Final Feedback Report on the Pilot Testing of the Urban Health Equity and Response Tool (HEART)

The Paranaque City Experience

JUNE 1, 2008 – JUNE 1, 2009

CHAPTER 1: INTRODUCTION

A. Description of Study Site

Paranaque City is one of the highly urbanized city in the National Capital Region. It has a total population of 585,971 in 2008, with a growth rate of 3.7% higher than the national growth rate of 2.6%. It has a land area of 46.57 sq. Km., the third largest in the NCR. It has two Congressional Districts, with 8 barangays each. It is a relatively flat land with 6 barangays situated along the coastline. It contains the biggest subdivision in the whole country and now one of the most competitive urban cities in the Philippines.

Hundreds of years ago, of the mouth of what is now the Parañaque River, there stood an imposing balite tree, with dark foliage and trunks gnarled by age. When viewed from afar from Manila Bay, it seemed like a boat sailing slowly and majestically, earning the Tagalog term **"Palanyag".** This is actually a corruption of the term Palanyag which means point of migration. Before, may be the inhabitant of our town wanted to sound like the Spaniards. So what they did to the world **"paranale"** was to add a vowel and the term **"Parañaque"** came about. The town was founded in 1572. It lay very proximate to the sea. Parañaquenos traded with the Chinese, Indonesians, Indians and Malays. Peoples' sources of livelihood were salt making, planting rice, shoe making and weaving.

Today, Parañaque at the entry of the third millennium finds itself now a city with an income of more than a billion pesos a year. It is the first Metro City that welcomes visitors flying to the Philippines by way of Ninoy Aquino International Airport (NAIA). From the City's center. The Domestic Airport is only 12 minutes away, so is the Grand Air Terminal for Inter-island flight.
Agriculture built this City but commerce and industry propped-up the economy. Offices and factories replaced old Parañaque fields of grains, saltbeds and fishponds. Today, the City has licensed and contract manufacturer of well-known food products, motorcycles, car, trucks,

home appliances, medicines, electronics components, semi conductors and a host of others. And with its becoming a city, Parañaque has finally achieved its stature from a coastal town to a leading metropolis in the country.

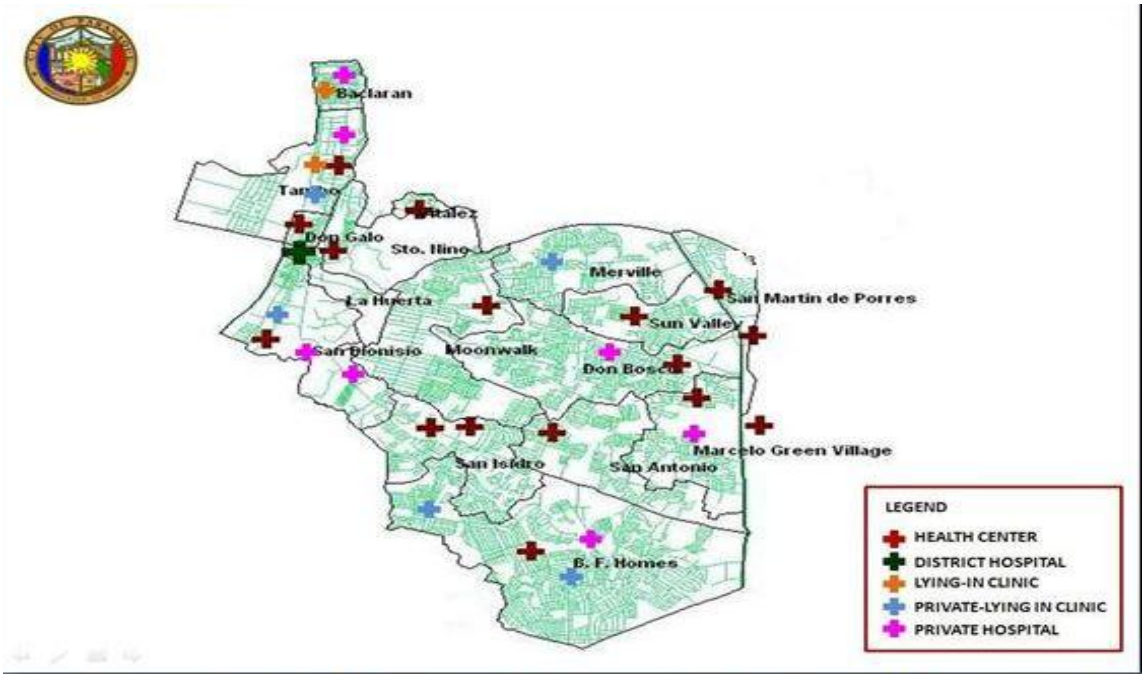
This history of Palanyag to Parañaque has finally reached a glorious spiritual, political and progressive city of duly-bound citizentry, service oriented and labor-friendly business community, trust conscious institution, civic minded organization and caring local government, helping each other, working together with the guidance and grace of GOD contributing to the nation's growth and progress.

Palanyag, the original name of Parañaque, now one of the highly urbanized cities in Metro Manila and known for the famous Baclaran church. Parañaque is the largest area in the whole province of Rizal lies some 9.5 kms. South of Rizal Grandstand bounded on the northern end by Makati City and Pasay City in the northwest, Taguig in the eastern side, Muntinlupa in the southeast, Las Pinas on the southwest, and Manila Bay in the west. The City of Parañaque occupies an aggregate land area of 46.57 sq.km., the third largest in the National Capital Region (NCR). It is subdivided into sixteen (16) barangays with two (2) districts. District I composed of Barangay Baclaran, Tambo, Don Galo, Sto. Nino, La Huerta, San Dionisio, Vitalez and San Isidro while the second district II consists of Barangay BF Homes, San Antonio, Don Bosco, Sun Valley, Marcelo Green, Merville, Moonwalk, and San Martin De Porres.

The City is relatively flat and situated along the coastline areas of six barangays namely: Baclaran, Tambo, Don Galo, Sto. Nino, La Huerta and San Dionisio. The other barangays such as Moonwalk, Vitalez, San Isidro, BF Homes, Don Bosco, Marcelo Green, Merville, Sun Valley, San Antonio and San Martin De Porres have an elevation ranging from 10 to 35 above mean water level. The soil in Parañaque is classified under Guadalupe soil. It is a volcanic eject that produces a loam to clay texture that can hold more water. The soil contains more clay than silt. With regards to commercial area, Barangay Baclaran remains the central business district while the the corridors of Ninoy Aquino and Dr. A. Santos Avenue are the sites of the fast growing business and commercial activities. Likewise it is emerging as the banking and financial rows. Business and commercial establishments have also sprouted and continue to proliferate inside Barangay BF Homes, along Dona Soledad Avenue in Better Living subdivision and within Multinational in Barangay Moonwalk.

Industries are concentrated along South Superhighway from the eastern side of Barangay Merville, Sun Valley, north and eastern portion of Marcelo Green and eastern side of San Martin De Porres. Residential area constitutes the largest portion of Parañaque and evenly distributed from Barangay Tambo and all throughout the other barangays of the City. Furthermore, the remaining largest portion of Parañaque which consists of marine ponds are located along Ninoy Aquino Avenue and from Barangay Don Galo to Barangay San Dionisio and scattered small portion of open spaces within the subdivision of Barangay Merville, Don Bosco, Marcelo Green, San Dionisio, San Isidro and BF Homes.

Figure 1. Map of Paranaque City



B. Health Statistics

B.1 Vital Health Indices

Except for the crude birth rate, 2008 vital health indices in Paranaque City had shown some improvement compared to the average of the past 5 years (2002 -2007). Infant mortality rate was decreased by 5 percent in 2008. A significant reduction in maternal mortality rate was seen which was 71 percent lower compared to the average of the past 5 years. No significant change was seen in the crude death rate of the city (Table 1).

Table 1. Vital Health Indices, Paranaque City, 2002 – 2007 vs 2008

Indicator	Ave. 2002 - 2007	2008
*CBR	13	15
*CDR	4	4
*IMR	19	18
**MMR	7	2

*per 1,000 pop'n ; ** per 100,000 population

B.2 Mortality

The ten leading causes of Mortality in the city is dominated by the Healthy Lifestyle diseases with Pneumonia taking the no. 3 position since 2007 and increased by 3 per 100,000 population in 2008 (Table 2).

Table 2. Ten Leading Causes of Mortality (Rate /100,000 population)
Paranaque City, 2006 - 2008

Rank	2006		2007		2008	
	Causes	Rate	Causes	Rate	Causes	Rate
1	HCVD	45	CAD	95	CAD	66
2	CAD	40	Hypertension	51	Hypertension	46
3	Cancer	24	Pneumonia	38	Pneumonia	41
4	Pneumonia	23	Cancer	34	Cancer	33
5	DM	16	DM	27	DM	28
6	TB	15	TB	16	TB	18
7	Bronchial asthma	9	Bronchial asthma	104	Multi-organ Failure	15
8	Renal disease	9	Liver disease	104	Renal disease	15
9	COPD	8	Renal disease	9	Congenital diseases	12
10	Diarrheal dse	5	COPD	8	Bronchial asthma	9

B.3 Morbidity

The top five Morbidity cases are dominated by infectious causes but has significantly decreased in terms of rate since 2006 (Table 3).

Table 3. Ten Leading Causes of Morbidity (Rate/ 100,000 population)
Paranaque City, 2006 - 2008

Rank	2006		2007		2008	
	Causes	Rate	Causes	Rate	Causes	Rate
1	ARI	979	RTI	217	RTI	206
2	Bronchitis	188	Dermatitis	94	Dermatitis	85
3	Wound	176	Wound	74	Wound	76
4	PTB	165	PTB	61	ATP	52
5	Diarrhea	162	Diarrhea	57	PTB	51
6	Hypertension	155	Pneumonia	44	Hypertension	51
7	Acute Tonsillo Pharyngitis	134	ATP	44	Diarrhea	47
8	UTI	103	Hypertension	43	Animal Bite	38
9	Bronchial Asthma	91	UTI	43	Pneumonia	35
10	Intestinal Parasitism	82	Animal Bite	43	UTI	34

CHAPTER 2: THE PARANAQUE CITY URBAN HEART

The Urban Health Equity and Response Tool (Urban HEART) was used to identify health inequities in priority areas of Paranaque City. Differences in the performance using the indicators of major health determinants based on policy domains (physical environment and infrastructure, social and human development, economics and governance) guided the Paranaque City Urban HEART team in conducting a systematic assessment of inequitable health conditions in the barangays. The color coding design facilitated the fast identification of problem areas.

A. The Paranaque Urban Heart Team

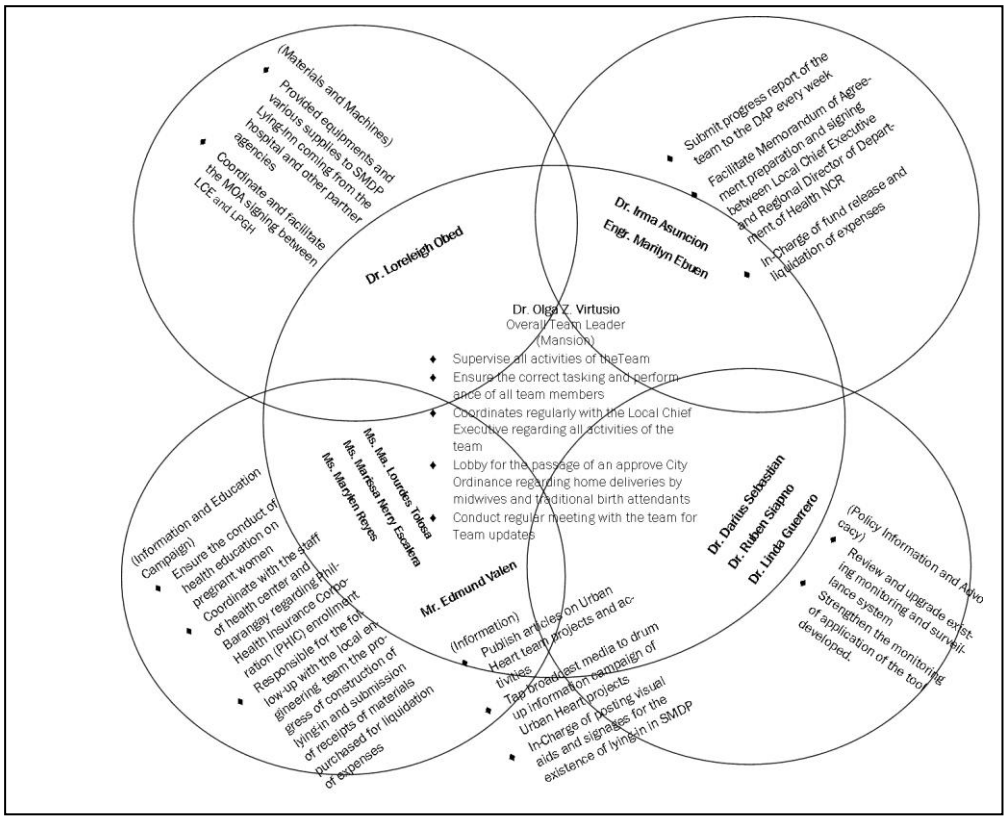
The Urban Heart Piloting in Paranaque City kicked off with an Advocacy to the Local Chief Executive, the Mayor. Core agencies to initially implement the project were identified and tasked by the local chief executive to carry out Urban Heart Project. Together with the Department of Health and Center for Health Devpt. MM, The TWG underwent a Short Course for Urban Health Equity, simultaneously implementing the initial phases of data gathering in the city.

The Urban HEART team was composed of people from the City Health Office, Planning Office, Budget Office, DSWD, Councilor for Health, Information Office, Florencio M. Bernabe Memorial Hospital, CHD-MM, Engineering Department, Department of Education, Local Civil Registry, SWAESO, Liga ng mga Barangay, Rotary Palanyag, Local Housing Development Office, and Sangguniang Kabataan.

B. Duties and Responsibilities

Roles and Responsibilities were identified in the process to facilitate carrying out of various activities needed to be implemented using the SCUHE tasking board (Figure 2).

