

# SOCIAL INNOVATION IN HEALTH INITIATIVE

RURAL HEALTH UNIT  
Armen, Surigao Del Norte

REPRODUCTIVE HEALTH CENTER & BIRTHING FACILITY

ENTRANCE



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## SEAL OF HEALTH GOVERNANCE

### CONTINENT

Asia

### COUNTRY

Philippines

### HEALTH FOCUS

Primary Health Care (PHC)

### AREAS OF INTEREST

Leadership and governance in health,  
community empowerment

### HEALTH SYSTEM FOCUS

Service Delivery,  
Community Mobilisation

# SEAL OF HEALTH GOVERNANCE, PHILIPPINES

The Seal of Health Governance is a community health leadership programme that encourages village leaders to be actively engaged in addressing their community's health challenges through open-participatory competition. It thereby fosters accountability, agency, community participation and empowerment in the smallest political unit of the country.

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# CONTENTS

- ABBREVIATIONS ..... 3
- CASE SUMMARY ..... 4
  - 1. INNOVATION AT A GLANCE ..... 5
  - 2. CHALLENGE ..... 7
  - 3. INNOVATION IN INTERVENTION ..... 8
    - 3.1 SCORECARD: CO-CREATING LOCAL HEALTH TARGETS .....8
    - 3.2 OPEN-PARTICIPATORY COMPETITION WITH AWARDS .....10
  - 4. IMPLEMENTATION .....11
    - 4.1 INNOVATION IN IMPLEMENTATION ..... 11
      - CO-CREATIVE AND PARTICIPATORY APPROACH ..... 11
      - DEVELOPING LEADERSHIP CAPACITY AMONG VILLAGE LEADERS ..... 11
      - ENCOURAGING COMMUNITY PARTICIPATION TO INNOVATE AND CREATE LOCAL SOLUTIONS..... 12
    - 4.2 ORGANISATION AND PEOPLE..... 13
    - 4.3 COST CONSIDERATIONS..... 13
  - 5. OUTPUTS AND OUTCOMES.....14
    - 5.1 IMPACT ON HEALTH CARE DELIVERY ..... 14
    - 5.2 MILESTONES ..... 14
  - 6. SUSTAINABILITY AND SCALABILITY ..... 15
    - 6.1 SCALING CONSIDERATIONS ..... 15
  - 7. KEY LESSONS.....16
    - 7.1 IMPLEMENTATION LESSONS ..... 16
    - 7.2 PERSONAL LESSONS ..... 16
- CASE INSIGHTS ..... 17
- REFERENCES ..... 18

## ABBREVIATIONS

|             |   |
|-------------|---|
| <b>BHW</b>  | <i>Barangay</i> Health Worker (Village Health Worker) |
| <b>BNS</b>  | Barangay Nutrition Scholar                            |
| <b>DOH</b>  | Department of Health                                  |
| <b>LGU</b>  | Local Government Unit                                 |
| <b>SOHG</b> | Seal of Health Governance                             |
| <b>ZFF</b>  | Zuellig Family Foundation                             |
| <b>WHO</b>  | World Health Organization                             |

# CASE SUMMARY

Oftentimes, the approach to governance is top-down, wherein the voices of communities are seldom heard, and prescribed solutions to common public health challenges do not benefit from those who are affected. The Seal of Health Governance (SOHG) is a health leadership programme that merges a top-down and a bottom-up approach by encouraging community leaders and members to address their health issues through open-participatory competition addressing health issues that affect them. It thereby fosters accountability, proactive leadership, community participation and empowerment in the smallest political unit of the country.

The SOHG was established in the rural municipality of Del Carmen, Siargao Island in Surigao del Norte, Philippines. The municipal mayor, municipal health officer, and the Local Health Board of Del Carmen initiated, led and managed the SOHG. It is comprised of the following elements: (1) a scorecard, which is co-created with community leaders, and features a set of performance indicators and targets; and (2) awards for recognition for positive change, which are incentives for

community-based initiatives and innovations for health. Through these, community leaders and community members are driven to share and participate in the vision of a healthy Del Carmen.

