

**JAN AURA LAURELLE LLEVADO, MD**  
Chief  
Department of Health Cancer Control Division

Dear Dr. Llevado,

We hope this correspondence finds you in good health and excellent spirits. We are happy to report on the progress of our patient navigation activities conducted through the tripartite partnership between the Department of Health, Amang Rodriguez Memorial Medical Center, and the Philippine Cancer Society. Attached herewith is the draft terminal report for the project entitled, “**Capacity-Building of the Patient Navigation Program for the Cancer and Supportive-Palliative Medicine Access Program**”.

We remain committed to ensuring our joint efforts improve the delivery of patient navigation services to Filipino patients and families facing challenges during their cancer journey.

With gratitude,

**MARICAR R. SABENIANO, MD**  
Executive Action Team Oncology Manager  
Philippine Cancer Society

Noted and Approved by:

**CORAZON A. NGELANGEL, MD**  
President  
Philippine Cancer Society

# 2025 TERMINAL REPORT

CAPACITY-BUILDING OF THE  
PATIENT NAVIGATION PROGRAM FOR THE  
CANCER AND SUPPORTIVE-PALLIATIVE  
MEDICINE ACCESS PROGRAM



**CAPACITY-BUILDING OF THE PATIENT NAVIGATION PROGRAM FOR THE  
CANCER AND SUPPORTIVE-PALLIATIVE MEDICINE ACCESS PROGRAM**

**DEPARTMENT OF HEALTH**

Dr. Jan Aura Laurelle Llevado

Ms. Royce Berango

Mr. Joerem Ceria

Ms. Alyanna Riel Panlilio

**AMANG RODRIGUEZ MEMORIAL MEDICAL CENTER**

Dr. Imelda Mateo

Dr. Dennis Santos

Dr. Bryan Borja

Dr. Arianne De Guzman

Dr. Ivy Shiella Tolentino

Ms. Emma Barrameda

Ms. Cheryl Rose Duenas

Mr. Jason De Leon

**PHILIPPINE CANCER SOCIETY**

Dr. Corazon Ngelangel

Dr. Maricar Sabeniano

Mr. Romeo Marcaida

Ms. Jennifer Guinto

Ms. Michal Hafalla

Dr. Rowena Fatima Galarpe-Pedrajas

Ms. Jenna Gonzalez

Ms. Racquel Ann Castroverde

## EXECUTIVE SUMMARY

The 2025 implementation of the “Capacity-Building of the Patient Navigation Program for the Cancer and Supportive-Palliative Medicine Access Program (CSPMAP)” reflects the ongoing commitment to strengthen equitable, timely, and person-centered access to cancer care across the Philippines. Anchored on the foundation laid by the 2024 pilot training modules, this year’s program expanded its scope to include comprehensive baseline assessments, structured capacity-building training and workshops, and institutional action planning across 22 CSPMAP access sites nationwide.

Through site-level data gathering, the project documented wide variations in the availability, structure, and implementation of patient navigation services. While several access sites have initiated patient navigation functions, gaps remain in staffing, training, documentation, and the integration of CSPMAP into organizational systems. Notably, many navigators juggle multiple clinical responsibilities and lack dedicated resources or job descriptions specific to CSPMAP navigation. Despite these challenges, strong local champions, creative use of social media and partnerships, and commitment to service continuity were consistent enablers across sites.

The project’s multi-pronged approach allowed sites to craft locally grounded and actionable CSPMAP workplans. Recommendations were developed at the national, institutional, and individual levels, emphasizing the need for sustainable staffing patterns, monitoring systems, infrastructure support, and cross-site collaboration. With continued investment in patient navigation, CSPMAP is well-positioned to fulfill its mandate of improving cancer outcomes by bridging gaps in access, communication, and continuity of care.

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## BACKGROUND

Cancer is a leading cause of death worldwide and the third leading cause of death nationwide (Montemayor, 2023). In the Philippines, there are an estimated 184 cases diagnosed in 100,000 patients and approximately 96 cancer-related deaths daily. The burden of cancer is particularly pronounced in low- and middle-income countries (LMICs), where healthcare systems face challenges in providing timely and comprehensive care.

Patient navigation programs are valuable approaches to address the needs of cancer patients facing the complexities of cancer care (Gaston, et al., 2021). These programs provided individualized assistance to cancer patients and families to help them overcome healthcare system barriers and facilitate timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience. In 2010, the Philippine Cancer Society (PCS) introduced its Patient Navigation Program (PNaP). The PNaP was manned by highly-trained nurses who provided individualized assistance for diagnostic examinations, chemotherapy, radiotherapy, patient education, and family counseling for patients receiving support from the DOH-National Center for Pharmaceutical Access Program (NCPAM) at UP-Philippine General Hospital (UP-PGH), Jose Reyes Memorial Medical Center (JRMMC), East Avenue Medical Center (EAMC), Rizal Medical Center (RMC), and Amang Rodriguez Memorial Medical Center (ARMMC). PNaP involvement led to an increase in compliance to care, improved care quality, improved treatment completeness, and decreased attrition rates. (Philippine Cancer Society, n.d.; Patdu, et al, 2015)

In 2019, Republic Act No. 11215, or the Philippine National Integrated Cancer Control Act (NICCA) was promulgated in recognition of the urgency of addressing the country's cancer burden. Article 1 Section 3v of the NICCA and Section 3ff of its Implementing Rules and Regulations (IRR) defines patient navigation as "individualized assistance, through all the phases of the cancer experience, offered to patients, families, and carers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care beginning from pre-diagnosis and extending throughout the continuum of care". The NICCA and its IRR emphasize the need to establish standards and guidelines for patient navigation, including establishing mechanisms and platforms among cancer control programs and regional cancer centers (NICCA, 2019). Section 13 of the IRR highlighted the need for collaboration between the Department of Health, local government units, Technical Education and Skills Development Authority, civil society organizations, and other stakeholders to enhance the competencies of community health workers in cancer patient navigation. (Department of Health, 2019)

In 2022, DOH Administrative Order (A.O.) 2022-0013 or the Guidelines for the Implementation of Cancer and Supportive-Palliative Medicines Access Program (CSPMAP). provided a mechanism for cancer patients to access free medications that are not yet covered by PhilHealth. Medication would be provided in accredited access sites, such as licensed DOH Cancer Treatment Facilities and government hospitals with cancer control services. DOH A.O. 2022-0013 Specific Guideline A15 required these access sites to have at least 2 designated patient navigators who are either registered nurses or allied healthcare professionals with Civil

Service Commission eligibility. It stated that these patient navigators should undergo training and continuing professional development to fulfill their roles and functions. (DOH, 2022)

In 2024, the DOH entered a tripartite partnership with PCS and ARMMC to develop training module for the CSPMAP PNaP. 73 participants joined the 2-day training and workshop, 10 CSPMAP sites in the National Capital Region (NCR) joined the monthly monitoring sessions. Training. Pre- and post-test revealed increase in scores from an average of 6 for both days of training to an average of 9 for the first day and an average of 8 on the 2<sup>nd</sup> day. A total of 54 new and existing patient navigators were awarded Certificates of Completion of Training modules were developed and finalized during the project.

By following the provisions of the NICCA and its IRR, healthcare systems in the Philippines can embrace patient navigation as an integral component of ensuring all persons receive patient-centered cancer care. PCS, as the country's pioneer in patient navigation programs, proposes the training of all CSPMAP site patient navigators to fulfill the directives of the NICCA, its IRR, and the Guidelines for the Implementation of CSPMAP. Furthermore, the World Health Organization states the importance of agreeing on minimum standards of competencies, skills, and knowledge for all patient navigators, emphasizing the need for standardized training based on identified competencies (World Health Organization, 2022). In addition to training, PCS proposes the development of core competencies for patient navigators, ensuring quality and effective patient care throughout the cancer continuum.

## **PROJECT VISION**

The vision of the proposed project is the strengthening of CSPMAP through the continued training of patient navigators in all the CSPMAP access sites

## **PROJECT OBJECTIVES**

The following are the objectives of the project:

1. To train and re-train new and existing patient navigators in CSPMAP sites outside of the National Capital Region
2. To assess the current set-up of the Patient Navigation Program in the CSPMAP access sites in coordination with the DOH Cancer Control Division
3. To identify strengths and gaps in the Patient Navigation Programs of the CSPMAP sites in coordination with the DOH Cancer Control Division
4. Institute regular monitoring and support of the patient navigators in those CSPMAP sites in coordination with the DOH Cancer Control Division
5. To provide recommendations for the DOH and CSPMAP sites for improvement and sustainability of the program

## **METHODOLOGY**

The following are the activities and methods of the project implementation:

1. Organize the project management team
2. Finalize the conduct of the project and submit an inception report
3. Conduct situational analysis of the 21 CSPMAP sites to identify and address strengths, gaps, needs, access site set-up, and provisions in sustaining the program
4. Conduct PNaP training and workshops for 21 CSPMAP sites
5. Include newly trained patient navigators in the 1<sup>st</sup> National Patient Navigation Conference
6. Conduct regular monthly meetings of the patient navigators and access site coordinators/staff for monitoring and reporting
7. Organize and report project assessment and evaluation activities
8. Make the final report and provide recommendations for the sustainability of the program and the dissemination of the report and recommendations

## **INCEPTION MEETING**

On November 22, 2024, the project team represented by Dr. Maricar Sabeniano (PCS), Mr. Romeo Marcaida (PCS), Ms. Jennifer Guinto (PCS), Ms. Racquel Ann Castroverde (PCS), and Dr. Dennis Santos (ARMMC) held its first project meeting. During the meeting, the details of the project were conceptualized. The project's concept note and the details therein were thoroughly reviewed. ARMMC reported that the financial support for the project was already downloaded to ARMMC and would be utilizable once the Memorandum of Agreement was signed. It was agreed upon that the training and workshop would be held on March 20-21, 2025. Participants would be asked to arrive on March 19, undergo training from March 20-21, and depart on March 22.

A maximum of 120 participants would be invited with allocation for 5 slots per CSPMAP site and remaining slots to be allocated to DOH Center for Health Development (DOH CHD). The training would follow the program and instructional design included in the training manual. Tasks were delegated including identification and invitation of lecturers, communication with CSPMAP sites and DOH, securing the venue and accommodations, and preparation of slides and program for the training proper. ARMMC would join the pool of lecturers and facilitators in a continuous process of training their trainers and capacity building of ARMMC as a patient navigation hub. It was also agreed upon that the project budget would include continued professional development of the newly trained patient navigators through their participation in the Patient Navigation Leadership Summit.

On December 6, 2024, a second meeting was held by the PCS project team to refine plans and onboard new members to the project team. The new members included Dr. Rowena Fatima Galarpe-Pedrajas – palliative care specialist who was speaker and resource person during the development of the training manual and Ms. Michal Hafalla – palliative care nurse who would provide technical assistance. Training dates were revised to March 27 – 28, 2025

to accommodate availability of speakers and the project team. Participants would be asked to arrive on March 26, undergo training from March 27-28, and depart on March 29. The number of participants was revised to a maximum of 100 participants to ensure quality of training and closer mentoring and supervision during workshops and monthly monitoring meetings. The allocation of slots was agreed upon to be 3 participants per CSPMAP site and 1 participant from each DOH CHD region. The timeline of the project was also finalized as shown in the Gantt Chart in succeeding sections.

## OUTCOMES

### PROJECT MEETINGS

The project team had at least one meeting per month, ensuring alignment of delegated tasks and adherence to project timelines. The details of each meeting are tabulated in Table 1.

Table 1. Timeline of Project Team Meetings

<b>Date</b>	<b>Agenda</b>	<b>Issues/Challenges</b>	<b>Outcomes/Plans</b>
12/09/2024	Completion of onboarding of new project team members	None reported	<ul style="list-style-type: none"> <li>▪ Fully onboarded project team members</li> <li>▪ Initial responsibilities of each member discussed</li> <li>▪ Sharing of previous training files</li> <li>▪ Initiation of communication with 2025 patient navigation training sites and participants</li> </ul>
01/10/2025	Review of project plans and delegation of tasks <ul style="list-style-type: none"> <li>▪ Project title, goals, objectives, GANTT chart, and methodology.</li> <li>▪ Participants</li> <li>▪ Schedule of training and mentoring</li> <li>▪ Scientific programme</li> <li>▪ Budget availability</li> <li>▪ Budget period of obligation</li> <li>▪ Requirements for budget utilization</li> <li>▪ Delegation of tasks and responsibilities</li> </ul>	Communication challenges with some CSPMAP sites	<ul style="list-style-type: none"> <li>▪ Continue with follow up e-mail, SMS, and call to CSPMAP sites</li> <li>▪ Training scheduled on March 27-28, 2025.</li> <li>▪ Retain scientific program similar to 2024 training</li> <li>▪ Utilize training manual as submitted for 2024 project but not yet for printing for the participants (pending DOH approval). Instead, print speakers slide deck.</li> <li>▪ Tasks delegated to project team for: communication with DOH and CSPMAP sites, finalization of participant list and DPOs, securing venue and accommodations, finalization of scientific program, identification and invitation of speakers, slide deck preparation, technical writing, budget</li> </ul>
02/07/2025	Updates and review of delegated tasks: <ul style="list-style-type: none"> <li>▪ Timeline</li> <li>▪ Speakers &amp; Facilitators</li> <li>▪ Speakers preparation</li> <li>▪ Participants</li> <li>▪ Budget</li> </ul>	Communication challenges with some CSPMAP sites	<ul style="list-style-type: none"> <li>▪ Project timeline maintained</li> <li>▪ Initial scientific programme and speakers prepared.</li> <li>▪ ARMMC team to join as trainers to further improve their preparedness to be a patient navigation training hub.</li> <li>▪ Speakers' invitations sent out.</li> <li>▪ Program and Advisory prepared and sent out to the participating hospitals</li> <li>▪ Ocular visit already done of the tentative venue, confirming capacity and availability</li> </ul>
02/25/2025	Updates and review of delegated tasks:	▪ Some invited speakers with	▪ Project timeline maintained