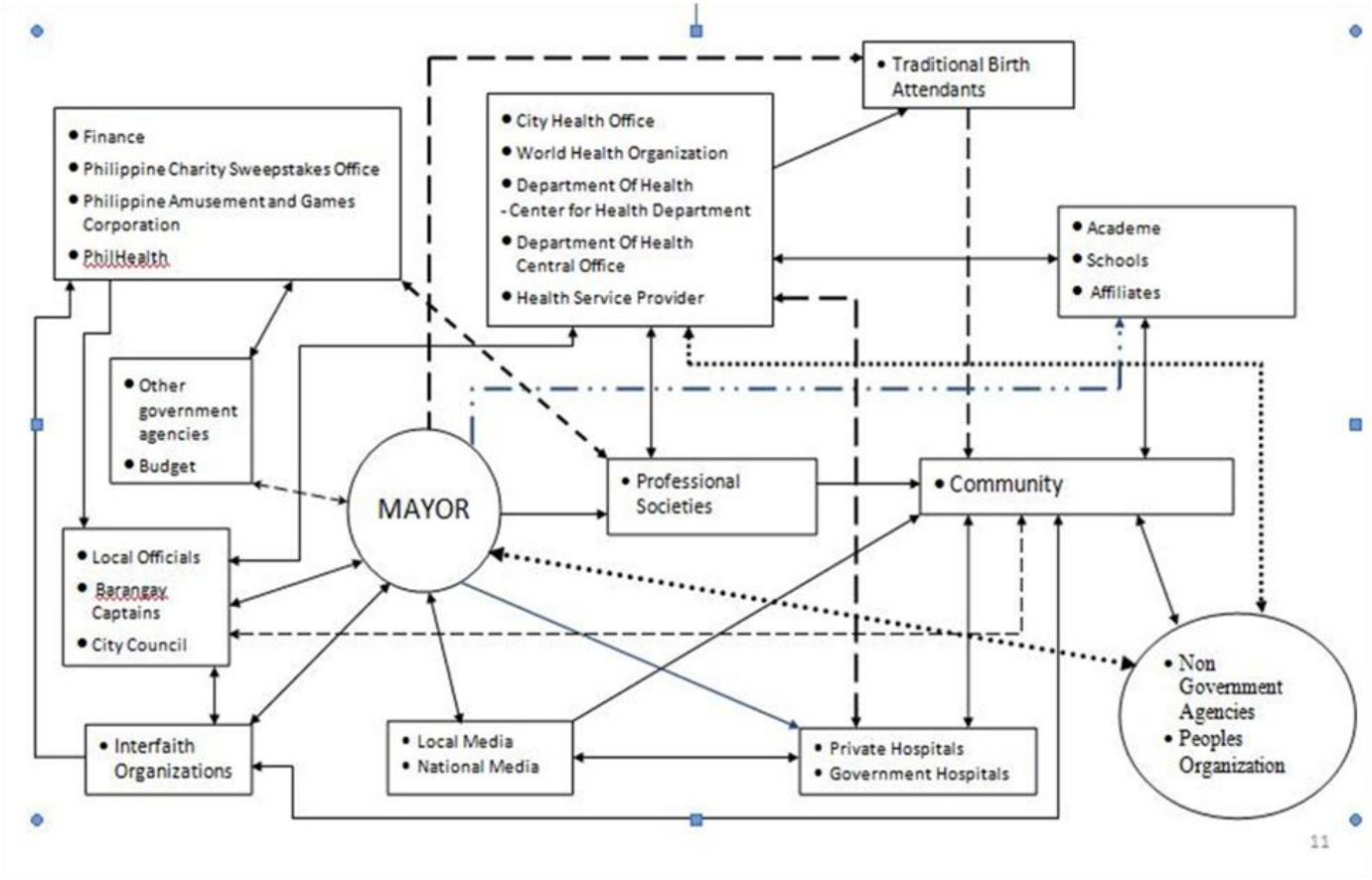
Figure 2. Duties and Responsibilities of the Urban HEART Team members



C. Stakeholder Analysis

Stakeholders were identified and mapped. The Mayor if you will notice receives the most no. of arrows as he would be the giver and the recipient, being the center of governance. Well connected lines are stakeholders with strong nodes of power whilst those with isolated and weak interest were represented by broken lines. Some stakeholders were represented by double tipped arrows to show the nodes draw power both ways. The community likewise is an important stakeholder identified. (Figure 3).

Figure 3. Stakeholder Analysis



D. Urban HEART Process

Although there was no clear step by step instruction on the different processes involving Urban HEART, the Technical Working Group came up with 8 steps on how to accomplish the Urban HEART the way they understood the project.

The following steps were based on the experience of Paranaque on how they understand the different processes.

- Step 1: Identification of stakeholders and richest and poorest barangays
- Step 2: Recording of data using Urban Health Assessment Analysis Record
- Step 3: Color coding of data using the urban HEART equity matrix
- Step 4: Plotting the data using the Urban HEART equity monitor
- Step 5: Identification of problematic domains
- Step 6: Identification of equity gaps from the equity matrix and monitor
- Step 7: Prioritizing recommended specific interventions/actions
- Step 8: Action plan for specific interventions
    a. SCUHE process
    b. Urban HEART

Step 1: Identification of richest and poorest barangays based on percentage of depressed areas

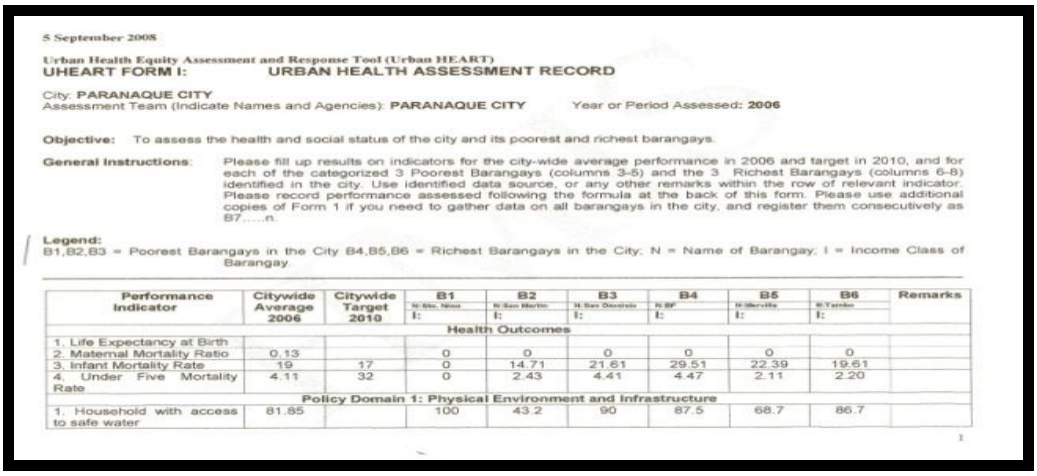
In the absence of any criteria to classify a barangay as to either rich or poor, the team were given freehand on how identify the richest and poorest barangays of the city. The number of depressed area per barangay was used due to availability of this information in the city health office. Poorest barangay identified were barangays San Dionisio, Sto. Nino, and San Martin De Porres. On the other hand, barangays Tambo, Merville and BF Homes were identified as the richest barangays of Paranaque City (Table 4).

Table 4. Distribution of Depressed and Non-depressed Areas in Paranaque City

Barangay	No. of Areas	Depressed Area		Subdivision/Non-depressed area	
		Number	Percent	Number	Percent
Baclaran	37	18	49	19	81
Tambo	19	9	47	10	53
Vitalez	4	2	50	2	50
San Dionisio	33	19	58	14	42
Sto. Niño	39	37	94	2	6
San Isidro	36	19	52	17	48
Moonwalk	97	47	48	50	52
BF Homes	43	20	46	23	54
Sun Valley	32	17	53	15	47
La Huerta	30	15	50	15	50
Don Bosco	67	32	48	35	42
San Antonio	91	49	54	42	51
San Martin	13	8	61	5	49
Merville	27	10	37	17	63
Marcelo Green	30	16	53	14	47

Step 2: Using Urban Health Assessment Analysis Record

There were 3 forms provided which served as Urban Health assessment record. *Form 1* was used to assess the health and social status of the city and its poorest barangays. Results on indicators for the city-wide average performance in 2006 and target in 2010, and for each of the categorized 3 poorest and richest barangays identified in the city.



5 September 2008

Urban Health Equity Assessment and Response Tool (Urban HEART)

UHEART FORM I: URBAN HEALTH ASSESSMENT RECORD

City: **PARANAQUE CITY**
Assessment Team (Indicate Names and Agencies): **PARANAQUE CITY** Year or Period Assessed: **2006**

Objective: To assess the health and social status of the city and its poorest and richest barangays.

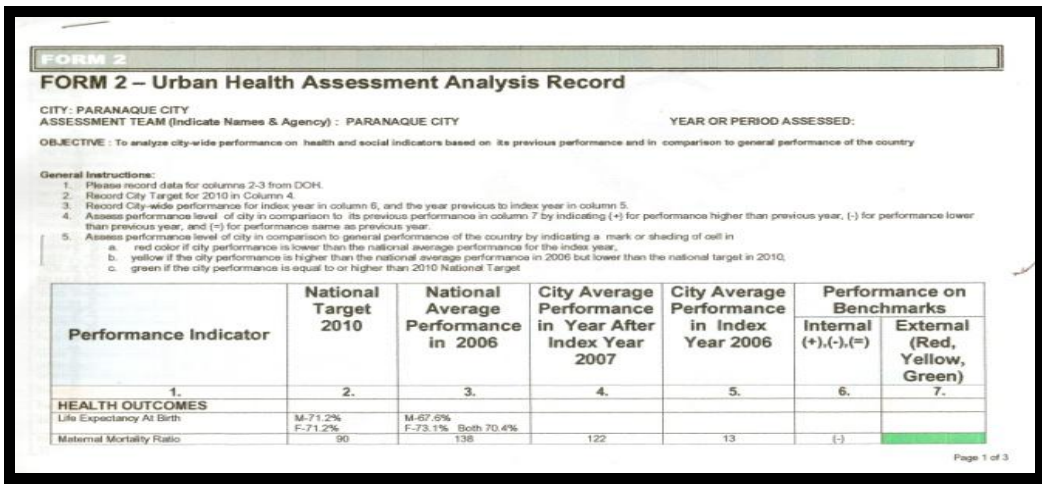
General Instructions: Please fill up results on indicators for the city-wide average performance in 2006 and target in 2010, and for each of the categorized 3 Poorest Barangays (columns 3-5) and the 3 Richest Barangays (columns 6-8) identified in the city. Use identified data source, or any other remarks within the row of relevant indicator. Please record performance assessed following the formula at the back of this form. Please use additional copies of Form 1 if you need to gather data on all barangays in the city, and register them consecutively as B7.....n.

Legend:
B1,B2,B3 = Poorest Barangays in the City B4,B5,B6 = Richest Barangays in the City; N = Name of Barangay; I = Income Class of Barangay

Performance Indicator	Citywide Average 2006	Citywide Target 2010	B1 N: Sto. Nino I:	B2 N: San Martin I:	B3 N: San Dionisio I:	B4 N: BF I:	B5 N: Merville I:	B6 N: Tambo I:	Remarks
Health Outcomes									
1. Life Expectancy at Birth									
2. Maternal Mortality Ratio	0.13		0	0	0	0	0	0	
3. Infant Mortality Rate	19	17	0	14.71	21.61	29.51	22.39	19.61	
4. Under Five Mortality Rate	4.11	32	0	2.43	4.41	4.47	2.11	2.20	
Policy Domain 1: Physical Environment and Infrastructure									
1. Household with access to safe water	81.85		100	43.2	90	87.5	68.7	86.7	

Plate . Form 1 - Urban Health Assessment analysis Record

Form 2 **was used to analyze city-wide performance on health and social indicators based on previous performance and in comparison to general performance of the country. To assess the performance level of the city in comparison to its previous performance , a positive (+) sign was used to indicate higher performance during the previous year, negative (-) sign for performance lower than the previous year and equal (=) sign for performance same as the previous year. To assess the performance level of the city in comparison to the general performance of the country, color coding of the cell was used. Red color if city performance is lower than the national average performance for the index year. Yellow if the city performance is higher tan the national average performance in 2006 but lower than the national target in 2010. And green if the city performance is equal or higher than 2010 National target.**



FORM 2

FORM 2 – Urban Health Assessment Analysis Record

CITY: PARANAQUE CITY
ASSESSMENT TEAM (Indicate Names & Agency) : PARANAQUE CITY YEAR OR PERIOD ASSESSED:

OBJECTIVE : To analyze city-wide performance on health and social indicators based on its previous performance and in comparison to general performance of the country

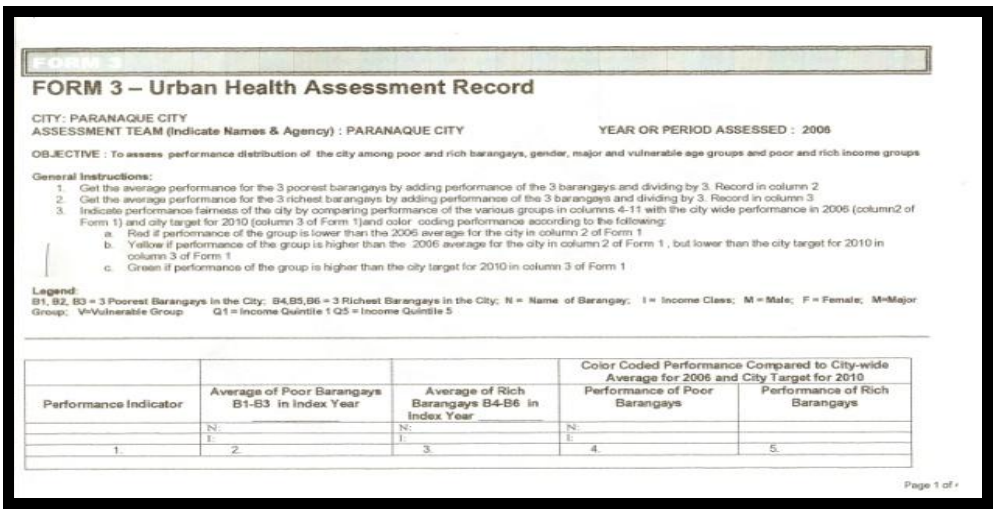
General Instructions:
1. Please record data for columns 2-3 from DOH.
2. Record City Target for 2010 in Column 4.
3. Record City-wide performance for index year in column 6, and the year previous to index year in column 5.
4. Assess performance level of city in comparison to its previous performance in column 7 by indicating (+) for performance higher than previous year, (-) for performance lower than previous year, and (=) for performance same as previous year.
5. Assess performance level of city in comparison to general performance of the country by indicating a mark or shading of cell in
   a. red color if city performance is lower than the national average performance for the index year,
   b. yellow if the city performance is higher than the national average performance in 2006 but lower than the national target in 2010,
   c. green if the city performance is equal to or higher than 2010 National Target

Performance Indicator	National Target 2010	National Average Performance in 2006	City Average Performance in Year After Index Year 2007	City Average Performance in Index Year 2006	Performance on Benchmarks	
					Internal (+),(-),(=)	External (Red, Yellow, Green)
1.	2.	3.	4.	5.	6.	7.
HEALTH OUTCOMES						
Life Expectancy At Birth	M-71.2% F-71.2%	M-67.6% F-73.1% Both 70.4%				
Maternal Mortality Ratio	90	138	122	13	(-)	

Page 1 of 3

Plate . Form 2 – Urban Health Assessment analysis Record

Form 3 was used to assess performance distribution of the city among poor and rich barangays. The average performance for the 3 poorest and richest barangays were computed. To indicate performance of the 3 poorest and richest barangays, comparison with the city-wide performance in 2006 and city target in 2010 was done. Color coding was used to indicate the performance of the richest and poorest barangays. Red if performance of the group is lower than the 2006 average for the city. Yellow if performance of the group is higher than the 2006 average for the city. And green, if performance of the group is higher than the city target for 2010.