The programme has supported meeting the health targets of the municipality. Healthcare service delivery improved across the different priority areas in the first few years of implementation of implementation (2012 to 2014). Sustained improvements in the health indicators in key areas such as facility-based deliveries, malnutrition rate and sanitation were seen up to the time of this research conducted in 2018. The programme has since been recognised by local, regional and national agencies.

*“There is a necessity to create more leaders to share your vision and to do the work with you for the people. That is essentially what we have been doing through bridging leadership and the Seal of Health Governance: empowering more health stakeholders, empowering more health leaders that share our vision of a healthier community for Del Carmen.”* (Alfredo M. Coro II, Municipal Mayor of Del Carmen).



SIHI Philippines/Lindi van Niekerk, Philippines, 2018

# 1. INNOVATION AT A GLANCE

## Organisation details

|                              |  |
|------------------------------|--|
| Organisation name            | Rural Health Unit - Del Carmen, Surigao Del Norte  |
| Founding year                | 2012   |
| Founder name                 | Mayor Alfredo M. Coro II and Dr. Marjorie Vizconde |
| Current head of organisation | Dr. Marjorie Vizconde                              |
| Organisational structure     | Local Government                                   |
| Size                         | 20 villages  |

## Innovation Value

|                   |  |
|-------------------|--|
| Value proposition | A health leadership programme that encourages village leaders to be actively engaged in addressing their community's health concerns with local solutions through an open participatory competition. It thereby fosters accountability, proactive leadership, community participation and empowerment in the smallest political unit of the country. |
|-------------------|--|

|               |   |
|---------------|---|
| Beneficiaries | Primary beneficiaries: Community members of the 20 villages in Del Carmen<br><br>Secondary beneficiaries: Village leaders, healthcare workers |
|---------------|---|

|                |  |
|----------------|--|
| Key Components | 1. Capacitating community leaders through a transformative leadership programme, empowering them to develop a co-created monitoring and evaluation tool (i.e. scorecard)<br><br>2. Encouraging community participation to innovate and create local solutions through open-participatory competition with incentives |
|----------------|--|

## Operational Details

|                     |                                |
|---------------------|--------------------------------|
| Main income streams | Annual local government budget |
| Annual expenditure  | PHP 400,000 (USD 7,900)        |

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## Scale and Transferability

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Scope of Operations

Municipality of Del Carmen, Surigao Del Norte

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Local engagement

Department of Health Regional Offices in CALABARZON and Caraga Administrative Region; local government units in Camarines Sur, Palawan, Masbate, Surigao del Sur, Agusan Del Norte; Unilab Foundation, Zuellig Family Foundation, GlaxoSmithKline, PHAP Cares Foundation, Hope for the Island Foundation

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Scalability

To scale, the following may be applied:

- Establish a committee that values community participation and empowerment to oversee the process
  - Participatory approach in setting performance targets
  - Training, coaching and regular evaluation
  - Using incentives and awards to recognise good performance and to encourage innovation
- 

Sustainability

The Seal of Health Governance invests significantly in training and capacitating village leaders in health leadership and management. This is an important element in ensuring sustainability and co-ownership and co-creation. Key components for sustainability in local government include political support, organisational capacity, funding stability and establishment of partnerships.

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## 2. CHALLENGE

The Philippines is an archipelago of 7,107 islands in the Southeast Asia, with a population of 106 million as of 2018. Although it is considered one of the most rapidly growing economies in Asia, deep inequities and socioeconomic disparities persist across and among its localities (World Health Organization, 2018). The Gini measure of inequality ranks the Philippines among one of the most unequal countries in the region (Valenzuela, et al., 2017) (World Bank, 2019), and the Philippines Multidimensional Poverty Index shows that many Filipinos remain deprived of proper health and nutrition (Philippine Statistics Authority, 2018). While the country has made significant investments and advances in health in recent years, many Filipinos continue to die or suffer from illnesses such as tuberculosis, childhood pneumonia, and rising tide of noncommunicable diseases (World Health Organization, 2018).

The Philippines adopted a decentralized health governance in 1991, which entails that public service delivery is the responsibility of local government units (LGUs), i.e. cities and municipalities have full autonomy to finance and operate the local health systems. As mandated by law, provincial governments are responsible for providing primary and secondary hospital care, while city and municipal governments are tasked with providing primary health care (Dayrit, et al., 2018). A municipality often has one Rural Health Unit, led by a Municipal Health Officer, which serves as the main facility for accessing basic health services.