	<ul style="list-style-type: none"> <li>▪ Timeline</li> <li>▪ Speakers &amp; Facilitators</li> <li>▪ Speakers preparation</li> <li>▪ Participants</li> <li>▪ Budget</li> </ul>	<p>requested paperwork as part of their sending institution's requirements</p> <ul style="list-style-type: none"> <li>▪ Reminders from DOH CCD on need to obligate budget by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide requested letters and paperwork to speakers to participate</li> <li>▪ Other training lecturers and facilitators finalized.</li> <li>▪ Speakers lecture schedule, slides, and reference material sent.</li> <li>▪ Registration/Confirmation link for participants closed. Draft Department Personnel Order finalized and facilitated for signing by DOH CCD.</li> <li>▪ Final Program and Advisory sent</li> <li>▪ 1<sup>st</sup> tranche of budget ready for utilization from ARMMC; Entirety of budget obligated for utilization</li> </ul>
03/03/2025	<p>Budget updates and review of delegated tasks:</p> <ul style="list-style-type: none"> <li>▪ Venue</li> <li>▪ Accommodation plan</li> <li>▪ Speakers &amp; Facilitators</li> <li>▪ Participants</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ Final ocular visit done and contract finalized</li> <li>▪ Scientific program and speakers retained</li> <li>▪ ARMMC speakers receive support through orientation, demonstration-feed back-return demonstration</li> <li>▪ Facilitators to receive orientation</li> </ul>
03/14/2025	<p>Updates and review</p> <ul style="list-style-type: none"> <li>▪ Program and Slide Decks</li> <li>▪ Final head count</li> <li>▪ Participant kits</li> <li>▪ Speakers Certificates and Tokens</li> <li>▪ Monthly Mentoring</li> </ul>	Scheduling challenges for support of facilitators and speakers	<ul style="list-style-type: none"> <li>▪ Programs and slide decks retained. Speakers revised slide decks secured</li> <li>▪ Reschedule support of facilitators and speakers to most feasible</li> <li>▪ Final head count of participants and speakers: 104</li> <li>▪ Participant kits for printing and purchase</li> <li>▪ Speakers certificates printed for signing</li> <li>▪ Speakers tokens ready</li> <li>▪ Dates for monthly mentoring assigned: April 24, 2025 and May 29, 2025</li> <li>▪ Date for awarding certification of completion of graduation to coincide with the 1<sup>st</sup> National Patient Navigation Conference</li> </ul>
03/21/2025	<p>Updates and review</p> <ul style="list-style-type: none"> <li>▪ Program and Slide Decks</li> <li>▪ Speakers preparation</li> <li>▪ Final head count</li> <li>▪ Speakers Certificates and Tokens</li> <li>▪ Monthly Mentoring</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ Program and slide decks retained</li> <li>▪ Final head count: 104 participants &amp; speakers</li> <li>▪ Participant kits ready</li> <li>▪ Speakers certificates signed and ready</li> <li>▪ Speakers tokens ready</li> <li>▪ Mentoring schedule retained</li> </ul>
03/26/2025	Final meeting pre-training and workshop	None reported	<ul style="list-style-type: none"> <li>▪ Review of team assignments, programme, speakers, slides, tests, and evaluation forms</li> <li>▪ Run-through with PCS and ARMMC speakers</li> </ul>
04/14/2025	<p>Updates and review:</p> <ul style="list-style-type: none"> <li>▪ Feedback on training and workshop</li> <li>▪ Preparations for monthly mentoring</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ Delegation of team members in charge of monthly mentoring and monitoring sessions</li> <li>▪ Tasks, assignments, and forms per monthly monitoring session reviewed</li> <li>▪ Review of report for DOH CCD</li> </ul>

04/15/2025	Alignment with DOH CCD <ul style="list-style-type: none"> <li>▪ Report on training and workshop</li> <li>▪ Plans for monthly mentoring</li> <li>▪ Plans for awarding of certificates of completion of training</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ To prepare special awards for selected navigators and institutions during the culmination activity.</li> <li>▪ DOH-CCD to provide names of awardees.</li> <li>▪ Project team to prepare awards.</li> </ul>
04/24/2025	Final meeting pre-monthly mentoring sessions	None reported	<ul style="list-style-type: none"> <li>▪ Review of baseline forms done.</li> <li>▪ Delegation of tasks done</li> <li>▪ Grouping of participants done.</li> </ul>
05/27/2025	Alignment with ARMMC <ul style="list-style-type: none"> <li>▪ Report on training and workshop</li> <li>▪ Report on monthly mentoring</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ Project plans still in alignment and to continue as proposed</li> </ul>
06/03/2025	Updates <ul style="list-style-type: none"> <li>▪ Report on monthly mentoring</li> <li>▪ Requirements for certificates of completion of training</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ Preparations for culminating activity for the participants: 1<sup>st</sup> National Patient Navigation Conference and awarding of certificates of completion of training</li> <li>▪ Tasks delegated for following-up invited participants and securing endorsements from the CSPMAP medical coordinators</li> </ul>
06/09/2025	Updates: <ul style="list-style-type: none"> <li>▪ Preparations for attendees to the 1<sup>st</sup> National Patient Navigation Conference</li> <li>▪ Preparations for awarding of certificates of completion of training</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ Continue monitoring participant registrations &amp; room allocations</li> <li>▪ Send reminder emails to 2025 cohort participants who haven't registered yet for the 1<sup>st</sup> National Patient Navigation Conference</li> <li>▪ Send scheduled emails for confirmation on attendance to Fellowship Night</li> <li>▪ Eemail special awardees to inform them they are "nominated" for special award during Fellowship Night to encourage attendance</li> <li>▪ Print certificates of completion of training for signing by Dr. Hombre (DOH), Dr. Mateo (ARMMC), Dr. Ngelangel (PCS)</li> <li>▪ Finalize room arrangements</li> </ul>
06/17/2025	Updates: <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> National Patient Navigation conference attendees</li> <li>▪ Awarding Ceremony</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ Plans proceeding according to schedule</li> <li>▪ Delegated tasks maintained</li> </ul>
06/24/2025	<ul style="list-style-type: none"> <li>▪ Final meeting pre-1<sup>st</sup> National Patient Navigation Conference</li> </ul>	None reported	<ul style="list-style-type: none"> <li>▪ Review of attendance and registered participants from the 2025 cohort</li> <li>▪ Review of certificate and awards</li> </ul>

## TRAINING PROPER

The training proper was held on March 27-28, 2025. Participants travelled to the venue and checked in for accommodation starting March 26, 2025. A total of 92 participant actively joined the training. The participants of Northern Mindanao Medical Center were not able to attend due to schedule conflicts on their end, which was relayed to the project team a few days prior to the training. Scientific programme was followed as scheduled except for the role-playing workshop for cancer discussions, which was no longer continued to give way to a comprehensive recap of learnings. (See Tables 2 and 3)

Table 2. Day 1 Programme of Activities (March 27, 2025)

TIME	ACTIVITY	ALLOTTED	SPEAKER
8:00	Registration, National Anthem, Invocation	30 minutes	
8:30	Opening Remarks	5 minutes	
8:35	Patient Navigation History & Significance	30 minutes	Dr. Maricar Sabeniano
9:05	Principles of Patient Navigation	30 minutes	Ms. Ma. Cheryl Rose Duenas
	AM BREAK		
9:30	Roles of Patient Navigators	30 minutes	Ms. Jenna Gonzalez
10:00	Patient Navigation Barriers	30 minutes	Ms. Emma Ruth Barrameda
10:30	Patient Navigation Resources	30 minutes	Mr. Romeo Marcaida
11:00	Patient Navigation Testimonial and Workshop	1 hour	Ms. Jenna Gonzalez
	LUNCH BREAK		
1:00	<b>Compassionate Communication 1:</b> Active Listening & Communication Skills	45 minutes	Dr. Rowena Fatima Galarpe-Pedrajas
1:45	<b>Compassionate Communication 2:</b> CEA Method in Counseling	45 minutes	Dr. Juan Carlo Luna
2:30	Workshop on Compassionate Communication 1 & 2	45 minutes	Facilitators: Dr. Maricar Sabeniano Dr. Rowena Fatima Galarpe-Pedrajas Dr. Juan Carlo Luna Dr. Jun Michael Razon Dr. Mary Valdecanas Dr. Arvin Alimurong Dr. Ivy Tolentino Dr. Eunice Cristobal Dr. Arvin Uy Dr. Carlo Matanguihan Dr. Leanna Karla Lujero
	PM BREAK		
3:30	<b>Compassionate Communication 3:</b> Disclosure and Breaking the Bad News	45 minutes	Dr. Jun Michael Razon
4:15	Workshop on Compassionate Communication 3	45 minutes	Facilitators: same as Workshop for Compassionate Communication 1&2
5:00	Closing Remarks	10 minutes	

Table 3. Day 2 Programme of Activities (March 28, 2025)

TIME	ACTIVITY	TIME	SPEAKER
8:00	Recap	60 minutes	
9:00	Cancer Facts and Figures	30 minutes	Dr. Bryan Borja
9:30	Cancer Care	30 minutes	
10:00	Palliative Care	30 minutes	Dr. Carlo Matanguihan
10:30	Self-Care: Caring for the Carers	30 minutes	Dr. Maricar Sabeniano
11:00	Cancer and Supportive-Palliative Medicine Access Program	30 minutes	Ms. Grace Uy
11:30	E-Registry & Hospital Records	30 minutes	Mr. Ishmael Vidal Mr. John Mercado
12:00	Closing Remarks	15 minutes	Ms. Royce Berango
12:15	LUNCH		

Each module was preceded by a pre-test and succeeded by a post-test. A final exam was also administered on the last day of the training. Average participant scores on the pre-test were lowest for Active Listening and Communication Skills and Self-care modules with average scores of 2.48 and 2.9, respectively. Pre-test scores were highest for the modules on CEA Method in Counseling and Cancer Care with average scores of 4.41 and 4.39, respectively. Highest change in average scores between pre- and post-test were seen in Self-Care and Palliative Care modules, which had a change in average scores of 1.96 and 1.56, respectively. An over-all change of 9.95 points in average scores was noted for all pre- and post-tests. All participants passed the final exam and the average score was 33 points or 95%. (see Table 4 and Figure 1)

Evaluation forms were accomplished by all participants to provide feedback on the venue, accommodation, food, scientific program, speakers, and organizers. The general feedback was positive with all speakers receiving average ratings of 4.7 out of a maximum score of 5 for the variables of expertise, audiovisual slides, audience engagement, and applicability of the lecture to the participant’s practice. The collated answers in the evaluation form can be seen in Appendix D.

Figure 1. Pre-Test and Post-Test Results

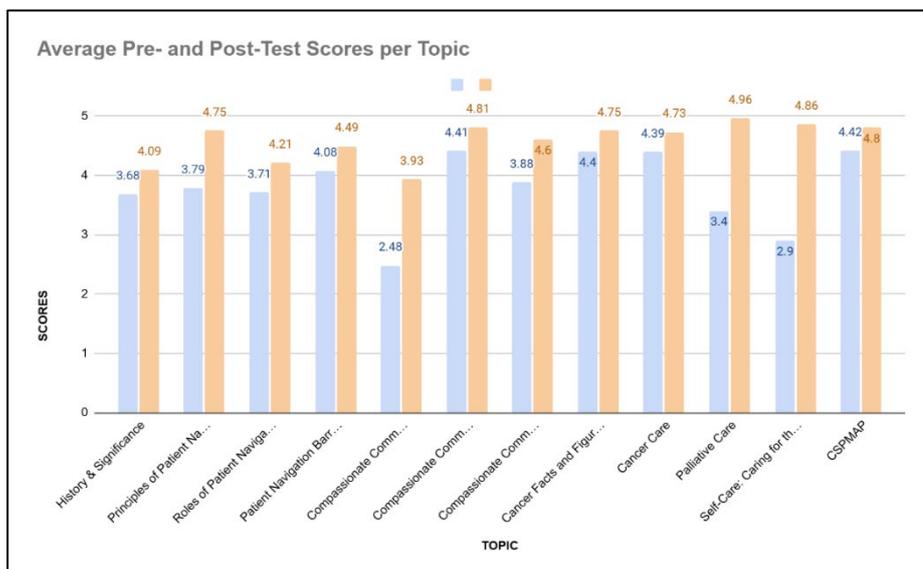


Table 4. Pre-Test, Post-Test, and Final Examination Results

TOPIC	Average		Change in Average		
	Pre-Test	Post-Test		Pre-Test	Post-Test
History & Significance	3.68	4.09	0.41		
Principles of Patient Navigation	3.79	4.75	0.96		
Roles of Patient Navigators	3.71	4.21	0.5		
Patient Navigation Barriers & Resources	4.08	4.49	0.41		
Compassionate Communication 1	2.48	3.93	1.45		
Compassionate Communication 2	4.41	4.81	0.4		
Compassionate Communication 3	3.88	4.6	0.72		
Cancer Facts and Figures	4.4	4.75	0.35		
Cancer Care	4.39	4.73	0.34		
Palliative Care	3.4	4.96	1.56		
Self-Care: Caring for the Carers	2.9	4.86	1.96		
Cancer and Supportive-Palliative Medicines Access Program	4.42	4.8	0.38		
				<b>Average Final %</b>	
				<b>Pre-Test</b>	<b>Post-Test</b>
<b>OVER-ALL FOR ALL TOPICS (60 items)</b>	43.19	53.14	9.95	72%	89%
<b>FINAL EXAM (35 items)</b>	33.28			95%	

## MONTHLY MENTORING AND MONITORING SESSIONS

Following the completion of the national training rollout, two monthly mentoring and monitoring sessions were conducted to provide technical support and track progress in implementing patient navigation services across the CSPMAP Access Sites.

### First Mentoring and Monitoring Session

The first mentoring and monitoring session was held virtually on April 28, 2025, with participants and facilitators from 23 CSPMAP sites. Using a standardized baseline template, institutions had earlier completed a self-assessment of their current navigation setup, including team composition, navigator roles, communication systems, registry usage, and interdepartmental linkages. During the session, each site’s responses were reviewed and discussed in plenary, with facilitators from the DOH-CCD, PCS, and ARMMC guiding the interpretation of findings.

A baseline assessment of 22 CSPMAP-accredited hospitals revealed key insights into the organizational structures, staffing arrangements, operational readiness, and internal awareness of the Cancer and Supportive-Palliative Medicine Access Program (CSPMAP). (see Tables 5 – 7)

### *CSPMAP Roles and Responsibilities*

Only 3 sites had organizational charts that included the patient navigators. Medical coordinators had official appointments to their position in 15 sites but only 14 had CSPMAP roles specifically stated in their job descriptions and only 11 received CSPMAP orientation. Only 50% or 11 sites had at least two patient navigators. 20 of the 22 sites had nurse navigators while 1 site had allied healthcare professionals with corresponding civil service eligibility and 2 sites had other types of navigators. Only 5 sites reported their navigators as having received CSPMAP orientation while only 2 sites reported that their navigators received previous patient navigation training. 11 sites reported that their navigators received official appointments for their role but 17 sites included CSPMAP responsibilities in the job descriptions of their patient navigators. 14 of the 22 sites reported that their patient navigators fulfilled other non-CSPMAP and non-patient navigation tasks.

Only 5 sites reported that their CSPMAP pharmacist received prior CSPMAP orientation. 8 received official appointment for their position and 12 had their CSPMAP responsibilities included in their job descriptions. 6 sites reported having other members in the CSPMAP team. These included psychosocial support members and volunteers.

### *CSPMAP Operations*

Majority of the CSPMAP sites reported clear understanding of the CSPMAP requirements. Only 1 CSPMAP site, Amai Pakpak Medical Center (APMC), reported non-utilization of the e-CSPMAP registry. APMC was a new CSPMAP access site and still required orientation and user creation for access to the e-CSPMAP registry. All sites utilizing the e-CSPMAP registry reported having dedicated persons in charge of encoding data.

14 of the 22 CSPMAP access sites reported monthly CSPMAP inventory checks, 1 site reported inventory check of 2 times per month, 4 sites reported weekly inventory check, and 1 reported daily inventory. 2 CSPMAP access sites did not provide the frequency of the inventory check because of limited awareness of the navigator on this aspect of the CSPMAP process.

### *CSPMAP Program Resources*

18 access sites had an office for CSPMAP but only 17 had mobile phones for CSPMAP use and only 16 had landline phones for CSPMAP use. 20 of the 22 access sites had computers for CSPMAP use.

14 CSPMAP teams reported referring to external resource institutions like PCSO, DSWD, NGO's, and private institutions. 18 CSPMAP teams reported having communication channels to other CSPMAP sites. 14 CSPMAP teams reported utilizing patient tracking tools but upon further probing, tracking tools were not standardized or comprehensive. 11 CSPMAP teams reported having a resource directory.

