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*"Transforming Systems to
Improve Healthcare for
All Filipinos"*

Improved health indicators in 9 municipalities

Maricar D. Tolosa

THE ZUELLIG Family Foundation aims to help local governments address existing health inequities in their municipalities so Filipinos, especially the poor, can have better health.

The Foundation selected an initial set of nine municipalities to pilot various programs aimed at improving health indicators of these towns. These health indicator targets are aligned with those of the 2015 Millennium Development Goals (MDG).

After a year-and-a-half of partnership, ZFF's cohort 1 of nine municipalities presented their progress reports last July 27-29. Their reports showed significant improvements, but the Foundation acknowledges that much still needs to be done if the municipality is to realize its 2015 targets and if these are to be fully felt and appreciated by majority of the constituents, especially the poor.

Through leadership trainings provided by ZFF, mayors' views on the importance of health changed with Dao, Capiz Mayor Joselito Escutin saying, "...people do value and appreciate health programs if delivered regularly and sustainably...and an expanded, innovative and responsive health program would greatly benefit a great number, if not all, of our constituents."

In his town, all detected cases of tuberculosis were cured while cases of diarrhea dropped by 38% from 2008 to 2009.

Dao, along with the eight other municipalities, involved their different stakeholders in discussing and planning for health through Community Health Summits. Through this activity, local leaders learned more about different issues, problems and possible solutions from community leaders, volunteers and representatives of different business and government and non-government organizations. Plans and programs were then drawn up and a number of them implemented.

Among the actions the mayors have undertaken are increasing the budget for health, reactivating the Local Health Board and expanding its membership, providing honorarium to Barangay Health Workers, and enrolling more indigents to Philhealth.

The municipalities adopted innovative maternal health programs, including the masterlisting of all pregnant women and using the pregnancy databoard to constantly monitor the status of pregnant women. ZFF-funded health facilities also improved access to healthcare, with municipalities reporting increased patient consultations.

Despite these developments however, the Foundation still sees a number of important issues that need to be addressed by the municipalities. These include reducing child mortality, particularly those due to pneumonia and malnutrition, decreasing cases of diarrhea, tuberculosis, pneumonia and other diseases, and strengthening the barangay health system (BHS) to ensure programs reach the grassroots level.

Mayors' Realizations

"Quality healthcare service for my people is their right."

---Datu Paglas Mayor Mohamad Paglas



"Admittedly before, I was contented with what my MHO (*Municipal Health Officer*) tells me, her needs and the support she wants from me, and on my part as long as I could provide it, then problem solved... another department and another problem waiting. Lack of focus and follow through (failed) to sustain the program."

---Dao, Capiz Mayor Joselito Escutin



"With the help of ZFF, by learning Bridging Leadership, I realized now that health should be given top priority. People should be physically fit in order to be productive and effective."

---Gen. S.K. Pendatun Mayor Boniao Kali



12 municipalities from regions with serious health issues form Cohort 2

Maricar D. Tolosa

TWELVE more municipalities were recently added to Zuellig Family Foundation's partnership program.

Although coming from regions that have serious health issues (see *Table B*), the local chief executives of these towns have taken pro-active stance in solving their respective municipalities' critical health problems.

It is their drive and willingness to really work for better health outcomes that their municipalities were chosen by ZFF (see *Table A*). For example, in Prieto Diaz, an ordinance authored by the newly-elected mayor when she was still a provincial board member disallowed home births not assisted by skilled health personnel. In Lapuyan, cargo trucks are used to transport sick people for lack of ambulances, and despite their meager funds, the municipality fully implements the Magna Carta for Public Health Workers. The presence of Moro rebels in Tungawan has not stopped the mayor from pursuing health programs and he has succeeded in having over 5,000 Philhealth enrollees since getting elected in 2007.

Among the challenges they face are insufficient funds; lack of competent health personnel and good health facilities; zero ambulance; bad infrastructure that prevent quick and efficient delivery of health services; and cultural beliefs that prevent the full implementation of some health-care programs.