The country has 1,634 LGUs, a number of which are in rural or remote islands. In every municipality, there is a Local Health Board chaired by the local chief executive (the municipal mayor). The function of the board is to serve as an advisory body to the local chief executive and the

*Sanggunian Bayan* (Municipal Council) on health-related matters (Dayrit, et al., 2018). As part of national assessment scheme, the Philippines' Department of Health (DOH) established the LGU Scorecard to track the performance of municipalities in terms of health outcomes and service delivery outputs against baseline and national targets (Department of Health, 2018). As illustrated with the scorecard, the approach to governance is often top-down, wherein the voices of communities are seldom heard, and prescribed solutions to common public health challenges do not benefit from those who are affected.

It is within this context that low-resource municipalities in the country are responsible for addressing the health needs of citizens within its geographic area. The intention of this decentralized structure was to bring a more responsive government closer to the people, but the results have been mixed. Health outcomes have improved in places where local leadership and governance is good and where resources are abundant, but where either is lacking, health outcomes remain substandard.

Del Carmen is one such municipality located in Siargao Island in Surigao del Norte, with population of 18,392 of which 67% living below the poverty threshold. The average monthly income of a family in Del Carmen is PHP 3,500 (70 USD). The municipality is further made up of smaller units, called *barangays* or villages (20) in which local village leaders are responsible to represent a smaller subset of the community. In 2012, the following health challenges were identified as the key priority areas to be addressed in Del Carmen (a matrix with expanded details of these priority health challenges can be found in section 5.1. Impact on Health Delivery):



1. low facility-based delivery/high maternal deaths;
2. high infant/perinatal deaths;
3. malnutrition of children 0-5 years old;
4. poor sanitation (households with no sanitary toilets/poor access to safe water); and
5. high incidence of vector borne and other infectious diseases

(tuberculosis, leprosy, schistosomiasis, dengue).

In order to address these health challenges, the municipality launched health initiatives in 2012, with a vision to have a sustainable programme that not only provides quality healthcare services but also encourages participation among community leaders and members.

### 3. INNOVATION IN INTERVENTION

“We thought that if we could empower those village health leaders and health stakeholders, maybe they can find creative ways to at least initially address the problem.” (Alfredo M. Coro II, Municipal Mayor of Del Carmen)

The Seal of Health Governance (SOHG) is a health leadership programme that encourages village leaders to be actively engaged in addressing their community’s concerns through an open participatory competition. The idea for SOHG was moulded by Municipal Mayor Alfredo Coro II and Municipal Health Officer Dr. Marjorie Vizconde when they participated in a health governance training programme of the Zuellig Family Foundation (ZFF).

ZFF is a non-government organization that provides opportunities for local executives to learn about health and its determinants. Mayors and local government leaders often come from political science backgrounds and have no formal trainings on health, yet they are custodians of health in their municipalities and responsible for achieving health targets. ZFF’s health governance training programme was an opportunity to appreciate the vital role of governance in improving health and to reflect on what can be done to improve the health outcomes.

The SOHG is characterized by the following elements: the scorecard, which is co-created with community leaders;

and the Seal Awards and Special Awards, which are incentives for communities to create their own innovative solutions that address their health issues.

#### 3.1 SCORECARD: CO-CREATING LOCAL HEALTH TARGETS

The SOHG scorecard is used to identify priority health problems, define performance indicators and set community health targets for villages in Del Carmen. Unlike a traditional monitoring and evaluation tool wherein targets are prescribed by government, the development of the SOHG scorecard is a participatory process.

Opportunities to discuss health challenges and solutions, as well as to coach the village leaders and community health workers, are embedded in the process. Training through the *Barangay* Health Leadership and Management Programme facilitates the process of ownership of the targets and the actions towards achieving them. A team of health workers from the Rural Health Unit helps the village leaders understand the goals and objectives of the SOHG. In the end, the scorecard’s indicators reflect the health issues identified by the village leaders themselves, and their corresponding realistic targets.