### CSPMAP Process Flow

20 of the 22 CSPMAP access sites reported clear processes both for accessing medical care and for accessing CSPMAP services. The 2 sites that did not report their processes was due to the patient navigator’s new status in the organization and team.

### CSPMAP Awareness

Awareness-building activities within institutions showed variation in depth and reach. Only 8 CSMPAP access sites officially launched the program within their institution. Only 7 sites had visual CSPMAP infographics and reminders across their institution. Most of these reported the visual guides to be placed within the cancer center or the CSPMAP unit only. Majority of the CSPMAP access sites reported that employees were oriented that the institution was a CSPMAP access site. Most CSPMAP access sites also reported that the employees were oriented on CSPMAP eligibility, requirements, office or location, and contact number. However, most answers pertained to the cancer center employees or the CSPMAP team.

Table 5. Summary of Baseline Answers for CSPMAP Program Information

CSPMAP Variable or Component		Number of CSPMAP Access Sites WITH the variable/component (%)	Number of CSPMAP Access Sites WITHOUT the variable/component (%)
Patient Navigator in Org Chart		3 (14%)	19 (86%)
Medical Coordinator	CSPMAP orientation	11 (50%)	11 (50%)
	Official Appointment	15 (68%)	7 (32%)
	Job Description includes CSPMAP tasks	14% (64%)	8 (36%)
CSPMAP Patient Navigator	at least 2	11 (50%)	11 (50%)
	RN	20 (91%)	2 (9%)
	Underboard nurse	0	0
	Allied HCP w/ CSC	1 (5%)	21 (95%)
	Others	2 (9%)	20 (91%)
	CSPMAP orientation	5 (23%)	15 (77%)
	Patient Navigation Training	2 (9%)	20 (91%)
	Official Appointment	11 (50%)	11 (50%)
	Job Description includes CSPMAP tasks	17 (77%)	5 (23%)
	Clear CSPMAP tasks	15 (68%)	7 (32%)
	With other non-CSPMAP tasks	14 (64%)	8 (36%)
CSPMAP Pharmacist	CSPMAP orientation?	5 (23%)	17 (77%)
	Official Appointment	8 (36%)	14 (64%)
	Job Description includes CSPMAP tasks	12 (55%)	10 (45%)
Other Members	Present?	6 (27%)	16 (73%)
CSPMAP Operations	CSPMAP requirements are clear	19 (86%)	3 (14%)
	Utilizes CSPMAP e-registry	21 (95%)	1 (5%)
	Dedicated person for CSPMAP e-registry	21 (95%)	1 (5%)
	Dedicated person for CSPMAP inventory check	22 (100%)	0
	Dedicated person for annual utilization report	22 (100%)	0
CSPMAP Program Resources	Office	18 (82%)	4 (18%)
	Landline phone	16 (73%)	6 (27%)
	Mobile phone	17 (77%)	5 (23%)
	Computer	20 (91%)	2 (9%)
	Referral to other resource institutions	14 (64%)	8 (36%)
	Communication to other CSPMAP sites	18 (82%)	4 (18%)
	Patient tracking tools	14 (64%)	8 (36%)
	Resource directory	11 (50%)	11 (50%)
CSPMAP Process Flow	Clear process to receive medical care	20 (91%)	2 (9%)
	Clear process to access CSPMAP services	20 (91%)	2 (9%)
CSPMAP Awareness	Official launching of CSPMAP team	14 (64%)	8 (36%)
	Visual CSPMAP reminders in patient areas	7 (32%)	15 (68%)
	Employees oriented on CSPMAP site	18 (82%)	4 (18%)
	Employees oriented on CSPMAP eligibility	15 (68%)	7 (32%)
	Employees oriented on CSPMAP requirements	13 (59%)	9 (41%)
	Employees oriented on CSPMAP office location	17 (77%)	5 (23%)
	Employees oriented on CSPMAP contact details	18 (82%)	4 (18%)

Table 6. Baseline Answers for CSPMAP Program Information

		APMC	ASMGH	BGHMC	BatMGH	BMC	BatMC	BRHMC	CVMC	CLMMRH	CRMC	CS	DRMC	Dr. PJGMRMC	ITRMC	JBLMGH	LCP	R1MC	R2TMC	SPMC	VSMC	WVMC	ZCMC		
CSPAMP Roles and Responsibilities	Nav in Org Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Medical Coordinator	CSPMAP orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Official Appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		Job Description includes CSPMAP tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	CSPMAP Patient Navigator	at least 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		RN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													
		Underboard nurse	<input type="checkbox"/>																						
		Allied HCP w/ CSC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
		Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		CSPMAP orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		Patient Navigation Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Official Appointment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Job Description includes CSPMAP tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Clear CSPMAP tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	With other non-CSPMAP tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CSPMAP Pharmacist	CSPMAP orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Official Appointment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Job Description includes CSPMAP tasks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Other Members	Present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CSPMAP Operations	CSPMAP requirements are clear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Utilizes CSPMAP e-registry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Dedicated person for CSPMAP e-registry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Frequency of CSPMAP inventory check	monthly	monthly	weekly	monthly	monthly	daily	weekly	weekly	monthly	monthly	monthly	monthly	monthly	monthly	-	monthly	monthly	weekly	-	monthly	monthly	2x/month		
	Dedicated person for CSPMAP inventory check	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Dedicated person for annual utilization report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
CSPMAP Program Resources	Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Landline phone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Mobile phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Computer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Referral to other resource institutions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Communication to other CSPMAP sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Patient tracking tools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Resource directory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
CSPMAP Process Flow	Clear process to receive medical care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Clear process to access CSPMAP services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
CSPMAP Awareness	Official launching of CSPMAP team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Visual CSPMAP reminders in patient areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Employees oriented on CSPMAP site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Employees oriented on CSPMAP eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Employees oriented on CSPMAP requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Employees oriented on CSPMAP office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Employees oriented on CSPMAP contact details	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

### *CSPMAP Services*

The CSPMAP access sites for the 2025 training cohort were accredited as access sites from 2018 to 2025. Only AMPC received CSPMAP accreditation on the same year as patient navigator training. For sites that reported their cancer patient census, an increasing trend in cancer patients served was seen pre- and post- CSPMAP implementation up to the year 2024.

Only 4 CSPMAP access sites reported monitoring treatment completion while only 3 sites reported monitoring treatment outcomes. 14 CSPMAP access sites reported monitoring patient satisfaction but not all CSPMAP teams had access to this data.

### *CSPMAP Service Delivery Challenges*

Only 6 CSPMAP access sites reported adequate CSPMAP stocks relative to the demand or need. 15 CSPMAP sites reported that CSPMAP stocks were stored adequately while others reported need for refrigerators and additional support in storage needs. 20 CSPMAP sites reported adequate dispensing of CSPMAP stocks while 2 did not answer the question. 17 reported timely submission of their CSPMAP annual utilization report but other sites reported understaffing and multiple tasks of the patient navigator as the reason for delayed submission. 16 of the CSPMAP access sites reported that their patient navigators were still able to provide non-medication-related services to patients.

### *CSPMAP Service Delivery Promoters*

19 CSPMAP access sites reported different practices for promoting effective CSPMAP delivery and effective patient navigation services. These promoters can be grouped into three overarching themes: system-level enablers, operational supports, and patient-centered strategies.

System-level enablers included strong institutional commitment, such as the designation of focal persons for each CSPMAP component, regular coordination and consultative meetings among departments, and active support from hospital leadership. Some institutions leveraged external visibility through community engagement efforts, such as local media promotion (e.g. social media postings), to increase program awareness.

Operational supports were key to sustaining program implementation. Several hospitals cited timely and complete submission of requirements, streamlined inventory and procurement processes, and consistent availability of medicines as core strengths. The use of the CSPMAP electronic registry (eCSPMAP) was widely adopted, enabling better tracking of patients and services.

Patient-centered strategies focused on the quality of navigation services. These included structured training for patient navigators, the integration of navigation into multidisciplinary care teams, and the provision of clear schedules and workflows for outpatient consultations. Many institutions reported strengthening follow-up mechanisms, efficient referrals, and consistent monitoring of patient satisfaction. Others emphasized personalized care through navigator-led education, proactive case tracking, and collaboration with palliative care units to ensure holistic support.

Table 7. Baseline Answers for CSPMAP Service Delivery

	APMC	ASMGH	BGHMC	BatGHMC	BMC	BatMC	BRHMC	CVMC	CLMMRH	CRMC	CS	DRMC	Dr. PJGMRMC	ITRMC	JBLMGH	LCP	R1MC	R2TMC	SPMC	VSMC	WMC	ZCMC	
CSPMAP Services	Year of accreditation as CSPMAP site	2025	2022	2023	2021	2019	-	2021	2019	2022	2019	2019		2022		2020	2024		2024		2022	2018	2021
	Annual cancer patient census year prior to accreditation	-	0	-	12	-	-	1247	-	-	423	5	-	3767	-	-	6466	2965	-	-	377	236	1097
	Annual cancer patient census year of accreditation	-	34	-	-	41	-	2398	-	336	571	33	-	3728	65	4633	8148	3475	-	-	579	358	1518
	Total census for 2024	-	98	298	4548	1759	-	2418	-	386	5,447	216	297	4307	277	1492	8148	926	1767	544	1873	435	3810
	Monitors treatment completion rate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Treatment completion rate year prior to accreditation	-	-	-	50%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Treatment completion rate year of accreditation	-	-	-	80%	-	-	-	-	60%	-	-	-	-	-	-	-	-	-	-	-	-	-
	Treatment completion rate for 2024	-	-	-	95%	-	-	-	-	80%	-	-	-	-	-	-	-	-	-	-	-	-	-
	Monitors treatment outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	%alive vs %dead year prior to accreditation	-	-	-	70% vs 30%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	%alive vs %dead year of accreditation	-	64.7% vs 35.29%	-	80% vs 20%	-	-	-	-	60% vs 40%	-	-	-	-	-	-	-	-	-	-	-	-	-
	%alive vs %dead for 2024	-	83.67% vs 16.32%	-	90% vs 10%	-	-	-	-	80% vs 20%	-	-	-	-	-	-	-	-	-	-	-	-	-
	Monitors patient satisfaction with cancer services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Average patient satisfaction scores year prior to accreditation	-	-	-	50%	-	-	-	92%	-	-	-	-	-	-	-	-	-	-	-	-	-	96.81%
Average patient satisfaction scores year of accreditation	-	-	-	80%	-	-	-	95%	80%	-	-	-	-	-	-	98.54%	-	-	-	-	-	100%	
Average patient satisfaction scores for 2024	-	-	-	95%	-	-	-	99.98%	90%	-	98%	-	-	-	-	98.54%	-	-	-	-	-	95.05%	
CSPMAP Service Delivery Challenges	CSPMAP stocks adequate according to demand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	CSPMAP stocks stored adequately?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	CSPMAP stocks dispensed adequately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	CSPMAP annual utilization report submitted on time?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Patient navigators provide non-medication assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CSPMAP Service Delivery Promoters	Promotion of effective CSPMAP service delivery?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Promotion of effective patient navigation services?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Self-Assessment Score (0-100)</b>		10	83	12	56	65	no score	69	58	93	56	55	56	70	66	74	49	50	80	72	72	91	88

## **Second Mentoring and Monitoring Session**

The second mentoring and monitoring session was conducted in May 28, 2025. The session began at 9:00 AM and was facilitated by Mr. Romeo Marcaida, with Ms. Jenna Gonzalez and Ms. Mikee Hafalla serving as technical leads. After a welcome and overview, a question and answer segment addressed participants' concerns on CSPMAP registry use and overall program implementation. Mr. John Mercado and Ms. Dior Layug responded to issues on CSPMAP e-registry. Questions on CSPMAP implementation were answered by DOH-CCD's Dr. Jan Llevado, Ms. Royce Berango, and Ms. Alyanna Panlilio. Additional insights were offered by Dr. Maricar Sabeniano (PCS) and Mr. Romeo Marcaida (PCS).

Participants were then divided into Zoom breakout rooms to present and discuss their site-specific action plans, which were drafted using a standardized template based on their baseline findings (see Appendix E). The discussions centered on challenges, timelines, institutional support, and expected outputs. After 20 minutes, each group returned to the main session to report key highlights.

The submitted action plans revealed common themes across sites, particularly in enhancing institutional support, improving resource availability, and formalizing internal systems for sustained CSPMAP operations. Many sites prioritized securing leadership endorsement and formally launching CSPMAP within their institutions to raise awareness among hospital staff and patients. Several action plans focused on addressing human resource constraints by hiring or designating dedicated personnel, especially patient navigators, and organizing staff orientations or refresher trainings. Improving access to chemotherapy and palliative medicines was also a recurrent theme, with sites committing to more efficient procurement systems, regular inventory audits, and stronger supplier coordination.

In addition, some hospitals emphasized the need to streamline data reporting processes by revising submission workflows, developing internal checklists, and conducting periodic audits to ensure compliance with reporting standards. A few sites also outlined strategies to increase patient engagement through awareness campaigns, improved communication channels, and integration of CSPMAP into existing clinical pathways. These localized action plans will guide site-level improvements and inform technical assistance priorities moving forward.

To formally complete their post-training requirements, all participants were reminded to submit their finalized baseline data, action plans, and Medical Coordinator endorsements by June 6, 2025, as prerequisites for receiving their Certificates of Completion.

## **HEALTH POLICY RECOMMENDATIONS**

The 2025 Capacity-Building of the Patient Navigation Program for the Cancer and Supportive-Palliative Medicine Access Program (CSPMAP) reaffirms the transformative role of structured patient navigation in enhancing access to cancer care. This year's expanded reach and engagement across CSPMAP sites surface critical policy and systems recommendations to further strengthen and sustain patient navigation nationwide. Actions are needed at the governmental, organizational, and individual levels to ensure long-term alignment with national cancer control priorities.

### **GOVERNMENTAL ACTION**

To ensure stronger implementation and equitable service delivery across all CSPMAP sites, it is recommended that the Department of Health institutionalize a regular national monitoring and support system. This includes closer tracking of CSPMAP medication stocks vis-à-vis projected patient needs, as well as ensuring adequate infrastructure (e.g., refrigerators, climate-appropriate storage rooms, and inventory systems) and human resources for CSPMAP operations.

A dedicated staffing pattern, plantilla items, and salary grades for patient navigators must be formalized to support long-term sustainability and professionalism of the navigation workforce. This should be complemented by regular training programs for newly deployed staff, as well as advanced training modules that cover evaluation tools, digital documentation systems, and case management skills.

A nationwide CSPMAP orientation and training caravan is further recommended, to reach underserved areas and standardize practices. These sessions should incorporate referral system protocols, health education tools, and site-specific improvement planning. Sites should also be supported in developing contingency plans for service interruptions and medication stockouts.

DOH, together with PCS and ARMMC, may also establish model training hubs in selected regions, which can serve as venues for observerships, mentorship, and field immersion of newly trained CSPMAP teams.

### **ORGANIZATIONAL ACTION**

All CSPMAP access sites should fully integrate CSPMAP into their hospital organizational structures, with clear job descriptions, reporting lines, and interdepartmental roles for each team member. This includes formal recognition of the CSPMAP team within hospital policies, ensuring that navigation is institutionalized as a core component of cancer care—not a peripheral task.

