Updates from the Field
BEST PRACTICES
No.1 Series of 2002
http://www.msh.org.ph

A DISTRICT APPROACH TO IMPLEMENTING THE MATCHING GRANT PROGRAM

Background

The Matching Grant Program (MGP) of the Department of Health has been implemented since 1999 with funding from the US Agency for International Development. Under the MGP, grant assistance has enabled large cities and municipalities to improve their family planning and maternal and child health services. Grants, however, are also made available to smaller municipalities that choose to cluster. At present, there are 197 cities and municipalities participating in the MGP. Three of these, namely, Santa Catalina, Bayawan City, and Basay in the Province of Negros Oriental (Central Visayas Region), belong to a district health system known as Santa Bayabas.

District health systems began in the 1980s. However, the devolution process initiated in 1991 resulted in the fragmentation of local health services and the disintegration of the hospital and public health systems. Under the Local Government Code, government hospitals are supposed to be funded and operated by the provincial government, while public health facilities are the domain of city and municipal governments.

The concept of district health systems was re-introduced in the province in 2000, and on August 24, 2000, the Bayawan District Health System was born. Dr. Fidencio Aurelia, chief of the Bayawan District Hospital, initiated this system and was the driving force in efforts to revive district health systems in the province. Six health districts now exist in the province.

Santa Bayabas and the Matching Grant Program

Under the MGP, cities and municipalities with a population of at least 80,000 are prioritized to receive grants of up to PhP500,000 (US$10,000). Based on this criterion, only Bayawan City, which has a population of about 108,000, would be able to enroll in the MGP. Aware that the MGP also provides grants to clusters of LGUs, Dr. Aurelia, who also serves as District Health Officer, decided to enroll the entire district in the MGP. While there are already LGU clusters enrolled in the MGP, only Santa Catalina, Bayawan City, and Basay had a formal system for inter-LGU collaboration before enrolling in the MGP, i.e., the Santa Bayabas District Health System. Santa Bayabas is the only district currently participating in the MGP.

The important elements of MGP management and implementation in Santa Bayabas are:

- The District Health Board, which meets quarterly, serves as the overall policy- and decision-making body for MGP implementation (Box 1).

Box 1: Composition of the District Health Board

Honorary Chairman: Provincial Governor
Chairman: *Sangguniang Panlalawigan* (Provincial Council) Member
Vice Chairman: District Health Officer
Members:
Mayors of the 3 Local Government Units (LGUs)
Chairpersons of *Sangguniang Bayan's* (City/Municipal Council) Committee on Health of the 3 LGUs
Presidents of the 3 LGUs' Association of Barangay Captains
Department of Health Representative
Provincial Health Office Representative
Civic Organization Representative
People's Organization Representative
Religious Group Representative
Nongovernmental Organization Representative
Congressional Representative
Local Health Insurance Representative

- The District Health Officer is the designated overall MGP Coordinator. He is also the authorized signatory of the memorandum of agreement with the Department of Health.

- The grant is managed by Bayawan City's Treasurer's Office, as agreed upon by the District Health Board. This office is furnished with a copy of the district's MGP work plan to guide the disbursement of funds.

- The required LGU financial contribution to the MGP comes from the district's common fund. Each LGU contributes a certain amount to this pool, depending on its financial capability. In addition, the provincial government contributed PhP500,000 (US$10,000). About 30% of the common fund represents the district's financial contribution to the MGP. Box 2 shows the allocation of the common fund.

Box 2: Common Fund Allocation

Quality Assurance (9%)
Human Resource Development Program (15%)
Health Care Financing (25%)
Health Information System (20%)
Primary Health Care (10%)
Budget & Management (9%)
Monitoring & Evaluation (12%)

- The MGP Plan was formulated with the participation of the District Health Office staff, the respective City/Municipal Health Officers, nurses, and midwives of the three LGUs, and representatives from the Provincial Health Office and Center for Health Development of Central Visayas. The plan was presented to the governor and mayors during the planning workshop.

