



MLGP Module One

Introduction to HLGP and MLGP



Session Objectives

By the end of the session, the participants will be able to:

1. Discuss HLGP as a replication strategy that involves the adoption of the ZFF Health Change Model to improve health outcomes; and
2. Discuss the MLGP as a capacity building intervention for local health leaders to transform their municipal health systems



MLGP Module One

The ZFF Experience and the Beginnings of HLGP



Introduction to ZFF

VISION

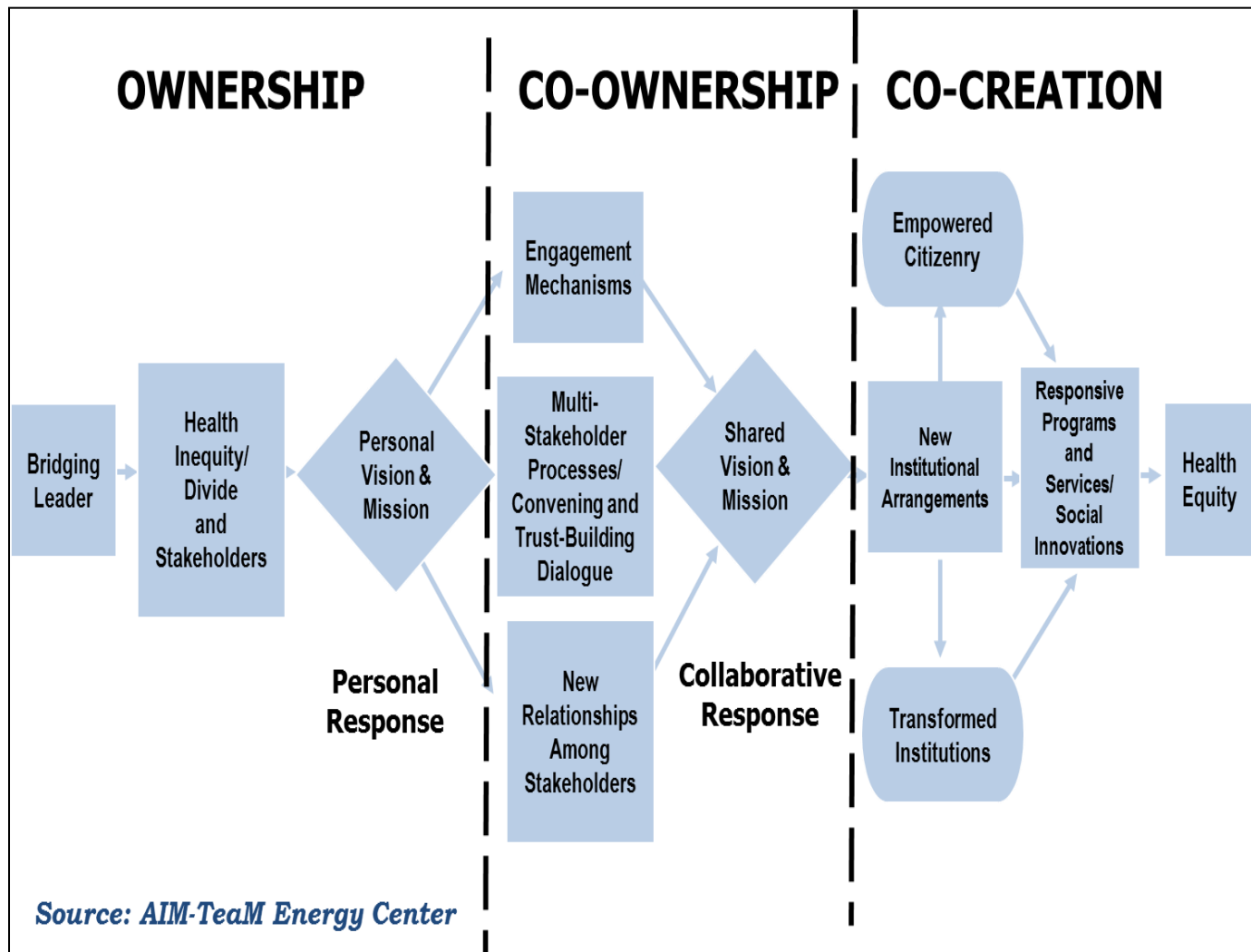
To be a **catalyst** for the achievement of **better health outcomes** for the poor through sustainable healthcare programs and services, with a primary focus on **health inequities** in rural areas of the Philippines

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



ZFF Development Strategy: The Health Change Model and the Bridging Leadership Framework





Framework of Intervention

STRENGTHEN

HEALTH LEADERSHIP AND GOVERNANCE

- Municipal Accountability
- Barangay Accountability
- Coaching, Mentoring and Monitoring