Hospitals should allocate dedicated rooms or office space, basic equipment (phones, computers, documentation tools), and physical infrastructure for both medication storage and patient navigation services. Navigation support should not be limited to medication access but must extend to non-medical services, such as psychosocial support, health education, and linkage to external programs.

Sites should standardize the use of monitoring and evaluation tools, including tracking patient census, treatment adherence, outcomes, and satisfaction. Digital solutions, such as shared dashboards, electronic patient records, or tele-navigation systems, should be adopted where feasible.

Strengthening referral systems and establishing communication channels between CSPMAP sites and external partners—including local government units, NGOs, support groups, and tertiary centers—can enhance service delivery and streamline access to additional resources.

## **INDIVIDUAL ACTION**

Patient navigators must be supported through ongoing professional development opportunities, access to advanced trainings, and membership in a community of practice for knowledge exchange. Navigators should be empowered to maintain their own updated resource directories of services and contacts and encouraged to foster partnerships across CSPMAP and non-CSPMAP settings. Mechanisms to promote navigator well-being and self-care should also be put in place. High emotional load and burnout were flagged as concerns at many sites. Encouraging peer support, access to counseling, and reasonable workload distribution will enhance both patient and provider outcomes. Finally, each CSPMAP team should implement regular client feedback mechanisms, such as patient satisfaction surveys, to guide service refinement and foster a culture of continuous improvement.

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## Appendix A: Instructional Design

### INSTRUCTIONAL DESIGN

TITLE OF LEARNING AND DEVELOPMENT INTERVENTION: TRAINING AND CAPACITY-BUILDING OF PATIENT NAVIGATORS FOR THE CANCER AND SUPPORTIVE-PALLIATIVE MEDICINE ACCESS PROGRAM (CSPMAP)

**DESCRIPTION OF LID:** The training and capacity-building of medical coordinators, patient navigators, and pharmacists for the CSPMAP follows a blended learning approach carried out in 2 phases – in the first phase, learners will undergo a 2-day in-person classroom simulated learning with in-depth discussion of topics below with integrated workshops for skills development. In the second phase, learners will undergo on-site hands-on application of knowledge and skills with scheduled regular virtual monthly monitoring and mentoring meetings to address issues, problems, and questions faced in the field until the end of the project.

#### OBJECTIVES/LEARNING OUTCOMES:

Specific Objectives of the LDI	Learning Outcomes per Topic	Topics To Be Discussed/ Resource Person	Time Allotment for Each Topic	Teaching Methods and Aids Needed for Each Topic	Evaluation Method or Tools To Be Used to Measure the Program Objectives
1. To develop patient navigators' understanding and views of the program 2. To develop patient navigators' understanding and views of the importance of patient navigation 3. To describe evidence supporting patient navigation	By the end of the session, learners will be able to: 1. Explain the objectives and goals of the patient navigation program 2. Discuss the background and milestones of DOH-PCS Patient Navigation Program 3. Relate case studies and evidence supporting patient navigation	Patient Navigation History & Significance / Dr. Maricar Sabeniano	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired.
1. To discuss the principles of patient navigation 2. To identify barriers and promoters to healthcare	By the end of the session, learners will be able to: 1. Explain the principles of patient navigation 2. Analyze the barriers to health care 3. Analyze health care systems in relation to patient navigation 4. Discuss patient-centered care	Principles of Patient Navigation / Ms. Ma. Cheryl Rose Duenas	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired.

<ol style="list-style-type: none"> <li>1. To describe the roles of patient navigators</li> <li>2. To identify the roles, tasks, and procedures of a Patient Navigator</li> <li>3. To discuss patient navigators' roles in the health care system</li> <li>4. To identify barriers and promoters to healthcare</li> </ol>	<p>By the end of the session, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Explain the principles of patient navigation</li> <li>2. Describe their roles as patient navigators</li> <li>3. Analyze the barriers to health care</li> <li>4. Analyze health care systems in relation to patient navigation</li> <li>5. Discuss patient-centered care</li> </ol>	<p>Roles of Patient Navigators / Ms. Jenna Gonzale</p>	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired.
<ol style="list-style-type: none"> <li>1. To identify and access available local, hospital, and national resources and medical access programs for social and medical patient assistance</li> </ol>	<p>By the end of the session, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss and apply resource mapping concepts</li> <li>2. Discuss and recall resource mobilization concepts</li> <li>3. List access programs of DOH, related agencies, and other resource providers</li> </ol>	<p>Patient Navigation Barriers / Ms. Emma Ruth Barrameda</p> <p>Patient Navigation Resources/ Mr. Romeo Marcaida</p>	60 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired, Feedback on workshop output
<ol style="list-style-type: none"> <li>1. To provide insight on field experiences of a patient navigator</li> <li>2. To discuss problems encountered by patient navigators in the field</li> <li>3. To discuss insights learned from experiences of patient navigators</li> </ol>	<p>By the end of the session, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss different problems and challenges faced by patient navigators</li> <li>2. List the discussed methods to overcome problems and challenges faced by patient navigators</li> </ol>	<p>Patient Navigation Testimonial and Workshop / Ms. Jenna Gonzalez</p>	60 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired
<ol style="list-style-type: none"> <li>1. To enhance communication skills</li> <li>2. To enhance active listening skills</li> </ol>	<p>By the end of the session, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss the different active listening skills</li> <li>2. Identify the components of effective compassionate communication</li> <li>3. Demonstrate effective use of active listening skills and compassionate communication</li> </ol>	<p>Compassionate Communication 1: Active Listening &amp; Communication Skills / Dr. Rowena Fatima Galarpe-Pedrajas</p>	60 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a post-test to capture knowledge acquired, Feedback on workshop output
<ol style="list-style-type: none"> <li>1. To identify situations when primary care counseling is needed</li> </ol>	<p>By the end of the session, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss the steps in Catharsis-Education-Action method in counseling</li> </ol>	<p>Compassionate Communication 2: CEA Method in Counseling/</p>	60 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps

2. To enhance skills in primary care counseling using the CEA method	2. Demonstrate use of effective compassionate communication in Catharsis-Education-Action method in counseling	Dr. Juan Carlo Luna			followed by a post-test to capture knowledge acquired, Feedback on workshop output
1. To enhance skills in disclosure and breaking bad news 2. To enhance skills in effective communication during disclosures	By the end of the session, learners will be able to: 1. Use effective communication styles during disclosure and breaking the bad news	Compassionate Communication 3: Disclosure & Breaking the Bad News / Dr. June Razon	90 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired, Feedback on workshop output
1. To develop knowledge of cancer terminology, prevention, risk factors, and types 2. To discuss local and international cancer incidence, prevalence and mortality rates	By the end of the session, learners will be able to: 1. Discuss what is cancer, how it develops, and its risk factors 2. Describe the different types of cancers 3. List and compare local and international cancer burden 4. Construct responses to the frequently asked questions of patients and families and how to answer them	Cancer Facts and Figures / Dr. Bryan Borja	30 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired; Feedback on workshop
1. To develop knowledge of various cancer screening and diagnostic modalities 2. To discuss different cancer treatment modalities	By the end of the session, learners will be able to: 1. List various cancer screening modalities 2. List different cancer diagnostic modalities 3. Discuss instances when certain cancer screening and diagnostic modalities are utilized	Cancer Care / Dr. Bryan Borja	30 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired; Feedback on workshop
1. To enhance knowledge on palliative care 2. To enhance knowledge on patients who would benefit from palliative care 3. To enhance knowledge on the DOH National Palliative and	By the end of the session, learners will be able to: 1. Compare the scope and principles of palliative, hospice, and end-of-life care 3. Identify who should receive palliative care and where patients receive it	Palliative Care / Dr. Carlo Matanguihan	30 minutes	Lecture slides, presentation, discussion, workshop	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge

Hospice Care Program Manual of Operations, Procedures, and Standards	4. Discuss frequently asked questions of patients and families in relation to pain and other symptoms, psychosocial care, and pastoral care 5. Reiterate the basic concepts of the DOH National Palliative and Hospice Care Program Manual of Operations, Procedures, and Standards in relation to patient navigation				acquired; Feedback on workshop
1. To discuss the importance of self-care 2. To develop patient navigators' knowledge on effective self-care strategies	By the end of the session, learners will be able to: 1. List and describe self-care strategies 2. Discuss personal self-care strategies utilized 3. Discuss some strategies of self-care	Self-Care: Caring for the Carers / Dr. Maricar Sabeniano	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired
1. To orient patient navigators on CSPMAP and its processes To understand the CSPMAP program, policy, criteria, and processes of enrollment, monitoring, and documentation	By the end of the session, learners will be able to: 1. Describe the CSPMAP program and its policies 2. Discuss the CSPMAP criteria and processes of enrollment 3. Discuss the CSPMAP monitoring and documentation requirements	Cancer and Supportive-Palliative Medicine Access Program/ Ms. Grace Uy	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired
1. To orient patient navigators on CSPMAP electronic registry and its use in hospital records	By the end of the session, learners will be able to: 1. Use the CSPMAP electronic registry 2. Identify data entry needs for the CSPMAP electronic registry	E-Registry & Hospital Records / Mr. Ishmael Vidal Mr. John Mercado	30 minutes	Lecture slides, presentation, discussion	Knowledge assessment tools using pretest to assess individual and group learning gaps followed by a posttest to capture knowledge acquired

Prepared by:

  
Romeo V. Marcaida  
Project Consultant  
Patient Navigation for the DOH – CSPMAP

Reviewed by:

  
Maricar R. Sabeniano, MD  
Project Lead  
Patient Navigation for the DOH – CSPMAP

## Appendix B: Department Personnel Order



Republic of the Philippines  
**DEPARTMENT OF HEALTH**  
*Office of the Secretary*



February 21, 2025

### DEPARTMENT PERSONNEL ORDER

No. 2025 - 1702

**SUBJECT:** Authority for Selected Personnel to Attend the Patient Navigation Program Capacity-Building Workshop for the Cancer and Supportive-Palliative Medicine Access Program (CSPMAP) on March 26 - 28, 2025, in Binondo, Manila, Inclusive of Travel Time

RA 11215 or the National Integrated Cancer Control Act (NICCA) defines patient navigation as individualized assistance provided to patients, families, and caregivers throughout the cancer care journey. This support helps overcome healthcare system barriers and ensures timely access to quality medical and psychosocial care, from pre-diagnosis to treatment and survivorship. NICCA mandates the Department of Health (DOH), the National Integrated Cancer Control Council (NICCC), and other stakeholders to establish standards, guidelines, and coordination mechanisms that integrate patient navigation across cancer control programs and regional cancer centers.

To enhance patient access to essential treatments, the DOH introduced Administrative Order No. 2022 - 0013— the Guidelines for the Implementation of the Cancer and Supportive-Palliative Medicines Access Program (CSPMAP). This program provides free cancer medications not covered by PhilHealth through certified access sites, including DOH-licensed Cancer Treatment Facilities and government hospitals offering cancer control services. The order mandates that each access site must have at least two trained patient navigators, ensuring patients receive continuous guidance and support. In line with this, the DOH, in partnership with Amang Rodriguez Memorial Medical Center and the Philippine Cancer Society, will conduct a Patient Navigation Program Capacity-Building Workshop to strengthen and sustain effective patient navigation programs across all CSPMAP access sites.

Relative to this, authority is hereby given to the following Personnel to attend the workshop on **March 26 - 28, 2025 at Hotel Lucky Chinatown, Binondo, Manila** inclusive of travel time.

#### A. DOH Central Office

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| 1. Asec. Farwa Hombre            | Public Health Services Cluster    |
| 2. Dr. Jan Aura Laurelle Llevado | DOH - DPCB - Cancer Control (CCD) |
| 3. Ms. Alyanna Riel Panlilio     | DOH - DPCB - CCD                  |
| 4. Ms. Royce Berango             | DOH - DPCB - CCD                  |

#### B. Center for Health Development

- |                              |                         |
|------------------------------|-------------------------|
| 1. Dr. Julius Matthew Luzana | Zamboanga Peninsula CHD |
|------------------------------|-------------------------|

- |                                     |                       |
|-------------------------------------|-----------------------|
| 2. Dr. Tristan Jediah Labitad       | Northern Mindanao CHD |
| 3. Mr. Klark Kevin Trocio           | Central Visayas CHD   |
| 4. Dr. Ryard Jude Pepito            | Central Visayas CHD   |
| 5. Ms. Julie Ann Granadino          | Bicol CHD             |
| 6. Ms. Zyra Garcia                  | Central Luzon CHD     |
| 7. Ms. Krizza Rebadomia             | Metro Manila CHD      |
| 8. Ms. Criselou Labaro              | Metro Manila CHD      |
| 9. Ms. Romelyn Esther Santos        | Caraga CHD            |
| 10. Mr. Elvin Joseph Tianero        | Western Visayas CHD   |
| 11. Ms. Ma. Cristine Fabila         | SOCCKSARGEN CHD       |
| 12. Ms. Krystel Charisse Daya-Magos | Eastern Visayas CHD   |
| 13. Ms. Erica Garcia                | Eastern Visayas CHD   |
| 14. Dr. Justin Villaflor            | CALABARZON CHD        |

C. DOH Hospitals

- |                                    |   |
|------------------------------------|---|
| 1. Ms. Jevan Ross Bontilao         | Amai Pakpak Medical Center                    |
| 2. Ms. Norjehanne Maniri Sangba-An | Amai Pakpak Medical Center                    |
| 3. Dr. Ahmad Domado                | Amai Pakpak Medical Center                    |
| 4. Mr. Arnel Cabrera Jr.           | Angel Salazar Memorial General<br>Hospital    |
| 5. Mr. Ryan Rubang                 | Baguio General Hospital And Medical<br>Center |
| 6. Mr. Mark Romilee Siron          | Baguio General Hospital And Medical<br>Center |
| 7. Mr. John Dexter Ramos           | Baguio General Hospital And Medical<br>Center |
| 8. Ms. Erika Joy Reyes             | Bataan General Hospital And Medical<br>Center |
| 9. Ms. Jastin Ann Lazaro           | Bataan General Hospital And Medical<br>Center |

10. Ms. Christine Gonzalvo Buño	Batangas Medical Center
11. Mr. Jelito De Paz Jr.	Batangas Medical Center
12. Mr. Ronnel Benjie Algura Albao	Bicol Medical Center
13. Ms. Czarinah Mae Manaog	Bicol Medical Center
14. Mr. King Jay-R Landagan	Bicol Medical Center
15. Mr. Neil Allan Volante	Bicol Medical Center
16. Mr. Reymund Alday	Bicol Medical Center
17. Ms. Mary Jane Millares	Bicol Regional Hospital And Medical Center
18. Ms. Maria Rizza Frances Recaña	Bicol Regional Hospital And Medical Center
19. Ms. Lesly Ann Naag	Bicol Regional Hospital And Medical Center
20. Ms. Margie Calimag	Cagayan Valley Medical Center
21. Ms. Cristine Joy Panaga	Cagayan Valley Medical Center
22. Ms. Cora Paguirigan	Cagayan Valley Medical Center
23. Mr. John Ednan Dreyfus	Corazon Locsin Montelibano Memorial Regional Hospital
24. Ms. Relaine Salipot	Corazon Locsin Montelibano Memorial Regional Hospital
25. Mr. John Mark Layda	Corazon Locsin Montelibano Memorial Regional Hospital
26. Ms. Genesis Tunan Dawang	Cotabato Regional And Medical Center
27. Dr. Ralph Emerson Agustin	Cotabato Regional And Medical Center
28. Ms. Salwah Abdulrahim	Cotabato Sanitarium
29. Ms. Deamae Najiel Pepugal	Cotabato Sanitarium
30. Ms. Mohajera Mamento	Cotabato Sanitarium
31. Ms. Natalie Atayde	Dr. Paulino J. Garcia Memorial Research & Medical Center
32. Ms. Maria Carlota Macapagal	Dr. Paulino J. Garcia Memorial Research & Medical Center