Examples of performance indicators include health outcomes (maternal death, infant death, rate of malnutrition) or

service delivery (facility-based child delivery, fully immunized child, village drug outlet called *Botika ng Barangay*). Once target setting is completed, the

SOHG scorecard is presented back to the expanded Local Health Board. Table 1 is a sample of SOHG scorecard with indicators and corresponding targets.

**Table 1.** Sample of a Seal of Health Governance Scorecard, with performance indicators, scoring and targets

| Performance indicator   | Points  |
|---|---|
| Number of maternal deaths   | 10 points if no maternal death  |
| Number of infant deaths   | 10 points if no infant death  |
| Facility-based deliveries   | 10 points if 100%   |
| Fully-immunized children  | 10 points if 100%   |
| Malnutrition rate   | 10 points if 0-5%   |
| Percentage of households with sanitary toilets                                  | 10 points if 100%   |
| Percentage of population with waterborne diseases                               | 10 points if 0-5%   |
| Percentage of barangay budget allocated for health                              | 10 points if greater than 3%  |
| Legislative resolutions for health  | 10 points if all key health legislations are present:<br>Instituting a Barangay Health Board<br>Prohibiting the practice of traditional birth attendants/home-based deliveries<br>Household sanitation<br>Waste segregation                                 |
| <i>Gulayan ng Barangay</i> (village vegetable garden)                           | 10 points if vegetables are used for the feeding programme for at least one month   |
| Percentage of households with proper waste management                           | 10 points if 100%   |
| <i>Purok</i> (village district) as a health partner – with key health functions | 10 points if all functions are present:<br>Designated <i>purok</i> area<br>Clean environment<br>Fixed chairs and roof<br>Health Data Board<br>First aid kit   |
| Functional <i>Botika ng Barangay</i> (Village Pharmacy)                         | 10 points if all conditions are present:<br>Stock of 20 essential drugs<br>Positive net profit<br>Audit has no adverse advice   |
| Functional Barangay Health Board  | 10 points if all the following activities are done:<br>At least one meeting per quarter<br>Action plan presentation during the barangay assembly<br>Innovation proposal for maternal and child health<br>Recognised and trained workers<br>No stray animals |
| Proper Animal Management  | 10 points if all specific measures are being done:<br>All animals with potential rabies reported<br>Scheduled rabies immunization<br>All stray animals collected  |

The criteria are also flexible and dynamic, with new indicators added or contextualized depending on the needs of the community. In effect, the SOHG scorecard is not a measure of villages competing with each other but competing towards their own goals.

“It’s not competing who’s first, second or third. It’s basically competing if you can meet the standard and you can proudly classify your barangay as a healthy barangay.” (Alfredo M. Coro II, Municipal Mayor of Del Carmen)

Participation of villages for the SOHG is not mandatory. The villages that join the programme benefit from the health leadership and management training. Every quarter, participating villages are visited by evaluators from the Rural Health Unit assessing the agreed upon performance targets. Feedback is given to the village leaders at every visit and they further discuss how to reach their goals. Each village accumulates points throughout the year which is the basis of the awarding and incentives.

### 3.2 OPEN-PARTICIPATORY COMPETITION WITH AWARDS

The main awards called “Seals” are given to the villages, their Barangay Health worker Team (BHW) and their Midwives/Nurses team. Based on the accumulated points during the quarterly visits, they are awarded the following Seals: Gold for attaining an overall score 90%-100%, Silver for 75%-89% and Bronze for 60%-74%. An awarding ceremony is held during the Annual Health Summit held in Del Carmen every July.

Outstanding efforts that show cooperation with community members or ingenuity of leaders are given Special Awards. Special awards focus on the process by which the villages reached their targets, encouraging the development of community-embedded innovations (see more below in section 4.1. Innovation in Implementation). The incentives for the Seal Awards and Special Awards are summarized in the following table.

