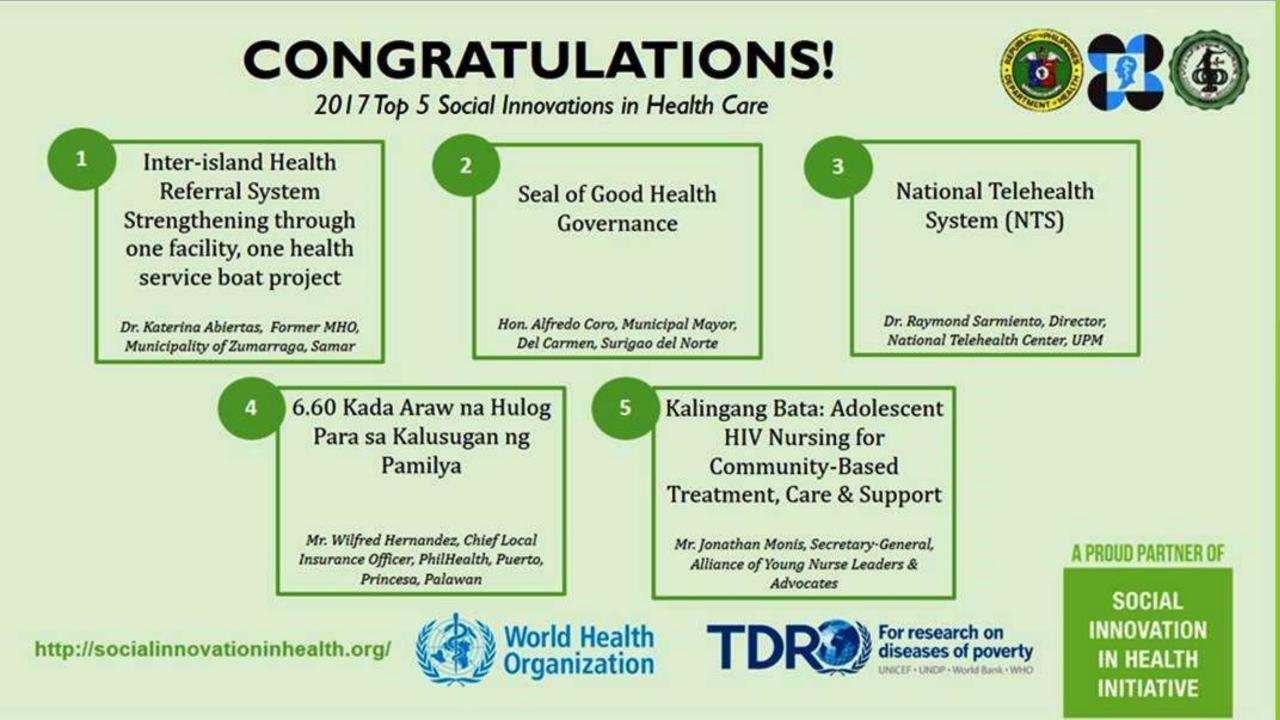
SOCIAL INNOVATION in HEALTH INITIATIVE: Inter-Island Health Referral System Strengthening; One Facility, One Service Boat Project

### **KATERINA NONO-ABIERTAS MD**

Municipal Health Officer MOTIONG, SAMAR AMHOP SAMAR CHAPTER President

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(RED)