33. Mr. Keith Adabel Escañan	Ilocos Training And Regional Medical Center
34. Dr. Carina Chavente	Ilocos Training And Regional Medical Center
35. Ms. Angelika Marie Cortez	Ilocos Training And Regional Medical Center
36. Mr. Reydel Aquino	Jose B. Lingad Memorial Regional Hospital
37. Ms. Jema Gulmatico	Jose B. Lingad Memorial Regional Hospital
38. Mr. Bryan P. Jimenez	Jose B. Lingad Memorial Regional Hospital
39. Ms. Bhaby Rheina Baguio	Mariano Marcos Memorial Hospital And Medical Center
40. Dr. Cristina Domingo	Mariano Marcos Memorial Hospital And Medical Center
41. Mr. Wendell Cabuntocan	Mariano Marcos Memorial Hospital And Medical Center
42. Ms. Angela Idnay	Mariano Marcos Memorial Hospital And Medical Center
43. Ms. Gladys De Guzman	Region I Medical Center
44. Mr. Jophet Lomibao Gabis	Region I Medical Center
45. Ms. Lianne Licalalde	Region I Medical Center
46. Ms. Lea Mae Tayaban	Region II Trauma And Medical Center
47. Mr. Mark Anthony Dumelod	Region II Trauma And Medical Center
48. Ms. Chazelle Mae Bandao	Region II Trauma And Medical Center
49. Ms. Shanley Shans Rosalinda	Southern Philippines Medical Center
50. Ms. Mary Fatiman Pellegas	Southern Philippines Medical Center
51. Donna Dela Cruz Silagan	Southern Philippines Medical Center
52. Mr. Kenneth Rhuvic Castro	Southern Philippines Medical Center
53. Ms. Aira Dalumpines	Southern Philippines Medical Center
54. Dr. Cheryl Lyn Diez	Southern Philippines Medical Center
55. Mr. Jose Bernardo Tengson	Southern Philippines Medical Center
56. Ms. Iris May Cabantan	Vicente Sotto Memorial Medical Center
57. Ms. Claire Quirabo	Vicente Sotto Memorial Medical Center

58. Ms. Charisse May Ligad	Western Visayas Medical Center
59. Ms. Joylyn Monserate	Western Visayas Medical Center
60. Ms. Raquel Bagaporo	Zamboanga City Medical Center
61. Mr. Ridhwan Rugasan	Zamboanga City Medical Center
62. Mr. Christian Visitacion Sumicad	Zamboanga City Medical Center
63. Mr. Eduard Bryan Dela Peña	Davao Regional Medical Center
64. Mr. Joseph Andrew Cal	Davao Regional Medical Center
65. Mr. Marcos Edisan	Davao Regional Medical Center
66. Ms. Joanna Cristelle Alba	Davao Regional Medical Center
67. Ms. Lea Mae Dobluis	Davao Regional Medical Center
68. Mr. Ferdinand Domingo	Quezon City Health Department
69. Ms. Elizabeth Rejuso	Quezon City Health Department
70. Dr. Ma. Christina Gloria Marañon	Culion Sanitarium and General Hospital
71. Ms. April Sullivan	Philippine General Hospital
72. Ms. Rosielyn Apellido	Philippine General Hospital
73. Mr. Rico Hernandez	Philippine General Hospital
74. Ms. Hannah Jean Aznar	Philippine General Hospital
<b>D. Technical Staff and Facilitators</b>	
1. Dr. Maricar Sabeniano	Philippine Cancer Society
2. Mr. Romeo Marcaida	Philippine Cancer Society
3. Dr. Rowena Fatima Galarpe-Pedrajas	Philippine Cancer Society
4. Ms. Jenna Gonzalez	Philippine Cancer Society
5. Ms. Jennifer Guinto	Philippine Cancer Society
6. Ms. Ann Castroverde	Philippine Cancer Society
7. Ms. Michal Hafalla	Philippine Cancer Society
8. Dr. Juan Carlo Luna	Jose B. Lingad Memorial General Hospital

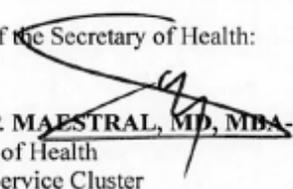
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|----------------------------|---|
| 9. Dr. Carlo Matanguihan   | Healthway Cancer Care Hospital          |
| 10. Dr. June Michael Razon | East Avenue Medical Center              |
| 11. Ms. Grace Uy           | Jose Reyes Memorial Medical Center      |
| 12. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |
| 13. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |
| 14. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |
| 15. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |
| 16. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |
| 17. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |
| 18. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |
| 19. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |
| 20. <i>Representative</i>  | Amang Rodriguez Memorial Medical Center |

Under this Order, venue, accommodation, meals, payment of honoraria, transportation/traveling expenses such as taxi fare, toll fee, gasoline, per diem, and other incidental expenses to be incurred during the activity of the central office participants and resource persons shall be charged against the Prevention and Control of Non-Communicable Diseases (PCNCD) funds sub-alloted to Amang Rodriguez Memorial Medical Center.

While payment for the transportation/traveling expenses such as plane fare, taxi fare, toll fee, per diem, and other incidental expenses of regional representatives, resource speakers, and other agencies' participants shall be charged against the funds of their respective sending agencies.

All expenses pertaining to the said activity are subject to usual accounting and auditing rules and regulations.

By Authority of the Secretary of Health:

  
**MARY ANN P. MAESTRAL, MD, MBA-HA, FPPS, CHA, FPCHA**  
 Undersecretary of Health  
 Public Health Service Cluster

## Appendix C: Advisory & Programme



### MARCH 27-28, 2025 PROGRAM

**DAY 1: MARCH 27, 2025 (Thursday)**

Activity
Registration, National Anthem, Invocation
Opening Remarks
Patient Navigation History & Significance
Principles of Patient Navigation
AM BREAK
Roles of Patient Navigators
Patient Navigation Barriers
Patient Navigation Resources
Patient Navigation Testimonial and Workshop
LUNCH
Compassionate Communication 1: Active Listening & Communication Skills
Compassionate Communication 2: CEA Method in Counseling
Workshop on Compassionate Communication 1 & 2
PM BREAK
Compassionate Communication 3: Disclosure and Breaking the Bad News
Workshop on Compassionate Communication 3
Closing Remarks

**DAY 2: MARCH 28, 2025 (Friday)**

Activity
Recap
Cancer Facts and Figures
Cancer Care
Palliative Care
Workshop on Cancer Discussions
Cancer and Supportive-Palliative Medicines Access Program
E-Registry & Hospital Records
Reminders and Closing Remarks
LUNCH

# ADVISORY

**WHAT: Patient Navigation Program Training and Workshop for the Cancer and Supportive-Palliative Medicine Access Program (CSPMAP)**

**WHEN: March 27-28, 2025**

**WHERE: Hotel Lucky Chinatown  
21 Reina Regente St. Brgy. 293  
Binondo, Manila**

**WHO: Participants from the Department of Health and CSPMAP Access Sites**

**ATTIRE: Smart Casual**

## **REMINDERS:**

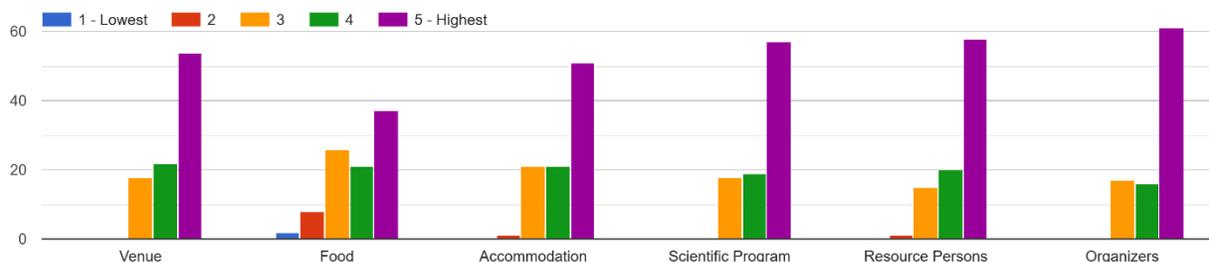
- Accommodation will be provided for all registered participants
  - Check-in: March 26, 2025, 3 PM.
  - Check-out: March 28, 2025, 12 NN.
- Travel expenses will not be covered and will be the responsibility of the sending agency.
- Meals provided:
  - March 26, 2025: Dinner
  - March 27, 2025: Breakfast, Lunch, and Dinner
  - March 28, 2025: Breakfast and Lunch
- Bring your proof of identity, masks, alcohol or sanitizers, and other personal necessities, such as medications among others
- Participants experiencing Covid-19 symptoms must report immediately, and observe proper quarantine protocols.
- The Department Personnel Order will be forwarded to the CSPMAP access sites and registered participants once available.
- For confirmation and inquiries, kindly contact us at [pnap2025@gmail.com](mailto:pnap2025@gmail.com) or reach us via Viber through Ms. Jenna Gonzales 09162117672 or Ms. Mikee Hafalla 09165047761.

## Appendix D: Evaluation Results of the 2-day Training and Workshop

### Evaluation Results - Participants' Characteristics

Received Previous Training on Patient Navigation	Designation	
No – 79 Yes – 13  Training Provider of those who answered yes: Cancer Warriors Foundation, Inc – 1 DOH 2024 Tagaytay Training – 1 Philippine Cancer Society – 3 Perpetual Succor Hospital Cebu – 1 Philippine Society of Pediatric Oncology – 3 Patient Navigation and Referral System Training – 1 Did not mention where: 3	Administrative Aide 3	1
	Ambulatory Cancer Treatment Unit	1
	Ambulatory medical oncology unit	1
	Clerk	1
	Compliance Officer	1
	Development Management Officer	1
	Development Management Officer 3	1
	Health Program Officer 2	1
	Health Program Officer II	1
	Medical Officer 3	2
	Medical Oncologist	1
	Medical Social Work Department - Cancer Center	1
	Medical Social Worker-CAF Navigator	1
	Medical Specialist 2	2
	Medical Specialist 3	2
	Navigator	2
	Nurse	11
	Nurse 1	12
	Nurse 2	10
	Nurse 3	9
	Nurse 4	1
	Nurse 5	2
	Nurse Navigator	3
	Nurse Supervisor	1
	Nursing Attendant	1
	Patient navigator	3
	Pharmacist 2	1
	Pharmacist 3	1
	Senior Health Program Officer	3
	Social Welfare Officer 1	5
Social Welfare Officer 2	4	
Social Welfare Officer 3	1	
Social Welfare Officer I	2	
Supervising Administrative Officer	1	
Ward Assistant	1	

## Evaluation Results – Over-all



## Evaluation Results - Speakers

Topic / Speaker	Expertise	Audiovisual Slides	Audience Engagement	Applicability of Lecture to My Practice
Patient Navigation History & Significance / Dr. Maricar Sabeniano	4.7/5	4.7/5	4.7/5	4.7/5
Principles of Patient Navigation / Ms. Ma. Cheryl Rose Duenas	4.7/5	4.7/5	4.7/5	4.7/5
Roles of Patient Navigation / Ms. Jenna Gonzalez	4.7/5	4.7/5	4.7/5	4.7/5
Patient Navigation Barriers / Ms. Emma Ruth Barrameda	4.7/5	4.7/5	4.7/5	4.7/5
Patient Navigation Resources / Mr. Romeo Marcaida	4.7/5	4.7/5	4.7/5	4.7/5
Compassionate Communication 1: Active Listening Skills / Dr. Rowena Fatima Galarpe-Pedrajas	4.7/5	4.7/5	4.7/5	4.7/5
Compassionate Communication 2: CEA / Dr. Juan Carlo Luna	4.7/5	4.7/5	4.7/5	4.7/5
Compassionate Communication 3: Disclosure / Dr. June Michael Razon	4.7/5	4.7/5	4.7/5	4.7/5
Cancer Facts and Figures / Dr. Bryan Borja	4.7/5	4.7/5	4.7/5	4.7/5
Cancer Care / Dr. Bryan Borja	4.7/5	4.7/5	4.7/5	4.7/5
Palliative Care / Dr. Carlo Matanguihan	4.7/5	4.7/5	4.7/5	4.7/5
Self-Care: Caring for the Carers / Dr. Maricar Sabeniano	4.7/5	4.7/5	4.7/5	4.7/5
Cancer and Supportive-Palliative Medicines Access Program / Ms. Grace Uy	4.7/5	4.7/5	4.7/5	4.7/5

## Evaluation Results – Participants’ Feedback

<p>What worked?</p> <p>(Feedback from Participants)</p>	<ul style="list-style-type: none"> <li>▪ Everything; All; All topics; All lectures; Over all excellent; All are good</li> <li>▪ Excellent resource speakers; Nurse navigator; Facilitators are pleasant and approachable; Great speakers; Facilitators were very helpful and insightful; Very active and accommodating organizers and speakers; Knowledgeable speakers; Presented well</li> <li>▪ Ready powerpoint notes; Provided resource materials; Lecture with good visuals</li> <li>▪ Program and discussion; Facilitating workshops</li> <li>▪ Brief and concise discussion; Tailored and concise content; Topics are applicable and comprehensive;</li> </ul>
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	<p>Organized modules and set of lectures; well discussed topic; The training design is generally good; All lectures were informative</p> <ul style="list-style-type: none"> <li>▪ Easy to understand; Topics were all explained in a manner that are easily understood by the participants</li> <li>▪ Pacing of training</li> <li>▪ “They organized it very well”</li> <li>▪ “The way the lectures and materials were delivered were very user friendly. The simulations/ role playing was good strategy.”</li> <li>▪ “The patient navigation training was clear and helpful, covering key skills like communicating with patients, finding resources and dealing with patients who are dying . The sessions were interactive, allowing participants to practice what they learned through real-life examples. Most participants felt more confident in helping patients after the training, though some would like ongoing support. Overall, the training was useful in improving the ability to guide patients through their journey.”</li> <li>▪ “The training gave us a better understanding of how patient navigation works especially that we are connected in the CHD.”</li> <li>▪ Very informative and interactive</li> <li>▪ The workshop on CEA and SPIKES really resonates to us.</li> <li>▪ Post and pre tests in between topics</li> <li>▪ “Although I am a medical social worker, I gained a clear understanding of the role of a patient navigator. I can apply some of the skills and techniques, particularly communication skills, to better serve the patients at the cancer center. I also appreciated the self-care topic, which will help me avoid burnout in my work. The seminar enlightened me about cancer, the differences between palliative and hospice care, and how the CSPMAP works”</li> <li>▪ “This training will serve as our guide in navigating patients effectively in our institution.”</li> <li>▪ “Continuous to update myself more in relation to cancer”</li> <li>▪ “I learn alot more information to improve my navigation to the guardian and patient”</li> </ul>
<p>What could be improved?</p> <p>(Feedback from Participants)</p>	<ul style="list-style-type: none"> <li>▪ “There should be adequate allowance of travel time (4-day training inclusive of travel time) and no last day of training on a friday (1st and last day should be only for travel time).”</li> <li>▪ “Please Provide detailed Program flow with time given prior the start of the training.”</li> <li>▪ More time</li> <li>▪ Food - quantity</li> <li>▪ Beds and accommodation</li> <li>▪ Visual slides</li> <li>▪ Improve printed handouts – font size</li> <li>▪ Time to answer tests</li> </ul>