Table B shows the high maternal mortality ratio of the towns of Bulalacao (233), Cajidiocan (242), Pilar (315), Prieto Diaz (260), Pinabacdao (301) and San Pablo (779) which also has a high infant mortality rate at 26.4. San Fernando and Prieto Diaz both reported high prevalence rate of tuberculosis at 521 and 280, respectively.

While the country's average for proportion of births attended by skilled personnel is at 72.9, Bulalacao (18.2), Prieto

Diaz (8), and Daram (39) show alarmingly low proportions.

In choosing these 12 municipalities, the Foundation looked into each mayor's



Samar Mayors Mario Quijano (Pinabacdao) and Lucia Astorga (Daram) answer questions of ZFF Trustees during the final selection workshop

track record, capabilities and working relationships with their health officers. From 191 nominated municipalities across the country, the list was trimmed down to 27 based on initial studies done. Further evaluation was done during actual visits to the shortlisted municipalities.

The 12 municipality mayors were then invited last July 23 to the final selection workshop where they faced questioning by the Foundation's board of trustees. After the probing, the 12 were formally accepted by the Foundation as partners—forming Cohort 2—for the next two to three years.

Among the benefits of the partnership are leadership trainings and workshops; funding for the construction of health facilities plus medical equipment; holding of community health summits and other health activities; and implementation of appropriate innovative health programs

to improve health indicators and outcomes.

In working with these municipalities, the Foundation aims to do its share in helping the Philippines attain its Millennium Development Goals on health by 2015. Targeting to work with 50 municipalities between 2009 and 2013, Cohort 2 brings ZFF's partner-municipalities to 21.

These municipalities will be closely monitored by the Foundation to make sure programs have been effective in reducing health inequities; enhancing health information systems; improving health indicators particularly maternal mortality ratio, infant mortality rate, malnutrition rate and infectious diseases; and improving water, sanitation and hygiene systems.

Table A. Criteria for selection of municipalities

- ◆ High disease burden (maternal mortality ratio, malnutrition prevalence, sanitation & infectious diseases)
- ◆ Undermanned and incomplete health facilities
- ◆ Mayors and Municipal Health Officers committed to improving the health status of the poor

TABLE B. Health indicators of Cohort 2 municipalities vis-a-vis RP's (as of 2008) and Millennium Development Goals targets for 2015

	Maternal Mortality Ratio ^A	Infant Mortality Rate ^B	Tuberculosis Prevalence Rate ^C	Tuberculosis mortality ^D	Proportion of households with access to safe drinking water ^E	Proportion of households with access to sanitary toilet ^F	Proportion of births attended by skilled health personnel ^G
MDG (2015)	52.3	19.0	0	0	86.8	83.8	100.0
RP (2008)	162.0	24.0	151.8	33.0	80.2	86.2	72.9
Region IV-B (Mimaropa)							
Bulalacao, Oriental Mindoro	233.0	1.2	126.0	no data	100.0	46.2	18.2
Cajidiocan, Romblon	242.0	17.0	no data	no data	80.6	35.0	91.8
San Fernando, Romblon	0.0	17.9	521.0	34.0	87.2	51.2	no data
Region V (Bicol)							
Minalabac, Camarines Sur	99.0	1.0	no data	no data	49.3	82.0	50.8
Pilar, Sorsogon	315.0	1.6	no data	no data	77.7	52.6	46.5
Prieto Diaz, Sorsogon	260.0	0.0	280.0	15.0	70.0	75.0	8.0
Region VIII (Eastern Visayas)							
Daram, Samar	no data	10.5	49.8	no data	66.2	47.0	39.0
Pinabacdao, Samar	301.0	3.0	no data	20.0	no data	55.0	no data
Region IX (Zamboanga Peninsula)							
Leon Postigo, Zamboanga del Norte	0.0	3.7	120.0	no data	83.8	85.9	no data
Lapuyan, Zamboanga del Sur	0.0	0.0	no data	no data	no data	no data	no data
San Pablo, Zamboanga del Sur	779.0	26.4	no data	no data	81.0	79.5	43.6
Tungawan, Zamboanga Sibugay	126.0	2.5	no data	31.0	no data	no data	no data