QUALITY AND RESPONSIVE HEALTH SERVICES

HEALTH EMPOWERMENT AND ENTITLEMENT EDUCATION

Improved Health Indicators

ENHANCE

SUPPLY SIDE

- Human Resource
- Facilities
- Medicines
- Innovative Programs

INCREASE

DEMAND SIDE

- Health Seeking Behavior

INCREASED UTILIZATION OF RELEVANT HEALTH PROGRAMS AND SERVICES



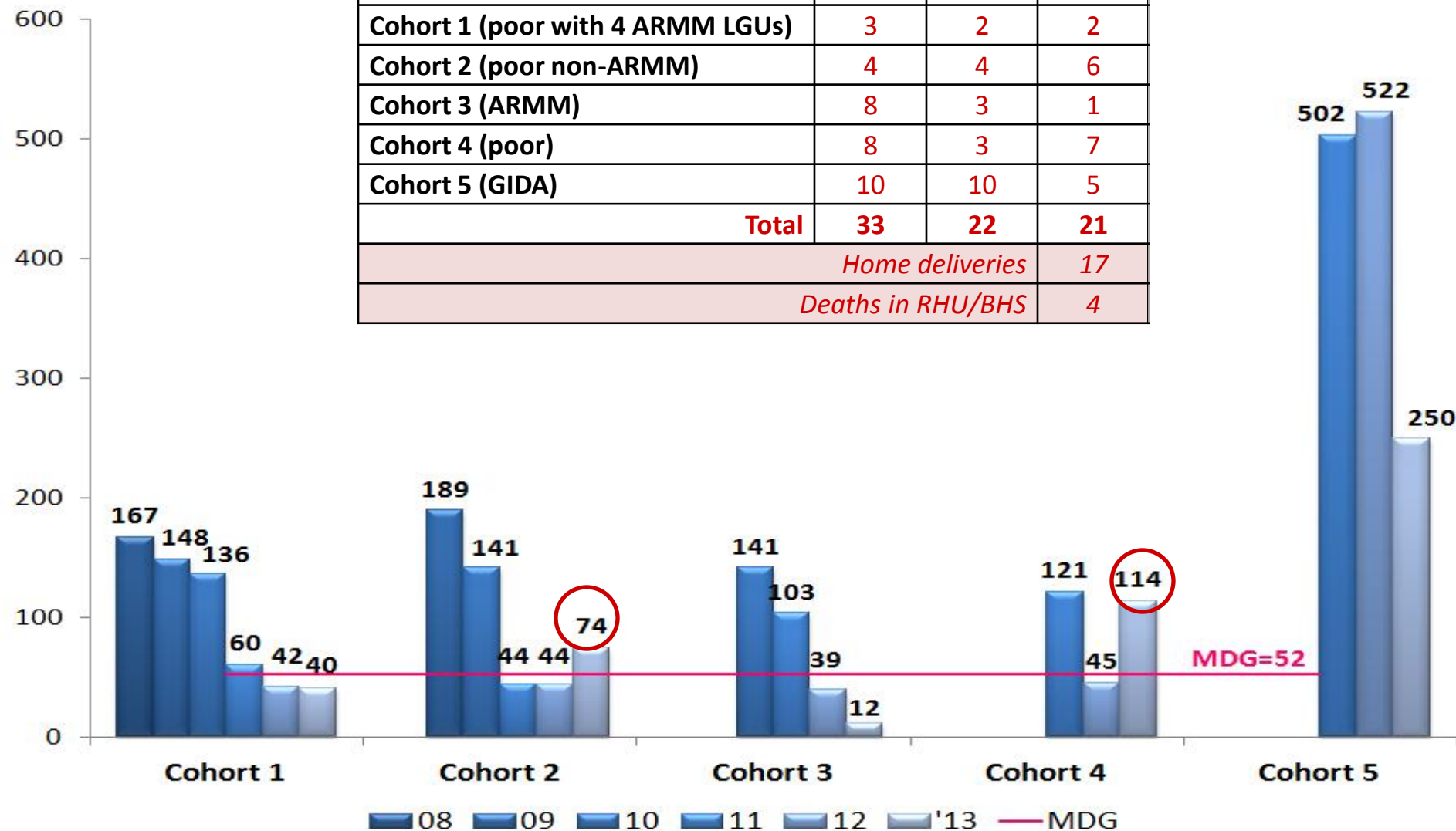
Municipal Basic Health Systems Technical Roadmap