	<ul style="list-style-type: none"> <li>▪ “Pretest can probably be done using qr code, and not in small topics. For whole day, can give pre test in AM, then after lunch.”</li> <li>▪ “I hope you can organize more workshops on CEA, as it would greatly support us in delivering the best possible care to our patients.”</li> <li>▪ More time; length of training</li> </ul>
<p>Comments/ Suggestions</p>	<ul style="list-style-type: none"> <li>▪ Thank you for this training!; More training; Nice Training</li> <li>▪ Highly informative training for both CHDs and Access Sites</li> <li>▪ Commending the venue, speakers, organizers, materials used. one suggestion is before groupings for workshop, an icebreaker for each group to know each other, thank tou for this opportunity!</li> <li>▪ congratulations for a very successful workshop.</li> <li>▪ Very Good</li> <li>▪ Please provide copy of the presentation for reference. Thank you!</li> <li>▪ More topics to discuss in the future; More training to conduct</li> <li>▪ Looking forward for more trainings on patient navigation</li> <li>▪ Give time for pax to answer and understand</li> <li>▪ Improve print materials</li> <li>▪ More quality food</li> <li>▪ Give bathroom break</li> <li>▪ “This seminar was both insightful and a valuable new experience for me as a medical social worker. I am grateful for the knowledge shared by the presenters, particularly their best practices from their respective hospitals. A big thank you to the entire team who organized and made this seminar possible. I thoroughly enjoyed it and will definitely share my experience with my colleagues.”</li> <li>▪ Keep striving to help us establish patient navigation system across the country. Good job</li> <li>▪ Caring for carers activity for patient navigators soon?</li> <li>▪ “I think we need to have some more days in order for us to be more familiarized the steps in navigating patient and also in counseling. Thank you so much for conducting this such and it really helps me a lot and I learned so much from this training. May God Bless us all”</li> <li>▪ Very useful program. Thumbs up!</li> <li>▪ Ice breakers in between lectures</li> </ul>

## Appendix E: CSPMAP Sites Action Plans

CSPMAP ACCESS SITE	PROBLEM	GOAL	ACTION PLAN					
			Actions	Persons-In-Charge	Timeline	Resources	Potential barriers	Outcomes
<b>Batangas Medical Center</b>	Guidelines on the CSPMAP Inventory Report	Standardize submission processes to guarantee full compliance with required data and documentation.	1. Develop a comprehensive checklist: Create a detailed checklist of all required data points and supporting documents for each submission type. 2. Conduct a gap analysis: Review current submission practices against the new checklist to identify discrepancies and missing elements. 3. Update submission guidelines: Revise and disseminate clear, concise guidelines that incorporate the new checklist and emphasize data/document alignment. 4. Provide training and resources: Offer training sessions and create easily accessible resources (e.g., templates, FAQs) to help staff understand and adhere to the updated guidelines. 5. Implement a review process: Establish a mandatory review step before any submission is finalized, specifically focusing on data and document completeness and accuracy. 6. Regularly audit submissions: Conduct periodic audits of completed submissions to ensure ongoing compliance and identify areas for further improvement. 7. Establish feedback mechanisms: Create a system for staff to provide feedback on the guidelines and processes, facilitating continuous improvement.	DOH- CCD Patient Navigator	Within 2 weeks	Meeting venue, presentation materials	Competing priorities of hospital leadership	Program gets official recognition and commitment from the hospital
<b>Amai Pakpak Medical Center</b>	<b>Program Structure &amp; Launch</b> As a new CSPMAP Access Site, APMC hasn't yet officially launched the CSPMAP Program	Officially launch and establish CSPMAP as a prioritized and recognized hospital program.	1. Coordinate with hospital leadership to secure formal endorsement and launch of CSPMAP	Dr. Ahmad Domado, Jevan Ross Bontilao, Norjehanne Sangba-an	Within 2 weeks	Letter to the Medical Center Chief to be drafted by Dr. Ahmad Domado	Competing priorities of hospital leadership	Program gets official recognition and commitment from the hospital
			2. Develop and distribute a formal CSPMAP launch plan and communication strategy	Jevan Ross Bontilao, Norjehanne Sangba-an	Within 1 month	Posters c/o IT, Email Templates, Hospital Circulars	Delays in document approval	Increased awareness and understanding of CSPMAP among hospital departments
			3. Organize an official CSPMAP launch event within the hospital	Program Coordinator	Within 2 months	Budget for the event, venue, speakers, letters to the different departments	Scheduling conflicts, Competing priorities of the hospital, Budget constraints	Formal program launch conducted with multidisciplinary attendance
	<b>Hiring of CSPMAP Staff</b> Currently the Medical Coordinator and the Head Nurses act as the current patient navigators	Delegate at least 2 patient navigators and at least 1 pharmacist	Send a letter to the medical Center Chief regarding the need for CSPMAP Staff	Dr. Ahmad Domado	Within 2 months	Letter to the Medical Center Chief to be drafted by Dr. Ahmad Domado	Delay in hiring	Official designation of patient navigators and pharmacist who will fulfill the function and roles of patient navigators
			Conduct an orientation on the roles and functions and MedCheck for the newly hired staff	Head Nurse and CSPMAP Staff	Within 2 weeks	Online platform (via Zoom)	Scheduling conflicts	Patient navigators to familiarize with their roles and functions
	<b>Lack of CSPMAP Facilities</b>	Create a separate CSPMAP office and facilities for the navigators and a separate storage for CSPMAP drugs	Coordinate with the hospital leadership regarding the need to have a separate office with equipment like computers, printers intended for any CSPMAP drugs and medicines	Dr. Ahmad Domado	Within 3 months	Letters, canvass for an office for CSPMAP, computer with stable internet connection, printer, table and chairs	Budget constraint, Competing priorities of the hospital leadership, delay in approval, unavailability of space in the hospital	Create a separate space for patient navigators and CSPMAP related meetings/events.
			Create a separate storage for CSPMAP drugs and medicines	CSPMAP Pharmacist	Within 3 months	Letter to the Medical Center Chief to be drafted by Dr. Ahmad Domado for storage area for CSPMAP medications	Budget constraint, Competing priorities of the hospital leadership, delay in approval, unavailability of space in the hospital	Separate the CSPMAP drugs and medicines from the regular drugs of the hospital.

Angel Salazar Memorial General Hospital	PROGRAM STRUCTURE AND LAUNCH: CSPMAP not Officially launch >The program is still new and not well-established	>CSPMAP will be officially launch and fully establish	>Coordinate with hospital leadership to secure formal endorsement and launch of CSPMAP >Develop and distribute a formal launch plan and communication strategy >Organize an official CSPMAP launch within the hospital	>Cancer Unit Coordinator >Program Focal Person >Cancer Unit Coordinator/Program Focal person	>within 1-2 weeks  >within 1-2 months  >within 2-3months	>Meeting venue, presentation materials >Circular posters >Budget, Venue	>Competing priorities of hospital leadership >Delay in document approval >Budget constraint, scheduling conflicts	>Program gets official recognition and commitment to hospital >Increase awareness and understanding of CSPMAP among hospital departments >Formal launching of CSPMAP
	Lack of Manpower (Oncologist and Dedicated Patient Navigator): >This limits the patients catered by the Cancer Unit for Chemotherapy	>Additional one or more Oncologist and Patient Navigator	>Hire additional oncologist and patient navigator >Find and sponsor a resident doctor to train or study as an Oncologist	>HRMO >Provincial government office	>2 months onwards	>Budget >Bulletin	>Availability of Oncologist >Willingness of Resident Doctors to train/study	>Increase number of patients cater for Chemotherapy with additional Oncologist >More efficient and productive CSPMAP w/ addition of dedicate patient navigator
	Not Enough CSPMAP Medication supply (eg. Trastuzumab (Hertraz): sometimes caused delay >Patients CAF reached their ceiling earlier	>Receive enough supply fast acting medications from CSPMAP >Establish other means to minimize being dependent to CSPMAP/CAF	> Apply for Z-Benefit Package > Procure/Bid for cheapest price of Chemo drugs	>Z-ben management team >Province procurement committee,	>7-10 months	>Meeting venue with Zben team >Facilities, equipments and manpower >Budget	>Fulfilling all Z-ben package assessment tools/requirements >Budget constraint >Delays in Bidding and procurement services	>Patients financial problem resolve due to Zben >Faster processing of procurement documents >No more or lesser delay of chemo drugs or other treatments >MAIFIP will not be exhausted
Baguio General Hospital and Medical Center	1. Unrecognized technical working group of the CSPMAP	Technical working group to be recognized: MEDICAL COORDINATOR, CSPMAP NAVIGATOR and CSPMAP PHARMACIST	Coordinate with the head of the institution (MCC) to acquire formal endorsement of the individual	Medical coordinator and CSPMAP navigator	2-3 weeks	Time, meeting venue	delays in document approval, diverse schedule constraints	Focal person/s will be recognized in the institution who can aid / facilitate in the utilization of the program
	2. Unprioritized program of the hospital / poor information dissemination	For the program to be given due attention and for it to be advertised accordingly for better utilization	Create advertisement/s regarding the program and disseminate it accordingly	Medical coordinator and CSPMAP navigator	1 month	advertisement materials (tarpaulin), time, meeting venue/s	manpower, approval for posting	Program will be well advertised and given due attention
	3. Networking with other CSPMAP groups	To establish a better network resources within the region and / or other CSPMAP access sites	Regional meetings for updates regarding the program	Medical coordinator and CSPMAP navigator	3-6 months	Time, meeting venue/s, financial resources	Poor internet connection for virtual meetings	established networking resources within the region
	4. Low awareness of HCWs and clients of linked HCPNs on the CSPMAP program	To capacitate HCWs on the Cancer Control program (and to include the CSPMAP as a topic)	Approved activity on July 17, 2025 entitled <b>KOMUNITALKS "Transforming Cancer Care: Empowering Health Care Workers"</b> - with APPLIED CPD Units	Public Health Unit (C/o Ryan Rubang)	17-Jul-25	Venue, Sound System, Internet Connection, Food for the Participants and Guest	Non-participation of registered HCWs from linked HCPNs	Capacitated HCWs on the Cancer Control Program, CSPMAP- serves as bridge and network for information dissemination in the HCPN
To disseminate timely and accurate information about the CSPMAP		Coordinated with the HPU. Posted an e-card on the Official FB Page of BGHMC about CSPMAP (15 370 Reached)	Public Health Unit (C/o Ryan Rubang)	23-May-25	Intrernet Connection	None	Increased awareness on the CSPMAP	
Bataan General Hospital and Medical Center	No official appointment as patient navigator	Officially delegate staffs for the CSPMAP/CAF	Coordinate with top management	CSPMAP Coordinator	within 2months	-	-	Signed hospital order for Patient Navigator
	Resource Directory	To provide easy access of programs and services	Consolidate directories of partner agencies	Patient Navigator	within 2months	-	-	Accessibility to programs and services

Bicol Medical Center	1. Medication stock and supply chain issues	Provide sufficient stocks of chemo meds for patients.	Strengthen supplier coordination: possible request of medicines in regular stocks to act as buffer.	Pharmacist-Navigators	within 1 month	Medicine Request in Regular stocks	No Bidding	Better medication availability.	
	2. Patient Navigators are tasked with multiple non-CSPMAP responsibilities.	Streamline PN roles to prioritize CSPMAP-related tasks.	by reducing or reallocation or reallocating non-CSPMAP responsibilities, thereby improving screening program outcomes and navigator efficiency.	Program Focal person	within 3 months	Hiring additional staff	short-staffed	Continuous improvement and sustained focus on CSPMAP.	
	3. CSPMAP is not officially launched in the institution	Officially launch and establish CSPMAP as a prioritized and recognized hospital program.	Develop and distribute a formal CSPMAP launch plan and communication strategy	Medical Coordinator	within 2 months	Launch kits, posters, hospital circular and templates	delays in document approval	increased awareness and understanding of CSPMAP in the institution.	
Bicol Regional Hospital and Medical Center	WORKLOAD OF NURSE	REDUCE WORKLOAD	REDISTRIBUTE TASKS AMONG TEAM MEMBERS	NURSE SUPERVISOR	WITHIN 6 MONTHS	MEETING VENUE	LIMITED RESOURCES (FINANCIAL, HUMAN)	REDUCE NURSE WORKLOAD	
		IMPROVE PATIENT CARE AND SATISFACTION	HIRE ADDITIONAL STAFF				INSUFFICIENT TRAINING FOR NEW STAFF	IMPROVED PATIENT OUTCOMES	
		ENHANCE STAFF WELLBEING AND RETENTION	IMPLEMENT EFFICIENT WORKFLOW PROCESSES					ENHANCE STAFF SATISFACTION	
	TRAINING AND SKILLS FOR CSPMAP	ENHANCE STAFF KNOWLEDGE AND SKILLS	PROVIDE HANDS-ON TRAINING AND MENTORSHIP	MEDICAL COORDINATOR		BUDGET FOR THE TRAINING, CERTIFICATION AND CONTINUING EDUCATION	LIMITED TRAINING RESOURCES	IMPROVED STAFF COMPETENCY	
		IMPROVE CSPMAP SERVICE DELIVERY	ENCOURAGE CERTIFICATION AND CONTINUING EDUCATION	TRAINING STAFF			DIFFICULTY SCHEDULING TRAINING SESSIONS	ENHANCE PATIENT CARE	
		INCREASE STAFF	EDUCATION					INCREASED STAFF	
	COMPLETENESS OF THE ORGANIZATION STRUCTURE FOR CSPMAP	CONFIDENCECLARIFY ORGANIZATIONAL STRUCTURE	DEVELOP AND IMPLEMENT ORGANIZATIONAL STRUCTURE	MEDICAL COORDINATOR		MEETING VENUE	RESISTANCE TO CHANGE	CONFIDENCEIMPROVED ORGANIZATIONAL EFFICIENCY	
		IMPROVE COMMUNICATION AND COLLABORATION	DEFINE ROLES, RESPONSIBILITIES, AND REPORTING LINES	NURSE NAVIGATOR			WITHIN A MONTH	DIFFICULTY DEFINING ROLES/RESPONSIBILITIES	ENHANCED COLLABORATION
		ENHANCE ACCOUNTABILITY							INCREASED ACCOUNTABILITY
Cagayan Valley Medical Center	CSPMAP not officially launched in our hospitals.	Officially launch and establish CSPMAP as a prioritized and recognized hospital program.	endorsement and launch of CSPMAP	CMPS;Medical Coordinator,PHU	Jun-25			Program gets official recognition and commitment from the hospital	
	It is perceived as a minor, nonprioritized program.		2.Include in the work and financial plan as part of the capacity building			(done)			As part of the Performance Governance System and one of our deliverables this will be achieved
	The program is still new and not fully established.		3.a.Organize an official CSPMAP launch event within the hospital. b.power point presentation will be sent to their respective division emails which will be presented during their monthly meeting especially for those who did not attend the	CSPMAP Focal Person	Medical Coordinator, PHU, CSPMAP focal Person	Jul-25	PCC funds		Increased awareness and understanding of CSPMAP among hospital departments
Corazol Locsin Montelibano Memorial Regional Hospital	MULTIPLE WORK LOAD (NON CSPMAP TASK)	MINIMIZE BURN OUT	DELEGATE TASK	CCC MANAGER CCC TEAM	MORE OR LESS 6 MONTHS	STAFFING	UNINFORMED ABSENCES	ABLE TO COVER THE WORK LOAD OF THE PERSON THAT WAS COVERING WHILE HE/SHE WAS ABSENT	
	UNABLE TO UPDATE CSPMAP IN A TIMELY MANNER	TO HAVE IT UPDATED ON TIME	TEACH NON CSPMAP PERSONEL/ENCODERS	CSPMAP COORDINATOR AND CCC MANAGER CCC TEAM	2-3MONTHS	STAFFING AND MONEY	LACK OF RESOURCES	VERBALIZES UNDERSTANDING AND AWARENESS OF DELEGATED TASK OF THE NON CSPMAP MEMBER	
	LIMITED SUPPLY OF MEDICATION	ABLE TO PROVIDE TO OUR PATIENTS WHAT THEY NEED	PROCURE? INFORM PHARMACY	PHARMACY PERSONEL CCC MANAGER	IT DEPENDS UPON THE PROCUREMENT	PETTY CASH	ASIGNATORIES	PROVIDE THE NEEDS OF OUR PATIENT	
	UNCOOPERATIVE PATIENTS	HAVE A HARMONIOUS WORK RELATIONSHIP WITH THEM	TALK WITH THEM AND LET THEM KNOW THAT THEY ARE NOT ALONE AND WE ARE THERE TO HELP THEM IN THEIR JOURNEY	CSPMAP NAVIGATOR CCC TEAM	A WEEK OR TWO	PATIENCE AND UNDERSTANDING	LANGUAGE BARRIER, MYTH BELIEFS	GAIN COOPERATION AND ABLE TO ENHANCE PATIENTS KNOWLEDGE	