Source: Field Health Service Information System (FHSIS) Annual Report submitted by municipalities to the Department of Health

^ANo. of maternal deaths
No. of deliveries x 100,000

^BNo. of infant deaths
No. of deliveries x 1,000

^CNo. of TB cases
Total Population x 100,000

^DNo. of deaths due to TB
Total Population x 100,000

^ENo. of HH w/access to
safe drinking water
Total no. of HH x 100

^FNo. of HH w/access
to sanitary toilet
Total no. of HH x 100

^GNo. of births attended by
health personnel
Total no. of deliveries x 100

What are Millennium Development Goals?

THE SET of Millennium Development Goals is an offshoot of an agreement by world leaders during the September 2000 UN Millennium Summit to work towards reducing poverty, securing peace, ensuring environmental sustainability and promoting global partnerships for development. There are eight goals, and for each goal there are one or more time-bound and measurable targets that have to be met by 2015.

The goals are: (1) eradicate extreme poverty and hunger; (2) achieve universal primary education; (3) promote gender equality and empower women; (4) reduce child mortality; (5) improve maternal health; (6) combat HIV/AIDS, malaria and other diseases; (7) ensure environmental sustainability; and (8) develop a global partnership for development.

The Foundation's concern is on the health MDG's. Under Goal #4, the target is that by 2015, under-five mortality ratio and infant mortality rate have been reduced by two-thirds from their 1990 levels i.e. 80 to 26.7 and 57 to 19, respectively. For Goal #5, the target is to reduce by three quarters the maternal mortality ratio from 209 in 1990 to 52.3 in 2015. There is also the target to raise proportion of births attended by skilled health personnel from 58.8 in 1990 to 100 in 2015. Under Goal#6, the target is to reduce tuberculosis prevalence from 246 in 1990 to zero in 2015. Death rate due to tuberculosis must also go down from 39.1 to zero in the same period.

2008 & 2009 health indicators of Cohort 1

THE ZUELLIG Family Foundation held the fourth and last module of the Health Leaders for the Poor program last July 27-29 for its first batch of partner municipalities or what ZFF calls Cohort 1 (see related story on page 5). These municipalities are made up of fourth and fifth class municipalities in Luzon, Visayas and Mindanao.

During the last module, each municipality was asked to present the current health situation of their municipalities. Below are some of the highlights of their reports.