Municipal Basic Health System's Technical Roadmap

Leadership & Governance		Health Financing		Health Human Resource		Access to Medicine & Technology		Health Information System		Health Service Delivery			
Municipal Health Governance	Municipal Health Action Plan	Health Resource Generation and Management	LGU Budget for Health (15% IRA)	RHU and BHS Resource management	RHU HHR Adequacy at the RHU (MD 1:20,000) (Nurse 1:20,000)	Presence of Essential Medicine at the RHU (Stock Basis)	Accomplished Baseline Data Collection	Barangay Health Infrastructure	Presence of Brgy. Health Station (1 BHS:1 Barangay or 1 BHS per Catchment)				
			Actual budget Utilization (95% Utilization)						RHU HHR Competency	Maintenance and Operations			
	Expanded and Functional Local Health Board		BLGU Health Budget (5% of Barangay IRA)						Full Implementation of Magna Carta for Public Health Workers	Regular Data Gathering and Recording	Utilization		
											Available and Accessible Transportation for Emergency		
Barangay Health Governance	Functional Barangay Health Governance Body (with functional CHT)	Local Philhealth Administration	4-in-1 Accreditation	RHU and BHS Resource management	Installed Performance Management System	Drug Management System	RHU Medicine Tracking and Inventory System	Maternal and Child Care	Sustainable Maternal Health Care Initiatives				
			Regular IEC for Enrolled Indigent (for Q1 and Q2)						Health Human Resource Adequacy in BHS (1 Midwife: 1 Brgy; with consideration to GIDA) (BHW to HH 1:20HH)	Pre-Natal Services (at least 80%)			
	Reimbursement Filing (PCB, MCP, TB-DOTS)									BHS HHR Competency (Basic BHW Training Course and CHT Training)	Post Natal Services (at least 80%)		
			Ordinance and System for Claims Disposition and Utilization Monitoring						System for BHW Recruitment and Retention Mechanisms		Facility-Based Deliveries (85%)		
	Implemented and Integrated Barangay Health Plan									Ordinance and Timely Provision of BHW Honorarium	Ratio of Community-Based Pharmacy (1 BNB/CBP catchment or 1 BNB per barangay)	Maternal/Infant Death Review	Skilled Birth Attendants (85%)
			Accomplishment, Utilization and Dissemination of the DILG, DOH LGU Scorecards						Monthly Updated Health Data Board				Sustainable Breastfeeding Initiatives
	Creation of Citizen's Charter									Reproductive Health	Exclusive Breastfeeding for Infants (70%)		
			WaSH						Reproductive Health		Newborns Initiated Breastfeeding (85%)		
WaSH	Reproductive Health	Sustainable Essential Intrapartum and Newborn Care Initiatives											
		WaSH	Reproductive Health	Sustainable Infant and Child Care Initiatives									
WaSH	Reproductive Health			Fully Immunized Child (95%)									
		WaSH	Reproductive Health	Under-5 Malnutrition Prevalence Rate (Below 17.3%)									
WaSH	Reproductive Health			Sustainable Adolescent Reproductive Health Initiatives									
		WaSH	Reproductive Health	Sustainable Family Planning Initiatives									
WaSH	Reproductive Health			Provision of FP Commodities and Services (RHU)									
		WaSH	Reproductive Health	Contraceptive Prevalence Rate (63%)									
WaSH	Reproductive Health			Unmet Needs (50% under NHTS)									
		WaSH	Reproductive Health	Teen-age pregnancy									
WaSH	Reproductive Health			Sanitary Toilets (86%)									
		WaSH	Reproductive Health	Access to Safe Water (87% of HH)									

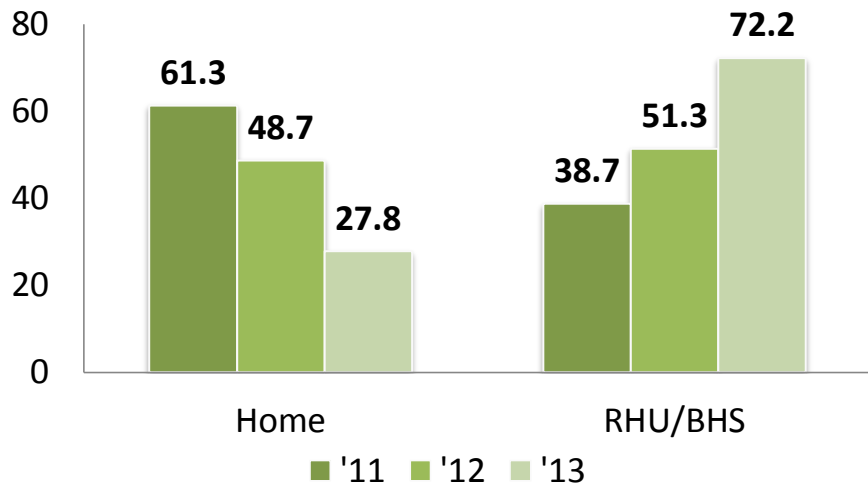
Maternal Mortality Ratio and Maternal Death Cases: CHPP

Maternal death cases	2011	2012	2013
Cohort 1 (poor with 4 ARMM LGUs)	3	2	2
Cohort 2 (poor non-ARMM)	4	4	6
Cohort 3 (ARMM)	8	3	1
Cohort 4 (poor)	8	3	7
Cohort 5 (GIDA)	10	10	5
Total	33	22	21
<i>Home deliveries</i>			<i>17</i>
<i>Deaths in RHU/BHS</i>			<i>4</i>

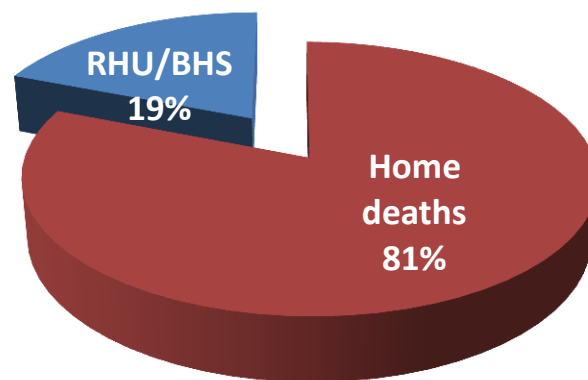


Distribution of Maternal deaths in LGUs

Distribution of Deliveries



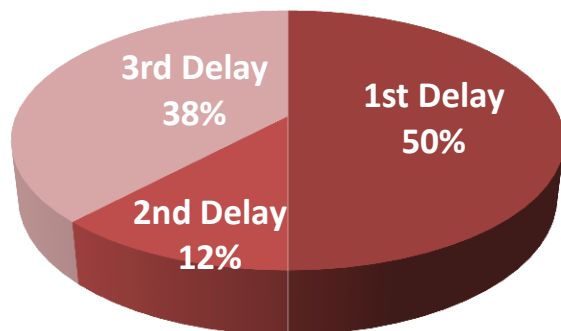
Distribution of Deaths 2013



Of total deaths (37):

