63284206770

### GRADUATE STUDENT'S FINANCIAL DECLARATION (2<sup>ND</sup> YEAR) FORM

#### **PURPOSE OF THE FINANCIAL DECLARATION:**

The financial declaration shall ensure full knowledge of the student regarding expected fees with Master of Public Health. This aims for your full financial commitment and take responsibility once you enroll in this course. By signing this form, you are assuring the Institute of Community and Family Health, Inc. of your ability and intention to meet all your fees for the course duration. If you cannot pay your fees, you will not usually be able to continue your studies. This is a necessary step in your enrolment as an Institute of Community and Family Health, Inc. student.

Name:	
Course:	Master of Public Health

#### **COURSE FEES:**

(The fees have been estimated exclusive of possible annual increase.)

Please provide supporting documentation to show that you can meet these fees.

What you need to pay for your course fee for Year 2: Php \_\_\_\_\_

Total Estimated course fees for the duration of the course: Php \_\_\_\_\_

#### **SOURCES OF FUNDING FOR COURSE FEES:**

Type of funding (scholarship, loan, savings)	Supporting documentation	Amount
Amount already paid to the school as a deposit for	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester
	Total	

#### **SUPPORTING DOCUMENTATION:**

You must submit copies of documentation supporting your type of funding, including the amount of funding. If funding is from multiple sources, you must provide relevant supporting documents for each source. All supporting documents should be provided in written English.

- Scholarship or award or grant: An official communication is required from the sponsor confirming the specific amount that will be provided towards your entire course.
- Funding from family, private sponsors, and self-funding: a letter from family or other persons accepting responsibility for meeting your Year 2 cost confirming the specific amount and duration of funding. If self-financing, include supporting documents like current bank statements showing a consistent level of available funding and employment contracts indicating the monthly salary.

#### **SCHOOL TERMS AND CONDITIONS:**

By accepting the offer of a graduate course place at Institute of Community and Family Health, Inc. under Master in Public Health, you are entering into a contract with the graduate school which includes a legal obligation to pay the fees and charges due from you to the school. Failure of payment of fees when due may lead to imposition of disciplinary measures (suspension or expulsion, etc).

ICFHI FORM 3/v. 2023







**INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.**

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center  
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Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>  
Cellphone number: +639059454511 / Landline number: +63284206770

**STUDENT CONTRACT:**

You will have a contract with the school and will have a legal obligation to pay the fees and charges due from you to the school. Failure in payment of fees/charges when due may be subject to disciplinary measures as stipulated in the School Terms and Conditions above.

**DATA PRIVACY:**

The Institute of Community and Family Health, Inc. will use the information you have provided on this form in accordance with the RA 10173 of the Philippines, Data Privacy Act of 2012.

**FINANCIAL DECLARATION:**

I have read and understood everything written in the Financial declaration and by signing this financial declaration, I give my assurance to the Institute of Community and Family Health, Inc. that I have provided true and correct information about the payment of my course fees of my course and that I am able and willing to ensure that all of my fees are paid for the duration of my course (Master in Public Health) at the Institute of Community and Family Health, Inc.

Signed

Date:

\_\_\_\_\_

\_\_\_\_\_

Once completed and signed, please send the form to Ms. Doris S. Melaño at [registrar@icfhi.com](mailto:registrar@icfhi.com) and the relevant supporting financial documents.

Office Use Only – ICFHI Approval

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



### ICFHI FORM 4: EXCUSE SLIP



#### INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

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Cellphone number: +639059454511 / Landline number: +63284206770

---

#### EXCUSE SLIP FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Reason/s for absence:

\_\_\_\_\_

\_\_\_\_\_

Date of Absence: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

*(Please attach any supporting document if applicable and submit this slip on the same day when returning from absence).*

---

#### TO BE FILLED OUT BY THE SCHOOL OFFICIAL

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and Signature  
School Registrar

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

ELSIE LYNN B. LOCSON, MD, MPH, MSc, FPPS  
Executive Director and Dean, ICFHI

ICFHI FORM 4/v. 2023



## ICFHI FORM 5: DROPPING OF SUBJECT FORM



### INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>

Cellphone number: +639059454511 / Landline number: +63284206770

### DROPPING OF SUBJECT/S FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Year Level: \_\_\_\_\_

Subject/s to be dropped: \_\_\_\_\_

Reason/s for dropping: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

*(Please attach any supporting document if applicable.)*

### TO BE FILLED OUT BY THE SCHOOL OFFICIAL

Status of the student:  PASSING  FAILING

- Approved
- Disapproved
- Pending

Reason/s for disapproval/pending: \_\_\_\_\_

RECOMMENDATION/S FOR THE STUDENT: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name and Signature  
School Registrar

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
ELSIE LYNN B. LOCSON, MD, MPH, MSc, FPPS  
Executive Director and Dean, ICFHI

ICFHI FORM 5/v. 2023



# ICFHI FORM 6: REQUEST FORM



## INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>

Cellphone number: +639059454511 / Landline number: +63284206770

### REQUEST FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Year Level: \_\_\_\_\_

Reason/s: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

*(Please attach any supporting document if applicable.)*

### TO BE FILLED OUT BY THE SCHOOL OFFICIAL

Amount paid: \_\_\_\_\_

Date paid: \_\_\_\_\_

OR number: \_\_\_\_\_

Date of release: \_\_\_\_\_

Date received: \_\_\_\_\_

Noted by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and Signature  
School Registrar



## ICFHI FORM 7: FINAL EXAMINATION RETAKE



### INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>

Cellphone number: +639059454511 / Landline number: +63284206770

### RETAKE OF FINAL EXAMINATION FORM

Date of examination: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_

Subject 1: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date signed: \_\_\_\_\_

Noted by: \_\_\_\_\_ Date signed: \_\_\_\_\_

PRINTED NAME AND SIGNATURE  
SUBJECT INSTRUCTOR

### TO BE FILLED OUT BY THE SCHOOL OFFICIAL

Amount paid: \_\_\_\_\_

Date paid: \_\_\_\_\_

OR number: \_\_\_\_\_

Date of release: \_\_\_\_\_

Date received: \_\_\_\_\_

Noted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name and Signature  
School Registrar

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
ELSIE LYNN B. LOCSON, MD, MPH, MSc, FPPS  
Executive Director and Dean



# ICFHI FORM 8: COMPREHENSIVE EXAMINATION RETAKE



## INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center  
11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113  
Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>  
Cellphone number: +639059454511 / Landline number: +63284206770

### RETAKE OF COMPREHENSIVE EXAMINATION FORM

Date of examination: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_

Subject 1: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date signed: \_\_\_\_\_