FORM 3

FORM 3 – Urban Health Assessment Record

CITY: PARANAQUE CITY
ASSESSMENT TEAM (Indicate Names & Agency) : PARANAQUE CITY YEAR OR PERIOD ASSESSED : 2006

OBJECTIVE : To assess performance distribution of the city among poor and rich barangays, gender, major and vulnerable age groups and poor and rich income groups

General Instructions:
1. Get the average performance for the 3 poorest barangays by adding performance of the 3 barangays and dividing by 3. Record in column 2
2. Get the average performance for the 3 richest barangays by adding performance of the 3 barangays and dividing by 3. Record in column 3
3. Indicate performance fairness of the city by comparing performance of the various groups in columns 4-11 with the city wide performance in 2006 (column2 of Form 1) and city target for 2010 (column 3 of Form 1)and color coding performance according to the following:
   a. Red if performance of the group is lower than the 2006 average for the city in column 2 of Form 1
   b. Yellow if performance of the group is higher than the 2006 average for the city in column 2 of Form 1 , but lower than the city target for 2010 in column 3 of Form 1
   c. Green if performance of the group is higher than the city target for 2010 in column 3 of Form 1

Legend:
B1, B2, B3 = 3 Poorest Barangays in the City; B4,B5,B6 = 3 Richest Barangays in the City; N = Name of Barangay; I = Income Class; M = Male; F = Female; M=Major Group; V=Vulnerable Group Q1 = Income Quintile 1 Q5 = Income Quintile 5

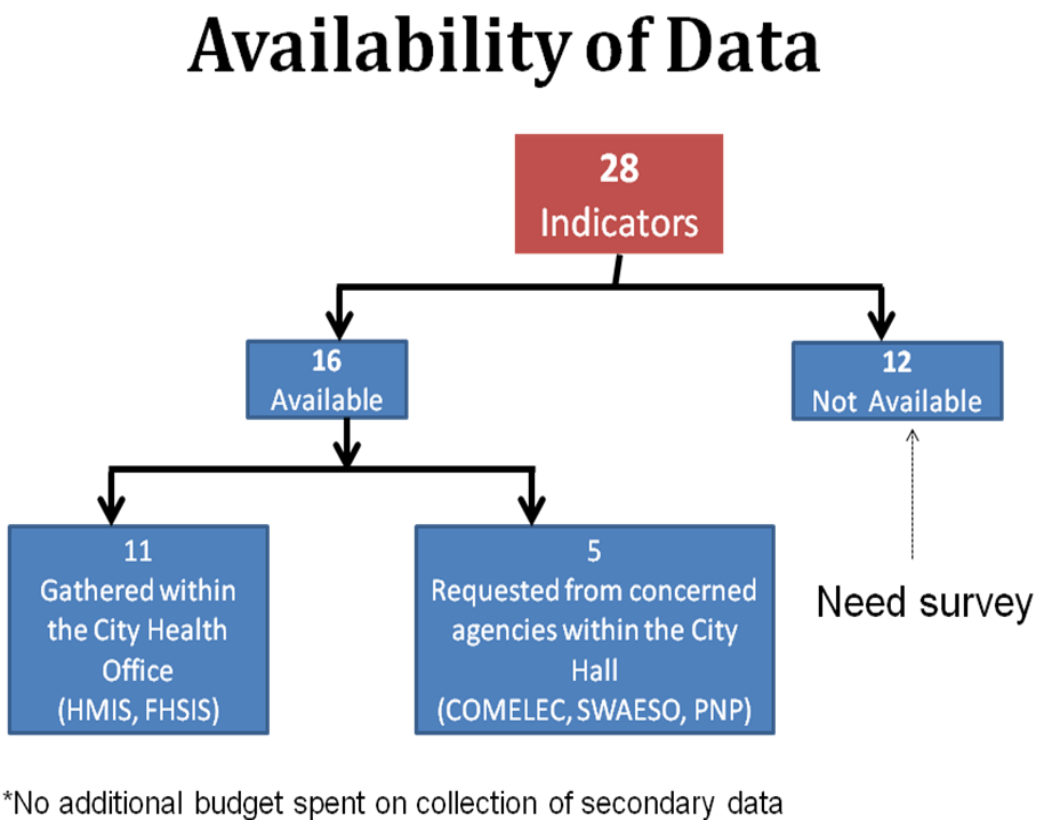
Performance Indicator	Average of Poor Barangays B1-B3 in Index Year	Average of Rich Barangays B4-B6 in Index Year	Color Coded Performance Compared to City-wide Average for 2006 and City Target for 2010	
			Performance of Poor Barangays	Performance of Rich Barangays
	N:	N:	N:	
	I:	I:	I:	
1.	2.	3.	4.	5.

Page 1 of

Plate . Form 3 - Urban Health Assessment analysis Record

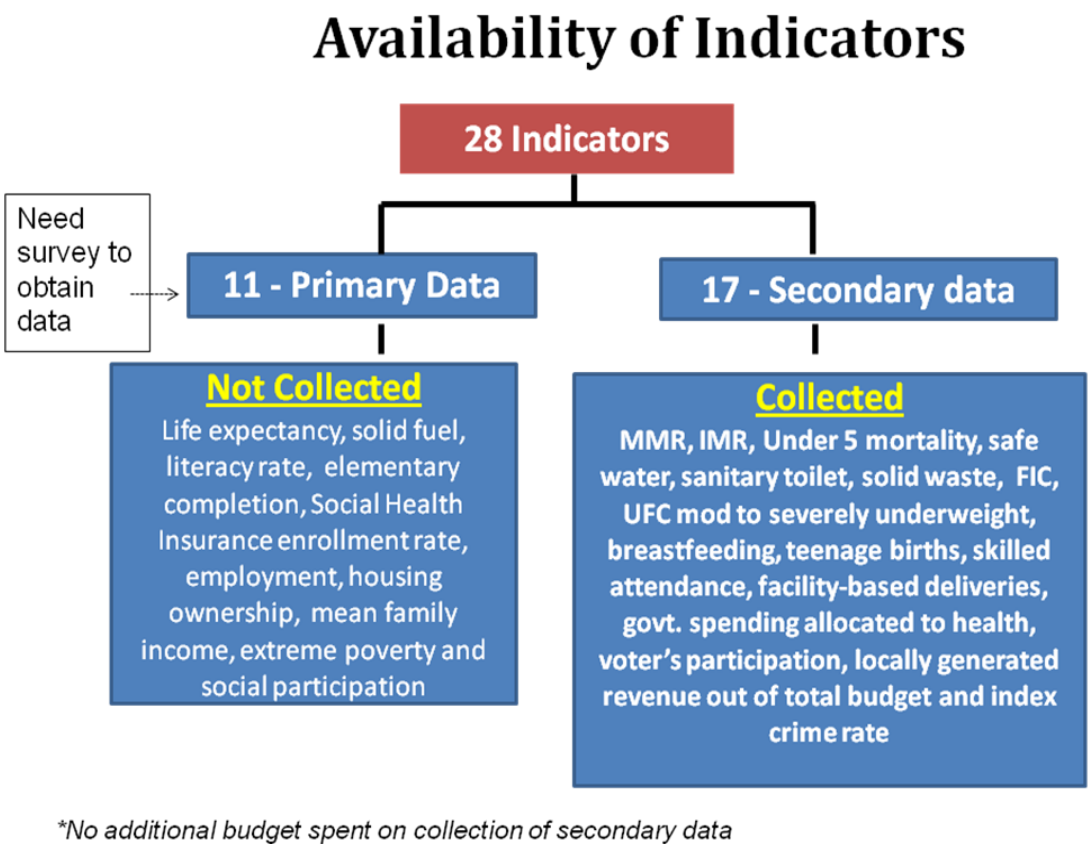
Of the 28 indicators in the URBAN Heart, there were 16 indicators with available data , 11 of this data were gathered within the City Health Office and 5 were requested from agencies within City Hall. 12 of the 28 indicators have no available data, requiring an actual survey (Figure 4).

Figure 4. Availability of Indicators for Urban HEART in Paranaque City



Of the 28 indicators, 11 indicators were not collected requiring primary data. These are life expectancy, solid fuel, elementary completion rate, social health insurance, enrollment rate, employment rate, housing ownership, mean family income, extreme poverty and social participation. 17 indicators on the other hand were collected. (Figure 5).

Figure 5. Availability of Urban HEART Indicators as to Type of Data, Paranaque City



**No additional budget spent on collection of secondary data*

Step 3: Color-coding of data using the Urban HEART Equity Matrix

After accomplishing the different forms provided, data from these forms were transferred to an Urban HEART Equity Matrix. Color coding of the the data was also used in the the Urban Heart Equity Matrix.

In Policy Domain 1 only 2 out of the 5 indicators have data gathered. And of the two indicators HH with access to safe water is a problematic indicator. Two of thesix barangays are red, 1 rich and 1 poor barangay (Table 7). In Policy Domain 2 , FIC indicator revealed mostly reds and yellow for the year 2006 but have improved in 2007. The city average however for this indicator is from red color in 2006 to a yellow upward arrow in 2007, signifying an improved in performance in service delivery in Immunization (Table . Four Indicators have no data, Youth literacy rate Elementary Completion rate and Social Health Insurance Enrollment rate. Prevalence rate of tobacco smoking among 13-15 years. Facility based deliveries indicator is another problematic indicator with reds, 2 rich brgy and 1 poor brgy, SMDP (Table 8). While the other policy domains have data, unfortunately most, if not all of the indicators in Policy Domain 3 have no data both in the City and barangay level. Only 2 of the 5 indicators in Policy Domain 4 have data (Table 10). The rest of the indicators have no data or otherwise no data from previous years to compare it with.

Table 5. Health Outcome Indicators of Urban HEART

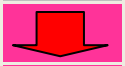
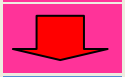
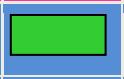
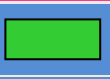
Indicators	Health Outcome							
	Life Expectancy		**MMR**		**IMR**		**Under 5 Mortality Rate**	
	2006	2007	2006	2007	2006	2007	2006	2007
Sto. Niño								
San Martin								
San Dionisio								
BF Homes								
Merville								
Tambo								
City Average								

Table 6. Policy Domain 1: Physical Environment & Infrastructure

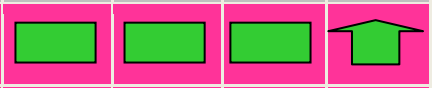
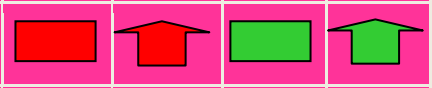
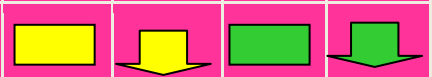
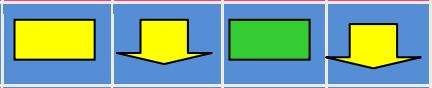
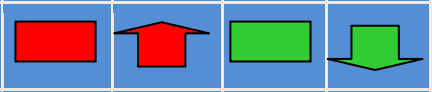
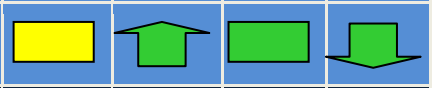
Indicators	**Policy Domain 1: Physical Environment & Infrastructure**									
	HH w/ access to safe water		HH w/ access to sanitary toilet		HH served by the city solid waste mgt.		HH using solid fuel		Incidence rate of road traffic injuries	
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007
Sto. Niño										
San Martin										
San Dionisio										
BF Homes										
Merville										
Tambo										
City Average										

Table 7. Policy Domain 2:

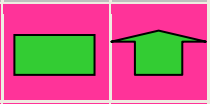
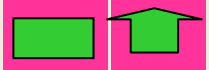
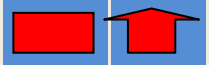
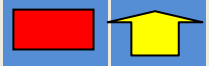
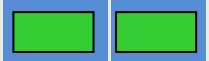
Barangay	Policy Domain 2											
	Youth literacy rate		Elementary completion rate		Social Health Insurance Enrollment Rate		FIC		UFC moderately to severely underweight		Infants exclusively BF until 6 mos.	
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007
Sto. Niño												
San Martin												
San Dionisio												
BF Homes												
Merville												
Tambo												
City Average												

Table 8. Policy Domain 2: Social and Human Development

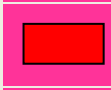
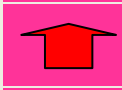
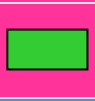
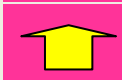
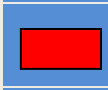
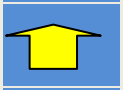
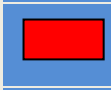
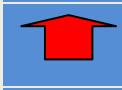
Barangay	Policy domain 2							
	Prevalence rate of teenage births		**Skilled birth attendance**		**Facility based deliveries**		**Prevalence rate of tobacco smoking among 13 to 15 yrs**	
	2006	2007	2006	2007	2006	2007	2006	2007
Sto. Niño								
San Martin								
San Dionisio								
BF Homes								
Merville								
Tambo								
City Average								

Table 9. Policy Domain 3: Economics

Indicators	Policy Domain 3							
	Employment Rate		**Housing Ownership**	**Mean Family Income**			**Extreme (Subsistence Threshold) Poverty**	
	2006	2007	2006	2007	2006	2007	2006	2007
Sto. Niño								
San Martin								
San Dionisio								
BF Homes								
Merville								
Tambo								
City Average								

Table10 . Policy Domain 4: Governance

Indicators	Policy Domain 4									
	Government spending allocated to health		Social participation rate		Voter participation rate		Percentage of locally generated revenue out of total budget		Index crime rate	
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007
Sto. Niño							59.09	58.86		
San Martin							71.17	72.67		
San Dionisio							59.55	56.30		
BF Homes							55	48.0		
Merville							75.23	75.0		
Tambo							73.36	72.51		
City Average							78.15	78.6		

Step 4: Plotting the data from the Urban HEART Health Assessment Analysis Record (Form 3) Using the Urban HEART Equity Monitor

After plotting the data, 4 indicators showed gaps between the poorest and richest barangays and these include maternal mortality rate, households with access to safe water, prevalence rate of facility-based deliveries and index crime rate. In Policy Domain 1 HH with access to safe water, the equity monitor showed that the rich barangays are better serve compared to poor barangays, with the yellow diamond not reaching the national target of access to safe water. And the bigger problem is, even the city has not reached the national average of 96% for the Urban setting, as shown by the red Circle.In policy domain 2 facility based delivery, the city is in yellow not reaching the national target of 70% deliveries at least in a health facility. Both the rich and the poor as well are in yellow, with equity gap. In Policy Domain 4 ,the index crime rate monitor would show you the shortening of the gap between the rich and the poor, from the year 2006 to 2007.

Figure 6. Equity Monitor: Maternal Mortality Rate (per 100,000 LB)