RHU/BHS = 8; Home deliveries = 29

Distribution of Maternal Deaths in Cohort 5



Interventions:

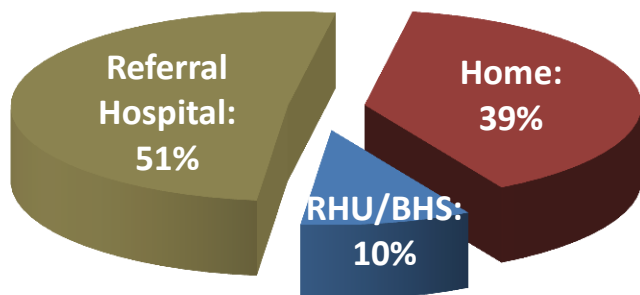
- Build capacity of barangay leaders and community health teams as pregnancy trackers
- Engage hilots, teachers, Church leaders, etc as strong advocates of facility-based deliveries and pre-natal check ups or other Innovations
- Intensify IECs
- Ensure Philhealth coverage and other incentives
- Adopt and institutionalize **Wireless Access for Health** among LGUs

Maternal Death Review with Hospital Deaths

Total Deaths = 75

(Cohorts 1 to 5, UMak 1 & 2, Zambo 1 & 2)

Maternal Deaths, 2013



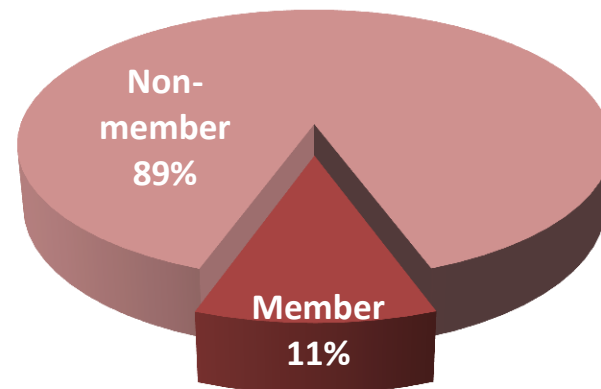
Interventions within Inter-Local Health Zone

- Review referral systems within ILHZ and between LGUs
- Prioritize ILHZ strengthening among PLGP participants
- Improve transportation services going to the health facilities
- Address gaps in human resource (adequacy and competency) and facilities in district and provincial hospitals
- Establish functioning communication between referral hospitals
- Provide capacity building feedback to referring facilities

Gravida Status	Gravida	%
	Prima Gravida	26%
	2 – 4	34%
	Multi Gravida	40%

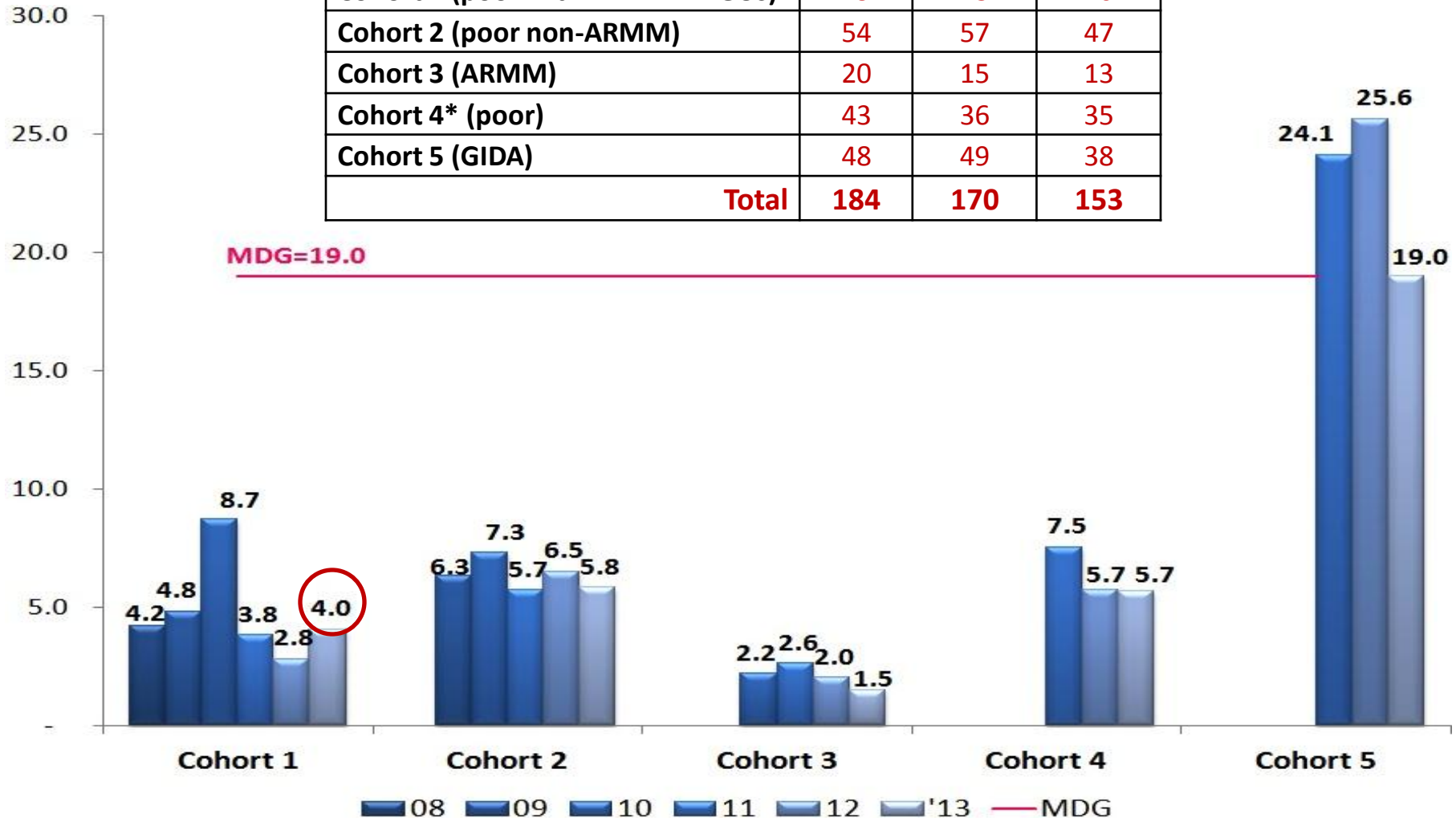
Deaths by Wealth Quintile		
Quintile	Number	%
1 (Poorest)	65	87
2	9	12
3	1	1
4	0	0
5 (Richest)	0	0