**Table 2.** Seal Awards and Special Awards of the Seal of Health Governance

| Seal Award                                   | Awards / Incentives  |                                    |                                  |
|--|--|------------------------------------|----------------------------------|
|  | Village  | BHW Team                           | Midwives/Nurses Team             |
| <b>Gold</b>                                  | PHP 20,000 (400 USD), framed gold seal and surprise prizes   | PHP 1,000 (20 USD) and certificate | PHP 500 (10 USD) and certificate |
| <b>Silver</b>                                | PHP 10,000 (200 USD), framed silver seal and surprise prizes | PHP 700 (14 USD) and certificate   | PHP 300 (6 USD) and certificate  |
| <b>Bronze</b>                                | PHP 5,000 (100 USD), framed bronze seal and surprise prizes  | PHP 500 (10 USD) and certificate   | PHP 200 (4 USD) and certificate  |
| <b>For every innovation / local solution</b> | PHP 2,000 (40 USD) and certificate                           | -                                  | -                                |

## 4. IMPLEMENTATION

### 4.1 INNOVATION IN IMPLEMENTATION

#### Co-creative and participatory approach

The SOHG scorecard was designed, in part, to comply the LGU Scorecard. It was, however, recognised that a nationally standardized scorecard could not effectively measure health outcomes of varying villages. It became a prerogative that the SOHG scorecard would follow a different approach in its development, one that is more bottom-up and inclusive of the issues directly faced in different villages.

The initial development of the SOHG scorecard underwent a participatory and co-creative process involving the expanded Local Health Board, representatives from the villages, and community health workers from the Rural Health Unit. These different stakeholders contributed to the discussion about which indicators could be prioritized and included in the scorecard. The criteria were deemed flexible and dynamic, allowing for additional indicators based on community needs. By following a co-creative process, greater shared ownership was achieved to work towards achieving the targets.

The scorecard is an innovative way to visualize and communicate progress towards the achievements of the set targets. It is printed on a large tarpaulin mat and posted in the *Barangay* Hall for everyone in the village to see. The scorecard makes it easy to compare performance across villages, see how each is progressing with its own targets. According to the health workers at the Rural Health Unit, fostered healthy competition among the different barangays.

#### Developing leadership capacity among village leaders

Having participated in the health governance training programme of ZFF, it was of personal importance to Mayor Coro that to pay forward the leadership skills he acquired. He believed that leadership could be distributed to the village leaders and community members, so that solutions may arise from the level of the village. This is a shift from solely relying on traditional hierarchical leadership (where power is “concentrated” at the top of the local level) to one that is complemented by distributive leadership, which involves those with certain skills across multiple institutional levels (McKee, et al., 2013).

By developing their leadership capacity through the training programme, the village leaders are held accountable and responsible for the health status of their village. It is a constant reminder of what needs to be done at the village level and a mechanism to track progress over time. It spurred the village leaders into a transformational leadership process and pushed the community to think of solutions to their problems.

*“The Seal of Health Governance is not only [about] committing and providing health services to our people but is also a challenge for us to show what we can achieve, what innovative strategy we come up with, to use our creative thinking. Most importantly, the Seal of Health Governance is a means for us to be closer to our community members.”* (Barangay Captain of *Barangay* Antipolo, Del Carmen)

The SOHG not only strengthened the village leaders’ capacity to understand health issues, but also to appreciate the community health workers from the Rural

Health Unit. Village leaders were also empowered to engage with their own community members and, in a participatory manner, invite community members to share their health needs and problems. This is exemplified by the story of *Barangay* Halian, an island village whose leader was initially reluctant to participate in the programme but is now a fierce advocate and supporter of the SOHG.

“Three years ago, when I became *barangay* captain, I really did not understand what the Seal of Health Governance was... At that time, our health status was not good. I think, we almost had 40 malnourished [children] at that time. I did not know that the villages will be ranked. So, I was quite shocked when I learned that we were in the 20<sup>th</sup> rank. Then I realized that I have somehow neglected my *barangay*. I talked to our midwife, and I asked her ‘What happened?’ ‘Why did it result to that?’ And then I talked the [municipal health officer ]... Gradually, I was able to understand that you need to be involved in the health of your community, not just about your own project. You really need to engage with them. So what I did, I invited the parents of the malnourished. I asked them what happened, and there I learned their problems... Every month I followed up with the [*Barangay* Nutrition Scholar] (BNS) the status of these malnourished. I requested the BNS and BHW to visit the households with malnourished children and check on them. The number of our malnourished decreased to 20, then later it become 10... Last year, we achieved the zero malnutrition in our village. Though we have already achieved that, we still monitor the children regularly. Until now we are still zero in malnutrition. I still engage with the mothers.” (*Barangay* Captain of *Barangay* Halian, Del Carmen)

### **Encouraging community participation to innovate and create local solutions**

Through the Special Awards of SOHG, the villages are encouraged to come up with

out-of-the-box solutions to their context-specific challenges. This has resulted in villages to come up with their own sanitation projects, to rethink the nutrition and lifestyle programmes, and to replicate the approach of engaging the community by mobilizing the *puroks* (smaller village units).