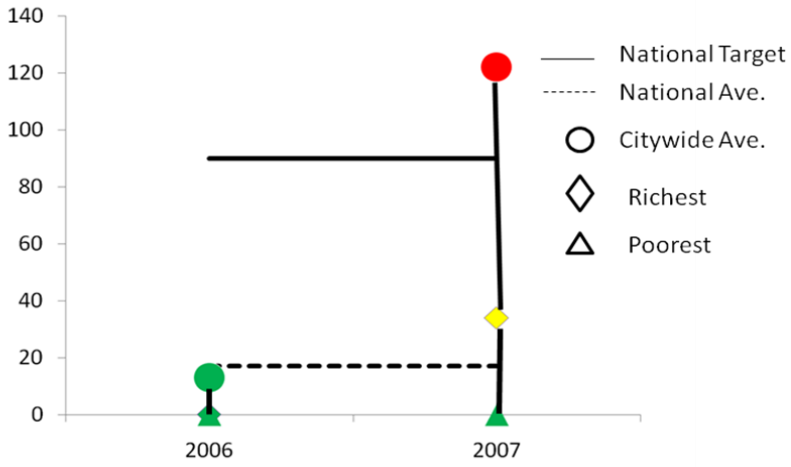


Figure 7. Equity Monitor: Infant Mortality Rate

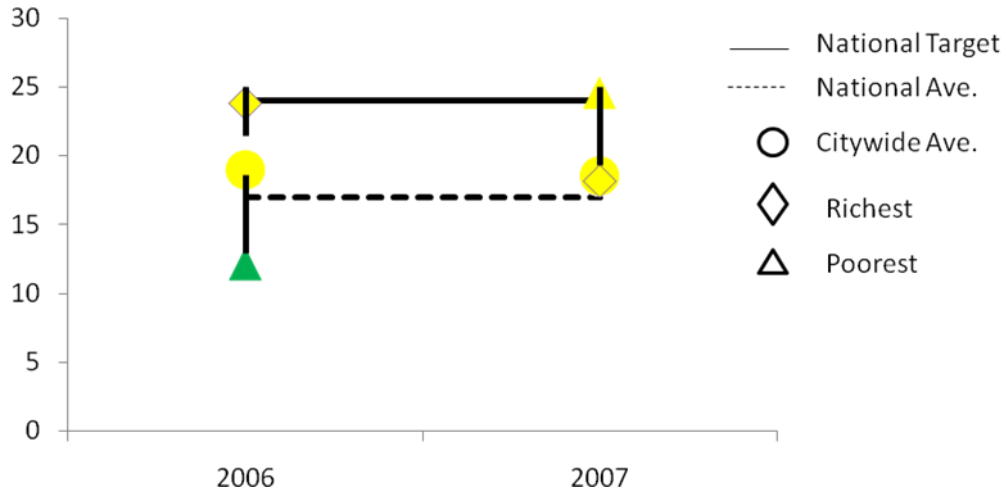


Figure 8. Equity Monitor: Households With Access to Sanitary Toilet

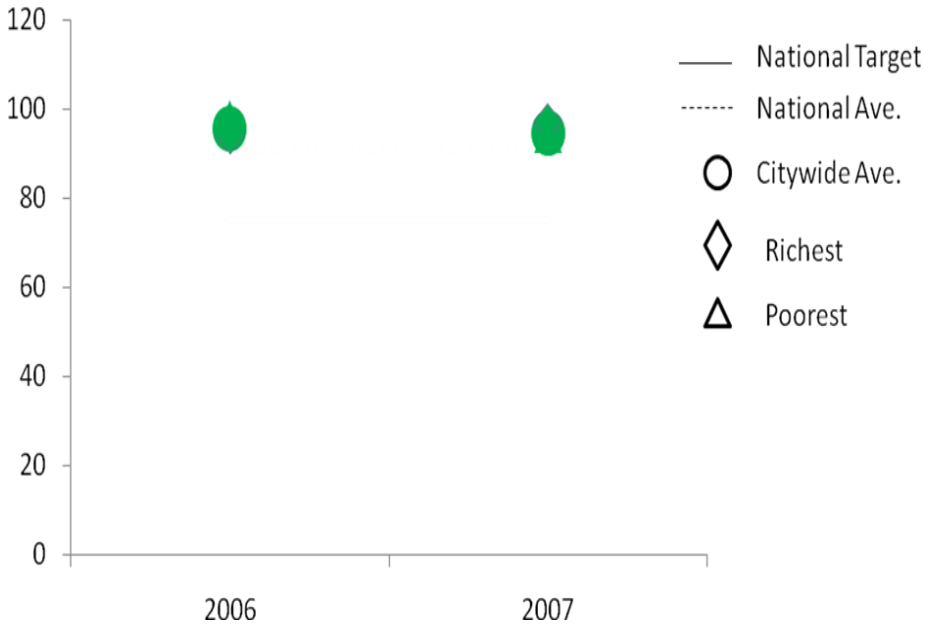


Figure 9. Equity Monitor: Under 5 Mortality

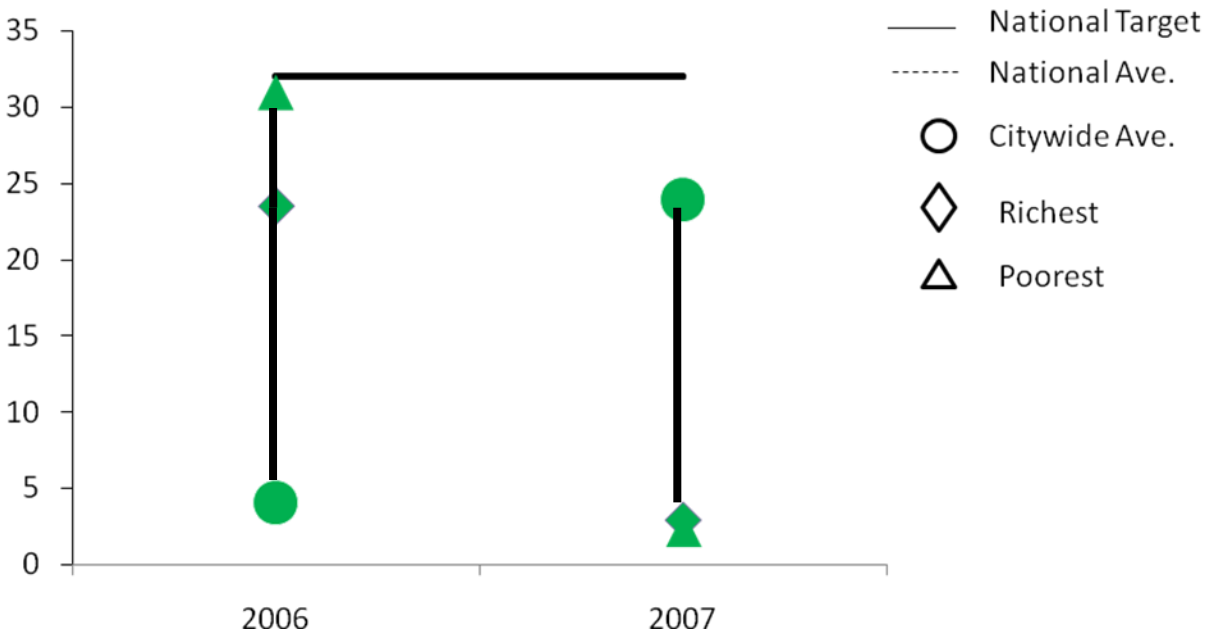


Figure 10. Equity Monitor: FIC

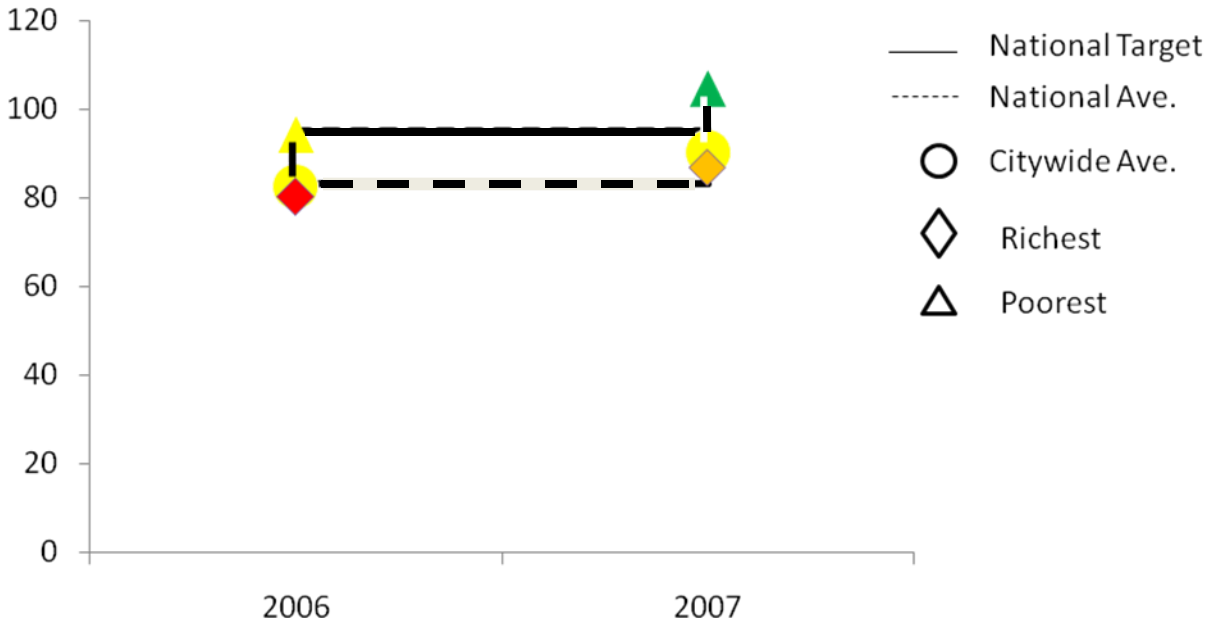


Figure 11. Equity Monitor: Under 5 Moderately to Severely Underweight

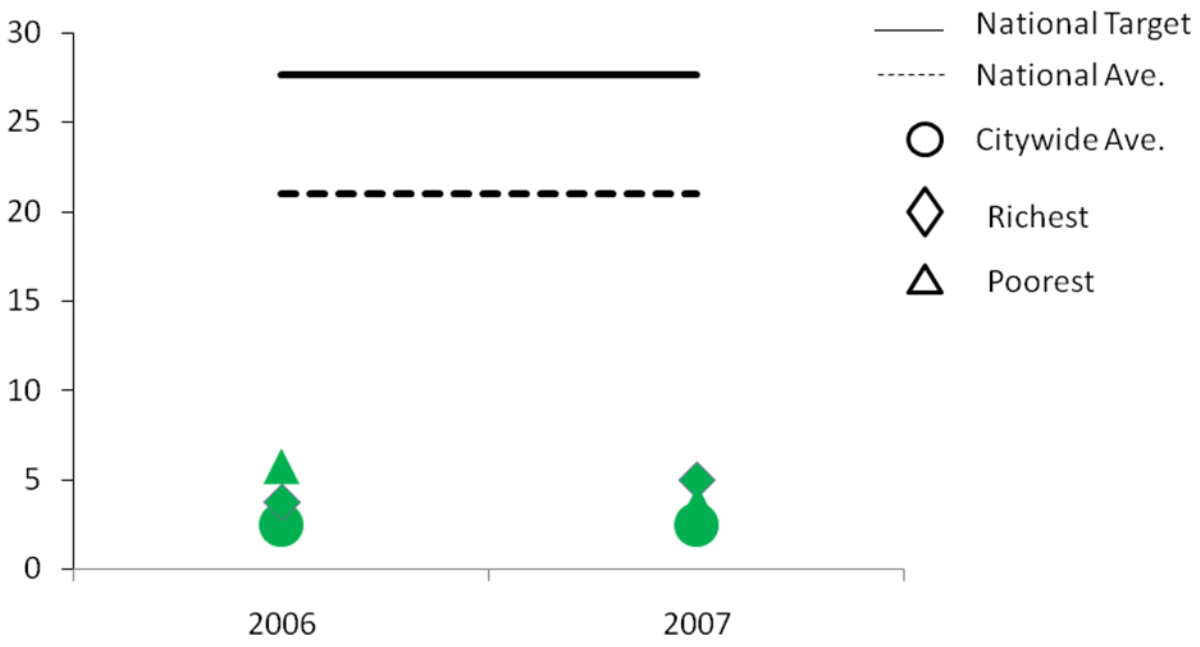


Figure 12. Equity Monitor: Household with Access to Sanitary Toilet Facility

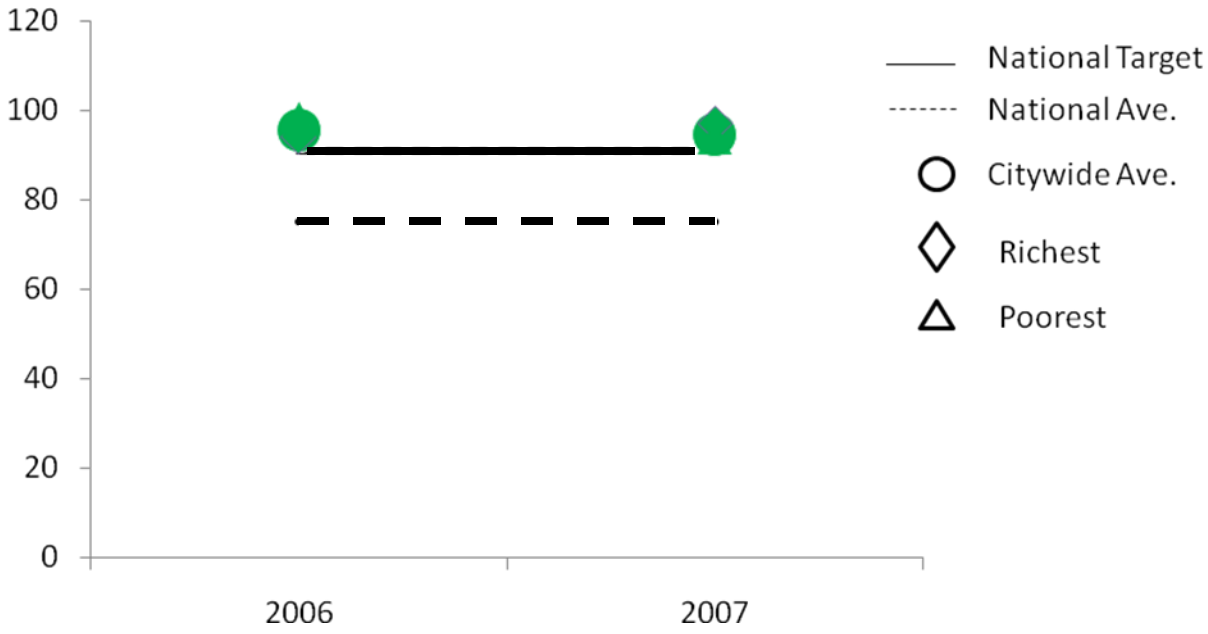


Figure 13. Equity Monitor: Household with Access to Safe Water

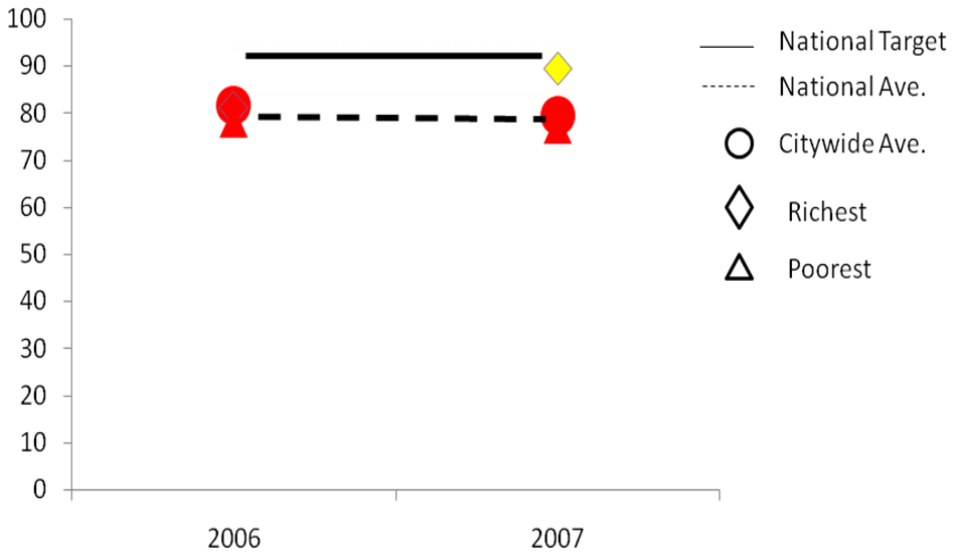


Figure 14. Equity Monitor: Infants Exclusively Breastfed

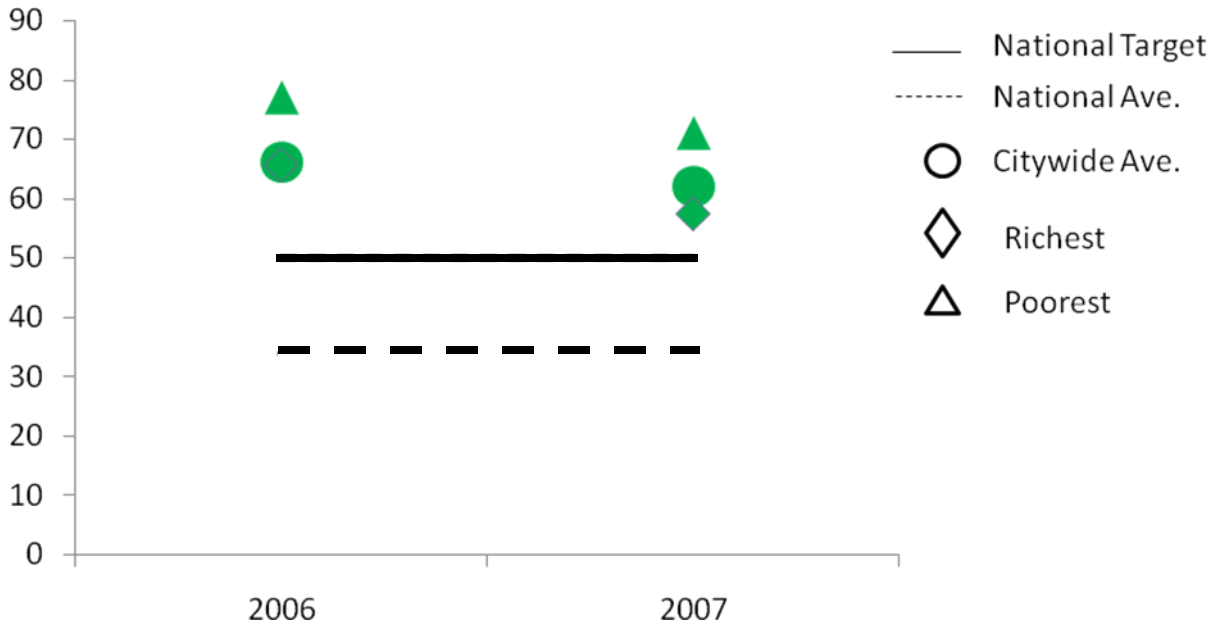


Figure 15. Equity Monitor: Skilled Birth Attendance

