

A year ago, Ambassador Romulo and I spoke to this body about the Philippine health system. Unfortunately, super typhoon Haiyan struck a few days earlier, and the visit became an appeal to respond to the victims of typhoon Haiyan.

Prior to Haiyan, the Foundation partnered with 26 municipalities in the Samar Island under our health leadership and governance programs with partners like the Merck, Sharp & Dohme, through its “Global Giving Program for Mothers,” and the United Nations Population Fund or UNFPA.

Because of these partnerships, we were able to immediately provide relief assistance to our directly hit partner municipalities in Eastern Samar: Giporlos, Salcedo, and General MacArthur.

Extent of damage, however, led our Foundation to expand the partnership to nine more municipalities in the southern portion of the Samar Island. Mayors in these municipalities committed to

participate in the health leadership and governance program and re-establish their maternal and child health services.

Our focus in the 12 Samar Island municipalities was mainly due to the area's poverty incidence of 59.4%, which is higher than the regional average of 45.4% based on the 2012 National Statistical Coordination Board data. Livelihood in these municipalities is limited to subsistence farming and fishing. In the 12 targeted municipalities, the typhoon affected more than 62,000 families and felled coconut trees, the main source of subsistence income.

Also, 100% of health facilities in the area were severely damaged. The rural health units identified almost 3,000 pregnant women by January 2014. Without direct interventions, it is most likely that maternal and child health outcomes will deteriorate in a post-disaster situation.

As a Foundation working with municipalities to improve maternal health outcomes, we were faced with a serious question:

How do we ensure mothers will be encouraged to seek appropriate and timely health services despite the devastation?

The Foundation did a quick assessment of other organizations on the ground providing relief assistance, cash for work programs, repair of health facilities, child protection and quick resumption of classes. We wanted to complement these, and at the same time, respond to UNFPA's call for the support of pregnant and expectant mothers, who may be potentially at risk of childbirth complications. With funds channeled to us by the US-Philippines Society amounting to \$463,796, the Foundation proceeded to implement a recovery assistance program for mothers in the 12 municipalities.

The program was implemented from January to July 2014. The objective was to ensure pregnant and lactating women seek health services. To reach mothers at the village level, we sought the help of microfinance institutions in the area—the Center for Agriculture and Rural Development and the Center for Community Transformation.

To launch the program, we conducted health summits for pregnant women in all 12 municipalities. Almost 2,200 pregnant and lactating women attended these.

While mothers are the focus of the program, we recognized that frontline health workers were also victims, who likewise needed assistance. We provided mobile health equipment for them and incentivized midwives and village health workers to track and identify each pregnant and lactating woman in their communities.

We incentivized pregnant and lactating mothers to have checkups and deliver in facilities, to breastfeed during postpartum, and to have their infants vaccinated. Mothers received \$6 dollars for every natal checkup, \$23 dollars for normal deliveries, and \$57 dollars for caesarean deliveries.

To ensure that health services are re-established for the better, the mayors and municipal health officers underwent health leadership and governance training, while both the Foundation and the

Department of Health monitored and coached them in local health system improvements.

By the end of the program last July, more than 4,200 mothers received incentives for every maternal health service they availed in the health centers. Of these, around 1,700 mothers delivered in the health facilities, with 138 mothers giving birth by cesarean section in the nearest hospitals in Guiuan and Tacloban City.

In terms of health outcomes, there was a marked increase in the percentage of facility based deliveries, from 78% in 2013 to 92% by the end of the program. The percentage of deliveries attended by skilled birth attendants rose from 80% in 2013 to 95%. The increases in facility based deliveries and births attended by health professionals are more than the national target of 90%.

These results were validated by the health workers, who expressed surprise at the surge of mothers who sought health services. This is because typically, most mothers do not go to health

centers for checkups unless they are gravely ill, or they refuse to go to hospitals for complicated deliveries because they cannot afford it.

These results prompted some of the mayors to continue a similar program. Together with the Eastern Samar provincial office of the Philippine Health Insurance Corporation or PhilHealth, some of the local government units issued ordinances to sustain the incentives program. Out of the \$93 dollars that a health facility receives for every mother that gives birth, \$34 dollars will go to mothers as cash incentive.

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While there were no officially reported deaths during the program period, there was a mother who died from post-partum complications, but whose death was officially reported and counted in Tacloban City. While she was able to receive prenatal checkups, and even gave birth in a private lying in clinic, her family decided to travel back to their home in an island village, despite doctor's advice.

A day later, she developed an infection, and by the time she was brought to a hospital in Tacloban City, it was already too late. There is also an unverified report of a mother who died at home during childbirth, but this is still subject to maternal death reviews by the municipal and provincial health officers.

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The lessons and experiences in implementing a recovery assistance program for mothers highlighted the need for a more resilient health system, wherein the local government units, the health workers, and the communities are prepared to ensure that risks and impacts are zero to minimal before, during, and after a disaster.

Resiliency is not only applicable to disaster preparedness, and architecturally and structurally sound health infrastructure. It is ensuring continuous delivery of services especially to most vulnerable groups, and addressing social determinants that affect

their behavior. Most importantly, it requires functioning coordination mechanisms with other local governments and partners before, during, and after disasters. It is the ability of the governance structure and health systems to anticipate, prepare, adapt and transform to any systemic shocks, and bounce back better.

A way for us to introduce this framework of resiliency in our partner municipalities is through the ongoing work of piloting the development of resilient health systems in cooperation with the UNICEF Philippines, Manila Observatory, and other partners.

Our work of improving leadership and governance is our contribution to making it possible to have resilient local health systems in the country. To be resilient is to ensure that local governments will be able to reduce the vulnerabilities of groups like mothers and their children. By reducing vulnerabilities, the local government will be able to minimize inequities in any post-disaster situation. This is possible by putting in place resilient and responsive development programs that would address not only health concerns,

but also social protection, education, shelter, livelihood, and incomes.

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