Maternal Deaths by 4Ps Membership



Infant Mortality Rate and Infant Death Cases: Cohorts 1 to 5

Infant Death Cases	2011	2012	2013
Cohort 1 (poor with 4 ARMM LGUs)	19	13	20
Cohort 2 (poor non-ARMM)	54	57	47
Cohort 3 (ARMM)	20	15	13
Cohort 4* (poor)	43	36	35
Cohort 5 (GIDA)	48	49	38
Total	184	170	153

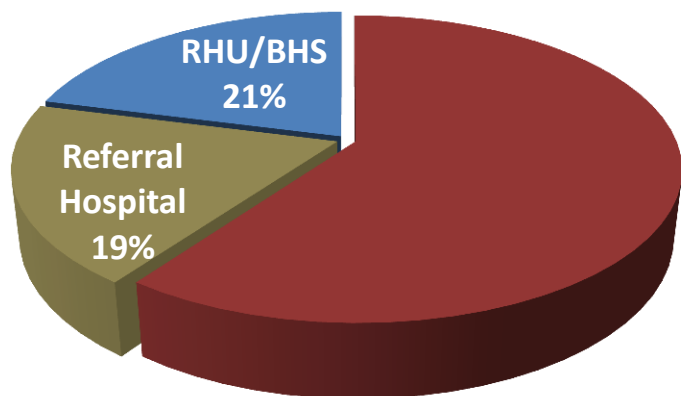


Infant Death Review

Total Deaths = 277

(Cohorts 1 to 5, UMak 1 & 2, Zambo 1 &2)