- The District Health Office coordinates the implementation of the Community-Based Monitoring and Information System (CBMIS). The District Health Nurse is responsible for consolidating the Municipal/City CBMIS Tally Sheets into a District CBMIS Tally Sheet.

The Status of Matching Grant Program Implementation and Future Emphases

The LGUs concerned appreciate the fact that they are implementing the MGP under a district health system (see Box 3).

Box 3: Advantages of a District Approach to MGP Implementation

1. The District Health Officer provides overall technical supervision.
2. Supervision is provided by a team that includes the district health staff, LGU representatives, and nongovernmental organizations.
3. Regular board meetings serve as venues for technical exchange among the stakeholders.
4. There is sharing of resources among the LGUs concerned, facilitating program implementation.
5. There is a common fund that can be used to support specific district-wide activities.
6. Improvement of LGUs' systems is facilitated because an external body provides technical supervision and monitors their MGP activities.
7. There is increased public awareness of the major health programs.
8. The system improves access to health service providers and increases utilization of health facilities, particularly by the poor.

Through close supervision by the District Health Office, the planned CBMIS baseline survey was concluded on time in spite of the limited number of *Barangay* (Village) Health Workers (BHWs) who conducted the house-to-house enumeration. Based on the latest available comparative data, the level of unmet need for family planning declined from 1,268 or 36.1% (as of July 2001) to 1,054 or 26.9% (as of October 2001). Children under one year old whose immunization needs have not been met likewise declined from 363 (34.6%) to 171 (15.1%). Tetanus toxoid immunization of pregnant women improved, since the number with fewer than two tetanus toxoid shots decreased from 112 to 95 during the same period. Only 37 (0.9%) children aged one to four years have not been given vitamin A supplementation in the past six months.

In line with the institutionalization of CBMIS, the district plans to increase the number of BHWs, of whom there is currently 1 per every 67 households. To assist the BHWs and facilitate recruitment of BHWs, Family Health Workers will be identified. One of every 20 Family Health Workers in a cluster of households will be promoted to become a BHW to take care of that cluster. This "bottom-up approach" will foster among Family Health Workers a sense of belonging to and ownership of the health programs.

The CBMIS will also be incorporated into the BHW training curriculum to ensure that all BHWs are properly trained to use the CBMIS. There are also plans to set up community data boards showing CBMIS results and to eventually include other program indicators in the CBMIS, particularly on environmental sanitation. Bayawan City has decided to fund the citywide implementation of the CBMIS from its regular budget.

Since not all BHWs receive a monthly incentive, the District Health Board decided to give BHWs between PhP50 and 75 per household surveyed. Each BHW will also be given a T-shirt, umbrella, and a BHW kit containing supplies like paracetamol and oresol. The BHWs are also noncontributing members of Peso for Health, a district-based health care financing scheme. The Municipality of Santa Catalina is now moving towards having its BHWs accredited by its Local Health Board so they can receive other benefits.

Other future initiatives include (1) setting up a district disease surveillance system, hand in hand with efforts to ensure the establishment of a community-based disease surveillance system at the lower levels; (2) importing patented drug products from countries where the patent holders have marketed them, to make high-quality but less expensive drugs available; (3) development of a district monitoring tool covering both the technical and administrative aspects of MGP implementation; (4) clustering barangays and identifying the center for collaboration for each cluster (mini-district health system); and (5) making administrative improvements, e.g., upgrading equipment and recruiting personnel.

Given its relative success in Santa Bayabas, it is worth noting that a district approach to MGP implementation is likely to prosper if the following conditions exist:

- Leadership is strong and technically prepared.
- The environment is not politicized.
- There is a common fund to which LGUs contribute.
- Stakeholders work together in harmony.

This publication was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-0480-C-00-5093-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S Agency for International Development.

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