	 2008 / 2009	 2008 / 2009
Sta. Fe, Nueva Vizcaya	<ul style="list-style-type: none"> - Death rate associated with tuberculosis: 6.49 / 0 - No. of midwives: 3 / 4 - No. of barangay health workers: 16 / 52 - Philhealth enrollment (no. of families): 1,500 / 2,200 	<ul style="list-style-type: none"> - Proportion of births attended by skilled health personnel: 72.81 / 56.95 - Number of medical technicians: 1 / 0
Dingalan, Aurora	<ul style="list-style-type: none"> - Maternal Mortality Ratio: 182 / 0 - Infant Mortality Rate: 9.14 / 5.86 - Proportion of births attended by skilled health personnel: 51.91 / 72.07 - No. of Malaria cases: 90 / 21 	<ul style="list-style-type: none"> - Malnutrition rate: 17.91 / 21.53 - Health facility not accredited by Philhealth
Padre Burgos, Quezon	<ul style="list-style-type: none"> - Infant Mortality Rate: 4.76 / 0 - No. of Diarrheal cases: 72 / 51 - Proportion of births attended by skilled health personnel: 11.90 / 20.37 - Death rate associated with tuberculosis: 10.06 / 4.97 	<ul style="list-style-type: none"> - No. of Malnourished: 70 / 80 - No. of Deaths due to Pneumonia: 4 / 6
Dao, Capiz	<ul style="list-style-type: none"> - Malnourished children, No. of Below Normal-Very Low cases: 32 / 23 - No. of Diarrheal cases: 107 / 81 - Philhealth enrollment (no. of families): 1294 / 2122 - Health Budget: ₱1.46M / ₱3.84M - Barangay health worker honorarium per month: ₱100 / ₱300 	
Bacolod, Lanao del Norte	<ul style="list-style-type: none"> - No. of midwives: 12 / 13 - Provision for subsistence allowance and hazard pay - Zero Maternal Mortality Rate, 2008 to 2010 (Jan-June) 	<ul style="list-style-type: none"> - No. of infant death: 0 ('09) / 1 (Jan-June 2010) - No. of severely underweight children: 36 ('09) / 88 (Jan-June 2010)
Datu Paglas, Maguindanao	<ul style="list-style-type: none"> - Infant Mortality Rate: 1.18 / 0 - No. of diarrheal cases: 945, 2 deaths / 494, 1 death - No. of Pneumonia cases: 331 / 169 - No. of Tuberculosis cases: 68 / 18 - Philhealth enrollment (no. of families): 7,250 (2009) 	
Gen. S.K. Pendatun, Maguindanao	<ul style="list-style-type: none"> - Maternal Mortality Ratio: 2.6 / 0 - ₱5,000 honorarium for 10 barangay health workers 	<ul style="list-style-type: none"> - Malnourished children, No. of Below Normal cases: 417 / 577 - Infant Mortality Rate: 7.05 / 19.00
Paglat, Maguindanao	<ul style="list-style-type: none"> - Maternal Mortality Rate: 4 / 0 - Health Budget: 5% to 8% of 20% of IRA - Provision of honorarium for barangay health workers (17 active BHWs) 	<ul style="list-style-type: none"> - Infant Mortality Rate: 2 / 7.8
Sultan sa Barongis, Maguindanao	<ul style="list-style-type: none"> - Maternal Mortality Ratio: 207 / 0 - No. of diarrheal cases: 664 ('09) / 248 (Jan-June '10) - Philhealth enrollment (no. of families): 2,700 - ₱500 honorarium per month for barangay health workers 	<ul style="list-style-type: none"> - Infant Mortality: 1 ('09) / 1 (Jan-June 2010)

Upgraded skills for front-line workers

Rocio Paloma

AT THE FOREFRONT of local health initiatives are midwives and barangay health workers (BHWs). For them to be able provide good health services, especially to the poor, they must be equipped with the proper medical skills and knowledge.

Thus, the Zuellig Family Foundation came up with the “Continuing Professional Education (CPE).” A core program of the Foundation, the CPE is targeted at upgrading the knowledge and skills of BHWs and midwives as well as community leaders in medical services and emergency and disaster preparedness and response.

Last June, midwives and BHWs from the Foundation’s Maguindanao municipalities—Datu Paglas, Gen. S.K. Pendatun, Paglat and Sultan sa Barongis (SSB)—attended the CPE held in Tacurong City with participants from SSB braving floodwaters to make it to the training.

The training involved theoretical discussions and practical application of skills in basic life support, first aid, simple suturing and intravenous therapy.

The design of the CPE was based on a ZFF research on health human resources that showed a great need for relevant knowledge and skills in health data gathering, disease prevention and control, and emergency health services during times of disasters and disease outbreaks. It is not uncommon for these responsibilities to fall on BHWs and midwives who usually lack proper medical trainings. It thus becomes imperative for these medical front-liners to improve their skills to ensure better delivery of services especially to the poor Filipinos.

To date, ZFF has conducted 16 CPEs. Twelve of these were Pandemic, Emergency and Disaster Preparedness and Response programs given to community leaders of targeted communities held in partnership with non-government organizations such as Synergeia Foundation, Unang Lingap Kapwa and NGO networks such as Center for Community Transformation (CCT) and Code-NGO.



Health Information System for Cohort 1

Sherwin Pontanilla, M.D.