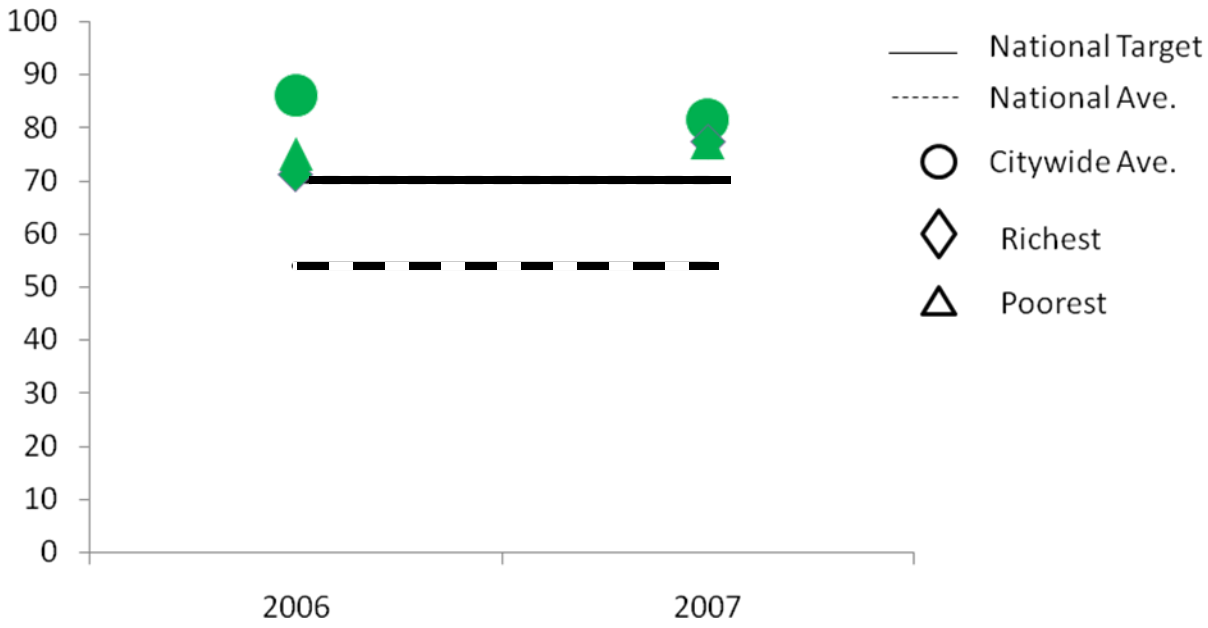


Figure 16. Equity Monitor: Prevalence of Teenage births

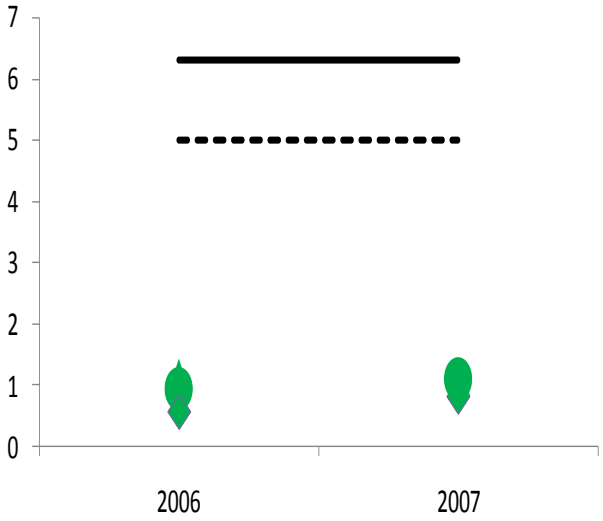


Figure 17. Equity Monitor: Facility-Based Delivery

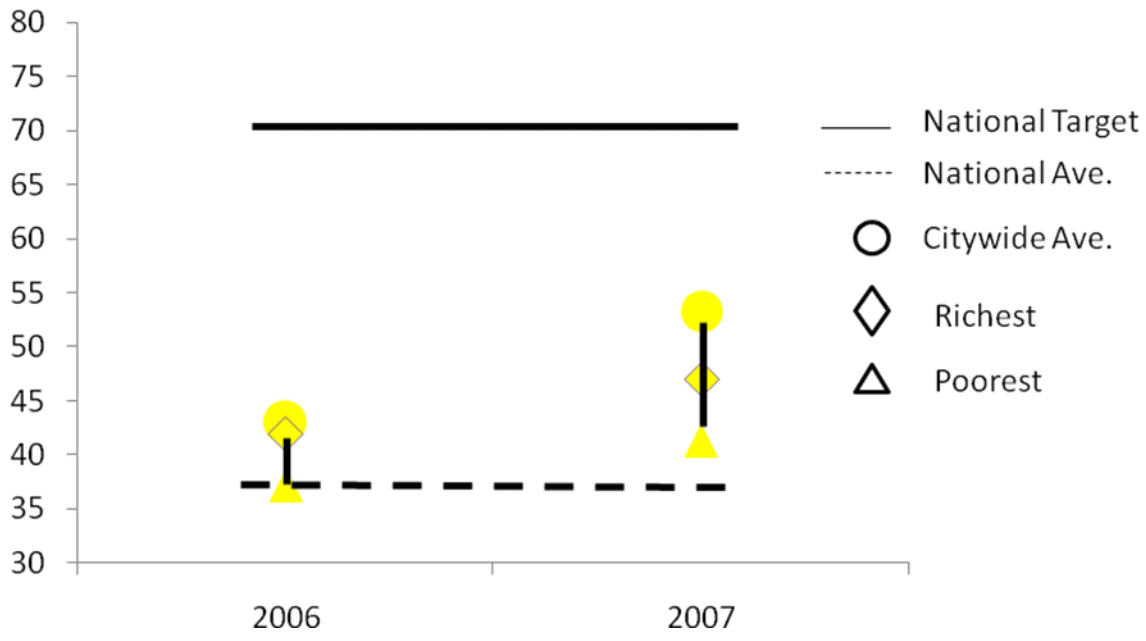


Figure18 . Equity Monitor: Maternal Mortality Rate (per 100,000 LB)

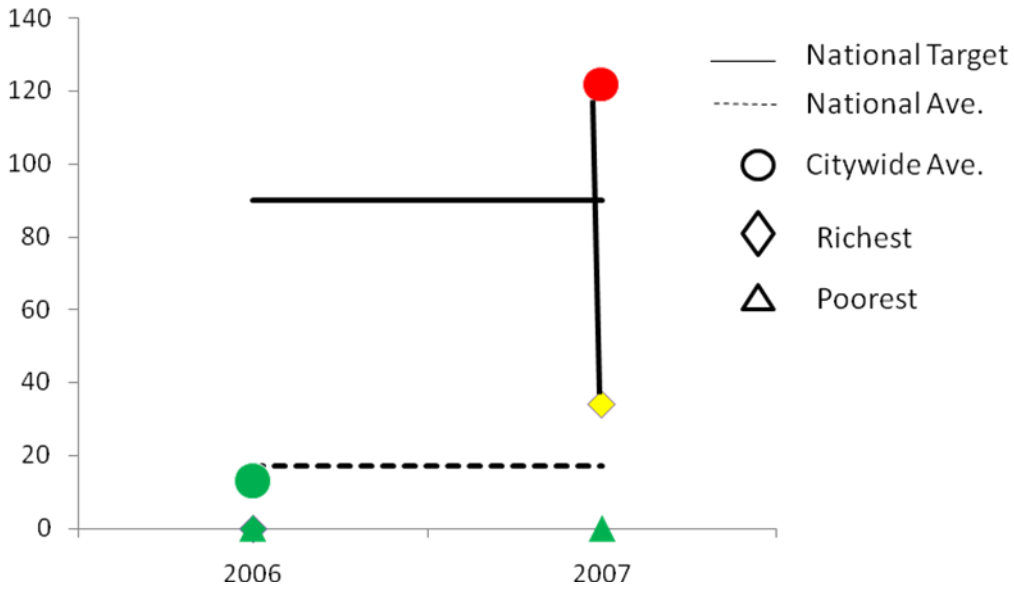


Figure 19. Equity Monitor: Infant Mortality Rate

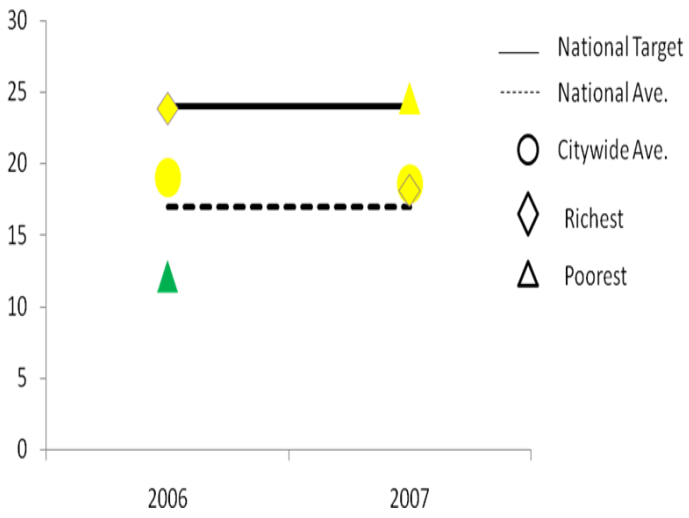


Figure 20. Equity Monitor: Under 5 Mortality

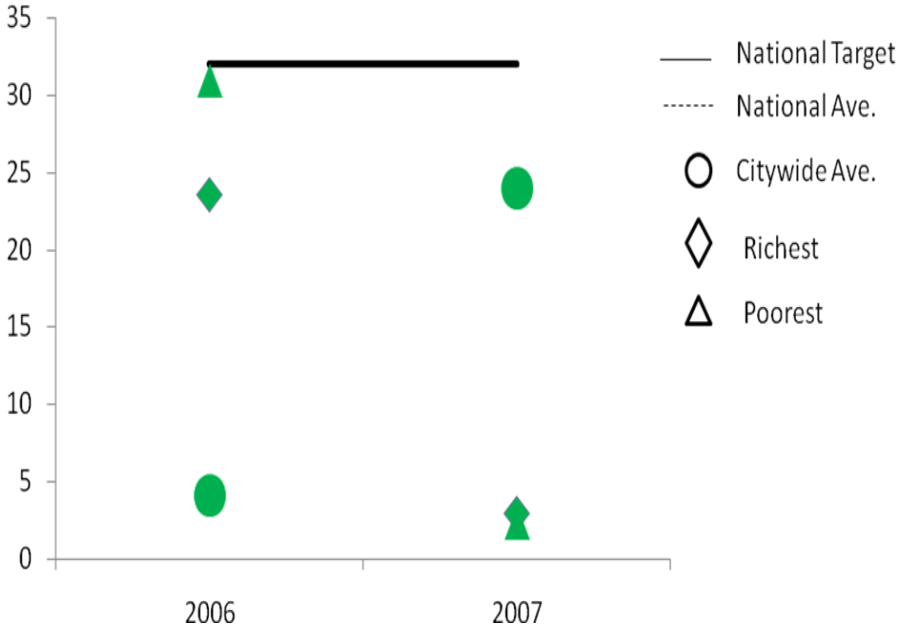


Figure 21. Equity Monitor: FIC

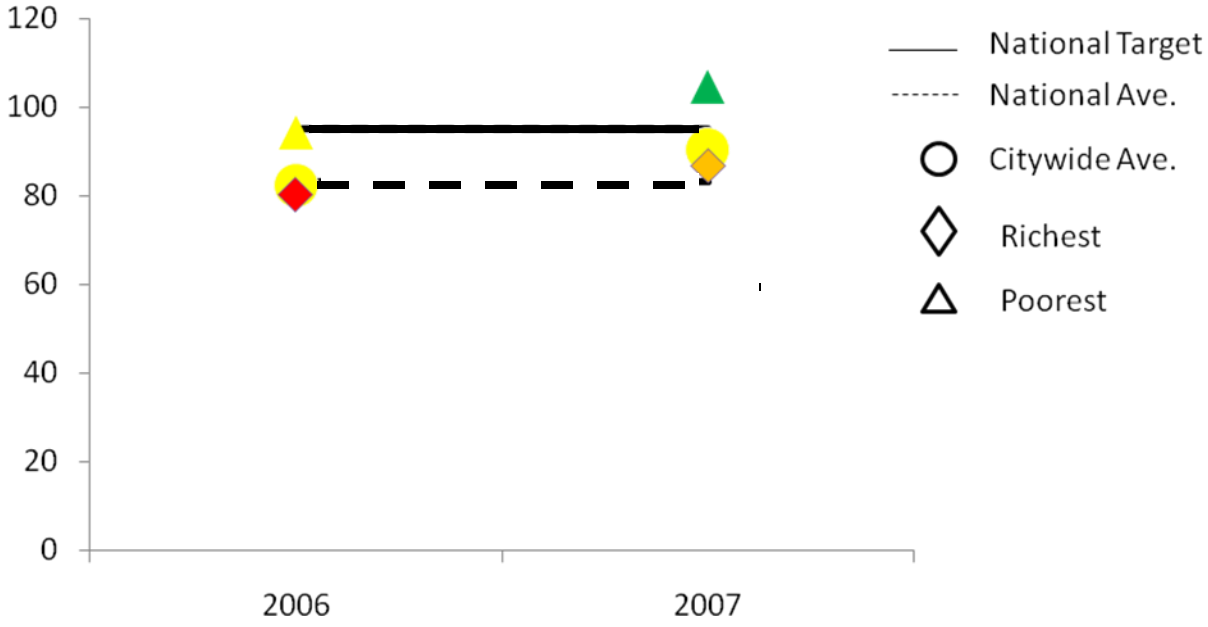


Figure 22. Equity Monitor: Infants Exclusively Breastfed

Figure 23. Equity Monitor: Under 5 Moderately to Severely Underweight

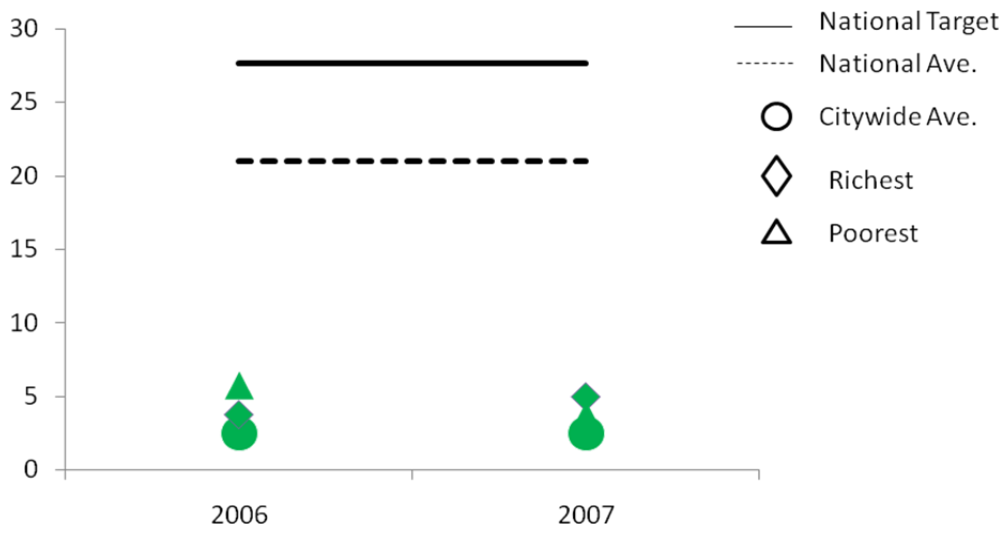


Figure 24. Equity Monitor: Government Spending Allocated to Health and Other Social Services