Noted by: \_\_\_\_\_ Date signed: \_\_\_\_\_

PRINTED NAME AND SIGNATURE  
SUBJECT INSTRUCTOR

### TO BE FILLED OUT BY THE SCHOOL OFFICIAL

Amount paid: \_\_\_\_\_

Date paid: \_\_\_\_\_

OR number: \_\_\_\_\_

Date of release: \_\_\_\_\_

Date received: \_\_\_\_\_

Noted by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and Signature  
School Registrar

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

ELSIE LYNN B. LOCSON, MD, MPH, MSc, FPPS  
Executive Director and Dean



### ICFHI FORM 9: LEAVE OF ABSENCE FORM



#### INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center  
11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113  
Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>  
Cellphone number: +639059454511 / Landline number: +63284206770

### LEAVE OF ABSENCE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Year Level: \_\_\_\_\_

Purpose for Leave: \_\_\_\_\_  
\_\_\_\_\_

Date of Leave: From \_\_\_\_\_ To: \_\_\_\_\_

Number of Days/Weeks/Months (Not to exceed one academic year): \_\_\_\_\_

Type of Leave:  Medical.  Others, please specify: \_\_\_\_\_

*(Please attach any supporting document if applicable. No leave will be granted in less than two weeks before the last day of classes during the semester).*

#### TO BE FILLED OUT BY THE ADMINISTRATION

Class Standing:  Passing  Failing

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name and Signature  
School Registrar

Amount of Money Refunded to Student: Php \_\_\_\_\_

Approved  Disapproved

Reason for Disapproval: \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
ELSIE LYNN B. LOCSON, MD, MPH, MSc, FPPS  
Executive Director and Dean, ICFH

ICFHI FORM 9/v. 2023



# ICFHI FORM 10: APPLICATION/STUDENT PROFILE FORM



**INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.**  
 4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center  
 11 Banawe corner Cardiz Streets, Barangay Dofa Josefa, Quezon City 1113  
 Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>  
 Cellphone number: +639059454511 / Landline number: +63284206770

## REGISTRATION FORM

WRITE IN BLOCK LETTER. Use an x mark in answering information preceded by a box (x)

This serves as an Official Receipt if the amount is printed through the cash register.

STUDENT'S COPY	STUDENT NUMBER		NAME (Last, Given, Middle, if a married woman encircle maiden name.)										1 2 3 4 summer 20...20...	
	SUBJECT		TIME	UNITS	MON.	TUES.	WED.	THUR.	FRI.	SAT.	ROOM	Tuition	Miscellaneous	Registration Fee
												ID Fee	Library Fee	Books and Manuals
												Compre. Exam. Fee	Graduation Fee	Diploma
												Transcript of Records	Others	
	DATE		TOTAL	Collected by				SCHOLARSHIP / PRIVILEGE				<b>AMOUNT PAYABLE</b>		
	Signature and Printed Name of Adviser												ASSESSED BY:	
	Signature of Student												(Date) (D.R. No.) (Amount Paid)	

REGISTRAR'S COPY	STUDENT NUMBER		NAME (Last, Given, Middle, if a married woman encircle maiden name.)										Collected by:							
													(Date Paid)	(D.R. No.)	(Amount)					
	STUDENT TYPE		REGISTRATION STATUS			COUNTRY OF CITIZENSHIP					SCHOLARSHIP / PRIVILEGE		1 2 3 4 Summer 20...20... Year Level 1 <sup>st</sup> 8th 2nd 5th 3rd .....							
	1. First Year 2. Second Year 3. Irregular		1. New Freshman (including Cert. Dip) 2. New transfer 3. New master's (including Grad. Cert./Dip.)			1. Philippines 2. .... 3. ....														
	SEX: 1. Male 2. Female		4. New doctoral 5. New LL/M/D 6. Continuing 7. ....			EMPLOYED 1. Full Time 2. Part Time 3. No														
	Present Address Employee's Name		Address										Tel. No. Tel. No.							
	Name of Parent / Guardian / Spouse (encircle one)		SUBJECTS		SEC.	Units	Final Grade	Compl. Grade	Date of Compl.	Address	LAB FEE	ANNUAL FAMILY GROSS INCOME	Tuition	Miscellaneous	Registration Fee	ID Fee				
												SCHOLARSHIP / PRIVILEGE	Library Fee	Books and Manuals	Compre. Exam. Fee	Graduation Fee	Diploma	Transcript of Records	Others	<b>AMOUNT PAYABLE</b>
	Total No. of Units* *If under loaded, specify reason:		I hereby certify that all the information given in this form are true and correct										Signature of Student:		ASSESSED BY:		Registrar's Checker			





# ICFHI FORM 11: APPLICATION FOR GRADUATION FOR MASTER IN PUBLIC HEALTH



**INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.**  
4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center  
11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113  
Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>  
Cellfone number: +639059454511 / Landline number: +63284206770

## GRADUATION APPLICATION FOR MASTER IN PUBLIC HEALTH FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Diploma Name Information: PRINT name exactly as you like PRINTED on the diploma  
Note: ONLY variations of OFFICIAL name of record allowed

\_\_\_\_\_ PRINT Name

*Eligibility for Graduation: A candidate must:*

1. Meet all academic requirements for MPH
2. Pay the required graduation fee
3. Clear all outstanding accounts with the school
4. Apply by graduation application form in the registrar's office

## TO BE FILLED OUT BY THE SCHOOL OFFICIAL

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Signature  
School Registrar

Graduation Fee Paid: \_\_\_\_\_ Fee paid previously during enrollment \_\_\_\_\_

\_\_\_\_\_ Cash

\_\_\_\_\_ Check Number: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Approved       Disapproved

Date Degree Conferred: \_\_\_\_\_

DIPLOMA and TOR: Mailed: \_\_\_\_\_ Picked up by: \_\_\_\_\_

Date sent: \_\_\_\_\_ Date Picked up: \_\_\_\_\_

ICFHI FORM 11/v. 2023



## ANNEXES

### **RA 7277 – An Act Providing for The Rehabilitation, Self-Development, and Self-Reliance of Disabled Person and Their Integration into The Mainstream of Society and for Other Purposes**

#### “MAGNA CARTA FOR DISABLED PERSONS”

Magna Carta for Disabled Persons was enacted for the primary reason that persons with disabilities have the same rights as other people and promotes their full participation in the society and integration into the mainstream of society.

Disabled Persons are those suffering from restriction of different abilities, due to a mental, physical, or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being.

(b). Impairment is any loss, diminution, or aberration of a function's psychological, physiological, or anatomical structure.

(c). Disability shall mean (1) a physical or mental impairment that substantially limits one or more psychological, physiological, or anatomical functions of an individual or activities of such individual.

(2) a record of such an impairment; or (3) being regarded as having such an impairment.

(d). Handicap refers to a disadvantage for a given individual resulting from an impairment or a disability, that limits or prevents the functions or activity, that is considered normal given the age and sex of the individual.