### GEOGRAPHICALLY ISOLATED & DISADVANTAGED AREA (GIDA)

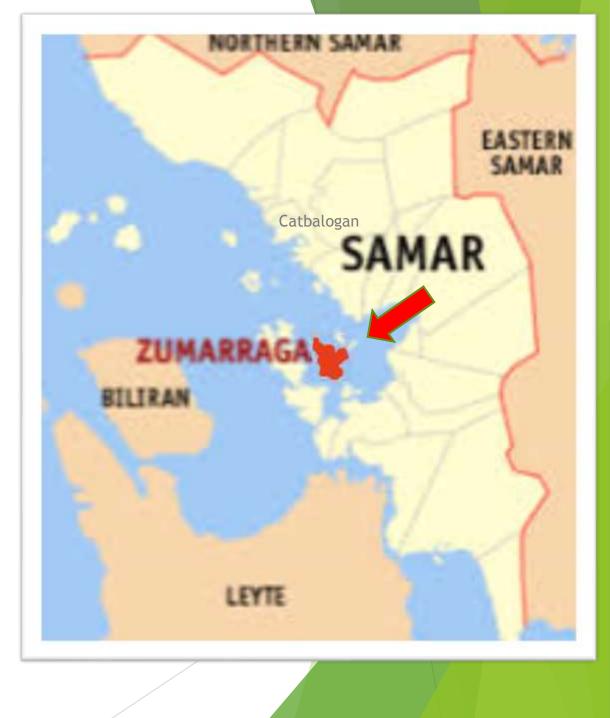
Communities with marginalized population physically & socio-economically separated from the mainstream society such as island municipalities, upland communities, hard to reach areas & conflict-affected areas (DOH AO 2010-0036)





# **FAST FACTS**

- ✓ 5<sup>th</sup> Class Municipality;
- ✓ Fishing is the major source of income;
- ✓ Comprised of 25 coastal barangays;
- ✓ Total Land Area is 38.55 sq. km.
  ✓ Total Population is 17,890 (2016)
  ✓ Population Density is 464/ sq.m.