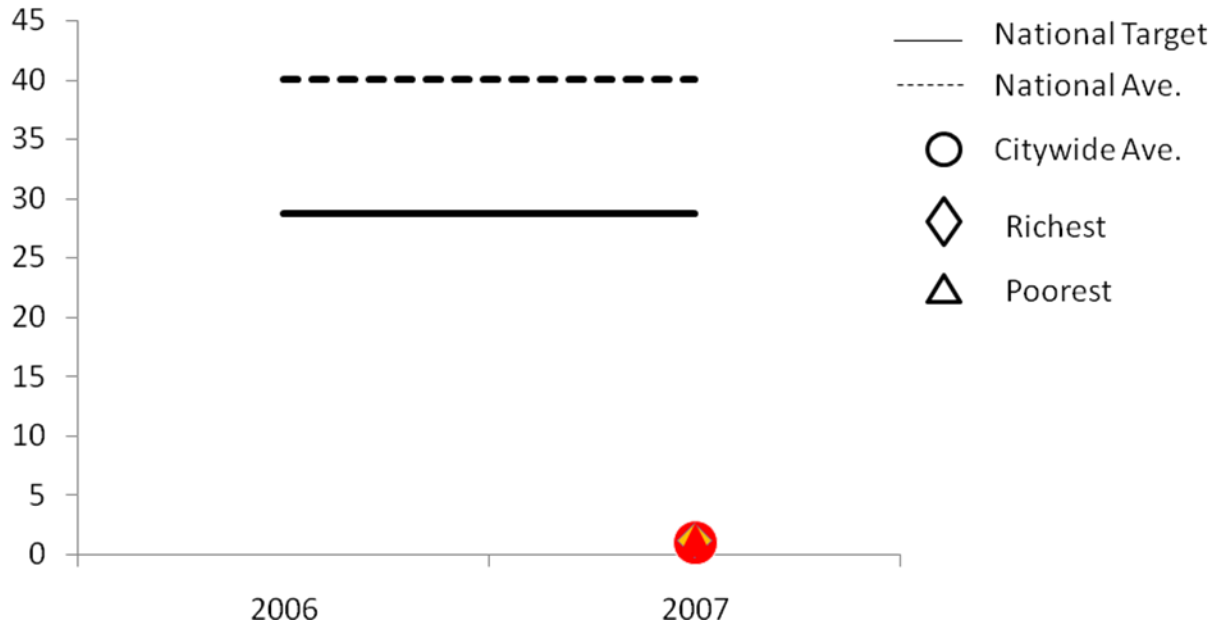


Figure 25. Equity Monitor: Voter Participation Rate

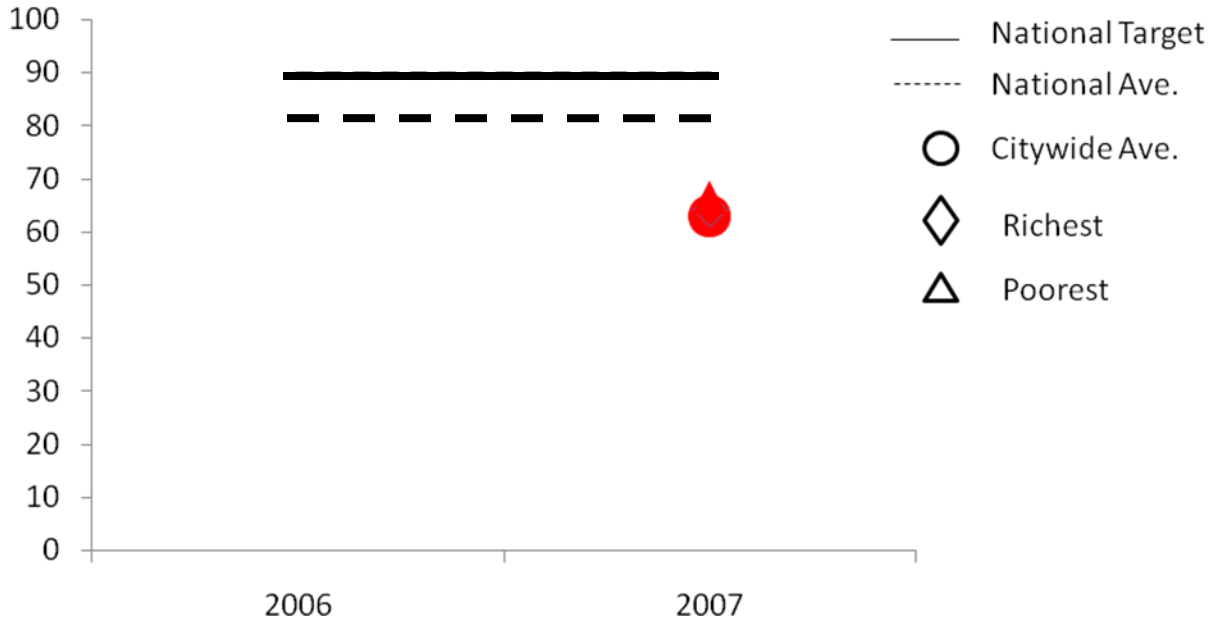
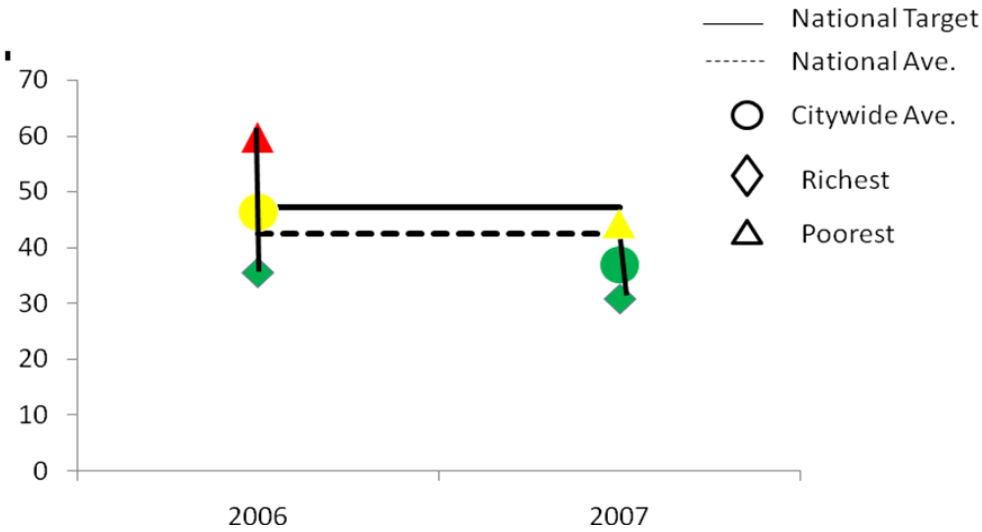


Figure 26. Equity Monitor: Index Crime Rate



Step 5: Identification of problematic domains

In all the 4 Policy domains, the need to identify the most problematic domain and indicator will help in zeroing in on the particular intervention that will address the equity gap . Problematic Indicators identified in Health Outcome is Infant Mortality Rate, Policy domain 1 HH with access to safe water, Policy domain 2 Facility Based deliveries (Table 11). We have no data for Policy Domain 3 and Policy domain 4 Index Crime rate, Govt. Spending allocated to health and Voter Participation Rate.

Table 11. Number and Most Problematic Indicator by Policy Domain

Policy Domain	Number of Problematic Indicators	Most problematic Indicator
Health Outcome	1	Infant Mortality Rate
1. Physical Environment and Infrastructure	1	Household with access to safe water
2. Social and Human Development	1	Facility-based deliveries
3. Economics	0	No data
4. Governance	3	- Index crime rate - Govt spending allocated to health - Voter participation rate

Step 6: Identification of equity gaps from the equity matrix and monitor

` Based on the equity matrix and the equity monitor problems wether city wide or equity related were identified.

Table 12. *Identification of equity gaps from the equity matrix and monitor*

Category	**List of Problem Indicators**	**Type of Problem**	
		Citiwide (Both Rich and Poor)	Equity Problem
HS Indicators	Infant Mortality Rate	Yes	Yes
1. Physical Environment and Infrastructure	**Households with access to safe water**	**Yes**	**Yes**
2. Social and Human Development	**Facility based deliveries**	Yes **Yes**	Yes **Yes**
3. Economics	No data	No data	No data
4.Governance	Government spending allocated to health Voter participation rate **Index crime rate**	No No **Yes**	Yes No **Yes**

Step 7: Prioritizing recommended specific interventions/actions

Using the Urban Heart set of Strategy Packages and Interventions as reference, we prioritized our response based on the following criteria: will the strategy reduce health inequities, its systemic impact, is it achievable, is it cost effective, does it comply with the national policies and priorities and can it be implemented without additional staff Numerical weights were assigned for each according to the overall effect to the city, to come up with a total of 100%. Depending on the no. Of interventions identified, they were ranked 1-2, 1 to be the choice strategy to be carried out, having scored higher than the other identified interventions (Table 13).

With limited time and resources, the group chose Water & Sanitation - Promote knowledge of appropriate water storage, sanitation and personal hygiene practices as our priority intervention to address the problem on low access to safe water. To address the problem on high percentage of index crime rate, the group chose, Mapping out facts of the city where violence and crime is high & undertake measures to improve lighting, police visibility and infrastructures upgrading as part of healthy city as our priority intervention (Table 14). And to address the problem on low percentage of facility based deliveries, the team decided to prioritize the establishment of a birthing facility (Table 15).

Table 13. Decision Matrix for Prioritization of Recommended Intervention for Problem of Low percentage of HH with access to safe water

Package A: Incorporate health in informal settlements / slum upgrading projects	**Reduce health inequities (0.20)**	**Systemic Impact (0.20)**	**Achievable (0.15)**	**Cost effective (0.15)**	**Complies w/ national policies & priorities (0.15)**	**Can be implemented without additional staff (0.15)**	**Score**	**Rank**
A. Water & Sanitation - Promote knowledge of apt water storage, sanitation and personal hygiene practices	2 (.20) =.40	1 (.20) =.20	2 (.20) =.40	1 (.20) =.20	2 (.15) =.30	2 (.15) =.30	1.8	1
B. Provide community water supply and infrastracture	1 (.20) =.20	2 (.20) =.40	1 (.15) =.15	2 (.15) =.30	1 (.15) =.15	1 (.15) =.15	1.35	2

Table 14. Decision Matrix for Prioritization of Recommended Intervention for Problem of High Percentage of Index Crime Rate

PackageA: Incorporate health in informal settlements / slum upgrading projects	**(Reduce health inequities (0.20)**	**Systemic Impact (0.20)**	**Achievable (0.15)**	**Cost effective (0.15)**	**Complies w/ national policies & priorities (0.15)**	**Can be implemented without additional staff (0.15)**	**Score**	**Rank**
Develop information and monitoring systems that combine information from multiple sources (eg. Police, schools, emergency rooms, hosp)	1 (-20) =.20	1 (.20) =.20	2 (.15) =.30	2 (.15) =.30	1 (.15) .15	2 (.15) .30	1.45	2
Map out facts of the city where violence and crime is high & undertake measures to improve lighting, police visibility and infrastructures upgrading as part of healthy city	2 (.20) =.40	2 (.20) =.40	1 (.15) =.15	1 (0.15) =.15	2 (.15) .30	1 (.15) =.15	1.55	1

Table 15. Decision Matrix for Prioritization of Recommended Intervention for Problem of Low Percentage of Facility-based Deliveries

PackageA: Incorporate health in informal settlements / slum upgrading projects	**(Reduce health inequities(0.20)**	**Systemic Impact (0.20)**	**Achievable (0.15)**	**Cost effective (0.15)**	**Complies w/ national policies & priorities (0.15)**	**Can be implemented without additional staff (0.15)**	**Score**	**Rank**
a. To establish a birthing facility in District II	**3 (.20) =0.6**	**3 (-20) =0.6**	**3(0.15) =0.45**	**1 (0.15) =0.15**	**3 (0.15) =0.45**	**1 (0.15) =0.15**	**2.4**	**1**
b. To strengthen M & S system	1 (.20) =.20	1 (.20) =.020	2 (0.15) =0.30	2 (0.15) =0.30	2 (0.15) =0.30	3 (0.15) =0.45	1.75	3
c. . To increase awareness of clients about the location of health facility and available services	2 (.20) =0.40	2 (.20) =0.40	1 (0.15) =0.15	3 (0.15) =0.45	1 (0.15) =0.15	2 (0.15) 0.30	1.85	2

Prioritization of Selected Interventions

Since we can not do all the chosen interventions simultaneously because of limited resources and manpower, we also decided to prioritize our chosen interventions. And in this case, establishment of the birthing facility will be given highest priority (Table 16).

Table 16. Prioritization of Selected Intervention Using Decision Matrix

PackageA: Incorporate health in informal settlements / slum upgrading projects	**(Reduce health inequities(0.20)**	**Systemic Impact (0.20)**	**Achievable (0.15)**	**Cost effective (0.15)**	**Complies w/ national policies & priorities (0.15)**	**Can be implemented without additional staff (0.15)**	**Score**	**Rank**
Map out facts of the city where violence and crime is high & undertake measures to improve lighting, police visibility and infrastructures upgrading as part of healthy city	**1 (.20) =.20**	**2 (.20) =.40**	**2 (.15) =.30**	**2 (.15) =.30**	**1 (.15) =.15**	**2 (.15) =.30**	**1.65**	**3**
To establish a birthing facility in District II	3 (.20) =.60	3 (.20) =.60	3 (.15) =.45	3 (.15) =.45	2 (.15) =.30	1 (.15) =.15	2.1	1
Water & Sanitation - Promote knowledge of apt water storage, sanitation and personal hygiene practices	2 (.20) =.40	1 (.20) =.20	1 (.15) =.15	1 (.15) =.15	3 (.15) =.45	3 (.15) =.45	1.8	2

Step 8: Action plan for specific interventions using the Urban HEART Response Tool

For the 3 identified problematic indicators the Urban Heart Response tool was used to formulate the action plan. However, for the SCUHE Project where we integrated the tool and the learning from the course, the action plan was entirely formulated based on the identified problem (Table 17).