Cotabato Regional and Medical Center	Insufficient supply of medicine under CSPMAP Program	To ensure a consistent, and adequate availability of chemotherapeutic medicines for all eligible patient under CSPMAP across cotabato city and surrounding provinces	1. Conduct assessment and audit of medicine needs and current supply, to identify gaps in the supply and forecast future needs accurately	Pharmacist in charge & Nurse navigator	within 2 weeks	Manpower	Inadequate budget weak coordination	Steady and predictable supply of essential medicines under CSPMAP updated report
			2. streamline the procurement processes and improve demand forecasting and order planning	Procurement staff	within 2 months	logistics funds	Bureaucratic delays in procurement	Timely acquisition of goods. Better patient management and patient quality of life
			3. Establish a reliable procurement and inventory system including buffer stocks to avoid stockouts	Procurement staff, Pharmacist in charge & Nurse navigator	within 1 month		Unreliable suppliers manufacturing delays, weak coordination, inadequate storage facility, insufficient funds, lack of reliable data on consumption patterns	more efficient use of resources
			4. strengthen networking activity	Nurse navigator and Medical social worker	within 1 month	logistics funds	absence of regular communication channels	improved patient referral and continuity of care better access to medicine optimization of resources
Cotabato Sanitarium	Program was not officially launched by the hospital therefore, information was not disseminated extensively.	Officially launched the CSPMAP including its requirements and process in which every cancer patients are welcome to avail the program.	1. Introduce the CSPMAP program to all staff through our Monday Dialogue, Patients layforum and outreach programs.	Program Focal Person	Quarterly	Presentation materials, Venue	100% Participation of all employees and patients.	Programs was officially recognized by the people hence, patients had an option to avail the CSPMAP meds.
	Patient Navigator has multiple roles and responsibilities	Provide an additional staff & proper staffing pattern in oncology unit and specify the Roles and Responsibilities of each staff including the patient navigator	1. Coordinate with the management about the status of our staff, suggest and justify the need for additional staff	Medical Coordinator, Program Focal Person	within a month	Meeting venue & Presentation materials	# of staff based on Level II Plantilla	Organized process because of well distribution of tasks
			2. Coordinate with Medcheck point person (Mr. Ismael) for creating another account	Program Focal Person	within a week	Cellular phone & Computer	Comprehensive Training of staff	Increase number of patients encoded in Medcheck account
			3. Improve the Standard Operating Procedure (SOP) of patient navigation and provide algorithm in patients' intervention.	Oncology head and staff	within 2 weeks	Meeting venue, ISO files, presentation materials and computer	delayed approval of documents	Well established policies and procedures
Davao Regional Medical Center	a) Ensure timely and complete delivery of CSPMAP medicines to prevent treatment interruptions	a) Review and validate all pending CSPMAP medicine requests from facilities	Program Coordinator, Logistics Officer, Supplier, Navigators	June 2025	Facility reports, RIS	Supplier delays, limited feedback from stakeholders, outdated or inactive contact details, or absence of contact information	Verified and validated list of pending medicine requests	
		b) Coordinate with DOH Central Office for the status of requested medicines	Navigators	June 2025	email, contact numbers	Supplier delays, limited feedback from stakeholders, outdated or inactive contact details, or absence of contact information	a) Status reports available for each pending item; b) Established efficient coordination	
	b) Need to enhance communication and tracking mechanisms for CSPMAP deliveries	a) Coordinate with DOH Central Office and suppliers to confirm delivery status	Program Coordinator, Navigators	June 2025	Communication platforms (email, official letters)	Supplier delays, limited feedback from stakeholders, outdated or inactive contact details, or absence of contact information	Status reports available for each pending item	
	a) To broadcast, maximize and utilize the program in the remote community.	a) Launch the program in the community	Navigators	August 2025	Fund for launching the program	Available fund, logistics, community response	Success launching of the program in the community.	
b) Establish a 2-way referral system from community to DRMC and vice versa		Program Coordinator, Navigators	August 2025	Coordination meeting with stakeholders	Available fund, logistics, LGU official response	Established 2-way referral system for cancer navigation		

Dr. Paulino J. Garcia Memorial Research & Medical Center	CSPMAP, while relatively a new program, is a major, prioritized initiative under the Department of Health (DOH) for patients with cancer. To maximize its impact, cancer-related advocacies should be integrated across all DOH Access Sites. However, it is uncertain whether all cancer sites actively practice and promote cancer advocacies. What is the current level of advocacy practice at each site to identify gaps and areas for improvement?	To assess and strengthen cancer advocacies across all cancer care sites.	Conduct baseline assessment of current cancer advocacy practices at all DOH Access sites	Cancer Care Team /Local Health Units	Month 1-3	Assessment tools, Survey	Limited awareness or engagement at some	1.Enhanced awareness and knowledge about cancer among patients and communities.
		To stage targeted cancer awareness campaigns and screening activities.	Trained healthcare providers and staff on cancer advocacy, screening and patient education		Month 4-6 onwards	Training modules, workshops, Webinars / meetings	Staff workload, resistance to change	2. Increased participation in Cancer Screening activities
		To promote CSPMAP effectively at all DOH Access Sites, ensuring comprehensive patient education and early detection.	Organized staged cancer awareness and screening campaigns aligned with CSPMAP				Community engagement challenges, resource constraints	3.Standardized and sustained cancer advocacies across all DOH Access Sites. 4. Better early detection rates and improved patient outcomes 5. Strengthen collaboration among stakeholders involved in cancer care and advocacy
Ilocos Training & Regional Medical Center	NEW PATIENT NAVIGATORS (NO TRAINING YET)	TO PARTICIPATE IN MEDCHECK TRAINING AND OTHER PATIENT NAVIGATION AND CSPMAP-RELATED TRAININGS	COORDINATE WITH MEDCHECK TEAM TO FINALIZE THE SCHEDULE OF THE TRAINING OF THE CSPMAP NAVIGATORS	MEDICAL COORDINATOR, PROGRAM FOCAL PERSON	July 2025	MEETING VENUE, TRAINING MATERIALS,	STAFF WORK LOAD	BECOME KNOWLEDGABLE ABOUT THE SERVICES TO OFFER TO THE PEOPLE AND PATIENTS ESPECIALLY AFTER ATTENDING FORUMS OR ORIENTATIONS ON JULY/AUGUST AND OTHER TRAININGS TO WORK EFFICIENTLY AND EFFECTIVELY
			INTRODUCE, ORIENT, AND EDUCATE THE NEW PATIENT NAVIGATORS ON THEIR ROLES, DUTIES, MEDCHECK DASHBOARD USAGE AND DATA ENTRY	MEDICAL COORDINATOR	MARCH (DONE)	COMPUTER	LIMITED COMPUTER OR IT RESOURCES	EFFICIENT USE OF MEDCHECK DASHBOARD EFFICIENTLY. IMPROVED ENROLLMENT IN CSPMAP
	UPDATING CAF AND CSPMAP	TO ENSURE UP-TODATE AND ACCURATE CAF AND CSPMAP RECORDS	CONDUCT REGULAR MEETINGS WITH PHARMACISTS, SOCIAL SERVICE AND HOSPITAL INFORMATION SERVICE (HIS)	MEDICAL COORDINATOR, PHARMACIST, SOCIAL SERVICE, HIS STAFF,	June 2025	MEETING VENUE	NON-PARTICIPATION OF THE PEOPLE INVOLVE AND INCONSISTENT DOCUMENTATION PRACTICES	UPDATED AND ACCURATE DATA CAPTURE AND RECORDING
	NO ITEMS	TO MAINTAIN CONTRACT OF SERVICE OF THE CURRENT PATIENT NAVIGATORS	LOBBY FOR ITEMS, DRAFT PROPOSAL FOR CONTRACT EXTENSION OF ITEM CREATION	DOH, MEDICAL COORDINATOR, HR REPRESENTATIVE		CONTRACT TEMPLATES	LACK OF BUDGET ALLOCATION	PATIENT NAVIGATOR TO HAVE AN ITEM, CONTINUOUS SERVICE OF PATIENT NAVIGATORS
	LOW PATIENT AWARENESS REGARDING CSPMAP	TO RAISE PATIENTS' AWARENESS OF CSPMAP SERVICES AND THE AVAILABILITY OF THE FREE MEDICATIONS	INSTALL INFORMATIVE SIGNAGE AT OPD AND OTHER PUBLIC AREAS	MEDICAL COORDINATOR, PROGRAM FOCAL PERSON, NAVIGATOR	June 2025	BUDGET FOR ADVERTISING SIGNAGES	LIMITED FUNDS FOR THE AWARENESS CAMPAIGNS	INCREASED PATIENT AWARENESS OF CSPMAP SERVICES AND MEDICATION AVAILABILITY

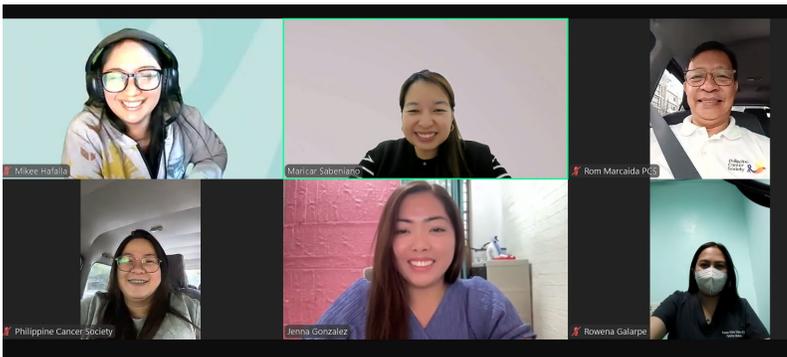
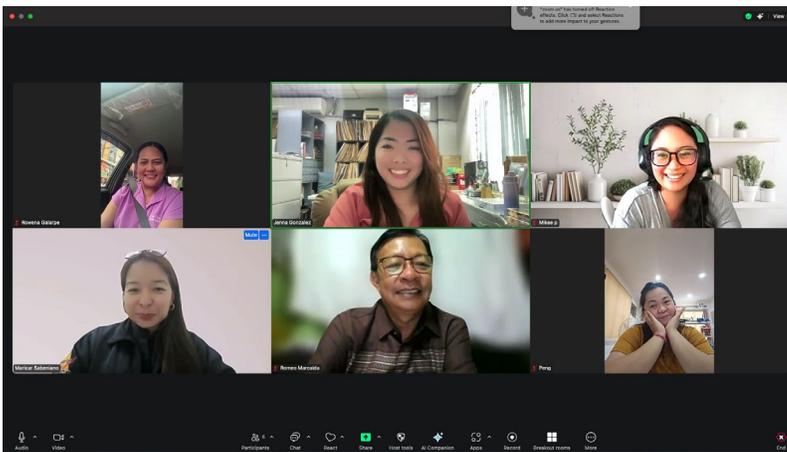
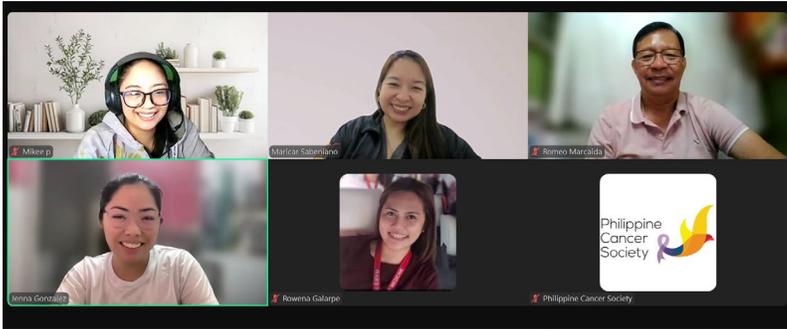
Jose B. Lingad Memorial Regional Hospital	1. Absence of regular annual CSPMAP orientation sessions and update meetings to ensure alignment with system and process changes	Ensure all relevant personnel are informed of the latest CSPMAP system updates, policies, procedures and standardize understanding and implementation of processes across departments and teams.	1. Organize and provide timely sessions to ensure updated protocols by coordinating with hospital leadership.  2. Deliver detailed training and briefing on the program, including the latest updates and procedural guidelines	Medical Coordinator, CSPMAP Patient Navigator, Events Coordinator	within 1 month	Meeting Venue and Presentation Materials	Scheduling conflicts, lack of manpower	Reinforce adherence to updated protocols and improve accountability through documented orientation and communication.
	2. Limited personnel availability	Ensure sufficient staffing levels to meet operational demands	1. Staff augmentation request	Medical Coordinator	within 1 month	Human Resource Request Letter	Budget Constraints	Workforce enhancement
	3. Insufficient dissemination and visibility of the CSPMAP program across patient and staff populations.	Implement comprehensive awareness and outreach strategies for the CSPMAP program.	1. Develop and disseminate visually engaging educational materials, such as infographics, to effectively communicate key information and raise awareness about the program. 2. Leverage hospital television systems to broadcast informational content and promotional materials aimed at increasing awareness and understanding of the CSPMAP program among patients and staff.	Medical Coordinator, CSPMAP Patient Navigator	within 1 month	Request Letter, Infographic Materials	Scheduling Conflicts	Increased awareness and understanding of CSPMAP among hospital departments
Lung Center of the Philippines	1. The Program is a new service and the awareness of the hospital staff is not fully established	To create awareness and marketing strategies of the cspmap in the hospital	increase awareness through creation of center order establishing officially the CSPMAP and SOP in the Hospital	cspmap coordinator/patient navigator/pharmacist	2 months	meeting venue; presentation materials	approval or Revisions of the Standard operating procedures	Implementation of the standard operating procedure of the program
	2. Inadequate Storage space (bioref, storage room, palettes, shelf)	To obtain adequate storage space	Include budget (PPMP) of the hospital	executive director; AMOU Department Manager; Head nurse/cspmap coordinator/pharmacist	1 yr	budget	inadequate budget allocation	adequate storage space
	3. Dissemination of CSPMAP program to patients/relatives	To improve cspmap information dissemination among cancer patients and their relatives	video presentation to be played in desired areas; brochures to be given to patients; posting of information in the website/Tarpaulin	cspmap coordinator/patient navigator/pharmacist/IT personnel/admin clerk	2 months	presentation materials	inadequate presentation materials	Effective Dissemination of the program to target audience
	4. Limited Stocks of cspmap medicines	To optimize access of stocks acquired from DOH	to reach out to other access sites for refill of stocks when buffer stocks reached atleast 20% - to create real time weekly inventory stocks	cspmap coordinator/pharmacist/patient navigator	2 months	bin cards	inadequate stocks from other hospitals	More CSPMAP medicines dispensed to patients and less likely delay of cancer treatment
Mariano Marcos Medical	Limited patient awareness and accessibility	Increase awareness and accessibility among cancer patients	Conduct awareness campaigns in waiting areas in the hospital	Hospital staff	3-6 months	Hospital circular, flyers, posters, social media	low attendance, weather and travel limitations	Higher patient enrollment in CSPMAP and increased early referrals
	Inadequate number of patient navigators	Expand the pool of trained patient navigators in the hospital	Train at least 3 nurses, pharmacist and social workers on navigation protocols and CSPMAP process	DOH and Philippine Cancer Society; HR departments in hospitals	1 year	training modules, training allowance, transportation	staff workload, funding for training	Increased capacity to guide and support patients through their treatment
	Overburdened oncology staff	Improve staffing ratios and support for oncology services	Request for additional cancer care staff	Hospital HR, DOH regional HR office, hospital director	1 year	salary budget, job descriptions, HR recruitment plan	national hiring freeze	reduce burnout, improved quality of patient care navigation
	Medicine stockouts or delays in supply	ensure consistent availability of CSPMAP-covered medicines	Implement monthly inventory reviews and link with DOH logistics for proactive replenishment	Hospital pharmacy department, procurement officer	start monthly checks as soon as possible	inventory system	funding cycles	reduced treatment delays and improved patient adherence