No disabled person shall be denied access to opportunities for suitable employment. A qualified disabled employee shall be subject to the same terms and conditions of employment and the same compensation, privileges, benefits, fringe benefits, incentives or allowances as a qualified able-bodied person.

Seven Disability Categories are included in RA 7277

1. Psychosocial disability
2. Disability caused by chronic illness.
3. Learning Disability
4. Mental Disability
5. Visual Disability
6. Orthopedic disability
7. Communication disability

RA 9442 – An Act Amending RA 7277; providing other privileges and Incentives such :

- (a) At least twenty percent (20%) discount from all establishments relative to the utilization of all services in hotels and similar lodging establishments; restaurants and recreation centers for the exclusive use or enjoyment of persons with disability.
- (b) A minimum of twenty percent (20%) discount on admission fees charged by theaters, cinema houses, concert halls, circuses, carnivals and other similar places of culture, leisure and amusement for the exclusive use or enjoyment of persons with disability.
- (c) At least twenty percent (20%) discount for the purchase of medicines in all drugstores for the exclusive use or enjoyment of persons with disability.
- (d) At least twenty percent (20%) discount on medical and dental services including diagnostic and laboratory fees such as, but not limited to, x-rays, computerized tomography scans and blood tests, in all government facilities, subject to guidelines to be issued by the Department of Health (DOH), in coordination with the Philippine Health Insurance Corporation (PHILHEALTH).
- (e) At least twenty percent (20%) discount on medical and dental services including diagnostic and laboratory fees, and professional fees of attending doctors in all private hospitals and medical facilities, in accordance with the rules and regulations to be issued by the DOH, in coordination with the PhilHealth.
- (f) At least twenty percent (20%) discount on fares for domestic air and sea travel for the exclusive use or enjoyment of persons with disabilities.
- (g) At least twenty percent (20%) discount in public railways, skyways, and bus fare for the exclusive use and enjoyment of person with a disability.
- (h) Educational assistance to persons with disability, for them to pursue primary, secondary, tertiary, post tertiary, as well as vocational or technical education, in both public and private schools, through the provision of scholarships, grants, financial aids, subsidies and other incentives to qualified persons with disability, including support for books, learning material, and uniform allowance to the extent feasible: Provided, That persons with disability shall meet minimum admission requirements;
- (i) To the extent practicable and feasible, the continuance of the same benefits and privileges given by the Government Service Insurance System (GSIS), Social Security System (SSS), and PAG-IBIG, as the case may be, as are enjoyed by those in actual service.
- (j) To the extent possible, the government may grant special discounts in special programs for persons with disability on purchase of basic commodities, subject to guidelines to be issued for the purpose by the Department of Trade and Industry (DTI) and the Department of Agricultural (DA); and
- (k) Provision of express lanes for persons with disability in all commercial and government establishments; in the absence thereof, priority shall be given to them.

The abovementioned privileges are available only to persons with disability who are Filipino citizens upon submission of any of the following as proof of his/her entitlement thereto:

- (I) An identification card issued by the city or municipal mayor or the barangay captain of the place where the person with disability resides;
- (II) The passport of the persons with disability concerned; or

(III) Transportation discount fare Identification Card (ID) issued by the National Council for the Welfare of Disabled Persons (NCWDP).

The privileges may not be claimed if the person with disability claims a higher discount may be granted by the commercial establishment and/or under other existing laws or in combination with other discount programs/s.

The establishments may claim the discounts granted in sub-sections (a), (b), (c), (f) and (g) as tax deductions based on the net cost of the goods sold or services rendered: Provided, further, That the total amount of the claimed tax deduction net of value-added tax if applicable, shall be included in their gross sales receipts for tax purposes and shall be subject to proper documentation and to the provisions of the National Internal Revenue Code (NIRC), as amended.”

Incentives. – Those caring for and living with a person with disability shall be granted the following incentives:

- (a) Persons with disability shall be treated as dependents under the Section 35 (A) of the National Internal Revenue Code, as amended and as such, individual taxpayers caring for them shall be accorded the privileges granted by the code insofar as having dependents under the same section are concerned; and
- (b) Individuals or nongovernmental institutions establishing homes, residential communities or retirement villages solely to suit the needs and requirements of persons with disability shall be accorded the following:
  - (i) Realty tax holiday for the first five years of operation; and
  - (ii) Priority in the building and/or maintenance of provincial or municipal roads leading to the aforesaid home, residential community or retirement village.”

And Prohibitions on Verbal , Non-Verbal Ridicule and Vilification Against Persons with Disability

## **RA 7610 : Special Protection of Children against Child Abuse, Exploitation and Discrimination Act**

An Act Providing for stronger deterrence and Special Protection against Child Abuse, Exploitation and Discrimination Act, and / or crimes against children including the conceived but unborn child as provided by the Revised penal code and other pertinent laws.

It is considered a landmark legislation that provided child protection against trafficking and employment in illicit activities , abuse , commercial sexual exploitation.

Children’s rights include the right to health, education, family life, play and recreation, an adequate standard of living and to be protected from abuse and harm. These forms as the bases of crafting laws to protect the children, who are most vulnerable for these types of risks.

Under RA 7610, children are "persons below eighteen years of age or those unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination

because of their age or mental disability or condition." All children in the Philippines and Filipino children elsewhere are protected from all forms of violence, abuse, exploitation, and discrimination.

Four distinct acts are punishable by RA 7610, namely.

- A) Child abuse – refers to maltreatment, chronic or not, which may include any of the following: psychological and physical abuse; unreasonable deprivation of basic needs; act or by deeds or words which degrade the dignity of the child; failure to immediately give medical treatment to an injured child resulting in severe impairment of growth and development or in his permanent incapacity or death.
- B) Child cruelty – can be used interchangeably with abuse, has physical, psychological, cognitive effects; often refers to acts of direct physical hurt or harm and devoid of humane feelings. Child abuse encompasses a broader range of acts.
- C) Child exploitation – includes persons who shall coerce, or force a child to beg, act as conduit or middlemen in drug trafficking, or conduct illegal activities.
- D) Being responsible for conditions prejudicial to the child’s development – circumstances which endanger the survival and normal growth of the child, such as being in a community where there is armed conflict, living in hazardous conditions, being a victim of man-made or natural disaster, being a member of the indigenous cultural community / or living under conditions of extreme poverty area, etc.

Many violations children face result from exploitative practices and education gaps in communities. Complaints can be filed by the following:

- a) Offended party
- b) Parents or guardians
- c) Ascendant or collateral relative within the 3<sup>rd</sup> degree of consanguinity
- d) Officer, social worker, or representative of a licensed child care

Any person who shall violate such acts shall suffer the penalty of a fine of not less than One thousand pesos (P1,000) but not more than Ten thousand pesos (P10,000) or imprisonment of not less than three (3) months but not more than three (3) years, or both at the discretion of the court; .