Infant Deaths, 2013

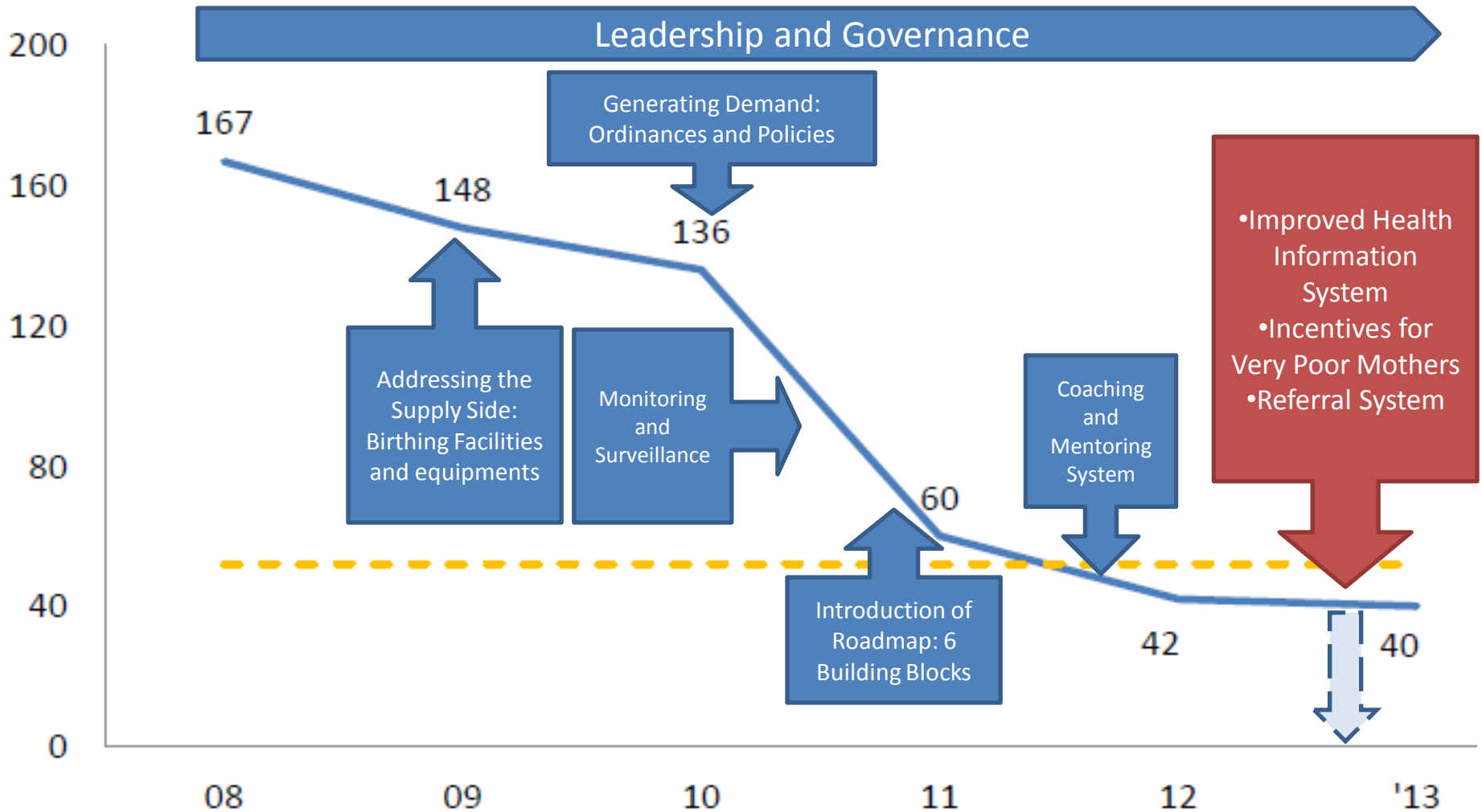


Top 5 causes of infant deaths		
	1. Pneumonia	27%
	2. Sepsis	15%
	3. Acute Gastroenteritis	12%
	4. Prematurity	11%
	5. Congenital Abnormalities	10%

Type of infant death	Age Group		%	
	neonatal and infant deaths	Early neonatal (<i>less than 7 days</i>)		44%
		Late neonatal (<i>7 to less than 28 days</i>)		14%
		Infant (<i>28D to less than 1 year</i>)		42%

Interventions:	Preventive measures:
<ol style="list-style-type: none"> 1. Access to facilities with complete medicines 2. Access to competent healthcare worker who can provide home-based/community-based medical care 	<ol style="list-style-type: none"> 1. Increase FBD & SBA 2. Improve quality of prenatal care & nutritional status of mothers, addressing illnesses during pregnancy

Bringing down MMR





MLGP Module One

DOH-ZFF Health Leadership and Governance Program



DOH-ZFF Partnership Agreement

Department of Health Convention Hall (May 16, 2013)

MOU Signing





HLGP Objectives

The Program aims to create an immediate impact on achieving the health MDGs by improving local health systems in the 609 priority municipalities.

Department of Health

1. Support and promote the leadership and governance capability building to complement the existing technical expertise of DOH-CHDs in supporting provincial and municipal health leaders
1. Institutionalize national policies and programs that support strengthening the health leadership and governance at the local level

Local Government

1. Develop the health leadership and governance capabilities of local chief executives needed for a sustainable health system;
2. Improve health outcomes
3. Mobilize public-private collaboration to facilitate sharing of resources and replication of best practices for sustainability



Program Management

OVERSIGHT COMMITTEE

ZFF
Bridging Leadership
Resource Partner

DOH Central Office
Program conceptualization, financing,
implementation plan and policy support

PHILHEALTH
Technical support
on health financing

PROJECT MANAGEMENT COMMITTEE

ZFF

DOH Central Office (BLHD, HHRDB, NCHFD, HPDPB, NCDPC, NEC, BIHC, NCHP)