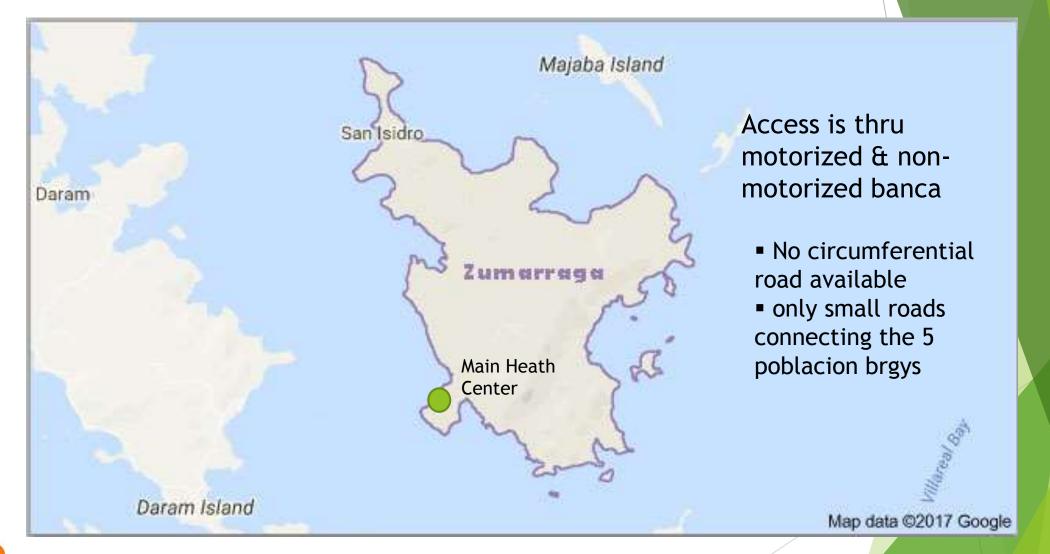


# **FAST FACTS**



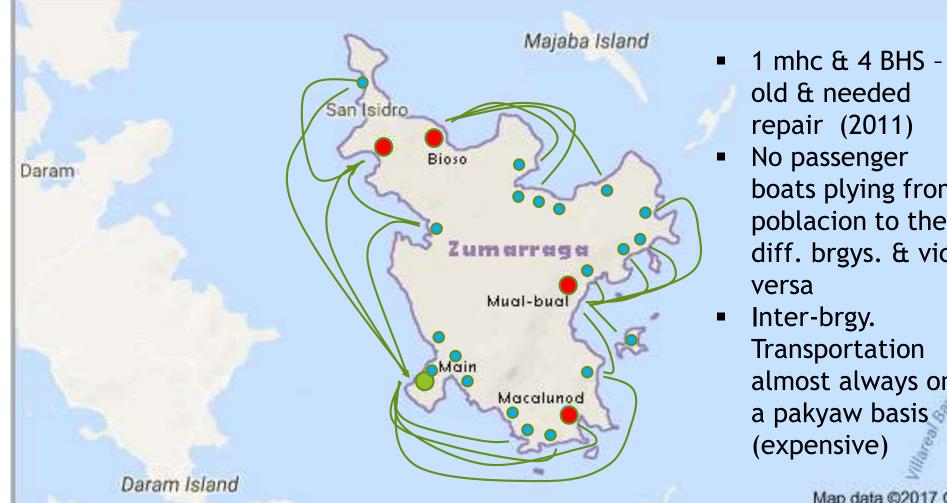


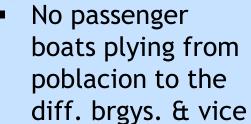
### **UNIQUE GIDA CHALLENGES**





### **UNIQUE GIDA CHALLENGES**



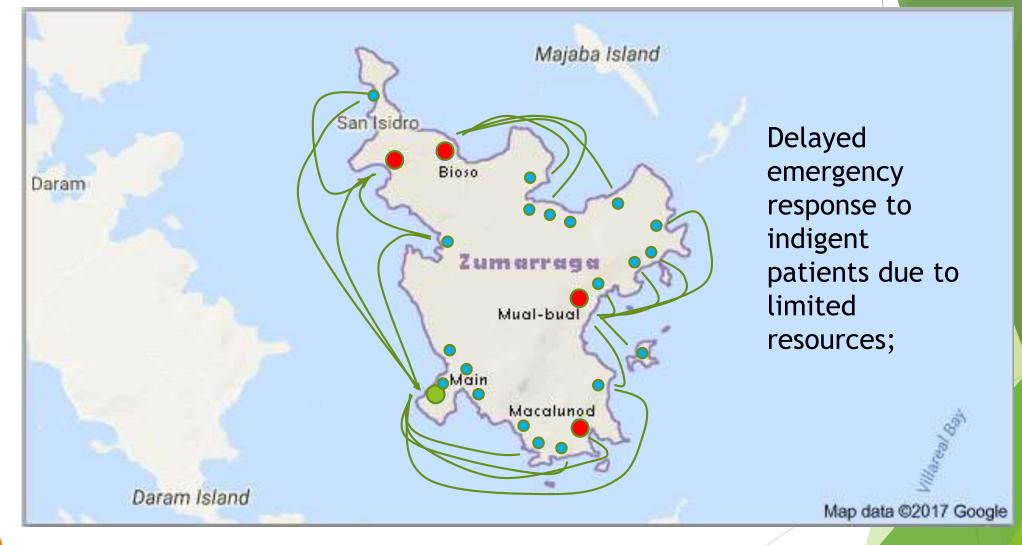


Inter-brgy. Transportation almost always on a pakyaw basis (expensive)

Map data @2017 Google



### **UNIQUE GIDA CHALLENGES**





ROOT CAUSES	DETAILS	SEVERITY		
LOW RESOURCES	<b>SOURCES</b> Rural Health Unit and Barangay Health Stations are not equipped to function as			
(Ne agginped birthing	lying-in facilities			
(No equipped birthing	Lack of equipment	1		
facility)				
(Lack of adequate human	Only 1 RHM resides in her catchment barangay, the other 4 live in Catbalogan City	1		
resource)	and is out of Zumarraga during Friday nights and weekends			
	RHMs not confident to handle deliveries due to lack of recent skills training on LSS	1		
	and BEMONC			
	4 out of 5 barangays only get to be visited by RHM once a month due to limited	2		
	Travelling allowance			
	1 Rural Health Midwife (RHM) is serving 5 catchment barangays	2		
POLICY SUPPORT	Lack of Legislation on safe motherhood that promotes FBDs and SBAs	1		
ACCESS	No money for gasoline/diesel or for motorboat hire to bring patient to facility/hospital	1		
	No identified vehicle for transport in every barangay	1		
	No sea ambulance for referral of patients to facilities/hospitals	1		
	Difficulty in transporting or referring patients during Habagat months/typhoons	3		
	No circumferential road in the island	3		
	Access to majority of barangays is only thru the sea	3		
CULTURE/BEHAVIOR	Pregnant women prefer hilots because they offer more services like cooking their	2		
	food, taking care of their children while they are recuperating			
	Pregnant women prefer hilots because they had attended deliveries of their	2		
	previous babies, their mothers, grandmothers, great grandmothers and nothing			
	happened to them			
	Pregnant women prefer giving births at home because it is more convenient for	2		
	them especially if they need to travel by sea to the birthing facility			