Those punishable by correctional penalty (The penalty of prison correctional shall carry with it that of suspension from public office, from the right to follow a profession or calling, and that of perpetual special disqualification from the right of suffrage, if the duration of said imprisonment shall exceed eighteen months. ) shall prescribe in ten years; with the exception of those punishable by arrest mayor, ("The penalty of arrest mayor shall be imposed upon any person who in any meeting, association, or public place, shall make any outcry tending to incite rebellion or sedition or in such place shall display placards or emblems which provoke a disturbance of the public order. ) which shall prescribe in five years

## RA 7877 : Anti Sexual Harassment Act of 1995

An Act declaring Unlawful Sexual Harassment against women and men in the Employment, Education or Training Environment

The violation is committed by a person who having authority, influence, or moral ascendancy over another in work or training or education environment, demands, sexual favor from the other regardless of whether the demand or requests is accepted by the object of said Act. Another law RA 11313 ( The Safe Spaces Act – Bawal Bastos Law )dispenses with this requirement and covers all forms of gender based sexual harassment (GBSH) committed in public spaces, educational or training institutions, workplace, and online space.

A) In a work-related or employment environment, sexual harassment is committed when:

- (1) The sexual favor is made as a condition in the hiring or in the employment, re-employment, or continued employment of said individual, or in granting said individual favorable compensation, terms, conditions, promotions, or privileges; or the refusal to grant the sexual favor results in limiting, segregating or classifying the employee which in any way would discriminate, deprive or diminish employment opportunities or otherwise adversely affect said employee;
- (2) The above acts would impair the employee’s rights or privileges under existing labor laws; or
- (3) The above acts would result in an intimidating, hostile, or offensive environment for the employee.

B) In an education or training environment, sexual harassment is committed:

- (1) Against one who is under the care, custody, or supervision of the offender;
- (2) Against one whose education, training, apprenticeship, or tutorship is entrusted to the offender;
- (3) When the sexual favor is made a condition to the giving of a passing grade, or the granting of honors and scholarships, or the payment of a stipend, allowance or other benefits, privileges, or considerations; or
- (4) When the sexual advances result in an intimidating, hostile or offensive environment for the student, trainee, or apprentice.

It shall be the duty of the employer, head of the work related, educational or training institution to prevent acts of sexual harassment and to provide resolution, settlement, or prosecution of acts of sexual harassment. Creation of a committee on decorum and investigation of cases shall be composed of at least one representative from administration, trainor, instructors, students, as the case may be.

### Penalties

Imprisonment of not less than 1 month nor more than 6 months or a fine of not less than P10,000 nor more than P20,000, or both such fine and imprisonment at the discretion of the court. Any violations of this Act shall prescribe in three (3) years

## **RA 8049 : Anti Hazing Act of 1995**

An Act regulating Hazing and other forms of Initiation Rites in Fraternities, Sororities, and other Organizations and providing Penalties therefor. RA 11053 or the Anti Hazing Act of 2018 gives teeth to the previous 1995 version of the law as it now outrightly prohibits and makes hazing a criminal act while providing more substantial penalties for those who will be proven guilty.

Hazing is defined as an initiation rite or practice as a prerequisite for admission into membership in a fraternity, sorority or organization by placing the recruit in some humiliating situations or activities or subjecting the person to physical and psychological injury.

The head of the school or organization or their representatives must assign at least 2 representatives to be present during the initiation rites. There must be a written notice - 7 days prior to the conduct of initiation rites indicating the period of the initiation which shall not exceed 3 days, names of those participating and no physical violence will be employed. It is also explained that the officers and members of the fraternity sorority or organization will be held liable if any person will suffer physical injury or dies as a result of the initiation rites. School authorities including faculty members who consent to hazing but failed to take any action to prevent the same from occurring shall be considered as ACCOMPLICES and thus be punished.

The responsible officials of the school or of the police, military or citizen's army training organization, may impose the appropriate administrative sanctions on the person or the persons charged under this provision even before their conviction. The maximum penalty herein provided shall be imposed in any of the following instances:

- (a) when the recruitment is accompanied by force, violence, threat, intimidation or deceit on the person of the recruit who refuses to join.
- (b) when the recruit, neophyte or applicant initially consents to join but upon learning that hazing will be committed on his person, is prevented from quitting.
- (c) when the recruit, neophyte or applicant having undergone hazing is prevented from reporting the unlawful act to his parents or guardians, to the proper school authorities, or to the police authorities, through force, violence, threat or intimidation.
- (d) when the hazing is committed outside of the school or institution; or
- (e) when the victim is below twelve (12) years of age at the time of the hazing.

## **RA 8504 The Philippine AIDS Prevention and Control Act of 1998**

An act promulgating policies and prescribing measures for the prevention and control of HIV/AIDS in the Philippines, instituting a nationwide HIV/AIDS information and educational program, establishing a comprehensive HIV/AIDS monitoring system, strengthening the Philippine National Aids Council, and for other purposes. This is the country's response to HIV AIDS. The law attempts to address major concerns involving various issues on human rights vis a vis public health and safety.

This aims to create public awareness through comprehensive nationwide educational and information campaign with full protection of human rights and civil liberties of every person suspected or known to be infected with HIV and AIDS. It is important to at this point to differentiate HIV from AIDS. HIV ( Human Immunodeficiency Virus ) infection is the condition when the person harbors the virus but still with no manifestations and AIDS ( Acquired Immune Deficiency Syndrome ) is the disease spectrum of the human immune system for which there is no cure. This is a kind of disease that has no territorial, social, political and economic boundaries.

PNAC – Philippine National AIDS Council is the central advisory, planning and policy making body on the prevention and control of HIV and AIDS in the country. The Council envision a fully empowered national coordinating body where different individuals and sectors work in partnership to prevent the transmission of the virus and lessen its impact on the individuals and society in general.

Discrimination in any form from pre-employment to post-employment, including hiring, promotion or assignment, based on the actual, perceived or suspected HIV status of an individual is prohibited. This includes prohibition of compulsory HIV testing based on HIV status or suspected HIV status in employment and access to services, Termination from work on the sole basis of actual, perceived or suspected HIV status is deemed unlawful.

Because of this law, awareness on HIV/ AIDS was raised as well as preventive measures were instituted hence through collaboration of the government and private sector, a stronger voice is heard to fight this public health malady. Lawmakers have been urged to support the bill to strengthen measures that address discrimination and stigma against people infected with deadly human immunodeficiency virus.