In 2014, three health solutions developed by villages were recognised for its innovativeness. *Barangay* San Jose was recognised for its Greening Programme. This village won by designing a ‘cleaning and greening’ programme that involved all its *puroks*, unlike other villages that opted to focus on only one *purok*. Ordinances on waste management and stray animals were adopted. A solid waste management programme was set up. The village council requested each household to segregate their wastes. Pet owners were encouraged to leash their dogs and have them vaccinated against rabies. A strong *purok* governance framework was created with the village council acting as leaders and enjoining everyone to participate in activities that will help the village meet its SOHG targets. This resulted in *Barangay* San Jose maintaining a very clean village, up to the sanitation standards of the LGU.

*Barangay* Del Carmen developed a Healthy Lifestyle Programme of weekly Zumba (a fitness dance class) and Clean-Up of Coastal Areas of the village. This initiative is now being replicated by other villages, as well in their effort to promote healthy lifestyle by various groups in the community.

*Barangay* Antipolo is known for developing its own toilet bowls made of cement to address issues on sanitation. Previously, purchasing already produced toilet bowls were unaffordable to this community. The initiative was a success, with 100% of the households in the village having a toilet. *Barangay* Antipolo is now selling the cement toilets in other communities in

Siargao Islands at PHP 250 (5 USD) per bowl. *Barangay* Antipolo is also a regional awardee and a national candidate for Best Sanitation Practice.

*“Before [the Seal of Health Governance] our surroundings were completely messy and the place did not smell good, because in the past we were not using a toilet to dispose human wastes. People, especially the children, just disposed their waste anywhere. But now that we have our own toilet, we have taught our children on proper human waste disposal. We are now aware that this is for the whole village.”*  
(Community Member, *Barangay* Antipolo, Del Carmen)

*“We needed to attain the 100% [sanitation target] so people could see that even just the village could do it – even without help from the top, we could change our situation here.”*  
(*Barangay* Captain of *Barangay* Antipolo, Del Carmen)

Although it is emphasized that villages are actually not competing against each other but are working to improve their own village health systems, the system of awards and recognition has fostered some healthy competition between villages and enhanced their participation in the program.

## 4.2 ORGANISATION AND PEOPLE



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The SOHG is managed by the expanded Local Health Board of Del Carmen, composed of the municipal mayor, municipal health officer, development

management officer, *barangay* health worker president, district hospital chief, and representatives from the *Sanggunian Bayan* (Municipal Council), *barangay* captains, with participation of the Department of Education and local civil society organisations.

## 4.3 COST CONSIDERATIONS

The Seal of Health Governance is funded by the local government of Del Carmen, Surigao Del Norte. The annual budget of PHP 400,000 (USD 7,900) from 2013-2015 was spent on transportation and food allowance of evaluators per quarter, monetary awards, and the leadership training and development programme, which includes developing of materials, venue, food, and participants' travel costs. The results of SOHG offer potential cost savings (yet to be formally measured) in terms of the health innovations established by the communities themselves.

Local products, such as the cement toilets of *Barangay* Antipolo, have also offer an alternative revenue stream for a village as these are being sold to other villages. In 2015, Del Carmen's achievements also attracted additional support and funding from the DOH, having received PHP 500,000 (USD 9,900) worth of medicines and supplies.

## 5. OUTPUTS AND OUTCOMES

In the first year of SOHG implementation, only half of the 20 barangays participated. When the winning and participating villages were recognised that year, other villages requested to participate in the next SOHG. By 2014, participation was up to 100%, resulting in community leaders fully embracing the initiative and realizing the impact the programme had.