Table 17. Action Plan Using UH Response Tool: Low Percentage of HH with Access to Safe Water

PRACTICAL METHODS	TASKS	TIME FRAME	MILESTONE	PIC/OFFICE	RESOURCES NEEDED	SOURCES OF FUND
Strategy Package A: A. Water & Sanitation - Promote knowledge of apt water storage, sanitation and personal hygiene practices	Massive IEC in every Brgy through poster/tv promotion/newspaper write up	Jan2009 Continuing Activity	Information Education Campaign conducted in all Barangays	City Health Office HEPO PIO	Transportation Snack IEC Materials	LGU Dep Ed
	Tap schools/Day Care Centers/Elementary Schools & High Schools for water conservation Campaign	Jan 2009 Continuing Activity	# of Schools tapped to campaign for water conservation	City Health Office /HEPO/*PIO*	Transportation Snack IEC Materials	LGU Dep Ed
	Ensure adequate water supply for washing and bathing	Jan 2009 Continuing Activity	#of Subdivisions and urban poor settlements provided with safe water	LGU/Engineering	Supplies and materials	LGU
	Partnership with Maynilad laying of & bigger pipes in the main roads & main subdivisions with arteries towards the urban poor settlement	Jan 2009 Continuing Activity	Safe water provided in all subdivisions and urban mission areas	LCE/Engineering/ Planning Office	Supplies ?materials/equipments/ manpower	LGU
B. Provide community water supply and infrastructure	Partnership with NGO like Rotary Palanyag to provide water tanks in hard to reach areas	2008 continuing activity	Water Tanks/pipes	CHO	Transportation Snack IEC Materials	LGU/GO

Table 18. Action Plan Using UH Response Tool: High Index Crime Rate

PRACTICAL METHODS	TASKS	TIME FRAME	MILESTONE	PIC/OFFICE	RESOURCES NEEDED	SOURCES OF FUND
Organize "peace-councils & community-provided crime prevention	Barangay tanods training & upgrading in crime prevention	Quarterly	Barangay Tanods Trained and skills upgraded on crime prevention	DILG/Office of the Mayor/PNP	Resource Person/IEC Materials/meals/materials	LGU Barangay
Organize neighborhood watch initiatives, develop community "signals" and check systems to discourage domestic violence. Invest in improving street lights	Lighting of small streets in various barangays by LCE And barangay	on going activity	Well lighted streets of the city	engineering/office of the Mayor/local Barangay	Transportation/supplies/materials/manpower	LCE Barangay
	Iec on crime and prevention	on going activity	Well informed community on crime and prevention	local barangay/PNP	Transportation/supplies/materials/manpower	LCE/Local barangay/DILG

Table 19. Action Plan Using SCUHE: Low Percentage of Facility-based Deliveries

PRACTICAL METHODS	TASKS	TIME FRAME	MILESTONE	PIC/OFFICE	RESOURCES NEEDED	SOURCES OF FUND
1. TO ESTABLISH A BIRTHING FACILITY IN DISTRICT II	1. SECURE FUNDS FOR RENOVATION AND EQUIPPING OF BIRTHING FACILITY	AUG. 15, 2008 Oct. 3rd 2009	Funds Provided for BIRTHING FACILITY	DEPARTMENT OF HEALTH	Transportation Snacks Office supplies Initial P 750,000.00 Full P750,000.00 P 1.5 Million	CENTER FOR HEALTH DEVELOPMENT-METRO MANILA
	2. DEVELOP / SUBMIT PROJ. PREPARED FOR LOCAL CHIEF EXECUTIVE'S APPROVAL	2 DAYS	PROJECT PROPOSAL SUBMITTED & APPROVED	CITY HEALTH OFFICE	Site Location /Lot & Building Manpower / labor Snacks Office Supplies	CENTER FOR HEALTH DEVELOPMENT-METRO MANILA LOCAL GOVERNMENT UNIT
	3. COORDINATE W/ ENGINEERING OFFICE FOR PROGRAM OF WORKS W/ APPROVAL OF LOCAL CHIEF EXECUTIVE	5 WORKING DAYS	APPROVED PROGRAM OF WORK	CITY HEALTH OFFICE, CITY ADMINISTRATOR.	Office supplies Blue print Snacks Manpower	LOCAL GOVERNMENT UNIT

CHAPTER 3: URBAN HEART PROJECT

A. Project Title:

"Paranaque **a**ng **A**Alalay sa **N**anay at **A**nak MagpaKailan**m**AN **(PAANAKAN)**"

-An Urban HEART Community Based Pilot Project On Health Inequity in Paranaque City, Philippines

B. Project Implementation

1. Project Activities

1.1 Pre-Implementation Phase Activities

1.1.1 Advocacy Meetings

On May 13, 2008, the team advocated the use of the Urban HEART tool to the local chief executive, budget officer, and planning officer. Dr. Olga Virtusio explained that the tool would help the city in establishing evidence on the status and progress of interventions on health and social status of the disadvantaged population in urban areas. She also informed the mayor that among the cities in the entire Philippines Parañaque City was one of the 2 cities chosen as pilot areas for the project.

The Local Chief Executive was, so receptive of the project that prompted. The team to advocate the use of the Urban Heart tool to the Liga ng mga Barangay of Parañaque City.

1.1.2 Capability Building

City Health Officer, the City Epidemiology and Surveillance Unit (CESU) officer, City Information chief, and representatives from the City Planning Office and DSWD were trained by the Development Academy of the Philippines on a three module Short Course on Urban Health Equity

(SCUHE). The main goal of SCUHE is to enhance the knowledge, analytical skills, and practice of key social determinants of health and interventions among city officials, technical people, NGOs and relevant community members with the aim of reducing health inequity in the urban health setting of Parañaque City.

Representatives from the different offices of the Local Government of Parañaque namely CHO, CESU, FBSRMH, PIO, CSWO and Planning Office were trained by the Development Academy of the Philippines on SCUHE.

1.1.3 Planning

The Parañaque City Urban HEART team together with representatives from the National and Regional offices of the Department of Health, planned the conduct of the project. A City Action Plan was formulated based on the country Action Plan for coordination of Activities with the WHO timeframe. An initial Information of the different policy domain indicators were consolidated.

Brainstorming was done by the team on how data gathering will be conducted, Preparation of the survey questionnaire was tackled, spot maps and household master list was prepared and presented to the BHWs and health center staff; nurses were tapped to do the enumeration on the area, together with the team. After the final crafting of the questionnaire, the enumerators were oriented.

1.1.4 Survey

The team conducted a baseline community survey to gather additional information on urban poor. It took 2 weeks for the team to prepare for the community survey. Spot maps were reviewed and household master listing was discussed with the health personnel including barangay health workers (BHWs) were mobilized for the survey. The team was divided into several groups to facilitate the actual survey due to time constraint. Random household survey was done and the mother was made the main respondent. After the actual interview of the respondent the house was marked to avoid duplication.

Orientation of enumerators (nurses and surveillance officers) on the use of questionnaire for the community survey was conducted to ensure accuracy of results. The actual random survey was conducted for a week and the team was able to cover the whole barangay .

Another method used in data gathering and at the same time validated the survey result was the focus group discussion. Several respondents were gathered and asked questions pertaining to maternal and child case and other health services provided. After the survey and FGD data gathered were collated for analysis. Result shows that majority of pregnant women gave birth at home, and the expressed desire for a birthing facility by the community , prompted the team to decide that birthing facility be put in place.

A meeting with the punong barangay and council of the area was conducted. Result of the survey and the proposed intervention was presented by the team. Upon seeking the approval for the proposed intervention, the barangay council decided to make use of the present health center to be converted into a birthing facility because of its accessibility and lack of space, time and resources to construct a new building. The health center was relocated at the second floor of the adjacent building.

1.2 Implementation Phase Activities

1.2.1 Establishment of a birthing facility in District II

The Commission on Audit was also briefed on the said activity, regarding the flow of papers for disbursements. The City Engineering Office prepared the renovation plan for the project and presented it to the team for approval. Renovation/construction started after some minor revisions of the plan. After 2 weeks of hard labor. The building started slowly to metamorphose into a

birthing facility. A representative from DAP conducted an ocular inspection on the construction site to monitor the progress.

While the construction is under its way, some of the team members the non-medical ones supervise the installation of signages at the different strategic places on the different depressed areas bearing the location and services offered of the facility.

Establishment of the birthing facility was the most challenging activity given the short period of time to accomplish the task. Key personalities in the city including the chief of the City Engineering Office and head of the Accounting Department (Plate 12), as well as the Commission on Audit were briefed on the project.

The Mayor tasked the Engineering group to finish the renovation of the birthing facility within a month. The construction began September 15, 2008 and was finished October 15, 2008. The formal inauguration and launching took place on October 20, 2008, graced no less than the Hon. Mayor Florencio M. Bernabe Jr., Vice-Mayor Gus Tambunting, Barangay Captain Thelma Singson and her council members, members of the Sanggunian, NGO partners and donors, and Private and Public Health workers. The Birthing Facility is now aptly called PAANAKAN, an acronym for Paranaque Ang Aalalay sa Nanay at Anak magpaKailan maN.

The establishment of the birthing facility was also published on different newspaper both local and national. Other members of the team conducted lectures/orientations at the depressed areas on the benefits of being a Philhealth member.

1.2.2 Increasing the awareness of clients about the location of health facility and availability of services

To increase the awareness of clients, signages were installed on all depressed areas of Brgy. San Martin de Porres. Establishment of the SMDP birthing facility was published 8 times in different local(Newswire, Tonite) and national (Bulletin Today, Philippine Star) newspapers among others.

1.2.3 Increasing PHIC membership among low income clients

Philhealth medical coordinator together with the Health Promotion and Education Medical Coordinator were tasked to give lectures on all depressed area of SMDP on the benefits of being a Philhealth member. The PhilHealth Team at the National level,was likewise tapped to join the immersion in the community to facilitate Answer and Questions of the possible enrollees and for better understanding by the indigents in the community of the hows, when, who, where of a health insurance, as well as the importance of them availing this services. BHWs together with the newly formed WHT or Women's Health Team were also oriented on Philhealth memberships for them to disseminate the information in their respective community (Plate 19).

A total of 93 mothers were given lectures on Philhealth membership. Thirty percent of the participants applied for membership after the lecture (Table 20).

Table 20. Number of Participants Who Attended the Philhealth Lecture by Area
San Martin De Porres, Parañaque City, 2008

Area	Participants		Applicants	
	No.	%	No.	%
Sitio sampaloc, GSIS Cpd., and San Martin	25	26.88	15	31.91
Sitio Sto. Niño, Sitio De Asis, Sitio Pag-Asa	35	37.63	16	34.04
Sitio PNR, Marian, Sitio Malugay	33	35.48	16	34.04
Total	93	*99.99	47	*99.99

1.2.4 Motivating pregnant women to give birth in a health facility and increasing their awareness of clients on the complications and risks of home deliveries

The Health Education and Promotion Officer (HEPO) was tasked to conduct a series of lectures to increase the awareness of mothers on the complications and risks of home deliveries. She was also assigned to motivate these mothers to give birth in a health facility. The Health center staff were given Health Education sessions by the Urban Heart Team on Risks of Pregnancy and related topics to equipped them for the new set-up in the birthing facility.

With the assistance of HEPO, series of lectures was conducted to increase awareness of mothers on the complication and risks of home deliveries. Motivation was done for mothers to give birth in a health facility (Table 9).

1.2.4 Strengthening the monitoring and supervisory system.

The Parañaque City Epidemiology and Surveillance Unit – Health Information System adopted the Urban HEART tool in the current information system. Computerization of data using Epi Info 3.3.2 was done (Figure 23). Database specific for master listing of pregnant, prenatal check-ups, and postpartum check-ups was created. A monitoring tool was also developed to keep track of the different activities. (Appendix Q). With the new system in place, follow-up of pregnant and defaulters will be easier.

2. Project Resources

Funds were assured by the Department of Health and the Center for Health Development – Metro Manila in the amount of P1.5M in support of “Project PAANAKAN”. Coordinative meetings with the City Accountant and the City Engineer’s Office were set to orient these key officials on the Project as well as discuss the fund utilization guidelines (Appendix A).

The Memorandum of Agreement (Annex M) which was formulated by the Center for Health Development – Metro Manila between the City Government and CHD-MM was signed on August 14, 2008 by Mayor Florencio M. Bernabe Jr. and Director Asuncion M. Anden. The MOA defined the scope of the Project and the roles and responsibilities of both parties. The first tranche of the P1.5M amounting to P750,000 was released upon signing of the Agreement. The second half of the P1.5M will be released upon 70% utilization of the first release and submission of an audited financial report.

Since funding for the Project from the Department of Health and the Center of Health – Metro Manila will purely assist in the renovation of the Birthing Facility, the equipments and other supplies will be sourced out, from other partners like the Rotary club Palanyag of Paranaque, Florencio M. Bernabe Memorial Hospital, as well as our neighboring District Hospital, the Las Pinas General Hospital and Trauma Center. The Birthing Facility have likewise received other donations of supplies from well off residents of the Barangay.

The manpower resources have been provided mainly by the LGU (Local Government Unit).The enumerators were composed of the Nurses, Midwives, Nursing Attendants, volunteer health workers among them the City Health Workers and Barangay Health Workers. The City Health Office Technical Staff provided support in terms of consolidation of all reports and surveys, with the guidance of the Urban Heart City TWG.

3. Project Results

Review of the Local Civil Registry records on births in 2008 showed a decrease in the number of home deliveries after the intervention. There was a 20 percent decrease in the number of home deliveries in September, 2008 as compared to the previous month (Figure 10). The team is already expecting a significant decrease in the number in October (half of the records were already encoded)

To increase the awareness of mothers on the risks and complications of home deliveries, the HEPO was tasked to give lectures on mothers . A total of 361 mothers from the

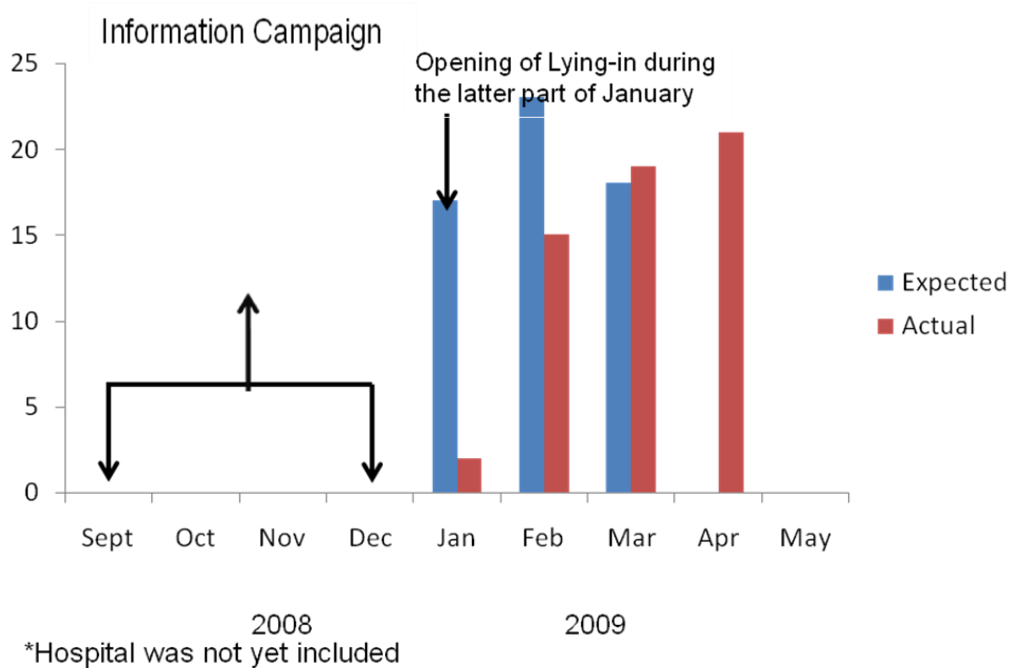
community and health center were given lectures on risks and complications of home deliveries (Table 21), Majority (71 percent) of these mothers were given lectures in the community. During the lectures, services offered by the new birthing facility were also discussed.

Table 21. Number of Mothers Given Health Education Lecture on Risk and Complications of Home Deliveries by Place of Attendance and Depressed Areas (N=258) San Martin De Porres, Parañaque City, 2008

Area	Community		Health Center		Total	
	Number	Percent	Number	Percent	Number	Percent
Sito Malugay	94	36.40	39	38.23	133	36.94
Sitio De Asis	43	16.67	22	21.57	65	18.06
Sitio Sto Nino	41	15.89	6	5.88	47	13.06
Sitio Pag-asa	5	1.94	2	1.96	7	1.94
Sampalocan	10	3.88	4	3.92	14	3.89
Sitio GSIS	8	3.10	5	4.90	13	3.61
UPS	11	4.26	4	3.92	15	4.17
Marian	13	5.04	8	7.84	21	5.83
PNR	18	6.98	6	5.88	24	6.67
Iba	15	5.81	6	5.88	21	5.83
Total	258	*99.97	102	99.98	360	100.00

From the time that we started the massive information campaign last year, we plotted our expected deliveries versus that of the actual deliveries in SMDP beginning Jan of 2009, when the birthing facility was fully operational. This graph would show you that on the third month our actual delivery had surpassed the target deliveries for the month of March and have in fact increased further for the month of April (Figure 27).