# PRINCIPAL ISSUES TO FOCUS ON BASED ON PROBLEM TREE ANALYSIS

- Lack of birthing facilities and equipment
- No available skilled health professional to handle deliveries 24/7
- >Behavior change from home based deliveries to facility based deliveries (both for staff & the community)
- >No local ordinance on safe motherhood
- Lack of support system in the barangay to facilitate FBDs and SBA

### Possible options/alternatives using FAST/FIRST ANALYSES

FAST	Option 1	Option 2	Option 3	Option 4	
OPTION	Health Facility	Renovation of 1	Ordinance on Safe	Application for	
ALTERNATI	Enhancement	room to be a	Motherhood	MCP Accreditation	
VE	Program (New	lying-in facility	(prohibiting TBAs)		
	RHU) Target Dec	July – Aug. 2011	October 2013	Control to 2011	
	2011, Done -			September 2011	
	Dec. 2017				
Feasibility	5	5	5	1	
Acceptabil	5	5	4	5	
ity					
Suitability	5	4	5	5	
Timeliness	5	5	5	3	
TOTAL	20	19	19	14	

### Possible options/alternatives using FAST/FIRST ANALYSES

FIRST	Option 5	Option 6	Option 7	Option 8
OPTION/ALTERNATIVE	BEMONC training	LSS Training for 4	Organization of	Procurement of
	for 1 MHO, 1 PHN	RHMs	Community Health	Sea Ambulance
	and 1 RHM	BEMONC FOR	Team	Nov. 5, 2 <b>012</b>
	2013 - 2014	RHMS	2012	
Feasibility	4	4	5	4
Immediacy (Urgency)	5	5	5	5
Responsiveness	5	5	5	5
Suitability	5	5	5	5
Technical Soundness	5	5	5	5
TOTAL	24	24	25	24

### Possible options/alternatives using FAST/FIRST ANALYSES

FAST	Option 9	Option 10	Option 11	Option 12
OPTION/ALTERNATIVE	Behavior Change	Establishment of 4	Establishment of	Staff
	Communication	BHS as lying in	Waiting Home	augmentation
	For	facilities	beside RHU's	(hirin <mark>g o</mark> f
	BHWs/Community	BHS San Isidro –	lying in to cater	additional RHMs)
	2011 -2014	2015	to residents from	HRH from DOH &
	For Staff 2011-	BHS Mualbual &	far barangays	JO midwife 2012
	2013	BHS Bioso – with	Not needed	
		HFEP but no BF		
Feasibility	5	2	4	1
Acceptability	5	5	4	5
Suitability	5	5	5	3
Timeliness	5	5	5	5
TOTAL	20	17	18	14







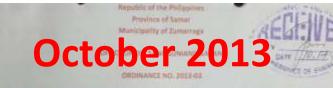
**OPTION 4** 

IHealth

You Partner in Health

uly - Aug. 2011

# **OPTIONS 5&6**



AN ORDINANCE PROVIDING FOR FAMILY HEALTH SERVICES WITH FOCUS ON SAFE MOTHERWOOD AND NEONATAL NEALTH OF THE MUNICIPALITY OF TUMARRAGA AND FOR OTHER PURPOSES.

RAAM Property HOM MARHINELA ASTORDA

HON, LIESA A. LUBAD

BE IT ORDAINED BY THE SANGOUMANG SAYAN OF THE MUNICIPALITY OF ZUMATUNCA PROVINCE OF SAME IN A SESSION ASSESSMENTED

Section 1. Title

This millionce shall be known as the Furnity Health Code with Focus on Sale Methanlood and Hamazol Health Ears of the Municipality of Zumanaga, Samar Province.