*“It helps a lot, especially now that we have received an award. It’s like we are challenged or pressured to either maintain the project or do*

*even better. Perseverance and determination are really key. Serve from your heart so that people will see and appreciate it.”* (DOH Nurse deployed in Del Carmen)

### 5.1 IMPACT ON HEALTH CARE DELIVERY

Improvements in healthcare service delivery and priority health indicators were observed in the course of SOHG from 2012 to 2018. Maternal and child health outcomes improved, as well as facility-based deliveries, malnutrition rate and sanitation (Table 3).

**Table 3.** 2012 to 2018 Data on the identified priority health challenges of Del Carmen

| Health Indicator        | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|-------------------------|------|------|------|------|------|------|------|
| Maternal Death          | 0    | 2    | 0    | 1    | 1    | 1    | 0    |
| Infant Death            | 8    | 4    | 4    | 7    | 9    | 3    | 2    |
| Facility Based Delivery | 89%  | 90%  | 95%  | 96%  | 98%  | 98%  | 99%  |
| Malnutrition Rate       | 19%  | 18%  | 20%  | 16%  | 12%  | 8%   | *    |
| Sanitary Toilet         | 64%  | 66%  | 74%  | 81%  | 85%  | 88%  | 90%  |

\*Data not yet available

At the village level, the improvements in key indicators were also observed. Four villages were able to reduce the under-five malnutrition rate to zero, while six villages managed to reduce to single digits their rates of malnutrition. Ten villages achieved 100% households with sanitary toilets, with the remaining villages catching up. Facility-based deliveries are now the norm for all deliveries in 17 villages. From zero waste segregation in 2012, more than half of all households in all villages are now segregating household wastes. Biodegradable waste is composted while recyclables are turned into household decor items and sold to tourists.

### 5.2 MILESTONES

The SOHG has been recognised by local, regional and national agencies as an innovative project worth replicating. In 2014, Del Carmen presented the SOHG to different municipalities during the Siargao Health Summit, and the municipalities

were able to learn from one another. In 2015, Del Carmen was one of the LGUs to receive the Champions for Health Governance award given by the Merck Sharpe and Dome, the *Kaya Natin* Movement for Good Governance and Ethical Leadership, the Jesse Robredo Foundation, together with the Department of Health and Department of Interior and Local Government.

The SOHG has been recognised by regional offices of the DOH in the Philippines, such as in Caraga Administrative Region and in MIMAROPA (Southwestern Tagalog Region) as a model for improving health. The LGU of Del Carmen has been invited to various conferences in the country to share their programme and experiences to various municipalities in Camarines Sur, Palawan, Masbate, Surigao del Sur, and Agusan del Norte. At the national level, the LGU of Del Carmen was invited to provide inputs to various initiatives such as medicine accessibility and universal health care.

## 6. SUSTAINABILITY AND SCALABILITY

Several aspects of the SOHG strengthen its prospect for sustainability, including political support, establishment of partnerships, funding stability, organisational capacity, and programme evaluation and adaptation.

As the SOHG is the initiative of and led by the political leader of Del Carmen (Mayor Coro), political support had been strong since the beginning of the programme, and its funding has been stable over the years. In addition, partnerships with over 20 different government and non-government organisations have been established to support infrastructure, equipment, training, medical assistance, medical commodities, technical assistance and health literacy that the municipality of Del Carmen needs.

The present capacity of the Rural Health Unit and the expanded Local Health Board appears to be sufficient to manage the programme and its activities. In addition, the implementors have demonstrated the ability to undertake self-evaluation and adapt to changes. For example, framing the programme from Millennium Development Goals to social determinants of health based on developments outside the municipality, and by adjusting their targets to align with programmatic changes in national health programmes such as the discontinuation of the *Botika ng Barangay* (village pharmacy).

Programme support has been enhanced by dissemination of the SOHG to the local constituency through the Siargao Health Summit, and then to the regional and national arenas through conferences. The

SOHG has been instrumental in gaining partners for the various projects and programmes of the municipality. To date, over 100 partners have been engaged by Del Carmen, ranging from regional/national government agencies, to non-government, philanthropic organisations, corporate social responsibility organisations, and development agencies.