OPERATIONS

ZFF
Bridging Leadership Resource Partner

DOH – BLHD
Mandate and Accountability to CHD

ACADEMIC PARTNER
Training Partner

DOH-CHD
Program Manager and
Leadership and Governance Coach

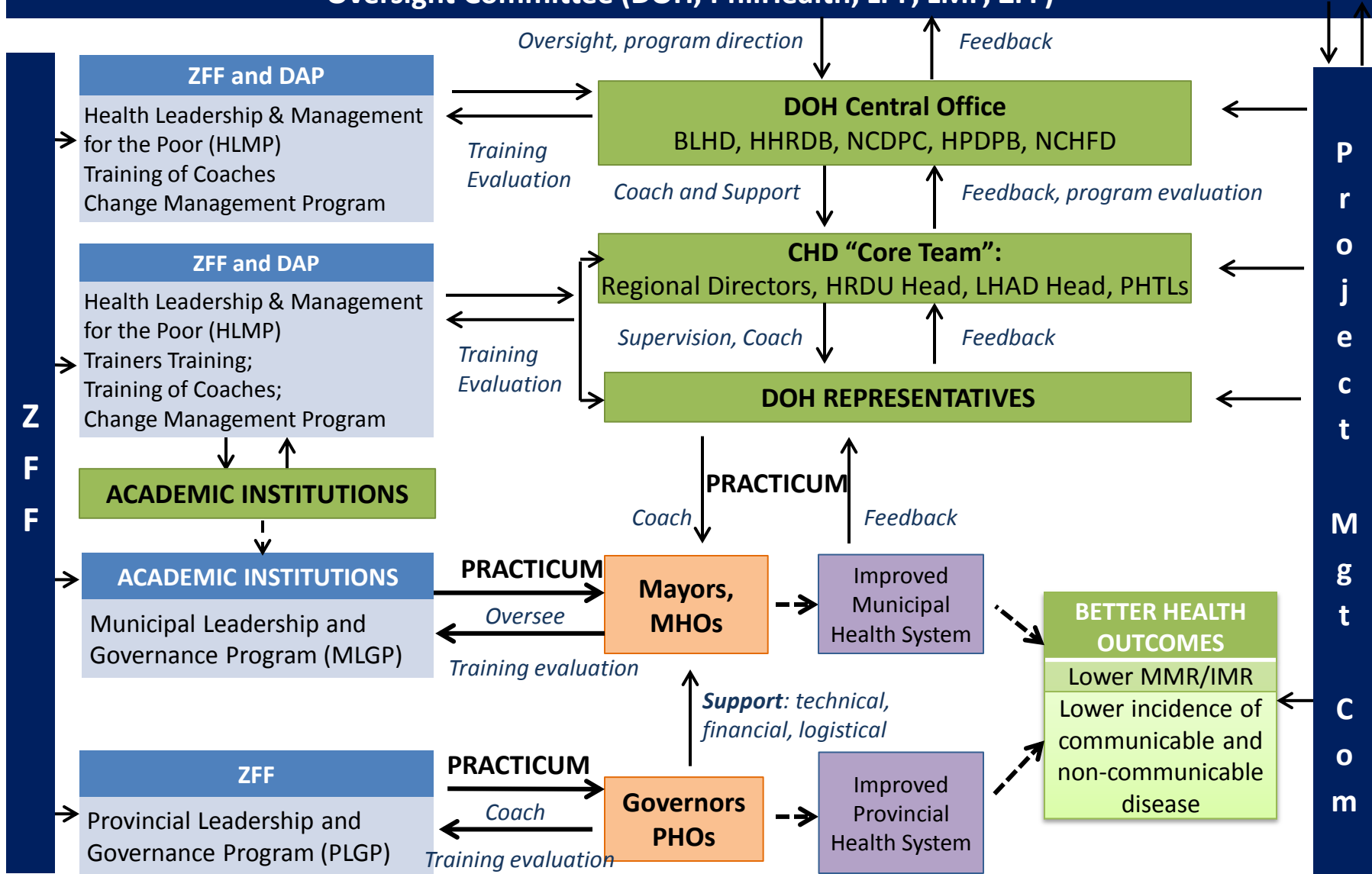
PROVINCE
Co-Program Manager

CITY/MUNICIPALITY
Implementation of Community Health Activities



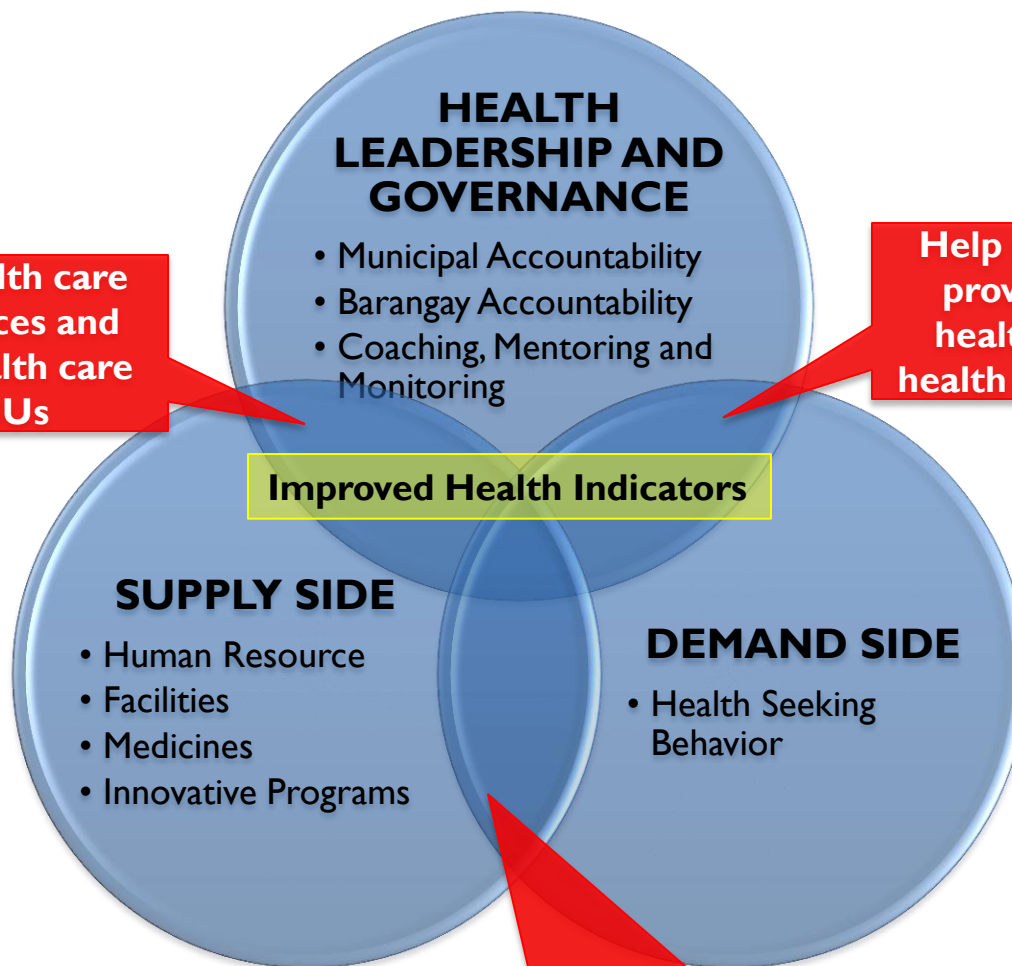
Operational Framework

Oversight Committee (DOH, PhilHealth, LPP, LMP, ZFF)