20 years after the first HIV AIDS law, Philippine HIV and AIDS Policy Act of 2018 (RA 11166) came into being and repealed its predecessor RA 8504 which fails to consider that many minors already engage in sex and other risky behaviors that make them prone to HIV. The concept of “mature minor principle” have been adapted as the basis for the amendment. This concept recognizes that some minors are mature enough to consent independently to medical procedures, if assessed by a health professional to be sufficiently mature to understand the meaning and consequences of the medical procedure. The “mature minor principle” is also known as the “Gillick principle” or “Gillick competence,” which was decided in a 1986 case by the English House of Lords. The case established that under English law “the parental right to determine whether or not their minor child below the age of 16 will have medical treatment terminates if and when the child achieves sufficient understanding and intelligence to understand fully what is proposed.”

In Asia and the Pacific, the age of minority is normally pegged at 17 years and below. However, the laws of Asian countries vary about HIV testing.

The World Health Organization has enumerated some circumstances when a minor can freely give his or her consent to HIV testing without securing parental consent which serve as a sound basis for amending RA 8504 to allow minors aged 15 to 17 years old to give their consent to HIV testing:



1. If the minor is living independently
2. If the minor is pregnant.
3. If the minor has no contact with parents or guardians.
4. If the minor has a clinical condition that suggests infection with HIV or
5. If the knowledge of their HIV status is in the minor's best interest.

Educational institutions such as the Department of Education (DepEd), the Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA), shall integrate instructional materials on the causes, modes of transmission, and prevention, including taught in public and private in intermediate grades, secondary and tertiary levels, including nonformal and indigenous learning systems That it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices. RA 11166 (An Act Strengthening the Philippine Comprehensive Policy on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) reiterates that HIV and AIDS education and information dissemination forms part of the Right to Health that the State ought to respect, protect, as well as promote human rights as the cornerstones of an effective response to Philippines HIV AIDS situation. HIV continues to be a serious health threat in the country, with a record high of 32 reported infections daily. Republic Act 11166 will help in expanding access to evidence-based HIV prevention strategies. Access to the means to prevent sexual transmission of HIV and transmission associated with drug use such as condoms and other commodities, remains a critical need for curbing the rising epidemic. Likewise, the new law facilitates easier access to learning about one's HIV status, for young people aged 15 years old and above who can now undergo an HIV test without parental or guardian consent. This is critical to intensify the response among the youth, who represent 62% of new HIV infections in the country. HIV testing is now also a routine procedure of prenatal care to prevent HIV infection from mother to child during pregnancy, labor, and breastfeeding.

The law also paves the way for urgently needed acceleration of access to free HIV treatment and related illnesses. Treatment coverage in the Philippines remains low, with only 36% of people living with HIV getting treatment. The law embeds HIV/AIDS in universal health care by tasking PhilHealth to develop a revised benefit package, including medication and diagnostics for in-patients and out-patients. Denial of health, accident and life insurance coverage to people living with HIV is now unlawful.

Any person, natural or juridical, who violates the provisions of Section 42 of this Act on health insurance and similar services shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5) years, and/or a fine of not less than fifty thousand pesos (₱50,000.00).

## **RA 9165 Comprehensive Dangerous Drugs Act of 2002**

RA 9165 safeguards the well-being of the people, particularly the youth, from the harmful effects of dangerous drugs.

It is the policy of the State to safeguard the integrity of its territory & the well-being of its citizenry, particularly the youth, from the harmful effects of dangerous drugs on their physical and mental well-being and to defend the same against acts or omissions detrimental to their development and preservation. The State pursues its anti-drug policy through RA 9165 by apprehending persons involved in the trafficking and use of dangerous drugs and imposing appropriate penalties, achieving a balance in the national drug control program so that only an adequate amount of medicine will be given to those with legitimate medical needs; providing a sustainable program of treatment and rehabilitation to those who became victims of drug abuse or dependence.

This Act, consisting of 101 sections, provides for importation of Dangerous Drugs and/or Controlled Precursors and Essential Chemicals. It establishes offenses and penalties according to the dangerous drug, regardless of the quantity and purity involved. Repealing RA 6425, otherwise known as Dangerous Drug Act of 1972. Other related laws relating to this, are RA 10640, which mandates the government to pursue an intensive and unrelenting campaign against the trafficking and use of dangerous drugs and other similar substances through an integrated system of planning, implementation, and enforcement.

The elements of possession of RA 9165 must be established: (1) possession or control by the accused of any equipment, apparatus or other paraphernalia fit or intended for smoking, consuming, administering, injecting, ingesting, or introducing any dangerous drug into the body; and (2) such possession is not authorized by law.

Possession of any of the dangerous drugs in the following quantities violates RA 9165

- 1) 10 grams or more of opium.
- (2) 10 grams or more of morphine.
- (3) 10 grams or more of heroin.
- (4) 10 grams or more of cocaine or cocaine hydrochloride.
- (5) 50 grams or more of methamphetamine hydrochloride or "shabu"
- (6) 10 grams or more of marijuana resin or marijuana resin oil.
- (7) 500 grams or more of marijuana; and
- (8) 10 grams or more of other dangerous drugs such as, but not limited to, methylenedioxymethamphetamine (MDA) or "ecstasy", paramethoxyamphetamine (PMA), trimethoxyamphetamine (TMA), lysergic acid diethylamine (LSD), gamma hydroxyamphetamine (GHB), and those similarly designed or newly introduced drugs and their derivatives, without having any therapeutic value or if the quantity possessed is far beyond therapeutic requirements, as determined and promulgated by the Board in accordance to Section 93, Article XI of this Act. Unlawful Acts and Penalties

The Dangerous Drugs Board is the primary agency in running after the illicit supply of and demand for dangerous and precursor chemicals; on top of its function to promote regional and international cooperation in drug abuse prevention and control while the law enforcement agency is Philippine Drug Enforcement Agency (PDEA), who is responsible for the implementation of RA 9165 and the policies, programs and projects of the agency in different regions.

The penalty of life imprisonment to death and a fine ranging from Five hundred thousand pesos (P500,000.00) to Ten million pesos (P10,000,000.00) shall be imposed upon any person or group of persons who shall maintain a den, dive or resort where any dangerous drug is used or sold in any form.

The penalty of imprisonment ranging from six months and one day to four years and a fine ranging from six hundred to four thousand pesos shall be imposed upon any person who shall possess or use any regulated drug without the corresponding license or prescription.

Maximum penalty is imposed on:

- Committed within 100m from a school.
- Use of minors or mentally incapacitated persons as runners, couriers, and messengers or in any other capacity
- If the victim is a minor or mentally incapacitated
- Dangerous drug is the proximate cause of death of victim.
- Organizer manages the unlawful acts, financier.

It is strongly recommended that the drug testing for students, the teachers, administration and personnel be done simultaneously. school shall publish or post results whether positive or negative. results and selection shall be liable under Section 72 of RA 9165 and such other appropriate laws.