### For Staff 2011-2013 For BHWs/Community 2011 -2015



BHS San Isidro – 2015





Health Facility Enhancement Program (HFEP)

(New RHU-Infirmary Set-up)

Target Dec 2011

Done -Dec. 2017



# Inter-Island Health Referral System Strengthening; One Facility, One Service Boat Project

#### MUNICIPALITY OF ZUMARRAGA, SAMAR



# INNOVATIONS

# Partnership with LUKE FOUNDATION & CS FOUNDATION

- 4 BOATS WERE DONATED, 1 for each bhs (2014 1, March 2015 3)
- LGU COUNTERPART: <u>SALARY OF BOATMEN, MAINTENANCE OF BOAT</u>
   <u>& FUEL</u>
- Low-cost, fuel efficient, cost-effective & culturally acceptable service boats
- Built by Boat Builders from Basey
  - In 2014









Partnership with Japan-Philippine Friendship Association

# INNOVATIONS

## **REGULAR SERVICES DELIVERED VIA THE BOATS**

- a. Pre-natal, natal & post-natal check-ups
- b. Health and nutrition education
- c. Expanded Program for Immunization or Vaccination

d. As ambulance for patients who needs complex health or medical services

e. As transport vehicle of pregnant from their barangay to the lying-in facility at RHU

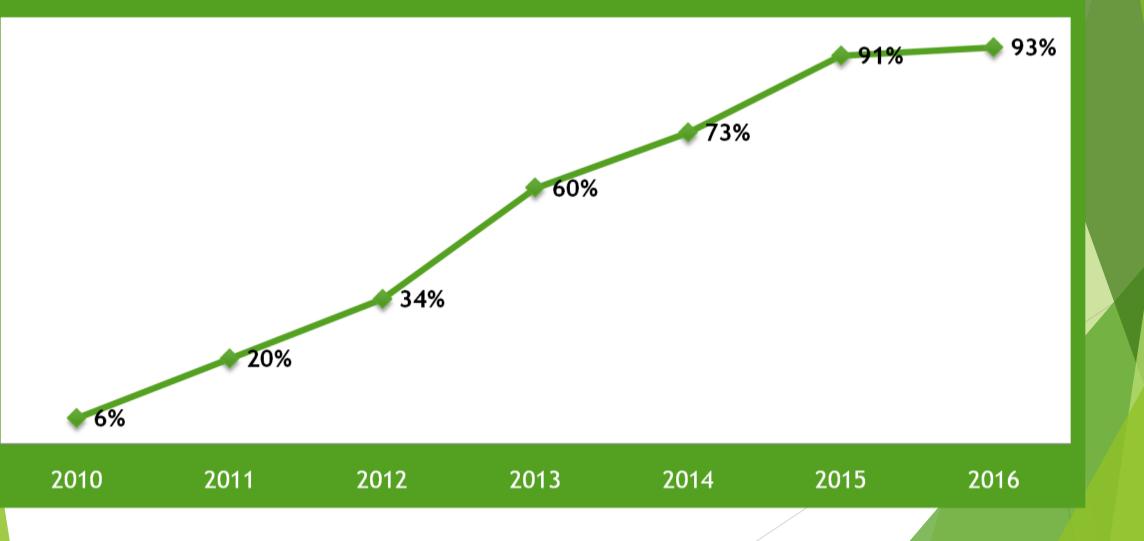
f. As service boat of rural health midwives to and from each barangay health stations & catchment barangays.

1. Direct Benefits to 14,220 from 4 barangay health stations and indirect benefits to 106 barangay health workers / community health team (BHS/CHT), 4 boatmen and 20 RHU staffs.

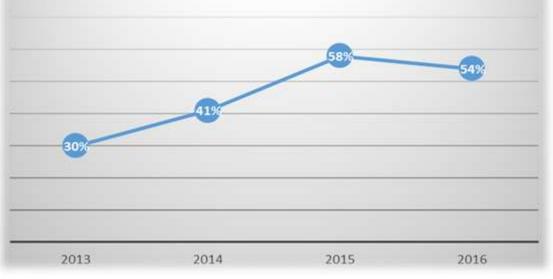




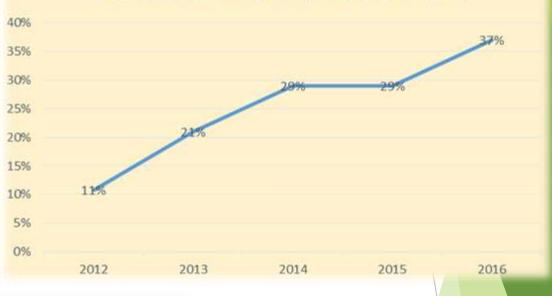
#### FACILITY B ASED DELIVERY IN ZUMARRAGA



#### FULLY IMMUNIZED CHILD



**CONTRACEPTIVE PREVALENCE RATE** 



 TB CASE DETECTION RATE

 879

 879

 649

 649

 649

 619

 619

 2013

 2014

 2015

 2014



7. Farthest BHS was ranked first in 2016 from rank 5 in 2014;

8. From a zero income from Philhealth reimbursements in 2011, it now earns 2.5-4.3 million pesos annually from Philhealth revenue