<b>Region 1 Medical Center</b>	1. CSPMAP still to launch	Officially launch and establish CSPMAP as a prioritized and recognized hospital program.	orientation of staffs/ employees and patients	medical coordinator and patient navigators	within 1 month	laptop, projector or smart tv and information education materials	under staff resulting delays in planning the event	launched and increased awareness of staffs and patients regarding the program
	2. Guidelines implementation to our hospital	officially document specific guidelines of CSPMAP to our Hospital	creating specific guidelines in reference with the administrative order no. 2022-0013	patient navigator and medical coordinator	within 1-2 months	doh guidelines	delays in document review	created specific cspmap guidelines to our hosp
	3. data entry/registration	100% entry/registration to medcheck	full forced data entry to medcheck by pn	patient navigator	next month	computer	understaff	100% entry to medcheck
<b>Region 2 Trauma and Medical Center</b>	<b>Program Structure &amp; Launch</b> CSPMAP and CAF not officially launched in several hospitals clinics (OPD), nearby Municipalities and Barangay.	Established CSPMAP and CAF program.	1. Coordinate with: -MCC and top management -Hospital Unit heads -Municipal and Barangay Officials.	1. MARY GAY B. BULIYAT, MD 2. MARK ANTHONY D. DUMELOD 3. CHAZELLE MAE BANDO 4. LEA MAE TAYABAN	With in 2-3 weeks	Venue Campaign Materials IEC materials Approved letters/request	Approval of the said activities, Funding Manpower	Official launching of CSPMAP and CAF programs among Hospital department and external department.
			2. Submit a project proposal for CSPMAP and CAF programs (DOH programs)	1. MARY GAY B. BULIYAT, MD 2. MARK ANTHONY D. DUMELOD 3. CHAZELLE BANDO 4. LEA MAE TAYABAN 5. Public Health Unit	With in 1 week	Project proposal IEC materials Financial plan CSPMAP enrollment registration	approval of financial plan delayed production of materials	Increased awareness and information dissemination of CSPMAP and CAF among hospital departments
	<b>Program monitoring</b> delayed CSPMAP and CAF inventory	Established a CSPMAP and CAF inventory	On time inventory and monitoring of accomplishment.	1. MARY GAY B. BULIYAT, MD 2. MARK ANTHONY D. DUMELOD 3. CHAZELLE BANDO 4. LEA MAE TAYABAN	monthly	CSPMAP monthly utilization reports CAF (FUR) reports	Workload	Accessible, efficient and available CSPMAP and CAF programs.
	<b>Program process and procedures</b> Fragmented procedure for CSPMAP and CAF availment	"User-friendly" process flow for availment of CSPMAP and CAF program	Creation of workflow for CSPMAP and CAF for client/staff  Submit Registration for CSPMAP Access site	MARK ANTHONY D. DUMELOD CHAZELLE BANDO LEA MAE TAYABAN	with in 4 weeks	Workflow diagram approved process	Workload	well defined and detailed flow for CSPMAP and CAF availment.
	<b>Program application</b> Delayed enrollment of patient	To enroll and apply CSPMAP training	On time enrollment and interview of patient to CSPMAP and CAF	MARK ANTHONY D. DUMELOD CHAZELLE BANDO LEA MAE TAYABAN	daily	Fast and reliable internet Computers Cellular phone prepaid load	Workload Disapproved request letters for CSPMAP (Rooms) focals Internet and Network signals (KMITTS) Manpower	On-time enrollment of patient to CSPMAP and CAF for better documentation.

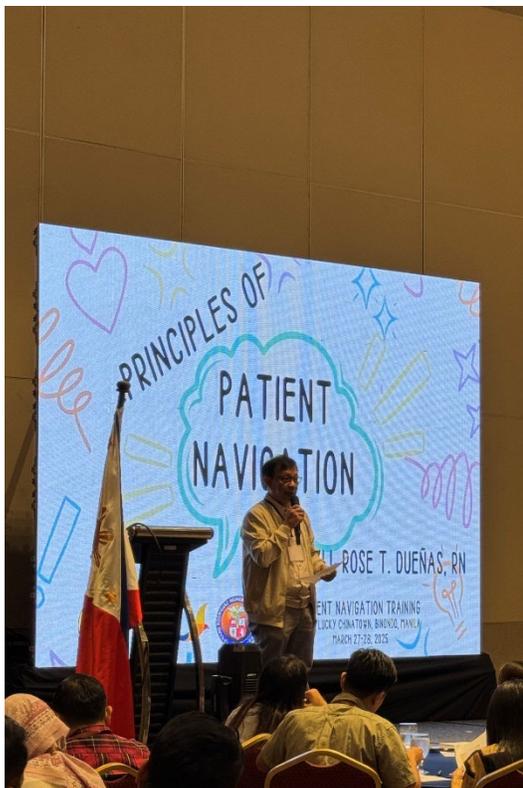
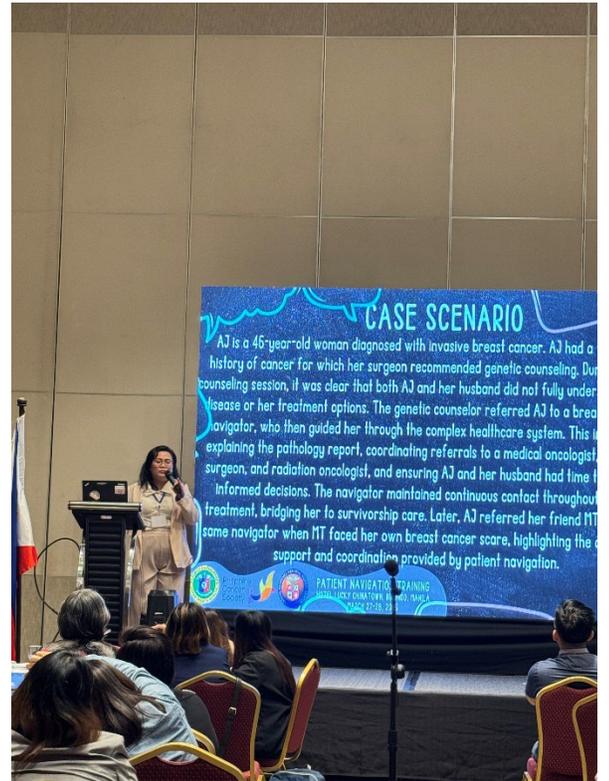
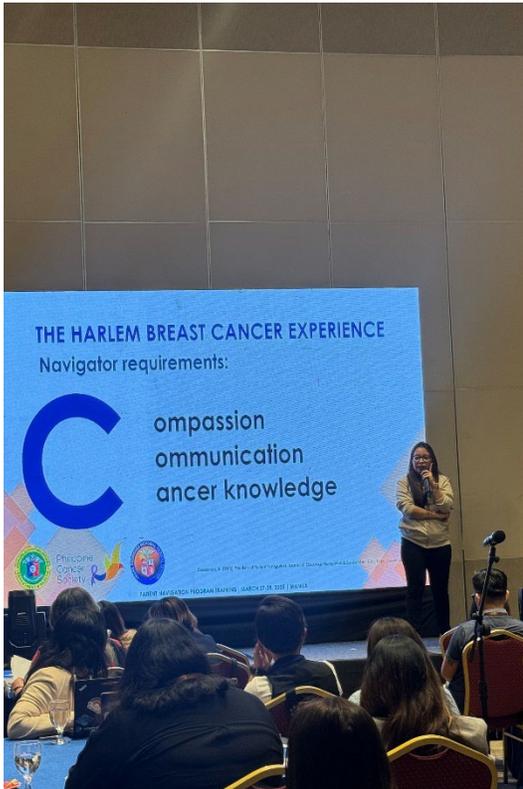
Vicente Sotto Memorial Medical Center	Overloaded functions of Patient Navigators (also acts as chemo nurse)	To have a dedicated patient navigator in all departments.	Hiring more patient navigators for every department and educating them on the role and duties of patient navigators.	PN focal person and CSPMAP coordinator	July 2025	VSMC HR personnel	1) No plantilla position for patient navigators.	Patient receive personalized guidance, reducing confusion and stress during their journey  Patient and families are better informed and connected to available services, improving overall care coordination.
	Geographic disparities (underserved areas, transportation challenges)	To reduce geographic disparities by improving transportation access thereby enhancing mobility, economic opportunities, and quality of life for patients	Coordinate with barangay officials and social worker for possible transportation allowance.	CAF focal person	September 2025	To coordinate with local CHD's and MSS for transpo budget.	Lack of public transit routes in rural or remote areas  Funding for building system can be expensive and hard to sustain	Increase access to healthcare and social service  Enhance public healthcare awareness.
	Insufficient education for patients and families regarding available resources and services.	To improve patient and family awareness and understanding of available healthcare resources and services, empowering them to make informed decisions and effectively access of the care they need.	To train healthcare providers and staff to effectively communicate resources information.	PHU and MSS	July 2025	Budget for advertising flyers	Navigating services and resources can be confusing without clear, simplified guidance	Patients and families access appropriate care and support services more effectively  Better informed patients make more confident and timely healthcare decisions  Awareness of available services leads to smoother navigation through the healthcare system.  Early intervention and consistent care contribute improved health status\
Western Visayas Medical Center	delayed/not enough supply of chemotherapy medications	Continuous supply of chemo medications to prevent delays in chemotherapy of all patients	1. Strict inventory of chemo medications weekly	onco-pharmacist	weekly		communication	adequate supply of chemo meds
	no point person to inform or request fast moving chemo medications	to prevent under/over supply of medications	Submit inventory of medications monthly and census	onco-pharmacist and patient navigator	monthly			adequate supply of chemo meds
Zamboanga City Medical Center	Low Medicine Supply for patients	Provide adequate supply of medicines needed by Cancer patients so that treatment will not be interrupted	1. submit a letter of request to CSPMAP for downloading sub-allotment funds to be used for procurement of medicines instead of providing medicines to the cancer site	Medical Coordinator, Medical Center Chief	1-2 months	N/A	disapproval of request	request granted to provide sub-allotment funds to the cancer site instead of providing the medicines
			2. invite more suppliers for frequent bidding	Medical Coordinator, Onco Pharmacist, Patient navigators in coordination with Procurement Office	2-3 months	N/A	failed bidding	increased number of bidders for the needed medicines
			3. request for regular delivery of medicines from CSPMAP central office (scheduled)	Medical Coordinator, patient navigators, onco pharmacist	1-2 months	N/A	procurement process	REGULAR delivery schedule of medicines from CSPMAP
	Difficulty in reaching out to patients for follow up	To be able to maintain communication with patients who are considered lost to follow up	1. reach out to different local leaders to help locate the patients and update contact information	Patient Navigators	3-6 months	N/A	cooperation of local leaders	Directory of barangay leaders to coordinate in case patients are unreachable
	Lacks resources such as refrigerator for medicine storage and computer units for navigators	provision of needed resources	1. submit letter of request to higher administration for approval of providing additional refrigerator for medicine storage and computer units for navigators	Medical Coordinator, patient navigators	1-2 months	N/A	Budget constraints	request letter approved for provision of additional ref for medicine storage and computer units for navigators

# Appendix F: Photodocumentation

## Project Meetings

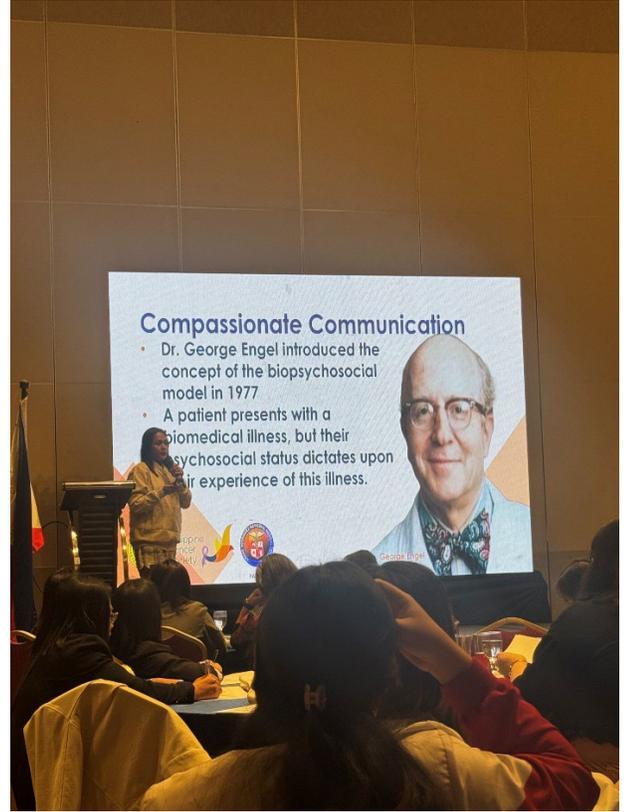


## March 27-28 Training and Workshop



















**Culminating Activity: Awarding of Certificates of Completion of Training and Special Awards**





