RIGHT information is vital when formulating health plans and implementing programs. So when Zuellig Family Foundation found out that most of its cohort 1 municipalities’ data were either lacking or inaccurate, the Foundation decided to remedy the situation by introducing what it calls the “Health Information System.” Designed to help ease and organize data collection and consolidation, it is aimed at enabling municipalities obtain more credible and useful municipal data on health.

Last July 29, during the culmination of the Fourth Module of the Health Leaders for the Poor for Cohort 1, the hardware component of the System was distributed to the nine municipalities. Each hardware set costs P35,000 and consists of one laptop unit, one printer, an internet broadband prepaid kit and a licensed operating system.

The Foundation has also started installing the software for the System with three municipalities having already received them. Following installation, it is expected that municipal-level data would tally with those at the barangay levels; errors due to difficulty in reading handwritings will be minimized; and going through piles of paper to find information will be avoided.

Donated hardware will also be used for its planned partnership with Salus Healthcare Informatics Inc. for the Patient Safety Advocacy Program. Under this program, the Foundation will distribute to the municipalities Salus’ SalveoRx, an electronic prescription pad providing doctors on-the-spot access to a drug formulary containing a comprehensive list of drugs available in the market. SalveoRx provides alerts about drug interaction and contraindication, thus helping avoid mistakes during prescription writing and ensuring patient safety.



Top photos show midwives and barangay health workers from Maguindanao practice basic life support skills on a baby doll (topmost photo) and among co-participants. Right photo shows mayors & municipal health officers sign the deed of donation for the Health Information System hardware.

RECAP: ZFF's Activities

JANUARY

First Philippine Health Outlook Forum, Makati City

Held to present issues affecting our country's health sector and provide key decision-makers with relevant information useful in crafting equitable health policies. Both the private and public sector were well-represented in the Forum that had in attendance then Health Secretary Esperanza Cabral.

Inauguration of the renovated Rural Health Center in Dao, Capiz

Built in Barangay Ilawod (Poblacion), the Center serves as main catchment area of the entire municipality.

Inauguration of the newly-built Birthing Unit in Sta. Fe, Nueva Vizcaya

Built in Barangay Baliling, the facility serves six out of Sta. Fe's 16 barangays.

FEBRUARY

Inauguration of the newly-built Barangay Health Station in Padre Burgos, Quezon

Built in Barangay Walay Katorse, the facility serves five out of 22 barangays.



Inauguration of the newly-built Barangay Health Station in Bacolod, Lanao del Norte

Built in Barangay Babalaya, the facility serves one out of 16 Barangays.

Health Leaders for the Poor: Module 3 (Cohort 1), Makati City

Entitled "Adaptive Capacities," the training also tackled conflict management.



MARCH

National Convention of HLMP Fellows, Manila

Sixty-two Fellows of the Health Leadership and Management for the Poor attended the two-day event and together pledged to adopt more sustainable programs to improve the health status of Filipinos.



Topmost photo shows the old barangay health station in Bacolod Lanao del Norte while below it is the newly-built station. Photos from left to right are other ZFF-funded health facilities in Dao, Capiz, birthing clinic in Sta. Fe, Nueva Ecija and health station in Padre, Burgos.

RECAP: ZFF's Activities

Continuing Professional Education: Disaster & Pandemic Preparedness & Response Program in Dumaguete, Negros Oriental and Tagbilaran City, Bohol

The two workshops were for member organizations of the Caucus of Development NGO Networks (CODE-NGO). The Dumaguete workshop had 37 participants while Tagbilaran City had 31.

Inauguration of the different health facilities in four municipalities in Maguindanao

Inaugurated were a birthing unit in Barangay Alip, Datu Paglas, a health station each in Barangay Ramcor, Gen. S.K. Pendatun(GSKP) and Barangay Bulod, Sultan sa Barongis(SSB) and a newly-renovated municipal health center in Barangay Paglat, Paglat. Expected beneficiaries of these facilities are 12,000 residents of the barangays where these are located as well as more than 40,000 residents of nearby barangays.