Figure 27. Expected vs Actual Deliveries in Brgy. San Martin



To avail of the maternal package of Philhealth or the Social Health Insurance mothers were encourage to become Philhealth members. A series of lectures were done in all depressed areas of San Martin. A total of 93 mothers were given lectures on Philhealth membership (Table 22). Three for every ten participants were convinced of the advantage of being a Philhealth members and applied on the spot for Philhealth membership.

Table 22. Number of Pregnants Who Attended the Philhealth Lecture by Area
San Martin De Porres, Paranaque City, 2008

Area	Participants		Applicants	
	No.	%	No.	%
Sitio Sampaloc, GSIS Cpd., and San Martin	25	26.88	15	31.91
Sitio Sto. Niño, Sitio De Asis, Sitio Pag-Asa	35	37.63	16	34.04
Sitio PNR, Marian, Sitio Malugay	33	35.48	16	34.04
Total	93	*99.99	47	*99.99

Deliveries by type of Attendance from the time of the initial implementation to middle of this March have a marked decrease in deliveries by tradditional birth attendance or “hilots” and to date we have no reported cases of deliveries by this tradditional birth attendants in SMDP (Figure 28).

Figure 28. Deliveries by Type of Attendance, Paranaque City, September 2008 to April 2009

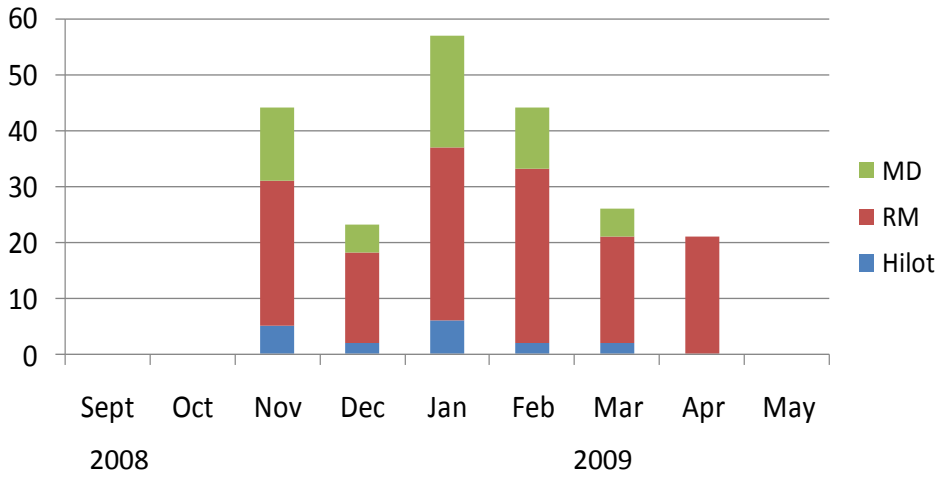
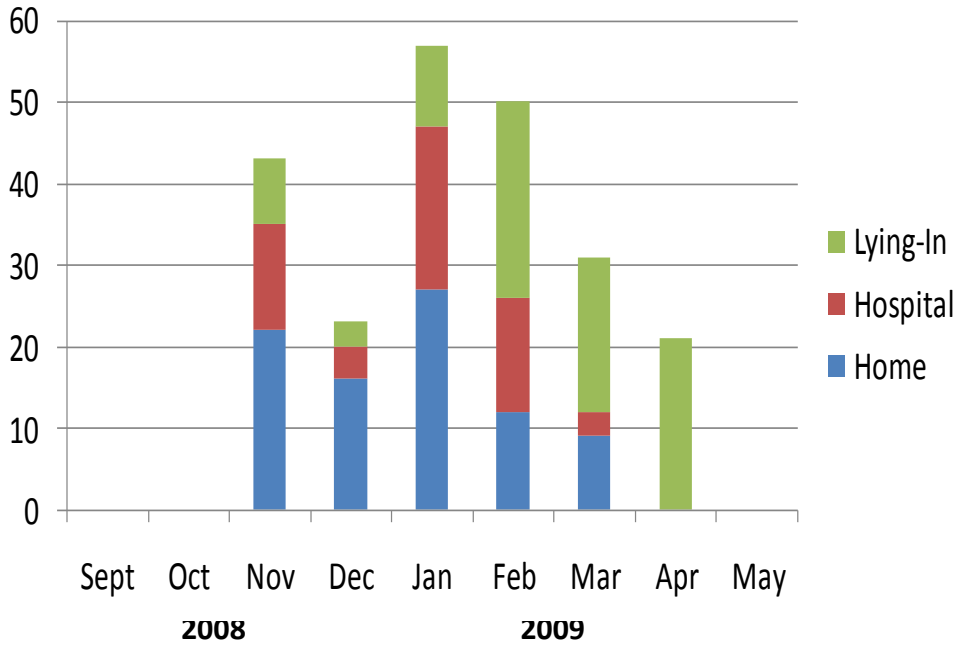


Figure 29. Deliveries by Place of Attendance, San Martin, Paranaque City
November 2008 to April 2009



4. Facilitating and Hindering Factors

4.1 Facilitating Factors

- Developmental Local Chief Executive and supportive Sangguniang Bayan
- Availability of Fund (WHO, DOH, CHD-MM)
- Committed and Dedicated Pilot Cities and TWGs
- SCUHE exposure
- Urban HEART's ready reference guide for strategies of action and possible interventions
- Cooperative Local Govt. Agencies
- Great partners and mentors CHD-MM, WHO, DOH

4.2 Limiting and Hindering Factors

Every piloting does not come without a problem and no problem is without a solution. The TWG encountered problems along every step taken…. In step 1 the identification of the richest and poorest barangay, was bit chaotic at first because there was no set criteria, should we go for perception , or IRA or no. of business establishments? For our city, we used the percentage of depressed areas in each barangay as basis. Step 2. Data Collection and recording using the UH Assessment analysis Record, there were no disaggregated data for both city and barangay, Some of the indicators in UH can only be collected by survey, and Concerned agencies do not use indicators suggested in the UH, so what we did was to prioritized the existing data, Advocated to different Heads of agencies / barangay captain: UH and simplified the Matrix for each barangay and or agency patterned to the UH with indicators applicable to their agency. Step 3 Color coding the data using the UH equity matrix, comparison was based only during the previous year and does not give a clear picture of the inequity issues but since there is already a std procedure to follow we left it as is. In Step 4 Plotting the data using the UH equity monitor, it was impossible to plot data if there's no existing national data so only those indicators with available national data were plotted. In Step 5 Identification of problematic domains, domains/indicators with no existing data were not included in the problematic domain. Step 6 Quantification is not possible (can't tell how red is red or how green is green). Step 7 Prioritizing recommended specific interventions/actions, No procedure to follow on how to prioritize

interventions hence the TWG opted to do made use of the Logical Frame Approach procedure o prioritization. Step 8 Action plan for specific intervention using UH Response tool, the Strategy packages were too general so we decided to use the SCUHE matrix on formulating strategies and activities.

Table 23. Limiting and Hindering Factors Experienced During the Piloting of Urban HEART

UH Process	Limiting / Hindering Factor	How Addressed
Step 1: Identification of richest and poorest barangays	No existing criteria to differentiate rich and poor barangays	- Used the percentage of depressed areas in each barangays as basis for identification
Step 2: Data collection and recording using the Urban Health Asessment Analysis Record	a. No disaggregated data on Brgy./City b. Some of the indicators in UH can only be collected by survey c. Concerned agencies do not use indicators suggested in UH	- Prioritized existing data. - Advocated to different Heads of Agencies/Brgy Captains re: Urban HEART Tool - Simplified matrix for each agency patterned to the Urban HEART Tool including indicators applicable only to their respective agencies for future adaptation
Step 3: Color-coding the data using the Urban Heart Equity Matrix	b. Comparison was only based during the previous year	- Left as is since there was already a standard procedure to follow
Step 4: Plotting the data using the Urban Heart Equity Monitor	a. Impossible to plot data if there's no existing national data; data for national averages used were from different years	- Only those indicators with available national data were plotted
Step 5: Identification of problematic domains	Domains/Indicators with no existing data were not included in the problematic domain	
Step 6: Identification of equity gaps from equity matrix and monitor	a. Quantification is not possible (can't tell how red is red, or how green is green) b. Interpretation of the yardstick was subjective	
Step 7: Prioritizing recommended specific interventions/actions	No procedure to follow on how to prioritize interventions	Made use of the Logical Frame Approach procedure on prioritization
Step 8: Action plan for specific interventions using urban Heart Response Tool	Strategy packages was too general	Use the SCUHE on formulating strategies and activities

And other concerns were the time period for the implementation was too short over and above the delay in the release of the funding and the slow movement of the documents from one agency to another, before it can be released so there was a need to fast tracked all the activities every time the fund is released or otherwise the office has to sourced out. The incongruence of the UH to the SCUHE, was a bit of a problem but as the training progressed the gradual integration of the UH was slowly put in place through regular meetings and consultations. Non-Health members of the UH TWG had difficulty in assimilating, health issues and minor clashes because of differences in opinion made actions difficult but constant reminders of the role of the other agencies non-health related in the success of the project eventually led to their commitment of course this was partnered with a good establishment of rapport and camaraderie to eased out the anxiety and apprehension of everyone.

Table 24. Other Problems/Concerns Identified During the Urban HEART Process

Limiting / Hindering Factor	How Addressed
Time period for the implementation was too short	- Fast tracked all the activities
Incongruence of Urban HEART Tool to the SCUHE	- Gradual integration of the Urban HEART Tool as the project progress through regular meetings and consultations.
Non-Health participants	- Constant reminders for the involvement and participation of the team members which led to their commitment to the project. - Establishment of good rapport and camaraderie eased out the anxiety and apprehension of everyone.

5. Lessons Learned

The team learned a lot from this experience, the importance of an active multiple agency involvement, the establishment of a systematic data collection and banking cascaded down to the local barangay, the importance of evidenced-based data in program planning, the UH itself is very

facilitative, and the need to politicized Health issues and above all we learned a lot from this experience because as it was gruelling , we almost gave up, because of the time frame but it was worth it for the undescribable feeling it gave us after the realization of the project. The feeling of fullfillment, in every mother's smile and the heightened feeling of overflowing gladness in every baby's cry.

6. Other Accomplishments

The establishment of the birthing facility in barangay SMDP have actually spilled off other activities. It gave birth to a new SMDP; A Mother and Baby booklet was crafted containing tips for babies and mothers, it paved the way for an Ordinance and resolutions of birthing facility regulation in the whole city, and contributed to the heightened awareness of the dangers of home deliveries.

For the first time the community felt being taken cared of by both sectors, the public and the private elite, as both sectors in the community welcomed the new facility, standard protocols, policies and operating procedures were put in place, the community felt good because after all it was a dream come true for them and they were part of its establishment. The birth of the new facility inspired other barangay leaders in the city, seeing the remarkable response of the people, to put up a birthing facility in their respective barangays if not a women's center. More than anything else it was a wake up call for us health service providers to strengthen delivery services in a Health center facility.

7. Sustainability Plan

In order for the project to become sustainable, city ordinance (*Ordinance No. 060 Series of 2008* - An ordinance regulating Birthing Homes situated within the City of Parañaque to be known as the "Parañaque City Birthing Homes Regulation Act of 2008") was proposed and approved by the City Council (Appendix P). To facilitate dissemination and use of the tool… The Urban HEART Matrix was endorsed by the Mayor himself for use, concurring with the resolution approved by the Sanggunian *Resolution No. 08-055 Series 2008* - A resolution adopting the Urban **H**ealth **E**quity **A**ssessment **R**esponse **T**ool (Urban HEART) as a guideline for the formulation of Health Policies of the City of Parañaque. Approved and passed 3 July 2008 (Appendix O). The overall excitement by the Barangay Officials down to the community with the presence of the Birthing Facility prompted Barangay San

Martin De Porres' Council to adopt City Ordinance No. 060 s.2008 and passed a local resolution discouraging home deliveries in the barangay and pledged full support of the birthing facility.

Budget was also allocated coming from the LGU special program for the year 2009 amounting to 1.8 M. Some of the budget allocations will be coming from the barangays, IRA, and GAD. Partnership with NGOs like the Rotary Club of Palanyag was established to augment some of the logistics needed for the project. Likewise, partnership was also being established with other national and local government agencies/offices including City Information Office, DSWD, Planning and Budget Offices.

8. Recommendations

- Develop a set of criteria to identify the richest and poorest barangays
- Do not include indicators which are available only thru surveys (e.g. social participation rate, employment rate, life expectancy, prevalence rate of tobacco smoking and all indicators in policy domain 2).
- Should work closely with people in DOH Central Office implementing the FHSIS – add variables in the TCL to disaggregate according to socio-economic groups
  Comparison should be based on the average performance during the last 3 to 5 years
- Be specific with the indicator – e.g. government spending allocated to health and other "social services" (there's a lot of social services)
- Each indicator set by the UH should be consulted first to the concerned agency to determine if it is disaggregated per barangay
- Develop a yardstick (equity monitor) that is more objective or measurable
- Develop an equity matrix that is more quantifiable to determine how red is red and how green is green.
- Intervention should be evidence-based and identified by the community itself

9. Resource Requirements

Table 25. Resource Requirements of the Urban HEART

Activities	Budget	Manpower
Orientation of the city's TWG	2$x15pax	4
SCUHE training (Development Academy of the Philippines)	c/o DOH	
a. Lectures/Workshops	100$	
b. Data collection		
- Records review		2
- Survey	1,944$	25
c. Data encoding and analysis		6
d. Presentation preparation		10 (5 teams)
e. Action planning		10 (UH team
f. Implementation of intervention	20,000$	10 (UH team)
g. Preparation of written report		10 (UH team)
Urban HEART orientation (Department of Health)	c/o DOH	10 (UH team)
a. Data collection using new forms		2
b. Data analysis using UH matrix & monitor		2
c. Presentation preparation		10
d. Action planning		10
e. Implementation of intervention		10
f. Preparation of written report		10

10. Time Frame

The various activities have timetables but which needed adjustments from time to time because of issues and concerns that would prop up during the implementation. Just to give you and idea as to the no. of days it took us to Orient from the LCE to the barangay, community and Hsps the implementors, totalled to 26 working days Collection of data, some half a day, difficult to get data around 30 days. Data Encoding was fast, 14 days with 2-3 people working on it. Action Planning, 5 days. The Implementation of the intervention itself took us 270 days (9 mos.) The final report, took us a month because of additional info and data every now and then.

Table 26. Activities and Duration of Urban HEART

Activities	**Duration (days)**
Orientation (including SCUHE & DOH)	26
Collection of data	30
Data encoding and analysis	14
Action Planning	5
Implementation of intervention	270
Final report preparation	30
Total	375

11. Next Steps

Our next steps now would be : (1) to orient the new set of members for the TWG UH; (2) to present to the LCE final output of the UH Phase 1 and lobby for the implementation of the second Phase of interventions for the 2 other problematic indicators identified; (3) intensify our advocacy to the other stakeholders involving among others other GO's and NGOs; (4) M&E of Phase 1 Project: PAANAKAN in SMDP; (5) application of the tool in other programs to facilitate identification of sustainable interventions and Integration of the tool to the other Local Govt. Agencies; and (6) to lobby for the crafting of an Ordinance for the Citywide adaptation of the tool in all local agencies and brgys

12. Photos

A. Pre-Implementation Activities

Plates 1 & 2 . Advocacy Meeting with the Local Chief Executive and Association of Barangay Captains

Plates 3 & 4. Capability Building: Short Course on Urban Health Equity, Development Academy of the Philippines, June 2008

Plate 5. Planning;

Plate 6: Data Gathering

Plate 7. MOA Signing

Plate 8. Survey

B. Implementation Phase Activities

Plate 9. Construction of birthing facility


Seeking Truth, Advocating Freedom
NEWSWIRE
Okey ang 'lying-in clinic' sa SMDP - Bernabe
Okey ang 'lying-in clinic' sa SMDP - Bernabe

Plate 10. Information campaign

Plate 11. Opening ceremony of birthing facility

Plate 12. Health education

San Martin Birthing Facility