## **RA 9262: Anti Violence Against Women and their Children of 2004**

Violence is defined under this, as any act or a series of acts committed by an intimate partner which results in or is likely to result in physical, sexual, psychological harm or suffering or economic abuse including threats of such acts, battery, assault, coercion, harassment, or arbitrary deprivation of liberty. It is a law the seeks to address the prevalence of violence against women and their children (VAWC) by their intimate partners like their husband or ex-husband, live-in partner or former live-in partner, boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend, dating partner or former dating partner. Children is defined here as those below eighteen years of age or older but incapable of taking care of themselves; it includes biological children of the victim and other children under

The law recognizes the unequal relations between a man and a woman in an abusive relationship where the woman is usually at a disadvantage thus the following are the persons protected by RA 9262 – wife, former wife, woman with whom the offender has or had sexual relations with; a woman with whom the offender has a common child with; the legitimate or illegitimate child of the woman within or without the family abode.

Several Acts of Violence are included under RA 9262

Physical Violence – acts that include bodily or physical harm (battery)

- causing/threatening/attempting to cause physical harm to the woman or her child.

- placing the woman or her child in fear of imminent physical harm

Sexual Violence – acts that are sexually committed against a woman or her child. Includes the following but not limited to:

- Rape, sexual harassment, acts of lasciviousness, treating a woman or her child as a sex object, making demeaning and sexually suggestive remarks, physically attacking the sexual parts of the victim's body, forcing him or her to watch obscene publications and indecent shows or forcing the woman or her child to do lewd acts and/or make films thereof, forcing the wife and mistress/lover to live in the marital home or sleep together in the same room with the abuser.
- Causing or attempting to make the woman or her child perform sexual acts (that do not constitute Rape) by use of force, threats, or intimidation directed against the woman, her child, or her immediate family.
- Prostituting the woman or her child.

Psychological Violence – acts or omissions causing or likely to cause mental or emotional suffering of the victim, which includes, but is not limited to, the following:

- Controlling or restricting the woman's or her child's movement or conduct
  - Threatening to or depriving the woman or her child of custody or access to her/his family.
  - Depriving or threatening to deprive the woman or her child of a legal right.
- Causing mental or emotional anguish, public ridicule or humiliation to the woman or her child, e.g., repeated verbal and emotional abuse, denial of financial support or custody or minor children or denial of access to the woman's child/children
- Threatening or inflicting physical harm on oneself to control the woman's actions or decisions.
- It includes causing or allowing the victim to witness the physical, sexual or psychological abuse of a member of the family to which the victim belongs, or to witness pornography in any form or to witness abusive injury to pets or to unlawful or unwanted deprivation of the right to custody and/or visitation of common children.
- Causing substantial emotional or psychological distress to the woman or her child:
  - Stalking or following the woman or her child in public or private places.
  - Peering in the window or lingering outside the residence or the woman or her child.
  - Entering or remaining in the dwelling or on the property of the woman or her child against her/his will.
  - Engaging in any form of harassment or violence
  - Destroying the property and personal belongings or inflicting harm to animals or pets of the woman or her child.

Economic Abuse -acts that make or attempt to make a woman financially dependent upon her abuser which includes, but is not limited to the following:

- Preventing the woman from engaging in any legitimate profession, occupation, business or activity except in cases wherein the other spouse/partner objects on valid, serious and moral grounds as defined in Article 73 of the Family Code.
- Controlling the woman's own money or property; or solely controlling the conjugal or common money/properties.
- Destroying household property.

Any citizen having personal knowledge of the circumstances involving the commission of the crime may file a complaint because violence against women and their children is considered a **PUBLIC** crime. Cases may be filed in the Regional Trial Court designated as **FAMILY COURT** of the place where the crime was committed. These courts have original and exclusive jurisdiction over these cases.

Contact any of the following for HELP

- Barangay VAW Desk in your Barangay
- Provincial / City / Municipal Social Welfare and Development Office of Local Government Units
- DSWD Community Based Services Section (CBSS)  
Legarda Manila # 733-0014 to 18 loc 116 / 488-2861
- PNP Women and Children Protection Center  
Camp Crame, Quezon City  
Tel. No.: 410-3213 / 532-6690  
Aleng Pulis Text Hotline: 0919-777-7377  
Emergency Hotline: 911
- Women and Children Protection Desk of nearest Precinct
- NBI Anti Violence Against Women and Children Division (VAWCD)  
V-Tech Tower, G. Araneta Avenue, Quezon City  
Main Office: (02) 8523-8231 to 38 / (02) 8525-6028
- PNP Women and Children Protection Center (WCPC)  
Main Office: (02) 8532-6690 / 7410-3213 / 7723-0401 local 5260, 5360, 5361  
Visayas: 0917-7085157 / (032) 410-8483  
Mindanao: 0917-1806037  
Aleng Pulis: 0919-7777377 / 09667255961
- DOJ-Public Attorney's Office (DOJ-PAO)  
(02) 8929-9436 local 106, 107 or 159 (Local "0" for operator)  
DOJ Action Center: (02) 8521-2930 / 8523-8481 loc. 403
- UP-PGH Women's Desk  
Tel. nos.: (02) 8353-0667 / 8542-1512 / 8554-8400 local 2536
- DOH Hospitals, Women and Children Protection Unit
- Women's Crisis Center (WCC Women and Children Crisis Care and Protection Unit)

Vito Cruz, Manila  
 Tel. no.: (02) 8514-4104  
 Mobile: 0920-9677852 / 0917-8250320

## **RA 9418 Volunteer Act**

This was enacted to provide a policy framework on volunteerism that underscores the fundamental principles necessary to harness and harmonize the broad and diverse efforts of the voluntary sector into an integrative and effective partnership for local and national. In a nutshell, this encourages program implementers to provide volunteers with recognition and incentive.

It shall be the policy of the State to promote the participation of the various sectors of Filipino society. As necessary, international, and foreign volunteer organizations in public and civic affairs, adopt and strengthen volunteerism as a strategy to attain national development.

Republic Act (RA) 9418 mandates the Philippine National Volunteer Service Coordinating Agency (PNVSCA) to serve as a clearinghouse for matters about international volunteer services, including the deployment of Filipino volunteers overseas.

It is important to differentiate volunteering from volunteerism: volunteerism usually combines a vacation with a little volunteering work, nothing too strenuous, just enough to make you feel part of the cause. Whereas volunteering is where you work alongside an organization and community to help them to develop a more sustainable way of life. Volunteering allows you to connect to your community and make it a better place. Even helping out with the smallest tasks can make a real difference to the lives of people, animals, and organizations in need.

Research has shown that volunteering is associated with improved health and well-being, including increased longevity, adoption of healthy lifestyles and reduction in depression and stress. The service volunteers provide also goes on to benefit the communities in which they live and serve.