APRIL

Continuing Professional Education: Disaster & Pandemic Preparedness & Response Program in Calapan City (Oriental Mindoro), Naga City (Camarines Sur) & Legazpi City (Albay)

At least 150 community leaders and health volunteers attended these workshops.

Health Youth Leaders Congress, Davao

Twenty-four student leaders from Mindanao, mostly enrolled in medicine and other allied health courses attended this program aimed at teaching students about health issues of the country and enhancing their leadership skills by introducing the Bridging Leadership framework.

MAY

HLMP-Module 1, Batch 5, Manila

Twenty senior health officials, including two regional directors, comprised the fifth batch of HLMP Fellows. Also in attendance were senior DSWD officials from Region IX-Zamboanga Peninsula.



Photo shows students from different schools in Mindanao participate in an activity during the Health Youth Leaders Congress held in Davao City

(next page please)



Photos from left to right are the ZFF-funded health facilities in Sultan sa Barongis, Datu Paglas and Gen. S.K. Pendatun. All are in the province of Maguindanao.

ZFF gets 5-year PCNC certification

FOLLOWING deliberations by the board of the Philippine Council for NGO Certification (PCNC), the Zuellig Family Foundation was granted a five-year certification for donee institution status.

Such status allows local donors, whether individual or corporate, exemption from donor's tax and allows donated amount to the Foundation to be deducted from their taxable incomes. Based on the Philippine Tax Code, the cap for deductibility is 10% for individual donors and 5% for corporate donors.

A PCNC accreditation is also a "seal of good housekeeping."

The country has seen the number of foundations rise dramatically through the years. With this came the proliferation of bogus foundations and ones that were put up solely to avoid paying taxes.

In response to a challenge by the Department of Finance for NGOs to form a self-regulatory body that can attest to the legitimacy, accountability and transparency of NGOs, six of the country's largest NGO networks formed the PCNC.

A PCNC accreditation is necessary for the Bureau of Internal Revenue to issue a certificate of donee institution status.

To get the accreditation, Zuellig Family Foundation's operations, policies, guidelines and finances underwent close scrutiny by PCNC representatives who evaluated the Foundation based on its mission and goals, adequacy of resources, effectiveness of policies, systems and guidelines in implementing programs, and ability to monitor programs and ensure organizational sustainability.

(cont.) RECAP: ZFF activities

JUNE

Continuing Professional Education for Barangay Health Workers and Midwives in Maguindanao

Over 100 participants from ZFF's four cohort municipalities in Maguindanao completed this program.

JULY

Bridging Leadership & Alliance Building Workshop for Zamboanga health Champions, Zamboanga City

Representatives from the Region's DSWD, DOH, Academe and Philhealth attended this two-day event where existing health inequities were discussed and collaborative actions and partnerships urged to improve health outcomes especially for poor Filipinos.

Final Selection Workshop for Cohort 2 municipalities, Makati City

Mayors from 12 municipalities chosen to partner with ZFF attended the workshop where they faced questioning by the Foundation's Trustees.



OUR VISION

To be a catalyst for the achievement of better health outcomes for the poor through sustainable healthcare programs and services, with a primary focus on health inequities in rural areas of the Philippines

OUR MISSION

To enhance the quality of life of the Filipino by focusing on the achievement of targets in the country's Millennium Development Goals for health, in partnership with government and other stakeholders in the health sector

OUR GOALS

- Empower and build the capability of communities and individuals
- Train local health leaders to establish equitable and effective local health systems and to be responsive and accountable for better health outcomes for the poor
- Disseminate information to health leaders and professionals as well as to healthcare institutions
- Advocate equitable policies in public health
- Form partnerships with other agencies
- Establish better access to affordable, high-quality essential medicines for poor communities

2008-2009 ANNUAL REPORT

**Reaching
Empowering
Changing**

Transforming the Philippine Health Care System

For more information about the Zuellig Family Foundation, visit our website at www.zuelligfoundation.org where you can also download copies of the Proceedings of the First Philippine Health Outlook Forum and our 2008-09 Annual Report.