### 6.1 SCALING CONSIDERATIONS

As discussed in the previous section, participation rate of barangays went from 50% in 2012 to 100% in 2014 and the following years up to 2018. Therefore, in terms of local scale, the programme has reached its maximum. Replicating the programme in other municipalities appears to be the next step. In a policy brief produced by ZFF, the operational elements to replicate the SOHG include (1) a committee to oversee the process; (2) a set of performance indicators on priority local health issues; (3) regular evaluation to track progress; and (4) budgetary support for the incentives (Zuellig Family Foundation, 2016).

An important consideration in scaling the Seal of Health Governance is that its foundation is the comprehensive programme for health governance created by and committed to by the leaders and the community. The training and support given by the municipal health office and the Local Health Board are critical in the uptake of the programme. Celebration of the winners and a high-profile event where this occurs has an added value in reinforcing good performance and exerting social pressure on the participant



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## 7. KEY LESSONS

### 7.1 IMPLEMENTATION LESSONS

Resistance is a common reaction to change, and SOHG, which by nature is a change in doing public health, was resisted at the start. According to the mayor, many people did not think that the programme would do any good: *“We were thinking if the barangay will start appreciating health, and they will see it as a political capital, [the Seal of Health Governance] might work. We were not sure at that time. So, when we launched it, we were laughed at.”*

Only 10 barangays received awards at the first awarding, although all barangays attended. Those that did not get any award or certificate started questioning why and began to have a more positive attitude towards the SOHG. According to village leaders, persistence was the key in introducing SOHG to the community. *“At first, it was difficult to introduce a new programme especially if it will disrupt the way we commonly do things. Perseverance is really the key. Especially in disseminating information about Seal. Perseverance and dedication are needed, really. We continue to push for this programme. We conduct meeting and assemblies in each community to share and continue to inform the constituents about Seal of Health Governance.”* (Barangay Captain of Barangay Antipolo, Del Carmen)

Getting the people to understand how targets are evaluated needed to be resolved in the beginning. The implementors realized at the inception phase that a numerical point system was better in communicating attainment of targets than a traffic light system. Mayor Coro explained, *“Always have numbers, not the colours. Always have the metrics in place to be clear. Numbers are easier to understand. Colours are vague.”*

Commitment to the programme is vital to the success of the SOHG. In the first year of the implementation, half of Del

Carmen’s village leaders resisted the idea because there was no immediate incentive for them to participate - there were no financial incentives in the beginning. Thus, the award incentives were built into the programme. Mayor Coro recognised monetary incentives as effective mechanisms to promote behavioural change, and that these need not be huge sums. *“You have to give small incentives. It has more impact than the large ones... Our incentives are PHP 20,000 [400 USD] for gold, and then PHP 10,000 [200 USD] and PHP 5,000 [100 USD]. We stick with that. We have not changed it. And we knew the villages would be spending a lot more than that to mobilize a lot of things in order to win... We do it our way until such time that it becomes a habit.”* (Alfredo M. Coro II, Municipal Mayor of Del Carmen)

In summary, changing people’s behaviour takes work. For the SOHG, the ways by which people were encouraged to change and innovate include showcasing results, providing incentives and instigating friendly competition.

### 7.2 PERSONAL LESSONS

The SOHG is a catalyst for change. Its main lesson, as conveyed by Mayor Coro, is the belief that when given the right impetus and an enabling environment, people will drive sustainable solutions to public health challenges. Oftentimes, the approach to governance is top-down, those who are governed seldom have the opportunity to voice their needs, opinions and ideas. Thus, the solutions to public health challenges do not benefit from the knowledge and insights of the people who are affected by it. The SOHG strikes a balance between a top-down and a bottom-up approach by highlighting the roles and responsibilities of village leaders and their communities in addressing public health issues affecting them.

# CASEINSIGHTS

1. Top-down approaches can be successfully complemented and strengthened by adopting a distributive leadership approach to support the realisation of health outcomes.
2. Building leadership capacity at village level supports greater community agency and engagement in developing localised innovations.
3. An open-participatory competition is one mechanism that can be used to create momentum and incentive for change.
4. Non-health actors such as political leaders have a vital role to play in improving health outcomes. Capacitating these leaders with the necessary health knowledge and ability to lead in a more inclusive manner can support the achievement of health outcome.

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