For students, the importance of Republic Act 9418 is that it helps in the development of a sense of volunteerism. Students will have a firsthand experience in serving the community and their fellow citizens, without wanting anything in return. It also helps develop a sense of camaraderie with aid in the improvement of the society. Volunteering gives them the opportunity to practice and develop their social skill. The act of doing something good out of your own free will, for the benefit of others, and without expecting anything in return is modern bayanihan and heroism in its sincerest form. Keeping bayanihan alive through volunteering is part of who we are as Filipinos, since they are meeting regularly with a group of people with common interests. Volunteer efforts save money which is key in many cash-strapped communities. Volunteers also lighten the load of paid staff, if any, allowing this staff to focus on more specialized areas of work. The volunteers also provide an important link to the community. During the pandemic, volunteers promote well being by extending their networks for those with few social connections so that people can feel they are part of a community that they can turn to for assistance.

Participating in volunteer service for the development of society and the economy is something Filipinos take great pride in. It's part of their heritage that lives on through the 'Bayanihan,' a tradition of helping each other to promote community, family, and society's welfare. Volunteers are more likely to develop civic skills, to attach more importance to serving the public interest as a personal life goal and to be more politically active. Being a volunteer has lots of benefits. It can bring meaning and purpose to your life, while increasing your self-esteem and wellbeing. Volunteering can also relieve stress and alleviate symptoms of depression. As well as having a positive impact on your community, volunteering can improve your relationships.

## **RA 9512 National Environmental Awareness and Education Act of 2008**

This is the law that talks about the policy of the State to protect and advance the right of the people to a balanced and healthful ecology in accord with the rhythm and harmony of nature, in recognition of social progress, and promote total human.

This articulates that the state shall promote national awareness of the role of natural resources in economic growth and the importance of environmental conservation and ecological balance toward sustained national development.

This aims to protect and improve the environment, prevent, and control pollution and other public hazards, safeguard public health, enhance the construction of ecological civilization, and promote sustainable economic and social development. Signed in December 2008, R.A. 9512 specifically called for the “integration of environmental education in school curricula at all levels, whether public or private, including in barangay daycare, preschool, non-formal, technical vocational, professional level, indigenous learning, and out-of-school youth courses.

Environmental laws today encompass a wide range of subjects, such as air and water quality, hazardous wastes, and biodiversity. The purpose of these environmental laws is to prevent, minimize, remedy, and punish actions that threaten or damage the environment and those that live in it. DOST is mandated to create programs that will ensure that students receive science-based quality information on environmental issues to encourage the development of environment friendly solutions, devices, equipment, and facilities.

Environmental awareness means being aware of the natural environment and making choices that benefit the earth, rather than hurt it; likewise, it is important to increase enthusiasm and support, stimulate self-mobilization and action because our earth provides resources that are essential to our well-being and quality of life. These resources include clean air, water, and soil, as well as a wide range of plants and animals that contribute to the richness and diversity of our planet. Issues adjacent to climate change such as air pollution and waterway contamination can be overcome by raising awareness of environmental problems. Through simple actions, the populace can benefit the environment and combat these issues. Climate change has impact on warming temperature, changes in precipitation, increases in the frequency or intensity of some extreme weather events, and rising sea

levels. These threaten the food we eat, the water we drink, the air we breathe, and the weather we experience. Human induced climate change is the largest, most pervasive threat to the natural environment and societies the world has ever experienced. Sadly, the poorest countries are carrying the heaviest price. In the Philippines, with 50% living in urban areas, and many cities in coastal areas, the country is vulnerable to sea level rise. The country is highly exposed to flooding, the consequence of severe cyclones and heavy rainfall, which is exacerbated by land use change such as urbanization and logging.

There are simple ways that we can do to reduce the impact of climate change namely:

1. Know your carbon footprint. ...
2. Travel less. ...
3. Eat less meat and focus on sustainably grown meat. ...
4. Create less waste. ...
5. Small changes start at home. ...
6. Recycle more and create less trash. ...
7. Buy less.

Likewise simple doable actions to spread awareness about climate change:

1. Share news on social media.
2. Mention scientific research and evidence.
3. Bring up real-life examples.
4. Talk about global solutions to the problem.
5. Discuss personal actions that fight climate change.
6. Hang up awareness posters.
7. Create art relating to climate change.

## **RA 10627: or the Anti Bullying Act**

The Act aims to protect children enrolled in kindergarten, elementary, and secondary schools and learning centers (collectively, “Schools”) from being bullied. It requires Schools to adopt policies to address the existence of bullying in their respective institutions.

Bullying is defined as any severe or repeated use by one or more students of a written, verbal or electronic expression, or a physical act or gesture, or any combination thereof, directed at another student that has the effect of actually causing or placing the latter in reasonable fear of physical or emotional harm or damage to his property; creating a hostile environment at school for the other



student; infringing on the rights of the other student at school; or materially and substantially disrupting the education process or the orderly operation of a school.

There are three classifications of Bullying under RA 10627

1. Cyberbullying: bullying done using technology or any electronic means; not limited to texting, email, instant messaging, chatting, internet, social media, online games, or other platforms or formats
2. Social bullying is any deliberate, repetitive, and aggressive social behavior intended to hurt others or belittle another individual or group.
3. Gender-based bullying: any act that humiliates or excludes a person based on perceived or actual sexual orientation and gender identity.

Any information relating to the identity and personal circumstances of the bully, victim, or person who reported or witnessed the incident shall be treated with utmost confidentiality by the school, provided, that the names may only be available to the school head or administrator, teacher or guidance counselor designated by the school head, and parents or guardians of students who are or have been victims of bullying or retaliation.

ICFHI defines the range of administrative disciplinary actions that may be taken against a bully or someone who commits retaliation. Such actions may include written reprimands, community service, suspension, exclusion, or expulsion. In addition, any action taken against a perpetrator of bullying or retaliation may consist of the perpetrator entering a rehabilitation program administered by the school.

The school shall educate parents and guardians about bullying, its effects, and the anti-bullying policies of ICFHI. The school will also take it to provide counsel or referrals to appropriate services for perpetrators, victims, and relevant family members of students.

Any information relating to the identity and personal circumstances of the bully, victim, or person who reported or witnessed the incident shall be treated with utmost confidentiality by the Committee and the School, provided, that the names may only be available to the school head or administrator, teacher or guidance counselor designated by the school head, and parents or guardians of students who are or have been victims of bullying or retaliation.