Replicating the Health Change Model at the Region by the CHD



Provide tertiary health care programs and services and support primary health care programs of LGUs

Help the poor navigate the provincial and municipal health systems to avail of health programs and services

Increase Utilization of Affordable and Quality Health Programs and Services



Program Components

Health Leadership and Governance Program			Participants
Regions	Health Leadership and Management for the Poor Program (HLMP)	One-year, two-module leadership program (Six-month Practicum: Coaching and Monitoring)	CHDs, PhilHealth Regional Office, DSWD Regional Office, DILG Regional Office, Regional and Provincial Chief of hospital, Academic Partner
Provinces	Provincial Leadership and Governance Program (PLGP)	Three-year, three-module program (Six-month Practicum: Coaching and Monitoring)	Governor and PHO
Municipalities	Municipal Leadership and Governance Program (MLGP)	One-year, two-module leadership program (Six-month Practicum: Coaching and Monitoring)	Mayor and MHO
Cities	MLGP-Short Course on Urban Health Equity (MLGP-SCUHE)	One-year, two-module leadership program (Six-month Practicum: Coaching and Monitoring)	City Mayors and City Health Officers



Municipal Leadership and Governance Program (MLGP)

Municipal Leadership and Governance Program



One-year, 2-module leadership program for Mayors and MHOs, with training and coaching on local health system development

Program Management

- **CHD as program owner and manager**
- **Academic partner as training provider**

- **Good governance in the health sector**
- **Healthcare financing**
- **Access to essential medicines**
- **Health Human Resources**
- **Health Information**
- **Health Service Delivery**



MLGP Module One

Benefits for Mayors



Leadership Development

Personal development in Health Leadership and Governance



Translate Health Outcomes into Political Gains



Improvement of Municipal Health Outcomes

AFTER PARTNERSHIP:		<u>Governance</u>		<u>Financing</u>		<u>Medicines/ Technology</u>	
Municipal Health System	Shared Mission and Vision		Health Budget	LGU – more or less 15%		Access to Essential Medicines	Availability of Medicines
	Functional and Expanded Local Health Board			BLGU			
Barangay Health System	Barangay Health Board		PhilHealth	4-in-1 Accreditation		Access to Essential Medicines	Adequate Number of Medicines
	Referral System			Capitation & Reimbursement			
	Cluster of Barangays			Enrolment & Utilization of Benefits by Indigents			
Ordinance & Policies	Activation of LHB		PhilHealth	Enrolment & Utilization of Benefits by Indigents		Access to Essential Medicines	Botika ng Barangay
	BHW Retention						
	Births attended by skilled professional						
Multi-stakeholder and Community Involvement	Facility-based deliveries		Financing scheme	Local Health Financing Scheme		Access to Essential Medicines	Drug Management System
	Health Summit/ Fair	Brgy Health Assemblies					
	Brgy. Health Scorecard	Citizens' Charter					
	Family Health Card	Entitlement Education					



Improvement of Municipal Health Outcomes

Health Information		Human Resource		Service Delivery				
Credible Data	Accurate Baseline	RHU Management	Adequate Manpower Ratio	Health Facilities & Services	Proportionate # of health facilities			
	Reliable data gathering		Competent Health Workers		Maternal and Child Health	Regular manpower assigned		
	Computerized and systematic records					Performance Management System	Nutrition	Purok System/ Community Health Team
	Translate data info into action		Feedback System/ Citizen's Scorecard		Infectious Diseases			Buntis Congress
Information Campaign	LGU Health Data Board			Magna Carta Implementation		Water, Sanitation & Hygiene	Malnutrition Data Board	
	Pregnancy Data board		Magna Carta Implementation		Others		PABASA sa Nutrisyon	
	Nutrition Data board						Magna Carta Implementation	Others
	Barangay Data Board		Magna Carta Implementation	Others	Indigenous Supplementary Mixture (INSUMIX)			
						Nutrition Congress		
					Sustainable Feeding Program			
				Tuberculosis	HIV/AIDS			
				Malaria	NTD/ Dengue			
				Municipal WASH Task Force				
				Sanitation & Hygiene Practices				
				Access to Safe Water				
				Lifestyle Diseases	Oral Health			
				Family Planning	Emergencies			



Expansion of Social Capital

Networking and partnerships





Incentives and Awards

Opportunity for Health Program Grants



Opportunity for Seal of Health Governance Recognition





Critical Factors for the Success of the Program

- Selection of LGUs and commitment of local health leaders (Mayors and MHOs)
- Quality of Training Intervention by academic partners
- Accountability for Deliverables during Practicum
- Presence: Monitoring and Coaching
- Performance-based Grants and Incentives (e.g., Health Facilities)



Salamat po!