## THE RESULTS : INCREASE IN RHU INCOME

YEAR		MCP INCOME	TB DOTS		GRAND TOTAL
	2011	0	0	0	0
	2012	146,350	50,500	1,172,075	1,368,925
	2013	477,200	52,500	418,225	947,925
	2014	1,140,100	137,000	2,221,500	3,498,600
	2015	1,464,100	164,550	2,719,000	4,347,650
	2016	1,200,200	141,500	1,162,325	2,504,025
TOTAL		4,427,950	546,050	7,693,125	12,667,125

10. Service delivery boats was recognized by Unilab Foundation as one of the successful community projects in terms of social impact, health outcomes and local health financing;

11. Inter-Island Health System Strengthening through One Facility, One Health Service Boat Project was chosen as the Top 1 Social Innovation in Health Care for 2017 by the Social Innovation in Health Initiative (SIHI) -Philippines.



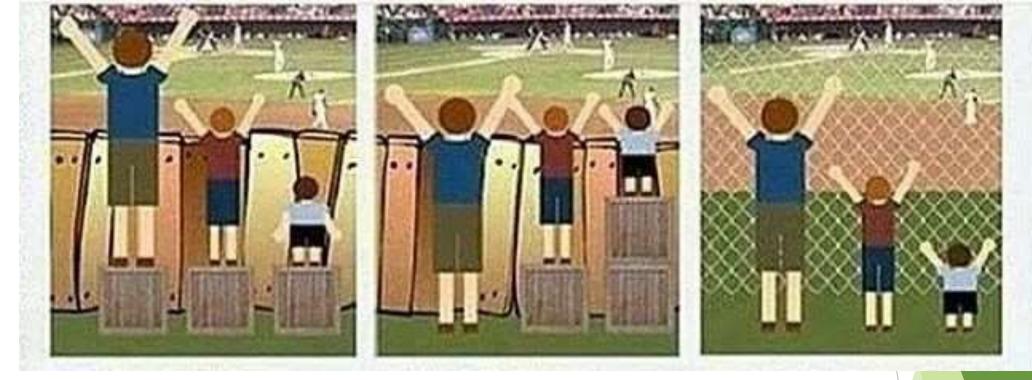






Lingby provided to





IF WE WANT BETTER HEALTH OUTCOMES FOR GEOGRAPHICALLY ISOLATED & DISADVANTAGED AREAS, TRANSPORTATION/ACCESS WHICH IS A SYSTEMIC BARRIER SHOULD BE ADDRESSED FIRST!

Investing on simple intervention for improving access could actually improve health outcomes & create positive ripple effects in the local health system that eventually makes UHC a bit closer to reality

# Clients do not come first. Employees come first.

If you take care of your employees, they will take care of the clients.

**Richard Branson** 

If we really want PEOPLE Centered Health Systems People should NOT come first, HEALTH WORKERS COME FIRST!

If you take care of US, the HEALTH WORKERS in the country, especially in the grassroots, WE will take care of our PEOPLE!

SOCIAL INNOVATION FOR HEALTH was NEVER MY MAIN GOAL,

it was my HOW, the WAY for me to MATERIALIZE my dream for my fellow Samarnons, especially for those living in Geographically Isolated & Disadvantaged Areas

Thank you SIHI Philippines, PCHRD & CRHRDC! 😳

# YOUR LIFE HAS PURPOSE. YOUR STORY IS IMPORTANT. YOUR DREAMS COUNT. YOUR VOICE MATTERS. YOU WERE BORN TO MAKE AN IMPACT.



"For | know the plans | have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future." ~Jeremiah 29:11

Thank you for LISTENING