# TANGLAW NG BAYAN

Lyrics by Benedicto Cortes Baronia  
Original Music by Jake Gates B. Ricablanca  
August 21, 2022

## VERSE

Bulaklak sa gitna ng sementong daan  
Perlas sa ibabaw ng berdeng kalupaan  
Pangarap ng isang ina, Boses ng Bayan  
Itayo mo, tugunan ang pangangailangan

## PRE-CHORUS

Edukasyon, Pagtuturo't pagkadalubhasa  
Ang handog ng ICFHI

## CHORUS

Tanglaw ng Bayan, tulong sa Bayan  
Tugunan ang primaryang pangkalusugan  
Kalusugan ng madla, sa Bayan muna!  
Sa Bayan nagmumula, lahat tayo ang gagawa

## VERSE

Ibahahagi ang ating kaalaman  
Para sa mahihirap sa kalunsuran  
Minorya ay yayakapin, paglilingkuran,  
Lahat aakayin, maging sino pa man

## PRE-CHORUS

Oh, Edukasyon, Pagtuturo't pagkadalubhasa  
Ang handog ng ICFHI

## CHORUS

Tanglaw ng Bayan, tulong sa Bayan  
Tugunan ang primaryang pangkalusugan  
Kalusugan ng madla, sa Bayan muna!  
Sa Bayan nagmumula, lahat tayo ang gagawa

## BRIDGE

Isang langit na tinitingala  
Payapang daan ating inaaruga!  
Iisa ang tatahakin  
Sa Biyaya ng Maykapal  
Makakamit din!

**CHORUS (2X)**

Tanglaw ng Bayan, tulong sa Bayan  
Tugunan ang primaryang pangkalusugan  
Kalusugan ng madla, sa Bayan muna!  
Sa Bayan nagmumula, lahat tayo ang gagawa

**CODA**

Lahat tayo ang gagawa  
isang langit na tinitingala  
Payapang daan ating inaaruga!  
Iisa ang tatahakin  
Sa Biyaya ng Maykapal

Words by **Dr. Benedicto C. Baronia**

Music by **Jake Gates B. Ricablanca**

Treble Solo

Piano

$\text{♩} = 85$

Tr. Solo

Pno.

5 **A**

**A** Bu-lak-lak sa git-na ng se-men-tong da-an Per las sa i-ba baw ng

Tr. Solo

Pno.

8

ber-deng ka-lu-pa-an Pa-nga-rap ng i-sang i-na, Bo-

Tr. Solo

Pno.

10

ses ng Ba yan I-ta yo mo, tu-gu-nan ang pa-nga-ngai-la-ngan

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2

13 **B**

Tr. Solo

E-du-ka-syon, pag-tu - tu - ro't pag-ka - da-lub-ha - sa Ang han-dog ng I-C-F-H-I.

Pno.

Dm **B** Eb(add9) Cm Eb/F F F7

17 **C**

Tr. Solo

Tang-law ng ba - yan, tu - long sa ba - yan.

Pno.

Bb Eb

19

Tr. Solo

Tu-gu-nan ang pri-mar-yang pang-ka-lu-su-gan

Pno.

Cm7 C7(omit3) Cm F F7

21

Tr. Solo

Ka-lu-su-gan ng mad-la, sa Ba-yan mu-na!

Pno.

Fm7 F7(omit3) Eb



23

Tr. Solo

Sa Ba-yan nag - mu - mu - la, la-hat ta - yo ang ga - ga wa.

Pno.

Cm<sup>7</sup> F

25

Tr. Solo

I-ba-ba-ha - gi ang a ting - ka-a-la man -

Pno.

D B<sup>b</sup> B<sup>b</sup> E<sup>b</sup>

28

Tr. Solo

Pa-ra sa ma-hi-hi rap sa ka - lun-sur- ran... Mi-nor-ya ay ya-ya-ka-pin, pag

Pno.

Cm<sup>7</sup> F<sup>7</sup> B<sup>b</sup>

31

Tr. Solo

li - ling - ku - ran - La-hat, a - a - ka - yin, ma-ging

Pno.

E<sup>b</sup> Cm<sup>7</sup>

4

33 **E**

Tr. Solo  
 si-no pa man... Oh E-du-ka-syon, pag tu - tu - ro't pag ka - da lub ha - sa.

Pno.  
 F7 Dm **E** Eb(add9)

36 **F**

Tr. Solo  
 — Ang han dog— ng I - C - F - H - I. **F** Tang-law ng ba - yan,—

Pno.  
 Cm Eb/F F F7 Bb

39

Tr. Solo  
 — tu - long sa ba - yan. Tu-gu- nan— ang pri -

Pno.  
 Eb Cm7 C7(omit3) Cm

41

Tr. Solo  
 mar - yang pang - ka - lu - su - gan. Ka-lu-su-gan ng mad - la,—

Pno.  
 F F7 Fm7 F7(omit3)



43

Tr. Solo

— sa Ba - yan mu - na! Sa Ba - yan nag - mu - mu -

Pno.

E $\flat$  Cm $^7$

45

Tr. Solo

la, la-hat ta - yo ang ga - ga - wa. I-sang la -

Pno.

F Gm $^7$  G Gm/F F

47

Tr. Solo

ngit na ti - ni - ti - nga - la Pa - ya-pang da - an

Pno.

E $\flat$ maj $^7$  Gm F

49

Tr. Solo

— a - ting i - na - a - ru - ga! I - i - sa ang

Pno.

G $^5$ (b13)/E $\flat$  E $\flat$ maj $^7$  Gm Cm $^7$



6

51

Tr. Solo

a - ting ta - ta - ha - kin Sa bi - ya - ya ng May - ka - pal, ma -

Pno.

Dm Eb

53

Tr. Solo

ka - ka-mit din! Tang-law ng ba - yan,

Pno.

E $\flat$ (add9)/F F F(add9)/G F G(add4) G C

56

Tr. Solo

tu - long sa ba - yan. Tu - gu - nan ang pri -

Pno.

F Dm<sup>7</sup> D<sup>7</sup>(omit3) Dm

58

Tr. Solo

mar - yang pang - ka - lu - su - gan Ka - lu - su - gan ng mad - la,

Pno.

G G<sup>7</sup> Gm<sup>7</sup> G<sup>7</sup>(omit3)

60

Tr. Solo

sa Ba - yan mu - nal. Sa Ba - yan nag - mu - mu -

Pno.

F Dm7

62

Tr. Solo

la, la-hat ta - yo ang ga - ga - wa. Tang-law ng ba - yan,

Pno.

G C

64

Tr. Solo

tu - long sa ba - yan. Tu-gu- nan ang pri -

Pno.

F Dm7 D7(omit3) Dm

66

Tr. Solo

mar - yang pang - ka - lu - su - gan. Ka-lu - su - gan ng mad - la,

Pno.

G G7 Gm7 G7(omit3)

8

68

Tr. Solo

sa Ba - yan mu - na! Sa Ba - yan nag - mu - mu -

Pno.

F Dm7

70

Tr. Solo

la, la - hat ta - yo ang ga - ga - wa.---

Pno.

G Am G

72

Tr. Solo

la - hat ta - yo ang ga - ga - wa.---

Pno.

Fmaj7 G C

